

NLN VISION STATEMENT: INTEGRATING SOCIAL DETERMINANTS OF HEALTH INTO NURSING EDUCATION CURRICULA



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MISSION

The National League for Nursing (NLN, 2026) promotes excellence in nursing education to build a strong and diverse workforce to advance the health of our nation and the global community.

CORE VALUES

The NLN (2026) implements its mission guided by four dynamic and integrated core values that permeate the organization and are reflected in its work: caring, integrity, diversity & inclusion, and excellence.

EXECUTIVE SUMMARY

In 2019, the NLN was at the forefront of recognizing health equity's connection to broader social factors by calling for the integration of social determinants of health into nursing education through its document, *A Vision for Integration of the Social Determinants of Health (SDOH) into Nursing Education Curricula* (NLN, 2019). Seven years later, SDOH have not been consistently integrated into undergraduate and graduate education. In addition, realizing that both the world and our understanding of SDOH have evolved, the NLN updated the 2019 Vision Statement with the 2026 Vision Statement, *Integrating the Social Determinants of Health (SDOH) into Nursing Education*. Embedding SDOH into didactic, clinical, and simulation learning helps students develop structural competency, cultural humility, and critical thinking. By equipping the future workforce to identify and address systemic barriers, nursing programs can better prepare graduates to function as advocates and agents of change in reducing health inequities.

INTRODUCTION

SDOH are defined as the non-medical factors that influence health outcomes (World Health Organization [WHO], 2025). SDOH encompass the conditions in which people are born, grow, live, work, and age, including education, income, and housing and the wider set of forces that impact those conditions. Structural determinants are the wider systemic, political, and economic forces, such as social policies and governance, that shape these conditions and create patterns of advantage or disadvantage. Addressing these factors is essential for reducing inequities and promoting health equity (Davis & Lindell, 2025).

Understanding SDOH to include both social and structural determinants of health is essential in nursing education because these non-medical factors directly influence patient outcomes and guide the provision of equitable care. Nurses must be prepared to identify barriers patients face beyond the clinical setting, such as inadequate insurance coverage or lack of transportation, which can restrict adherence to treatment plans. Furthermore, students must understand that structural factors, including discriminatory policies, are modifiable through structural interventions (Orr & Unger, 2020).

BACKGROUND

Current State of Curricular Integration

Currently, the integration of SDOH into pre-licensure through doctoral nursing curricula across the United States is inconsistent, ranging from programs with no integration to those with full institutional alignment (Murray, 2024; National Academies of Sciences, Engineering, and Medicine [NASEM], 2021), although organizations such as the NLN, (2019), American Association of Colleges of Nursing (n.d.), American Nurses Association (2023), NASEM, (2021), and National Advisory Council on Nursing Education and Practice (2019) have requested its inclusion into curricula. Social mission performance is measured by efforts to address health inequities through an institution's mission, programs, faculty, and graduates and goes beyond content inclusion, encompassing the institution's structures and policies in advancing health equity (Batra et al., 2022). Nursing programs have historically underperformed in "social mission performance" compared to medical and dental schools (Batra et al., 2022).

Primary national studies on curricular integration are scarce; however, numerous single-site studies and literature reviews reveal a wide spectrum of SDOH integration ranging from programs with limited or no integration (Davies, 2024; Graefe et al., 2024), to programs with partial integration (Bryant-Moore et al., 2018; Davies, 2024; Liu et al., 2024; Mueller et al., 2023; Pool et al., 2025), to programs with full integration (Abiri et al., 2023; Davis et al., 2021).

Barriers to Integration

Several barriers impede the integration of SDOH into pre-licensure curricula. Studies commonly cite (a) faculty issues including lack of time, workload, resistance to change, and knowledge deficits; (b) curriculum structure characterized by overload and prioritization of acute-care and hospital preparedness leading faculty to view SDOH content as less important; and (c) institutional/programmatic barriers such as resistance, a focus on downstream care, lack of administrative support, insufficient clinical sites that hamper real-

life application of SDOH learning, and varying accreditation standards (Davies, 2024; Graefe et al., 2024; Mueller et al., 2023; National Advisory Council on Nursing Education and Practice, 2019; Scott et al., 2020).

Rationale for Integrating SDOH into the Curriculum

Integrating SDOH into nursing curricula is essential, because these factors profoundly shape health outcomes, accounting for 50–80% of population health, while medical care contributes only 10–20% (Abrams et al., 2023; Whitman et al., 2022). Conditions such as socioeconomic position, housing and food security, access to quality education and health systems, quality of housing, safe neighborhoods, and social support must be essential components of nursing education, as they lead to health inequities and fundamentally impact health (Office of Disease Prevention and Health Promotion, 2030). A lack of intentional SDOH integration leaves the emerging nursing workforce unprepared to assess these critical factors or fully appreciate their impact on health and health equity. This ultimately contributes to unequal healthcare quality for populations, exacerbating health inequities.

Integrating SDOH across the curriculum, rather than in isolation, prepares students for clinical practice realities, fosters a holistic approach to patient health, improves patient care, and reduces health inequities. This approach enhances graduates' understanding of their moral responsibility for societal good, fosters advocacy for comprehensive access to care, and aligns with nursing's fundamental social mission. In addition, it ensures nurses understand the "causes of the causes" of health and disease, challenges biases and stigmatization, and are positioned to actualize an inclusive approach to health delivery (Braveman & Gottlieb, 2014).

Keys to Successful Curricular Integration

Successful curricular integration is critical for fostering clinical competence in addressing SDOH and advancing health equity through clinical education, practice, and research. Key outcomes from programs that have successfully integrated SDOH throughout their nursing curriculum include increased student competency in addressing social determinants of health, enhanced student readiness to serve all populations, increased recruitment of diverse nurses, and the development of technology-driven care models (Abiri et al., 2025; Chicas et al., 2025; Davis et al., 2021; University of South Carolina, 2023a, 2023b, 2025). Nursing faculty and programs that have had success with curricular integration share common keys to their success: namely, academic leadership commitment, faculty engagement, student engagement, professional development, mentorship, and curriculum mapping.

CALL TO ACTION

It is crucial to prepare nurses to address health inequities. Educating nurses on SDOH helps them understand why certain populations experience poorer health outcomes and enhances holistic patient care. Without consistent integration, the nursing workforce remains unprepared to assess and address these factors, thereby hindering the profession's commitment to reducing health inequities. By equipping the future workforce to identify and address systemic barriers like structural racism and economic instability, nursing programs can better prepare graduates to function as advocates and agents of change in reducing health inequities. Furthermore, the companion NLN SDOH Toolkit outlines concrete strategies for integration, detailing the use of competency-based education, interprofessional education and collaborative practice, and advanced content delivery strategies for the classroom, clinical, community-based experiential learning, and simulation environments. By employing these evidence-based strategies and leveraging program-level assessment tools like the Social Mission Metrics Initiative for benchmarking against national norms, nursing education leaders can systematically move toward full integration, ensuring graduates are equipped not only as clinicians but as agents of change who provide equitable, holistic care and advance the nursing profession's fundamental social mission.

RECOMMENDATIONS

For the National League for Nursing

- Provide professional development programs to prepare faculty to integrate SDOH content and learning experiences across the curriculum in a wide variety of practice settings.
- Continue to develop faculty resources and model curricula for undergraduate and graduate programs to intentionally integrate SDOH.
- Support research for intervention and replication, to identify best practices and evidence-based strategies to foster and sustain SDOH in academic environments and determine outcomes related to the integration of SDOH in nursing programs.
- Work with policy makers and leading national and international organizations to foster a greater understanding of SDOH and its impact on health outcomes and health equity.

For Leadership in Nursing Programs (Deans/Directors/Chairs)

- Support curricular integration to systematically integrate SDOH throughout nursing programs.

- Support institutional and faculty research that examines the effects of SDOH on nursing education, patient outcomes, and the way students link SDOH to nursing's social mission and health equity.

For Faculty

- Use the NLN toolkit to provide evidence-based approaches to teaching/learning strategies related to SDOH.
- Foster student engagement by providing opportunities to assess and implement actions to address SDOH.
- Create partnerships with community agencies to provide experiences that reflect lived realities and local health equity challenges.
- Participate in faculty development webinars, continuing education, mentoring, and programs about SDOH.
- Develop knowledge (K), skills (S), and attitudes (A) to address SDOH at individual, organizational, and systems levels.
- Begin curricular mapping of individual courses to identify opportunities for progressive SDOH integration.
- Thread SDOH education throughout the program of learning in varied educational settings (e.g., classroom, clinical settings, and simulation-learning environments).

For Collaboration with Clinical Practice Partners

- Co-create clinical immersions that engage students in preparation for practice across a variety of settings.
- Collaborate to assist with experiences for nurses to gain the knowledge, skills, and attitudes to advocate for system changes that address health inequities.
- Support nurse-led research, quality improvement, and innovation projects to address the impact of SDOH on individuals and communities.

CONCLUSION

Preparing future nurses requires a combination of didactic and clinical education, experiential learning, and mentorship. SDOH content must be woven throughout the curriculum, emphasizing how factors like income, housing, education, and systemic inequities influence patient outcomes. Strategies include using simulation exercises and community-based clinical placements to allow students to assess and address these determinants in real-world settings. Additionally, faculty mentorship and reflective practice are necessary to encourage students to consider patients' full social contexts when developing care plans. These embedded strategies ensure that nursing education equips students to recognize, respond to, and mitigate health inequities effectively.

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