NLN VISIONSERIES TRANSFORMING NURSING EDUCATION LEADING THE CALL TO REFORM

A VISION FOR Integration of the Social Determinants of Health into Nursing Education Curricula

A Living Document from the National League for Nursing

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A Living Document from the National League for Nursing Board of Governors

Mission: Promote excellence in nursing education to build a strong and diverse nursing workforce to advance the health of the nation and the global community.

Core Values: Caring, Integrity, Diversity, Excellence

INTRODUCTION

The National League for Nursing (NLN) believes that the Social Determinants of Health (SDH), the conditions in which people live and work – for example, lack of income, inappropriate housing, unsafe workplaces, and scarcity of access to health systems – lead to inequalities within and between countries (World Health Organization [WHO], 2016), shape health in powerful ways, and must be an essential component of health professions education (National Academies of Sciences, Engineering, and Medicine, 2016). Recognizing that our health is determined in large part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our education; the physical and emotional safety of our workplaces; the cleanliness and accessibility of our water, food, and air; and the nature of our social interactions and relationships is essential to achieving the NLN mission.

Currently, the SDH are not well integrated into undergraduate and graduate nursing education (Tilden, Cox, Moore, & Naylor, 2018). As a result, the emerging nursing workforce may not be prepared to assess SDH, assist patients, families, and communities to make the choices that lead to good health, and fully appreciate the impact of SDH on health, social justice, and health equity. In the context of the NLN's core values of caring, integrity, diversity, and excellence, the NLN maintains that to limit attention to the SDH discounts the most fundamental assumptions about nursing, the nurse's responsibility to safe, high quality care, and nursing's unwavering commitment to health equity and reduction of health disparities.

BACKGROUND

Over the past decade the social determinants of health have been a major focus of national and international organizations committed to addressing the impact of socioeconomic status, environment, education, adequate housing, and food insecurity on health and well-being. Health professions education that addresses and acts on the SDH is integral to this commitment.

- Not only did the WHO Commission on Social Determinants of Health define the SDH (WHO, 2016), it also, through analysis of evidence, concluded that the inadequate health of some individuals and groups is due to inequities determined by unequal distribution of power, income, goods, and services. The WHO report suggested that for nations to reduce health disparities and achieve health equity, SDH must be addressed across populations and health care systems. WHO (2019) identified the SDH as one of its six priority areas and clearly stated that educating the health care workforce to understand and implement strategies to address SDH is a fundamental requirement of health professions education.
- In 2014 the Robert Wood Johnson Foundation (RWJF) launched a national agenda to improve health, well-being, and equity in America, to build a culture of health where everyone in every community has a fair and just opportunity for health and well-being, not limited to traditional health indicators (RWJF, 2019). Recognizing not only that health care is critically important, but that certain factors, such as quality of schools, affordability and stability of housing, access to good jobs with fair pay, and the safety of neighborhoods, are essential to keeping individuals and communities healthy, the RWJF brought national attention to the SDH and the need to re-frame community partnerships to achieve health equity and social justice.
- An underlying premise of Healthy People 2020 is that addressing the SDH is crucial to improve population health, eliminate health disparities, and meet its overarching goals. To achieve health equity and eliminate disparities, the framework of Healthy People 2020 (US Department of Health and Human Services, n.d.) affirms that the SDH are, in part, responsible for the unequal and avoidable differences in health status within and between communities. Selection of the SDH as a leading Healthy People 2020 health topic recognizes the critical role of home, school, workplace, neighborhood, and community in improving health.
- The American Hospital Association released two white papers (AHA, 2019) examining the current authority and flexibility to address social determinants of health in both the Medicare and Medicaid programs. This is a timely shift, initiated by the Centers for Medicare and Medicaid services to support benefits that assist individuals to remain in the community (e.g., meals, weight management program, telemonitoring services). These opportunities for innovation in funding specifically address the SDH and signify a growing awareness by policy makers of their significance in influencing health and health status.

THE SOCIAL DETERMINANTS OF HEALTH AND NURSING EDUCATION

Based on this national and international call to more fully integrate the SDH into health professions education, nurse educators, teaching in both graduate and undergraduate programs, are faced with the urgent need to design curricula that provide a better understanding of the root causes that contribute to an individual's health, the reasons health

disparities exist, and how health equity is achieved by all people regardless of socioeconomic status. Such an undertaking would be a commitment to nursing's social mission to advocate for social justice and health equity.

Redefining Health

Although data vary, significant indicators suggest that social, behavioral, and environmental factors account for 75 percent of population health (Centers for Disease Control and Prevention, 2014) and up to 60 percent of health outcomes, with medical care contributing only 10 percent to 20 percent (Tilden et al., 2018). The SDH have been labeled "the causes of the causes" (Braveman & Gottlieb, 2014). As such, assessment and management of the SDH are considered to be essential competencies for the health professions (Morone, 2017; Schroeder, Malone, McCabe, & Lipman, 2018) in the 21st century.

Introduced early in the nursing curriculum, health is traditionally described as not merely the absence of disease, but as a state of physical, mental, and social well-being (WHO, 2019). However, the education of health professionals is traditionally anchored in an acute, episodic model of health care delivery (Frenk et al., 2010). Within the traditional context, health and disease are closely aligned.

Health professionals today are encouraged to examine the issue of SDH and determine if curricula address factors that fundamentally impact the health and well-being of persons, communities, or populations. Assessment of external factors that contribute to health is often overlooked, with a focus on the SDH often relegated to community health courses, rather than understood as fundamental to health, found across the lifespan, and endemic to a wide variety of health care settings and populations.

Addressing Health Inequities

Failing to intentionally integrate the SDH throughout a program of learning and limiting exposure to newly developed tools and guidelines for assessment have unintended consequences. Graduates of health professional programs lack a full understanding of the science of health and the socioeconomic and environmental factors that significantly influence health inequities and health outcomes. Unequal quality of health care for vulnerable populations, resulting from exposure to poverty, environmental toxins, food insecurity, and financial hardship, leads to the disproportionate distribution of disease, particularly across ethnicities (Francis, DePriest, Wilson, & Gross, 2018). Implicit bias, racial anxiety, and stereotypic threat are factors leading to health disparities and significant contributors to health inequities (Institute of Medicine, 2002; Sullivan, 2004). Location, for example zip codes (Neirenberg, 2018), and societal and cultural conditions negatively affect the health of minorities and other vulnerable groups (Green et al., 2007; Matthew, 2015).

Social determinant modeling, which is essentially reductionist and can lead to false conclusions, is also a contributor to potential bias. "Researchers tell us that methodologically, social determinants are treated as singular issues or variables such as race/ethnicity, education, income, poverty, housing, and neighborhood. These variables may be scaled and aggregated numerically (i.e., the higher the number the more likely one will have a poor health outcome) or treated individually in regression models to see which variables are

stronger compared to others. All too often they warn us that, because income (i.e., poverty) is stronger than race, race will be thrown out of the model with the scientific conclusion that income, not race, is what is significant. We can see the policy implications that will most likely lead to what subsequently will get prioritized. Thus, initiatives will target social strata rather than racial/ethnic communities" (Alexander, 2019, p. 69).

A compelling need exists to address the unequal distribution of access to health and quality health care, reduce explicit and implicit biases among health professionals, and avoid stereotyping certain races and populations as the sole recipients of adverse, social, and environmental indicators throughout health professions education. Nurse educators have a responsibly to assist students to reframe their understanding of the SDH, recognizing that bias and stigmatization contribute to health disparities and that health issues related to the SDH are not a choice, but rather the direct result of exposure to disparate financial, social, and environmental conditions.

Relating Nursing's Social Mission to the SDH

From the days when Lillian Wald, an early NLN founder, worked among immigrant populations in the Lower East Side of New York, nurses have acknowledged and addressed social and economic barriers that lead to health disparities and have played a key role in community health promotion (Kub, Kulbok, Minor, & Merrill, 2017). This commitment to social justice and health equity is closely rooted in the profession's ethical foundations and in nursing's advocacy for vulnerable populations that bear the disproportional burden of disease, morbidity, and mortality related to socioeconomic and environmental factors (Perry, Willis, Peterson, & Grace, 2017). Nursing education has always included a strong focus on professional identify, ethical formation, and the profession's societal mission. Linking this discussion with attention to the social determinants of health and their strong connection to health outcomes has the potential to enhance graduates' understanding of their moral responsibility for societal good, for advocacy for comprehensive access to care and well-being, and for decreasing health disparities.

CALL FOR ACTION

Health is inextricably linked to the social, economic, environmental, political, and cultural forces that shape the world around us. The NLN believes that the SDH should be integrated throughout graduate and undergraduate nursing courses and not isolated in community-based courses. The need is to be intentional about integration. Assessment of SDH, along with physical, cultural, and functional assessment of patients, families, and communities, is an essential competency for graduates. Moreover, aligning the SDH to courses focused on professional identity, ethical formation, and the profession's social mission is needed to foster advocacy and an appreciation by students and graduates of nursing's moral responsibility to health equity and social justice.

Over the past year the NLN has focused its Advancing Care Excellence series on the special needs of children, a vulnerable population whose health is significantly impacted by social and economic factors. With funding from the Hearst Foundations, the NLN expanded the series to include ACE.P (Advancing Care Excellence for Pediatrics) and offers resources that highlight the effects of SDH on children and their families in community settings. Resources

offered by the NLN include compelling teaching strategies and simulation unfolding cases as well as a toolkit for faculty related to the effect of SDH on children. The NLN partnered with experts to develop the toolkit, Pediatric Adversity and Early Brain Development: A Toolkit for Integration of the SDH, which offers a concise way for faculty to learn about pediatric adversity and how it aligns with the SDH. This interactive resource provides teacher-ready experiences as well as ideas for innovative teaching approaches to incorporate this content into existing curricula in meaningful ways.

CONCLUSION

The NLN believes that health, wellness, and disease start in the places where we live, work, play, pray, and age. Our path to health starts from the moment we are born. The NLN knows that nursing has a commitment to social justice and equity. Failure to assess for SDH and address interventions to mitigate their impact is counter to who nurses are and the profession's fundamental social mission. Based on this belief, the NLN maintains that the SDH need to be integrated in undergraduate and graduate nursing courses. In this way graduates of nursing programs will be positioned to actualize an inclusive approach to health delivery and live the mission of the NLN and the profession's commitment to advocacy, social justice, and health equity.

RECOMMENDATIONS

For Faculty

- Utilize the NLN toolkit to provide evidence-based approaches to teaching/learning strategies related to the SDH.
- Raise students' consciousness about SDH, how to develop an inclusive understanding of the SDH, and how recognizing the shared impact of the SDH on health and wellness leads to new perspectives related to differences and mitigates bias and racism.
- Create partnerships with community agencies to provide experiences that intentionally expose students to address the impact of SDH on patients, families and communities.
- Thread SDH education throughout the program of learning in varied educational settings (e.g., classroom, clinical settings, and simulation-learning environments).
- Be intentional about providing opportunities for students to assess and implement actions to address SDH in a variety of health care settings.
- Develop curricula that strengthen the links between SDH, health equity, and nursing's social mission.

For Leadership in Nursing Programs

- Engage faculty and staff in conversations directed toward addressing explicit and implicit bias related to SDH to foster a more inclusive understanding of the SDH and their effects on health and wellness.

- Encourage faculty to co-create new narratives around health and wellness, to include dialogue that makes the case, for example, for the link between housing and health, livable wages and health equity, and access to resources and health disparities.
- Provide faculty development opportunities to prepare faculty to co-create and implement educational experiences related to assessment and intervention to decrease the impact of SDH.
- Maximize educational capacity by establishing partnerships with practice colleagues and the community around innovative curriculum design to build collaborative initiatives that address SDH.
- Support institutional and faculty research that examines the effect of the SDH on patient outcomes and the way students link the SDH to nursing's social mission and health equity.

For the National League for Nursing

- Provide professional development programs to prepare faculty to integrate SDH 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 the SDH.
- Support research for intervention, replication, and multisite studies to identify best practices and evidence-based strategies to foster and sustain the SDH in academic environments and to determine outcomes related to the integration of the SDH in schools and nursing.
- Work with policy makers and leading national and international organizations to foster a greater understanding of SDH and their significant impact on health outcomes, health equity, and social justice.

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