Several months ago, the National Academy of Medicine (2019) in conjunction with the Robert Wood Johnson Foundation launched The Future of Nursing 2020-2030 campaign. The initiative seeks to improve the health and well-being of the U.S. population by reducing health disparities and creating a culture of health promotion and disease prevention.

AMSN has supported this campaign fully to promote health while ensuring medical-surgical nurses’ voices are heard. AMSN leaders have had several opportunities to provide commentary to the committee directing this study. Dr. Linda Yoder, immediate past president, spoke at the launch of the campaign in Washington, DC, in March. Yalanda Comeaux, chair of AMSN’s Legislative Committee, provided commentary at the town hall session held in Chicago in June.

Social determinants of health (SDOH) is one topic being discussed during the Future of Nursing campaign. SDOH are described by the World Health Organization (n.d.) as follows:

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (para 1)

SDOH and Illness

There is a causal link between SDOH and health disparities that contributes to illness (Alderman, 2018). This can include factors such as income, social support, early childhood development, education, employment, housing, and gender identity. It also includes safety in one’s neighborhood, and access to fresh produce and needed services: all non-biological contributors to health.

For instance, a patient who is living in conditions in which mold or other allergens are present can experience exacerbation of asthma. A patient who has no transportation and lives in an area where mass transit is not available may not be able to keep healthcare appointments. A patient may need to choose between purchasing life-saving medication for himself or feeding his children.

Consider the patient who has type 2 diabetes mellitus; discussion between the healthcare team and the patient may be limited regarding personal conditions that may have contributed to disease development. Factors such as lack of fresh produce lead to reliance on fast food or highly processed foods, causing obesity, hypertension, and metabolic syndrome. Factors such as a lack of green space and safety of the neighborhood limit the ability to exercise and promote a more sedentary lifestyle. A recent study found more than 40% of patients reported their primary providers were unaware of factors impacting health and chronic diseases (Iezzoni, Barrett, Wint, Hong, & Donelan, 2015).

Nursing Interventions

To practice socially conscientious nursing, we must account for and intervene when possible in these non-biological contributors to illness. We can best identify and support patients faced with social challenges by asking about their social history in a culturally sensitive manner, providing information and tools for healthy practice, and referring them to local support services.

In the case of the patient in the scenario above, either during patient teaching or simple conversation with the patient, the nurse could ask about the patient’s neighborhood and if there is a local grocery store. While talking about the neighborhood, the nurse can ask if the patient feels safe in the neighborhood and if green space is available for exercising such as walking.

Medical-surgical nurses must go beyond simply asking the questions, making referrals, and providing a list of local resources. They should take an active role in their communities if SDOH are to be addressed effectively and ensure health is the focus instead of health care. Nurses can take part in broader interventions by identifying, networking, and working collaboratively with community champions and leaders to build healthier communities. Other opportunities include attending school board and town hall meetings to bring SDOH forward for discussion and initiatives, and participating in urban planning committees to create parks and bicycle paths to promote activity. They also can work with commuter agencies to ensure transportation to and from health services is available, and with clinics to ensure they are open during times patients can attend. Nurses can write letters to editors to increase awareness

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of the negative impact of disparities on community health, and work with area land owners and grocers to establish community gardens and mobile markets to increase access to healthy foods in areas considered food deserts. Nurses can conduct research using social determinants data to generate evidence as a means of promoting advocacy.

See the Person in the Patient

Nurses’ role in health care continues to evolve. Medical-surgical nurses are present at multiple aspects of care. We are not limited to delivering care at the bedside but have evolved to include the home and the community as well. We are collaborating with interprofessional teams as well as being actively involved in our communities.

Nurses at the point of care are able to see the person in the patient, rather than the disease process, making us ideal to champion the Future of Nursing focus of SDOH and health disparities. We are respected members of the healthcare team and the communities in which we live and practice, allowing us to offer guidance in creating a healthier community. We are experts at turning policies into practice while ensuring care delivery remains patient-centered. We are key stakeholders in implementing and achieving real change in the health of our patients, neighbors, community, and family members. Taking a leadership role in addressing health disparities is in our wheelhouse. It is not only the right thing to do, but also is in line with our ethical and professional responsibilities.

REFERENCES