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# Integrating Social Determinants of Health into Nursing Practice: A Framework-Based Review

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**Abstract**
This presents a framework-based review of strategies for integrating social determinants of health (SDOH) into nursing practice to advance health equity and improve population health outcomes. Recognizing that factors such as economic stability, education, healthcare access, neighborhood environment, and social context profoundly influence individual and community health, this review examines evidence-based approaches guided by established nursing and public health frameworks. The review explores how nursing practice can operationalize SDOH interventions within clinical and community settings through targeted assessment, care planning, and resource linkage. Drawing upon frameworks such as the WHO Health Equity Framework and the National Academies' "Culture of Health" model, the review identifies key nursing interventions across five core SDOH domains. In the domain of economic stability, strategies include screening for financial strain, food insecurity, and housing instability, alongside nurse-led resource navigation and referral programs. In education access and quality, nurses assess health literacy, provide tailored education, and collaborate with community literacy initiatives. For healthcare access and quality, interventions involve addressing insurance barriers, enhancing care coordination, and promoting culturally competent communication. Environmental health efforts include assessing neighborhood safety and advocating for policy changes to improve living conditions, while strategies addressing social and community context focus on screening for social isolation and promoting trauma-informed, community-centered care. The review also highlights organizational and policy-level approaches for embedding SDOH into nursing workflows, including the use of electronic health record (EHR) tools for SDOH documentation, interdisciplinary collaboration, and community partnerships. Additionally, it underscores the need for education and workforce development to enhance nurses' competencies in SDOH screening, advocacy, and care integration. The findings reaffirm the critical role of nurses in addressing upstream determinants of health and provide a structured foundation for expanding SDOH-focused nursing practice to reduce health disparities and promote holistic, equitable care.

**Keywords:** Integrating, SDOH, Nursing practice, Framework-based review

## 1. Introduction

The Social Determinants of Health (SDOH) are increasingly recognized as critical factors that influence health outcomes across populations. Defined as the conditions in which people are born, grow, live, work, and age, SDOH encompass a wide range of social, economic, and environmental factors that affect individual and community health (Menson *et al*., 2018; Eneogu *et al*., 2020). Growing evidence shows that these determinants have a greater impact on health outcomes than clinical care alone, contributing to disparities in chronic disease prevalence, mental health, and access to preventive services. Health disparities persist globally and within nations, with disadvantaged groups often facing greater burdens due to poverty, limited educational opportunities, unsafe neighborhoods, and inadequate access to healthcare services (Scholten *et al*., 2018; Nsa *et al*., 2018).
The increasing focus on SDOH reflects a broader shift in healthcare toward preventive, population-based models of care. In this context, nurses are uniquely positioned to address SDOH through direct patient interactions and community engagement (Mustapha *et al*., 2018; Ojeikere *et al*., 2020). Nurses constitute the largest segment of the healthcare workforce and are often the first point of contact in clinical settings.

Their holistic, person-centered approach allows them to assess physical, emotional, and social aspects of health comprehensively (Merotiwon *et al*., 2021). Furthermore, nurses' roles in care coordination, patient education, advocacy, and community outreach make them vital agents in identifying and responding to social needs that affect health outcomes. By integrating SDOH into clinical practice, nurses can help close gaps in care, reduce health inequities, and improve overall population health (Persaud, 2018; Shahzad *et al*., 2019).

This review aims to explore strategies for integrating SDOH into clinical nursing practice, with a specific focus on applying the Healthy People 2030 framework. Healthy People 2030, a key U.S. public health initiative, provides an evidence-based framework for addressing SDOH in healthcare settings and advancing national health objectives. The review seeks to apply these SDOH domains as an organizing structure for clinical nursing interventions.

The primary objectives of this review are; To examine nursing practices that align with Healthy People 2030's SDOH framework; To identify effective screening, intervention, and referral strategies that nurses can utilize to address patients' social needs; To highlight challenges and opportunities associated with integrating SDOH into clinical nursing workflows (Merotiwon *et al*., 2020).

By synthesizing current knowledge, this review aims to provide nurses, educators, and healthcare leaders with a structured approach for incorporating SDOH principles into daily practice, ultimately enhancing patient outcomes and advancing health equity (Morone, 2017; Thornton and Persaud, 2018).

The conceptual foundation for this review is the Healthy People 2030 SDOH Framework, which categorizes SDOH into five key domains. This framework serves as an organizing structure for understanding the diverse and intersecting factors influencing health outcomes. The five domains include:

Economic Stability, this domain encompasses factors related to income, employment, food security, and housing stability. Economic hardship is linked to numerous adverse health outcomes, including chronic disease, mental health disorders, and increased risk of hospitalization (Hajat and Stein, 2018; Sporinova *et al*., 2019). Nurses can play a pivotal role by screening for economic instability, facilitating access to financial assistance, and coordinating referrals to food programs or housing support services.

Education is strongly associated with health literacy, employment opportunities, and health behaviors. Low educational attainment often correlates with poorer health outcomes and limited access to healthcare information (Merotiwon *et al*., 2020). Nurses can address this domain by assessing health literacy, providing patient education, and supporting community-based educational programs targeting vulnerable populations (Joyce *et al*., 2017; Baur *et al*., 2018).

Health Care Access and Quality, this domain includes factors such as health insurance coverage, access to primary care providers, and the quality of healthcare services received. Nurses routinely assess access barriers and can implement interventions such as care coordination, patient navigation, and culturally competent communication strategies to enhance access and improve care quality for marginalized populations (Carter *et al*., 2018; Handtke *et al*., 2019).

The physical environment significantly impacts health, encompassing aspects like housing quality, transportation, safety, and access to nutritious food. Nurses can assess environmental risks during clinical encounters and collaborate with public health agencies to advocate for safer, healthier living environments.

Social and Community Context, this domain includes factors related to social support, community engagement, discrimination, and exposure to violence. Social isolation and community-level stressors often exacerbate health conditions. Nurses can identify patients experiencing social isolation, connect them with support services, and provide trauma-informed care to those exposed to violence or discrimination (Stokes *et al*., 2017; Beattie *et al*., 2019).

Through this framework, the review offers a structured approach for analyzing nursing strategies to address SDOH (Merotiwon *et al*., 2020). Integrating these domains into nursing practice not only supports individualized care but also contributes to broader efforts to reduce health disparities and promote health equity at the community and population levels.

## 2. Methodology

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology guided the design and implementation of this framework-based review on integrating social determinants of health (SDOH) into nursing practice. A comprehensive and systematic search strategy was employed to identify relevant literature (Merotiwon *et al*., 2020). Searches were conducted across multiple databases, including PubMed, CINAHL, Scopus, and Web of Science, along with grey literature from key organizations such as the World Health Organization, the American Academy of Nursing, and the National Academies of Sciences, Engineering, and Medicine. Keywords and controlled vocabulary terms were used in various combinations, including “social determinants of health,” “nursing practice,” “framework,” “integration,” “models,” “strategies,” and “outcomes” to ensure broad coverage of relevant studies.

The eligibility criteria for study inclusion were predefined using the Population, Intervention, Comparison, and Outcome (PICO) framework. Studies were included if they focused on nursing-led efforts to integrate SDOH into clinical or community-based practice, used a theoretical or conceptual framework to guide implementation, and reported empirical outcomes or practice-based insights. Both qualitative and quantitative research designs were included, such as randomized controlled trials, cohort studies, qualitative case studies, mixed-methods research, and systematic reviews. Studies that did not specifically address nursing practice, lacked a framework-based approach, or were not focused on SDOH were excluded. The review considered only English-language publications, with no restrictions on publication year to capture evolving practices and evidence.

All identified references were imported into reference management software for duplicate removal. An initial screening of titles and abstracts was performed independently by two reviewers. Full-text articles were then retrieved for those that met the initial screening criteria or where eligibility remained unclear. Each full-text article was independently assessed against the inclusion and exclusion criteria. Disagreements were resolved through discussion or consultation with a third reviewer.

A standardized data extraction form was used to collect key

information from each study, including author(s), year, study design, setting, population characteristics, nursing strategies, frameworks applied, intervention components, and reported outcomes related to SDOH integration. Data extraction focused on identifying common themes, successful strategies, and barriers associated with integrating SDOH into nursing practice, with particular attention to how frameworks guided the interventions.

The quality of included studies was assessed using appropriate tools according to study design. The Joanna Briggs Institute Critical Appraisal Checklists and other validated instruments were used to evaluate the methodological rigor, relevance, and risk of bias within each study. Studies were not excluded based solely on quality, but findings were interpreted considering their methodological strengths and limitations.

Data synthesis was performed using a narrative, thematic approach. Extracted data were organized and analyzed according to the frameworks employed by each study, highlighting shared strategies for integrating SDOH into nursing workflows, care models, and community programs. The synthesis identified recurring themes such as cross-sector collaboration, workforce education, screening and assessment tools, and community engagement efforts. Findings were mapped to widely recognized frameworks such as the WHO Commission on Social Determinants of Health Framework, the National Academies' Culture of Health model, and other nursing-specific models to provide a cohesive understanding of framework-guided approaches.

This systematic review followed PRISMA guidelines to ensure transparency, rigor, and reproducibility throughout the review process. The final synthesis provides a comprehensive, framework-guided overview of strategies, facilitators, barriers, and outcomes related to integrating social determinants of health into nursing practice.

### 2.1 Theoretical Foundation and Relevance to Nursing

The integration of Social Determinants of Health (SDOH) into clinical nursing practice is deeply rooted in the holistic, patient-centered care philosophy that underpins the nursing profession. Nursing has long emphasized a comprehensive approach to care that extends beyond treating physical ailments to address psychological, social, and environmental factors affecting patients' health (Feo *et al*., 2018; Thornicroft *et al*., 2019). This perspective aligns closely with the growing recognition of SDOH as crucial determinants of health outcomes, positioning nurses as key players in advancing health equity through the identification and management of social needs.

Nurses routinely engage in patient-centered care that incorporates individualized assessment and care planning. This holistic approach involves not only addressing immediate clinical needs but also considering the broader life circumstances that shape health behaviors and outcomes. By focusing on patients' lived experiences, nurses can identify social barriers such as financial hardship, food insecurity, inadequate housing, limited access to education, and social isolation. Nurses are trained to assess these issues through comprehensive health histories, screenings, and direct patient dialogue (Maicher *et al*., 2017; Lee *et al*., 2019). Their proximity to patients in various settings—ranging from hospitals and primary care clinics to schools and community centers—further enhances their ability to identify and address SDOH in real-time.

Beyond their clinical role, nurses are guided by ethical and professional mandates that compel them to address SDOH as part of their duty to promote health, prevent illness, and advocate for social justice. Professional nursing organizations, including the American Nurses Association (ANA) and the International Council of Nurses (ICN), explicitly emphasize health equity, social justice, and advocacy within their codes of ethics. The ANA's Code of Ethics for Nurses underscores the responsibility of nurses to address the social determinants of health, advocate for vulnerable populations, and work toward eliminating health disparities (Drevdahl, 2018; Tomajan, K. and Hatmaker, 2019). Similarly, the ICN highlights nurses' roles in addressing inequities at individual, community, and policy levels.

Addressing SDOH is also consistent with the foundational nursing theories that guide practice, including the Social Ecological Model and the Systems Theory, both of which recognize the interconnectedness of individual and environmental factors. The Social Ecological Model, for example, emphasizes multiple layers of influence on health—ranging from individual behaviors to community norms and societal policies—underscoring the need for multi-level interventions. Nurses applying this model can engage in interventions that address individual patient needs while also participating in community-based initiatives and advocating for systemic change (Serrata *et al*., 2017; Flaherty and Bartels, 2019).

In addition to ethical and theoretical imperatives, addressing SDOH is increasingly viewed as a professional competency within nursing education and practice standards. The American Association of Colleges of Nursing (AACN) has incorporated SDOH competencies into its Essentials framework for nursing education, ensuring that nurses at all levels are equipped with the knowledge and skills necessary to identify and address social factors affecting health. These competencies include cultural humility, structural competency, health advocacy, and community engagement—essential tools for nurses aiming to integrate SDOH into their daily practice (Woolsey and Narruhn, 2018; Schroeder *et al*., 2019; Hansen and Metzl, 2019).

The Healthy People 2030 framework provides a comprehensive and practical structure for integrating SDOH into clinical nursing practice. By categorizing SDOH into five key domains—Economic Stability, Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, and Social and Community Context—the framework allows nurses to systematically assess and address social factors in a clinical context.

Each domain has direct clinical relevance, offering clear pathways for nursing interventions. For example, the Economic Stability domain encompasses factors such as employment, income, housing security, and food access. Nurses can identify economic challenges through routine screening for food insecurity or housing instability and then facilitate referrals to social services, case managers, or community resources (Fraze *et al*., 2019; Vold *et al*., 2019). Addressing these economic barriers can improve adherence to treatment plans, reduce hospital readmissions, and enhance overall health outcomes.

The Education Access and Quality domain highlights the importance of health literacy and educational attainment. Nurses frequently encounter patients with low health literacy, which can significantly hinder understanding of medical

instructions and management of chronic conditions. By assessing health literacy and providing tailored education, nurses can empower patients to make informed decisions and better manage their health. Additionally, nurses in school or community health settings can collaborate with educational programs to support health education and early interventions.
In the domain of Health Care Access and Quality, nurses play an essential role in bridging gaps in care by identifying access barriers such as lack of insurance, transportation challenges, and language differences. Nurses can advocate for patients by coordinating with social workers, assisting with insurance navigation, or arranging telehealth visits to improve continuity of care. Nurse-led models such as patient-centered medical homes and care coordination programs have demonstrated success in enhancing access and improving quality metrics for disadvantaged populations (Frasso *et al*., 2017; Schentrup *et al*., 2019).
The Neighborhood and Built Environment domain connects physical environmental factors with health risks. Nurses can screen for environmental hazards, such as exposure to pollution or unsafe housing conditions, and collaborate with public health officials to address community-level risks (Polivka and Chaudry, 2018; Amiri and Zhao, 2019). For example, home health nurses can assess living conditions and advocate for interventions like pest control, lead removal, or home modifications to promote safety and well-being.
Lastly, the Social and Community Context domain encompasses social support networks, experiences of discrimination, and exposure to violence. Nurses are trained to screen for interpersonal violence, social isolation, and mental health concerns, using evidence-based tools and trauma-informed care approaches. By connecting patients with mental health services, peer support programs, and community groups, nurses help build social capital and resilience within vulnerable populations (Pfefferbaum *et al*., 2017; Eliacin *et al*., 2018).
The Healthy People 2030 SDOH framework also aligns closely with population health goals, as it encourages a preventive, upstream approach to healthcare. By addressing the root causes of disease and inequity, nurses can prevent complications, reduce health expenditures, and promote long-term wellness. The framework reinforces nurses' roles not only as caregivers but also as advocates, educators, and system-level change agents, expanding their scope beyond traditional clinical duties.
The integration of SDOH into nursing practice is strongly supported by ethical, theoretical, and professional foundations. The Healthy People 2030 SDOH domains offer a practical, evidence-based framework for operationalizing this work within clinical settings. Through patient-centered care, advocacy, education, and systemic interventions, nurses are well-positioned to lead efforts that address SDOH, advance health equity, and improve population health outcomes (Kirmayer *et al*., 2018; Johnson and Smalley, 2019).

### 2.2 Application of SDOH Domains in Clinical Nursing Practice

Integrating the domains of Social Determinants of Health (SDOH) into clinical nursing practice is essential for addressing the complex social and structural factors that influence health outcomes. Nurses, as patient advocates and frontline caregivers, are uniquely positioned to assess and intervene in these domains to promote health equity and improve quality of care as shown in figure 1(Richardson *et al*., 2018; Clarke, 2019). A systematic application of the five key SDOH domains—economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context—allows nurses to deliver holistic, patient-centered care that addresses both medical and non-medical needs.

**Fig 1:** Application of SDOH Domains in Clinical Nursing Practice

Economic stability is a critical SDOH domain influencing patient health through financial strain, food insecurity, housing instability, and employment challenges. In clinical nursing practice, routine screening for these issues has become increasingly essential. Nurses use standardized tools such as the Accountable Health Communities Health-Related Social Needs Screening Tool to identify financial hardships. Commonly assessed factors include inability to afford medications, unstable housing conditions, job loss, and food shortages.
Nurse-led interventions in this domain focus on resource navigation and targeted referrals. Nurses assist patients in accessing local, state, and federal resources such as food banks, housing assistance programs, employment services, and medical financial aid. For example, nurses frequently collaborate with social workers to connect patients to Supplemental Nutrition Assistance Program (SNAP) benefits, emergency rental assistance, and job training programs. In some settings, nurse case managers conduct follow-ups to ensure patients have successfully accessed services, thereby reducing emergency visits and promoting health stability (Joo and Liu, 2019; Grazioli *et al*., 2019). By addressing economic hardships, nurses help mitigate stressors that exacerbate chronic conditions and hinder treatment adherence.
The education access and quality domain profoundly impacts health outcomes through literacy, educational attainment, and lifelong learning opportunities. Nurses routinely assess health literacy using validated tools such as the Rapid Estimate of Adult Literacy in Medicine (REALM) or the Newest Vital Sign (NVS). These assessments help identify patients who may struggle with understanding medication instructions, consent forms, or self-care plans.
In response, nurses provide individualized patient education, using simplified language, visual aids, and teach-back methods to ensure comprehension. They also coordinate referrals to community-based literacy programs or adult

education services for patients requiring more intensive support. In addition, nurses are involved in broader educational initiatives, including school-based health programs that support child and adolescent health (Best *et al*., 2018; Daley *et al*., 2019). Through these initiatives, nurses promote vaccination, mental health screening, and sexual health education while addressing barriers such as absenteeism and learning difficulties. These education-centered nursing interventions enhance patient empowerment, improve disease management, and foster preventive health behaviors across all age groups.

Barriers to health care access—including insurance status, geographic isolation, transportation limitations, and language differences—are commonly encountered in clinical nursing practice. Nurses are instrumental in identifying these barriers through comprehensive patient assessments and intake processes. Factors such as uninsured status, missed appointments due to transportation gaps, and limited English proficiency are routinely documented.

Nurses employ several interventions to improve access and quality of care. Care coordination and case management are among the most effective strategies, ensuring that patients receive continuous, integrated services across the care continuum. Nurses also serve as patient navigators, assisting with insurance enrollment, appointment scheduling, and transportation logistics. Moreover, culturally competent communication is integral to this domain. Nurses receive training in cultural humility and language services, including the use of medical interpreters, to foster trust and improve treatment adherence (Molina and Kasper, 2019; Shepherd, 2019). By addressing healthcare access barriers, nurses enhance continuity of care, reduce readmissions, and improve health outcomes, particularly among vulnerable populations.

Neighborhood and built environment factors—including housing conditions, air and water quality, transportation safety, and access to recreational spaces—directly affect health risks and disease prevalence. Nurses assess environmental risks through both clinical screening tools and community health needs assessments. Common assessments include housing safety checks, screening for exposure to pollutants such as lead or mold, and evaluating patients' access to safe walking paths or public transportation (Sokolowsky *et al*., 2017; Gola *et al*., 2019).

Nurses act as advocates for safer living conditions, often engaging with local policymakers, urban planners, and housing authorities. They may participate in campaigns to improve street lighting, reduce community violence, or enhance green spaces. Additionally, nurses partner with public health agencies to implement community-level environmental interventions, such as lead abatement programs and asthma home visit programs. These efforts aim to reduce environmental health risks and promote health-supportive neighborhoods.

The social and community context domain encompasses factors such as social isolation, discrimination, adverse childhood experiences, and community violence. Nurses play a vital role in screening for social isolation, intimate partner violence, and histories of trauma using validated tools like the PHQ-9 for depression, the Adverse Childhood Experiences (ACE) questionnaire, and social isolation scales.

Nursing interventions emphasize trauma-informed care, which focuses on fostering safety, empowerment, and healing relationships in patient interactions. Nurses also facilitate connections to social support networks, including peer support groups, senior centers, and community organizations that offer mental health counseling, crisis intervention, or spiritual support. In primary care and mental health settings, nurses collaborate with social workers and behavioral health specialists to create personalized care plans that address both psychological and social needs (Ramanuj *et al*., 2019; Gillespie *et al*., 2019).

The integration of SDOH domains into clinical nursing practice enables nurses to address the root causes of health inequities and improve population health outcomes. Through screening, targeted interventions, advocacy, and community partnerships, nurses can effectively address economic instability, education barriers, healthcare access challenges, environmental risks, and social isolation. This comprehensive, framework-guided approach reinforces nursing's central role in advancing equitable, holistic, and patient-centered care. By embedding SDOH assessment and intervention within nursing practice, health systems can better meet the diverse needs of their populations and promote long-term health equity (Friedman and Banegas, 2018; Sisler *et al*., 2019).

### 2.3 Barriers and Challenges in Integrating SDOH into Nursing Practice

Despite the increasing recognition of the importance of addressing Social Determinants of Health (SDOH) in clinical care, significant barriers and challenges hinder their integration into routine nursing practice. While nurses are uniquely positioned to assess and intervene on social factors affecting health, a range of practical, educational, systemic, and policy-related obstacles limit their capacity to do so effectively as shown in figure 2(Powell *et al*., 2018; Kumar *et al*., 2018; Gilliss *et al*., 2019). These challenges must be addressed to fully realize the potential of nursing in advancing health equity through SDOH-focused care.

One of the most frequently cited barriers to integrating SDOH into nursing practice is the limited time available during clinical encounters. Nurses often work under tight schedules, particularly in acute care and high-volume outpatient settings, where the priority is to address immediate medical needs (Kalid *et al*., 2018; Hu *et al*., 2018). The current healthcare system tends to prioritize clinical efficiency, procedural tasks, and documentation over holistic, patient-centered assessments, leaving insufficient time for in-depth discussions about social factors affecting health.

Conducting comprehensive SDOH assessments requires time to build rapport, ask sensitive questions, and provide individualized education or referrals. Without sufficient time, nurses may skip or abbreviate SDOH screenings, particularly if they perceive such discussions as secondary to clinical care. Additionally, there may be limited integration of SDOH tools into existing electronic health records (EHRs), resulting in workflow disruptions. Nurses may feel pressured to prioritize measurable clinical tasks over less quantifiable social care interventions, further reinforcing this barrier (Craig *et al*., 2017; Vinckx *et al*., 2018).

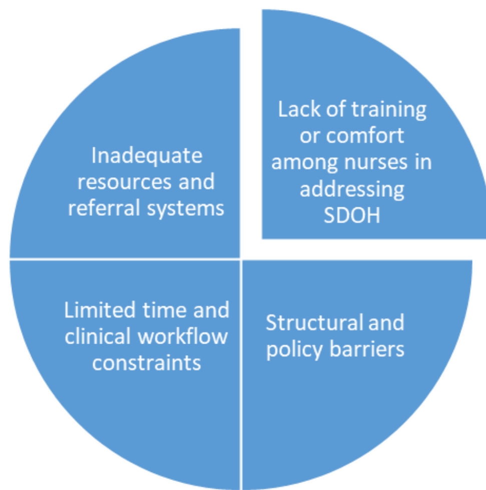


**Fig 2:** Barriers and Challenges in Integrating SDOH into Nursing Practice

Another significant challenge is the lack of formal training in SDOH among many practicing nurses. Historically, nursing education has focused more heavily on clinical competencies related to disease management, pharmacology, and technical skills, with less emphasis on social, economic, and environmental determinants of health. While this is changing with recent curricular reforms, many practicing nurses may not have received adequate preparation in health equity, structural determinants, or SDOH screening techniques.

Furthermore, some nurses may feel uncomfortable initiating conversations about sensitive topics such as financial difficulties, housing instability, or intimate partner violence. These discussions may be perceived as intrusive or beyond the traditional nursing scope, particularly without clear guidance on how to respond to identified needs. Nurses may also worry about causing distress or being unable to provide meaningful assistance, resulting in reluctance to address SDOH during patient encounters.

Professional development opportunities related to SDOH remain inconsistent across healthcare organizations. Without standardized continuing education on equity-focused care, nurses may lack the confidence, knowledge, and practical tools necessary to incorporate SDOH into practice effectively (Long *et al*., 2017; Perdomo *et al*., 2019).

Even when nurses identify patients' social needs, they often face difficulties in connecting them to appropriate services due to inadequate referral resources. Many healthcare settings lack robust partnerships with community-based organizations or social service agencies, limiting the options available for addressing identified needs such as housing assistance, food access, or mental health services.

Moreover, many health systems do not have streamlined referral processes or care coordination structures to manage social needs efficiently. In the absence of clear protocols or integrated care teams, nurses may struggle to navigate fragmented social support networks, leading to gaps in care. Limited funding for social care services, particularly in low-resource settings, further exacerbates this issue. Without adequate resources, referrals may be delayed or ineffective, undermining the potential impact of SDOH interventions.

Beyond individual and organizational challenges, broader structural and policy barriers constrain the integration of SDOH into nursing practice. The prevailing fee-for-service payment models in many healthcare systems incentivize procedures and acute care interventions over preventive or social care services. Consequently, there is limited financial support for activities such as SDOH screening, care coordination, or community-based referrals.

In addition, regulatory and legal concerns may restrict nurses' ability to collect or document certain SDOH-related information, particularly around privacy-sensitive issues like immigration status or housing insecurity. Institutional policies may not mandate or prioritize equity-focused care, leading to inconsistent implementation of SDOH initiatives across settings.

Structural racism and systemic inequities embedded within healthcare institutions also pose significant barriers. These factors may limit access to culturally competent services, create discriminatory practices, or perpetuate inequities in hiring and promotion, further complicating efforts to address SDOH effectively. Furthermore, rural and underfunded healthcare settings often face unique structural barriers, including workforce shortages and geographic isolation, making it even more challenging to implement SDOH-related programs.

Integrating SDOH into nursing practice is critical for advancing health equity but remains hindered by several interrelated challenges. Time limitations, inadequate training, scarce resources, fragmented referral systems, and structural and policy constraints all limit nurses' ability to address social needs effectively within clinical settings. Overcoming these barriers requires systemic reforms, including revising workflows, enhancing SDOH education, expanding community partnerships, developing standardized referral protocols, and advocating for policy changes that support equity-centered care models (Dzau *et al*., 2017; Cantor and Thorpe, 2018). Without such actions, the full potential of nurses in addressing SDOH and reducing health disparities will remain unrealized.

### 2.4 Evidence of Outcomes and Benefits

Growing evidence demonstrates that integrating social determinants of health (SDOH) into nursing practice yields significant benefits for patients, health systems, and communities as shown in figure 3 (Spruce, 2019; Perez *et al*., 2019). By addressing non-medical factors such as economic instability, educational barriers, social isolation, and environmental risks, nurses can promote holistic well-being while simultaneously improving clinical outcomes, enhancing patient engagement, reducing healthcare costs, and strengthening nurse-patient relationships.

One of the most well-documented benefits of addressing SDOH through nursing practice is the improvement of patient health outcomes, particularly in reducing hospitalizations and enhancing chronic disease management. Studies have consistently shown that nursing interventions targeting social needs result in fewer preventable hospital admissions and lower readmission rates. For example, nurse-led care coordination programs that integrate SDOH screening and follow-up services have been linked to reductions in 30-day hospital readmissions among patients with heart failure, diabetes, and chronic obstructive pulmonary disease (COPD). Nurses play a critical role in identifying patients at risk due to food insecurity, housing instability, or medication non-adherence, allowing for timely interventions such as nutrition support referrals or home safety evaluations. Moreover, by addressing economic barriers to medication adherence, nurses contribute to improved control of chronic

conditions such as hypertension and diabetes. Evidence from community health nursing programs has also shown that patients receiving comprehensive SDOH-focused care experience better disease management and higher rates of preventive screenings, such as cancer detection and vaccinations.

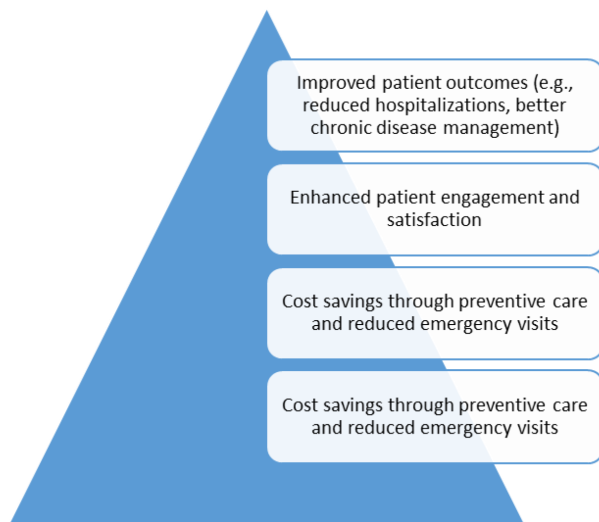


**Fig 3:** Evidence of Outcomes and Benefits

In addition to clinical outcomes, SDOH integration enhances patient engagement and satisfaction. Patients whose social needs are acknowledged and addressed by their healthcare providers report greater involvement in their care plans and stronger feelings of empowerment. Nurse-led models, such as patient navigation and case management, foster this engagement by ensuring that patients understand their treatment options and have access to supportive services. Studies have shown that patients receiving SDOH-informed nursing care are more likely to adhere to care plans and attend follow-up appointments. This improvement in engagement is especially evident among populations traditionally underserved by the healthcare system, including racial and ethnic minorities, low-income groups, and individuals with limited English proficiency. The use of culturally tailored interventions and trauma-informed care approaches, often led by nurses, has been shown to increase patient comfort and willingness to discuss sensitive health and social issues. Such practices foster a collaborative care environment where patients feel heard, respected, and supported, ultimately leading to higher satisfaction with healthcare services.

Cost savings represent another critical benefit of integrating SDOH into nursing practice. Preventive interventions that address social needs upstream reduce reliance on costly emergency and inpatient services. Nurse-led programs focused on preventive care, such as home visits, chronic disease education, and care coordination, have demonstrated significant reductions in emergency department visits and hospitalizations. For example, programs where nurses assist patients in obtaining stable housing or accessing nutritional assistance have been associated with lower healthcare expenditures and fewer acute care episodes. In a large-scale evaluation of community-based nursing programs targeting high-risk patients, healthcare systems observed substantial decreases in avoidable hospitalizations and emergency department utilization, translating into millions of dollars in cost savings annually (Ingber *et al*., 2017; Liljas *et al*., 2019). Moreover, by coordinating with community-based organizations and leveraging existing social services, nurses help reduce duplication of services and optimize resource allocation within health systems. These savings create opportunities for healthcare organizations to reinvest in prevention, patient education, and workforce development.

Strengthened nurse-patient relationships and enhanced trust are additional outcomes consistently reported in studies on SDOH integration in nursing practice. When nurses proactively address social needs, patients often view them as advocates who are invested not only in their physical health but also in their overall well-being. This trust fosters more open communication between patients and nurses, leading to more accurate health assessments, earlier detection of emerging issues, and stronger therapeutic alliances. Nurses who engage in SDOH-informed care report increased patient loyalty, with many patients expressing a preference for providers who understand their broader life circumstances. Furthermore, trust established through this approach extends beyond individual encounters, contributing to long-term relationships that improve continuity of care and sustained health improvements.

Collectively, these outcomes provide compelling evidence that incorporating SDOH into nursing practice has wide-reaching clinical, social, and economic benefits. By improving patient outcomes, increasing engagement, lowering costs, and fostering trust, nurses effectively bridge the gap between healthcare and social care. These benefits are not limited to individual patients but also extend to health systems and communities through reductions in health disparities, improved public health metrics, and enhanced system sustainability. Given the growing complexity of health needs globally, the evidence strongly supports the routine integration of SDOH into nursing care models, positioning nurses as pivotal agents in advancing equitable, patient-centered, and cost-effective healthcare (Rumsey, 2017; Greenhalgh *et al*., 2017; Kuluski *et al*., 2017).

### 2.5 Recommendations for Practice, Policy, and Research

Advancing the integration of Social Determinants of Health (SDOH) into nursing practice requires comprehensive action across clinical practice, education, policy, and research. Addressing the complex and multidimensional challenges related to SDOH demands both systemic reforms and practice-level innovations. This section presents five key recommendations to strengthen the capacity of nurses to address SDOH effectively, thereby promoting health equity and improving population health outcomes.

The incorporation of standardized SDOH screening tools into nursing workflows is essential to ensure the systematic identification of patients' social needs. Evidence-based screening instruments, such as the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE), the Accountable Health Communities (AHC) Health-Related Social Needs Screening Tool, and the Social Determinants of Health Assessment by the American Academy of Family Physicians, provide structured approaches for identifying factors like food insecurity, housing instability, transportation barriers, and financial hardship.

Integrating these tools into electronic health records (EHRs) can streamline workflows and enable nurses to efficiently assess SDOH during routine care encounters. To optimize implementation, healthcare organizations should provide training on using these tools, define clear follow-up

protocols, and create multidisciplinary care teams to respond to identified needs. Routine use of SDOH screenings would normalize social care as a core component of nursing practice, thereby facilitating upstream, preventive approaches to health.

Nursing education must evolve to equip current and future nurses with the knowledge, skills, and attitudes necessary to address SDOH effectively. Academic institutions and continuing education providers should integrate SDOH-focused content across all levels of nursing education, from associate to doctoral programs. Key competencies should include cultural humility, structural competency, health advocacy, interprofessional collaboration, and community engagement.

Simulation-based learning and community-based clinical placements can offer practical, experiential learning opportunities for students to engage with diverse populations and practice SDOH assessment and intervention. Interdisciplinary education models, in which nursing students learn alongside social workers, public health professionals, and medical students, can also foster collaborative skills necessary for addressing social needs.

Incorporating SDOH content into certification and licensure examinations would further reinforce its importance and ensure consistent competency across the nursing workforce. Ultimately, educational reforms are essential to create a workforce ready to address the root causes of health disparities in practice.

Technology can play a pivotal role in improving nurses' ability to address SDOH by facilitating resource navigation and referrals. Investment in digital platforms that link healthcare providers with community-based organizations can streamline the process of connecting patients with social services. Platforms such as Unite Us, Aunt Bertha (now FindHelp), and NowPow offer centralized, searchable databases of community resources and allow for closed-loop referrals, ensuring follow-up and accountability.

Healthcare systems should also invest in mobile health (mHealth) tools, telehealth services, and data-sharing platforms that enhance access to social care for rural and underserved populations. Nurses can use these tools to conduct virtual social needs assessments, provide remote education, and facilitate access to resources beyond clinical settings.

In addition, establishing formal community partnerships through memorandums of understanding (MOUs) or integrated care networks can strengthen coordination between healthcare providers and social services. Nurses can act as care coordinators, using technology-enabled systems to track referrals and measure outcomes associated with social care interventions.

Policy reforms are essential to support the sustainable integration of SDOH interventions into nursing practice. Current fee-for-service payment models often fail to reimburse for activities such as SDOH screening, care coordination, or community referrals, creating financial disincentives for providers. Policymakers should prioritize payment reforms that explicitly fund SDOH-related services within nursing roles.

Value-based payment models, such as Accountable Care Organizations (ACOs) and bundled payment initiatives, offer promising pathways to incentivize upstream care, including SDOH interventions. Nurses' roles in population health management, care transitions, and community-based programs should be recognized and funded within these models.

Professional nursing associations and health systems should advocate for policies that expand reimbursement for SDOH-related care, including Medicaid waivers, social prescribing programs, and public health funding initiatives. These policies would ensure that nurses have the resources and institutional support needed to address SDOH systematically.

Ongoing research is vital to identify effective nursing interventions for addressing SDOH and to evaluate their long-term effects on patient outcomes, health equity, and healthcare costs. There is a need for rigorous studies that examine various SDOH-focused nursing models, such as home visiting programs, nurse-led clinics, and care coordination interventions, across different populations and care settings.

Researchers should also investigate the implementation strategies that facilitate successful integration of SDOH into clinical workflows, such as team-based care, EHR optimization, and community partnerships. Additionally, longitudinal studies are needed to assess the sustained impact of SDOH interventions on health disparities, quality of life, and system-level performance metrics such as hospital readmissions and emergency department use.

Including patients' voices through qualitative research and participatory action studies can provide valuable insights into the acceptability, accessibility, and cultural appropriateness of SDOH interventions. This patient-centered approach would help refine nursing practices to be more responsive to community needs.

Integrating SDOH into nursing practice requires coordinated action across clinical, educational, policy, and research domains. By adopting standardized screening tools, expanding education, leveraging technology, advocating for supportive payment models, and advancing research, nursing can strengthen its leadership role in addressing SDOH and promoting health equity. These strategies are essential for ensuring that nurses are equipped and empowered to provide comprehensive, equitable, and patient-centered care in diverse healthcare settings.

## 3. Conclusion

In conclusion, the integration of Social Determinants of Health (SDOH) into clinical nursing practice is vital for advancing health equity and improving population health outcomes. Nurses play an indispensable role in identifying and addressing the complex social factors that affect patients' well-being, including economic instability, educational barriers, healthcare access challenges, environmental risks, and social isolation. Through their frontline engagement, clinical expertise, and patient advocacy, nurses are uniquely positioned to recognize social needs, coordinate services, and implement targeted interventions that address the root causes of health disparities.

To systematically embed SDOH into nursing care, the adoption of the Healthy People 2030 SDOH framework offers a practical and evidence-based approach. This framework provides structured, actionable domains that guide nurses in assessing and intervening in social needs within clinical settings. By using this model, nurses can ensure consistent, comprehensive care that incorporates both medical and social dimensions of health, thereby fostering more effective, person-centered care plans. The widespread adoption of Healthy People 2030 domains in nursing practice

can also standardize data collection, improve care coordination, and facilitate outcome evaluations across healthcare systems.

However, addressing SDOH at scale requires systemic change beyond individual nursing interventions. Healthcare institutions must commit to policy reforms, resource allocation, workforce training, and infrastructure development that enable nurses to fully integrate SDOH into routine practice. Investments in community partnerships, care coordination technologies, and reimbursement for social care activities are essential to creating an environment where nurses can deliver holistic, equitable care. As the healthcare landscape evolves, a concerted effort from policymakers, health organizations, and nursing leadership is necessary to embed SDOH-driven care into all levels of practice. By embracing systemic change and adopting practical frameworks, nursing can continue to lead transformative efforts that advance health equity and improve overall community well-being.

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