

Partnerships to improve social determinants of health, health equity, and health outcomes: An SNRS whitepaper

In a previous white paper, "Building a culture of PhD and DNP collaboration: An SNRS position paper" (Ashcraft et al., 2021), we presented the view that collaborative partnerships between nurses prepared in diverse doctoral programs can foster inclusivity, diversity, and equity within the Southern Nursing Research Society (SNRS). The purpose of our current white paper is to illustrate the value of such collaborations and to clarify how these collaborations can promote health equity and improve health outcomes. We also advocate that such collaborations partner with communities of interest to promote the views of the communities, leading to improvements in health outcomes for individuals, families, neighborhoods, organizations, and society in general. Nurses have the skills and education to identify and bridge these ecological gaps and promote health through interventions.

The vision of SNRS is to "*lead transformation of health outcomes through nursing research.*" <https://www.srhs.org/mission>. Rather than examining each gap in health outcomes, doctorally prepared nurses can be much more effective in transforming health outcomes when seemingly unconnected diseases, either acute or chronic, are viewed through social determinants of health (SDOH) lens. Examining health outcomes with an SDOH view allows connections between poor housing and asthma, for example, to become visible. Another example is connecting the lack of fresh food options and food insecurity with childhood obesity and later chronic disease. PhD nurse scientists, using the lens of SDOH, can understand a community's perspective on health disparities and examine interventions that can improve outcomes at the individual, family, neighborhood, and organizational levels. Skillful DNP practitioners, with their experience and expertise within the community or specific patient population, can partner with PhD nurse scientists to adapt and apply potential interventions within and among clinical organizations that serve individuals, families, and communities. We have a much greater platform to advocate for improved health outcomes when we utilize the skills and talent of all members of SNRS.

Social determinants of health are frequently linked to long-standing policies contributing to inequities in housing, unemployment, education, and other precursors to health according to the National Academies of Science, Engineering, and Medicine (National Academies of Science Engineering and Medicine [NASEM], 2021). Nurses work at the intersection of SDOH, health equity, and health outcomes. Nurses are uniquely positioned to address SDOH by advocating for individuals, families, communities, and populations, (American Nurses Association, 2019). According to the World Health

Organization (2010), "the underlying social determinants of health inequities operate through a set of intermediary determinants of health to shape health outcomes" (p. 45). Intermediary determinants of health include:

- material circumstances (housing, neighborhood, financial means, etc.),
- psychosocial circumstances (stressful living circumstances and relationships, social support, coping, etc.),
- behavioral and/or biological factors (nutrition, physical activity, alcohol consumption, etc.), and
- the health system itself (WHO, 2010).

Health equity can be achieved by addressing these underlying issues contributing to health or illness (NASEM, 2021). Nurses play key roles in all these areas and can impact SDOH by addressing individual and structural needs.

Nurses are on the front line to identify and respond to SDOH challenges that prevent individuals from achieving or maintaining optimal health (Olshansky, 2017). The conditions of SDOH and health disparities are correlated with health behaviors (smoking, alcohol use, drug use, risky sexual behavior, consumption of poor diet, and inactivity) and health outcomes (obesity, diabetes, heart disease, cancer, sexually transmitted diseases, and suicide) from infancy through old age (Healthy People, 2020, n.d.). Nurses can help reduce health disparities and improve health outcomes by advocating for patient rights and appropriate patient resources in the acute and community settings (financial assistance, interpreters, transportation, patient, or caregiver networks, etc.). Nurses can also expand this advocacy to the workplace by fostering cultural competence training and developing a diverse workforce (Craft-Blacksheare, 2018). In addition, nurses can advocate for community-based projects or events to improve health equality for all citizens (Suarez-Balcazar et al., 2020). Nurses can lead policy to address SDOH by serving on national and international coalitions boards (Ogbolu et al., 2019). Other efforts to address health equity and health outcomes include research on how SDOH contributes to health outcomes.

The demand for registered nurses (RNs) and advanced practice nurses (APRNs) will only increase over time, providing an opportunity and key role for the nursing workforce in addressing inequities in health and health care. This will require changes to policy, education, and research. Policy changes at the local, state, and federal levels are needed to address social justice, increase access to health

care, and increase the scope of practice for RNs and APRNs. Education and training focused on addressing SDOH and healthcare inequities must be implemented both within the current workforce and during pre-licensure preparation. Research is needed to address gaps in meeting the needs of persons experiencing health inequities, testing programs to address these gaps, and implementation research to evaluate if these programs are achieving the desired outcomes (NASEM, 2021).

Nurses make sustained contributions to the health and welfare of others; however, gaps in knowledge and practice remain. There is a clear need for collaboration between PhD-prepared nurse scientists and DNP-prepared nurses at the bedside and in advanced practice roles. PhD-prepared nurse scientists generate new knowledge through systematic investigation thus advancing the science of nursing. DNP-prepared nurses contribute to improving the health of people and populations through practice, system change and advocacy, and translation of research into meaningful adaptations. There exists a unique opportunity to support collaboration among doctorally prepared nurses, both PhD and DNP, for initial investigation and then translation and adaptation of research into actionable innovations and interventions.

The National Center for Advancing Translational Science (2021), a division of the National Institutes of Health, endorses a spectrum of scientific research including basic research, preclinical research, clinical research, clinical implementation, and public health. Each stage in the research continuum influences the next and patient involvement is paramount during all phases. The classification system correlates with the Institute of Medicine-endorsed naming system from T0 to T4 which allows for more precise tracking of research classifications. While a consensus on the definitions of the translations research phases is not firmly established, the following are widely accepted definitions: T0 involves basic science including pre-clinical and animal studies, T1 involves processes that bring ideas from basic research to early human studies, T2 involves the establishment of effectiveness in humans and clinical guidelines, T3 involves implementation and dissemination of research, and T4 involves outcomes and effectiveness at the population level focusing on broad outcomes (Fort et al., 2017). Nurses must be involved in every level of research, T0–T4, as a scientist, clinical expert, scholar, practitioner, or patient advocate.

Successful collaborative work between individuals holding a PhD and DNP exists within the literature. Consider the case of a project completed to address the problem of higher rates of asthma in children where the community of concern had higher rates of unemployment and lack of insurance coverage (Green & Alley, 2021). Another example is a quality improvement project in which inpatients were screened for SDOH and patients screening positive were linked to community resources with the overarching concept of food as medicine (Wynn et al., 2021). The work in both studies addresses intermediary determinants of health highlighting how successful collaboration among doctorally prepared nurses is precisely what is needed to address the disparities of health in our patients, communities, and nation.

It is abundantly clear that SDOH plays a significant role in the way we reach patients and affect outcomes. The current atmosphere highlights revelations of how SDOH impacts health outcomes and highlights the need for intervention. To address the factors that prevent equitable opportunities for health on individual and community levels, PhD- and DNP-prepared nurses need to collaborate. SNRS has many highly skilled members with terminal degrees, and facilitation of networking and collaboration is key. The Future of Nursing 2020–2030 calls on leaders to increase the number of nurses available, improve the clinical specialty distribution and physical distribution of nurses, ensure nursing students are prepared to address SDOH and population health, address diversity in the nursing workforce, overcome barriers in workforce capacity, and anticipate long term implications of COVID-19 pandemic on the community of nursing (NASEM, 2021). SNRS is poised to facilitate opportunities for PhD- and DNP-prepared nurses to use this contemporary science to achieve health equity and health outcomes. SNRS aims to address the issue through intentional linkages and the provision of opportunities for networking and through focused funding for projects with collaboration between PhD and DNP prepared members.

AUTHOR CONTRIBUTIONS

All authors contributed to researching, writing and editing the manuscript.

DATA AVAILABILITY STATEMENT

Data are available from the corresponding author upon reasonable request.

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