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Nursing and the Social Determinants of Health

Denise J. Drevdahl ▼ Shawn M. Kneipp

As graduates of the University of Washington School of Nursing, we read with interest Young, Bakewell-Sachs, and Sarna's 2017 commentary "Nursing Practice, Research and Education in the West: The Best Is Yet to Come." Our time at the University of Washington instilled in us a passion for recognizing and addressing structural factors affecting health, particularly population health. Although Young et al. (2017) touched on many health challenges and the priorities that funding and professional organizations have established to meet these challenges, their emphasis on—and call for—eliminating health disparities was clear. Consistent with the empirical evidence, they specifically identified social determinants of health (SDH) as important causative factors that generate and perpetuate health disparities.

From our perspective, however, the discussion of the SDH and the links to improving population health fell short—particularly in the recommendations made for advancing nursing practice, research, and education. Despite Young et al. (2017) identifying poverty and education as two of many SDH, their text primarily focused on efforts to modify the individual rather than the contextual and structural conditions that have been shown to drive select within-individual factors (including behavioral and biological processes). The authors referred to concepts at the individual level (i.e., "person," "self-management," "personalized;" p. 264) despite noting that the future is being shaped by the larger socioecological environment. The vision for nursing practice centered on advanced practice registered nurses providing primary care to patient populations and procuring full practice authority—practices occurring largely with individual patients. In the section on nursing research, Young et al. (2017) underscored symptom science, wellness, self-management, and end-of-life and palliative care as priority funding areas, all of which again transpire at the individual level. Finally, in their vision of nursing education, the authors recommended that nurse educators prepare nurses who can tackle "population health priorities" (p. 267). We strongly agree with this statement but question how this recommendation can be met when nurse educators reinforce individualized, evidence-based practice while continuing to focus student learning at the individual level.

It is not "population *and* [emphasis added] health issues" (p. 266) that are confronting today's nurses, but rather *population health* issues. The patterning of disparate health outcomes at the population level necessitates interventions at

structural and systems levels. Much like Young et al. (2017), we too are eager to be part of solutions that will contribute to eliminating health disparities. Bassett (2015, p. 1087)—in calling for critical research, institutional reformation, and public advocacy—exhorts health professionals not to "sit on the sidelines" with respect to differences in health outcomes. We echo this counsel and encourage our colleagues to be active participants in achieving health equity through crafting solutions that tackle structural determinants of health.

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University of North Carolina at Chapel Hill

RESPONSE FROM THE AUTHORS

When asked to write this paper (Young, Bakewell-Sachs, & Sarna, 2017) marking a major milestone for the Western Institute of Nursing (WIN), the opportunity sparked rich conversation among us as authors, and we hoped that our paper would spark further conversation among readers. Thank you to the respondents for adding their thoughts and perspective to the dialogue. The readers are referred to the more comprehensive papers on the topics of practice, research, and education that formed the backdrop for this article, available on the WIN website (see <https://www.winursing.org/2017-state-of-the-science-presentations/>).

Our paper provided a regional perspective for approaching the past, present, and future of the WIN region (Western United States). We believe that a focus on both populations *and* health issues in the West is appropriate as population health occurs at many levels, from the local to global communities. Although there are some commonalities, there are also important differences across the 13 states due to differences in demographics, economics, history, community resources, and predominant health issues. Providing a regional perspective is rare in discussions of nursing scholarship. An awareness of regional health issues and healthcare challenges is important for scholars as they address the structural barriers requiring policy change.

We appreciate the respondents' emphasis on the importance of SDH and population health in addressing health and healthcare in the United States. We agree that the paper could have gone further in emphasizing larger societal issues that would mitigate SDH and potentially support and help to

