

Social Determinants of Health (SDOH) in Community Nursing: Addressing the Roots of Health Inequity

Girma Asefa*

Department of Microbiology, Jimma University, Ethiopia

Introduction

Community nursing plays a pivotal role in promoting health equity and improving population outcomes by addressing factors that influence health beyond clinical care. Increasingly, health systems recognize that medical interventions alone cannot close gaps in health status across different groups. Instead, broader social, economic, and environmental factors—commonly referred to as Social Determinants of Health (SDOH)—shape the conditions in which people live, work, and age. The World Health Organization defines SDOH as the non-medical influences that impact health, including income, education, employment, social support, housing, and access to resources. For community nurses, integrating an understanding of SDOH into practice is essential for delivering holistic, person-centered care. By identifying and addressing barriers rooted in these determinants, nurses can help reduce health disparities, empower communities, and strengthen resilience.

Discussion

SDOH influence both individual and community well-being, often determining the trajectory of health outcomes more powerfully than healthcare access alone. In practice, community nurses witness firsthand how poverty, inadequate housing, or limited education contribute to chronic illness, poor nutrition, or delayed care-seeking. For example, individuals living in food-insecure neighborhoods may struggle with managing diabetes due to lack of access to fresh produce, while families facing unstable housing may experience heightened stress, negatively affecting both physical and mental health. Recognizing these patterns allows nurses to design interventions that address root causes rather than symptoms.

Community nursing also involves advocacy and collaboration across sectors. Nurses often serve as intermediaries linking clients with social services, such as housing assistance, employment support, or public health programs. This interprofessional approach acknowledges that health improvement requires coordinated action between healthcare providers, local governments, schools, and community organizations. By screening for social needs, educating clients about available resources, and fostering supportive environments, community nurses help mitigate the impact of structural inequities.

Importantly, addressing SDOH requires cultural sensitivity and an understanding of community dynamics. Nurses must consider cultural norms, language barriers, and historical contexts that shape health behaviors and trust in healthcare systems. Through active listening and community engagement, nurses can build trust and co-create solutions that align with community priorities. For instance, collaborating with local leaders or faith-based groups can enhance outreach and ensure interventions are sustainable.

Ultimately, integrating SDOH into community nursing practice shifts the focus from disease treatment to prevention and health promotion. By tackling upstream determinants, nurses not only improve immediate health outcomes but also contribute to long-term

health equity. In doing so, they position themselves as key agents of change, addressing the broader forces that influence health and advocating for systemic improvements that benefit entire populations.

Conclusion

Addressing Social Determinants of Health is no longer optional in community and public health nursing—it is foundational. By moving beyond the clinic and hospital walls, community nurses can address the systemic barriers that lead to poor health outcomes. They not only provide care but also serve as educators, advocates, and change agents. In a world increasingly shaped by inequality and rapid change, community nurses stand on the front lines of the fight for health equity. Through intentional, informed, and collaborative practice, they can transform lives—and entire communities.

References

1. Borg G, Bratfish O, Dorn S (1971) On the problems of perceived difficulty. *Scand J Psychol* 12: 249-260.
2. Brehm JW, Self E A (1989) The intensity of motivation. *Annu Rev Psychol* 40: 109-131.
3. Kukla A (1974) Performance as a function of resultant achievement motivation (perceived ability) and perceived difficulty. *J Res Pers* 7: 374-383.
4. Wright RA, Wadley VG, Pharr RP, Butler M (1994) Interactive influence of self-reported ability and avoidant task demand on anticipatory cardiovascular responsivity. *J Res Pers* 28: 68-86.
5. Grierson J, Koelmeyer RL, Smith A, Pitts M (2011) Adherence to antiretroviral therapy: Factors independently associated with reported difficulty taking antiretroviral therapy in a national sample of HIV-positive Australians. *HIV Med* 12: 562-569.
6. Passyn K, Sujan M (2012) Skill-based versus effort-based task difficulty: A task-analysis approach to the role of specific emotions in motivating difficult actions. *Journal of Consumer Psychology* 22: 461-468.
7. Guimarães MDC, Rocha GM, Campos LN, De Freitas FMT, Gualberto FAS, et al. (2008) Difficulties reported by HIV-infected patients using antiretroviral therapy in Brazil. *Clinics* 63: 165-172.
8. Page SJ, Levine P, Sisto S, Bond Q, Johnston MV (2002) Stroke patients' and therapists' opinions of Constraint-Induced Movement Therapy. *Clin Rehabil* 16: 55-60.
9. Eubanks L, Wright R., Williams B (2002) Reward influence on the heart:

*Corresponding author: Girma Asefa, Department of Microbiology, Jimma University, Ethiopia, Email: grima739@yahoo.com

Received: 01-Apr-2025, Manuscript No- JCPHN-25-171068, **Editor Assigned:** 03-Apr-2025, Pre QC No: JCPHN-25-171068 (PQ), **Reviewed:** 17-Apr-2025, QC No: JCPHN-25-171068, **Revised:** 22-Apr-2025, Manuscript No: JCPHN-25-171068 (R), **Published:** 28-Apr-2025, DOI: 10.4172/2471-9846.1000640

Citation: Girma A (2025) Social Determinants of Health (SDOH) in Community Nursing: Addressing the Roots of Health Inequity. *J Comm Pub Health Nursing*, 11: 640.

Copyright: © 2025 Girma A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Cardiovascular response as a function of incentive value at five levels of task demand. Motivation and Emotion 26: 139-152.

10. Tamir O, Wainstein J, Abadi-Korek I, Horowitz E, Shemer J (2012) The patient-perceived difficulty in diabetes treatment (PDDT) scale identifies barriers to care. Diabetes Metab Res Rev 28: 246-251.