

Integrating Social Determinants of Health into Addictions Nursing Education



Victoria L. Selby, PhD, PMH-CRNP, PMHNP-BC, CARN-AP; Katherine Fornili, DNP, MPH, RN, CARN, FIAAN; Charon Burda, DNP, PMH-CRNP, PMHNP-BC, CARN-AP; W. Henry Gregory, PhD; Alison Trinkoff, ScD, MPH, RN, FAAN; Tae Joon Park, BSN, RN



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Objectives

- Describe the importance of social determinants of health in the context of addictions nursing care
- Relate the social ecological health model to the integration of social determinants of health in addictions education
- Provide examples of the integration of social determinants to addictions education

Background

Social determinants of health (SDOH)

The "conditions in the environment where people are born, live, learn, work, play, worship, and age", which can "affect a wide range of health, functioning, quality of life outcomes and risks" 8, 10

Health disparities related to SDOH 2

- Healthcare
- Food
- Safe neighborhoods
- Housing
- Education and employment
- Racism and other prejudices

SDOH associated with substance use 3, 5, 9

- Drug mortality related to economic and family distress
- Tobacco smoking greater among those with lower socioeconomic status
- Lower rates of treatment completion among Blacks and Hispanics compared to Whites

Structural barriers impact outcomes 7

- Differing levels of service availability
- Racial/ethnic disparities in treatment completion

Nursing education on SDOH: Essential for understanding and addressing health equity 1, 6

SDOH concepts integrated throughout the Substance Use and Addictions Nursing (SUAN) post-baccalaureate certificate courses

- NRS 773 Addictions Nursing I: Foundations
- NRS 774 Motivational Interviewing
- NRS 775 Addictions Nursing II: Special Topics
- NRS 776 Addictions Nursing III: Clinical Aspects

References



References available upon request or via QR code
 Contact: Victoria Selby at vselby@umaryland.edu
 Link to the [Substance Use and Addictions Nursing Certificate webpage](#)

Methods

The **socio-ecological model** considers the complexities of individual, relationship, community, and societal risk and resiliency factors 4



Content analysis identified the following themes for SDOH and substance use:

- Serving affected individuals and communities
- Health inequities
- Social and structural risks
- Risk and protective factors over the lifespan
- Risk and protective factors in special populations (e.g., criminal justice system, military personnel and their families, homeless, LGBTQ+)
- Person-centered communication and therapeutic relationships

Results: Examples from UMSON Addictions Nursing Courses

Child/adolescent risk factors

In Chapter 2 of Principles of Substance Abuse Prevention for Early Childhood, read about why some individuals are more likely to use substances than others. Pay attention to how risk factors affect the child's developmental trajectory, and how protective factors promote coping and adaptation. Think about how multiple risk factors can cluster and accumulate, causing increased likelihood of developing problems in many life domains.

Risk factors are qualities of a child or his or her environment that can adversely affect the child's developmental trajectory and put the child at risk for later substance abuse or other behavioral problems. Protective factors are qualities of children and their environments that promote successful coping and adaptation to life situations and change.

Protective factors are not simply the absence of risk factors; rather, they may reduce or lessen the negative impact of risk factors (Cowan & Work, 1988; Garmezy, 1985; Hawkins et al., 1992; Rutter, 1985; Werner, 1989).

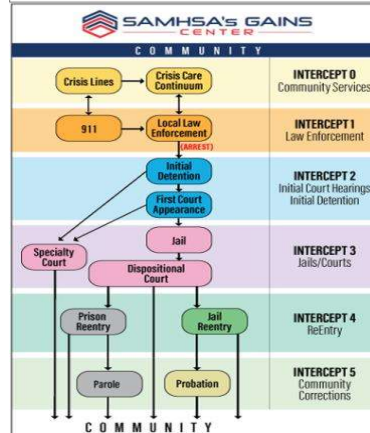
Risk and Protective Factors

Risk and protective factors that influence experimentation and continued use of substances:

- Social influences
- Developmental
- Individual—knowledge and beliefs about substances; cognitive, attitudinal, social, person
- Family
- School and Community

Treatment over criminalization

Sequential Intercept Model (SIM):
 How individuals with mental illness and/or substance use disorders move through the criminal justice system.
Intercept points: Opportunities to link individuals to treatment and social services
 Where does nursing fit into the SIM?



Therapeutic relationships to overcome barriers

Therapeutic Alliance and Relationship Factors

Therapeutic Alliance

Therapeutic Alliance is defined as the "Process within a health-care provider-client interaction that is initiated by an identified need for positive client health-care behaviors, whereby both parties work together toward this goal with consideration of the client's current health status and developmental stage within the life span" (Doherty, 2009). It is essential for helping clients achieve their recovery goals. A therapeutic alliance can be described as being **client-centered**.

Strength-based Practice

Strength-based practice refers to "everything you do as a helper will be based on facilitating the discovery and embellishment, exploration, and use of clients' strengths and resources in the service of helping them achieve their goals and realize their dreams" (Saleebey, 2010, p. 1; in Manthey 2011)

Cultural Competency and Humility

Culture and Cultural Competency

Culture is the conceptual system developed by a community or society to structure the way people view the world. It involves a particular set of beliefs, norms, and values that influence ideas about relationships, how people live their lives, and the way people organize their world.

Cultural competence means more than a discrete skill set or knowledge base, and it requires self-evaluation on the part of the practitioner. SAMHSA TIP 59 Exhibit 2-5 describes 7 attitudes of culturally competent providers with expected behaviors.

Explore each attitude and its behaviors by clicking tabs below:

Respect | Acceptance | Sensitivity | Commitment to equity
 Openness | Humility | Flexibility