

**Rural Living and Social Determinates of Health**

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Social Determinates of Health (SDoH) encompasses many factors including where one comes from and grows up, lives, works and ages and the environment around these specifics (World Health Organization [WHO], n.d.). Rural nurses are used to considering the conditions encompassed in SDoH in relationship to the health, health access, and healthcare of rural populations. In the past we have focused more on the individual and family for nursing care; however, we know that family, community, and society also are part of the environment in which nurses provide and patients receive care (or not). Focus on SDoH has the effect of highlighting those *upstream* or meso environmental factors where intervention may improve health outcomes, not just for the individual but for the broader community. Guilamo-Ramos and colleagues (2023) have developed a framework for a nurse-led way to address SDoH. Although not rural specific, this framework is broad enough to guide nurses in many areas of practice. Literature notes the importance of SDoH and reducing health inequity as a social mandate for nursing in the 21<sup>st</sup> Century (Thornton, 2018; Weeks et al., 2023). Swendener et al. (2023) examined housing quality for rural and urban locations and a number of other demographic details such as disability, ethnicity, and race. Two housing quality indicators (incomplete plumbing and incomplete kitchen facilities) were examined. The proportion of residents in rural areas was higher than that of urban in both incomplete plumbing and kitchen facilities. Rural dwellers who report disability had the highest proportion regarding substandard plumbing. Upon examination of ethnicity, communities of rural American Indian or Alaska Native rural dwellers were more likely to have both incomplete kitchen and substandard plumbing than their urban counterparts (Swendener, 2023). Rural as *place*

is an important concept in rural nursing and easily connected to the WHO (n.d.) definition of SDoH.

Nurses are taught to assess, diagnosis, plan, implement and evaluate (ANA, n.d.). By applying the nursing process to the SDoH in rural places, there is a well-known path to follow. I was happy to see a simple assessment tool in use in the office of the Nurse Practitioner I see for primary healthcare. There were few questions so it was easy and quick to complete and the questions were straight forward such as: In the past week, “have you or your family been hungry for lack of food, in the past week” or “did you or your family have a safe place to stay”, or “did you have difficulty getting transportation to your appointment today”? Assessment is important if nurses are going to accurately diagnose the problem. Planning may include involving other health care disciplines, such as a social worker to assist with getting housing or resources for food. Interventions can be creative and rely on some of the positive aspects of rural living, such as formal or informal organizations that focus on helping. An excellent example of this was the Newark, NY community group to assist others with transportation, shopping, or just calling to check in on their neighbors. Those who were unable to get out themselves were able to contribute by making daily phone calls to others. This grassroots organization was then formalized by a Rural Health Network in upstate New York, adding a sustainability to the transportation issue, so common in rural places. As the process indicates, it is critical to continue to evaluate, what has been done, is it working, or does the plan needed to be altered to best serve rural populations. Nurses are part of the solution to developing supportive environments in rural places. What can you do, to make a difference?

## References

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