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Kidney Disease and Social Determinants of Health

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Social determinants are expression of the circumstances that are shaped by family and communities, including policies that are shaped by power, and money, on the global, national, and local levels (Viner et al., 2012). Social Determinants of Health (SDOH) is described by the World Health Organization (WHO) as "the conditions in which people are born, live, work, and age along with how forces and systems shape the conditions of daily life" (Social determinants of health, WHO.Intl). Numerous studies have been linked to SDOH with disparities for the treatment of kidney disease. In 2000, in the United States, there were 245,000 deaths attributed to low education, 162,000 to low social support, 176,000 to racial segregation, 119,000 to income, 133,000 individual-level poverty and 39,000 to area level poverty inequality all have been components of SDOH (Kirsch & Ball, 2018). Annually expenditure for the care of patients with end-stage renal disease has reached $34 billion, the American public notably has become complacent in addressing the factors that influence prevention, progression, and the treatment of chronic kidney disease (Hall, 2018).

Due to the growing number of health plans and the dialysis community embracing population health models to having a stake in the accountabilities for health care and health care cost. The Chronic Kidney Disease (CKD) and End Stage Renal Disease (ESRD) patient needs requires the same attention that other unmet social needs with same intentions as other health outcomes such as anemia, proteinuria, and hypertension for the optimization of quality of care (Hall, 2018). The traditional approach for care delivery necessitates exploration formulated by SDOH in socioeconomics inequalities and stability, comorbidity of young person impact, food insecurity, education, neighborhood living, and COVID-19 disparities in the kidney community. It becomes evident that SDOH should be evaluated and their link to CKD and ESRD to provide recommendations for clinical care.

Nephrology nurses can acknowledge the wealth of resources of the Healthy People 2020, WHO, and the Center of Disease Control and Prevention (CDC) has provided. Resources of the SDOH framework and studies support continuum care during the lifespan and care of the kidney patient. Through the examination of external community resources and governmental programs the nephrology nurse can support policy reform via advocacy for people diagnosed with kidney disease. For example, through health policy advocacy to promote equitable health coverage and learning opportunities of the Affordable Care Act (ADA), Medicare and Medicaid, the nephrology nurse can be a valuable liaison.

COVID-19 racial disparities can be explored by the nephrology nurse by understanding the barriers, and challenges that are present and that are in the near future. The management of the COVID-19 pandemic require collaboration with the community and local governments that should include the nephrology nurse observations, and expertise. Each intervention that is found to be the plan of care for kidney

patients diagnosed with COVID-19, the nephrology nurse should include the physically and emotional needs of African Americans, In the article "Social Determinants and the Nephrology Community" the author notates the implications for nephrology nursing the importance of identifying interventions to address the unmet social needs of both the CKD and ESRD populations.

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