The promotion of
social justice

As nurses, we can advocate for health equity and equality for our vulnerable patient populations.

By Mary Atkinson Smith, DNP, FNP-BC, FAANP, FNAP

in healthcare

In today's complex and constantly changing healthcare environment, nurse leaders are focused on patients having adequate access to safe, high-quality services. They're also working to decrease hospital readmissions and medical errors through the promotion of teamwork and implementation of evidence-based clinical practice guidelines, especially considering the abundant policy changes pertaining to the funding and reimbursement of healthcare services. With these topics taking precedence, nurse leaders must remain mindful of the importance of promoting social justice in healthcare.

This article focuses on social justice and its role in improving patient outcomes and enhancing overall population health, particularly among vulnerable populations.

Understanding justice

In general, the term *justice* refers to "a set of universal principles" that "guide people in judging what's right and what's wrong, no matter what culture and society they live in," according to the Center for Economic and Social Justice. Treatment should be fair, equitable, and appropriate, regardless of what an

individual has contributed or earned. Justice is one of the four principal philosophical virtues (also referred to as moral or cardinal virtues) that include prudence, temperance, and courage. Injustice refers to an individual being deprived, by law or by another individual, of that which he or she is owed.

Justice serves to respect individuals' rights whether they're natural or legal in nature. Natural rights don't depend on cultural or governmental laws; they're universal and considered to be inalienable because they can't be repealed or restrained based on human laws. Natural rights include life and liberty, the pursuit of property and ownership, independent thought and speech, free will and choice, personal beliefs and values, and socialization and relationships.

Legal rights are derived from a specific legal system and differ by state and country. Not a set of universally accepted rights, they can be modified, repealed, or restrained based on human laws. Legal rights include statutes or regulations established by a legislative body, such as the dispensing and use of medical marijuana or the Medicaid structure in various states in the US. On an international level, legal rights include the overall structure of each country's healthcare system, such as the national health insurance model in Canada.

From the standpoint of legal rights, if a healthcare system isn't structured effectively and fairly, it may promote easily accessible and higher-quality care for the wealthy while poorer citizens become sicker due to the lack of affordability and accessibility.

Social justice in healthcare

In healthcare, the term *social justice* is generally defined as the goodness guiding the development of institutions that are social in nature and provide access to beneficial services from the standpoint of health and wellness. When structured in a morally fair fashion, socially organized healthcare institutions work together to provide citizens with resources that are meant to positively advance the health and common good of society. For this to be the case, healthcare institutions must be balanced in a way to avoid monopolies that create unfair barriers, leaving vulnerable populations unable to obtain needed health-related services.

Social justice in healthcare may have different meanings to communities, states, and countries; however, it's widely accepted that good health is needed for individual well-being, which includes seeking comfort, feeling content, and striving for joys in life. Social justice serves to promote the distribution of healthcare resources in a way that benefits marginalized or vulnerable populations while being mindful of more privileged populations. The overall goal of social justice is the promotion of impartiality.

Vulnerable populations

A discussion of social justice in healthcare isn't complete without a discussion of vulnerable populations. Geographic

region, socioeconomic status, education level, age, and psychosocial or physiologic state don't solely determine vulnerable populations. The continued rise in healthcare costs, a lack of affordable healthcare, and shortages of healthcare providers all contribute to restricted access to care. The term *vulnerable population* may also refer to individuals who are at higher risk for experiencing poor health outcomes regardless of the presence of demographic risk factors. For example, individuals who are uninsured or underinsured may also be considered a vulnerable population because their access to care is limited, contributing to poor health outcomes.

The word *vulnerable* itself recently came under scrutiny. In December 2017, the US Department of Health and Human Services was instructed to avoid the use of certain words such as "vulnerable" when preparing documents to support budgeting requests for 2019, except when referring to a legal citation or in an existing title. The reason for this terminology change was given by a Department of Justice official as "intended to be more accurate and better reflect Justice Department priorities."

This is an example of how influential linguistics can be. Ten US Senators drafted a letter to the acting secretary of the Department of Health and Human Services requesting more clarification on the linguistic restrictions while stating "words matter." In addition, 315 public health organizations requested an explanation, stating that it's difficult for the CDC to support its mission of advancing health and safety in America when its staff members are encouraged to avoid the use of foundational words.

In general, everyone is at risk for vulnerability at some point in their lives. No one is immune to unexpected illness, domestic issues, or unemployment, which are all life experiences that can increase vulnerability and negatively influence

<div style="background:#6e5068;color:#fff;padding:1em;">

key points

Promoting social justice in healthcare

- Identify a specific health disparity or inequity in your practice area.
- Gather evidence-based research about the health disparity/inequity.
- Determine the health disparity/inequity's economic impact.
- Speak out either verbally or in writing about your findings.
- Collaborate with stakeholders who have an interest in addressing the health disparity/inequity to determine viable solutions. Keep in mind that stakeholders may be patients who are directly impacted by the health disparity/inequity.
- With key stakeholders involved, develop a short- and long-term strategy to address the health disparity/inequity.
- Begin developing and establishing respectful relationships with key legislative staff and lawmakers who have an interest in the health disparity/inequity. Keep in mind that they may be on a local, state, or federal level.
- Always keep a positive attitude and an open mind to the thoughts of others while remaining persistent and passionate about promoting social justice related to health disparities and inequities.

</div>

health status. Research has shown that individuals who lack sufficient access to healthcare services are more likely to experience negative health outcomes. Various frameworks have emerged that identify similar traits (age, gender, race, and socioeconomic status) and experiences (illnesses and traumatic life events) among vulnerable populations that increase the risk of poor health choices and outcomes.

The three factors that have contributed to the growing number of vulnerable populations in the US include an increasing prevalence of chronic medical conditions, such as diabetes and heart disease; a major shift in population demographics pertaining to growing income inequality and aging baby boomers; and a decrease in supportive and

supplemental resources in lower-income communities.

Health disparities and equity

Health disparities are specific differences in population health related to occupation/income, education, and less representation at higher levels of political office. Disparities may also be seen among individuals with certain demographic factors, such as age, sex or gender, race/ethnicity, sexual orientation, disabilities, immigrant status, and geographic region. Health disparities have a specific relevance to social justice because they can develop from intentional or unintentional marginalization or discrimination.

Health disparities are increasingly being referred to as *health inequalities*—the opposite of health equity. Inequalities lead to the development of barriers that limit access to opportunities that promote and support high levels of health. It's thought that the term *health inequality* is better at delineating the differences in health that are due to a lack of social justice rather than general health differences.

Health equity itself is the hallmark of social justice in healthcare because it focuses on reducing health disparities, striving for everyone in society to have the same opportunity when it comes to attaining the greatest level of health. The four overarching goals of Healthy People 2020 serve to minimize health disparities and advocate for health equity in the US:
1. elimination of health disparities and attaining health equity while improving the health of all individuals in society
2. attainment of high-quality healthcare and living longer while avoiding preventable diseases and injuries that lead to disability and premature death
3. creation of social and physical conditions that foster desirable health for all individuals

30 Nursing made Incredibly Easy! March/April 2019

www.NursingMadeIncrediblyEasy.com

4. promotion of quality of life with healthy development and behaviors throughout the lifespan.

Highlighting the social determinants of health through a population health model can further highlight the influence of social justice on the health outcomes of different populations.

Social determinants and population health

Social determinants of health are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks," according to HealthyPeople.gov. Population-focused healthcare involves the use of various population-based assessments related to epidemiology and community as the foundation for intervention and prevention. The use of a community-based, population-focused model is guided by the specific characteristics and needs of the individual community, which is particularly useful when developing programs to address needs related to shelter, nutrition, healthcare access, or workforce training.

Pairing the social determinants of health with a population health focus isn't a novel approach to identifying the factors that influence health outcomes. The impact of social determinants of health on the health status of individuals has been consistently researched over the last 40 years and is well established in the population health model. According to the Robert Wood Johnson Foundation, the foundation of health begins in a community's neighborhoods and schools and in the homes of individuals, which means there are both social and economic factors that impact the health of populations. The population health model addresses the social determinants of health in a collaborative fashion where multiple disciplines intersect to collect social science data that

can be correlated and integrated with data from the biologic sciences.

Implications for nursing

Nurses are well-respected and highly trusted leaders who are in the ideal position to advocate for social justice in healthcare. It's important that inequalities in access, delivery, and outcomes are considered when developing health policy. The legislative and regulatory aspects of healthcare continue to evolve on all governmental levels: local, state, federal, and international. One aspect that remains the same is people are what healthcare is about. The basic needs of the people don't change, including the need for healthcare.

The inclusion of social justice in health-related policy development serves to drive initiatives that are beneficial for all members of society. Health equity and equality are a common byproduct of social justice that offer opportunities of sufficient access to healthcare resources while improving health outcomes. With nurses being the largest group of healthcare professionals, it makes sense that we should be advocates for social justice in healthcare. ■

For more on advocacy and policy development, see our next issue.

REFERENCES

American Public Health Association. Health equity. 2017. www.apha.org/topics-and-issues/health-equity.

Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *Am J Public Health.* 2011;101(suppl 1):S149-S155.

Center for Economic and Social Justice. Defining economic justice and social justice. 2017. www.cesj.org/learn/definitions/defining-economic-justice-and-social-justice.

Eilperin J, Sun LH. Trump administration targets certain words, and the bureaucracy pushes back. *The Washington Post.* 2017. www.washingtonpost.com/national/health-science/trump-administration-targets-certain-words-and-the-bureaucracy-pushes-back/2017/12/20/3c9bc6c4-e42e-11e7-ab50-621fe0588340_story.html?utm_term=.38cfcea22c30.

Farnsworth EA, Sheppard S. *An Introduction to the Legal System of the United States.* 4th ed. New York, NY: Oxford University Press; 2010.

Friedman E. Healthcare rationing: horror or hope? 2013. www.youtube.com/watch?time_continue=1&v=7HL2qDyAZtU.

Garcel J, Ward E, Rodrigues L. Vulnerable populations: a tale of two nations. In: Knickman JR, Kovner AR, eds. *Jonas and Kovner's Health Care Delivery in the United States.* 11th ed. New York, NY: Springer Publishing Company; 2015:149-179.

Knickman JR, Kovner AR. The challenge of health care delivery and health policy. In: Knickman JR, Kovner AR, eds. *Jonas and Kovner's Health Care Delivery in the United States.* 11th ed. New York, NY: Springer Publishing Company; 2015:3-12.

Office of Disease Prevention and Health Promotion. About Healthy People. 2018. www.healthypeople.gov/2020/About-Healthy-People.

Office of Disease Prevention and Health Promotion. Social determinants of health. 2018. www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health.

Rector C. *Community & Public Health Nursing: Promoting the Public's Health.* 9th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2017.

Reid K. T.R. Reid on health-care reform in America. Stanford Medicine. 2009. http://med.stanford.edu/news/all-news/one-to-one/2009/t-r-reid-on-health-care-reform-in-america.html.

Rich K. Introduction to bioethics and ethical decision-making. In: Butts J, Rich K, eds. *Nursing Ethics Across the Curriculum and Into Practice.* Burlington, MA: Jones and Bartlett Learning; 2013:31-68.

Robert Wood Johnson Foundation. Social determinants of health. 2017. www.rwjf.org/en/our-focus-areas/topics/social-determinants-of-health.html.

Ruger JP. *Health and Social Justice.* New York, NY: Oxford University Press; 2010.

Russo P. Population health. In: Knickman JR, Kovner AR, eds. *Jonas and Kovner's Health Care Delivery in the United States.* 11th ed. New York, NY: Springer Publishing Company; 2015:79-98.

Shi L, Stevens G. *Vulnerable Populations in the United States.* 2nd ed. San Francisco, CA: Jossey-Bass Publishers; 2010.

Mary Atkinson Smith is an NP at Starkville (Miss.) Orthopedic Clinic, a Clinical Associate Professor of Nursing at Sacred Heart University in Fairfield, Conn., Founder of Nurses Lead, and a Master's in Health Law and Policy Student at Samford University in Birmingham, Ala. Contact her at mary@nurseslead.com.