

Health Equity and Social Justice: Possibilities for Community Health Nurses

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Goals

- Explore the possibilities for CHN's in promoting equity and social justice,
- Detail why CHN's are well positioned to optimize “population health outcomes”, improve “upstream prevention of disease and injury” and increase “people’s control over the diverse determinants that impact the opportunity for health,”
- Identify what is required to enhance these possibilities.

Inequality/Inequity

Inequalities

- Differences between groups that may or may not be morally concerning

Inequities

Result of social processes

Unfair social arrangements that are potentially remedial

(Whitehead & Dahlgren, 2006)

Health inequities

A photograph of a snowy winter landscape. A road with tire tracks leads into the distance. The road is flanked by snow-covered fields and several evergreen trees. In the background, there are bare deciduous trees and utility poles with power lines stretching across the sky. The overall atmosphere is cold and overcast.

- Are **systematic**
- Produced and maintained by **unfair social** arrangements
- Potentially **remedial**

Justice

Distributive justice

focuses on *fair allocation of resources* in society and is informed by various theoretical traditions in ethics (liberal, egalitarian, utilitarian, communitarian) (Hoedemaekkers & Dekkers, 2003).

Social justice

begins with understanding *differences between subgroups, particularly power* and highlighting the *structural conditions that shape inequities* (Young, 1990, 2001).

Social justice

- Promoting equity (not equality) as a normative direction
- Attending to social determinants and structural inequities
- Example theorists: Iris Marion Young, John Rawls, Nancy Fraser



Justice

Distributive Justice

Social Justice



Health Care Access

Health Outcomes

Access to social
determinants of health

Equality

Equity

Emphasis on equality of access influenced by:

- Canada Health Act
- Biomedical organization of government (embedded verticality)
- Coupled with emphasis on economic efficiency
- 'Course correction' approaches to policy

What is structural violence?

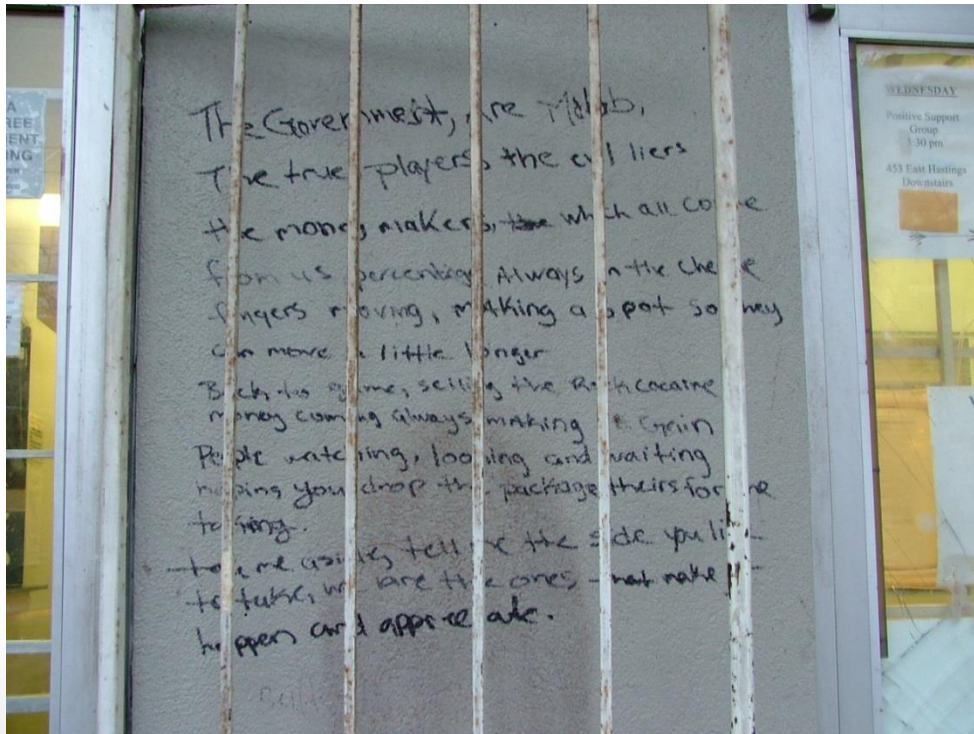
- **Structural violence** is defined as “a host of offensives against human dignity, including extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence” ([Farmer, 2003, p. 8](#)).
- Inequities are **structural** because they are embedded in the political and economic organizations of our social world, and they are **violent** because they cause injury to people ([Farmer, 2003](#))



- “Social inequalities are at the heart of structural violence. Racism of one form or another, gender inequality, and above all brute poverty in the face of affluence.... (Farmer, 2004)
- Structural violence is “generally invisible because it is part of the routine grounds of everyday life” ([Scheper-Hughes & Bourgois, 2004, p. 4](#))



Example: Barriers to Access to Mental Health Care



- Poverty
 - direct (e.g. transportation)
 - Indirect (e.g. stigma)
- Racism
 - direct (e.g. 'barred')
 - Indirect (e.g. fear)
- Gender
 - direct (e.g. threat of violence)
 - indirect (e.g. "anxiety")
- Geography

How are equity and social justice related to

- **“population health outcomes”?**

Population health is improved by improving the health of those worst off (most disadvantaged)

- **“upstream prevention of disease and injury”?**

The root causes of disease and injury are structural

- **“people’s control over the diverse determinants that impact the opportunity for health”?**

Human agency is constrained structurally.

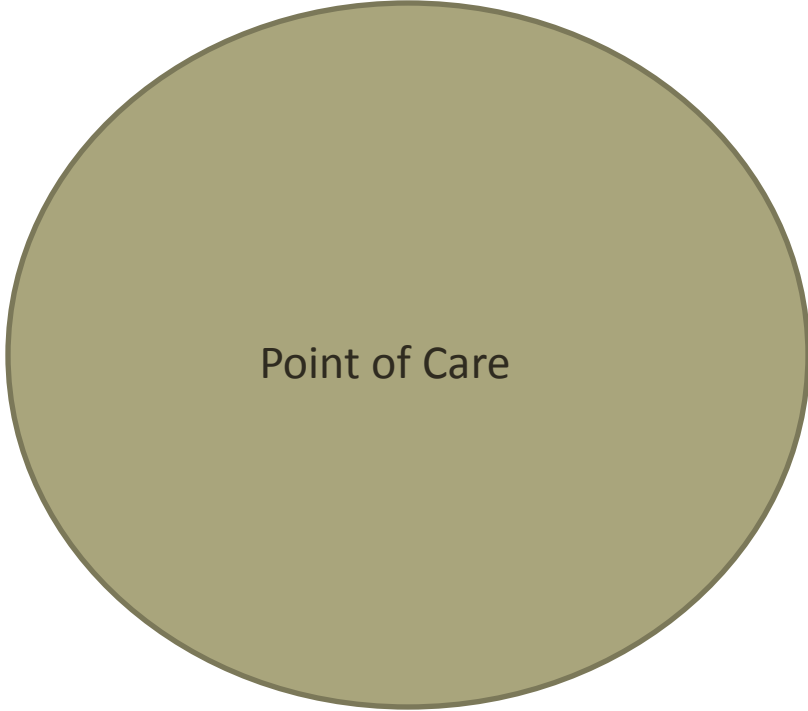
What are the barriers to equity and social justice?

1. How we are encouraged to think:

- Health behaviours as “choices”
- Risk as located in individuals
- Acceptance of scarcity

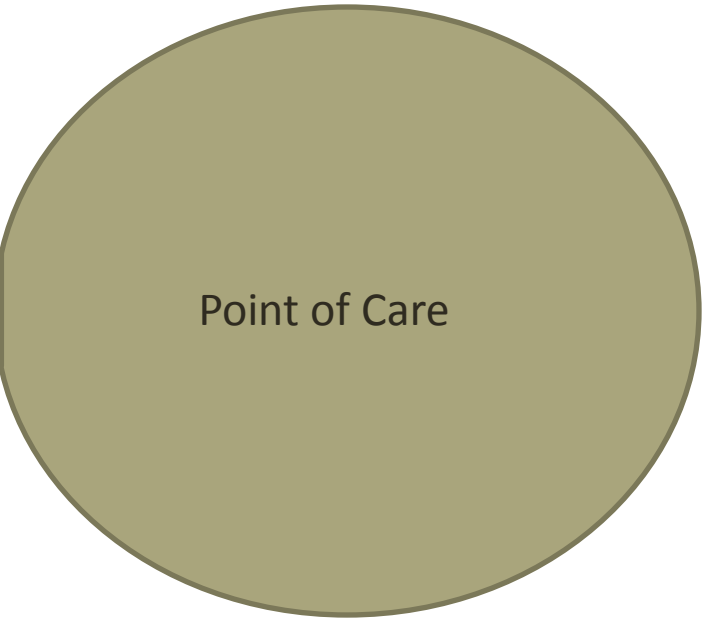
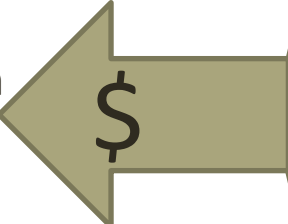
2. How we are asked to practice:

- Emphasis on cost constraint
- Increasing information management
- Increasing emphasis on ‘measureable’ outcomes
- Orientation to cheap, easy solutions



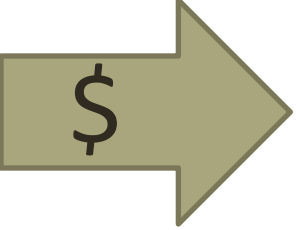
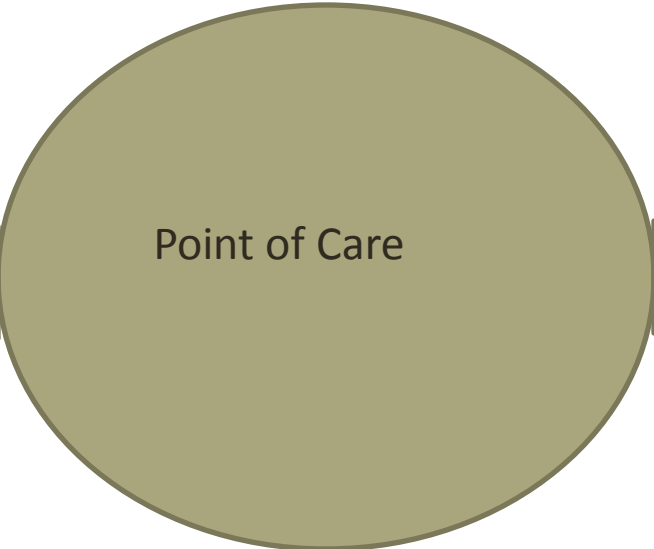
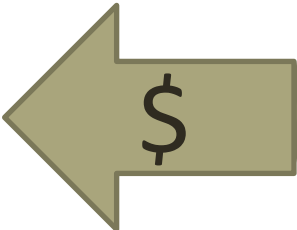
Point of Care

Information
technology

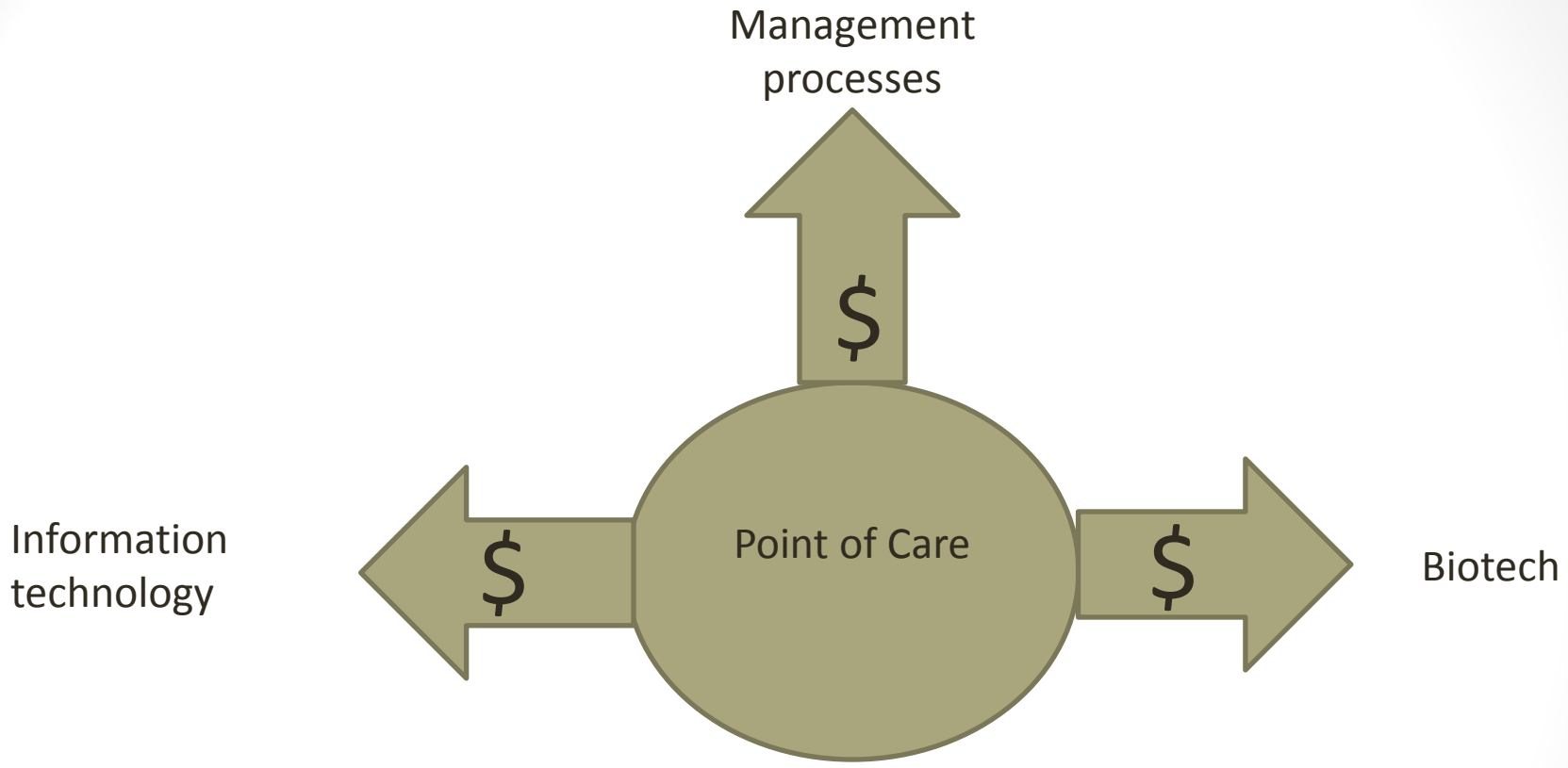


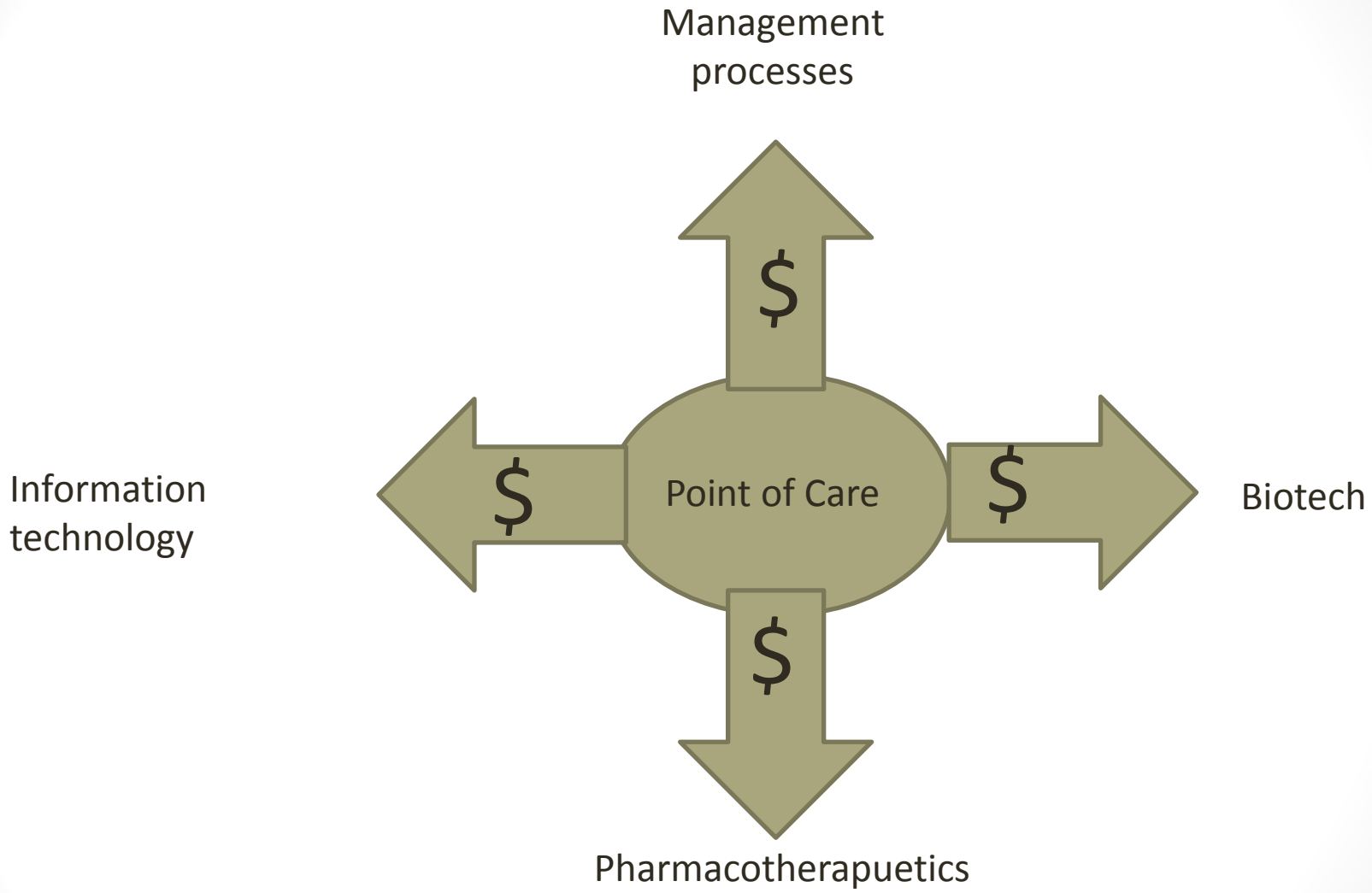
Point of Care

Information
technology



Biotech





Example: preventing child maltreatment



- Some nurse visiting programs are effective
- Paraprofessionals less effective

- Nurse-Family Partnership **+\$17,180**
- Healthy Families America **-\$1,263**

Aos, et al, 2004

CHNs are positioned to address

- “population health outcomes”
- “upstream prevention of disease and injury”
- “people’s control over the diverse determinants that impact the opportunity for health”

because CHNs

- Are mandated to address population/public/community health
- Already “contextualize” risk
- Are close to people’s lived realities
- Understand structural constraints as embodied

(Browne et al, 2010)

What are the **further** possibilities?

Integrate structural violence: Counter the erasure of history and biology

- “Erasing history is perhaps the most common explanatory sleight of hand relied upon by the architects of structural violence” (Farmer, 2004)
- Although structural violence is at the root of much terrorism and retaliatory bombardment, “it is more likely to wither bodies slowly” (Farmer, 2004)

Integrating Structural Violence

Use structural violence as a lens

- To see how human agency is constrained
- To draw attention to how historical and socioeconomic structures and violence intersect in diverse and complex ways
- To locate the origins of social determinants and the ways in which they are distributed

“Maybe they haven’t made their visits [or kept their required appointments] because they have to rely on Joe for a car who has to go to work and can’t take a day off work to take them. Like if they get there and they’re late, and you’re cancelling them...you don’t realize how many things have had to happen for them to get there to begin with.” (Browne & Doane, 2010)

Example: Aboriginal women's perinatal outcomes

For every indicator of healthy pregnancy and infancy (e. g. teen pregnancy, preterm birth, low and high birth weight, infant and neonatal mortality), outcomes are 2 to 5 times worse for Aboriginal people in Canada, with low birth weight and preterm birth rates worsening

What explains Aboriginal women's perinatal outcomes?



Integrating structural violence: Bring the pathophysiological mechanisms into view

Chronic
diseases as
related to the
physiological
consequence of
trauma and
poverty

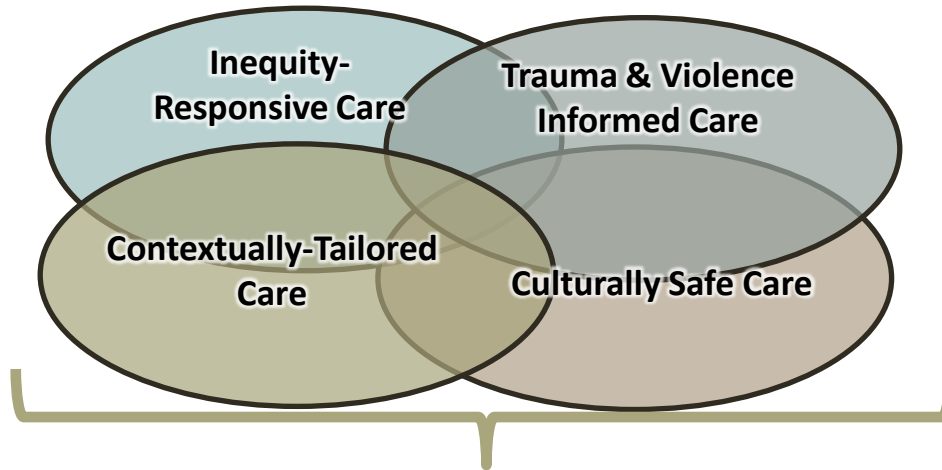
Hypertension

Arthritis

Substance
use

Diabetes

4 Key Dimensions of Equity-Oriented Care



10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Explicit commitment to equity
- Supportive structures, policies, and processes
- Attend to power differentials
- Tailor to context
- Counter oppression
- Promote patient participatory engagement
- Tailor to histories
- Enhance access to social determinants of health
- Optimize use of space and place
- Revision use of time

Outcomes

Shorter term:

- increased effectiveness of services;
- increased 'fit' between people's needs and services;
- increased access to resources;
- increased capacity to manage health;
- increased "client activation"

Longer term:

- Improved Health and Quality of Life
- Reduced Health Inequities at Population Level

What can you do?

Intrapersonally:

- Examine your own privilege (race, class, professional, etc) and how it shapes your thinking
- Learn history and context

Interpersonally:

- Convey unconditional positive regard
- Convey your understanding of historical and contextual conditions
- use power in collaborative, participatory ways, particularly across difference

What can you do?

Contextually:

- ☞ Work toward equity historically, economically, physically, socio-politically, linguistically



Benefits:



- A more compassionate stance which recognizes the lived realities of patients and their contextualized embodied narratives of distress and serves to contextualize expectations on patients...
- a more explicit responsibility to advocate for social justice

(Roberts, 2009, p. 46).

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