

# Social Justice in Healthcare: Access & Equity



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## Introduction

“Social justice in the health system refers to providing equal healthcare services for all individuals, regardless of their personal characteristics.

The AACN defines social justice as fair treatment, regardless of one’s economic status, race, ethnicity, age, citizenship, disability, or sexual orientation”  
(Habibzadeh et al., 2021).

## Objectives

1. Address Social Justice In Healthcare from local, national, and global perspectives.
2. Explore solutions from a local, national, and international perspective.
3. Acknowledge the biases surrounding Social Justice in Healthcare

## Local Perspective

- Individual Health: Genetics vs. Social and Environmental factors.
  - 25% of individual health is determined by genetics, medical care, and health behavior (Becker, 2020).
  - 75% is determined by an individual's social and environmental factors including; income, access to healthcare, healthy food, housing, education, job stability, and safety (Becker, 2020).
- Compliance of medical treatment.
  - Those that live in poverty experience a higher rate of adverse health outcomes compared to their higher income counterparts.
- YNHH - specific diverse populations in New Haven
- Connecticut Health Foundations
  - insurance are less likely to receive preventative care while those who are uninsured and have chronic diseases are worse off. People without insurance coverage also have lower survival rates (Becker, 2020).
- Hartford Healthcare - Medical Mission

## Local Solutions

- Yale New Haven Hospital- New Haven, CT
  - Yale Law School and the Soloman Center for Health, Law, and Policy
- A Medical Legal Partnership: An attorney embedded into healthcare system (Benfer et al., 2018).
  - Five populations: children, immigrants, formerly incarcerated individuals, patients with cancer in palliative care, and veterans
- Transitions Medical-Legal Partnership (MLP) - for formerly incarcerated individuals (Benfer et al., 2018)
- The Nurse Leader's Role
  - Bring a MLP into the patients plan of care
  - Partake in helping at clinics that are set up through these MLPs (Benfer et al., 2018).

## National Perspective

Healthy People 2030- a national health initiative- established Health Equity and Social Determinants of Health as a Pivotal Concept. They organized the social determinants of health into 5 domains:



(Gómez et al., 2021).

1. Economic Stability
2. Education Access & Quality
3. Health Care Access & Quality
4. Neighborhood and Built Environment
5. Social and Community Context

## National Solutions

Healthy people 2030 established the following Health Inequality Programs and Policies to address Social Justice in Healthcare:

- Attending to root causes of health inequalities and health disparities
- Attending to groups that have faced major obstacles to health
- Promoting equal opportunities for all people to be healthy and to seek the highest level of health and well-being possible
- Distributing socioeconomic resources needed
- Maintaining a desired state of equity

**NOTE:** Although these polices would not eliminate all heath disparities, they would significantly reduce health inequalities (Gómez et al., 2021).

## Global Perspective

- Child health equity means that every child has a fair and just opportunity to be as healthy as possible. Inequity in child health services is a major determinant of child health inequity.
- The majority of conditions responsible for mortality and morbidity among children in lower middle-income countries are preventable and treatable, but limited access and affordability continue to deny poor children essential treatment (Spencer et al., 2019).

Box 1 Barriers to healthcare faced by poor and marginalised <sup>26</sup>	
<b>Accessibility</b>	Physical access to health services is frequently difficult for people in remote rural areas with limited transport infrastructure and infrequent outreach services and contact with trained health professionals.
<b>Affordability</b>	Out-of-pocket payments at the point of use of health services deter the poor and marginalised in LMICs and in some HICs.
<b>Acceptability</b>	Health services which do not take account of cultural and religious sensitivities are a barrier to use especially by women in poorer communities.
<b>Utilisation</b>	Cultural and religious norms may prevent people, and particularly women, from using available services.
<b>Quality and continuity of care</b>	For an intervention to be fully effective—for example, children receiving treatment for a chronic disease or a course of vaccinations—quality and continuity across time and services must be ensured, which is frequently not the case for those most in need.

(Spencer et al., 2019).

## Global Solutions

- Form advocacy groups or networks.
- Advocate for international organizations.
- Promote the publication of policy statements.
- Advocate for evidence based pro equity interventions.
- Promote and institute data collection & policy focused research.
- Participate in global partnerships (Spencer et al., 2019).

## Critique of Biases

Acknowledgement of the existence of social injustice in healthcare

### Implicit bias

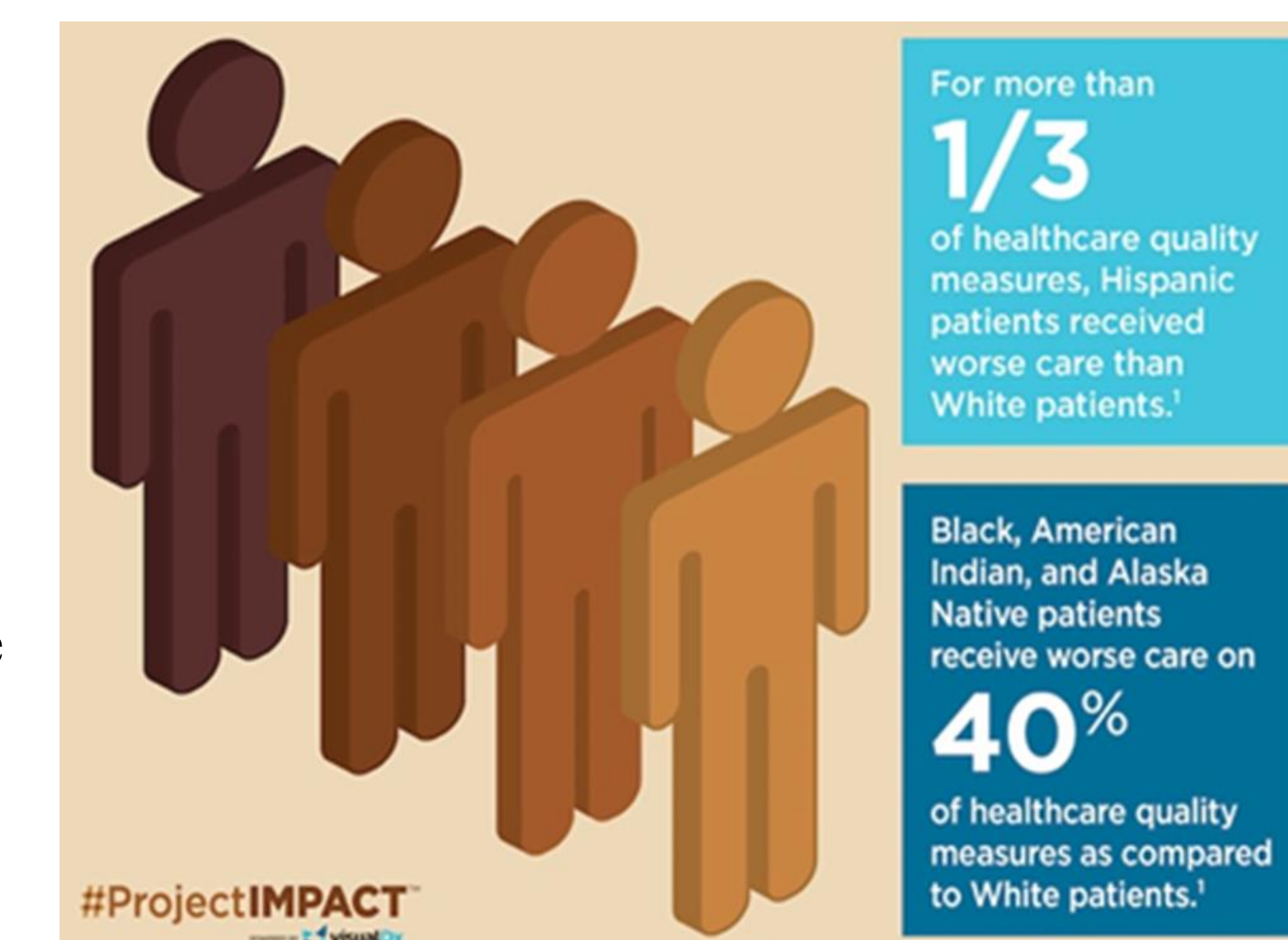
- Unconscious perception of an individual based on past life experiences that have impacted their thoughts or actions
- Race, gender, identity, ableism, culture or ethnicity, & language

### Structural Racism

- Processes of racism fixed within federal, state, local laws, policies, and practices that is deeply embedded throughout our socioeconomic and health care finance systems

### Title VI of the Civil Rights Act of 1964:

"all people are protected from discrimination based on their race, color, or national origin in activities or programs that are supplied federal funds or federal financial assistance"  
(OCR, 2021).



(OCR, 2021).

## Conclusion

Social Justice in healthcare exists on a local, national, and global level. By staying up to date with the proposed solutions for social justice in healthcare on the local, national, and global level, we can help promote healthcare access and equity for all individuals affected.



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## References

