Preface

Vulnerable Populations: Erasing the Margins to Advance Health Equity

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Editor

For the last three decades, the US Department of Health and Human Services Office of Disease Prevention and Health Promotion has issued 10-year objectives for improving health and well-being. Each iteration has specific foci that includes measurable goals. At the culmination of each 10-year decade, progress is evaluated, and the findings from previous decades are used to build upon lessons learned and apply that information to ongoing Healthy People efforts. The most current iteration, Healthy People 2030, released in 2020, includes a more amplified focus on health equity, Social Determinants of Health (SDOH), health literacy, and well-being. The topics of vulnerable populations, health inequities, and the SDOH are integral for transforming health care systems and health care delivery. These topics are critical in creating sustainable interventions that support well-being, advance health equity, and eliminate disparities. Health inequities, which are a direct consequence of structural disenfranchisement, have long plagued historically underrepresented, marginalized, and stigmatized individuals and populations. Identifying, acknowledging, and prioritizing individual needs and population health are paramount for substantial positive change in overall health outcomes to happen. Achieving the Healthy People 2030 mission, “building a healthier future for all,” and attaining the SDOH goals can only become a reality with targeted and deliberate interventions aimed at dismantling and restructuring current policies and practices that have consistently and considerably impeded progress.

Vulnerable populations include those with unique health care and survival needs, including support, resources, safeguards, and those at risk of abuse, neglect, or unsafe conditions and outcomes. This description alone should actuate immediate acknowledgment and prioritization of the health care needs of individuals and
communities who are vulnerable. Using the word vulnerable to describe people has been and continues to be a point of contention in some spaces; however, effectuating meaningful interventions that advance health equity requires naming/labeling issues as exactly what they are. Vulnerability is not a negative or derogatory term. The state of being vulnerable is resultant from inherent or external factors beyond individual control. Clinicians may not routinely consider the additional circumstances and conditions that compound and further compromise health outcomes for susceptible individuals. Therefore, vulnerability is a term that health care professionals should recognize as a prompt to explore additional needs requirements and development of individualized, holistic, and culturally responsible plans of care for individuals and populations.

Advancing health equity to achieve health optimal outcomes requires dissemination of information, strategies, and interventions specific to vulnerable populations that health care providers can apply in academic and clinical settings. This issue of *Nursing Clinics of North America* covers a broad spectrum of considerations that may be overlooked when caring for vulnerable, underserved, and marginalized people and communities.

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