Foreword

Addressing and Dismantling Inequities of Vulnerable Populations

Benjamin Smallheer, PhD, RN, ACNP-BC, FNP-BC, CCRN, CNE
Consulting Editor

Health care in the United States continues efforts to dismantle a system that disadvantages those from vulnerable and marginalized populations. Healthy People 2030 aims to improve health and well-being over the next decade with attention to health conditions, health behaviors, populations, settings and systems, and social determinants of health that impact at-risk groups. Health equity, health literacy, and social determinants of health are priority areas of concern for the US Department of Health and Human Services.¹ This essential work cannot be fully advanced without first asking a fundamental question: Who are the populations at risk? Are they vulnerable populations, marginalized populations, disadvantaged populations, and what does the use of such qualifiers insinuate?

Vulnerable populations are identified as those at risk for poor physical, psychological, or social health.² Factors that either place or contribute to a higher risk of vulnerability include, but are not limited to, belonging to communities of color, sexual/gender minorities, veterans, individuals with substance dependence, individuals with psychiatric and mental health needs, and the intersectionality of any of these. Vulnerable may also suggest the need for protection due to being powerless and helpless to situations or circumstances. These labels can lead to bias, stigmatization, and exclusion from communities or resources. What is being suggested is that vulnerable populations are individuals or groups at increased risk of harm. Working toward improved outcomes relies on a more thoughtful discussion of populations who are at greater risk with a goal of enhancing knowledge and understanding, and eventually improved patient care. There is a chance, however, of implicit bias when referring to an individual or group as “vulnerable.” If we accept the premise of vulnerable populations, does that then suggest, and are we accepting, that invulnerable populations also exist?³
We must intentionally direct attention to consider the factors that put individuals and populations “at risk” and question what has led to a system where inequitable health care exists. This issue of Nursing Clinics of North America expands our knowledge and understanding of caring for vulnerable, underserved, and marginalized people and communities. We draw attention to our communities of color, sexual/gender minorities, veterans, individuals with substance dependence, and individuals with psychiatric and mental health needs...while also recognizing this is not an all-encompassing list. We must be intentional in our care…and the time is now for these intentional acts.

Benjamin Smallheer, PhD, RN, ACNP-BC, FNP-BC, CCRN, CNE
Duke University
School of Nursing
307 Trent Drive
Box 3322, Office 3117
Durham, NC 27710, USA

E-mail address:
benjamin.smallheer@duke.edu

REFERENCES