SOCIAL
JUSTICE

... a means to an end,
an end in itself.

2nd Edition – 2010

CANADIAN
NURSES
ASSOCIATION

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INTRODUCTION

Despite significant advances, humanity continues to confront unacceptable disparities in levels of economic and social development, health and well-being. These injustices have moral and legal ramifications and they can lead to conflict that threatens peaceful relations between and within countries (Economic and Social Council of the United Nations, 1998). Indeed, as part of the report by the Commission on the Social Determinants of Health, the World Health Organization noted that, "Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death" (World Health Organization [WHO], 2008, p.1).

Canada is not immune to the difficulties posed by a lack of equity and fairness in society. However, as a society, Canada has taken measures to pursue social justice in both the national and global realms. With the ratification of the *United Nations International Covenant on Economic, Social and Cultural Rights*, the *Universal Declaration of Human Rights* and the *Canadian Charter of Rights and Freedoms*, Canadians have accepted a vision of social justice that supports the principle that all peoples, without discrimination, "have the right to live in dignity and freedom and to enjoy the fruits of social progress and should, on their part, contribute to it" (Office of the United Nations [UN] High Commissioner for Human Rights, 1969, Part 1, Article 1). Canada's universal health-care system and wide-ranging social programs also speak to our national senses of fairness and community as well as our support and interest in social justice.

The year 2010 marks five years since the launch of the CNA social justice initiative. CNA has revisited its conceptual thinking and direction in relation to social justice and updated this policy discussion paper, which comprises five major sections:

- Section 1 outlines the history of the CNA social justice initiative and the links between it and other program and policy directions at CNA and more broadly.

- Section 2 outlines how the five-year review was undertaken.

- Section 3 provides an updated conceptual overview of social justice.

- Section 4 includes version 2 of the Social Justice Gauge and an explanation for its use.

- Section 5 concludes with possible future avenues for CNA and others relevant to social justice.

This paper is intended to serve the varying needs of five target audiences:

- **CNA board of directors**: to foster discussion, inform voting and help ensure that the policy positions they approve support social justice.

- **CNA general membership**: to elicit input and foster discussion about social justice among registered nurses (RNs).

- **CNA staff**: to develop and review policy proposals so that social justice is reflected in all CNA positions and documents.

- **Consultants working for CNA**: to ensure that their work is in line with the ideals of social justice.

- **Others in and outside Canada**: to assess the implications for social justice as they relate to their own programs, policies or other products, and to assist in the development of other organizational social justice tools and activities.

As in the initiative's first policy discussion paper (2006), this paper is intended to serve audiences both within and outside CNA. Note that this version offers a much greater potential application outside CNA than the original version.

SECTION 1 – BACKGROUND: SOCIAL JUSTICE AND CNA

As both a means to an end and an end in itself, social justice complements the mission, vision and values that support the CNA policy-making process. In addition, social justice as a means provides one valuable and essential avenue for the association to fulfil its policy goals. Why is this so? The answers lie in CNA's orientation and decision-making process:

- CNA sets its policies with due consideration to its purpose, values and resources, as illustrated in Figure 1. Social justice is a key element listed under "values."

- CNA's purpose is outlined in its mission and vision statements. In addition, the association's values are defined in its governance principles. The organizational purpose and value statements mirror the social justice values and principles defined here.

- The attributes of social justice are consistent with the values expressed in CNA's *Code of Ethics for Registered Nurses* (2008). For example, one of the seven primary nursing values listed in the code is promoting justice, guided by principles of safeguarding human rights, equity and fairness and promoting the public good. In addition, the code defines the ethical responsibilities of nurses, thereby outlining the ethics and core values intended to guide individual practice. The societal context in which nurses work can have a significant impact on practice, and this context is constantly changing. The code is regularly revised to ensure that it is attuned to the needs of nurses by reflecting changes in social values and conditions that affect the public, nurses and other health-care providers and the health-care system. Serving as a foundation for nurses' ethical practice, Part I of the code outlines the specific values and ethical responsibilities expected of all RNs, and Part II provides nurses with ways to address social inequities as part of ethical practice.

In June 2002, the CNA board of directors signalled the organization's commitment to advancing social justice. An educational workshop on social justice was an important first step in clarifying social justice as an organizational priority and identifying the role it plays in CNA's national and international work.

CNA Policy/Program Screen

Policy/Program Screen

What is the policy/program issue in question?

Is the issue relevant to the profession of registered nursing in that it:

• fits with the CNA mission, vision and goals?

• aligns with the CNA values lenses: executive expectations and parameters, limitations, governance policies, code of ethics, Social Justice Gauge?

Also, consider how it affects and relates to core functions; specifically, the financial resource and internal capacity implications.

(See Appendix 1 for CNA Policy/Program Screen guiding questions.)

POLICY/PROGRAM OPTION

Core Functions
Financial Resources • Corporate Capacity

RESOURCES

Code of Ethics • Social Justice

VALUES

Corporate objects
Mission • Vision • Goals

PURPOSE

ISSUE • THEME • CONTEXT

ENVIRONMENTAL SCAN
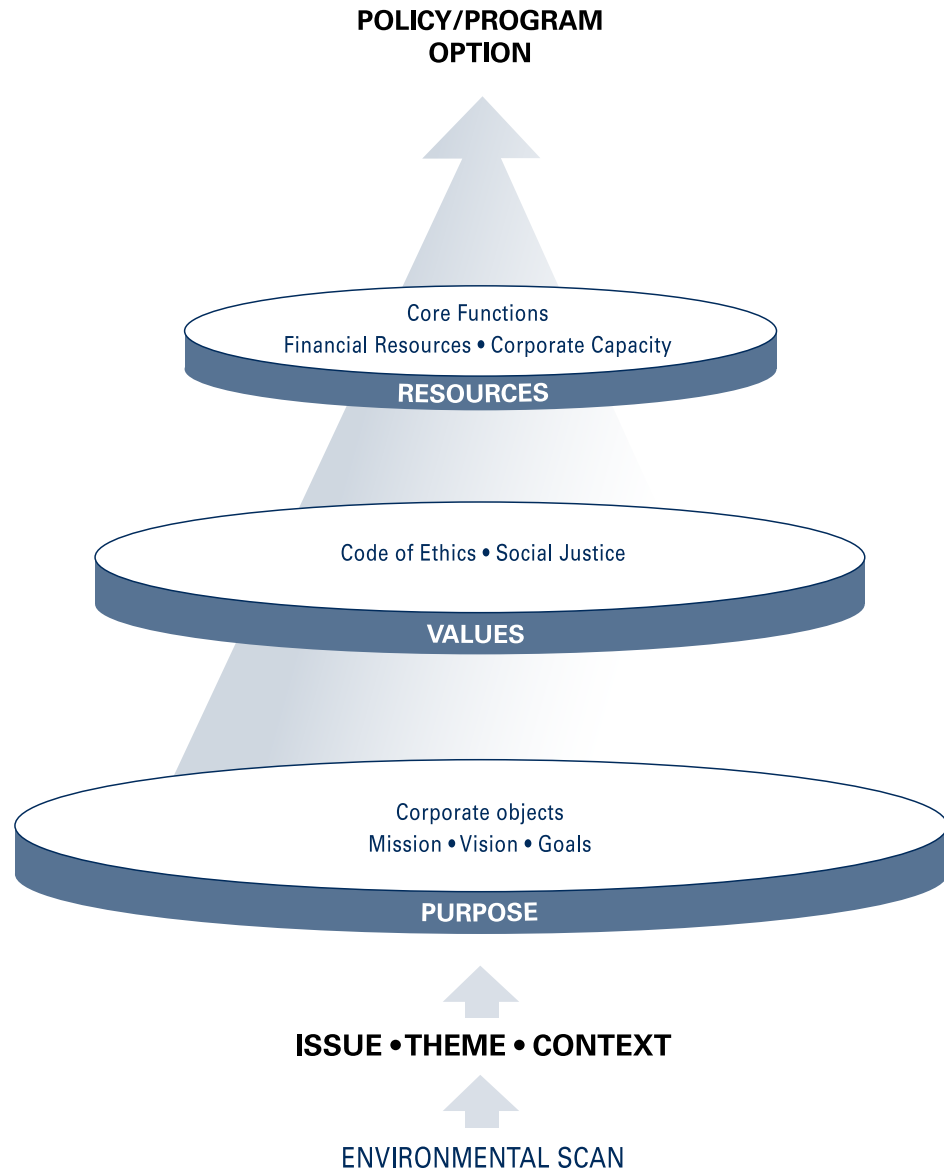
Figure 1: CNA policy/program screen

CNA's next step was to investigate the adoption of social justice as an applicable policy means as well as a valid and achievable policy goal. The investigations led to the launch of the CNA social justice initiative in 2004. The main outputs of the initiative were:

- a Social Justice Gauge tool for assessing policy documents and position papers for alignment with social justice; and

- a policy discussion paper entitled *Social Justice… A means to an end, an end in itself.* (Canadian Nurses Association [CNA], 2006).

In the discussion paper, 10 defining attributes of social justice were introduced. These were said to be key attributes (among potential others) that could be used to define and assess social justice overall and over time.

Both the Social Justice Gauge and the discussion paper have been particularly important for CNA as they advance national and international health policy and development in Canada and abroad to support global health and equity. They have been available and well-sourced online since 2006.

10 Defining Attributes of Social Justice

- Equity (including health equity)
- Human rights (including the right to health)
- Democracy and civil rights
- Capacity building
- Just institutions
- Enabling environments
- Poverty reduction
- Ethical practice
- Advocacy
- Partnerships

SECTION 2 – THE SOCIAL JUSTICE INITIATIVE REVIEW PROCESS

The CNA social justice initiative, since its inception, is illustrated in Figure 2. Beginning in late 2007, CNA launched a review of the initiative and the Social Justice Gauge that would inform its future use and possible evolution. The review was undertaken for two main reasons. First, there was considerable interest in the gauge and in the guiding document, both within and outside CNA, for purposes beyond the review of textual documents. It was felt that to consider any kind of substantive expansion in the focus of the work to audiences outside CNA, or projects beyond textual assessment, the material had to be reviewed. Second, although significant pilot testing of the material was undertaken prior to the launch of version 1, as the material was used more – especially by a variety of groups and situations – questions arose around its application and the conceptual model that underpinned it. CNA was keen to further explore these areas.

Ten key informants were sought who could speak knowledgably about theory and practice relevant to social justice and equity and the application of these concepts in nursing and other health professions and settings. These individuals were divided into two groups. The first group was asked to use the gauge and answer the following questions:

- Do you agree with the selection of these 10 attributes as primary contributors to social justice overall?

- Do you think there should be more or fewer attributes? If so, what suggestions do you have?

- Do you think the definitions that are provided for the attributes are sufficient and clear? If not, please suggest alternatives.

- The gauge reflects an assumption that social justice involves recognizing inequities as well as taking action to eliminate them. Do you think this assumption is valid?

- Are the definitions and interpretations of the guiding principles of "recognition" and "responsible action" clear? If not, do you have alternative suggestions?

- Is the use and separation of these guiding principles effective? If not, do you have alternative suggestions?

The second group of key informants was taken through a pilot exercise to examine the qualitative nature of the gauge, with a specific focus on whether the process could be quantified and formally validated. A number of different response options to more specific questions around the 10 attributes were tested.

CNA advances national and international health policy and development in Canada and abroad to support global health and equity.

Following the review and analysis of the responses, a second version of the gauge was proposed and pilot tested. A draft of the revised gauge was presented at two academic conferences and to the CNA board of directors and general membership. Further edits were made and the revision was finalized and presented to the CNA board of directors in June 2010.

CNA board of directors signals interest in, and commitment to, social justice

CNA board of directors social justice workshop

CNA Social Justice Initiative Activities & Timelines

June 2002

June 2003

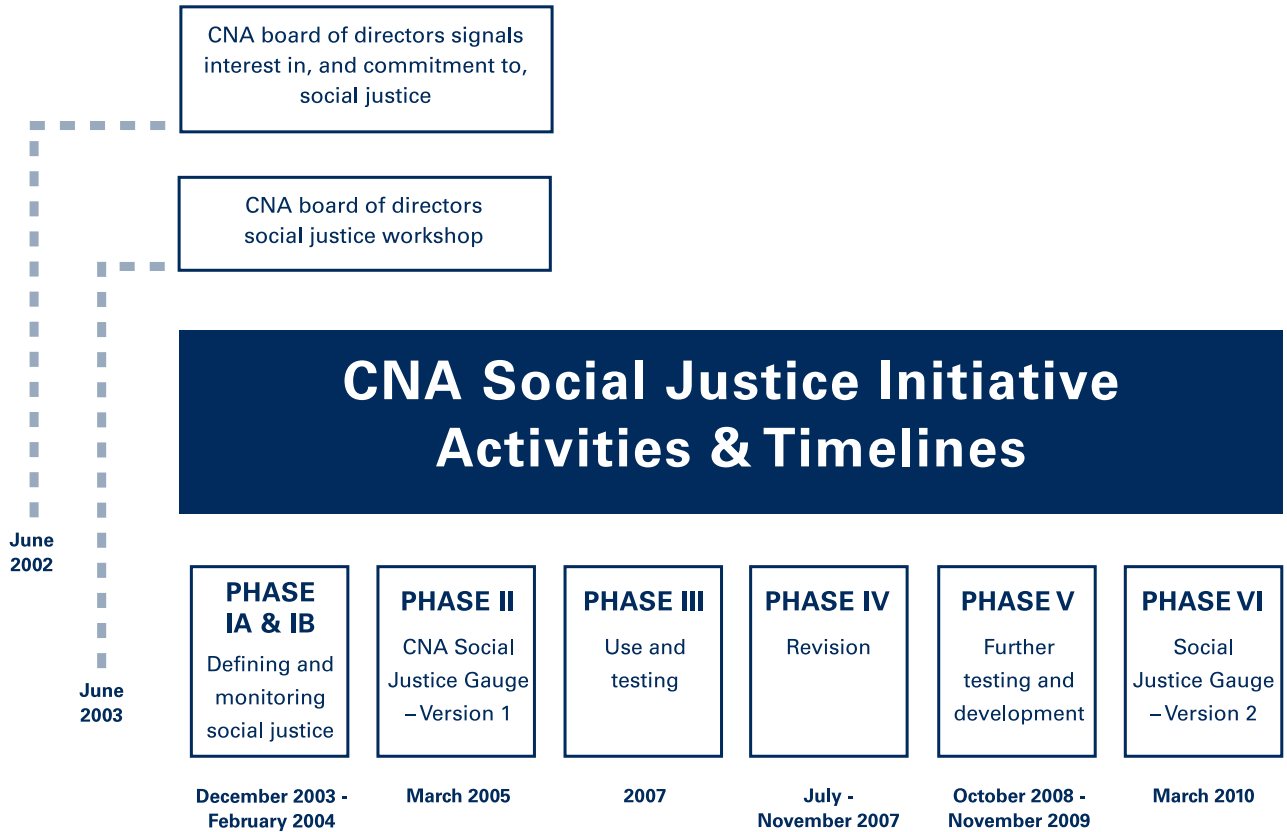| PHASE IA & IB	PHASE II	PHASE III	PHASE IV	PHASE V	PHASE VI
Defining and monitoring social justice	CNA Social Justice Gauge – Version 1	Use and testing	Revision	Further testing and development	Social Justice Gauge – Version 2
December 2003 - February 2004	March 2005	2007	July - November 2007	October 2008 - November 2009	March 2010

Figure 2: CNA social justice initiative timeline

SECTION 3 – SOCIAL JUSTICE CONCEPTUAL THINKING: FIVE YEARS ALONG

Social justice is identified as one of the most important goals of social progress. Since the United Nations General Assembly adopted it as a goal in 1990, many social, humanitarian and health organizations have chosen to pursue social justice as a key objective. In the 2006 edition of this discussion paper, CNA states that social justice is:

> The fair distribution of society's benefits, responsibilities and their consequences. It focuses on the relative position of one social group in relationship to others in society as well as on the root causes of disparities and what can be done to eliminate them. (CNA, 2006, p.7)

This is akin to the way a just society is conceptualized in the *Declaration on Social Progress and Development* (Office of the UN High Commissioner for Human Rights, 1969). Indeed, one of the key components of a just society is equitable access and fair distribution of the conditions required for good health.

Since social justice is about fairness or equity in society, making assessments about social justice means making moral and ethical judgments about fairness and equity. It is important to define and clarify the concept of "equity" as it differs from "equality." Essentially, "equity" is about fair shares and "equality" is about equal shares. Whitehead (1991) says that "in order to describe a certain situation as inequitable, the cause has to be examined and judged to be unfair in the context of what is going on in the rest of society" (p. 219). Although these judgments will vary from country to country and from time to time, according to Whitehead, disparities that are avoidable or unnecessary are inherently unfair.

Stronks and Gunning-Schepers (1993) provide a graphic representation of Whitehead's ideas. CNA adapted their decision tree model to illustrate how government legislation and the individual's freedom of choice shape the nature of inequalities in health status and health determinants (Figure 3). The model starts with the review of a health-care issue by an individual, organization or government. Then the model poses a series of systematic guiding questions (see Appendix 2 for examples).

1 Issue statement for review

2 Are there INEQUALITIES/DISPARITIES in health status?

3 Are there inequalities of HEALTH DETERMINANTS?

YES

NO

4 Does existing government legislation create or affect inequality?

YES

NO

LEGISLATED PARAMETERS FOR CHOICE EXIST

5 Is there freedom of choice?

YES

NO

ELECTIVE INEQUALITIES

6 Can these circumstances be controlled by a community or institutions?
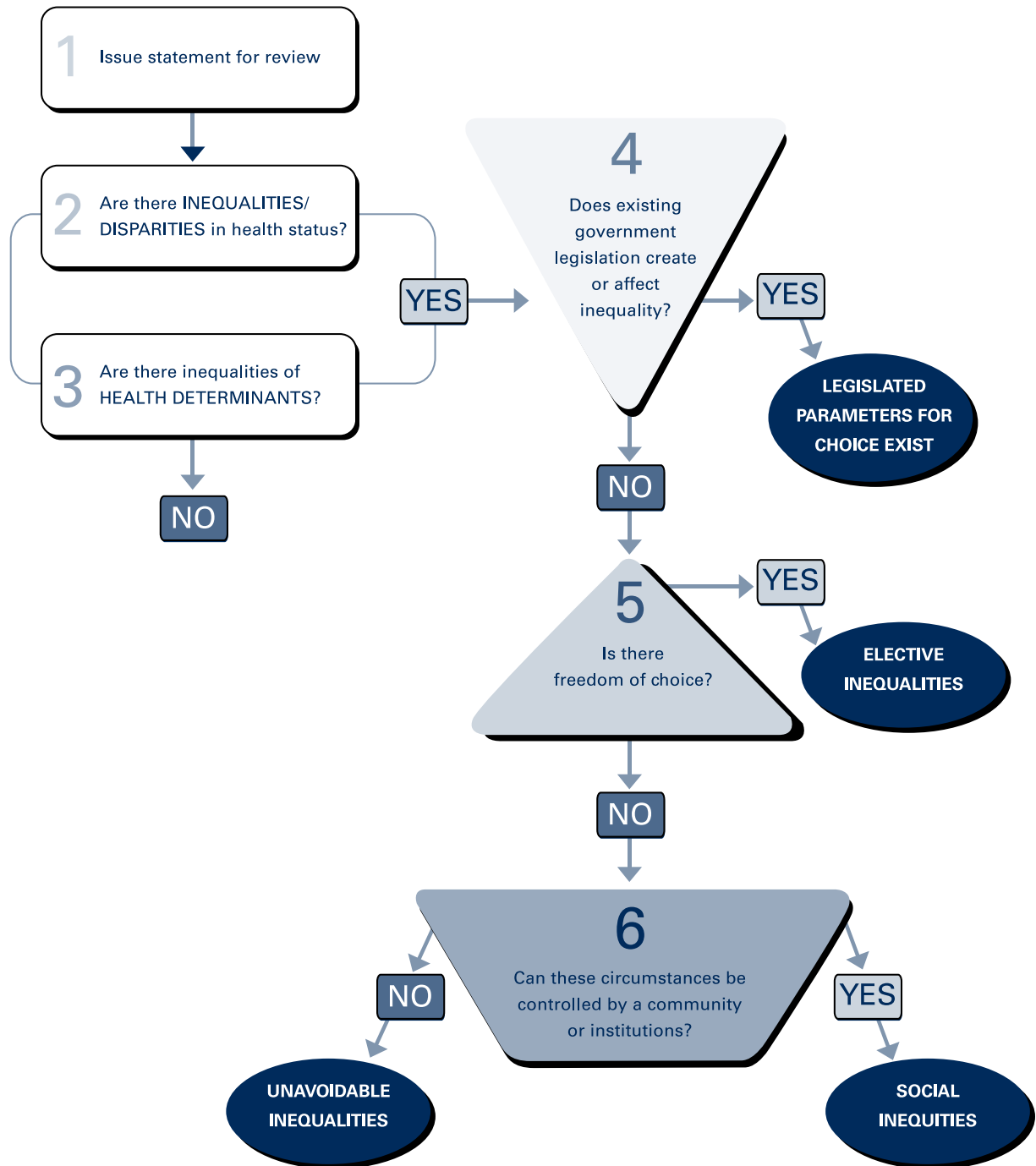
NO

YES

UNAVOIDABLE INEQUALITIES

SOCIAL INEQUITIES

Figure 3: Decision tree model: Which inequalities are inequitable?

(Adapted from Stronks & Gunning-Schepers, 1993)

To provide further clarity, Figure 4 offers a visual depiction of the relationships among inequality, inequity, health inequity and social justice (Davison, Edwards & Robinson, 2004). The largest circle represents inequalities, or disparities, which are empirically evident differences that exist across different social groups in a society (Peter, 2001). Among all inequalities there is a subset of inequities that are, as Whitehead described above, avoidable and therefore unfair and inequitable. This subset includes health and health-care inequities. The double-sided arrow represents moral and ethical judgments that must be made to determine which inequalities are inequitable or unfair. The size of the inequities and health inequities circles depicted in Figure 4 is an indicator of a society's degree of social justice: the fewer the inequities in society, the more just is that society.
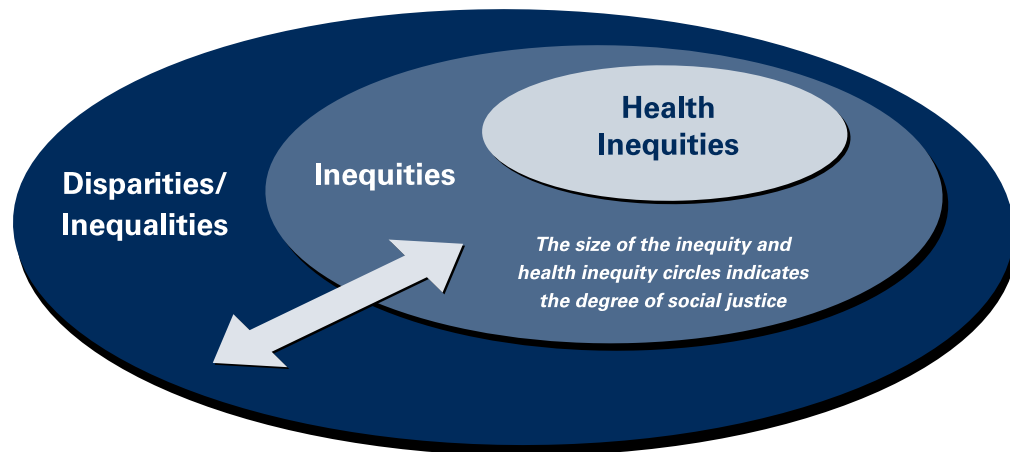

> To describe a certain situation as inequitable, the cause must be judged unfair in the context of what is going on in the rest of society. Although judgments will vary from country to country and from time to time, disparities that are avoidable or unnecessary are inherently unfair.
>
> *(Whitehead, 1991)*

Figure 4: Relationship between inequality, inequity, health inequity and social justice
(Davison et al., 2004)

Guiding Assumptions

The guiding assumptions of social justice, as defined by Smith, Baluch, Bernabei, Robohm & Sheehy (2003), are:

- All societies suffer from broad, systematic inequities and oppression that, due to their uneven and unfair nature, impose themselves on some people more than others.

- Every individual (and therefore every profession) is inevitably, if unintentionally, a part of these circumstances.

- Every individual (and therefore every profession) has an obligation to take responsible action to eliminate forms of systematic inequity and oppression, such as racism, sexism, heterosexism and classism, inherent to diverse social groups.

- Dominant cultural values and mores shape social concepts.

- Inequitable distribution of power, resources and individual access to these resources is part of the current status quo.

- As members of society we are part of the status quo who contribute in part, if unintentionally, to its maintenance.

- We are obliged to help contribute to social, political and economic parity.

Conceptualizations

Defining social justice as equity in society means the equitable, or fair, distribution of society's benefits, responsibilities and their consequences. It focuses on the relative position of the social advantage of one individual or social group in relation to others in society, as well as on the root causes of inequities and what can be done to eliminate them. This conceptualization is based on the "justice as fairness" and "distributive justice" principles of John Rawls (1985), a view in which a just society is a fair society. Societal benefits and responsibilities are distributed so that disadvantaged populations have priority (Kass, 2001; Morris, 2002; De Cock, Mbori-Ngacha & Marum, 2002).

In this conceptualization, social justice is grounded in four key ideas:

- fairness;

- the relative position or social advantage of individuals and groups in society;

- an understanding of the root causes of inequities in society; and

- taking action to eliminate inequities.

Unpacking each of these ideas is a useful way to revisit our thinking on social justice.

Fairness

A disparity between two individuals or social groups is judged to be unfair if the difference is unnecessary or can be avoided within a particular context. Thus, fairness is a normative concept that requires judging a status or situation in the context in which it occurs. For example, it would not be as useful to compare the salary of a Canadian teacher with that of a teacher in Ghana as it would be to judge a Ghanaian teacher's salary in relation to other professionals with similar levels of training working in Ghana. If a teacher's salary was very much lower than, say, that of a pharmacist or accountant, this might be an unfair difference.

Equity has also been defined as "fairness," or as the fair treatment of individuals within their own social context (Braveman and Gruskin, 2003). A health inequity is "a systematic inequality [disparity] in health (or in its social determinants) between more and less advantaged social groups, in other words, a health inequality that is unjust or unfair" (p. 255). In this line, and in keeping with a Rawlsian conceptualization of fairness:

Equity = Fairness = Justice

> Social justice is the equitable, or fair, distribution of society's benefits, responsibilities and their consequences. It focuses on the relative position of the social advantage of one individual or social group in relation to others in society as well as on the root causes of inequities and what can be done to eliminate them.

While the relationship between equity and social justice is far from simplistic (this largely unresolved discussion goes as far back as philosophical arguments made by Plato and Aristotle), for most intents and purposes, "equity," "fairness" and "justice" are often used interchangeably.

To measure or evaluate a particular society's level of social justice, the magnitude of equity or inequity within that particular society must be examined. This would be a sort of accumulation of equity – or equity that occurs at multiple dimensions, levels and sectors.

The relative position or social advantage of individuals and groups in society

The social justice ideal is that all individuals and social groups are valued, and – taking into consideration social context – society's benefits and responsibilities are distributed fairly or equitably. Therefore, if social justice exists in totality (or if a society is entirely just), inequities do not exist. Being attentive to the relative position or social advantage of individuals and different groups within society inherently means being concerned for those groups who are disadvantaged, being aware of the relative advantage of some over others, and recognizing how one group or groups benefit from the existence of disparities.

The root causes of inequities in society

Whitehead (1991) discusses making a judgment about which health disparities might be inevitable and unavoidable (i.e., fair) and which are unnecessary and unfair. She defines seven main determinants of health disparities:

1. natural biological variation;

2. health-damaging behaviour if freely chosen (where this is truly possible), such as the participation in certain sports and pastimes;

3. the transient health advantage of one group over another when that group is first to adopt a health-promoting behaviour (as long as other groups have the means to catch up fairly soon);

4. health-damaging behaviour involving a severe restriction of degrees of lifestyle choice, such as smoking;

5. exposure to unhealthy, stressful living and working conditions;

6. inadequate access to essential health and other public services, such as that faced by aboriginal populations and those living in rural and remote regions; and

7. natural selection or health-related social mobility involving society's tendency to ostracize sick people – such as those who suffer from leprosy, AIDS or a mental disability – so that the sick eventually lose their employment and housing and thereby move down the social scale.

Whitehead considers inequalities resulting from the first three factors as fair because they are the result of free, individual choice or circumstances beyond human control. In contrast, she defines the last four factors as unfair because they are avoidable factors within human control – many of which reflect a deep-rooted determining variable. Poverty, for example, determines that vulnerable groups live in unsafe and crowded housing, deal with unemployment or dangerous work and suffer higher rates of ill health as a result of these inequities.

From a social justice perspective, a society's institutional structures, social and cultural norms and socio-economic order are of pivotal concern, and to reduce and eliminate inequities, systems and societal structures must change. At a societal level, important influences are institutional practices and policies, different social classes and other features of the broader economic environment, all of which can create and sustain disparities among individuals and social groups within particular contexts.

Taking action to eliminate inequities

The fourth idea underpinning our social justice conceptualization is that of responsible action, or engaging in actions that support the reduction or elimination of unnecessary disparities. Recognizing that avoidable disparities exist is not enough; it is an ethical obligation, particularly among those more advantaged, to work toward their elimination.

Taking responsible action requires that:

- action plans include conditions for change;

- direction and guidance are given for effective action; and

- organizations exercise proactive leadership.

What responsible actions can nurses and the nursing profession take toward eliminating avoidable disparities? They can:

- pursue roles in advocacy, partnering and policy change;

- act to create enabling environments and reduce poverty;

- advocate for change and human rights;

- create partnerships for change;

- establish equitable hiring practices that are supported by a just system;

- align with social responsiveness, gender-equality fairness and equity;

- protect civil rights and build supporting institutional structures; and

- conduct research to determine which changes in the provision of nursing care are most effective.

A health inequity is a systematic inequality [disparity] in health (or in its social determinants) between more and less advantaged social groups, in other words, a health inequality that is unjust or unfair.

(Braveman and Gruskin, 2003)

Each of the 10 defining attributes of social justice (see p. 7), as presented in the 2006 policy discussion paper, goes beyond a unidirectional cause-and-effect linkage to form a reciprocal relationship with social justice. For example, creating equitable hiring practices within an institution is an action that not only contributes to social justice but is enhanced by taking place in a just society where there is already some degree of interest in fair distribution among all its members.

Admittedly, the list of social justice's defining attributes is by no means exhaustive. It is recognized that new concepts emerge and existing concepts evolve. As settings, populations, issues and time-periods change, the contextual nature of social justice means that its defining attributes take on new significance and importance.

During the five-year review process, it became clear that *equity* needed to be more central in the conceptualization of social justice, and that most (if not all) of the other nine attributes are in fact proxies for – or representations of – equity and responsible action toward a more equitable society.

Partnerships, for example, was chosen as an attribute because if found, they might indicate that individuals and social groups are valued more equitably in society. Similarly, this was true for the selection of the *human rights* and *capacity building* attributes. *Advocacy* reflected the need for responsible action to reduce unnecessary differences, or inequities. *Just institutions* as an attribute is the same as fair or equitable institutions and thus could be considered under the equity attribute as well. The *poverty reduction* attribute is actually a proxy for the root causes of inequities. *Democracy and civil rights* and *enabling environments* spoke to societal structures and systems that serve to create or sustain unfair differences.

Some users of the gauge questioned the attributes that were selected, found some overlap in the attributes, and some ambiguity in their definitions (which are all complex concepts in themselves). Compounding this complexity is that some attributes represented processes while others represented outcomes.

SECTION 4 – SOCIAL JUSTICE GAUGE – VERSION 2

In light of the insights gained from engaging stakeholders, testing the gauge and re-examining and re-conceptualizing social justice, CNA developed a second version of the Social Justice Gauge. It is grounded in the same definition and understanding of social justice as the original. But instead of being designed around defining attributes – which are now used as guiding examples – the gauge is structured around three yes/no questions that correspond with the definitions and conceptualizations of social justice. A column for noting relevant responsible action is also included.

Because there must be organizational recognition that broad, systematic inequities and oppression are found in all societies, and that there is an inherent obligation to act responsibly in order to replace inequities with parity, the gauge remains focused around the two central ideas of recognizing social injustice and inequity, and taking responsible action to improve the situation.

This section includes a template of the CNA Social Justice Gauge – Version 2. It is designed to be printed as one double-sided page, with the three questions on one side and the supporting material on the reverse.

The CNA Social Justice Gauge is a guide for policy, program and product review and a springboard for reflection and discussion.

Using the CNA Social Justice Gauge

Use the gauge to identify not only areas that need to be strengthened, but also existing strengths in the policy, program or product – all in alignment with social justice.

There are four steps to using the CNA Social Justice Gauge:

Step 1: Obtain a copy of the product or policy, or a description of the program, and any related material.

Step 2: Consider the specific policy, program or product for review in relation to the three questions of the gauge:

1. Does it acknowledge that different individuals or groups occupy different positions of social advantage in society?

2. Does it acknowledge that unfair differences (inequities) exist in the opportunities and outcomes of different individuals or groups?

3. Does it acknowledge root causes of inequities?

Enter responses for each question in the RECOGNITION column. Entries might include ideas, examples, facts, further questions, etc. A reviewer might reflect on what kinds of words, statements, ideas or approaches could be added. Should the program or policy be framed in a different way? Does any text require rewording, clarification or emphasis? Are there negative statements or aspects that should be omitted? Are there assumptions that should be clarified?

Step 3:   Include examples and ideas related to relevant responsible actions from the policy, program or product in review.

Enter examples and ideas in the RESPONSIBLE ACTION column. Entries might include details or ideas about specific organizational initiatives, values or directions, non-discriminatory content or approaches, advocacy, the use of particular tools or methods, affirmative actions or targeted activities.

Step 4:   Add findings.

Summarize your findings in point form, highlighting both strengths and areas that need to be strengthened in the policy, program or project as they relate to social justice.

The gauge continues to be a tool to elicit discussion and fuel the development and honing of equitable practices and social justice overall. While version 1 was designed for use mainly with textual documents and within CNA, version 2 can be used to assess programs, policies or products within or outside of nursing.

For an example of the CNA Social Justice Gauge as it applies to the CNA position statement on determinants of health (2009), refer to Appendix 3.

Social justice is equity in society.
Consider the program, policy or product you wish to review for social justice.

	NOTES	
	RECOGNITION	**RESPONSIBLE ACTION**
	How does it or does it not? Note strengths and ideas for improvement overall.[1]	**What responsible actions are, or should be, included?[2]**
1. Does it acknowledge that different individuals or groups occupy different positions of social advantage in society? Yes ☐ No ☐		
2. Does it acknowledge that unfair differences (inequities) exist in the opportunities and outcomes of different individuals or groups? Yes ☐ No ☐		
3. Does it acknowledge root causes of inequities? Yes ☐ No ☐		

FINDINGS:

[1] Enter responses for each question into this column. Entries might include ideas, examples, facts, further questions, etc. A reviewer might reflect on what kinds of words, statements, ideas or approaches could be added. Should the program or policy be framed in a different way? Does any text require rewording, clarification or emphasis? Are there negative statements or aspects that should be omitted? Are there assumptions that should be clarified?

[2] There is an inherent obligation for responsible action toward the elimination of inequities. Enter notes about responsible actions being undertaken and/or those that should be undertaken into this column. Entries might include details or ideas about specific organizational initiatives, values or directions, non-discriminatory content or approaches, advocacy, the use of particular tools or methods, affirmative actions or targeted activities.

USEFUL DEFINITIONS

Social justice is equity in society. It means the equitable, or fair, distribution of society's benefits, responsibilities and their consequences. It focuses on the relative position of social advantage of one individual or social group in relationship to others in society, as well as on the root causes of inequities and what can be done to eliminate them. In this view, societal benefits and responsibilities are distributed so that disadvantaged populations have priority.

Equity is fairness. When assessing equity and fairness, situations have to be judged in relation to the contexts in which they occur. If a difference between two groups or individuals is unnecessary or avoidable within a particular context, it is an unfair difference, or an inequity. Equitable situations are the way we can witness and measure social justice.

Equality means being equal. Equality is about equal shares and equity is about fair shares.

Root causes of inequities are socio-cultural norms and aspects of systems, structures, institutions and routines that create or sustain unfair differences between individuals or between social groups within particular contexts.

EXAMPLES

1. Individuals and groups occupy different positions of social advantage in society.

Specific examples that might demonstrate RECOGNITION of this fact or RESPONSIBLE ACTIONS to ensure that differences are not overlooked:

- involvement or engagement of a diverse set of stakeholders;

- development of appropriate partnerships;

- a demonstrated concern for social inclusion;

- material targeted toward disadvantaged or marginalized populations;

- capacity-building initiatives for disadvantaged populations;

- affirmative action initiatives; and

- actions or content aimed at reducing unfair differences between groups or individuals.

2. Inequities (unfair differences) exist and there is a need to support equity and fairness.

Specific examples that might demonstrate RECOGNITION of this fact or RESPONSIBLE ACTIONS in support of equity and fairness:

- any of the examples from example 1;

- specific mention of equity, fairness or social justice;

- the inclusion of equity, fairness or justice in codes of ethical practice;

- the use of specific tools to ensure the fair treatment of all individuals;

- focus on social determinants of health;

- support for universal human rights;

- evidence-based decision-making to support unbiased actions; and

- non-discriminatory content.

3. There are root causes of unfair differences (inequities).

Specific examples that might demonstrate RECOGNITION of this fact or RESPONSIBLE ACTIONS to positively impact the root causes of inequities:

- support for just institutions and fair institutional policies and practices;

- focus on changing unfair socio-cultural norms; and

- other work that is sensitive to equity issues and occurs at a system, structural or institutional level.

Social justice focuses on the health of the population, particularly those in vulnerable and marginalized groups. The final report of the World Health Organization's Commission on Social Determinants of Health calls on all nations to reduce inequities in health in a generation, affirming that it is an ethical imperative and a matter of social justice (WHO, 2008). CNA recognizes that many of the most significant determinants of health and ill-health are societal in nature. A social justice perspective holds that these societal determinants should form the foundation of policy decisions.

Recognizing social injustice and inequities and the importance of supporting fairness in society requires vigilance in determining inequities. To better understand the underlying factors and structural forces that contribute to inequities, appropriate research and inclusive discussions are needed. There should be a pursuit of data and indicators for measuring, monitoring and reporting inequities. Programs, policies, regulatory frameworks and other social structures that create inequities should be brought to the attention of those who can change them.

With the launch of version 2 of the CNA Social Justice Gauge, and with the further development of the social justice initiative, CNA aims to maintain its position as a strong advocate for social justice and a leader in equitable and ethical practices in health care and public health. Leading by example, we encourage individuals and organizations to use the gauge and this policy discussion paper in their own social justice actions. The overall intention is for this material to elicit and ground discussions and actions in support of equity and social justice in Canada and more broadly.

CNA will continue to pursue greater equity in society and better health and quality of life for all by following the guiding principles of *recognizing* injustice and taking *responsible action* toward its elimination.

APPENDIX 1 – CNA POLICY/PROGRAM SCREEN GUIDING QUESTIONS

Note: See Figure 1 (p. 6) for the CNA policy/program screen diagram.

What is the policy/program issue in question?

Is the issue relevant to the profession of registered nursing? If yes, state how and proceed to questions 1 through 4.

1. Does it fit with the CNA mission, vision, ends and goals?

2. Does it align with the CNA values lenses: executive expectations and parameters, governance policies, code of ethics, Social Justice Gauge? Please specify.

3. How does it affect/relate to core functions.

4. What are financial resource and internal capacity implications?

If the policy/program issue is consistent with the above, proceed to the following questions:

1. What is the policy/program gap to be addressed?

2. How is this policy/program issue significant to the profession of registered nursing?

3. Is CNA the appropriate body to address the policy/program issue?
   - Does CNA hold the (policy, program, nursing) expertise to address the issue?
   - Is anyone else addressing this issue?

4. What outcomes/results do we want to achieve?

5. How will we know we have achieved the outcomes/results (e.g., indicators to be employed, evaluation method)?

6. Is there something in existence that can be built on/changed to suit CNA?

7. Are partners/collaborators appropriate?
   - Who might benefit/take part?
   - How is this policy/program issue of relevance?
   - What are the implications/risks of partnership/collaboration with this issue?

8. Can CNA sustain the investment in this policy/program area?
   - What are the resource implications (revenue, cost, internal capacity)?
   - What are we not doing because of this?

APPENDIX 2 – DECISION TREE MODEL GUIDING QUESTIONS AND EXAMPLES

Note: See Figure 3 (p. 11) for the decision tree model diagram.

GUIDING QUESTIONS	EXPLANATION AND EXAMPLES
1. Issue statement for review	The decision tree model starts with a statement of the health-care issue to be reviewed.
2. Are there inequalities/disparities in health status?	Finding no inequalities in health status or in health determinants means there is nothing further to consider from a social justice perspective. If inequalities or disparities are found, the model then poses a series of systematic questions beginning with whether inequalities in health status exist in relation to the health/health-care issue being discussed.
3. Are there inequalities of health determinants?	We should also ask whether there are inequalities in health determinants that shape the health-care issue.

If the answer to question 2 or 3 is "yes," we go on to ask whether government legislation influences this situation.

4. Does existing government legislation create or affect inequality?	For example, do governments exercise controls on illicit drug consumption to address first and foremost health issues, such as addiction and exposure to HIV and AIDS? Or do governments control illicit drugs because they are concerned about the negative impacts of criminal activity on society? And can governments strike a balance between these goals, or will the fulfilment of one goal always be to the detriment of the other? For example, legislation that prevents addicts from seeking treatment for fear of arrest and conviction sacrifices the first goal for the sake of the second.

If the answer to question 4 is "yes," we should consider this legislation to evaluate the legislated parameters for individual (and collective) choice. This means posing three further questions:

4a. Do the goals of the legislation correspond with the social justice goal of minimizing inequalities in health status and health determinants on an individual and collective basis?	For example, are legal requirements for health-care workers to report incidences of sexually transmitted diseases to a central authority an integral part of a treatment and prevention strategy that will help reduce inequalities in health status and health determinants? Or do these requirements exist more for identification purposes, thereby driving the afflicted, who fear social stigma, "underground" and ensuring that health status and health determinant inequalities continue to fester?

GUIDING QUESTIONS	EXPLANATION AND EXAMPLES
4b. Are the legislative and regulatory means to achieve the legislative goals appropriate given the circumstances?	Using the previous example, even if legal requirements to report incidences of sexually transmitted diseases are intended to promote treatment and prevention, are these requirements the best means to achieve the desired goals? Or are there other, more appropriate means to achieve the same goals?
4c. If the legislation creates inequality, rather than simply affecting it, what should our strategic and operational responses be?	In other words, what strategy should a professional association like CNA adopt to reverse the legislation? And what is realistic in terms of financial and human resources to devote to that cause?

If the answer to question 4 is "no," we must consider whether exposure to health inequalities and health determinants are due to free, individual choice. This means posing further questions.

GUIDING QUESTIONS	EXPLANATION AND EXAMPLES
5. Is there freedom of choice?	Individual freedom of choice continues to be a contentious concept because lifestyle choices are not made in isolation from the context of social structure. In determining the response to question 5, we should note Whitehead's discussion (1991) about which health disparities might be inevitable and unavoidable (i.e., fair) and which are unnecessary and unfair.
6. Can these circumstances be controlled by a community or institutions?	Disparities that are not due to free and individual choice may be further categorized by looking at whether human beings acting as a community or in groups or institutions can control the circumstances.

If the answer to question 6 is "yes," the results are social inequities. Examples of social inequities include disparate access to clean water, unequal immunization rates or different educational outcomes among sub-groups of a population. In such circumstances we should consider how to deal with these inequities from both a strategic and operational perspective – and we should consider the resulting disparities as elective. At this point, questions arise on both the macro and micro levels:

6a. Can parameters for individual choice be legislated?

6b. If they can be legislated, should they be legislated?

6c. In either case, what should our strategic and operational responses be?

If the answer to question 6 is "no," it means that we face one or more unavoidable inequalities that cannot be controlled. One example of an unavoidable inequality is a differential health outcome that is the result of a genetic predisposition to disease. In such a circumstance, we may still wish to ask ourselves if a social justice imperative might lead us to pursue an educational or research role in dealing with unavoidable inequalities.

CANADIAN NURSES ASSOCIATION
SOCIAL JUSTICE GAUGE – VERSION 2

Social justice is equity in society.
CNA POSITION STATEMENT ON THE DETERMINANTS OF HEALTH

	NOTES	
	RECOGNITION	**RESPONSIBLE ACTION**
	How does it or does it not? Note strengths and ideas for improvement overall.[1]	**What responsible actions are, or should be, included?**[2]
1. Does it acknowledge that different individuals or groups occupy different positions of social advantage in society? Yes ☑ No ☐	"And systematic monitoring of health outcomes" (p. 1). *(Could mention disaggregation of data.)* "Economic forces that fail to make clean water available to all" (p. 3). "People with the highest and lowest levels of income… some children, aboriginal people, recent immigrants and people with disabilities" (p. 3).	"CNA endorses a collaborative approach among individuals working in different disciplines and sectors" (p. 1). "CNA strongly urges governments to work across departments and levels of government" (p. 1). "CNA therefore strongly urges … governments to further invest in research, surveillance systems and the promotion of knowledge transfer" (p. 2). *(Could mention for "all" or for "vulnerable groups" or "in support of equity/fairness.")*
2. Does it acknowledge that unfair differences (inequities) exist in the opportunities and outcomes of different individuals or groups? Yes ☑ No ☐	"Socio-economic and environmental circumstances have at least as much… influence on health status as do health-care services and personal health behaviours" (p. 2). *(Could mention more explicitly that inequities exist between different individuals and groups. "Personal health practices and coping skills" are themselves determined by inequities.)* "In Canada, health status is tied to socio-economic status. As an individual's socio-economic status improves…the better the person's overall health status improves. Still the gap is growing between people with the highest and lowest levels of income" (p. 3). *(Provides useful examples in differing rates of poverty by subpopulations.)*	"Nurses… act to create healthy outcomes among individuals and communities with whom they work" (p. 2). *(Could mention that inequities exist.)* "For Canada's northern people, including First Nations and Inuit, improving employment, housing and access to food, among other factors, is necessary to achieve improvements in health status" (p. 3). "As a profession, nurses advocate for social justice" (p. 4). "The CNA Code of Ethics for Registered Nurses supports nurses to act on determinants of health and to bring about change" (p. 4).

[1] Enter responses for each question into this column. Entries might include ideas, examples, facts, further questions, etc. A reviewer might reflect on what kinds of words, statements, ideas or approaches could be added. Should the program or policy be framed in a different way? Does any text require rewording, clarification or emphasis? Are there negative statements or aspects that should be omitted? Are there assumptions that should be clarified?

[2] There is an inherent obligation for responsible action toward the elimination of inequities. Enter notes about responsible actions being undertaken and/or those that should be undertaken into this column. Entries might include details or ideas about specific organizational initiatives, values or directions, non-discriminatory content or approaches, advocacy, the use of particular tools or methods, affirmative actions or targeted activities.

	NOTES	
	RECOGNITION	**RESPONSIBLE ACTION**
	How does it or does it not? Note strengths and ideas for improvement overall.[1]	**What responsible actions are, or should be, included?[2]**
3. Does it acknowledge root causes of inequities? Yes ☑ No ☐	Focus is on factors that impact health within and outside the health sector. Focus is on determinants of health as stated by PHAC. *(Could give more emphasis on broad social determinants.)* "CNA believes there is a paramount need to create a policy paradigm shift to support upstream activities." "Social determinants of health are 'mostly responsible for health inequities.'"	"CNA strongly urges federal, provincial/ territorial and municipal governments to redirect health system funding" (p. 1). "CNA challenges health-care providers and… decision-makers to acknowledge the important but limited influence the health system has on health outcomes" (p. 1). "CNA calls on policy-makers to make addressing determinants of health a priority…" (p. 1). Examples of programs and services are provided: affordable housing, early child development, enhanced food security, etc. Nurses can take action "through their individual nursing practice, their collaboration with others… and their participation in promoting healthy public policy" (p. 1). "Improve the conditions of daily life. Tackle the inequitable distribution of power, money and resources. Measure and understand the problem and assess the impact of action" (p. 3). *(Good, but could focus on differential impacts.)* Five concrete examples are included on how nurses can act on determinants of health.

FINDINGS:

- *Question 1:* The document recognizes different individuals or groups as occupying different positions of social advantage in society. Examples include: "people with the highest and lowest levels of income… some children, aboriginal people, recent immigrants and people with disabilities…" (p. 3), and "political, social and economic forces that fail to make clean water available to all" (p. 3).

  To strengthen the document for social justice, there could have been some mention of the disaggregation of data and more mention of vulnerable or marginalized groups in general.

- *Question 2:* The document recognizes the existence of inequities in the opportunities and outcomes of different sub-populations in society. Examples include: "In Canada, health status is tied to socio-economic status. As an individual's socio-economic status improves…the person's overall health status improves… Still, the gap is growing between people with the highest and lowest levels of income" (p. 3). The document provides useful examples of differing rates of poverty by subpopulations.

  To strengthen the document for social justice, it could have mentioned more explicitly that inequities exist between different subgroups of society instead of implying this fact through its other content.

- *Question 3:* The document recognizes the root causes of inequities. Essentially, the text focuses on factors that impact health within and outside the health sector: "Social determinants of health are mostly responsible for health inequities…" (p. 3), and on determinants of health that are upstream: "CNA believes there is a paramount need to create a policy paradigm shift to support upstream activities" (p. 1).

- *Responsible action (all questions):* The document does very well in providing ideas and concrete examples for responsible actions to combat inequities and influence the determinants of health.

  To strengthen the document for social justice, "differential" impacts and specific inequities could have been mentioned, and more emphasis placed on actions that are aimed at reducing inequities and providing opportunity for health for all.

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