The Role of Justice in Addressing the Social Determinants of Health

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Abstract

This article explores social determinants of health (SDH) in the global context and their c connection to justice and human rights. Critiquing prevailing 'top-down' approaches it demonstrates responses can be divorced from local factors necessary for addressing SDH. This article examines Health Justice Partnerships and how interdisciplinary collaboration between health and legal services can address inequality and health disparities.

This article is timely as the 'Hague Convention on Equal Access to Justice for All by 2030' formulates five pillars of 'people-centred justice.' From the 2023 'Plan of Action' comes a 'Joint Statement and Call to Action on the Rule of Law and People-Centered Justice: Renewing a Core Pillar of Democracy,' Creating alignment between SDH and Justice approaches for coordinated action.

The article demonstrates how HJPs offer a unique avenue for driving change at the community level, advocating for systemic transformations to address poverty, inequality, and injustice. By driving change from local to international levels, multiple voices provide lenses for problem solving. Using Gould's theory, it explores how through joint-disciplinary perspectives and

moving beyond paternalistic intervention through integrating justice, human rights, democracy can respond to drive outcomes in SDHs.

Keywords: Reducing Inequality, Justice and Strong Institutions, Social Determinants of Health, Health Justice Partnerships, Justice, Social Justice, Empowerment, Impact, Social Change, Evaluation HJPs, Access to Justice, Accountability

Running Head: The Role of Justice in addressing the Social Determinants of Health

Introduction

Worldwide, health inequalities persist mainly due to the inequitable social determinants of health (SDH) distribution. Despite efforts to improve interventions, low-income and vulnerable populations bear the brunt of unsuccessful attempts at targeting health inequalities. Reducing inequalities and promoting health equity have been categorised as a moral imperative.[1] Calls to mitigate health disparities by interventions targeting well-being are increasing.[2] Interventions on an international scale often lack accountability mechanisms and have limited success. Legal protections at a grassroots level might offer possibilities for bottom-up informing of international and national responsiveness. A new commitment and plan of action from the United Nations might see recognition of bottom-up approaches in justice linked to SDH as finally 'people centred justice' is being acknowledged.

The Summit for Democracy in 2023 with a 'Joint Statement and Call to Action on the Rule of Law and People-centred Justice: Renewing a Core Pillar of Democracy,' honours the 2019 'Hague Declaration on Equal Access to Justice for All by 2030.'[3, 4, 5] This Declaration finally acknowledges unresolved legal problems linked to negative impacts on the health, income, and productivity of individuals and communities. It provides five pillars: putting people and their legal needs at the centre of justice systems; working to solve justice problems; improving justice journeys, using justice for prevention, to promote reconciliation and, empower people to access services and opportunities.[3] These international documents reinforce the approach this article around the imperative for using justice in driving SDH outcomes.

The role of law and its legal support can impact health determinants in key ways: playing a normative role, challenging inequality in social conditions, offering alternative pathways

through negotiating and brokering human rights adherence, and acting as a mechanism for societal structure development and policy and regulatory reform.[6] Studies show that nine out of ten doctors working in low-income communities see the need of addressing social factors to influence patient health and the role that law can play.[1] Increasing the use of law in addressing the impacts of SDH also increases accountability by ensuring lawfulness, increasing transparency, and providing advocacy for vulnerable populations. It provides a voice for such populations when decisions affecting their lives are made by entities with power, by raising awareness of frameworks and obligations.

This article explores the research question - What are the ways in which human rights law and justice approaches can increase accountability and create successful, bottom-up initiatives. In answering this question, it discusses the model of Health Justice Partnerships (HJPs). HJPs have potential to shape and inform higher-level interventions to ensure relevance, responsiveness, and better adaptation than current models. At a local level, justice and health services innovate, playing a role in guiding future policies and addressing SDH to target justice and poor SDH outcomes. In answering this question, Gould's conceptions are considered.

Gould's conception that central features of democracy can render minority groups invisible.[7] Gould suggests achieving human rights and justice action is required beyond protecting basic legal rights of individuals against others or against the state (Gould, 2014).[8]

Gould asks 'what should be done' when social and economic conditions limit self- development and participation. Situations where some interests control the conditions needed by others for their self-development or 'equal agency' limit. For example, resources in the power of nation states or laws that may operate unfairly can drive inequality.

Achieving human rights and justice in democracy, Gould argues it is essential to 'serve as goals for developing political, economic and social institutions that help… [to foster] equal positive

freedom (Gould, 2014, p.58-80).'[8] For this, humans must have access to the basic conditions they require to enact their positive freedom for their self-development and to take part in common activities with others. She argues self-transforming activity requires not only the making of choices but also the availability of the means or access to the social, political, and economic conditions necessary for making these choices effective.[8]

Accordingly, achieving a 'broader sense of justice' requires rights to democratic participation, and i) forms of care and recognition across social spheres and borders; ii) gender equality and the overcoming of oppressive social relations, iii) 'power-with' others rather than 'power-over' others; and iv) the conditions for effective dialogue and deliberation.[7]

Operationalising Gould's theoretical framework, especially with the endorsement from the United Nations of 'people-centred justice,'[3, 5] can occur through legal assistance services (namely publicly funded legal aid and non-profit free supports such as law centres) working side-by-side with health services. This is to elevate the SDH using the human rights law context. By raising awareness of legal remedies, enhancing advocacy, legal literacy, and capability of earlier intervention through problem identification and increasing options often overlooked in the health repertoires.[9] This approach is already making a difference to SDH outcomes. Important to note is awareness of legal remedies does not confine itself to court or adversarial options.[10]

Such legal support in health settings influences upstream and downstream service levels, enhance compliance, and accountability through supporting grassroots initiatives guided by community with frontline service delivery support blending justice with health equity and promoting expanded avenues to increase responsiveness and accountability by creating the conditions for effective dialogue and deliberation that Gould argues are key to creating the

availability of the means or access to the social, political, and economic conditions necessary for making these choices effective.

The article discusses the SDH, what they mean, and why it is now increasingly necessary to consider the role of building legal capability of community and those critical in health service delivery and policy to improve SDH. The article provides a brief context on how current international governance can play a role (for example the World Health Organization (WHO)) in expanding SDH to transition to integrating social, legal, and health considerations combining with, but also how and why existing approaches have been limited in success as they tend to be abstract, 'top-down' efforts.

Discussion surrounding the effectiveness of attempts to decrease health inequalities globally highlights two key insights: health and SDH prioritisation, and the undeniable link between health and human rights.[11] Interventions targeting inequalities, SDH, and human rights law using human rights frameworks and legal services support can transform opportunities at an intergovernmental and national level, making headway in improving SDH outcomes. Justice and health services can then facilitate meaningful change, offering unique insights through their combined lens.

Definitions

This article adopts the WHO's Constitutional definition of 'health' as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946, p. 1)."[12] While historical debates on health definitions exist, they are beyond the article's scope. Any definition encompassing broader health implications is considered acceptable; however, the WHO definition aligns with global governance and leadership. Under this definition, social determinants of health are characterised as "non-medical factors influencing health outcomes," encompassing conditions in which individuals are born, grow,

work, live, and age, along with broader forces shaping daily life.[13] This contrasts with the term 'underlying determinants' used in European and intergovernmental organisation documents, where the term's use may lead to varied interpretations.[14] Despite the WHO's definition of social determinants of health, they often do not take precedence in responses operationalised by international bodies.

While each country can set its own list of SDH priorities, generally they are as follows:[13]

1. Income and social protection
2. Education
3. Unemployment and job insecurity
4. Working life conditions
5. Food insecurity
6. Housing, basic amenities and the environment
7. Early childhood development
8. Social inclusion and non-discrimination
9. Structural conflict
10. Access to affordable health services of decent quality

Noticeable is the absence of equality before the law as a key underpinning of the rule of law as a precondition to democratic inclusion. The authors argue this deficit and linking SDH to the five pillars of the Hague Convention provides renewed opportunity to assist in identifying and addressing systemic structural inequalities intricately tied to limiting SDH. These contribute to disparate health outcomes. This occurs through within variations in access to resources, opportunities, and social advantages. These inequities, affect lower-income and vulnerable groups due to factors such as race, socio-economic status, or religion and are often beyond individual control.[15]

Traditionally, the link between health and equal opportunity has centred on universal access to modern healthcare facilities - hospitals, clinics, first aid resources.[6] However, overemphasising individual responsibility and health worker accountability overlooks the crucial roles of legislation and government in addressing SDH, perpetuating the misconception that individuals and healthcare workers bear sole accountability for a nation's health. This is because health and social issues are often governed by laws that are often not understood or protections that are ignored by authorities vested with important decision making that affects lives, such as the rights to housing, income support, special need and so on. For too long the legal frameworks and adherence to human rights and their role in SDH has been underestimated. These are critical to ensure accountability and lawfulness.

Different governments adopt varied lists of social health determinants. For example, the United Kingdom emphasises focus on child development and educational attainment, employment, living standards, and sustainable communities.[16] The UK provides a determinant of health resource kit, providing updated information on SDH within the country to reduce health inequalities. Although primarily for the public health system, it is publicly available and aims to provide determinant indicators, discussing the relationship between the SDH and health outcomes.[17] While countries may change the way they present the SDH, there is clear recognition of their impact and importance.

Context

Current Limitations at an International Level

Health initiatives are typically overseen by bodies lacking legally binding powers. The WHO and its (optional) member states ingrained social influence on health globally post World War II through the constitution, formally defining health and SDH.[12]

WHO, under the United Nations (UN), is the agency that oversees international public health, collaborating globally for health promotion, safety, and universal health care. The SDH gained prominence in WHO missions after the constitutional health definition,[12] which explicitly includes legal connotations, such as the concept of duty-bearing (governments) and policies (adequate provisions and measures) that suggest inherent entanglement between health as a human right and law.

Optional participation only enables member states to avoid committing to directives, leading to a lack of clear responsibility and expectations and so is a shortcoming. This undermines attempts at establishing accountability mechanisms, and hinders consistent implementation of guidelines, compromising the organisation's efficacy in addressing the SDH.[18] Despite the WHO's authority to ensure accountability via the World Health Assembly (WHA) as granted in its constitution, this power has been sparingly exercised.[12, 19] Instead, leading organisations in health have been reserved in their willingness to dive into legal realms.[20]

With the impetus of the five pillars this might change. Previously reluctance, legislation and legal tools deemed necessary for some health interventions, were limited as seen in the Framework Convention on Tobacco Control (FCTC), where the WHO comments that "Legislation is key to effective tobacco control. It institutionalised and made binding a country's commitment… and regulates private and public conduct in ways that voluntary measures cannot."[21] This legislative acknowledgment is a sign of potential in context of how infrequently legislative powers have been used – only three times in seven decades.[20]

Amid gaps in WHO's accountability measures, a phenomenon known as 'inactivism' arose, with organisations hoping to pave the way for more concrete health and human rights directives, entering the realm of providing services to international organisations.[22, 23] Consequentially, new challenges imposed upon global health leaders like WHO stem from the

division of the international community and the expanding architecture. This may now have shifted with the recent 2023 UN 'Plan of Action.'[3, 5] Encouraging the OECD (2023) has also supported the conception of people centred justice. The United National Development Program (UNDP, 2022) has also provided guidance consistent with arguments and the role of HJP in this article.

Funding for initiatives now go through various organisations, particularly donors, creating differences in task prioritisation from agency to agency. Divided and disjointed initiatives not only disperse focus from goals set by WHO but can prioritise goals that can have different political motivations. Uncoordinated interventions lead to financial loss and reduced impact due to duplicated efforts.[24] This emphasises that stronger global leadership is required and coordinated local responses to address SDH effectively.

Problems with Narrow Views of Health at a Global Level

Many countries aim to provide health indicators that relate to quality of life, which historically has been tracked economically through measures like Gross Domestic Product. This omits social and human factors that better describe satisfaction and healthy living.[25] Intersectional approaches to the SDH are a requirement given the complex relationship between determinants and socially constructed systems, such as government and legal systems. Living an optimally healthy life for many individuals requires interventions that prioritise communities and health justice, with equity allowing for adequate resource allocation to address disparities. Often legal avenues can address poorly administered interventions.

Theoretical Considerations

The 2030 United Nations Sustainable Development Agenda, known as the Sustainable Development Goals (SDGs), adopted by all UN member states in 2015, seeks global collaboration to address issues like poverty and deprivations. It emphasises strategies targeting

health, education, and inequalities, aligning with SDH discourse, though it does not explicitly state this focus.[26] While all goals have some tie to health, the following have immeasurably strong connections to the SDH and justice:

Goal 1: No poverty

Goal 3: Good health and well-being

Goal 5: Gender equality

Goal 10: Reduced inequalities

Goal 16.3: the role of the rule of law at national and international levels and ensuring equal access to justice for all.

In 2005, the WHO established the Commission on the SDH (CSDH) to provide support in targeting the social factors and determinants that impact health.[27, 28] Concerns emerge in reversed progress on infrastructure development, social, economic, and political inclusion, and effective institutions for peace and justice. There is insufficient data for targets like inclusive decision making, inclusive governance, elimination of discrimination, and equal economic rights.[29]

Using inputs from historically subordinated groups, as opposed to elite groups, represents a 'bottom-up' rather than a technocratic, 'top-down' approach. The authors argue that this disconnects from lived experiences leads to a bluntness in policy responses rendering them ineffective. Given powerlessness and lack of resources of these subordinated groups there is a struggle to ensure accountability.[30, 31] The legal and governance systems, are traditionally reluctant or unable to address issues affecting those facing adverse SDH impacts. The European Commission, representing the UN member states in Europe, has responded by adopting a holistic approach, placing the SDGs at the core of policymaking.[32] Through policy mapping,

the EU documents, policies, and legal acts addressing each SDG, aiming to centralise and uphold their importance.[33] As noted above, there are also the five pillars connected to access to justice in the Hague Declaration[4] and the role justice plays to 'empower people to access services and opportunities' which requires a stronger linking to improving SDH outcomes. These documents show in principle effort towards increasing accountability within European countries but also internationally, despite practical progress being limited. Many previous initiatives were responses to the COVID-19 pandemic, such as the newly established Health Emergency Preparedness and Response Authority (HERA), established as a commission service.[34] The UK now faces new challenges in contributing to health-related goals due to Brexit, austerity and cost of living increases.

In the SDH context, the global community acknowledges that SDH lie beyond individual control. Control is by social structures and institutions such as governments, and other governing bodies.[35] Political systems, legislative systems (often neglected until recent literature), social policies, and economic policies, are all areas where the SDH can be impacted. Data suggests these factors influence over half of all health outcomes, far exceeding the influence of the health system and health workers alone.[13] Despite general health gains, these have disproportionately benefited those not necessarily needing intervention, leaving low- and middle-classes behind perpetuating associated poor health experiences.[36]

Poverty, a SDH impacts other SDH. The UK is currently facing its highest poverty rate this century. Experiencing poverty makes individuals and communities more likely to experience poor nutrition, chronic disease, mental health problems, substance abuse, and result in more dangerous behaviours.[37] Poverty statistics for the UK suggest that more than one in five are in poverty – 14.5 million people, and nearly one in three children are in poverty - 4.3 million individuals.[38] Despite attempted intervention, government approaches implemented from the top are not protecting the health of those most vulnerable to the point where individuals in

careers providing health related care are as well, themselves, suffering.[39] Unsuccessful interventions bring concern regarding the soaring cost of living increasing negative experiences with the SDH.[40]

Gould's framework holds relevance with potential to expand approaches to addressing the SDH by addressing her third point (above) through 'power-with' others rather than 'power-over' others and central for democratic participation. Gould's theory emphasises that, achieving human rights and justice necessitates setting objectives for the development of political, economic, and social institutions that facilitate positive freedom. Central is individuals having access to essential conditions required to exercise their positive freedom. Key is having the necessary means to effectively implement these decisions.[8]

Legal services can assist in effectively implement these decisions by identifying problems capable of a legal solution early on (where these impact SDH outcomes) and if necessary, empowering others or acting on their behalf to challenge unlawful conduct, poor responsiveness, thus ensuring accountability. Legal services use human rights protections and activating legal remedies often not through courts or litigation (as is commonly misconceived) but through negotiating with decision-makers about their obligations, collective action, policy work and solution finding. Most community members do not have the funding to mount legal cases and community legal services are often adept at using the law to remind authorities and health services of obligations. [8, 41] By health services working alongside justice services, their joint perspectives can identify different mechanisms for improving access to the basic conditions. This can occur through advocacy and negotiated outcomes. This brings action on SDH into line with the fifth pillar of the Hague Convention namely, empowering people to access services and opportunities.

Methods

Addressing Problems with Narrow Views of Health at a Global Level - the Potential of Integrating a Justice Lens

In addition to using Gould's framework, the authors, to answer the central research question (discussed above in the Introduction) the authors examined academic databases, employing a range of keywords to ensure thorough coverage of relevant literature. These included varying combinations of: SDH, justice, HJP, multidisciplinary practises, evaluation, effective service delivery, movement lawyering, collaboration, effective partnerships, strategic approaches to problem solving, human rights, participatory democracy, deliberative democracy, responsiveness to social determinants of health, community organising, community development approaches, law reform effectiveness, HJP evaluation, impacts of HJPs, Medial Legal Partnerships, response justice, access to justice and SDH outcomes. Once literature was identified it was then selected through a further lens as to whether it is relevant to the global contextualization of social determinants of health and their links to justice and human rights. The literature review encompassed both academic and grey literature sources, including reports from international bodies, government agencies, and community-based organisations. The aim was to broaden literature beyond only scholarly sources identifying, intersections with justice and human rights and effective means for responding. This includes feeding lived experience at a local level on barriers and breakthrough that assist SDH outcomes. This was examined to better inform and shape national and international objectives. This is why the emergence of Health Justice Partnerships is explored in this article.

After reviewing the literature, various theoretical frameworks were examined, particularly focusing on human rights-based approaches through a social justice lens, as advocated by Gould. Utilising thematic analysis, the aim was to identify effective methods of addressing the SDH and promoting justice. Specifically, analysis focused on the following:

- Understanding localised phenomena that integrate justice with health concerns by considering community experiences,
- Identifying models that transcend traditional direct service delivery to address underlying systemic causes of human rights issues,
- Exploring justice responses aimed at non-compliance by authorities leading to improved outcomes in SDH and justice,
- Investigating strategies focused on systemic collaboration with local communities to facilitate changes in policy and funding, thereby enhancing community-based outcomes.

The subsequent findings and discussion are organised by themes that encapsulate the multifaceted role of law in addressing the SDH and advancing justice and human rights. The first theme explores the pivotal role of law in shaping SDH outcomes, while the second delves into how law, and human rights, can promote accountability. The third theme examines legal assistance services, while the fourth investigates the potential of health justice partnerships. Through these themes, we can explore the complex interplay between law, SDH, and human rights, offering strategies for advancing health equity and justice.

Findings and Discussion

Health, as a fundamental right, necessitates addressing SDH and inequalities through plans, policies, and strategies. These disparities adversely affect specific communities, resulting in a significantly lower quality of life.[42] The root cause of societal limitations and health barriers often lie in institutions and legal frameworks, set by those such as states or the UN, which currently favour the health privileged and a failure to seriously consider local conditions many of which can being systemic in nature that cause and entrench inequality.[43] Active advocacy

and empowerment including legal capability not just of community members but of the services that support them is crucial to addressing the realities faced by vulnerable and poorer community segments.

Health services witness first-hand the barriers that cause poor SDH outcomes. By collaborating with legal support and expertise, advocacy can be enhanced. HJPs utilise local health and legal services, mobilising communities to shape improvements and influence policy, funding, and reform directly. This approach challenges the perception that the health rights of vulnerable and poorer populations are merely part of processes, emphasising the need for systemic reform and accountability, countering the predominant benefit to elites or those already well-resourced and powerful.[42]

Using Gould's requirement for positive freedom and self-development, the authors find that HJPs present an opportunity to connect and empower communities. This can generate action.

Theme 1: The role of Law in Social Determinant of Health Outcomes

Reducing health inequalities and targeting the SDH while prioritising equity reduces the burden on health systems and fosters supportive, healthy communities.[44] Traditional views must shift for equity and health justice with 'new' normative grounding centralising communities, bottom-up approaches that start with the most vulnerable, and justice.[45, 46] Currently, planning is often dominated by 'top down' elites and the powerful who are prioritising the needs of communities who often lack the resources to advocate for themselves due to structural barriers. It is 'top-down' planning that overlooks the impacts of poverty, insecurity, and other barriers.[35] The use of law in a bottom-up manner to address SDH has the potential to shift normative standards, incorporating greater views and input from communities experiencing poor outcomes. HJPs emerge as a potential mechanism to address this. The literature examined suggests their work and policy input aimed at connecting the local with the national and the international by looking

at compliance, noncompliance, the reasons why is linking these with a feedback loop at each level. As HJPs are evaluating effective practice, producing reports, and scholarly article sand identifying the role and potential power of this work.

Theme 2: The Role of Law and Human Rights-based Approaches for Accountability in Health

In the UK's human rights law, 'public authorities' are obligated to consider and balance human rights in their responses and decision-making, with accountability for explaining and demonstrating their efforts using appropriate resources. If shortcomings are identified, an independent body can mandate redress, including accepting responsibility, revising policies, implementing new projects or plans, and providing financial compensation.[47] Revised policies, projects, plans, and development are crucial tools for holding accountable those responsible for health inequalities and neglecting SDH for vulnerable populations. Accountability mechanisms, linked to these actions, promote health equity, and reduce disparities. Legal assistance services in certain jurisdictions contribute to translating rights into reality by often indicating such obligations to those that Gould would describe as exercising control over peoples SDH outcomes. This recalibrates action and can assist redressing power imbalances.

Human rights-based approaches enhance accountability beyond judicial pathways by providing guidance, building capacity, and facilitating early issue resolution. The acceleration of the right to health is achieved through fostering enabling environments, forming partnerships, and strengthening accountability. Advocacy, informed by persuasive arguments and a strategic understanding of lived experience and using this to negotiate with authorities (in which legal service can play a key role) can render minority groups less invisible, in line with Gould’s call for democratic interplay. When a local community-based justice service collaborates with a health service, this capability is further enhanced, ensuring a close connection to community

needs. HJPs amplify the voices and experiences of those without a voice to the forefront. By actively participating in direct service delivery and collaborating for improved policy responses and accountability, HJPs ensure they cannot be easily ignored.[48] Emerging human rights approaches are integrating community lawyers with people-centred services, targeting health issues at their roots through SDH and inclusive community-level decision-making.[49] The emphasis on community inclusion in health interventions is driven by human rights approaches and law. This highlights the effectiveness of bottom-up initiatives as beneficial SDH interventions.[50]

Theme 3: The Role of Legal Assistance Services in Improving Social Determinants of Health and Human Rights

Grassroots responses such as health justice partnerships that emerged in the literature examined see justice agencies partnering with health and allied health agencies at a localised level. These have been born of a burning need to address the SDH outcomes and revolving door of recurring problems that, with holistic interventions, could be averted. This desire to address a problem at the root of its cause has and can lead to better regulation or responsiveness. An illustrative example of this is where mouldy homes see countless admissions of children to a hospital with asthma. HJP can work to resolve the poor housing conditions that lead to the child's asthma by negotiation with the local authority, joining health expertise and knowledge of housing laws forcing people experiencing poverty into improved housing.

HJPs are, based on the evaluation and other reports examined from the literature, ensuring improved and earlier responses, combatting siloed, fragmented, and often unnavigable service systems. They respond holistically to the problems experienced by those in disadvantage. They see connections between health, social, economic, and legal problems. HJPs recognise that problems are likely to be connected, multiple and interlinked as well as cascading in times of

crisis.[15] Recent research also provides evidence that trust is key if people are to reach out and seek help, and, if agencies across the health and legal divide are to work together effectively to address and the SDH.[51]

Interventions targeting the SDH and reducing inequalities have been bottom-up initiatives involving communities and vulnerable populations.[49] Conversely, governments and legislative changes frequently occur in a top-down, bureaucratic, exclusionary manner, deterring people from seeking help. These changes ignore systemic causes and attempt to regulate behaviours rather than understand how to elicit change.[52]

Bottom-up law understands how law affects community relations and social interactions, unpicking complexity in people's lives.[53] Homogenous responses fall short, requiring tailored solutions aligned with on-the-ground action research rooted in experience. This approach drives policy, funding, and decision-making from the bottom-up, ensuring an interconnected web of health and effective interventions intersects with the law, demanding greater accountability. Human rights-based community law approaches provide a solution amidst the challenges of navigating change. Community-based initiatives and development plans, greater participation, engagement, are challenging health behaviour actions by incorporating the voices of families and vulnerable groups.[54] Frequently, vulnerable communities face top-down systems focused on cost-saving measures that reduce service accessibility.[43] Collaborations between law centres and grassroots organisations act as a bridge, advocating for accountability and connecting the vulnerable with necessary services. Human rights-based legal approaches show success in building professional capability among health professionals to recognize law's role in improving SDH and enhancing community capacity to seek help through engagement and timely support, linking them with HJPs through engagement and timely place-based support.[51, 55]

Nationally, health is typically addressed in isolation, overlooking local context and root causes is joined-up by human rights-based approaches. Legal obligations and standards, empowering communities to uncover systemic inequities in SDH distribution are too often misunderstood or overlooked. Transparency prevents authorities from concealing failures, enhancing accountability, and enabling meaningful change to address underlying issues.

Many preconceived stereotypes associated with SDH are shaped by limited experiences informed sometimes by unconscious bias. Such stereotypes include perceptions of laziness or lack of willingness to change one's health circumstances in deprived communities. Stereotyping results in the relationship between poor health and life opportunities impacted by health being seen as the responsibility of an individual rather than rooted in the systemic reasons that lead to poor outcomes such as discrimination or poor administration.[6] In everyday life many SDH have ties to laws and policies that can be either under or unfairly applied, such as housing, education, employment and income, or food insecurity.[56] Unsurprisingly, law and health services are naturally progressing towards collaboration to overcome barriers of top-down approaches. If done well, collaboration will be the most effective method in the pursuit of health equity and mitigating the impact of the SDH. [51, 57, 58, 59]

Theme 4: A Unique Avenue for Driving Change at the Community Level, but also for Systemic Transformations

HJPs are bringing together the field of law, legal organisations, and health-care organisations. HJPs are built on foundational understanding that SDH can dramatically impact one's health and manifest as legal needs,[57] aiming to provide higher quality services and care by pursuing the following key values:

1. The social, economic, and political context in which people live has a fundamental impact on health.

2. Social determinants of health often manifest in the form of legal needs,[60] and
3. Lawyers have the special tools and skills to address these needs (e.g., the art of persuasion, advocacy skills and knowledge of legal remedies).[2]

Integrating legal workers into health-care settings enhances attention on the SDH and the role of law in health justice. Mutual respect, teamwork, and non-hierarchical ways of working are key in more successful HJP enterprises.[51] The form of collaboration between the health and legal fields is also seeking to reach local officials and policymakers.[6]

HJP Design and Function

HJPs can integrate health and justice, unifying primary healthcare, public health, and legal sectors to improve social conditions and associated health. HJPs extend the notion of 'Health in All Policies,' fundamental in targeting the SDH flows to have upstream effects into interdisciplinary settings at local, national and potentially international levels.[61] In public health, upstream interventions focus more on SDH – contributing social factors to ill health as well as prevention. Downstream approaches are those that target individual behaviours and treatments using a medical and individualistic concept. In reducing the gap caused by health inequities, downstream approaches can often exacerbate social issues.[62]

For example, poverty and the impact it has on health is a complex relationship. Poverty can result in poor housing conditions, lack of health service access, job or food insecurity, unsafe environment, and discrimination. These issues impact both an individual's mental and physical health in negative ways - all are considered socio legal.[63] Each issue [64, 65] has regulatory frameworks and laws that allow for the possibility of a reduction of these poor social experiences. In the UK, inaccessibility of services and lack of legal aid can be a barrier to addressing health issues.[66, 67] There are a wide array of needs that have possible legal remedies,

along with the associated types of unmet legal needs impacting health that HJPs can address.[57, 68]

HJPs act and create change by do providing three key things:

1. Legal assistance by training health providers

   Transforming health and legal institutions and practice through education and
2. Training within both relevant sectors and communities, fostering community trust and being able to intervene before crisis through knowledge and capability.
3. Policy changes by providing policies generated outside of clinical settings, highlighting existing policy failures, and identifying overlooked barriers for vulnerable communities.[57]

HJPs act as a logical bridge, assisting the vulnerable in accessing services to address the SDH and realising the impact of law on the population. Health inequities, like poverty, are more easily addressed under HJPs due to cross-sector communication and problem solving.[69] Unmet legal needs related to SDH (for example substandard housing or eviction) are critical determinants of health. HJPs involve lawyers working alongside health-care teams for education, issue identification, and enforcing civil legal rights.[61] Since healthcare is considered downstream, providers and policymakers can be unaware of upstream impacts or how to deal with them. For example, health officials may draft policy regarding lead levels in housing that are unsafe, suggesting safety laws in existing housing developments, but in doing so be blind to the upstream implications of enforcement. Landlords may evict families to avoid dealing with enforcements or victims of lead poisoning. In this instance, HJPs would be able to aid in understanding the importance of lead safety laws, but also proper enforcement and awareness of housing and tenant law.[70] This is also an example of how the use of HJPs can more accurately identify overlooked legal and policy failures relating to enforcement accountability or

application within existing law which can be used to target community-based health inequalities and increase health justice.

Further Reflection

A variety of studies examined in our literature review have documented benefits, such as an increase in communities accessing health services. For example, after HJP housing interventions, there was a 91% decrease in emergency visits for asthmatic adults. Outcomes of HJP intervention also showed reduced rates of abuse and neglect and improved prenatal health practices and pregnancy outcomes among the vulnerable and low-income populations studied.[61, 71] Data and research publications demonstrate benefits of HJPs in targeting the SDH. Success stories relating to HJP use are also becoming more frequent and well documented.[51, 72 - 79.]

There is an important role for law in SDH outcomes which is still under-explored, and which should come to the attention of international and national entities which seek to improve SDH. They find that the evaluated HJP models found to be effective in the literature examined provide a unique avenue for driving change at community level but also for systemic transformation.

The most effective HJP models, in the literature examined, were linked to their local communities and targeted specific disadvantaged cohorts. They employed community lawyers who were non-judgmental and took a problem-solving approach and recognised the expertise and value of a health dimension. Their personnel saw their role as engaging with their clients and local community through community-based practice and active involvement in campaigns and policy reform. The effective if valuated models, in the literature examined, tended to have a dedicated board and governance structures who work together in part the partnership of health and justice in an interdisciplinary and reciprocal way.

HJPs not only provide potential in westernised nations but the models can also be explored in other countries. An example of this is in Uganda where they have health services that reach many vulnerable populations.[80] These are in remote areas. The ability to advocate and work with local authorities on SDH can be challenging without this social justice lens. There are a range of legal NGOs in developing countries who could work closely and side by side health providers and the community to leverage the sort of systemic change discussed in this article.

Implications – the Preventative Capacity of HJPs

Despite being downstream, HJPs wield significant influence, promoting upstream policy change through joint advocacy. Their primary focus on individuals i.e. 'people centred justice' extends to collecting and analysing community data, developing diagnostic tools that identify policies failing communities they were meant to safeguard. For instance, they might gather data on children developing asthma due to inadequate housing policy enforcement. Armed with such information, HJPs drive broader community health and legal interventions, ensuring protective policies are enforced.[69] The inclusion of a legal team advocating for health policy changes propels progress toward upstream transformation.[51]

HJPs uniquely identify systemic barriers in health and justice, treating and identifying upstream policy changes needed on larger scales.[81, 51] This harnesses law for systemic and structural changes, facilitating accountable actions. When engaged, this feature heightens preventative capacity aiding the reactive legal sector.[69] Additionally, the legal sector is learning about its role in prevention and transformation due to its growth mindset that results from working side by side with the health sector.[51] Further engagement with structural change allows HJPs to function on a population level, although this is an area that requires significant research to determine feasibility, scalability and functionality.

Limitations

Despite the number of benefits in utilising HJPs, there are also limitations or rather concerns about their use and applicability. Some research shows a gap in empirical evidence regarding the effectiveness and capacity of HJPs in targeting the SDH over varying populations. In one instance, there was less evidence on the function of HJPs for individuals who experienced a broader array of health and legal concerns – some from social related issues like the ones discussed, mixed with some that may not have immediate or entire ties to social structure issues.[2] This is an area that demands further investigation, as many individuals experiencing health inequalities rarely suffer from just one, and unique or interrelated health-legal concerns are just as common.[82] The idea that the legal integration with the medical field needs to be far more expansive but is not easy. There is still distrust among many in the health profession of lawyers stemming from the 'win and lose' nature of its adversarial court system, experiences in medical negligence and vigorous cross-examination.

Concerns also revolve around tracking success as HJPs grow. Success should not be superficially measured by referrals from clinical to social care (from health to legal). Referral data alone does not indicate if the agency took on the matter or if the intervention was effective. This reduces HJP success to a single criterion, neglecting documentation, tracking patient outcomes, service access, and health improvement. These concerns relate to political and governmental complexities, with underfunded and understaffed community-based initiatives worldwide.[69] Health care providers are also often overloaded or understaffed.

Resistance to joining legal services by the health sector stem from negative experience in the legal system, especially aggressive cross-examination in medical negligence cases. As occurring in many HJPs, stereotypes need breaking down, and restoring trust is crucial.[83] Integrating legal representatives into health settings may face similar challenges. HJPs are not easy enterprises, demand discussion, joint planning and strong relationships between health and justice organisations at management, funding, and operational levels. Time needed in

developing these relationships, breaking down stereotypes, identifying common values, and committing to holistic approaches often are not factored into funding and planning but are essential for successful HJPs.[51, 84]

Future Opportunities for HJPS

HJPs should be accessible in various safe spaces for communities, addressing historic difficulties faced by vulnerable populations in receiving quality care, such as indigenous populations in Canada and First Nations' people in Australia. Author 2 is currently undertaking a four-year research impact evaluation of a HJP in rural regions in Australia with a focus on mental health in the First Nations community. Through 'on the ground' work and research, community HJPs have shown the ability to create awareness of legal rights among unknowing individuals as well as increase access to the right services and interventions. Ongoing, supportive relationships between lawyers, practitioners, and patients enhance public trust and demonstrate justice is possible, improving accountability in health responses to SDH locally, nationally, and globally.[85]

Conclusion

The role of law in addressing the social determinants of health, reducing inequalities, and increasing accountability is evolving. While health is traditionally considered a field of its own, prioritising health without considering other fields, like justice, is limiting progress on SDGS and SDH. The international movement, with the Hague Convention and European Commission call for more holistic and people-centred responses is a recent shift that is positive. The complexity and interconnectedness of social health determinants challenges traditional approaches. Despite policies and legislative changes, health inequalities persist from a lack of proper framing and accountability measures. Social factors that influence health are a human rights issue. Bottom-up human rights-based approaches, like well-designed HJPs, show how

law working alongside health can create change, increase visibility of human rights protections, and elicit lived experience narratives leading to accountability. The authors conclude that linking SDH to a justice lens and endeavouring to actualise Gould's argument for democratisation are possible effective HJPs this collaborative approach can bring greater responsiveness, reduce inequality, inequitable SDH distribution, and justice outcomes.

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