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# Editorial: Communicating for social justice in health contexts: Creating opportunities for inclusivity among marginalized groups

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social justice, marginalized/vulnerable population, health communication, health disparities, advocacy

## Editorial on the Research Topic

[Communicating for social justice in health contexts: Creating opportunities for inclusivity among marginalized groups](#)

The articles in the Research Topic *Communicating for social justice in health contexts: Creating opportunities for inclusivity among marginalized groups* attend to the foundational premise of health equity, social justice, identity, and advocacy. They are global in their scope, spanning contexts ranging from rural voices in Chaquizhca, Ecuador, to reproductive justice and abortion, pain literacy, health practices in low-income Malays, community participatory approaches to Chagas prevention in Guara, Ecuador, and stigma and marginalization faced by children with disabilities in Europe and Central Asia. The inequities addressed by the papers in this issue interrogate racial, structural, socio-environmental, and ethnic disparities.

The Research Topic was conceived and completed before the COVID-19 pandemic, which profoundly shaped our ways of thinking about the deeply intertwined relationship between health, health communication, inclusivity, representation, and social justice. As we move into the post-acute crisis phase of the COVID-19 pandemic, the continued urgency of their impact and relevance highlights how these disparities serve to increasingly perpetuate the systemic differences in the access to behavioral, preventive, and treatment opportunities by disadvantaged and vulnerable populations. The articles in the Research Topic, thus, present a rigorous examination of the structures that perpetuate the inequities in healthcare outcomes and the higher morbidity and mortality burden faced by vulnerable populations and utilize approaches ranging from a critical cultural critique of the rhetorical construction and cultural consumption of women's pain to community-based participatory research and culture-centered approaches.

Recent scholarship has examined how the COVID-19 pandemic highlighted the interconnections between health communication, social determinants of health (SDoH), health inequities, and public policies. [Ataguba and Ataguba \(2020\)](#), for instance, draw our attention to the importance of effective health crisis and risk communication in building trust, credibility, honesty, transparency, and accountability. We have come to acknowledge the need for empowering marginalized populations ([Dutta, 2018](#)), for centering an equity-focused global health agenda ([Jensen et al., 2021](#)), for recognizing the significance of culturally sensitive communication with diverse audiences, and for being mindful of community values, preferences, and relationships. These facets are especially significant given the disproportionate burden of morbidity and mortality on people from vulnerable populations ([Bhaskar et al., 2020](#)).

[Bates et al.](#) interrogate the multiple meanings of health and wellbeing through a critical cultural analysis of a project called the “Healthy Living Initiative” set in Chaquizhca, Ecuador. The authors argue for centering community voices in understanding what health means, identifying issues that are defined as health concerns by members of the community, and designing the solutions through a dialogic approach drawing upon the meanings and practices emphasized by community members. Taking a culture-centered approach (CCA; [Dutta, 2008](#)), the authors destabilize the positionality of an expert in understanding health, privileging in its place the positionality of the community voices, and engaging the community in an act of creation to understand health. The definitions that emerge from their study emphasize the role of community, of local knowledge, and of collective advocacy in driving meaningful change.

In her article on reproductive justice advocacy at an abortion fund, [Gantt-Shafer](#) conducts an ethnographic examination exploring how the organizers of an abortion fund use new media to create community outreach about abortion. Now more than ever, [Gantt-Shafer’s](#) study draws out the tension between community empowerment, confrontation of systemic oppression, and societal silence around stigma with the role of new media in spreading and cultivating misinformation, (mis)representation, and misogyny. Her study highlights the challenges faced by those working to advocate in a stigmatized domain in building solidarity and how their employment of community building and movement organizing helps sustain transformative narratives, create solidarity, and support organizations in material and symbolic ways.

In her paper, [Huse](#) employs community-based participatory research (CBPR) to examine how a partnership between scholars and community members from marginalized populations can cultivate relational empowerment by incorporating social identity in its research design. Critiquing the tenets of the CBPR approach, [Huse](#) deftly reviews its applications and strengths to understand how social identity theory can be

used to guide communication interventions more effectively among the multiple stakeholders and team members that comprise CBPR research teams. Her paper furthers the CBPR paradigm in significant ways by aligning concerns of marginalized community identities with social justice in achieving meaningful change.

[Hawkins’](#) paper employs CCA to focus on the disproportionate HIV burden faced by the Black gay, bisexual, and other men who have sex with men (BMSM) community. It critiques the Center for Disease Control and Prevention’s (CDC) Testing Makes Us Stronger health communication campaign that targets the BMSM community without authentically capturing the experiences of its target audience and thus perpetuates the very systemic inequities that the campaign seeks to address. His study emphasizes the need for community involvement in designing health campaigns and suggests ways that CCA can help integrate community-based understandings of culture, systems, and agency in the context of HIV care for the BMSM population.

[Taylor and Glowacki](#) undertake a critical cultural examination of the rhetorical construction and cultural consumption of women’s pain, exploring pain literacy from the perspective of pain expression and perception. Examining mediated examples that exemplify how women’s pain is mystified and perpetuates a system that contributes to a lack of agency for women in pain, their study has implications for women’s health, particularly in the diagnosis and treatment of conditions where expressions of pain may be misunderstood or miscontextualized. Their holistic view of pain literacy and what they term “rhetorical care” has implications for women’s agency, and the cultural and racial competencies that shape diverse interpretations of pain articulation.

[Kaur-Gill et al.](#) report on a CCA-based health intervention with low-income Malay Singaporean community members. Emphasizing SDoH, they argue for centering the voices of the community members to understand their meanings of heart health. As their paper highlights, meaningful ownership that cultivates agency and empowerment of community members through active involvement can help counter the “hegemonic production of heart disease” (p. 14) through privileging local voices and appropriating agency in the presentation of illness from biomedical experts. They advocate replacing biomedical language with simple and clear, jargon-free communication to address persistent health disparities in this domain.

The potential of meaningful cooperation between community members, national stakeholders, and researchers was highlighted in [Bates et al.’s](#) paper critiquing how community voices exemplified in the co-participatory design of a song are strengthened through adoption by national stakeholders. In their second paper in this issue, [Bates et al.](#) focus on Chagas disease prevention in a youth-based program set in Guara, Loja Province, Ecuador. Chagas is a tropical condition that disproportionately targets marginalized rural communities.

Employing entertainment education lens to promote behaviors for preventing Chagas, the authors identify the opportunities and challenges of working with national stakeholders in addressing the factors that contribute to perpetuation of the disease.

Peinado et al.'s review of HIV communication and health disparities outlines how minority and marginalized populations are disproportionately impacted by HIV-related disparities. Their literature review identifies approaches and suggests avenues for communicating effectively. Their review emphasizes the significance of health communication in addressing stigma and bringing about behavior change that reduces HIV-related disparities. As the authors note, such studies are especially relevant in addressing persistent disparities that have complex and interrelated causes spanning intersecting individual, social, contextual, and environmental tensions.

Stevens et al. focus on the stigma and discrimination faced by children who have been diagnosed with some form of disability. Using the social ecological model, the researchers highlight the importance of contextualizing the treatment of children with disabilities to include professionals, non-professionals, and community members, and by addressing systemic discrimination through multilevel approaches. Their study has implications for guiding national policy and legislation that protects the rights of children with disabilities.

The World Health Organization (WHO, 2004) has emphasized the need to center communication, messaging, and health communication channels in addressing uncertainty and managing misinformation, among other factors, to design a successful response to health emergencies. As we collectively emerge in a post-COVID-19 crisis pandemic era, the range of health communication perspectives taken by the researchers in this issue, spanning CCA, CBPR, and EE, among others suggest a fertile and productive avenue for taking on the multiple and

intersecting health challenges that highlight the interconnected global yet intimately local nature of health and its meanings. The relevance of social media, patient education, and the multiple platforms where conversations about health occur has evolved in unexpected ways to challenge how our assumptions of health access, interventions, advocacy, and multi-sectoral structural change operate. Taken together, the articles in this Research Topic underscore the urgent need to focus on health, health outcomes, and communication in the context of marginalized and vulnerable populations in critical and innovative ways through foregrounding their intersections with advocacy, voice, identity, and social justice.

## Author contributions

The author confirms being the sole contributor of this work and has approved it for publication.

## Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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