

# Rivista Trimestrale di SCIENZA dell'AMMINISTRAZIONE Studi di teoria e ricerca sociale

*Rivista Trimestrale di Scienza dell'Amministrazione*  
(*Quarterly Journal of Administrative Science*)

## Call for Papers *Social Inequalities and Vulnerability*

### **The Topic**

Addressing the issue of social inequalities may involve a confrontation with ideology or moral tensions. Nevertheless, and perhaps precisely because of this, it is an unavoidable subject for the social sciences. Although some inequalities are unavoidable or even physiological, others require overcoming.

To this end, there is an urgent need to understand the connection between access to resources and services and the ways in which society is structured and represented. This includes exploring the relationship between accessibility and stratification, observing how the economic organization of society, the distribution of material and immaterial resources, cultural lifestyle patterns, communication, and prevention, interpersonal relationships, social mobility, education, land management, and so on intersect.

In this scenario, inequalities in access to healthcare services are among the most evident. Regardless of their organizational model, all healthcare services should inherently ensure equity in access. In contemporary times, however, the healthcare system is not only a provider of care but also the primary tool for promoting health, understood as the physical, mental, and social well-being of the population (WHO 1948), especially for countries like Italy that adopt a universalistic system of the Beveridge type. This system is not only aimed at ensuring equality of access to public health services but is also constitutionally bound to overcome the conditions that limit health and well-being protection. The healthcare system is, therefore, a tool to achieve substantive equality, overcoming disparities that entail social, economic, and health costs and may hinder the growth and dissemination of well-being. It is clear that disparities in access to healthcare services betray this principle and result in avoidable suffering and deaths.

However, various disparities also have a negative impact, sometimes significant, on various aspects of individual life and can even result in inequalities in exogenous health conditions. Peripherality, whether geographic or digital, belonging to depressed areas, or the absence or delay in the provision of adequate, including digital, infrastructure are some examples of conditions that often lead to measurable disadvantages. Disparity, therefore, is not only a sensitive indicator of a society's adequacy and equity values but undoubtedly also influences the quality and duration of life of the individuals affected, thus constituting a wound to the substantive equality of citizens.

It is the social sciences that must develop a theoretical reflection on inequalities, within the rigorous perspective of studying complex organizations. This involves not only identifying the most relevant disparities in access to services but also analyzing social dynamics and accounting for the emergence of the most significant trends.

The Journal encourages submissions that bridge the gap between purely theoretical reflection and empirical approaches. These contributions should draw from classical thinking and extend to the new frontiers of global studies and post-colonial studies, with reference to the new frontiers of organizing territories and communities, predominantly in urban settings. They should aim to reduce the distance between theoretical reflection and empirical approaches and address the urgent need for new tools to facilitate the reduction of inequalities in access to services and opportunities for all citizens.

Contributions, in English, Italian, or major European languages, should focus on the organizational/institutional/administrative dimension of the topic. This includes, for example:

- patient access;
- urban health;
- health literacy;
- the digital revolution and challenges to health;
- digital belonging and social exclusion;
- geographical peripherality and inequalities;
- artificial intelligence, inclusion, and exclusion;
- sustainability and inequalities;
- specific mechanisms of institutional trust and organizational thresholds of participation;
- the challenge of global studies to the classical canon of inequalities;
- protection of minorities and diversity in terms of health,
- risks and opportunities of street-level bureaucracy;
- post-colonial studies and the challenges of alterity in terms of health.

### **Submission of Proposals and Deadlines**

Contributions will undergo a peer-review process following the Journal's rules and its Code of Ethics.

We request the submission of a brief article proposal (maximum 500 words) that includes the title, names, affiliated institutions, and email addresses of the authors, as well as the Journal's area of reference. Please send these proposals to [redazione@rtsa.eu](mailto:redazione@rtsa.eu) no later than **December 15, 2023**. The outcome of the proposal evaluation will be communicated to the authors by December 31.

Accepted articles must be submitted by **March 31, 2024**, and they must strictly adhere to the Journal's template and fully comply with the editorial guidelines and its corresponding Manual (<http://rtsa.eu/submit.html>). Non-compliance may result in exclusion.