National Collaborating Centre
for Determinants of Health

Centre de collaboration nationale
des déterminants de la santé

LET'S TALK

HEALTH EQUITY

PART OF THE LET'S TALK SERIES

This document is designed to support discussion and reflection on key concepts related to health equity. The intent is to guide public health action to reduce health inequities and promote health for all.

> "From now on instead of 'vulnerable people' I'm going to use the phrase 'people we oppress through policy choices and discourses of racial inferiority.' It's a bit longer but I think will help us focus on where the problems actually lie."[1]
> Dr. Marcia Anderson

WHAT IS HEALTH EQUITY?

Health equity* means that all people (individuals, groups and communities) have fair access to, and can act on, opportunities to reach their full health potential and are not disadvantaged by social, economic and environmental conditions,[2] including socially constructed factors such as race, gender, sexuality, religion and social status.[3]

Achieving health equity requires acknowledging that some people have unequal starting places, and different strategies and resources are needed to correct the imbalance and make health possible.[4] Health equity is achieved when disparities in health status between groups due to social and structural factors are reduced or eliminated.

Aspiring to health equity means acknowledging the systemic advantage and disadvantage at play, and ways in which it can be addressed. Organizations striving to advance health equity seek to remove "obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."[5(p2)]

HEALTH EQUALITY ≠ HEALTH EQUITY

Equality in the context of health and health equity most often refers to everyone being given the same opportunities, resources or services. Equality is only fair if everyone's starting places and needs are the same.[6]

Descriptions of the terms marked with an asterisk (*) in this document are from the National Collaborating Centre for Determinants of Health's _Glossary of essential health equity terms_,[7] which supports action on the social and structural determinants of health and health equity through the use of clear and consistent terminology.

This document replaces the 2013 resource _Let's Talk: Health equity._

HEALTH INEQUITIES ARE SYSTEMATIC, AVOIDABLE AND UNFAIR

Health inequities* are avoidable health inequalities, and they can also be referred to as socially constructed inequalities.[8,10,11] All health inequities share core features: they are the result of societal choices that are systematic, avoidable, modifiable and unfair.[2]

SYSTEMATIC

The systematic nature of health inequities is observed in a stepwise or linear pattern referred to as the social gradient in health.[12] This concept demonstrates that at every level of the gradient, people who have fewer resources and lower social status are less healthy than those with more money or social status. These health differences are not random and exist at every socioeconomic level of society.

Read *Let's Talk: Universal and targeted approaches to health equity*[13] for more on the social gradient.

AVOIDABLE AND MODIFIABLE

Health inequities are not the result of natural biological differences; they are the result of how resources and opportunities are distributed and, therefore, are avoidable and modifiable. They can be changed through collective action by individuals, organizations, communities and every level of government.[2,9]

Read *Let's Talk: Moving upstream*[14] to learn how public health can intervene at different levels to address inequities.

UNFAIR

Health inequity is connected to values and a moral judgement that socially constructed health differences are unfair or unjust.[8] Action to address inequities requires a commitment to social justice and human rights, for example, in access to clean water, food, education, housing and health care.[15] Recognizing health inequities as unfair and unjust is an ethical principle that guides resource allocation according to need, not based on wealth, power and prestige.[9]

Read *Let's Talk: Ethical foundations of health equity*[16] to learn about fairness and social justice as key principles of health equity.

HEALTH INEQUALITIES ≠ HEALTH INEQUITIES

Health inequalities refer to measurable differences in health outcomes between groups, communities and populations.[8] Some health differences are the result of genetic or biological factors; for example, older adults tend to be less healthy than younger people due to the natural aging process.[2] However, the majority of health differences are the result of an unfair distribution of the underlying conditions required for good health. These include the social, economic and environmental conditions[3] and the imbalances of power[2] that put groups who already experience disadvantage at further risk of poor health outcomes.[9] This unfair distribution should be referred to as **health inequities**.

ROOTS OF HEALTH INEQUITIES

Health equity efforts can fall far short because they do not act on the root of the problem.

The **structural determinants of health*** are the root causes of health inequities. They are processes that create inequities in wealth, power and resources. Structural determinants include political, cultural, economic and social structures; natural environment, land and climate change; and history and legacy, ongoing colonialism and systemic racism.[17] Structural determinants, also known as structural drivers,[18] shape the conditions of daily life (social determinants of health) including education, work, aging, income, social protections, housing, environment and health systems.[17] Public health has a role to disrupt these drivers, such as systemic racism, in order to advance health equity.

Read *Let's Talk: Values and health equity*[19] to learn about values as structural drivers of health inequities.

The **social determinants of health*** are the interrelated social, political and economic circumstances in which people are born, grow up, live, work, play, love and age.[18] The social determinants of health do not operate in isolation. It is how these determinants intersect that causes conditions of daily living to shift and change over time and across the life span, impacting the health of individuals, groups and communities in different ways.[20]

Action for health equity can take many forms and requires an engaged approach, informed by community needs and people with lived experience of inequities. The interdisciplinary research team known as EQUIP Health Care has designed and evaluated an implementation framework to increase organizational capacity for equity-oriented care in health and social service sectors. The EQUIP Action Kit … is designed to provide direct care staff and organizational leaders with educational tools, training, and implementation resources to reduce inequities, including those stemming from intersecting forms of stigma, racism and discrimination. Direct care providers, administrative, and policy-makers are using these resources to galvanize equity-oriented care, services, polices and actions. Equity-oriented actions are possible, incrementally, or as a "whole of organization" approach![36]

– Dr. Annette Browne

ACHIEVING HEALTH EQUITY

Achieving health equity requires tackling the inequitable distribution of power, money and resources and improving the social, economic and political systems that shape living conditions and determine health.[21]
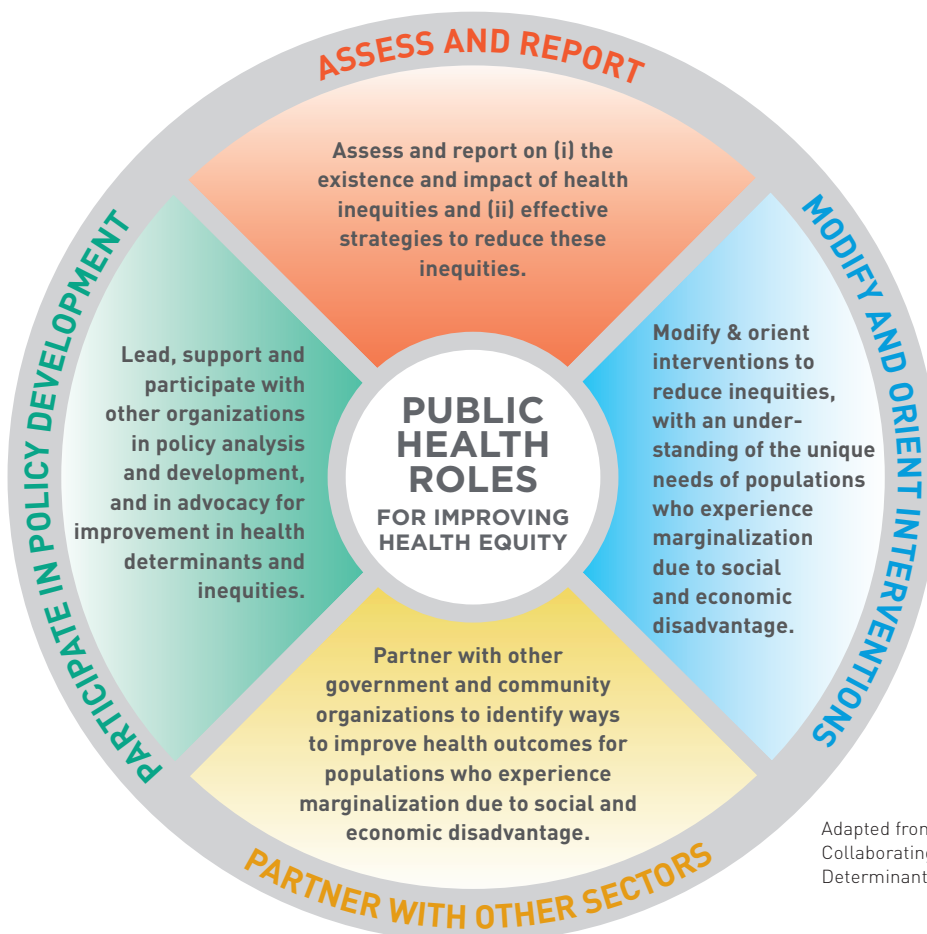
Addressing health equities is a key public health role and responsibility.[15,22,23] Equity, alongside social justice, is named as a prerequisite for health in the 1986 Ottawa Charter for Health Promotion.[24] Yet, successfully embedding health equity into policy, programs, research and practice still requires support.[25] Taking a health equity approach requires integrating several interrelated competencies with ongoing learning, reflection and change.[23]

Achieving health equity requires public health actors to operationalize core public health roles and values to disrupt injustice.[19,25,26] Figure 1 outlines a health equity framework that points to four public health roles that can help set priorities and make decisions: assess and report, modify and orient interventions, partner with other sectors, and participate in policy development.[23]

RESPONDING TO THE TRUTH AND RECONCILIATION CALLS TO ACTION

Acting on the Truth and Reconciliation Calls to Action[35] is one important way to work towards health equity for Indigenous Peoples in Canada. Particularly, Call to Action #18 directly links inequities in Indigenous Peoples' health to Canadian government policies. Policies continue to impact health, and acting to address these policies is required to address inequities. Call to Action #24 highlights understanding of the history of colonialism and application of the United Nations Declaration on the Rights of Indigenous Peoples[37] as imperative for health practitioners.

ASSESS AND REPORT

Assess and report on (i) the existence and impact of health inequities and (ii) effective strategies to reduce these inequities.

MODIFY AND ORIENT INTERVENTIONS

Modify & orient interventions to reduce inequities, with an understanding of the unique needs of populations who experience marginalization due to social and economic disadvantage.

PARTICIPATE IN POLICY DEVELOPMENT

Lead, support and participate with other organizations in policy analysis and development, and in advocacy for improvement in health determinants and inequities.

PARTNER WITH OTHER SECTORS

Partner with other government and community organizations to identify ways to improve health outcomes for populations who experience marginalization due to social and economic disadvantage.

PUBLIC HEALTH ROLES FOR IMPROVING HEALTH EQUITY

Adapted from National Collaborating Centre for Determinants of Health.[23(p2)]

ASSESS AND REPORT

Understand that larger systems (e.g., racism, sexism, colonialism) act in concert to advantage and disadvantage different groups and create different starting places[27,28]

Use tools to support ethical collecting, measuring and reporting of data, such as:
» First Nations data governance: OCAP® (Ownership, Control, Access and Possession)[29]
» Black community data governance: EGAP (Engagement, Governance, Access and Protection)[30]

MODIFY AND ORIENT INTERVENTIONS

Apply an intersectionality approach[31]

Consider how the design of an intervention can narrow or widen the health gaps[13]

PARTNER WITH OTHER SECTORS

Build communities' power for health equity[32,33]

Recognize that people experiencing health inequities are often best at identifying public health priorities and solutions to inequity[34]

PARTICIPATE IN POLICY DEVELOPMENT

Apply principles from EQUIP Health Care[6] (see quote on page 4)

Respond to the Truth and Reconciliation Calls to Action[35] (see examples in the text box on page 5).

To take a health equity approach, practitioners, policy-makers, researchers and organizations must transform how they work.[38] Such an approach requires the workforce to align actions with social justice values. Instead of focusing on individual and behavioural interventions, practitioners who take a health equity approach prioritize efforts to alter institutions, policies and practices that cause inequitable distribution of power and resources.[38]

REFLECTION AND DISCUSSION QUESTIONS

- What health inequities exist in your community? How do you know they exist?
- What are the root causes of these health inequities?
- What actions at the individual, community and societal (structural) level might act on these root causes and increase people's opportunities to be healthy and reduce health inequities?
- What policy changes at the local, provincial/territorial and federal level could reduce health inequities?
- Whose voices are being heard in decision-making? Whose voices are excluded? Where are there silences?
- What are the opportunities in practice, research, policy and decision-making to ensure a health equity approach is used?

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