



National Collaborating Centre  
for Determinants of Health

Centre de collaboration nationale  
des déterminants de la santé



**LET'S TALK**  
**ETHICAL FOUNDATIONS**  
**OF HEALTH EQUITY**

**PART OF THE LET'S TALK SERIES**

**Health inequities** are differences in health that are considered to be unjust.<sup>1-3</sup> This definition means that the identification of health inequities involves both a **descriptive** and **normative** (i.e., ethical) task:

- The **descriptive** task requires you to identify and describe a specific difference in health (e.g., the difference in life expectancy between two groups)
- The **normative** task requires you to make a judgement about why that difference in health should be viewed as ethically wrong or bad (i.e., unjust) and therefore considered a health inequity, and not simply a health disparity or inequality (which are traditionally viewed as being purely descriptive).<sup>2</sup>

Health equity is, therefore, a fundamentally ethical concept that requires us to make judgements about justice.<sup>2-3</sup>

### Why do these ethical judgements matter?

What makes a difference in health unjust isn't always clear. We often aren't explicit about how we make these judgements and we likely have different views about what makes a difference in health unjust. The result is that we might have different, often unspoken, views about:

- which populations we should target to reduce health inequities;
- which differences in health we should prioritize;
- how to address health inequities in an ethical manner; and
- how to define the standards of evaluation for public health interventions.

Despite the importance of these ethical judgements to our work in health equity, public health largely lacks a language and philosophical foundation to talk about them. The purpose of this Let's Talk is to provide a basic introduction to these ideas and terms to help public health practitioners understand prominent ethical criteria that can guide our work in health equity, the key differences between these criteria and implications for our practice.

### What happens if we don't consider the role of justice in health equity?

Commitments to social justice are common in public health. Yet, if we are not clear about the ethical criteria or standards used to make judgements about which differences in health are unjust and what a just state of population health looks like, this could lead to ethically questionable and inconsistent policy and practice decisions.

These include:

- targeting inequities that are simply the easiest to address (rather than those that are most important to address);
- targeting inequities that may be less urgent to address; and
- working at cross-purposes, given our different and unspoken views about what justice requires.<sup>4,5</sup>

Failing to identify, critically appraise and operationalize the considerations of justice that inform our work on health equity could actually contribute to greater social injustice, which is the very outcome that health equity is trying to address.

#### EQUITY IS NOT THE SAME AS EQUALITY

In public health, we often say that equity is not the same as equality. This means that pursuing health equity does not necessarily mean that we should base our decisions on the principle of equality to distribute access to services, resources that promote health, opportunities to be healthy or health outcomes. Despite being an important distinction we should also note the following:

- Our work in health equity can include a goal of equality. For example, even if our overarching goal is to achieve equal health outcomes, this may still require that we distribute resources unequally (e.g., by adopting a *priority of resources to the worse off* principle).
- If we agree that equity is distinct from equality, we still need clarity about what the ethical requirements of equity should be (e.g., Does equity commit us to a *sufficiency* principle? A *priority* principle?).

## DIMENSIONS OF JUSTICE

Justice is a complex idea that has a rich history in philosophy and in many other disciplines. As an idea, it has benefitted from numerous intellectual, political, social and religious traditions. Theories of justice provide a framework to help us identify the structures and social phenomena that create or exacerbate disadvantage. They can also help us identify and evaluate the ethical criteria that ground our work in health equity and be transparent about how we put these criteria into practice.

We focus here on two broad dimensions<sup>6</sup> that have been central to thinking about distributive justice<sup>a</sup> in the context of public health.

### 1 'Currency' of justice: As a matter of justice, what are people 'due' from society?<sup>7</sup>

For example, if we were to argue that people deserve equality, then we must ask: equality of what?<sup>8</sup> In public health, we might argue that, as a matter of justice, everyone has a moral claim to each of the following:

- **Access to services**, like public health services or primary care services
- **Resources that promote health**, like income or health care resources
- **Opportunities to be healthy**, like educational or employment opportunities
- **Health outcomes**, like an average life expectancy

### 2 Principle of justice: On what basis should the currency of justice be distributed?<sup>9</sup>

For example, if we were to argue that, as a matter of justice, public health activities should be distributed to people according to their level of need, then *according to need* would be a principle of justice. In this case, we would have an ethical reason to distribute whatever currency we believed was important to justice on that basis.

In public health we might argue that, as a matter of justice, we should aim for one of the following distributions:

- **Equality** — this principle says we should aim to *equalize* access, resources, opportunities or health outcomes. It reflects the ethical view that "it is bad [in itself] that some people are worse off than others."<sup>10(p206)</sup>
- **Sufficiency** — this principle says we should aim to secure a *sufficient amount* of access, resources, opportunities or health outcomes for everyone. It reflects the ethical view that, "if everyone had enough, it would be of no moral consequence whether some had more than others."<sup>11(p21)</sup>
- **Priority to the worse off** — this principle says we should aim to *prioritize the worse off* when distributing access, resources, opportunities or health outcomes. It reflects the ethical view that "benefits to the worse off matter more, but...only because these people are at a lower *absolute* level. It is irrelevant that these people are worse off than others."<sup>10(p214)</sup>
- **Maximization** — this principle says we should aim to *achieve the greatest net balance* of access, resources, opportunities, or health outcomes. It reflects the ethical view that the job of justice is to achieve the greatest good for the greatest number, even if it means that some get less (or even none).<sup>12</sup>

On the following page, Table 1 presents the different ways that these four principles of justice and four currencies of justice are often arranged together to produce different interpretations of health equity. The categories in the table are philosophically nuanced, but these slight differences are important for us to understand given their potential impacts of population health.

<sup>a</sup> Distributive justice is concerned with how and why benefits and burdens are distributed to members of society.

TABLE 1: Permutations of justice, and their public health objectives and their population targets

		CURRENCIES OF JUSTICE				
		ACCESS TO SERVICES	RESOURCES THAT PROMOTE HEALTH	OPPORTUNITIES TO BE HEALTHY	HEALTH OUTCOMES	
PRINCIPLES OF JUSTICE	EQUALITY	OBJECTIVE	Equality of access	Equality of resources	Equality of opportunity	Equality of health
		TARGET	Largest inequalities in access to health services	Largest inequalities in the resources that promote health	Largest inequalities in opportunities to be healthy	Largest inequalities in health
	SUFFICIENCY* <small>*A level beyond which differences are of no (or less) ethical importance to address</small>	OBJECTIVE	Sufficiency of access	Sufficiency of resources	Sufficiency of opportunity	Sufficiency of health
		TARGET	Populations whose access to health services falls below what is considered a sufficient level	Populations whose resources that promote health fall below what is considered a sufficient level	Populations whose opportunities to be healthy fall below what is considered a sufficient level	Populations whose health falls below what is considered a sufficient level
	PRIORITY TO THE WORSE OFF	OBJECTIVE	Priority to those with the least access	Priority to those with the fewest resources that promote health	Priority to those with the fewest opportunities to be healthy	Priority to those with the worse health
		TARGET	Populations with the least access to health services	Populations with the fewest resources that promote health	Populations with the fewest opportunities to be healthy	Populations with the worse health
	MAXIMIZATION	OBJECTIVE	Maximize access	Maximize resources	Maximize opportunities to be healthy	Maximize health outcomes
		TARGET	Whoever would result in the greatest net gains in access	Whoever would result in the greatest net gains in resources that promote health	Whoever would result in the greatest net gains in opportunities to be healthy	Whoever would result in the greatest net gains in health outcomes

The approaches in the table are not mutually exclusive. For example, attempts to provide the public with equal opportunities to eat healthily (an approach committed to achieving equality of opportunity) may require interventions that improve access to information (e.g., nutrition labelling) as well as resources (e.g., income supplements to purchase healthy food). This has an important implication for our work in health equity: you may believe that justice requires a particular distribution of health outcomes (e.g., that everyone is sufficiently healthy). If this is the case, then you should likely distribute access to services, resources and opportunities in whichever way will help to achieve that goal.

With that said, different public health interventions target or impact different currencies of justice (e.g., access to services, the provision of resources that are important in promoting health, etc.). As such, while public health interventions always aim to improve health outcomes, some public health interventions might seek to improve the distribution of access, resources or opportunities, even when doing so doesn't necessarily affect the distribution of health outcomes (or result in the same type of distribution of health outcomes).

As a result, when thinking about what an equitable approach or outcome should look like for any given public health intervention, you should ask the following:

- Which currency or currencies of justice does your intervention impact and which currency do you think is important to impact as a matter of justice?
- What do you want the distribution of the currency of justice to look like after your intervention? For example:
  - Do you want to see more equality (e.g., by attempting to equalize access to an immunization program)?
  - Do you want everyone to have enough of a resource (e.g., by attempting to ensure everyone has sufficient income)?
  - Do you simply want to produce the greatest amount of health benefits irrespective of who enjoys those benefits?

## IMPLICATIONS OF JUSTICE FOR OUR WORK IN HEALTH EQUITY

Our ethical judgements about justice in our work on health equity can have profound effects on public health decision-making, as the following table drawing on the case of diabetes illustrates (Table 2).

TABLE 2: How our ethical judgements about justice can affect the design of diabetes interventions:

EXAMPLE ETHICAL CRITERIA	EQUITY OBJECTIVE	ADVANTAGES AND DISADVANTAGES
<b>Equality of health outcomes</b>	Equitable means that everyone has the same low risk for diabetes.	<b>ADVANTAGE:</b> Everyone has the same level of good health — the most ideal outcome. <b>DISADVANTAGE:</b> Achieving equality can be demanding. In an effort to achieve equal outcomes, we may end up focusing too much energy reducing inequalities between populations that have unequal, but a relatively healthy level of, diabetes risk.
<b>Sufficiency of health outcome</b>	Equitable means that everyone falls below a certain threshold of high risk for diabetes and that inequalities above that threshold are addressed.	<b>ADVANTAGE:</b> Avoids the disadvantage described for equality above and instead ensures that everyone is healthy enough. <b>DISADVANTAGE:</b> Fails to address inequalities among those who are at low or moderate risk of diabetes. It also can be challenging to identify a threshold to act as a sufficient level of diabetes risk to achieve.
<b>Priority to those with the worse health</b>	Equitable means helping those with the greatest needs (i.e., those with the highest risk factors for diabetes).	<b>ADVANTAGE:</b> Focuses on helping those with the greatest needs. <b>DISADVANTAGE:</b> Those with the greatest needs may not necessarily be faring poorly with diabetes — they are simply worse off. This can also mean that groups at a moderate risk of diabetes are ignored (as they are not the worse off).
<b>Maximization of health outcomes</b>	Equitable means preventing as many cases of diabetes as possible with existing resources.	<b>ADVANTAGE:</b> The most overall benefit in terms of diabetes cases prevented. <b>DISADVANTAGE:</b> Can neglect populations with the greatest needs, as preventing the greatest number of cases of diabetes might mean targeting the easiest or most convenient cases to address.

## HOW DO DIFFERENT VIEWS ABOUT JUSTICE RELATE TO UNIVERSAL AND TARGETED APPROACHES TO HEALTH EQUITY?

Public health approaches to health equity are often divided into universal, targeted, targeted universal and proportionate universal approaches.<sup>13</sup> Here are two examples of how the approaches to justice described in Tables 1 and 2 might overlap with these traditional approaches:

- **Targeted approaches** to health equity are most closely related to the priority to the worse off principle of justice, since both generally recognize that the worse off groups in any population should be the top priority for public health interventions.
- **Proportionate universal** approaches to health equity may align with the sufficiency principle of justice, since both appear to give less importance to inequalities that exist among those that are relatively well off. In this example, populations falling further below a level of sufficiency could be provided a disproportionately higher level of benefits or support, but still all within a framework of universal application.

It can be challenging to reach a consensus on what incorporating justice requires for our work in health equity. Ultimately, it may be ethically permissible to choose different ethical criteria of health equity for different contexts, issues or interventions. What is most important is that we are explicit about our ethical judgements about the differences in health that we consider to be unjust and what a just state of population health should look like. We need to be able to justify the choices we make and ensure that they are consistent with what we believe to be the requirements of justice.

## DISCUSSION QUESTIONS

1. Think about a health or social determinant of health issue where you have observed a difference in outcomes. What makes a difference in health unjust?
2. What should an equitable approach or outcome look like?
  - When everyone has equal access to important health services?
  - When everyone is equally healthy?
  - When everyone is healthy enough?
  - When everyone has enough resources that can be used to promote their health?
  - When we address the needs of the worse off?
  - When we use our resources most efficiently to produce the greatest net benefit that our interventions allow?
3. How do you and your colleagues talk and make decisions about the ethical goals of your public health work? Does your discussion include your biases and what you agree and disagree about?
4. When you select an approach — universal, targeted, targeted universal or proportionate universalism — how does it align with your judgements about what makes a difference in health unjust and what a just state of population health should look like?

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The NCCDH is hosted by St. Francis Xavier University. We are located in Mi'kma'ki, the ancestral and unceded territory of the Mi'kmaq people.

Please cite information contained in the document as follows: National Collaborating Centre for Determinants of Health. (2020). *Let's Talk: Ethical Foundations of Health Equity*. Antigonish, NS: NCCDH, St. Francis Xavier University.

ISBN: 978-1-989241-32-5

Production of this document has been made possible through a financial contribution from the Public Health Agency of Canada through funding for NCCDH. The views expressed do not necessarily represent the views of the Public Health Agency of Canada.

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La version française en format PDF est également disponible au [www.ccnds.ca](http://www.ccnds.ca) sous le titre *Fondements éthiques de l'équité en santé : Parlons-en*.