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Bridging the Health Gap

The Concept of Health Equity -In the U.S. and Around the World

The theory of the public administrator as an agent of social change is consistent with the concept of health equity as an issue of social justice. Described generally, health inequities are avoidable group health difference resulting from unequal social positions caused by considered policy decisions and societal arrangements taken up and implemented by governments. [1]

The term health inequalities is mot often preferred in the U.K. In Australia, the chosen phrases are health inequities, which stands in contrast to health inequalities. Canadians use the term health disparities [Parliament] and health inequities [regional public health agencies and organizations]. Finally, the United States makes use most often of the term health disparities while certain factions of public health advance the notion of health inequities as a subset of and in comparison to health disparities.

Hilary Graham, a British researcher, [2] notes that those factors that account for health- the social determinants of health- are not the same as those features of society that result in health inequalities. The features of society that result in health inequalities result from unequal societal positions.

Graham (2004) goes on to say that social position is based upon societal features including socioeconomic position, gender, and ethnicity and even nationality or sexuality. In Graham's framework, social position is the pathway by which societal-level resources enter and affect the lives of individuals. These resources include social resources like education, employment opportunities, housing, and neighborhoods. Further, social position patterns behavioral and physiological factors, which again can be both health protecting and enhancing (like exercise) or health damaging (cigarette smoking and obesity).

In the U.S. the phrase of choice is health disparities. In common usage and program implementation it connotatively refers to the health status and programmatic efforts on behalf of racial and ethnic groups in comparison to the majority. On the other hand, formal definitions of health disparities in the U.S. tend to adopt language that links health disparities to broader social determinants beyond that of race and ethnicity.

> ...differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.[3]

Some U.S. researchers and organizations lend the term health disparities a greater social justice slant similar to that of health equity.

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[1] Andress, L. 2008. What is health inequity?
[2] Graham, Hilary, Social Determinants and Their Unequal Distribution: Clarifying Policy Understandings. The Milbank Quarterly, Vol. 82, No. 1, 2004 (pp. 101–24)

[3] Healthy People 2010. http://www.healthypeople.gov/Document/pdf/uih/2010uih.pdf

> A health disparity/inequality is a particular type of difference in health (or in the most important influences on health that could potentially be shaped by policies); it is a difference in which disadvantaged social groups—such as the poor, racial/ethnic minorities, women, or other groups who have persistently experienced social disadvantage or discrimination—systematically experience worse health or greater health risks than more advantaged social groups. ("Social advantage" refers to one's relative position in a social hierarchy determined by wealth, power, and/or prestige.) Health disparities/inequalities include differences between the most advantaged group in a given category—e.g., the wealthiest, the most powerful racial/ethnic group—and all others, not only between the best- and worst-off groups. Pursuing health equity means pursuing the elimination of such health disparities/inequalities.[4]

In contrast, organizations in the U.S. using the term health inequities attempt to separate it from health disparities to emphasize group differences in health that exist as a result of choices or a failure to make choices about policies and systems that could improve health. Further, health inequities, as Graham (2004) notes, are the result of intentional policy omissions and commissions that affect the distribution of societal resources.

Those in the U.S. that make use of the term health inequities distinguish it from health disparities by noting that disparities are unavoidable group differences in health based upon gender, age, or genetics; e.g. the life span of females in comparison to males or those individuals with sickle cell anemia. In comparison, health inequities are avoidable and involve values-based judgments about acceptable or unacceptable societal arrangements and policies that affect notions of equality and social position.

The Senatorial branch of the Canadian Parliament recently released a report to address health disparities and population health policy. [5] The term health disparity is given the broader frame similar to that used in some U.S. quarters embracing both intentional and avoidable group differences in health along with unavoidable health outcomes.

> Health disparities or health inequalities represent the variation or differences in health status, resulting from the distribution of the effects of health determinants between and among different population groups. Some disparities in health are attributable to biological variations or free choice and, as such, are essentially

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[4] Paula Braveman, 2006; Health Disparities And Health Equity: Concepts And Measurement. Annual Review Of Public Health, Vol. 27: 167-194. Center on Social Disparities in Health, University of California, San Francisco

[5] Population Health Policy: Issues and options; Fourth Report of the Subcommittee on Population Health of the Standing Senate Committee on Social Affairs, Science and Technology. April 2008. Accessed April 21, 2008
http://www.parl.gc.ca/common/Committee_SenRep.asp?Language=E&Parl=39&Ses=2&comm_id=605

> unavoidable; others result from the external environment and other conditions that, while largely outside the control of the individuals affected, are amenable to mitigation by the implementation of well-crafted public policy.

What most of these definitions have in common is the notion of intentionality and causation. The definitions make it evident that patterns of group differences in health are the result of more than just individual acts of wanton abandonment, poor health habits or lifestyle. Rather, group differences in health develop in great part from the acceptance of social inequalities in a system that produces unequal social positions which in turn determine the inequitable distribution of resources.

Finally, a health equity framework is centered on value- judgments and political decisions. The decision to embrace equity as a value is not universal. To the extent that the cultural toolkit[6] of a society embraces notions of individual responsibility, the "boot-strap" mentality, and the belief that each individual is free to make his/her own way so that hard work is rewarded and poverty is justice for a lack of effort, equity is thus subject to free market principles.[7]

[6] The attributes of groups or societies that shape how they classify, evaluate, and assign meaning to understand experiences. These attributes include shared values, codes of manners, dress, language, religion, rituals, norms of behavior, and systems of belief. More generally, the cultural toolkit includes a set of distinctive spiritual, material, intellectual, and emotional features that a society uses to interpret experiences.

[7] Andress, L.(2006), The Emergence of the Social Determinants of Health on the Policy Agenda in Britain: A Case Study 1980 -2003. Dissertation.