

Health Disparities And Health Inequities: How the Two Concepts Work

Not all health disparities are unjust or inequitable. Example: the difference in the mortality rate between genders where females live longer than males. In this case, a longer life for males is simply unattainable and it is unfortunate but not unjust.

However, where disparities in health may be avoided by the decisions a society or community makes, yet are not avoided, they are inequitable. These then are health inequities.

Examples: obesity rates between lower and upper income families. This is a health inequity where the health difference may be attributed to: (1) the state of lower income neighborhoods where they lack physical amenities conducive to exercise or (2) the lack of grocery store outlets that provide healthy, affordable, and accessible foods. Where obesity in the lower income families is attributable to a household income that does not provide discretionary funds to join a health club there is a health inequity.

Another example of a health inequity is smoking rates and the incidence of cancer among upper income and lower income individuals. Where the smoking rates in lower income individuals may be attributed to the lack of income and time to take a smoking cessation course or buy nicotine patches this is a health inequity.

All societies have social hierarchies in which economic and social resources, including power and prestige, are distributed unequally. The unequal distribution of resources has a powerful impact on health and its distribution in society. The concept of health equity takes issue with the unequal distribution of social conditions when health suffers as a consequence.

Essentially, a health inequity exists because of a failure to achieve levels of health that, but for lack of action, should be attainable. Where a health inequity is unjust and exists but for lack of action society is obliged to act – to take steps that increase all individuals' chances of obtaining good health.

A health equity approach recognizes that social action is needed. A health equity approach recognizes the important role of government social policy in shaping the social determinants of health. Such policies may include housing, health and safety standards, family friendly labor policies, active employment policies for training, and the provision of social safety nets for income and nutrition.

A health equity position on health care and individual behavior is that each factor is one of several determinants of health. Just as an approach to health equity recognizes the need for individual responsibility and health care so must a call for improved health pay attention to the broader social determinants of health.

A health equity approach recognizes the need for collaboration between many public policy areas including transportation, economic development and other economic and

social policies that affect the distribution of the social determinants of health. Actions taken to address health equity must be a multi-stakeholder process, including government and non-government actors, civil society more broadly (including trades unions, political parties, popular movements and alliances), private sector organizations and, critically, health practitioners themselves.