

What Is Health Equity?

Health equity is a new idea for most people. It's not hard to grasp, but it does require us to reframe the way in which health differences are usually presented and perceived.

When the Robert Wood Johnson Foundation showed focus group participants evidence of glaring socio-economic and racial disparities in health, many felt that these were "unfortunate but not necessarily unfair." People tended to attribute health differences to behaviors, genes or nature and inevitability: "That's just the way things are." True, some outcomes are random or result from accidents of nature or individual pathology.

But health equity concerns those differences in population health that can be traced to unequal economic and social conditions and are systemic and avoidable – and thus inherently unjust and unfair.

Most of us can readily see how air pollution and toxic waste might harm health. But social structures can also get under the skin and disrupt our biology. Epidemiologist Sir Michael Marmot put it this way: "Real people have problems with their lives as well as with their organs. Those social problems affect their organs. In order to improve public health, we need to improve society."

Tackling health inequities requires widening our lens to bring into view the ways in which jobs, working conditions, education, housing, social inclusion, and even political power influence individual and community health. When societal resources are distributed unequally by class and by race, population health will be distributed unequally along those lines as well. One way to understand what Marmot calls the "causes of the causes" is to ask new questions:

Conventional question: How can we promote healthy behavior?

Health equity question: How can we target dangerous conditions and reorganize land use and transportation policies to ensure healthy spaces and places?

Conventional: How can we reduce disparities in the distribution of disease and illness?

Health equity: How can we eliminate inequities in the distribution of resources and power that shape health outcomes?

Conventional: What social programs and services are needed to address health disparities?

Health equity: What types of institutional and social changes are necessary to tackle health inequities?

Conventional: How can individuals protect themselves against health disparities?

Health equity: What kinds of community organizing and alliance building are necessary to protect communities?

Just as the roots of illness and wellbeing encompass more than individual factors, so too do the solutions. Historians attribute much of the 30-year increase in U.S. life expectancy over the 20th century not just to the invention of drugs or new medical technology but to social reforms. The eight-hour workday, a minimum wage, universal schooling, prohibitions on child labor, business regulation, social security and progressive tax policies all helped ensure that improvements in productivity would be shared, at least in part, by all Americans. The passage of civil rights laws in the 1960s extended these benefits to African Americans, whose health also improved in both absolute and relative terms.

For the past 30 years, however, the U.S. has been moving in the opposite direction. The top one percent of the population now holds as much wealth as the bottom 90 percent. Approximately 22 percent of our children live in poverty. The United States has by far the greatest inequality of the industrialized countries—and the worst health.

The good news is that the conditions that drive health inequities are neither natural nor inevitable but are the consequence of public policies. We've changed them in the past and can do so now. A good start is recognizing how other campaigns for social justice represent opportunities to improve our health and wellbeing. Struggles over jobs and wages, employment security and working conditions, housing, food security, social supports and transportation are as much health-promoting initiatives as anti-smoking campaigns, emergency preparedness and increasing access to health care. Forging alliances with groups working on these issues can increase everyone's power and effectiveness, leading to a more equitable society and better health.

As Dr. David Williams of the Harvard School of Public Health says in UNNATURAL CAUSES, "Housing policy is health policy. Educational policy is health policy. Anti-violence policy is health policy. Neighborhood improvement policies are health policies. Everything that we can do to improve the quality of life of individuals in our society has an impact on their health and is a health policy."