

RIGHTING THE WRONG OF SOCIAL INJUSTICE IN HEALTH

WHY HEALTH EQUITY MATTERS?

**WASHINGTON STATE
ACADEMY OF SCIENCES
ANNUAL MEETING**

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THE “LINGO”

- What is health *equity*?
- Equity in health is the **absence of systematic disparities** in health
- Equity in health is an “ethical” principle grounded in distributive justice


Source: Journal of Epidemiol Community Health 2003; 57, No 4:254-258

THE “LINGO”

- What is health *inequity*?
- Differences in health that are unnecessary, unfair, unjust.

Source: Journal of Epidemiol Community Health 2003; 57, No 4:254-258

HEALTH DISPARITIES VS. INEQUITIES

- Disparity only defines differences between groups.
 - Inequity describes the “causes” of disparities in the context of environmental conditions that are required to generate parity and equality.
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**INEQUITIES RESULT IN DISPARITIES IN
HEALTH STATUS THAT ARE “UNFAIR,
UNJUST, AVOIDABLE AND
UNNECESSARY.”**



WHAT CAUSES HEALTH INEQUITIES?

“The social determinants of health are mostly responsible for health inequities. The structural roots of health inequities lie within education, taxation, labor and housing markets, urban planning, government regulation, health care systems, all of which are powerful determinants of health, and ones over which individuals have little or no direct personal control but can only be altered through social and economic policies and political processes.”

Healthy People 2010 addressed the need to eliminate disparities, but these disparities are rooted in societal inequities manifested through institutional racism, income gaps, entrenched poverty and social injustice!

A new vision for Healthy People 2020 is needed.



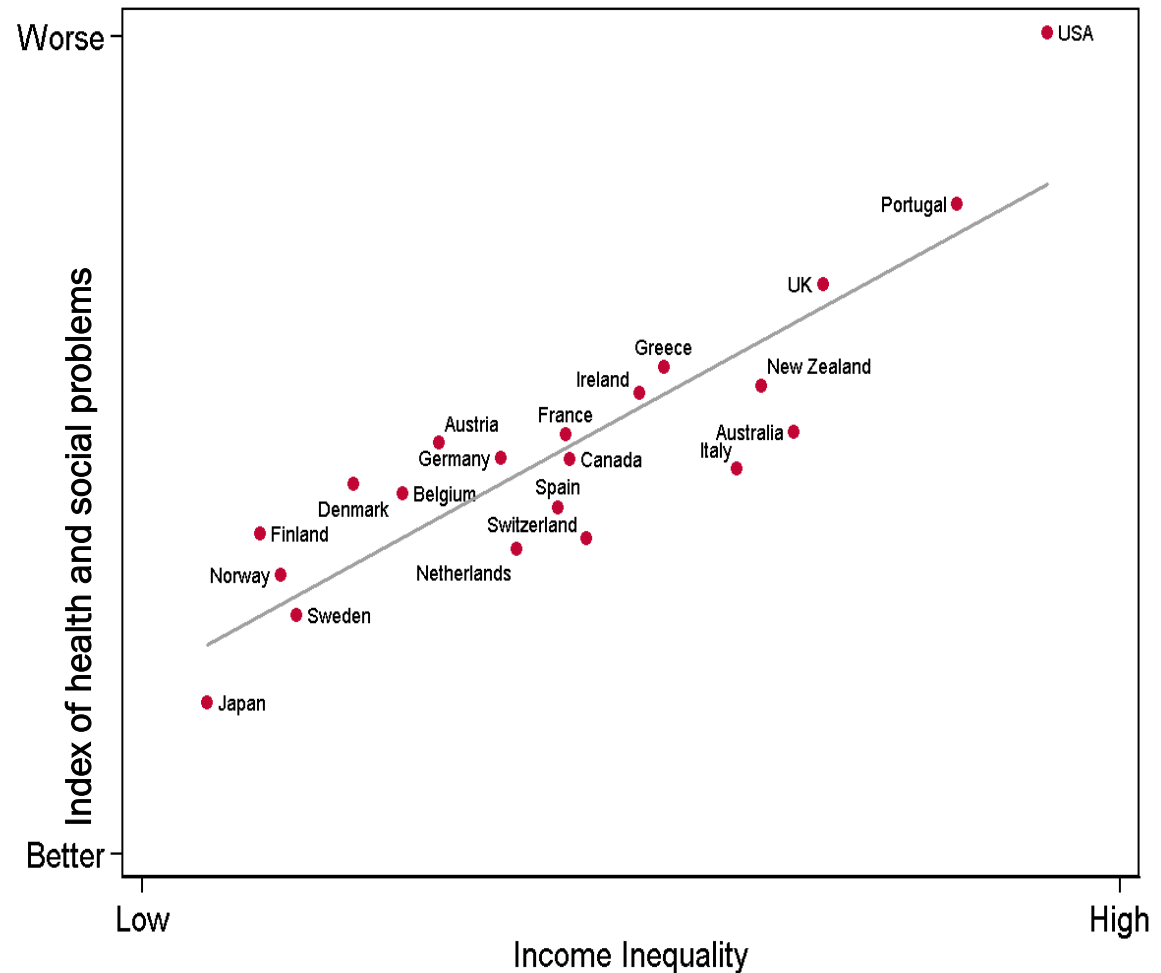
WHY INEQUITIES MATTER?



HEALTH & SOCIAL PROBLEMS ARE WORSE IN MORE UNEQUAL COUNTRIES

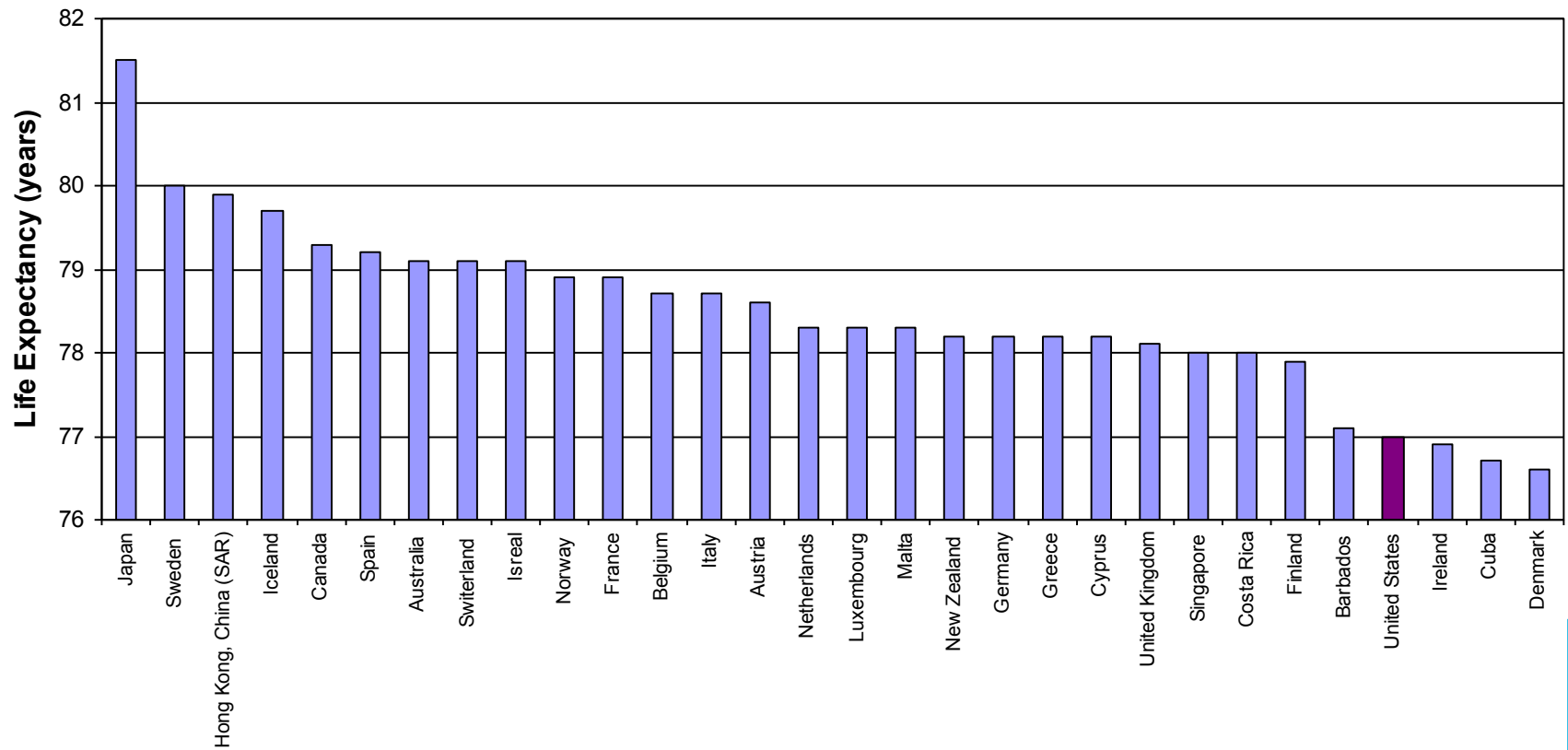
Index of:

- Life expectancy
- Math & literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness including alcohol and drug addiction
- Social mobility

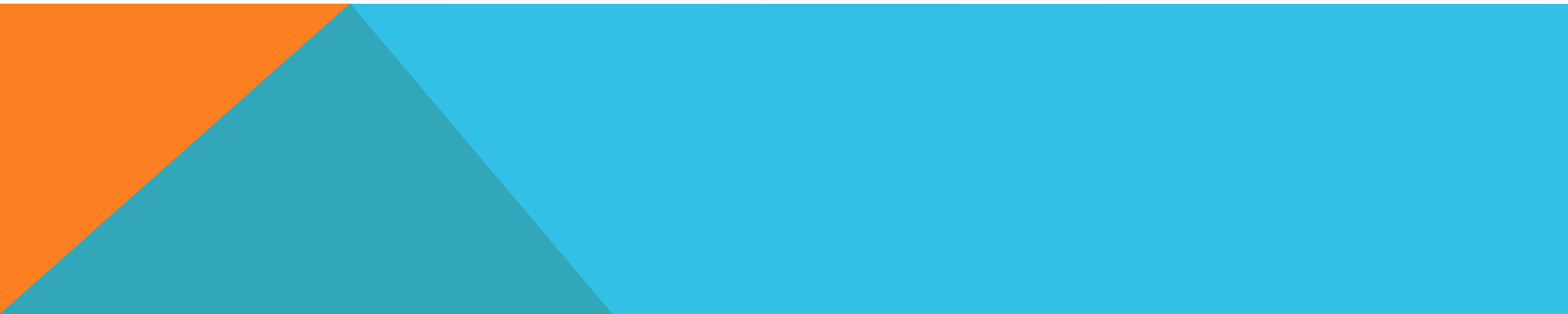


HEALTH OLYMPICS

Health Olympics 2002
UN Human Development Report 20



Health inequalities can be seen
as an outcome of social
inequalities.



“Of all the forms of inequality, injustice in health is the most shocking and the most inhumane.”

Martin Luther King Jr. – March 25, 1966


2nd National Convention of the Medical Committee for Human Rights

“Nowhere are the divisions of race and ethnicity more sharply drawn than in the health of our people...no matter what the reason, racial and ethnic disparities in health are unacceptable in a country that values equality and equal opportunity for all.”

Bill Clinton – February 21, 1998



RACE IS STILL A SIGNIFICANT PREDICTOR ABOUT HOW ONE FARES

- In school
 - In health care
 - In jobs
 - In neighborhoods
 - In criminal justice in communities
 - IN LIFE
- 

RACE/ETHNICITY

Historically large disparities by race/ethnic groups and income

- Higher income, better health.
- Higher income, less stress.
- Income directly shapes:
 - Medical care
 - Housing
 - Nutrition
 - Physical activity
 - Neighborhood conditions
 - Stress
- A parents income shapes the next generations:
 - Education
 - Working conditions
 - Income

THE LEGACY OF LEGAL DISCRIMINATION: SOCIOECONOMIC DISADVANTAGE


African Americans on average:

- **Live in unhealthier neighborhoods.**
- **Have less wealth and were worse off in childhood.**
- **Experience more hardships with fewer resources to cope.**

The psychological effects of racial discrimination may also harm health over the lifespan.

**Not everyone has equal
opportunity for health.**





**INEQUALITIES IN OPPORTUNITY
START EARLY AND ARE
INTER-GENERATIONAL!**

SOLUTIONS

- Must address the “root causes” of “why” infant mortality continues and is especially hard on African Americans.
- Must not be afraid of addressing the role of racism.
- Must apply all we know about social determinants over the life course.
- Must be focused, data informed, community based and engaging multi-sectors.



UPSTREAM:
The source


**STRATEGIES
MATTER!**



DOWNSTREAM:
The immediate exposure



Robert Wood Johnson Foundation

- Pay attention to women, especially African/Native American women.
 - Don't marginalize the “race” factor.
 - Use your data to target your actions.
 - Solutions should be community based and multi-sectors.
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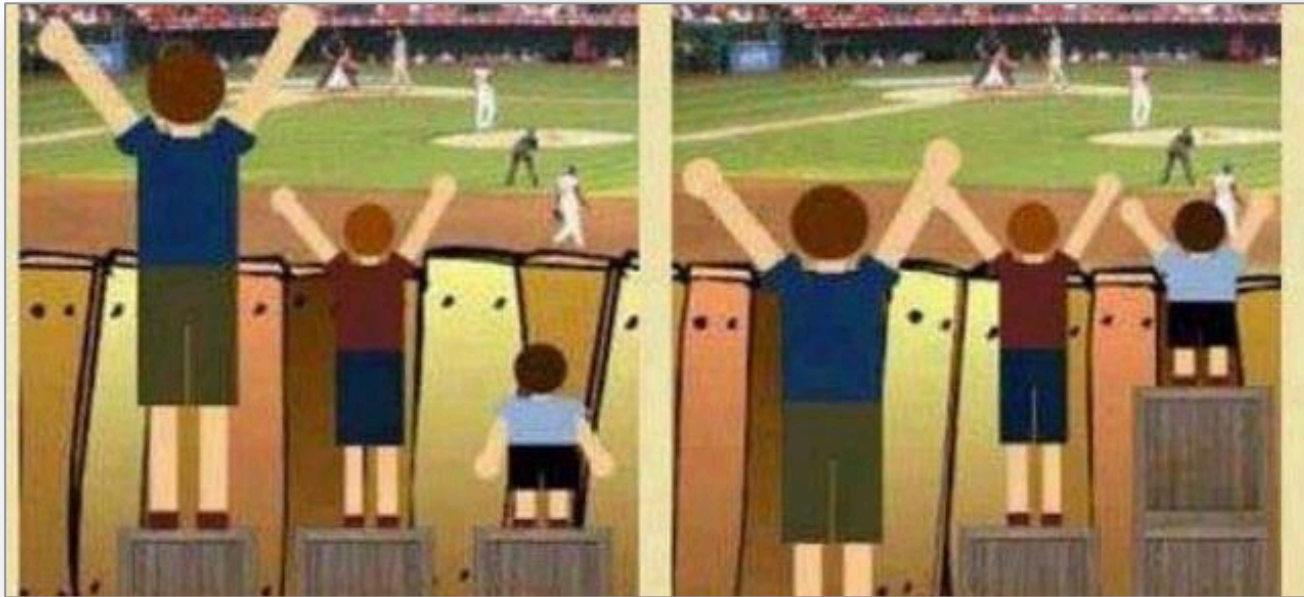
**“Getting it right in the beginning
is getting it right!”**

Maxine Hayes, MD, MPH



TARGETED UNIVERSALISM

This approach supports the needs of a particular group while reminding us that our fates are linked.



10 THINGS TO REMEMBER ABOUT HEALTH

1. Health is more than health care.
2. Health is tied to the distribution of resources.
3. Racism imposes an added health burden.
4. The choices we make are shaped by the choices we have.
5. High demand + low control = chronic stress.
6. Chronic stress can be deadly.
7. Inequality – economic and political – is bad for our health.
8. Social policy is health policy.
9. Health inequalities are not natural.
10. We all pay the price for poor health.

Factors that Affect Health

Examples

Smallest
Impact

Counseling
& Education

Condoms, eat healthy
be physically active

Clinical
Interventions

Rx for high blood
pressure, high
cholesterol

Long-lasting
Protective Interventions

Immunizations, brief
intervention, cessation
treatment, colonoscopy

Changing the Context
*to make individuals' default
decisions healthy*

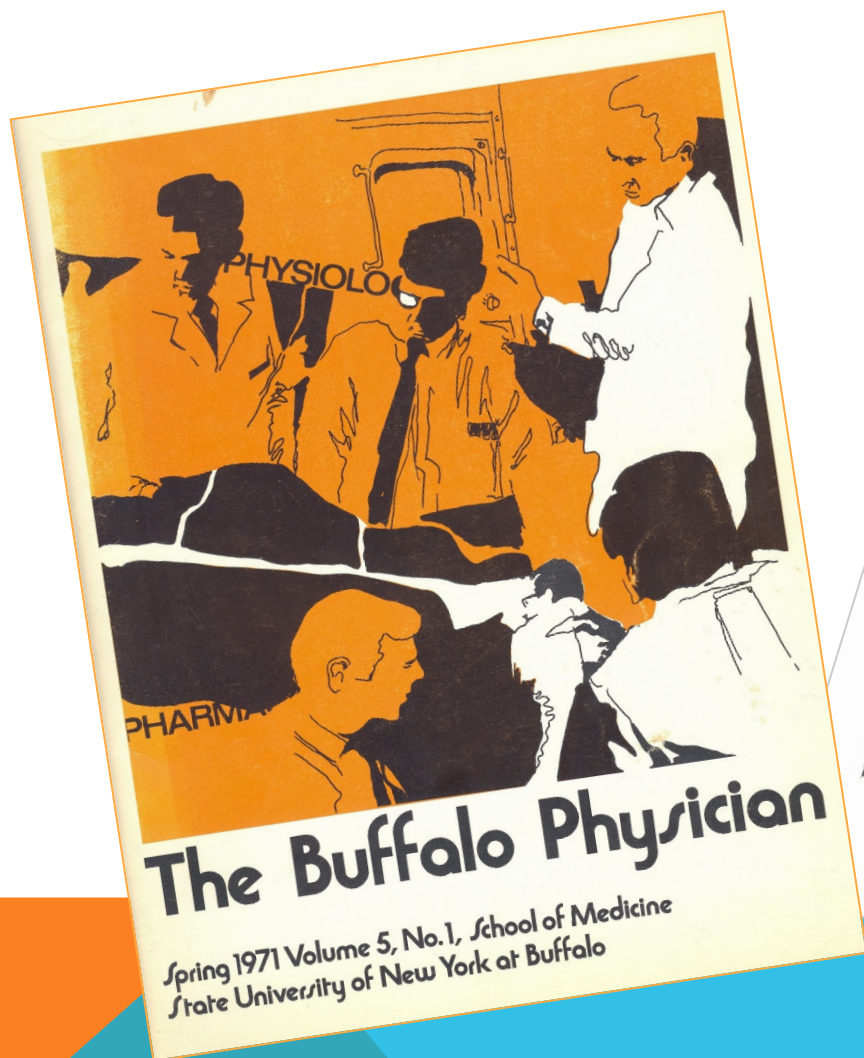
Fluoridation, 0g trans
fat, iodization, smoke-
free laws, tobacco tax

Socioeconomic Factors

Poverty, education,
housing, inequality

Largest
Impact





Miss Hayes

Medicine and Social Change

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