

What Is Health Equity?

And What Difference Does a Definition Make?



Introduction

Health equity is a cornerstone of the Robert Wood Johnson Foundation's (RWJF) Culture of Health Action Framework (www.rwjf.org/en/culture-of-health/2015/11/measuring_what_matter.html), which aims to achieve a society in which everyone has an equal opportunity to live the healthiest life possible. This summary contains highlights from **What is Health Equity? And What Difference Does a Definition Make?**,¹ the first in a series of reports on health equity.

This summary and the longer report were developed to stimulate discussion and promote greater consensus about **what health equity means** in practical terms. **The goal is not for everyone to use the same words to define health equity, but to identify crucial elements to guide effective action.** Different definitions may be needed for different audiences. The definition presented here and in the full report meets several criteria, including being concrete enough to have specific action implications, being measurable to ensure accountability, and being conceptually rigorous and consistent with current scientific knowledge.

Definitions can matter. While differences between some definitions may represent stylistic preferences, others can reflect deep divides in values and beliefs that can be used to justify and promote very different policies and practices. Clarity is particularly important in the case of health equity because pursuing equity often involves a long uphill struggle that must strategically engage diverse stakeholders, each with their own agenda. Under those circumstances, if we are unclear about where we are going and why, we can more easily be detoured from a path toward greater equity; our efforts and resources can be co-opted, and we can become lost along the way.

What Is Health Equity? A Definition

For general purposes, health equity can be defined as:

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

The following should be added when the definition is used to guide measurement; without measurement there is no accountability:

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

¹ The full report includes examples, resources, references to supporting literature, and a discussion of terms that frequently arise in discussions of health equity.



Key Concepts²

- **Health** means physical and mental health status and well-being, distinguished from health care.
- **Opportunities to be healthy** depend on the living and working conditions and other resources that enable people to be as healthy as possible. A group's opportunities to be healthy are measured by assessing the determinants of health—such as income or wealth, education, neighborhood characteristics, social inclusion, and medical care—that they experience. Individual responsibility is important, but too many people lack access to the conditions and resources that are needed to be healthier and to have healthy choices.
- **A fair and just opportunity to be healthy** means that everyone has the opportunity to be as healthy as possible. Being as healthy as possible refers to the highest level of health that reasonably could be within an individual's reach if society makes adequate efforts to provide opportunities.
- **Achieving health equity requires actions to increase opportunities to be as healthy as possible. That requires improving access to the conditions and resources that strongly influence health**—including good jobs with fair pay, high-quality education, safe housing, good physical and social environments, and high-quality health care—**for those who lack access and have worse health.** While this should ultimately improve everyone's well-being, the focus of action for equity is with those groups who have been excluded or marginalized. A wide array of actions can advance health equity.
- Health equity and health disparities are closely related to each other. **Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities;** health disparities are differences in health or in the key determinants of health (such as education, safe housing, and freedom from discrimination) that adversely affect marginalized or excluded groups. **Disparities in health and in the key determinants of health are how we measure progress toward health equity.**
- **Health equity can be viewed both as a process** (the process of reducing disparities in health and its determinants) **and as an outcome** (the ultimate goal: the elimination of social disparities in health and its determinants).
- **Progress toward health equity is assessed by measuring how these disparities change over time.** The gaps are closed by special efforts to improve the health of excluded or marginalized groups, not by worsening the health of those who are better off.

Equity and disparities

- Health equity and health disparities are closely related to each other.
- Health disparities are differences in health (or in key determinants of health) that adversely affect marginalized or excluded groups.
- Health equity is the principle or value that motivates us to eliminate health disparities.
- Disparities in health and in its key determinants are the metric for assessing progress toward health equity.

² In addition to examples, resources, and references, the full report defines terms that often arise in discussions of health equity, which may help to clarify these concepts.

- **Excluded or marginalized groups** are those who have often suffered discrimination or been excluded or marginalized from society and the health-promoting resources it has to offer. They have been pushed to society's margins, with inadequate access to key opportunities. They are economically and/or socially disadvantaged. Examples of historically excluded/marginalized or disadvantaged groups include—but are not limited to—people of color; people living in poverty, particularly across generations; religious minorities; people with physical or mental disabilities; LGBTQ persons; and women. Excluded or marginalized groups must be part of planning and implementing actions to achieve greater health equity.
- This list includes many groups and people. To be effective, an organization may choose to focus on selected disadvantaged groups. The depth and extent (multiple vs single disadvantages) of disadvantage faced by a group, and where maximal impact could be achieved are legitimate considerations in choosing where to focus.
- Some individuals in an excluded or marginalized group may escape from some of the disadvantages experienced by most members of that group; these exceptions do not negate the fact that the group as a whole is disadvantaged, in ways that can be measured.
- **Social exclusion, marginalization, discrimination, and disadvantage can be measured**, for example, by indicators of wealth (such as income or accumulated financial assets), influence, and prestige or social acceptance (for example, educational attainment and representation in high executive, political, and professional positions). They also can be measured by well-documented historical evidence of discrimination such as slavery; displacement from ancestral lands; lynching and other hate crimes; denial of voting, marriage, or other rights; and discriminatory practices in housing, bank lending, and criminal justice.
- **A commitment to health equity requires constant monitoring** not only of average levels of health and the resources needed for health in a whole population, but also **routinely comparing how more and less advantaged groups within that population are faring on those indicators**. Average levels of health are important but they can hide large disparities among subgroups of people.
 - Measuring the gaps in health and in opportunities for optimal health is important not only to document progress but also to motivate action and indicate the kinds of actions needed to achieve greater equity.
- **Discrimination is not necessarily conscious, intentional or personal; often it is built into institutional policies and practices** (for example, policing and sentencing practices, bank lending procedures, and school funding depending heavily on local property taxes) that have inequitable effects whether or not any individual now consciously intends to discriminate. This is called *structural or institutional* discrimination. (See examples, next page)

What are the Essential Features of an Effort to Achieve Health Equity?

1. It addresses the underlying social inequities in opportunities and resources needed to be healthy—such as good jobs with fair pay, quality education and housing, safe environments and medical care—that contribute to worse health in excluded or marginalized groups of people. This will almost always require cross-sector efforts.
2. Ultimately it should benefit everyone, but it is systematically targeted to produce the greatest health benefit for disadvantaged groups, who are worse off both on health and on opportunities to be healthy.
3. It evaluates its efforts not by measuring average impact on the health of a whole population, but by measuring both (a) change in the selected outcomes among disadvantaged groups and (b) the size of gaps between disadvantaged and advantaged groups. Average impact is important from a public health perspective, but it does not reflect equity.

Examples of institutional or structural discrimination

- Racial residential segregation is an example. Racial segregation is the product of deliberately discriminatory policies enacted in the past. Even though it is no longer legal to discriminate in housing, many people of color continue to be tracked into neighborhoods with limited opportunities for health based on poor quality schools, housing, and services in general; poor employment prospects; and exposure to physical and social health hazards, including social norms and role models that can kill hope. These places lack the resources required for optimal health.
- Voter registration requirements in some states, such as showing a birth certificate, may discriminate against immigrants, who are less likely to have the necessary documentation despite meeting federal voter qualifications.
- Non-violent, first-time criminal offenders who can pay a large fee may qualify for “diversion,” resulting in not going to jail and having the offense removed from records. This means that people with low incomes are far more likely to serve jail time and have criminal records than more affluent people who have committed similar or worse offenses.
- Evidence has shown that unconscious bias is strong, widespread and deep-rooted, and could potentially take a heavy toll on health, considering current knowledge of how our bodies respond to stress, particularly chronic stress, leading to chronic diseases.

The full report is available at www.rwjf.org/WhatIsHealthEquity

It includes:

- A definition of health equity to guide action and research
- Key steps toward health equity
- Principles to guide efforts toward health equity
- Terms that often arise in discussions of health equity
- Examples of advancing health equity
- Resources
- References

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