

HEALTH EQUITY AND HEALTH DISPARITIES: DEFINING AND ADDRESSING THE EQUITY DEFICIT

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Many articles have been written about the health care industry's desire to address disparities and eliminate gaps in the quality and delivery of health care. These gaps often exist in historically disadvantaged groups and populations that are underserved and vulnerable.¹

DEFINING THE TERMS RELATED TO HEALTH EQUITY

Health equity is the quest to close avoidable health gaps. It is the opportunity for all people to arrive at their full health potential, unencumbered by social disadvantage. Social disadvantage has historically been maintained through a “social hierarchy.”⁵ This hierarchy has rendered certain groups, particularly racial minorities, to be regarded as inherently inferior.⁶ While individual choices and genetic factors are barriers to achieving the full health potential, the concept of health disparities focuses on the social and political factors that have historically disadvantaged certain groups.⁷ These disparities are linked to social and economic disadvantages stemming from race and ethnicity, national origin and language, gender, sexual orientation, gender identity, disability status, and geographic location.⁸ People of color suffer worse health outcomes than white people.⁹ This suggests that health disparities have a social, not a genetic, origin.¹⁰ Racism systematically limits access to education, job opportunities, affordable housing, health services, and fresh food. These issues, combined with the increased exposure to environmental pollution and community violence, cause more chronic diseases and stress for ethnic minorities than they do for ethnic majorities. African Americans and other populations of color generally have poorer health than the white population. Discrimination, prejudice, and other dynamics of social exclusion contribute to poorer health outcomes.¹¹

EQUITY VERSUS EQUALITY

Distinguishing between equity and equality is critical to

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understanding the concept of health equity. One image that is commonly used to explain this distinction is a depiction of three children peeking over a fence to watch a baseball game.¹² In this image, each child is a different height.¹³ In order to see over the fence, two kids need a box to stand on. But, because of the children's varying heights, each box must be a different size to accommodate the child. With each child standing on the appropriately sized box, or no box at all, all of the children can enjoy the baseball game beyond the fence.¹⁴ If every child stood on a box of equal height, then the shortest child would be shortchanged, and only the tallest child would be able to watch the game; this is an equal result. An equitable result is each child standing on an appropriately sized box to see over the fence. The concept of equity can also be applied to health disparities. When a disadvantaged person is given the same health opportunities as a

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conversation centers around a perceived need to address health disparities when the dialogue and response should actually focus on addressing health inequities which are the cause. The dynamic is more than an exercise in semantics; it is rooted in politics.¹⁸ There is a lack of political will to address the behaviors and systems that have created the health inequities.¹⁹

THE SOCIAL DETERMINANTS OF HEALTH

“[A] health disparity is inequitable if it is systemically associated with social disadvantage”²⁰ These disadvantages are typically linked to factors beyond biology and individual behavior and are attributed to circumstances such as social environment, physical environment, and access.²¹ The effects of discrimination are part of the social environment.²² Social exclusion, along with poverty and other manifestations of inequality, widens the health gap and deepens the hole.²³ Additionally, the failure to address the need to develop opportunity and level the distribution of wealth eventually is more of a reflection of policy and political priorities than any other potential cause or source.²⁴

THE EFFECTS OF OPPRESSION ON HEALTH

Prevalent culture and media in the United States often promotes the message that responses to social issues are equal or fair if everyone is treated the same. Dominant U.S culture is grounded in this sense of justice and fair play.²⁵ While it may be noble, it does not provide the appropriate equitable response necessary in many situations.

A variety of studies on health behaviors or chronic disease speak to the physical and psychological deficits created by stress and trauma. Studies have found that adverse or traumatic childhood

18. Marmot & Allen, *supra* note 4, at 517–19.

19. *Id.*

20. Braveman & Gruskin, *supra* note 5, at 255.

21. *Id.*

22. WORLD HEALTH ORG., CLOSING THE GAP IN A GENERATION: HEALTH EQUITY THROUGH ACTION ON THE SOCIAL DETERMINANTS OF HEALTH 182 (2008).

23. Marmot & Allen, *supra* note 4, at 517.

24. *Id.* at 519.

25. TRACY NOVINGER, INTERCULTURAL COMMUNICATION: A PRACTICAL GUIDE 89 (2001).

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experiences can impact behavior and health in the adolescent and adult phases of life.²⁶ People who suffered abuse and other conditions

history³³: Add genocide, internment, the immigration debate, the debate about LGBTQ rights, discrimination and harassment in the workplace, lack of physical access, social access and language access to that list.³⁴ Understand that at the root of such history and debate dwells the ugly truth that these acts, the human behavior and conditioning that led to them and justified each, call into question the basic humanity and human worth of the groups of people subjected to these atrocities. Think and feel in those aforementioned terms and then try to regard them from the standpoint of the people—the human beings—who have suffered and continue to suffer from these oppressive acts.³⁵

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Gains in areas like education have failed to mitigate racial disparities in health care.³⁹ It is more likely that an infant born to a college-educated person of color will die before the age of one than an infant who is born to a white woman w

INSTITUTIONAL ISSUES AND SOLUTIONS

Discrimination is a determinant of health as it relates to the social environment.⁴⁷ The pursuit of health equity is a social-justice endeavor.³¹⁹