Introduction: Health Equity Does Not Equal Health Equality

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CHAPTER OBJECTIVES

- ◉ Define health equity and its importance in shaping the health and well-being of populations
- ◉ Elucidate the connection among health equity, health disparities, and the social and structural determinants of health
- ◉ Highlight implications for nursing in achieving health equity

KEY CONCEPTS

Health equity

Health inequities

Social determinants of health

Structural determinants of health

Social justice

■ Introduction

The goal of achieving health equity has received considerable attention within the past decade and will remain a major concern nationally and internationally well into the 21st century. Although there are several definitions of health equity, for the purposes of this book, we use the definition of health equity as defined by the Robert Wood Johnson Foundation (RWJF). The RWJF defines health equity as follows:

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. (2017, para. 1)

Noted scholar and health equity professor Paula Braveman (2014) called for greater clarity regarding definitions of health disparities and health equity and underscored that explicit definitions call for the integration of an ethical and a human rights perspective.

To advance the work in this area, *Healthy People 2020* defines health disparities as:

a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or

4 Part I. Policy Issues and Implications for Nursing

physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. (Office of Disease Prevention and Health Promotion [ODPHP], n.d.-b, para. 6)

Explicit definitions of health equity and health disparities are critical to helping ensure that resources are properly allocated to populations in need, particularly economically disadvantaged populations (Braveman, 2014). However, throughout this text, contributors will use the accepted or emerging definitions relevant to their work. Importantly, the terms “health equity” and “health disparities” are interwoven in that any progress toward achieving health equity will be measured by our progress in reducing and ultimately eliminating health disparities. In contrast, the term “health inequality,” as defined by UK researcher Margaret Whitehead, refers to health differences that are unavoidable, unjust, and unnecessary (Whitehead, 1991). Social justice principles are the underpinnings for achieving health equity and eliminating inequities that result in poor health outcomes. One cannot achieve health equity until disparities are eliminated, health inequities are successfully addressed, and social justice principles are integrated paving the way for individuals, communities, and populations to experience their fullest health potential.

Equally relevant to achieving health equity are the social determinants of health. There is a growing consensus that addressing the social determinants of health, factors outside of clinical determinants of health, is critical to achieving health equity especially for our most vulnerable populations. The World Health Organization (WHO) provides one of the most frequently cited definitions on the social determinants of health.

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. (2012, para. 1)

There is ample evidence that shows that health is defined as being more than traditional clinical care, which is believed to account for approximately 20% of health outcomes, with the remaining 80% of health outcomes are attributed to the social, behavioral, and economic factors (University of Wisconsin Population Health Institute, 2019).

Thus initiatives devoted to achieving health equity must include a focus on addressing the social determinants of health, personal, social, structural, economic, and environmental factors that influence health status and health outcomes (ODPHP, n.d.-a). To that end, we also offer a chapter on the less studied structural determinants of health and a model for thinking about how it fits with social determinants of health and health outcomes. These concepts reflect the nursing metaparadigm: person, health, nurse, and environment; as well as the holistic perspective of the person. Collectively, health equity, health disparities, health inequities, and the social determinants of health work together.

The urgency to achieve health equity underscores the need for nurses at all levels and practice settings to develop the necessary acumen, knowledge, expertise, and partnerships that will enable them to be full participants in achieving the highest level of health for all populations. In fact, it is imperative that nurses become active advocates in all arenas surrounding healthcare.

Given that nursing represents the largest sector of the health professions with more than 3.5 million RNs in the United States (American Association of Colleges of Nursing, 2019), nurses are well positioned to play a leadership role in this endeavor and are invited to do so. In the United States, where nursing continues to evolve as one of the most respected, well-recognized, and trusted professions, nurses have increased opportunities to extend their influence in helping all populations experience optimal health, thus moving us toward achieving health equity for the nation. Numerous nurse leaders are calling for more nursing engagement in this arena and have identified a number of implications for nursing practice, education, research, and policy advocacy (Lathrop, 2013; National League for Nursing [NLN], 2019; Persaud, 2018; Schroeder, Kohl Malone, McCabe, & Lipman, 2018; Williams, Phillips, & Koyama, 2018).

■ Discussion Questions

- Does your employing institution, professional organization, or local or state government have a health equity strategic plan? If so, how might you utilize your expertise and influence in helping to achieve the health equity goals outlined in the health equity plan and related initiatives?
- How might you infuse the concepts “health equity,” “health inequity,” and the “social determinants of health” into clinical practice and nursing research?
- What steps might you as a nurse take to help achieve health equity?

■ Resources

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6 Part I. Policy Issues and Implications for Nursing

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