ADDRESSING HEALTH INEQUITIES:
HEALTH EQUITY READINESS IN LOCAL HEALTH SYSTEMS

Prepared by
Lauri Andress, Ph.D.

To date, research on the social determinants of health has focused on theories that tie health inequities to social position and levels of inequality present in a society (Wilkinson & Pickett, 2009). Social position and social interactions, structured by societal features including rules, policies, regulations, institutions and systems, are the pathways by which societal-level resources enter and affect the lives of individuals (Gairdner, 1862).

Social position patterns a group's share of resources, the kinds of social exclusion and inclusion experienced, and the behavioral and physiological factors, which can be both health protecting and enhancing (like exercise, a sense of control and autonomy, access to affordable housing and quality foods) or health damaging (cigarette smoking, obesity, or the over-production of cortisol linked to chronic anxiety and diseases).

How do we as a society begin to tackle health inequities brought on by social status as patterned by social conditions? A major issue is how the health sector should respond to this problem. Efforts to address health inequities require new approaches that must extend beyond the traditional practices of the health sector. On the whole, the principal idea is that the health sector must be more or at least equally as concerned about social conditions that determine behavior and lifestyle practices as they are concerned about behaviors and individual actions.

First, socioeconomic policies, systems, and institutions that determine social position must be challenged. Tackling these systemic factors requires an exercise in democracy together with community will-making, public deliberation, and public agenda setting. At every stage of the process, competing values and considerations of social and market justice, and definitions of fairness, self-responsibility and the role of government will be important underlying considerations.

Previous research examining the knowledge, skills, competencies, and culture of a state public health division helped to define "health equity readiness" (HER) which is comprised of four broad overarching concepts considered integral components of any health system with a goal of addressing health inequities: 1) public policy and political efficacy; 2) multi-sectored collaboration; 3) social determinants of health knowledge; and 4) a social change ethos (Andress, 2008b). See diagram at
http://www.bridgingthehealthgap.com/images/health_equity_slidelg.jpg

The four categorical competencies that make up HER may be used to organize the 14 tactics of a Health Equity Matrix that broadly categorizes popular strategies used by different organizations to address health inequalities. The Health Equity Matrix was designed for use in another project involving an environmental scan to define the range of health equity activities in any given political jurisdiction.

Public policy and political efficacy

Part of an effective health equity strategy requires an understanding of the public policy process. The public policy process includes an appreciation of agenda setting, building social movements, and community organizing. Additionally, a health system must adopt a broader policy agenda that extends beyond health care access.

The role of community and the public deliberation process is of great importance in changing policies that foster social conditions and determine social status. Interactions with the community can no longer be a popular tool for legitimizing pre-determined programs, agendas, and research efforts (Abelson, 1999).

Multi-sectored collaboration;

Many skilled organizations have been working on upstream social conditions and related policies at the community level for quite some time. It is neither advisable nor necessary for health systems to begin anew or undertake efforts to tackle social determinants of health alone. Accordingly, the health sector must become a partner in multi-level strategies and collaborations that cross the boundaries often interposed in academics, research, and government settings.

Health efforts aimed at tackling health inequities cannot be solved by an isolated institution, system, or program. Instead, the health sector will need to aim for health disparity strategies that cut across a broad range of sectors, and partnerships among systems, programs, and disciplines with varied knowledge, skills, and resources.

Social determinants of health knowledge:

Also of great significance is the creation of a workforce trained in the social determinants of health (Davey Smith & Krieger, 2008). This new information is expressed as both an ethical ideology and a knowledge base built around the theories, research and evidence on the SDOH.

Social change ethos:

Lastly, and perhaps most importantly, health systems will be called upon to adopt a new ethos. In addition to physical and biological change, health systems will need to comprehend and participate in social change. As an agent of social change, a health organization has the legal discretion and resources to lead and participate in efforts to alter public policies and institutional systems that have the effect of intentionally or unintentionally widening the gap between the wealthy and everyone else (Box, 2007).