



Creating The Healthiest Nation: Advancing Health Equity

Health disparities contribute high economic costs to the U.S. every year. The avoidable costs of health disparities include medical costs related to preventable chronic diseases and the overutilization of health care resources. Also, health impacts employment potential and work-place efficiency; health disparities result in a large loss of productivity every year.¹⁶

The American Public Health Association’s mission is to improve the health of the public and achieve equity in health status for all Americans. Health equity can be defined in many ways. All definitions include a focus on ensuring opportunities for everyone to attain their highest level of health.¹⁻⁶ To achieve health equity, “Obstacles to health must be removed such as poverty, discrimination, and their consequences, such as powerlessness and lack of access to quality education.”¹ Failing to make progress harms us all. The United States ranks 43rd in the world on the health indicator of average life expectancy at birth. Up to a seven year difference in life expectancy exists within the U.S. between racial and ethnic populations.^{7,8} In order for the U.S. to become the healthiest nation, we must advance equity.

THE CONSEQUENCES OF HEALTH INEQUITIES

Health inequity refers to the uneven distribution of social and economic resources that impact an individual’s health.⁹ Inequities often stem from structural racism or the historical disenfranchisement and discrimination of particular marginalized groups, including racial and ethnic minorities, low-income populations, and members of the LGBTQ community.¹⁰ These groups have historically been withheld from obtaining resources that are needed to be healthy, and are disproportionately exposed to a combination of health risks such as poverty, violence, poor neighborhood conditions, and environmental health hazards.

Inequities in health often result in disparities in health outcomes between populations within the United States. A health disparity refers to “a difference in health that is closely linked with social, economic, and/or environmental disadvantage.”^{10,11} It is important to note that not all differences in health are disparities.^{11,12} A health difference is considered a health disparity if it is the result of unjust or unfair exposure to detrimental health and social factors.^{12,13} For example, differences in health outcomes between the U.S. aging population and younger populations are not a consequence of unjust or avoidable exposures to detrimental health factors but instead a result of unavoidable aging.^{12,13} Therefore, differences in health between the U.S. aging population and younger population are not health disparities. Yet differences in health between white mothers and black mothers, who experience more than triple the rates of death in childbirth and are less likely to receive adequate prenatal care¹⁴, are a health disparity rooted in racism.¹⁵

Health disparities contribute high economic costs to the U.S. every year. The avoidable costs of health disparities include medical costs related to preventable chronic diseases and the overutilization of health care resources. Also, health impacts employment potential and work-place efficiency; health disparities result in a large loss of productivity every year.¹⁶ According to a study by the National Urban League Policy Institute, in 2009, health disparities costs the U.S. an estimated \$60 billion in excess medical costs and \$22 billion in lost productivity. That burden in excess medical costs is expected to increase to \$126 billion in 2020 and \$363 billion by 2050.¹⁷

KEY PRINCIPLES FOR ADVANCING HEALTH EQUITY

- Be Explicit!** In order for the United States to become the healthiest nation, organizations and agencies must be explicit when advancing health equity. That means naming the groups impacted by equity initiatives and identifying the steps required to eliminate disparities in health. Being explicit is key to ensuring vulnerable populations receive the social and economic resources needed to be as healthy as possible. It is also crucial to be explicit in order to ensure that disparities in health are not worsened as a result of ambiguity.
- Identify and Effectively Address Racism and Racial Implicit Biases.** Public health and health care professionals must name racism as a determinant of health, recognize their own racial implicit bias, and address both through effective education and training. Health agencies at all levels must also explicitly acknowledge and address the racially discriminatory policies that are responsible for the existence and perpetuation of health inequities. (See: APHA webinar series “The Impact of Racism on the Health and Well-Being of the Nation”)
- Adopt a “Health in all Policies” Approach.** County, city, state, and federal agencies should identify multi-sectorial opportunities for advancing equity and addressing determinants of health in all areas of social, economic, and health policies. This involves improving vulnerable



THE SOCIAL DETERMINANTS OF HEALTH AND EQUITY

In order to advance health equity public health must work with other sectors to address the social determinants of health. Social determinants of health refer to “nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health.”¹ Social determinants include:



Racism and discrimination: Racism and discrimination result in U.S. minorities’ limited access to economic and social resources that have a substantial influence on their health outcomes. Additionally, racism results in minorities’ increased exposure to health-related risk factors, unhealthy stress levels, and feelings of powerlessness that greatly impact the quality of their physical and mental health.¹⁸⁻²⁰



Education: Education level is the strongest indicator of lifelong health. Education impacts the type of employment and income potential, which then impacts the level of financial stress and health risk factors.^{21,22} Additionally, educational attainment is associated with health literacy, which impacts a person’s ability to navigate the health care system, use preventive health services, and manage chronic conditions.²³⁻²⁵



Income: Income influences where people live, their access to social and health resources, access to adequate and timely health care services, and their ability to afford to participate in healthy behaviors.



Housing: Housing access, affordability, and quality all have a significant impact on health. Exposure to poor housing conditions such as lead pipes or paint, water leaks, mold, dust mites, pest infestation, and carcinogenic air pollutants, and poor structural in-home features can result in an increased risk for physical injuries and diseases.²⁶



Neighborhood conditions: Neighborhood conditions encompasses factors such as crime rates, availability of safe parks, access to healthy food options, neighborhood appearance, and the quality and safety of streets and sidewalks. All of these factors influence the types of healthy behaviors individuals have the ability to engage in within their own communities.²⁶

populations' access to healthy foods, safe housing, reliable transportation, quality education, equitable employment, safe green spaces, and opportunities for economic development. (See: "Health in All Policies: A Guide for State and Local Governments")

- **Create an Internal Organization-Wide Culture of Equity.** All agencies and organizations should build internal capacity to advance health equity and identify their organization's role in improving the health of vulnerable populations. Organizations can fulfill this principle by including equity goals in their organization's mission, enforcing racially equitable hiring practices, providing cultural competency training to staff, conducting racial healing circles, aligning funding decisions with equity goals, and investing in school-to-work pipelines for youth in disadvantaged communities. (See: "Better Health Through Equity: Case Studies in Reframing Public Health Work")
- **Respect and Involve Communities in Health Equity Initiatives.** In order to advance health equity, vulnerable communities should be provided with meaningful opportunities to participate in the planning process of programs, interventions, and policies aimed at advancing equity. Their involvement in all stages of equity-related decisions must be valued and active. Community members must be key informants in identifying needs, health assets, and the resources needed to improve their community's health.
- **Measure and Evaluate Progress in Reducing Health Disparities.** Progress toward advancing health equity is measured by the reduction of various health disparities. It is important to identify and measure health-related outcome indicators in order to assess our progress in reducing social and economic barriers to health, closing gaps in health outcomes, and increasing equitable opportunities to be healthy.

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