

Health equity as an ethical principle

The guiding ethical principle for the SDH approach is **health equity**. But what does it mean?

Generally, it can be defined as the **absence of unfair and avoidable or remediable differences in health** among social groups. In public health literature and practice health equity has typically been defined as a state when everyone has the opportunity to **attain their full health potential** and no one is **disadvantaged from achieving this potential because of their social position or other socially determined circumstance**. Health equity has also been defined as **the absence of systematic disparities in health between and within social groups that have different levels of underlying social advantages or disadvantages**—that is, different positions in a social hierarchy.

It is easy to get confused between equity, inequity, equality and inequality, which are the very basic concepts for analyzing health disparities. However, they are key terms in SDH literature and the definitions below will help you to understand better current discussions. While reading articles and textbooks bear in mind that the ways the terms inequity and inequality are used is not quite established and often they are used as synonyms.

[What are equality and equity?](#)

[What are inequity and inequality?](#)

And surprisingly, inequality and inequity can be synonymous



And here comes an interesting contribution, which wipes out the above statements. According to Whitehead and Dahlgren (2006), *in earlier papers they adopted the phrase inequities in health throughout, while explaining that in some countries, notably the United Kingdom, the phrase inequalities in health was used and had the same meaning*. In the intervening years, more European countries have adopted the British terminology, as illustrated by the title of the 2005 EU Summit on *Tackling Inequalities in Health*.

The authors still like to emphasize that in the public health community the phrase social inequalities in health carries the same connotation of health differences that are unfair and unjust. Indeed, as some European languages have only one word for the two terms, there is no distinction between the two when they are translated.

Is it clear to you: When are inequalities inequities?

- **inequity** simply states that there are health differences either at individual or population level
- **inequality** denotes that the differences are systematic, unfair and avoidable

Equality and equity

Equality

Health equality is often defined as a situation where every person or group has equal health. If defined like this, it is merely a neutral statement about health situation. Once examined further, it is more complicated than that.

There is almost unanimous agreement amongst researchers that equality of health is an unattainable goal and should therefore be avoided or modified. The term has given inspiration to scholars across many disciplines and activists to explore possible philosophical, economic, political or practical definitions. **It can be looked from the point of health services utilization, distribution of services according to the needs, or equality of access to health services.**

Dahlgren and Whitehead (2006) summarized health equity as **a situation where everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined factors.**



Equity

The concept of equity is inherently normative, value based.

Equity in health has widely been **defined as the absence of socially unjust or unfair health disparities.** In an ideal society, health among population groups is equally distributed and there are no unfair and avoidable differences caused by social, economic, demographic or geographic differences. This situation would be called health equity. However, **societies that would have achieved complete health equity do not exist.** In reality, health outcomes are shaped by distribution of money, power and resources at global, national and local levels.

For example according to WHO definition, **equity in health implies that everyone should have a fair opportunity to attain their full health potential and no one should be disadvantaged from achieving this potential if it can be avoided.**

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Inequality and inequity

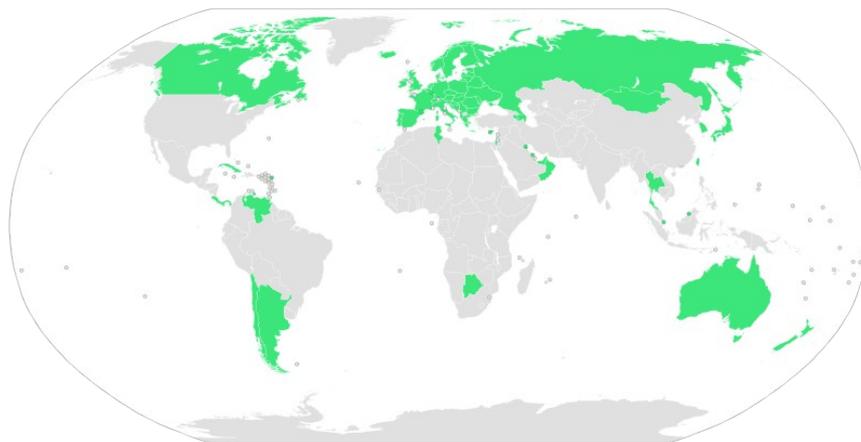
Inequity

Basically health inequity refers to the fact that **health is not equally distributed in a society and that not all health disparities are unfair but they are attributable to biological or genetic factor or free choice.**

Braveman and Gruskin (2003) have listed **examples of inequalities which are not inequities:**

- we expect young adults to be healthier than the elderly population
- female newborns tend to have lower birth weights on average than male newborns
- men have prostate problems, while women do not.

It would be difficult, however, to argue that any of these health inequalities is unfair.



Inequality

Like equity, inequality has a normative tone. **Health inequalities are systematic differences in health or health outcomes between social groups with different socioeconomic status which we can prevent and are thus unjust** (Dahlgren & Whitehead, 2006).

Margaret Whitehead's classical definition states that **inequities are differences in health that are unnecessary, avoidable, unfair and unjust** (1992). Background thinking here is that the driving forces behind health inequities are social inequities which are not randomly distributed. However, making the connection between social inequities and health inequities needs to be documented in different context and over time.

Health inequalities mean differences between more and less advantaged social groups that are considered unjust or unfair. The concept focuses attention on the distribution of resources and other processes that result to health inequality. Another key tenant of SDH approach is that health inequality is seen as something on which it is possible to act and change because its origins are in the human

decisions and actions.

While in many societies differences in wealth or status may be accepted, preventable differences in health status typically are not.

Please note that **inequities are also called disparities in health**.

Example

Most health differences are attributable to factors outside the control of the individuals concerned. Braveman and Gruskin (2003) give examples of differences in health that are unequal: differences in nutritional status or immunization levels between girls and boys, or racial/ethnic differences in the likelihood of receiving appropriate treatment for a heart attack, would be causes for grave concern from an equity perspective.

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