Equality v. Equity

Vision

For every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.
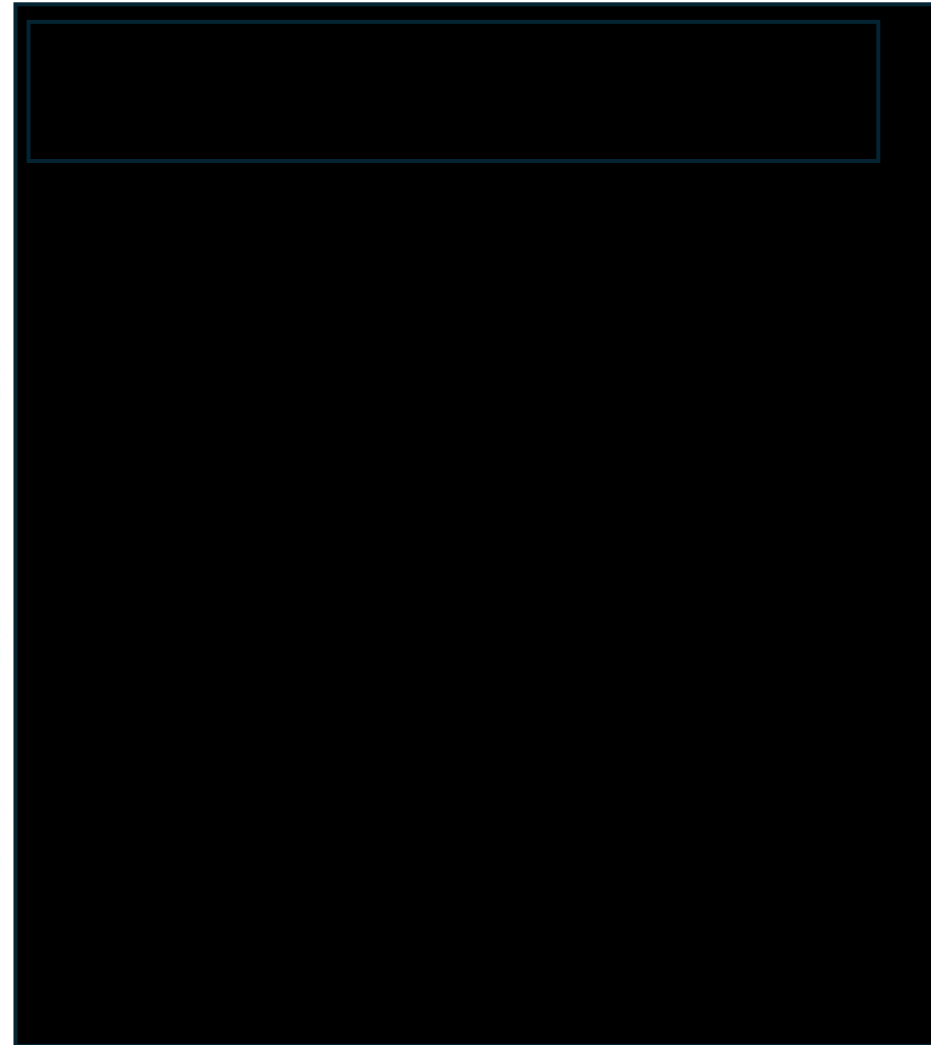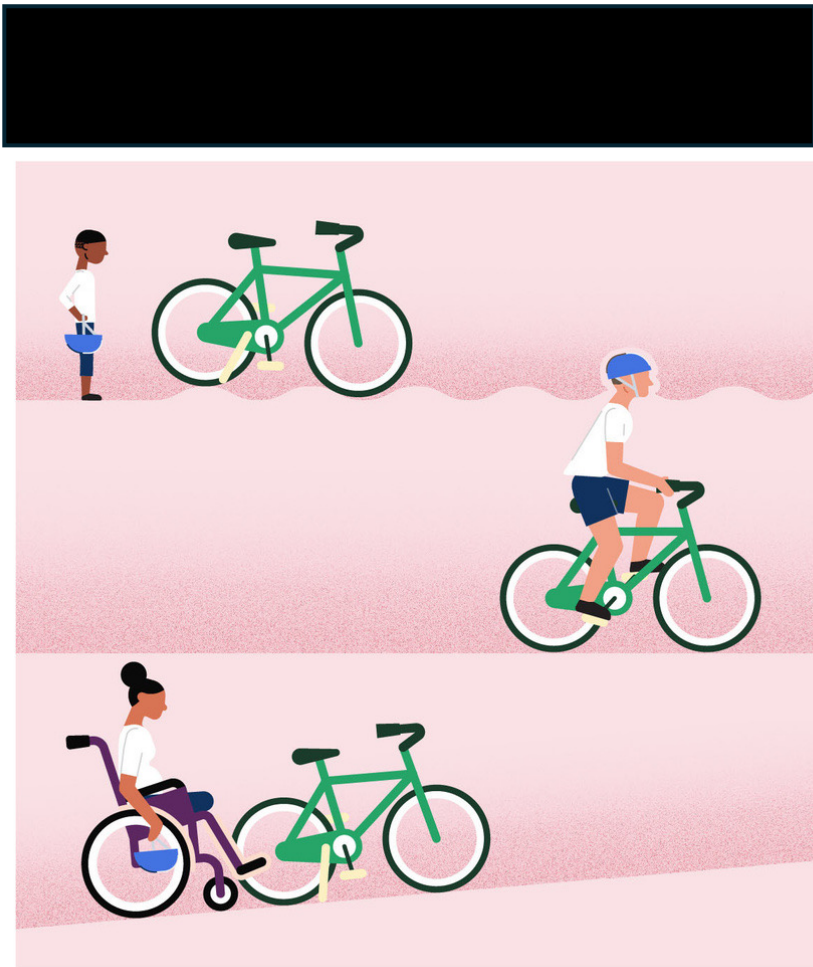
Mission

To advance health equity through anti-racist policies and practices

HEALTH EQUITY SOLUTIONS

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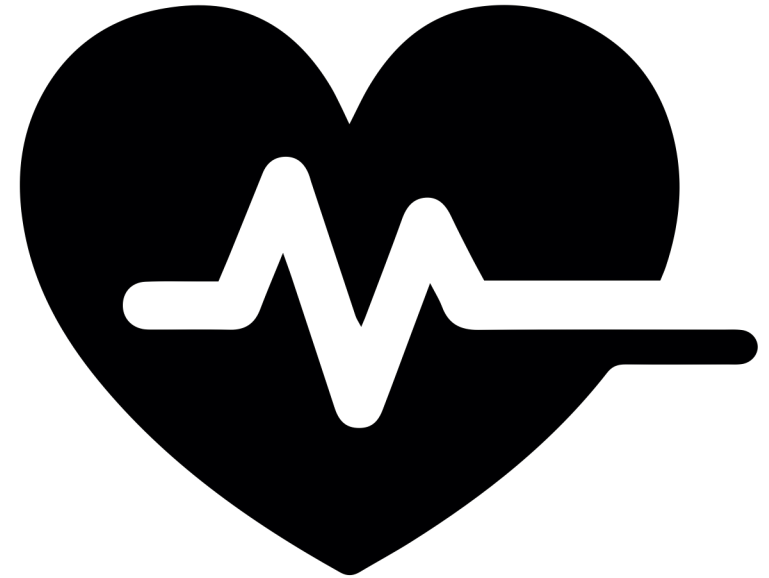ADVANTAGE

Equality vs. Equity?
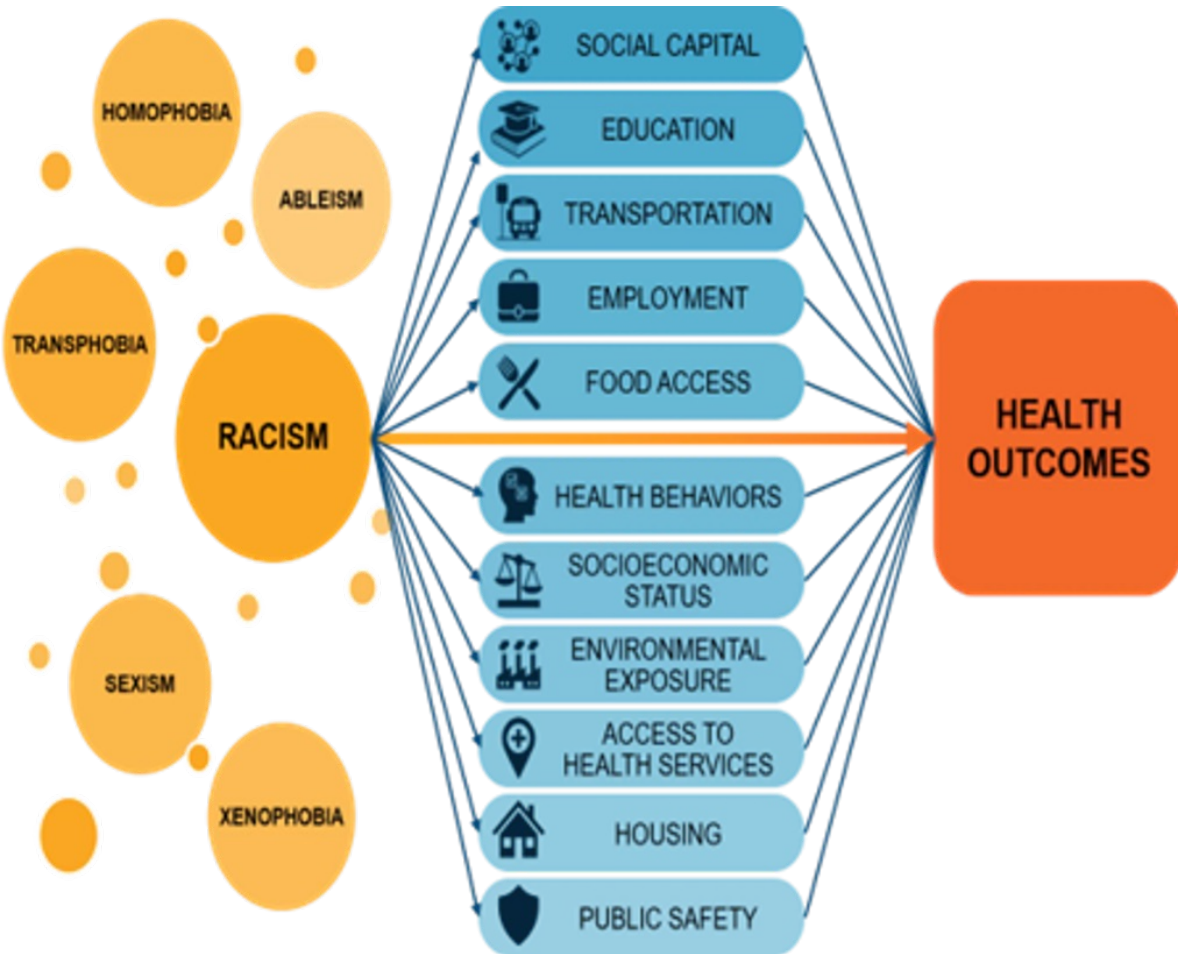
Let's Apply Equity to Health

Health Equity- Health equity means that everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, socioeconomic status, geography or any other social barriers/ factors. (SHVS)

"Health equity means 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." (RWJF)

HEALTH
EQUITY
SOLUTIONS

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The Intersection of Race & Health

Social Determinants (influencers) of Health (SDOH)

HOMOPHOBIA
ABLEISM
TRANSPHOBIA
RACISM
SEXISM
XENOPHOBIA

SOCIAL CAPITAL
EDUCATION
TRANSPORTATION
EMPLOYMENT
FOOD ACCESS
HEALTH BEHAVIORS
SOCIOECONOMIC STATUS
ENVIRONMENTAL EXPOSURE
ACCESS TO HEALTH SERVICES
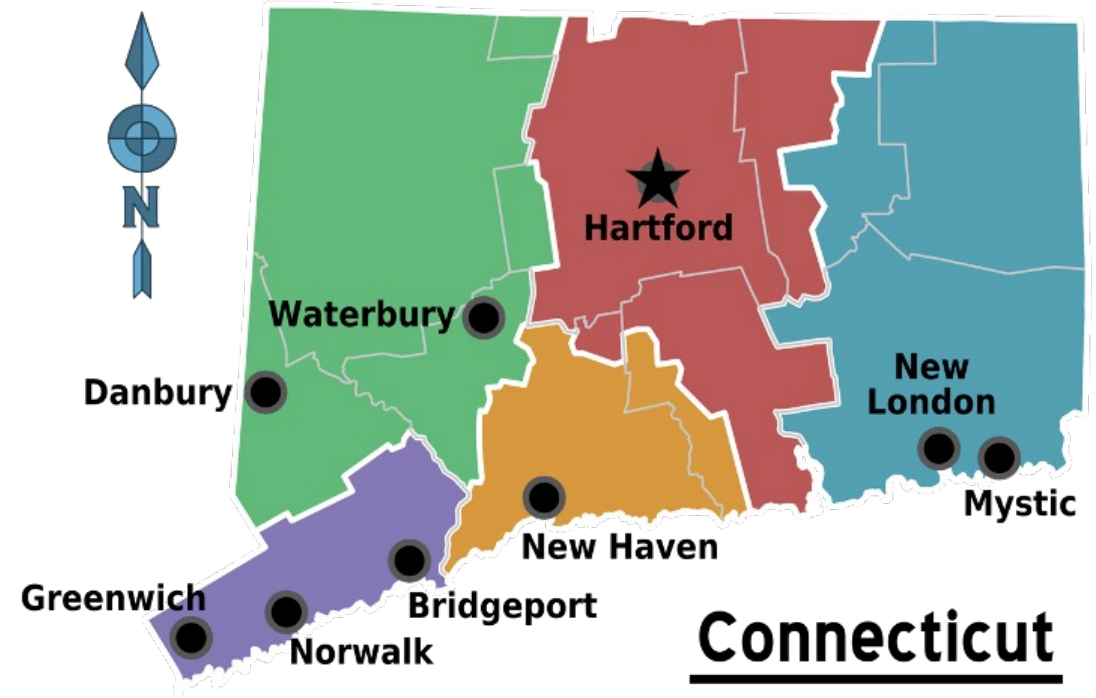HOUSING
PUBLIC SAFETY

HEALTH OUTCOMES

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.

World Health Organization

Source: Boston Public Health Commission's Racial Justice and Health Equity Initiative; available: http://www.bphc.org/whatwedo/health-equity-social-justice/racial-justice-health-equity-initiative/Documents/RJHEI%202015%20Overview%20FINAL.pdf

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Quick Look at CT Health

- CT ranks in the top 10 (6th) of states in overall health outcomes
- 5th in Reproductive Care & Women's Health
- 8th in Health Ins Coverage and Access to Care

- Members of racial and ethnic groups in CT fair far worse in terms of health outcomes
- Black & Hispanic residents are more likely to live in poorer health
- Black residents more likely to experience premature death

Waterbury

Danbury

Hartford

New London

Mystic

New Haven

Greenwich

Bridgeport

Norwalk

Connecticut

HEALTH EQUITY SOLUTIONS

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Are health inequities systemic or systematic?

Systemic: existing throughout the whole system, e.g. the landscape of healthcare
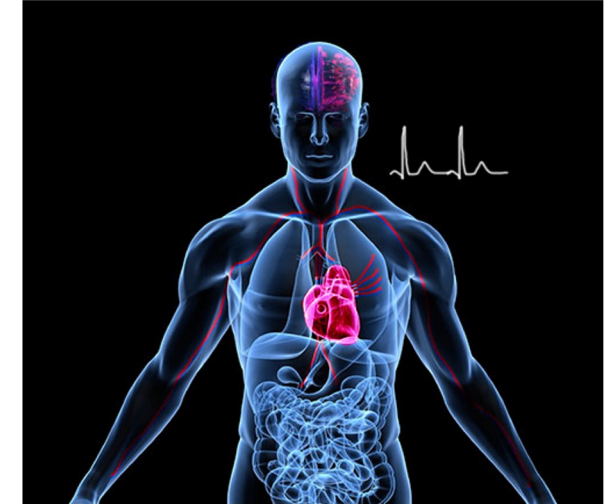
Systematic: created and enforced methodically and according to plan

The Impacts of Structural Racism

Structural Racism → SDOH

- Race & ethnicity have been the basis of social & economic inequity
  - Redlining → Public Education → Neighborhood Investments
- Exclusion from the rights & privileges of being an American citizen is evident in our healthcare system
  - Public hospitals and clinics – woefully underfunded & undervalued
- Employer-based health insurance – exclusionary in nature

Health Inequities

Health inequities exist for various reasons:

- Structural and institutional "isms"
- Inequitable access to quality health care
- Inequitable opportunities including education, employment, housing, food, etc…

**Components to Health Inequities**
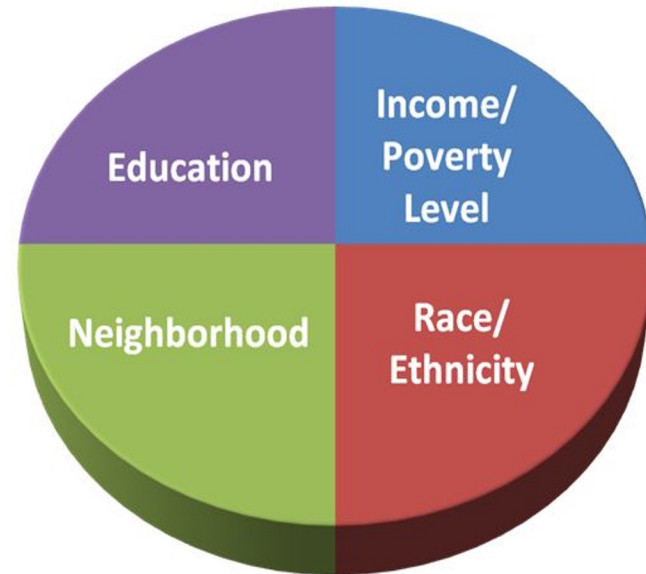
Language

- "This patient refuses to listen and never takes their meds"

- "This staff member is always complaining."

- "I don't need to hear about equity. I treat all my patients/ staff the same."

- " This would be so much easier if he wasn't fresh and knew the language…"

- "When you come to work you drop your personal stuff at the door."

Institutional Policies

- "We only see Medicaid patients on Tuesdays."

- "Staff are not invited to board meetings."

- "Our office hours are M-F, 9 am-3 pm."

- "We don't push for them to fill out demographic information"

- Not having bilingual staff, including office staff

- "Professional clothing – for one body type and size"

Inadvertent ways we foster health inequities

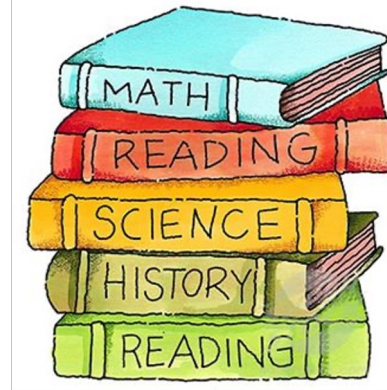HEALTH EQUITY SOLUTIONS

HEALTH EQUITY SOLUTIONS
ADVANTAGE
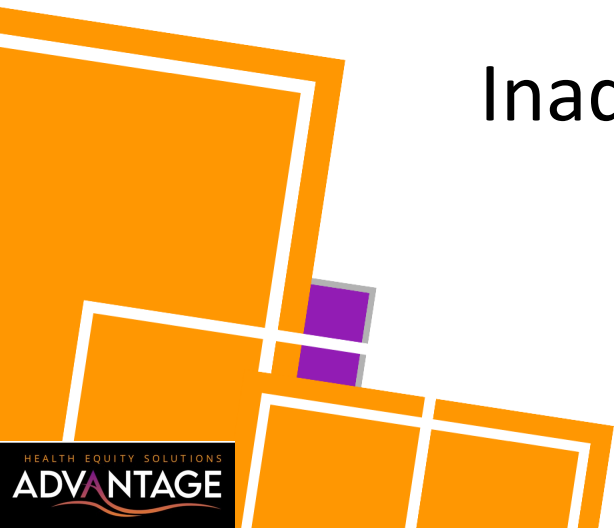
Applying an Equity Lens

- Structural/Institutional Racism Exists (as does interpersonal racism)

- What are the subtle/overt ways in which privilege and inequity are fostered in the healthcare system? In my place of employment?

- What systems/practices/programs are in place that continue to foster privilege and inequity?

- How can I/we influence the process to increase equity?

What Can You Do About It?

- Pay attention to how systemic issues such as structural racism impact individuals
- As you work to improve health, consider all the factors that impact health
- Advocate for systemic change, within and outside of your institutions
- Advocate for health equity (redistribution of health resources)
- Fight for racial justice

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https://www.hesct.org/

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