

Why should I care?

According to the Centers for Disease Control and Prevention, health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.”¹ Yet today, there are inequities in health that are avoidable, unnecessary and unfair.^{2 3} These inequities are the result of policies and practices that create an unequal distribution of money, power and resources among communities based on race, class, gender, place and other factors.

To assure that everyone has the opportunity to attain their highest level of health, many public health agencies⁴ across the country are tackling poor health and disease — as well as the social determinants underpinning health status — through a lens of health equity.

For example, racism is among the social forces that lead to health inequity. Racism assigns value to individuals and communities based on race, which disadvantages certain individuals and communities while providing unfair advantages to others.^{5 6} Racism, and other “isms,” are forces that determine the distribution of the [social determinants of health](#), including:

Health care — More than 30 percent of direct medical costs faced by black, Hispanic and Asian Americans can be tied to health inequities. Because of this inequitable access to care and other health-promoting resources, people from such communities are often sicker when they do find a source of care and thus face higher medical costs as well. In fact, that 30 percent translates to more than \$230 billion over a four-year period.⁷ In addition, studies have shown that people of color often encounter bias in the health care system⁸ and that such unconscious racial bias leads to poorer patient-provider communication and quality of care.⁹

Criminal justice – Thirty years of “tough on crime” and “war on drugs” public policies¹⁰ has resulted in the disproportionate mass incarceration of black and Hispanic males. This discriminatory pattern undermines the social and community context that is so vital to public health, fettering opportunity, disrupting families and social cohesion and preventing civic participation.

¹ www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/overview/healthequity.htm

² Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3094214/>

³ Whitehead M. The concepts and principles of equity and health. *Int J Health Serv* 1992;22:429-45.

⁴ Better Health Through Equity: Case Studies in Reframing Public Health Work, APHA: www.apha.org/~media/files/pdf/topics/equity/equity_stories.ashx

⁵ Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

⁶ Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS. Using “socially assigned race” to probe White advantages in health status. *Ethn Dis* 2008;18(4):496-504.

⁷ Source: <http://jointcenter.org/sites/default/files/Economic%20Burden%20of%20Health%20Inequalities%20Fact%20Sheet.pdf>

⁸ Hall WJ Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review. *American Journal of Public Health*: December 2015, Vol. 105, No. 12, pp. e60-e76.

⁹ Cooper LA, Roter DL, Carson KA, et al. The associations of clinicians’ implicit attitudes about race with medical visit communication and patient ratings of interpersonal care. *Am J Public Health*. 2012;102(5):979---987.

Voting rights — In recent years, there has been a resurgence of activity to suppress voting rights, especially in communities of color. In fact, about half of the states have passed new laws making it harder for voters to access the ballot box since 2010.¹¹ Because public policy has a direct effect on people’s ability to access health care as well as on the conditions that impact health, such as clean air and water, the right to civic participation is an undeniable piece of achieving health equity.

What can I do?

Name and address racism. Acknowledge racism as a system of structured inequity and not an individual character flaw. Name racism as a determining force in the distribution of the social determinants of health and as a barrier to achieving health equity. Identify the structures, policies, practices, norms and values where racism may be operating. Watch and share APHA’s webinar series: [The Impact of Racism on the Health and Well-Being of the Nation](#). And read [APHA’s Racism and Health topics page](#) for more resources on racism’s impact on health.

Start a conversation about health equity within your agency or organization. Health equity is more than one intervention; it’s a lens through which all of your work should be viewed. Foster an open and honest dialogue within your agency (and ideally your partners) about historical injustices, present-day racism, bias and inequity and how they contribute to disparate health outcomes. Use tools such as “[Unnatural Causes: Is Inequality Making Us Sick](#)” to start the conversation. Find more on [APHA’s Health Equity web page](#).

Promote a [health-in-all-policies](#) approach and ensure an equity lens. Seek partnerships with sectors such as transportation, housing, education and law enforcement. Work with these partners to ensure that health and equity are embedded in their decision-making. All of these sectors and many more have a role in creating the conditions that enable all people and communities to attain and sustain good health.

Demand a fair allocation of community resources. Creating health equity requires targeted investment in marginalized and under-resourced communities. Ensure representation of these groups in decision-making processes.

Fight against the trend of growing voter restrictions. Everyone needs a voice in improving our communities. Community participation is intrinsic to health equity work. Educate community members about the importance of civic engagement and encourage their participation in grassroots advocacy efforts.

¹⁰ Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public health and the epidemic of incarceration. *Annu Rev Public Health*. 2012;33:325–339.

¹¹ <https://www.brennancenter.org/publication/election-integrity-pro-voter-agenda>



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