What do we Mean by Health Equity in Public Health? Assumptions and Theoretical Commitments

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Public Health Ontario Rounds: Ethics Now
The relevance of health equity to public health

• A fundamental idea exists that all human beings have equal moral worth and dignity and that we owe equal respect to all human beings

• Yet, disparities between different populations of human beings exist with respect to health

• Public health has a long history of addressing the needs of those disadvantaged populations and striving for social justice

• Conceptual and practical challenges exist with respect to how health disparities can, and ought to be, redressed
Purpose

• What are we after when we strive for health equity in public health?

• What practical implications can we expect from this?

• To begin to explore and appreciate the explicit and implicit values, assumptions, theoretical commitments, and reasoning that exist (or ought to exist) in our attempts to achieve health equity
Outline

• What is health equity?
• Framing health equity in public health
• Balancing approaches to health equity
• Conclusions
What is Health Equity?
What is Health Equity?

What is the goal of public health?

“To promote and protect the health of Canadians…”

Public Health Agency of Canada Mission Statement, 2013

But... Disparities in health exist.

• Can and should health be distributed equally?
• How ought benefits (and burdens) be distributed?
• Who should receive benefits and burdens?
• How should inequalities in the distribution of benefits and burdens be identified and redressed?

- Questions of health equity

What is Health Equity?

- Multiple meanings and uses

- Difficult to define without making reference to the central principles or values articulated in different conceptions, theories, or approaches to health equity
What is Health Equity?

• Health
  • Absence of disease?
  • A state of complete physical, mental and social well-being? (WHO)
    • Are we concerned with disparities with respect to factors that cause disease or disparities with respect to factors that support health (‘salutogenesis’)?

• Equity:
  • From Latin, ‘even’, ‘fair’
  • The quality of being fair or just
  • The quality of being equal or fair

2. Dictionary.com
3. Oxford English Dictionary
What is Health Equity?

Health equality = equal health

• Can inequalities in health exist and still be considered ethical or fair?
What is Health Equity?

What constitutes health inequity?

Unequal health between racial or ethnic groups?
What is Health Equity?

What constitutes health inequity?

Unequal health between smokers and non-smokers?
What is Health Equity?

What constitutes health inequity?

Unequal access to health care and public health services between groups with different socioeconomic status?
What is Health Equity?

What constitutes health inequity?

Unequal life expectancy between all men and all women?
What is Health Equity?

What constitutes health inequity?

Unequal health between 10-year-olds and 70-year-olds?
What is Health Equity?

Health equality = equal health

• Can inequalities in health exist and still be considered ethical or fair?

Health inequities exist when differences in health are “not only unnecessary and avoidable but, in addition, are considered unfair and unjust.”

Whitehead, 1992, pg. 5

What is Health Equity?

When are health inequalities...

• ...unnecessary?
• ...avoidable?
• ...unfair?
• ...unjust?
What is Health Equity?

When are differences in health *necessary*?
• For example, differences in health might be *necessary* in order to discharge some obligation or achieve a chosen end, such as maximizing the aggregate level of health in the population.

When are differences in health *unavoidable*?
• For example, differences in health might be *unavoidable* due to circumstances beyond our control, such as differences due to ‘natural’ human variations or other uncontrollable determinants of health.

When are differences in health *just*?
• This depends on some conception of justice, e.g. resource egalitarianism, libertarianism, utilitarianism, etc.
What is Health Equity?

• In all cases, what is considered ‘unnecessary’, ‘avoidable’, or ‘unjust’ is at least to some extent imbued with values about what we consider to be of greater or lesser necessity, what we consider to be beyond our control/not feasible to control, and what we consider to be just.

• Different values and ultimately different conclusions will exist with respect to each of these concepts, which will in turn lead to different conceptions of health equity.
What is Health Equity?

Three questions:

1. Which health inequalities are unnecessary, avoidable, and/or unjust?

2. Given a persuasive answer to Question 1, how should we prioritize these inequalities in the context of resource constraints and political/social feasibility?

3. Given a persuasive answer to Question 2, in what ways should we address these health inequities through public health policy and practice?
Framing Health Equity in Public Health
Framing Health Equity in Public Health

• Is it likely that we can address all *avoidable* disparities in health?
  – An epistemological and practical challenge

• Some avoidable disparities will be prioritized in public health over others

• How we determine which disparities should be prioritized or addressed may depend (or, *should* depend) on our conception of what is just

• What principles and approaches could be used when conceptualizing and measuring what is just?
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• Direct approaches to health equity
  – Disparities in health are wrong in and of themselves
  – “Group A has worse health outcomes than Group B, therefore this disparity in health outcomes is unjust”

• Indirect approaches to health equity
  – Inequalities in health are wrong not simply because of the disparity itself, but because they are a product of unjust institutions
  – “Group A has worse health outcomes than Group B, which is due to systemic racist policies and practices in x, y, z..., which are unjust, therefore the health disparities are unjust”

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In other words, is our ultimate goal health equity or the broader goal of social justice?
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• Comparative principles, e.g. equality
  – What is considered just is determined comparatively (“Group A requires X because they are currently receiving less X than Group B”)

• Non-comparative principles, e.g. desert
  – What is considered just is determined non-comparatively (“Group B deserves X because they work hard”)

If we are concerned about redressing unjust or avoidable \textit{differences} in health between individuals or groups, then our goal is likely \textit{egalitarian} (i.e. we value equality to some degree).
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• Exactly what kinds of differences are we looking for, measuring, and trying to redress?

• How do we know whether a given public health measure has improved (or even impacted) health equity?

• We need to know what kind of equality is owed to individuals/groups to be instructive for public health policy and practice.
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In other words, equality of what?

• What is the ‘equalisandum’? (objects the term ‘equal’ can be applied to)
  • Equality of health achievements/health outcomes
  • Equality of the capability to be healthy
  • Equality of opportunity
  • Equality of liberty
  • Equality of rights
  • Equality of health care

<table>
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<th>Framing perspective</th>
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<td>Equality of resources</td>
<td>Inequalities in the means of producing health, e.g. in the distribution of resources (access to health care, income, food, etc.)</td>
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<td>Inequalities in the actual health achievements of individuals/groups</td>
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Equality of Resources

Which inequalities should we focus on?

**Answer:** Inequalities in the distribution of, and access to, resources that affect health.
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Equality of Resources

• Inequalities in the distribution of, and access to, health care resources, income, food, etc., may lead to inequalities in population health

• Concerned with equality of the means of producing health

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Equality of Resources

What about...

- Genetic predispositions?
- Epidemiological hazards?
- Environmental hazards?
- Geographical factors?
- Work conditions?
- Political or social marginalization or oppression?
- Other social/societal determinants?

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Equality of Resources

• Not necessarily harnessed to concerns about the potential for inequality in actual well-being

• If resources are distributed equitably, could any inequalities in health that still exist be considered unjust?
Equality of Opportunity

Which health inequalities should we focus on?

Answer: Inequalities in the opportunities available to individuals and groups that affect health.
Equality of Opportunity

• Ensures that prejudices, such as racial or gender preferences, do not deprive individuals from opportunities (e.g. the opportunity to be educated, to vote, to be employed, to hold political office)

• The equal opportunity to gain the resources, well-being, or access to services that one desires

• Based on the apparent relationship between opportunity and health

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Equality of Opportunity

“Equity in health implies that ideally everyone should have a fair opportunity to attain their full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided.”

Whitehead, 1992, pg. 7

The Capability to be Healthy

Which health inequalities should we focus on?

Answer: Inequalities in the capabilities individuals/groups have to actually be healthy.
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The Capability to be Healthy

• Different individuals and groups have distinct needs for resources, and different barriers might exist for different individuals and groups

• Having the real freedom to achieve well-being is of primary moral importance, and can depend on things like:
  • Knowledge
  • Social capital
  • Self-esteem
  • Self-determination

The Capability to be Healthy

- Are we equalizing disparities with respect to factors that cause disease or are we equalizing disparities with respect to factors that support health (‘salutogenesis’)?

- This might be best understood in terms of ‘capabilities’: what individuals are actually able to do and be
  - E.g. being well-nourished, being healthy

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Equality of Well-being

Which health inequalities should we focus on?

**Answer:** Inequalities in the actual health achievements between individuals and groups.
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Equality of Well-being

- Equality of actual well-being, e.g. health achievement

- Actual health achievement more important than the capability or opportunity to achieve health
  - But what constitutes ‘well-being’ or even ‘health’?
  - What about personal responsibility?

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Equality of Well-being

*Outcome equity vs. process equity*

- If we focus solely on health achievements, important considerations about *processes* may be neglected (i.e. how and why particular health achievements exist and why inequalities in achievement might exist that aren’t necessarily unjust)
  - E.g. what about self-determination?
  - E.g. what about unjust social or political institutions?

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Once we agree on the type of inequalities we should focus on, what are some different approaches to achieve health equity?
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<td>E.g. Any inequalities that exist with respect to the equalisandum must benefit the worst off</td>
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<tr>
<td>Sufficientarianism</td>
<td>Attempts to bring all individuals to a sufficient level with respect to the equalisandum (e.g. health, income, etc.)</td>
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Strict Egalitarianism / Equalitarianism

- Strict equality of the equalisandum; no justifications for exceptions
  - Any difference in the equalisandum could be considered unjust

- For example:
  - Equal income
  - Equal health care resources
  - Equal liberty
  - Equal health

- Depending on the equalisandum, can we come up with legitimate justifications for an exception to strict equality?

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Strict Egalitarianism / Equalitarianism

• Leveling down objection: equality for its own sake can become absurd or repugnant if it is reached by depriving people of some good, even if everyone has sufficient amounts of that good, simply in order to ensure equality.
  – Health inequality is reduced, but not by benefiting the worse off - rather, by worsening the better off

• “Human beings vary in health as they do in every other attribute.”

Have we advanced health equity with strict equality?

Whitehead, 1992, pg. 6
Beyond strict equality: prioritarianism and sufficientarianism

• The underlying aim of prioritarian and sufficientarian principles may ultimately be equality, as both principles can be used in an attempt to narrow the conditions under which inequalities may be taken as morally justified.

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Prioritarianism

- Prioritization of those who are worst off with respect to the equalisandum
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Sufficientarianism

- Attempts to bring all individuals to a given (sufficient) level with respect to the equalisandum

- The goal is “attending first to the needs of those whose absolute well-being is below some level of sufficiency...”

Powers and Faden, 2006

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**Attainment equality**: evaluates absolute levels of achievement between two or more individuals or groups (and can thus neglect potential or maximal achievement)

- E.g. mortality rates of individuals with low socioeconomic status vs. individuals with medium socioeconomic status

**Shortfall equality**: compares shortfalls of actual achievement relative to the optimal average

- E.g. mortality rates of individuals with low socioeconomic status vs. optimal average life expectancy

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Equality for whom?

– Equality among groups/populations?
– Equality among individuals?
– Equality among those in a given public health unit?

• Should we strive for health equity among neighbouring public health units? What about the entire province? Why not Canada, or beyond?
Balancing Approaches to Health Equity in Public Health
Balancing Approaches to Health Equity in Public Health

What about (apparent) non-egalitarian approaches to health equity?

• ‘Differences in health are *just* when those differences arise as a result of free-market distribution’

• ‘Differences in health are *just* when those differences arise from the distribution of health according to desert’

• ‘Differences in health are *just* when those differences arise from maximizing aggregate health’
Equality of health vs. maximization of aggregate health

• Is maximization in some distribution-independent aggregate measure of health (e.g. quality-adjusted life years) for an entire population preferable to equality of health?

• In other words, why not aim to maximize health as much as possible across the entire population?
Balancing Approaches to Health Equity in Public Health

“Above all, on humanitarian grounds national health policies designed for an entire population cannot claim to be concerned about the health of all the people if the heavier burden of ill health carried by the most vulnerable sections of society is not addressed.”

Whitehead, 1992, pg. 4
Balancing Approaches to Health Equity in Public Health

• That is, universal public health programs might seek to maximize aggregate health, but may in turn disproportionally burden those that are worse off, i.e. disadvantage the disadvantaged.

• If concerned about health equity, special attention must be paid to distributive factors, i.e. who receives benefits and burdens.
Balancing Approaches to Health Equity in Public Health

Health Equity Impact Assessments (HEIAs)

• A decision support tool that can be used either as a design or evaluative tool to identify potential health impacts of a given policy on vulnerable or marginalized groups

• Typically seeks to narrow health disparities by examining the impacts of programs and policies on vulnerable and marginalized populations
  – Seeks to equalize health through direct consideration of the impact policies/programs might have on the worst off, or;
  – Seeks to prioritize the health of the worst off

• Whether the focus of HEIAs is on equity with respect to health outcomes, access to health-related services, resources, or opportunities may be a product of the policy/program being considered
Balancing Approaches to Health Equity in Public Health

Health Equity Impact Assessments (HEIAs)

• Should HEIAs use comparative principles or non-comparative principles?

• Should HEIAs prioritize the worst off in identifying disproportionate health impacts and considering mitigation strategies?

• Should HEIAs measure and/or prioritize health achievement, capabilities to be healthy, equality of resources, and/or equality of access?

• Should HEIAs prioritize those vulnerable or marginalized groups that might fall below some level of sufficiency in health (however defined) before addressing other, perhaps less vulnerable groups?

• Can HEIAs adequately address inequities that result from systemic determinants of health?
Balancing Approaches to Health Equity in Public Health

A great start:

Ministry of Health and Long-Term Care

Health Equity Impact Assessment

Conclusions

• It might not be very helpful to think of health equity as a single principle

• Health equity is a complex, multidimensional concept that might involve many principles, and considerations of:
  – Health achievement
  – Process equity & outcome equity
  – The capability to achieve good health
  – Resource distribution
  – ...etc.

• Different approaches to health equity need not be considered mutually exclusive
Conclusions

• What are considered ‘necessary’ and ‘unavoidable’ differences in health may be dynamic and dependent on myriad factors, including:
  • Epistemological limitations
  • Resource constraints
  • Feasibility
  • The public health context

• Ultimately, what are considered ‘necessary’ and ‘unavoidable’ differences in health will to some extent be imbued with values, which might ultimately be informed by what conception of justice is preferred
Conclusions

Public health decision-makers and practitioners must:

• Be aware of the ethical reasoning that public health policy-makers, decision-makers, and practitioners use, including the reasons and justifications for decisions or practices that affect health equity.

• Be explicit and understand the underlying assumptions that will ultimately lead to being able to develop policies or practices that might better achieve health equity.
Thank you!

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