

# Advancing Health Equity in Health Care

## What is Health Equity? A Primer for the Health Care System

Saskatoon Health Region's vision of *Healthiest People, Healthiest Communities, Exceptional Services* establishes the strategic directions of Better Health, Better Care, Better Teams and Better Value. Health equity is a principle that underpins this vision and directions.

This primer provides a better understanding of the complex concepts of health equity and identifies the role the health care system in advancing health equity.

**Health Equity:** is the principle of and commitment to incorporating fairness into health by reducing health inequalities.<sup>1</sup> It implies that all people can reach their full health potential and should not be disadvantaged from attaining it because of their race, ethnicity, religion, gender, sexual orientation, age, disability, social class, where they live, socioeconomic status or other socially determined circumstances.<sup>2</sup> Health inequity occurs in the absence of health equity.

**Health Inequities:** are defined as "differences which are **unnecessary** and **avoidable** and which are also considered **unfair** and **unjust**".<sup>3</sup> Health inequities represent *differences in opportunity* for different populations which result in unfair and unequal life chances, access to services etc. Health inequities arise from gaps related to the **social determinants of health**, which are the socially determined circumstances in which people are born, grow, live, work and age, including the health care system.

**Health inequalities:** represent *differences in health experiences and health outcomes* between different populations. Health inequalities may be health inequities if they are due to socially determined circumstances.

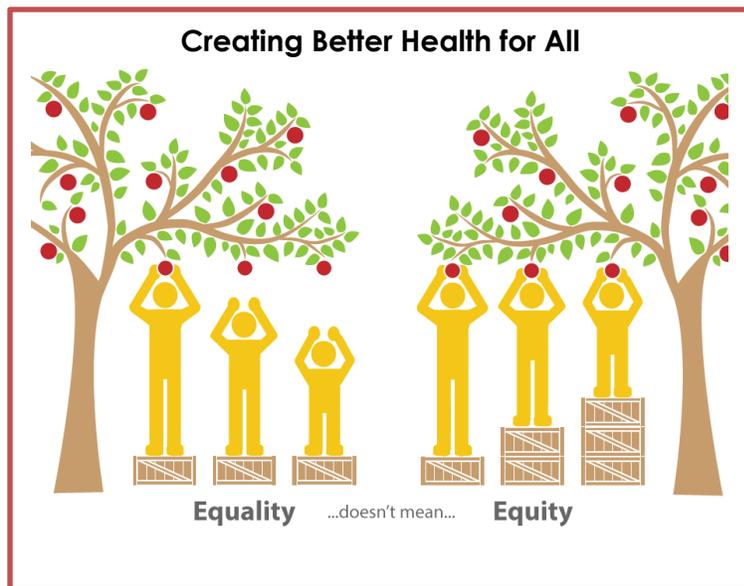
Advancing health equity is the right thing to do, the fair thing to do, and ultimately, something that we need to do to achieve **better health for all**.

### What Does Health Equity Mean For The Health Care System?

Although the conditions that enable equity in health are much broader than the health-care system, the *system does make a difference and does have an important role in addressing inequities*.

Equity is an underlying principle of quality in a health care system (OECD, 2012). It is important that health-care equity is considered in system planning (strategic and operational) in order to provide and organize health services in ways that contribute to reducing overall health inequities. Health care is a social determinant of health and, therefore, the health care system is accountable for incorporating health equity as an underlying principle of care.

**Health care equity principles:** Health care services should be *available*,



**"Equitable care does not mean treating every patient exactly the same.** Instead, equitable care ensures optimal outcomes for all patients regardless of their background or circumstances."

Source: The Roadmap to Reduce Disparities, Robert Wood Johnson Foundation (2014)

<sup>1</sup> Braveman P. What are health disparities and health equity? we need to be clear. Public Health Rep 2014; 129 Suppl 2: 5-8.

<sup>2</sup> Adapted from Whitehead M, Dahlgren G. Concepts and principles for tackling social inequities in health: levelling up part 1. Copenhagen: World Health Organization Regional Office for Europe; 2006.

<sup>3</sup> [The World Health Organization](http://www.who.int)

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accessible, and acceptable to everyone in the population, while also maintaining a high degree of quality.

**Accessibility** of services refers to the extent to which the health care system is designed to meet the needs of its users. It means having health facilities, goods and services accessible to everyone in four overlapping dimensions – non-discrimination; physical accessibility; economical accessibility; and, information accessibility. The ultimate goal is not simply equitable access to health services, but equitable access to health.

**Availability** of services refers to whether services are provided within a community. It includes having a sufficient quantity of functioning health care facilities, goods and services, as well as programs for health promotion, protection and disease prevention.

**Acceptability** of services refers to whether services are provided in a way that meets the needs of distinct cultural, linguistic, ethnic, and social groups. The provision of culturally competent services and creation of culturally safe spaces are key components of the acceptability of services. All health facilities, goods and services must be respectful of medical ethics and cultural appropriateness as well as sensitive to gender and age. It also includes the level of openness to the participation of underserved groups in the planning and evaluation of those services (Bowen, 2001).

**Quality** and equity are key dimensions of one another. Quality care is defined as “doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results,” (The Agency for Healthcare Research and Quality, 2014). Quality health care means providing services and programs that are safe, effective, timely, efficient, and patient/family-centred.

Quality improvement initiatives that target the overall population and overlook the needs of specific population groups can result in health inequities (i.e. unequal quality) (Robert Wood Johnson Foundation, 2014). Equitable health care means providing services and programs that do not vary in quality because of race, ethnicity, religion, gender, sexual orientation, age, disability, social class, where people live, socioeconomic status or other socially determined circumstances.

### What Can I Do?

The [Health Care Equity Audit \(HCEA\) Tool](#) can and should be integrated within already existing processes. Ongoing quality improvement initiatives, such as LEAN management and strategic planning, provide opportune use of the HCEA Tool at both a regional and a department-specific level. The [Health Care Equity Audit Guide](#) leads decision-makers and health care providers through the steps of the tool. Additional [Health Equity Considerations](#) from leading best and promising practices can also be found in the guide.

### The Bottom Line:

Health outcome data is just a starting point for conversations on health equity. Wide gaps between those living in the most and least deprived areas of Saskatoon, as well as those in between, are persistent and, in some cases, growing. While it is important to identify trends and priority areas, the message is clear: we have work to do. Although many of the factors that influence health lie outside the health care system, we must do what we can to decrease health inequities.

### Questions to Consider

- Are there any barriers to access or uptake of services and facilities amongst any particular population group or area that you frequently encounter?
- Is more targeted action with specific groups and areas required?
- Are the supports and resources available in the system to adequately address health inequities in your area? What other resources would be helpful?
- Are there any already existing priorities for action that contribute to improve health equity?
- What programs, services, approaches/practices already exist in your areas which might help in reducing gaps in equity?
- What further action is required from existing services or structures to address gaps in equity?
- How can health equity principles be embedded into existing work?