Equity, Health Equity, and Racial Equity in the Framework for Aligning Sectors

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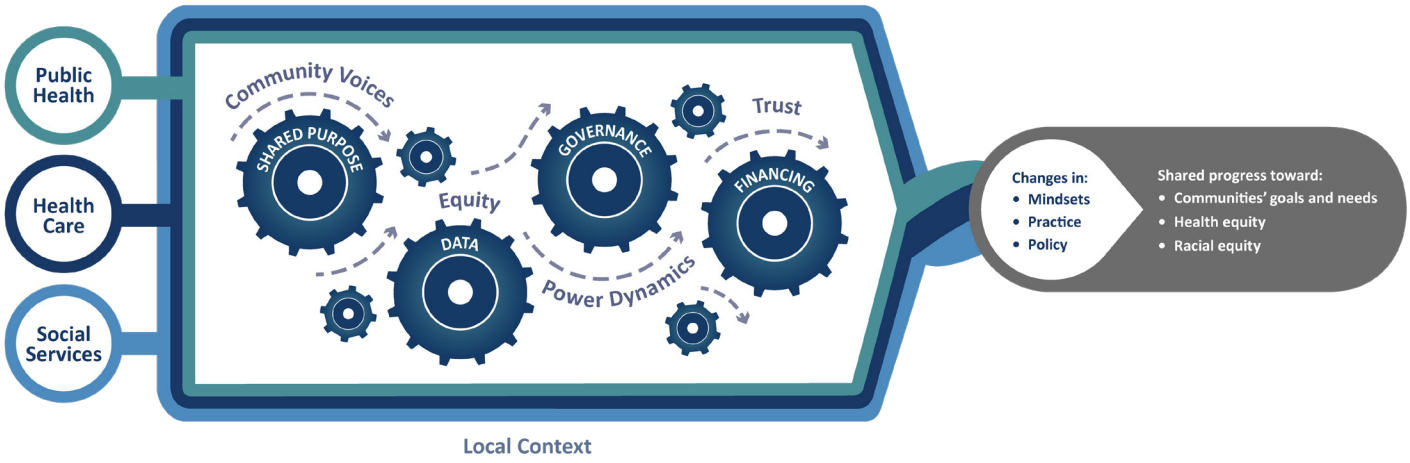
Introduction

The Framework for Aligning Sectors (Figure 1) by the Georgia Health Policy Center and the Robert Wood Johnson Foundation (RWJF) contains several items not included in previous aligning frameworks. Three of these items contain the word *equity*. The immediate purpose of this brief is to identify leading definitions for these three items and to begin a discussion of their interrelationships. The broader goal is to help create a basis for measuring these concepts and other elements of the Framework for Aligning Sectors, ultimately promoting aligning efforts that are sustainable, effective, and equitable.

Figure 1. A Framework for Aligning Sectors



Equity

Equity is defined by the World Health Organization as "the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically."[1] In the Framework for Aligning Sectors, equity is one of four items near the center called adaptive factors (the other three adaptive factors are community voices, power dynamics, and trust).

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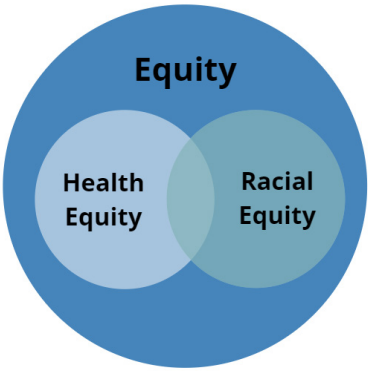
Both processes and outcomes can be on a continuum from equitable to inequitable. This is reflected in the Framework for Aligning Sectors, where equity is located in the middle of the figure (e.g., equitable purpose, equitable governance, equitable data sharing and measures, and equitable financing), and health equity and racial equity are included as outcomes.

We can also think of these three equity concepts as nested. Both health equity and racial equity are included in the overall concept of equity (Figure 2). Each entails avoidable and remediable differences between groups.

Figure 2. A Venn Diagram of Equity, Health Equity, and Racial Equity



Health Equity

A 2017 RWJF report defines *health equity* as "the ethical and human rights principle that motivates us to eliminate health disparities" and as a condition where "everyone has a fair and just opportunity to be as healthy as possible" and as a term that "means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups."[2] This same report states that creating health equity "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" (see also Braveman, 2006).[3]

The RWJF report encourages measuring health equity by assessing health disparities. *Health disparities* are defined as "differences in health or its key determinants," and *marginalized groups* are defined as "those who have often suffered discrimination or been excluded or marginalized from society and the health-promoting resources it has to offer." The report provides examples of marginalized groups including — but not limited to — people of color, people living in poverty, religious minorities, people with disabilities, LGBTQ persons, and women.

Racial Equity

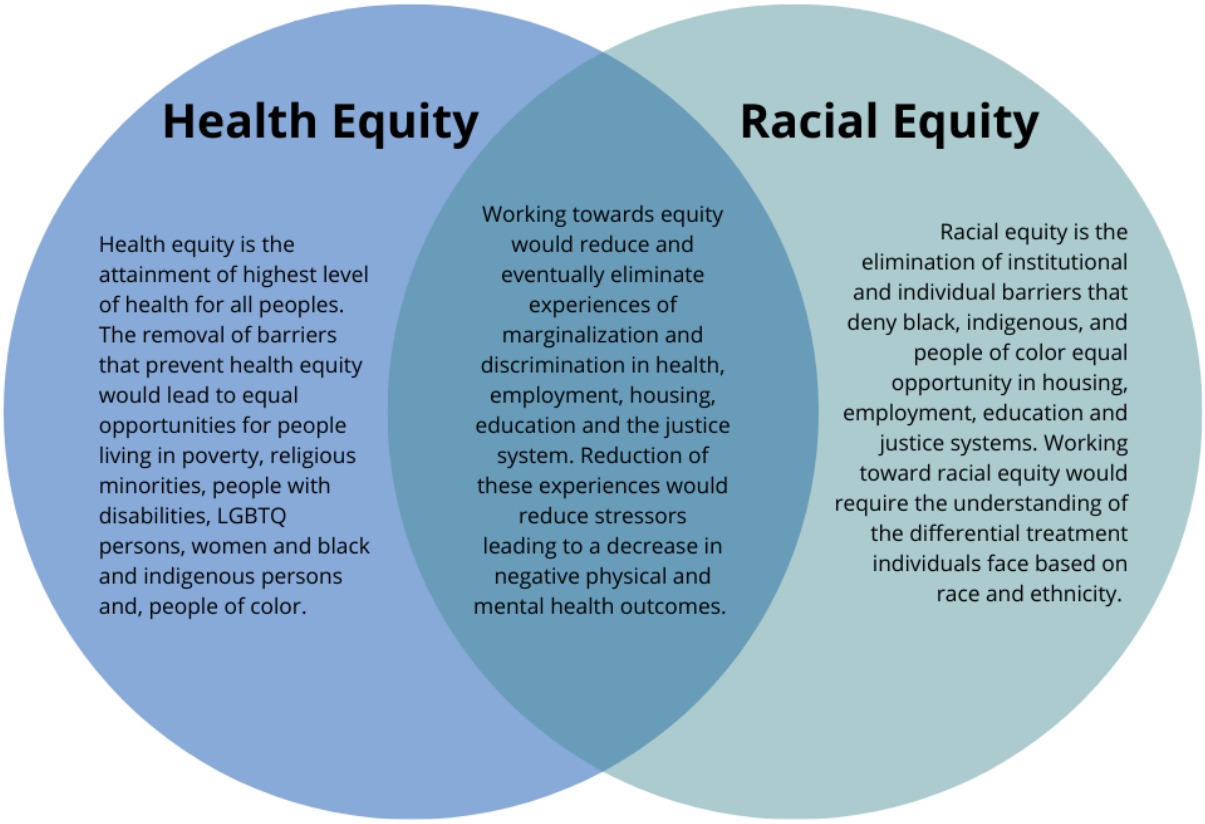
The American Public Health Association (APHA) states that health equity can be achieved by valuing people equally, optimizing the social determinants of health, working across sectors, and naming racism as a force in shaping the social determinants of health.[4] APHA offers a definition of *racism* provided by past APHA President Camara Phyllis Jones: "Racism is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call 'race'), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strength of the whole society through the waste of human resources."[5] Importantly, this definition underscores the idea that racism creates racial inequities and, in turn, racism and racial inequities are related to health equity.

The same RWJF report that defined health equity above also delineates three types of racism important in the discussion of health equity.[2] First, *interpersonal racism* is "race-based unfair treatment of a person or group by individuals. Importantly, interpersonal racism does not have to be explicit. The report states that "unconscious bias in interpersonal interactions is strong, widespread, and deeply rooted." Second, *internalized racism* "occurs when victims of racism internalize the race-based prejudicial attitudes toward themselves and their racial or ethnic group, resulting in a loss of self-esteem and potentially in prejudicial treatment of members of their own racial or ethnic group." Third, *structural or institutional racism* is "race-based unfair treatment built into policies, laws, and practices." Like interpersonal racism and internalized racism, structural racism is rooted in intentional discrimination that occurred historically, but it can also manifest unintentionally.

Racism in all forms has been tied to adverse health outcomes among racial minorities.[6] Unequal access to employment, housing, and education act alongside stressors from discrimination, police violence, and the trauma associated with all of these factors to impact a variety of health outcomes including — but not limited to — heart disease, stroke, cancer, diabetes, chronic lung disease, substance use and abuse, and suicidality.[7-9]

As with health equity, racial equity involves experiences with marginalization and discrimination. However, increasing racial equity specifically requires understanding the differential treatment groups receive based on ascribed race and ethnicity. Despite the fundamental differences between these concepts, changes in health equity can involve changes in racial equity, and racial equity changes are likely to affect health equity in return.

Figure 3. A Venn Diagram of Health Equity and Racial Equity



Conclusion

Health equity, racial equity, and equity in a broad sense are all distinct concepts, but they are closely linked. Equity is the most general concept, and it encompasses health equity and racial equity. Increasing racial equity entails eliminating disadvantages faced by racial minorities, and this will almost necessarily increase health equity in turn. Moving in the other direction, addressing health equity will, in many cases, necessitate increases in racial equity. Finally, equity can be a process or an outcome, but in either case, it is widely understood to be critical for cross-sector aligning and, ultimately, for improving community well-being.

References

[1] World Health Organization. (2020). Equity. Retrieved December 12, 2020, from https://www.who.int/healthsystems/topics/equity/en/

[2] Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. L. (2017). What Is Health Equity? And What Difference Does a Definition Make? Robert Wood Johnson Foundation: University of California San Francisco.

[3] Braveman, P. (2006). Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*, 27, 167-194.

[4] American Public Health Association. (2020). Health Equity. Retrieved from https://www.apha.org/topics-and-issues/health-equity

[5] American Public Health Association. (2020). Racism and Health. Retrieved December 12, 2020, from https://www.apha.org/topics-and-issues/health-equity/racism-and-health

[6] Neblett, E. W. (2019). Racism and health: Challenges and future directions in behavioral and psychological research. *Cultural Diversity and Ethnic Minority Psychology*, 25(1), 12-20.

[7] Bor, J., Venkataramani, A. S., Williams, D. R., & Tsai, A. C. (2018). Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study. *The Lancet*, 392(July), 302-310.

[8] Williams, D. R. (2020). Stress was already killing black Americans. Covid-19 is making it worse. *Opinion*. Retrieved December 12, 2020

[9] Williams, D. R. (2017). Why Discrimination Is a Health Issue. Retrieved from https://www.rwjf.org/en/blog/2017/10/discrimination-is-a-health-issue.html

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