

# Aletta Jacobs School of Public Health

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### Health Inequality and Health Inequity

Health inequalities refer to differences in health and access to health care by individuals or groups. However, health inequities or health disparities are systematic health differences that are based on social factors, e.g. race, gender, nationality, religion, etc. These differences are objectionable from a human rights perspective.<sup>1</sup> Most of the health inequities are avoidable as they relate to different aspects that influence health systems functioning, health policies and health services. To reduce health inequities, between and within states, health systems must address social determinants of health. Public policy—both national and global—should consider how social determinants of health influence access to healthcare. Action on the social determinants of health is necessary to improve health and address the health needs of the population.<sup>2</sup> Therefore, functioning health systems require the development and implementation of equitable laws and policies that take into consideration the needs of the population and the social determinants of health.



During the Aletta Jacobs School of Public Health (AJSPH) Research Meet-up on 6 November, Prof. Scott Burris talked about law as not only a discipline that influences health, but also factor of health, with great influence on public and global health. He excerpted the necessity to advance and develop the field of public health law research. Public health law research can provide a perspective on how law influences social determinants of health in an effort to address health inequalities and health inequities.<sup>3</sup> This type of research can raise awareness of social factors and show how law transforms social structures, which in turn can influence access to healthcare and the realization of the right to health. It also focuses on the implementation of laws and the resulting health outcomes.<sup>3</sup> Learning about public health law's influence can promote the

development of better laws, policies and interventions that advance the realization of the right to health. Law evaluation can guide policy-making processes and improve the impact of health interventions to improve health outcomes and reduce health disparities towards a healthier and more equitable society. In order to identify and answer the most pressing public health concerns, health and legal researchers should work together in interdisciplinary teams that combine scientific, legal, and practical expertise.<sup>3</sup> Inter-sectoral collaboration for health, through coordinated policy and action among health and non-health stakeholders should be key strategy to achieve policy and law coherence.<sup>4</sup>

While conducting health law research and the evaluation of health laws and their outcomes, other aspects than social determinants of health should be taken into consideration as well, such as the influence of power on access to health care and definition of health priorities. Power is the ability or authority to influence others and the course of events, as explained by Nadine Völkner in the seminar on health inequalities. Power in public and global health can shape priority setting, discourses and agendas into specific action. Ideally, this power should be used for the greater good and address the needs of the population. Using power should address and reduce health disparities as a principle of social justice. However, Nadine explains, power can shape the discussion of public and global health priorities in an unwanted direction, based on power relationships that exist at different levels, from individuals, households, or communities to structural relations among economic, social, and political stakeholders and organizations.<sup>4</sup> An example of this regards the agendas of funders when allocating efforts and resources for aid and interventions in developing countries according to their own interests, instead of public health needs.

There are subtle forms of power (soft power), that - though not easily observable at once - can become very potent sources of action towards improving public health. The power of people, which could be a form of soft power, could shape action towards a needs-driven agenda and drive the empowerment of communities and individuals. As Aletta's public health professionals, and experts in our own field, we also have the power to create meaning and to think about actual health needs, particularly of those most vulnerable, and shape public and global health discussions. Empowerment of (vulnerable) individuals and groups is essential to address social determinants of health by effectively representing their needs and interests to reduce health inequities as a result.<sup>4</sup> Therefore, we should use our power, as public health professionals, to empower those that need to be heard so that all health actions follow the health needs of the people we serve. Reducing health inequities requires an equitable distribution of power within society.

There are, however, biases in power, resources, entitlements, norms and values within structures and programs in organizations that damage the health of populations. A clear example are the existing – and pervasive - gender inequities in all societies that exist at social and organizational power levels, damaging the health of girls and women.<sup>4</sup> Gender inequities continue to contribute to health inequities. The right to safe abortions continues to be an example of this. But women are powerful and can shape discussions and exercise change. In the seminar Lucía Berro Pizarossa explained that women in many countries use pills with abortive effects (mifepristone and misoprostol) to self-manage their abortions. This phenomenon responds to the need of women to exercise their sexual and reproductive right. Women seeking access to safe abortions continue to face gender inequities caused by numerous barriers such as criminalization, low quality of health services, third party authorization, exclusion of abortion services from health programs and services, conscious objection by health professionals, waiting periods, mandatory counselling, et cetera.<sup>5,6</sup> Self-managed abortions have provided an alternative for women to surpass political and clinical barriers and have power over their bodies and decisions. Women resorting to self-managed abortions are example of how people's power can challenge systems that have not addressed health inequities and patient's needs, and that continue to have discriminatory regulations. Self-managed abortions are a form of women empowerment to exercise and realize their sexual and reproductive rights.



During the AJSPH Meetup, the “Health Inequalities” track provided powerful lessons to all public health professionals: to think about the people we serve and their core needs and human rights to reduce inequities; and about the power of people – as individuals and as health professionals. Public Health Law research should continue to encourage the use of research methods that assess laws and interventions that seek to reduce health inequities, taking into consideration the effects of law or the promotion of new – patient driven – laws that address social determinants of health. We should not forget about power: our power to conduct needs-driven research relevant for the population we serve and to advocate for those vulnerable populations that struggle to raise their voice and exercise their power to speak. Finally, we should consider the power that populations have on shaping policy, interventions, and actions. Listening to them should give us the answers to shape public health. We should empower people to speak up and drive the agenda that promotes the reduction of health inequalities and health inequities.

1. Arcaya MC, Arcaya AL, Subramanian SV. Inequalities in health: Definitions, concepts, and theories. *Glob Health Action*. 2015;8:27106.
2. Marmot M. Social determinants of health inequalities. *Lancet*. 2005;365(9464):1099-1104.
3. Burris S. From healthcare law to the social determinants of health: A public health law perspective. *U Penn L Rev*. 2011;159(1649):1649-1667.
4. Marmot M, Friel S, Bell R, Houweling TA, Taylor S, Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health. *Lancet*. 2008;372(9650):1661-1669.
5. Pehudoff K, Berro Pizarossa L, Stekelenburg J. Realising the right to sexual and reproductive health: Access to essential medicines for medical abortion as a core obligation. *BMC Int Health Hum Rights*. 2018;18(1):8-018-0140-z.
6. Berro Pizarossa L. Legal barriers to access abortion services through a human rights lens: The uruguayan experience. *Reproductive Health Matters*. 2018;26(52).