Student Resource 6.7

Reading:   
Equity and Social Justice in the United States

A community leader is speaking in Spanish to a group of female Latino farm workers in Florida. “We need to strive for equity,” the leader says. “The closest health clinic is 50 miles away and many of us don’t have cars. We are intimidated to go to the clinic because we don’t speak English. We don’t have insurance, and we don’t have money to pay for a doctor’s visit. But our health should not suffer because of these reasons. We demand social justice!”

The terms *equity* and *social justice* are often used when we talk about both health care in the United States and in the world. Let’s look at what the terms mean.

Equity and Inequity

Global health organizations are concerned about achieving equity. *Equity* means:

1. Eliminating differences in health care due to factors such as:

WHO defines *equity* as “the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically.”

* A person’s gender
* A person’s religion
* Where a person lives and works
* A person’s ethnicity

2. Fixing, or remedying, the situation so that these health care differences no longer exist.

The factors mentioned above (gender, religion, location, and ethnicity) affect people’s health, even in the United States. They may affect a person’s:

* Health status
* Access to health services
* Coverage of health services
* Protection against financial risk from health care costs

*Health inequity* is a difference in health status that is unfair but that is also avoidable and fixable. Health inequity includes unfairness in mortality rates and the distribution of disease and illness across groups in the population. Here is an example of a health inequity: Latino farm workers have higher rates of cancer than other communities because they don’t have adequate health insurance and access to medical care, and they are exposed to toxic chemicals because of their work.

Social Justice

When the WHO and other organizations work to avoid and remedy, or fix, situations that are inequitable, we say they are working to achieve social justice.

*Social justice* means providing basic human rights and community resources to all members of a society, poor or rich, working or unemployed, uneducated or educated. Social justice is extremely important in the field of global health. As you have already seen, people who live in poverty often suffer from far greater health problems than people who have more money, stable work, or more education.

Health Inequities in the United States

Even though we live in a developed country, there are still inequities in our health system. A CDC report found that Americans with low socioeconomic status “are at increased risk for mortality, morbidity, unhealthy behaviors, reduced access to health care, and inadequate quality of care.”

Here are some specific examples of inequities identified by the CDC:

* Asian Americans are more prone to certain types of cancer, tuberculosis, and hepatitis B than other ethnic groups. These health conditions are exacerbated, or made worse, by language and cultural barriers, the stigma associated with certain conditions, and a lack of health insurance.

For example: A Vietnamese woman detects a lump in her breast. She worries that if she sees a doctor, he won’t speak her language. Since she has no health insurance, she can’t pay for the visit. Early detection and treatment are critical in treating breast cancer. But the woman’s tumor grows and her health situation worsens because she doesn’t go to the doctor.

* In 2009, African Americans accounted for 14% of the US population, but they accounted for 44% of all new HIV infections. African Americans are the group that is most affected by HIV in the United States. African Americans may hide high-risk behavior such as having unprotected sex instead of getting tested. They do so because of the stigma of the disease, homophobia, and misperceptions about the disease and the test to diagnose the disease. Lack of knowledge of their HIV status can then lead to more infections.

For example: An African American man has a girlfriend, but he also has a secret relationship with a man. He doesn’t tell anyone because his friends and family look down on homosexual relationships. He doesn’t even tell his doctor. The man doesn’t use protection, and he contracts HIV. The man’s girlfriend has no idea that she is at risk of catching the disease from him.

* Diabetes disproportionately affects Hispanic people in the United States. In 2008, they were almost twice as likely as non-Hispanic whites to be diagnosed with diabetes. Where they live, access to good-quality health care, and social and cultural factors may explain the prevalence of diabetes among Hispanic people.
* American Indians and Alaska natives suffer from many health inequities. According to the Department of Health and Human Services report in August 2009, a baby born to an American Indian woman is more than nearly three times as likely to die from SIDS (sudden infant death syndrome) as a baby born to a white woman. American Indians and Alaska natives also suffer disproportionately from substance abuse issues. These health problems may be exacerbated by geographic isolation, economic limitations, and mistrust of outsiders.

For example: An American Indian teenager who lives on a reservation in New Mexico may have been raised to not trust, or even to fear, people who live outside the reservation. This teenager has limited access to health information about alcoholism and substance abuse. The adults in the local community don’t take seriously the information that is brought in by visiting nurses from the nearest city. Many close relatives are alcoholics, putting the teen at a greater risk for the disease, but there is no access to reliable information about the connection between alcoholism and genetics.

* Young people who identify as homosexual or bisexual may come from any ethnicity or socioeconomic background. However, because of family disapproval, social rejection, and discrimination or even violence from peers and their community, they face increased health risks. Adolescent lesbian and bisexual females are more likely to have been pregnant than heterosexual females of the same age range. Adolescent gay and bisexual males have significantly higher rates of HIV, syphilis, and other sexually transmitted diseases. They are also at greater risk for suicide.

Working in global health requires a high awareness of what equity and social justice mean in different parts of the world, including the United States. We live in an era when great strides are being made to bridge gaps in equity. As a young person today, you may have considerable opportunities to make a contribution in this area.