Topic 2: Equity and inequity
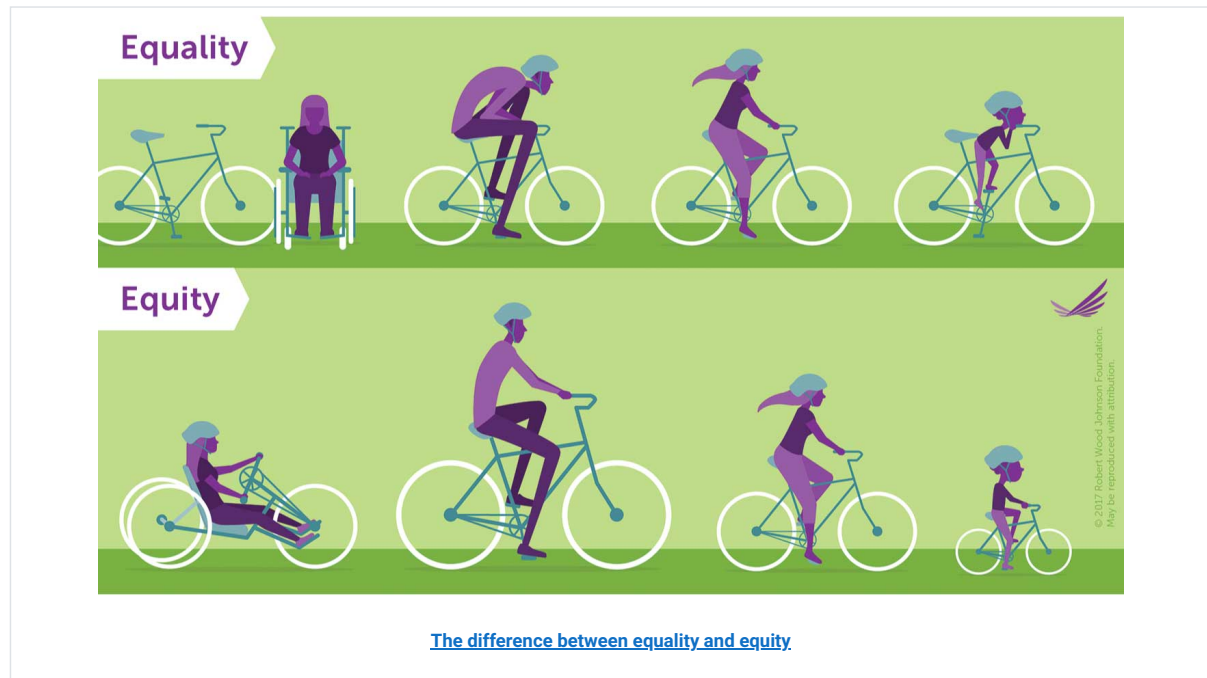

The difference between equality and equity

Defining equity and inequity

Click on the below headings to reveal further information.

> **Equity**

> **Equity in health**

Equality is not the same as equity as it focuses more on 'sameness'. Equality policies in health provide a framework that allows people to have the same means of achieving health. This does not mean an absolute principle of equality or sameness across a population is ideal. Social health policies designed to ensure equity of access become a means of achieving equality.

Many strategies to enhance equitable access to health services are outside the domain of the health sector. They relate to activities in transport, housing, sanitation, water supply and education among other sectors. In addition, gender has been a key basis in which equity of access can be argued.

Policy approaches can provide a context for people to achieve equality of capabilities, a social system where people have the capability and freedom to choose one type of life rather than another.

There is a clear distinction here between policies that provide for equality of service, where people are offered the same support or services irrespective of the circumstances in their lives, and policies that ensure equality of capability, where some people are selectively advantaged in order to enable them to access services.

Social justice is another core principle of public health and has been defined as the collective expression of the principle of equity. A socially just society is much more likely to be a healthy society.

What is health equity? [3:25 mins]

Watch this short video from the Health Equity Institute that explains how social, economic, and environmental conditions can create health inequities and how these inequities can affect health inequalities.

What is Health Equity?

The intersection between inequalities and disparities with equity — The case of smoking in Australia

In this sub-topic we will explore some of the issues in relation to health disparity and disadvantage related to smoking by exploring the determinants of smoking and how those determinants impact on disadvantage.

Recommended reading

Read the article 'Tobacco control approaches and inequity – how far have we come and where are we going?'.

- Tobacco control approaches and inequity – how far have we come and where are we going?

Read the introduction section on this website to learn more about the history of tobacco smoking in Australia.

- A brief history of tobacco smoking in Australia

We know that smoking rates are declining in Australia generally but when we have a close look at smoking rates we see that a number of population groups have a higher prevalence than the general population. Among these disadvantaged groups the smoking rates can be up to five times higher (ANPHA 2013). The difference in smoking rates is concerning for a number of reasons but in particular because high smoking rates result in increased health and financial inequalities in the most disadvantaged groups in our communities.

By the most disadvantaged we mean people who, in addition to low income, face a number of other issues such as mental illness, sole parenthood, unemployment, family violence, homelessness, drug and alcohol problems, criminal justice issues, limited education, and social isolation (ANHPA 2013 p. 2).

The table below, adapted from the evidence brief (Required reading above), outlines the most disadvantaged groups in relation to smoking prevalence.

Disadvantaged groups in relation to smoking prevalence

Group	Percentage who smoke
Australian general population	15.1
People in low socioeconomic groups	24.6

Group	Percentage who smoke
People experiencing unemployment	27.6
People with a mental illness	32.4
Sole parents	36.9
Aboriginal and Torres Strait Islander peoples	47.7
People with psychosis	66
Prisoners	74
People experiencing homelessness	77
Young people in custody	79
People with substance abuse disorders	85

From the table you can see that many disadvantaged groups in Australia have higher smoking rates than the general population.

The figure below shows the barriers to quitting smoking and the enablers of smoking in disadvantaged population groups.

Barriers to quitting smoking (Click to expand the image)

Source: Adapted from ANPHA 2013, p. 6
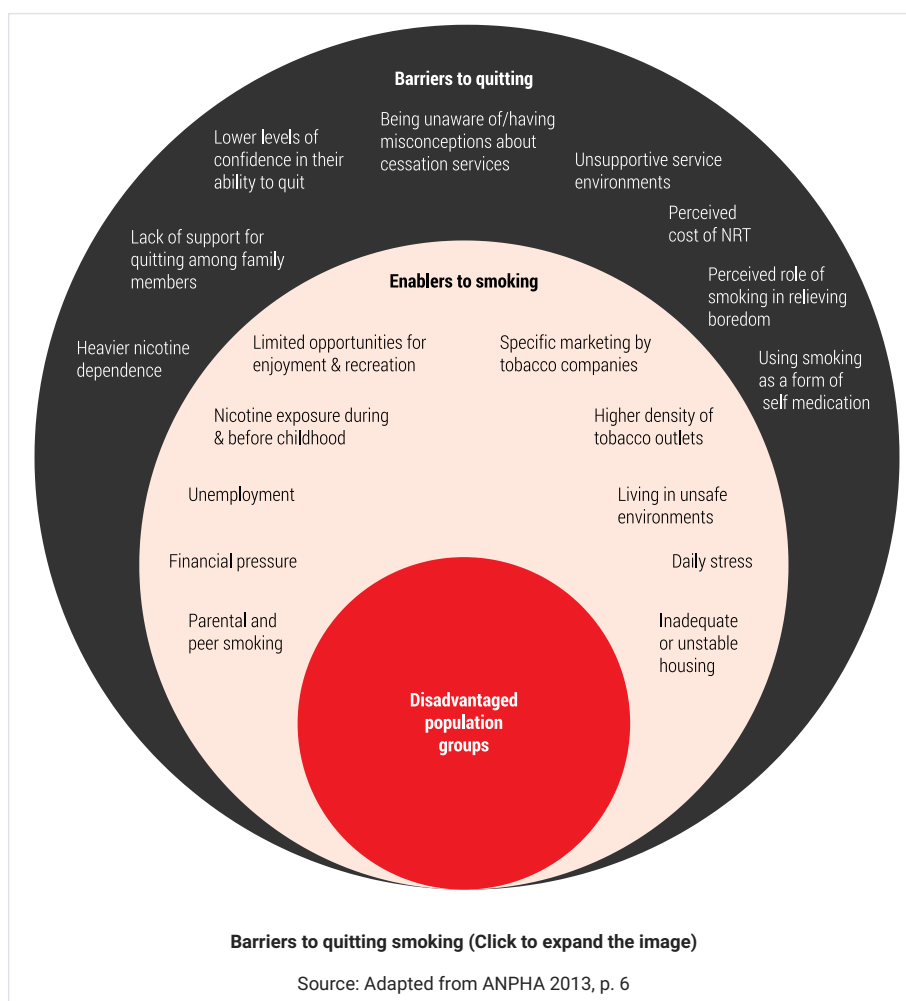
👥 **Required reading**

Part A: The nature of the p roblem and pathways to social inequities in health, in Dahlgren G, Whitehead M 2006, *European strategies for tackling social inequities in health: levelling up part 2*, World Health Organization (WHO),Copenhagen: WHO Regional Office for Europe, pp. 10-24.

- [European strategies for tackling social inequities in health: levelling up, part 2](#)

Recommended reading

- Bentley, M 2013, 'An ecological public health approach to understanding the relationships between sustainable urban environments, public health and social equity', *Health Promotion International*, vol. 29, no. 3, 528–537 .

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