

Introduction to Health Equity and Social Justice

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Key concepts, why they matter, and how they are applied in public health practice.

1. Core Definitions

Term	Meaning	Typical Indicators
Health Equity	The <i>absence of systematic, avoidable, unfair</i> differences in health outcomes among population groups.	Disparities in life expectancy, infant mortality, chronic disease prevalence, access to care.
Health Inequity	The <i>unjust</i> component of health differences—those that stem from social, economic, or political disadvantage.	Higher rates of diabetes in low-income neighborhoods, limited insurance coverage for racial minorities.
Social Justice	A broader societal principle that seeks fair distribution of resources, opportunities, and privileges, and the removal of barriers that marginalize groups.	Policies that guarantee equal education, safe housing, decent work, and political voice.
Social Determinants of Health (SDOH)	Conditions in which people are born, grow, live, work, and age that shape health outcomes.	Income, education, employment, housing, food security, neighborhood safety, discrimination.

2. Why Health Equity Matters

- Moral Imperative** – Every person deserves the chance to achieve their highest health potential.
- Economic Benefits** – Reducing inequities lowers health care costs, improves productivity, and strengthens economies.
- Public Health Effectiveness** – Outbreaks and chronic disease burdens are harder to control when vulnerable groups are left behind.
- Legal & Policy Mandates** – International (e.g., WHO) and national frameworks (e.g., U.S. Healthy People 2030) call for equity-focused actions.

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3. Theoretical Foundations

Theory/Framework	Main Idea	Relevance to Health Equity
Social Gradient in Health (Marmot)	Health improves stepwise with each rise in socioeconomic status.	Highlights that inequities are not only between “rich vs. poor” but across the whole spectrum.
Structural Violence (Galtung)	Social structures systematically harm certain groups.	Explains how policies, institutions, and cultural norms embed health disparities.
Intersectionality (Crenshaw)	Overlapping identities (race, gender, class, ability, etc.) create unique experiences of oppression.	Guides targeted interventions that address multiple axes of disadvantage.
Health Equity Framework (CDC)	Links SDOH, health behaviors, health outcomes, and policy levers.	Provides a roadmap for multi-level interventions.

4. Key Dimensions of Health Inequities

Dimension	Example	Mechanism
Economic	Higher hypertension rates in low-wage workers.	Limited access to nutritious food, stressful work conditions.
Racial/Ethnic	Black infants have a 2-3× higher mortality rate than white infants.	Structural racism, bias in medical care, residential segregation.
Geographic	Rural residents travel longer for specialty care.	Provider shortages, transportation barriers.
Gender & Sexual Orientation	Transgender individuals face higher rates of mental health disorders.	Discrimination, lack of culturally competent services.
Disability	People with disabilities experience higher rates of preventable hospitalizations.	Inaccessible facilities, communication barriers.

5. Strategies for Advancing Health Equity

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5.1 Policy & Governance

Justice

- **Equity?Impact Assessment:** Systematically evaluate proposed policies for potential disparate effects.