


PERSPECTIVE OPEN ACCESS

Promoting Equity in Public Health: Addressing Inequality and Social Disparities

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ABSTRACT

Background: Health inequalities remain a global issue, deeply rooted in social, economic, and environmental determinants that shape health outcomes. This editorial examines these disparities and critiques the World Health Organization's (WHO) health definition to address the historical and systemic injustices that perpetuate health inequities.

Methods: This paper synthesizes research and expert perspectives on the fundamental causes of health inequities, focusing on social determinants such as income inequality, environmental hazards, and systemic discrimination.

Results: Findings highlight significant disparities in healthcare access and outcomes, particularly among marginalized populations affected by factors like income, race, and geographic location. This underscores the need for tailored, equity-centered approaches to healthcare.

Conclusions: A coordinated global approach that addresses both environmental and social determinants of health is essential to create equitable and resilient health systems.

1 | Introduction

In the realm of public health, the WHO defines health as a state of complete physical, mental, social, and spiritual well-being, rather than merely the absence of disease [1]. This comprehensive view highlights the interconnectedness of various factors that influence individual and population health. From social determinants to healthcare services, and individual behaviors to broader economic and environmental settings, the landscape of public health is complex and multifaceted [2]. However, amidst this complexity lies a significant challenge: health disparities and social risks. Historically, efforts to improve health have primarily focused on medical treatments, as it is often the most recognized aspect of healthcare [3]. Despite advances in medical science and public health interventions, millions of people worldwide still face barriers to accessing quality healthcare and achieving optimal health outcomes [4]. This article aims to analyze the root causes,

manifestations, and detailed aspects of this pervasive issue while proposing strategic solutions to advance a more inclusive and equitable approach to public health.

2 | Understanding Health Inequity

The unequal distribution of health outcomes within countries is referred to as “health inequalities,” a deeply ingrained issue often shaped by social, economic, and environmental factors [5, 6]. These disparities manifest across various dimensions, including race, ethnicity [7], gender [8, 9], financial status [10, 11], education [12, 13], and geographic area. Crucially, historical and systemic injustices that reinforce marginalization and segregation are key drivers of health disparities [14]. Historical and systemic injustices, such as discriminatory policies and institutional biases, have long reinforced marginalization and segregation, leading to persistent health disparities. Marginalized communities often face

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limited access to quality healthcare, education, and economic opportunities, worsening their health outcomes. Segregation further deepens these inequities by restricting resources and exposing disadvantaged groups to greater environmental and social risks.

The concept of social determinants of health, encompassing the conditions in which individuals are born, grow, live, work, and age [15], forms the foundation of health inequities. These factors significantly influence human health as they are shaped by broader social structures and policies. For instance, barriers prevent disadvantaged racial or ethnic groups from accessing healthcare services, leading to disparities in health outcomes, such as higher rates of chronic diseases [16–18], maternal mortality [19], and infant mortality [20].

Additionally, various economic factors contribute to unequal health outcomes, known as health imbalances [21]. Economic status, employment opportunities, stable housing, access to nutritious food, exposure to environmental hazards, and experiences of stigma and discrimination are key factors [22, 23]. Together, these economic variables create a complex network that shapes health behaviors and exacerbates health disparities.

A comprehensive understanding of the underlying causes of health disparities, along with the interrelated systems of privilege and oppression that sustain them, is crucial for addressing the issue [7]. To tackle the root causes of inequality, a holistic approach beyond individual-level interventions is required. By addressing these fundamental drivers of health disparities and centering equity within healthcare systems, we can build a fairer and more inclusive health framework for all, regardless of social or economic background.

3 | Addressing the Core Causes

3.1 | Health Inequities

The term “health inequities” refers to the unjust differences in health outcomes across various demographic groups. Multiple social, demographic, economic, and environmental factors contribute to these disparities, often requiring multifaceted approaches to address them (Figure 1) [5, 6].

3.1.1 | Social Determinants of Health

The conditions in which individuals are born, grow, live, work, and age are known as social determinants of health [15]. These factors—such as education [12, 13], income, employment, social support systems, and access to healthcare [24]—have a significant influence on health outcomes.

3.1.2 | Demographic Factors

Health inequities are shaped by demographic factors, including sex, age, race, ethnicity, and income. Children, the elderly, people of color, and individuals with disabilities often face disproportionate barriers to accessing healthcare and experience worse health outcomes. Given that prejudice is a significant driver of economic inequality [25].

3.1.3 | Economic Conditions

Economic factors greatly influence health outcomes. These include poverty, income inequality, and resource availability.

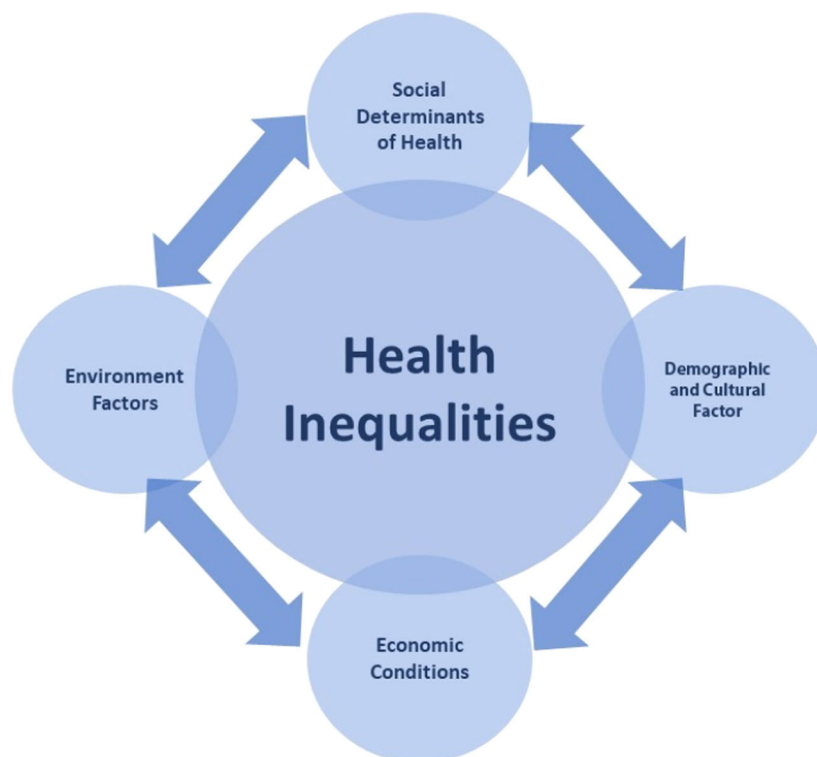


FIGURE 1 | Created by the authors.

Poor health outcomes are more prevalent among economically disadvantaged populations due to limited access to stable housing, education, nutritious food, and healthcare services [26]. Addressing economic causes alone is insufficient to rectify these injustices [27].

3.1.4 | Environmental Factors

Environmental factors contributing to health inequities include pollution, exposure to hazardous chemicals, and lack of access to clean water and sanitation [28]. Communities exposed to environmental degradation and contamination often experience higher rates of respiratory illnesses, waterborne diseases, and other health issues [29].

3.1.5 | Cultural Context

Cultural factors also play a crucial role in shaping health disparities. Cultural norms, beliefs, and practices can either facilitate or hinder access to healthcare services [30]. Marginalized communities may experience discrimination or cultural insensitivity in healthcare settings, leading to distrust in medical institutions and worsening health outcomes [31]. Addressing cultural barriers and promoting culturally competent care are essential to reducing health inequities.

By addressing these root causes comprehensively through interventions and policy measures, we can work toward reducing health inequities and creating a fairer healthcare system that ensures health for all, regardless of social or economic status.

4 | Global Patterns and Determinants

Worldwide health disparities are the result of a complex interplay of environmental, social, economic, and demographic factors. These patterns underscore the significant impact that economic determinants have on individuals and communities globally [23]. Health outcomes are influenced by geographic location, with both territorial and national differences being evident [32]. Factors such as region, climate, and resource availability significantly affect health risks and outcomes [33]. For instance, individuals living in low-lying coastal areas are more vulnerable to disasters and health risks associated with climate change, whereas those in remote areas may have limited access to healthcare services [34, 35].

Health disparities are compounded by demographic characteristics such as sex, age, physical ability, ethnicity, and socioeconomic status. Children, the elderly, people with disabilities, and minority groups are among the most vulnerable populations, often facing disproportionate barriers to healthcare and experiencing higher rates of morbidity and mortality [36]. Additionally, there are still gender-based differences in healthcare outcomes, utilization, and access, with women often encountering unique health issues and institutional discrimination [37].

Economic factors, including poverty, income inequality, and resource availability, play a significant role in shaping health outcomes. People in poverty are more likely to experience poor health outcomes due to limited access to stable housing, education, nutritious food, and healthcare [26]. Moreover, economic instability and globalization exacerbate health inequalities both within and between nations, further contributing to differences in healthcare delivery.

Socioeconomic determinants of health, such as social structures, housing, employment, and education, are key in explaining health disparities. Cycles of poverty and health disparities are worsened by a lack of educational and employment opportunities [38]. Additionally, social factors such as stigma, discrimination, and social exclusion, particularly among marginalized groups, further exacerbate disparities in healthcare access and utilization [39].

Environmental factors, such as exposure to natural hazards, harmful chemicals, and the lack of sanitation and clean water, also impact health disparities [40]. Respiratory diseases, waterborne infections, and other health issues are more prevalent in communities exposed to environmental degradation and pollution [41]. Climate change poses a significant global health challenge, worsening existing health disparities and disproportionately affecting vulnerable populations [35].

Addressing global health disparities requires a comprehensive approach that targets the root causes of poor health by addressing economic, social, and environmental factors. The goal is to establish a more equitable and inclusive healthcare system that guarantees health for all, regardless of location, demographics, or economic status. Healthcare policies and practices must prioritize equity, social justice, and human rights.

5 | A Strategy for Change

1. *Policy promotion.* Advocate for official reforms to address the root causes of health disparities, including income inequality, environmental justice, and healthcare access at local, national, and global levels. This method may face challenges in ensuring political will and sustained commitment across diverse regions.
2. *Equity-centered healthcare.* Integrate equity-based approaches into healthcare delivery, ensuring services are accessible, culturally sensitive, and tailored to the needs of diverse populations. This approach may face obstacles in adapting existing systems to fully address diverse population needs.
3. *Education and awareness.* Promote health and social equity by supporting educational and awareness campaigns that enhance public understanding of social determinants and health disparities. The challenge lies in reaching marginalized communities and ensuring the campaigns translate into actionable change.
4. *Community empowerment.* Empower marginalized communities to advocate for their health needs, participate in decision-making, and access necessary resources. Although effective in fostering local leadership, this

approach may encounter difficulties in securing long-term resources and capacity building.

5. *Addressing structural racism.* Implement antiracist policies, encourage diversity, and dismantle barriers to equitable healthcare. Achieving measurable progress requires overcoming deep-seated institutional biases and securing widespread institutional adoption.
6. *Intersectional approaches.* Apply intersectional strategies that consider multiple dimensions of discrimination—such as gender, race, and sexual orientation—and their impact on health outcomes. A challenge here is the complexity of accurately assessing and addressing all intersecting factors.
7. *Strengthening health systems.* Invest in healthcare infrastructure, workforce training, and access to essential medicines and technologies, particularly in resources.
8. *Promoting social equity.* Embed principles of social equity and human rights in healthcare policies and practices to ensure universal access, regardless of socioeconomic or demographic status. There is a risk that without robust enforcement, inequities may persist.
9. *Data collection and monitoring.* Strengthen systems for gathering and analyzing data to identify health disparities, monitor trends, and assess the effectiveness of interventions. The method may face issues with data accuracy, particularly in regions with inadequate health information systems.
10. *Global collaboration.* Foster global partnerships between governments, academic institutions, and civil society to address international health disparities. Although this collaborative approach offers immense potential, it may be hindered by differences in policy priorities and resource allocation.
11. *Climate change response.* Integrate climate change adaptation into health policies, recognizing the significant influence of environmental degradation on health outcomes. A limitation is the challenge of aligning health policy with broader climate agendas across sectors.
12. *Youth empowerment.* Engage young people as leaders by providing opportunities for advocacy, leadership development, and participation in health equity efforts. However, sustaining youth engagement and ensuring meaningful inclusion in decision-making can be challenging.

By implementing these targeted strategies, we can advance toward creating a fair and inclusive healthcare system that ensures health for all individuals and communities, despite potential challenges in execution and resource distribution.

6 | Conclusion and Proposal for Future Works

In essence, addressing health disparities requires a multifaceted approach that tackles the root causes and promotes fairness in healthcare outcomes. By understanding the intricate interactions between economic, environmental, and social factors that drive

health disparities, we can develop targeted interventions and policies that prioritize equity, social justice, and human rights.

To advance the goal of health equity, several areas for future work should be considered:

1. *Data analysis and research.* Conduct comprehensive data analysis to identify vulnerable populations, assess the effectiveness of interventions, and better understand the underlying causes of health disparities. Future research should focus on intersectional approaches, integrating diverse perspectives to ensure a holistic view of health inequities.
2. *Policy advocacy and reform.* Advocate for policy changes at local, national, and global levels to eliminate structural barriers to health equity. Key areas for action include securing additional resources for healthcare system development, addressing systemic racism and discrimination, and advancing equity-centered policies.
3. *Community engagement and empowerment.* Long-term change requires empowering communities with the tools to advocate for their own health needs and participate in decision-making. Future efforts should emphasize community engagement, capacity building, and grassroots organizing to ensure that interventions are tailored to the needs of diverse populations.
4. *Global collaboration and partnerships.* Achieving global health equity requires collaboration with governments, civil society organizations, and international agencies. Future initiatives should focus on building partnerships, sharing best practices, and pooling resources to address health disparities on a global scale.
5. *Addressing emerging challenges.* In a rapidly evolving global context, it is critical to anticipate and respond to emerging challenges such as pandemics, climate change, and technological advancements. Proactive strategies must be developed to mitigate their impact on vulnerable populations through targeted research and policy initiatives.

Achieving health equity necessitates coordinated efforts across sectors to address underlying social determinants, including socioeconomic, environmental, and systemic factors. By prioritizing equity, social justice, and human rights in healthcare policies and practices, we can create a more inclusive and responsive healthcare system that meets the needs of all individuals, regardless of their background or circumstances.

Author Contributions

Abdullah Al Mamun: supervision, validation, conceptualization, writing – original draft, writing – review and editing, project administration, visualization. **Morshed Alam:** conceptualization, writing – review and editing, project administration, resources, writing – original draft, validation.

Disclosure

The authors declare that the work described has not involved experimentation on humans or animals.

Consent

The authors declare that the work described does not involve patients or volunteers.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The article contains all of the data necessary to support the results. Thus, no additional data sources are required.

Transparency Statement

The lead author Morshed Alam affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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