

Health Equity: Reasons To Care About It, And How Can It Be Achieved

Healthcare is a basic human right. It is often however blocked by structural issues and inequalities where people are not able to avail the services. As a result these inequalities lead to poor health in vulnerable groups which has far reaching economic and social effects. This is where the term health equity comes in; a principle that seeks to equalize health care of the same quality free from any geographical, racial or economic barriers.

In this piece, we will discuss health equity in greater detail along with its understanding and the inequality factors and what role we can play in eradicating such inequalities as individuals, communities, and policy makers to achieve enhanced health for everyone.

What is meant by Health Equity?

Health equity means that everyone gets an equal shot at being as healthy as possible without any systematic issue coming in between or any form of such influence. Therefore, to make satisfactory progress towards this goal, we must tackle systems including racism and discrimination that leads to a grossly unequal distribution of healthcare services and aid to entire communities living in poverty.

The stark truth is that equity in health care is hardly achieved and even more so among people of color, low-income families, and those living in rural areas. To illustrate, African American or Latino American community members tend to be at a higher risk of developing chronic illnesses such as high blood pressure and diabetes than the others, while concurrently being less likely to receive treatment on time.

Health inequalities are one of the most critical issues around the globe. Here is everything you need to know about this disheartening problem.

****Main Contributing Factors in Health Inequity****

****Socioeconomic Status****: Those who belong in the lower class financially tend to be unable to avail of preventative health care, as well as vital food options.

****Race and Ethnicity****: People of color tend to receive suboptimal caregiving due to systemic racism and unconscious prejudice has infiltrated medical institutions.

****Geography****: There is a lack of availability of healthcare practitioners and services in rural or disadvantaged regions.

****Education****: People with lower education are less cognizant of available resources or even how to utilize them.

****Discrimination****: Care for people with disabilities and the LGBTQ+ community people is quite difficult to find, and this adds an extra layer of difficulty.

****Inequity Around the Globe****

****Globally****: Almost, approximately 50% of the world cannot access even the most basic health care, and even more staggering number is the fact that this number was provided by the World Health Organization.

****In US****: The Center for Disease Control and Prevention has reported that Black women are three times more likely to die due to pregnancy complications as opposed to white women.

****Sub-Saharan Africa****: Countries in this region are unfortunately well behind in terms of access to healthcare women, which consequently has reduced life expectancy in the region.

****Effects of Disparities in Healthcare****

Healthcare disparity results in a ripple effect that in turn, hurts a multitude of aspects in the life of an individual suffering from it. It not only exceeds chronic pain that one experiences, but as one can observe, it shortens life expectancy and decays the living standards of an individual. As an outcome, an additional layer of grief is added for the loved one relying on the affected individual, which has no end.

Economic Consequences

Some inequalities lead to unsustainable costs on healthcare systems. More so, conditions that should be treated early attend acute care centers and hospitals, which incurs additional billions of dollars even so, total losses are around billions yearly to the whole nation. It has been mentioned that it is believed that there is a hub and spoke system in the United States, regarding the US, where race has been a key barrier resulting in additional medical losses because of over 93 billion dollars in additional costs (Kaiser Family Foundation 2021).

Initiatives Addressing Health Equity

Interface can be considered difficult, however, in some contexts the global community is making some processes to mitigate such disparities. Some are listed below.

Policy and Governmental Efforts

The inexpensive care act ACA addressed some major social issues regarding healthcare distribution to some parts of America who were unable to afford medical care, and for some specific demographics lamentably women in poverty.

The World Health Organization World Health Organisation has been a leading force in addressing globalisation with specific focus inside its SDG Sustainable development goals on Universal Health Coverage and Global Health.

Local Success Stories

The Centre for Health Equity in New York City overseen Dr Aletha Maybank who has been an outstanding leader focused on reducing institutionalized areas of struggle such as racial

disparities and also increasing encouraging more access through equal opportunity filled areas within underserved neighborhoods.

The health insurance program introduced in Rwanda is one of the best success stories as they were able to achieve and sustain near universal coverage for basic health care and at the same time greatly reduced child mortality rate.

Notable Organizations Driving Change

The “skin of color society” SOCS over a period of time has made noticeable contributions of their voice in the boardrooms including health equity with their focus on education & advocacy “Society’s 20th Annual Symposium glasses and Win 4 Life Rally” was an example of the said contributing platform.

The Equity Leadership Movement is today’s counterpart of antagonism to much of historical oppressions inside organized medicine, many of whom have been initiated by Dr Maybank.

Technology Aiding in Closing Health Inequity

Technology can also be an enabler for closing the health equity gap. Here’s how:

Telephones and the Internet eliminate barriers for people in rural areas allowing them to book appointments online and get virtual consultations.

AI skin diagnostic apps that have been approved by SOCS and other related organizations, ensure accurate care to previously underserved populations.

Health literacy resources on such platforms help marginalized communities to utilize and navigate available health systems.

Analytics aided initiatives helps to identify the existence of gap through trends and outcomes of healthcare provision on the basis of location and sex among other variables to allow focused responses.

Our Strategies

Achieving equity in health care requires everybody in the society to engage in the fair distribution of resources and privileges in healthcare:

For the Law Makers and the Providers:

Support the establishment of a universal health insurance scheme that can cover everyone.

Build up the training of DEI into the core functions of every day work for all providers.

Establish a housing program for the vulnerable population with a large number of services that are being offered to them.

For the Local Population:

Advocate for community training campaigns on essential health care and diet.

Funding providers and charity they should target their projects addressing one health equity issue.

Seek representation on government committees aiming at advancing driven initiatives for the society.

For The Global Community:

Learn the current state of challenges and tools for dealing with inequity and distribute such information among those around you.

Joining up with such teams, provide assistance to address these gaps.

Engage in public outreach to foster changes in government healthcare regulations.

Health Equity Needs Continuous Struggle

Attaining equity in health is not just a finish line but more of a continuous process towards upholding fairness and ideals in the field of medicine. There may be problems, however, fulfilling this vision will not materialize without the joint efforts of the people, the community, and the institutions.

The efforts made by Dr. Aletha Maybank while assuming leadership at the American Medical Association is a true epitome of courage and promise in this regard. People like her assure us that changes such as this can possibly be effected even in old institutions which are not reformist in nature.

It is time we stressed that in our future healthcare system, healthcare is guaranteed as a basic human right, and not as a charity. Advocacy, engaging technology and solving the problems of bias will enable us achieve that. We seek change in action and awareness and there is no reason why we cannot imagine a future where health equity is not a privilege but rather a standard.

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