

## POLICY STATEMENT ON HEALTH EQUITY



Endorsed:

Date:

The World Health Organisation (WHO) defines 'equity' as the absence of unfair, avoidable, or remediable differences among individuals or groups of people.<sup>1</sup> These differences may be social, economic, demographic, geographic, or other dimensions such as gender, ethnicity, disability (congenital or acquired), or age. The differences may be exacerbated by discrimination, stereotyping and prejudice.

Equity is not the same as equality, and equality of access is not the same as equitable access. Those with the greatest need and fewest resources require more, not equal, effort and resources to equalise opportunities.<sup>2</sup> Equality means that the law and government treats everyone the same, irrespective of who they are or where they live. Equity means that, in some circumstances, people need to be treated differently in order to provide meaningful equality of opportunity and access.<sup>3</sup>

The WHO maintains that health and health equity are determined by the conditions in which people are born, grow, live, work, play, and age; as well as biological determinants. Structural determinants - political, legal, economic, and social - shape the distribution of power and resources. Discriminatory practices are often embedded in institutional systems and processes, leading to individuals and groups being underserved and under-represented in decision-making at all levels.

'Health equity is achieved when everyone can attain their full potential for health and wellbeing'; where everyone has a fair and just opportunity to attain their optimal health regardless of gender, ethnicity, disability, age, socioeconomic status, geography, preferred language, or any other factors that affect access to care.

Achieving health equity means systematically identifying and eliminating inequities that result from the vastly different circumstances and experiences of individuals and communities, particularly as many of these differences relate to circumstances and experiences over which individuals or communities have no, or little, power to influence or change. Achieving health equity means progressively adapting policies and services to meet individual needs, and reducing unnecessary and avoidable differences that are unfair and unjust.

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<sup>1</sup> <https://www.who.int/health-topics/health-equity>

<sup>2</sup> Braveman, P., et al. 2018. *What is Health Equity?* Behavioural Science and Policy 4(1) pp.1-14 available from - <https://behavioralpolicy.org/wp-content/uploads/2018/12/What-is-Health-Equity.pdf>

<sup>3</sup> Equitable access is more than equal access. For example, three people are standing behind a wooden fence wanting to see something on the other side. They all have equal access. However two people are tall and can see easily over the fence. Once person is small and cannot see over the fence. Equitable access is providing the means for the smaller person to see over the fence.

Nursing and midwifery have essential roles to play in improving health equity and are in a unique position, due to their level of contact and interaction with diverse individuals, populations groups and communities, to identify, raise awareness, and address, where possible, the social determinants of health and structural inequalities.

Making sure that everyone has access to the services they need requires a robust and sufficient health and care workforce with the capacity, knowledge, education and resources required to meet population demand. Health inequities, including workforce shortages, impact on the availability, safety, quality and effectiveness of health and care services and disproportionately affect more disadvantaged areas, where health needs are often greatest.

The CNMF urges all nurses and midwives to:

1. Be alert to, identify, and raise awareness about health inequities in their own workplaces and among their colleagues.
  2. Be a champion for health equity in their workplaces and among their colleagues and work to remediate inequities which are remediable or avoidable; and to eliminate those which are unfair or unjust.
  3. Be an advocate for those individuals or communities who experience health inequities, raising awareness of inequity and driving action by governments to address it.
  4. Advocate for health equity to be a core component in all nursing and midwifery education and professional development.
  5. Lobby local authorities and governments for the co-development of health equity policies in consultation with key stakeholders in the nursing and midwifery professions, and the implementation of practical strategies to address identified health inequities.
  6. Lobby local authorities and governments for the planning, design and commissioning of services equitably, to meet the needs of all individuals and communities, and reduce unnecessary and unfair differences in health access.
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