Equity and HIA

Implications for building capacity and for professional training

testing assumptions

- Inequalities are common in our lives - they occur all the time, and we all experience some inequality in our access to some things, experiences, and outcomes

- We accept the systems that reward effort, creativity, contributions, and outcomes

beyond that

- We, as individuals and societies, tolerate inequalities in the provision of social goods and services – albeit under certain conditions:
  - trading some things for others (by choice)
  - When we perceive ourselves to be respected, autonomous, able to make choices, and able to change or influence things we don't like or that don't suit us

- so, although the determinants of health are distributed unequally, no 'great' concern

- although the more equal the better (at least as a value in principle).

+ but

- This does not constitute inequity – when the inequalities are not random or time limited or occur in one sphere of life and not others

inequity occurs when

- inequalities are not random, when they are systematic, persistent;

- when a group of people have not only been denied access to social, economic, and political resources, but have also been ascribed traits that carry stigmas or other social meanings that limit their agency. (Williams, 1998).

- History has often played a role in defining these groups

- Patterns of distributive and cultural inequality most firmly entrenched when historical domination most egregious and when the history of inequality runs deep

So,

- clearly, the distribution of the social determinants of health matters (no matter which framework is used to describe these), but the question yet to be answered is 'why' the distribution has been and continues to be so inequitable.

what is missing from our frameworks and analyses

- Political power – including voice, authority, and influence

- Fiona Cram pointed to this in her wonderfully thoughtful paper on Wednesday.

one common response

- build or strengthen social movements

- influence public policy decisions by building a 'large', 'loud' voice

- influence public policy decisions from 'outside'

but

- inequity is experienced, in high income countries, by minorities

- most people, the majority, are 'doing ok'

- democracy, itself, has fostered this – it was (and is) vital to our progress but majority rule does not, by definition, respond to minorities (Szreter 2003)

participation

- a principle of all our work

- a necessity – to identify needs, to define solutions, and encourage 'ownership' of actions and outcomes

- a necessity – to empower people – bringing about positive change

+ and

- a way to expand reach, to create capacity, to sustain change…..

- and each of these is valid, proven, and important – mainly, though, because it is **respectful of citizenship**

+ participation is vital

- but it can replicate inequity all to easily

- participants are almost always 'representatives'

- what is the role of a representative?

- who is the constituency being represented?

- who decides on the criteria being used to decide on representatives?

- who selects/elects representatives?

- how do the representatives canvass the views/perspectives of 'constituents' – if they do that at all?

- how do representatives reconnect with their constituents – to feed back, to ensure continuing participation in decision-making?

- as well, how are representatives included in decision-making – as 'outsiders' contributing a 'voice', or as 'insiders', exercising influence?

+ and what does this mean

■ for the groups/communities who have been denied political power?

implications for building capacity

- not simply creating supportive, cohesive, safe communities

- but also creating/supporting the establishment of a vibrant civil society

- and joining this to political power