



# (IN)EQUITY

## IN THE CONTEXT OF COVID-19



### What it is

Inequity refers to differences in resources, opportunities, and outcomes between various social, economic, or demographic groups that are not only *avoidable*, but also *unfair*<sup>1</sup>. **Equity in health** is achieved when all individuals benefit from an equal chance to reach their *optimal health*<sup>1</sup>.

Equity is different from **equality** because it is based on a judgement of *fairness* and *justice*, which takes into consideration an individual's unique needs and social context. **Addressing equity** entails identifying and tackling the systemic differences in opportunities and resources that are beyond an individual's control<sup>2</sup>.



### How it manifests

Research has consistently shown important **disparities** in areas including health, education, and income based on a person's membership to certain social groups<sup>3,4</sup>. That is, some populations tend to systematically face shorter life expectancy, more poverty and/or lower educational outcomes than others.

Inequities are embedded in the **uneven distribution of power and resources** that reduce the availability of opportunities and limits capacity for agency both between & within groups<sup>2</sup>. This manifests through a **lack of access to basic rights and services**, ultimately contributing to the perpetuation of disadvantage across generations<sup>2,3</sup>.



### Why it is important

*"If we know what to do, and we don't do it, society is at fault."* (Marmot, 2017, p. 545)<sup>5</sup>

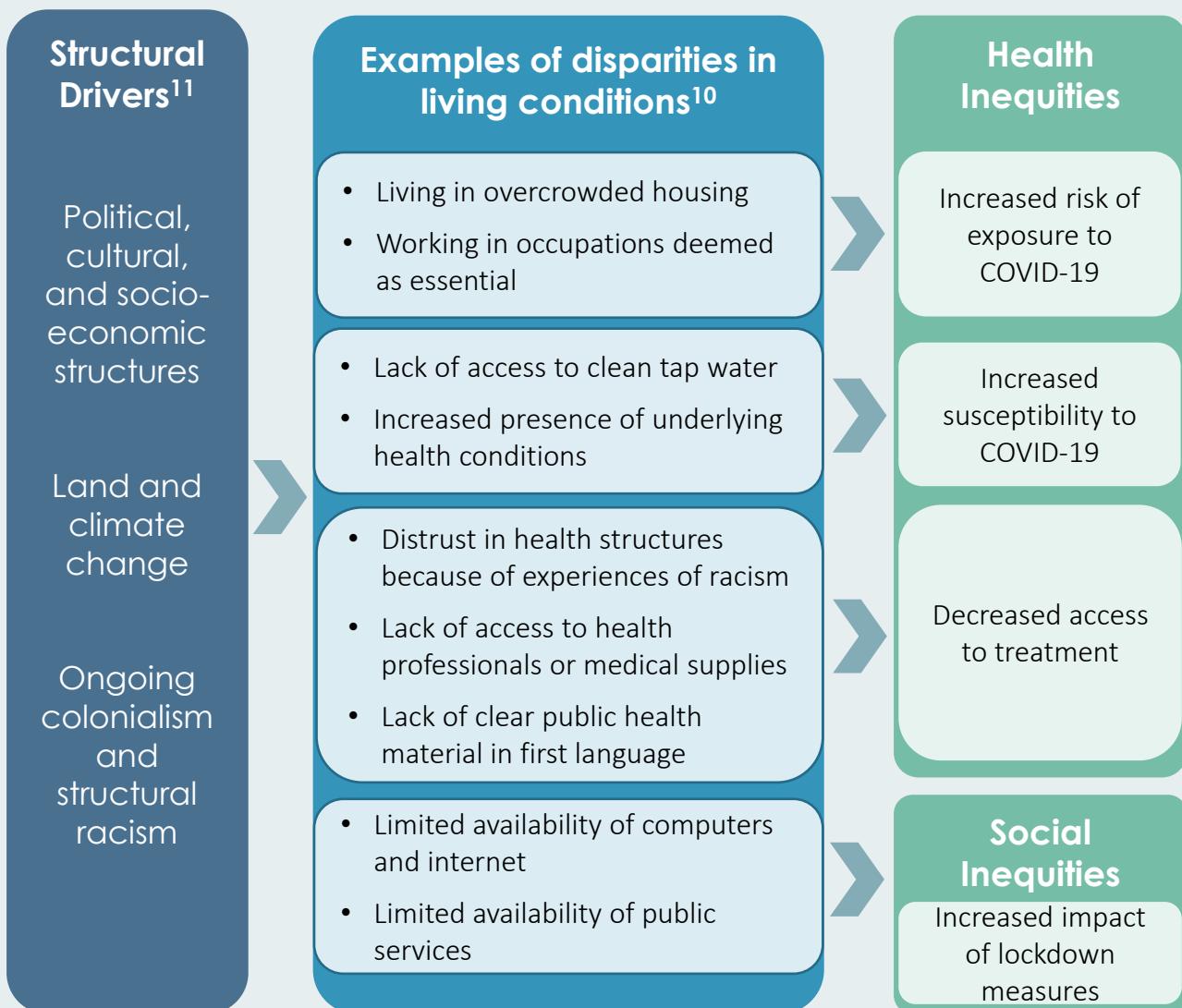
People have no control over the situations in which they are born. Inequity has devastating consequences – including being directly responsible for millions of deaths worldwide. The disadvantages that health and social service workers are confronted with in their practice are the **symptoms of inequity**. Given that inequities are *avoidable*, they are also *remediable*. As such, addressing inequity becomes a **moral imperative** – and should be the starting point of intervention for professionals and politicians alike<sup>4,5</sup>.

Beyond the need for social justice, equity has been associated with the **long-term prosperity** and **economic wellbeing** of societies. In Canada alone, the cost of health inequities have been estimated at \$6.2 billion annually in the health sector<sup>6</sup>, with the cost to human productivity being estimated at \$30 billion per year in countries like the UK<sup>7</sup>. By contrast, addressing the source of inequities can greatly reduce the overall cost to societies over time, by removing barriers that stifle marginalized populations' ability to thrive<sup>7,8</sup>.



# Equity concerns during COVID-19

Like previous pandemics, COVID-19 - and the measures in place to contain it - have been found to **magnify pre-existing health and socioeconomic inequities** between groups across the world<sup>9</sup>. This has been linked to risk factors that influence: an individuals' exposure and susceptibility to the disease; the adequacy and timeliness of available treatment options; and the impact of lockdown measures<sup>10</sup>.



## SOURCES

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