

# Health inequities: A toolkit

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## Definitions

**health equity, health inequities:** Achieving health equity requires removing structural, unjust obstacles such as racism, poverty, discrimination and their consequences. Those consequences include powerlessness and lack of access to good jobs with fair pay; quality education and housing; safe environments; and health care. Health inequities are systematic differences in the health status of different groups, and they have significant social and economic costs to individuals and societies.

**unconscious bias:** Bias is the result of beliefs, ideas and thought processes every person develops. Implicit biases and unconscious biases are negative associations people unknowingly hold and are expressed without conscious awareness. Bias is generally individualized. Racial and ethnic biases, intentional or not, are harmful to people of any race. Bias has particularly harmed the health and well-being of Black, Hispanic, Asian, Indigenous and other people of color.

structural racism, systemic racism: It is a system in which public policies, institutional practices, cultural representations and other norms perpetuate racial inequity. The policies, practices and other aspects of structural racism work in various, often reinforcing ways. Structural racism is a principal driver of health disparities.

(Source: [American Heart Association](#))

## Did You Know

“Race or ethnicity (cited by 3.0 percent of adults) was the most common reason reported for perceived discrimination or unfair judgment by a health care provider or their staff, and 7.9 percent of Black adults reported having experienced this type of discrimination or unfair treatment. Black women (13.1 percent) and Black adults with low incomes (14.6 percent) reported having experienced discrimination or unfair judgment by a health care provider or their staff in the prior year at particularly high rates.”

Source: [The Urban Institute](#)

## How to talk about health inequities

Accept discomfort. When talking about inequities, it’s critical to accept discomfort. Oftentimes, discomfort manifests as a small sensation that makes us shift around in our seats. Our heart rate may change ever-so-slightly. We sense that the ensuing conversation is something we’d like to avoid. Impulses to create comfort and “agreeability,” especially when it comes to talking about race and its social effects, sometimes occur among white-dominant groups. “Rather than experience the discomfort in interracial dialogue,” writes diversity consultant [Glenn E. Singleton](#), “many people often put an emphasis on how we are alike instead of addressing our obvious differences.”

Instead of asserting civility and agreeability, one of the key tenets of broaching conversations about racial bias is that participants tolerate discomfort. When talking about inequities, we must strive to be, as Glenn E. Singleton writes, “personally responsible for pushing themselves into real dialogue — the kind that will make (us) uncomfortable but also will lead to real growth.” In other words, feeling uncomfortable is a challenging yet vital call to self-reflection.