Health inequities, discrimination and the nurse's role

Foundational to health are the concepts of health equity, social justice, and the social determinants of health (SDH). To ensure health equity is to ensure that everyone has the same opportunity to be healthy no matter who they are, where they live or what they do. At the heart of the UN 2030 Agenda is the imperative to "leave no one behind." The International Council of Nurses (ICN) is committed to leading and supporting the nursing profession in its responsibility to achieve health equity and social justice for all. Realizing this requires an understanding of the pathways and the forces through which the highest attainable health and well-being can be achieved. This ICN Position Statement presents a brief overview of the ways in which inequities and discrimination intersect with health and affect the health of all persons across the globe.

Health inequities are the unfair and avoidable differences in health status or distribution of health resources between populations. Modifiable systems and policies are the cause of unjust systematic differences or **health inequalities**. Health inequities often exist due to **discrimination,** unequal and unfair treatment based on identity. The agents of discrimination can be the state and its institutions, non-state institutions, or individuals. Discrimination may be on the basis of race, ethnicity, national origin, indigeneity, gender, sexuality, income, social class, education, age, physical abilities, spiritual or religious beliefs, and political beliefs. These identities often intersect creating complex overlapping and interdependent systems of discrimination. Groups who experience discrimination often lack political, social, and/or economic power, restricting them from having full control over their lives. Discrimination is a social determinant of health that impacts the individual and systems level to adversely affect health and wellbeing. Striving for health equity will reduce inequalities and increase access to opportunities and conditions conducive to health for all.[1]

Sir Michael Marmot states that "Lack of access to health care is, by and large, not the cause of ill health." Rather, the conditions that occur across the life course expose people to risk factors and affect behaviour.[2] To get to the root of the problem, these conditions must be directly addressed through policies that consider them. The **social determinants of health** (SDH) are the non-medical factors that influence health outcomes and are the main drivers for the health inequalities that are seen in society. They are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life. The factors that

make up the root causes of these inequalities are diverse, complex, and intersectional and include conditions such as income, education, employment, and housing. Socioeconomic status is a strong predictor of health inequity, and the solution requires action both within and outside of the healthcare sector. People who are socially and economically disadvantaged are not only more likely to experience poorer health outcomes, they are also more likely to face multiple barriers to access to healthcare. Socioeconomic status influences all dimensions of access: the ability to perceive the need for care, to seek care, to reach services, to pay, and to engage with care.

Despite progress made in global health, health inequalities between and within countries are pervasive and growing. At least half of the world's population cannot obtain essential health services.[3] Universal Health Coverage (UHC) ensures that people do not suffer financial hardship when accessing the high-quality health services that they need. Furthermore, if designed correctly, it allows those who are most vulnerable to benefit first. Weak health systems exacerbate health inequities. Achieving UHC will create high-functioning, high-quality, fair, and inclusive health systems that contribute to social cohesion, equity, and resilience of society.[4] Achieving UHC requires countries to overcome socially defined barriers, such as racism and gender bias, and address the social determinants of health.[3] The Sustainable Development Goals (SDG) agenda inextricably links the social determinants of health to all sectors of society thereby making good health and wellbeing an outcome of each goal. The SDGs establish a framework to achieve health in all policies. Furthermore, the overarching principle of the SDG agenda of "leaving no one behind" implies the moral imperative to achieve UHC, social justice, and equity.

Underpinning the imperative to reduce health inequalities is the understanding that the right to health is a fundamental human right that should be accessible to all. Health equity, social justice and the social determinants of health must all be addressed using a human rights-based approach.

Experiences of discrimination, racism, and historical trauma are important social determinants of health inequities for certain groups of people, such as LGBTQ+ people, Black people, Indigenous peoples and people of colour, women and gender minorities, people with disabilities and older persons. Social and health inequities profoundly and unevenly impact the mental and physical health and spiritual, cultural and social well-being of people. They are impacted in multitudinous, complex and intersecting ways.

For example, people are unevenly affected by a number of health issues including cardiovascular disease, mental health disorders, cancers, and infectious diseases. These groups of people are also chronically and systematically underserved in health and social services, which leads to disproportionately high rates of morbidity and mortality.[5]

The COVID-19 pandemic has exposed the pervasive inequities that have long existed in society and, importantly, in health systems. The way in which these inequities lead to health inequalities in those who experience them—individuals, families, communities, and nurses themselves—has been revealed with staggering clarity. Evidence shows that certain groups of people are experiencing the COVID-19 pandemic in a very different way. For example, in the US, Black people have died at 1.4 times the rate of white people and Black and Hispanic nurses are twice as likely as white nurses to have been diagnosed with COVID-19.[6,7]

The COVID-19 pandemic has also adversely affected the health and well-being of women through systems of economic disempowerment, reallocation of priorities and resources away from women's health services, an increase in gender-based violence and an increase in unpaid care work.[8] Importantly, as a function of women representing the majority of the health workforce, they are also at higher risk of COVID-19 infection.

It is important to note that racism and gender discrimination are global systems that are written into policy and enacted on communities and individuals every single day, for generations. They are historically embedded in our societies, culture, and attitudes. These systems stem from the global history of colonialism and white supremacy, creating the inequities seen between and within nations today. The cyclical effect of discrimination on health has been described as "embodied inequality," creating negative health outcomes that are passed down through generations of people.[**Error! Bookmark not defined.**] Historian Ibram X. Kendi notes that it is power and policy, not people, that keep discrimination deeply entrenched in society.[9] The systems-level factors related to structural discrimination, therefore, require that the policies that support them be dismantled and transformed.

As the most trusted health professionals and having the knowledge and skills to work at all levels, from bedside to ministries of health, nurses are in a precious and powerful

position to influence this change. Considering the profound devastations and transformations our world is currently experiencing as a result of the COVID-19 pandemic, this is an important moment for the nursing profession to amplify and reaffirm its vision for a paradigm of care that includes as a core tenant an ongoing and substantive commitment to non-discrimination, social justice and health equity. The nursing profession has an immense capacity to address these issues supported by leadership, evidence and resources.

As is espoused in the ICN Code of Ethics for Nurses, nurses have a professional duty to advocate for equity and social justice, and the newly revised edition of the Code further provides a framework for ethics in global health.[10] Nurses affirm the right to universal access to healthcare for all and uphold the dignitary freedom and worth of all humans. Nurses recognize the significance of the social determinants of health and contribute to, and advocate for, policies and programs to address them. The nursing profession has a shared responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations. Nurses collaborate with other health and social care professions and the public to uphold principles of justice by promoting responsibility in human rights, equity and fairness. Nurses must leverage their role as trusted advocates and leaders to help amplify the voices and meet the needs of all communities they serve. This ethical basis of nursing practice supports raising awareness and educating individuals, organizations, communities, and the whole of society to the various ways humans and our systems discriminate against others. It also gives nurses the professional duty to speak up when they see discrimination and oppression at individual and institutional levels.

To support nurses in this work, healthcare organizations must make non-discrimination and anti-racism foundational to their core values and operations. Strong organisational-level policies and interventions will help create cultures of non-discrimination where staff are empowered, supported and equipped with the resources to uphold this value.

Throughout history, nurses have been at the forefront of caring and advocating for people who are disempowered, marginalized, and underserved. High-quality nursing practice recognizes discrimination in health and social care and its effects on people. Nurses are strong patient and family advocates and deliver comprehensive and

person-centered care, which makes them uniquely able to ensure health and social needs are met across the diverse range of settings in which they work.

Action on health inequities requires an understanding of their impact on people, families and communities. Nurses are the health professionals who are closest to patients across their life course, making them uniquely positioned to inform policymakers on how inequities manifest and what solutions are needed. Furthermore, nurses themselves belong to groups who experience discrimination and also face these health inequalities.

The design of health systems will determine whether inequalities are reduced or exacerbated. Eliminating discrimination in health and social sectors requires nursing insight to challenge how the system works and offer comprehensive solutions. Nurse-led care innovations offer solutions that not only effectively meet the needs of people but also address health inequities by being non-discriminatory, accessible, appropriate, and person-centered. Nurse-led health-service models and nursing care are developed and delivered with a focus on reaching and meeting the needs of the most vulnerable people requiring healthcare. Nursing leadership can influence policy agendas to create health systems that function to promote health equity through non-discrimination, resilience, preparedness, and universal access for all. In addition, nurses are effective advocates for equity and social justice in resource allocation, access to healthcare and other social and economic services.

ICN Position and Recommendations

As the global voice of nursing, ICN:

- Strongly condemns all forms of racism and discrimination whether explicit or implicit, intentional or inadvertent.

- Believes that nurses have the knowledge and skills to create a healthier and better world and are leading the way in reimagining health systems that are equitable, respectful, effective and resilient.

- Reiterates that the right to health is a fundamental human right and that social justice is the foundation of public health.

- Promotes the principles of social justice and health equity throughout its advocacy work and is committed to monitoring and calling out social injustices and inequities to influence action.

- Asserts that improving health equity and addressing racism and discrimination can only be realized with the leadership and offerings of the nursing workforce and that this requires government investment and support for a strong, sufficient, and sustainable nursing workforce.

- Recognises that racism and gender discrimination are significantly related to health inequities and strongly supports anti-racism and gender-equity action at all levels.

- Believes that institutions and organizations of all types must work to dismantle all forms of systemic discrimination and oppression.

- Strongly regards UHC as an important route to health equity, social justice, and upholding human rights.

ICN encourages national nurses' associations (NNAs), in collaboration with their respective governments, to:

- Advocate for health systems, healthcare organizations, and employers to take action to make non-discrimination and anti-racism foundational to their core values and operations.

- Lead and support the nursing profession to work to dismantle discriminatory and oppressive health and social systems.

- Advocate for a diverse nursing workforce and nursing leadership, specifically one built of communities and identities that have been historically and currently marginalized, to address the population needs of diverse populations and for equity, diversity, and inclusion to be embedded within the nursing profession.

- Work with governments and institutions to make meaningful, effective and enduring policy changes to achieve justice and health for all.

- Advocate for health systems that are designed to promote equity, reduce inequalities and address systemic discrimination. Health systems should monitor

health inequalities to track progress and to inform policy and program development.

- Advocate for policies in all sectors that address the social determinants of health and changes in social and political norms.

- Support community participation and community empowerment to harness the strength and resilience of communities.

- Work to ensure all nurses have basic competencies and training on providing culturally competent care. Principles of health equity, health justice, historical and current structures of power, feminism, and anti-racism should be worked into nursing educational programs at all levels, along with knowledge of the Sustainable Development Goals and other relevant international frameworks.

ICN calls on individual nurses in their roles as clinicians, educators, researchers, policy influencers, or executives to:

- Promote an environment in which the human rights, values, personal choices, customs and spiritual beliefs of individuals, families and communities are respected.

- Work to protect, celebrate and promote the diversity of all persons to eliminate discrimination.

- Speak out in the face of injustice. Powerful nurse leaders are those who recognize and effectively address issues as they manifest in situations, processes and systems encountered daily.

- Look inwards and challenge their own privilege, assumptions and biases in order to provide care that truly meets the needs of the populations they serve.

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