



MA Equity and Diversity in Society, UWTSD

Module: The Social (Re)Production of Inequality

Module code: ECED7002

Assessment 1: Critically evaluate Equality and Equity and consider their potential implications for society and individuals. Include theory and use examples in your submission.

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Introduction

The purpose of this paper is to consider what is meant by equality and equity and in particular how despite being frequently being used by society as to mean the same they are in fact very different. It is argued that ‘the terms equality and equity are widely confused. Despite their phonetic similarity and philological connections, they are quite distinct’ (Bronfenbrenner, 1973 pp 9-23)

The paper explores why they are distinct and why this difference is not only important in social understanding but also has a implication and consequence in actions taken to address inequality and inequity in society. It is argued by some that these two ‘concepts are often invoked by policy analysts, policy-makers, government officials and scholars in order to justify or critique resource allocation’ (Espinoza, 2007 pp 343-363) and therefore have a direct impact on the society in which we live our lives.

The paper will also consider briefly the alternative theories that inequality is not possible in society and some even argue that society needs inequality to exist.

To validate and examine the potential implications for society and individuals this paper will focus on the area of healthcare . Within the paper will be an argument supported by quantitative evidence that there exists inequality and inequity in healthcare today and this needs to be considered by society through using equity to ensure equality.

The paper will provide a conclusion on why both equality and equity are important considerations and if so what are the implications for society and recommended actions that are needed.

What are Equality & Equity?

Firstly the paper will consider what is meant by equality.

Some argue that equality means ‘Equal access to society’s rewards irrespective of either merit or social background’ (Walsh, Stevens, & Moore, 2000)

However, these definitions are themselves disputed by others as it is acknowledged that there is ‘disagreement and confusion about what those concepts really mean’ (Espinoza, 2007).

The definition provided by Walsh *et al* is agreed with by some but others add that it equality is more than this and that to achieve ‘equal treatment requires that persons should end up in the same conditions, taking account of their situation before distribution and adjusting the amount to be distributed to each accordingly’ (Brown, McLean, & McMillan, 2018) which is contrary to Walsh *et al* who argue that its ‘irrespective of social background’ (Walsh, Stevens, & Moore, 2000). One could further argue that the statement made by Brown *et al* isn’t in respect of equality at all and is in fact closer to the definition of equity. However, others agree with Walsh *et al* but add that equality is inherently difficult considering that ‘Any organisation is likely to be affected by implicit bias and meritocratic societies are no exception’ (Laake, Astvad & Bentsen, 2022 pp 141-144)

Having examined what is argued is the definition of equality then secondly this paper will consider what then is meant by equity?

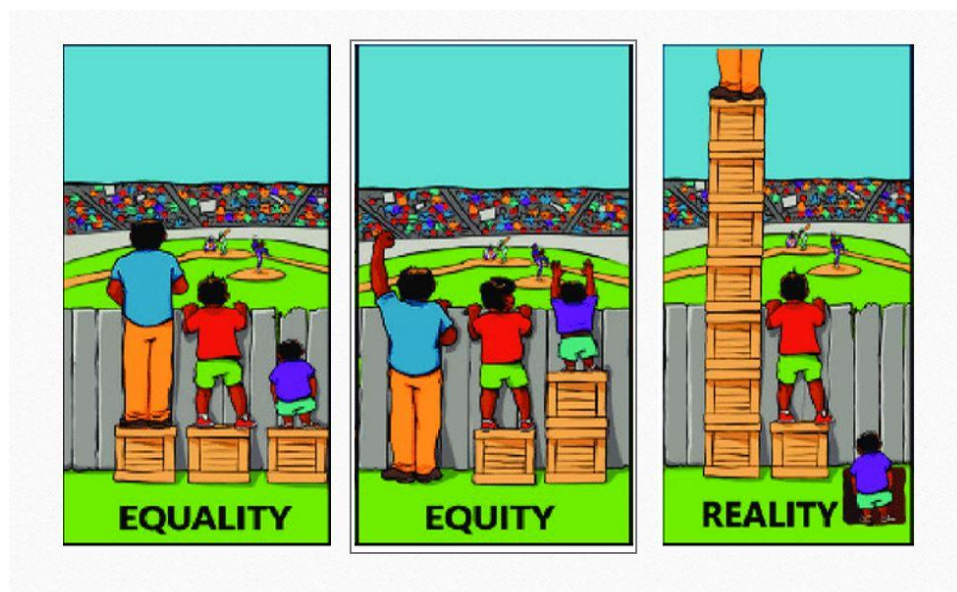
If it is considered that society should ‘take account of their situation’ (Brown *et al*, 2018) then is further argued that this is not equality but this is where equity should be considered as defined as an ‘absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.’ (WHO, 2008). Others agree with this

statement and add that equity is ‘an equitable distribution of opportunities, such as everyone being provided with what they need to ensure they do their best’ (Anthis, 2020). Within the Oxford Reference these arguments are brought together into a definition of equity as ‘The objective of creating a fair and equal society in which each individual matters, their rights are recognized and protected, and decisions are made in ways that are fair and honest’. (Oxford Reference, 2022).

When considering the difference between Equality and Equity the Interaction Institute for Social Change uses images designed by A Maguire as below which this paper argues is an accurate pictorial way of illustrating the differences.

Image 1 in the first box illustrates **equality** – all individuals have been given the same resources yet the result is different for each individual due to their height not being considered. The middle box illustrates the concept of **equity** where the heights are considered and resource applied accordingly which then results in equality ie they all have the same view. Finally the final box argues pictorially that the reality of todays society is in fact not only inequity but inequality.

Image 1:



(Macguire, Equality v Equity, 2016)

Theories on Equality & Equity

Many sociological theorists argue that equality and equity cannot be achieved and in fact the opposite is a natural state of society. There are many theories but this paper will briefly consider two alternative arguments to equality and equity:

Functionalist theorists believe that inequality is inevitable and desirable and plays an important function in society and therefore it follows that inequality is inevitable and necessary for the smooth functioning of society. It is argued that without this inequality, division of labour would be difficult (an example being not everyone can be team captain). Others argue that this 'meritocracy would only perpetuate inequalities (Allen, 2011 pp 367-382).

The social-conflict theory states that inequality exists in every society, which results in conflict and change. Conflict theory takes the theory that resources are scarce and that inequality therefore 'recognizes that every dimension of social structure can be conceptualized in terms of winners and losers' (Simon, 2016 pp 1-31). Others argue that the conflict theory has a direct impact on equality or lack of it because 'Conflict perspectives argue that society is a continuous power struggle among competing groups, often based on class, race, ethnicity, or gender' (Kendall, 2006). If one accepts this argument that the conflict is due to scarce resources, then it could be said that equity will rebalance the scarcity of resource and consequently remove the conflict – producing equality.

Healthcare as an illustration of the impact of Equality and Equity

The recent COVID pandemic saw research and highlighted on inequality in healthcare in society and in particular 'there were widespread ethnic inequalities' (NHS Race & Health Observatory, 2022).

This is not new intself and prior to the pandemic some argued that healthcare needed to be an essential part of equality in society and that ‘to achieve equality within a wellness framework, we need to consider our resources, such as social, economic, psychological, cultural and medical’ (Warwick-Booth, 2019 p 131) whilst others agreed they also argued that to achieve this required equity in healthcare and that ‘health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged) (Braveman, 2014).

Research has shown that ill health and healthcare is determined by a number of social factors and that a lack of equality and equity has a direct impact on people’s health as illustrated in Image 2 below which shows ‘that much ill health is socially determined. Health inequalities arise because of the conditions in which people are born, grow, live, work, and age’ (Marmot, 2018).

Image 2:

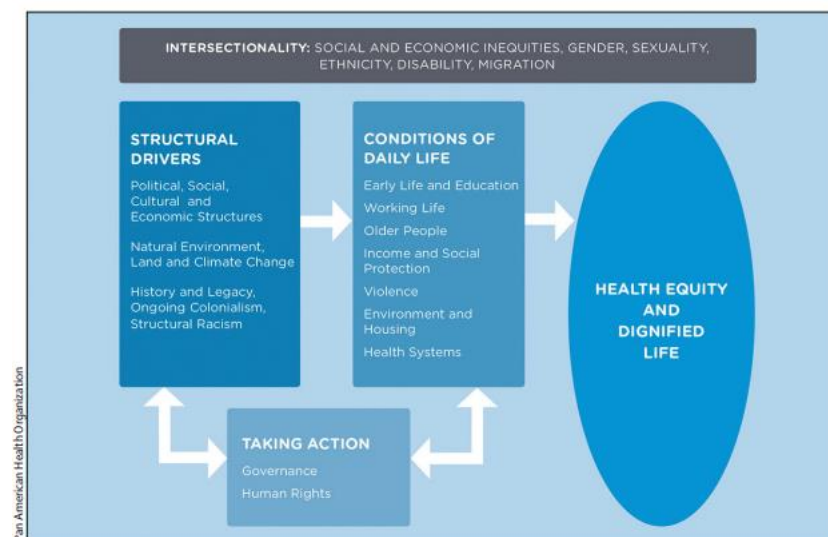


Figure: PAHO Equity Commission's conceptual framework

Pan American Health Organization. Just Societies: Health Equity and Dignified Lives. Executive Summary of the Report of the Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas. Washington, DC: Pan American Health Organization, 2018.

Further studies that it is a social economic issue as indicated by the argument that individual's wealth and income also have a direct impact and that 'Race by itself does not provide a complete understanding of health disparities' (Romero, 2018).

Studies have concluded that 'In most countries in the Americas, the chance of a child dying before the age of 5 years is linked with parents' income—the lower the income, the higher the mortality' (Commission on Social Determinants of Health, 2008) which in itself leads to the argument that a child's life chances is directly linked to how much their parents earn. This demonstrates a lack of equality and that to change this situation equity is needed i.e., additional resources employed towards lower income families to ensure they get the healthcare and support needed to put children in the same position as those born to wealthy parents. Further studies have supported this argument including 'the UK for example, "health inequalities" refer almost exclusively to socioeconomic position with little reflection on how that is stratified by other factors such as gender' (Bambra, Pope & Swami, 2009 pp 38-44).

Social studies have been applied across society and have argued that this inequality is not restricted to children and that adults also are impacted by lack of equality and equity have a direct impact on lives. Some research has indicated that where equity is employed to address this lack of equality the results indicate 'each additional £10million of resources allocated to deprived areas led to a reduction in deaths of 1.8 women per 100,000 and 4 men per 100,000 people' (Barr, 2014) and others support this argument that 'to address social health inequalities, social inequality across society must also be tackled' (Marmot, 2017 pp 537-46).

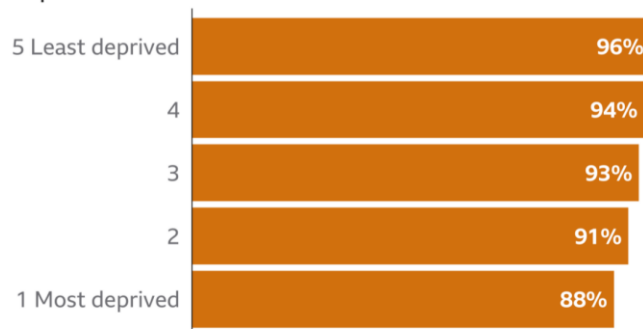
The COVID-19 pandemic also provided research and argument that highlighted a lack of equality in the number of ethnicity and wealth led to a reduction in vaccinated people from those backgrounds and that 'Longstanding health disparities affecting ethnic minorities in the UK have been made acutely visible by the COVID-19 pandemic' (Morales & Ali, 2021 pp 1684 – 1685).

Image 3 below illustrates the impact of income on the take up of vaccination and in image 4 the impact of ethnicity. This confirms the inequality in vaccinations and that equity is needed to restore equality i.e., resource applied whether that be financial through marketing or community messaging for example.

Image 3

People in poorer areas less likely to have had the vaccine

Percentage of those aged 50 and over vaccinated, by deprivation level



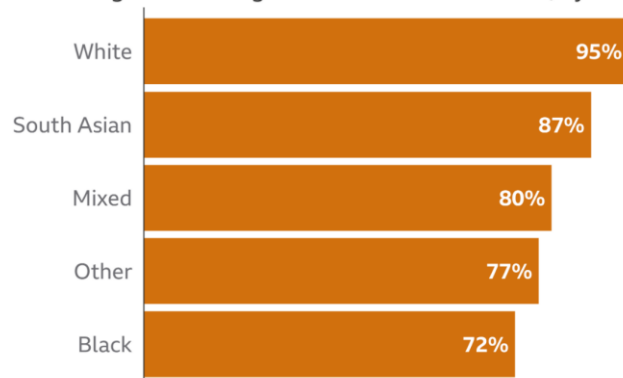
Source: OpenSAFELY analysis of NHS data in England. Data to 10 Nov

BBC

Image 4:

Take-up lower among ethnic minorities

Percentage of those aged 50 and over vaccinated, by ethnicity



Source: OpenSAFELY analysis of NHS data in England. Data to 10 Nov

BBC

The argument made from the authors of both these reports were that :

‘People from Asian and black groups are at markedly increased risk of in-hospital death from COVID-19, and contrary to some prior speculation this is only partially attributable to pre-existing clinical risk factors or deprivation; further research into the drivers of this association is therefore urgently required. Deprivation is also a

major risk factor with, again, little of the excess risk explained by co-morbidity or other risk factors. (Open Safely, 2020)

Legislation

Equality has been a topic for central government and legislators for hundreds of years. History can trace back legal remedies to achieve equality including for example the banning of the slave trade of the 1800s and The Act to Abolish the Transatlantic Slave Trade in 1807.

In the middle of the 20th Century post World War 2 – the newly formed United Nations passed the 1948 The Universal Declaration of Human Rights which includes the right that ‘All human beings are born free and equal in dignity and rights. (United Nations, 1948).

Throughout the 20th and early part of 21st Century the UK Government has updated legislation to act upon and react to societies demands for equality. In 2010 the UK Government passed the Equality Act to try to ensure equality for all – ‘by bringing together 116 pieces of legislation’ (Equality & Human Right Commission, 2019). The UK government declares on their website that ‘The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society’ (UK Government, 2015). This was endorsed by others who argued ‘The Act provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.’ (Equality & Human Rights Commission, 2018).

In particular the 2010 Act brought into one piece of legislation the various previous Acts passed including:

- the Equal Pay Act 1970
- the Sex Discrimination Act 1975
- the Race Relations Act 1976
- the Disability Discrimination Act 1995
- the Employment Equality (Religion or Belief) Regulations 2003

- the Employment Equality (Sexual Orientation) Regulations 2003
- the Employment Equality (Age) Regulations 2006
- the Equality Act 2006, Part 2
- the Equality Act (Sexual Orientation) Regulations 2007

Whilst it can be strongly argued that the 2010 was a landmark in equality legislation it is interesting to note none of the Acts use the word equity in their identity. Some argue that this is because ‘It is of great convenience... to assume that Citizen A is the same as Citizen B and that they both receive public service in equal measure’ (Frederickson , 1990)

Some twelve years on since the passing of the Act we see society demanding more equality in particular in respect of gender and trans rights. It could be argued that this is still somewhat divisive in society as BBC News reported on the arguments pro and against in the report ‘Changes to gender recognition laws ruled out’ (BBC News, 2020) referring to a Government decision not to update the 2004 Gender Recognition Act:

‘They have rejected calls for people to be able to self-identify their gender and change their birth certificates without a medical diagnosis. Ministers said reform of the 2004 Gender Recognition Act was not the "top priority" for trans people.

The UK's equalities watchdog said it was a "missed opportunity". But women's rights groups applauded the decision as a "victory for fairness and common sense’. (BBC News, 2020)

Conclusion

This paper concludes that whilst equality and equity are different in definition they are complementary. For example it can be argued that providing services such as NHS services to all but then ensuring there is equity through areas such as targeted community action brings equality in healthcare. There is also the argument that they are not mutually exclusive but inter dependant – one cannot be achieved without the other.

However there still remains many barriers to equality and equity across society not just healthcare. Theorists have argued that this is a state of society and is in fact required. However this paper has argued that the increased understanding of equity has a positive impact and will create equality if sufficient resource applied. Some argue further that ‘true equality of opportunity is achieved only when all morally arbitrary causes of inequality are eliminated’ (Cohen, 1985 pp160-185) This paper has shown in the area of healthcare that the inequality that exists today in society is life limiting as seen in the quantitative analysis and research and argument confirm that ‘Too much inequality damages social cohesion, leads to unfair distribution of life chances, and to health inequalities’ (Marmot, 2018 pp 2247) and when the use of the equity available to central governments is used incorrectly such as ‘cutting health budgets ... is a false economy because it results in extra costs (billions of pounds) to health services’ (Masters, Anwar, Collins, Cookson, & Capewell, 2016)

Despite the arguments and evidence supporting the need for equality in equity (and combined with the legislature to support) the recent report commissioned by the UK Government confirm that more needs to be done and that ‘There has long been evidence of the stark health inequalities faced by ethnic minority communities in this country. But we must also accept that existing evidence hasn’t led to significant change’ (NHS Race & Health Observatory, 2022).

Finally, this paper concludes that society will continue to demand equality and these demands will continue to evolve and develop with societal needs and that equity (particular financial resource) is needed and proven to save lives. Romero argues this point and also concludes ‘Understanding the dynamics of social inequality is essential in our pursuit of social justice and ‘understanding inequality must occur alongside the struggle to resist and actively challenge all forms of oppression’ (Romero, 2018 pp 164- 166).

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