



Health equity and why it must always come first

I'VE SPENT A GREAT DEAL OF MY nursing career thinking about health equity. It's a value that guides much of what we do in public health, which is where I work. It's also something RNAO dedicates much time and energy to.

Although there are many examples of how we are trying to improve the environment in which people live their lives, a glance at a few recent news stories provides enough proof that there's more work ahead.

Here are just a few examples.

The temperature soared above 30 degrees Celsius in southern Ontario many times this summer. This had a particular effect on the homeless and those living in inadequate shelter. For many people, the cold harsh days of winter are a time to think of the homeless. But the heat and humidity have also taken their toll on this vulnerable population. As nurses, we must remember that extreme heat can have adverse health outcomes just as extreme cold can. That's why nurses and poverty activists in Toronto worked with city councillors to get cooling centres to open more quickly and more often.

Then, there is the story of the pensioner struggling to pay her hydro bills. She applied for and received some assistance to purchase new, more efficient appliances, only to discover days later that her electricity was cut off due to unpaid bills. Seniors represent a growing

proportion of the poor and they need our attention.

And what about those struggling with precarious employment? In addition to less-than-adequate pay, many lack access to sick days and benefits. It doesn't sound fair, does it?

According to the World Health Organization (WHO), equity is compromised in the

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absence of “...avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.”

As an RNAO member, you know we consider health to be a resource for everyday living and a fundamental human right. That's why RNAO's election platforms and major policy documents talk about the determinants of health – both social and environmental. We know that only 25 per cent of our overall health is determined by health care. Income, education, housing, employment, and the environment play a large role in determining one's health outcomes.

I know many of you see poverty in your everyday

practice. And as hard as that is to see, you are the obvious leaders to try to make a difference. Through evidence-based advocacy, you are shining a light on the inequity you see first-hand.

Ontario's Health Minister Eric Hoskins has talked a lot about the need to improve access to care, and how health promotion and disease

equity equation in a truly transformed system. If we want to see overall population health outcomes improve, we have to aim higher and make sure we keep determinants of health top-of-mind. The fact is that those living in poverty shoulder a larger burden of disease and disability.

We are moving in the right direction, but the road is long

and there is more work to do. Our experiences with our patients and clients have given us a unique window and comprehensive view of all the factors that influence health. As nurses, we must champion health equity. By ensuring the health system continues to evolve, we can put health equity and the social determinants of health first, shifting away from the traditional medical model of a system focused on illness care. And with dedication to achieving the kind of meaningful change we want to see, I am confident we can achieve best health outcomes for the people we care for, and indeed for all Ontarians. **RN**

The ministry of health's *Patients First* plan also acknowledges the need to put people at the centre of the system by better focusing on their needs and improving access to health care. But enhanced access to care is only part of the health

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