

## PRESIDENT'S COLUMN

# LET'S TALK ABOUT EQUITY

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*For some time, our larger profession has embraced a focus on equity, as have other groups across the United States. However, in these turbulent and rapidly changing times, I fear our core value of equity may seem at odds with the current perspectives of some stakeholders and policymakers.*



**E**quity has long been one of the defining values for this organization. In fact, the clear and unapologetic focus on ensuring health for all people is one of the reasons that SGIM has been my professional home since 1995. SGIM researchers, educators, and clinicians have led the field in the evolution from

a focus on health disparities, describing differences in health by race and ethnicity, to a focus on health equity, developing interventions within systems of care to ensure all groups have the chance to live a healthy life. Our members have often been at the vanguard of helping communities leverage their strengths to address health issues of concern to patients and promoting equitable health for all people in all settings.

For some time, our larger profession has embraced a focus on equity, as have other groups across the United States. However, in these turbulent and rapidly changing times, I fear our core value of equity may seem at odds with the current perspectives of some stakeholders and policymakers. This difference in world view and emphasis could potentially compromise the impact of our dedication to improving the health of all people in all settings. How do we have an engaged conversation with those whose world views may be at odds with our own? What are the values that underlie many of the current conversations about health? What consistent messages regarding health equity can each of us incorporate in our interactions with our patients and others in our spheres of influence? I offer the work of the Robert Wood Johnson Foundation (RWJF)<sup>1</sup> and some work we are doing in the Clinical Scholars Program, that I have the privilege of co-directing, as ways to help provide a focal point for these types of conversations.

In the RWJF Clinical Scholars Program, Drs. Carolyn Crump and Jim Emery from UNC Chapel Hill work with our fellows around stakeholder analysis and messaging to ensure their work is supported and accessible to the full range of stakeholders. They describe the values that underlie many messages about health: *efficiency* (how does money or time play a part in this problem), *liberty* (how is your freedom and choice affected), *equity* (what seems unfair about this problem), and *security* (what about this problem leaves you feeling less safe, healthy or secure in life).

The RWJF itself spent a considerable amount of time and resources researching the best ways to talk about equity and the social determinants of health. The Foundation focused on message framing to ensure the important work being done by their grantees was available and accessible not just for those of us in the field and committed to the work but also for people to guide and help them talk about health equity in a way that does not align with any particular political perspective and is inclusive of a variety of world views.

The Foundation's research resulted in six messages around the social determinants of health and health equity that tested well as ways to describe this work (our work). The following statements use simple language, familiar references, focus on solutions rather than problems, and incorporate notions of personal responsibility allowing the statements to resonate with a broad audience regardless of political ideology:

1. **Health starts long before illness in our home, schools, and jobs.**
2. **All Americans should have the opportunity to make the choices that allow them to live a long healthy life**

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regardless of their income, education, or ethnic background.

3. **Your neighborhood or job should not be hazardous to your health.**
4. **Your opportunity for health starts long before you need medical care.**
5. **Health begins where you live, learn, work, and play.**
6. **The opportunity for health begins in our families, neighborhood, schools, and jobs.**

I ask you to reflect on the values described by Drs. Crump and Evans, and to think deeply about the above

six RWJF statements. Then, consider your own thoughts on health equity and how you frame your messages. Do the values and messages as stated by RWJF mesh with your own? If so, how can you incorporate them in your day-to-day work and life? If not, where do you differ? What are opportunities you can create to engage others in meaningful conversations around health equity and social determinants of health? These are just two examples for us to consider as we continue to advocate—through research, education, and policy—for all people to live their healthiest life.

Please share other ways that you have incorporated messaging around equity in your work as generalists so it is accessible to the broadest audience.

**References**

1. Robert Wood Johnson Foundation, Carger E, Westen D. A new way to talk about the social determinants of health. <https://www.rwjf.org/en/library/research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html>. Published January 1, 2010. Accessed May 29, 2018. **SGIM**