

# Equity vs. Equality: Lifestyle as medicine and the social determinants of health



QUICK READ



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Several decades ago, we were talking about the socio-economic status of individuals. This area of concern is not something that is abating and it's not something that's getting better. In fact, it looks like it's getting worse.

**Dr. Dexter Shurney**

# Disparities in chronic disease

The pandemic has been a source of stress, anxiety and fear for many. As COVID-19 ravaged the world, we've seen severe cases and high death rates concentrated in two intersecting high-risk populations—individuals living with chronic conditions and minority ethnic groups.

Minority ethnic groups experience higher rates of chronic disease, leaving them more susceptible to poor health outcomes at an earlier age.

An exponential number of young people are getting diagnosed with chronic conditions each year.<sup>1</sup> More than 340 million children and adolescents between the ages of 5 and 19 now classify as overweight or obese.<sup>1</sup> Individuals with two or more chronic conditions, regardless of age, are now falling into the same risk bracket as individuals who are over age 70.<sup>1</sup> What's worse is that these diseases are more common among the economically disadvantaged and ethnic minority communities,

driven by factors like limited access to health education, healthy food and apprehension to use healthcare.

Why is it that these marginalised populations are experiencing both higher rates of preventable chronic illness and severe COVID-19 outcomes? The answer lies within the social determinants of health—the home environment, education, social support, neighbourhoods and employment opportunities in which one grows and lives—which are prohibiting these individuals from reaching optimal levels of health by making it difficult or impossible to practise lifestyle medicine.



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We find out that patients with these underlying conditions are 12 times more likely to die of COVID than otherwise healthy individuals. And all of those things are related—the diabetes, the obesity, but also our immune health.

Dr. Dexter Shurney

<sup>1</sup> <https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight>

## What is Lifestyle Medicine?

Lifestyle medicine is a prescriptive method of using individualised nutrition, exercise, sleep, stress management, social relationships and recreational habits to influence positive health outcomes by addressing the root cause of health risks and ailments.

Dr. Dexter Shurney likens lifestyle medicine to tending to a garden. Like a plant, which requires adequate sunlight, water and nutrients in the soil to thrive, your body requires the right amount of sleep, physical activity and nutrition to become and stay healthy. When this balance is found, the immune system improves, reducing your risk of cancer, diabetes, obesity and depression.

It's clear that lifestyle medicine is a powerful tool in improving health outcomes for both healthy and at-risk individuals. In fact, research has shown that lifestyle interventions like diabetes prevention programmes are significantly more effective in preventing the onset of type 2 diabetes than prescription drugs like metformin, reducing the incidence of type 2 diabetes by fifty-eight percent.<sup>2</sup>

But, if an at-risk individual is in a social, cultural or economic situation that doesn't support engaging in healthy lifestyle behaviours, then they also do not have an equal opportunity to prevent or delay the onset of chronic disease. For example, food insecurity was already at an all-time high, impacting 135 million individuals globally pre-pandemic, but that number has now shot up to 296 million individuals globally. Given that nutrition is a foundational element of lifestyle medicine, that leaves over 296 million individuals unable to improve their health outcomes. And as more people rely on the support of food banks and inexpensive non-nutritious, highly processed foods, we see this anomaly of rising obesity and undernourishment among disadvantaged populations.



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We have this paradox of being overfed and obese while we're actually undernourished. And so, these two things are not mutually exclusive. We're undernourished, yet we're overfed.

**Dr. Dexter Shurney**

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1370926/>

## Create equity and opportunity

When we explore the living conditions, workplace differences and preexisting underlying health conditions of those most impacted by COVID-19 and early mortality, we begin to see why minority ethnic groups are disproportionately affected by this pandemic. The issue is not that this high-risk group chooses to engage in bad health behaviours; rather, it's more likely that they lack access to the opportunities to adopt optimal lifestyle habits.

Improving health outcomes within marginalised populations starts with allowing all individuals access to the same kind of opportunity. Lack of opportunity creates long-term stress, which impacts our body and wears us down both psychologically and physiologically, a situation which Dr. Shurney refers to as weathering.<sup>3</sup>

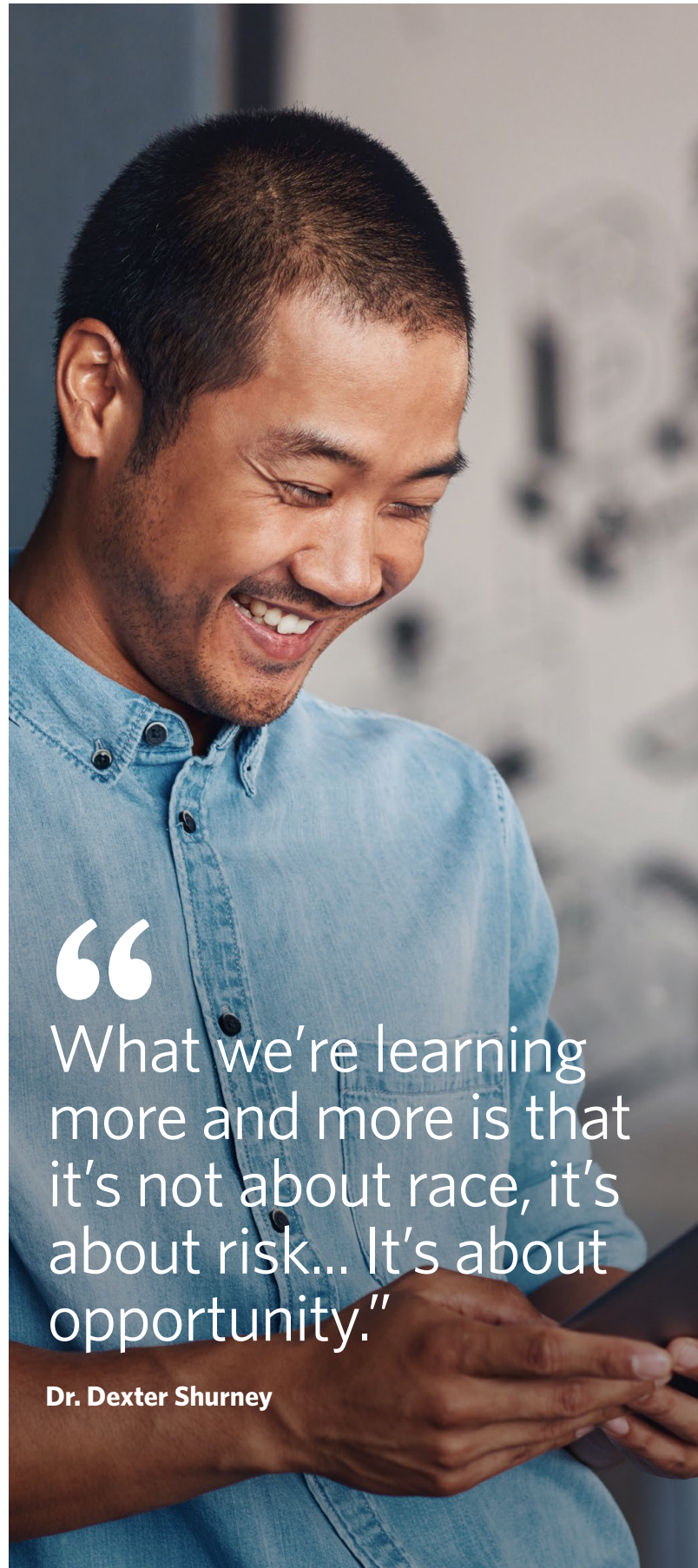
In order to create fair conditions for all, we must go beyond simply striving for equality, which aims to provide everyone with the same tools to succeed. When we focus on equality, we ignore the needs of each individual and disparities persist. Equity, however, considers the roadblocks that prevent disadvantaged populations from achieving optimal health. How are their living conditions holding them back? Have they received quality education? Who are they influenced by? These factors change the way we must approach our efforts to increase access and opportunity.

Returning to the concept of nutrition, we cannot simply provide disadvantaged populations with fresh produce, whole grains and lean proteins and expect their eating habits to improve. Understanding the psychology behind what people are eating is vital. For these marginalised populations who've had limited exposure to healthy food, we must consider the addictiveness of unhealthy processed foods and the lack of education on how to prepare whole foods. Thus, it becomes about more than just the ability to obtain nutritious foods—we must also take the time to address the poor lifestyle habits that have been ingrained for years or even a lifetime and hope to replace them with healthier habits through a combination of exposure, access and education.

**"If you look at every level that these social determinants exist, we have to make sure that we are doing this in a way that provides equity, giving the person what they need to succeed."**

**Dr. Dexter Shurney**

<sup>3</sup> <https://www.sciencedirect.com/science/article/abs/pii/S1047279718300802>



**“**  
What we're learning more and more is that it's not about race, it's about risk... It's about opportunity.”

**Dr. Dexter Shurney**

# Driving change at an organisational level

Start creating a more equitable workplace today with these actions:

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## Discover opportunities for change

Look at data. Engagement surveys. Feedback surveys. Set up employee groups and let their voices be heard. Then align with senior management on 2-3 strategic initiatives to start off with.

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## Set goals and benchmarks

Compensation. Learning & development. Opportunities for growth. Promotions. These are just some areas to think of when it comes to setting your workplace equity goals and keeping your organisation on track.

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## Review hiring practices

Unconscious bias affects people more than they think. But knowledge and awareness through training can certainly reduce the impact it has on organisations. Work closely with your recruitment team to review how your hiring practices can be more equitable.

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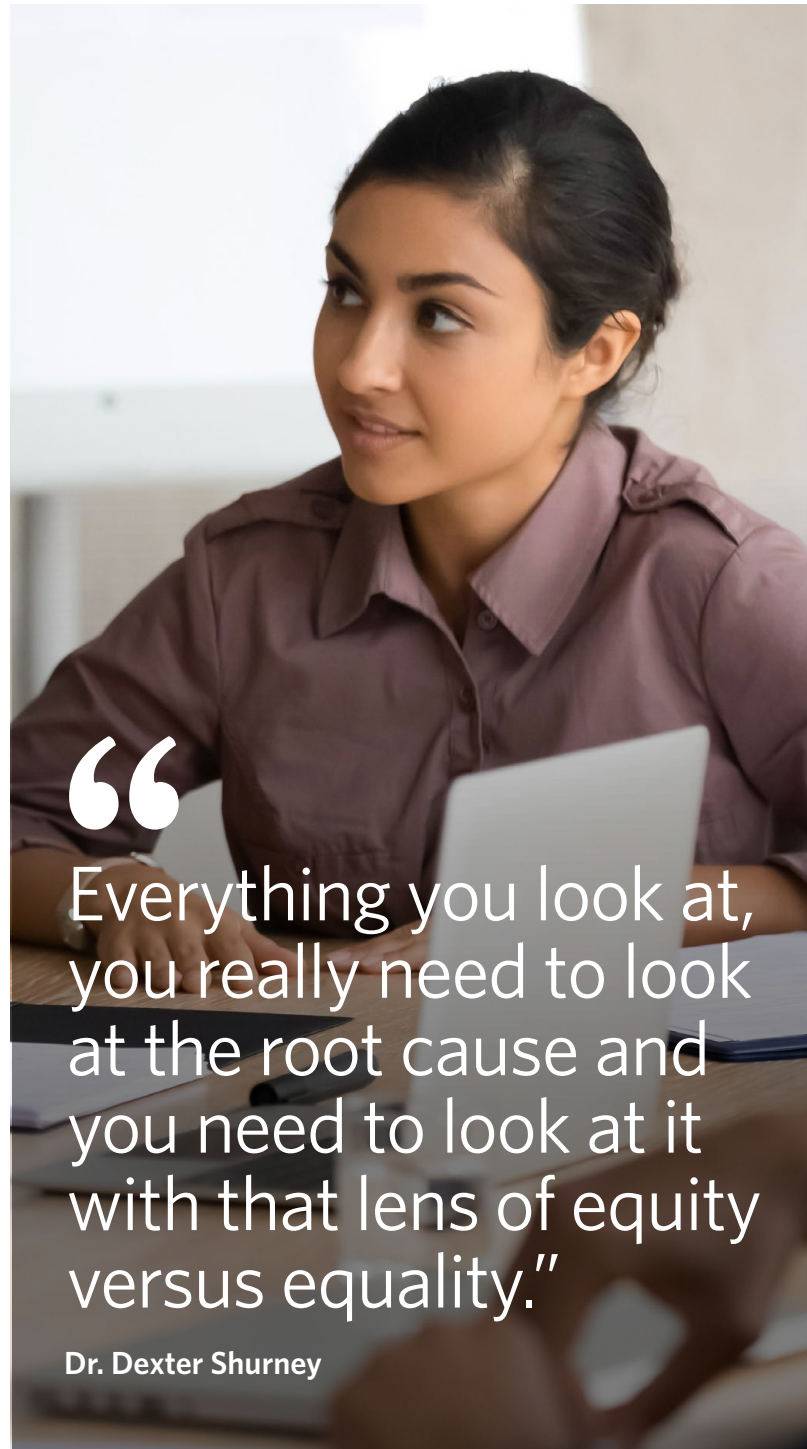
## Establish a strong onboarding process

Whether you're onboarding remotely or in person, this is your organisation's chance to make a difference. Providing support as well as a mentor for new starters can help ensure that they, especially those from disadvantaged backgrounds, are set up for success.

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## Align your wellbeing strategy

By increasing your employee wellbeing efforts and offering personalised preventive health tools to at-risk employees, your organisation can begin to break down the barriers and create a healthier and more equitable workplace.



“Everything you look at, you really need to look at the root cause and you need to look at it with that lens of equity versus equality.”

Dr. Dexter Shurney

**Ready to create a healthier, more equitable workplace?**  
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