

Part I: What is a “Health Disparity”?

From: Carter-Pokras, O. and C. Baquet (2002). What is a “health disparity”? Public Health Reports, Vol. 117, September-October.

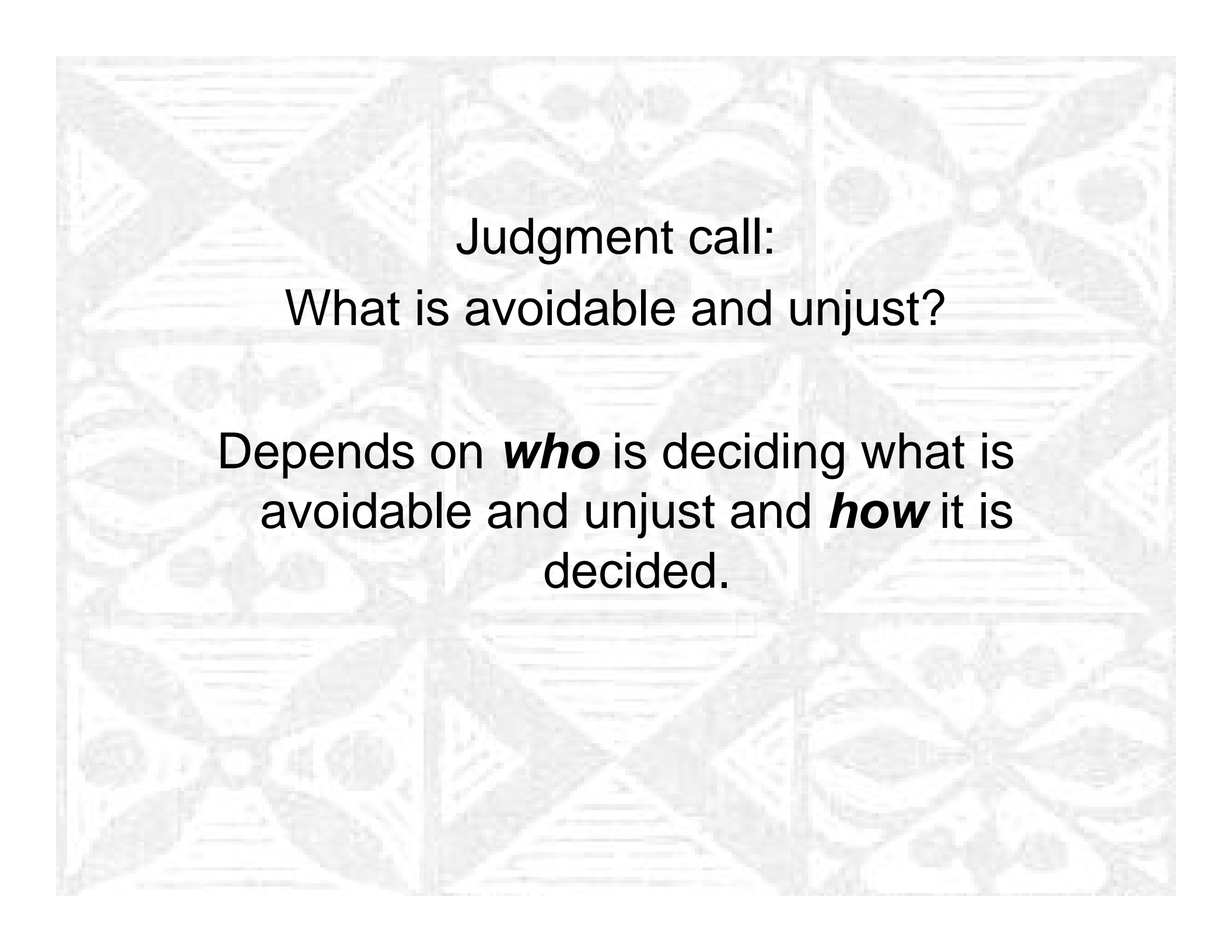
<http://www.phr.oupjournals.org/cgi/reprint/117/5/426.pdf>

No consensus about the definition and use of the terms: disparity, inequality and inequity.

The term health disparity is almost exclusively used in the U.S., while health inequity or health inequalities are more commonly used outside the U.S.

Sometimes the term disparity is used interchangeably with racial/ethnic differences in health.

Sometimes the term inequities is used to refer to social class or race/ethnic health disparities to show differences between better-off and worse-off groups.



Judgment call:
What is avoidable and unjust?

Depends on **who** is deciding what is avoidable and unjust and **how** it is decided.

Dictionary definitions:

Disparity as

....inequality;

....difference in age, rank, condition;

....dissimilitude.

Inequality as

...“the condition of being unequal”;

...“lack of equality as of opportunity, treatment or status”.

HOWEVER, inequity signifies an ethical judgment... "a lack of equality and similarity, especially in a way that is not fair".

What is unequal not necessarily inequitable, so differences need to be evaluated in terms of both inequality and inequity.

A health disparity as a chain of events
signified by a difference in:

- (1) environment;
- (2) access to, utilization or, and quality of care;
- (3) health status or
- (4) a particular health outcome that deserves scrutiny.

Health inequities are:

“...differences in health which are not only unnecessary and avoidable, but considered unfair and unjust”.

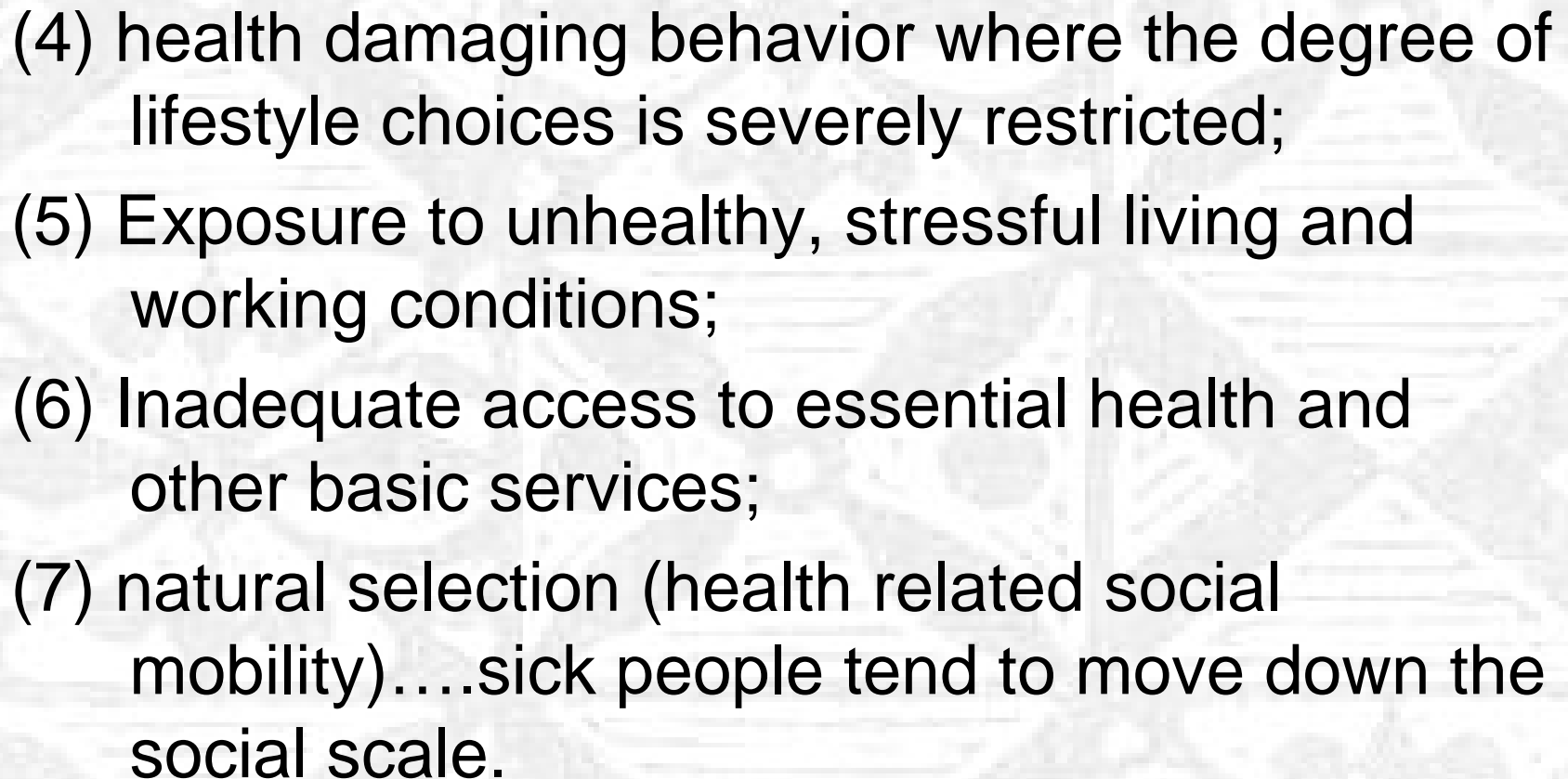
Source: Margaret Whitehead (concept adopted by the EURO/WHO)

<http://www.paho.org/english/hdp/hdd/pahowho.pdf>

Seven determinants of health disparities:

- (1) natural, biological variation;
- (2) freely chosen health damaging behavior;
- (3) transient health advantage of one over another (first adopters of health promoting behavior);

THESE FIRST THREE, WHITEHEAD SUGGESTS, ARE MOST LIKELY TO BE CONSIDERED UNAVOIDABLE OR FAIR.

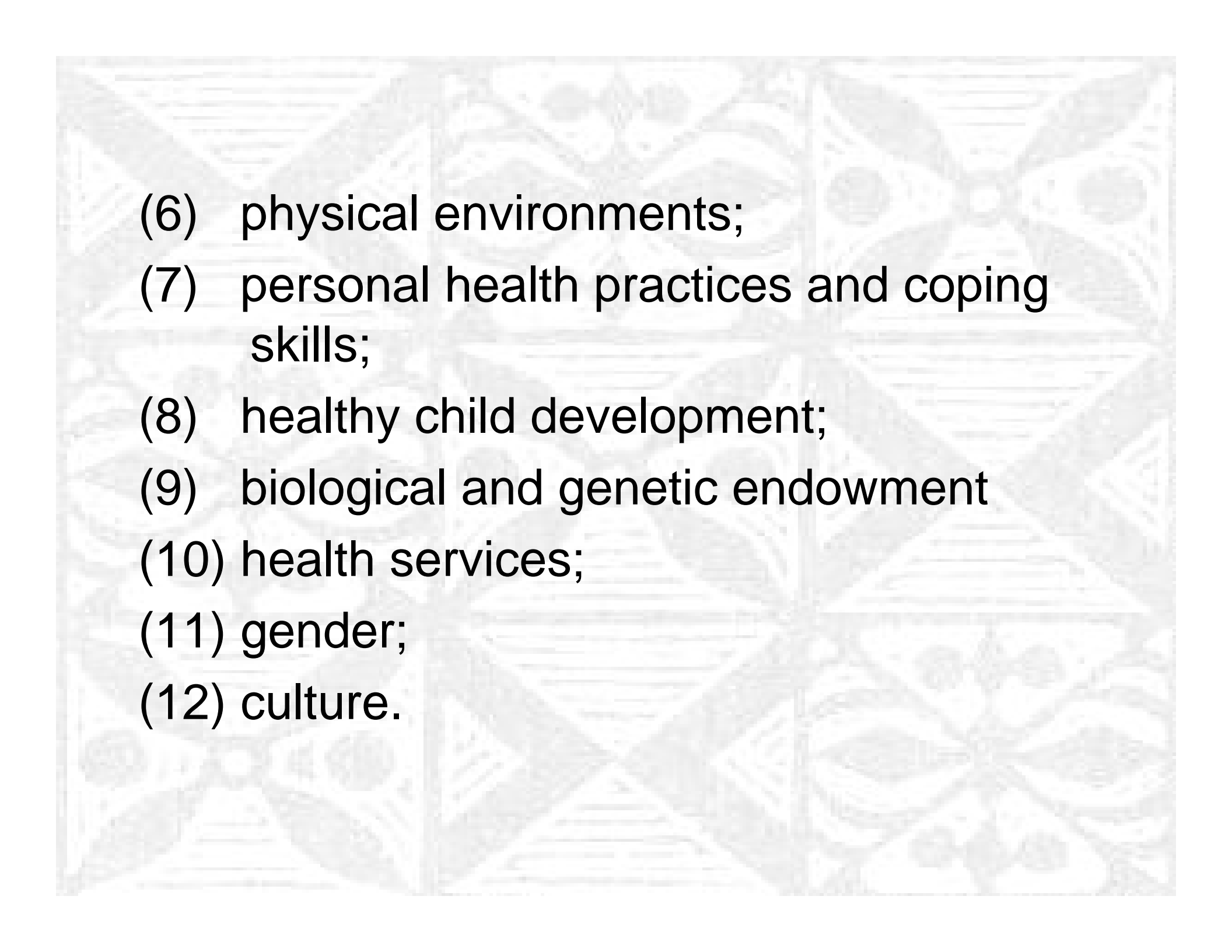
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- (4) health damaging behavior where the degree of lifestyle choices is severely restricted;
 - (5) Exposure to unhealthy, stressful living and working conditions;
 - (6) Inadequate access to essential health and other basic services;
 - (7) natural selection (health related social mobility)....sick people tend to move down the social scale.

THESE FOUR ARE MORE LIKELY TO BE
CONSIDERED AVOIDABLE AND UNFAIR.



Health Canada considers 12 factors as determinants of health:

- (1) income and social status;
- (2) social support networks;
- (3) education;
- (4) employment and working conditions;
- (5) social environments;

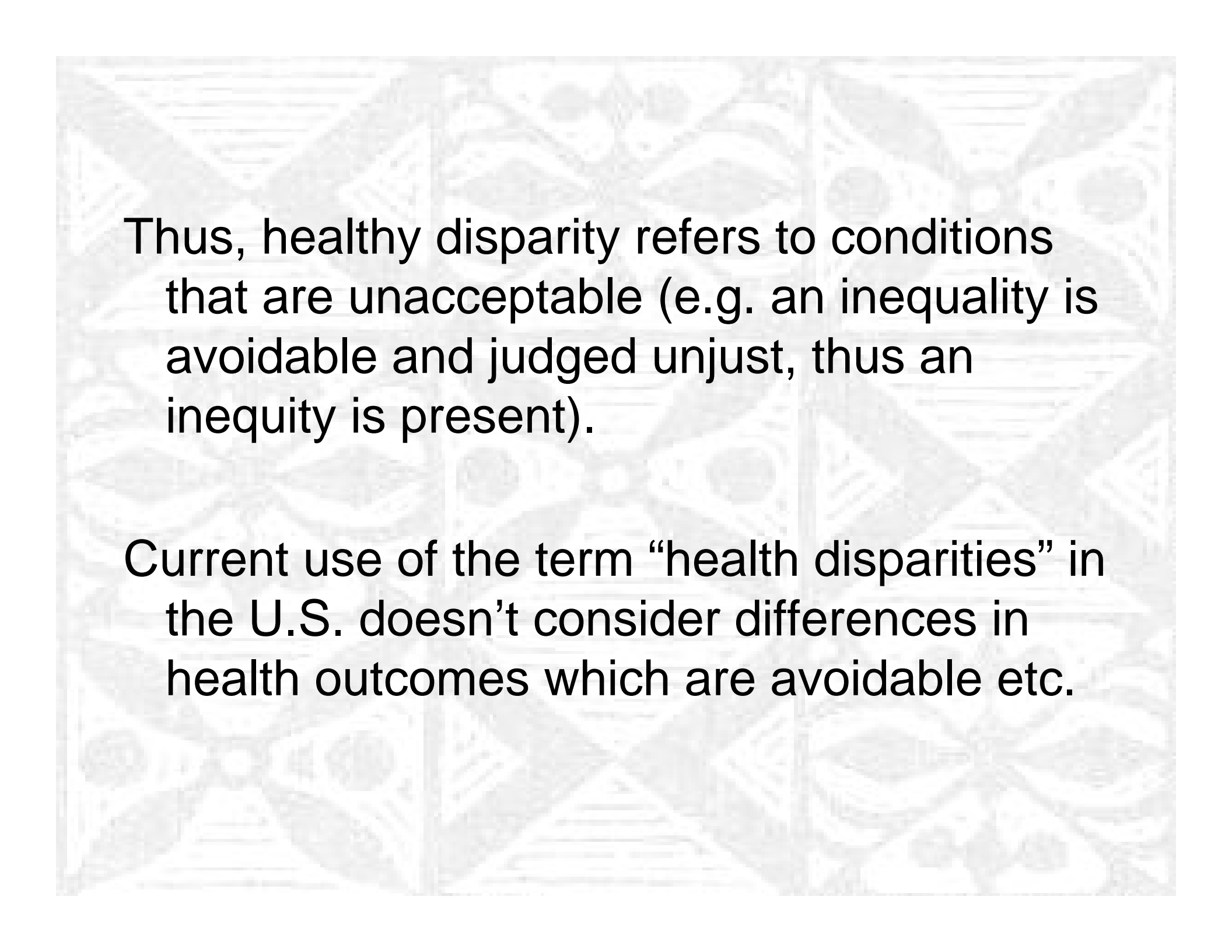
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- (6) physical environments;
 - (7) personal health practices and coping skills;
 - (8) healthy child development;
 - (9) biological and genetic endowment
 - (10) health services;
 - (11) gender;
 - (12) culture.



Some health determinants are more amenable to interventions than others:

Inequalities based on age generally considered unavoidable.

Unsafe or unhealthy work and living environments are avoidable.

The background of the slide features a repeating pattern of US dollar bills, including one-dollar and two-dollar bills, rendered in a light, semi-transparent grey color. The bills are oriented in various directions, creating a textured, grid-like appearance.

Thus, healthy disparity refers to conditions that are unacceptable (e.g. an inequality is avoidable and judged unjust, thus an inequity is present).

Current use of the term “health disparities” in the U.S. doesn’t consider differences in health outcomes which are avoidable etc.

Measurement issues:

Use of a reference group for comparison
(can lead to victim blaming, with the non-reference groups as “the problem”).

NIH (draft) Strategic Plan to Reduce and Ultimately Eliminate Health Disparities focuses on health status and socio-economic factors of specific racial and ethnic minority populations.

How to measure progress?

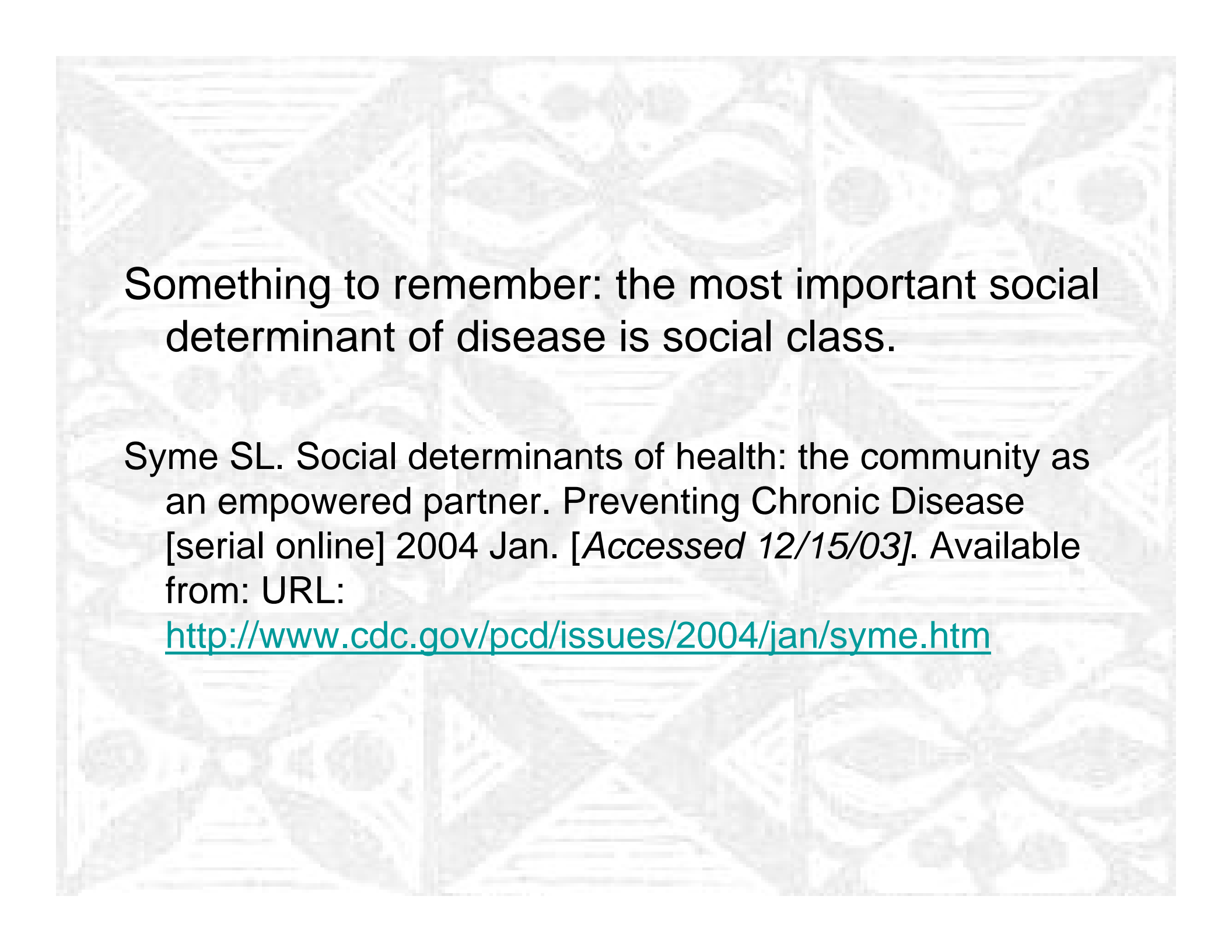
Absolute versus relative comparisons?
(subgroups with the “best rate”?, average rate? total population rate? HP 2010 rate?)

Positive or negative outcomes?

What is avoidable or unavoidable? Unfair?

Suggestions:

- (1) Measure progress toward targets overall and for particular groups;
- (2) Measure disparity overall and for particular groups;
- (3) Explore and indicate any particular issue of concern for specific groups.



Something to remember: the most important social determinant of disease is social class.

Syme SL. Social determinants of health: the community as an empowered partner. Preventing Chronic Disease [serial online] 2004 Jan. [Accessed 12/15/03]. Available from: URL:

<http://www.cdc.gov/pcd/issues/2004/jan/syme.htm>