Definition of Health Disparities

Differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.

Healthy People 2010
Health Inequalities: Measureable differences in health experience and health outcomes between different population groups – according to socioeconomic status, geographical area, age, disability, gender or ethnic group. Inequality is about objective differences between groups and individuals measurable by mortality and morbidity.

Whitehead and Dahlgren
Health Inequity: *the differences in opportunity* for different population groups which result in unequal life chances and inadequate access to health services, nutritious food and appropriate housing. These differences, some of which are measurable, are perceived as being unfair and unjust.

Whitehead and Dahlgren
Factors Contributing to Health Disparities

- Poverty
- Unequal access to health care
- Lower educational attainment
- Racism
- Homophobia
- Physical location (urban vs. rural)
- Social networks
- Social stigma
Relative and Absolute Measures of Disparities

Relative disparities refer to ratios, while absolute disparities refer to differences. For example, if one group’s average income level increases from $1000 to $10,000 and another group’s from $2000 to $20,000, the relative inequality between the groups stays the same (i.e., the ratio of incomes between the two groups is still 2) but the absolute difference between the two groups has increased from $1000 to $10,000.

“We have seen no sustained decrease in black-white disparities in either age-adjusted mortality or overall life expectancy at birth at the national level since the end of World War II, despite decades of funding for social, health-related, and other programs designed to reduce racial disparities. . . .”

Levine, et. al., 2001
“... a growing body of evidence accumulated over the last 20 years... shows that people who live in disadvantaged social circumstances are more prone to illness, distress and disability and die sooner than those living in more advantaged circumstances.”

Inequalities in Young Peoples’ Health, 2008
“Evidence from around the world points to an increase in the gaps on health status and health care by socioeconomic status, geographical location, gender, race, ethnicity and age groups.”

Inequalities in Young Peoples’ Health, 2008
Being uninsured has a large negative impact on almost all aspects of health care quality and access. In fact, among adults, the negative effects of being uninsured are typically larger than the effects of race, ethnicity, income, and education. Multivariate analyses suggest that lack of insurance is an important mediator of racial, ethnic, and socioeconomic disparities, although race, ethnicity, and socioeconomic position often have independent effects as well.

National Healthcare Disparities Report, 2006
Four Key Themes in Healthcare Disparities

- Disparities remain prevalent
- Some disparities are diminishing while others remain prevalent
- Opportunities for reducing disparities remain
- Information about disparities is improving, but gaps still exist

National Healthcare Disparities Report, 2006
Life expectancy (LE) at birth in the US has generally been increasing since the late 19th century.

For as long as data has been collected, LE for blacks has been lower than that for whites.

The gap in LE by race has varied during the 20th century.

1900-40 – elimination of waterborne disease improved both absolute and relative LE for blacks.

1960s – black/white LE differences stabilized.

1970s to early 80s – blacks made relative and absolute progress in LE.

1984 to early 90s – the black/white gap in LE widened.

Disparities in premature mortality and infant mortality, 1960-2002

- Over the whole period premature mortality (death before 65) and infant mortality (death before 1) decreased for all income groups
- Disparities between income groups and races varied
- Economic disparities shrank then widened
  - Disparities shrank between 1966 and 1980, especially for Americans of color
  - After 1980 the relative health inequities widened and the absolute differences did not change

Conclusion

“If all people in the US population experienced the same health gains as the most advantaged did during these 42 years (i.e., as the whites in the highest income groups) 14% of the premature deaths among whites and 30% of the premature deaths among people of color would have been prevented.”

CDC Health Protection Goals

- All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.
- The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.
- People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.
- People around the world will live safer, healthier and longer lives through health promotion, health protection, and health diplomacy.
DHHS Disparity Focus Areas

- Infant Mortality
- Cancer Screening and Management
- Cardiovascular Disease (CVD)
- Diabetes
- HIV Infection/AIDS
- Immunizations
Social Determinants of Health

- Poverty
- Access to education
- Clear health communications
- Housing
- Food security
- Occupational safety
- The overall health of the community
Social justice is a term used in the disciplines of ethics and theology to refer to fair, equitable, and appropriate distribution of social benefits and burdens determined by justified norms.
Lessons from *Unnatural Causes*

- The choices of individuals are often limited by the environments in which they live.
- Differences are not a natural thing. They arise as a result of policies or the absence of policies that create enormous spatial inequalities in resources and in the environments in which people live.
- Studies have shown a 50 to 80% increased risk of developing health disease for those living in disadvantaged neighborhoods.
- Those in disadvantaged communities have an accumulation of multiple, negative stresses and few resources to cope.
Ten Things to Know about Health

1. Health is more than health care
2. Health is tied to the distribution of resources
3. Racism imposes an added health burden
4. The choices we make are shaped by the choices we have
5. High demand + low control = chronic stress
6. Chronic stress can be toxic
7. Inequality – economic and political – is bad for our health
8. Social policy is health policy
Ten Things to Know about Health, cont.

- 9. Health inequalities are not natural
- 10. We all pay the price for poor health
Quyana
Key Aspects of the Right to Health

- The right to health is an inclusive right
- The right to health contains freedoms
- The right to health contains entitlements
- Health services, goods and facilities must be provided to all without any discrimination
- All services, goods and facilities must be available, accessible, acceptable and of good quality