What is health equity? And why does it matter how we define it?

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Why discuss definitions?

- Achieving health equity --in general and equity in health care specifically-- requires a long, uphill, strategic process engaging diverse stakeholders with diverse agendas
- Lack of clarity risks getting lost along the way, despite the best intentions
- Health vs health care
“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”
Cannot define health equity without defining inequalities: What are “health inequalities”?

- Dictionary: differences, variations, vague implication that they raise concern
- Most official U.S. definitions refer only to differences between unspecified groups
- But we really mean: Health differences that are unfair (in a particular way)
- M. Whitehead: unfair, avoidable, and unjust
- But ideas of fairness, avoidability, and justice vary
Are all health differences unfair?

- More arm/leg fractures in skiers vs non-skiers
- Wealthy people in London have an illness that wealthy people in New York do not
- Younger adults are generally healthier than elderly
- Men have shorter life expectancy
- African-American women have higher mortality from breast cancer

- Who determines what’s fair?
- Must you decide each time whether it’s unfair?
What if the causes are unknown?

- African-American newborns are around 2 or more times as likely as White newborns to be
  - born too small
  - born too early
  - which predict infant mortality, childhood disability, and adult chronic disease
- Unknown causes
- Can we call it unfair?
Criteria for definitions of health equity and inequality

1. Conceptually sound

2. Unambiguous. Can guide policy priorities.
   - Not all (or even all important) health differences
   - Capture the essence intended by the social movements that launched attention to health inequalities/disparities & equity

3. Measurable & actionable: Can be operationalized for purpose of measurement (otherwise no accountability)

4. Resonate with widely held beliefs/values. Wide appeal.

5. As clear, simple, intuitive, and compelling as possible without sacrificing above.
Whitehead (1991) definition of health inequity: differences in health that are avoidable, unnecessary, unfair, and unjust

**Strengths**
- Explicit about values (justice, fairness)
- Intuitive, easy to grasp
- Inspiring

**Weaknesses**
- Open to interpretation. Different ideas of justice/fairness and avoidability
- Cannot be measured, so no accountability
Definition of health disparities in U.S. Public Law 106-525 (often used at NIH): differences in prevalence, incidence, or severity of diseases among different populations

Strengths
- Avoids controversy about ideology
- Keeps social justice efforts out of view of forces that might mount a backlash

Weaknesses
- Does not articulate values
  - Clarity about rationale may be needed to defend initiatives
- No guidance on resource allocation priorities. Refers to any health differences between any groups, e.g.: People with diabetes have worse health than non-diabetics; affluent Area A but not affluent Area B has a health problem
Healthy People 2020: Health disparity = A plausibly avoidable, systematic health difference adversely affecting a socially disadvantaged group

**Strengths**
- Explicit re values but not accusatory
- Does not require proving causality
- Measurable. Socially disadvantaged groups can be defined using measurable criteria (e.g., income, education, history of discrimination, disenfranchisement, hate crimes; representation in high executive or political office...)
- Actionable

**Weaknesses**
- Complex
- Not very intuitive
- But how about: Worse health in a socially disadvantaged group?
**WHO definition of health equity:**  *Equity* is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically. *Health inequities* therefore involve more than inequality with respect to health determinants, access to the resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms....

...A characteristic common to groups that experience health inequities—such as poor or marginalized persons, racial and ethnic minorities, and women—is lack of political, social or economic power.
Another definition of health inequality: health differences caused by social injustice, including discrimination

Strengths
- Explicit re values
- Inequity vs inequality/disparity
- Equity vs equality

Weaknesses
- Difficult to prove causal link (vs associations) between social disadvantage & many health outcomes
- For many important health inequalities, the causes are unknown or contested
A work-in-progress: Health equity means that everyone should have a fair and just opportunity to live a long and healthy life. This requires societal action to remove obstacles such as poverty and discrimination and their consequences—including powerlessness and lack of access to good jobs, education, housing, environments, and health care.

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<th>Strengths</th>
<th>Weaknesses</th>
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<td>“Everyone”</td>
<td>Requires a longer, explanatory/technical version to ensure accountability, e.g., inequalities are the metric…</td>
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<td>Explicit re poverty,</td>
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Human rights principles provide guidance to define health equity and disparities

- Social & economic rights, including the right to achieve the highest attainable standard of health
- Rights to: education, living standard adequate for health, benefits of progress
- Governments should progressively remove obstacles to fulfillment of rights of all, especially for those with more obstacles
- Non-discrimination & equality: prohibits actions with intent or effect of discrimination; requires corrective action
Human rights principles indicate which groups are relevant to health equity

- “Protected” groups: racial/ethnic, skin color, religion, language, nationality; poor; gender, sexual minorities; age; disability; rural; political affiliation

- Implicit: Need protection due to history of discrimination, exclusion or marginalization
  - Examples: slavery, genocide, hate crimes, restricted property/voting rights, expropriation of ancestral lands; slurs; intergenerational poverty

- Impossible to focus on all marginalized groups?
Defining health equity & disparity based on ethics and human rights

- Health equity: equal/fair opportunities for health for all, with particular efforts to remove obstacles for those with the worst health and greatest social or economic obstacles to health
- Health inequalities: the metric for assessing progress toward greater equity in health and its determinants
- Health inequality: Worse health in a socially disadvantaged group
  - A health difference adversely affecting a socially disadvantaged group (closely linked with—but not necessarily caused by—social/economic disadvantage)
  - Groups that have systematically experienced discrimination/exclusion
Defining health equity and disparity based on ethics and human rights

- Equity = justice
- Equity versus equality
  - Equal rights vs equal resources
- Obligation to focus on those with the greatest social/economic obstacles to fulfilling their rights.
- Not only medical care but also the social determinants that shape opportunities to be healthy
- Human rights agreements represent global consensus on values, aspirations
Not all health differences are *health inequities*

- Not all health differences -- or even all health differences warranting attention
- A particular subset of health differences linked with social disadvantage
- Plausibly avoidable, systematic
- Adversely affecting a socially disadvantaged group
- Health disparities put already disadvantaged groups at further disadvantage with respect to their health
  - Particularly unfair because health is needed to escape social disadvantage. Resonates with sense of fairness. And pragmatic concerns – societal costs of avoidable ill health
Challenges for a definition to address

- Capture the essence: social justice; fairness
- Make distinctions needed to guide resource allocation: Not all health differences; the differences that adversely affect socially disadvantaged groups. Provide basis for prioritizing (worse health+ social disadvantage).
- Do not require proving causal links between social disadvantage and health
- Clarify “avoidability”: plausibly avoidable based on current science
- Rests on global consensus about values
Concepts and measurement of health equity and inequalities: not just a technical issue

- Need firm conceptual and technical basis for measurement, but concepts are based on values
  - Equity is the ethical and human rights principle underlying a commitment to reduce disparities
    - Fair and just (= equal) opportunities for all to be as healthy as possible; removing obstacles to health
    - Absence of inequalities in health & its determinants between more and less socially disadvantaged groups

- Implications for public receptivity, policy, resources
- Pursuing equity requires swimming against prevailing tides – will encounter resistance
- Need to know where we are headed and why