Monitoring Health Inequalities: Concepts & Measurement

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Monitoring health inequalities: concepts & measurement are inseparable

- Present a definition of health inequalities that can guide measurement
- Discuss the rationale
- Address some difficult questions
  - Are all health differences "*health inequalities*"?
  - Can we call an inequality an inequity if its causes are unknown?
  - What about differences on which a generally disadvantaged group happens to do better?
  - Who is "disadvantaged"? Any group with worse health?
  - How to choose a reference group?

"The poor are getting poorer, but with the rich getting richer it all averages out in the long run."

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What are "health inequalities"?

- Differences in health
  - What is wrong with differences? Don't we value diversity?
  - Differences, variations: descriptive terms
- But we really mean:
  - Health differences that are particularly unfair
  - Inequities vs inequalities
- Whitehead: health differences that are unnecessary, avoidable, and unjust
- But who decides what is avoidable? unjust?

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Are all inequalities *unjust*?

- Younger adults are generally healthier than the elderly
- Female newborns have lower birth weights
- Male newborns have higher mortality at a given birth weight
- In many countries, most *public* medical care spending is for better-off groups
- In several countries, girls are more likely than boys
  - not to be immunized
  - to be malnourished
  - to die before age 5

Are all inequalities *unjust*?

- People who ski are more like to have arm/leg fractures than those who don't
- Women often have obstetric problems; men don't
- In a large USA hospital, one ethnic group was less likely to receive pain Rx for fractures; not due to language barriers or patient preferences
- Less funding for research on common obstetric problems than on illnesses of middle-aged men

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Are all inequalities *unjust*?

- In most countries, women live longer than men
- White women in USA have higher incidence of breast cancer than Black women
- At a given age, women have poorer health
- Black women in USA have higher mortality from breast cancer than do White women
- Black v. White infants have far higher rates of adverse birth outcomes—unknown causes

How to decide what is just or fair? Ethical principles

- Distributive justice
- Need --not privilege-- should guide resource allocation for health
  - But it's challenging to define need

Human rights principles provide guidance

- Economic and social rights to: health, education, water, food, shelter, decent living standard, benefits of progress…
- The "right to health": right to achieve the highest attainable level of health
  - How to operationalize this for measurement purposes?
- All rights are inter-connected & indivisible
- Governments are obligated to progressively remove obstacles to realizing all rights
  - particularly for those with more obstacles

Human rights principles: Non-discrimination

- Includes unconscious, institutional bias
- Obligation to achieve non-discrimination: to remove obstacles to realizing rights, particularly for those with more obstacles
  - Women, children, disabled, stigmatized (e.g.HIV+)
  - Racial/ethnic, religious, tribal, or national origin groups that have been marginalized, excluded, stigmatized
  - Those lacking basic rights (which also would imply the poor, marginalized)

How could human rights principles help clarify which differences are unjust?

- Disparities that systematically and adversely affect socially disadvantaged groups, i.e., groups that have experienced
  - Greater obstacles to realizing their rights
  - discrimination, marginalization (deliberate or not)
  - e.g., disadvantaged racial/ethnic groups, women, the poor, elderly/children, disabled, HIV+, sexual minorities
- Placing those already disadvantaged at further disadvantage with respect to their health
- Avoids defining need; avoids attributing causation/blame

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Implications for measurement?

- An unjust inequality places a disadvantaged group at greater disadvantage on health
  - Greater breast cancer incidence among white women would *not* be an inequity (white women are more privileged)
  - Women's longer life expectancy would *not* be an inequity (men generally have more power & wealth)
  - Important public health issues *versus* equity issues
- Certainty about causes & avoidability are not essential
  - Adverse birth outcomes among Blacks *would* be an inequity, despite uncertainty about causes
    - biologically plausible that the causes are avoidable, given political will

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Who to compare with whom?

- Groups with different levels of underlying social advantage/disadvantage, e.g.:
  - Racial/ethnic, religious, or tribal groups, castes
  - Socioeconomic groups
  - Groups by: gender, age, disability, sexual orientation, any stigma
- Health of the most socially advantaged indicates what should be possible for all, given political will
- *Not relevant to assess equity*: comparisons of
  - equally privileged/deprived groups, or
  - ungrouped individuals (*World Health Report 2000* approach)

The reference group

- The most socially privileged group in a social category (i.e., the one with the greatest power, wealth, prestige/social status) , e.g.,
  - Non-Hispanic Whites for racial/ethnic comparisons
  - Wealthiest individuals/households/neighborhoods for socioeconomic comparisons
- Indicates what should be possible for all groups
- Operationalizes “the right to health”: right of all social groups to attain the level of health attained by the most advantaged social group

Comparisons relevant to health equity: other proposals

- What is wrong with the following approaches, which have been proposed by major national/international health agencies?
  - comparing each group to the *average* rate?
  - comparing to the group with the *best* outcome?
  - comparing ungrouped individuals? (*World Health Report* 2000)

Political aspects of measurement

- If comparing to the healthiest group
  - Social justice is no longer explicit
  - Could skeptics say differences reflect underlying biological differences, hence not unfair?
- If the *World Health Report* 2000 approach had prevailed:
  - Routine monitoring of health gaps between rich and poor, advantaged and disadvantaged ethnic groups would be even more distant goal
  - Resources for "equity" could be spent on improving outcomes for privileged groups

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Defining "health inequalities"

- Systematic differences in health --or health determinants-- plausibly influenced by policies
- Between/among groups with different social positions (places in hierarchies according to power, wealth, prestige)
- Placing already socially disadvantaged groups at further disadvantage with respect to their health
- Do not need to attribute causation or definitively prove avoidability, but avoidability must be plausible

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Monitoring health inequalities: concepts, measurement, & policy are inseparable

- Despite the best intentions, if we lack clarity about what we want to measure:
  - We may lack the information needed to document inequalities & guide policies toward greater equity
  - We may create an opening
    - for attention to be distracted from politically sensitive issues such as equitable resource allocation
    - for resources to be diverted from equity goals to other purposes

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Concepts and measurement of health inequalities

- Measuring health inequalities is more than a technical matter
- Based on values
  - Values are subjective but human rights concepts reflect global consensus
- Avoiding normative aspects may seem expedient at times, but may endanger the foundation for efforts to achieve greater equity in health