

# To measure health equity, we need to know what it is.

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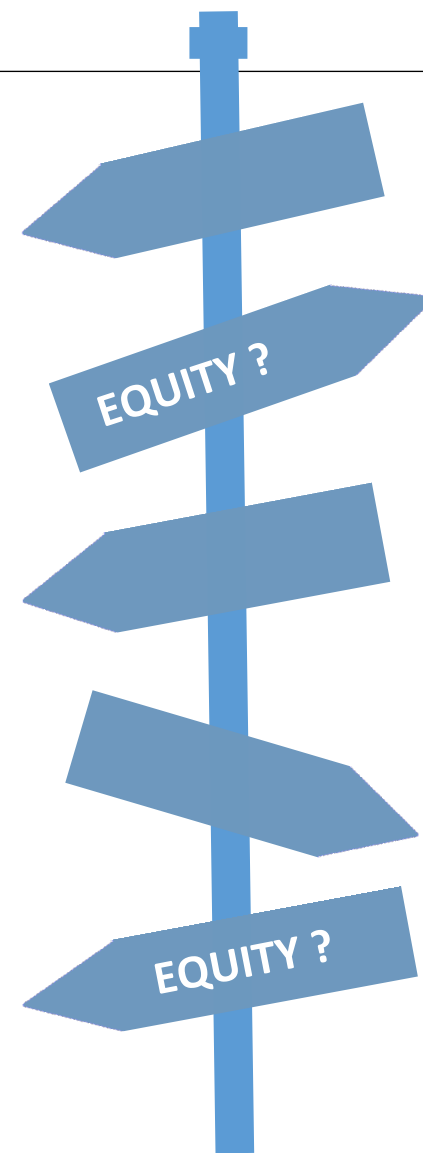
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# To pursue health equity, we need to know what it is.

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- Pursuing health equity requires a long, strategic process, engaging diverse stakeholders with diverse agendas
- Lack of clarity about what it is risks getting lost along the way, despite the best intentions



# Common pitfalls of definitions of health equity

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Do not guide measurement

Social justice content is lost/buried

Too ambiguous to guide policies, priority-setting

Rely on causal inferences that may be difficult to support with evidence

Lack a firm conceptual or technical basis

Too technical, complex, or rhetorical to appeal to a wide audience



# Health equity is often defined indirectly, e.g., health inequity

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Differences in health that are not only avoidable and unnecessary but also unfair and unjust (Whitehead)

## **Strengths:**

- Clear, simple
- Compelling

## **Weaknesses:**

- Fairness, justice and avoidability are highly subjective
- Does not guide measurement

# Health equity is often defined indirectly by referring to health disparities

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- Pursuing/achieving health equity requires reducing and ultimately eliminating disparities in health and its determinants
- Health disparities are an indispensable tool for measuring progress toward health equity

# Some have defined health disparities as all health differences

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Some public agencies have defined health disparities as differences in prevalence, incidence, or severity of diseases among different populations

## **Pro's of defining health disparities as all health differences:**

- Avoids ideological controversy
- May prevent backlash
- Easy to measure: all of epidemiology; doesn't restrict comparisons to haves vs have-nots

## **Con's of defining health disparities as all health differences:**

- Does not reflect social justice
- Does not indicate how to allocate resources equitably

# Are all health differences relevant to health equity?

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- More arm/leg fractures in skiers vs. non-skiers
- If wealthy people in Manhattan had an illness that wealthy people in Beverly Hills did not have
- Younger adults are generally healthier than elderly
- Men's life expectancy is shorter than women's
- **Who determines what's fair?**
- **How?**



# Health disparities

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Some have suggested: Health differences caused by social injustice

## Strengths:

- Explicit regarding values
- Intuitive

## Weaknesses:

- Difficult to prove causal link between social disadvantage and many health outcomes
- Causes of many important health disparities are unknown or contested
- This reflects health inequities



# Health disparities: a subset of health differences that warrant concern

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Health differences associated with social advantage; that adversely affect excluded or marginalized groups; (systematic, plausibly avoidable, affecting historically marginalized groups)

## **Strengths:**

- Explicit regarding values
- Does not require proving causality
- Measurable
- Actionable
- Conceptually and technically sound

## **Weaknesses:**

- Not very intuitive or compelling
- Full version is complex and technical

# Navigating through the sea of jargon...

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- Differences or variations
  - purely descriptive, no judgement
- Disparities or inequalities
  - differences associated with social advantage; raise potential equity (justice, fairness) concerns; differences in health or its determinants adversely affecting groups that have historically been excluded or marginalized
- Inequities
  - differences that are unfair and unjust, i.e., differences caused by social injustice

# One approach to defining health equity with these considerations in mind

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Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, powerlessness, and their consequences—including lack of access to good jobs with fair pay, safe environments, and quality education, housing, and health care.

For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.

# Pro's and con's of that definition

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## **Strengths:**

- Explicit regarding values
- Intuitive
- Consistent with human rights principles
- Provides concrete examples of what pursuing equity would involve, including addressing social determinants
- Guides measurement

## **Weaknesses:**

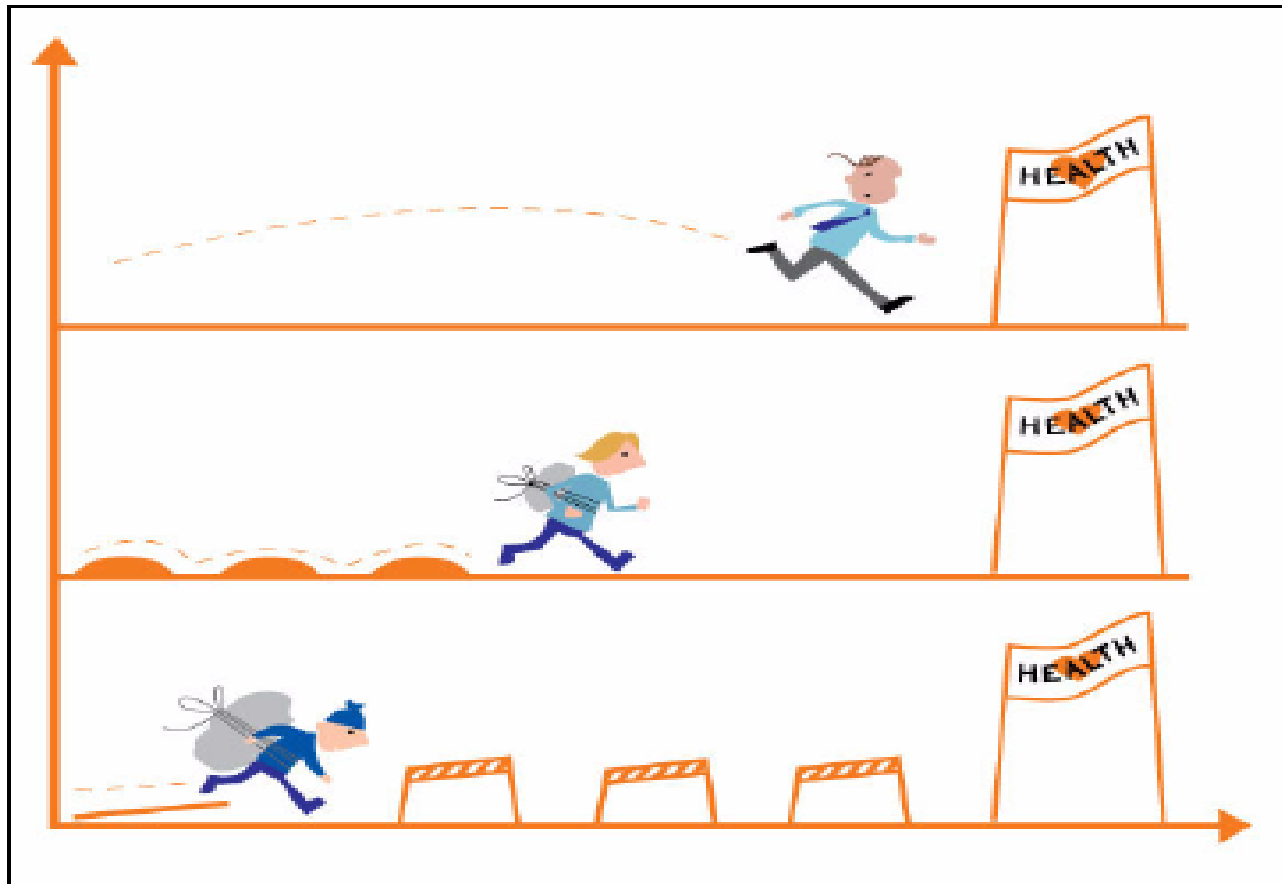
- Long
- Measurement part is somewhat technical

# Justification for addressing social determinants in definition of health equity: evidence

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- Centuries of evidence on the health impact of poverty and its correlates—poor nutrition, inadequate education & housing, unsafe environments, & powerlessness
- At least a century of evidence on racism and health
  - Racism → Economic disadvantage
  - Racism → Disenfranchisement
  - Racism → Harmful exposures/experiences
  - Racism → Direct physiologic effects of stress

# Greater obstacles to health for some



Norwegian Ministry of Health & Care Services 2007

# Human rights principles inform definitions of health disparities & equity

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- Non-discrimination: not just intentional bias, but also *de facto* (structural) bias
- Societal obligation to prevent and remediate discrimination
- Obligation to remove avoidable obstacles to health, especially for groups facing more obstacles
- All rights are inter-connected. Cannot realize “the right to health” without rights to decent living standards, education, civil rights
  - All determinants of health, not just health care, e.g., food & housing security, education, freedom from discrimination...

# Basic elements of health equity

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- Justice
- Removing obstacles to health for disenfranchised, marginalized, excluded groups
- Addressing all determinants of health, not only health care



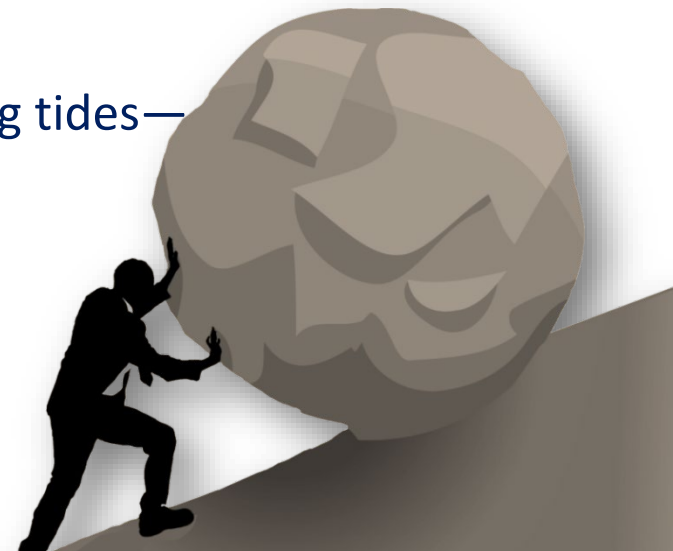


***“The poor are getting poorer, but with the rich getting richer it all averages out in the long run.”***

# To pursue health equity, we need to know what it is--and measure it

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- Without measurement there is no accountability
- Set targets and monitor progress toward them
- Need firm technical basis for measurement, but core concepts are based on values from ethics (justice) and human rights
- Equity is the principle underlying a commitment to reduce disparities. Disparities are the indispensable core metric for assessing progress toward greater equity.
- Pursuing equity requires swimming against prevailing tides—will encounter resistance
- Need to know where we are headed and why



# The “health disparities” concept is essential for defining and measuring health equity

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- The health disparities movement was launched in the early 1990s. Its leaders never explicitly defined health disparities but it was clear that they meant health differences adversely affecting people of color and/or the poor
  - avoidable, unnecessary
- The concept was later widened to include members of other excluded or marginalized groups (e.g., LGBTQ, females, people living with disabilities)
- Pursuing health equity may be defined (indirectly) as pursuing the reduction and ultimately the elimination of health disparities—differences in health adversely affecting excluded or marginalized groups