THE BASICS OF HEALTH DISPARITIES

Jonathan Platt, PhD MPH

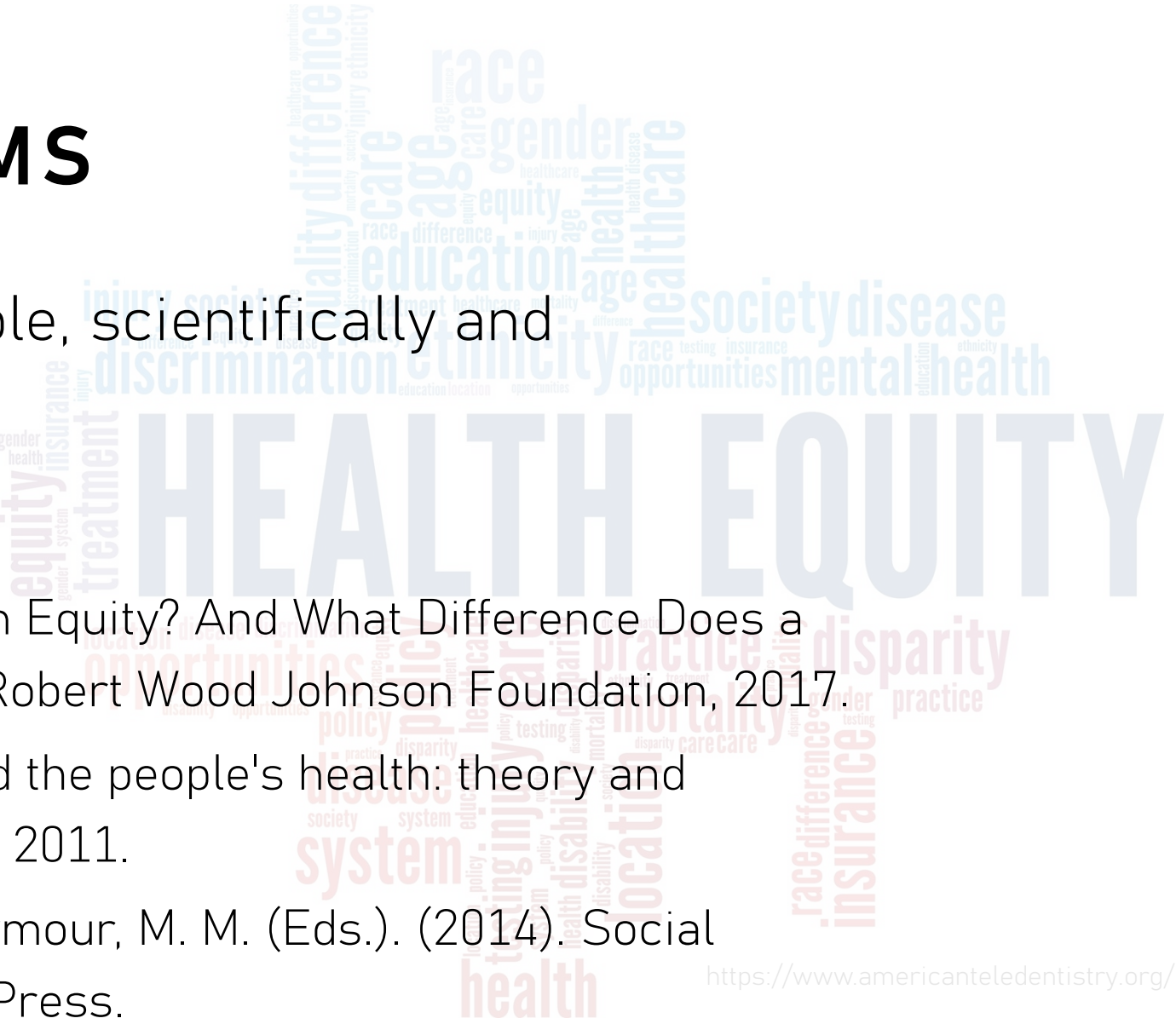
Health Disparities in the Medical Record and Disability Determinations: A Workshop | *NASEM* | *April 4, 2024*

OBJECTIVES

- Define key terms and concepts.
- Understand the connections between them.
- Discuss the process of achieving health equity, with examples of successful disparity reduction programs.

DEFINING KEY TERMS

- Respectful, specific, actionable, scientifically and conceptually sound
- For more details
  - Braveman P, et al. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.
  - Krieger, Nancy. Epidemiology and the people's health: theory and context. Oxford University Press, 2011.
  - Berkman, L. F., Kawachi, I., & Glymour, M. M. (Eds.). (2014). Social epidemiology. Oxford University Press.



HEALTH DISPARITIES

- The **avoidable**, **systematic** health differences that adversely affect socially (including economically) disadvantaged groups.

> *"Disparities are not fair or necessary, and solutions are within reach".*[1]

- Of concern even if their causes are not fully understood, because they affect groups already at underlying disadvantage and may expand disadvantage with respect to their health.
- Health disparities are how we measure progress toward the human rights principle of *Health Equity*.

[1] Susan Havercamp, PhD, a clinical psychologist and director of the Health Promotion and Healthcare Parity Program at the Nisonger Center for Excellence in Developmental Disabilities at The Ohio State University.

HEALTH EQUITY

- A state of *fair* and *just opportunities* to be as healthy as possible.
- Both a process and an outcome.
- Often measured as reductions in disparities, in both absolute and relative terms[1], by improving the health of disadvantaged groups.
- Requires both removing obstacles and increasing opportunities to maximize health, commonly through addressing *social determinants of health.*

[1] Harper, S., N. B. King, S. C. Meersman, M. E. Reichman, N. Breen and J. Lynch (2010). Implicit value judgments in the measurement of health inequalities. The Milbank quarterly 88(1): 4-29.

SOCIAL DETERMINANTS OF HEALTH

- Nonmedical* factors which influence health.
  - Employment, income, housing, transportation, childcare, education, legal/political system.
  - Quality of the places where people live, work, learn, and play.
- Shaped by social policies.[1]

* Sometimes includes access to medical care

[1] Krieger N. A glossary for social epidemiology. J Epidemiol Community Health. 2001 Oct;55(10):693-700. doi: 10.1136/jech.55.10.693. PMID: 11553651.

DISADVANTAGED GROUPS

- Those who have been ***excluded*** from accessing the social and material resources available to other groups in society (i.e., SDoH), often due to ***discrimination*** or ***marginalization*** (see also, racism, sexism, ableism, etc.).
- Groups include – but are not limited to – people of color[1], people living in poverty[2], LGBTQ+ individuals[3], women[4], gender nonconforming individuals[5], and people with physical and mental disabilities[6].
- Group status is not mutually exclusive[7]

> *"There are no single-issue struggles, because we do not live single-issue lives."*

[1] Williams DR, Mohammed SA, Racism and health I: Pathways and scientific evidence. American Behavioral Scientist 2013; 57:1152.; [2] Reeves R, Rodrigue E, Kneebone E. Five evils: Multidimensional poverty and race in America. The Brookings Institution, April 2016.; [3] Meyer, IH, Northridge, ME, eds. The Health of Sexual Minorities. New York: Springer Nature 2007.; [4] Moss NE. Gender equity and socioeconomic inequality: a framework for the patterning of women's health. Social Science & Medicine 2002;54:649-661.; [5] Collier, K. L., Van Beusekom, G., Bos, H. M., & Sandfort, T. G. (2013). Sexual orientation and gender identity/expression related peer victimization in adolescence: A systematic review of associated psychosocial and health outcomes. Journal of sex research, 50(3-4), 299-317.; [6] U.S. Department of Health & Human Services, Healthy People 2020. Disability and Health.; [7] Crenshaw KW. 1991. Mapping the margins: intersectionality, identity politics, and violence against women of color. Stanford Law Rev. 43:1241–99. [8] Audre Lorde.

DISCRIMINATION

- The process by which individuals or groups are treated unfairly because of their perceived or actual group identity, to reinforce positions of power and privilege (see also *bias* or *–isms*)
- Arises from socially-derived beliefs about groups and their members
- Conscious or unconscious
- Intra-personal, interpersonal, structural[1]

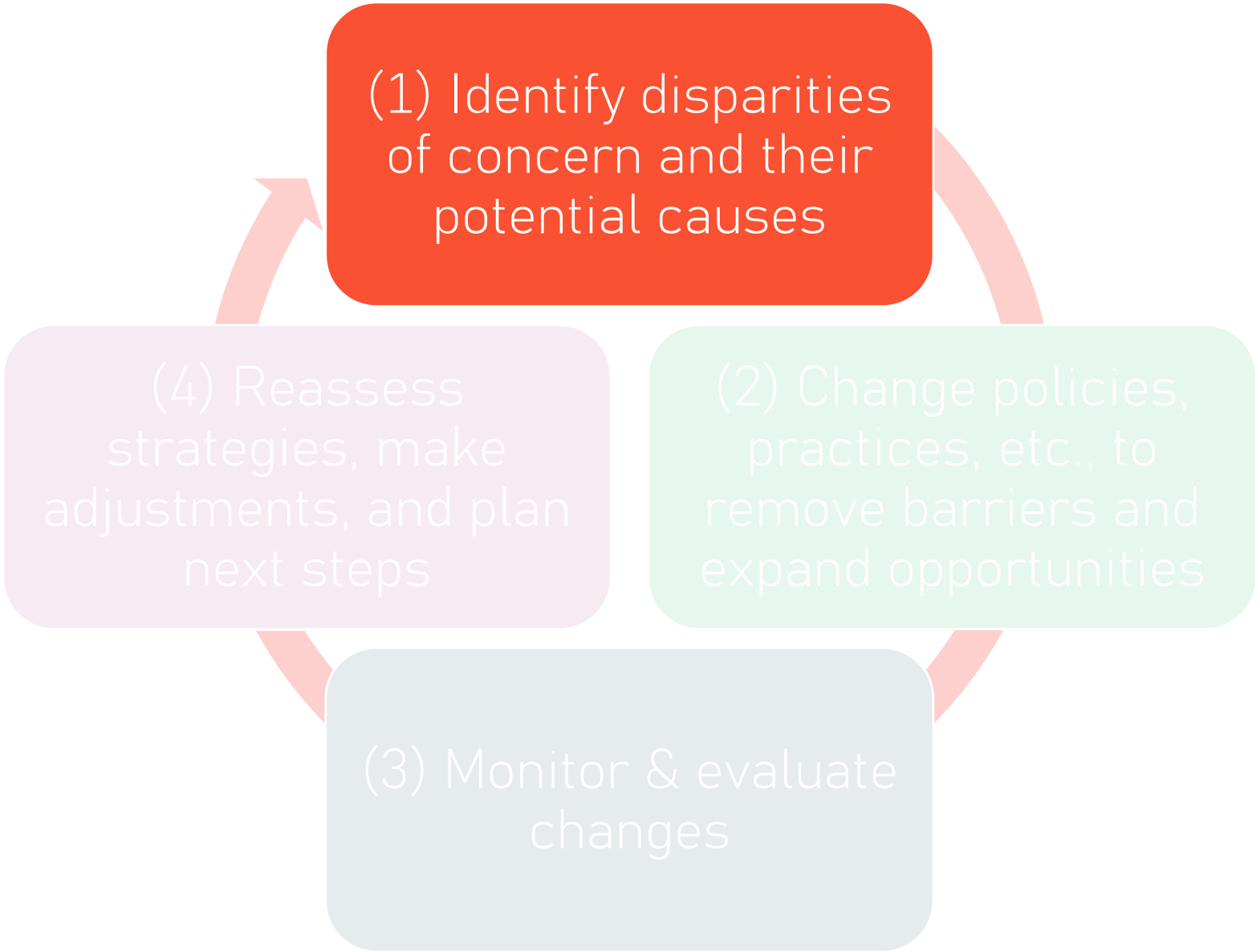
[1] Jones, C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. American journal of public health, 90(8), 1212.

DISPARITIES AMONG PEOPLE WITH DISABILITIES

- 11.7% of the school population → 25% of all ***suspensions***; 23% of **expulsions**; 27% of those ***arrested at school***.[1]
  - Black students comprise 19% of students with disabilities but 36% of students with disabilities who are suspended.[2]
- 2x more likely to be ***unemployed*** (7.3% vs. 3.5%).[3]
- More likely to be ***incarcerated*** – population with any disability in prison=32%; jail = 40%.[4]

[1] Government Accountability Office, 2018, 2020; [2] Nowicki, J. (2018). Discipline disparities for Black students, boys, and students with disabilities. GAO-18-258). GAO.; [3] Disability Labor Force Statistics. Office of Disability Policy. https://www.dol.gov/agencies/odep/research-evaluation/statistics. (Accessed 3/29/24).; [4] Bronson, J., Maruschak, L. M., & Berzofsky, M. (2015). Disabilities among prison and jail inmates, 2011–12. US Department of Justice Bureau of Justice Statistics.

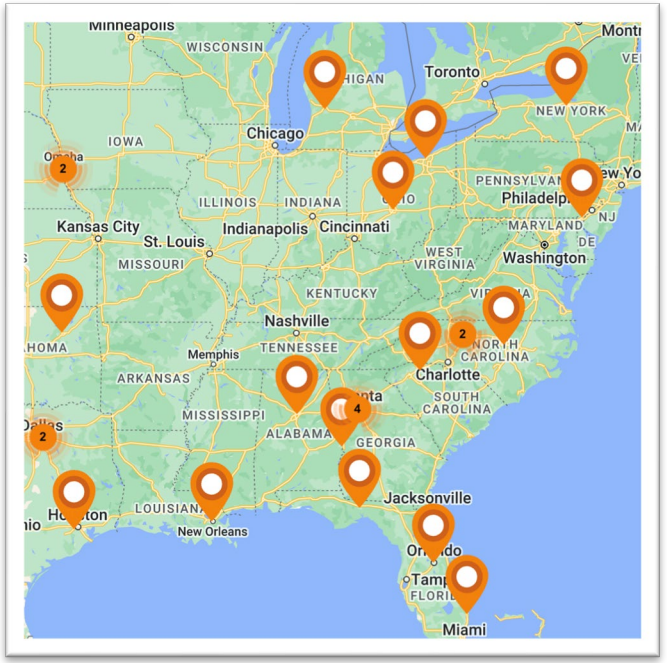
THE HEALTH EQUITY PROCESS



WHAT DO SUCCESSFUL DISPARITY REDUCTION EFFORTS LOOK LIKE?

TRANSFORMING THE VILLAGES OF EAST LAKE, ATLANTA, GA

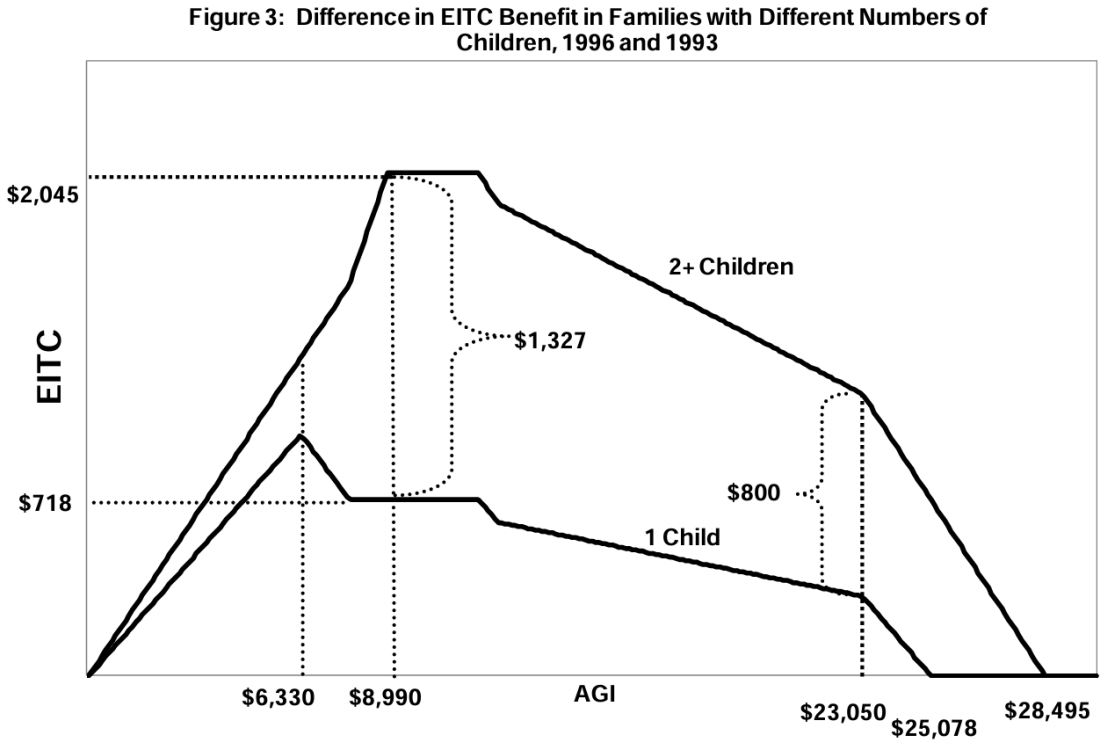
- Partnership between local business leaders, East Lake residents, the Atlanta Housing Authority, Atlanta Public Schools, and the YMCA.
- Comprehensive transformation, including high-quality mixed-income housing, "cradle-to-college" educational pipeline, wellness resources.
  - Lower rates of childhood asthma and obesity
  - 90% reduction in violent crime
  - 59% → 5% on welfare
  - 13% → 100% employed or in job training



http://purposebuiltcommunities.org/ (Accessed 3/28/24)

EXPANDING THE EARNED INCOME TAX CREDIT TO IMPROVE MATERNAL HEALTH EQUITY

- 1993 expansions gave higher benefits to families with two or more children.
- Contributed to improvements in maternal health overall, mental health, and biological markers of risk for chronic disease.[1]



[1] Evans, W. N., & Garthwaite, C. L. (2014). Giving mom a break: The impact of higher EITC payments on maternal health. American Economic Journal: Economic Policy, 6(2), 258-290.

DISABILITY EQUITY

- Americans with Disabilities Act of 1990
  - Expanded access and protections from discrimination[1]

Source: Tom Olin (DisabilityMuseum.org)

- The Urban Institute's Disability Equity Policy Initiative (DEPI) aims to equip *policymakers and practitioners* with the *rigorous, timely, and actionable research* they need to advance *economic mobility, housing stability, community connections,* and a *more accessible and equitable public safety net*.[2]

URBAN INSTITUTE

[1] Sharing the Dream: Is the ADA Accommodating All? U.S. Commission on Civil Rights. https://www.usccr.gov/files/pubs/ada/ch2.htm#_ftn5 (Accessed 3/29/24)
[2] https://www.urban.org/research-area/disability-equity-policy (Accessed 3/29/24)