

# Finding Solutions: From Health Disparity to Equity

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Presentation & Facilitated Discussion

NM CARES HD Center

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# Changing the Conversation to Equity- NM CARES HD Center 2015 & Beyond

## *Outline of Presentation*

1. Cruzando el Rio-Interactive Team Experience
2. Principles (values), concepts, methods and interventions
3. Discussion Groups-Equity Interventions to Improve Health Outcomes



# Changing the Conversation to Equity

## *Scholarly Works Cited*

- Bravemen, P & Gruskin, S. Defining Health Equity: Theory and Methods. *JEpidemiol Community Health* 2003;57:254-258 doi:10.1136/jech.57.4.254
- Carter-Pokras,O. & Baquet, C. (2002). What is a health disparity? *Public Health Reports*,September-October, Vol 117.
- Gehlert, S., Sohmer, D., Sacks, T., Mininger,C., McClintock, M., & Olopade, O. (2008), Targeting health disparities: A model linking upstream determinants to downstream interventions. *Health Affairs*, March/April.
- Powers, M. & Faden, R. (2006) *Social Justice: The Moral Foundations of Public Health and Health Policy*, Oxford: Oxford UniversityPress, 2006.
- Whitehead, M. (2007). A Typology of Actions to Tackle Social In in Health. *J.Epidemiol. Community Health*,61;473-478



# Cruzando el Rio/Crossing the River



5/23/13

L. Cacari Stone

# The Promise of Research to Eliminate Health Inequities

There has been a historical interplay between research, policy and social activism.



# Political Action

Role of political action as a catalyst for both research and policy,

“thirty years of scholarship on agenda-setting and issues framing have shown that societal problems do not become policy issues just because they exist as problems or even because careful scientific research has documented that they are problems, **they must be converted into political issues by an array of leaders and defined in a way that government can do something about them**”

Bell, J. & Standish, M. (2005). Communities and health policy: a pathway for change. *Health Affairs*, Volume 24, Number 2.



...but, what is the agenda?  
Disparity? or, Equity?



# Health Disparity

“...differences that occur by gender, race, ethnicity, education or income, disability, living in rural localities or sexual orientation.”

Healthy People 2010, USDHHS

“...differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the U.S. Research on health disparities related to socioeconomic status is also encompassed in this definition.”

National Institutes of Health (2000)

*Carter-Pokras, O. & Baquet, C. What is a "health disparity"?  
Public Health Rep. 2002 Sep-Oct; 117(5): 426–434.*





# “A Pair of Shoes” for the Journey



# EQUITY

- Equity in health is the absence of systematic disparities in health (or in the major social determinants of health) between groups with different levels of underlying social advantage/disadvantage—that is, wealth, power, or prestige.
- Equity is an ethical principle; value of **social justice**; it also is consonant with and closely related to **human rights** principles.
  - The right to the highest attainable standard of health as indicated by the health status of the most socially advantaged group.

**Braveman, P. & Gruskin, S. Theory and methods  
Defining equity in health. *J Epidemiol Community  
Health* 2003;**57**:254-258**



# Social Justice & Public Health

“An integral part of bringing good health to all is the task of *identifying and ameliorating patterns of systematic disadvantage that undermine the well-being of people* whose prospects for good health are so limited that their life choices are not even remotely like those of others. These two aspects of justice—**health improvement for the population and fair treatment of the disadvantaged**—create a richer understanding of public health.”

-Gostin & Powers (2006)



# Operationalizing the Concept

- Equity supports operationalization of the right to the highest attainable standard of health as indicated by the health status of the most socially advantaged group.
- Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups.
- These comparisons are essential to assess whether *county, state, tribal*, national and international policies are leading toward or away from greater social justice in health.



# What can be done?

*“It’s not whether we know enough-  
it’s what we do with what we know.”*

-Jack Geiger

*“The central question remains: what can be  
done about these social inequalities in  
health?”*

-M. Whitehead



# Moving Up the River

LEVEL 1

UPSTREAM

An activity that attempts to eliminate those things in the **social structure that deny certain people voice, power, and political** influence in society (e.g. class exploitation, racism, and gender discrimination)

LEVEL 2

MODERATELY  
UPSTREAM

An activity that directly attempts to give **people access to the things that will help them obtain an equal footing** with those who are currently privileged (e.g. health insurance coverage, quality education, low interest loans, inclusion in social networks)

LEVEL 3

MILDLY

An activity that moves people from conditions that impede health into **conditions that support health** (e.g. secure & good-paying jobs, quality & affordable housing, access to transportation)

LEVEL 4

DOWNSTREAM

An **activity that relieves stress or changes unhealthy behaviors** (e.g. support groups, smoking cessation campaigns, family planning education)

# NM CARES HD Center's Priority Areas

- **Eliminate disparities in depression and suicidal ideation**
  - Eliminate disparities in the overdose death rate from prescription drugs
  - Improve outcomes for trauma, grief, and loss experiences among Hispanic and American Indian communities
- **Eliminate disparities in rates of diabetes**
  - Promote health and wellness opportunities, including food and exercise environment
  - Improve environmental health
- **Reduce pediatric asthma through reduced environmental exposures, including tobacco smoke**



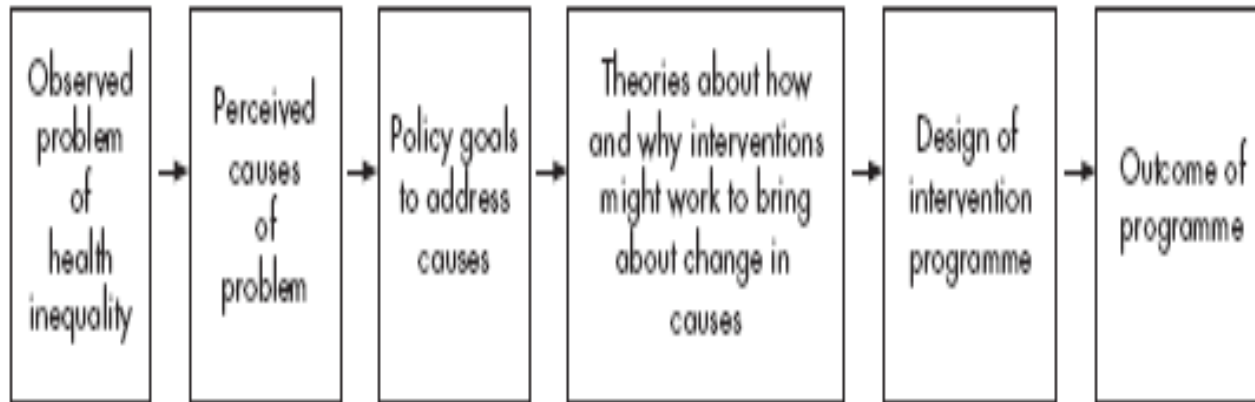


Figure 1 The logic of health inequalities interventions.

M. Whitehead, 2007.





A crucial task in relation to tackling health inequalities, therefore, is to discern what the theories are about how and why the proposed interventions might work, and what their expected effectiveness could be. When such questions are applied to past and current activity in this field, distinct types of intervention can be discerned, which form the basis of the typology below.

- Category 1: strengthening individuals
- Category 2: strengthening communities
- Category 3: improving living and working conditions
- Category 4: promoting healthy macro-policies

M. Whitehead, 2007

