



# Subject 7

## Health disparity and Health equity.

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# Objectives

After completing this subject, students will be able to:

1. To understand **health disparity and health equity**.
2. Explain **causes of disparity in access to health care**.
3. Shed the light on the changes or the improvement in the health status of the population.
4. Propose some **governmental strategies** for provision of better health.

# Definitions

**Health Disparities:** " a population where there is a **significant disparity [difference]** in the :

- overall rate of **disease incidence, prevalence, morbidity,**
- **mortality,** or survival rates in the population as compared to the health status of the general population”.

**Health equity:**

" the **absence of systematic disparities** in health between groups with different levels .

**Health Inequities:**

" Disparities in health [or health care] that are systemic and avoidable and considered unfair or unjust.”

The [World Health Organization](#) defines health inequity as “systematic differences in the health status of different population groups.”

This means that certain groups experience **worse health** and **increased difficulty accessing healthcare** as a result of the systems that influence their lives.

For example, **economic and political systems can influence poverty**. People born in areas where poverty is high may have reduced access to safe housing, clean water, healthy food, education, and medical care — all of which impact health.

This creates an **avoidable and unfair** divide between different groups.

Changes in government policy are necessary to overcome this. Health inequity occurs on a **local, national, and global** scale, and it affects all countries.

## What is the impact?

Health inequity **negatively impacts everyone**. It leads to deteriorated outcomes not just for the people it directly affects, but also for those with more power and resources.

For example, health inequity:

- makes it **more difficult to contain and treat infectious diseases**.
- **increases levels** of crime and violence across communities.
- drug, alcohol and substance misuse.
- **increases stress** and **anxiety** by damaging social cohesion
- **decreases productivity and employment**.
- pushes **100 million people** into poverty each year and **prevents** at least half of the world's population from getting the **healthcare they need**.

## Healthcare inequity and healthcare disparity:

It refers to the study of differences in the quality of health and health care across different populations.

This may include **differences in** the :

- Morbidity :presence of disease, acute or chronic .
- Mortality
- Health outcomes, or
- Access to health care across racial, ethnic, and socioeconomic groups

## Health Outcome

•In health economics, the term ‘**outcome**’ is used to describe the **result of a health care intervention** weighted by a value assigned to that result. i.e.: **Complete recovery, incomplete recovery (chronic) or disability, or death.**

### **Quality-Adjusted-Life-Year (QALY)**

(1)Units of measure of **utility** which combine **life years gained as a result of health interventions/health care programs** with a judgment about the quality of these life years.

(2)A **common measure of health improvement** used in cost-utility analysis; it measures **life expectancy** adjusted for **quality of life**

## Quality of life (QOL)

**QOL** is the general well-being of individuals and societies, outlining negative and positive features of life, and people expectations for a good life.

**QOL** contributes to one's subjective well-being - is called life satisfaction.

**QOL** includes physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and the environment.

Health related QOL is an evaluation of QOL and its relationship with health.

**QOL** should not be confused with the concept of **standard of living, which is based on income.**



## Global burden of disease (GBD)

■ **GBD** is a comprehensive regional and global assessment of mortality and disability from diseases , injuries and risk factors.

■ It provide a **full picture** of which diseases, injuries and **risk factors** contribute the most to **poor health** in a specific population, including:

- **identification** of the most important health problems and
- whether they **are getting better or worse over time**.

# International Health Disparities

- ❑ Even in the wealthiest countries, there are **disparities** in health between the **rich and the poor**.
- ❑ There is significant differences among developed nations in **health status indicators** such as **life expectancy**, **infant mortality**, **incidence** of disease, and **death from injuries**.
- ❑ These disparities may exist in the context of the **health care system**.
- ❑ **Access to health care** is essential for equitable health.
- ❑ There is substantial **variation in health care systems and coverage from country to country**.
- ❑ Variation in access to **clean and safe water, working conditions**.

## Disparities in access to health care

■ **Lack of insurance coverage:** Without health insurance, patients are more likely to **postpone medical care**, more likely to **go without needed medical care**, and more likely to go **without prescription medicines**.

■ **Lack of a regular source of care:** Without access to a regular source of care, so:

1. patients have **greater difficulty obtaining care**,
2. **fewer doctor visits**,
3. **more difficulty obtaining needed drugs**.
4. more likely to use emergency rooms and clinics as their regular source of care.

■ **Lack of financial resources:** Although the lack of financial resources is a barrier to health care access, the impact on access appears to be greater for minority populations.

- **Structural barriers:** These include:
- poor transportation,
  - an inability to schedule appointments quickly or during convenient hours, and
  - excessive time spent in the waiting room,

all of which affect a person's ability and willingness to obtain needed care.

■ **Legal barriers:** Access to medical care by low-income immigrant minorities can be delayed by legal barriers to public insurance programs (have no health insurance).

■ **The health care financing system:** financing system is a barrier to accessing care. Its' effects vary in different countries.

■ **Scarcity of providers:** access to medical care can be limited due to the scarcity of primary care practitioners, specialists, and diagnostic facilities.

■ **Linguistic barriers:** Language differences restrict access to medical care for minorities who have different languages.

■ **Health literacy:** This is where patients have problems obtaining, processing, and understanding basic health information.

i.e., patients with a poor understanding of good health may not know when it is necessary to seek care for certain symptoms, the problem can be more pronounced in these groups than that due to socioeconomic and educational factors.

■ **Age:** can also be a factor in health disparities for a number of reasons:

1. As many older **have many health problems ( comorbidity)**, which cause a **financial burden** on their fixed incomes which may make **paying for health care expenses difficult**.
2. Additionally, they may face other barriers such as **impaired mobility or lack of transportation** which make accessing health care services challenging for them physically.
3. Also, they may **not have the opportunity to access health information** . This could put older individuals at a disadvantage in terms of accessing valuable information about their health and how to protect it.

# What is the inequality between sexes?

**Gender** inequality has been prevalent in all societies for centuries and continues to exist even today

**Gender inequality** is discrimination on the basis of sex or gender causing one sex or gender to be routinely privileged or prioritized over another.

**Gender equality** is a fundamental **human right** and that right is **violated** by **gender-based discrimination**.

Gender inequality **weakens women** in many areas such as **health, education, and business life**.

Studies show the different experiences of genders across many areas including **education, life expectancy, personality, interests, family life, careers, and political membership**



Some of the key areas or examples of gender inequality where women face discrimination include:

- People still prefer the birth of a boy rather than a girl.
- less access to **employment**, and **education**,
- poorer **health and nutrition** than men,
- and the most obvious **violence against women**.
- less access to **health care services**.
- **Job discrimination**. ...
- Lack of **legal protections**. ...
- Lack of autonomy. ...
- **Child Marriage** : Children specially the girls are married at a very young age.

## Women Empowerment

Women's empowerment refers to the **process of enabling women to have greater control over their lives** and to be **able to make their own decisions**.

This can include empowering women to participate fully in the economy and in the political process, as well as empowering them to make decisions about their own education, health and well-being.

Women's empowerment is important because **it can lead to a range of positive outcomes**, including :

- increased economic growth and development,
- improved health and well-being, and
- greater gender equality.

# Improving Health Status

- Profound **improvements in health status** have occurred in industrialized nations since 1900.
- The **access to improved medical care and improved health care are responsible for these differences.**
- The **introduction of vaccines and medical treatments** are responsible for the profound **declines in mortality** from **infectious diseases** 1900.

■ **Improvements in behavior** (e.g., reductions in tobacco use, changes in diet, increased exercise, etc.) have also been responsible for **improved longevity**,

■ that improvements in health are due to the **improving material conditions of everyday life** experienced by people since 1900.

■ These improvements occurred in the areas of early childhood:

- education,
- food processing and availability,
- health and social services,
- housing,
- employment security and working conditions .

## Social Justice

A desirable quality that, when achieved, results in:

❖ equitable (fair) access and exposure to social, economic, and political resources, opportunities, burdens and their consequences.

### Equitable access

■ Geographical access – overcoming barriers of distance.

■ Economic access – overcoming barriers of cost.

■ Cultural and social access :

■ Adequate, appropriate services

■ No barriers for women, and disadvantaged groups

■ Providers who deal with all patients/clients fairly, equally; according to their needs

# Governmental strategies to improve health

1. **Invest in Prevention** : Promotion and protection of health, and prevention of health problems (communicable and non-communicable) are major aspect in the improvement of health . Main programs are:
  - a. Provision and implementation of **health policies** , i.e.:
    - Iodization of salt, fluoridation of water, smoking control and prevention, seat belt ,.....
  - b. Promote **healthy behavior** by health **education** at different levels or groups, i.e.: healthy diet, physical activity, smoking cessation , prevention of drug or alcohol abuse, good hygiene and cleanness (**hand washing**).....
  - c. **Provision of accessible, affordable, equitable , continuous Primary Health Care services** ,i.e.: Maternity and Child Health services, Family planning, School Health Services, Environmental and Occupational Health Services, etc....

**d.** Prevention and control of communicable diseases , early detection, notification and treatment or vaccination.

**e.** Implementation of **screening** of health problems , i.e.:

- **Vision screening** for school children and seniors,
- **Prenatal screening** of women during pregnancy for congenital problems, **or for infections which might affects the fetus etc...**
- **Screening for diabetes and hypertension, etc.....**
- **Breast cancer screening for women or colon cancer screening for men.**
- **Screening for goiter (enlargement of the thyroid gland ) due to Iodide deficiency.**

## 2. Other Governmental Strategies:

- a. Providing high **quality** education programs for children and providing **safe** and high-quality **school environment**, **prevent early involvement of children in labor work.**
- b. Increasing **job opportunities** , by providing education and training for better jobs to **improve the socioeconomic condition & income.**
- c. **Provision of healthy environment**, proper water supply , proper sewage disposal, prevention of radiation and proper waste product disposal.
- d. Provision of **houses with good quality** , i.e., good ventilation , prevention of overcrowding and safe to prevent accidents, proper water supply , proper sewage disposal.



e. Investments in **health infrastructure** that support the patient's responsibility in his or her own care, and the efforts of patients, families and their clinicians to work together in a coordinated way.

**Provision of public hospitals with :**

- **high quality care and safety** with **good infection control** ,
- **proper health information system (HIS)**,
- Wide coverage area to **achieve universal coverage**.
- Sufficient **payment policies** for health care provider that offer incentives
- Provision of **health insurance** for most of the population with main consideration of disadvantaged groups.
- Promote safety and **prevent medical harm or malpractice (errors)**



*Thank You*