

# \* Health disparities \*

a population where there is a significant disparity in <sup>→ The overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population compared to the health status of the general population</sup>

# \* Health equity \*

The absence of systematic disparities in health between groups with different levels

# \* Health inequity \*

Disparities in health/health care that are systematic, avoidable and considered unfair and unjust.

defined by WHO → systematic differences in the health status of different population groups.

## It's impact: Negative

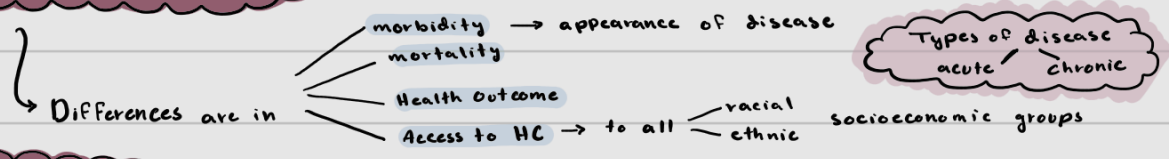
- ↳ leads to deteriorated outcomes for <sup>people it directly affects</sup> those with more power & resources
- ① containing & treating infectious diseases is more difficult
- ② increases levels of <sup>crime & violence</sup> drugs, alcohol & substance abuse
- ③ increases stress & anxiety <sup>by</sup> → damaging social cohesion
- ④ decrease productivity & employment
- ⑥ pushes (100)m people into poverty/year & prevents at least 1/2 the population from getting medical care

\* worse health & increased difficulty in accessing medical care are experienced due to systems  
↳ such as political & economical systems can affect poverty.  
\* poverty leads to reduced access to:  
① safe housing ② clean water ③ healthy food  
④ Education ⑤ medical care  
\* To overcome this → changes in government policies should be made  
\* it occurs on ① local ② global ③ national scale

m = million

# \* HC inequity & disparity \*

The study of differences in the quality of health and HC across different populations



# \* Health Outcome \*

the result of HC intervention weighted by a value assigned to that result

- ① complete recovery
- ② incomplete recovery (chronic)
- ③ Disability
- ④ Death

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

↳ Units of measure of utility which combine <sup>Life years gained</sup> → as a result of → health interventions / HC programs  
<sup>a judgement about the quality of these life years</sup>  
or  
↳ a common measure of health improvement used in cost-utility analysis → measures LE adjusted for QOL

# \* Quality of Life (QOL) \*

general well-being of individuals & societies → outlining <sup>negative</sup> <sup>positive</sup> of <sup>features of life</sup> <sup>people's expectations of a good life</sup>

- ↳ Life satisfaction & QOL contributing to one's subjective well-being
- ↳ Health related QOL is an evaluation of QOL & its relationship with health

note:  
QOL → based on health  
Standard of living → based on income

- it includes:
- ① physical health
  - ② family
  - ③ education
  - ④ employment
  - ⑤ wealth
  - ⑥ safety
  - ⑦ security to freedom
  - ⑧ Religious beliefs
  - ⑨ The environment.

# \* Global Burden of Disease (GBD) \*

a comprehensive <sup>regional</sup> <sup>global</sup> assessment of <sup>mortality</sup> <sup>disability</sup> from <sup>disease</sup> <sup>injury</sup> <sup>risk factors</sup>

↳ it provides a full picture of which <sup>diseases</sup> <sup>risk factors</sup> contribute the most to poor health in a specific population, by:

- ① Identification of the most important health problems
- ② whether these problems are getting better or worse with time

- ① LE
  - ② Infant mortality
  - ③ Death from injury
  - ④ Incidence of disease
- health status indicators

## \* International health disparities

- ↳ disparities between the rich and the poor
- ↳ difference between developed countries in health status indicators
- ↳ disparities may exist in the context of HC systems
- ↳ Access to HC is essential to equitable health
- ↳ a variation in HC systems, coverage, access to clean safe water and working conditions exists between countries

## \* Disparities in access to HC

### 1. Lack of insurance coverage

- ↳ without health insurance, patients are more likely to
- ① postpone medical care
  - ② go without needed medical care
  - ③ without prescription medicines

### 2. Lack of a regular source of care

- ① greater difficulty obtaining needed drugs
- ② fewer doctor visits
- ③ more likely to use emergency rooms & clinics as regular source of care

### 3. Legal barriers

Low-income immigrant minorities' access to medical care can be delayed by legal barriers to public insurance programs → they have no health insurance

### 4. Structural barriers

- ① poor transportation
  - ② inability to schedule appointments quickly or during convenient times
  - ③ spending excessive time in the waiting room
- ↳ affects a person's ability & willingness to obtain needed care

### 5. Lack of financial resources

- ▷ a barrier to health care access
- ▷ greater impact on access for minority population

### 6. The health care financing system

- ▷ a barrier to accessing HC
- ▷ it's effect varies between countries

### 7. Scarcity of providers

- scarcity of
- Primary care providers
  - specialists
  - diagnostic facilities

### 8. Linguistic barriers

restrict access to medical care for minorities who speak a different language

### 9. Health literacy

- \* patients have problems obtaining, processing, understanding basic health information

\* patients with poor understanding of good health → may not know when it is necessary to seek care

↳ this problem can be pronounced in these groups due to socioeconomic & educational factors.

### 10. Age

- ① older age = co-morbidity → causes financial burden on fixed income → difficulty paying for HC
- ② They may face barriers such as impaired mobility & lack of transportation → make accessing HC services challenging physically
- ③ They may not have the opportunity to access health information
  - ↳ could put older individuals at a disadvantage in terms of accessing valuable information about their health & how to protect it.

## \* Gender inequality: discrimination on the basis of sex or gender making one sex more privileged.

## \* Gender equality: a fundamental human right & it is violated by gender-basis discrimination.

▷ women are weakened due to gender inequality in

- health
- Education
- business life

- ▷ it is experienced in different areas such as
- ① education
  - ② LE
  - ③ family life
  - ④ political membership
  - ⑤ personality
  - ⑥ interests
  - ⑦ careers

### ▷ Examples where women face discrimination

- ① preferring the birth of a boy
- ② less access to employment & education
- ③ poorer health & nutrition
- ④ violence against women
- ⑤ less access to HC services
- ⑥ job discrimination
- ⑦ lack of legal protection
- ⑧ lack of autonomy
- ⑨ child marriage: children specially girls married at a young age.

\* **women empowerment** is the process of enabling women to   
 have greater control over their lives   
 make their own decisions.

↳ It includes: **empowering women to**   
 participate fully in the economy & political process   
 make their own decisions about their own   
 education health & well-being

↳ Its positive outcome is   
 increased economic growth & development   
 improved health & well-being   
 greater gender equality

\* **Improving health status** (HS) [everything since 1900s]

▷ since 1900, Improvements in HS happened in industrialized nations due to access to   
 improved medical care   
 improved HC

▷ declines in mortality from infectious diseases in 1900 → due to introduction of   
 vaccines   
 medical treatments

▷ Improvement in longevity → due to improvement in behavior (exercise / smoking / diet)   
 increased less healthy

▷ Improvement in health → due to improving material conditions of everyday life

- ① education
- ② food processing & availability
- ③ employment security

▷ Improvement occurs in areas of early childhood →   
 ④ housing ⑤ health & social services ⑥ working conditions

\* **Social Justice** is a desirable quality that results in equitable access & exposure to   
 resources, opportunities, burdens & their consequences.   
 social economic political

↳ Types of equitable access:

① **Geographic access**

↳ no distance barriers

② **Economic access**

↳ no cost barriers

③ **Cultural & social access**

- ▷ adequate, appropriate services
- ▷ no barriers for women & disadvantaged groups
- ▷ providers who don't discriminate

\* **Governmental strategies to improve health**

1. Invest in prevention (a-e)

\* major aspects of health improvement is:   
 Promotion of health   
 prevention of health problems   
 3Ps

① **Provision & implementation of health policies:**

- Iodization of salt
- smoking control
- Fluoridation of water
- seat belt

② **Promote healthy behavior by health education**

- healthy diet
- smoking cessation
- good hygiene
- physical activity
- prevention of drug or alcohol abuse

③ **Provision of accessible, affordable, equitable, continuous PHC services:**

- Maternity & child
- family planning
- school health services
- environmental and occupational health services

④ **Prevention & control of communicable diseases**

- early detection
- notification
- treatment or vaccination

⑤ **Implementation of screening of health problems:**

- vision screening → school children & seniors
- prenatal screening → women during pregnancy / infections that could affect the fetus.
- screening for diabetes & hypertension
- Breast cancer screening (women) / colon cancer (men)
- goiter screening (enlargement of thyroid) → due to Iodide deficiency

2. Other strategies:

① **providing**   
 high quality education   
 safe & high quality school environment   
 & prevent early involvement in child labor.

② **Increased job opportunity by providing**   
 education   
 training   
 for better jobs → Improve socioeconomic conditions

③ **provision of healthy environment**   
 proper water supply   
 proper sewage disposal   
 prevention of radiation & proper disposal

④ **Provision of houses with good quality**   
 • good ventilation   
 • proper sewage disposal   
 • proper water supply   
 • prevent overcrowding & accidents

⑤ **Investments in health infrastructure**   
 ↳ that support   
 patients' responsibility to their own care   
 the efforts of the family & clinicians to work together

\* **provision of public hospitals with:**

- high quality care & safety with good infection control
- proper health information system (HIS)
- wide coverage area → achieve universal coverage
- sufficient payment policies that offer incentives for HC providers
- provision of health insurance (main consideration → disadvantaged groups)
- Promote safety & prevent harm or malpractice.

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