

# Health Disparities

TROCD Institute IV  
September-October 2008  
Eugene, Oregon

# Session Objectives

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- Define health disparity (Presentation)
- Identify data sources, strategies and interventions addressing disparities (Panel)
- Integrating disparities into your planning (County Team Planning time)
- All policy results in health – whether it is intentional or not (Unnatural Causes)

# Definitions

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## Parity

- The quality or state of being equal
- Close equivalence or resemblance
- Equality of rank, nature, or value
  
- Likeness

*(Webster's Third New International Dictionary, Unabridged. Merriam-Webster, 2002. <http://unabridged.merriam-webster.com> ( 18 Sep. 2008).)*

## Disparity

- The state of being disparate: marked difference as in age, rank, grade, *condition*, *quantity*, *quality*, or kind
  
- Dissimilarity, inequality

*(Webster's Third New International Dictionary, Unabridged. Merriam-Webster, 2002. <http://unabridged.merriam-webster.com> ( 18 Sep. 2008).)*

# Health Disparities

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- Differences in the health status of different segments of a community\*\*
- Caused by a variety of factors\*\*
  - Unequal distribution of power, income, goods and services\*
- Which creates
  - Unequal conditions of work and play, homes, communities, towns, cities; unequal access to care, schools, education \*
  - Unequal opportunity for individuals to flourish and thrive in life\*

\*CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization

\*\* Multnomah County Health Department, March 2008.

# Who has these disparities?

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- Ask yourself....

“Who is getting the benefits of health promotion and chronic diseases prevention programs, and who is not?”

# So, what we are really facing...

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- Is not a “natural” phenomenon
- Results from a combination of poor social policy, unfair economics and bad politics.
- Are ***avoidable*** inequalities in health between groups of people.
- Arises from inequalities within societies.

CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization

## Where people live, work, play and age and their economic conditions

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- *Determines* people's *risk* of illness
- *Determines* actions taken to *prevent* them becoming ill
- *Determines* action taken to treat illness when it occurs.

CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health*. Geneva, World Health Organization

# Why should we worry about this?

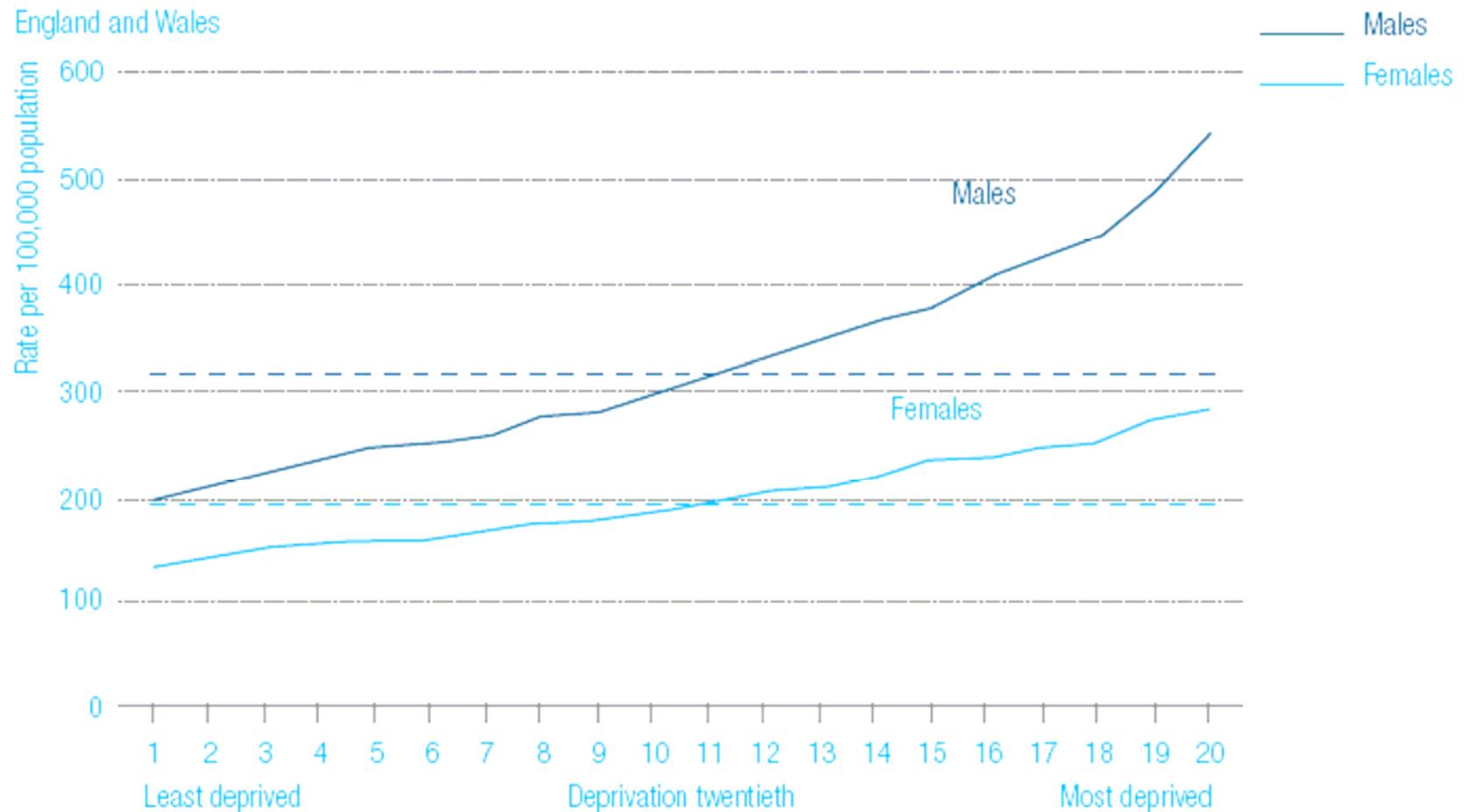
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- Social Gradient

- Runs from top to bottom of the socioeconomic spectrum.\*

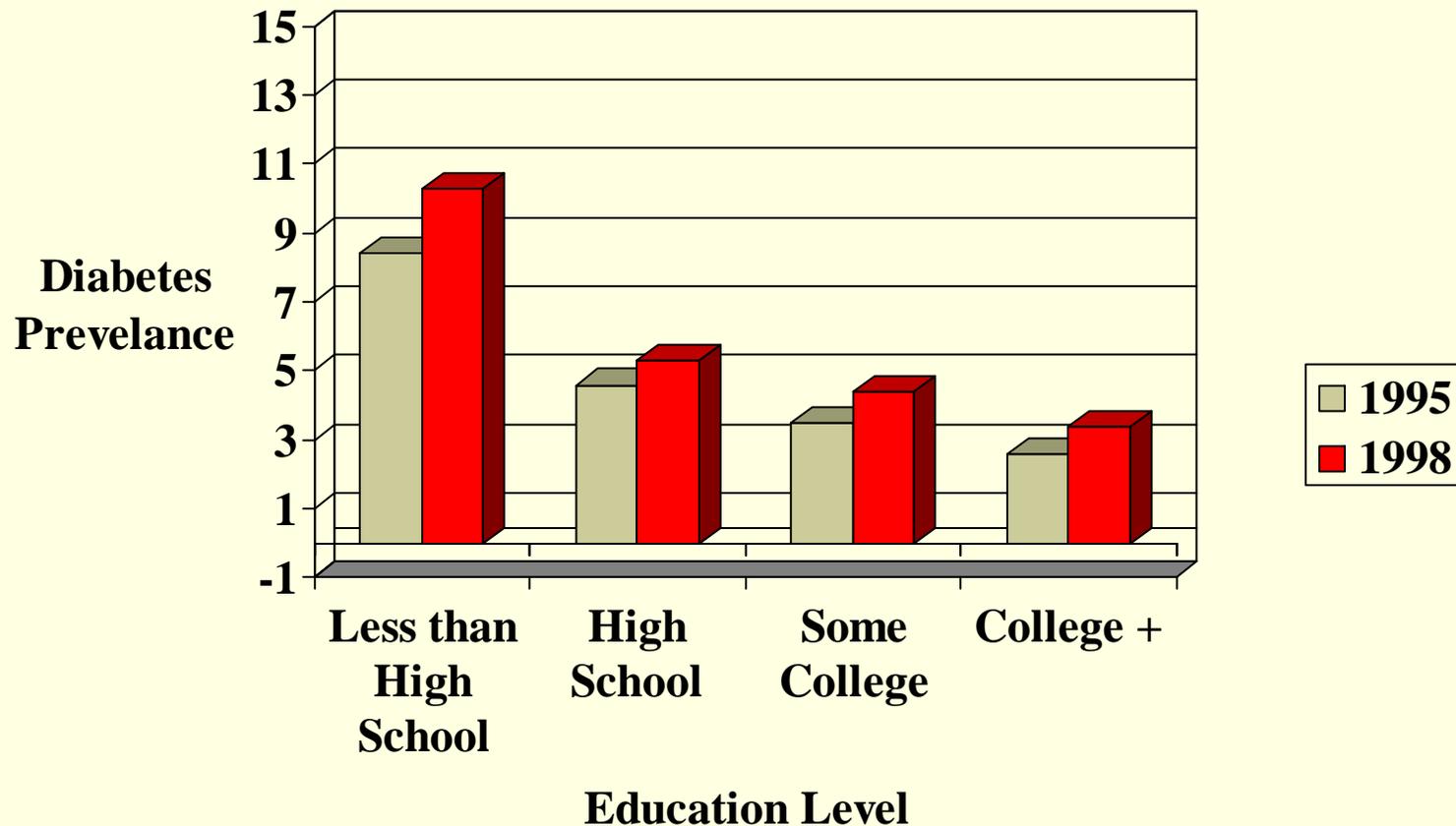
\*CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization

# Death rates, age adjusted, for all causes of death by deprivation twentieth, ages 15-65 year, 1999-2003, UK (England and Wales)



Dashed lines are average mortality rates for men and women in some areas of the United Kingdom (England and Wales).

# Diabetes trends in the US from 1995 to 1998 according to selected characteristics in persons aged $\geq 18$ years



Cooper, et al. (2000) *Trends in Disparities in Coronary Heart Disease, Stroke and other Cardiovascular Disease in the US: Findings of the National Conference on Cardiovascular Disease Prevention*; *Circulation*; 102 (3137-3147)

# Social Gradient

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- The social gradient in health means that health disparities affect everyone.\*
- Eliminating health disparities of all types must be a priority in order to achieve optimal health for the community as a whole.\*/\*\*

\*CSDH (2008). *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva, World Health Organization

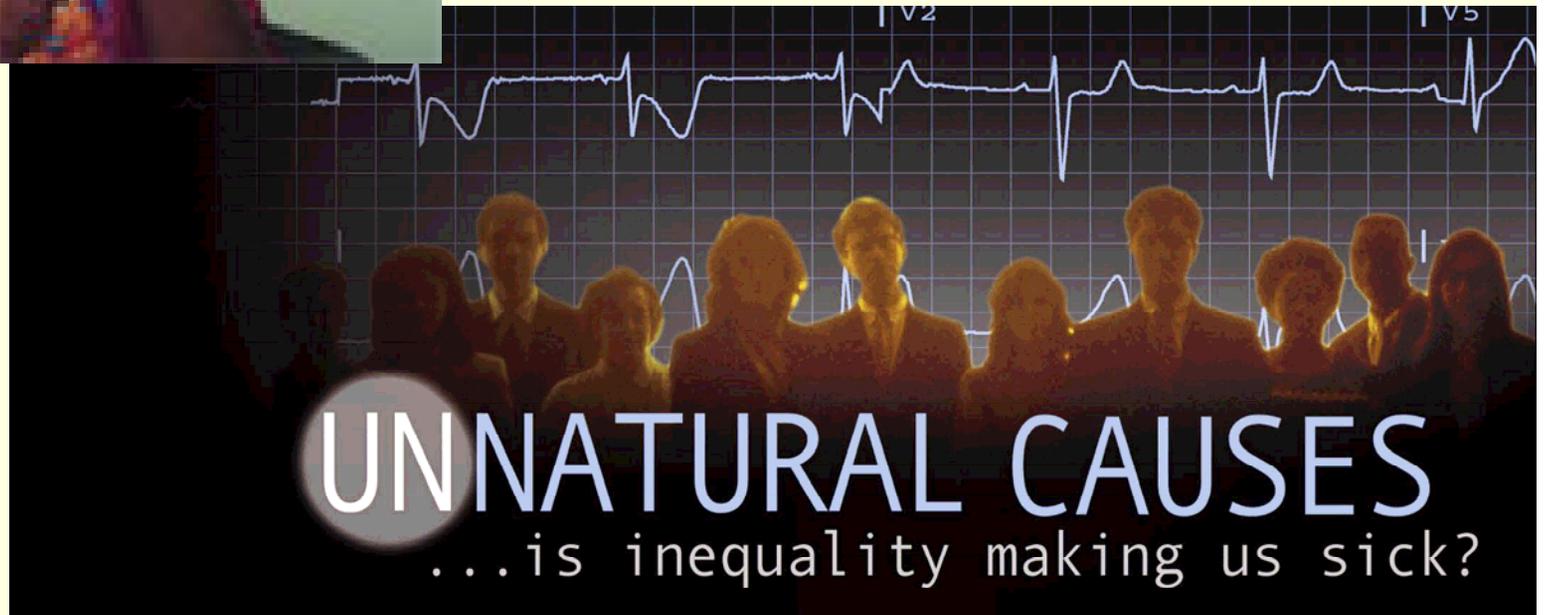
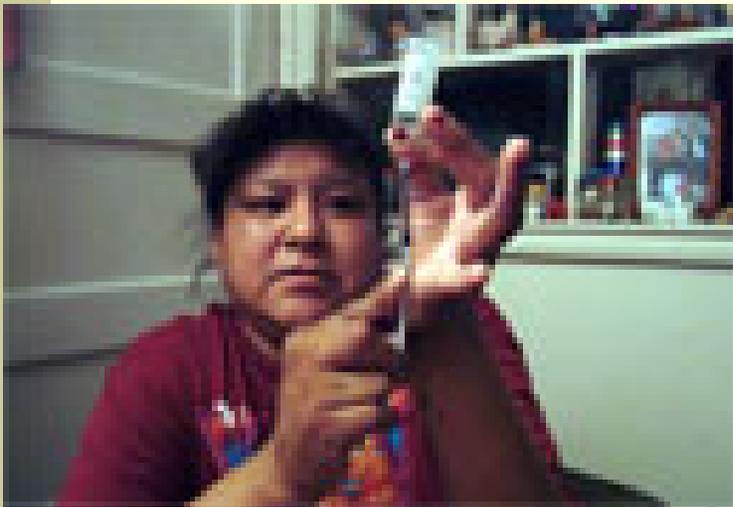
\*\* Multnomah County Health Department, March 2008

# Panel

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- Data - Finding the data; using data with policy leaders outside of Public Health
- Strategies and interventions – reaching populations experience health disparities
- Lessons learned – Success using policy to address health disparity.

# Unnatural Causes – “Bad Sugar”



# “Bad Sugar” – Discussion Questions

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- Dr. Warne suggests that chronic stress can increase the risk of diabetes. List some stressors that might be affecting the health of your community. What is their history?
- What kinds of policies might community groups or governments advocate for to help alleviate or eliminate those stressors?
- How can community members who want to include health equity as a policy goal participate in the decision-making process?
- In your community, what key land use decisions have had in impact on health?
- Who has benefited or been disadvantaged by these decisions?
- Who makes these kinds of decisions and how?