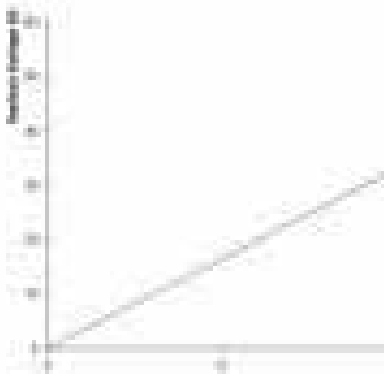
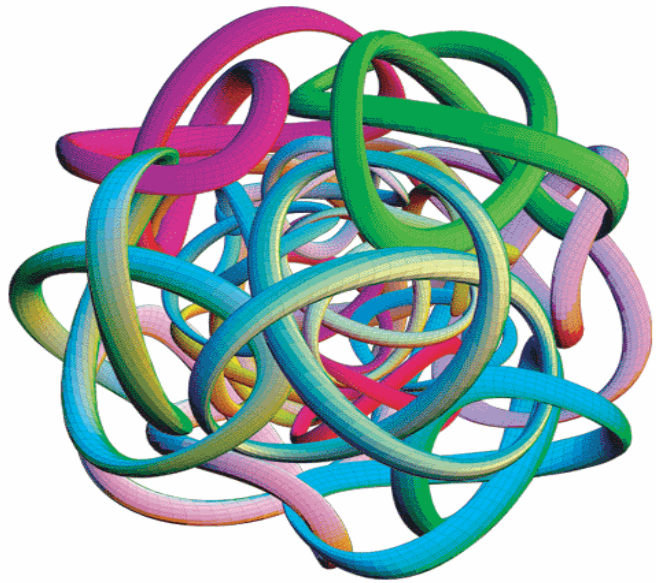
Equity and quantification





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Presentation

- Who am I
- What are we talking about?
- Where are we now?
- Issues
- What next?

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Equity

differences in health that are not only unnecessary and **avoidable**, but in addition **unfair** and **unjust**. (Whitehead and Dahlgren 1991)

Difference between variations and social inequities in health: They are ***systematic, socially produced*** (and therefore modifiable) and ***unfair*****.** (Whitehead and Dahlgren 2007)

health equity is the absence of systematic differences in health, both between and within countries that are judged to be avoidable by **reasonable** action (CSDH 2008)

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Equity and HIA

Equity in HIA is about

1. Both identifying and assessing differential health impacts and making judgments about whether these potential differential health impacts will be, are, or were, inequitable – that is, avoidable and unfair

2. Identifying evidence based recommendations to reduce or eliminate potential and existing identified health inequalities.

(adapted from Mahoney et al ,2004)

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HEIA project

- Equity is generally not considered within HIA, although this is improving
- Limited to differential impacts by population sub-groups
- Unclear extent assessments influence recommendations
- Few evaluations
- No need for a new form of HIA

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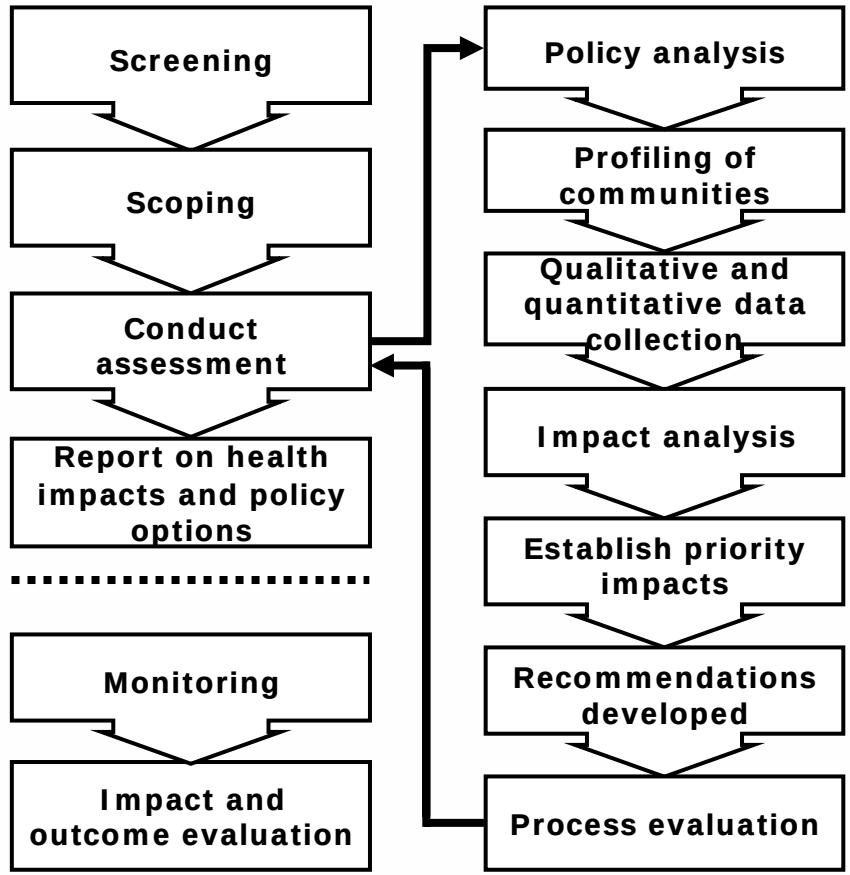
Quantification & HIA

- the act of counting and measuring that maps human sense observations and experiences into members of some set of numbers (Wikipedia)



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Disaggregate

BOX 16.3: TOWARDS A COMPREHENSIVE NATIONAL HEALTH EQUITY SURVEILLANCE FRAMEWORK

HEALTH INEQUITIES

Include information on:

health outcomes stratified by:
- sex
- at least two socioeconomic stratifiers (education, income/wealth, occupational class);
- ethnic group/race/indigeneity;
- other contextually relevant social stratifiers;
- place of residence (rural/urban and province or other relevant geographical unit);

the distribution of the population across the sub-groups;

a summary measure of relative health inequity: measures include the rate ratio, the relative index of inequality, the relative version of the population attributable risk, and the concentration index;

a summary measure of absolute health inequity: measures include the rate difference, the slope index of inequality, and the population attributable risk.

HEALTH OUTCOMES

mortality (all cause, cause specific, age specific);

ECD;

mental health;

morbidity and disability;

self-assessed physical and mental health;

cause-specific outcomes.

DETERMINANTS, WHERE APPLICABLE INCLUDING STRATIFIED DATA

Daily living conditions

health behaviours:
- smoking;
- alcohol;
- physical activity;
- diet and nutrition;

physical and social environment:
- water and sanitation;
- housing conditions;
- infrastructure, transport, and urban design;
- air quality;
- social capital;

working conditions:
- material working hazards;
- stress;

health care:
- coverage;
- health-care system infrastructure;

social protection:
- coverage;
- generosity.

Structural drivers of health inequity:

gender:
- norms and values;
- economic participation;
- sexual and reproductive health;

social inequities:
- social exclusion;
- income and wealth distribution;
- education;

sociopolitical context:
- civil rights;
- employment conditions;
- governance and public spending priorities;
- macroeconomic conditions.

CONSEQUENCES OF ILL-HEALTH

economic consequences;

social consequences.

(CSDH, 2008)

Modelling/Scenarios

- Develop equity focused counterfactuals
- Consider absolute & relative inequalities
- Positive & negative impacts
- Across social gradient

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But…

- Over-simplification (context, complexity)
- Focus on proximal determinants
- What about (structural) causation?
- Summary measures may prioritise those already winning
- Tendency to aggregation
- Prioritisation of things we can count
- Excluding the hard bits

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For example...

Standard Tool for Quantification in Health Impact Assessment A Review (Lhachimi et al. 2010)

- 6 evaluation criteria- no mention of equity or inequalities
- Focus - proximal, narrow, biomedical, simplified

"The ***standard HIA causal pathway*** assumes that a policy intervention leads to a change in risk-factor prevalence that, in turn, leads to changes in ***disease*** incidence and disease-related mortality and therefore in ***overall*** population health"

(emphasis added)

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Way forward…

- Models should help us address inequalities
- Equity as criteria
  - Selection of models
- Disaggregation at all stages
- Use an ‘equity lens’ in modelling
- Don’t hide from reality (complexity, chaos, open systems) - How much reality are you prepared to compromise for useability
- Talk about where you sit
- Progressive realisation rather than ‘reasonable’

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