

Challenges to Research on Equity in Health

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Equity has taken front seat worldwide.

- Lee J-W, Lancet 2003

Equity in health is the absence of systematic and potentially remediable differences in one or more aspects of health across population groups defined socially, geographically, or demographically.

- ISEqH, 2000

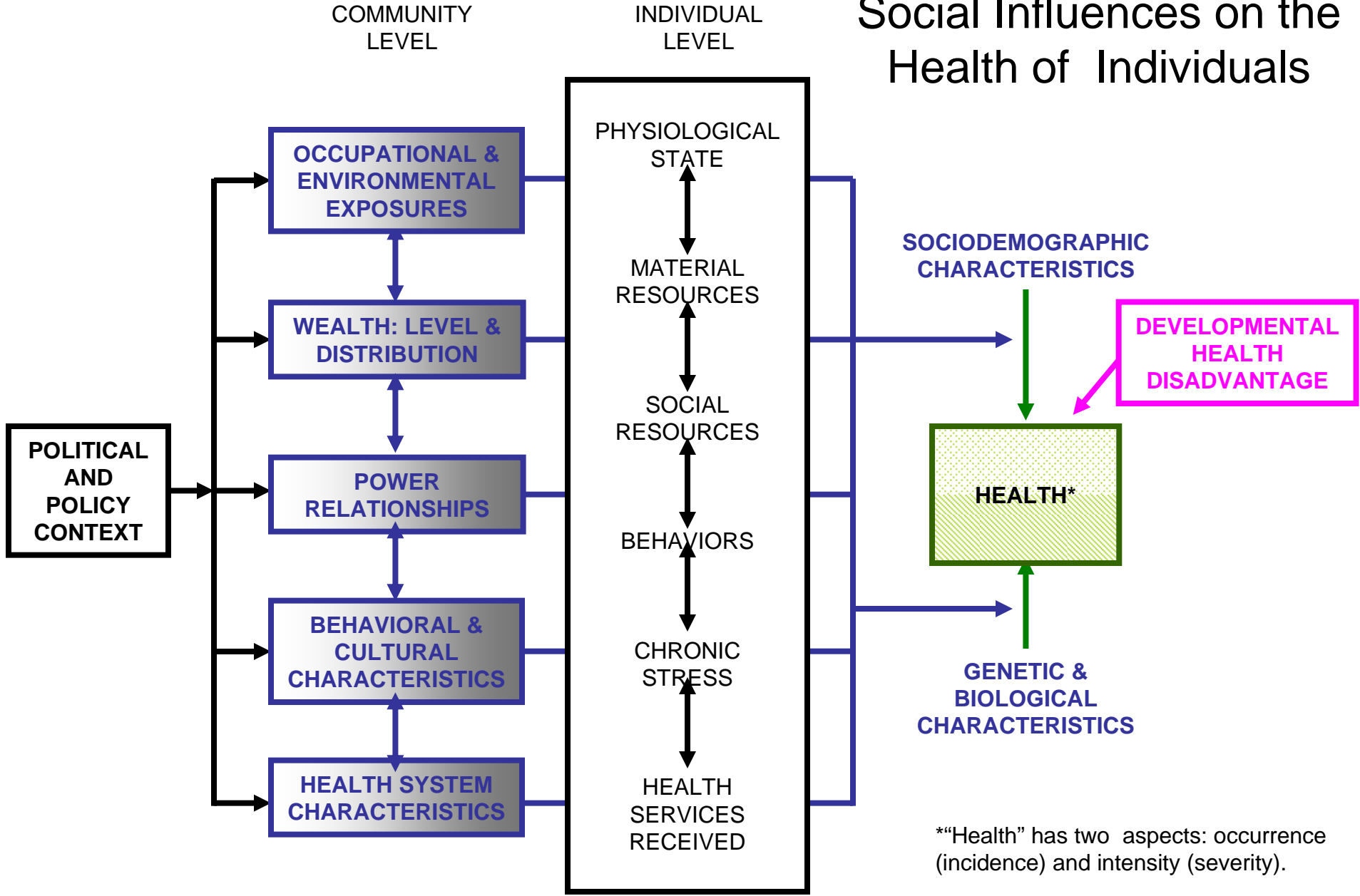
What Are “Systematic” Differences?

“Systematic” means consistent differences and is at the heart of the distinction between inequalities across individuals and inequities. What makes differences “systematic” is a pattern of influences that operate similarly to create differences in health.

Equity Research Is Not the Same as Social Determinants Research

- Social determinants research assumes an individual model of health.
- Equity research assumes a population model of health.
- Social determinants research generally neglects types of influences on health that are other than social.
- Equity research includes consideration of political, policy, environmental, and health systems effects, and their inter-relationships.

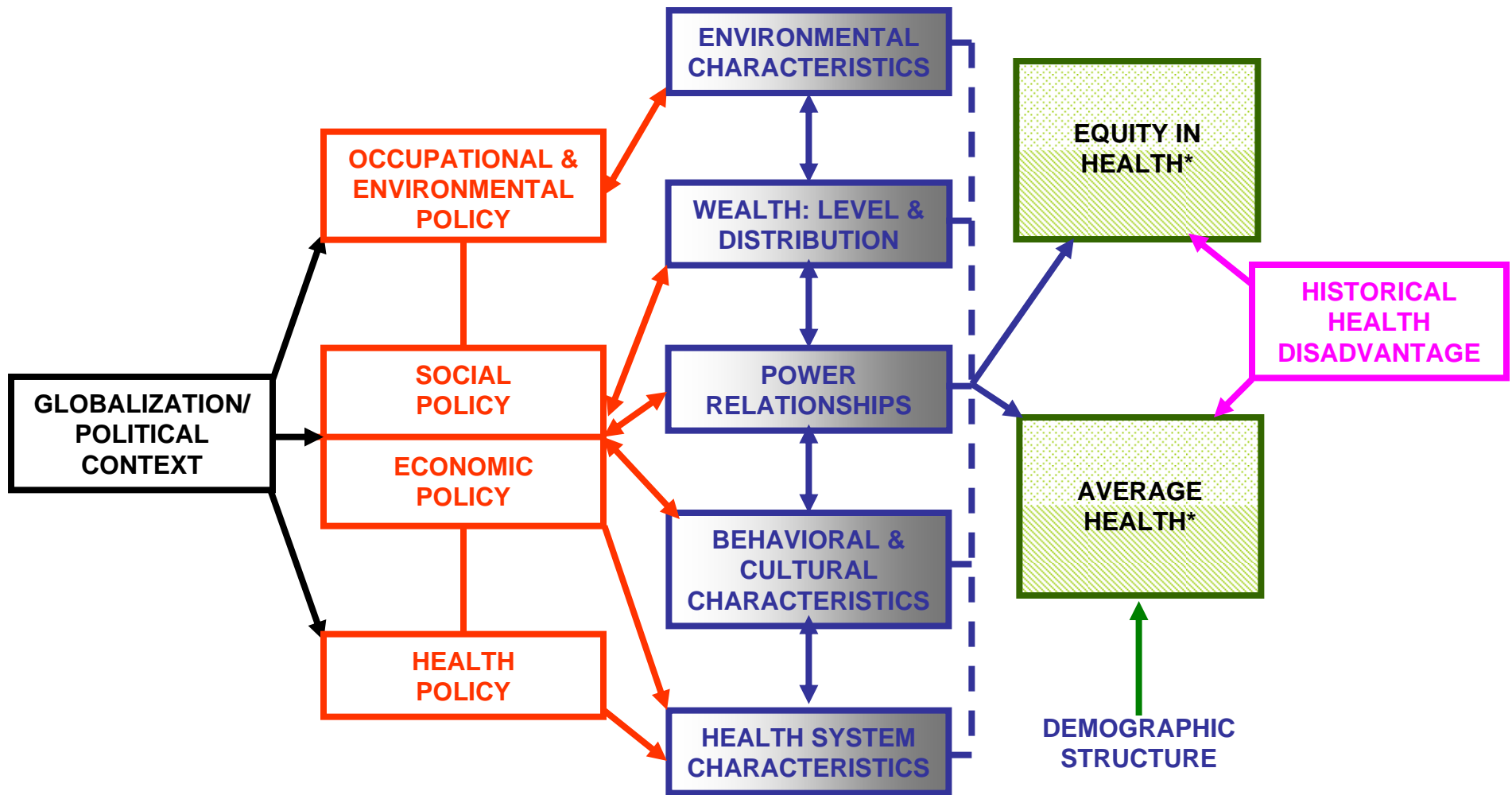
Social Influences on the Health of Individuals



*"Health" has two aspects: occurrence (incidence) and intensity (severity).

Shading represents degree to which characteristics are measured at the ecological level (lighter color) or at the individual level aggregated to community.

Societal Influences on the Health of Populations



Dashed lines indicate the existence of pathways through individual-level characteristics that most proximally influence health.

Shading represents degree to which characteristics are measured at the ecological level (lighter color) or at the individual level aggregated to community.

**“Health” has two aspects: occurrence (incidence) and intensity (severity).

The “determinants” of social inequity are not necessarily the same as the influences on health inequity.

Little is known about
the influence of societal
characteristics on
equity in health.

Health System Influences on Health That Have Been Studied

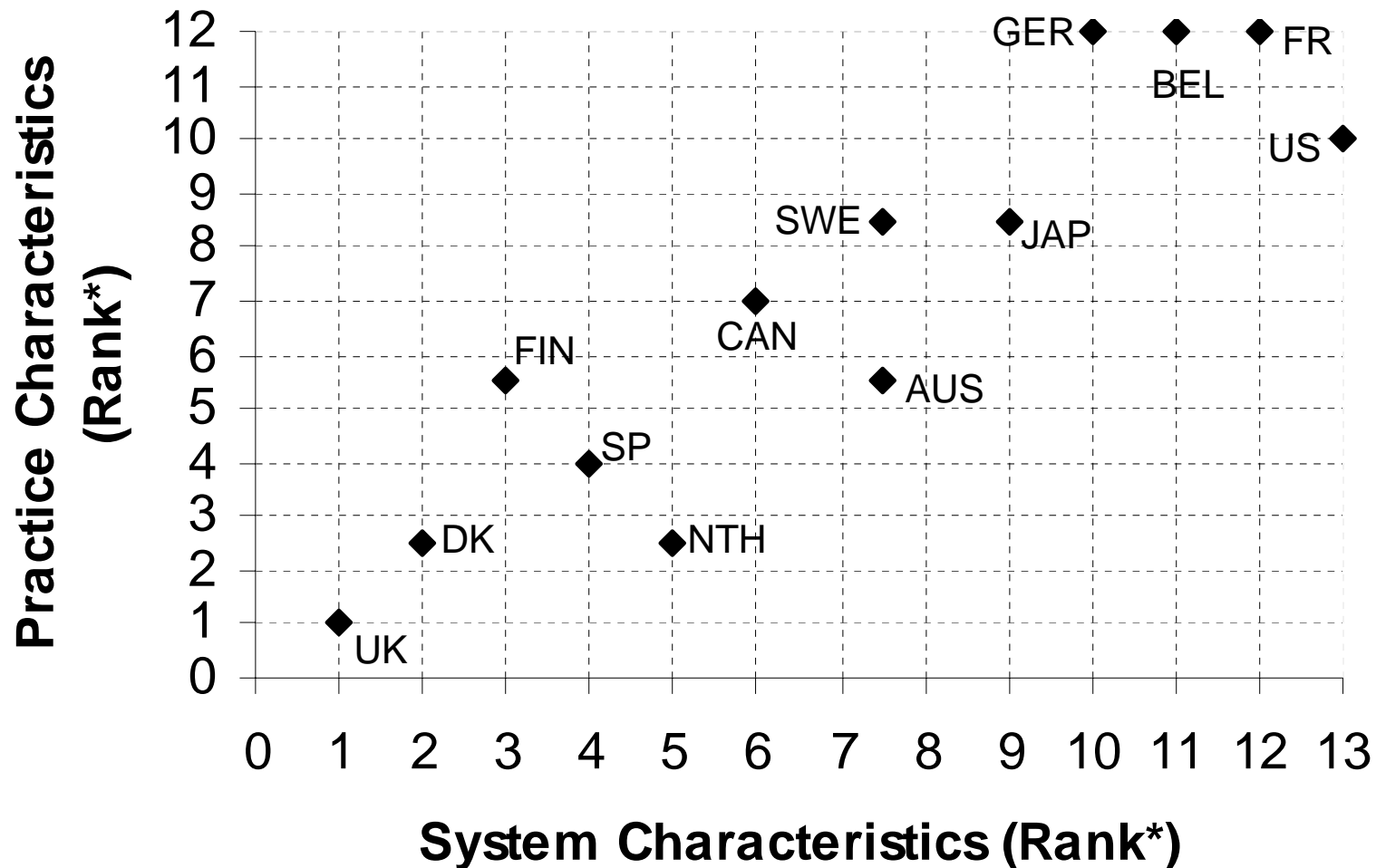
- Public expenditures on health^{1, 2, 3}
- Method of healthcare financing, supply of physicians, proportion of population in unions⁴
- Orientation of health system^{5, 6}

Sources: ¹Navarro & Shi, Soc Sci Med 2001; 52:481-91. ²Or. Exploring the Effects of Health Care on Mortality across OECD Countries. OECD, 2001. ³Houweling et al, Int J Epidemiol 2005; 34:1257-65. ⁴Macinko et al, Soc Sci Med 2004; 58:279-92. ⁵Starfield et al, Milbank Q 2005; 83:457-502. ⁶Mackenbach, Int J Health Serv 2003; 33:523-41.

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Health services can contribute to reductions in inequity in health,¹ particularly when primary care services are explicitly considered.² In most industrialized countries, equity has been achieved in the provision of primary care services, but the same is not the case for specialty services.^{3, 4}

System (PHC) and Practice (PC) Characteristics Facilitating Primary Care, Early-Mid 1990s



*Best level of health indicator is ranked 1; worst is ranked 13;
thus, lower average ranks indicate better performance.

Based on data in Starfield & Shi, Health Policy 2002; 60:201-18.

Equity-related System Features (Scores)

	Resource Allocation (Score)	Progressive Financing*	Cost Sharing
Belgium	0	0	0
France	0	0	0
Germany	0	1	2
US	0	0**	0
Australia	1	2	2
Canada	1	2	2
Japan	1	2	1
Sweden	2	2	1
Denmark	2	2	2
Finland	2	2	1
Netherlands	2	0	2
Spain	2	2	2
UK	2	2	2

*0=all regressive
 1=mixed
 2=all progressive
 **except Medicaid

Sources: Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998. van Doorslaer et al. Equity in the Finance and Delivery of Health Care: An International Perspective. Oxford U. Press, 1993.

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Share of Public Spending on Health among Countries with Similar GNP per Capita But Very Disparate Child Survival (to Age 5) Rates, 1995

Ratio*: percent of expenditures for health from the government to poorest 20% vs. richest 20% of population				
High child survival		Low child survival		Additional children lost per 1000
Sri Lanka	1.1	Ivory Coast	0.3	150
Malaysia	2.6	Brazil	0.4	45
Costa Rica	2.1	South Africa	0.9	55
Jamaica	3.3	Ecuador	0.2	25
Nicaragua	1.0	India	0.3	50
Egypt	0.6	Ivory Coast	0.3	100

*Ratios of one or more signify a greater share of government expenditures to poorest segment of population.

Sources: Calculated from Karolinska Institute, Global health chart, www.whc.ki.se/index.php. Victora et al, Lancet 2003; 362:233-241. Castro-Leal et al, Bull World Health Organ 2000; 78:66-74. Carr. Improving the Health of the World's Poorest People. Population Health Bureau, 2004.

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In 7 African countries

- The highest 1/5 of the population receives well over twice as much financial benefit from overall government health spending (30% vs 12%).
- For primary care, the poor/rich benefit ratio is much lower (23% vs 15%).

“From an equity perspective, the move toward primary care represents a clear step in the right direction.”

It is likely that improvements in equity in health will require programs that are specifically designed to improve various aspects of health.

Summary

1. Importance of an overall framework for understanding equity
2. Social determinants research is not the same as equity research.
3. Importance of stratifying in looking for pathways and possible routes for intervention
4. Importance of structure and policies, not only community context.
5. Importance of primary care as a policy strategy to improve equity in health