Health Equity:
where have we got to now?

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Evaluating equity in health care:
regional and international experiences

Bologna, 20th May 2019

Definition of health inequities:

Avoidable and unfair differences

Two areas in which
health inequities can arise:

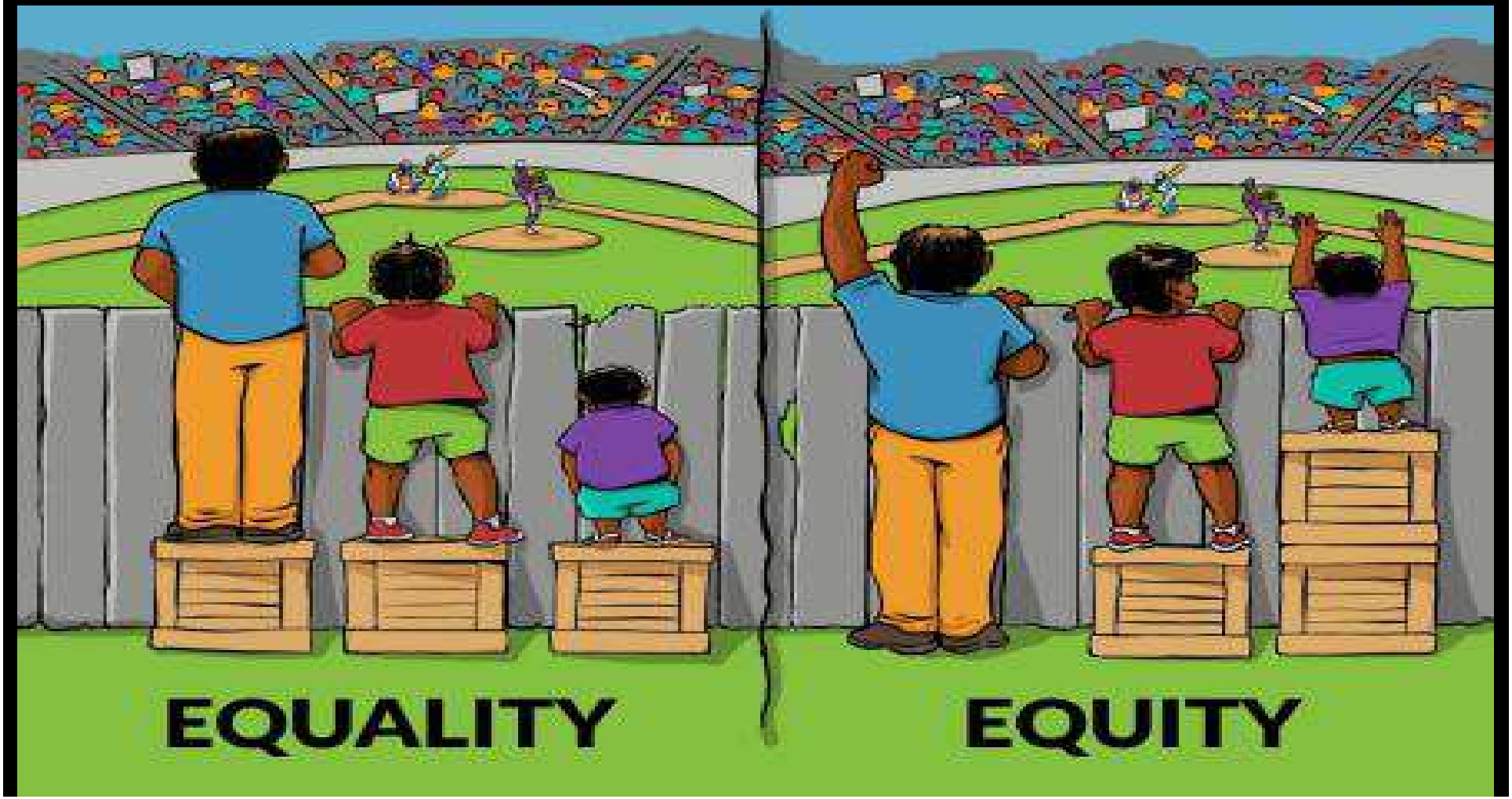
- In **state of health**
- In **health service provision**

Different ways of labelling work on health inequities

1. In terms of **differences**:

Inequalities, disparities, gaps, diversity, ‘person-centred care’.

Achieving equity sometimes means creating inequalities



Different ways of labelling work on health inequities

2. In terms of **target groups**:

Ethnic minorities, migrants, non-citizens, foreigners, Roma, “culturally and linguistically diverse” (CALD) groups [Australia],”Black and minority ethnic” (BME) groups [UK]; race, class, socio-economic position (SEP); sex, gender, women, children, the elderly, LGTBI groups, etc.

Different ways of labelling work on health inequities

3. In terms of **indicators of need**:

Frail, vulnerable, disadvantaged, disabled,

underprivileged, marginalised, socially excluded, underserved

Different ways of labelling work on health inequities

4. In terms of **presumed mediating variables**:

Culture, ethnicity, health literacy, genetic variations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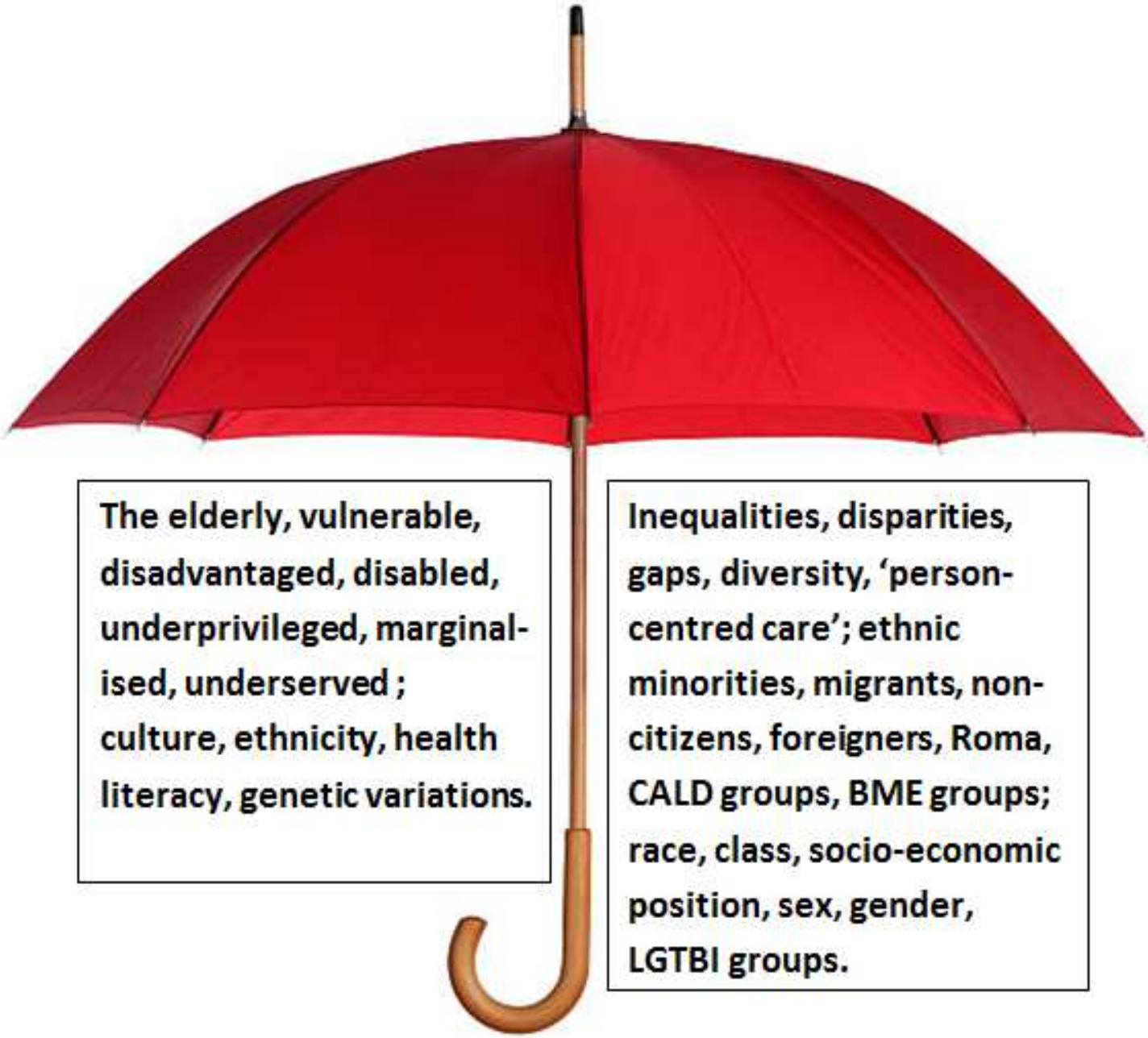

The elderly, vulnerable, disadvantaged, disabled, underprivileged, marginal-ised, underserved ; culture, ethnicity, health literacy, genetic variations.
Inequalities, disparities, gaps, diversity, 'person-centred care'; ethnic minorities, migrants, non-citizens, foreigners, Roma, CALD groups, BME groups; race, class, socio-economic position, sex, gender, LGTBI groups.

Advantages of grouping together all work on health equity

- encourages **intersectional** approach

JOINT ACTION

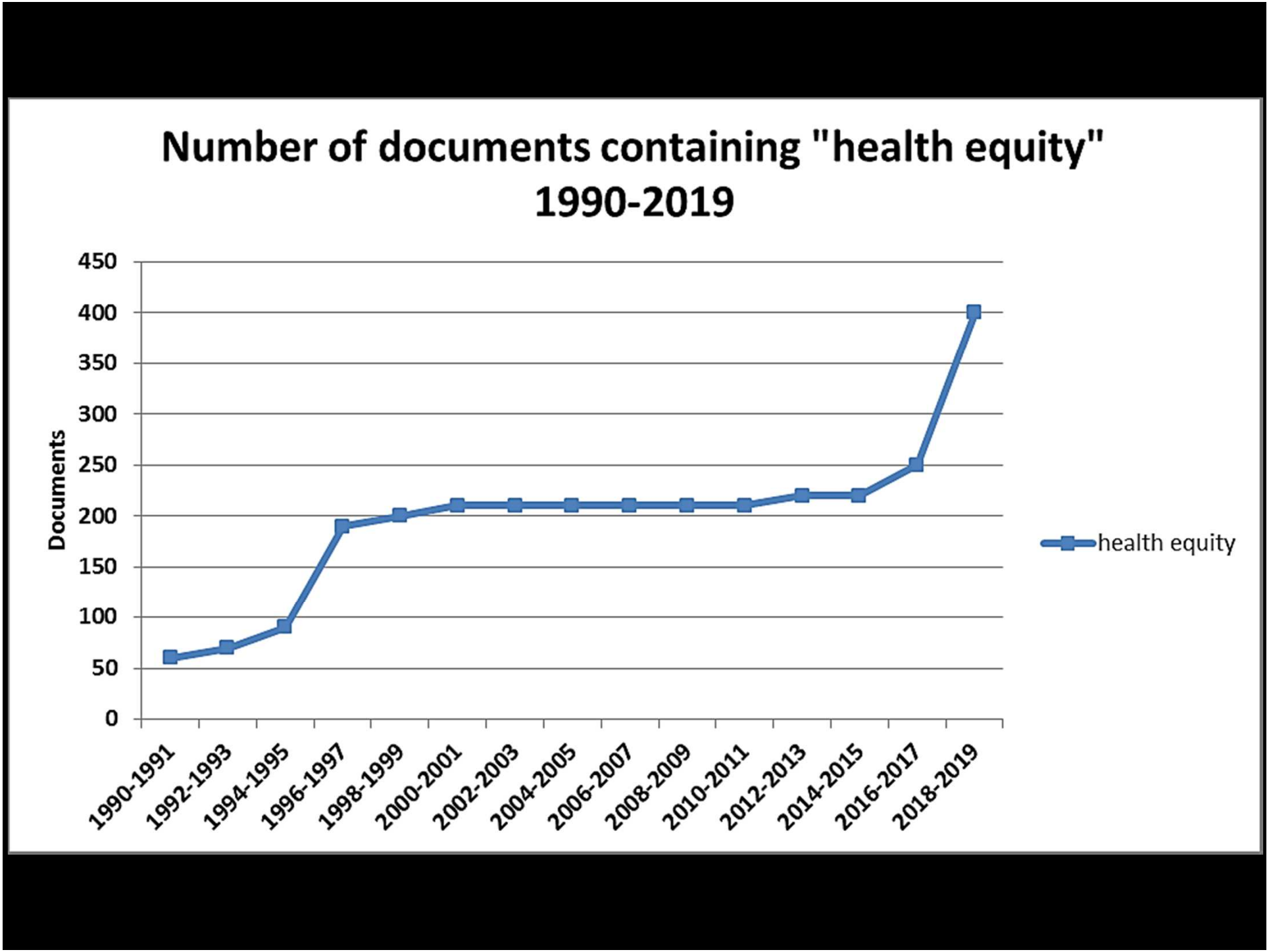
HEALTH EQUITY EUROPE

Advantages of grouping together all work on health equity

- encourages **intersectional** approach
- brings together **upstream** and **downstream** work

"Why treat people and send them back to the conditions that made them sick?“

Michael Marmot, 2004


Number of documents containing "health equity"
1990-2019
Documents
450
400
350
300
250
200
150
100
50
0
1990-1991
1992-1993
1994-1995
1996-1997
1998-1999
2000-2001
2002-2003
2004-2005
2006-2007
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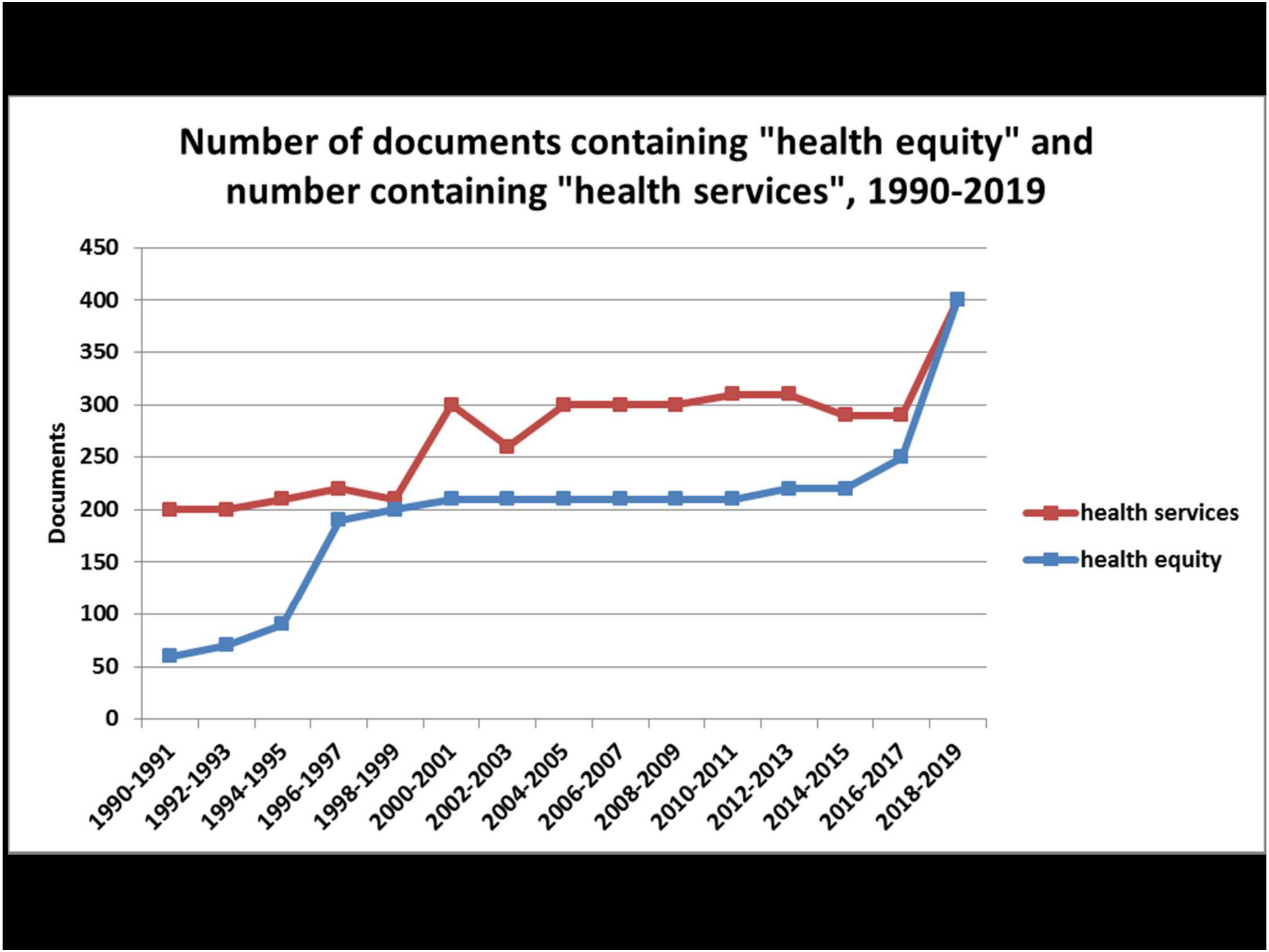
2012-2013
2014-2015
2016-2017
2018-2019
health equity


Number of documents containing "health equity" and number containing "health services", 1990-2019
Documents
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400
350
300
250
200
150
100
50
0
1990-1991
1992-1993
1994-1995
1996-1997
1998-1999
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2012-2013
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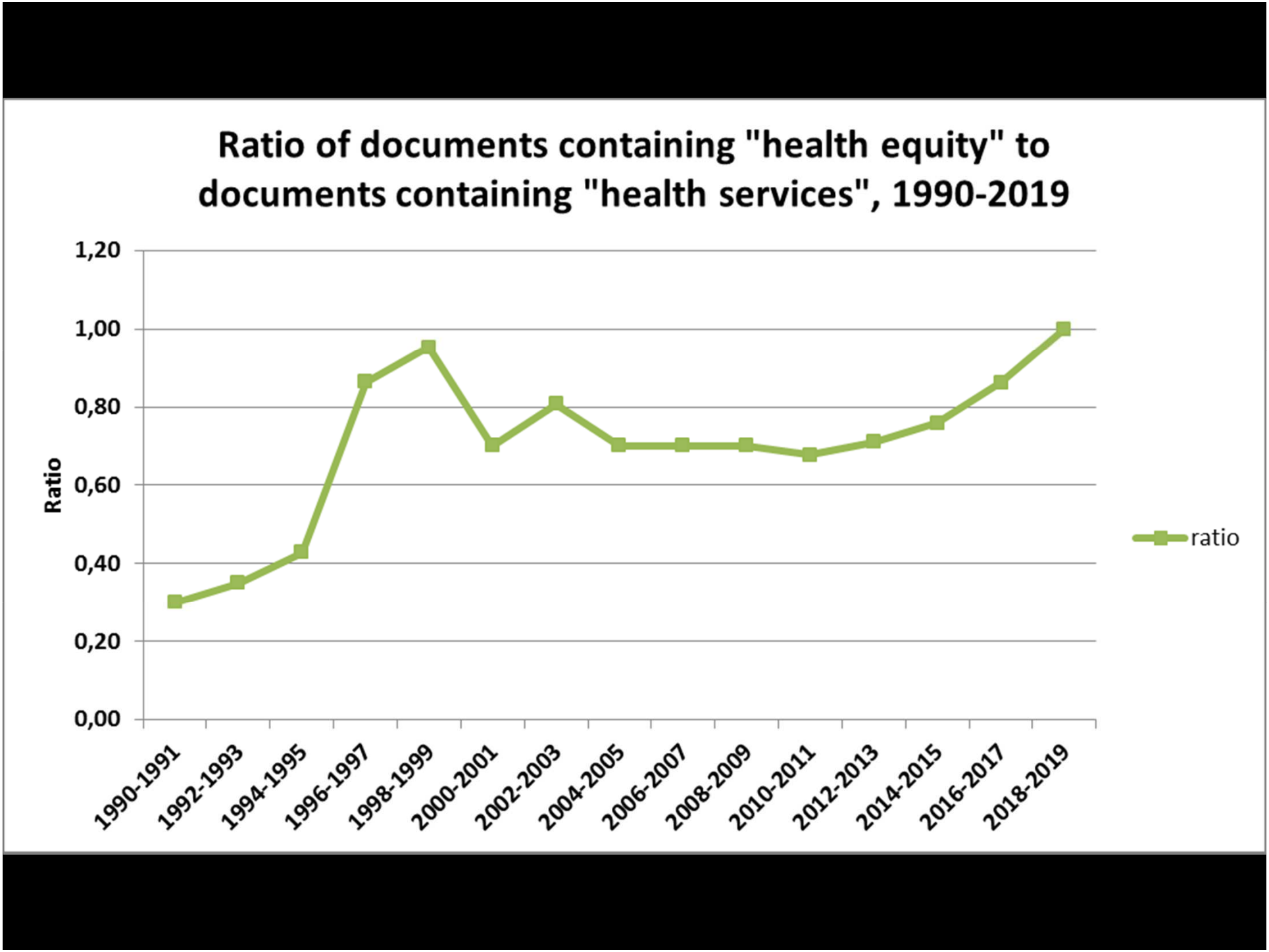
2016-2017
2018-2019
health services
health equity


Ratio of documents containing "health equity" to documents containing "health services", 1990-2019
Ratio
1,20
1,00
0,80
0,60
0,40
0,20
0,00
1990-1991
1992-1993
1994-1995
1996-1997
1998-1999
2000-2001
2002-2003
2004-2005
2006-2007
2008-2009
2010-2011
2012-2013
2014-2015
2016-2017
2018-2019
ratio

Changing strategies for promoting health equity since World War 2

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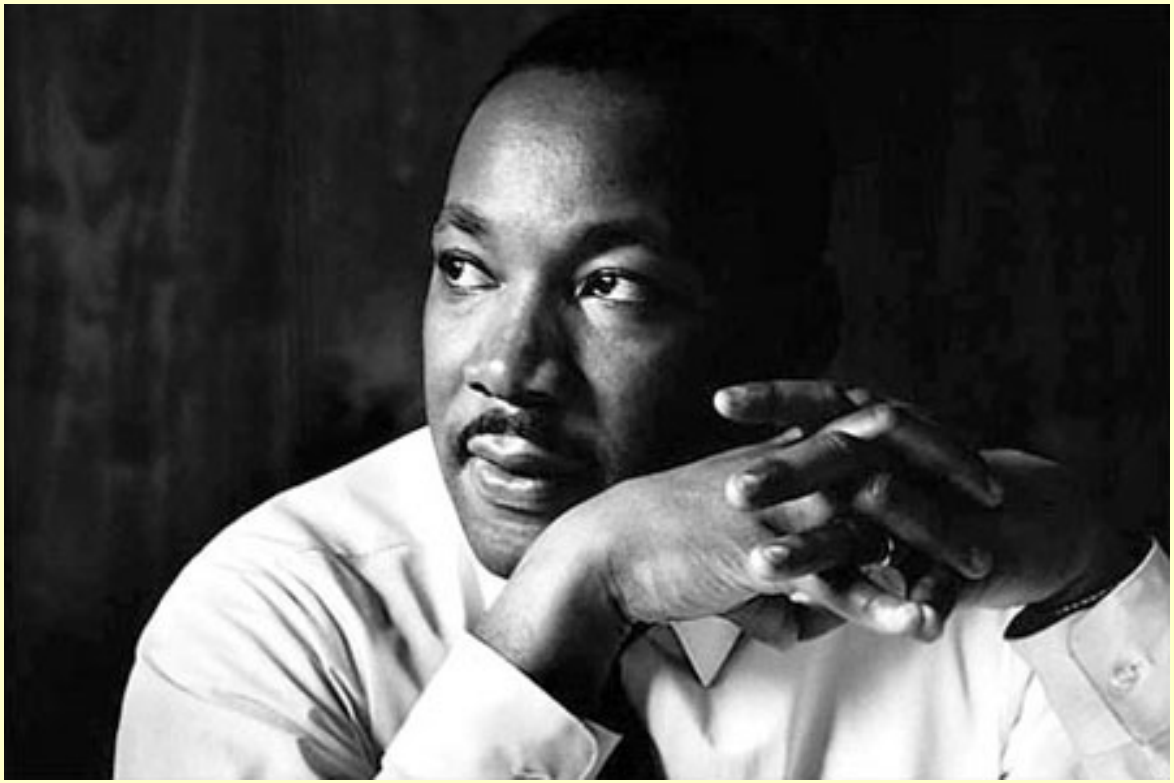
- *Martin Luther King Jr., 1966*



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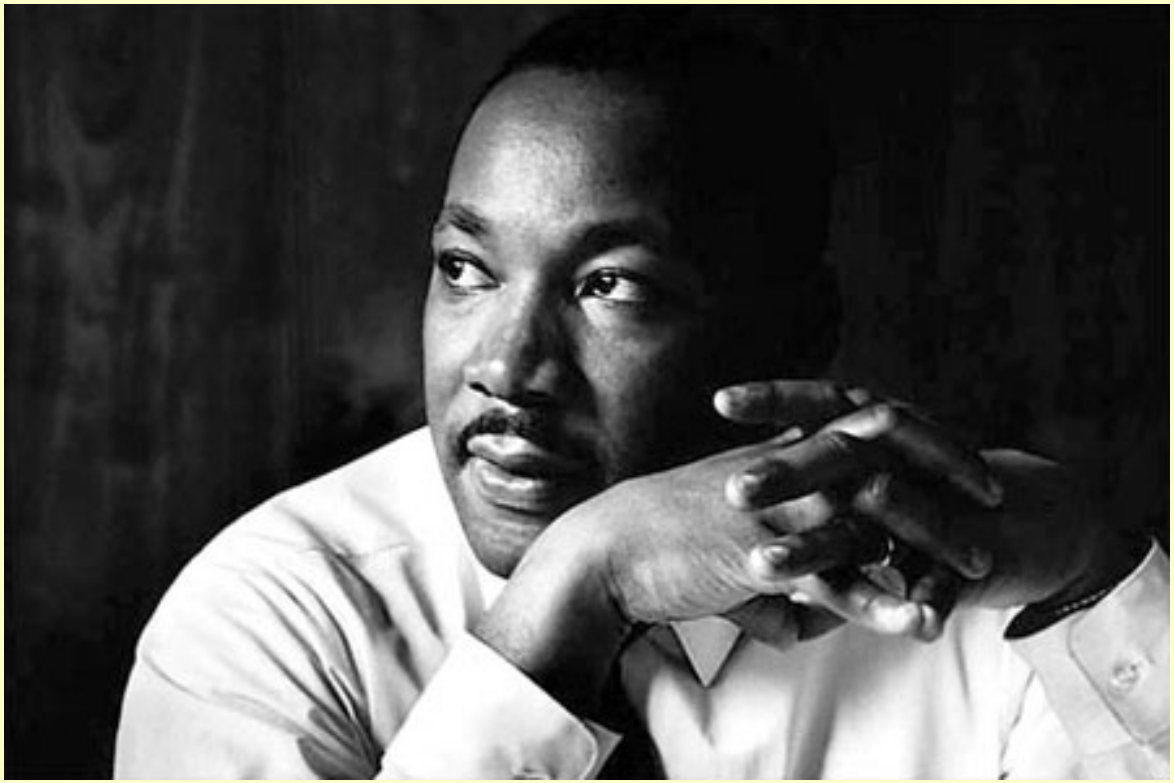

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- Overcoming language barriers
- Developing **organisational** competence (CLAS standards, 2000)