

# Health Equity

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# Overview

- Defining our terms: equal  $\neq$  equitable
- Rural disparities
- Addressing obstacles to rural health equity

# Defining our terms

# Defining health equity



- Lots of words out there
- Health is an endpoint
- Equity entwined with Social Determinants of Health (SDOH)

# Differences versus disparities

- Some differences are not problematic
  - Height:
    - US men: 69.0 inches
    - US women: 63.5 inches
- Other differences raise ethical questions:
  - Life expectancy among US men:
    - White men: 76.4 years
    - Black men: 71.9 years

<https://www.cdc.gov/nchs/fastats/body-measurements.htm>

[https://www.cdc.gov/nchs/products/life\\_tables.htm](https://www.cdc.gov/nchs/products/life_tables.htm)

# Inequity defined

**Differences in health that are  
unnecessary,  
avoidable,  
unfair, and  
unjust.**

Whitehead M. The concepts and principles of equity and health.  
*Health Promotion Int.* (1991) 6:217–28.

# Health equity definitions

- The Centers for Disease Control and Prevention (CDC): “Health equity is when everyone has the opportunity to be as healthy as possible.”



<https://www.cdc.gov/healthequity/index.html>

# Equal opportunity $\neq$ equity

- Individuals – and communities – do not start from the same point
- “Equal treatment” can lead to unequal results



# Health equity, Robert Wood Johnson (RWJ) Foundation add-on

- Health equity means that everyone has a **fair and just** opportunity to be as healthy as possible.
- This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

# Obstacles to health equity

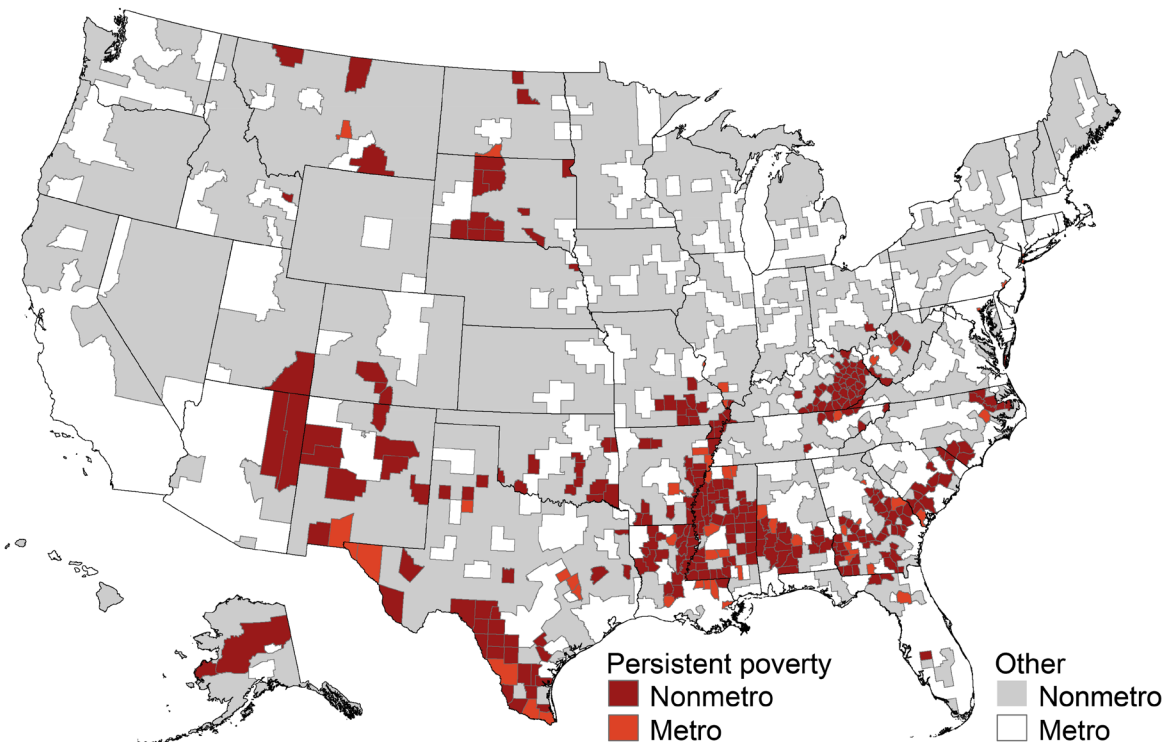
- Adverse SDOH → Constrained choice



# “Social Determinants of Health”

- CDC definition: *“the conditions in which people are born, grow, live, work and age as well as the complex, interrelated social structures and economic systems that shape these conditions.”*
- World Health Organization (WHO) definition: *“the social, physical and economic conditions that impact upon health”*
- **Excluded:** biological factors, such as BrCa gene

## Persistent poverty counties, 2015 edition



Persistent poverty counties are those where 20 percent or more of county residents were poor, measured by the 1980, 1990, 2000 censuses, and the 2007-11 American Community Survey.

Note that county boundaries are drawn for the persistent poverty counties only.

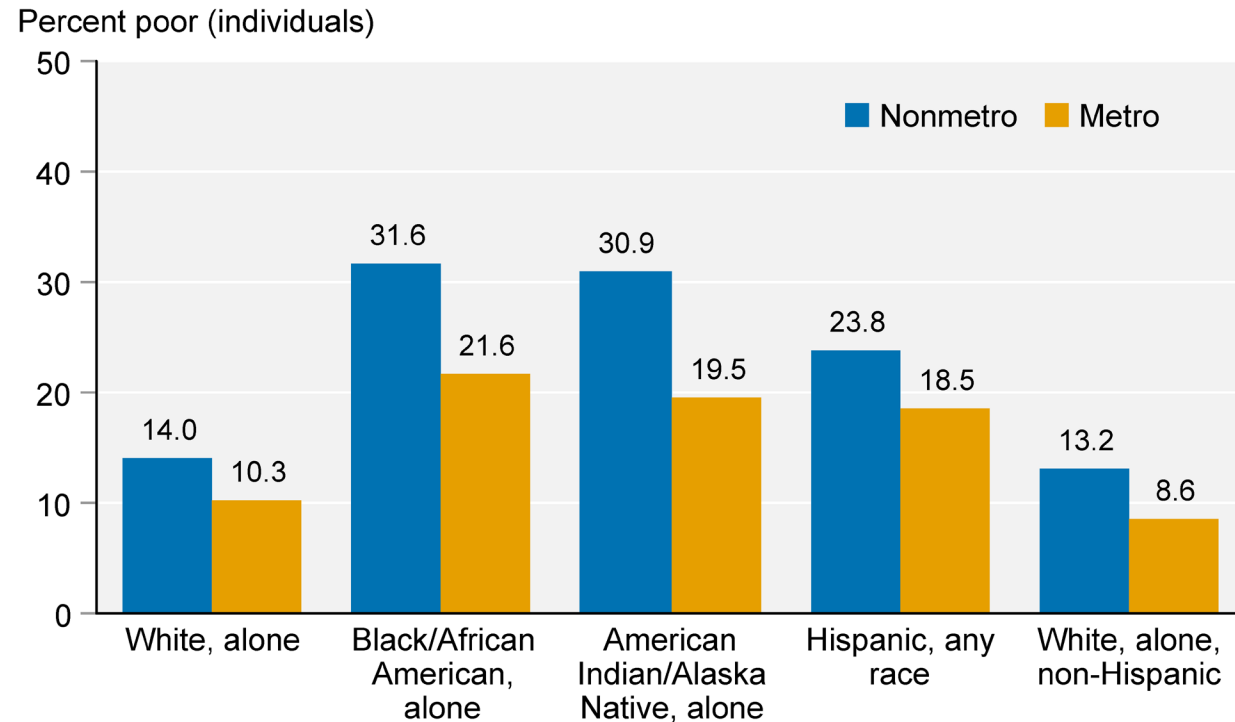
Source: USDA, Economic Research Service using data from U.S. Census Bureau.

## Persistent Poverty Counties

- Counties in which  $\geq 20\%$  of residents live below FPL at every Census, 1980 through 2010
- Of 353 persistent poverty counties, 301 are rural

# Poverty varies with both residence and race

Poverty rates by race/ethnicity and metro/nonmetro residence, 2018



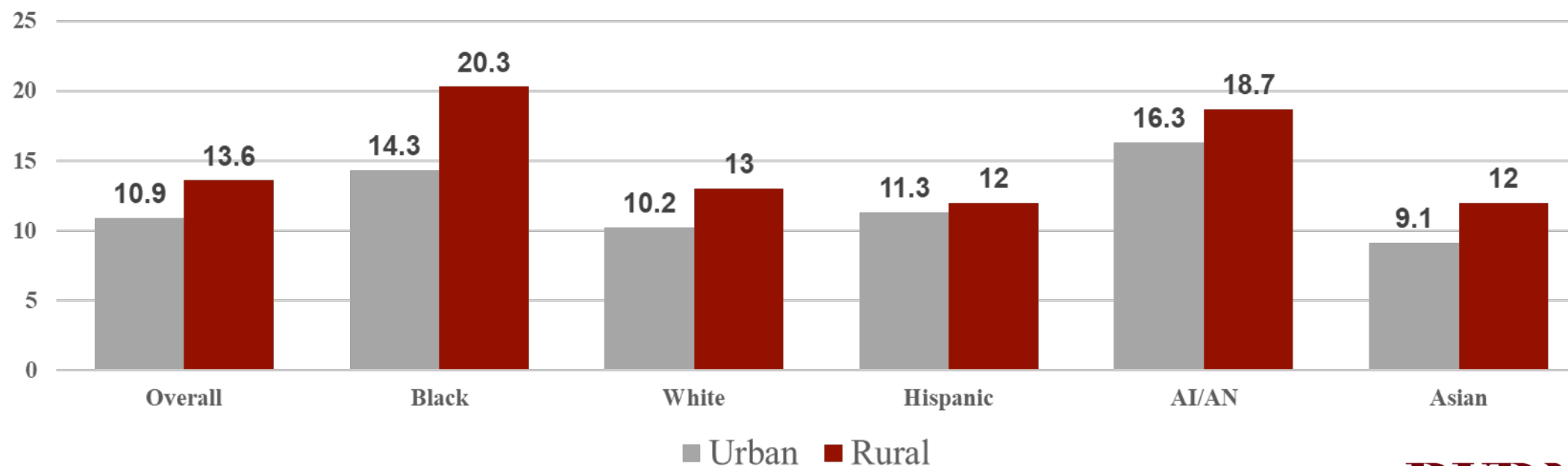
Note: "Alone" indicates a single answer to the race question; Hispanics may be any race. "White, alone, non-Hispanic" are individuals who responded "No, not Spanish/Hispanic/Latino" and who reported "White" as their only entry in the race question. Source: USDA, Economic Research Service using data from the U.S. Census Bureau, annual American Community Survey, 2018.

Rural non-white populations experience both residence based **and** racial/ethnicity-based disparities

# Rural Disparities

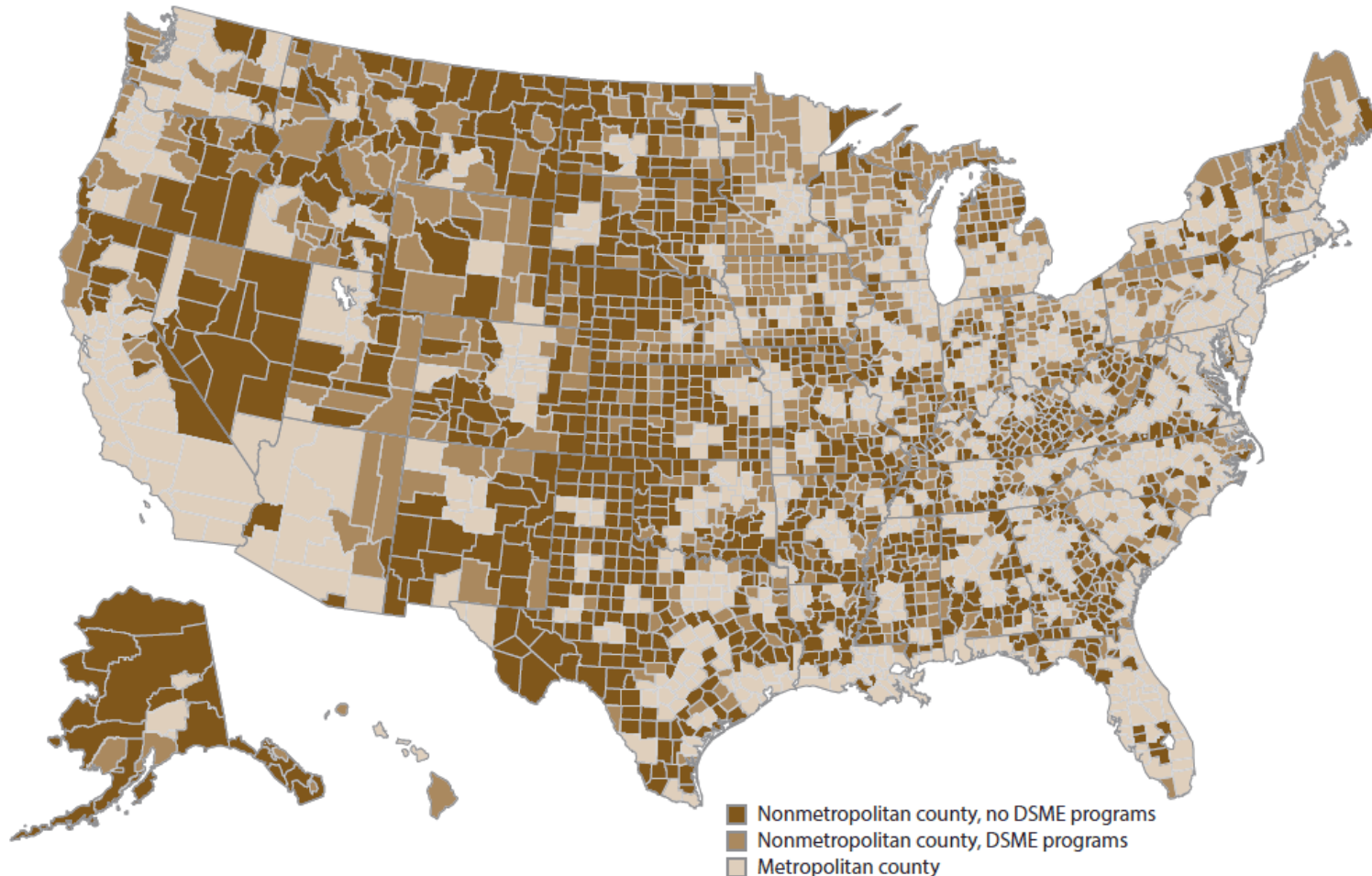
# Different Starting Point: Diabetes

Percent adults reporting a diabetes diagnosis, 2018 Behavioral Risk Factor Surveillance System (BRFSS),  
by race and residence





# Equal access to reimbursement ≠ equal services in rural America



**1,233 out of 1,796  
rural counties (62%)  
have no diabetes self  
management  
program**

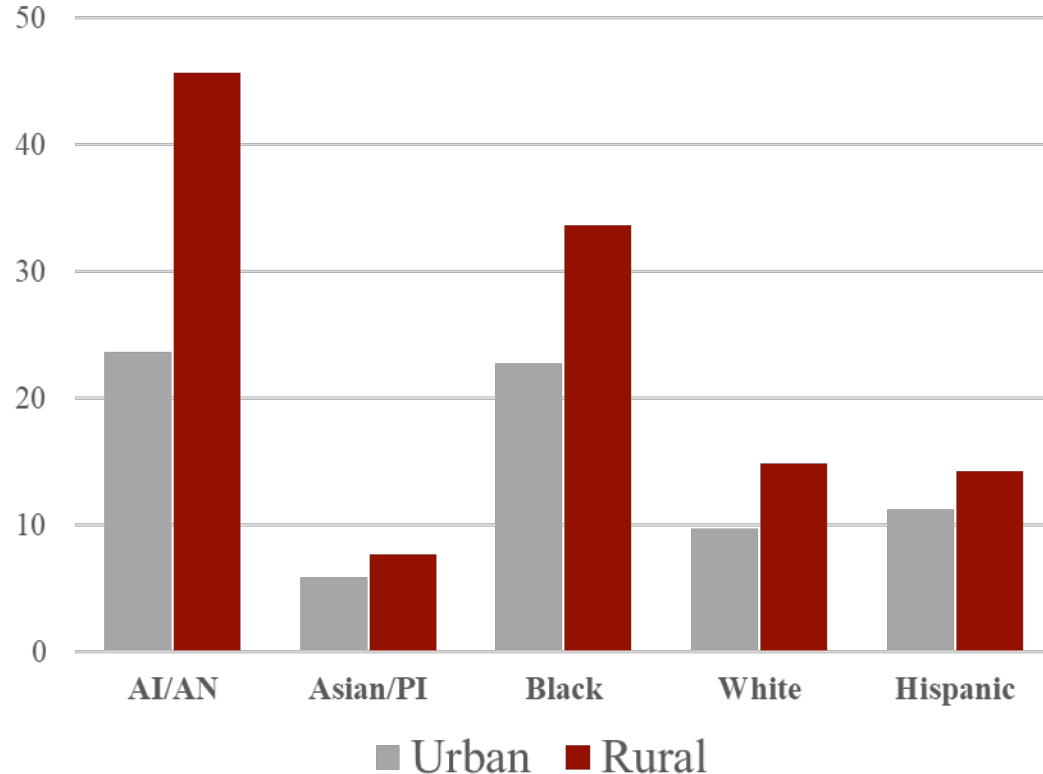
Source: Rutledge et al MMWR Surveill Summ. 2017 Apr 28;66(10):1-6.

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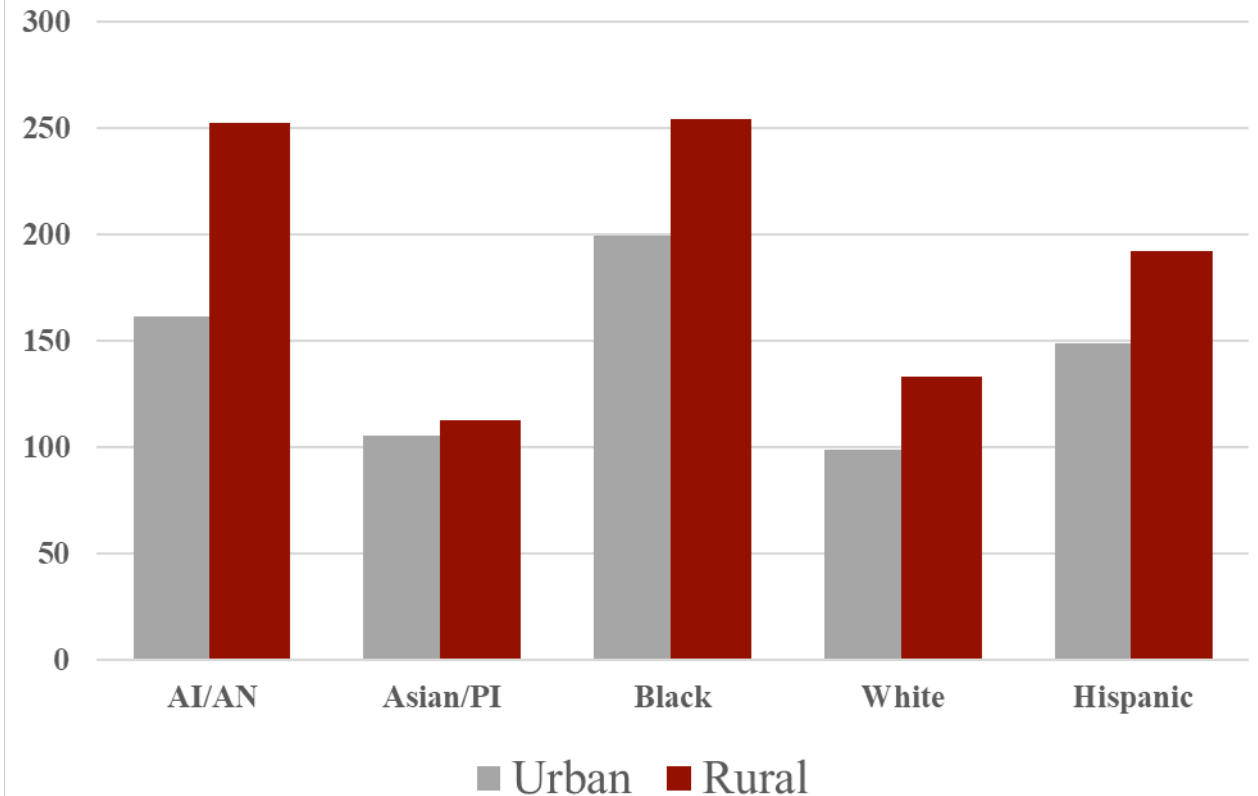
# Inequitable End Points: Diabetes

Adults age 25-64, 2018-2019



Source: Author's analysis of mortality data from CDC Wonder

Adults age 65+, 2018-2019



# Addressing Obstacles

# Set equity as a goal

Equality



Equity



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# Notice anything?

Roll over protection structures (roll bars) were optional from 1967 – 1985

Required from 1985 on

**Regulatory action  
can reduce risks**

# Addressing SDOH to promote equity

- Leverage value-based purchasing?
  - Being done with Medicaid 1115 waivers (18 states), Medicare Accountable Care Organizations (ACOs), some commercials
  - Early stages, few results yet
  - Early efforts are concentrated in urban communities
- CHART?

Issue Brief  
February 2021



How Are Payment Reforms Addressing  
Social Determinants of Health?  
Policy Implications and Next Steps

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# Conclusions

- Equity in health means more than equal competition
- Differences in personal and community resources affect outcomes
- Equity will require a holistic approach to persons and communities



# Disclosures

- The presenter has no conflicts to disclose
- This presentation has been approved by Sam the rural health advoCATE.



# Thanks!

- Our web site:
  - [rhr.sph.sc.edu](http://rhr.sph.sc.edu)
- Core funding from:
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- Contact:
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