The Policy End-Goal: Equity vs. Equality

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Thursday 21st November 2013
Outline

• Why this topic
• Disparities in health
• Concept of equity
• Coalition’s policy rhetoric
• Measuring policy success
• Equity operationalised through equality
• Final thoughts
Why this topic?

• Linc
  ● Social wellbeing & equity

• Owen
  ● Philosophy driving post-disaster reconstruction

• Dave
  ● Measuring policy success
HEALTH INEQUALITIES IN AUSTRALIANS OF WORKING AGE

Per cent of persons reporting good health by sex, age and income quintile (2008)

Source: CHA-NATSEM Report on Health Inequalities (forthcoming)
HEALTH INEQUALITIES IN AUSTRALIANS OF WORKING AGE

Per cent of persons reporting a long term health condition by sex, age and income quintile (2008)
Gaps in Life Expectancy

- Life expectancy at birth for Aboriginal and Torres Strait Islanders in 2010-2012 was 69.1 years for men and 73.7 years for women.
- Life expectancy of ATSI men is estimated to be 10.6 years lower than non-Indigenous men while life expectancy of ATSI women is 9.5 years lower than non-Indigenous women.

Life expectancy at birth by quintiles of IRSD (2003-07 Victoria)
Risk of Dementia

- 1.64 for midlife obesity and 1.26 for midlife overweight versus midlife normal weight

### Risk of Obesity by Socio-economic Status

<table>
<thead>
<tr>
<th>Status</th>
<th>Men 25-44 years</th>
<th>Men 45-64 years</th>
<th>Women 25-44 years</th>
<th>Women 45-64 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income quintile (bottom vs. top)</td>
<td>1.3</td>
<td>1.2</td>
<td>1.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Education (≤year 11 vs. tertiary)</td>
<td>2.0</td>
<td>1.7</td>
<td>2.5</td>
<td>1.7</td>
</tr>
<tr>
<td>Employment (jobless vs. other HH)</td>
<td>0.7</td>
<td>1.4</td>
<td>1.3</td>
<td>1.1</td>
</tr>
<tr>
<td>Housing (public renter vs. homeowner)</td>
<td>1.7</td>
<td>1.6</td>
<td>3.3</td>
<td>1.5</td>
</tr>
<tr>
<td>Social connectedness (low vs. high)</td>
<td>1.3</td>
<td>1.2</td>
<td>1.4</td>
<td>1.3</td>
</tr>
<tr>
<td>Remoteness (regional/remote vs. major city)</td>
<td>1.0</td>
<td>1.1</td>
<td>1.3</td>
<td>1.0</td>
</tr>
</tbody>
</table>
Disparities in Health

- Gaps in life expectancy from disparities in mortality
- SES & geographical gradients in the incidence & prevalence of health conditions
- Differences in the experience of illness e.g. age at onset, treatment/management, and chronic disease complications/co-morbidities & multiple morbidities
- Differences in the prevalence of risk factors
- Inequalities in access to health care

These differences/gaps/ variations can be measured using standard health statistics or data ‘manipulation’

Are these differences/gaps/ variations inequitable?
The Concept of ‘Equity’

• Encapsulates notions of social justice, fairness and need
• Implies universality
• Has a moral and ethical dimension (distributive justice, human rights)
• Is normative – value based
• Differences/gaps/ variations/disparities are unnecessary & avoidable – systematically associated with ‘disadvantage’

Politically contested – interpreted differently by different people in different settings

The cause of inequity has to be examined and judged to be unfair in the context of what is happening within the rest of society
Equity is usually the driving principle of social policy i.e. Equity = target or end-goal of policy

Focus on the distributional impact of policy programs on different individuals and families

Should equity mean some idea of equality or ensuring some minimum standard?
The Coalition’s Policy to Support Australia’s Health System (Aug 2013)

- All Australians deserve a world class health system
- A robust public hospital system that provides universal care for all Australians irrespective of means or status
- Hospitals need to be responsive to local need - Additional health professionals in areas of need
- Block funding continue to support the viability of small rural and regional hospitals; Encourage [medical] students to pursue careers outside of metropolitan areas once they graduate and help address the maldistribution of the medical workforce in Australia
- [CDDS] Provided much needed [dental] treatment to many of the most disadvantaged and vulnerable in our community – hundreds of thousands without access to affordable dental treatment
Better ageing is about ensuring older Australians have the care they need, when they need it and wherever they need it.

There must be appropriate safety nets in place so care is provided according to need, not capacity to pay.

Strive for a system that treats all Australians with the dignity and respect they deserve in their senior years.

Older Australians want to continue to live at home and should be assisted to do so with further expansion and more flexible arrangements for living in the community.

Confidence in the consistency of care that is provided - While most Australians receive high quality care, there have been instances where some vulnerable members of our community have been badly let down.
Many people with a disability are left without the support they require.

Level of support a person with a disability receives depends on a number of factors including what State they live in.

Individually tailored system of support based on need.

Improve support for Australians who face additional challenges and for those who care for them.
Equity in Health

• Equity in health is concerned with creating equal opportunities for health i.e. equal rights to health
  – Horizontal equity = equal ‘treatment’ of equals
  – Vertical equity = unequal ‘treatment’ of unequals

• Not equality of health outcomes i.e. not to eliminate all health differences but to reduce or eliminate those which result from factors that are considered to be both avoidable and unfair.

• With respect to health care
  ● Equal access to available care for equal need (equal entitlement)
  ● Equal utilisation for equal need (are differences in use inequitable?)
  ● Equal quality of care for all
Measuring Success of Policies Based on Equity

conceptual difficulties and methodological problems

- what is meant by ‘equity’ in the particular policy environment (and by whom)
- this meaning has to be operationalised in a program
- policy targets identified
- measurable criteria - indicators and outcome measures chosen
- collect data on these
- progress monitored over time

Empirical investigation and evaluation of policy subject to much debate
Is the policy end-goal of equity inevitably assessed through equality?

- The concept of equality is indispensable for the operationalisation and measurement of health inequity.
- Equality can be assessed with respect to meaningful measurable (objective) outcomes.
- Less open to interpretation, more accountable.

For policy purposes - Equity can be defined as the absence of disparities in health that are systematically associated with disadvantage.

Health policy requires a genuine commitment to addressing the social determinants of health.
Australia's domestic response to WHO’s Commission on Social Determinants of Health report *Closing the gap within a generation*. Senate Inquiry March 2013

**Recommendation 1** that the Government adopt the WHO Report and commit to addressing the social determinants of health relevant to the Australian context.

**Recommendation 2** that the government adopt administrative practices that ensure consideration of the social determinants of health in all relevant policy development activities, particularly in relation to education, employment, housing, family and social security policy.

**Recommendation 3** that the government place responsibility for addressing social determinants of health within one agency, with a mandate to address issues across portfolios.

**Recommendation 4** that the NHMRC give greater emphasis in its grant allocation priorities to research on public health and social determinants research.

**Recommendation 5** that annual progress reports to parliament be a key requirement of the body tasked with responsibility for addressing the social determinants of health.
What to think about in assessing the success of a policy

- the end-goal of the policy – driving philosophy & principle(s)
- how can this be operationalised and measured
Key References

