

We must work to improve health equity

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The United States is the world leader in medical research and health care. In addition, the United States spends more per person on health care than all other nations, even some of the richest countries in Western Europe. In fact, France, Belgium, and Britain each spends less than half of what the United States spends per person.

Yet, U.S. citizens are not the healthiest people in the world. The cause of this perplexing condition may be related to health equity.

This month, the United States is celebrating the health equity initiative with different themes from racial disparities to youth bullying. Led by the U.S. Department of Health and Human Services, this celebration is held across the nation, including in the city of Montgomery, where the Office of Minority Health at the Alabama Department of Public Health is holding a one-day event under the theme "Health Equity Can't Wait, Act Now in Your Community." Is this just a slogan or a reality?

Several things come to mind when thinking about health equity. But let's focus on the following three questions. First, what is health equity? Second, why worry about health equity? And third, what is the state of health equity in Alabama?

The concept of health equity is new for most people. Generally speaking, the term health equity is used to describe those differences in population health that are associated with unequal economic and social conditions. Such health differences are systemic and avoidable. They are inherently unjust and unfair.

Social scientists argue that differences in socio-economic conditions contribute to inequalities in health equity or health disadvantages observed in the society. Factors such as poverty, education, housing quality, and racial discrimination are strong determinants of health equity. It is not by accident that the most economically disadvantaged populations are more likely to have limited access to health care services.

Why should we care? Well, it is a matter of fairness and equity. Health inequity is one of the reasons the United States ranks below many nations on many health outcome measures, especially infant mortality. Let's look at our own state. According to the 2008 data from the Centers for Disease Control and Prevention, Alabama's infant mortality rate was 9.5 infant deaths per 1,000 births, the third highest in the nation after Washington, D.C. (10.8) and Mississippi (10).

Such high rates of infant mortality are strongly correlated with greater racial differences in various socio-economic conditions, as well as prenatal and postnatal care. For example, in Alabama, the infant mortality rate for the black population was 85.2 percent higher than that of white population (14.0 per 1,000 versus 6.7 per 1,000).

These racial disparities are even more striking at the county level. The 2008-2010 data from the Alabama Department of Public Health show that in 28 of the 61 counties for which reliable racial data were available, infant mortality rates in the black population were more than 100 percent higher than that of their white counterparts.

In Montgomery, the risk of dying before age 1 for an infant born to a black woman is 165.2 percent higher than that of an infant born to a white woman. Moreover, an infant born to a black woman in the state of Alabama is more likely to die before his or her first birthday as compared to an infant born to a black woman in the African nation of Botswana.

Yes, efforts have been made to reduce racial disparities in the United States. The creation of the Office of Minority Health within the U.S. Department of Health and Human Services has been a major step. Many states, including Alabama, have also added Offices of Minority Health within their state health departments.

Moreover, there has been a proliferation of health equity research centers in the United States in the last few years. Still, more remains to be done to reduce health disparities between races, especially between black and white populations.

Health inequity is a serious public health concern, especially for states like Alabama where the fertility rates have already fallen below replacement fertility.

As the Office of Minority Health at the U.S. Department of Public Health and Human Services puts it, "A person's health is based on more than just the ability to go to the doctor, what they eat or where they live." Health is not something we get at the doctor's office. It starts before illness and remains with us.

One of the four overarching goals of the U.S. Department of Health and Human Services' Healthy People 2020 is to "Achieve health equity, eliminate disparities, and improve the health of all groups." Unless state officials, researchers, community leaders, and all of us work together now to achieve this goal, health inequity may leave many people behind, including a large segment of Alabama residents.

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