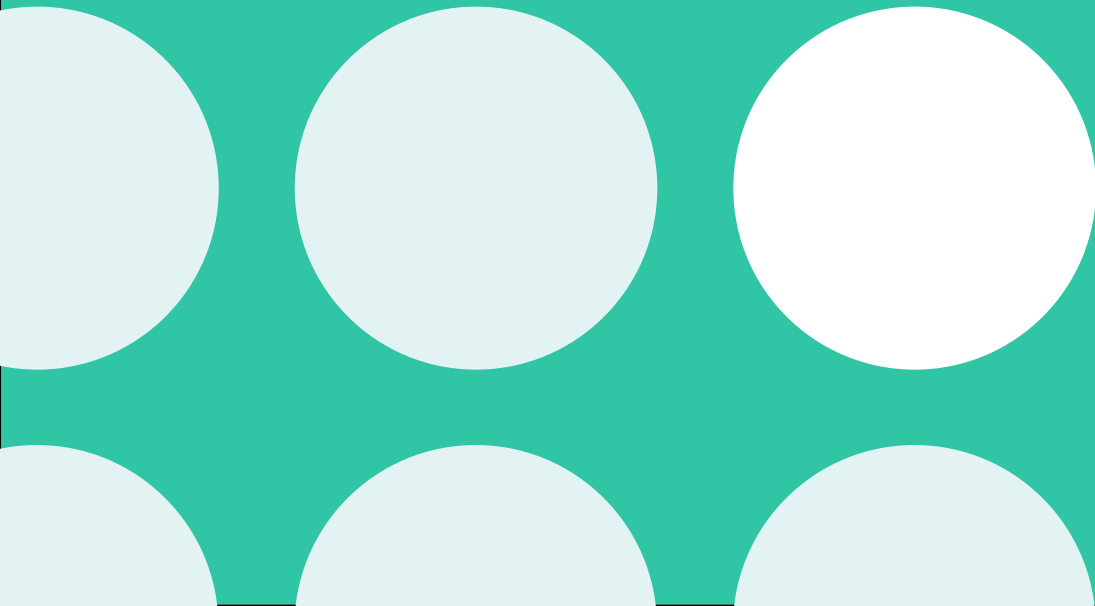


Why do Equity Audit?

South of Tyne and Wear PCTs
Health Equity Audit Learning Set
5th February 2008

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Definitions



- **Variations**
 - Differences between groups (neutral term)
 - *Disparities* also used, especially in USA
- **Equality**
 - The degree to which a resource is equally distributed
- **Equity**
 - How fairly resources are distributed throughout a group. 'Equal resource for equal need: unequal resource for unequal need'

Definition of an equal society

- An equal society protects and promotes equal, real freedom and substantive opportunity to live in the ways people value and would choose, so that everyone can flourish.
- An equal society recognises people's different needs, situations and goals, and removes the barriers that limit what people can do and can be.

*Fairness and Freedom: The Final Report of the Equalities Review
HMSO February 2007*

- **Health inequality**

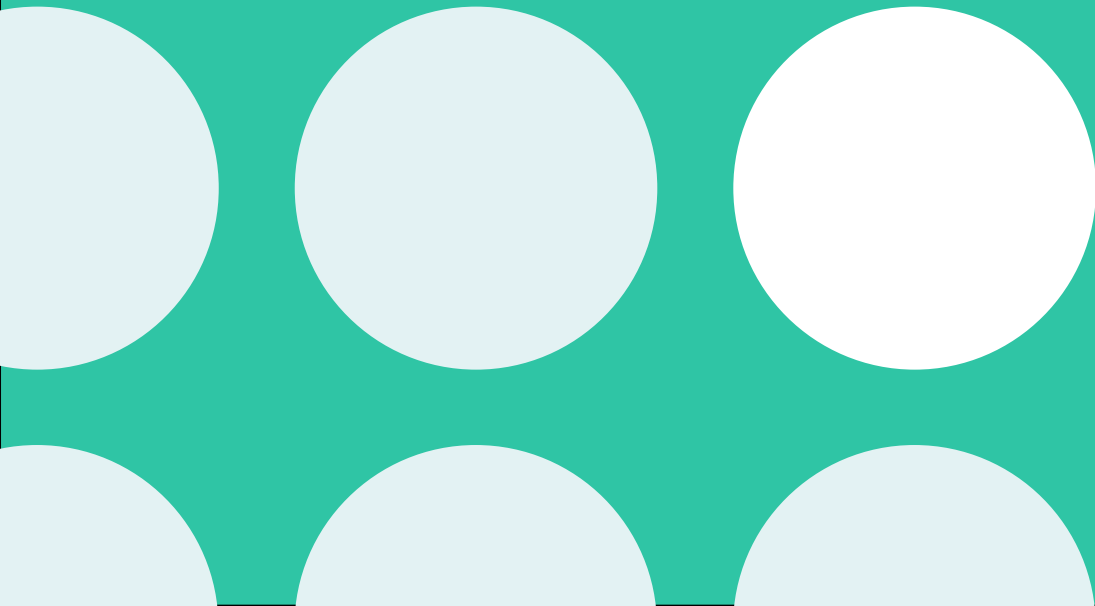
- Variations in health experiences and health outcomes for different population groups
- But often taken to imply unfair and potentially correctable differences

- **Health inequity**

- Has two dimensions: health experience and provision of services. Inequity occurs if the patterns do not coincide

- **Inequalities in opportunity**
 - poverty, family, education, employment and environment (the wider determinants of health).
- **Inequalities in lifestyle choices**
 - smoking, physical activity, food, drugs, alcohol and sexual activity.
- **Inequalities in access to services**
 - for those who are already ill or have accrued risk factors for disease.

Approaches to Equity



- The Equality and Diversity agenda
- Vulnerable groups and populations
- Health (Inequalities) Impact Assessment (HIA)
- Health Equity Audit (HEA)

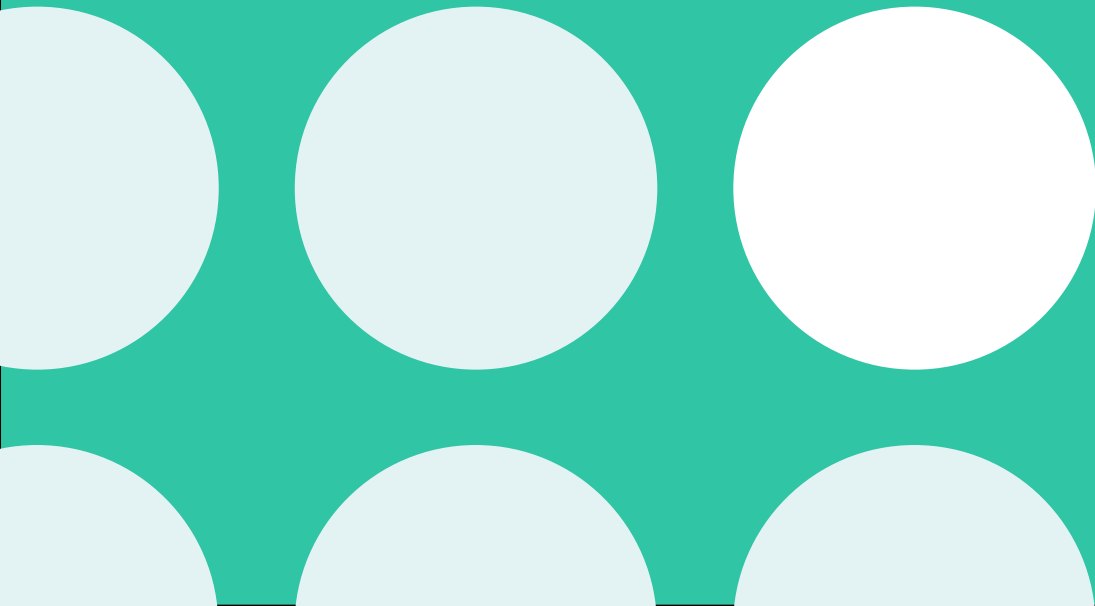
- Often legal driver (RRAA, DDA, etc)
- Limited range of population groups
- Often starts with staff – HR leading
- Usually quantitative
- Sometimes action taken without monitoring
- Tends to assume equality is appropriate outcome
- May set up surveillance systems
- May not 'complete the audit loop'

- Usually considered during planning e.g. Health Needs Assessment (HNA)
- Wide variety of groups and communities defined
- Often qualitative approaches as data may be limited
- Emphasis on involvement of users

- Applied to a proposal:
 - project, plan, programme, policy
- Usually one part of HIA, SEA, etc
- Usually one-off

- Based on DH guidance
- Uses audit cycle – emphasis on action and re-measurement, but may not be repeated
- Tends to assume equality is not appropriate – need further measure of equity
- Mostly quantitative
- Can be very data-driven, geographically focussed
- Can get bogged down in methodological debates

Why Quantify?

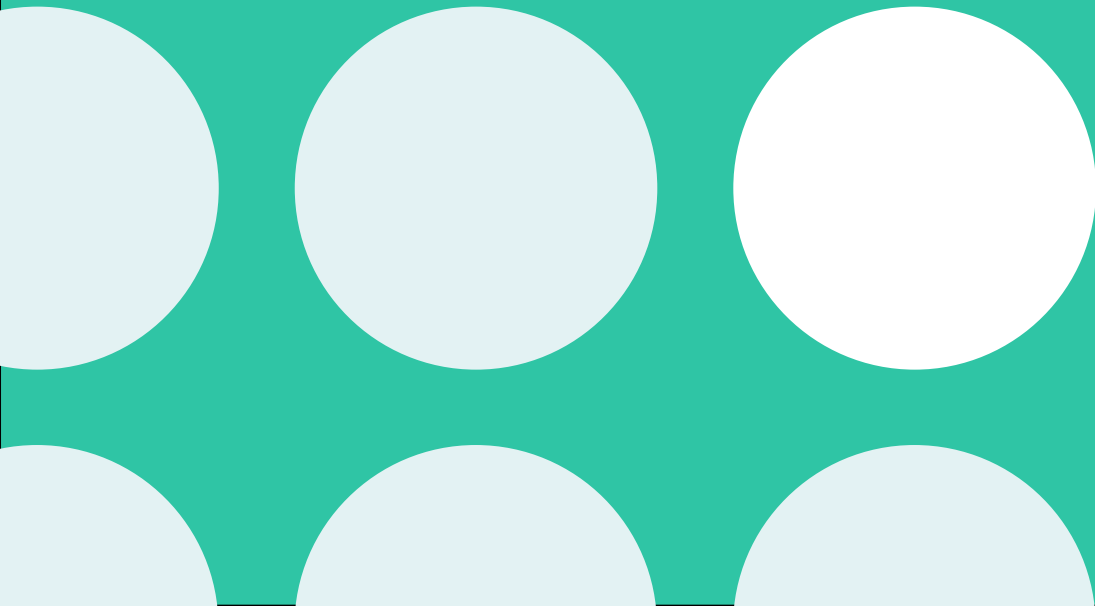


- To colour local discussion and debate
 - For advocacy
 - Planning and resource allocation
 - Indicators of change
 - Performance monitoring and management
 - Creation of targets
- 

Why Quantify inequalities and inequities?

- To demonstrate their existence
 - and advocate for action
- To know where you are
- To know whether there is any change
 - and in which direction
- To help amend action

How to Quantify?



- The inequality measurement 'gold standard'
 - Lorenz curve and Gini Coefficient
- Comparison of Quantiles
 - Top 20% (quintile) v. Bottom 20%
 - Bottom 20% v. average
- Comparison of other groupings
 - Neighbourhood Renewal area v. non-NR
 - Spearhead v. national average
- Slope Indices
 - Slope Index of Inequalities (SII)
 - Relative Index of Inequalities (RII)

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