

The Partners for Advancing Health Equity Collaborative hosted a three-series workshop sprint on measuring health equity. This brief outlines the foundational concepts on measuring health equity to know whether improvements have occurred. Without a consensus definition of health equity among health equity researchers and evaluators, it will be impossible to know whether health equity goals are achieved over time. The purpose of this 3-part workshop was to describe and discuss the utility of existing health equity definitions and measures, and their usefulness. Below is a summary of key learnings from the workshop.

1

Researchers and practitioners need a consensus-based definition of health equity that is designed for measurement purposes.

2

Efforts to improve health equity happen locally which requires local data owned and maintained by historically excluded groups that are standardized in collection and reporting.

3

Interventions and programs designed to improve health equity require long periods to assess effectiveness. Therefore, funding mechanisms should be designed to support long-term initiatives.

**Common definitions of health equity are difficult or impossible to measure.**

Health equity is commonly defined as a “state in which everyone has a fair and just opportunity to attain their highest level of health.” Participants discussed the difficulty of creating a consensus on the terms like fairness, justice, and opportunity that are common to most definitions.

Even with consensus, these concepts can be challenging to measure. For instance, many would consider eliminating racial disparities in maternal mortality or reducing maternal mortality rates across all racial/ and ethnic groups as benchmark of progress towards achieving health equity. Although achievement of this goal may implicitly suggest improved fairness, justice, and opportunity, it does not necessarily entail it. More than half of participants either did not think common definitions of health equity were measurable or did not know.

**Even definitions of health equity created to guide measurement aren't always helpful.**

Participants proposed defining terms like “opportunity” and excluding terms like “fairness” which may be too subjective. Some organizations have used the common definition of health equity as a vision

statement and defined concrete objectives towards achieving that vision. These objectives vary greatly (e.g., improve racial diversity of clinician work force to reducing racial disparities in maternal mortality). Some participants described the need for creating rules for identifying reference groups and baselines from which to study health equity. One measurable definition that has been used is “reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” Still, this definition then depends on how a disparity is defined. In many cases, choosing a historically privileged groups outcomes as a benchmark does not comport with the goal of achieving the best health possible for historically marginalized groups.

**There are significant challenges to collecting and using data for evaluating progress towards improving health equity.**

Although there are many public datasets that are used for assessing progress towards health equity (e.g., National Health Interview Survey, Medicare, and Medicaid claims data), there are often problems collecting data at the local level that are tied to specific organizations and systems. Participants expressed optimism that the data environment is changing as the pandemic led to increased attention and resources for collecting data that can support better evaluation and monitoring of health inequities. Even so, these new data collection initiatives will take significant time to develop and show results. Several participants emphasized the long-time horizon for evaluation and monitoring.

**Three Basic Components of a Health Equity Measure**



**1** An indicator of health or modifiable determinant of health, such as health care, living conditions, or the policies that shape them

**2** An indicator of social position (i.e., a way of categorizing people into different groups (social strata))

**3** A method for comparing the health (or health determinant) indicator across the different social strata, such as rate ratios between the least and most advantaged strata

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### Key Resources

- [Measuring Health Inequalities: A Systematic Review of Widely Used Indicators and Topics](#)
- [Health Disparities and Health Equity: Concepts and Measurement](#)
- [Methodological Issues in Measuring Health Disparities](#)
- [Communities in Action: Pathways to Health Equity](#)
- [Inequality Without Groups: Contemporary Theories of Categories, Intersectional Typicality, and the Disaggregation of Difference](#)

### About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.



**Foster**

the co-creation and spread of knowledge.



**Sharpen**

our research tools to focus on solutions; facts and stories.



**Disrupt**

traditional research approaches.



**Harmonize**

our voices.



**Challenge**

the status quo.



**Shine**

light on practices that are indefensible, irrational and inconsistent.