

Perspectives on Health Equity and Transportation: *Equality ≠ Equity*

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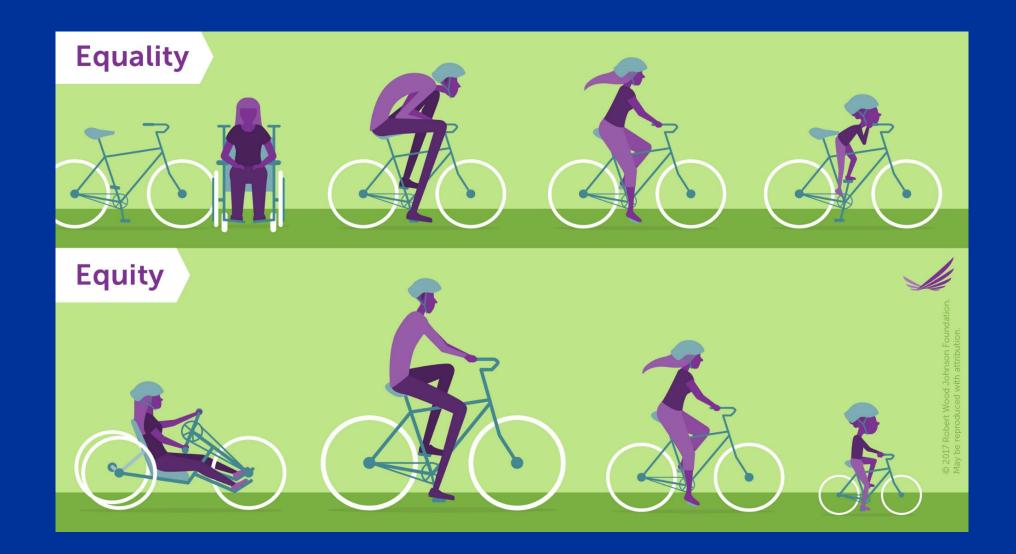
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Health Disparities

Disparities "....the differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."

Trend in Life Expectancy by Race and Gender

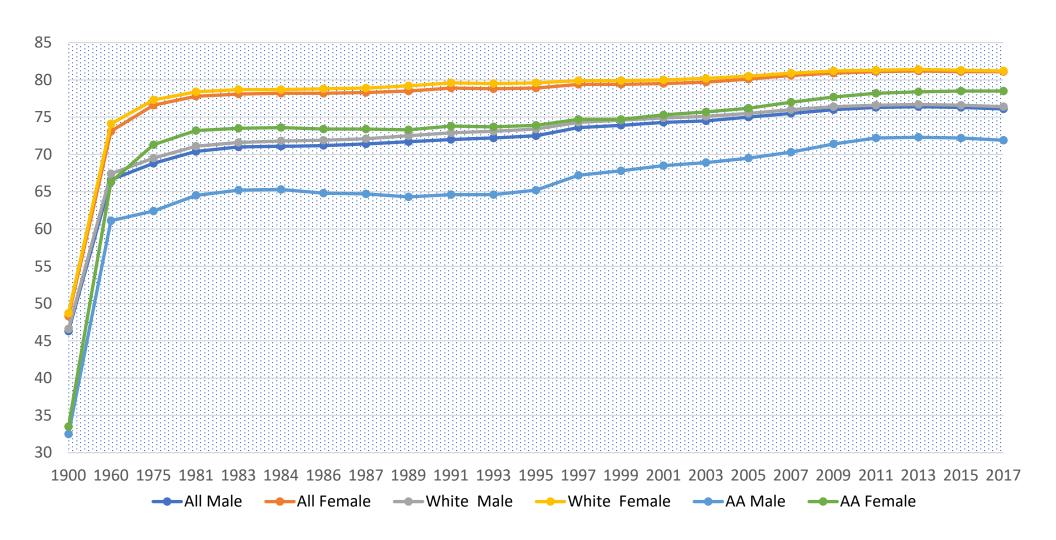
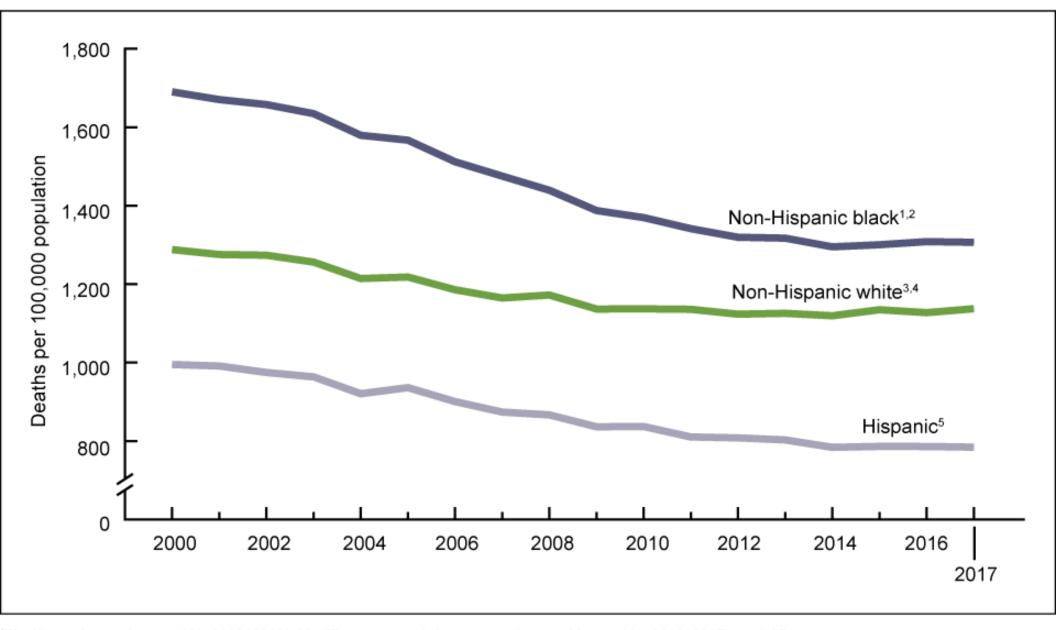


Figure 1. Age-adjusted death rates for persons aged 25 and over, by Hispanic origin and race: United States, 2000–2017



Significant decreasing trend for 2000–2012 with different rates of change over time; stable trend for 2012–2017; p < 0.05.

Rate significantly higher than the rate for non-Hispanic white and Hispanic persons, p < 0.05.

³Significant decreasing trend for 2000–2011; stable trend for 2011–2017, p < 0.05.

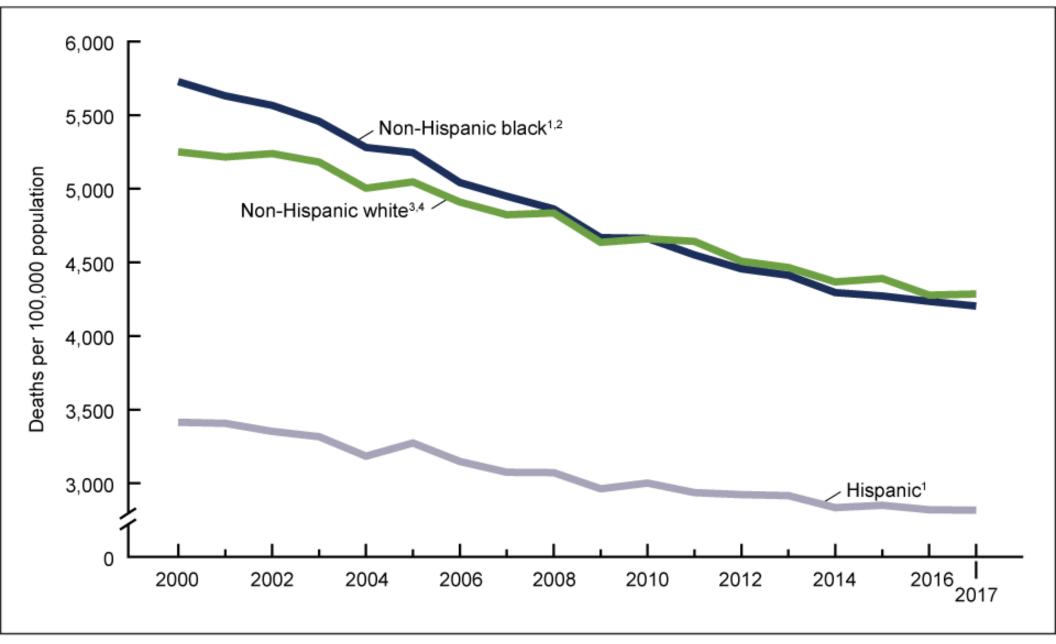
Rate significantly higher than the rate for Hispanic persons, p < 0.05.

Significant decreasing trend for 2000–2017 with different rates of change over time; p < 0.05.

NOTE: Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db342_tables-508.pdf#1.

SOURCE: NCHS, National Vital Statistics System, Mortality.

Figure 4. Age-specific death rates for persons aged 65 and over, by Hispanic origin and race: United States, 2000–2017



¹Significant decreasing trend for 2000–2017 with different rates of change over time; p < 0.05.

²Rate significantly higher than the rate for non-Hispanic white persons from 2000 through 2009 and higher than Hispanic persons from 2000 through 2017, p < 0.05.

Significant decreasing trend for 2000–2017, p < 0.05.</p>

⁴Rate significantly higher than for non-Hispanic black persons for 2011 to 2017 and higher than Hispanic persons for 2000 to 2017, p < 0.05.

NOTE: Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db342_tables-508.pdf#4.

SOURCE: NCHS, National Vital Statistics System, Mortality.

Maternal, Infant, and Child Health

Infant Mortality Rate by Race and Ethnicity of Mother, 2017

The infant mortality rate experienced by infants born to non-Hispanic black mothers was **more than 2.5 times** the rate experienced by infants born to Asian or Pacific Islander mothers (10.9 versus 4.2 deaths under 1 year of age per 1,000 live births, respectively).

Infant deaths per 1,000 live births

Black, not Hispanic

8.3

American Indian or Alaska Native

5.1 Hispanic

4.7

White, not Hispanic

4.2

Asian or Pacific Islander



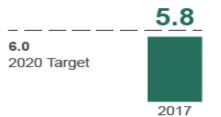
Data source: Linked Birth/Infant Death Data Set, CDC/NCHS.

Healthy People 2020 Targets

Infant Deaths

5.8 infant deaths per 1,000 live births occurred within the first year of life in 2017.

Data source: Linked Birth/Infant Death Data Set, CDC/NCHS.



Why Study Health Disparities?

Pose moral and ethical issues for service providers in a rapidly changing health or service system (e.g., where decision result in inequitable distribution)

Pose dilemma for a society that is still wrestling with a legacy of discrimination and racism

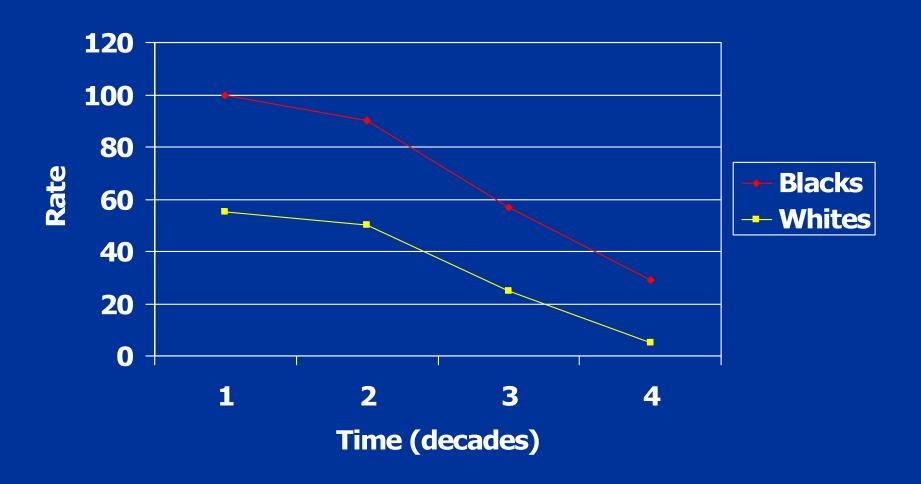
Health and healthcare as resource tied to social justice, opportunities, and the quality of life of individuals and groups (facilitating the advancement of persons economically and professionally)

Raises concerns for the overall health (and quality of healthcare) of the US

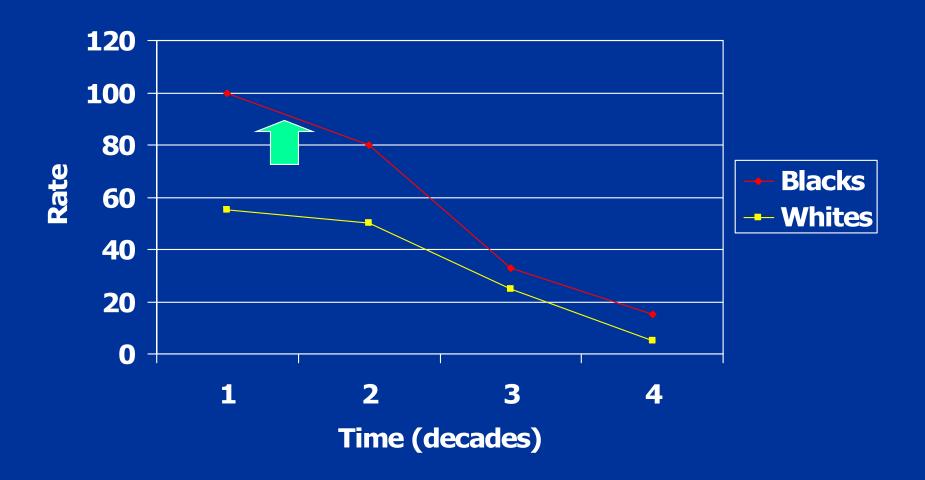
Hampers or encourages efforts to improve the nation's health

Identifies opportunities for appropriate interventions, particularly among groups at greatest needs

Reducing the Racial/Ethnic Disparities: Framework?



Hypothetical Framework



When Racial/Ethnic Disparities are Minimized or Reduced

Through evidence-based and team-based efforts to improve health for all.

When community is well engaged, often as leaders.

When efforts to improve conditions are less costly or high tech.

When "change" is expected and governmentally sponsored.

In "equally" accessible systems.

Place - Community



Place - Community - Context





Community Matters

Evidence that alcohol and tobacco companies target racial/ethnic communities (Mayberry RM, Price, PA, 1993)

In racial/ethnic diverse communities the disparity gap in risk factors prevalence are minimal.

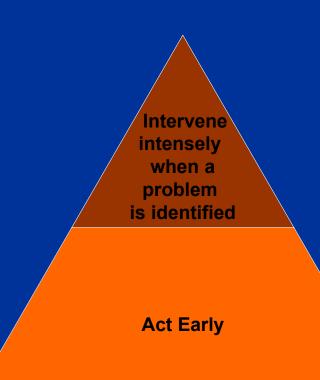
When African Americans and whites live in similar risk environments, their health outcomes are more similar (LaVeist et al. 2009).

Community Engagement Approach

...address the population at risk as well as the community in which they reside.

...mobilize and empower informed community residents and organizations to create "change from within" and among those most affected.

A Three-Level Approach to Promoting Community Health



Build a wide family, community, and sociopolitical foundation

Modified Public Health Model



What is the Objective?

...reduce racial/ethnic disparities.

...improve access and quality of services.

...improve health status.

...insure fairness and justice.

Advancing Health Equity

Frame the issue(s)

Identify the intervention opportunity

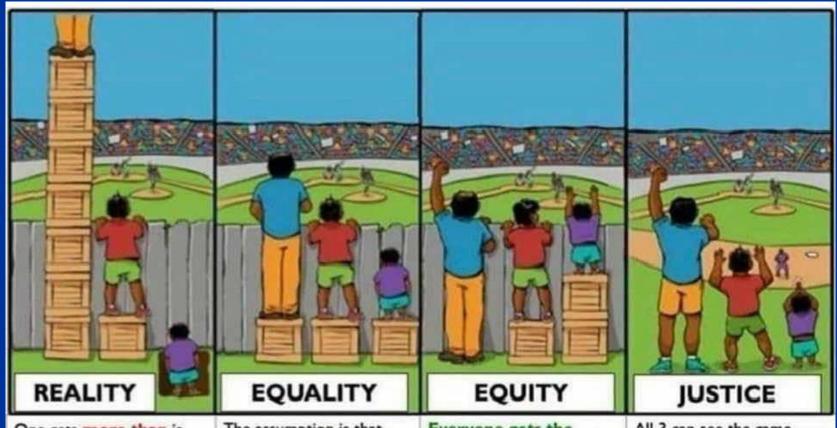
Specify the objective(s)

Justify the approach

Implement the appropriate intervention(s) appropriately

Vehicle emissions and other transportation-related Exposures >>>> Outcomes: respiratory, neurological, cardiovascular, reproductive and immune system damages; mobility, social connectivity, independence, physical activity, pedestrian injuries, noise and community severance/devastation/under-development

What Does Health Equity Look Like?



One gets more than is needed, while the other gets less than is needed. Thus, a huge disparity is created.

The assumption is that everyone benefits from the same supports. This is considered to be equal treatment.

Everyone gets the support they need, which produces equity. All 3 can see the game without supports or accommodations because the cause(s) of the inequity was addressed. The systemic barrier has been removed.