

Health inequalities Stigma

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Inequity or inequality?

- **Inequity** and **inequality** are closely related in origin and in some of their secondary definitions, so mixing them up is never a serious error, but there are differences between them
- Inequality refers primarily to the condition of being unequal, and it tends to relate to things that can be expressed in numbers
- Inequity, in its main sense, is a close synonym of injustice and unfairness, so it usually relates to more qualitative matters
- For example, one might say that income inequality results from inequity in society, or that inequality in taxation is a great inequity

Health inequities (WHO)

- Health inequities are *avoidable* inequalities in health between groups of people within countries and between countries
- These inequities arise from inequalities within and between societies
- Social and economic conditions and their effects on people's lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs

https://www.who.int/social_determinants/thecommission/finalreport/key_concepts/en/



WHO/D. Rodriguez

Fact 1: Health inequities are systematic differences in health outcomes

Health inequities are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. Health inequities are unfair and could be reduced by the right mix of government policies.

https://www.who.int/features/factfiles/health_inequities/en/



WHO/C. Black

Fact 2: Every day 16 000 children die before their fifth birthday

They die of pneumonia, malaria, diarrhoea and other diseases. They are 14 times more likely to die before the age of five in sub-Saharan Africa than the rest of the world. Furthermore, children from rural and poorer households remain disproportionately affected. Children from the poorest 20% of households are nearly twice as likely to die before their fifth birthday as children in the richest 20%.



WHO/H. Everts

Fact 3: Maternal mortality is a key indicator of health inequity

Maternal mortality is a health indicator that shows the wide gaps between rich and poor, both between and within countries. Developing countries account for 99% of annual maternal deaths in the world. Women in Chad have a lifetime risk of maternal death of 1 in 16, while a woman in Sweden has a risk of less than 1 in 10 000.



WHO/P. Brown

Fact 9: Health inequities have a significant financial cost to societies

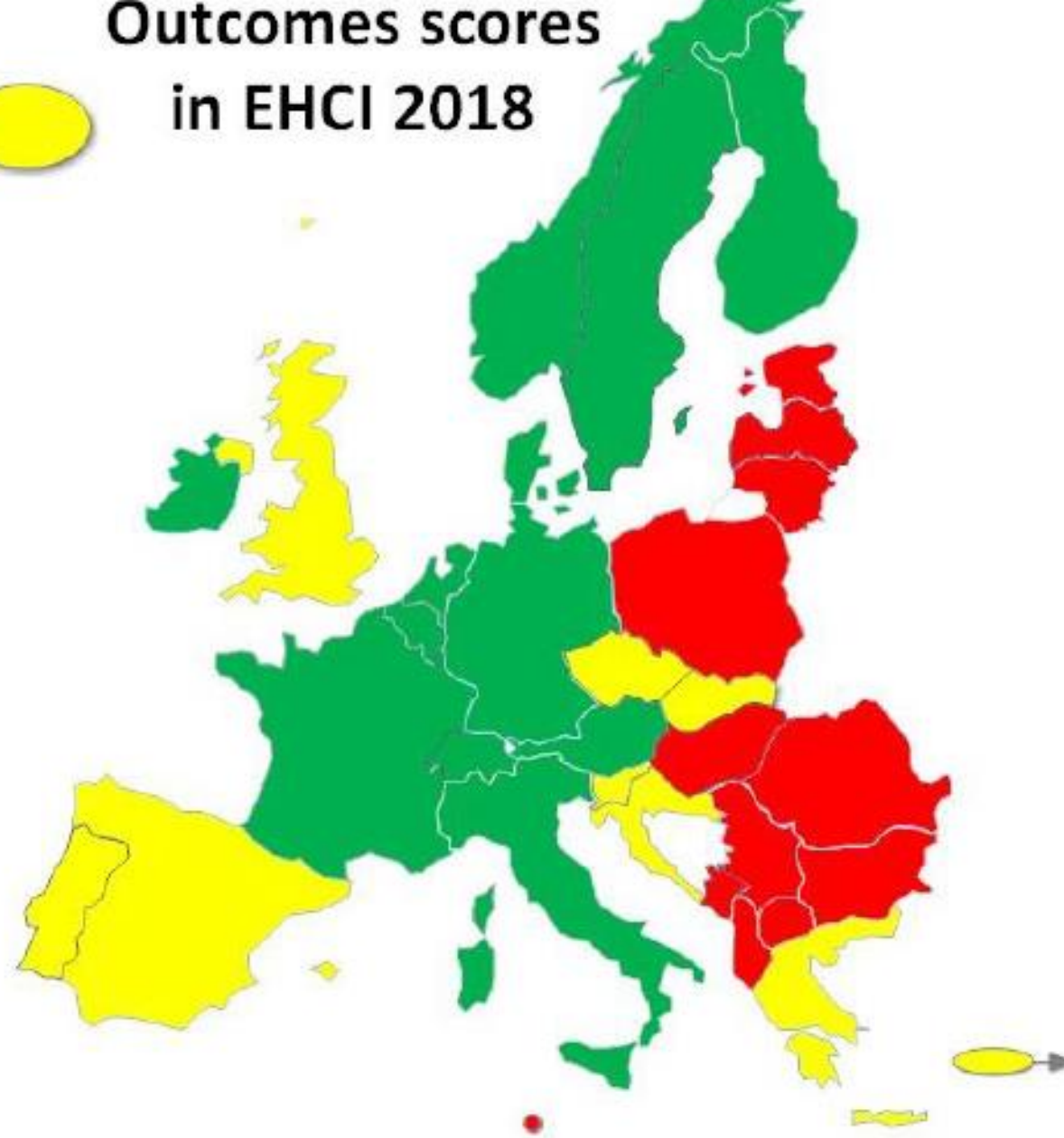
The European Parliament has estimated that losses linked to health inequities cost around 1.4% of gross domestic product (GDP) within the European Union – a figure almost as high as the EU's defense spending (1.6% of GDP). This arises from losses in productivity and tax payments, and from higher welfare payments and health care costs.

Health inequalities in EU

- Significant inequalities exist in public health status between countries of the EU and between population groups within these countries
- Social determinants play an important role in contributing to these, impacting on life expectancy and overall health
- They include issues such as employment, income, education and ethnicity

https://ec.europa.eu/health/social_determinants/overview_en

Outcomes scores in EHCI 2018



Accessibility in EHCI 2018



Figure 5.3a. "Waiting time territory" (red) and Non-wait territory (green) based on EHCI 2018 scores.

Euro Health Consumer Index 2018

| Sub-discipline | Indicator | Latvia | Lithuania | Luxembourg | Malta | Montenegro | Netherlands | North Macedonia | Norway | Poland | Portugal | Romania | Serbia | Slovakia | Slovenia | Spain | Sweden | Switzerland | United Kingdom |
|--|---|--------|-----------|------------|-------|------------|-------------|-----------------|--------|--------|----------|---------|--------|----------|----------|-------|--------|-------------|----------------|
| 1. Patient Rights & Information | 1.2 Patient organisations involved in decision making | | | | | | | | | | | | | | | | | | |
| | 1.4 Right to second opinion | | | | | | | | | | | | | | | | | | |
| | 1.5 Access to own medical record | | | | | | | | | | | | | | | | | | |
| | 1.6 Registry of <i>bona fide</i> doctors | | | | | | | | | | | | | | | | | | |
| | 1.7 Web or 24/7 telephone HC info with interactivity | | | | | | | | | | | | | | | | | | |
| | 1.8 Cross-border care seeking financed from home | | | | | n.ap. | | | | | n.a. | | n.ap. | | | | | n.ap. | |
| | 1.9 Provider catalogue with quality ranking | | | n.ap. | n.ap. | | | | | | | | | | | | | | |
| | 1.10 Patient records e-accessible | | | | | | | | | | | | | | | | | | |
| | 1.11 Patients' access to on-line booking of appointments? | | | | | | | | | | | | | | | | | | |
| | 1.12 e-prescriptions | | | | | | | | | | | | | | | | | | |
| | Subdiscipline weighted score | 100 | 104 | 100 | 88 | 96 | 125 | 113 | 125 | 79 | 108 | 96 | 108 | 113 | 88 | 96 | 117 | 113 | 117 |
| 2. Accessibility (waiting times for treatment) | 2.1 Family doctor same day access | | | | | | | | | | | | | | | | | | |
| | 2.2 Direct access to specialist | | | | | | | | | | | | | | | | | | |
| | 2.3 Major elective surgery <90 days | | | | | | | | | | | | | | | | | | |
| | 2.4 Cancer therapy < 21 days | | | | | | | | | | | | | | | | | | |
| | 2.5 CT scan < 7days | | | | | | | | | | | | | | | | | | |
| | 2.6 Waiting time for Paediatric Psychiatry | | | | | | | | | | | | | | | | | | |
| | Subdiscipline weighted score | 138 | 163 | 188 | 150 | 188 | 175 | 163 | 138 | 138 | 163 | 175 | 200 | 188 | 125 | 113 | 113 | 225 | 100 |
| 3. Outcomes | 3.1 30-day Case Fatality for AMI | | | | | | | | | | | | | | | | | | |
| | 3.2 30-day Case Fatality for stroke | | | | | | | | | | | | | | | | | | |
| | 3.3 Infant deaths | | | | | | | | | | | | | | | | | | |
| | 3.4 Cancer survival | | | | | | | | | | | | | | | | | | |
| | 3.5 Deaths before 65 YO | | | | | | | | | | | | | | | | | | |
| | 3.6 MRSA infections | | | | | n.a. | | | | | | | | | | | | | |
| | 3.7 Abortion rates | | | n.a. | | | | | | | | | | | | | | | |
| | 3.8 Suicide rates | | | | | | | | | | | | | | | | | | |
| | 3.9 % of diabetes patients with HbA1c >7 | | n.a. | | | n.a. | | n.a. | | n.a. | | | n.a. | | n.a. | | | | |

1.3.30 Latvia

30th place (two down since 2017), in spite of 605 points (up 18 points since 2017). Being every bit as victimized by the finance crisis as Greece, Latvia together with Lithuania has made a remarkable comeback. Both countries show improvement on the really vital indicator Infant mortality; Latvia has achieved an improvement from 6.2/1000 births (Red score) in 2012 to 3.9/1000 (Green score) in 2014, 3.8 in the EHCI 2018 (with the tightened criteria giving only a Yellow score). This seems sustainable – in a small country, these numbers would be sensitive to random variation.

Reducing health inequalities

- Investing in reducing health inequalities further contributes to social cohesion and breaks the spiral of poor health that both contributes to and results from poverty and exclusion
- A Joint Action on Health Inequalities under the EU Health Programme has been launched in 2018
- It forms the basis for collaboration between EU countries on increasing health equality

Stigma and stigmatisation



Stigmatisation

- *Stigmatisation* is the act of treating someone or something unfairly by publicly disapproving of them
- *Stigma* - a strong feeling of disapproval that most people in a society have about something, especially when this is unfair
- Stigma is one of the major reasons why, in the case of certain diseases, a person does not receive medical treatment

Erving Goffman (1922-1982)

Social stigma is the extreme disapproval of an individual based on social characteristics that are perceived to distinguish them from other members of a society

Stigmatisation is based not on “objective” characteristics but on relative traits

Goffman E. Stigma: Notes on the Management of Spoiled Identity, 1963



Types of stigma (Goffman)

- stigma of character traits
- physical stigma
- stigma of group identity

Goffman E. Stigma: Notes on the Management of Spoiled Identity, 1963

Stigma of character traits

“...blemishes of individual character perceived as weak will, domineering, or unnatural passions, treacherous and rigid beliefs, and dishonesty, these being inferred from a known record of, for example, mental disorder, imprisonment, addiction, alcoholism, homosexuality, unemployment, suicidal attempts, and radical political behavior.”

Goffman E. Stigma: Notes on the Management of Spoiled Identity, 1963

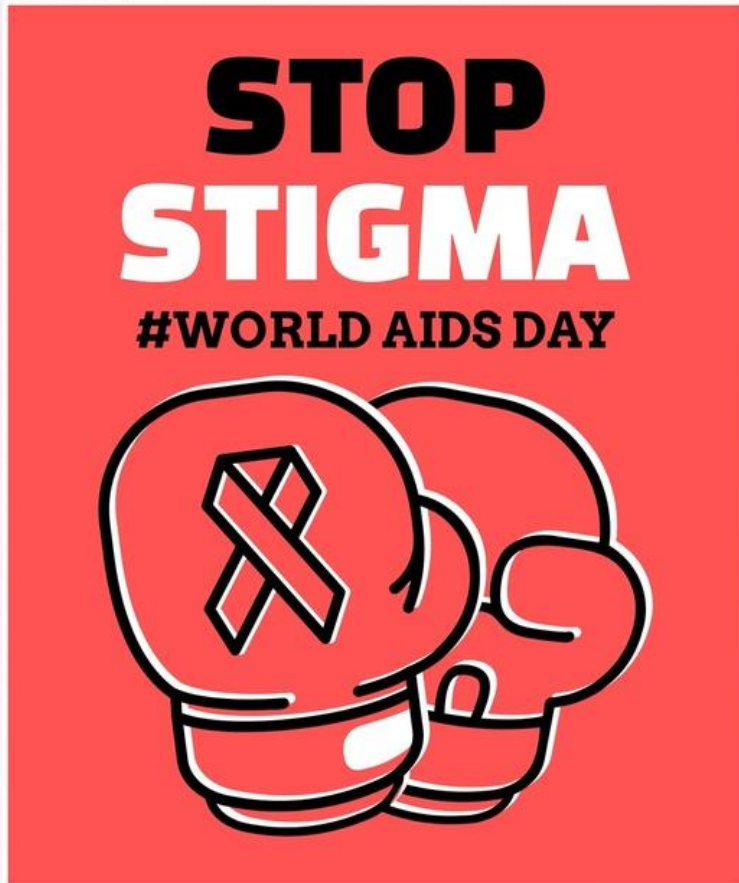
Deviance

- Actions or behaviors that violate formal and informal cultural norms
- Formal deviance includes criminal violation of formally-enacted laws. Examples of formal deviance include robbery, theft, rape, murder, and assault
- Informal deviance refers to violations of informal social norms, which are norms that have not been codified into law
- Deviance can vary dramatically across cultures. Cultural norms are relative, which makes deviant behavior relative as well

Goffman E. Stigma: Notes on the Management of Spoiled Identity, 1963

Stigma

- Stigma is based on beliefs and attitudes – often promoted by the media and society
- Stigma is a negative view of a person only because he/she belongs to a certain group or has certain characteristics
- The result of stigmatisation is fear of representatives of the stigmatized group, or intolerance, often based on ignorance or confusion



Elements of stigma

- Lack of knowledge
- Prejudices – problems of attitudes
- Discrimination – problems of behaviour

Consequences of stigmatisation

- Loss of self-confidence
- Lack of medical treatment
- Decrease in quality of life
- Reduction of social relations (stigma can be used as a reason for breaking up social contacts)



Consequences of stigmatisation

- limited job opportunities
- limited housing opportunities
- detachment of acquaintances and relatives
- open discrimination (police, healthcare system)
- linguistic discrimination (“crazy”, “abnormal”)

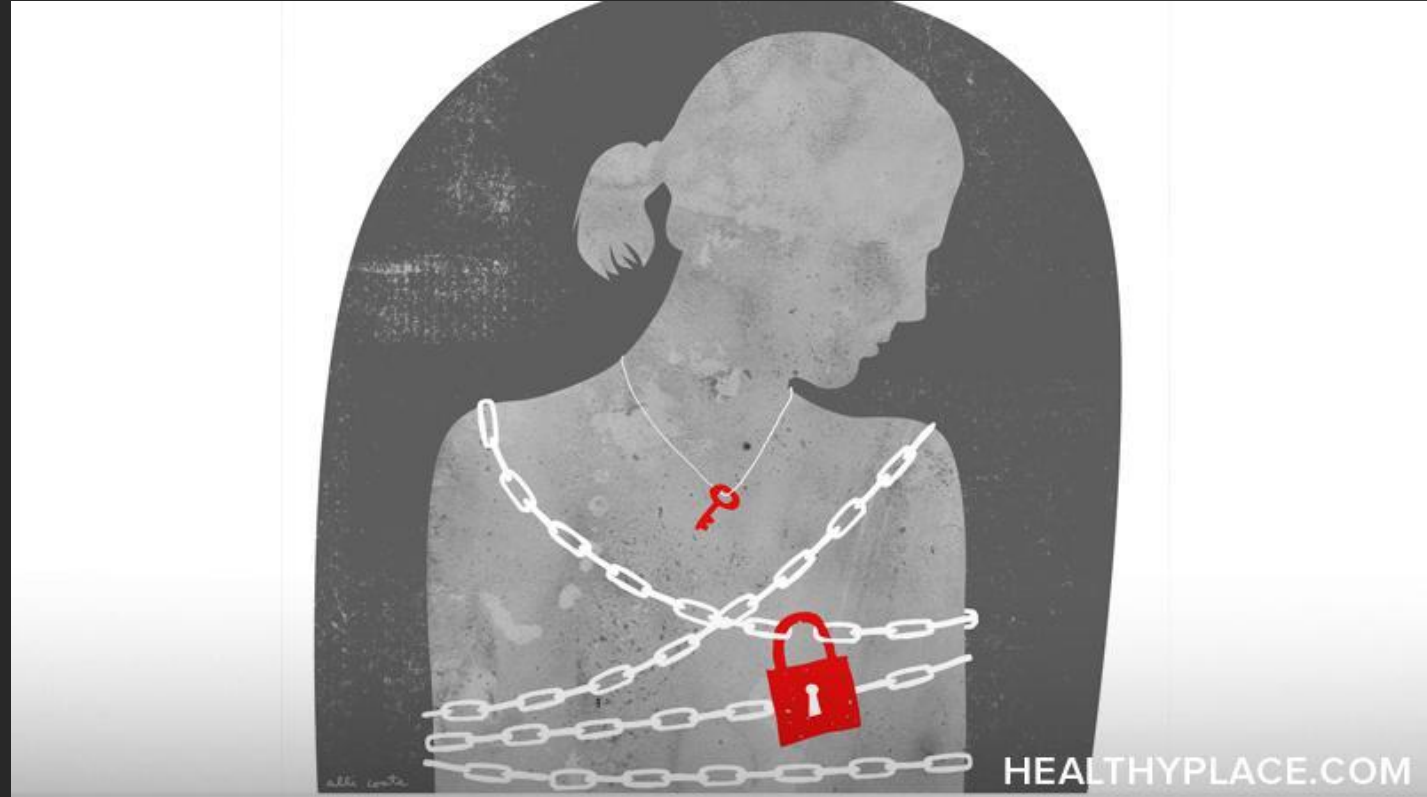


**YOU CAN'T JUST TURN DEPRESSION OFF
STOP THE STIGMA**

CCAA Stop the Stigma
Thursdays at Lunch, room 415

Self-stigmatisation

- Internalisation of stigma
- “why try” effect



Establishment of alternative groups

PRO

- chance to meet people with similar problems
- chance to feel normal and accepted

CONTRA

- risk of further distancing itself from «normal» society

Dilemma of stigmatisation

- to integrate into “normal” society at risk of being “abnormal”
- to build your own group and further alienate from society

Double isolation

- Direct isolation – caused by the disease. It is determined by the patient's apathy, fatigue, lack of interest, intrusive thoughts, fear, shame, etc.
- Social isolation - created by stigma. It is determined by the rejection showed by others and alienation accepted by the individual

Extreme reactions

- active and passive killing, social death, exclusion of society
- only historically occurring???
- preimplantation and prenatal diagnostics nowadays ???

Protective reactions

- limited participation (partial loss of role)
- “Empty Role” as a consequence of isolation
- special role (prophet in ancient cultures)

Need for destigmatisation

- Building an inclusive society
- Reduction of social exclusion
- Improving the quality of life of people with disabilities and their relatives
- Promotion of employment



Questions?