

# Quantifying and Analyzing Health Equity







Photo credits: ©iStockphoto.com/Bartosz Hadyniak/Britta Kasholm-Tengve/Bartosz Hadyniak

Brian Briscombe

Improving Financial Access to Health Services for the Poor Calabar, Nigeria, November 2011



## **Presentation Goals**

### We will cover the following:

- 1. How to measure poverty and inequality
- 2. How to display findings to illustrate inequities in health
- 3. How to understand and address common data challenges

## Who Is Poor?

#### Relative poverty

- Ranks people within the same country or region
- Group A is poorer/less poor than Group B (but we do not know by how much)
- Purchasing power/socioeconomic status (used by marketers)

### **Absolute** poverty

- Compares people across countries against a standardized poverty line (national poverty line, \$1/day, \$2/day, etc.)
- Quantifies absolute income or expenditures

## What Kind of Data Do We Need?

### Relative poverty

- Actual income or expenditures
- Household assets or durable goods
- Individual characteristics shown to correlate with income (e.g., education of head of household, occupation, and place of residence)
- Analytic method for combining multiple variables into a single measure or scale

# Demographic and Health Survey (DHS) Data

### Relative poverty: wealth quintiles or groups

- Start with data on
  - Ownership of assets, such as televisions and cars
  - Dwelling characteristics, such as flooring material and drinking water sources
- Each household is given a standardized score for each asset it owns
- Scores are summed by household
- Individuals are ranked according to the total score of their household
- Individuals are divided into population groups or quintiles

# Demographic and Health Surveys

#### **Funded by USAID**

- Wealth quintiles included in all DHS final reports since 2004
- Retroactively added to data files going back to 2000
- DHS data available for more than 40 countries; many countries have DHS series over time

#### Reference link:

www.measuredhs.com/accesssurveys/Data\_quality\_use.cfm

# Demographic and Health Surveys

#### Table 2.10 Wealth quintiles

Percent distribution of the jure population by wealth quintiles, according to residence and province, Zimbabwe 2005-2006

Residence/		V	/ealth quintil	le			
province	Lowest	Second	Middle	Fourth	Highest	Total	Number
Residence							
Urban	na	na	1.5	37.9	60.5	100.0	13,087
Rural	29.3	29.3	28.5	11.7	1.2	100.0	28,236
Province							
Manicaland	16.4	21.6	31.2	22.0	8.7	100.0	5,166
Mashonaland Central	23.4	32.7	25.8	13.2	4.9	100.0	4,329
Mashonaland East	9.8	22.4	34.6	23.2	9.9	100.0	3,772
Mashonaland West	21.7	23.4	18.5	21.8	14.7	100.0	4,140
Matabeleland North	55.6	24.0	8.1	7.7	4.6	100.0	3,043
Matabeleland South	20.2	24.9	32.2	12.7	10.0	100.0	2,205

Source: 2005/06 DHS Zimbabwe.

Table 4.2 Fertility by background characteristics

Total fertility rate for the three years preceding the survey, percentage of women 15-49 currently pregnant, and mean number of children ever born to women age 40-49 years, by background characteristics, Zimbabwe 2005-2006

			Mean
			number of
			children
	Total	Percentage	ever born
Background	fertility	currently	to women
characteristic	rate	pregnant <sup>1</sup>	age 40-49
Residence			
Urban	2.6	4.4	4.0
Rural	4.6	8.0	5.8
Province			
Manicaland	4.2	7.4	5.5
Mashonaland Central	4.6	8.6	5.1
Mashonaland East	3.7	7.7	5.1
Mashonaland West	3.7	6.7	5.3
Matabeleland North	4.2	6.1	5.9
Matabeleland South	4.0	5.3	5.0
Midlands	4.2	7.3	5.7
Masvingo	4.9	8.0	6.5
Harare	2.5	5.3	4.1
Bulawayo	2.3	2.4	3.6
Education			
No education	5.8	2.0	6.1
Primary	4.5	7.9	5.5
Secondary	3.3	6.3	4.0
More than se ondary	2.7	5.0	2.9
Wealth quintile			
Lowest	5.5	8.0	6.4
Second	4.8	10.0	6.1
Middle	4.0	7.1	5.5
Fourth	3.2	6.3	4.5
Highest	2.3	3.5	3.8
_			

Source: 2005/06 DHS Zimbabwe.

# Multiple Indicator Cluster Surveys (MICS)

### Coordinated by UNICEF

- MICS are designed to track the status of children
- MICS use DHS methodology to create wealth quintiles
- Standard tables include wealth quintiles as a background indicator

Resource link: www.childinfo.org/mics2\_background.html

# Multiple Indicator Cluster Surveys

Table 11: Percentage of children of primary school age attending primary school, Cote d'Ivoire, 2000

		Sex			Total		
		Ma	le	Fem	ale		
		Attending	primary	Attending	primary		
		sch	ool	sch	pol		
		Attending	Number	Attending	Number	Attending	Number
Wealth Index	Poorest	44.3	1192	33.7	985	39.5	2177
Quintiles	Second	55.9	1190	44.7	910	51.0	2100
	Middle	59.2	1076	46.4	1005	53.0	2081
	Fourth	72.0	988	64.3	932	68.2	1920
	Richest	85.2	814	77.9	802	81.6	1617
Regio.	Centre	55.2	403	47.2	342	51.5	745
	Centre Nord	60.4	501	52.4	452	56.6	953
	Nord Est	52.9	277	41.2	210	47.9	486
	Centre Est	58.9	129	58.7	126	58.8	255
	Sud (sans Abidjan)	61.0	944	53.5	865	57.4	1808
	Sud Ouest	53.6	442	36.7	401	45.6	843
	Centre Ouest	63.8	718	51.6	603	58.3	1321
	Ouest	66.3	333	51.9	286	59.6	620
	Nord Ouest	43.3	259	34.7	185	39.7	444
	Nord	45.3	337	36.9	293	41.4	630
	Abidjan	79.6	917	72.3	871	76.0	1788
Area	Urban	70.8	2385	63.2	2205	67.1	4590
	Rural	53.8	2876	42.7	2429	48.7	5304
Age	6	35.3	902	31.0	813	33.3	1716
	7	58.4	961	48.7	782	54.0	1743
	8	69.7	927	56.8	830	63.6	1756

Source: Côte D'Ivoire MICS 2000 (http://measuredhs.com)

## Reproductive Health Surveys

### Conducted by CDC under the MEASURE Project

- Funded by USAID
- Designed to focus on reproductive health issues
- Use DHS methodology to create wealth quintiles
- Includes standard tables using wealth quintiles as a background indicator

#### Resource link:

www.cdc.gov/reproductivehealth/surveys/SurveyCountries.htm

## What Kind of Data Do We Need?

### Absolute poverty

- Actual information on income or expenditures
- Previous surveys collecting both income and/or expenditures and household assets
- Analytic method for comparing household assets with a determined poverty cut-off line

## Living Standards Measurement Studies

### Conducted by the World Bank

- Detailed information on household income and expenditures and economic and social areas
- Now includes progress toward achieving the Millennium Development Goals (MDGs)
- Data can measure poverty based on income and expenditures

Resource link: http://go.worldbank.org/WKOXNZV3X0

## Other Measures of Absolute Poverty

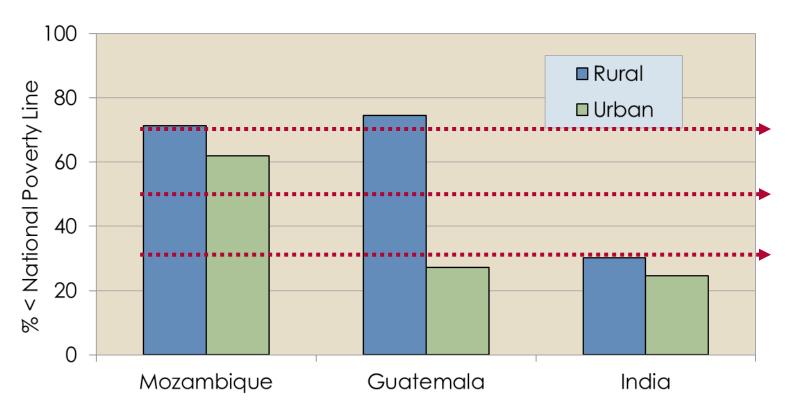
### Developed for microfinance projects

- Derived from comparisons of household assets and characteristics against national living standards surveys
- Limited number of countries available
- Can be incorporated into new surveys

#### Resource links:

- www.povertytools.org/
- www.microfinance.com/

# Relative vs. Absolute Poverty



People below the national poverty line could include only the poorest quintile or the bottom two quintiles—or even the bottom three quintiles!

## **Presentation Goals**

### We will cover the following:

- How to measure poverty and inequality
- How to display findings to illustrate inequities in health
- How to understand and address common data challenges

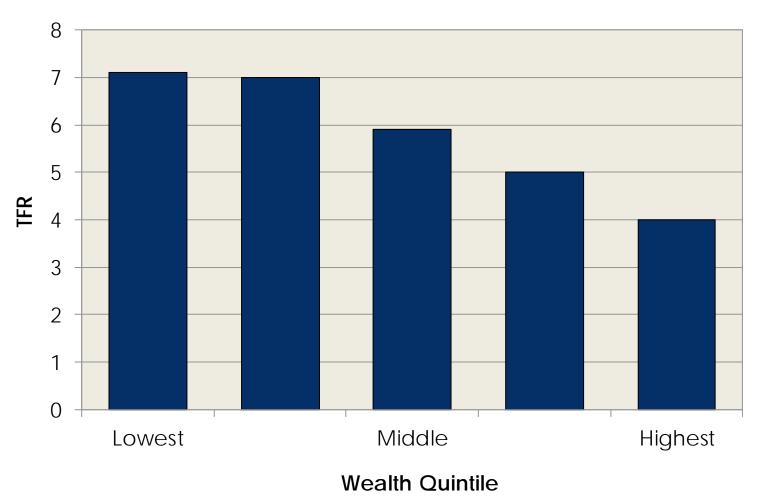
## **Tables Draw Attention to Values**

Wealth Quintile	TFR	
Poorest	7.1	
Lower middle	7.0	
Middle	5.9	
Upper middle	5.0	
Wealthiest	4.0	

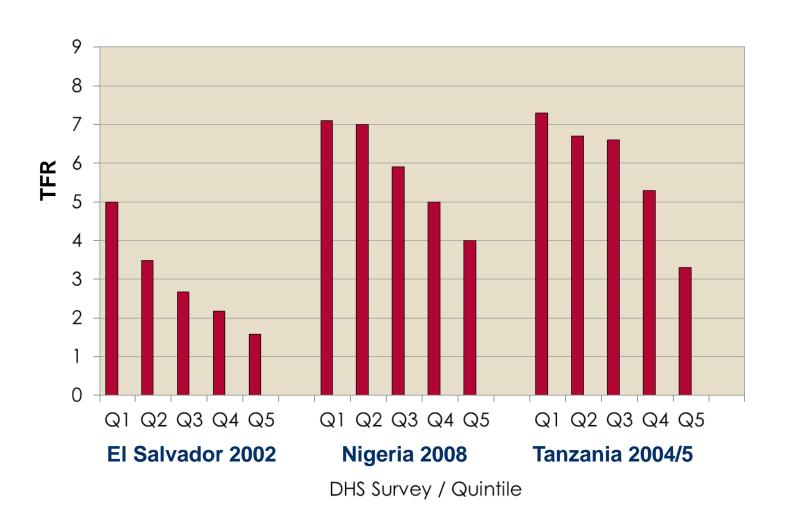
Tables highlight numbers, especially if the data points are few.

Source: Nigeria DHS 2008

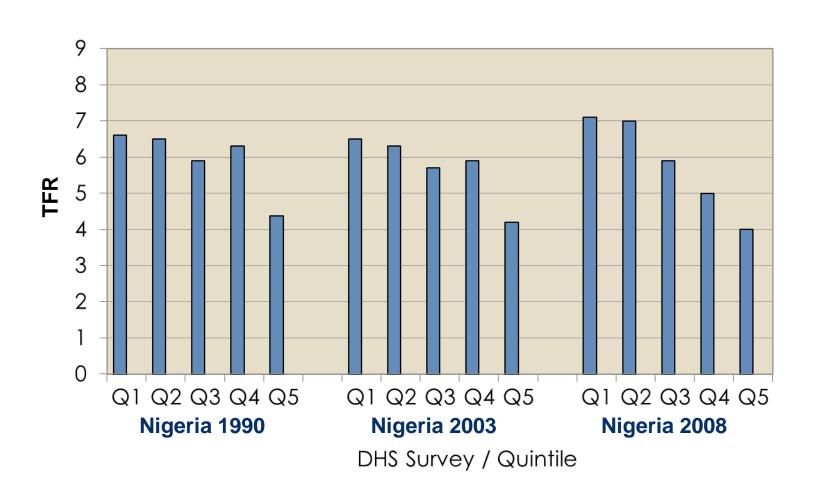
# Bar Charts Draw Attention to Relative Values



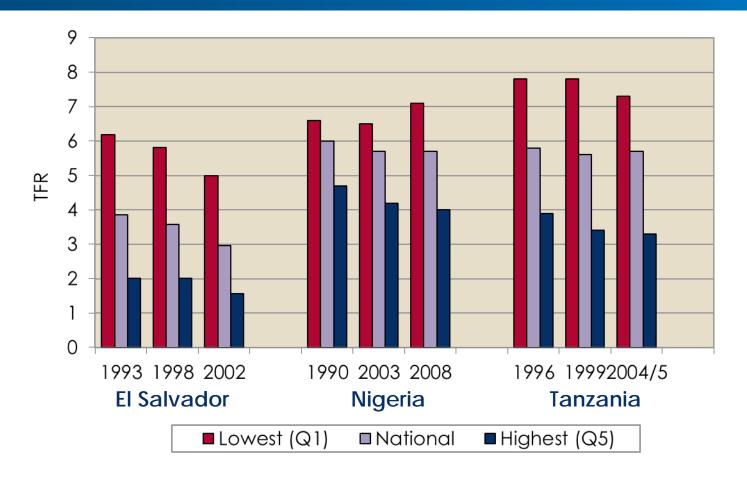
# Displaying Data: Multiple Bar Charts



# Bar Charts Show Trends for Specific Quintiles Over Time in a Country



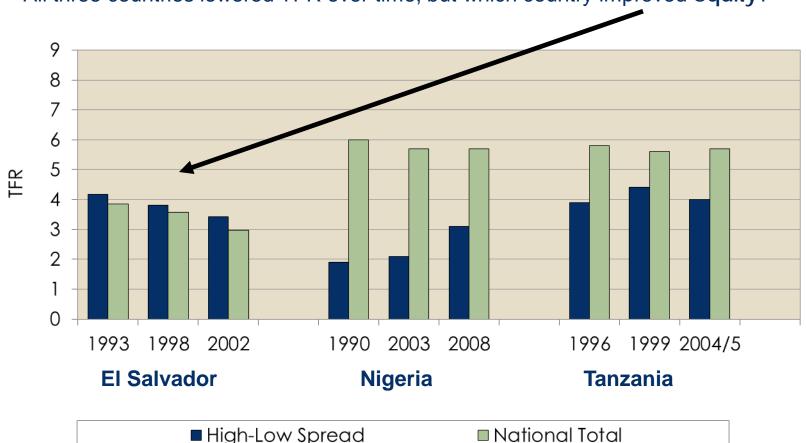
# Comparing Differences between the Poorest and Highest Quintiles



Dropping some quintiles creates space to compare TFRs in multiple years for different countries. Which countries **improved equity** over time?

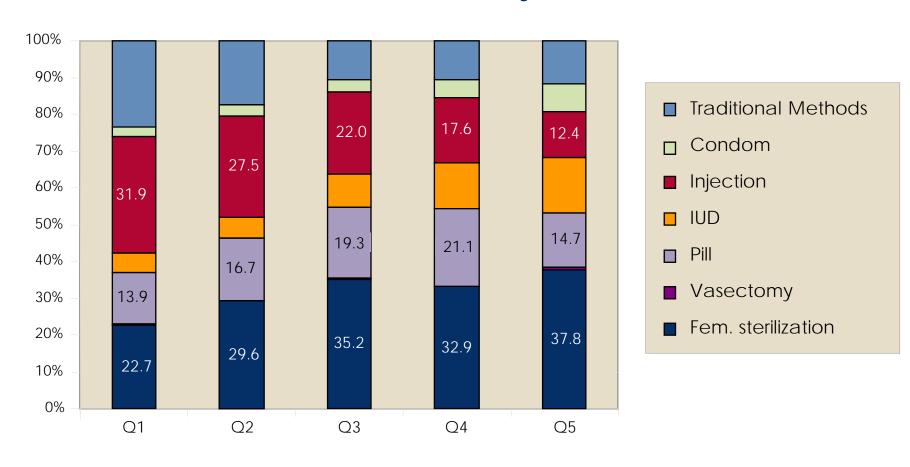
# Comparing Spreads between the Highest and Lowest Quintiles

All three countries lowered TFR over time, but which country improved equity?



# Comparing Contraceptive Use Among Different Wealth Quintiles

#### Honduras: Method Mix by Quintile



## **Presentation Goals**

### We will cover the following:

- 1. How to measure poverty and inequality
- 2. How to display findings to illustrate inequities in health
- 3. How to understand and address common data challenges

## Construction of Wealth Quintiles

- Each household is given a wealth index score
- Individuals are ranked according to the total score of their household
- The sample is then <u>divided</u> into population quintiles—five groups that each have <u>20%</u> of the individuals in the sample

## Who Is in the Quintile?

	Subpopulation (Tanzania DHS 2004-2005)							
Wealth Quintile	Women 15-49	Men 15-49	Children <18 years	Married women 15-49	Pregnancies in last 5 years	Births in past 5 years	Children 12-23 months	
Poorest	1,840	484	5,273	1,341	1,998	1,974	409	
Lower middle	1,944	504	5,014	1,424	1,898	1,857	352	
Middle	1,943	516	5,085	1,380	1,889	1,866	328	
Upper middle	2,004	517	5,018	1,365	1,719	1,681	327	
Wealthiest	2,597	615	4,232	1,440	1,386	1,347	243	

# When Describing Differences

Pay attention to the denominator. Rates are usually standardized to a common denominator.

- Age-specific fertility rate: 1,000 women in age group
- Infant mortality rate: 1,000 live births

O visabila	Children under 5 (Tanzania DHS 2004-2005)					
Quintile	% with fever	# of children	# with fever			
Poorest	25.8	1,812	467			
Lower middle	25.7	1,664	428			
Middle	23.5	1,688	397			
Upper middle	24.1	1,561	376			
Wealthiest	22.5	1,252	282			

## Many Ways to Describe Differences

# Percentage of Tanzanian households with at least one ITN

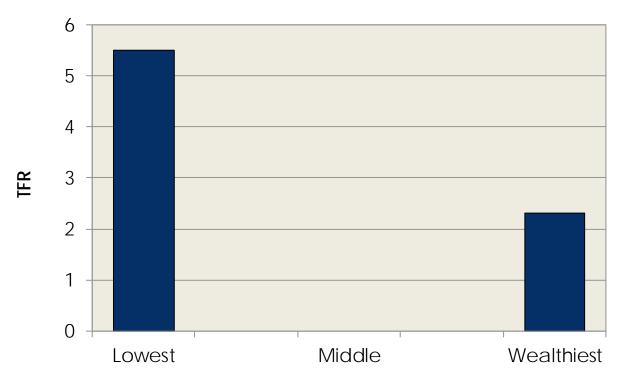
Wealth Quintile	2004/5 DHS	2007/8 MIS	
Poorest	5.9%	22.1%	
Lower middle	10.1%	28.2%	
Middle	15.0%	33.7%	
Upper middle	21.9%	41.3%	
Wealthiest	55.8%	66.7%	

- Coverage gap between wealthiest and poorest quintiles narrowed from ~50% to ~45%
- Relative gap fell from 10:1 in bed net ownership to 3:1
- Ownership in poorest quintiles nearly quadrupled vs. 10% growth in wealthiest quintile

Note: This table does not tell us about the <u>number</u> of poorest and wealthiest households that own or do not own a net.

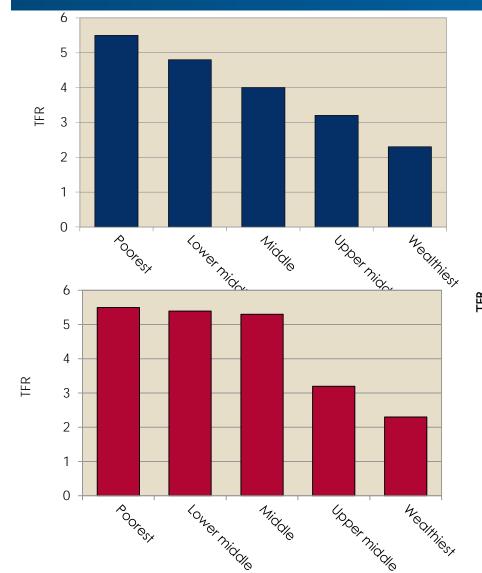
## The Middle Matters

- It is tempting to compare only the extremes
- 60% of the population belongs to Quintiles 2–4
- What might happen if we leave out the middle?

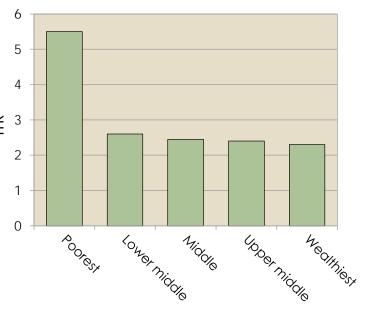


Wealth Quintile

## The Middle Matters



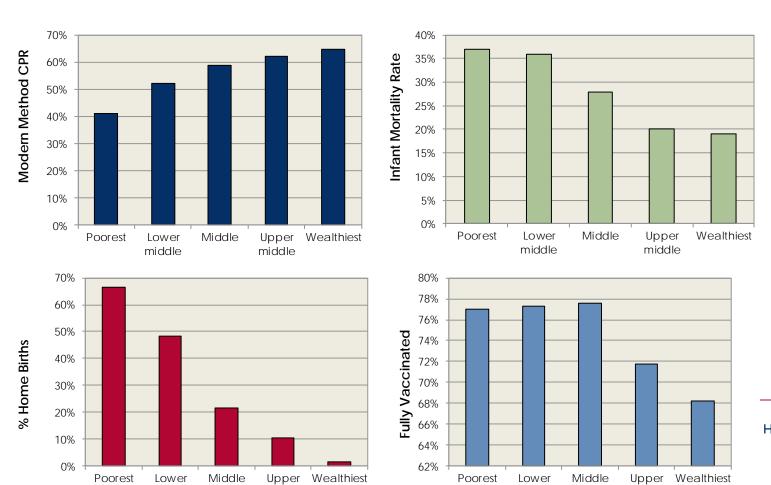
- Which is the priority group?
- Is there only one?



# Not All Indicators Show Same Inequalities

middle

middle



middle

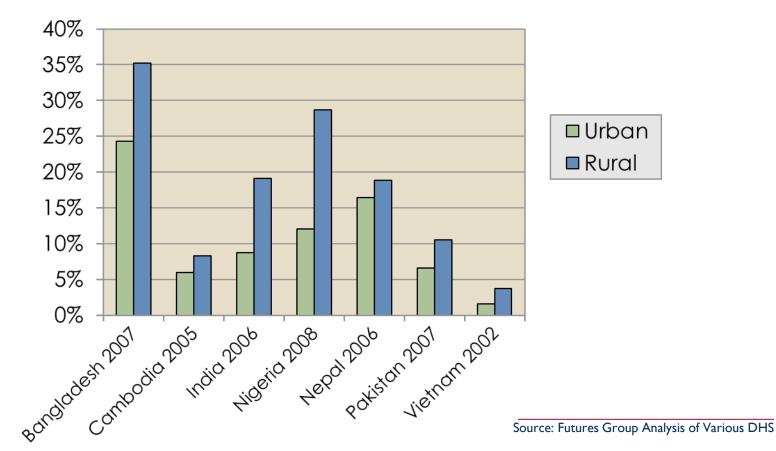
middle

Source: Honduras DHS 2005–2006

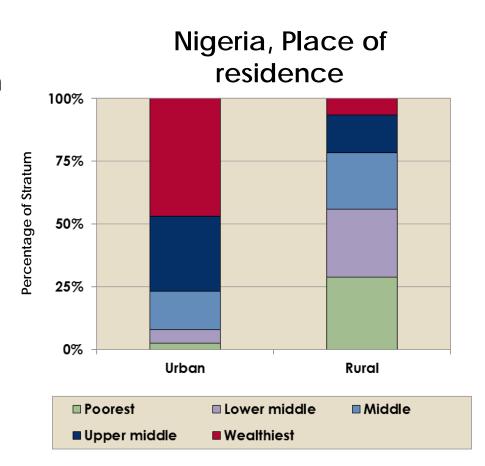
# Other Sources of Inequality

- Place of residence (urban-rural)
- Ethnicity
- Gender

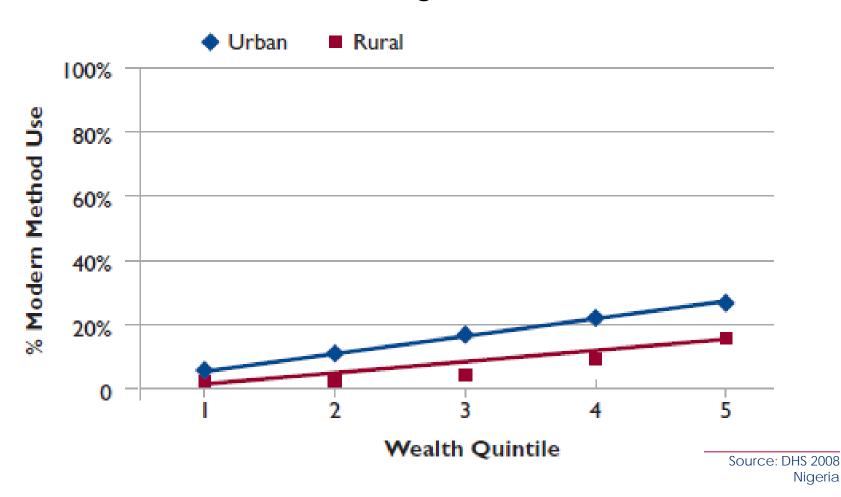
# Percentage of Adolescents Who Have Had Children or Are Currently Pregnant



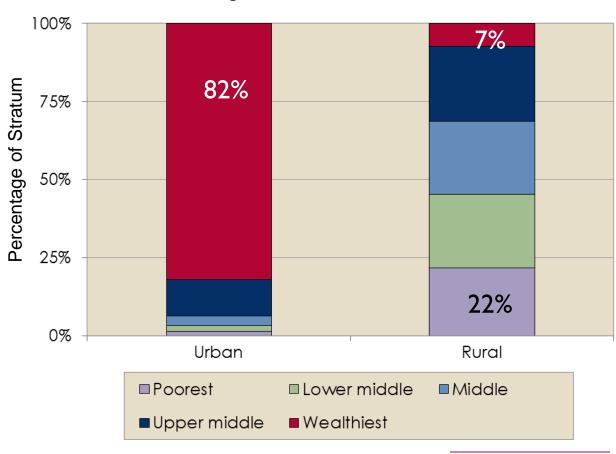
- Wealth and poverty are often strongly linked with the place of residence (urban or rural).
- Comparing the poorest quintile to the wealthiest quintile may be equivalent to comparing urban residents as a whole with the very poorest rural residents.



### Nigeria

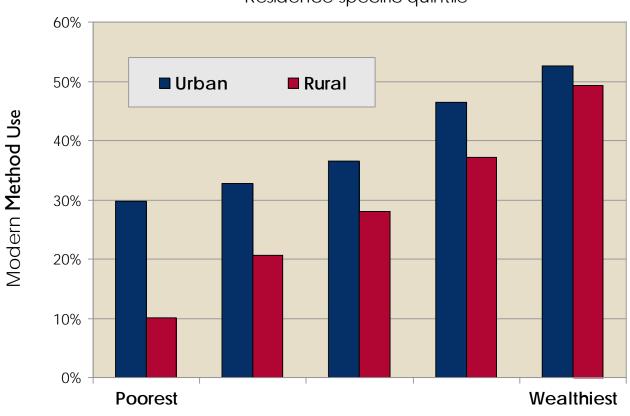


### Kenya, Place of residence



Source: DHS 2008/09 Kenya

**Kenya**Residence-specific quintile



Source: DHS 2008/09 Kenya

# In Summary

### We covered the following:

- 1. How to measure poverty
- 2. How to display findings to illustrate inequities in health
- 3. How to understand and address common data challenges



# Thank You!

## www.healthpolicyproject.com

This presentation was adapted from: Health Policy Initiative, Task Order 1. 2010. "Session 4.1: Quantifying and Analyzing Health Equity." Presentation in *Policy Approaches to Equity in Health Seminar*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development (USAID) under Cooperative Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, the Centre for Development and Population Activities (CEDPA), Futures Institute, Partners in Population and Development Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), Research Triangle Institute (RTI) International, and the White Ribbon Alliance for Safe Motherhood (WRA).

