



Developed with Shelly Birch, Health Science Teacher, Riverwatch Middle School GA

# Health equality vs. health equity

Volume 8 | Gr.6–8

Time required: 1-2 class periods

(This is lesson 2 of 2. Please see "Cultural awareness in healthcare, Vol. 7" for lesson 1.)



## Standards

### STEL-2U

Diagnose a flawed system embedded within a larger technological, social, or environmental system

### MS-HDS-HDSS-1

Demonstrate employability skills required by business and industry



## Materials

- 5-Minute Racism, Diversity, and Identity Activities (SB52825) (optional)

## Objectives

Students will...

- Understand health equality vs. health equity and how it contributes to health disparity
- Understand that reducing health disparities and achieving health equity remains an important goal for our world healthcare system

# Directions

1. Start with a short review on cultural awareness in healthcare. Remind students that having cultural awareness is essential for reducing health disparities in the United States and throughout the world. Review what they learned in lesson 1: Culturally competent care respects diversity in the patient population.
2. Reproduce the “Health equity animated: Equity vs. equality” worksheet on p. 7 for each student. Then, have them watch the 1-minute video “**Health equity animated: Equity vs. equality**” and fill in their worksheets as they watch. Afterward, go over the answers as a class.
3. Then, ask the students the following question: What health disparities or health inequalities do you think exist in the United States? Let several students express their opinions and keep the discussion to five minutes if you are only using one class session for the lesson.
4. Next, divide students into groups of four to discuss disparities in healthcare. Reproduce “Healthcare disparities in the United States” on pp. 5–6 and give one to each group. Tell groups they are going to discuss different health disparities that exist in the United States, and then assign a disparity to each group. Group members should then assign the roles listed at the top of their worksheets.
5. Give groups 10 minutes to read through the disparity they have been assigned and work together to come up with one solution to share with the class. Their presentation can be counted as a formative grade or as an opportunity for students to practice working in groups, taking on specific task roles, and presenting an idea to the class.

**Note:** To extend the racial disparity discussion from #4 in class, use the book, *5-Minute Racism, Diversity, and Identity Activities*.

6. Then, show the following two videos and lead a class discussion on additional ways to become part of the solution to world health disparities.
  - “**After 5+ years, village drill brings water to 23 countries**” – See how a group of engineering students at Brigham Young University in Provo, Utah, built a special pump to drill for fresh water in parts of Africa. (4 minutes)
  - “**A doctor battles health inequality**” – Learn about a student who came from an impoverished neighborhood and became a doctor. Her personal decision was to return to her neighborhood and educate others on how to make healthier decisions.
7. Reproduce the “Disparities in oral health care” article from the Centers for Disease Control and Prevention on pp. 3–4 for every student and assign the reading as homework. Have students discuss the article with friends or family members and come up with one possible solution to the problem. Hold a class discussion about their solutions during the next class period.
8. Ask students to answer a reflective question in their journals for a formative participation grade. Question: How can I be part of a solution to help solve world health equity? Check students’ responses for understanding. Their answers will provide guidance for areas or concepts you may need to reteach.

The nation's oral health has greatly improved since the 1960s, but not all Americans have equal access to these improvements. Some racial/ethnic and socioeconomic groups have worse oral health as a result of the social determinants of health — conditions in the places where people are born, live, learn, work, and play. For example, some groups of people:

- Can't afford to pay out of pocket for dental care, do not have private or public dental insurance, or can't get time off from work to get dental care
- Live in communities where they don't have access to fluoridated water and school sealant programs, healthy foods, and public transportation to get to dental appointments

Regular preventive dental care is essential for good oral health so one can find problems earlier when they are easier to treat, but many don't get the care they need. More people are unable to afford dental care than other types of health care. In 2015, the percentage of people in the United States with no dental insurance was 29% overall and 62% for older adults. Traditional Medicare does not cover routine dental care; therefore, many lose their benefits upon retirement. In addition, many low-income adults do not have public dental insurance. Medicaid programs are not required to provide dental benefits to adult enrollees, so dental coverage varies widely from state to state. Currently, 15 states provide no coverage or only emergency coverage.

Among working-age U.S. adults, over 40% of low-income and non-Hispanic Black adults have untreated tooth decay. Untreated oral disease has a large impact on quality of life and productivity:

- Over 34 million school hours were lost in the United States in 2008 because of unplanned urgent dental care.
- Over \$45 billion is lost in productivity in the United States each year because of untreated oral disease.
- Nearly 18% of all working-age adults, and 29% of those with lower incomes, report that the appearance of their mouth and teeth affects their ability to interview for a job.

## Oral health disparities in children ages 2 to 19

- **Cavities and racial or ethnic groups.** Based on data from 2011–2016, for children ages 2 to 5 years, about 33% of Mexican American and 28% of non-Hispanic Black children have had cavities in their primary teeth, compared with 18% of non-Hispanic White children. For children ages 12 to 19 years, nearly 70% of Mexican American children have had cavities in their permanent teeth, compared with 54% of non-Hispanic White children.
- **Untreated cavities and family income.** For children ages 2 to 5 years, 17% of children from low-income households have untreated cavities in their primary teeth — three times the percentage of children from higher-income households. By ages 12 to 19 years, 23% of children from low-income families have untreated cavities in their permanent teeth, twice that of children from higher-income households.
- **Sealants and family income.** Children ages 6 to 19 years from low-income households are about 15% less likely to get sealants and twice as likely to have untreated cavities compared with children from higher-income households.

Source: CDC, "Oral health disparities," accessed 2/2/22

[cdc.gov/oralhealth/oral\\_health\\_disparities/index.html](https://www.cdc.gov/oralhealth/oral_health_disparities/index.html). Reference to specific commercial products, manufacturers, companies, or trademarks does not constitute its endorsement or recommendation by the U.S. Government, Department of Health and Human Services, or Centers for Disease Control and Prevention.

# Healthcare disparities in the United States

**Directions:** Assign each member of your group one of the following roles for your scenario:

**Facilitator:** Starts the collaboration by reading the problem aloud, keeps everyone focused on the work, and alerts the teacher if the group has any questions or gets stuck

**Recorder:** Takes notes for the team during the work

**Task manager:** Helps the team gather information and keeps track of the time

**Presenter:** Reports results to the class

## Disparity 1: Transportation

Maryann lives and works in the city. She does not have a car, and she uses public transportation to get to places too far to walk. Maryann has been diagnosed with a rare form of cancer. The only appropriate oncologist for her type of cancer is 30 minutes away from the city and is not on the public transportation line. Her doctor's office will cancel the appointment if she arrives later than 15 minutes after her appointment time. Discuss possible solutions to Maryann's transportation problem.

## Disparity 2: Income

Mr. Dawson has been unemployed for six months. He has diabetes and requires daily insulin, which is very expensive. He also has a family of four children. His wife has a job that does not offer health benefits. They use her income to pay the mortgage and pay for food for the family. Discuss possible solutions to help the Dawson family.

## Disparity 3: Education

Mrs. Evans lives in rural Kentucky and grew up in poverty. Mrs. Evans only has a third-grade education. She has several health issues and very poor health habits, including poor dental hygiene and a poor diet. No one ever taught her how to take care of herself in a healthy manner. What are some solutions to help Mrs. Evans?

## Disparity 4: Race and ethnicity

Mrs. Wang immigrated to the United States six months ago. She slipped on some water in her kitchen two days ago and is experiencing a high level of pain in her back. She is afraid to go to the doctor because she speaks and reads very little English. What types of solutions could help Mrs. Wang?

## Disparity 5: Lack of foresight due to privilege

Tim has chosen not to purchase the health insurance available to him through his employer. He is a 28-year-old college graduate. He is healthy, exercises regularly, and has good health habits. Because of his lifestyle, he rarely needs to go to the doctor. His hobby is racing dirt bikes. Tim had an accident during a dirt bike competition and was rushed to the hospital with a severe concussion and several broken bones, including his pelvis. He will be out of work for six months to recover from his accident. What solutions would be helpful for Tim?

## Disparity 6: Housing

The Smith family lives in government housing in the city. There are a lot of issues around the housing complex, including drugs, gang violence, and other illegal activity. The housing that they live in has lead paint, rats and roaches, and mold growing in their bathroom. As a result, the young children in the family have constant respiratory problems. What types of solutions could help the Smith family?

## Disparity 7: Access to doctors

Edith has just been diagnosed with a rare heart disease that requires frequent visits to a cardiologist. Edith lives in a small town in Kansas with one doctor who serves the entire town. Edith's cardiologist is in a city six hours away. Edith has just started a new job that does not allow her paid time off to visit the doctor. What is a solution that could help Edith?

# Video – Health equity animated: Equity vs. equality

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Directions: Follow along with the movie and fill in the blanks.**

Everybody deserves the same opportunity to achieve \_\_\_\_\_.

\_\_\_\_\_ ensures that everybody gets the same thing and

\_\_\_\_\_ ensures that everybody gets the something they need.

Equality says that one size fits all \_\_\_\_\_ for a problem that requires more than one \_\_\_\_\_.

Equity is the quality of being \_\_\_\_\_ and \_\_\_\_\_. Equity speaks to \_\_\_\_\_.

Equity speaks to the actual human condition.

## Health equity animated: Equity vs. equality

**Directions: Follow along with the movie and fill in the blanks:**

Everybody deserves the same opportunity to achieve good health.

Equality ensures that everybody gets the same thing and equity ensures that everybody gets the something they need.

Equality says that one size fits all solutions for a problem that requires more than one resolution.

Equity is the quality of being fair and impartial. Equity speaks to access. Equity speaks to transportation. Equity speaks to understanding. Equity speaks to the actual human condition.