

When measures are taken to address health disparities, equity is achieved.

Social determinants of health: the conditions in which people are born, grow, live, work and age^{4,5}

-  **Environment**
Physical environment, safety, housing, transport, access to safe drinking water, green spaces, leisure facilities and clean air
-  **Economics**
Occupation and employment status, income, debt, medical bills
-  **Education**
Schooling, higher education and training, literacy, languages
-  **Social**
Social support systems, discrimination, community inclusivity, stress, exposure to violence / trauma
-  **Health**
Access, quality, cultural competency of providers
-  **Food**
Food security, nutrition

Abbreviations: **LGBTQIA**, lesbian, gay, bisexual, transgender, queer, intersex and asexual; **FDA**, Food and Drug Administration; **WHO**, World Health Organization.

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Health Equity



1. Definition & underlying factors

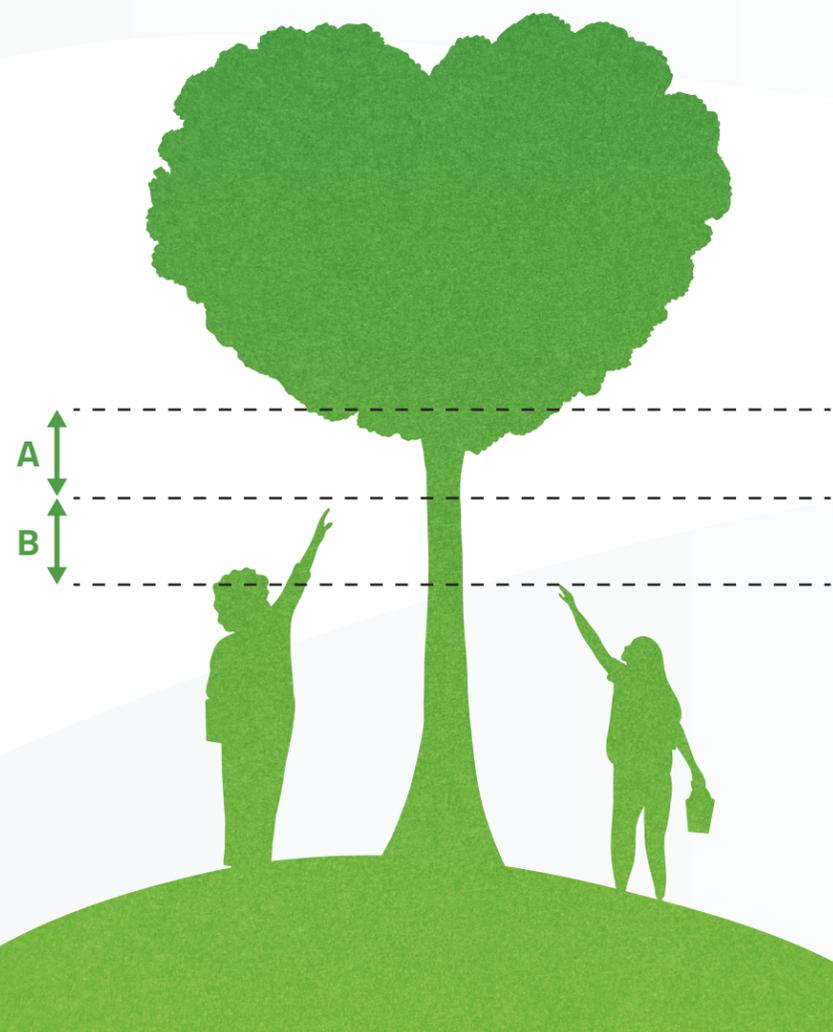
According to WHO, **equity** is the absence of **avoidable, unfair or remediable differences** among groups of people, whether those groups are defined **socially, economically, demographically, geographically,** or by other means of stratification.¹

A. Health disparities

Differences in health related to **social, economic,** and **environmental** disadvantage³

B. Health inequities

Differences in health are that are **unnecessary** and **preventable**, and can be avoided by **reasonable means**²

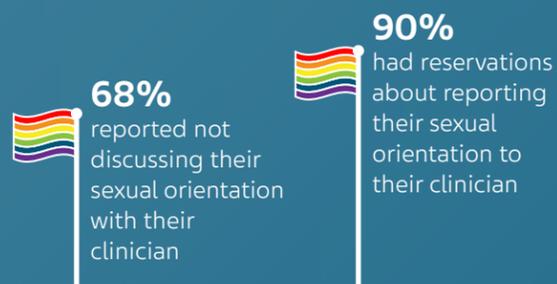


2. Inequity by the numbers

LGBTQIA+ community

Sexual orientation can have an impact on health risks.⁶

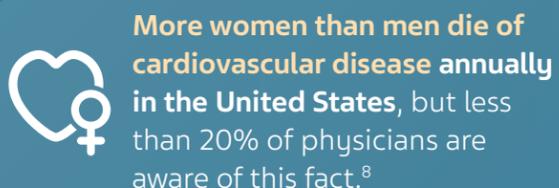
In a survey of LGBTQIA+ youth:⁶



In a systematic review:⁷



Gender

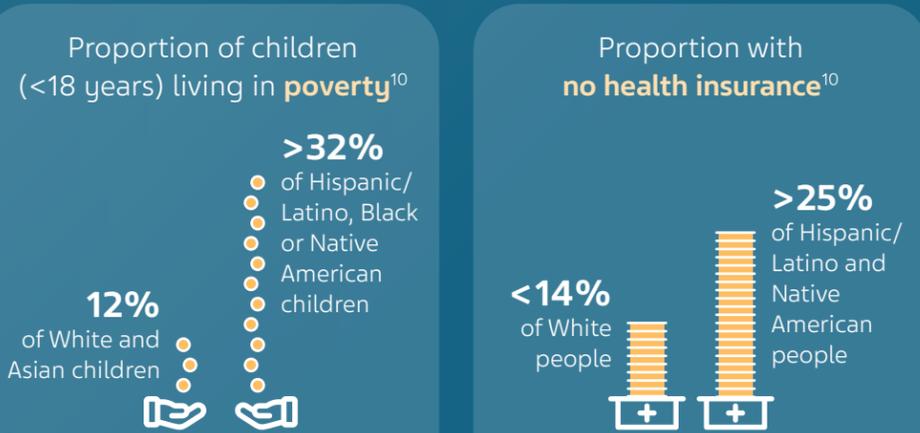


Physicians are more likely to **assign** women with cardiovascular disease to **lower-risk categories** than men.⁸

Ethnicity



In the United States, **health inequities are linked to systemic racism**¹⁰



3. Inequity in research

Representative clinical trials

Better prediction of **real-world patient populations** and contribution to improved patient outcomes¹¹

- Without a representative sample, the **predictivity, generalizability,** and **external validity** of a trial are at risk¹²
- Clinical trials are often not representative of **all racial and ethnic groups**¹³
- There is also lack of representation in the **investigators** and **study staff** who coordinate these trials, which can lead to distrust and hesitancy from potential participants in racial and ethnic minority groups.¹³

Groups that are under-served & barriers to representation in clinical research¹⁸

Demography	Socioeconomic	Health status
Extremes of age Women of childbearing age Ethnic identity Members of the LGBTQIA+ community	Unemployed/low-income Remote location Language barriers Marginalized/stigmatized populations	Mental health Learning disabilities Physical disabilities Obesity Addiction

Health equity at the FDA

In 2010, the FDA established the Office of Minority Health and Health Equity (OMHHE), which aims to promote and protect the health of diverse populations through three main goals^{14,15}

- Increase the amount of clinical trial data available on racial and ethnic minorities
- Strengthen the FDA's ability to respond to minority health concerns
- Promote health and safety communication to minority populations

Statistics

