

Area 4: Health Issues and Populations in Health Promotion Keywords:
4.1 Individual, social, environmental determinants of health

Oral presentation

Title: APPLICATION OF A DISPARITIES MODEL IN EXPOSURE,
SUSCEPTIBILITY AND ACCESS TO HEALTH CARE FOR INFLUENZA
PANDEMICS: IMPLICATIONS FOR PRACTICE AND POLICIES IN A GLOBAL
CONTEXT

Authors:

Sandra Crouse Quinn, PhD (presenter)
University of Maryland
School of Public Health
scquinn@umd.edu
Phone: 301-405-8825
Fax: 301-405-8397

Supriya Kumar, PhD
University of Pittsburgh

Vicki Freimuth, PhD
University of Georgia

Kevin Kim, PhD
University of Pittsburgh

Don Musa, PhD
University of Pittsburgh

Karen Hilyard, PhD
University of Georgia

Stephen B. Thomas, PhD
University of Maryland

In the context of a pandemic, existing social inequalities may place racial and ethnic, and other vulnerable populations, at increased risk for exposure, susceptibility to severe disease and lack of access to adequate care, thereby increasing morbidity and mortality in these populations. In 2009 and 2010 in the US context, we conducted two surveys with nationally representative samples (2009, n=1479; 2010, n=2079), including over-samples of African Americans and Latinos. We developed and tested a model that included measures of ability to social distance, existing health issues that would increase susceptibility to complications of disease if exposed, and access to care including vaccines. In our initial study, we found racial and ethnic differences in exposure, susceptibility and access to care (Quinn et al, 2011). In the second study, we found the

population attributable risk of the absence of workplace policies such as paid sick leave, which increased risk of exposure, is 5 million additional cases of influenza like illness in the general population and 1.2 million cases among Hispanics (Kumar et al, 2012). Results of these studies suggest programmatic and policy changes in the context of the US in order to reduce incidence of disease. We conceptualized a model of social inequalities in India that could lead to unequal levels of illness in a pandemic (Kumar and Quinn, 2011) but this model has not been fully examined for its applicability to a broader global context. This presentation will present the disparities model, and explore its application for health promotion practice and policies in a global context.