DESCRIPTION OF MEASURING HEALTH DISPARITIES SUB-PAGES
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The **Irreducible Minimums** sub-page of MHD addresses the implications, with regard to the measurement approach of the **Solutions** and **Solutions Database** sub-pages, of a situation where an advantaged group's adverse outcome rate reaches a level where it is difficult or impossible to further reduce the rate given the current state of medical knowledge and related factors (a concept termed "minimum achievable level" by other authors). The item explains a modification to the **Solutions Database** to address the issue. The **Cohort Considerations** sub-page addresses limitations on the solution in circumstances where outcome rates are calculated from among persons who have not yet experienced the outcome, as distinguished from outcome rates for the entire cohort that may experience the outcome. These issues are related to those addressed on the **Truncation Issues** sub-page of the Scanlan's Rule page. The **Relative Versus Absolute** page, using as an example a situation where the subject at issue is the degree of employer bias against a particular group, discusses why it is unreasonable to consider opposite conclusions as to the comparative size of disparities based on relative and absolute differences between outcome rates both to be valid.

The **Pay-for-Performance** sub-page discusses issues related to the perceived impact of pay-for-performance on health or healthcare disparities. In the main, in the United States such perception, based on the observed increasing absolute differences in procedure rates for relatively uncommon procedures, is that pay-for-performance will tend to increase healthcare disparities, and that it may be necessary to address such impact by making changes in healthcare disparities an element of any pay-for-performance program. In the United Kingdom, however, the perception, based on observed declining absolute difference between rates of advantaged and disadvantaged/groups for relatively common procedures/favorable outcomes, is that pay-for-performance programs will tend to reduce healthcare disparities. Neither perception has a sound statistical foundation since both involve attributing significance to patterns of changes in absolute differences between rates that, solely for statistical reasons, are generally to be expected during periods of increases in rates that are in the ranges at issue in the studies.

The **Concentration Index** sub-page addresses the way the Concentration Index is affected by the overall prevalence of an outcome. The **Reporting Heterogeneity** sub-page addresses the way perceptions of reporting heterogeneity fail to consider the extent to which observed patterns are functions of underlying distributions. The issues are related to those addressed on the **Illogical Premises** and **Subgroup Effects** sub-pages of **Scanlan's Rule** page.

The **NHDR Technical Issues** sub-page addresses certain technical issues in the National Healthcare Disparities report apart from the central criticism of the measurement approach in the report discussed in various places – *i.e.*, measuring health and healthcare disparities in terms of relative differences between rates without recognizing the way relative differences are affected by the overall prevalence of an outcome.

The **Institutional Correspondence** sub-page discusses the roles of governmental and nongovernmental institutions in promoting flawed research and serves as a repository of correspondence to institutions that are involved in some manner with the appraisal of differences

in outcome rates. Such correspondence addresses with those institutions the problems with standard approaches to such appraisals.