The comment below was posted on journalreview.org on May 31, 2007. In light the closing of that site, the comment is reproduced here.

Understanding expected patterns of changes in absolute differences between rates at which racial or gender groups receive adequate care

Sehgal examined changes in racial and gender disparities in rates of receiving adequate hemodialysis dose during a period (1993-2000) when rates of adequate dose were rising dramatically (from 46% to 87% for whites and from 36% to 84% for blacks; from 54% to 91% for women and from 31% to 82% for men).[1] Relying on absolute differences between rates as a measure of disparity, Seghal finds that the disparities generally declined over the period.

In reaching this conclusion, however, Sehgal failed to consider the ways absolute differences between rates of adequate dose would tend to change solely because of increases in rates of adequate dose. The ways absolute differences tend to change as the overall prevalence of an outcome changes is somewhat complicated, and is explained in other places,[2,3] most fully in a Journal Review comment [4] on Vaccarino et al.[5]. But the rates in the latter years of Sehgal's analyses were in the range where overall increases would be expected to reduce absolute disparities. Whether there occurred any change in disparities that were not solely a consequence of increasing overall rate of adequate dose would require a closer examination.

References:

1. Sehgal AR. Impact of quality improvement efforts on race and sex disparities in hemodialysis. JAMA 2003;289:996-1000.

2 Scanlan JP. Can we actually measure health disparities? Chance 2006:19(2):47-51: http://www.jpscanlan.com/images/Can_We_Actually_Measure_Health_Disparities.pdf

3. Scanlan JP. The misinterpretation of health inequalities in the United Kingdom. Paper presented at: British Society for Population Studies Annual Conference 2006, Southampton, England, Sept. 18-20, 2006: http://www.jpscanlan.com/images/BSPS_2006_Complete_Paper.pdf

4. Scanlan JP. Effects of choice of measure on determination of whether healthcare disparities are increasing or decreasing. Journal Review May 1, 2007: http://jpscanlan.com/images/Vaccarino_NEJM_2005.pdf

5. Vaccarino V, Rathore SS, Wenger NK, et al. Sex and racial differences in the management of acute myocardial infarction, 1994 through 2002. N Engl J Med 2005;353:671-682.