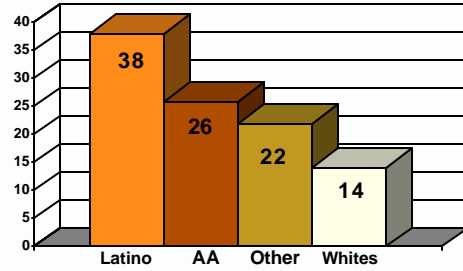


# Creating Health Equity Through Social Justice

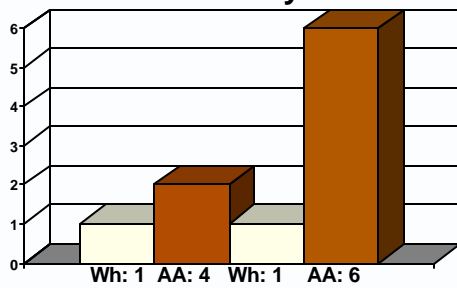
Leadership Development & The Need For Change

Adewale Troutman, M.D., M.P.H.

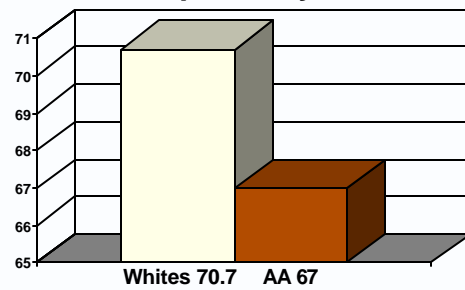
## 16% American Adults without Health Insurance



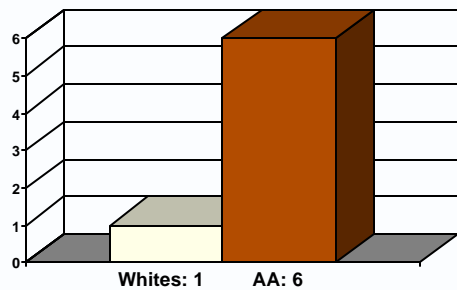
## Infant Mortality Rates



## Life Expectancy of Men



## Homicide rates



## Hypertension rates



### Prostate Cancer Data

- ◆ African American men have the highest incidence & mortality rates in the World secondary to Prostate Cancer
- ◆ Prostate Cancer rate AA man > 2x that of white men
- ◆ African American men 3x more likely to die from prostate cancer than white men in Georgia

### Breast Cancer / Diabetes

- ◆ Breast Cancer incidence & mortality
  - Whites 113.2/100,000 & 25.7/100,000
  - African Americans 99.3/100,000 & 31.4/100,000
  - Latinos 69.4/100,000 & 15.3/100,000
- ◆ Latinos almost twice as likely to die from Diabetes as whites
- ◆ Pima Indians have one of the highest Diabetes rates in the world

### Health

- ◆ “Not merely the absence of disease but the presence of physical, psychological, social economic and spiritual well being.”
- ◆ “The harmonious balance of mind, body and spirit.”

### Socioeconomic Status and Health

- ◆ Occupation
- ◆ Education
- ◆ Income
  - Believed to be the biggest contributor to health status
- ◆ SES as correlate to health outcomes
- ◆ PQLI and literacy

### Socioeconomic Factors

- ◆ Surrogate for Race
- ◆ Must correct for SES when looking at race
- ◆ Prevailing measures imperfect proxies
  - Multiple variations within SES

### SES <sup>(2/4)</sup>

- ◆ Standard measures have different meanings for different races
  - purchasing power will differ between races
  - low SES AA pay more than whites for rent
- ◆ At every level, whites have more assets than blacks
- ◆ Blacks have less valuable homes

### **SES (3/4)**

- ◆ Whites earn 1.5x's than Blacks, possess 4 times as much wealth
- ◆ Blacks more likely to be first generation middle class
- ◆ More likely to be supporting poorer relatives

### **SES (4/4)**

- ◆ Do not capture effect of lifetime exposure to deprivation
- ◆ Lack of childhood prevention may have long term effects.

### **The World As We Know it**

- ◆ The reality of the haves and the have nots
- ◆ The growth of the gap
  - Concentration of wealth in the hands of a shrinking few
  - The immorality and unacceptable nature of a permanent underclass

### **Medical Care**

- ◆ Persistence in Huge Variations in Quality and Quantity of Care
- ◆ AA more than twice as likely to receive care in hospital ER's and clinics where less likely to receive continuity of care (different provider each visit)
- ◆ AA more likely to be dissatisfied with care

### **Medical Care**

- ◆ More likely to receive inadequate information about care, instructions, medication information and information about presenting problem
- ◆ Increased proportion of AA without health insurance (increased from 18-25% in 10 years)

### **Levels of Racism**

- ◆ Personally Mediated: Differential assumptions and about the abilities, motives and intentions of others according to their race that may lead to differential actions towards members of that race

## Levels of Racism

- ◆ Internalized: Acceptance by members of the stigmatized race of negative messages about their own intrinsic self worth (self devaluation, helplessness and hopelessness)

## Levels of Racism

- ◆ Institutionalized: The differential access to goods, services and opportunities of society by race. May be manifested through law, institutional structure, covert or overt privilege & inherited disadvantage

## Excess Deaths

- ◆ 278,440 deaths annually in AA community estimated 80-90,000 excess deaths in 2000
  - Almost 1 in 3 deaths were excess deaths

## Rate of death from Disease

- ◆ African American age adjusted death rates exceeded those for whites
  - By 77% in Stroke
  - BY 47% for Heart Disease
  - By 34% for Cancer
  - By 655% for HIV infection

## The Right to Health

- ◆ Affirmed by:
  - The Covenant of the Rights of the Child
  - The Convention on the Elimination of All Forms of Racial Discrimination
  - Against Women
  - The ICESCR
    - “The right to the enjoyment of the highest standard of physical and mental health.”

## The International Bill of Human Rights

- ◆ The Universal Declaration of Human Rights 1948
- ◆ The International Covenant on Civil and Political Rights 1966
- ◆ The International Covenant on Economic, Social and Cultural Rights ( ICESCR )

**“The time has come  
to herald human rights  
as both the foundation  
of public health  
and the compass of  
public policy”  
- JAPHA 2000**

**The existence of health disparities  
concentrated among specific  
racial groupings  
is a violation of United Nations  
covenants, international  
principles of human rights  
and all principles of  
universal justice.**

### **A Call to Action: Advancing Health For All Through Social and Economic Change**

- ◆ People with higher income enjoy healthier longer life
- ◆ Disease and death rates are higher in populations that have a greater gap in income
- ◆ People are healthiest when they feel safe

### **A Call to Action (cont)**

- ◆ People are healthiest when they feel their job is secure
- ◆ People are healthiest when they feel the work they do is important and valued
- ◆ Discrimination and racism play a crucial role in explaining health status and health disparities.

### **Race and Racism**

- ◆ Health and Health Care Industry suffer same history as other sectors of American Society
- ◆ Examples of Access Limitation secondary to Race
  - CABG, Angioplasty
  - AIDS medications
  - Referrals for Coronary Catherterization
  - Anecdotes

### **Policies For Social Justice, Policies For Health Equity**

- ◆ Short term and long term solutions
- ◆ Short term
  - Attention to symptoms (nutrition, physical activity, cholesterol, access)
  - Creating environment to promote health
- ◆ Long term
  - Empowerment
  - Redistributive policies

### **Policies (2/3)**

- ◆ Expand focus on the effects of public policy on the health of those suffering inequities
  - Welfare reform
  - Housing and development
  - Job development and health insurance
  - Literacy and health outcomes
  - Tax laws
  - Environmental policies

### **Policies (3/3)**

- ◆ Measuring progress through “Social Health Indexing”
- ◆ Living wage
- ◆ Educational reform
- ◆ Attention to short term only will just create a healthier underclass and will not create health equity because there is no social justice

### **What Do We Know**

- ◆ There is a direct relationship between poverty and health outcomes
- ◆ Disparities in Health are Linked to Disparities in Wealth
- ◆ Health equity and social justice are inseparable
- ◆ Racism manifests itself in health disparities

### **What Do We Know (2/2)**

- ◆ This is a Human Rights Issue
- ◆ The Right to Health and Healthcare
- ◆ The Civil Rights Movement Didn't Go Far Enough
- ◆ Disproportionate share of uninsured, unemployed, undereducated
- ◆ Radical gaps in income

### **What To Do**

- ◆ The acquisition of the tools of a systematic human rights analysis
- ◆ Learning the language of human rights
- ◆ Determine best practices for evidence based health policy
- ◆ Balance between promoting and protecting human rights and promoting public health as a national policy

### **What To Do**

- ◆ The integration of human rights education into all levels of academic and professional training of health professionals
- ◆ Partnering with traditional human rights activists
- ◆ Public policy aimed at economic equity
- ◆ Universal coverage and access to high quality single standard of care

## **Transformation**

- ◆ A new paradigm
- ◆ Transformation of self
- ◆ Movement from victim to empowered position
- ◆ Conquer the them vs us mentality
- ◆ The force of self determination

**We need a social revolution based on social justice and health equity supported by sound, sweeping policy aimed at reforming the American system.**

## **PHLI & Leadership Development**

- ◆ The opportunity to change the world view of public health
- ◆ The institution in the mirror
- ◆ Workforce development for social change
- ◆ Healthy people 2010 & health equity
- ◆ Core functions, essential services & social justice

## **PHLI**

- ◆ MAAP & Social Health Indexing
- ◆ Personal growth and development
- ◆ PHLI takes on the challenge of racism
- ◆ Cultural competence(consciousness)
- ◆ The use of the tools of public health in creating health equity through social justice

## **FCDHW**

- ◆ County BRFS
- ◆ Spirituality Module
- ◆ The Holy Alliance
- ◆ The Development of Community Advisory Boards
- ◆ Community Partnerships and Collaborations

## **Health Status & AIDS**

- ◆ 33% premature deaths among AA men due to AIDS and homicide
- ◆ When CVD added, 50% of all premature deaths
- ◆ 1999, 60% all cases of AIDS were in African Americans
- ◆ The case of Oral Health

## HIV/AIDS Data

- ◆ HIV/AIDS: 56% of the >700,000 AIDS cases are either African American or Latino
  - AA 37% but 12 % of population
  - Latino 18% but 13% of population
  - 81% of female cases with and 58% of pediatric cases in AA community
- ◆ In 1999, AIDS accounted for 50% of all AA deaths and 18% of Latino

## Social Justice

- ◆ Health Status inequities are directly related to the continued existence of social injustice
- ◆ The existence of social injustice typified by the continued growth of the gap between the haves and the have-nots, lack of access to services and care ,preventive and curative is unethical and immoral

## Some Final Thoughts

- ◆ The fallacy of improved health for all
- ◆ The recognition of social determinants as the foundation of health
- ◆ SES & racism are key elements of causation
- ◆ There are universal principles
- ◆ Empowerment vs victimization
- ◆ The students role in understanding & change

**A question of ethics,  
practice, justice & equity.**

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