

APHA, Affiliates responding to and Shaping Public Health – Opportunities, Leadership, and Advocacy to Address Health Inequities

ArkPHA • 70th Annual Meeting

Monday, 09 May 2018



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.



JIANN-PING HSU
COLLEGE OF PUBLIC HEALTH

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THANK YOU



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Main Activities of APHA, Public Health Leaders & Partners



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APHA

Working For Your Health
Since Our Founding on
April 18, 1872

We Are The Embodiment Of Public Health & Its History

- APHA is a global **community of public health professionals and the collective voice for the health of the public.**
- APHA is the only organization that **combines 140 years of perspective, a broad-based constituency, and the ability to influence federal policy** to advocate for and improve the public's health.

Public Health Agencies, Leaders, Partners



Public health agencies are **leaders**
& **partners** in their communities,

protecting the public from
health threats & **promoting** health

with **policies** and **programs** that
save lives & make communities healthier.

APHA National Agenda and Shared Priorities



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National Public Health Advocacy Agenda 2017 - 2020

Focused on becoming the healthiest nation (1)

- Defend the Affordable Care Act & expand health insurance coverage (Reauthorize CHIP [DONE]; protect Medicaid & Medicare, prevention fund, stop block grants) – **Reinstate subsidies**
- Build Public Health 3.0 (Leadership, funding, accreditation, data systems)
- Address climate change & environmental needs (lead, other toxic exposures)

APHA National Advocacy Agenda 2017 - 2020

- *Focused on APHA's agenda to become the healthiest nation*
 - Stop regulatory rollbacks (*e.g. nutrition labeling, environmental health, etc.*)
 - Restore cuts from the Public Health Prev Fund
 - Protect women's health & access to reproductive health services
 - Address the next new public health crisis of the day - *OPEN*
 - Continue our health equity work – *racial/ethnic, income, geographic and social discrimination work*

The FY 2018 budget deal reached by Congress and signed by the President

- It is hoped that with the raise in the nondefense discretionary caps for 2 years more are directed to increased funding for the CDC and HRSA
- We are hopeful that this budget deal will protect public health agencies and professionals from the extreme fiscal uncertainty that Congress has fostered since September 2017
- We hope Congress will repeal Prevention Fund cuts, restore to prior funding levels –
- **2012 Nat Academy of Med** report recommended increase federal funding by \$12 billion annually, *a doubling of the FY 2009 federal investment in public health*

Shared Priorities

- Addressing issues surrounding the social and health inequities
 - Support/Participate in Advocacy, Socially Equal, Healthy America
- Increasing the educated/trained workforce at the local, state, national and global levels –
 - *Strengthen PH workforce, Active Education/ Training at Meetings, through other Opportunities*
- Continuing, Developing efforts to build a strong, diverse and sustained leadership pipeline at all levels within APHA

APHA, Public Health Leaders & Partners – Equity and Social Determinants



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On social determinants and inequities

“Why treat people without changing what makes them sick”

Ella Williamson

Director St. Joseph's /Candler

African-American Health Information & Resource Center

11 January 2018

Efficiency - Efficacy

Equality



Equity



The Concept of Health Equity

- Health equity is the fair distribution of health determinants, outcomes, and resources within and between segments of the population, regardless of social standing.
- “Health equity is a desirable goal/standard that entails special efforts to improve the health of those who have experienced social or economic disadvantage”
- Health is necessary to overcome economic/social disadvantages

Source: Working definition from the CDC Health Equity Working Group, October 2007;
Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020

HEALTH EQUITY

- Health Equity is when all people, regardless of who they are or what they believe, have the opportunity to attain their full health potential
- Achieving health equity requires valuing all people equally with focused and ongoing efforts to address inequalities.

Source: Health Equity & Environmental Justice (he & ej) collaborative. Colorado department of public health and environment. Retrieved from https://www.Colorado.Gov/pacific/sites/default/files/heej_factsheet.Pdf

Health Disparities vs. Health Inequities

Population-specific differences in the incidence and prevalence of health conditions and health status.

Differences in health status between certain population groups that are avoidable, unjust, and unfair.

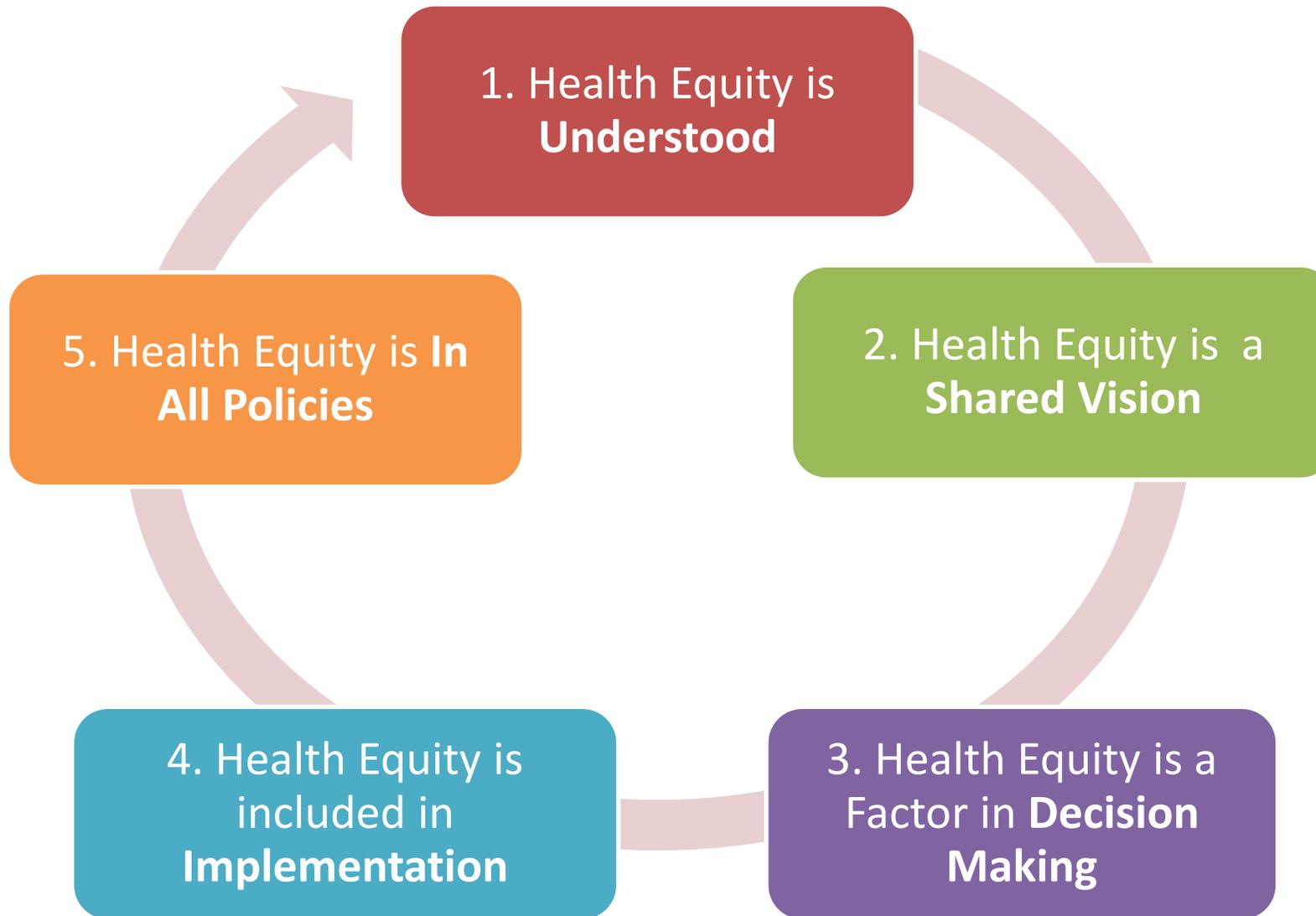
Brings attention to structural inequalities and lack of life enhancing resources – This includes POVERTY as a significant influencer

Source: adapted from CDC, 2010; Whitehead, 1992

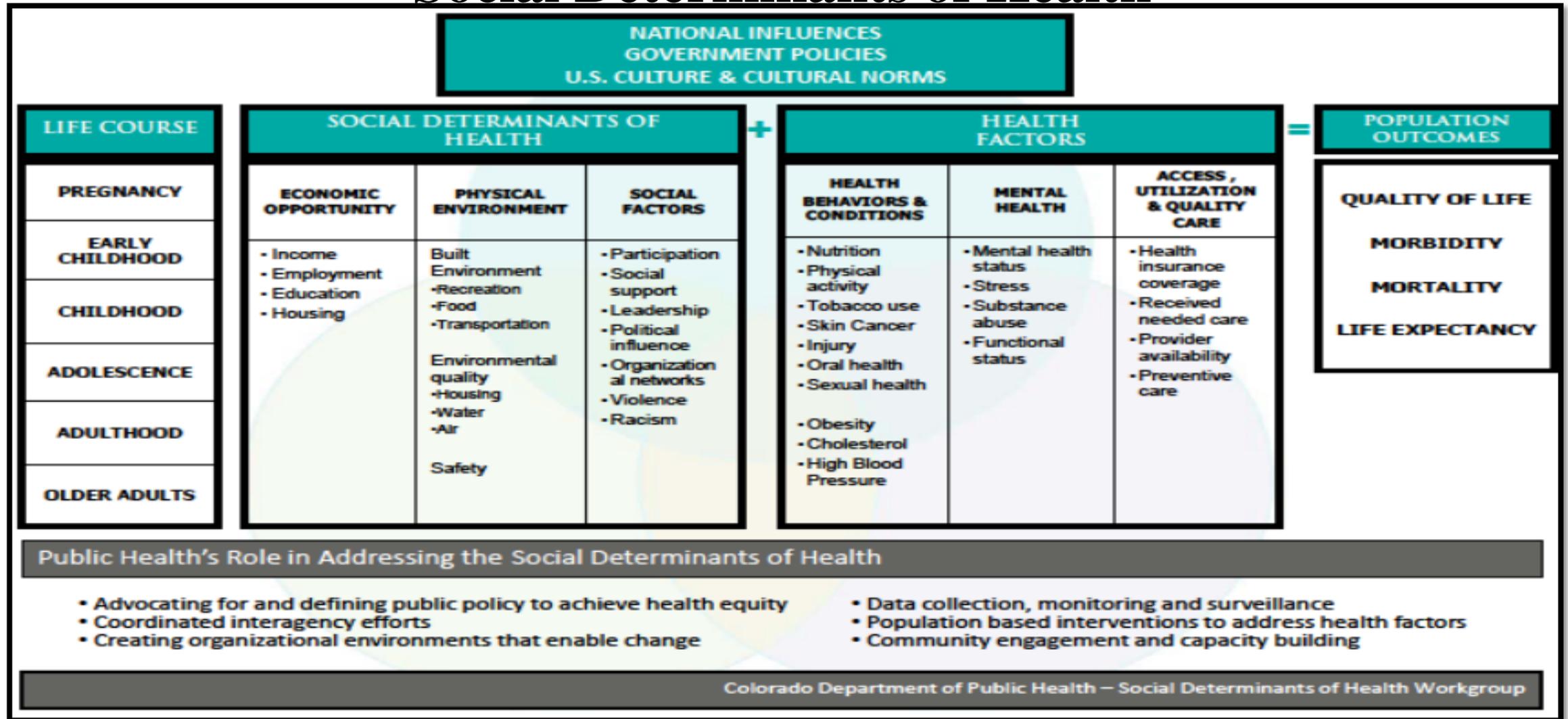
“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”

**Martin Luther King
Associated Press (AP) newsgathering
Saturday, March 26, 1966**

HEALTH EQUITY: VISION TO REALITY



An explanatory Model For Conceptualizing The Social Determinants of Health



Source: adapted from <http://unmfm.pbworks.com/w/file/fetch/76805492/Health%20equity%20and%20environmental%20justice.%20Are%20we%20there%20yet.pdf>

Public health has a vital role in the health equity movement (1)

“Our long-time connections to the communities we serve and our deep understanding of the connections between individual health and community conditions are essential to achieving equity and eliminating health disparities.

Source: G. C. Benjamin, MD 19 May, 2015 in “Health Equity and Social Justice: A Health Improvement Tool”, in [Views from the Field](#), Grant Makers in Health

Public health has a vital role in the health equity movement (2)

However, even within the public health field, making an earnest shift toward health equity means having that “uncomfortable” conversation—we must also look inward and ask how our actions may perpetuate feelings of exclusion among the most vulnerable. How can we build relationships of genuine trust?”

Source: G. C. Benjamin, MD 19 May, 2015 in “Health Equity and Social Justice: A Health Improvement Tool”, in [Views from the Field](#), Grant Makers in Health

Actions to Advance Equity Using Practice (1)

- Your leadership, staff, and department can take the following actions to build a health equity movement:
 - Collaborate with local, regional, state, and national partners from public health and social justice communities to advance health equity, and to help solidify a movement for progressive health equity practice
 - Promote the work of other health departments to make the case for investing in health equity work
 - Work with community organizers to train health department staff on the principles and practices of community organizing
 - Work with community organizers to include a message of health equity in their organizing efforts

Source: Strategic Practices Build a Health Equity Movement from HealthEquityGuide.Org (retrieved January 25, 2018)

Actions to Advance Equity Using Practice (2)

- Your leadership, staff, and department can take the following actions to build a health equity movement, cont:
 - Support increasing the voice and influence of communities impacted by health inequities in policy change
 - Focus on Root Cause Analyses and Solutions, e.g, Role of Poverty
 - Hold provider networks and other public health system partners accountable for advancing health equity
 - Listen and learn from broader social movements to better understand their issues, processes, and narratives, and how they build power and motivate their base

Source: Strategic Practices Build a Health Equity Movement from Health EquityGuide.Org (retrieved January 25, 2018)

APHA Efforts to Promote Health Equity



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Summary of APHA Efforts to Promote Health Equity

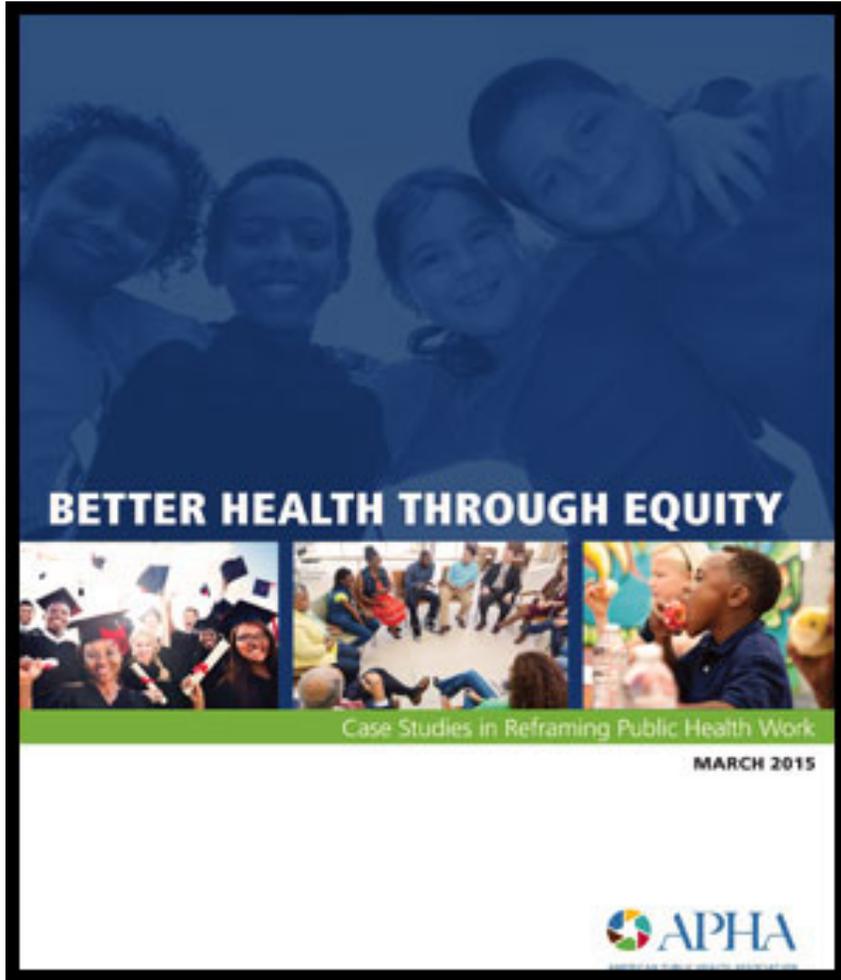
- Promoting Promising Interventions
- Elevating School-Based Health Care and Cross Sectoral Collaboration to Address the Social Determinants of Health and Education
- Training and Preparing the Public Health Workforce
- Staff Development and Capacity Building
- Cross-Sector Collaborations and Partnerships
- Policy Research, Analysis and Dissemination
- Legislative Advocacy

Promising Interventions: Health Equity

Highlights five health agencies' story about transitioning from disparities to equity:

- Multnomah County (Oregon)
- Menominee Indian Tribe (Wisconsin)
- Virginia Department of Health
- Colorado Department of Public Health and Environment
- Texas Department of State Health Services

Source: www.apha.org/topics-and-issues/health-equity

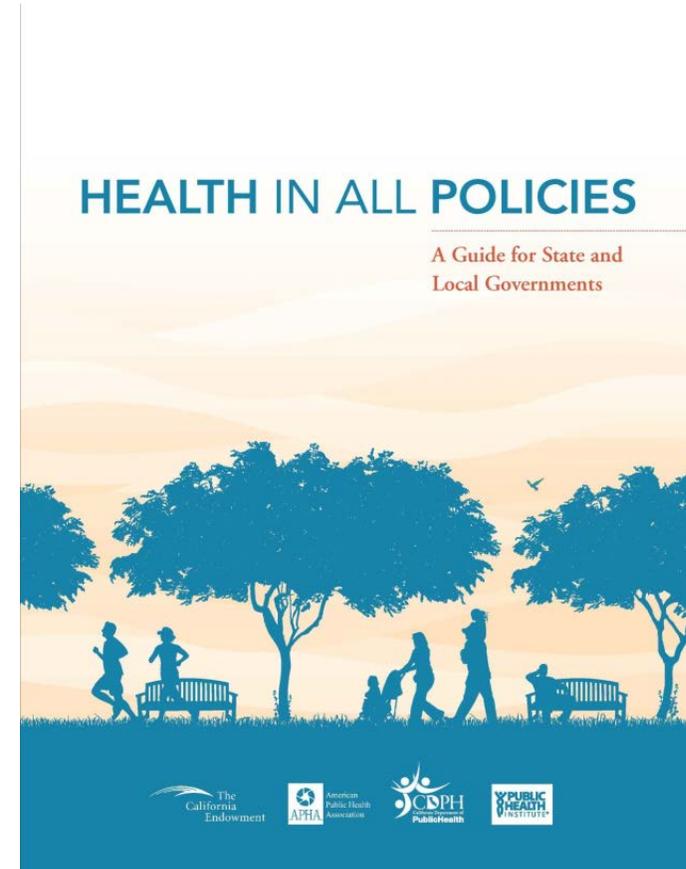


Promising Interventions and Practices

- Violence prevention with CDC and the Prevention Institute.
- Children's Environmental Health Service Accessibility
- WHO, PAHO, Project Hope, Global Health Council partnership to implement best practices in eliminating health disparities.

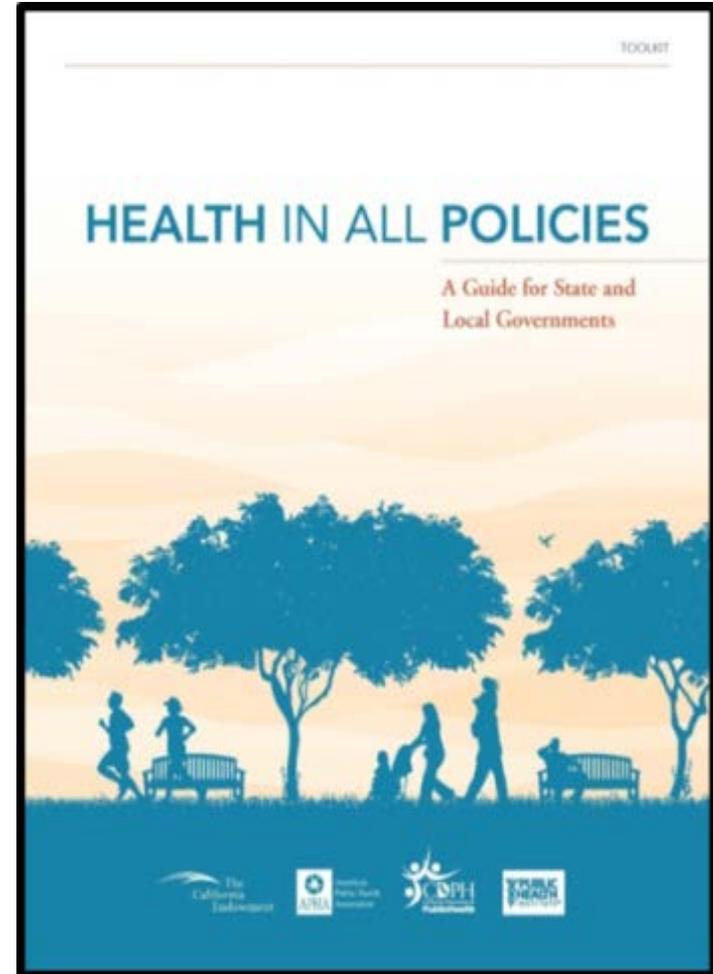
Promising Interventions: Health in All Policies

- APHA, Public Health Institute, California Department of Health
- Extensive guide on promoting health and equity through intersectoral collaboration at the state and local level
- Currently evaluating to determine next steps



Promising Interventions: Health in All Policies

- APHA, PHI, CA HiAP, CDPH: Health in all policies: A Guide for State and Local Governments (2012)
- ASTHO HiAP Policy Guides on Housing, Food, Transportation and Water (2015)
- NACCHO Report: HiAP Experiences of Local Health Departments (2017)
- Extensive guide on promoting health and equity through intersectoral collaboration at the state and local level
- Currently evaluating to determine next steps



Addressing the Social Determinants of Health and Educational Success

- Health and education are two sides of the same coin
- *Healthy People 2020* has an education objective for on time high school graduation
- APHA Center for School, Health and Education advances school-based health care as a strategy for reducing high school dropout.



Training and Preparing the Workforce

- APHA will host a OMH health equity fellow in Summer 2018
- National Violent Death Reporting Surveillance Academy
- Annual Meeting and Exposition – 2018 Theme: *Health Equity Now*
- APHA Learning Institutes
- Work with APHA caucuses and sections to plan activities.
- Work with Partners to identify links between public health quality activities and elimination of health inequities (e.g. CQI, Accreditation, etc.)

Internal APHA Efforts

- “Eliminating Health Inequities” integrated into all Division of Public Health Policy and Practice work.
- Mandatory staff trainings
- Ongoing professional development
 - **Brown Bag Film Series:** Screenings of documentaries and films exploring the social determinants of health and equity (e.g. “Step” and Ava DuVernay’s “13th”, “Death by Delivery”)
- Equity capacity building training for Affiliate and Section members

APHA Cross-Sector Collaborations

- **Transportation and Health**
 - Transportation and Health Tool
 - Health and Transportation toolkit
- **Healthy Eating and Active Living**
 - NAACP
 - National Business Coalition on Health
- **Planning**
 - Plan4Health (APHA and APA)
 - Building Bridges Project (CDC, APHA, APA, and the Georgia Institute of Technology)
 - Built Environment and Public Health Clearinghouse
 - First Health Symposium at 2014 APA Conference
 - New Partners for Smart Growth Steering Committee
- **Housing**
 - Healthy housing standards publication with National Center for Healthy Housing (e.g. asthma, lead, etc.)

Healthy Housing



Partnership with National Center for Healthy Housing to gain further insight on opportunities to pay for healthy homes services through the healthcare system.

Released four case studies (CA, DE, OH, RI) offer insight of working with Medicaid to provide healthy home services by addressing lead exposure and improving asthma control.

<http://www.nchh.org/Program/DemystifyingHealthcareFinancing/CaseStudies.aspx>

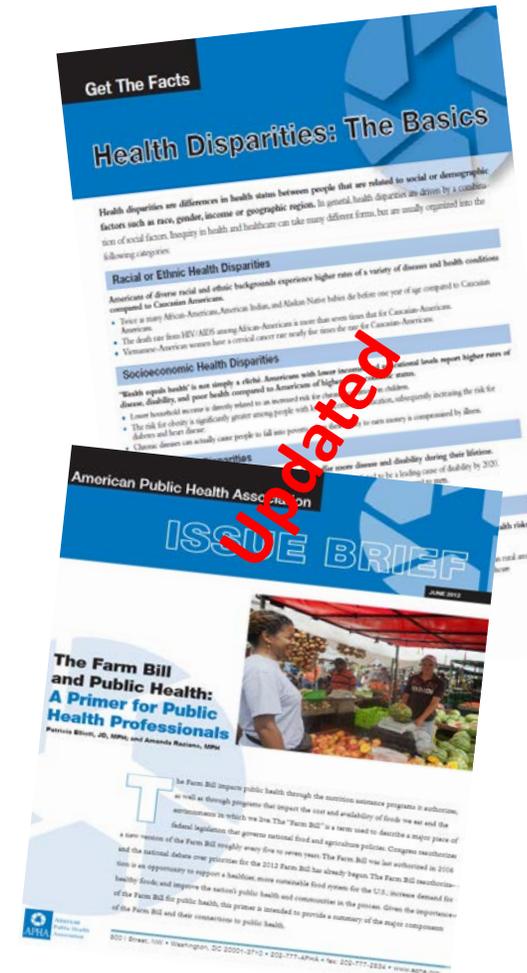
Partnerships

- **Truth, Racial Health, and Transformation (TRHT)** – Convening Health Stakeholders
- **National Collaborative for Health Equity** – Culture of Health Leaders Advisory Committee
- **Historically Black Colleges and Universities (HBCUs)** – Under-reporting of campus sexual assault.
- **National Public and Environmental Health Tribal Health Think Tank** - Work group supported by CDC to characterize priority public health issues facing Tribal communities.
- **Special Olympics** – Intellectual Disabilities, obesity prevention, and equity.
- **Sickle Cell Coalition** – Access to care for Young Adults.

Policy Research, Analysis & Dissemination

New Health Equity Factsheet coming April 2018!

Issues briefs and factsheets on a variety of topics including Health disparities, ACA, Farm Bill, etc



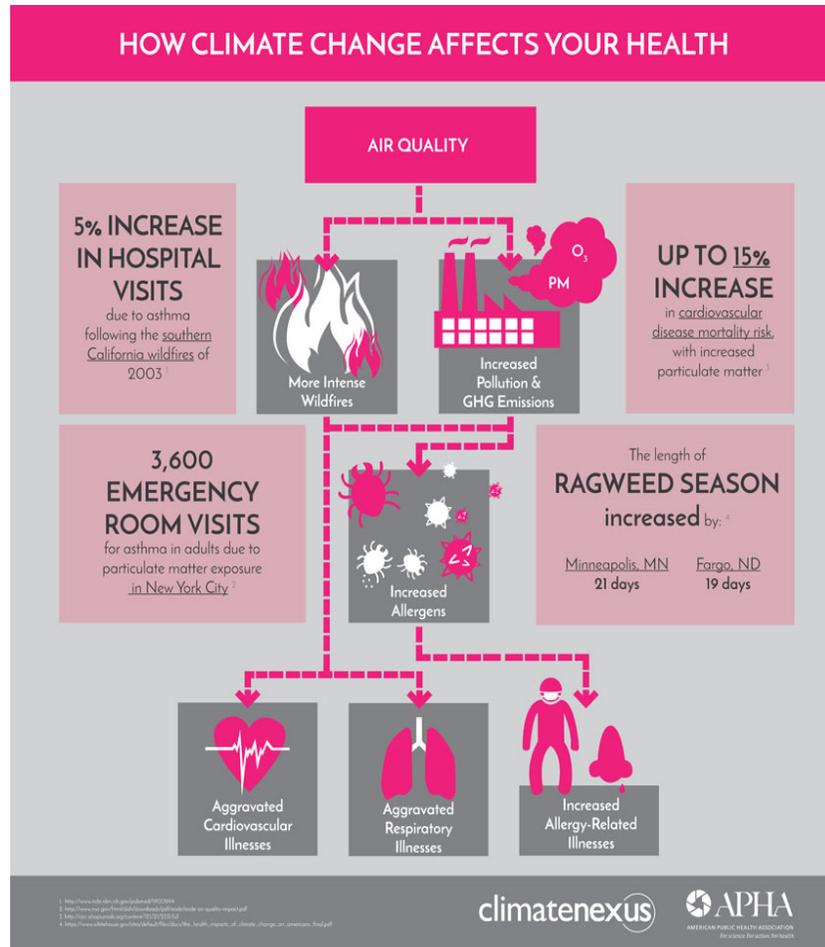
Available at: <http://www.apha.org/advocacy/reports/>



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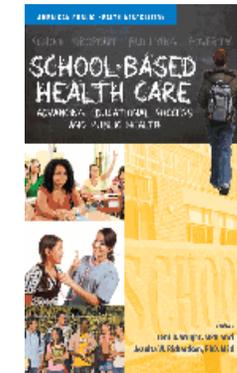
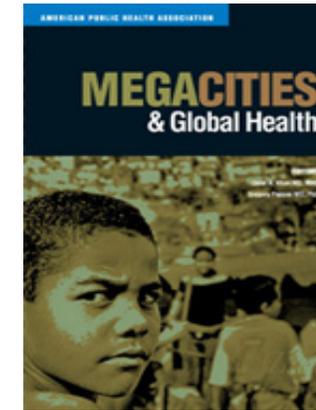
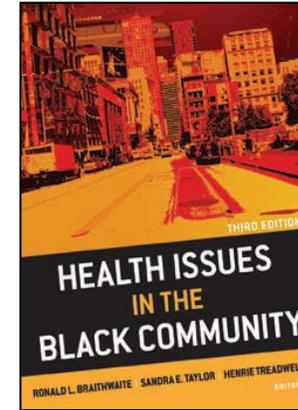
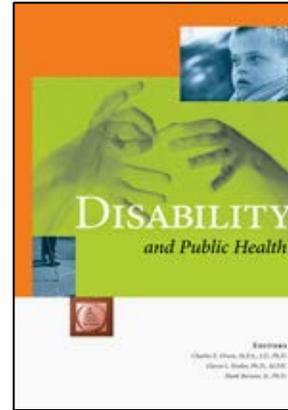
Webinars



- Racism and Health
- Violence and Injury Prevention
- Opioids and Rural Health
- Climate Change
- Transportation
- Built Environment

APHA Press and Other Publications

- **American Journal of Public Health (AJPH):**
 - Native American Mortality
 - Health Disparities in Boys and Men
 - Science of Research on Racial/Ethnic Discrimination and Health
 - Environmental Justice and Research Practice
 - Asian American, Native Hawaiian, and Pacific Islander Health
 - Federal Collection on Health Disparities Research.
 - Environmental and Occupational Justice.



Legislative Advocacy

- Medicaid
- SNAP
- Social Security, SSI
- Child Nutrition
- Health Disparities via Health Reform
- Public Health Prevention Fund
- Violence Prevention
- Farm Bill Reauthorization
- Persons with Disabilities
- Obesity Prevention
- Transportation
- Clean Air Act
- Climate Change
- ESEA
- Many others



Engaging in the Conversation

VIEWS FROM THE FIELD MAY 19, 2015

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Health Equity and Social Justice: A Health Improvement Tool

GEORGES C. BENJAMIN, MD
Executive Director, American Public Health Association

I feel obligated to begin with a warning: this essay may get uncomfortable. It is simply impossible to talk about the roles that racism and discrimination play in the health of our communities without taking a hard look inward—without asking ourselves and our colleagues to think about the ways that our institutions and organizations perpetuate bias and historical trauma. Perhaps more than most fields of work, public health is paved with good intentions, with the worthy goals of alleviating suffering and extending life. But we are at a point in public health history in which good intentions and good science are no longer enough. We must listen more to the people we serve, have uncomfortable conversations, and increase our push for social justice.

Let me explain. Today, the biggest threats to the health and longevity of Americans are preventable diseases. These are the diseases that are burying us in preventable suffering, as well as crippling our communities with mountains of avoidable medical bills. The root causes of many of these health threats are inextricably linked to the social determinants of health and the conditions that shape a person's opportunity to attain good health and adopt healthy behaviors. These social determinants include access to safe housing, good jobs with living wages, quality education, affordable health care, nutritious foods, and safe places to be physically active. They also include racism, discrimination, and bias.

If we travel far upstream to uncover the roots of disease and disability—and by that same token, to uncover the roots of today's persistent health disparities—the roles of racism, discrimination, and bias in perpetuating generational cycles of poor health and risky health behaviors are easier to see. It is easy to see how the blatantly discriminatory policies of our nation's past made it impossible for certain groups of Americans to attain optimal health. What is much harder—and oftentimes uncomfortable—is to realize that the legacy of our history did not disappear with the signing of new laws. It is uncomfortable, but we must continue to confront and acknowledge that history if we truly want to eliminate health disparities and create a nation in which every person has the opportunity to live a long and healthy life.

SOCIAL JUSTICE AND HEALTH: ACHIEVING HEALTH EQUITY

I believe that one of our biggest misconceptions—and perhaps, obstacles—is misconstruing access for equity. Here is

a good example: 50 years ago, President Lyndon Johnson signed the Medicare program into law. A year before, passage of the Civil Rights Act prohibited the use of federal funds by programs or organizations that engaged in racial segregation or discrimination. Combined, the two federal measures led to more than 1,000 hospitals integrating their hospitals and medical staff. Today, every older American has access to the health care system and yet, serious disparities persist. For example, older black Americans still have higher rates of premature death from diabetes and often receive a lower quality of care. They also face a higher risk of disability than older white Americans, while older American Indians and Alaska Natives often face the highest rates of disability among all population groups. Only one-half of older Hispanic Americans have received the pneumococcal vaccine.

Why is this? Why do we continue to see such disparate health outcomes across our communities, despite our efforts to widen access to the best medical care in the world? This is a monumentally important question, especially as the Patient Protection and Affordable Care Act expands access to millions of previously uninsured Americans with an ultimate goal of universal insurance coverage. How do we translate access for all into health for all? The answer is health equity, which is intrinsically linked to acknowledging the long-lasting effects of our history, allowing that acknowledgement to shape our interactions with disadvantaged communities, and actively looking for ways in which our institutions and systems may perpetuate bias and historical trauma.

According to Paula Braveman and Laura Gottlieb in a 2014 article in *Public Health Reports*:

Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged). Health disparities are the metrics we use to measure progress toward achieving health equity. A reduction in health disparities (in absolute and relative terms) is evidence that we are moving toward greater health equity.

Social justice, on the other hand, is defined as "justice in terms of the distribution of wealth, opportunities and privileges within a society," according to the *New Oxford American Dictionary*. Ensuring social justice is therefore one component to achieving health equity.

http://www.publichealthnewswire.org/?p=13658

HOME HEALTH TOPICS FINDINGS ALL THINGS APHA VOICES MEETINGS BLOG

CHECK IN W/ DR. B GUEST POSTS

(Video) Turning our culture of punishment into a culture of prevention

By Dr. Georges Benjamin on Aug 18, 2015 • 1:01 pm

This post was co-authored by APHA Executive Director Georges Benjamin, MD, and The California Endowment President and CEO Robert K. Ross, MD.

The national news is filled with stories about what is wrong with the criminal justice system and how we can fix it. But what's missing from the current debate is a conversation about how our justice system negatively impacts health, particularly the health of children and families of color.

The California Endowment and the American Public Health Association have come together to start this conversation. We have created the video below to explain the role the criminal justice system plays in our health and how California is leading the way in turning our culture of punishment into a culture of prevention.

With Health and Justice for All

0:23 / 3:20

Beginning in the 1900s, we thought harsh sentences would make our communities safer. Instead, our prison population soared, and so did prison spending. Every dollar spent on incarceration is one we couldn't spend on

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- RT @AMUPublicHealth: In 1913, before food deserts were often discussed, APHA studied how income levels affected access to fresh food #IBI http://t.co/3jXfjgOHE, 2 hours ago
- @OHSEPR @PHEgov Thanks for hosting a great chat! #Prep4Moms, 3 hours ago
- RT @womenshealth: AG: Don't forget about our free Nat'l Breathtaking & Women's Health Info Helpline that is open rain or shine! 1-800-994-9662 #Prep4Moms, 3 hours ago
- #Prep4Moms Keeping your baby healthy during a disaster means planning ahead. @GetReady tips http://t.co/p1g5yom3kN http://t.co/1T41xP10L, 3 hours ago
- @Pocodots @PHEgov Yes! Go bags are important for you, your family and your pets! http://t.co/S10SD6j9XQ #Prep4Moms, 3 hours ago

POPULAR TAGS



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APHA, Public Health Leaders & Partners – Collaboration and Advocacy



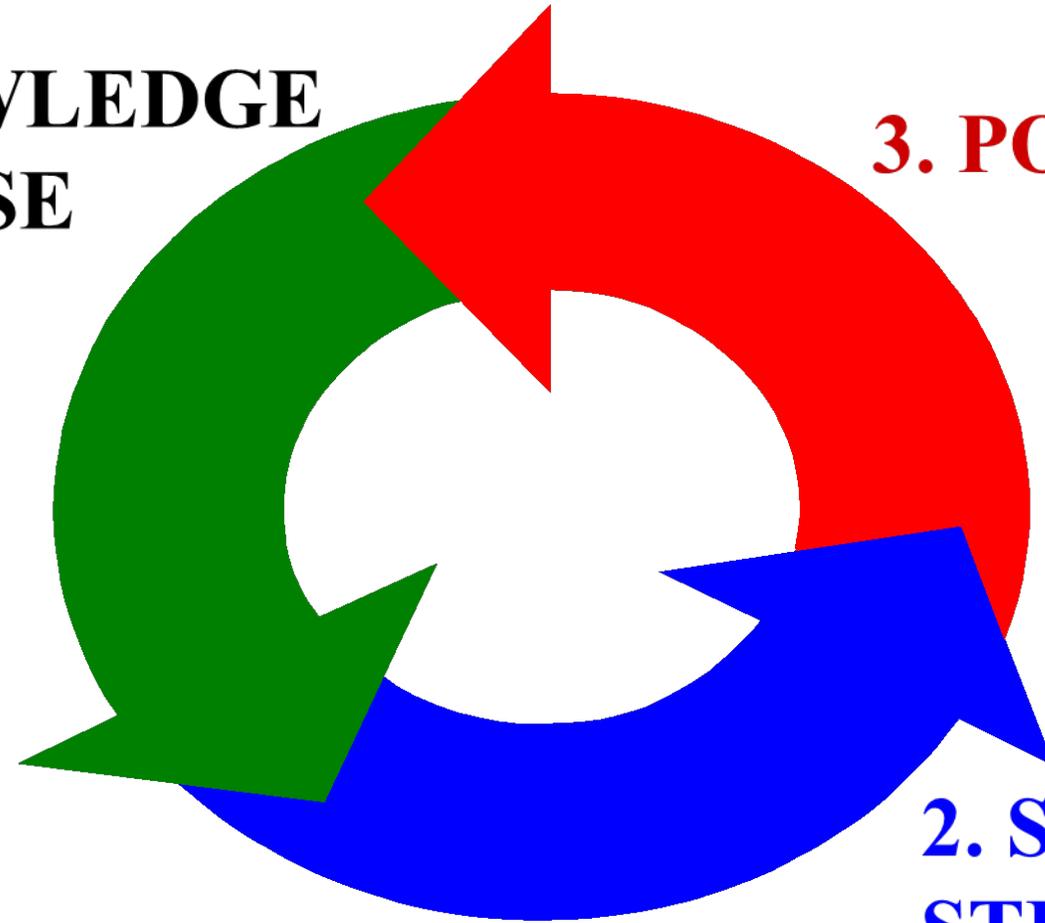
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Shaping Effective Public Health Programs and Policies

**1. KNOWLEDGE
BASE**

**3. POLITICAL
WILL**



**2. SOCIAL
STRATEGY**

“One thing public health professionals have in common is a focus on population-level health...”

“Public health professionals have a major role to play in addressing these complex [**ethical, legal and social**] health challenges, but to do so effectively they must have a framework for action and an understanding of the ways in which what they do affects the health of individuals and populations”

From: “Who will keep the Public Healthy?”, *IOM*
2003

APHA Strategic Plan Summary

The U.S. is ranked 34th globally in life expectancy.

The foundation of all APHA work builds on three overarching priorities:

- Ensure the right to health and health care
- Create health equity
- Build public health infrastructure and capacity

We will achieve our mission if we:



So...Health Is About More Than Healthcare

Figure 2

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Roadmaps to Health: Harnessing the collective power of leaders, partners & community



Joint Call to Action to Promote Healthy Communities

- **Partners:**
 - American Institute of Architects
 - American Planning Association
 - American Public Health Association
 - American Society of Civil Engineers
 - American Society of Landscape Architects
 - National Recreation and Park Association
 - U.S. Green Building Council
 - Urban Land Institute

Promote Healthy Communities
Joint Call to Action

For members of the American Institute of Architects, American Planning Association, American Public Health Association, American Society of Civil Engineers, American Society of Landscape Architects, National Recreation and Park Association, U.S. Green Building Council, and Urban Land Institute.

THE IMPERATIVE FOR HEALTHIER PLACES

Where we live, work, and play has a major role in shaping our health. Rates of chronic diseases attributable to the design of the built environment—including obesity, diabetes, heart disease, and asthma—are on the rise. The built environment also has direct and indirect impacts on mental health, including depression and anxiety. This is true for everyone, but is felt even more among vulnerable populations, who are less likely to have access to nutritious, affordable food and opportunities for physical activity and are more likely to be exposed to environmental pollutants and circumstances that increase stress.

Addressing growing health challenges and inequities requires new partnerships and collaboration between built environment and public health practitioners, and a health-focused approach to landscapes, buildings, and infrastructure. As signatory organizations to this Joint Call to Action, we encourage our combined 450,000 individual members to embrace collaboration across professions to promote healthier, more equitable communities. When professionals in the fields of the built environment and public health work together, we multiply our potential to improve health.

We, the signatory organizations, challenge our members—comprising architects, urban planners, landscape architects, developers, engineers, and professionals from public health, parks, and green building—to do the following:

PARTNERING TO IMPLEMENT THE JOINT CALL TO ACTION

The organizations involved in this Joint Call to Action represent many, but not all, of the individual practitioners who contribute to creating healthy communities. We encourage our members to partner with members of other organizations to facilitate the creation of healthier environments and to make health a primary consideration in land use, design, and development practice.

The American Institute of Architects
APA
American Planning Association
Making Great Communities Happen

APHA
AMERICAN PUBLIC HEALTH ASSOCIATION
For a better life. For a healthier future.

ASCE
AMERICAN SOCIETY OF CIVIL ENGINEERS

AMERICAN SOCIETY OF LANDSCAPE ARCHITECTS

NRPA
National Recreation and Park Association

ULI
Urban Land Institute

Building A Movement For Social Change



We are Generation Public Health

Together, we can create the healthiest nation.

Building a Public Health Movement

- Consumers
- Health Providers
- Academic Community
- Purchasers
- Advocacy Groups
- Business
- Public Agencies
- Consumers & Families
- The Public

Source: APHA

Public Health Outcomes? (1)

- **Resources must be reinvested in a variety of areas that address:**
 - Social determinants of health that are needed for our common security
 - Adequate housing, welfare, social services, education, transportation, bridges and roads
 - Water systems, a public health infrastructure and a variety of key community programs

Source: APHA

Public Health Outcomes? (2)

- Steady stream of resources for public health is necessary to:
 - Ensure multi-sector, multi-component approach with focus on prevention
- Promote healthy communities by focusing on where people live
- Public health must utilize the social strategies we know are necessary to make positive improvements

Source: APHA

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I believe that one of our biggest misconceptions—and perhaps, obstacles—is misconstruing access for equity. Here is

a good example: 50 years ago, President Lyndon Johnson signed the Medicare program into law. A year before, passage of the Civil Rights Act prohibited the use of federal funds by programs or organizations that engaged in racial segregation or discrimination. Combined, the two federal measures led to more than 1,000 hospitals integrating their hospitals and medical staff. Today, every older American has access to the health care system and yet, serious disparities persist. For example, older black Americans still have higher rates of premature death from diabetes and often receive a lower quality of care. They also face a higher risk of disability than older white Americans, while older American Indians and Alaska Natives often face the highest rates of disability among all population groups. Only one-half of older Hispanic Americans have received the pneumococcal vaccine.

Why is this? Why do we continue to see such disparate health outcomes across our communities, despite our efforts to widen access to the best medical care in the world? This is a monumentally important question, especially as the Patient Protection and Affordable Care Act expands access to millions of previously uninsured Americans with an ultimate goal of universal insurance coverage. How do we translate access for all into health for all? The answer is health equity, which is intrinsically linked to acknowledging the long-lasting effects of our history, allowing that acknowledgement to shape our interactions with disadvantaged communities, and actively looking for ways in which our institutions and systems may perpetuate bias and historical trauma.

According to Paula Braveman and Laura Gottlieb in a 2014 article in *Public Health Reports*:

Health equity means social justice in health (i.e., no one is denied the possibility to be healthy for belonging to a group that has historically been economically/socially disadvantaged). Health disparities are the metrics we use to measure progress toward achieving health equity. A reduction in health disparities (in absolute and relative terms) is evidence that we are moving toward greater health equity.

Social justice, on the other hand, is defined as "justice in terms of the distribution of wealth, opportunities and privileges within a society," according to the *New Oxford American Dictionary*. Ensuring social justice is therefore one component to achieving health equity.

http://www.publichealthnewswire.org/?p=13658

Health Equity | apha.org

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(Video) Turning our culture of punishment into a culture of prevention
by Dr. Georges Benjamin on Aug 18, 2015 + 1:01 pm

This post was co-authored by APHA Executive Director Georges Benjamin, MD, and The California Endowment President and CEO Robert K. Ross, MD.

The national news is filled with stories about what is wrong with the criminal justice system and how we can fix it. But what's missing from the current debate is a conversation about how our justice system negatively impacts health, particularly the health of children and families of color.

The California Endowment and the American Public Health Association have come together to start this conversation. We have created the video below to explain the role the criminal justice system plays in our health and how California is leading the way in turning our culture of punishment into a culture of prevention.

With Health and Justice for All

0:23 / 3:20

Beginning in the 1980s, we thought harsh sentences would make our communities safer. Instead, our prison population soared, and so did prison spending. Every dollar spent on incarceration is one we couldn't spend on

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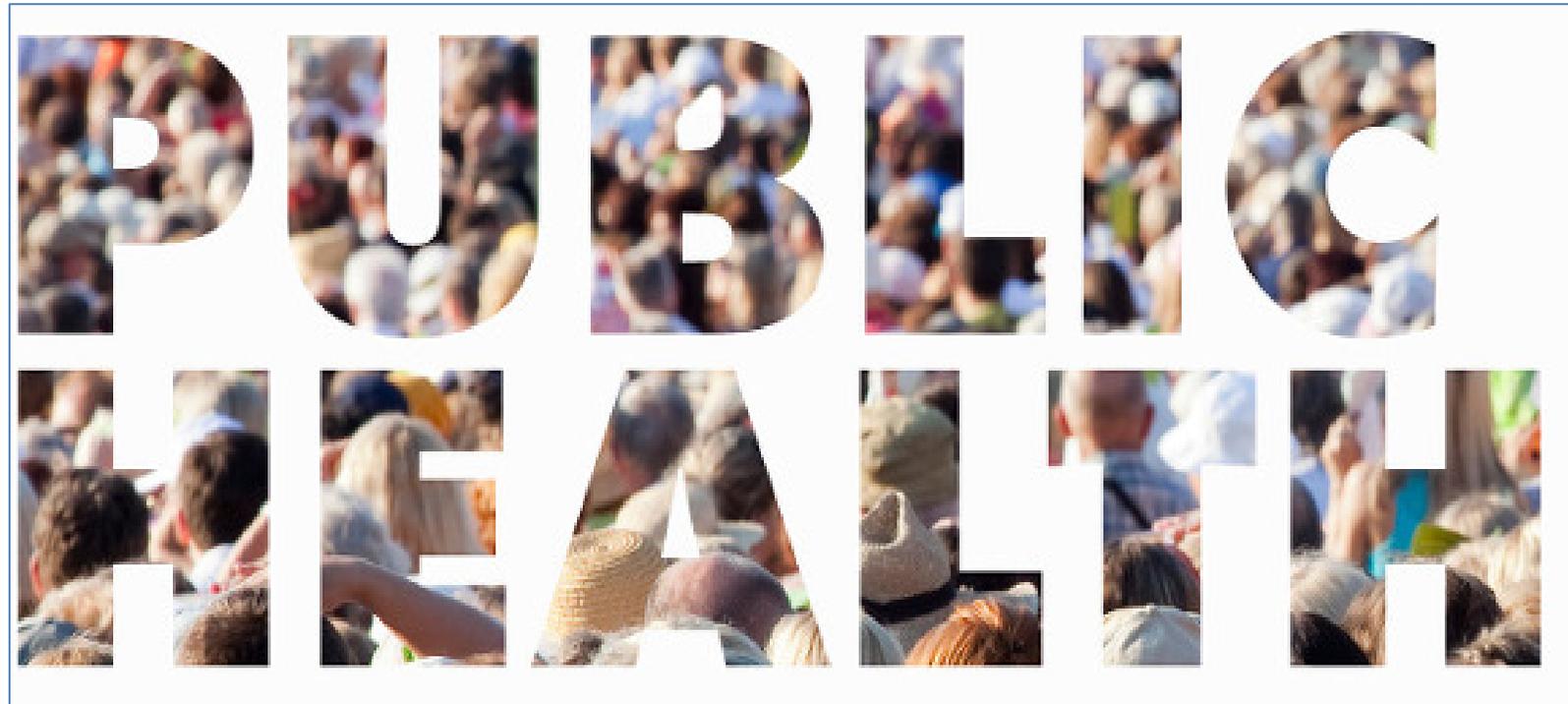
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IN CLOSING



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In Closing - 1

I am reminded by the quote [modified] from the esteem human rights advocate **Mother Theresa** who quoted as saying:

“We ourselves feel that what we are doing is just a drop in the ocean.

But if the drop was not in the ocean, I think the ocean would be less because of the missing drop.”

Reaching Out In Love –
Stories told by Mother Teresa,
Compiled and Edited by
Edward Le Joly and Jaya Chaliha,
2002, p. 122

In Closing - 2

As a message for our time

We, the members of the public health community understand this quote oh so well!!

- It is how we know our work has made a mark in the way our communities and society view and treat our citizens – **Impact**
- We know our work has led to sustained and real change that address many of the health challenges that affect those we advocate for in the short and long run - **Legacy**



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