



Office of Practice and Research



JIANN-PING HSU
COLLEGE OF PUBLIC HEALTH

GEORGIA SOUTHERN UNIVERSITY

Taking Action to Advance Health Equity: Addressing Poverty and the Social Determinants of Health

**13th Annual James E. Clyburn Health Disparities
Lecture**

Monday, April 14, 2022

**University of South Carolina Arnold School of Public
Health**

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A large, stylized graphic on the left side of the slide shows a hand in shades of blue holding a globe. The background is a solid blue color.

THANK YOU



Overview

- **Poverty, Equity and Structural, Social Determinants (PESSD): Definitions, Explanations**
- **PESSD: Poverty and Health**
 - **Domestic and Global: Trends and Influences**
- **PESSD: Diverse Solutions**
- **Summary**
- **Closing**
- **Questions**

**PESSD: - What We Know,
Understand -
Definitions, Explanations**

Inequalities and Relationships to Health

- Longstanding Societal-Structural Inequities we have
 - Tolerated
 - Choose to live with
 - Accepted as is - in our view what is “Normal”
 - Poverty, housing/place, Food - all

*“Health inequalities and the social determinants of health are not a footnote to the determinants of health
They are the main issue”*

From:

Social determinants of Health. 2nd ed .
Oxford, United Kingdom:
Oxford University Press,
2005

“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, governmental, political, economic 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”

They must “Engage multiple sectors and community partners to generate collective impact”

Excerpted With Addition From: *IOM (NAM) 2003 - Who will keep the Public Healthy?*; DeSalvo, et al, 2017) – Public Health 3.0....Challenges of the 21st Century

Question as Applied to How we Define and Experience Health

- Environmental
- Social - Cultural
- Economic
- Political
- Spiritual
- Values and Rights
- Overall Well Being
- Equality - Equity

EQUALITY AND EQUITY ARE NOT THE SAME.

Equality **Equity**

To achieve **EQUITY**, some members of our community need **MORE**, not **EQUAL**, access to:

- healthcare
- safe parks
- job opportunities
- housing
- education
- healthy food
- youth programming
- behavioral health support
- and more

THE PLACES WE LIVE, WORK, AND PLAY MAY MAKE IT HARDER TO MAKE HEALTHY CHOICES, WHICH LEADS TO **INEQUITY.***

IN MERCED COUNTY, INEQUITY LEADS TO:

- Limited access to healthcare
- High rates of diabetes and heart disease
- High rates of substance abuse

ALL IN for HEALTH
MERCED COUNTY
Growing equity

FOR MORE INFORMATION AND TO GET INVOLVED, VISIT
www.allinforhealthmercedcounty.org

*The Health Gradient, adapted from Making Partners: Intersectoral Action for Health 1988. Proceedings and outcome of a WHO Joint Working Group on Intersocroal Action for Health, The Netherlands.

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

So HEALTH EQUITY is

- When all people, regardless of who they are, where they are from or what they believe, have the opportunity to attain their full health potential (**Social Determinants**)
- Achieving health equity requires valuing all people equally with focused and ongoing efforts to address inequalities (**Social Determinants**)
- Achieving Minimization/Elimination of entrenched patterns in the political, governmental and economic spheres that create, reproduce, and sustain inequalities (**Structural Determinants**)

Sources: Whitehead, 1990; Braverman, 2006; Dutta, 2015; 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, 2030

Structural Inequality (1)

- Is a system of privilege created by institutions within an economy.
- These institutions include the law, business practices, and government policies.
- They also include education, health care, and the media.
- They are powerful socializing agents that tell us what we can achieve within the society
- Structural inequality occurs even in a free market economy because of the laws and policies that form it
- They create advantages for some and disadvantages for others
- When the laws work against specific groups, inequality becomes part of the structure of the society.

Source: [Paraphrased from] Amadeo, 2019

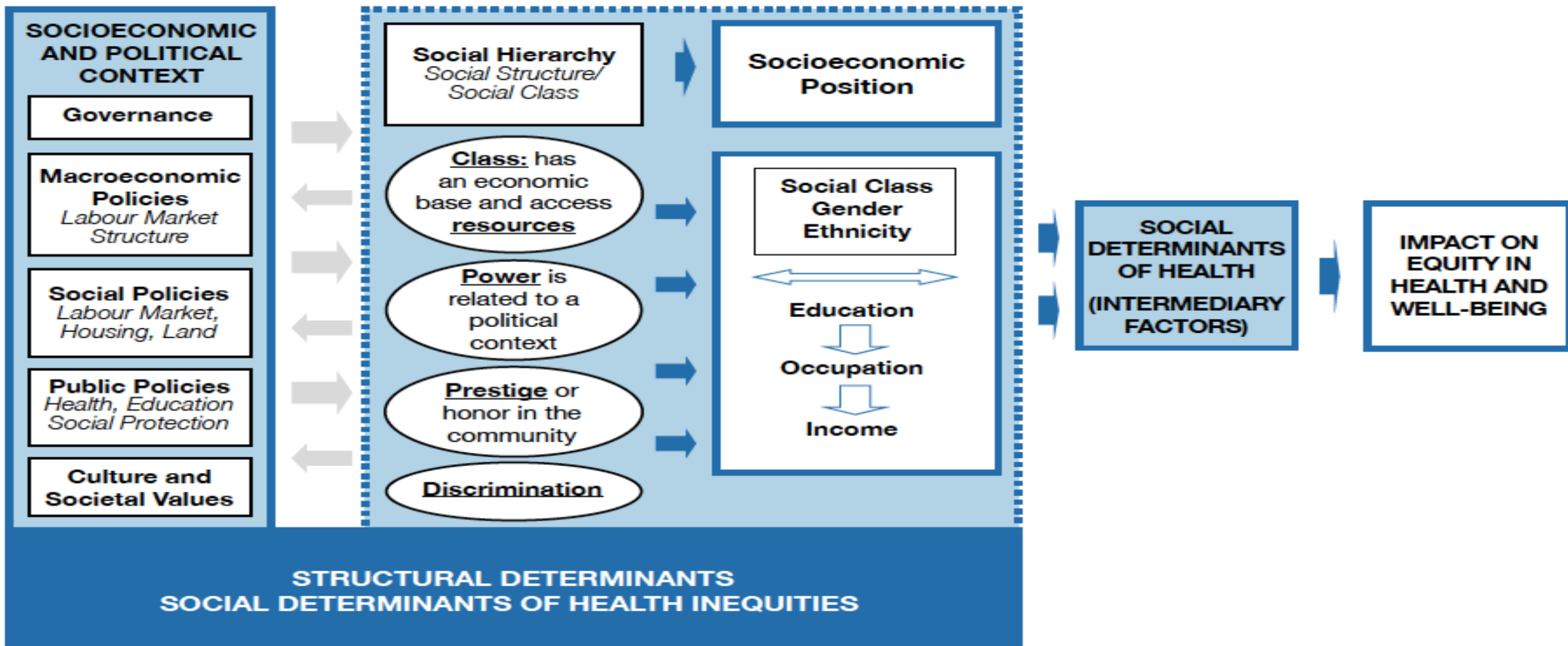
Structural Inequality (2)

Seven major forms of structural inequality.

- Education
- Housing
- Health care
- Race
- Gender
- Media
- Geography

Source: [Paraphrased from] Amadeo, 2019

Structural Determinants of Health



Source: http://www.who.int/social_determinants/corner/en/

Understanding Burden

- Health Equity and Health Disparities are intertwined
 - Cannot have Equity without Justice
 - Health Equity means Social Justice in Health
 - Health disparities are the metric used to measure progress toward achieving health equity
 - A reduction in health disparities [**Burden**] is evidence of moving toward greater health equity

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

**Martin Luther King
Associated Press (AP) newsgathering, 2nd
Annual Convention of the Medical
Committee for Human Rights
Saturday, March 26, 1966**

On Structural and Social Determinants & Inequities

“Why treat people’s illnesses without changing what made them sick in the first place?”

*World Health Organization’s Commission on Social
Determinants of
Health Final Report (2008)*

Poverty and Health



What Is Poverty?

- **Poverty is** a state or condition in which a person or community lacks the financial resources and essentials for a minimum standard of living
- **Poverty means** that the income level from employment is so low that basic human needs can't be met
- **Poverty-stricken people** and families might go without proper housing, clean water, healthy food, and medical attention
- **Each nation** may have its own criteria for determining how many of its people are living in poverty

From: Chen, Investopedia January 24, 2022

Addressing Poverty

- Poverty is a complex, multifaceted problem that can be overcome only through a comprehensive set of innovative policies and effective reforms.
- Tackling poverty requires a national and global commitment toward building human capital, harnessing the economic power of that investment, and providing a safety net when jobs are scarce or individuals are simply not intellectually or physically capable of economic self-sufficiency.
- It means a commitment to addressing the causes and consequences of poverty throughout the life course.

Adapted Source: Anderson K.L., Kearney M.S., and Harris, B.H., 2014

Why it is important?

- Increased Health issues
- Increased exposure to social and environmental risks
- Health Disparity – Place and Person
- A Major Component of **Power** is **Economic Capital**
- Economic Discrimination, Racism, Power Imbalance and Bias
- Realities – Social, Policy
 - Displacement and gentrification as a result of progress
 - Those effected are often not those who make the decisions

Domestic Poverty and Health

2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

Persons in family/household	Poverty Guidelines
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
For families/households with more than 8 persons, add \$4,480 for each additional person.	

The 2020 poverty guidelines are in effect as of January 14, 2020.

Poverty in the United States (1)

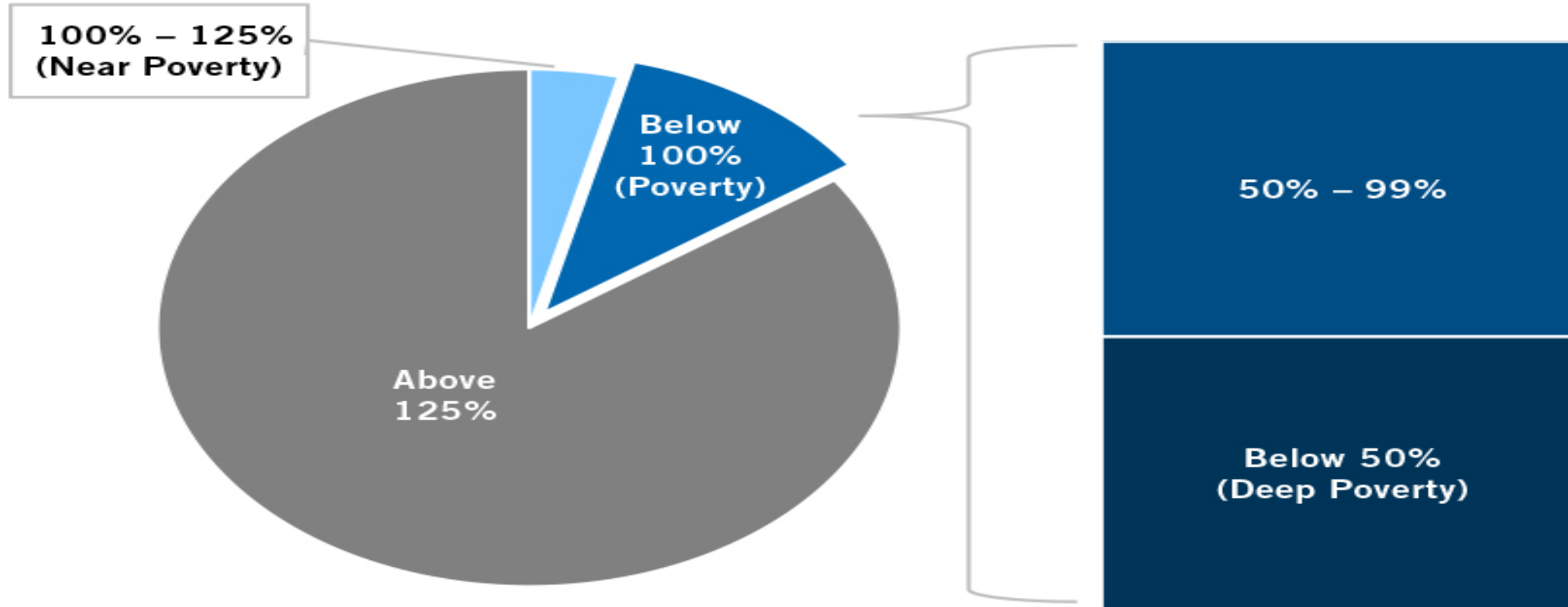
- The United States has the highest overall level of inequality of any rich Organization for Economic Cooperation and Development (OECD) nation at the beginning of the 21st century.
- The official poverty rate is 11.8% percent, based on the U.S. Census Bureau's 2018 estimates.(center for poverty research, 2018)
- The poverty rate fell from 12.3% in 2017, while the number of persons in poverty declined from 39.6 million to 38.1 million, 1.4 million fewer people than 2017

Poverty in the United States (2)

- In 2018, for the first time in 11 years, the official poverty rate was significantly lower than 2007, the year before the most recent recession
- Since 2017, poverty rates for children under age 18 decreased 1.2 percentage points to 16.2 percent

Over 11 percent of the population lives in poverty, and nearly half of those in poverty live in deep poverty

POPULATION AT VARIOUS INCOME-TO-POVERTY RATIOS



SOURCE: United States Census Bureau, *Current Population Survey, 2020 and 2021 Annual Social and Economic Supplements*, September 2021.
NOTES: Deep poverty is defined as family income below one-half of the poverty threshold. The income-to-poverty ratio is reported as a percentage that compares income with the applicable poverty threshold.

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PGPF.ORG

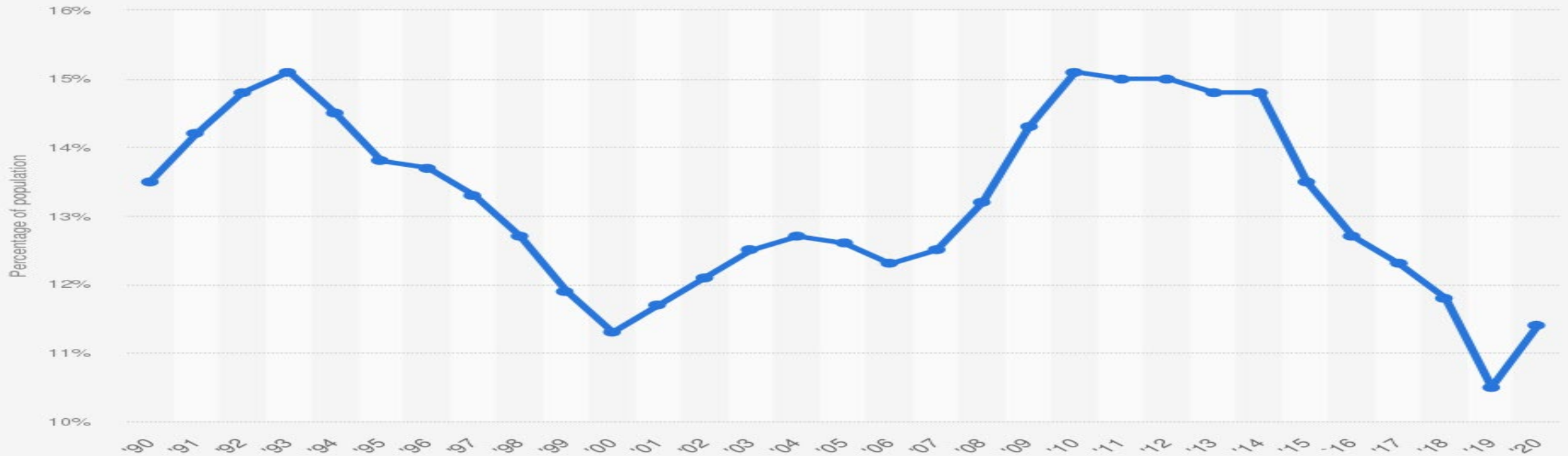
Overall Poverty Rates by Age 2016 - 2020

- The poverty rate for adults aged 65 and older was 9.0 percent in 2020, not statistically different from the rate in 2016.
- **The official poverty rate in 2020 was 11.4%, up from 10.5% in 2019.**
- This is the first increase in poverty after five consecutive annual declines
- Between 2016 and 2020, the poverty rate for children under age 18 declined from 19.7 to 16.1 percent.
- The poverty rate for adults aged 18-64 declined from 12.4 to 10.4 percent.

Source: U.S.. Census, 2020

The COVID-19 Effect on Poverty

Poverty rate in the United States from 1990 to 2020



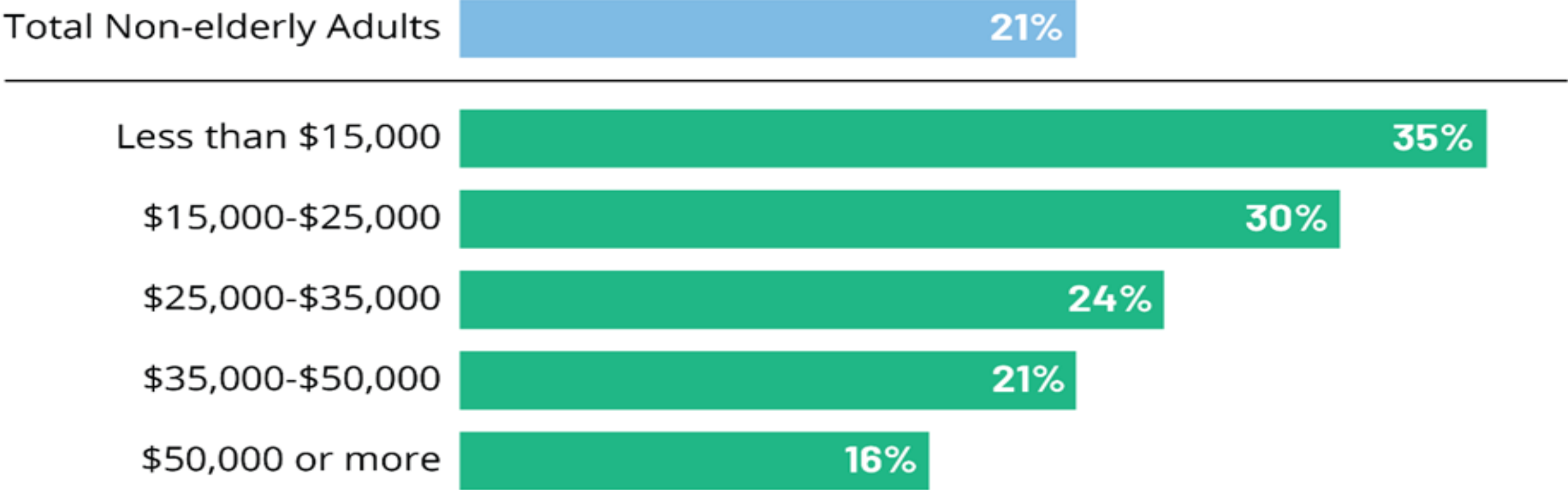
Source
US Census Bureau
© Statista 2021

Additional Information:
United States: 1990 to 2020

From: "Income and Poverty in the United States: 2020." - 37.2 million people in the U.S. lived in poverty in 2020, up from 33.9 million in 2019. U.S. Census Bureau.

People in Lower-Income Households are At Higher Risk of Serious Illness if Infected with Coronavirus

Share of Adults Ages 18-64 at Higher Risk, by Household Income:



Source: Kaiser Family Foundation (2018)

Top 10 Poorest States in the U.S.

The official poverty rate in 2020 was 11.4%, up from 10.5% in 2019. This is the first increase in poverty after five consecutive annual declines.

New Mexico
18.2%

Arkansas
16.2%

Mississippi
19.6%

Louisiana
19%

Alabama
15.5%

Georgia
13.4%

South Carolina
13.8%

Kentucky
16.3%

West Virginia
16%

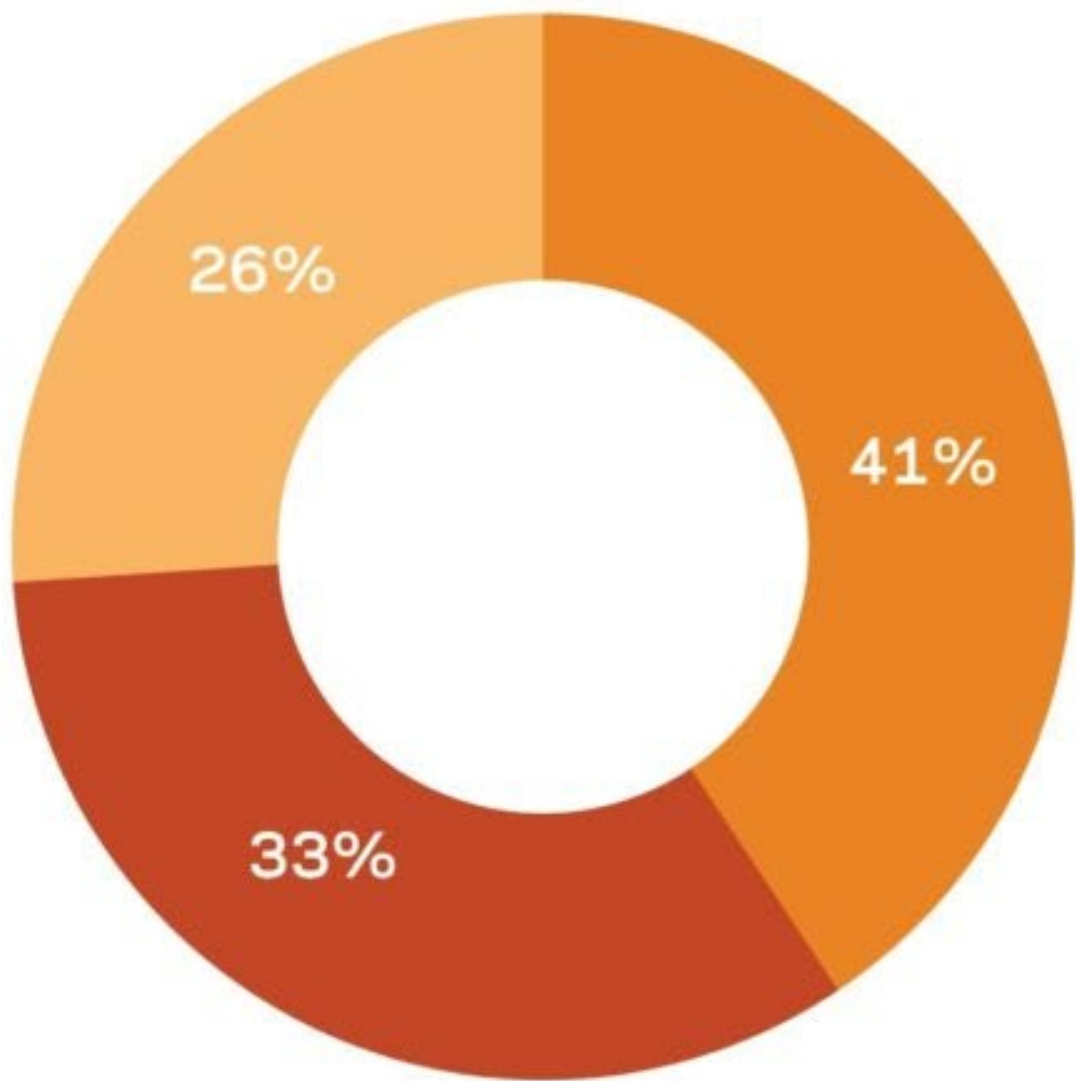
District of Columbia
14.6%

Source: U.S. Census Bureau
Income and Poverty in the United States: 2020
Three-year average from 2018-2020.

 Friends Committee
on National Legislation
Lobbying with Quakers

fcnl.org

Status of high-poverty neighborhoods in 2018 relative to where they were in 1980



- Newly poor
- Deepening poverty
- Persistent poverty

Newly poor: rate < 20 % in 1980, >=30% in 2018
Deepening poverty: rate >=20% and <30% in 1980, >=30% in 2018
Persistent poverty: rate >=30% in 1980, >=30% in 2018
Turned around: rate >=30% in 1980, <20% in 2018

Source: EIG analysis of U.S. Census data and 5-Year American Community Survey estimates

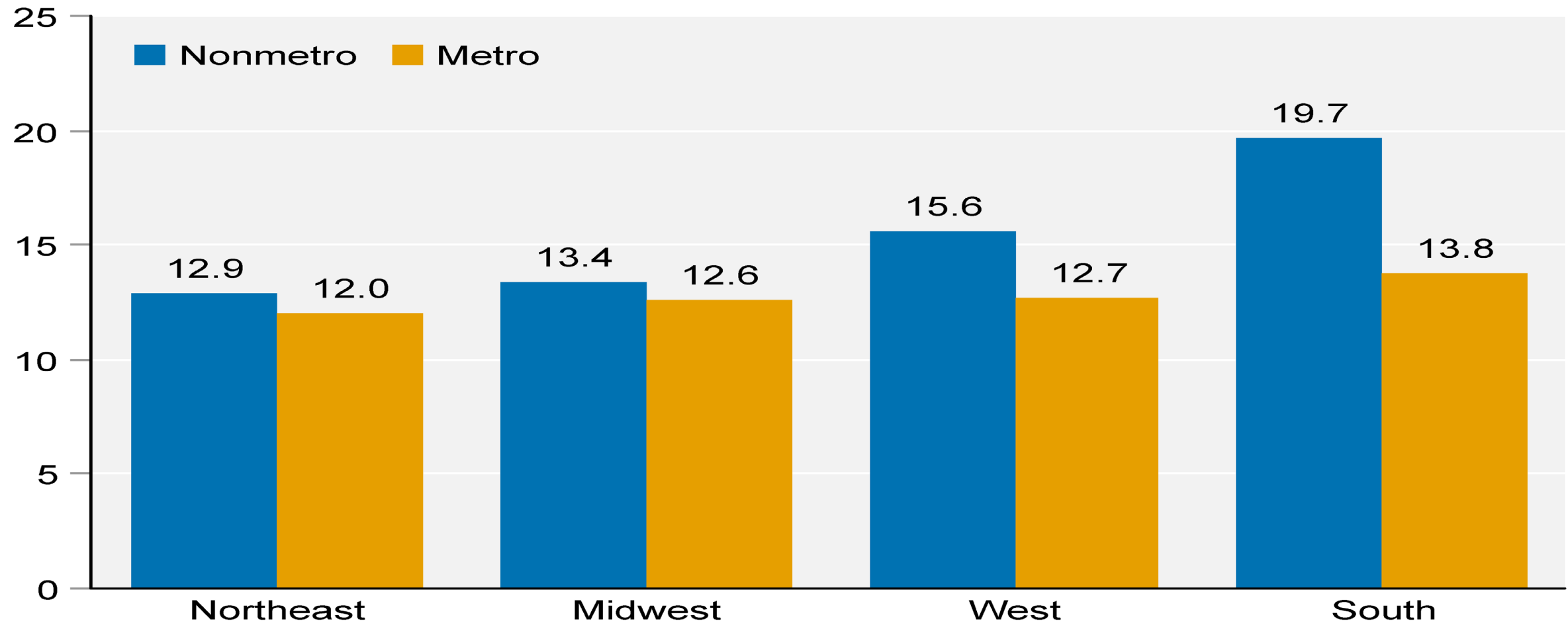
Poverty and Neighborhoods

- From 1980 to 2018, nearly 4,300 neighborhoods, home to 16 million Americans, crossed the high-poverty threshold (a 30 percent poverty rate or higher)
- Alongside these new high-poverty neighborhoods, 2,134 neighborhoods, home to 6.8 million people, were persistently high poverty.
- In total, two-thirds of metropolitan neighborhoods that were high poverty in 1980 were still high poverty in 2018.
- It is rare for an initially high-poverty neighborhood to ever become low poverty.
- In the past 38 years, just 14 percent of neighborhoods that were high poverty in 1980 had turned around (flipped to low poverty) by 2018.

Source: Benzow and Fikri, 2020

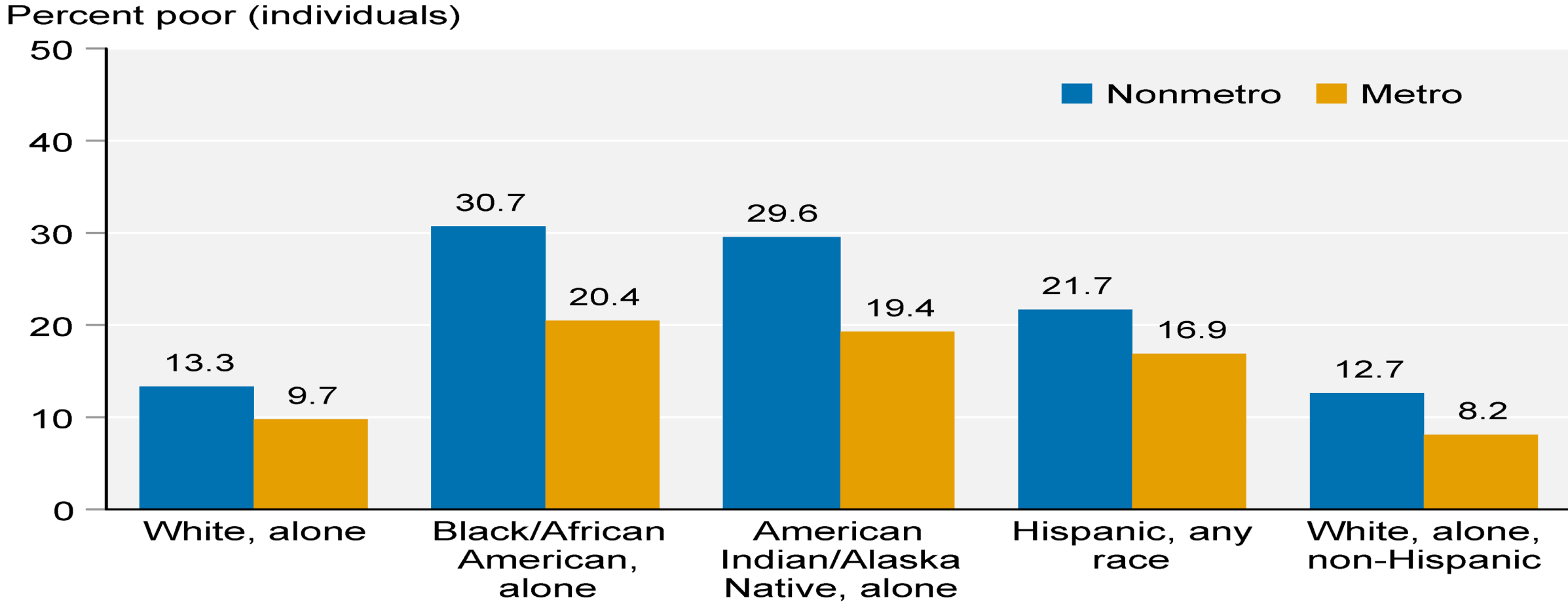
Poverty rates by census region and metro/nonmetro status, 2015-19 average

Percent poor



Source: USDA, Economic Research Service using U.S. Department of Commerce, Bureau of the Census, American Community Survey 5-year average county-level data for 2015-19 and 2018 Office of Management and Budget nonmetro/metro county designations.

Poverty rates by selected race/ethnicity and metro/nonmetro residence, 2019



Note: "Alone" indicates a single answer to the race question; Hispanics may be any race. "White, alone, non-Hispanic" are individuals who responded "No, not Spanish/Hispanic/Latino" and who reported "White" as their only entry in the race question. Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, annual American Community Survey, 2019.

Rural Alabama – Lowndes Co (2017)

- Persistent poverty, poor sanitation, and an environment suitable for the hookworm life-cycle in some regions of the southern United States
- Lowndes County, Alabama, has long time been known to have a “high hookworm burdens, degree of poverty, and use of open-sewage systems” McKenna, et al (2017)
- McKenna, et al (2017) found that, individuals living in this high-risk environments within the United States continue to have stool samples positive for **N. americanus - commonly known as the New World hookworm**
- “Gastrointestinal parasites known to be endemic to developing countries are identifiable in American poverty regions...”

Source: Stilley R. (2016).The Environmental Justice Movement. <https://www.nrdc.org/stories/environmental-justice-movement>



Source: Stillely R. (2016). The Environmental Justice Movement. <https://www.nrdc.org/stories/environmental-justice-movement>

San Francisco, CA: Inequality in 2 Photographs



Source: Upworthy.com (11-19-2019): San Francisco Fillmore Distract High End Homes and Stores; Tenderloin area Homeless people sleep in the pews at St Boniface Catholic Church.

BENZOW AND FIKRI 2020....1

- “The real story is that high-poverty neighborhoods have proliferated over the past few decades and added to the country’s large stock of persistently poor places.
- Both trends have held despite long periods of national prosperity, despite the hard work of countless community stakeholders, and despite a plethora of well-intentioned programs intended to reverse the tides.
- This is, in part, evidence that the policy commitment to poor places has been piecemeal and inadequate.
- The decade of economic recovery since the Great Recession has now ended.
- Vast sums of dollars and good intentions have been poured into the country’s poorest neighborhoods over the past several decades.

BENZOW AND FIKRI 2020....2

- The findings presented here suggest that the resources have been insufficient compared to the scale of the task at hand and relative to the other forces at work in the U.S. economy that make it hard for places that fall into poverty to climb back out again.
- With another economic crisis of unprecedented nature now underway, the need to forge new tools for community revitalization is more acute than ever.”

Benzow and Fikri

The Persistence Of Neighborhood Poverty

Examining the power of inertia and the rarity of neighborhood turnaround

across U.S. cities

MAY 2020

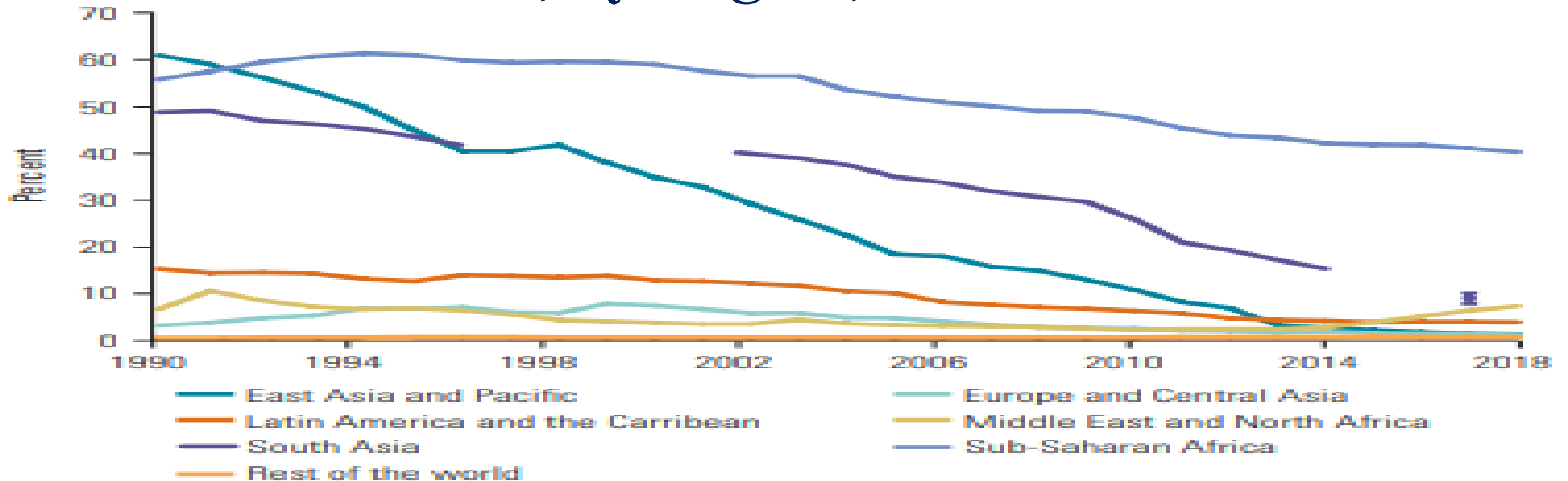
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Global Poverty and Health



Global Poverty – What We Know (1)

Trends in Poverty Rates at the US\$1.90-a-Day Poverty Line, by Region, 1990–2018



Source: PovcalNet (online analysis tool), World Bank, Washington, DC, <http://iresearch.worldbank.org/PovcalNet/>.

Note: Lined-up poverty estimates for South Asia are not reported for 1997–2001 and after 2014 because of a lack of population coverage (see box 1.2 on India and annex 1A in chapter 1 of this report). For South Asia in 2017, a range [7.7; 10.0] is reported, as described in box 1.2 in chapter 1 of this report.

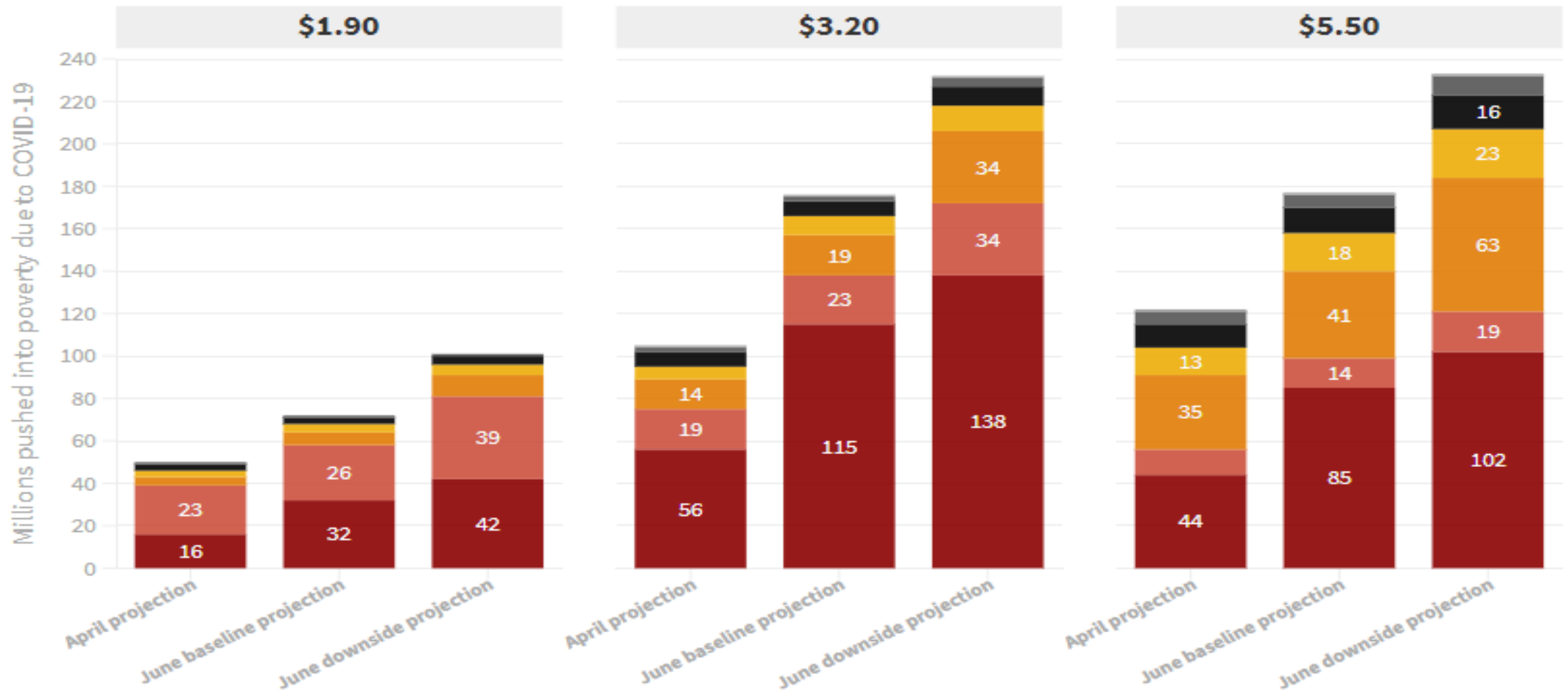
Global Poverty – What We Know (2)

- Extreme poverty is increasingly concentrated in sub-Saharan Africa. About 40% of the region's people live on less than \$1.90 a day.
- Extreme poverty rates nearly doubled in the Middle East and North Africa between 2015 and 2018, from 3.8% to 7.2%, mostly because of crises in Syria and Yemen.
- The global extreme poverty rate fell to 9.2 percent in 2017, from 10.1 percent in 2015.

Source: World Bank, October, 2020

The Regional Distribution of the COVID-19-Induced Poor

■ South Asia
 ■ Sub-Saharan Africa
 ■ East Asia & Pacific
 ■ Latin America & Caribbean
 ■ Middle East & North Africa
 ■ Europe & Central Asia
 ■ North America



Source: [Lakner et al. \(2020\)](#), PovcalNet, Global Economic Prospects

Global Poverty – What we Know (3)

- 1.3 billion people in 107 developing countries, which account for 22% of the world's population, live in multidimensional poverty or MP (See UN SDGs and Global MP Index [MPI] 2020)
- 644 million children are experiencing multidimensional poverty.

Source: World Bank, October, 2020; Alkire and Jahan, 2018 (SDGs - MPI)

Global Poverty – What we Know (4)

- **MPI** is important in the discussion of Social and Structural Inequities –
 - Looks beyond income to understand how people experience poverty in multiple and simultaneous ways in *105 countries covering 77 percent of the global population*.
 - It identifies how people are being left behind across three key dimensions: health, education and standard of living, comprising 10 indicators.
 - **It includes** nutrition, child mortality, years of schooling, school attendance, cooking fuel, sanitation, drinking water, electricity, housing, and assets.
- If a person is *experiencing deprivation in three or more of these standards*, then he or she is **multi-dimensionally poor**.

Source: World Bank, October, 2020; Alkire and Jahan, 2018 (SDGs - MPI)

San Paulo, Brazil: Inequality in a Photograph



Source: Tuca Vieira (2020) Paraisópolis favela next to its wealthy neighbour, Morumbi, symbolize the gap between São Paulo's rich and poor.

“The biggest enemy of health in the developing world is poverty.”

Kofi Annan
Part of Address to the
UN World Health Assembly
17 May 2001

PESSD: Diverse Solutions



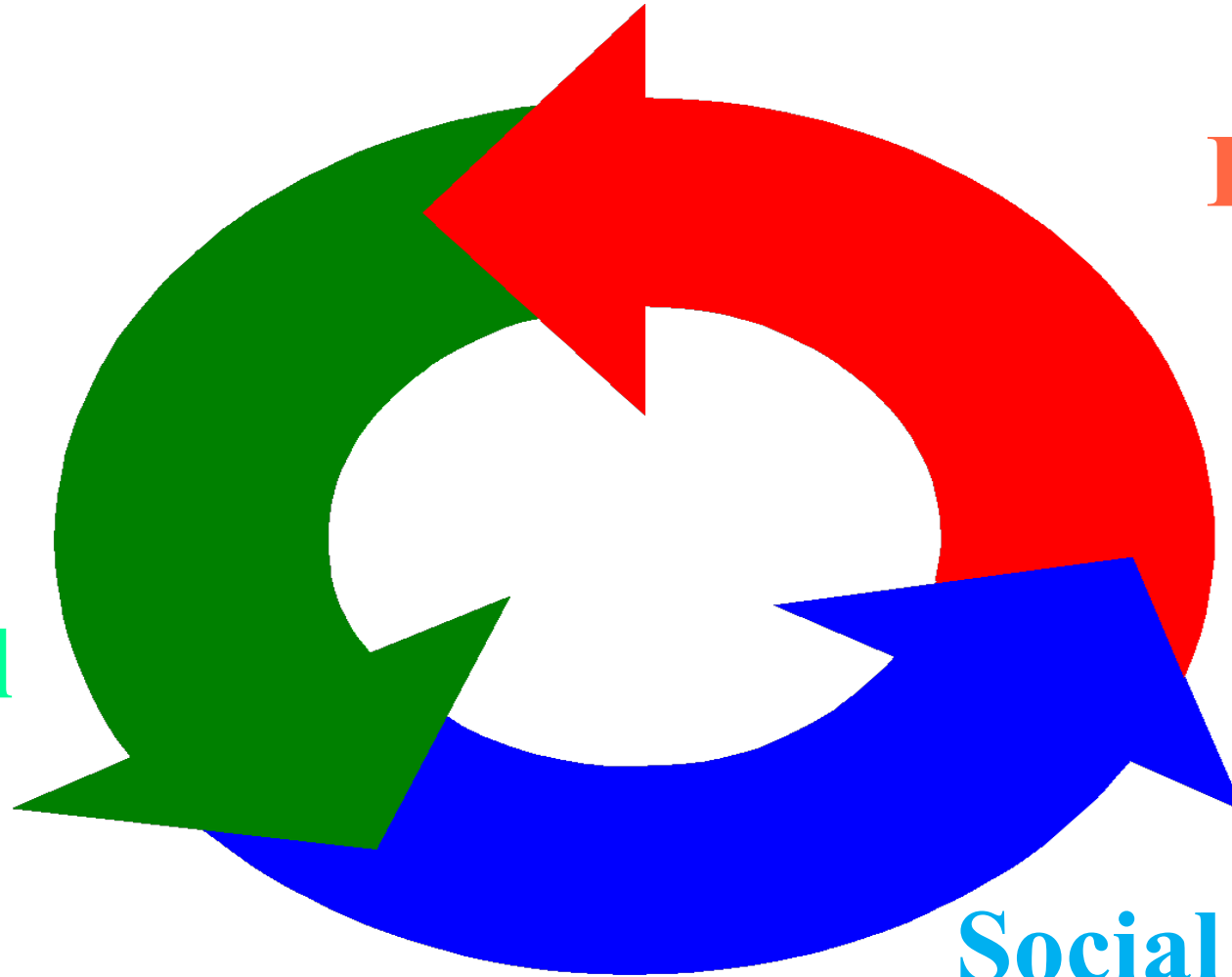
Public Health and Our Partners have a vital role in the health equity movement

“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

Shaping Effective Equity Policy and Practice

Knowledge
Base:
Data as an
advocacy tool



Political Will

Social Strategy

Shared Priorities

- Addressing issues surrounding the social and health inequities
 - Support/Participate in Advocacy, Socially Equal, Healthy America and the World
- Increasing the educated/trained workforce at the local, state, national and global levels
- Continuing, Developing efforts to build a *strong, diverse and sustained leadership pipeline* at all levels within our Society, our Partners and those we Support

Achieving Health Equity is a Moral, Ethical and Human Rights Imperative (1)

- “It is an ethical responsibility and consonant with principles of human rights to give priority to action on important public-health problems that differently affect those with fewer resources and/or greater obstacles to addressing problems”
- “The case is moral – reducing health inequities and improving health is a duty and should have priority for governments and those with influence to improve health”

Excerpted From: Marmot (2005) Social determinants of Health Inequalities

Achieving Health Equity is a Moral, Ethical and Human Rights Imperative (2)

- “The human rights principles of non-discrimination and equality also strengthen the conceptual foundation for health equity by identifying groups among whom inequalities in health status and health determinants (including *structural and* social conditions) reflect a lack of health equity”
- “.....by construing discrimination to include not only intentional bias, but also actions with unintentionally discriminatory effects”

Excerpted With Additions From: Braverman (2010) Social Conditions, Health Equity and Human

Structural Inequality Solutions (1)

- Solutions to structural inequality must address the **entrenched patterns of health inequities** across the globe that draw attention to the role of the global political economy in creating, reproducing, and sustaining these inequalities.
- *Poverty and Social Justice:*
 - With respect to the development, implementation, and enforcement of existing laws, regulations, and policies
 - There is an expectation of social equality and fairness

Source: [Paraphrased from] Amadeo, 2019; Adapted from Navarro, 2007 & Dutta, 2015

Structural Inequality Solutions (2)

- *For example*
 - it's not enough to help a family to move from a distressed community to a better community
 - The zoning and economic conditions that created both communities must be changed
 - Both communities must be zoned and provided with adequate finances for large land lots and apartment complexes as well as green spaces and halfway houses.

Source: [Paraphrased from] Amadeo, 2019; Adapted from Navarro, 2007 & Dutta, 2015

Structural Inequality Solutions (3)

- The government should ensure that all groups have equal access to the tools needed to improve their lives - *includes*
 - basics such as water, food, and safety
 - [If society has the resources] it should also include universal health care and equity in education
- This investment in human capital would bring everyone up to a basic standard.
- Keep in mind structural patterns of organizing of global, national, and local economies shape the broad meanings of health care and the ways in which health care is constructed.

Source: [Paraphrased from] Amadeo, 2019; Adapted from Navarro, 2007 & Dutta, 2015

Key Considerations

- *As an Influencer of Inequities, Structural and Social Determinants of Health –*
 - **Poverty** is a complex, multifaceted problem that can only be overcome through a comprehensive set of diverse, innovative policies and effective reforms
 - **It means** that tackling poverty requires a national commitment
 - **It means** focusing on actionable, evidence-based recommendations
 - **It means** bringing together a diverse coalition of persons and groups from all sectors
 - **It means** a commitment to addressing the root causes and consequences of poverty throughout the life course

Source: Anderson K.L., Kearney M.S., and Harris, B.H., 2014

Addressing Poverty

- *Tackling* poverty requires:
 - a national commitment toward building human capital
 - harnessing the economic power of that investment
 - providing a safety net when jobs are scarce or individuals are simply not intellectually or physically capable of economic self-sufficiency
- It *recognizes* that attention must to be paid to structural determinants of health - Specifically ways in which the social class influences access to health resources, such as healthy food, physical activity, preventive services, and basic health care
- An equitable approach to addressing poverty requires a deeper consideration of the social, cultural and geographic differences.

Some Solutions to Cut Poverty and Create Growth Opportunities (1)

- *Create jobs* - Mandatory work requirements and budget cuts **Don't Work** and are **more likely** to **increase poverty** than reduce it
- Raise the universal minimum wage
- Keep the Child Tax Credit
- Increase the Earned Income Tax Credit for childless workers
- Support pay equity
- Pass legislation aimed at infrastructure improvements, Job Growth, COVID-19 mitigation

Source: Adapted from and added to: 2018 - Center for American Progress

Some Solutions to Cut Poverty and Create Growth Opportunities (2)

- Provide paid leave and paid sick days
- Improve access to high quality education
- Establish work schedules that work
- Invest in affordable, high-quality child care and early education
- Expand Medicaid
- Reform the criminal justice system and enact policies that support successful re-entry
- Do no harm – End Spending Cuts

Source: Adapted from and added to: 2018 - Center for American Progress

Some Solutions to Cut Poverty and Create Growth Opportunities (3)

- Address systemic and institutionalized discrimination of all types
- Increase workforce development and supports for people facing barriers to employment
- Investing in and transform communities for self-sufficiency
- Remove barriers to changing policies that impact poverty

Source: 2022 - Telfair

Global Solutions for Poverty (1)

Basic, Social and Structural Solutions

1. Clean Water and Sanitation
2. Healthcare and the Elimination and Prevention of Diseases
3. Education, Training, Job Creation
4. Encouraging Local Innovation and Professional Development
5. Eliminate Corruption

From and added to: African Innovation Foundation, 2013; UN Sustainment Development Goals, 2015

Global Solutions for Poverty (2)

Basic, Social and Structural Solutions, cont

- UN *Global Goals for Sustainable Development*, by 2030; **Goal 2 – Zero Hunger** – end hunger, achieve food security, improve nutrition and promote sustainable agriculture by:
 - Ending hunger, ensuring access by all people to safe, nutritious food
 - Ending all forms of malnutrition
 - Doubling the agricultural productivity and incomes of small-scale food producers
 - Ensuring sustainable food production systems
 - Increasing investment in agriculture
 - Correcting, preventing trade restrictions, distortions in world agricultural markets
 - Adopting measures to ensure the proper functioning of food commodity markets

Sources: African Innovation Foundation, 2013; UN Sustainable Development Goals, 2015

IN SUMMARY



IN SUMMARY (1)

What these and similar endeavors have in common are a clear set of lessons learned and actionable recommendations that can move our efforts to reducing or eliminating the factors that influence social and structural inequalities
(In following slides)

IN SUMMARY (2)

- **Collaborate** with local, regional, state, national and global partners to promote health equity in practice through diverse and targeted interventions that are evidenced-based, culturally and practically targeted and a-political
- **Promote** the work of health departments, CBOs, NGOs at all levels, as well as governmental public health entities to make health equity work a key service and program priority
- **Work with** community-based individual and organizations to partner and train lay and public health personnel at all levels on the work of advocacy, organizing and citizen/critical decision-makers communication about health inequities and issues influencing social determinants

IN SUMMARY (3)

- Engage in evidence-based efforts that lead to increasing public health and community voices about communities impacted by health inequities and needed structural and in policy changes
- Focus on Root Cause Analyses and Solutions, e.g, Role of Poverty
- Work with multi-sector partners to hold accountable provider networks and other public health system for addressing health equity and root causes.
- Engage with other social justice and advocacy groups and efforts that allow for grassroots engagement of those most affected by the consequences of inequities.

IN SUMMARY (4)

- **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
 - Safety, Food, Water systems, a public health infrastructure and a variety of key short and long-term community programs
 - Promoting of healthy communities by focusing on where people live

IN SUMMARY (5)

- Steady stream of resources for public health is necessary to:
 - Ensure multi-sector, multi-component approach with focus on prevention
(**Structural Determinants**)
- Public health must utilize the social and evidenced-based strategies we know are necessary to make positive improvements; promote Justice, Equity
- **Health systems transformation (HST)**
 - As a process to improve health for individuals and communities while also decreasing the overall cost of the health system
 - Need to be intentional in changing the system; Growth and Change comes with people empowerment.

IN CLOSING



In Closing.....

- Poverty and Social justice is:
 - the fair treatment and meaningful involvement of all people regardless of race, color, national origin, gender. Sexual orientation, geographic location, or income,
 - with respect to
 - the development, implementation, and enforcement of existing laws, regulations, and policies
- There is an expectation of social equality and fairness

*“We have never seen health as a right
It has been conceived as a privilege, available only to
those who can afford it
This is the real reason the American health care
system is in such a scandalous state”*

Shirley Chisholm
Member
U.S. House of Representatives,
1969 to 1983

UN Universal Declaration of Human Rights

Sought to eradicate inequality..... They state:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”

“What is now needed, the High Commissioner concludes, is a new human rights agenda, which will ‘enhance equality for everyone everywhere’ in order to ‘recover better, fairer and greener’ and ‘rebuild societies that are more resilient and sustainable’.”

United Nations General Assembly, 1948 and McGrogan, 2021 - It's the Inequalities, Stupid: Human rights as pastoral power, in *Critiquing Rights*.

Final Thought....1

- **My Ongoing Question**

- How do we begin to make a dent/move the needle to address structural inequalities –
 - we educate and engage (not just involve) those who are in the position to make decisions (powers that be, status quo defenders)
 - those we ourselves put in these position
 - deal/interact with every day

Final Thought....2

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**



THANK YOU





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 - It describes the payment and delivery reforms of the ACA and other programs in the law dedicated to prevention and public health.
- APHA Policy Statements Related to Health Systems Transformation
 - Public Health's Critical Role in Health Reform in the United States, 2009, Policy Number 200911
 - Reforming Primary Health Care: Support for the Health Care Home Model, 2010, Policy Number 201011
 - The Role of Health Education Specialists in a Post-Health Reform Environment, 2015, Policy Number 201515
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