

*Role of Social Justice in Addressing Health Inequities and Disparities*

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**Understanding the Issues**

- There exists the daunting task to “achieve health for all” (WHO, 1978)
  - Developed into provision of primary health care
- HP2010 talks about reducing health disparities
- To address the social determinants of health one must also:
  - Promote social and economic development
- HED and HPRO should be able to attend to the social determinants and complexities of human existence



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**Understanding the Issues**

- The delivery of health education has been criticized by Airhihenbuwa as being based on Western paradigms that fall short of addressing diversity (Airhihenbuwa, 2007)
- Recently, there has been discourse regarding diversity in health, health education and health promotion and the relation to social and health equity (Baum, 2007; Hanefeld, 2008; Nishtar, 2007).

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### What are Health Disparities?

- “Differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the US.” – NIH
- “Differences that occur by gender, race or ethnicity, education or income, disability, or living in rural localities or sexual orientation.” -Healthy People 2010

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### What are Health Disparities?

- Power imbalances that impact practices influencing access, quality & outcome of behavioral healthcare or a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rate in specific group of people defined along racial and ethnic lines as compared with the general population. – SAMHSA

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### Healthy People 2020

- **Overarching Goals**
  - Attain high quality, longer lives free of preventable disease, disability, injury, and premature death
  - Achieve health equity, eliminate disparities, and improve the health of all groups
  - Create social and physical environments that promote good health for all
  - Promote quality of life, healthy development and healthy behaviors across all life stages

<http://www.healthypeople.gov/hp2020/objectives/framework.aspx>

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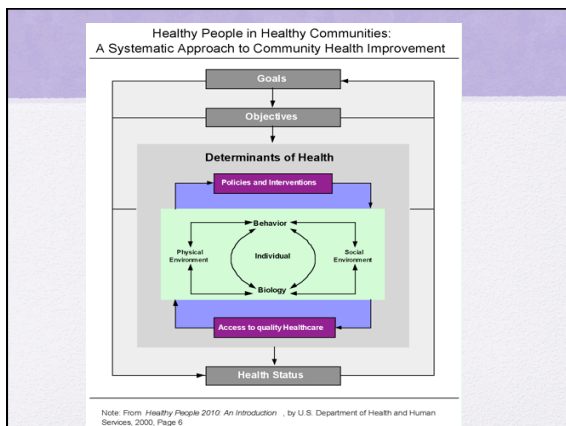
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### Why Do Health Disparities Exist?

- Socioeconomic status:
  - Position in a system of social stratification that differentially allocates the major resources enabling people to achieve health or other desired goals
  - Health status over time is greatly related to one's health status
    - Lower SES less likely to reduce high-risk behavior
    - Higher SES more likely to have greater health knowledge

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### Why Do Health Disparities Exist?

- Race & Ethnicity?
  - Variations of disparities occur within racial groups
  - Health disparities in health care and health outcomes exist among racial and ethnic minorities based on self-perceptions (Blendon et al, 2007)
  - Perceptions about provider disrespect due to race and English and can influence "compliance with treatments" (Blendon et al, 2007)

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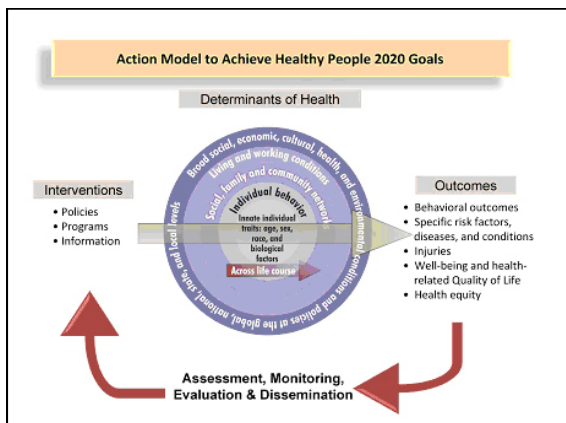
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### Addressing Social Inequities

- "... government committed to taking action on the social determinants of health equity is likely to result from a belief in social justice and an understanding of the complexities of health promotion" (Baum, 2007)
- CSDH "supports countries and global health partners to address the social factors leading to ill health and inequities (Baum, 2007)." (Baum, 2007; Brieger, Adeniyi, Parker, & Oladepo, 2000; Nishtar, 2007).

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### Addressing Social Inequities

- Article 12 of CEDAW "requires states to eliminate discrimination in access to healthcare, relating to family planning and postnatal care" (Women's Watch, 2000).

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## Addressing Social Inequities

- Health promotion needs to be a collaborative effort that includes “local and government bodies, non-governmental organizations, international development partners, and formally established community organizations” (Nishtar, 2007).
- “Nutcracker Effect”, which is the “power of the combination of top down and bottom up action on health equity” (Baum, 2007).

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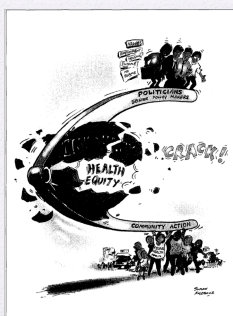
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## Nutcracker Effect – Combined Action

Working against inequities to achieve justice and social, gender and health equity.

- The top
  - politicians, senior policy makers, stakeholder commitment, and a commitment to train health workers
- And the bottom:
  - community action, community buy-in, and civil supporters on the bottom working against inequities to achieve justice and social, gender and health equity.
  - (Baum, 2007; Brieger, Adeniyi, Parker, & Oladepo, 2000; Nishtar, 2007)



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## What is Social Justice?

- “a process, not an outcome which:
  - 1) seeks fair (re)distribution of resources, opportunities, and responsibilities;
  - 2) challenges the roots of oppression and injustice;
  - 3) empowers all people to exercise self-determination and realize their full potential;
  - 4) and builds social solidarity and community capacity for collaborative action (UC Berkeley School of Social Welfare, 2008).”

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How does social justice address social inequities and health disparities?

- Instrument to coordinate collaborative efforts among:
  - Politicians, policy makers, civil society, community action groups and grass roots
  - Promote social and economic development
  - Address health disparities among disenfranchised peoples – will break inequity nut

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*Examples of the Social Justice Framework to Address Health Disparities*

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*Professional Preparation to Address Health Inequities*

Dr. Ayanna N. Lyles

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## Purpose of the Study

- Determine **essential characteristics and elements needed** in a professional preparation program for entry-level health educators to address health disparities
- Develop a **valid and reliable instrument** that measures the degree to which undergraduate Health Education Professional Preparation Programs prepare entry-level health educators to address health disparities

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## Research Questions

- What Health Education Program **course content and activities** are needed to prepare health educators to address health disparities?
- What **program characteristics** are necessary for Health Education Programs to produce health educators prepared to address health disparities?

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## Research Questions

- What **faculty qualifications, expertise and skills** are needed to produce health educators who are prepared to address health disparities?
- Is the **Lyles Health Disparity Integration Assessment Tool** a valid and reliable instrument to assess how Health Education Professional Preparation Programs address prepare students to address health disparities?

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**What Was Found**

- **Coursework**
  - Multicultural health and ways culture influences health (M=4.86)
  - Prevention strategies among racial/ethnic groups (M=4.86)
  - Cultural competence training (M=4.79)
  - Barriers for different racial/ ethnic groups and low SES individuals (M=4.71)

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**What Was Found**

- **Program Characteristics**
  - Integration of health disparities across the curriculum (M=4.71)
  - CBPR with communities experiencing health disparities (M=4.50)
  - Diverse faculty, staff, students (M=4.43)
  - Program design and evaluation using theories or models that address health disparities (M=4.36)

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**What Was Found**

- **Faculty Characteristics**
  - Acknowledges that he/she can and should learn from diverse populations (M=4.64)
  - Willing to develop courses and research projects which address disparities (M=4.50)
  - Knowledge of cultural barriers (M=4.41)
  - Received training in and resolved their own prejudices (M=4.29)

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### Conclusions

- Delphi items are the important characteristics needed to teach students to address health disparities
- Content must include multicultural health
  - Cultural sensitivity & competency
  - Prevention, barriers to access among racial/ ethnic groups
  - History of minorities
- Program characteristics
  - Community health experience
- Faculty professional development
  - Professional commitment

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*Social Justice to Provide  
HIV Care & Treatment*  
Dr. Stella Iwuagwu

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### Social Justice to Provide HIV Care & Treatment

- The degree of disparity in national and global HIV/AIDS prevalence and access to care and treatment has caused global outrage and motivated different players to adopt a social justice strategy or human rights paradigm to address and redress these inequities at community, national, regional and international levels.

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**CRH founded to Advocate for the Right to Life**

- Center for the Right to Health (CRH) Nigeria founded in 1999 to advocate for the right to health especially for vulnerable populations such as People Living With HIV/AIDS (PLWHA), women, youth, children and sexual minorities

[www.crhonline.org](http://www.crhonline.org)

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**Absence of HIV/AIDS Treatment/Cure = Death**

- Bred despair, hopelessness and fear
- Reinforced stigma and discrimination
- Unwillingness to adopt HIV counseling and testing
- Fuelled the epidemic

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**ARV Can Save Life**

- Access to antiretroviral drugs can increase life expectancy and quality of life PLWHA
- Georgiana Story: Justice almost denied
- Building partnerships: Redhot and Riot, AID 4 AIDS, Presbyterian hospital
- Temisi Story: Salvaged ARVs from PLWHA in New York Housing programs – litigation for denied care
- Kinka Story: Good enough to educate others and bear witness but not valuable enough to live

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### Obstacles to Access to Treatment

- Cost of brand name medication , unsustainable for poor nations, or poor people in rich nation
- Intellectual property laws block access to generic ARV despite public health exceptions and parallel licensing options
- Lack of political will and leadership
- Silence of the infected and affected, Silence = Death
- Isolation of the willing

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### Time Line of Activism for Access to HIV Treatment

- **March 1987:** The AIDS Coalition to Unleash Power (ACT-UP) formed. Protest spurred FDA to shorten drug approval process for ARV by two years.
- **June 1989:** Montreal Protest- ACT-UP and African and Latin American activist demanding “compassionate use” AIDS drug access program for dying patients
- **May 1990:** 1000 ACT-UP protesters "Storm the NIH" demanding more AIDS treatments.
- **September 1991:** 2500 activists marched on President Bush's Maine vacation home demanding leadership, declaring that 'THE AIDS CRISIS CAN END.'

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### Time Line

- **December 1992:** Brazilian activists issue a “Brazilian Manifesto” demanding access to treatment for millions living in global South
- **December 1997:** French President Jacques Chirac launches the French Therapeutic Solidarity Fund (FSTI) to fund pilot treatment projects in Francophone Africa.
- **1998-99:** Thai protesters push their government to produce generic drugs and battle multinational companies over high prices of imported AIDS drugs.
- **June 2000:** South Africa’s TAC leads the march and protest for AIDS drugs In Washington, “Jubilee 2000” activist mount a “Drop the Debt” campaign to demand new money to fight AIDS.

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**Time Line**

- **June 2001:** UNGASS Declaration of Commitment to tackle AIDS. Discussion on Global Fund for AIDS, TB and Malaria
- **November 2001:** In Doha, WTO landmark ruling allowing the poorest countries to legally access generic AIDS drugs
- **July 2002:** WHO announced “3 x 5” plan to treat 3 million people by 2005.
- **2003:** President Bush launched “PEPFAR” providing new money for treatment among others
- **March 2005:** “Drop the Debt” protest at G8 meeting led to back a debt forgiveness plan for the worlds poorest countries.

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**Time line**

- 2008: G8 and WHO aims for Universal Access by 2010
- 2010: President Obama reauthorizes “PEPFAR” but with a flat budget

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**Global and Local Advocacy for HIV Treatment**

- AIDS Coalition to Unleash Power (ACT-UP)
- Treatment Action Campaign (TAC) –South Africa
- Campaign for Access to Essential Medicines (MSF)
- International HIV Treatment Access Coalition (ITAC)
- International Treatment Preparedness Coalition (ITPC)
- Treatment access and advocacy links  
<http://hivinsite.ucsf.edu/InSite?page=li-05-19>  
<http://www.hiv.va.gov/vahiv?page=ptli-05-19>

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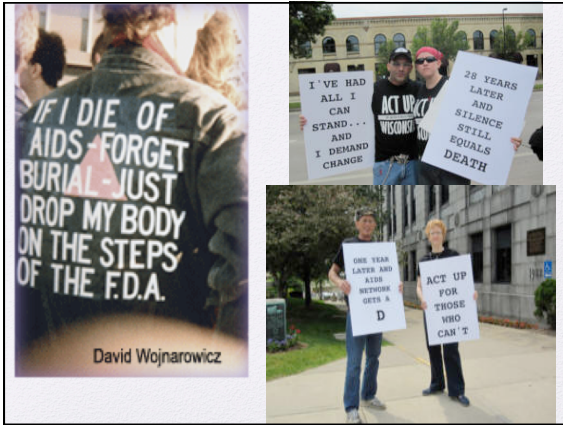
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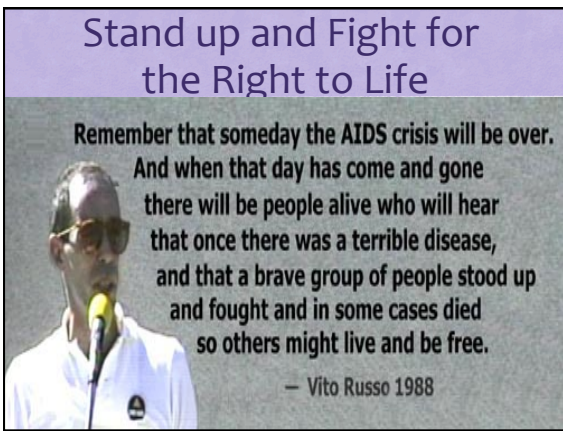
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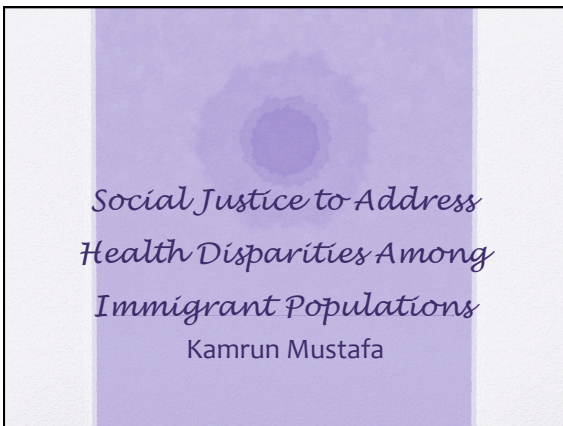
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### Why immigrant health is important to US healthcare system

- It's a Land of Immigrants
  - Immigrants are growing Fast
  - About 12% of the Population is foreign born (per census, 2003)
  - By 2042 Caucasians would be minority
  - HP 2010 talks about disparity of healthcare among the minorities

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### Problems & Limitations of the Immigrants:

- Different language
- Different culture
- Process of re-settlement
- Lacks social support
- Goes through a crisis of identity
- Lack of education
- Un/under-employment
- No Knowledge of the system: Rights & Privileges
- Faces physical and psycho-social vulnerability

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### Sources of Disparity: Administration/System:

- Administration/system not responsive
  - No efforts to engage them in the mainstream economy
  - No adequate service delivery
    - Non-clinical/home visit
    - Healthcare/social workers
    - Tagging with host families

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### Sources of Disparity: Administration/System

- No/Inadequate public sector initiatives to:
  - Raise awareness or empowerment
    - (Language, GED, Computer, Internet)
  - Develop self-efficacy in the individual level,
- Unavailability:
  - Transportation,
  - Location,
  - Choice Physicians
- No Financial Incentives

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### Sources of Disparity: Healthcare Providers & Professionals

- Not adequately prepared to handle diverse clientele
- Lack of cultural sensitivity
- Discriminatory behavior
- Complaints and other procedure

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### What can be done? Immigrant Populations

- Facilitate the resettlement process
  - Provide support systems
  - Provide educational opportunities
  - Offer language courses
  - In country sensitization
  - Provide employment opportunities
- Must introduce ESL and computer literacy.
  - Empower themselves to access of information.



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**What can be done?  
Health Educators**

- Health educators must develop appropriate curricula for all involved in the area to address the issues concerning ethnic minorities.
- Health educators can take the lead in dissemination of information and creating awareness about healthy pregnancy among the ethnic minorities population
- Health educators must be the forerunners in launching continuous advocacy programs for ethnic minorities to ensure access to quality healthcare without any malice, prejudice or maltreatment or any limitation that may accompany ethnic differences

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**What can be done?  
Health Care Providers**

- Physicians and other health care professionals must be aware of cultural diversity of their clients
- Hospitals and other healthcare providers may build a coalition with local ethnic groups to be more sensitive to the needs of their clients
- Hospital publications must be in different languages

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**What can be done?  
Health Care Providers**

- Health educators can be employed in clinical settings to ensure clients get their health information packaged in culturally sensitive understandable materials.
- More research initiatives must be undertaken on ethnic minorities to assess barriers to quality healthcare access
- To overcome language barriers, digital FAQ for immigrant populations may be developed
- Publication content must be culturally appropriate

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## What can be done – Government & Policy

- City, county and other local government agencies must work with the ethnic groups to raise awareness among ethnic minorities.
- Federal, state, city and other local governments can use clinics, library, schools, parks, and ethnic grocery stores, or other public places to raise awareness through flyers, leaflet, and booklets in different languages depending on concentration of ethnic population

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*Social Justice in an  
Environmental Context*  
Dr. John F. Yannessa

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Key Concept: The Individual health lies at the core of a complex social ecological framework



Source: CDC, 2010



Source: Ecosystem Weight Management, 2010

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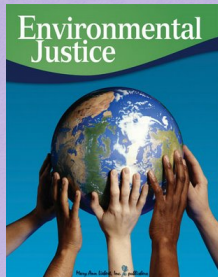
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## Environmental Justice

The concept of *environmental justice* denotes the equal treatment of all people in society irrespective of their racial background, country of origin, and socioeconomic status.



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## Environmental Justice

United States Environmental Protection Agency suggests that Environmental Justice should lie at the core of public health policy



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## Environmental Injustice

“... all of the issues of environmental racism and environmental justice don't just deal with people of color.

We are just as much concerned with inequities in Appalachia, for example, where the whites are basically dumped on because of lack of economic and political clout and lack of having a voice to say "no"... that's (also) environmental injustice.”

- Dr Robert Bullard

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## Environmental Racism

- **"Racism is the intentional or unintentional use of power to isolate, separate and exploit others. . . Racism is more than just a personal attitude; it is the institutionalized form of the attitude"**

\*National Council of Churches Racial Justice Working Group

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## Environmental Injustice: Case Study

"environmental racism" and the articulation of the environmental justice movement are traced to Warren County North Carolina, 1982.

- the struggle of a largely African-American community to keep a toxic waste dump out of its front yard.
- In 1972, the town of Chapel Hill purchased land just north of town on Eubanks Road in order to place on it a solid-waste landfill.
- The residents — mostly black and with family histories of having worked and lived upon the land in this community for many generations — were told this would be the only landfill placed in their neighborhood, that it would be temporary, that in 10 years it would be covered and become a park.
- Over the course of the next 35 years, the landfill was expanded. In 2007, the Orange County Board of Commissioners voted unanimously to place a solid-waste transfer station on the same property



• (Taylor Sisk, Carrboro Citizen)

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## Environmental Injustice

- What was promised to the community?
  - A park
- What was given?
  - Toxic air
  - Disease
  - Outsourced jobs




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### Words from the ages....

- “I know of no safe depository of the ultimate powers of the society but the people themselves; and if we think them not enlightened enough to exercise their control with a wholesome discretion, the remedy is not to take it from them but to inform their discretion.” Thomas Jefferson

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### To inform solutions in 2010 and beyond



The Rev. Robert Campbell

- Community Activism
  - Engagement/Uniting of Key Leaders and Community Gatekeepers
- Community Capacity Building/Education
- Systematic Civil Disobedience
- Policy Change

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### Questions to Answer for Breakout

- How do/can you implement principles of SJ in your work environment?
- What information would you need to determine community need?
- Who can you identify as partners?
- How can a social justice approach better address the issues? Use some/all of following questions :
  - How can social justice improve overall health?
  - How can social justice address health disparities?
  - How can social justice improve access to care?
  - How can social justice increase use of services?

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## References

- Scotney, N. (1976). *Health Education*. Nairobi: African Medical and Research Foundation.
- Seymour, H. (1984). Health education versus health promotion - a practitioner's view. *Health Education Journal*, 43(2 & 3), 37-38.
- UC Berkeley School of Social Welfare. (2008). Second Annual Social Justice Symposium Retrieved March 28, 2008, from [http://socialwelfare.berkeley.edu/swga/symposium\\_2007/sjsymposium.htm](http://socialwelfare.berkeley.edu/swga/symposium_2007/sjsymposium.htm).
- Wallerstein, N. B., & Duran, B. (2006). Using Community-Based Participatory Research to Address Health Disparities (Vol. 7, pp. 312-323).
- Women's Watch. (2000). Optional Protocol for the Convention on the Elimination of all forms of Discrimination against Women Retrieved June 13, 2005, from <http://www.chchr.org/english/law/cedaw-one.htm>.
- Zeman, C., Bird, B., Sinca, A., Vlad, M., & Depken, D. (2005). Health promotion theory, praxis, and needs in Transylvania Romania [Electronic Version]. *The Internet Electronic Journal of Health Education*, 8, 36-47 from <http://www.aahperd.org/iejhe/template.cfm?template=2005/zeman.html>.

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## References

- Airhihenbuwa, C. O. (2007). 2007 SOPHE Presidential Address: On Being Comfortable With Being Uncomfortable: Centering an Africanist Vision in Our Gateway to Global Health (Vol. 34, pp. 31-42).
- Baum, F. (2007). Cracking the nut of health equity: top down and bottom up pressure for action on the social determinants of health (Vol. 14, pp. 90-95).
- Brieger, W. R., Adeniyi, J. D., Parker, K. A., & Oladepo, O. (2000). Health education in Africa: 1975-2000 (Vol. 15, pp. 383-391).
- Catford, J., & Nutbeam, D. (1984). Towards a definition of health education and health promotion. *Health Education Journal*, 43(2 & 3), 38.
- De-Graft Aikins, A., & Marks, D. F. (2007). Health, Disease and Healthcare in Africa (Vol. 12, pp. 387-402).
- Green, L. W., & Kreuter, M. W. (1999). *Health Promotion Planning: An Educational and Ecological Approach*. Mountain View, CA: Mayfield.
- Hanefeld, J. (2008). How have Global Health Initiatives impacted on health equity? (Vol. 15, pp. 19-33).
- Nishtar, S. (2007). Community health promotion-- a step further (Vol. 14, pp. 61-62).

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