SOCIETY FOR PUBLIC HEALTH EDUCATION

Global Leadership for Health Education & Health Promotion

RESOLUTION FOR ACHIEVING HEALTH EQUITY

Call for advocacy, research, health education and promotion activities directed to address the underlying social determinants of health that result in disparate health outcomes

Adopted by the SOPHE Board of Trustee

September 14, 2016

Whereas, SOPHE recognizes that the health and well-being of communities, and the individuals that comprise them, is dependent on the physical, social, environmental, and economic factors present in these communities and that communities of people that are under-resourced and under-represented, in which health inequities are most evident, have historically been silenced, ignored, and have had their trust violated with regard to economic and educational opportunities, environmental safety, access to health care, quality health care service delivery and education and their overall ability to thrive and

Whereas, Healthy People 2020 aims to achieve health equity; and recognizing that the systematic silencing, disregard, and violation of trust has a negative effect on the health and well-being of under-represented communities by continuing to perpetuate institutionalized oppressions and health inequities [1] and

Whereas, social determinants of health and well-being such as socio-economic status, discrimination, education levels, housing and trauma influence the risk of developing chronic health conditions; overt and covert racial and ethnic discrimination encourage the ever growing inequities in social determinants of health[2] and

Whereas, individuals living in poverty are 9 times more likely to forgo necessary prescription drugs and 4 times more likely to delay or decline seeking medical treatment due to prohibitive costs than those in middle and high income brackets[3] and

Whereas, the lowest income population has a roughly 10 percent greater chance of developing chronic health conditions such as obesity, high blood pressure, and diabetes[4], with Blacks having the highest age-adjusted rates of obesity, followed closely by Hispanics[5-8], and mortality rates from stroke, diabetes and heart disease being two to three times higher in Blacks than Whites; and

Whereas, those making less than $24,000 a year are three times more likely to be diagnosed with depression and report higher rates of sadness, stress and anger[4] and

Whereas about 19.3 percent of Americans living in poverty were uninsured in 2015 and the uninsured rate was about three times as large for Blacks[3], two times higher for individuals under age 65, with roughly 33 percent of American Indians and Alaska Natives being uninsured [12-13] and

Whereas accessing health care and low-cost medication can be more difficult for low-income individuals as well as maintaining health adherence and ability to engage in health prevention measures [2,14] and

Whereas, 77 million adults (more than a third) have basic or below basic health literacy rates which impacts access to health information, likelihood of obtaining health insurance, and ability to maintain a healthy lifestyle [15] and,

Whereas, environmental factors such as housing stability impact health, with roughly 10 percent of Americans living in substandard housing and at higher risk for secondhand smoke exposure, lead-related health effects, mold and asbestos exposure, isolation and mental health consequences, and exposure to carcinogens[16], and

Whereas, violence and unintentional injuries occur at higher rates in areas of concentrated poverty that have housing and educational instabilities[17]

NOW THEREFORE, BE IT RESOLVED, that SOPHE:

1. Urges Congress to
    a. Increase funding for community and population health initiatives including funding for adequate data collection at the State and Local level.
    b. Support policies, systems and environmental changes that promote Health-in-All Policies approaches, and address social determinants of health inequities.
    c. Provide support to programmatic initiatives that aim to identify and resolve the root causes of health inequities such as food deserts, substandard housing, lack of adequate transportation infrastructure, inequities in educational opportunities, and lack of safe spaces to pursue physical activity
    d. Prioritize communities that are of greatest need based on historic disinvestment and neglect

2. Encourage better data collection methods for understanding and reducing gaps in socio-economic status.
3. Provide resources to explicitly draw connections between social determinants of health and health outcomes.
4. Support efforts within public health that:
    a. Encourage and support the careers of racial and ethnic minorities in the field of public health
    b. Support professional training opportunities to increase cultural competency of public health education and health care professionals.
    c. Commit resources and efforts to developing and implementing effective methods of recruiting students of color, racial and ethnic minorities, and other underrepresented groups into SOPHE.
    d. Promote scholarship opportunities for SOPHE members of color, racial and ethnic minority members, and other underrepresented groups to enhance their public health education professional development, education and training.

5. Support advocacy efforts for:
    a. Increased funding opportunities for the identification of data for underrepresented groups as well as the provision and evaluation of programs to address the underlying determinants of health inequities.
    b. Increased funding opportunities for recruitment and training public health educators and other health care professionals representing underrepresented groups.

INTERNAL ACTIVITIES:
(1) Continually assess possible means by which SOPHE contributes to exclusion, discrimination or oppression of underrepresented groups in its operations, policies, and actions.

(2) Encourage advocacy initiatives that promote Health-in-All Policies approaches, and address social determinants of health disparities.

(3) Promote scholarship opportunities for Black, Hispanic, Native Americans, Asian, Pacific Islanders, and Alaska Native SOPHE members to enhance their public health education professional development, education and training.

(4) Provide opportunities for SOPHE staff and members to improve cultural competency skills through webinars, seminars and evidence-based research literature.

EXTERNAL ACTIVITIES:

(1) Improve professional education and development opportunities by:
   a. Seeking funds from Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), the Robert Wood Johnson Foundation (RWJF) and other potential parties to examine the proportion of students in professional preparation programs in health education that represent minorities according to either race or ethnicity.
   b. Advocating for the hiring and promotion of racial and ethnic minority faculty in professional preparation programs in health education.

(2) Collaborate with national initiatives to eliminate racial and ethnic health disparities such as the President's Initiative on Race, the National Institutes of Health (NIH) National Center on Minority Health and Health Disparities, HRSA's Office on Minority Health and, the Department of Health and Human Services Office on Minority Health.

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