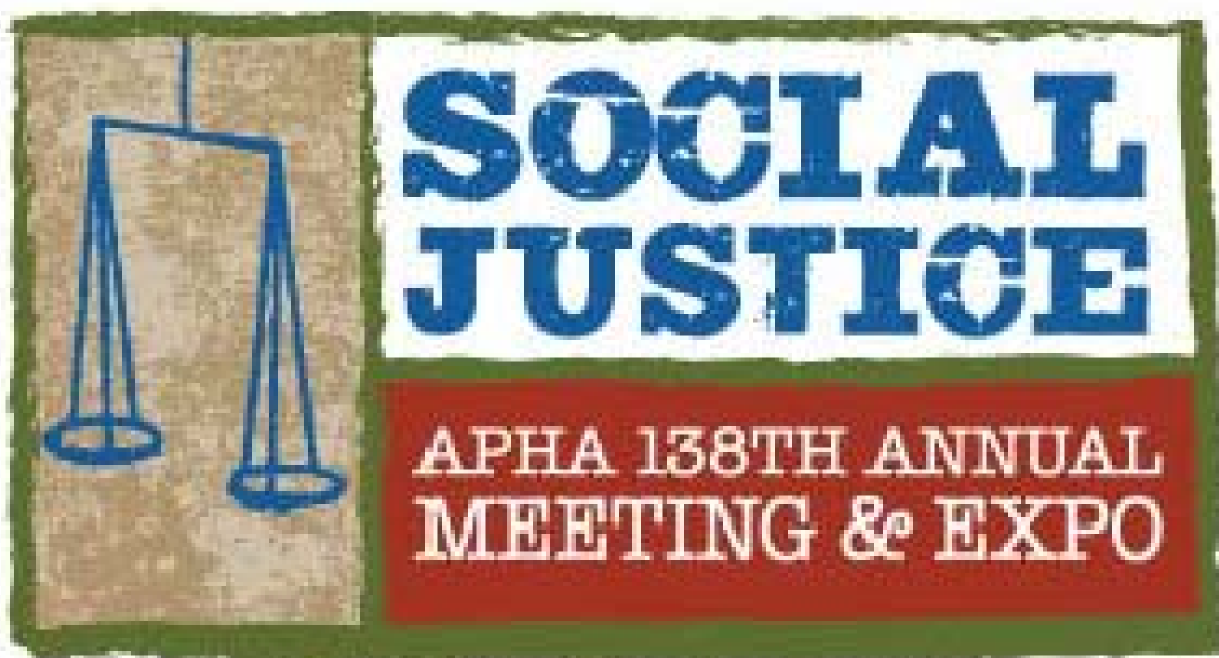
News & Views

Social Justice: A Public Health Imperative



Fall 2010

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President's Pen

Dear APHA-SA Members,

I hope that everyone enjoyed the Annual Meeting in Denver earlier this month! What a great meeting! I would like to congratulate all of our amazing board members for a job well done. We had an amazingly successful Student Meeting, the highest number of student presentation sessions, a fantastic Social, and great mentoring events!

Now for a brief introduction…My name is Cameron Culver. I am an MD/MPH student at the University of Texas Health Science Center San Antonio/University of Texas School of Public Health and will be assuming the role of Chair from Mariza Hardin this year.

We owe Mariza a huge debt for such an amazing year! Under Mariza's leadership, the Student Assembly was able to submit its first APHA Policy Statement ever, which was approved by the Governing Council. Our National Mentoring Program database has exploded with interest from students and mentors alike, and our Mentoring Chairs are working feverishly to pair the two. Our Speed Mentoring Program at the Annual Meeting has consistently been met with overwhelming support and success. The first National Public Health Week (NPHW) Student Day was a resounding success, and we have an expertly designed NPHW Toolkit with which to replicate these successes next year. The Student Assembly itself has experienced amazing growth with membership reaching great heights. We have been able to recruit remarkably qualified students to fill our board positions and are constantly recruiting more.

This year, we hope to continue to improve and grow the Student Assembly. We plan on building upon all of the successes of the past year, as well as strengthening the fundamentals of the board and the Assembly at large. Please consider getting involved! This Assembly is yours. We serve you and would love to have you in leadership to help ensure that our service to students is all that it can be.

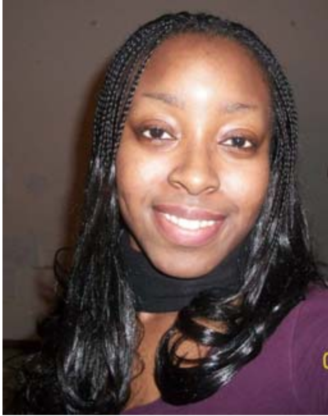
Look out for some amazing opportunities this year. NPHW 2011, "Safety is No Accident: Live Injury-Free," will be April 4-10. The Second Annual NPHW Student Day will be Friday, April 8. Check out www.nphw.org for updates and more information. We will also be implementing the American Journal of Public Health: Online Student Forum, which will provide an opportunity to interview published AJPH authors and get published ourselves.

I hope everyone has a great finish to their fall semester and a great winter break. Please enjoy this fall edition of APHA-SA News and Views.

Regards,
Cameron Culver
APHA Student Assembly, Chair
UT-Health Science Center San Antonio & UT-School of Public Health

Social Justice Equals “Healthy Eyes, Healthy People®”

by Lynda Enemuoh, Indiana University



The American Optometric Association (AOA) sponsors a wonderful program called “Healthy Eyes, Healthy People® (HEHP),” which seeks to promote the visual health of all Americans. Many government officials, health care advocates, and optometrists are hard at work collaborating on and strategizing around how to improve access to vision and eye health services and promote the early diagnosis and treatment of eye disease, among other issues. The program is made possible in part by the generosity of several companies such as Luxottica Group and Vision Service Plan, which provide grants to individuals and groups that participate in community outreach programs pertaining to eye health.

According to the AOA website, “the goal of HEHP is for optometrists to change community health programs so that vision services are provided and optometrists are recognized as vital to the health care system.” I absolutely agree with this statement, as this was my motivation for applying to optometry school 3½ years ago and the reason why I chose to become a student liaison with the American Public Health Association.

There are plenty of individuals and groups from other health care disciplines who work tirelessly to ensure that health care is distributed to the masses, and there is no reason why eye and vision health should not be included in the mix. We need to work together and spread the word that eyes are just as important as any other organ of the human body. As a fourth year intern gaining more real world experience, I have a new found appreciation for programs like HEHP.

Additionally, I am a firm believer in the role of research. The more research that is conducted around eye health, the better our policies and the public’s visual health will be. Everyone will benefit: from young children who face difficulty at school because of an undiagnosed (yet treatable) refractive error or visual function disorder, to the young diabetic man who progressively lost his vision and went blind because there was no community outreach eye program where he lived or his primary care provider failed to remind him to get yearly eye examinations, to the elderly woman who needs low vision services after losing her sight to Age Related Macular Degeneration but is unable to afford it due to lack of insurance coverage.

Let’s come together and make a committed effort to include vision and eye health on our list of health care priorities. As students who are eager to learn and help those in need, we are in an ideal position to do this. By emphasizing the importance of including policies that promote quality eye and vision care in the standard health care package that should be available to all, we will have contributed to achieving Social Justice.

Social Justice and the Issue of Second-Hand Smoking

by Nosayaba Osazuwa-Peters, BDS, Washington University in St. Louis

The U.S Surgeon-General's report of 1964, which linked tobacco smoking to lung cancer and cardiovascular disease, marked the beginning of the now half a century-long campaign against one of the greatest threats to the existence of our common humanity: tobacco smoking.

Additionally, the Surgeon-General reports of 1986 and 2006 pointed to a notable consequence of tobacco smoking: second-hand smoking.[1]

The tobacco industry has so far successfully stifled global tobacco cessation efforts, and although it is "killing millions to make millions[2]," the industry continues to grow and prosper with its skillful and persevering use of propaganda.

As public health battles the global tobacco pandemic, our very foundation and a fundamental part of our moral code is piqued: beneficence, veracity and justice.

Justice!

If smoking is perceived as a matter of personal choice, then how about the right to life and to a clean environment that each stick of cigarette smoked in public places denies billions of people worldwide every day? How about the thousands of cases of lung cancer and heart disease that have been linked to second-hand smoke? Will humanity echo the wish of that dying fetus who, as I write, is being suffocated through second or even third hand smoke? Will posterity adjudicate for that infant who just died of sudden infant death syndrome?

Where is the justice? This is obviously a public health imperative. Who will draw the line?

Mental Illness Touches Everyone: The Case for Mental Health

by Jane Bigham, Emory University Rollins School of Public Health

Mental illnesses are some of the most prevalent and disabling health conditions in the world, affecting people in the prime of their lives. Yet policies and programs pertaining to mental health are chronically underfunded and under supported because these conditions are highly stigmatized worldwide, which in turn leads to discrimination. Discrimination is a serious social justice issue that is far reaching and can stymie progress in treating mental illnesses, which are present in every culture.

During a recent trip to Liberia for my practicum with the Carter Center Mental Health Program, I learned that it is not uncommon in Liberia for a loved one or friend with a mental health issue to be starved, neglected, or chained up. Although saddening to hear,

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[1] Global tobacco control-learning from the experts. Available at http://globaltobaccocontrol.org/en/home. Accessed 22 October 2010.
[2] Killing millions to make millions. Awake!, May 22, 1995.

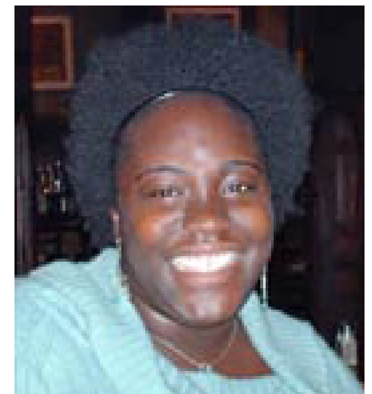
these tales of abuse, fear, and shame associated with mental illness were not shocking as such stories are playing out throughout the world.

In the discussion of social justice in public health, mental health must be on the agenda, as it is a cluster of health conditions that permeates all areas of life and affects everyone worldwide. We, as public health professionals, can and must be advocates for the reduction of the stigma and discrimination associated with mental illness.

Infant Mortality: A Health Disparity

by Ndidi Amutah-Hardrick, University of Maryland, College Park School of Public Health

Infant mortality rates vary by demographic characteristics of the mother such as race/ethnicity. Disorders related to short gestation (< 37 weeks) are the leading cause of death for Black infants whereas congenital malformations are the leading cause of death for White infants.[3] Short gestation is closely associated with low birth weight (<2500 grams), and low birth weight is the primary reason for the underlying racial disparity in infant mortality rates.



A recent vital statistics report stated that Non-Hispanic Black infants in 2005 had the highest infant mortality rate in the U.S.: 13.7 per 1,000 live births compared to 5.7 per 1,000 live births among non-Hispanic Whites.[4] The Healthy People 2010 target goal for the U.S. infant mortality rate is 4.5 infant deaths per 1,000 live births.[5]

In 2005, there was a more than threefold difference in infant mortality rates by race and ethnicity that ranged from a high of 13.7 for Black women to a low of 4.42 for Cuban women[6]. Such stark disparities are a matter of social justice and require the sustained attention of public health professionals, including through further research and efforts that improve access to and the quality of health care for marginalized populations.

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[3] MacDorman MF, Matthews TJ. Behind International Rankings of Infant Mortality: How the United States Compares with Europe. NCHS Data Brief No. 23. 2009.

[4] MacDorman MF, Matthews TJ. Recent Trends in Infant Mortality in the US. NCHS Data Brief No. 9. 2008.

[5] U.S. Department of Health and Human Services. Healthy People 2020. 2009.

[6] MacDorman & Matthews, 2009.

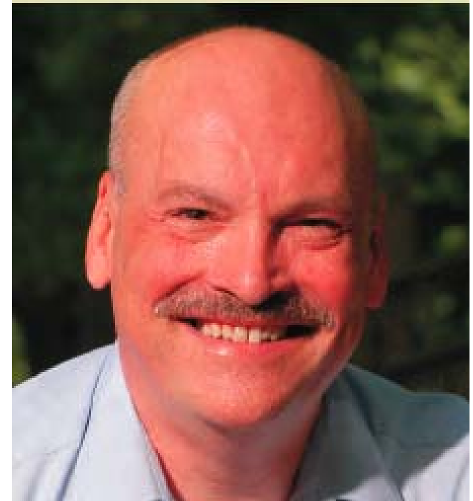
Public Health Challenges of Epilepsy

by Charles Stack, MPH, University of Illinois at Chicago School of Public Health

As a public health student with epilepsy, I hold an interest in the social, policy and economic aspects of this condition.

In particular:

- 200,000 new cases of epilepsy are diagnosed annually;
- incidence is greater in African American and socially disadvantaged populations;
- prevalence in the US is nearly 1%; and,
- by age 75, 10% of the US population will have experienced some type of seizure.



Annual direct and indirect costs of epilepsy are estimated to be $15.5 billion, including health care and losses in employment, wages and productivity.

The mortality rate among people with epilepsy is two to three times higher—and the risk of sudden death is 24 times greater—than that of the general population.

This year an estimated 25,000 to 50,000 will die of seizures and related causes, including *status epilepticus*, sudden unexpected death in epilepsy, drowning and other accidents. By comparison, in 2010, an estimated 40,000 women and men are expected to die from breast cancer.

I would like for public health professionals and news media to become more proactive in disseminating information about epilepsy risk factors and costs to society. Preventive measures and education of the public, policy makers, health-care community and other stakeholders can do much to prevent this disease.[7]

Examining the Barriers to Achieving Social Justice in Public Health: Revisiting the Health Care Reform Act

Shondra Loggins, University of Illinois at Urbana-Champaign

"I will not be able to take you today. If I process your medication order, I will not get off of work on time. We were very busy today." As an African American woman approached the pharmacy at a local supermarket, this is what she was told by the pharmacy technician. Even though the extent of the situation is inconclusive, one irrefutable argument is that

[7] http://www.epilepsyfoundation.org/about/statistics.cfm; http://www.epilepsyfoundation.org/newsroom/upload/Epilepsy-Facts-and-Figures-08.pdf; http://www.prb.org/Articles/2009/breastcancer.aspx; http://www.uic.edu/htbin/cgiwrap/bin/uicnews/articledetail.cgi?id=14637.

inequality and negation of human dignity were definitely present. These are both components of **social injustice**. Social justice is an imperative public health initiative. Racism and discriminatory practices are barriers to achieving social justice in health.

Earlier this year (April 2010), Albany Medical Center presented a documentary entitled "The Deadliest Disease in America: Addressing Racism in Health Care Delivery," which emphasized discriminatory practices in health care and highlighted key disparities that exist today because of racism. Crystal Emery, the producer of the documentary said, "Racism is the deadliest disease in America because it kills. Every time a person of color is not offered the opportunity…that is denying them access to health care." Social justice in public health will not be achieved without tackling racism in today's society. It is imperative that racism is brought to the forefront of public health.

September marked the six month anniversary of the *Patient Protection and Affordable Care Act* implemented by President Obama's administration. This act prevents insurance companies from denying coverage to individuals with pre-existing conditions, which can arguably be a form of discrimination. In other words, the Health Care Reform Act was an attempt to eradicate discriminatory practices in health. There have been many mixed views on the implementation of such a reform; however, it is imperative that we continue to support this initiative to achieve social justice in public health.[8]

Assessing the Health Situation in Rural India, One Tribal Colony at a Time

by Puja Cuddapah, Tulane University

During the summer of 2010, I was fortunate enough to travel to India to work on a study that used data on the household-level health status, health determinants, demographics, and socioeconomic status of 20 tribal communities to determine target areas for intervention. This study was executed in Saragur, H.D. Kote Taluk, Karnataka, India and was conducted by Swami Vivekananda Youth Movement (SVYM) with the support of the National Rural Health Mission, Government of India.

I first began this adventure by informing someone at SVYM of my interest in completing a practical experience as part of my Tulane University Master of Public Health curriculum. Upon touching

[8] http://www.allbusiness.com/medicine-health/diseases-disorders-cancer-breast/14312913-1.html.

rural Saragur soil in mid-June, I could not help but feel a bit lonely and isolated from the convenient world of urban America that I have grown accustomed to. However, quickly thereafter, I was incredibly humbled by the sight of the selfless efforts and services provided by doctors, nurses, and local villagers.

The health activities at the Vivekananda Memorial Hospital are beyond impressive, which include a mobile health unit, thematic medical camps, and tuberculosis control programs. I found my niche within the Community Development Services (CDS). I was particularly involved with overseeing the progression of the study that I was involved in, as well as the database and analysis of collected data. I also participated in interview training sessions and the editing process of the questionnaire. Beyond this study, I also joined the mobile health clinic, which provides medical care to tribal people living in forests who are unable to readily access health clinics.

SVYM-trained interviewers used a household-level questionnaire in the haadis selected to participate in the study. 97.8% of the households in these haadis consist of Jenukuruba tribal forest people who have been identified as vulnerable due to poor access and utilization of health care services. We found that, of the 401 total households surveyed, more households owned mobile phones (92 households, 22.9%) than toilets (73 households, 18.2%). We also noted that 71.3% of households without toilets defecate in open fields. Mode of water dispensation was another critical issue. Those households which had drinking water stored in a container without a tap or handle, thus had a greater risk of water-skin contact, demonstrated a higher rate of communicable diseases compared to those who had a water storage container with a tap or handle.

The identification of such sanitation issues have prompted SVYM to create a comprehensive intervention with their CDS, Reproductive and Child Health, and Nairmalya Vahini, or WASH, departments in hopes of supporting sustainable human development. This intervention will run over a 2-year period from July 2010 to July 2012, so I hope to return again to the quiet heroes endlessly working in Saragur, India.

Apply for an APHA-Student Assembly board position!

Check out the position descriptions and application at:

http://www.apha.org/membergroups/students/committees/APHASA_NominationsCommittee.htm

Consider being a liaison for your campus!

Check out

http://www.apha.org/membergroups/students/committees/APHASA_CampusLiaisonsCommittee.htm

or email campusliaisons@aphastudents.org for more information.

American Public Health Association
Student Assembly

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