



STATEMENT OF POLICY

Promote Social Justice and Health Equity

Mission The mission of NYSPHA is to promote and protect the public's health through professional development, networking, advocacy, and education.

Vision Strengthening public health and taking action to make New York the healthiest state.

Problem statement

Health disparities by race, ethnicity, gender, income level, and geographic region and related health inequities are persistent in New York State. Especially among African Americans and Hispanics, these disparities are alarming and include among other outcomes: premature death, asthma, heart disease, diabetes, suicide, and poor birth outcomes. Rising rates of maternal mortality and severe maternal morbidity (SMM) have occurred over the last several years. Disparities by race and ethnicity have become even more evident and have been exacerbated since the advent of the COVID-19 pandemic.

Position Statement

The New York State Public Health Association (NYSPHA) advocates for the principles of health equity and social justice as the foundations of public health and as means to eliminating the root causes of health disparities. Honoring these principles, NYSPHA encourages partners in the public health system to act independently and in collaboration with others, to address health inequities associated with class, race, religion, disability, age, gender identity, sexual orientation, geographic region (urban/rural) and other factors that are the direct result of upstream imbalances in the social determinants of health and political power.

As part of the work to address social injustice and health inequity, NYSPHA specifically promotes the transformation of the public health system through advocacy, education, professional development and networking, and encourages itself and its public health partners:

1. To promote health equity as a core public health value and a critical component of health impact assessments to be weighed in all decision making and policy settings, both existing and prospective;
2. To identify and address the institutional policies contributing to health inequities;
3. To build a diverse public health system along all the dimensions of causes of health inequities;

4. To encourage anti-racism, implicit bias, and other trainings relevant to discrimination and health inequities within the public health system;
5. To partner with social movements and build coalitions with other stakeholders holding similar visions and missions of dismantling structures and processes that generate health inequities;
6. To support public awareness, highlighting the association between disparities and the underlying social inequalities that promote them, reclaiming the right to health equity and social justice.

Justification

The causes of health disparities are not biologic, but the result of several upstream factors that can be traced to a history of disparate societal opportunities and treatment. This disparate treatment has resulted in unequal access to adequate income leading to inequitable access to associated factors critical for health, such as education, nutritious foods, health and dental care, secure housing, dependable transportation, etc., resulting in exposure to more difficult working and living conditions.

For example, in New York State 10.4% of white, while 21.1% of African-Americans, and 22.3% of Hispanics live in poverty (New York State Community Action Association, April 2021 report). While there have been improvements in some health indicators among these groups in recent years there have been other areas where health outcomes have become worse. Even when there have been improvements, the gap in health outcomes by race and ethnicity has chronically persisted. While the percentage of premature deaths (deaths before age 75 years) is 35.7% among white residents of New York, but is 57.4% among Black and 53.8% among Hispanics (New York State Department of Health 2015-2017 health indicators by race/ethnicity: most current statistics published). Age-adjusted asthma hospitalizations for ages 0-17 years per 10,000 population are 7 for white New Yorkers, but 48.4 for Black and 23.4 for Hispanic New Yorkers (ibid.) These statistics and many others demonstrate a heartbreaking and persistent disparity.

NYSPHA, as a thought leader and advocate of public health for New York State, has an obligation to take a leading role in monitoring and fighting inequities leading to health disparities, particularly in regard to social determinants of health in our state. This includes proactively speaking out against systemic injustices and taking action to prevent or to reverse policies and programs that disproportionately impact disadvantaged groups of people. It also requires that we, as NYSPHA members, take personal responsibility to become educated about how to be anti-racist, to resist discrimination against all groups, to practice this on a personal and an organizational basis, as well as to increase the awareness of the public and the public health system.

The history of public health has always been closely associated with social justice movements with the goal to achieve social equality and democracy. NYSPHA believes that public health organizations and practitioners must collectively confront upstream foundations of social inequalities with unwavering commitment.

References

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World Health Organization. (2010). Executive Summary. In *A conceptual framework for action on the social determinants of health: Debates, policy & practice, case studies*. (pp. 4–8).

Record of Action

4/12/21 – Proposed by NYSPHA Policy and Advocacy Committee (PAC) Policy Workgroup

5/12/21 – Adopted by the PAC

5/26/21 – Approved by NYSPHA Board of Directors