

# The Right to the Highest Attainable Standards of Health

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# The Right to the Highest Attainable Standards of Health

 The primary objective of Public Health Law

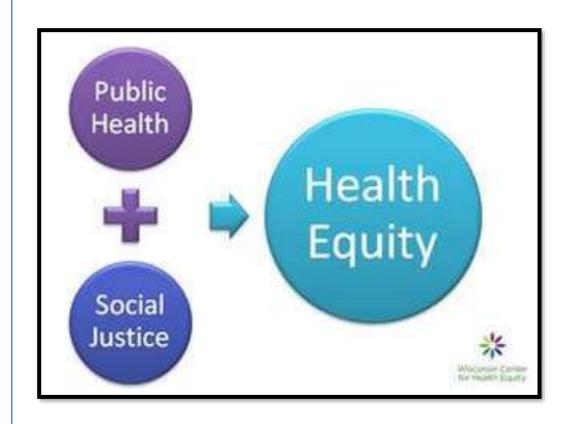
is to pursue the

highest possible level of physical and mental health

in the population, consistent with the values of

social justice.

(Gostin 2008; Oxford Textbook of Public Health, section 3.4, pp 294 – 301)



### **How Does Social Justice Intersect With Public Health?**

- "There are so many things we can do within public health that advance social justice," explains Dr. Maniar.
- "It's about making sure that we train a public health workforce that sees social justice in every aspect of public health. Without justice in all aspects of our lives, we can never attain the highest levels of health we should be able to attain.
- We seek to capture all the forces that influence health in different ways.
   When we think about the social determinants of health, this involves the
   conditions in which an individual lives, works, plays, and goes to school.
   When we think about housing, for example, that hasn't always been viewed
   as directly related to health care, but the stressors of having poor access to
   housing has a profound impact on health."

https://www.northeastern.edu/graduate/blog/social-justice-career/ 18.02.2019

# The Right to the Highest Attainable Standards of Health

- Constitution of the WHO: Principles
- **1.Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- 2. The enjoyment of the

highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.



# Public Health for Social Justice

- The GAP lays out the vision of a world free of the avoidable burden of NCDs with the goal of reducing the preventable and avoidable burden of morbidity, mortality, and disability due to non-communicable diseases.
- The means of achievement will be through multisectoral collaboration and cooperation at national, regional, and global levels.

(Oxford Textbook of Public Health, p. 1548)



# Public Health for Social Justice

- The objective is for populations to reach the highest attainable standards of health and productivity at every age so that NCDs are no longer a barrier to well-being or socio-economic development (WHO 2013b).
- The principles adopted should be;.. (next slide..)

(Oxford Textbook of Public Health, p. 1548)

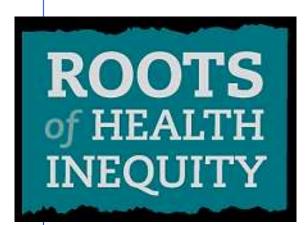
"The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition."

### Public Health for Social Justice

- The **principles** adopted should be:
- 'Life-course approach
- Empowerment of people and communities
- Evidence-based strategies
- Universal health coverage (UHC)
- ◆ Management of real, perceived or potential conflicts of interest
- Human rights approach
- Equity-based approach
- National action and international cooperation and solidarity
- ◆ Multisectoral action.' (WHO 2013b)

(Oxford Textbook of Public Health, p. 1548)





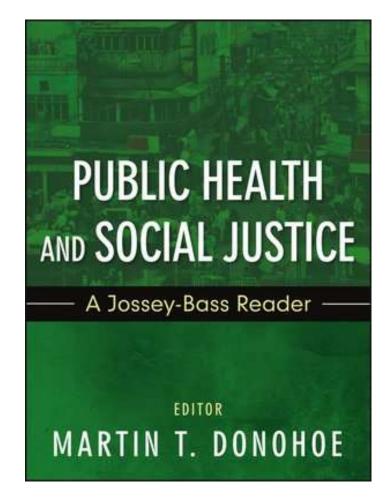
### **Social Justice & Access to Care**

- Maldistribution of Health Care Providers Especially in Rural Areas
- Lack of Preventive, Primary Care & Public Health
- Lack of Programs for Women, Gays, & Racial Minorities and w/Cultural & Language Sensitivity
- Denial of Care Because of: Pre-Existing Conditions; Immigration Status; Differences in States' Medicaid Coverage and Eligibility Rules
- Loss of Insurance Due to Unemployment and Fiscal Cutbacks (State Gov'ts, Corporations)



In order to reach *highest attainable standard of health*; in the grand challenges to address the threats by:

- Raising public awareness.
- Enhancing economic, legal, and environmental policies.
- Modifying risk factors.
- Engaging businesses and the community.
- Mitigating health impacts of poverty and urbanization.
- ◆ Reorienting health systems (Daar et al. 2007). (Oxford Textbook of Public Health, p. 1548)



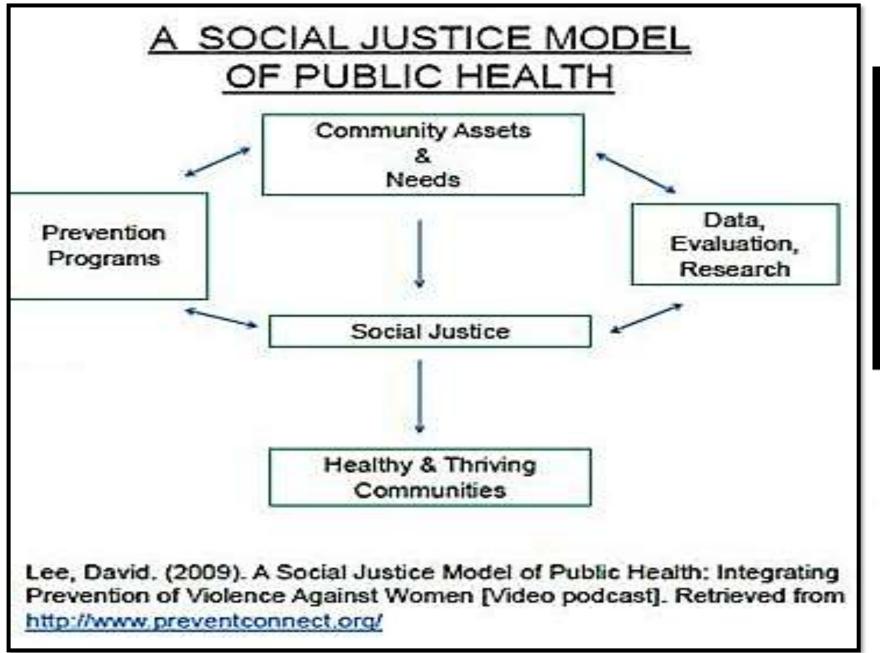
#### Box 11.6.2 Voluntary global targets

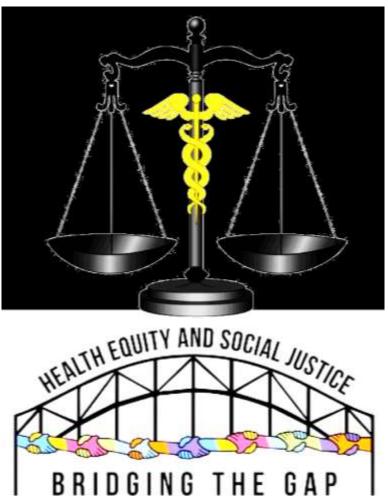
- A 25 per cent relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.
- 2. At least 10 per cent relative reduction in the harmful use of alcohol, as appropriate, within the national context.
- 3. A 10 per cent relative reduction in prevalence of insufficient physical activity.
- 4. A 30 per cent relative reduction in mean population intake of salt/sodium.
- 5. A 30 per cent relative reduction in prevalence of current tobacco use in persons aged 15+ years.
- A 25 per cent relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances.
- 7. Halt the rise in diabetes and obesity.
- At least 50 per cent of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes.
- An 80 per cent availability of the affordable basic technologies and essential medicines, including generics, required to treat major noncommunicable diseases in both public and private facilities.

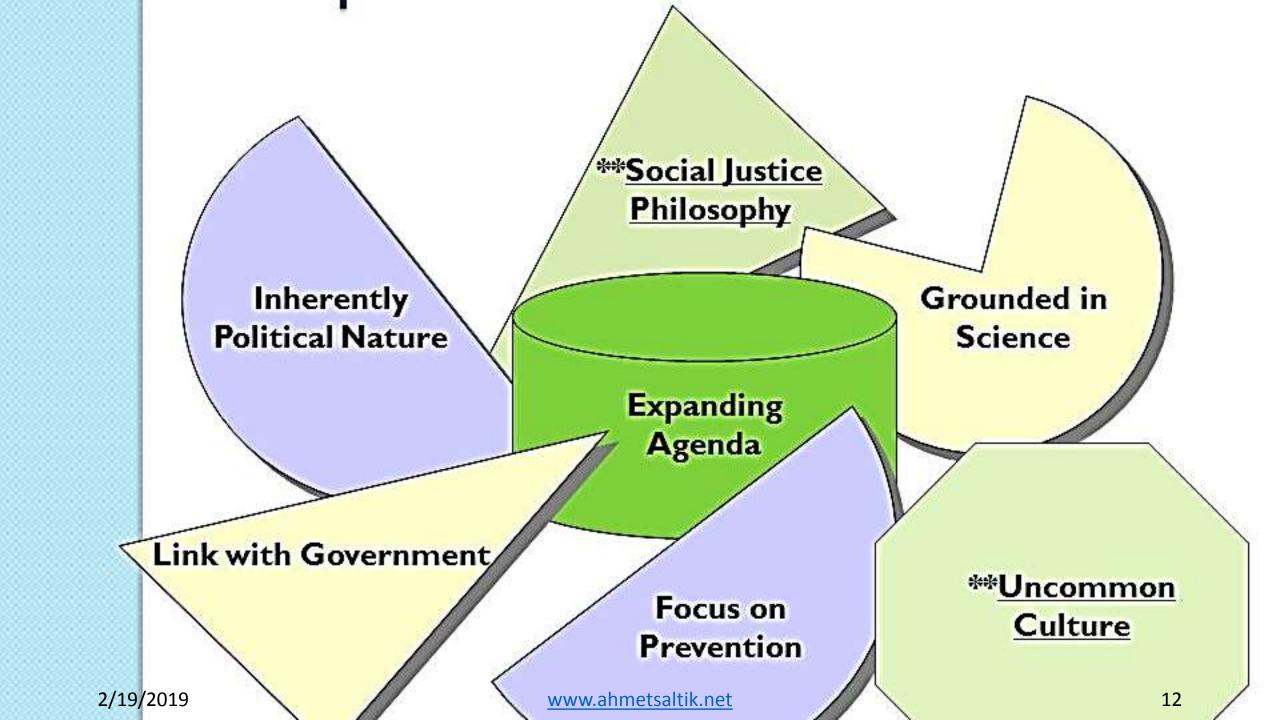
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Reproduced with permission from World Health Organization (WHO), Noncommunicable diseases and mental health: about 9 voluntary global targets, Copyright © WHO 2014, available from: http://www.who.int/nmh/ncd-tools/definition-targets/en/ www.who.int/nmh/ncd-tools/ definition-targets/en/.

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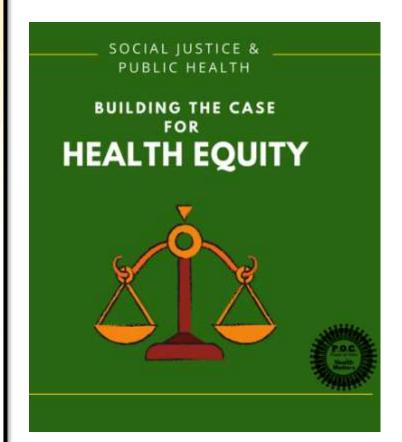
### Ottawa Charter...

- ☐ The conceptual framework of Alma Ata was further developed by the Ottawa Charter (WHO 1986), which promoted the concept of healthy public policy rather than focusing only on health policy, extending consideration of health to all policy environments, including the concept of health impact assessment.
- ☐ The *Ottawa Charter* defined five key areas for strategic public health action:
- 1. Building healthy public policy.
- 2. Creating supportive environments.
- 3. Strengthening community action.
- 4. Developing personal skills.
- 5. Reorienting health services towards prevention and a holistic approach (WHO 1986).

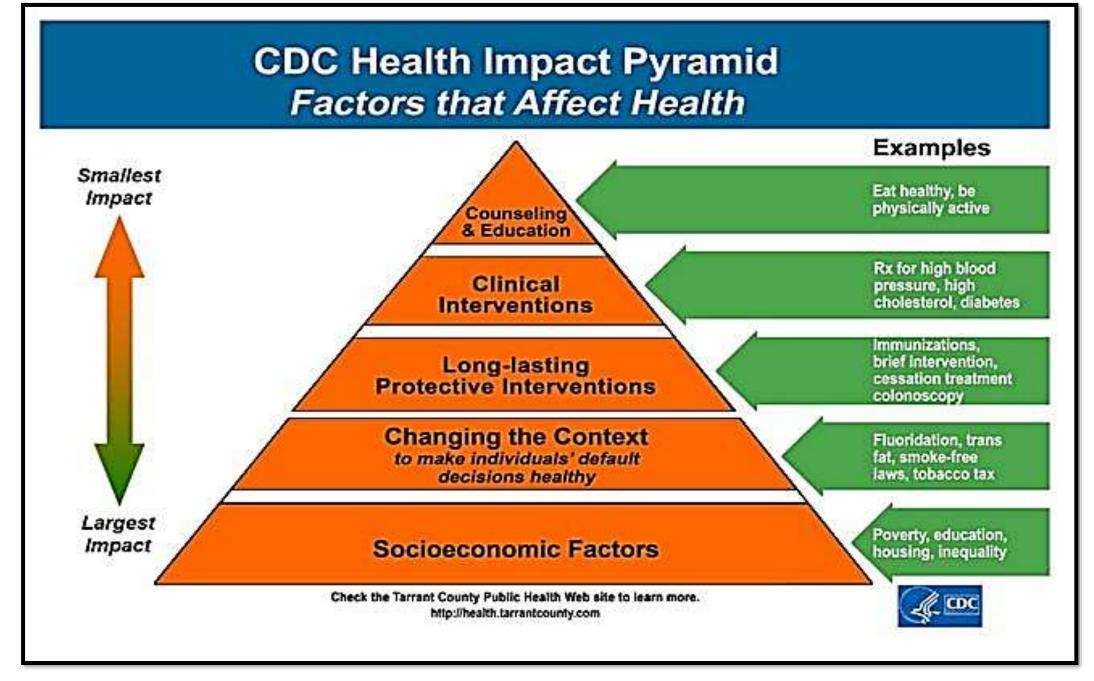


# Characteristics of Market and Social Justice

Market Justice	Social Justice
Views health care as an economic good	Views health care as a social resource
Assumes free market conditions for health services delivery	Requires active government involvement in health services delivery
Assumes that markets are more efficient in allocating resources equitably	Assumes that the government is more efficient in allocating health resources equitably

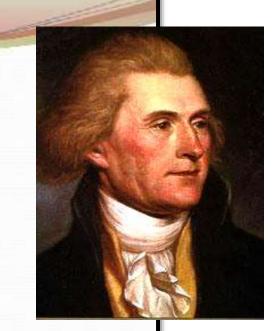


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# Impediments to Public Health and Social Justice

- Scientific Ignorance
- Pseudoscience
- Damaged educational system
- The corporate media/media consolidation
- All lead to the decline of democracy
  - "Information is the currency of democracy" (Thomas Jefferson)



## Creating health equity

- Creating health equity is a guiding priority and core value of APHA.
- By health equity, we mean everyone has the opportunity to attain their highest level of health.
- *Inequities* are created when barriers prevent individuals and communities from accessing these conditions and reaching their full potential.
- Inequities differ from health disparities, which are differences in health status between people related to social or demographic factors such as race, gender, income or geographic region.
- *Health disparities* are one way we can measure our progress toward achieving health equity.

https://www.apha.org/topics-and-issues/health-equity 19.02.2019

For science. For action. For health

## How do we achieve health equity?

- ➤ We value all people equally.
- ➤ We optimize the conditions in which people are born, grow, live, work, learn and age.



- ➤ We work with other sectors to address the factors that influence health, including employment, housing, education, health care, public safety and food access.¹
- ➤ We name <u>racism</u> as a force in determining how these social determinants are distributed.

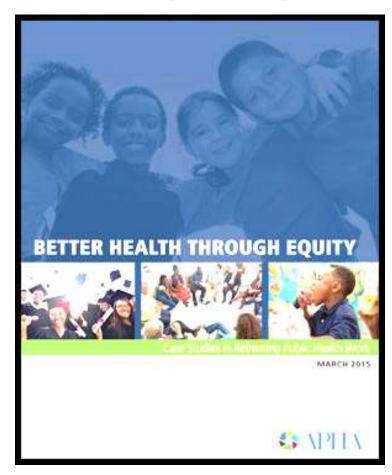
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### Better Health Through Equity:

### Case Studies in Reframing Public Health Work (2015)

- This report by **APHA** highlights state and local efforts from health agencies and one Tribal Nation across Colorado, Oregon, Texas, Virginia and Wisconsin to address the *root causes of health inequities*.
- Those **root causes** include **racism** and unequal distribution and access to resources such as a living wage, health care and quality education and housing.
- The report features the stories of the health agencies as they shifted their thinking and their work from focusing on *health disparities* to advancing health equity.

https://www.apha.org/topics-and-issues/health-equity 19.02.2019



https://youtu.be/29NHxReLvAY

## Thank you for valuable participation....





Never forget; HEALTH is a Basic Human RIGHT!