



PAHO celebrates 10 years of Equidad Listserv with recent symposium

A total of 360 academics and policy experts hear of the latest progress in health equity as a field comes into its own and technology boosts in-person and on-line communication.

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Ten years ago, the social determinants of health were a blip on most radar screens. True, some countries, notably the United Kingdom, had pursued better population health through a series of reports on how factors like income, class, race and living conditions affect morbidity and mortality. And WHO had published *Social Determinants of Health: The Solid Facts*, edited by Richard Wilkinson and Sir Michael Marmot, prime movers in the U.K. effort.

But for most academics and policy experts, public health was a compilation of personal statistics and medical care was still seen as the primary avenue to improvement. That all began to change as an avalanche of papers hit the learned journals. In the U.S. the National Institutes of Health hosted a conference on *Socioeconomic Status and Health in Industrial Nations*. Proceedings were published in a 1999 issue of the *Annals of the New York Academy of Sciences* (www.nyas.org), and more governments and private foundations began to focus on health disparities and their upstream causes. One example: A conference sponsored by the National Planning Association, a business and labor group, and the Academy for Health Services Research attracted 20 financial sponsors and led to the publication of *Improving Health: It Doesn't Take a Revolution*.

The Pan American Health Organization (PAHO/WHO) helped chronicle the transformation and communicate it to a broader audience through a simple listserv known as Equity or Equidad. Ana Lucia Ruggiero, who played a major role in developing the listserv, explained: "Over the last decade, equity in health and human development has become more and more important. We are proud to have provided a unique community, network and platform to discuss solutions. In this way research projects and their outcomes are helping to build a more equitable and sustainable world."

To celebrate the tenth anniversary of the listserv and ten years of progress in the field, PAHO held a symposium on Equity and Health February 24, 2010. A total of 50 attended in person at the PAHO/WHO headquarters in Washington, D.C. and another 310 participated on line. Presentations, including 15 major speakers and 15 more panel chairs and discussants, were drawn from universities around the world; PAHO, WHO and World Bank officials; U.S. government agencies and past and present participants in W.K. Kellogg-supported post-doctoral programs.

PAHO director Mirta Roses kicked off the proceedings with welcoming and celebratory remarks. The symposium, she said, would analyze trends of the last 10 years and address global issues of measuring health inequalities and evaluating solutions. She emphasized that electronic tools not only reach a new target audience; they also accelerate diffusion of research findings and evidence for policy making. The Equidad listserv, in particular, averages 960 postings annually. Roses also added a personal note: **"We're here to give special recognition to Ana Lucia, who had the soul to keep Equidad alive, making difficult selections, knowing her audience, and maintaining a constant dialogue with them."**

Implementing the WHO Commission Report

The first panel showcased action to implement the recent report of the *WHO Commission on Social Determinants of Health*. Interestingly, Marmot, whose work often features countrywide and international comparisons, went "local." After finishing his work with the WHO Commission, he had just completed a new strategic review for the U.K. "We are forming partnerships with different regions to show that inequities can be addressed by concentrated efforts at both national and local levels," Marmot reported, driving home the potential benefits of policy change across a wide range of sectors.

Georgetown University Professor Jose Romero Teruel cautioned that we still tend to focus on one thing at a time, forgetting to look at all the contributing factors to health equity. And Rudiger Krech of WHO observed that "What gets measured gets done," praising Equidad for publishing more and more cross-sector research.

Alex Scott-Samuel of the Public Health University of Liverpool called for a focus on power imbalances, including patriarchy and transnational firms. "It's not inequity that kills people," he explained. "It's those who profit from it."

University of California San Francisco Professor Paula Braveman keynoted the second panel, "Understanding the Determinants of Health." Speaking about conceptual challenges, she emphasized the importance of calculations for specific socioeconomic groups as opposed to averages. "Don't remove human rights from the equation," she urged.

Braveman also warned the audience about the consequences of looking downstream for the reasons behind ill health. "A narrow focus puts all of the onus on the individual. Look where that got us -- greater disparities and lower performance." She added a personal note, praising PAHO leaders who, she said, "saw health as a bridge for peace in Central America," and the Equidad listserv for bringing knowledge and a sense of community to those who otherwise lack access to the literature.

Olivia Carter-Pokras of the University of Maryland School of Public Health spoke of the value of community based research in understanding, for example, that stress causes ill health. "They get it -- why don't we?" she asked. Futurist Clem Bezold thought that recognizing equity in health was a significant mindset, with more change coming. "Equidad helps chronicle that change," he said. "Now even the U.S. is including social determinants in plans for the next version of *Healthy People*." Ulysses Panisset pointed to WHO's network of researchers and policy makers in 42 nations as a springboard for systematic reviews of social determinants.

The common thread in these presentations, according to Lexi Nolen of the University of Texas, is not to miss any opportunity "to incorporate the moral imperative in our work."

Child Development and Destinies Linked by Migration

In the next panel, Dolores Acevedo-Garcia of Northeastern University reported on her research comparing U.S. neighborhoods and metropolitan areas on upstream factors influencing child health and development -- work that can be seen on the website DiversityData.org. "African American and Latino kids face double and triple the jeopardy that white kids do," she said. "Individual disparities are exacerbated by neighborhood effects -- especially in hypersegregated neighborhoods. It's not a marginal

issue but rather the key to moving the whole nation forward, because soon white children will not longer be the majority in the U.S.”

One problem in the news lately is the increase in childhood obesity in the U.S., providing a striking contrast with reports of stunting and malnutrition in Latin America by PAHO's Manuel Pena. Lisa Rosas of the University of California San Francisco noted that obesity is influenced by family (a concept known as “food insecurity,” or memories and appetites to match that stay with once-hungry immigrants), the foods available in neighborhood markets and the lack of healthy meals and physical activity in schools.

Acevedo Garcia returned to lead another related panel, featuring studies by a growing network of researchers in a Cross National Initiative in Place, Migration and Health. “There are polarized views about immigrants in the U.S.,” she acknowledged. “But we have to ask ourselves what this country would look like if Latinos were not here.” She warned that not only is the Latino population in the U.S. growing faster than other groups, their health is getting worse. In what is known as the “Hispanic paradox,” first generation immigrants to the U.S. are better off than second and third generations according to such measures as obesity, birth outcomes and self-reported health.

The group is studying factors in the migration process that might affect health on both sides of the border -- social isolation, the practice of sending remittances to the home country, labor practices and exclusion of even legal immigrants from health insurance and social programs. “Work is a unique window on equity for migrants,” explained Amy Snipes of the University of Texas. “Most of them come here for work, risking occupational hazards like pesticide exposure and low income that is nonetheless better than that in their native countries.”

Global Health and Knowledge Networks

A panel on “Global Health and Ethics” featured Lawrence Gostin and Gregg Bloche, both of the Georgetown-Johns Hopkins joint program in Law and Public Health. Previewing an article for *Lancet*, Gostin recognized resistance to international treaties and proposed instead a global plan for justice, allocating resources according to health needs.

Bloche took on “the reality we don't like to think of -- that we spend the biggest chunk of money on rescue oriented health services.” The rescue impulse is instinctive, he explained. Office holders are thrown out if they won't provide funds, and doctors must be loyal to their patients without regard to what's good for society. “The challenge is to negotiate a compromise, rescue vs. social justice,” Bloche said. “WHO and PAHO can help develop models; find ways to set limits on high cost health care.”

Jennifer Prah Ruger of Yale University reported on her work with Amartya Sen on justice and global health. Agreeing with Gostin on resistance to treaties, she noted constraints on global governance. “A top down framework won't work,” she argued. “What are needed are sets of principles, and a balance between provincial, national and global interests.”

Attention then shifted to “Knowledge Networks.” Najeeb Al Shorbaji of WHO said that such networks must connect people for a purpose, consider potential members, recognize informal as well as formal knowledge in the public domain. Ramesh Krishnamurthy of the U.S. Centers for Disease Control decried the silos that have grown up because of differences in funding, geographic level and reason for generation. “We have to try to align the stakeholders and the strategies,” he urged.

Stacey Aronson discussed ways in which the U.S. National Library of Medicine is trying to make its PubMed service more accessible, including working with community based organizations and websites for specific ethnic groups. Theresa Bernardo of PAHO also pointed to new ways of working with user communities, thinking about inexpensive cell phones to conquer the digital divide in Kenya, or the 911 phone service in Haiti locating people trapped in the post-earthquake rubble.

Although the emphasis of the symposium was on the social determinants of health, organizers wanted to assure that health services were not excluded. A final panel dealt with pro-poor financing reforms,

beginning with Abdo Yazbek of the World Bank. "We found that spending more on health services doesn't necessarily get to the poor. We can actually exacerbate inequality," he said. Positive steps he recommended: The poor shouldn't pay at point of service; dollars should follow populations, not facilities, and payment should incentivize providers to serve the poor. Former World Bank advisor David Gwatkin said he prefers an insurance approach to free care. And Philip Musgrove, now at the journal *Health Affairs*, agreed that funds should follow people, not facilities, based on experience in Latin America.

Bringing the day to a close, Teresa Bernardo reiterated Ruggiero's contribution to the listserv. "*Equidad now has 17,500 recipients in 170 countries,*" she said, "*and it is connected to 28 global networks reaching 65,000 more people around the world.*"

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