

EDITOR'S CHOICE



Advocacy: A Leadership Role for Public Health

This issue of the Journal takes on the theme of public health advocacy. February is also Black History Month. Last year we marked the 150th anniversary of the beginning of the US Civil War. This brutal conflict ended the atrocity of enslavement of people of African descent, but it did not end the enduring impact of racism on health and well-being. It seems, then, an appropriate time to reflect on the importance of public health and most importantly, public health advocacy, to the health of Black Americans.

While the traditional approach begins by lauding the progress that has been made, we must admit that there is still much work to be done to ensure the health of Black America. Twenty-five years ago, as I began work in public health, I noted that ever since the first crude tabulation of vital statistics in colonial America, Black Americans have been sicker and have died younger than have White Americans. Sadly, this is still true. In a careful review of trends in premature mortality (death before age 65 years) from 1960 to 2002, Krieger et al. observed that while White Americans achieved a life expectancy of 65 years in 1944 and Black American women attained this benchmark in 1954, it was only in 1995 that Black American men achieved a stable life expectancy of 65 years (Krieger N, et al. The fall and rise of US inequities in premature mortality: 1960-2002. *PLoS Med.* 2008;5[2]:e46). The authors also documented that inequities in premature mortality declined between 1965 and 1980, but then stagnated or widened thereafter. Recently, the New York City Health Department reported on life expectancy among city residents. Whether living in wealthier or poorer neighborhoods, Black New Yorkers lived 3–4 fewer years than did White New Yorkers. (Myers C, et al. Reducing health disparities in New York City: health disparities in life expectancy and death. New York, NY: New York City Department of Health and Mental Hygiene; 2010). Further, the same analysis showed some worrying emerging trends. The relative Black–White disparity in diabetes mortality is widening. This may presage a widening of the Black–White health gap, as diabetes is becoming increasingly common among all Americans.

But this gloomy summation of progress does not tell the whole story. The remarkable near doubling of life expectancy achieved in the 20th century translated into many lives saved from

premature death for all Americans, both Black and White. In 1990, the 40% excess mortality rate of Black New Yorkers compared with that of White New Yorkers translated into 371 lives that would have been saved if Black Americans had shared the same mortality rates as White Americans. In 2006, Black Americans had a 30% higher mortality rate than did White Americans a mere 7% decline since 1990, but the penalty in lives lost was much lower: 198 excess deaths among Black Americans a nearly 50% decline. Relative excess risk of death is unjust and unacceptable, but the public health approach also values as vital the actual number of lives saved.

And this is where advocacy comes in. For the advance toward health equity for Black Americans as measured in premature deaths averted was not a result of some inexorable march of progress. Such gains depended in great part on the upsurge in advocacy known as the US civil rights movement and its accompanying impressive legislative agenda: the US Civil Rights Act in 1964, the Voting Rights Act in 1965, the establishment of Medicare and Medicaid in 1965, and the Fair Housing Act in 1968. These landmark laws and other federal actions, such as the extension of community health centers, contributed to lessened inequities in the ensuing decades.

Today there are social issues that are no less pressing and no less controversial: access to health care is denied to more than 50 million Americans, poverty is rising, and the social programs of the 1960s, indeed the 1930s, are under threat. Maintaining population health gains requires ongoing effort, as shown by the shrinking then widening inequities in premature mortality by race and income after 1980. The suffering in these present trying times will fall most heavily on the descendants of the enslaved. It is time once again for public health to take a leadership role and advocate for the health and well-being of all Americans. ■

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