

## **Society for Public Health Education**

### **RESOLUTION FOR ELIMINATING HEALTH DISPARITIES FOR APPALACHIAN POPULATIONS Adopted by the SOPHE Board of Trustees May 2, 2002**

Whereas SOPHE recognizes that the health and well-being of communities and the individuals within them is dependent not only on biological but also social and environmental factors, and that under-represented communities of people in which health disparities are most evident have been historically silenced, ignored and their trust violated with regard to economic opportunity, environmental safety, health care access, health care service delivery and education; and

Whereas Healthy People 2010 objectives for the nation recognize that the systematic silencing, disregard, and violation of trust has a negative effect on the health and well-being of under-represented communities by continuing to perpetuate institutionalized oppressions and health disparities (1); and

Whereas Appalachia, is defined as 200,000 square mile area of 22 million people; 42% of which reside in rural areas as compared to only 20% of the national population and people living in rural areas are at risk for more health issues than those living in urban areas (2); and

Whereas, in 1997 overall incomes in Appalachia were 17.5% below that of the average U.S. population and per capita income was approximately \$5,000 below the average U.S. population, or about 78%, and in 1990 poverty rates in Appalachia were approximately 2% lower than in the United States (3); and

Whereas, the rate of primary care physicians in Appalachia is 55.6 per 100,000 in comparison with 96.2 per 100,000 in urban United States (3); and

Whereas, Appalachia has the third highest overall death rate in the United States (25% of the deaths could have been prevented by healthier lifestyles) (4); and

Whereas, Appalachia has the highest death rate from lung cancer in the nation and the second highest death rate in the nation from cervical cancer (4); and

Whereas, Appalachia has the most inactive population in the nation and the ninth highest obesity rate in the nation (4); and

Whereas among persons aged 35-64 years, Coronary Heart Disease (CHD) death rates for whites in Appalachia were consistently higher than those for the entire U.S. CHD death rates were 15% higher among white men aged 35-64 years in Appalachia than among white men in the U.S. in 1980; in 1993 rates were 19% higher for white men in Appalachia. Similarly CHD death rates were 15% higher among white women aged 35-64 years in Appalachia than among white women in the U.S. in 1980; in 1993, rates were 21% higher for white women in Appalachia (5);

Whereas, rates of cigarette smoking among Appalachians are 29% in comparison to the general population 25% and efforts to promote cessation and abstinence in Appalachians have been relatively unsuccessful (6); and

Whereas, smokeless tobacco use is 10% higher among Appalachian males in comparison to all males in the United States population (7); and

Whereas, citations in the literature are few for Appalachians in comparison with other populations, and further, Appalachians should be recognized as a minority population in need of many resources including resources to promote healthy behaviors (7).

*Now therefore be it resolved that SOPHE:*

#### INTERNAL ACTIVITIES:

- (1) Assess possible means by which SOPHE contributes to exclusion, discrimination or oppression of Appalachian groups in its operation, policies and actions.
- (2) Initiate an organization wide education campaign to eliminate operations, policies and processes that exclude and discriminate against Appalachian populations.
- (3) Initiate efforts for inclusion of Appalachian populations in groups experiencing health disparities and inclusion in Health People 2010 initiatives.
- (4) Support professional training opportunities to increase cultural competency of public health education and health care professionals to increase cultural competency about Appalachians as a minority population.
- (5) Initiate scholarship opportunities for Appalachian SOPHE members to promote their public health education professional development, education and training.
- (6) Commit resources and efforts to develop and implement effective methods of recruiting students from Appalachian regions of the U.S into SOPHE.

#### EXTERNAL ACTIVITIES:

- (1) Support advocacy efforts for:
  - Increased funding opportunities for the identification of data for Appalachian populations to address the underlying determinants of health disparities.
  - Increased funding opportunities for recruitment and training public health educators and other health care professionals representing Appalachian groups
- (2) Improve professional education and development opportunities by:
  - Seeking funds from Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) or other potential parties to examine the proportion of students professional preparation programs in health education that represent Appalachian according to their residents in Appalachian geographic areas.
  - Advocating for the hiring and promotion of Appalachian faculty in professional preparation programs in health education.
  - Advocating for the establishment of professional preparation programs in Appalachian geographic areas
- (3) Collaborate with national initiatives to establish Appalachian populations as a group experiencing health disparities and to be identified for program and funding initiatives through the NIH National Center on Minority Health and Health Disparities, HRSA's Office on Minority Health, the DHHS Office on Minority Health and state office of minority health in the Appalachian geographic areas.

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#### REFERENCES

1. US Department of Health and Human Services (2000) Healthy People 2010. Washington DC: US Government Printing Office
2. Appalachian Regional Commission (2000) Population Change in Appalachia 1990-1999
3. Appalachian Regional Commission (2000) Income Rates in Appalachia, 1997
4. Hurley, Janet L. and H. Spencer Turner, 2000, Development of a Health Service at a Rural Community College in Appalachia, Journal of American College Health 48.4 (2000): 181-189
5. Centers for Disease Control and Prevention (1998) Coronary Heart Disease Mortality Trends Among Whites and Blacks Appalachia and United States, 1980-1993 MMWR 11-27-98 47(46) 1005-8, 1015

6. Wewers, Mary Ellen, Ahijevych, Karen, Chen, Moon, Dresbach, Sereana, Kihm, Kristine, Kuun, Patty (2000) Tobacco Use Characteristics Among Rural Ohio Appalachians, *Journal Community Health*, Vol. 25, No 5, 2000, 377-388
7. Elnicki DM, Morris DK & Shockcor WT (1995) Patient perceived barriers to preventive health care among indigent, rural Appalachian patients. *Archives of Internal Medicine*. 155: 421-424.

### **Implementation Plan**

1. Assess possible means by which SOPHE may contribute to exclusion, discrimination or oppression of Appalachian groups in its operation, policies and actions (Ethics Committee, Open Society Followup)
2. Initiate efforts for inclusion of Appalachian populations in groups experiencing health disparities and inclusion in Health People 2010 initiatives (Advocacy Committee)
3. Support professional training opportunities. (Annual and Midyear Meeting Committees, Professional Development Committee)
4. Explore scholarship opportunities for Appalachian SOPHE members. (Resource Development Committee)
5. Recruit students from Appalachian regions into SOPHE. (Membership Committee)
6. Share this resolution with all members of the Coalition of National Health Education Organizations (CNHEO) – National office