

Global Health and the United States

by Beenu Puri

Earlier this month, the Live 8 concerts in 10 cities across the world, sought to raise awareness of poverty in Africa and urge the Group of 8 (G8) leaders of the leading industrialized, democratic nations, to address the issue. However, poverty is a global issue, affecting all countries of the world, including the United States.

One aspect of the incidence of poverty is the issue of health. Each country has its own health system and when studying global health, quite a difference appears between the United States and Europe. Dr. Vincent Navarro, MD, DrPH, of John Hopkins and Pomea Fabra University in Spain, recently released two publications on the issue of global health, *The Political and Social Context of Health* and *Political and Economic Determinants of Population Health and Well-Being: Controversies and Developments*. Both examine the role and influence of governance and politics upon health. Both books concur that social inequality negatively impacts both our health and political systems, and thus impacts our health.

Dr. Navarro asserts that health is “not only a biological status; it is also a socio, psychological, political and economic status.” *The Political and Social Context of Health* studies the relationship between health and politics. Dr. Navarro has taken the position that regardless of who is in power, “we must look at politics that shape the nature of policies.”

Political and Economic Determinants of Population Health and Well-Being: Controversies and Developments, a comparison study of five countries, holds the premise that those who govern make a difference in the country’s health policy. Based on the study’s findings, Dr. Navarro, has concluded that, since the government, unlike its European counterparts, does not redistribute resources, the United States has poor health indicators; in the United States the market defines who gets what resources. In the United States where the market system prevails, Dr. Navarro believes that not redistributing resources has produced a negative impact not only on health but on issues of class, gender and race as well. By his understanding, the governance of health issues is exclusive in the United States since availability and accessibility of health care is limited. The study concluded that political systems that were committed to redistributing income addressed health issues better.

The need for access and availability of health care is great among the low-income population of the United States. In areas of low performing economies and shortage of employment opportunities with benefits, many Americans are turning toward community action agencies for health care assistance. In Fiscal Year 2004, almost half of the community action program participants surveyed did not have health insurance. To address the needs of those individuals, states and agencies dedicated funding sources, including Community Services Block Grant (CSBG) funds, to meet the health care needs of program participants. In Fiscal Year 2004, over \$24 million of the CSBG was spent on health programs, and \$94 million in state funds were contributed.

Further, in FY 2004:

Over 40 states created or preserved access to affordable health care services for more than 314,000 low-income individuals;

39 states assisted 126,821 low-income participants obtain health care services for themselves or a family member in support of employment stability; and
45 states helped 274,918 infants and children obtain age-appropriate immunizations, medical and dental care.

Below is one example of how community action agencies are reaching out to the community in addressing health issues. This is one example of the many innovative strategies community action agencies have designed to meet the needs of low-income individuals with health issues.

In addressing the needs of low-income citizens inability to pay for their prescription medicines, AMOS, Affordable Medicine Options for Seniors, was created as an educational and advising service in Knoxville-Knox County. The county's Council on Aging and the Knoxville-Knox County Community Action Committee led a Prescription Drug Task Force that found that seniors were spending a disproportionate amount of their income on medications necessary for their health. By working with task force members, local seniors were referred to Project LIVE, a CSBG program that assists homebound, low-income seniors. Participants are also referred to other cost saving programs, increasing savings for low-income seniors. During 2004, AMOS was in contact with 500 new individuals, and provided individual consultation services to 233 seniors. As of January 2005, Knox County Seniors have saved over \$100,000 in prescription costs, thanks to AMOS.

Community action agencies are already experienced in administering health and nutrition related programs under the Older Americans Act, Medicare/Medicaid, Community Food and Nutrition, WIC and USDA food programs. Utilizing the skills and experience acquired from administering programs including those listed above, CAAs are transitioning to further address the needs of their populations via other health programs such as prescription assistance programs, adult day care, and increasing access to medical professionals.

Although the governance of the overall issue of health care is in play at the federal level of government, it is those agencies across the country that strive to forge ahead to create access and availability to health programs. For additional examples of how community action agencies are working to address the health needs of their community, please see the Fiscal Year 2004 CSBG/IS narratives on the NASCSP website, www.nascsp.org, under "What's New."

For more information on Dr. Navarro's books, please visit www.baywood.com. To learn more about the G8, please visit www.g7.utoronto.ca/. For further information on the international campaign to end poverty, please visit www.one.org