Perspective:
Hope for Health Equity

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Times like these test the soul. We are now working for health equity in a time of overt, aggressive opposition. Yet, hope in the face of overwhelming obstacles is the force that has driven most of the world's progress toward equity and justice. Operationalizing real-world hope requires an affirmative vision, an expectation of success, broad coalitions taking action cohesively, and frequent measures of collective impact to drive rapid-cycle improvement. *Ethn Dis*. 2017;27(2):117-120; doi:10.18865/ed.27.2.117

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"Hope is a good thing, maybe the best of things . . ."

These words were spoken by a wrongly convicted prisoner in the movie *Shawshank Redemption*, but also seem apropos at the current moment, when our dream of achieving health equity may be shaken. We see ever more clearly the forces actively fighting against a justice-based approach to health for all. We hear a dialectic in which the collective good is placed in opposition to the autonomy of the individual. It would be easy to lose hope. Good people working to address poverty are pejoratively labeled as "social justice warriors." Ideologues fight to constrain the role of government in addressing health equity and actively work to roll back recent gains, while offering no substantive alternatives. In the latest months across the Western world, rekindled fires of anti-immigrant White nationalism have achieved new levels of visibility and influence.

It drains our hope, and losing hope makes us feel powerless. A fatalistic sense of inevitability can be paralyzing. Hopeless inaction in the face of disparities would mean the acceptance of preventable suffering and deaths, which people of conscience cannot accept. Instead, *Healthy People 2010* first established the goal of "reducing and ultimately eliminating health disparities." An Arabian proverb says, "He who has health has hope, and he who has hope has everything." We can consciously choose to have hope, and to work toward that goal.

Our hope is not without reason. There is mounting evidence that disparities can be eliminated and that health equity can be achieved. More

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> — Shawshank Redemption

than 60 US counties have already achieved lower Black male mortality rates than the average US White male mortality rate.[1] The United Nations has established 17 Sustainable Development Goals, the first three of which are **No Poverty, Zero Hunger, and Good Health and Well-Being**, with specific targets for each (such as eliminating preventable deaths of infants and children under age five by 2030). Unrealistic? Across the globe, child mortality dropped by 53% in the

past 15 years, and is on track for another 50% reduction in the next two decades. Such hopeful, aspirational goals may seem naively optimistic to some, but consider the global eradication of smallpox – was that goal not naïvely ambitious at its onset?

History is on our side. In the words of Martin Luther King (paraphrased from an abolitionist minister a century before), **"the arc of the moral universe is long, but it bends toward justice."**[2] The historic and ongoing fight for civil rights worldwide has proven that this arc bends toward justice even more strongly when leaders have vision and optimism and faith, sufficient to build movements that act strategically to achieve the moral good. One could argue that there was no earthly cause for optimism or hope in Selma, Alabama in 1965, nor during the United Farmworkers' Delano march and grape boycott, nor in South Africa during apartheid, but leaders acted as if the outcome of justice was already assured.

A scholar in urban educational equity suggested that we need *"a movement from simple hope to complex hope,"* which he further defined in this way:

"By complex hope I mean an optimism of the will that recognizes the historical and structural difficulties which have to be overcome."[3]

Other authors use the term robust hope, in contrast to naïve or simplistic hope. Desmond Tutu once acknowledged that *"apartheid did look invincible,"* but also said that *"hope is being able to see that there is light despite all of the darkness."*[4] The key is not to be overwhelmed by nor

to underestimate the challenges. In the book, *Good to Great*, Jim Collins summarized lessons learned by a prisoner of war during eight years of isolation and torture in Viet Nam as the Stockdale Paradox[5] -- *honestly confront the brutal facts, but never lose faith.* Martin Luther King, Jr described a similar sense of balance, urging followers to *"accept finite disappointment, but never to lose infinite hope."*[6]

We lose hope, for example, when we believe that social determinants "determine" outcomes, or that demographics are destiny. Social determinants at both the individual and neighborhood levels are a powerful factor in making health disparities so persistent and pervasive, but our team at the National Center for Primary Care at Morehouse School of Medicine built a body of research around the mantra that "disparities are not inevitable." In a study of infant mortality, our team identified a specifically "resilient" stratum of counties that had moved from infant-mortality rates with high racial disparities in infant mortality in 1979 to paradoxically low Black infant mortality rates by 2001, even after controlling for education, poverty, and income levels.[7]

Complex hope demands an affirmative vision of a positive outcome. In several studies on cancer mortality, we have identified US counties that have moved from high levels of racial disparity to near-equality over a 20-year period.[8] In addition to demonstrating that disparities are not inevitable, this work reminded us that the cure is not always the inverse of the cause. Finding these potential paths to health equity may require a whole new body of research to understand

and learn from paradoxically successful, equality-achieving communities.

This affirmative vision must then drive an expectation of progress, holding our leaders and ourselves accountable for moving the needle on eliminating health disparities and creating structural change consistent with long-term sustainable health equity. Our team at Florida State University has now projected the year in which each state will achieve racial equality in infant mortality rates if current trend lines are sustained,[9] underscoring the evidence that equality of health outcomes is achievable.

Building on this affirmative vision and expectation of progress toward broadly attaining health equity then requires a strategy. Key elements of such a strategy might include:

1. Repeated, explicit measurement of health outcome disparities as well as metrics of structural inequity, with rapid-cycle feedback loops to drive continuous improvement of interventions.
2. Accountable commitment to progress on health equity metrics by leaders, policy-makers, and other stakeholders, including not only progress toward health outcome equality, but progress toward structural equity (starting with vertically-proportionate diversity at all levels of power within each organization).
3. Community leadership, power-sharing, and partnership with other stakeholders, advocates, and experts.
4. Coordination and cohesiveness of goal-directed efforts by champions and workers in all sectors,

working in intentional coalitions with a conscious purpose of achieving collective impact.

5. Pro-active use of health systems not only to provide equitable care, but also to use economic and structural assets purposefully to improve social determinants, through intentional community investment, minority contracting, and creating job opportunities and career paths for persons from high-disparity segments of the community.

To operationalize this strategy, complex hope demands action. Bill Gates once praised fellow billionaire Warren Buffet's optimism as a driver of positive action – *"Optimism isn't a belief that things will automatically get better; it's a conviction that we can make things better."*[10] Surveillance and accountability are key. We must insist that public health metrics and health system quality metrics include explicit measures of racial-ethnic equality, with sufficient timeliness and granularity to drive rapid-cycle improvement toward more optimal and equitable outcomes.

Progress toward health equity will almost certainly require multi-dimensional, dynamic, and community-engaged interventions. For example, effective community health development can not only improve health outcomes, but can also substantially increase community leadership and self-efficacy, which can, in turn, drive positive change in social determinants. This requires a three-dimensional approach, from primary to tertiary prevention, from individual to community to population health, from environment to vaccines to policy to resources and system change – all are essential.

Perhaps even more important than having programs across all domains is to have them work in harmony together in a common direction. We must pro-actively manage a cohesive, collective efficacy in coalitions of programs operating across all sectors of social justice and health, cultivating trust and mutual accountability toward our hopeful vision of health equity.

In the end, hope is not a strategy.

We must insist that public health metrics and health system quality metrics include explicit measures of racial-ethnic equality, with sufficient timeliness and granularity to drive rapid-cycle improvement toward more optimal and equitable outcomes.

It is far more important than that! We need to embrace "the audacity of hope" in a brutally honest, but stubbornly optimistic commitment to optimal and equitable health for all. Sixteen years before apartheid ended, during the funeral of murdered activist Stephen Biko, then-Bishop Des-mond Tutu declared that *"the powers of injustice, of oppression, of exploitation, have done their worst, and they have lost."*[11] In 2010, he would say that *"there is no question at all but that good and laughter and justice will prevail."*

So, we hope for health equity. We hope with the robust, complex hope of the clear-eyed realist. And, because we hope, we work hard for health equity. We persevere. We join forces with others to fight together for health equity. We see the outcome already being revealed, and we work to speed its hastening. Together, we bend the arc toward justice. And we know that health equity will prevail.

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