



HEALTH AND WELL-BEING AS HUMAN RIGHTS

LATAH COUNTY HUMAN RIGHTS TASK FORCE

TOPICS COVERED:



1. Why are health and well-being human rights?
2. What are good health and well-being?
3. What supports good health and well-being? What obstructs them?
4. How do U.S. health data and care systems compare with those of other nations?
5. What has the Covid-19 pandemic revealed about inequalities and injustices in health and health care?
6. What are some local health care issues?
7. What can we as individuals and as a society do to improve health and well being?
8. Health as a Human Right *Children's Activity Page.*

WHY ARE HEALTH AND WELL-BEING HUMAN RIGHTS?



1. THEY ARE ESTABLISHED BY INTERNATIONAL POLICY:

The 1947 United Nations Universal Declaration of Human Rights, Article 25, Section 1 states, “Everyone has the right to a standard of living adequate to the health and well-being of himself and of his family. . . “. (The full text of the UDHR is available at <https://www.un.org/en/universal-declaration-human-rights/>)

The World Health Organization Constitution of 1946 sets “the highest attainable standard of health as a fundamental right of every human being.”

WHY ARE HEALTH AND WELL-BEING HUMAN RIGHTS?

2. THEY ARE A MORAL PRINCIPLE:

“Of all the forms of inequality, injustice in health is the most shocking and inhumane...”—Dr. Martin Luther King Jr. at the Medical Committee for Human Rights, March 25, 1966.

3. THEY ARE SET BY PRECEDENT IN OTHER NATIONS:

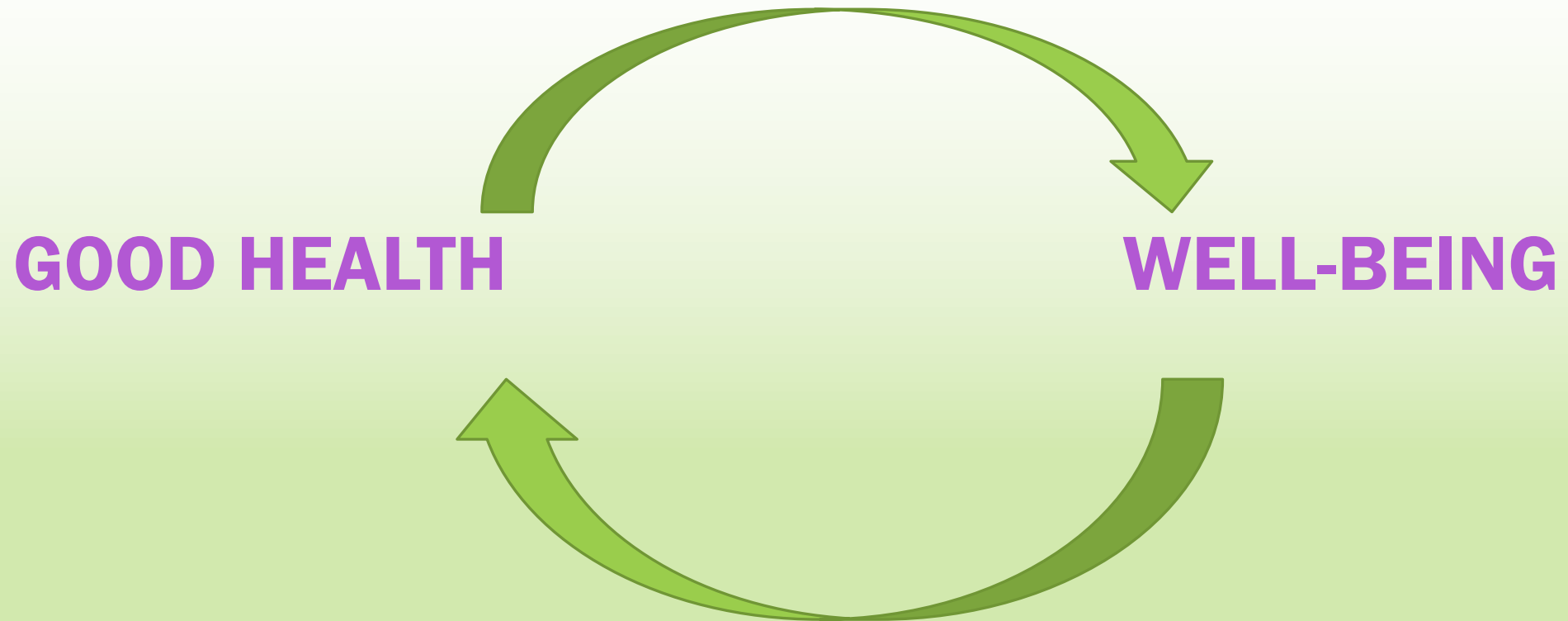
Over 70 other countries have written into their constitutions the right to health care (“Global Public Health” report, July 2013).

WHAT ARE GOOD HEALTH AND WELL-BEING?



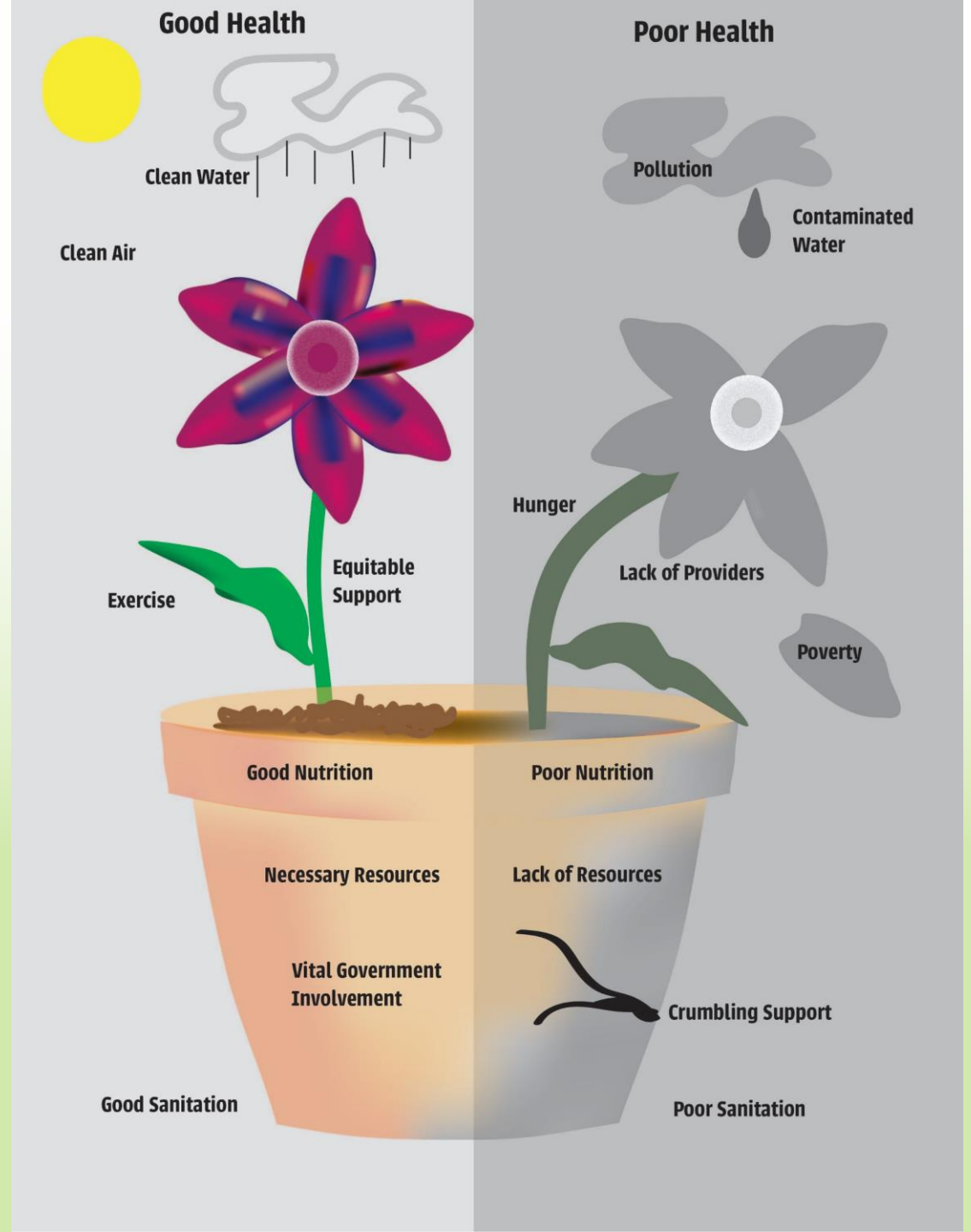
- **Good health** means absence of disease or mental distress, as well as continuity of fitness and emotional stability.
- **Well-being** combines good health with life satisfaction—to enjoy fulfilling social relationships, adequate exercise and recreation, a positive interest in life’s activities, connection with Nature, and access to health care when needed.

GOOD HEALTH AND WELL-BEING ARE RELATED:





WHAT SUPPORTS GOOD HEALTH, AND WHAT ARE ITS OBSTACLES?



SUPPORTS FOR GOOD HEALTH

(FROM WWW.WEBMD.COM AND WWW.LIVINGHEALTHWORKS.COM):

- 👍 BALANCED DIET
- 👍 REGULAR EXERCISE; TIME FOR RELAXATION & RECREATION
- 👍 ACCESS TO AFFORDABLE, HIGH-QUALITY MEDICAL & DENTAL CARE
- 👍 AVAILABILITY OF HIGH-QUALITY MENTAL HEALTH SERVICES
- 👍 AVOIDING TOBACCO
- 👍 ACTIVE SOCIAL RELATIONSHIPS
- 👍 MORE ON WWW.HEALTH.HARVARD.EDU/BLOG/

OBSTACLES TO GOOD HEALTH

(FROM STANFORD MEDICINE; NATIONAL LIBRARY OF MEDICINE, NIH)

- 👎 LACK OF NEARBY MEDICAL PROFESSIONALS
- 👎 FINANCIAL BARRIERS—HEALTH SERVICES, FOOD, MEDICINES AND TRANSPORTATION ARE TOO COSTLY TO AFFORD
- 👎 LACK OF ACCURATE, TIMELY, AVAILABLE INFORMATION
- 👎 ENVIRONMENTAL POLLUTANTS, TOXIC NEIGHBORHOODS
- 👎 SOCIAL ISOLATION
- 👎 CULTURE AND LANGUAGE BARRIERS

HOW DO U.S. HEALTH DATA AND CARE SYSTEMS COMPARE WITH THOSE OF OTHER NATIONS?



- The U.S. ranks very low for health care compared with other nations.
- The U.S. has higher health care costs.
- High health care costs translate into poorer results in various health standards.

See VOX video at <https://youtu.be/tNla9nyRMmQ>

THE U.S. RANKS VERY LOW FOR HEALTH CARE COMPARED WITH OTHER NATIONS

- The US ranks 30th in the world behind Mexico and just ahead of Lithuania. (Health Care Index of the 2019 edition of CEOWORLD.)
 - The list is based on the following criteria: quality of health care infrastructure, quality of medical professionals, costs per capita, and availability of medicine.
- Four Asian countries rank in the top ten: Taiwan (first), South Korea (second) Japan (third), and Thailand (sixth).
- In Europe, Austria came in fourth, Denmark (fifth), Spain (seventh), France (eighth), and Belgium (ninth); and the nation of Australia (tenth).
- The US ranking in 2020 is not looking any better according to two sources: 37th behind Costa Rica but ahead of Slovenia (World Population Review), and 30th between Ecuador and Argentina (numerio.com).

U.S. HAS HIGHER HEALTH CARE COSTS

- The U.S. has by far the most expensive health care.
- Per capita costs: U.S (\$10,586) Switzerland (\$7,317) Norway (\$6,187) Germany (\$5,986) Sweden (\$5,447) Austria (\$5,395) Denmark (\$5,299).
- Administrative costs are high (25% of costs) and the cost of drugs is rising.
- The existing systems of Medicare and Medicaid both have low administrative costs.
- “Free Market” health care is much more expensive than other alternatives.

HIGH HEALTH CARE COSTS TRANSLATE INTO POORER RESULTS IN VARIOUS HEALTH STANDARDS - 1

- The U.S. has seen a decline in longevity from 78.9 years in 2014, 78.7 in 2016, and 78.6 in 2017.
- Some parts of the US have a lower life expectancy than that in Iraq and North Korea.
- In 2016, Spaniards lived an average of 82.9 years and Japanese an average of 83.7 years.
- Potential lives lost have declined by 23% in the U.S. but have declined by 42% in Organization for Economic Co-operation and Development countries (OECD) - wealthy countries with better health care.
- In 2017 premature deaths and years living with disability was 31% higher in the U.S. than in the OECD.

HIGH HEALTH CARE COSTS TRANSLATE INTO POORER RESULTS IN VARIOUS HEALTH STANDARDS - 2

- The U.S. ranked last among comparable nations in preventable deaths (those due to poor health care or a lack of health care).
- The U.S ranks first in medical technology but 97th in access to quality health care (2019 Social Progress Index, where the U.S. ranks 28th overall). One survey ranked it 55th on this crucial issue.
- American women have a much a higher maternal mortality rate (16.9 deaths per 100,000 live births) in contrast to 4.4 deaths in similar countries.
- Black women giving birth die three times more often than white women.

WHAT HAS THE COVID-19 PANDEMIC REVEALED ABOUT INEQUALITIES IN HEALTH AND HEALTH CARE?



1. RACIAL DISPARITIES
2. PROFIT-MAKING INFLUENCES
3. TESTING CENTER LOCATIONS VARY
4. HEALTH CARE SYSTEM DISPARITIES

WHAT HAS THE COVID-19 PANDEMIC REVEALED?

RACIAL DISPARITIES IN THE HEALTH CARE SYSTEM

- African Americans are 2.4 times more likely to die of COVID-19.
- Latinx individuals are 2 times more likely to die of COVID-19.

Why?

They are disproportionately affected by systemic racism and socioeconomic disparities, meaning:

- They are more likely to be uninsured and in poorer general health.
- They are more likely to be essential workers and low wage workers.
- They are more likely to live with multiple generations in one home.

- Source: <https://www.idsociety.org/globalassets/idsa/public-health/covid-19/covid19-health-disparities.pdf>

WHAT HAS THE COVID-19 PANDEMIC REVEALED?

HEALTH CARE IN THE U.S.A. IS A FOR-PROFIT SYSTEM

HOW IS THIS EVIDENT?

- Individuals with lower socioeconomic status often do not have the means to pay for medical insurance or doctor office visits.
- People without insurance that cannot afford a \$500 bill, cannot get treatment, or even get tested for COVID-19, because of the uninsured cost.

LOCATION OF COVID-19 TESTING FACILITIES

- COVID-19 testing centers are frequently located in more affluent areas of cities, giving those who have insurance, or who can pay for the test, easy access.
- In lower socioeconomic areas there are fewer testing facilities or testing facilities that charge up to \$300 for a test without insurance.
- This forces individuals to 1) not get tested, 2) travel (often via public transportation) or 3) pay a high price for a single test that they may have to get more than once.

HEALTH CARE SYSTEM DISPARITIES

1. The health care system is not providing equal care to everyone.
2. Despite the tragedy of this illness, individuals cannot access or afford care.
3. The health care system has been, and currently is, constructed to make a profit from all individuals regardless of their socioeconomic background.
4. Racial disparities are evident in who gets sick and who has a higher mortality rate due to being uninsured, living in multigenerational housing, and other factors.

WHAT ARE SOME LOCAL HEALTH CARE ISSUES?



RECENT IMPROVEMENTS:

- Expanded Latah Community Health-CHAS now includes dental care.
- WRAP (Wellness Recovery Action Plan) instituted and training underway.
- Latah Recovery Center increased services and programs.
- Rainbow Directory lists health care providers and counselors for LBGTQ+ clients.
- Gritman/Moscow Family Medicine added telemedicine services.
- Palouse Dementia Care in-home services for dementia patients and family established.

• For more information see <https://wellnessrecovery.com>
<https://pflag.org/chapter/pflag-moscow>

<https://chas.org/locations/latah-community-health>
<https://palousedementiacare.com/>

WHAT ARE SOME LOCAL HEALTH CARE ISSUES?

(Continued)

IMPROVEMENTS NEEDED:

- Expanding rural health services.
- Creating collaborative, enhanced suicide prevention programs.
- Improving coordination among MDs and chiropractic, acupuncture, therapeutic massage, mental health, and other allied health professionals.
- Improving coordination, testing, tracing, treating, and preventing Covid-19.

WHAT CAN WE AS INDIVIDUALS DO TO IMPROVE HEALTH AND WELL-BEING?



1. Don't smoke. If you use tobacco, seek help to quit.
2. Eat a healthy balanced diet, with a variety of proteins, carbs, low-starch veggies. Reduce sugar and salt; switch to whole grains.
3. Exercise daily. Make time for recreation, especially outdoors.
4. Maintain daily routines: Eat, sleep, do self-care on a regular schedule. Enjoy meals daily with loved ones.
5. Get regular health checkups; seek health care when needed.
6. Enjoy strong social ties, with many and diverse connections.

WHAT CAN WE AS A SOCIETY DO TO IMPROVE HEALTH AND WELL BEING?



1. Extend telemedicine to all rural areas of the country
2. Scale up health care services in underserved communities (see <https://www.aamc.org/news-insights/driving-innovative-health-care-solutions-underserved-populations>)
3. Improve housing availability and quality (“Housing stability, quality, safety, and affordability all affect health outcomes, as do physical and social characteristics of neighborhoods” –Lauren Taylor, Health Affairs)
4. Some sources: <https://telehealthcouncil.idaho.gov> ;
<http://harvardpublichealthreview.org/> Summer 2015, #7;
www.healthaffairs.org/ June 7, 2018

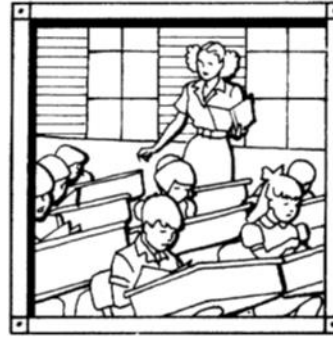
Health as a Human Right *Children's Activity Page*



A



B



C



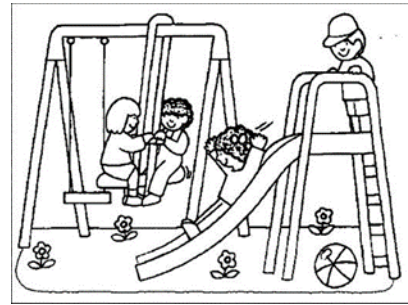
D



E



F



G



H



I



J

Rights of Children

- _____ Play
- _____ School
- _____ Clean Water
- _____ Sick Care
- _____ Being clean
- _____ Food
- _____ Clothes
- _____ Clean Air
- _____ Place to live
- _____ Safety

Rights of Children: Find a picture for each Right of Children listed and write the letter in the blank.

Answer Key: G, C, A, H, J, B, F, E, D, I



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This presentation was prepared by the Latah County Human Rights Task Force.

Please feel free to print, copy, and share.

If you have comments or questions, please contact us at: info@humanrightslatah.org.

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and our Facebook page: <https://www.facebook.com/groups/248978205138316/>.