Aug 2022

PUBLIC HEALTH LIBERATION

AN EMERGING TRANSDISCIPLINE TO TRANSFORM THE PUBLIC HEALTH ECONOMY FOR ACCELERATED HEALTH EQUITY

GUIDE, INDEX, AND STUDY GUIDE

PUBLIC HEALTH LIBERATION

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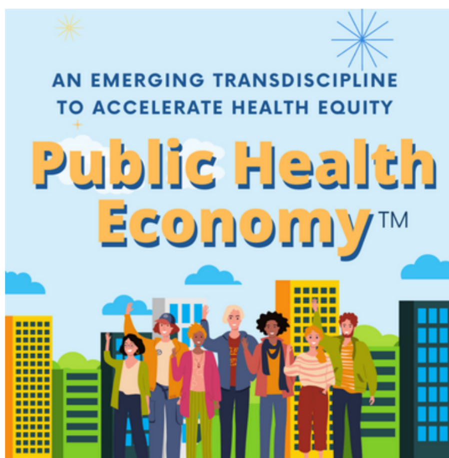
We are excited to announce the publication of our eponymous theory, *Public Health Liberation – An Emerging Transdiscipline to Elucidate and Transform the Public Health Economy*, aimed at transforming public health to accelerate health equity. The chronic state of health disparities, especially by income and race, warrants a seismic shift in public health support and intervention. This sweeping 21-page framework may represent the most consequential pivot in public health discourse in the last 20 years. Based on our innovative concept of the Public Health Economy, Public Health Liberation™ posits a radical reconceptualization of public health using a unified framework wherein our primary aim of eliminating health disparities is supported through an alignment of our worldviews that draw from a wide-ranging body of literature, including African American philosophical traditions. Envisioned as a single analytic lens and basis for intervention, the Public Health Economy™ theory explains opposing tensions and competing health priorities at any level of analysis and proposes a framework for attenuating the reproduction of health inequity.



Public Health Liberation promotes a unique work that is internally consistent across all aspects of public health. Values, theory, practice, research, and training are interrelated and co-dependent. We propose theories of cause-and-effect to elucidate internal contradictions within the public health economy, while leveraging liberation for research and practice within real-world constraints. Ours is an authentic account of health inequity reproduction because we are socially embedded within communities, particularly low-income and communities of color, that bear the brunt of yawning chasms in health justice.

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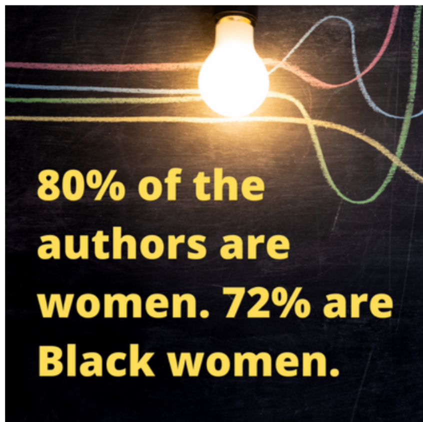
To our understanding, PHL is the first general theory of public health defined by cross-disciplinary and sociocultural synthesis by a majority of Black authors. Our view of the public health economy posits a universal theory with high explanatory power. Rather than assume hope and optimism in the general effectiveness of the public health economy to address health inequity, the conceptualization and critique of this economy draw its strength from leveling with reality, wherein competition for resources and economic gain is a primary feature. Vast health inequity, particularly by income and race, warrants a wholesale reevaluation and increase in the distribution of resources, including within the public health research industrial complex. Our arguments rest on principled reasoning and our experiential knowledge. Our communities of practice, particularly low-income and populations with legacies of historical trauma, are overwhelmed by acute structural barriers to health. Our communities and those with shared health burdens bear the brunt of health inequity.



Another strength is that it bridges popular and academic discourse in a compelling narrative that cannot be overlooked given the authors' breadth of community insight and specialized training. PHL makes a significant contribution to the literature on this account. The forceful, justice-oriented argumentation reflects theoretical validity since we speak from our experiences as women, racial minorities, low-income people, health care providers, and non-profit leaders. We also believe that this is the first academic public health theory to involve a highly diverse coalition of public housing community leaders, researchers, advocates, and clinicians with a collective fund of acknowledge spanning environmental regulation, academic research, housing policy, non-profit leadership, economics, clinical medicine, communication theory, policy development, visual arts, and social science.

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80% of the authors are women. 72% are Black women. One author is an active politician. Two are clinicians. Three hold academic appointments. Three are public housing resident council leaders. Five founded a non-profit. Two live outside of the US - Uganda and Toronto, Canada. We also include sexual minorities. Several authors have overlapping communities of practice in Washington, DC while others represent communities from Uganda, Los Angeles, CA, Toronto, Canada, and Richmond, Virginia.

PHL is working on developing a 2-3 page summary of our manuscript in highly accessible language, in conjunction with community focus groups. We invite you to follow us on Twitter and Instagram. PHL is grateful to Advances in Clinical Medical Research and Healthcare Delivery © 2021 for their peer-review and willingness to publish the full length of our manuscript.

We dedicate our manuscript to several authors' mothers whom we lost too soon. Two co-authors lost their mothers this year. Another experienced her mother's lost last year. At least three other authors grieve a similar loss. These mothers' legacies in community leadership and matriarchal family role instilled values of collective striving and neighborhood care-taking. PHL implores greater attention to the public health economy because healthy inequity is not an abstract construct. It is deeply felt in our lived experiences.

Read Public Health Liberation – An Emerging Transdiscipline to Elucidate and Transform the Public Health Economy

MANUSCRIPT GUIDE

Section 1: Background (pgs #2-3)
This section describes the authors' struggle against policy and structural barriers for health equity. No general public health theory satisfactorily explained the strong forces perpetuating inequity with their communities of practice, hence their liberation development of a new theory.

Section 2: Why PHL is Needed (pg #3)
This section describes two lead-contaminated crises in Flint, Michigan and Washington, DC that demonstrate the importance of a broadened health public.

Section 3: Broad Definition (pgs #3-6)
This section defines public health economy and explains the influence of political theory and authors' community experience. It simplifies the aims of PHL through novel constructs - horizontal and vertical integration. Horizontal integration emphasizes an inclusive public health agenda whereby affected communities have effective voice and representation. Vertical integration involves the use of liberation pathways beyond traditional public health. The authors conclude by discussing several weaknesses with the current paradigm.

Section 4: Five Components of Public Health Liberation (pgs 6-18)
4.1 Philosophy (pgs 7-13) – This section discusses several political, sociological, philosophical, religious, women, and cultural theories and worldviews that form PHL's philosophical core. They draw from many authors' African American heritage to define an ethical standard for *(Gaze of the Enslaved)* and immediacy of public health intervention (*Morality Principle*). Liberation as a core value of PHL helps to centrally situate public health practice around the experiences and capacity of populations disproportionately impacted by health inequity. Illiberation is discussed, followed by a delineation between liberation and anti-racism.

4.2 Theory (pgs 13-17) - This section discusses cause-and-effect in the public health economy with the development of several theories - Theory of Health Inequity Reproduction and Public Health Realism (PHR). PHR borrows from political theory to put forth a radical reconceptualization of the public health economy, driven by fierce competition, self-interests, and self-aggrandizement. It offers communities a blueprint for thriving in this milieu and includes the authors' personal struggles.

4.3 Praxis (pgs 17-18) - The section discusses examples within authors' communities of practice seeking applied health equity beyond traditional public health (vertical integration).

4.4 Research (pgs 17-18) - The section discusses quality research within limited resources that assessed neighborhood air quality and psychosocial impact of neighborhood change.

4.5 Training (pgs 17-18) – This section briefly discusses student and intern engagement in community research on mental health stress and meaningful skills to be developed from PHL training.

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STUDY GUIDE

Questions that Every Reader Should Be Able to Answer

- Why does health inequity persist?
- What is the difference between anti-racism and liberation?
- How is health inequity reproduced through human decision-making?
- What is horizontal and vertical integration? How is it envisioned to accelerate health equity?
- How does political theory elucidate challenges in the public health economy to explain persistent health disparities?
- What is historical trauma and how does it remain relevant to persistent health inequity?
- On what grounds would contemporary research studies on racial minorities and low-income populations be unethical?
- Why is vibrant liberation safe spaces vital to PHL theory and practice?
- What are ways that affected or vulnerable communities should deal with hegemonic influences?
- How does estrangement in public health present a barrier to inequity?
- What are characteristics of PHL research?
- Why are ethnic history, culture, and social identity important for PHL?
- How are affected populations excluded from public health discourse and agenda-setting?
- What are examples of structural violence and racism in Washington, DC?
- Why do the lead-contaminated water crises in Flint, Michigan and Washington, DC illustrate the need for public health à la PHL?
- What is the public health economy important to study as one transdiscipline and analytic lens?
- What is liberation in the sense of public health? Why is it so important to PHL theoretical assumptions?
- What are the components of PHL and how do they interlock to advance health equity?
- What is illiberation? Why is it a major barrier for achieving health equity based on PHL theory?
- If a community sought to weaken structural inequity through policy changes, what are three broad categories of change that they should seek for elected and government officials to address?
- How and why do dominant powers within the political health economy seek to ensure that the public health economy undergoes no meaning shift toward health equity?

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