



At the end of the 87th Annual Meeting and Conference of the Georgia Public Health Association, outgoing President Johanna M. Hinman, MPH, MCHES, took a few moments to reflect on the theme of the conference. The following has been adapted from those remarks.

When I was about 7 years old, I wrote a poem for my father about what I knew of his work. It went something like this:

*Measles, mumps, diphtheria, too, all of these are
bad for you.
Polio, pertussis, tetanus, and rubella, get your
shots or you'll turn yellow.*

(You may note, I apparently was particularly concerned about jaundice but did not include hepatitis in the list – at the time, it wasn't part of the routine vaccination schedule as I understood it.)

When I got my learner's permit to drive, my parents put a sticker on the dashboard of the car that said "Fasten your seat belt" and told me I was not allowed to have anyone in the car – front or back – who was not wearing a seat belt. My mother then committed possibly the bravest act of her entire life – she taught me to drive, on a stick shift, in a hilly Atlanta neighborhood. I am much smoother with the clutch now than I was then, but I still buckle my seat belt even when I'm just moving the car from the driveway to the street.

Understanding public health: Research, evidence, and practice

Johanna M. Hinman, MPH, MCHES

GPHA President, 2015-2016

doi: 10.21633/jgpha.6.202

Over the course of the GPHA conference, attendees were privileged to be downtown in Atlanta, known to many as the "public health capital of the world." From hotel room windows, we could look out and see the AT&T building, the downtown connector of Interstates 75 and 85, three other hotels, two swimming pools, Grady Memorial Hospital, Georgia State University, a huge Coca Cola sign, the headquarters of CARE International, the state Capitol, a few trees, and about a dozen parking decks. What does this view tell us about our community? Think about the community context of the fisherman pictured in Dr. David Ross's presentation – fishing on Lake Victoria in Uganda, using his cell phone to call for a doctor's appointment. Think about the context of your own community as you might have traveled to the conference – did you come up from the southern part of the state, passing that big peach water tower? Did you come down from Georgia's wine country in the north? Keep these contexts in your mind while I share some of my own context.

I once asked my dad why, after completing his residency and his Epidemic Intelligence Service assignment, he went into public health rather than private practice. He gave me the current year's global incidence of measles and accompanying mortality rate and said simply, "That's unacceptable." For him, this was clear – this is an unacceptable situation, and he needed to work on it.

These stories illustrate the context that frames my own understanding of the world and perspective on public health.

Dr. James Curran, dean of the Rollins School of Public Health, to which I eventually turned for my formal public health training, talks about public health "constantly redefining the unacceptable." Most people in polite society do not talk about things that are unacceptable; this is a word used in bad performance reviews. "Unacceptable" is a word used by parents to convey to their children that their behavior is not up to par.

In public health, we seek out the unacceptable. We are constantly looking for ways to measure what we know to be unacceptable so that we can change it.

In public health, we ask difficult questions; we make inconvenient recommendations; we insist on making policy makers uncomfortable. We are not interested in the easy road or the pretty scene – we are interested in the just road, the scene in which everyone can be present and can share in the same vision.

I read somewhere that the “difficult question” often posed to those who work in developing countries is this: “Which is worse? Poverty in the United States? Or poverty in the developing world?”

Is it worse that, in a nation of abundance and opportunity, there are many who do not share in the abundance – who are not seated at the table and walking through doors that say “open,” as Dr. Camara Jones related in her remarks? Or, is it worse that whole nations are shut out from abundance?

I believe we say, in public health, that both of these are unacceptable – we do not tolerate this false “choice” of one poverty as a priority over the other. We pose this difficult question and immediately want to do the difficult work to solve both problems. As Dr. Ross pointed out – we see not the vicious cycle of poverty that drags down the health of populations and therefore hinders the economic development of that nation; we see the opportunity for the virtuous cycle of health – that, if we invest in improving the health of the population, we are investing in the economic future of the nation and thus assuring better health for all.

The American Public Health Association has called on us to become The Healthiest Nation in One Generation. Can we do it? Can we, in the United States, acknowledge that even

here in our land of abundance, we are not the healthiest nation – and then take the steps to become it?

I believe we can. I believe we – GPHA – can be part of this movement. Would it not be extraordinary to find, in 2030, that not only is the US the healthiest nation, but Georgia is the healthiest state? What would it take?

It would take all of us continuing to ask difficult questions, being annoyingly persistent in seeking the answers, making policy makers uncomfortable, and making our communities healthier.

We need our best public health science, our best data, our most rigorous research; we need the strongest evidence to build our programs; and we need our very best practices. In short, we need all of us, working together.

It was my honor to serve as GPHA President. I am in awe of the work public health professionals across the state do every day to ensure that our communities reach their full potential. I am humbled to have had the opportunity to work alongside GPHA’s members and leadership. The 87th Annual Meeting and Conference, with its theme “Understanding Public Health: Research, Evidence and Practice,” provided a shining example of the work the association does and will continue to do. I hope you find these conference proceedings enlightening and engaging as you carry out your own public health practice.

©Johanna M. Hinman. Originally published in jGPHA (<http://www.gapha.org/jgpha/>) August 15, 2016. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial No-Derivatives License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work (“first published in the Journal of the Georgia Public Health Association...”) is properly cited with original URL and bibliographic citation information. The complete bibliographic information, a link to the original publication on <http://www.gapha.jgpha.org/>, as well as this copyright and license information must be included.

