



ELSEVIER

---



---

 JOURNAL OF  
**ADOLESCENT  
 HEALTH**


---



---

www.jahonline.org

Presidential address

## Health Equity and Adolescent Health: A Call to Action for the Society for Adolescent Health and Medicine

---

I am truly honored to stand here before you ready to assume the 41st presidency of the Society for Adolescent Health and Medicine (SAHM). Thank you for allowing me the privilege to serve in this capacity. Many years have passed since I attended my first SAHM meeting in Chicago in 1993, where I was asked to present a poster presentation as a pediatric resident on behalf of a researcher who could not make it, and at that time I was already expecting to go to an adolescent fellowship in the Fall. Thus, attending the meeting was a great opportunity. It seemed as if so many people were having fun, talking and showing their research. I felt like an outsider at that time because I didn't know anyone, but I enjoyed looking at the research and was energized at the prospect of one day becoming a part of the action. After all those years, I stand now with the responsibility to ensure that future trainees can participate in our conference and feel as though they are a part of the action and yearn to become active members.

Throughout the course of my career in adolescent health, there have been many in this room who supported me. I want to acknowledge and thank all of you. In particular, I want to thank Charlie Irwin and Renee Jenkins who have both supported me, counseled me, and opened up opportunities for me all along the way. Now, I am honored to assume the role of President of SAHM and to walk in the footsteps of both Renee and Charlie. They, as well as others, have been my mentors on this journey. Mentorship is a very important aspect of what we do, and people both in academia and outside of academia are searching for ways to formalize that special relationship that develops between Mentor and Mentee over time. I cannot give you a formula for how Renee and Charlie affected my trajectory in such a positive way. I can only tell you what I have learned from them. I can only tell you of my hopes, inspired by them, to help open up opportunities for others and to inspire others to bring someone else along on their journeys; to inspire young people as I was inspired. I learned that you don't have to talk to your mentee all the time to have an impact, but you should be aware when key moments in a career are near and check in. Sometimes it only takes one call, one referral to change the course of someone's career for the better. I learned that, in return, the mentor benefits tremendously in watching others grow and mature and set off on their own continuing to keep the mission of Adolescent Health alive. Thus, in particular, I thank you Renee and Charlie for teaching me

about Mentorship, and being those key people for me who were in the forefront and behind the scenes when it counted most.

As an African American, today is also a special day; Renee Jenkins was the first African American to hold this office and about 2 decades later I am the second. Within that 22-year span, there has been a visible increase in the diversity of SAHM. This diversity has included ethnic, national, discipline, and sexual minorities. This has only served to make our organization stronger and more vibrant. I am proud to be a part of an organization that can attract a wide range of people to come together for a common purpose.

In most parts of my life, I have found myself in academic settings, board rooms, study sections, and government and policy committees where I am the only minority. Over the last decade and on both sides of the country, this has really not changed much. I, like many minorities, have experienced firsthand what it means to live in a world where you are usually not judged first by the content of your character. If I chose to acknowledge every stereotypical comment, every dismissal of my existence, every time my daughter had to come home from her International Baccalaureate program and tell me that yet another minority had dropped out, or tell me about another battle in school with her teachers and disparaging comments they made about minorities or specifically African Americans, I would not survive. I am a naturally optimistic person, and am not easily intimidated. I have a strong family and a strong faith to back me up. All of this helps. However, when I look at the research quantifying the health burden and the toll racism has taken on people of color in the United States, I know that the research is true. I know that the task before us as a people and as an organization is to right these types of wrongs.

SAHM has been a place of comfort for me. The diversity of our ranks has given us a comfortable place to speak our minds and not be afraid to bring up issues regarding race, gender, and sexuality. The Society is a fertile ground poised to become a leader in incorporating the needs of diverse professionals and adolescents, not because it is the nice thing to do, but because for all of us, it is the right thing to do and the key to improve adolescent health.

Preparing this Presidential address has been an interesting exercise for me. I have always tried to say what needed to be said with the least amount of words possible, and I am not much

interested in keeping you here all night laying out every aspect of what SAHM has been in the past, or will be in the future. We have a rich and vibrant history that has been recorded and spoken about many times. However, I am compelled to talk about one aspect of health that affects all of us and is many times implicit in what we attempt to change in adolescent health. I talk about it now because I think we must move from an implicit understanding to an explicit statement of commitment. Sometimes an omission of stated purpose can be interpreted as having no purpose at all.

When I think about our mission: “Founded in 1968, the Society for Adolescent Health and Medicine (SAHM) is a multidisciplinary organization committed to improving the physical and psychosocial health and well-being of all adolescents through advocacy, clinical care, health promotion, health service delivery, professional development, and research,” I am struck every time by the statement that “we want to improve the well being of ALL adolescents.” For many people in the United States, the phrase “of all,” does not necessarily imply inclusion. Some may instead hear “all but” . . . all but African Americans, all but Latinos, all but sexual minorities, all but women, all but those who do not speak English. Sometimes we must be explicit, because depending on life experiences, subtleties may be missed and some may not feel included or in fact may feel excluded. Health messages are the same; if people do not see themselves or their culture in health literacy education, or promotion, or health interventions, the message could be missed altogether. Our demographics are changing in the United States and around the world; we will have to pay more attention to how we move forward to include a diverse workforce and diverse adolescents in the dialog, planning, and dissemination of programs.

Back in 2001, Manuel Schydlower, our first president of Hispanic cultural background, spoke about health disparities and cultural awareness, access to care, and taking a heritage history. Now a decade later, I think it is time to continue that conversation.

I want to engage you in a conversation about health equity. We are an amazing species, we have traveled to the moon, we have sent probes through the Universe, we have found cures for diseases, we have reached physical feats of athleticism that were once considered to be impossible, we have evolved enough to actually believe in a piece of paper called the Constitution, we have succeeded in revolutions, we have experienced miracles of faith, we have created Twitter. How is it then that such an amazing specimen of nature cannot figure out that in order to succeed to the limits of our imagination with the highest level of excellence, we must achieve health equity. How is it that we can sit by and watch 53% of African American males drop out of high school, and not start a revolution [1]? That statistic alone is a national public health crisis. Some of these young men could be the ones to find a universal cure for cancer. And yet we are content to let that potential scientist leave school in the ninth grade. Where have we gone wrong? How do we find a path to equity? No conversation about equity can exist without a conversation about adequate health status. Health status is a significant determinant of whether a person can matriculate and graduate from high school, and whether a lack of a high school degree can detrimentally affect health later in adulthood.

How is it that we can accept a connection between a social construct of race and economic disadvantage without questioning its validity? In an equitable world there would be no association. I must now give you a definition of health equity that I

think is close to adequately describing what that phrase means to me. This is important to do because there have been many times that I sat in a room and watched everyone nod in agreement that diversity or equity is an important value all want to have, only to have the group stall and spend weeks arguing over what diversity means, everyone having a different understanding of the word or constituency they think must be included. So I want everyone to understand my meaning of health equity. This definition is one I feel comes close: The absence of systematic disparities in health and in the major social determinants of health between social groups who have different levels of underlying social advantage or disadvantage. If we could just get past this hurdle then we could use our finest scientific and healthy minds to raise the health status of all of us in this nation and in the world [2].

We all know of a kid, like the kid I see walking on the streets everyday on my way home; his name is Nemo and he can solve a college-level physics problem without ever having taken the class in high school, he is the kid others run to when they need help on their homework. He is available because he dropped out of school. He spends his time shoplifting and causing mischief in the neighborhood—a ne'er-do-well many would call him. And yet those same people who write him off and cross the street when they see him coming may have benefited from his invention, his exploration of quantum physics, his imagination, if he had just been engaged in school. Maybe if someone had noticed he was depressed, maybe if he had gotten medical care for the problem that also stopped his mother from being able to keep a full-time job, maybe if his talents were seen and stimulated before he saw hopelessness in the school system, before he met marijuana, maybe he would be on the path to exploring the Universe. Instead he walks the streets at night, trying to get into midnight basketball for high school teens, unfortunately too old to be admitted.

We never seem to address health equity and the social determinants of health with the same tenacity we address recycling. Yet, science, health, and our future, all are suffering with the loss of human potential. It is time for all of us to have a real conversation and action plan to address injustice and indifference in the world around us. We are here in Seattle beginning a new year in SAHM. We are embarking upon a new phase of the Strategic plan, part of that plan is to increase our membership's diversity by any definition you want to use of the word—diversity of ethnic and cultural experience, gender, sexual identity, age, Nation, and discipline. Together we may not have all the answers to the stresses of the World, but maybe, just maybe, we can find the answers to achieving health equity for the next generation of adolescents that come our way.

Contrary to many proclamations that our youth are our future, adolescents and young adults are very vulnerable to injustice and inequity in achieving optimal health and garner the least amount of resource allocation. Who better to tell the story than a multiethnic, multidisciplinary, international organization dedicated to adolescent health? By moving our organization forward in its adulthood, we can begin to take responsibility for having culturally competent research, promoting policies that help to end institutionalized injustice, and promote policies that identify and rectify health disparities that face our youth. We know that optimal health is not just about access to medical care for adolescents, it isn't just about having health insurance; like “Missing Opportunities,” the IOM report I was privileged to be a part of, as well as the World Health Organization, illustrates. It

must not only be accessible, but also acceptable, appropriate, effective, and equitable. The cultural context in which adolescents live matters [3].

However, as we tell our patients, knowledge does not change behavior. We know there are health disparities and health inequities, but it is like moving mountains to get the healthcare system to change its course. One person alone cannot move the mountain. People ask what does SAHM do for me, why should I continue to pay my dues in these economically challenging times? I would say to that, what can you do for SAHM? SAHM offers those willing to take on the challenge, a vehicle for creating change in the healthcare system. There is no better time than now to focus on Health Care Reform. One person alone cannot do it, but together this multiethnic, multidisciplinary, international organization populated by leaders in their fields can find a voice and begin to shift the conversation and create a space where change can happen. The opportunity SAHM offers to get involved is invaluable and unique.

To that end, I want to encourage all aspects of our organization to proactively place health equity in the forefront of our minds every time we come up with a new initiative. How is the Capital campaign going to further initiatives that will promote ending health disparities and increase diversity in the organization? How is the workforce committee going to ensure that under-represented ethnic minorities, sexual minorities, and physically challenged professionals are included in the push for increasing the adolescent health workforce? Asking ourselves how does the strategic plan address health equity, how do our new educational offerings address health equity, how do we inform our speakers to incorporate diversity in their presentations, how do our speakers themselves reflect diversity of culture and thought and our mission of improving health for all adolescents regardless of ethnicity, sexual orientation, physical challenges, or nationality.

So this conversation is a one way conversation, I expect to continue this conversation as the year unfolds with committees, new members, past Presidents, special interest groups, and our

management company. Although we can look up to our committee on Diversity for some guidance, it is not enough to feel secure that we have such a committee. Each one of us must make an effort to consciously pursue an understanding of how what we do impacts positively or negatively on our ability to promote and achieve health equity, including ending disparities.

Medicine has been built on separate and unequal healthcare practices and research. We as SAHM can decide to bring Nemo out of the shadows and make the connections between school dropout and health status, between bias and under-resourced health initiatives in our institutions and our communities, and in sustaining a rich dialogue between a diverse workforce.

In conclusion, once again I would like to thank you for the opportunity I have been given to serve SAHM as the 41st President. Worldwide we are experiencing trying times, but I have found that trying times affords the opportunity to refocus energy and increase creativity and invention and get back to the core goals of an organization. That time is now for SAHM; we can now explicitly state and work for health equity for adolescents and reaffirm our commitment to working together using the increasing diversity within our organization to speak and educate with one voice.

Leslie R. Walker, M.D.  
Division of Adolescent Medicine  
Seattle Children's Hospital  
University of Washington  
Seattle, Washington

---

## References

- [1] The 2010 Schott 50 State Report on Public Education and Black Males. Cambridge, MA: Schott Foundation for Public Education.
- [2] Braveman P, Gruskin S. Theory and methods: Defining equity in health. *J Epidemiol Community Health* 2003;57:254–8.
- [3] Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development, National Research Council. Adolescent health services: Missing opportunities. Washington, DC: The National Academies Press, 2009.