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Crystal M James

Tuskegee University, USA

Defining health security: Neglected diseases in rural Alabama

The development of the concept of health security is traced to the World Health Organization's (WHO) 1946 preamble to its constitution and WHO's current definition of global health security and as a starting place for defining health security in the United States. It is argued that in ratifying the constitution the initial twenty counties accepted the intent and meaning of terms therein. The United States as one of the twenty initial ratifying nations and as a world leader in the detection and control of diseases has provided leadership and guidance to many lesser developed countries on how to address the environmental conditions and infectious agents that have marked a decrease in many illnesses that were prevalent in 1946. The United States Constitution has been interpreted to give the right to regulate for the general welfare of the people to the individual states in which citizens reside. Therefore, while there are many national agencies that have health policy authority the primary responsibility for the health status of individuals is determined by the state in which they reside.

Highlighted are three ways that diseases are neglected and allowed to re-emerge in rural and other marginalized populations in the State of Alabama: 1) lack of surveillance; 2) lack of adequate environmental policies; 3) inadequate housing and other socio-economic indicators.

Methods: Data from the Centers for Disease Control & Prevention, United State Census Bureau American Community Survey 2011-2015, and the United States Department of Labor, Bureau of Labor Statistics as compiled in the Community Commons database were used to develop a community health assessment for three counties in rural Alabama (Macon, Lowndes, and Tallapoosa Counties). Review of local and state policies regarding surveillance, sanitation, and environmental health were assessed for impact on the health status of the community as demonstrated in the community health assessment.

Results: The health indicators reviewed demonstrated that individuals living in the rural communities selected suffer from many health disparities and have adverse health effects from infections that are deemed to be endemic in lesser developed countries and not found in the United States.

Discussion & Conclusions: The local and state policies regarding surveillance, sanitation, and environmental health are not adequately enforced to provide the necessary data to determine prevalence for some illnesses and environmental contamination. Data gaps, inadequate housing and enforcement delays are issues that many marginalized populations in Alabama and other rural communities confront that have led to health disparities and inhibit a culture of health for these Americans.

Biography

James received her Bachelor of Science degree from Clark Atlanta University, her Master of Public Health from Rollin's School of Public Health at Emory University, her Juris Doctorate from University of Houston, and her license to practice law from the State of Georgia, all by the age of twenty-six. she served as the Program Manager for the Public Health Sciences Institute at Morehouse College. James has also worked with the Council of State and Territorial Epidemiologists National Office as Program Director for Infectious Diseases and Environmental Health programs. she also founded Chrysalis International Consulting, LLC a consulting firm. James has over twenty years of public health experience and extensive background in program planning and evaluation that she utilizes to enhance her new role as Department Head and Associate Professor in the Department of Graduate Public Health in the College of Veterinary Medicine at Tuskegee University.

cjames@tuskegee.edu