As the education and income of persons of color in the United States have increased over the past half century, the mortality rate of African Americans have gradually declined. However, Black Americans still continue to suffer from greater incidences of harsh illnesses and deadly diseases. In 1970, when these types of statistics first where recorded in a coherent fashion, the life expectancy of African American women was 68.3 years compared to 60 years for African American men. By 2009 the statistics had increased to 76.5 years and 69.5 years respectively. Dramatic improvements in the areas of access to proper healthcare systems and important medicines were in partly responsible for the increase. However, these statistics still fell well below their white counterparts who’s were 75.7 for men and 80.8 for women during the same year. Also, higher infant mortality rates and a greater number of death from controllable, deadly diseases continues to be very persistent in many African American communities.

Cancer and HIV/AIDS, for examples, still remains among the most powerful threat to the good health of thousands of African Americans. Black American men are more likely to develop and die from cancer compared to white men after being diagnosed with the disease within a five year period. Proportionately speaking African American women have a lower incidence of contracting cancer but an extremely higher rate of death once they are diagnosed with it, compared to white women. Cancer is a complicated disease that is caused by many factors, from environmental to heavy drinking to obesity to the lack of knowledge about preventive healthcare measures. A lack of access to health insurance or quality health care also is linked to these types of behavior patterns. Furthermore, many African Americans still continue to have a distrust of the healthcare industry based on various historical reasons. Recently, however, thousands of African Americans have been able to deal with and greatly manage many of their health problems through the use of hundreds of public health agencies, clinics, institutions, and organizations, particularly after the passage of the Affordable Health Care Act in 2010, which greatly enhanced the access to these types of facilities as a result of the dramatic increase in federal funding. However, because of the nature and history of the public health industry in general, these improvements, for both African Americans and non-African Americans, have occurred unevenly and quite slowly. The book under review here seeks to examine this specific aspect of the healthcare industry in more details and why this is so.
In *Contemporary Public Health: Principles, Practice, and Policy* editor James W. Holsinger, Jr. presents a volume of thirteen original essays that examines the expanding field of public health, emphasizing the need for effective and affordable public health services now more than ever. More specifically, Holsinger, the Charles T. Wethington, Jr. Endowed Chair in the Health Sciences College at the University of Kentucky, former Secretary of the Kentucky Cabinet for Health and Family Services, past Chancellor of the University of Kentucky Chandler Medical School, as well as a member of the Department of Veteran Affairs for about twenty five, contends that his volume rests on the goal of encouraging “current and future practitioners to serve their communities with a clearer understanding of the trajectory of American public health” (xiii). Furthermore, he claims that the public health industry historically as well as currently “is favored politically and fiscally during and immediately after periods of crisis, only to slip into obscurity once the crisis has passed . . . [and thus] the result of such attention and inattention is the lack of a clear trajectory in providing for the health of the American population and its communities” (1).

Although this volume contains thirteen well written and meticulously researched essays, there are twenty-four contributors because some of the articles were authored by multiple scholars. Nevertheless, this volume is a solid, unified collection of rich and very detailed scholarship that flows well across numerous fields of inquiry, with the first chapter, titled *The Social and Ecological Determinants of Health*, by Steven H. Woolf and Paula Braveman, laying the foundation for the rest of the volume with their discussion of various cultural influences and philosophical ideologies that informs most of current heated, political debate around the nature and objectives of public health care. At the heart of their essay is a detailed discussion of the “health-in-all-policies” movement (38). In this movement, overall, Woolf and Braveman call for political leaders on all levels of government, to understanding that good health for all Americans “is determined by more than health care and to articulate the argument for connecting social and economic policies to health outcomes and medical spending” (40).

The next three essays, titled “The Health of Marginalized Populations,” “Public Health Workforce and Education in the United States,” and “The Role of Community-Oriented Primary Care in Improving Health Care,” on a more personal level, examines the linkage between public health, minority populations, an educated workforce about health issues, and community-oriented primary health care. All these topics are discussed by a cadre of highly skilled scholars and practitioners whose ultimate goal is to create a public health industry that seeks to eliminate “systemic inequalities” within the larger healthcare system (59).

The rest of the essays in the volume covers topics that range from trying to define the term “public health,” to the various research practices within the field to the current accreditation process of public health facilities to viewing public health from an international perspective.

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Although each essay was unique and powerful in its own right, the one titled “International Lessons for the United States on Health, Health Care, and Health Policy,” by Stephen C. Schoenbaum, Robin Osborn, and David Squires, was especially intriguing. Schoenbaum, a Lecturer at Harvard University’s Medical School, Osborn, the past Director of the Fellowship program at the Association of Health Services Research, and Squires, a Senior Research Associate in the International Program in Health Policy and Innovation at the Commonwealth Fund contend that “For many years, health care has been significantly more costly in the United States than in other countries” (227). Furthermore, the authors conclude that the “U.S. health system performance and population outcomes often fall short of achievements in other countries” (227). Finally, Schoenbaum, Osborn, and Squires conclude that the health care system of the United States can be improved on all levels because “it is possible to find a variety of best practices that merit widespread replication” in our nation’s health care system (245). But the key is to provide “a clear focus for all public and private efforts” (246).

In general, Holsinger, Jr’s Contemporary Public Health brings together a masterful group of authors and scholars in his wonderful collection that will really help students, practitioners, policy makers, and political leaders (if they really pay attention to what is being said here) alike truly transform the public health industry. This path-breaking volume, without question, will help to excite both current and future generations to serve in the public health field. For these points alone, the editor of this volume should be commended. However, there are several major shortcomings. The first is that the essays contained in this volume are uneven in their length, ranging from 15 to 25 pages. Second, and perhaps more important, the volume contains no self-contained essay on African Americans or Hispanic/Latino Americans in the area of public health. These populations are regulated to being mentioned in several paragraphs in two essays. Despite these weaknesses, this volume makes a great contribution to the field of public health.