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Perspective

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FUNDAMENTALS OF U.S. HEALTH POLICY

Health Equity — Are We Finally on the Edge of a New Frontier?

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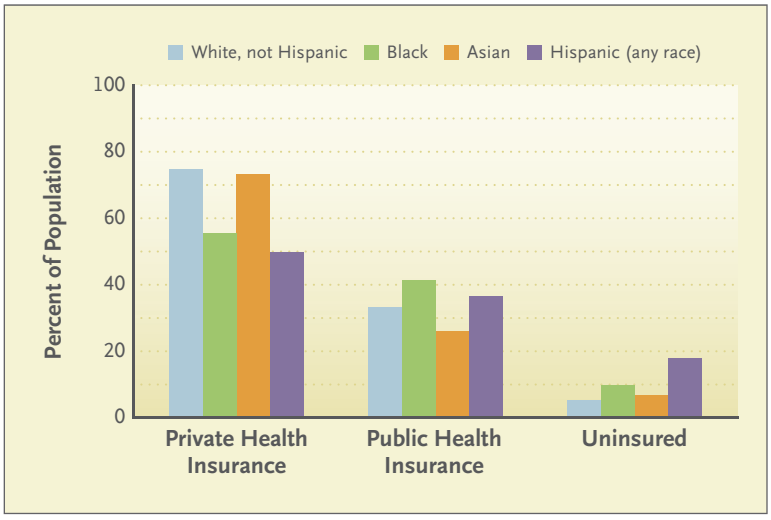
Health equity is a simple concept, but it is difficult to achieve. If health inequities are "inequalities that are deemed to be unfair, unjust, avoidable, or unnecessary, that can be reduced or remedied through policy action," the state of health equity can be defined — as it is by the U.S. Health Resources and Services Administration — as "the absence of avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease or mortality." Health equity exists, in other words, when everyone can be as healthy as they can be without abridgment of the means to achieve this goal. Yet the United States, the world's richest country, has failed to achieve health equity.

Now, engulfed in the catastrophic pandemic maelstrom, we are reckoning with a deadly triad — health disparities, health inequity, and unequal health care access — quantified in a daily body count. We are obliged to acknowledge the lethal consequences of the cracks in our nation's foundational tenets of equality, as Covid-19 exposes the cascading conglomeration of public policies reflecting toleration of underfunding of public health, undermining of equitable health care access, and the economic, educational, and judicial marginalization of minorities.

Black, Latinx, and Indigenous Americans are dying from Covid-19 at disproportionately high rates, and this increased lethality is coupled with the disparate prevalence of hypertension, diabetes, and obesity. The increased Covid risk is most likely conferred not only by the prevalence of these chronic diseases and disparate chronic disease severity, but also by the health care system's failure to provide minority patients with preventive and therapeutic care of quality equal to that provided to White patients.[1] Patients living in rural areas, in particular, have substantial difficulty obtaining high-quality primary and specialty care.

Our health care system is a microcosm of American society, in which power and resources are not allocated fairly among races, sexes, or classes. Social class, race, and geography are, to a large extent, destiny when it comes to health in the United States. Recent work suggests that we consider primary factors driving poor health outcomes to be the results of "political determinants of health."[2] Monumental political actions such as the compromise on slavery at the nation's founding, the failure to sustain



Type of Health Insurance Coverage by Race and Hispanic Origin

Data are for 2018 and are from Berchick et al.[3] People may be covered by more than one type of insurance.

the gains of Reconstruction and its constitutional amendments, the institution of Jim Crow laws legalizing systematic racism and White supremacy, and the inability to respect Indigenous Americans' rightful claim to their native lands have set the stage for the "social" determinants of health that promote health inequities and differential health outcomes.[2]

Although various social factors influence prevention and management of chronic diseases, access to care through stable health insurance coverage may have the most profound effect. In 2018, approximately 27.5 million Americans, 8.5% of the U.S. population, had no health insurance.[3] Black and Latinx Americans have consistently lower rates of insurance coverage than White Americans (see graph). Since employer-based plans provide more than half the population with insurance, the substantially higher unemployment and underemployment rates among minorities contribute to their lower coverage rates. A July 2020 report from the U.S. Bureau of Labor Statistics documents unemployment rates of 16.1% among Black Americans and 16.7% among Latinx Americans — significantly higher than the 12.0% rate among White Americans. The pandemic has amplified preexisting economic inequalities for minorities by driving up unemployment and concomitantly reducing health insurance rates, food security, housing stability, and household income.

Many Black Americans and other minorities are trapped in intergenerational poverty and therefore reside in hypersegregated, low-income neighborhoods with higher risks of exposure to toxins in the air, dumped in the soil, or leached into drinking water — perhaps the most potent influence on health and persistent health inequities. Childhood poverty has lifelong consequences for health, educational attainment, employment opportunities, and income. Children constitute the poorest age group in America: 11.9 million children in the United States live in poverty; 73% of these are children of color.[4] In 2018, children under 19 had a lower overall health insurance rate than adults 65 or older.[3] Uninsured children were predominantly Latinx and Black, living in low-income households in the South and in states that did not enact the Medicaid expansion provisions of the Affordable Care Act. Health insurance rates for adults were also lower in non–Medicaid-expansion states.

Beyond these more direct effects, structural racism indirectly damages health by undermining strategies that might allow minority patients to be cared for by trusted clinicians who fully understand their culture. Systemic racism limits educational opportunities for Black Americans, resulting in inadequate diversity among health professionals. According to the Association of American Medical Colleges, 63.9% of academic medical faculty are White, 3.6% Black, and 3.2% Latinx. Although Black people make up 13.4% of the U.S. population, only 5.0% of actively practicing U.S. physicians are Black. Latinx people account for 18.3% of the population but only 5.8% of actively practicing physicians. Such unequal representation, in turn, affects health inequities, health care access, and health disparities. For example, the cancer disparities burden is exacerbated by the fact that only 2.3% of U.S. medical oncologists are Black. Underrepresentation further intensifies health disparities by limiting the pool of culturally competent clinicians who can offer appropriate leadership in both academia and patient care.

The essential policy changes may become clearer if we return

to medicine's ethical roots. With the implementation of the 1979 Belmont Report, I learned on the wards of Atlanta's Grady Memorial Hospital the ethical principles underlying patient care and biomedical research. Although the report outlined an ethical framework for the conduct of biomedical research, its principles of respect for persons, beneficence, and justice are also fundamental to equitable health care, health care access, and health outcomes. The Covid-19 pandemic has painfully highlighted the fatal results of a health care system reflecting national health policy that is unmoored from these ethical tenets. Health policy, too, needs to embrace respect for persons, beneficence, and justice.

The underperformance of our health system is a symptom of disruption in the nation's ethically based decision making. As Americans, we theoretically value justice, self-determination, equity, and equality as bedrock principles undergirding social policy. U.S. health policy also relies on the notion of the social contract, whose ideals were incorporated into the Declaration of Independence and the U.S. Constitution.[5] Under America's social contract, the state exists to serve the people's will. "We the people" are the source of power, which the government must reciprocally use to "preserve, protect and defend" its citizens. Fracturing of this social contract has reinforced inequality, inequity, and poor access, so that the most vulnerable Americans pay the highest price in morbidity and mortality — injustices that long predate the Covid-19 pandemic.

An audio interview with Dr. Evans is available at NEJM.org

Global events often facilitate political and social change. World War II, for instance, both empowered women and propelled the fight for racial equality, initiating military desegregation that energized the evolution of the Civil Rights movement. The pandemic's repercussions may goad America to find the means and the will to work together to preserve our vision of democracy. Racialized public policies victimize all of us. We must invest in our children by providing adequate income and educational supports to lift all children from poverty. Reversing economic injustice will require a frontal attack on racial and gender pay gaps and on occupational segregation that tethers minorities and single-parent female-headed households to poverty, limiting their ability to obtain financial security, social and economic mobility, and the best achievable health status.

In the health policy arena, we can begin by recognizing health care as a human right, so that everyone, regardless of race or socioeconomic status, has a fair and just opportunity to be as healthy as possible. As President John F. Kennedy declared in his 1962 message to Congress on national health needs, "One true measure of a nation is its success in fulfilling the promise of a better life for each of its members. Let this be the measure of our nation."

Disclosure forms provided by the author are available at NEJM.org.

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