A 'More Perfect Union' Requires Health Equity

Written by Bobby T. Rimas, Associate Professor

America has always strived for a “more perfect union.” But while much of our country is still in the midst of the COVID-19 pandemic, the realities of our health care system have shown how the lack of equity can have dire consequences across our great nation. According to the Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia:

...Black and Hispanic people have received smaller shares of vaccinations compared to their shares of cases and deaths and compared to their shares of the total population in most states. For example, in Colorado, 10% of vaccinations have gone to Hispanic people, while they account for 42% of cases, 25% of deaths, and 22% of the total population in the state. Similarly, in the District of Columbia, Black people have received 36% of vaccinations, while they make up 54% of cases, 69% of deaths, and 46% of the total population.

In April 2021, the Los Angeles Times article, “COVID-19 vaccine inequities persist in L.A. County despite progress in underserved areas,” pointed out that Los Angeles-area communities who received vaccinations “...tended to be wealthier communities that already had seen significant slices of their population inoculated.” Numerous credible sources have indicated that the main reason for the disparity of the COVID-19 vaccination distributions is access to health care hindered by not only economic status, but also race and education. Such sobering statistics reflect the distribution inequities of COVID-19 vaccinations. However, the disparity of access to vaccinations within communities of color is just one more example of health care disparities.

Another health care inequity that is often overlooked is the mothers and infants within the communities of color who have much higher death rates when compared to the rest of the nation. The CDC has reported that...
“Black, American Indian, and Alaska Native women are two to three times more likely to die from pregnancy-related causes than white women.” The disparity is even much more atrocious when viewing the statistics of African American women. More specifically, “[a] well-educated African American woman with more than a high school education has a five-fold risk of death compared to a white woman with less than a high school education,’ said Wander Barfield, director of the Division of Reproductive Health at the Centers for Disease Control and Prevention.”

To understand such inequities within America’s health care system, we must first acknowledge that institutional discrimination exists and is one of the ways in which disparities continue to negatively impact many individuals. Racism and inequities existed within the American health care system for decades and were fueled by multiple factors, such as segregated hospitals in many parts of the United States until the late 1960s. While such segregated hospitals no longer exist, health care and quality-of-care inequities still persist for numerous reasons which include, but are not limited to, racism, implicit bias, and socioeconomic status.

We can be the change we would like to see in health equity by doing any or all of the following:

- Encourage family and friends who are uninsured to try and obtain insurance coverage through the Affordable Care Act (ACA). Studies have shown that access to health care has increased for many ever since the implementation of the ACA legislation.

- Volunteer or support organizations that advocate for health equity and health rights. One can learn and expand legal experience in health rights law with a legal team whose aim is health equity.

- Encourage your favorite associations to include the promotion of health equity by featuring exhibitors or speakers at an association’s “Pro Bono & Community Service Fair” to raise awareness and strategies that address health inequities.

- Enroll in webinars or seminars to learn about, address, and prevent implicit bias, which is a significant contributing factor in quality-of-care inequities.

- Ask your health insurance carrier regarding the details of their programs or strategies to address health care and quality-of-care inequities. If they do not have one, ask that organization if they would consider creating programs that aim for health equity.

- Correspond with public health officials as well as your local, state, or national political officials to see what policies mitigate and address health care disparities.

The White House has recognized that health equity is a major national problem and is currently addressing such matters on various fronts. In relation to the COVID-19 pandemic, the United States Department of Health and Human Services indicated on its website:

The COVID-19 Health Equity Task Force was established by Executive Order 13995, Ensuring an Equitable Pandemic Response and Recovery, which was issued on January 21, 2021. The Task Force is part of the government-wide effort to identify and eliminate health and social disparities that result in disproportionately higher rates of exposure, illness, hospitalization and death related to COVID-19.

It is my hope that such proactive health equity strategies are implemented on more national, state, and local levels so that as a nation, we can achieve a “more perfect union.”

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