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Abstract

Access to quality healthcare remains a crucial facet of an individual's life. Besides, to ensure quality health services, the U.S. government has partnered with different stakeholders to invest in universal programs that are cheap and offer quality care for its citizens. However, despite their efforts for better health systems, health disparity among the minority groups, predominantly people of color, remains a pervasive issue. Again, race, social status, and ethnic differences remain significant impediments to quality healthcare services. Further, racial disparities denote the inequities and contradictions between the treatments of racial groups. Studies reveal that the Hispanic communities in the country are disparately sickened by Coronavirus. Based on the recent statistics released by the CDCP, the Hispanic communities are highly affected, particularly inpatient hospitalization. The volatile nature of mortalities resulting from Covid-19, among the defining reasons why this community is brutally affected. Racial disparity is curable. The American Medical Association urges medical practitioners to assess their practices to ensure equality in healthcare service delivery. For the country to address racial disparity in healthcare, there is a need for comprehensive effort from all stakeholders, from the government to healthcare practitioners. The country needs to make the ethical and political commitment to assure all citizens have equal access to equal medical care as a fundamental human right. The government must also find strategies to remove economic barriers that often inhibit equal access to medical services.

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Introduction

The U.S. is home to stark and continuous racial disparity, particularly in healthcare coverage. The minorities who make around 19.1% of the total population in the country have witnessed this form of disparity in such healthcare services in the country. A report by the Center for American Progress shows that in 2017, "0.6 percent of African Americans were uninsured compared with 5.9 percent of non-Hispanic whites" (Carratala & Maxwell, 2020). The same report shows that only 89.4 percent of African Americans had health care coverage in the same year while compared to 93.7 percent of white Americans. Being a Black woman from Kenya, I can attest to the plight of minority communities. I've learned that the healthcare situation in the domicile country turned out to be even worse than in the mother country, with access to medical services only preserved for the few. Even though the American Constitution grants civil rights to all citizens regardless of race, gender, or country origin, several factors such as policy changes, racial discrimination, and unemployment have exacerbated minorities' limited access to universal healthcare. Disparity in healthcare is uncivil, and a country built on such grounds creates a culture of incivility, which is not healthy to everyone, let alone those directly affected. Therefore, this paper will seek to raise awareness about racial discrimination while also seeking to understand challenges faced by minorities in the pursuit of quality healthcare services in the country. This paper will further establish solutions to the ongoing challenges, particularly during the Covid-19 pandemic, which has shed light on discrimination.

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Racial Disparities in Healthcare

Access to quality healthcare remains a necessity in an individual's life. To ensure quality health services, the U.S. government has partnered with different stakeholders investing in universal programs that are affordable and offer quality care for its citizens. However, despite their efforts for better health systems, healthcare disparities among the minority groups, predominantly people of color, remains a pervasive issue. Again, race, social economic status, and gender biasness remain significant impediments to quality healthcare services. Further, racial disparities denote the inequities and contradictions between the treatments of racial groups. Racial stigma in healthcare is one of the key barriers to optimal health service delivery, with studies showing that "COVID-19 cases where the race was specified, Blacks, who comprise 13 percent of the total U.S. population (U.S. Census Bureau, 2018), make up 30 percent of COVID-19 cases; Latinos, who make up 18 percent of the population" (U.S. Census Bureau, 2018), account for 28.3% percent of COVID-19 cases (Cliff Des peres, 2021). This is hugely disproportionate because they are minorities. The Covid-19 has revealed underlying racial inequities in the United States healthcare system that continue to affect the health of people of color and other minorities.

According to a research that was done by APM Research Lab staff in regards to Covid-19 deaths categorized by race and ethnicity, the number of Covid-19 related deaths was highest in Indigenous Americans with an estimated number 256 deaths per 1000,000 deaths recorded, followed by African Americans with 180 deaths per 100,000 deaths recorded (APM Research Lab, 2021).Pacific islanders followed on the list with 176.6 deaths per 100,000 further revealing

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the deep-seated disparity in access to health care. These statistics demonstrate the prevalence of Covid-19 among the minority groups.

The impact of Covid-19 is persistently sweeping across the globe, leaving countless people homeless. Preliminary statistics from the United States department of health suggest that minorities in the country, mainly Hispanic and African-American communities, are infected, and others are succumbing to this deadly virus at a disproportionate rate nationwide. (Mackey et al,.2021) Provides a systematic statistical review of various health data analysis sources which reveal the extent Hispanic communities suffer prevalence of covid-19 cases and mortalities.

The review reports data from NCHS indicative of 21% excess of death besides the data from APM reporting 3.2 times more risk of mortalities than in the white population. Based on the recent statistics released by the CDCP, the Hispanic communities are highly affected, particularly inpatient hospitalization and deaths resulting from the Covid-19. One of the reasons that these communities are brutally hit is the underlying economic disparity existing in our country (Mackey et al,.2021). Experts argue that healthcare disparities are preventable differences in disease burden to achieve maximum health experienced by the communally disadvantaged populations in the country.

History of Racial Disparity in Healthcare

Historically, researchers globally have shown keen interest in uncovering the origin of racial and ethnic healthcare differences in the United States. Some suggest that the racial and ethnic disparity in the country is a result of medical and non-medical factors. However, in the global scene, neither evidence nor the realization of the

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relationship between non-medical socio-behavioral determinants and health outcomes is new. The medical disparity has been based on the myth that some people are inferior to others throughout American history. This belief that Blacks and other marginalized communities are inferior to others was popular back in the 19th century in Europe and America. The American history authors created character traits that showed Blacks as though they were less of human beings and subsequently imprinted this image. Sadly, the same has been perpetuated even in the 21st century.

Furthermore, some people believed that African-American people are naturally submissive, and even some slave owners used the idea to justify their brutal handling of the slaves. During the American Civil War, healthcare practitioners often discriminated against marginalized communities. For example, doctors used a spirometer to measure lung capacity during the Civil War and concluded that Black soldiers were inferior since they had less lung capacity than their counterparts- the whites. Until today the spirometer is used to discriminate against people according to their races**.** According to Braun (2015), the spirometer's use, in the U.S., involves the use of 10-15 percentages of correctional factors for the Blacks, and 4-6 percentages of the Asian people. The continued categorization of people in this manner involving the use of spirometers sparks issues of racism within the communities.

Besides, individuals of African descent are mainly affected due to their unique history with the White Americans. In the American historical era, Blacks served as slaves for wealthy White nobles and merchants. In that period, the slave lords forcefully shipped millions of Blacks to America. Besides, the legalization of slavery in the early 17th

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century permitted skin color segregation. Again, Blacks mostly suffered the fate as the constitution barred them from accessing quality care. The continued underrepresentation of African Americans, Latinos, Hispanics, and other minorities in key the political sphere and other important spheres has continuously contributed to the enactment of unfavorable policies against them. Further, the underrepresentation of the cultural aspect of minority communities has worsened the situation. For a long time, research has shown that whatever has been associated with a minority community, be it of a Black person, a Latino, a non-white Hispanic, or any other person from a minority race, has been viewed in disparage. Even with the end of slavery and systematic racism, deep-seated racial segregation still exists, leading to racial bias in health institutions.

Moreover, the slavery mentality historically linked Black Americans to segregation and discrimination on the basis of their race, social status, gender, and sexual orientation. This made the situation worse for colored people and other racial minorities not just in the health care provision but also in other amenities as well.

Impacts of Racial Disparity in the Healthcare Systems

Historically, the American healthcare system has experienced inequalities in service delivery. Discrimination has had a huge impact of the minority groups. However, the discrimination has escalated the outbreak of Covid-19. During the Covid-19 pandemic, the inequality has widened the gap in healthcare insurance coverage, uneven access to healthcare services, and poor health results among African-Americans, Latinos, and other marginalized groups in the country (Hagiwara et al., 1740). Americans of African descent comprise 13.7% of the United States' entire population, while Latinos

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and other marginalized groups make up 20%. For several decades since the American Civil war, racial discrimination is still a big challenge in the United States of America. Findings document that the statistics of Black and Hispanic populations who were not under health insurance coverage was 10.7-11.4% and 19.1-20.0% respectively (Samantha et al,.2021), making some residents unable to access quality healthcare services. The burden of obtaining quality healthcare is worsened because most marginalized communities are forced to pay more than 25% of their income to get healthcare coverage (Hagiwara, p.1740). The increased cost of coverage coupled with an increased unemployment rate has forced the marginalized communities in the United States to have the highest number of uninsured and underinsured population in the country.

In the United States, racial and ethnic minority status is related to lower highest poverty rates with the impoverished Black population hitting 18.7% and 15.4% for Hispanics (Valery Wilson, 2020). Typically, Black Americans, Latinos, and American-Indians often live in crowded areas in multi-generational houses (Mackey et al., 2021). The majority of them perform jobs that offer fewer protection hence these groups are likely to have the highest Covid-19 prevalence. Additionally, the marginalized communities in the country often use public transport because they are low-income earners who cannot afford private means of transportation. Even if some marginalized people can afford to work from home, most of them are low-income earners who perform work dominantly in service industry which again offers minimal protection. (Mackey et al., 2021).

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The increased disparity in healthcare, particularly during this Covid-19 pandemic, has reflected two main patterns in United States inequity. The marginalized communities have the highest Covid-19 prevalence by residing in urban areas and disproportionately working in hazardous environments. A study conducted by the Mission District community in California, San Francisco reveals that the Hispanics accounted for around 96% of the positive Covid-19 cases (Alang, 347), out of a population covering 36.5% of San Francisco and Mission (United States Census Bureau). Out of this, 89% of the people with positive tests faced challenges for working from home. Additionally, many companies with African-American and Latinos as the majority often have higher Covid-19 prevalence. For instance, findings by the Center for Disease Control reported that meatpacking industries predominantly occupied by racial and ethnic minority communities have the higher rate of Covid-19 infection cases and a cumulative 87% of deaths (Waltenburg et al,. 2020) compared to the national average.

Disparities do not just entail access to health care but also encompass access to quality education, quality food, safe housing, affordable transportation, insurance coverage, clean air, and water. Research conducted in 2016 revealed that more than one million US citizens identified themselves as being part of a minority race or ethnically grouped into a minor population. More than forty million had disabilities but still not living in nursing homes. This revealed one aspect of disparity and that it is witnessed when a section of a population cannot receive adequate healthcare because of their race, social identity, gender, age, mental health, and socioeconomic status, sexual and religious affiliation. (Williams, Priest, & Anderson, 2016).

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Even with the measures put in the health institution to curb racial disparities, minority groups still suffer mistreatment from the healthcare community. For instance, Monique Tello shares a story of how one of her patients suffered racial discrimination upon visiting a medical center. Being of black descent, the patient explains how the doctors denied her access to quality care, with no diagnosis and only assumptions that she was trying to get pain relievers from them (Tello, p.14). Besides, there is no indication in her medical history that she is a substance addict. Similarly, studies show that physicians who harbor pro-white implicit biases would probably offer pain medications to white than black.

Further, the lady's experience portrays what minority members experience daily due to racial stereotypes such as unhealthy lifestyles and substance addiction. Thus, such treatment has resulted in a lack of trust between the minority group and health practitioners. Again, the lack of confidence in the health institutions explains the low turnout of minority group members visiting the centers. Additionally, the lack of diversity in the medical facilities also explains the low turnout levels. Besides, most U.S. hospitals are white-dominated, thus the surge in racial disparity in the care institutions.

Analysis of Healthcare Disparity

Further, the minority group members include Hispanic Americans, Asians, Hawaiians, Indians, Blacks, Latinos, and Pacific Islanders. Regardless of the ongoing health reforms such as the introduction of Obama Care, the health of minority groups continue to worsen with increased chronic complications.

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The critical factors for the decline include a high poverty level, the lack of health insurance, poor health literacy, lifestyle behaviors, and socioeconomic status. First, the lack of affordable health insurance is a crucial factor in healthcare disparity. Moreover, nearly 70% of manual and casual laborers in the U.S. are people of minority descent, predominantly Blacks and Hispanics, thus their low social status and lack of health coverage. Consequently, the lack of health insurance among millions of minority groups hinders them from accessing quality care and increases racial disparity. A study by Edward et al. shows that the number of Blacks with no health coverage is twice as high as that of Whites at 10.6% and 5.6%, respectively (Edward et al., 120). Again, adoption of policies that led to reduced "access to and enrollment in coverage" influences healthcare disparity. Such policies as the "repeal-and-replace" proposal titled "Healthcare reform to make America Great Again" (Saltzman et al,. 2016).

Further, structural factors such as lack of resources, unemployment, illiteracy, inadequate infrastructures, and rigid work schedule are critical reasons for healthcare disparity. Similarly, the structural aspects influence individuals from minority group's ability and willingness to access health institutions. The casual jobs predominantly held by minority groups are associated with low income. Again, low socioeconomic statuses mean poor nutrition, poor health literacy, and access to healthcare systems.

However, the lifestyle of the minority groups has equally contributed to the healthcare discrepancy the group faces. For instance, a U.S. Department of Health and Human Services study indicates that nearly 80% of native Hawaiians are more likely to

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be obese than whites (HHS, p. 24). Thus, the study explains the life behavior aspect of health disparity.

Finally, it is apparent that racial disparity in the health sector is exacerbated by incivility. We have a system that enhances and fuels racial disparity in most spheres of life. It is within the hearts of people. There are people who fight for health disparity to exist. While health disparity, like many other disparities existing in our country, has been there for centuries, the continued incivility allows their existence. If people were to embrace civility, where they would view a person from another race as a fellow human being entitled to equal benefits and rights as theirs, then the progress towards an equal American society would be faster and more fulfilling. However, with the continued incivility, deeply seated at the core of our society, progress might be slower.

Solution for Racial Disparity in Healthcare

Issues to do with disparities in healthcare have been in existence since time immemorial. It is not until the COVID-19 pandemic hit us that this bare truth was laid open before us. Research studies have established that race and socioeconomic status to be the major factors and players in the disparities witnessed in our healthcare system today. These factors embed the exposure that is contributed as a result of socialization making various factors to be interlinked with one another causing an overall consequence in healthcare. Therefore, resources and access to treatment consequently become very difficult to find.

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The possible solutions geared towards addressing racial disparities in healthcare should tackle the challenges of socioeconomic status and also race. Therefore, possible solutions that can bridge the gap in racial disparities include a rise in public awareness, better nutritional options can be availed at an affordable price and this can be promoted even to the marginalized areas as they have been found to harbor most minority groups. The health insurance coverage can also be expanded to accommodate the undocumented and those with a lower income. The cost of effective healthcare can also be lowered based on income so that it accommodates everyone regardless of income. Community health screening events can help in the early diagnosis of diseases among minority groups. Due to their poor socioeconomic status, most end up succumbing to diseases as they cannot afford early diagnosis tests. Increasing the proportion of underrepresented minority groups in the health-care workforce would help as well. This would cause an increase in their representation in the institutions that govern health care and formulate its policies. This will increase their civility especially when in the health facilities.

There is also a need to integrate cross-cultural education into health-care training. Other solutions that may target the cultural indifferences seen in healthcare include; creating a resource center that offers the health care workforces and its stakeholders the opportunity to continue their education in cultural competency through training and interactions with the minority races. Resources can also be provided to improve the quality of care through cultural and linguistic competencies minimizing indifferences that might also be created due to language barrier. The health-care providers need also to be equipped with education programs that also enhances their civility and influences service provision to all. Raising awareness of the disparities witnessed, improving and providing

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affordable education to the minority racial groups, providing affordable healthcare may also help bridge and finally close the gap of disparity witnessed in the healthcare system.

The need to have an overall change of culture will be inevitable if the problem of racial disparity in health care provision is to be eliminated. The culture of racism, discrimination, and disregard towards people from minority races has deeply contributed to this ordeal. When the majority will realize the need to embrace equality, it would be easier even for the government to implement policies that will see the change in the health system. It all boils to civility; if the health-care providers allow themselves to be civil, where they treat other people indifferently, where they judge them not by the color of their skin but by the content of their character, then that would go a long way in defeating the problem. With the support of the majority of the people, the government can swiftly adopt policies that would prevent further effects of this problem. So then what can be done to change the culture? There is a need to campaign among people and imprinting the culture of equality in their minds starting when they are young. When people get the understanding that inequality hurts, then it would be natural for them to abhor the same and embrace equality.

Conclusion

The minorities in the country are vulnerably suffering due to racial discrimination in the healthcare system. Several factors such as restrictive government policies and unemployment have increased the issue. Besides, racial disparity in healthcare emerged from laws that allowed slavery and systematic racism. Other aspects that influence healthcare disparity among minority groups include poor health literacy, low

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socioeconomic status, poor lifestyle, and a high morbidity and mortality rate. It can also be that the racial and ethnic disparity in the country is a result of medical and non-medical factors. However, in the global scene, neither evidence nor the realization of the relationship between non-medical socio-behavioral determinants and health outcomes is new. The medical disparity has been based on the myth that some people are inferior to others throughout American history. Besides, black Americans are the most affected by systematic racism. Meanwhile, one of the critical impacts of racial disparity is that it leads to a lack of trust in the facilities. While, racial disparity has been a painful ordeal to the minorities, it has a cure, and the American Medical Association urges medical practitioners to assess their practices to ensure equality in healthcare service delivery. For the country to address racial disparity in healthcare, there is a need for comprehensive effort from all stakeholders, from the government to healthcare practitioners. The country needs to make the ethical and political commitment to assure all citizens have equal access to equal medical care as a fundamental human right. The government must also find strategies to remove economic barriers that often inhibit equal access to medical services.

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