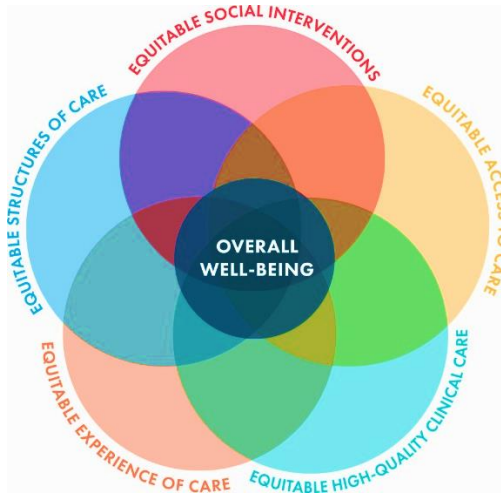


Racial and Ethnic Inequities in Healthcare



I have worked as an administrator in healthcare for 17 years. During this time, it became even more clear that Black and American Indian/Alaska Native (AIAN) people are more likely to die from treatable conditions; more likely to die during or after pregnancy and to suffer serious pregnancy-related complications; and more likely to lose children in infancy. As a result, they live fewer years, on average, than white people. These groups are also at higher risk for many chronic health conditions, from diabetes to hypertension. As well, the COVID-19 pandemic has only made things worse, with average life expectancies for Black, Latinx/Hispanic, and likely, AIAN people falling more sharply compared to white people.

The health and wellness of people will vary markedly across and within states, as does access to health services and overall quality of care. Large racial and ethnic health inequities, driven by factors both inside and outside the health care delivery system, are common. In many communities of color, poverty rates are higher than average, residents tend to work in lower-paying industries, and residents are more likely to live in higher-risk environments, which are all contributors to COVID-19's disproportionate impact.

There are also issues around cost, affordability, and access to care that also contributes to inequities. Black, Latinx/Hispanic, and AIAN populations are less likely to have health insurance, more likely to face cost-related barriers to obtaining care, and more likely to incur medical debt. It is also less common for individuals from these groups to have a usual source of care or to regularly receive preventive services like vaccinations. In addition, many people of color contend with interpersonal racism and discrimination when interacting with clinicians, and more often, receive lower-value or suboptimal care.

Decades of policy choices made by federal, state, and local leaders have led to structural economic suppression, unequal educational access, and residential segregation, all of which have contributed in their own ways to worse health outcomes for many people of color. The failure to ensure all Americans have reliable health coverage has paved the way to inequitable access to health care. Dramatic disparities in the quality of health care, meanwhile, are tolerated, and while the effects of structural racism persist in all states, policy leaders in some states are reluctant to take actions that could mitigate health inequities, like expanding eligibility for Medicaid as provided for under federal law.

These disparities are the main reasons why I chose to establish the Payer Strategy healthcare division at Fluidity because I believe health care is a right, not a privilege for the privileged few. One of my company's goals will always be to continue to partner with healthcare organizations throughout the world to ensure they are able to access a broader network within the payer platform to provide health care to individuals who do not have it. Access and convenience to health care is integral to bridging the health care divide, especially amongst black and brown communities.

Championing and advocating for you... always.