

A Call to Action:

Achieving Health Equity in the First State

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On March 26, 1966, during a press conference prior to his speech at the Medical Committee for Human Rights' annual meeting, Dr. Martin Luther King Jr. proclaimed that "We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death. I see no alternative to direct action and creative nonviolence to raise the conscience of the nation."^{1,2} Fifty-six years later, we are still sounding the alarm in efforts to raise the conscience of the nation and remedy the health effects of systemic racism and social inequities in our society.

Across the United States, African Americans, Latinos, Native Americans and many other racial and ethnic minority communities continue to be disproportionately affected by COVID-19.³ Despite our tireless efforts to escape the pandemic, reports show that long-standing systemic health and social inequities largely resulting from structural racism continue to place racial and ethnic minority groups at an increased risk of getting sick and dying from COVID-19 and many other preventable illnesses.^{4,5} Pre-pandemic disparities allowed the COVID-19 pandemic to produce drastically disproportionate health impacts from community to community.

Health inequities literally span from the cradle to the grave, in the form of higher rates of infant mortality, maternal mortality, chronic and infectious diseases, disability, and premature mortality among many racial and ethnic minority groups relative to national averages.⁶⁻⁸ The pervasiveness of health inequalities has caused untold and unnecessary suffering in many communities of color, and this suffering alone should prompt urgent, comprehensive efforts to rectify these disparities. Additionally, health inequities are costly and affect us all.⁹ Among countries with high GDP (gross domestic product) per capita, the United States spends the most towards healthcare, yet we rank last in overall life expectancy.¹⁰ This abysmal ranking is largely attributable to the life expectancy gaps that exist for racial and ethnic minority groups that have widened even further as a result of the COVID-19 pandemic.¹¹ Health disparities and lower life expectancy pose a significant economic burden for the nation, given the costs associated with treating preventable illnesses and the economic losses associated with poor health among some of the fastest-growing populations.

The COVID-19 pandemic has given us a new call to action. This call to action to overcome health inequities must not be ignored and is as much needed today as the call to action that occurred during the civil rights movement. Today it's COVID-19, but the next pandemic is right around the corner. This special issue highlights data, policies, and interventions geared towards eradicating health disparities. It is my sincere hope that this issue will serve as a call to action for galvanizing resources and efforts towards achieving health equity in the First State.

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