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How has civil rights and its implementation affected and continue to affect the health of racial and ethnic minority populations in the U.S.? Civil rights can be characterized as social determinants of health.

The wind touched her face like a mother caresses her newborn. As she walked up the stairs to the hotel, she straightened her uniform and clutched her purse. *CRUNCH!* The sound of leaves beneath her shoes were an indication that the seasons were changing…and so were the times. As she approached the door, she was nervous, but confident. I can imagine that her sentiments were shared with several other African-American women from around the Greater Pittsburgh area.

Although, this was not her first job, she still managed to catch a stomach full of little fluttering butterflies on her first day. She was used to cleaning up after others. After all, she was one of ten siblings, a wife, and a mother of three, but this was different. In those situations, cleaning up after others wasn't a job it was her responsibility, and yet, she found herself walking in the backdoor of a hotel in a starched uniform; a journey that she would repeat for 26 years. I'm sure that not every day was her best day. I can imagine that somedays she was happy, other days were met with frustration, and a few times the thought of quitting crossed her mind. However, she knew that she had three little ones depending on her and so she persevered with grace and elegance in her uniform. She knew that she served a deeper purpose. She wasn't just a black maid, she was a gentle warrior, the matriarch of her family, and my grandmother. Her name was Sudie Huff and she was one of the first black maids to work in The Hilton Pittsburgh hotel.

The year was 1959, and the Civil Rights Act would not make its way into legislation for another five years. Most workers in the northern states, both African-American and white were apart of a union. Although being a maid was certainly not my grandmothers' first occupational choice, it came with—what we now know as— employer sponsored benefits which included a health plan.

There are many layers that one would have to peel back in order to get to the root of how and why social determinants of health are affecting racial and minority populations. In order to understand you have to dig into the history of how minorities were treated in the United States and how those injustices have lingered and continue affect underserved populations. According to The Henry J. Kaiser Family Foundation, social determinants of health factors can be placed in six distinct categories: Economic Stability, Neighborhood and Physical Environment, Education, Food, Community and Social Context, and Health Care System. Any barriers to these factors can result in significant health disparities and produce negative health outcomes.

Health outcomes— which include mortality, morbidity, life expectancy, health status, health care expenditures and functional limitations—serve as the foundation for an attempt to explain why disparities exist amongst minority populations. In Missouri there's a life expectancy difference of 12 years between neighboring communities. For the residents of Ferguson, the life expectancy is 69 years as compared to the 81 years for the residents in the north Florissant area. You may ask yourself "how can something as simple as a sidewalk determine how long I may live"? In a neighborhood with limited walkability, not only is the risk of getting hit by a car a concern, but also exercise is limited. If you can't walk around then this restriction may place a resident of that community at risk of being obese which then leads to chronic conditions such as

diabetes, and high cholesterol. In order to pay for necessary medications and doctors visits the resident would likely see an increase in their medical expenses (with or without adequate health coverage), and the list goes on. Health outcomes should be thought of as a linked chain and any disruption, or disadvantages in the chain can lead to a chain reaction of serious consequences.

Additionally, when describing education as well as community and social context determinants, there is a history of governmental betrayal and public health manipulation that attribute to how elderly African-American groups view the healthcare system. The devastating effects of both the Tuskegee Syphilis Study, and Henrietta Lacks' HeLa' cells, highlight the botched relationship between African-American communities and their distrust regarding medical providers.

In the 1950s there seemed to be a sense of community—at least for those who were a part of a union. Specifically, when talking about "collective bargaining" as it related to employer-sponsored health benefits, most companies provided their employees with the average whatever the average benefit plan covered. In today's climate the atmosphere has shifted form unionized organization to individual care. During the Obama Administration, and the passing of the Affordable Care Act, was a sign of uniformity amongst all, but the battle still continues. Underserved communities and minority populations still rank as the highest group of uninsured citizens.

In my family, the thought of my grandmother being one of the first black maids in a hotel reminds me that as a people it hasn't been long since African-Americans gained their civil rights. Being able to reach back less than 60 years to find ourselves in a completely different era puts our current position into perspective. Although the Civil Rights Act of 1964 prohibited racial discrimination in public accommodations, the result of a nation in turmoil still affects black families and their health. Rather than treating health as a civil right, it functions like privilege for minorities. Like many tragedies, it can take years and sometimes decades to rebuild. The long term damage of the racial injustices that we have encountered continues to haunt our families in many ways, health care included.

Despite our difficult past, we must take what we know about how and why minorities are disproportionately affected by these social determinants and start to reconstruct the community. I believe that with this new generation of minority leaders in healthcare and across other major industries we must prepare ourselves as we approach the dawn of a new era, The Reconstruction of The Healthy Black Family.