The civil rights movement in health care began decades before the Civil Rights Act of 1964, yet racial and ethnic minorities in the United States continue to be adversely affected by pervasive inequalities that contribute to poor health outcomes. These inequalities have been increasingly associated with inconsistent enforcement of civil rights legislation, which mandate that individuals receive equal treatment and be free from unfair treatment or discrimination in multiple settings, including health care (Hahn, Truman, & Williams, 2017). Therefore, civil rights are characterized as a social determinant of health.

As defined by the Centers for Disease Control and Prevention (CDC, 2018), social determinants of health (SDOH) are conditions in which individuals were born, live, learn, work, and play. In the past, a lack or poor enforcement of civil rights legislation for minorities, specifically Blacks, Hispanics, and American Indians (Hahn, Truman, & Williams, 2017) has led to vast health disparities. Though the United States has tried to reduce health care disparities through civil rights legislation, the country has not yet sufficiently met the transportation and safe housing needs, which also affect other SDOH, in low socioeconomic status (SES) communities.

Over the years, studies have shown a direct link between education, SES, and health status (Braveman & Gottlieb, 2014). According to the American Psychological Association, (2018), race and ethnicity are often an indicator of one's SES. Furthermore, communities are often segregated based on these factors. The Virginia Commonwealth University Center on Society and Health and the Robert Wood Johnson Foundation recently developed life expectancy maps by using vital statistics that show the drastic disparities across ZIP codes in the U.S. (Blair, 2018). The maps concluded that babies born just miles apart but living in different zip codes could experience a 20 year gap in life expectancy. The difference in a person's zip code can affect their access to quality education, fair employment and promotion, access to healthcare, and food security (Hahn, Truman, & Williams, 2018).

The implementation of federal and assistance programs such as Medicaid and the Children's Health Insurance Program (CHIP) have helped to marginally close the gap in healthcare disparities. However, inconsistent funding and strict eligibility criteria across the states in programs like Medicaid, has created barriers for patients. The Affordable Care Act's Medicaid Expansion has left a coverage gap leaving about 2.2 million Americans uninsured (Garfield, 2018).

Although these federal programs were designed to help the poor gain access to basic healthcare needs, limitations continue to inhibit their accessibility. A major barrier to health care for these individuals is transportation, especially those living in rural areas. One study reported 51% of patients missed their appointments due to transportation barriers (Syed, 2014). Missed or cancelled appointments due to transportation barriers lead to delayed medical care and ultimately lower health status (MacLeod et.al, 2014). Health care policy makers and health care systems must recognize and address the disconnect between communities with lower SES and health care.

In addition to the lack of transportation in rural and low SES communities, access to nutritious foods and daily physical activity is limited. For a community that already lacks health care access, it is especially important for these individuals to practice healthy preventative medicine. Low income communities often lack sidewalks, bike paths, and recreational areas; therefore discouraging the community from getting adequate exercise (Hood, 2005). Hood (2005) adds that this in conjunction with limited healthy food stores and restaurants in these communities contributes to the obesity epidemic.

Another contributor to poorer health among racial and ethnic minorities is safe housing. Low-income, racial minority neighborhoods carry a "disproportionate burden of substandard and poor-quality housing" (Pacheco, et. Al., 2014). Though the government has implemented housing options for the poor such as Section 8 Housing, the conditions of the affordable housing does not seem to be in par with higher SES housing establishments (Semuels, 2015). Environmental exposures related to where an individual resides may lead to health problems including poor indoor air quality, cognitive delays and impairment in children, and injuries (Hernandez & Suglia, 2016). Individuals living in lower SES housing are more susceptible to living conditions where mildew, mold, and dust are collecting. This poses a threat to to their health and increases the chances of developing asthma according to Pacheco (2014). Other housing hazards include radon, pests carrying diseases, and exposure to neurotoxins like lead, found in wall paint and water, which have been found to cause cognitive delays in children (Hernandez & Suglia, 2016). Therefore, these people are more prone to long-term health disparities because they cannot escape the very conditions causing them harm.

Although these programs provide limited financial support to low income populations, which are disproportionately racial and ethnic minorities, the programs are failing to address important SDOH. Partisanship aside, politicians have a moral obligation to provide a minimum standard of care to the people. Policymakers need to consider not only the affordability of care, but the needs of the communities it is serving to improve health status in the long term. This includes providing the necessary means to obtain health care services, have access to nutritious foods, have access to education, work, and most importantly for many people, access to transportation.

Since the enactment of civil rights laws, the government has managed to minimize inequalities in some areas, but the U.S is still far from achieving health equity. As we become a more diverse country, the government should redouble its efforts to advance a civil rights agenda and make addressing health inequalities a priority. Civil rights should not be a partisan agenda, but a humanitarian mandate. Social determinants of health should not be defined in the realm of health care, but as a civil right.

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