Civil Rights Laws as Tools to Advance Health in the Twenty-First Century

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Abstract

To improve health in the twenty-first century, to promote both access to and quality of health care services and delivery, and to address significant health disparities, legal and policy approaches, specifically those focused on civil rights, could be used more intentionally and strategically. This review describes how civil rights laws, and their implementation and enforcement, help to encourage health in the United States, and it provides examples for peers around the world. The review uses a broad lens to define health for both classes of individuals and their communities—places where people live, learn, work, and play. Suggestions are offered for improving health and equity broadly, especially within societal groups and marginalized populations. These recommendations include multisectorial approaches that focus on the social determinants of health.

INTRODUCTION

Martin Luther King, Jr., said, "Of all the forms of inequality, injustice in health is the most shocking and inhuman" (59, 73). This article focuses on civil rights laws and how their use can improve health. The focus is primarily on the United States, but lessons should be universal for those working to improve health outcomes and eliminate health disparities. To improve health in the twenty-first century, to promote access to and quality of health care services and delivery, and to address significant health disparities, all relevant tools and resources must be leveraged. Although core activities to promote and protect public health include identifying hazards for and problems with the health of individuals and communities as well as ensuring strong policies to address them (50), law, and specifically civil rights law, is one resource that has not been used effectively (42).

The US Declaration of Independence (written in 1776) states, "We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness." Since the founding of the United States, there have been challenges by various groups, in their communities and in the courts, to ensure that these basic legal principles apply to all people and to protect individuals from discrimination based on race, gender, age, nationality, and disability, as well as the more recent additions of mental health status, sexual orientation, and gender identity. Unfortunately, significant health disparities persist and marginalized populations often cannot escape these inequities (2).

This review describes how civil rights laws and approaches help encourage health in the United States. It focuses on (*a*) how antidiscrimination laws address health disparities; (*b*) the role of the health, health care, and other sectors' laws in addressing inequities; and (*c*) the need for continued monitoring, research about, and enforcement of these laws. We use a broad lens to define health for both classes of individuals and their communities—places where people live, learn, work, and play—and focus on the impact of the social determinants of health. As background, we provide a summary of important laws that protect and promote civil rights (**Table 1**). Recommendations for using law and policy to address disparities and improve health should be relevant outside the United States, as well.

BACKGROUND

To explore the role of civil rights laws, it is important to define what is meant by the terms "health" and "civil rights" in this context. Health should be explained expansively and inclusively to address the various sectors, conditions, and environments that affect people. The World Health Organization (WHO) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (105, p. 100). Although the use of the word "complete" regarding well-being has been questioned owing to the realities of life, chronic conditions, and the ever-sharper imaging and detection methods that make complete an unattainable ideal (48), this definition provides a starting point for discussion.

The term civil rights has been defined as "the rights that every person should have regardless of his or her sex, race or religion; the nonpolitical rights of a citizen; *especially*: the rights of personal liberty guaranteed to United States citizens by the thirteenth and fourteenth amendments to the Constitution and by acts of Congress" (71). These amendments (US Const. amend. XIII, amend. XIV), which abolished slavery after the Civil War and provided due process and "equal protection" of the law, respectively, are important cornerstones of civil rights in the United States. They have been instrumental in extending similar privileges and protections to other groups: women seeking suffrage (late 1800s to the early 1900s); farmworkers (1960s); and more recently, people with disabilities and those seeking expanded protections because of their sexual orientation, gender

Table 1 Significant laws that impact civil rights

Law	Year (ratified)	Purpose
US laws		
US Constitution		
Thirteenth amendment	1865	Abolished slavery
Fourteenth amendment	1868	Provides due process and equal protection for all
Fifteenth amendment	1870	Prohibits discrimination regarding voting based on "race, color, or previous condition of servitude"
Nineteenth amendment	1920	Granted women the right to vote
Civil Rights Act of 1964 [Pub. L. 88–352, 78 Stat. 241 (1964)]	1964	
Title I		Prohibits unequal application of voter registration requirements
Title II		Bans discrimination based on "race, color, religion, or national origin" in public establishments with a connection to interstate commerce or supported by the state
Title VI		Prevents discrimination based on race, color, or national origin by government agencies that receive federal funds
Social Security Act amendments (Medicare and Medicaid bills) [Pub. L. 89–97, 79 Stat. 286 (1965)]	1965	Created federal Medicare and Medicaid programs
Section 504 of the Rehabilitation Act of 1973 [Pub. L. 93–112, 87 Stat. 394 (1973)]	1973	States that no one with disabilities should be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal funding
Americans with Disabilities Act [Pub. L. 101–336, 104 Stat. 327 (1990)]	1990	Prohibits discrimination based on disability, which includes reasonable accommodations for employees with disabilities and accessibility requirements on public accommodations
Patient Protection and Affordable Care Act (ACA) [Pub. L. 111–148, 124 Stat. 119 (2010)]	2010	US health care reform bill
Section 1557 of the Patient Protection and Affordable Care Act (ACA) (42 U.S.C. §18116)	2015	Nondiscrimination provisions ban discrimination due to race, color, national origin, sex, age, or disability for health program or activities receiving federal financial assistance. Prohibits sex discrimination in health care and applies civil rights protections to health insurance marketplaces (proposed rules—Sept. 2015)
Supreme Court decisions		
Brown v. Board of Educ. [347 U.S. 483, 493 (1954)]	1954	Desegregated the US public school system
Olmstead v. L.C. [527 U.S. 581 (1999)]	1999	Publicly funded entities must serve individuals with disabilities in the least restrictive, most integrated setting possible
Obergefell v. Hodges [135 S. Ct. 2584 (2015)]	2015	Held that same-sex couples have a right to marry
International law/treaties		
Universal Declaration of Human Rights	1948	Assures the right to a standard of living adequate for health and well-being, including food, clothing, housing and medical care, social services, and the right to security
International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966)	1966	Article 12 recognizes the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health"
General Comment 14	2000	Explains the right to health in the ICESCR, includes socioeconomic factors that promote conditions in which people can lead a healthy live, and extends to the underlying determinants of health and gives minimum standards

HEALTH AS A HUMAN RIGHT AND INTERNATIONAL LAW

Although an overarching right to health is not granted by the US federal government, this right is more explicit internationally. In 1948, the WHO Universal Declaration of Human Rights espoused that "everyone has a right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services" (100, Art. 25). This document sets out standards to which many aspire, and the recognition of the value of social and economic factors was prescient (5). Later, international treaties and documents such as the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Rights of Persons with Disabilities, the Convention on the Rights of the Child (1990), and the Declaration of Alma-Ata related to primary health care all recognized the need to protect health and included disabilities (68). Future legal clarification extended the right to health to include the socioeconomic factors that impact health and the determinants of health (99). This rights-based approach argues that promoting health and the broader social determinants of health are the responsibilities of governments and, specifically, of public health agencies (68). The US government has not recognized a universal right to health nor ratified any of these treaties (81).

identity, or immigrant status (66). Perhaps the most well-known piece of legislation that continued to expand civil rights is Title VI of the Civil Rights Act of 1964 (Pub. L. 88–352), which prohibits discrimination based on race, color, or national origin. As the US Surgeon General Vivek Murthy has said, "To put it simply: health equity is a civil rights issue" (75).

Why Should We Discuss Public Health and Civil Rights in the Twenty-First Century?

There is much to be gleaned from the triumphs and tragedies of the modern civil rights era. Throughout US history, groups have used methods including protests and insurrection, resistance movements, economic boycotts, court challenges, and legislation to end discrimination and obtain the rights afforded to all by the US Constitution (66). These struggles include those of African Americans for freedom from slavery and, since then, for inclusion in society, against discrimination, and against overpolicing; Native Americans for land and sovereignty; and other racial and ethnic groups against unfair treatment by public authorities and private institutions (66). Liberation movements have asserted the rights of women, people with disabilities, immigrants, and those facing discrimination on the basis of sexual orientation or gender identity (35).

Even after many civil rights successes, health disparities and discrimination are still pervasive in the United States. Racism is a major issue that must be addressed, especially the existing harmful stereotypes and inequitable opportunities that impact some individuals (110). Camara Jones (physician, epidemiologist, and an expert on the impacts of racism on health and well-being) discusses institutionalized racism as "differential access to the goods, services, and opportunities of society by race" (52, p. 1212). This type of racism, often referred to as structural racism, is engrained or codified into laws and practices and can be found both in the everyday conditions and structures of life as well as in agency and access to power (52). The civil rights of people of color and other marginalized groups need to be protected to ensure their basic personal, political, and economic rights. If those rights are intact, individuals and their communities should become stronger and healthier. Laws and policies, and their effective and equitable implementation and enforcement, are important components in addressing these rights.

Even though the United States has no federally granted legal rights to health or health care, health is greatly valued. In 2013, US health spending made up 17.4% of the national gross domestic product (GDP), the most of any industrialized country (44), compared with an average of 10%

of GDP for WHO members (107). Government programs provide health coverage to many of the most vulnerable groups, and some states have also explicitly recognized a right to health in their own constitutions (64). The nation leads in spending and technological innovations but ranks poorly among industrialized nations in many of its health outcomes, such as infant mortality rates and life expectancy ranking (29, 79). As mentioned above, disparities in health and access to comprehensive health care contribute to these disappointing rankings (109).

Both the Institute of Medicine and the WHO concluded that to eliminate health disparities, especially in marginalized communities, improvements in access to and quality of health care and services are not enough (63, 90). Addressing the social determinants of health is crucial. Social determinants of health have been described by WHO as

> the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. (108)

National and global health goals stress the need to focus on health equity and improvement in the social determinants of health to reduce inequities. The US Healthy People Initiative, managed by the Department of Health and Human Services (HHS), sets out consensus goals and objectives for each decade (currently 2010–2020), including an overarching goal "to achieve health equity, eliminate disparities, and improve the health of all groups" (102). To accomplish this objective, equal protection and application of laws and policies for all must be in place, supported through funding, and enforced zealously. Recent US health reform legislation, the Patient Protection and Affordable Care Act (ACA) [Pub. L. 111–148 (2010)], and accompanying administrative regulations and policies, are expanding access to health coverage across the population, including black and Latino/Hispanic adults (57, 67).

Using Civil Rights Laws to Address Health Disparities and Equity

The Centers for Disease Control and Prevention (CDC) state that the purpose of health equity is that all can reach their "full health potential" and that no one is hampered by social position or circumstance (8). Many in the United States face inequity, as seen in the health and health care sectors and other sectors that influence health, including housing and employment, access to goods and services, education, and transportation. Environments can also shape health: Where you live can impact your health more than genetics can (97), and the consequences can be deadly. Neighborhoods remain segregated by race and income. People of color in the United States are sicker and live shorter lives than whites do. For example, life expectancy for African American men and women is typically 5 years and 3 years, respectively, shorter than that of their white counterparts (15). Even larger gaps are not uncommon; a 10-year gap in life expectancy exists in Alameda County, California (53), and the difference in New Orleans, Louisiana, is reported to be 25 years (54).

Laws that are enforced and appropriately financed can help to eliminate discrimination and serve as levers for social change to improve health (**Table 1**). One example was the rapid desegregation of health care facilities in the United States in 1965–1966 during the implementation of the Social Security Amendments (Medicare and Medicaid), as Title VI of the Civil Rights Act prevented any institution receiving federal funding from discriminating against or segregating individuals (93). Desegregation led to increased access to health care services for many people of color. Remarkably, many of the discussions in communities today echo issues from the civil rights agenda 50 years ago—gaining access to fundamental elements of democracy such as voting rights and a fair justice system. There have been groundbreaking decisions, such as the recent Supreme

Court decision upholding the right for same-sex marriages to be legally recognized [*Obergefell v. Hodges*, 135 S. Ct. 2584 (2015)]. This decision allows same-sex couples greater access to health insurance and a recent study found that those in legally recognized couples reported a tendency toward better health (56), attributed in part to improved mental health and well-being resulting from this recognition (62). Even so, events such as protests of police violence in Missouri, the shooting of nine African American worshipers by a white gunman in Charleston, South Carolina, and debates over immigration and refugees show that, despite legal successes, the past is not a faint echo (82).

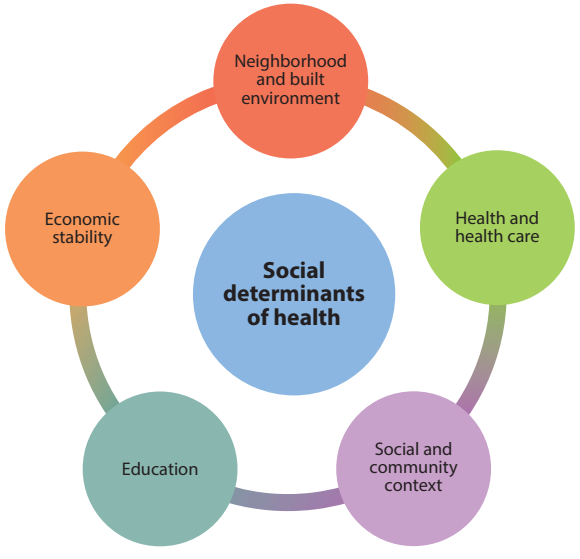
Civil Rights Approaches and the Social Determinants of Health

Addressing health disparities requires a comprehensive look at society and the impacts of policies and programs on the overall health of the population. The social determinants of health offer a framework for the variety of sectors and influences on health. In addition to the health and health care sectors, places and settings where people live, work, learn, and play have a significant impact on individuals' health (24). The following sections explain how civil rights laws can have an impact on five main determinant areas: (*a*) health and health care; (*b*) economic stability; (*c*) education; (*d*) neighborhoods and the built environment; and (*e*) social and community contexts (**Figure 1**).

HEALTH AND HEALTH CARE

Civil Rights Protections in the Health Care Sector

Several existing civil rights help to improve health and health access for historically marginalized populations. Provisions such as Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d),



Each of these five determinant areas reflects a number of critical components/key issues that make up the underlying factors in the arena of social determinants of health.

Economic stability
- Poverty
- Employment
- Food security
- Housing stability

Education
- High school graduation
- Enrollment in higher education
- Language and literacy
- Early childhood education and development

Social and community context
- Social cohesion
- Civic participation
- Perceptions of discrimination and equity
- Incarceration/institutionalization

Health and health care
- Access to health care
- Access to primary care
- Health literacy

Neighborhood and built environment
- Access to healthy foods
- Quality of housing
- Crime and violence
- Environmental conditions

Figure 1

Social determinants of health graph and chart. Adapted from Reference 103.

disability laws {Americans with Disabilities Act (ADA) [Pub. L. 101–336 (1990)], and Section 504 of the Rehabilitation Act [29 U.S.C. §794 (1973)]}, and the recently enacted Section 1557 of the ACA ensure that federal money does not support health care providers who discriminate on the basis of race, color, national origin, disability, age, sex, or gender identity (42 U.S.C. §18116).

Case Studies: Reducing Language Barriers and Protecting Those with Disabilities

Both the HHS and the US Supreme Court have construed "national origin" to include language, and thus recipients of federal funds cannot discriminate against those who are limited English proficient (LEP) [*Lau v. Nichols*, 414 U.S. 563 (1974)]. Because virtually all health care providers receive some federal funding, through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), or other HHS funding, they must make certain that language barriers do not impact the quality of care provided to their LEP patients. Accurate communication is essential for clinicians to obtain a patient's history, make a correct diagnosis, and reduce medical errors; it is also important for patients to understand the clinician, comply with treatment regimens, and give informed consent.

Changing demographics in the United States over the past decades have resulted in a significant number of non-English languages being spoken at home. Approximately 21% of the US population speaks a language other than English at home (this includes US-born citizens, naturalized citizens, and immigrants), and approximately 9% are LEP.[1] Recognizing these changing demographics and the need to reinvigorate Title VI, President Clinton issued Executive Order (EO) 13166 entitled Improving Access to Services for Persons with Limited English Proficiency [65 Fed. Reg. 50121 (Aug. 16, 2000); 67 Fed. Reg. 41455 (June 18, 2002)]. The EO—affirmed by President G.W. Bush—requires federal agencies to issue guidance on making programs accessible to individuals with LEP. The HHS's Office for Civil Rights' (OCR) "LEP Guidance" evaluates compliance on a case-by-case basis, examining the totality of the circumstances. [68 Fed. Reg. 47311 (August 8, 2003)]. These laws mean that federally funded health care providers should ensure that qualified, no-cost interpreters and translations of important health care documents are available to patients [65 Fed. Reg. 80865 (Dec. 22, 2000)].

To protect those with disabilities, Section 504 of the Rehabilitation Act also prohibits discrimination by those receiving federal funds [29 U.S.C. §794 (1973)]. The ADA [Pub. L. 101–336 (1990)] prohibits discrimination in programs and activities of state and local governments and requires accommodations in public spaces. A landmark Supreme Court case, *Olmstead v. L.C.* [527 U.S. 581 (1999)], recognized that the ADA requires publicly funded entities to serve individuals with disabilities in the least-restrictive, most integrated setting possible given the resources in the state. Without question, *Olmstead* has had a revolutionary impact. Both individuals with disabilities and the federal government can file cases addressing violations of this integration mandate; resulting settlements have produced significant reforms in 11 states (10). The ADA and the recently enacted Mental Health Parity Act [Pub. L. 110–343 (2008)] allow people with mental illness to obtain coverage for community-based services, which, owing to the currently limited delivery system, will require "wholesale transformation" in the amount and type of services available (10, p. 2223).

[1]In 2011, the top 10 languages spoken at home, aside from English, were Spanish, Chinese, Tagalog, Vietnamese, French, German, Korean, Arabic, Russian, and Italian (85).

Opportunities from Federal Health Reform

Despite laws such as Title VI and the ADA, the continued lack of knowledge and enforcement leaves millions of LEP individuals and individuals with disabilities unable to access quality healthcare. The ACA includes provisions that should help address ongoing inequities.

In Section 9007, the ACA requires nonprofit hospitals to demonstrate their community benefit by conducting a community health needs assessment (CHNA) every three years and adopting an implementation strategy to meet identified needs [26 U.S.C. § 501(r)]. The CHNA process must include input from "persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health." Because most hospitals (59%) are categorized as nonprofit organizations (104), CHNA provides an important opportunity to look at the health status and health care access of people living in the community and to improve overall health, both physical and mental.

In addition, Congress included a broad nondiscrimination provision in the ACA, enacted as Section 1557 (42 U.S.C. §18116). This provision extends the application of Title VI and Section 504 as well as Title IX of the Education Amendments of 1972 (20 U.S.C. §1681) and the Age Discrimination Act of 1975 (42 U.S.C. §6101) to

- any health program or activity receiving federal financial assistance, including credits, subsidies, or contracts of insurance;
- any program or activity administered by an executive agency (such as Medicare or the Federally Facilitated Marketplace); or
- any entity established under Title I of the ACA or its amendments.

This section protects individuals from discrimination and allows victims of discrimination to use the enforcement mechanisms contained in the civil rights statutes and to file lawsuits. The Department of Justice and the HHS have enforcement authority to act on individual complaints and to initiate investigations into alleged discrimination. This is directly applicable for Title VI cases because in *Alexander v. Sandoval* [532 U.S. 275 (2001)] the Supreme Court left administrative remedies as the only enforcement mechanism for individuals alleging disparate impact. The OCR has proposed regulations to implement Section 1557, which once finalized should strengthen enforcement of the ACA's nondiscrimination provision [HHS, Nondiscrimination in Health Programs and Activities, 80 Fed. Reg. 54171 (Sept. 8, 2015)].

Unfortunately, both covered entities and health care providers are not fully implementing the ACA requirements. For example, The AIDS Institute and the National Health Law Program filed a complaint with the HHS OCR against four Florida insurers alleging violations of Section 1557 (among other nondiscrimination laws) (87). The complaint alleged that these plans discriminated in their benefit design by placing in the highest tier of their formularies all medications—even generics—to treat HIV and AIDS, leading to inordinately high copayments (87). As alleged, the policy discouraged individuals with HIV and AIDS from enrolling in those health plans, a practice that unlawfully discriminates on the basis of disability (87). The complaint led the Florida Department of Insurance to require these insurers to amend their formularies for the 2016 plan year. Also, the HHS informed health plan providers that putting all medications for a specific condition or disease in the highest cost-sharing tier constitutes discrimination [HHS Notice of Benefit and Payment Parameters for 2016, Final Rule, 80 Fed. Reg. 10,750, 10,855 (Feb. 27, 2015)].

The United States has made progress by using civil rights and antidiscrimination laws to combat health inequity, but there is still a long road ahead to ensure that individuals seeking health insurance and access to high-quality health care do not face discrimination.

CIVIL RIGHTS LAWS AS TOOLS TO IMPROVE PUBLIC HEALTH

Whereas the health care sector focuses primarily on individuals' care and treatment, public health looks at the health of the broader population, the prevention of disease and disability, and the promotion of health and conditions for people to be healthy (49). The US Constitution recognizes the government's role to provide for the common defense and promote the general welfare. These duties to the public arise during widespread events such as epidemics, natural disasters, and bioterrorism (39). The Tenth Amendment holds that powers that are not specifically provided to the federal government in the Constitution, including such police powers, are left to the states or the people (U.S. Const. amend. X). Protecting the public's health has traditionally been included in the state police powers.

Governmental Power to Protect Public Health: Immunizations and Emergency Preparedness

Governments are given latitude to protect and promote population health through the use of rational basis or reasonableness standards. Two examples of the government using these powers such that individual freedoms may be restricted are around immunizations and emergency preparedness. Traditional public health tools for resolving emergency situations include mandatory vaccinations, quarantine and isolation, surveillance, facility closures, allocation of scarce resources, and provision for temporary authority for volunteer engagement and assistance (41). Their use may create tension between societal and individual or economic interests, and often the collective interest predominates (40). Civil rights laws and their enforcement help put reasonable limits on the ability of the government or any party to violate protected rights whether owing to race, ethnicity, religion, or other factors (40).

The increased use of vaccinations is one of the greatest twentieth-century public health accomplishments in the United States (12). All states have legal requirements that mandate vaccinations for children, especially for school and child care entry, and they may also be in place for health care workers or during public health emergencies (17). *Jacobson v. Massachusetts* [197 U.S. 11 (1905)] held that mandatory vaccination laws were within the police powers of a state. States have adopted exemptions and waiver processes to account for medical, religious, and personal beliefs (17, 78) and may impose additional restrictions such as exclusion from activities, school, or work during outbreaks. Laws mandating vaccinations and eliminating all but medical waivers, such as the new California law [CA Senate Bill 277 (2015)] following a measles outbreak at Disneyland (111), should be evaluated to assess their health impact (69). Laws can also help to ensure that evidence-based and recommended vaccines are equally available and affordable for all, helping to reduce disparities and improve health (36).

The duty of the government to protect and defend its population is applied to public health emergencies such as hurricanes, foodborne outbreaks, flu pandemics, and bioterrorism. Federal emergency plans, mandated by the Pandemic and All-Hazards Preparedness Act [Pub. L. 109–417 (2006)] and state and local plans facilitate the government's ability to respond quickly and effectively (47). Governmental and health leaders may be delegated the responsibility to act through official declarations of public health emergencies or other special police powers (32, 47).

Courts recognize a duty for governments to proactively develop emergency preparedness plans that cover the entire population and, specifically, special-needs and low-income populations and communities of color. Disasters such as Hurricane Katrina and Sandy showed the disparate impact of these storms on populations with limited resources and abilities to escape or prepare (65). Los Angeles and New York City recently entered settlement agreements after they were found to have violated the ADA and state laws by not adequately protecting their disabled population in their

preparedness plans (84). Planning and emergency preparedness legal provisions and challenges work to ensure that all groups are adequately protected from disease and/or disasters.

Public Health Research, Data Collection, and Surveillance to Promote Health Equity

Another important role for public health is to conduct research, collect data and surveillance information, and monitor and evaluate health status (50). Public health advances rely on curing and treating diseases and conditions and learning from challenges and responses. The Ebola epidemic is an example of where new treatments and immunizations were both developed and tested, and traditional processes were waived owing to exigency (41, 106). Regardless of the circumstances, scientific rigor in monitoring impact is crucial. Legal and procedural protections, such as Institutional Review Boards, need to be in place and enforced to protect study subjects, particularly when studies are applied to a limited population, such as only one racial or ethnic group [45 CFR 46 (2009)] (101). The unethical Tuskegee Syphilis Study in the 1930s illustrates the consequences of operating without these protections[2] (13).

With proper legal safeguards in place to protect individuals and to ensure that personal health information is secure, data showing inequities and health impact can help to provide the support needed to enforce existing laws and to encourage limited resources to be focused on actions to address disparities (96). A core public health activity, monitoring the health of a community and its population, can provide information about health and disparities (14). Data collection and the systematic surveillance and monitoring of diseases and conditions are components of this work. Similar observation and evaluation of laws and policies to determine which impact health and disparities—"legal surveillance" or epidemiology—can also provide a better picture of the impact of or need for civil rights protections (3, 23). This information needs to be carefully collected, protected, and representative of the changing and multicultural population in the United States. Legal protections should be enacted to help ensure that the data collected do not cause harmful or unintended consequences, such as disclosure or additional stigma that might prevent at-risk groups from freely sharing information about themselves and their families.

THE IMPACT OF CIVIL RIGHTS LAWS ON HEALTH WHERE PEOPLE LIVE, WORK, LEARN, AND PLAY

Where people live, work, learn, and play has immense impact on individual and community health (7). In addition to the health and health care sectors, an individual's environment and the social determinants of health play an important role. Social, economic, and racial characteristics of neighborhoods are linked to important health indicators such as mortality, disability, chronic diseases, mental health issues, and violence (7, 27). Factors including economic stability, education, neighborhoods and the built environment, and the social and community context all influence health (**Figure 1**). To illustrate the health impact of these areas, legal and policy issues around civil rights and housing, employment, education, and violence are highlighted below.

Housing

Historically, federal, state, and local governments, and the private sector, have tremendously affected housing policy in the United States by limiting housing options, especially for people of

[2]The Tuskegee Syphilis experiment was a US Public Health Service study, which started in 1932 and studied African American men for 40 years without either ensuring informed consent for this research or providing recommended treatment to study participants.

color. Before 1948, communities used racially restrictive covenants to prohibit property sale and rental to certain racial groups [*Shelley v. Kraemer*, 334 U.S. 1, 20 (1948)]. After World War II, developers used low-interest Federal Housing Administration (FHA) and Veterans Administration mortgages to build thousands of single-family homes. African Americans were excluded from the program through the use of exclusionary zoning practices and racial restrictions in the FHA's homeowners' insurance program (1). Redlining[3] also steered white families to the suburbs and prevented people of color from purchasing in those prosperous areas. These discriminatory laws and policies also enabled primarily white homeowners to amass wealth through equity appreciation and to pass on this wealth to future generations. With the movement of white, resourced families to the suburbs, more traditional forms of federal housing assistance, such as public and subsidized housing, and housing choice vouchers (commonly known as Section 8), were seen as primarily for people of color.

Today's low-income neighborhoods, still disproportionately made up of people of color, are the result of decades of discriminatory housing policies that led to highly segregated areas with concentrated poverty (7, 72). These communities face public health and environmental hazards and limited opportunities to be healthy. These hazards include a saturation of unhealthy options such as alcohol outlets, fast-food restaurants, and convenience stores, which sell primarily unhealthful foods and beverages and may charge high prices for healthful foods (58). Good public schools, transportation, and green and walkable spaces are not readily available for exercise. These factors contribute to low-income communities struggling disproportionately with high levels of obesity, asthma, malnutrition, and preventable diseases such as type 2 diabetes (72).

Community groups and advocates use multiple legal strategies, including filing lawsuits, proposing legislation, and mobilizing grassroots efforts, to end discriminatory housing practices, reduce concentrated poverty, and create opportunity areas. The Fair Housing Act of 1968 (TFHA) {Title VIII of the Civil Rights Act of 1968 [42 U.S.C. §§ 3601-3619 (2012)]} prohibits discrimination in the sale, rental, and financing of housing based on race, religion, national origin, sex, disability (added by amendment in 1988), and family status. It addresses both explicit discrimination and disparate-impact claims covering less blatant discrimination. The US Supreme Court recently noted that "disparate impact liability under TFHA also plays a role in uncovering discriminatory intent: It permits plaintiffs to counteract unconscious prejudices and disguised animus that escapes easy classification as disparate treatment" [*Texas Department of Housing and Community Affairs v. Inclusive Communities Project, Inc.*, 135 S. Ct. 2507 (2015)]. State and local laws may also prevent landlords from discriminating against people who pay rent using housing choice vouchers, Social Security, Supplemental Security Income, unemployment insurance, or veteran's benefits. Discrimination against housing choice voucher holders is often a guise for discrimination based on race, national origin, or familial status (98). These laws coupled with new governmental initiatives and strong community grassroots efforts are working to combat decades of discriminatory laws and policies.

Employment

Access to employment that provides a living wage and safe working conditions is directly linked to health. Higher incomes provide access to healthful food, preventive medical care, safe housing, and reliable, safe transportation (22). But, according to a recent report, "[o]nly 52% of workers

[3] Redlining refers to the discriminatory practice that diverted mortgage funds away from urban, African American neighborhoods and toward white, middle-class neighborhoods (for a general historical examination of redlining, see 46).

of color earn a living wage of $15 per hour or more, . . . , enough for a single adult to make ends meet" (45, p. 1), making the affordability of a healthy lifestyle elusive for many.

Work policies also impact health. For example, 40% of private-sector workers and more than 80% of low-wage workers do not have access to paid sick leave to care for themselves or a family member during illness (77); state sick leave laws and policies vary greatly (76). This makes employees less likely to be able to seek out preventive care or to stay home when they are sick.

Finally, factors in the workplace—including work in hazardous jobs, access to safety equipment, and exposure to toxins—clearly impact health. Two of the country's most dangerous jobs, agriculture and construction, are disproportionately performed by people of color, making their likelihood of suffering a workplace injury much higher than that of whites (20).

Workers, unions, and workers' advocates have long advocated for a higher minimum wage, paid sick leave policies, and better enforcement of workplace safety regulations at both the state and the federal levels. Despite opposition from employers about the costs of these measures, workers and their advocates have made significant gains at the state and local level on minimum wage and paid sick leave (30, 76), although worker safety measures are stalled at the federal level (74).

Education

Education is seen as the great equalizer: It brings people out of poverty and opens doors to opportunities. The federal government commits substantial funds to support public education and to ensure equal access for all children to prepare them for active community engagement (70). In *Brown v. Board of Education*, the US Supreme Court referred to education as "perhaps the most important function of state and local governments" [347 U.S. 483, 493 (1954)]. Education has an important impact on health as well. The *Guide to Community Preventive Services* found that interventions such as high school completion programs are strongly linked to improved long-term health and health equity (43). As a person's level of education increases, their health status increases (21) and their chances of becoming incarcerated decrease (55).

Schools are critical to health and opportunity. Low-income communities often have a high number of low-performing schools with an increased use of suspension and expulsion. These harsh measures often lead students to the "school to prison pipeline" (the "pipeline")[4] and to unsafe schools because of bullying. Overuse of punitive and exclusionary policies such as zero-tolerance policies are disproportionately used on children of color; lesbian, gay, bisexual, transgender, and queer (LGBTQ) students; and children with disabilities (100). These children are more likely to be suspended or expelled than their peers are for the same behavior. Suspension and expulsion not only deny students instruction, but also may place these students on the pathway to low-wage work, unemployment, and incarceration (26).

Legal advocates have used the Equal Protection Clause of the Fourteenth Amendment (U.S. Const. amend XIV), Title VI of the Civil Rights Act of 1964, and state equal protection and right to education clauses to address the disparities in administration of zero-tolerance or other exclusionary policies. However, litigating under these laws presents numerous hurdles, including the ability to secure an attorney, to show that an act was discriminatory against a protected class, and to have the time and resources to dedicate to litigation (70). Because of these limitations, holistic tools such as mediation, peer counseling, and restorative justice are being used more frequently (9).

[4]The school-to-prison pipeline is the systematic process through which a wide variety of education and criminal justice policies and practices result in students being pushed out of school and into prison (see 92).

INCARCERATION AND INSTITUTIONALIZATION

Incarceration significantly impacts health, health care, and society. In 2013, more than 1.5 million people in the United States were incarcerated, with blacks and Latinos/Hispanics disproportionately represented (11). The incarcerated tend to be less healthy and experience greater rates of mental illness and substance abuse problems (55). As individuals in this group cycle through confinement and return to their communities, their health concerns have societal implications (91). Incarcerated individuals have a right to health care and treatment, but litigation has been required to ensure adequate care (83). Continuity of care for physical and behavioral conditions can be challenging, so reentry planning should include screening and enrollment in health insurance coverage, whether through Medicaid or an exchange (4). This strategy will prevent the incarcerated and their families from suffering due to lost support and income, mental health issues, stress, and uncertainty.

Recognition of the disparities and inequities in the United States around charging of crimes, sentencing, detention, and policies such as the three-strikes laws, which impose harsh mandatory sentences for repeat offenders, recently spurred federal and state reforms (34). One example is California's Proposition 47, which reduces penalties for nonserious and nonviolent drug and property crimes and modifies policies with disparate impact on marginalized populations {Safe Neighborhoods and Schools Act of 2014 [Cal. Gov. Code §§ 7599.1–7599.2 (2014)]}.

Violence and Intimate Partner Violence

Violence is a significant problem in the United States; more than one million violent crimes occur each year (31), and homicide and suicide are consistently among the leading causes of death for American youth and adults (18). Young males and racial and ethnic minorities face a disproportionate burden of violence (28). Violence has been recognized as a public health issue both in the United States and globally because it is preventable, requires multisectoral approaches, and can be addressed societally (33, 60). An example of violence occurring where we "live" is intimate partner violence (IPV)[5]. An estimated 42 million women experience physical violence, rape, and/or stalking by an intimate partner during their lifetime (80). Survivors of IPV and children witnessing violence report significant negative health impacts such as post-traumatic stress disorder symptoms, chronic pain, and other related conditions (86).

A myriad of federal and state laws provide crucial support, safety, and long-term assistance to survivors of IPV. However, factors such as poverty, cultural and religious differences, language barriers, sexual orientation, and gender identity can lead to a disparate application of IPV laws. People of color and immigrants, documented and undocumented, may also be left vulnerable because of concerns about the fairness of the criminal justice system and law enforcement and because of fears of deportation and discrimination. Federal and state IPV laws should recognize a diversity of intimate relationships and account for the experiences of people of color, immigrants, and the LGBTQ community.

SOCIAL AND COMMUNITY CONTEXT: MOVEMENT BUILDING AND CIVIL RIGHTS LAWS

The social and community environment is also critical to health. Social cohesion, civic participation, perceptions of discrimination and equity, incarceration, and institutionalization can greatly

[5]The term intimate partner violence describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among "heterosexual or same-sex couples and does not require sexual intimacy" (16). IPV can also be referred to as family violence, and in most state statutes it is simply called domestic violence.

impact the health of a population (103) (**Figure 1**), and law and policies can play an important role. Advocacy and citizen engagement are important in addressing these factors, protecting and promoting health, and ensuring that policies and laws meet community needs. Methods for civil rights advocacy have evolved over time, and new techniques, including the use of technology and social media to facilitate communications and build momentum for change, now augment traditional strategies. These innovative tools afford civil rights advocates the ability to reframe the conventional narrative, to tell their own stories, and to control their own messages. The impact is powerful because communication tools, such as cell phones and the Internet, have made communication ubiquitous and instantaneous.

There is particular traction with youth. Consider the examples of the Dreamers, undocumented young people brought to the United States as children who may be barred from higher education and employment because of their immigration status (38, 89), or the Black Lives Matter campaign, organized by young African Americans (51). These groups used social media channels such as Twitter to advocate for civil rights and have changed perceptions, created policy change, and encouraged millions to move toward action and activism (38).

Another innovation aiding advocacy is the ability to use data to document the impact of discriminatory policies and practices. Rooted in technology, geographic information system (GIS) mapping and other data systems and platforms can demonstrate where disparities occur in context with other variables, such as demographic changes (94). These tools enable groups to examine past and current conditions and to make projections about the future, making arguments for policy change more compelling (see **http://nationalequityatlas.org/**). Civil rights advocacy is also rapidly becoming global. International campaigns for civil and human rights and solidarity can easily connect and communicate, and United Nations members can sign human rights treaties that create common obligations and standards (68).

PROMISING EFFORTS TO USE LAW AND POLICY TO ADDRESS HEALTH EQUITY AND DISPARITIES

In addition to the examples provided above, which show where law and policy can impact health, efforts to use law and policy to address disparities and protect rights are under way in communities across the United States. This action can be seen at the local level in Madison, Wisconsin; Portland, Oregon; Minneapolis, Minnesota; and Seattle, Washington; Seattle's Race and Social Justice Initiative (88) is one of the first efforts to eliminate racial disparities, achieve racial equity, and focus on structural racism. At the state level, Minnesota's Department of Health recently led a comprehensive effort, Advancing Health Equity in Minnesota (25), which focused on eliminating health disparities and evaluating how policies and practices impact these inequities. Recommendations included using a Health in All Policies approach by focusing resources where they can best impact equities, providing statewide leadership, and strengthening the use of data to support this work. Nongovernmental organizations can also play a role in protecting the rights of communities through civil rights laws. In Los Angeles, a multidisciplinary coalition's assessment of the discriminatory impact of physical education requirements, a state mandate, and variation in resources (teachers and facilities) in schools with higher Latino and minority attendees resulted in changes in policies and practice (37, 61). These communities are considering how best to use law and policy to support their populations, to advance health, and to eliminate inequities.

CONCLUSION

Civil rights remain a twenty-first-century imperative, just as they were throughout the twentieth century. The goals remain the same: to achieve the right for all to be heard and valued and to

meet the needs of people from every sector of society. As we have discussed above, discrimination and mistreatment of certain groups in the United States, the impact of unjust application of laws, and, in some cases, the failure to enforce existing laws have resulted in inequities for marginalized populations in our society. Rapidly shifting demographics in the United States, like those of Europe, Australia, Canada, and other countries with net in-migration, create an imperative to act to address disparities, health inequities that result from societal barriers, and the social determinants of health (19). By 2044, the majority of Americans will be people of color. As has already been documented in some states such as California, the majority of youth are people of color (95; **http://nationalequityatlas.org/**). The implications are profound and require a multisector focus on health that plans for and addresses the needs of all groups and members of the population; failure to do so could impact health outcomes and threaten the nation's economic vitality and health. The American experience calls for continued efforts to make progress because a nation can prosper only when it lives up to shared aspirations and makes good on the promise of guaranteeing civil rights to all. Laws and policies will remain integral to achieving this goal.

FUTURE DIRECTIONS

1. Additional empirical and qualitative research around the impact of laws and policies that attempt to address disparities is needed.
2. Future research should investigate the impacts of the ACA, including its implementation and enforcement, on health and disparities. Such research should include a special focus on Section 1557.
3. Continued research (e.g., Matsuura or Leonard) is needed to evaluate how legal provisions (whether in constitutions, regulations, or judicial interpretations) protect or promote health and impact health outcomes.
4. Resources are essential to provide for needed surveillance for civil rights and health equity laws and protections and their related health outcomes.
5. Additional research and capability are necessary to capture diversity in populations, demographics, and SES more regularly and with more specificity to allow better comparisons between groups, to take into account more risk factors, and to highlight when inequities and health disparities are occurring.

DISCLOSURE STATEMENT

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RELATED RESOURCES

National Equity Atlas (**http://nationalequityatlas.org/data-summaries**). We invite readers to review additional resources from the National Equity Atlas, which also provides opportunities to manipulate data. In particular, we recommend the following sections: "Diversity is Increasing," "Communities of Color are Driving Growth," and "Economic Benefits of Equity" (**http://nationalequityatlas.org/indicators?ind=7261.**)