



A Passionate Voice for Compassionate Care

HEALTH EQUITY

THE ISSUE

Disparities in health outcomes and access to health care among racial, ethnic, geographic, socioeconomic and other groups are well-documented. We know, for example, that racial and ethnic minority populations have less access to necessary health care than others. In 2021 the uninsured rate for Hispanic and Black populations was 17.7% and 9.6% respectively, compared with 5.7% for Whites. They are more likely to delay or go without care and to suffer from poorer health and worse health outcomes. Blacks, Hispanics, Asian Americans, Pacific Islanders and American Indians and Alaska Natives also are more likely to report a range of health conditions, including asthma and diabetes. Infant mortality among Blacks is nearly twice the national average; Hispanic women are 40% more likely to have cervical cancer and 20% more likely to die from it; and American Indians and Alaska Natives have higher rates of heart disease. The existence of such disparities is one reason minorities have been more vulnerable to the coronavirus, which takes a greater toll on people who already have poor health conditions.

Health equity exists when all members of society can achieve the highest level of health possible. “Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” (Robert Wood Johnson Foundation). To create a society where there is health equity we must commit to identifying and eliminating health disparities and promoting a health care workforce that recognizes and reflects the diversity of those we serve.

The Catholic health ministry has launched its ***We Are Called: Confronting Racism by Achieving Health Equity*** initiative to address these issues. This action represents the Catholic health ministry's commitment to coordinated efforts to achieve equity in our own health systems and facilities and to advocate for change in the wider health care sector and our society. Health inequity is a persistent and lingering legacy of the systemic racism and social prejudices that have far too often been prevailing characteristics in our nation's history. By pledging our commitment to achieve health equity, we can defeat that harmful legacy.

MINISTRY TRADITION

The Catholic health care ministry operates on the principles of the Church's social teaching, including the inherent dignity of each person, promotion of the common good and particular concern for poor and vulnerable populations. These values call us to work for the elimination of racial and ethnic disparities in health outcomes and to improve access to quality health care. The *Ethical and Religious Directives for Catholic Health Care Services*, which are guidelines for how we carry out our ministry, call on us to distinguish ourselves by service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination, including racial minorities. Our commitment to achieving health equity is a response to this call and to Pope Francis'

exhortation: "We cannot tolerate or turn a blind eye to racism and exclusion in any form and yet claim to defend the sacredness of every human life."

CHA'S POSITION AND ACTIVITIES

Advocating for change to end health disparities and systemic racism is an important element of the *We Are Called: Confronting Racism by Achieving Health Equity* initiative. CHA and its members will leverage our united voices to advocate policies that ensure access to quality health care services for all; end racial and ethnic disparities in health outcomes; promote and improve the delivery of culturally competent care; and increase the diversity of the health care workforce. We will call for changes to policies that shape people's lives - education, housing, nutrition, criminal justice reform and the environment - so that everyone in our society may flourish. CHA will work closely with the Administration and Congress, especially the Congressional Minority Caucuses, to support regulatory and legislative action that:

- Continues to address and remedy the disparities borne by Black, indigenous and other communities of color in COVID-19 as they relate to testing, treatment, vaccination and mortality
- Bolsters accurate and timely data collection (especially on race and ethnicity) by states and the federal government to help inform health policies
- Targets the root causes of disparities in maternal health for women of color, especially in pregnancy-related deaths
- Promotes and provides resources for cultural and linguistically appropriate care, including funding for increased language access services and materials
- Incentivizes the education and training pipeline to increase health workforce diversity
- Invests in research at the National Institute for Minority Health and Health Disparities while bolstering funding for the Offices of Minority Health at the U.S. Department of Health and Human Services
- Addresses the social determinants of health such as food insecurity, housing, education and criminal and environmental justice, which disproportionately affect low-income and minority communities
- Directs resources to marginalized and diverse communities like Native American tribes, those residing in U.S. territories and immigrants of any status, all of whom have historically been underfunded and under resourced
- Strengthens anti-racism and anti-bias education across the federal government to encourage racial healing and dismantle systematic racism
- Incorporates health equity in all policies initiatives in federal regulation such as annual payment update regulations from the Centers for Medicare and Medicaid Services