



*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 2018 the uninsured rate for Hispanic and Black populations was 19% and 11.5% respectively, compared with 7.5% 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 *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 *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:

- Immediately addresses and corrects 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
- Strengthen anti-racism and anti-bias education across the federal government to encourage racial healing and dismantle systematic racism

Legislation we Support	Health Equity Impact	Status
<p>H.R. 959/ S. 346, Black Maternal Health Momnibus Act of 2021 (Rep. Underwood, Rep. Adams/Sen. Booker)</p>	<p>Includes significant measures to address the impact of COVID-19 on pregnant women; improve telehealth; address behavioral health needs, cultural competency, gaps in the perinatal work force and the social determinants of health including the risks of climate change; and bolster the collection of data.</p>	<p>Introduced in the House and Senate</p>
<p>H.R. 1475 Pursuing Equity in Mental Health Act (Rep. Watson Coleman, Rep. Katko)</p>	<p>This is bipartisan legislation that would authorize \$805 million in grants and other funding to support research, improve the pipeline of culturally competent providers, build outreach programs that reduce stigma, and develop a training program for providers to effectively manage disparities.</p>	<p>Passed the House on 5/12/2021</p>
<p>H.R. 379: Improving Social Determinants of Health Act of 2021 (Rep. Barragan)</p>	<p>This legislation would create a new Social Determinants of Health (SDOH) program at the U.S. Centers for Disease Control and Prevention (CDC). Through grants and guidance, this program would empower public health departments and community organizations to lead efforts to build integrated systems that research and address the social factors that negatively impact health in their regions. (Rep. Barragan)</p>	<p>Introduced in the House</p>
<p>H.R. 189/ S. 320: John Lewis NIMHD Research Endowment Revitalization Act of 2021 (Rep. Barragan, Rep. Carter, Sen. Sen. Cassidy, Sen. Schatz)</p>	<p>This bill expands eligibility for research endowments available through the National Institute on Minority Health and Health Disparities to include former centers of excellence at health professional schools and biomedical and behavioral research institutions that meet criteria related to the inclusion of underrepresented minority individuals in programs and activities.</p>	<p>Passed the Senate 3/10/2021</p>
<p>H.R. 2503/ S. 2986: Social Determinants Accelerator Act of</p>	<p>This bill would create a federal grant program to empower states and local governments to tackle persistent economic and social conditions — like limited access to health care providers, stable housing,</p>	<p>Introduced in the House and Senate</p>

2021 (Rep. Bustos, Sen. Young)	reliable transportation and healthy foods — that often hinder health outcomes.	
H.R. 1660/ S. 3149: HEAL for Immigrant Families Act of 2021	This bill ensures critical access to Medicaid and the Children’s Health Insurance Program (CHIP) by lifting the current five-year period that lawfully present immigrants — including kids — are required to wait before being able to enroll in these health care programs. The bill also provides access to public and affordable health coverage for DACA recipients. Additionally, the legislation removes the current restrictions that prevent undocumented immigrants from purchasing care through the Affordable Care Act (ACA) marketplace while ensuring these individuals are able to obtain premium-tax credits and cost-sharing reductions.	Introduced in the House and Senate
S. 162/ H.R. 666, Anti-Racism in Public Health Act (Sen. Warren, Rep. Pressley)	This bill establishes within the Centers for Disease Control and Prevention (CDC) a National Center on Antiracism and Health and a law enforcement violence prevention program. Among other activities, the new center must declare racism a public health crisis, collect and analyze data, and administer research and grant programs to address racism and its impact on health and well-being. Additionally, the bill specifically directs the CDC's National Center for Injury Prevention and Control, in coordination with the Department of Justice and other relevant stakeholders, to carry out the law enforcement violence prevention program by conducting research and supporting other activities pertaining to law enforcement violence and public health	Introduced in the House and Senate
H.R. 4449: Pathways to Health Careers Act (Rep. Davis)	The Health Profession Opportunity Grant (HPOG) program has successfully provided pathways to well-paying, in-demand jobs in the health care industry for workers in all 50 states, tribal communities, Washington DC, and all five U.S. territories, this omnibus legislation put even more people back to	Introduced in the House

	work, it will also help to close our country's health care workforce shortages	
S. 412/H.R. 1306: National Coronavirus Commission Act of 2021 (Sen. Menendez, Sen. Collins, Rep. Malinowski, Rep. Diaz-Balart)	To establish the Commission on the Coronavirus Pandemic in the United States includes a directive to study the pandemic's burden on "health and economic impacts on underserved communities, rural populations, racial and ethnic minority populations, older adults, and all other populations with relevant health or economic disparities".	Introduced in the Senate and House