



Health Equity and Justice in America

The freedom to live a healthy life is an essential part of the American promise. Thanks to incredible breakthroughs in medical treatment and care, that freedom has been extended to more and more Americans. Our loved ones are living longer. Diseases that were once death sentences have become manageable conditions.

Yet millions of Americans today still find their health determined by who they are or where they live. The impact of systemic discrimination impacts how much we earn, the neighborhoods and homes we live in, the schools we attend, the food we eat, and the jobs we have access to. Each of these factors affects the health of Americans more than what happens at a doctor's office or hospital.

This systemic discrimination takes the form of a doctor who takes a Black person's pain symptoms less seriously, or a health clinic staffed by providers lacking training on how to appropriately care for a transgender person. It manifests in a hospital system that breaks ground only in a predominantly white neighborhood, and in a public health department that fails to translate important information into languages spoken by an impacted community. Discrimination shows up in health facilities that are simply not accessible to people with disabilities. It takes place in states like Georgia and Texas, when governments play politics with people's lives by refusing to expand Medicaid.

As a result, a Black man living in a rural community today can expect to live seven years less than a white man living in a city. An Asian American is more likely to die from certain types of cancer than a person who belongs to any other racial or ethnic group.¹ A lesbian is more than twice as likely to have mental illness than her straight peers.² And a Native or Black woman is over two times more likely to die from pregnancy-related complications than a white woman.³

In Pete's administration, achieving health equity will be a strategic priority: during his first 100 days in office, he will direct the federal government to develop a National Health Equity Strategy. He will designate and invest in Health Equity Zones to empower communities to combat their most pressing disparities, and transform our under-resourced public health system, enabling public health departments to become champions of equity in their communities. His administration will also invest in training our health workforce to combat racism and bias when treating patients, and support more underrepresented groups entering the health workforce to achieve equitable representation.

This plan should be viewed in concert with Pete's other health policies, which will also help close inequities. His [Medicare for All Who Want It](#) plan achieves universal coverage, which disproportionately benefits people with low incomes, people of color, and those living in rural communities. His [Healing and Belonging in America](#) plan to improve mental health and combat addiction destigmatizes and decriminalizes mental illness and addiction, and expands trauma-informed care, all of which will drastically improve mental health outcomes for LGBTQ+ people, veterans, and people of color. Pete's

¹ National Institute on Minority Health and Health Disparities. "[The Center for Asian Health Engages Communities in Research to Reduce Asian American Health Disparities.](#)" 2016.

² National Alliance on Mental Illness. "[LGBTQ.](#)"

³ Center for Disease Control and Prevention. "[Racial and Ethnic Disparities Continue in Pregnancy-Related Deaths.](#)" September 5, 2019.

[Women’s Agenda for the 21st Century](#) will end the maternal mortality crisis—which primarily affects Black and Native women, as well as women who live in rural communities—while his [plan for LGBTQ+ Americans](#) commits to ending the HIV/AIDS epidemic by 2030, which disproportionately affects gay and bisexual Black and Latino men, and transgender women.

Pete understands that health policies alone will not be enough to achieve health equity—where everyone has a fair opportunity to be as healthy as they can be. Income, housing, education, food, access to clean water, and safety—otherwise known as social determinants of health—all have a profound impact on our health. That’s why Pete’s administration will adopt a “Health in All Policies” approach to embed health considerations into decision-making across all federal agencies.

This plan for health equity is just the beginning. It is a policy framework that empowers communities to collaborate with the federal government to eliminate systemic health disparities. We cannot replace discriminatory policies with neutral ones and expect the playing field to level itself. We must intentionally work to create an era of inclusion in health.

Pete’s key policies include:

- Launch a National Health Equity Strategy Task Force in the first 100 days.
- Invest in Health Equity Zones to empower communities to address health disparities.
- End the maternal mortality crisis; end the HIV/AIDS epidemic by 2030; and tackle the diabetes epidemic, all of which disproportionately affects minority populations.
- Train our health workforce to combat racism and bias when treating patients.
- Invest in diversifying our health workforce.
- Appoint a Secretary of Health and Human Services committed to achieving health equity.
- Transform public health departments into Chief Health Strategists for their communities.
- Adopt a “Health in All Policies” approach to policy-making by creating Offices of Health Equity and Justice in all relevant federal agencies.

Make Health Equity a National Priority

Pete believes that everyone has a right to equitable health. Yet far too many people are denied these rights simply because of who or where they are—including people of color, people who are incarcerated, LGBTQ+, disabled, veterans, older, or who live in rural communities. When Pete is President, achieving health equity will be a national imperative.

Launch a Task Force to develop a National Health Equity Strategy.

Leadership on health equity must come from the highest levels of government. To that end, Pete will:

- **Launch a National Health Equity Strategy Task Force in the first 100 days.** Upon assuming office, Pete will convene relevant federal agencies to develop a National Health Equity Strategy

in conjunction with experts and community leaders. It will outline steps every federal agency must take to make health equity part of its mission, and establish a roadmap for centering the lives of underrepresented groups in our health care system. The Task Force will also review implementation of the strategy.

- **Appoint a Secretary of Health and Human Services (HHS) committed to achieving health equity.** Pete will appoint a Secretary of HHS and senior staff who are committed to health equity and justice, and have a demonstrated track record of addressing health disparities.
- **Revitalize the Office of Civil Rights in HHS to ensure that legal frameworks are in place to challenge health inequities.** Legal and regulatory measures are essential for people and communities to protect their health and human rights, and to ensure that federal agencies explicitly consider the racial and demographic impact of their decisions.

Designate and Invest in Health Equity Zones and empower communities to address health disparities.

Communities with significant health disparities will be designated as Health Equity Zones (HEZs) and receive federal funding to end their most pressing health disparities through detailed and actionable plans. Building from early models like Accountable Communities for Health, HEZs will establish multi-sector coalitions focused on health equity, and that reflect the fundamental economic, social, and political determinants of health in a community. These coalitions could include local housing authorities, food banks, environmental protection organizations, local NAACP chapters, healthcare systems, economic development agencies, and safe transportation groups. The composition of these groups will be based on each community’s needs. The HEZ program will have a budget of \$5 billion over 10 years and will help communities develop executable plans to address health disparities, with accountability to the community itself. In conjunction with other existing funding at the federal, state, and local levels, communities will be able to make meaningful progress in implementing specific health equity interventions.

Reorient Our Health and Public Health Systems Towards Prioritizing Health Equity

Our national health care and public health systems do not equitable serve all communities. For example, people of color and members of other minority groups have—due to negligence and intentionally—been excluded from these systems. This remains the case even today. The Hyde Amendment, for example, primarily denies women of color access to essential reproductive health care services. Several states have sought to enact Medicaid work requirements, which will disproportionately deprive women with children and people with disabilities from access to health care.^{4,5} We are long overdue in transforming our health and public health systems not towards neutrality, but towards anti-racism, -misogyny, -homophobia, -ableism, and -xenophobia.

⁴ Bailey, Anna, and Judith Solomon. “[Taking away Medicaid for not meeting work requirements harms women.](#)” July 6, 2018.

⁵ Bailey, Anna and Judith Solomon. “[Medicaid work requirements don’t protect people with disabilities.](#)” November 14, 2018.

Empower public health departments as Chief Health Strategists for their communities, and increase their funding through a Public Health Infrastructure Fund.

Where you live fundamentally affects your overall health and how long you live. These geographic disparities are central to our health equity challenges, requiring community-specific—sometimes even zip code specific—responses. Health Equity Zones will function as a targeted response where the inequities are the greatest. To improve overall health outcomes in the United States, every community needs health improvement. Currently, only half of the United States’ population is served by a fully-equipped public health system.⁶

Pete will empower local public health departments to become Chief Health Strategists for their communities. Health departments will have greater resources to identify the root causes of local health inequities across sectors, including housing, transportation, nutrition, and criminal justice, and to build cross-sector partnerships to solve them.

He will also create a Public Health Infrastructure Fund, a mandatory funding stream to support state and local health departments. The federal government will provide the bulk of funds with a sliding-scale state match, based on median income, that ranges from 10 to 20 percent. The government’s contribution will start at \$500 million and ramp up annually until the gap of \$4 billion a year between current spending and existing needs are met. Departments in communities with greater health needs will receive more funding.

Incentivize health systems to make achieving health equity a strategic priority and establish health equity quality standards.

Health systems play crucial roles in their community, both helping people stay healthy while frequently serving as major local employers and economic engines.⁷ Pete will incentivize health systems and health plans to foster higher-quality and more equitable delivery systems.

- **Establish health equity standards in federal health insurance programs such as Medicare, Medicaid, and the public plan.** Pete will recommit to the Equity Plan for Improving Quality in Medicare, which lays out a framework for addressing health disparities and improving the quality of care in the Medicare program. As part of the National Health Equity Strategy, the federal government will develop equity plans for Medicaid and the public plan and set aggressive goals for closing access and outcomes gaps.
- **Require federal health-related programs to collect and monitor data from health organizations—such as hospitals, and nursing homes—stratified by demographic characteristics, and attach financial incentives to achieving equity measures.** We must measure what we want to fix. Pete will require health organizations to ethically collect, monitor

⁶ Mays, Glen. “[Organizing and Financing Population Health: Systems, Policies & Incentives](#).” U.S. Center for Disease Control and Prevention. 2017.

⁷ Mate, Kedar, and Ronald Wyatt. “[Health Equity Must be a Strategic Priority](#).” January 4, 2017.



and protect data—including quality, cost, access, and outcomes data—stratified by demographic characteristics including race, ethnicity, sexual orientation, and gender identity, and link financial incentives to equity measures.

- **Encourage health systems to invest in addressing the social determinants of health in their communities.** We will strengthen non-profit hospitals’ community benefit requirements, and provide clear guidance on what type of spending counts as meaningfully benefiting the community. This will emphasize contributions to achieving health equity, through Health Equity Zones and otherwise.

Train our health workforce to combat racism and bias when treating patients, and address the exclusion of underrepresented groups in the health workforce.

Pete will ensure our health care workforce is able to combat inequities, discrimination, and bias in care delivery. To achieve this, Pete will:

- **Train more health practitioners to identify and reduce bias.** Pete will expand incentives for the adoption of evidence-based programs shown to reduce disparities in health outcomes. One example is the Alliance to Improve Maternal Health’s safety bundles, which have been shown to improve maternal health outcomes in low-performing hospitals that care for high proportions of women of color.
- **Create grant programs for Historically Black Colleges and Universities, Tribal Colleges, and Hispanic-Serving Institutions to recruit underrepresented groups into health professions.** Pete will establish grant programs that increase scholarship and financial assistance for underrepresented groups to enroll in medical and other health-related programs, including some that begin in high school.
- **Require that Medicare and Medicaid consider diversity when developing provider networks, and ensure that clinicians are adequately prepared to serve the patient populations in their network.** Pete will require Medicare Advantage and Medicaid managed care plans to consider diversity when developing adequate provider networks. Pete will also include requirements for clinician training on cultural humility, anti-discrimination and implicit bias.

Increase funding for research to close health inequities.

Pete will restore the federal government’s role as a champion of scientific research, and use its resources to better understand and solve health inequities. He will:

- **Invest in finding cures for diseases that disproportionately affect minority populations.** This includes research on cures for HIV, triple negative breast cancer, and sickle cell disease.

- **Increase grants available to behavioral and social science researchers.** These grants will be available through the National Institute on Minority Health and Health Disparities, and will help us better understand the causes of and solutions to health inequities, such as the disproportionate burden of diabetes among certain minority populations.
- **Mandate that all federally-funded research trials on people include populations that reflect our country.** The history of research in the United States is riddled with ethical failures involving exploitation of underrepresented groups. These include the Tuskegee syphilis study, reproductive health experiments conducted on enslaved Black women, and pharmaceutical research first tested on prisoners. This was followed by years of biomedical research that involved recruiting primarily white men without regard to racial, ethnic, geographic, or social diversity. To ensure that the fruits of modern biomedical science are available to and effective for all, federally-funded research will be required to include truly representative samples of people and communities with the highest ethical standards to ensure individuals are providing genuine informed consent. Community Advisory Boards will be involved in the design and oversight of these trials.

Adopt a “Health in All Policies” Approach

Most of our health outcomes are determined by what happens outside a clinic or hospital: by where we can live, what we can eat, and what jobs we have access to. To a great degree, peoples’ lives are governed by social forces that embed and perpetuate health inequities, and are often deliberately excluded from spaces and from opportunities that enable good health outcomes. For example, Black patients are more likely to receive care in low volume health centers, and therefore have higher surgical mortality rates,⁸ cities like New York are so inaccessible to people with disabilities that it has been described as a “nightmare” for them;⁹ and across rural America, half of counties lack access to obstetrics services, exacerbating the maternal mortality crisis.¹⁰

Given these structural barriers, how can one stay healthy? It should come as no surprise that in California, Latino children get sick more often than white children because the air they breathe is more polluted.¹¹ In South Carolina, Black families—who are almost three times more likely to be poor than white families—may struggle to stay healthy if nutritious food is inaccessible to them.^{12,13} And, if we continue failing to protect Native American women from violence, they will remain at increased risks for many health issues, including depression, post-traumatic stress disorder, heart disease, and death.¹⁴

For these reasons, Pete strongly believes that a health equity lens must be applied across federal policies and programs. Just as he supports building the capacity of state and local health departments to take a

⁸ Epstein, Andrew J., et al. “[Racial and Ethnic Differences in the Use of High-Volume Hospitals and Surgeons](#).” JAMA Network. February 2010.

⁹ Smith, S.E. “[New York City is a Nightmare for Disabled People](#).” VICE News. July 17, 2018.

¹⁰ Kozhimannil, Katy, and Austin Frakt. “[Rural America’s disappearing maternity care](#).” Washington Post. November 8, 2017.

¹¹ Cantu-Pawlik, Stacey. “[Latinos in California Exposed to the Worst Air Quality](#).” Salud America. July 25, 2018.

¹² Kaiser Family Foundation. “[Poverty Rate by Race/Ethnicity](#).” 2017.

¹³ Food Research & Action Center. “[The Impact of Poverty, Food Insecurity, and Poor Nutrition on Health and Well-Being](#).” December 2017.

¹⁴ Indian Law Resource Center. “[Ending Violence Against Native Women](#).”



Health in All Policies approach, Pete will adopt an unprecedented health equity approach across the federal government.

Create Offices of Health Equity and Justice in all relevant federal agencies.

Pete will establish Offices of Health Equity and Justice within relevant federal agencies. This will include agencies that oversee programs related to the social determinants of health, such as the Departments of Housing and Urban Development, Education, and Justice, and the Environmental Protection Agency. These offices will be entrusted with carrying out the federal government's National Health Equity Strategy. The White House will coordinate the efforts to assure that all agencies are aligning with the National Health Equity Strategy.

Develop and test innovative delivery and payment models to reduce health inequities by taking into account the social determinants of health.

Adopting proposals introduced by the Congressional Black Caucus, Congressional Hispanic Caucus, and others, Pete will direct the Center for Medicare and Medicaid Innovation (CMMI) to develop and pilot delivery and payment models designed to reduce racial and ethnic health disparities through interventions that target socially-determined barriers to good health. Pete's administration will evaluate existing innovation models for unintended consequences on health equity outcomes, and require CMMI to track the impact of its models on health inequities.

Advance health equity at the state and local levels through a "Health in All Policies" approach.

As a mayor, Pete understands that achieving health equity happens in communities across the country. He will work with governors, mayors, state legislatures, county commissioners, and city councilmembers to advance a Health in All Policies approach. The Public Health Infrastructure Fund will provide an incentive to state and local health governments and their health departments to adopt a health equity lens across agencies.

Pete is determined to usher in a new era for health in America. One that recognizes that our policies must target systemic disparities in our health system. One that understands what happens in our lives outside the clinic is more important to our health and well-being than what happens in a hospital or doctor's office. And one that makes achieving health equity—where everyone has a fair opportunity to be as healthy as they can be—a national imperative.

This plan builds on what we know works. We can empower more health departments to become leaders in their communities to address inequity, multi-sector partnerships build healthier communities, and health systems reach beyond the four walls of clinics to address the social determinants of health. We just haven't made the investments to bring these to scale.



Furthermore, these policies are part of Pete’s broader platform to address inequity in our society. The [A New Rising Tide](#) plan, for example, raises the minimum wage to \$15 per hour, enshrines the right to multi-employer bargaining, and expands federal protections to cover farm and domestic workers; these will each economically empower millions of people. The [American Opportunity Agenda](#) expands access to higher education and job opportunities by providing free college to those who need it and investing \$50 billion in Historically Black Colleges and Universities, Tribal Colleges, and other Minority-Serving Institutions. The [Economic Agenda for American Families](#) unlocks access to affordable housing for seven million families and invests \$700 billion to achieve universal child care. The [Securing Justice](#) plan commits to tackling mass incarceration by reducing the number of incarcerated people by 50 percent, and the [Douglass Plan](#) tackles structural racism and the racial wealth gap, which significantly contribute to health disparities.