



# Health Equity Recommendations

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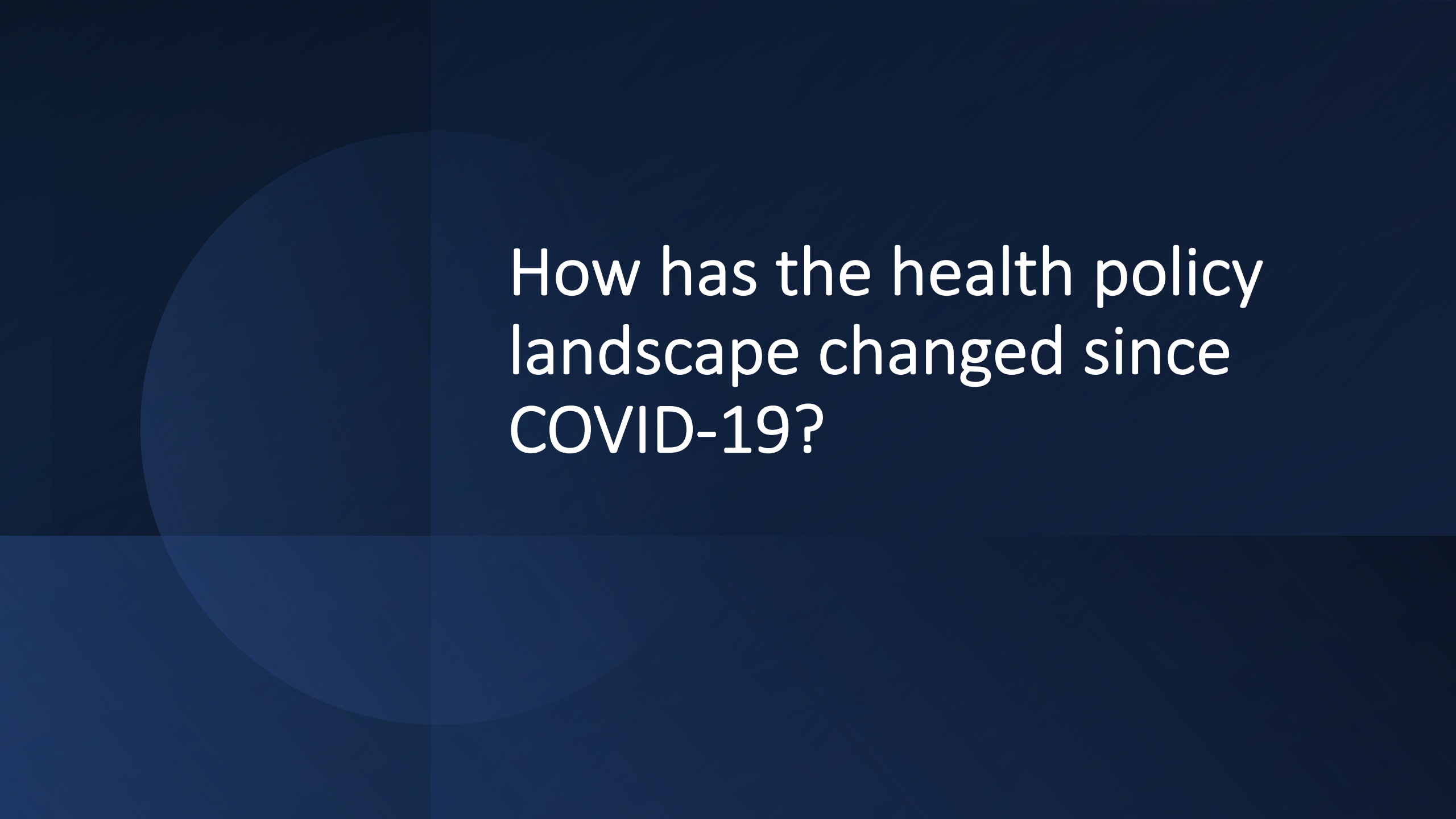
# Land Acknowledgement

I humbly acknowledge that the land upon which I live and work was originally inhabited by the First Nations of North Carolina (**Occaneechi, Shakori, Eno, and Sissipahaw**). These First Nations cultivated, honored, and walked this land long before Europeans landed in Jamestown, or the first enslaved Africans were brought ashore at Old Point Comfort. I recognize with gratitude all First People including the Tribes who continue to be integral to the history and culture; past, present, and future of the Commonwealth of North Carolina and the United States of America.

I honor and humbly  
acknowledge the suffering and  
vast contributions of enslaved  
Africans in North Carolina.

# Today's brief presentation will...

Review	how the health policy landscape has changed since the pandemic
Offer	areas that GAO/Congress should consider focusing on in the near- and long-term



How has the health policy  
landscape changed since  
COVID-19?

# Policies Since COVID-19



## US Government's Role during COVID-19

- Calls for Greater Transparency
- Calls for Interagency Collaboration




## Select Policies

*\*The American Rescue Plan Act of 2021*

*\*Inflation Reduction Act of 2022*

*\*Food Security Policies*

*\*STANDUP Act of 2021/Suicide Training and Awareness Nationally Delivered for Universal Prevention Act of 2021*



Cross-Cutting Goal:  
Ensure Access to Quality  
Care

# What is Health Disparity?



- “Differences in the incidence, prevalence, mortality, and burden of disease and other adverse health conditions that exist among specific population groups in the United States.”
- “A population is a health disparity population if...there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates in the population as compared to the health status of the general population.”



## Racial & Ethnic Minority Groups

Total Burden  
Estimated to be

**\$451B**  
Nationwide

**\$1,377**  
Per Person

This is equivalent to  
**2%** of the GDP\*

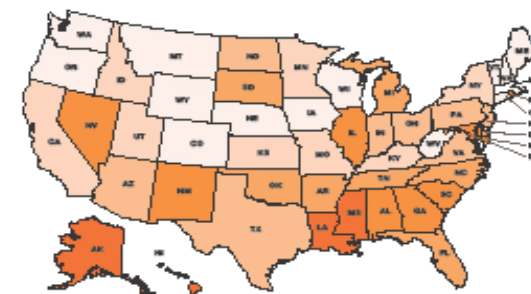
### Burden by Racial & Ethnic Minority Groups

Black/African American ○	\$310B	69%
Hispanic/Latino □	\$94B	21%
American Indian/ Alaska Native ≡	\$26B	6%
Native Hawaiian/ Pacific Islander ◇	\$12B	3%
Asian △	\$8B	2%

### Burden by Economic Components and Racial & Ethnic Minority Groups



### Burden Per Person By State



Up to \$800	CO, CT, IA, MA, ME, MT, NH, NE, OR, VT, WA, WI, WY
\$801 - \$1,000	CA, ID, KS, KY, MO, MN, NY, UT
\$1,001 - \$1,500	AZ, DE, IL, IN, ND, NJ, OH, PA, TX, VA
\$1,501 - \$2,000	AR, FL, MI, NC, OK, SD, TN
\$2,001 - \$3,000	AL, DC, GA, IL, MD, NM, NV, SC, RI
\$3,001 - \$5,000	AK, HI, LA, MS



\*Gross domestic product (GDP)

## Educational Levels

Total Burden  
Estimated to be

**\$978B**  
Nationwide

**\$2,988**  
Per Person

This is equivalent to  
**5%** of the GDP\*

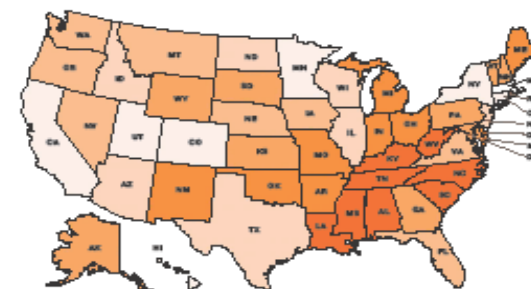
### Burden by Educational Levels

Less than High School ○	\$256B	26%
High School/GED □	\$593B	61%
Some College ◇	\$128B	13%

### Burden by Economic Components and Educational Levels



### Burden Per Person By State



Up to \$2,100	CA, CO, CT, HI, NY, MA, MN, UT
\$2,101 - \$2,500	AZ, ID, IL, ND, NJ, RI, TX, WI
\$2,501 - \$2,800	FL, IA, MT, NE, NV, OR, WA, VA
\$2,801 - \$3,400	AR, IN, ME, MI, MO, NM, OH, OK
\$3,401 - \$4,400	AK, DC, GA, KS, MD, NH, PA, SD, WY, VT
\$4,401 - \$8,500	AL, DE, KY, LA, MS, NC, SC, TN, WV

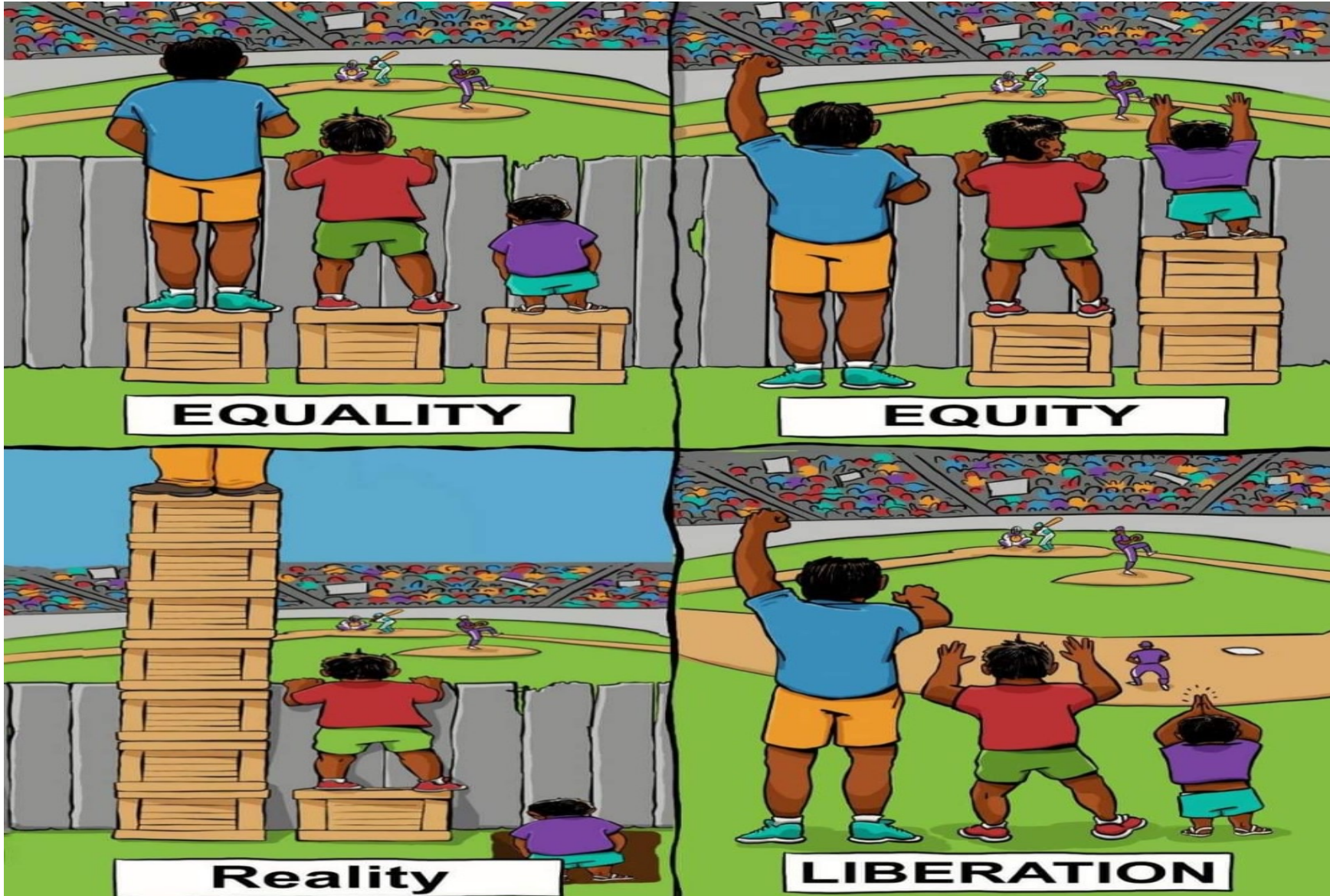


# Terms

**Health equality-** equal treatment and access to healthcare

**Health equity-** the availability of health care while taking into account factors that influence health (e.g., SES, education, employment, housing, transportation)

**Social determinants of health-** conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk



# 10 Recommendations

# 1. Confirm the goal-

- Health equality?
- Health equity?
- Health liberation?

## 2. Acknowledge and treat the root causes of health disparities

TED MOTIVATION MONDAY

**“The first step to solving any problem is to not hide from it, and the first step to any form of action is awareness.”**

MELLODY HOBSON  
INVESTMENT EXPERT



3. Center (health) equity  
in policies, programs, and  
practices





4. Increase health equity trainings in medical and graduate schools, for healthcare workers, mental health professionals, social service workers, policy makers, and other government officials

- Increased trainings
- Clear policies
- Supervision

5. Motivate healthcare  
providers to reach and  
serve underserved  
populations

## 6. Pivot towards wall-less healthcare

7. Make healthcare  
affordable.

# 8. Increase funding for research that seeks to achieve health equity



9. Increase the number of BIPOC healthcare providers.



10a. Increase # of mental health professionals to support US military service members by Kenneth Harrison III, LCSW, an Active Duty Army Officer and current SSW PhD student

10b. Increase quality care for US service members and veterans

- 2,622 vacant physician positions in the VA hospital (National Association of Veteran Affairs Physicians and Dentists)



Articulate Goals. Mandate  
Equity. Measure Progress.





Thank You