Mike Plan to Eliminate Health Disparities

Health care disparities based on income and race in the U.S. are among the greatest in the world. The poorer you are in America, the more likely you are to report poor health and health care. Life expectancy reflects these disparities: Babies born in affluent Chatham, North Carolina, are expected to live to 97.5, while those born in poorer Stilwell, Oklahoma, are expected to live only to 56.3. While differences in mortality stem from a range of factors — notably socio-economic factors — health disparities occur across races, ethnic groups, genders, disability status and sexual orientation.

Black and Hispanic people are more likely than other Americans to be uninsured and thus face greater barriers to getting care. While white and black women have similar rates of breast cancer, for example, black women are more likely to die of it. Black men, for their part, have the lowest life expectancy of any demographic group in the U.S. People of color are 1.5 to 2 times more likely than white Americans to have chronic diseases, like type 2 diabetes and obesity, which increase the risk of premature death.

Young people of color and LGBTQ people are more likely to suffer from poor mental health. LGBTQ people face a higher risk of substance use disorders, STDs, anxiety and depression — and when seeking health-care services often encounter discrimination and clinicians who lack appropriate training.

1. **Expand health insurance coverage.** The simplest way to minimize health disparities is to expand health insurance coverage. The Affordable Care Act was a great first step, because it greatly reduced the uninsured rate across all groups. Much more improvement is needed, however, especially in the 14 states that have yet to expand Medicaid under the ACA.

    - **Make health insurance more affordable.** Cost is the main reason people remain uninsured. By introducing a public insurance plan, caps on medical care prices, and greater subsidies for insurance premiums, Mike will make insurance more affordable for all Americans. And he will allow low-income people who would be eligible for expanded Medicaid if they lived in expansion states to enroll in the public insurance plan free of charge.

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1 Health Affairs, Health, Income, & Poverty: Where We Are & What Could Help, October 2018.
2 Marketplace, What your neighborhood says about your life expectancy, November 2018.
3 Marketplace, What your neighborhood says about your life expectancy, November 2018.
4 KFF, Uninsured Rates for the Nonelderly by Race/Ethnicity, 2018.
8 CDC, Hispanic/Latino Americans and Type 2 Diabetes.
10 The Philadelphia Inquirer, Study Links Race Bias, Depression In Black Teens, December 2019.
15 KFF, Key Facts About the Uninsured Population, December 2019.
2. **Address social determinants of health.** But insurance coverage alone is not enough to equalize health in the U.S. Health care experts have long understood that health status is determined by much **more than medical care** – things like housing, education, transportation, and nutrition all impact health outcomes. Mike would direct federal agencies like the departments of education, health, transportation and housing to collaborate to create new programs to ensure that people get not just health care, but also the housing, education, transportation and other things that good health depends on. He would also allow greater **flexibility** for Medicaid and other health-care dollars to be spent directly on housing where it is likely to reduce medical expenditures.

3. **Make the health care workforce more reflective of the U.S. population.** There is evidence that a more diverse workforce would **improve outcomes** for people of color – which is why Mike would expand efforts to broaden the health care workforce. He would expand the National Health Service Corps, which offers loan repayment and scholarships opportunities to health-care workers who practice in high-need areas, so that it also includes funding for medical students from minority communities. He would also **boost funding** to historically black colleges and universities’ medical schools to increase the number of physicians of color.

- **Address bias in medicine.** Health-care workers also need to understand the ways in which implicit and explicit bias can affect the care they give. Mike would fund training in racial bias, diversity, equity and inclusion strategies. Finally, he would make sure that better data is collected on the extent of health-care disparities in the U.S. – to help improve standards of care for vulnerable populations.

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