Real, Meaningful, and Equitable Universal Health Care that Guarantees: Proximity to Nearby Comprehensive Health Centers, Culturally Competent Services For All Our People, Specific Services for Queer, Gender Nonconforming, and Trans People, Full Bodily Autonomy, Full Reproductive Services, Mental Health Services, Paid Parental Leave, and Comprehensive Quality Child and Elder Care

What is the problem

- Compared to white people in the U.S., studies show that Black people are less likely to work in jobs that make health insurance available, they are less likely to be offered health insurance, and they are less likely to take it when offered. Just 53 percent of Black people get insurance through work as compared to 72 percent of white people.\(^\dagger\)
- Black people constitute 12 percent of the overall U.S. population, but 16 percent of the uninsured. 53 percent of Black peoples earn less than 200 percent of the Federal Poverty Level (FPL) as compared to 25 percent of white people in the U.S. 20 percent of Black people are uninsured compared to 12 percent of white people in the U.S.; and 24 percent of Black people are covered by public insurance (Medicaid) as compared to 16 percent of white people in the U.S.
- Despite the passage of the Social Security Administration Act, which created Medicare and Medicaid, and the passage of the Patient Protection and Affordable Care Act’s (PPACA or ACA) Medicaid expansion, health disparities continue to persist among people of color. Communities historically deprived of resources have experienced worse health outcomes due to discriminatory and racist policies that limit the ability of people of color to achieve optimal health.
- There is a critical lack of quality and affordable health care and it is ravaging communities of color. The (ACA) was an inadequate attempt at providing healthcare coverage to the spectrum of Black lives including, but not limited to people who are: underemployed, undocumented, transgender, young, and elderly. Despite the passage of the bill, many Southern states have not accepted the Medicaid expansion, leaving many working class and low-income people of color uninsured. Under a patriarchal racialized capitalist system, Black people are twice as likely as white people to go without health insurance even though we suffer chronic illnesses like high blood pressure and diabetes at a disproportionate and escalating rate.
- Communities of color experience high rates of hospital closing, understaffed, under-resourced and poorly maintained health care facilities, culturally incompetent physicians and unfair and unequal access to preventative screenings and treatment.
Further exacerbating this issue are the significant lower number of health professionals of color to provide competent and culturally appropriate clinical services for people of color.

Specific populations who have traditionally found challenges within the health care system include, but are not limited to: undocumented residents, people of color with physical, mental and developmental disabilities, and Black trans folks trying to free themselves from the cages of their bodies, but being told that the procedures are not considered worthy of being medically insured. All of Black trans people’s medical needs should be included in health coverage. Black identified women have been met with violent and invasive actions when it comes to our health care system. Whether having insurance or not, Black women have historically and currently been the victims of sterilization methods.

What would this solution do?

- National Paid Parental Leave legislation that goes beyond the current Family and Medical Leave Act (FMLA) which guarantees unpaid job protected leave. Paid parental leave is policy in many wealthy countries around the world which ensures time to nurture and properly parent children.
- Provide access to comprehensive health centers in neighborhoods.
- Provide full access to preventive and curative care for the diverse communities of color throughout the U.S., of all ages.
- Provide Black cis and trans women full agency to say what level and type of care their bodies need.
- Provide loving and adequate maintenance and management of health to our aging Black people and differently-abled people, as well as the rest of the Black community.
- Provide Black people access to services that speak to our cultural needs instead of trying to make our needs fit into the box of other races and cultures.
- Increase the number of medical and public health professionals in communities of color, providing competent and culturally sensitive care.

Federal Action:

- Pass a bill to expand public health care to all U.S. residents and mandate that the wealthy residents pay for a portion of their services while low-income and working class folks receive free services.
- Pass a bill to ensure all service provided by community health workers, including but not limited to Doulas, health coaches, patient navigators and outreach workers are billable.

State Action:
- Pass a bill to expand public health care to all Florida residents and mandate that the wealthy residents pay for a portion of their services while working class folks receive free services.
- Pass a bill to ensure equitable and accountable measures to distribute federal charity care dollars to health care facilities serving communities of color.
- Provide loan forgiveness for all medical and public health professional of color working in communities of color.
- Pass a bill to ensure all service provided by community health workers, including but not limited to Doulas, health coaches, patient navigators and outreach workers are billable.

Local Action:
- Pass a bill to ensure all service provided by community health workers, including but not limited to Doulas, health coaches, patient navigators and outreach workers are billable.

How does this solution address the specific needs of some of the most marginalized Black people?
- Children would have access to preventative care which allows for healthier development and less sickness later in their lives.
- Provides workforce development opportunities for marginalized Black people to become paid providers in their communities.
- Creates holistic, community-centered health care support so individuals can receive comprehensive care in their homes and local environments.
- Specific people who have traditionally faced challenges within the health care system include, but are not limited to: undocumented people, people of color with physical, mental and developmental disabilities, and Black trans people who are trying to free themselves from the cages of their bodies, but being told that the procedures are not considered worthy of being medically insured.
- All of Black trans people’s medical needs should be included in health coverage.
- Black identified women, who have been met with violent and invasive actions when it comes to the health care system. Whether having insurance or not, Black women have historically and currently been the victims of sterilization methods.

Model Legislation
- France has a system of universal health care largely financed by government through a system of national health insurance. It is consistently ranked as one of the best health care systems in the world.
- Countries such as Egypt, Algeria and Germany have some form of universal health care. All are models to look at and potentially adapt to the U.S.
Minnesota and Oregon have included Doula services in their Medicaid coverage.

Resources:
- The Consequences of Being Uninsured For African Americans
- Universal Health Coverage By Country
- U.S. Hospitals and the Civil Rights Act of 1964
- The Impact of the Coverage Gap for Adults in States not Expanding Medicaid by Race and Ethnicity
- Addressing Unequal Treatment: Disparities in Health Care
- Black Mamas Matter: A Toolkit for Advancing the Human Right to Safe and Respectful Maternal Health Care

Organizations Currently Working on Policy:
- Commission on Public Health System
- Doctors for America

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