

Key Messages

Health Equity Demands Long-Term Vision, New Policies

Hospitals are on the front lines of mitigating health inequities and work hard to eliminate disparities by meeting their communities' unique needs.

- California's hospitals are committed to addressing the social determinants of health — things like housing instability, access to healthy foods, and community violence — that significantly affect health risks and outcomes. Hospitals regularly conduct regional health needs assessments and structure community care programs to address unmet health and behavioral health care needs.
- As a result, hospitals have developed a deep understanding of those they serve, their specific needs, and their most pressing challenges — and they continually work to better understand the experience of everyone they care for through a variety of initiatives.
- These efforts include: a statewide maternal health quality collaborative; data collection and analysis on race, ethnicity, language preference, and other sociodemographic data; cultural competency training; increasing diversity in leadership and governance; improving and strengthening community partnerships; and more.

Unequal access to health care and health resources due to race, socioeconomic status, and other social determinants of health is untenable in a just and healthy society.

- The COVID-19 pandemic has brought into stark relief longstanding health disparities that can no longer be ignored. Health inequity may be the result of historic and systemic inequalities, but it has become a public health crisis in California:
 - According to the California Health Care Foundation, Black Californians have the highest rates of new prostate, colorectal, and lung cancer cases, and the highest death rates for breast, colorectal, lung, and prostate cancer.
 - About one in five Latinx Californians report not having a usual source of care and difficulty finding a specialist.
 - Californians who are Native American and Alaska Native, and those who are Native Hawaiian and Pacific Islander, are less likely to report having a checkup within the past year than other racial/ethnic groups — and less likely to receive care in their first trimester of pregnancy.

Ensuring every Californian receives equitable, high-quality care requires long-term, systemic solutions.

- Low-income Californians who rely on Medi-Cal coverage are disproportionately people of color (two-thirds are non-White). Because systemic Medi-Cal underfunding results in a 26% payment shortfall for hospitals and other providers, they have fewer resources to offer the communities they serve. Correcting this structural imbalance will create more paths for Medi-Cal beneficiaries to access vital care and would

represent an important step toward creating better health outcomes for California’s communities of color.

- Innovative modes of care delivery — such as telehealth and hospital-at-home programs — must be expanded for their capacity to increase access to care. To enable more people to use telehealth, broadband access must be increased for the 22% of Californians who lack an adequate internet connection.
- Meaningful solutions require meaningful measurement of the problems. Data should be collected and analyzed at the community level to capture all of the factors that determine health outcomes: socioeconomic, housing, and health behaviors, in addition to health care.