

EVERY DAY DEI & HEALTH EQUITY

Handbook



DEI & Health Equity

This handbook is designed to guide individuals and organizations in understanding and applying strategies that promote fair and equitable health outcomes for all. We hope this resource will promote ongoing learning, reflection, and action toward advancing health equity and embedding DEI principles into everyday practice.

PREFACE

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What is Health?

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Health encompasses health care and the conditions to maintain physical and mental wellness, including:

PEACE	INCOME
SHELTER	A STABLE ECOSYSTEM
EDUCATION	SUSTAINABLE RESOURCES
FOOD	SOCIAL JUSTICE AND EQUITY



Reflection

When did you last need a healthcare professional?

Were you:

- Ill or injured?
- Pregnant or postpartum?
- Seeking care for a disabled child or aging parent?
- Struggling with mental health?

Professional care is essential to:

- Stay safe
- Promote healing
- Manage chronic conditions
- Support mental well-being

Everyone faces health challenges
at some point in life.

PART 1

Representation Matters



Diversity, Equity and Inclusion Matters for Our Health

Everyone deserves to live in a healthy community and access medical care for a chance to participate in the American Dream. But not all people have the same chances for health or the same access to health care. Ensuring diverse medical providers, equitable policies, and inclusive health care systems are some ways that DEI impacts health for the benefit of all. This booklet takes a closer look at the ways DEI matters for our health.

REPRESENTATION MATTERS

1. REPRESENTATION BUILDS TRUST

Patients have better health outcomes when their physicians:

- Reflect their race, culture, and identity
- Speak their preferred language

Representation builds trust and understanding in care

2. REPRESENTATION PROMOTES PROACTIVE CARE

Trust is critical in helping patients to seek care before conditions worsen, adhere to doctors' instructions, including medications and therapy, and maintain ties with health services. Communities that have experienced health care historically that is exploitative benefit from trust-building efforts by making available providers and systems that are diverse and multilingual.

3. REPRESENTATION CREATES A SAFE PLACE

Everyone deserves to feel safe, be heard, and clearly understand what their providers are saying, whether through the language of fluency or the education level that a patient has. Health care that has cultural and linguistic consonance, and where doctors, nurses, and pharmacists look and sound like the people they serve, benefits both providers and patients.

Inclusive health care isn't just good policy — *it's a necessity!*



“This was one of those rare moments as a medical student where I felt like I made a difference, particularly because I spoke the same language and shared a similar ethnic background as Laura. These commonalities gave me insight into her personality, preferences, and values.

This is what diversity, equity, and inclusion efforts wanted to accomplish: to bring clinicians who look, speak, and think like their patients into medical offices and to their bedsides.”

DAVID VELASQUEZ

Fourth-year student at Harvard Medical School

NOTE

Understanding and trusting your provider improves your chances of informed consent, or accepting treatments or regimens that you fully understand, giving you the most control over your health and that of your family.

LISTENING TO PATIENTS IMPROVES HEALTH

When healthcare systems ask patients what they need, positive improvements in health are more likely, such as: Lowered rates of asthma Decreased childhood obesity. Inclusion of patients’ voices increases trust and empowers people to lead healthier lives.

DID YOU KNOW?

You can find out if your local health care system gathers input from your community, or the people who are its patients. Try this exercise: in a search engine, type in “Community Health Assessment” or “Community Health Needs Assessment” and your ZIP code.

You should find some links to a report by the major hospital system in your region or city. Look at the table of contents to see if the report includes community or patient stories.

EXAMPLE

Edward–Elmhurst Health, a behavioral health care system in Chicago completed a Community Health Needs Assessment to learn about what different community members said was most important. This data was used to improve health and well-being in their area, from high blood pressure and stroke to food insecurity to community violence.

PART 2

Everyone Deserves Equal Access

Everyone Deserves Equal Access

The United States has several systems in place that effectively serve everyone, no exceptions. These systems include **Medicare** (serving everyone over 65) and the **Veterans Administration** (serving all members of the military and their families). In 2010, the **Affordable Care Act** expanded coverage to millions of people who were uninsured or underinsured, including children up to age 26, recognizing that the employment conditions had changed significantly in the 21st century and that health insurance was much less commonly offered to people with new kinds of jobs, greater self-employment, and many part-time jobs.

LET’S TAKE A CLOSER LOOK AT MEDICARE

- 1. OFFERS LOW-COST HEALTHCARE TO ALL PEOPLE 65+
- 2. BENEFITS ARE AVAILABLE REGARDLESS OF INCOME, RACE, GENDER, OR STATE OF RESIDENCE
- 3. FUNDED BY ALL WORKERS ON A SLIDING SCALE
- 4. ESTABLISHED IN 1965 AS A NATION-WIDE COMMITMENT TO HEALTH EQUITY

CHECKLIST CHALLENGE

Check all that apply to you and/or your family.

- ☐ Do you have Medicare coverage for yourself?
- ☐ Have you been able to keep a young adult child such as a high school or college graduate on your insurance past the age of 18?
- ☐ A decade or more ago, did you have trouble finding an insurance carrier because of a pre-existing condition, for which you now have insurance?
- ☐ Do you have a disabled family member who can get health care through Medicare, Social Security, or the Affordable Care Act (specifically, your state’s private insurance companies)?
- ☐ Do you have a parent or elder family member in a nursing home?

DEI IN ACTION

If you said yes to one or more of these items, then you or your family has benefited from DEI enacted at the federal and state level. These programs have been proposed and approved by voter-led calls to action and have all had input from constituents and their representatives before passing into law and becoming available for people to use. If you have experienced a time when you or a family member could not get insurance coverage or could not afford insurance to meet your health care needs, then that is a situation where DEI is not fully implemented to ensure everyone is included in an equal chance at health.

A GOOD READ...

Social Security started during the Great Depression and Medicaid and Medicare originated in the 1960s. These programs combined have had long-standing bipartisan support for almost a century. The Affordable Care Act was implemented in 2010 and has continuously benefited children, adults, and families, helping to insure millions of people over the past 15 years. These policies were enacted to include all Americans, regardless of race, gender, income, or age, in the chance to access resources for health, prevention services, and acute care.

Systems that make health care available to everyone, no exceptions, have existed in the United States for decades. They serve certain portions of the population. In all of the countries around the world with the same national wealth and advanced economies, health care insurance is provided to every person, no exceptions.

US health measures are significantly worse and the cost of health care in the US is ten to twelve times greater per person in the US compared with its economic and technologically-advanced peer nations around the world, which all have systems that serve everyone, no exceptions.

Social scientists have linked the US's higher rates of illness and shorter average life span with the greater expense of health care together with a lack of inclusive health care for all. A major driver of this inequality on a world stage is the dominance of private insurance plans driven by profit margins in the US.

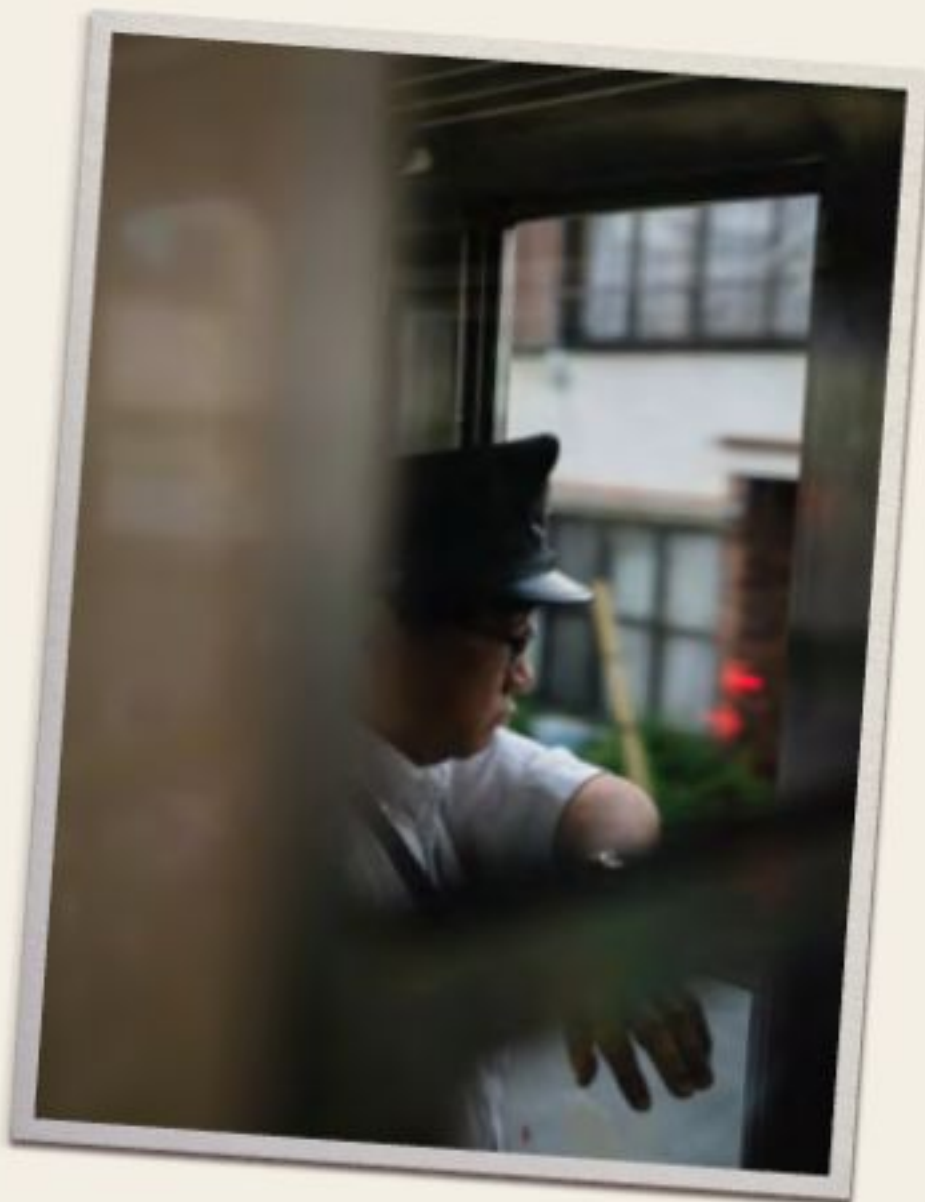
This system builds in higher costs through the extra administration that is not needed in one centralized system such as Medicare, a very cost-effective program. Private insurance offers expensive health care for those who can afford it or who have the increasingly rare full-time, employer-paid benefits package.

An added factor for unequal health care coverage in the US is the disproportionate impoverishment of people who are socially marginalized, including people of color. For more information about the costs of health care and the "health-wealth gradient," or the ways in which your income and employment status directly affects how healthy you and your family are, see the next few pages, *Health and Wealth: A Graphic Guide to the US Healthcare System*.





When systems reflect (YOU)R
community and listen to (YOU)R
needs, *everyone benefits!*



PART 3

Why DEI Matters in Health

Why DEI Matters in Healthcare

The United Nations declared healthy living a human right, in Article 25, along with over 29 others, including the right to own property, the right to education, the right to freedom of thought, freedom of opinion and expression, and the right to take part in the government of their country.

Our health is interdependent with each other and our environment, despite the illusion of individual control over our health.

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”

UNIVERSAL DECLARATION OF HUMAN RIGHTS 1948

Healthcare is essential to *human rights*.



Pause & Reflect

Do you believe that health is a right or a privilege?

Can you think of ways in which your health or your family’s health or your community’s health depends on resources available?

Can you think of ways in which your health depends on your neighbor’s health?



“The idea that all health decisions are personal is a myth born of privilege.”

DR. MEILAN HAN

HEALTH EQUITY

Health Equity is fair access to conditions and resources for physical, mental and social well-being that give everyone the opportunity to participate in the American Dream.

PATHWAYS TO THE AMERICAN DREAM THAT IMPACT HEALTH EQUITY




EDUCATION

Access to education positively impacts health and lifespan; those who don't finish high school live 11 years less than those with college degrees.



ECONOMICS

Economic opportunity creates conditions for health by improving available choices, affordability, coverage, health literacy, and keeping hospitals and health centers open to serve their communities.



ELECTIONS

Voting is linked to better physical and mental health and helps to build healthy communities that can impact policies affecting their health.

EDUCATION

For information about lifespan and education level, see [University of Washington IHME](#). Education is a predictor of health in the US because the majority of insurance is available through employers, particularly full-time jobs requiring a high school diploma or college degree.

Careers and full-time jobs also provide income for nutritious food, adequate housing and transportation, and space and time for exercise, all of which promote healthy lives and health care access across the life span.

Children who miss school because of frequent illness fall behind and usually have difficulty catching up to their peers, eventually leaving them at a deficit in the job market and perpetuating the cycle of exclusion from a healthy life and insurance or income to purchase health care.

DID YOU KNOW?

Free or reduced-price breakfast and lunch at school is a critical source of nutrition that boosts physical development and learning for poverty-affected children.

This was originally an initiative created by the Black Panthers in the 1960s for the children of their communities who were disproportionately affected by poverty in segregated cities, and then widely adopted by the federal government as the National School Lunch Program (USDA) for all children across the US.

ECONOMY

Hospitals and health care centers rely on insurance payments to stay up and running and pay their doctors, nurses, and staff. Without enough paying and insured patients, many hospitals are forced to close, leaving everyone in the area without a health care facility. Between 2005-2023, 146 hospitals in mostly low-income, rural areas closed or stopped receiving inpatients (Source: USDA 2025).

For its part, the health care industry, including hospitals, pharmaceuticals, and insurance corporations, is a top-ten revenue earner and employer in the US, propelling the economy at home and globally. Being healthy is a requirement for being part of the American Dream and the ability to take advantage of educational and economic opportunities for all.



ELECTIONS

The American Heart Association links voting to better mental and physical health for individuals and their communities. When people have a say in choosing leaders who represent the community and advocate for policies and laws impacting its health and safety, there is a benefit that is greater than the sum of community improvements because it also relieves stress and the feeling of helplessness that can worsen illness or increase its likelihood. The right to vote and the right to have healthy, safe communities with affordable access to high quality care for everyone go hand in hand.

[Vot-ER.org](#) is a doctor-led project that offers patients the opportunity to register to vote during a medical visit. Visit their website to learn about ways to get involved, whether you are a health care professional, a student, or an advocate.

ARE YOU A REGISTERED VOTER?

Visit [Vote.Org](#) to Register Today!



When we commit to health equity, we're not just improving individual lives — *we're strengthening our communities and our country as a whole.*



PART 4

Chronic Stress and Illness

Chronic Stress and Illness

Everyone Experiences Stress. Stress is a normal part of life. Daily challenges, responsibilities, and changes can all cause stress.

Certain experiences lead to long-term or chronic stress:

- INDIVIDUALS APPLYING FOR FUNDING
- OVERHEAD EXPENSES (GENERAL FUNDS, SALARIES, RENT, UTILITIES)
- TRAVEL OR PERSONAL TRAINING
- FOR-PROFIT BUSINESSES

Chronic Stress and Illness This long-term stress takes a physical toll. Researchers call this “weathering.” It’s like how a building wears down over time under constant storms—our bodies do the same under constant stress, causing our bodies to wear out prematurely.



EXAMPLES OF THE LINK BETWEEN CHRONIC STRESS CAUSED BY SOCIAL BIAS AND EXCLUSION



LGBTQIA+


Experiences of prejudice, stigma, discrimination, and exclusion created by the “building of society which views everyone as cisgender and heterosexual” is linked to poor mental health in LGBTQIA+ people across their lifespan.



MATERNAL AND INFANT HEALTH

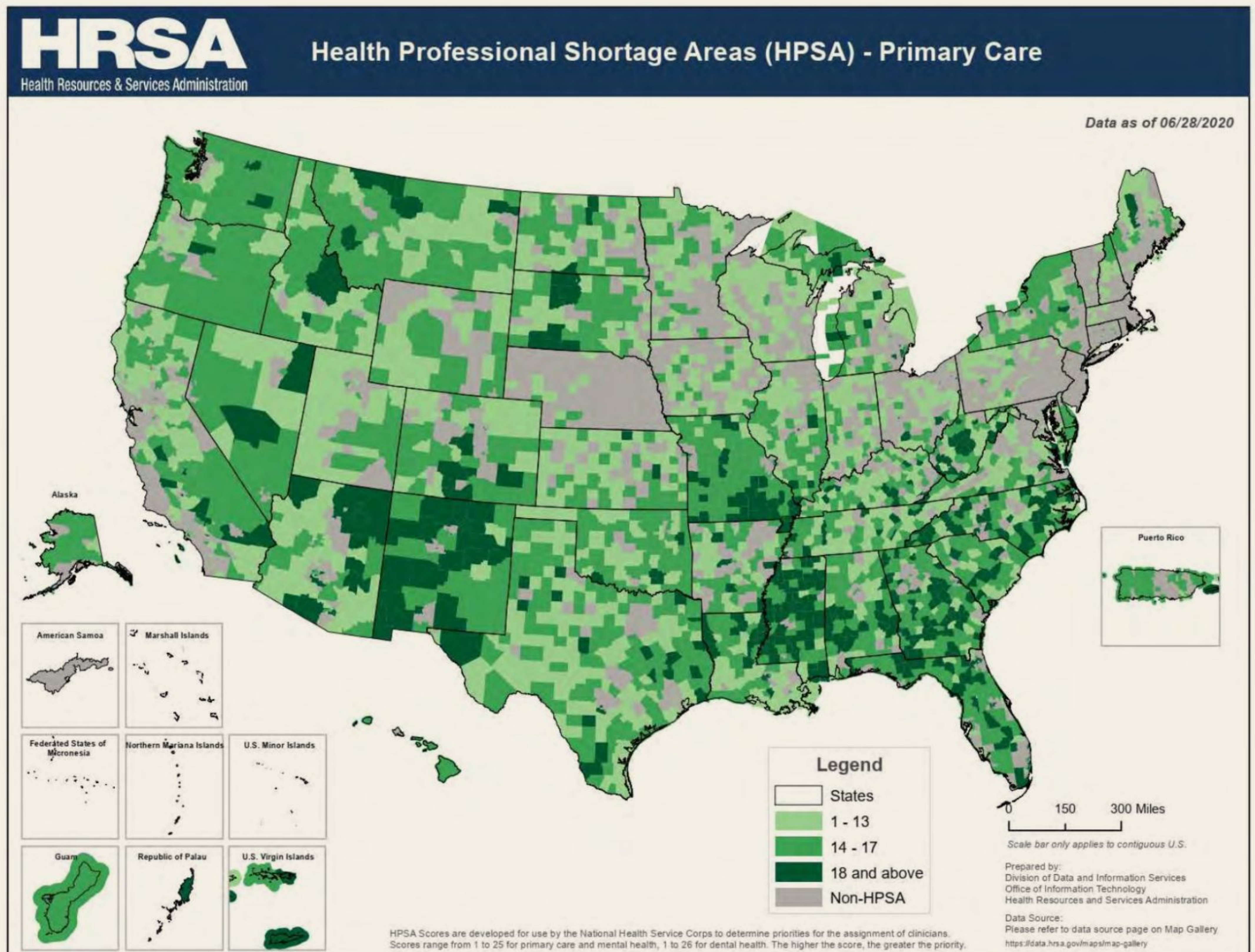
According to data from the Centers for Disease Control and Prevention (CDC), pregnancy-related mortality rate was 2 to 3 times higher in the non-Hispanic Black and American Indian or Alaska Native populations than in the White population. Similarly, pregnancy-related mortality was 1.7 times higher in rural counties compared with large metropolitan counties. ([Source](#)) Stress during pregnancy is the largest risk factor associated with infant death and preterm births.

Studies have documented that immigrants who move to the US have healthier pregnancies and birth outcomes than women of all races born in the US and immigrants who have lived in the US longer, including white women. Here are more details from Dr. Ishmael Tagoe.



TYPE 2 DIABETES

Type 2 diabetes is nearly double in Black Americans compared to white Americans. Researchers have determined that this type of diabetes, in which the body produces insulin but doesn’t use it well, is due to biological factors associated with stress, including elevated cortisol, the stress hormone, and environmental factors that affect Black Americans at higher rates than the white population, such as poverty and living in a food desert. Here is an article that explains the links between stress, race, and higher rates of diabetes stemming from social inequality for Black Americans.



Many long-term health problems like Type 2 Diabetes are preventable or manageable with regular access to quality health care over a lifetime. This map shows the differences across the US in whether or not there are enough primary care providers, such as pediatricians and family doctors, to see all of the people who live there on a regular basis.

The darker green an area is, the higher the need is for more doctors, dentists, and mental health providers. In gray areas, there are no shortages.



Diversity, Equity, and Inclusion (DEI) initiatives are essential for addressing the chronic stress and health disparities caused by systemic racism, poverty, and unequal access to healthcare.

These initiatives aim to create equitable conditions that can alleviate the physiological and psychological toll on marginalized communities.



PART 5

Health Disparities

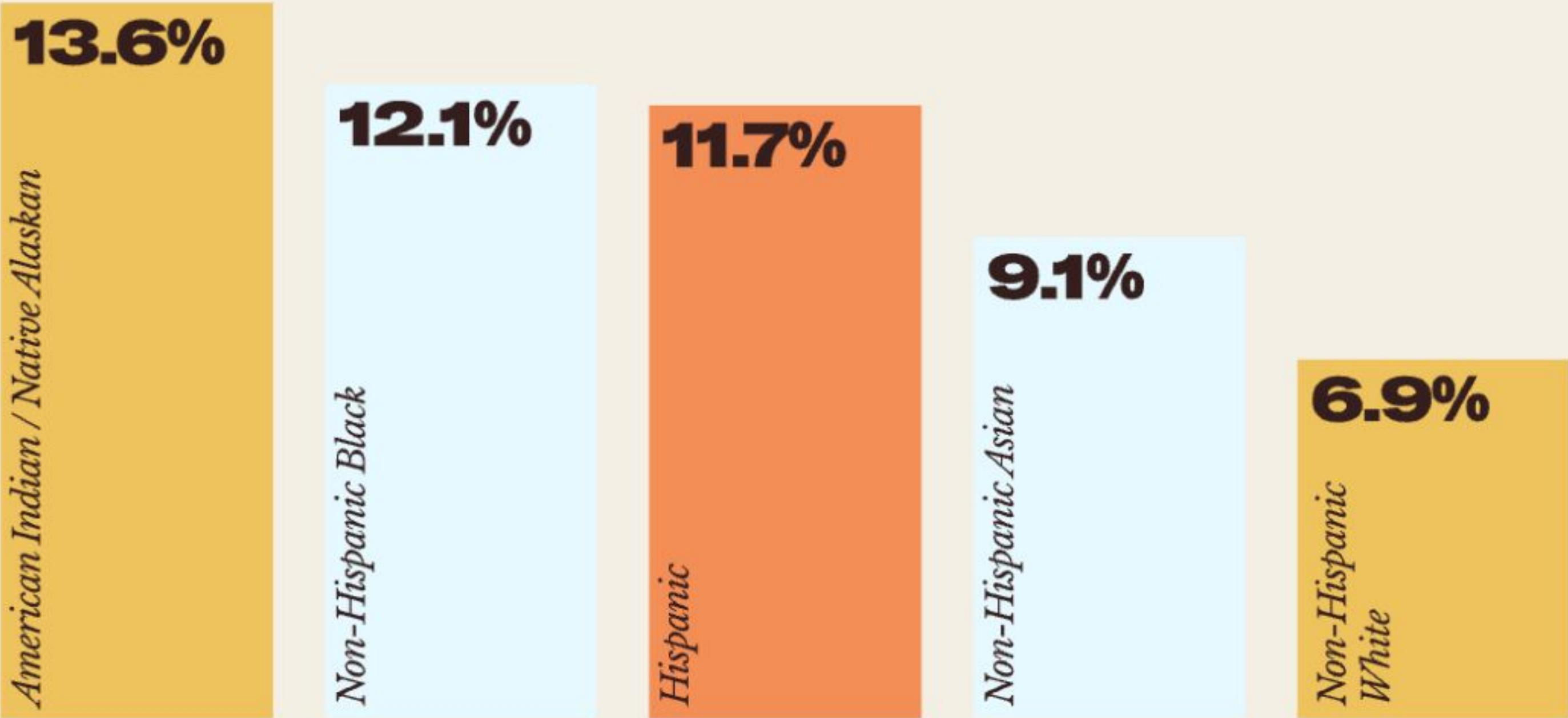
Health Disparities

There are increased health risks and rates and severity of illness for some groups compared with others. These risk and illness rates are called disparities.

Within the US, different groups experience health and illness at different levels of severity depending on social, environmental, and political factors — these are called health disparities.

Returning to the example of a well-known disease caused by stress — diabetes, let’s look at the numbers across different social groups.

PREVALENCE OF DIAGNOSED DIABETES BY RACE/ETHNICITY (ADULTS)



This graph shows the prevalence of diagnosed diabetes among different racial and ethnic groups in the U.S. As you can see, American Indian and Alaska Native adults have the highest rate at 13.6%, followed by non-Hispanic Black and Hispanic adults. These disparities are not random—they reflect the long-term impact of systemic stress, access to care, and social conditions. It’s a clear example of how chronic stress and social inequality translate into real health outcomes.

Resources: National Diabetes Statistics Appendix Table 3—CDC Parker et al. “Economic Costs of Diabetes” (2024).

DIABETES PREVALENCE BY EDUCATION, INCOME, AND LOCATION (CDC DATA)



Here's a visual comparison of diabetes prevalence across different education levels, income groups, and geographic locations, based on CDC data. Diabetes rates go down a steady gradient according to education.

Resources: National Diabetes Statistics Appendix Table 3–CDC Parker





With greater access for all communities to healthy foods, exercise, education, and freedom from discrimination that causes chronic stress, all Americans would benefit from increased national savings, longer average lifespans, greater productivity, lower healthcare costs, and *equal chances at the American Dream.*



VISIT [HEALTHDATA.ORG](https://healthdata.org)

Visualize the vast differences in areas of the US that unfairly keep people in certain social groups from full participation in the American Dream.

In any US county, you can see the difference between how long people live compared with other areas of your state.

EXPLORE THE US HEALTH MAP

Under data tools and practices, find interactive data visuals and the US Health Map is toward the bottom of the page.

- What are the health profiles of the counties around yours?

You can also compare state health policies with this state map tool.

- What has your state done to ensure everyone's access to healthcare?
- Looking at the US as a whole, do you see any patterns?
- Can you explain why these patterns of policy to protect everyone's health in that state or region exist so starkly?

NOTE

There are disparities in access to basic medical care, where much of America's preventive health and screenings take place.

WHAT'S GOING ON IN YOUR AREA?

Return to the green map of primary health care on page 35.

- What color is your county?
- What colors are the counties around you?

If your county is gray, there is no primary care shortage, but if it is green, then there should be more doctors, dentists, and mental health providers present. The darker the green color, the more health professionals are needed. Areas where there are less providers than needed for all people are called health care deserts.

- What are your own observations and experiences of your area?
- Can you explain the DEI roots / potential impact on the number of providers in your area?

TURN KNOWLEDGE INTO ACTION

Return to your Community Health Assessment (CHA). If it does not include patient and community data, contact your local hospital or health department using the contact info included in your current report and request this report. These reports are typically conducted every three years.

If your CHA does include patient voices, does it accurately survey the full diversity of people who live in your region or city?

If you see some missing groups or people not represented in your CHA, first find out if members of the missing groups would be able to contribute their views and requests to be included.

Then all together, contact the local hospital or health department and ask them to develop and publicly present their plan to include everyone.

Every health system (usually a large hospital and outpatient system) is required to produce the reports every three years.

Gather as many people as you can to ask for a community-inclusion effort in the data gathering process. If the local system or health department already includes community voices, make sure that everyone's health needs and service needs are represented, and learn what different needs different groups have in your area.

Diversity means everyone – people of all races and ethnicities; all genders; all ages; people with disabilities; people of all socioeconomic backgrounds; people of all national origins; rural and urban and suburban communities, and so on.



PART 6

DEI, Health Equity and YOU!

DEI, Health Equity, and You!



3


What are 3 things that need to happen (or happen for more people) for everyone to have have fair access to health in your community?



2

What are 2 barriers or threats to inclusive and fair access concerning health issues?

(Ex: Knowledge, facilities transportation, politics, money)



1

What is 1 group or action that could help lower eliminate one or both barriers to health equity?

What can you do to personally support this group or action?

CHAMPION DEI

- SPEAK UP**

Communicate the value of DEI in assuring health equity in your community and why it matters. Health equity impacts all aspects of the American Dream.
- SHARE SUCCESS**

We have to highlight the success stories of DEI-propelled improvements in American health and how it benefits our economy and nation.
- STAND FIRM**

DEI is neither a handout nor a quota system in healthcare - if we lose DEI from public health and medicine, it undermines everyone’s health in every community across the nation.

Join the fight!



The movement to be a more equitable and inclusive society has been at the center of progress in our nation — *pushing for policies and initiatives that demand America live up to the Constitution’s promises.*

