

# Our Health Equity: Issue Guide

**To:** State Policymakers  
**From:** OurHealthEquity.org  
**Date:** November 22, 2024  
**Re:** Our Health Equity

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## The Problem:

Urban, rural, and economically disadvantaged Americans are being shortchanged when it comes to healthcare and healthy living as compared with others.

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### THE ISSUES

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#### Access to Medicines

At-risk communities need access to lifesaving and life-extending drugs and vaccines. The 340B program can be at the core of a health equity agenda, provided money reaches the patients and clinics that are serving the communities most at risk. 340B must be fixed and reimagined to support patients, not big box pharmacy executives and hospital systems.



#### Charity Healthcare

Charity care can be a force for good if providers simply adhere to their charters. They need to reinvest in hospitals in urban centers, not build facilities in affluent communities. The rally cry should be more clinics and care in at-risk neighborhoods—not new bells and whistles to compete with private hospitals in upscale neighborhoods.



#### Nutrition & Clean Drinking Water

Food and water connect to every aspect of life. Access to safe, nutritional foods and clean water is inextricably linked to the ability to rise out of poverty and to participate in a growth economy. Access to adequate nutritional food and clean water allows people to be productive members of society and contributes to improved health for children and families worldwide.

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### How to Talk about Access to Medicines:

People talk about 340B as if it is an entitlement program, but it operates unlike one.

340B profits accrued by providers should be treated as an entitlement for people needing help to pay for their medicines. The current profits-over-patients paradigm—in which funds accrue to health systems and massive pharmacy chains—must be exposed.

### How to Talk about Charity Care:

Currently, health system revenues often are used to chase profits in affluent neighborhoods. Dollars should flow to where charity care programs' target patient populations reside. For example, 340B should be recast as a direct uninsured patient care program delivered in a medical setting. Again, the profits-over-patients paradigm must be exposed.

### How to Talk about Nutrition & Clean Drinking Water:

The ability to access adequate, nutritional food and to access clean drinking water are the right of every American. We must leverage infrastructure dollars to treat our water systems with technologies that work. When it comes to food, we must work to drive affordable, healthy foods into urban centers and end the nutrition gap.

