



New Report

Black Americans Continue to Face Adverse Health Outcomes in Donald Trump's America

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On the 100th Anniversary of Black History Month, it is important to reflect on the state of health for Black Americans who continue to face adverse health outcomes compared to their White counterparts across many health indicators. Systemic and intentional racism across all of the social determinants of health contributes to these outcomes, which is why we need health champions in Washington, DC, who are committed to following science and research, removing politics from health policy, and improving the nation's health for all communities. Unfortunately, the Trump administration and their allies in Congress have taken the opposite approach — allowing health care costs to skyrocket, cutting Medicaid, eliminating data collection and research, undermining vaccines, ignoring the demands for culturally competent care, and worsening the social determinants of health in nearly every category. It will take decades for the nation to recover from the health failures and opportunity costs of the Trump era.

Introduction: Black Americans Continue to Face Adverse Health Outcomes

Health care is a vital means for addressing the systemic and structural barriers Black communities face every single day. Access to quality and affordable health care is not only a right, but it is essential to mitigate direct forms of discrimination that are a cause of [nearly half](#) the mortality gap between Black and White Americans. While progress has been made over the years, inequities and inequalities in American health care persist:

- Black Americans remain [1.5 times](#) more likely to be uninsured than white people.
- Black women are nearly [three times](#) more likely to die from a pregnancy-related cause than White women.
- Black Americans are [2.5 times](#) more likely to be hospitalized for complications of diabetes and have nearly [three times](#) higher rates of emergency department visits for the disease than their white counterparts.
- Black Americans are [30 percent](#) more likely to die from heart disease and [30 percent](#) more likely to have high blood pressure than their white counterparts.
- Communities with the highest proportion of Black residents face [four times](#) the odds of hospital closures compared to those with the fewest Black residents.

Trump and the Republican Party's continued attacks on programs like the Affordable Care Act (ACA) and Medicaid, which [reduce](#) Black uninsured rates and [increase](#) Black Americans' access to quality health care, are exacerbating the already stark [racial inequities](#) in American health care.

- Donald Trump's Big Ugly Bill cut over [\\$500 billion](#) from hospitals; now over [20 percent](#) of all hospitals at risk of closure are within just five states where [42 percent](#) of Black Americans reside.
- Republicans doubling or tripling premium costs for [20 million](#) Americans has put health care out of reach for over [one million](#) people, with Black people likely experiencing the [largest increase](#) in uninsurance.
- Trump and Republicans' slashing nearly \$1 trillion from Medicaid has directly put around [65 percent](#) of births by Black mothers covered under Medicaid at risk of worse care and worse outcomes.
- The massive Medicaid cuts, coupled with work requirements, will [disproportionately](#) affect Black families, who make up [13.7 percent](#) of the U.S. population but about [20 percent](#) of Medicaid enrollees; they will have a much [greater risk of losing coverage](#) than their white counterparts.



Worsening Social Determinants of Health

Just the First Hundred Days Left Health Care Experts Sounding the Alarm. A [study](#) released in the Lancet journal in August of 2025 led to a shocking conclusion: across the board, from research to supply chains to financing to governance, the first 100 days of the Trump administration saw worsening effects when it came to health equity. Even before Trump came into office, a [2024 analysis](#) by KFF found that, compared to white people, Black people have worse health outcomes on approximately 70 percent of the metrics the analysis examined, including life expectancy and general health status. The rollback of policies under Trump which addressed health equity, through legislation and executive orders, has left the most marginalized communities at risk as research is halted, community-care providers serving marginalized communities see their funding cut, and Republicans advance their all-out war on the American health care system.

Social Determinants Of Health and Maternal Mortality. Addressing social determinants of health is essential to ending racial disparities in maternal mortality, and race should be established as a social determinant. The [Center on Budget Policy and Priorities](#) found “there is now consensus... that disproportionately high maternal mortality and morbidity among Black women, regardless of income and education, are due to structural racism in the delivery of health care services along with their lived experiences of racism.” Higher educational attainment and income level [do not have the same degree of benefit](#) in reducing maternal mortality in Black women as they do for their white counterparts. A maternal mortality report released by HHS in 2007 found that [racial disparities persisted](#) despite poverty status. Black women living below the federal poverty level (FPL) experienced maternal mortality at a rate [three times higher](#) than their white counterparts at the same income level.

Any effective approach to eliminating racial disparities in maternal health will need to address social determinants of health — like access to quality, affordable health care and health coverage — while equally addressing racism’s pervasive influence in our society and its manifestations in health care delivery.

Implicit Bias Remains a Battleground for Republicans Across the Country. Data shows that 63 percent of physicians in the U.S. are white, compared to Black physicians making up only [6 percent](#) of the workforce. As well, around [18 percent](#) of Black adults report being treated unfairly by a health provider due to their race or ethnicity. Donald Trump and his sycophants have for years been waging a war against proper training against implicit bias indiscriminately, which includes the medical field. Most recently, led by the right-wing Association of American Physicians and Surgeons, as well as other notorious conservative groups, litigation has been ongoing to end any physician training on implicit bias, claiming it is a violation of free speech. Make no mistake, while the 9th Appellate Court [struck this down](#) in late 2025, plaintiffs are already pushing for the Supreme Court to review the case.

Indeed, this is only one part of the effort to attack diversity, equity, and inclusion in all spaces of American life, including health care, where it has and can save lives by ensuring health care strategies are not one size fits all, are culturally competent, and can actually improve health for the communities with the greatest disparities. The administration has [effectively eliminated](#) or undermined the offices of minority health, cut grants for medical education and investments in the health care workforce, and [cut funding](#) for data collection and research that focuses on race, ethnicity, and gender. The implications of this conservative plan are clear: [worse outcomes](#) for people of color, especially Black women, and more preventable suffering and death.

Trump and Republicans Are Driving Hospitals, Clinics, and Nursing Homes Into the Ground.

Trump’s Big, Ugly bill cut over [\\$500 billion](#) from hospitals and other essential care facilities. As a result, over [330 rural hospitals](#), [100 urban hospitals](#), [570 nursing homes](#), and [nearly 200 Planned Parenthood health centers](#) across the country are at risk of closure. [Thirteen hospitals](#), 26 maternity wards, and 150 clinics announced closure since the passage of the bill. Already, communities with the highest proportion of Black residents faced [four times](#) the odds of hospital closures compared to those with the fewest Black residents; these cuts will only further exacerbate an access to care crisis that has been growing across the country. Hospital closures lead to crowded emergency rooms, longer ambulance waits, longer hospital stays, fewer available patient beds, and higher patient mortality among Americans. Worse still, Trump and Republicans’ hospital closures will raise prices for a hospital stay by an average of [\\$500](#) at nearby facilities that remain open. Some rural counties are even forced to [hike taxes](#) to make up for the funding shortfall. The impact won’t be limited to rural areas, however. An analysis by Harvard researchers found that [85 percent](#) of hospitals most exposed to the Trump-GOP Medicaid cuts are in

[urban areas](#). These hospital closure risks are not colorblind either; around 20 percent of all hospitals at risk of closure are within just five states where 42 percent of Black Americans reside.

State	Black Population	Number of Hospitals at Risk or Immediate Risk for Closing
Texas	4,288,977	103
Florida	3,949,147	10
Georgia	3,703,855	33
New York	3,534,129	39
California	2,527,183	23

Source: [Center for Healthcare Quality and Payment Reform](#) and [U.S. Census Bureau, 2024 Population Estimates](#)

The Maternal Health Crisis

American women suffer the [highest rates](#) of maternal mortality in the industrialized world. While maternal mortality has been falling since the beginning of the COVID-19 pandemic, new research suggests this decrease is most significant for white non-Hispanic women, while maternal mortality among Black women [has increased](#). It is unconscionable that in the wealthiest nation on earth, the majority of maternal deaths are not only preventable, but remain shockingly split on racial and ethnic lines, with Black women nearly [three times](#) as likely to die from pregnancy-related causes.

These facts, while tragic, are unsurprising. The United States routinely strips new mothers of their insurance coverage, just weeks after giving birth. Around [12 percent](#) of maternal deaths occur more than six weeks after delivery. At the same time, women are being purged from the [Medicaid](#) program, the nation's largest financier of childbirth. Lack of access to quality, affordable health coverage is both a health and racial justice emergency. Those bearing the brunt of this crisis — Black, American Indian, and Alaska Native women — have experienced [staggering rates](#) of maternal mortality generation after generation. The Center on Budget Policy and Priorities confirms racial disparities in maternal mortality can be directly linked to life-long toxic stress resulting from institutionalized racism and the impacts of [structural racism](#) in the health care system.

Racial Disparities Have Worsened Over The Last Century. While the United States has made progress in addressing maternal mortality since the beginning of the 20th century, it has been unsuccessful in reducing racial disparities in maternal mortality. In [1915](#), the maternal mortality rate for Black women was 1.8 times higher than for white women, with disparities increasing in subsequent decades. In 2018, the maternal mortality rate for Black women was [3.2 times higher](#) than for white women; the rate of maternal mortality for Black, American Indian, and Alaska Native women over 30 is

[four to five times higher](#) than for their white counterparts.

Republican Cuts to Medicaid Will Lead to More Black Mothers Dying. Around [41 percent](#) of all births in the United States were financed by Medicaid, but this number increases to [65 percent](#) of births from Black mothers. With [80 percent](#) of maternal mortality deaths being preventable, the GOP's draconian cuts to Medicaid will only increase the disparity in maternal mortality rates and lead to more needless deaths among Black mothers and children.

Postpartum Coverage For Black Mothers Is Under Attack. The United States has the highest rate of [maternal deaths](#) of any high-income country, and Black mothers face a maternal mortality rate [more than twice](#) that of other races and ethnicities. In recent years, public health officials and advocates have been sounding the alarm on the need to address the U.S.'s maternal health crisis. With [one in three](#) pregnancy-related deaths occurring between six weeks and one year after birth, this extension is a vital policy in fighting the unacceptably high maternal mortality rate in the United States — but coverage could be at risk with GOP cuts to Medicaid. Over the last year, Republicans have systematically targeted public health programs that collect data and address the unique challenges faced by Black moms, sabotaging research and making addressing the inequities in maternal care even more difficult.

Medicaid

Medicaid is the largest health insurance program in the country, providing health care for over [77 million](#) Americans of all races. It is a critical source of health care and financial security, especially for Black families in rural and urban America who experience poverty at a higher rate than white Americans and remain less likely to have access to quality care, an important driver of health. Generations of structural racism across all determinants of health have resulted in lower rates of health coverage and worse health outcomes amongst marginalized communities, including many people of color. As a result, these groups face higher rates of many chronic conditions that make access to affordable health coverage through Medicaid even more essential.

Republicans know this and passed over \$800 billion in cuts to Medicaid anyway, as well as instituting strict work requirements. Work requirements put communities of color at [greater risk of losing coverage](#) than their white counterparts, and [disproportionately](#) affect Black mothers and families; additionally, for people of color, loss of health coverage due to Medicaid cuts will be especially compounded by Republicans raising premiums and health care costs.

Medicaid Reduces Disparities In Coverage. As of 2024, Black Americans make up [13.7 percent](#) of the U.S. population, but about [20 percent](#) of Medicaid enrollees. Increasing Medicaid coverage is the single



most important action to expand access to quality care and improve health outcomes. This, together with additional actions to address other social and structural determinants of health, can reduce racial/ethnic disparities in the American health care system.

Medicaid Expansion Is Essential For Addressing Health Disparities. Research confirms that Medicaid expansion saves lives and [drastically reduces](#) racial/ethnic health coverage disparities. In the remaining 10 holdout states that haven't expanded Medicaid, [6 in 10](#) people in the coverage gap are people of color. States that expanded their Medicaid programs saw a [51 percent](#) reduction in the gap between uninsured white and Black adults after expansion, and a [45 percent](#) reduction between white and Hispanic/Latino adults.

Medicaid Is Essential For Children of Color. Children of color disproportionately rely on Medicaid coverage, making robust Medicaid access a critical racial/ethnic justice issue for American children. Children of color make up [nearly 52 percent](#) of all American children, but [nearly 67 percent](#) of the children on Medicaid. This coverage not only provides health coverage in the immediate term, but also provides [significant long-term benefits](#), such as being less likely to be hospitalized and more likely to graduate from high school and college.

Medicaid Improves Financial Security For Families. The racial/ethnic wealth gap in America is staggering. According to data from the US Census Bureau, in 2023, the annual median household income for white Americans was nearly [\\$30,000](#) higher than that of Black households. As a result, policies to boost financial well-being undoubtedly help people of color. After enrolling in Medicaid, a 2018 study found that low-income adults had [\\$1,140](#) less in unpaid debt in states that expanded Medicaid. Over the past decade, research has shown the gap in medical debt between Medicaid

expansion and holdout states has grown approximately [30 percent](#). In 2020, Americans living in holdout states carried an average of [\\$375](#) more in medical debt than their counterparts in expansion states.

Medicaid Reduces Poverty And Inequity. Poverty can produce negative long-term consequences for [children](#) and adults alike. Medicaid has long been considered one of the most effective [anti-poverty](#) programs in the nation, and its expansion has significantly [improved](#) health outcomes for people of color. In a nation where Americans are [one medical bill](#) away from being pushed into poverty, Medicaid serves as a lifeline not only for health care, but for economic stability. A January 2021 [study](#) in Health Affairs found that the ACA helped reduce income inequality overall, but more dramatically in Medicaid expansion states.

LGBTQI+ People of Color Have Seen Reduced Health Disparities. Due to both systemic factors and [complex familial dynamics](#), the LGBTQI+ community is much more [at risk](#) of poverty and uninsurance than cisgender heterosexual Americans. Because of this, Medicaid has become a lifeline for the LGBTQI+ community, especially people of color. Around [46 percent](#) of Black LGBTQI+ Americans with incomes below 400 percent of the Federal Poverty Line qualify for Medicaid.

Medicaid Helps People With Behavioral Health Conditions. States that have expanded Medicaid have added [behavioral health benefits](#), including mental health and substance use disorder care, that particularly benefit beneficiaries of color who have disproportionately been affected by these conditions. [Twenty-eight percent](#) of Black people suffer from a mental health or substance use disorder. Medicaid is the single-largest payer for mental health services in America. [Forty percent](#) of adults on Medicaid are living with a serious mental health or substance use disorder.

Medicare

Republicans Have Slow Walked on Improving Democrats' Insulin Cap. According to the Department of Health and Human Services, Black adults are almost [60 percent](#) more likely to be diagnosed with diabetes. As well, around [29 percent](#) of adults aged 65 and older are diagnosed with diabetes, making it among the most common chronic illnesses in the United States, with [1.6 times](#) more Black seniors having been diagnosed than White seniors, despite [74 percent](#) of seniors being white and only [9 percent](#) identifying as African American. Due to insulin manufacturers raising retail prices over [600 percent](#) in the last 20 years, the ability to simply afford the required medication needed to survive has become a major barrier against the creation and maintenance of generational Black wealth. Under the Biden Era Inflation Reduction Act, though, insulin prices were [capped](#) at \$35 a month, saving each



individual Black senior who uses Medicaid [up to](#) \$1,500 annually.

Unfortunately, the Trump administration has yet to build on these improvements for older Americans. While publicly touting the lowering of drug prices, the reality under Trump is quite different. The 16 drug companies who supposedly “made a deal” with Trump have in fact [raised the prices](#) of 872 drugs under their purview with 2026 seeing a median [4 percent](#) increase in drug prices, the exact same as 2025. These price increases will disproportionately affect Black seniors who are on a fixed income, and even more so Black seniors on insulin as research shows [more than half](#) of people taking insulin are also taking at least one other prescription.

Increasing Health Care Costs Across the Board. Millions of people in Medicare still [struggle to pay](#) for life-saving prescriptions or treatments, with Black Medicare beneficiaries being nearly [twice as likely](#) as White Medicare beneficiaries to stop taking a prescription due to cost. This is a two-fold problem of drug companies continuing to increase prices and Black seniors having to foot the bill for these price increases. From 2016 to 2021 alone, costs for specialty prescription drugs increased by [43 percent](#), while some drug prices increased by rates of over [500 percent](#). While the previous Biden administration implemented policies that could [save](#) Black families on average \$1,216 every year, the Trump administration has allowed for Medicare Part B premiums to increase by [three times](#) the cost of living adjustment in 2026.

A Looming Affordability Crisis for Black Americans is on the Horizon Thanks to Republican Policies. Black Americans, particularly seniors, are among the [most likely](#) to experience affordability challenges of any racial or ethnic group in America. The median income for Black Medicare beneficiaries was [just \\$17,350](#) in 2019, nearly half as much as white Medicare enrollees’ median incomes,

and about [63 percent](#) of Medicare-eligible Black adults have family incomes below 200 percent of the supplemental federal poverty level compared to just 39 percent of their white counterparts. White Americans also have about eight times higher median per capita savings readily available than Black American Medicare beneficiaries. Under the Trump administration, Medicare has increased its premium prices by [10 percent](#), meaning the average Medicare Part B premium will exceed \$2,400 this year.

The Affordable Care Act

Republicans Have Increased Premiums for Millions of Black Americans. In 2025, Republicans in Congress chose to drastically increase the cost of buying one's health insurance on the ACA marketplace by eliminating the Biden-era premium tax credits. As a result, premiums have risen by about [136 percent](#) for Americans. The premium tax credit program was especially important for increasing coverage for Black Americans, who experienced the [greatest reductions](#) in the percentage of uninsured people. Nearly [75 percent](#) of uninsured Black adults were able to access plans for less than \$50 a month, and before Republicans increased premiums, the Center on Budget Policy and Priorities estimated the continuation of these increased savings would cause a sharp decline in the uninsured rate across every racial group, with a projected [one in three](#) uninsured Black adults gaining coverage.

GOP Premium Hikes Will Disproportionately Harm Black Americans. As well as drastically and disproportionately increasing uninsured rates, Republicans' raising premiums will, on its own, lead to an increase of [200 preventable Black deaths](#) each year, according to the Economic Policy Institute. Black Americans will also be footing the bill for Trump's tax cuts to his billionaire donors, now paying [\\$740 million more](#) in annual premium costs. In just ten metropolitan areas, over 170,000 Black people will lose their coverage due to these price hikes.

The Trump Administration is Increasing Uninsured Rates. Black Americans remain [1.5 times](#) as likely to be uninsured as white people, and thanks to Republicans' massive cuts to the ACA, already over [1.4 million](#) fewer Americans compared to the end of open enrollment last year were able to get their health coverage on the ACA marketplace. For those who were able to remain covered, the outlook is just as grim. Over [20 million](#) hardworking Americans are facing doubled or even tripled premiums, paying \$20 billion more in health care costs in 2026, while CEOs and yacht owners pocket [\\$120 billion](#) in tax breaks from the GOP tax scam in 2026. As well, an estimated [one in three](#) Americans who buy health care on their own to reduce their coverage, and countless families have been pressured to [cut back](#) on food, clothing, and other basics to afford health insurance and greater out-of-pocket costs.

State	Black Population	Black Enrollees on the ACA Marketplace in 2025	Change in Total Enrollment: 1.3.25 vs 1.3.26
North Carolina	2,425,031	58,507	-202,271
Georgia	3,703,855	120,868	-192,347
Florida	3,949,147	236,771	-159,350
Ohio	1,610,713	23,338	-105,818
Tennessee	1,187,324	32,143	-70,696

Sources: [CMS 2025 Open Enrollment Period Report](#), [CMS 2026 Open Enrollment Period Report](#), [KFF](#), and [U.S. Census Bureau, 2024 Population Estimates](#)

Note: Black enrollees on the ACA marketplace is an undercount, as 50 percent of enrollees on the ACA marketplace KFF has listed as “unknown” for race/ethnicity

Slashing Funding and Destroying Public Health

RFK Jr. and the Trump Administration Continue to Exacerbate Systemic Vaccine Disparities.

White Americans are nearly [twice](#) as likely to have received the shingles vaccine as Black Americans, and this is not the only area where vaccination programs highlight a [consistent](#) racial disparity. Many of these inequities can be traced back to cost and lack of [access](#) to this vital form of preventive health care. Now, RFK Jr. instructed HHS to stop [recommending](#) the measles, mumps, rubella, and varicella combined shot for children under age 4 despite no scientific evidence backing this decision. He also eliminated [recommendations](#) for children and pregnant people to receive COVID-19 vaccines and restricted [access](#) to the vaccine, recommending that only people with certain health conditions or those aged 65 and older receive the updated vaccine. [Data from 2020-2023](#) indicates that Black Americans are still disproportionately more likely to be hospitalized and die from COVID-19 than white people. The results of all of these actions have been expected: the [largest measles outbreak](#) in the 21st century, impacting [17 states](#) so far, and hitting South Carolina the worst, with the vast majority of cases coming from [unvaccinated children](#).

Banned Words In Research Funding. Phrases in research grants, such as “health disparity,” “Black,” “Black pregnant women,” and “racism related,” have quietly been used to [deny funding](#) for health research. The Trump administration has implemented a program where, after a grant is approved by agency scientists, they must go through a review by Trump political appointees. Experts in the field have been adamant that this sanitizing of language not only will cool efforts to research the effects of health inequities and programs meant to address them, but will also put researchers in a catch-22 where their grants to research health inequities will be worded too vaguely to avoid Trump administration denials.