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Equity in Public Health

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When we talk about equity in public health, we are talking about more than just access to care. We are talking about dignity. We are talking about whether people feel seen and heard when they describe their pain. About whether they can walk into a doctor's office and feel safe, supported, and respected, regardless of who they are, who they love, or how they identify.

In Delaware, we've made meaningful progress toward building a healthcare system that is more equitable and responsive to the needs of all residents, from Claymont to Delmar. But equity is not a destination. It is a daily practice that requires ongoing commitment and care. This is especially true when it comes to supporting our LGBTQIA+ neighbors.

As a mother, a policymaker, and your Lt. Governor, I carry this responsibility with both urgency and deep respect. My work on behalf of the LGBTQIA+ community is not just a policy priority. It is deeply personal. It is shaped by conversations with young people seeking affirming care, and by listening to trans-identified Delawareans who have expressed fears about their safety. It is guided by a belief that public service means showing up, especially for those who have historically been left out or overlooked.

I also carry the privilege of holding public office with deep humility. Serving as both a legislator and now Lt. Governor has given me a platform, and I do not take that for granted. I view this role as an opportunity to help amplify voices that have too often gone unheard and to ensure those voices help shape the policies that affect their lives.

During my time in the State Senate, I was proud to sponsor and support legislation that expanded protections for LGBTQIA+ individuals. That includes laws which made it easier for individuals to change their name and ensure that gender-affirming care is protected and respected. I also cosponsored the Gender Identity Nondiscrimination Act, and joined advocates fighting to increase access to housing, mental health support, and essential services for LGBTQIA+ communities across our state.

Still, we know that legislation alone cannot create equity. An inclusive public health system must reflect the lived experiences of the people it serves, and data from the Centers for Disease Control supports this: LGBTQ+ youth are more than four times as likely to attempt suicide as their peers. Nearly one in six trans individuals has experienced homelessness. LGBTQ+ adults, especially people of color, face higher rates of chronic illness, substance use, and delayed care, often as a result of negative past experiences with healthcare providers.

These disparities are not inevitable. They are the result of systems which haven't evolved to meet the needs of LGBTQIA+ individuals. Often, these systems operate on outdated assumptions, unintentionally reinforcing exclusion, misinformation, and stigma. Fortunately, systems can evolve — and they must.

Equity in public health means placing LGBTQIA+ voices at the center of decision-making. It means making sure every provider, from school-based clinics to major hospitals, is trained to deliver culturally competent, affirming care. It means gathering inclusive data, investing in targeted services, and backing our values with the resources to make them real.

Equity also means creating a society where people can live without fear. Across the country, we have seen a rise in harmful rhetoric and legislation targeting LGBTQ+ individuals, particularly trans youth. These actions create uncertainty and distress in communities that already face disproportionate challenges. In Delaware, we are committed to a different path.

Our state should always be a place where every person, no matter their gender identity or sexual orientation, knows they are safe, welcome, and valued. I have said it before and I will say it again. Health care is a human right. That includes gender-affirming care.

When we support LGBTQIA+ people in accessing the care they need, whether it is PrEP to prevent HIV, therapy for mental health, hormone treatment, or simply a doctor who listens without judgment, we are doing more than treating illness. We are affirming people's humanity. We are building trust. And we are creating a public health system that leaves no one behind.

Throughout my career, I've been proud to champion access and integrity in public service, whether through my work on the Behavioral Health Consortium, my advocacy for reproductive freedom, or my support for evidence-based policymaking. A guiding question across all of this work is simple: Who gets to be well?

Equity invites us to look beyond general statistics and pay attention to the people most at risk of being left out. For LGBTQIA+ Delawareans, that means continuing to expand nondiscrimination protections, offering training for healthcare professionals in inclusive care, and supporting community-based organizations that have earned trust through decades of advocacy. Community-based advocacy groups and HIV service organizations are already doing the work, and they deserve our partnership and support.

This is not just a moral imperative. It is a public health priority. When LGBTQIA+ people are treated with respect, health outcomes improve. When they are embraced by their communities, families become stronger. When they are protected by law, all of us benefit from a more just and compassionate state.

I am proud to live in a Delaware that believes in this work and shows up for it every day. But I also know that progress is never guaranteed. It depends on our willingness to listen, to act, and to care for one another.

To every LGBTQIA+ Delawarean: Your health, your safety, and your dignity matter. You are an essential part of our communities, and your wellbeing is a priority. I remain committed to building a public health system that reflects your needs, protects your rights, and ensures you are valued every step of the way.

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