

Consensus Statement on Health Equity

Our current health system came of age when racial segregation and many other forms of discrimination based on such things as gender identity and sexual orientation, disability, and other factors were sanctioned by custom and law. Widely practiced discrimination bred structured health disparities for racial groups and other populations whom the society decided to disadvantage. The U.S. health care system has dismantled the outward manifestation of segregated care so that race is no longer the explicit discriminator. However, the legacy system continues to bolster discriminatory practices and has replaced the language of segregation with new discriminators. These discriminators, such as location, personal income, and employment and insurance status disproportionately impact the historically disadvantaged. The net result is that structured health disparities remain.

Commitment to Action

Piecemeal solutions are no longer an option. It is time for a complete transformation of the health care system to promote unbiased structures and processes to advance equitable access to quality health care for all. This includes addressing all societal, structural, financial, and policy determinations that are products of – and reinforce – this historical bias. We, as the leaders of the nation's patient groups, commit to working together to end structural discrimination in the health care system and align on a successful strategy for reform. We call on our nation's leaders to join us. Patient organizations are uniquely positioned to lead the health ecosystem towards equity. We commit to elevating the patient voice and reframing conversations to elevate managing the health, financial, and other risks patients face over managing financial liability to the health system. Specifically, we will work to:

- Promote an inclusive, equitable, accessible, and high-quality care delivery system;
- Advocate for equitable access to affordable and comprehensive health insurance coverage;
- Partner with organizations that have a track record in addressing social determinants of health to reduce health disparities; and
- Collaborate with the biomedical and health-services research and the health economics ecosystem to support equity in development and valuation of new and innovative treatments and services. This includes the collection and reporting of demographic factors in research to include race, disability status, ethnicity, age, sexual orientation and gender identity, and other factors to help identify and eliminate biases.

We recognize that health inequity is a highly complex problem. Effective solutions will require action from across the entire health ecosystem and collaboration with organizations outside the health care sphere, including policymakers at all levels of government, employers, health insurers, researchers, clinicians, caregivers, patients, and others.

We, as patient groups representing and advocating for all people regardless of race, ethnicity, gender identity, sexual orientation, disability status, or country of origin, must commit to take action within our organizations and the communities we serve to reduce health inequities.

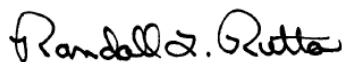
Sincerely,



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Nancy Brown
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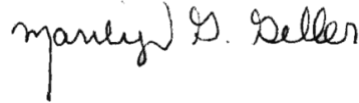
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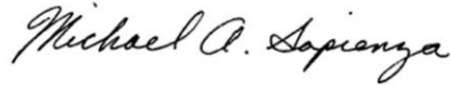
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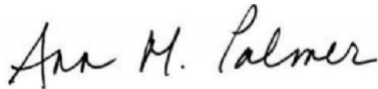
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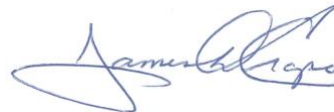
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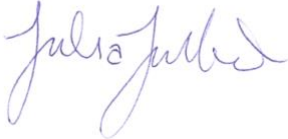
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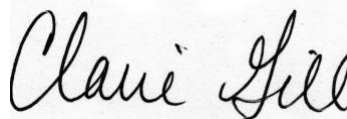
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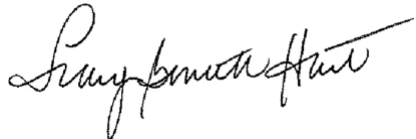
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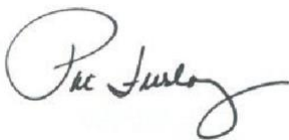
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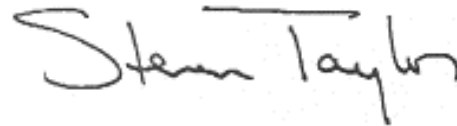
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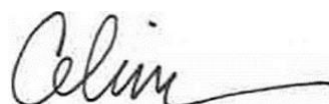
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