



Consensus Statement on Health Equity

Updated as of 1/27/23

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 inequities for historically underrepresented racial/ethnic groups and other marginalized populations whom society decided to disadvantage. The U.S. health care system has dismantled the outward manifestation of segregated care so that race/ethnicity is no longer the explicit discriminator. However, the legacy system continues to bolster discriminatory practices and policies 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 marginalized. The net result is that structured health inequities 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 – historical bias. We, as the leaders of the nation's patient groups and partner organizations, 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 and partner organizations are uniquely positioned to lead the health ecosystem towards equity. We commit to elevating the patient voice and reframing conversations to manage 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 drivers of health to reduce health inequities;
- 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.

- Improve collection and reporting of demographic data in research to include race/ethnicity, disability status, age, sexual orientation, gender and gender identity, and other factors to help identify and eliminate biases; and
- Advance diversity, equity, inclusion, and belonging in my organization and the patient advocacy community.

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

Sincerely,

Academy of Managed Care Pharmacy
 Alliance for Aging Research
 Alpha-1 Foundation
 Alzheimer's Association and Alzheimer's
 Impact Movement
 American Association on Health and
 Disability
 American Foundation for Suicide
 Prevention
 American Heart Association
 American Kidney Fund
 American Liver Foundation
 American Lung Association
 American Urological Association
 Amputee Coalition
 Arthritis Foundation
 Arthritis National Research Foundation
 Association for Professionals in Infection
 Control and Epidemiology
 Association for Vascular Access
 Association of Black Cardiologists
 Association of Schools and Colleges of
 Optometry
 Autoimmune Association
 Barth Syndrome Foundation
 Beyond Celiac
 Caregiver Action Network

Celiac Disease Foundation
 COPD Foundation

 Crohn's & Colitis Foundation
 Cure SMA
 Diabetes Leadership Council
 Diabetes Patient Advocacy
 Coalition
 Epilepsy Foundation
 EveryLife Foundation for Rare
 Diseases
 Family Heart Foundation
 GBS|CIDP Foundation International
 Global Liver Institute
 GO2 for Lung Cancer
 Hemophilia Federation of America
 Huntington's Disease Society of
 America
 Hydrocephalus Association
 Immune Deficiency Foundation
 ISPOR — The Professional Society
 for Health Economics and
 Outcomes Research
 LUNgevity Foundation
 Lupus Foundation of America
 Mental Health America
 NAMI - National Alliance on Mental
 Illness

National Alliance for Caregiving
National Alliance of Healthcare Purchaser
Coalitions
National Alopecia Areata Foundation
National Black Nurses Association
National Blood Clot Alliance
National Eczema Association
National Foundation for Ectodermal
Dysplasias
National Hemophilia Foundation
National Kidney Foundation
National Minority Quality Forum
National MS Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Osteogenesis Imperfecta Foundation
Parent Project Muscular Dystrophy
Parexel
Pharmacy Quality Alliance
Prevent Blindness
Research!America
RESOLVE: The National Infertility
Association
Sjogren's Foundation
Society for Women's Health Research
SOLVE M.E.
Spina Bifida Association
The ALS Association
The Asthma and Allergy Foundation of
America
The LAM Foundation
The Marfan Foundation
The Mended Hearts, Inc.
The Multiple System Atrophy Coalition
The Myositis Association
The National Foundation to End Child
Abuse and Neglect
The Pulmonary Fibrosis Foundation
UnidosUS
WomenHeart: The National Coalition for
Women with Heart Disease