



Call to Action on Health Equity

Dear Partners in Patient Advocacy,

Our current health system came of age when racial segregation was sanctioned by custom and law. Widely practiced discrimination bred structured health disparities for racial groups whom the society decided to disadvantage. The US 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 the discrimination between the races, but it has replaced the language of segregation with new discriminators. These discriminators (location, personal income, and employment and insurance status) disproportionately impact the historically disadvantaged. The net result is structured health disparities remain.

Call to Action

Piecemeal solutions are no longer an option. It is time for a complete reimagining 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. The National Health Council (NHC) and the National Minority Quality Forum (NMQF) call on its partners in patient advocacy to end structural racism in the health care system and align on a successful strategy for reform. Patient organizations are uniquely positioned to lead the health ecosystem towards equity. Specifically, we ask our partner organizations to join our efforts to:

- Promote an inclusive, equitable, and high-quality care delivery system;
- Guarantee everyone has equitable access to affordable and comprehensive health insurance coverage:
- Address inequity in the social determinants of health that result in health disparities; and
- Ensure the biomedical and health-services research and the health economics ecosystem support equity in development and valuation of new and innovative treatments and services.

NHC and NMQF Activity

To begin this process, the NHC and the NMQF recently convened a diverse group of health care stakeholders to help drive consensus around the root causes and impacts of health disparities and commit to collaborative reform efforts. The roundtable's participants identified initial actions necessary for promoting the efforts outlined above.

These include:

- Moving the focus of health care discussions away from managing health care ecosystem financial risk to managing the health, financial and other risks patients face.
- Building broad stakeholder consensus around the universal right to health;
- Identifying and engaging patients and communities in more strategic and meaningful ways to improve health outcomes;
- Applying existing data and addressing gaps in data to translate into improvements that address disparities;

- Partnering with leaders in the broader social services community to act on social needs that affect health outcomes and societal inequity in the health care system; and
- Developing policy solutions to deliver high-value, quality health care that focuses on patient's health and not just the financial health of the health care ecosystem.

While working together on these important areas will be helpful in guiding immediate next steps, the NHC and the NMQF 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 along with policymakers at all levels of government. This initial Roundtable's work marks just the beginning of larger, collaborative effort to advance needed reform.

We as patient groups, representing and advocating for all people regardless of race, ethnicity, or country of origin, must commit to taking action, internally and externally, to reduce health inequities. We will be asking you to join us in the call to action and ask you to sign on to this consensus statement asserting your commitment to this effort. We hope you will join us.

Sincerely,

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National Health Council

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