

Consensus Statement on Addressing Health Disparities and Advancing Health Equity

July 19, 2011

Achieving health equity – the highest level of health for everyone – is a critical imperative for this country, not only because it is at the heart of our shared values of fairness, justice, and equal opportunity, but because it is impossible to have a sustainable healthcare system without it. While the Affordable Care Act includes a number of provisions that reduce health disparities, its main focus is to extend access to health insurance to millions of Americans. To truly achieve equity and eliminate disparities, we must build on the gains provided under the Affordable Care Act and address disparities in a more comprehensive and integrated way. Our focus is on racial and ethnic minorities and on the sub-populations within communities of color that face multiple barriers such as but not limited to immigration status, age, disability, sexual orientation, gender identity and limited English proficiency. The Health Equity and Accountability Act of 2011 can provide the tools necessary to address these health inequities and ensure that health and health care disparities elimination are prioritized. In particular, the following key priorities must be included.

1. **All efforts to reduce health disparities and barriers to quality health services require better, more consistent data.** Resources must be provided to federal, state and local governments and to health care and public health providers to collect and accurately report standardized demographic data on communities and patients respectively. Data should be disseminated to the public to inform policy decisions and assist in efforts to eliminate health disparities. Research, program evaluations and quality reporting must require stratification of data to ensure appropriate identification and creation of targeted interventions to address disparities.
2. **High quality, affordable health care coverage and access to care must be available to everyone in the U.S., particularly populations and communities that have traditionally experienced health care disparities and barriers to coverage.** While the Affordable Care Act made great progress in reducing the number of uninsured, many individuals and families still remain without health coverage. This burden of uninsurance falls disproportionately on minorities and underserved populations. In addition, resources are needed to prevent discrimination in health programs. We also need to protect federal health programs like Medicaid, which provide a crucial safety net for those in our community who are low income, aged or disabled.
3. **Health insurance coverage alone does not ensure actual access to health services, therefore, interventions and investments are needed to remove additional barriers to quality care.** Individuals must have affordable access to a broad range of vital services, including prevention, wellness, chronic disease management, mental and behavioral health, and support services, such as case management and language services. Focused interventions should be targeted where certain diseases or conditions may disproportionately affect minorities and for sub-populations that face multiple physical, economic, psychosocial or cultural barriers. In addition, reimbursement for Medicaid, CHIP or any other subsidized public insurance plans must be adequate to ensure a sufficient pool of providers willing to treat beneficiaries.
4. **A full range of culturally and linguistically appropriate health care and public health services must be available and accessible in every community.** Over 25 million individuals in the U.S. are limited English proficient and millions more may have difficulties comprehending health information that is not culturally appropriate. All health care and public health services must be

provided in a culturally and linguistically appropriate way in order to make sure that the care people receive is effective, understandable and respectful.

5. **Additional investments must be made in providing care and services that are community-based, including prevention and policies addressing social determinants of health.** This can be achieved through education and outreach, community-based health promotion and disease prevention activities, health literacy education and services, and environmental justice policies, such as investing in improvements to community infrastructure, that address upstream factors contributing to health disparities. All such activities should be accessible to all.
6. **Communities must have the health workforce and infrastructure necessary to provide a full range of health care and public health services. Communities must have the health workforce and infrastructure necessary to provide a full range of health care and public health services.** A greater investment must be made to support programs for individuals at all levels of the healthcare workforce that strengthen their recruitment, retention, training, diversity, upward mobility and leadership development, distribution, and cultural competence. A greater investment is especially needed for the healthcare professions programs that have targeted minority students under the Title VII and Title VIII of the Public Health Service Act, as well as other critical workforce programs, such as AIDS Education and Training Centers, Minority Fellowship Program, and Graduate Medical Education programs. Support must also be provided to sustain and expand institutions that have traditionally served health disparity populations that make up the safety net: community health centers, public hospitals, solo physicians and small medical groups, mental health centers, school-based and worksite wellness clinics.
7. **Recognition of diversity and equity is critical to improving health care quality.** Quality improvement and pay-for-performance policies must take into account the needs and challenges of populations and communities that have traditionally suffered health disparities and barriers to health services, including sub-populations that face multiple barriers to care, and reward efforts that reduce disparities and barriers. Resources should be provided to design and implement evidence-based quality improvement strategies to eliminate disparities in and barriers to health care delivery.
8. **Communities of color and underserved populations must be included early and equitably in health reform innovations.** This includes Health Information Technology, Accountable Care Organizations, and other new programs testing payment models and quality metrics. The failure to ensure such participation will result in the exacerbation of health disparities and the continuing burden of unnecessary, excessive costs. All stakeholders – including government agencies that fund, administer or oversee health care programs – must be accountable for fostering inclusion and eliminating health care disparities. Finally, the need for diverse leadership and policymakers involved in these decisions must be addressed as these decisions profoundly affect our communities.

Comprehensive methods to identify and address disparities are essential to improving the health of populations and communities that have traditionally suffered health disparities and barriers to health care and public health services. We urge support for the introduction of the Health Equity and Accountability Act of 2011.

Endorsing Organizations:

AIDS Community Research Consortium
AIDS United
Alliance for a Just Society
American Association for Marriage and Family Therapy
American Cancer Society Asian Initiatives
American Cancer Society Cancer Action Network
American Diabetes Association
American Federation of State, County & Municipal Employees
American Heart Association
American Indian Healing Center
American Liver Foundation
American Lung Association
Amnesty International USA
Asian & Pacific Islander American Health Forum (APIAHF)
Asian & Pacific Islander Coalition on HIV/AIDS (APICHA)
Asian American Family Services
Asian Center - Southeast Michigan
Asian Community Alliance, Inc. Cincinnati
Asian Pacific Islander Caucus for Public Health
Asian Pacific Liver Center at St. Vincent Medical Center
Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL)
Asian Services In Action
Association of American Medical Colleges
Association of Asian Pacific Community Health Organizations
Association of Black Cardiologists, Inc.
Association of Hispanic Healthcare Executives
Association of Minority Health Professions Schools
Black Los Angeles County Client Coalition (BLACCC)
C.O.R.E. Medical Clinic, Inc.
California Immigrant Policy Center
California Pan-Ethnic Health Network
California Partnership
Caring Ambassadors Program
Center for American Progress
Center for Immigrant Healthcare Justice
Center for Medicare Advocacy
Center for Pan Asian Community Services (CPACS)
CenterLink: The Community of LGBT Centers
CETPA, Inc.
Community Access National Network
Community Catalyst
Community Organizations in Action
Disability Policy Consortium

Disability Rights Education & Defense Fund
Families USA
Family Equality Council
Gaudenzia, Inc.
Gay, Lesbian & Straight Education Network
H.E.A.L.S of the South
Hepatitis B Initiative of Washington DC
Hepatitis C Association
HepTREC
Hmong National Development
Hope for Hepatitis C Foundation
Human Rights Campaign
Institute for the Advancement of Multicultural & Minority Medicine
Interpreting for America/AFSCME
Japanese American Citizens League (JAACL)
Latino Health Communications
Latino Infant Nutrition Initiative
League of United Latin American Citizens
Local Area Support For Hepatitis (LASH)
Main Street Alliance
Malama Pono Health Services
Missouri Hepatitis C Alliance
Movement is Life
National AHEC Organization
National Alliance of State & Territorial AIDS Directors (NASTAD)
National Asian American Pacific Islander Mental Health Association
National Asian Pacific American Families Against Substance Abuse
National Asian Pacific American Women's Forum
National Association of Social Workers
National Center for Health in Public Housing
National Center for Transgender Equality
National Coalition for LGBT Health
National Conference of Puerto Rican Women
National Council of Asian & Pacific Islander Physicians
National Council of Jewish Women
National Council of La Raza (NCLR)
National Council on Interpreting in Health Care (NCIHC)
National Gay and Lesbian Task Force Action Fund
National Health IT Collaborative for the Underserved
National Health Law Program
National Hispanic Health Foundation
National Hispanic Medical Association
National Immigration Law Center

National Latina Institute for Reproductive Health
National Latino AIDS Action Network (NLAAN)
National Latino Psychological Association
National Minority AIDS Council (NMAC)
National Partnership for Women & Families
National Senior Citizens Law Center
National Urban League
National Women and AIDS Collective (NWAC)
New Mexico Hepatitis C Alliance
New York Immigration Coalition
Out of Many, One
Palmetto AIDS Life Support Services
Parents, Families and Friends of Lesbians and Gays (PFLAG National)
Progressive Leadership Alliance of Nevada
Project Inform
Raising Women's Voices for the Health Care We Need
Richmond Area Multi-Services, Inc. (RAMS)
Senior Moments
SER-Jobs For Progress National Inc.
Services and Advocacy for GLBT Elders (SAGE)
Sexuality Information and Education Council of the U.S. (SIECUS)
SisterSong Women of Color Reproductive Justice Collective
Society for Public Health Education
South Asian Americans Leading Together (SAALT)
Southeast Asia Resource Action Center
Status C Unknown
Summit Health Institute for Research and Education, Inc.
The CHOW Project
The Joint Center for Political and Economic Studies
The Society for the Psychological Study of Ethnic Minority Issues, American Psychological Association
The Transgender Law center
TN Chapter Physicians for a National Health Program
Transgender Law Center
Trans-Latin@ Coalition
Trust for America's Health
Turning Point for Women and Families
UNID@S
Virginia Organizing
Voices for America's Children
Wai`anae Coast Community Mental Health Center