

Policy Statement on Equity for People and Communities of Color

April 2, 2009

HCAN Statement of Common Purpose –

- *Equity in health care access, treatment, research and resources to people and communities of color, resulting in the elimination of racial disparities in health outcomes and real improvement in health and life expectancy for all.*

The Building Blocks of Health Care Equity:

1. **Quality, affordable health insurance coverage for all.** Narrowing disparities in health outcomes requires a truly affordable benefit package that provides a defined, comprehensive set of age-appropriate and gender-appropriate services to maintain or promote health and function and to prevent or treat illness and injury. Whether through public or private plans, coverage must be backed by adequate reimbursement and incentives to promote provider participation and robust provider networks to ensure meaningful access to services in communities of color and among marginalized populations.
2. **A robust public health system.** Substantial improvements in health and life expectancy will be achieved by addressing the social determinants of health including a clean environment, occupational safety, access to nutritious food, and safe neighborhoods—the lack of which disproportionately affects communities of color and persons of low socioeconomic position. A robust public health system, at a minimum, invests in health planning, undertakes prevention strategies, conducts disease surveillance and management, increases health literacy, and fosters a health care safety net through community health care workers and clinics.
3. **Resources and standards for culturally-competent language access.** To ensure effective communication between consumers and providers and prevent medical errors that cost lives and money, culturally-competent language services must be guaranteed as a covered service and financially supported. Appropriate standards must be developed and training must be appropriate in both content and setting.
4. **A larger, more diverse, and culturally competent health care workforce that is better distributed.** Concrete strategies must be developed and supported to address chronic shortages in the spectrum of health care professionals in communities of color and marginalized populations. Pipeline incentives as well as reimbursement reform must be aimed at training, attracting, supporting and retaining a diverse, culturally competent workforce.
5. **A reinforced health care infrastructure.** Mechanisms must be implemented to support safety net institutions and quality improvement initiatives in all health care settings. These include: expanding and strengthening safety-net and community-based providers; prioritizing investment in the primary care infrastructure, including facilities, equipment and health IT; and promoting the adoption of “medical home” models.
6. **Solid, standardized, and sustainable data collection and reporting.** To identify and remedy disparities, stakeholders, as well as the public, require good data, the gathering of which must be adequately funded. Collection, monitoring and reporting must be defined. This includes capturing data on race, ethnicity and ethnic sub-population, socioeconomic position, primary language, age, gender and gender identity, and sexual orientation. Community-based and qualitative research should be supported. To document effectiveness, funding must be adequate and linked to integrated evidence gathering.

7. **Targeted research and best practices benchmarking.** Best practices in treatment, services, and medications must be grounded in evidence based on the actual populations involved. Research and development must be cognizant of, and linked to, disparity factors, and medical research must include adequate representation of women, people of color, and other populations.
8. **Strong public accountability.** Enforcement of anti-discrimination laws in health care is indispensable and must include directing sufficient resources to monitor, prosecute, and ensure active compliance with all civil rights laws, and must integrate and prioritize the health issues of communities of color in all relevant agencies of the federal government. In order to foster a more transparent policy-making process, government decisions that impact the health of a community should be evaluated, and the findings publicly released, on the potential positive and negative health effects of these decisions.
9. **Service delivery and quality improvement programs that are targeted to underserved communities must be sufficiently flexible to incorporate and build on their strengths.** Models must recognize the needs, language, culture, infrastructure and practices of the local population and build local capacity to address the health care deficiencies in the community.