The Advocacy Exchange

Co-Created
Outcomes

GRYT HEALTH

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Health Equity: Racial & Ethnic Health and Healthcare Disparities Best Practices

Defining Principles from an Advocacy Perspective

**Commission to End Health Disparities
10 Core Guiding Principles**

1. Relationship centered
2. Culturally and linguistically appropriate
3. Targeted
4. Data-driven
5. Transparent, participatory, and collaborative
6. Both long and short term
7. Comprehensive
8. Judicious in the use of incentives and requirements
9. Fiscally responsible and bi-partisan
10. Monitor and revise

Addressing Health Care Disparities: Recommended Goal, Guiding Principles, and Key Strategies for Comprehensive Policies (ama-assn.org), 2007

- The Commission to End Health Care Disparities was comprised of 3 major medical associations and more than 50 medical and health professional organizations

- Ten core principles should guide the analysis, development, and implementation of policies to address healthcare disparities

- "Not every principle can be accommodated in every policy...None should be ignored.

How can we move this into the advocate-defined lane?

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Health Equity: Access to Care Best Practices

Engage Stakeholders

Improve Patient Experience

Prioritize Preventative Education

Remove Accessibility Barriers

Expand Research and Development

Increase Representation

Promote Collaboration & Education

Utilize Technology

Health Equity: Access to Care Best Practices

Engage Stakeholders

- Advocates
- Clinicians/Nurses
- Patients
- Payers
- Policy Makers

Improve Patient Experience

- One size does not fit all
- Same-day appointments
- Extended hours
- Reduced wait times from diagnosis to treatment

Expand Research and Development

- Changing guidelines and expanding screening criteria
- Broadening global research and clinical trials
- Uphold ethical and human rights standards

Increase Representation

- Focus on unrepresented populations
- Incorporate unrepresented therapies (ex. Mental Health)

Prioritize Preventative Education

- Eliminating Stigma
- Improved dialogue between patient/clinician between visits
- Encouraging second opinions

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Health Equity: Access to Care Best Practices

Promote Collaboration and Education

- Work with Healthcare Providers and Clinics to create best practices for patient care
- Education on what limited access is
- Educating patients
- Better Health Literacy

Utilize Technology

- Telemedicine
- Mobile Medicine
- Patient access to medical records (ex. MyChart)

Remove Accessibility Barriers

- Alternate payment plans for uninsured/underinsured patients
- Language and Translation Services
- Section 508 standards
- Transportation
- Pop-up Clinics

Patient Voice/Patient-Focused Drug Development

Values and Principles of Patient Voice

- **Open and inclusive** – patient involvement processes should be as open as possible to allow a variety of patient stakeholders to take part

- **Represent the diversity of the patient population** – when gaining insights from patients to drive medicine development decisions, it is vital that the insights are sought from a diverse population that represents as much as possible the population of patients with this condition

- **Capacity building on all sides** – all stakeholders, including the industry, the patient organizations and important stakeholders such as regulators and HTA bodies should build capacity to work together collaboratively during medicine development

- **Sharing of patient inputs** – to avoid duplication and unnecessary burden, disease-level patient insights should be publicly shared in a format that all stakeholders including patient organizations can use in their future work

- **Innovative engagement models** – stakeholders should explore innovative engagement models to allow a wider group of patients, including those not connected to advocacy groups to share their experiences and perspectives