

BRIEF

The health equity crossroads: New data shows public expectations remain strong

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<https://www.chartis.com/insights/health-equity-crossroads-new-data-shows-public-expectations-remain-strong>

Broad momentum around health equity has slowed and faced political resistance. Yet communities still believe it should be a high priority—and they want healthcare organizations to act.

For healthcare executives navigating changing policies, increasing margin pressure, and accelerating transformation, this gap between community expectation and industry action is no longer theoretical. It is operational.

In February 2026, Chartis and Jarrard, a Chartis Company, conducted a national consumer survey to capture views on health equity and their connection to broader healthcare issues amid the latest industry and societal developments.

The findings reveal an expectation for better healthcare: Patients agree that the US healthcare system is unfair. They also think provider and payer organizations can—and should—take steps to make it more equitable.

To achieve their missions and meet their communities' expectations, healthcare organizations have a clear imperative to reset their health equity approach. Rather than treating health equity as a standalone initiative, healthcare organizations can embed it within their overarching work as a core driver of trust, performance, and long-term sustainability.

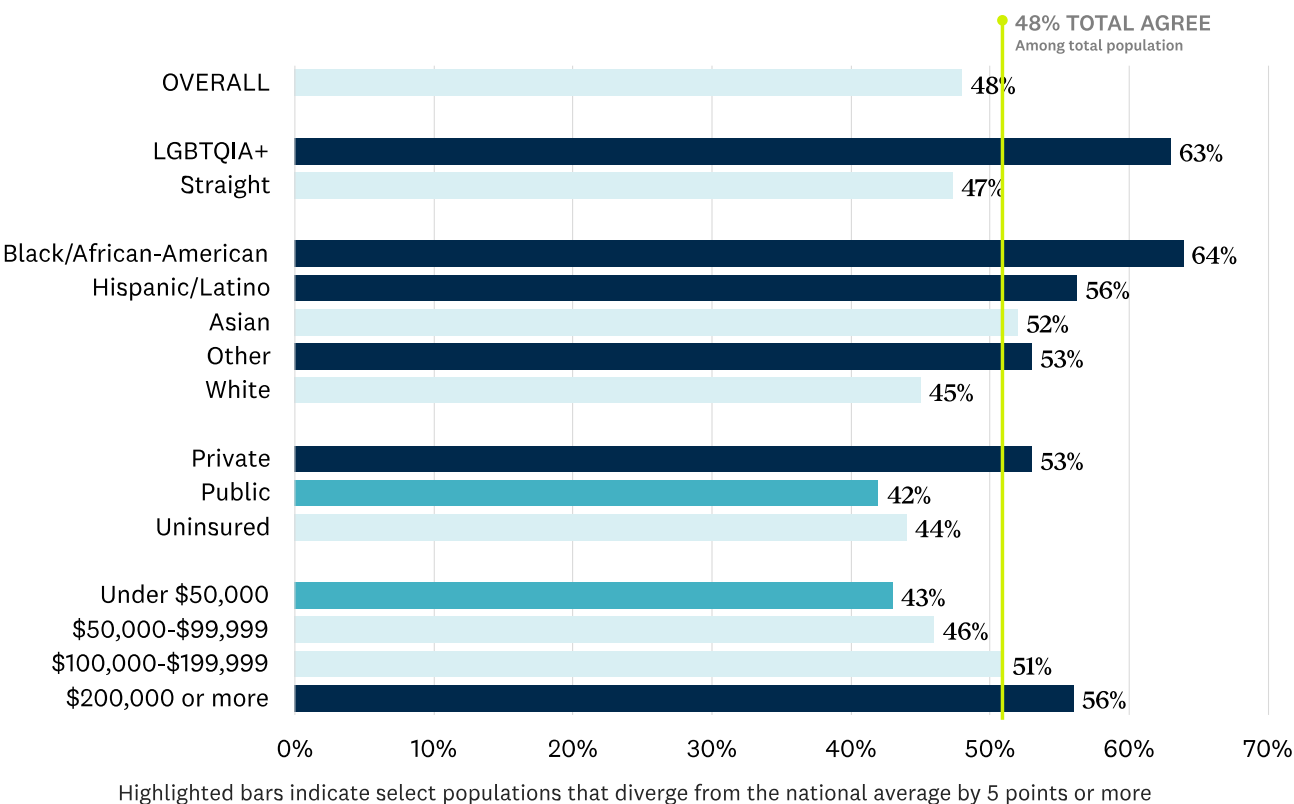
Public trust and health outcomes are on the line

The survey results reveal that the public is increasingly attuned to how inequities affect lived experience. Several findings underscore what's at stake for healthcare leaders:

Nearly half of patients say a person's appearance affects their quality of care—that percentage is higher among marginalized communities

PLEASE SAY WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT...

“When getting medical care in the US, a person’s race, appearance, gender, or sexual orientation affects the quality of care they receive.”



Confidence in fairness is fragile.

Only 44% of respondents agree that US healthcare is fair. Nearly half believe a person's appearance affects quality of care. These perceptions are even more pronounced among individuals who are from historically marginalized groups.

About 4 in 10 report experiencing bias or disparities

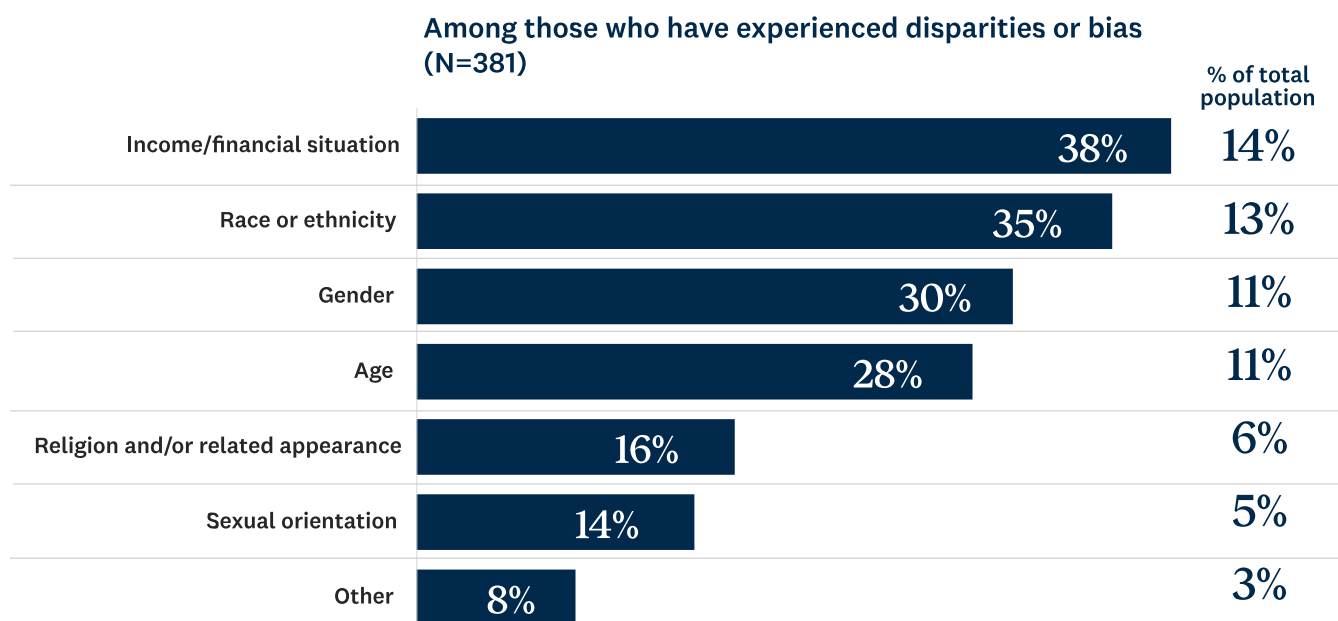
HAVE YOU EVER EXPERIENCED DISPARITIES IN HEALTHCARE OR FELT TREATED UNFAIRLY BY A DOCTOR, NURSE, OR OFFICE STAFF?

62%

Have not experienced disparities or bias

38%

Have experienced disparities or bias



Note: Totals add up to more than 100% because respondents were able to pick multiple options.

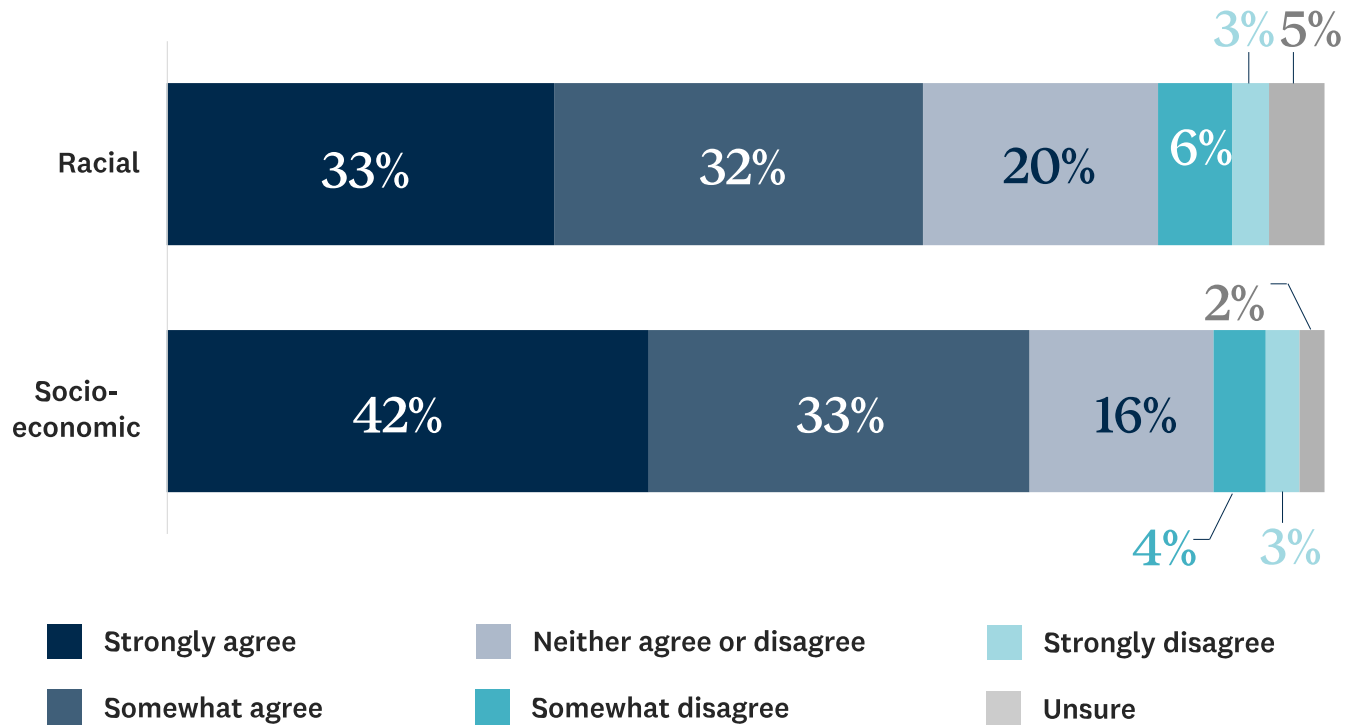
Disparities are visible and personal.

About 4 in 10 respondents report experiencing bias or disparities in healthcare based on one or more of the following factors: income/financial situation, race or ethnicity, gender, religion, age, or sexual orientation. These experiences shape how people judge institutions—and whether they believe equity efforts are authentic or performative.

Most patients recognize the link between insurance status and health disparities

THINKING ABOUT HEALTHCARE POLICY AND LAWS, DO YOU AGREE OR DISAGREE WITH THE STATEMENTS:

- “When people lose health insurance because of policy changes, health disparities **between racial and ethnic groups** get worse.”
- “When people lose health insurance because of policy changes, health disparities **between different socioeconomic groups** get worse.” (For example, health outcomes for people with lower incomes and less education get worse than for people with more money and education.)



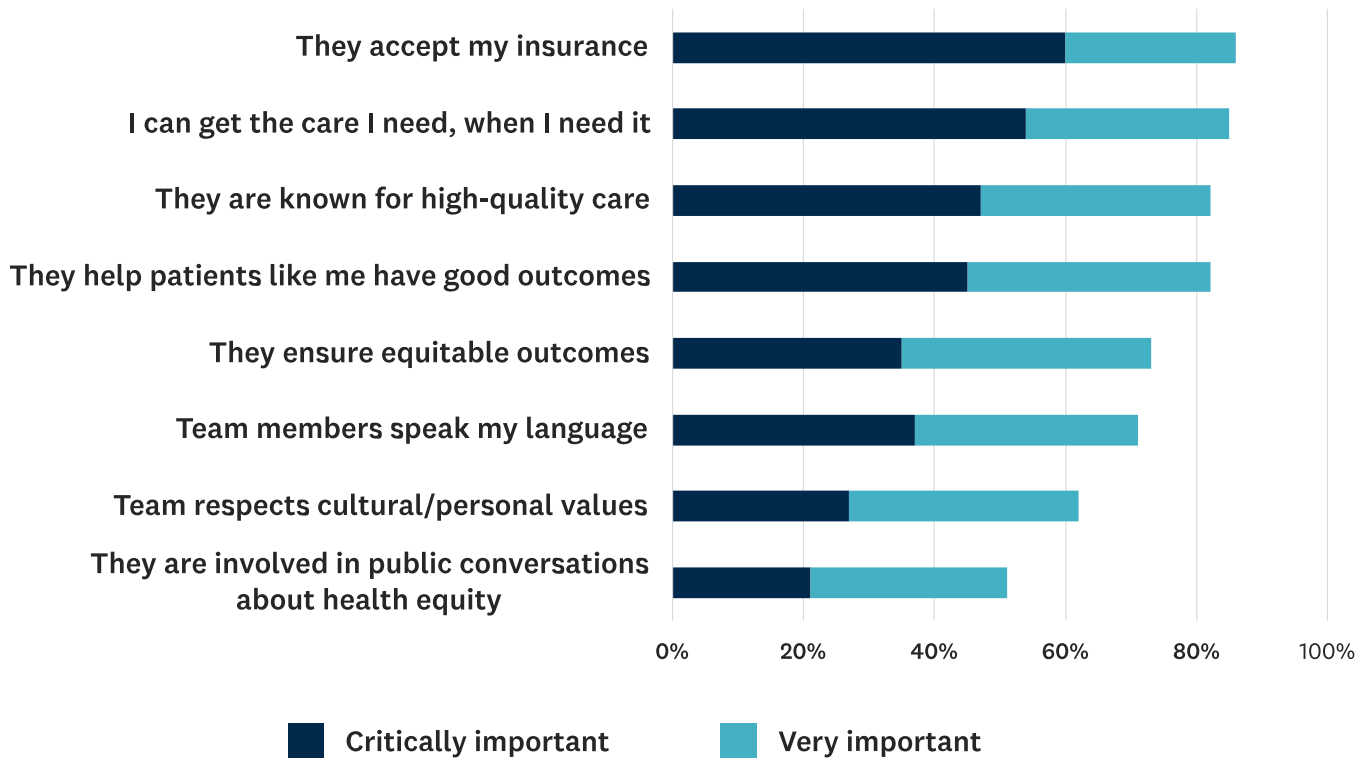
Expectations for action are high.

75% of respondents say policy changes leading to loss of insurance cause greater disparities among socioeconomic groups. 65% say that's true for racial and ethnic populations as well.

Nearly 8 in 10 respondents say it is very or critically important for providers and health plans to actively address health equity. This is a key feature many respondents look for in their local provider organizations.

Patients view cost, access, quality, and culture all as playing a role in health equity

THINKING ABOUT THE FEATURES OF THE BEST HOSPITALS, CLINICS, AND DOCTORS' OFFICES IN YOUR AREA, HOW IMPORTANT IS EACH OF THE FOLLOWING?



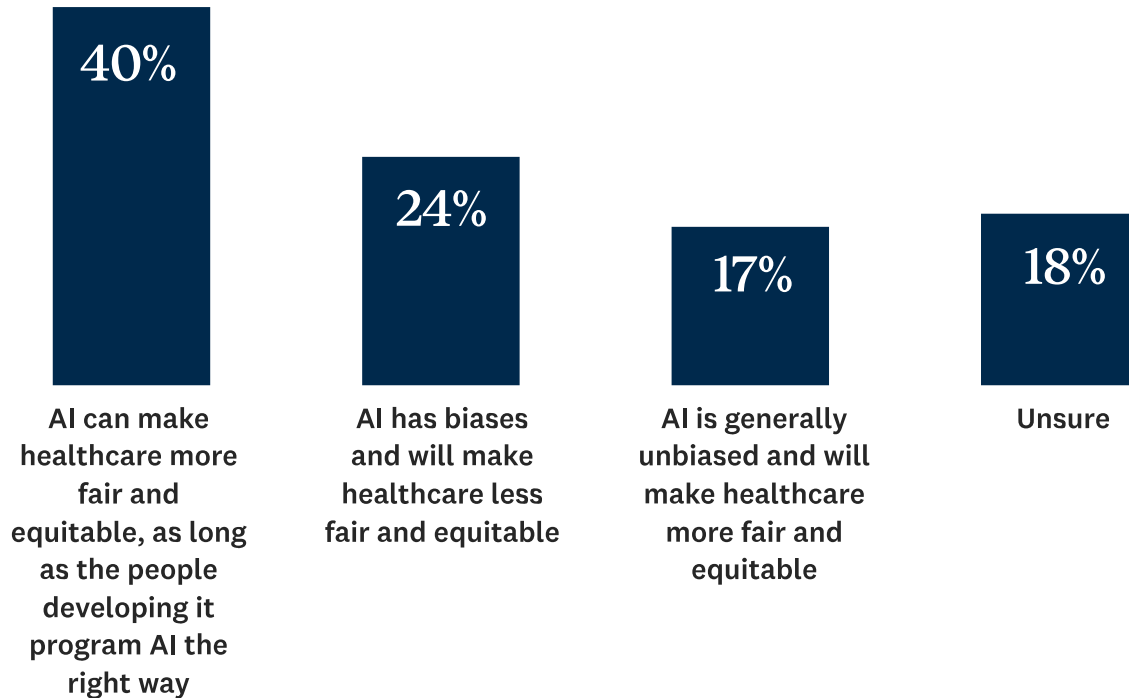
Access and quality are foundational.

Respondents' views of health equity bridge access, outcomes, and belonging. First, they believe equitable care must be covered, available, and effective. Second, they believe care should also be culturally responsive for patients to feel understood and respected.

Many patients recognize AI requires thoughtful development to positively impact equity

THINKING ABOUT HOW AI COULD AFFECT HEALTHCARE, WHICH OF THE FOLLOWING STATEMENTS DO YOU AGREE WITH MOST?

(For example, helping researchers develop new treatments and helping doctors make decisions about how to treat patients.)



Health equity is inseparable from innovation.

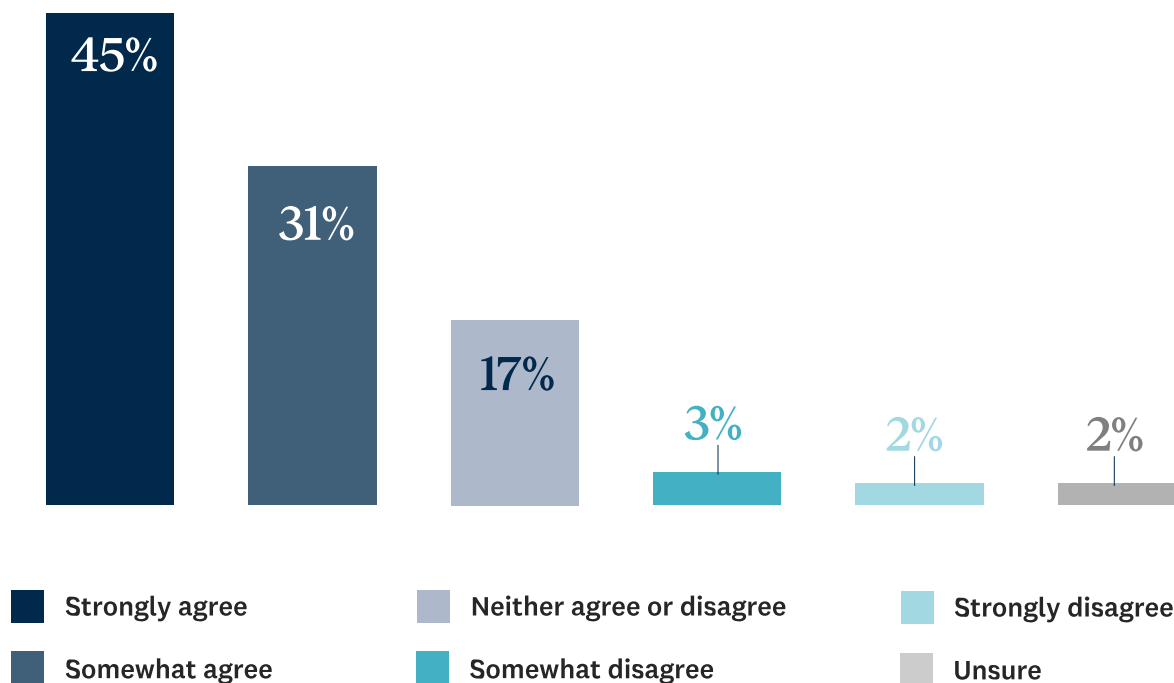
While roughly three-quarters of respondents are cautiously open to artificial intelligence (AI) in clinical care, they are divided on whether AI will reduce or worsen disparities.

Patients agree research on equity is important, and two-thirds are more confident in providers that conduct this research

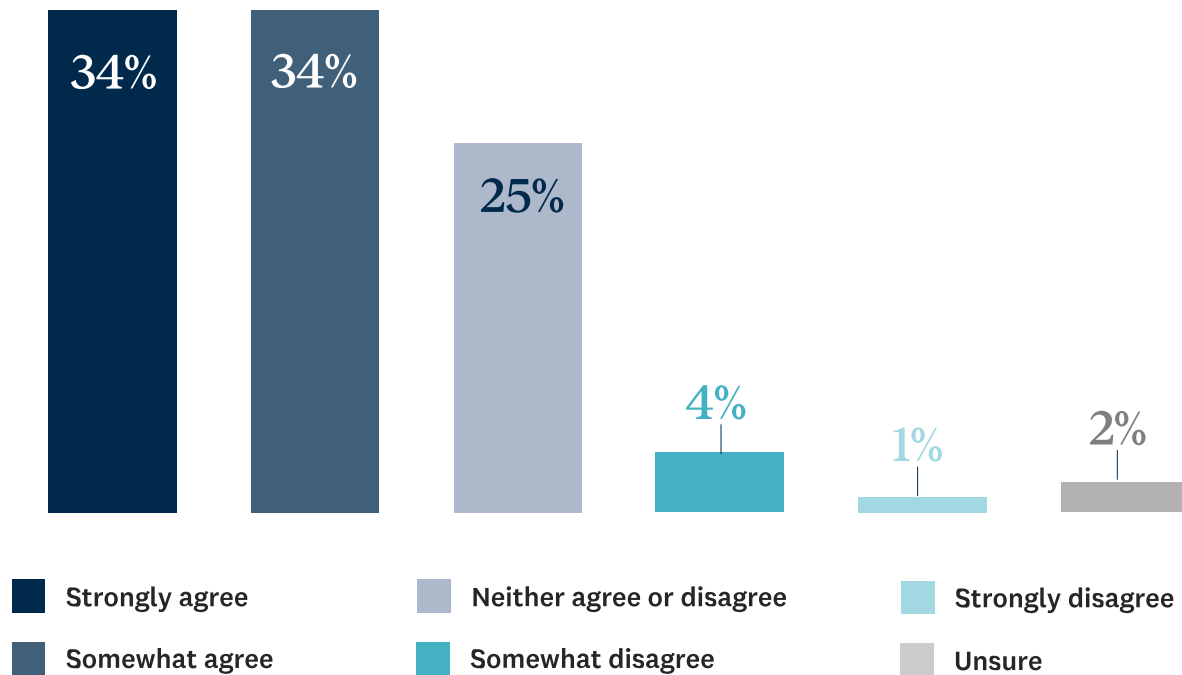
Additionally, three-quarters of respondents say scientific research on health equity is important, yet roughly one-quarter say medical research does not benefit people like them. These views signal both risk and opportunity as organizations adopt new technologies and navigate shifting policies for research funding.

DO YOU AGREE OR DISAGREE THAT HEALTH AND SCIENTIFIC RESEARCH STUDIES FOCUSED ON HEALTH EQUITY ARE IMPORTANT?

(For example, research on diseases that are more common among one race/ethnicity, gender, or healthcare challenges among people of different sexual orientations.)



WOULD YOU BE MORE OR LESS CONFIDENT IN A HOSPITAL OR HEALTH SYSTEM THAT CARRIES OUT RESEARCH AIMED AT SOLVING HEALTH DISPARITIES?



The message is clear: Patients no longer judge health equity by intent statements or isolated programs. They evaluate it through day-to-day experience—including how organizations deliver care, deploy technology, and act in the best interests of all communities.

For leaders, these findings offer more than a snapshot of public sentiment. They provide a diagnostic lens for examining where inequities may exist within their organizations across access, experience, quality, outcomes, and value.

Key actions for healthcare organizations

Top-tier healthcare performance depends on consistent clinical outcomes and experience across all populations. Health equity strategy and performance improvement efforts serve as a bridge in the final stage of the journey toward pinnacle health system quality and safety aspirations.

The survey findings highlight the need for a fundamental shift: Rather than treating health equity as a separate initiative, healthcare organizations that integrate health equity into their strategic decisions and everyday operations can ensure it becomes an enduring priority.

Our research suggests four immediate opportunities:

- **Build and sustain community trust as a strategic asset.** Trust is not abstract. For healthcare organizations, it is increasingly critical as public skepticism toward institutions continues to grow. Organizations earn trust through consistent, transparent, and inclusive engagement and by demonstrating that community voices meaningfully shape their decisions.

Organizations should assess where trust is strong—and where it is fragile—across different population groups. They can then align governance, communications, community investment, and partnerships accordingly.

- **Treat health equity as a lever for access and affordability.** As more patients lose health insurance, healthcare organizations will need to look further upstream for value. Early interventions and proactive patient engagement can minimize costly downstream factors (e.g., length of stay and 30-day readmissions) while improving health outcomes for communities that otherwise could become disenfranchised.
- **Adopt healthcare AI with accountability for equity outcomes.** Patients are cautiously optimistic about AI's clinical potential, particularly those who have experienced bias in healthcare.

Leaders should treat equity as a design and governance requirement for integrating AI into clinical, operational, and insurance-related use cases. Consistently communicating these changes, innovations, and internally governed best practices will help the communities they serve see these profound advances in a similar light. This will be essential to sustain trust and improve outcomes while scaling innovation.

- **Reposition equity-focused healthcare research.** Health equity is fundamental to the US healthcare system's financial performance, care quality, and patient safety. As studies continue to examine healthcare quality and its impact at a macro level, they should also include rigorous analysis of variation in clinical outcomes by race, ethnicity, sex, gender, age, zip code, and other relevant patient and community characteristics. Such research will help healthcare organizations achieve pinnacle performance through both broadly relevant and targeted improvements.

We explore these themes in greater depth in [our full survey](#) and will outline practical steps in an upcoming Chartis series.

Accelerate momentum for greater health equity

Patients and their families are looking to healthcare organizations to create more equitable care with better outcomes for all. Healthcare leaders who embed health equity into their organization's core strategy and performance drivers will also build trust, support greater innovation, and enable stronger organizational

performance.

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