

Our Commitment to Health Equity

Novartis believes an important way we can achieve greater health equity is to address persistent disparities in the way healthcare is approached, accessed, and delivered. We are confronting these disparities in innovative ways, such as promoting greater diversity in biopharmaceutical clinical trials and supporting education programs that raise awareness about diseases and treatments. Often, we work in partnership with patient and community organizations that share our commitment to health equity.

To achieve health equity, we must address the social determinants of health, which are a primary driver of health disparities that often result in poor health outcomes.



Health equality and health equity do not mean the same thing. Equality means giving everyone the same thing, whereas equity means giving people what they need to reach their best health.¹

“

At Novartis, we envision a world with equity in health for all. Just as there are a multitude of factors and causes behind racial disparities in health and education, there is no single solution to this critical challenge. It will take the concerted, urgent action of diverse stakeholders across the public and private sectors to create a paradigm shift in health equity.

Vas Narasimhan, MD | CEO of Novartis

”

Communities That Have Been Marginalized Experience Significant Health Disparities

Compared with non-Hispanic White individuals, **Black Americans have:**²



4-year
lower life expectancy



Higher
mortality rate from cancer



Greater likelihood
of developing diseases such as asthma



Compared to non-Hispanic White people, **people of color experience 2X to 3X higher rates of maternal mortality and 2X higher rates of infant mortality.**³

Black Americans have higher death rates associated with cardiovascular disease (CVD):⁴



Black Americans are **33%** more likely to die from CVD than non-Hispanic whites, **85%** more likely to die than Hispanics, and **136%** more likely to die than Asian Americans.



Black, Hispanic, and American Indian and Alaska Native (AI/AN) people have experienced **disproportionate rates of hospitalizations and deaths due to COVID-19.**⁵



Among older adults, **Black, AI/AN and Hispanic seniors have higher risk of developing dementia** than their non-Hispanic White counterparts.⁶

Compared to heterosexual individuals, **lesbian, gay, bisexual, trans, and queer individuals have:**^{7,8}

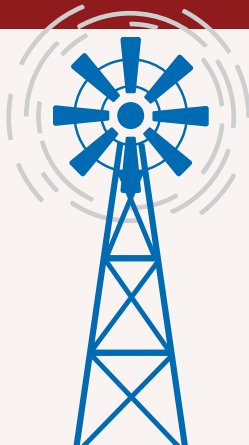
More
chronic conditions

Higher
prevalence of and earlier onset of disabilities

Highest
rates of tobacco, alcohol, and other drug use



Compared to their suburban and urban counterparts, **rural Americans have a higher prevalence of chronic conditions, including:**⁹



42%
higher rate of diabetes

27%
higher rate of hypertension

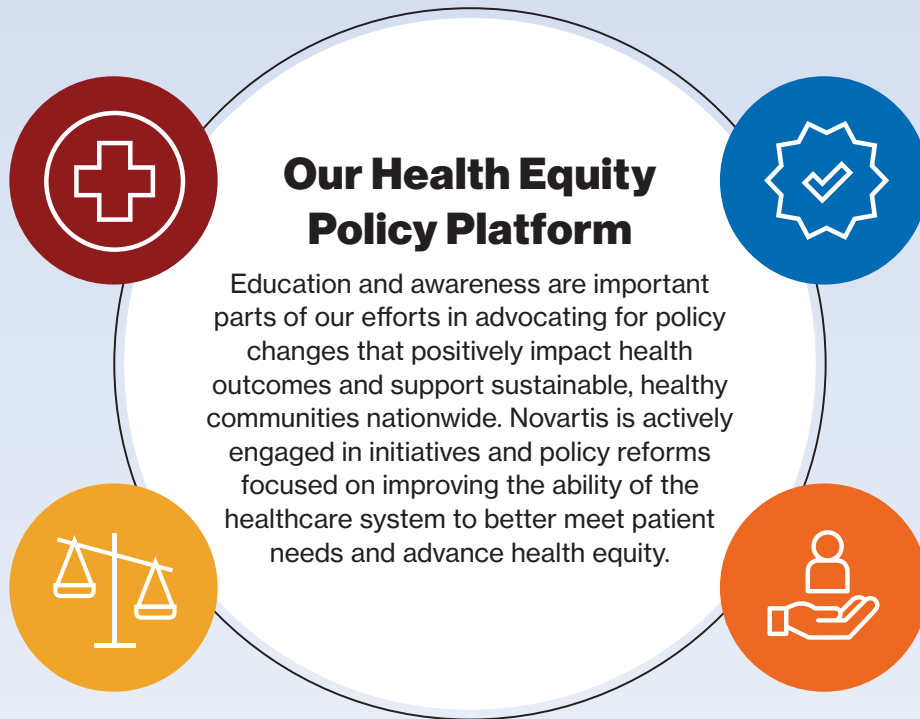
9%
higher rate of high cholesterol



Evidence suggests that a **person's zip code can have a significant impact on their life expectancy:**

In 56 of the 500 largest cities in the United States, people in the **least affluent zip codes can expect to live over 20 years less** than their neighbors in the most affluent zip codes.¹⁰





Our Health Equity Policy Platform

Education and awareness are important parts of our efforts in advocating for policy changes that positively impact health outcomes and support sustainable, healthy communities nationwide. Novartis is actively engaged in initiatives and policy reforms focused on improving the ability of the healthcare system to better meet patient needs and advance health equity.

Our efforts are aligned around four key principles:

Promoting entry and access to healthcare systems	Ensuring inclusive, fair, and equitable availability of quality healthcare	Removing barriers that limit patient access	Building trust among patients, providers, and communities
<p>Access to affordable healthcare is a necessary condition to achieving optimal health. To enable broad access to healthcare systems among communities that have been marginalized, we support:</p> <ul style="list-style-type: none"> Healthcare coverage for all uninsured patients Medicaid coverage for qualifying clinical trial participants Increased funding for federally qualified health centers 	<p>Delivering healthcare that effectively addresses health disparities requires an understanding of the specific needs of groups that have been marginalized. To ensure availability of high-quality healthcare that will have a positive impact and create sustainable healthy communities, we support:</p> <ul style="list-style-type: none"> The development and implementation of innovative care delivery models Research funding parity for diverse patient populations in various disease areas Further research to better understand social and cultural factors that can be barriers to healthcare services and resources 	<p>In addition to disparities in health outcomes, communities that have been marginalized face significant disparities in healthcare coverage, access, and utilization.¹¹ To ensure all individuals are able to access the care and treatment they need, when they need it, we support:</p> <ul style="list-style-type: none"> Removal of insurance benefit design barriers which can result in high cost-sharing for drugs Compliance with non-discrimination policies enacted under the Affordable Care Act Timely reimbursement and coverage policies (particularly in Medicaid) to prevent delays in access to new treatments Expanded access to digital health services, including telehealth Increased education and awareness of affordable treatment options, including generic and biosimilar medicines 	<p>Trust and understanding are necessary components for encouraging greater healthcare utilization among communities that have been marginalized. To help build trust in the healthcare system, we support:</p> <ul style="list-style-type: none"> The establishment of long-term diverse partnerships Investment in diverse communities and organizations driving measurable change Education and awareness efforts, including those focused on improving health literacy Research and other efforts to demonstrate the connection between the environment, climate change, and patient health

Our Platform in Action

Novartis is committed to confronting health disparities through innovative approaches, including increasing diversity in our clinical trials and addressing challenges facing specific patient populations.

Novartis Commitment to Diversity in Clinical Trials

Diversity in clinical trials is integral to who we are at Novartis. Our purpose is to reimagine medicine to improve and extend the lives of all people – inclusive of race, ethnicity, gender, age, sexual orientation, disability, location and socioeconomic status. Diverse, inclusive trials are critical to ensuring that we understand how those patients who are most likely to be treated for a disease or condition will respond to a medicine.¹²


Novartis is taking a proactive, science-driven approach to addressing barriers to clinical trial participation.



Novartis Initiatives to Address Health Equity Challenges

CURRENT DISPARITIES

NOVARTIS INITIATIVES

<p>Breast Cancer</p> 	<p>Black women with breast cancer are approximately 40% more likely to die compared to White women and are also more likely to be diagnosed at a later stage with more aggressive disease.^{13,14}</p>	<p>In May 2021, Novartis launched “More Than Just Words”, a multi-year commitment to promote health equity in breast cancer care. Through this effort, Novartis will collaborate with leading multidisciplinary experts to raise awareness and create solutions that drive health equity across the continuum of breast cancer care and urge women to get the screening or care they need as soon as possible.</p>
<p>Sickle Cell Disease (SCD)</p> 	<p>Individuals living with SCD (which overwhelmingly impacts Black Americans) have an average life expectancy approximately 30 years less than those without the disease.¹⁵ Nearly 68% of children and 40% of adults with SCD have Medicaid coverage.^{16,17}</p>	<p>In partnership with the Bill & Melinda Gates Foundation, the Novartis Institutes for BioMedical Research (NIBR) is embarking on an effort to discover and develop a single administration, in-vivo gene therapy to cure SCD. Novartis also works in collaboration with policymakers, advocates and other stakeholders to provide education and raise awareness of SCD, and advocate for policies that can help bridge the gaps of inequities for patients living with SCD.</p>
<p>Atherosclerotic Cardiovascular Disease (ASCVD)</p> 	<p>ASCVD is a leading cause of death among all Americans¹⁸, but people of color, particularly Black Americans and AI/ANs, experience disproportionately higher rates of morbidity and mortality.^{19,20}</p>	<p>Novartis is engaging with federal and state policymakers, patient and provider groups, and minority health leaders to help identify policy solutions for improving ASCVD care in the US. We are also developing tools to foster more informed policymaking, including comprehensive national and state profiles on the burden of ASCVD and its associated risk factors.</p>

Novartis US Foundation

Collaborating to Advance Health Equity

The mission of the Novartis US Foundation is to improve the health of underserved communities in the US by creating innovative and sustainable solutions to expand access to healthcare and build trust within the healthcare system. To drive greater health equity, the Foundation has launched, or plans to launch, several innovative programs with a diverse set of organizations, including:



Planning to collaborate with Novartis Corporation, Morehouse School of Medicine, National Medical Association and 27 Historically Black Colleges and Universities to co-create programs that address the root causes of systemic disparities in health outcomes and create greater diversity, equity and inclusion across the research and development.²¹



Supporting the implementation of the Institute for Healthcare Improvement's Pursuing Equity Learning & Action Network, which enables healthcare organizations to identify solutions for addressing systemic inequities.²²



Working with the New Jersey Primary Care Association to support the development or expansion of telehealth services at five community health centers, enabling them to provide virtual primary and specialty care, including mental health, to underserved and uninsured patients across New Jersey.²³

“

Black and African American people endured education and health disparities in the United States long before the COVID-19 pandemic. Their exclusion from the research and development ecosystem has resulted in mistrust and a delayed uptake of life-saving innovative medicines and effective care models, further exacerbating racial disparities in care and outcomes. We are proud to come together to take our direction from Black and African American community members and other minority groups on programs that will help achieve sustained change.

Patrice Matchaba, MD | President of the Novartis US Foundation

”

The activities of the Novartis US Foundation are distinct and separate from the commercial and development initiatives of Novartis.

References

- 1 Northwestern Health Unit. Equity vs Equality. Accessed September 21, 2021. <https://www.nwhu.on.ca/ourservices/Pages/Equity-vs-Equality.aspx>
- 2 U.S. Department of Health and Human Services Office of Minority Health. Profile: Black/African Americans. April 5, 2021. Accessed September 21, 2021. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61>
- 3 Artiga S, Pham O, Orgera K, et al. Kaiser Family Foundation. Racial Disparities in Maternal and Infant Health: An Overview. November 10, 2020. Accessed September 21, 2021. <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>
- 4 U.S. Department of Health and Human Services Centers for Disease Control and Prevention. National Vital Statistics Reports. Volume 69, Number 13. Table 10. January 12, 2021. Accessed September 21, 2021. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-13-508.pdf>
- 5 U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Disparities in Deaths. December 10, 2020. Accessed September 21, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/disparities-deaths.html>
- 6 Mayeda ER, Glymour MM, Quesenberry CP, et al. Inequalities in dementia incidence between six racial and ethnic groups over 14 years. *Alzheimers & Dementia*. February 11, 2016. Accessed September 21, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4969071/>
- 7 Kates J, Ranji U, Beamesderfer A, et al. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S. Kaiser Family Foundation. May 2018. Accessed September 21, 2021. <https://files.kff.org/attachment/Issue-Brief-Health-and-Access-to-Care-and-Coverage-for-LGBT-Individuals-in-the-US>
- 8 U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Lesbian, Gay, Bisexual, and Transgender Health. Accessed September 21, 2021. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>
- 9 Harrington RA, Califf RM, Balamurugan A, et al. Call to Action: Rural Health: A Presidential Advisory From the American Heart Association and American Stroke Association. *Circulation*. February 10, 2020. Accessed September 21, 2021. <https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000753>
- 10 Ducharme J, Wolfson E. Your ZIP Code Might Determine How Long You Live—and the Difference Could Be Decades. *Time*. June 17, 2019. Accessed September 21, 2021. <https://time.com/5608268/zip-code-health/>
- 11 Artiga S, Orgera K. Key Facts on Health and Health Care by Race and Ethnicity. Kaiser Family Foundation. November 12, 2019. Accessed September 21, 2021. <https://www.kff.org/racial-equity-and-health-policy/report/key-facts-on-health-and-health-care-by-race-and-ethnicity/>
- 12 Novartis. Novartis Commitment to Diversity in Clinical Trials. June 2021. Accessed September 21, 2021. <https://www.novartis.com/sites/www.novartis.com/files/commitment-for-diversity-in-clinical-trials.pdf>
- 13 Richardson LC, Henley SJ, Miller JW, et al. Patterns and Trends in Age-Specific Black-White Differences in Breast Cancer Incidence and Mortality – United States, 1999–2014. *Morbidity and Mortality Weekly Report (MMWR)*. October 14, 2016. Accessed September 21, 2021. <https://www.cdc.gov/mmwr/volumes/65/wr/mm6540a1.htm>
- 14 Carey LA, Perou CH, Livasy CA, et al. Race, Breast Cancer Subtypes, and Survival in the Carolina Breast Cancer Study. *Journal of the American Medical Association*. June 7, 2006. Accessed September 21, 2021. <https://jamanetwork.com/journals/jama/fullarticle/202952>
- 15 CDC Foundation. Sickle Cell Disease Health Disparities. Accessed September 21, 2021. <https://www.cdcfoundation.org/sites/default/files/files/SickleCellDisease-HealthDisparities-FactSheet021618.pdf>
- 16 HCUP Kids' Inpatient Database (KID). HCUPnet, Healthcare Cost and Utilization Project (HCUP). 2012. Agency for Healthcare Research and Quality, Rockville, MD. <https://hcupnet.ahrq.gov/> Accessed September 7, 2018. Principle ICD-9 diagnosis codes used in the data query: 282.60, 282.63, 282.64, 282.68, 282.69.
- 17 Adult payer mix data based on data from HCUP National Inpatient Sample (NIS). HCUPnet, Healthcare Cost and Utilization Project (HCUP). 2012. and HCUP Kids' Inpatient Database (KID). HCUPnet, Healthcare Cost and Utilization Project (HCUP). 2012. Agency for Healthcare Research and Quality, Rockville, MD. <https://hcupnet.ahrq.gov/> Accessed September 7, 2018. Principle ICD-9 diagnosis codes used in the data query were: 282.60, 282.63, 282.64, 282.68, 282.69.
- 18 U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Leading Causes of Death. March 1, 2021. Accessed September 21, 2021. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
- 19 U.S. Department of Health and Human Services Office of Minority Health. Heart Disease and African Americans. February 11, 2021. Accessed September 21, 2021. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>
- 20 U.S. Department of Health and Human Services Office of Minority Health. Heart Disease and American Indians/Alaska Natives. February 11, 2021. Accessed September 21, 2021. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=34>
- 21 Novartis. Novartis pledges 10-year commitment with Morehouse School of Medicine, 26 Historically Black Colleges, Universities, Medical Schools and other leading organizations to co-create effective, measurable solutions for health equity. July 20, 2021. Accessed September 21, 2021. <https://www.novartis.us/news/media-releases/novartis-pledges-10-year-commitment-morehouse-school-medicine-26-historically>
- 22 Matchaba P. Addressing health inequities starts by looking within. Novartis. May 14, 2021. Accessed September 21, 2021. <https://www.novartis.us/stories/hope/addressing-health-inequities-starts-looking-within>
- 23 Novartis US Foundation. Novartis US Foundation supports telehealth programs to provide access to care for New Jersey's most vulnerable communities. April 30, 2020. Accessed September 21, 2021. <https://www.novartis.us/news/media-releases/novartis-us-foundation-supports-telehealth-programs-provide-access-care-new>