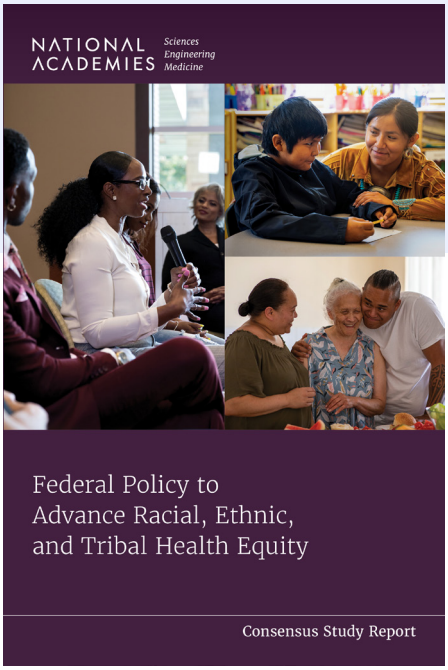
Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity



OVERVIEW

Health equity is the state in which everyone has a fair opportunity to attain their full potential for health and well-being, and no one is disadvantaged from doing so because of social position or other socially defined circumstances. Achieving health equity requires valuing everyone equally, paired with focused and ongoing societal efforts to address avoidable inequalities, confront historical and contemporary injustices, and eliminate health and health care disparities.

In response to a request in a Congressional Appropriations Report, the Office of Minority Health in the Department of Health and Human Services tasked the National Academies with assembling an interdisciplinary committee of experts to (1) focus on federal policies that contribute to preventable and unfair differences in health status and outcomes experienced by all racially and ethnically minoritized populations in the United States and (2) provide conclusions and recommendations that identify the most effective or promising approaches to policy change with the goal of furthering racial and ethnic health equity (including both promising and evidence-based solutions).

The committee's report, *Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity* contains its analysis, conclusions, and recommendations. As the committee could not review every federal policy that contributes to racial, ethnic, and tribal health inequities, it focused on example policies that affect a large percentage of racially or ethnically minoritized populations, have data and/or literature available to enable analysis, and continue to cause harm, among other factors. The report provides a framework for federal action to address continued barriers that builds on federal policy makers' already significant progress in advancing health equity.

KEY PRINCIPLES AND CONCEPTUAL FRAMEWORK

The work of the committee was guided by the following key principles:

1. Health is more than physical and mental well-being—it also includes well-being in social, economic, and other factors, all of which are necessary for human flourishing.

2. All federal policies have the potential to affect population health.

3. Evidence is informed by quantitative, qualitative, and community sources.

4. Federal policies should center health equity.

5. To advance health equity, structural and systems changes are needed.

The committee's work was also guided by a conceptual framework that recognizes how the inequitable distribution of the social determinants of health (SDOH) perpetuate racial and ethnic health inequities (see Figure 1). These SDOH include economic stability, health care access and quality, education access and quality, social and community context, and features of neighborhoods and built environments.

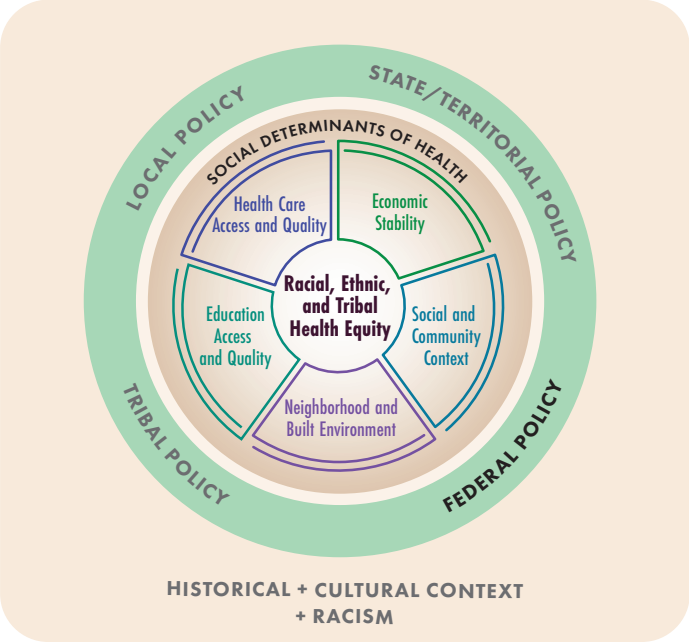


FIGURE 1 Report conceptual framework.

RECOMMENDATIONS

The report's recommendations focus on cross-cutting themes that emerged from its review of federal policies. These fall under four action areas, which are both individually necessary to advance health equity at the federal level and dependent on one another.

Implement Sustained Coordination Among Federal Agencies

The federal government is large, complex, and subject to conflicting and parallel priorities. Long-term, focused leadership is necessary to embed health equity at the federal level, including the creation of a permanent entity to oversee improving racial, ethnic, and tribal equity (**Recommendation 1**). Furthermore, a senior leader within the Office of Management and Budget (OMB) should be appointed to serve as the cochair of the Equitable Long-Term Recovery and Resilience Steering Committee (**Recommendation 2**). To help ensure the equitable and effective distribution of resources across the SDOH, OMB should develop, and federal agencies should undertake, an equity audit of existing policies. When policies and budgets to address racial, ethnic, and tribal health equity are designed, data are needed for Congress to better understand their potential to address or exacerbate inequitable outcomes. Therefore, Congress should also develop and implement an equity scorecard to assess proposed federal policies (**Recommendation 3**).

Prioritize, Value, and Incorporate Community Voice in the Work of Government

It is essential to base federal policy on the best available evidence, including the experiences, knowledge, expertise, and needs of communities. Communities need to be an integral part of the legislative process from beginning to end and involved in deciding how laws, regulations, programs, and policies that will affect them are administered. Community voices are necessary to redress past harms, earn trust, secure partnership, and ensure policies are responsive to the needs of those they serve. The federal government should prioritize community input and expertise when changing or developing policies to advance health

equity by using community representation and advisory practices integrated with accountability measures and enforcement mechanisms. Congress should request that the Government Accountability Office develop a report on how federal community advisory boards currently operate and outline promising methods to improve their function among government agencies (**Recommendation 4**).

Ensure Collection and Reporting of Data Are Representative and Accurate

Comprehensive data collection is not only necessary to advance racial, ethnic, and tribal health equity but also is an issue of equity itself. Data need to better capture the experiences and needs of tribal and smaller racial and ethnic groups. A lack of representation in data collection, and sharing inaccurate or imprecise data about these communities, has meant that government agencies have been unprepared to understand, reduce, or eliminate health inequities among these populations and more broadly. High-quality data are required to understand the full extent of inequities, appropriately distribute resources, and inform policymaking. Federal government data collections have thus far occurred without accountability or consideration for their demands on communities (e.g., time and other resources), matters of tribal sovereignty, and community interest in the use of the data. OMB should require the Census Bureau to facilitate the design of sampling frames, methods, measurement, collection, and dissemination of equitable data resources on minimum OMB categories (**Recommendation 5**). OMB should also ensure equitable collection and reporting of detailed origin and tribal affiliation data for all OMB categories through data disaggregation by race, ethnicity, and tribal affiliation (to be done in coordination with meaningful tribal consultation), including populations who self-identify as American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, and Hispanic or Latino/a (**Recommendation 6**).

Data are also required to accurately measure social and structural factors that contribute to existing inequities. To enable this work, the Centers for Disease Control and Prevention should create and ensure the use of common measures on multilevel social determinants of racial and ethnic health inequities, including scientific measures of racism and other forms of discrimination, for use in analyses of national health surveys and by other federal agencies, academic researchers, and community groups (**Recommendation 7**). These comprehensive approaches to data collection should be supported by increased funding for the agencies gathering these data (**Recommendation 8**). Lastly, to ensure that the work of the federal Equitable Data Working Group is enduring, the president should convert it into an Office of Data Equity under OMB, with representation from the Domestic Policy Council, to ensure coordination across federal agencies (**Recommendation 9**).

Improve Federal Accountability, Enforcement, Tools, and Support Toward a Government That Advances Optimal Health for Everyone

States and other levels of government need federal-level tools and support to tailor their health equity efforts to the needs of their populations. States and localities currently have significant flexibility in how they implement federal policy, which has resulted in significant progress but has also led to piecemeal implementation and further disenfranchisement of racially and ethnically minoritized groups. Therefore, Congress and executive agencies should leverage the full extent of federal authority to ensure equitable implementation of federal policies and access to federal programs. Federal departments and agencies should design and implement policies to improve the administration of assistance programs, facilitating individual and family access to eligible benefits. Where applicable, federal departments and agencies should also create performance standards in federal programs administered by state, local, and tribal governments (**Recommendation 10**). Additionally, OMB should review federal programs that specifically exclude populations like people involved with the criminal legal system and immigrants to understand how their exclusion impacts health equity at the population and national level and issue a publicly available report on their analysis (**Recommendation 11**).

One major barrier to achieving health equity is unequal access to high-quality health care. Federal agencies

that purchase and provide health care directly should undertake strategies to achieve equitable access to high-quality health care for the individuals and families they serve. The executive branch can also improve and reinforce access to care for the adequately insured, the underinsured, and the uninsured (**Recommendation 13**).

While the committee considered the effect of federal policy on all racially and ethnically minoritized populations as well as their specific needs, it devoted extra attention to American Indian and Alaska Native populations, as they experience unique challenges with respect to federal policies. The 574 federally recognized tribes are sovereign nations that have a formal nation-to-nation relationship with the U.S. government and a trust responsibility that has not been fully upheld. For most measures of health, American Indian and Alaska Native people are worse off than other racial and ethnic groups, including life expectancy, suicide, homicide, and chronic diseases. To accelerate health equity among American Indian and Alaska Native populations, the federal government should raise the Director of the Indian Health Service to an Assistant Secretary of Health and Human Services, authorize funding of the Indian Health Service at parity with other health care programs (this funding should be mandatory and include advanced appropriations), and re-establish an Indian Affairs Committee in the House of Representatives (**Recommendation 12**).

CALL TO ACTION

Eliminating health inequities experienced by racially and ethnically minoritized populations will require sustained leadership from the federal government. Implementing this report's recommendations will improve the circumstances in which individuals, families, and communities live, play, work, pray, and age so that all people living in the United States have the opportunity to meet their full health potential.

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FOR MORE INFORMATION

This Consensus Study Report Highlights was prepared by National Academies' staff based on the Consensus Study Report *Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity* (2023).

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