

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

Key Actions for Implementing Sustained Coordination Among Federal Agencies

Achieving health equity—the state in which everyone has an opportunity to attain their full potential for health and well-being—requires efforts to address inequities around access to quality health care, education, employment opportunities, and more. The National Academies assembled an interdisciplinary committee of experts to analyze federal policies that contribute to such inequities, specifically for racially and ethnically minoritized populations. The resulting consensus study report, *Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity*, provides recommendations for change.

WHAT DOES A WHOLE-OF-GOVERNMENT APPROACH TO ACHIEVING HEALTH EQUITY ENTAIL?

The federal government is large, complex, and subject to conflicting and parallel priorities. Furthermore, the intertwining relationships among social determinants of health (e.g., economic stability, neighborhood, and built environment), laws, policies, and historical and cultural factors complicate progress on health equity. The following actions are needed:

- **Coordination within federal agencies.** The Department of Health and Human Services' (HHS's) lack of capacity, ability to coordinate, and limited authority currently contributes to racial and ethnic health inequities (see Conclusion 5–7 in the report).

Improved coordination within federal agencies that specifically focus on health, including HHS, will likely lead to more efficient, higher-quality health programs and begin to reduce health disparities.

- **Coordination across the federal government.** Many federal and local policies affect the health of the nation, even if improving well-being is not their sole purpose. For example, federal infrastructure policies, governed by several agencies that do not focus explicitly on health, play a critical role in advancing health equity and need to be examined and monitored for potential negative effects on the health of individuals. For example, coordination, monitoring, and guidance on infrastructure spending is currently lacking across federal agencies (see Conclusion 6–2 in the report), and better coordination between agencies enacting new or amending existing policies and agencies knowledgeable about health care effects and health equity is needed.
- **Coordination among all levels of local, state, and federal government.** A whole-of-government approach, which includes the input of state and local governments that understand the needs of their local communities and often hold final decision-making power over local investments and priorities, is needed.

TYPES OF POLICIES

Policies are laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions that affect an entire population. The committee identified four policy categories in its review:

1. Policies that are neutral in terms of racial, ethnic, or tribal inequity (i.e., their purpose was not to address health equity) but have indirect equity implications
2. Policies that are intended to reduce inequities and/or account for racism
3. Policies that are intended to worsen racial, ethnic, or tribal inequities
4. Status quo—a lack of policy in a given area is considered a policy decision

WHAT WILL IT TAKE TO MOBILIZE A WHOLE-OF-GOVERNMENT APPROACH THROUGH COORDINATION?

1. 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** (see Recommendation 1 in the report). This permanent entity should ensure that health equity is centered in all federal policymaking, including addressing the complex interdependencies and challenging decisions that inevitably arise when making large-scale changes to systems and organizations. This entity is especially necessary when addressing racial, ethnic, and tribal health equity, as many forms of systemic bias persist in practices that appear to be neutral and different agency teams or individuals may have different ideas about how to make policies and procedures more equitable. This permanent entity could be configured in several ways—each with advantages and disadvantages, including:
 - The president could establish a Racial, Ethnic, and Tribal Equity Council by executive order.
 - The president could establish a Racial, Ethnic, and Tribal Equity Policy Team within the Domestic Policy Council.
2. Existing and future policies and laws can both advance and hinder racial, ethnic, and tribal health equity. **To that end, OMB should develop, and federal agencies should undertake, an equity audit of existing policies, including how laws are implemented and enforced.** When policies and budgets to address racial, ethnic, and tribal health equity are designed, data and comparisons to other equity efforts are needed for Congress to consider their implications. **Therefore, Congress should also develop and implement an equity scorecard to assess proposed federal policies** (see Recommendation 3 in the report). Specific criteria and requirements for both the proposed equity audit and equity scorecard are discussed at length in Chapter 8 of the report.
 - The president could appoint a senior staff member to the Office of Management and Budget (OMB) with the responsibility of implementing the president’s vision for racial, ethnic, and tribal equity across the executive branch.

EQUITY AUDIT COMPONENTS

Elements to consider when developing measures for the equity audit reflect concerns identified in the committee's report on structure, process, and outcomes:

- Does the structure of the policy exclude groups that would benefit and are disproportionately minoritized (such as immigrants or people with disabilities)?
- Does the process streamline administration to avoid additional barriers for minoritized groups?
- Have community voices and expertise been included to improve the program?
- Are final outcomes assessed with appropriate data to ensure accountability?

Learn more about the report and its recommendations at www.nationalacademies.org/health-equity-policies.

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