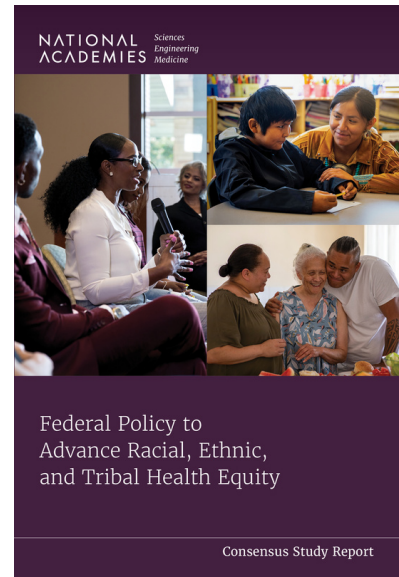


Federal Policy to Advance Racial, Ethnic, and Tribal Health Equity

Consensus Study Overview

Background

In the U.S., one's ability to enjoy a healthy and prosperous life is often shaped by their race and ethnicity, coupled with structural disadvantages around access to quality health care, education, employment opportunities, and more. Achieving health equity — 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 — requires focused and ongoing efforts to address inequalities. The pursuit of health equity is often driven by community- and state-level programs but requires and is benefited by support and leadership from the federal government.



Report Key Principles

- 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.
- All federal policies have the potential to affect population health.
- Evidence is informed by quantitative, qualitative, and community sources.
- Federal policies should center health equity.
- To advance health equity, structural and systems changes are needed.

When individuals thrive, communities and the entire nation thrive.

Process

The National Academies assembled a committee of experts to (1) focus on federal policies that contribute to preventable differences in health status and outcomes experienced by all racially and ethnically minoritized populations in the U.S. and (2) identify the most effective or promising approaches to policy change with the goal of furthering racial and ethnic health equity.

Countless federal policies have the potential to affect racial and ethnic health equity, positively or negatively. Therefore, this report discusses relevant policies within the greater context of social determinants of health in five report chapters. Many of the conclusions in these chapters provide examples of the cross-cutting themes that inform report recommendations.

Recommendations

Action 1: Implement Sustained Coordination Among Federal Agencies

The federal government is large, complex, and subject to conflicting and parallel priorities. Leadership is necessary to embed health equity at the federal level, including the creation of a permanent entity to oversee these efforts. An equity audit for past and existing policies could help ensure the equitable and effective distribution of resources. Additionally, the development of an equity scorecard to assess proposed federal policies would help policymakers better understand the potential of policies to address or exacerbate inequities.

Action 2: Prioritize, Value, and Incorporate Community Voice in the Work of Government

Communities need to be an integral part of deciding how laws, regulations, programs, and policies that will affect them are administered. The federal government should prioritize community input when changing or developing policies to advance health equity, and Congress should request a report on how federal community advisory boards currently operate and how their function can be improved.

Action 3: Ensure Collection and Reporting of Data Are Representative and Accurate

Comprehensive data collection is not only necessary to advance health equity but is an issue of equity itself. A lack of representation in data; performing data collection without consideration for its demands on the community; and sharing inaccurate or imprecise data about racial, ethnic, and tribal communities has meant that the federal government has been unprepared to understand, reduce, or eliminate health inequities among these populations.

Therefore, the federal government should facilitate methods to achieve data equity for small racial and ethnic populations and ensure equitable collection and reporting of detailed origin and tribal affiliation data through data disaggregation. The federal government should create and ensure the broad use of common measures for health inequities, including scientific measures of racism.

Action 4: Improve Federal Accountability, Enforcement, Tools, and Support Toward a Government That Advances Optimal Health for Everyone

Flexibility in how states and localities implement federal policies has resulted in significant progress but has also led to piecemeal implementation and further disenfranchisement of racially and ethnically minoritized groups. Therefore, the federal government should ensure equitable implementation of federal policies and access to federal programs. This includes facilitating access to benefits for eligible individuals, as well as implementing performance standards to ensure accountability.

Considerations for American Indian and Alaska Native Populations

The committee devoted special attention to American Indian and Alaska Native populations, as they experience unique challenges and fare worse than all other racial and ethnic groups in many measures of health. The federal government should raise the Director of the Indian Health Service to the level of Assistant Secretary, authorize funding of the Indian Health Service at parity with other health care programs, and re-establish an Indian Affairs Committee in the House of Representatives.

Access the full report at www.nationalacademies.org/health-equity-policies