

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

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

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 of Sciences, Engineering, and Medicine 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.

HOW DOES THE FEDERAL GOVERNMENT IMPACT STATE AND LOCAL EFFORTS TO ADVANCE HEALTH EQUITY?

Innovative approaches to advance health equity are most effective when tailored to the communities they serve, but federal-level tools and support are needed to do so. Often, politics can stand in the way of or stall good policy, so processes and guardrails are needed to support state, local, tribal, and territorial needs. State variation in program implementation (such as in Medicaid expansion and participation in programs like the Supplemental Nutrition Assistance Program [SNAP]) can lead to differential access based on geography. This interplay, known as federalism, can both support and challenge health equity.

An example of how federalism has contributed to health inequities is the state-by-state Medicaid expansion provided by the Affordable Care Act. In the states that have not expanded access to Medicaid, individuals are two times more likely to be uninsured than their peers in states that have expanded access, and these access barriers disproportionately affect racially and ethnically minoritized populations. Creating incentives for all states to expand Medicaid could help to address this issue. Additionally, the federal government could reduce the administrative burden to enroll in Medicaid and allow for flexibility in the use of Medicaid (i.e., permit the expansion of benefits or eligibility), which would increase access to high-quality and comprehensive health care.

HOW CAN THE FEDERAL GOVERNMENT HELP ENSURE EVERYONE HAS ACCESS TO FEDERAL PROGRAMS THAT SUPPORT AND IMPROVE HEALTH AND WELL-BEING?

In addition to advancing health equity, equitable implementation of federal programs also supports government efficiency and effectiveness. Therefore, Congress and executive agencies should leverage the full extent of federal authority to ensure this equitable implementation (see Recommendation 10 in the report). For example, federal departments and agencies should design and implement policies to improve assistance programs, facilitating access to benefits; and, where

applicable, should create performance standards for federal programs.

Examples of how the federal government could more equitably administer their programs include:

- **SNAP.** Administrative burdens have been shown to reduce reenrollment, and reforms that simplify this process could increase participation (see Chapter 3 of the report). Federal policy could authorize administrative procedures that make it easier to enroll in and stay on SNAP, including extension of certification periods, reduced paperwork and interview burdens, telephonic signatures, and electronic filing of paperwork.
- **WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).** Federal policy makers could establish performance metrics for cross-enrollment in WIC of eligible SNAP and Medicaid participants, which would provide additional incentives for states to institute appropriate reforms needed to maintain high participation in these programs.

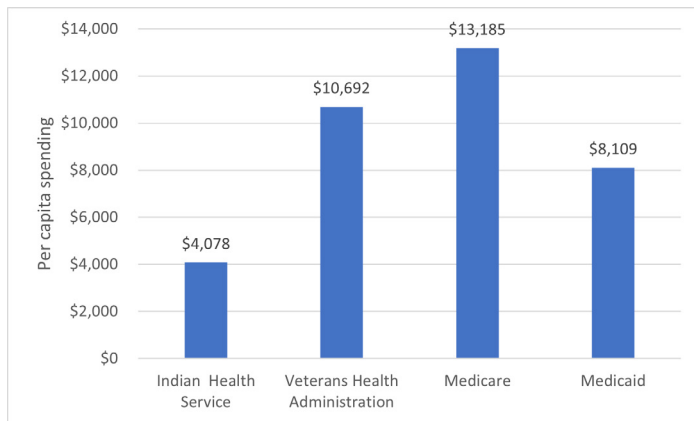


Figure 1 2017 per capita spending levels for the Indian Health Service, Medicare, Medicaid, and the Veterans Health Administration.
SOURCE: Government Accountability Office

HOW CAN THE FEDERAL GOVERNMENT ADVANCE HEALTH EQUITY FOR AMERICAN INDIAN AND ALASKA NATIVE POPULATIONS?

For most measures of health, American Indian and Alaska Native (AIAN) people are worse off than other racial and ethnic groups due to traumas that have unfolded over generations and have resulted in cumulative harm. One major federal policy impacting AIAN people is the inadequate funding of the Indian Health Service (IHS). Unlike other racially and ethnically minoritized groups, the 574 federally recognized tribes are sovereign nations and have a formal nation-to-nation relationship with the U.S. government with a trust responsibility that has not been fully upheld, as well as legal rights to federal health care services through the IHS. A critical barrier that hinders IHS from providing quality health care is financial—it receives non-mandatory and significantly less funding than both Medicare and Medicaid, forcing staff to do more with less. Medicare and Medicaid receive mandatory funding and more funding per capita (see Figure 1). This reduced funding results in insufficient access to health services, long wait times for routine services, and sometimes requires patients to travel long distances to receive care. The federal government should examine, reformulate, and appropriately fund IHS (see Conclusion 5–6 and Recommendation 12 in the report).

In addition to the equitable implementation and roll out of federal programs, ensuring that all people who meet requirements have access to these programs is also critical. The federal government should review programs that exclude specific populations, such as immigrants and those with a criminal record, to understand the rationale and the equity implications of their exclusion (see Recommendation 11 in the report).

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

Health and Medicine Division

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