

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

## **ACTION 1: IMPLEMENT SUSTAINED COORDINATION AMONG FEDERAL AGENCIES**

**Recommendation 1:** To improve health equity, the president of the United States should create a permanent and sustainable entity within the federal government that is charged with improving racial, ethnic, and tribal equity across the federal government. This should be a standing entity, sustained across administrations, with advisory, coordinating, and regulatory powers. The entity would work closely with other federal agencies to ensure equity in agency processes and outcomes.

**Recommendation 2:** The president of the United States should appoint a senior leader within the Office of Management and Budget (OMB) who can mobilize assets within OMB to serve as the cochair of the Equitable Long-Term Recovery and Resilience Steering Committee.

**Recommendation 3:** The federal government should assess if federal policies address or exacerbate health inequities by implementing an equity audit and developing an equity scorecard. Specifically,

- a. Federal agencies should engage in a retrospective review of federal policies that had a historical impact on racial and ethnic health inequities that exist today to address contemporary impacts.
- b. The Office of Management and Budget should develop, and federal agencies should conduct, an equity audit of existing federal laws. The federal laws reviewed should be identified via public

input obtained by a variety of means. The equity audit should include a review of how the laws are implemented and enforced by federal agencies and state and local governments. The audit should also include criteria related to equity in process, measurement, and outcomes.

- c. Congress should develop and implement an equity scorecard that is applied to all proposed federal legislation, similar to the requirement of a Congressional Budget Office score.
- d. The process and results from the equity audit and scorecard should be transparent and made publicly available.

## **ACTION 2: PRIORITIZE, VALUE, AND INCORPORATE COMMUNITY VOICE IN THE WORK OF GOVERNMENT**

**Recommendation 4:** The federal government should prioritize community input and expertise when changing or developing federal policies to advance health equity. Specifically,

1. The President of the United States should require federal agencies relevant to the social determinants of health to generate and sustain community representation and advisory practices that are integrated with accountability measures and enforcement mechanisms.
2. Congress should request a Government Accountability Office report to document across federal agencies

whose work impacts the social determinants of health, as well as federal statistical agencies, that

- a. Assesses how community advisory boards are positioned within their agencies, whom they are composed of, how often they meet, how they report back, and how that work influences the agencies' policies and programs; and
- b. Identifies promising and evidence-based practices, gaps, and opportunities for community advisory boards that could be applied by other agencies.

**ACTION 3: ENSURE COLLECTION AND REPORTING OF DATA ARE REPRESENTATIVE AND ACCURATE**

**Recommendation 5:** The Office of Management and Budget (OMB) should require the Census Bureau to facilitate and support the design of sampling frames, methods, measurement, collection, and dissemination of equitable data resources on minimum OMB categories—including for American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino/a, and Native Hawaiian or Pacific Islander populations—across federal statistical agencies. The highest priority should be given to the smallest OMB categories—American Indian or Alaska Native and Native Hawaiian or Pacific Islander.

**Recommendation 6:** The Office of Management and Budget (OMB) should update and ensure equitable collection and reporting of detailed origin and tribal affiliation data for all minimum 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, Hispanic or Latino/a, and Native Hawaiian or Pacific Islander.

**Recommendation 7:** The Centers for Disease Control and Prevention should coordinate the creation and facilitate 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 in analyses examining health, social, and economic inequities among racial and ethnic groups.

**Recommendation 8:** Congress should increase funding for federal agencies responsible for data collection on social determinants of health measures to provide information that leads to a better understanding of the correlation between the social environment and individual health outcomes.

**Recommendation 9:** The president of the United States should convert the Equitable Data Working Group, currently coordinated between the Office of Management and Budget (OMB) and the Office of Science and Technology Policy, into an Office of Data Equity under OMB with representation from the Domestic Policy Council, with an emphasis on small and underrepresented populations and with a scientific and community advisory commission, to achieve data equity in a manner that is coordinated across agencies and informed by scientific and community expertise.

**ACTION 4: IMPROVE FEDERAL ACCOUNTABILITY, TOOLS, AND SUPPORT TOWARD A GOVERNMENT THAT ADVANCES OPTIMAL HEALTH FOR EVERYONE**

**Recommendation 10:** Congress and executive agencies should leverage the full extent of federal authority to ensure equitable implementation of federal policies and access to federal programs.

- a. Relevant federal departments and agencies should design and implement policies to improve the administration of assistance programs to facilitate access to the benefits to which individuals and families are entitled. Such activities should include implementation and delivery processes, including administrative burden, eligibility, enrollment, enforcement, and client experience; and, where applicable, the creation of performance standards in federal programs administered by other (state, local, and tribal) governments.
- b. Congress should ensure that sufficient funding is made available to conduct these activities.

**Recommendation 11:** The President of the United States should direct the Office of Management and Budget to review federal programs that exclude specific populations, such as immigrants and those with a criminal record and, in some cases, currently incarcerated people (e.g., Medicaid coverage), to assess the rationale and implications for equity of excluding these populations, including potential impacts on their families and communities. A report on the findings and suggested changes (when applicable) should be made publicly available.

**Recommendation 12:** The federal government should undertake the following actions to advance health equity for American Indian and Alaska Native communities in both urban and rural settings by raising the prominence of the agencies that have jurisdiction. Specifically,

- a. The President of the United States and Congress should raise the level of the Director of Indian Health Service (IHS) to an Assistant Secretary.

- b. Congress should authorize funding of IHS at need/parity with other health care programs. This funding should be made mandatory and include advance appropriations.
- c. The House of Representatives should re-establish an Indian Affairs Committee.

**Recommendation 13:** The Departments of Health and Human Services, Defense, Veterans Affairs, Homeland Security, and Justice, as federal government purchasers and direct providers of health care, should undertake strategies to achieve equitable access to health care across the life span for the individuals and families they serve in every community. These strategies should prioritize access to effective, comprehensive, affordable, accessible, timely, respectful, and culturally appropriate care that addresses equity in the navigation of health care. While these strategies have a greater chance of success when everyone has adequate health insurance, there are ways the executive branch can improve and reinforce access to care for the adequately insured, the underinsured, and the uninsured.

**FOR MORE INFORMATION**

To read the full report, please visit: <https://nationalacademies.org/health-equity-policies>

**Health and Medicine Division**

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