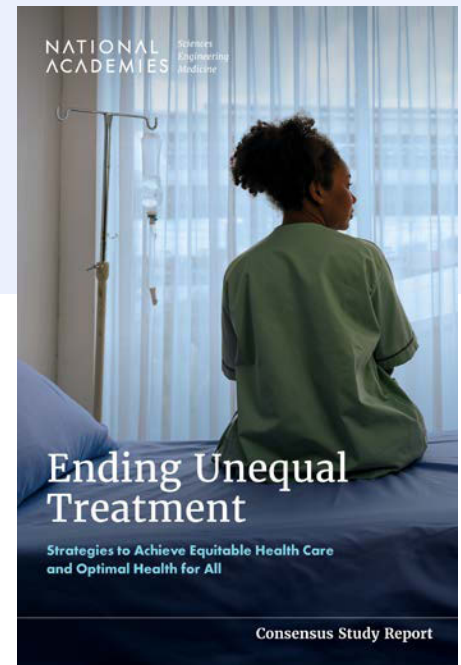


Ending Unequal Treatment

Strategies to Achieve Equitable Health Care and Optimal Health for All

Racial and ethnic inequities in health and health care impact individual well-being, contribute to millions of premature deaths, and cost the United States hundreds of billions of dollars annually. Addressing these inequities is vital to improving the health of the nation's most disadvantaged communities—and will also help to achieve optimal health for all. Twenty years ago, the Institute of Medicine examined the impacts of health care disparities and proposed solutions in *Unequal Treatment: Confronting Racial Bias and Ethnic Disparities in Health Care*. Because disparities persist, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to revisit the 2003 report, with support from the Agency for Healthcare Research and Quality and the National Institutes of Health. The committee was tasked with reviewing the major drivers of health care inequities, providing insight into successful and unsuccessful interventions, identifying gaps in the evidence base, proposing strategies to close those gaps, considering ways to scale and spread effective interventions, and making recommendations to advance health equity.

The resulting report, *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All*, finds that America has made little progress in advancing health care equity and that racial and ethnic inequity remain fundamental flaws in the health care system (see *Conclusion 1* in the report). The current system, by its very design, delivers different outcomes for different populations and is highly influenced by external societal forces inextricably linked to disparate individual and population outcomes. Comprehensive and sustained efforts to improve health across a continuum of care



are essential because temporary and/or incremental reforms often do not improve health equity and may even introduce additional inequities. The report presents eight overarching conclusions, five goals, and 17 recommendations to intervene at every level of health and health care, thus fundamentally reimagining the system to achieve equitable health care and optimal health for all.

HEALTH, HEALTH CARE, AND EXTERNAL SOCIETAL FORCES

Health equity refers to a state in which everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, or other factors. Inequities in health care access and quality contribute to health inequities. Health and health care inequities can be reduced or eliminated only when considering health holistically. For example, health care delivery is located within a community, and the community and health care system impact one another bidirectionally. Understanding this reality, the committee developed a conceptual framework (see Figure 1) to guide its deliberations and recommendations. The framework includes five key societal forces that act individually or intersect with one another to impact health and health

care and four intersecting mechanisms within the health care system that can reinforce or mitigate inequities.

GOALS AND RECOMMENDATIONS TO ACHIEVE EQUITABLE HEALTH CARE

The report’s goals and recommendations are presented in a deliberate sequence of steps, recognizing that transformative change does not follow a linear process but is most often iterative, bidirectional, and circular. The recommendations are organized around five goals.

Goal 1: Generate Accurate and Timely Data on Inequities.

The U.S. health care system does not collect or use data on race and ethnicity in a uniform or comprehensive manner, which prevents data-driven decision making. Timely and accurate data are essential for reducing inequities in health and health care, and as such, the report recommends that the U.S. Department of Health and Human Services (HHS) fully implement Executive Order 13985 to build accountability for data collection and reporting for agencies and programs under HHS oversight, including data on both patients and health care workers (see **Recommendation 1-1** in the report). The Office of Management and Budget

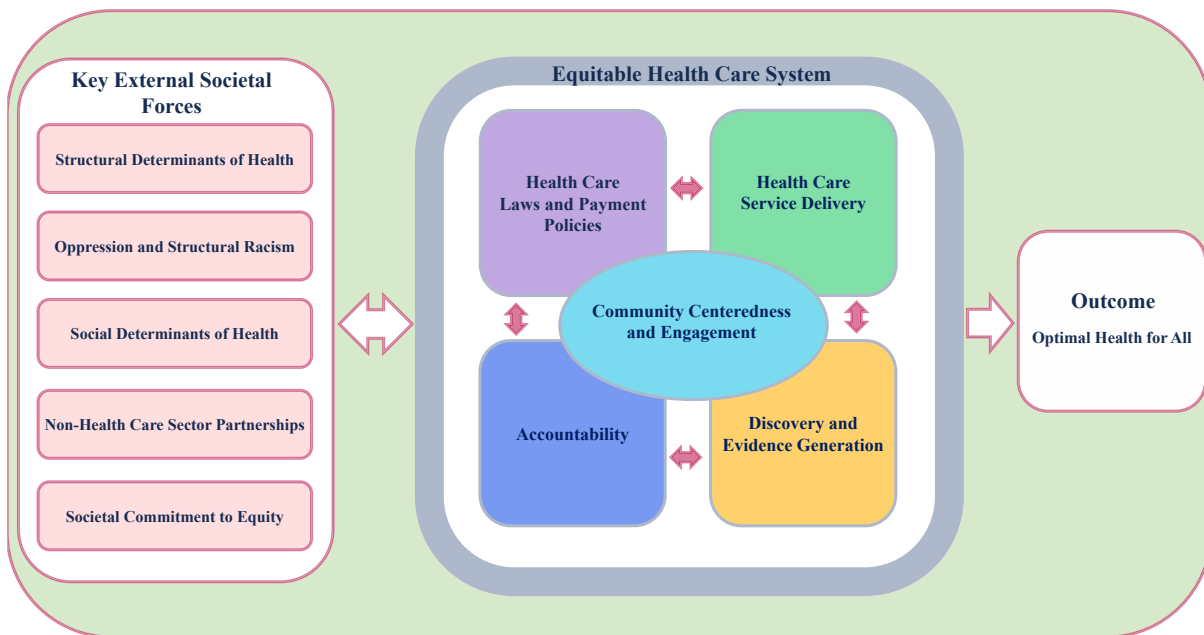


FIGURE 1 The committee’s conceptual framework to achieve equitable health care and optimal health for all.

should set an administration-wide requirement for the routine collection of race, ethnicity, tribal affiliation, and language data by all agencies overseeing federal health care and research programs and should regularly monitor and report on agency compliance (see **Recommendation 1-2** in the report).

Goal 2: Equip Health Care Systems and Expand Effective and Sustainable Interventions. Evidence-based solutions for improving health and health care equity exist, but the U.S. health care system has failed to adopt many of them. Current structural limitations and legal challenges stand in the way, and the lack of a racially and ethnically representative health care workforce challenges the provision of linguistically appropriate services. When these interventions are implemented, systematic standards and procedures should exist so that health care systems can be held accountable. The report recommends that HHS agencies overseeing federal health care programs should set clear, enforceable standards for the design and administration of programs that will help ensure person-centered care, strong clinician-patient relationships, tailored measures of quality and performance, the use of interprofessional teams, and equitable access to technologies that reduce barriers to effective care and eliminate systemic bias in decision making (see **Recommendation 2-2** in the report).

Goal 3: Invest in Research and Evidence Generation to Better Identify and Widely Implement Interventions That Eliminate Health Care Inequities. Despite shifts in funding and increased attention to health and health care equity research since the 2003 *Unequal Treatment* report, progress has been slow due to a lack of sustained funding, exclusion of racially and ethnically minoritized researchers, inadequately diverse and representative data, as well as barriers to the types of studies that would translate into effective policies and practice. Given the magnitude of the problem and years of life lost due to inequities, the paucity of resources devoted to studying successful interventions and implementation strategies is profound. Therefore, the report recommends expanded funding for research aimed at addressing health care inequities, structural racism, and health-

related social needs; investments in community-based and community-engaged research; and increasing the diversity of the pool of health equity researchers (see **Recommendation 3-1** in the report). Additionally, the report recommends that HHS and other federal agencies ensure ongoing, rigorous evaluations of programs designed to reduce health care inequities and advance health equity (see **Recommendation 3-2** in the report).

Goal 4: Ensure Adequate Resources to Enforce Existing Laws and Build Systems of Accountability That Explicitly Focus on Eliminating Health Care Inequities and Advancing Health Equity. There are established laws and regulations to help reduce inequities in health and health care, but they are underused. For example, the Office for Civil Rights (OCR) within HHS is tasked with enforcing civil rights statutes and addressing complaints from individuals but can only manage these issues if it has the resources to do so. The report recommends that Congress and HHS ensure adequate resources for OCR to enforce Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex, in covered health programs or activities (see **Recommendation 4-1** in the report). The HHS Secretary should also ensure that all HHS health care programs include funding for costs associated with language access compliance and that language access standards are enforced (see **Recommendation 4-2** in the report).

Goal 5: Eliminate Inequities in Health Care Coverage, Access, and Quality. The United States is the only industrialized nation without universal health insurance coverage. In addition, there are significant structural differences in services among public and private health insurance payers. These structural issues result in unequal access to health care services, which makes the system inherently separate and inequitable. To address these structural issues, the report recommends that:

- Congress establish a pathway to affordable, comprehensive health insurance for all (see **Recommendation 5-1** in the report),

- Congress establish a pathway to Medicaid payment policies that ensure equality with Medicare (see **Recommendation 5-2** in the report), and
- Congress fully fund the Indian Health Service on a mandatory spending basis to improve access to care for Indigenous populations (see **Recommendation 5-3** in the report).

Eliminating health care inequities and advancing health equity are achievable goals. Many of the tools needed to reach these goals are already available. With concerted and focused national effort and adequate resources, the health care system can be transformed to deliver high-quality, equitable care and contribute to the larger societal goal of achieving optimal health for all.

To learn more about this report, visit www.nationalacademies.org/ending-unequal-treatment.

COMMITTEE ON UNEQUAL TREATMENT REVISITED: THE CURRENT STATE OF RACIAL AND ETHNIC DISPARITIES IN HEALTH CARE

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FOR MORE INFORMATION

This Consensus Study Report Highlights was prepared by National Academies staff based on the Consensus Study Report *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All* (2024).

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