

Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All

Role of the Department of Health and Human Services

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 to helping to achieve optimal health for all. In its 2003 report *Unequal Treatment: Confronting Racial Bias and Ethnic Disparities in Health Care*, which was requested by Congress, the Institute of Medicine examined the impacts of health care disparities and proposed ways to advance health care equity.

Because disparities persist, the National Academies of Sciences, Engineering, and Medicine convened an expert committee to revisit the topic with support from the Agency for Healthcare Research and Quality and the National Institutes of Health. The resulting report, *Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All*, examines the major drivers of health care inequities, provides insights into successful and unsuccessful interventions, identifies gaps in the evidence base and strategies to close them, recommends ways to scale and spread effective interventions, and much more.

Ending Unequal Treatment 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. 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 is essential because temporary and/or incremental reforms often do not improve health equity and may even introduce additional inequities. The report presents 8 overarching conclusions, 5 goals, and 17 recommendations to comprehensively and systematically intervene at every level of health and health care, thus fundamentally reimagining the system to achieve equitable health care and optimal health for all. The U.S. Department of Health and Human Services (HHS) can play an important role in addressing several of them.

Outlined below are the overarching actions HHS can take to advance health equity.

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 to advance health and health care equity. Timely and accurate data are essential for reducing inequities in health and health care. **The committee recommends that HHS fully implement Executive Order 13985 to build accountability for equity through data collection and**

reporting for the agencies and programs under HHS oversight. As part of this effort, HHS should:

- A. **Revise the standard clinician and hospital billing forms, using Office of Management and Budget standards, to routinely capture patient race and ethnicity across all payers.**
- B. **Institute a process for routinely collecting race and ethnicity data on the health care workforce.**

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. When these interventions are implemented, systematic standards and procedures should exist so that health care systems can be held accountable. **HHS agencies overseeing federal health care programs should set clear, enforceable standards applicable to grantees that design and administer programs that will**

- A. **Ensure the provision of person-centered, whole person care that prioritizes prevention and health promotion rather than solely focusing on the treatment of advanced diseases.**
- B. **Foster strong clinician-patient relationships, shared decision making, and improved communications.**
- C. **Ensure that measures of quality and performance reflect the sociocultural populations served rather than being generalized to the population as a whole.**
- D. **Emphasize the use of interprofessional teams that include community health workers and other multidisciplinary health care workers who possess the knowledge, competencies, and skills needed to tailor services to meet patients' clinical and social needs.**

- E. **Promote equitable access to technologies that reduce barriers to effective care and are designed to eliminate systemic bias in clinical decision making.**

While advancements in health information technology, telehealth, and artificial intelligence offer substantial opportunities for understanding and advancing health care equity, their successful implementation requires a comprehensive and inclusive approach that integrates equity considerations into their design, deployment, and governance. **HHS should lead an agencywide effort to eliminate structural inequities in the design and application of standards, payment systems, and clinical diagnostic tools and algorithms that perpetuate health inequities and to ensure that tools and algorithms used to administer health and social service programs are accurate, unbiased, and reliable.**

INVEST IN RESEARCH AND EVIDENCE GENERATION TO BETTER IDENTIFY AND WIDELY IMPLEMENT INTERVENTIONS THAT ELIMINATE HEALTH CARE INEQUITIES

Progress in addressing health and health care inequities has been slow and incremental partly due to historically underfunded health equity research projects, inadequate infrastructure and partnerships, and other barriers that limit the ability to rigorously conduct this research and translate findings into policies and practice. **HHS and other relevant federal agencies should ensure that the programs they administer are the focus of ongoing, rigorous evaluations of the impact of policies and interventions aimed at reducing inequities in health care and advancing health equity. HHS should ensure the findings from the research are effectively disseminated, implemented, and continuously evaluated for broader impact.**

ENSURE ADEQUATE RESOURCES TO ENFORCE EXISTING LAWS AND BUILD SYSTEMS OF ACCOUNTABILITY THAT EXPLICITLY FOCUS ON ELIMINATING HEALTH CARE INEQUITIES AND ADVANCING HEALTH EQUITY

The Affordable Care Act includes a key provision whose purpose is to address discrimination in health care and ensure access to language-appropriate health services,

but these protections remain largely unenforced as a result of insufficient funding for implementation and enforcement. **The HHS Secretary should ensure that all health care programs administered or overseen by HHS include funding for costs associated with language access compliance, and that language access standards are enforced.**

ELIMINATE INEQUITIES IN HEALTH CARE COVERAGE, ACCESS, AND QUALITY

A large and well-trained cadre of the health care workforce, including community health workers, nurses, mental and behavioral health professionals, case managers, pharmacists, and social workers, can deliver services important for promoting, maintaining,

and restoring individual and community health. But there are few team-based practice models that leverage this component of the health care workforce to improve service reach and quality for populations affected by health inequities. **The committee recommends that HHS should use its demonstration powers to incentivize states to test changes in scope of practice, provider payments, and other mechanisms to expand access to health care providers for underserved populations.**

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To access the full report and additional resources, visit www.nationalacademies.org/ending-unequal-treatment.