



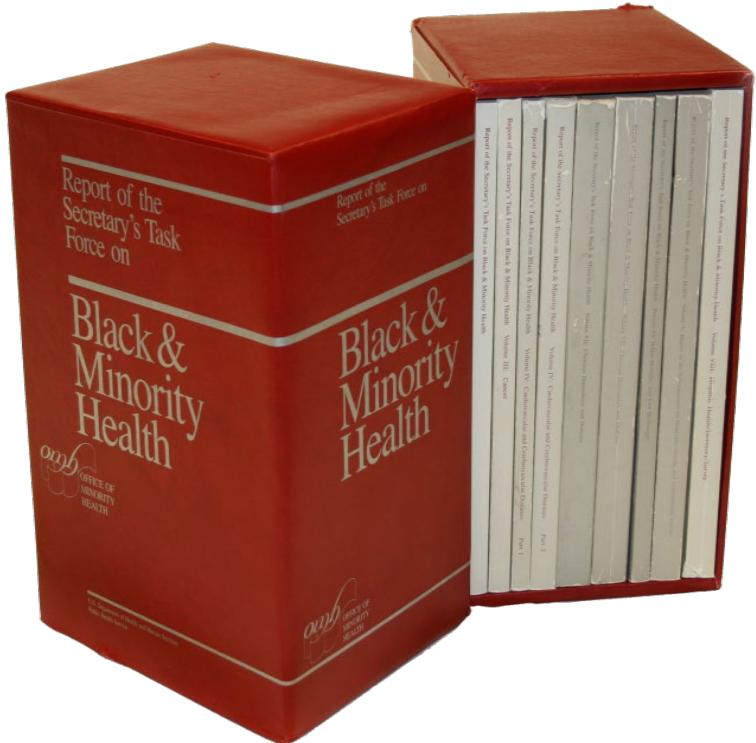
Federal Policies to Promote Racial and Ethnic Health Equity

J. Nadine Gracia, MD, MSCE
President and CEO
Trust for America's Health

National Academies Committee
Meeting
August 3, 2022



The Heckler Report



Eight recommendations:

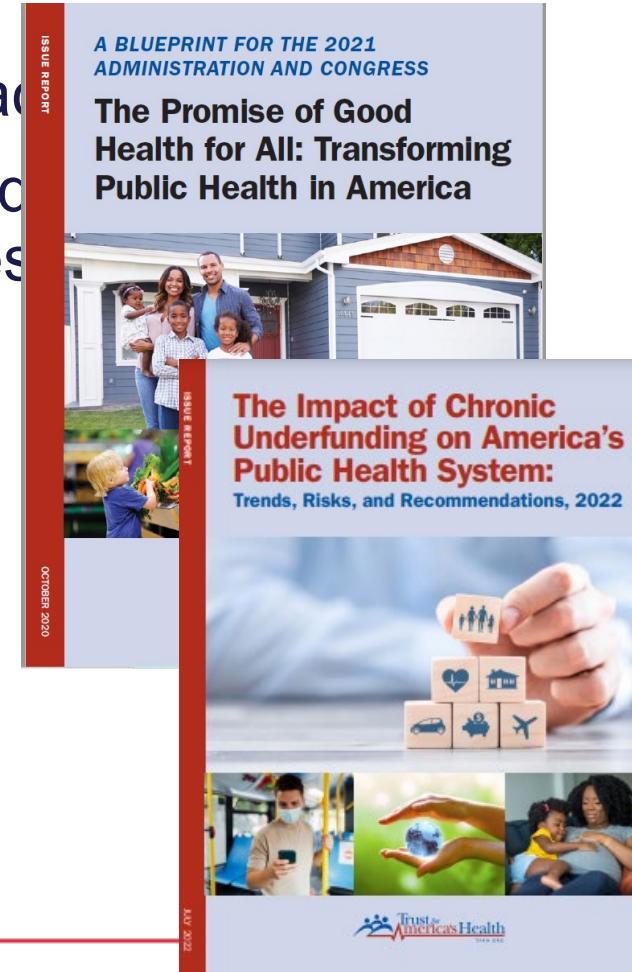
- (1) Outreach to disseminate health information, (2) Patient education and provider awareness, responsive to cultural needs; (3) Access, delivery, and financing of health services; (4) Health professions development; (5) Cooperative efforts federal and non-federal sector; (6) Technical assistance to communities; (7) Data development; (8) Research agenda

In 1985, the U.S. Department of Health and Human Services (HHS) released a landmark report, the **Report of the Secretary's Task Force on Black and Minority Health** (Heckler Report). It documented the existence of health disparities among racial and ethnic minorities in the United States and called such disparities “an affront both to our ideals and to the ongoing genius of American medicine.” The Office of Minority Health was created in 1986 as one of the most significant outcomes of the Heckler Report.

Trust for America's Health – Who are We?

Independent, non-partisan, public health, prevention, and equity focus, including:

- Evidence-based policy, research, and advocacy
- Promoting optimal health for every person and community and making the prevention of illness and injury a national priority
- Prevention and health equity are foundational to policymaking



Context for Policy Impact Analysis: Structural Inequities and Drivers of Health

- Structural barriers and inequities cascade broadly to influence the conditions in which people are born, grow, work, live, and age
- Socioeconomic and political context that is comprised of policies, law, governance, and culture (NASEM 2017, *Communities in Action: Pathways to Health Equity*)
 - Biases and root causes of inequity including structural racism, discrimination by gender, socioeconomic status, disability, language, national origin, sexual orientation, gender identity, and other sociodemographic characteristics
- Manifest in inequitable community conditions (i.e., social determinants of health)



Context for Policy Analysis: Social Determinants of Health

- Health disparities are largely rooted in structural factors that influence health outcomes.
- Social and economic factors significantly affect population health.
- Need to catalyze adoption and implementation of evidence-based policies and interventions that promote health and reduce health inequities (data and research to action)



Framing Action: Aligning Policy Intent and Impact

Current state:

Structural inequities give rise to large and preventable differences in health metrics such as life expectancy, with research indicating that one's zip code is more important to health than one's genetic code (RWJF).

Emerging opportunities:

- 1) Incorporate evidence-based approaches to reducing inequities into all policies; and
- 2) Understand the impact of policy on health equity outcomes.



Framing Action: Advancing Health Equity in All Policies

Considerations:

- Prioritize evidence of health equity in policy design, implementation, and evaluation
- Recognize the multi-level influences of structural drivers of health on policy implementation and health outcomes
- Leverage policy implementation science to develop measures and methods that expand and sustain effective policy interventions to address social determinants of health and promote health equity





HHS Action Plan to Reduce Racial and Ethnic Health Disparities

A NATION FREE OF DISPARITIES
IN HEALTH AND HEALTH CARE



Examples of Lessons Learned

- **Secretarial Priority:** Assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities

Released April 2011

SAMHSA Disparity Impact Strategy (2016)



- Measurement framework centers on access, use, and outcomes
- Impact statement describes how grantee intends to:
 - Monitor disparities in access, use, and outcomes
 - Use program performance data for quality improvement
 - Leverage the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care
- What's Different?
 - Increased attention to populations disproportionately affected by disparities
 - Increased access to federal resources for populations experiencing disparities
 - Improved outreach, engagement, retention, and intervention strategies

Special Condition of Award for Behavioral Health Disparity

SAMHSA requires a disparity impact statement (DIS) for all new grant awards. The example below can be used as a reference for format and types of information that should be included in the DIS. The submission date and content requirements are listed in the Notice of Award (NoA). Additional guidance may be provided by your GPO.

SERVICES PROGRAM EXAMPLE

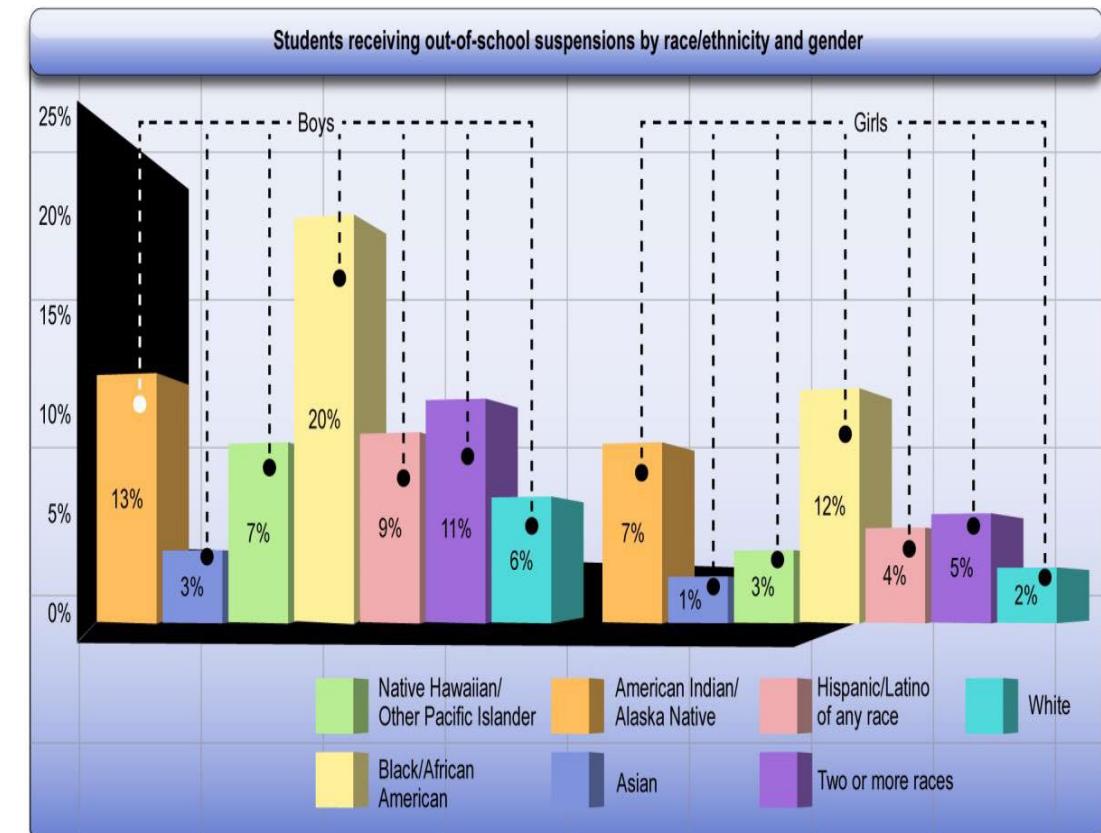
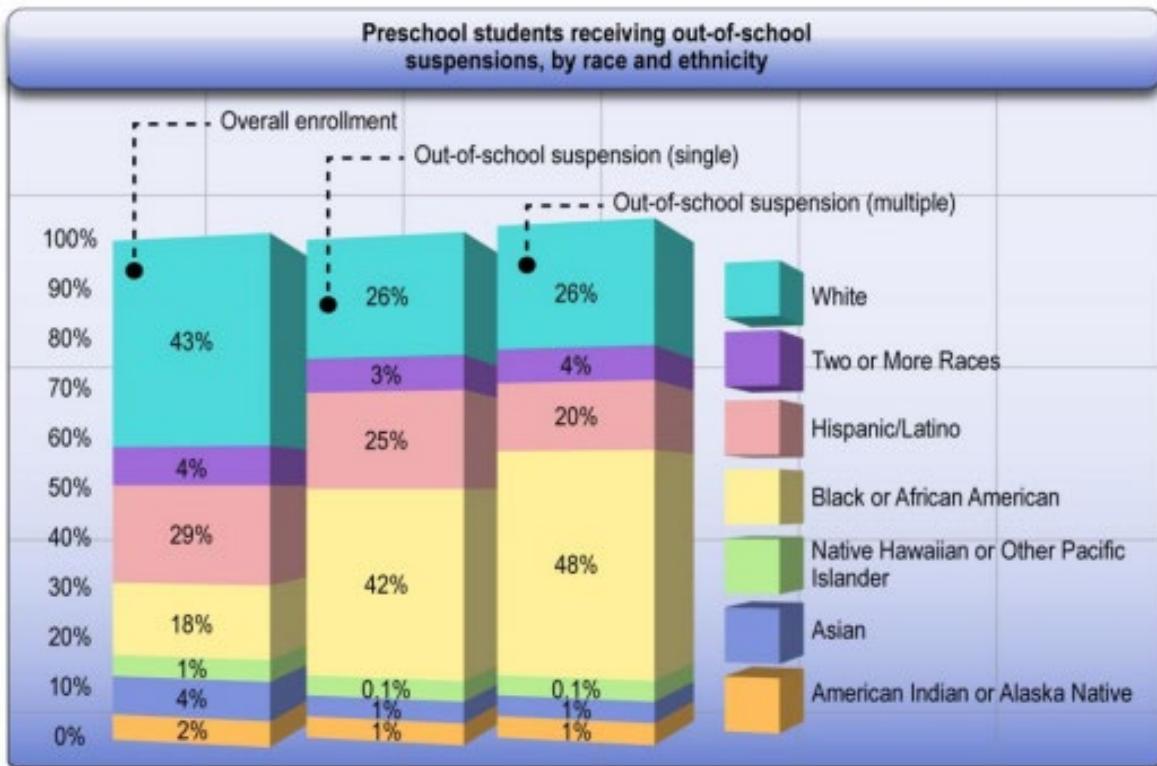
1. Proposed number of individuals to be served by subpopulations in the grant service area

The numbers in the chart below reflect the proposed number of individuals to be served during the grant period and all identified subpopulations in the grant service area. The disparate populations are identified in the narrative below.

	FY 1	FY 2	FY 3	FY 4	Totals
Direct Services: Number to be served					
By Race/Ethnicity	200	175	100	125	600
African American	10	9	5	6	30
American Indian/Alaska Native	1	1	0	1	3
Asian	2	2	1	1	6
White (non-Hispanic)	103	91	52	65	311
Hispanic or Latino (not including Salvadoran)	32	28	16	20	96
Salvadoran	44	37	22	28	130
Native Hawaiian/Other Pacific Islander	4	3	2	1	11
Two or more Races	4	4	2	3	13
By Gender					
Female	110	96	55	69	330
Male	89	79	44	56	268
Transgender	1	0	1	0	2
By Sexual Orientation/Identity Status					
Lesbian	2	2	1	1	6
Gay	8	6	4	5	23
Bisexual	1	1	0	1	3

The population of Middle Lake, Massachusetts is predominantly represented by first- and second-generation Latino immigrants, mainly from El Salvador. There has been a recent increase of the immigrant population in the city with individuals primarily from Haiti and El Salvador. There is also a smaller Cambodian and African American population in the city. Nearly 40% of residents speak a language other than English in their homes, and a majority of those individuals are Spanish speakers. There is a high unemployment rate, low literacy rate and high level of poverty, in particular among the Salvadoran subpopulation, putting these individuals at greater risk for behavioral health issues.

Using Data to Inform Policy: School Suspensions and Expulsions



SOURCE: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2011-12.

Federal, Multi-Sector Collaboration In Action: Reducing Suspensions and Expulsion Practices in Early Childhood Settings

- U.S. Department of Health and Human Services and U.S. Department Education 2014 Joint Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings
- Resource guides
- Training webinars
- National Center of Excellence for Infant and Early Childhood Mental Health Consultation

My Brother's Keeper Task Force One-Year Progress Report to the President, February 2015

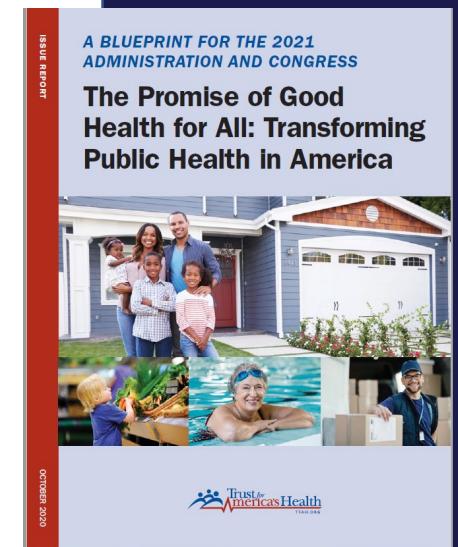
Blueprint for the 2021 Administration and Congress



Build a foundation of equity across federal programs

- Ensure funding is reaching under-resourced and most affected communities
- Expand programs focused on health equity, such as REACH, Healthy Tribes
- Fund equity and community engagement as foundational public health capabilities
- Incorporate equity across HHS programs and grants
- Create a national program for hiring, recruiting, and retaining diverse talent within the public health workforce and for leadership positions
- Improve data equity to better understand and address health inequities

<https://www.tfaah.org/report-details/blueprint2021/>



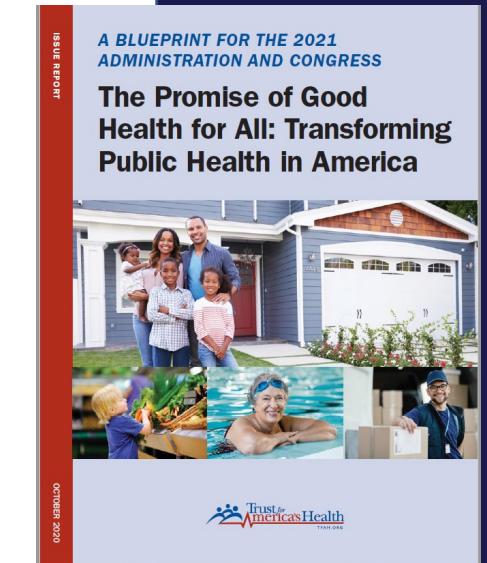
Blueprint for the 2021 Administration and Congress



Address the social determinants of the health

- Expand funding for social determinants health program within the CDC to support public health multisector efforts

- Mandate employers to provide job-protected paid medical and family leave benefits for all employees
- Support evidence-based policies and programs to alleviate poverty, including expanding earned income tax credits, affordable housing, federal nutrition assistance programs, and childcare
- Guarantee health insurance coverage for all Americans



Mental Health Crisis and Inequities

- **Increase access to mental health and substance use health care**
 - Full enforcement of Mental Health Parity and Addiction Equity Act
 - CMS should assist in training peer support specialists and should continue to allow community health workers to bill for services directly.
- **Strengthen primary prevention and early intervention**
- **Set standards and collect data to promote accountability and equity**
 - The U.S. Department of Education and state and local education agencies should set accountability standards for racial and ethnic disparities in discipline practices.
 - HHS should define the key elements of mental health integration and develop measures to simplify related metrics and reporting, especially those targeted at disparities in health outcomes.
 - Improve data accuracy, completeness, and timeliness



Pain in the Nation 2022 Report
(TFAH and Well Being Trust)



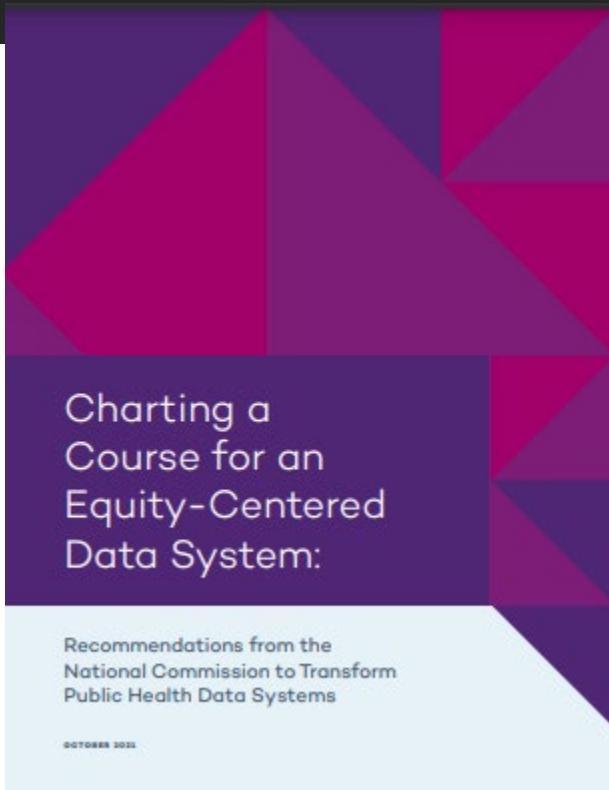
Urgent Need to Modernize Federal Data Infrastructure to Advance Equity

SCIENCEINSIDER | HEALTH

'Huge hole' in COVID-19 testing data makes it harder to study racial disparities

To fight the raging U.S. pandemic, researchers need to better understand its uneven burden

10 JUL 2020 • BY KELLY SERVICK



Advancing Health Equity Requires More and Better Data

Samantha Artiga 
Oct 27, 2021

Federal Action
Is Needed to Improve
Race and Ethnicity Data
in Health Programs



Data Equity and Modernization

- Urgent need to improve completeness and quality of federal race and ethnicity data, including greater disaggregation and analysis that addresses intersectionality
- Real-time and interoperable data systems
- Modernize to include not only health but SDOH data
- Intentionality to expand data available for smaller populations, including American Indian, Alaska Native, Native Hawaiian, and Pacific Islander populations

BRIEFING ROOM

Reviewing and Revising Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity

JUNE 15, 2022 • BLOGS

By Dr. Karin Orvis, Chief Statistician of the United States

As the Chief Statistician of the United States, I am excited to announce that my office is beginning a formal review to revise OMB's Statistical Policy Directive No. 15 (Directive No. 15): *Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity*. Directive No. 15 provides minimum standards that ensure our ability to compare information and data across Federal agencies, and also to understand how well Federal programs serve a diverse America. In addition, the current Standards encourage further disaggregation in the collection, tabulation, and reporting of data when useful.

Thank you

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