5 Steps to Improving Health Equity

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Introduction

Health equity is at once straightforward and nuanced. It means enabling people to achieve their full health potential — an obvious goal. But political and social context add complexities that have made achieving equity a challenge. The COVID-19 pandemic spotlighted the problem, and federal agencies are making changes.

In fact, never has more attention been focused on health equity. The Biden administration provided unparalleled funding and policies to combat inequities, triggering a trickle-down effect as agencies take action. For example, the Federal Plan for Equitable Long-Term Recovery and Resilience is under development with input from more than 30 departments and agencies on how they can "positively impact health and well-being over the next ten years and beyond."

Community effort to address a community problem is key. A survey this year found that 80% of doctors don't think health outcomes will improve without addressing the social factors that affect patient health. In November 2020, the American Medical Association adopted a policy recognizing racism as a public health threat. The payoff from addressing inequities will affect more than health: Disparities represent $93 billion in excess medical care costs and $42 billion in untapped productivity.

GovLoop and National Government Services, which provides digital health IT solutions and services to federal health care agencies, created this playbook to study ways the government can optimize health equity for all.

In the following pages you'll find:

- Why addressing health equity matters
- Challenges and solutions for addressing health equity
- Insights from Jeff Hall, Deputy Director of the Office of Minority Health and Health Equity and Chief of the Minority Health and Health Equity Team at the Centers for Disease Control and Prevention
- Industry perspectives from Kamala Green, Social Drivers of Health Program Manager at National Government Services

Need to Know

Glossary of Health Equity Terms

Health disparity:
"preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations."

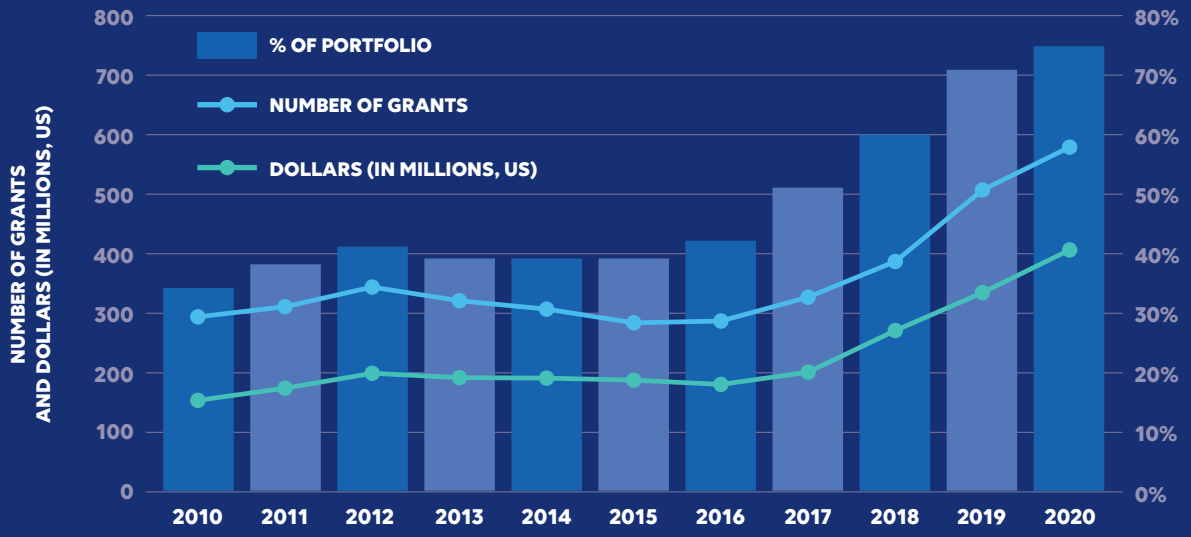
Health equity:
"the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality."

Social determinants, or drivers, of health:
"conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

Vulnerable populations:
"those at greater risk for poor health status and healthcare access, experience significant disparities in life expectancy, access to and use of healthcare services, morbidity, and mortality."

Increase in Overall Health Disparities Portfolio

The National Cancer Institute's (NCI) Division of Cancer Control and Population Sciences has increased the number of grants with a health disparities component.



"Equity ensures individuals have the fullest and fairest opportunities and conditions to thrive. In the simplest of terms, equity allows for resource allocation based on and commensurate to need, regardless of circumstance."

– Dr. Paul Reed, ODPHP Director

Federal Efforts to Advance Health Equity

AUGUST 18, 2020
The Office of Disease Prevention and Health Promotion (ODPHP) releases "Healthy People 2030," which sets national objectives to address critical health priorities, foundational principles and goals to include equity.

JANUARY 20, 2021
On his first day in office, President Biden issues Advancing Equity and Racial Justice through the Federal Government, an executive order that spotlights health equity as an area of focus.

APRIL 14, 2022
HHS releases a new Equity Action Plan.

JULY 8, 2022
The Centers for Medicare and Medicaid Services (CMS) establishes a framework for health equity.

2023
The Biden administration's fiscal 2023 budget request included more than $17 billion for the State Department and the U.S. Agency for International Development and $11 billion for HHS to "to lead the global community toward a safer, more equitable future."

Root Causes of Health Disparities

Inequities in health and health care are rooted in broader social and economic inequities. The Kaiser Family Foundation has identified six key areas of common contributing factors (with racism and discrimination cutting across all six):

ECONOMIC STABILITY
- Employment
- Income
- Expenses
- Debt
- Medical bills
- Support

EDUCATION
- Literacy
- Language
- Early childhood education
- Vocational training
- Higher education

NEIGHBORHOOD & PHYSICAL ENVIRONMENT
- Housing
- Transportation
- Parks
- Playgrounds
- Walkability
- Zip code/geography

HEALTH & WELL-BEING
- Mortality
- Morbidity
- Life expectancy
- Health care costs
- Health status

COMMUNITY, SAFETY & SOCIAL CONTEXT
- Social integration
- Support systems
- Community engagement
- Stress
- Exposure to violence/ trauma
- Policing/justice policy

FOOD
- Food security
- Access to healthy options

HEALTH CARE SYSTEM
- Health coverage
- Provider and pharmacy availability
- Access to linguistically and culturally appropriate and respectful care
- Quality of care

The Playbook: 5 Steps to Improving Health Equity

According to the Centers for Disease Control and Prevention (CDC), health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from reaching it because of social position or other socially determined circumstances. It's a tall order, but one that not only should be achieved, but can be.

Here are five ways to do so.

1 Optimize Data

WHY IT MATTERS: With comprehensive data collection and analysis, policymakers can evaluate how social drivers of health affect access to health care. For instance, by combining and sharing self-reported demographics, claims and location data, a picture forms to show that a city has a high rate of diabetes among its residents, likely because they struggle to access fresh fruit and vegetables.

WHERE CHALLENGES LIE: The end goal is to have data that reflects the country's demographics, but current data collection strategies complicate that. Self-reporting is a common way that health organizations collect demographic data, but it involves people choosing how they identify from a preset list of terms.

"If the classification for me isn't there, I will be in 'other,'" National Government Services' Green said. "'Other' doesn't look like what I am."

Another challenge is ensuring that the public trusts health care providers and organizations to use their personal information for good. An Urban Institute report found that "historically marginalized people may worry that providing [race and ethnicity] data will create further harms in the form of possible discrimination, biological explanations of or blame for inequities, and inappropriate or differential treatment."

WHAT TO DO

- Collect frequent and accurate data, so that providers can gain insight to the social drivers of health in their networks.
- Expand the use of race and ethnicity data.
- Test algorithms to weed out potential bias in data analysis.
- Build a data management program to inform business decisions.

GREEN'S TAKEAWAY: "The No. 1 challenge that we see is data."

2 Prioritize Funding

WHY IT MATTERS: Initiatives to close gaps in health care require funding. The Biden administration set an example for this when it announced in November 2021 $785 million in American Rescue Plan (ARP) money to support community-based organizations in building vaccine confidence in communities of color, rural areas and areas with a high percentage of low-income residents. Less than a year later, HRSA awarded nearly $90 million in ARP funding to about 1,400 community health centers nationwide to advance COVID-19 data collection and reporting.

WHERE CHALLENGES LIE: Funding is a primary hurdle to attaining equitable health care, and the responsibility for providing it lies with policymakers who can create legislation that ensures communities can access the resources they need. But that requires policymakers to understand the needs in the first place.

"I think policymakers understood pieces of health equity, but I think community leaders always understood the importance of health equity," Green said. For example, communities understand the consequences of food insecurity, and community leaders will advocate and partner with insurance companies and grocery stores to increase access, but policymakers need to close that health equity gap.

WHAT TO DO: Through funding efforts and a health equity-focused executive order, the administration has given health agencies a way to prioritize funding to implement initiatives. Here are examples of grants:

- The CMS Office of Minority Health's Minority Research Grant Program gives three eligible institutions up to $333,000 each to support research investigating or addressing health care disparities.
- The Minority Leaders Development Program at HHS's Office of Minority Health aims to develop leaders "through a curriculum focused on health care policy, leadership skill-building and cultural competence."
- CDC's Center for State, Tribal, Local and Territorial Support awarded 108 recipients a two-year, $2.25 billion grant — the agency's "largest investment to date focusing specifically on reducing health disparities related to COVID-19."

GREEN'S TAKEAWAY: "We're going to see health equity where we do some innovative things."

3 Use Telehealth

WHY IT MATTERS: Telehealth was a proven way of providing health care to people who struggled to access it before the pandemic, but the public health crisis highlighted its effectiveness. Recognizing this, President Biden signed a $1.5 trillion omnibus bill in March 2022 that extended by five months telehealth flexibilities created during the pandemic.

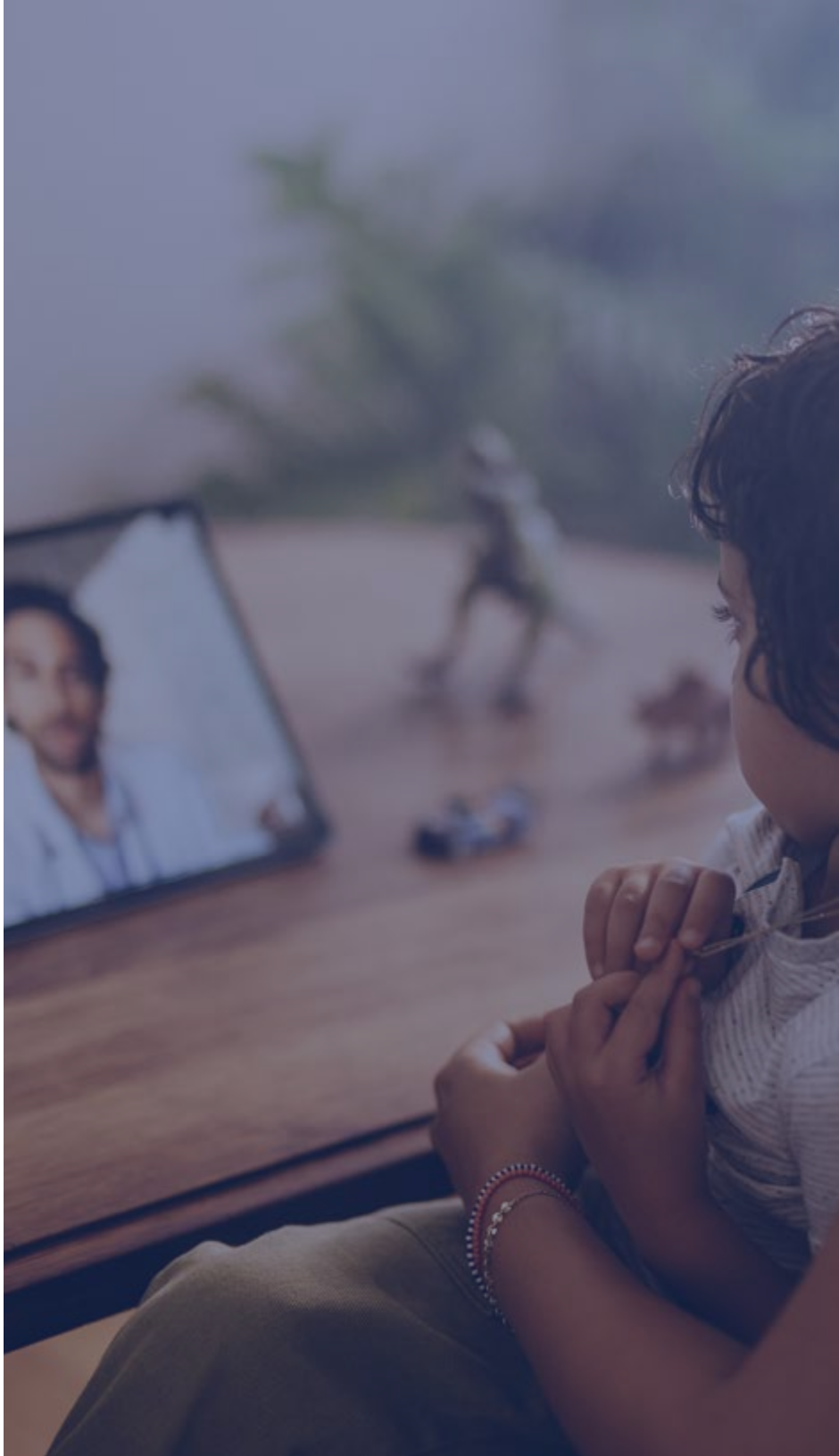
WHERE CHALLENGES LIE: Telehealth is a great service — if people can use it. Patients in rural areas without reliable — or any — broadband are excluded from accessing the treatment they need for reasons beyond their control. One solution is to expand connectivity, and although efforts are afoot to do that, it's expensive and takes time. Sure, 90% of Americans have internet access, but that means there are 10% who don't.

It comes as no surprise to Green that residents of tribal lands especially struggle with access. Native Americans suffered a disproportionate impact from COVID-19. At least 18% of people who live on tribal lands can't access broadband service, compared with 4% of people in non-tribal areas, and where the tribal lands are also rural, the gap widens to 30% verses 14% of those who live in non-tribal areas.

WHAT TO DO: HHS offers three tips for enabling telehealth services for people without the necessary technology:

- Call patients ahead of telehealth appointments to confirm they're able to attend.
- Offer to do the visit by phone (landline).
- If your telehealth platform provides built-in privacy and security, identify free internet hotspots (such as libraries, parks and community centers) and give this information to patients before their appointment.

GREEN'S TAKEAWAY: "Telehealth ... empowers you to take charge of your health journey."



4 Audit Existing Policies

WHY IT MATTERS: Looking inward isn't always easy, but it's necessary. A thorough audit can uncover legislative shortcomings in under-resourced and underserved communities, and identifying those deficiencies is the first step needed for agencies and policymakers to overcome them.

WHERE CHALLENGES LIE: The most common lenses applied to health equity are race and ethnicity, but vulnerable and underserved populations run the gamut: socioeconomic status, age, geography, language, gender, disability status, citizenship status, and sexual identity and orientation. And although federal efforts take aim at specific groups, they're "not mutually exclusive and often intersect in meaningful ways," according to the Kaiser Family Foundation.

Even the meaning of "health equity" adds complexity. "When I say rural health, people don't think that is a health equity problem, when in fact that's a huge health equity problem," Green said. "We're talking about not only vulnerable community members, but underserved communities because [they're] missing specialty care, transportation [to care] and the ability to have employment that will generate health insurance because I live in a rural community."

WHAT TO DO: Federal agencies can learn from state counterparts' work to root out racism in health policies. For instance, an Illinois law requires "an estimate of how the proposed legislation would impact racial and ethnic minorities." In general, action points come back to data. When officials have accurate data on their constituents' needs, they can analyze how well they're being met and move forward with reforms that best serve their community's needs.

GREEN'S TAKEAWAY: "Assess what are all the structural inequities that are often produced; often those things are inadvertently done."

5 Address Systemic Racism

WHY IT MATTERS: The impact of systemic racism is pervasive and deeply embedded in our society, affecting where one lives, learns, works, worships and plays, and creating inequities in many areas, including housing, education and employment, according to the CDC. These conditions drive health inequities within communities of color, putting these populations at greater risk for poor health outcomes. In the United States, an up to seven-year difference in life expectancy exists between racial and ethnic populations.

WHERE CHALLENGES LIE: Lack of trust is a major challenge. Almost a quarter of 525 people who identify as Black, Hispanic, Asian or Native American and responded to a Deloitte study on trust in health care said they don't think they have access to quality health care, with half of Hispanic and Black respondents saying so.

Distrust is so ingrained that overcoming it "will take time and require community engagement, accountability, and long-term commitments, including showing the value of data collection in reducing inequities," according to the study.

WHAT TO DO:

- Foster community engagement by bringing together community members, providers and other stakeholders to discuss the struggles a population deals with and how to tackle them. "We should not go into the community and say, 'This is what we're going to do because this is what the data tells us,'" she said.
- Promote trust by "being very transparent about how we're going to use information and how we're going to treat you," Green said.
- Be specific about how to achieve health equity goals. "How do we broker the relationship with the community to be able to have healthy discussions about what resources are needed? How do you access those resources, and how do we manage those collaborations and partnerships, because that is key to closing the gap of health equity — making sure that we're all participating in the journey," she said.

GREEN'S TAKEAWAY: "We're acknowledging structural racism; we're acknowledging that we need community engagement and we're acknowledging that we need collaboration around how we're going to get to our health equity strategy. That's a far, far cry from where we were previous to this state."

CDC Puts Health Equity Front and Center

An interview with Jeff Hall, Deputy Director of the Office of Minority Health and Health Equity and Chief of the Minority Health and Health Equity Team at the CDC

The emphasis on health equity publicly and at all levels of government has been building since the 2000s to reach unprecedented levels amid the Covid-19 pandemic. For Jeff Hall, Deputy Director of the Office of Minority Health and Chief of the Minority Health and Health Equity Team at the CDC, that means the time has never been better for making improvements.

"With the window of opportunity that we have open expressing itself the way that it has, some of the conversations even, at a very basic level, that are now possible about equity were not as possible in times past," Hall said. "We're really trying to take advantage of this time to have equity be embedded within everything, to really, truly have it be at the center of all we do in ways that we've never had opportunities to do in the past."

He highlighted three ways that's happening.

1. CDC's CORE Health Equity Science and Intervention Strategy:

"We, for the first time, have agency-level endorsement for this, we have agency-level commitment to this and the CORE Health Equity Science and Intervention Strategy is designed to be the foundation for ensuring that not only do we just talk about equity, but that we have it factored into our funding, factored into our policies, factored into our programs," Hall said. "That particular strategy is really creating an environment internally where work on health equity is supported."

2. Data modernization:

The agency is working to change the way it collects data to be able to tell local stories. That means focusing on more than quantitative information.

"We … are trying to do projects and initiatives that give the voice for the data to those populations in places in which they originate," Hall said. "There are initiatives, for example, that are intended to really not just have a community be the source of the data, but they are to be the owners of the data. We are working to ensure that the data that get produced don't just get extracted from people, but they're borne out of the lived experiences that people have and are really created in ways where they won't just be useful in ways for government public health; people can use them to be agents of change locally, to make sure that they have a hand in ensuring that where they live is going to be as strong and as robust as possible."

Project REFOCUS: Racial Ethnic Framing of Community-Informed and Unifying Surveillance is an example of this. It uses CDC Foundation funding to provide a real-time crisis monitoring system and educational resources for public health practitioners.

3. Internal conversations:

CDC components have hosted webinars and training related to defining and pursuing health equity, Hall said.

"We have to have these discussions to be sure that the many different understandings that are there have a chance to be seen and heard, and we can try to figure out our way into at least some common space with that," he said.

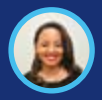
The way he approaches that is through a systemic, rather than individual, perspective.

"I think about it as what's referred to as opportunity structures," Hall said. "An example of an opportunity structure might be the education system that one particular place has access to verses another place. Education is very strongly associated with health and with opportunity in society generally."

CDC's Office of Minority Health and Health Equity started in the 1980s as a result of a report commissioned by then-Secretary Margaret Heckler that marked "the first time the Department of Health and Human Services ... has consolidated minority health issues into one report." The office has seen a lot of growth and development since then, but one thing has remained consistent: the focus on the reduction and elimination of health disparities.

That's because "it is not just some ideal," Hall said. "It is something that has to be pursued in real ways, with attention not just to what it is that will improve individual health, but we have to see structural and systemic change so that when this window of opportunity closes — windows don't stay open forever — there will have been gains and achievements made such that hopefully populations in places will be much better off than they were before."

Health Equity Presents Opportunities



An interview with Kamala Green, Social Drivers of Health Program Manager at National Government Services

Green is careful about her word choice. She opts for "equity" over "equality" because equality means something different to each person, and she prefers "social drivers of health" to determinants because they imply their course can be changed. And she doesn't see health equity challenges, only opportunities.

"Challenge means that we may not grow, but opportunity means that we can grow," she said, and the chances for growth are many right now. "Health equity helps us to define where we want to go, why we want to go there and what we want to be the focus of how we will eliminate inequalities."

No, health equity is not new. Public health experts have been fighting for it for years, but the spotlight on it today, coming out of the pandemic, is unprecedented. "The opportunity in this is that it is one of history-making for public health," Green said. "We will have impact over generations of folks reaching their full health potential."

National Government Services' Role

The emphasis on health equity isn't inspiring only government entities. National Government Services, a reliable partner to the federal government for more than 50 years, is shifting the narrative to view all aspects of the business through a health equity lens. This means educating providers and beneficiaries alike about the importance of health equity and making fundamental changes at the enterprise level to solidify itself as a leader in health equity promotion.

"We are doing the same things the federal government is doing," Green said. "We are examining our policies, our partnerships, our providers and our demographics and asking how we play a role in what we want to do."

One role National Government Services can play is to use the data it has to gain health equity insights that it can then use to educate providers and develop external partnerships in communities it serves to fill gaps in what providers can do during clinical time. For example, National Government Services is supporting the HRSA and CDC Health Center COVID-19 Vaccine program by conducting provider education and outreach to get vaccines to underserved populations.

The second role is establishing additional partnerships through resource development and access to promote health equity. Third, National Government Services is level-setting internal efforts by making each of its 1,500 employees responsible for supporting health equity through volunteerism and donations.

"Each of us has a responsibility to ourselves and our community to reach our full health potential." Green said. **"This is not a political agenda. This is humanity, and so when you understand that health equity is about humanity, everybody gets excited because — guess what? — we're all humans.** We all know someone who is impacted by an inequity or impacted by structural racism, and so there is a level of compassion that you feel. … You understand that something has to happen, and what will we do to make that happen?"

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Conclusion

It is time for the entire federal health care system to recognize and address shortcomings and inequities, and to begin the process of remedying those deficiencies to deliver a safe, healthy future for all Americans.

Remember:

- Accurate data, community engagement and policy reforms can inform decisions.
- Funding is more available than ever. Apply for and use grants to move forward.
- Embrace tough conversations about racism in order to overcome it.
- Health equity is about people, not politics, and everyone deserves to be healthy.

"We have a once-in-a-generation opportunity for transformational change, but we must acknowledge that advancing health equity will take multisectoral commitment and collaboration. We all must work together to disrupt the predictable pattern of who is harmed first and harmed worst."

– Dr. Marcella Nunez-Smith, COVID-19 Health Equity Task Force Chair

Thank you to National Government Services for their support of this valuable resource for public-sector professionals.

About GovLoop

GovLoop's mission is to inspire public sector professionals by serving as the knowledge network for government. GovLoop connects more than 300,000 members, fostering cross-government collaboration, solving common problems and advancing government careers. GovLoop is headquartered in Washington, D.C., with a team of dedicated professionals who share a commitment to the public sector.

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