

Addressing Inequity in Healthcare

How Agencies Can Close the Gap

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The COVID-19 pandemic revealed critical vulnerabilities within our healthcare system and highlighted the importance of access to equitable care. On May 25, 2022, experts joined National Government Services during a webcast to discuss current inequities in healthcare and shed light on how to close gaps in access and rebuild community resilience.

Introduction

Throughout the COVID-19 pandemic, many agencies worked tirelessly to ensure U.S. citizens had access to reliable and robust health information and care. However, despite these efforts government officials, essential workers and citizens alike were exposed to many shortcomings of the current U.S. healthcare system. When forced to ask questions like: 'Who has access to healthcare?' and 'What is health equity?' lawmakers and community leaders are now shifting their focus to better understand the essential role they play in getting people the care they need.

While the pandemic cast a spotlight on inequity in healthcare, this unfortunate reality is not unique to COVID-19, and these gaps certainly will not disappear as coronavirus cases go down. At "[Closing the Gap: Addressing Inequities and Building Resilience](#)," a recent webcast from GovExec and National Government Services, associate publisher at Route Fifty, Alex Treadway spoke with experts from across the public health system about lessons learned from the COVID-19 pandemic response, and how to leverage those lessons to move forward with legislation and outreach that ensure healthier communities in the future.

Tip 1 Improve Data Collection

Regardless of one's role in healthcare policy, a key factor in serving your community is to understand the social drivers of health and how those factors impact who gets healthcare and how. By collecting frequent and accurate data, providers can gain insight to the social drivers of health in their networks.

During the webcast, Dr. LaShawn McIver, director of the Office of Minority Health at the Centers for Medicare and Medicaid Services, defined health equity as "the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health, regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other circumstances."

She notes that the "fair and just opportunity" to achieve optimal health is what policymakers should prioritize. Social drivers of health like education, housing, neighborhood environment and employment opportunities all affect a person's ability to earn a good living and work in a safe and healthy environment. With comprehensive data collection and analysis, policymakers can evaluate how these social drivers of health play a role in their community's ability to access healthcare.

"One of the things that we learned is we didn't have enough data on populations that were underserved. And so, what we can't see we can't address," said McIver. "When we have incomplete data, we can't provide the services that people need and the benefits that people need. At CMS, we are looking to strengthen our ability to collect data on these



populations, so that we can better understand where there are needs, and how we can address them and how well we're doing at addressing them."

Once agencies have an improved understanding of which populations need what kind of services and where those people are located, agencies can begin to provide the necessary care and resources for individuals to reach their optimal level of health.

Tip 2 Prioritize Community Engagement

Collecting accurate data that reflects the needs of a community is essential for meeting healthcare needs, but it's not the only way that policy makers can — or should — engage with constituents, especially with an issue as imperative as health.

Kamala T. Green, program manager for Social Drivers of Health at National Government Services, notes agencies have to take the data collection one step further by engaging directly with the community in order to come up with concrete solutions to their specific concerns.

“When we talk about access,” said Green, “I think that we can have data, but then how do people access the services that we have indicated is the best match for them?”

Green goes on to explain the importance of having centralized and targeted conversations with community members to discern what kind of care they need, at large and individually.

“The data provides a structure for us to start the groundwork,” said Green. “So we need that human touch, as well as looking at the data to say, ‘Okay, how are we going to go with this?’”

Asking questions like, ‘What do you need? What does optimal health look like to you? What kinds of resources will make you healthier? What kinds of resources make sense here?’ can help changemakers better understand how to provide resources that will make tangible differences in their communities.

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Project manager, Social Drivers of Health at National Government Services



Tip 3 Look Inward at Policies

As agencies collect data that accurately reflects the wants and needs of underserved communities, policymakers should take a critical look at existing healthcare legislation and how it may contribute to gaps in access.

“I feel like we all have to get on the same agenda,” said Green. “The focus must be on the strategy. First, we need to acknowledge that our current policies haven’t always helped health equity.”

To conduct a thorough audit of modern healthcare policy is no easy feat, but McIver is excited about the possibility of uncovering legislative shortcomings in under-resourced and underserved communities because identifying those deficiencies is the first step needed for agencies and policymakers to overcome them.

McIver adds, “One of the things that’s exciting about this moment is that the federal government has a mandate from the President, that every single agency must look at how we’re delivering benefits and services through an equitable lens.”

Dr. Seh Welch, a senior policy advisor at the Centers for Disease Control and Prevention, describes the socioeconomic gap in access to healthcare in terms of class.

“Those who are economically advantaged, can buy access to the best care, you know, like state of the art and cutting edge treatments,” says Welch. “And on the other end of the spectrum, the economically disadvantaged



are left with public funded services. And in the middle are those who access care through private insurance systems. So there are three classes really, there’s the elite, the private care and the public-funded care.”

In order to address these gaps in access, healthcare providers and policymakers need to consider how legislation is funded, and ensure communities are receiving equitable funding that can meet their needs.



Tip 4 Build Resilient Communities

Green believes this critical look at existing policies, combined with data collection and honest conversations about healthcare, helps build sustainable relationships among community members and healthcare providers. When individuals feel their interests are accounted for and represented in policy work, government workers establish a certain level of trust with community members that can strengthen their relationships.

“What that will do is set the wheels in motion for us then to spotlight where we need to leverage additional policies that then leverage additional funding that then allows for partnerships to happen authentically and organically,” said Green.

Green adds that building sustainable relationships within the community can significantly improve how well healthcare providers can do their jobs. “I think that what happens is that we will look at data and it’s a very isolated bubble, and we forget that there are human beings behind those numbers,” said Green.

By taking a step back from the numbers and getting in touch with the community, policymakers can listen to what their constituents are asking

of them and try to produce actionable change that has a substantial impact on health and quality of life in underserved areas.

Meaningful vendor partnerships, said Welch, can help agencies to address the gaps in care and treatment around the country, regardless of race or ethnicity. She calls this moment of healthcare reform a “unique, historic opportunity, a window of opportunity that we must seize upon,” to help build more resilient communities.

“We haven’t always had the courage to get back up,” said Green. “Now I have courage because I get the reinforcement that someone has said, ‘okay, the light has come on, we’re going to address this, and this is how we’re going to do this.’”

Learn more about how National Government Services is working alongside agencies to address public health inequity.

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