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

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Disclosure

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- **Disclosure of Relevant Financial Relationships** – None to disclose
- **Disclosure of Off-Label and/or investigative Uses** – None discussed
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Achieving Optimal Health Has Multiple Influencers



Study Conclusions

- The United States has made little progress in advancing health care equity

- Eliminating health care inequities is an achievable and feasible goal

This is not a zero-sum game – we are all in this together

remain a fundamental flaw of the nation's health care system design

individuals in the nation's most disadvantaged communities improves the quality of care for everyone

Study Conclusions



- Over the past 20 years the nation has experienced profound changes in laws and policies with implications for health care access, coverage, affordability, workforce, and the drivers of health care equity
- Some changes have:
 - Advanced equity significantly
 - Others have slowed down progress, been uneven and have blunted the impact of positive reforms

Study Conclusions

- Comprehensive and sustained efforts to improve health care across the continuum of care, from primary to specialty care, including mental health care, have often been the most beneficial to minoritized populations facing the deepest inequities
- Time-limited and/or incremental reforms often fall short of improving health care equity and may trigger unintended consequences that widen inequity gaps



Study Conclusions

- Accountability is essential to advancing health and health care equity
 - Inadequate enforcement of current laws and policies that promote equitable health care to advance health equity has hindered progress
- Enhancing systems of accountability throughout the health care system, with a focus on achieving equity and optimal health, are required

Accountability



Highlights of Goals and Recommended Implementation Actions

Goal 1: Generate Accurate and Timely Data on Inequities

Goal 2: Equip Health Care Systems and Expand Effective and Sustainable Interventions

Goal 3: Invest in Research and Evidence Generation to Better Identify and Widely Implement Interventions That Eliminate Health Care Inequities

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

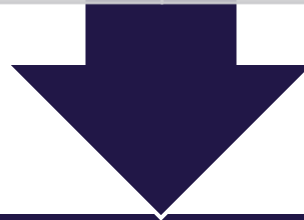
Goal 5: Eliminate Inequities in Health Care Coverage, Access, and Quality

Goal 1: Generate Accurate and Timely Data on Inequities

1-1 The U.S. Department of Health and Human Services (HHS) should fully implement Executive Order 13985 to build accountability for equity through data collection and reporting for the agencies and programs under HHS oversight.

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.

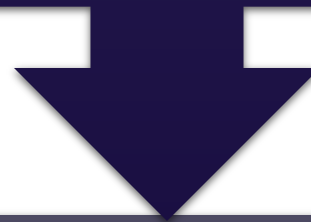
Institute a process for routinely collecting race and ethnicity data on the health care workforce.



1-2 The Office of Management and Budget 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.

Goal 2: Equip Health Care Systems and Expand Effective and Sustainable Interventions

2-1. Congress should increase funding for effective health care delivery programs shown to improve access and quality and reduce health care inequities.



2-2. The U.S. Department of Health and Human Services 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.

Goal 2: Equip Health Care Systems and Expand Effective and Sustainable Interventions

2-3. The Centers for Medicare & Medicaid Services should expand the number of Section 1115 demonstrations designed to address adverse social determinants of health by combining clinical care with investments in health-related social needs as an element of care delivery. Health equity should be incorporated explicitly as a goal of program design, payment structure, and evaluation.

2-4. The Department of Health and Human Services 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.

Goal 3: Invest in Research and Evidence Generation to Better Identify and Widely Implement Interventions That Eliminate Health Care Inequities

3-1. National Institutes of Health and other federal and non-federal research funders should expand funding for research aimed at addressing health care inequities, structural racism, and health-related social needs, and exploring the various approaches, strategies, and policies needed to eliminate health care inequities. Advancing health equity will require major investment in health equity research project funding, workforce, data, and infrastructure.

- These expanded funding opportunities should invest in increasing the diversity of the pool of researchers in health and health care equity research and in the infrastructure needed to conduct community-based and community-engaged research, including addressing institutional barriers to community partnerships.
- These efforts should be coordinated by the National Institute on Minority Health and Health Disparities, as mandated by Congress.

3-2. The Department of Health and Human Services (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.

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

4-1. Congress and the U.S. Department of Health and Human Services (HHS) should ensure adequate resources are available to enable the HHS Office for Civil Rights (OCR) to enforce Section 1557 of the Affordable Care Act (42 U.S.C. § 1811), which prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including sexual orientation and gender identity), in covered health programs or activities. As part of this enforcement effort:

- A. OCR should revise the Section 1557 complaint and investigation process to improve accessibility, usability, and transparency. OCR should also increase technical assistance resources essential to supporting the complaint process available to individuals who believe that they have experienced one or more prohibited forms of discrimination in care.
- B. OCR should rapidly complete and publish the results of its investigations in order to promote confidence in system accountability, greater clarity regarding the types of policies and practices that constitute discrimination, and the actions taken when discrimination is found.

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

4-2. The U.S. Department of Health and Human Services (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.

4-3. The Internal Revenue Service and Treasury Department should create clear enforceable standards aimed at maximizing hospital investment in community health improvement.

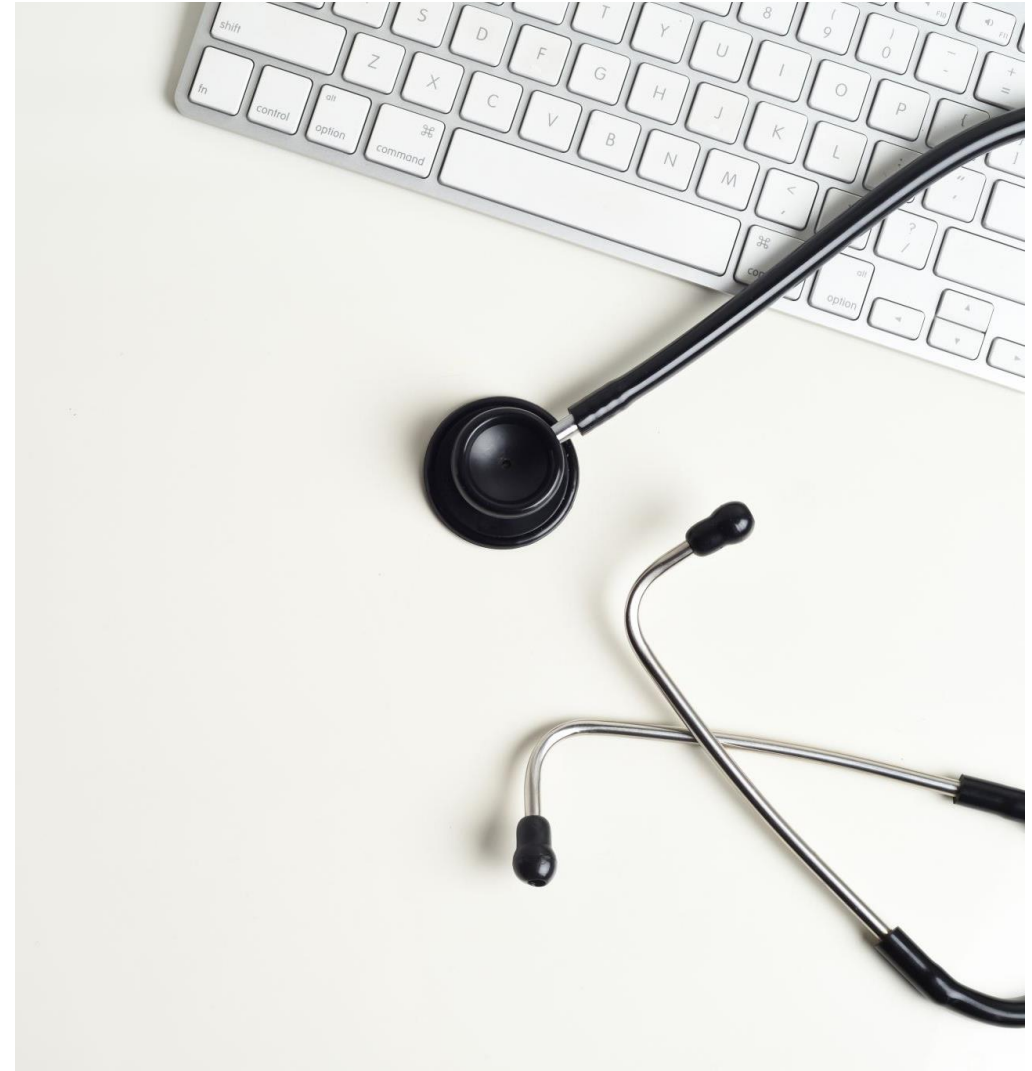
4-4. The Centers for Medicare & Medicaid Services should establish and enforce provider network standards across all federal programs in a manner that ensures equitable access to providers.

Goal 5: Eliminate Inequities in Health Care Coverage, Access, and Quality

5-1. Congress should establish a pathway to affordable comprehensive health insurance for everyone.

5-2. Congress should establish a pathway to the adoption and implementation of Medicaid payment policies that ensure equality with Medicare.

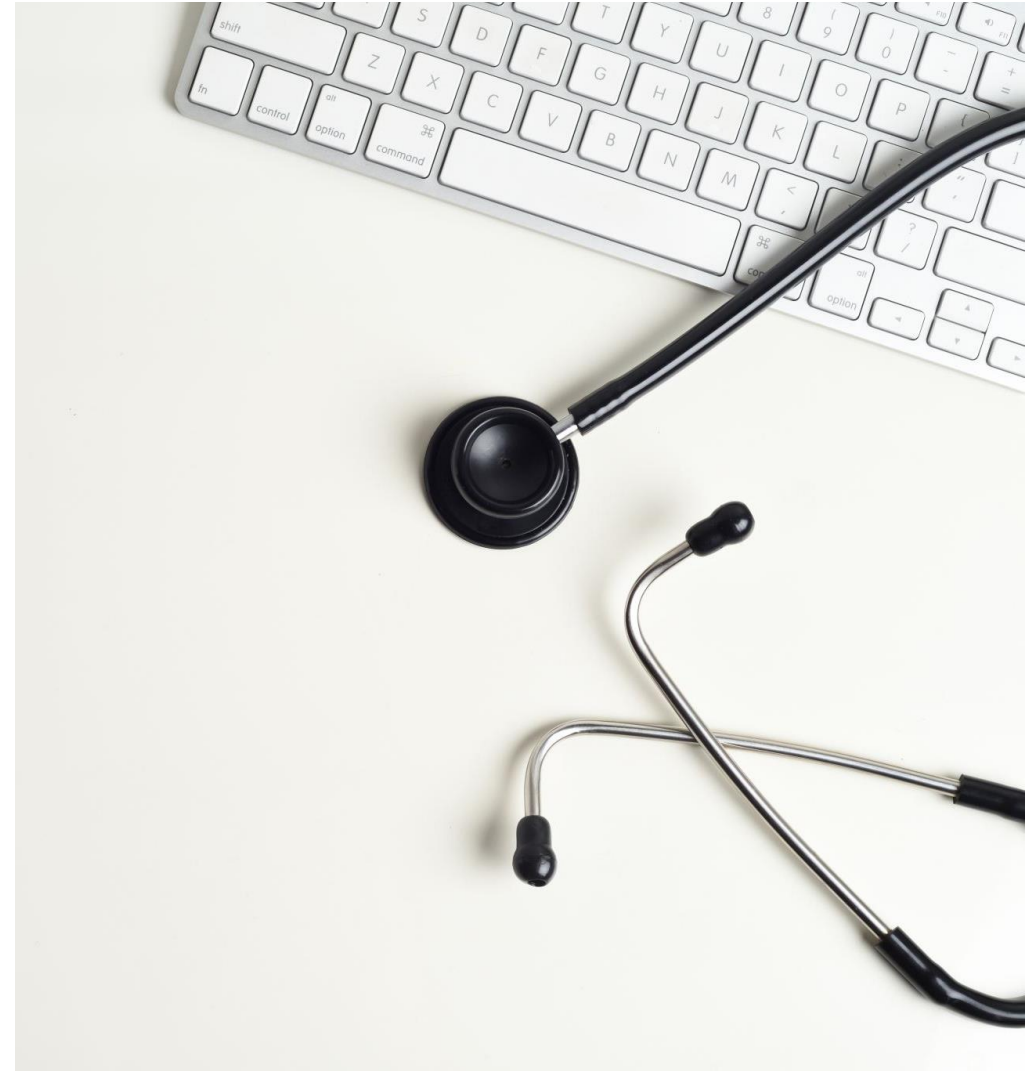
5-3. In order to meet its treaty obligations, Congress should fully fund the Indian Health Service on a mandatory spending basis to improve access to care for Indigenous populations.



Goal 5: Eliminate Inequities in Health Care Coverage, Access, and Quality

5-4. Congress and the administration should work to achieve an equitable and permanent solution to the inadequate Medicaid funding for U.S. territories to address the disparities in fiscal support for their health care services.

5-5. The U.S. Department of Health and Human Services 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.



Priority Areas For Research



Linking macro-level policies with the lived experiences of racially and ethnically minoritized populations to fully understand the various pathways that lead to inequitable outcomes.



Integrating and sustaining interventions to address health-related social needs into the health care delivery system.



Developing and testing new care models designed to improve equity in health care access and outcomes.

Priority Areas For Research

Conducting

- Conducting implementation and health policy research to adopt and scale up effective new models.

Continuing

- Continuing to advance indigenous governance and self-determination using indigenous and decolonial methodologies and indigenous research ethics.

Transitioning

- Transitioning from interventions to change individual health behaviors to efforts targeting other levels of change and combining multiple levels (i.e., Interventions at the community and societal levels).

Priority Areas For Research



Identifying and delineating best practices for cross organizational partnerships.



Developing sustainable models and approaches that effectively build community empowerment and capacity.



Expanding basic social science research, which focuses on understanding human behavior, to support the development of evidence-based interventions. (Although investment in applied social science research has incrementally increased, support for basic research has been limited.)

Priority Areas For Research



Identifying appropriate comparators and studying effectiveness in racially and ethnically minoritized groups.



Understanding health across the lifespan as vital to reducing inequities.

With concerted national effort and adequate resources, the health care system can be transformed to deliver high-quality, equitable care to all



Many of the tools needed to reach these goals are already available and need to be fully used

Ethical Values

- Mitigating health inequities
- Fairness
- Saving life & disability years
- Achieving optimal health

Thanks to Committee Members & National Academies Staff

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To learn more about the Committee or to access the report, please visit www.nationalacademies.org/ending-unequal-treatment

