

Equity Action Plan Digest: Department of Health and Human Services

Summarized by Madeline Baxter

This is one in a series of Urban Institute digests summarizing federal agencies', subagencies', and commissions' 2022 equity action plans, which were released in response to the Biden administration's January 2021 executive order, Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. The Department of Health and Human Services' equity action plan is available at <https://www.hhs.gov/sites/default/files/hhs-equity-action-plan.pdf> (PDF).

Overview

What problem is the agency trying to solve?	Addressing issue of access for beneficiaries in civil rights protections/language services (p. 5) and maternal mortality (pp. 13–15); other issues (grants, capacity building, acquisitions) are focused on HHS' own practices and procedures (pp. 7–13).
Priority groups	Via Executive Order 13985: people in underserved communities that have been denied treatment, such as Black, Latino, and Indigenous and Native American people, Asian Americans and Pacific Islanders, and other people of color; members of religious minorities; LGBTQ+ people; people with disabilities; people who live in rural areas; and people otherwise adversely affected by persistent poverty or inequality (p. 1)
Historic harm mentioned?	Yes (p. 13)
Partners in implementation	Centers for Medicare and Medicaid Services (pp. 12–17) and Office for Civil Rights at HHS (p. 3)
Equity defined as	"Using the definition of equity presented in EO 13985"; "it is incumbent on HHS to move urgently to assess and change policies, programs and processes that the Department administers to concretely advance equity and that for these efforts to last, HHS must simultaneously shift the culture, resources, and approaches available to HHS staff to institutionalize and sustain a focus on equity over time" (p. 1)

Pillars and Principles of Equity

Acknowledgement of past harm and present barriers	Unintentional exclusion through notices of funding opportunities (p. 10); health care coverage as a contributor to poor maternal health (p. 13); lack of translated website materials (p. 5); lack of transparency for contracting opportunities (p. 10)
Impact goals	Creation of COVID-19 Health Equity Task Force (p. 3); creation of Office of Climate Change and Health Equity (p. 3); enforcing civil rights protections (p. 5); grant program outreach (p. 10)
Actions and activities	Shifting internal culture/policy/practice to be more equity-oriented (p. 1); ensuring language access through expansion of translation services, measuring language access expansion (p. 5); measuring effectiveness of small business reviews (p. 9); programmatic changes to grant process to limit application difficulty (p. 10); conversations with tribal communities about grantmaking processes (p. 10); analysis of grant systems and historical notice-of-funding-opportunity review (p. 11); developing internal capacity building (pp. 12–13); conducting and incorporating equity assessments into policy decisions (pp. 12–13); incorporating the assistant secretary for financial resources' guidance into notices of funding opportunities (p. 11)

Accountability measures and approaches	Tracking unsuccessful grant applications (p. 11), diversity in grant applicants and awardees (p. 12), health outcomes and disparities, and maternal mortality health (p. 15); tracking number of technical assistance engagements provided by Centers for Medicare and Medicaid Services (p. 15); reporting to the HHS secretary (p. 10); oversight directors for interventions (pp. 7, 13)
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Note: For the rubric we used to evaluate these components of the equity action plans, see the appendix to the Urban Institute's 2023 brief "Pathways to Equity at Scale: An Analysis of the 2022 Federal Equity Action Plans and Recommendations for 2023 Plans," available at https://www.urban.org/sites/default/files/2023-03/Pathways%20to%20Equity%20at%20Scale%20Appendix_0.pdf.

Types of Equity and Related Activities

Procedural (example: expanding language and translation services; simplifying the vendor application process)	Mitigating system participation challenges (p. 13) and language barriers (p. 5)
Distributional (example: creating new procurement program)	Incorporating equity impact assessments in its legislative process (p. 4); creation of the COVID-19 Health Equity Task Force (p. 3); creation of Office of Climate Change and Health Equity (p. 3)
Structural (example: policy change via proposing legislation related to an equity goal; changing organizational functions)	Office of Minority Health launched the Health Equity Inventory to provide an environmental scan of its current overall health equity portfolio (p. 4); establishment of UNITE initiative to address structural racism (p. 4)

Key Metrics to Measure Progress on Equity

- development and use of a Minority Health Social Vulnerability Index (p. 4)
- number of unsuccessful grant applications (p. 11)
- efforts to reduce maternal-mortality measured through postpartum coverage expansion in Medicaid / Children's Health Insurance Program and broader health care coverage (p. 15)
- further metrics within the Centers for Medicare and Medicaid Services' [Health Equity plan](#)

Looking Ahead: Key Reflections for Plan Implementation

Where is the agency set up for success?	HHS has a tremendous ability to advance health and health care equity through the health insurance programs it oversees, the data it collects, the research it supports, health and health care outreach, public health programs it oversees, the training programs it supports, and its safety net programs and initiatives; updated agency priority goals explicitly name collaborators, discuss maternal health interventions, develop comprehensive intervention timelines, and quantify success
Areas for future investment and growth	Expand beneficiary health interventions; expand efforts in additional domains to advance civil rights and ensure protections; discuss barriers to equitable health care access for all stakeholders; use influence on factors that affect health and access to health insurance coverage through programs it oversees, such as Head Start / child care assistance / child support; provide stronger information on historic harm; partner with community-based organizations; incorporate staff trainings and support for Black and Indigenous employees and other employees of color; expand accountability measures beyond reporting to HHS Secretary and to the community