national government SERVICES

Combating Health Inequity to Build Healthier Communities

Building healthier communities requires health care organizations to address structural barriers and the social drivers of health. With this in mind, what can agencies do to reduce health inequity and reverse decades of subpar policymaking?

Introduction

A confluence of factors, such as rural locations, lack of social distancing and multi-generational housing, led to increased risk factors for countless indigenous Americans. As a result, indigenous Americans are **3.5 times more likely to contract COVID-19** and four times more likely to be hospitalized for COVID-19 than non-Hispanic white Americans.

Similar trends occurred across the country among different minority communities. For example, African Americans suffered a **mortality rate of 97.9 out of 100,000 people**, the highest of any community during the COVID-19 pandemic.

However, isolated data points don't explain the role social drivers of health play in these disparities. Understanding why minority groups were disproportionately affected by the COVID-19 crisis requires agencies to delve into the not-so-hidden determinants that impact health equity.

"Health equity is the opportunity for everyone to be at their full health potential," says Kamala Green, the social drivers of health program manager for National Government Services. "But health inequity leads to health outcomes that vary based on different populations."

Health outcomes are impacted by **geographic areas**, socioeconomic status and access to resources. For example, a teenager living in southeast Eugene, Oregon has a life expectancy **of 87.9 years**. Conversely, a teenager who lives 15 minutes away in northwest Eugene has a **life expectancy of 70.2 years**.

Portions of northwest Eugene, **according to USDA**, are considered low-income food deserts, where access to fresh produce and healthy foods is limited. These are the social drivers of health — socioeconomic aspects such as income, environmental conditions, food and housing — insecurities that impact health outcomes but may not be apparent in top-level numbers such as life expectancies.

To support healthier communities, federal, state and local health care providers must confront social disparities by doing the following:

1. Addressing structural barriers — Seeking funding and allocating income to programs focused on removing structural barriers that impede access.

2. Creating a Health Equity Plan — Developing data standards and accountability procedures to ensure the data drives the action.

"Once we start addressing the social drivers of health, we can start to advance health equity," says Green.

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Addressing Structural Barriers within Health Care Communities

Structural barriers to health care have a long and painful history. Written in this history **are stories of individuals** who have been turned away from medical care merely because they cannot afford to pay the copayment associated with treatment.

Other stories focus on how citizens endure hour-long bus rides or walk for more than ten blocks to receive medical care. The result of these structural barriers is stark — communities disengage from the federal health care system.

One of the first actions federal, state and health care agencies must take to rebuild trust in health care is to implement policies and programs that support equitable access to health care. The current administration has been incredibly proactive and forthcoming in understanding what "racial equity" means and how it would apply in a federal setting with the release of the Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. Otherwise known as **EO 13985**, the order makes one point clear — policies must change.

Policies have inflicted health inequities. Therefore, to correct institutional and structural barriers to access, EO 13985 directs federal agencies to identify and conduct assessments of those policies and their impact on underserved communities.

Addressing these impacts will require public health care institutions to adopt a strategic, whole-of-person approach to data.

"We're starting to use data humanely," says Green. "These are not just numbers. They represent people that need access to services customized to their existence."

Building Healthier Communities Through A National Health Equity Plan

Government agencies are awash with data. Whether citizens or public figures are looking for data on recidivism or food deserts, it most likely exists in some form, either aggregate or disaggregate.

Addressing structural and institutional barriers requires agencies to move beyond aggregate data and start collecting disaggregated data directly from the source. Only by interacting with communities directly can federal health care agencies begin to redress and apply policies that provide tailormade solutions designed to assist and uplift underserved communities.

Therefore, providers must integrate accountability measures into each policy and program introduced. Without accountability measures, it becomes difficult or health care institutions to measure outcomes and assess whether an offering improved or harmed health outcomes.

"We have to be held accountable for our resources [and] for how that particular resource produced or harmed health equity," Green says.

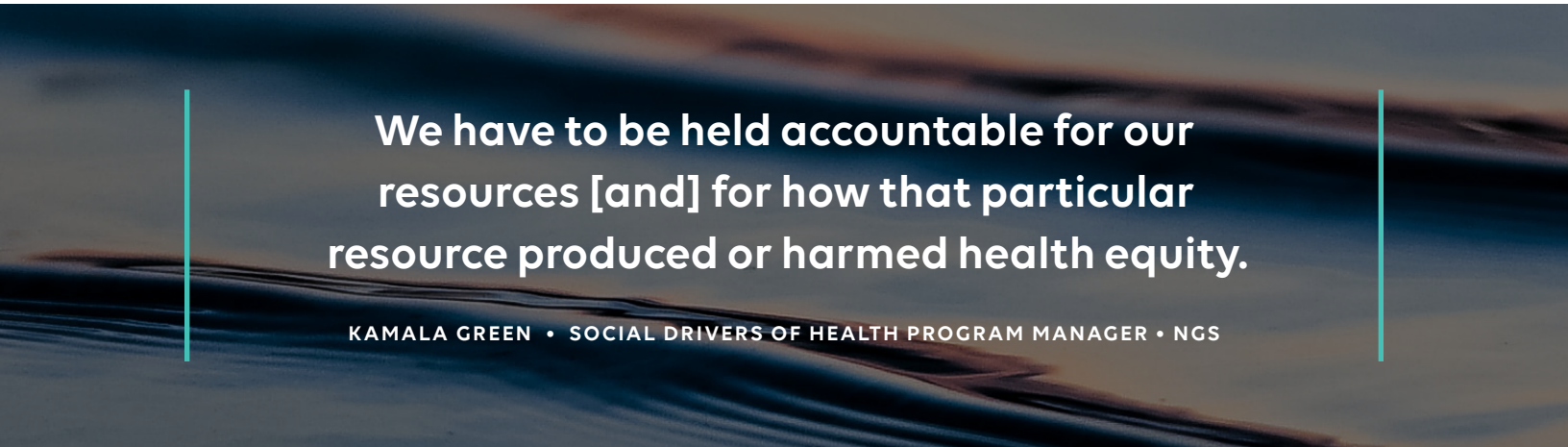
Disaggregate data, accountability mechanisms and community engagement should be the three pillars federal health care agencies rely upon when creating a national strategy to sustain health equity — an asset which we, as a nation, currently do not have.

Unlike the **European Union**, the United States does not have a national strategy to sustain health equity. Advancing health equity is often left to the individual agencies, who set their own standards and accountability measures, creating a patchwork of policy that leaves underserved communities in the dark.

Establishing a federal standard for advancing health equity would not only regulate care but also ensure the current progress isn't lost.

For public health champions in the federal, state and local government, COVID-19 laid bare the gruesome inequities apparent in our health care system. Moving forward as a nation, we cannot let COVID-19 pass without learning from the ramifications wrought upon providers and patients. Our health care system must respond proactively to people's health needs and support them wherever they may be on their health journey.

"We're in a space now where we can ask what we want to see. We have the technology and some of the best doctors. So why do we have some of the worst health outcomes in the world?" Green asks. "Part of that is because we don't have a national strategy on health, and we don't have policies that reflect what we're going to do next."



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Overwhelmed? Start Here: Awareness

National strategies don't happen overnight. So, as government officials and lawmakers work toward building a federal standard for health equity, public health and community officials should start by building awareness around select community-oriented health outcomes.

For example, if a local community suffers from high rates of lung cancer tied to smoking, build awareness programs surrounding the risk of smoking — Establish initiatives and an open dialogue with active smokers, be transparent about goals and work toward a healthier community together.

"Everybody has a role to play in advancing health equity, no matter who or where you are," Green says.

Connect with National Government Services to start building healthier communities today.

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