

Pursuant to Executive Order 13985 (January 20, 2021) on "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"

Equity Action Plan Summary

U.S. Department of Health and Human Services

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans, by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Delivering equity through HHS

Underserved communities in the United States – including communities of color, disability communities, LGBTQI+ communities, women, rural communities, and communities experiencing persistent poverty and inequality – often face entrenched and persistent disparities in health outcomes and healthcare access. These disparities have been further exposed and exacerbated during the COVID-19 pandemic, which has had a disproportionate impact on underserved communities. HHS has a fundamental role to play in advancing health equity to ensure that every person in our nation can achieve their full potential and thrive. HHS believes it is incumbent on the agency 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. HHS will advance equity through strategies that build data capacity, expand stakeholder engagement, and increase our nation's understanding of the root causes of inequities.

New strategies to advance equity

- **Respond to the national maternal mortality crisis by addressing the increased pregnancy and postpartum morbidity and mortality among Black and Native American and Alaska Native pregnant and childbearing women**

There are many barriers for Black or African American and Native American and Alaska Native parents in accessing and receiving high quality postpartum care. With respect to insurance coverage, Medicaid provides pregnancy-related coverage for eligible beneficiaries for 60 days postpartum. At the end of the 60 days, many beneficiaries are left without insurance, especially in states that have not expanded Medicaid eligibility to low-income adults. The loss of insurance comes at a critical time, with almost 12 percent of postpartum deaths occurring between 43 and 365 days postpartum. Other barriers include lack of access to transportation, child care, or paid leave. HHS is working with states to extend postpartum coverage in Medicaid and the Children's Health Insurance Program and on identifying innovative ways to improve postpartum care for people who are postpartum, including Black or African American and Native American and Alaska Native enrollees in Medicaid or the Children's Health Insurance Program.

- **Address barriers that individuals with Limited English Proficiency (LEP) face in obtaining information, services and benefits from HHS programs**

HHS has identified that some federal health and human services programs produce substantial amounts of translated material, while others rely primarily on telephonic interpretation, but all components struggle with providing support in less frequently spoken languages and adding material in additional languages as the need arises. HHS will address this barrier by expanding access to in-language content through webpages and public outreach material; increasing telephonic interpreter services; ensuring program and benefit information is available in other languages; and providing federal funding for recipients of HHS funds to provide language access services.

New strategies to advance equity

- **Leverage grants to incorporate equity considerations into Notice of Funding Opportunities (NOFOs)**

When examining grant processes, there is an apparent lack of diversity in applicants as well as successful awardees, with the same entities frequently receiving awards. There are several suspected root causes for the lack of diversity, including overly burdensome and complicated NOFOs, and a lack of technical assistance for the overall application process. In particular, the Office of the Assistant Secretary for Financial Resources found Tribal communities often have difficulty meeting the service population requirements or match requirements, or are under-resourced to apply and successfully compete for grant awards. HHS grant-making divisions will incorporate new guidance into their NOFOs, which includes considerations for increasing opportunities for successful applicants from underserved communities.

- **Resourcing and implementing equity assessments across the Department's major policies and programs**

HHS currently lacks the data and equity assessment capacity to consistently identify and address inequities in health and human services. Equity assessments are data informed assessments of inequities and disparities in HHS programs, including entitlement programs such as Medicare and Medicaid, and such assessments highlight opportunities for HHS to address them. HHS has found that components need practical tools and guides to help them get started and deploy robust approaches to identifying and addressing barriers to opportunities, access, quality, care and outcomes. To address these challenges and ensure that all of HHS has the information necessary to address inequities in their work, HHS will be focusing on resourcing and implementing equity assessments across the Department's major policies and programs.

- **Invest in resources to help advance civil rights**

Advancing equity rests on the presumption of equal opportunities and protection under the law. As noted in the Executive Order, Government

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programs are designed to serve all eligible individuals. To meet this objective and to enhance compliance with existing civil rights laws, agencies were obligated to address the operational status and level of institutional resources available to offices or divisions within the agency that are responsible for advancing civil rights or whose mandates specifically include serving underrepresented or disadvantaged communities.

To meet this mandate, through its Office for Civil Rights (OCR), HHS is engaged in efforts to clarify and enforce nondiscrimination provisions across the Department. For example, in May 2021, OCR issued a Notification of Interpretation and Enforcement of Section 1557 of the Affordable Care Act and Title IX of the Education Amendments of 1972, establishing that it would enforce the prohibition against sex discrimination to include sexual orientation and gender identity consistent with the recent Supreme Court decision in *Bostock v. Clayton County*. In 2021, OCR led HHS implementation of Executive Order 13988, Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation, by coordinating and engaging with all of HHS's operating divisions and agencies to highlight and note those actions to be revised, suspended, or rescinded to expand non-discrimination protections for LGBTQI+ individuals in health and human services programs.

● **Expand contracting opportunities for small, disadvantaged businesses and Historically Underutilized Business Zone Small Businesses**

Agency acquisition planning leaves short timelines for applicants to be competitive for contracting opportunities, especially for applicants with smaller teams and budgets. Additionally, a lack of transparency on available contracting opportunities and agency requirements creates barriers when these businesses do not have as much experience working with agencies. HHS will focus its efforts on assessing barriers for small disadvantaged businesses in applying for HHS contract opportunities and providing training and outreach. This can help small disadvantaged businesses learn more about agency requirements, agency points of

New strategies to advance equity

contact, and available resources to advance their capabilities. HHS will also focus on instituting an HHS centralized procurement forecasting system that will streamline access to forecasted opportunities. This will help to ensure that small, disadvantaged businesses are informed about contracting opportunities early on to ensure they have the most time possible to develop proposals and minimize the burden of identifying available HHS contracting opportunities.

Building on HHS's progress

This equity action plan builds on HHS's progress delivering on equity and racial justice in the first year of the Biden-Harris Administration.

- **Conducting Pilot Equity Assessments**

As required by EO 13985, four HHS offices have conducted pilot equity assessments examining equity in their respective programs and policies, which covered administered grants, contracting, postpartum care, and Benefit Enrollment Centers connecting Medicare beneficiaries with limited incomes to needed benefits. These efforts were used as an opportunity to test what equity assessment methods and approaches are viable across HHS and identify what is necessary to institutionalize robust equity assessments into our policy, program, and process decision-making.

- **Increasing stakeholder engagement**

HHS is working to increase engagement with individuals who are directly affected by HHS policy and programs. For example, as directed by EO 13995, HHS established the COVID-19 Health Equity Task Force, which included 12 non-federal members representing a diversity of expertise and lived experience.

- **Establishing the Office of Climate Change and Health Equity**

On August 30, 2021, under the direction of President Biden and the Assistant Secretary for Health, the Office of Climate Change and Health Equity (OCCHE) was established within HHS. OCCHE addresses the impact of climate change on the health of the American people and serves as a department-wide hub for climate change and health policy, programming, and analysis, in pursuit of environmental justice and equitable health outcomes.

Building on HHS's progress

- **Establishing the National Institutes of Health (NIH) UNITE Initiative**

NIH established the UNITE initiative to identify and address barriers to inclusivity within the NIH-supported and the greater scientific community. With representation from across the NIH Institutes and Centers, UNITE aims to establish an equitable and civil culture within the biomedical research enterprise and reduce barriers to racial equity in the biomedical research workforce. To reach this goal, UNITE is facilitating research to identify opportunities, make recommendations, and develop and implement strategies to increase inclusivity and diversity in science. These efforts will bolster the NIH's effort to continue to strive for diversity within the scientific workforce and racial equity on the NIH campus and within the extramural community.

- **Launching Centers for Medicare & Medicaid Services (CMS) Health Equity Inventory**

CMS Office of Minority Health (OMH) launched a Health Equity Inventory to provide an environmental scan of its overall current health equity portfolio, including identifying ongoing activities in health equity performed across the agency, health equity staff leads, resources, areas of potential collaborations, challenges, and opportunities.

- **Launching Minority Health Social Vulnerability Index (SVI)**

In 2021, the Centers for Disease Control and Prevention and HHS Office of Minority Health partnered to develop the Minority Health SVI, which enhances existing resources to support the identification of racial and ethnic communities at the greatest risk for disproportionate impact and adverse outcomes due to the COVID-19 pandemic.