

Pursuant to Executive Order 14091 (February 16, 2023) on "Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government"

2023 Equity Action Plan Summary

U.S. Department of Health and Human Services

Delivering equity through HHS

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. For those services and science to be effective and for us to realize our goal of shifting from an illness care system to a wellness care system, we need to acknowledge and incorporate equity considerations into what we do so that we can influence social drivers and ensure that differential circumstances do not lead to differential outcomes. HHS's vision is that all people, including underserved populations, have optimal opportunities for healthy and thriving lives with the support of HHS policies and approaches that are structurally designed and implemented to reach, facilitate, and advance health and well-being for all.

New strategies to advance equity

HHS has identified five areas of focus for its 2023 Equity Action Plan through visits to communities, listening sessions and roundtables with people impacted by or interested in these issues, grantee and research community discussions, Tribal consultations, formal written invitations for comment, and more. HHS will continue to engage the public on these action areas, its progress, and next steps throughout the year and beyond.

1. Prevent neglect and improve care to help children thrive in their families and communities. *Families who are experiencing poverty are more likely to be reported to child protective services (CPS) for neglect compared to families with more resources. A significant body of research has documented the overrepresentation of certain groups, particularly Black, Hispanic / Latino, and American Indian and Alaska Native (AI/AN) children and families, in the child welfare system relative to their representation in the general population. LGBTQI+ youth are also overrepresented in foster care, often due to family lack of acceptance, and experience more trauma, disruption in placements and extended stays in foster care than non-LGBTQI+ youth. HHS civil rights cases show a continuing trend of discrimination in complaints against child welfare agencies brought by or on behalf of children and / or parents with disabilities, including those with substance use disorders. To address these barriers and others, HHS will:*

- Increase evidence-based prevention programs, services, and supports to children and families leveraging the Family First Prevention Services Act.
- Provide more guidance to regulated agencies and more robustly enforce nondiscrimination provisions.

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- Intensify technical assistance efforts and issuance of policy guidance to states on ways to disentangle poverty from states' considerations of child neglect to reduce unnecessary CPS interventions and trauma.
- Provide policy options and practice expectations for child welfare agencies on how they can ensure the most appropriate, stable, family-like and caring placements for children, including appropriate placements for LGBTQI+ youth and kinship care.

2. Promote accessible and welcoming health care for all. *Certain populations continue to face barriers to quality, affordable health services, including those with low-incomes, rural communities, households with a primary language other than English, immigrants, Tribes / Native Americans, racial and / or ethnic minority communities, LGBTQI+ populations, and persons with disabilities. Certain populations also experience biased treatment and care. The health care workforce needed to provide care in underserved areas also needs additional supports to facilitate improved health care access and quality for populations that historically face barriers to care. To address these barriers and others, HHS will:*

- Reduce bias in health care and research settings and increase access to quality, respectful, accessible, culturally relevant, and linguistically appropriate care for underserved groups.
- Support a diverse health care, public health, and research workforce, especially in medically underserved areas.
- Improve access and address barriers to care by engaging community health workers and trusted partners in rural, Tribal, and other underserved communities.

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- Develop resources or programs to increase the number of culturally appropriate and informed health care materials and information (available in-language) for providers and partners.
- Advance social determinants of health (SDOH) research and adverse childhood experiences (ACEs) research to better identify and address structural barriers to healthcare access and influence positive outcomes.

3. Improve maternal health outcomes for rural, racial, and ethnic minority communities. *Maternal health outcomes vary by race, ethnicity, and rurality across the country. Key drivers of poor maternal health outcomes include lack of provider and service availability, lack of tailored interventions, cultural bias, lack of relevant evidence on the safety and effectiveness of technological innovations, data lags, and inadequate preventive and supportive care. Social and environmental determinants of health such as income, housing, nutrition, and climate-related exposures such as extreme heat and air pollution, underlie many of the risk factors that contribute to poor maternal health outcomes. To address these barriers and others, HHS will:*

- Increase access and use of preventive health care services by continuing to promote state implementation of 12-month postpartum coverage extension in Medicaid and the Children's Health Insurance Program (CHIP).
- Increase screening for maternal depression and substance use disorder (SUD) during the postpartum period to decrease maternal mortality.

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- Strengthen birthing care infrastructure, including a focus on obstetrics (OB) readiness, especially in rural and Tribal communities.
- Build a competent and diverse workforce for maternal care pre- and post-birth, including midwives, doulas, promotoras, and other non-OB (non-stigmatizing) community-based settings.
- Increase funding for economic development and social mobility for Tribal communities and families through grants and training and technical assistance.

4. Prioritize the behavioral health of underserved populations.

Some populations are at higher risk of experiencing behavioral health challenges and some also face barriers to accessing mental and behavioral health care services, including racial and ethnic minorities, AI/ANs, rural populations, persons with disabilities, LGBTQI+ adults and youth, older adults, and other populations. There continues to be several workforce challenges among mental and behavioral healthcare providers, including shortages, geographic maldistribution, lack of diversity, and burnout. To address these barriers and others, HHS will:

- Support the development of an inclusive behavioral health workforce that may deliver quality healthcare to diverse populations.
- Increase Behavioral Health Integration in clinical and non-clinical settings and continued investments in school-based health services to improve access for underserved communities, inclusive of emerging providers and trusted community facilitators.
- Focus on prevention and treatment for high-risk populations, including the mental health of children, including infants and toddlers.

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- Expand suicide prevention and crisis work for high-risk populations and underserved communities.
- Work with the Substance Abuse and Mental Health Services Administration's (SAMHSA) Centers of Excellence to address the behavioral health needs of specific underserved communities.
- Work with the Departments of Labor and the Treasury to publish rules implementing new Mental Health Parity and Addiction Equity Act (MHPAEA) requirements.
- Publish a report on the use of telehealth to address behavioral health service barriers and increase access.
- Encourage states to submit a Medicaid Section 1115 demonstration application to provide coverage for services to facilitate successful reentry transitions for Medicaid-eligible individuals leaving prisons and jails and returning to the community.

5. Increase clinical research and trial diversity to support

innovation. *Racial and ethnic minority populations, AI/ANs, older adults, women, pregnant and lactating women, LGBTQI+ adults and youth, and persons with disabilities continue to be underrepresented in clinical trials, stifling health care innovation, and hindering the generalizability of effective treatments. Without representation of specific groups in trials and studies, we may lack confidence about how new therapeutics will impact all populations. To address these barriers and others, HHS will:*

- Ensure people most affected by health challenges are represented in studies, clinical trials, and medical products / device testing to better reflect the full spectrum of populations who are affected by

New strategies to advance equity

the disease or condition for which a product / treatment is being developed, if approved.

- Engage communities throughout the entirety of the research process and study design to build trust, and improve transparency and accountability.
- Engage Tribal communities throughout the research process to ensure honoring of tribal sovereignty, data sovereignty, and to engender trust, transparency, and accountability.
- Advance engagement with diverse communities to build trust and improve representation in clinical trials and studies by providing education, creating collaborative research opportunities, and hosting public meetings and webinars.
- Engage a more diverse set of populations in informing HHS's efforts and participating in clinical research, respecting tribal sovereignty and data ownership, so that HHS can innovate to improve health and well-being outcomes.

What HHS accomplished

Below is a sampling of HHS's progress delivering on equity and racial justice since its first Equity Action Plan in 2022.

- ***Published draft rules on language access in all health programs and activities funded by HHS.***

On August 4, 2022, HHS's Office for Civil Rights (OCR) published a Notice of Proposed Rulemaking (NPRM), proposing comprehensive updates revisions to the HHS's regulations implementing Section 1557, the nondiscrimination provision of the Affordable Care Act. The proposed rule restores and strengthens civil rights protections for patients and consumers in certain federally funded health programs.

- ***Created a comprehensive structure for implementing HHS's action plan and practices for language access.***

HHS relaunched its Language Access Steering Committee (LASC), which is comprised of representatives from every HHS agency. The LASC will facilitate the sharing of effective practices and procedures for enhancing language access.

- ***Ensured state compliance with language access and effective communication obligations during and after public health emergencies.***

On April 5, 2023, OCR dispatched a letter to state health officials reminding states of their language access and effective communication obligations under federal civil rights laws to ensure that individuals and families continue to have access to Medicaid.

What HHS accomplished

- ***As of December 2023, approved 42 states, DC, and the Virgin Islands to provide 12 months of continuous postpartum coverage through the Centers for Medicare and Medicaid Services (CMS).***

An estimated 540,000 Americans annually are eligible for essential care for a full year after pregnancy. HHS secured this option for states permanently in the Consolidated Appropriations Act of 2023, and CMS will continue to work with states on continuous coverage.

- ***Published an NPRM clarifying nondiscrimination on the basis of sex in certain HHS grants.***

OCR and the Assistant Secretary for Financial Resources published an NPRM, which states that, in statutes administered by HHS that prohibit discrimination on the basis of sex, HHS interprets those provisions to prohibit discrimination on the basis of sexual orientation and gender identity. This NPRM further builds on HHS's efforts to ensure access to health and human services in furtherance of President Biden's Executive Orders on Preventing and Combating Discrimination on the Basis of Gender Identity and Sexual Orientation and Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals.

- ***Successfully launched the small business customer experience (SBCX) procurement forecasting tool and increased small business procurement opportunities.***

HHS established the SBCX system as the department-wide procurement forecasting tool for small businesses. It is designed to

What HHS accomplished

reduce barriers to entry for small businesses and increase competition. Use of this tool has generated over 5000 procurement opportunities for FY 2023, which is double from the previous year.

- ***Provided practical and hands-on guidance to HHS offices on identifying actions to ensure opportunity for all.***

To ensure all staff and offices understand how to assess for opportunities to deliver its services equitably, HHS created learning opportunities and tools for internal use. These include resources for engaging communities and people with lived experience and requirements and opportunities to improve access for people with disabilities. Its assessment tools helped HHS surpass its [2022-2023 Agency Priority Goal on equity](#). Many tools are available publicly, including resources on conducting equity assessments and equity in research and analysis.

- ***Awarded [Equity in Postpartum Care Challenge](#) grants to identify successful and promising approaches to improving postpartum care and equity in maternal health outcomes.***