The Policy Responsiveness Framework

A Health Equity Guidepost for Government Accountability

With the Trump administration having completed its first full year, it is certain our nation is undergoing a profound shift in the federal policy agenda for eliminating health disparities. Given the rightward political arc of the administration's health and human service goals, this shift has serious implications for important federal policies and programs aimed at achieving health equity. To protect hard-won health equity gains, federal policymakers should adopt a conceptual framework for ensuring that their policy changes are highly responsive – and accountable – to the national goal of eliminating health disparities.

Over the past half-century, the U.S. has made notable strides toward reducing racial and ethnic health disparities. The U.S. has narrowed the life expectancy gap between blacks and whites, from 7.6 years in 1970 to 3.8 years in 2010, and recent CDC data shows that the overall mortality rate for blacks has dropped 25% in the last 17 years.

Despite these victories, blacks still bear the heavier burden of morbidity and mortality across major health outcomes compared to their non-minority counterparts. Although black infant mortality declined by 15% between 1995 and 2009, black infants today are still twice as likely to die before their first birthday compared to white infants. In 2010, white women outlived black women by more than 3 years; white men lived a half-decade longer than black men. Racial disparities in life expectancy persist mainly due to blacks' higher death rates at younger ages from cancer, diabetes, and heart disease. Blacks also have increased risks for homicide and HIV infection.

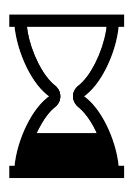
While lifestyle modifications would benefit most Americans, the elimination of racial disparities in health requires a comprehensive approach that addresses the complexity of causation. A serious commitment to closing the enduring racial gap in health will require tackling the many social determinants of health (SDOH) that overwhelming drive health disparities, including education, housing, transportation, and access to healthy, affordable food in local neighborhoods.

Health disparities pose serious human and economic costs for our nation. Rightly, the U.S. Department of Health and Human Services has long recognized the elimination of health disparities as a national goal, and has put forth, under the previous administration, a national action plan for achieving this goal. The goal of achieving health equity, noticeably absent during the presidential election cycle, must become a real priority in the Trump administration's health policy itinerary. Achieving this goal will not happen through inevitability, and surely not through turning back the clock on health equity efforts that show clear results, such as the upsurge in health care coverage for minorities brought by the Affordable Care Act (ACA). What is needed now, is an accountability framework that guides the new administration toward championing policies and programs that are responsive to the multidimensional challenge of health disparities.

Policy Responsiveness Framework

- *Timeliness*
- *Intentionality*
- *Effectiveness*

The administration should consider adopting the Policy Responsiveness Framework (PRF), which embraces three key elements of health equity-focused policy development – *timeliness*, *intentionality*, and *effectiveness*. First, timeliness requires that policymakers act expediently in the face of an identified health challenge. Avoiding delays and policy lapses can save lives. During the Reagan years, federal non-responsiveness to the AIDS epidemic in the black community exemplified this danger. As early as 1986, the CDC had reported that the AIDS incidence rate for blacks and Hispanics was triple that of their white counterparts. In 1993, the CDC announced that HIV had become the leading cause of death for black men and the second leading cause of death for black women, ages 25-44. Yet the first major federal policy response to this



public health crisis – the Minority AIDS Initiative – would not arrive until 1999. Timeliness is crucial to preventing unnecessary deaths.

in·ten·tion

in'ten(t)SH(ə)n/

noun

1. a thing intended; an aim or plan.

Second, intentionality is another essential element of responsive policymaking. We define intentionality as planned and aimed action that – by design – addresses the goal of eliminating health disparities. Here, the health disparity provisions of the ACA are a success story that bears repeating. While much attention has been given to ACA provisions that benefit the uninsured regardless of race or ethnicity, such as the requirement that insurers cover people with pre-existing conditions, far less recognized are the ACA provisions that specifically address health disparities. These intentional provisions include the federal requirement to collect data on race, ethnicity and language in order to track disparities; the elevation of the National Center for Minority Health and Health Disparities to full institute status within the National Institutes of Health; the reauthorization and expansion of grant programs aimed at promoting diversity in the health care workforce. Together, the ACA's intentional approach to addressing health disparities expanded coverage for racial and ethnic minorities, low-wage workers, and the poor, and bolstered opportunities to improve the quality of care for populations experiencing disparities in the delivery of care.

$$\text{Effectiveness} = \frac{\text{Achieved}}{\text{Desired}}$$

Lastly, the ultimate measure of policy responsiveness must be its effectiveness. That is, to what extent can we measure the policy's actual impact on the health challenge of interest? To what extent were desired results achieved? Here again, we turn to the ACA to illuminate the idea of effectiveness. A key goal of the ACA was to significantly lower the number of uninsured minorities. Prior to the ACA becoming law in 2010, blacks and Hispanics experienced higher uninsured rates compared to whites. While coverage disparities persist under the ACA, unprecedented gains have been made in increasing access to health care for minorities. Between 2013-2015, uninsured rates fell from 17% to 12% for blacks, and from 26% to 17% for Hispanics. So effective were minority coverage gains under the ACA that reductions in the uninsured were larger among racial and ethnic minorities compared to whites, with especially large decreases seen among Hispanics. When it comes to policy, effectiveness is the bottom line.

In the pivotal days ahead, a policy responsiveness framework – guided by timeliness, intentionality, and effectiveness – will help policymakers learn from past lessons, avoid policy lapses and setbacks, and steer their best efforts toward the national goal of eliminating racial and ethnic health disparities and achieving health equity for all. This framework of accountability is the watchdog for the health equity movement.

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