Dear Committee Members:

On behalf of the American Psychological Association (APA), the leading scientific and professional organization representing psychology in the United States, we are pleased to offer input into the National Academy of Science, Engineering, and Medicine (NASEM)’s Request for Information titled “Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities.”

Our response focuses on the intersection of behavioral health policies and racial and ethnic health inequities. APA has called for the population health\(^1\) approach to strengthen the nation’s behavioral health care system and eliminate racial and ethnic disparities. A population health approach offers a more proactive way to address the mental health of individuals and communities. It recognizes that our mental health exists on a continuum and emphasizes the necessity of meeting people wherever they are on that continuum rather than passively waiting for them to reach a crisis before intervention occurs.\(^2\)

We offer four broad themes for the committee’s considerations when prioritizing federal policies to advance health equity.

1. Applying a population health approach to promote mental health equity.
2. Ensuring accountability in distribution of federal resources allocated to state, local, territorial, and tribal jurisdictions.
3. Facilitating meaningful engagement of external stakeholders, including members of communities that have experienced historic social and economic marginalization.
4. Engaging in a comprehensive assessment of the disproportionate impact of public health emergencies and environmental disasters on people of color.


What are examples of federal policies that create racial and ethnic health inequities?

All policies are health policies. Research shows that social and economic factors drive declines in life expectancy over time and explain differences among racial and ethnic populations. When federal agencies responsible for law enforcement, education, science, economic opportunity, environmental justice, or homeland security fail to consider the impact of their policymaking on socially and economically marginalized groups, they exacerbate health inequities observed today. Yet federal policymakers have not historically paid attention to these issues in a systematic and intentional way, nor have they consistently applied scientific principles to improve the health and well-being of people of color. As an organization dedicated to the application of psychological science and knowledge to improve lives, we know this is true with respect to behavioral health equity.

Social Determinants of Health (SDOH). At the core of health inequities are structural factors, including SDOH that systematically lead to dramatically poorer health outcomes among specific populations, according to a 2022 APA report and 2021 policy statement. SDOH are defined as “any nonmedical factors influencing health, including health-related knowledge, attitudes, beliefs, or behaviors.” These factors include racism, sexism, and other forms of discrimination; chronic stress, adverse or traumatic early childhood events; exposure to violence, including institutional violence; housing conditions and race-based residential segregation; greater exposure to environmental hazards; lack of health insurance or underinsurance; and other social determinants of health that differ systematically by population. To the extent that people of color and other marginalized communities lack access to power for setting federal policy or fail to receive thorough consideration of effective policy solutions, these communities will continue to suffer from significantly higher burdens of disease.

Research. Dedicated, sustained, and increased investment in health equity research must be a priority. Important research areas could include: 1) a broader focus on social, institutional, and structural issues as key drivers of health; 2) health inequities and amelioration strategies in understudied populations and groups with intersectional identities; 3) the use of community-based participatory research. In addition, leading experts agree that implementation science is an area of research with enormous potential to speed up progress toward achieving health equity goals in both public health and healthcare which deserves more attention and therefore increased funding and support.

Medicaid. This federal/state partnership fills gaps in lack of health insurance or underinsurance that reduce access to health care and health care utilization and limit opportunities for appropriate mental health care, prevention, and early detection of illness and treatment. More than 58 percent of individuals covered by

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Medicaid in 2019 were people of color. Medicaid reaches 52 million children and adults living in the most rural areas in the United States and helps fill this gap in private coverage, covering nearly one in four (24%) nonelderly individuals in rural areas. Data show that in states with the Medicaid expansion, racial disparities in rates of insurance coverage decreased. Incentivizing states that have not already done so to take advantage of Medicaid expansion should remain a CMS priority.

What are examples of federal policies that promote racial and ethnic health equity?

We offer eight examples of areas where federal policies can promote racial and ethnic health equity: SDOH, equity, diversity, and inclusion (EDI), early intervention and prevention, collection, access, and research and workforce diversity.

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<th>Policy Area</th>
<th>Issue</th>
<th>Description</th>
<th>Federal Agency</th>
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<tr>
<td>SDOH</td>
<td>Payment and Reimbursement</td>
<td>Federal policies employing payment reform to advance health equity. Alignment of payment systems and financial incentives supporting psychologists and other mental health provider involvement in SDOH efforts should be studied across settings - traditional health care system, insurance plans, independent practice, and community-based providers - to incentivize provider response to SDOH. The establishment of a universally recognized coding structure for the assessment of SDOH would allow all health care providers equal opportunity to participate fully in initiatives aimed at providing effective, whole-person care, better tracking patient needs, and improving the health of patients and the communities in which they reside.</td>
<td>CMS</td>
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<td>EDI</td>
<td>Stress and Trauma</td>
<td>Federal policies that intentionally address structural racism and stress experienced by people of color. When people of color experience racism, discrimination and/or microaggressions – whether personally, vicariously, or collectively – it affects both their mental and physical health. Racial trauma continues to be a chronic and pervasive concern with some people of color.</td>
<td>HHS CDC SAMHSA DOJ NIH</td>
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8 KFF. Distribution of the Nonelderly with Medicaid by Race/Ethnicity. https://www.kff.org/medicaid/state-indicator/medicaid-distribution-nonelderly-by-raceethnicity/?dataView=0&currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D
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<th>EDI</th>
<th>Native Americans</th>
<th>Federal policies that protect the rights of Indigenous peoples and increase investments in health and social services infrastructure. This includes more resources targeted to address tribal needs, especially unmet mental health needs. Slow release of COVID-19 data by CDC pertaining to this community was identified as a barrier to effective response to the pandemic. Thus, federal agencies should revisit data collection and protocols moving forward. Climate change, environment, land, and water resource policies can also be shaped to promote health equity among this community.</th>
<th>HIS HHS CDC EPA</th>
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<td>Data Collection</td>
<td>Federal funding</td>
<td>Cross-agency data-sharing, analysis, and reporting. This type of information can aid efforts to better understand the nexus between social determinants of health and the physical and mental health of diverse populations. Examples include 1) requiring disaggregated race, ethnicity, and disability data collection and reporting by public health, law enforcement, and education agencies receiving federal financial assistance, and 2) integrating of behavioral health indicators and analysis into data collections systems.</td>
<td>OSTP HHS DOJ</td>
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<td>Early Intervention &amp; Prevention</td>
<td>Health Equity assessments</td>
<td>Federal policies to promote, require, and/or incentivize health equity assessments. This approach will uncover policies, procedures, and decisions that contribute to behavioral and physical health inequities and identify pathways to incorporate more equitable practices. This includes engaging community stakeholders, developing measurements and key indicators, developing a plan of action for organizational change, and continually evaluating efforts that would reduce contributions to health inequities and better serve local communities.</td>
<td>CDC HRSA, SAMHSA DOH</td>
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<td>Access</td>
<td>Telehealth</td>
<td>Federal policies that facilitate access to telehealth. Recent policies enacted during the COVID-19 pandemic lowered unnecessary access barriers to mental and behavioral health services furnished via telehealth, including audio-only telehealth. Together, these policies had the effect of extending access to mental and behavioral health services to communities—including but not limited to marginalized communities—that for generations were more likely to lack access to them. Federal agencies should craft post-pandemic efforts with an eye towards maintaining access to services in underserved areas.</td>
<td>HHS CMS</td>
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<tr>
<td>Access</td>
<td>Payment and Reimbursement</td>
<td>Federal policy employing payment reform to improve access and advance health equity. When reimbursement rates for behavioral health services are significantly less</td>
<td>CMS</td>
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than Medicare (in some states 60-70%) this negatively impacts provider participation in Medicaid. Set Medicare reimbursement rates as the floor for Medicaid reimbursement rates for behavioral health services.

| Research | Research and Workforce Diversity | Providing funding mechanisms that give researchers the time and funding to conduct the mixed methods type of research needed to advance the science of health disparities and equity. Additional funding initiatives that span institutes and centers are needed for research to inform best practices and development of interventions, dissemination and implementation of interventions, clinical services and practice, and training. NIH should continue to fund training programs in smaller institutions that serve larger numbers of underrepresented racial and ethnic student groups. The federal science agencies should increase the funding of dissemination and implementation research intended to bridge the gap between research, practice, and policy. | NIH, AHRQ, PCORI |

Thank you again for this opportunity to provide input. If APA can be of any further assistance, please contact Leo Rennie, Senior Director of Congressional and Federal Relations, at lrennie@apa.org.

Respectfully submitted,

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Chief Science Officer