



**DATE:** April 6, 2021

**TO:** Operating and Staff Division Heads

**FROM:** Sean McCluskie,  
Chief of Staff

**SUBJECT:** Guidance on Department-wide Equity Efforts

Guided by the Biden Administration's priority of promoting equity, the purpose of this memorandum is to affirm the Department's comprehensive commitment to promoting equity in all of its functions and to instruct Operating and Staff Divisions (OpDivs/StaffDivs) to take steps towards integrating equity frameworks, considerations, and outcomes, using an intersectional lens, into the full range of policies, programs, and activities for which they are responsible.

### **Background**

Inequities in our laws and public policies, and in our public and private institutions, have too often denied equal opportunities to individuals and communities, further entrenching disparities on the basis of race, gender, immigration status, and other characteristics. As our country faces converging economic, health, and climate crises that have exposed and exacerbated these inequities, advancing structural changes to promote equity should be a matter of the highest public concern.

Promoting equity is therefore essential to the Department's mission of protecting the health of Americans and providing essential human services. This view reflects the values underpinning many of President Biden's policies and pronouncements thus far, particularly Executive Order (EO) 13985 entitled *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* (Jan. 20, 2021). EO 13985 sets forth a comprehensive approach for the federal government to advance equity for all, including for people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Several other recent Presidential Actions underscore the Biden Administration's focus on improving equity through federal action, as well.<sup>1</sup>

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<sup>1</sup> See, e.g., EO 13988 (Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation), EO 13995 (Ensuring an Equitable Pandemic Response and Recovery), EO 14012 (Restoring Faith in Our Legal Immigration Systems and Strengthening Integration and Inclusion Efforts for New Americans), Memorandum of January 20, 2021 (Modernizing Regulatory Review), Memorandum of January 26, 2021 (Redressing Our Nation's and the Federal Government's History of Discriminatory Housing Practices and Policies), Memorandum of January 26, 2021 (Condemning and Combating Racism, Xenophobia, and Intolerance Against Asian Americans and Pacific Islanders in the United States), and other Presidential Actions.

### **Defining “Equity”**

For the purposes of this memorandum, the Department adopts the meaning of the term “equity” provided in EO 13985. “Equity” means the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, Indigenous and Native American, and Asian American and Pacific Islander persons, and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

EO 13985 further provides that the term “underserved communities” refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified by the list in the preceding definition of “equity.”

Furthermore, equity should reflect the intersectionality of individuals’ lived experiences. Individuals and communities often belong to more than one group that has been historically underserved, marginalized, or adversely affected by persistent poverty and inequality. Individuals at the nexus of multiple identities often experience unique forms of discrimination or systemic disadvantages, including in their access to needed services. These experiences, moreover, may remain hidden if disparities and inequities are only viewed through the narrow lens of siloed demographic subgroups. Thus, promoting equity not only requires the recognition of these intersecting forces, but also for programs, policies, and activities to be specifically designed to address them.

### **Promoting Equity in HHS Policies, Programs, and Activities**

To further the Department’s comprehensive commitment to equity, all OpDivs/StaffDivs are instructed to take steps to ensure that policies, programs, and activities are effectively promoting equity across the HHS workforce and for the communities we serve, which should include the examination of intersecting forms of inequity. In so doing, I direct agencies’ attention to the following key areas for consideration:

- Policy and programmatic decisions. Agencies should proactively identify opportunities to advance equity through their policies and programs. The use of evidence to assess the probable impacts of actions on underserved communities—including individuals who belong to multiple historically underserved groups—should be considered an integral aspect of policy and programmatic decision-making processes. Where appropriate, agencies should consult with members of communities that have been underserved by or have experienced discrimination in federal policies or programs, as well as other stakeholders representing the views of these communities. Agencies should catalogue all barriers—e.g., statutory, regulatory, or administrative—that hinder their efforts at advancing equity.

- **Contracting and procurement.** Agencies should ensure that contracting and procurement opportunities are made available on an equal basis to all eligible providers of goods and services. This may include, for example, taking steps to identify and remedy barriers to full and equal participation in procurement and contracting opportunities. At minimum, agencies should ensure these opportunities are promoted and communicated to providers of goods and services that are owned or operated by members of underserved communities.
- **Data collection, analysis, and availability.** Agencies should work to gather, analyze, and share high quality data necessary to inform efforts to advance equity and to achieve the goals above.<sup>2</sup> To the extent possible, this should include the comprehensive, accurate capture of equity-relevant variables and disaggregation of datasets by race, ethnicity, gender, gender identity, sexual orientation, disability, income, veteran status, and other key demographic and geographic variables, as well as the facilitation of data-sharing between and among Department components to inform equity efforts. Agencies should strive to identify and highlight intersectional impacts where relevant and appropriate.
- **Workforce.** Agencies should take steps to strengthen their commitment to promoting and measuring progress toward equity in decisions to recruit, retain, promote, develop, and train employees. Note that the Department’s commitment to equity is deeply interrelated with the priorities of diversity, inclusion, and equal opportunity as they apply to strengthening the Department’s workforce.

### **Implementation Structure for Promoting Equity in HHS Policies, Programs, and Activities**

I am pleased that two mechanisms already exist to support individual OpDiv/StaffDiv actions and intra-agency efforts to promote equity.

- **COVID-19 Health Equity Task Force.** EO 13995 (Ensuring an Equitable Pandemic Response and Recovery) established the COVID-19 Health Equity Task Force (Task Force). The Task Force is a federal advisory committee charged with providing specific recommendations for mitigating inequities caused or exacerbated by the COVID-19 pandemic and preventing such inequities in the future. The Task Force is chaired by Dr. Marcella Nunez-Smith and is composed of 12 individuals who serve as non-federal members representing a diversity of backgrounds and expertise, including a range of racial and ethnic groups and important populations, such as children and youth; educators and students; health care providers; immigrants; individuals with disabilities; LGBTQ+ individuals; public health experts; rural communities; state, local, territorial, and Tribal governments; and unions. Dr. Nunez-Smith has also asked six federal departments to be represented on the Task Force: The Departments of Agriculture, Education, Health and

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<sup>2</sup> As an initial step to support the collection and use of disaggregated data to assess equity in HHS programs, and aligned with EO 13985, the Office of the Assistant Secretary for Financial Resources (ASFR) sent a data call request to all OpDivs/StaffDivs on March 8 on disaggregated data collection efforts and federal payments tied to disaggregated data collection. The data call will inform HHS efforts to measure our collective results and ensure accountability for promoting equity through programs and policies.

Human Services, Housing and Urban Development, Justice, Homeland Security, and Labor, as well as the Federal Emergency Management Agency. The HHS Office of Minority Health and the Office of the Assistant Secretary for Health are providing operational resources for the Task Force. The first Task Force Meeting occurred on February 26, 2021, and the next meeting is scheduled for March 26, 2021. More information can be found [here](#).

- HHS Health Disparities Council. The HHS Health Disparities Council (Council) was first established in 2004 as the Department’s coordinating and advisory body on racial and ethnic minority health, health disparities, and health equity. As provided in its charter, Council membership includes principal senior executives from OpDivs/StaffDivs. Under the leadership of the Council co-chairs, the Acting Assistant Secretary for Health and the Acting Assistant Secretary for Planning and Evaluation, the Council is being refreshed to expand its focus to all populations included in the Administration’s definition of equity. I anticipate that recommendations from the Task Force and other equity activities driven by Executive Orders and other Presidential Actions will be brought to the Council for review and implementation by one or more OpDivs/StaffDivs. Council meetings are expected to occur every other month on the third Wednesday of the month. For more information on the March 17 meeting or subsequent meetings, please contact Ms. Juliet Bui ([Juliet.bui@hhs.gov](mailto:Juliet.bui@hhs.gov)).

The purpose of this guidance is not to provide an exhaustive list of recommended actions, but rather to provide examples that may serve as a starting point for further deliberation on the part of OpDivs/StaffDivs. Furthermore, it is meant to supplement—not replace—any existing and forthcoming guidance provided by the Biden Administration on this topic, including any instructions contained in Executive Orders and other Presidential Actions, or additional guidance from the Office of Management and Budget (OMB) or the Office of Personnel Management (OPM), relating to the responsibilities of federal agencies to advance equity.

Thank you in advance for your attention to this important initiative. If you have any questions about HHS’s equity agenda, please contact Acting Assistant Secretary for Planning and Evaluation, Dr. Rebecca Haffajee ([Rebecca.Haffajee@hhs.gov](mailto:Rebecca.Haffajee@hhs.gov)) or Acting Assistant Secretary for Health, RADM Felicia Collins ([Felicia.Collins@hhs.gov](mailto:Felicia.Collins@hhs.gov)). Staff should contact Ms. Juliet Bui ([Juliet.Bui@hhs.gov](mailto:Juliet.Bui@hhs.gov)) or Ms. Jessie Marus ([Jessica.Marus@hhs.gov](mailto:Jessica.Marus@hhs.gov)).

*Sean McCluskie*

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**Attachments:**

1. EO 13985, *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* (Jan. 20, 2021)