Health Equity Strategies and Initiatives

Loren Anthes
Vice Chair, Board of Directors
Better Health Partnership

Panelists

Moderator

Loren C. Anthes, MBA

Alex Bryden
MPP

Corazon Eaton
MPH

Domalis Garcia
MHA

Christina Kalnicki
LISW-S

Akeia Long

Kate Tullio
MPH, MS

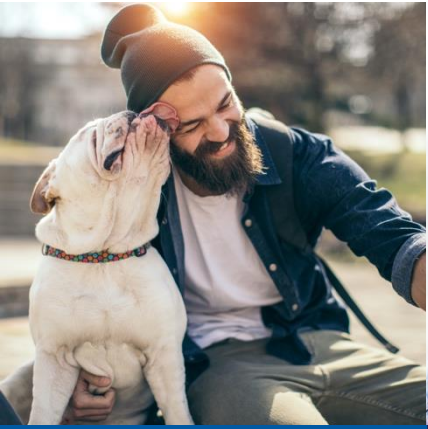# Health Equity Strategies and Initiatives
Learning Objectives

1. Gain knowledge of tools, resources, and actions aligned with CMS's strategic pillar to advance health equity to help them eliminate disparities and advance equity in their local community or service area.

2. Describe unique payer programs and strategies being implemented to address health disparities and promote equity.

3. Identify ways that community engagement is integrated into payer health equity strategies for better alignment with needs and achievement of outcomes.

Better Health Partnership
Collaborating for a healthy community

Advancing Health Equity within CMS Programs

Alexandra Bryden (she/her)
CMS Office of Minority Health

Agenda

- Health Equity Key Terms and Concepts

- CMS Framework for Health Equity & CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

- Tools & Resources

- **Questions to Run On:**
  - What actions would you like CMS to take to help you provide better **Behavioral Health Services**?
  - What is **one critical barrier or opportunity** to raise to CMS to improve care you provide/pay for among underserved, underheard communities?

Health Equity
Key Terms & Concepts

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF MINORITY HEALTH

Equity Versus Equality

- **Health equity:** the attainment of the highest level of health for all people

- While equality offers the same opportunities, equity ensures fairness

Source: rwjf.org/en/library/infographics/visualizing-health-equity.html#/download

Health Equity at CMS

Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

Priority Populations Across the U.S.

CMS OMH works with local and federal partners to reduce health disparities and improve the health of all minority populations, including:

- Racial and ethnic minority communities

- People with limited English proficiency

- Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) people

- People with disabilities

- People who live in rural and frontier communities, Tribal nations, and geographically isolated areas

- People otherwise affected by persistent poverty or inequality

Social Determinants of Health (SDOH)

- The U.S. Department of Health and Human Services (HHS) defines SDOH as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

- SDOH can be grouped into five categories:
  - Economic Stability
  - Education Access and Quality
  - Health Care Access and Quality
  - Neighborhood and Built Environment
  - Social and Community Context

American Indian and Alaska Native People in the U.S.

- American Indian and Alaska Native Americans have a lower life expectancy, a lower quality of life, and a higher prevalence of many chronic conditions.

- American Indian and Alaska Native people continue to die at higher rates than other Americans in many categories, including:

  — Chronic liver disease and cirrhosis

  — Diabetes

  — Unintentional injuries

  — Assault/homicide

  — Intentional self-harm/suicide

  — Chronic lower respiratory diseases

- American Indian and Alaska Native people born today have a life expectancy that is 5.5 years less than all other racial and ethnic groups in the U.S.

Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQI+) People in the U.S.

- LGBTQI+ people are members of every community and include people of all races, ethnicities, ages, and socioeconomic statuses.

- LGBTQI+ people in the U.S. face health disparities linked to social discrimination, including:

  — Less access to insurance and health care services, including preventive care (such as cancer screenings)

  — Lower overall health status

  — Higher rates of smoking, alcohol, and substance abuse

  — Higher risk for mental health illnesses, such as anxiety and depression

  — Higher rates of sexually transmitted diseases, including HIV

- In addition, LGBTQI+ patients face other barriers to equitable care, such as refusals of care, delayed or substandard care, mistreatment, little or no inclusion in health outreach or education, and inappropriate restrictions or limits on visitation.

Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQI+) People in the U.S. (cont.)

- For all men, heart disease and cancer are leading causes of death. However, compared to other men, gay, bisexual, and other men who have sex with men (MSM) are additionally affected by:
  - Higher rates of HIV and other sexually transmitted infections (STIs, such as syphilis, gonorrhea, and chlamydia)
  - Higher rates of viral hepatitis including hepatitis A, B, and C
  - Tobacco and drug use
  - Depression

- Lesbian, bisexual, and transgender women are *less likely* to get preventive services for cancer and are *more likely* to be overweight or obese.

- Transgender women are more at risk for HIV and STIs, violence, and mental health issues, and are less likely to have health insurance.

Plain Language, Health Literacy, Language Access and Culturally and Linguistically Appropriate Services

- **Plain language** (plainlanguage.gov)
  - Communication your audience can understand the first time they read or hear it.

- **Health Literacy** (Healthy People 2030)
  - **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
  - **Organizational health literacy** is the degree to which organizations enable personal health literacy.

- **Limited English Proficiency** (LEP.gov)
  - Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."

- **Culturally & Linguistically Appropriate Services and National CLAS Standards** (ThinkCulturalHealth.gov)
  - Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization (regardless of size) at every point of contact
  - The National CLAS Standards are a set of 15 action items intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

CMS Frameworks for Health Equity

CMS Strategic Pillars

ADVANCE EQUITY

Advance health equity by addressing the health disparities that underlie our health system

EXPAND ACCESS

Build on the Affordable Care Act and expand access to quality, affordable health coverage and care

ENGAGE PARTNERS

Engage our partners and the communities we serve throughout the policymaking and implementation process

DRIVE INNOVATION

Drive Innovation to tackle our health system challenges and promote value-based, person-centered care

PROTECT PROGRAMS

Protect our programs' sustainability for future generations by serving as a responsible steward of public funds

FOSTER EXCELLENCE

Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations

CMS Framework for Health Equity

- Operationalize health equity across all CMS programs: Medicare, Marketplace, Medicaid, and CHIP

- Is evidence-based and informed by decades of research and stakeholder input

- Review the framework: go.cms.gov/framework

CMS Framework for Health Equity 2022–2032

Definition of Health Equity

The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes. CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

CMS Framework for Health Equity Priorities

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage

To read the CMS Framework for Health Equity 2022-2032, visit **go.cms.gov/framework**.

The CMS Office of Minority Health offers health equity technical assistance resources, aimed to help health care organizations take action against health disparities. If you are looking for assistance, visit go.cms.gov/omh or email HealthEquityTA@cms.hhs.gov.

CMS Framework for Health Equity: **5 Priority Areas**

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

- Builds upon and expands original CMS Rural Health Strategy

- Assists CMS in operationalizing efforts for and across diverse geographies

- Identifies 6 priorities

- Evidence based and community informed

CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities

NOVEMBER 2022
GO.CMS.GOV/RURALHEALTH
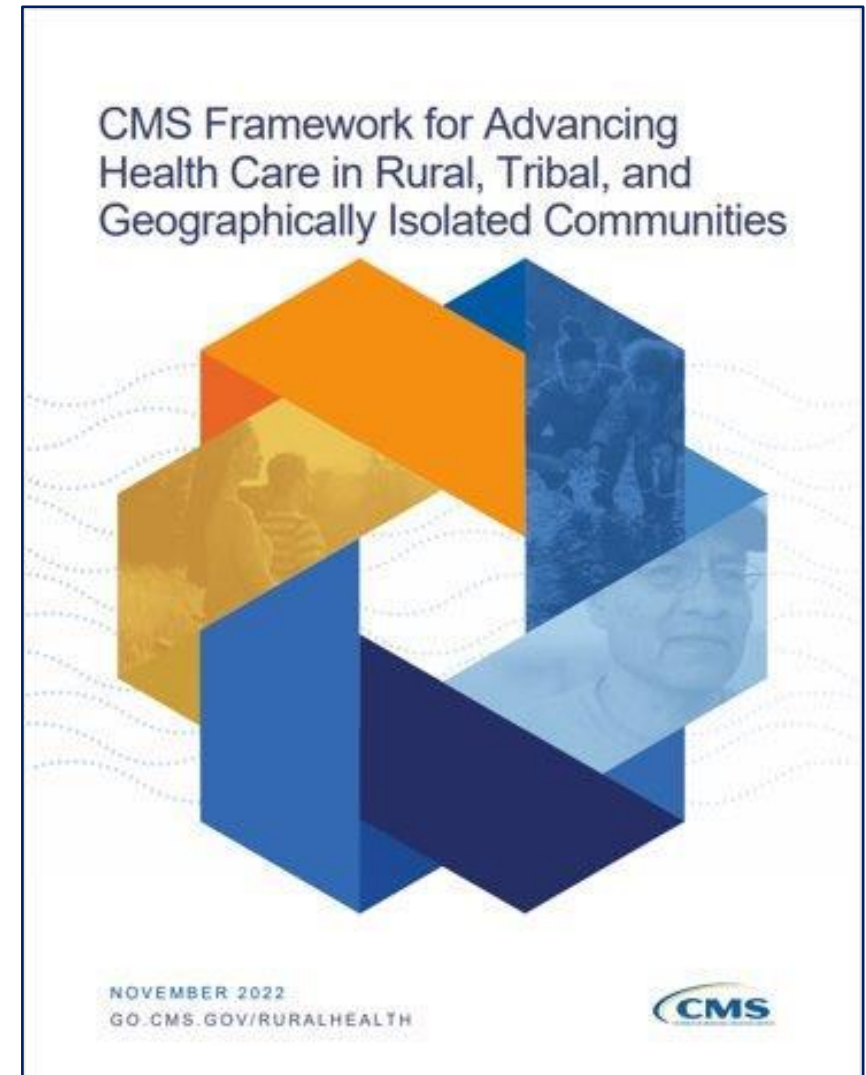
Six Priority Areas

Priority 1: Apply a Community-Informed Geographic Lens to CMS Programs and Policies

Priority 2: Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities

Priority 3: Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities

Priority 4: Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities

Priority 5: Expand Access to Comprehensive Health Care Coverage, Benefits, and Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities

Priority 6: Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities

Tools & Resources

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
OFFICE OF MINORITY HEALTH

HHS OMH: National CLAS Standards

The **National CLAS Standards** are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

- Principal Standard

- Governance, Leadership, and Workforce

- Communication and Language Assistance

- Engagement, Continuous Improvement, and Accountability

CDC: Health Equity Guiding Principles for Inclusive Communication

- Inclusive Communication Principles

- Using a Health Equity Lens

- Key Principles

- Preferred Terms

- Developing Inclusive Communications

- Resources & References

https://www.cdc.gov/healthcommunication/Health_Equity.html

Quality Improvement Resources: Addressing Drivers of Disparities

- SDOH and data collection through Z Codes
  - Improving the Collection of SDOH Data with ICD-10-CM Z Codes

- Meeting language needs
  - Improving Care for People with Limited English Proficiency Infographic and Resources

- Addressing accessibility barriers
  - Resources for improving accessibility of facilities, helping patients with disabilities navigate health care services

- Training for health care professionals
  - LGBTQI+ Care
  - Individuals with Disabilities
  - Meeting Language Needs

CMS Health Equity Technical Assistance Program

HealthEquityTA@cms.hhs.gov

CMS Health Equity TA program supports quality improvement partners, providers, and other CMS stakeholders by offering:

- Personalized coaching and resources

- Guidance on data collection and analysis

- Assistance to develop a language access plan and disparities impact statement

- Resources on culturally and linguistically tailored care and communication

- Training and resources to help embed health equity in stakeholder's strategic planning:
  - Guide to Developing a Language Access Plan
  - Guide to Implementing the National CLAS Standards

Questions to Run On:

- What actions would you like CMS to take to help you provide better **Behavioral Health Services**?

- What is one **critical barrier or opportunity** to raise to CMS to improve care you provide/pay for among underserved, underheard communities?

Connect with CMS OMH

Contact Us

OMH@cms.hhs.gov

Visit Our Website

go.cms.gov/omh

Listserv Signup

bit.ly/CMSOMH

From Coverage to Care

CoverageToCare@cms.hhs.gov

Health Equity Technical Assistance Program

HealthEquityTA@cms.hhs.gov

Rural Health

RuralHealth@cms.hhs.gov

Panelists

Moderator

Loren C. Anthes, MBA

Alex Bryden
MPP

Corazon Eaton
MPH

Domalis Garcia
MHA

Christina Kalnicki
LISW-S

Akeia Long

Kate Tullio
MPH, MS