Health Equity Quickinar Series
Session 3

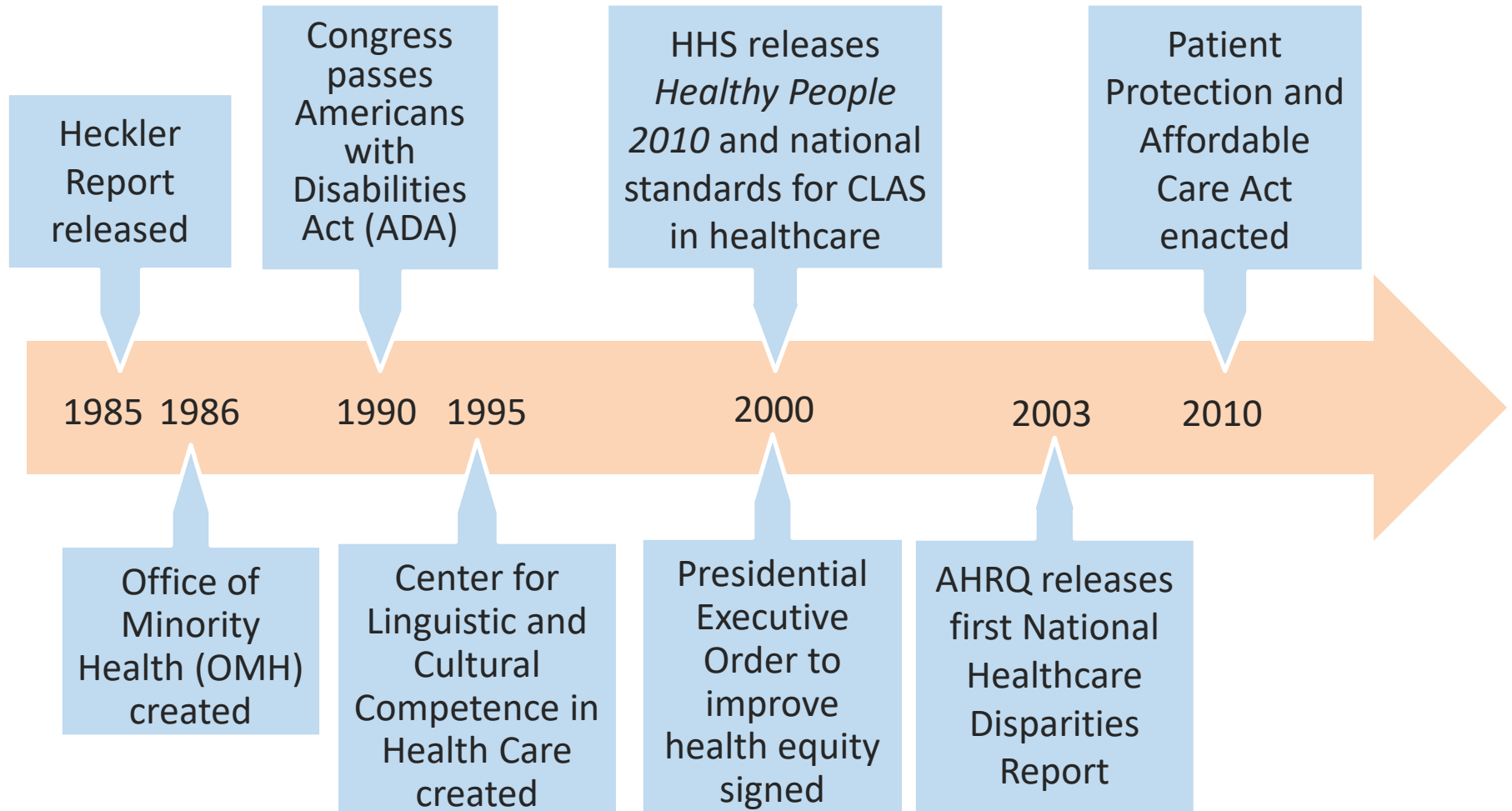# Equity As a Strategic Priority

OBJECTIVES

- Identify the importance of making health equity a strategic priority.
- Discuss the difference between a strategic plan for health equity and the community health needs assessment (CHNA).
- Review resources to assist in creating a strategic plan for health equity.

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CMS Statement on Health Equity

"As the nation's largest health insurer, the Centers for Medicare & Medicaid Services (CMS) has a critical role to play in driving the next decade of health equity for people who are underserved. Our unwavering commitment to advancing health equity will help foster a healthcare system that benefits all for generations to come."

—Dr. LaShawn McIver, Director, CMS Office of Minority Health

CMS = Centers for Medicare & Medicaid Services
www.cms.gov/files/document/cms-framework-health-equity-2022.pdf

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Why Health Equity? It's About Time

Heckler Report released

Congress passes Americans with Disabilities Act (ADA)

HHS releases *Healthy People 2010* and national standards for CLAS in healthcare

Patient Protection and Affordable Care Act enacted

1985 1986   1990 1995   2000   2003   2010

Office of Minority Health (OMH) created

Center for Linguistic and Cultural Competence in Health Care created

Presidential Executive Order to improve health equity signed

AHRQ releases first National Healthcare Disparities Report

CLAS = Culturally and Linguistically Appropriate Services
AHRQ = Agency for Healthcare Research and Quality
HHS = Health and Human Services. thinkculturalhealth.hhs.gov/clas/health-equity-timeline

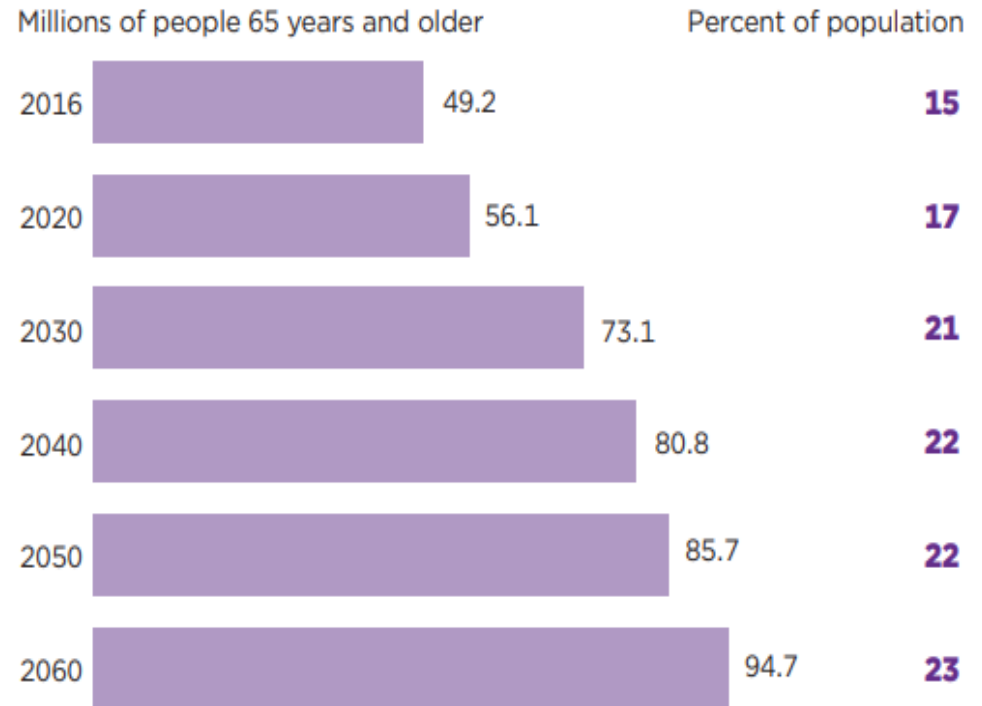HSAG HEALTH SERVICES ADVISORY GROUP

Health Equity and Diversity: Call to Action

2030 will mark a demographic turning point.

- 1 in 5 Americans projected to be retirement age.

- Foreign-born population expected to be higher than anytime since 1850.

- Net international migration projected to become largest driver of population growth.

Projections of the Older Adult Population: 2020 to 2060

By 2060, nearly one in four Americans is projected to be an older adult.

Millions of people 65 years and older   Percent of population

Year	Millions	Percent
2016	49.2	15
2020	56.1	17
2030	73.1	21
2040	80.8	22
2050	85.7	22
2060	94.7	23

Source: U.S. Census Bureau, 2017 National Population Projections.

www.census.gov/content/dam/Census/library/publications/2020/demo/p25-1144.pdf

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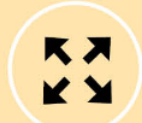# CMS Strategic Plan to Advance Health Equity

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' operations

Long-standing health inequities and poor health outcomes remain a challenge:

- 80–90% of modifiable contributors to health outcomes are social factors.
- Clinical care impacts only 20% of county-level variation.

www.cms.gov/cms-strategic-plan

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Beyond Clinical Care: Role of Social Determinants in Promoting Health Equity

- Social determinants of health (SDOH) may have a stronger influence on health and well-being than services delivered.

- Racial and ethnic diversity has increased.

- Health insurance coverage varies by race and ethnicity.
  - Non-Hispanic American Indian or Alaska Native groups and Hispanic groups are significantly less likely to be insured.

- Rural counties lack access to primary care, long-term care, and acute services.

- Geographic variations in care exist.

www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2022qdr-final-es.pdf

Health Equity: Special Emphasis

- Leading health concerns
  - Cardiovascular disease
  - Cancer
  - COVID-19
  - Drug overdose

- Maternal health

- Child and adolescent mental health

- Oral health

2022
National Healthcare Quality and Disparities Report
Executive Summary

www.ahrq.gov/sites/default/files/wysiwyg/research/findings/nhqrdr/2022qdr-final-es.pdf

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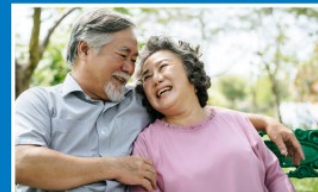
Structural Measure Domain

Domain 1: Equity is a strategic priority

Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all of the following elements. *Select all that apply (note: attestation of all elements is required in order to qualify for the measure numerator).*

1. Our hospital strategic plan identifies priority populations who currently experience health disparities.

2. Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals.

3. Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals.

4. Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

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Subdomain 1—Priority Populations

- Priority populations differ based on hospital service area.

  - Populations could include racial/ethnic minorities, the elderly, the socioeconomically disadvantaged, or others.

- Hospitals can use multiple methods to identify priority populations.

  - Stratify outcomes data to identify populations experiencing disparities.

  - Use the CHNA to identify populations with needs.
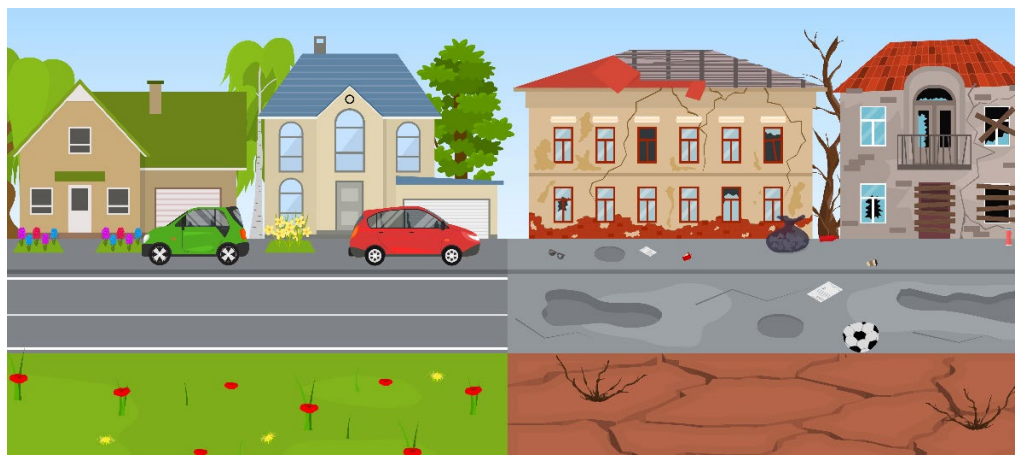
Subdomain 2—Healthcare Equity Goals

- Assess outcomes in priority populations and identify areas where improvement can be made.
  - Perform a gap analysis to identify any areas of opportunity or disparities in practice.

- Set goals for improvement from baseline.
  - Ensure goals are SMART.

- Identify concrete action steps to work toward goals.
  - Enact quality improvement initiatives that address any identified gaps in care.

S	Specific
M	Measurable
A	Attainable
R	Relevant
T	Time-Bound

www.hsag.com/globalassets/hqic/qualityseriessmartgoals.pdf

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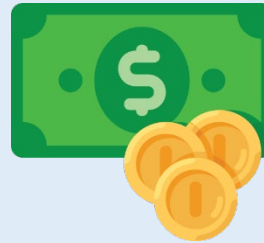
Subdomain 3—Resources

Resources can include

Personnel

(full-time or part-time)
Chief diversity officer, patient experience staff, community liaison, case managers, social workers, community navigators

Financial resources

Support community projects, provide transportation vouchers, offer flexible and empathic patient financing

Facilities

Provide space for clinics, use hospital facilities for community events

www.healthcatalyst.com/insights/health-equity-why-it-matters-how-to-achieve-it
www.hfma.org/topics/hfm/2022/may/3-ways-the-patient-financial-experience-can-improve-health-equity.html

Subdomain 4—Engaging Stakeholders

Based on priority populations, hospitals will need to engage different stakeholders.

- Community resource providers
- Faith-based organizations
- Community leadership
- Outside healthcare providers (primary care, HHAs, SNFs, behavioral health providers)

Hospitals can engage these stakeholders in a variety of ways.

- Participate in/support existing initiatives.
- Invite stakeholders to participate in decision making.
- Increase PFAC/PFE activities at your hospital.
- Use hospital facilities for community events.

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HHA = home health agency
PFAC = patient and family advisory council

PFE = patient and family engagement
SNF = skilled nursing facility

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Hospital Strategic Plan

A hospital strategic plan outlines areas where the hospital would like to grow and improve.

- – Defines specific objectives and goals.
- – Lists initiatives that will be used to meet those goals.

CHNA

The CHNA uses data collection and analysis to identify the health status and needs of a community.
- Involves multi-sector collaboration.
- Focuses on population-level initiatives for improvement.

Strategic Plan Versus CHNA

The strategic plan focuses on hospital-level improvements.

- Is separate from the CHNA.

- Can be informed by the CHNA.

- May have some overlap between initiatives in the CHNA and strategic plan.

Key Concepts

- Health equity is a strategic priority for CMS and a significant driver of health outcomes.
  - Hospitals need to prioritize their health equity strategy.
- Hospitals must have a plan in place for:
  - Defining priority populations.
  - Setting equity goals.
  - Devoting resources to equity projects.
  - Engaging key stakeholders.
- The hospital strategic plan for equity is separate from the CHNA.

Join Us for the Entire Series

Recordings, slides, and resource links will be posted for on-demand access after every session.

4. Collecting and Validating REaL Data

4. Collecting and Validating Race, Enthnicity, and Language (REaL) Data

Thursday, February 23, 2023 | 1 p.m. ET | 12 noon CT | 11 a.m. MT | 10 a.m. PT

Objectives:

- Review the U.S. Department of Health and Human Services, Office of Management and Budget categories for race and ethnicity.
- Discuss strategies and resources to assist in the collection of REaL data.
- Identify the importance of validating REaL data for accuracy.

1. Health Equity, Hospitals, and CMS Reporting ▼

2. Engaging Leadership in Health Equity ▼

3. Health Equity as a Strategic Priority ▼

4. Collection and Validating REaL Data ▼

5. Social Determinants and Social Drivers of Health ▼

6. Screening for Social Drivers ▼

7. Culturally Competent Data Training ▼

8. Analysis and Stratification of Health Equity Data ▼

9. Health Equity Interventions ▼

10. Best Practices in Health Equity Interventions ▼

11. Community Paramedicine ▼

12. Identifying Community Health Disparities ▼

13. Community Engagement—Health Equity ▼

www.hsag.com/health-equity-quickinars

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Thank you!

Questions: hospitalquality@hsag.com