



Health Equity Updates



The Latest in Health Equity News, Events, and Resources

March 2021

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March 1, 2021

HEALTH EQUITY UPDATES



The latest health equity news, events and resources to support the IPRO QIN-QIO efforts to eliminate health care disparities for Medicare beneficiaries.

New AHRQ Chartbook on Patient Safety

The Agency for Healthcare Research and Quality (AHRQ) released the **Chartbook on Patient Safety**, a report with a summary on trends across measures of patient safety. The Chartbook is part of a family of documents and tools that support the AHRQ **National Healthcare Quality and Disparities Report** (NHQDR), a comprehensive overview of the quality of healthcare received by the general U.S. population and disparities in care experienced by different racial and socioeconomic groups.

The Chartbook reports on patients' experiences with provider communication and the use of the "teach-back" health literacy technique. It examines communication with office-based and home health providers, racial and ethnic disparities, and differences based on insurance status.

Some highlights from the report on health literacy and communication:

- In 2017, the percentage of adults whose health providers sometimes or never explained things in a way they could understand was higher for Asians than for Whites (11.2% vs. 7.0%) and higher for Hispanics than for Whites (10.1% vs. 6.5%).
- In 2017, the percentage of adults whose health providers sometimes or never explained things in a way they could understand was higher for uninsured people than for people with private insurance (13.5% vs. 6.4%) and higher for people with public insurance than for people with private insurance (11.9% vs. 6.4%).

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AHRQ Chartbook on Patient Safety continued...

- The percentage of adults who had a doctor's office or clinic visit in the last 12 months whose health providers always asked them to describe how they will follow the instructions improved from 2011 to 2017 for poor and low-income people.
- In 2017, the percentage of adults whose health providers always asked them to describe how they will follow instructions was higher for non-Hispanic Black adults (36.3%) and Hispanic adults (35%) than for non-Hispanic White adults (23.7%). It was higher for adults with public insurance (34%) than for adults with private insurance (26.1%).

The report states that effective communication leads to increased and clinician satisfaction, increased trust with the clinician, and functional and psychological well-being. Effective communication also leads to improved outcomes in specific diseases, including heart disease, diabetes, and hypertension.

AHRQ offers free **tools** to help providers across care settings to prioritize concerns and maximize interactions between providers, patients, and families.

Click **HERE** to access the **Chartbook on Patient Safety** report and presentation slides.

April is National Minority Health Month

April is National Minority Health month, and the HHS Office of Minority Health has announced the theme as **#VaccineReady**. The focus is on the disproportionate impact that COVID-19 is having on racial and ethnic minorities and American Indian and Alaska Native communities. These disparities highlight the need to prioritize vulnerable communities for vaccine distribution and empower them to:

- get the facts about COVID-19 vaccines
- share accurate vaccine information
- participate in clinical trials
- get vaccinated when the time comes
- practice COVID-19 safety measures.

You can keep up to date on National Minority Health Month news and activities by **signing up** for HHS Office of Minority Health email updates and download the #NMHM2021 logo on their website **HERE**.



Rural North Carolina Community's Strategies to Distribute COVID Vaccine

Madison County, a rural community in western North Carolina, has a population of about 22,000, with nearly 4,700 of them seniors. Like other rural locales throughout the U.S., Madison faces challenges in finding locations to administer the COVID vaccine that will reach as many county residents as possible. The effort to reach seniors has been especially time-consuming, as many are unable to make it to vaccine clinics due to transportation issues or poor health. Other limiting factors are the vaccine itself – which requires special refrigeration and is in limited supply – as well as health department staffing constraints. When vaccine doses become available, staff have to organize and deploy rapidly.

An example of this occurred when CommWell Health, a community health center that cares for thousands of residents across six rural counties in the eastern North Carolina, received 200 vaccine doses. A middle school in the community of Supply was identified as the vaccine administration site. Although Supply's approximately 12,000 residents are mostly White, about one in ten residents identify as people of color. The President of the NAACP mobilized, using a phone tree to reach remote residents to inform them about the vaccine clinic. Although the outreach was slow and labor-intensive, more than 200 residents showed up to get vaccinated.

Other successful strategies include mobilizing a team of volunteers to administer the vaccine to nursing home residents in remote, poorer areas; using county vans and small buses to transport residents to vaccine sites; getting assistance from the National Guard and local emergency management system and animal control staff; and sharing resources and best practices in local workgroups. Learn more **HERE**.

National Evaluation of Social Determinants of Health

The Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) have selected 42 community multi-sector partnerships/coalitions across the U.S. to receive over \$2 million for the ***Improving Social Determinants of Health – Getting Further Faster*** pilot project.

The selected communities have demonstrated effective ways to advancing health equity by addressing social determinants of health. These communities will participate in a national retrospective evaluation to understand the impact of social determinants of health experiences, and highlight and disseminate successful strategies.

The pilot project will focus on five areas of social determinants of health directly linked to chronic disease:

- **Built Environment:** human-made surroundings that influence community health and individual behaviors that drive health.
- **Community-Clinical Linkages:** connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.
- **Food Insecurity:** limited or uncertain access to adequate and nutrition food.
- **Social Connectedness:** the degree to which individuals and groups have and perceive a desired number, quality, and diversity of relationships
- **Tobacco-Free Policy:** population-based preventive measures that reduce tobacco use and tobacco-related mobility and mortality.

RTI International will be project evaluator and assess the partnerships' work and highlight successful strategies and interventions. The evaluation design will be participatory and will capture the viewpoints and experiences of the selected communities. A final report is expected at the end of 2021.

The participating organizations will receive technical assistance to support the program evaluation, communications, partnership development, health equity and sustainability efforts related to addressing social determinants of health. Click [HERE](#) to learn more.

Nursing Homes Far Outpace U.S. in COVID-19 Declines

According to an [article](#) in the New York Times, new COVID cases and deaths have sharply fallen in nursing homes based on data for the time-period December 20, 2020 through February 7, 2021. Long-term care facilities have been prioritized for distribution of COVID vaccines since they became available in late December, an encouraging indicator of vaccine effectiveness.

Nursing home residents and staff have been particularly affected by the virus. According to [data](#) from the Centers of Medicare and Medicaid Services (CMS) collected through February 14, 2021, there are 635,369 confirmed COVID-19 cases and 128,285 deaths among residents. For nursing home staff, there are 546,457 confirmed cases and 1,591 deaths.

Findings from a [study](#) published in JAMA Network on February 10, 2021 highlight the racial differences in nursing home deaths due to COVID-19 infections. The cross-sectional study of data for 13,312 nursing homes for the time-period January 1, 2020 through September 13, 2020 show:

- Deaths among nursing home residents with COVID-19 infection were higher in facilities that had low proportion (<60%) of White residents.
- Deaths among nursing home residents with COVID-19 infections were lower in facilities that had high proportions (>97%) of White residents.
- COVID-19 deaths were 3.3-fold higher in nursing homes with the highest proportions of non-White residents.
- These differences were associated with factors including larger nursing home size and higher infection burden in counties in which nursing homes with higher proportions of non-White residents were located.

The findings of the study are consistent with long-standing racial and ethnic disparities brought to the forefront by the pandemic. Minorities have been disproportionately impacted in infection rates, deaths and economic hardship, underscoring the need for continued prioritization of fair access to healthcare for all U.S. populations.

Coalition to Strengthen Equitable Vaccination Rollout

A coalition on equity in COVID-19 vaccination recently released a report **Equity in Vaccination: A Plan to Work with Communities of Color Toward COVID-19 Vaccination Recovery and Beyond**. The report provides elected and appointed officials with the tools to create, implement, and support a vaccination campaign that teams with Black, Indigenous, and People of Color (BIPOC) communities to rectify the impacts of COVID-19, prevent more health burdens, lay the foundation for unbiased healthcare delivery, and enable broader social change and durable community-level opportunities. The five key principles of the plan are:

- Iteration – repeated engagement with BIPOC communities
- Involvement – BIPOC representatives and advocates must be active collaborators
- Information – effective communication with BIPOC members is essential in the vaccination effort;
- Investment – all efforts in the report will require investments of time, attention and funding;
- Integration – recognition that recovery will take time and vaccination can't be viewed as the final step.

The working group, called CommuniVax, is a national alliance of social scientists, public health experts, and community advocates who seek lasting solutions to serious problems affecting underserved BIPOC communities that have been disproportionately impacted by the pandemic. The coalition recognizes that longstanding biases and barriers hinder BIPOC communities' access to and acceptance of the vaccination. The working group is strengthening national and local COVID-19 vaccination efforts in the U.S. by putting communities of color at the center of their endeavors. By listening to these populations, the coalition will learn how to best promote awareness of, access to, and acceptability of COVID-19 vaccines in their respective communities. They also will develop longstanding, local governance systems that will enable underserved groups to exercise collective agency over their own health and wellness going forward.

Click [HERE](#) to learn more.

COVID-19 and Food Insecurity

The Census Bureau's **Household Pulse Survey** is a 20-minute online survey studying the social and economic impact of the coronavirus pandemic on U.S. households. According to **data** from the third phase of the survey, which ran October 28, 2020 and through December 21, 2020, about 24 million adults – 11 percent of all adults in the U.S. – reported that their household sometimes or often did not have enough to eat in the last seven days. The figures are even higher for Black and Latino adults: 19 percent of Black and 17 percent of Latino adults reported food insecurity compared to 7 percent of white adults. The pandemic has exacerbated long-standing health, social and economic disparities experienced by racial and ethnic minorities.

According to a McKinsey **report**, food insecurity was the most report social risk factor among respondents that included Medicare, Medicaid, dual-eligible, individual market place and uninsured residents in 2019. Food insecurity, as **defined** by Health People 2030, is the disruption of food intake or eating patterns because of lack of money and other resources. The U.S. Department of Agriculture (USDA) has two **categories** for food insecurity:

- Low food security – “Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.”
- Very low food security – “Reports of multiple indications of disrupted eating patterns and reduced food intake.”

A USDA **report** states that food insecurity is associated with the 10 costliest and most deadly preventable disease in the U.S. including hypertension, diabetes, cancer and stroke. Screening for food insecurity is recommended, especially during the pandemic, and during every patient encounter as this risk factor is transient and can change for a variety of reasons. Two screening questions to identify food insecurity were **found** to have 95.4 percent sensitivity and 83.5 percent specificity. The two questions are:

1. “We worried whether our food would run out before we got money to buy more.”
2. “The food we bought just didn't last and we didn't have money to get more.”

Following a positive response, a referral to supplemental food interventions is recommended. To learn more this process, check out the IPRO **webinar** series that includes sessions on addressing social determinants of health.

More on Health Equity

CLINICAL ALGORITHMS THAT PROMOTE BIAS

February 2021	<i>Use of Clinical Algorithms That Have the Potential to Introduce Racial/Ethnic Bias into Healthcare Delivery</i> Agency for Healthcare Research and Quality (AHRQ)	AHRQ requests comments from the public on clinical algorithms that are used or recommended in medical practice and any evidence on clinical algorithms that may introduce bias into clinical decision-making and/or influence access to care, quality of care, or health outcomes for racial and ethnic minorities and those who are socioeconomically disadvantaged. Members of the public include healthcare providers, clinical decision support developers, healthcare delivery organizations, guideline developers, payers, researchers, device manufacturers, and laboratorians among others. Comments due by Friday, April 16, 2021.
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COVID-19

February 17, 2021	<i>Rural COVID-19 Innovations</i> Rural Health Information Hub	This website shares examples of how rural communities and healthcare providers are innovating in the face of COVID-19, including how to provide COVID-19 vaccinations in rural areas. You can also share your community's COVID-19 innovations.
February 2021	<i>Making the Decision to Get a COVID-19 Vaccine</i> Public Health Communications Collaborative	Two downloadable one-pagers are available addressing vaccine concerns and questions people have after getting the vaccine: <i>Making the Decision</i> and <i>Now What?</i> The first explains why it is important to be vaccinated and the second explains what people should do after getting vaccinated.

INDIAN TRIBES, AMERICAN INDIAN AND ALASKA NATIVE TRIBES

February 12, 2021	<i>Center for Indigenous Innovation and Health Equity</i> HHS Office of Minority Health	The HHS Office of Minority Health is seeking comments from Federally-recognized Indian Tribes/American Indian and Alaska Native (AI/AN) Tribes, Tribal organizations, Tribal universities and colleges and AI/AN-serving institutions of higher education to inform and guide the development of a new Center for Indigenous Innovation and Health Equity. The Center will support research, education, service, and policy development efforts related to advancing indigenous solutions to decrease health disparities for these populations. Comments due by March 15, 2021.
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RACISM

February 19, 2021	<i>The Power of Introducing Racism as a Public Health Crisis Policies</i> American Public Health Association Section	This three-part podcast addresses the significance of introducing racism as a public health crisis. The three sessions will capture the background of this work, application, and the implications for pandemic response. In the first session, Dr. Michele McCray, the Health Administration Chair of the American Public Health Association, speaks with Dr. Jeanette Kowalik, former Commissioner of Health for the City of Milwaukee.
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TELE-SOCIAL CARE

February 2021	<i>Tele-Social Care: Implications & Strategies</i> The National Center for Complex Health & Social Needs & Center for Health and Social Care Integration (CHaSCI)	This guide provides on the ground lessons, implications, and strategies for tele-social care for frontline staff in both the medical and social sectors. With the increase use of telehealth, many institutions are transitioning their social services and social care to virtual or telephone engagement. This document lays out the benefits and challenges of tele-social care, considerations for program planning and administration, practical tips, and sustainability and research needs for future tele-social care delivery.
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Health Equity Webinar Materials

Centers for Disease Control and Prevention (CDC)

COVID-19 Response Updates and Resources from CDC and the Ad Council

In this webinar, Dr. Anne Schuchat, Principal Deputy Director of the CDC and Charysse Nunez, Insights Lead for the Ad Council, provide updates on developments related to the COVID-19 pandemic, vaccinations, and communication efforts.

- [Video](#)

National Forum on COVID-19 Vaccine: Build Trust and Vaccine Confidence

The National Forum on COVID-19 Vaccine was a three-day virtual event that featured presentations, materials and resources to help support safe, effective, and comprehensive COVID-19 vaccine implementation strategies. All forum information and materials, including videos of each session, are available on the CDC National Forum website.

- [Website](#)

Veterans Administration

Leveraging VA Data and Partnerships to Advance Equity-Guided Improvement: Introducing the Primary Care Equity Dashboard

This webinar provided an introduction to the Primary Care Equity Dashboard, a multi-faceted tool developed in partnership with the VA Office of Health Equity and clinical staff to integrate equity into quality improvement activities in VA primary care settings.

- [Video](#)
- [Slides](#)

Weitzman Institute

The Path Forward on Social Determinants of Health: Safety

While efforts to administer the COVID-19 vaccine are ramping up across the U.S., there is a dramatic rise in misinformation. As a result, individuals and families are sometimes hesitant to receive the vaccine, especially in immigrant communities. This webinar featured speakers who shared current information about the vaccine and its effectiveness, examples of how to use trusted community leaders and peers as sources of information, and resources and tools that have proven successful to dispel misinformation.

- Tracy Nordstrom [Slides](#)
- Dr. Mariela Alfonzo [Slides](#)
- Frode Kjersem [Slides](#)

Welcoming America

Overcoming COVID-19 Vaccine Hesitancy in Immigrant Communities

While efforts to administer the COVID-19 vaccine are ramping up across the U.S., there is a dramatic rise in misinformation. As a result, individuals and families are sometimes hesitant to receive the vaccine, especially in immigrant communities. This webinar featured speakers who shared current information about the vaccine and its effectiveness, examples of how to use trusted community leaders and peers as sources of information, and resources and tools that have proven successful to dispel misinformation.

- [Video](#)

Upcoming IPRO Events

Addressing Health Disparities to Reduce Harm in Opioid Use Harm Series

- **Stigma Kills: Addressing Opioid Use Disorder by Changing Culture** webinar will describe the impact stigma has on care delivery and outline ways to identify and eliminate stigma.

Speaker: Richard Bottner, Affiliate Faculty Member, Department of Internal Medicine, Physician Assistant, Dell Seton Medical Center

Date: March 23, 2021

Time: 11:00 AM – 12:00 PM EDT

[REGISTER HERE](#)

Integrating Behavioral Health with Primary Care Series

- **Collaborative Contracting** webinar will discuss how to make an agreement with a psychiatrist, a Behavioral Health practice, or a community-based organization.

Speaker: Marisa Scala-Foley, Director, Aging and Disability Business Institute

Date: March 3, 2021

Time: 12:00 PM – 1:00 PM

[REGISTER HERE](#)

- **Ongoing Care Management Process** webinar will describe ongoing management of care processes, information and data tracking.

Speaker: Virna Little, Chief Operating Officer and Co-Founder, Concert Health

Date: March 17, 2021

Time: 12:00 PM – 1:00 PM

[REGISTER HERE](#)

- **Evidence-Based Care & Self-Management** webinar will discuss stigma at the practice level, psychopharmacology, access to behavior health services, adherence, and social determinants of health.

Speaker: Henry Chung, MD, Senior Medical Director, Behavioral Health Integration Strategy, Montefiore Health System

Date: March 31, 2021

Time: 12:00 PM – 1:00 PM

[REGISTER HERE](#)

Upcoming Events

HHS COVID-19 Learning Community Kick-Off Event

The HHS Office of Minority Health is sponsoring this event where speakers will share updates on the COVID-19 vaccine distribution plan, and key themes from the COVID-19 Virtual Symposium.

Date: March 4, 2021

Time: 12:00 PM – 1:00 PM EST

[REGISTER HERE](#)

Elevate CBOs Webinar Series: Grants 101

SAMHSA's Office of Behavioral Health Equity is hosting this webinar for community-based organizations (CBOs) serving under-resourced minority and LGBT populations.

Date: March 4, 2021

Time: 2:00 PM – 4:00 PM EST

[REGISTER HERE](#)

Reimagined America: Advancing Food Justice

This webinar will discuss what's needed to create a more equitable and sustainable food system and what steps U.S. communities can take to transform their food systems.

Date: March 5, 2021

Time: 1:30 PM

[REGISTER HERE](#)

AHA Accelerating Health Equity

This virtual conference, hosted by the American Hospital Association Community Health Improvement (ACHI) and the Institute for Diversity and Health Equity (IDFHE), will advance their work to close health equity gaps, build strategic hospital-community partnerships, and develop and sustain diversity and inclusion efforts in hospitals.

Dates: March 16 – 18, 2021

Click [HERE](#) for more information and to register

Behavioral Health Integration Learning Collaborative

This collaborative will pilot innovative and evidence-based interventions for integrating behavioral health into primary care for LGBTQIA+ people. Participants will develop or adapt tools to support implementation of the intervention. This is for FQHCs or FQHC look alikes.

Dates: Four sessions: two in May and two in October

Click [HERE](#) for more information

Monthly Observances

March, 2021

National Colorectal Cancer Awareness Month

National Development Disabilities Awareness Month

National Kidney Month

National Nutrition Month

American Diabetes Alert Day (March 26)

National Doctor's Day (March 30)

Nat'l Pulmonary Rehabilitation Week (March 8 – 14)

Patient Safety Awareness Week (March 14 – 20)

National Drug & Alcohol Facts Week (March 22 – 28)

April, 2021

National Minority Health Month

Alcohol Awareness Month

National Donate Life Month

World Health Day (April 7)

National Prescription Drug Take Back Day (April 15)

World Day for Safety & Health at Work (April 28)

National Public Health Week (April 5 – 11)

World Immunization Week (April 22 – 28)

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