

HEALTH EQUITY UPDATES

November 2022



Racial and Ethnic Differences in Bystander CPR

A [study](#) recently published in the New England Journal of Medicine shows that Black and Hispanic individuals who experienced an out-of-hospital cardiac arrest were less likely to receive cardiopulmonary resuscitation (CPR). According to the [American Heart Association](#), CPR can double or triple a person's survival if it is administered correctly.

The researchers examined CPR rates for cardiac arrests at home and in public locations from 2013 to 2019, identifying a cohort of 110,054 witnessed out-of-hospital cardiac arrests for the study. The researchers found that 76.6% of the cardiac arrests occurred at home and 23.4% in public locations. Compared to White individuals, Black and Hispanic individuals were 26% less likely to receive bystander CPR at home and 37% less likely in public locations.

The researchers cite several reasons for these disparities, including less opportunity for individuals from racial and ethnic minority groups to receive CPR training, language barriers, lack of availability of dispatcher-assisted bystander CPR, and implicit and explicit biases. The study suggests that a multifaceted approach is required to address the disparities.

Announcing the IPRO HEOA Affinity Group

Join us for the IPRO Health Equity Organizational Assessment (HEOA) Affinity Group, led by IPRO Health Equity SMEs. This group will work together to advance opportunities for improvement identified from your organization's HEOA report. The affinity group will give participants the opportunity to collaborate, share best practices and lessons learned while implementing the key activities in the HEOA. The first session is 12/8 and registration information is coming soon. Contact Laura Benzell for more information at benzell@qlarant.com.

This Month

National American Indian & Alaska Native Heritage Month



Each November, we recognized the heritage and diverse cultures, traditions, and histories of Native Americans. The CMS Division of Tribal Affairs is holding a [lecture series](#) this month, two of which discuss health equity. Check out the AIAN [Outreach and Education](#) webpage for additional resources and information, and learn more about the AIAN population from the [Census Bureau](#).

National Diabetes Month



November is also National Diabetes Month. According to the [NIH NIDDK](#), 37 million Americans are affected by diabetes. There is a [webpage](#) with information about the disease and a [toolkit](#) to promote the NIDDK 2022 theme: **Diabetes Management: It Takes a Team.**

Diabetes is more common in certain racial/ethnic groups and individuals with lower socioeconomic status. The CDC [Advancing Health Equity](#) webpage discusses ways to reduce diabetes in disparities care.

In the News

[Gender Identity and Disability](#)

Last month, Health Affairs published a theme [issue](#) dedicated to discussing disability and attributes that can lead to disparities and stigma. One paper published in the issue discusses the intersectionality of disability and gender identity, and how transgender adults are more likely to report having a disability compared to cisgender adults. These individuals have a higher risk of worse health outcomes and experience health care related stigma.

[Strategies to Reduce Bias in Health Care Delivery](#)

The Center for Health Care Strategies released two new tools to help address bias in health care delivery and share ways to build trust between patients from racial and ethnic minority groups and providers. One tool addresses bias in recording electronic health record notes and the other tool addresses racial bias. Identifying and addressing bias is important to ensure high quality care that is inclusive and welcoming.

[Rural Health Equity Toolkit](#)

The RHHub recently released a toolkit with strategies, information, and resources for organizations working to promote health equity in rural communities. The toolkit has seven modules that cover topics such as ways to embed health equity into rural community programs, how to evaluate the programs, and promising practices to advance health equity.

[Food as Medicine in the Grocery Industry](#)

This article outlines how food retailers are integrating the “food-as-medicine” concept into their programs to promote health and wellness to their customers. The retailers aim to address inequities in nutrition access, improve literacy about the connection between food and health, and build better relationships with their customers. Examples of programs include personalized nutrition education, food prescription programs, and diabetes prevention programs.

[The Business Case for Social Needs Interventions](#)

The Commonwealth Fund recently published an updated evidence guide to help community-based and healthcare organizations make the business case for addressing the social needs of high-risk, high-cost populations. The guide covers seven types of interventions and includes a [Return on Investment \(ROI\) Calculator](#) to help ensure financially sustainable partnerships between healthcare organizations and community-based organizations.

[Hunger In America Infographic](#)

The National Institute for Health Care Management (NIHCM) Foundation recently released an detailed infographic highlighting the issues that are contributing to food insecurity in the U.S., the impacts of food insecurity on health, as well as strategies to mitigate food insecurity including strengthening national food systems and improving access to food.



Visit the IPRO Resource Library: <https://qi-library.ipro.org/>

Upcoming Events

[Enhancing Access, Protecting Tomorrow for People with Diabetes: Role of Community Health Workers](#)

CDC

Date: November 3, 2022

Time: 2:00 PM – 3:00 PM ET

[Health During and After Incarceration](#)

NIHCM

Date: November 7, 2022

Time: 2:00 PM – 3:00 PM ET

[Protecting the Safety of Patients and Healthcare Workers](#)

HHS Listening Session

Date: November 14, 2022

Time: 1:00 PM – 2:40 PM ET