



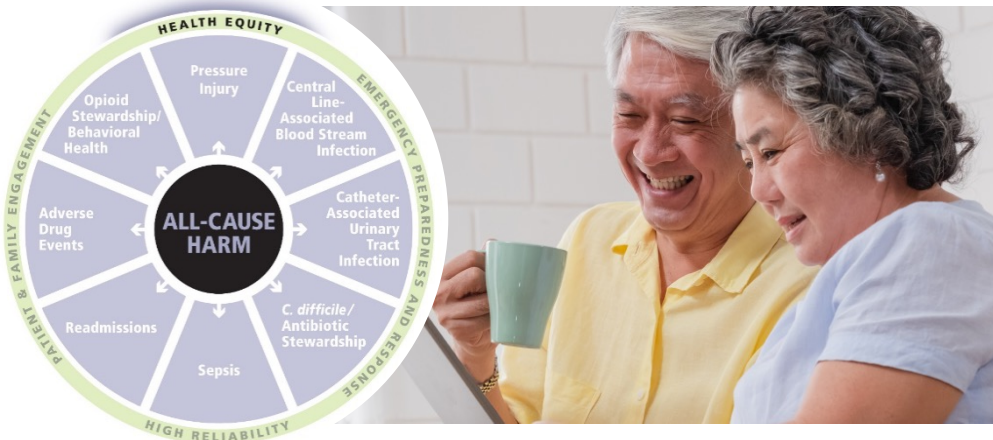
- Healthcentric Advisors ■ Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

**HQIC**  
 Hospital Quality Improvement Contractors  
 CENTERS FOR MEDICARE & MEDICAID SERVICES  
 EQUALITY IMPROVEMENT & INNOVATION GROUP



# HEALTH EQUITY HIGHLIGHTS

October 2021



## October is Health Literacy Month!

Let's work together to integrate and expand the mission of health literacy by focusing on the [toolkit](#) strategies and other [resources](#) to build a world where all individuals have access to quality health outcomes.

## New Data Highlight on Z Codes Now Available

The Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) released new data highlighting the [“Utilization of Z Codes for Social Determinants of Health among Medicare Fee-for-Service Beneficiaries, 2019.”](#)

Using social determinants of health Z codes can allow any provider, in any health care setting, to document and track factors that influence the health of his/her patient population. The nine broad categories of Z codes are a set of ICD-10-CM codes that represent social, economic, and environmental conditions known to affect health outcomes.

Providers are encouraged to use the Z codes as a tool for enhancing quality improvement (QI) activities, track factors that influence people's health, and provide further insight into existing health inequities. For example, Z code data may be used by a provider to identify a range of issues related to education and literacy within his/her patient population and implement interventions to better meet unique patient needs.

Looking for more information on Z Codes? Review the guide [Using Z Codes: The Social Determinants of Health \(SDOH\) Data Journey to Better Outcomes](#), which provides step-by-step instructions for healthcare professionals on how to use Z codes.

## Medicare Advantage (MA) Report : Disparities in Health Care in Medicare Advantage Associated with Dual Eligibility or Eligibility for a Low-Income Subsidy

[A report](#) detailing the quality of care received by people enrolled in MA was recently released by the Centers for Medicare & Medicaid Services, Office of Minority Health (CMS OMH). The goal of the report is to increase awareness regarding disparities in care provided to dual/Low-income subsidy (LIS) beneficiaries.

This distinctive report expands upon the racial, ethnic, gender and rural-urban [stratified reports](#) that have both been released over the years by CMS OMH. Overall findings demonstrate that dual and LIS beneficiaries often received worse clinical care than non-DE/LIS beneficiaries. Disparities were largely found in in follow-up after hospitalization for mental illness, avoiding potentially harmful drug-disease interactions in elderly patients with dementia and history of falls, and controlling blood pressure among patients with diabetes. Additionally, the trends for unfavorable clinical care surfaced when results were stratified by race and ethnicity, though to a lesser degree for Hispanic beneficiaries. Finally, this analysis revealed more-pronounced disparities in clinical care for DE/LIS beneficiaries in urban than in rural areas.

## In the News

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### [COVID-19 Health Equity Task Force Final Recommendations](#)

Established by Executive Order 13995, Ensuring an Equitable Pandemic Response and Recovery, the Chair and 12 non-federal members of the Biden-Harris COVID-19 Health Equity Task Force were instated to support Goal 6 of the National Strategy for COVID-19. Its mission is to provide recommendations to mitigate the health inequities caused or exacerbated by the COVID-19 pandemic and to prevent such inequities in the future. Its purpose is to propose recommendations related to the allocation and disbursement of COVID-19 funding to advance equity, effective and culturally aligned communication, messaging, and outreach, and addressing data shortfalls. Since February, the Task Force has convened monthly and recently released its final priority recommendations, which include the following:

1. Empower and Invest in Community-Led Solutions to Address Health Equity
2. Enforce a Data Ecosystem that Promotes Equity-Driven Decision Making
3. Increase Accountability for Health Equity Outcomes
4. Invest in a Representative Health Care Workforce and Increase Equitable Access to Quality Health for All
5. Lead and Coordinate Implementation of the COVID-19 Health Equity Task Force Recommendations from a permanent health equity infrastructure in the White House

### [National CLAS Standards: e-Learning Programs Available](#)

OMH's National CLAS Standards offer guidance on providing culturally and linguistically appropriate services (CLAS). Standard 4 calls on organizations to "Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices." Visit the [OMH Think Cultural Health website to explore e-learning programs](#) for mental health professionals, disaster and emergency personnel, maternal health providers, nurses, community health workers, and more.

### [Recorded Webinar: Reducing Stigma & Implicit Bias to Promote Health Equity](#)

Laura Benzel, MS, BS, CSSGB serves as a Health Equity SME for Qlarant and provided a comprehensive outlook on how to reduce stigma and implicit bias in order to promote health equity within health care organizations. Access this informative webinar recording [here](#).



For more health equity news: <https://qi.ipro.org/health-equity-resources/>

## Upcoming Events

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### [Health Education: Advancing Health Equity at Every Level Virtual Summit](#)

Society for Public Health Education

**Date: October 13-14**

### [Equity in Health Data: COVID-19 as a Case Study](#)

Alliance for Health Equity

**Date:** October 15, 2021

**Time:** 12:00 PM – 1:00 PM EST

### [Digital Health Equity Summit](#)

Addressing Inequities & Building a Modern Healthcare System

eHealth Initiative (eHI)

**Date:** November 3 - 4, 2021