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Health Equity Updates



The Latest in Health Equity News, Events, and Resources

February 2021

Developed by Qlarant and distributed by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.
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February 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

Biden Takes Action to Advance Racial Equity & Support Underserved Communities

The Biden Administration has pledged to renew the federal government’s commitment to address diversity and equity, and expand opportunities for communities of color. President Biden signed several executive orders within the first two weeks of his administration that:

- prevent and combat discrimination on the basis of gender identity and sexual orientation;
- revoke the Trump Administration executive order that restricted diversity and inclusion training by federal agencies and contractors, and commits the federal government to advance equity, civil rights, racial justice, and equal opportunity;
- include noncitizens in the census apportionment;
- direct the Department of Housing and Urban Development to take steps necessary to redress racially discriminatory federal housing policies;
- direct the Department of Justice to end its use of private prisons;
- reaffirm the federal government’s commitment to tribal sovereignty and consultation;
- combat xenophobia against Asian American and Pacific Islanders;

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Biden Takes Action to Advance Racial Equity continued...

- preserve the Deferred Action for Childhood Arrivals (DACA) that defers removal of certain undocumented immigrants who were brought to the U.S. as children;
- end the Trump Administration's "Muslim ban," which restricted entry in the U.S. for certain majority-Muslim countries;
- revoke several initiatives that find and deport unauthorized immigrants and withholds federal funding from sanctuary cities;
- redirect funds that were diverted to fund the border wall at the southern border of the U.S.

Additionally, President Biden appointed Dr. Marcella Nunez-Smith to

lead the administration's task force dedicated to health equity. Dr. Nunez-Smith is an associate professor of internal medicine, public health and management at Yale University, and is one of the nation's foremost experts on disparities in healthcare access. In her new role, Dr. Nunez-Smith will lead the administration's COVID-19 Advisory Board and work to ensure that response, care, and treatment for COVID-19 is distributed equally.

Read more about the Biden Administration's equity-related executive orders [HERE](#).

Learn more about Dr. Nunez-Smith and the health equity task force [HERE](#).

February is Black History Month

February is Black History Month, a time for our nation to celebrate and honor the significant role of African Americans play within our society and history. The HHS Office of Minority Health is partnering with healthcare professionals and other federal agencies to highlight the impacts of COVID-19 on African Americans, especially those with underlying health conditions. These partnerships are designed to provide accurate and trusted information from minority healthcare professionals and experts that will increase vaccine acceptance and address the disproportionate impact that COVID-19 is having on racial and ethnic minorities. Their goal is to increase awareness and empower communities to proactively promote COVID-19 vaccines, and address chronic conditions such as [hypertension](#). According to the HHS Office of Minority Health, the health status of the African American community still lags behind other racial and ethnic groups in spite of efforts to address these disparities. There is information on these health differences on the HHS Office of Minority Health [webpage](#), along with a Black History Month [toolkit](#). You can find more information on Black History Month, ways to celebrate and resources on the National Archive's African American History Month [webpage](#).

HHS Proposed Modifications to HIPAA Privacy Rule Will Help Address SDOH

The Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) announced [proposed changes](#) to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule that would:

- strengthen individuals' rights to access their health information, including electronic information;
- improve information sharing for care coordination and case management;
- facilitate greater family and caregiver involvement in the care of individuals experiencing emergencies or health crises;
- enhance flexibility for disclosures in emergency and threatening circumstances such as the opioid and COVID-19 emergencies;
- reduce administrative burdens on HIPAA covered health care providers and health plans.

The rule changes will also empower those addressing social determinants of health. It proposes to permit covered entities to disclose protected health information (PHI) to social services agencies, community-based organizations, home and community-based service providers, and other third parties that provide or coordinate ancillary and other health-related social services or supportive services (i.e. housing, food insecurity, etc.) when the covered entity determines that the disclosure is required to provide health-related services for individual-level care coordination and case management activities.

Public comments on the Notice of Proposed Rulemaking (NPRM) are encouraged. The NPRM can viewed or downloaded [HERE](#).

Large Majority of Doctors Hold Misconceptions about People with Disabilities

A recent [article](#) published in Health Affairs reviews analysis of a survey that finds that 82% of physicians believe people with disabilities have a worse quality of life than those without a disability. The survey underscores how physicians' perceptions have the potential to negatively influence the care received by the more than 61 million Americans with disabilities.

Other notable findings from the survey are that:

- about 80% of the physicians surveyed said they strongly agree that it is very valuable to understand their patients with disabilities;
- only 18% strongly agree that patients with disabilities are treated unfairly in the healthcare system;
- 57% felt strongly that they welcomed patients with disabilities into their practice;
- only 41% felt very confident that they could provide the same level of care to patients with disabilities than those without disabilities.

The survey included 714 doctors across seven specialties (family medicine, general internal medicine, neurology, rheumatology, ophthalmology, orthopedic surgery and obstetrics-gynecology) that tend to care the most for people with disabilities. About a third of the physicians surveyed reported that they or a family member has a significant disability.

Research indicates that overall, people with disabilities rate their quality of life as the same or better than those without disabilities, but tend to be less satisfied with the health care they receive. They face persistent health disparities, particularly around screenings and preventive services, reproductive and pregnancy care and communication with clinicians.

The findings of the survey were striking considering that there has been particular focus on ensuring that patients with disabilities receive equitable care and access to ICU beds and ventilators during the pandemic. Click [HERE](#) to access the article on Health Affairs.

USPSTF Addresses Systemic Racism with Clinical Preventive Service Recommendations

An [article](#) in JAMA Network discusses the role of the U.S. Preventive Services Task Force (USPSTF) in making evidence-based recommendations about clinical preventive services to reduce premature deaths. Although all USPSTF recommendations are based on a rigorous and objective methodology, cited by the Institute of Medicine as the gold standard for making guidelines, the Task Force often finds substantial data that the potential lifesaving benefits of recommended services are not equitably available to Black, Indigenous, and Hispanic/Latino people.

An example cited in the article is the 2020 systematic review of colorectal cancer screening recommendations, which found consistent evidence of inequities related to access to screening, quality of screening, time from diagnosis to treatment and quality of treatment. The authors noted that this example “underscores the need to improve systems of care to ensure consistent delivery of high-quality preventive and treatment services, with special attention to groups experiencing worse health outcomes.”

The USPSTF considers systemic racism to be a set of societal and interpersonal practices both inside and outside the healthcare system that foster discriminatory practices that create disadvantage and inequities for certain racial groups. These inequities are due to social, economic, and structural factors from systems that perpetuate racism. Even when the racism is unintentional, there are well-documented and persistent structural inequities that span the healthcare continuum from prevention to treatment. The USPSTF concludes that there is convincing evidence that systemic racism causes health inequities, including for disease prevention and health promotion.

As a result, the USPSTF has committed to addressing health equity through the development of a roadmap to guide the task force's approach to equitable, evidence-based preventive health care. There are specific actions that the USPSTF outlines in a [supplement](#) to the article that it believes can play a role in mitigating the consequences of systemic racism for racial and ethnic minority groups.

Poll Reveals Most Effective Language to Improve Vaccine Acceptance

The [deBeaumont Foundation](#) and pollster Frank Luntz conducted a poll in partnership with the [American Public Health Association](#), the [National Collaborative for Health Equity](#) and [Resolve to Save Lives](#) to identify language that will be most effective for increasing vaccine acceptance. The language development was especially important for those who have been identified as less likely to take a vaccine including rural Americans, and Republicans, Black Americans and women age 18-49.

Some highlights from the poll include:

- 60% of Americans said they were either “absolutely certain” or would “probably” get the vaccine if they could now;
- When asked about the biggest concern about taking the vaccine, 33% said either short-term or long-term side effects;
- When presented with several statements about side effects and asked which was the most reassuring, 62% of respondents chose “getting vaccinated will help keep you, your family, your community, the economy, and your country safe and healthy”;
- Family is by far the most powerful motivator for vaccine acceptance;
- When asked what they want most from a vaccine, most respondents said “a return to normal,” followed by “safety” and “immunity.”

The deBeaumont Foundation [website](#) offers tips for promoting vaccine acceptance and messaging for the most hesitant groups, as well as more details on the results of the poll. There are also two free resources that can be downloaded as PDFs:

- [Language That Works To Improve Vaccine Acceptance: Communications Cheat Sheet](#)
- [Changing the Conversation: Communications Cheat Sheet](#)

CMS Issues New Roadmap for States to Address Social Determinants of Health

On January 7th, the Centers for Medicare & Medicaid Services (CMS) issued guidance to states to drive the adoption of strategies that address the social determinants of health (SDOH) in Medicaid and the Children’s Health Insurance Program (CHIP). The overall goals in releasing the roadmap are to improve beneficiary health outcomes, reduce health disparities, and lower overall costs in Medicaid and CHIP.

The new guidance describes how states can leverage existing flexibilities under federal law to address adverse health outcomes that can be impacted by SDOH and support states in designing programs, benefits and services that can more effectively improve population health and reduce the cost of caring for the most vulnerable and high-risk populations.

The U.S. spends considerable more on health care than any other country yet tends to underperform on key health indicators such as life expectancy, reducing chronic heart disease, and maternal and infant mortality rates. National health care spending is projected to grow rapidly and reach **\$6.2 trillion by 2028**. To address rising healthcare costs and low health outcomes, CMS is accelerating a shift away from traditional fee-for-service payment models to value-based models that hold clinicians accountable for cost and quality. CMS is encouraging state Medicaid directors to incorporate value-based strategies across their healthcare systems to allow states to provide Medicaid beneficiaries efficient, quality care while lowering cost. The adoption of value-based care arrangements provide better opportunities for states to address SDOH and disparities across the healthcare system.

With the release of the roadmap, CMS acknowledges that the fee-for-service payment system limits clinicians’ ability to address those factors that are not strictly medical but have a profound impact on patients’ wellbeing. The Agency recognizes that Medicaid and CHIP beneficiaries face challenges related to SDOH such as food insecurity, unstable housing, limited or no access to a quality education and less opportunities for meaningful employment. The guidance should encourage states to make these factors an integral component of their efforts to realign incentives, reduce costs, and advance value-based care.

Click [HERE](#) to access the official guidance letter from CMS.

More on Health Equity....

COVID-19 VACCINE

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| January 21, 2021 | <p>How States Collect Data, Report, and Act on COVID-19 Racial & Ethnic Disparities</p> <p>National Academy for State Health Policy (NASHP)</p> | <p>The racial inequities exposed by COVID-19 case and death rates can guide states as they target testing initiatives and vaccination distribution to address inequities in communities of color. This chart details which states are reporting race and ethnicity in their case, mortality, testing and vaccination data. Learn more by reading the NASHP blog States Quickly Retool Strategies to Maximize Vaccination Coverage.</p> |
| January 26, 2021 | <p>Share Your Community's COVID-19 Innovations Addressing Vaccine Hesitancy and Distribution</p> <p>RHIHub</p> | <p>The Rural Health Information Hub (RHIHub) is requesting organization's share their experiences addressing vaccine hesitancy, which will be included in the Rural COVID-19 Innovations collection. RHIHub is also interested in ways communities and organizations have innovated to get rural residents vaccinated against COVID-19. They are looking for best practices and lessons learned.</p> |
| January 27, 2021 | <p>V-safe After Vaccination Health Checker</p> <p>Centers for Disease Control and Prevention (CDC)</p> | <p>The CDC offers V-safe, a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after people receive a COVID-19 vaccine. Through V-safe, people can quickly tell the CDC if they have experienced any side effects after getting vaccinated. The app will also remind users to get the second vaccine dose. The app does not, however, schedule appointments to receive the vaccine.</p> |
| January 29, 2021 | <p>COVID-19 Vaccine Communication Toolkit for Community-Based Organizations: Getting Started</p> <p>Centers for Disease Control and Prevention (CDC)</p> | <p>This toolkit is designed for staff of organizations serving communities affected by COVID-19. These CBOs could include social service organizations, faith-based organizations, YMCAs/YWCAs, fraternities, school organizations (e.g., PTAs/PTOs), meal delivery services, senior centers, and others. The toolkit will help these organizations educate community members about COVID-19 vaccines, raise awareness about the benefits of vaccination, and address common questions and concerns.</p> |
| January 2021 | <p>National Strategy for the COVID-19 Response and Pandemic Preparedness</p> <p>Biden Administration</p> | <p>The White House has released this report that outlines the new administration's actionable plan across the federal government to address the COVID-19 pandemic, including protecting those most at risk and advancing equity, including across racial, ethnic and rural/urban lines.</p> |

HEALTH EQUITY

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| January 2021 | <p>Aligning Systems with Communities to Advance Equity through Shared Measurement</p> <p>American Institutes for Research (AIR) & Robert Wood Johnson Foundation (RWJF)</p> | <p>The American Institutes for Research (AIR), with funding from the Robert Wood Johnson Foundation, developed five Guiding Principles to inform measurement that effectively aligns systems' actions with the needs and priorities of the communities those systems serve, particularly communities that historically have been harmed the most by inequities. The AIR team developed these principles through a modified Delphi process in partnership with an 18-member expert stakeholder panel and a seven-member steering committee consisting of leaders in cross-systems alignment, measurement, and community engagement from across the nation.</p> |
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LGBTQ

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| January 2021 | <p>Food Insecurity and Sexual Orientation</p> <p>IMPAQ Health</p> | <p>In this issue brief, IMPAQ researchers used nationally representative data to compare past-month food insecurity between individuals who identified as lesbian, gay, bisexual, or something else (LGB) and non-LGB adults, and also examine the characteristics associated with a heightened risk of food insecurity among the LGB population.</p> |
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Health Equity Webinar Materials

Alliance for Health Policy

Building Confidence to Build Immunity: Vaccine Hesitancy and COVID-19

This briefing explored the current state of COVID-19 vaccine deployment efforts, cultural, historical, and political influences that may generate feelings of hesitancy, and how to ensure optimal vaccine uptake in key populations.

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

Center for Health Care Strategies

Maximizing Medicaid's Potential to Close the Disparities Gap and Improve Health Equity

This Center for Health Care Strategies (CHCS) panel discussion examined how systemic racism plays out in our nation's health care system and explored crucial opportunities for Medicaid to take a more proactive role to identify, address, and reduce health disparities and contribute to broader societal efforts to address racism. Experts and leaders representing federal, state, and provider perspectives shared their insights on how Medicaid can use its policy and program levers to address the social drivers of health and improve the long-term prospects for healthier communities.

- [Video](#)

Maryland Patient Safety Center

Strategies to Improve Vaccine Acceptance Among Healthcare Workers of Color

As the COVID-19 pandemic continues to strain our healthcare institutions, vaccination will play a key role in our ability to respond to surges while protecting our employees and maintaining a healthy workforce. In this webinar, Dr. Nicole Rochester presented data regarding vaccine acceptance among healthcare workers of color and explored the roots of vaccine hesitancy. Attendees were introduced to strategies for increasing COVID-19 vaccine acceptance using a methodology centered around empathic communication and employee engagement.

- [Video](#) (passcode: J7e4bR.c)
- Please see the [Vaccine Hesitancy Resource Guide](#) at the end of this newsletter.

Weitzman Institute

The Digital Transformation in Social Determinants of Health: Building Housing Security During COVID-19 and Beyond

Stable housing and health outcomes are inextricably linked. When a patient loses housing – or is in jeopardy of losing housing– health outcomes suffer. COVID has led us to a moment of crisis. Thirty million to 40 million people in the United States face eviction. People of color are disproportionately impacted. Addressing housing as a social determinant of health is critical to achieving health equity. This webinar brings together experts from housing, healthcare and the intersection of both to share innovative short and long-term solutions you can implement in your community.

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

Upcoming Events

Mobilizing Transportation to Increase COVID-19 Vaccination

This webinar aims to enhance public health and transportation collaboration to increase COVID-19 vaccine coverage for rural and small urban areas.

Date: February 2, 2021

Time: 2:00 PM – 3:00 PM EST

[REGISTER HERE](#)

COVID-19: The State of the Vaccine

Participants will learn more about the status of clinical trials for the COVID-19 vaccine, discuss strategies for a culturally responsive pandemic response, and explore the challenges surrounding safe, reliable, and equitable distribution of the COVID-19 vaccine.

Date: February 18, 2021

Time: 12:00 PM – 1:00 PM EST

[REGISTER HERE](#)

Guidance for Businesses and Employers Considering the Needs of People with Disabilities during COVID-19

In this new era of conducting business during the pandemic, a key concern is how to meet the needs of employees and customers with disabilities who may be at higher risk. Join a panel discussion with disability leaders, business owners, consultants, and professionals who explore these issues and share strategies, solutions and resources.

Date: February 10, 2021

Time: 2:00 PM – 3:00 PM

[REGISTER HERE](#)

Behavioral Health Integration Learning Collaborative

Health center teams participating in this collaborative will pilot innovative and evidence-based interventions for the integration of affirming behavioral health into primary care for LGBTQIA+ people. With the support of the Fenway Health, 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

February, 2021

American Heart Month

Low Vision Awareness Month

World Cancer Day – February 4

National Wear Red Day – February 5

National Black HIV/AIDS Awareness Day – February 7

National Donor Day – February 14

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

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Vaccine Hesitancy in Communities of Color:

How We Got Here and The Path Forward

January 21, 2021 • Resource Guide

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www.yourgpsdoc.com

Vaccine Dashboards/Trackers

Maryland

<https://coronavirus.maryland.gov/#Vaccine>

United States (CDC)

<https://coronavirus.maryland.gov/#Vaccine>

Articles Addressing Vaccine Mistrust

Black Americans are Getting Vaccinated at Lower Rates than White Americans

<https://khn.org/news/article/black-americans-are-getting-vaccinated-at-lower-rates-than-white-americans/>

Op-Ed: Nontraditional Public Health Messengers

<https://afro.com/op-ed-non-traditional-public-health-messengers/>

Health Care Workers' Reluctance to Take the COVID-19 Vaccine: A Consumer-Marketing Approach to Identifying and Overcoming Hesitancy

<https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0676>

How to Reassure Black Americans That the Vaccine is Safe

<https://www.nytimes.com/2020/12/3nej0/opinion/promote-black-vaccination.html>

Polls

Coronavirus Vaccine Hesitancy in Black and Latinx Communities

(Published 11/23/20, COVID Collaborative)

<https://www.covidcollaborative.us/content/vaccine-treatments/coronavirus-vaccine-hesitancy-in-black-and-latinx-communities>

Intent to Get a COVID-19 Vaccine Rises to 60% as Confidence in Research and Development Process Increases

(Published 12/3/20, Pew Research Center)

<https://www.pewresearch.org/science/2020/12/03/intent-to-get-a-covid-19-vaccine-rises-to-60-as-confidence-in-research-and-development-process-increases/>

KFF COVID-19 Vaccine Monitor: December 2020

(Published 12/15/20, Kaiser Family Foundation)

<https://www.kff.org/coronavirus-covid-19/report/kff-covid-19-vaccine-monitor-december-2020/>

Webinars/Videos

Unmasked: A COVID-19 Virtual Town Hall Series- NAACP (Released 12/16/20)

<https://youtu.be/92fU7CiWlhg>

Making it Plain: What Black America Needs to Know about COVID-19 Vaccines- Black Coalition Against COVID (Released 1/7/21)

<https://youtu.be/fv2qR6xniq4>

Books

Washington, Harriet A. Medical Apartheid- The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. New York, Penguin Random House, 2008.

<https://www.penguinrandomhouse.com/books/185986/medical-apartheid-by-harriet-a-washington/>

Hoberman, John. Black & Blue: The Origins and Consequences of Medical Racism. California, University of California Press, 2012.

<https://www.ucpress.edu/book/9780520274013/black-and-blue>

For further information about the session on January 21st or questions regarding future Diversity, Equity, and Inclusion projects, please contact:



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