



# Health Equity Updates



## The Latest in Health Equity News, Events, and Resources

**April 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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# 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.*

## April is National Minority Health Month

This year's theme is **#VaccineReady**. The **IPRO QIN-QIO** joins the **HHS Office of Minority Health (OMH)** to empower communities to get the facts about COVID-19 vaccines.

COVID-19 has disproportionately affected racial and ethnic minorities, and the American Indian and Alaska Native populations, underscoring the need for these vulnerable communities to get vaccinated.

We invite you to join us throughout April as we work to increase vaccine confidence in our communities by sharing accurate information to dispel myths and misconceptions. Our goal is to encourage individuals to get vaccinated when they become eligible, and to proactively practice COVID-19 safety measures.

Spread the word by accessing the **National Minority Health Month Toolkit** with information about #VaccineReady, sample social media messages and shareable graphics.



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## Large Federal Investments to Build Vaccine Confidence and Uptake

The U.S. Department of Health and Human Services (HHS) launched the COVID-19 Community Corps, a nationwide, grassroots network of trusted voices such as doctors, community leaders, businesses and private citizens to build vaccine confidence and uptake. HHS will also be using nationwide TV ads and social media profile frames with the tagline “We Can Do This”, a hopeful and unifying call to action to end the pandemic by getting vaccinated.

These efforts are in addition to the historic \$10 billion investment **announced** by the Biden Administration to expand access and build confidence in the vaccines for communities of color, rural areas, low-income populations,

and other underserved communities. With equity at the center of the Administration’s COVID-19 response, it has set up federally-run community vaccination centers in hard-hit areas, launched hundreds of mobile clinics, launched a partnership to vaccinate dialysis patients, and investment in community health worker services to support COVID-19 prevention and control.

HHS, through the Centers of Disease Control and Prevention (CDC), will invest \$3 billion to support local efforts to increase vaccine uptake and equity. The funding will go directly to states, territories, and some large cities to increase vaccine access and acceptance.

### CMS Office of Minority Health Offers Health Equity Technical Assistance

The CMS Office of Minority Health (CMS OMH) offers health equity technical assistance resources to help health care organizations take action against health disparities.

The CMS OMH Technical Assistance Program offers:

- personalized coaching and resources to help organizations embed health equity into their strategic plans;
- resources on improving care for racial and ethnic minorities, people with disabilities, individuals with limited English proficiency, sexual and gender minorities, and rural populations;
- data collection and analysis;
- help in developing a language access plan and ensuring effective communication.

CMS OMH works with local and federal partners to eliminate health disparities while improving the health of all minority populations.

You can request technical assistance at **[HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov)** or by visiting the CMS OMH Technical Assistance **[webpage](#)**.

### Hospitalized Black Patients at Higher Risk for Poor Safety Outcomes

A new **report** from the Urban Institute finds that Black patients experienced higher rates of adverse patient safety events on 6 of 11 patient safety measures, including 5 of 7 surgery-related patient safety measures, after examining hospital discharge records from 26 states in 2017.

Care quality was measured by the rate of preventable adverse hospital patient safety events per 1000 at-risk discharges using data from the Agency for Healthcare Research and Quality (AHRQ). Researchers compared experience by race on 11 patient safety indicators including four related to general patient safety and seven linked to risk of surgical procedure adverse events.

The gaps were widest for surgical care as Black patients were 7.9 percentage points more likely to be in a hospital considered low quality across all surgical safety measures. Black patients were 4.9 percentage points more likely to be admitted to a hospital considered low quality across all general safety indicators. These differences in admissions into quality hospitals was large, with White patients being more than 9 percentage points more likely to be admitted into high-quality hospitals on four indicators and more than 7 percentage points more likely to be admitted into high-quality hospitals on six indicators.

The study highlights that Black and White patients face different standards of patient safety and that some disparity can be attributed to differences in the quality of hospitals where patients receive care. For several of the measures analyzed for this study, Black patients are 25 percent less likely than White patients to access the hospitals best able to minimize these adverse surgery-related patient safety risks. Access the full report **[HERE](#)**.

## Updating Health Literacy for Healthy People 2030

### Defining Its Importance for a New Decade in Public Health

**Healthy People 2030** is a national effort that sets goals and objectives to improve the health and well-being of people in the U.S. Healthy People 2030 is the fifth edition of Healthy People, and provides 10-year, measureable public health objectives and tools to help track progress toward achieving them.

For the first time since its establishment in 1979, the Healthy People framework aims to attain health literacy as an Overarching Goal and Foundational Principle to achieving health and wellbeing. There is growing literature on health literacy that describes it as a concept that is reliant on both individual capabilities and organizational ability to make health-related information and services equitable accessible and comprehensible.

In developing new definitions for both personal and organizational health literacy for Healthy People 2030, the U.S. Department of Health and Human Services (HHS) drew on recommendations from an independent advisory committee of national experts, as well as input from the public and stakeholder groups.

A **report** published in the Journal of Public Health Management & Practice describes the definitions and the process HHS used to create them. The Healthy People initiative is run by the HHS Office of Disease Prevention and Health Promotion (ODPHP), which is mandated by Congress to assist in the analysis of issues and problems related to health information. One way in which ODPHP fulfills this mandate is to support efforts to improve health literacy. The implementation of health literacy core, developmental, and research objectives lies with the Health People Health Communications and Health Information Technology (HC/HIT) Topic Area Workgroup, and is built upon the **two complementary health literacy definitions** – one for individuals and one for organizations – which taken together, constitutes health literacy. Together, the two definitions will help encourage the research, policies, and programs needed to eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

## Combating Racism, Xenophobia, and Intolerance against Asian Americans

Since the beginning of the COVID-19 pandemic, there has been an alarming increase in reports of attacks, harassment and hate-motivated incidents against Asian Americans and Pacific Islanders (AAPIs) in the U.S. Hate, stigma, racism, discrimination and implicit bias contribute to poor health and worse outcomes for racial and ethnic minorities, which exacerbate health disparities.

The Biden Administration issued the **Memorandum Condemning and Combating Racism, Xenophobia, and Intolerance against Asian Americans and Pacific Islanders in the United States**. The memorandum calls for the federal government to combat and prevent racism, xenophobia, and intolerance against AAPIs to include the Secretary of Health and Human Services, in coordination with the **COVID-19 Health Equity Task Force**, working to issue best practices for advancing cultural competency, language access and sensitivity toward AAPIs; executive departments and agencies taking appropriate steps to ensure that official actions, documents, and statements do not exhibit or contribute to racism, xenophobia, or intolerance against AAPIs; and the Attorney General exploring opportunities to support state and local agencies to prevent discrimination, bullying, harassment, and hate crimes against AAPH individuals.

The Administration also issued the **Advancing Racial Equity and Support for Underserved Communities Through the Federal Government** Executive Order. This executive order calls for a comprehensive federal approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality.

While the memorandum and executive order address the immediate needs related to the COVID-19 pandemic response and recovery efforts, they will also help sustain federal efforts beyond the pandemic to combat racism and advance inclusion for people of all races and ethnicities.

The Centers for Disease Control and Prevention (CDC) has a **webpage** dedicated to reducing stigma and discrimination available in multiple languages.

## Social Determinants of Health Resources Compendium

The National Alliance to Impact the Social Determinants of Health (NASDOH) recently released a resource compendium intended to support multi-sectoral alliances focused on social determinants of health (SDOH). The NASDOH is a group of stakeholders that seeks to make a material improvement in the lives of individuals and communities and advance holistic, value-based, person-centered health care that can successfully impact the SDOH. The NASDOH developed the compendium to clearly articulate why multi-sectoral partnerships are essential to address the SDOH and provide a framework to guide establishment of alliances. The compendium includes best practices and resources that will be useful to stakeholders who are:

- interested in addressing SDOH in their communities and want to learn more about why multi-sectoral alliances can be an effective approach;
- committed to developing multi-sectoral alliances but need resources to get started, or
- in established alliances and looking for guidance on certain topics.

The World Health Organization defines SDOH as the “conditions in the environments where people are born, grow, live, work and age that affect health outcomes and risks, and the broader systems that shape those conditions, including social, political, and economic programs, and policies.” It is proven that the SDOH affect health outcomes and include a variety of non-medical factors such as food access, transportation, housing, incarceration and recidivism, employment and wages, safe environment, education and climate.

**Studies** have shown that a higher ratio of social to health spending is associated with better health outcomes.

The NASDOH compendium includes a variety of resources for building strategy, building capacity, sustainability and taking action. The resources are categorized as “guidance”, “example or case study”, and “tool” with a description of how each tool can be helpful. To access the compendium, click [HERE](#).

## Housing for Health: A Social ROI

According to a [study](#) published in Health Affairs in March, a hospital-sponsored affordable housing program in Baltimore is having a positive social impact on the neighborhood. Researchers used a social-return-on-investment (SROI) analysis to evaluate the broader social, economic, and environmental benefits of the Bon Secours Hospital’s Housing for Health program. Bon Secours currently has 801 affordable housing units across 12 properties in West Baltimore neighborhoods.

Previous analyses of these types of programs focused on traditional return-on-investment, comparing profits with the capital invested. For this study, researchers used a “triple bottom line” approach that considers the benefit to the community, including the residents, local economy, and environment. They determined the program’s social value ranged from \$1.30 to \$1.92 per year for every dollar of annual operating expense in 2018.

This social-return-on-investment analyses could help community programs that aim to address social determinants of health demonstrate their impact, which can be challenging using traditional economic evaluation methods of return-on-investment, cost-effectiveness, or cost-benefit analysis.

A new report released by the American Hospital Association (AHA) titled [Housing and Health: A Roadmap for the Future](#) highlights that housing instability is a continuum that takes many forms, from cost burden (more than 30% of income spent on housing) to homelessness. Black and Hispanic Americans comprise 40% and 20% of housing-insecure individuals respectively. Families headed by women account for one-third of the homeless population, and there are more than 100,000 children homeless each day. The AHA report states that housing-insecure individuals have worse health status and outcomes than those in stable housing. Average life expectancy for a person without stable housing is 27.3 years less than a person with stable housing, and they use the emergency department (ED) and medical services more. These data are the impetus for health care organizations to address housing insecurity to improve health outcomes and reduce costs. Providing supportive housing can reduce health care costs by 59%, decrease ED costs by 61% and decrease inpatient hospitalizations by 77%. The AHA report profiles several hospital housing programs.

## More on Health Equity

### Asian and Pacific Islander Racism

March 2021	<p><b><i>Resources to Address Anti-Asian Racism</i></b></p> <p>Association of Asian Pacific Community Health Organizations</p>	<p>The alarming increase in attacks on Asian Americans and Pacific Islanders (AAPIs) has caused concern across our nation. These resources can be used by health center providers, community-based organizations, educators, and the general public to combat the stigma by addressing misinformation and encouraging the practice of cultural humility.</p>
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### COVID-19

March 23, 2021	<p><b><i>Vaccine Equity Toolkit</i></b></p> <p>Kaiser Permanente</p>	<p>This toolkit, built on key learnings and best practices, offers resources and strategies for care delivery organizations, health plans, and state and local governments to ensure everyone has access to lifesaving vaccines. It provides tools for measuring and reporting equity in vaccinations and recommends interventions to target the administration of vaccines to vulnerable populations.</p>
March 29, 2021	<p><b><i>Partnership to Expand Access to COVID-19 Vaccine to Older Adults and People with Disabilities</i></b></p> <p>CDC &amp; ACL</p>	<p>The Centers for Disease Control and Prevention (CDC) and Administration for Community Living (ACL) will provide nearly \$100 million in grants to Aging and Disability Networks in every state and territory to help increase vaccinations among older adults and people with disabilities. These funds will help provide critical services to overcome barriers that are preventing millions of those most at risk for serious illness and death from COVID-19 from receiving the vaccine.</p>
March 2021	<p><b><i>COVID-19 Vaccine Toolkits</i></b></p> <p>American Lung Association</p>	<p>The American Lung Association worked with various partners to develop culturally relevant, science-based, factual guides about the COVID-19 vaccines. The materials can be used to make a well-informed decision about vaccination. There are three toolkits in the series:</p> <ul style="list-style-type: none"> <li>• <b>Power and Immunity</b> – Developed with The Center for Black Health &amp; Equity, this guide provides up-to-date, public health information and explores the contribution of Black scientists and public health advocates to end the pandemic.</li> <li>• <b>Resiliency &amp; Immunity</b> – This guide shares the resiliency of Native Americans throughout the pandemic and how they are supporting efforts to end COVID-19.</li> <li>• <b>Better for It</b> – This guide has been developed with information Americans need to explore concerns, answer questions, and start a conversation about vaccination.</li> </ul>

### HEALTH EQUITY

June 7 – 10, 2021	<p><b><i>The Virtual National Health Equity Summit</i></b></p> <p>The Commonwealth Fund</p>	<p>This virtual summit is the leading national forum on practical case studies and solutions for advancing health equity. It features ways to embed health equity in patient safety and clinical quality initiatives. There is no charge to attend the event.</p>
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### MULTILINGUAL RESOURCES

March 2021	<p><b><i>Multilingual Resources &amp; Materials for Medicare Providers</i></b></p> <p>HHS Office of Minority Health</p>	<p>The HHS Office of Minority Health has partnered with CMS and other HHS agencies to identify and compile multilingual resources and materials for Medicare providers to assist them in providing culturally and linguistically appropriate services.</p>
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## Health Equity Webinar Materials

### American Heart Association

#### ***Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory from the AHA***

This webinar discussed how structural racism has been and remains a fundamental cause of persistent health disparities in the U.S. The AHA recognizes structural racism as a fundamental cause of poor health and disparities in cardiovascular disease. The Presidential Advisory reviewed the historical context, current state, and potential solutions to address structural racism in the U.S.

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

### Association of Clinicians for the Underserved

#### ***Engagement Strategies to Mitigate Burnout During Vaccination Rollout***

In this webinar series, presenters explore provider burnout and satisfaction in the context of the pandemic, lessons learned, and strategies that health centers can take to minimize burnout and maintain provider satisfaction in the next several months. This is the first webinar in the series.

- [Video](#)

### Departments of Labor, Health and Human Services, Education and Related Agencies (117th Congress)

#### ***Addressing the Maternal Health Crisis***

The House Appropriations Subcommittee discussed the causes of maternal health disparities and possible policy options to reduce these disparities.

- [Video](#)

### Hospital Quality Institute

#### ***Affective Biases in Medical Decision Making: What the They and What Should We Do About Them?***

In this interactive webinar, presenters reviewed what affective bias is, different sources of bias (e.g., patients, providers, system factors), and different types of bias (e.g., those associated with race, ethnicity, mental illness, gender). They examined how these biases can influence medical decision making and behavior, and contribute to adverse events. Building on this foundation, the presenters explored how a consideration of affective biases can be incorporated into root cause analyses and investigated as a contributory factor in medical error. Finally, bias mitigation strategies were discussed.

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

### Primary Care Collaborative

#### ***A Dangerous Disruption? The Consequences of Delayed Care During COVID-19***

More than one in three U.S adults – most with chronic conditions – delayed getting treatment, either over fear of the virus or because of COVID-19 related limits on services. This webinar explored the implications for individual patients and populations from forgoing regular checkups, preventive screenings and routine vaccinations.

- [Video](#)

## Upcoming IPRO Events

### *Addressing Health Disparities to Reduce Harm in Opioid Use Harm Series*

- ***What We Bring to The Room: Reflecting on the Impact of Bias in Care***

The topic of bias is increasingly gaining attention in healthcare. This webinar will offer essential information on bias-related concepts, how bias affects care and patient outcomes, and practice strategies for reforming their methods of delivering care.

**Speaker:** Lee Westgate, MBA, MSW, LCSW-C

**Date:** April 20, 2021

**Time:** 11:00 AM – 12:00 PM EDT

[REGISTER HERE](#)

### *Integrating Behavioral Health with Primary Care Series*

- **Community & Social Services Linkages**

This webinar will be discuss why and how to screen for social determinants of health, and how to connect the patient to community resources for support.

**Speakers:** Therese Wetterman, MPH, Health Leads and Kevin Fiori, MD, Montefiore Medical Center.

**Date:** April 14, 2021

**Time:** 12:00 PM – 1:00 PM

[REGISTER HERE](#)

- **Sustainability: Coding for Behavioral Health Services**

This webinar will discuss how practices can get paid for behavioral health screenings and follow-up care for primary care patients.

**Speaker:** Earl Berman, MD, FACP, MALPS-L, CGS Administrators, LLC

**Date:** April 28, 2021

**Time:** 12:00 PM – 1:00 PM

[REGISTER HERE](#)

- **Where to Go From Here**

This webinar is a wrap-up of this series with a review of the readiness assessment and next steps.

**Speaker:** IPRO Team

**Date:** May 26, 2021

**Time:** 12:00 PM – 1:00 PM

[REGISTER HERE](#)

## Upcoming Events

### *Trust, Culture, and COVID-19 in the Latino Community*

This webcast addresses the health challenges within the Latino patient community. The webcast is targeted to staff who would like to build rapport and trust with their Latino patients in an efficient manner.

**Dates:** April 6, 2021

**Time:** 1:30 PM – 2:30 PM EDT

[REGISTER HERE](#)

### *Tackling Inequities in Digital Care*

The rapid expansion of telehealth during the COVID-19 response has highlighted the challenges of digital access for populations who have been marginalized. This webinar will present innovative interventions that improve digital equity and potentially lower health disparities.

**Date:** April 12, 2021

**Time:** 2:00 PM – 3:30 PM EST

[REGISTER HERE](#)

### *Expanding Access to Medication Based Treatment for OUD in Rural Communities using Telehealth*

This webinar discusses tips and promising strategies for addressing substance use disorder among vulnerable populations in underserved rural areas, with a focus on individuals with opioid use disorder (OUD).

**Date:** April 15, 2021

**Time:** 12:00 PM – 1:00 PM EDT

[REGISTER HERE](#)

### *Promoting Disability-Competent Care during COVID-19*

This webinar will provide an overview of the Resources for Integrated Care's Disability Competent Care model followed by two health plans sharing promising practices and innovative strategies for addressing the unique needs of dually eligible individuals with disability during the COVID-19 pandemic.

**Date:** April 22, 2021

**Time:** 1:30 PM – 3:00 PM EDT

[REGISTER HERE](#)

## Monthly Observances

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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May, 2021

**Arthritis Awareness Month**

**Healthy Vision Month**

**Hepatitis Awareness Month**

**High Blood Pressure Education Month**

**Huntington's Disease Awareness Month**

**Lupus Awareness Month**

**National Mental Health Month**

**Older Americans Month**

**Stoke Awareness Month**

**Trauma Awareness Month**

**Peripheral Neuropathy Awareness Week** (May 3 – 9)

**Women's Health Week** (May 9 – 15)

## Qlarant

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