



- Healthcentric Advisors
- Qlarant



Health Equity Updates



The Latest in Health Equity News, Events, and Resources

December 2020

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.
12SOW-IPRO-TA-AA-20-238

December 1, 2020

HEALTH EQUITY UPDATES



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

Mapping Racial and Ethnic Inequities in Health and Opportunity

A new **interactive mapping tool**, published in the New England Journal of Medicine, allows users to view and compare data on a range of indicators for each state and for six racial and ethnic groups. The tool uses data aggregated by the **Health Opportunity and Equity (HOPE) Initiative**.

According to their website, HOPE “provides an interactive data tool designed to help states and the country move beyond measuring disparities to spurring action toward health equity” using **27 indicators** of health and well-being. HOPE is funded by the **Robert Wood Johnson Foundation (RWJF)**, and led by the **National Collaborative for Health Equity** and **Texas Health Institute** in partnership with Virginia Commonwealth University’s **Center on Society and Health**.

The mapping tool has ten indicators:

- Access to primary care
- Affordable health care
- Food security
- Infant mortality
- Low poverty concentration
- Adult health status
- Affordable housing
- Health insurance coverage
- Livable income
- Premature mortality

Users can select one or all racial/ethnic groups and view state or regional data in a graphic format. Click **HERE** to access the mapping tool.

Contents

<u>Mapping Racial and Ethnic Inequities in Health and Opportunity</u>	1
<u>Mobile Apps for mHealth and People with Disabilities</u>	2
<u>Health Literacy as a Social Driver of Poor Health Outcomes</u>	2
<u>Whole-of-Government Response to Homelessness in the U.S.</u>	3
<u>The State of Obesity 2020</u>	4
<u>More on Health Equity...</u>	5
<u>Health Equity Webinar Materials</u>	7

Individual Highlights

<u>CMS Announces HCBS Toolkit</u>	2
<u>AHA Recognizes Structural Racism as a Driver of Health Disparities</u>	3
<u>20% of COVID Patients Develop Mental Health Issues</u>	4
<u>Monthly Observances</u>	8
<u>Upcoming Events</u>	8

Mobile Apps for mHealth and People with Disabilities

A **conference paper** presented at the *International Conference on Computers Helping People* describes data and analysis on the use and unmet needs of mHealth mobile apps by people with disabilities in the U.S. The paper focuses on several key areas related to user experience in order to map the behavior, interests and needs of people with physical, cognitive, sensory, emotional/psychological, and speech disabilities.

Evidence suggests that people with disabilities are not well represented in the growth of mobile healthcare because most apps are designed and engineered by and for people without disabilities. This under-representation potentially increases health disparities for this group because they are not able to take advantage of new and effective ways to engage in personal health management. Seven in 10 doctors and payers believe

that mHealth mobile apps will encourage patients to take more responsibility for their health, highlighting the considerable interest and expectations for the technology. The researchers conclude that concerted and continuous efforts to identify the experiences and needs for mobile health apps by people with disabilities is critical to ensure they benefit from the technology. Click **HERE** to access the paper.

CMS Announces HCBS Toolkit

The Centers for Medicare and Medicaid Services (CMS) launched a new **toolkit** designed for state Medicaid agencies to strengthen infrastructure and develop robust home and community-based services (HCBS) for eligible beneficiaries.

The toolkit highlights promising state models and practices for strengthening state infrastructure to increase transitions from institutional settings to community-based settings; prevent or delay institutionalization; and improve community living for individuals eligible for Medicaid HCBS. The toolkit contains four modules that offer:

- state strategies to increase the share of long-term services and supports (LTSS) provided in community-based settings;
- tools designed to assist states with policy and programmatic strategies;
- case studies of innovative programs and creative ways of leveraging federal authorities to transform LTSS systems;
- links to relevant resource.

Click **HERE** to view the *Long-Term Services and Supports Rebalancing Toolkit*.

Click **HERE** to view the toolkit fact sheet.

Health Literacy Should Be Valued as a Social Driver of Poor Health Outcomes

Health literacy is the ability to understand and effectively use health information to make decisions about one's health. People with low health literacy have increased mortality, worse health outcomes, are less engaged in their care, use the emergency room more often and have higher avoidable healthcare expenditures. In this **article**, **Lisa Fitzpatrick, MD** – a subject matter expert on healthcare in underserved populations – discusses the need to recognize health literacy as a social driver of health and invest in interventions to address it along with other social determinants of health.

Health systems and insurance companies spend millions on health information that is often ignored by patients. In 2019 alone, over **\$30 billion was spent on health communications for consumers**. If the information is not understood or used, it has little impact on health. Dr. Fitzpatrick offers several actions to improve low health literacy:

- Recognize and address the association between low health literacy and trust in healthcare. Low health literacy equals less engagement.
- Understand low health literacy is not a one-size-fits-all designation. Challenges may include language, numeracy, health system navigation, or how to take medications.
- Understand how low health literacy influences health outcomes and commit to addressing it.
- Tailor health education and information content to ensure it is relevant for those who need it.

Health equity requires engaged, well-informed patients. As such, health literacy should be a measurable driver of health equity. Click **HERE** to access the full article.

Whole-of-Government Response to Homelessness in the U.S.

A **report** by the United States Interagency Council on Homelessness (USICH) states that despite significant increases in funding and beds, overall homelessness has been increasing in the U.S. In just five years (2014-2019), unsheltered homelessness increased by 20.5%, and has become a national crisis.

In 2020, Congress appropriated over \$6.6 billion for targeted homelessness assistance programs. These funds are separate from the over \$4 billion allocated to address homelessness related to COVID-19. Federal funding for targeted homelessness assistance has increased every year in the last decade so that funding is now 200% more than the total allocated a decade ago.

This report outlines the successes and limitation of policies the federal government has pursued to end homelessness and offers a strategic view for implementing an outcomes-driven and compassionate response. It offers eight customized solutions that it asserts will produce better outcomes:

1. The Importance and Power of the Dignity of Work
2. Mental Health and Trauma Informed Care are Critical
3. Affordable Construction Leads to Affordable Housing
4. Prevention Will Save Money While Reducing Trauma
5. The Need for Population Specific Programming
6. Renewed Focus on Racial Disparities
7. Promote Alternatives to Criminalizing People Experiencing Homelessness
8. Importance of National Emergency Readiness

The report concludes that goals to eliminate homelessness must address the real root causes and move beyond primarily providing subsidized housing assistance only. Solutions must offer families and individuals experiencing homelessness a trauma-informed approach that flexibly meets their unique needs. Homelessness will be eradicated only if robust, coordinated, and with the support of federal partners.

Click **HERE** to access the full report.

AHA Recognizes Structural Racism as a Driver of Health Disparities

The American Heart Association (AHA) recently issued a **policy statement** in **Circulation** calling out structural racism as a major driver of health disparities in the U.S. The AHA acknowledged that while it had previously published statements addressing cardiovascular and cerebrovascular risk and disparities among racial and ethnic groups in the U.S., those statements had not adequately recognized structural racism as a fundamental cause of poor health and disparities in cardiovascular disease.

Several principles emerged from an advisory panel review of the historical context, current state, and potential solutions to address structural racism: racism persists; racism is experienced; and the task of dismantling racism must belong to all of society. The panel states that the path forward requires:

- a commitment to transforming the conditions of historically marginalized communities;
- improving the quality of housing and the neighborhoods of marginalized populations;
- advocating for policies that eliminate inequities in access to economic opportunities, quality education, and health care;
- enhancing allyship among racial and ethnic groups;
- acceleration of research on racism and investigation of the joint effects of multiple domains of racism.



With this advisory, the AHA declares it unequivocal support of anti-racist principles. ”



Keith Churchwell, MD
Yale New Haven Hospital
AHA Writing Committee Chair

20% of COVID Patients Develop Mental Health Issues

A [new report](#) published November in the Lancet found that those who have had COVID-19 are likely to develop anxiety, depression, insomnia and post-traumatic stress disorder (PTSD) within 90 days of recovery. The lack of contact with family members and loved ones during quarantine and hospital stays can produce psychological instability. Reports of PTSD symptoms have been noted in patients discharged from the hospital after recovering from the virus.

Researchers reported that 32.2% of COVID-19 patients developed PTSD, 14.9% developed depression, and 14.8% developed anxiety. Additionally, people who recovered from COVID-19 can experience post-intensive-care syndrome, which includes cognitive, psychological, and neurological symptoms. Researchers have also reported significantly higher risks of dementia for those who have had COVID.

People who have not had the virus are also experiencing mental health issues due to prolonged social isolation and lockdowns, economic instability, and uncertainty around when the crisis will end. The report outlines increased symptoms of depression, anxiety, and stress due to the disruption of life, fear of contracting the virus, fear of economic disruption and exacerbation of health inequities. People report phobic anxiety, panic buying, binge-watching television and the associated mood disturbances, sleep disturbances and impairment in self-regulation as consequences of the stress related to the pandemic.

Additionally, the report describes the effects on the mental health of frontline workers who experience negative consequences from extended stress exposure and fear of infecting themselves and loved ones.

Researchers suggest that the pandemic presents an opportunity to improve the scale and cost-effectiveness of different mental health interventions. This includes rethinking conventional approaches to systems planning and greater inclusion of individuals, care-givers and representatives of populations who experience health disparities. Click [HERE](#) to access the full report.

The State of Obesity 2020

According to a [report](#) from [Trust for America's Health](#), the U.S. obesity rate for adults reached 42.4% in 2020, the highest ever recorded, and is based on data from the 2017-2018 National Health and Nutrition Examination Survey (NHANES). The report notes that the national obesity rate has increased by 26% since 2008.

Food insecurity due to economic instability caused by the pandemic puts people at higher risk for obesity, often because they are consuming a lower quality diet. It is clear that COVID disproportionately affects racial/ethnic minorities, increasing the likelihood that they will be impacted by obesity. Another consideration is that those who are obese face more dire consequences of a COVID infection, including hospitalization and death. All of these concerns are exacerbated by socioeconomic factors such as poverty, unemployment and discrimination. In fact, data show that Black adults have the highest level of adult obesity at 49.6%, driven largely by obesity among Black women at 56.9%. Latinx adults have an obesity rate of 44.8%, compared to an obesity rate of 42.2% among White adults. Asian adults have the lowest obesity rate at 17.4%.

Obesity has serious health consequences such as diabetes, hypertension, stroke, cancer and cardiovascular disease. It is estimated to increase healthcare spending by \$149 billion annually, about half of which is paid by the Centers for Medicare and Medicaid Services (CMS). The report asserts that, in spite of the rise in obesity, the U.S. has failed to create a coordinated and comprehensive response to the epidemic.

The report offers recommendations on how best to address the obesity crisis grounded in two principles:

1. the need for a multi-sector, multi-disciplinary approach;
2. a focus on those population groups that are disproportionately impacted by obesity.

The report offers five key recommendations for federal, state and local governments to address the obesity crisis, and includes a special section on food insecurity and its relationship to obesity. The appendix covers 32 indicators spanning state-level conditions, policies, and performance measures across five themes. Click [HERE](#) to access the full report.

More on Health Equity....

AMERICAN INDIANS / ALASKA NATIVES (AI/AN)

November 2020	Limited Access to Health Data on AI/AN Impedes Population Health Insig	This health policy brief outlines how the American Indian and Alaska Native (AI/AN) population are under-represented and often invisible in public health data and research. Few population health datasets include measures that allow researchers to identify any AI/AN populations in their public-use data. The convention of tabulation and racial/ethnic reporting in publicly available data obscures insights about this population. The report offers suggestions to improve measurement and availability of information about this population. There is an associated infographic .
	USLA Center for Health Policy Research	

BLACK / AFRICAN AMERICAN WOMEN

December 2020	Release the Pressure Campaign	The AMA <i>Release the Pressure</i> campaign supports Black/African American women with hypertension by encouraging them to create a wellness plan to stay healthy along with their family and friends. The campaign features healthcare tips, fact sheets and videos.
	American Medical Association (AMA)	

COMPLEX CARE

October 27, 2020	Core competencies for frontline complex care providers	Complex care is a growing field that seeks to improve health and well-being for people with complex health and social needs – those with multiple chronic conditions combined with social barriers like homelessness, food insecurity and lack of transportation. This report highlights the core competencies that capture the necessary knowledge, skills and attitudes for members of teams or individual practitioners that are working on programs that coordinate and provide services for people with complex needs.
	Camden Coalition and The National Center for Complex Health & Social Needs	

COVID-19

October 7, 2020	Increased risk of COVID-19 infection and mortality in people with mental disorders	People who were recently diagnosed with a mental disorder had significantly higher odds of COVID-19 infection than patients without a mental disorder according to this study. African Americans had a higher risk for the virus than Whites, with the strongest ethnic disparity for depression. Women had higher odds for infection than men with the strongest gender disparity for ADHD. The death rate due to COVID was higher among those with a mental disorder (8.5%) versus those without a mental disorder (5.7%).
	World Psychiatry	
November, 2020	National COVID-19 Resiliency Network (NCRN)	The HHS Office of Minority Health (OMH) is working with the Morehouse School of Medicine through a cooperative agreement to develop a national network of state, territorial, tribal and local public and community-based organizations to help address the impact of COVID-19 among racial and ethnic minority populations. Morehouse School of Medicine established the <i>National COVID-19 Resiliency Network (NCRN)</i> , which will share important messages and linkages to healthcare and social services in communities across the nation and in areas hardest hit by the pandemic.
	HHS Office of Minority Health & Morehouse School of Medicine	

COVID-19 VACCINE DISTRIBUTION FOR VULNERABLE POPULATIONS

November 2020	FAQs on COVID-19 Vaccine Distribution Considerations for the Disability Community	This “frequently asked questions” document supports state and local disability leaders who advocate for the role of individuals with disabilities in the allocation and distribution plans for a COVID-19 vaccine. It includes information on the approval, manufacturing, allocation, and distribution processes for the COVID-19 vaccines. It also includes AUCD network vaccine resources, and links to addition federal, state, and local public health resources.
	Association of University Centers for Disabilities (AUCD)	

November 2020	The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine Centers for Disease Control and Prevention (CDC)	This report discusses four ethical principles that will inform the Advisory Committee on Immunization Practices recommendations for the initial allocation of COVID-19 vaccine: maximizing benefits and minimizing harms; promoting justice; mitigating health inequities; and promoting transparency. The section on health inequities includes discussion of concerns for rural residents.
November 2020	COVID-19 Pandemic Vaccine Plan Indian Health Service	This IHS COVID-19 Pandemic Vaccine Plan details how the IHS health care system will prepare for and operationalize a vaccine when it becomes available for the American Indian/Alaska Native (AI/AN) populations. The plan includes an overview of the IHS Vaccine Task Force and is divided into seven sections. Each section includes activities, assumptions, and specific actions IHS will take to coordinate vaccine distribution.
November 2020	Key Considerations for Counties In COVID-19 Vaccine Distribution Plans National Association of Counties	This website provides Information and resources to help counties plan for an equitable distribution of the COVID-19 vaccine at the local level. It covers individual state distribution plans, background information, and examples of Coronavirus Relief Funds (CRF) use by county.

DIABETES

October - November 2020	Diabetes in Special and Vulnerable Populations: A National Learning Series Diabetes Task Force, Primary Care Associations (PCAs) & Health Center Controlled Networks (HCCNs)	This national learning series provides a deep dive on team-based care, patient health literacy, and community engagement strategies that may reduce the percentage of patients aged 18-75 with diabetes who had HbA1c greater than 9.0 percent. Click on each learning series below for associated resources and information: <ol style="list-style-type: none"> Diabetes Continuum of Care: Bridging the Health Literacy Gap to Improve Diabetes Outcomes Diabetes Continuum of Care: Increase Patient Technology and Digital Health Literacy Diabetes Continuum of Care: Raising the Pillars for Community Engagement Diabetes Continuum of Care: Building Successful Teams During the COVID-19 Pandemic
-------------------------	--	--

RURAL HEALTH

October 27, 2020	FCC Establishes 5G Fund for Rural America Federal Communications Commission (FCC)	The FCC adopted rules creating the <i>5G Fund for Rural America</i> , which will distribute up to \$9 billion over the next decade to bring 5G wireless broadband connectivity to rural America. Phase I will target up to \$8 billion of support nationwide to areas lacking unsubsidized 4G LTE or 5G mobile broadband, with \$680 million specifically for bidders offering to serve Tribal lands. Phase II will provide at least an additional \$1 billion, along with any unawarded funds from Phase I, to specifically target the deployment of technologically innovative 5G networks that facilitate precision agriculture.
October, 2020	CHART Model Frequently Asked Questions Centers for Medicare & Medicaid Services (CMS)	The Community Health Access and Rural Transformation (CHART) Model, announced by CMS in October, is a voluntary payment model designed to meet the unique needs of rural communities. This document answers frequently asked questions about the model, the two tracks and eligibility requirements.
November 9, 2020	Rural Hospitals Are Dying- This One Saved Itself TIME	This article features a struggling rural hospital in South Georgia and the CEO that helped turn it around with the help of a seasoned CEO from another rural hospital. After implementing a swing bed program and taking in patients from out-of-town, the rural hospital improved financially, allowing it to prepare for and respond to the COVID-10 pandemic.

Health Equity Webinar Materials

Alliance for Health Policy

Summit: Voice of the Patient

This Summit examined the patient's voice across several levels of health care design, delivery, and measurement. Throughout the three-day event, presenters shared how the patient voice is collected, how it supports shared-decision making, and how it is leveraged in policy transition efforts to improve patient experience and build healthier futures. Slides, video and resources can be found for each day below:

- [Day 1: Best Practices for Collecting Patient Feedback](#)
- [Day 2: Navigating the Current System](#)
- [Day 3: Co-Designing a Simpler System](#)

American Medical Association

Physicians Leading the Charge: Dismantling Stigma around Behavioral Health Conditions and Treatment

This webinar shared examples of how physician and other non-physician clinicians of the care team can be leaders in breaking the stigma barrier and normalizing treatment for people with mental health conditions with an emphasis on underserved and special populations.

- [Slides, Video & Transcript](#)

Jefferson Digital Commons & Population Health Alliance

Healthcare's New Diagnosis: Poverty (Z59.5) A Standard of Care to Treat the Social Determinants of Health

More than a decade ago, Dr. Marcella Wilson took over a failing charity, and recognized two frequently opposing paradigms for addressing poverty: everyone had good intentions, but a "character flaw" mentality infused their efforts. Unlike other public health challenges, there was lack of a "science of poverty." In this webinar, experts discussed the evolving science of poverty, and how that knowledge can be applied to address poverty as a core social determinant of health to strive for healthier populations.

- [Slides & Video](#)

National Center for Advancing Person-Centered Practices and Systems

Facilitation for Choice and Control: Person-Centered Planning's Best Kept Secret

On this webinar, people with disabilities and their facilitators shared experiences with person-centered planning facilitation services. They were joined by a national expert in disability services who described how person-centered planning facilitation services can be incorporated to enhance person-centered systems.

- [Slides](#)

RHIHub (Rural Health Information Hub)

Mortality in Rural Areas: Insights from National Research and Community-Based Initiatives

This webinar highlighted recent and ongoing work by the National Center for Health Statistics (NCHS) in describing rural-urban differences in all-cause mortality, suicide, alcohol-related deaths, motor vehicle traffic deaths, and drug overdose deaths. The webinar featured insights from a program working to reduce mortality related to substance use in rural Pennsylvania.

- [Audio \(MP3\)](#)
- [Webinar Slides](#)
- [Webinar Transcript](#)

Rural Health Research Gateway

Understanding the Ground: Social Determinants of Health in Rural Populations

This webinar reviewed some of the key elements associated with health across rural White and minority populations, such as education, income, and health facility availability.

- [Slides](#)

Monthly Observances

December

World AIDS Day – December 1

National Handwashing Awareness Week – Dec 1 – 7

National Influenza Vaccination Week – Dec 6 – 12

January

National Glaucoma Awareness Month

Cervical Health Awareness Month

Blood Donor Month

Qlarant

28464 Marlboro Avenue
Easton, MD 21601
1-800-999-3362

Best People. Best Solutions. Best Results®

Find us on the Web:

www.qlarant.com



Upcoming Events

Hispanic Stress and Resilience During the Holidays

Stress has a significant impact on Hispanic/Latinx populations and is related to the use and misuse of illicit substances and alcohol. This webinar will provide an overview of recent developments in research and practice on stress, acculturation stress, and resilience in these populations.

Date: December 3, 2020

Time: 2:00 PM – 3:00 PM EST

[REGISTER HERE](#)

Social Determinants of Health: COVID-19 Impact Disparities

In this webinar, two experts will share clinical data on the impact disparities of COVID-19 on various populations, responses from health systems and the best ways to provide equitable care for the most vulnerable.

Date: December 7, 2020

Time: 12:30 PM – 1:30 PM EST

[REGISTER HERE](#)

Collaborations Between Healthcare and CBOs: How Can the ROI Calculator Help?

This webinar introduces the ROI Calculator for Partnerships to Address the Social Determinants of Health (SDOH). The ROI Calculator can be an important tool to help organizations collectively address SDOH to build better partnerships.

Date: December 16, 2020

Time: 1:00 PM – 2:00 PM EST

[REGISTER HERE](#)

2021 LGBT Health Workforce Conference®

This conference provides an overview of up-to-date practices in preparing the health care workforce to address the health concerns and disparities of lesbian, gay, bisexual, and transgender (LGBT) communities.

Dates: April 22 - 24

Location: New York, NY

Click [HERE](#) for registration information