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Quality Innovation Network -
Quality Improvement Organizations
CENTERS FOR MEDICARE & MEDICAID SERVICES
EQUALITY IMPROVEMENT & INNOVATION GROUP



HEALTH EQUITY UPDATES

September 2023



September is Hunger Action Month

[Hunger Action Month](#) is a nationwide campaign recognized annually in September to raise awareness about hunger in the U.S. and inspire action. According to [Feeding America](#):

- 34 million individuals are food insecure in the U.S.
- every county in the U.S. has food insecure residents
- 49 million individuals relied on food programs in 2022
- Black, Latino, and Native American individuals are more likely to experience food insecurity due to systemic racial injustice

Feeding America has an [interactive map](#) to help identify food insecurity by county with stratification by race/ethnicity and age. The map supplements the annual [Map the Meal Gap](#) report that uses publicly available state and local data from the U.S. Census Bureau and Bureau of Labor Statistics to highlight factors that research has shown to contribute to [food insecurity](#).

IPRO offers a resource – [A Guide to Screening Patients for Food Insecurity](#) – that includes a validated two-question assessment to screen patients for food insecurity and national support services.

Best of CLAS

A tip for implementing culturally and linguistically appropriate services

HHS National CLAS Standards – [Standard 5](#)

Offer Communication and Language Assistance

- Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services. Complete an organizational assessment specific to language assistance services. Standardize procedures for staff members and train staff in those procedures.

This Month

Sepsis Awareness Month

#SepsisAwarenessMonth

According to the Sepsis Alliance [Sepsis Health Equity Fact Sheet](#):

- Sepsis is the leading cause of hospital deaths in the U.S.
- Sepsis is the leading cause of hospital readmissions, costing more than \$3.5 billion each year.
- Black individuals are twice as likely to die from sepsis as White individuals.
- Minority individuals have nearly twice the incidence of sepsis as their White counterparts.
- American Indians and Alaskan Natives are 1.6 times more likely to die from sepsis as the national average.

The Centers for Disease Control and Prevention (CDC) recently released the [Sepsis Core Elements Program](#), “essential to optimize patient care and help clinicians, hospitals and health systems in their efforts to improve hospital management and outcomes of sepsis.”

IPRO created the LINKS (Local Interactive Network of Knowledge Sharers) [sepsis education materials](#) that offers guidance to help spread awareness about health topics relevant to your community.

SEPTEMBER IS
HUNGER
ACTION MONTH.

In the News

Last Mile Food Project in Vermont

This program in Vermont, highlighted in the Rural Health Information Hub newsletter, coordinates services to continue meal deliveries to those with transportation barriers after COVID pandemic programs and funding ended. Members of the West River Valley Mutual Aid Partnerships (WVMAP) developed the program due to concern about high- risk populations losing access to food assistance.

Collaboration with other local organizations, grants, and volunteers have ensured the service continues. Most of the service recipients are elderly rural residents with lower socioeconomic status.

Large Disparities in Mortality Exist in the U.S.

According to an article published in The Lancet, disparities in mortality in the U.S. “is the rule, not the exception.” The researchers examined all-cause mortality and report certain racial and ethnic groups and certain geographic locations experience persistently higher mortality rates, representing substantial preventable loss of life. Mortality rates among American Indian or Alaska Native (AIAN) and Black populations are reported to be persistently higher than all other racial and ethnic groups for most causes of death. An informative [infographic](#) summarizes the details of the article.

Requests for Application for Primary Care Model

CMS has issued a Request for Application for Making Care Primary, a new CMS Innovation Center model that aims to reduce program expenditures and improve key measures of patient outcomes through more coordinated, integrated, whole-person care.

The model is a 10.5-year, multi-payer model that will run from July 2024 to December 2034 and include health equity components. CMS is accepting applications from Medicare-enrolled organizations that provide primary care services in Colorado, Massachusetts, Minnesota, New Mexico, New Jersey, upstate New York, North Carolina, and Washington.

CMS Releases Finalized Resident Assessment Manual

CMS released the final version of the RAI Manual v1.18.11 that represents the largest revamp of the MDS nursing home assessment tool. There are more than 60 changes that will be effective October 1st. To help prepare providers for implementation, CMS released a [Change Document](#) that provides details of the changes. Sections A, B, D outline new resident data collection requirements including ethnicity, race, language (resident’s preferred language and desire for an interpreter), transportation, health literacy, and social isolation to assess the impact of social determinants on residents’ outcomes.



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

Upcoming Events

Promising Practices for Promoting Person-Centered Communication and Care Coordination

Resources for Integrated Care
September 13
2:00 – 1:00 PM ET

Preparing to Submit the CMS Health Equity Structural Measure

IPRO
September 21
12:00 – 12:30 PM ET

Health-Related Social Needs Affinity Group

IPRO
The second Wednesday of the month, September 2023—February 2024.
First session is September 13.
12:00 – 12:45 PM ET