



Reducing Racial Disparities in Health Outcomes and Promoting Equity



December 2021

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The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance upon which it is based. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

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Agenda

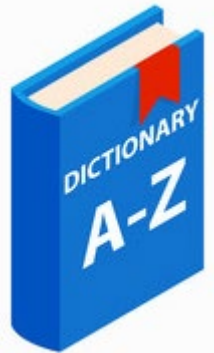
- Definitions
- Executive Order 13985 and new strategic planning
- Research and background on disparities
- Existing policy proposals
- What assisters can do
- What we can do to help assisters
- Resources



Definitions

For the purposes of today's presentation:

- **Equity** means the consistent and systemic fair, just, and impartial treatment of all individuals, including:
 - Individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders, and other persons of color;
 - Members of religious minorities;
 - Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons;
 - Persons with disabilities;
 - Persons who live in rural areas; and
 - Persons otherwise adversely affected by persistent poverty or inequality.*
- **Health Equity** is the attainment of the highest level of health for all people.**
- **Health Disparities** are differences in health outcomes closely linked with social, economic, and environmental disadvantage.**



Definitions (Cont.)

- **Minority Groups** include non-dominant groups within a society with certain racial, ethnic, religious, or linguistic characteristics differing from the rest of the population.***
- **Underserved Communities** herein refers to populations sharing a particular characteristic, including geographic communities that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life, as exemplified in the definition of equity.* This includes CMS Office of Minority Health's (OMH) focus populations.**

*Executive Order On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government: [Whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/](https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/)

**[Health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers](https://www.health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers)

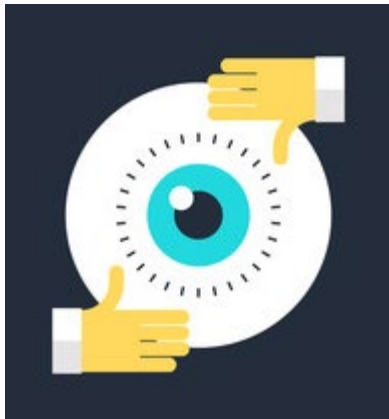
***[Ohchr.org/en/issues/minorities/pages/internationalallaw.aspx](https://www.ohchr.org/en/issues/minorities/pages/internationalallaw.aspx)

Health Equity Initiatives and EO 13985

- On January 20, 2021, President Biden signed Executive Order (EO) 13985, “Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.”
- CMS already has a robust infrastructure in health equity via the OMH.
 - The mission of the CMS OMH is to ensure that the voices and needs of the populations we represent are present as the agency is developing, implementing, and evaluating its programs and policies. The vision is that all CMS beneficiaries achieve their highest level of health and to eliminate disparities in health care quality and access.



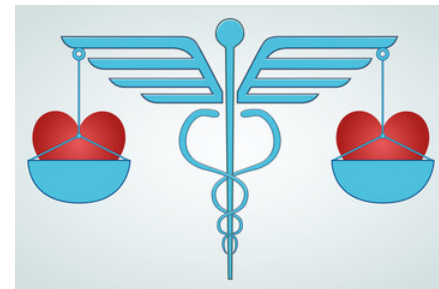
CMS Administrator's Strategic Vision



- Advance health equity by addressing the health disparities that underlie our health system.
- Build on the Affordable Care Act (ACA) and expand access to quality, affordable health coverage and care.
- Engage our partners and the communities we serve throughout the policymaking and implementation process.
- Drive innovation to tackle our health system challenges and promote value-based, person-centered care.
- Protect our programs' sustainability for future generations by serving as a responsible steward of public funds.
- Foster a positive and inclusive workplace and workforce and promote excellence in all aspects of CMS's operations.

Assisters and Health Equity

- The Center for Consumer Information and Insurance Oversight (CCIIO) aims to reduce health disparities within the private health insurance market by providing Exchange and ACA-related assistance to consumers, external partners, and stakeholders whenever possible.
 - Assister education is a key piece of CCIIO's mission.
 - This presentation is intended to provide background on racial health disparities and current policy proposals aimed at alleviating these disparities, as well as to provide assisters with information on concrete actions they can take in helping CMS to reduce health disparities.



Social Determinants of Health (SDoH)

- Social determinants of health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- SDoH can be grouped into five domains.



SDoH Domains

- **Health Care Access and Quality:** The connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to health care, access to primary care, health insurance coverage, and health literacy.
- **Education Access and Quality:** The connection of education to health and well-being. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.
- **Social and Community Context:** The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.



SDoH Domains (Cont.)

- **Economic Stability:** The connection between financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security, and housing stability.
- **Neighborhood and the Built Environment:** The connection between where a person lives – housing, neighborhood, and environment – and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.



Equity vs. Equality

- **Health equity:** the attainment of the highest level of health for all people.
- Certain population-level factors known as **SDoH** underlie health disparities in certain populations.
- While equality offers the same opportunities, equity ensures fairness.



Sources: [RWJF.org/en/library/infographics/visualizing-health-equity.html#/download](https://www.rwjf.org/en/library/infographics/visualizing-health-equity.html#/download)
[CDC.gov/minorityhealth/publications/health_equity/index.html](https://www.cdc.gov/minorityhealth/publications/health_equity/index.html)

Impact of SDoH on Uninsured, Underinsured, and Under-resourced Populations

- The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define access to health care as the “timely use of personal health services to achieve the best possible health outcomes.”
- Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities.
- Inadequate health insurance coverage is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health.
- Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals.
- Underserved populations are particularly at risk for insufficient health insurance coverage; people with lower incomes are often uninsured, and minorities account for over half of the uninsured population.

Impact of SDoH on Health Insurance Coverage

- Lack of health insurance coverage may negatively affect health. Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease. Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.
- In contrast, studies show that having health insurance is associated with improved access to health services and better health monitoring. However, health insurance alone cannot remove every barrier to care.



Source: [Healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health](https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-health)

CMS Disparities Impact Statement

- The Disparities Impact Statement is a tool that can not only be used by CMS components, but also health care stakeholders like assisters, to promote health equity.
- The tool is used to:
 - Identify health disparities and priority populations;
 - Evaluate impacts of a policy or program on disparities and integrate equity solutions across programs;
 - Create an action plan on how to implement sustainable actions and evaluate progress to achieve health equity.



CMS Disparities Impact Statement (Cont.)

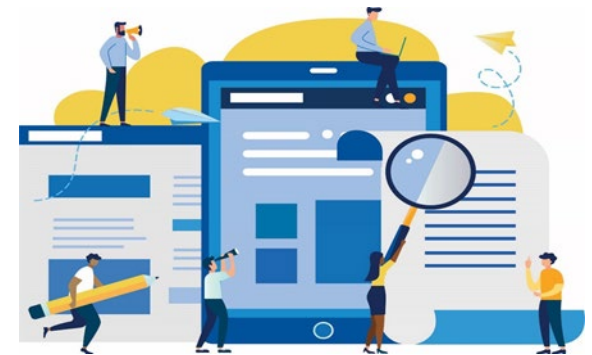
- 1** Identify health disparities and priority populations
- 2** Define your goals
- 3** Establish your organization's health equity strategy
- 4** Determine what your organization needs to implement its strategy
- 5** Monitor and evaluate your progress

More information on the Disparities Impact Statement is available at [CMS.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Disparities-Impact-Statement-508-rev102018.pdf).

CMS Health Equity Technical Assistance (TA) Program

The CMS Health Equity TA Program supports quality improvement partners, providers, and other CMS stakeholders, including assisters, by offering:

- Personalized coaching and resources
- Guidance on data collection and analysis
- Assistance to develop a language access plan and disparities impact statement
- Resources on culturally and linguistically tailored care and communication
- Training and resources to help embed health equity in stakeholder's strategic planning:
 - Guide to Developing a Language Access Plan
 - Guide to Implementing the National CLAS Standards

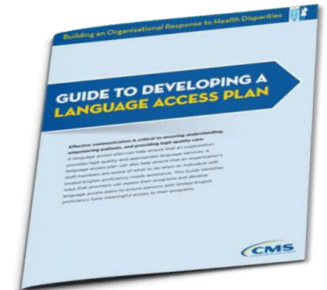


HealthEquityTA@cms.hhs.gov

Language Access Planning

■ Language Access

- The Guide to Developing a Language Access Plan can be found at [CMS.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Language-Access-Plan-508.pdf).
- A language access plan spells out how to provide services to individuals who are non-English speaking or have Limited English Proficiency. They should be tailored to individual organizations but may include sections such as needs assessment, services offered, training for staff, etc.



■ Communication Access

- The Improving Communication Access for Individuals who are Blind or Have Low Vision brochure can be found at [CMS.gov/files/document/omh-visual-sensory-disabilities-brochure-508c.pdf](https://www.cms.gov/files/document/omh-visual-sensory-disabilities-brochure-508c.pdf).
- The Improving Communication Access for Individuals who are Deaf or Hard of Hearing brochure can be found at [CMS.gov/files/document/audio-sensory-disabilities-brochure-508c.pdf](https://www.cms.gov/files/document/audio-sensory-disabilities-brochure-508c.pdf).



From Coverage to Care (C2C)



- C2C aims to help individuals understand their health coverage and connect to primary care and the preventive services that are right for them so they can live a long and healthy life.

- Resources Include:

- Roadmap to Better Care and a Healthier You
- Roadmap to Behavioral Health
- COVID-19 resources
- Prevention resources
- 5 Ways to Make the Most of Your Health Coverage
- Manage Your Health Care Costs
- Enrollment Toolkit
- Partner Toolkit and Community Presentation



- More information is available at Go.cms.gov/c2c .

Policy Interventions

- **Medicare CMS Equity Plan:** [CMS.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-plan](https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-plan)
 - CMS identified six high-impact priority areas based on a review of the evidence base and stakeholder input. These priorities encompass both system- and community-level approaches to achieve equity in Medicare.
- **CMS Health Equity Data Access Program:** [CMS.gov/About-CMS/Agency-Information/OMH/equity-initiatives/advancing-health-equity/health-equity-data-access-program](https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/advancing-health-equity/health-equity-data-access-program)
 - CMS OMH encourages cutting-edge proposals that explore intersectionality. Intersectionality takes into account two or more aspects of a person's identity, including class, race, sexual orientation, gender identity, rurality, disability status, and/or other social determinants.



Policy Interventions (Cont.)

- **Health and Human Services Office for Civil Rights:** [HHS.gov/civil-rights/for-providers/compliance-enforcement/index.html?language=en](https://www.hhs.gov/civil-rights/for-providers/compliance-enforcement/index.html?language=en)
 - The Office for Civil Rights (OCR) is responsible for enforcing civil rights laws that apply to recipients of federal financial assistance from HHS. These laws prohibit discrimination on the basis of race, color, national origin, disability, age, or sex.



Your Role

- You are the link between the high-level policy and the on-the-ground change.
- **Build a Culture of Equity:** Leaders and staff can improve their capacity to address disparities by establishing a strong organizational commitment to equity.
- **Practicing Health Promotion:** Health promotion refers to activities designed to help people improve their health or prevent illness through changes in environments, lifestyle, and behavior.



What Assisters Can Do

- Elevate health equity into the organizational mission statement.
- Participate in broad coalitions that work to address the root causes of health and educational disparities.
 - Get to know your elected representatives and tell them how important your work is and what you need from them to do it successfully.
- Implement National Culturally and Linguistically Appropriate Standards (CLAS).
 - Provide training to all employees, providers, and their staff.
 - Develop a Language Access Plan.
 - Certain assisters are required to implement CLAS standards pursuant to federal regulation at 45 CFR 155.215(c).



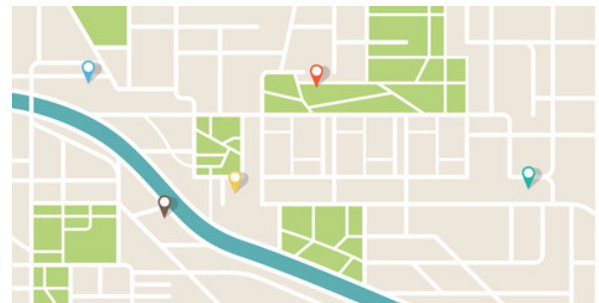
What Assisters Can Do (Cont.)



- Volunteer in the community.
 - Work with community leaders and cultural brokers to create opportunities for such interactions.
- Create visual guides mapping the community and its health-based resources.
- Use non-traditional media (radio, local free newspapers).

Outreach: Where Can I Go?

- Go to where under-resourced consumers are.
- Work with populations that have future eligibility for coverage, like ex-felons, individuals recently released from jail, or children/young adults in juvenile detention centers.
- Conduct mini outreach events in different locations throughout the week instead of having one large-scale outreach event for the month.
- Provide assistance at work sites – many daily outdoor laborers need assistance post-enrollment too.
- Have a booth/table at career fairs.



Communication/Education: What Can I Say?



- Offer Health Insurance Literacy 101 sessions when Open Enrollment is closed.
- Emphasize that improved health is a community and family opportunity and responsibility.
- Reflect your community in your imagery: Have affirmative, positive images in materials in the various languages your community speaks. Tailor and customize the conversation to fit your community.
- How to engage with people who don't have internet?
 - Billboards, display posters, postcards, mailers
 - Have "word of mouth" captains
 - Television, radio, and newspapers

Collaboration: Who Can I Work With?

- Collaborate with local hospitals to develop a referral system for uninsured patients visiting the emergency room.
- Collaborate with local housing authorities and food banks to let them know about Open Enrollment services at the health center.
- Partner with Volunteer Income Tax Assistance (VITA) sites for tax-related questions and assistance.
- Collaborate with groups selling other types of insurance (e.g., life, auto, home).
- Collaborate with Federally Qualified Health Centers (FQHCs).
- Collaborate with faith-based organizations.
- Form relationships with local elected officials and well-respected community leaders.
- Work with colleges and universities to provide education and awareness to students.



Sustain: How Do I Build This Community?

- Ask for and be open to feedback and change.
 - Be responsive to your community.
- Get to know who your community members trust.
 - Faith-based figures, school administrators, medical professionals.
- Be accessible outside of Open Enrollment.
 - Be a year-long resource.
- Be transparent and honest about what you can and cannot help with.
 - Your consumers should have realistic expectations.



What We Can Do to Help Assisters

- Provide research and information.
- Elevate health equity into all policy and technical assistance initiatives.
- Share summaries and analyses of Federally-facilitated Exchange user base.
- Facilitate communication between/among assisters.
- **You tell us!**



Resources

- Unemployment Compensation, Advance Payments of the Premium Tax Credit (APTC), and Cost-sharing Reductions (CSRs) Under the American Rescue Plan Act: [Marketplace.cms.gov/assister-webinars/uc-aptc-arp-webinar.pdf](https://marketplace.cms.gov/assister-webinars/uc-aptc-arp-webinar.pdf)
- Providing Effective Communication and Language Assistance: [Marketplace.cms.gov/assister-webinars/communication-language-assistance.pdf](https://marketplace.cms.gov/assister-webinars/communication-language-assistance.pdf)
- Serving Special Populations: Consumers with Limited English Proficiency: [Marketplace.cms.gov/technical-assistance-resources/limited-english-proficiency-job-aid.pdf](https://marketplace.cms.gov/technical-assistance-resources/limited-english-proficiency-job-aid.pdf)
- Tips for Assisters on Working with Outside Organizations: [Marketplace.cms.gov/technical-assistance-resources/assisters-working-with-outside-organizations.pdf](https://marketplace.cms.gov/technical-assistance-resources/assisters-working-with-outside-organizations.pdf)
- Resources for the Uninsured: [Marketplace.cms.gov/technical-assistance-resources/connecting-uninsured-to-health-care-resources.pdf](https://marketplace.cms.gov/technical-assistance-resources/connecting-uninsured-to-health-care-resources.pdf)
- Serving Consumers with Disabilities: [Marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf](https://marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf)

More Resources

- Out2Enroll: [Out2enroll.org](https://out2enroll.org)
- CMS Health Equity Technical Assistance: [CMS.gov/About-CMS/Agency-Information/OMH/equity-initiatives/Health-Equity-Technical-Assistance](https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/Health-Equity-Technical-Assistance)
- CMS Health Disparities Guide: [CMS.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Health-Disparities-Guide.pdf)
- OMH Blueprint for Implementing CLAS: [Thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf](https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf)
- Marketplace Assister Microlearning: [Marketplace.cms.gov/technical-assistance-resources/marketplace-assister-microlearning](https://www.marketplace.cms.gov/technical-assistance-resources/marketplace-assister-microlearning)
- CDC Guide to Promoting Health Equity: [CDC.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf](https://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf)