Health Equity Resources

Ignatius Bau, Health Equity Subject Matter Expert,
HCAI Consultant

CMS defines health equity as the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

PILLAR: HEALTH EQUITY

2022 STRATEGY

The first pillar of the Centers for Medicare & Medicaid Services' (CMS) Strategic Plan is health equity. CMS' strategy to advance health equity will address the health disparities that underlie our health system through stakeholder engagement and by building this pillar into the core functions of CMS. CMS' health equity strategy will build on the Biden-Harris Administration's commitment to advancing racial equity and support for underserved communities through the federal government, as described in President Biden's Executive Order 13985.

CMS Framework for Health Equity 2022–2032

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

STRUCTURE MEASURES
Leadership; workforce diversity and training
Language services, access for patients with disabilities, LGBTQ health

PROCESS MEASURES
Collect/stratify/report quality performance
by demographic and health-related social need data

OUTCOME MEASURES
Reduce/eliminate disparities
Mitigate social determinants/drivers of health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

45 CFR Part 170

RIN 0991–AB93

2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

AGENCY: Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (HHS).

ACTION: Final rule.

2015 Edition Health IT Certification Criterion
§ 170.315(a)(5) (Demographics)

EHRs must use the
CDC race and ethnicity code set

TABLE 3-5 Comparison of Granular Ethnicity Categorization and Coding Systems

Category and Code Set	Total Number of Categories	Estimated Breakdown of Categories by OMB Race and Hispanic Ethnicity Category
CDC/HL7 Race and Ethnicity Code Set 1.0 (2000)	Over 925 categories	Over 800 American Indian or Alaska Native categories 21 White categories 19 Black or African American categories 24 Asian categories/codes categories 23 NHOPI categories 38 Hispanic or Latino categories

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AGENCY: Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (HHS).

ACTION: Final rule.

2015 Edition Health IT Certification Criterion
§ 170.315(a)(5) (Demographics)

EHRs must use
Internet Engineering Task Force list (RFC 5646)
of language categories that includes all the
International Organization for
Standardization (ISO) codes
for spoken and written languages, and dialects

International Organization for Standardization

Language codes - ISO 639

ISO 639 is composed of six different parts

- Part 1 (ISO 639-1:2002) provides a 2 letter code that has been designed to represent most of the major languages of the world.
- Part 2 (ISO 639-2:1998) provides a 3 letter code, which gives more possible combinations, so ISO 639-2:1998 can cover more languages.
- Part 3 (ISO 639-3:2007) provides a 3 letter code and aims to give as complete a listing of languages as possible, including living, extinct and ancient languages.
- Part 4 (ISO 639-4:2010) gives the general principles of language coding and lays down guidelines for the use of ISO 639.
- Part 5 (ISO 639-5:2008) provides a 3 letter code for language families and groups (living and extinct).
- Part 6 (ISO 639-6:2009) provides a 4 letter code, useful when there is a potential need to cover the entire range of languages, language families and groups and language variants in a system.

Hospitals report patient-level language data to HCAI using ISO 639-2 codes.

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ACTION: Final rule.

2015 Edition Health IT Certification Criterion
§ 170.315(a)(5) (Demographics)

EHRs must have capability to
document birth sex,
sexual orientation, and gender identity
using best practices questions

The standard specified in § 170.207(n)(1) – Birth sex must be coded in accordance with HL7 Version 3 (V3) Standard, Value Sets for AdministrativeGender and NullFlavor attributed as follows:
(1) Male. M
(2) Female. F
(3) Unknown. nullFlavor UNK

2015 Edition Health IT Certification Criterion
§ 170.315(a)(5) (Demographics)

- Do you think of yourself as:
  - Straight or heterosexual;
  - Lesbian, gay, or homosexual;
  - Bisexual;
  - Something else, please describe.
  - Don't know.

Value Set Code PHVS_SexualPreference_NETSS

- What is your current gender identity? (Check all that apply.)
  - Male;
  - Female;
  - Transgender male/Trans man/ Female-to-male;
  - Transgender female/Trans woman/ Male-to-female;
  - Genderqueer, neither exclusively male nor female;
  - Additional gender category/(or other), please specify.
  - Decline to answer.

Value Set Code PHVS_CurrentSex_NND

SNOMED CT

Expected adoption July 2022

Tribal Affiliation

Vocabulary standards not yet specified

United States Core Data for Interoperability

DRAFT VERSION 3 (JANUARY 2022)

Expected adoption July 2022

Functional Status *Represents assessments of a patient's capabilities, or their risks of development or worsening of a condition or problem (e.g., Morse Scale - falls, Bradon Scale - pressure ulcer, VR-12 Health Survey, CAGE – alcohol use disorder)*	• Logical Observation Identifiers Names and Codes (LOINC®) version 2.71
Disability Status *Represents assessments of an individual's physical, cognitive, intellectual, or psychiatric disabilities (e.g., vision, hearing, memory, activities of daily living)*	• Logical Observation Identifiers Names and Codes (LOINC®) version 2.71
Mental Function *Represents observations related to a patient's current level of cognitive functioning, including alertness, orientation, comprehension, concentration, and immediate memory for simple commands.*	• Logical Observation Identifiers Names and Codes (LOINC®) version 2.71

Logical Observation Identifiers Names and Codes (LOINC®) version 2.71

75250-1	Are you deaf or do you have difficulty hearing?
75255-0	If so, what assistance may you need?
75251-9	Are you blind or do you have difficulty seeing?
75255-0	If so, what assistance may you need?
69858-9	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
75255-0	If so, what assistance may you need?
75252-7	Do you have difficulty walking or climbing stairs?
75255-0	If so, what assistance may you need?
69860-5	Do you have difficulty dressing or bathing?
75255-0	If so, what assistance may you need?
75253-5	Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping?
75255-0	If so, what assistance may you need?

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AGENCY: Office of the National Coordinator for Health Information Technology (ONC), Department of Health and Human Services (HHS).

ACTION: Final rule.

2015 Edition Health IT Certification Criterion

§ 170.315(a)(15) (Social, psychological, and behavioral data)

EHRs must have capability to document education, financial resource strain, depression, stress, social connection and isolation, alcohol use, exposure to violence, physical activity

United States Core Data for Interoperability

VERSION 2 (JULY 2021)

SDOH Assessment *Structured evaluation of risk (e.g., PRAPARE, Hunger Vital Sign, AHC-HRSN screening tool) for any Social Determinants of Health domain such as food, housing, or transportation security. SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.*	• Logical Observation Identifiers Names and Codes (LOINC®) version 2.70 • SNOMED International, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, March 2021 Release
SDOH Problems/Health Concerns *An identified Social Determinants of Health-related condition (e.g., Homelessness (finding), Lack of adequate food Z59.41, Transport too expensive (finding)). SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.*	• SNOMED International, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, March 2021 Release • International Classification of Diseases ICD-10-CM 2021
SDOH Interventions *A service offered to a patient to address identified Social Determinants of Health concerns, problems, or diagnoses (e.g., Education about Meals on Wheels Program, Referral to transportation support programs). SDOH data relate to conditions in which people live, learn, work, and play and their effects on health risks and outcomes.*	• SNOMED International, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, March 2021 Release • Current Procedural Terminology (CPT®) 2021, as maintained and distributed by the American Medical Association, for physician services and other health care services. • Healthcare Common Procedure Coding System (HCPCS) Level II, as maintained and distributed by HHS.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 412, 413, 482, 485, and 495

[CMS–1771–P]

RIN 0938–AU84

Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-Qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation

AGENCY: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION: Proposed rule.

costs incurred for qualified and non-qualified deferred compensation plans. Lastly, this proposed rule would provide updates on the Rural Community Hospital Demonstration Program and the Frontier Community Health Integration Project.

DATES: To be assured consideration, comments must be received at one of the addresses provided in the **ADDRESSES** section, no later than 5 p.m. EDT on June 17, 2022.

ADDRESSES: In commenting, please refer to file code CMS–1771–P. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. Electronically. You may (and we encourage you to) submit electronic comments on this regulation to *https://www.regulations.gov.* Follow the instructions under the ''submit a comment'' tab.

2. By regular mail. You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention:

Term Care Hospital Prospective Payment System and MS–LTC–DRG Relative Weights Issues.

Allison Pompey, (410) 786–2348, New Technology Add-On Payments and New COVID–19 Treatments Add-on Payments Issues.

Mady Hue, *marilu.hue@cms.hhs.gov,* and Andrea Hazeley, *andrea.hazeley@cms.hhs.gov,* MS–DRG Classifications Issues.

Siddhartha Mazumdar, (410) 786–6673, Rural Community Hospital Demonstration Program Issues.

Jeris Smith, *jeris.smith@cms.hhs.gov,* Frontier Community Health Integration Project Demonstration Issues.

Sophia Chan, *sophia.chan@cms.hhs.gov,* Hospital Readmissions Reduction Program—Administration Issues.

Jennifer Robinson, *jennifer.robinson@cms.hhs.gov,* Hospital Readmissions Reduction Program—Measures Issues.

Jennifer Tate, *jennifer.tate@cms.hhs.gov,* Hospital-Acquired Condition Reduction Program—Administration Issues.

Yuling Li, *yuling.li@cms.hhs.gov,* Hospital-Acquired Condition Reduction Program—Measures Issues.

Julia Venanzi, *julia.venanzi@*

TABLE IX.E-02. THE FIVE CORE HRSN DOMAINS TO SCREEN FOR SOCIAL DRIVERS OF HEALTH

Domain	Description
Food Insecurity	Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level. It is associated with diminished mental and physical health and increased risk for chronic conditions.[884,885] Individuals experiencing food insecurity often have inadequate access to healthier food options which can impede self-management of chronic diseases like diabetes and heart disease, and require individuals to make personal trade-offs between food purchases and medical needs, including prescription medication refills and preventive health services.[886,887] Food insecurity is associated with high-cost healthcare utilization including emergency department (ED) visits and hospitalizations.[888,889,890]
Housing Instability	Housing instability encompasses multiple conditions ranging from inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence.[891,892] Population surveys consistently show that people from some racial and ethnic minority groups constitute the largest proportion of the U.S. population experiencing unstable housing.[893] Housing instability is associated with higher rates of chronic illnesses, injuries, and complications and more frequent utilization of high-cost healthcare services.[894,895]
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living.[896] Groups disproportionately affected include older adults (aged >65 years), people with lower incomes, people with impaired mobility, residents of rural areas, and people from some racial and ethnic minority groups. Transportation needs contribute to postponement of routine medical care and preventive services which ultimately lead to chronic illness exacerbation and more frequent utilization of high-cost healthcare services including emergency medical services, EDs, and hospitalizations.[897,898,899,900]
Utility Difficulties	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity.[901] Specifically, interventions that increase or maintain access to such services have been associated with individual and population-level health improvements.[902]
Interpersonal Safety	Interpersonal safety affects individuals across the lifespan, from birth to old age, and is directly linked to mental and physical health. Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse.[903] Exposure to violence and social isolation are reflective of individual-level social relations and living conditions that are directly associated with injury, psychological distress, and death in all age groups.[904,905]

UCSF University of San Francisco California

siren
Social Interventions Research & Evaluation Network

Table 1. Information About Included Social Risk Screening Tools

Tool name	Year created	Items, n	Admin time, min
Your Current Life Situation (YCLS)[35]	2018	32	NR
Accountable Health Communities Health-Related Social Needs (AHC-HRSN)[36]	2017	26	NR
Structural Vulnerability Assessment Tool[37]	2017	43	NR
Health Leads[5,38]	2016	7	NR
Protocol for Responding to and Assessing Patient Assets, Risks, and Experiences (PRAPARE)[35,39,40]	2016	36	11
Health Begins[35,41]	2015	28	6
HelpSteps (Online Advocate)[42,43]	2015	130	25
Medical-Legal Partnership (MLP)[44]	2015	10	NR
Institute of Medicine (IOM)[26,29,45]	2014	23	5
Total Health Assessment Questionnaire for Medicare Members[46,47]	2014	36	NR
Well Rx[3, 28]	2014	11	NR
Social History Template[48–50]	2012	7	NR
Legal Checkup[51,52]	2011	18	NR
Survey of Well-Being of Young Children (SWYC)[53–57]	2010	10	10
Income, Housing, Education, Legal status, Literacy, Personal Safety (IHELLP) Questionnaire[58–62]	2007	17	NR
Safe Environment for Every Kid (SEEK)[63–72]	2007	20	3
Partners in Health Survey[77]	1997	118	25
Social Needs Checklists[78–80]	1996	NR	5
Urban Life Stressors Scale (ULSS)[81–83]	1996	21	NR
Women's Health Questionnaire[84–86]	1992	NR	75

HCAI Department of Health Care Access and Information

STRUCTURE MEASURES
Leadership; workforce diversity and training
Language services, access for patients with disabilities, LGBTQ health

PROCESS MEASURES
Collect/stratify/report quality performance
by demographic and health-related social need data

OUTCOME MEASURES
Reduce/eliminate disparities
Mitigate social determinants/drivers of health

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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TABLE IX.E-01. THE HOSPITAL COMMITMENT TO HEALTH EQUITY MEASURES FIVE ATTESTATIONS

Attestation	Elements: Select all that apply (Note: Affirmative attestation of all elements within a domain would be required for the hospital to receive a point for the domain in the numerator)
Domain 1: Equity is a Strategic Priority	
Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Please attest that your hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements.	(A) Our hospital strategic plan identifies priority populations who currently experience health disparities. (B) Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieving these goals. (C) Our hospital strategic plan outlines specific resources which have been dedicated to achieving our equity goals. (D) Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
Domain 2: Data Collection	
Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Please attest that your hospital engages in the following activities.	(A) Our hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of our patients. (B) Our hospital has training for staff in culturally sensitive collection of demographic and/or social determinant of health information. (C) Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified EHR technology.

Domain 3: Data Analysis	
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Please attest that your hospital engages in the following activities.	(A) Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on hospital performance dashboards.
Domain 4: Quality Improvement	
Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.	(A) Our hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.
Domain 5: Leadership Engagement	
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Please attest that your hospital engages in the following activities.	(A) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity. (B) Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

The Joint Commission

Proposed New and Revised Changes Related to Reducing Health Care Disparities
Hospital Accreditation Program

LD.04.03.08

Reducing the health care disparities of its patients is a quality and safety priority for the hospital.

HCAI Department of Health Care Access and Information

Elements of Performance (EPs) for LD.04.03.08

1. The hospital designates an individual(s) who leads the development, implementation, and monitoring of activities to reduce health care disparities within the hospital's patient population.
   Note: Addressing health care disparities may be an individual's primary job responsibility or may be in addition to other duties.

2. The hospital assesses the social needs and social determinants of health of its patients and then provides information about community resources and support services when necessary.
   Note 1: Examples of social needs and social determinants of health may include the following:
   - Employment status
   - Housing insecurity
   - Food insecurity
   - Access to transportation
   - Education and literacy
   - Difficulty paying for prescriptions or medical bills

   Note 2: Social needs and social determinants of health may be identified for a representative sample of patients or for the hospital's entire patient population.

3. The hospital evaluates whether health care disparities exist by stratifying key quality and safety data using the sociodemographic characteristics, social needs, or social determinants of health of its patients.
   Note: The quality and safety data used for stratification analyses will vary depending on the health care setting. Hospitals may focus on areas with known disparities identified in the scientific literature (for example, organ transplantation, maternal care, diabetes management) or select measures that affect all patients (for example, experience of care and communication).

4. The hospital develops a written action plan that describes how it will address at least one of the health care disparities identified in its patient population.

5. The hospital monitors the effectiveness of its activities to reduce health care disparities in its patient population.

6. At least annually, the hospital informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to reduce identified health care disparities.

STRUCTURE MEASURES
Leadership; workforce diversity and training
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2015

American College of Healthcare Executives
for leaders who care

American Hospital Association

AAMC

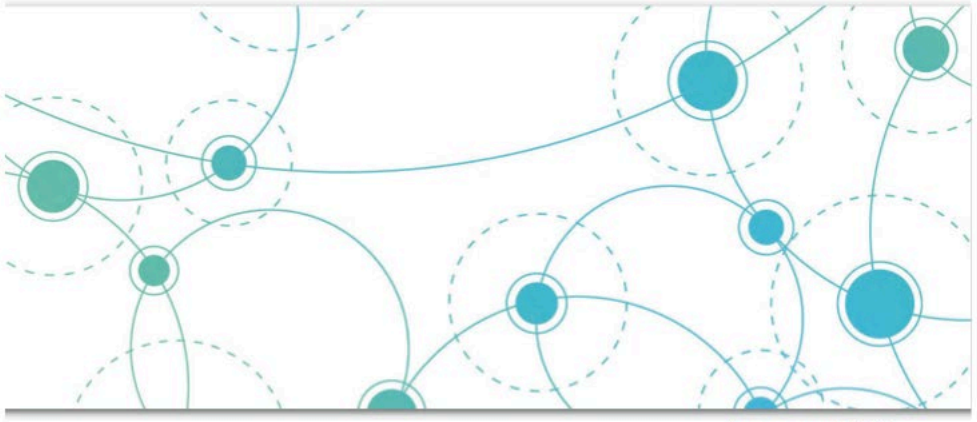
CHA
Catholic Health Association of the United States

AMERICA'S ESSENTIAL HOSPITALS
Access and Quality for All

HCAI
Department of Health Care Access and Information

hospitals in pursuit of excellence
Accelerating Performance Improvement

Equity of Care:
A Toolkit for Eliminating Health Care Disparities



January 2015

INSTITUTE FOR DIVERSITY in Health Management
An affiliate of the American Hospital Association

American Hospital Association

Equity of Care

HCAI
Department of Health Care Access and Information

#123forEquity Pledge to Act

to Eliminate Health Care Disparities

I pledge to take action on the AHA's National Call to Action to Eliminate Health Care Disparities' goals to ensure that quality and equitable health care is delivered to all persons.

I pledge to take action on at least one of the following goals. The goals selected below will be completed in alignment with the strategic goals of my organization.

- ☐ Increase the collection, stratification and use of race, ethnicity, language preference and other sociodemographic data to improve quality and safety
- ☐ Increase cultural competency training to ensure culturally responsive care
- ☐ Advance diversity in leadership and governance to reflect the communities served
- ☐ Improve and strengthen community partnerships

Institute for Diversity and Health Equity

An affiliate of the American Hospital Association

American Hospital Association™

Advancing Health in America

Health Equity, Diversity & Inclusion Measures for Hospitals and Health System Dashboards

Domain 1: Data Collection, Stratification and Use

Domain 2: Cultural Competency Training

Domain 3: Diversity & Inclusion in Leadership and Governance

Domain 4: Strengthen Community Partnerships

HCAI Department of Health Care Access and Information

Institute for Diversity and Health Equity

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American Hospital Association™

Advancing Health in America

March 2022

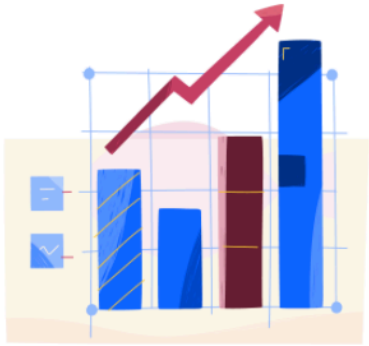
The Health Equity Roadmap

A national initiative to drive improvement in health care outcomes, health equity, diversity and inclusion.

HCAI Department of Health Care Access and Information

Culturally Appropriate Patient Care

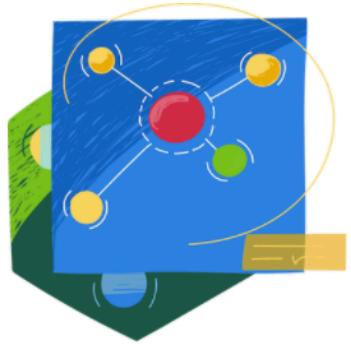
Equitable and Inclusive Organizational Policies



Collection and Use of Data to Drive Action

Diverse Representation in Leadership and Governance

Community Collaboration for Solutions



Systemic and Shared Accountability