

Agenda Item VII: Updates on the National Hospital Equity Standards

Ignatius Bau, JD, Health Equity Expert, HCAI Consultant

TABLE IX.D.-01: THE FACILITY COMMITMENT TO HEALTH EQUITY MEASURE'S 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 health 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 health 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, such as self-reported race, national origin, primary language, and ethnicity data) 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 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 equitably 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.

* After publication of the 2022 MUC list, we clarified the language in Domain 4: "Health disparities are evidence that high quality care has not been delivered *equitably* to all patients."

TABLE IX.D-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. ^{502,503} 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. ^{504,505} Food insecurity is associated with high-cost healthcare utilization including emergency department (ED) visits and hospitalizations. ^{506,507,508}
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. ^{509,510} 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. ⁵¹¹ Housing instability is associated with higher rates of chronic illnesses, injuries, and complications and more frequent utilization of high-cost healthcare services. ^{512,513}

Domain	Description
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living. ⁵¹⁴ 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. ^{515,516,517,518}
Utility Difficulties	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity. ⁵¹⁹ Specifically, interventions that increase or maintain access to such services have been associated with individual and population-level health improvements. ⁵²⁰
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. ⁵²¹ 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. ^{522,523}

New Accreditation Requirements (LD.04.03.08)



Designate a leader
(EP 1)

- Primary role or part of broader responsibilities



Assess health-related social needs
(EP 2)

- Organizations choose which needs to assess, which patients



Stratify quality and safety data
(EP 3)

- Organizations choose which measures, sociodemographic characteristics



Create an action plan
(EP 4)

- Adjust when the action plan does not achieve or sustain the goal
(EP 5)



Keep stakeholders informed
(EP 6)

- At least annually, update internal stakeholders



National Patient Safety Goals® Effective July 2023 for the Hospital Program

Goal 16

Improve health care equity.

NPSG.16.01.01

Improving health care equity for the hospital's patients is a quality and safety priority.

Health Care Equity Certification Program

Available July 2023



Leadership

- Strategic priority
- Board involvement



Collaboration

- Engage patients
- Engage community organizations



Data Collection

- Community
- Patients
- Staff



Provision of Care

- Workforce diversity
- Staff training
- Patient-provider communication
- Patients with disabilities
- Health-related social needs



Performance Improvement

- Improve services (experience of care, quality metrics)
- Improve staff diversity, equity, and inclusion