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Hospital Equity Measures Advisory Committee

Definitions of Key Health Equity Terms

Centers for Medicare & Medicaid Services, Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long- Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2023 Rates, 87 Fed. Reg. 48780-49499, August 10, 2022
https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf
Final CMS hospital inpatient PPS rule for FY 2023 includes requirement to report on a Hospital Commitment to *Health Equity* measure (Measures Under Consideration 2021-106) and two Screening for *Social Drivers of Health* measures (MUC 2021–136 and MUC 2021-134). However, the Hospital Commitment to Health Equity measure refers to collection of *social determinants of health* data.

Braverman P. What are health disparities and health equity? We need to be clear. Public Health Rep. 2014;129(Suppl 2):5-8
https://journals.sagepub.com/doi/pdf/10.1177/00333549141291S203
Refers to the federal Healthy People 2020 definition of *health disparities* as health differences that are closely linked with economic, social, or environmental disadvantage, adversely affecting groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, or mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion. Defines *health equity* as the highest possible standard of health for all people, and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Braverman P. Health disparities and health equity: Concepts and measurement. Annu Rev Public Health. 2006;27:167–194
https://www.annualreviews.org/doi/pdf/10.1146/annurev.publhealth.27.021405.102103
A disparity is any difference, without qualifying the nature of the difference, or who or what may be affected. Disparities in “health” would encompass all of epidemiology, which is the science of the distribution of diseases and risk factors across different populations. However, we have come to understand that health disparities, or health inequalities, are unnecessary, avoidable, unfair, and unjust, and a result of social, economic, and other disadvantages. Health equity is achieved when everyone has the fair opportunity to attain their full health potential and no one is disadvantaged from achieving this potential.

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services, Health Equity Pillar, 2022
https://www.cms.gov/files/document/health-equity-fact-sheet.pdf
CMS’ most recent description of its commitment to health equity. 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.” CMS’ health equity strategies include closing gaps in health care access, quality, and outcomes for underserved populations; promoting culturally and linguistically appropriate services; building on outreach and enrollment for Medicare, Medicaid/ CHIP, and the marketplace; expanding and standardizing the collection and use of race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other data; supporting safety net providers; ensuring engagement and accountability to communities served; and screening for and promoting access to services to meet health-related social needs.

O'Kane M, Agrawal S, Binder L, Dzau V, Gandhi TK, Harrington R, Mate K, McGann P, Meyers D, Rosen P, Schreiber M, Schummers D. An Equity Agenda for the Field of Health Care Quality Improvement. National Academy of Medicine Discussion Paper, 2021
https://nam.edu/wp-content/uploads/2021/09/An-Equity-Agenda-for-the-Field-of-Health-Care-Quality-Improvement.pdf
A call by national health care leaders to integrate advancing *health equity* into all quality improvement programs, initiatives, and activities; *inequitable care* is low-quality care; equity-focused quality improvement must support and reward reduction in disparities; requires improved demographic data collection, stratification of quality measures by that demographic data, and interventions to reduce identified disparities.

Bailey ZD, Krieger N, Agenor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: Evidence and interventions. Lancet. 2017;389(10077):1453-1463
https://depts.washington.edu/anesth/edi/_resources-docs/Bailey_Lancet_2017.pdf
Key article describing how structural racism results in persistent and continuing *racial health inequities*.

Gee GC, Ford CL. Structural racism and health inequities: Old issues, new directions. DuBois Rev. 2011;8(1):115-132
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4306458/pdf/nihms645189.pdf
Analysis of how structural racism impacts multiple social institutions and sectors, including health care, resulting in persistent and continuing *racial health inequities.*

Center for Medicare and Medicaid Innovation, Accountable Health Communities, Health-Related Social Needs Screening Tool
https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf
Medicare Accountable Health Communities were required to use CMMI's screening tool to identify *health-related social needs*, with primary questions about housing insecurity, food insecurity, transportation problems, utility help needs, and interpersonal safety, and supplemental questions about financial strain, employment, family and community support, education, physical activity, substance use, mental health, and disabilities. An evaluation of the first three years of the AHCs reported that 34% of the nearly 483,000 Medicare beneficiaries screened had one or more of the primary health-related social needs.
https://innovation.cms.gov/data-and-reports/2020/ahc-first-eval-rpt-fg

Green K, Zook M. When talking about social determinants of health, precision matters. Health Affairs Forefront, October 29, 2019
https://www.healthaffairs.org/do/10.1377/forefront.20191025.776011/
Addressing social determinants of health can over-medicalize social needs rather than investing in upstream community prevention. The World Health Organization defines *social determinants of health* as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life, including economic policies and systems, development agendas, social norms, social policies, and political systems." An effort to provide fresh produce to people struggling to afford food mitigates an immediate individual social need, but it does not address the underlying systemic issues that cause food insecurity. *Social risk factors* are adverse social conditions associated with poor health, such as food insecurity and housing instability. A person may have many social risk factors, but fewer immediate social needs. Addressing social determinants of health are upstream, communitywide interventions to address the root causes and conditions (for example, economic instability) that contribute to poor health, whereas addressing social risk factors and social needs are midstream approaches to mitigate an individual's adverse conditions and unmet needs (for example, food and housing).

Castrucci B, Auerbach J. Meeting individual social needs falls short of addressing social determinants of health. Health Affairs Forefront, January 16, 2019
https://www.healthaffairs.org/do/10.1377/forefront.20190115.234942/full/
Addressing *health-related social needs* still has an individual and clinical focus, and is insufficient to address how *social determinants of health* impact the health of individuals, families, and communities that require policy and systems changes, not more individual-level social services.

Lumpkin JR, Perla R, Onie R, Seligson R. What we need to be healthy – and how to talk about it. Health Affairs Forefront, May 3, 2021
https://www.healthaffairs.org/do/10.1377/forefront.20210429.335599/
Based on health consumer and provider focus groups, recommends using *social drivers of health* rather than *social determinants of health*.

National Committee for Quality Assurance Proposed Updates for Health Equity Accreditation 2023, July 22, 2022
NCQA proposes replacing "*disparities*" with "*inequities*" throughout the standards to align with terminology considered most appropriate for health equity work by industry thought leaders such as the American Medical Association. The terminology used to discuss health equity is important because it sets the tone for how an organization understands, interprets and then acts on its analysis. For example, "disparities" typically refer to differences. In contrast, "inequities," are explicitly defined as health differences that are avoidable, unnecessary, unfair and unjust. The term "disparities" also ignores the historical context, political processes and unjust nature of some health outcomes, diminishing the organization's ability to consider the structural and systemic causes of differences in health outcomes. Using the term "inequities" changes the narrative about health equity by moving the context of social justice from the margins to the center of focus.

National Committee for Quality Assurance Health Equity Accreditation Plus Standards, 2022
Standard 1, Element B: Acquiring Communities' Social Risk Data
Social risk factors are specific, adverse social conditions (e.g., social isolation, housing instability, poverty) associated with poor health outcomes. A community's social risks may be exacerbated by structural factors, (e.g., policies on economics, housing, education and transportation) if the factors are fundamentally affected by racism, classism, sexism, ableism and other biases that perpetuate inequities.

Standard 1, Element C: Collecting Individual Social Needs Data
Social needs are the nonclinical needs individuals identify as essential to their well-being. An individual's social needs are related to the social risks they experience and to their intersectional identities or characteristics, such as race, ethnicity, preferred language, gender identity, sexual orientation and aspect of disability. Two individuals who experience the same social risks may have different social needs. Interventions address social needs at the individual level.

Centers for Disease Control and Prevention, Health Equity Guiding Principles for Inclusive Communication
https://www.cdc.gov/healthcommunication/Health_Equity.html
https://www.cdc.gov/healthcommunication/Preferred_Terms.html

American Medical Association and Association of American Medical Colleges Center for Health Justice, Advancing Health Equity: A Guide to Language, Narrative and Concepts, 2021
https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf

Nursing License Map, How to Use Inclusive Language in Healthcare, April 16, 2021
https://nursinglicensemap.com/blog/how-to-use-inclusive-language-in-healthcare/

Columbia University Department of Pediatrics, Using Inclusive Language
https://www.pediatrics.columbia.edu/using-inclusive-language

Campbell M, Wilkinson L. Inclusive language for medical & health education: an evolving guide. Rosh Review, May 9, 2022
https://www.roshreview.com/blog/inclusive-language-for-medical-education-and-qbanks-an-evolving-guide/

United Nations Women, Gender-Inclusive Language Guidelines
https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Gender-inclusive%20language/Guidelines-on-gender-inclusive-language-en.pdf