

HEALTH
EQUITY
CONFERENCE



SUSTAINING
HEALTH EQUITY
THROUGH ACTION

2024 CMS HEALTH EQUITY CONFERENCE

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September 2024



CONTENTS

- 1. Introduction**.....3

- 2. Plenary sessions**5

- 3. Key breakout session topics and resources**6
 - a. Health literacy, quality, and accessibility.....6
 - b. Social determinants of health and lived experience.....7
 - c. Data and artificial intelligence8
 - d. Rural, tribal, and geographically isolated communities9

- 4. Conclusion**10

- 5. Appendix**..... 11
 - a. Plenary sessions..... 11
 - b. Breakout sessions13
 - c. Poster hall 21
 - d. Federal Partner Exhibit Hall 24

INTRODUCTION



The Centers for Medicare & Medicaid Services (CMS) hosted its second CMS Health Equity Conference on May 29–30, 2024. The conference was free for attendees and featured four grand plenary sessions, 20 breakout sessions, a poster hall, and a Federal Partner Exhibit Hall, all centered around the theme of Sustaining Health Equity Through Action. It brought together leaders in health equity from federal and state agencies, health provider organizations, academia, and community-based organizations. Participants could attend the conference in person at the Hyatt Regency hotel in Bethesda, Maryland, participate online over Zoom, or watch the livestream on HHS Live.

The conference focused on the five priorities for reducing disparities in health from the [CMS Framework for Health Equity 2022-2032](#) and the [CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities](#). Throughout the conference, presenters and attendees discussed recent developments and updates to CMS programs, research on health equity, promising practices and innovative solutions, and community engagement efforts.

CMS HEALTH EQUITY CONFERENCE BY THE NUMBERS



650
IN-PERSON
ATTENDEES

177
PRESENTERS,
MODERATORS,
& EXHIBITORS



5,636

VIRTUAL ATTENDEES
VIA ZOOM EVENTS
& HHS LIVE



20
BREAKOUT
SESSIONS



28
POSTERS



601
PROPOSALS
RECEIVED



62
PROPOSALS
ACCEPTED

PLENARY SESSIONS

The 2024 CMS Health Equity Conference included four grand plenary sessions, which brought together all attendees to learn about the latest health equity work and hear from leaders in the field.

The first session included CMS Administrator Chiquita Brooks-LaSure's welcome address to attendees, along with an introduction of Dr. Martin Mendoza, the new CMS Chief Health Equity Officer and Office of Minority Health (CMS OMH) Director. Administrator Brooks-LaSure then joined Health Resources and Services Administration Administrator Carol Johnson and Substance Abuse and Mental Health Services Administration Assistant Secretary Miriam E. Delphin-Rittmon for a maternal health panel. The three speakers discussed the Department of Health and Human Services' coordinated maternal care strategy.

After lunch on the first day, Dr. Aletha Maybank from the American Medical Association gave a keynote address on sustaining health equity through action. She discussed some of the history of health equity, current frameworks and initiatives in place to propel it forward, and the future of health equity in a changing landscape.

The second day of the event began with CMS OMH Deputy Director Pamela Gentry addressing attendees and introducing CMS Principal Deputy Administrator and Chief Operating Officer Jon Blum. Jon Blum presented the [Health Equity Award](#) to [Augusta Health](#) and [Latino Connection](#), and representatives from both organizations participated in a moderated panel about their work.

The final plenary panel included leaders from several CMS offices having a moderated discussion about health care access, affordability, and quality. The session was moderated by Dr. Aditi Mallick of CMS.



KEY BREAKOUT SESSIONS

TOPICS AND RESOURCES



Health literacy, quality, and accessibility

Seven breakout sessions focused on health literacy, quality, and accessibility for people facing barriers related to culture, ability, language, and more. Presenters explored the importance of integrating care efforts across disciplines to promote comprehensive care. Many also highlighted the crucial role of community-based organizations and supports in advancing health equity in various communities. Their presentations urged health providers to consider their community's unique needs, driving attendees to partner with community groups to improve cultural competency and address health-related social needs.

In their remarks, speakers repeatedly emphasized the importance of providing individualized care to increase health literacy. CMS OMH offers several resources conference attendees can share to promote health literacy in their communities, several of which are listed below.

Key takeaway: Community-based organizations play a key role in helping health providers understand the diverse needs of their patients, and partnering with these groups can improve health literacy, quality, and accessibility.

CMS resources to get started:

- [Coverage to Care](#): An initiative that provides resources to help patients understand their health coverage and connect to primary care and preventive services.
- [Improving Access to Care for People With Disabilities](#): A webpage that can help providers find tools and resources to improve services for people with disabilities and help them understand their rights.
- [Improving Care for People With Limited English Proficiency](#): An infographic that highlights health disparities among people with limited English proficiency and shares resources to help increase access to and quality of care.
- [Health Equity Technical Assistance Program](#): A program that offers health equity technical assistance resources aimed to help health care organizations take action against health disparities. Attendees looking for broader help improving literacy, quality, and access in their communities can reach out to HealthEquityTA@cms.hhs.gov for personalized guidance.

KEY BREAKOUT SESSIONS

TOPICS AND RESOURCES



Social determinants of health and lived experience

Six breakout sessions highlighted social determinants of health (SDOH) and lived experiences. These sessions explored a variety of unique case studies across the country involving communities that are medically underserved, including homeless populations, older adults and caregivers, formerly incarcerated individuals, and people with disabilities. Despite the differences in the populations they serve, presenters in all sessions emphasized the importance of collaboration between health systems, community services, and other experts to properly address SDOH and ensure that health-related social needs are met while providing person-centered care.

One common theme among presentations was the importance of looking at the whole person when providing care, considering SDOH like income, nutrition, housing and employment status, access to technology, and more. Several CMS OMH resources are available to help attendees learn more about the diverse needs of the vulnerable communities they serve.

Key takeaway: Person-centered care is a critical component of health equity that can only be achieved through intentional collaboration between health providers, community partners, and experts in various SDOH-related areas.

CMS resources to get started:

- [Improving the Collection of Social Determinants of Health \(SDOH\) Data with ICD-10-CM Z Codes:](#) An infographic that explains how Z codes can help improve the collection of SDOH data and outlines ways that collecting this data can improve equity in health care delivery and research.
- [Returning to the Community: Health Care After Incarceration:](#) A C2C guide for health care reentry that outlines a roadmap to better health for formerly incarcerated people.
- [Effects of Poverty on Health Care for People With Medicare:](#) An infographic that illustrates how poverty can impact health and increase disparities.

KEY BREAKOUT SESSIONS

TOPICS AND RESOURCES



Data and artificial intelligence

Five breakout sessions focused on ways to advance health outcomes for populations that are medically underserved—specifically people from racial and ethnic minority groups—through data and artificial intelligence (AI). Presenters discussed multiple topics including generative AI, maternal health, standardizing data, and improving access to providers. An overarching theme throughout the presentations was the importance of identifying and addressing racial and gender bias in data collection processes and AI.

While outlining various standards and models among different populations, all presenters highlighted the importance of collecting accurate race and ethnicity data to achieve health equity. CMS OMH offers several resources and tools that can assist conference attendees in using data to advance health equity.

Key takeaway: Collecting accurate race and ethnicity data is necessary to inform all aspects of ensuring health equity for all.

CMS resources to get started:

- [Mapping Medicare Disparities Tool](#): An interactive map that identifies areas of disparities between subgroups of Medicare enrollees, like racial and ethnic disparities, in health outcomes.
- [Resource of Health Equity-related Data Definitions, Standards, & Stratification Practices](#): A resource that outlines suggested definitions, standards, and stratification practices for several sociodemographic elements for use to improve data collection and analysis.
- [Data Highlights](#): Resources that highlight national and regional data on health care service utilization, spending, and quality indicators for the Medicare population.
- [Data Snapshots](#): Fact sheets focused on health disparities in various groups of Medicare enrollees.

KEY BREAKOUT SESSIONS

TOPICS AND RESOURCES



Rural, tribal, and geographically isolated communities

Two breakout sessions explored the health disparities that impact American Indian/Alaska Native (AI/AN) individuals, as well as populations of U.S. territories in the Pacific and Caribbean. Although the presentations focused on people living in different regions, speakers highlighted similar health-related issues that all groups face, one being underrepresentation in national datasets. Without comprehensive and quality data to represent AI/AN and U.S. territory populations, individuals from these groups are excluded from tools and measures, ultimately impacting policy and funding.

All presenters emphasized the importance of increasing visibility of these communities by reviewing data, strengthening standards, and integrating AI/AN and U.S. territory populations into census data. To understand how CMS OMH is considering rural, tribal, and geographically isolated communities in its programs and policies, attendees can review the resources below.

Key takeaway: To advance access to care and improve health outcomes in rural, tribal, and geographically isolated communities, policies and programs must be informed by comprehensive and accurate datasets.

CMS resources to get started:

- [CMS Framework for Rural, Tribal, and Geographically Isolated Communities](#): A framework that outlines six priority areas that will help CMS OMH improve health care quality, outcomes, and access in rural, tribal, and geographically isolated communities.
- [Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities](#): A report that provides an overview of CMS OMH's efforts to advance rural health including the above framework, publications and reports, and additional resources.
- [CMS Rural Health Clinics Center](#): A hub for information related to rural health clinics, including educational resources, policy regulations, and billing/payment-related fact sheets.
- [CMS Federally Qualified Health Centers Center](#): A hub for information related to federally qualified health centers, including past training opportunities, policy regulations, and preventive service fact sheets.

CONCLUSION

“Sometimes we do need to sprint—we have to speed up because of the urgency of the moment.”

— **Dr. Aletha Maybank, American Medical Association**
KEYNOTE SPEAKER



The 2024 CMS Health Equity Conference convened 650+ people in-person at the Hyatt Regency hotel in Bethesda, Maryland, and more than 5,600 people virtually via Zoom Events and HHS Live. Attendees learned about a wide array of health equity issues, research, and lived experiences from speakers across federal and state governments, community groups, private organizations, academia, and more.

The second CMS Health Equity Conference earned positive feedback from attendees, who appreciated the free event as an interactive and accessible way to share lessons, resources, and lived experiences to improve health equity. As keynote speaker Dr. Aletha Maybank emphasized during her remarks, advancing health equity is a marathon, but “sometimes we do need to sprint—we have to speed up because of the urgency of the moment.”

To take advantage of this urgent moment for furthering equity in all communities, CMS encourages attendees to implement lessons from the conference into their work and looks forward to working with partners across the country to sustain the future of health equity through action.

APPENDIX

PLENARY SESSIONS



Welcome from CMS Administrator and HHS Maternal Health Panel

The second CMS Health Equity Conference began on May 29, with CMS Administrator Chiquita Brooks-LaSure welcoming attendees. The Maternal Health Panel represented speakers from three HHS agencies including CMS Administrator Chiquita Brooks-LaSure, HRSA Administrator Carole Johnson, SAMHSA Assistant Secretary Miriam E. Delphin-Rittmon, PhD. The panel, which discussed HHS' coordinated maternal care strategy, is moderated by CMS OMH Former Acting Director Aditi Mallick, MD. During this session, Dr. Mallick also introduced CMS Chief Health Equity Officer and OMH Director Martin Mendoza, PhD.



Afternoon Plenary Session: Aletha Maybank, MD, MPH

Dr. Aletha Maybank, MD, MPH from the American Medical Association gave a keynote address on sustaining health equity through action. She is introduced by Pamela Gentry of the CMS Office of Minority Health.



Welcome from CMS Office of Minority Health Deputy Director and Health Equity Award Ceremony

Pamela Gentry started the second day of the CMS Health Equity Conference by addressing attendees and introducing CMS Principal Deputy Administrator and Chief Operating Officer Jon Blum, MPP. Jon Blum presented the Health Equity Award to Augusta Health and Latino Connection, and representatives from both organizations participated in a moderated panel.

APPENDIX

PLENARY SESSIONS



Afternoon Plenary Session: Access, Affordability, and Quality: A Discussion with CMS Leadership

Aditi Mallick, MD (CMS), Dora Hughes, MD, MPH (CMS Center for Clinical Standards and Quality), Jeff Wu, JD, MBA (CMS Center for Consumer Information & Insurance Oversight), Jessica Lee, MD, MSHP (CMS Center for Medicaid and CHIP Services), Liz Fowler, PhD, JD (CMS Innovation Center), Meena Seshamani, MD, PhD (CMS Center for Medicare), and Tim Engelhardt, MHS (CMS Federal Coordinated Health Care Office) presented on Access, Affordability, and Quality: A Discussion with CMS Leadership.



Closing Remarks

At the end of the two-day conference, CMS Chief Health Equity Officer and OMH Director Martin Mendoza, PhD, thanked the attendees and speakers for joining CMS at the second Health Equity Conference and reflected on the event.

APPENDIX

BREAKOUT SESSIONS



Health literacy, quality, and accessibility

Building Capacity for the Health Care Workforce: Tools and Lessons Learned to Assist in Reducing Health Care Disparities

Amanda Wyatt Hutto, PCMH CCE (TMF Health Quality Institute) and Anne Carpenter, MSW, MHA (TMF Health Quality Institute) presented on *Implementing CLAS to Improve Health Equity*. Antoinette Percy-Laurry, DrPH, MSPH (National Institute on Aging) and Steven Gong (National Institute on Minority Health and Health Disparities) presented on *HDPulse: A Resource to Identify Disparities and Access Interventions to Improve Rural Health*. Kayla Salazar Poncet, MSW (Community Health Plan of Washington) and Victoria Gersch, MPH (Community Health Plan of Washington) presented on *Lessons from the Community Health Plan of Washington: Designing an Equity-Focused Payment Model to Support Capacity Building, Community Needs, and Accountability*. Moderator: Thomas Mason, MD (Office of National Coordinator for Health Information Technology).

“I was very impressed with all the speakers for this conference. Dynamic people doing strong, patient-centered work.”

– Conference attendee via feedback survey

Health Equity Lightning Talks

Katie Ettman, MPA (San Francisco Bay Area Planning and Urban Research Association) and Kristin Sukys, MS (Food is Medicine) presented on *Coding4Food*. Molly Lawson, MAS, RN, BMTCN (Dalio Center for Health Justice, New York-Presbyterian Hospital) presented on *Creating a Robust Library of Sickle Cell Educational Materials for Patients, Providers, and the Community*. Varleisha Lyons, PhD, OTD, OTR/L, ASDCS, FAOTA (American Occupational Therapy Association) presented on *Historical Trauma and Health Disparities: How Incorporating Intergenerational Lived Experiences of Indigenous, Native Americans, and Alaska Natives Can Improve Indian Health Service by CMS Health Care Providers*. Priya Bathija, JD, MHSA (Nyoo Health) presented on *Achieving Digital Equity and Literacy in Maternal Health*. Stella “Stace” Mandl, BSW, BSN, RN, PHN (CMS Office of Burden Reduction & Health Informatics) presented on *Optimizing Care Delivery to Improve Patient Lives*. Moderator: Jessica Maksut, PhD (CMS Office of Minority Health).

APPENDIX

BREAKOUT SESSIONS

Implementing Health Equity Through Value-Based Care for People in Medicare

Katy Tapp, LMSW (Commonwealth ACO), Misty Chicchirichi, RN, MSN (Shenandoah Oncology), Purva Rawal, PhD (CMS Innovation Center), Unini Odama, MD, MPH, MBE (DaVita Kidney Care), Christopher Palmer, MPA (CMS Center for Clinical Standards and Quality), Cindy Massuda, JD (CMS Center for Clinical Standards and Quality), Lucy Bertocci (CMS Center for Medicare), and Maya Peterson, MSN, RN (CMS Center for Clinical Standards and Quality) presented on *Implementing Health Equity Through Value-Based Care for People in Medicare*. Moderators: Susan Hill, MPA and Alexandra Bryden, MPP (CMS Office of Minority Health).

Increasing AANHPI Health Equity Through Language Access, Health Education, and Community-Based Interventions

Tuyet Tran (Southeast Asian Coalition), Ualani Hoopai (Pacific Islander Health Partnership), and Vida Lin (Asian Community Development Council) presented on *Increasing AANHPI Health Equity Through Language Access, Health Education, and Community-Based Interventions*. Moderator: Sharonda Everett (Asian & Pacific Islander American Health Forum).



APPENDIX

BREAKOUT SESSIONS

Oral Health Throughout the Lifespan: Disparities, Challenges, and Opportunities for Improving Oral Health Access and Coverage

Astha Singhal, BDS, MPH, PhD (University of Florida College of Dentistry); Carla Shoff, PhD (CMS Office of the Administrator); Lorel Burns, DDS, MS (New York University College of Dentistry); Natalia Chalmers, DDS, MHSc, PhD (CMS Office of the Administrator); and Steffany Chamut, DDS, MPH (Harvard School of Dental Medicine) presented on *Oral Health Throughout the Lifespan: Disparities, Challenges, and Opportunities for Improving Oral Health Access and Coverage*. Moderator: Shondelle Wilson-Fredrick, PhD (National Heart, Lung, and Blood Institute).

Outreach and Engagement: Replicable Strategies to Reduce Disparities

Cheryl Isabell (Covering Wisconsin) and Tina Marshalek (Covering Wisconsin) presented on *Mini Grants, Big Impact: An Outreach Strategy to Reduce Health Coverage Disparities and Raise Awareness*. Michelle Thomas, MPA, BSW (Arlington Area Agency on Aging) presented on *Health Equity Tours to Engage Older Adults and Persons with Disabilities*. Josiah Concho (Keres Community Health) and Kateri Chino (Keres Community Health) presented on *A Pueblo Approach to Health Equity: Addressing Vaccine Hesitancy Through a Holistic Tribal Lens*. Moderator: Vacheria Keys, JD (National Association of Community Health Centers).

Providing Culturally and Linguistically Appropriate Services to Persons of Limited English Proficiency, LGBTQ+ Individuals, and Muslim-Americans

Cindy Hou, DO, MA, MBA, CIC, CPHQ, CPPS, FACOI, FACP, FIDSA (Jefferson Health), Sandy Cayo, DNP, FNP-BC, FAAN (Yale Nursing), and Uzma Syed, DO, FIDSA (South Shore Infectious Diseases & Travel Medicine Consultants) presented on *Providing Culturally and Linguistically Appropriate Services to Persons of Limited English Proficiency, LGBTQ+ Individuals, and Muslim-Americans*. Moderator: Alexa McKinley, JD (National Rural Health Association).

“This was such a great experience. I loved how supportive the leaders are to each other. There was so much knowledge, passion, and information.”

– Conference attendee via feedback survey

APPENDIX

BREAKOUT SESSIONS



Social determinants of health and lived experience

Building Community Capacity to Advance Health Equity: Lessons from Accountable Communities for Health in California and Texas

Amy Hooten (City of Longview Fire Department), Carolyn Johnson, EdD, MBA, MPH (Black Cultural Zone), and Ener Chiu (East Bay Asian Local Development Corporation) presented on *Building Community Capacity to Advance Health Equity: Lessons from Accountable Communities for Health in California and Texas*.

Moderator: Anne Reid, MPH (George Washington University, Funders Forum on Accountable Health).

Building Organizational and Staff Capacity at Community Health Centers to Reduce Visual Health Disparities

Luke Ertle, MPH (Association for Clinicians for the Underserved), Morgan Cassidy, MHA, MPH, JM (Cherokee Health Systems), and Susan Olivo, MBA (Lavelle Fund for the Blind) presented on *Building Organizational and Staff Capacity at Community Health Centers to Reduce Visual Health Disparities*. Moderator: Ashley Valentine (Sick Cells).

Ensuring Access for Patients with Disabilities in an Evolving Telehealth Landscape

Jan Withers, MA (North Carolina Division of Services for the Deaf and Hard of Hearing), Kathy Wibberly, PhD (Mid-Atlantic Telehealth Resource Center), Laura C. Hoffman, SJD (Cleveland State University College of Law), Robert C. Nutt, MD, MPH (Disability Determination Services at the North Carolina Department of Health and Human Services), and Tony Davis, MSW (North Carolina Division of Services for the Deaf and Hard of Hearing) presented on *Ensuring Access for Patients with Disabilities in an Evolving Telehealth Landscape*. Moderator: Katie Reget, MPH (Association of American Medical Colleges).

Inequity in Care Navigation: How Confusion, Complexity, and Fear Have Severe Consequences for Vulnerable Caregiver Populations

Carla Perissinotto, MD (Sabio Health), Ellen Rudy, PhD, MPH (Wellthy), and Lorena Rodriguez Chandler, MPH (Inland Empire Health Plan) presented on *Inequity in Care Navigation: How Confusion, Complexity, and Fear Have Severe Consequences for Vulnerable Caregiver Populations*.

APPENDIX

BREAKOUT SESSIONS



Supportive Reentry Network HTC: A Model Approach to Care Coordination & Social Determinants of Health for Men and Women Leaving Incarceration

Angela Mecagni, LCSW (Illinois Department of Corrections), Sherie D. Arriazola Martinez, MPPA (MIMS Consulting LLC), and Sodiqa Williams, JD (Safer Foundation) presented on *Supportive Reentry Network HTC: A Model Approach to Care Coordination & Social Determinants of Health for Men and Women Released From Incarceration*. Moderator: Barbara Otto (Smart Policy Works).

Using 1115 Waivers to Advance Health Equity

Katherine Rogala (Finger Lakes Performing Provider System) and Melissa Pennise, MPH (Common Ground Health) presented on *Innovative Community Partnerships and Programming as Pathway to Reducing Health Disparities: New York Health Equity Reform Waiver*. Kristine Nixon (True North Housing Alliance) presented on *CalAIM Experience: Lessons Learned From a CBO*. Katie Huber, MPH (Duke-Margolis Institute for Health Policy at Duke University) and William K. Bleser, PhD, MSPH (Duke-Margolis Institute for Health Policy at Duke University) presented on *Addressing Housing-Related Social Needs Through Health Policy Authorities: Lessons from North Carolina's Healthy Opportunities Pilots*. Moderator: Sweta Haldar, MSPH (Families USA).

APPENDIX

BREAKOUT SESSIONS



Data and artificial intelligence

Analyzing Network Data to Improve Access to Providers That Are Critical to Meeting the Health Equity Needs of Marketplace Consumers

Cheryl Fish-Parcham, MSW (Families USA), Erika Melman, MPP (CMS Center for Consumer Information and Insurance Oversight), Kyle Esdaille, PhD (American Institutes for Research), and Subhash Seelam, MBA (Quest Analytics) presented on *Analyzing Network Data to Improve Access to Providers That Are Critical to Meeting the Health Equity Needs of Marketplace Consumers*. Moderator: Laura Weidner, JD (Epilepsy Foundation).

Discussion of Recent Advances in HHS Health Equity Data Efforts

Abigail Viall, ScD, MA (CDC Office of Public Health Data, Surveillance, and Technology), Karen Matsuoka, PhD (CMS Center for Medicaid and CHIP Services), Megan Reilly (CMS Office of Communications), Morgan Gruenewald (CMS Center for Consumer Information and Insurance Oversight), and Nancy Chiles Shaffer, PhD (CMS Office of Minority Health) presented on *Discussion of Recent Advances in HHS Health Equity Data Efforts*. Moderator: Meagan Khau, MHA (CMS Office of Minority Health).



APPENDIX

BREAKOUT SESSIONS

Gold Standard: Aligning on Best Practice for Measuring Health Inequities and the Impact of Efforts to Reduce Them Across the U.S. Health Care Industry

Kristen Azar, RN, MSN/MPH, FAHA (Sutter Health), Nikki Tennermann, LICSW, MBA (Institute for Healthcare Improvement), Rachel Harrington, PhD (National Committee for Quality Assurance), and Whitney Haggerson, MHA (Providence) presented on *Gold Standard: Aligning on Best Practice for Measuring Health Inequities and the Impact of Efforts to Reduce Them Across the U.S. Health Care Industry*. Moderator: Erin Mackay, MPH (National Partnership for Women and Families).

Improving Equity in Medicaid and CHIP Maternal Health

Ellen-Marie Whelan, PhD, NP, FAAN (CMS Center for Medicaid and CHIP Services), Gregory LaManna, MPH (Anthem Blue Cross Blue Shield, Ohio Medicaid), Kristen Zycherman, RN, BSN (CMS Center for Medicaid and CHIP Services), Linda Jiang, MPH (Lyft), and Megan Woo, ScD, ScM (NORC at the University of Chicago) presented on *Improving Equity in Medicaid and CHIP Maternal Health*. Moderator: Karen Matsuoka, PhD (CMS Center for Medicaid and CHIP Services).

The Role of Generative AI and Large Language Models in Enhancing Health Equity: Applications, Considerations, and Addressing CMS' Programmatic Needs

Deelip Mhaske (National Minority Quality Forum), Kenyon Crowley, PhD, MBA, MSc, CPHIMS (Accenture Federal Services), Meagan Khau, MHA (CMS Office of Minority Health), and Ritu Agarwal, PhD (John Hopkins University) presented on *The Role of Generative AI and Large Language Models in Enhancing Health Equity: Applications, Considerations, and Addressing CMS' Programmatic Needs*. Moderator: Akin Demehin, MPH (American Hospital Association).

“I absolutely treasured the lived experiences shared, particularly the ‘how-to’ examples and information. Too often, we know what to do, but the ‘how’ is the truly difficult part. Such examples, along with all of the lessons learned and challenges, really spring forward shared learning.”

– Conference attendee via feedback survey

APPENDIX

BREAKOUT SESSIONS



Rural, tribal, and geographically isolated communities

Invisible and Undercounted: Exclusion of U.S. Territories in the Pacific and Caribbean From National Datasets and Subsequent Health Equity Impacts

Alex Wheatley, MPA (Association of State and Territorial Health Officials), Daniel P. Doyle, PMP (United States Census Bureau), Jae June Lee (Georgetown Center on Poverty and Inequality), and Thomas Bane, PhD, LMSW (CMS Office of Program Operations & Local Engagement) presented on *Invisible and Undercounted: Exclusion of U.S. Territories in the Pacific and Caribbean From National Datasets and Subsequent Health Equity Impacts*. Moderator: Marina Diaz, MHA (CMS Office of Program Operations & Local Engagement).

Leading the Way on the Journey to Health Equity and Wellness for American Indians/Alaska Natives

Carrie Field, MPH (National Indian Health Board), Karen Matsuoka, PhD (CMS Center for Medicaid and CHIP Services), and Susan Karol (CMS Center for Medicaid and CHIP Services) presented on *Leading the Way on the Journey to Health Equity and Wellness for American Indians/Alaska Natives*. Moderator: Susan Karol, MD (CMS Center for Medicaid and CHIP Services).

APPENDIX

POSTER HALL

1. [*Access to Care for Individuals With Communication Disorders*](#) by Brooke Hatfield, MS, CCC-SLP, CAE, and Inoka Tennakoon, MS, CCC-SLP, American Speech-Language-Hearing Association
2. [*Addressing Attitudinal Barriers to Disability Competent Care*](#) by Diana Caldwell, MSW, and Sari Siegel, PhD, The Lewin Group
3. [*Advancing Health Equity in Medicaid: Mississippi Bridges the Gap Using Trusted Community Partners*](#) by Gladys R. Peters, EdD, MPH, Mississippi State Department of Health and Jennifer Kaye Brumfield, RN, CCRC, MHS, UnitedHealthcare
4. [*Assessing Regional Differences in Health Care Utilization and Social Determinants of Health at the Sub-County Level*](#) by Adeena Javed and Dale Johnson, MS, Rowan-Virtua School of Osteopathic Medicine
5. [*Chronic Care Management, Depression Screening, and the Quintuple Aim of Medicine: CMS Health Equity Innovation Challenge Projects*](#) by Joelle Vlahakis, MD, FAAP, FAAHPM, and Matt Davis, MS, Wisconsin Physicians Service Government Health Administrators
6. [*Despite Higher Rates of Minimally Recommended Depression Treatment, Transgender and Gender Diverse Medicare Beneficiaries With Depression Have Poorer Mental Health Outcomes: Analysis of 2009-2016 Medicare Data*](#) by Benjamin Cook, PhD, Harvard Medical School
7. [*Disparities in Emerging Adults' Depression and Roles of Greenspace and Social Networks*](#) by Ayodeji Iyanda, PhD, Prairie View A&M University
8. [*Disparities in Long-Term Services & Supports \(LTSS\) Needs at Age 55, and Differences in Resources and Outcomes*](#) by Johanna Barraza-Cannon, MPP, and Nils Franco, ATI Advisory
9. [*Effects of Medicaid Expansion in Louisiana and Virginia on Medicaid Enrollment During Pregnancy, Prenatal Care, and Maternal Health Outcomes Across Racial Groups*](#) by Daniela Zapata, PhD, and Siying Liu, PhD, American Institutes for Research
10. [*A Growing Gap in Health Equity: Indigenous Language Justice*](#) by Jackson Smith, Avantpage Translations
11. [*Health Plan Journey to Expand the Collection, Reporting, and Analysis of Standardized Data*](#) by Alyson Hoots and Tracy I. Wang, MPH, Elevance Health
12. [*Identity Protected: Whole Person View for Real-World Research Datasets*](#) by Chetan Kottidi, LexisNexis and John Cavey, Sparksoft
13. [*Impact of a Digital Health Intervention on Postpartum Appointment Attendance*](#) by Bridgette Do, PhD, MPH, Aqueduct

APPENDIX

POSTER HALL

“The CMS Health Equity Conference was an incredible experience—lots of lessons, resources, and content shared to help advance our health equity priorities.”

– Conference attendee via feedback survey

14. [Insights into Black and Hispanic Medicaid Recipients’ Experiences With the Health Care System That Can Be Used to Inform the Delivery of Culturally Tailored Services: An Online Patient Panel Survey](#) by Terri Jackson, MA, Rabin Martin
15. [Long COVID in Colorado: Lessons for the Nation](#) by Phoebe Canagarajah, MPP, Harvard Kennedy School
16. [Overcoming Health Inequity in Breast Cancer Screening for Black and Brown Women in Brooklyn, NY](#) by Collette Mills, BSN, MA, Doral Health and Wellness and Renee Karim, LPN, CINQCARE
17. [Project Description and Preliminary Outcomes From HEAR US: Community Approaches to Reduce the Effects of Structural Racism on Mental Health Care](#) by Daniel Chen, MD, and Luke Keating, MA, Medisys Health Network
18. [Putting Social Back Into SDOH: Disparities in Social Connection and Social Support Among Medicare Advantage Beneficiaries](#) by Jillian Bongiorno Meadows, Papa
19. [Race and Ethnicity Data Collection Practices and Challenges on the Medicare Part C and Part D Enrollment Form](#) by AnhViet Nguyen, CMS Center for Medicare; Morgan Murray, MPH, NORC at the University of Chicago; and Nancy Chiles Shaffer, PhD, CMS Office of Minority Health
20. [Rural Emergency Hospital Designation Program: An Overview](#) by Suzanne Daly, PhD, RN, University of Texas at Arlington, College of Nursing and Health Innovation, Center for Rural Health and Nursing
21. [Rural Emergency Hospitals \(REH\), Health Equity and Service Needs: Early Insights](#) by Susan Aft, MSN, RN, CPHQ, Rural Health Redesign Center
22. [Social Determinants of Health Among Medicare and Privately Insured Kidney Transplant Candidates in the United States](#) by Tatenda G. Mupfudze, PhD, United Network for Organ Sharing

APPENDIX

POSTER HALL

23. [Stand Up to Health Disparities – A Public-Private Partnership Using Hyper Local Community Engagement to Co-create and Implement Evidence-Based Interventions to Mitigate and Reduce Health Disparities for Black and Hispanic Women Living With Epilepsy in Georgia and on Medicaid or Underinsured](#) by Donna Finale, UCB and Terri Jackson, MA, Rabin Martin
24. [Strategies to Address Inequities in Federal Marketplace Eligibility Support Program](#) by Amanda Brander, MA, and Jennifer L. Mezzo, MPH, Serco
25. [Telehealth’s Trajectory: Assessing Adoption, Policy Impact, and Accessibility from Pandemic Response to Future Health Care Integration \(2020-2023\)](#) by Yuxin Zhao, Booz Allen Hamilton
26. [Weaving the Nest of Family Support](#) by Aly Keefer, MS, National Nurse-Led Care Consortium
27. [Workforce Capacity Partnership Models to Enhance Mental Health Access for Rural Communities](#) by Brinda Gupta and Eva Kemal, Guidehouse
28. [Working to Overcome Barriers in Insurance for Minorities, Immigrants, and English as a Second Language Communities](#) by Holly Crowley, BA, CCHW, and Julia Cunningham Holloway, MBA, Affiliated Service Providers of Indiana



APPENDIX

FEDERAL PARTNER EXHIBIT HALL

Agency for Healthcare Research and Quality

The Agency for Healthcare Research and Quality's mission is to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used.

Centers for Disease Control and Prevention Office of Health Equity

The Office of Health Equity exists to ensure health equity is embedded in an all-of-public health approach to overcoming persistent health disparities and health inequities across a range of population groups that disproportionately experience poor health outcomes.

Centers for Medicare & Medicaid Services Office of Minority Health

The Centers for Medicare & Medicaid Services Office of Minority Health works with local and federal partners to eliminate health disparities while improving the health of people from all minority populations through its health equity initiatives.

Health Resources and Services Administration Office of Health Equity

The Health Resources and Services Administration provides equitable health care to the nation's highest-need communities. Programs support people with low incomes, people with HIV, pregnant people, children, parents, rural communities, transplant patients, and the health workforce.

Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Behavioral Health Equity

The SAMHSA Office of Behavioral Health Equity aims to advance behavioral health equity and promote mental health, prevent substance misuse, provide treatment, and facilitate recovery for racial, ethnic, and sexual and gender populations.

U.S. Department of Health and Human Services (HHS) Office of Minority Health

The HHS Office of Minority Health is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs.

U.S. Food and Drug Administration (FDA) Office of Minority Health and Health Equity

The FDA Office of Minority Health and Health Equity serves to promote and protect the health of diverse populations through research and communication of science that addresses health disparities.



HEALTH

EQUITY

CONFERENCE

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