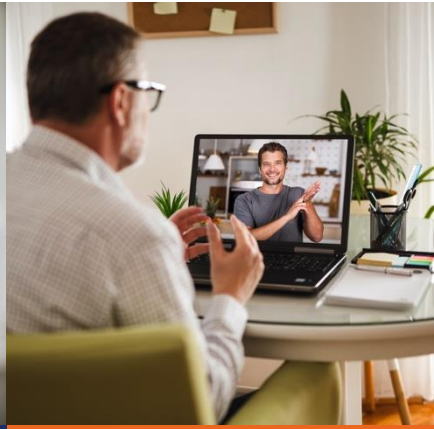
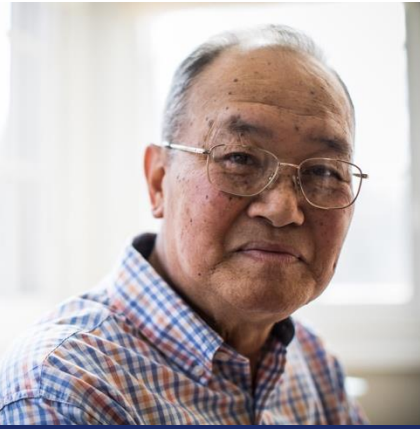
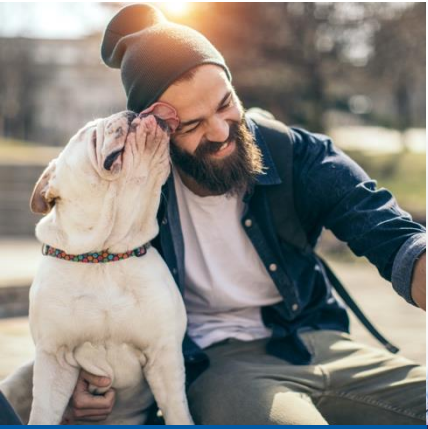


W O R K I N G T O A C H I E V E H E A L T H E Q U I T Y



Health Care Workforce and Health Equity Inclusion Virtual Forum

June 12, 2024

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Accessibility

Closed Captions

To access this feature, go to the menu at the bottom of the screen and click on "Captions", which will display another menu where you can select "Show Captions". Selecting "Show Captions" will allow closed captioning to appear at the bottom of the screen.

ASL Interpretation

To access ASL interpretation, go to the menu at the bottom of the screen and click on the "Interpretation" icon. Under "Watch," choose American Sign Language and a video window of the interpreter that you've chosen will appear on your screen.

Agenda

- Welcome –Iris Allen, CMS OMH
- CMS OMH Opening Remarks – Dr. Martin Mendoza, CMS OMH
 - CMS Framework for Health Equity
 - Priority Area 3 on Health Care Organizations and the Workforce
 - Hospital Equity
 - Center for Clinical Standards and Quality
- CDC OHE Opening Remarks – Dr. Jeffrey Hall, CDC OHE
- Guest Presentation – Dr. Joel Weissman, Brigham and Women’s Hospital, Harvard University & Joy Lewis, American Hospital Association
 - The Equity Officers National Study: An Early Look at the Experiences, Challenges, and Opportunities of Hospital Equity Officers
- Moderated Q & A –Iris Allen, CMS OMH

Opening Remarks

CMS Framework for Health Equity: 5 Priority Areas



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



CMS policy, program, and resource allocation decisions must build capacity among providers, plans, and other organizations to enable stakeholders to meet the needs of the communities they serve.

CMS Innovation Center Models and Demonstrations:

- Accountable Health Communities Model
- CMS OMH Minority Research Grant Program
- Community Health Access and Rural Transformation Model

Hospital Equity

[Medicare](#) ▾ [Medicaid/CHIP](#) ▾ [Marketplace & Private Insurance](#) ▾ [Priorities](#) ▾ [Training & Education](#) ▾

[Home](#) > [Priorities](#) > [Innovation Center](#) > [Where Innovation is Happening](#)

Where Innovation is Happening

The Innovation Center develops new payment and service delivery models in accordance with the requirements of section 1115A of the Social Security Act. Additionally, Congress has defined, both through the Affordable Care Act and previous legislation, a number of specific demonstrations to be conducted by CMS.

How to use this map: This map shows the Innovation Models run at the State level (in orange) as well as the health care facilities where Innovation Models are being tested (in blue). In the default view of this map, a user should select the Model(s) to display. To create a filtered view, use the check-boxes to select the desired Models to display, and/or use the drop-down menu to go directly to a particular state or to zoom back out to the national view.

Current View: National View
● Health care facilities where Innovation Models are being tested
● Models run at the State level

States & Territories ⏪

Go There

▼ Models

Select All Select None

Health care facilities where Innovation Models are being tested

ACO REACH

BPCI Advanced

Enhancing Oncology Model

► Categories

► Metrics of current view

Display Selected

© Mapbox © OpenStreetMap [Improve this map](#)

[View data and create your own visualizations on data.cms.gov](#)

Mapping Medicare Disparities (MMD) Tool

[En Español](#)

Chronic diseases pose a significant problem in the United States resulting in substantial morbidity, mortality, disability, and cost. The CMS Office of Minority Health has designed an interactive map, the Mapping Medicare Disparities (MMD) Tool, to identify areas of disparities between subgroups of Medicare enrollees (e.g., racial and ethnic groups) in health outcomes, utilization, and spending. It is an excellent starting point to understand and investigate geographic and racial and ethnic differences in health outcomes.

Mapping Medicare Disparities

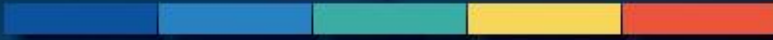
[Get Started](#)
Share: [Facebook](#) [Twitter](#)

CDC Office Health Equity



VISION

All people have the opportunity to attain the highest level of health possible.



MISSION

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.



FUNCTIONS



- ❖ Strengthen and cultivate CDC Core Capabilities in advancing health equity.
- ❖ Provide agency leadership and coordination with accountability to build capacity to advance health equity.
- ❖ Strengthen the implementation of CORE through ongoing leadership, coordination, and collaboration in addressing drivers of health disparities and health inequities.
- ❖ Embed health equity principles in CDC programs, policies, systems, surveillance, and research that are inclusive of the intersectional experiences of population groups that have been historically marginalized and underserved.

CDC's CORE Commitment to Equity

CDC launched an agency-wide strategy to integrate equity into the fabric of all we do



Cultivate comprehensive health equity science

- CDC embeds health equity principles in the design, implementation, and evaluation of its research, data, surveillance, and intervention strategies



Optimize interventions

- CDC uses scientific, innovative, and data-driven strategies that address environmental, place-based, occupational, policy and systemic factors that impact health outcomes and address drivers of health disparities



Reinforce and expand robust partnerships

- CDC seeks out and strengthens sustainable multi-level, multi-sectoral and community partnerships to advance health equity



Enhance capacity and workplace diversity, inclusion, and engagement

- CDC builds internal capacity to cultivate a multi-disciplinary workforce and more inclusive climates, policies, and practices for broader public health impact



**US Department of Health and Human Services
Centers for Disease Control and Prevention
Center for Medicare & Medicaid Services**



**Advancing Health Equity:
A Virtual Summit with Chief Health Equity Officers in Health Systems**

CDC Foundations of Health Equity Training Plan: Open to All

- [The Foundations of Health Equity](#) is a self-guided, online training plan designed to facilitate foundational knowledge and skill development on topics related to health equity, health disparities, and structural and social determinants of health.
- The training plan contains 13, on-demand, web-accessible trainings that cover six health equity-related domains, based on the [Health Equity Intervention and Action Principles](#). The six domains are:
 1. Organization policy
 2. Infrastructure
 3. Communication
 4. Community engagement
 5. Structural and social determinants of health
 6. Anti-oppression
- Health equity certificate available!



Contact HealthEquityTA@cdc.gov with questions about the training plan



Lewis & Ferguson Internships and Fellowships

CDC's Office of Health Equity (OHE) supports the **CDC John R. Lewis Undergraduate Public Health Scholars (Lewis Scholars) Program** and the **Dr. James A. Ferguson Emerging Infectious Diseases (Ferguson) Graduate Fellowship**. These programs provide internship and fellowship opportunities for qualified undergraduate, graduate, and recently graduated students to gain meaningful experiences in public health settings.



[Lewis/Ferguson Internships and Fellowships](#)



Guest Presentation



Mass General Brigham

The Equity Officers National Study (EONS): An Early Look at the Experiences, Challenges, and Opportunities of Hospital Equity Officers

Joel S. Weissman, PhD
Joy A. Lewis, MSW, MPH
June 12, 2024

“Health Care Workforce and Health Equity Inclusion Virtual Forum”
CDC-CMS-OMH

Meet the EONS Team



Joel Weissman, PhD



Joseph Betancourt,
MD, MPH



Rachel Adler,
ScD, RD



Aswita Tan-McGrory,
MBD, MSPH



Joy Lewis,
MSW, MPH



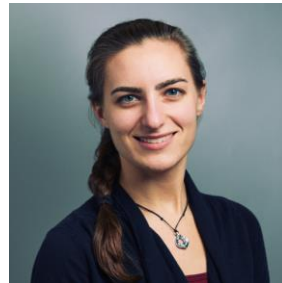
Cait DesRoches,
DrPH, MSc



Elaine Singh



Andrea Liebig



Alysa Pomer, PhD



Saba Ilkhani,
MD, MPH



Saathvika Diviti



Disclosures

This project is funded by The Commonwealth Fund (Grant #20223694)



Agenda

EONS – The Equity Officers National Study

Background and Aims

National Survey of US Hospital Equity Officers

Qualitative Interviews

Conclusions



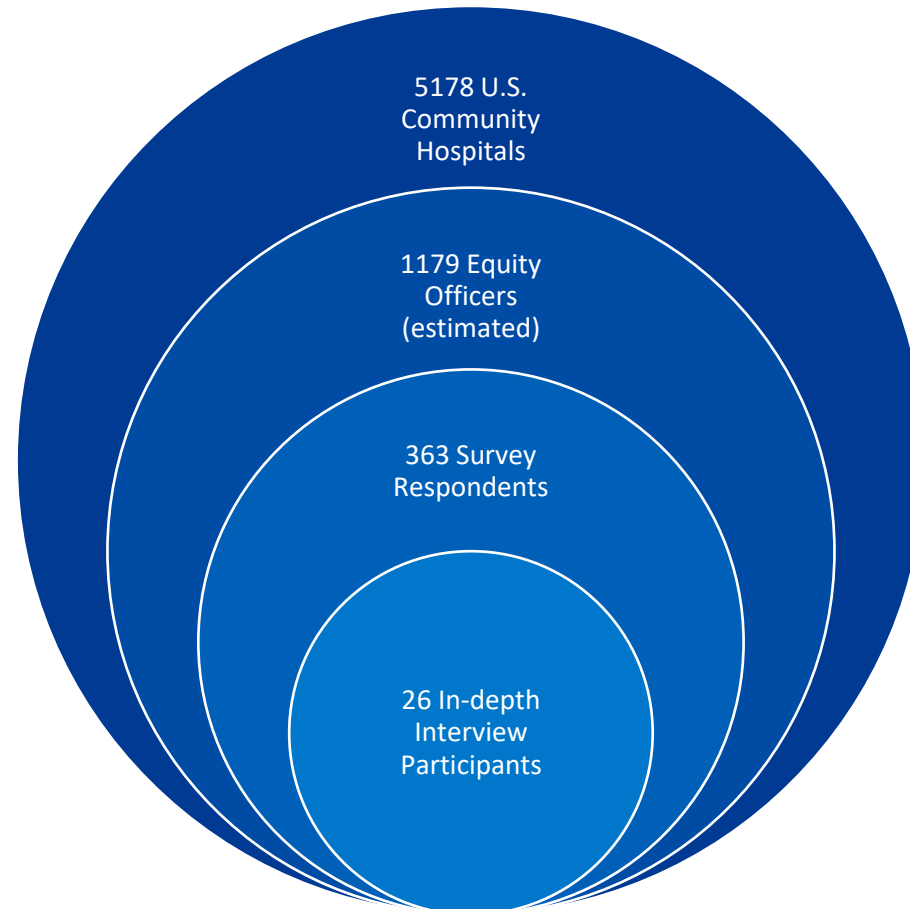
Background and Aims

- Many hospitals and healthcare systems have created Equity Officer positions or assigned equity responsibilities to staff, but little is known about the activities and responsibilities of these new positions
- The main purpose of EONS was to describe the scope of these roles, including priorities, facilitators, barriers, and skills necessary for success
- We conducted a survey of EQOs in US community hospitals, and then followed up with 26 one-on-one qualitative interviews with a purposive sub-sample.



Who we surveyed

- Of all U.S. hospitals, we first determined which ones potentially had an Equity Officer based on data from AHA Annual Survey and Institute for Diversity and Health Equity (IFDHE) Survey
- Among those hospitals, we asked for, “***the most senior person(s) in your hospital for health equity. By health equity, we mean any set of activities inside the hospital and in the community that aims to address health disparities and their underlying causes***”



Many EQOs have only been in the position a short time

| Characteristics | Survey Respondents (%) |
|--|------------------------|
| Length of Time in Equity Position | |
| <1 year | 123 (35.8) |
| 1 year to <5 years | 168 (48.8) |
| 5 or more years | 53 (15.4) |
| Gender Identity | |
| Male | 122 (36.6) |
| Female | 205 (61.6) |
| Race | |
| White | 196 (58.2) |
| Black or African American | 102 (30.3) |
| Asian, AIAN | 27 (8.0) |
| Other | 12 (3.5) |
| Hispanic or Latino | |
| Yes | 33 (10.1) |
| No | 294 (89.9) |

A lot of EQOs exist only at the system level

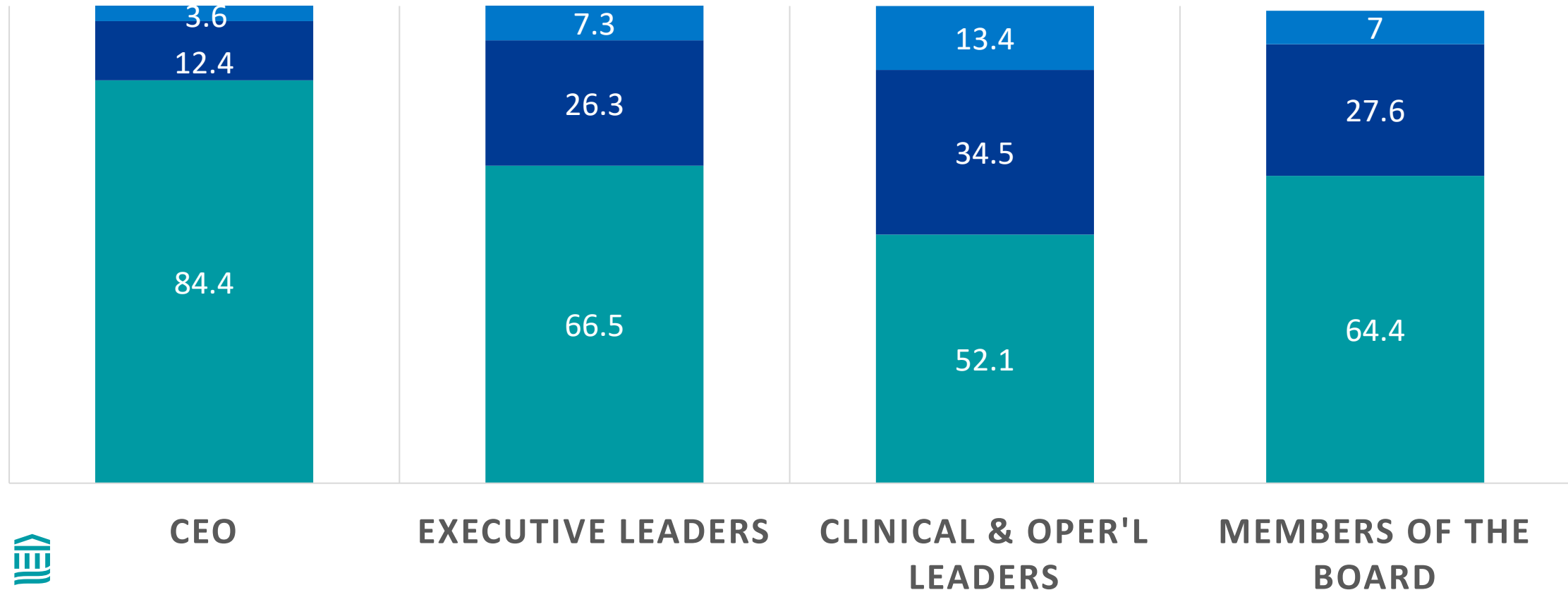
| Characteristics | Survey Respondents N (%) | All U.S Community Hospitals N (%) |
|------------------------------|-----------------------------|---|
| Location | | |
| Urban | 260 (71.6) | 3357 (65.1) |
| Rural | 103 (28.4) | 1800 (34.9) |
| Multi-Hospital System | | |
| Yes | 206 (56.9) | 3514 (68.1) |
| No | 156 (43.1) | 1643 (31.9) |
| Profit Status | | |
| For Profit | 29 (8.0) | 1235 (23.9) |
| Private Non-Profit | 238 (65.6) | 2978 (57.7) |
| Public | 96 (26.4) | 944 (18.3) |



Hospital leaders are perceived as being supportive, although less so among Clinical & Operations

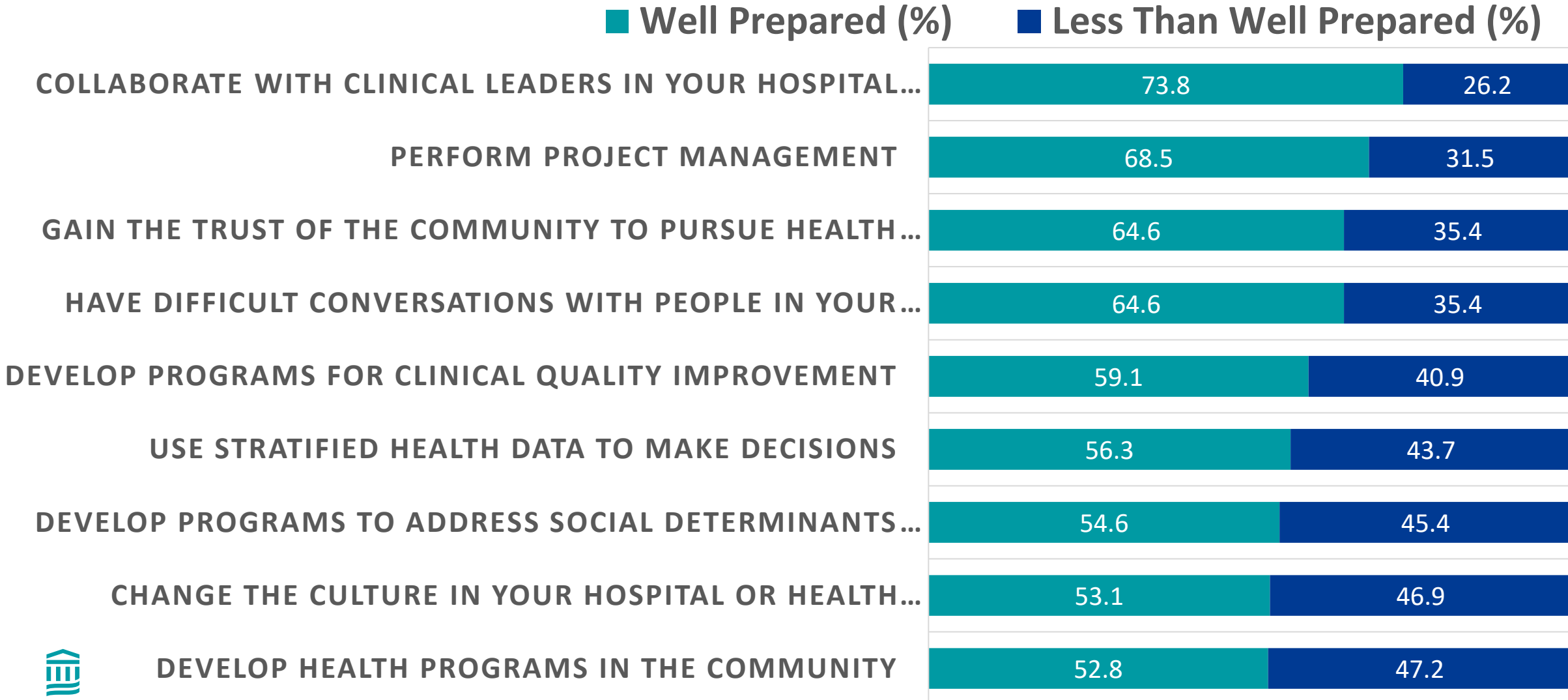
“In general, how supportive would you say the following leaders are about advancing health equity at your hospital or health system?”

■ Very Supportive (%) ■ Moderately Supportive (%) ■ Less than moderately supportive (%)



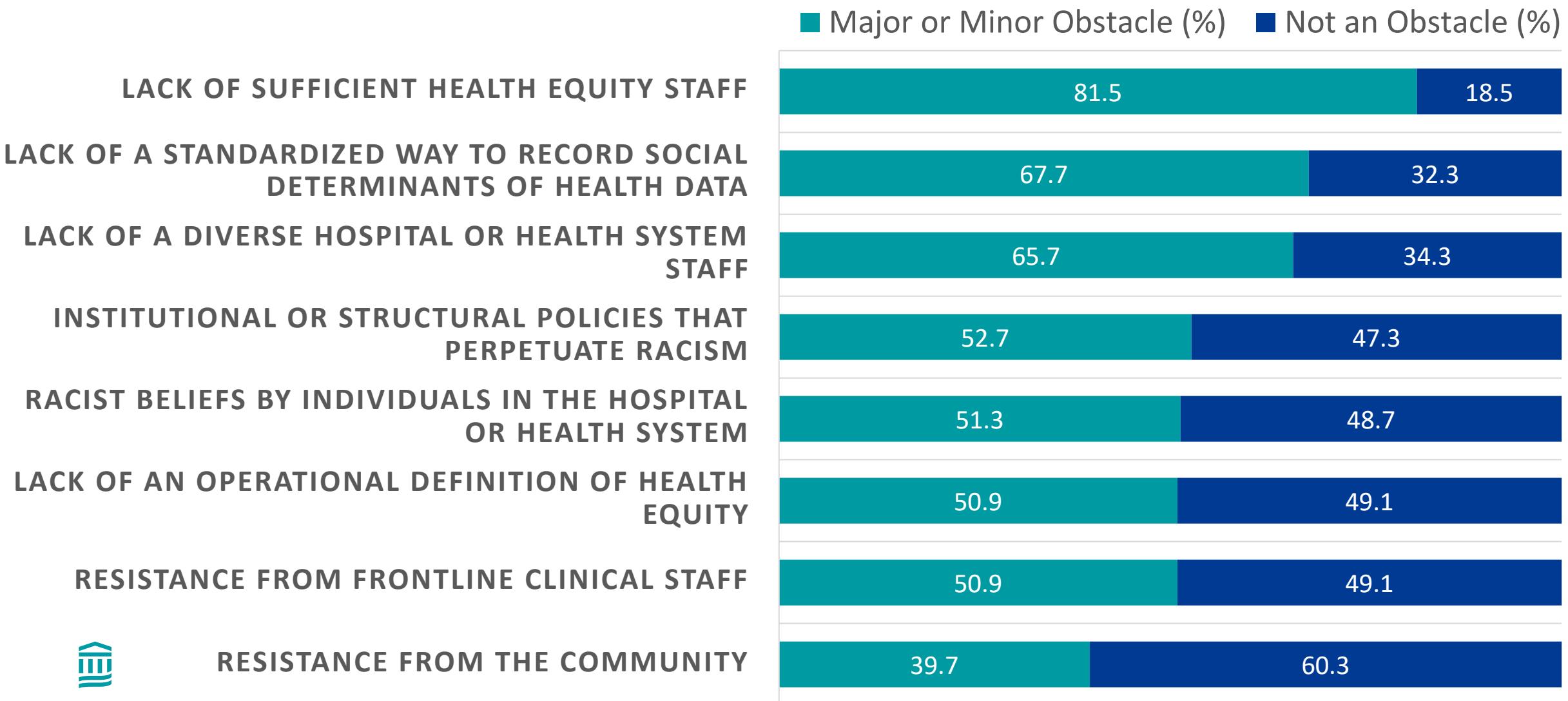
A majority –but far from 100% -- of EQOs feel well-prepared to carry out key tasks

“How prepared do you feel to do the following in your current position? “



EQOs face an array of obstacles

“Thinking about efforts to improve health equity in your hospital or health system or in your surrounding community, in your opinion, how much of an obstacle are any of the following?”

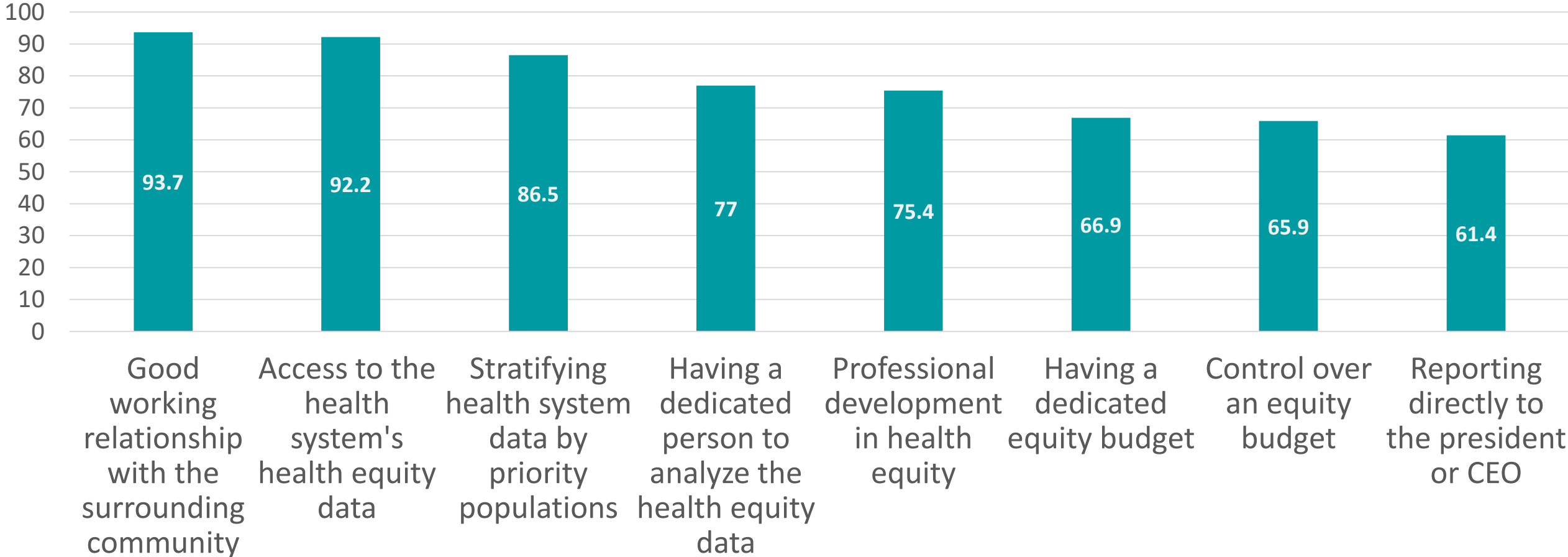


RESISTANCE FROM THE COMMUNITY

Data + Community = critically important attributes of EQOs

“If you were building a health equity office from scratch..., how important would each of the following attributes be ... to achieve the desired health equity goals?”

% responding "critically important" or "very important"



Interview Results



Challenges to Equity Work

| Challenge | Exemplar Quote |
|--------------------|--|
| Where do we start? | “Our greatest challenge is just ... doing this knowing that we're not going to get it all right the first time. ” |
| | |
| | |
| | |
| | |



Challenges to Equity Work

| Challenge | Exemplar Quote |
|--|--|
| Where do we start? | “Our greatest challenge is just ... doing this knowing that we're not going to get it all right the first time. ” |
| How do we educate staff and community members? | “ We've got to get our own house in order before we can boldly be educating the community on these issues... “ |
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| How can we advocate for hospital policies ...that promote health equity? | “I don't think we've done enough to, in a tangible, practical way, say, ‘ [The clinical team’s] work ...[needs to] look a little different because you’re [a] health system in the community ... doing health equity work. ’” |
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| How can we collect data systematically? | “What are the best standards for asking social determinants of health screening? What are the right clinical settings? How do you do that in a secure confidential way so that you get data that you can act on? ” |
| | |



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| How can we collect data systematically? | “What are the best standards for asking social determinants of health screening? What are the right clinical settings? How do you do that in a secure confidential way so that you get data that you can act on? ” |
| How do we know the data we collect is valid and accurate? | “[A challenge is] recognition of data systems that are not where they need to be. And the speed with which accountability for having those has happened is a little bit scary.” |



SDOH screening presents particular challenges

My patient screened positive on SDOH.
Now what?

- Clinical teams may not have or know the next step to help patients who screen positive on SDOH.



My hospital has partnerships in place with community organizations that address SDOH.

- The clinical team refers to the community partner – if they exist.



Community organizations addressing SDOH experience an increase in demand.

- Community organizations may experience difficulty financing and staffing their operations, straining their ability to meet the needs of those they serve.



Advice from Equity Officers

| Advice | Exemplar Quote |
|---------------------------------|---|
| Identify your values and vision | “Know your area, be innovative, and create your own narrative.” |
| | |
| | |
| | |
| | |
| | |



Advice from Equity Officers

| Advice | Exemplar Quote |
|---------------------------------|---|
| Identify your values and vision | “Know your area, be innovative, and create your own narrative.” |
| Gain buy-in and support | “Make sure that the CEO and the top leadership are aligned. And if not, how can you manage up to educate and activate and prioritize the work? ” |
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| Don’t reinvent the wheel | “ Look at what other hospitals and health systems are doing. Network, talk to people, talk about how they built, [and think] about setting.” |
| | |
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| Don’t reinvent the wheel | “ Look at what other hospitals and health systems are doing. Network, talk to people, talk about how they built, [and think] about setting.” |
| Build relationships and work together | “Take your existing community relationships ...and start to share with them what you’re seeing in your data... your bandwidth to tackle this stuff is suddenly so much easier because [you’ve] got an expert in food insecurity ...and all [you’re] doing is making sure [you’re] a good partner to that work.” |
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| Be the squeaky wheel | “Always speak up. Always recognize injustice and speak up... things don’t change on their own. ” |
| | |



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| Be the squeaky wheel | “Always speak up. Always recognize injustice and speak up... things don’t change on their own. ” |
| Play the long game | “You(’ve) got to stay committed, stay focused because it’s a long journey. It’s not a sprint at all. It [needs] constant attention. ” |



Limitations



Our findings should be considered in light of:

- Relatively low response rate to the survey (although not atypical)
 - Those who responded were likely early adopters with favorable environments
- Focus on descriptive information, experiences, barriers, and facilitators - not outcomes
- Too early for data on what factors contribute to EQO success



Conclusions



Conclusions

- A minority of hospitals have EQO positions, and many are relatively new
- Many exist only at the system level, raising questions about community ties
- Collaboration is key
- Equity Officers need:
 - Resources appropriate to the task – adequate budgets, adequate staff, diverse personnel
 - Clear, uniform strategies for collecting, analyzing, and acting on valid patient data
 - Training on best practices for educating both staff and patients on health equity
 - Coaching on how to build trust and sustainable relationships with their surrounding communities
 - Tools or strategies for changing the culture of where they work



Selected List of EONS Academic Products

Peer-Reviewed Publications

1. *How Hospitals are Addressing the Effects of Racism: A mixed methods study of Hospital Equity Officers.* **Health Affairs** 2023
 - a. Winner of ABIM Foundation John A. Benson Jr., MD Professionalism Article Prize 2024.
2. *Understanding the Roles, Responsibilities, and Factors for Success of Health Equity Officers in Healthcare Settings: A Qualitative Study.* **J Pub Health Management & Practice.** 2024.
3. *The Rise of the Hospital Chief Equity Officer – A National Survey of Early Experiences and Attributes.* Submitted to **HSR.** June 2024

Conference Presentations, Posters

1. Accelerating Health Equity Conference “*Understanding the Who, What, and Why of Hospital Equity Officers: Results from In-Depth Interviews.*” 2023. Minneapolis, MN.
2. NASEM Roundtable on the Promotion of Health Equity: 'Exploring Diversity, Equity, Inclusion, and Health Equity Commitments and Approaches by Health Organization C-Suites'. October 5, 2023;
3. AcademyHealth Annual Research Meeting. *Patient & Clinical Perspectives on & Approaches to Documentation, Exchange and Use of SDOH Data.* Baltimore. July 2, 2024
4. 2024 Congress on Healthcare Leadership. *Better Together: Leading Through a Lens of Action-Based Health Equity* (100H). March 27 2024



Thank You!



Moderated Q&A

Connect with CMS OMH

Contact Us

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Visit Our Website

go.cms.gov/omh

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Coverage to Care

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Minority Research Grant Program

OMHGrants@cms.hhs.gov

Rural Health

RuralHealth@cms.hhs.gov

Thank You!

