THE DIFFERENCE A DECADE MAKES

We can't achieve health equity alone. Join us in honoring National Minority Health Month by learning more about 10 highlights from the past decade.



FROM COVERAGE TO CARE

Health coverage can be overwhelming and confusing. We have <u>resources</u> to help everyone understand their health coverage so they can live a long and healthy life.

RURAL HEALTH AND STRATIFIED REPORTING

To achieve health equity, we need to measure and report disparities. That's why we annually release reports on Racial, Ethnic, and Gender Disparities in Health Care in Medicare Advantage and why we released a report covering rural and urban disparities.

APPROXIMATELY

60 MILLION PEOPLE

LIVE IN RURAL AREAS ACROSS THE U.S.²

MAPPING MEDICARE DISPARITIES

Racial and ethnic minorities experience higher rates of chronic diseases and are more likely to face reduced access to care. We developed the MMD Tool to identify disparities among Medicare patients.

CONNECTED CARE

This <u>initiative</u> provides chronic care management resources and tools to help health care professionals, patients, and community members.

MORE THAN

65%

OF MEDICARE PATIENTS

HAVE TWO OR MORE CHRONIC CONDITIONS.¹

RURAL HEALTH STRATEGY

Rural Americans are more likely to be unhealthy, uninsured or underinsured, and medically underserved.² CMS developed this **strategy** to improve care for rural Americans.

SICKLE CELL DISEASE

Few studies have examined health utilization patterns among Medicare patients with sickle cell disease.⁵ With the hope that it will facilitate analysis to improve care for patients with sickle cell disease, we added a sickle cell disease indicator to the CMS Chronic Conditions Data Warehouse and released a report on pain management for the disease.

Revision Date: April 2021. Paid for by the U.S. Department of Health and Human Services

CITATIONS

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- ² Centers for Medicare & Medicaid Services. CMS Rural Health Strategy. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Rural-Strategy-2018.pdf.
- Centers for Medicare & Medicaid Services. The CMS Equity Plan for Improving Quality in Medicare. https://www.cms.gov/About-CMS/Agency-Information/OMH/OMH_Dwnld-CMS_EquityPlanforMedicare_090615.
- ⁴ Centers for Medicare & Medicaid Services. "Accountable Health Communities Model." https://innovation.cms.gov/initiatives/ahcm/.
- ⁵ Centers for Medicare & Medicaid Services Office of Minority Health. "Prevalence of Sickle Cell Disease among Medicare Fee-for-Service Beneficiaries Age 18-75 Years, in 2016" <a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/research-and-data/information-products/data-highlights/prevalence-of-sickle-cell-disease-among-medicare-fee-for-service-beneficiaries-in-2016.

HEALTH EQUITY TECHNICAL ASSISTANCE

CMS OMH offers coaching and resources for organizations ready to take action on health disparities. Learn more by contacting us at HealthEquityTA@cms.hhs.gov.

SOCIAL DETERMINANTS OF HEALTH

Factors outside of the care we receive can play a role in our health.

FOR EXAMPLE

Those with inadequate access to food or stable housing have a higher risk of developing chronic conditions.⁴

CMS addresses social determinants of health by tracking them through Z codes and through its <u>Accountable</u> <u>Health Communities Model</u>.

EQUITY PLAN FOR IMPROVING QUALITY IN MEDICARE

Certain populations experience high burdens of disease, worse quality of care, and barriers to accessing care.³

We developed a plan to provide an action-oriented, results driven approach for advancing health equity.

MINORITY RESEARCH GRANT PROGRAM

CMS OMH offers funding opportunities to researchers at minority serving institutions that are exploring how to better meet the needs of minority populations. Through the **program**, we hope to develop the capacity to research social determinants of health, understand the root causes of health disparities, and strengthen CMS programs by disseminating best practices uncovered through funded research.

