



Advancing Health Equity through Health Literacy

October 4, 2022

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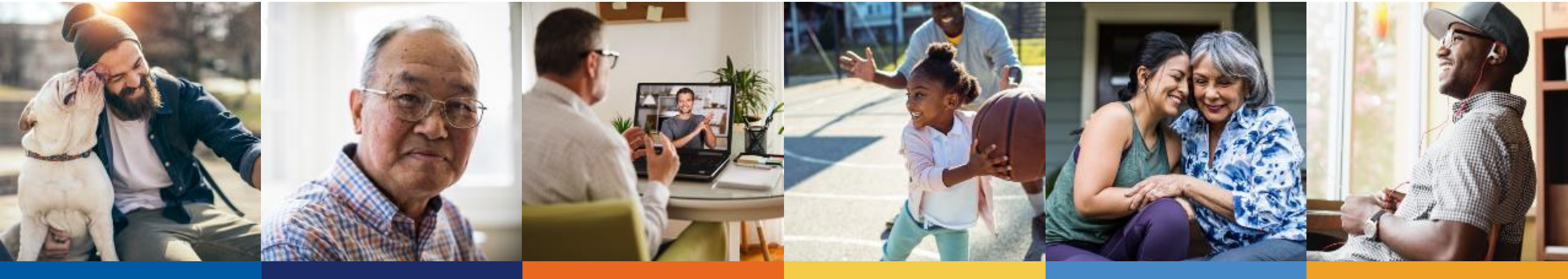
- To complete the course, the learner must:
 - Watch the 60-minute webinar (live or recorded)
 - Complete evaluation & reflective questions
- 1.25 contact hours approved for Nursing
 - Quality Insights is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation
- Also accepted for Certified Patient Care Technicians' (CPTCs) and Certified Hemodialysis Technicians' certificates
- Quality Insights has no further disclosures.

Learning Outcomes

- After this course, the learner will:
 - Identify the connection between health literacy and health equity.
 - Explain the CMS Framework for Health Equity and its connection to health literacy.
 - Describe what resources are available to you to assist in health literacy efforts for consumers.



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 Literacy Month Lunch & Learn

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CMS Office of Minority Health
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CMS Office of Minority Health

Mission

CMS OMH will lead the advancement and integration of health equity in the development, evaluation, and implementation of CMS's policies, programs, and partnerships.

Vision

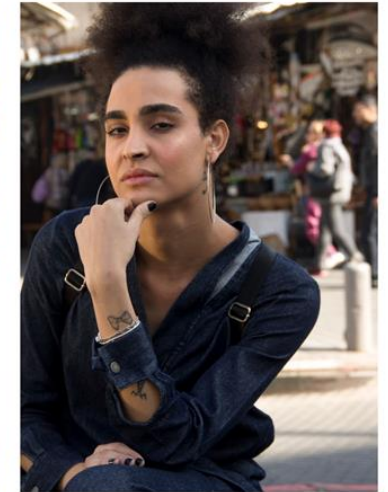
All those served by CMS have achieved their highest level of health and well-being, and we have eliminated disparities in health care quality and access.



Focus Populations

CMS OMH serves as the principal advisor to the agency on the needs of all minority populations, including:

- Racial and ethnic minorities
- People with disabilities
- Members of the lesbian, gay, bisexual, transgender, and queer community (LGBTQ+)
- Individuals with limited English proficiency
- Individuals in rural communities
- Persons otherwise adversely affected by persistent poverty or inequality



”

Reducing disparities requires attention to the essential components of equitable, patient-centered, high-quality care – that is, **to culturally and linguistically appropriate care as well as attention to health literacy.**

nam.edu/Perspectives

CMS FY2022 Strategic Plan Framework



Health Equity at CMS

Health equity means 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, or other factors that affect access to care and health outcomes.

CMS is working to advance health equity by designing, implementing, and operationalizing policies and programs that support health for all the people served by our programs, eliminating avoidable differences in health outcomes experienced by people who are disadvantaged or underserved, and providing the care and support that our enrollees need to thrive.

CMS Health Equity Strategy

- CMS outlined an action plan that demonstrates the Biden-Harris Administration’s ongoing efforts to provide high-quality, affordable health care for all people, regardless of their background, and to drive health equity across HHS. The plan includes the following actions:
 - **Close gaps in health care access, quality, and outcomes** for underserved populations.
 - **Promote culturally and linguistically appropriate services** to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.
 - **Build on outreach efforts** to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace.
 - **Expand and standardize the collection and use of data**, including on race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other factors across CMS programs.
 - **Evaluate policies to determine how CMS can support safety net providers** caring for underserved communities, and ensure care is accessible to those who need it.
 - **Ensure engagement with and accountability to the communities served by CMS** in policy development and the implementation of CMS programs.
 - **Incorporate screening for and promote broader access to health-related social needs**, including greater adoption of related quality measures, coordination with community-based organizations, and collection of social needs data in standardized formats across CMS programs and activities.
 - **Ensure CMS programs serve as a model and catalyst to advance health equity** through our nation’s health care system, including with states, providers, plans, and other stakeholders.
 - **Promote the highest quality outcomes and safest care for all people** through use of the framework under the CMS National Quality Strategy.

CMS Framework for Health Equity

- Allows a framework for CMS to operationalize health equity.
- Newly released to expand on the existing CMS Equity Plan to include all CMS programs: Medicare, Marketplace, and Medicaid and CHIP.
- Identifies 5 Priority Areas.
- Evidence-based
 - CMS's approach to advancing health equity is informed by decades of research and years of dedicated, focused stakeholder input, and evidence review.
 - Gather and synthesize input from health care providers; federal, state, and local partners; tribal nations; individuals and families; researchers; policymakers; and quality improvement and innovation contractors.



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



- Limited English proficiency, lack of health and health insurance literacy, and the provision of culturally tailored services, can either promote or inhibit effective communication about health care.
 - 9% of the U.S. population are persons with limited English proficiency; **36% have low health literacy, nationwide.**
 - People with limited English proficiency and low health literacy report poor health status nearly twice as much as those without these barriers
- CMS has a powerful role in strengthening efforts across the health care system to improve access to culturally and linguistically-tailored, health literate care and services for our increasingly diverse population.
- CMS and partners can improve information available to individuals about their providers' language skills, helping to ensure a person can find a health care professional who can communicate with them in a way they understand.
- CMS works with underserved communities to identify challenges in accessing care and coverage. This ensures that information is delivered in ways individuals, families, and caregivers can understand and that resources are widely available for use by providers, other stakeholders, and local trusted partners.

Equity Versus Equality

- **Health equity:** the attainment of the highest level of health for all people
- While equality offers the same opportunities, equity ensures fairness



Source: rwjf.org/en/library/infographics/visualizing-health-equity.html#/download

Social Determinants of Health (SDOH)



What are Social Determinants of Health?

The social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. ¹

Why are SDOH important?

It's estimated that between 70-90% of health is determined by SDOH. This doesn't mean that the clinical encounter doesn't matter – but instead, that health and health outcomes are influenced by the context of a person's place and space in society.

Health Literacy

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Health Literacy

Literacy

Numeracy

Financial Literacy

Digital Literacy

Insurance Literacy

Civic Literacy

- Health Literacy is **dynamic**.
- You can't tell someone's health literacy by looking
- **Higher literacy skills \neq understanding**
- Health literacy is interrelated with numerous other areas.
- **Everyone benefits from clear communication**

Plain Language

- Plain language is communication your audience can understand the first time they read or hear it.
- The Plain Writing Act of 2010 defines plain language as:
 - Writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience.
- **Language that is plain to one set of readers may not be plain to others.**

Limited English Proficiency

- American Community Survey Definition ([source](#))
 - Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP." These individuals may be entitled language assistance with respect to a particular type or service, benefit, or encounter.
- Census ([source](#))
 - Individuals who speak English 'less than very well'
 - Very well; Well; Less than well; Not at all

Language Access

Interpretation

- The process of understanding and analyzing a spoken or signed message and re-expressing that message faithfully, accurately, and objectively in another language, taking the cultural and social context into account. The purpose of interpreting is to enable communication between two or more individuals who do not speak one another's languages.

Translation

- The conversion of a written text into a corresponding written text in a different language.

Health Literacy – Areas for Improvement

Six Healthy People 2030 objectives — developed by the Health Communication and Health Information Technology Workgroup — are related to health literacy:

- Increase the proportion of adults whose health care provider checked their understanding — HC/HIT-01
- Decrease the proportion of adults who report poor communication with their health care provider — HC/HIT-02
- Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted — HC/HIT-03
- Increase the proportion of people who say their online medical record is easy to understand — HC/HIT-D10
- Increase the proportion of adults with limited English proficiency who say their providers explain things clearly — HC/HIT-D11
- Increase the health literacy of the population — HC/HIT-R01

Coverage to Care

Coverage to Care

- Roadmap to Better Care and a Healthier You
- Roadmap to Behavioral Health
- Manage Your Health Care Costs
- Prevention Resources
- Chronic Care Management
- Guide for People with Disabilities
- Managing Diabetes
- Partner Toolkit and Community Presentation

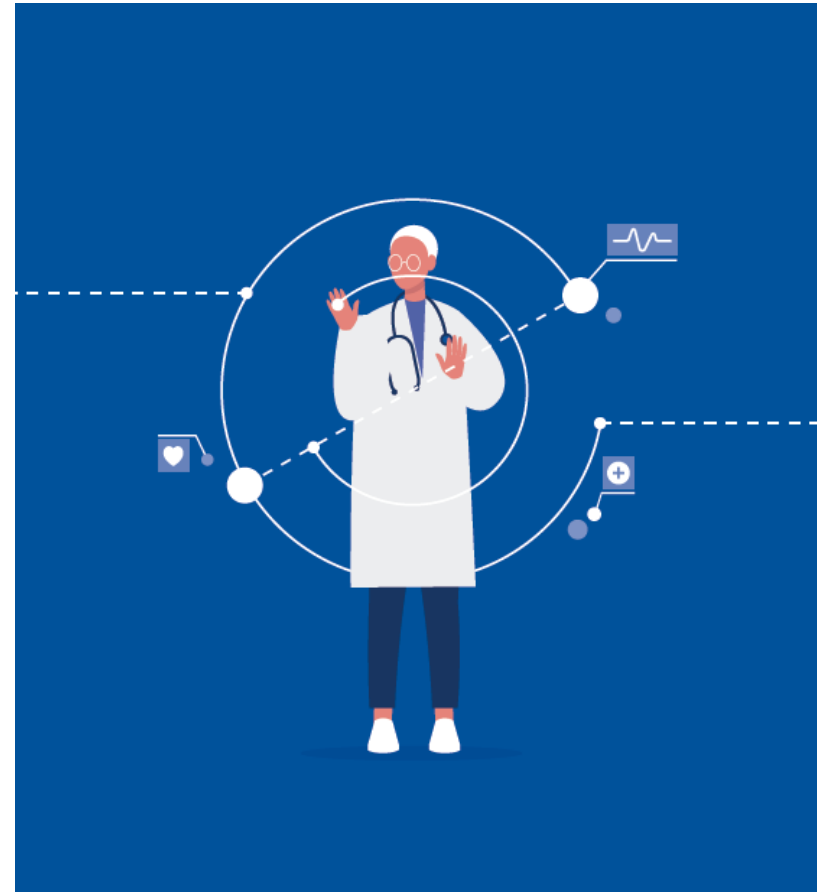
A form titled "MI COBERTURA MÉDICA EN UN VISTAZO" (My Medical Coverage in a Glance) with the C2C logo. It includes a section for "INFORMACIÓN DEL PLAN:" with fields for "Número del plan:", "Nombre del plan:", "Relación de beneficiarios del plan:", "Estado:", "Relación de afiliados:", and "Clase:". Below this is a section titled "¿CÓMO LO QUE PAGA POR LA COBERTURA MÉDICA?" (How much do you pay for medical coverage?) with a list of categories and corresponding cost fields: "PRIMA" (Cost of the plan), "DEDUCIBLE" (Amount you must pay before insurance starts), "CÓPAGO" (Amount you pay for each service), "COSEGURO" (Amount you pay for each service after deductible), "GASTO MÁXIMO" (Maximum amount you pay for services), and "SERVICIOS PREVENTIVOS" (Preventive services). There is also a field for "Código de afiliación" (Affiliation code).

go.cms.gov/c2c
CoverageToCare@cms.hhs.gov

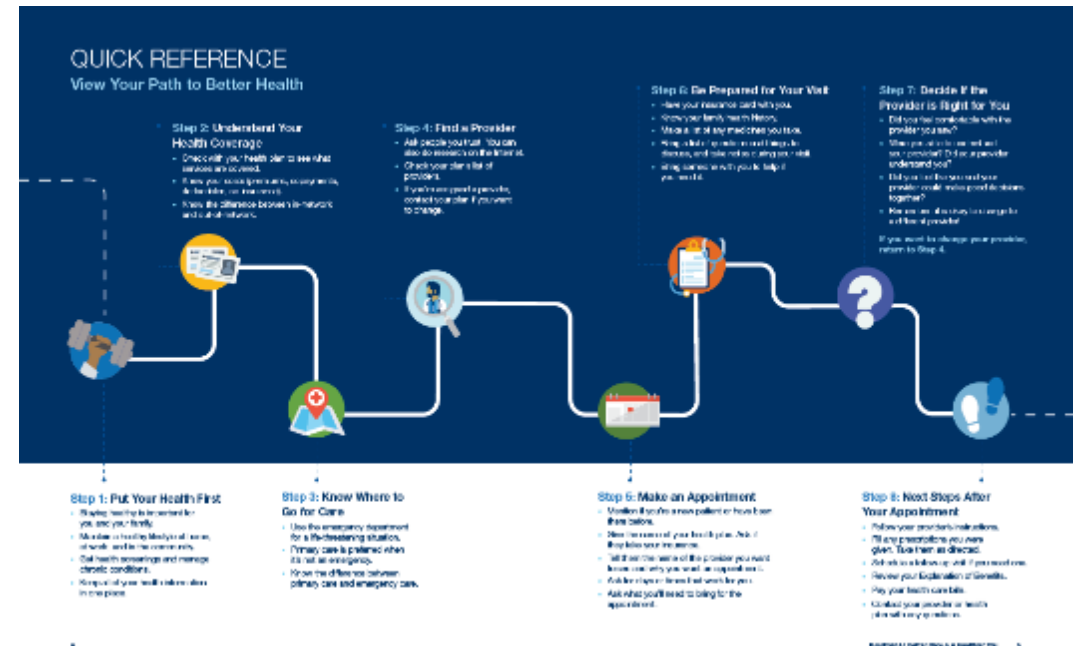
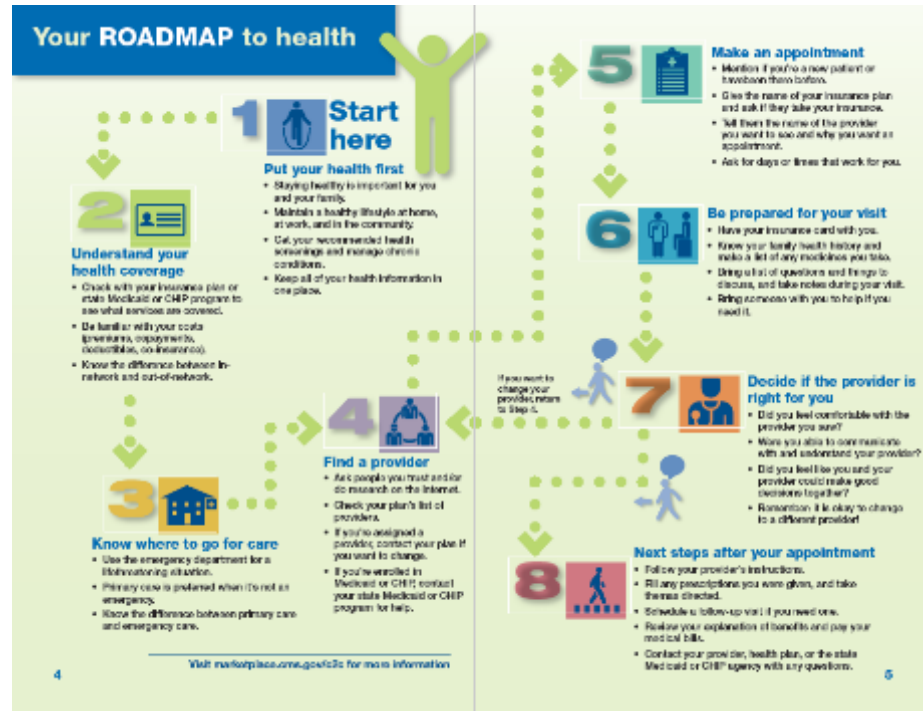
Materials Updates

Revisions to the Roadmaps and other existing materials focused on updates and improvements to:

- Content
- Design
- User experience



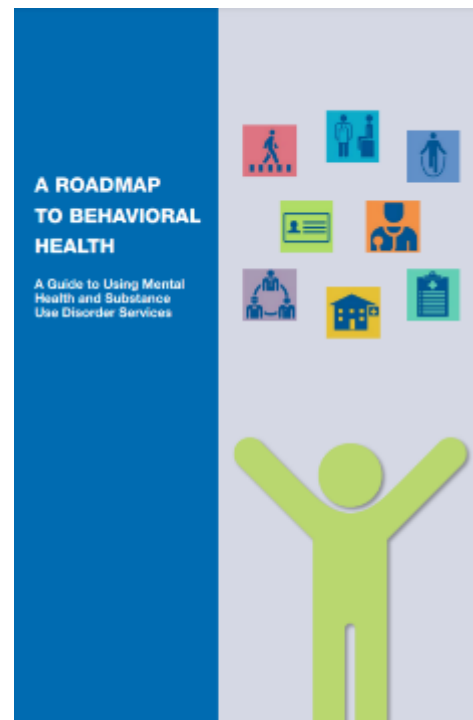
Roadmap to Better Care



Roadmap to Better Care

- Explains what health coverage is and how to use it to get primary care and preventive services.
- Includes 8 steps for better care:
 1. Put your health first
 2. Understand your health coverage
 3. Know where to go for care
 4. Find a provider
 5. Make an appointment
 6. Be prepared for your visit
 7. Decide if the provider is right for you
 8. Next steps after your appointment
- Resource also includes information about Explanation of Benefits, a sample insurance card, and the differences between a provider's office and the emergency department.
- Updated version is now available in [English](#) and [Spanish](#).

Roadmap to Behavioral Health



QUICK REFERENCE		
ROADMAP STEP #		PAGE
1	Understand your behavioral health	7
2	Learn about health insurance	10
3	Where to go for help and treatment	11
4	Find a behavioral health provider	12
5	Make an appointment with a behavioral health provider	14
6	Prepare for your appointment	15
7	Decide if the behavioral health provider is right for you	16
8	Next steps to stay healthy on the road to recovery	17
	Glossary	18
	Additional Resources	20
	Tools	22



HOW TO USE THIS GUIDE

Use this guide with the *Roadmap to Better Care* to understand how to use your coverage to improve your mental and physical health. This guide adds to the 8 steps of the *Roadmap to Better Care* to give important information about behavioral health.



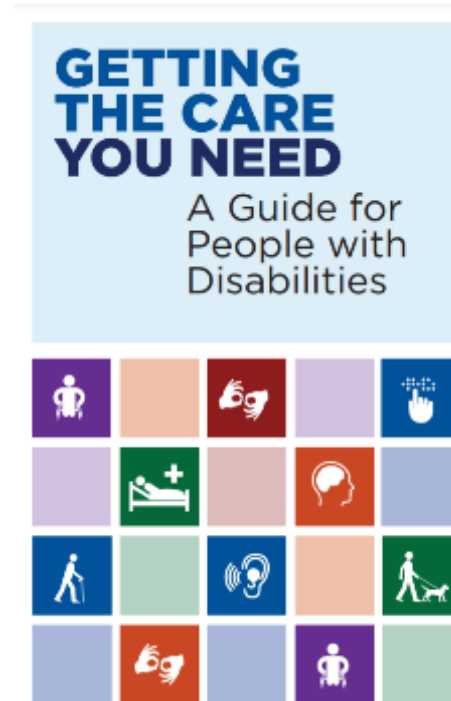
Meet Maria

To demonstrate how you can use the Roadmap, our fictional step, "Maria's Story," gives an example to help you understand how you can use your health coverage in a real-life experience to address a behavioral health condition.



Getting the Care You Need: Guide for People with Disabilities

- Developed as part of CMS OMH's strategy to foster innovation by providing tools and resources to empower patients.
- This tool walks through important steps in advocating for oneself while seeking care.
- Updated version is now available in [English](#) and [Spanish](#).

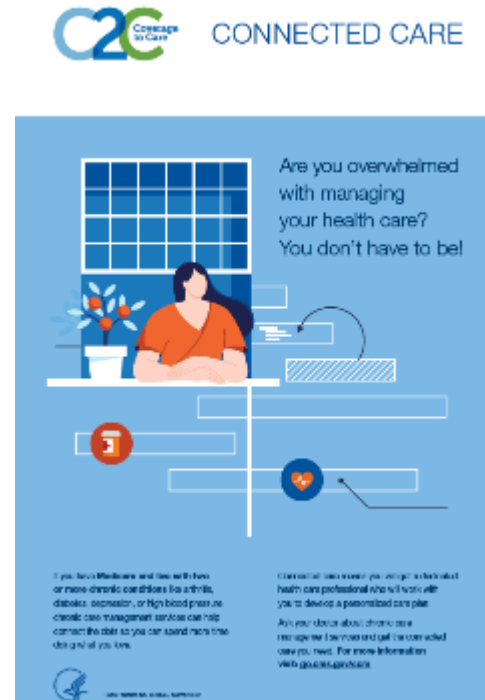
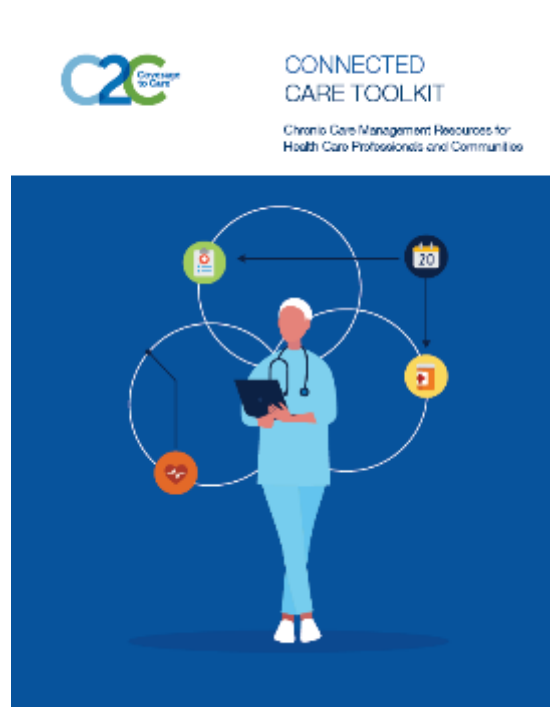


Managing Diabetes: Medicare Coverage & Resources

- Provides 10 steps and important information about how to care for patients with diabetes and how to manage the condition.
- Updated version is now available in [English](#) and [Spanish](#).



Connected Care: Chronic Care Management Resources



Connected Care: Chronic Care Management Resources

- Through the Connected Care campaign, CMS OMH and the Federal Office of Rural Health Policy at the Health Resources & Services Administration raise awareness of the benefits of chronic care management (CCM) for patients with multiple chronic conditions and provide health care professionals with resources to implement CCM into their practices.
- Resources include the CCM toolkit, poster, patient postcard, and provider postcard. Below are links to each updated material and the currently available languages:
 - Toolkit ([English](#))
 - Provider postcard ([English](#))
 - Poster for patients ([English](#) and [Spanish](#))
 - Patient postcard ([English](#), [Arabic](#), [Chinese](#), [Haitian Creole](#), [Korean](#), [Russian](#), [Spanish](#), [Vietnamese](#))

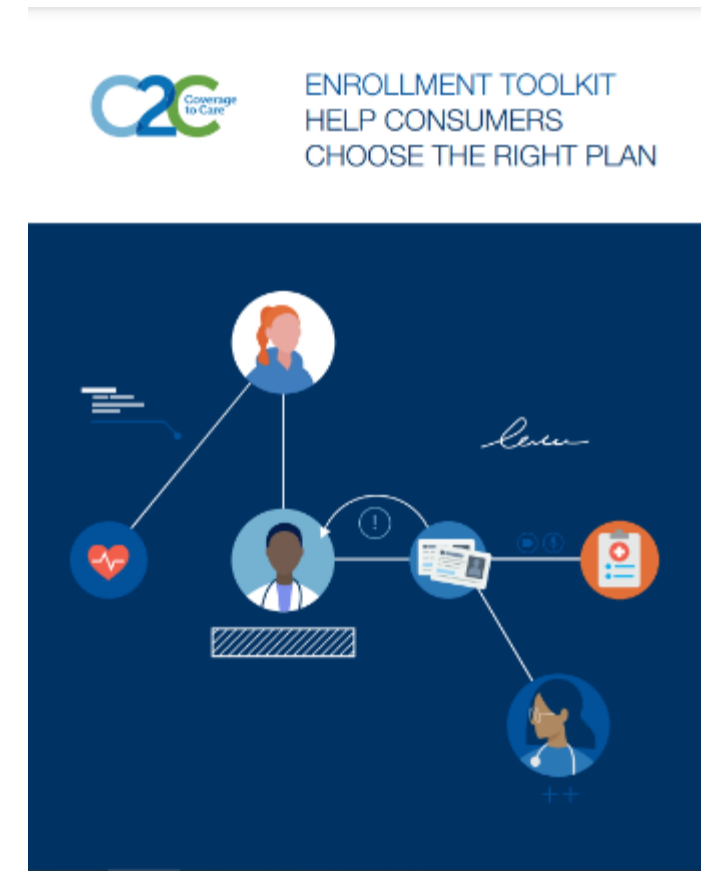
Prevention Resources: Flyers and Tabloid

- Provide information on how to take advantage of preventive services that are available at no cost under most health coverage.
- The prevention flyers are tailored for women, men, and parents and guardians of teens, children, and infants.
- Updated versions of each resource are now available in English and Spanish and can be found on our [C2C Prevention Resources webpage](#).



Enrollment Toolkit

- This helpful toolkit is for community partners, assisters, and other people who help consumers enroll in coverage or change their plan.
- This resource helps consumers choose the plan that meets their needs and understand how to use their coverage to get the care they need.
- Currently available in [English](#) - Spanish version coming soon!



My Health Coverage At-a-Glance

- My Health Coverage At-a-Glance allows you to work with patients to create a customized guide to their health coverage.
- This tool helps consumers better understand their plan, what they pay for health care, and where to go – all on one page.
- Updated version is now available in [English](#) and [Spanish](#).

My Health Coverage at-a-Glance

Plan Information

Plan name: Stop date: Month it starts:

Address: Renewal date: Day:

Know what you pay for care

Premium
The payment you make to a health insurance company or plan for your coverage. This is usually paid each month to keep your coverage.
Cost:

Deductible
The amount you pay for health care services before your health plan begins to pay.
Cost:

Copayment (Copay)
A set amount you pay for a medical service or supply. There may be different costs for a doctor's visit, hospital outpatient visit, or prescription.
General copay: Specialist copay:

Coinsurance
A portion you pay or your share of the cost for services after you pay any deductibles.
Prescription coinsurance: Hospital coinsurance:

Out-of-pocket maximum
The most you pay before your plan starts to pay 100% for covered services in a plan year.
Total out-of-pocket maximum:

Preventive services
Routine health care screenings, check-ups, and vaccines. For example: flu shots, depression screenings, and blood pressure tests.
Cost:

C2C Coverage to Care MY HEALTH COVERAGE AT-A-GLANCE

PLAN INFORMATION

Plan name: Stop date: Month it starts:

Address: Renewal date: Day:

KNOW WHAT YOU PAY FOR CARE

PREMIUM The payment you make to a health insurance company or plan for your coverage. This is usually paid each month to keep your coverage.
Cost:

DEDUCTIBLE The amount you pay for health care services before your health plan begins to pay.
Cost:

COPAYMENT (COPAY) A set amount you pay for a medical service or supply. There may be different costs for a doctor's visit, hospital outpatient visit, or prescription.
General copay: Specialist copay:

COINSURANCE A portion you pay or your share of the cost for services after you pay any deductibles.
Prescription coinsurance: Hospital coinsurance:

OUT-OF-POCKET MAXIMUM The most you pay before your plan starts to pay 100% for covered services in a plan year.
Total out-of-pocket maximum:

PREVENTIVE SERVICES Routine health care screenings, check-ups, and vaccines. For example: flu shots, depression screenings, and blood pressure tests.
Cost:

How to Get Involved

Where to Begin?

- **Start the Conversation.** Use the Roadmap to Better Care as a tool to help people understand their new coverage and understand the importance of getting the right preventive services.
- **Help Consumers Understand.** The Roadmap to Better Care has a lot of information for consumers. You can help them use it as a resource to refer back to as they journey to better health and wellbeing.
- **Personalize It.** You know your community. Consider adding local resources and information.

Involve Your Organization

- **Use the Partner Toolkit**
 - Ideas on how to get involved: events to host in your community, sample text to use in a blog, newsletter, social media posts and graphics, and a web badge.
 - All available in English and Spanish
- **Use the C2C Community Presentation**
 - Overview of the Roadmap and all 8 steps, including slides, script, and a handout
 - Available in English and Spanish
- **Order and share C2C resources at no cost to your organization.**
- **Send stories to coveragetocare@cms.hhs.gov.**



Order Resources

C2C resources are available to download and order.

- Order printed copies and have them shipped at no cost to your organization or directly to you from the [CMS product warehouse](#).
- Many resources are available in English, Arabic, Chinese, Haitian Creole, Korean, Russian, Spanish, and Vietnamese. Ukrainian versions for select resources will be available soon.
- Resources for Tribal audiences are also available at go.cms.gov/c2c.

CMS Health Equity Technical Assistance Program



HealthEquityTA@cms.hhs.gov

CMS Health Equity TA program supports quality improvement partners, providers, and other CMS stakeholders by offering:

- Personalized coaching and resources
- Guidance on data collection and analysis
- Assistance to develop a language access plan and disparities impact statement
- Resources on culturally and linguistically tailored care and communication
- Training and resources to help embed health equity in stakeholder's strategic planning:
 - Guide to Developing a Language Access Plan
 - Guide to Implementing the National CLAS Standards

Resources & Websites

- CMS Office of Minority Health
—go.cms.gov/omh
- Plain Language
—<https://www.plainlanguage.gov/>
- Health Literacy
—<https://health.gov/our-work/national-health-initiatives/health-literacy>
—<https://www.ahrq.gov/health-literacy/index.html>
—<https://www.cdc.gov/healthliteracy>
- [The Patient Education Materials Assessment Tool \(PEMAT\) and User's Guide](#)
- [CMS Toolkit for Making Written Material Clear and Effective](#)

Connect with CMS OMH

Contact Us

OMH@cms.hhs.gov

Visit Our Website

go.cms.gov/omh

Listserv Signup

bit.ly/CMSOMH

Coverage to Care

CoverageToCare@cms.hhs.gov

Health Equity Technical

Assistance Program

HealthEquityTA@cms.hhs.gov

Rural Health

RuralHealth@cms.hhs.gov

Evaluation

- Advancing Health Equity through Health Literacy
 - Evaluation:
<https://bit.ly/HLSession1Eval>
 - Copy link after submitting survey to get your certificate with continuing education credits.



QR Code

Activate the camera on your smart phone and scan this QR code to link to the **evaluation.**

