# 2020 CMS HEALTH EQUITY AWARD Call for Nominations

CMS is excited to announce the Call for Nominations for the 2020 CMS Health Equity Award. Equity is a key component of high-quality healthcare. Health equity is defined by Healthy People 2020 as the attainment of the highest level of health for all people. A measure of health equity is the reduction or elimination of disparities in health that adversely affect vulnerable populations. CMS recognizes the importance of health equity and is working to ensure that disparities in health care quality and access are eliminated. You can visit the CMS Office of Minority Health website to learn more about some of the efforts underway.

Starting in 2018, CMS began recognizing organizations who have demonstrated a strong commitment to health equity by reducing disparities affecting vulnerable populations such as racial and ethnic minorities, individuals with disabilities, sexual and gender minorities, and those living in rural areas.

Continuing the focus, the 2020 CMS Health Equity Award will shine a light on an organization leading the way on the path to equity, showing others how to reduce disparities in quality, access, and outcomes.

Please read the criteria and complete one Nomination Form per nominee for the CMS Health Equity Award. All Nomination Forms should be submitted to the CMS Office of Minority Health (ATTN: 2020 CMS Health Equity Award, <u>HealthEquityTA@cms.hhs.gov</u>) no later than November 15<sup>th</sup>, 2019. Questions about the award can also be submitted at this mailbox.

#### WHO IS ELIGIBLE

All CMS partner/stakeholder organizations and networks, at the organizational level, are eligible for the award. This includes QIN-QIOs, BFCC-QIOs, HIINs, TCPI Networks, ESRD Networks, Hospitals, State Medicaid Agencies, Health Plans, Model Participants, Provider Groups and Organizations, and all other organizations who work with CMS beneficiaries and their providers.

#### **CRITERIA**

The award will go to an organization who can **demonstrate** they have reduced disparities in health care quality, access, or outcomes between two or more groups. Populations of focus, include: racial and ethnic minorities, people with disabilities, sexual and gender minorities, and rural populations. In 2019, the Centene Corporation won the award for making significant accessibility improvements to their facilities and medical equipment to improve access for people with disabilities. HealthPartners also won the award for implementing a culturally and linguistically tailored intervention on colorectal cancer screening focused on racial and ethnic minorities, which reduced the screening disparity gap. More information about past awardees can be found at <a href="https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-awards.html">https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/equity-awards.html</a>.

### <u>AWARD</u>

CMS will assess each application through a competitive process to identify the organization that has had the greatest impact on health equity. One entity will be awarded in early 2020; additional awardees may be selected at the discretion of CMS.

# **NOMINATION FORM**

## 2020 CMS Health Equity Award

## All Nomination Forms are due to CMS Office of Minority Health (ATTN: CMS Health

Equity Award, HealthEquityTA@cms.hhs.gov) no later than November 15<sup>th</sup>, 2019.

Organization Name		
Project Name		
Nominator Name	Email	
Project Lead Name	Email	
CEO Name	Email	

Please provide a brief description of your organization's health equity project, including the specific disparity addressed (1000 words max).

Please provide a summary (e.g. description, graphs, dashboard, map) of your results and an explanation of your evaluation methodology. (1000 words max)

For example:

- There was a difference in the rates of African Americans and Whites in cardiac rehabilitation rates African Americans had a rate of *x* and Whites had a rate of *y*. Based on the intervention of *Organization A*, the gap in rates was reduced by *z*.
- After stratifying their data, Organization B noted that individuals whose preferred spoken language was Spanish or Korean had higher readmission rates compared to those whose preferred language is English. Upon further exploration, they identified several causes for the disparities including a lack of resources in languages other than English. After implementing an initiative to address several of the root causes and analyzing their results, Organization B found readmission rates decreased by xx percent, resulting in a y percent decrease in the initial disparity.