LTSS MAAC Recommendations to Address Racial and Social Disparities

Background

The LTSS MAAC encourages the Office of Long Term Living (OLTL) to develop strategies to address long-standing societal, cultural, and institutional inequities that COVID-19 has exposed. The Institute for Healthcare Improvement (IHI) noted that to improve equity, it is necessary to remove specific institutional and cultural barriers with strategic intent and thoughtful implementation. Along with multiple health systems, IHI has described and tested a framework for pursuing equity in healthcare that may serve as a foundation for change in Pennsylvania. There are five components to its <u>Framework for Improving Health Equity</u>:

- 1. Make health equity a strategic priority
- 2. Build infrastructure to support health equity
- 3. Address the multiple determinants of health
- 4. Eliminate racism and other forms of oppression
- 5. Partner with the community

The LTSS MAAC hopes the Department of Human Services (DHS) will incorporate these principles in its future strategies to improve health equity for people with all levels of ability and, together with this framework, makes the following recommendations for OLTL to consider in its evaluation of potential racial and social disparities in long term services and supports (LTSS) programs.

Develop A Multi-Pronged Strategy and Long Term Plan to Address Disparities

OLTL should develop a strategy and long term plan through a transparent process that includes significant stakeholder input to address systemic issues and stigma. All creative strategies to address social and racial disparities should be considered such as through economic opportunities that includes funding for increased wages for LTSS' direct care workers. This plan should be made available for public comment prior to finalizing. OLTL must sustain efforts through an ongoing process to address racial and social disparities in LTSS programs to ensure equity in health and the delivery of LTSS. It is important that this not be a one-time effort. OLTL must be transparent with data and outcomes as well as utilize existing advisory groups and other ongoing public input. OLTL should:

- Establish standards and improvements for service provision focused on equity that includes people who have lived experience of inequities to create a foundation for meaningful and sustainable change. Engaging diverse consumers and their advocates will provide the needed knowledge and understanding as to how best to provide services. Standards must be established for all parts of the system such as outreach and education, application and enrollment, and relationships between providers and consumers at intake as well as when services provided.
- Ensure the plan addresses equity in access to care and equity in outcomes of care for both traditional health and LTSS as well as the interactions between acute and longterm care.

- Require government and provider staff to be trained in cultural humility and competent to provide services to culturally diverse populations. Applying equity to a person-centered approach is critical for staff to relate to the client in a culturally competent way and understand that each client is unique.
- Ensure there is an adequately funded provider infrastructure to support the goals addressing disparities and that reimbursement rates are adjusted to meet the needs of participants when additional requirements are implemented to improve outcomes.

Improve Data Collection and Ensure Transparency

Since data is critical for measuring change, strengthen the collection and stratification of all data by race, ethnicity, language, sexual orientation and gender identity (SOGI), and other relevant sociodemographic factors along with other measures related to LTSS. OLTL should consider the following:

- Ensure data shared is current and systems used are flexible to help address unexpected issues such as COVID-19.
- Provide a map of where OLTL is providing services to individuals including details by zip code (neighborhoods) and county. Utilize the Area Deprivation Index (ADI) to supplement data report.
- Collect race, ethnicity and SOGI data on Community HealthChoices (CHC) participants in nursing facilities, as well as demographic information about each nursing facility's population as a whole to study whether LTSS participants are experiencing segregation.
- Compare nursing facility quality data, including Medicare star ratings, by racial, ethnic and SOGI makeup of the resident populations.
- Utilize the University of Pittsburgh, which currently works with OLTL in tracking data and possibly groups like the Penn Medicine Center for Health Equity Advancement (CHEA) and Benefits Data Trust.
- Track and share information from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and how services are used among different populations enrolled in LTSS.
- Provide details about filing rates and outcomes of grievances and appeals by race, ethnicity, and other metrics.
- Make any needed changes to CHC MCO and LIFE program contract requirements to facilitate data collection.
- Provide racial, ethnic and SOGI breakout of LIFE participants as done for CHC LTSS.
- Use performance reviews and performance measures to make sure providers are addressing disparities.
- While improving internal processes, also use public data sources to complement state data in targeting and tracking racial and social disparities in LTSS programs.
- Create a CHC LTSS disparities dashboard that includes quality and quantitative data to ensure there is equitable access to quality LTSS. Provide details from satisfaction surveys by race and ethnicity and include in dashboard.

• Streamline data collection to ensure consistency within DHS and among state agencies. Complete a full inventory of data currently available across all state agencies to eliminate any duplication of reporting by providers.

Promote Community and Stakeholder Engagement

Employing community and stakeholder engagement is essential in identifying the needs of historically marginalized populations and communities, developing goals, getting support for strategies, and evaluating success. OLTL should develop partnerships with community-based organizations (CBOs) which work on behalf of individuals and defined populations to ensure cultural and linguistic competency and build trust. CBOs should be well-established and include those that work with LTSS consumers as well as those that serve others. Communities, stakeholders, and their advocates need to be involved from the start and be able to provide ongoing input. OLTL should consider doing the following:

- Utilize focus groups with LTSS participants, including LTC facility residents, that represent historically marginalized communities to get a sense of what they value, want, and see as barriers. Local LTC Ombudsman programs could help identify residents for this effort.
- Utilize focus groups with LTSS providers: nursing facility, home and community based, Area Agencies on Aging and other CBOs as appropriate.
- Survey and engage non-English speaking adults and LGBT communities of all ages in evaluating needs and identifying goals.

Target Outreach Strategies to Communities of Color

For communities of color, community knowledge of available resources within the community and assistance with navigating the application process is needed. How are issues and questions regarding the application processes being addressed? Are they being addressed equitably across different communities?

- OLTL should ensure or deploy targeted outreach activities for communities of color that successfully direct services and messaging realizing the differences among communities.
- Include input from communities of color in LTSS outreach strategies. This may include using CBOs that use messaging that is culturally and linguistically appropriate.
- Provide more detailed tracking of the enrollment timeline to help identify any variations.

Next Steps

Since quality cannot exist without equity, the LTSS MAAC requests to discuss the feasibility of implementing these recommendations with OLTL and to work together to establish a timeline for completing tasks.

Thank you for your time and consideration.

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