

# HEALTH CARE ORGANIZATION CONSIDERATIONS IN SUPPORT OF HEALTH EQUITY

Integrating  
social  
determinants  
of health

Employing a  
team based  
approach to care

Providing  
staff training  
on  
racism

Creating a  
safe space for  
patients  
of all ages

The New York State Department of Health engaged a panel of community health care providers\* in an inclusive, community-driven process to establish [health equity competencies](#) for health care providers. In order for individual health care providers to meet these competencies, support is required from the health care facility. This document outlines items that health care facilities should consider in order to create an environment where their clinical staff can best meet the health equity competencies.

1. Integrating social determinants of health (SDOH) screening into the Electronic Medical Record (EMR) and performing the screening routinely, or at least annually, in order to:
  - a. Address individual patient needs related to SDOH;
  - b. Track, monitor, analyze and respond to SDOH needs to support improvement of community-level health outcomes;
  - c. Address organizational and systems-based practices to facilitate health information exchange related to SDOH, with appropriate patient consent.
2. Employing a team-based approach to care that:
  - a. Recognizes the important role of internal and external care managers, community health workers, peer workers, and other support providers to address SDOH;
  - b. Promotes and sustains collaboration with Health Homes, Care Coordination Agencies, and other community-based organizations to assist patients with accessing needed SDOH, such as housing, nutrition, transportation, etc.
3. Making a commitment to track data regarding SDOH and health outcomes across the patient population, setting goals and taking action on identified health inequities.
4. Making a commitment to ensuring that organizational policies are aligned with promoting health equity and providing services to patients in a manner that is respectful, equitable, and responsive to diverse cultural health beliefs and practices.
5. Hiring, retaining and supporting staff who are reflective of the communities served, maintaining an inclusive workplace environment, and ensuring equitable opportunities for professional development and advancement.

6. Developing, disseminating and maintaining an inclusive and non-discriminatory, anti-racist workplace, including measures of accountability for staff and leadership at all levels.
7. Providing staff training on racism, implicit bias, anti-discrimination, and health equity.
8. Actively engaging a Consumer Advisory Board and being responsive to feedback, to the extent possible.
9. Ensuring transparency between health care organizations and the communities they serve, with specific intention to community involvement in decision-making regarding matters that impact the larger community.
10. Posting the [NYS Patient Bill of Rights](#) and having a clear policy and procedure for reviewing and addressing patient complaints.
11. Establishing a mechanism for healthcare providers to bring issues/ suggestions related to quality of care to leadership/ decision makers for resolution.
12. Creating a safe space for patients of all ages through:
  - a. Posting signage and culturally relevant artwork to establish a welcoming and respectful environment for all patients, including people who use drugs, LGBTQ people and immigrants;
  - b. Applying trauma-informed care principles to establish a physical environment that is inclusive and promotes a feeling of safety;
  - c. Establishing clear protocols for dealing with conflict that focus on de-escalation;
  - d. Ensuring that all security personnel who may be working on the premises are identified as security professionals, not law enforcement, and are trained in de-escalation (whether they are staff or from a contract agency).
13. Communicating with patients in a manner that meets their needs and abilities, including:
  - a. Optimizing implementation of the [National Standards for Culturally and Linguistically Appropriate Services](#) in Health and Health Care (The National CLAS Standards) including, addressing health literacy needs of patients, addressing clients in their preferred language, and having clear protocols for accessing language interpreters for individuals whose primary language is not English.
  - b. Establishing clear protocols for accessing sign language interpreters and meeting the needs of people who are deaf or hard of hearing.
  - c. Establishing clear protocols to address the unique needs of people with disabilities, including visual impairments, physical disabilities and others.

14. Maximizing opportunities for reimbursement related to addressing SDOH and promoting health equity, including: educating providers about appropriate use of [ICD codes](#) and [CPT codes](#); working with insurers to expand implementation of [Value Based Payment models](#); and, applying for available local, state or federal grant funding.

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**General Resources:**

- [ASAM: Public Policy on Advancing Racial Justice in Addiction Medicine](#)
- [Structural competency – New medicine for inequalities that are making us sick](#)
- [ACGME Equity Matters™](#)

**Resources to Maximize Reimbursement for Addressing Social Determinants of Health**

- [CMS Infographic - Using Z Codes for Social Determinants of Health](#)
  - [American Hospital Association Resource on Resource on ICD-10-CM Coding for Social Determinants of Health](#)
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