



Health Equity Subgroup

Meeting Date	Meeting Time	Location
September 4, 2024	2:00 pm – 3:00 pm	Teams Meeting: https://url.us.m.mimecastprotect.com/s/aP7-CPNWjms0YqIT0hBuxl-zC?domain=teams.microsoft.com

Participant Name and Attendance		Council Members			
Aba Black	R	Lisa Freeman	R	Jeanette Weiss	X
Ellen Carter	R	Amy Gagliardi	R	Steve Wolfson	X
Petrina Davis	X	Lou Hart	X		

Others Present					
Alex Reger, OHS	R	Michael Bailit, Bailit Health	R	Matt Reynolds, Bailit Health	R
Lisa Sementilli, OHS	R	Patty Blodgett, OHS	R		
R = Attended Remotely; IP = In Person; X = Did Not Attend					

Agenda			
	Topic	Responsible Party	Time
1.	Welcome and Introductions	Michael Bailit	2:00 PM
	Michael Bailit welcomed everyone to the first Health Equity Subgroup meeting and offered the opportunity for introductions. Michael then reviewed the ground rules for the Subgroup.		
2.	The Quality Council and the Aligned Measure Set	Michael Bailit	2:05 PM
	Michael Bailit reviewed the function and scope of the Quality Council, which includes the Aligned Measure Set and Quality Benchmarks. Michael then reviewed the Aligned Measure Set in greater detail and shared the measures included in the 2025 Aligned Measure Set.		
3.	The Role of the Health Equity Subgroup	Michael Bailit	2:10 PM
	Michael Bailit shared that the Health Equity Subgroup would meet three times to develop recommendations to the Quality Council and OHS on how to advance health equity measurement.		
4.	A Health Equity Measure Typology	Matt Reynolds	2:15 PM
	<p>Michael Bailit reviewed four types of “health equity measures,” which fall under three categories: building data infrastructure, improving care, and structured interventions to address barriers to equity.</p> <p>For the first health equity measure type (“Measures That Assess the Collection of Health Equity Data”), Matt Reynolds asked whether OHS should modify its <i>REL Data Completeness</i> measure to require that data be collected according to OHS’ soon-to-be-released standards for race, ethnicity, and language data collection.</p> <ul style="list-style-type: none"> • All four subgroup members present supported adopting the new OHS race and ethnicity data standard. • One subgroup member shared that they felt that it was worthwhile to require language data collection for both English proficiency and preferred language. The other three subgroup members present agreed. <ul style="list-style-type: none"> ○ Another member said that while they objected to use of a Likert scale for assessing English proficiency, they would still want providers to be assessed for collection of such data. ○ Yet another member felt there should also be a question about written language and regretted that Spanish was the only language listed as a response option to the question about what language someone speaks at home. Matt explained that the standards are intended to be “minimum requirements,” meaning that individual practices could include additional languages as appropriate for their patient populations. • Alex Reger said that findings of no correlation would be important findings, even if not expected. He added that data showed that over 90% of the state spoke either English, Spanish, Polish, or Portuguese. 		

- Matt summarized that there was interest in updating the *REL Data Completeness* measure to require use of OHS' forthcoming race and ethnicity data standard and, for language, requiring that Advanced Networks ask about both English proficiency and language spoken at home.

Matt asked the group about adding disability status, sexual orientation, gender identity and/or sex to the *REL Data Completeness* measure in the future.

- One Subgroup member asked if there was a timeline in play at OHS for adding such standards. Matt said that OHS disability status standards would soon be released alongside the REL standards. For sexual orientation, gender identity, and sex, Matt said he would have to inquire with Sumit at OHS for the estimated timeline.
- Another Subgroup member advocated for incorporating collection for each of these variables as soon as possible.
- The other three Subgroup members present supported adding disability status to the measure for 2026.

Matt asked members for other ideas of potential measures that would fall under the first measure category.

- One Subgroup member asked Matt for examples from other states. Matt Reynolds shared a few structural measure examples, including a measure that assesses the percentage of total enrollment served by Community Health Workers (CHWs). The member expressed interest in learning more about the CHW measure.
- Another member asked for patient-reported health equity measures to be discussed in the future.

5.	Wrap-Up and Next Steps	Michael Bailit	2:55 PM
Michael Bailit shared that the next meeting would be held on September 27 th from 12-1pm.			