



Implementing the RAISE Action Framework

The public meeting will begin shortly

July 16, 2024, from 2 - 3 pm ET

This webinar is supported by the Food and Drug Administration (FDA) Office of Minority Health and Health Equity (OMHHE) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award [FAIN] totaling \$875,000 with 100 percent funded by FDA OMHHE/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by FDA/HHS, or the U.S. Government.



Housekeeping



Due to the meeting size, your microphone and video will remain off during the meeting.



This public meeting is being recorded. The slides, transcript, and video recording will be available on the FDA Foundation website after the meeting.



Please share your questions and comments for the speakers using the Zoom Q&A function.

Agenda



- 2 pm** Welcome & Opening Remarks
- 2:10 pm** Overview of Action Framework
- 2:20 pm** Panel Discussion
- 2:55 pm** Closing Remarks
- 3 pm** Adjourn

Why Are We Here Today?



Provide an overview of the RAISE Action Framework and share experiences of Community Partnership in operationalizing elements of the Action Framework



Opening Remarks

Christine S. Lee, PharmD, PhD

Acting Associate Commissioner for Minority Health

*Office of Minority Health and Health Equity
U.S. Food and Drug Administration*



Overview of Action Framework

Carla Rodriguez-Watson, PhD, MPH

Director of Research

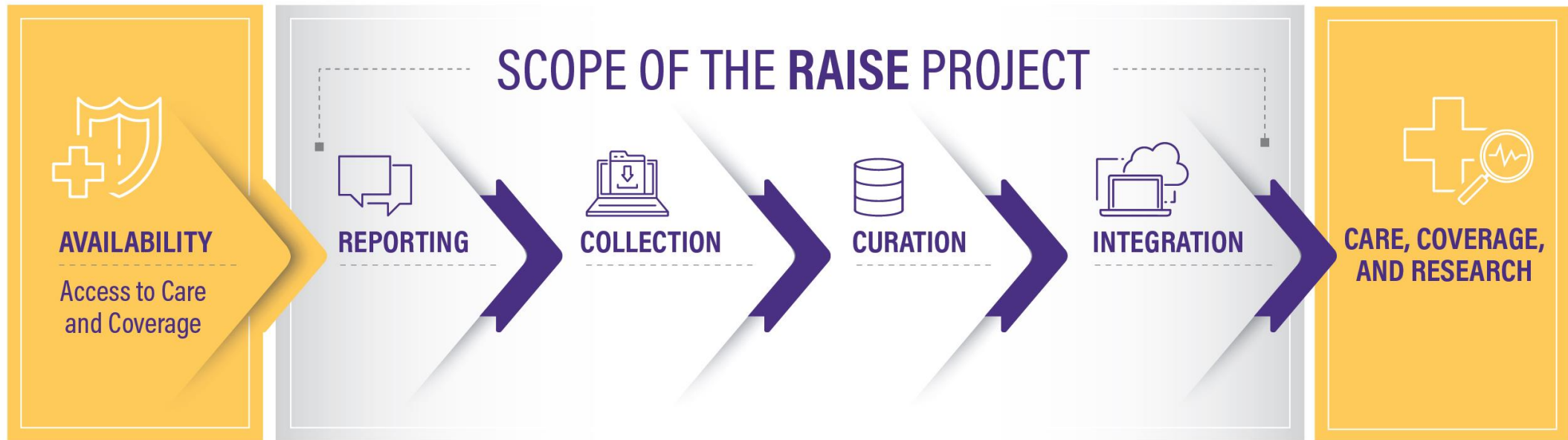
Reagan-Udall Foundation for the FDA

RAISE ACTION FRAMEWORK



- Implementing targeted interventions and streamlined health care processes can improve patient outcomes and **optimize value in healthcare.**
- **Health equity** strategies are key to optimizing value and require **community partnership, data collection and analysis** to **identify inequities**, help **set priorities, and drive improvement.**
- Data can also inform research activities that support quality care and medical product innovation and safety.
- Unfortunately, **many health care settings have incomplete capture of key data elements**, like race and ethnicity, which can limit opportunities to support health equity strategies

Continuum of Race/Ethnicity Data in Health Care





REAL-WORLD ACCELERATOR TO IMPROVE THE STANDARD OF COLLECTION AND CURATION OF RACE AND ETHNICITY DATA IN HEALTHCARE

Improving Data on Race and Ethnicity: A Roadmap to Measure and Advance Health Equity



DECEMBER 2021



THE ETHICAL AND TRANSPARENT USE OF DATA TO REDUCE HEALTH DISPARITIES

Blue Cross Blue Shield Association is an association of independent Blue Cross and Blue Shield companies

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission Issue 36, Date June 20, 2022

Published for Joint Commission-accredited organizations and interested health care professionals, R³ Report provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manual also may provide a rationale, R³ Report goes into more depth, providing a rationale statement for each element or performance (EP). The references provide the evidence that supports the requirement. R³ Report may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

New Requirements to Reduce Health Care Disparities

Effective January 1, 2023, new and revised requirements to reduce health care disparities will apply to organizations in the Joint Commission's ambulatory health care, behavioral health care and human services, critical access hospital, and hospital accreditation programs:

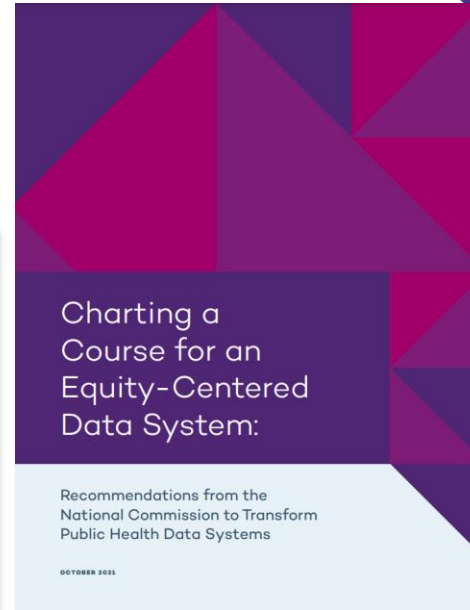
- A new standard in the Leadership (LD) chapter with 6 new elements of performance (EPs) has been developed to address health care disparities as a quality and safety priority. Standard LD.04.03.08 will apply to the following Joint Commission-accredited organizations:
 - All critical access hospitals and hospitals
 - Ambulatory health care organizations providing primary care within the "Medical Centers" service in the ambulatory health care program (the requirements are not applicable to organizations providing episodic care, dental services, or surgical services)
 - Behavioral health care and human services organizations providing "Addictions Services," "Eating Disorders Treatment," "Intellectual Disabilities/Developmental Delays," "Mental Health Services," and "Primary Physical Health Care" services
- The Record of Care, Treatment, and Services (RCTS) **Requirement to collect patient race and ethnicity** information has been revised and will apply to the following Joint Commission-accredited programs:
 - Ambulatory health care (Standard RC.02.01.01, EP 34)
 - Behavioral health care and human services (Standard RC.02.01.01, EP 26)
 - Critical access hospital (Standard RC.02.01.01, EP 35)
- The Rights and Responsibilities of the Individual (RI) requirement prohibiting discrimination (Standard RI.01.01.01, EP 25) will apply to all Joint Commission-accredited ambulatory health care organizations and behavioral health care and human services organizations.

Engagement with stakeholders, customers, and experts
In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following groups:

- Technical Advisory Panel (TAP) of subject matter experts from various health care and academic organizations and professional associations
- Standards Review Panel (SRP) comprised of clinicians and administrators who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards.

The prepublication version of the requirements to reduce health care disparities will be available online until December 31, 2022. After January 1, 2023, please access the new requirements in the Edition or standards manual.

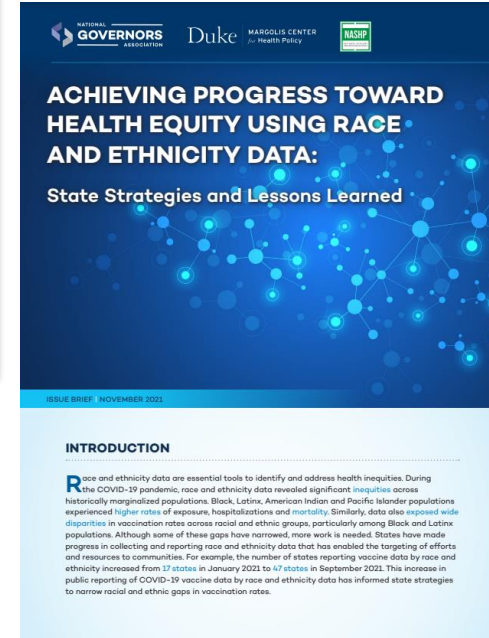
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Charting a Course for an Equity-Centered Data System:

Recommendations from the National Commission to Transform Public Health Data Systems

OCTOBER 2021



NATIONAL GOVERNORS ASSOCIATION Duke MARGOLIS CENTER for Health Policy ABASIP

ACHIEVING PROGRESS TOWARD HEALTH EQUITY USING RACE AND ETHNICITY DATA:

State Strategies and Lessons Learned

ISSUE BRIEF | NOVEMBER 2022

INTRODUCTION

Race and ethnicity data are essential tools to identify and address health inequities. During the COVID-19 pandemic, race and ethnicity data revealed significant inequities across historically marginalized populations. Black, Latinx, American Indian and Pacific Islander populations experienced higher rates of exposure, hospitalizations and mortality. Similarly, data also exposed wide disparities in vaccination rates across racial and ethnic groups, particularly among Black and Latinx populations. Although some of these gaps have narrowed, more work is needed. States have made progress in collecting and reporting race and ethnicity data that has enabled the targeting of efforts and resources to communities. For example, the number of states reporting vaccine data by race and ethnicity increased from 17 states in January 2021 to 47 states in September 2022. This increase in public reporting of COVID-19 vaccine data by race and ethnicity data has informed state strategies to narrow racial and ethnic gaps in vaccination rates.

Good Solutions Exist ...but require identification and investment.





RAISE PRIORITIES & STRATEGIES

The priorities to better collect and manage race and ethnicity data are not sequential. Organizations can enter the framework at the priority that most aligns with their current needs. [Click on each priority](#) to see real-world examples of the steps in action! These examples are not exhaustive, but illustrative.

THE PRIORITIES

We have mapped each priority to the strategies that can advance it. The priorities are not sequential, but meant to be applied as needed.



STANDARDIZE DATA COLLECTION



TRAIN THE WORKFORCE ON DATA COLLECTION PROCEDURES



INCENTIVIZE DATA COLLECTION



COLLECT DATA LOCALLY THEN AGGREGATE



Address the need for cultural humility in healthcare

▶ Develop & implement standardized training protocols that include key concepts:

- ▶ The purpose of collecting the data
- ▶ The data's relation to health equity
- ▶ Who can access the data and why
- ▶ How collecting the data benefits the community



Improve representativeness without overwhelming respondents & existing information architecture

- ▶ Tailor data options to local contexts; involving community stakeholders for patient-centered options and data governance:
- ▶ Identify and validate race & ethnicity categories
 - ▶ Engage community to custom-fit for locale
 - ▶ Use a process to develop tools to prioritize data options
 - ▶ Update and pilot data options in the community

- Using a robust process of **polling and review**, the findings were summarized into this **Action Framework** to facilitate **improving the collection, curation and exchange** of race and ethnicity data.
- The Framework includes **priorities** that leaders can use to guide their efforts.
- **Specific strategies** map to each of the priorities.
- We encourage readers to use this framework, and the examples provided, to **engage colleagues** at your institution in further dialogue to build an infrastructure for health equity that considers the strengths and challenges of your organization and the communities you serve.

RAISE

PRIORITIES & STRATEGIES



Organizations should **partner with communities** to improve data collection for health equity! The priorities to better collect and manage race and ethnicity data are not sequential. Organizations can enter the framework at the Priority that most aligns with their current needs. **Click on each Priority** to see real-world examples of the steps in action! These examples are not exhaustive, but illustrative.

RAISE PRIORITIES

REAL-WORLD ACCELERATOR TO IMPROVE THE STANDARD OF COLLECTION AND CURATION OF RACE AND ETHNICITY DATA IN HEALTHCARE

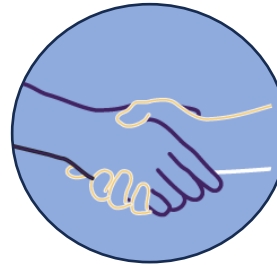


Standardize data collection:

[The American Hospital Association hosts the Health Research & Education Disparities Tool Kit](#)

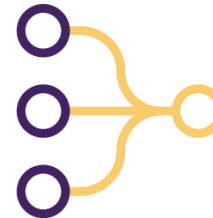


Train the workforce on data collection: [Mt. Sinai Case Study to improve collection of race & ethnicity data to address health disparities.](#)



Incentivize data collection:

[Health Care Transformation Task Force: Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support](#)



Collect data locally then aggregate: [CDC IDEAL](#)

STRATEGIES

Address the need for cultural humility in healthcare

- Develop & implement standardized training protocols that include key concepts:
 - The purpose of collecting the data
 - The data's relation to health equity
 - Who can access the data and why
 - How collecting the data benefits the community



Improve representativeness without overwhelming respondents & existing information architecture



- Tailor data options to local contexts; involving community stakeholders for patient-centered options and data governance:
 - Identify and validate race & ethnicity categories
 - Engage community to custom-fit for locale
 - Use a process to develop tools to prioritize data options
 - Update and pilot data options in the community

Address distrust & misalignment between question & answer



- Be transparent in why race and ethnicity data are collected, how it will be used, & who can access. Build tools & training resources that incorporate:
 - Messaging about the purpose and intended use of the data
 - A choice to opt out of providing the data
 - Information in diverse formats (e.g., web-based, tablet, paper, video) and languages

Improve exchangeability of race & ethnicity information


- Promote standardized collection and exchange methods to align information and overcome technical hurdles:
 - Identify technical stress points to understand the causes
 - Develop strategies to alleviate technical stress points
 - Incentivize the implementation of data standards





Address resource limitations

- Commitment from the top to address health equity, share available resources to do so, and map out required investments to access funding (e.g. adoption of alternative payment models):
 - Familiarize top executives with unmet need and opportunity posed by disparities in health equity & the role of race and ethnicity data to address gaps and Identify & share funding sources
 - Discuss opportunities, required investments, and return on investment
 - Prepare funding proposals



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Panel Discussion



Moderator

**Carla Rodriguez-Watson,
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Associate Professor, Harvard
Medical School & Harvard
Pilgrim Health Care Institute



Darryl Sleep, MD
Head, Global Public Health,
Amgen

Thank you!