Rubric

State and Local Health Equity Policy Checklist

MAY 2021

KEY

- = state requires/mandates
- = some local and/or state policies, but there is room for improvement
- = no state/local requirements
- = n/a

Legislative Reform			
POLICY			**SCORE CRITERIA**
1.	**Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.**		The **state** mandates Racial Equity Impact Statements for certain proposed legislation.
			One or more **cities/counties** within a state mandate Racial Equity Impact Statements for proposed local ordinances, but there is no legislation mandating Racial Equity Impact Statements at the state level.
			The state only establishes Racial Equity Impact Statements to be completed when at the request of a lawmaker or legislative committee.
			There are no state or local laws mandating Racial Equity Impact Statements to assess policy proposals.
2.	**Expand Health Impact Assessments attached to state and local legislation to include equity considerations.**		The **state** requires that Health Impact Assessments be attached to certain proposed legislation AND the assessments must include equity considerations.
			One or more **cities/counties** within a state requires that Health Impact Assessments be attached to certain proposed local ordinances AND the assessments must include equity considerations.
			Neither the state nor any cities/counties within the state require that Health Impact Assessments include equity considerations.

Summary and scoring methodology reports are available at **www.HealthValueHub.org/Health-Equity-Checklist**.

If you know of a policy we overlooked, please contact **hubinfo@altarum.org**.

ALTARUM
HEALTHCARE VALUE HUB

State Health Planning & Programs			
POLICY			SCORE CRITERIA
1.	**Declare racism a public health crisis and implement steps to address it.**		The **state** has declared racism a public health crisis and has implemented steps to address it.
			The **state** has declared racism a public health crisis but has not yet implemented steps to address it. (For example, the state may be in the process of identifying steps to take or has identified recommendations but has not implemented them.)
			One or more **cities/counties** within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level.
			Neither the state nor any cities/counties within the state have declared racism a public health crisis.
2.	**Develop a 'Health in All Policies' strategy at the state or local level.**[1]		The **state** has adopted a 'Health in All Policies' strategy.
			One or more **cities/counties** within a state have adopted a 'Health in All Policies' strategy.
			Neither the state nor any cities/counties within the state have adopted a 'Health in All Policies' strategy.
3.	**Establish Health Equity Zones to better address social determinants of health.**		The **state** established Health Equity Zones (or something similar) to better address social determinants of health and the program is currently active.
			The **state** established Health Equity Zones (or something similar) to better address social determinants of health, but the program is no longer active.
			One or more **cities/counties** within a state established Health Equity Zones (or something similar) to better address social determinants of health and the program is either currently or no longer active.
			Neither the state nor any cities/counties within the state have established Health Equity Zones (or something similar) to better address social determinants of health.

State Health Planning & Programs *(continued)*			
POLICY			SCORE CRITERIA
4.	**Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.**	✓	The **state** has created an Equity Strategic Plan to lay out how the state will reduce health disparities.
		−	One or more **cities/counties** within a state have created an Equity Strategic Plan to lay out how the city/county will reduce health disparities.
		✗	Neither the state nor any cities/counties within the state have created an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.
5.	**Fund community-driven health equity action plans.**	✓	The **state** provides funding to support community-driven health equity action plans.
		−	One or more **cities/counties** within a state provide funding to support community-driven health equity action plans.
		✗	Neither the state nor any cities/counties within the state provide funding to support community-driven health equity action plans.
6.	**Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.**	✓	The **state** has implemented participatory budgeting for initiatives that focus on health and social determinants of health in the past.
		−	One or more **cities/counties** within a state have implemented participatory budgeting for initiatives that focus on health and social determinants of health in the past.
		✗	Neither the state nor any cities/counties within the state have implemented participatory budgeting for initiatives that focus on health and social determinants of health in the past.
7.	**Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.**[2]	✓	The **state** emphasizes health disparities and equity in its State Health Assessment & State Health Improvement Plan.
		−	The **state** does not emphasize health disparities and equity in its State Health Assessment & State Health Improvement Plan, but health disparities and health equity are a focus of at least one **city/county** health assessment/ health improvement plan.
		✗	Neither the state nor any cities/counties within the state emphasize health disparities and equity in governmental health assessments/ health improvement plans.

State Health Planning & Programs *(continued)*			
POLICY			SCORE CRITERIA
8.	**Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.**	✓	The **state** provides funding to community-based organizations to reduce disparities and/or provide culturally competent health-related supports within the state.
		✓	The **state** utilizes funding from the Community Services Block Grant to reduce disparities and/or provide culturally competent health-related supports within the state.
		−	One or more **cities/counties** provide funding to community-based organizations to reduce disparities and/or provide culturally competent health-related supports within the local jurisdiction.
		✗	Neither the state nor any cities/counties within the state provide funding to community-based organizations to reduce disparities and/or provide culturally competent health-related supports.
9.	**Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.**[3]	✓	The **state** is implementing strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.
		−	One or more **cities/counties** within the state are implementing strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others. However, the state is not.
		✗	Neither the state nor any cities/counties within the state are implementing strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.
10.	**Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.**	✓	**At least one** local or regional government within the state participates in GARE.
		✗	No local or regional governments within the state participate in GARE.

Data & Reporting			
POLICY			SCORE CRITERIA
1.	**Create equity reporting requirements for state and local government agencies.**	✓	The **state** has created equity reporting requirements for state and local government agencies.
		−	The state has created equity reporting requirements f**or local government agencies**, but not state agencies.
		−	**At least one** city/county government has created equity measures for itself, even though it is not required to report this information to the state.
		✗	Neither the state nor any cities/counties within the state are reporting on equity.
2.	**Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.**	✓	The state's Office of Health Equity/Disparities/Minority Health analyzes and reports on **one or more** health disparities and/or equity concerns within the state **on a permanent basis**.
		−	The state's Office of Health Equity/Disparities/Minority Health has analyzed and reported on one or more health disparities and/or equity concerns within the state **on a time-time basis, within the last five years**.
		−	The state's Office of Health Equity/Disparities/Minority Health analyzes and reports on existing health disparities and/or equity concerns **temporarily, solely with respect to COVID-19**.
		✗	The state's Office of Health Equity/Disparities/Minority Health does not analyze and report on existing health disparities and/or equity concerns within the state.
3.	**Require nonprofit hospitals to incorporate an equity component into their community health needs assessments and community health improvement plans and/or establish a minimum percentage of nonprofit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.**	✓	The state requires nonprofit hospitals to incorporate an equity component into their Community Health Needs Assessments and Community Health Improvement Plans.
		✓	The state has established a minimum percentage of nonprofit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.
		✓	Both
		✗	Neither

Data & Reporting *(continued)*

	POLICY		SCORE CRITERIA
4.	**Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.**	✓	The state makes an effort to increase the collection of and standardize data on race, ethnicity and/or languages spoken.
		−	The state makes an effort to increase the collection of data on race, ethnicity and/or languages spoken, but is not attempting to standardize the data collected.
		✗	The state is not making an effort to increase the collection of and standardize data on race, ethnicity and/or languages spoken.
5.	**Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.**	✓	The state includes race and ethnicity in All-Payer Claims Database data.
		−	The state includes **only** socioeconomic status and/or languages spoken in All-Payer Claims Database data.
		✗	The state does not include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database data.
		···	The state does not have an APCD.

Health Reform – Coverage

	POLICY		SCORE CRITERIA
1.	**Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level (FPL).**	✓	The state expanded Medicaid to 138 FPL or above.
		−	The state expanded Medicaid to a point below 138 FPL.
		✗	The state has not expanded Medicaid.
2.	**Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.**	✓	The state provides **at least one** of the following to help make insurance more affordable for people earning too much to qualify for Medicaid: a Basic Health Plan, reinsurance, and/or premium subsidies.
		✗	The state does not provide a Basic Health Plan, reinsurance, or premium subsidies to help make insurance more affordable for people earning too much to qualify for Medicaid.

Health Reform – Coverage *(continued)*			
POLICY			SCORE CRITERIA
3.	**Provide one-year continuous eligibility for Medicaid and CHIP.**		The state provides one-year continuous eligibility for Medicaid and CHIP.
			The state provides one-year continuous eligibility for Medicaid or CHIP, but not both.
			The state does not provide one-year continuous eligibility for Medicaid and CHIP.
4.	**Provide coverage options to undocumented and recent immigrants.**		The state provides coverage options for undocumented children, undocumented pregnant women, or undocumented adults.
			The state provides coverage options for recent documented immigrants, for example, enrollment in Medicaid or CHIP without a five-year wait.
			The state does not provide coverage options for undocumented or recent immigrants.
Health Reform – Delivery			
POLICY			SCORE CRITERIA
1.	**Adapt the state Medicaid's program to better address social determinants of health.**		
1.1	**Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.**		The state has developed MCO contract options for advancing health equity and recommends or requires MCOs complete specific health equity responsibilities.
			The state **has not** developed MCO contract options for advancing health equity nor recommends or requires MCOs complete specific health equity responsibilities.
			The state does not contract with MCOs to provide care to Medicaid enrollees.

Health Reform – Delivery *(continued)*			
POLICY			SCORE CRITERIA
1.2	**Encourage or require Medicaid Accountable Care Organizations (ACOs)[4] and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.**		The state encourages or requires ACOs/CCOs to do **at least one** of the following: • collect equity-focused data; • adopt culturally appropriate programs; • implement partnerships with community-based organizations in areas with larger minority populations; and/or • focus on addressing social determinants of health
			The state does not encourage or require ACOs/CCOs to take any of the actions listed above.
			The state does not have ACOs or CCOs.
1.3	**Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.**		The state has used Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.
			The state has applied for a Medicaid 1115 and/or 1915 waivers to better address the social determinants of health, but the request is pending or was not approved.
			The state has not attempted to use Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.
			The state's applied for a Medicaid 1115 waiver to better address the social determinants of health but the proposal included work requirements.
2.	**Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.**		The state requires or incentivizes providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.
			The state does not require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.
3.	**Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.**		The state incorporates reductions in health disparities into the evaluation/scoring for providers participating in Medicaid value-based programs.
			The state does not incorporate reductions in health disparities into the evaluation/scoring for providers participating in Medicaid value-based programs.

Health Reform – Delivery *(continued)*			
POLICY			SCORE CRITERIA
4.	**Create or expand Accountable Communities for Health with a focus on increasing health equity.**	✓	The state has created or expanded Accountable Communities for Health with a focus on increasing health equity.
		✗	The state has not created or expanded Accountable Communities for Health with a focus on increasing health equity.
5.	**Ensure equitable telehealth access for residents.**		
5.1	**Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.**	✓	The state has expanded funding for broadband and/or cellular access in underserved rural and urban areas in the state.
		✗	The state **has not** expanded funding for broadband and/or cellular access in underserved rural and urban areas in the state.
5.2	**Subsidize internet access to expand opportunities for telehealth.**	✓	The state subsidizes internet access to expand opportunities for telehealth.
		–	The state subsidizes internet access to expand opportunities for telehealth, **temporarily**, during the COVID-19 pandemic.
		✗	The state does not subsidize internet access to expand opportunities for telehealth.
5.3	**Expand coverage for telehealth services.**	✓	The state has expanded the set of telehealth services that it requires Medicaid and private insurers to cover (even if insurers are not required to cover all telehealth services that they do in-person).
		–	The state requires coverage parity for some telehealth and in-person services by **either** Medicaid or private payers (not both).
		–	The state has a partial coverage parity requirement for telehealth.
		–	The state has **temporary** telehealth coverage parity laws that expire after the current public health emergency.
		✗	The state has not passed any laws on coverage parity for telehealth.

Health Reform – Delivery *(continued)*			
POLICY			SCORE CRITERIA
5.4	**Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.**	✓	The state requires payment parity for some telehealth and in-person services by Medicaid **and** private payers.
		–	The state requires payment parity for some telehealth and in-person services by **either** Medicaid or private payers (not both).
		–	The state has a partial payment parity requirement for telehealth.
		–	The state has **temporary** telehealth payment parity laws that expire after the current public health emergency.
		✗	The state has not passed any laws on payment parity for telehealth.
5.5	**Establish cost-sharing parity for telehealth services.**	✓	The state requires cost-sharing parity for some telehealth and in-person services by Medicaid **and** private payers.
		–	The state requires cost-sharing parity for some telehealth and in-person services by **either** Medicaid or private payers.
		–	The state has a partial cost-sharing parity requirement for telehealth.
		–	The state has **temporary** cost-sharing parity for telehealth services that expire after the current public health emergency.
		✗	The state has not passed any laws on cost-sharing parity for telehealth.
6.	**Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.**[5]	✓	The state has implemented a global budget system for paying hospitals.
		✗	The state has not implemented a global budget system for paying hospitals.

Health Reform – Delivery *(continued)*

	POLICY		SCORE CRITERIA
7.	**Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.**	✓	The state requires cultural competency and implicit-bias training for clinicians and other providers.
		−	The state requires **either** cultural competency or implicit-bias training for clinicians and other providers, but not both.
		✗	The state does not require cultural competency and implicit-bias training for clinicians and other providers.

COVID-Specific Reforms

	POLICY		SCORE CRITERIA
1.	**Collect racial equity data to better understand the disparate impact of COVID-19.**	✓	The state collects racial equity data to better understand the disparate impact of COVID-19.
		✗	The state does not collect racial equity data to better understand the disparate impact of COVID-19.
2.	**Implement changes to Medicaid enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.**	✓	The state has implemented **at least one** of the following changes to Medicaid or Marketplace enrollment in response to COVID-19: • presumptive eligibility; • cost-sharing provisions; • special enrollment periods (Marketplace); • increases in enrollment assistance; • improvements to application processing
		✗	The state has not implemented any of the above changes to Medicaid enrollment in response to COVID-19.
3.	**Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.**	✓	The state has leveraged the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.
		✗	The state has not leveraged the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.
4.	**Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.**	✓	The state waives or limits cost-sharing for COVID-19 testing and treatment by private insurers.
		−	The state waives or limits cost-sharing for COVID-19 testing **or** treatment by private insurers (not both).
		✗	The state does not waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.

COVID-Specific Reforms *(continued)*			
POLICY			SCORE CRITERIA
5.	**Provide COVID-19 testing to residents free of charge.**		The state provides COVID-19 testing to residents free of charge.
			At least one local jurisdiction within the state provides COVID-19 testing to residents free of charge.
			Neither the state nor any local jurisdictions within the state provide COVID-19 testing to residents free of charge.

Notes

1. A "Health in All Policies" strategy is defined by the Centers for Disease Control & Prevention as, "a collaborative approach for integrating and articulating health considerations into policymaking and programming across sectors and levels of government with the goal of improving the health of all communities and people." See: **https://www.cdc.gov/policy/hiap/index.html**
2. State Health Assessments and State Health Improvement Plans, along with organizational strategic plans, are prerequisites for state health departments to pursue National Public Health Accreditation Board Accreditation. See: **https://www.astho.org/accreditation/ship/**
3. Strategies could include, but are not limited to, targeted investments in remediating environmental triggers, bolstering patient education and improving access to integrated social and medical care.
4. Accountable care organizations (ACOs) are groups of doctors, hospitals and other healthcare providers working together to manage and coordinate care for a group of patients, across the entire spectrum of care. These providers agree to be held accountable for healthcare spending, quality of care and outcomes for a defined population of patients. ACOs can take many forms and not all are created equal. The Centers for Medicaid & Medicare Services offers several payment models for ACOs that require providers to take on varying levels of risk. Some states have chosen to make downside risk voluntary for their Medicaid ACOs. See: **https://www.naacos.com/medicaid-acos**
5. Global budgets are an alternative payment model (specifically, a form of capitation) in which providers—typically hospitals—are paid a prospectively-set, fixed amount for the total number of services they provide during a given period of time.

ALTARUM
HEALTHCARE VALUE HUB

ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

Contact the Hub: 2000 M Street, NW, Suite 400, Washington, DC 20036
(202) 828-5100 | www.HealthcareValueHub.org | @HealthValueHub