



HEALTH

EQUITY

CONFERENCE

# HEALTH EQUITY CONFERENCE CALL FOR PROPOSALS WEBINAR

January 18, 2024





# HOUSEKEEPING

- Participants will be muted for the webinar and cameras off
- Enter questions into Q&A; we will answer as many as time allows
- This webinar will be recorded and posted on Health Equity Conference website
  - FAQ will also be posted on site



# AGENDA

1. Conference Overview
2. Call for Proposals Overview
3. Review of the CMS Framework for Health Equity and CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities
4. How to Submit a Proposal
5. Overview of Proposal Review Process
6. Q&A





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CMS HEALTH  
EQUITY  
CONFERENCE  
**CALL FOR  
PROPOSALS**

[CMSHEALTHEQUITYCONFERENCE.COM](https://cmshealthequityconference.com)

SUSTAINING HEALTH EQUITY THROUGH ACTION





# CALL FOR PROPOSALS OVERVIEW

- Looking for diverse group of perspectives (i.e., federal agencies, health provider organizations, academia, community-based organizations)
- Proposals must:
  - Align with the CMS Framework for Health Equity or CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities
  - Proposal clearly connects to CMS program or policy
  - Whenever possible proposals should focus on populations served by CMS programs
- Submissions due by 5pm ET on **February 9, 2024**, all will be notified on **March 8, 2024**

Early submissions are encouraged





**Priority 1:** Expand the Collection, Reporting, and Analysis of Standardized Data



**Priority 2:** Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



**Priority 3:** Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities



**Priority 4:** Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services



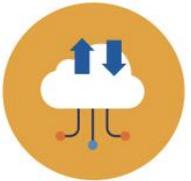
**Priority 5:** Increase All Forms of Accessibility to Health Care Services and Coverage



# Six Priorities of Rural Health



**Priority 1:** Apply a Community-Informed Geographic Lens to CMS Programs and Policies



**Priority 2:** Increase Collection and Use of Standardized Data to Improve Health Care for Rural, Tribal, and Geographically Isolated Communities



**Priority 3:** Strengthen and Support Health Care Professionals in Rural, Tribal, and Geographically Isolated Communities



**Priority 4:** Optimize Medical and Communication Technology for Rural, Tribal, and Geographically Isolated Communities



**Priority 5:** Expand Access to Comprehensive Health Care Coverage, Benefits, Services and Supports for Individuals in Rural, Tribal, and Geographically Isolated Communities



**Priority 6:** Drive Innovation and Value-Based Care in Rural, Tribal, and Geographically Isolated Communities





# DATES TO KNOW

- Proposals open January 8, 2024
- Proposals close February 9, 2024



# WHAT'S NEW IN 2024?

- Send proposals to [cmshealthequityconference@cms.hhs.gov](mailto:cmshealthequityconference@cms.hhs.gov)
- Types of proposals accepted:
  - Lightning talks
  - Panels
  - Single presentations
  - Posters
- Framework for Health Equity and Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities



# TYPES OF PROPOSALS

- Lightning Talks
  - 7-minutes for presenting
  - No slides
  - No Q&A
  - Up to 2 presenters
- Panels
  - 60-minute presentations
  - Includes slides
  - 30-minutes Q&A
  - Features up to 4 presenters from 2-4 organizations





# TYPES OF PROPOSALS, CONTINUED

- Single Presentations
  - 15-minute presentation
  - Includes slides
  - 1-2 members from the same organization presenting on a single topic
  - Grouped with other presentations to complete a full session
  - 30-minutes joint Q&A
- Posters
  - Displayed during the poster hall and reception
  - Up to 2 presenters per poster





# PROPOSAL REVIEW SUBMISSION CRITERIA

- Proposals reviewed, scored, and selected by members of the CMS Health Equity Conference Planning Committee
- Proposals must:
  - Align with one of the priorities in CMS Framework for Health Equity 2022-2032 or CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities
  - Focus on populations served by CMS programs
  - Clearly connect to a CMS program or policy
- Proposals not following the submission criteria are automatically disqualified from consideration
  - A full list of submission criteria is available on the CMS Health Equity Conference website





# HOW TO SUBMIT A PROPOSAL

- Proposals submitted by email to [cmshealthequityconference@cms.hhs.gov](mailto:cmshealthequityconference@cms.hhs.gov) on or before February 9, 2024. Submissions must include:
- **Contact Information**
  - Name, Email Address, Daytime Phone Number
- **Session Information**
  - Session Title, Preferred presentation format (**Select ONE:** lightning talk, panel, single presentation, poster), Short Description (max 500 words)
- Presenter Information
  - Name, Email Address, Title Credentials, Affiliation(s)



# EMAIL SUBMISSION EXAMPLE

To: [cmshealthequityconference@cms.hhs.gov](mailto:cmshealthequityconference@cms.hhs.gov)

From: [your email]

Subject: CMS Health Equity Conference Proposal Submission

## Contact Information

**Name:** [Your Name]

**Email address and phone number:** [Your email and phone number]

## Session information

**Title:** [Proposal Title]

**Type of proposal:** [Select ONE: lightning talk, panel, single presentation, or poster]

**Proposal:** [Proposal – 500 words max]

**Priority Area:** Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage

## Presenter information:

[List all authors with their email addresses and affiliation(s) who will be presenting at the conference]

Thank you for your consideration,  
First and Last Name





- General Presentation
- Case Study
- Best Practice Discussion
- Research Abstract
- Community Perspective
- Policy Insight
- Lived Experience



- Proposals that are overly commercial/promotional in nature
- Proposals with a political agenda or that are found to have clear conflicts of interest
- Proposals with plagiarized research, or proposals with clear substantive errors
- Late submissions





# QUESTION & ANSWER SESSION

Please type your question into the Q&A window provided. We will answer the questions that are the most widely applicable to attendees.



# CONTACT

**FOR MORE INFORMATION, PLEASE VISIT:**

<https://cmshealthequityconference.com>

[cmshec@ketchum.com](mailto:cmshec@ketchum.com)



# APPENDIX



# PRIORITY 1 – EXPANDING THE COLLECTION, REPORTING AND ANALYSIS OF STANDARDIZED DATA

- Examples include:
  - Innovations in self-reported patient data in underserved communities;
  - Data standardization for social determinants of health;
  - Data platforms that facilitate improved whole person care;
  - SDOH data exchange for chronic disease prevention initiatives;
  - Data strengthening partnerships between public health, healthcare delivery and behavioral health; and
  - Community to clinical linkages



# PRIORITY 2 – ASSESSING CAUSES OF DISPARITIES IN CMS PROGRAMS AND INEQUITIES IN POLICIES

- Examples include proposals related to:
  - CMS' programs and initiatives;
  - Models and demonstrations related to social risk factors;
  - Payment and value-based purchasing programs;
  - Rural access to care



# PRIORITY 3 – BUILDING CAPACITY OF HEALTHCARE ORGANIZATIONS AND THE WORKFORCE TO REDUCE HEALTH DISPARITIES

- Examples include projects that:
  - Explore the expansion of providers participating in value-based care;
  - Address specialist care integration (behavioral, clinical, social);
  - Recruit and retain caregivers proficient in Medicaid threshold languages;
  - Build a more diverse behavioral health workforce; and
  - Innovative partnerships with community colleges and other workforce pipelines



# PRIORITY 4 – ADVANCING LANGUAGE ACCESS, HEALTH LITERACY AND PROVISION OF CULTURALLY TAILORED SERVICES

- Examples include:
  - Innovations or best practices in culturally competent health communications;
  - Ensuring access for migrant and newly arrived immigrants;
  - Outcome data related to improvements in the provision of culturally competent care; and
  - Projects focused on Navigators and other community-based access and coverage partnerships



# PRIORITY 5 – INCREASING ALL FORMS OF ACCESSIBILITY TO HEALTH CARE SERVICES AND COVERAGE

- Examples include:
  - Partnering with disability rights organizations to improve care;
  - Innovations in clinical-community connections to facilitate access to care;
  - Enforcement of health care related-accessibility requirements; and
  - Data collection and accessibility requirements





# PROPOSAL REVIEW SUBMISSION CRITERIA

The proposal must:

- Fall into one self-designated CMS priority area from the *CMS Framework for Health Equity* or its companion document, *CMS Framework for Advancing Health Care in Rural, Tribal, and Geographically Isolated Communities*, and make a clear connection between the work and the priority area
- Clearly pertain to one of the target populations served by CMS programs
- Clearly connect to a CMS program or policy





# PROPOSAL REVIEW SUBMISSION CRITERIA

- The author(s) have demonstrated knowledge of the subject
- The author(s) clearly articulate a health equity challenge or opportunity to be addressed
- The proposal shows at least one measurable impact or opportunity for improving health equity within the stated target population.
- The reviewer finishes reading the proposal with a clear understanding of what the presenter intends to tell the audience.





THANK YOU