

# Provider Health Equity Toolkit



**Show Me Healthy Kids**

MANAGED BY HOME STATE HEALTH

Home State Health: 1-855-694-HOME (4663) • Show Me Healthy Kids: 1-877-236-1020, TTY: 711  
[www.HomeStateHealth.com](http://www.HomeStateHealth.com)

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# HEALTH EQUITY

## Our Commitment

Home State Health's goal is to ensure everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and systemic obstacles to health and healthcare; and eliminate preventable health disparities.

Home State Health continues to work diligently to change the systems and policies that have resulted in a rise to health disparities. We are committed to embracing equity and inclusion in all the work we do as we transform the health of the communities we serve, one person at a time.

## Introduction

Health inequity remains a critical issue in Missouri, affecting marginalized groups, such as racial and ethnic minorities, low-income individuals and rural populations. These groups face significant barriers to accessing quality healthcare, leading to higher rates of chronic diseases like diabetes, heart disease and cancer. Cultural differences, including language barriers, low health literacy rates, and varying health beliefs, further complicate the delivery of effective and culturally sensitive care.

The Home State Health Equity toolkit is designed to help providers with their diverse members, backgrounds, and cultures which can impact their health. It includes resources to understand and navigate language and cultural differences among Missouri residents, fostering a more inclusive and effective healthcare environment for everyone.

## Social Determinants of Health (SDoH)

Social determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that have a major impact on people's health, well-being, and quality of life. SDoH contribute to wide health disparities and inequities. For example, people who don't have access to healthy foods are less likely to have good nutrition, increasing their risk of health conditions such as heart disease, diabetes, and obesity. Just promoting healthy choices won't eliminate these and other health disparities. Instead, this requires widespread collaboration across the entire healthcare sector to improve the conditions in people's environments.

Discussing SDoH with your patients is the first step in addressing SDoH. After discussion, providers are encouraged to document their findings in their medical records/EMR system and include applicable SDoH diagnoses (Z) codes on their claims. For help addressing member SDoH needs, providers are encouraged to submit a referral to Care Management through the provider portal or sending a secure email to [HSHPCareManagement@centene.com](mailto:HSHPCareManagement@centene.com).

### Why Z Code Documentation Matters:

- Improved Member Care Coordination
- Minimizes Redundant Outreach
- Strengthens Provider-Plan Collaboration
- Data-Driven Health Equity Initiatives
- Supports Risk Adjustment and Quality Reporting



## Health Equity Concerns and Barriers to Care

### Considerations for Specific Demographics

When working with members it's crucial to recognize and address the diverse health experiences that may be present. Members are entitled to dignified, appropriate, and quality care. Healthcare services are most effective when delivered in a patient-centered, culturally sensitive way that leaves room for diversity of backgrounds. Members are more willing to communicate their healthcare needs in a sensitive, respectful, and inclusive environment, enhancing the effectiveness of the entire healthcare process.

According to a 2025 report by the Missouri Department of Health and Senior Services, “the rates for ER visits (4.88) and inpatient hospitalizations (52.42) due to diabetes among Black or African American Missourians were both more than double the rates of the White population (1.97 and 19.10, respectively). Likewise, the death rate for Black or African American Missourians (37.4) was significantly higher than that of the White population (22.2)”

### Facts about Health Disparities

- Government-funded insurance consumers face many barriers to receiving timely care.
- Households headed by Hispanics are more likely to report difficulty in obtaining care.

- Consumers are more likely to experience long wait times to see healthcare providers.
- African American Medicaid consumers experience longer waits in emergency departments and are more likely to leave without being seen.
- Consumers are less likely to receive timely prenatal care, more likely to have low birth weight babies and have higher infant and maternal mortality.
- Consumers that are children are less likely to receive childhood immunizations.
- Patient race, ethnicity, and socioeconomic status are important indicators of effectiveness of healthcare.
- Health disparities come at a personal and societal price.

## Health Literacy

Low health literacy can prevent members from understanding their healthcare services. Health literacy is defined by the National Health Education Standards as “the capacity of an individual to obtain, interpret, and understand basic health information and services, and the competence to use such information and services in ways which are health-enhancing.”

This includes the ability to understand written instructions on prescription drug bottles, appointment reminders, medical education brochures, providers’ directions, consent forms and the ability to negotiate complex healthcare systems. Health literacy is not the same as the ability to read and is not necessarily related to years of education. A person who functions adequately at home or work may have marginal or inadequate literacy in a healthcare environment.

## Members' behavior may include:

- Not getting their prescriptions filled or not taking their medications as prescribed.
- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments to clarify instructions.



## Changing the Narrative

To address health equity in a meaningful way, we must change the lens through which we view healthcare and the whole individual. Cultural health encompasses a broad spectrum of factors that influence an individual's health beliefs, behaviors and outcomes. It goes beyond language barriers and ethnic stereotypes to encompass elements such as religious practices, family dynamics, socioeconomic status and acculturation experiences. Understanding and embracing cultural health allows us to bridge the gap between healthcare providers and members, fostering trust, communication and mutual respect.

## **Providers must ensure that:**

- Members understand that they have access to interpretation services, and TDD/TTY services to facilitate communication without cost to them.
- If a member declines interpretation services, it is documented in the medical record at the time of service. It is also recommended that an interpreter be offered for every encounter regardless of whether the member has refused the service in the past and that each offer be documented in the members' chart.
- Office staff that routinely interact with members have access to cultural competency training and development.
- Office staff responsible for data collection make reasonable attempts to collect race and language specific member information. Staff will also explain race/ethnicity categories to a member so that the member is able to identify the race/ethnicity of themselves and their children.
- Care and treatment plans are developed and provided with consideration of the members race, country of origin, native language, social class, religion, mental or physical abilities, heritage, acculturation, age, gender, and other characteristics that may influence the member's perspective on healthcare.
- Office sites have posted and printed materials in English and Spanish, and if required by Missouri Department of Social Services, any other required non-English language.

## **Tips to Enhance Inclusive Communication:**

- Use simple words avoiding jargon and acronyms.
- Avoid technical language (if possible).
- Give information in small chunks and repeat important information.



- Ask open-ended questions.
- Use medically trained interpreters familiar with cultural nuances.
- Read written instructions out loud.
- Use body language to support what you are saying.
- Draw pictures, use posters, models or physical demonstrations.
- Use video and audio media as an alternative to written communications.

## Top Languages for Home State Health Membership After English

1. Spanish
2. Arabic
3. Vietnamese
4. Chinese
5. Russian



## Member and Provider Education and Resources

Home State Health provides resources and toolkits on how to work effectively with an interpreter, communicate across language barriers, identify and address health literacy issues, trainings and much more!

Visit Home State Health’s webpage for quick access to provider portals, alerts, and links including the resources listed below:

- [SDOH Z Codes Quick Reference Guide](#)
- [SDoH Z Code Incentive](#)
- [Quarterly Provider Newsletters](#)

Home State Health's webpage also features member and community resources including those listed below:

- [My Health Pays® Rewards](#)
- [Transportation Services](#)
- [Additional Benefits](#)
- [Care Management](#)
- [Community Resources](#)

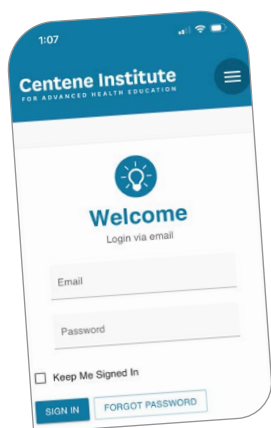
## Centene Institute

### What is the Centene Institute for Advanced Health Education® (Centene Institute)?

The [Centene Institute](#) provides empowering interprofessional continuing education to external providers and clinical employees at no cost through leading-edge and research-informed educational activities, equipping them to deliver current therapies and better health outcomes.

### Create An Account

[Setting up a profile](#) with the Centene Institute allows you to house all your information in one location. You can easily access your transcript and certificates to confirm the continuing education credits obtained to date.



### Some Courses Available

- Health Equity Essentials: Fundamentals for Transforming Health,
- Culturally Appropriate Care & Health Equity
- Creating Trauma-Informed Healthcare

# Missouri and National Resources

- [MO DHSS Office of Minority Health](#)
- [2025 Missouri Diabetes Report](#)
- [American Public Health Association \(APHA\)](#)
- [Health Equity](#)
- [CDC DNPAO's Health For All Resources](#)
- [Office of Minority Health](#)
- [Think Cultural Health](#)
  - » [Addressing Framework \(PDF\)](#)
  - » [CLAS, Cultural Competency, and Cultural Humility \(PDF\)](#)
  - » [How to Better Understand Different Social Identities \(PDF\)](#)
  - » [Communication Styles \(PDF\)](#)
  - » [Effective Cross – Cultural Communication Skills Checklist](#)
  - » [Developing Culturally CAPABLE Materials – How to Guide](#)



**DNPAO State and Local Programs**

EXPLORE TOPICS ▾

Q SEARCH

MARCH 28, 2024

## Health Equity Resources

**AT A GLANCE**

Communities, programs, and initiatives can use these resources as they work to remove barriers to health and achieve health equity. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.



### Community efforts

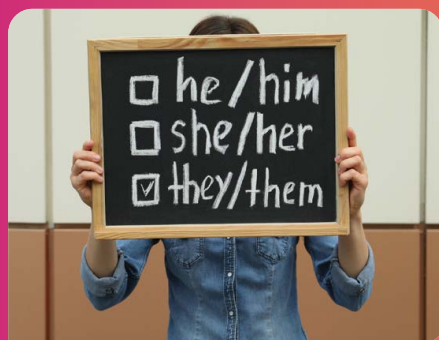
[Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease](#) provides lessons learned from evidence- and practice-based strategies. These ideas highlight ways to maximize the effects of policy, systems, and environmental improvement strategies.

**ON THIS PAGE**

- [Community efforts](#)
- [State toolkit](#)
- [Federal plan and resources](#)



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