

Embedding a Health Equity Focus Across Medicaid: Five Key Strategies

States and territories increasingly recognize Medicaid’s role in reducing health disparities for their members and are prioritizing health equity across policy design and program delivery as part of a broader quality improvement strategy. States can advance health equity through internal efforts in workplace culture and data collection, and through policies and programs, such as community engagement and cross-sector partnerships. Following are five key strategies for embedding a health equity focus across a Medicaid agency.

Strategy	Tactics
1. Create a culture of equity	<ul style="list-style-type: none"> • Provide staff education and training to build cultural awareness and understanding. • Support diversity in recruitment, hiring, and professional development. • Help staff understand how the health care sector has historically impeded health equity through systemic racism and discrimination — and ways it can repair trust today with marginalized populations. • Clearly define and communicate health equity goals internally and with external partners.
2. Engage and partner with community members	<ul style="list-style-type: none"> • Convene member advisory committees and other forums for member input and guidance. • Create internal mechanisms and staff roles for incorporating member insights and ideas into policies and programs. • Create contract requirements with managed care organizations (MCOs) and providers that improve member/patient relationships through member engagement.
3. Use data to reduce disparities	<ul style="list-style-type: none"> • Collect self-reported member data from MCOs and providers, and use it to identify health equity priorities, measure disparities, and track progress. • Use various data — qualitative and quantitative, self-reported and externally collected — to identify and track health equity priorities. • Share data with state agencies, providers, MCOs, community partners, and members, while maintaining privacy standards, accountability, and careful data management.
4. Explore equity-focused payment strategies	<ul style="list-style-type: none"> • Stratify quality metrics by demographic data, and link performance-based payment to reduced health disparities for providers and MCOs. • Use payment to prioritize safety-net providers, especially federally qualified health centers that increase access in medically underserved areas. • Align provider and MCO performance metrics with state health equity goals.
5. Tailor care to deliver equitable services	<ul style="list-style-type: none"> • Support integrated, culturally competent care delivery models that address health-related social needs, behavioral health care, or population-based disparities. • Explore state plan amendments, 1115 waivers, and managed care contracts to cover more providers, including community health workers, peer recovery specialists, and doulas.

This fact sheet [draws from a brief](#) authored by the Center for Health Care Strategies in collaboration with *Advancing Health Equity*, a national initiative led by the University of Chicago and supported by the Robert Wood Johnson Foundation, that is working with states to promote health equity through payment innovations.