Massachusetts Department of Public Health

150 YEARS OF ADVANCING PUBLIC HEALTH

COVID-19 Health Equity Taskforce: DPH COVID-19 Health Equity Update

August 24, 2020

Sabrina Selk, Director, Office of Health Equity

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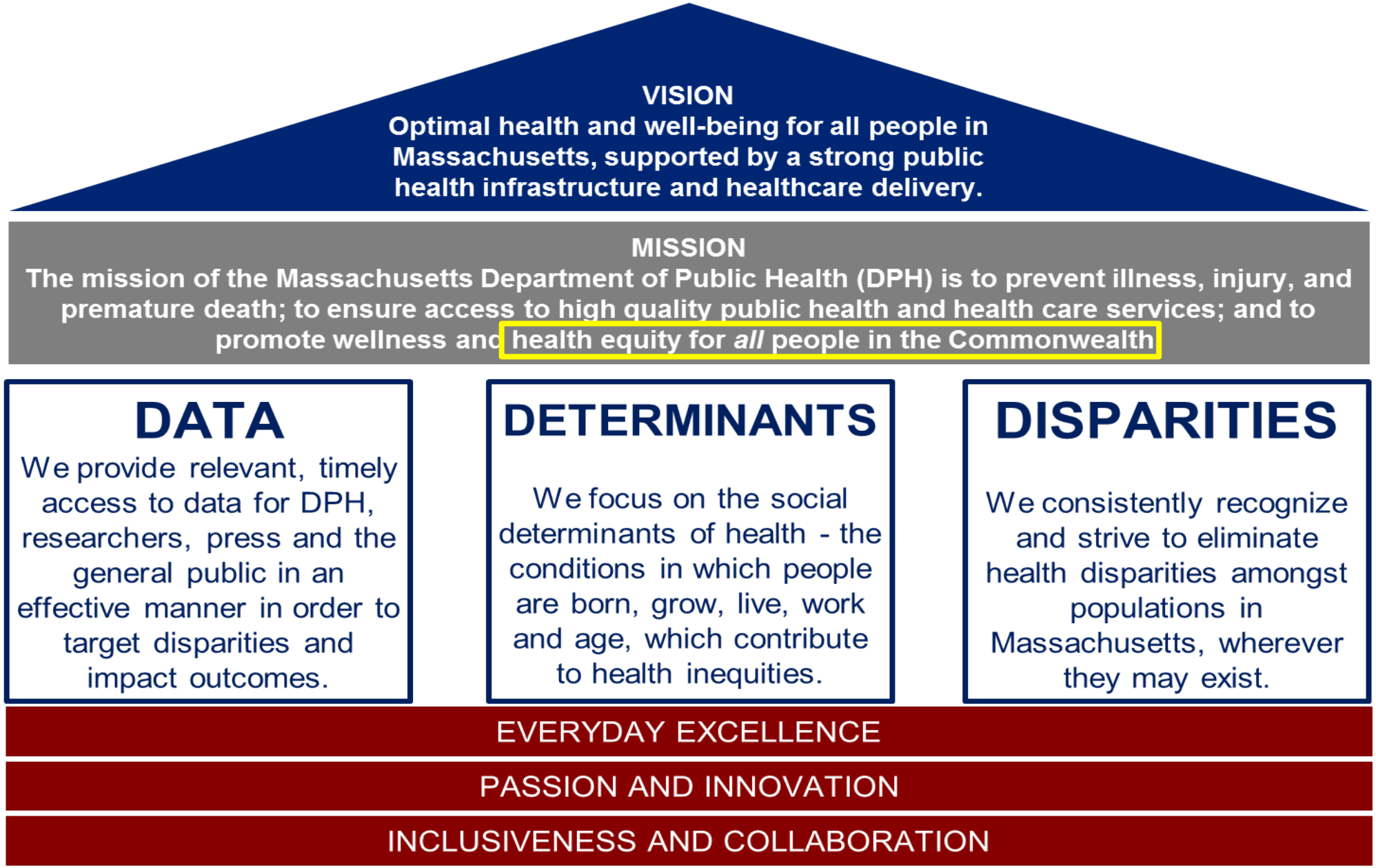
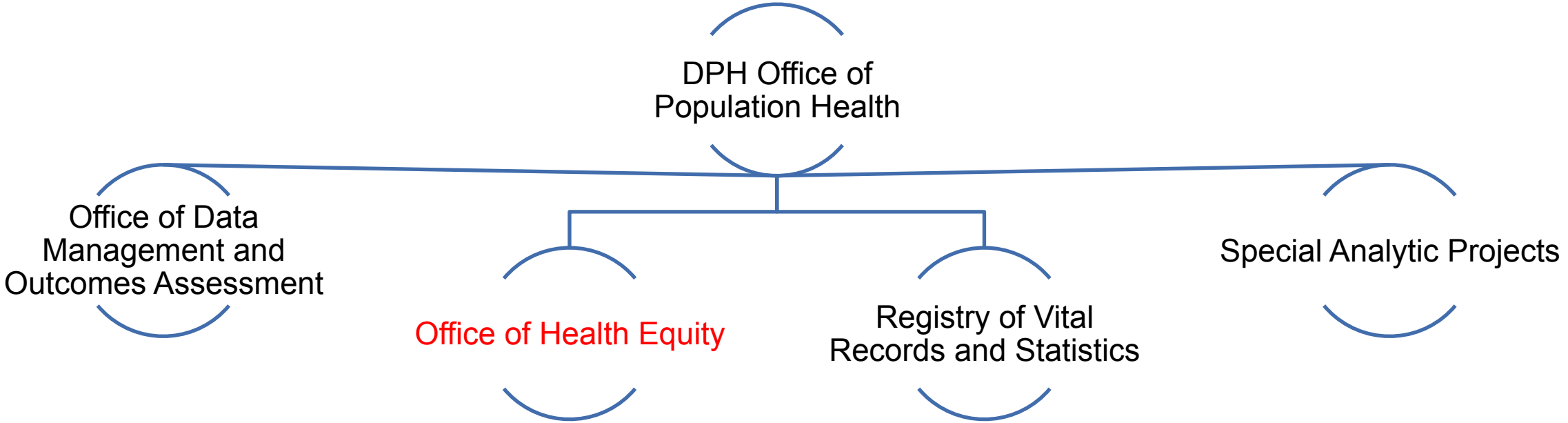
DPH Health Equity Framework

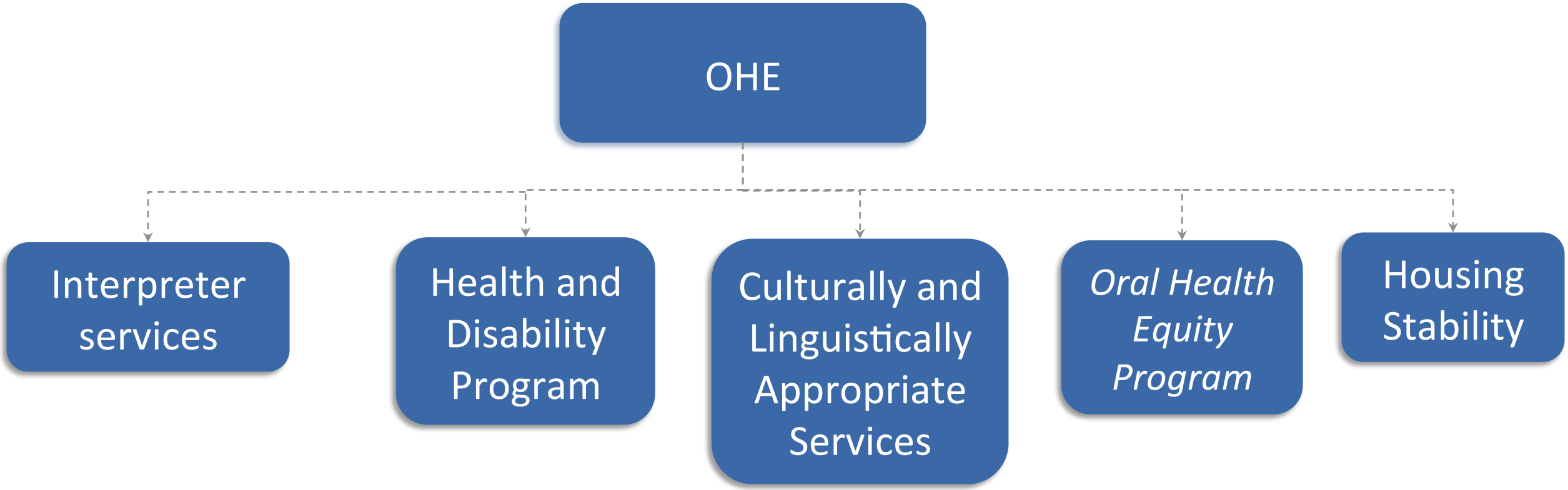

VISION
Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.
MISSION
The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for all people in the Commonwealth
DATA
We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.
DETERMINANTS
We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.
DISPARITIES
We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.
EVERYDAY EXCELLENCE
PASSION AND INNOVATION
INCLUSIVENESS AND COLLABORATION

Office of Population Health

Mission:
Leverage public and private partnerships to collect, use and disseminate high quality data and documentation *and* inform and influence policies, programs, practices, prevention strategies and resource allocation **that address inequities in the social determinants of health**. The Office of Health Equity was established at DPH in the 1980s and was expanded in 2018 through an Interagency Services Agreement from the Executive Office of Health & Human Services.



Office of Health Equity



Office of Health Equity

CLAS Initiative: Helps DPH programs and vendors meet CLAS standards by developing, implementing and evaluating tools and practices

Health and Disability Program: funds, trains, and guides public health staff, partners, and stakeholders to be disability inclusive. Convenes Health and Disability Partnership, a statewide advisory board

Oral Health Equity: trains and funds staff across service systems, including Early Intervention, WIC, CHCs and schools, to screen and refer children for dental care. *(In close out stage)*

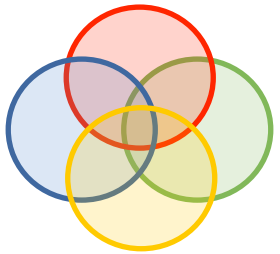
Interpreter Services: conducts language access assessments, provides guidance, and sets conditions to ensure health providers, including DON applicants, comply with laws and regulations.

Office of Health Equity: Key Projects

Racial Equity Initiative: participate in, support, and guide RE efforts by bureaus and offices, provide an equity frame for data to inform action

Health Equity Action Dashboards: coordinating DPH-wide efforts to develop population-based health equity dashboards within PHIT.

Housing Stability: align work across DPH that relates to housing instability and homelessness, with a focus on populations that experience SUD and SMI.



Interagency Health Equity Team (IHET): brings together senior leaders across EHS agencies to discuss how agencies use data for health equity and identify areas for strategic alignment.

EHS Quality Alignment Taskforce (QAT): supports EHS efforts to develop recommendations for stratifying quality measures using demographic and health-related social needs metrics.

Definition of Terms

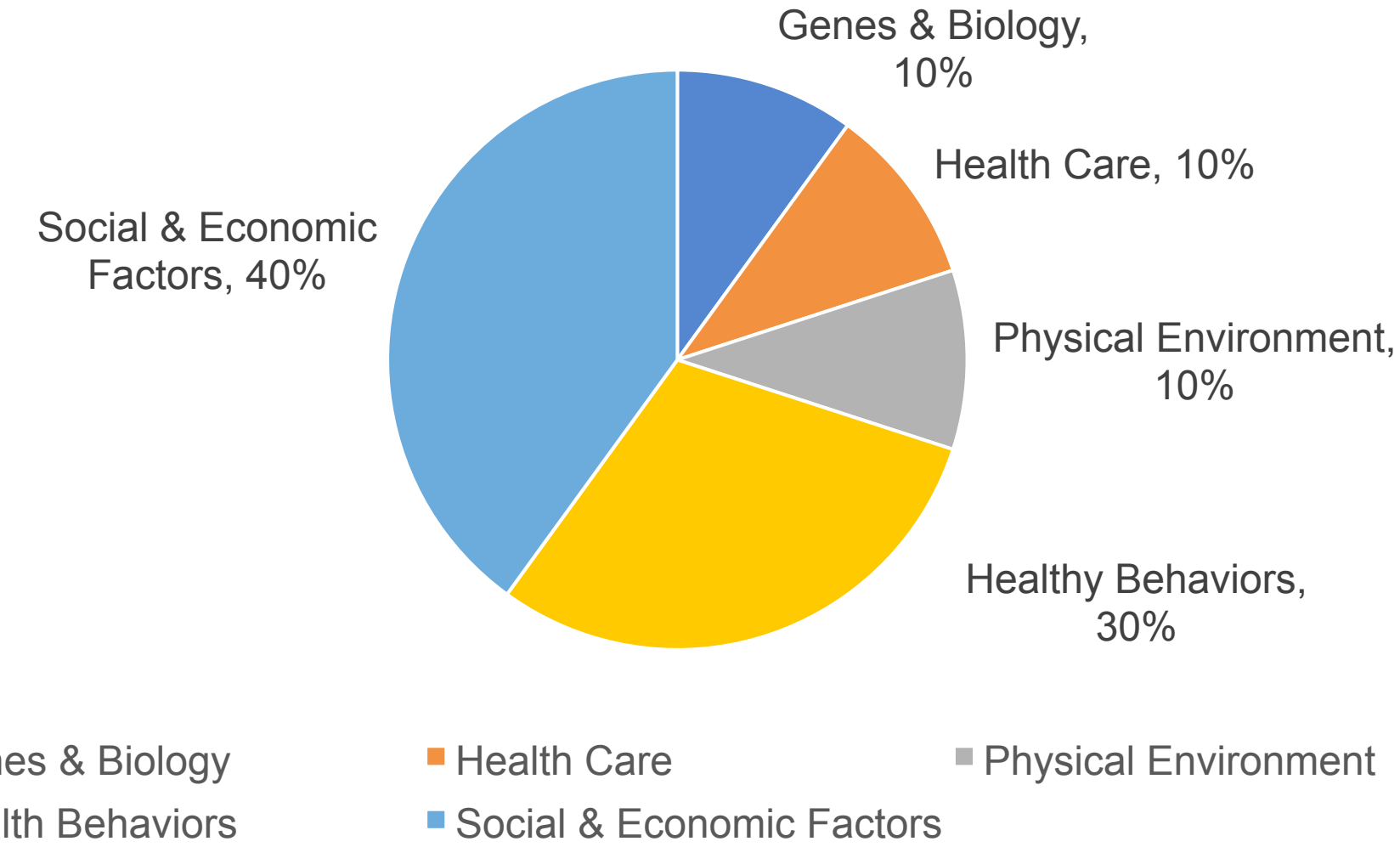
What is health equality?
Everyone is given the same health intervention without consideration of underlying needs.

What are health disparities?
Disparities are significant differences in health outcomes between populations.

What are health inequities?
Inequities are the unjust distribution of resources and power between populations which manifests in disparities.

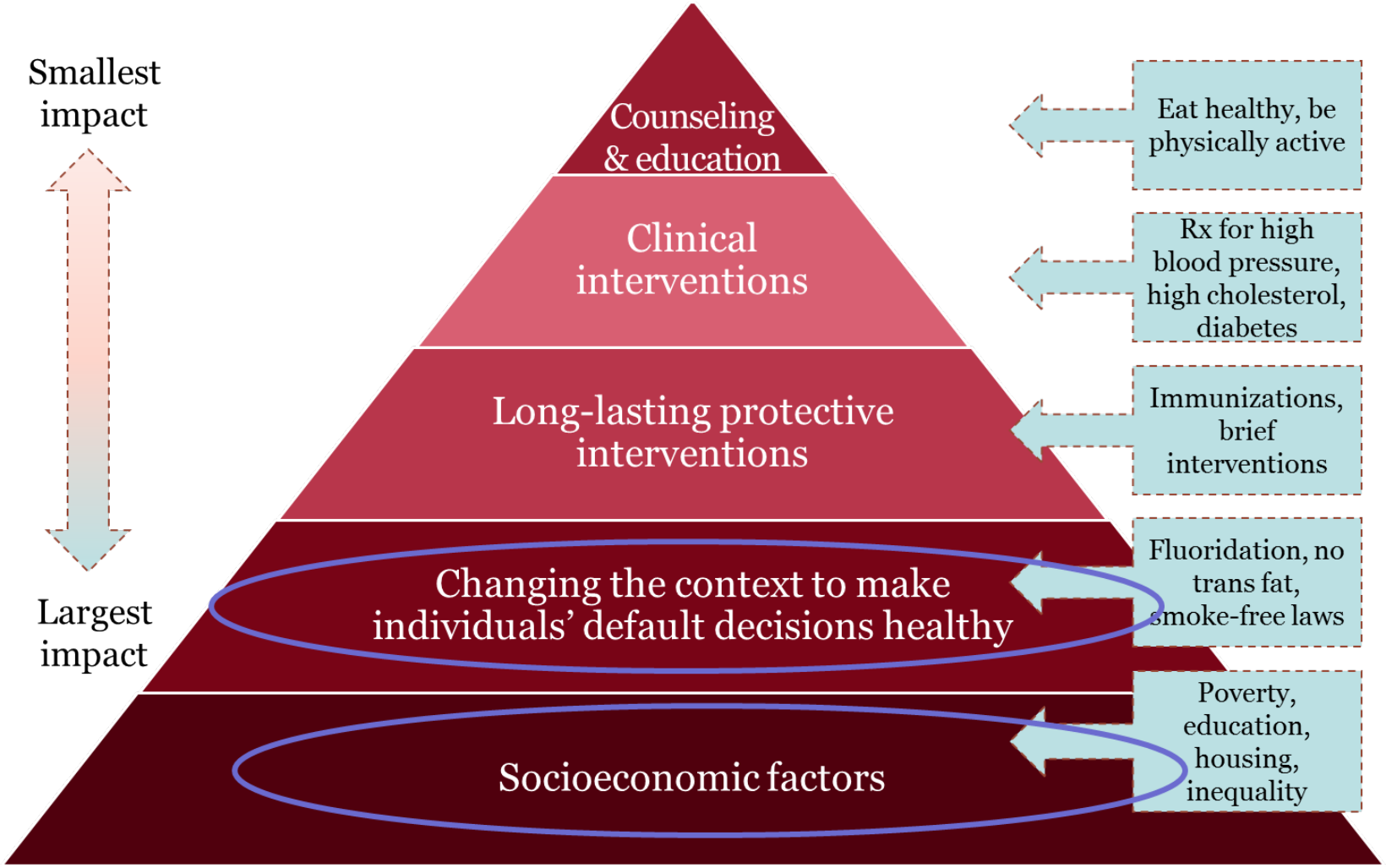
What is health equity?
Everyone has what they need to attain their highest level of health.

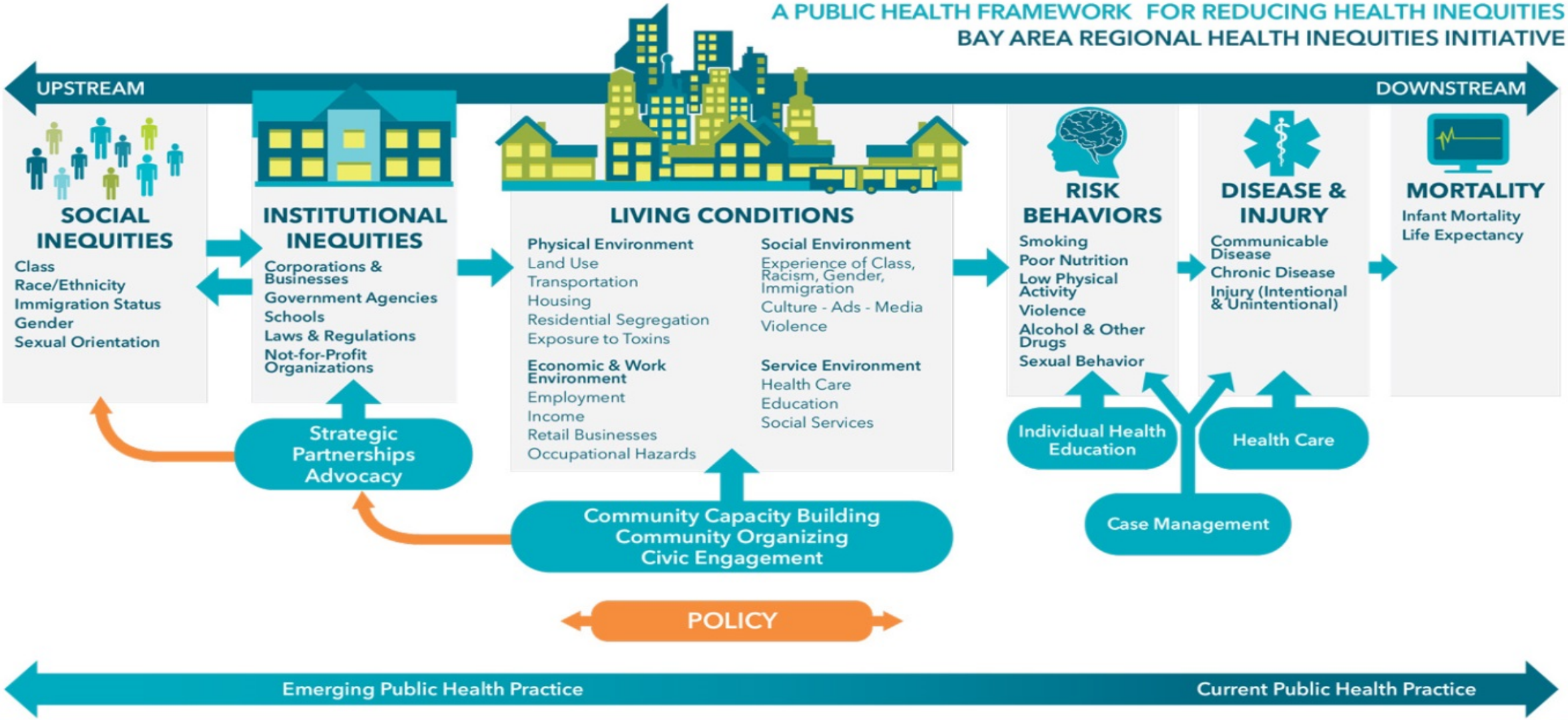
What Makes Us Healthy?



SOURCE: ADAPTED FROM R TARLOV, A. (1999). PUBLIC POLICY FRAMEWORKS FOR IMPROVING POPULATION HEALTH. ANNALS OF THE NEW YORK ACADEMY OF SCIENCES. 896. 281-93.

CDC Health Impact Pyramid





Poor conditions prevent people from practicing healthy behaviors **and achieving good health.**

COVID-19 Health Equity Data Highlights: Updated July 31, 2020

Population denominators for rate calculations provided by UMass Donahue Inst. based on *Strate S, et al. Small Area Population Estimates for 2011 through 2020, published March 2020 (original report published Oct 2016)*

Massachusetts Department of Public Health COVID-19 Dashboard - Friday, July 31, 2020

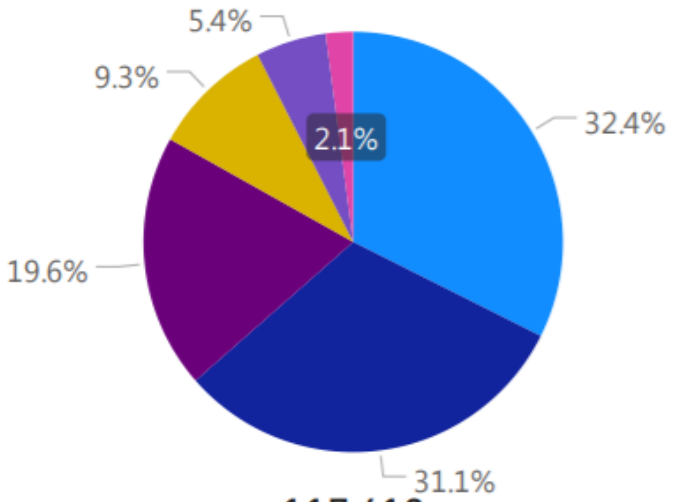
Cases, Hospitalizations, & Deaths by Race/Ethnicity

The following caveats apply to these data:

1. Information on race and ethnicity is collected and reported by laboratories, healthcare providers and local boards of health and may or may not reflect self-report by the individual case.
2. If no information is provided by any reporter on a case's race or ethnicity, DPH classifies it as missing.
3. A classification of unknown indicates the reporter did not know the race and ethnicity of the individual, the individual refused to provide information, or that the originating system does not capture the information.
4. Other indicates multiple races or that the originating system does not capture the information.

Note: COVID-19 testing is currently conducted by dozens of private labs, hospitals, and other partners and the Department of Public Health is working with these organizations and to improve data reporting by race and ethnicity, to better understand where, and on whom, the burden of illness is falling so the Commonwealth can respond more effectively. On 4/8, the Commissioner of Public Health issued an Order related to collecting complete demographic information for all confirmed and suspected COVID-19 patients.

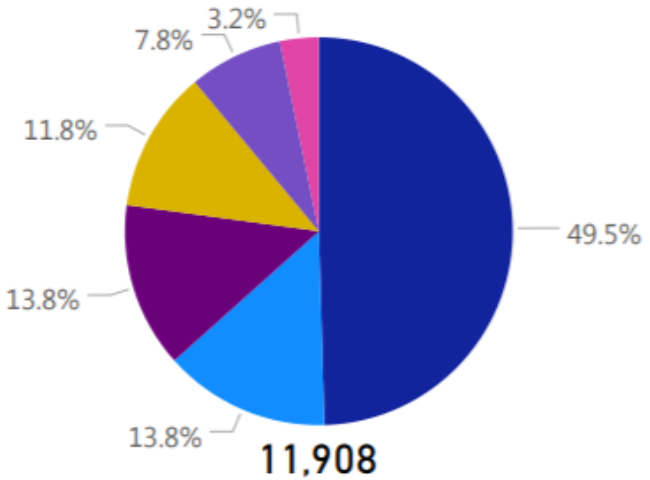
Total Cases by Race/Ethnicity



117,612

Total Case Count

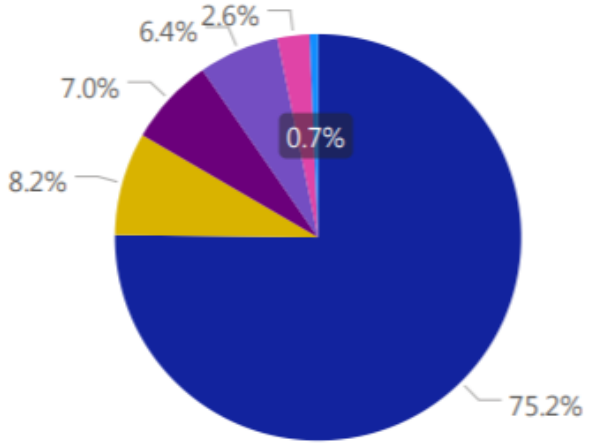
Total Cases Reported as Hospitalized* by Race/Ethnicity



11,908

Total Cases Reported as Hospitalized

Total Deaths by Race/Ethnicity



8,609

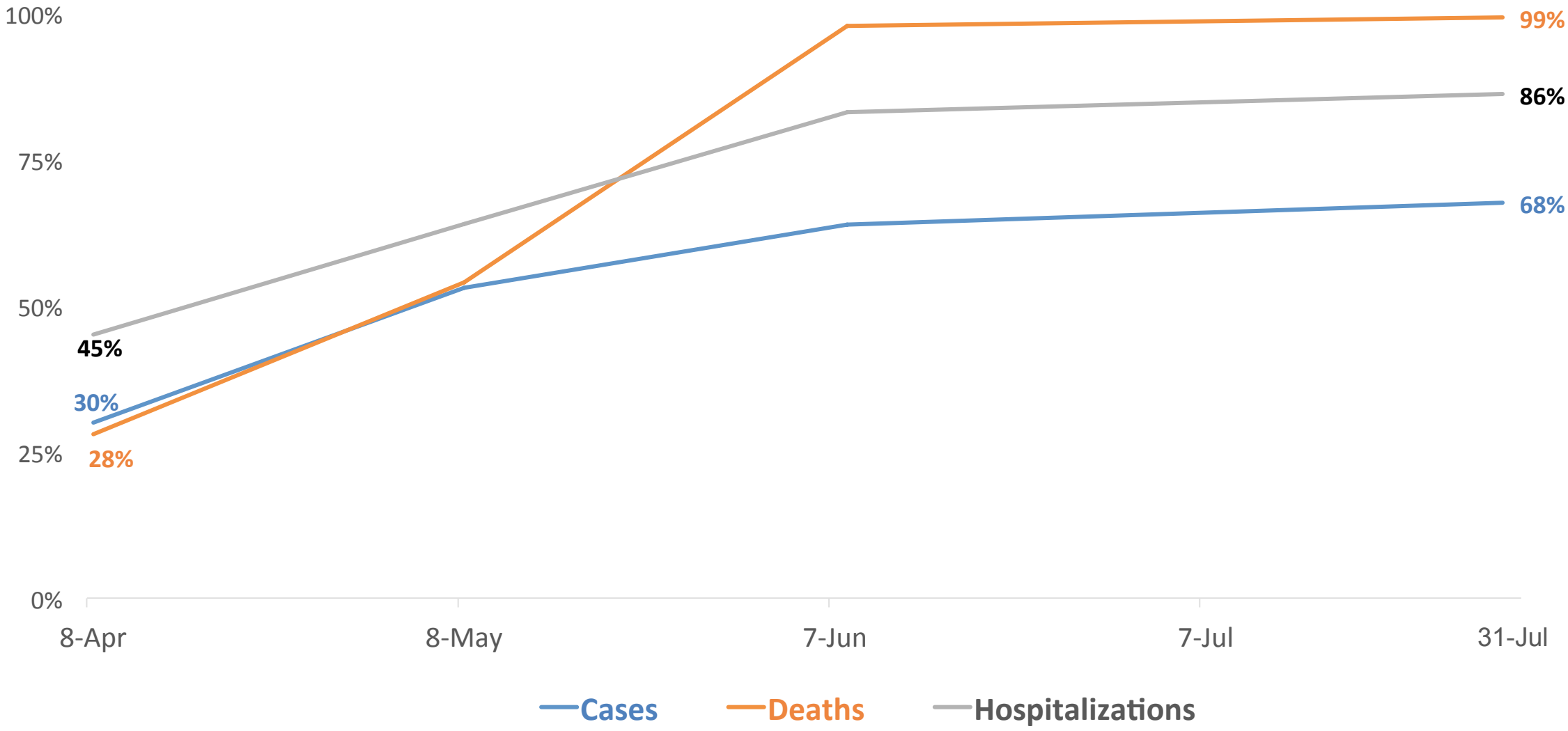
Total Deaths

● Hispanic ● Non-Hispanic Asian ● Non-Hispanic Black/African American ● Non-Hispanic Other ● Non-Hispanic White ● Unknown/Missing

Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; Demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital survey; Tables and Figures created by the Office of Population Health.

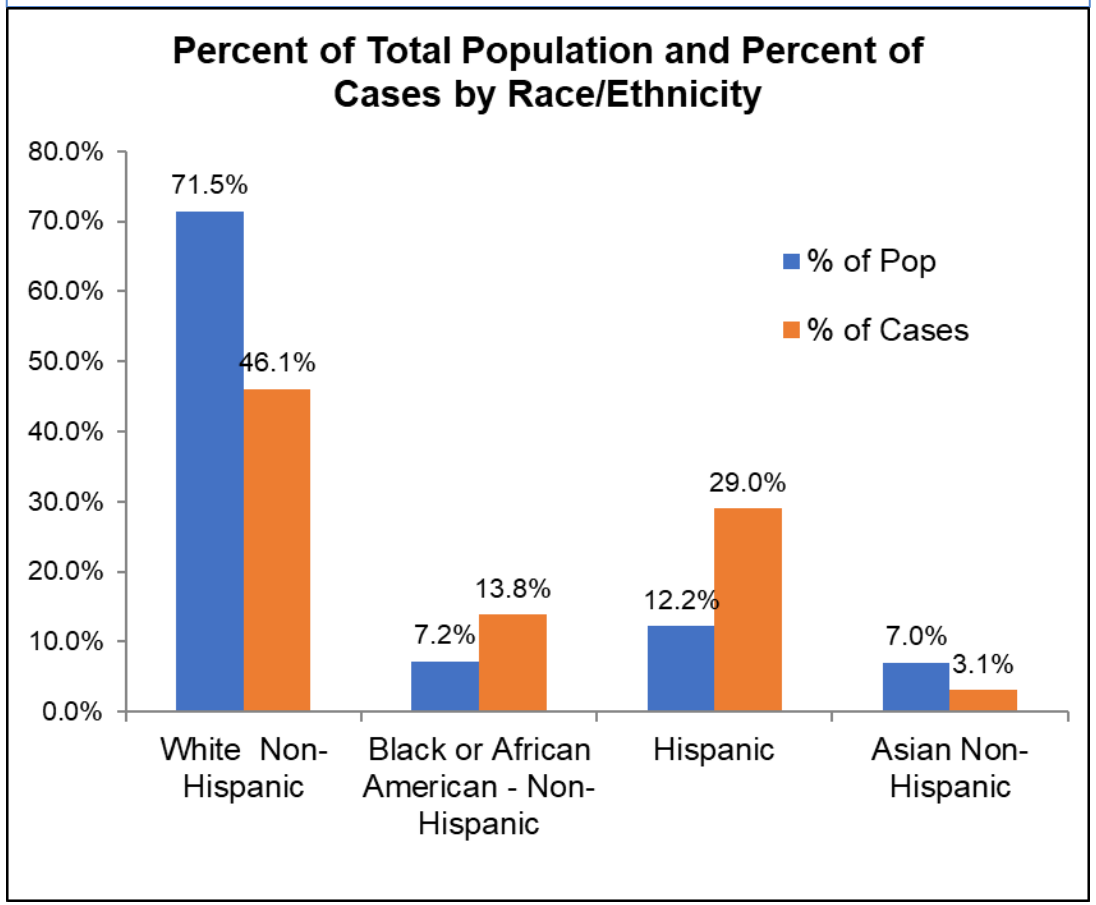
Note: all data are cumulative and current as of 10:00am on the date at the top of the page; *Hospitalization refers to status at any point in time, not necessarily the current status of the patient/demographic data on hospitalized patients collected retrospectively; analysis does not include all hospitalized patients and may not add up to data totals from hospital surveys. Includes both probable and confirmed cases.

Following the Executive Order on April 8th, race/ethnicity data reporting has improved for cases, deaths, and hospitalizations

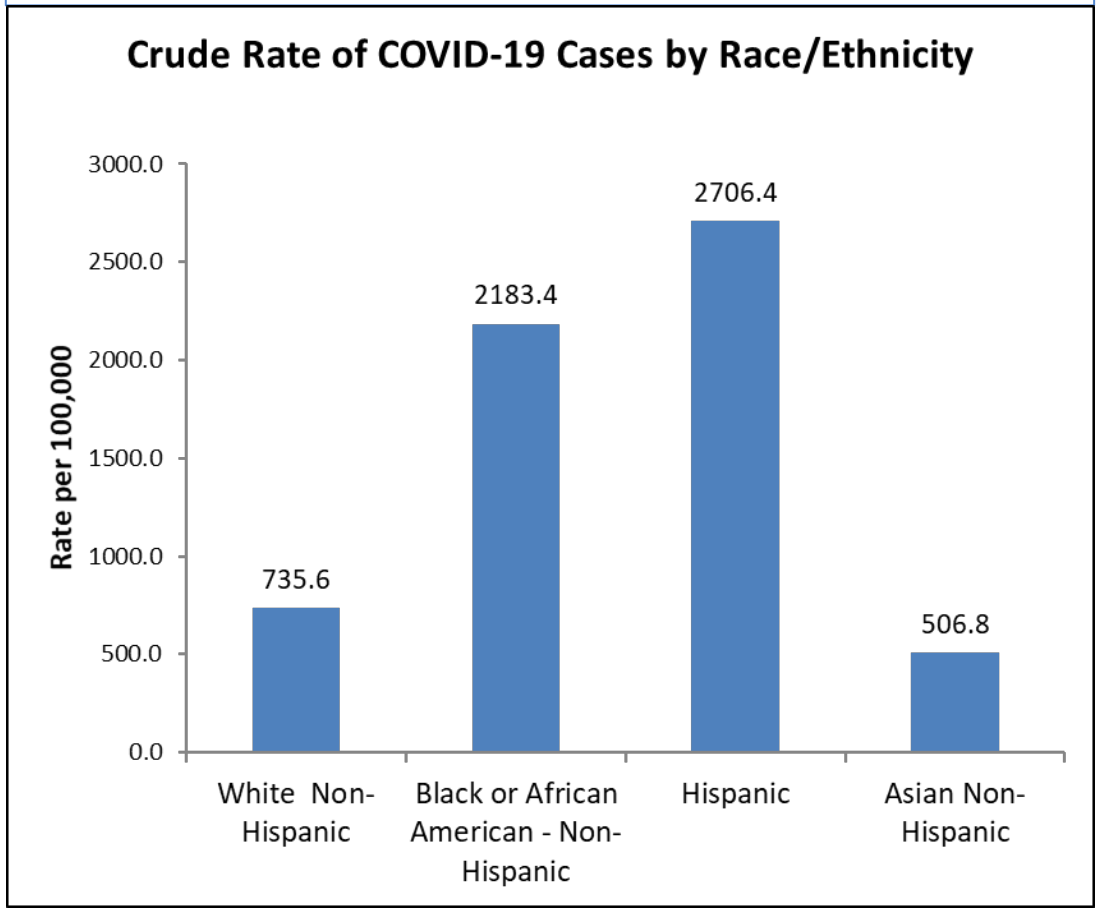


The Rate of Positive Cases is Highest for Black and Hispanic Residents

- Black non-Hispanics represent 7.2% of the MA population but about twice that proportion of cases at 13.8% of cases
- Hispanics represent 12.2% of the MA population but more than twice that proportion of cases at 29.0% of cases



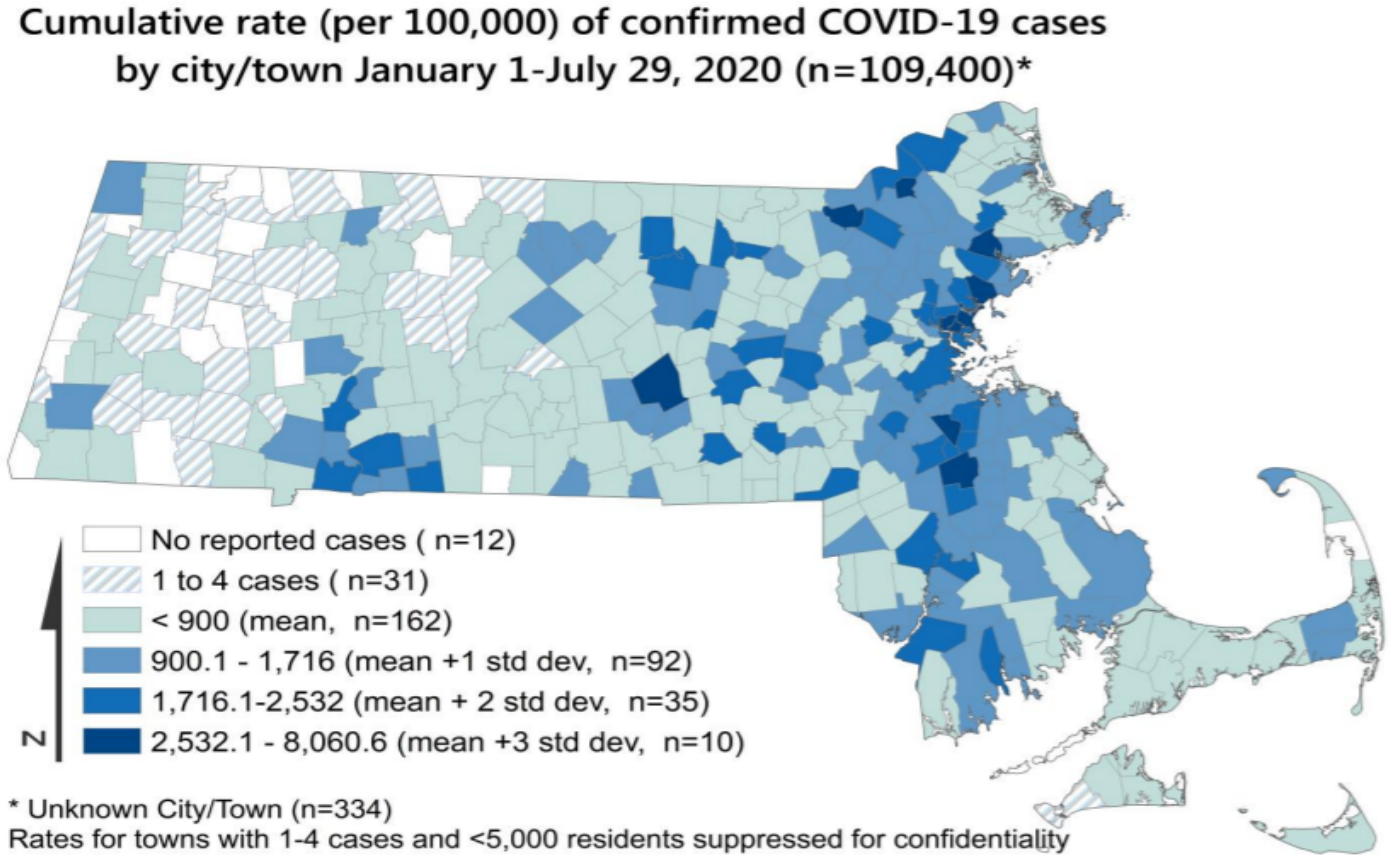
- The highest rates of positive cases are among Black non-Hispanics and Hispanics which are 3x higher than the rate for White non-Hispanics



Data as of 07/31/2020

Population denominators for rate calculations provided by UMass Donahue Inst. based on *Strate S, et al. Small Area Population Estimates for 2011 through 2020, published March 2020 (original report published Oct 2016)*

The Communities with Highest Case Rates are Primarily in High Density Population Areas

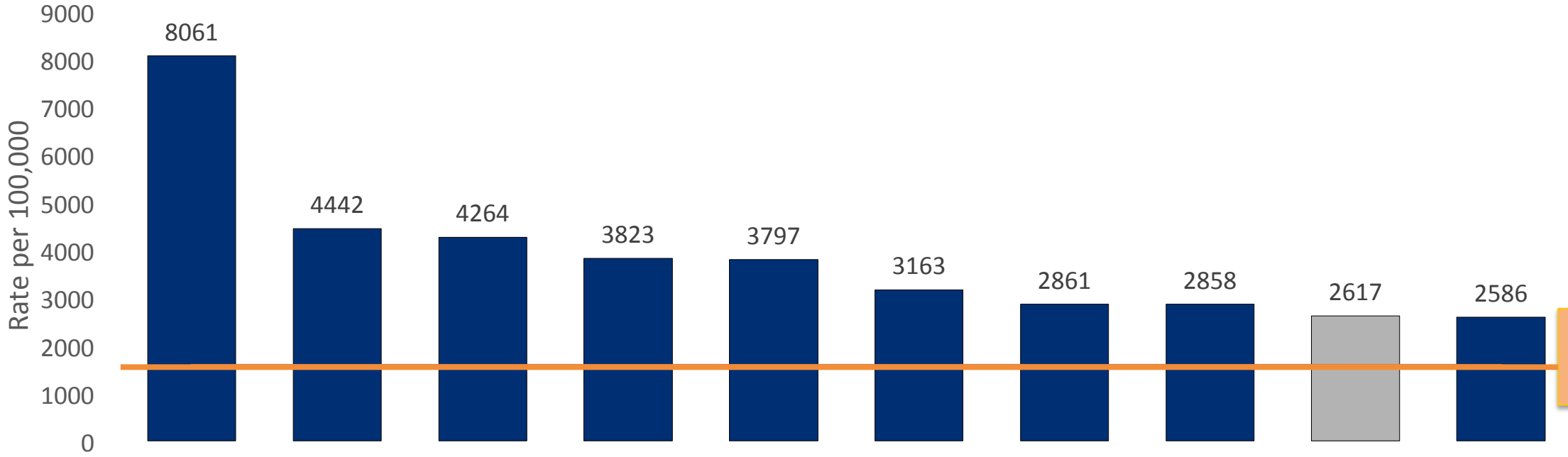


Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Map created by the Office of Population Health; Town Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health

- The ten communities with the highest cumulative rates of COVID-19 cases per 100,000 residents were: Chelsea, Brockton, Lawrence, Lynn, Everett, Revere, Randolph, Worcester, Danvers, and Lowell.

Cities with the Highest Rates of COVID-19 are Primarily Communities of Color

The ten communities with the highest rates of COVID-19 are shown below. The overall rate in MA of COVID-19 Cases is 1,565.9 per 100,000 people as of 07/30/2020. Almost all of these communities have high (>50%) percentage of residents who are people of color (shaded blue)

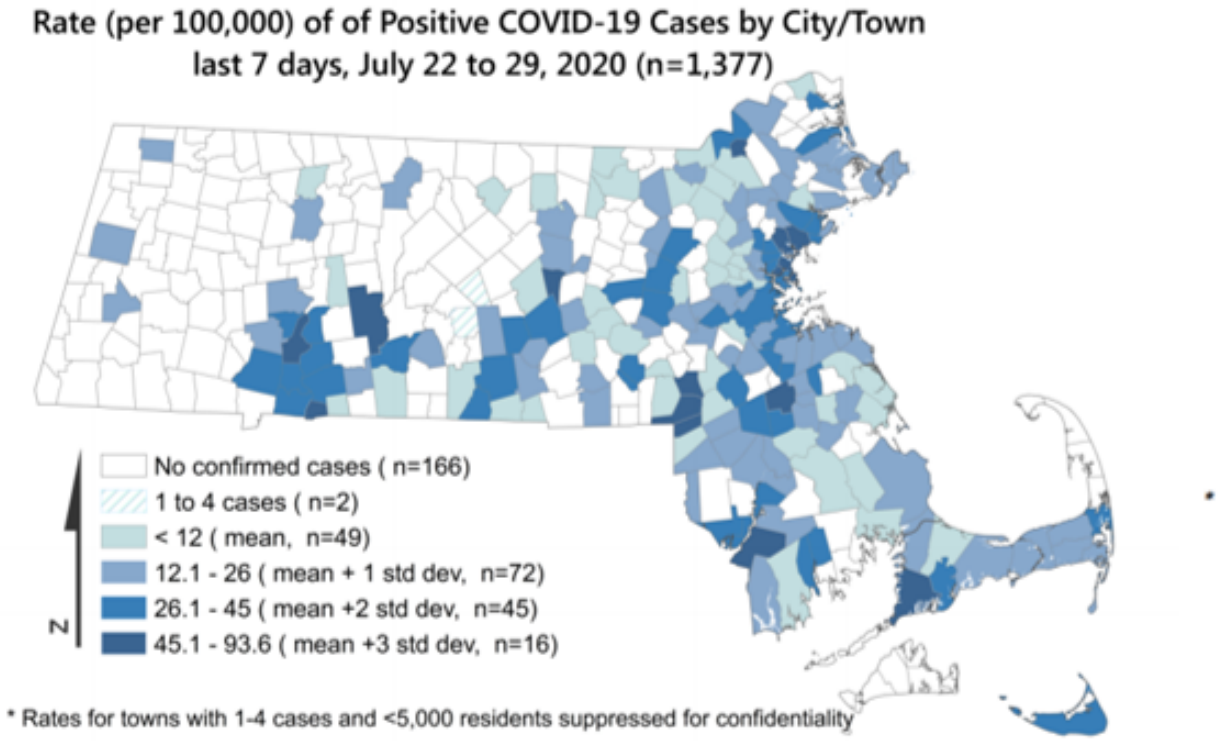


Town	Chelsea	Brockton	Lawrence	Lynn	Everett	Revere	Randolph	Worcester	Danvers	Lowell
Case Count	3036	4364	3760	3858	1843	1927	979	5483	747	3022
Percent of Residents who are People of Color	80%	68%	87%	66%	61%	52%	75%	51%	7.6%	55%

Population denominators for rate calculations provided by UMass Donahue Inst. based on Strate S, et al. Small Area Population Estimates for 2011 through 2020, published March 2020 (original report published Oct 2016)

State and Town-level COVID-19 data from 07/30

Communities with New Cases include those with High Cumulative Case Rates

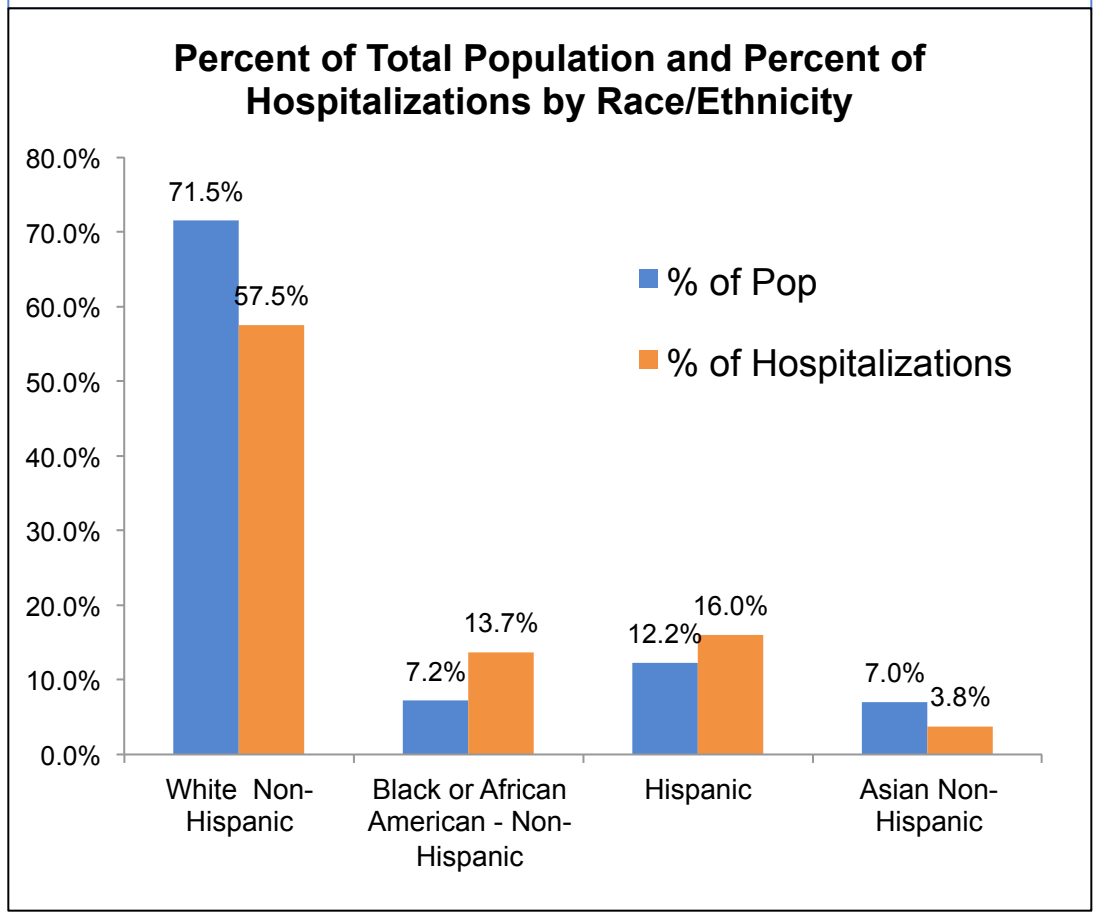


Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Map created by the Office of Population Health; Town Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health

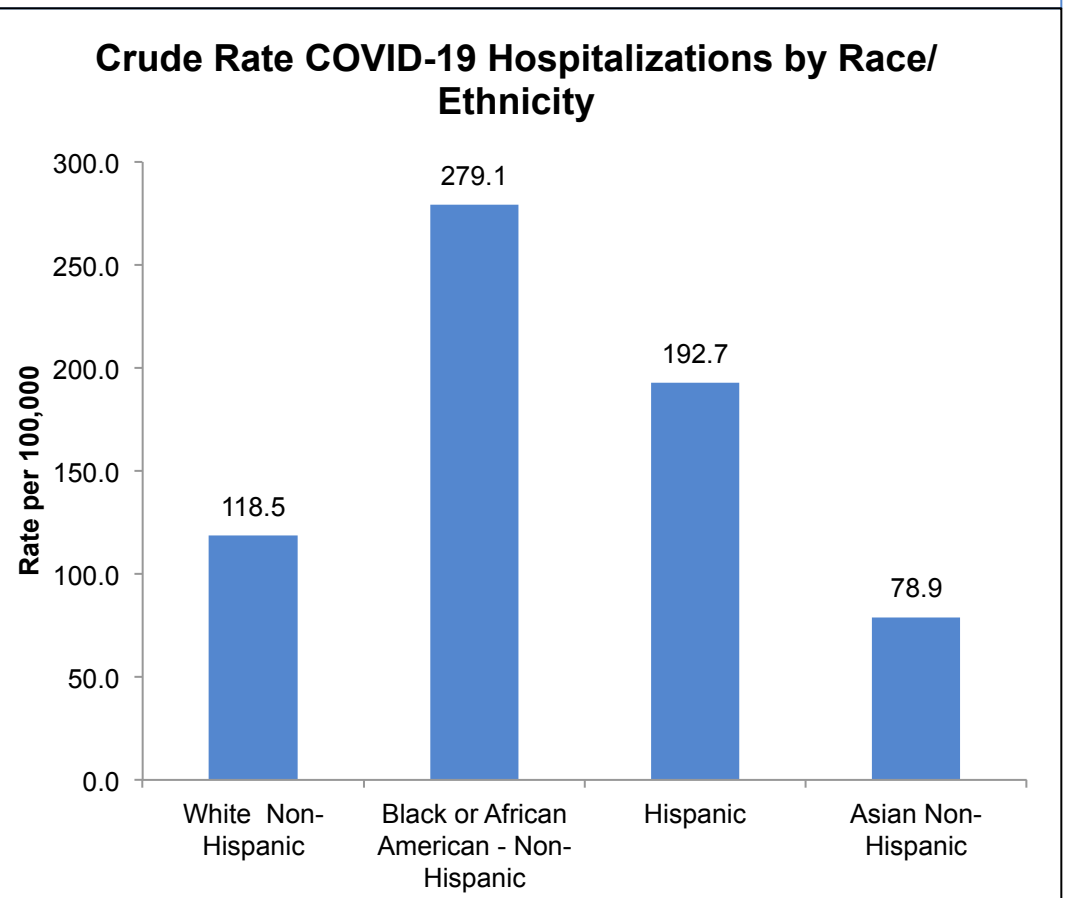
- From July 27th to July 29th the cities/towns with high cumulative case rates reported above state average rate of new cases, these include Chelsea, Lawrence, Lynn, and Revere.
- New communities with high weekly new case rates compared to the average new case rate are Wrentham, Falmouth, Plainville, Fall River, Norfolk, and Longmeadow

The Rate of Hospitalizations is Highest for Black and Hispanic Residents

- White non-Hispanics represent 71.5% of the population but only 57.5% of the hospitalizations, whereas the percentages of Black Non-Hispanic and Hispanics who are hospitalized are greater than their proportions in the population.



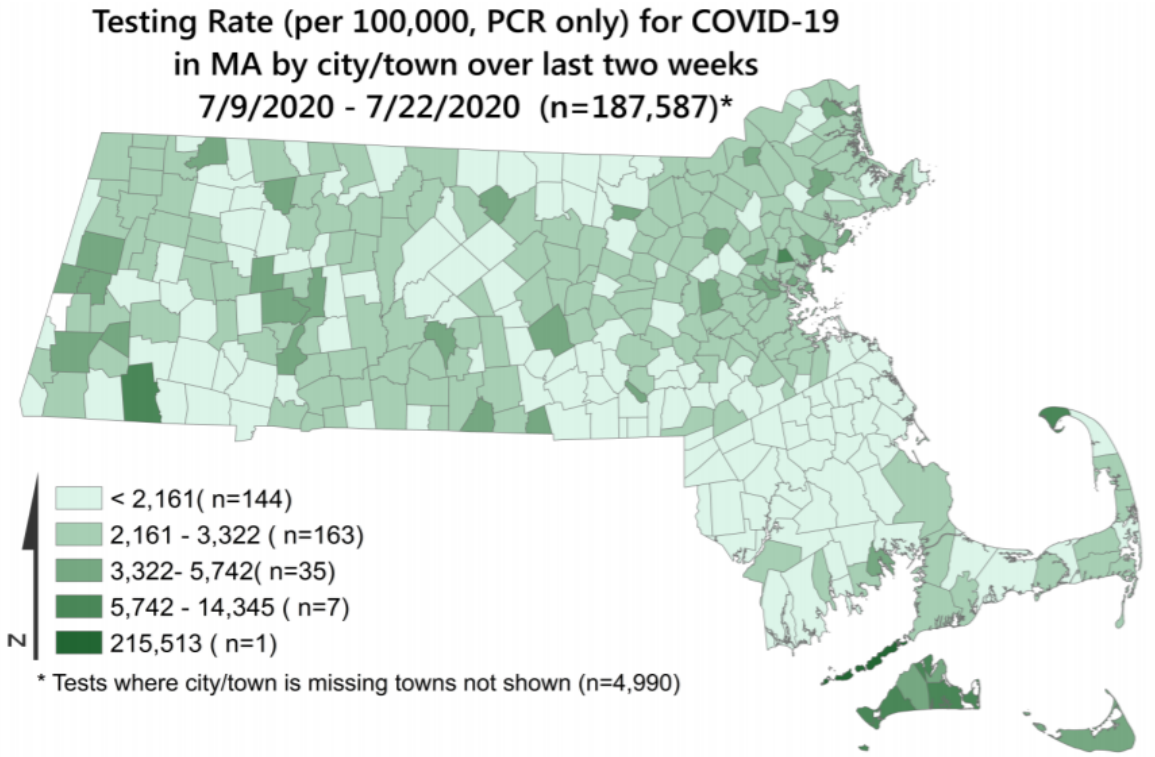
- The rate of hospitalizations for Black non-Hispanics and Hispanics is 2.4x and 1.6x higher (respectively) than for White non-Hispanics.



Data as of 07/31/2020

Population denominators for rate calculations provided by UMass Donahue Inst. based on *Strate S, et al. Small Area Population Estimates for 2011 through 2020, published March 2020 (original report published Oct 2016)*

Testing Rates are High in Many Communities with High Case Rates



Data Sources: COVID-19 Data provided by the Bureau of Infectious Disease and Laboratory Sciences; Map created by the Office of Population Health; Town Population Estimates 2011-2018: Small Area Population Estimates 2011-2020, version 2018, Massachusetts Department of Public Health, Bureau of Environmental Health

- Over the last two weeks there were 187,587 COVID-19 Molecular (PCR) Tests and the overall testing rate for MA was 2,692.6 per 100,000 residents.
- Ten towns with the highest testing rates for the last two weeks were: Aquinnah, Chilmark, Edgartown, Gosnold, Melrose, Provincetown, Sandisfield, Shelburne, Tisbury, and West Brookfield
- For the 10 communities with the highest case rates, the following had higher than the state testing rate over the past two weeks: Chelsea, Lawrence, Lynn, Everett, Revere, Worcester, Lowell

https://www.mass.gov/info-details/community-level-covid-19-data-reporting

Age-Specific Death Rates by Race/Ethnicity Reveal Inequities

- Age-specific death rates reveal that Hispanic, Black Non-Hispanic and Other Non-Hispanic residents have higher rates of death in every age group compared to White and Asian Non-Hispanic. This is most pronounced for age groups under 70. (Caveat: Some of the smaller counts can be unstable.)

	White Non-Hispanic		Hispanic		Black Non-Hispanic		Asian Non-Hispanic		Other[2] Non-Hispanic		Unknown
Age Group	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count
0-19 years	0	0	0	0	0	0	0	0	0	0	0
20-29 years	3	0.45	7	4.28	<5		<5		<5		0
30-39 years	13	2.16	11	8.35	*		0	0.00	<5		1
40-49 years	32	5.39	30	28.62	22	34.50	<5		<5		0
50-59 years	151	19.73	74	93.91	48	77.17	11	21.77	24	257.68	5
60-69 years	545	78.58	105	228.80	144	330.28	23	65.29	63	973.06	7
70-79 years	1369	330.15	140	630.49	178	839.75	52	287.17	111	3441.21	18
80+ years	4360	1687.44	234	2309.35	301	2682.61	130	1379.33	349	22660.20	26

1Data are current as of 07/31/2020 and are subject to change.
2Other includes individuals that identify as Native Hawaiian/Pacific Islander, American Indian/Alaskan Native, Multi-Race, and Other.
*Case counts are suppressed to prevent back calculations.
For populations <50,000 case counts, <5 cases are reported as such or are suppressed for confidentiality purposes. Rates are not calculated for suppressed counts.
Population denominators for rate calculations provided by UMass Donahue Inst. based on Strate S, et al. Small Area Population Estimates for 2011 through 2020, published March 2020 (original report published Oct 2016)

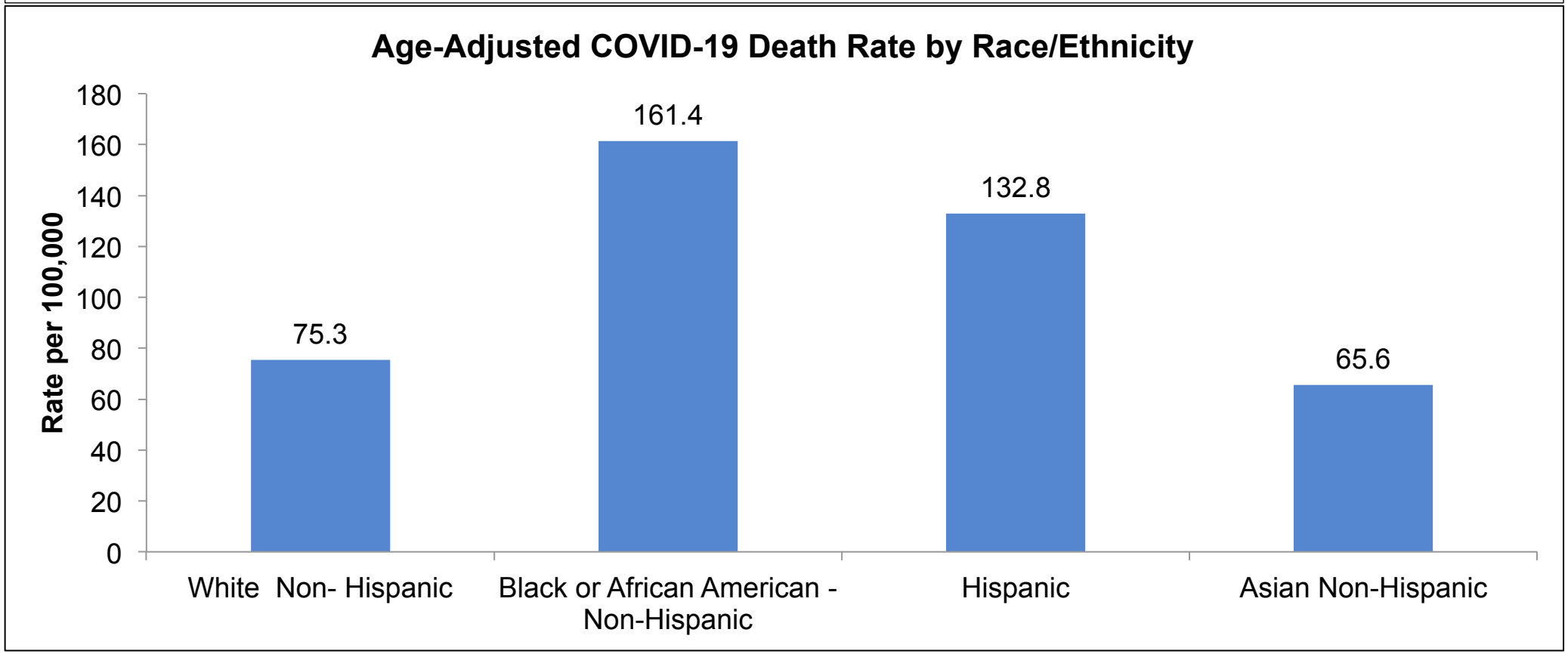
Rates are per 100,000 population. Age-adjusted to the 2000 US standard population. See weights used at: https://www.cdc.gov/nchs/data/statnt/statnt20.pdf

Data as of 07/31/2020

Count and Rate (per 100,000) of Reported Deaths among COVID-19 Confirmed and Probable Cases by Race and Ethnicity and Age Group in MA[1] (N=8609)

Age-Adjusted Death Rates by Race/Ethnicity Reveal Inequities

- The age-adjusted death rate is highest for Black residents, at 161.4 deaths/100,000
- Age-adjusted death rates are recommended for comparisons among race groups given differences in the underlying age distribution of the MA population by race, and differences in COVID-19 death trends by age



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Rates are per 100,000 population. Age-adjusted to the 2000 US standard population. See weights used at: https://www.cdc.gov/nchs/data/statnt/statnt20.pdf

Count and Rate (per 100,000) of Reported Deaths among COVID-19 Confirmed and Probable Cases by Race and Ethnicity and Age Group in MA (N= 8054). Data are current as of 07/31/2020 and are subject to change.

Archive of Chapter 93 COVID-19 Data

Reports from the Massachusetts Department of Public Health (DPH)

These data are posted in response to Chapter 93 of the Acts of 2020, and includes testing, case, and death data and relevant demographics. The reports began July 1, 2020.

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  - Chapter 93 State Numbers Daily Report - August 18, 2020
  - Chapter 93 County Correctional Facilities Daily Report - August 18, 2020
- August 17
  - Chapter 93 Elder Facilities Daily Report - August 17, 2020 (self-reported data)
  - Chapter 93 State Numbers Daily Report - August 17, 2020

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COVID-19 Response Reporting →

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Archive of EOHHS COVID-19 Reporting →

https://www.mass.gov/info-details/archive-of-chapter-93-covid-19-data#august-2020-

DPH COVID-19 HEALTH EQUITY ADVISORY GROUP

DPH COVID-19 Health Equity Advisory Group

- The Commissioner convened the Health Equity Advisory Group to advise on the needs of communities and populations disproportionately impacted by the COVID-19 pandemic.
- The group generated recommendations on a COVID-19 pandemic response informed by a health equity lens to ensure equitable access to resources and services, and prevent inequities and disproportionate negative outcomes.
- The 26 Health Equity Advisory Group members represent a cross-sector of community leaders and health and racial equity experts.
- Members worked across four areas to develop recommendations:
    - Data and Metrics
    - COVID-19 Mitigation
    - Community Engagement and Support
    - Social Determinants of Health

Principles Underlying

As part of the development of these recommendations, the Health Equity Advisory Group Social Determinants of Health Subcommittee developed the following principles:

- Acknowledging the fundamental role of racism, xenophobia and lack of economic opportunity as causes of inequitable outcomes;
- acknowledging the role of root causes even if addressing a more immediate and urgent need; at a minimum, ensuring that immediate mitigations are implemented in a way that does not perpetuate inequities and does more than provide a service that alone does not work to change the condition leading to the inequity;
- identifying actions that can have measurable impact and/or where we can demonstrate what success looks like;
- these actions are intended to challenge existing systems that are not working.

Social Determinants of Health

	Recommendations
Housing Stability	• Implement policies that increases housing stability
Economic Mobility	• Develop pathways to financial freedom to prevent further disparities and that support economic mobility

Community Engagement & Support

	Recommendations
Multilingual Messaging	Prioritize investment in multilingual outreach to communities most critically impacted by COVID-19 regarding testing, protection at home and workplace, and how to access state assistance programs and resources available
Engaging the Community	Plan and implement strategy for the active engagement and representation of existing anchor organizations in the communities in decision-making processes related to COVID-19 response and recovery Develop pathways for foreign-trained medical professionals to practice
Partnership	Develop and expand public and private partnerships with community health centers, local governments, other state agencies, quasi-state agencies (e.g. MBTA) and philanthropic organizations

COVID-19 Mitigation Subcommittee

	Recommendations
Access to PPE	• Ensure equitable distribution of personal protective equipment (PPE) to essential workers, residents in professions most at-risk, and communities with high rates of infection
Housing Stability	• Understand housing instability in response to needs raised by COVID-19
Culturally Appropriate Workforce	• Create strategic guidance to intentionally recruit diverse, culturally intelligent workforce, including for contact tracing, tracking cases, and other workforce needs
Access to Care	• Work to ensure all populations have equitable access to culturally appropriate and needed therapies, vaccines, trials, and other necessary medical care • Develop pathways for foreign-trained medical professionals to practice
System Coordination	• Create coordinated effort across healthcare providers and other relevant stakeholders to streamline efforts regarding mitigation and surge
Community Safety	• Monitor enforcement of COVID-19 guidance to avoid over-policing in disenfranchised communities and increasing inequities

Data and Metrics Subcommittee

	Recommendations
Public Health COVID-19 Indicators	**Report indicators disaggregated across vulnerable and marginalized populations** to ensure resource distribution is equitable and culturally/ linguistically appropriate
'Safer at Home' advisory	**Track ability to work from home across vulnerable and marginalized populations** to ensure resources ($, PPE, testing, etc.) are geared towards these populations
Caring for Children	**Track childcare providers re-opening by diverse ownership** to ensure equal opportunity for minority-owned businesses and increased support to meet safety protocols **Track access to childcare across vulnerable and marginalized populations** to ensure equitable childcare access for workers required to return
Transit	**Track ridership in "hot spot" transit areas** to ensure vulnerable and marginalized communities are not subject to increased exposure due to crowded transit

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