Health Equity Task Force

September 29, 2020 Meeting

Welcome

This is the fifth meeting of the legislative task force established by Chapter 93 of the Acts of 2020 (referred to as the "Health Equity Task Force") to study and make recommendations to the General Court that address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location, including, but not limited to, gateway cities with hospitals dedicated to caring for patients who test positive for COVID-19, and age in the commonwealth during the COVID-19 pandemic.

Agenda

<u>Description:</u> This meeting will feature important presentations and dialogue with leaders from Chelsea and the Black Boston COVID-19 Coalition. Then, a strategic discussion will follow based on preliminary findings and emerging FY 2021 state budget and policy priority areas for consideration.

- 1. Welcome and Introductions of Task Force Members (& Approval of September 18 Meeting Minutes)
- 2. Presentations and Dialogue with the Chelsea Collaborative and Chelsea City Manager
- 3. Presentation and Dialogue with Black Boston COVID-19 Coalition
- 4. Strategic Discussion of Preliminary Findings and FY 2021 State Budget Policy Priority Areas for Consideration
- 5. Open Discussion & Next Steps

Health Equity Task Force Members

Senate Appointees

Senator Sonia Chang-Diaz

Senator Julian Cyr

Task Force Co-Chair, Michael Curry, Esq., Deputy CEO and General Counsel at Massachusetts League of Community Health Centers

Dr. Milagros Abreu, Executive Director, President and Founder of The Latino Health Insurance Program **Dr. Cassandra Pierre**, infectious diseases physician and Assistant Professor of Medicine at Boston University **Dr. Frank Robinson**, Vice President, Public Health and

Hirak Shah, Legal Counsel for Senate Minority Leader

Community Relations, Baystate Health

Bruce Tarr

House Appointees

Representative Chynah Tyler

Representative José F. Tosado

Task Force Co-Chair, Dr. Assaad Sayah, CEO, Cambridge Health Alliance; Commissioner of Public Health, City of Cambridge; Assistant Professor, Harvard Medical School

Dr. Kiame Mahaniah, CEO, Lynn Community Health Center

Dr. Myechia Minter-Jordan, President & CEO, DentaQuest Partnership for Oral Health Advancement and Catalyst Institute

Jeffrey Sanchez, Lecturer, Center for Public Health Leadership, TH Chan School of Public Health; Senior

Advisor, Rasky Partners

Beverly Stables, Health Care Policy Analyst for House

Minority Leader Bradley H. Jones, Jr.

Chair of the MA Black and Latino Legislative Caucus

Representative Carlos González

Chair of the MA Asian-American Legislative Caucus

Representative Donald H. Wong

Presentations and Dialogue

4:05 - 4:30 PM

Chelsea Collaborative
Executive Director, Gladys
Vega

Chelsea City Manager
Tom Ambrosino

Presentation and Dialogue

4:30 - 4:55 PM

Black Boston COVID-19 Coalition: Dr. Atyia Martin, CEM

Strategic Discussion

- Thank you to Task Force Members for taking the lead on sections of the Health Equity Task Force's charge.
- This is highly valuable and collaborative work, which we hope will continue as we work toward the comprehensive Final Report.
- In today's meeting, we will have a strategic discussion of emerging areas of consideration for State Fiscal Year 2021 budget and policy priority, which will be the focus of our planned October Summary Report.
- Now, we invite each Team to take <u>5 minutes</u> to share an overview (slides).
- Then, we will follow with an overarching discussion on the priorities which may fall into several categories: new funding, continued or enhanced funding, and policy areas.

Strategic Discussion of Emerging SFY 2021 State Budget and Policy Priorities for Interim "Summary" Report

Charge 1: Improve Safety for Populations at Increased Risk for COVID-19

- **❖** State-Federal Emergency Paid Sick Leave
- Isolation Housing/Hotels
- Inmates & Decarceration of Mentally III

Charge 2: Remove Barriers and Increase Access to

Quality and Equitable Health Care Services

- Telehealth parity and coverage
- MassHealth eligibility and benefits

Charge 3: Increase Access to Medical Supplies

- Bulk/Group Purchasing/Technical Assistance
 - Insurer Assistance re: Medical Supplies

Charge 4: Increase Access to Testing

- Expand and Extend Stop the Spread Initiatives through state FY21- FY22
- Enhanced contact tracing and coordination with supportive wrap-around services
- Statewide Surveillance testing

Charge 5: Provide Info Materials to Underserved/ Underrepresented Populations in Multiple

- <u>Languages</u>
 - Local CBO-Municipalities Outreach Partnership and Grants; Outreach to Businesses
 - Language Access Plans

Charge 6: Address Any Other Relevant Factors to

Address Health Disparities

- Housing Assistance and Eviction/Foreclosure Prevention
- **❖** Food Resources/Special Populations

Charge 7: Areas of Further Study re: Impact of

Populations For continuing work toward Final Report

Charge 8: Other Areas of Recommendations

- ❖ Funds for Local Public Health COVID-19 & Health Equity Efforts
- Data and Reporting for Health Equity Informed COVID-19 Efforts

1. Improve Safety for Populations at Increased Risk for COVID-19

Task Force Member Leads: Dr. Cassandra Pierre, Rep. Donald Wong, Rep. Chynah Tyler What policy actions are needed to improve safety for populations at increased risk for COVID-19, including but not limited to:

Task Force Charge #1 State-Federal Emergency (uncovered)

Emerging FY21 State Budget and Policy Recommendations

- Consider state-federal funded program for emergency (uncovered) paid sick leave relative to COVID-19.
- Review gaps in emergency paid sick leave benefits relative to COVID-19 overall and for essential workers, including those employed by small businesses.
- Isolation
 Housing re:
 COVID-19;
 Support for
 Temporary
 NonCongregate

Settings

Paid Sick

Leave Fund

- State-supported no-cost isolation/quarantine facilities for residents of communities disproportionately affected by COVID-19, essential service workers and potentially persons at risk for homelessness. Could also include a second program for a universal fair hotel rate (potentially sliding scale by worker income level).
- Identify locations for temporary non-congregate housing for elderly or vulnerable individuals (medical/mental health) experiencing needs or housing insecurity.

1.Improve Safety for Populations at Increased Risk for COVID-19

Task Force Charge #1	Emerging FY21 State Budget and Policy Recommendations
Inmates and Persons with Mental Illness in the Justice System	 Explore early release options for non-violent, inmate populations at risk for COVID-19 ("elderly and infirm") and those slated for release within the next 6 months. More research needed on potential cases. Decarceration (and treatment) for mental illness.
Additional Areas	 The work group intends to focus on many additional areas based on its broad charge to improve the safety of populations at increased risk for COVID-19 in the Final Report. The work group believes an independent Equity Office should be established to work across all multi-disciplinary areas and monitor and support equity initiatives, including the accepted Health Equity Task Force recommendations.

2. Remove Barriers and Increase Access to Quality and Equitable Health Care Services and Treatment

Task Force Member Leads: Dr. Kiame Mahaniah and Beverly Stables What policy actions are needed to remove barriers and increase access to quality and equitable health care services and treatment? Task Force Charge #2 Emerging FY21 State Budget and Policy Recommendations	
MassHealth Access; SNAP Common Application; & Free Testing/ Vaccination	 Continuation of expanded eligibility and benefits, including comprehensive retroactive coverage Decrease cost-sharing of prescription drugs Common application for MassHealth and SNAP Expansion of free testing sites, flu and vaccinations

2. Remove Barriers and Increase Access to Quality and Equitable Health Care Services and Treatment

Task Force Charge #2	Emerging FY21 State Budget and Policy Recommendations
Additional Areas	 Direct DPH to facilitate state-wide cross-sector and cross-institutional pandemic response efforts Improve Crisis Standards of Care by encouraging testimony from underserved communities (specifically those with disabilities and mental health conditions) Expand PACE program coverage (model that emphasizes non-institutional settings with improved prevention relative to COVID-19) Improve data collection, best practice sharing and require statewide "after action" report

3. Increase Access to Medical Supplies

Task Force Member Leads: Dr. Myechia Minter-Jordan and Hirak Shah What policy actions are needed to increase access to medical supplies?

Task Force Charge #3	Emerging FY21 State Budget and Policy Recommendations	
Increase Access to Medical Supplies	 Municipal, state, or other entity to bulk purchase and/or negotiate a group rate for medical supplies/PPE. Could include essential services businesse and consider sliding scale. Operation Services Division to maintain and provide a list of approved vendors for PPE and other medical supplies. Technical assistance to organizations in procuring and conserving PPE, including any needed training regarding infection control practices. 	

- state, or other entity to bulk purchase and/or negotiate a group lical supplies/PPE. Could include essential services businesses
- ervices Division to maintain and provide a list of approved PPE and other medical supplies.
 - ssistance to organizations in procuring and conserving PPE, including any needed training regarding infection control practices.
- Equitable access to testing supplies, treatments, and ultimately vaccines.

Insurer Assistance in Securing Medical Supplies Require Division of Insurance and MassHealth to issue guidance to insurers so that Members with disabilities or chronic conditions have sufficient access to medical supplies in shortage due to COVID-19 (example: ventilator-dependent individuals in home/community setting compete for supplies in shortage).

4. Increase Access to Testing for COVID-19

Task Force Member Leads: Dr. Frank Robinson and Dr. Cassandra Pierre
What policy actions are needed to increase access to testing for COVID-19, including identifying ways to ensure that testing occurs in diverse geographic locations throughout the Commonwealth?

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Task Force Charge #4	Emerging FY21 State Budget and Policy Recommendations
Expand and Extend Stop the Spread Initiatives in SFY 21 - 22	Expand and extend Stop the Spread through SFY 21 -22. Culturally and linguistically responsive initiatives in all yellow/moderate and red/severe COVID-19 areas (including at the neighborhood/census tract level) with emphasis on free asymptomatic testing for highly impacted, diverse, and low-to-moderate income populations, essential workers, and congregate settings/high density housing. Incorporate innovative testing modalities (drive/walk-through and mobile testing).
Enhanced Contact Tracing	Expand and enhance contact tracing capacity in both local departments of health and through the PIH effort. Include mechanisms to link people to supportive wraparound services (food security, housing stability, access to PPE, employment assistance, transportation issues). Prioritize rapid notification of potential exposure and facilitate linkage to local testing for medically vulnerable populations.

4. Increase Access to Testing for COVID-19

Task Force Charge #4	Emerging FY21 State Budget and Policy Recommendations
Establish Statewide Surveillance Testing	Establish statewide surveillance testing program, that is representative of the population and includes populations at high-risk, those in congregate settings (long-term care, public and densely populations housing, group homes, etc.), and essential services workers inclusive of urban, suburban, and rural settings.
Additional Areas	Work with DPH to disseminate consistent COVID-19 testing requirements for entry to congregate settings (homeless shelters, long-term care, group settings,etc)

5. Informational Materials to Underserved and Underrepresented **Populations in Multiple Languages**

Task Force Member Leads: Dr. Milagros Abreu, Rep. Donald H. Wong, Rep. Jose F. Tosado*

What are recommendations to provide informational materials to underserved and underrepresented populations

in multiple languages on available and affordable health care resources in the Commonwealth, including, but not limited to, prevention, testing, treatment, and recovery?	
Task Force Charge	Emerging FY21 State Budget and Policy Recommendations

#5 **State Messaging** State campaign announcing the availability of no-cost testing and treatment

- racial/ethnic media, and public service announcements. Outreach information is culturally and linguistically appropriate and addresses areas of common misconceptions and fear about accessing testing, treatment and recovery services. Evaluate & incorporate best practices from effective community-based initiatives underway.
- Language access plans for state agencies that provide public services to make their websites and call centers accessible to non-English speakers at a

for COVID-19, regardless of immigration status, with the participation of

Continue funding Stop the Spread Program and expand it to additional cities,

Campaign

Plans

- **Culturally and** Linguistically **Responsive Materials** Language Access
- **Continue/Expand Stop** literacy level for Limited English Proficiency populations. the Spread Initiatives towns, and neighborhoods at high risk for COVID-19.

5. Informational Materials to Underserved and Underrepresented Populations in Multiple Languages

Task Force Charge #5	Emerging FY21 State Budget and Policy Recommendations
Partnership with Community- Based Organizations Outreach to Employers, including Small Businesses and Chambers of Commerce	 Grant funding initiative for community outreach through trusted local community-based organizations, that are sources of information in their cities and towns, and able to conduct the recommended outreach and education campaigns to reduce the spread of COVID-19. Genuine partnership between state and community organizations is the least expensive approach to engage diverse, immigrant and refugee populations inn COVID-19 initiatives. Through outreach, CBOs and local Boards of Health can increase access to testing, contact tracing, and connections to treatment and local resources using newly developed outreach materials and statewide public campaigns. Outreach to employers (small businesses and chambers of commerce) on the rationale and technical assistance regarding the recommended local public health guidelines to reduce the spread of COVID-19.
Incorporate Other Public Health Messages	 Incorporate other health education and linkages to screening and control of diabetes, hypertension, asthma, and cancer for residents. It is important to manage chronic conditions and reduce disease burden, which have been associated with COVID-19 risk.

6. Other Relevant Factors to Address Health Disparities

Task Force Member Leads: Michael Curry, Sen. Sonia Chang-Diaz, Dr. Frank Robinson What are recommendations to address any other factor the Task Force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the Commonwealth during COVID-19 pandemic?

Task Force Charge #6	sk Force Charge #6 Emerging FY21 State Budget and Policy Recommendations	
Housing Funds for Eviction and Foreclosure Prevention; Extension of eviction moratorium until 2022	 State-Federal (FEMA/CARES Act) Funds for eviction and foreclosure prevention S.2785 An Act promoting housing stability and homelessness prevention through a right to counsel pilot program in Massachusetts in response to the COVID-emergency H.4878/S.2831 An Act to Guarantee Housing stability During the COVID-19 Emergency and Recovery 	
Food Insecurity Expand access to SNAP benefits and close the SNAP GAP through a common application portal with MassHealth	 State budget funding for food banks, food security programs, and expanded access to SNAP benefits and potential other programs S.678 - An Act improving public health through a common application for core food, health and safety-net programs H. 1173 - An Act improving public health through a common application for core food, health and safety-net programs. 	

6. Other Relevant Factors to Address Health Disparities

Task Force Member Leads: Michael Curry, Sen. Sonia Chang-Diaz, Dr. Frank Robinson What are recommendations to address any other factor the Task Force deems relevant to address health disparities for underserved or underrepresented populations based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age in the Commonwealth during COVID-19 pandemic?

Task Force Charge #6	Emerging FY21 State Budget and Policy Recommendations
Special Populations Ensure testing program does	Potential consideration of a range of policy areas for state budget consideration.
not require an ID to prevent fear of deportation from stopping people from	H.3573/S.1401- An Act to Protect the Civil Rights and Safety of All Massachusetts Residents
receiving services Increase the state EITC from	"Everyone Needs ID" bill- H.3066/S.2576 An Act to Provide Identification to Homeless Youth and Families
30% to 50% of the value of	S.2641- An Act Relative to Work and Family Mobility
the federal EITC and Increase stagnant welfare benefits	S.1646/ H.2434 – An Act improving the earned income credit for working families

7. Recommendations for Further Study of the Impact of Disparities on Populations

Task Force Member Leads: Hirak Shah, Senator Julian Cyr, and others As part of its recommendations, the Task Force *may* recommend the further study of the impact of disparities on populations <u>not</u> subject to this study.

study of the impact of disparities on populations not subject to this study.	
Task Force Charge #7	Emerging FY21 State Budget and Policy Recommendations
Areas of Further Study	 The work group met to review the testimony and is considering areas of further study for the Final Report. An After Action Report was recommended in testimony and is referenced in the Task Force's primary work (Sections 2 and 8). Shared recommendations that are incorporated in Section 8 for sexual orientation and gender identify data collection and reporting in real-time.

8. Other Areas of Recommendations Determined by Task Force

Task Force Member Leads: Dr. Assaad Sayah, Jeffrey Sanchez and Representative Carlos Gonzalez*

Emerging FY21 State Budget and Policy Recommendations Financial support for in-need Local Public Health Departments for COVID-19 and **Support for** related health equity efforts, including but not limited to needs for adequate staff **Local Public** capacity and a culturally appropriate public health workforce, including outreach Health workers and contact tracers. **COVID-19 &** Ensuring that less-resourced communities can secure needed supports for **Health Equity** impacted residents, such as safe housing, food, and financial assistance; **Efforts** Providing technical assistance for municipalities seeking to build relationships and networks among impacted groups; Producing community engagement and interventions guidance for health departments based on existing best practices; **Encouraging local municipalities to form an advisory structure** so that residents experiencing the greatest impacts of COVID-19 are full partners in informing the response efforts in their communities.

8. Other Areas of Recommendations Determined by Task Force

	Emerging FY21 State Budget and Policy Recommendations
Advance Data Collection and Reporting to Inform Public Health Efforts and Equitable Response	 Building on progress, the Task Force recommends that existing dashboards be expanded to include more real-time and actionable COVID-19 data, which residents, employers, and local governments could use to inform decision-making and protect the safety (including prevention) of all residents including those at greater risk for disproportionate impacts of COVID-19. Recommend further data collection/reporting: Race/ethnicity/language [ethnicity and language data are needed, as the racial categories do not provide information on the specific populations]; COVID-19 outbreaks by location (including workplaces); common types of exposures; occupation; disability; sexual orientation and gender identity (SOGI), Insert other requested data elements. Require necessary data elements collected at the point of testing/point of care with the patient. Train contract tracers to collect key missing data elements.
Additional Areas	Equitable Vaccination, Equity Review and Stakeholder Process re: Crisis Standards of Care, After-Action COVID-19 Report, State Structures to Facilitate Cross-Sector/ Cross-Organizational Pandemic Response

Open Discussion & Next Steps

Strategic Discussion of FY 2021 Emerging State Budget and Policy Priorities

Focus on Overarching Priorities (new funds, continuing funding, and policy areas)

Next Steps

 October Summary Report (emphasizing work to-date and emerging FY21 State Budget and Policy Priorities). Additional October Meeting to Approve Report may be needed.

Already Scheduled Meetings (10:30 - Noon): October 7, 28 ** November 11, 18 ** December 2, 16

Additional Information & Future Presentations Please let us know of interests.

- Official EOHHS/COVID-19 Command Center and DPH Office of Health Equity Requests Coordinated by Co-Chairs
- Future Presentations