



# Meeting of the Massachusetts Legislature's Health Equity Task Force



## Snapshot of State Approaches to Address Health Equity

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# NASHP Mission: Helping Leaders Lead



- ✓ Non-partisan, non-membership organization
- ✓ Supported by Academy of diverse cross-agency state leaders
- ✓ Organizational expertise in:
  - Medicaid
  - Population and Public Health
  - Children and Families
  - Behavioral Health and Chronic Care
  - Access and Eligibility
  - Cross-sector state innovation and reform
- ✓ NASHP core functions:
  - Convene state health policy leaders
  - Identify solutions
  - Disseminate innovations

## Snapshot of state approaches

- State equity response teams and task forces- COVID-19 and beyond
  - Looking internally
  - Engaging communities
- Embedding equity in workforce, data, financing strategies
  - Contact tracing
  - Community benefit
  - Medicaid
  - Data collection

# How States Collect Data, Report, and Act on COVID-19 Racial and Ethnic Disparities

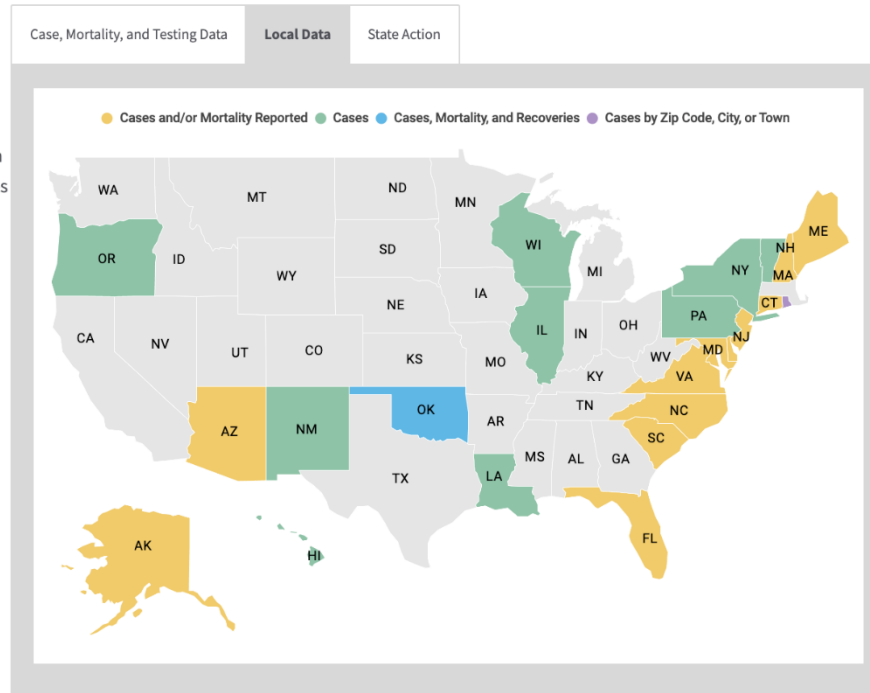


## How States Collect Data, Report, and Act on COVID-19 Racial and Ethnic Disparities

Updated October 12, 2020

The racial **inequities** exposed by COVID-19's case\* and death rate data gives states opportunities to target their responses and address inequities in communities most impacted. This chart details which states are reporting case, mortality, and testing data by race and ethnicity on a state, zip code, or community level, and what initiatives they are taking to address race and health inequities. Read this NASHP blog, [States Launch Initiatives to Address Racial Inequities Highlighted by COVID-19](#), to learn what their approaches have in common.

For more information, contact Elinor Higgins at [EHiggins@nashp.org](mailto:EHiggins@nashp.org).



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For more information, read the NASHP blogs, [States Use Race and Ethnicity Data to Identify Disparities and Inform their COVID-19 Responses](#). Learn more about what the data conveys about health inequities from [The COVID Tracking Project](#) and Boston University Center for Antiracist Research.

# How States Collect Data, Report and Act on COVID-19 Racial and Ethnic Disparities

More than half of states are now actively engaged in advancing equity in their COVID-19 responses and beyond

- Equity response teams and task forces
- Equitable distribution of resources and funding
- Proactive community engagement and community ownership
- Addressing systemic racism and other root causes of the disparities illuminated by the pandemic

## Some states to watch: “whole of government” approaches

- **Indiana**
  - First FSSA chief health equity officer- dismantling structures and policies that lead to health inequities  
New chief equity officer focused on racism across state government
- **North Carolina**
  - Historically Marginalized Populations Workgroup
  - COVID-19 Support Services Program
  - NCCARE360 Resource Coordination Platform
- **Rhode Island**
  - Equity Considerations Planning Team and Equity Council
  - Focused on high-density communities
  - Leveraged Health Equity Zones
- **Virginia**
  - COVID-19 Unified Command VEST Health Equity Task Force to apply an equity lens
  - Combine health and social services outreach; and testing and contact tracing missions with health literacy and case management

## Rhode Island Health Equity Zones

- Nine Health Equity Zones Collaboratives in communities across Rhode Island
- “Encourage and equip neighbors and community partners to collaborate to create healthy places for people to live, learn, work, and play.”
- Support and promote place-based strategies to promote healthy communities and eliminate health disparities
- Braided funding model

## Oregon Coordinated Care Organizations (CCOs)

- CCOs required to conduct community health assessment, develop and implement community health improvement plan, and establish a community advisory council (CAC)
- SDOH and equity (SDOH-E) partners included in development plans
- CAC plays a role in directing the CCO's investments
- [HB 4018](#): CCOs must spend a portion of their previous year's net income or reserves on services to address health disparities and SDOH in line with community health improvement plan



## States to watch: community engagement



### New Hampshire

- [COVID-19 Equity Response Team](#)

### North Carolina

- Medicaid procurement processes

### Oregon

- [Equity Framework in COVID-19 Response and Recovery](#)

### Virginia

- Richmond [pilot program](#) for PPE

### Washington State

- [Proposed recommendations from Governor's Interagency Council on Health Disparities](#)

## States to watch: funding for communities

### Utah

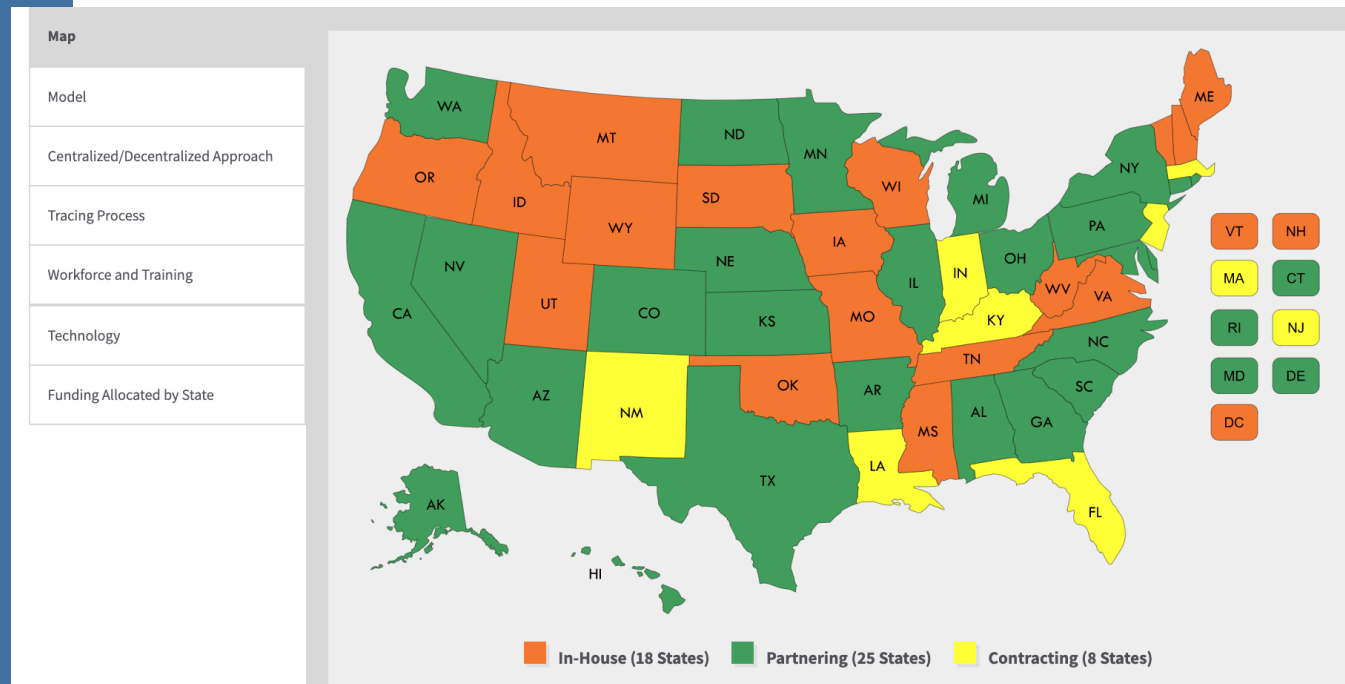
- COVID-19 Community Task Force [multicultural subcommittee](#)
- COVID-19 Racial Equity & Inclusion [Grant Fund](#)

### Michigan

- [Coronavirus Task Force on Racial Disparities](#)
- [Rapid Response Initiative](#)

# State approaches to contact tracing during the COVID-19 pandemic

- **Delaware:** linkages between those who test positive for COVID-19 and CHWs
- **Hawaii:** [expand the CHW curriculum](#) at community colleges for COVID-19 response
- **Massachusetts:** [guidance for CHW employers](#) in COVID-19 response



## Community benefit policy

- Ensuring tax exemptions yield genuine value to communities
- Opportunity to focus on equity
  - [New Tool Helps States Assess Hospital Community Benefit Spending on Health Equity](#)
  - [States Explore Pivoting Hospital Community Benefit Requirements to Address Disparities Exposed by COVID-19](#)
- Massachusetts—new community benefit [guidelines](#) for hospitals in 2018

## Peer support services, care coordination

- **Minnesota and Oregon**
  - Medicaid coverage for doula services
- **New York**
  - Credentialed family peer advocates
  - MCO housing coordinators
- **New Mexico**
  - CHW costs are embedded in Medicaid MCO capitated rates

## State Medicaid contracting to address SDOH/equity

States address health-related needs through Medicaid contracting:

- Medicaid Managed Care Contracting
- Dental Contracting
- Accountable Health Contracting
- Contract Guidance Documents
  - Value-based purchasing guidelines or accountable health entity certification standards

# Michigan



*State of Michigan  
standard  
Medicaid  
Managed Care  
plan contract*

- Community Health Worker (CHW) interventions delivered by community-based organizations
- Health promotion and disease prevention services informed by cultures of target population
- Equitable distribution of physical and oral health care services
- Participation in the Medicaid Health Equity Project

# Tennessee



*State of  
Tennessee  
statewide  
Medicaid  
Managed Care  
plan contract*

Performance Improvement Projects- The CONTRACTOR shall perform at least two (2) clinical and three (3) non-clinical PIPs.

- Clinical PIPs: focus on prevention and care of acute and chronic conditions, high-volume services, high-risk services, and continuity and coordination of care;
- Non-clinical PIPs: focus on availability, accessibility, and cultural competency of services, interpersonal aspects of care, and appeals, grievances, and other complaints.



## Dental contracts

- Michigan
  - Required to use social determinants of oral health data to target interventions
- Nevada
  - Community-based needs assessment including ensuring interventions are culturally appropriate and meet needs of target population
- Texas
  - Dental contractor uses *fotonovela* to distribute health information materials to children of migrant farm workers

## Connecticut

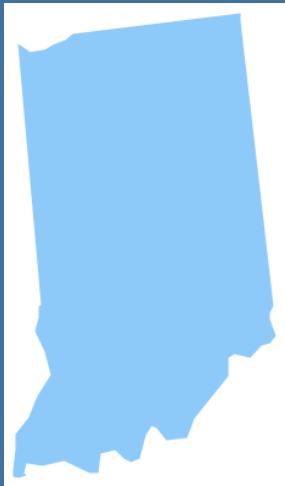
*Collection of granular demographic data*



- Goal: to identify gaps in outcomes for subpopulations
- Consensus set of granular race/ethnic categories
- Sexual Orientation and Gender Identity (SOGI) Data Collection
- EHR adjustments, workflow, staff training, and piloting collection

# Indiana

## *Data governance*



- **Family and Social Services Administration Data Governance Council**
  - Ensuring secure availability of high-quality data to enable integrated data-informed decision making with measurable outcomes.
- **Social Risk Assessment**
- **FSSA and 2-1-1 data provides insight into needs and outcomes of addressing those needs**

## Prioritizing equity during budget crises

*“If you can’t explain it to everyone you don’t understand it enough”*

- “The best way to see someone’s priorities is through their spreadsheet.”
- Integration of programs and budgets
- Review data across programs that an individual interacts with
- Standardize language to communicate across sectors, constituents, legislature, fiscal team.

# Thank You



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**[RESOURCES FOR STATES TO ADDRESS HEALTH  
EQUITY AND DISPARITIES](#)**

**[COVID-19 STATE ACTION CENTER](#)**