

Health Equity Task Force

February 16, 2021 Meeting

Focus on Draft Recommendations for Charges 1, 4, 5 (and part of 7/8)

Welcome

This is the fifteenth 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.

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 Community Relations, Baystate Health

Hirak Shah, Legal Counsel for Senate Minority Leader Bruce Tarr

House Appointees

Representative Carlos González

Representative Liz Miranda

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 Chynah Tyler

Chair of the MA Asian-American Legislative Caucus

Representative Donald H. Wong

Agenda

1. Welcome and Introductions of Task Force Members & Approval of February 2 Meeting Minutes (10 minutes)

2. Task Force Discussion of Subset of Elements of Final Report (70 minutes)

A. Overview and Framing of Final Report (10 minutes)

B. Draft Report Section: Ongoing COVID-19 Response (15 minutes)

Prioritizing Equity through Structures in State Government

C. Draft Report Section: Cabinet-level Multidisciplinary Office of Equity (15 minutes)

D. Draft Report Section: Equity Data and Dashboards (15 minutes)

E. Draft Report Section: Equity in All Policies/Equity Impact Analysis (5 minutes)

F. Draft Report Section: Integrating Equity into Emergency and Disaster Preparedness:

A Call for an After Action Review (10 minutes)

3. Discussion of Work Plan and Open Discussion (10 minutes)

Task Force Charge & Requirements Under Chapter 93 of the Acts of 2020 (Report Can Go Beyond These Areas)

Legislative Charge to Health Equity Task Force: to “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.” (*Section 2A of Chapter 93 of the Acts of 2020*)

The recommendations shall include, but shall not be limited to:

7 Specified Areas for Policy Recommendations
(*Section 2B of Chapter 93*) (see **Following Slide**)

Discussion of Draft Final Report Elements: February 16 (Gray) and 23 (Blue)

Task Force Members Leadership by Task Force Charge (7 Areas of Charge from Statute & 8th for Other Areas of Priority) (merged into 5 groups due to synergies)

Final Report Sections

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

Dr. Cassandra Pierre, Rep. Donald Wong, Rep. Chynah Tyler

• Ongoing Response to the COVID Crisis

Charge 2 and 3: Remove Barriers and Increase Access to Quality and Equitable Health Care Services & Increase Access to Medical Supplies:

Dr. Kiame Mahaniah, Beverly Stables, Dr. Myechia Minter-Jordan, Hiram Shah

• Access to Quality, Equitable Health Care and Other Services – February 23 Discussion

Charge 4 and 5: Increase Access to Testing & Provide Info Materials to Underserved/ Underrepresented Populations in Multiple Languages:

Dr. Frank Robinson, Dr. Cassandra Pierre, Dr. Milagros Abreu, Rep. Donald H. Wong

• Ongoing Response to the COVID Crisis

Charge 6: Address Any Other Relevant Factors to Address Health Disparities

Michael Curry, Sen. Sonia Chang-Diaz, Dr. Frank Robinson

• Social Factors in Health – Addressing Root Causes of Inequity – February 23

Charge 7 and 8: Other Areas of Task Force Priority and Areas of Further Study:

Senator Julian Cyr, Dr. Assaad Sayah, Jeffrey Sanchez, Rep. Carlos Gonzalez, Rep. Liz Miranda, Hiram Shah

• Prioritizing Equity in State Government
• Equity Data and Dashboards
• After Action Report
• **Strengthen Public Health System – Feb. 23**

DRAFT Table of Contents for Input

I. Introduction

II. Executive Summary

IMMEDIATE ACTION

III. Ongoing Response to the COVID Crisis

A. Equitable Vaccination

B. Continue and Enhance Stop the Spread

C. Reduce Risk for Those Incarcerated

D. Vulnerable Populations

Older adults, essential workers, disabled,
incarcerated, persons with Mental Illness/S

IMMEDIATE AND INTERMEDIATE ACTION

IV. Prioritizing Equity in State Government

A. Office of Equity

B. Data Collection and Reporting

C. Equity in All Policies

V. Access to Quality, Affordable Health Care and Services

A. The Digital Divide

F. Workforce

B. Immigrant Health

G. Equity Opportunities

C. Safety Net Hospitals/Providers in Medicaid

D. Community Health Centers H. Affordable Medication

E. Behavioral Health

I. Oral Health

VI. Social Factors in Health

A. Food

B. Housing

C. Transportation

D. Income

PREPARING FOR THE FUTURE

VII. Strengthening the Public Health System

A. Local Public Health

B. MA Department of Public Health

VIII. Preparing for Future Emergencies and Disasters

A. Planning for Equity

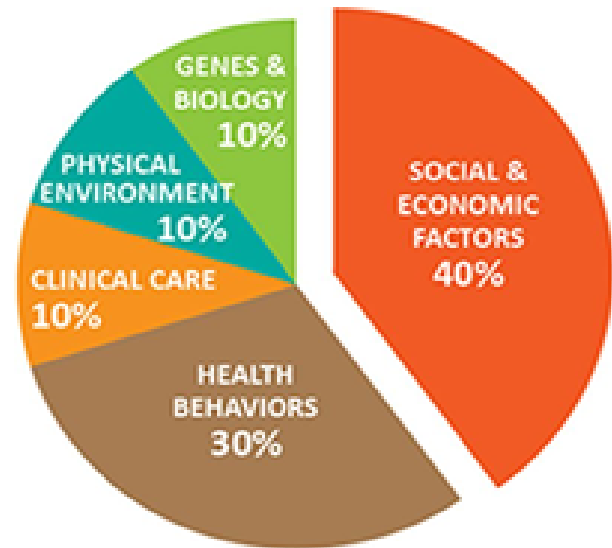
B. After-Action Report

Appendixes

Key Framing Points : Social Factors and Racism

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

- Martin Luther King, Convention of the Medical Committee for Human
- To achieve health equity, requires us to achieve equity in all aspects of life since 80% of health status is attributable to social and economic conditions where people live, work and spend time.
- These "social determinants of health," plus racism, have real impact on health and length of life



DETERMINANTS OF HEALTH

Draft - Immediate Action: Ongoing COVID Response

A. The Task Force recommends that the Administration amend the Vaccine Plan to make equity the “North Star” of an ongoing and integrated response to the pandemic, including the vaccination plan. While the state announced it is planning to send 20% more vaccine to the hardest hit communities, the plans to receive, site and staff the delivery of these vaccines into the arms of residents remains unclear. It is critical that the MA Department of Public Health (MDPH) issue guidance on the distribution of the extra 20% and spread the dosage among the various providers (mass, health centers, hospitals, pharmacies). Alternative methods for vaccine delivery, as described below, need to be implemented.

- a. Prioritize communities and populations with high prevalence of COVID-19 and social vulnerability for vaccine and engage communities in all aspects of planning and implementation.**
- b. Reduce technological barriers to vaccine appointments and increase access to those appointments by providing transportation.**
- c. Bring vaccines to vulnerable populations (including older adults, persons with disabilities or mobility needs, individuals with chronic or underlying medical conditions, and other high risk populations) through mobile vans; onsite vaccination clinics at congregate sites; and community-based vaccination clinics.**
- d. Enhance the MDPH public education campaign to increase vaccine acceptance with campaign that is culturally appropriate, multi-lingual, delivered by local, trusted community messengers, and tailored to address specific vulnerable populations.**
- e. MDPH should contract with local, trusted community-based organizations for ambassadors or community health workers, and faith-based organizations who can assist at clinics, link people to needed services, and participate in public messaging, outreach and education.**
- f. Provide resources/ technical assistance to local public health departments to deliver vaccine where there is capacity.**
- g. MDPH should include city, town and/or zip code along with demographics, race and ethnicity in the weekly vaccination data.**

Draft - Ongoing COVID Response (continued)

B. Allocate resources for the purpose of continuing and enhancing the Stop the Spread Campaign through at least 2021, including testing, contact tracing and isolation housing, and adding ambassadors/ community health workers and community- and faith-based organizations and health screenings to connect people to needed services and care. Enhance MDPH's public education campaigns to be culturally appropriate, in multiple languages, delivered by local, trusted community messengers, and tailored to address specific vulnerable populations. Campaign messages should also be culturally sensitive to encompass faith-based groups and small businesses.

“We recommend that the approach to a vaccination strategy be guided by the needs and interests of the communities. We must partner with communities in the design of all programs and services, and deliver to the community not only what we want them to have (vaccines) but also what they identify they need, including connection to food, shelter, medical care for underlying health conditions and other essential services. It is only by demonstrating this level of respect and caring that trust in the system can be built.”

Draft - Ongoing COVID Response (continued)

C. Undertake the following actions to address the needs of vulnerable populations:

- a. **Essential Workers** - Pass legislation to create an Emergency Paid Sick Time benefit during a Public Health Emergency, and consider short-term disability, extended unemployment and re-employment assistance.
- b. **Older Adults** - Increase access to vaccine through transportation, scheduling assistance, on-site clinics and in-home vaccine delivery, and access within congregate care facilities. Increase safety for nursing home/home care workers through PPE and testing.
- c. **Persons with Disabilities** – Clarify the eligibility of persons with disabilities within the vaccine plan. Provide necessary supports to schedule and/or bring vaccine to people with disabilities. Promote safety and mask wearing in buildings where a significant number of persons with disabilities and other at-risk persons live.
- d. **Persons with Chronic or Underlying Medical Conditions** - To promote access to these individuals, especially from racial and ethnic groups identified based on the literature to have high prevalence of chronic conditions, and to propose flexibility in the vaccine roll-out to promote their early vaccination to reduce their morbidity and mortality due to COVID-19, and to increase their knowledge about their risks.
- e. **Persons with Mental Health/Substance Use Disorders** - COVID has created an urgent need for additional mental health and substance use disorder inpatient capacity and cultural and linguistic mental health services. The Administration has launched important efforts to encourage expanded behavioral health inpatient capacity, including for youth and adults. Additional urgent steps are needed to enhance Department of Mental Health (DMH) capacity through new beds/facility to provide treatment for the approximately 100 DMH clients who are “stuck” in inpatient behavioral health units, awaiting a DMH Continuing Care Treatment (some patients waiting for more than 6 months).
- f. **Persons who are Incarcerated** – Direct the Department of Corrections to fully implement state law requiring decarceration of many to control spread; the Attorney General should appoint an ombudsman to oversee implementation and vaccination in prisons and issue a written report no later than April 1, 2021.

Draft - Prioritizing Equity in State Government: Cabinet-Level Executive Office of Equity

- A. The Task Force recommends legislation be enacted/amended* to create and resource a cabinet level Executive Office of Equity led by a Secretary of Equity charged with leading inclusive and collaborative efforts toward equity, diversity and inclusion, with a focus on racial and ethnic equity, across all aspects of the executive branch of state government. The Legislation would also require Offices of Equity within Every Secretariat, data dashboards, an Equity Advisory Board & an Equity in All Policies/Equity Impact Analysis for new state policies & programs.

*This could be accomplished by amending Chapter 6A, Section 16AA (Office of Health Equity) enacted through the 2018 State Budget, or by creating new legislation.

The responsibilities at the Executive Office of Equity would include, but not be limited to:

- Create 3 to 5 year statewide equity strategic plan with measurable goals, in consultation with Legislature, AG and with community input. Every Secretariat, through newly established Offices of Equity, will also develop 3 to 5 year equity plans. Would be compatible with the current Office of Health Equity within EOHHS (Chapter 6A, Section 16AA).
- An Equity Advisory Board will approve strategic plans, review data dashboards and oversee Equity in All Policies.
- Accountability through annual reporting to the Governor, legislature, and public about progress on the strategic plans and metrics in reducing disparities.
- Provide technical assistance to agencies to complete agency strategic plans and dashboards.
- Convene an Interagency Equity Council.
- Oversee an Equity in All Policies/ Equity Impact Analysis.

Draft - Prioritizing Equity in State Government: Equity Data, Dashboards and Transparency

- 1. The Task Force recommends legislation to require and resource the Office of Equity to create a set of high level and publicly available data dashboards on health and related social and economic factors, to track overall progress toward equity using currently available data. The legislation can specify the adoption of an opportunity-based framework, such as developed by the HOPE Initiative, and including disaggregated data to the fullest extent possible for population subgroups to reveal the equity gaps, set equity goals, measure distance to goals, and drive equity action.**
- 2. The Task Force recommends that the legislation require standard and consistent demographic data collection practices at point of care, service and testing, including data on race and ethnicity that can be disaggregated and collect it by country of origin, primary language, sexual orientation, gender identity, occupation, place of employment, and zip code and/or census tract. Additional data indicator(s) to specify as well, such as religious affiliation or others?**
- 3. To improve the quality of available data, the legislation will direct the Secretary of Equity to convene key stakeholders to study and recommend best practices for collecting data above, beginning in the health care sector. The convening should include health care providers, payers, consumer advocates, relevant state agencies (HPC, CHIA, MDPH, EOHHS, MOEA) data experts, community representatives and others.**

Draft- Equity in All Policies/Equity Impact Analysis

The Task Force recommends that the legislature create a requirement for an Equity Impact Analyses to be conducted on all new state policies and programs. This recommendation builds on a practice used in other states and municipalities to conduct “Health Impact Analyses. The goal is to weigh costs and benefits on racial and ethnic equity to new policies and program, and to make that analyses publicly available.

1. Enact legislation that requires an Equity in All Policies/Equity Impact Analysis on all new policies and programs and tasking the Executive Office of Equity for implementation for the executive branch, including regulations, policies, procedures and technical assistance.
2. Consider adopting an Equity in All Policies framework within the Legislature. The promising, new Joint Standing Committee on Racial Equity, Civil Rights and Inclusion may be among the venues for such efforts.

Draft - Integrating Equity into Emergency and Disaster Preparedness: A Call for an After Action Review (AAR)

Equity should be embedded in all aspects of Emergency/Disaster Preparedness at the state, local and health care levels. Massachusetts must capture the essential learning from the COVID-19 response, including for socially vulnerable populations and those disproportionately impacted by the COVID-19 pandemic with special focus on addressing questions on reducing morbidity and mortality. After Action Reports are standard practice widely adopted by the World Health Organization, FEMA, Department of Homeland Security, and hospitals.

There is a unique opportunity for Massachusetts to innovate and conduct a COVID-19 AAR with an equity lens, leading the nation. The Task Force recommends legislation to:

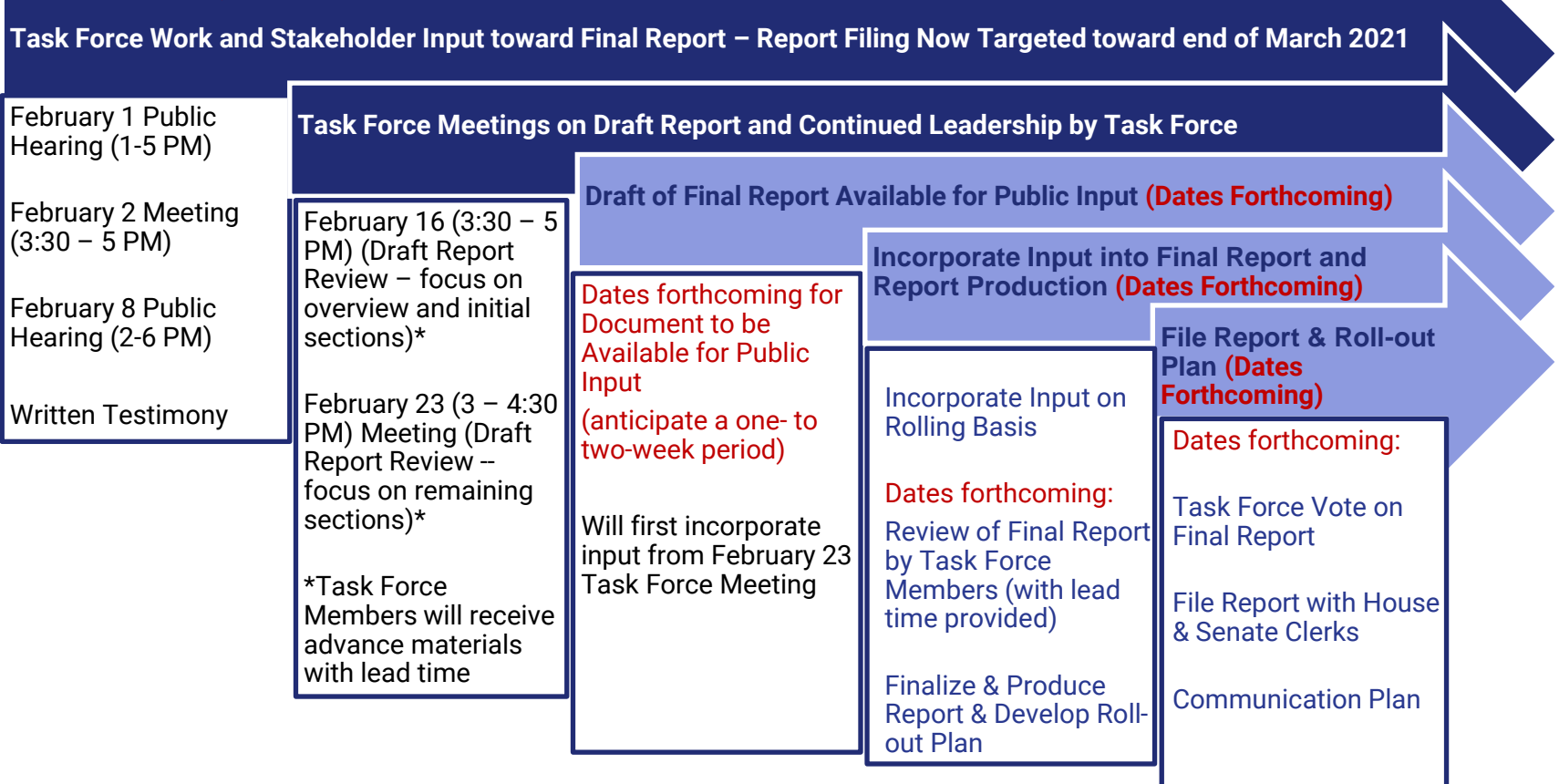
1. **Establish a COVID-19 After Action Commission** charged with defining the parameters and providing guidance to a third party entity/team (expertise in emergency management, equity, and community engagement) procured to conduct an AAR assessment of what worked well and recommendations for areas to sustain and improve in future emergency preparedness. Standard AAR processes, consistent with National Incident Management System and Homeland Security Exercise and Evaluation Program, shall be augmented by adding an equity framework and extensive stakeholder input. For completion within 12 months of PHE.

Commission representation including MA COVID-19 Command Center, MEMA, MDPH, other state agencies, city and town emergency managers, public health, and municipal leaders including those of disproportionate impact, healthcare continuum of care, racially and ethnically diverse and other socially vulnerable populations, long-term care and congregate settings, essential businesses and workers, social services (housing/food) organizations, appointees of State House and Senate including Joint Committee on Racial Equity, Civil Rights & Inclusion and Joint COVID-19 & Emergency Preparedness and Management, and others?

2. **Require the state to prepare/file a report responding to AAR and planned updates to and resources needed for the state's Comprehensive Emergency Management Plan. Both reports should be publically available, and filed and discussed with legislative leaders/ committees.**

Final Report: Discussion of Updated Timeline in March, Reflecting Extensive Input (10 minutes)

Task Force Member Input on Time Period For Their Review of Final Draft and Then Final Report (after Public Input)



Next Health Equity Task Force Meeting

February 23 (3 – 4:30 PM) Virtual Meeting

Description: This meeting of the Health Equity Task Force will focus on draft recommendations for the Final Report. Plan is to discuss remaining sections.

Continuing Discussion with Massachusetts Black & Latino and Asian-American Legislative Caucuses