Achieving a Racially and Ethnically Equitable Health Care Delivery System in Massachusetts:

A VISION, TOOLKIT, AND PROPOSED ACTION PLAN

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CONTRIBUTORS

Thank you to all those organizations who contributed to the vision, toolkit, and proposed Health Equity Action Plan through interviews, facilitating focus groups, and through other guidance and input.

- American Hospital Association, Institute for Diversity and Health Equity
- Baystate Health
- Behavioral Health Emergency Assistance Response Division (B-HEARD), NYC Health + Hospitals
- Beloved BIRTH Black Centering, Alameda Health System
- Berkshire Medical Center
- Blue Cross Blue Shield of Massachusetts
- Blue Cross Blue Shield of MA Foundation Structural Racism and Racial Inequities in Health Advisory Group Members
- Boston Children's Hospital
- Boston Medical Center
- Boston Public Health Commission
- Brigham & Women's Hospital
- Camden Coalition
- Children's Mental Health Campaign
- Commonwealth Care Alliance
- The Commonwealth Fund
- Community Care Cooperative
- Community Catalyst
- Ellie Fund
- Families USA
- The Gándara Center
- Health Care Career Advancement Program
- Health Care For All
- Immigrants' Assistance Center
- The Joint Commission
- Lawrence General Hospital
- Massachusetts Association of Behavioral Health Systems
- Massachusetts General Hospital
- Massachusetts Health Policy Commission
- Massachusetts League of Community Health Centers
- Massachusetts Women of Color Coalition
- MassHealth
- Native American LifeLines, Inc.
- Pioneer Valley Workers Center
- ProMedica
- SOWEGA Rising
- True Alliance Center
- UMass Memorial Health
- Whittier Street Health Center
- Women of Color Health Equity Collective

PROJECT CONTEXT

Systemic racism has long pervaded and been perpetuated by the health care system in America.

Systemic racism results in inequities and manifests in health care delivery policies, practices, bias, and discrimination that contribute to stark and widening health care disparities among racial and ethnic groups.

Health disparities among people of color persist and are estimated to represent an economic burden of $5.9 billion each year due to avoidable health care spending, lost labor productivity, and premature death.[1,2]

1. Racism and racial inequities in health: A data informed primer on health disparities in Massachusetts. Blue Cross Blue Shield of Massachusetts Foundation (2021); in this report, people of color is defined as people who are Black, Asian, or Hispanic/Latino. There was not sufficient data to include populations with American Indian/Alaska Native (AI/AN) or Native Hawaiian/other Pacific Islanders ancestry.
2. The time is now: The $5.9 billion case for Massachusetts health equity reform. Blue Cross Blue Shield of Massachusetts Foundation (2023).

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PROJECT CONTEXT

Racial and ethnic inequities in health persist across the Commonwealth. People of color are more likely than their White counterparts to face inequities related to:[1]

UNMET SOCIAL NEEDS

People of color are more likely to:

- **Have one or more unmet social need(s)**
- Have **incomes below 138% of the federal poverty level**
- Be **food insecure**
- Live in **rented units** (as opposed to owner-occupied units)

ACCESS TO CARE

People of color are more likely to:

- Be **uninsured**
- Experience **disruptions in care**
- Be told a **doctor/clinic doesn't accept their insurance**
- Experience **greater unmet need for vision care**

EXPERIENCE OF CARE

People of color are more likely to:

- Experience **barriers and discrimination** while seeking care, which leads to adverse health outcomes
- Confront a **workforce that does not reflect their racial, ethnic, and cultural background or experience**

People with **limited English proficiency (LEP) often experience worse quality** of care than those who speak English "well"

HEALTH OUTCOMES

People of color are more likely to experience worse health outcomes, including:

- **Higher rates of chronic conditions** (e.g., diabetes)
- **Higher infant mortality rates**
- **Higher rates of "Fair or Poor" mental health**
- **More likely to visit the emergency department for non-emergency conditions**

1. Racism and Racial Inequities in Health: A Data-Informed Primer on Health Disparities in Massachusetts (2021).

PROJECT OBJECTIVE AND SCOPE

PROJECT OBJECTIVE

Develop a vision and framework for a *racially* and *ethnically* equitable *health care delivery system* in Massachusetts, including examples of best practices/strategies from Massachusetts and across the country on how to operationalize the system.

PROJECT SCOPE

***Racial and ethnic* inequities within the health-care delivery system,** defined as the network of institutions, providers, resources, and processes that enable the delivery of health care services.

The health care delivery system's role in identifying social needs and connecting people to resources to meet those needs, but not recommendations specific to addressing broader social systems or policies.

This can be considered a first phase in a larger system-wide effort to eliminate all inequities that affect people's health.

PROJECT APPROACH

Manatt, together with the BCBSMA Foundation, conducted extensive research and stakeholder engagement in Massachusetts and nationally to inform the project learnings and deliverables.

LANDSCAPE SCAN

Review of over 100 research articles, reports, and health care organizational policies and practices (compiled in a Health Equity Action Plan Toolkit).

CONSUMER FOCUS GROUPS

Two focus groups of people with lived experience navigating and receiving services in the health care delivery system in Massachusetts who speak English, Spanish, and Haitian Creole.

STAKEHOLDER INTERVIEWS

Nearly 40 stakeholders interviewed, representing diverse perspectives on Massachusetts' health care delivery system and the national health equity landscape.

BCBSMA FOUNDATION'S STRUCTURAL RACISM AND RACIAL INEQUITIES IN HEALTH ADVISORY GROUP

Input and guidance throughout the project

STAKEHOLDER INPUT ON VISION AND FRAMEWORK

Stakeholders supported the vision and framework and provided recommendations for refining them. The framework includes six essential components of a racially and ethnically equitable health care delivery system that if attained, can help achieve the vision.

VOICE OF THE CONSUMER

- "When a diagnosis or treatment is not explained in a way a person can understand, it may lead to a bad outcome since people may not take the appropriate action."
- "… I was in a lot of pain and had insurance, but they wouldn't see me. I didn't know what to do. I decided to go back to my country to get help for that."
- "They [Providers] don't need to just read a book on multiculturalism but they need to ask about and understand our lived experiences."
- "We feel like we are ignored. We cannot be healthy if we are ignored."

FEEDBACK FROM INTERVIEWS

- There are many similar existing frameworks.
- What's missing and needed are concrete and actionable solutions and accountability structures that incentivize or require delivery system actors to take action.

Vision and Framework

FRAMEWORK EXAMPLE: COMMUNITY POWER MOBILIZED

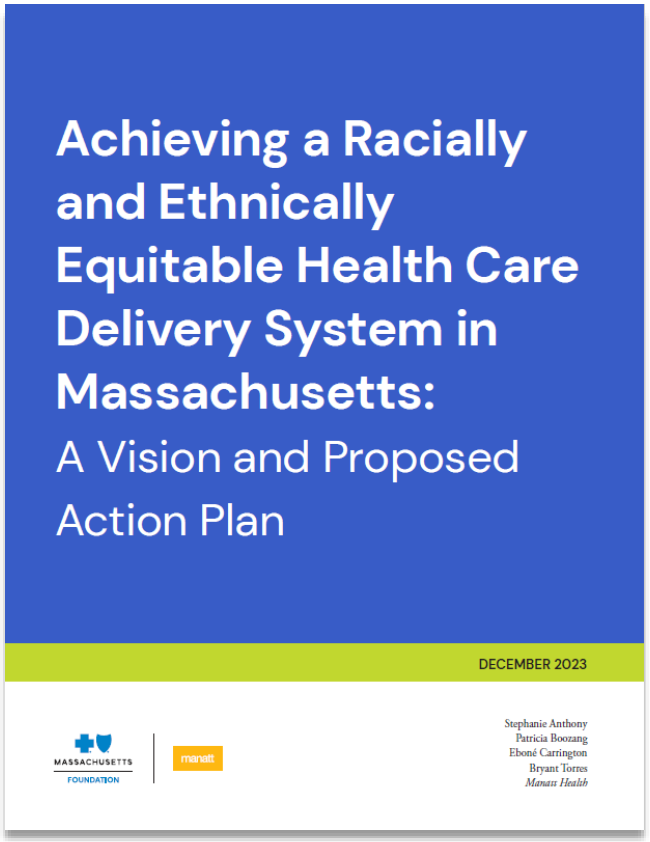
COMMUNITY POWER MOBILIZED

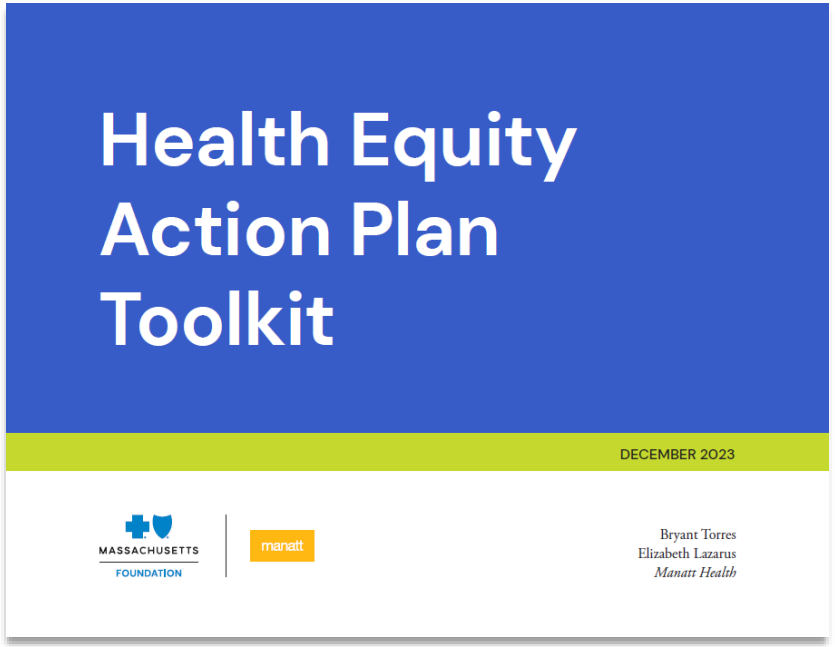
- Health care leaders work in partnership with communities to build the power of communities that have been historically harmed by structural racism. This means changes to decision-making systems and processes that intentionally incorporate community members and organizations.
- Health care leaders make it their priority to understand challenges faced by people of color and people who speak a primary language other than English, and work to co-design solutions.

MASSACHUSETTS EXAMPLES	• **Boston Medical Center (BMC)** created the Health Equity Accelerator program to expedite the timeline between discovering inequities and implementing actions to address them. As part of this, BMC created the "patient engagement manager" and "vice president of Community Engagement and External Affairs" positions to establish collaborative relationships and trust with community members and community-based organizations, which informs the design and implementation of interventions aimed to reduce health disparities. • **Cambridge Health Alliance** developed a Health Improvement Team that works together with health care providers, community residents, community-based organizations, and city leaders to assess health status, determine priorities, and build action plans to address health issues impacting the community.
NATIONAL EXAMPLE	**Building Healthy Communities**: A 10-year, $1 billion, 14-community initiative of The California Endowment where partners focused their organizing and advocacy on health care policy and systems change, rather than program development and implementation.

PROPOSED HEALTH EQUITY ACTION PLAN AND TOOLKIT

The vision and framework are the foundation of the proposed statewide Health Equity Action Plan and Toolkit, which combined offer an organizing structure, process, and set of practical steps for collectively achieving a racially and ethnically equitable health care delivery system in Massachusetts.





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STAKEHOLDER INPUT ON IMPLEMENTING THE HEALTH EQUITY ACTION PLAN

Stakeholder engagement was particularly powerful in shaping the Health Equity Action Plan.

KEY LEARNINGS

- **Strong and shared commitment** across stakeholders on the goal of achieving a racially and ethnically equitable health care delivery system in Massachusetts.
- Current **efforts to advance health equity are siloed and lack**:
  - Aligned goals and objectives, implementation standards, and process and outcomes measures
  - Coordinated investment and evaluation
  - Cross-system learning
  - Accountability for measuring and monitoring progress
- **Achieving a racially and ethnically equitable health care delivery system requires**:
  - Action not just from **health care delivery entities**, but also from **state regulators, employers, health care payers, communities, philanthropy**, and others.
  - A **permanent structure and process** for sustained cross-system collaboration and alignment, with broad stakeholder participation and shared accountability.
- **To advance adoption of the vision and framework, stakeholders seek guidance and examples of tangible strategies**.

HEALTH EQUITY ACTION PLAN TOOLKIT

The Toolkit, based on the findings from the landscape scan, includes an illustrative set of interventions, policies, and programs that providers, health care delivery system leaders, and other implementation stakeholders can deploy to help achieve a racially and ethnically equitable system in Massachusetts.

EXAMPLE:

COMMUNITY POWER MOBILIZED

BEST PRACTICE #1

Health care delivery system leaders and other stakeholders can mobilize community power by:

1.1 Prioritizing power sharing and decision making with communities/consumers, and

1.2 Rooting work in co-design principles.

HEALTH EQUITY ACTION PLAN: STRUCTURE AND PROCESS

Implementing the Health Equity Action Plan will require stakeholders from across the Commonwealth to collectively commit to working toward a racially and ethnically equitable health care delivery system in Massachusetts. The proposed implementation structure includes:

A **Steering Committee** that will provide strategic support on priorities, stakeholder roles and responsibilities, and monitoring progress to help ensure accountability across the state.

A **central organizing entity** that will be the "home" for the Health Equity Action Plan structure, responsible for direct implementation of some activities and tracking of others, as well as collaborating with regional or other entities that are leading health equity initiatives.

Action Labs that will serve as the locus for collaborative work among diverse stakeholders from across the state to learn about evidence-based best practices and to identify priority actions and process/outcome measures to create a unified, aligned statewide Health Equity Action Plan.

Implementation stakeholders (e.g., providers/delivery systems, payers/insurers, government, community-based organizations, employers, academic/educational systems, and philanthropy) will participate in statewide and local action.

HEALTH EQUITY ACTION PLAN: FAST-START ACTIVITIES

Given the sense of urgency among stakeholders in Massachusetts to eliminate racial and ethnic disparities in health, we propose a series of "fast-start" activities to lay the groundwork for the formal launch of the Health Equity Action Plan.

POTENTIAL FAST-START ACTIVITIES

- Polling stakeholders to identify interested collaborators and participants for the planning committee and other bodies.
- Identifying strategies to ensure consumer and community co-design in planning and ongoing activities.
- Fielding a survey on topic areas where stakeholder educational opportunities are needed, including a focus on best practice examples from the Toolkit or principles of co-design.
- Sponsoring a Learning Series, based on priority educational topics.
- Beginning to build a shared inventory (building on the Toolkit) of best practice action in Massachusetts and other states.

HEALTH EQUITY ACTION PLAN: STRUCTURE AND PROCESS

Planning and implementation of the Health Equity Action Plan will be iterative and should be co-designed with consumers and communities.

YEAR 1	YEARS 2-5	YEARS 5-10+
• Launch "fast-start" activities. • Establish and launch the time-limited Planning Committee. • Establish and convene Steering Committee. Design the central and regional entity structure, including potential topics and meeting cadence for Action Labs. • Develop Health Equity Action Plan workplan and Year 1 to 3 initiatives and budget.	• Launch the central and regional implementation entities and first set of Action Labs. • The Steering Committee will oversee the development of a statewide Health Equity Action Plan dashboard. • Central or regional implementation entities or designee(s) continue to build shared inventory (building on the Health Equity Action Toolkit) of best practice actions in Massachusetts. • Develop Health Equity Action Plan workplan, activities, and budget for Year 4 and beyond.	• Implement/scale best practice actions and interventions to achieve goals using the Health Equity Action Toolkit and other resources. • Publish annual report and organize Summit on progress (tied to Action Lab areas of focus). • Promote co-learning and dissemination of implementation approaches and measurement results. • Invest in and scale system-wide actions and interventions that have evidence of impact. • Continue to build shared inventory of best practice actions in Massachusetts.

READY, SET, ACTION!

For Massachusetts to be a national leader in advancing health equity, it needs the coordinated collective action of health care delivery entities, state regulators, employers, health care payers, communities, philanthropy, and others.

The Health Equity Action Plan proposes an organizing structure and process for action and commitment, and mechanisms for promoting alignment, collaboration, learning, adoption, and accountability.

QUESTIONS?

The full report is available for download at:
https://www.bluecrossmafoundation.org/

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