

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

## A Vision and Proposed Action Plan

EXECUTIVE SUMMARY

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### INTRODUCTION

Many stakeholders across the Commonwealth are actively focused on addressing racism in the health care delivery system and reducing health disparities, but efforts are siloed. 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 causes and impact of health inequities in Massachusetts, as elsewhere, are multiple, complex, and inter-related. Systemic racism, both structural and interpersonal, has long pervaded and been perpetuated by the health care delivery system itself—which encompasses hospitals and health systems, community health centers, community mental health settings, primary care and specialty physician offices, nursing facilities and home health agencies, and other care delivery settings.

In Massachusetts, health disparities among people of color persist and are estimated to cost the state \$5.9 billion each year due to avoidable health care spending, lost labor productivity, and premature death.<sup>1,2</sup> For example, Black and Hispanic people in Massachusetts are more likely to die during pregnancy, suffer serious pregnancy-related complications, and lose children in infancy, when compared to White people.<sup>3,4</sup> For people who speak a primary language other than English, disparities widen and compound; they experience higher rates of medical errors with worse clinical outcomes than English-proficient patients, and receive lower quality of care.<sup>5</sup>

A new report by the Blue Cross Blue Shield of Massachusetts Foundation (the Foundation), in partnership with Manatt Health, introduces a proposed statewide Health Equity Action Plan that offers an organizing structure, process, and set of practical steps for collectively achieving a racially and ethnically equitable health care delivery system in Massachusetts. The Health Equity Action Plan is accompanied by a [Health Equity Action Plan Toolkit](#) (Toolkit), which includes an illustrative set of interventions that providers, health care delivery system leaders, and other stakeholders can deploy to achieve the envisioned system. The focus of this report is on *racial and ethnic* inequities in the *health care delivery system*

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

### HEALTH EQUITY ACTION PLAN FRAMEWORK

The proposed Health Equity Action Plan and Toolkit are based on the following framework (see Figure 1) which summarizes learnings from a review of existing health equity frameworks, a landscape scan of best practices for advancing health equity, and consumer and stakeholder engagement. The framework includes six essential components of a racially and ethnically equitable health care delivery system that if attained, can help achieve the vision where **all people in Massachusetts experience high-quality, accessible, and timely care from providers who understand and respect their culture.**

FIGURE 1. HEALTH EQUITY ACTION PLAN FRAMEWORK



A detailed description of each component of the framework can be found in the full report.

## IMPLEMENTING THE PROPOSED HEALTH EQUITY ACTION PLAN

This report presents a proposed structure, high-level process, and timeline for near- and longer-term actions to launch, implement, and monitor the Health Equity Action Plan. The implementation structure includes:

- A **Steering Committee** that will provide strategic guidance 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. It will work in collaboration with regional or other entities that are leading health equity initiatives to identify and share activities underway, determine if there are opportunities for coordination and collaboration, and continuously foster information sharing necessary to advance the statewide Health Equity Action Plan.
- **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.

It is anticipated that the work associated with the Health Equity Action Plan and all of its component parts, as described here, will evolve and be iterative. Changes should reflect a collaborative and co-designed process and be informed by progress, lessons learned, and the emergence of new priorities and strategies for advancing health equity. The Foundation will engage with the Health Equity Compact to collaborate and align as we move this Action Plan forward.<sup>6</sup>

## ENDNOTES

- 1 Anthony, S., Boozang, P., Elam, L., McAvey, K., & Striar, A. (2021). Racism and racial inequities in health: A data informed primer on health disparities in Massachusetts. Blue Cross Blue Shield of Massachusetts Foundation. Available at [https://www.bluecrossmafoundation.org/sites/g/files/cspkhw2101/files/2022-03/Health\\_Equity\\_Primer\\_Revised%20Final.pdf](https://www.bluecrossmafoundation.org/sites/g/files/cspkhw2101/files/2022-03/Health_Equity_Primer_Revised%20Final.pdf). Note: 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 Gaskin, D. J., LaVeist, T. A., Turner, A., & Obbin, S. (2023). The time is now: The \$5.9 billion case for Massachusetts health equity reform. Blue Cross Blue Shield of Massachusetts Foundation. Available at [https://www.bluecrossmafoundation.org/sites/g/files/cspkhw2101/files/2023-06/Econ\\_Cost\\_Inequities\\_Full%20report\\_FINAL\\_0.pdf](https://www.bluecrossmafoundation.org/sites/g/files/cspkhw2101/files/2023-06/Econ_Cost_Inequities_Full%20report_FINAL_0.pdf).
- 3 Massachusetts Department of Public Health. (2014). Maternal mortality and morbidity review in Massachusetts. Available at <https://www.mass.gov/files/documents/2016/07/ng/pregnancy-mortality-report-2000-2007.pdf>; Chen, J., Cox, S., Kuklina, E. V., et al. (2021). Assessment of incidence and factors associated with severe maternal morbidity after delivery discharge among women in the U.S. *Journal of the American Medical Association*, 4(2). Available at <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2775739>.
- 4 Massachusetts Department of Public Health. (2019). Massachusetts deaths 2017 report. Available at <https://www.mass.gov/doc/2017-death-report/download>.
- 5 Haldar, S., Pillai, D., & Artiga, S. (2023). Overview of health coverage and care for individuals with limited English proficiency (LEP). KFF. Available at <https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/>.
- 6 The Health Equity Compact is a coalition of over 80 Massachusetts leaders of color who seek to dismantle systemic barriers to equitable health outcomes for all residents of the Commonwealth. Compact members are high-level executives and experts from a diverse set of health, business, labor, and philanthropic organizations, including hospitals, health centers, payers, academic institutions, life sciences, and local public health.

## CONCLUSION

There is tremendous momentum and a sense of urgency among stakeholders in Massachusetts to eliminate racial and ethnic disparities in health and advance health equity. In order to capitalize on that momentum, a series of “fast-start” activities are proposed to lay the groundwork for the formal launch of the Health Equity Action Plan. Initial fast-start actions could include polling stakeholders to identify participants in the Action Plan structure, identifying strategies to ensure consumer and community co-design, and fielding a survey on topic areas where stakeholder educational opportunities are needed and then hosting a Learning Series on these topics. These actions would be facilitated by the Foundation (or ideally a coalition of funders) in collaboration with other organizations.

Massachusetts is fortunate to have a wealth of community groups, health care organizations, and other organizations that have long worked to understand the health care disparities and inequities in our state. Many have launched initiatives to address these challenges. To truly effect change of the magnitude we all seek, now is the time for health care delivery system leaders and other stakeholders to act collectively and in alignment to end long-standing racial and ethnic health disparities in the Commonwealth. While we all strive to achieve a racially and ethnically equitable health care delivery system, we can make more progress working together than as individual organizations.

No one framework is perfect, but this approach is intended to serve as a concrete proposal to launch systematic and coordinated action. The work will be challenging and will require us to make changes as the process evolves. We should align and collaborate to ensure we collectively work toward achieving the vision where all people in Massachusetts experience high-quality, accessible, and timely care from providers who understand and respect their culture.