



Health Equity Task Force

October 14, 2020 Meeting

Welcome

This is the seventh 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 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

Agenda

Description: This meeting will be used to discuss and advance recommendations to be submitted to the Legislature via the Health Equity Task Force Interim Summary Report.

1. Welcome and Introductions of Task Force Members & Approval of October 7 Meeting Minutes
2. Discuss Draft Interim Summary Report
3. Logistics Process for Consideration, Approval, Filing & Public Posting of the Interim Report
4. Communications Plan relative to Interim Report (media and communications)
5. Next Steps, including Future Meetings and Events

Logistics Discussion

Logistics Process for Consideration, Approval, Filing & Public Posting of the Interim Report

- Task Force Member Feedback and Suggestions to Report (Slides 7 – 18)
(Appendices/Addendum and other suggestions)
- Should the Task Force discussion result in advancing to a vote, it will be taken by roll call.
- As the filing is an official transmission to the State Legislature, the transmittal requires a summary of the vote, including the vote of excused Members who vote electronically.
- Upon the report's official filing, it will be publicly posted via <https://malegislature.gov/Commissions/Detail/512/Documents>

Communications Plan relative to Interim Report

- Media
- Communications (with legislative leaders and others)

Next Steps

Discussion of Next Steps

Already Scheduled Meetings (10:30 - Noon):

- October 28
- November 11 (note: to be rescheduled due the Veteran's Day Holiday)
- November 18
- December 2 and 16

Future Task Force Meetings, Presentation, and Hearings

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

Health Equity Task Force

Established by Chapter 93 of the Acts of 2020

Embargoed – Pending Final Version to be Approved

Draft Interim Report (to Task Force Members)

October 14, 2020

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Executive Summary & Overview

- The disproportionate impacts of COVID-19 on racially and ethnically diverse populations, as well as other vulnerable populations, is a moment of reckoning for this country, and for Massachusetts. The Health Equity Task Force Members have reflected that this is our “national Katrina” where longstanding health disparities and economic inequities have foreseeably resulted in higher rates of infection and mortality in some communities during this public health emergency. The knowledge of the unequal burden of this disease, combined with our heightened awareness of systemic racism, demands our concerted action.
- The Task Force takes seriously its responsibilities to study and advance near-term recommendations that will promote an equitable COVID-19 response and address the troubling health inequities by learning from experiences to-date. Drawing on the significant work done by others, the Task Force has an ultimate goal of making progress on longstanding structural inequities and improvements in future pandemic response efforts. Health disparities are not new, but have been amplified in the COVID-19 pandemic and its economic aftermath. In recognition of this, the Task Force intends to build upon prior and current health equity work with extensive stakeholder input and has heard from approximately 100 organizations and individuals thus far.
- This Interim Summary Report is issued to provide timely considerations for state policy makers about immediate needs in the ongoing COVID-19 response, as we face the possibility of a second surge. To that end, this summary highlights key priorities for the FY 2021 state budget expected this Fall.
- A final Health Equity Task Force Report will provide findings and mid- and long-term recommendations in the detailed areas statutorily defined in the Legislature’s charge to the Task Force.

Priority Areas for Urgent FY 2021 State Budget/Policy Action

- In light of urgent COVID-19 and pressing health equity needs, the Health Equity Task Force focused its Interim Summary Report on urgent, time-sensitive initial funding and policy priorities for action by the state legislature and the Administration in the FY 2021 state budget.
- We are cognizant of the uncertain state revenue outlook for FY 2021 and needed, pending federal action for timely COVID-19 economic support for state and local governments and other critical federal support for our residents, health care providers and businesses, particularly for those disproportionately impacted.

Health Equity Task Force Recommendations: The Task Force's recommendations are organized in critical priorities we have grouped as **3 specific FY21 state budget and policy legislative requests**, reflecting the multi-faceted COVID-19 and Health Equity steps that must urgently be taken now to guide the response efforts: both to mitigate the spread of COVID-19 especially for diverse and vulnerable populations and to respond to disproportionate impacts based on learning to-date. **Slides 5 – 6, 8 – 12 and Appendix I**

Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony:

The Task Force, based on extensive testimony, recognizes and lends support to **8 additional areas** as important to the near-term COVID-19 Health Equity response, which are led by other coalitions. **Slide 7 and Appendix II**

- By sharing this interim report, we aim to inform the state legislature and Administration's important state budget work with a health equity lens.

Health Equity Task Force Recommends 3 Critical FY 21 State Budget and Policy Priorities & Additional Action Areas

#1

Data and Reporting for Health Equity Informed COVID- 19 Efforts **Slides 8 - 9**

#2

Equitable COVID-19 Vaccines **Slides 10 - 11**

#3

COVID-19 and Health Equity Response Initiatives Reserve Account **Slides 6, 12 and Appendix I** modeled on (<https://malegislature.gov/Laws/SessionLaws/Acts/2020/Chapter124>)

- Urgent Initiatives to Mitigate the Spread of COVID-19 Especially for Diverse and Other Vulnerable Populations
- Respond to Disproportionate Impacts on Diverse Populations including Racially and Ethnically Diverse Populations and Other Vulnerable Populations

#4-
#11

Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony **Slide 7 and Appendix II**

COVID-19 and Health Equity Initiatives Response Reserve Account

Address pressing needs through a reserve account such as the example of the Chapter 124 of the Acts of 2020 (the FY20 emergency supplemental law that included reserve accounts for COVID-19 related expenditures that leverage federal funding, tapping federal funds to greatest extent). Its purposes will be detailed and include but are not limited to the following areas. Upon filing the report, the intent is to work with legislative/Administration leaders on the funding build-up for this account. Such information is not presently available to the Task Force. **See Appendix I.**

Urgent Initiatives to Mitigate the Spread of COVID-19 Especially for Diverse and Vulnerable Populations

Expand and Extend Stop the Spread Initiatives

COVID-19 Testing and Enhanced Contact Tracing

Statewide Surveillance Testing

Support for Local Public Health COVID-19 & Health Equity Response

Isolation Housing/Hotels re COVID-19

Uniform COVID-19 Testing Requirements for Entry/Re-entry to Congregate Settings

Requiring Implementation of COVID-19 Public Health Standards in Department of Corrections Facilities and Jails

Bulk Purchasing of Medical Supplies & Personal Protective Equipment & Equitable Distribution

Responding to Disproportionate Impact

Language Access at State Agencies

Behavioral Health Language Access

State Public Service Announcements Campaign re: Testing and Treatment Services

Culturally & Linguistically Responsive Materials & CBO Outreach

Continued Funding for EOHEH COVID-19 Emergency Cash Assistance Program

Continuation of COVID-19 MassHealth Eligibility and Coverage Flexibilities

Address Digital Divide re: Broadband/ Telehealth Access

State Funds for Emergency Support to Highly Impacted Municipalities (to complement Statewide Programs)

Additional Areas of Near-term COVID-19/ Health Equity State Budget Actions Based on Testimony *See Appendix II for Details*

Social Factors In Health



Safety of Essential Workers and Congregate Settings



Health Care Access



FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

Findings: The Task Force received wide-ranging stakeholder input about the urgent need for more complete actionable data and public reporting to inform the COVID-19 response, which residents, employers, state and local governments need to inform decision-making and protect the safety (including prevention) of all residents including those at greater risk for disproportionate impacts of COVID-19. This data is crucial to ensure that ALL people are being served.

- Building on progress under the current COVID-19 data reporting law, we urge that ongoing reporting efforts more fully capture and publicly report race, ethnicity, language, disability, and occupation data and other required elements in Chapter 93 of the Acts of 2020. COVID-19 mitigation and supportive interventions all flow from access to this critical data that can be used by communities. Testimony has underscored that race stratification alone is not sufficient to monitor impacts and guide response efforts, which are more appropriately tailored taking into account ethnicity and language. For example, race categories such as “Black” and “Asian” (among others) aggregate many different ethnicities, cultures, and languages.
- Therefore, a suggested approach is a report to the legislature on the reasons for the current reporting gaps and lags and the support and solutions necessary to address them. For instance, we would like to understand what data elements are included in the automatic data transmissions from labs and other data submitters and which data remains to be captured by resource constrained local boards of health and contact tracers.
- After resolving the existing data required by Chapter 93, we recommend planning for future new data for dashboards including “industry, sexual orientation and gender identity, and cluster information by category and location” over time, such as Colorado is doing. As part of future planning, testimony was received about tracking data for additional subpopulations such as those with mental health conditions and pregnancy.

FY21 State Budget and Policy Priority: Data and Reporting for Health Equity Informed COVID-19 Efforts

Findings (continued):

- It is critical to bolster the state's public health infrastructure. Access to data is directly linked to the public health surveillance system including DPH's data warehouse. We urge the release of \$2.9 million authorized in a recent government bond bill.
- In preparation for COVID-19 vaccines, we recommend planning for data collection and public reporting on vaccine distribution and vaccination rates to monitor and implement equitable vaccination efforts.
- We also support efforts to encourage the quality and completeness of the data that is submitted by health care providers, laboratories, and other entities to DPH.

See Appendix IV for Proposed Discussion Draft Language

Recommend additions to data reporting requirements of Chapter 93 of the Acts of 2020 and bolster resources for public health surveillance infrastructure.

#2

FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations

Findings: Equitable vaccine distribution, access, education, outreach, vaccination rates and public reporting of such rates have been a major focus of Task Force input. Public hesitancy about potential vaccines and prior mistrust especially among diverse populations have been noted. The Task Force recommends that there is a participatory advisory process, representative of racially and ethnically diverse stakeholders and residents and vulnerable populations and medical, public health, ethics, and other expertise, for input in the design and oversight of the vaccination plan and its implementation. The vaccination plan should include public hearings and an opportunity for public testimony to incorporate feedback. A new report by the National Academies of Sciences, Engineering and Medicine ([National Academies Framework for Equitable Allocation of COVID-19 Vaccine Highlights](#)) is a reference. Further, we recommend that the implementation of COVID-19 vaccine should include a culturally and linguistically-centered public awareness campaign, education, and community engagement plan to foster vaccine awareness, promotion and acceptance, including ensuring that there be no out-of-pocket cost-sharing for COVID-19 vaccines to facilitate access, and conducting such a campaign in partnership with trusted community-based organizations, local public health departments, and health care providers, including those serving diverse, gateway communities.

#2

FY21 State Budget and Policy Priority: Equitable COVID-19 Vaccinations

In preparation for COVID-19 vaccines, we recommend planning for data collection and public reporting on vaccine distribution and vaccination rates to monitor and implement equitable vaccination efforts.

See Appendix IV for Proposed Discussion Draft Language

Support establishment of an equitable COVID-19 vaccination process and efforts as described above.

#3

Draft FY21 State Budget Legislative Request for COVID-19 and Health Equity Initiatives Response Reserve Account

Address pressing needs through a reserve account such as the example of the Chapter 124 of the Acts of 2020 (the FY20 emergency supplemental law that included reserve accounts for COVID-19 related expenditures that leverage federal funding, tapping federal funds to greatest extent). Its purposes will be detailed and include but are not limited to the areas in slide 6 and Appendix I. Upon filing the report, the intent is to work with legislative/Administration leaders on the funding build-up for this account. Such information is not presently available to the Task Force. ***See Appendix IV for Proposed Discussion Draft Language.***

Support establishment of a COVID-19 and Health Equity Reserve Account to monitor, treat, contain, promote public awareness, prevention, equitable response initiatives, and health equity efforts related to COVID-19.