Building Toward Racial Justice and Equity in Health: A Call to Action

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Disproportionate COVID-19 Infections and Hospitalizations for People of Color

Massachusetts COVID-19 Approximate Infection and Hospitalization Rates by Race and Ethnicity as of November 1, 2020

Disproportionate COVID-19 Mortality Rate for People of Color

Massachusetts COVID-19 Age-Adjusted Mortality Rate By Race and Ethnicity as of June 30, 2020

The Impact of COVID-19 on Communities of Color

From: Vulnerability in Massachusetts During COVID-19 Epidemic, Boston University (June 2020)

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The raw suffering I have witnessed during this pandemic as a physician has been hard to bear. But I also know this pandemic is not only about a virus, but also the structures and systems that have failed us during this public health crisis.”

- Physician, Cambridge Health Alliance
Recommendations in Five Domains

I. Data for Identifying and Addressing Health Disparities
II. Equitable Distribution of Health Care Resources
III. Clinical Health Equity: Telehealth as a Tool for Expanding Equitable Access
IV. Health Care Workforce Diversity
V. Social Determinants of Health and Root Causes of Health Disparities
Data for Identifying and Addressing Health Disparities

Standardized demographic data collection plays a role in improving outcomes and addressing health disparities at every point along the continuum of care, from the individual provider-patient relationship to population health management.

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1) Standardize Reporting and Sharing of Robust Demographic Data in Health Care

2) Report Health Care Data by Census Tract Where Possible

3) Harness Data to Measure Progress toward Health Equity Benchmarks
The disproportionate impact of COVID-19 on communities of color amplifies the longstanding need to change how health care resources are allocated, starting with payments to providers who care for underserved populations.
Equitable Distribution of Health Care Resources

From: Massachusetts AGO Cost Trends Report, (October 2016)
Equitable Distribution of Health Care Resources

1) Promote Equitable Provider Payment Rates
2) Address Cost Sharing Affordability as an Equity Priority
3) Expand Flexible and Equitable Global Payments
Although telehealth is an opportunity to increase access to care, we must ensure that the expansion of telehealth does not worsen existing health disparities by leaving behind low-income, older, rural, and non-English speaking residents.
Clinical Health Equity: Telehealth as a Tool for Expanding Equitable Access

1) Address the Digital Divide
2) Continue Coverage and Rate Parity for Telephonic and Video Visits Where Clinically Appropriate
3) Ensure Access to Telehealth for Individuals with Disabilities and Limited English Proficiency
The pandemic’s disproportionate impact on communities of color has brought attention to the importance of making our health care workforce more representative of the populations served.
Health Care Workforce Diversity

Health Care Workforce Demographic Data (2018)

From: U.S. Census Bureau, NCHS, AAMC, Institute for Diversity, Journal of Nursing Regulation

Note: Due to data limitations, physician data in the “Hispanic/Latinx” category includes only Hispanic physicians.

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Health Care Workforce Diversity

1) Increase Health Care Workforce Diversity through Expanded Educational Opportunities
2) Promote Equitable Development of Health Care Workforce Diversity and Capacity
3) Build Community-Based Health Workforce Capacity to Meet Needs of Underserved Populations
The health care system alone cannot address the root causes of health inequities. Underlying social determinants of health play a significant role in determining population-wide health risks and outcomes.
Social Determinants of Health and Root Causes of Health Disparities

1) Invest in Social Determinants of Health to Address Root Causes of Disparities
2) Expand Capacity of and Coordination Across Local Public Health Departments
3) Explore New Regional Health Equity Infrastructure
Next Steps

The goal of this report is to build on our statewide dialogue on health equity, invite collaboration, and launch discussion about how best to advance these priorities. We invite policymakers, providers, payers, community leaders, patients, and other stakeholders to share their ideas with us.