Health Equity Framework

Presented at the July 22, 2020 meeting of the HPC Board of Commissioners
The disparate impact of COVID-19 on communities of color and ongoing injustices of police brutality across the country expose systemic racism and deeply embedded structural inequities.

These inequities are not unique to the health care system but are reflected in persistent health disparities and increased disease burden for communities of color and other marginalized populations. In addition to their impact on health and well-being, these inequities result in higher health care spending and an imbalanced distribution of resources for both individuals and for all people of the Commonwealth of Massachusetts.

**Health equity** is the opportunity for everyone to attain their full health potential, with no one disadvantaged from achieving this potential due to socioeconomic status or socially assigned circumstance (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

**Health inequities** in the Commonwealth have been well documented by the Massachusetts Department of Public Health (DPH), the Center for Health Information and Analysis (CHIA), the Office of the Attorney General, the HPC, and others. The **Office of Health Equity** within DPH works to address social determinants so everyone can attain their full health potential.
Racism, Among Many Structural Inequities, Negatively Impacts Health Outcomes and Other Social Determinants of Health

The HPC’s Commitment to Health Equity

Eliminating Health Inequities is Integral to Achieving the HPC’s Mission

The HPC’s mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC’s overall goal is better health and better care – at a lower cost – for all residents across the Commonwealth.

The HPC’s statute states that the agency should seek to address health care disparities through its work:

The commission shall establish goals that are intended to reduce health care disparities in racial, ethnic and disabled communities and in doing so shall seek to incorporate the recommendations of the health disparities council and the office of health equity.

To reflect the HPC’s commitment to advance health equity and promote social and economic justice throughout its work, the HPC is proposing an action plan to ensure that health equity is a core component of the HPC’s work today and going forward.
Principles for Integrating Health Equity into the HPC’s Work

- The HPC acknowledges the pervasiveness of health inequities – and the systemic racism that underlies them – and that eliminating inequities is integral to achieving the HPC’s mission of better health and better care at a lower cost for all residents of the Commonwealth.

- The HPC will embed health equity concepts in all aspects of our work and will apply all four of its core strategies to the goal of advancing health equity in the Commonwealth: research and report, convene, watchdog, and partner.

- The HPC’s work will be informed and guided by those with lived experience of inequities.

- The HPC will educate itself about the impact of systemic racism and will promote diversity, equity, and inclusion in our workplace in order to more fully cultivate the culture of anti-racism within our agency.

- Advancing health equity in the Commonwealth is a shared responsibility. The HPC will actively seek opportunities to align, partner, and support other state agencies, the health care system, and organizations working for health equity on these goals.
The HPC Will Use All Four of its Core Strategies to Advance Health Equity

- **RESEARCH AND REPORT**: Investigate, analyze, and report trends and insights.
- **WATCHDOG**: Monitor and intervene when necessary to assure market performance.
- **PARTNER**: Engage with individuals, groups, and organizations to achieve mutual goals.
- **CONVENE**: Bring together stakeholder community to influence their actions on a topic or problem.
Applying an Equity Lens: The HPC will continue its focus on affordability (e.g., health care premiums, pharmaceutical costs) with a goal to contextualize the ways health care spending impacts disproportionately impacts different communities in the Commonwealth. One of the goals of this work is to make concrete how costly health care is, why it is so costly, and how those costs create inequities – particularly in access – across various sub-populations of Massachusetts residents in concrete terms.
HPC Health Equity Lens in Action: Convene

Convene

- Commit to utilizing the HPC’s role as a convener to spotlight health equity-related topics and disseminate information on identified inequities and disparities
- Solicit input from diverse and underrepresented populations through both formal and informal channels (e.g., HPC Advisory Council, stakeholder engagement for procurement processes)
- Ensure that the impact of the social determinants of health and systemic racism inform policy recommendations
- Work with other state agencies to align and coordinate health equity efforts
- Maximize accessibility of HPC proceedings and publications

**Applying an Equity Lens:** The HPC will make health equity a focus at the upcoming 2020 Annual Health Care Cost Trends Hearing, specifically regarding the impact of COVID-19 on communities of color. Speakers and panelists will include individuals with lived experience and/or organizations focused on upstream social determinants of health, such as housing, food security, or social services.
HPC Health Equity Lens in Action: Watchdog

• Examine the impact of proposed market changes (i.e., provider mergers and affiliations, expansions, relocations and closures) on diverse populations, including communities of color, non-English speaking populations, and low-income populations

• Analyze the spending performance of payers and providers in the context of the populations and communities they serve and the services they provide

• Collect comprehensive data to understand and report on the current structure and distribution of health care resources in Massachusetts

• Solicit information from diverse populations in the course of drug pricing reviews

**Applying an Equity Lens:** In its reviews of proposed transactions, the HPC's Market Oversight and Transparency team considers access factors that are relevant to health equity, e.g., to what extent are the provider organizations providing services to low-income patients, MassHealth patients, non-English speaking patients, and communities of color? Will there be any impact on MassHealth participation? Will relocated services be accessible for populations that rely on public transportation? Where and for what populations are resources being invested?
HPC Health Equity Lens in Action: Partner

- Embed health equity considerations and expectations into HPC's delivery system transformation programs (e.g., investment programs, certification)
- Explicitly include health equity elements as key competitive factors in selection criteria and review and selection committee processes
- Ensure that investment program awardees have a foundational understanding of health equity and the social determinants of health, and the resources to collect and analyze data that will inform health equity advancement
- Invest in programs and support policies that address the underlying causes of health inequities (i.e. the social determinants of health)

**Applying an Equity Lens:** The MassUP investment program is supporting four partnerships between health care providers and community organizations to address a social determinant of health that is leading to health inequities in particular Massachusetts communities. Awardees were required to demonstrate understanding of racial equity principles in their proposals and must engage residents with lived experience of inequities to inform their activities.
Exemplar Questions to Guide the HPC’s Work in Applying an Equity Lens

**Step 1: INITIATION**
- How are different populations affected by the status quo? Who might benefit from a change in practice/policy/program?
- What are the demographics and health needs of the populations relevant to this work?
- What sources did the research/data that informed this issue area rely on? Is there any existing bias?

**Step 2: PLANNING**
- What are the anticipated impacts of a given workstream? What are the expected outcomes and for whom?
- Could there be unintended consequences, or differential impacts by population? If so, how can they be mitigated to ensure that inequities are not exacerbated?
- Whose voices are at the table, and whose are not and how can we include them?

**Step 3: IMPLEMENTATION**
- Have differences correlated with social, economic, and/or environmental conditions been observed?
- How can these differences be interpreted; do they represent inequities?
- If so, how can the context (policies, practices, decisions) that contributed to these inequities be explained?
- If the data/information to speak to these inequities directly is lacking, are there available alternatives?

**Step 4: CLOSEOUT**
- What are the implications of the work and for whom?
- Were there unintended or inequitable effects? If so, how could the course of this work be corrected?
- What can be done differently to promote more equitable outcomes?
- Was the language used to describe all disparities and identify upstream factors consistent, precise, and respectful?
- Were results/publications/learnings disseminated to all relevant stakeholders, in ways that could benefit them?
# Health Equity Accountability and Action Plan

## Public Commitment to Advancing Health Equity

- Presentation of the Health Equity Framework and Revised Mission Statement to the HPC’s Board and Advisory Council
- Public posting of the Health Equity Framework on the HPC’s website, with regular updates in consultation with HPC’s Board, Advisory Council, and staff
- Dedicated time in public meetings, including the Annual Health Care Cost Trends Hearings, to address issues of health equity and the HPC’s efforts in this space

## Internal Action Steps

- Development and implementation of operational framework to incorporate health equity principles and lens in all HPC workstreams
- Engagement of experts to provide staff training and promote diversity, equity, and inclusion in order to more fully cultivate the culture of anti-racism within our agency
- Identification and implementation of specific goals to evaluate progress of integrating health equity principles in all HPC workstreams
- Regular internal meetings to review the agency’s health equity efforts and to inform updates to the HPC’s Health Equity Framework
- Recognition of health equity as an integrated workstream, and regular assessment of resources (e.g., staff, training, and funds) to support health equity focus