

# Achieving a Racially and Ethnically Equitable Health Care Delivery System in Massachusetts: A Vision and Proposed Action Plan

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## **ABOUT BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION**

The mission of the Blue Cross Blue Shield of Massachusetts Foundation (the Foundation) is to ensure equitable access to health care for all those in the Commonwealth who are economically, racially, culturally, or socially marginalized. The Foundation was founded in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors.

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## **ACKNOWLEDGMENTS**

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## OVERVIEW

This report proposes a vision and plan for action—collectively a statewide Health Equity Action Plan—for achieving a racially and ethnically equitable health care delivery system in Massachusetts. The report is accompanied by an Executive Summary, as well as a [Health Equity Action Plan Toolkit](#) (Toolkit) of interventions, policies, and programs that organizations in the health care delivery system can deploy to achieve their health equity goals.

The causes and impact of health inequities in Massachusetts, as elsewhere, are multiple, complex, and inter-related. Inequities in access to adequate housing, food, education, and other vital needs are stark and directly impact people’s health. Many populations experience health inequities, including people of color and people for whom English is not their primary language, as well as those with disabilities and those in the LGBTQ+ community. 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.

The impetus for this Health Equity Action Plan and Toolkit is clear and compelling: systemic racism, both structural and interpersonal, has long pervaded and been perpetuated by the health care system in America and is rife in care delivery, health coverage and payment policy, social systems that impact health, and other institutions that comprise or support the health care system. Systemic racism manifests in policies, practices, bias, and discrimination that contribute to stark and widening health care disparities among racial and ethnic groups. (*See Appendix 1 on page 11 for definitions of key terms.*)

Within 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—systemic racism results in inequities. These include poorer access to care, as well as poorer care experiences for people of color<sup>1</sup> and those who speak a primary language other than English, as compared to White people.<sup>2</sup> These same inequities exist with respect to quality of care and health outcomes.

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>3,4</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>5,6</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 they receive lower quality of care.<sup>7</sup>

Within this context, the Health Equity Action Plan and companion Toolkit provide a proposed organizing structure, process, and set of practical steps for achieving a racially and ethnically equitable health care delivery system in Massachusetts. The Toolkit includes an inventory of best practices to advance statewide progress toward this goal.

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- 1 There is no uniformly used definition of the term *people of color*. While some publications define *people of color* as any non-White population, a recent *Health Affairs* article defines *people of color* as “a term used to refer to African Americans, American Indians/Alaska Natives, Asian Americans, Latinos/Hispanics, and Native Hawaiians/other Pacific Islanders.” Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic and structural racism: Definitions, examples, health damages, and approaches to dismantling. *Health Affairs*, 41(2). Available at <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.01394>.
  - 2 Centers for Disease Control and Prevention. Racism and health. Available at <https://www.cdc.gov/minorityhealth/racism-disparities/index.html>.
  - 3 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/cspkws2101/files/2022-03/Health\\_Equity\\_Primer\\_Revised%20Final.pdf](https://www.bluecrossmafoundation.org/sites/g/files/cspkws2101/files/2022-03/Health_Equity_Primer_Revised%20Final.pdf); 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.
  - 4 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/cspkws2101/files/2023-06/Econ\\_Cost\\_Inequities\\_Full%20report\\_FINAL\\_0.pdf](https://www.bluecrossmafoundation.org/sites/g/files/cspkws2101/files/2023-06/Econ_Cost_Inequities_Full%20report_FINAL_0.pdf).
  - 5 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>.
  - 6 Massachusetts Department of Public Health. (2019). Massachusetts deaths 2017 report. Available at <https://www.mass.gov/doc/2017-death-report/download>.
  - 7 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/>.

## APPROACH TO DEVELOPING THE HEALTH EQUITY ACTION PLAN

The Health Equity Action Plan was developed based on extensive research and stakeholder engagement in Massachusetts and nationally. This research included a review of existing health equity frameworks (*see Appendix 2 on page 12 for select examples of health equity frameworks*). It also included a comprehensive landscape scan of best practices in advancing health equity through a literature review of over 100 research articles, reports, and health care organizational policies and practices, which are compiled in the Toolkit that accompanies this report.

Stakeholder engagement included obtaining input from the Blue Cross Blue Shield of Massachusetts Foundation's (the Foundation) Structural Racism and Racial Inequities in Health Advisory Group, interviews with close to 40 stakeholders representing diverse perspectives on Massachusetts' health care delivery system and the national health equity landscape, and two consumer focus groups. These focus groups included people with lived experience navigating and receiving services in the health care delivery system in Massachusetts who speak English, Spanish, and Haitian Creole. (*See Appendix 3 on page 15 for a list of the organizational affiliations of stakeholders that participated in interviews as well as the organizations that helped recruit participants for the focus groups for this project.*) Stakeholders and focus group participants shared specific examples of their experiences of racism in Massachusetts' health care delivery system and actions they and others in Massachusetts can take and are taking to advance health equity and eliminate health disparities.

## KEY LEARNINGS FROM STAKEHOLDERS

The stakeholder engagement, including both interviews and focus groups, conducted for this report was particularly powerful in shaping the Health Equity Action Plan and the overall scope and direction of the report findings. Stakeholders and focus group participants in Massachusetts broadly endorsed the goal of achieving a racially and ethnically equitable health care delivery system in the state and helped validate and refine the vision and framework embedded in the Health Equity Action Plan. Some stakeholders interviewed for this report have been working to advance health equity in their health care delivery organizations and communities for decades; others have embarked on health equity journeys more recently due to heightened awareness of structural racism and its impacts on racial and ethnic health disparities. Consistent among Massachusetts stakeholders is a strong and shared commitment to the overarching goal of achieving a racially and ethnically equitable health care delivery system in the Commonwealth (*see Figure 1 on page 3 for select examples of health equity initiatives in Massachusetts*).

Yet, stakeholders contend that despite the shared commitment and significant work to advance health equity occurring in Massachusetts, efforts are siloed and lack the following:

- Aligned goals and objectives, implementation standards, and process and outcomes measures
- Coordinated investment and evaluation
- Cross-system learning
- Accountability for measuring and monitoring progress

Piecemeal approaches, even if well-funded, are not sufficient to drive systemic change; nor is action only from within the health care delivery system. Many stakeholders noted that 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.<sup>8</sup> To make real and lasting progress on advancing health equity, Massachusetts needs a permanent structure and process for sustained cross-system collaboration and alignment, with broad stakeholder participation and shared accountability.

These reflections shaped recommendations outlined in the Health Equity Action Plan (below) that call for cohesive and collective action from a broad group of stakeholders—locally, regionally, and statewide—to ensure maximum impact of

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<sup>8</sup> Many stakeholders noted that social systems, such as education, housing, nutrition, and transportation, and related policies outside the direct purview of the health care delivery system play a significant role in people's health care access and outcomes. This report includes a focus on the health care delivery system's role in identifying social needs and connecting people to resources to meet those needs, but it does not make recommendations specific to those social systems or policies.

the Health Equity Action Plan. Fundamentally, the goal of the Health Equity Action Plan is to harness the existing energy, action, and funding in Massachusetts through an organizing framework that facilitates communication, alignment, and accountability for creating a health care delivery system in which all Massachusetts residents can attain their full potential for health and well-being regardless of race and ethnicity or primary language spoken.

## FIGURE 1. MASSACHUSETTS' COMMITMENT TO ADVANCING HEALTH EQUITY

Many stakeholders in Massachusetts feel a moral imperative to address racial and ethnic health disparities and see the opportunity for the Commonwealth to be a leader on advancing health equity as it has been in other areas of health reform. Stakeholders across the Commonwealth are actively focused on reducing health disparities and achieving health equity, and these efforts have generated tremendous attention to health equity and increased activity among Massachusetts health care providers and other actors in the health care delivery system.

### 2022–2023:

Massachusetts extended its **MassHealth 1115 demonstration** with a focus on reducing health inequities based on race, ethnicity, language, disability status, sexual orientation, and gender identity by addressing health-related social needs, expanding services for groups experiencing persistent health inequities, and creating incentives for accountable care organizations and hospitals to reduce health inequities. As part of the **1115 demonstration extension**, MassHealth received approval to establish the Hospital Quality and Equity Initiative that provides almost \$500 million annually for a hospital equity incentive program. Through this program MassHealth seeks to hold participating private acute care hospitals and the Cambridge Health Alliance, a non-state-owned public hospital, accountable to a set of metrics, with the opportunity for them to earn incentive payments for performance and improvement on metrics. MassHealth is also creating financial incentives to hold Accountable Care Organizations and Managed Care Organizations accountable for advancing equity in a manner aligned with hospitals.

**Blue Cross Blue Shield of Massachusetts (BCBSMA)** was the first health plan in Massachusetts, and among the first in the nation, to create a financial payment model ("**Pay for Equity**"), which launched in 2023 and rewards Massachusetts provider organizations for reducing racial and ethnic inequities in care (with greater financial rewards for larger reductions in inequities and maximum payment when inequities are eliminated completely). The new payment contracts focus on measuring and rewarding equity in care in several clinical areas where inequities have been identified, including colorectal cancer screenings, blood pressure control, and care for diabetes.

**The Health Equity Compact**—a group of more than 80 leaders of color from a diverse set of Massachusetts organizations—filed a bill, titled "**An Act to Advance Health Equity**." This proposed legislation seeks to advance health equity in state government, support standardizing and reporting on health equity data, and improve access to and quality of care. In June of 2023, the Health Equity Compact held the first Health Equity Trends Summit. Over 700 people and 36 speakers and panelists from health systems, the business sector, and state government explored ways to bring change to advance health equity in Massachusetts.

### 2021:

The legislature's **Health Equity Taskforce report** highlighted key priorities for state budget and policy action, focused on health care access, quality and affordability, social factors in health, local and state public health systems, emergency and disaster preparedness, and equity in state government.

### 2020:

The **Health Policy Commission (HPC)** presented a **framework** for advancing health equity within all aspects of its work, which includes four core strategies: research and report, convene, partner, and watch dog (market monitor). Through the Annual Health Care Cost Trends Hearings and other public meetings, HPC provides updates on advancement of the framework, and highlights issues related to health equity and HPC's efforts to address them. As part of its 2023 **health care cost trends recommendations**, HPC added two specific recommendations pertaining to advancing health equity. These included: 1) modernizing the Commonwealth's benchmark framework to prioritize health care affordability and equity for all, and 2) advancing health equity for all, noting a few specific strategies such as addressing the social determinants of health and using payer-provider contracts to advance health equity, among others.

The **Massachusetts Attorney General's** report **Building Toward Racial Justice and Equity in Health: A Call to Action** made recommendations on how stakeholders can address racial and ethnic health-related inequities through data reporting and use, distribution of resources, equitable access to telehealth, workforce diversity, and investments in the social determinants of health.

### 2019:

Several state agencies formed the **Moving Massachusetts Upstream (MassUp) Initiative**, a partnership across Massachusetts state agencies including the HPC, the Department of Public Health, MassHealth, the Office of the Attorney General, the Executive Office of Elder Affairs, and the Executive Office of Health and Human Services. The vision of the MassUP initiative is better health, lower costs, and reduced health inequities across communities and populations in Massachusetts through effective collaboration among government, health care systems, and community organizations.

In recent years, national organizations also have established mechanisms to support or require health care providers' progress toward an equitable health care delivery system. These include The Joint Commission's Health Care Equity **Accreditation and Certification** standards (2023) and the National Committee for Quality Assurance's (NCQA) **Health Equity Accreditation Programs** (2021).

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## HEALTH EQUITY ACTION PLAN FRAMEWORK

The Health Equity Action Plan is based on the following framework which summarizes learnings from the review of existing health equity frameworks, the landscape scan, stakeholder interviews, and focus groups (see Figure 2). The framework includes six essential components of a racially and ethnically equitable health care delivery system that if attained, can help achieve the vision of **all people in Massachusetts experiencing high-quality, accessible, and timely care from providers who understand and respect their culture.**

To achieve meaningful, statewide progress on implementing the Health Equity Action Plan and achieving the vision, current and future health care delivery organizational leaders must commit to sustained action on practical strategies within each of these essential components of the framework. As noted earlier, regulators, employers, payers, and other stakeholders have influential roles in what happens in the health care delivery system and must participate in implementing the Health Equity Action Plan to ensure its success.

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**FIGURE 2. HEALTH EQUITY ACTION PLAN FRAMEWORK**





Figures 3 and 4 capture the essential components of the framework necessary to accomplish the vision of a racially and ethnically equitable health care delivery system. Figure 3 describes the perspectives from focus group participants and stakeholders as to what would characterize such a system (i.e., what a racially and ethnically equitable health care delivery system would look and feel like). Figure 4 provides specific examples from Massachusetts and other states of interventions, programs, and policies to effectuate change toward the vision within each of these components, gleaned from the landscape scan and interviews with stakeholders. Additional examples from Massachusetts and across the country are included in the [Toolkit](#). The Toolkit aims to be comprehensive and at the same time is intended to provide an illustrative and not exhaustive list of practical examples within each component of the framework.

**FIGURE 3. ESSENTIAL COMPONENTS OF A RACIALLY AND ETHNICALLY EQUITABLE HEALTH CARE DELIVERY SYSTEM**

 <b>COMMUNITY POWER MOBILIZED</b>	 <b>ACCESSIBLE AND AFFORDABLE CARE THAT IS EASY TO NAVIGATE</b>	 <b>DIVERSE AND HEALTHY WORKFORCE AT EVERY LEVEL OF HEALTH CARE DELIVERY ORGANIZATIONS</b>	 <b>DATA-INFORMED ACTIONS TO ADDRESS HEALTH DISPARITIES</b>	 <b>COMMUNITY INVESTMENTS THAT ELIMINATE STRUCTURAL INEQUITIES</b>	 <b>ABSENCE OF RACISM AND BIAS IN CLINICAL TRAINING AND CARE DELIVERY</b>
<p>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.</p> <p>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.</p>	<p>People know how to get the health care they need and can get it when and where they need it from health care workers who speak a language they understand.</p> <p>People do not avoid seeking care due to complexity of the system, costs, or other barriers (e.g., health literacy, technology access/literacy, and transportation).</p>	<p>People of color interact with health care workers who look like them, have similar lived experience, understand and speak their language, and understand and respect their culture.</p> <p>Health care workers feel like their employers care about their physical and mental health and well-being.</p> <p>Health care leaders develop programs to support communities of color in securing and advancing in health care careers.</p>	<p>Health care delivery organizations collect, and communicate across their organization, data on how people they serve experience care and where people of color or people who speak a primary language other than English have worse experiences and poorer health outcomes than other patients.</p> <p>This includes working with the community to better understand what the data shows and developing solutions to address poor health care experiences and health outcomes.</p>	<p>Hospitals/health systems partner with government, businesses, and community organizations to close gaps in opportunity for people of color in communities they serve—for example, access to healthy food, job opportunities, education, health literacy, and housing. These partnerships and investments improve the lives of people who live and work in the communities served by the hospitals/health systems.</p>	<p>Health care delivery organizations identify where and how racism and bias manifest for people of color (e.g., staff interactions, treatment patterns, training) and take action to eliminate them.</p> <p>Health care workers do not make assumptions about people/families seeking care because of their race, ethnicity, income, or the language they speak.</p> <p>People feel safe and comfortable in health care delivery organizations and trust doctors and other staff.</p>



**FIGURE 4. MASSACHUSETTS AND NATIONAL EXAMPLES OF ACTIONS TO ADVANCE RACIAL AND ETHNIC HEALTH EQUITY IN THE HEALTH CARE DELIVERY SYSTEM**

	COMMUNITY POWER MOBILIZED	ACCESSIBLE AND AFFORDABLE CARE THAT IS EASY TO NAVIGATE	DIVERSE AND HEALTHY WORKFORCE AT EVERY LEVEL OF HEALTH CARE DELIVERY ORGANIZATIONS
MASSACHUSETTS EXAMPLES	<ul style="list-style-type: none"> <li>• <a href="#">Boston Medical Center (BMC)</a> created the <a href="#">Health Equity Accelerator</a> 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 (CBOs), which inform the design and implementation of interventions aimed to reduce health disparities.</li> <li>• <a href="#">Cambridge Health Alliance</a> developed a Health Improvement Team (HIT) that works together with health care providers, community residents, CBOs, and city leaders to assess health status, determine priorities, and build action plans to address health issues impacting the community.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Boston Children’s Accountable Care Organization</a> invested in dedicated social care staff (e.g., community health workers, social workers) that refer families to CBOs and help them apply for services/supports to address food, housing, and other social needs.</li> <li>• <a href="#">Community Care Cooperative</a> addressed <a href="#">telehealth access</a> by launching a Telehealth Navigator Program to support their member Federally Qualified Health Centers (FQHCs). For participating FQHCs, <a href="#">telehealth navigators</a> helped to identify and address patients’ digital access needs. Additionally, some member FQHCs analyzed telehealth utilization data by race, ethnicity, and language to identify inequities in telehealth access and inform the navigators’ role.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Berkshire Health System</a> developed pipeline programs/community college partnerships that allow staff to earn a living wage while going to school to become a medical assistant, licensed practical nurse, or registered nurse.</li> <li>• The <a href="#">Massachusetts Health &amp; Hospital Association (MHA)</a>, in 2021, called on all health care organizations across the Commonwealth to improve the diversity of their governing boards, after conducting a survey of Massachusetts hospitals that showed that boards are approximately 20 percent racially/ethnically diverse. Since 2017, MHA’s board has grown from 7 percent to nearly 25 percent racially/ethnically diverse.</li> </ul>
NATIONAL EXAMPLES	<ul style="list-style-type: none"> <li>• <a href="#">Building Healthy Communities</a> was 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. This resulted in a new paradigm in how power was distributed and used to change the health care ecosystem in California.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Church Health Center</a> in Memphis, Tennessee, relocated its entire health care facility to a long-vacant 150,000-square-foot retail building in the city, to better serve the community, which included an increase in “wellness spaces” (e.g., a YMCA that includes community programs and a nutrition hub).</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Highmark Health</a> committed \$1.5 million to increase diverse leadership in Pittsburgh, Pennsylvania, through the <a href="#">Advanced Leadership Institute</a>, a nonprofit organization to help build pipelines to senior leadership positions for African Americans in the Pittsburgh area.</li> </ul>
	DATA-INFORMED ACTIONS TO ADDRESS HEALTH DISPARITIES	COMMUNITY INVESTMENTS THAT ELIMINATE STRUCTURAL INEQUITIES	ABSENCE OF RACISM AND BIAS IN CLINICAL TRAINING AND CARE DELIVERY
MASSACHUSETTS EXAMPLES	<ul style="list-style-type: none"> <li>• <a href="#">Blue Cross Blue Shield of Massachusetts (BCBSMA)</a>, on their website, has published performance data for its entire in-state membership on over 50 quality measures, broken out by race/ethnicity. BCBSMA has entered “Pay for Equity” contracts with five network providers, who collectively provide care to over 500,000 members, to reward them for reducing racial and ethnic disparities.</li> <li>• <a href="#">Lawrence General</a> has reported their performance on health outcomes, stratified by race/ethnicity, and internal equity metrics and has shared results across the organization to inform strategies to reduce health disparities and advance equity.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">UMass Memorial Health</a> has redirected a portion of their <a href="#">investable reserves</a> (e.g., from stocks and bonds) into the community as low interest loans and seed funding for CBOs.</li> <li>• <a href="#">Western Massachusetts Anchor Collaborative</a> (the Collaborative), which includes some of the largest businesses in the region, including <a href="#">Baystate Health</a>, has worked to address inequities in neighborhoods with limited opportunities due to a history of disinvestment and structural racism. The Collaborative has set targets for local, diverse hiring and career advancement, and diverse purchasing, particularly for minority and women-owned vendors.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Brigham &amp; Women’s Hospital</a> has taken an integrated approach to quality, safety, and equity by examining patient safety reports and case reviews to identify instances where bias, discrimination, or racism contributed to adverse patient events or errors. They evaluated structural, institutional, and interpersonal causal factors, including human performance or behavior. Cases were aggregated, trended, and reported to hospital leadership and used to create awareness and tools to eliminate these types of occurrences.</li> <li>• <a href="#">Baystate Health</a> conducted a two-year organization-wide analysis that stimulated changes to policies, practices, and systems to remove barriers and advance equity in several dimensions (e.g., recruitment, promotion, retention, leadership, and providers).</li> </ul>
NATIONAL EXAMPLES	<ul style="list-style-type: none"> <li>• <a href="#">University of California Los Angeles Health</a> created <a href="#">health equity dashboards</a> to identify inequities and find ways to mitigate them. These dashboards detect variations in health care quality or health outcomes and monitor the health system’s hiring, promotion, training, and contracting practices.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">ProMedica</a>, a not-for-profit health system headquartered in Toledo, Ohio, built a <a href="#">grocery store</a> in a food desert and invested in <a href="#">housing</a> for neighborhoods in their patient catchment area.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Penn Medicine</a> launched a year-long <a href="#">cultural humility campaign</a> focused on defining what cultural humility means and looks like at Penn Medicine, based on learnings from actual patient interactions and sharing tools (e.g., case studies, trainings) to advance cultural humility and create a culture of listening.</li> </ul>

Sources: Stakeholder interviews, publicly available information (hyperlinked), and the [Health Equity Action Plan Toolkit](#).

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# MOVING FORWARD—IMPLEMENTING THE PROPOSED HEALTH EQUITY ACTION PLAN

Moving forward, Massachusetts has the opportunity and the imperative to implement the Health Equity Action Plan, which will be a permanent structure and process to facilitate statewide and regional collaboration and alignment among health care delivery system stakeholders. Implementing the Health Equity Action Plan will require stakeholders from across the state, including providers, state regulators, employers, health care payers, communities, philanthropy, and others, to collectively commit to creating a racially and ethnically equitable health care delivery system in Massachusetts.

The voices of people with lived experience will be critical to this effort as those closest to the problem should be closest to the solution. The Health Equity Compact will play a pivotal role. The Blue Cross Blue Shield of Massachusetts Foundation (the Foundation) will engage with the Health Equity Compact to collaborate and align as we move this Action Plan forward.

Following is a proposed structure, high-level process, and timeline for near- and longer-term actions to launch, implement, and monitor the Health Equity Action Plan. This proposed structure is informed by a review of similar types of collaborative health equity models found in the literature (*see Appendix 4 on page 16*), as well as by the stakeholders interviewed for this report who felt that certain features—such as “place-based” local or regional collaboratives and data-informed prioritization and measurement—would create the greatest opportunity to drive system change. Stakeholders also expressed that the Health Equity Action Plan should complement and build from existing initiatives and should also be rooted in co-design principles. (*See Appendix 5 on page 16 for one example of principles of co-design.*)

Through implementing the Health Equity Action Plan as described below, stakeholders expect the Commonwealth will see a meaningful reduction in health care disparities and improvements in health care access, experience, and quality for people of color and those who speak a primary language other than English.

## HEALTH EQUITY ACTION PLAN: PROPOSED STRUCTURE AND PROCESS

**Conduct “Fast-Start” Initial Actions.** 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” actions are proposed to lay the groundwork for the formal launch of the Health Equity Action Plan. These actions would be facilitated by the Foundation (or ideally a coalition of funders) in collaboration with other organizations.

These fast-start actions could include:

- Polling stakeholders to identify interested collaborators and participants for the planning committee and other bodies described below.
- 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 actions in Massachusetts and in other states.

### THE HEALTH EQUITY COMPACT

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. The Compact’s vision is the elimination of systemic barriers and creation of new structures and processes that will lead to equitable health care and health outcomes for all in Massachusetts. The Compact’s mission is to realize bold statewide policy and institutional practice changes that center racial justice and health equity. The Compact is committed to leveraging its members’ lived experiences and professional expertise to advance health equity in Massachusetts.

For more information, see: <https://healthequitycompact.org/>.

### Establish a Planning Committee and Design the Organizational Structure.

To operationalize the Health Equity Action Plan, a time-limited **Planning Committee**, facilitated by the Foundation in collaboration with the Health Equity Compact, would convene over a 6-to-9-month period to establish the Health Equity Action Plan infrastructure and implementation workplan, including development of timelines and key milestones.

The Planning Committee work could encompass the following Health Equity Action Plan structure and implementation tasks:

- Establishing a statewide governance structure, including a charter and membership for a **Steering Committee** that will provide strategic guidance on priorities, stakeholder roles and responsibilities, and monitoring progress to help ensure accountability across the state. The Steering Committee must include regional representation from diverse stakeholders throughout the Commonwealth, ensuring the presence of community voices.
- Developing an **Implementation Structure** comprising a central organizing entity that will be the home for the Health Equity Action Plan structure. This entity will be responsible for the direct implementation of some activities and tracking of other activities. In addition, it will be responsible for working in collaboration with regional or other entities that are leading health equity activities. The central organizing entity will work with statewide and local stakeholders to identify and share activities already underway, determine if there are opportunities for coordination and/or collaboration, and continuously foster information sharing necessary to advance the statewide Health Equity Action Plan.
- Designing an **“Action Lab” model** 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.
- Developing the **Implementation Workplan and Year 1 to 3 Initiatives** for the Health Equity Action Plan.
- Identifying **potential implementation funding sources** for the activities necessary to execute the Health Equity Action Plan; specifically, the supportive work associated with facilitating the launch and implementation of the Health Equity Action Plan.

**Design and Deploy the Action Labs.** Action Labs will be designed and coordinated by the Steering Committee and the central and regional lead entities. Action Lab participants will include providers, employers, payers, consumers of color and those who speak a primary language other than English, community leaders, and others representing the diverse geographic regions in the Commonwealth. The Action Labs’ core focus areas will be identified by the Steering Committee and leaders of the regional entities, and they may include, for example:

- **Clinical Action Lab:** exploring sub-population specific care models and other clinical investments and interventions to reduce health disparities, such as related to premature mortality, birth outcomes, or maternal morbidity.
- **Payment Action Lab:** developing insurance coverage and reimbursement models to incentivize performance in addressing disparities in coverage and access to services.
- **Provider Access Action Lab:** collaborating and aligning on provider network access standards/oversight to ensure equitable access to diverse, culturally competent providers and services.
- **Workforce Action Lab:** developing and aligning on strategies to create additional career opportunities for communities of color (e.g., community college partnerships, internal career progression pathways).

The priority activities and measures developed by the Action Labs will inform implementation of the statewide Health Equity Action Plan, articulating aligned priorities for action and investment regionally and locally, and standard measures to ensure accountability and progress on those priorities across the Commonwealth. The Health Equity Action Plan will include specific, aligned actions for state and local stakeholders and be co-designed with consumers and communities. These stakeholders include:

- Academic/educational systems
- Biomedical organizations
- Community-based organizations
- Large employers
- Small businesses
- State government
- Local government
- Payers/insurers
- Philanthropy
- Providers/delivery systems

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.

## HEALTH EQUITY ACTION PLAN: PROPOSED TIMELINE AND SEQUENCING OF ACTIONS

Below is a proposed timeline of high-level actions necessary to implement and oversee the Health Equity Action Plan. These activities are designed to create the collaborative, aligned, and accountable structure that stakeholders have called for and urged is necessary to achieve a racially and ethnically equitable health care delivery system in Massachusetts.

YEAR 1	YEARS 2–5	YEARS 5–10+
<ul style="list-style-type: none"> <li>• Launch “fast-start” activities (e.g., stakeholder polling for participation in Health Equity Action Plan structures, identifying co-design strategies, fielding of a survey on educational interests, sponsoring of Learning Series, developing shared inventory of best practices).</li> <li>• Establish and launch the time-limited Planning Committee.</li> <li>• Establish and begin to convene Steering Committee and design the central and regional entity structures, including potential topics and meeting cadence for Action Labs.</li> <li>• Develop Health Equity Action Plan workplan and Year 1 to 3 initiatives and implementation budget.</li> </ul>	<ul style="list-style-type: none"> <li>• Launch the central and regional implementation entities and first set of Action Labs.               <ul style="list-style-type: none"> <li>– Determine concrete, measurable baseline and progress measures (both process and outcomes) and intervals or timetable(s) for tracking and shared reporting.</li> <li>– Develop and monitor regional core plans.</li> </ul> </li> <li>• The Steering Committee will oversee the development of a statewide Health Equity Action Plan dashboard (regional dashboards can and should also be maintained) to build toward an annual statewide Health Equity Action Plan report, and help monitor action, progress, and accountability.</li> <li>• Central and regional implementation entities continue to build shared inventory (building on the Health Equity Action Plan Toolkit) of best practice actions in Massachusetts.</li> <li>• Develop Health Equity Action Plan workplan, activities, and implementation budget for Year 4 and beyond.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement/scale best practice actions and interventions to achieve goals using the Health Equity Action Plan Toolkit and other resources.</li> <li>• Publish annual report and organize Summit on progress (tied to Action Lab areas of focus).</li> <li>• Promote co-learning and dissemination of implementation approaches and measurement results.</li> <li>• Invest in and scale system-wide actions and interventions that have evidence of impact.</li> <li>• Continue to build shared inventory of best practice actions in Massachusetts.</li> </ul>

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## CONCLUSION

Health care disparities across racial and ethnic populations in Massachusetts persist. People of color and people who speak a primary language other than English in the Commonwealth experience inequitable access to care and disproportionate rates of morbidity and mortality across multiple access, experience, and outcome measures. Day-by-day, too many people in Massachusetts are unable to access adequate health care and, therefore, are not receiving optimal care because of their race, ethnicity, or the language they speak. Stakeholders interviewed for this report issued a resounding call for action to eliminate health disparities in Massachusetts, naming health equity as the “third leg of health care reform” in the Commonwealth, after prior coverage and cost-containment reforms.

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.

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. In order 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. The journey toward achieving a racially and ethnically equitable health care delivery system in Massachusetts starts with committed participants, a shared purpose, long-term fidelity to a vision, and collective and aligned action. The journey should leverage the significant work the health care delivery system and other entities throughout the Commonwealth are doing to advance health equity and reduce health disparities.

The Health Equity Action Plan proposes a permanent organizing structure for action and commitment, and mechanisms for promoting alignment, collaboration, learning, adoption, and accountability. Implementing the Health Equity Action Plan requires humility and setting aside political and competitive concerns. 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.

As 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. As we have in the past, our state can play a leadership role in advancing health equity. We can work together in alignment and collaboration to ensure we achieve the vision where all people in Massachusetts experience high-quality, accessible, and timely care from providers who understand and respect their culture.

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## APPENDIX 1: KEY TERMS

There is not a standardized set of health equity terminology. This is a persistent barrier to understanding, effectively communicating about, and developing solutions to address racial and ethnic inequities and disparities in health. This report uses the following definitions:

**Health equity\*** is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally, with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

**Health disparity\*** is a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

**Health care delivery system** refers to the network of institutions, providers, resources, and processes that enable the delivery of health care services; this includes things like doctor's offices, community health centers, emergency rooms, hospitals, and behavioral health services (including mental health and substance use disorder treatment).

**Racism<sup>†</sup>** is a system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”) that unfairly disadvantages some people and communities, unfairly advantages other people and communities, and undermines realization of the full potential of our whole society through the waste of human resources. Racism can be expressed on three levels:

- **Interpersonal/personally mediated racism.** Prejudice and discrimination, where prejudice is differential assumptions about the abilities, motives, and intents of others by “race,” and discrimination is differential actions towards others by “race.” These can be either intentional or unintentional.
- **Systemic/institutionalized/structural racism.** Structures, policies, practices, and norms resulting in differential access to the goods, services, and opportunities of society by “race” (e.g., how major systems—the economy, politics, education, criminal justice, health, etc.—perpetuate unfair advantage).
- **Internalized racism.** Acceptance by members of the stigmatized “races” of negative messages about their own abilities and intrinsic worth.

**Structural inequities/inequalities<sup>§</sup>** are disparities in wealth, resources, and other outcomes that result from discriminatory practices of institutions such as legal, educational, business, government, and health care systems.

### SOURCES:

\* U.S. Department of Health and Human Services. Health equity in healthy people 2030. Available at <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>.

† Centers for Disease Control and Prevention. (2020). Health equity style guide for the COVID-19 response: Principles and preferred terms for non-stigmatizing, bias-free language. Available at [https://socialwork.rutgers.edu/sites/default/files/2023-01/health\\_equity\\_style\\_guide\\_cleared.pdf](https://socialwork.rutgers.edu/sites/default/files/2023-01/health_equity_style_guide_cleared.pdf).

§ University of Pennsylvania. What is structural inequality? Available at <https://www.impact.upenn.edu/what-is-structural-inequality/#:-:text=Structural%20inequality%20describes%20disparities%20in,government%2C%20and%20health%20care%20systems>.



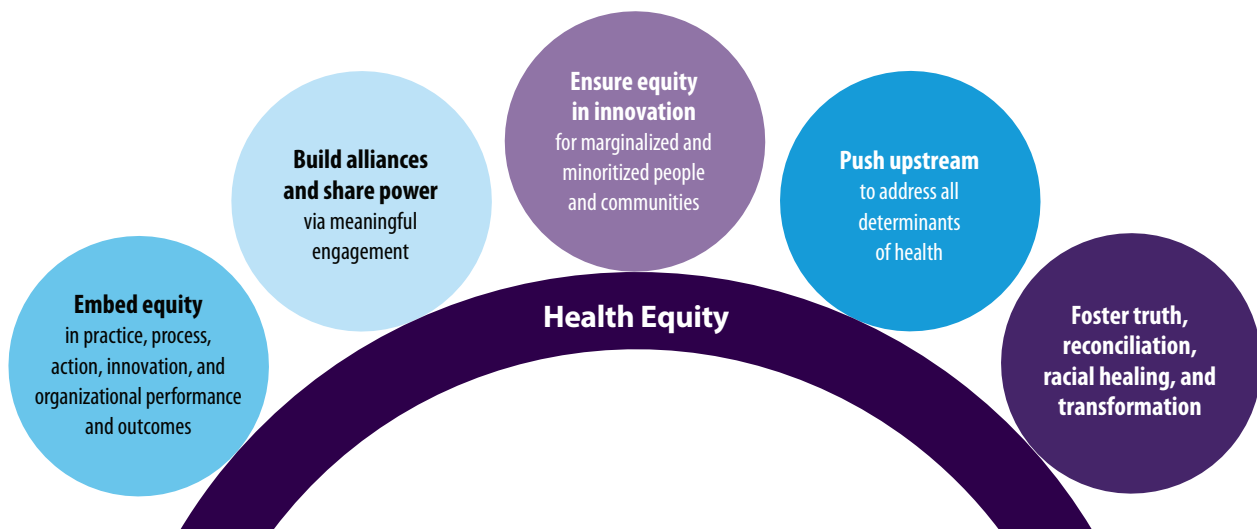
# APPENDIX 2: SELECT EXAMPLES OF HEALTH EQUITY FRAMEWORKS

## American Hospital Association



## American Medical Association

AMA's Organizational Strategic Plan to Embed Racial Justice and Advance Health Equity, 2021–2023

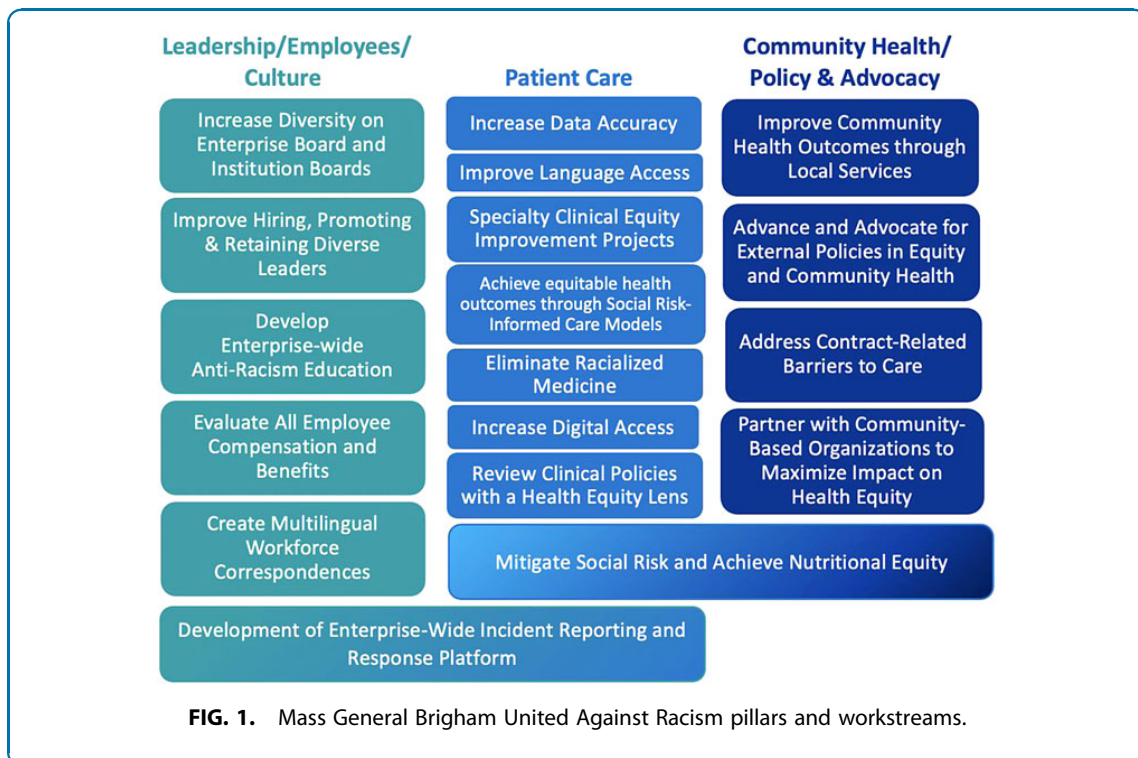




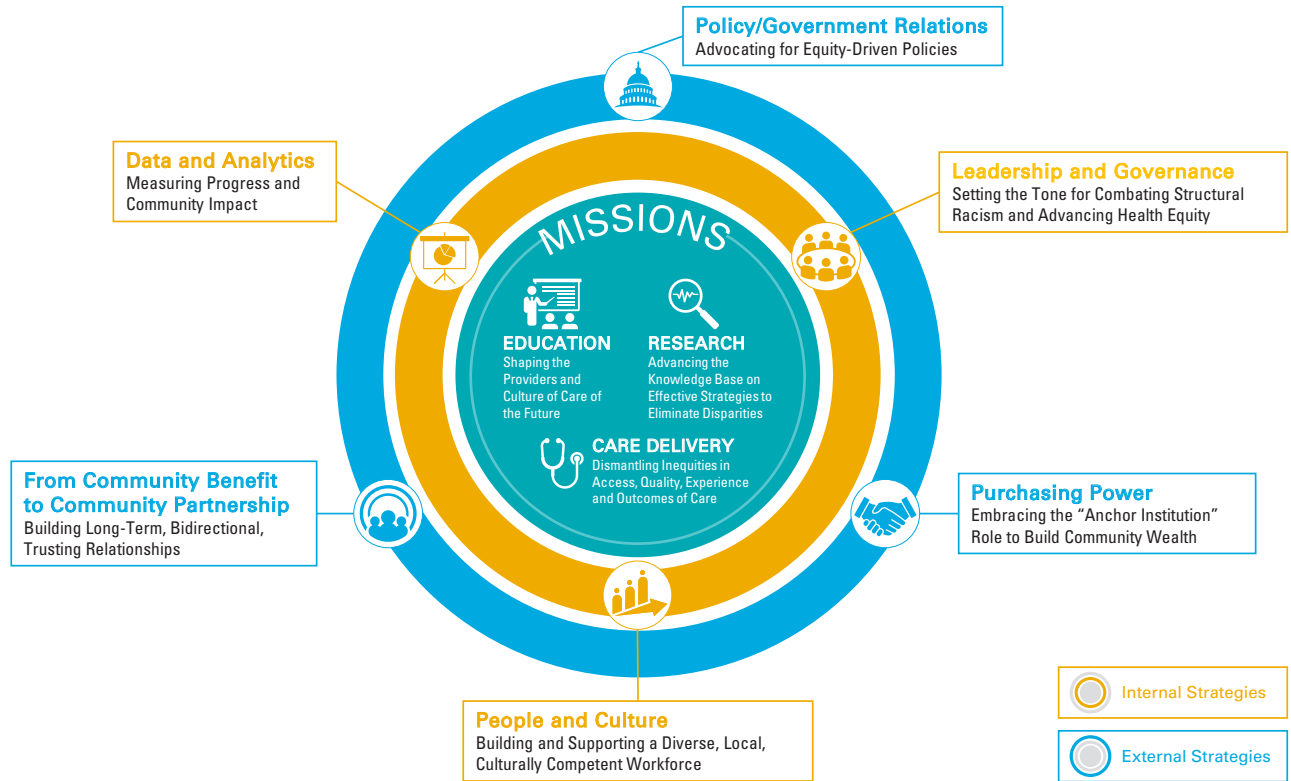
## Institute For Healthcare Improvement

1.	Make health equity a strategic priority	<ul style="list-style-type: none"> <li>• Demonstrate leadership commitment to improving equity at all levels of the organization</li> <li>• Secure sustainable funding through new payment models</li> </ul>
2.	Develop structure and processes to support health equity work	<ul style="list-style-type: none"> <li>• Establish a governance committee to oversee and manage equity work across the organization</li> <li>• Dedicate resources in the budget to support equity work</li> </ul>
3.	Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact	<ul style="list-style-type: none"> <li>• Health care services</li> <li>• Socioeconomic status</li> <li>• Physical environment</li> <li>• Healthy behaviors</li> </ul>
4.	Decrease institutional racism within the organization	<ul style="list-style-type: none"> <li>• Physical space: Buildings and design</li> <li>• Health insurance plans accepted by the organization</li> <li>• Reduce implicit bias within organizational policies, structures, and norms, and in patient care</li> </ul>
5.	Develop partnerships with community organizations	<ul style="list-style-type: none"> <li>• Leverage community assets to work together on community issues related to improving health and equity</li> </ul>

## Mass General Brigham



# AMC Levers for Advancing Health Equity



# APPENDIX 3: STAKEHOLDERS INTERVIEWED OR PARTICIPATING IN FOCUS GROUPS

The following organizations participated in an interview:

MASSACHUSETTS HEALTH CARE DELIVERY SYSTEM PROVIDERS/ PROVIDER ORGANIZATIONS	NATIONAL HEALTH CARE DELIVERY SYSTEM ACTORS	MASSACHUSETTS CONSUMER ADVOCATES/ COMMUNITY-BASED ORGANIZATIONS	MASSACHUSETTS HEALTH PLANS	MASSACHUSETTS GOVERNMENT	OTHER SUBJECT MATTER EXPERTS/ STAKEHOLDERS
<ol style="list-style-type: none"> <li>1. Baystate Health</li> <li>2. Berkshire Medical Center</li> <li>3. Boston Children’s Hospital</li> <li>4. Boston Medical Center</li> <li>5. Brigham &amp; Women’s Hospital</li> <li>6. Community Care Cooperative</li> <li>7. The Gándara Center</li> <li>8. Lawrence General Hospital</li> <li>9. Massachusetts Association of Behavioral Health Systems</li> <li>10. Massachusetts League of Community Health Centers</li> <li>11. Massachusetts General Hospital</li> <li>12. Native American LifeLines, Inc.</li> <li>13. UMass Memorial Health</li> <li>14. Whittier Street Health Center</li> </ol>	<ol style="list-style-type: none"> <li>1. Behavioral Health Emergency Assistance Response Division (B-HEARD), NYC Health + Hospitals</li> <li>2. Beloved BIRTH Black Centering, Alameda Health System</li> <li>3. ProMedica</li> </ol>	<ol style="list-style-type: none"> <li>1. Children’s Mental Health Campaign</li> <li>2. Health Care For All</li> <li>3. Massachusetts Women of Color Coalition</li> </ol>	<ol style="list-style-type: none"> <li>1. Blue Cross Blue Shield of Massachusetts</li> <li>2. Commonwealth Care Alliance</li> </ol>	<ol style="list-style-type: none"> <li>1. Boston Public Health Commission</li> <li>2. Massachusetts Health Policy Commission</li> <li>3. MassHealth</li> </ol>	<ol style="list-style-type: none"> <li>1. American Hospital Association, Institute for Diversity and Health Equity</li> <li>2. Camden Coalition</li> <li>3. Community Catalyst</li> <li>4. Families USA</li> <li>5. Health Care Career Advancement Program</li> <li>6. SOWEGA Rising</li> <li>7. Blue Cross Blue Shield of Massachusetts Foundation Structural Racism and Racial Inequities in Health Advisory Group Members</li> <li>8. The Commonwealth Fund</li> <li>9. The Joint Commission</li> </ol>

The following organizations partnered with the Foundation to recruit consumers and participate in the focus groups:

1. Ellie Fund
2. Immigrants’ Assistance Center
3. Pioneer Valley Workers Center
4. True Alliance Center
5. Women of Color Health Equity Collective

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## APPENDIX 4: EXAMPLES OF COLLABORATIVE HEALTH EQUITY PLANNING AND ACTION STRUCTURES

The Kansas City Health Equity Learning and Action Network (KC HE LAN) launched in 2022 and brings together health systems, Federally Qualified Health Centers (FQHCs), community-based health centers, physicians, health insurance providers, employers, public health departments, and other community-based organizations to collectively address the factors that lead to inequalities in health access, treatment, and outcomes. The KC HE LAN provides its group of 50 members from across the region a forum for engagement, with education, training, tools, and expertise on how to change systems/policies/structures to advance health equity. The KC HE LAN started with members in the “learning phase,” where they participated in a learning curriculum developed by the Institute for Healthcare Improvement (IHI), focused in three areas: equity as a strategic priority, equity in community and clinical care and treatment, and equity in access to social determinants of health. A subset of “action organizations” identified and committed to specific steps towards antiracism and advancing health equity in their organizations. Action organizations receive assistance with data, coaching, and facilitation support from IHI as they seek to make improvements in their organizations.

The Health Equity Action Network (HEAN) is a National Institute for Minority Health and Health Disparities (NIMHD)-funded national consortium of health researchers, clinicians, educators, and community partners working to increase equity in prevention, treatment, and management of chronic diseases (e.g., diabetes, obesity, hypertension, coronary heart disease, congestive heart failure, chronic kidney disease, stroke, and certain cancers). HEAN is comprised of one national coordinating center, 11 regional centers, and 27 partner institutions across the country. Additionally, there are units that help support and coordinate HEAN’s work, including the below:

- Research Coordinating Center: provides administrative, convening, and data support to HEAN members; shares best practices across members.
- Investigator Development Core: provides training and mentoring for early-stage investigators to develop research aimed at reducing disparities.
- Community Engagement Core: teams facilitate bi-directional collaboration between research teams and local community members, community-based organizations, and other impacted stakeholders. Each Research Center includes a Community Engagement Core and participates in the national Community Education Working Group (CEWG), convened by the Research Coordinating Center.
- Evaluation Metrics Subcommittee: comprised of self-identified members of the CEWG and is charged with vetting, selecting, and paring down a suite of evaluation metrics.
- Various work groups (e.g., common data elements and data harmonization, project managers).

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## APPENDIX 5: EXAMPLE OF PRINCIPLES OF CO-DESIGN

### CO-DESIGN PRINCIPLES\*

**Share power.** When differences in power are unacknowledged and unaddressed, people with the most power have the most influence over decisions. To change that, we must share power in research, decision-making design, delivery, and evaluation.

**Prioritize relationships.** Co-design isn’t possible without relationships, social connection, and trust among co-designers, funders, and organizers of co-design.

**Use participatory means.** Co-design provides many ways for people to take part and express themselves through visual, kinesthetic, and oral approaches.

**Build capability.** Many people require support and encouragement to adopt new ways of being and doing, learning from others, and having their voices heard.

\*McKercher, K. A. (2020). *Beyond Sticky Notes: Co-Design for Real: Mindsets, Methods, and Movements*. Inscope Books.



MASSACHUSETTS

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