

2023 Virtual Health Equity Forum

*Health Equity: If not us, then
who? If not now, then when?*

MBHP

Massachusetts Behavioral
Health Partnership

A Carelon Behavioral Health Company



Lesson of History

- ❑ The **Spanish flu**, also known as the **1918 Flu Pandemic**, was an unusually deadly influenza pandemic that lasted from **January 1918 to December 1920**, **infecting 500 million worldwide**—over quarter of world's population with **5 million deaths, 675,000 in U.S.**
- ❑ 1918, not yet discovered flu viruses, no lab tests to detect, no vaccines and poor infrastructure and life saving tools (e.g., ventilators)
- ❑ Just over 50 years after the end of slavery in the U.S. and emancipation of 4 million slaves with little access to quality housing, education and health care



- ❑ World War I
- ❑ Chronic Conditions
- ❑ Housing & Food insecurity
- ❑ Financial instability
- ❑ Access supplies/meds
- ❑ Incarcerated
- ❑ Shelter in Place
- ❑ Death Toll?

COVID-19 – Coronavirus Pandemic

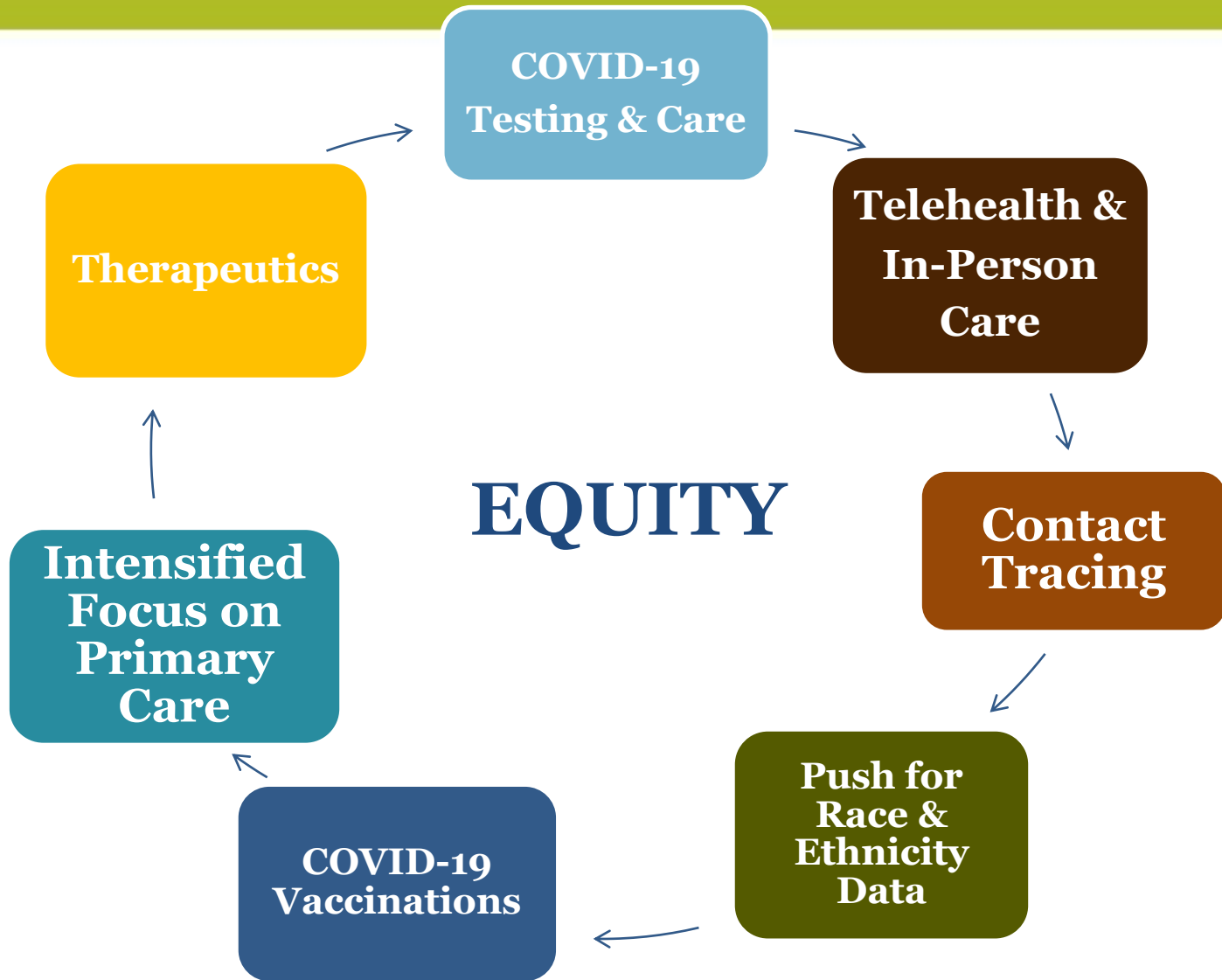
- ❑ Over 771 million cases worldwide with close to 7 million deaths, and over 13.5 billion vaccine doses administered
- ❑ Well over 100 million cases in the U.S. with over 1.1 million deaths, over 677 million doses administered (85+% ≥ 5)
- ❑ Over 2.1 million cases in MA with just under 23,000 deaths (19 this week), and over 19 million doses administered

Some Key Issues:

- Access to timely racial and ethnic data
- Protections for Essential Workers (e.g., hospitals, transportation)
- Access to Personal Protective Equipment (PPE)
- Access to timely and reliable information (public health entities)
- Adequate testing, contact tracing and treatment with alternatives for isolation/quarantining (equity)
- Access to resources (mortgage/rent relief, food, supplies, child care)
- Digital Divide (students, access to primary/urgent care)
- Chilling effect caused by anti-immigrant policies and rhetoric

Pandemic Response

Made for a moment such as this...



Pandemic Response

Some patients and communities were (are) at higher risk for severe illness or death from COVID-19

Pre-existing health conditions

Work in essential, public-facing jobs

Can't afford to miss work

Often live in Overcrowded Housing

Take Public Transportation

HEALTH, SOCIAL, & ECONOMIC INEQUITIES

STRUCTURAL RACISM

Pandemic Response

Health Equity Task Force

Established by Chapter 93 of the Acts of 2020

A Blueprint for Health Equity: Final Report Overview

July 1, 2021

Pandemic Response

Chapter 93 of the Acts of 2020 Charge to the Health Equity Task Force

"...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." (Section 2A of Chapter 93 of the Acts of 2020)

The Task Force was charged with developing recommendations including, but not limited to:

- **Improving safety for populations at increased risk for COVID-19** (essential workers, individuals in congregate settings, with underlying health conditions, and disproportionately impacted populations);
- **Removing barriers and increasing access to quality and equitable health care** services/treatment;
- **Increasing access to personal protective equipment, medical supplies, and COVID-19 testing**, including in diverse geographic locations;
- **Providing informational materials to underserved or underrepresented populations** in multiple languages on health care resources including, but not limited to prevention, testing, treatment/recovery;
- **Any other factors deemed relevant by the Task Force to address health disparities for underserved or underrepresented populations** based on culture, race, ethnicity, language, disability, gender identity, sexual orientation, geographic location and age; and
- **further study of impacts of disparities** on populations not subject report.

Pandemic Response

Health Equity Final Report: Key Actions to Advance Massachusetts as an Equity Leader

- With the **American Rescue Plan Act (ARPA) funding** at hand, the Task Force report aims to inform promising investment opportunities to address structural inequities that led to disproportionate pandemic impacts.
- Among the Task Force's most important recommendations are to **use an equity lens in investing ARPA funds and to use this report as a blueprint to set in motion enduring structures within state government to make durable progress to advance health equity.**
- Conduct a **COVID-19 After-Action Review of emergency response with an equity lens** on a rolling basis, beginning with the vaccine plan, report findings to Legislature and public with recommended action steps from the Administration.
- Create **Cabinet-level Executive Office of Equity with a Secretary of Equity** charged with creating 3- to 5-year strategic plans and data dashboards in collaboration with stakeholders and the branches of government. Also create accountable Equity Offices within each Secretariat.
- Create an **Equity in All Policies** practice to evaluate the impact of state policies and programs, beginning with an immediate equity analysis plan for the expenditure of ARPA funds.
- **Equity Data and Dashboards** on multi-dimensional indicators to track measurable progress and build transparency and accountability.

Faced with Several Crises



COVID-19's (Not So) Hidden Toll

- ❑ COVID-19 pandemic, combined with these other crises, negatively affected many people's mental health and resulted in new complications for people already suffering from mental illness and substance use disorders, including barriers to access.

Kaiser Family Foundation (KFF) poll in the Spring of 2020

45% of adults in the U.S. reported that their mental health has been negatively impacted due to worry and stress over the virus.

- ❑ As the pandemic progressed, the mental health burden increased as measures were taken to slow the spread of the virus, such as social distancing, business and school closures, and shelter-in-place orders—leading to greater isolation and potential financial distress.
- ❑ Many report feelings of anxiety, as people are fearful for themselves or loved ones becoming ill.

COVID-19's (Not So) Hidden Toll

- Loss of access to mental health services
- social isolation
- fear about contracting the virus
- feeling overwhelmed by constant and changing information about the pandemic
- uncertainty about what the pandemic holds

Black Don't Crack!

But, maybe the cracking is on the inside...!



Social Determinants of Violence!

- ❑ Poverty
- ❑ Untreated Trauma
- ❑ Untreated Mental Health Conditions
- ❑ Over-criminalized
- ❑ Poor performing schools
- ❑ Over-incarcerated and under-educated
- ❑ Lack of Coverage and Access
- ❑ Lack of Diversity along the support and care continuum.
- ❑ Self-fulfilling Prophecy



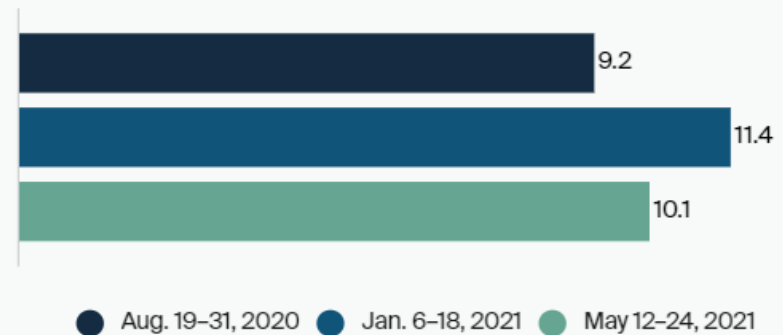
The Impact

How the Pandemic Has Affected Americans' Mental Health

At the start of the pandemic, the National Center for Health Statistics and the Census Bureau began surveying Americans about how the pandemic was affecting their mental health.

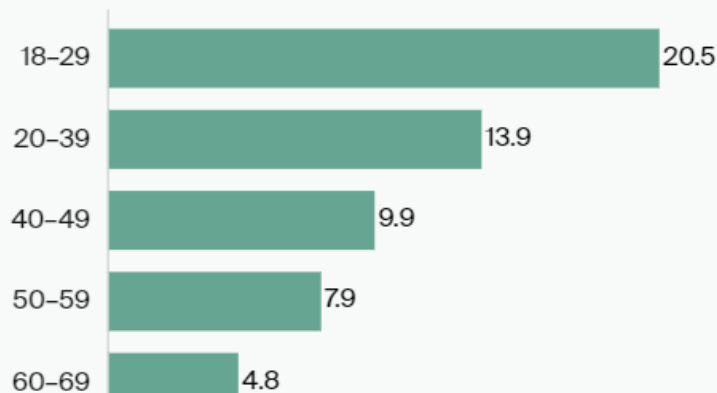
Consistent with a [Commonwealth Fund survey](#) conducted early in the pandemic, they found many Americans face challenges accessing support.

Percentage of Americans who needed counseling or therapy but did not get it in the last four weeks

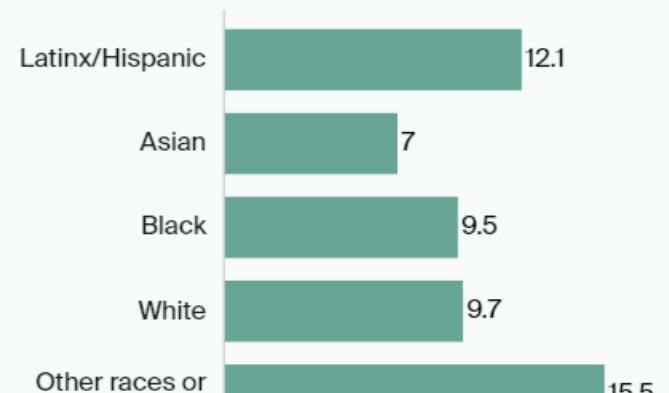


The effects have not been felt evenly across population segments

By age



By race/ethnicity



Health
EQUITY

What is Health Equity?

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices;
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.

To achieve health equity, **we must change the systems and policies that have resulted in the generational injustices** that give rise to racial and ethnic health disparities.

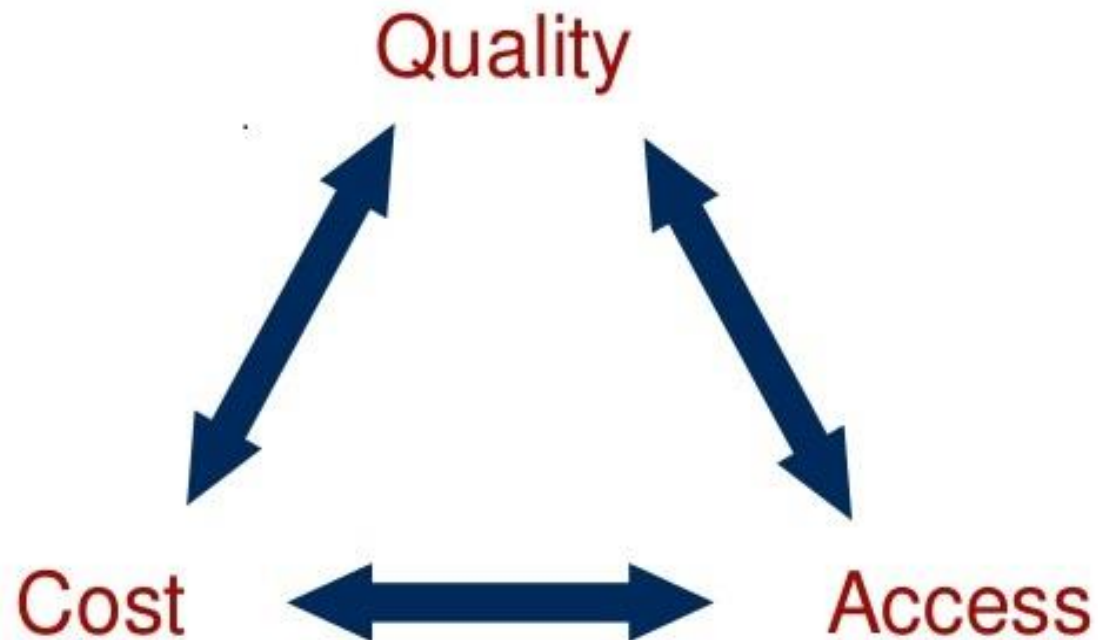
Preventable Health Disparities

Health Disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been disadvantaged by their social or economic status, geographic location, and environment.

Many populations experience health disparities, including people from some racial and ethnic minority groups, people with disabilities, women, people who are LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, or other), people with limited English proficiency, and other groups.

Health Care's Iron Triangle

Health Care's Iron Triangle



The Taint of Race in Health

“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”



Dr. Martin Luther King, Jr. at a Convention of the **Medical Committee for Human Rights** held in Chicago, March 1966



But Words Matter...

*“We are concerned about the constant use of federal funds to support this most notorious expression of segregation. Of all the forms of inequality, injustice in **health** is the most shocking and the most **inhuman** because it often results in physical death.”*

“I see no alternative to direct action and creative nonviolence to raise the conscience of the nation.”

Mortality and Healthcare Disparities

Table 2. Leading Causes of Mortality, by Boston and Race/Ethnicity, Age-Adjusted Rate per 100,000 Residents, 2020

	Boston	Asian	Black	Latino	White
1	COVID-19 138.4	COVID-19 95.1	COVID-19 238.1	COVID-19 143.5	Cancer 117.6
2	Cancer 117.4	Cancer 92.8	Heart Disease 183.6	Heart Disease 86.1	Heart Disease 113.1
3	Heart Disease 114.9	Heart Disease 55.4	Cancer 166.7	Cancer 78.8	COVID-19 103.5
4	Accidents 53.7	Cerebrovascular Diseases 22.2 [†]	Accidents 82.7	Accidents 59.5	Accidents 53.2
5	Cerebrovascular Diseases 27.4	Accidents 17.1 [†]	Cerebrovascular Diseases 52.8	Diabetes 27.4	Chronic Lower Respiratory Diseases 24.7

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2020

DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

NOTES: Please be advised that 2020-2022 data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Massachusetts Department of Public Health strongly cautions users regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events; Dagger (†) denotes where rates are based on 20 or fewer deaths and may be unstable

Stark Disparities

Weathering

African Americans are:

- More than **twice as likely** as whites to state that discrimination in health care is a major problem
- Almost **three times as likely** to receive lower-quality healthcare
- **Fourteen (14) times as likely** to report that they have been treated unfairly because of race when seeking medical care in the recent past

Poverty Rates

- Whites make up 70% of the population and 6.5% live in poverty
- Blacks make up 7.7% of the population and 17.8% live in poverty
- White households in Boston, average a net worth nearly **31,000 times more** than African-American Bostonians.

Debt

- **1 in 3** Black adults have past-due medical bills
- Black college graduates owe \$7,400 more on average than their white peers (\$23,400 versus \$16,000)
- Black graduates holding nearly \$53,000 in student loan debt 4 years after graduation – almost **2X** as much as their white counterparts
- Black graduates were more likely to take on student debt, and more likely to default (**5x higher**) than white and Asian students in 10 years after graduation.

Workforce

- The number of Black or African American male medical school applicants and matriculants had actually decreased since 1978.
- Whites are **6X** more likely to be enrolled in medical school than Blacks
- Only **5%** of active physicians are Black.

Stark Disparities

High School Graduation Rates

- Blacks and Hispanics/Latinos are **2X** and **4X** more likely to drop out of high school than whites, respectively
- Kids who are homeless or in foster care are **6X** more likely to drop out of high school than whites

Death Rates

- Homicide is **5th leading cause of death** in Black and Latino communities
- Homicide mortality rate for Black residents **exceeds** the cancer mortality rate for whites (which is their leading cause of death)

- Blacks are almost **1.5X more likely** than whites to die from cancer
- Blacks are **1.6X more likely** than whites to die from heart disease
- In 2021, the median drop-off in screening was **17.7%** for colon cancer
- CDC estimates that **41%** of American adults delayed or avoided medical care in 2020-2021

Impacts of Deferred Care

- ✓ Lower rates of early detection
- ✓ More expensive treatment
- ✓ Scheduling challenges
- ✓ Increased mental health and substance misuse demands

Loss of Life to Deferred Care

- ✓ Blacks may be **2.5X more likely** than whites to die from cancer
- ✓ Blacks may be **3X more likely** than whites to die from heart disease

Stark Disparities

Mental Health

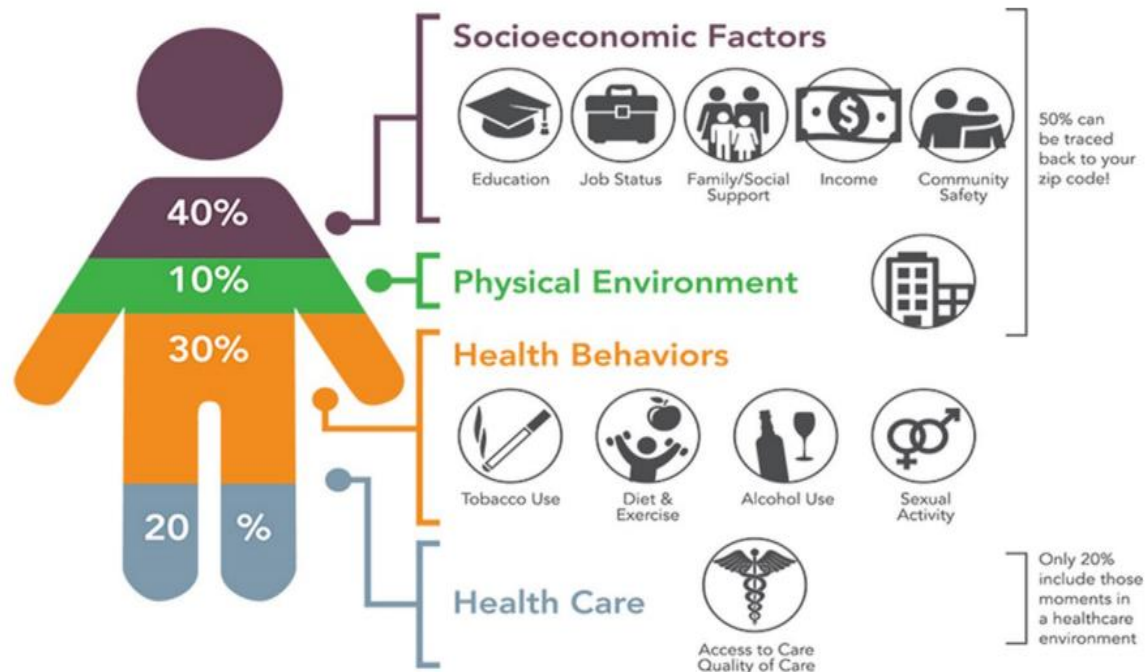
- Rates of depression are lower in Blacks (24.6%) and Hispanics (19.6%) than whites (34.7%), but Blacks and Hispanics experience more persistent depression.
- American Indians/Alaskan Natives are more likely to suffer with Post-Traumatic Stress Disorder (PTSD) and alcohol dependence than any other racial group.
- **Barriers to care for African Americans and Latinos:** lack of insurance/underinsurance, mental illness stigma (more prevalent in communities of color, lack of diversity in health care providers, language barriers, etc. **and are three times as likely** to receive lower-quality healthcare

Rates of Suicide

- Blacks and Hispanics/Latinos had suicide death rates of 43% and 27% respectively compared to 12% for whites.
- POC are less likely to report symptoms of mental health illness. 28% of Blacks and 27% of Hispanics/Latinos reported mental illness, compared to 36% of whites.

Social Determinants of Health

Social Drivers of Health



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

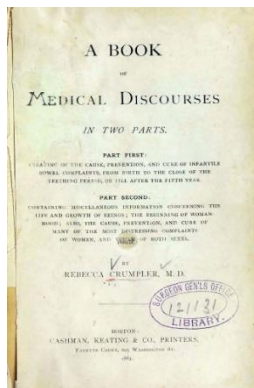
Rebecca Lee Crumpler (1831-1895)



(February 8, 1831 – March 9, 1895)

“They seem to forget there is a cause for every ailment... And that it may be in their power to remove it.”

- ❑ In 1864, became the **first African American woman to become a doctor of medicine in the U.S.**
- ❑ Only female physician author in the 19th century, published “A Book of Medical Discourses”
- ❑ Studied at the New England Female Medical College
- ❑ Began her career practicing medicine in Boston, treating women and children
- ❑ Worked for the Freedmen’s Bureau, providing medical care to former slaves
- ❑ Her house on Joy street is a destination on the Heritage Trail



Social Determinants of Health

❑ Wealth Gap

Today, the **ratio of white-to-Black wealth is estimated to be 6 to 1**. That means for **every dollar the average white American has, the average Black American has only about 17 cents**. (Worse if using the median, 10 cents)

(Wealth of Two Nations: The U.S. Racial Wealth Gap, 1860-2020)

❑ Incarceration Rate

Communities of color make up a disproportionate share of the American imprisoned population. **Black Americans** are incarcerated at a state average of **1,240 per 100,000 residents**, whereas **Latino Americans** are imprisoned at a rate of **349 per 100,000 residents**. White, non-Latino Americans, are incarcerated at 261 per 100,000 residents.

(The Sentencing Project, October 2021)

❑ Poverty Rates (2019)

- Native Americans 25.4%
- African Americans 18.7% (approx. 20% 2020)
- Hispanics 15.7% (approx. 17.6% in 2020)
- Asians 7.3% (approx. 8.1% in 2020)
- Whites 7.3% (approx. 8.1% in 2020)

More than 1/4 (25.6%) of African Americans and more than 1/5 (20.9%) of Hispanics under age 18 lived below the poverty level in 2019.

(Economic Policy Institute, 2021 and NCRC)

❑ Achievement Gap

Over past 45 years, students in the U.S. have made notable gains in academic achievement, including with students of color, but racial achievement gaps remain.

National Assessment of Educational Progress Data:

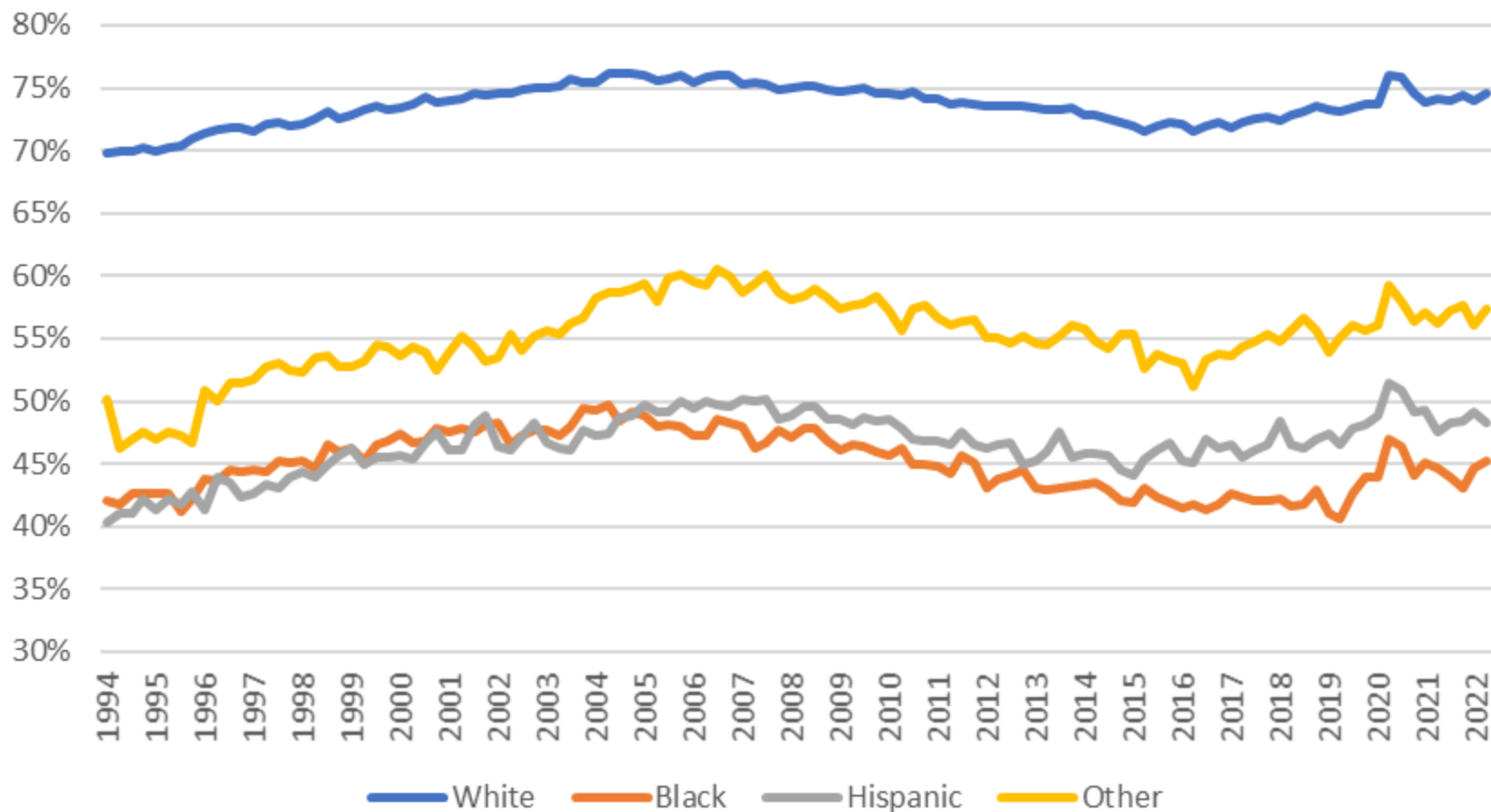
The Black-White Gap:

- In mathematics, a 26-point difference at the 4th grade level and a 31-point difference at the 8th grade level.
- In reading, a 27-point difference at the 4th grade level and a 26-point difference at the 8th grade level.

The Hispanic White Gap:

- In mathematics, a 21-point difference at the 4th grade level and a 26-point difference at the 8th grade level.
- In reading, there is a 25-point difference at the 4th grade level and a 24-point difference at the 8th grade level (NAEP, 2011).

Racial Differences in Economic Security: Housing



Notes: Figure displays the proportion of all households that are homeowners. Hispanic includes anyone of Hispanic ethnicity regardless of race. Other includes people who are Asian, Native Hawaiian or Pacific Islander, and American Indian or Alaska Native and those who report two or more races.

Source: U.S. Census Bureau data via the Federal Reserve Bank of St. Louis.

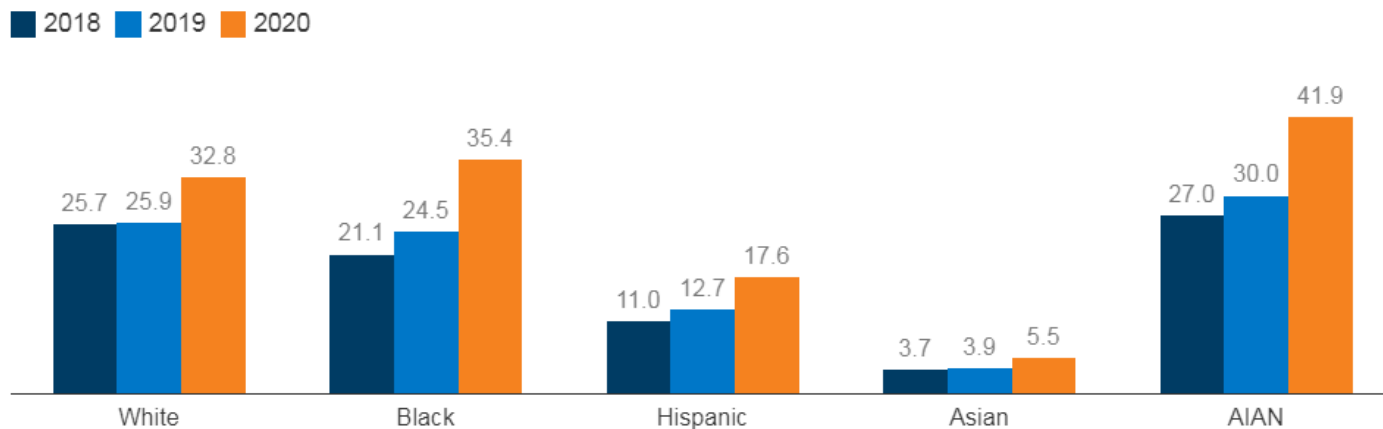
Adolescent Deaths due to Overdose Doubles

KFF The independent source for health policy research, polling, and news.

Among adolescents, deaths due to drug overdose nearly **doubled** in 2020 and disproportionately affected adolescents of color. Further, it is possible that deaths by suicide are being undercounted due to **misclassifications** as drug overdose deaths. Fentanyl-related deaths, which have accounted for many drug overdose deaths during the pandemic, may be disproportionately affecting **Black communities**.

Figure 2

Age-Adjusted Drug Overdose Deaths Per 100,000, by Race/Ethnicity



NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic. AIAN refers to American Indian and Alaska Native people. Asian refers to Asian people and Pacific Islanders.

SOURCE: KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database. • PNG

Increases in Death by Suicide



The independent source for health policy research, polling, and news.

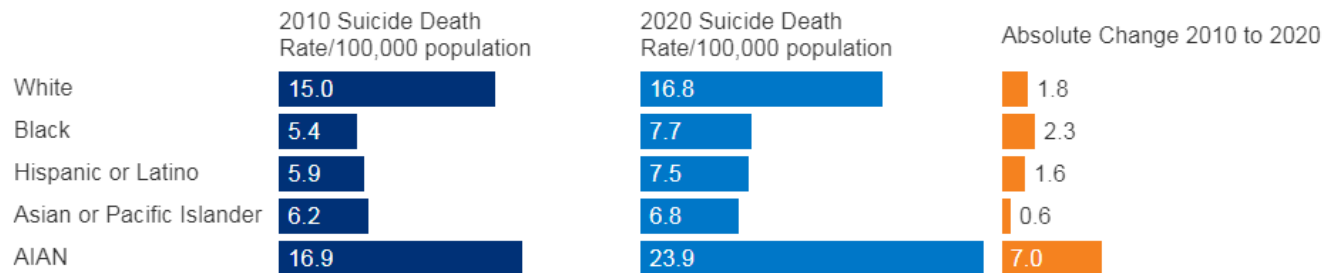
increases in rates of death by suicide. AIAN and Black people experienced the largest absolute increases in suicide death rates (7.0 and 2.3 percentage points, respectively) from 2010 to 2020 (Figure 1). Moreover, Black and Hispanic people had larger percentage increases in their suicide death rates compared to White people over the same period (at 43% and 27%, respectively, compared to 12%).

Figure 1

Suicide Death Rates by Race/Ethnicity, 2010-2020

Click on the buttons below to see data for the different age groups:

Overall Population Adolescents



NOTE: AIAN refers to American Indian and Alaska Native people. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic

SOURCE: KFF analysis of CDC WISQARS data, 2010-2020 • [PNG](#)



Between 2010 and 2020, suicide-related death rates among adolescents more than doubled for Asian adolescents and nearly doubled for Black and Hispanic adolescents (Figure 1). However, similar to the overall population data, AIAN adolescents accounted for the highest rates of deaths by suicide, over

Worsening Mental Health



The independent source for health policy research, polling, and news.

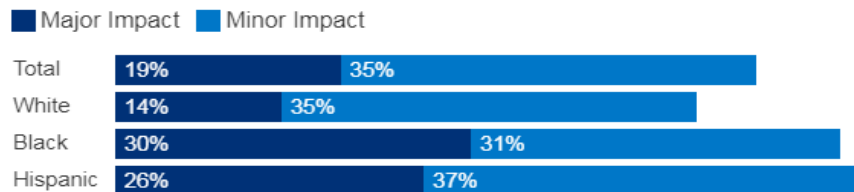
People of color have experienced worsening mental health during the pandemic.

The COVID-19 pandemic has disproportionately impacted people of color in multiple ways that contribute to poor mental health (Figure 5). Compared to their White peers, people of color have experienced higher rates of COVID-19 infection and death and greater financial challenges, including difficulty paying household bills, during the pandemic, which may negatively impact their mental health. KFF COVID-19 Vaccine Monitor Survey data from late 2021 found that at least half of White, Hispanic, and Black adults said the pandemic negatively impacted their mental health. Additional KFF survey data suggests that the mental health of Black and Hispanic parents has been particularly negatively impacted. At least six in ten Black and Hispanic parents say stress related to the pandemic had a negative impact on their mental health compared to less than half of White parents (Figure 5). Further, Black and Asian people have reported negative mental health impacts due to heightened anti-Black and anti-Asian racism and violence during the pandemic.

Figure 5

Impact of the Pandemic on Parents' Mental Health, by Race/Ethnicity

Percent of parents who say they feel that worry or stress related to coronavirus has had a major or minor negative impact on their mental health:



SOURCE: KFF COVID-19 Vaccine Monitor: Parents And The Pandemic (Jul. 15-Aug. 2, 2021). • PNG

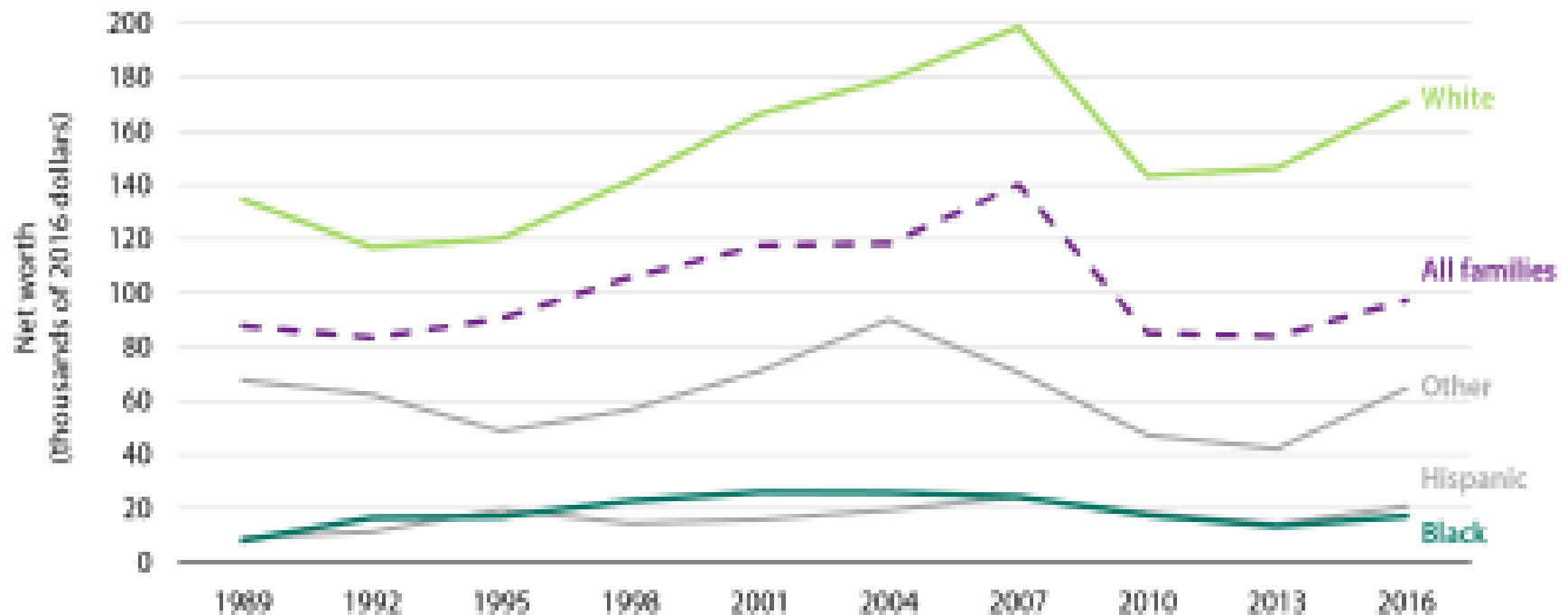


People of color face disproportionate barriers to accessing mental health care.

The Color of Wealth in the U.S.

FIGURE 1

Median Net Worth by Race/Ethnicity, 1989–2016



Source: Survey of Consumer Finances, 1989–2016.

Note: Net worth refers to the difference between assets and debt for household head. Race and ethnicity are those of the survey respondent.

The Color of Debt

- Upon earning a bachelor's degree, **Black college graduates owe \$7,400 more on average than their white peers (\$23,400 versus \$16,000)**

Note: Includes non-borrowers in the averages.

- **Black-white debt gap more than triples over the next few years, increasing to \$25,000.**
- **Difference in interest accrual and graduate school borrowing lead to Black graduates holding nearly \$53,000 in student loan debt four years after graduation—almost twice as much as their white counterparts.**
- **Black graduates were more likely to take on student debt, and more likely to default (5x higher) than white and Asian students in 10 years after graduation.**



- **Twenty years after starting college, white borrowers' median student debt fell to 6 percent, whereas the median Black borrower still owed 95 percent of their loan, according to a 2019 report by the Institute on Assets and Social Policy (IASP) at Brandeis.**

“Put simply, Black borrowers both acquire more debt and, due to wage and employment inequities in the labor market, are in more precarious positions when it comes to their ability to repay,” the authors write.

Weathered

- ❑ Repeated exposure to socioeconomic adversity, political marginalization, racism, and perpetual discrimination can harm health.
- ❑ In health, **this effect of premature biological aging and associated health risks as a result of being repeatedly exposed to social adversity and marginalization bears the name of “weathering”.**



“They pull out one piece at a time, at a time, and another piece and another piece, until you sort of collapse. [...] I thought that Jenga metaphor was very apt because you start losing pieces of your health and well-being, but you still try to go on as long as you can.”

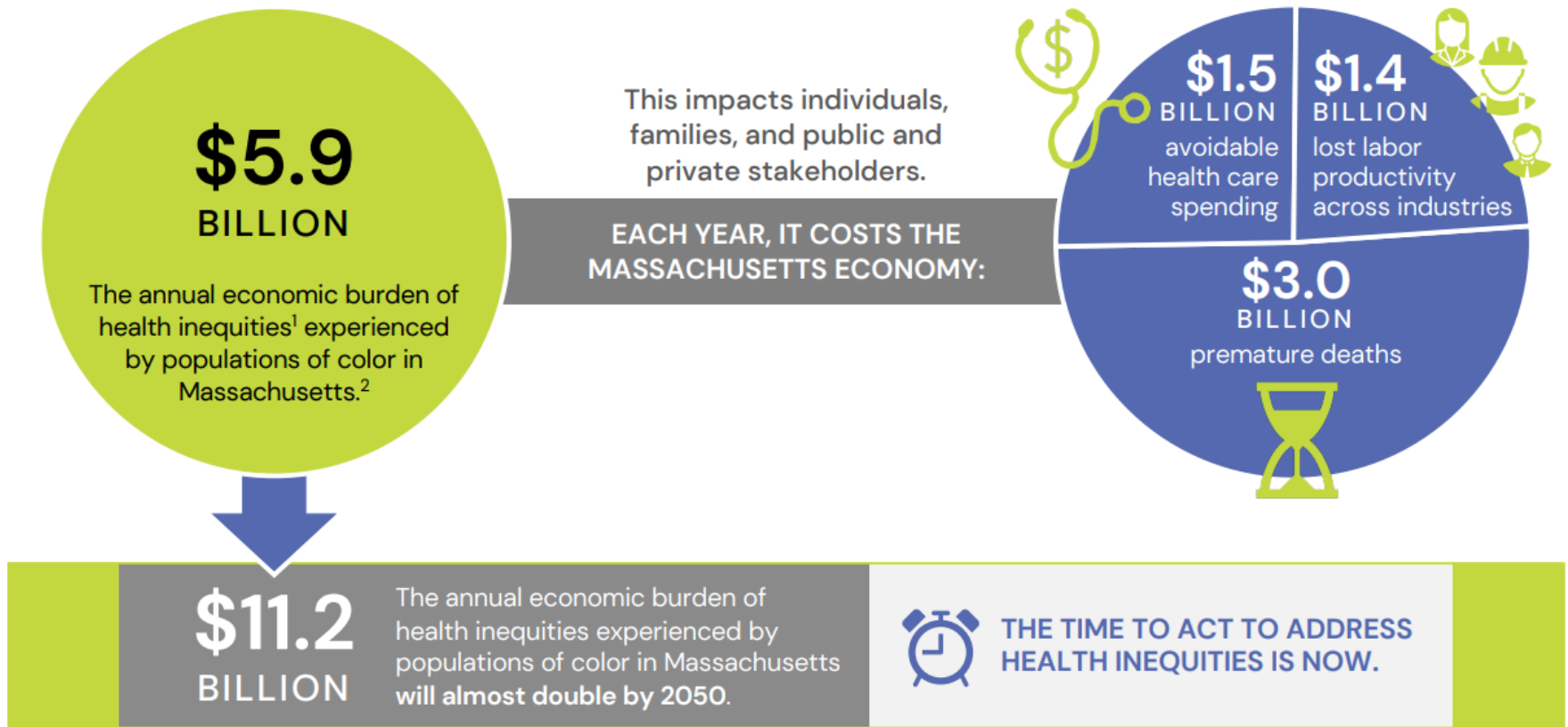
Are you weathered?

- Morbidity and Mortality/Life Expectancy
- Disparate Treatment (IOM)
- Incarceration Rates
- Food Insecurity
- Housing Insecurity
- K-12 Education Inequity & Disparate Discipline
- College and Higher Ed Inequities & Disparate Discipline
- Over-policing
- Lack of Political Power & Influence
- Disparate Discipline in Employment
- Lack of Diversity in our Medical Schools
- Environmental Injustice
- Climate Change
- Anti-immigrant Policies
- Micro-aggressions
- Racism in the Media & Entertainment
- Employment Discrimination
- High Rates of Uninsurance and Under-insurance
- Predatory Practices
- Wealth and Wage Inequity

The Time Is Now:

The \$5.9 Billion Case for Massachusetts Health Equity Reform

JUNE 2023



¹ All economic estimates are expressed in 2022 dollars.

² For purposes of this report, the term "populations of color" includes individuals who identify as Asian, Black, or Hispanic/Latino.

Good health. Right around the corner.

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Questions?

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The logo consists of a green arc above the text. The text is arranged in two lines: "Massachusetts League" on the top line and "of Community Health Centers" on the bottom line, both in a dark blue serif font.
Massachusetts League
of Community Health Centers