



11 Beacon Street, Suite 710
Boston, MA 02108
Phone: 617-723-6100
Fax: 617-723-6111
www.cobth.org

September 16, 2020

Submitted via email.

Dr. Assaad Sayah and Mr. Michael Curry, Esq.
Co-Chairs
Health Equity Task Force

RE: Health Equity Task Force Public Hearing Testimony

Dear Dr. Sayah and Mr. Curry:

Thank you for the opportunity to offer testimony to the Health Equity Task Force to inform your forthcoming recommendations to the State Legislature. The Conference of Boston Teaching Hospitals (COBTH) is an organization of twelve Boston-area teaching hospitals that works to advance policies critical to the core mission of academic medical centers: providing needed, high quality patient care to all residents, regardless of insurance status or ability to pay; training the next generation of physicians, nurses and allied health professionals; advancing innovation and discovery through biomedical research; and serving our surrounding neighborhoods and communities.

As you know, the COVID-19 pandemic did not cause the health disparities that exist throughout the Commonwealth, in our City, and across our country, but did shine a harsh spotlight on what those disparities mean for the health and wellbeing of our residents. A recent study from the Harvard T.H. Chan School of Public Health found that a 10-percentage point increase in the Black or Latino population of a community was associated with an increase of 312 and 258 COVID-19 cases per 100,000, respectively.

But health disparities persist far beyond COVID-19. According to the 2017 Massachusetts State Health Assessment, Black residents have significantly higher rates of hospitalization due to asthma and higher prevalence of childhood blood lead levels. Latino residents are least likely to receive mental health care, despite being more likely to report experiencing a mental health disorder. It is critical to underscore that these disparities, which are just the tip of the iceberg, are not biological. Racial and ethnic health disparities are caused by the political and economic structures that result in fewer resources, poorer access to care, and ultimately worse health outcomes. Beyond race, disparities also exist based on language, disability status, gender identity, sexual orientation, and more.

COVID-19 has taught us important lessons about how to respond to health disparities, and COBTH hospitals have been on the frontlines of the Commonwealth's response. We have supported efforts to set up testing sites in underserved neighborhoods; supported field hospitals, quarantine and isolation facilities for the unsheltered, in partnership with our city, State and federal partners; and swiftly stood up community-based interventions and programming to respond to the most pressing



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needs of the communities we serve. Through these efforts, we have experienced firsthand the importance of clear, culturally relevant communication from trusted partners to convey critical health and safety information. We have seen the critical importance of providing our health care providers and systems the flexibility we need to respond to crises, providing care in a way that engenders trust with our patients while keeping our clinicians, staff, and patients safe. And we have seen more clearly than ever the importance that pre-COVID health status has had for our patients' health outcomes. Now, more than ever, we must actively and continuously address the root causes of health disparities.

COBTH hospitals are beacons within the Massachusetts health care community, and we know we have a critical role to play in addressing health disparities across all aspects of our full mission. Of critical importance, we are dedicated to working directly with the communities we serve, and we are currently doing so through robust community benefits programming in partnership with the Massachusetts Office of the Attorney General, the state Department of Public Health, the Boston Public Health Commission, and the City of Boston's PILOT program. Additionally, we are founding participants in the Boston Community Health Needs Assessment-Community Health Improvement Plan Collaborative (the Boston CHNA-CHIP Collaborative), a critical partnership led by community-based organizations and community health centers, in partnership with COBTH hospitals. Unprecedented efforts in community engagement and inviting the voices of our communities were essential to the development of the Collaborative's community health needs assessment and community health improvement plans. The overarching need to achieve racial equity is central to the priorities the Collaborative is currently pursuing together: improving financial security and economic mobility; promoting housing security; ensuring access to culturally and linguistically competent behavioral health care; and ensuring meaningful access to health care for residents whose access is not robust today. The community engagement at the heart of this effort continues to be critical to all of our work, and community-driven priorities are the cornerstone of our collaboration.

In terms of our mission to provide the highest quality, affordable, and accessible care to our patients, it is critical that our providers and all employees are equipped to provide the best care to all of our patients without prejudice or bias. It is critical that we provide the education our trainees and established clinicians need to practice medicine in an affirmatively anti-racist way, with continuous opportunity for reflection, introspection, and improvement, and a commitment to humility and recognition of the dignity of each and every patient we serve. As institutions conducting clinical research, we must work to ensure that research priorities and objectives recognize the negative impact of structural racism in our work, and include a diverse and representative patient population.

By way of recommendations, we do not expect to close the health outcomes gap with a single policy change. But as a Commonwealth, we have an historic opportunity to commit to active, widescale, and consistent efforts to address the underlying causes of health disparities, questioning our assumptions, and striving each day to create a more equitable health care system. These efforts should include:



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- Ensuring that every resident of Massachusetts has access to high-quality, affordable health insurance coverage and meaningful access to care, so that socioeconomic status, race, ethnic origin, gender, gender identity, sexual orientation, religious belief, or physical or mental disability are never a barrier to accessing needed care. Although Massachusetts has one of the best insurance rates in the country, Black and Hispanic residents are less likely to be insured.
- We must work together, in partnership and alignment across all sectors – government, industry, labor, non-profits and more -- to respond to social determinants of health for the benefit of every resident of the Commonwealth, and recognize that improving health and achieving health equity will require broader approaches that address social, economic and environmental factors that influence health. This means embracing an affirmative and living anti-poverty policy agenda; improving food security and ensuring widescale access to nutritious food; promoting housing security and safe and affordable housing; creating new educational access and workforce development opportunities at every level and across all sectors; pursuing environmental justice in all neighborhoods, and more. There has been considerable creativity, energy, and innovation committed to these objectives during the pandemic, and we must carry that momentum forward and increase it.
- We must ensure every resident can access the mental health and substance use disorder supports they need, which is critical to maintaining overall health.
- We must reduce the digital divide so that every resident can access critical care via telehealth. While the COVID-19 pandemic has created a dire need to keep some patients outside the four walls of the health care system to maintain safety, it also provides additional flexibilities that make accessing care significantly easier for those that fear in-person visits and may face the costs associated with travel, time off from work, or child care required to visit a doctor's office.
- Finally, we must make considerable investments in our public health infrastructure at the State and municipal levels. The Department of Public Health and our local health departments have been critical allies throughout the pandemic, but they should also be well-resourced on the frontlines of the day-to-day fight to reduce health disparities in their communities.

Individually and collectively, each of us has an important role to play in ending structural racism and pushing forward an anti-racist agenda at all levels of government and across all sectors. Access to health care and health status are a key component of any such agenda and are critical to all other aspects of a person's wellbeing. While Massachusetts scores well nationally on a number of health metrics, disparities persist and remind us that there is much more work to be done.

COBTH is committed to adopting, supporting, and catalyzing work to dismantle the legacy of systemic racism in our City, our Commonwealth, and our nation. We intend to respond to the public health crisis of systemic racism and advance the cause of racial equity and social justice. To take action toward achieving these goals, the following will guide COBTH's engagement in this work.



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COBTH will evaluate legislative, regulatory, civic, and community initiatives that aim to eliminate systemic racism and advance the cause of racial equity and social justice. In adopting, supporting, or catalyzing such initiatives, COBTH will prioritize the racial and ethnic health equity goals and specific recommendations of the Boston CHNA CHIP Collaborative Community Health Improvement Plan (CHIP) and will also prioritize support for efforts to:

- Support efforts to strengthen our public health infrastructure, eliminate health disparities, and expand access to health care for all residents, regardless of race, ethnic origin, religious belief, language, gender, gender identity, sexual orientation, physical or mental disability, or socioeconomic status;
- Support the prioritization of resources for community investment, especially investment in public health, including addressing the social determinants of health;
- Reform police use of force policies based on critical input from the community, and broad community engagement on experiences and stories, coupled with transparency and accountability to the public;
- Improve meaningful data collection and reporting by race, ethnic origin, language, gender identity, sexual orientation, physical or mental disability, and other key demographic categories to inform evidence-based policies that reduce disparities, especially racial and ethnic disparities;
- Adopt practices that are affirmatively anti-racist and respond to explicit and implicit bias based on race, ethnicity and other demographic, social, and socioeconomic characteristics; and
- Engage in robust community engagement and intentional inclusion of Black, Brown, and other historically marginalized voices in ongoing policy making and evaluation at all levels.

COBTH members stand ready to partner with government, community organizations, the private sector, Massachusetts residents, and any others who share our commitment to making meaningful progress on these critical issues, and we thank you for the opportunity to offer our thoughts on the urgent work ahead.

Sincerely,

A handwritten signature in blue ink that reads 'Patricia McMullin'. The signature is fluid and cursive, with a large initial 'P'.

Patricia McMullin
Executive Director
Conference of Boston Teaching Hospitals