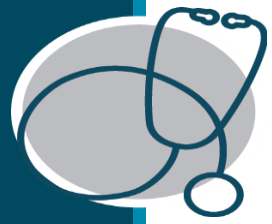
PARTNERS HEALTHCARE

FOUNDED BY BRIGHAM AND WOMEN'S HOSPITAL
AND MASSACHUSETTS GENERAL HOSPITAL



Ensuring Equity in the Response to COVID-19

Tuesday, May 19th

Mass General Brigham (formerly Partners Healthcare)

Welcome

Joseph Betancourt, MD, MPH
VP and Chief Equity Inclusion Officer, Mass General Hospital

Thomas Sequist, MD, MPH
Chief Patient Experience and Equity Officer, Mass General Brigham

Premise, Launch and Key Principles

Premise:

- Disasters always disproportionately impact vulnerable and minority populations (e.g. Hurricane Katrina)
- COVID-19 required that we prepare to meet the needs of diverse populations

Launch of MGB Equity and Community Health COVID Response:

- March 16th, 2020
- Created team, identified key workstreams, expand as needed
- Met daily, presented weekly, reported to Incident Command Structure

Key Principles:

- Goal is to save lives, urgency is critical, the virus never sleeps
- Assume best intentions of all involved
- Prioritize speed over bureaucracy, be ready to sacrifice normal processes
- Avoid politics, forgive stepping on toes

Overview of Workstream Organization:

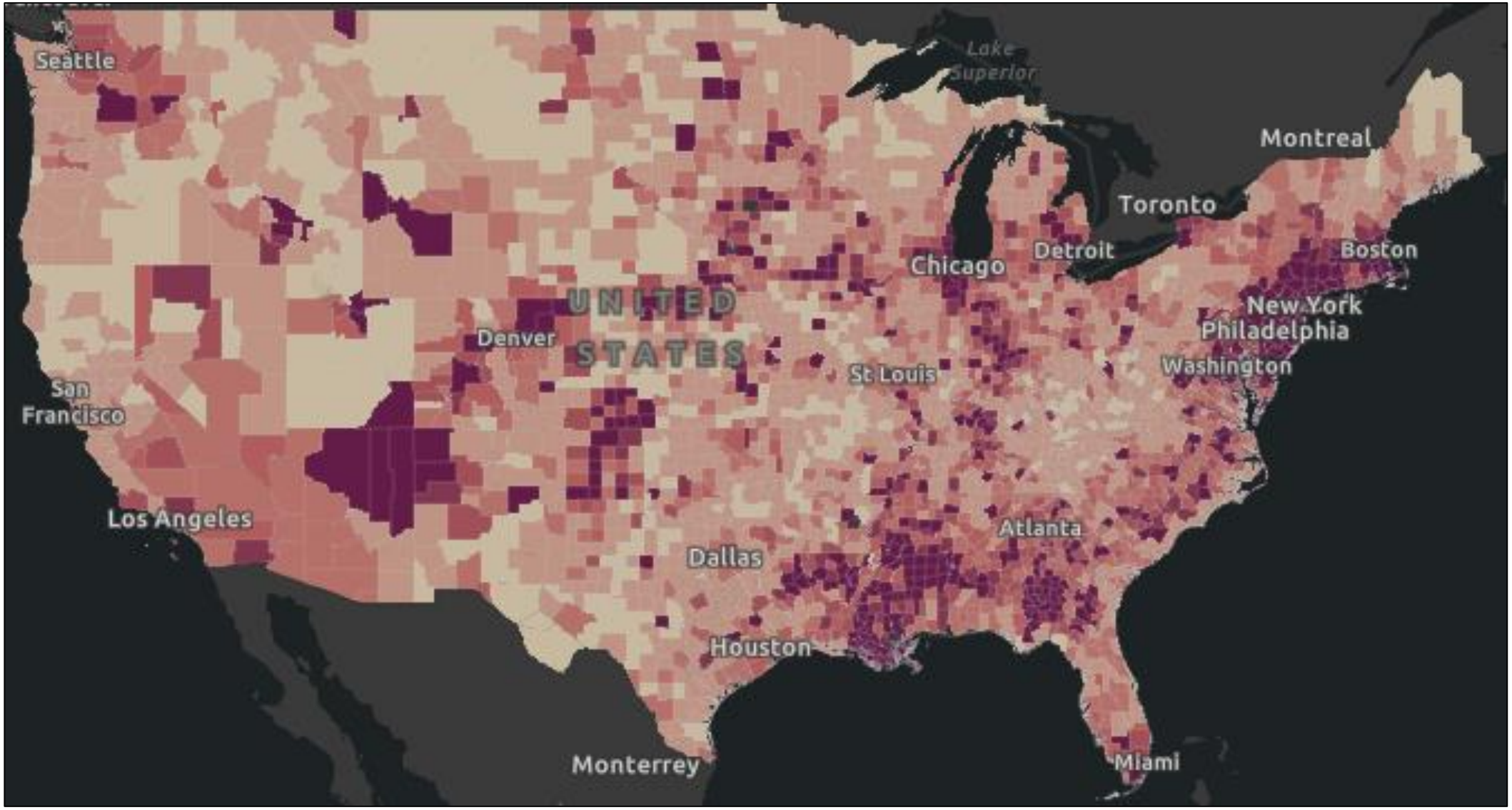
In concert with:

- State & Local Government
- Advocacy
- Diversity & Inclusion
- Human Resources
- Communications

Agenda

Welcome, opening remarks and background	National, state and system data	• Joseph Betancourt, MD, MPH, VP and Chief Equity Inclusion Officer, Mass General Hospital • Thomas Sequist, MD, Chief Patient Experience and Equity Officer, Mass General Brigham (formerly Partners Healthcare)
Clinical Communication to Patients and Employees	Making the system accessible for those with language barriers	• Lee Schwamm, MD, VP of Virtual Care, Mass General Brigham, Director of TeleHealth, Mass General Hospital • Aswita Tan-McGrory, MBA, MSPH, Director of the Disparities Solutions Center, Mass General Hospital • Esteban Barreto, PhD, Director of Evaluation, MGH Equity and Inclusion, Mass General Hospital
	Multilingual registry	• Elena Olson, JD, Executive Director, Center for Diversity and Inclusion, Mass General Hospital • Angela Maina, Director of Compliance, North Shore Medical Center
	Making the system accessible for patients with disabilities	• Oswald Mondejar, Sr. VP, Mission and Advocacy, Spaulding Rehabilitation Network and Partners HealthCare at Home • Cheri Blauwet, MD, Director of Disability Access and Awareness, Spaulding Rehabilitation Network • Zary Amirhosseini, M.Ed, Disability Program Manager, Mass General Hospital
General Communication to Patients & Employees		• Sarah Wilkie, MS, Project Manager, Mass General Brigham • Natalie Johnson, MPH, Administrative Director, MGH Equity and Inclusion, Mass General Hospital
Diversity and Inclusion	Diversity and Inclusion Summit and other local events	• Dani Monroe, MS, Chief Diversity, Equity and Inclusion Officer, Mass General Brigham
Crisis Standards of Care	State and local efforts	• Joseph Betancourt, MD, MPH, VP and Chief Equity Inclusion Officer, Mass General Hospital
Community Health	Addressing social determinants of Health Developing a strategy to meet community needs Identification Mitigation Isolation	• Kristen Barnicle, MA, Executive Director for Community Health, Mass General Brigham • Joseph Betancourt, MD, MPH, VP and Chief Equity Inclusion Officer, Mass General Hospital • Wanda McClain, MPA, VP of Community Health and Health Equity, Brigham and Women's Hospital • Kristina McLoughlin, Community Benefits Manager, North Shore Medical Center • Joan Quinlan, MPA, VP of Community Health, Mass General Hospital
Audience Q&A		
Closing		• Joseph Betancourt, MD, MPH, VP and Chief Equity Inclusion Officer, Mass General Hospital

Confirmed Cases Nationally



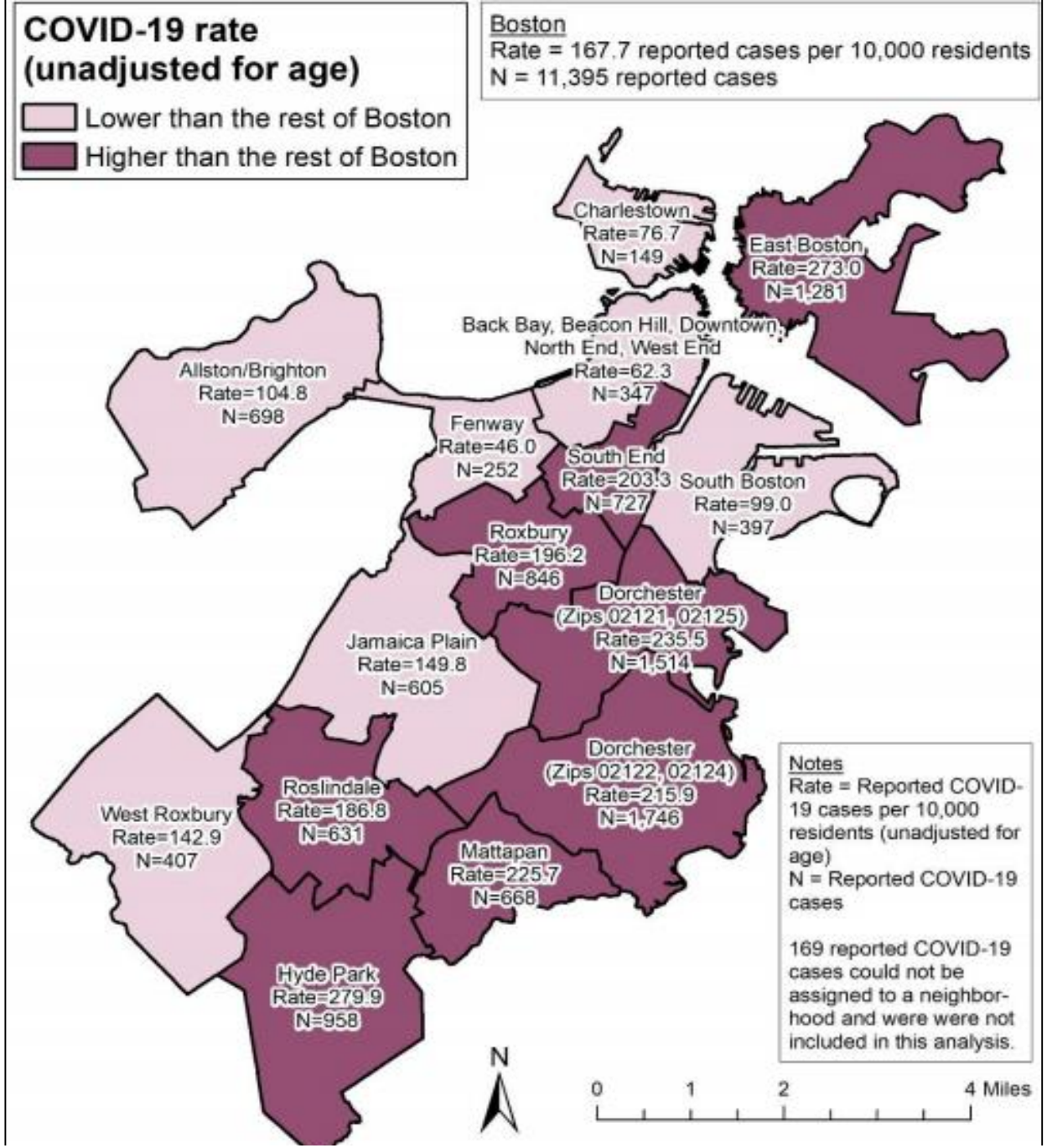
Note: Map updated as of 5/18/2020

Source: COVID-19 Dashboard by the Center for Systems Science and Engineering at Johns Hopkins University

COVID-19 Rates per City/Town (Top 15 State-wide)

	2010 Census Population	Population Per Mile² Density	Total Square Miles	Infection Rate Residents Per 10K	Death Rate Residents Per 10K
Chelsea	40227	18285	2.2	602.6	35
Brockton	93810	4343	21.6	356.4	22
Lawrence	76377	10321	7.4	337.5	12
Lynn	90329	8627	10.47	325.9	9
Everett	46324	13625	3.4	300.1	5
Revere	51755	16173	3.2	277.8	11
Lowell	106519	7609	14	210.2	8
Framingham	68318	2588	26.4	197.8	10
Braintree	35744	2572	13.9	197.5	21
Malden	59450	11726	5.07	189.9	11
Boston	617594	339	48	186.6	9
Holyoke	39880	1899	21	178.5	24
Worcester	181045	4690	38.6	170.2	11
Waltham	60632	4458	13.6	166.7	8
Peabody	51251	3125	16.4	162.7	19

Data as of 5/17/2020



Source: Boston Public Health Commission, Boston COVID-19 Report for the Week Ending 5/14/20

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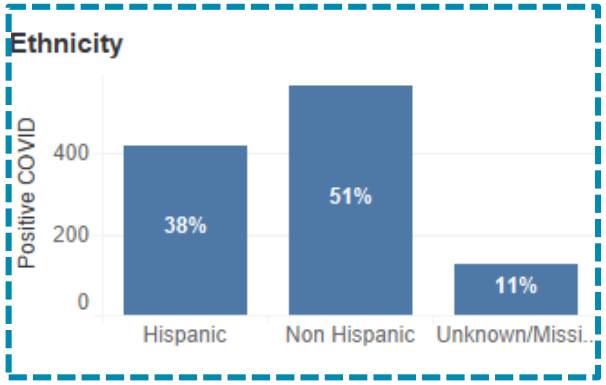
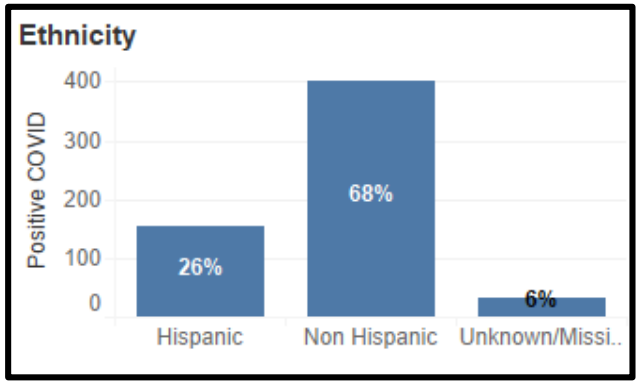
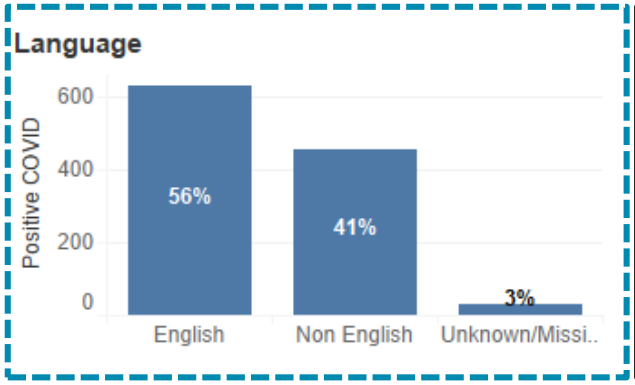
Inpatients Tested for COVID-19 at two Mass General Brigham Hospitals

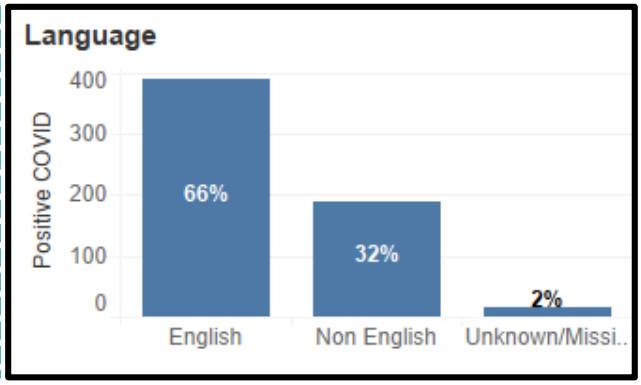
Massachusetts General Hospital

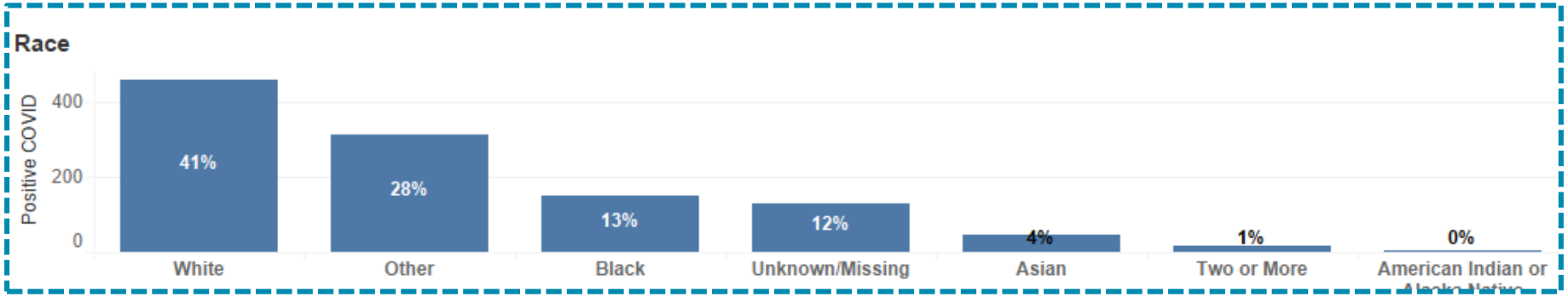
Brigham & Women's Hospital

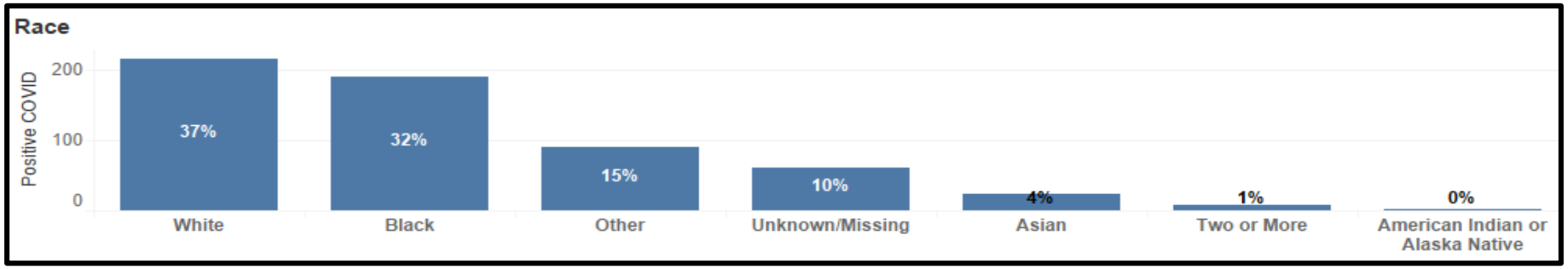












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Clinical Communication to Patients & Employees: Making the System Accessible for those with Language Barriers

Lee Schwamm, MD
VP of Virtual Care, Mass General Brigham, Director of TeleHealth, Mass General Hospital

Aswita Tan-McGrory, MBA, MSPH
Director of the Disparities Solutions Center, Mass General Hospital

Esteban Barreto, PhD
Director of Evaluation, MGH Equity and Inclusion, Mass General Hospital

Making Systems Accessible for Patients with Limited English Proficiency

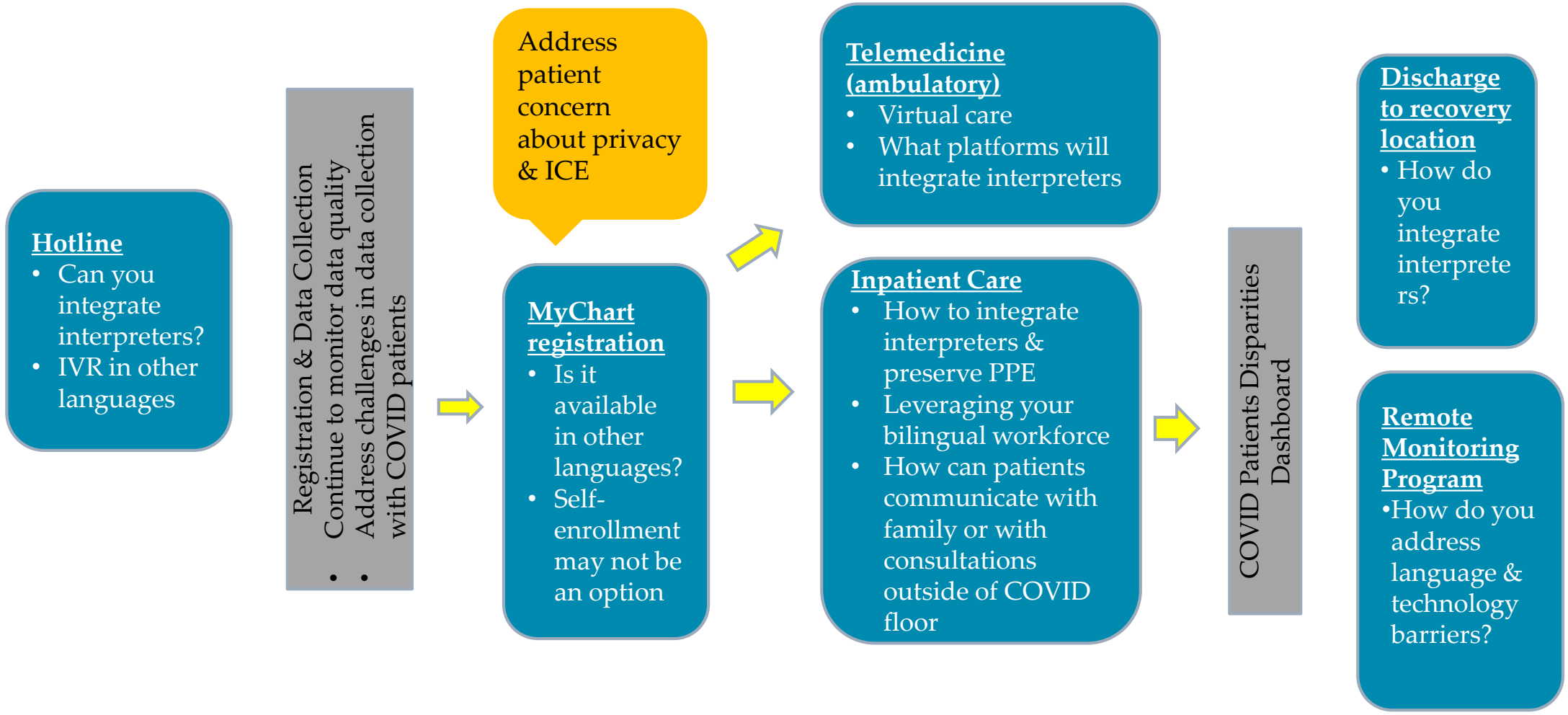
Goal: Making sure we consider & address language barriers for patients

Key Accomplishments:

- COVID-19 Multilingual, Disability & Community Health Resources.
- Integration of interpreters in nurse and employee COVID hotline, including a Spanish speaking line
- Integration of interpreters on COVID floors while preserving PPE, including Spanish Language Care Group
- Integration of interpreters into virtual visits
- Use of 1 minute videos in other languages to educate patients on a variety topics.

Developing a Process Map of Your System

Translating materials & videos and making them available across your system



COVID-19 Multilingual, Disability & Community Health Resources

COVID-19 RESOURCES IN MULTIPLE LANGUAGES

COVID-19 RESOURCES FOR PEOPLE WITH DISABILITIES

COVID-19 COMMUNITY HEALTH RESOURCES

COVID-19 RESOURCES FOR PROVIDERS & STAFF

RECOMMENDATIONS FOR ADDRESSING EQUITY IN THE COVID-19 RESPONSE

PRESS ON COVID-19 & EQUITY

https://www.mghdisparitiessolutions.org/covid-19

Critical Success Factors & Key Lessons Learned

- Partnering with telehealth is key.
- Keep your community updated on your efforts by sharing them on a weekly call open to everyone.
- Involve interpreter leads in the work.
- There is no one solution or platform that will work for everyone.
- Address patient concerns (e.g. Immigration status and ICE).
- Don’t let the perfect be the enemy of the good.

Multilingual Registry

Elena Olson, JD
Executive Director, Center for Diversity and Inclusion, Mass General Hospital

Angela Maina
Director of Compliance, North Shore Medical Center

Leveraging a multilingual workforce for COVID needs

Scope:

- Recruit multilingual staff (clinical and non-clinical), physicians and trainees to support COVID patient facing operations and employee education
- Develop models to share across sites

Key accomplishments:

- **Multilingual Registry:**
  - Identified 2,400 multilingual staff in 3 weeks
  - Examples of deployment: employee education; mask attestation; nurses and non-clinical staff for Chelsea; RAs for Boston Hope; staffing of COVID hotline
  - Shared model across MGB (BWH, NSMC, Spaulding)

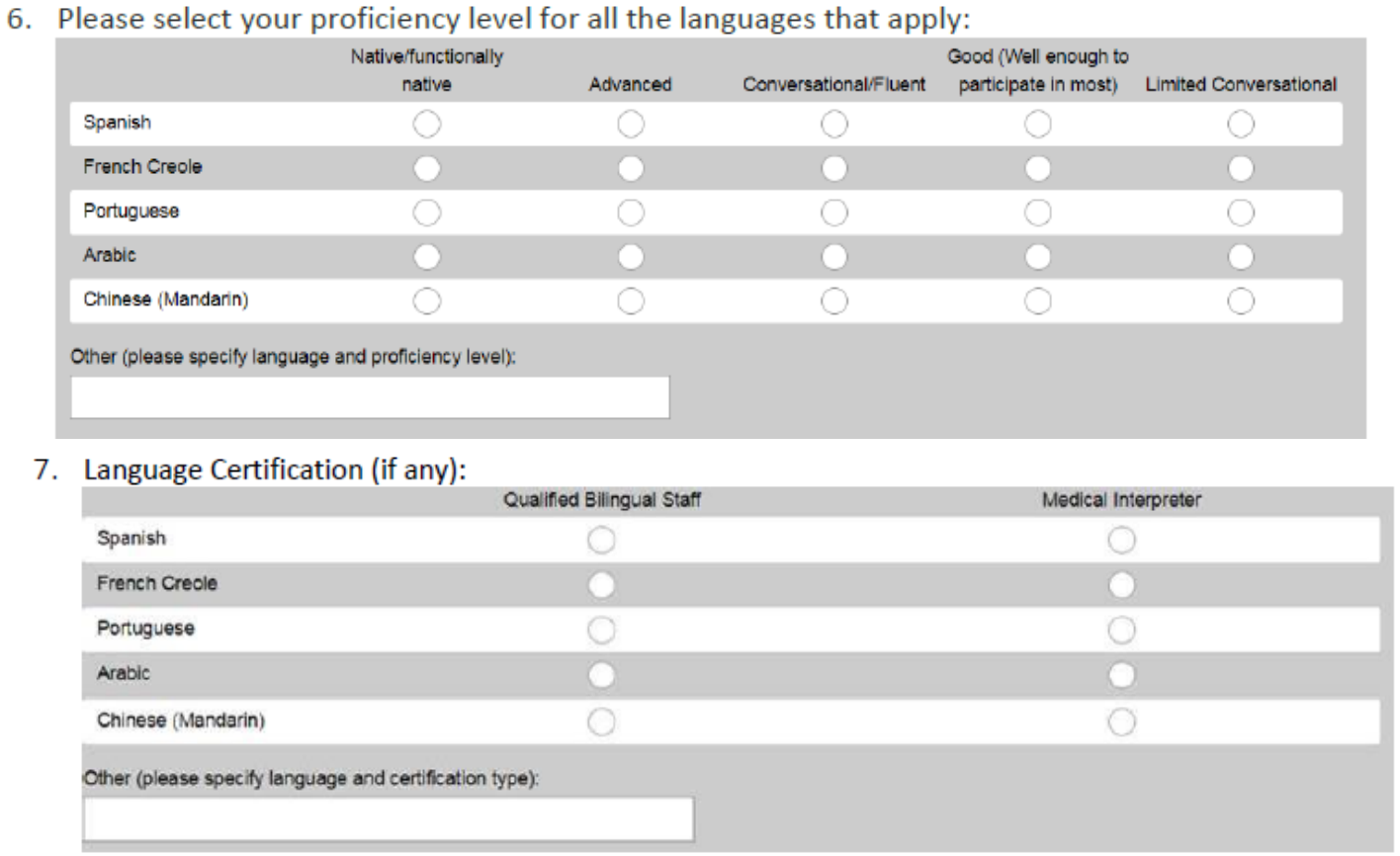
- **Spanish Language Care Group:**
  - MD Spanish speaking providers help provide linguistic and culturally competent care for LEP Spanish speaking patients in COVID floors, ICUs, ED and Boston Hope
  - Shared model across MGB (NSMC, BWH, Boston Hope), other Boston hospitals (BMC, BIDMC) and Hopkins

Multilingual Registry

- Roadmap to recruit clinician and non-clinician workforce
  - Central database data with clinician languages
    - Challenges: accuracy and language proficiency level missing
  - Key data collected in surveys: name, department, role group, language proficiency level & certification

Research Role Group:
- Non-MD Researcher
- MD researcher not clinically licensed
- MD researcher clinically licensed
- Researcher support staff
- Other

Clinical and non-Research Role Group:
- MD clinically licensed
- Resident
- Clinical Fellow
- Nurse
- NP
- Other PCS clinical staff
- Non-clinical staff (eg. administrator, healthcare worker, etc)
- Other



6. Please select your proficiency level for all the languages that apply:

	Native/functionally native	Advanced	Conversational/Fluent	Good (Well enough to participate in most)	Limited Conversational
Spanish	○	○	○	○	○
French Creole	○	○	○	○	○
Portuguese	○	○	○	○	○
Arabic	○	○	○	○	○
Chinese (Mandarin)	○	○	○	○	○

Other (please specify language and proficiency level):

7. Language Certification (if any):

	Qualified Bilingual Staff	Medical Interpreter
Spanish	○	○
French Creole	○	○
Portuguese	○	○
Arabic	○	○
Chinese (Mandarin)	○	○

Other (please specify language and certification type):

MGH Spanish Language Care Group (SLCG)

Leadership Team

Joe Betancourt, MD
VP, Equity and Inclusion
Puerto Rico

Elena Olson, JD
Center for Diversity and Inclusion
Argentina

Warren Chuang, MD
Hospital Medicine Unit

Steven Knuesel, MD
Hospital Medicine Unit

- **Launched on Mon, Apr 13th**, the Spanish Language Care Group (SLCG) leverages native Spanish-speaking MGH physicians to aid Surge, ICU, ED and Boston Hope clinical teams in caring for limited-English proficiency patients who are hospitalized with COVID-19
- Available 24/7, in person and virtual (eves) assistance with daily rounds, family updates, admissions/discharges, informed consent, family meetings, goals of care, etc.
  - Developed 16 educational videos in Spanish for public health campaign
- Model:
  - Equity and inclusion leadership partnered with Hospital Medicine Unit leading COVID floors and ICUs, and the ED; created workflows
  - Center for Diversity and Inclusion sent a staffing call to all known Spanish speaking MDs across all disciplines
  - 50 MDs signed up for shifts - from trainees to full professors across multiple disciplines; 14 officially deployed
  - Partnered with Interpreter Services for QBS certification/LEP patient lists
- Shared model across MGB (NSMC, BWH, Boston Hope), other Boston hospitals (BMC, BIDMC) and Hopkins
- Beginning to study impact on patient experience

MGH Spanish Language Care Group Providers

Mayra Lorenzo, MD
Dermatology
Puerto Rico

Santiago Lozano Calderon, MD
Orthopedics
Colombia

Wendy

MD
bia

Gladys Pachas, MD
Psychiatry
Peru

Deanna Palenzuela, MD
Surgery
Colombia

Sara Paredes, MD
Medicine/Cardiology
Colombia

N

Ana Maria Rosales, MD
Pediatrics
Venezuela

Representing 13 Countries of Origin:

Argentina (2)

Brazil (1)

Chile (2)

Colombia (9)

Cuba (1)

Dominican Republic (1)

Ecuador (1)

El Salvador (5)

Mexico (9)

Peru (5)

Puerto Rico (9)

Spain (3)

Uruguay (1)

Venezuela (3)

Gloria Salazar, MD
Radiology
Brazil/Chile

Sarimer Sanchez, MD
Medicine/Infectious Diseases
Puerto Rico

Alberto Serrano-Pozo, MD
Neurology
Spain

Carina Spencer, MD
Medicine
Uruguay

Elsie Taveras, MD
Pediatrics
Dominican Republic

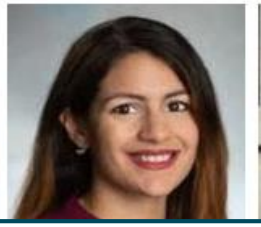
Carlos Torres, MD
Pediatrics
Mexico

Christopher Velez, MD
Medicine/Gastroenterology
Puerto Rico

MGH Spanish Language Care Group Providers

Carolina Abuelo, MD
Medicine
Chile

Alexy Arauz Boudreau, MD
Pediatrics
El Salvador



Daniela Crousillat, MD
Medicine/Cardiology
Venezuela

Irma Cruz, MD
Neuro/Gastroenterology
Mexico

Carine Davila, MD
Medicine/Palliative Car
Peru

<u>Representing 13 Departments:</u>

Anesthesiology (1)

Cancer Center (2)

Dermatology (1)

Emergency Medicine (2)

Medicine (general and subspecialties: Cardiology, Infectious Diseases, Gastroenterology and Palliative Care) (11)

Neurology (8)

Obstetrics & Gynecology (1)

Pediatrics (9)

Psychiatry (2)

Orthopedics (2)

Radiation Oncology (1)

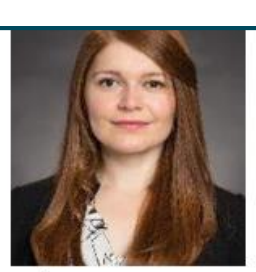
Radiology (4)

Surgery (6)

Paloma Gonzalez-Perez, MD
Neurology
Spain

Nattaly Greene, MD
Orthopedic Surgery
Colombia

Dan Hashimoto, MD
Surgery
Peru



Linda Herrera Santos, MD
Psychiatry
Mexico

Emily Herzberg, MD
Pediatrics
Argentina

Gabriela Hobbs, MD
Medicine/Cancer Center
Mexico

Rocio Hurtado, MD
Medicine
Peru

Joseph Joyner, MD
Medicine
Puerto Rico

Lizbeeth Lopez, MD
Anesthesiology
El Salvador

North Shore Medical Center's Spanish Language Care Group

- 362-bed Community Hospital
- Used the model to create a formal structure for our hospital
- Used Multilingual Registry, Qualified Bilingual Staff (QBS) list, and new volunteer providers (MD, PA, NP and Residents)
- All volunteers certified as QBS
- Focused on Spanish-speaking COVID-19 patients
- 11 providers in the program; on-demand staffing model.
- Piloted program in med-surg units, then moved to ED and ICU

Lessons Learned

- Central databases do not contain accurate and comprehensive employee/provider language data
  - Multilingual staff registry language information has been incorporated into internal database

- Partnerships with diversity and equity offices (e.g, Center for Diversity and Inclusion), Human Resources, Interpreter Services, MSO, Medicine Hospitalist Unit and ED are critical

- A diverse workforce is essential to stand up efforts to assist and care for our most vulnerable patients with LEP language needs

Quote from COVID Surge team:
"When I say "help", what I really mean is she was the MVP of the day. [SLCG provider], and everyone from the Spanish language team that I personally interacted with so far, has been absolutely incredible. **I've realized that these patients open up and connect with another native speaker in an incredible, and extremely helpful way.** Today we saw patients together, had several safe discharge planning discussions, updated several families, including one for a very tenuous patient. The quality of care we were able to provide today would have been impossible to achieve without [SLCG provider]'s help. "

Clinical Communication to Patients & Employees: Making the System Accessible for Patients with Disabilities

Oswald Mondejar, Sr.
VP, Mission and Advocacy, Spaulding Rehabilitation Network and Partners HealthCare at Home

Cheri Blauwet, MD
Director of Disability Access and Awareness, Spaulding Rehabilitation Network

Zary Amirhosseini, M.Ed
Disability Program Manager, Mass General Hospital

Disability and Health Equity Framework

- Individuals with disabilities represent a diverse population, for example:
  - Mobility disability (e.g. wheelchair user)
  - Autism or developmental disability
  - Sensory disability (e.g. deaf, hard of hearing, blind, low vision)
  - Mental health disability (e.g. severe depression or anxiety which impacts function)

- Disability is highly intersectional, for example:
  - 40% of adults >65 years old have disabilities
  - 25% of African Americans have disabilities
  - People with disabilities are more likely to experience socioeconomic disadvantages

- Framework for COVID disability and health equity work:

Community Health

City, State and Federal Advocacy

Universal Access at our Hospitals and Facilities

Key Accomplishments – Disability & Health Equity

- Local, State, and Federal Advocacy
  - Crisis standards of care – mitigating bias against people with disabilities
  - Inclusion of disability in COVID-focused equity initiatives
  - Focus on collection of disability data alongside race, ethnicity, language, etc.

- Community Health Outreach
  - Established working group with key community advocacy groups addressing:
    - People with disabilities "falling behind" on basic health care needs
      - Difficulty getting prescription medications and accessing routine care
    - Extreme challenges for those with rely on personal care assistants (e.g. PCAs)
      - Many PCAs do not have appropriate PPE but are asked to go from home to home
      - Many come from "hot spot" communities
      - City wide effort to obtain PPE for PCAs – efforts ongoing

Key Accomplishments:
Communicating with Patients w/ Disabilities

Communicating with Patients with Disabilities in the COVID19 Response: Need-to-Know for the Clinician and Bedside Providers

Deaf/Late-Deafened/Hard of Hearing

- **Deaf Patients** (unable to hear since birth/early childhood) typically prefer American Sign Language (ASL) interpreters. ASL interpreters are available for video interpretation. *Click here* for how to arrange.
- **Late-Deafened Patients** (at one time could hear and lost that ability) do not typically use ASL and may prefer to use remote real-time transcription service called CART. *Click here* for how to arrange.
- **Clear Window Surgical Masks** are available to facilitate lip reading. *Click here* to arrange.
- **Hearing Amplifiers** use a high sensitivity microphone that amplifies sound to be more distinct and clear. They are free to our patients. *Click here* to arrange.
- **Consider printing a communication board** (*multilingual versions available here*) specifically designed to support communication during COVID 19. Of note, this is not meant to replace an interpreter or other preferred mode of communication.

Blind/Visually Impaired

- **If you are doing virtual visits,** please do these via phone/telemedicine.
- **Screen reader software can be helpful** if a patient has access to programs such as JAWS. In these cases, they may be able to use virtual video.
- **Ask patients for preferred mode of receiving printed material:**
  - **Enlarge or email all printed material** for patients with limited vision.
  - **Braille** for patients who are blind or deaf-blind. *Click here* for how to arrange translation of printed material into Braille.
- **Announce yourself** when you walk in the room and describe aloud even small tasks you are doing.
- **Ask the patient what they can and cannot see and what would be helpful for communicating**, such as where to sit or stand and how close. Legal blindness does not mean the patient sees nothing.
- **Check to ensure the patient knows where important items are located** and keep important items in a consistent spot.

Individuals with Autism, Developmental Disabilities or other Cognitive Impairment

- **A Communication partner** is a trusted individual who understands and facilitates a patient's communication. Seek advice from them and allow them to remain with the patient.
- **Designate one staff person** to communicate information in specific interactions.
- **Display calm demeanor and body language.** Communication abilities deteriorate under stress, and patients with communication challenges are often attuned to the emotions of others.
- **Ask** about a patient's preferred modes for self-expression AND for understanding: verbal, written words, pictures, gestures, electronic device, sign language, communication partner.
- **Confirm accuracy of "Yes" and "No"** with communication partner before relying on this response.
- **Be visual** by demonstrating what you need to do, use hand counting, show pictures or photographs, or write a list of steps and check off as finished.
- **Use the words "first", "then" and "finished"** to help communicate the sequence of steps and duration of a medical task or test. Be specific and use simple language.
- **Offer choices** whenever possible - as simple as the order of vital signs, or to do medical task "now or in 5 minutes" - to reduce anxiety and encourage cooperation.
- **Pause** after giving specific and simple directions and look for cues the person has processed before proceeding.

Critical Success Factors and Key Lessons Learned

- Critical success factors
  - Emphasize the **intersectionality** of disability with other factors that create equity challenges
  - Emphasize concepts of **Universal Design** – programs and services that improve quality for people with disabilities, improve quality for everyone!

- Key lessons learned
  - Consider what infrastructure is needed to address disability and health equity
    - Both patients and faculty/staff
  - Involve the community
    - "Nothing about us without us"

General Communication to Patients & Employees

Sarah Wilkie, MS
Project Manager, Mass General Brigham

Natalie Johnson, MPH
Administrative Director, MGH Equity and Inclusion, Mass General Hospital

COVID-19 Workforce Education & Support

Background: There is a large group of employees in specific departments or role groups who:

- Do not receive key COVID-19 information via routine Partners email because they have limited access to technology
- Have limited English proficiency, low general and health literacy
- Live in hotspots with high incidence rate of COVID-19

Objective: Develop strategy to ensure all employees have the information on COVID and related policy changes & the resources to facilitate their safety at work and at home. This strategy is led by:

- Human Resources
- Diversity, Equity and Inclusion
- Communications

Critical success factors:

- Multi-mode communication channels (text, digital monitors)
- Ensure information is delivered in a multilingual and multiculturally-sensitive format
- Engagement with managers
- Assure employees are not singled out in any way that is detrimental to their morale and value at our institutions

* Key departments and role groups: Food and Nutrition Services, Environmental Services, Materials Management/Buildings and Grounds, Parking and Transportation, Pharmacy technicians, unit service associates

High Touch Educational Interventions

Initially, high touch educational interventions were implemented at each hospital.

- Engaged managers of departments such as Food and Nutrition Services, Environmental Services, Materials Management/Buildings and Grounds, Parking and Transportation, Pharmacy technicians, unit service associates, and others.
  - Many interventions were available beyond these departments.
- Education provided in Arabic, Haitian Creole, Spanish, Cape Verdean Creole, Chinese, Portuguese, and other languages.

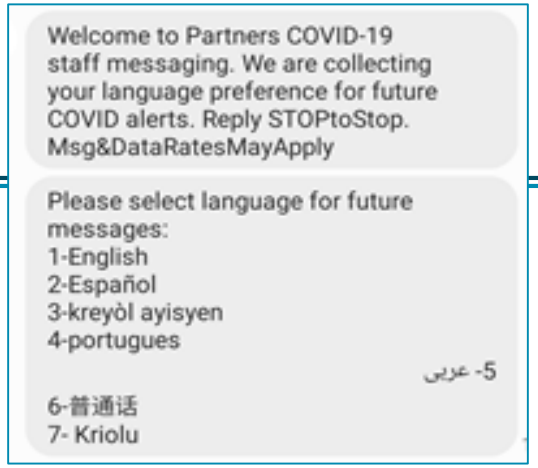
Educational efforts included:

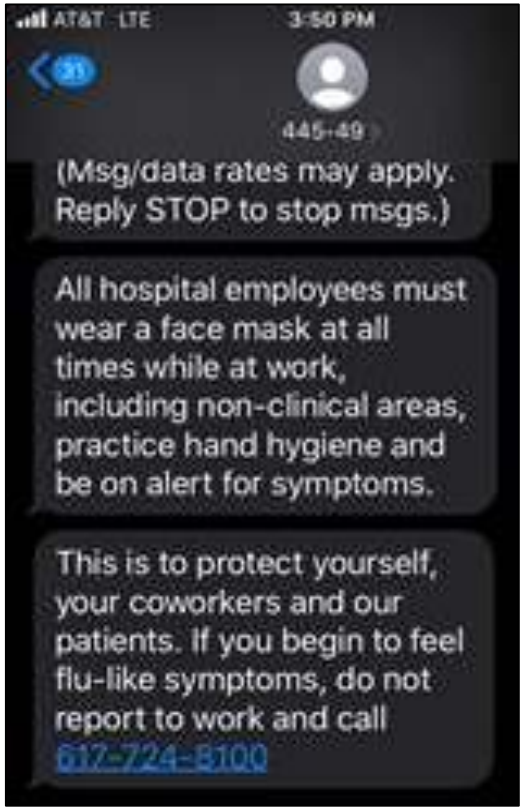
- In-person educational sessions
- Created written, translated educational materials
- Utilized digital monitors or large posters placed in key locations
- Produced videos in multiple languages covering how to put on personal protective equipment, updating on HR policy, and addressing FAQs

Educational efforts were often paired with recognition and messages of appreciation.

Multilingual videos on general COVID information and educational content for employees and patients
https://www.mghdisparitiessolutions.org/resources-in-multiple-languages

Text Messaging Program





Critical success factors:

- **Population:** Identify target
- **Vendor:** Assess tech needs, program functionalities, financials
- **Leadership:** Identify and ongoing engagement
- **Workflow:** Identify process, timeline, documentation, process for translation, troubleshooting

Data:

- Identified 5,300 employees
  - » 62% had a valid cell phone number; Overall 65% response rate
  - » Reach: ~5,000 employees

Lessons learned:

- **Communication:** Improved communication with Human Resources and Communications teams
  - » Buy-in, engagement with managers was key
- **Systems change:** Universal nomenclature for departments and role groups, process for identifying language preference
- **Going forward:** Identify efficiencies in overall program workflow and sustaining the program long-term post-COVID & leverage texting model for patient education.

COVID-19 Workforce Education & Support

Three-pronged strategy

Support	Protect	Promote
• Disseminate wellbeing resources • Provide resources to managers to their support teams • Assess and support social needs**	• Develop educational materials & mechanisms for dissemination • Encourage employees to report barriers • Bolster closed loop communication • Assess needs for new/revised policies	• Empower employees to be "Trusted Messengers"** • Develop leadership skills

***Under Development*

Diversity & Inclusion:
Diversity & Inclusion Summit and Other Local Events

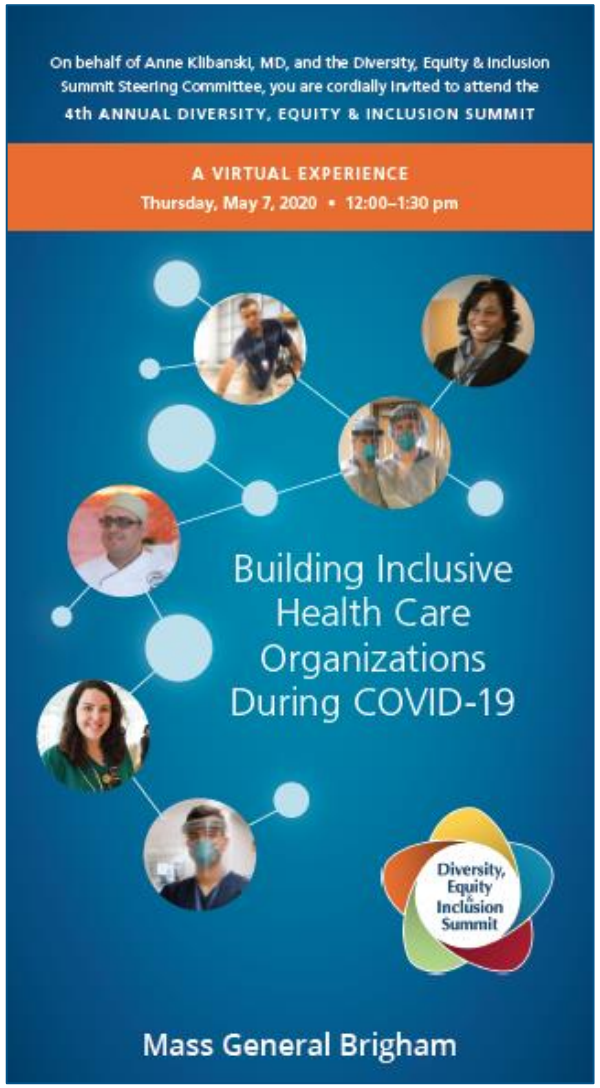
Dani Monroe, MS

Chief Diversity, Equity and Inclusion Officer, Mass General Brigham

4th Annual DE&I Summit

Agenda

The goal of the summit was to address health care equity and Mass General Brigham's system-wide and community response since the veil covering health care disparities has finally been lifted.



- **Welcome & Laying the Foundation**
  - Dani Monroe, MSOD, *VP, Chief Diversity, Equity & Inclusion Officer, Mass General Brigham*
- **Opening Remarks**
  - Anne Klibanski, MD, *President & CEO, Mass General Brigham*
- **A Tribute to Health Care Workers**
- **Fireside Chat: Exploring Health Equity During COVID-19**
  - **Moderator/Speaker:**
    Camara Jones, MD, MPH, PhD
    Evelyn Green Davis Fellow, Radcliffe Institute for Advanced Study, Harvard University
  - **Panelists:**
    Thomas D. Sequist MD, MPH, *Chief Patient Experience and Equity Officer, Mass. General Brigham* &
    Joseph R. Betancourt, MD, MPH, *Vice President and Chief Equity and Inclusion Officer, Massachusetts General Hospital*
- **Questions and Answers**
  - Facilitated by Nicole Hughey, MBA, *Sr. Director of DE&I, Mass General Brigham*
- **Closing Remarks**
  - Dani Monroe, MSOD

What Is Racism?

Theoretical Framework

Camara Phyllis Jones, MD, MPH, PhD

2019–2020 Evelyn Green Davis Fellow,
Radcliffe Institute for Advanced Study,
Harvard University

Racism 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 individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Highlights

Fireside Chat Exploring Health Equities During COVID-19

- Virus was initially treated as medical issue not viewed from the lens of a public health strategy
  - Treated the complications; hospital capacity, access to ventilators
- Public health strategy would have taken into account social determinants of health and possibly had community interventions ready
- There is a presence of an eroding safety net and hospitals have stepped in to close the gap as we address social determinants of health, food insecurity, housing, employment
- Testing: It is not the intervention for disproportionate impact. Once people are identified, what's the intervention you're providing to increase positive health outcomes? How to prevent the spread of the infection should be the focus.
- Principles of Health Equity
  - Valuing all individuals in a population equally
  - Recognizing and rectifying historical injustices
  - Providing resources according to needs
- We cannot be devoid of the conversations about history and racism that has led to hot spot areas in diverse communities.
- Continue to name racism and not fall back into the slumbers of racism e.g. Hurricane Katrina outcomes.

State & Local Efforts: Crisis Standards of Care

Joseph Betancourt, MD, MPH
VP and Chief Equity Inclusion Officer, Mass General Hospital

Crisis Standards of Care

Goal

- Method for allocating scarce resources (ventilators)
  - Years of life saved vs first come, first served (creates moral distress)
- Establishes team, processes, scoring system, appeals, communications

Overall Challenges

- Developed years ago, diverse voices not included
- Equity not explicitly addressed; methods lead to inequities

Specific Challenges

- "Years of life saved"
- Race and other key factors "not taken into account"
- No mention of diversity among triage, appeals, communications teams
- No acknowledgment of unconscious bias and its impact
- Limited metrics and transparency
- SOFA may be biased
- Inclusion of comorbidities has disproportionate impact on minorities/disabled
- Health care workers deemed "critical to care" given priority

Strategic Overhaul

- Strong advocacy from equity, disability community, faculty, trainees
  - Yielded revisions
- Inclusion of equity and disability leaders now reconstructing CSC

Community Health:
Developing a Strategy to Meet Community Needs

Joseph Betancourt, MD, MPH
VP and Chief Equity Inclusion Officer, Mass General Hospital

Kristen Barnicle, MA
Executive Director for Community Health, Mass General Brigham

Wanda McClain, MPA
VP of Community Health and Health Equity, Brigham and Women's Hospital

Kristina McLoughlin
Community Benefits Manager, North Shore Medical Center

Joan Quinlan, MPA
VP of Community Health, Mass General Hospital

Community Health

Addressing the Social Determinants of Health

Goal: Leverage existing programs and community relationships to meet needs that are exacerbated by COVID and the economic crisis

Strategy: Work with long-standing community partners to adapt to new ways of delivering programs/services; and identify and respond to emerging social needs

Key Accomplishments:

- Transitioned key programs from in-person to virtual (e.g., interpersonal & community violence; youth economic opportunity; SUDS)
- Provided advocacy, funding, and direct service to address significant housing and food needs

Lessons Learned

- Long-term partnerships with community and municipal leaders and the experience and infrastructure to deliver services were key to our ability to quickly respond to needs
- Having an established tool for screening for social determinants of health was important in identifying individual needs

Community-Based Intervention Strategy by Range of COVID-19 Rates

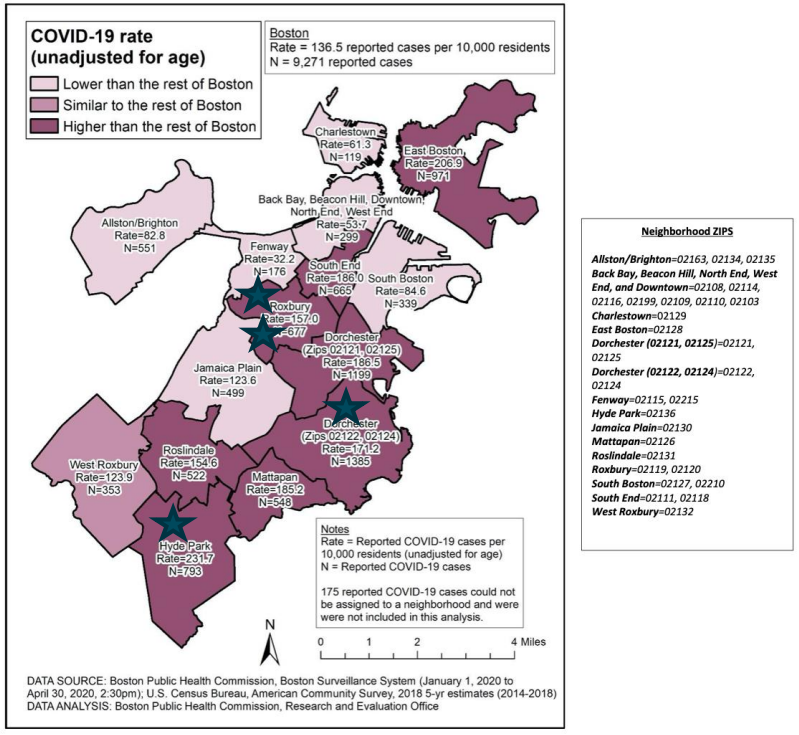
Intervention Approach:

COVID-19 Rate	IDENTIFICATION	MITIGATION	ISOLATION	PHONE COMMUNICATION
Highest: Urgent	Increase Testing	Care Kits Isolate +	Activate Site	Assessment of + Symptom Screening
High: Priority	Expand Testing Capacity & Increase Testing	Combination	Identify & Staff Site	Combination
Rising: Emerging	Expand Testing Capacity	Care Kits Education Campaign Isolate +	Explore Sites	Testing Links Resource Connection

Evidence Based Approach that maximizes limited resources to balance identification of COVID with mitigation efforts in a phased strategy based on hot spot data

Identification:

Figure 6: Incidence Rates of Reported COVID-19 Cases by Neighborhood Among Boston Residents



Neighborhood ZIPS

***Allston/Brighton**=02163, 02134, 02135*
***Back Bay, Beacon Hill, North End, West End, and Downtown**=02108, 02114, 02116, 02199, 02109, 02110, 02103*
***Charlestown**=02129*
***East Boston**=02128*
***Dorchester (02121, 02125)**=02121, 02125*
***Dorchester (02122, 02124)**=02122, 02124*
***Fenway**=02115, 02215*
***Hyde Park**=02136*
***Jamaica Plain**=02130*
***Mattapan**=02126*
***Roslindale**=02131*
***Roxbury**=02119, 02120*
***South Boston**=02127, 02210*
***South End**=02111, 02118*
***West Roxbury**=02132*

The incidence rate of COVID-19 was higher for Dorchester (02121, 02125), Dorchester (02122, 02124), East Boston, Hyde Park, Mattapan, Roslindale, Roxbury, and the South End compared with the rest of Boston. The incidence rate of COVID-19 was lower for Allston/Brighton, Back Bay (including Beacon Hill, Downtown, the North End, and the West End), Charlestown, Fenway, Jamaica Plain, and South Boston compared with the rest of Boston (Figure 6). To test neighborhood differences, an individual neighborhood is compared with the rest of Boston (i.e., all other neighborhoods combined), rather than to Boston overall so that individual neighborhood's contribution to the Boston overall rate does not mask a difference from the rest of Boston.

Sportsmen's Tennis and Enrichment Center in Dorchester

Roxbury Tennis Courts

Hyde Park Site

Food Delivery: 888

Care Visits: 1,391

Identification:
Community Testing Site: 3,800 Residents Tested, 7,800 Care Kits Delivered

	Hyde Park (4/16 – 4/25)	RTH (4/26 – 4/30)	Tobin (5/4 – 5/9)	Dorchester (5/11 – 5/16)	Total
Tests	1748	213	943	872	**3,776**
SDOH Screens	1794	531	1153	1675	**5,153**
Care Kits distributed	1895	2500	1470	1820	**7,685**
Food Boxes distributed	1623	N/A	1391	1610	**4,624**
8 weeks home delivery of food arranged	243	129	528	858	**1,758**

Mitigation:
COVID-19 Equity and Community Health Strategic Plan

- **Goal:** Limit the spread of COVID-19, particularly in high-density, low socioeconomic communities who cannot social distance or socially isolate.
- **MGB System Strategy:** Deliver "care kits" to individuals and households that include masks and supplies for hand washing along with educational information (e.g. tips for staying healthy and accessing health care services).

Key Accomplishments

MGB System-Wide:

- Distributed more than 127,000 masks and nearly 45,000 care kits

Example: Lynn, MA

(Culturally and linguistically diverse city of ~95K residents 4 miles outside of Boston)

- Distributed 18,000 care kits
- Provided educational materials in 8 different languages
- The City of Lynn installed handwashing stations

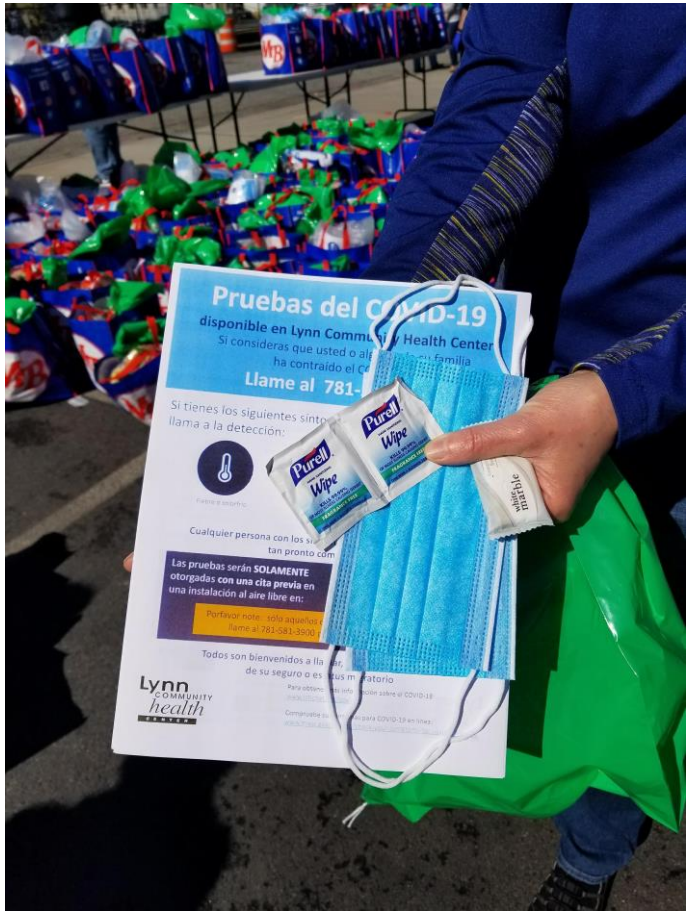
Success Factors/Lessons Learned

- Partnership with city officials and community organizations is essential for wide-spread care kit distribution
- Local customization should focus on the linguistic and cultural needs of the community
- Distribution of care kits sends a strong message to individuals and communities that "everyone matters"

Mitigation:
COVID-19 Equity and Community Health Strategic Plan

Hand washing station in Downtown Lynn

Care kit contents



Isolation:
Hotel as a Safe Alternative Housing

- **Goal:** Housing for those without safe alternative, paid for by cities, with 24/7 MGH staffing

- **Accomplishments:** Housed 120+

with high census of 80+

- **Lessons Learned:** Invest more in building trust and educating why important; fear and resistance. Are there other alternatives?

- **What did it take?:** Significant staffing that depended on staff who could not work their regular jobs

The Quality Inn, Route 1, Revere

Audience Q&A

Closing Remarks

Joseph Betancourt, MD, MPH
VP and Chief Equity Inclusion Officer, Mass General Hospital