Comprehensive Health Care Reform:
MA heath care reform addressing racial disparities

Overview:
According to Americans for Health Care, "African Americans are 25% more likely to die from cancer than whites, even adjusting for age." And African Americans are "less likely to get the same quality of treatment for heart disease, cancer, diabetes, and other diseases than whites with the same illnesses," even when people with the same income and insurance levels are compared. When Massachusetts passed one of the most comprehensive health care reforms in the nation's history, the almost-universal coverage established by Chapter 58 was able to expand health care coverage to over 350,000 people. But advocates for reducing racial disparities in health care thought more needed to be done to specifically address the staggering inequalities in health outcomes.

Policy:
In an effort to expand the health care reform laws of 2006 (Chapter 58) to comprehensively address racial disparities in health, Disparities Action Network drafted H 2234,"An Act Eliminating Racial and Ethnic Disparities in the Commonwealth," which proposes the following provisions:

- Creation of an Office of Health Equity to bring together the fragmented efforts at addressing disparities and to coordinate all the disparities work in the state
- Establishing a grant program to hire more community health workers and support community efforts in addressing racial disparities
- Coordinate the collection and analysis of race, ethnicity, and language data
- Establish programs to address issues such as health literacy and environmental justice

The bill spent years pending in committee, but just recently parts of it were enacted. According to HCFA's online updates, as of June 2009, "The Disparities Action Network is pleased to announce the inclusion of the EOHHS Office of Health Equity in the FY10 State Budget." (www.hcfa.org > Home > Advocacy & Policy > Health Disparities)

Impact:
The Health Equity Office will serve as a coordinating body for all health disparities work throughout the state. The Office will fill the much needed role of a structured, authoritative center for addressing racial disparities in health, bringing together fragmented efforts and delegating actions. The Office will provide constancy, allowing the issue of racial disparities in health to be a priority, regardless of any change in the political environment of the state.

Disparities Action Network's effort to directly educate decision-makers on the basic disparity issues was essential in moving the bill forward and gaining support. As a result of targeted education, support for the bill rose from 38 legislative sponsors to over 60 sponsoring representatives.

Key Organizations:
The community-based organization Health Care For All (HCFA) was responsible for forming the Disparities Action Network (D.A.N.), involving over 50 organizations with legal, grassroots,

community health, and research backgrounds. Some of the affiliate organizations include: American Cancer Society, Boston Public Health Commission, Community Catalyst, Haitian Multi-Service Center, International Medical Interpreters Association, La Alianza Hispana, NAACP Boston, SEIU 1199, and Physicians for Human Rights.

Campaign/ Strategy:

HCFA was responsible for leading the D.A.N. with the goal of drafting more substantial legislation regarding racial disparities in health for the 2007-2008 session. Taking the recommendations from the Health Disparity Council (which was established in Chapter 58 of the 2006 health care reform as an extension of the Special Legislative Commission on Racial and Ethnic Health Disparities), D.A.N. attempted to fill in the gaps and create a long-lasting, substantial policy change.

HCFA began by partnering with only a handful of organizations in a 6-8 month planning period to determine the structure of the larger coalition. They held monthly meetings and maintained constant correspondence in an effort to narrow down the many opinions and issues to one focused campaign. The initial launch of D.A.N. occurred at a HCFA conference on health disparities (which had been previously scheduled and provided a perfect foundation for announcing the new coalition). HCFA invited the attending community organizations to join D.A.N. and provided an opportunity for signing up.

With D.A.N. formed, the coalition set to work drafting legislation that was consistent with the findings and recommendations from the Health Disparities Council and other reports. Although there were a number of ideas that addressed particular areas of health disparities, such as obesity, environmental justice, and healthy school lunch programs, D.A.N. recognized a need to take a "macro-policy angle" and focus on something that linked all of these sub issues. D.A.N. drafted the legislation with an emphasis on creating a Health Equity Office to act as a coordinating body to act as a center for all health disparities work. They used a collaborative process to write and review the legislation before introducing it in May 2007 as H. 2234, "An Act Eliminating Racial and Ethnic Disparities in the Commonwealth."

D.A.N.'s strategy focused on using policy as a tool to address health disparities, and they were careful to prioritize their issues and keep the legislation and campaign focused. To keep the bill moving and keep the issue hot, D.A.N. continued to educate the public as well as government officials. They focused on strategic media coverage and framing of the health disparities issue. D.A.N. hosted the first ever health disparities advocacy event in the state, attended by hundreds of community members and a number of key government representatives. D.A.N. also requested funding for programs in their bill from the governor, using the governor's budget (and currently the House and Senate budgets) as a way to move the bill forward. D.A.N.'s wide-ranging members offered diverse knowledge, resources, connections and skills.

Challenges:

One of the initial challenges for D.A.N. was keeping their legislation concise and focused. With so many opinions and important issues, it was essential to maintain a cooperative atmosphere and chose a topic that was able to incorporate all interests. Ultimately, this emphasis became the creation of the Health Equity Office. In addition, there were challenges in D.A.N.'s continuous

education effort regarding health disparities. Some individuals believe that health disparities are not a discrete problem, but rather only a spin-off of the health access issue. Others blame genetics or predisposition to diseases as a cause of disparate numbers. D.A.N. continued to disprove these myths and educate the public about the social determinants of health and unequal treatment that exists, regardless of access to care.

Replicability and Future Action:

The most influential and replicable strategy used by HCFA and D.A.N. was their approach to educating legislators and decision-makers. There was a surprising lack of understanding among the legislative staff regarding the basic truths of racial disparity issues. D.A.N. spent a considerable amount of time meeting face-to-face with legislative staff, and following up with phone calls and visits, to help them understand the details of the health disparity issue through statistics, summarizing findings, and sharing real stories. Each organization participating in D.A.N. reached out to their own members and called on them to help contact representatives and be persistent in the education effort. Moreover, each organization had its own specialty on which they could act as the expert in the education campaign (i.e. community health workers educating about community health, cancer researchers educating on racially disparate rates of cancer, etc.). Lastly, D.A.N. used the recent health care reform of 2006 as support, pointing to the "disparities" language in a number of Chapter 58 sections, and promoting it as a state priority. If the human appeal of the health disparities issue failed, D.A.N. was able to fall back on a cost-benefit argument that pointed to how costly and inefficient it is to leave health disparities unaddressed.

Sources:

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