

Mass General Brigham's Health Equity Strategic Plan Executive Summary

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.¹ Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.¹ At Mass General Brigham, we believe that systemic racism is a public health issue which impacts our patients, workforce, and the communities we serve. Working collectively, we are taking action across the system to dismantle racism and learning as we go. Our mission is to dismantle the barriers, systems, and actions inside and outside our walls to provide excellent medical care and equity for all.

Over the next four years, we hope to continue to improve equity in clinical outcomes through the implementation of and iteration on our Health Equity Roadmap. The roadmap was created to highlight key conditions where health inequities exist that impact MGB patients and the communities that MGB serves and are the greatest contributors to excess morbidity and mortality among historically marginalized communities. These conditions and areas include hypertension, substance use disorder, maternal health, and cancer. An additional goal of the Health Equity Roadmap is to ensure person-centric care by improving screening for social needs. Below describes the rationale for the inclusion of each, and their associated goals.

- **Substance Use Disorder (SUD):** Disparities are observed related to SUD care and outcomes across Massachusetts as a whole, within Boston, and for MGB patients. Given these disparities, a goal was created to reduce the inequity in opioid use disorder treatment between Black and White patients and between those who prefer English and those who prefer other languages.
- **Maternal Health:** Maternal morbidity and mortality rates are on the rise within the United States, with particular groups disproportionately affected.² Given the rise in morbidity and mortality rates and the disparity identified, a goal was created to reduce the NTSV cesarean delivery rate for Black patients.
- **Hypertension:** Cardiovascular disease is a major contributor to mortality in the U.S.³ Among MGB patients with hypertension, Black and Hispanic patients are less likely to have their hypertension controlled compared to peers. A goal was created to reduce the inequity in blood pressure control between Black and White patients and Hispanic and non-Hispanic patients.
- **Cancer:** Disparities related to cancer screening, care and outcomes are noted nationally and locally. Some of the leading causes of cancer mortality in 2021 in Boston include lung, colorectal, and breast cancer.⁴ Across these cancer types, disparities are noted in

¹ *Health Equity - Office of Health Equity - CDC.* (n.d.). Retrieved December 6, 2023, from <https://www.cdc.gov/healthequity/index.html>

² Hoyert, D. L. (2023). *Maternal Mortality Rates in the United States, 2021.* 2021. <https://doi.org/10.15620/CDC:113967>

³ Martin, S. S., Aday, A. W., Almarzooq, Z. I., Anderson, C. A. M., Arora, P., Avery, C. L., Baker-Smith, C. M., Barone Gibbs, B., Beaton, A. Z., Boehme, A. K., Commodore-Mensah, Y., Currie, M. E., Elkind, M. S. V., Evenson, K. R., Generoso, G., Heard, D. G., Hiremath, S., Johansen, M. C., Kalani, R., ... Palaniappan, L. P. (2024). 2024 Heart Disease and Stroke Statistics: A Report of US and Global Data from the American Heart Association. *Circulation*, 149(8), E347–E913. <https://doi.org/10.1161/CIR.0000000000001209>

⁴ Boston Public Health Commission, *Health of Boston 2023: The Cancer Report (Boston, Massachusetts 2023)*

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screening and mortality. A goal was created to develop a plan to reduce inequities in screening for colorectal, lung, and breast cancer.

- **Social Risk Factor Screening:** More than 80% of the variation in health outcomes is related to factors other than medical care, such as nutrition, housing, transportation, employment, and education.⁵ Structural racism has resulted in inequitable conditions in which people are born, grow, live, work, and age, known as the Social Determinants of Health or Social Risk Factors. MGB is currently completing social risk factor screening among many of our patients and working to connect those with unmet social needs to appropriate resources. A goal was created to expand social risk factor screening percentages in targeted ambulatory practices and inpatient and emergency spaces.

In addition to the work being done as part of the Health Equity Roadmap, we plan to continue the critical foundational work that has already been started under United Against Racism (UAR). Some of this work includes providing written and verbal communication in patient preferred language, enabling equitable access to our patient portal, *Patient Gateway*, and other clinical digital tools, and decreasing the percentage of missing self-reported patient race, ethnicity, ethnic background, written, and spoken language demographic data. For additional key priorities, please reference: <https://pubmed.ncbi.nlm.nih.gov/37736521/>

Mass General Brigham hospitals incorporate member and community voices into the health equity strategic planning and implementation efforts through the Community Health Needs Assessment (CHNA) process. Each hospital conducts a CHNA that includes a review of demographic data related to identified priority communities that the hospital serves and engagement with key community leaders and members. Engagement with community leaders and members occurs through interviews, focus groups, and surveys. Through this process, each hospital is able to use a qualitative and quantitative approach to understanding the needs of the community that it serves. Particularly, these community interviews shine light on the needs that are not always visible through a data review. Through this process, MGB is able to identify and prioritize key areas of need within the communities it serves.

⁵ Hood CM, Gennuso KP, Swain GR, et al.. County health rankings: Relationships between determinant factors and health outcomes. *Am J Prev Med* 2016;50(2):129–135; doi: 10.1016/j.amepre.2015.08.024