

Massachusetts Health Equity Compact:

A Model for Systems Change
to Advance Health Equity



This report was written by JSI Research & Training Institute, Inc. staff Leanna Pham, Erin Shigekawa, Angel Bourgoïn, and Clancey Bateman. Thank you to Health Equity Compact members for their insights and review.

The Delta Center for a Thriving Safety Net is a national initiative launched in May of 2018 that brings together primary care associations (PCAs) and behavioral health state associations (BHSAs) to advance policy and practice change. The ultimate goal of the Delta Center is to cultivate health policy and a care system that is more equitable and better meets the needs of individuals and families.

The Delta Center is led by JSI Research & Training Institute, Inc., bringing together strategic partners including Alternate Frame, The ACT Center at Kaiser Permanente Washington Health Research Institute, the National Association for Community Health Centers (NACHC), and the National Council for Mental Wellbeing.

Email: deltacenter@jsi.com

Web: deltacenter.jsi.com

Support for this publication was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

What happens when leaders of color across institutions come together to advance collective action?

If you've walked the hallways of a medical center, university, or government buildings – chances are you've come across portraits of former leaders of those institutions. These leaders' portraits honor their contributions, and also convey a message about power dynamics and exclusion within our institutions. Sometimes referred to as [“dude walls”](#) or [“white walls,”](#) they reflect whose personhood and ideas have historically been valued, and whose have been marginalized. However, this history of exclusion is actively shifting.

In Massachusetts, a new group of leaders of color recently came together to advance health and racial equity. In 2022, the Health Equity Compact (the “Compact”) became the first Massachusetts [health equity](#) initiative to bring together primarily Black and Latinx senior executives from across the state. The Compact includes leaders from the healthcare, business, public health, academic, and philanthropic sectors, reflecting an expansive understanding of health and the range of levers impacting wellbeing. The Compact's formation coincided with the COVID pandemic and a national alarm to urgently address racism and its effects on health and wellbeing. Within two years, membership doubled from 37 to 81 leaders of color, demonstrating the initiative's momentum and the importance of lived experience in driving change.



*Health Equity Compact members in 2023 hosted the first statewide Health Equity Trends Summit that brought together over 700 people across sectors together.¹
Photo credit: Health Equity Compact.*

“As an immigrant who came to the U.S. at the young age of 17 with no family, no English and no money, accelerating the journey toward health equity is both a personal and professional priority.”

– Testimony of Assaad Sayah MD, CEO, Cambridge Health Alliance and Health Equity Compact Member in support of An Act to Advance Health Equity (H.1250/S.799), September 20, 2023

Why focus on health equity now?

Inequities in health and healthcare persist in our nation, with people of color facing disparities in insurance coverage, life expectancy, and many health outcomes compared to their White counterparts. Even within Massachusetts, a state with world-class healthcare institutions and one of the highest rates of health insurance in the country, the data demonstrate that not everyone has equal access to living a healthy life. For example:

- A 23-year life expectancy gap between Boston residents living just two miles apart—a life expectancy of nearly 92 years in Back Bay, compared to under 69 years in Roxbury.
- The rate of severe maternal morbidity is 2.5 times higher for Black non-Hispanic birthing people, compared to White non-Hispanic birthing people.
- Opioid-related overdose death rates have been increasing the fastest among Black non-Hispanic residents—a 40% increase in just the last year.²

While many individuals and organizations have worked to address health inequities for a long time, recent events have elevated these issues as a national priority. The COVID pandemic exposed and exacerbated health disparities and highlighted entrenched social, economic, and political inequities experienced by communities of color.³ At the same time, the unjust murders of George Floyd, Breonna Taylor, and Ahmaud Arbery and the activism of the Black Lives Matter movement intensified the reckoning of systemic racial inequities across the nation.

The COVID response demonstrated that, when urgency demanded it, sectors could coordinate actions, devote resources, adapt to evolving needs, and reduce the racial and ethnic health disparities in COVID morbidity and mortality. In July 2021, the State Legislature-mandated Health Equity Task Force of Massachusetts published [A Blueprint for Health Equity](#) to guide state policymakers toward equitable COVID response and recovery in a manner that also addresses root causes.

That same year, the Compact formed as a cross-sector coalition to build upon the Blueprint and ensure health equity continues to be prioritized and advanced by leaders in Massachusetts—asking, “If not now, when? If not us, who?” Given Massachusetts’s historic 2006 health reform legislation that ultimately laid the groundwork for the nation’s Affordable Care Act, the Compact envisioned that the state would continue to lead in health reform with health equity as its next chapter.

“I want to make sure people have proper context. Just because it’s so-called liberal, blue Democrat leaning Massachusetts, don’t think that our majority legislature or our majority C-suite of our companies understand the urgency of prioritizing health equity, racial and ethnic disparities. It’s not their lived experience. Therefore, the challenge existed here and continues to exist here for us to lift up that priority, and to use our positions of influence and privilege to then move the agenda in Massachusetts.”

– Michael Curry, President and CEO, Massachusetts League of Community Health Centers and Health Equity Compact Member ([The Health Equity Compact: Catalyzing Change in Massachusetts and Beyond](#), Delta Center Podcast, November 2023)

What is the Health Equity Compact?

The Compact consists of over 80 leaders of color including chief executive officers of hospitals and federally qualified health centers across the state, deans and professors at leading academic institutions, commissioners of health, presidents of foundations, executives of community-based organizations, former politicians who held positions such as the Massachusetts House Committee Chair of Ways and Means, and many others across health-related sectors. Representation includes prominent organizations such as Mass General Brigham, Blue Cross Blue Shield of Massachusetts, and Harvard TH Chan School of Public Health. Compact members leverage their expertise and spheres of influence to expand the Compact's presence and impact.



*Some of the Health Equity Compact's members pictured above.
Photo credit: Health Equity Compact.*

Beyond their expertise and positional power, the lived experience of Compact members as people of color influences their commitment and approach to health and racial equity. Lived experience, or “knowledge based on someone’s perspective, personal identities, and history, beyond their professional or educational experience,” shapes a person’s priorities and insights.⁴ For Compact members, health disparities and inequities are not abstract ideas or statistics; the moral imperative of health equity is deeply personal. Lived experience is a driving force of the Compact and why members continue to join and invest in this collective, anti-racist work.

The Compact focuses on institutionalizing systemic, structural changes and policies that will lead to meaningful, state-wide impact. So that the work is independent of individual- or organization-level commitments, the Compact’s approach prioritizes long-term commitment and investment in health equity through the codification of integrated efforts to advance health equity into law, development of sustainability mechanisms including funding and stakeholder engagement, and written commitments from organizations and policymakers to maintain their energy and funding until disparities are eliminated. Members prioritize policy efforts and institutional practice changes

that are considered the most urgent, transformational, and essential, including in these areas: 1) governance; 2) measurement and accountability; 3) workforce; 4) healthcare delivery and payment reform; 5) coverage and access; and 6) social determinants of health.

A mix of direct funding, in-kind services, pro bono services, and a core team sustain the Compact. Organizational members are asked to make a meaningful financial contribution to support the Compact's work, commensurate with the organization's size and financial circumstances. Additionally, the Compact is supported by grant funding from several organizations with a focus on advancing health equity and racial equity.⁵ A core team of staff and trusted partners are responsible for keeping the Compact on track, providing research, writing, facilitation, and project management support. Compact partners include organizations such as JSI, which brings expertise in policy, research, facilitation, and health equity; the Castle Group for public relations and communications work; and the law firm Foley Hoag, which provided pro bono services to draft the language for the Compact's 2023 legislation, [Bill H.1250 An Act to Advance Health Equity](#).



Supporters of An Act to Advance Health Equity outside the Massachusetts State House. Photo credit: Health Equity Compact.

“I worked at Boston City Hospital and Boston Medical Center serving the people I grew up with—those I know and love—the poorest of the poor; those most marginalized; those often left behind... I remember where I’m from and remain laser-focused on racial equity and health justice... For me this is devastatingly personal. My mom, who struggled with mental illness, diabetes, and high blood pressure most of her adult life consistently wrestled with paying for her many medicines and feeding her boys... At the early age of 54 my mother died from a heart attack... I believe if my mother had easy access to her medication, she’d be alive today. Many Massachusetts residents share some version of my mother’s story and challenge.”

- Testimony of Craig Andrade, Health Equity Compact Member, Associate Dean of Practice, Associate Professor of Community Health Sciences and Director of the Activist Lab at Boston University School of Public Health in support of the Pharmaceutical Access, Costs and Transparency Act (S.2499), May 6, 2023

What impact has the Compact had so far?

As of July 2024, the Compact has elevated health equity discourse and action through several means. The Compact has taken action to:



Pursue policy changes at the state level: The Compact filed an omnibus bill, [An Act to Advance Health Equity](#) (H.1250/S.799), that includes “changing the structure of state government to prioritize equity; standardizing and reporting on data to advance health equity; investing in a qualified, diverse health workforce; improving access and quality of care; and investing in building healthier communities.”⁶ This legislation was developed from the work of the Health Equity Task Force, shaped by Compact members and their organizations, and informed by communities and health-related organizations. This first-session bill was recently reported favorably out of the Joint Committee on Health Care Financing and has moved to the Senate Ways and Means Committee. Components of the bill have also been included in the provisions or language of other legislation, such as the recently released [Act Enhancing the Market Review Process](#) (H. 4643) that enhances the Health Policy Commission’s role in advancing health equity and the [PACT Act 3.0](#) (S.2492), recently passed by the Massachusetts Senate, which reduces the inequities of the high and rising costs of prescription drugs.



Develop compelling cases for health equity policies and resources: The Compact sponsored a [public opinion poll](#) in Massachusetts that found strong public support for equal opportunities for a long and healthy life, regardless of income, education, or race – demonstrating the moral imperative of health equity.⁷ To understand the economic incentives for advancing health equity, the Compact also collaborated with the Blue Cross Blue Shield of Massachusetts Foundation and published [The Time is Now: The \\$5.9 Billion Case for MA Health Equity Reform](#). The report quantifies the costs of economic burden of health inequities for Black, Hispanic/Latino, and Asian populations and impacts on the Massachusetts economy as a whole.⁸



Convene leaders across multiple sectors to address health inequities: The Compact established the [Health Equity Trends Summit](#) to coalesce around active opportunities for collective action on state-wide health equity. The first Summit hosted in 2023 brought together over 700 participants and in 2024 expanded to over 1,000 participants interested in taking action to advance health equity.



Build public awareness and outreach about the urgency of health equity: The Compact has received local and national press coverage in over 100 articles and interviews; convened state agencies, consumer advocacy groups, and business groups; and hosted 8 community events throughout the state of Massachusetts.



Health Equity Compact members of participants of Compact events, including the 2023 Health Equity Trends Summit⁹ and Northeastern Massachusetts Health Equity Forum.¹⁰ Photo credit: Health Equity Compact.

What's next?

The persistence of racial health disparities, magnified by the COVID pandemic and still prevalent today, demands urgent attention to address health inequities in the United States. Within recent memory, we have witnessed how individuals, systems, and policies can quickly organize and shift to meet pressing needs. This moment presents a crucial opportunity for continued cross-sector prioritization, imagination, and decisive action to address long-standing disparities in health and healthcare.

The Health Equity Compact provides insights on how states can leverage the current momentum to bring together leaders from diverse sectors to systemically advance health equity. In particular, the Health Equity Compact model underscores the importance of centering voices and leadership of color in these efforts. While each state's context is unique, a collective effort to drive systemic change in health and racial equity is needed in every state. To sustain and build upon such efforts, it is essential to deepen relationships, build capacity, and secure funding from a wide range of sources.

Compact members demonstrate how we all have the power to take action now by leveraging collective expertise, lived experience, and resolve to drive systemic change. A steadfast commitment to eliminating inequities in health and healthcare is the first step to meaningful progress. As the poet June Jordan once said, ***"We are the ones we have been waiting for."***

Endnotes

- ¹ Health Equity Trends Summit. 2023. Health Equity Compact. <https://healthequitycompact.org/health-equity-trends-summit/>
- ² Health Equity Compact testimony in support of An Act to Advance Health Equity (H.1250/S.799). https://healthequitycompact.org/wp-content/uploads/2023/12/Written-Compact-Testimony-Final_FINAL-2023.pdf
- ³ Mude W, Oguoma VM, Nyanhanda T, Mwanri L, Njue C. Racial disparities in COVID-19 pandemic cases, hospitalisations, and deaths: A systematic review and meta-analysis. J Glob Health. 2021 Jun 26;11:05015. doi: 10.7189/jogh.11.05015. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8248751/>
- ⁴ Office of Human Services Policy, Assistant Secretary for Planning and Evaluation. "What is Lived Experience?" <https://aspe.hhs.gov/sites/default/files/documents/5840f2f3645ae-485c268a2784e1132c5/What-Is-Lived-Experience.pdf>
- ⁵ Health Equity Compact. Supporting Organizations. 2024. <https://healthequitycompact.org/about-us/supporting-organizations/>
- ⁶ Health Equity Compact. Written Testimony. 2023. https://healthequitycompact.org/wp-content/uploads/2023/12/Written-Compact-Testimony-Final_FINAL-2023.pdf
- ⁷ The MassINC Polling Group. Mass. Residents Express Strong Support of Action to Advance Health Equity. 2023. <https://healthequitycompact.org/wp-content/uploads/2023/06/Public-Opinion-Poll-One-pager-2023-03-Health-Equity-Compact-13-00-25-307.pdf>
- ⁸ Gaskin, D., LaVeist, T, et al. The Time Is Now: The \$5.9 Billion Case for Massachusetts Health Equity Reform. The Blue Cross Blue Shield of Massachusetts Foundation 2023. https://www.bluecrossmafoundation.org/sites/g/files/csphws2101/files/2023-06/Econ_Cost_Inequities_Full%20report_FINAL_0.pdf
- ⁹ Health Equity Trends Summit. 2023. Health Equity Compact. <https://healthequitycompact.org/health-equity-trends-summit/>
- ¹⁰ Events: Northeast Health Equity Regional Forum. 2023. Health Equity Compact. <https://healthequitycompact.org/event/northeast-health-equity-regional-forum/>