

February 1, 2021

Michael Curry, Eq.

President and CEO
Massachusetts League of Community
Health Centers

Dr. Assaad Sayah

CEO, Cambridge Health Alliance; Commissioner of
Public Health, City of Cambridge; Assistant
Professor, Harvard Medical School

Co-chairs, Massachusetts Legislative Health Equity Task Force on COVID-19

Dear Michael Curry, Dr. Assaad Sayah, and other Task Force members,

The Fenway Institute is grateful that the Massachusetts Legislative Health Equity Task Force on COVID-19 adopted language in its October 7, 2020 interim report calling for the collection and reporting of sexual orientation and gender identity (SOGI) data in the COVID-19 pandemic.¹ As we stated in our testimony to the Task Force in September 2020, there are many reasons to believe that LGBTQ people may be disproportionately vulnerable to infection by the novel coronavirus and to complications should they develop COVID-19. This is especially true of Black, Latinx and Indigenous LGBTQ people and LGBT older adults.

LGBT people are twice as likely to hold front line jobs in retail and food services. We are more likely to live in dense, urban housing where social distancing is difficult. We have higher rates of risk factors, such as smoking and vaping, and higher rates of comorbidities, such as asthma, diabetes, cancer, and cardiovascular disease.

Because of high rates of medical mistrust, LGBT populations—especially LGBT people of color, immigrants, older people, transgender people, lesbian and bisexual women, and intersex people—may also be more reluctant to access the COVID-19 vaccine. For all these reasons, collecting and reporting SOGI data in COVID-19 testing, care and vaccination is critical to ensuring health equity for all Massachusetts residents. At least five other states, including Rhode Island and Pennsylvania, are collecting SOGI data in COVID-19.

We know how to ask these questions. Health centers have been collecting and reporting voluntary SOGI data to the Bureau of Primary Healthcare at HRSA since 2016. The federal Office of Health Information Technology adopted minimal data standards for SOGI response options in 2015. We know how to ask these questions.

We call on the Health Equity Task Force to encourage legislation requiring the collection and reporting, on a weekly basis, of SOGI data in the COVID-19 pandemic, including testing, care, and vaccination. This would implement the recommendation that the Health Equity Task Force made in its October 7, 2020 interim report on page 44.²

Unless we collect and report SOGI data, we don't know whether LGBT people are experiencing health inequities in the pandemic. We are nearly a year into a once in a century global pandemic. It is frustrating that we still don't have the most basic data on how our community is experiencing COVID-19.

We call on Massachusetts to be a leader in this area, as we have been on SOGI data collection on surveys since the early 1990s, and on LGBTQ equality since the 1980s. We need legislation requiring SOGI data collection and reporting in COVID-19 vaccine dissemination, as well as in testing and care.

Thank you for listening and for your work promoting health equity.

Sincerely,

Sean Cahill, PhD
Director of Health Policy Research
The Fenway Institute

Carl Sciortino, MPA
Executive Vice President of External Relations
Fenway Health

Carrie Richgels
Manager of Policy and Advocacy
AIDS Action Committee

¹ FY21 State Budget Recommendation: COVID-19 and Health Equity Enhanced Data and Reporting Section

"Section 1 of chapter 93 of the Acts of 2020 is hereby amended in subsection (c) by inserting after "(ix)" the following:-

"(x) industry; (xi) sexual orientation and gender identity; (xii) cluster information by category and location and (xiii)."

and said section 1 is further amended in subsection (f) by inserting after the word "section" the following:-
"on a bi-weekly basis"

and said section 1 is further amended by adding at the end the following new subsection:-

""(h) Notwithstanding any general or special law to the contrary, the department of public health shall, on not less than a weekly basis, collect and compile data including from the use of the Massachusetts Immunization Information System (MIIS) from all boards of health, as defined in section 1 of chapter 111 of the General Laws, and from any person, corporation, association, partnership or other legal entity over which the department has regulatory authority, that is related to the distribution of vaccines for COVID-19, and vaccination rates in the commonwealth. Said data shall include, but shall not be limited to, the following: (1) the total number of people who have received the COVID-19 vaccine within the previous week period and the vaccination rate, stratified by populations prioritized for the vaccine and the specific version of the vaccine given; (2) the aggregate rate and number of people who have been vaccinated since inception of the availability of the vaccine; (3) demographic information for all individuals who have received a COVID-19 vaccine stratified by the version of vaccine, including, but not limited to: (i) gender; (ii) race; (iii) ethnicity; (iv) primary city or town of residence; (v) age; (vi) disability; (vii) primary language; (viii) occupation; (ix) industry; (x) sexual orientation and gender identity; (xi) information on residence in elder care facilities and other congregate settings, including individuals who are homeless and (xii) any other demographic information that the department deems important to understand the vaccination rates in certain populations."

Health Equity Task Force. *Established by Chapter 93 of the Acts of 2020*. Discussion Draft Interim Report. October 7, 2020. Page 44. Available at <https://malegislature.gov/Commissions/Detail/512/Documents>. Click on "Health Equity Task Force Draft Interim Summary Report for Input, 10/7/20."

²Health Equity Task Force. *Established by Chapter 93 of the Acts of 2020*. Discussion Draft Interim Report. October 7, 2020. Page 44. Available at <https://malegislature.gov/Commissions/Detail/512/Documents>. Click on "Health Equity Task Force Draft Interim Summary Report for Input, 10/7/20."