



Massachusetts Health Policy Forum: Student Forum

Lindsey Tucker, MPH
Associate Commissioner
Massachusetts Department of Public Health
Friday, April 6, 2018



The Administration

Baker Administration

Governor's Office

Charlie Baker

Karen Polito



Governor Charlie Baker



Lt. Governor Karyn Polito

EOHHS Secretariat

Marylou Sudders



Secretary Marylou Sudders

DPH Commissioner

Monica Bharel



Commissioner Monica Bharel



About DPH



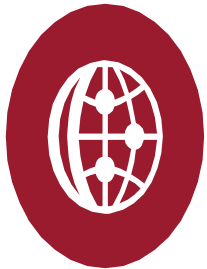
1799

History of department dates to Paul Revere



8 Bureaus, 6 Offices

DPH covers a range of issues from birth until death



15 sites, 3000 employees

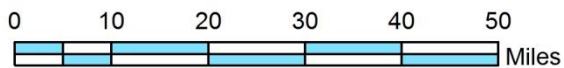
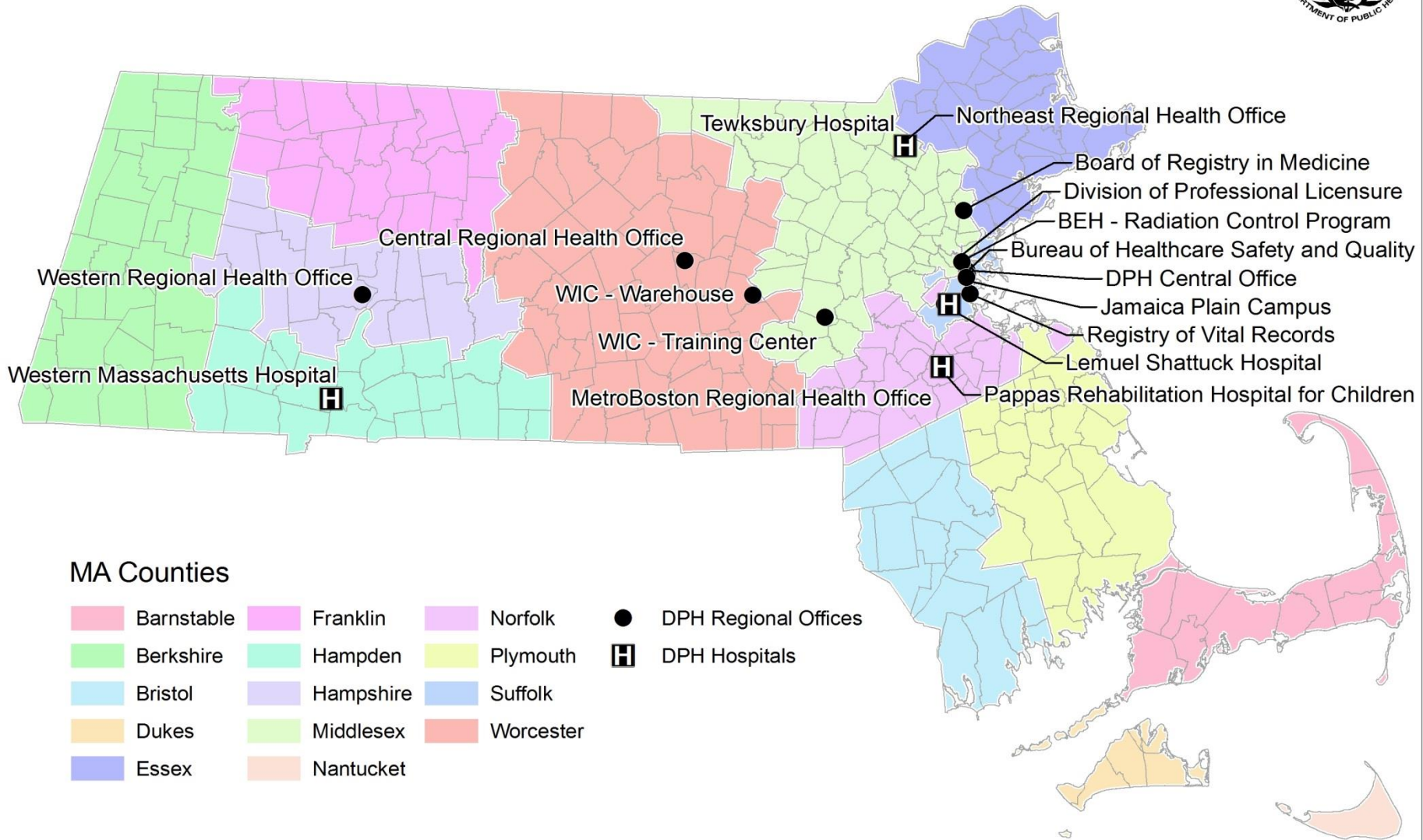
DPH is located across the Commonwealth, and partners with local boards of health



\$1 billion

Annual budget, comprised of federal, state, and grant funding

Massachusetts Department of Public Health Regional Offices & Hospitals





Prevention and Wellness – Health Access – Nutrition – Perinatal and Early Childhood – Adult Treatment – Data Analytics and Support – Housing and Homelessness – Violence and Injury Prevention – Office of Statistics and Evaluation – Childhood Lead Poisoning Prevention – Community Sanitation – Drug Control – Occupational Health Surveillance – PWTF – SANE Program – Interagency Initiatives – Planning and Development – Prevention – Problem Gaming – Quality Assurance and Licensing – Youth and Young Adults – Early Intervention – Children and Youth with Special Needs – Epidemiology Program – Immunization Program – Global Populations and Infectious Disease Prevention – STI Prevention – HIV/AIDS – Integrated Surveillance and Informatics Services – Clinical Microbiology Lab – Chemical Threat, Environment and Chemistry Lab – Childhood Lead Screening – Environmental Microbiology and Molecular Foodborne Lab – STD/HIV Laboratories – Biological Threat Response Lab – Central Services and Informatics – Quality Assurance – Safety and Training – Health Care Certification and Licensure – Health Professional Licensure – Office of Emergency Medical Services – DoN – Medical Use of Marijuana – Shattuck Hospital – Mass Hospital School – Tewksbury Hospital – Western MA Hospital – State Office of Pharmacy Services – Office of Local and Regional Health – Office of Health Equity – Accreditation and Performance Management – ODMOA – OPEM – HR and Diversity – Office of General Counsel – Office of CFO – Commissioner’s Office



Massachusetts DPH will be a **national leader** in innovative, outcomes-focused public health based on a **data-driven** approach, with a focus on **quality public health and health care services** and an emphasis on the social determinants and **eradication of health inequities.**



VISION

Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health equity for *all* people in the Commonwealth.

DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

DISPARITIES

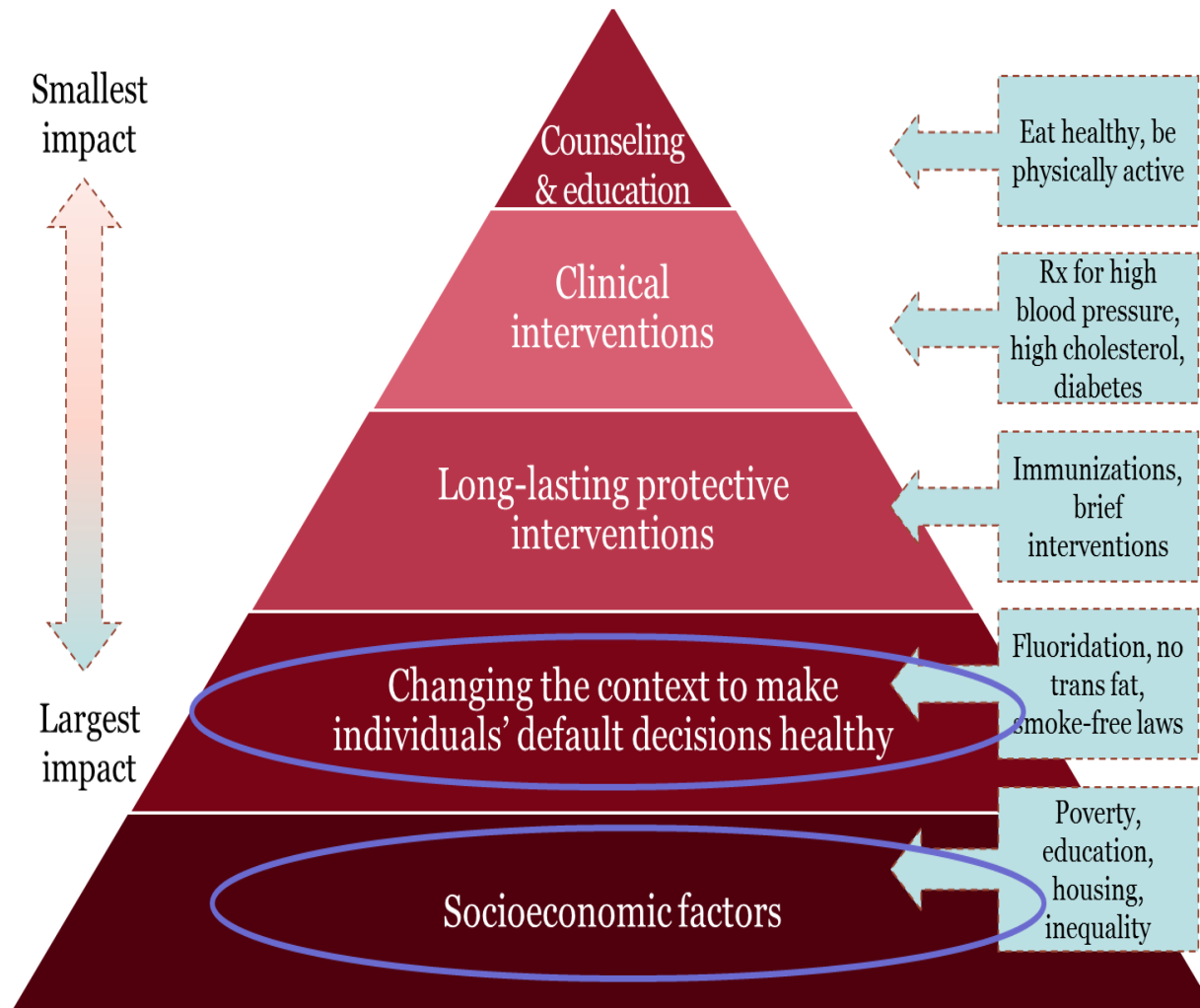
We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION

CDC Health Impact Pyramid





A FOCUS ON HEALTH EQUITY

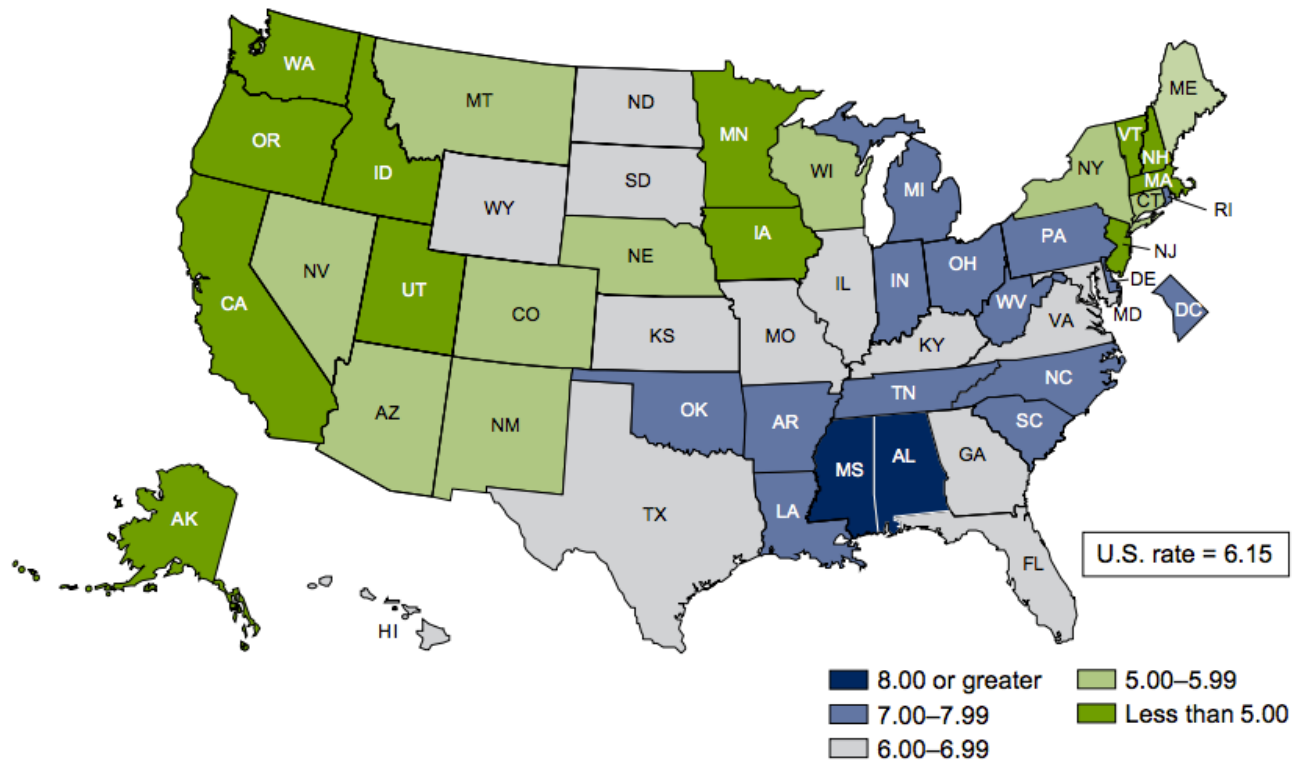
Healthiest State in the Nation:



MASSACHUSETTS

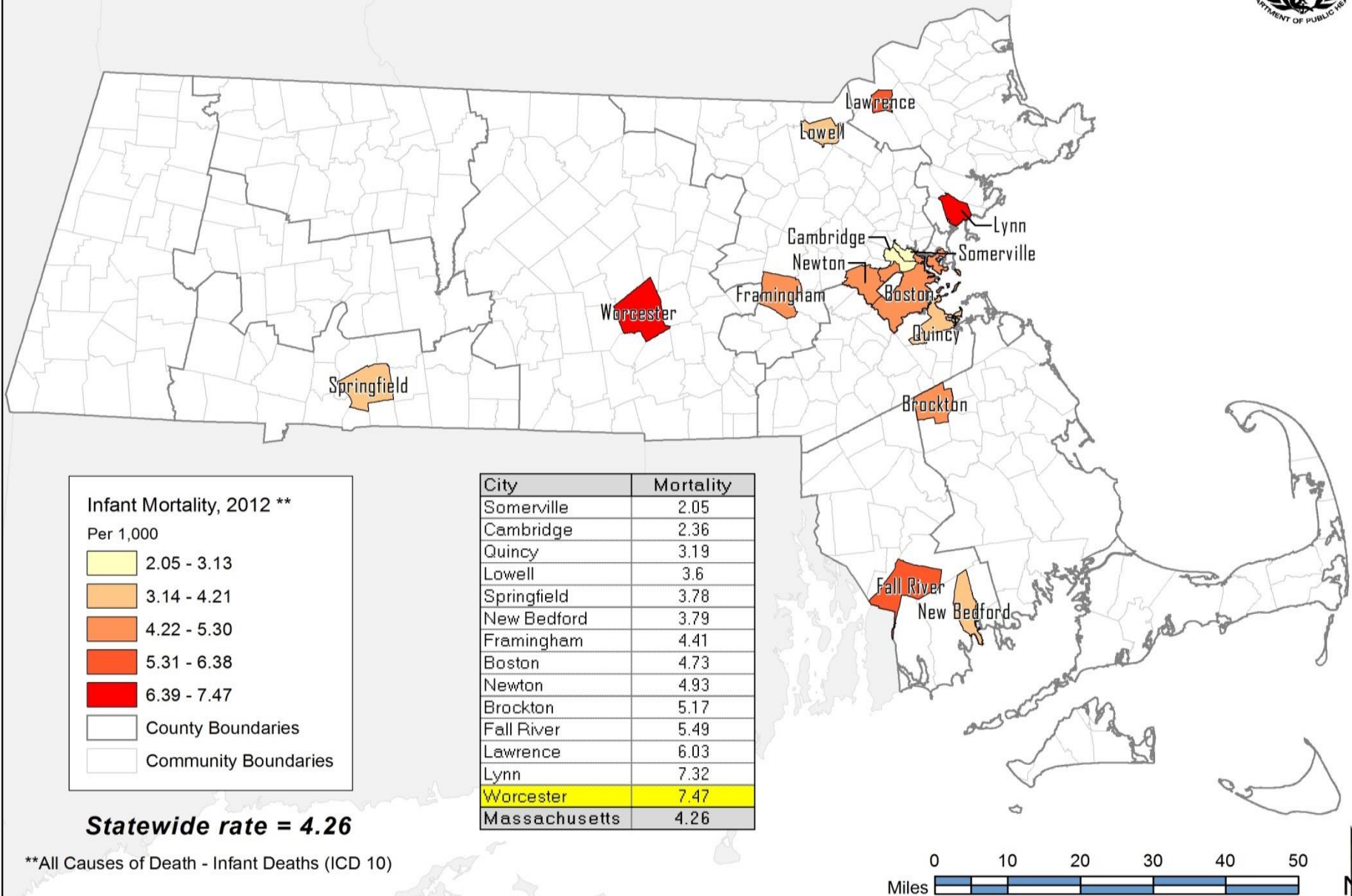
Massachusetts was ranked the #1 healthiest state in the US in the 2017 *America's Health Rankings* Annual Report.

U.S. Infant Mortality Rate 2011



Infant Mortality Rates in Massachusetts' Largest Cities

2012



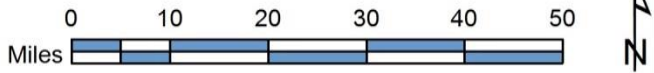
Infant Mortality, 2012 **
Per 1,000

- 2.05 - 3.13
- 3.14 - 4.21
- 4.22 - 5.30
- 5.31 - 6.38
- 6.39 - 7.47
- County Boundaries
- Community Boundaries

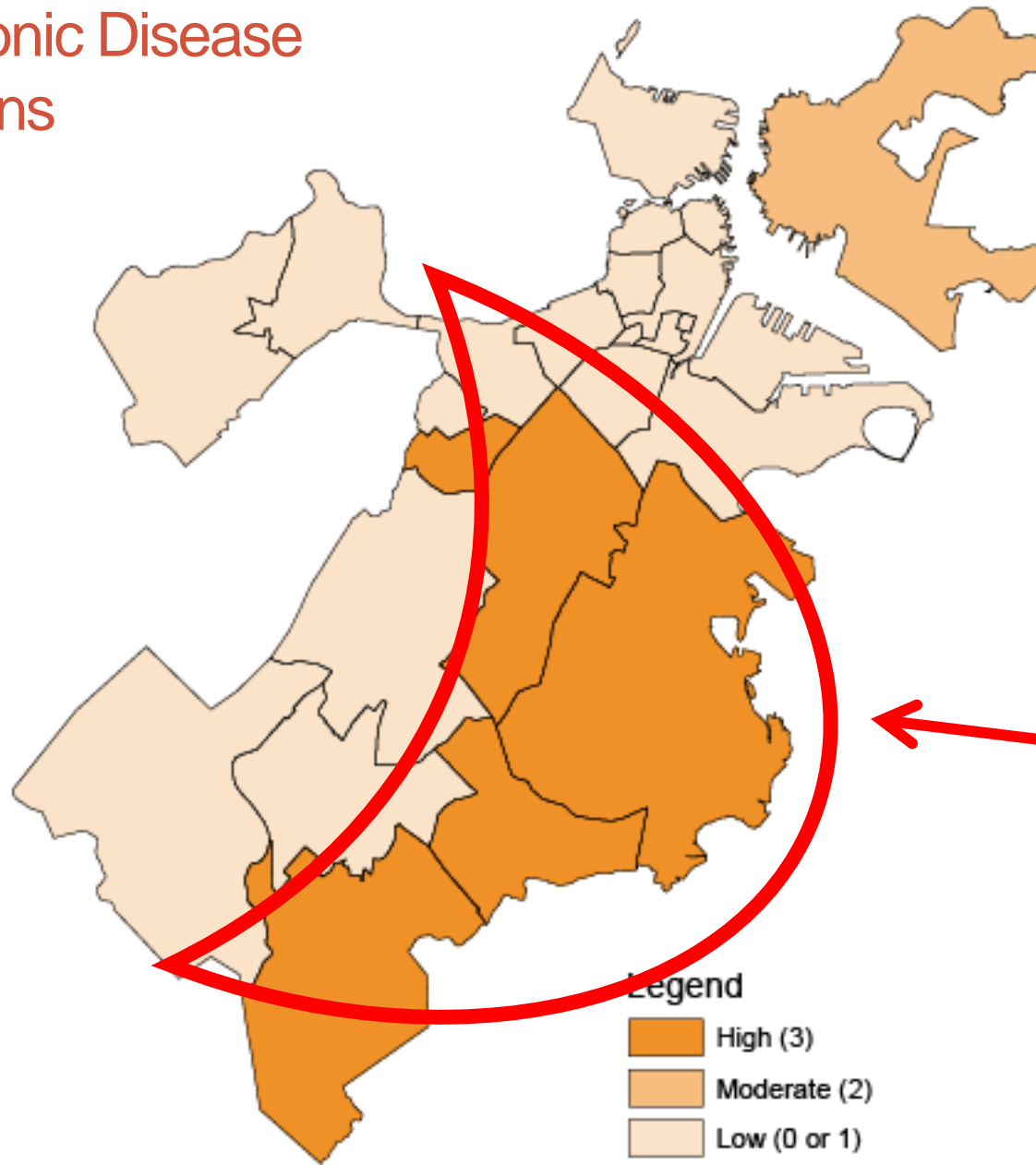
City	Mortality
Somerville	2.05
Cambridge	2.36
Quincy	3.19
Lowell	3.6
Springfield	3.78
New Bedford	3.79
Framingham	4.41
Boston	4.73
Newton	4.93
Brockton	5.17
Fall River	5.49
Lawrence	6.03
Lynn	7.32
Worcester	7.47
Massachusetts	4.26

Statewide rate = 4.26

**All Causes of Death - Infant Deaths (ICD 10)



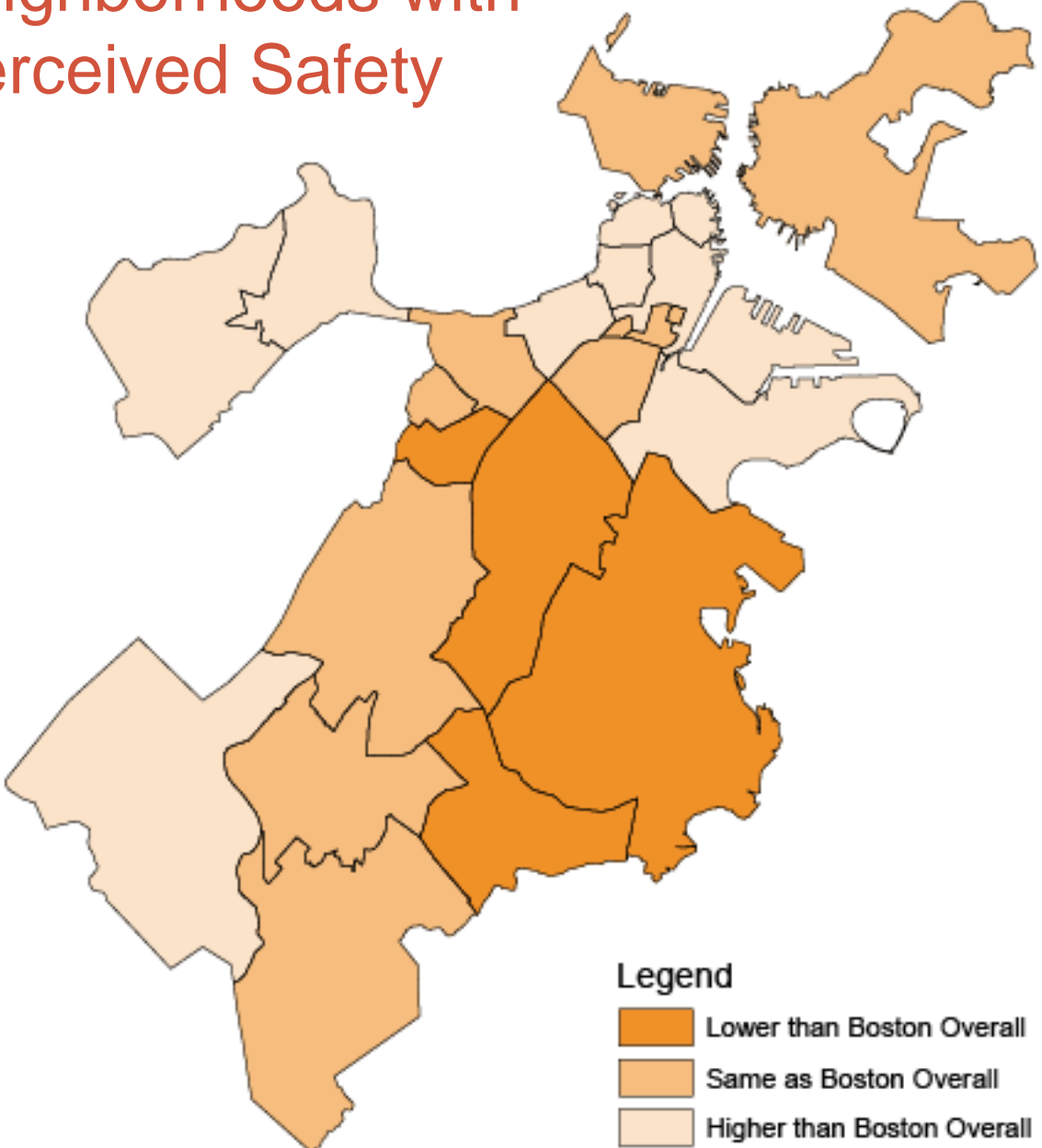
Boston Neighborhoods with High Rates of Chronic Disease Hospitalizations



Keep your eye on "the crescent"

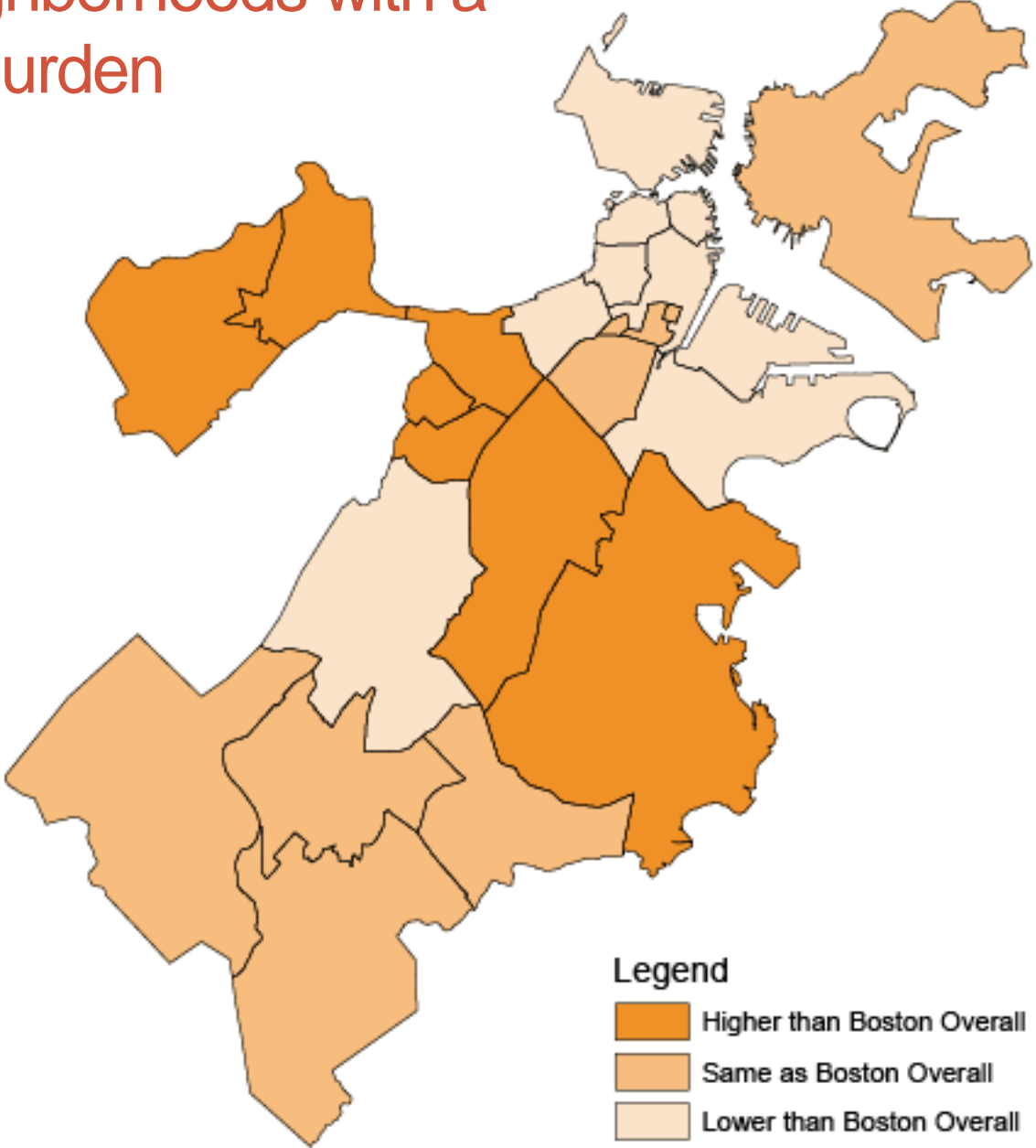
*2012 CHIA Hospital Discharge Data, age adjusted

Boston Neighborhoods with Poor Perceived Safety



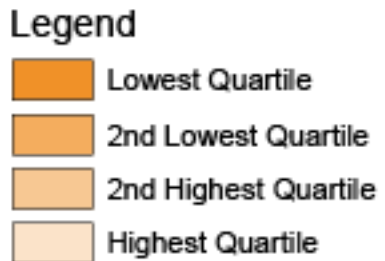
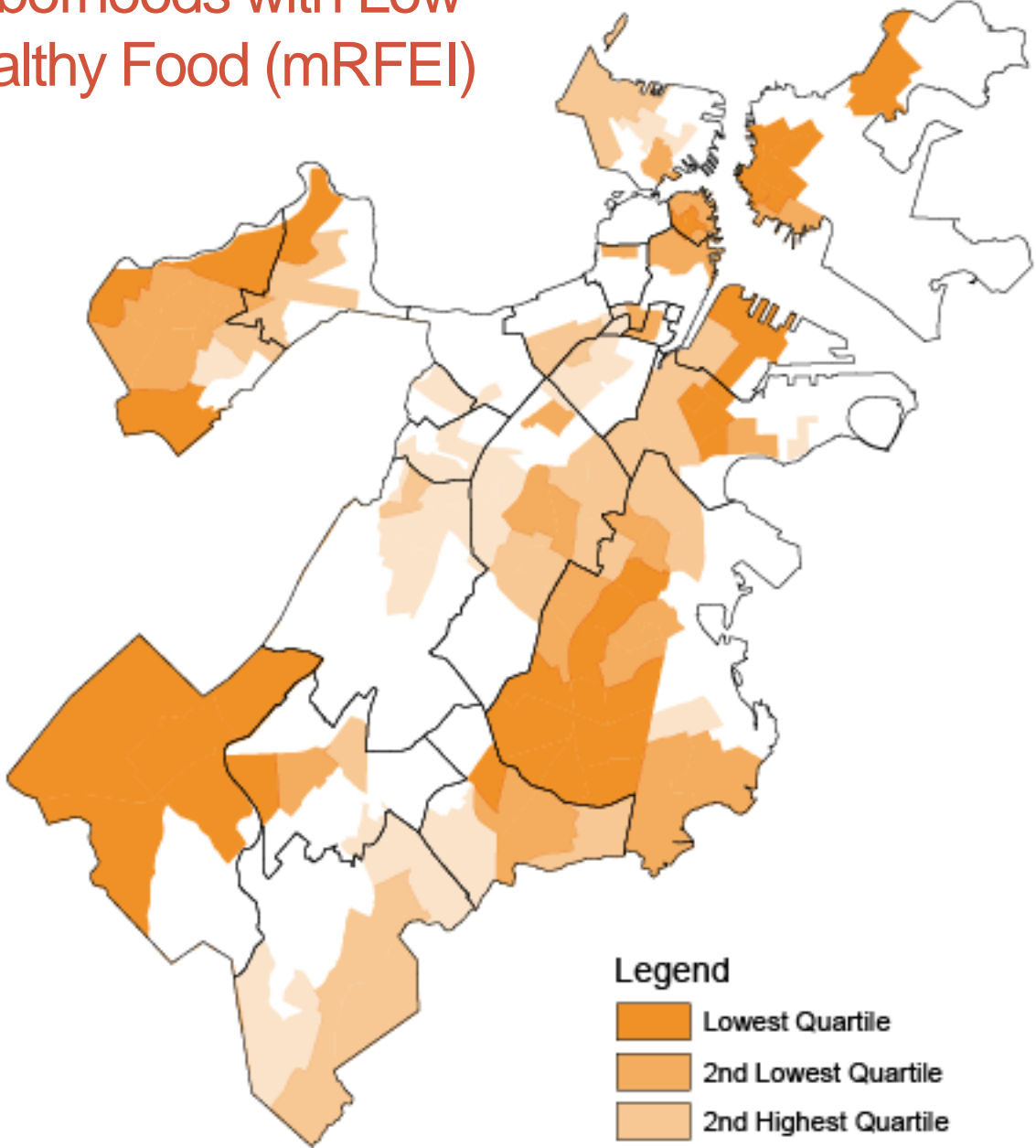
*Boston Neighborhood Survey (BNS), 2008; Harvard Youth Prevention Center through Cooperative agreement with the CDC

Boston Neighborhoods with a High Rent Burden



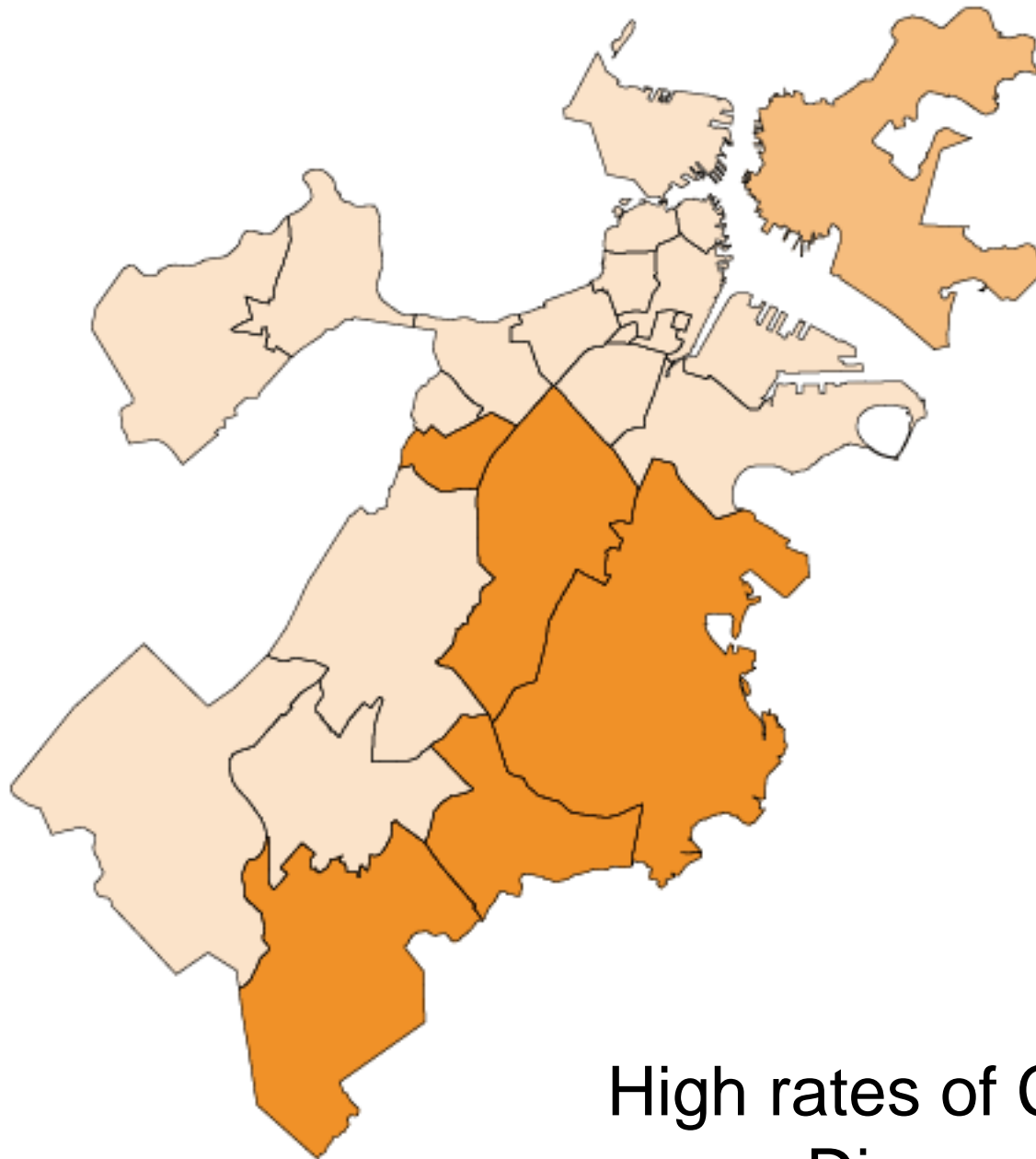
* American Community Survey, 2008-2012, US Census Bureau

Boston Neighborhoods with Low Access to Healthy Food (mRFEI)

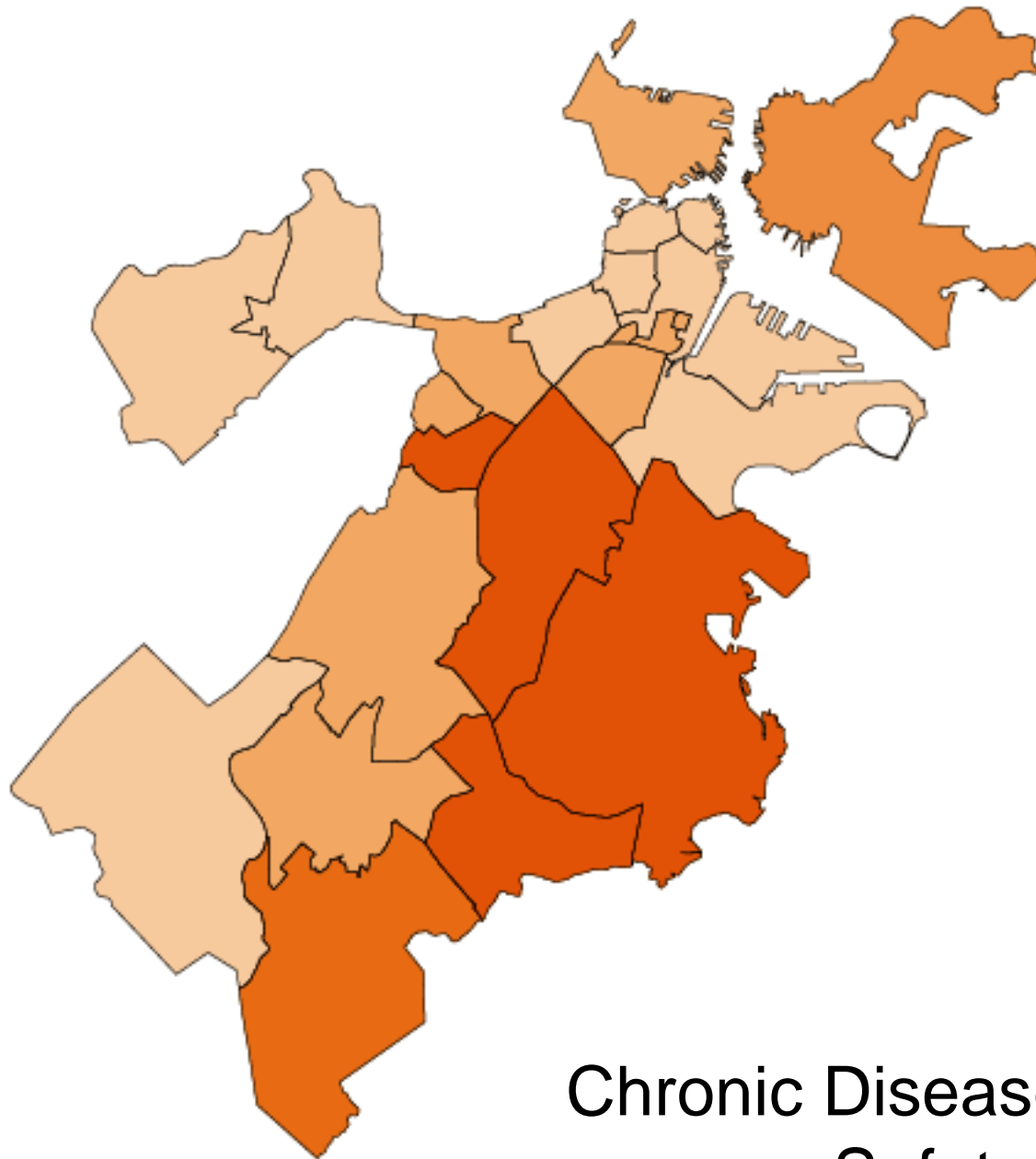


* Modified Retail Food Environment Index, CDC

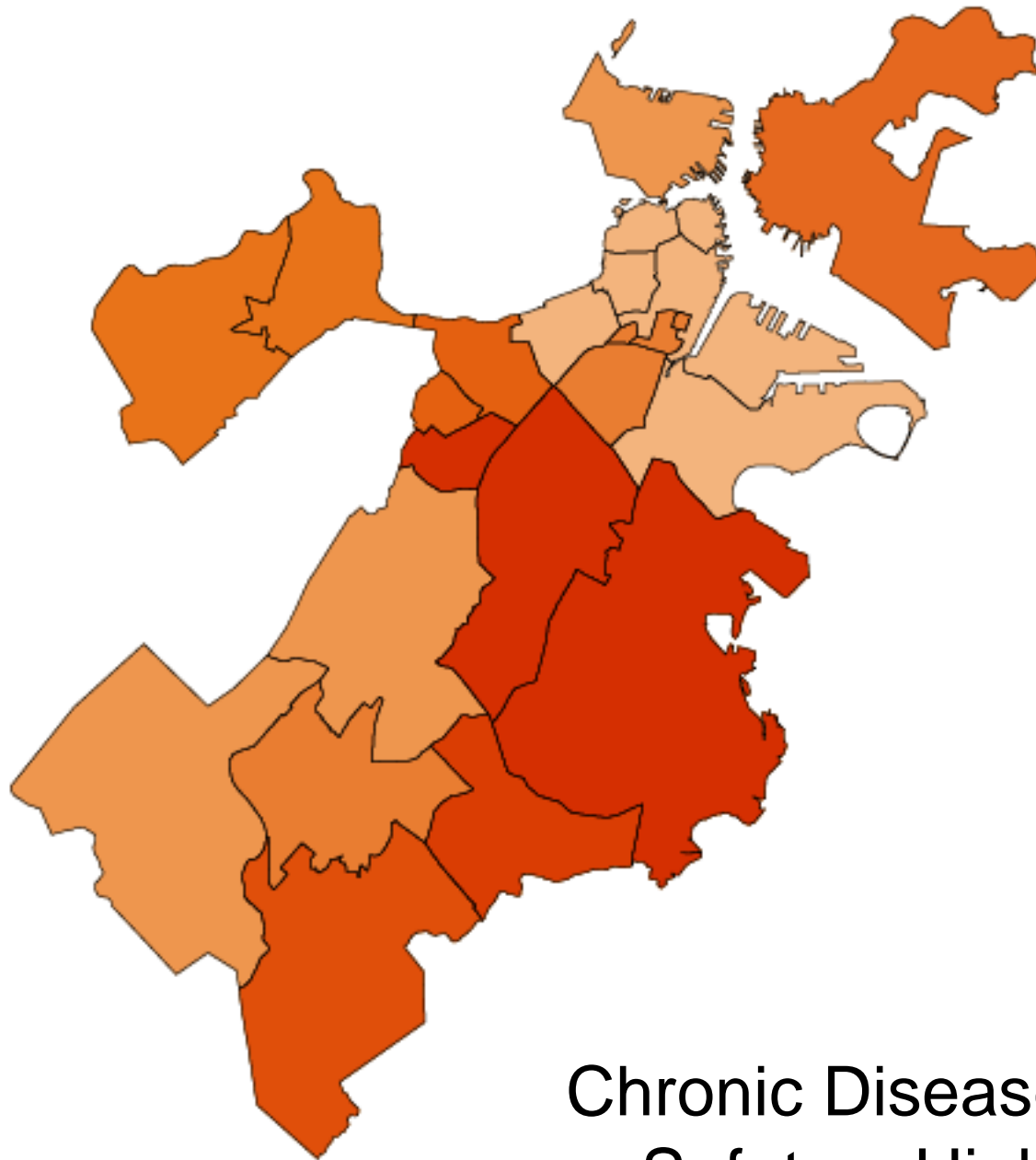
But put them all together
and....



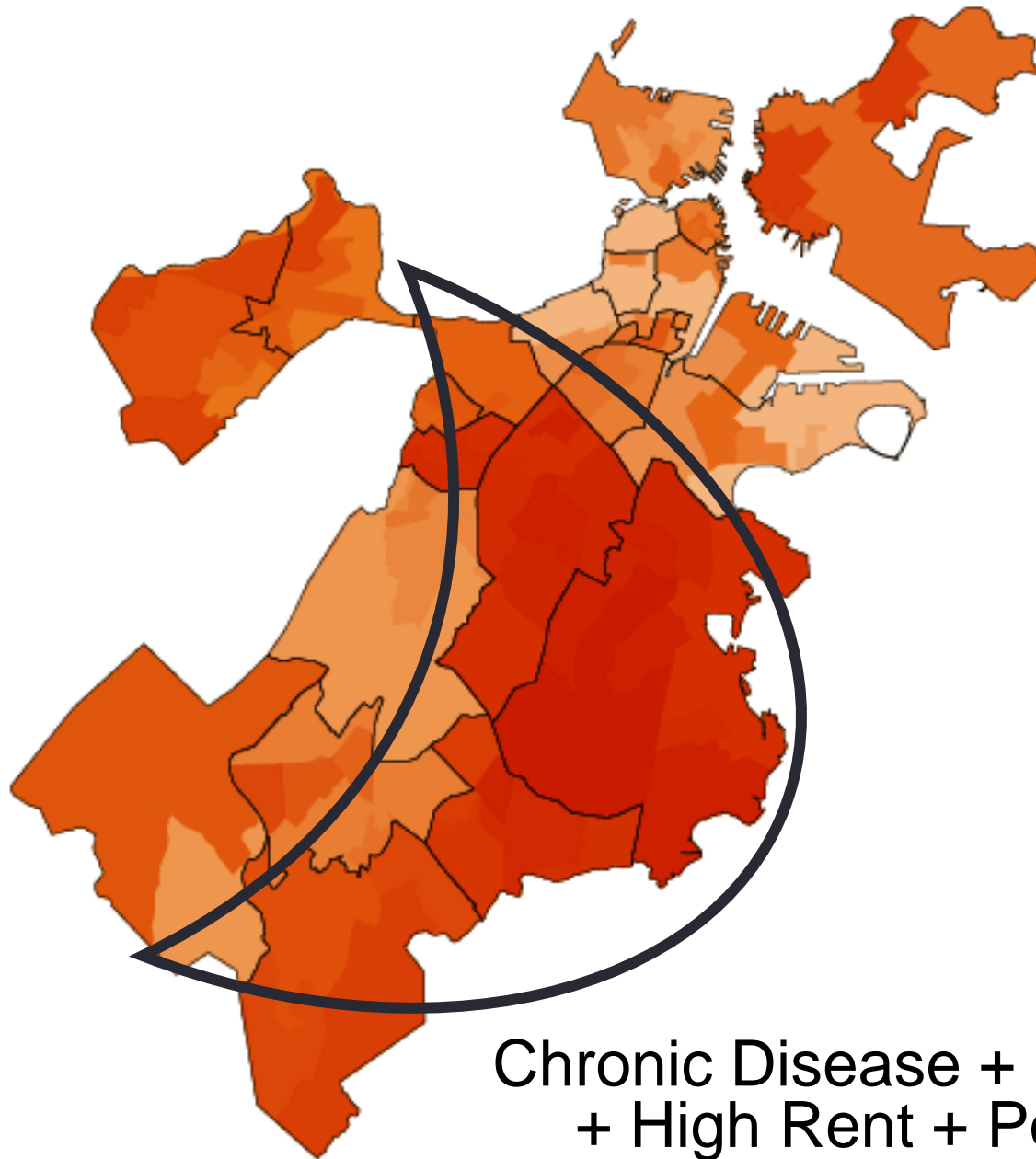
High rates of Chronic Disease



Chronic Disease + Poor
Safety



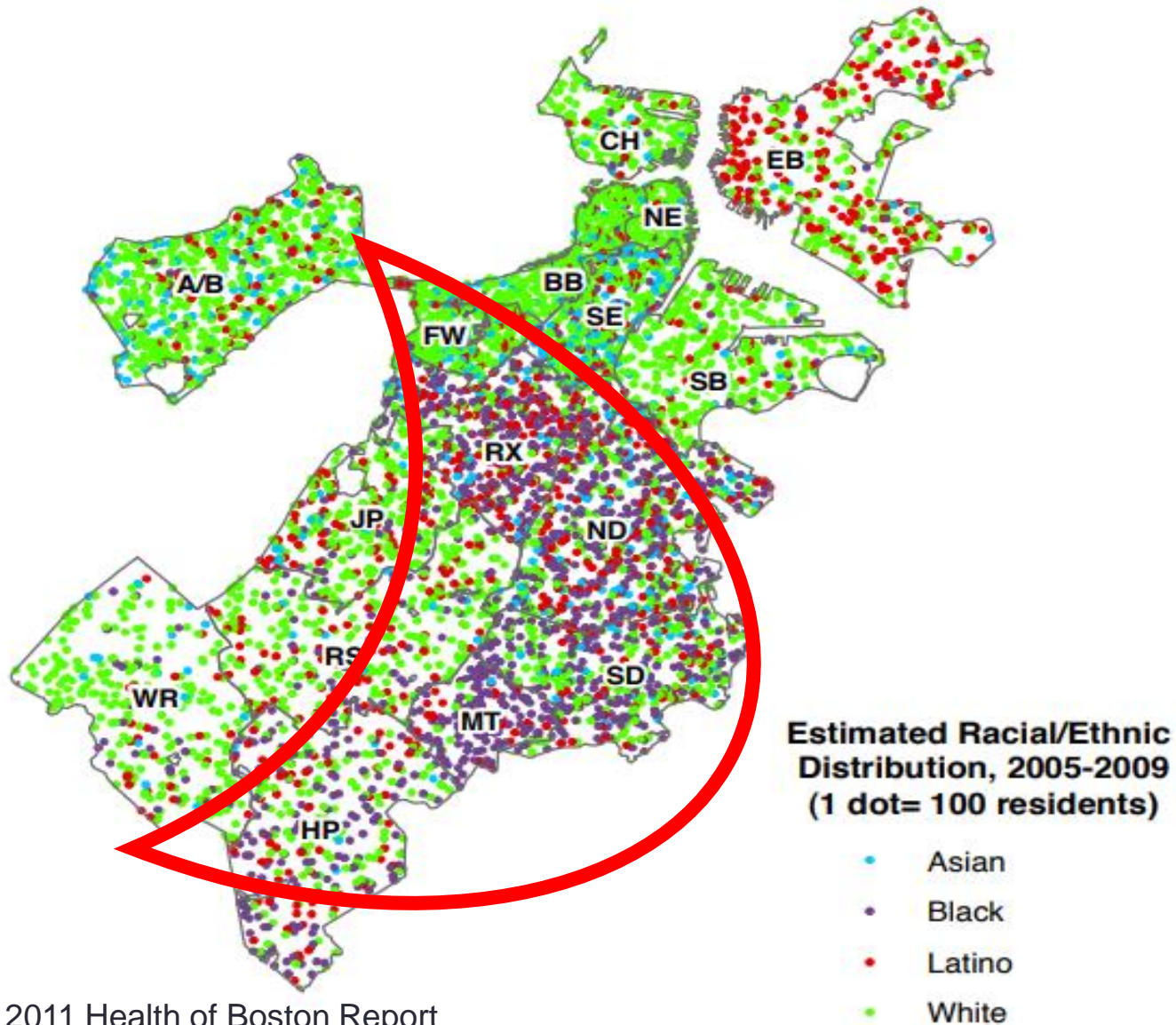
Chronic Disease + Poor
Safety + High Rent



Chronic Disease + Poor Safety
+ High Rent + Poor Food
Access

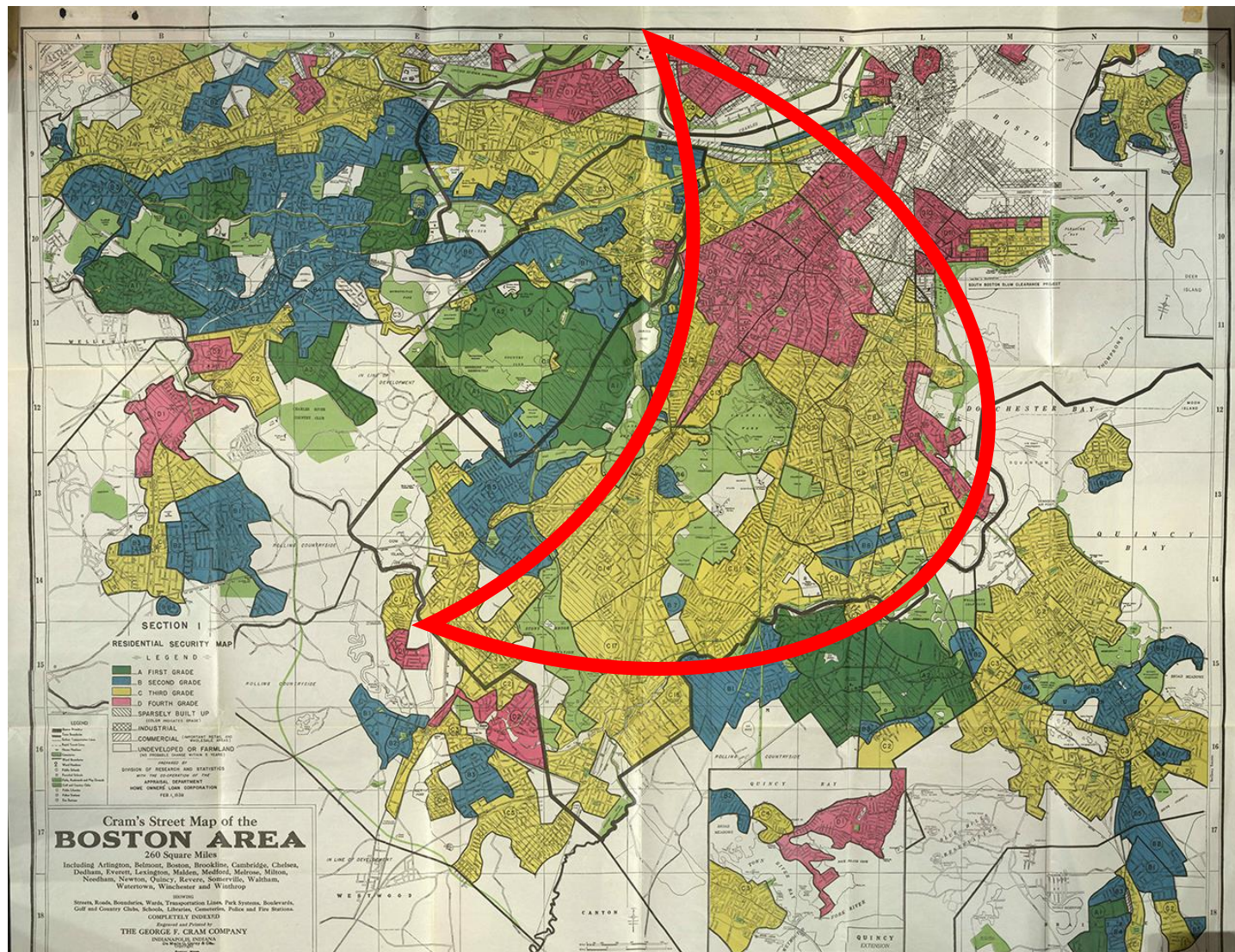
What else is going on in “the crescent” ...

Place Matters





Redlining of Boston Neighborhoods





Racial Inequities in Health

Black vs. White Death Rate Disparities

	White, NH	Black, NH
All Causes	686.3	784.1
Heart Disease	157.9	177.3
Cancer	176.9	191.4
Stroke	31.7	44.5
Diabetes Mellitus	13.0	27.8

**Higher
death
rates
among
blacks
vs.
whites**

Categories of White, Black, and Asian/Pacific Islander do not include persons of Hispanic origin

ICD-10 codes for selected causes of death ([b](#))

Death rates for counts less than 30 are unstable and should be interpreted with caution

NH=Non-Hispanic, PI=Pacific Islander

The Counts and Rates are 3 year aggregates

- See [Notes on Population Data](#)
- 2008-2010 Mortality (Vital Records) ICD-10 based



Health Priorities

Social Determinants of Health





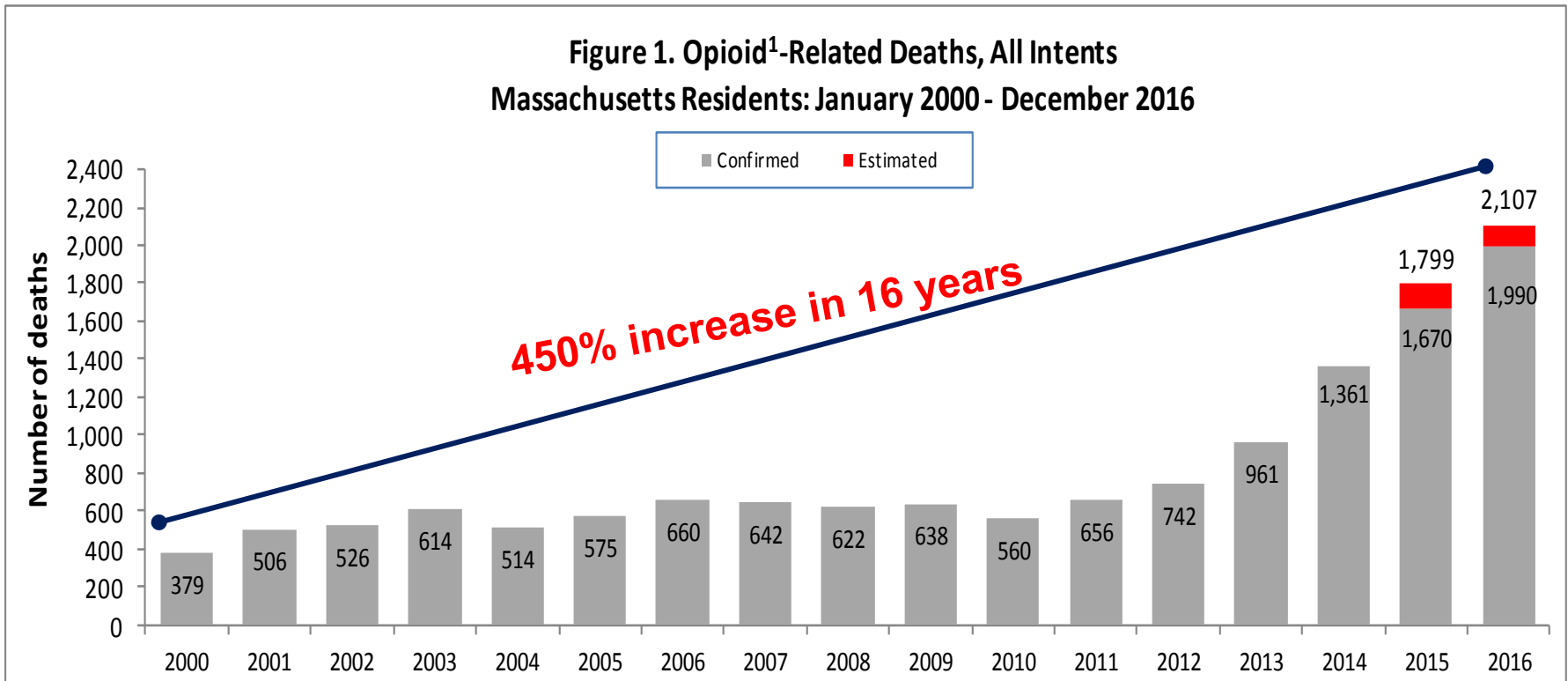
Case Study: Opioid Data

Analyzing data, determinants and disparities to produce good policy



Opioid Related Deaths

Figure 1. Opioid¹-Related Deaths, All Intent
Massachusetts Residents: January 2000 - December 2016

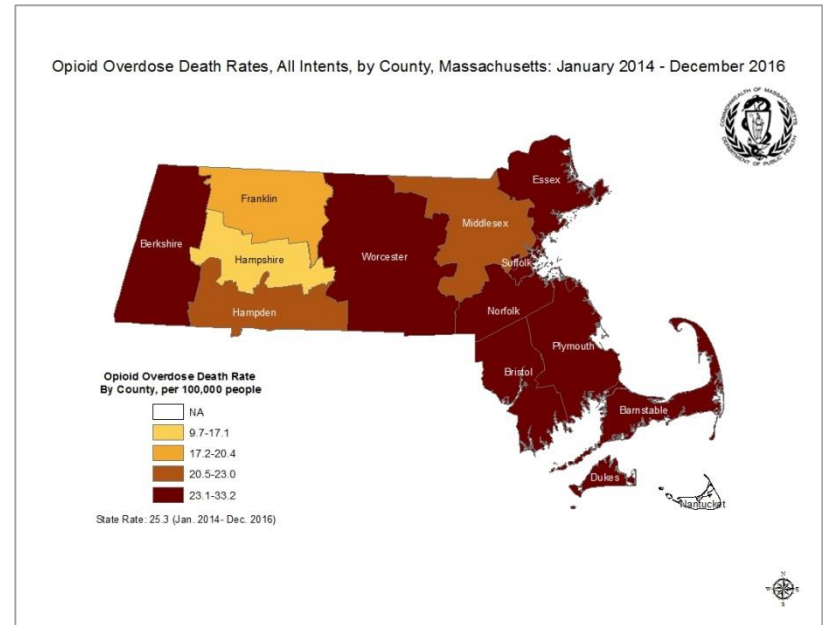
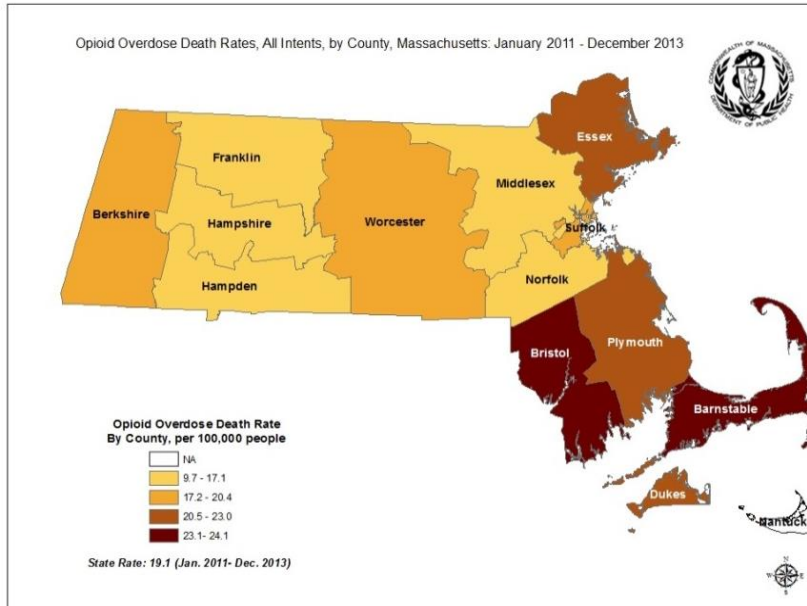


Opioid Overdose Death Rates by County

2011 - 2013

vs.

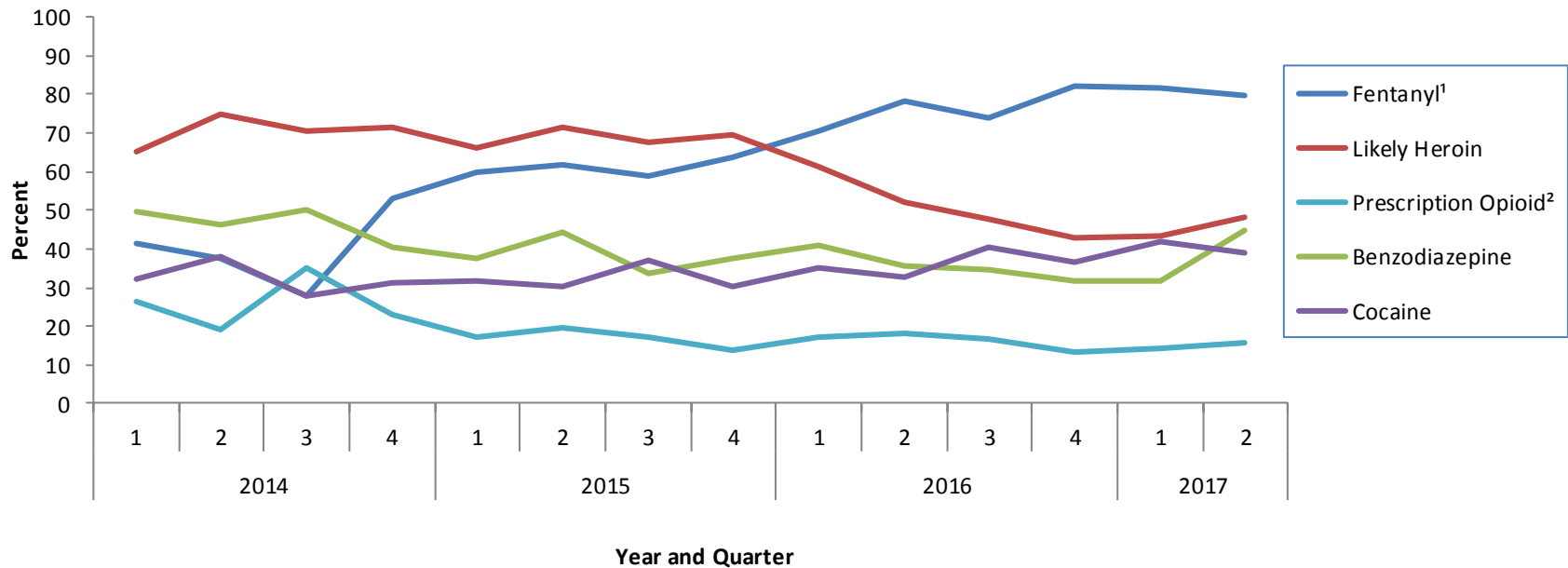
2014 - 2016





The rate of fentanyl present in the toxicology of opioid-related overdose deaths continues to rise, reaching **81 percent** this year, while the rate of prescription opioids and heroin present in opioid-related overdose deaths continues to decline

**Figure 4. Percent of Opioid Deaths with Specific Drugs Present
MA: 2014-2017**





Chapter 55 Report & Data Brief

An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011 – 2015)

Data Brief
An Assessment of Opioid-Related Overdoses in Massachusetts 2011-2015

Massachusetts Department of Public Health | RELEASED: August 2017


Background

Chapter 55 of the Acts of 2015 (Chapter 55) was passed by the Massachusetts Legislature and signed into law by Governor Charles D. Baker in August 2015. This law permitted the linkage and analysis of different government data sets to better understand the opioid epidemic, guide policy development, and help make programmatic decisions. Chapter 55 resulted in an in-depth report examining the factors driving the opioid crisis in Massachusetts. The law was reauthorized in Chapter 133 of the Acts of 2016, enabling this unprecedented analysis to continue supporting the Commonwealth's data-driven response to the opioid epidemic. This data brief highlights key findings from the second Chapter 55 report released in August 2017.

In the twelve months since the first Chapter 55 report was released in September 2016, nearly 2,000 Massachusetts residents have died of opioid-related overdoses. The total number of deaths has increased five fold in the last 20 years, but the rate of increase of opioid-related overdose deaths was particularly sharp between 2013 and 2014. The maps below show a graphic depiction of the increasing and spreading opioid crisis in Massachusetts between 2011 and 2015 (the darkening area on the maps below).


Increasing and Spreading Opioid-Related Overdose Death Rates in Massachusetts from 2011 to 2015¹

2011



Fatal Opioid Overdose Rate per 100,000 Residents, by Massachusetts County

2015



Fatal Opioid Overdose Rate per 100,000 Residents, by Massachusetts County

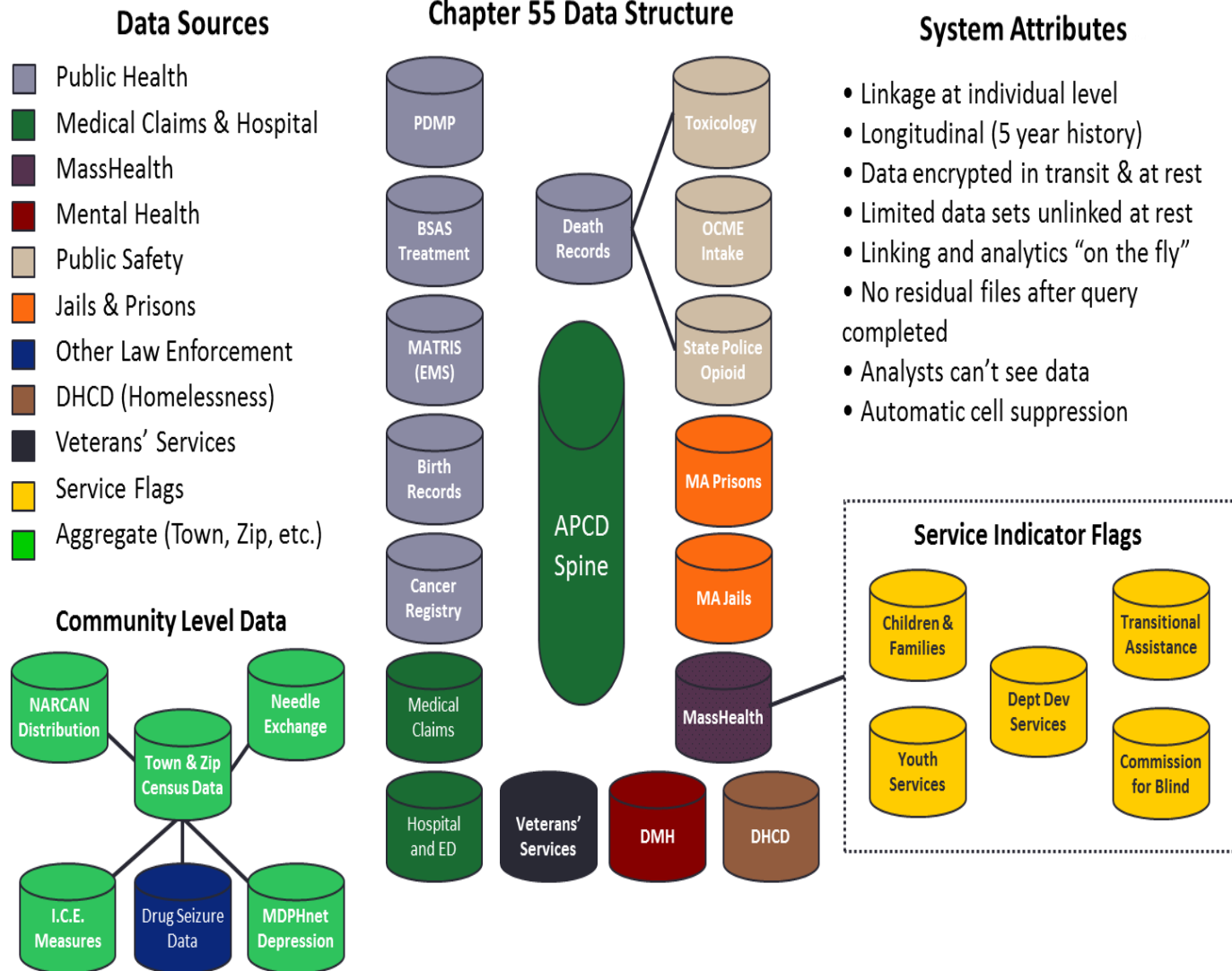
What is especially notable is the epidemic's rapid and insidious geographic spread throughout the Commonwealth. Almost every community is affected. Opioid-related overdose deaths and nonfatal opioid-related overdoses are highest among younger males, but all population subgroups have seen increases in recent years. Individuals released from incarceration are also at high risk of death upon re-entering the community, but so too are individuals experiencing homelessness, veterans, mothers with opioid use disorder, and individuals with serious mental illnesses.

August 2017

Massachusetts Department of Public Health



Data Mapping





Chapter 55: Partners Coming Together

Academic

- Brandeis University
- Boston University
- Brown University
- Harvard Medical School
- Harvard School of Public Health
- Massachusetts College of Pharmacy and Health Sciences
- Massachusetts Institute of Technology
- Northeastern University
- Tufts University
- University of Massachusetts Amherst
- University of Massachusetts Boston
- University of Massachusetts Medical School

Hospitals & Private Industry

- Baystate Health
- Beth Israel Deaconess Medical Center
- Boston Medical Center
- Brigham & Women's Hospital
- Children's Hospital
- GE
- IBM
- Liberty Mutual
- Massachusetts General Hospital
- Massachusetts League of Community Health Centers
- McKinsey & Company
- The MITRE Corporation
- Partners Healthcare
- PwC
- Rand Corporation

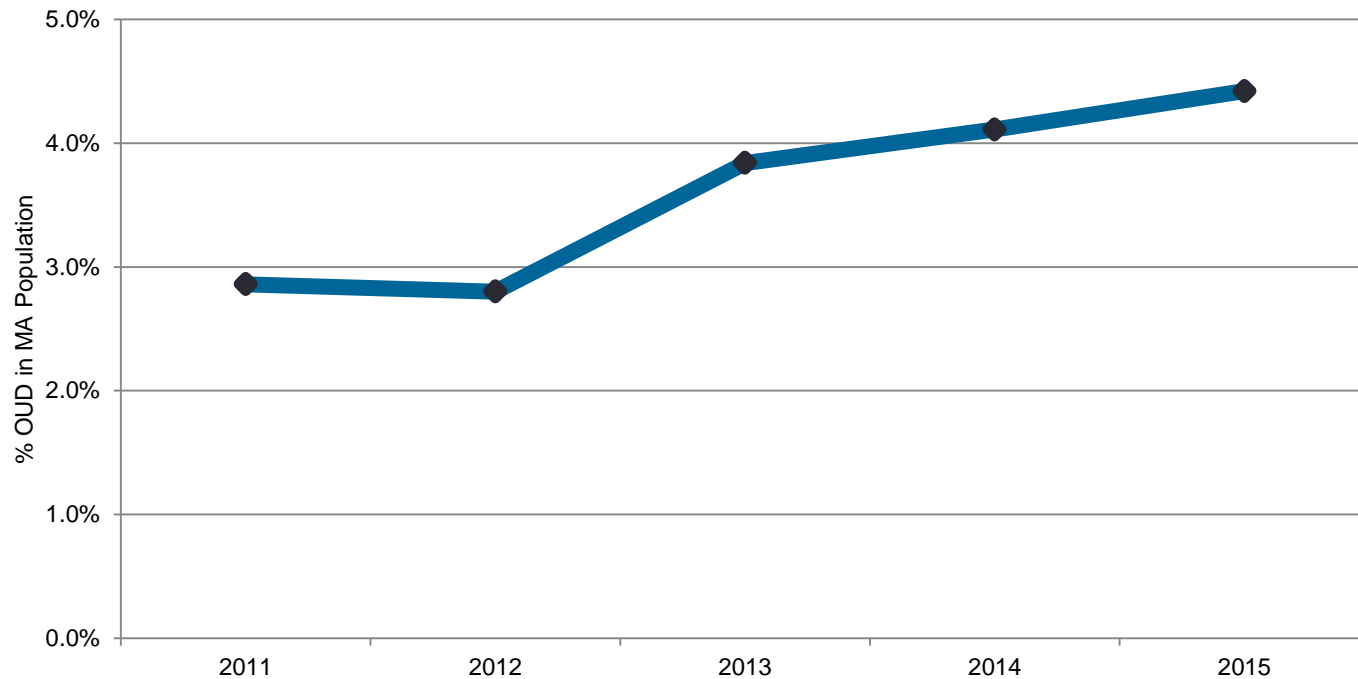
State and Federal Government Agencies

- Boston Public Health Commission
- Center for Health Information and Analysis
- Department of Housing and Community Development
- Department of Mental Health
- Department of Correction
- Department of Public Health
- Executive Office of Health and Human Services
- Executive Office of Public Safety and Security
- Federal Bureau of Investigation
- High Intensity Drug Trafficking Area (NE)
- Health Policy Commission
- Massachusetts Sheriffs' Association
- MassIT
- Office of the Chief Medical Examiner
- State Auditor's Office



Opioid Use Disorder (OUD)

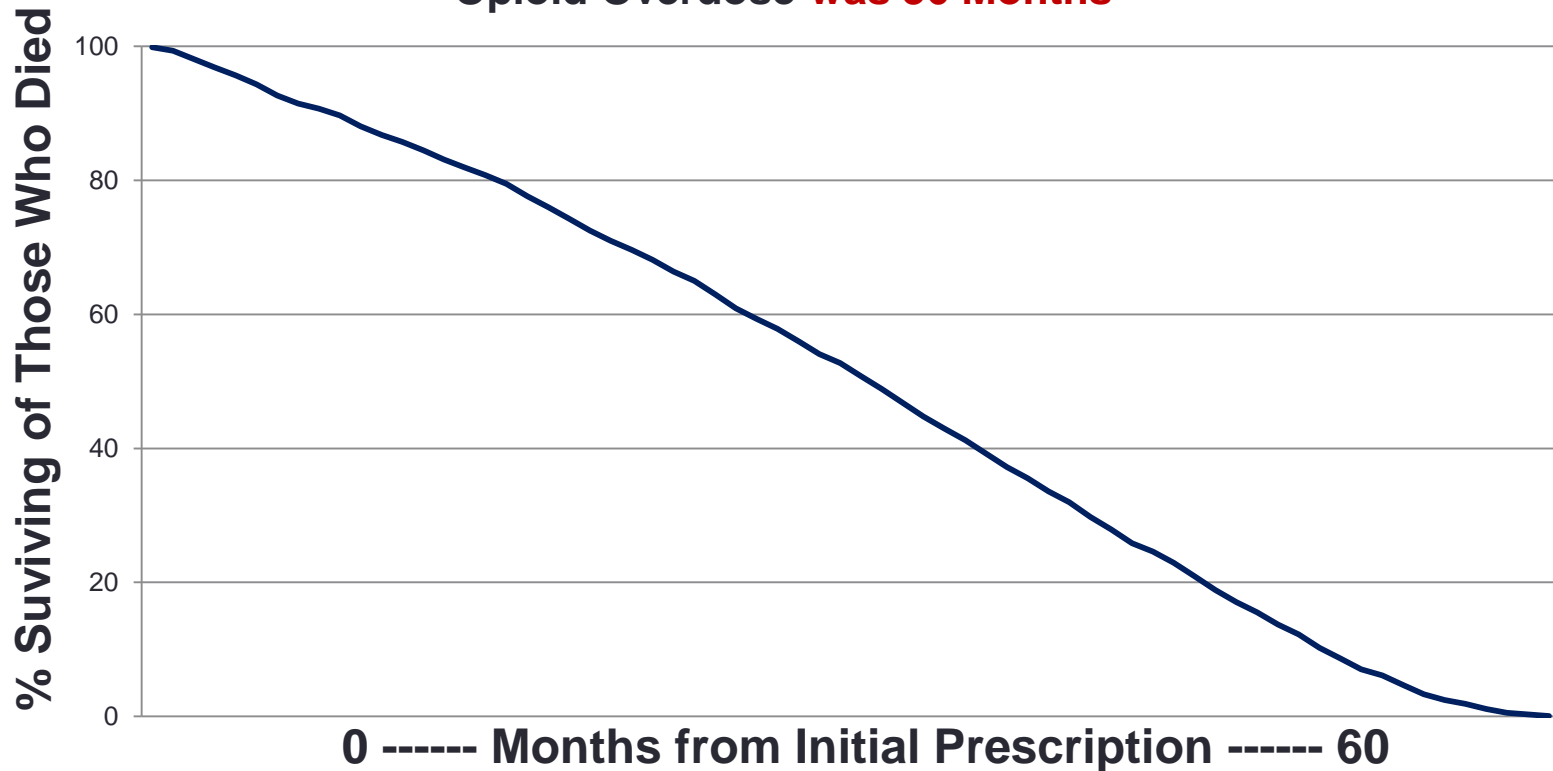
**Estimated OUD Population Rises Significantly
Between 2011-2015**





Time From Initial Rx to Overdose Death

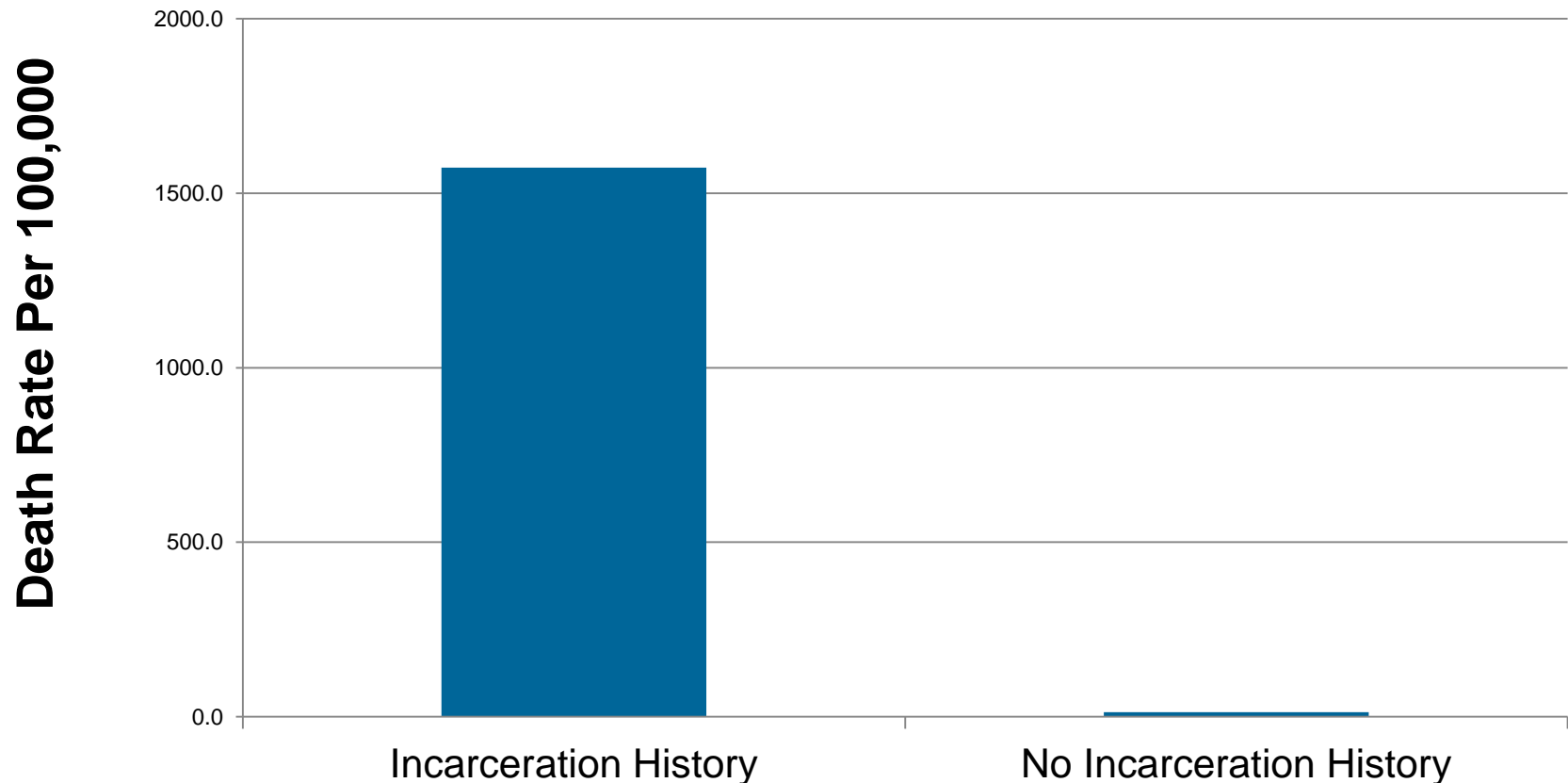
Average Survival Time For Those Who Died of Opioid Overdose **was 36 Months**





Persons with Histories of Incarceration

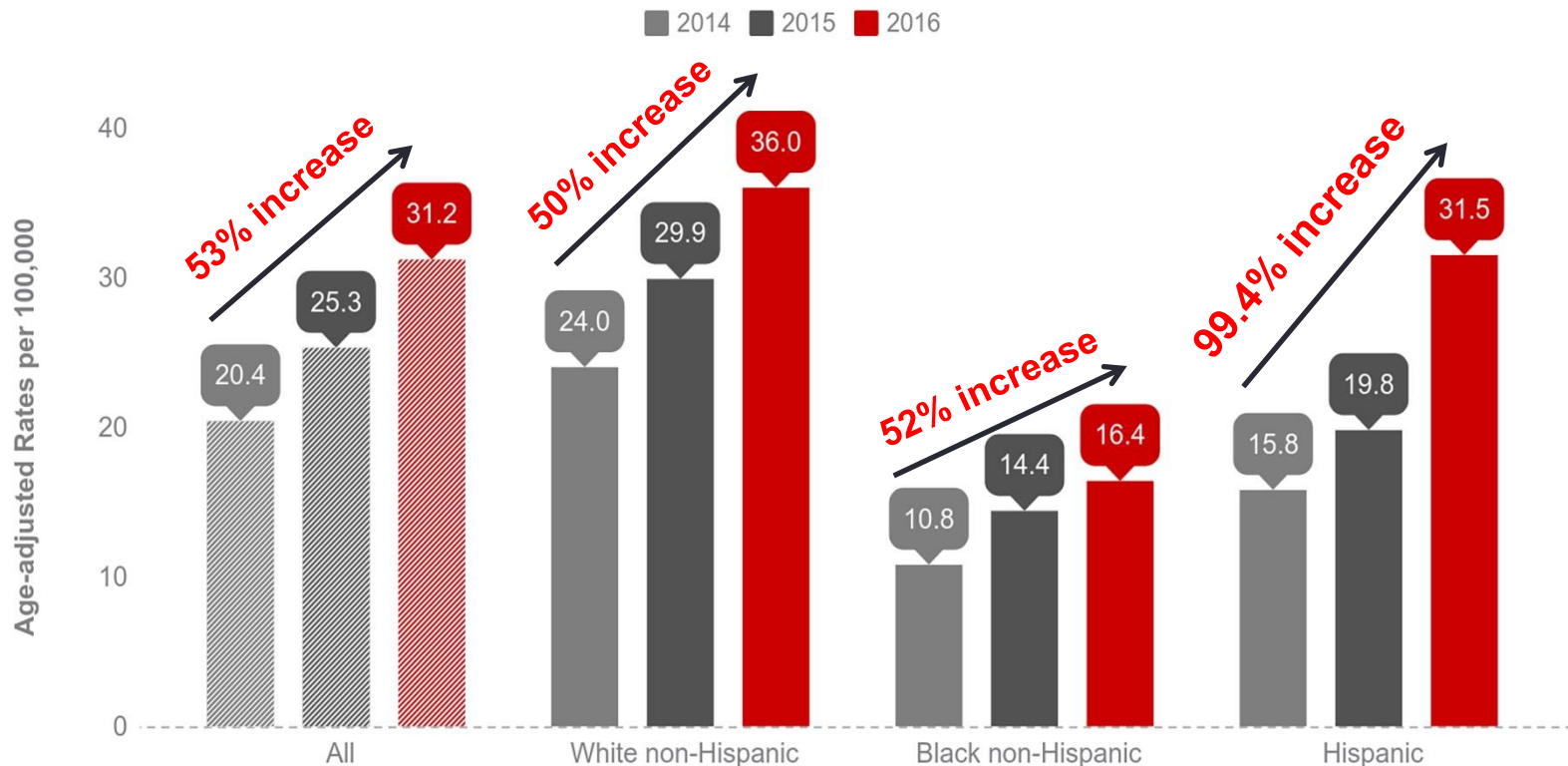
Opioid Death Rate **120 Times Higher**
for Individuals with Histories of Incarceration





The age-adjusted opioid-related overdose death rate for Hispanics doubled in three years (2014-2016)

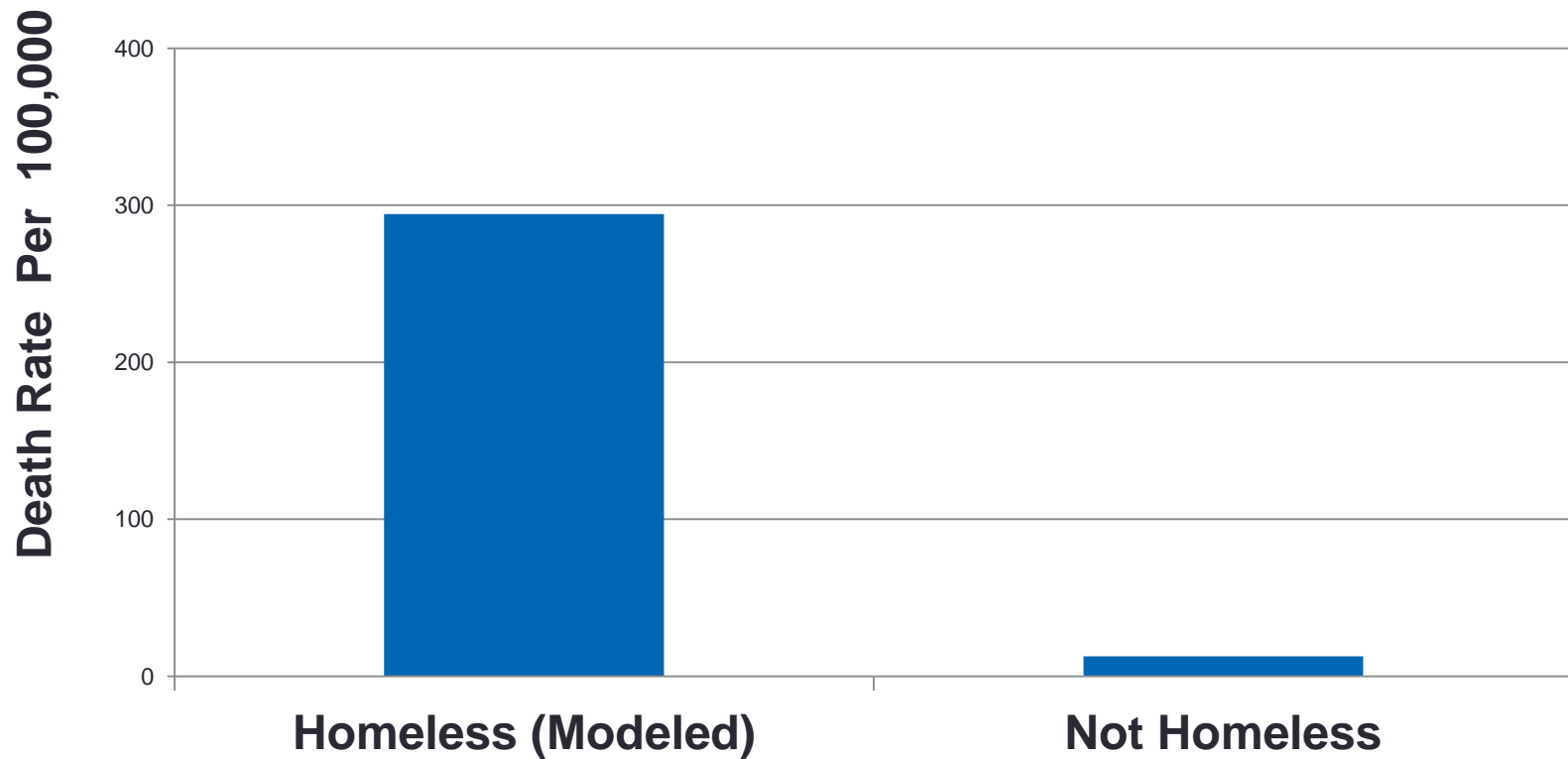
Confirmed Opioid-Related Death Rates, All Intentions, by Race and Year





Persons Experiencing Homelessness

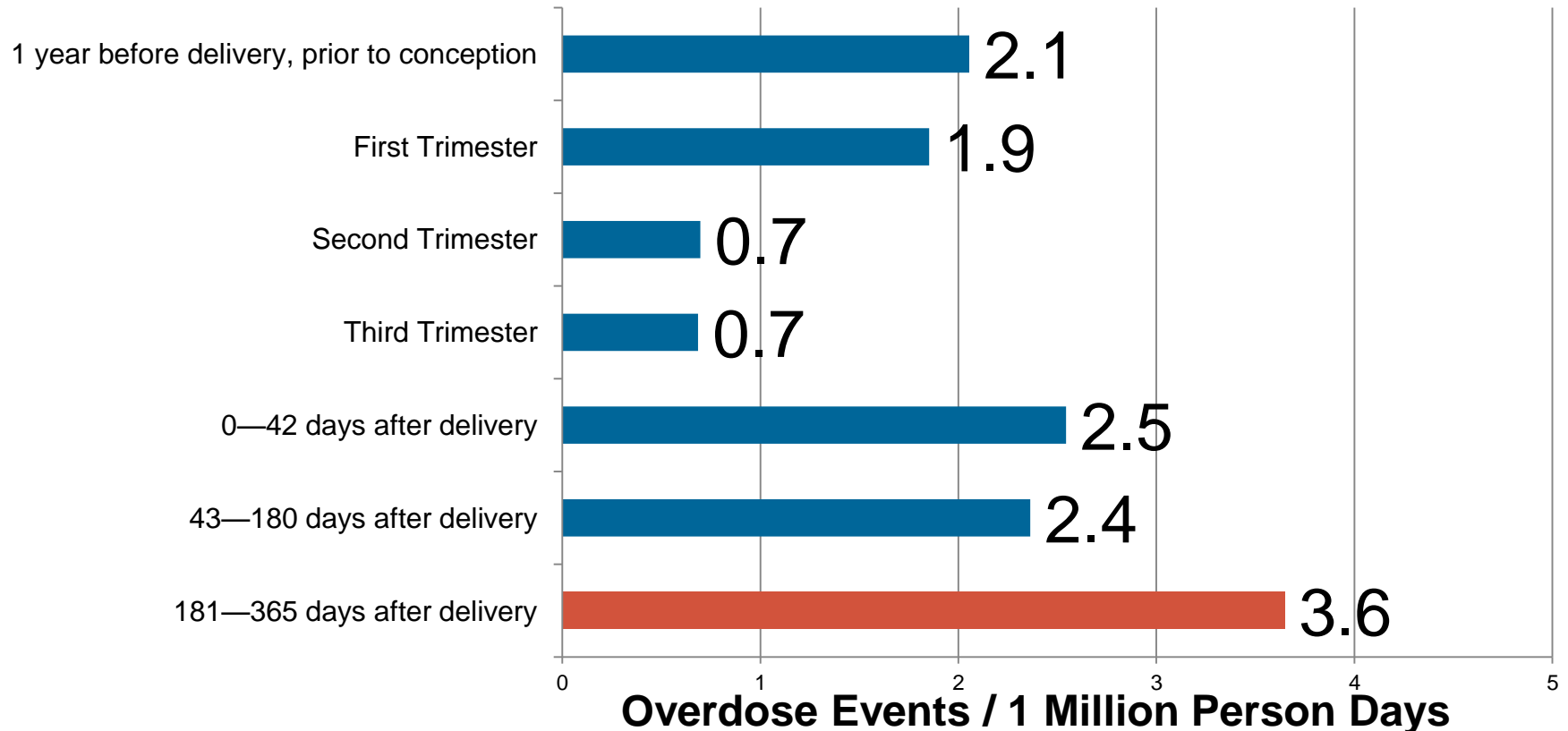
Opioid Death Rate **30 Times Higher**
for the Homeless Individuals





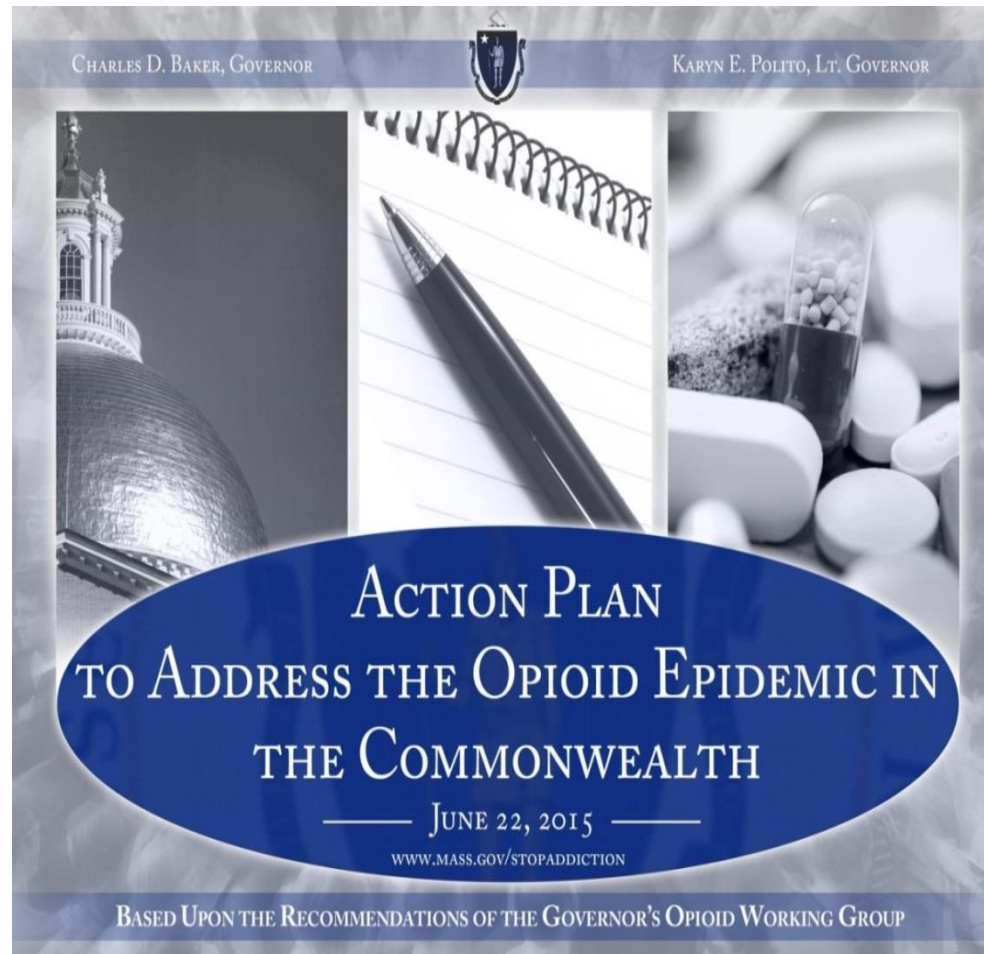
Pregnant and Postpartum Risk

Rate of Opioid Overdose Events Increase Sharply After Delivery for OUD Mothers





Governor Baker's Opioid Working Group





WHAT IS STIGMA?

TAKE THE PLEDGE

TAKE THE QUIZ

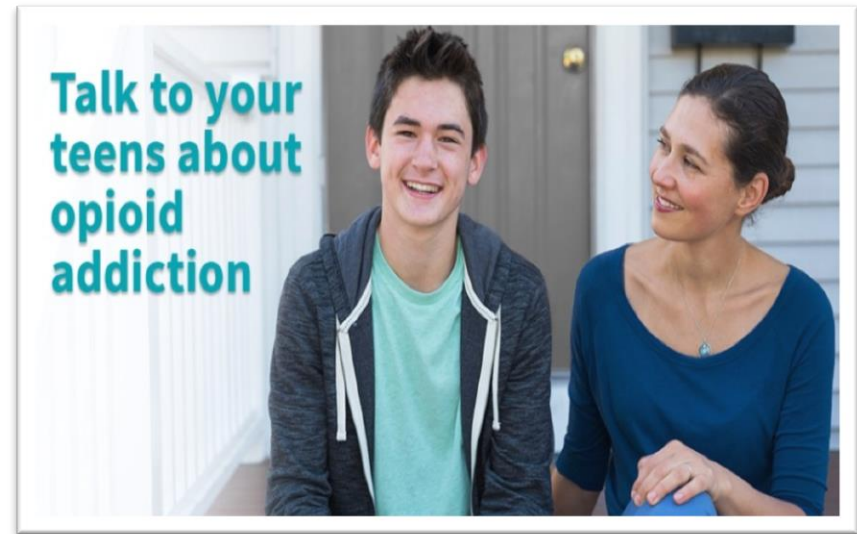
SHOW YOUR SUPPORT

FOR HELP: 1-800-327-5050 (tty: 1-800-439-2370)

www.mass.gov/StateWithoutStigma

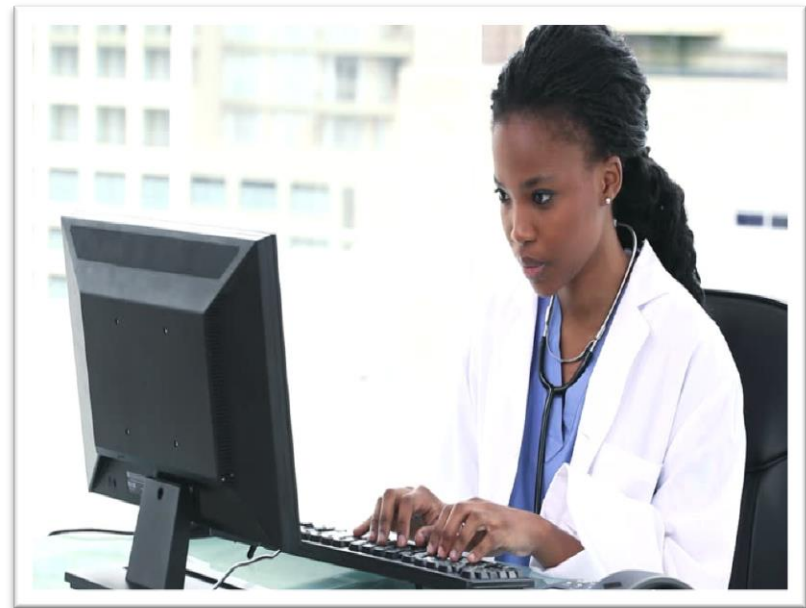
Parent Campaign Launched

- Rx opioid misuse
- Parents of middle and high school age kids
- Tips for how to start conversation



Safe Prescribing

- Rx 7-day limit
- Check Prescription Monitoring Tool
- Prescriber Education



Core Competencies

- Medical Schools
- Dental Schools
- Advance Practice Nursing
- Physician Assistants
- Community Health Centers
- Social Work Programs



Access to Naloxone (Narcan®)



- First Responders
- Bystanders
- Pharmacies
- Community Bulk Purchasing Program

Treatment and Recovery

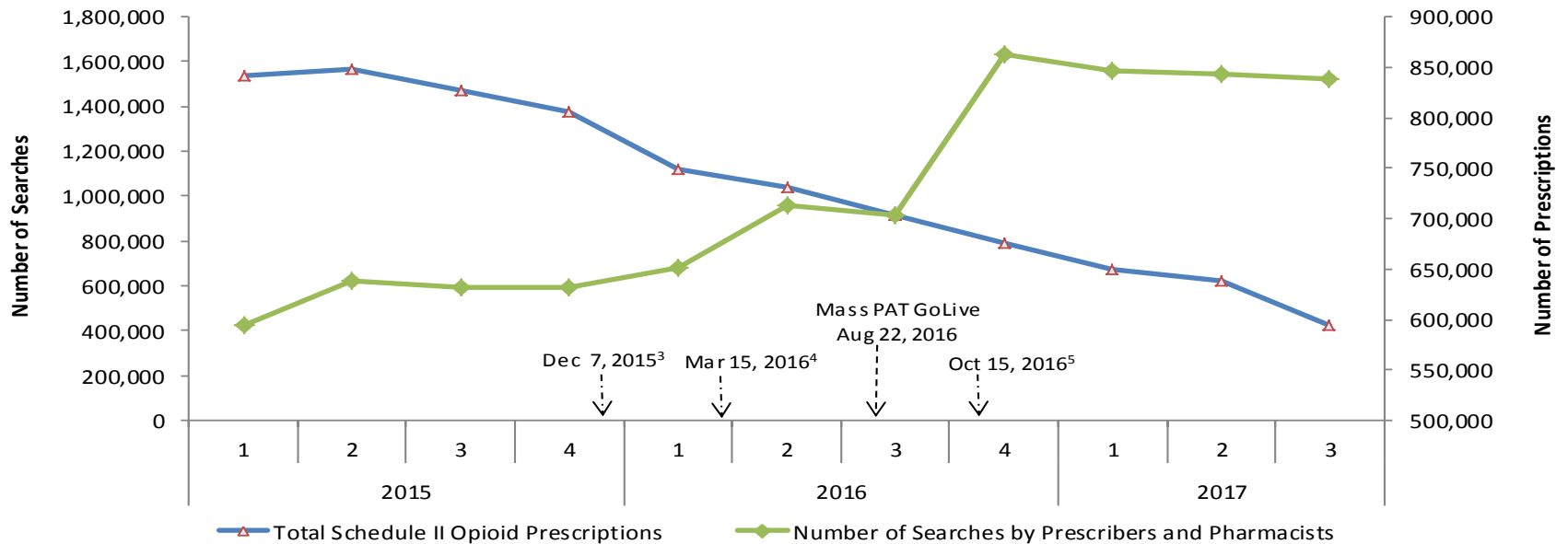
- 600 more Tx beds since 2015
- Expanded Office Based Treatment
- Treatment for High-Risk Populations
- 2000 + sober home beds certified





Prescription Monitoring Program – Data Trends

**Figure 1. Schedule II Opioid Prescriptions and MassPAT¹ Search Activity² Trends
MA: 2015 - Q3 2017**



¹ MassPAT is the Massachusetts Prescription Awareness Tool (Online PMP)

² Search activity includes prescribers, delegates, and pharmacists registered in MassPAT and in the previous MA Online PMP system

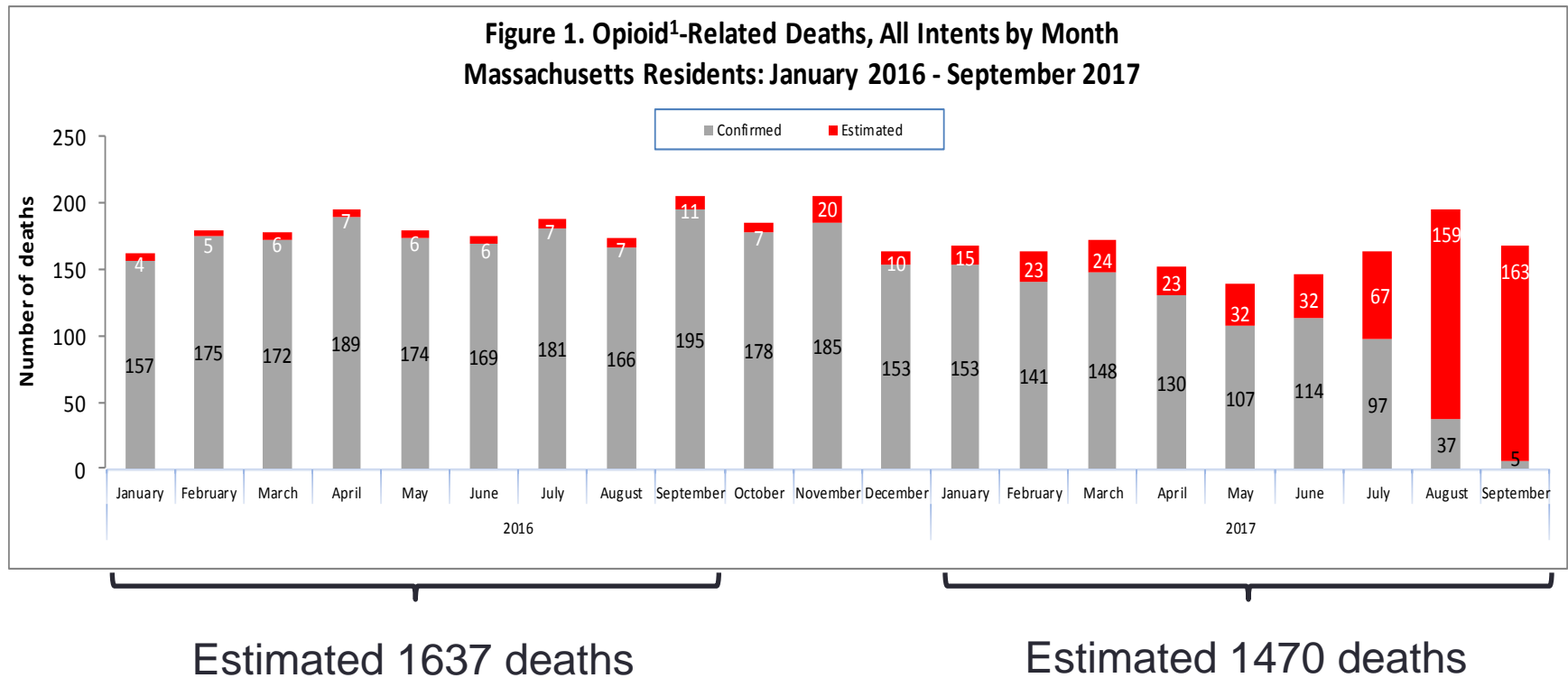
³ Pharmacies required to report daily

⁴ STEP bill signed into law (7-day supply requirements go into effect)

⁵ MA prescribers required to look up patient when prescribing a Schedule II or III opioid medication



Opioid-related overdose deaths declined by an estimated 10% in the first nine months of 2017 compared to the first nine months of 2016





QUESTIONS AND DISCUSSION



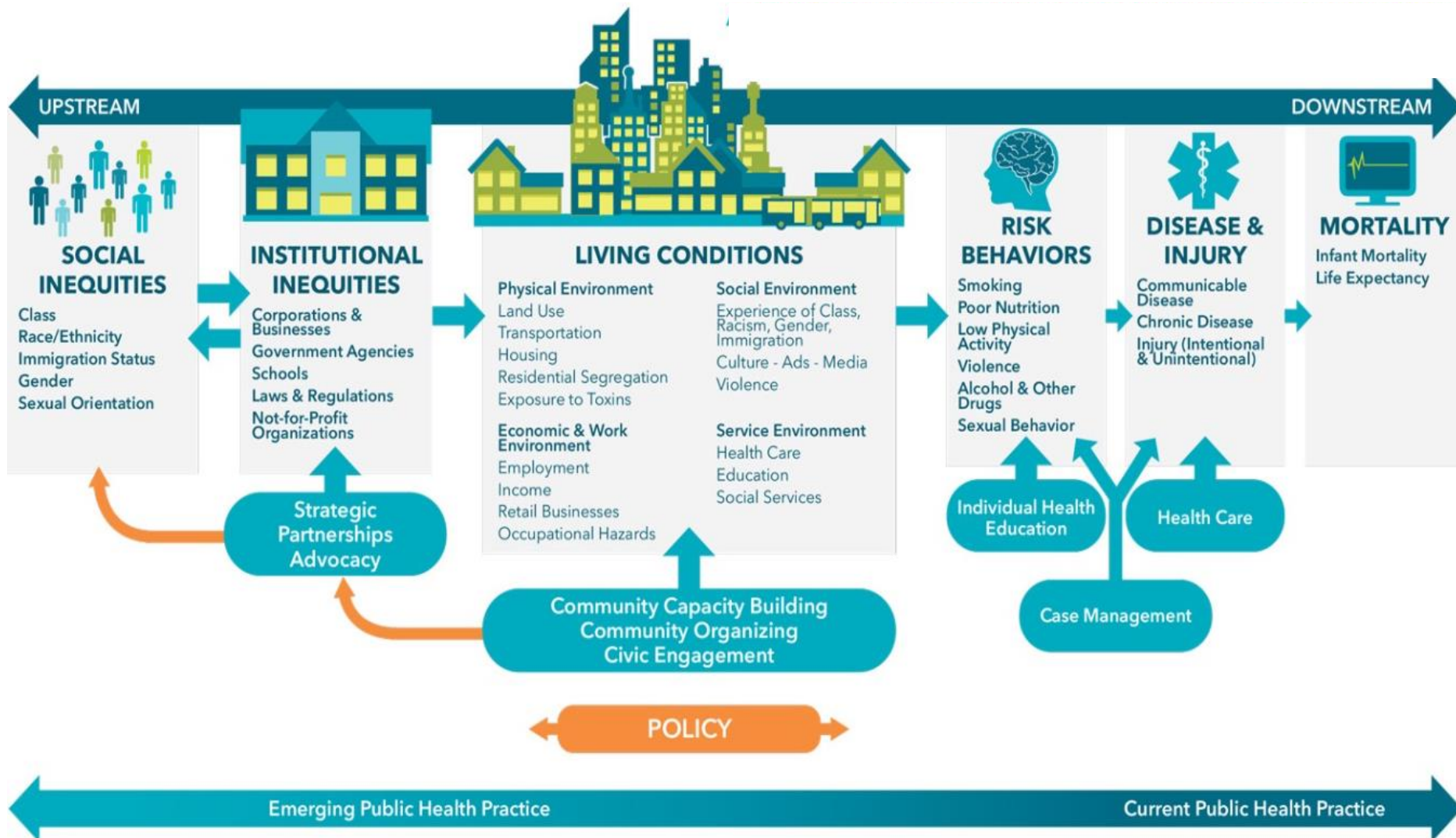
SOCIAL DETERMINANTS OF HEALTH PANEL

Glory Song, MPH, *Epidemiologist, Office of Statistics and
Evaluation*

Ben Wood, MPH, *Director, Office of Community Health Planning
and Engagement*

Jean Zotter, JD, *Manager, Prevention and Wellness Trust Fund*

Capacity Building Using a SDoH Framework



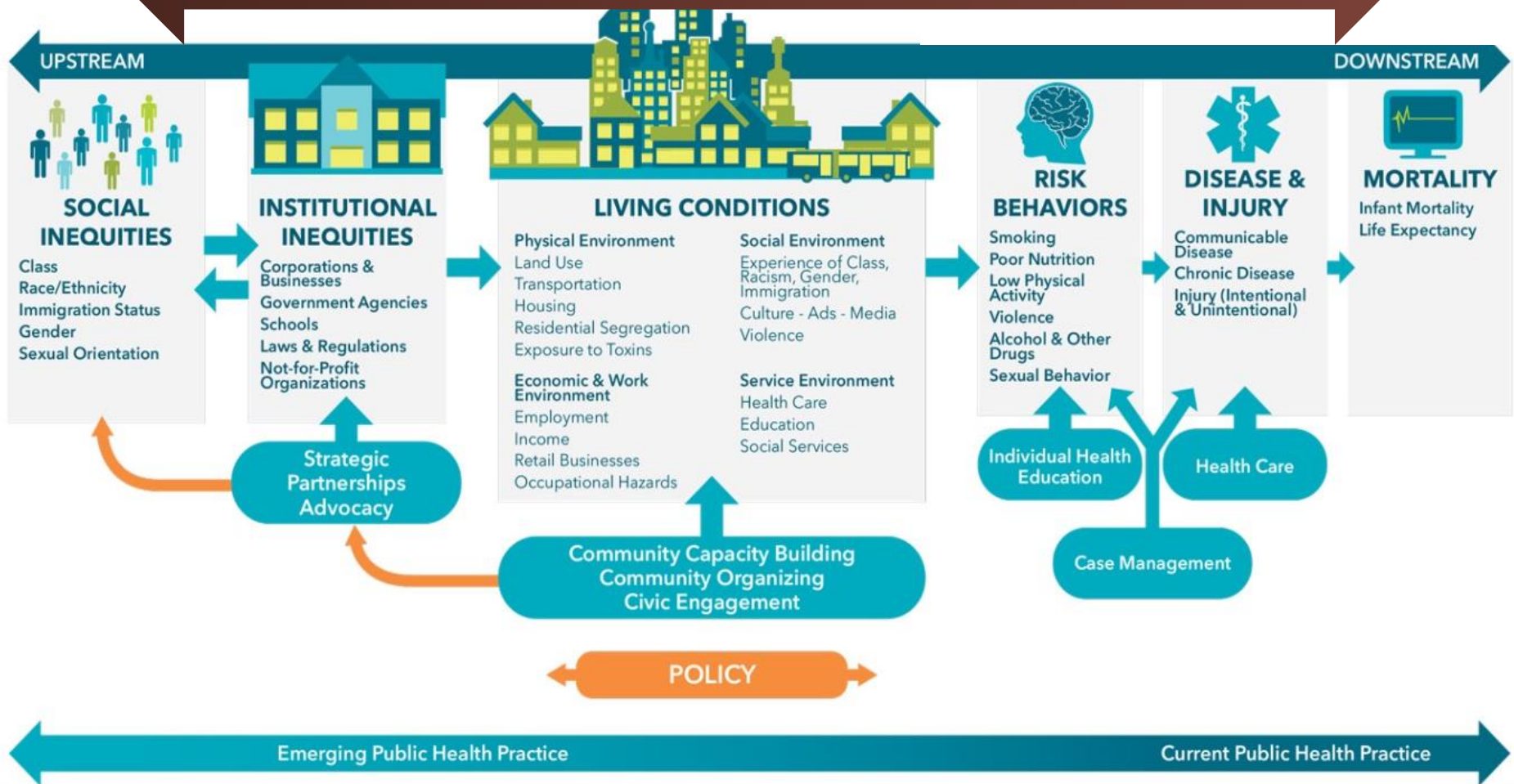
Source: Bay Area Regional Health Inequities Initiative



address policies and environments to change these unjust systems
ex: more equitably improve transit, food retail financing

mitigate the **impact of the increased risk** caused by these unjust systems
ex: cancer screening for men of color, youth development initiatives

address the **immediate health related social needs** caused by these unjust systems
ex: housing assistance, food vouchers



Clinical-Community Partnerships for Prevention

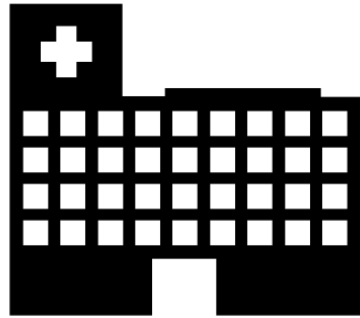
- \$42.75 million for 4 years (2013-17)
 - Funded as part of Prevention and Wellness Trust Fund
- Goals: reduce rates of prevalent and preventable health conditions and control costs

- Pediatric Asthma
- Tobacco Use
- Hypertension
- Older Adult Falls

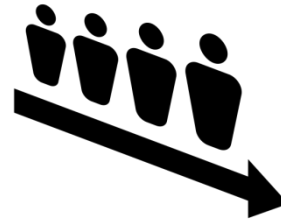


Retooling DoN for Today's Health Care Market

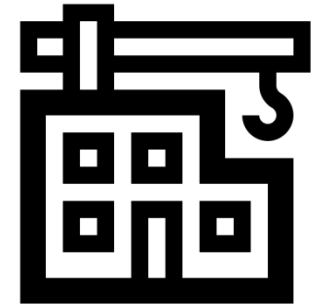
Determination of Need: Community Health Initiative



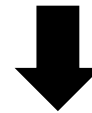
Hospital
Health Care System
Health Care Facility



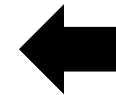
Need to Expand /
Improve Health Care
Facilities



Determination of
Need Project



Project's
Maximum Capital
Expenditure



5%

Community Health
Initiative
Funding



DPH's SDOH/Health Priorities





DoN Health Priorities: Selecting Strategies that Impact the Social Determinants of Health



1.	2.	3.	4.
Impact on Health Priorities	Evidence	Bucket of Prevention*	Strategy Feasibility & Impact
<input checked="" type="checkbox"/> One or more	<input checked="" type="checkbox"/> One or more	<input checked="" type="checkbox"/> One or more	<input checked="" type="checkbox"/> Account for all
<input type="checkbox"/> Logic model/causal pathway	<input type="checkbox"/> Proven (evidence-informed)	<input type="checkbox"/> Innovative Community/Clinical Linkage	<input type="checkbox"/> Reach
<input type="checkbox"/> Literature/evidence documenting impact of strategy on SDH(s)	<input type="checkbox"/> Prove It (evidence-based)	<input type="checkbox"/> Total Population or Community-Wide Prevention	<input type="checkbox"/> Population/community to be impacted
			<input type="checkbox"/> Political will/community support

* Auerbach, John. "The 3 buckets of prevention." *Journal of Public Health Management and Practice* 22.3 (2016): 215-218.



DoN Community Engagement Guideline Final.docx - Microsoft Word

Home Insert Page Layout References Mailings Review View Add-Ins

Clipboard Copy Paste Format Painter

Font: Times New Rom 16

Paragraph: Bullets, Numbering, Indentation, Spacing, Paragraph Style

Styles: AaBbCcI Emphasis, AaBbCcI Normal, AaBbCcI Strong, AaBbCcI Subtitle, AaBbCcI Title, AaBbCcI No Spac..., AaBbCcI Heading 1, AaBbCcI Heading 2, AaBbCcI Heading 3, AaBbCcI Heading 4, AaBbCcI Heading 5

Find, Replace, Select, Editing

Change Styles

Charles D. Baker
Governor

Karyn Polito
Lieutenant Governor



Marylou Sudders
Secretary

Monica Bharel, MD, MPH
Commissioner

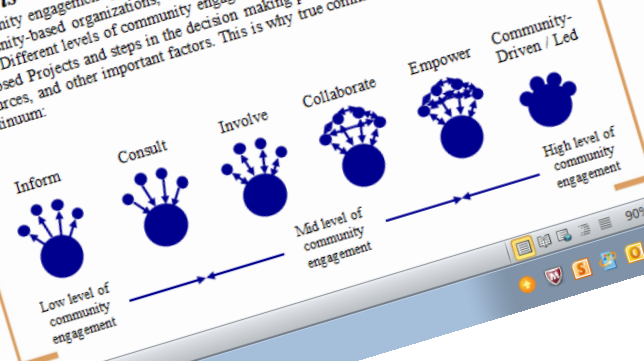
Community Engagement Standards for Community Health Planning Guideline

Introduction to Community Engagement for Community Health Planning Guideline

The Determination of Need (DoN) Regulation found at 105 CMR 100.000 requires DoN Applicants to include plans for addressing state-defined Health Priorities through Community-Based Health Initiatives (CHIs). CHIs reinforce that access alone is insufficient to tackle health care costs, and therefore, health care providers must address the Massachusetts Department of Public Health's (DPH) goals of identifying, understanding, and tackling the underlying common Social Determinants of Health (SDH) across the Commonwealth. Authentic Community Engagement is necessary to advance those goals, and is critically important to successfully implement both the DoN process generally, and the Community-Based Health Initiative (CHI) requirement specifically.

What is Community Engagement?

Community engagement processes are ongoing relationships between stakeholders, community-based organizations, consumers, residents, local public health, providers, and more. Different levels of community engagement can be most appropriate for different Proposed Projects and steps in the decision making process based on goals, needs, resources, and other important factors. This is why true community engagement is a continuum:





Community Engagement: Spectrum of Public Participation

Throughout a community health planning process levels of engagement will likely vary. Based on the International Associations Public Participation's spectrum of engagement (with DPH adaptation), DoN Applicants use this tool to assess their approach to community engagement.

	Inform	Consult	Involve	Collaborate	Delegate	Community Driven / -led
Community Participation Goal	To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision including the development of alternatives and identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes
Promise to the community	We will keep you informed	We will keep you informed, listen to and acknowledge concerns, aspirations, and provide feedback on how community input influenced decisions	We will work with you to ensure that your concerns & aspirations are directly reflected in the alternatives developed and provide feedback on how that input influenced decisions	We will look to you for advice & innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible	We will implement what you decide, or follow your lead generally on the way forward	We will provide support to see your ideas succeed
Examples	<ul style="list-style-type: none"> •Fact sheets •Web sites •Open Houses 	<ul style="list-style-type: none"> •Public comments •Focus groups •Surveys •Community meetings 	<ul style="list-style-type: none"> •Workshops •Deliberative polling •Advisory groups 	<ul style="list-style-type: none"> •Advisory groups •Consensus building •Participatory decision making 	<ul style="list-style-type: none"> •Advisory groups •Volunteers/ stipended •Ballots •Delegated decision 	<ul style="list-style-type: none"> •Community-based processes •Stipended roles for community •Advisory groups

*Spectrum adapted from http://c.ymcdh.com/sites/www.iap2.org/resource/resmgr/imported/IAP2%20Spectrum_vertical.pdf

The background of the slide is a soft-focus photograph of a park. In the foreground, a white plastic swing seat is suspended by a dark metal chain. The background shows a path, green grass, and trees with yellow and green leaves, suggesting an autumn setting. The overall lighting is bright and natural.

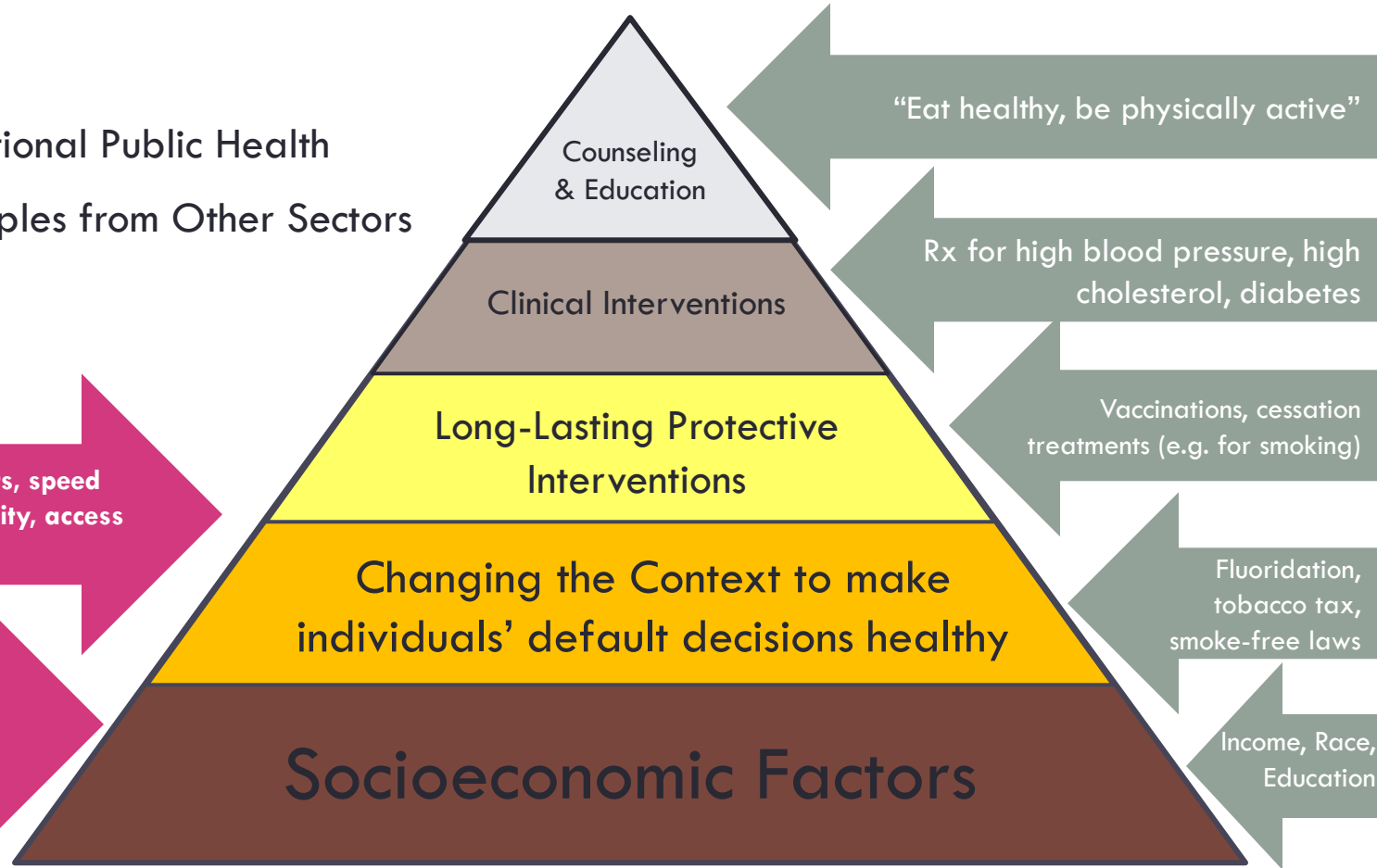
The Mass in Motion Municipal Wellness and Leadership Initiative is a **movement** to lower the risk of chronic disease by supporting **equitable food access** and **active living** opportunities in cities and towns throughout Massachusetts. Working with a diverse network of **partners**, MiM communities implement proven **policies and practices** to create environments that support healthy living.

focus on the environments and causes

**Smallest
Impact**



- Traditional Public Health
- Examples from Other Sectors



**Largest
Impact**

WHAT DO WE DO?

Build Evidence Base

Identify best practices, conduct

Strategic Planning

Inform structural changes, prioritization, and resource allocation

Inequities

Regularly identify groups disproportionately impacted by an issue or left out of solutions

Surveillance

provide a snapshot of key health issues/conditions for the commonwealth

Evaluation

measure program progress and successes; grant reporting

QI/QA

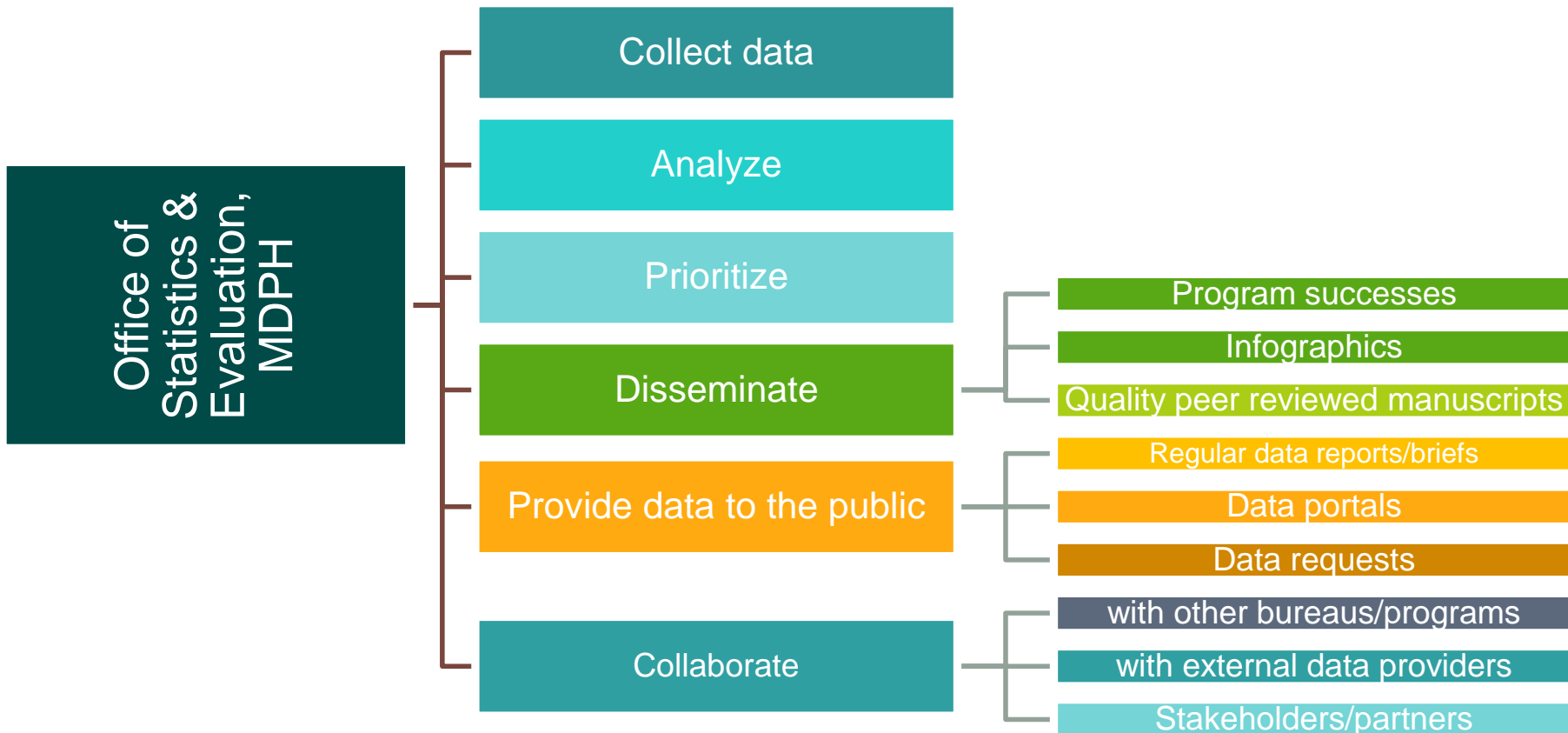
ongoing feed back to ensure high quality program implementation and data collection

Monitoring Service Delivery

accountability of sites and grantees

HEALTH EQUITY

HOW DO WE DO IT?





QUESTIONS AND DISCUSSION
