Massachusetts Department of Public Health

The Massachusetts Health Policy Forum

Welcome!

January 11, 2023

Massachusetts Department of Public Health

AGENDA:

9:00 -9:15 AM	*WELCOME* Michael Doonan, Ph.D. Executive Director, Massachusetts Health Policy Reform
9:15 – 10:00 AM	Philip W. Johnston Chairman, Massachusetts Health Policy Forum
10:00 – 10:45 AM	Ryan McGeown-Conron, Deputy Director of Government Affairs
10:45 – 11:00 AM	*BREAK*
11:00 – 12:30 PM	*SOCIAL DETERMINANTS PANEL* Moderator: Ruth Blodgett, Director, Bureau of Community Health and Prevention Jennica Allen, MPH, Manager of Community Engagement Practices Bureau of Community Health and Prevention Caroline Stack, Senior Epidemiologist, COVID-19 Community Impact Survey, Office of Statistics and Evaluation
12:30 – 1:30 PM	*LUNCH WITH BREAKOUT GROUPS*

Executive Office of Health and Human Services Overview

Philip W. Johnston
Chairman, Massachusetts Health Policy Forum and Former Secretary of HHS

Source: Mass.gov®

Executive Office of Health and Human Services

Budget Summary

State Organization	FY2023 Budgetary Recommendation	FY 2023 Federal, Trust, and ISF	FY 2023 Total Spending	FY2023 Budgetary Non Tax Revenue
Office of the Secretary of Health and Human Services	19,126,229,774	3,654,415,323	22,780,645,097	11,721,267,797
Department of Elder Affairs	671,905,704	100,143,560	772,049,264	128,946,451
Department of Public Health	808,720,261	917,900,998	1,726,621,259	271,097,573
Department of Mental Health	985,958,859	53,318,363	1,039,277,222	147,520,910
Office for Refugees and Immigrants	1,033,019	20,588,931	21,621,950	0
Department of Youth Services	175,757,197	0	175,757,197	10,548,522
Department of Transitional Assistance	831,382,597	17,043,522	848,426,119	482,338,604
Department of Children and Families	1,190,611,726	20,253,359	1,210,865,085	303,548,085
Massachusetts Commission for the Blind	27,005,904	8,761,127	35,767,031	4,345,566
Massachusetts Rehabilitation Commission	77,958,785	69,976,498	147,935,283	6,476,930
Massachusetts Commission for the Deaf and Hard of Hearing	8,579,332	6,675,000	15,254,332	573,320
Soldiers' Home in Massachusetts	49,295,994	0	49,295,994	10,768,864
Soldiers' Home in Holyoke	29,734,881	2,072,256	31,807,137	7,521,429
Department of Developmental Services	2,366,441,480	7,400,000	2,373,841,480	811,031,478
Department of Veterans' Services	93,479,344	0	93,479,344	831,400
Total	26,444,094,857	4,878,548,937	31,322,643,794	13,906,816,929

Source: Mass.gov®

Executive Office of Health and Human Services

Employment Levels

State Organization	FY2019 June	FY2020 June	FY2021 June	FY2022 FTE Cap [1]	FY2022 January	FY2023 Preliminary FTE Cap [1]
Office of the Secretary of Health and Human Services	1,661	1,670	1,699	1,721	1,669	1,721
Department of Elder Affairs	52	53	52	60	53	60
Department of Public Health	2,840	2,903	3,004	3,144	2,943	3,144
Department of Mental Health	3,249	3,250	3,281	3,520	3,283	3,520
Office for Refugees and Immigrants	12	13	13	14	14	14
Department of Youth Services	829	820	781	800	752	800
Department of Transitional Assistance	1,635	1,655	1,606	1,630	1,526	1,630
Department of Children and Families	4,235	4,288	4,244	4,340	4,065	4,340
Massachusetts Commission for the Blind	133	129	125	134	128	134
Massachusetts Rehabilitation Commission	761	771	767	775	747	775
Massachusetts Commission for the Deaf and Hard of Hearing	47	46	47	56	49	56
Soldiers' Home in Massachusetts	313	308	303	350	290	350
Soldiers' Home in Holyoke	295	280	289	356	274	356
Department of Developmental Services	5,947	5,854	5,597	5,746	5,233	5,746
Department of Veterans' Services	52	53	50	68	60	68
Total	22,062	22,092	21,859	22,713	21,087	22,713

Source: Mass.gov®

Executive Office of Health and Human Services

Org Chart

Questions?

BREAK

PLEASE RETURN BY 11:00 AM

Massachusetts Department of Public Health

Social Determinants Panel

Ruth Blodgett

Director, Bureau of Community Health and Prevention

AND

Your moderator

COVID-19 COMMUNITY IMPACT SURVEY (CCIS)

Student Health Policy Forum

Jan. 11, 2023

Why did we conduct the COVID-19 Community Impact Survey (CCIS)?

BACKGROUND

Context

The pandemic was exacerbating pre-existing public health concerns and creating new health crises to address.
DPH and its partners need real time data to prioritize resources and inform policy actions.

Goal

Conduct a survey to understand the specific needs of populations that have been disproportionately impacted by the pandemic, including its social and economic impacts.

Actions

Use and share these data to prioritize our pandemic response and to create new, collaborative solutions with community partners.

PRECISION PUBLIC HEALTH DATA NEEDS

Current data sets did not meet our needs, often relying on:

1) lagging outcomes data

2) anecdotal data to understand the root causes driving them, and

3) Traditional data sources that lack representation or sample size by language spoken, race/ethnicity, age, occupation, geography, etc., making tailoring our efforts challenging

How did the CCIS fill these data gaps?

CCIS 1.0 OVERVIEW

Goal of CCIS 1.0

To better understand how populations have been disproportionately impacted by the pandemic, including health, social, and economic impacts.

Self-reported online survey administered between September and November 2020

Survey available in 11 languages

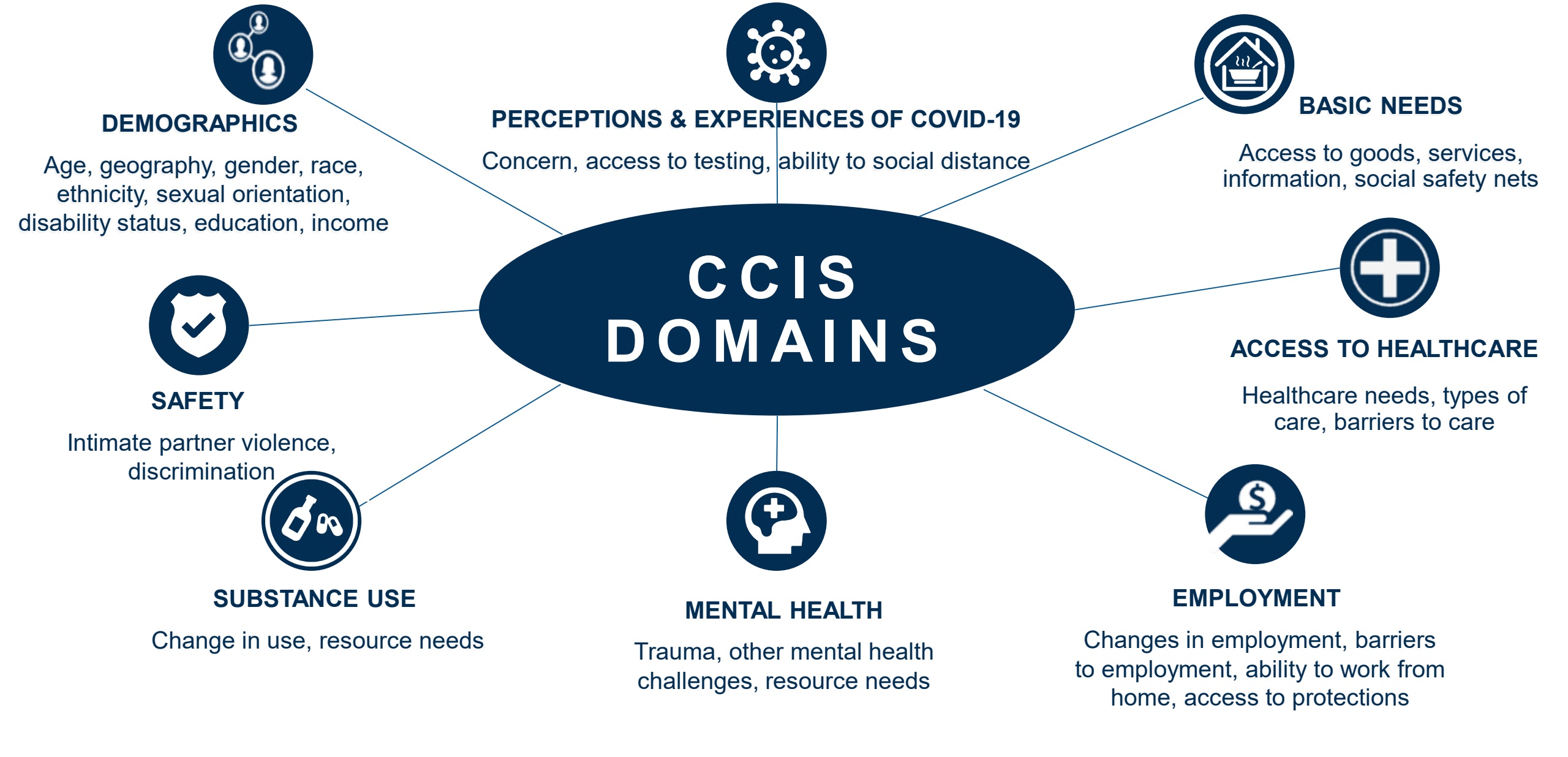
Mixed methods approach that included focus groups and open-ended questions to capture previously unknown needs and barriers

Sampling and recruitment strategies developed for key populations, including:

- People of color
- LGBTQ+ individuals
- People with disabilities
- Essential workers
- People experiencing housing instability
- Older adults
- Residents in areas hardest hit by COVID-19

Over 33,000 adult respondents in the final sample

CCIS 1.0 DOMAINS



DATA INNOVATIONS

Community engagement at every point ensures better questions, answers, and interpretation (eg. question development, pilot testing, recruitment, focus groups, dissemination)

Developed a novel weighting/sampling approach scalable across DPH to generate granular results

Mixed methods – focus groups and open responses allowed us to hear more nuanced stories and unknown health needs.

Population focused not condition focused- high representation by race, ethnicity, sexual orientation, gender identity, transgender status, types of disability, education, language spoken, industry/occupation, geography, employment status, age, etc.

These innovations also enabled us to create critical change across the Commonwealth

Population-focused

Prioritized inclusion of previously invisible populations

48% of Parents of Youth and Children with Special Health needs reported persistent poor mental health (vs. 30% of other parents)

IMPACT

"We have been data poor, relying on limited data sources with small sample sizes. The kids and families we serve have great needs and have been historically unseen & unheard. The CCIS has provided a rich resource for us to make smart, strategic, evidence-based decisions that can make a difference in their lives."

- CCIS Partner

Share needs of populations at state-level to inform policy making, in this case elevating need for respite care to be covered by Mass Health

Community Engagement

Prioritized community engagement with historically marginalized communities

IMPACT

"Native Americans were once again visible in the data…The fact that CCIS connected the bureau with tribal members to pilot and then took their feedback and brought the data back was so important. That had not happened since the early 2000s."

- CCIS Partner

Strengthened trust in DPH in communities where there is a history of distrust

Action workgroups

Were nimble and shared breaking needs data for prioritization

CCIS illustrated the many unique barriers persons with disabilities face in accessing information and services related to COVID risk mitigation

IMPACT

"With CCIS data in mind, VEI prioritized improving vaccine access to people with disabilities. In the disability setting, people got vaccinated who wouldn't have because of CCIS data."

- CCIS Partner

Initiatives could quickly pivot to meet the needs of priority populations.

Utilized social justice framing when releasing results that drew linkages between inequities and systemic drivers

IMPACT

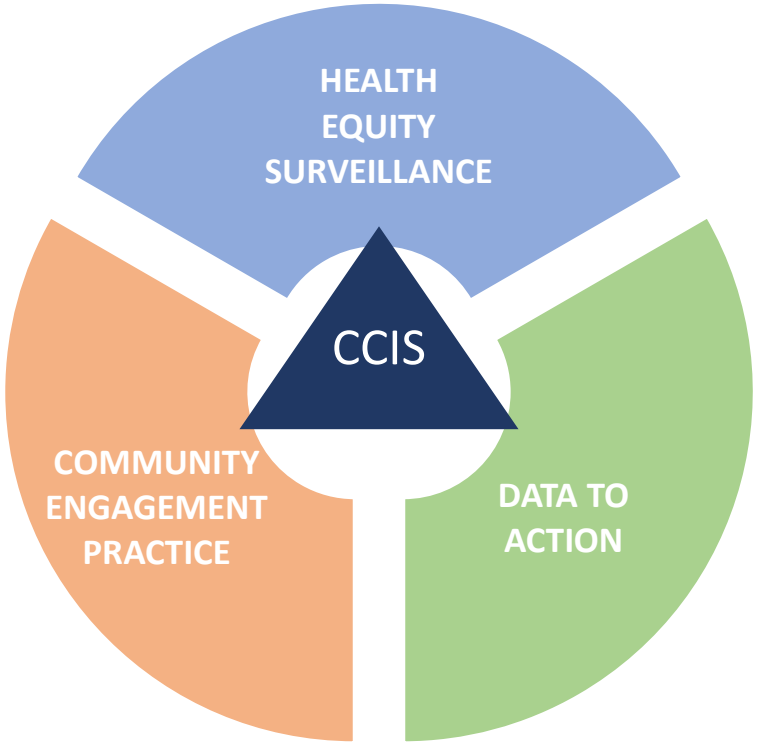
Health systems, municipalities and other entities conducting health needs assessments and improvement plans across the state, stated that the CCIS reports provided them with the evidence and framing needed to prioritize these systemic drivers in their health assessments and associated funding allocations.

Normalize the inclusion and naming of systemic drivers of inequities (structural racism, heterosexism, ableism) as health priorities

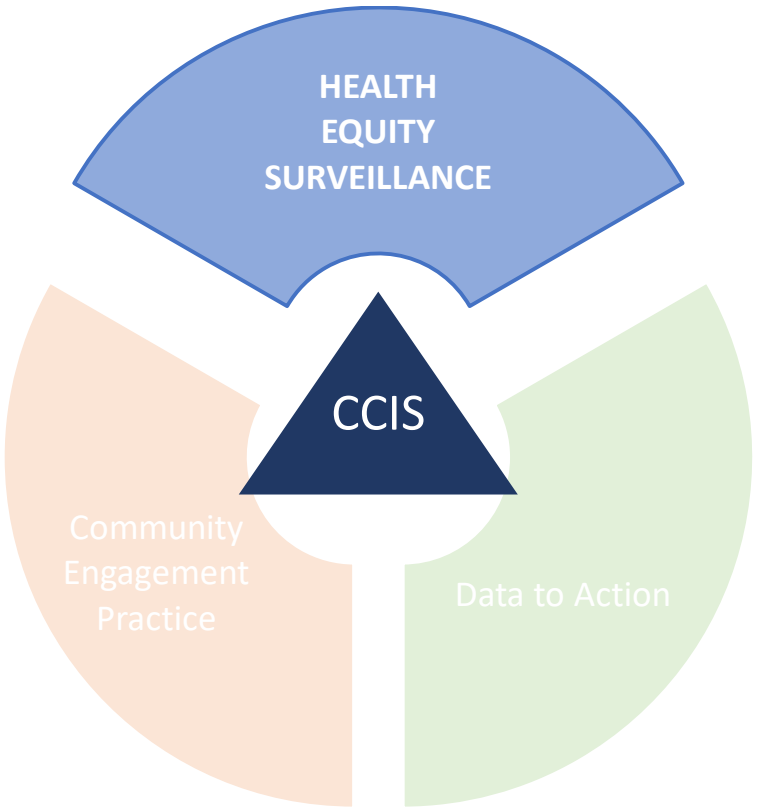
CCIS 2.0 Framework

FOUNDATIONAL ELEMENTS OF CCIS

CCIS looks to promote the health of Massachusetts residents and reduce health inequities that are made worse during public health crises like COVID-19 by building a public health surveillance and response system. This system comprises three foundational elements:



CCIS HEALTH EQUITY SURVEILLANCE



A New Approach to Health Equity Surveillance

Innovative, **Mixed Methods** approach to data collection that complements existing data systems

Captures data on **Root Causes of Health Inequities**, including social determinants of health

Focus on **Priority Populations** not typically captured or reported in other surveillance systems

Actionable and Timely Data on current and emerging public health priorities

CCIS HEALTH EQUITY SURVEILLANCE

Surveillance System Methods for CCIS 2.0

Population-based Online Survey

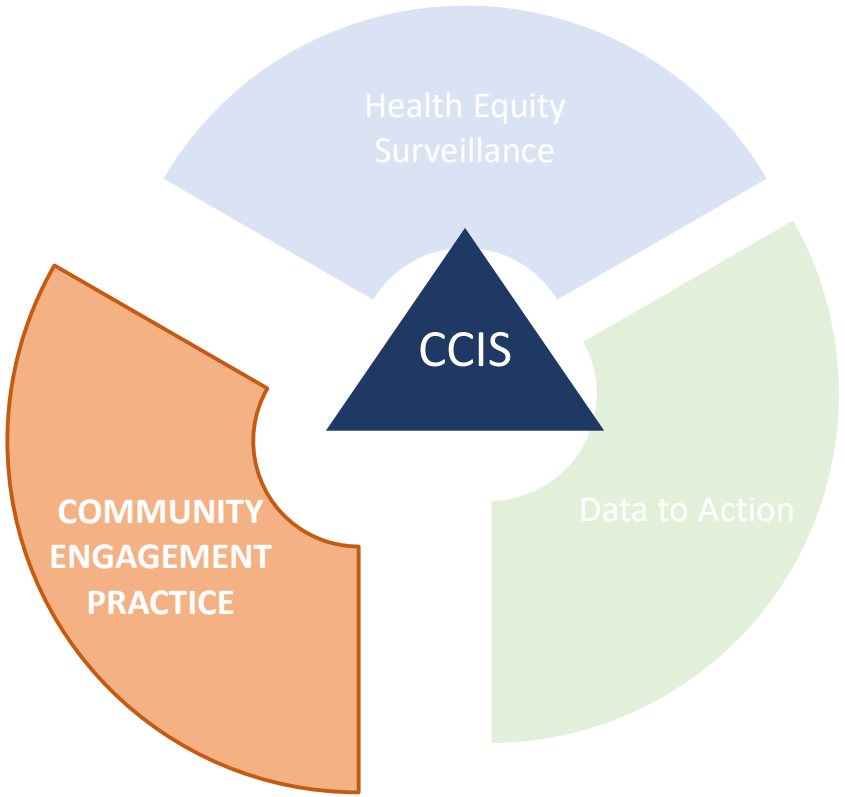
- Administered to adults and youth across MA
- Focus on social determinants of health and other root causes of health inequities
- Sampling strategies and targets for priority populations and topic areas

Complementary Mixed-Methods Approach

Community-based Participatory Qualitative Data Collection

- Recruiting and training community evaluators to design qualitative data projects
- Focus groups and interviews centered on priority topics and populations

CCIS COMMUNITY ENGAGEMENT PRACTICE



Community Engagement at Every Step

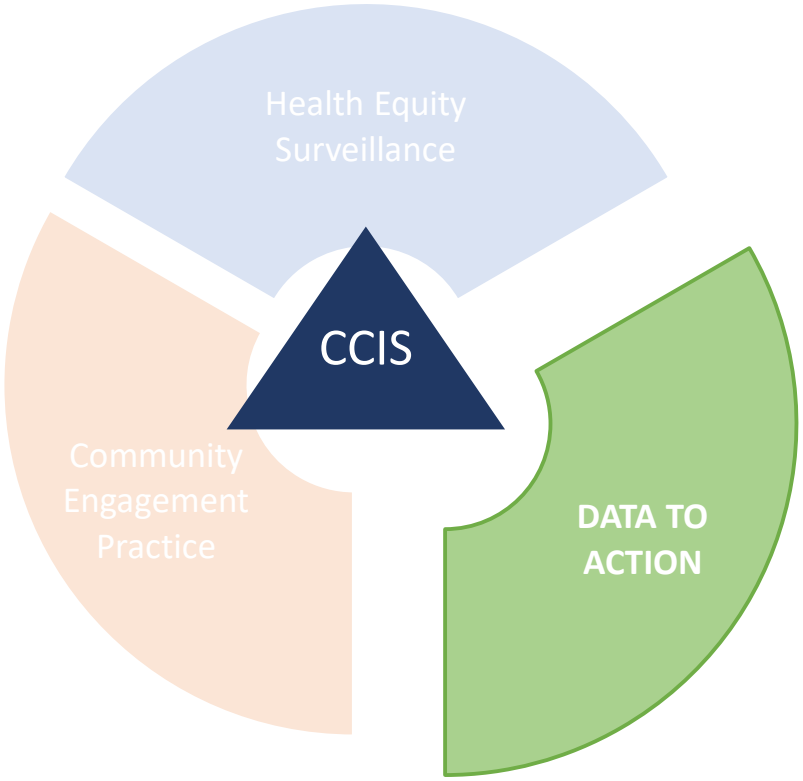
Build Ongoing Relationships with Key Partners

- Engage and mobilize internal and external partners in the planning and implementation of CCIS
- Identify important data and information gaps that are needed to inform public health action

Uphold Transparency and Accountability

- Explicitly communicate commitments to CCIS partners, particularly those representing and supporting priority populations
- Share findings in a timely manner to stakeholders and communities
- Provide technical assistance and capacity building

CCIS DATA TO ACTION



Data to Action Strategy

Identify Areas for Public Health Action

- Analyze data to better understand root causes of health outcomes along the health inequity pathway, including:
  - Immediate health-related social needs
  - Physical and social environment
  - Interconnected policies and systems that lead to social and institutional inequities

Support Policy and Practice Change

- Work with partners to identify existing information gaps and provide relevant, actionable data to partners and stakeholders in a timely manner
- Provide data and data translation support to priority partners to facilitate data to action

Thank you!

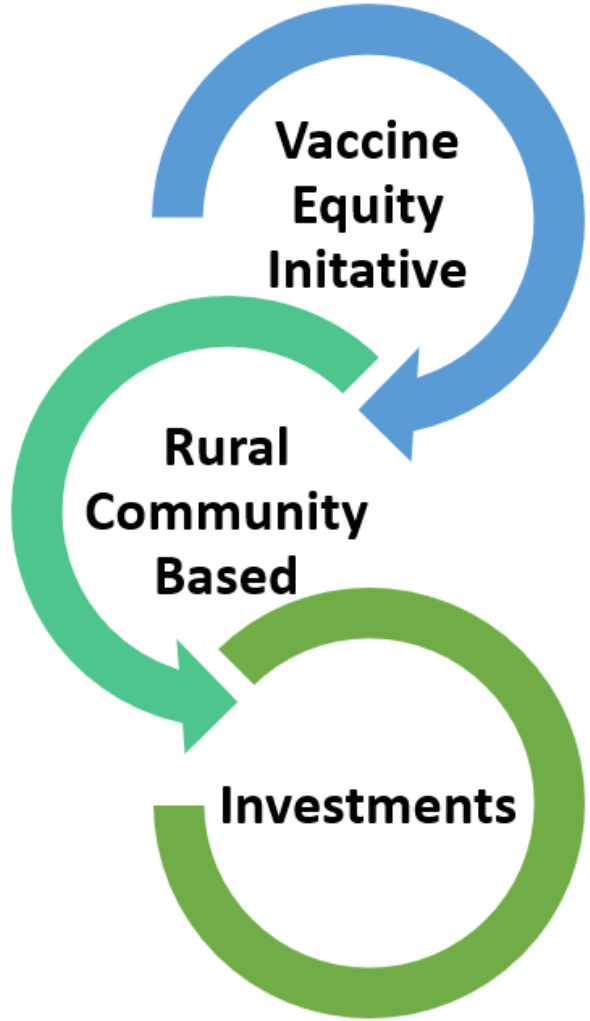
Kirby Lecy

Manager of
Healthy Community
Initiatives

Division of Community
Health Planning
and Engagement

Mass in Motion

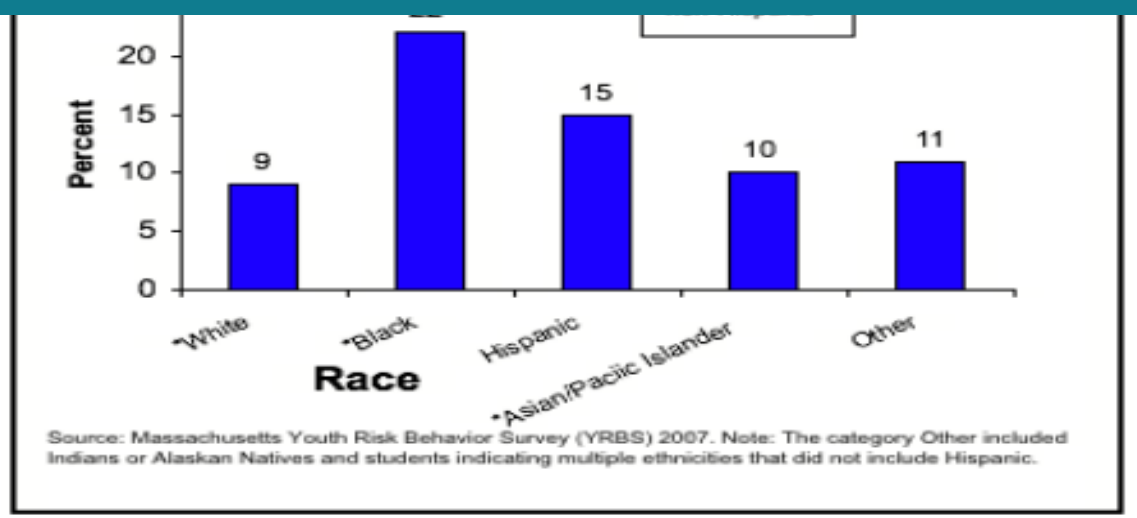
Better health. It's your move.



In 2009, in response to the growing obesity epidemic in Massachusetts, Mass in Motion was launched:

- Workplace Wellness Program
- Executive Order 509
- **Grants to local communities to advance policy, systems, and environmental changes to promote healthy eating and active living.**

In the Commonwealth, the racial and socioeconomic disparities of childhood overweight/obesity parallel those found in adults. In 2007, Black high school students had the highest rates of obesity (22%) followed by Hispanic students (15%) students. This compared with an obesity rate of 9 percent for White students (Figure 4).[16] As in adulthood, income is an indicator of overweight obesity prevalence in youth with a rate of more than 40 percent for Massachusetts children who are poor (less than 100% of the Federal Poverty Level.)[17]

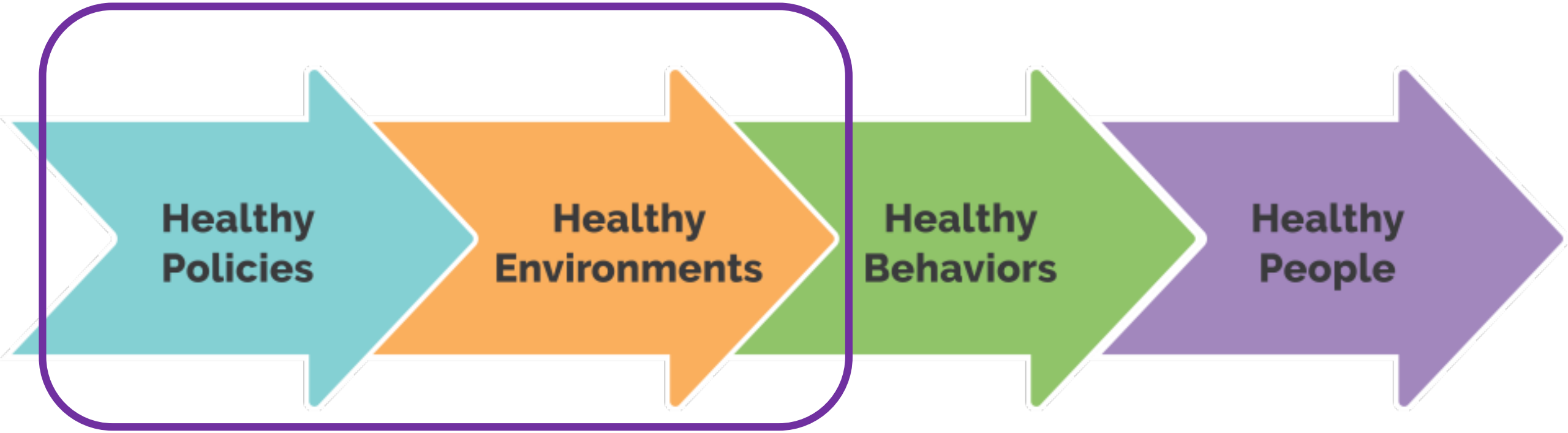


Source: Massachusetts Youth Risk Behavior Survey (YRBS) 2007. Note: The category Other included Indians or Alaskan Natives and students indicating multiple ethnicities that did not include Hispanic.

Vision Statement

DPH's **Mass in Motion** Municipal Wellness & Leadership Initiative is a **movement** to lower the risk of chronic disease by supporting **equitable** **food access** and **active living opportunities.**

HEALTHY COMMUNITY CHANGE FRAMEWORK



This is where Mass in Motion works!

Leading with Race and Racism Framework

1. Policy, systems, and environmental change strategies
2. Engaging multi-sectoral partners
3. Meaningfully engage priority populations in strategy planning and implementation
4. Considering and addressing unintended consequences
5. Looking at root causes of inequities in health outcomes

Consider the racial justice reframing questions-

Who decides, who leads, who benefits, who influences throughout the process.

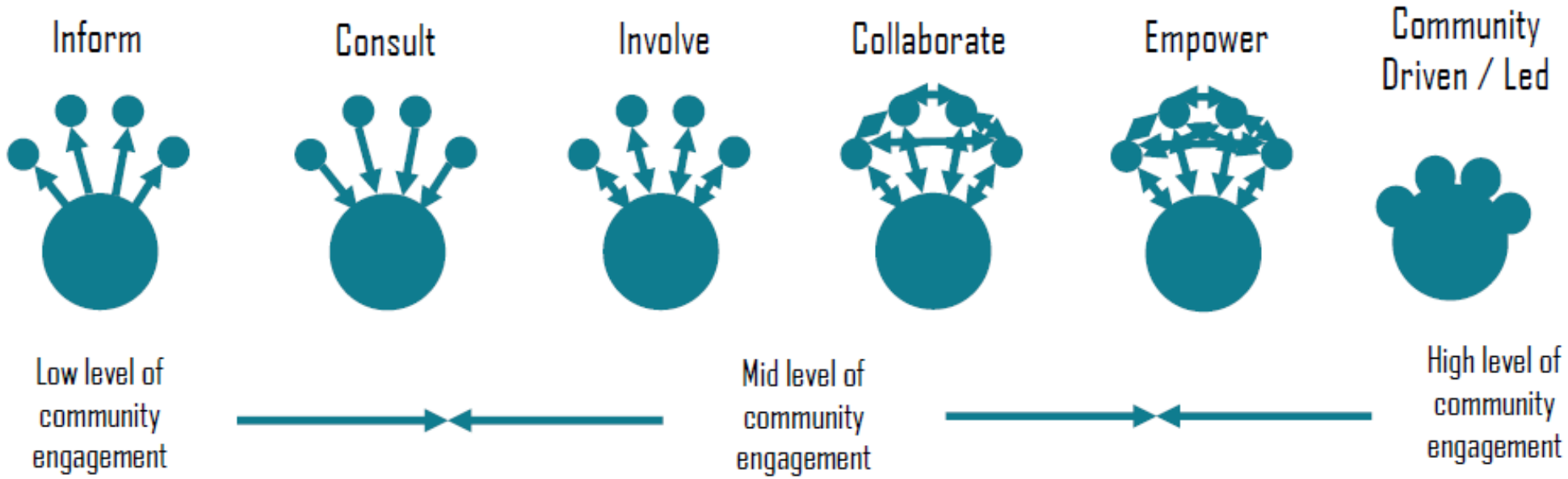
Engaging with Community in New Ways

Engaging priority populations in decision-making

"So when we think about community engagement, I think what we really try to do is think about building something together with the community and figuring out how we can engage folks in our work in a meaningful way."

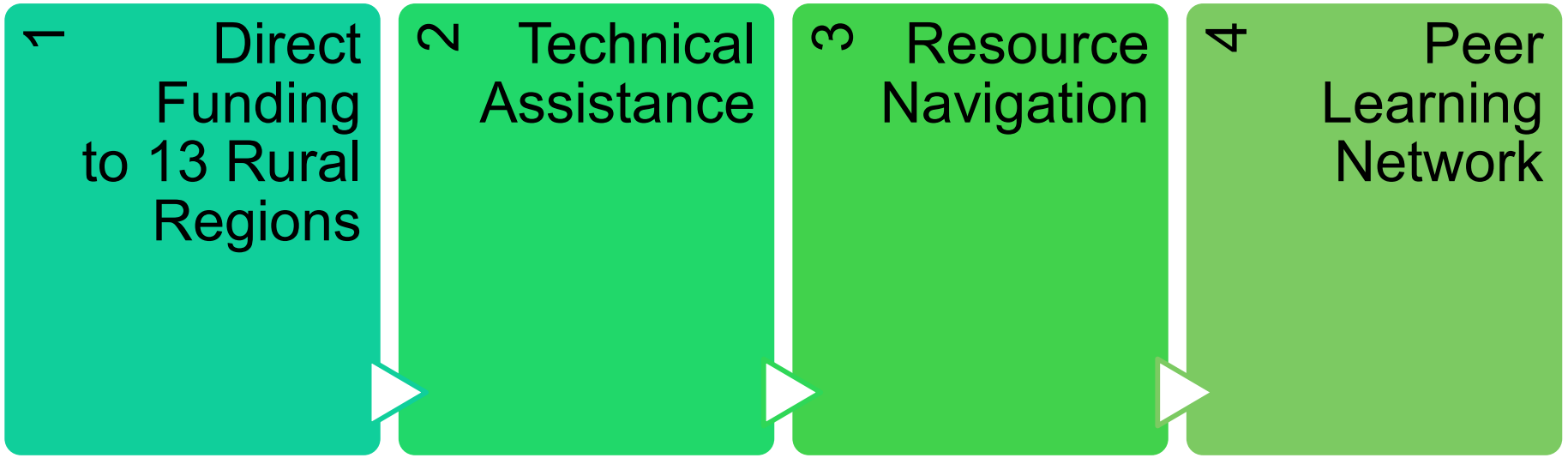
– MiM Coordinator B

Normalizing "Continuum of Community Engagement"



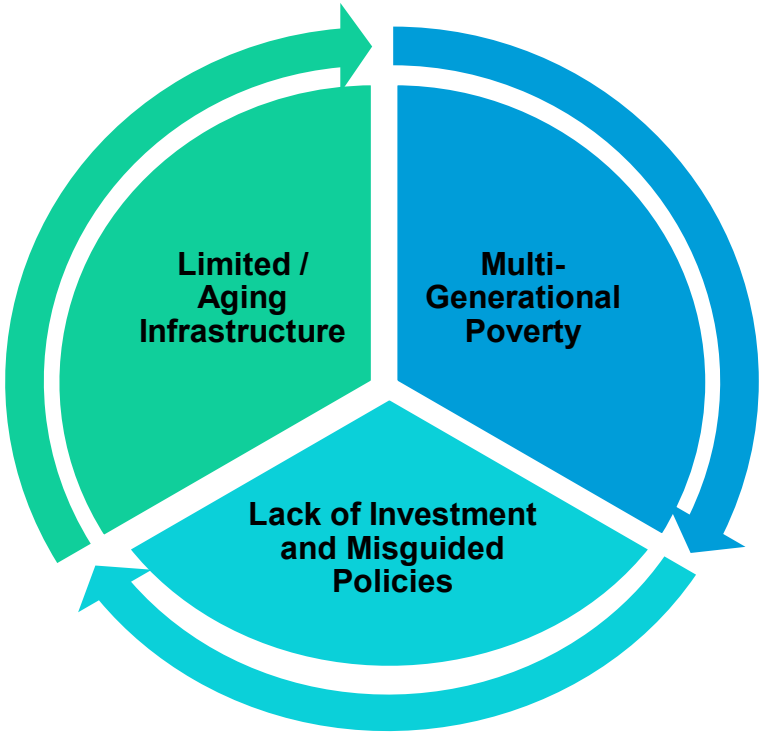
Vaccine Equity Initiative: Rural CBO Investments

This **three-year initiative** is supporting rural communities to both meet **immediate needs for COVID-19 mitigation** and implement long range strategies to ensure **resiliency** from the factors that created poor outcomes during the COVID-19 pandemic.



Building Capacity for Equity

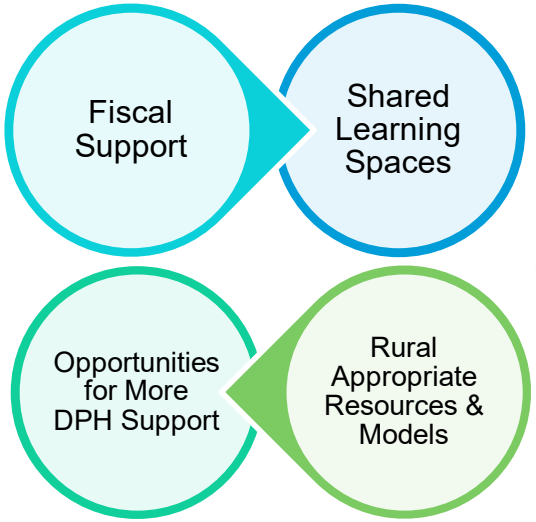
We (DPH) Acknowledge Structural Barriers & Harms



Partner With Rural CBOs Who Are Authentically Engaging in Their Communities to

- Provide Direct Funding
- Navigate Internal Resources
- Use Resources to Help Build Skills & Capacity
- Advocate for Local Needs

Work with a Vendor with Rural Expertise to Create



New England Rural Health Association

Rural communities have unique histories and experiences.
Using equity focused frames allows us to understand their individual needs.

The Community Application Process

MOST IMPORTANTLY we wanted to fund a mutually beneficial PARTNERSHIP between our team and the rural communities we serve, making sure we were grounded in equity, trust, and shared values.

Encouraged Conveners

- Explicitly called for existing collaborators.
- Utilized partnership tables in a non punitive way.

Less Directive

- We didn't ask for detailed workplans or budgets
- Did not ask for new or innovative initiatives.

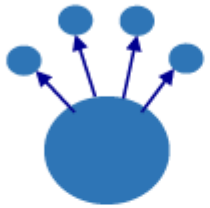
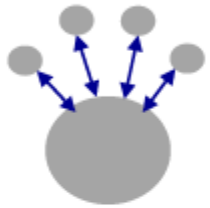
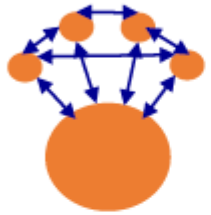
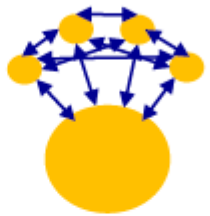
Low Barrier

- We didn't have complex questions
- Only asked what we needed to make informed decisions.

Transparent

- Explicit about the frames we were using for this work
- Outlined the role the CBO would take and staff time needed.

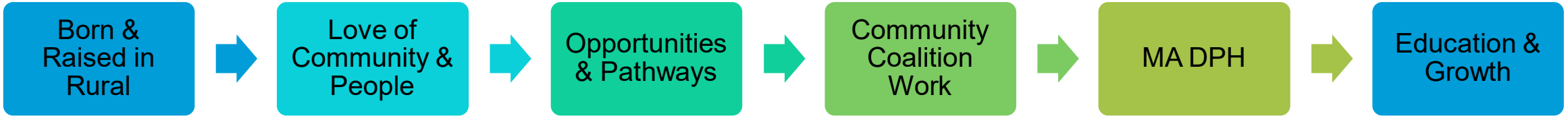
CONTINUUM INFORMATION AND EXAMPLES

Inform	Consult	Involve	Collaborate	Empower
				
You provide information to them. Examples: On E-mail list. Participate in Events. Part of a group that receives specific information on a topic.	**You receive information from them.** Examples: On an advisory group. Provides feedback. Comes to forums/ engagement sessions.	**You work together on projects where they have some decision making in the process.** Examples: Makes advisory decisions about a project. (taskforce, sub-group, stakeholder group). You design a project or event with their direct input or help.	**You have shared and equal decision making when working on a project even if one partner has ownership of that project.** Examples: You co-design/implement a project together. If community based, community has power to make decisions.	**You jointly share a project together with equal ownership, responsibilities, and decision making.** Examples: You have shared ownership of a project or event. You manage a separate entity or project together. Community owned and led projects.

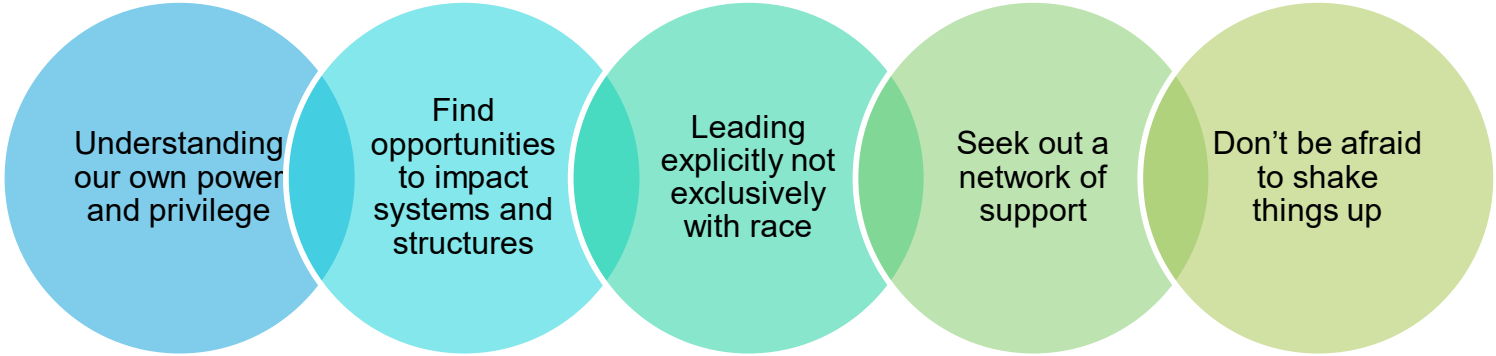
Please fill out the table below, an example is provided in the first row. You can add additional rows to the table if needed by right clicking a cell, hovering over insert, and choosing insert row above/below.

Current/recent partnerships and partners you would like to engage in the future as part of this work.	Where on the continuum do you fall						
	No Current Relationship	Inform	Consult	Involve	Collaborate	Empower	Comments
Human and Social Service Providers							
Example – Youthworks				x			*Has been on our youth taskforce since 2014*

My path to public health was not traditional….



How do **we/me/you** build equity into our everyday work?



Letting Public Health Lead through Community Engagement, Justice, and Equity

Lessons from Massachusetts

Jennica Allen, MPH
Massachusetts Department of Public Health
January 11, 2023

change policies and environments to remove these unjust systems

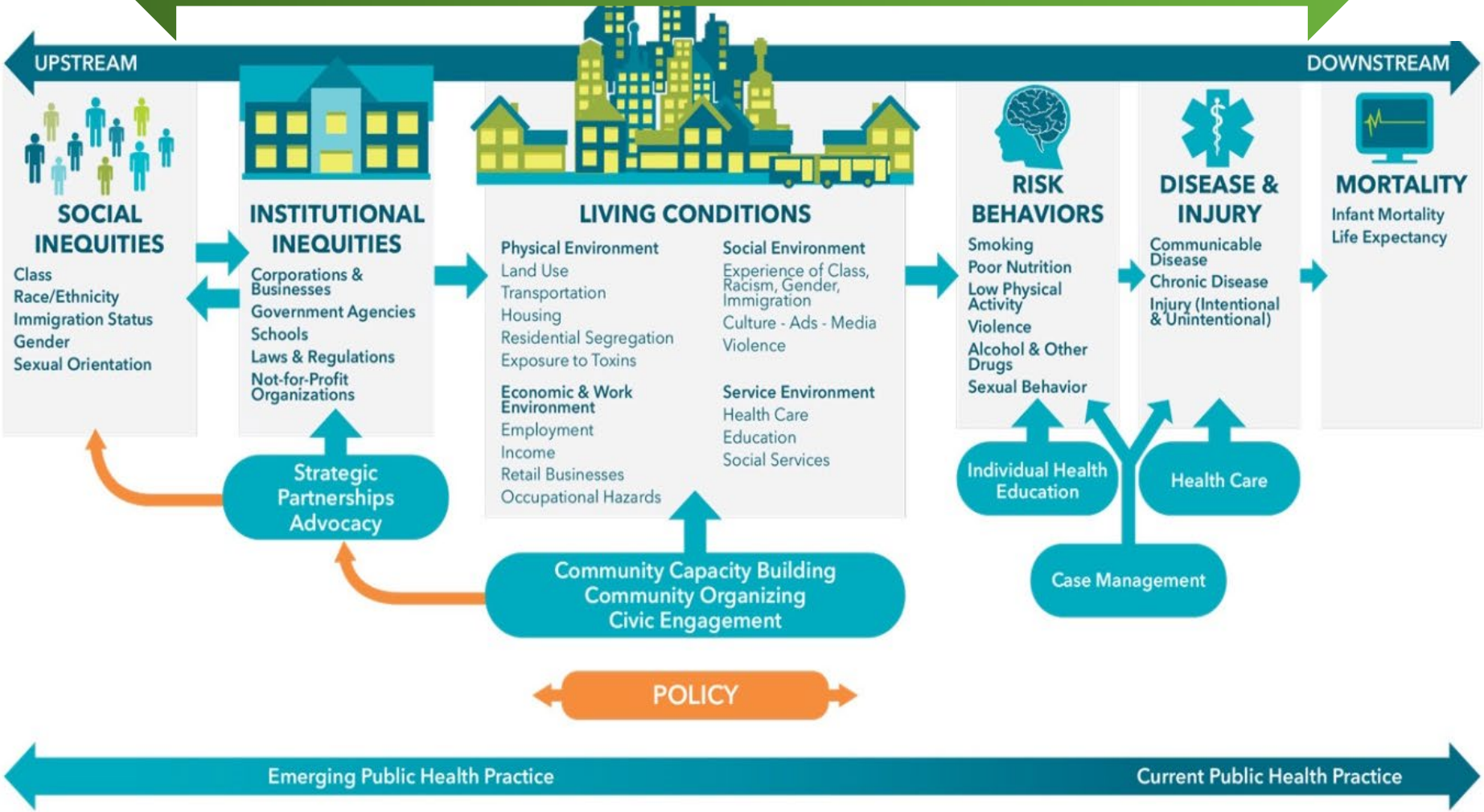
ex: transit improvements, food retail financing, CORI reform

mitigate the **level of risk** caused by these unjust systems

ex: increased cancer screening for men of color, youth primary prevention

address the **immediate health related social needs** caused by these unjust systems

ex: housing assistance, food vouchers



Where do our sister agencies intervene on the spectrum?

MA DoN Community-based Health Initiative

Organizations seeking a DoN from DPH are required to **fund CHIs which support evidence-informed SDoH strategies addressing** EHS Health Priorities

MassHealth Flexible Services

Provides a payment stream for **MassHealth ACOs to provide services to address key health-related social needs:** housing and nutrition

MassUP

AGO Community Benefits

Guidelines for non-profit hospitals and HMOs for implementing community benefit programs and performing Community Health Needs Assessments. Encourages **community engagement and consideration of: EHS focus areas (e.g. homelessness, SUD), DPH Health Priorities, and the role of racism in health care access**

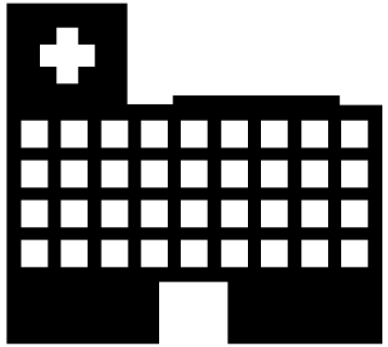
HPC /AGO Grants

28 grants to providers and partnerships for **innovative programs that address the SDH and BH needs of complex patients.** Partnerships include health care organizations, non profits, CBOs, and government agencies

DSRIP

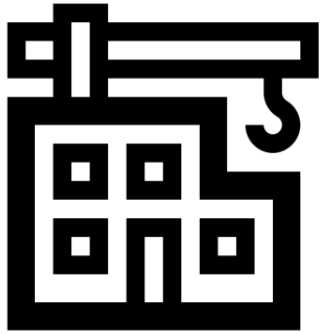
Supports successful implementation of launch the MH ACO program, including infrastructure development, Community Partner care management and relationship building, and statewide investments in workforce development and other areas

MA Determination of Need, Community Health Initiative



Hospital
Health Care System
Health Care Facility

Need to Expand /
Improve Health Care
Facilities



Determination of
Need Project

5%

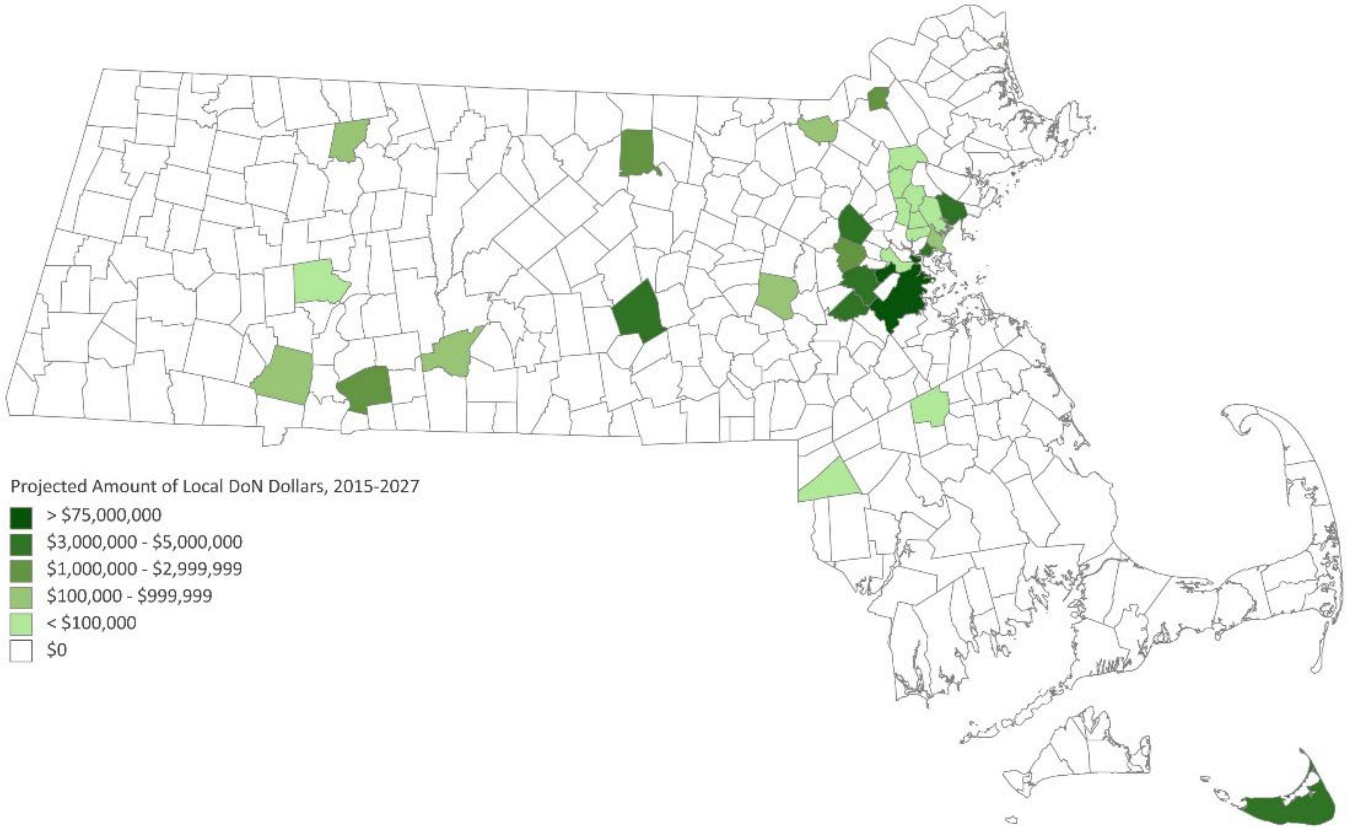
Community Health
Initiative
Funding

$$$

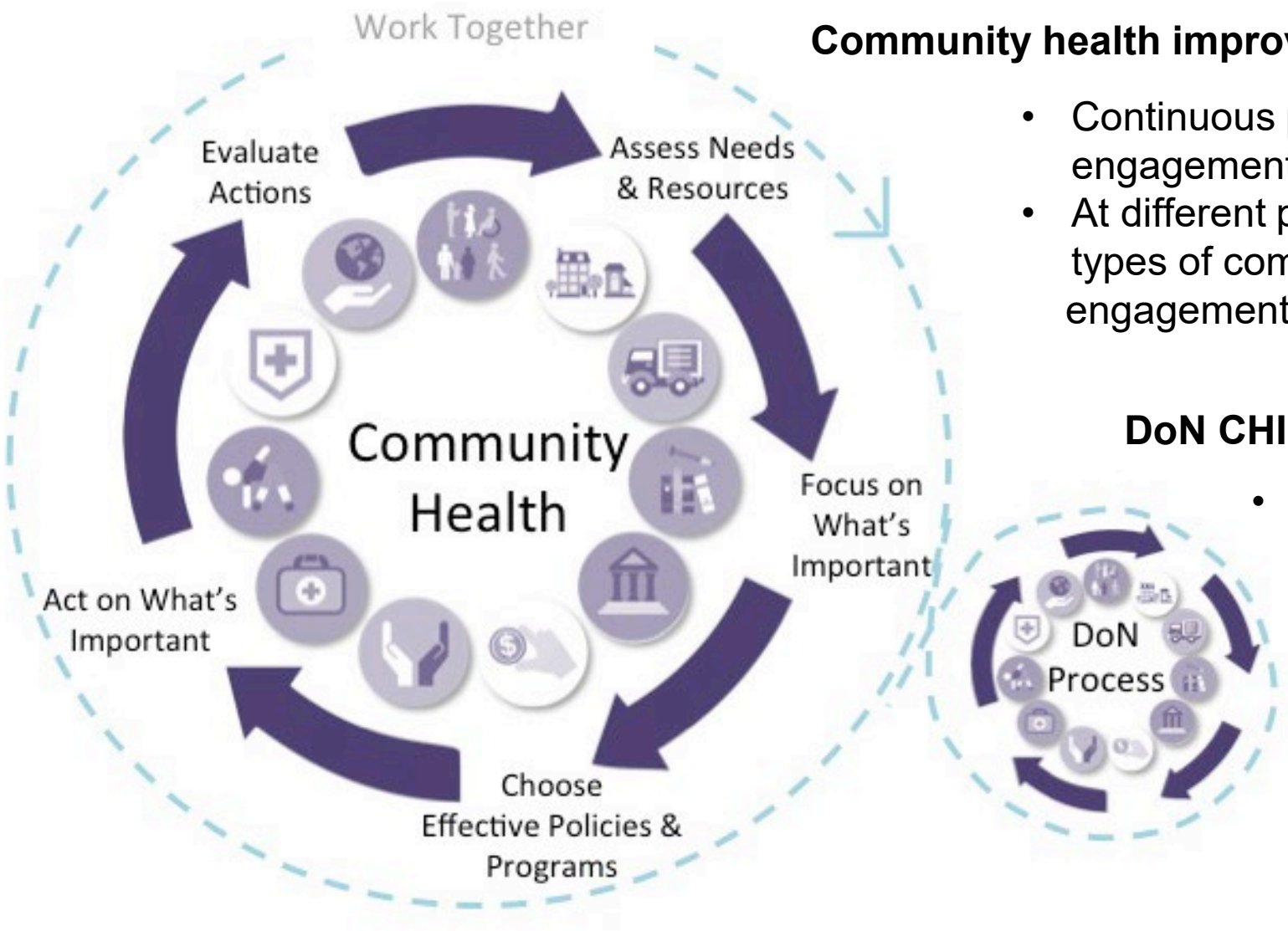
Project's
Maximum Capital
Expenditure

Overview of Determination of Need (DoN)

- The Determination of Need (DoN) program is the result of healthcare institutions and long-term care facilities who identify a need to expand or improve their services to support the individuals they are serving.
- Projected amount of local DoN dollars for 2015-2027 are displayed below



Standards for our Community Health Initiative: Community Engagement



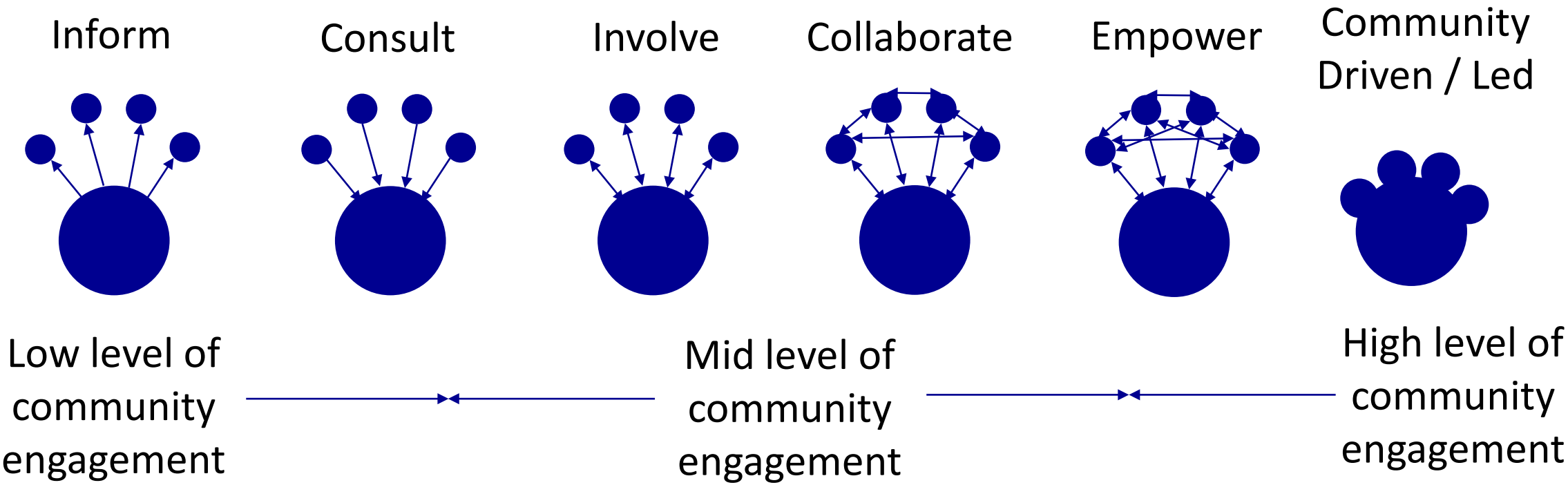
Community health improvement planning (CHIP):

- Continuous process of community engagement
- At different points in the process different types of community engagement may be necessary

DoN CHI planning process:

- Episodic and fitting into overarching CHIP

Community Engagement Spectrum



DATA SOURCE: International Association for Public Participation, Adapted by Massachusetts Department of Public Health, 2014

Source: Massachusetts State Health Assessment, 2017

Our successes!

Innovative and new SDoH strategies and collaborations (Boston examples)

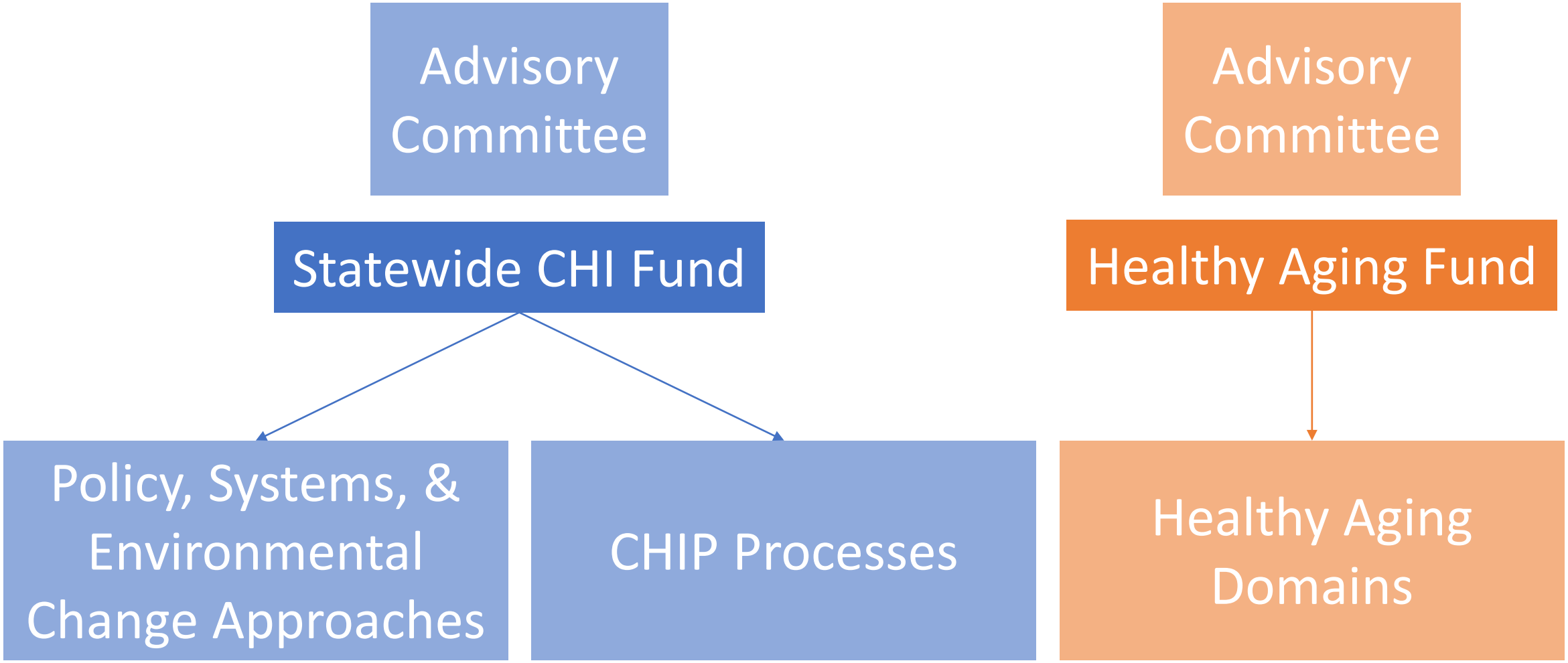
- ❑Investing in new Affordable Housing development and healthy retail through a social impact fund
- ❑Empowering the community through an Innovative Housing Stability Fund
- ❑All Boston Hospitals (13) collaborating on one Community Health Needs Assessment and Community Health Improvement Plan! DPH SDoH framing is a key component.

Bartlett Station (Roxbury) Affordable Housing and Healthy Retail Development

— Massachusetts —

COMMUNITY HEALTH AND HEALTHY AGING FUNDS

Two Funds and Three Funding Opportunities



Focus, Strategies, and Outcomes of **Community Health Fund**

Focus: Populations that experience inequities and are historically underserved in geographic areas of Massachusetts that have not benefited from DoN CHI funds.

Strategies: Multi-year investments and capacity building

- Policy, systems, and environmental change approaches
- Community health improvement planning processes
- Evaluation process for improved community health initiatives

Outcomes

- Disruption of structural and institutional racism and other forms of oppression
- Improved population health outcomes
- Improved cross-sector/community-centered collaboration

Statewide CHHA Fund Theory of Change

CONTEXT

- Structural and institutional racism and other forms of oppression need to be understood and disrupted to eliminate inequities in population health outcomes and social determinants of health (SDOH).
- Policies, systems, and social/physical environments are historically based in structural and institutional racism and other forms of oppression.
- SDOH account for significant variation in health outcomes.

VISION

Massachusetts communities are transformed so that all residents have an equitable opportunity to have the highest quality of life possible.

MISSION

To invest in community-centered innovative change opportunities targeting the root causes of inequitable health outcomes.

FOCUS

Populations that experience inequities and are historically underserved in geographic areas of Massachusetts that have not benefited from DoN CHI funds.

STRATEGIES

- Design and implement an equitable and transparent process that provides grants and capacity-building assistance to organizations and collaboratives that will implement community-driven change approaches with long-term impacts
- Support local and regional community health improvement planning processes through grants and capacity building assistance
- Implement an evaluation process for improved community health initiatives

OUTCOMES OF THE FUND INVESTMENTS

- Improved cross-sector/community-centered collaboration to:
  - Identify and implement approaches with long-term impacts to eliminate inequities in social determinants of health.
  - Develop and implement regional community health improvement processes that disrupt racism for better health outcomes
- Disruption of structural and institutional racism and other forms of oppression and its effects on well-being and health outcomes
- Improved population health outcomes in priority geographic areas and populations that have experienced significant inequities

CONTEXT

- Structural and institutional racism and other forms of oppression need to be understood and disrupted to eliminate inequities in population health outcomes and social determinants of health (SDOH).
- Policies, systems, and social/physical environments are historically based in structural and institutional racism and other forms of oppression.
- SDOH account for significant variation in health outcomes.

VISION

Massachusetts communities are transformed so that all residents have an equitable opportunity to have the highest quality of life possible.

MISSION

To invest in community-centered innovative change opportunities targeting the root causes of inequitable health outcomes.

FOCUS

Populations that experience inequities and are historically underserved in geographic areas of Massachusetts that have not benefited from DoN CHI funds.

STRATEGIES

- Design and implement an equitable and transparent process that provides grants and capacity-building assistance to organizations and collaboratives that will implement community-driven change approaches with long-term impacts
- Support local and regional community health improvement planning processes through grants and capacity building assistance
- Implement an evaluation process for improved community health initiatives

OUTCOMES OF THE FUND INVESTMENTS

- Improved cross-sector/community-centered collaboration to:
  - Identify and implement approaches with long-term impacts to eliminate inequities in social determinants of health.
  - Develop and implement regional community health improvement processes that disrupt racism for better health outcomes
- Disruption of structural and institutional racism and other forms of oppression and its effects on well-being and health outcomes
- Improved population health outcomes in priority geographic areas and populations that have experienced significant inequities

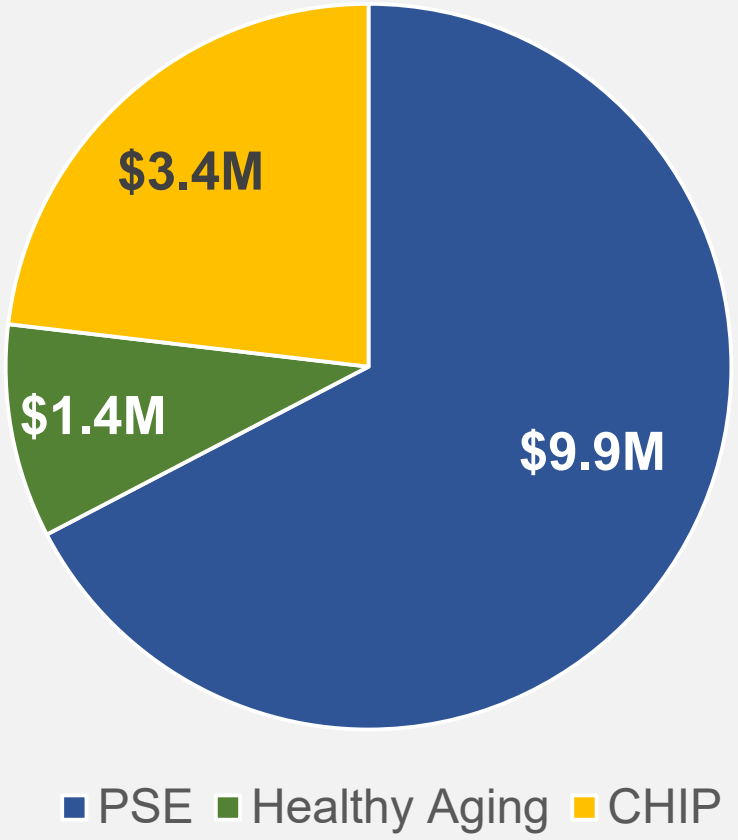
Formative Research – Grantmaking Themes

- **Put health/racial equity front and center**
- **Elevate community voice:** authentically engage members of affected communities in each phase of the planning, implementation/intervention, and evaluation process
- **Utilize multisector collaborations** to implement policy, systems, and environmental change approaches
- **Build capacity & power in community:** Create capacity building opportunities (trainings, technical assistance, learning communities) to build and strengthen networks and multi-sector collaboratives
- **Dedicate resources to support long-term systemic change**

Statewide CHHA Fund Investment Process

Awardee Cohort 1 Overview

$14.7M available for first funding cycle



WHO RECEIVES FUNDING

32 Awardees + >35 Community Partners in 163 Cities and Towns

DISTRIBUTION OF FUNDS

$1.7M goes to community members and to ensure authentic community engagement

$4.3M goes to Massachusetts-based partners

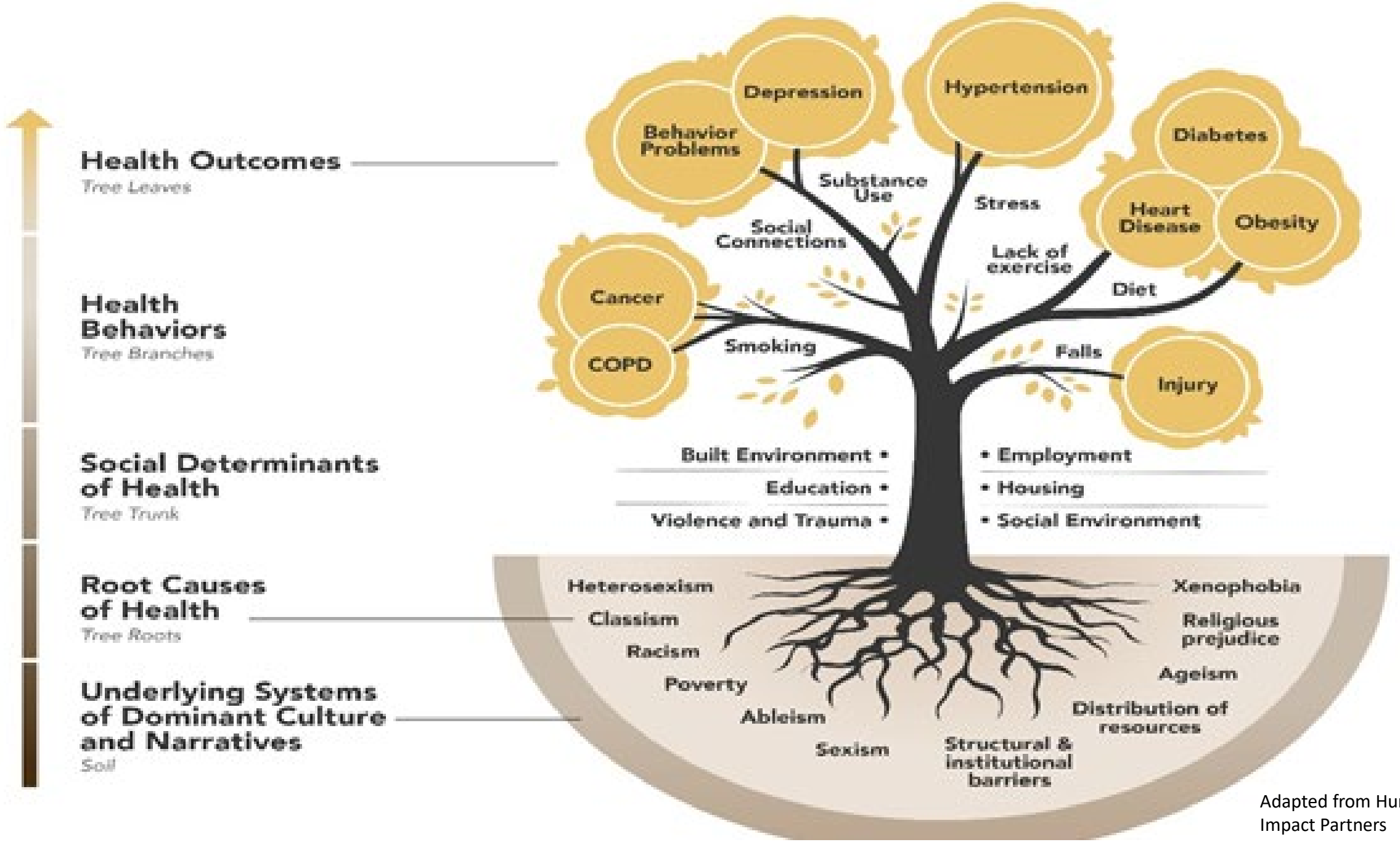
$8.9M goes to primary awardees

Preliminary Year 1 Awardee Accomplishments

- Amidst the changes and challenges in the past year, awardees persisted in their plans to affect PSE change, disrupt structural racism, and further age-friendly communities
    - Increased opportunities for immigrant farmers
    - Youth-led hiring process
    - Community engagement → professional advancement
    - Enhanced tools to incorporate racial equity in Age-Friendly community process
- Awardees pivoted to adapt to COVID and their communities' most pressing needs:
    - Vaccination listen & learn session for PoC
    - Advocacy for vaccine rollout in affordable housing
    - Ensuring accessibility to vaccine information and administration for blind and visually impaired
- Success despite COVID-19
    - Accelerated progress in walkable communities
    - Increased participation in community meetings

Success Themes

- **Disrupting Racism and Advancing Equity**
- **Community Engagement**
- **Age Friendly Community Improvements**



Adapted from Human Impact Partners

Thank you!

Jennica.F.Allen@mass.gov

Connect with DPH

@MassDPH

Massachusetts Department of Public Health

mass.gov/dph

Massachusetts Department of Public Health

Lunch with breakout groups

12:30 – 1:30PM

Walk to Massachusetts Health Policy Commission (HPC)

1:30 – 2 PM