

MA Department of Public Health

“The mission of the Massachusetts Department of Public Health is to prevent illness, injury, and premature death, to assure access to high quality public health and health care services, and to promote wellness and health equity for all people in the Commonwealth.”

Cheryl Bartlett, RN
DPH Commissioner
Student Health Policy Forum
January 8, 2014





Commissioner

Hospitals Hyannis
Food Protection
Emergency preparedness
Tobacco Cessation
ACA Flu
HIV/AIDS
Substance Abuse
Cape Cod
Quinnipiac Nurse
Community Health And Prevention
Hospital Administration
Prescription monitoring
Cancer
Medical Marijuana
Homelessness
Environmental
West Nile
Prevention Wellness Trust
Community
WIC
Yale
Boston Marathon
Nantucket
Deputy
Selectman
Public

DPH Goals

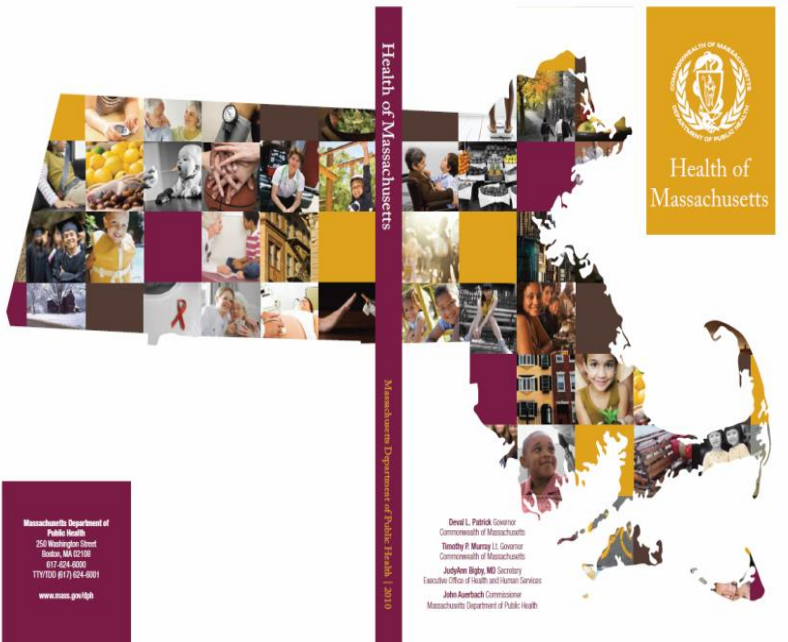
1. ***Support the success of health care reform*** by ensuring that public health is involved in promoting wellness and access to high quality care while reducing increases in health care costs.
2. ***Reduce health disparities*** by promoting health equity.
3. ***Promote wellness*** and reduce chronic disease.
4. ***Strengthen local and state public health systems*** to prevent disease and promote health.
5. ***Reduce youth violence.***

DPH Structure

- Commissioners Office
 - Office of Preparedness and Emergency Management
 - Office of Health Equity
 - Office of Local and Regional Health
 - Office of Health Information Policy and Informatics
- Bureau of Community Health and Prevention
- Bureau of Environmental Health
- Bureau of Family Health and Nutrition
- Bureau of Health Care Safety and Quality
- Bureau of Health Information, Statistics and Evaluation
- Bureau of Infectious Disease
- Bureau of Laboratory Science
- Bureau of Public Hospitals
- Bureau of Substance Abuse

Massachusetts Department of Public Health

- \$942 million budget (FY14 state and federal combined):
 - Approximately 60% state appropriations, 30% federal, 10% other (fees, trusts)
 - Over 55 line items in state budget supporting core functions (interwoven and interdependent)
- 15 locations across the state, including the State Public Health Laboratory Institute and 4 public health hospitals
- A decentralized public health system:
 - 351 local boards of health
 - 700+ health and human service providers with DPH contracts for services



Key DPH Priorities:

Strengthening Public Health Underpinnings

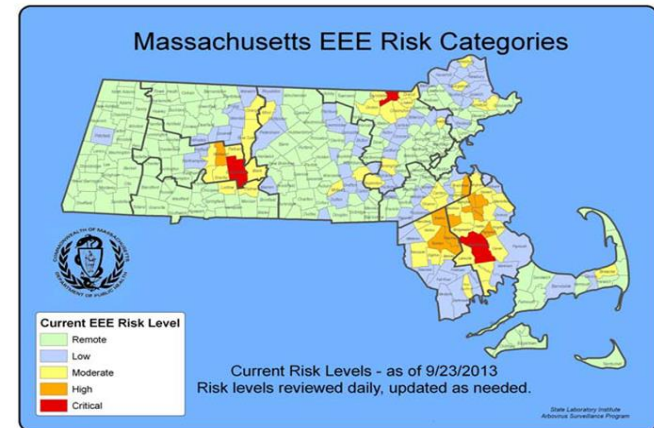
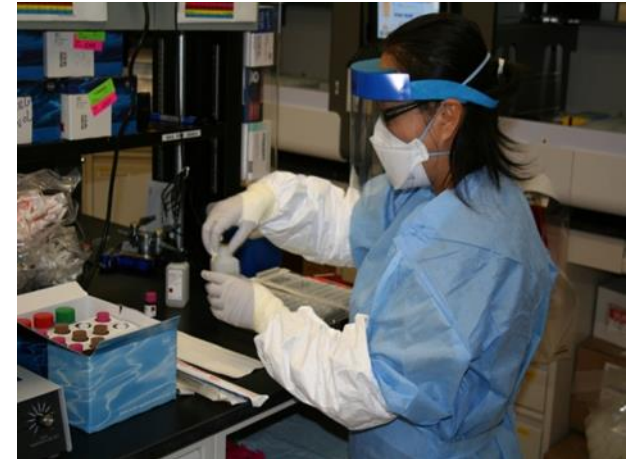
- **DPH regulatory functions**
 - Board of Pharmacy
 - Healthcare Quality
 - Environmental Health
- **DPH infrastructure**
 - State Public Health Laboratory Institute
 - Public Health Hospitals and SOPS
 - Vital Records
 - Arbovirus (WNV/EEE) Surveillance
 - Health Informatics
- **Community engagement and partnerships**

Key DPH Initiatives

- **Opioid Overdose Prevention**
- **Mass in Motion**
- **Prevention and Wellness Trust Fund**
- **Medical Use of Marijuana**
- **Climate Change**

Evolving Challenges in a Changing Climate

- **Arbovirus (WNV, EEE)**
- **Vibrio**
- **Recreational Water Contamination**
- **Issues associated with intense storms, tornados**
 - **Housing impacts (mold, structural issues)**
 - **Impacts to retail and wholesale food establishments**
 - **Indoor air quality in schools and public buildings**



Public Health Accreditation

- Public Health Accreditation Board (PHAB) incorporated in 2007
 - Private, non-profit, based in Washington, DC
 - Established to implement recommendations of IOM and workgroups supported by CDC, all major national PH organizations.
 - Performance improvement focus
 - State and Local Health Departments can apply for accreditation
 - MDPH is preparing to apply for accreditation

State Health Improvement Plan (SHIP)

- Setting state priorities for improving health of population
- Plan to include measureable objectives and strategies
- Over 70 private and public sector stakeholders involved
- Advisory Council met monthly, May – Aug. followed by three fall retreats
- Plan will be finalized this winter



Chapter 224

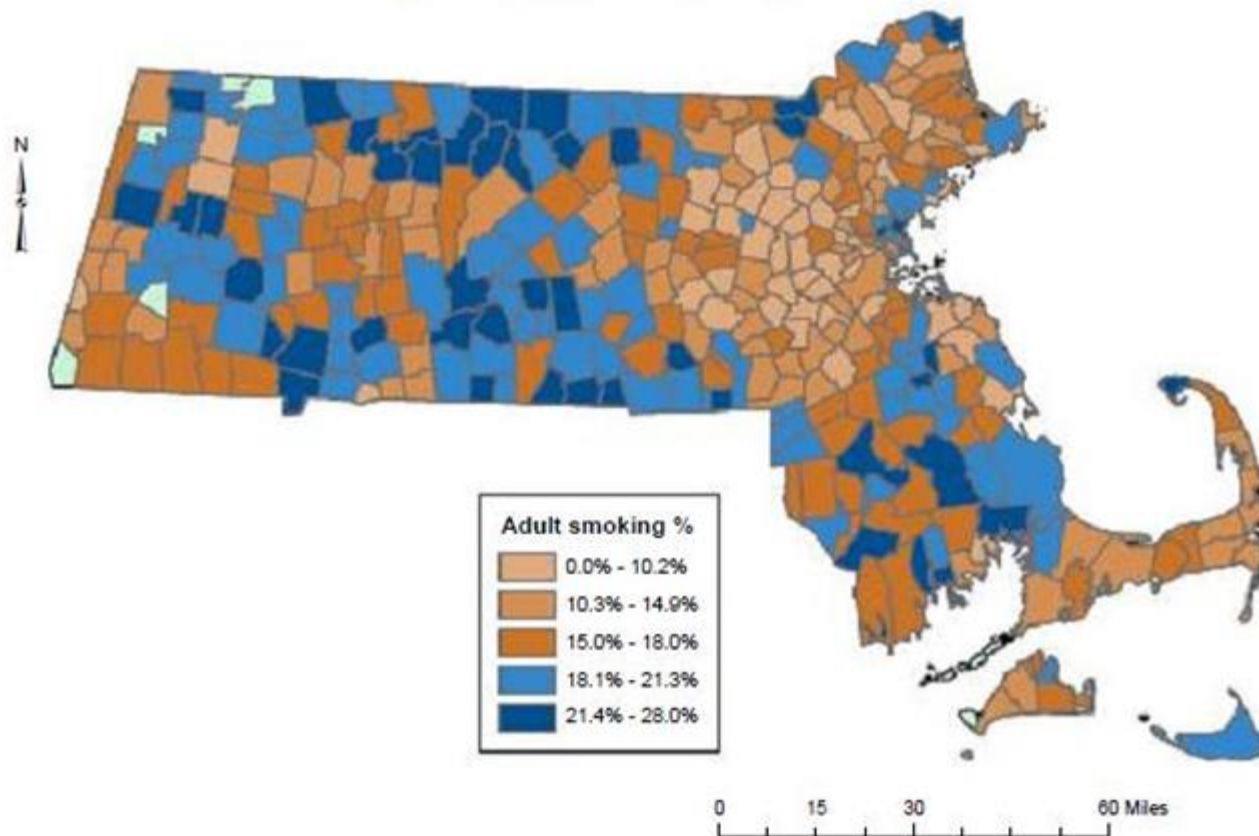
The First Prevention and Wellness Trust Fund

- \$57 million in trust for 4 years
- At least 75% must be spent on grantee awards
- Reduce prevalence of preventable health conditions
- Reduce health care costs
- No more than 10% on worksite wellness programs
- Establish work place based wellness and health management programs
- No more than 15% on administration through MDPH

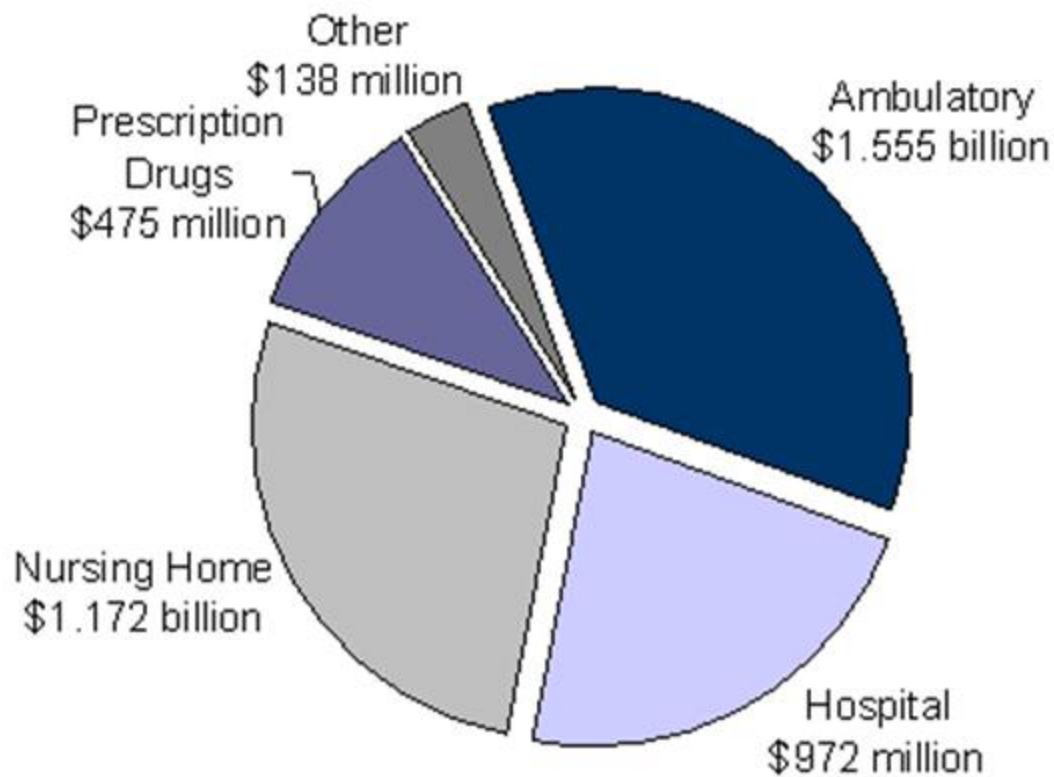
- Board members were asked to rate the potential for short-term health care cost savings for 13 diseases, risk factors, and health events.
- Members were provided 2-page fact sheets describing current evidence related to cost savings.
- Obesity, hypertension, and tobacco use were ranked as the highest priority by Board members.
- Stroke Care and cancer were rated as having the lowest priority.
- One member added “Violence” to the list and ranked it 8th.

Health Event / Risk Factor	Average Rank
Obesity	4.69
Hypertension	5.27
Tobacco Use	5.58
Asthma	5.62
Mental Health (Depression)	5.69
Diabetes (Type 2)	5.85
Substance Abuse	6.15
Cholesterol Control	6.35
Oral Health	6.85
Congestive Heart Failure	8.50
Falls Prevention	9.42
Stroke Care	9.88
Cancer	10.85

Adult Smoking Prevalence By Town/City Massachusetts, 2009



Annual Smoking-Attributable Health Care Expenditures in Massachusetts: \$4.3 billion



Limited Service Clinics Background

- New Limited Services Clinic (LSC) regulations were developed in 2007.
- The first LSCs opened in Massachusetts in 2008.
- Currently 41 LSCs operate in MA, all of which are MinuteClinics.
- Chapter 224 (2012) expands LSCs to provide services within the scope of practice of a Nurse Practitioner including: immunizations, no treatment of children under 18 months, and cannot serve as a PCP/medical home

Questions?