Massachusetts Health Policy Forum: Social Determinant of Health Panel

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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 healthcare 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
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
Class
Race/Ethnicity
Immigration Status
Gender
Sexual Orientation

INSTITUTIONAL INEQUITIES
Corporations & Businesses
Government Agencies
Schools
Laws & Regulations
Not-for-Profit Organizations

LIVING CONDITIONS
Physical Environment
Land Use
Transportation
Housing
Residential Segregation
Exposure to Toxins
Economic & Work Environment
Employment
Income
Retail Businesses
Occupational Hazards
Social Environment
Experience of Class
Racism, Gender
Immigration
Culture - Ads - Media
Violence

RISK BEHAVIORS
Smoking
Poor Nutrition
Low Physical Activity
Violence
Alcohol & Other Drugs
Sexual Behavior

DISEASE & INJURY
Communicable Disease
Chronic Disease
Injury (Intentional & Unintentional)

MORTALITY
Infant Mortality
Life Expectancy

DOWNSTREAM

Strategic Partnerships Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

Emerging Public Health Practice

Policy

Current Public Health Practice

Source: Bay Area Regional Health Inequities Initiative
Address the immediate health related social needs caused by these unjust systems ex: air conditioner vouchers.

Mitigate the impact of the increased risk caused by these unjust systems ex: supportive housing, new development, stabilization initiatives.

Address policies and environments to change these unjust systems ex: housing policies, land trusts, etc.

Source: Adapted from the Bay Area Regional Health Inequities Initiative
Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes and Heart Disease and Stroke

• New cooperative agreement with federal funding for statewide chronic disease work
  • CDC money; CDC rules and parameters
  • MA implementation; MA innovation to identify and address social determinants
MA Innovation:
Create geographic composite scores for all communities using health outcome data and social distribution data; In addition to statewide infrastructure, fund health centers serving the populations, and addressing the gaps identified.
STATEWIDE DATA INFRASTRUCTURE

(1) Rigorously Validated Surveys: pharmacy survey, community health worker survey.
(2) Health Information Technology (HIT): Azara DRVS, MDPHnet.
(3) Surveillance Data: case mix, all payers claims database.
(4) Programmatic Tracking: total & location of all Diabetes Prevention Programs in the state.

RACIAL JUSTICE LENS
--BURDEN & INEQUITIES COMPOSITE SCORE--

COMMUNITIES OF FOCUS
--ASSESSMENTS & EVIDENCE GATHERING--

BARRIERS & FACILITATORS

• What are the barriers to DPP retention?
• Is existing HIT useful for identifying undiagnosed hypertension?

PROCESS MEASURES

• Total DPP referrals, enrollments, & completions.
• Total providers with protocol to identify cases of undiagnosed hypertension.

OUTCOME MEASURES

• Percent with 5-7% weight loss.
• Reduced prevalence of undiagnosed hypertension.

Approach
EFFECTIVENESS
IMPACT
Incorporating a racial justice lens

How the Massachusetts Tobacco Cessation and Prevention Program (MTCP) used “re-framing” to shift focus from individual-level behaviors to upstream social determinants of health and societal structures

The Massachusetts Tobacco Cessation and Prevention Program
How the Massachusetts Tobacco Cessation and Prevention Program (MTCP) used “re-framing” to shift focus from individual-level behaviors to upstream social determinants of health and societal structures.

In 2015, 14% of Massachusetts adults (or 706,015 residents) were current smokers, a historic low.

- 16.4% of men smoked.
- 11.9% of women smoked.
- 14.6% of whites, 15.8% of blacks, and 11.5% of Hispanic smokers.
- 17.6% of adults, aged 18-54, smoke the highest of any age group (Figure 1).
- 12.3% of adults, aged 18-54, smoke.

However, this rate does not reflect the use of other tobacco products (e.g., little cigars, e-cigarettes, etc.), which may be more prevalent among this age group.

Smoking rates are highest among people with mental illness, low income, economic status, people with disabilities, and the LGBT populations (lesbian, gay, bisexual, and transgender) (Figure 2). All subgroup smoking rates other than LGBT were significantly different from the rate for all MA adults (14%).

Figure 1: Adult Smoking Rate by Age Group MA, 2015

Figure 2: Adult Smoking Rate Among Subgroups MA, 2016

Who Smokes: Massachusetts Fact Sheet

Updated 08/19/2016
Mass in Motion
How the Mass in Motion Municipal Wellness & Leadership Initiative moved further upstream

HEALTHY COMMUNITY CHANGE FRAMEWORK

This is where Mass in Motion works!

HEALTHY COMMUNITY CHANGE FRAMEWORK

Healthy Policies → Healthy Environments → Healthy Behaviors → Healthy People

SUSTAINABLE SOLUTIONS APPROACH

- Advancing equity
- Multi-sector collaborations
- Policy, systems, & environmental change
- Influenced & leveraged dollars

INCORPORATING RACIAL EQUITY

Leading with Race Framework

- Disaggregate data
- Engage priority populations
- Understand root cause inequities

Racial Justice Reframing

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
Q/A

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