Transforming Health 
Through a Public Health Lens

Massachusetts Medical Society
Public Health Leadership Forum
October 24, 2019

Monica Bharel, MD, MPH
Commissioner, Massachusetts Department of Public Health
Baker-Polito Administration

Governor Charlie Baker & Lieutenant Governor Karyn Polito

Health and Human Services Secretary Marylou Sudders

Department of Public Health 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
<table>
<thead>
<tr>
<th>Public Health Breadth and Depth</th>
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Our National Ranking

#2 Healthiest State in the Nation:

MASSACHUSETTS

From the 2018 America’s Health Rankings Annual Report
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 disparities.
Data, Determinants & Disparities:

A framework to drive programs, practices and policies for a healthier Commonwealth
The DPH House

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

MISSION
Prevent illness, injury, and premature death; ensure access to high quality public health and healthcare services; and 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
Determinants vs. Expenditures

The Spending Mismatch: Health Determinants vs. Health Expenditures

Determinants:
- Access to Care 6%
- Genetics 20%
- Socioeconomic and Physical Environments 22%
- Healthy Behaviors 37%
- Interactions Among Determinants 15%

National Health Expenditures $2.6 Trillion
- Medical Services 90%
- Healthy Behaviors 9%
- Other 1%

Source: NEHI and University of California, San Francisco, 2013.
A Focus on Health Equity
Infant Mortality Rates in Massachusetts’ Largest Cities 2012

Statewide rate = 4.26

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

<table>
<thead>
<tr>
<th>City</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somerville</td>
<td>2.05</td>
</tr>
<tr>
<td>Cambridge</td>
<td>2.36</td>
</tr>
<tr>
<td>Quincy</td>
<td>3.19</td>
</tr>
<tr>
<td>Lowell</td>
<td>3.6</td>
</tr>
<tr>
<td>Springfield</td>
<td>3.78</td>
</tr>
<tr>
<td>New Bedford</td>
<td>3.79</td>
</tr>
<tr>
<td>Framingham</td>
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</tr>
<tr>
<td>Boston</td>
<td>4.73</td>
</tr>
<tr>
<td>Newton</td>
<td>4.93</td>
</tr>
<tr>
<td>Brockton</td>
<td>5.17</td>
</tr>
<tr>
<td>Fall River</td>
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<tr>
<td>Lawrence</td>
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</tr>
<tr>
<td>Lynn</td>
<td>7.32</td>
</tr>
<tr>
<td>Worcester</td>
<td>7.47</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>4.26</td>
</tr>
</tbody>
</table>

Mortality data courtesy of MA DPH. Map created by BEH-GIS, MDPH.
Worcester Infant Mortality
Social Determinants of Health:

Leveraging regulatory opportunities
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
Standards for our Community Health Initiative: Strategies

Health Priorities

- Built Environment
  - Mental Health and Wellness
  - Homelessness and Housing Stability
  - Substance Use Disorder
  - Preventable chronic disease

- Violence

- Education

- Social Environment

- Employment

- Housing

Source: Massachusetts State Health Assessment, 2017
Continuous process of community engagement

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

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
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.

HEALTH INEQUITIES PATHWAY

SOCIAL INEQUITIES
INSTITUTIONAL INEQUITIES
LIVING CONDITIONS
RISK BEHAVIORS
DISEASE & INJURY
MORTALITY

MA DoN Community-based Initiative

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.

AGO Community Benefits

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.

HPC /AGO Grants

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.

MassHealth Flexible Services

Flexible Services

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Social Determinants of Health:

Incorporating into our epidemic response
Opioid-related overdose deaths declined for a second straight year since 2016, for a total of an estimated 3% decrease between 2016 and 2018.

Figure 2. Opioid-Related Overdose Deaths, All Intents
Massachusetts Residents: 2000 - 2018

~ 450% increase over 16 years
Key Finding: Between 2016 and 2017, confirmed opioid-related overdose death rate increased for Black non-Hispanics, decreased for White non-Hispanics and Hispanics.
Persons with Histories of Incarceration

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

Death Rate Per 100,000

- Incarceration History
- No Incarceration History
Persons Experiencing Homelessness

Opioid Death Rate 30 Times Higher for the Homeless Individuals
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
Connect with DPH

@MassDPH

Massachusetts Department of Public Health

DPH blog
https://blog.mass.gov/publichealth

www.mass.gov/dph
Thank You!

Monica Bharel, MD, MPH
Commissioner
Massachusetts Department of Public Health