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
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.
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.
(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.

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**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.

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**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.
How the Mass in Motion Municipal Wellness & Leadership Initiative moved further upstream

**HEALTHY COMMUNITY CHANGE FRAMEWORK**

[Diagram showing Healthy Policies, Healthy Environments, Healthy Behaviors, Healthy People]

This is where Mass in Motion works!

**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?

**SUSTAINABLE SOLUTIONS APPROACH**

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

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