

**Prevention and Wellness Advisory Board Members  
2013**

**1. A person with expertise in the field of public health economics:**

**David Hemenway, Ph.D.** - Professor of Health Policy, Department of Health Policy and Management, Harvard School of Public Health

Dr. Hemenway is Professor of Health Policy at the [Harvard School of Public Health](#). He has a B.A. (1966) and Ph.D. (1974) from [Harvard University](#) in economics. He is the director of the [Harvard Injury Control Research Center](#) and the [Harvard Youth Violence Prevention Center](#). He is also currently a James Marsh Visiting Professor-at-Large at the [University of Vermont](#). Dr. Hemenway has written over 130 articles and five books in the fields of economics and public health.

**2. A person with expertise in the field of public health research:**

**Stephanie C. Lemon, Ph.D.** – Associate Professor of Medicine, Division of Preventive and Behavioral Medicine and Associate Professor, Graduate School Biomedical Sciences, Ph.D. Program in Clinical and Population Health Research, University of Massachusetts Medical School

Dr. Lemon holds dual appointments in the Department of Medicine and the Graduate School of Biomedical Sciences Ph.D. Program in Clinical and Population Health Research both at the University of Massachusetts Medical School, since 2008. She has been an Assistant Professor of Medicine since 2002 and an Assistant Professor of Graduate School Biomedical Sciences Ph.D. Program in Clinical and Population Health Research since 2004. She received her Ph.D. from Brown University. Dr. Lemon serves as principle investigator or co- investigator on numerous CDC or NIH grants and has authored or co-authored over 49 peer-reviewed journal articles on public health topics related to the prevention and control of chronic diseases. She currently serves on the MA Comprehensive Cancer Prevention and Control Advisory Board to the DPH and contributes significantly to surveillance and evaluation work related to Mass in Motion.

**3. A person with expertise in the field of health equity:**

**To Be Appointed**

**4. A person from a local board of health for a city or town with a population greater than 50,000:**

**Paula Johnson, MD, MPH** – Chair, Boston Public Health Commission

Dr. Johnson is recognized as a national expert in the area of defining and understanding the quality of cardiology care for women and minorities, with a particular research focus on

understanding disparities in health care for women and minorities. She founded the [Center for Cardiovascular Disease in Women at Brigham and Women's Hospital](#), which is dedicated to developing new sex- and gender-specific strategies for prevention, treatment and rehabilitation of coronary heart disease in women. She is a graduate of Harvard and Radcliffe Colleges. She received her MD and MPH degrees from Harvard. She completed her residency in Internal Medicine at Brigham and Women's Hospital, where she also completed a fellowship in cardiovascular disease and served as Chief Medical Resident. Dr. Johnson is the recipient of many awards recognizing her contributions in women's and minority health and is featured as a national leader in medicine by the National Library of Medicine. She has also received the Abigail Adams Award from the Massachusetts Women's Political Caucus, which honors Massachusetts's women leaders who have demonstrated an outstanding commitment to the realization of equal political, economic, and social rights for women. She has been named one of Boston's "Top Doctors" by Boston Magazine and was featured in the Boston Globe's "IDEAS Boston 2005" as one of twenty-four leading innovators in Massachusetts.

**5. A person from a local board of health for a city or town with a population of fewer than 50,000:**

**Heidi Porter MPH, REHS/RS** - Director of Public Health, Town of Bedford, MA

Since March 2011, Ms. Porter has served as the Director of Public Health for the town of Bedford. She has also served as Director of the Board of Health in Everett. Ms Porter holds an MPH with a concentration in Environmental Health from Boston University School of Public Health and a Bachelor of Science from Tufts University. She is also a Registered Environmental Health Specialist/Registered Sanitarian. Ms Porter has received numerous awards for her innovations and leadership. She serves on several committees and is a member of the Massachusetts Environmental Health Association, MA Licensed Site Professionals Association and the Massachusetts Health Officers Association. DPH staff has worked with Ms. Porter on policy, systems and environmental approaches to health promotion over the past several years.

**6 and 7. Representatives of health insurance carriers: (2 appointees)**

**MaryLynn Ostrowski, Ph.D.** - Director, Corporate Relations, Brand and Population Health Management, Health New England

Dr. Ostrowski has been with Health New England since 1993 and has served as the director since July of 2012. She is responsible for the development, implementation, and measurement strategy for member and employer health engagement programs, which includes health coaching, behavior modification, health screenings, health risk assessments, and disease management. Dr. Ostrowski received her Ph.D. in Health Psychology from Capella University, Minneapolis, MN and is a Master Trainer for the Stanford University Chronic Disease Self Management Program. In addition, she serves on the Mass in

Motion/Springfield Wellness Leadership Council, the Women's Fund LIPPI Board, Foundations of Health Board at Holyoke Community College, Live Well Springfield Kids Board and the Partners for a Healthier Community Board

**Cathy Hartman** – Vice President, Prevention and Wellness, Blue Cross Blue Shield of Massachusetts

Ms Hartman is an accomplished and energetic health and care management professional with extensive experience in designing and launching wellness and disease prevention initiatives with multi-disciplinary teams. She possesses deep subject matter expertise in the science of behavior change using motivational interviewing and other evidence-based approaches and has a successful track record in conceptualizing, developing, and executing innovative and integrated solutions to meet changing internal and external business needs.

**8. A person from a consumer health organization:**

**Susan Servais** - Executive Director, Massachusetts Health Council, Inc.

Ms. Servais has served as the Executive Director of the Massachusetts Health Council since 1988. The Massachusetts Health Council is a 152-member non-profit organization focused on improving the health of individuals and communities through prevention, access to care, eliminating disparities and improving quality. Ms Servais holds a BS degree from Simmons College. She comes highly regarded from members of the Council and has their many resources available to support the work of the Wellness & Prevention Trust Fund.

**9. A person from a hospital association:**

**Peter Holden** - Board Member of the Mass Hospital Association and President and Chief Executive Officer of Jordan Health Systems, Inc,

Mr. Holden has over thirty years of experience in Hospital Administration and joined Jordan Hospital in October, 2007. He serves as President and Chief Executive Officer of Jordan Health Systems, Inc. and several of its subsidiaries. Mr. Holden holds a Masters in Hospital Administration from Xavier University, Cincinnati, Ohio. Under his leadership Jordan Hospital has developed a close working relationship with community partners and currently works closely with the Town of Plymouth to implement the Mass in Motion campaign. He also is a co-leader in convening the Plymouth Youth Development Council that is seeking to implement evidence-based interventions to address drug use and other risk-taking behaviors throughout the school district.

**10. A person from a statewide public health organization:**

**Tobias Fisher** - Executive Director, Massachusetts Public Health Association

Mr. Fisher is the Executive Director of the Massachusetts Public Health Association since 2012. He received both an MBA and MSW from Boston College.

**11. A representative of the interest of businesses:**

**To Be Appointed**

**12. A person who administers an employee assistance program:**

**Robert Bruce Cedar, Ed.D.** - President/Owner, CMG Associates

As the owner of CMG Associates since 1997 Dr. Cedar has been responsible for the development and management of employee assistance programs and services, clinical and consultation services, executive coaching, organizational consulting, trauma intervention and crisis work, threats of violence consultations, leadership training, wellness seminars and SAP (DOT) evaluations. CMG Associates has been providing Employee Assistance Program (EAP), Management Consultation, Crisis Management and Training services in the Northeast and throughout the country. We currently provide a comprehensive EA program to the Commonwealth of Massachusetts Secretariat of Health and Human Services as well as a number of other state agencies. Dr. Cedar received both an Ed.D. and Ed.M. degrees in Counseling Psychology from Boston University.

**13. A public health nurse or a school nurse:**

**Karen Regan, RN, BSN** - Supervisor of School Nurses, New Bedford Public Schools

Ms Regan has been supervisor of school nurses New Bedford Public Schools since 1994. The school system has approximately 13,000 students. She is co-chair of the School Health Advisory committee. She received a Master of Science in Nursing (MSN) from UMASS Dartmouth and a Bachelor of Science in Nursing (BSN) from Salve Regina University. She is a member of the National Association of School Nurses. She has demonstrated great leadership in supporting DPH's implementation of a national demonstration grant Mass in Motion Kids, a childhood obesity pilot study.

**14. A person from an association representing community health workers:**

**Lisa Renee Holderby-Fox** - Executive Director, Massachusetts Association of Community Health Workers (MACHW)

Ms Holderby-Fox has nearly 20 years experience as a community health worker. She has been Executive Director of the Massachusetts Association of Community Health Workers since 2011 and was a founding member and board chair. She is a member of the National Healthcare Workforce Commission.

# Prevention and Wellness Advisory Board

## Meeting dates for 2013

All meetings will be held:  
250 Washington Street, 2<sup>nd</sup> Floor  
Public Health Council Room

Unless otherwise stated meetings are from 1:00pm to 4:00pm

June 27, 2013	Initial meeting to cover responsibilities of the Board, outcome measures, timeline, guiding principles, and RFR overview
July 29, 2013	Review responses to Key Questions. Discuss drafted portions of the RFR and the initial evaluation plan.
August 19, 2013	Review full draft of RFR and accompanying materials.
September 26, 2013	Review of letters of intent received by September deadline to determine if applicants cover the population required to achieve Chapter 224 goals.
October 2013	<b>*** No Meeting***</b> Level 1 Technical Review of Applications begins
November 2013	<b>*** No Meeting***</b> Level 2 Review of Applications completed
December 2013	Finalize selection of awardees and present annual progress report to the Board.

## Highlights of the Responsibilities of the Prevention and Wellness Advisory Board From Chapter 224, Section 60

Make recommendations to commissioner regarding:

- Administration and allocation of PWTF
- Established criteria and performance of other functions by law

The commissioner, in consultation with the **Prevention and Wellness Advisory Board**, . . . shall make expenditures from the fund consistent with subsections (d) and (e); provided, that not more than 15 per cent of the amounts held in the fund in any 1 year shall be used by the department for the combined cost of program administration, technical assistance to grantees or program evaluation. . .

All expenditures from the Prevention and Wellness Trust Fund shall support the state's efforts to meet the health care cost growth benchmark . . . and any activities funded by the Healthcare Payment Reform Fund and 1 or more of the following purposes: (1) reduce rates of the most prevalent and preventable health conditions, including substance abuse; (2) increase healthy behaviors; (3) increase the adoption of workplace-based wellness or health management programs that result in positive returns on investment for employees and employers; (4) address health disparities; or (5) develop a stronger evidence-base of effective prevention programming. . .

The commissioner shall annually award not less than 75 percent of the Prevention and Wellness Trust Fund through a competitive grant process to municipalities, community-based organizations, health care providers, regional-planning agencies, and health plans that apply for the implementation, evaluation and dissemination of evidence-based community preventive health activities. . .

Priority may be given to proposals in a geographic region of the state with a higher than average prevalence of preventable health conditions, as determined by the commissioner of public health, in consultation with the **Prevention and Wellness Advisory Board**. . . The department of public health shall, in consultation with the **Prevention and Wellness Advisory Board**, develop guidelines for an annual review of the progress being made by each grantee. Each grantee shall participate in any evaluation or accountability process implemented or authorized by the department. . .

The department of public health shall, under the advice and guidance of the **Prevention and Wellness Advisory Board**, annually report on its strategy for administration and allocation of the fund, including relevant evaluation criteria. The report shall set forth the rationale for such strategy, including, but not limited to: (1) a list of the most prevalent preventable health conditions in the commonwealth, including health disparities experienced by populations based on race, ethnicity, gender, disability status, sexual orientation or socio-economic status; (2) a list of the most costly preventable health conditions in the commonwealth; (3) a list of evidence-based or promising community-based programs related to the conditions identified in clauses (1) and (2); and (4) a list of evidence-based workplace wellness programs or health management programs related to the conditions in clauses (1) and (2). The report shall recommend specific areas of focus for allocation of funds. . .

## Outcome Measures From Chapter 224, Section 276

The outcome measures required by Chapter 224 are explicitly defined. The law states that the Department shall prepare a report by January 31<sup>st</sup> of each year that shows, “the results of the evaluation of the effectiveness of the activities funded through grants.” The four year measures of effectiveness are:

- the extent to which the program impacted the prevalence of preventable health conditions
- the extent to which the program reduced health care costs or the growth in health care cost trends
- whether health care costs were reduced, and who benefitted from the reduction
- the extent to which workplace-based wellness or health management programs were expanded, and whether those programs improved employee health, productivity and recidivism
- if employee health and productivity was improved or employee recidivism was reduced, the estimated statewide financial benefit to employers
- recommendations for whether the program should be discontinued, amended or expanded, as well as a timetable for implementation of the recommendations; and
- recommendations for whether the funding mechanism for the Prevention and Wellness Trust Fund should be extended beyond 2016, or whether an alternative funding mechanism should be established

**SECTION 60.** Said chapter 111 is hereby amended by inserting after section 2F the following 2 sections:-

Section 2G. (a) There shall be established and set upon the books of the commonwealth a separate fund to be known as the Prevention and Wellness Trust Fund to be expended, without further appropriation, by the department of public health. The fund shall consist of revenues collected by the commonwealth including: (1) any revenue from appropriations or other monies authorized by the general court and specifically designated to be credited to the fund; (2) any fines and penalties allocated to the fund under the General Laws; (3) any funds from public and private sources such as gifts, grants and donations to further community-based prevention activities; (4) any interest earned on such revenues; and (5) any funds provided from other sources.

The commissioner of public health, as trustee, shall administer the fund. The commissioner, in consultation with the Prevention and Wellness Advisory Board established under section 2H, shall make expenditures from the fund consistent with subsections (d) and (e); provided, that not more than 15 per cent of the amounts held in the fund in any 1 year shall be used by the department for the combined cost of program administration, technical assistance to grantees or program evaluation.

(b) Revenues deposited in the fund that are unexpended at the end of the fiscal year shall not revert to the General Fund and shall be available for expenditure in the following fiscal year.

(c) All expenditures from the Prevention and Wellness Trust Fund shall support the state's efforts to meet the health care cost growth benchmark established in section 9 of

chapter 6D and any activities funded by the Healthcare Payment Reform Fund and 1 or more of the following purposes: (1) reduce rates of the most prevalent and preventable health conditions, including substance abuse; (2) increase healthy behaviors; (3) increase the adoption of workplace-based wellness or health management programs that result in positive returns on investment for employees and employers; (4) address health disparities; or (5) develop a stronger evidence-base of effective prevention programming.

(d) The commissioner shall annually award not less than 75 per cent of the Prevention and Wellness Trust Fund through a competitive grant process to municipalities, community-based organizations, health care providers, regional-planning agencies, and health plans that apply for the implementation, evaluation and dissemination of evidence-based community preventive health activities. To be eligible to receive a grant under this subsection, a recipient shall be: (1) a municipality or group of municipalities working in collaboration; (2) a community-based organization working in collaboration with 1 or more municipalities; (3) a health care provider or a health plan working in collaboration with 1 or more municipalities and a community-based organization; or (4) a regional planning agency. Expenditures from the fund for such purposes shall supplement and not replace existing local, state, private or federal public health-related funding; or a community-based organization or group of community-based organizations working in collaboration.

(e) A grant proposal submitted under subsection (d) shall include, but not be limited to: (1) a plan that defines specific goals for the reduction in preventable health conditions and health care costs over a multi-year period; (2) the evidence-based programs the applicant shall use to meet the goals; (3) a budget necessary to implement the plan,

including a detailed description of any funding or in-kind contributions the applicant or applicants will be providing in support of the proposal; (4) any other private funding or private sector participation the applicant anticipates in support of the proposal; (5) a commitment to include women, racial and ethnic minorities and low income individuals; and (6) the anticipated number of individuals that would be affected by implementation of the plan.

Priority may be given to proposals in a geographic region of the state with a higher than average prevalence of preventable health conditions, as determined by the commissioner of public health, in consultation with the Prevention and Wellness Advisory Board. If no proposals were offered in areas of the state with particular need, the department shall ask for a specific request for proposal for that specific region. If the commissioner determines that no suitable proposals have been received, such that the specific needs remain unmet, the department may work directly with municipalities or community-based organizations to develop grant proposals.

The department of public health shall, in consultation with the Prevention and Wellness Advisory Board, develop guidelines for an annual review of the progress being made by each grantee. Each grantee shall participate in any evaluation or accountability process implemented or authorized by the department.

(f) The commissioner of public health may annually expend not more than 10 per cent of the Prevention and Wellness Trust Fund to support the increased adoption of workplace-based wellness or health management programming. The department of public health shall expend such funds for activities including, but not limited to: (1) developing and distributing informational tool-kits for employers, including a model wellness guide

developed by the department; (2) providing technical assistance to employers implementing wellness programs; (3) hosting informational forums for employers; (4) promoting awareness of wellness tax credits provided through the state and federal government, including the wellness subsidy provided by the commonwealth health connector authority; (5) public information campaigns that quantify the importance of healthy lifestyles, disease prevention, care management and health promotion programs; and (6) providing stipends or grants to employers for the implementation and administration of workplace wellness programs in an amount up to 50 per cent of the costs associated with implementing the plan, subject to a cap as established by the commissioner based on available funds; provided, however, that any grants offered in connection with a workplace wellness program eligible for a tax credit under section 6N of chapter 62 and section 38FF of chapter 63 shall not, in combination with such tax credit, exceed 50 per cent of the costs associated with implementing the plan.

The department of public health shall develop guidelines to annually review progress toward increasing the adoption of workplace-based wellness or health management programming.

(g) The department of public health shall, annually on or before January 31, report on expenditures from the Prevention and Wellness Trust Fund. The report shall include, but not be limited to: (1) the revenue credited to the fund; (2) the amount of fund expenditures attributable to the administrative costs of the department of public health; (3) an itemized list of the funds expended through the competitive grant process and a description of the grantee activities; (4) the results of the evaluation of the effectiveness of the activities funded through grants; and (5) an itemized list of expenditures used to

support workplace-based wellness or health management programs. The report shall be provided to the chairpersons of the house and senate committees on ways and means and the joint committee on public health and shall be posted on the department of public health's website.

(h) The department of public health shall, under the advice and guidance of the Prevention and Wellness Advisory Board, annually report on its strategy for administration and allocation of the fund, including relevant evaluation criteria. The report shall set forth the rationale for such strategy, including, but not limited to: (1) a list of the most prevalent preventable health conditions in the commonwealth, including health disparities experienced by populations based on race, ethnicity, gender, disability status, sexual orientation or socio-economic status; (2) a list of the most costly preventable health conditions in the commonwealth; (3) a list of evidence-based or promising community-based programs related to the conditions identified in clauses (1) and (2); and (4) a list of evidence-based workplace wellness programs or health management programs related to the conditions in clauses (1) and (2). The report shall recommend specific areas of focus for allocation of funds. If appropriate, the report shall reference goals and best practices established by the National Prevention and Public Health Promotion Council and the Centers for Disease Control and Prevention, including, but not limited to the national prevention strategy, the healthy people report and the community prevention guide.

(i) The department of public health shall promulgate regulations necessary to carry out this section.

Section 2H. There shall be a Prevention and Wellness Advisory Board to make

recommendations to the commissioner concerning the administration and allocation of the Prevention and Wellness Trust Fund established in section 2G, establish evaluation criteria and perform any other functions specifically granted to it by law.

The board shall consist of: the commissioner of public health or a designee, who shall serve as chairperson; the executive director of the institute of health care finance and policy established in chapter 12C or a designee; the secretary of health and human services or a designee; and 14 persons to be appointed by the governor, 1 of whom shall be a person with expertise in the field of public health economics; 1 of whom shall be a person with expertise in public health research; 1 of whom shall be a person with expertise in the field of health equity; 1 of whom shall be a person from a local board of health for a city or town with a population greater than 50,000; 1 of whom shall be a person of a board of health for a city or town with a population of fewer than 50,000; 2 of whom shall be representatives of health insurance carriers; 1 of whom shall be a person from a consumer health organization; 1 of whom shall be a person from a hospital association; 1 of whom shall be a person from a statewide public health organization; 1 of whom shall be a representative of the interest of businesses; 1 of whom shall administer an employee assistance program; 1 of whom shall be a public health nurse or a school nurse; and 1 of whom shall be a person from an association representing community health workers.

**SECTION 276.** (a) There shall be a commission on prevention and wellness which shall evaluate the effectiveness of the program authorized under section 2G of chapter 111 of the General Laws. The commission shall consist of 20 members: 1 of whom shall be the commissioner of public health or a designee, who shall serve as the chair; 1 of whom shall be the executive director of the center for health information and analysis established in chapter 12C or a designee; 1 of whom shall be the secretary of health and human services or a designee; 2 of whom shall be the house and senate chairs of the joint committee on public health; 2 of whom shall be the house and senate chairs of the joint committee on health care financing; and 13 of whom shall be appointed by the governor, 1 of whom shall be a person with expertise in the field of public health economics, 1 of whom shall be a person with expertise in public health research, 1 of whom shall be a person with expertise in the field of health equity, 1 of whom shall be a person from a local board of health for a city or town with a population greater than 50,000, 1 of whom shall be a person of a board of health for a city or town with a population less than 50,000, 2 of whom shall be representatives of health insurance carriers, 1 of whom shall be a person from a consumer health organization, 1 of whom shall be a person from a hospital association, 1 of whom shall be a person from a statewide public health organization, 1 of whom shall be a representative of the interest of businesses, 1 of whom shall be a person representing frontline registered nurses and 1 of whom shall be a person from an association representing community health workers.

(b) The commission shall review the program authorized under said section 2G of said chapter 111 and shall issue a report. The report shall include an analysis of all relevant data to determine the effectiveness and return on investment of the program including,

but not limited to, an analysis of: (i) the extent to which the program impacted the prevalence of preventable health conditions; (ii) the extent to which the program reduced health care costs or the growth in health care cost trends; (iii) whether health care costs were reduced, and who benefitted from the reduction; (iv) the extent to which workplace-based wellness or health management programs were expanded, and whether those programs improved employee health, productivity and recidivism; (v) if employee health and productivity was improved or employee recidivism was reduced, the estimated statewide financial benefit to employers; (vi) recommendations for whether the program should be discontinued, amended or expanded, as well as a timetable for implementation of the recommendations; and (vii) recommendations for whether the funding mechanism for the Prevention and Wellness Trust Fund should be extended beyond 2016, or whether an alternative funding mechanism should be established

(c) To conduct its evaluation, the commission shall contract with an outside organization with expertise in the analysis of health care financing. In conducting its evaluation, the outside organization shall, to the extent possible, obtain and use actual health plan data from the all-payer claims database as administered by the center for health information and analysis; provided, however, that such data shall be confidential and shall not be a public record under clause Twenty-sixth of section 7 of chapter 4 of the General Laws.

(d) The commission shall report the results of its investigation and study and its recommendation, if any, together with drafts of legislation necessary to carry out such recommendation to the house and senate committees on ways and means, the joint committee on public health and shall be posted on the department's website not later than June 30, 2015.