

# 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 16, 2013	Finalize selection of awardees and present annual progress report to the Board.

**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. Paula A. Johnson is the Executive Director of the Connors Center for Women's Health and Gender Biology and Chief of the Division of Women's Health at Brigham and Women's

Hospital, as well as Professor of Medicine at Harvard Medical School. An internationally recognized cardiologist, Dr. Johnson brings a broad range of experience as a physician, researcher and expert in public health and health policy to bear in the effort to transform the health of women. Her most recent work focuses on the impact of U.S. health care reform on women.

Dr. Johnson serves as Commissioner and chair of the Board of the Boston Public Health Commission. She has served as a member of the National Institutes of Health (NIH) Advisory Committee on Research on Women's Health, and currently serves on numerous national and international committees, most recently the Institute of Medicine (IOM) Committee on Preventive Services for Women. She attended Harvard and Radcliffe Colleges, received her MD and MPH degrees from Harvard and trained in internal medicine and cardiovascular medicine at Brigham and Women's Hospital.

**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:**

**Keith Denham** - Partner in the Audit and Enterprise Risk Services (AERS) practice with Deloitte & Touche LLP

Mr. Denham is a Partner in the Audit and Enterprise Risk Services (AERS) practice with Deloitte & Touche LLP, where he leads the Northeast Advisory Services group, which has more than 1500 professionals. His leadership contributed to Deloitte's Advisory practice being acknowledged by Forrester Research as "the leader in information security consulting as well as IT Risk Consulting" and by Kennedy Information as the "leader in global risk management consulting". Keith combines a dedication to his profession with a commitment to mentorship, development and being deeply involved in the Massachusetts community, where he has a relentless focus on volunteerism and civic progress. This focus has resulted in recognition for his contributions from some of the most important regional not for profits and community organizations.

**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

## A Discussion of Proposed Guiding Principles

Activities funded by the Trust should:

1. Be used to promote evidenced-based interventions and/or to explore new types of interventions.
2. Target geographic areas that have high disease incidence and/or high healthcare costs.
3. Target risk factors, diseases, and other events impacting health where there is strong evidence that interventions lead to significant costs savings.
4. Promote strong linkages between clinical settings and community resources.
5. Attempt to maximize the Return on Investment for the Commonwealth.
6. Promote sustainable changes in all funded communities.

## **Prevention and Wellness Advisory Board**

### **Overview, Vision, and Proposed Approach to RFR**

**To achieve the cost savings goals of Chapter 224, it is proposed that it will be necessary to:**

- 1) Focus on short and long-term goals in order to reduce the number of preventable health conditions while better managing the chronic conditions of those who already have disease.
- 2) Promote activities in both the healthcare system and community settings, so chronic conditions can be managed at the provider's office as well as at work, in schools, and throughout the community.
- 3) Interweave the clinical and community leaderships and resources to create a shared responsibility for the health of the residents within their catchment area.
- 4) Ensure that the link between healthcare system and community endures beyond the next four years.

#### **An Overview of the Prevention and Wellness Trust Fund**

The **Prevention and Wellness Trust Fund** builds and expands on current initiatives at the Department of Public Health – namely the *Mass In Motion (MIM)* program, the *Community Transformation Grants (CTG)* and the *Coordinated Chronic Disease Communities of Practice (CoP)*. These programs have already begun to implement policy, systems and environmental changes in communities across Massachusetts. They are building needed resources and infrastructure in communities that are designed to help prevent and control chronic diseases and other events impacting health. In addition, the recently-funded *CMS Innovations* grant will enable the state to build the infrastructure to electronically link individual patients to community-based resources through their provider's office. These four initiatives (MiM, CTG, CoP and CMS Innovations) can form the building blocks for the **Prevention and Wellness Trust Fund**. The Trust will become the driving force to expand upon the current activities and thus ensure that communities and healthcare systems can work together to build a sustainable, collaborative, data-driven, partnership that permanently links their efforts to improve health and at the same time control the growth of healthcare costs.

#### **Proposed Vision for the Prevention and Wellness Trust Fund**

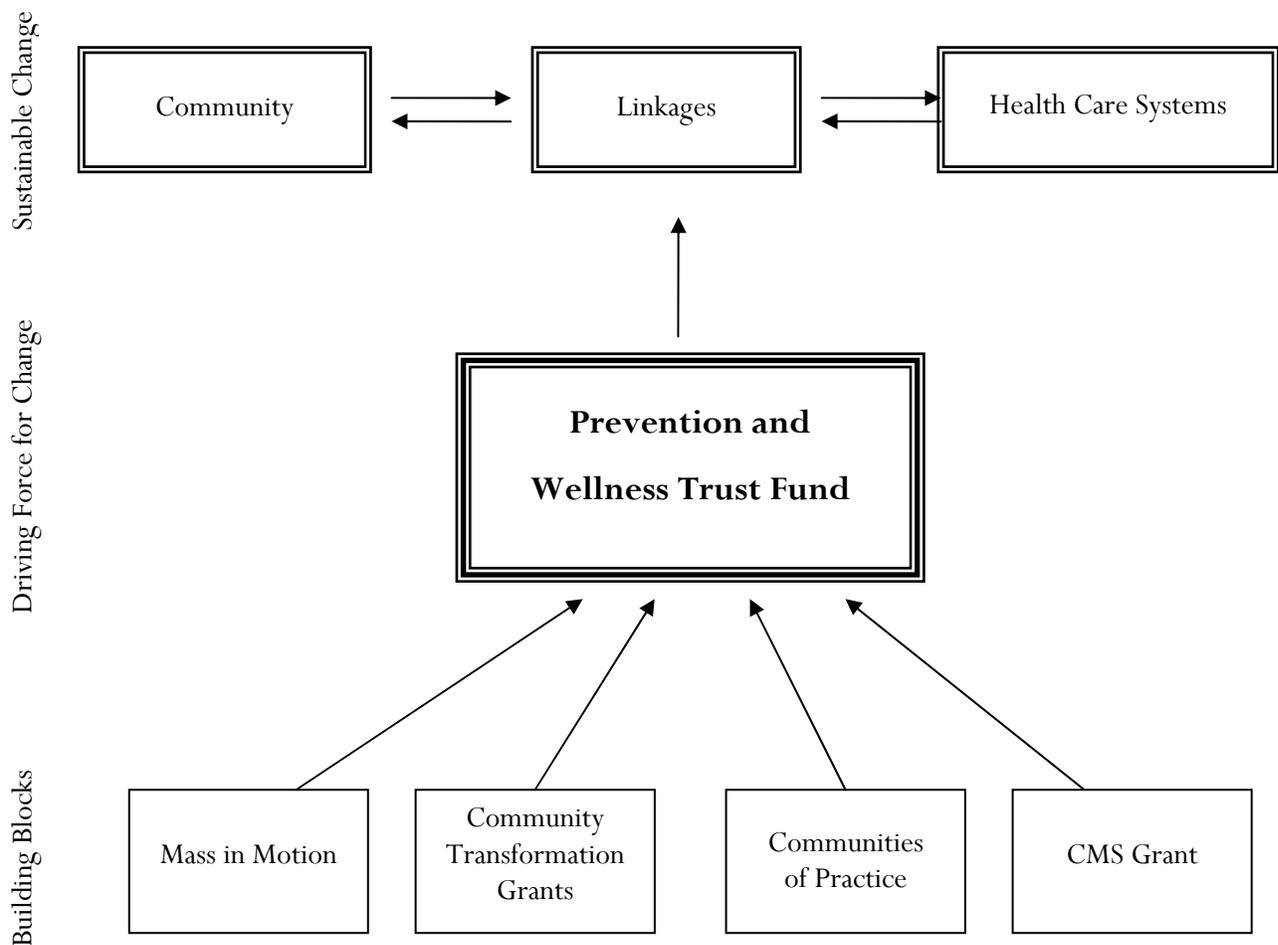
All Massachusetts residents live in communities that promote health and have seamless access to all community and clinical services needed to prevent and control chronic diseases and other events impacting health.

#### **Proposed Approach for Prevention and Wellness Trust Fund Grants**

Fund a small number (6-12) municipalities or groups of municipalities, in partnership with Community Based Organizations, healthcare providers, health plans, regional planning agencies or worksites to:

- Increase screening, preventive care, and access to community-based support services by enhancing the relationship between clinical settings and community resources;
- Provide a patient-centered approach to care that addresses barriers to health;
- Maintain a list of community resources. Promote and develop new community resources as needed;

- Develop, and maintain the capacity to link clinical records with participation in community prevention activities;
- Track the impact and effectiveness of those referrals through the electronic health record (EHR) for patients needing tobacco cessation, asthma control, blood pressure and weight control services;
- Institute specific policy, system and environmental changes to impact healthy eating, active living, tobacco use and exposure and other risk factors;
- Utilize a Quality Improvement model to improve clinical processes and increase community referrals designed for decreasing tobacco use and controlling blood pressure, cholesterol, diabetes, weight, and asthma symptoms;
- Work with DPH to promote the cost-effective operations of all program initiatives;
- Develop a workable plan to ensure continued financial support for this work after 2016;
- DPH will provide data collection instruments and performance indicators for all community and clinical initiatives.
- DPH will develop a data system that connects community and clinical data;
- DPH will provide technical assistance for programmatic initiatives, and data collection;
- DPH will regularly convene funded agencies to increase forums for communities to learn from each other.



*In preparing portions of the RFR, the outline was revised. This text below represents the likely outline of the RFR that will be posted on 8/26.*

## **Draft Outline of PWTF RFR**

### **Part One: Description or Purpose of the Grant**

- I. Purpose of Grant
- II. Framework of the PWTF
- III. Boilerplate Grant information
- IV. Required Qualifications of
  - a. Coordinating Agency
  - b. All organizations
- V. Scopes of Work
  - a. Capacity Building Phase
  - b. Implementation Phase
  - c. Technical Assistance provided by DPH
  - d. Administrative Criteria
  - e. Evaluation Criteria
  - f. Performance Measures

### **Part Two: Application**

- I. Partnership & Population Overview
- II. Partnership Infrastructure & Interventions
- III. Sustainability & Budget
- IV. Forms

### **Part Three: Additional Information**

- I. Examples for completing forms
- II. Appendix of additional information and expectations