Prevention and Wellness Trust

Ch. 224 of the Acts of 2012

Prevention and Wellness Advisory Board
DPH Public Health Council Room
September 10, 2015

Meeting Minutes

Board Members present:

Robert Bruce Cedar	Susan Servais	Sen. Jason Lewis
David Hemenway	Keith Denham	Heidi Porter
Rebekah Gerwitz	Stephanie Lemon	Commissioner Bharel
Marilyn Schlein Kramer	Karen Regan	

Board Members not present:

Paula Johnson	Peter Holden	Rep. Jeff Sanchez
Sen. James Welch	Ashlie Brown	Rep. Kate Hogan
Catherine Hartman		

DPH and EOHHS staff in attendance:

Monica Bharel, DPH Commissioner	Carlene Pavlos	Laura Nasuti
Claire Santarelli	Jean Zotter	

Additional Attendees:
Charles Deutsch, Harvard Catalyst
Gerry Thomas, BPHC PWTF Grantee Partnership
Sam Wong, MetroWest PWTF Grantee Partnership
Laura Punnett, Center for the Promotion of Health in the New England Workplace
Maddie Ribble, MPHA

Introductions and Meeting Overview

- *Commissioner Bharel* - welcomed board, noting quorum had been met and it is an open meeting. Requested if anyone is recording to please speak up.
- Board member introductions.

- *Commissioner Bharel* – Noted a change to meeting minutes: Rebekah Gerwitz was present at the March meeting and it was incorrectly noted she was absent.
- *Susan Servais* - Motion to accept March meeting minutes with the noted change; *Rebekah Gerwitz* – seconded; *Marilyn Schlein Kramer* abstained as she was not at the March meeting. Otherwise UNANIMOUS

Sustainability Committee Update

- *Jean Zotter* – Program Manager for PWTF at DPH
- Introduced Maddie Ribble of MPHA and his role as co-chair of sub-committee
- *Maddie Ribble* described the committee's charge and role:
    - Small formal membership, subject to open meeting law
    - Anyone welcome to attend, last meeting had 7 of the 9 grantees and all are welcome to contribute; expect to meet roughly monthly
    - Expect to look at sustainability mechanisms that are in place and provide recommendations back to board in spring about next steps
    - This fall, committee expects to seek more information from insurers, providers, philanthropic organizations, health policy commission, etc. and will be inviting guest speakers from these types of agencies
    - No specific date yet, but will provide recommendations to PWAB in the spring
    - Next meeting is September 30th is 12:30 pm

Worksite Wellness Presentation

Claire Santarelli – Interim Director of the Office of Health Promotion and Partnerships, DPH

- Health Resources in Action selected as program vendor for Worksite Wellness in collaboration with Advancing Wellness
- UMass Medical School and UMass Lowell awarded evaluation component for this program
- They have been meeting weekly and beyond to think about program design and implementation to prepare for launch of program
- Overview of program elements:
    - Ongoing technical assistance and capacity building to develop comprehensive worksite wellness programs
    - Developed a cohort model to provide businesses with learning community, including different ways to provide training and TA such as group TA calls, and online cohort model
- Lack of seed funding has previously been a barrier to worksite wellness initiatives, but this program can offer that to small businesses to support the launch and sustainability of worksite wellness
    - Developed a training curriculum to help small businesses with tax credit, which walks through 7 step process of program development, and highlights it should be a partnership between community and businesses
- Developed tagline and branding with alignment with PWTF; branding guidelines now available
- Website launch: www.maWOW.org
    - Includes a learning portal, data collection tools, application, public facing information
- Scaling goal: 350 businesses
    - 75 for Cohort 1, increase sizes for cohort 2 and 3
    - Resources will be available even after the funding end date
- Trying to reach non-traditional employers, and using the Chamber of Commerce to help promote the program
- Businesses required to attend 3 hour informational webinar to apply, which should help improve retention and outcomes

- Cohort 1 applications due at the end of the month with launch date of October 19th
- Working to build data collection into website and finalizing program materials
- Distribution of seed funding: first installment is upon completion of part one of Worksite Wellness Action Plan for $1000; second installment after refining plan – amount varies based on strength and quality of components proposed, but expect $2000-7000; third installment is for evaluation for $1000

Worksite Wellness Evaluation

Laura Punnett, occupational health and safety expert from the UMass Center for the Promotion of Health in the New England Workplace, a NIOSH-funded Total Worker Center of Excellence; one of three lead evaluators on the Working on Wellness program

- Data will eventually be collected from individual employees, but first round of data collection is from employers regarding workplace characteristics and some overarching employee characteristics
- Will be comparing applicants relative to those participating relative to statewide numbers
- Looking at applicant employers and those participating versus statewide numbers
- Using existing literature on what makes a program effective as starting point for measures
- Financial incentives will be a legitimate component of worksite wellness, but cannot be a stand-alone piece
- The idea behind financial incentives is that individuals need extra motivation to do what is good for them.
- Research and focus groups conducted previously with employees in MA provided further insight into program barriers and needs:
    - Food environment at work – employees served cheapest food on menu, which is usually pasta; only one microwave so time consuming
    - Refrigerator access inconsistent or not available
    - 30 minute break sometimes split in two, not allowing sufficient time to prepare and eat food
    - Work is physically exhausting so hard to exercise, work schedule changes make it difficult
- There is some evidence to suggest that financial incentives increase participation, but long-term impact is questionable. They may be more effective with sub-groups than overall population.
- There is some evidence that incentives displace motivation, as participants come to depend on the reward; in addition, incentives can reduce program activity that is not directly rewarded financially
- There is also the potential for financial incentives to increase SES disparities. Low SES is associated with poor health on many different metrics, and low SES jobs are more physically demanding as well as psychologically stressful and provide less control. As a result, higher status jobs benefit more from wellness programs given employee flexibility and ability to participate
- *Commissioner Bharel* asked for questions and comments from board.
- *Ketih Dunham* – Noted he liked thinking about industries and geographies that matter and are in need. Was interested in understanding if all the priority interventions will be addressed in the workplace interventions.
- *Claire Santarell*i – Responded that the expectation is that businesses will conduct an assessment of employee needs and interests and tailor their program interventions accordingly. However, technical assistance will be provided on evidence-informed workplace interventions such as hypertension and tobacco cessation.
- *Susan Servais* – Asked how DPH will decide who will participate, as well as if there is an overall cap on how many businesses can get into the program.
- *Claire Santarelli* – The Cohort 1 cap is 75 businesses. If there are additional applicants, DPH will invite them to participate in the second cohort. Several public resources we will be made available to any business that has expressed interest. There is formal application, and several eligibility criteria we capture in application process and on the webinar, which are well-aligned with worksite wellness tax credit. Further details can be provided.

- *David Hemenway* –Good incentives signal to workers that management cares about the imitative. Non-financial incentives also have a place. Recommend that any good package should include financial and non-financial incentives
- *Bruce Cedar* – Asked about the division of labor between DPH and the hired vendor.
- *Claire Santarelli* – DPH is overseeing and orchestrating programs. Role of HRiA is to deliver program, recruitment and retention, distribution of seed fund, etc. with the support of Advancing Wellness.
- *Senator Lewis* – Requested the speaker address evaluation at the individual worker level.
- *Laura Punnett* – The team will be creating an employee survey that will provide baseline data in terms of needs and interests, current health behavior, and general work environment. A broad range of this data will be fed back to employers. If evaluation contracts are renewed, it will enable us to track over time. Also an effort to access All Payor Claim Database (APCD), but difficult in terms of confidentiality.
- *Senator Lewis* – Noted there have been some concern about worksite wellness and in terms of potential discrimination from employers.
- *Laura Punnett* – Indicated Claire and her staff have prepared a detailed one page outline on confidentiality, but it is true some authors have described this as permission to discriminate on health issues. It is a very complicated issue.
- *Senator Lewis* – Confirmed the current status is that there is no impact on what plan or proposed plans.
- *Laura Punnett* – Noted there is some worry that people may be concerned when filling out survey, not wanting employers to know the details of their health.
- *Marilyn Schlein Kramer* – Asked about the lift on the part of the employer, as not all small businesses have strength or talent pool to write application or manage this.
- *Claire Santarelli* – Responded that the goal is for selected sites to appoint a designated wellness champion who can take the lead, and expectation is that this will require approximately 8 hours per week to launch
- *Rebekah Gerwitz* – Followed up on Senator Lewis's comment related to low SES workers and conditions in particular. Asked if there are participation concerns because some of the survey data are going back to employers. Expressed concerned that this is a really key point to think about in terms of how to address this issue and make sure people answer honestly.
- *Laura Punnett* – Responded by noting the evaluation team has given this a lot of thought and are using questions that have been previously validated which should give insight in responsiveness. The procedure for distributing them on paper requires them to be mailed directly back to UMass. Evaluators unfortunately will not be able to talk to employers face to face about confidentiality, which is most effective at assuaging any concerns.
- *Commissioner Bharel* – Reiterated that the group should think about this moving forward, as well as the lift on small employers. DPH will follow up with PWAB as things develop.

Grantee Presentations

Gerry Thomas from PWTF BPHC partnership

- Thanked PWAB and PWTF
- Explained their partnership is focused on two neighborhoods: Roxbury and North Dorchester with ~140,000 residents, which has the highest incident of hypertension and pediatric asthma in the state
- Target health conditions are pediatric asthma, hypertension, and falls prevention
- 15 current partners including many CHCs in Boston, a variety from community side
- Governing structure includes monthly coordinating meetings, two work groups (one for pediatric asthma, one for HTN and falls)
- Described intervention activities for each condition
- CHWs are a very valued part of project; based at CBOs instead of CHCs which is a new approach in PWTF

- Health equity is a very important issue for BPHC. Trying to be more deliberate in work on this topic, spending time on building capacity with partners in this area.
- Partnership just completed year 1 of implementation. The vastness of the partnership has been interesting. Achieved many milestones, many of which will be sustained long after funding goes away. Submitted a case report to IOM roundtable. Thinking about new partners in BMC, NHP, ISD, and Senior Whole Health.
- Opportunities – learned so much from sharing across partnerships, increased age-friendliness of CHCs – an unintended and positive outcome, social determinants of health
- Challenges – would like to have moved forward quicker with evaluation, still need more infrastructure, and addressing social determinants of health
- *Senator Lewis* – Asked about the timeframe for generating ROI – what are expectations?
- *Gerry Thomas* – Responded that there is positive ROI evidence in asthma, but that took a long time to show. There has been a lot of positive change we can demonstrate. For example, people don't like that systems are so silo-ed, and this project is working on changes that. Measuring those changes will be really effective.

Sam Wong – from Town of Hudson, PWTF MetroWest Partnership

- Hudson surrounded by larger communities that area apart of the PWTF partnership, including Framingham, Marlborough, and Northborough
- Community partners include two YMCAs and Latino Health Insurance Program
- Clinical partners include one CHC and a local hospital. Also working with Charles River Medical Associates, something unique across partnerships. It is a large group practice with multiple locations with a primarily elderly population, which makes them an important player in our falls interventions.
- The MetroWest partnership is working on all four primary condition – pediatric asthma, hypertension, tobacco, and falls prevention with a variety of interventions
- Framingham has highest rates of pediatric asthma in our partnership, so focus on that condition there
- YMCA is running our hypertension programs, which is a new opportunity for them to be seen as a community resource beyond the just a gym.
- Have worked on tobacco control for decades, but PWTF allows us to work directly with residents
- Falls interventions have taken up roughly 60-70% of the partnership's resources. Have hired CHWs to help us engage with patients. Our community is learning the value of this workforce.
- Sustainability has been a part of this partnership's thinking from the very beginning, and they were able to work with MetroWest Health Foundation to provide some matching funds to help build the foundation and resources that we need.
- Some of the clinical screenings were not happening prior to this grant, especially around falls, which are now part of the routine in the partnership's clinical sites. These structures, newly developed, should be sustained after funding ends – standard practices. In addition, the clinical sites and community sites have a strong working relationships now.
- MetroWest Partnership also have an advisory council comprised of community and state leaders, as well as insurers and health plans. The council meets three times a year with the goal of increasing understanding of PWTF progress and value in PWTF efforts, as well as looking at ways to continue to fund the programs. We meet three times per year.
- *Stephanie Lemon* – Commented on the fact that partnerships are happening and shaping relationships in meaningful ways is a major success of this initiative. The partnerships are developing and changing models, which is really hard to do. It is the start of something really impressive.
- *Carlene Pavlos* – Noted one of things DPH has learned is that the capacity building phase was critical to establishing cross-sector relationships and considerable time should be devoted to that.

- *Gerry Thomas* – Agreed with Carlene Pavlos and shared one of her original CHC partners dropped out in capacity building because the fit was not good, which was difficult but for the best.

Evaluation Working Group

Stephanie Lemon and Charles Deutsch

- *Stephanie Lemon* – Reminded the PWAB that at last meeting, they decided to establish an evaluation subcommittee. Explained this group met one time in March and had four people from PWAB there in an official capacity as well as several people from Harvard Catalyst.
- Objectives of that first meeting:
- Define independence – Noted this topic generated a long discussion on this. For this project, evaluators are not off by themselves without the input and context; they cannot be fully independent because they are working with DPH and grantees, both of which are at the center of this initiative. The committee settled on definition that independent means unbiased. With this in mind, they are trying to put together a model so that safeguards and systems are in place so that no one, but evaluator can determine if this was successful or not.
    - *Laura Punnett* – Noted the worksite wellness evaluators are in the same position, as this is not a situation where a double-blinded set up is possible. The evaluators also need to provide ongoing feedback to DPH, so cannot wait until the end to provide results.
    - *Charles Deutsch* – We at Harvard were fully on board with this definition of independence and realize it is how we need to work.
- Define parameters for DPH and grantee support – DPH will be involved in facilitating the IRB process and data collection, outcomes, and evaluation plan. Grantees provide background and context for what the evaluators are doing and seeing, and they are already contributing to data collection. Operationalization of the analysis plan needs grantee input. Evaluator is solely responsible for analysis and reporting it back.
- Define data requirements for reporting – Harvard can help support and minimize duplication of effort, which should eliminate conflicting issues and data.
- Clarify the role of the evaluation workgroup – It was determined they should be the interface between PWAB and evaluator and make sure needs on both sides are met. The group will meet on quarterly basis, and should be a collaborative effort moving forward. The workgroup also recommended forming a publication sub-committee, as there is a lot to be learned in a lot of different ways, and don't want anyone going off on their own. This additional subcommittee will set guidelines and parameters around what is put out and in what format. All publications should come after the legislative report – not just ROI, but process and structure and getting the word out about different processes that were successful.
- *Commissioner Bharel* – Asked the board if there were any questions.
- *Rebekah Gerwitz* – Asked what the process was to determine Harvard would be the evaluator and it there were any other applicants.
- *Carlene Pavlos* – Responded that there was an extensive RFR process and through that, Harvard Catalyst was selected. All grantees and DPH were involved in review process.
- *Jean Zotter* – Added DPH did draft an MOU with Harvard outlining their independence and how work will be handled moving forward.
- *Charles Deutsch* – Noted Harvard did not do any work until the PWAB and workgroup met to establish guidelines.
- *Keith Denham* – Commented on the thorough and thoughtful approach around independence. Asked since there is so much data analysis, has same thought been given to how data will get to Harvard.
- *Charles Deutsch* – Responded that the data sets that will be analyzed like CHIA, Case Mix, MDPHnet, etc. (there are five main data sets apart from the data communities and grantees are collecting) come to Harvard in different ways, but that they get access those as agents of DPH. One of Harvard's first deliverables is an

evaluation plan, and data access issues will be built into that. Harvard does not want to do something that is separate from what grantees want and DPH needs.

- *Commissioner Bharel* – Requested a motion for establishing a publication sub-committee
- *Stephanie Lemon* – so motioned; *Susan Servais* – seconded; UNANIMOUS
- *Charles Deutsch* – Directed PWAB members to the handouts related to the evaluation in their folders. Explained that Harvard Catalyst is separate from Harvard University, and is funded by NIH and the university. Commented that in the months leading up to this, the work he has seen has outstanding.
- Noted Harvard is waiting for the contracting process to end before getting fully started with the evaluation, and consequently, Harvard has not taken a close look yet at data. Anticipate having 15 months between data access and when final report is due in December 2016.
- The lag time is going to be such that it may be difficult to say definitive things about the health outcomes, but they do anticipate detailing what communities are doing, and extrapolating on what would happen to cost returns happen if modeled over time.
- This is a mixed methods evaluation, looking at quantitative large data sets as well as what is happening on the ground, including e-Referral, CHWs, and team science.
- Harvard and DPH have also put resources towards enhancing MDPHnet, which is primary clinical data resource. Expect to also use probabilistic linkages to enable more secure matching without looking at individual level data.
- In coming weeks, Harvard will select comparison communities in consultation with DPH and grantees, as well as look to hire staff with experience in claims data.

Closing

- *Commissioner Bharel* – Thanked PWAB for continuing to contribute their important expertise and support. Noted next meeting is December 3rd, during which DPH will be soliciting comments on the annual legislative report. DPH will provide a draft of that report, in late November.
- *Carlene Pavlos* – Stated review of the legislative report is part of the PWAB's statutory requirements so attendance and review is strongly encouraged.
- *Marilyn Schlein Kramer* – Motion to adjourn; Keith Denham – seconded.
- Commissioner Bharel - formally adjourned meeting at 2:56.

Respectfully submitted,
Susan Svencer