



Massachusetts Department of Public Health

Public Health Council Meeting April 9, 2025

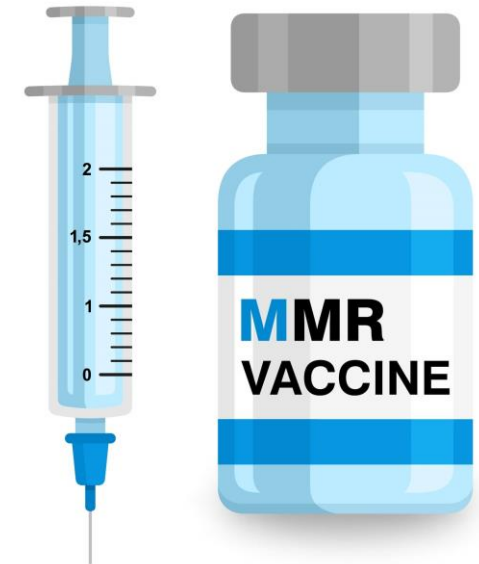
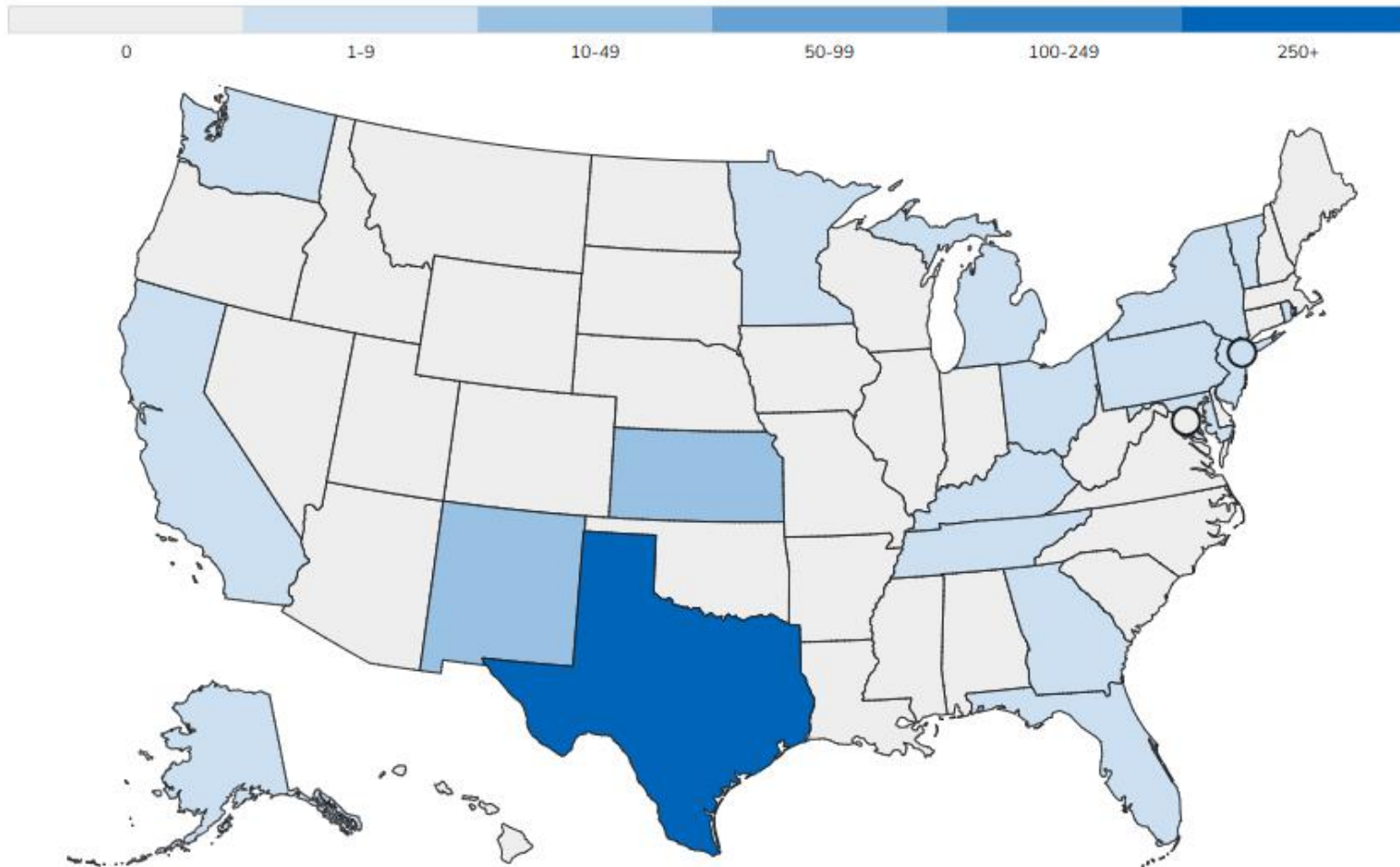
Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the April 9 Public Health Council listing.

250th Anniversary of Midnight Ride



Measles



Map of 2025 measles cases, courtesy of CDC: [cdc.gov/measles/data-research/index.html](https://www.cdc.gov/measles/data-research/index.html)

Marathon Monday and Emergency Preparedness



Pappas Rehabilitation Hospital for Children





Massachusetts Department of Public Health

Determination of Need: *Sturdy Health Foundation, Inc.* *Substantial Capital Expenditure*

Dennis Renaud

Director - Determination of Need Program

Bureau of Health Care Safety and Quality

Background Information

- Sturdy Health Foundation, Inc.
- Sturdy Memorial Hospital

Proposed Project Description

- The Proposed Project will expand the Emergency Department (ED) footprint at the Hospital through new construction of a 60,552 Gross Square Feet (GSF) space.
- The total value for the Proposed Project is \$81,441,502.00. The Community Health Initiative (CHI) contribution is \$4,072,075.10.

Proposed Project Description

Emergency Department Bed Composition

	Current	Proposed Project	Net New
Trauma	1	2	1
Triage	2	4	2
Behavioral Health	5	12	7
Flex Space/Vertical Treatment	5	0	-5
Private Rooms	16	36	20
Hallway Stretchers	10	12	2

Six Factors of a Determination of Need (DoN) Application

Factor 1	Patient Need, Public Health Value and Operational Objectives
Factor 2	Health Priorities
Factor 3	Compliance
Factor 4	Financial Feasibility and Reasonableness of Expenditures and Costs
Factor 5	Relative Merit
Factor 6	Community Health Initiatives

Factor 1: Patient Need, Public Health Value and Operational Objectives - Requirements

In Factor 1, the Applicant must demonstrate the project will positively impact three areas.

1. Patient Panel Need
2. Public Health Value
3. Operational Objectives

Factor 1: Patient Panel Need Analysis

The Applicant attributes need for the Proposed Project to the following:

- 1) Emergency Department Operating Over Capacity
- 2) Insufficient Ligature Free Rooms to Meet Patient Behavioral Health Needs
- 3) Projected Growth in ED Utilization
- 4) Limitations of Current ED Layout

Factor 1: Patient Panel Need Analysis-cont.

1. Emergency Department Operating Over Capacity

	FY2021	FY2022	FY2023	FY2024
Annual Visits	44,893	48,877	51,106	52,160
Wait Time in Minutes from Door to Provider	36.67	51.00	63.67	64.33

Factor 1: Patient Panel Need Analysis- cont.

2. Insufficient Ligature Free Rooms to Meet Behavioral Health Needs

- Currently five ligature free behavioral beds in the ED in a space that is not separate from the rest of the ED.
- Twelve total ligature free behavioral health rooms would provide sufficient capacity based on staffing efficiency.
- The new behavioral health area will be physically separate from the main ED in the Proposed Project.

Factor 1: Patient Panel Need Analysis- cont.

3. Projected Increases in ED Utilization

Projected Volume	FY2028	FY2029	FY2030	FY2031	FY2032
ED Visits	53,160	53,410	53,660	53,910	54,160

Factor 1: Patient Panel Need Analysis- cont.

Interim Plans to Manage Capacity

- Educational efforts
- Vertical Treatment Space

Factor 1: Patient Panel Need Analysis- cont.

4. Limitations of Current ED Layout

- Inadequate Space
- Patient Flow
- Efficiency

Factor 1: Public Health Value

Improved Outcomes and Quality of Life

- Dedicated Behavioral Health Unit
- Impact of Overcrowding on Health Outcomes

Factor 1: Public Health Value- cont.

Health Equity

- Language Accessibility
- Staff Development
- Accessibility Needs
- Connection to Local Resources

Factor 1: Operational Objectives

Efficiency, Continuity, Coordination of Care Analysis

Colocation of Providers/Services
Pods – ED Providers/Nurses
Dedicated Radiology Suite

Factor 2: Health Priorities - Requirements

The expectation is that, using objective data, Applicants will address how the Proposed Project supports Commonwealth Cost containment goals and improved public health outcomes.

Factor 2: Analysis- Cost Containment

- Reduction in overcrowding
- Wait times and the total cost of care

Factor 2: Analysis – Improved Public Health Outcomes

Improved Public Health Outcomes

Timely access to emergency care

Improved correlation between capacity and volume

Factor 2: Analysis- Delivery System Transformation

- Sturdy Health Connecting our Community

Factor 3: Compliance - Key Requirements and Analysis

The Determination of Need Program has determined that the Applicant has provided evidence of compliance and good standing with federal, state, and local laws and regulations.

Factor 4: Financial Feasibility and Reasonableness of Expenditures and Costs - Requirements

CPA Review

To assess Financial Feasibility in compliance with this Factor, the Applicant must provide evidence that it has sufficient funds available for capital and ongoing operating costs necessary to support the Proposed Project without negative impacts or consequences to the Applicant's existing Patient Panel. The report is certified by an Independent CPA.

Factor 4: Analysis

As a result of the CPA's analysis, they concluded the following:

“We determined that the projections were not likely to result in insufficient funds available for ongoing operating costs necessary to support the expanded emergency department. Based upon our review of the projections and relevant supporting documentation, we determined the renovation and expansion of the ED at Sturdy Memorial Hospital by the Applicant is reasonable and based upon feasible financial assumptions.”

Factor 5: Relative Merit - Requirements

When conducting an evaluation and articulating the relative merit determination, Applicants shall take into account, at a minimum, the quality, efficiency, and capital and operating costs of the Proposed Project relative to potential alternatives or substitutes, including alternative evidence-based strategies and public health interventions.

Factor 5: Analysis-Alternatives Considered to the Proposed Project

Alternative #1: Renovate But Not Expand Existing Emergency Department

- Capital expenditure is approximately \$20 million over the cost of the Proposed Project due to a significantly longer construction timeline.
- Renovating in place without addressing the need for additional treatment space would compound existing inefficiencies and wait times.

Alternative #2: Locate new Emergency Department in Other Locations on the Hospital Campus

- Options are very limited by the size of the hospital campus.
- The capital expenses of renovating the existing ED with a build-out or building an addition for the ED both exceed the proposed option.

Factor 6: Community Health Initiatives - Requirements

Community-based Health Initiatives (CHI)

Factor 6, or the CHI, serves to **connect hospital expenditures to public health goals** by making investments in Health Priority Areas—referred to interchangeably as the social determinants of health (SDoH).

CHI projects are a mechanism for Applicants to engage local partners in community health investments, **addressing SDoH and advancing racial and health equity**.

Factor 6 requirements and conditions depend on the Applicant and Application Type, and size of CHI contribution.



Factor 6: Key Requirements

Factor 6 Requirements for this Application

Materials submitted by Sturdy Health Foundation included:

- 2022 Community Health Needs Assessment (CHNA)
- Self-Assessment
- Community Engagement Plan
- Partner Assessments
- CHI Narrative

Factor 6: Key Requirements and Analysis

Summary Analysis

Of the total required CHI contribution of \$4,072,075.10

- \$997,658.40 will be directed to the CHI Statewide Initiative
- \$2,992,975.20 will be dedicated to local approaches to the DoN Health Priorities
- \$81,441.50 will be designated as the administrative fee

Outcome Measures

- Average length of stay for behavioral health patients
- Access – Left without being seen
- Access – Door to treatment area time
- Emergency Department Patient Satisfaction
- Patient Experience Length of Stay

Thank you for the opportunity to present this information today.

Please direct any questions to:

Dennis Renaud

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Bureau of Health Care Safety and Quality

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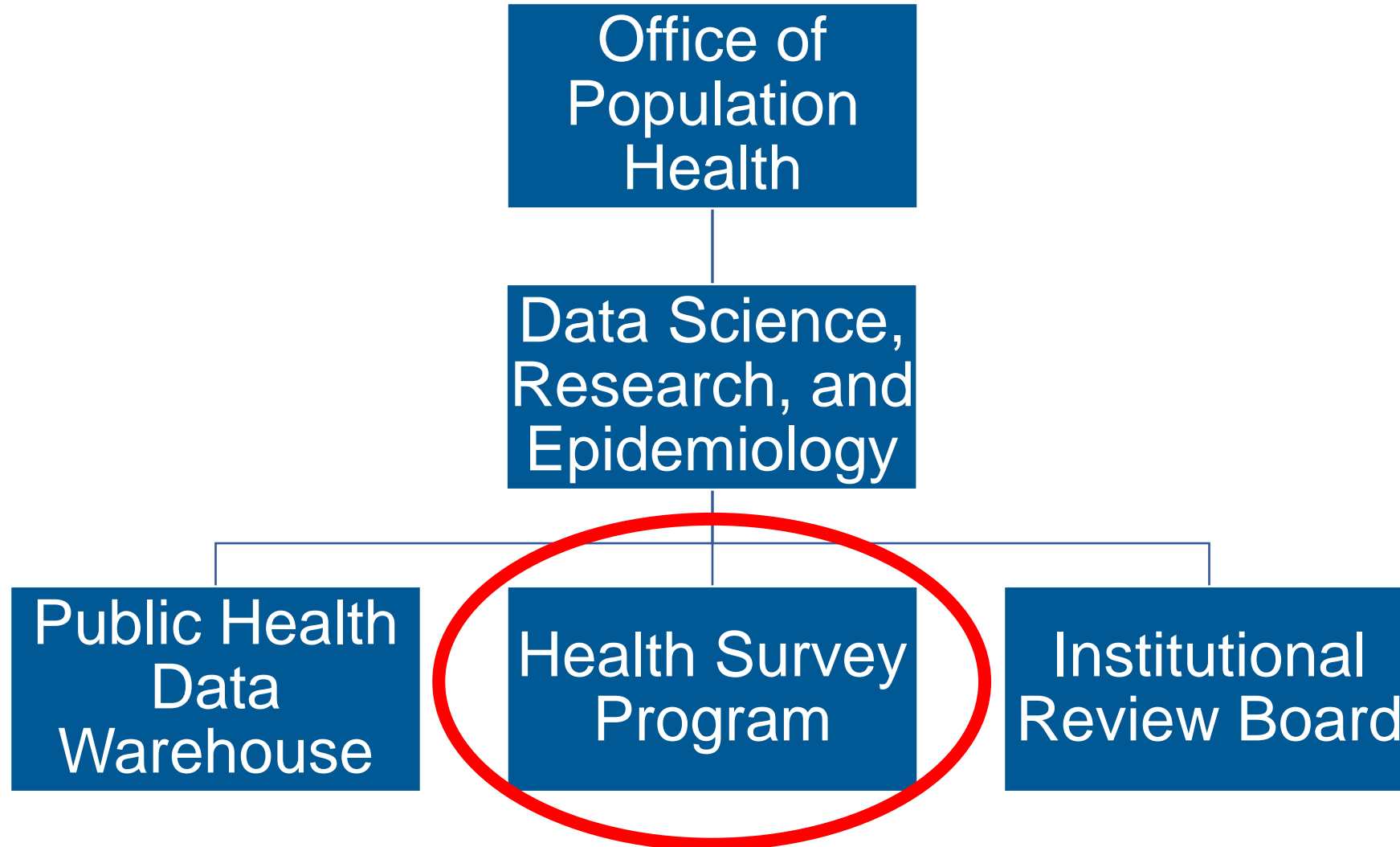
Massachusetts Health Survey Program

Dana Bernson, MPH

Director, Data Science, Research, & Epidemiology Division

Office of Population Health

Organizational Context



Health Survey Program Overview

- Behavioral Risk Factor Surveillance System (BRFSS)
 - Telephone survey
 - Adults
 - Conducted annually
- Youth Health Survey (YHS)
 - Online / paper survey
 - Middle and high school students
 - Conducted biannually

Behavioral Risk Factor Surveillance System (BRFSS)

Behavioral Risk Factor Surveillance System (BRFSS)

- Ongoing telephone survey of adults done in all 50 states, DC, & 3 US territories
- Tracks health risk behaviors of adults
- **Is the primary source of state-based information on health risk behaviors among an adult population**
- Funding to administer survey:
 - **~1/3 from federal BRFSS grant (CDC)**
 - ~ 2/3 from programs/agencies who add questions (these funds are a mix of state and federal)

BRFSS History

- 1984: CDC establishes the Behavioral Risk Factor Surveillance System (BRFSS), and 15 states participate
- 1986: Massachusetts begins BRFSS
- 1994: all states, the District of Columbia, and three territories are now participating in the BRFSS

BRFSS Eligibility

- Adults ages 18+
- Residing in private residence or college housing
- Able to complete a telephone interview in English or Spanish (no proxy interview allowed)

BRFSS Questionnaire

- CDC core
 - Mandated by CDC, asked by all states, no modifications allowed
- CDC optional modules
 - Standard sets of questions on selected topics, one or more modules may be added, must be asked “as is”
- State-added questions
 - Questions developed by the state

BRFSS Topics

- Alcohol Use
- Cancer Screening
- Cancer Survivorship
- Caregiving
- Chronic Disease
- Demographics
- Family Planning
- Fruit and Vegetable Consumption
- Health Care Access
- Health Status / Healthy Days
- HIV Testing
- Immunization
- Injury
- Intimate Partner Violence
- Marijuana Use
- Mental Health
- Opioid Use
- Oral Health
- Physical Activity
- Reaction to Race
- Sexual Behavior
- Sexual Violence
- Social Determinants of Health
- Subjective Cognitive Decline
- Tobacco Use

BRFSS Strengths

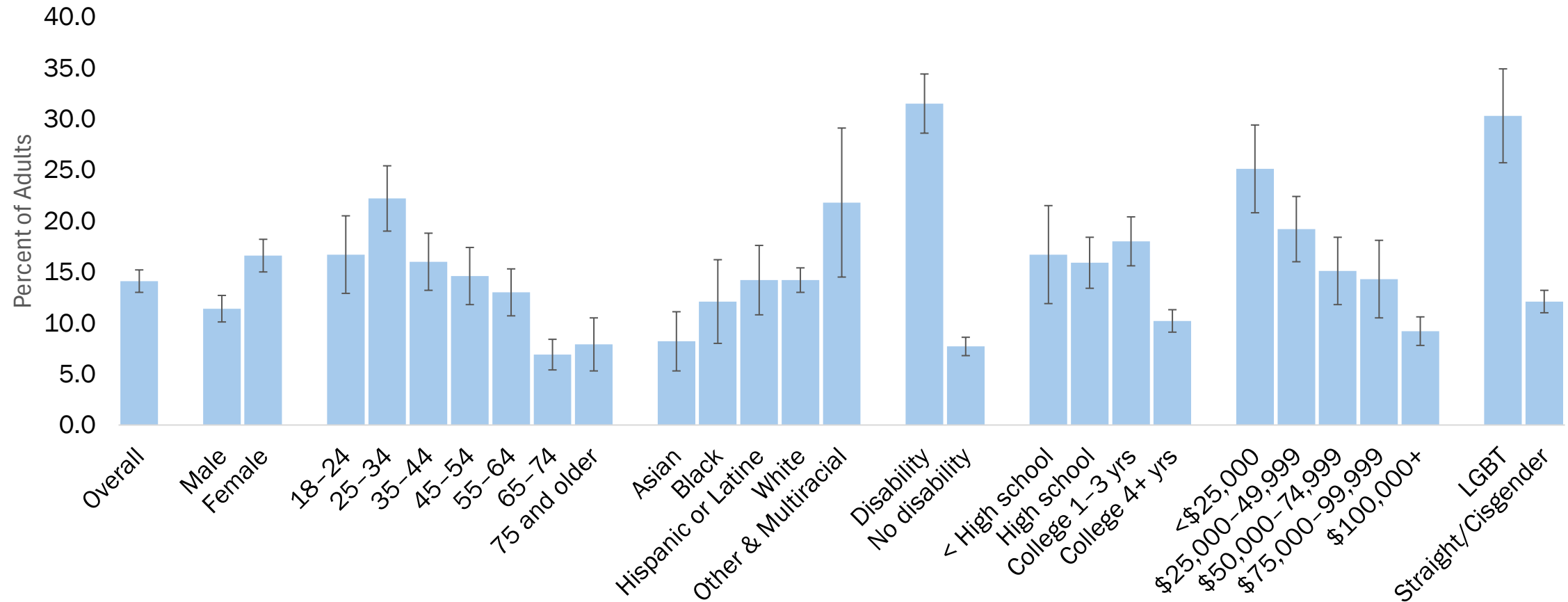
- Existing national structure and support from CDC
- Trends over time
- State by state comparisons
- Population based & weighted to represent the state population

BRFSS Limitations

- Self-report data
- Only covers adults residing in private residence or college housing capable of responding to a telephone survey in English or Spanish
- Non-response
 - Survey
 - Item-specific
- Cross-sectional data
 - Can not infer causality

BRFSS 2023 Results

Frequent Mental Distress* Among MA Adults, 2023



* ≥15 days of poor mental health in previous month

BRFSS 2023 Results

Social Determinants of Health, MA Adults, 2023

	%	95% CL
Reported being dissatisfied or very dissatisfied with their life in general	6.6	5.8 - 7.4
Reported sometimes, rarely or never getting emotional support needed	22.7	21.3 - 24.1
Reported always, usually or sometimes feeling socially isolated	32.0	30.4 - 33.5
Lost employment or had hours reduced in past 12 months	11.5	10.4 - 12.5
Reported receiving food stamps (SNAP) in past 12 months	12.2	11.1 - 13.3
Reported that in past 12 months food bought always, usually, or sometimes did not last and no money to buy more	12.0	10.9 - 13.1
Reported being unable to pay mortgage, rent, or utility bills at some time in past 12 months	10.2	9.2 - 11.2
Reported that an electric, gas, oil, or water company threatened to shut off services in the past 12 months	6.4	5.7 - 7.2
Reported that a lack of reliable transportation kept them from medical appointments, meetings, work, or from getting things needed for daily living	7.4	6.5 - 8.2
Reported feeling stress always or usually during the previous 30 days	14.7	13.5 - 15.9

Youth Health Survey (YHS)

YHS Background

Two health-related surveys among youth in MA:

- Youth Health Survey (YHS)
 - MDPH-run survey among middle and high school students – since 2007.
 - Funded entirely by DPH Bureaus (no federal grant for this survey)
- Youth Risk Behavioral Surveillance System (YRBS)
 - Department of Elementary and Secondary Education (DESE)-run survey among high school students – since 1991.
 - Funded by CDC
- DPH and DESE coordinate the administration of the high school surveys
- Both surveys are conducted biannually in odd-numbered years

YHS Topics

- Alcohol Use
- Bullying
- Demographics
- Food and Housing Instability
- Gambling
- Mental Health
- Motor Vehicle Safety
- Neighborhood Safety
- Nutrition
- Oral Health
- Physical Activity
- Positive Childhood Experiences
- Sexual and Dating Violence
- Sexual Behaviors (HS only)
- Sports-related TBI
- Substance Use, Perceptions, and Access
- Suicide
- Tobacco Use
- Weight and Body Image

YHS Strengths

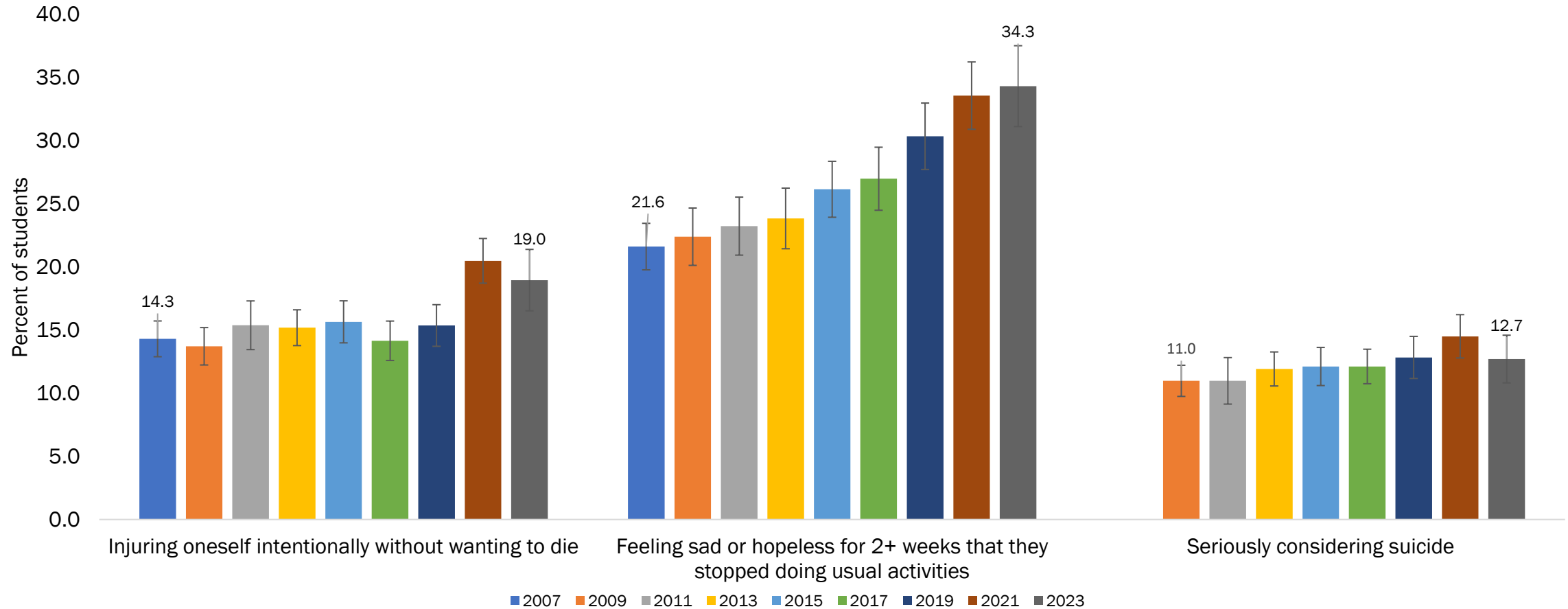
- Population-based
- Weighted to represent state population of youth
- Trends over time
- Includes middle school students

YHS Limitations

- Self report
- Cross-sectional data – can't infer causality
- Limited to students enrolled in public schools
- Students have one class period to complete the survey; while most can complete, it may be more difficult for students with a disability or whose native language is not English to fully complete the survey

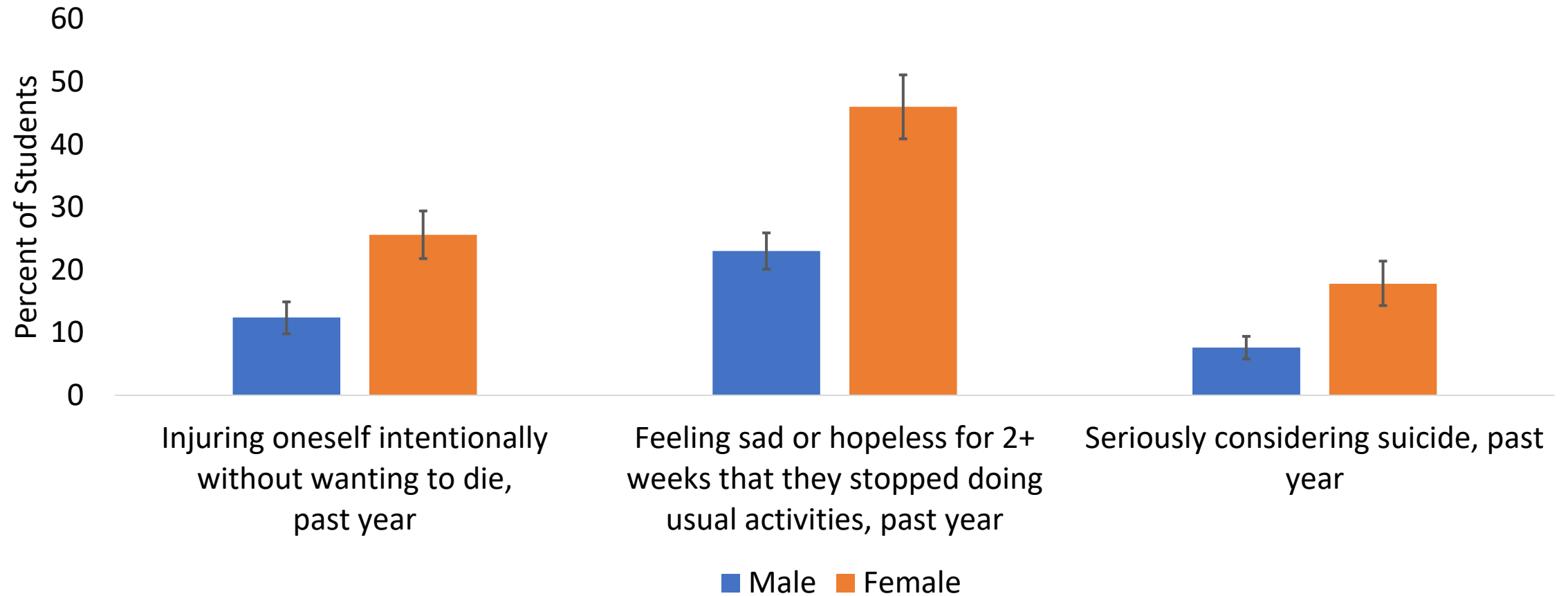
YHS Results

Mental Health Indicators Among Massachusetts High School Students, 2007-2023



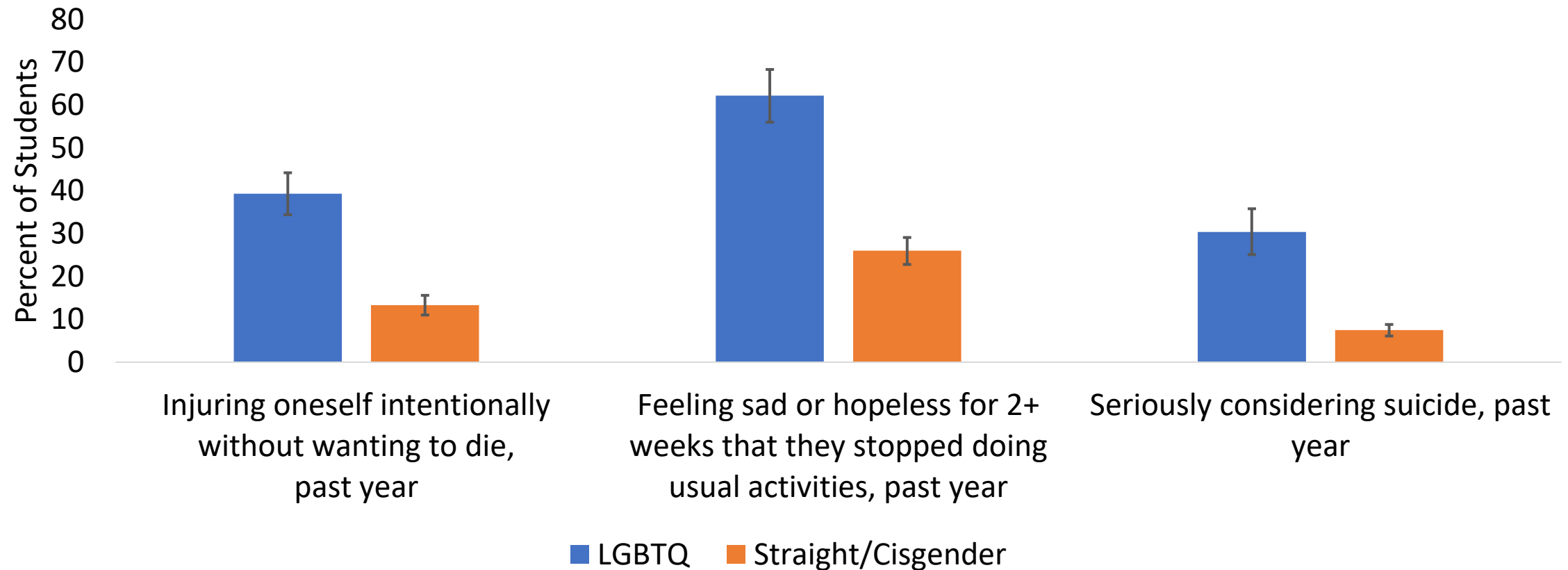
YHS Results

Mental Health Indicators Among Massachusetts High School Students, by Gender, 2023



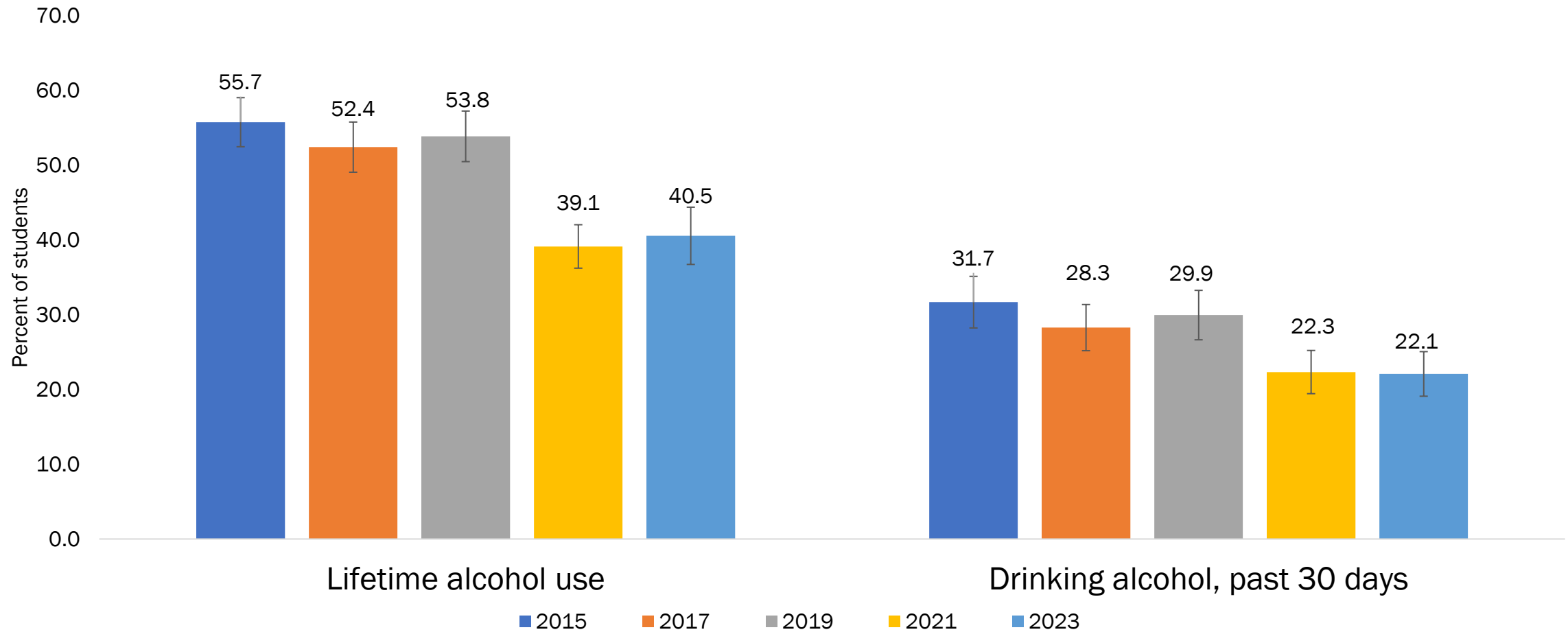
YHS Results

Mental Health Indicators Among Massachusetts High School Students, by Sexual Orientation and Gender Identity, 2023



YHS Results

Alcohol Use Among Massachusetts High School Students, 2015-2023



Thank you for the opportunity to present this information today.

Please direct any questions to:

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Office of Population Health

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Website: mass.gov/health-survey-program



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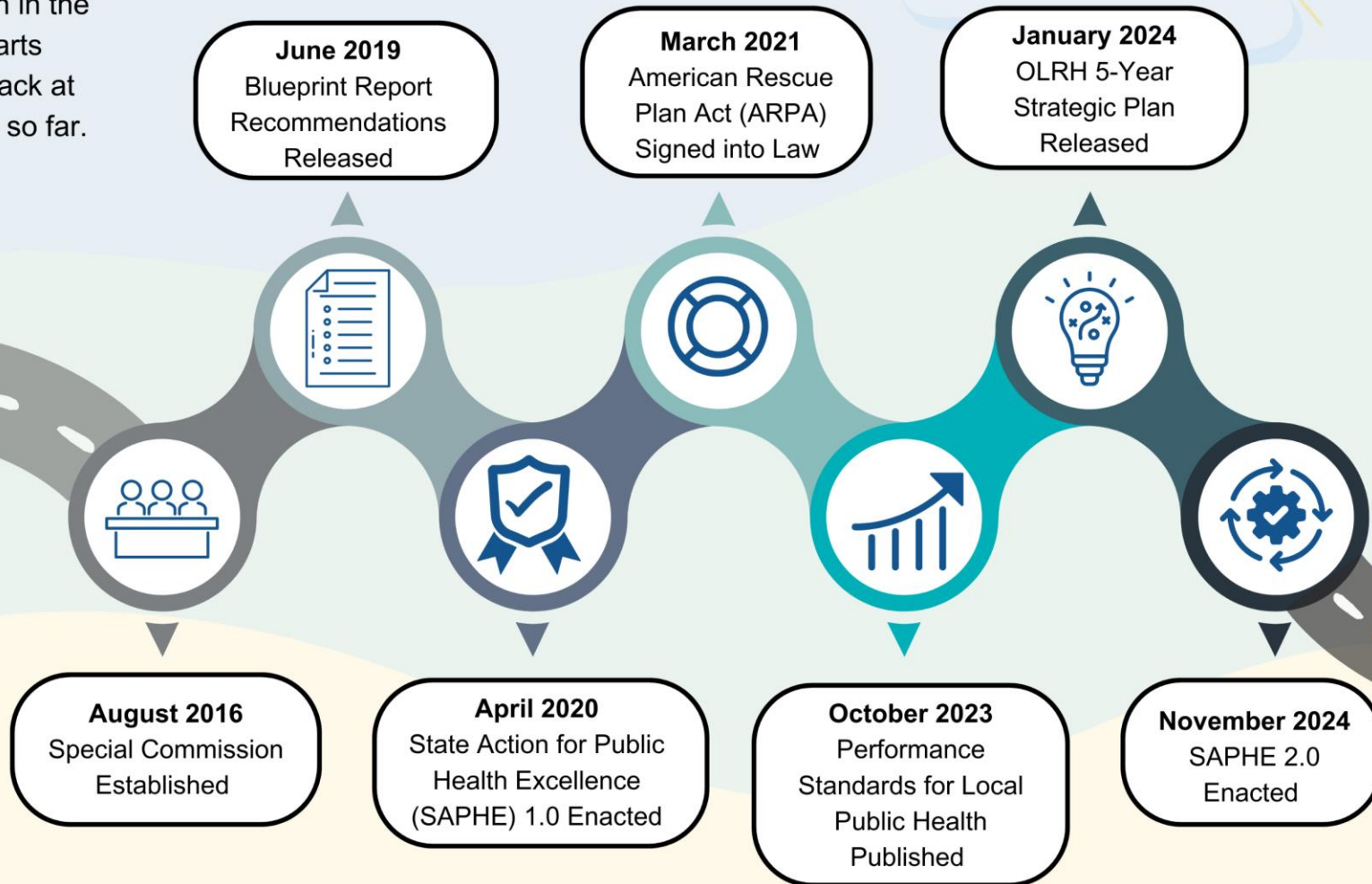
State Action for Public Health Excellence (SAPHE) 2.0

Samuel Wong, PhD

Director, Office of Local and Regional Health

A Healthier Massachusetts Starts with Us

We are on a journey to improve the health of every person in the Commonwealth, and it starts with all of us. Let's look back at the progress we've made so far.



What is SAPHE 2.0?

- On Nov. 20, 2024, Governor Healey signed “An Act Relative to Strengthening Massachusetts Economic Leadership” into law ([Chapter 238 of Acts of 2024](#)). This new law includes Section 224 (M.G.L. c. 111 s. 27D) and Sections 307-309, which are colloquially known as **SAPHE 2.0**.
- SAPHE 2.0 elevates local public health’s capabilities to provide equitable public health services and build stronger, more resilient communities across the Commonwealth.

A Healthier Massachusetts Starts with Us

- By working together and with sufficient state funding to implement SAPHE 2.0, we can **create an equitable local public health system** in Massachusetts through cross-jurisdictional **service sharing**, a **unified data solution**, a **highly skilled and trained workforce**, and a set of **performance standards**.
- These efforts will significantly improve the lives of every person who lives and works in Massachusetts, bringing hope for a healthier Commonwealth.

What does this mean for Local Public Health?

- SAPHE 2.0:
 - Institutionalizes much of the collaborative work local public health and DPH are already doing
 - Codifies many of the Blueprint recommendations into law
 - Raises visibility and highlights the importance of local public health
 - Establishes mechanisms for funding to local public health
 - Maximizes efficiencies in public health spending
- Requires local boards of health to meet established performance standards

Implementing SAPHE 2.0

- **Cross-jurisdictional Sharing of Public Health Services**
 - Public Health Excellence grant program (PHE)
 - 51 shared services groups representing 320 municipalities
- **Local Public Health Performance Standards**
 - Existing statutes and regulations – Phase 1 (established in 2023)
 - Foundational Public Health Services – Phase 2
- **Workforce Training and Technical Assistance**
 - Multi-tier training structure
 - Public health nursing consultant program

Implementing SAPHE 2.0

- **Local Public Health Data Solution**
 - METRIK – in development, first release anticipated fall of 2025
- **New Reporting**
 - Annual reporting by each local board of health on status of meeting the performance standards
 - Annual estimated funding needed to implement SAPHE 2.0
 - Biennial reporting on impacts of SAPHE 2.0 and local public health's ability to meet performance standards
- **Special Commission on Local and Regional Public Health**
 - Planning underway

Examples of Progress on System Transformation

- **Southern Berkshire Public Health Collaborative**
 - Alford, Great Barrington, Lee, Lenox, Monterey, Mount Washington, New Marlborough, Otis, Sandisfield, Sheffield, Stockbridge, Tyringham
 - Presenter: Jayne Smith, RS (Shared Services Manager)
- **Metro Public Health Collaborative**
 - Arlington, Belmont, Brookline, Newton
 - Presenter: Sigalle Reiss, MPH, RS/REHS (Brookline Health & Human Services Director)
- **North Suffolk Public Health Collaborative**
 - Chelsea, Revere, Winthrop
 - Presenter: Flor Amaya, PT-DPT, MPH (Chelsea Public Health Director)

Thank you for the opportunity to present this information today.

Please direct any questions to:

Samuel Wong

Director

Office of Local and Regional Health

Samuel.s.wong@mass.gov



Massachusetts Department of Public Health

Next Meeting:

Wednesday, May 14, 2025