

# Massachusetts Department of Public Health

# Public Health Council Meeting May 15, 2024

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the May 15 Public Health Council listing.



# **Massachusetts Department of Public Health**

# Public Health Council Meeting May 15, 2024

Robert Goldstein, Commissioner

# **National Nurses Week**

# National Nurses Week | May 6-12































# **National Hospital Week**



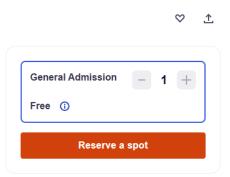
# Asian American and Pacific Islander Heritage Week



Thursday, May 23

# Asian American Pacific Islander Heritage Month Webinar Series

Don't miss this opportunity to learn, connect, and celebrate AAPI Heritage Month with us!



tinyurl.com/AAPIWebinarDPH

# **Mpox Webinar**



MASSACHUSETTS MEDICAL SOCIETY



MAURA T. HEALEY Governor

KIMBERLEY DRISCOLL Lieutenant Governor The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

Bureau of Infectious Disease and Laboratory Sciences 305 South Street, Jamaica Plain, MA 02130

> KATHLEEN E. WALSH Secretary

ROBERT GOLDSTEIN, MD, PhD

Tel: 617-624-6000

TO: Massachusetts Healthcare Providers, Hospitals, Community Health Centers, and EMS

Local Boards of Health

FROM: Catherine M. Brown, DVM, MSc, MPH, State Epidemiologist

Nicolas Epie, PhD, HCLD, TS (ABB); MLS (ASCP), Director, Massachusetts State Public

Health Laboratory

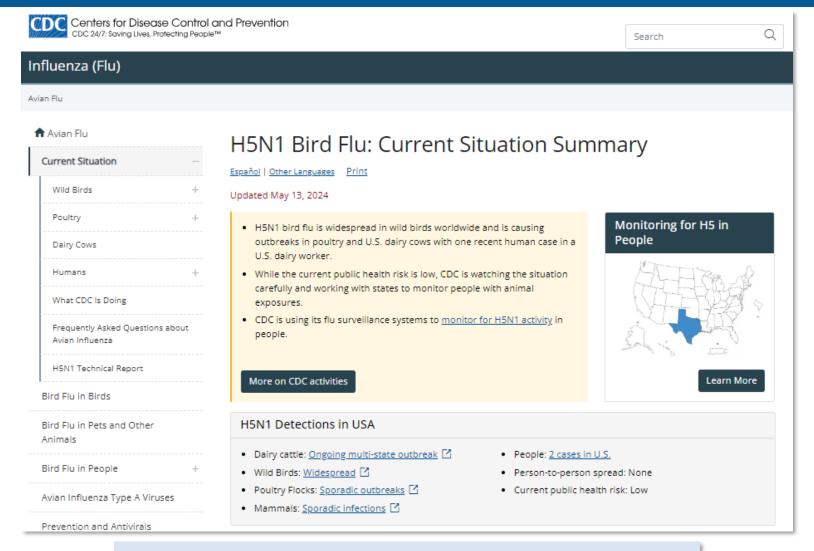
Larry Madoff, MD, Medical Director

Dylan Tierney, MD, MPH, Associate Medical Director

SUBJECT: Clinical and Laboratory Testing Guidance for Mpox

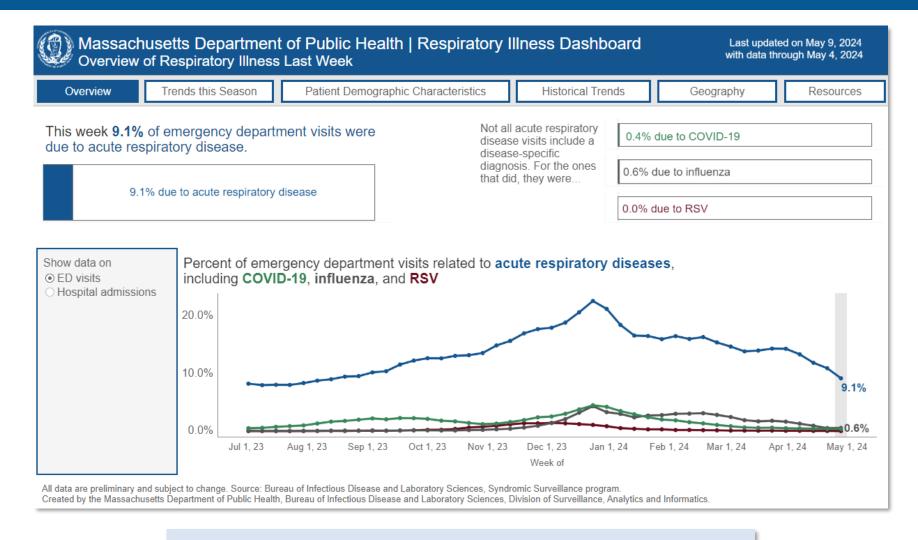
**DATE:** April 2, 2024

# Avian Flu – H5N1



**CDC - H5N1 Bird Flu: Current Situation Summary** 

# **Respiratory Illness**



**Link: Respiratory Illness Reporting Dashboards** 



# **Massachusetts Department of Public Health**

# 2023 Massachusetts Problem Gambling Helpline Report

Engagement, Equity, and Empowerment

**Victor Ortiz** 

Director of the Office of Problem Gambling Services

# **Problem Gambling: Key Points**

#### **National**

- Problem gambling has a high level of co-morbidity with substance use disorders and mental health disorders (Grant, J. E., & Chamberlain, S. R., 2020).
- Gambling problems, just as with substance use problems, have been associated with worse academic performance, anxiety, and overall poorer quality of life which in turn can interfere with career goals and social relationships (Grant et al., 2018).
- Risk factors associated with sports betting may be different for traditional forms of gambling activities.

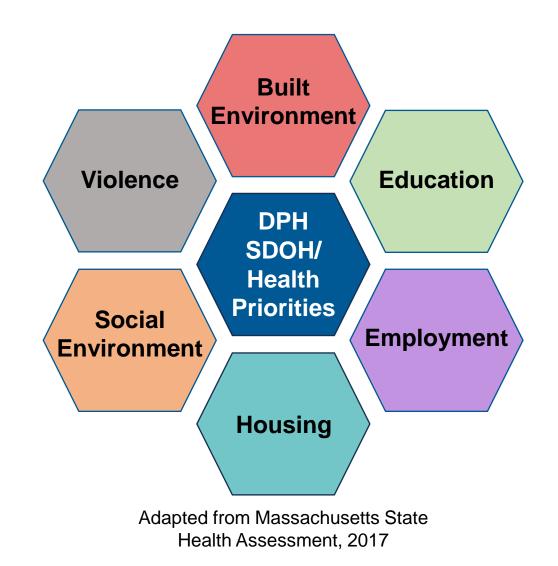
#### **Massachusetts**

• 2023 Massachusetts Youth Health Survey demonstrates that 48.4.% of middle school students and 46.3% of high school students gambled in the past year.

# **Problem Gambling and Social Determinants of Health**

Problem gambling is governed by a complex set of interrelating factors, causes and determinants ranging from biology and family history, to social norms and existing statutes (Messerlian, Derevensky, Gupta, 2005).

Office of Problem Gambling Services (OPGS): Takes a community driven, integrated, and comprehensive approach to address the impacts of gambling across individuals and communities.



# Problem Gambling Helpline Services

In 2020, OPGS integrated the Problem Gambling Helpline with the Substance Use Helpline to **enhance caller experience**, **maximize cost effectiveness**, and **expand reach**.

- Provide 24/7 bilingual services (Spanish) and capacity for additional languages.
- Screen an estimated 15,000-20,000 annual Substance Use Helpline callers for problem gambling.
- Conduct direct transfers to referral treatment sources that will improve access and engagement of treatment.
- Provide follow-up services from helpline clinicians to callers.
- Robust quality assurance protocols to ensure efficiency and effectiveness.



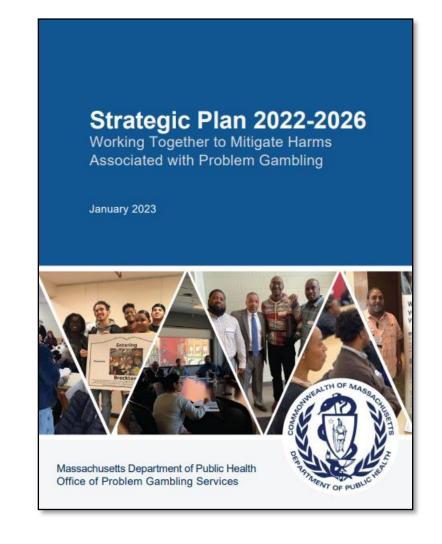
MA Problem Gambling Helpline website: <u>GamblingHelplineMA.org</u>

# Office of Problem Gambling Services Strategic Plan: 2022

# **Working Together to Mitigate Harms Associated with Problem Gambling: 2022-2026**

- OPGS will continue to operate in concert with colleagues across DPH, and in alliance with an array of local, state, and national partners.
- OPGS will work to continue maximizing impact by ensuring reach and effectiveness of problem gambling prevention, treatment, and recovery services.

LINK: Working Together to Mitigate Harms Associated with Problem Gambling



# 2023 Massachusetts Problem Gambling Helpline Report Key Findings

# FY23 MA Problem Gambling Helpline Report

The Massachusetts Problem Gambling Report serves as part of the problem gambling surveillance system in order to understand problem gambling trends and behaviors.

Results of the report informs the following three activities:

- Community engagement activities
- Development of new initiatives
- Resource for policy makers

#### **DPH Office of Problem Gambling Services**

Introduction to the FY23 Massachusetts Problem Gambling Helpline Data Report



#### FY23 Problem Gambling Helpline Data Report

The Massachusetts Problem Gambling Helpline, funded by the Department of Public Health, serves as a key resource for individuals seeking help for gambling and related harms. Since its integration with the Substance Use Helpline in 2020, the Helpline has operationalized its goals of improving the consumer experience for those seeking problem gambling treatment and support, increasing reach, and achieving greater efficiency and alignment — all while access to gambling venues and activities continues to grow in Massachusetts. The key findings from the data report include:

- From July 2022 through June 2023, the Problem Gambling Helpline saw an increase in overall call volume and referrals from the previous year. The driving force behind the increase in call volume and referrals may be the result of improvement in helpline services combined with the increased visibility of the helpline through public awareness campaigns, community efforts to provide individuals and families with education and resources, and sports wagering advertisements. It is important to note that there is no supporting evidence that the increase in call volume and referrals is a direct result of an increase in problem gambling in the Commonwealth.
- . Specific data findings include:
  - Call volume increased by 121% from the previous year, a third of which included non-helpline calls from those looking for technical assistance for their sports wagering mobile platforms;
  - . Calls resulting in referrals to treatment services increased by 41%;
  - Calls from individuals and loved ones saw a significant increase (26% and 40%, respectively);
     and
  - . Calls from individuals in recovery increased by 230%.

#### Ongoing Prevention Efforts

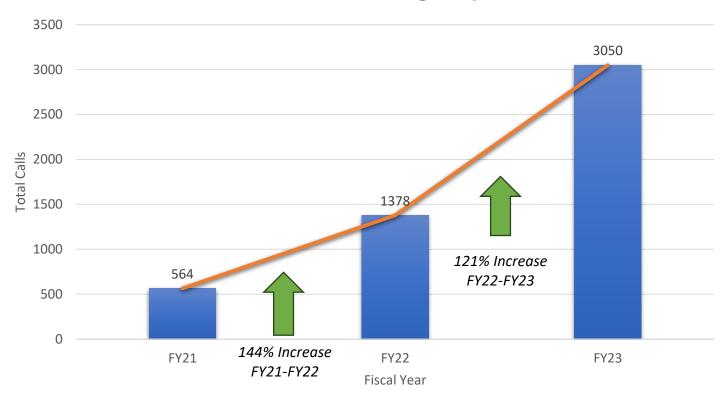
Since 2016, the DPH's Office of Problem Gambling Services (OPGS) has engaged over 2,000 individuals at the community level along with 40 community-based partners to inform over 23 initiatives. As part of ongoing prevention efforts, the Office has:

- Launched the Massachusetts Photovoice Project, a \$1 million youth initiative led by 7 community organizations. This program uses photography to explore the impacts of gambling on youth and their communities.
- Launched the Massachusetts Ambassador Project, a \$600,000 initiative that is an innovative, peer-to-peer approach that trains men of color with a history of substance misuse to lead conversations, small group sessions, presentations, and events about the relationship between problem gambling and substance misuse in communities disproportionately impacted by problem gambling.

1

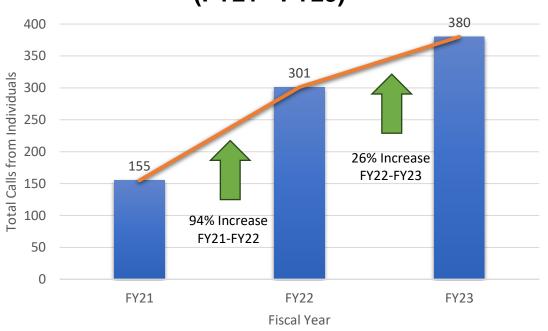
Call volume increased by 121% from the previous year, a third of which included non-helpline calls from those looking for technical assistance for their sports wagering mobile platforms.

#### **Total Calls to Problem Gambling Helpline FY21-FY23**

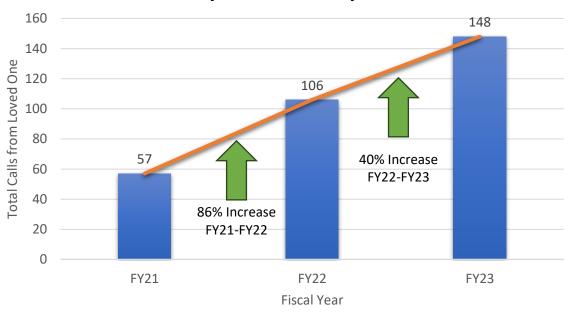


Calls from individuals and loved ones saw a significant increase (26% and 40%, respectively).

# Calls from an Individual Seeking Help (FY21 - FY23)

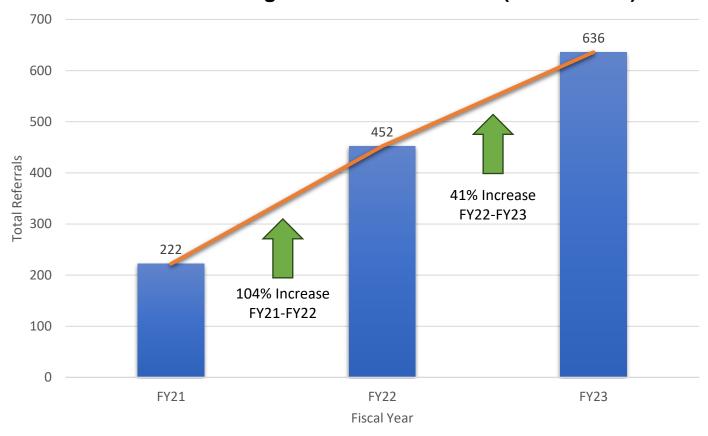


# Calls from a Loved One (FY21 - FY23)



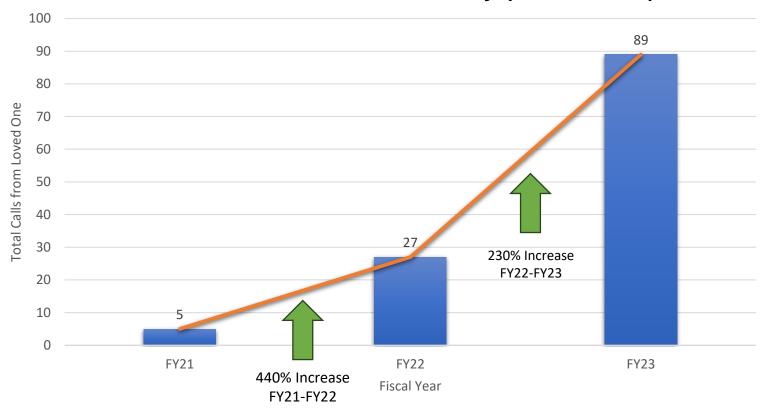
Calls resulting in referrals to treatment services increased by 41%.

#### **Total Calls Resulting in Referral to Service (FY21 - FY23)**



Calls from individuals in recovery increased by 230%.

#### Calls from Individuals in Recovery (FY21 - FY23)



## **Take Home Points**

- From July 2022 to June 2023 the MA Problem Gambling Helpline saw a 121% increase in overall call volume and an overall increase of 41% in referrals.
- The increase may be the result of improvement in helpline services, the increased visibility of the helpline through public awareness campaigns, community efforts to provide individuals and families with education and resources, and sports wagering advertisements.
- There is no supporting evidence that the increase in call volume and referrals is a direct result of an increase in problem gambling in the Commonwealth.
- Non-helpline calls may be reduced by improving the clarity and visibility of the Problem Gambling Helpline on disclaimers for all sports wagering and gambling advertisements.



# Office of Problem Gambling Services Upcoming Initiatives

# Multiple Pathways to Recovery (Including Treatment)

- Launch the Community Wellness Project, which employs Community Health Workers to provide information, education, and resources about problem gambling at the community level.
- Launch an initiative with Community Health Centers for a total of \$1.9M that will explore telehealth services for problem gambling and invest in problem gambling screening.
- Expand the Project Build Up 2.0 initiative to provide \$1M in grant funding to treatment providers for training, capacity building, and workforce development.



Participants of the AAPI Empowerment Project

# **Problem Gambling Prevention**

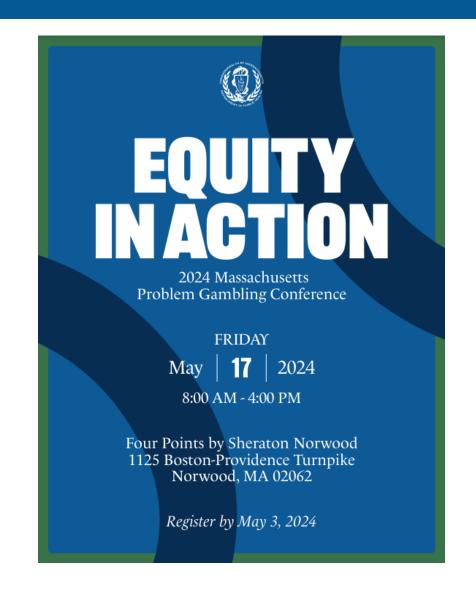
- Launch the Youth Leaders in Problem Gambling Prevention Project, a \$2.1 million initiative which will empower youth to raise awareness about problem gambling.
- Invest \$7.5 million in existing campaigns as well as new public awareness campaigns centered on youth, college students, and young men aged 20 to 29 years.



Youth participating in the Photovoice Project

# 2024 MA Problem Gambling Conference

- OPGS is hosting its annual MA Problem Gambling Conference
  - May 17, 2024 at the Four Points by Sheraton Norwood
- Participants will learn more ways to mitigate the harmful impacts of problem gambling and related issues on individuals, families, and communities
- 12 workshops and sessions focused on the continuum of care



# Thank you for the opportunity to present this information today.

Please direct any questions to:

**Victor Ortiz** 

Director, Office of Problem Gambling Services

Victor.Ortiz@mass.gov

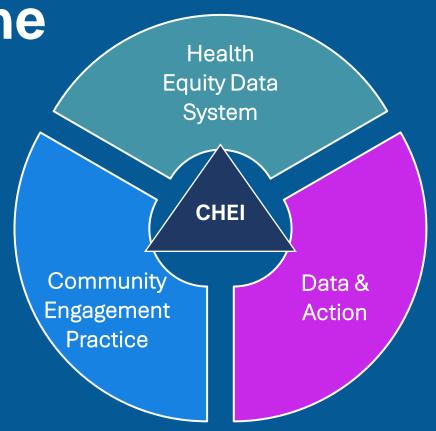
mass.gov/opgs



# Massachusetts Department of Public Health

Overview and Updates on the 2023 Community Health Equity Survey

Community Health Equity Initiative (CHEI)



#### CONTENTS



- History and Overview of Community Health Equity Initiative (CHEI)
- 2023 Community Health Equity Survey (CHES)
- 2023 CHES Early Key Findings
- Data and Action Pathways
- Upcoming CHEI Resources

### HISTORY OF CHEI



#### INEQUITIES FROM THE COVID-19 PANDEMIC

The COVID-19 pandemic continues to have a devastating impact on the health of Massachusetts residents and has made worse many inequities that existed before the pandemic.

## NEEDS HIGHLIGHTED BY THE PANDEMIC



on emerging health topics and social and structural drivers of health



#### MEANINGFUL ENGAGEMENT

of community and government partners to better identify needs and coordinate public health response



# VOICES AND EXPERIENCES OF RESIDENTS

particularly those hidden or underrepresented in existing data systems



# DATA & ACTION CHANNELS

through partnership building and better connections with public health programs & policies

# COVID-19 COMMUNITY IMPACT SURVEY (CCIS)



#### Goal of CCIS 2020

To better understand how communities have been disproportionately impacted by the pandemic, including health, social, and economic impacts.







- CCIS online survey administered between Sept- Nov 2020.
- Available in 11 languages
- Received 33,000+ adult responses and 3,000+ youth responses

Recruitment strategies developed for communities of focus, including:

- People of color
- LGBTQ+ individuals
- People with disabilities
- Essential workers
- People experiencing housing instability
- Older adults
- Residents in areas hardest hit by COVID-19

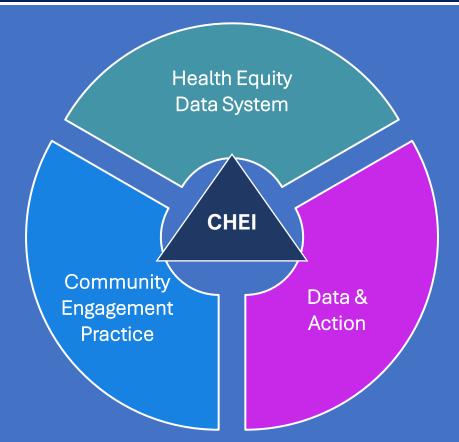
Used a mixed-methods approach that included focus groups and openended questions to capture previously unknown needs and barriers

## CHEI MODEL: FOUNDATIONAL PILLARS



CHEI promotes the health of Massachusetts residents and reduces health inequities through a Health Equity Data and Response System.

This public health system is built upon Three Foundational Pillars:



## CHEI Health Inequities Framework

#### Interconnected Systems

Address interconnected systems and policies, including global forces and governmental policies, at the macro level.

#### Policies & Environment

Address policies and environments to change these unjust systems ex: housing policies, land trusts, etc.

#### Increased Risk

Mitigate impact of increased risk caused by these unjust systems *ex*: supportive housing, new development, stabilization initiatives

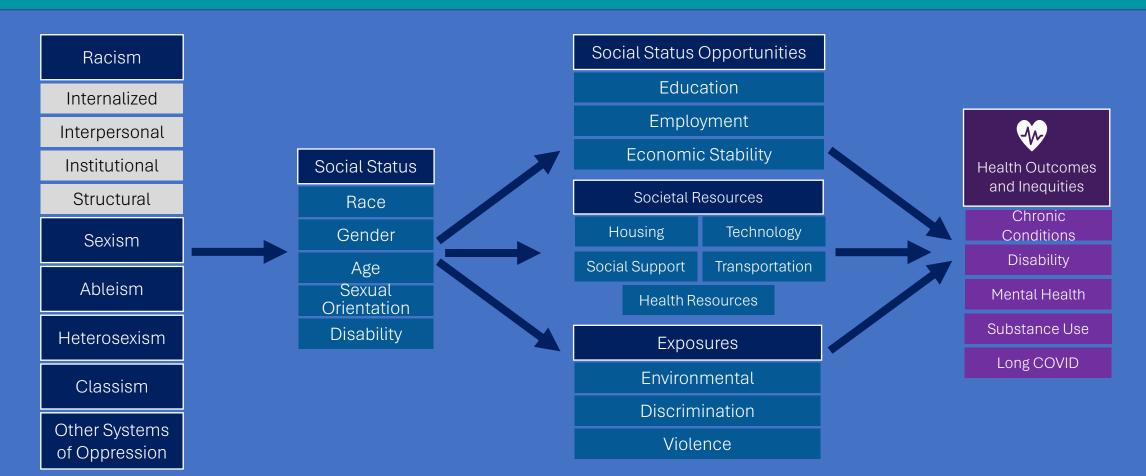
#### Health-Related Social Needs

Address immediate health related social needs caused by these unjust systems ex: air conditioner vouchers

#### SYSTEMS AND STRUCTURES

#### **UPSTREAM / MIDSTREAM**

#### DOWNSTREAM



# 2023 COMMUNITY HEALTH EQUITY SURVEY



#### **CHES Principles and Commitments**



Gathering Data Along the Health Inequity Pathway



Centering Communities with Lived Experiences of Inequities



Connecting Quantitative and Qualitative Data



Prioritizing Timely and Actionable Data

### 2023 CHES METHODOLOGY OVERVIEW



# Take the Community Health Equity Survey

A healthier community starts with your voice.



- The Community Health Equity Survey (CHES) is an innovative, community-based survey administered to residents aged 14 and older
- Uses a **non-probability quota sampling** methodology
  - Sample goals were set for Communities of Focus to ensure representation and sample sizes for granular and intersectional analyses.
  - Non-random sampling with community outreach strategies to meet sample goals.
- Sample weights were created to better align the survey sample with statewide race & ethnicity, gender, age, and education distribution.
- Data collection was open from July 31 through October 31, 2023.

#### CHEI COMMUNITIES OF FOCUS



# Centering communities that are often underrepresented in data systems and most impacted by health inequities

- Older adults (age 60+)
- Parents and caregivers of children and youth with special health care needs
- Parents under 25
- People identifying as LGBTQ+
- People of color(including, American Indian/Alaska Native, Asian American/ Pacific Islanders, Black, and Hispanic/ Latino/a/e residents)

- People whose primary language is not English
- People with disabilities
- People with immigration experience
- Pregnant people and parents of young children
- Rural residents
- Veterans
- Youth and young adults (age 14-24)

#### 2023 CHES SURVEY TOPICS



#### **NEIGHBORHOOD**

Climate, transportation, safety



Vaccination, long COVID



# INFORMATION SOURCES

Trusted news sources

#### **EDUCATION**

Barriers, supports, childcare

#### **DEMOGRAPHICS**

Age, gender, race, ethnicity, sexual orientation, disability status, education



# 2023 CHES SURVEY TOPICS



#### **BASIC NEEDS**

Housing, access to goods, services

# SAFETY & SOCIAL CONTEXT

Intimate partner violence, discrimination, social support



#### SUBSTANCE USE

Substance use, resource needs



#### **MENTAL HEALTH**

Mental health symptoms, isolation



# HEALTHCARE Healthcare needs t

Healthcare needs, types of care, barriers, telehealth

**ACCESS TO** 

#### **EMPLOYMENT**

Changes in employment, paid leave, work from home

#### 2023 CHES RECRUITMENT STRATEGIES



## Survey Promotion and Outreach Strategies Included:



Trusted
Community
Partner Outreach

- Over 200 partners mobilized their networks to promote the survey
- Strategies including social media, radio, newsletters, and in-person outreach



Flexible Community Mini-grants

Community partners received funds to support direct survey outreach, including:

- Staff time for recruitment/survey administration
- Stipends to survey respondents



Survey Promotion Toolkits



Paid & Earned Media

- Flyers, emails, social media posts, templates, & virtual backgrounds were prepared and piloted with partners
- Available in 11 languages

- DPH's press release led to coverage within local and statewide news organizations
- Paid media included local newspapers, radio, digital ad buys, and TikTok videos

### 2023 CHES RECRUITMENT STRATEGIES



#### Examples of Partner Survey Outreach Activities

Social media post from Philippine-American Mainstream Advocacy for Nonpartisan Associations

The Massachusetts
Depatment of Public Health
is seeking feedback from the
Filipino community of MA to
address health inequities.

**EARN ABOUT THE INITIATIVE!** 







Survey event hosted by Dominican Development Center





## 2023 CHES SAMPLE GOAL DEVELOPMENT



#### Sample goals were developed for each Community of Focus to:

- Promote representation from communities often underrepresented in public health data
- Ensure adequate power for granular and intersectional analyses
- Inform survey dissemination and recruitment strategies

#### Community of Focus sample goals included the following Respondent Characteristics:

- Age
- Race/ethnicity
- Disability
- Pregnancy/post-partum

- Parenthood
- Immigration
- Sexual orientation
- Gender

- Transgender experience
- Preferred language
- Geography
- Veteran status

#### Criteria used to establish sample goals included:

- Estimated effect sizes for key CHES outcomes and predictors
- DPH Confidentiality Procedures' reporting and confidentiality guidelines
- MA population estimates (American Community Survey 2022)

#### CHES 2023 SAMPLE GOAL ACHIEVEMENTS



CHES engagement & recruitment strategies were effective in reaching nearly all CHES sample goals.



Overall Participation exceeded CHES 2023 sample goal by 65%.

Sampling goals were exceeded for nearly all Communities of Focus, including:

- American Indian/Alaska Native, Asian American & Pacific Islander, Black, and Hispanic/Latine-o-a groups
  - Overall, **residents of color** represented a greater proportion of participants in CHES 2023 compared to CCIS 2020 (29.7% vs. 18.7%)
- Youth, age 14-17 (n=2,070)
- All people with disability groups
- Pregnant and postpartum people (n= 307)
- Foreign-born residents (n=2,800)
- LGBTQA+ residents (n=2962)
  - Transgender and/or nonbinary residents (n=676)
- Rural residents (n= 3023)



#### Data from 2023 CHES will be used to:



Inequities in downstream health outcomes and health-related behaviors across the Communities of Focus.



Downstream outcomes and inequities with Key Determinants of Health across the health inequities pathway.



Public health action by identifying potential areas for intervention and investment



#### Highlighting Inequities in Health Outcomes and Health-Related Behaviors



#### Mental Health

#### Psychological Distress\*

Overall, 17.3% of adults and 26.6% of youth reported very high psychological distress in the past month.

26.4% of parents of a child/youth with a disability or special health need (CYSHN) reported very high psychological distress in the past month.

Youth with a self-care/independent living disability were 3.6 times as likely to report very high psychological distress compared to youth without a disability (64.7% vs. 17.8%).

#### Suicidal Ideation

Overall, **7.4% of adults** and **14.6%**of youth reported past year

suicidal ideation.

Adults with transgender experience were 6.4 times as likely to report suicidal ideation compared to adults without transgender experience (40.3% vs 6.3%).

18.5% of youth living in a rural area (level 2) reported past year suicidal ideation, 1.3 times the percentage of youth living in urban areas.

\*CHES includes a 5-point version of the Kessler Psychological Distress Scale to measure psychological distress.



#### Connecting Outcomes to Key Determinants of Health



#### Health Care & Access

Overall, 15.2% of adults reported having an unmet health care need in the past year and 14.8% reported having trouble paying for health care related costs.

Adults who identify as Middle Eastern or North African were 2.3 times as likely to report having an unmet health care need in the past year compared to white adults (31.3% vs. 13.6%).

Youth who prefer to speak a language other than English were nearly twice as likely to report an unmet mental health care need (28.3% vs. 14.6% English).



#### Housing

Overall, 19.4% of adults reported being worried about paying for housing.

Over 1 in 3 adults of transgender experience reported being worried about paying for housing (36.6%), about twice the rate compared to adults without transgender experience.

Adults who identified as Hispanic/Latine-o-a were twice as likely to report being worried about losing their housing compared to White adults (33.5% vs 17.0%).



#### Connecting Outcomes to Key Determinants of Health

#### Violence

#### Intimate Partner Violence

Overall, 29.7% of adults reported ever experiencing intimate partner violence (IPV) (4.5% in the past year).

Adults who were pregnant or postpartum were nearly three times as likely to report IPV in the past year, compared to 4.3% of females overall (12.5% vs 4.3%).

Among adults who identify as queer, 53.8% reported ever experiencing IPV.

#### Sexual Violence

Overall, 21% of adults reported ever experiencing sexual violence (1.4% in the past year).

Among adults who identify as queer, 55.9% reported ever experiencing sexual violence.

#### Neighborhood Violence

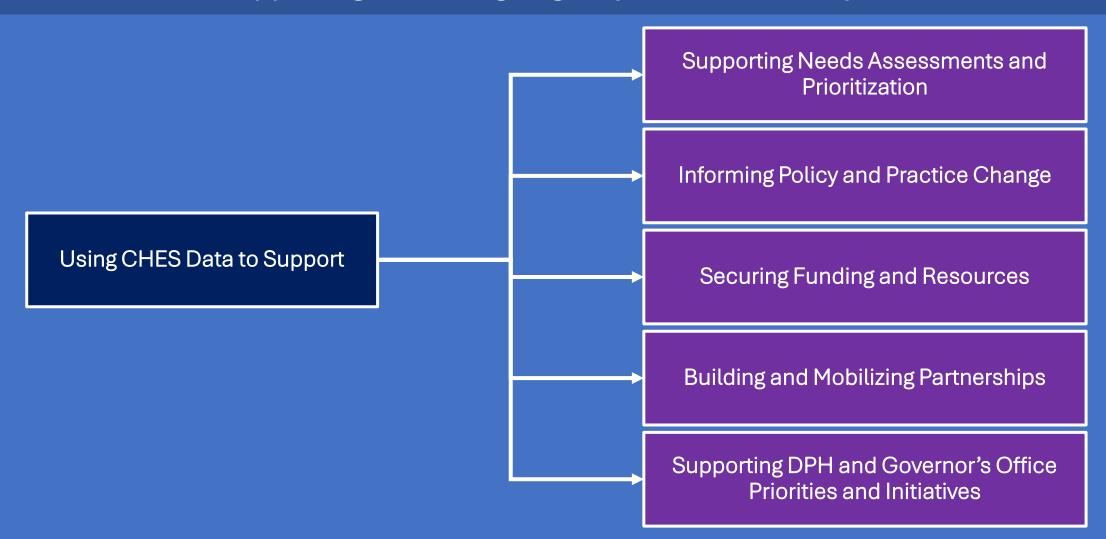
Overall, 12.5% of adults reported experiencing neighborhood violence somewhat or very often.

Black adults were 4.1 times as likely to report experiencing neighborhood violence somewhat or very often as compared to White adults (33.9% vs. 8.2%).

#### DATA AND ACTION PATHWAYS



#### Supporting DPH, Stage Agency, and Community Partners



## UPCOMING CHEIRESOURCES



#### **New CHEI Resources**

New resources will be made available on the CHEI website that provide an overview of the CHEI framework, summary of CHES 2023 and Community Evaluator Projects methodology, and data & action resources. These will include slide decks, recorded webinars, and a data & action guide.

#### **CHEI Equity Framing Resources**

Racial justice and health equity framing resources will be made available to guide partners and interested users on how to use and interpret CCIS 2020 and CHES 2023 data using an equity lens.

#### CHES 2023 Topic and Population Spotlights

Spotlights will dive deeper into the various topics and communities of focus from CHES 2023. Topics to be developed in the first quarter of 2024 include Mental Health, Housing, and Economic Stability & Basic Needs

#### CHES 2023 Data Dashboard and Data Tables

Comprehensive data tables and a data dashboard will be released and available on the CHEI website to make CHES 2023 data publicly accessible to partners and interested users.

## THANK YOU



- Visit the CHEI website: mass.gov/CHEI
- Contact: <u>CHEI@mass.gov</u>



# **Massachusetts Department of Public Health**

Next Meeting: June 12, 2024