

ADVANCING HEALTH EQUITY IN MASSACHUSETTS

Health Policy Commission Committee Meetings
February 15, 2024



AGENDA

1

INTRODUCTION AND OVERVIEW

Disparities in Massachusetts

2

GUIDEPOSTS IN OUR FIRST YEAR

Key issue areas and geographies

3

COMMUNITY ENGAGEMENT

Introducing a structure, but not imposing a paradigm

4

CALL TO ACTION

We need your help!

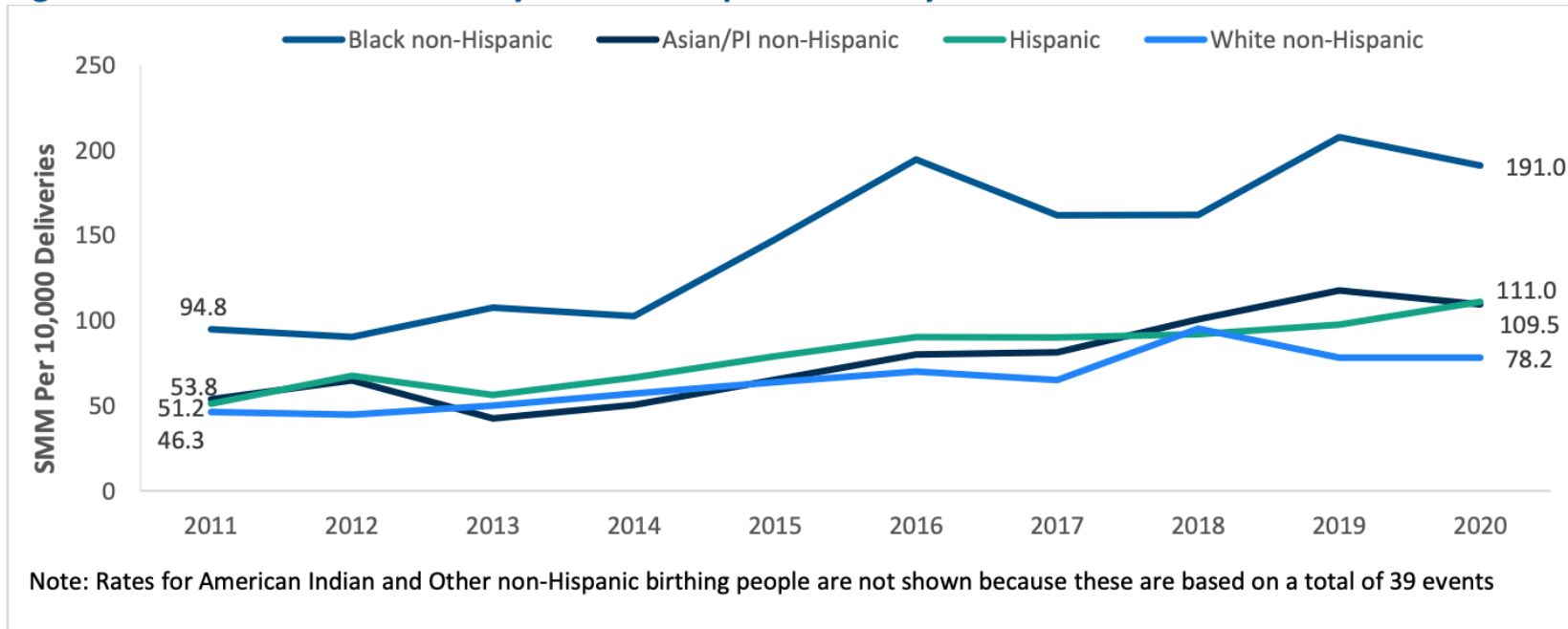


THE UGLY TRUTH: HEALTH (IN)EQUITY IN MA

AN ASSESSMENT OF SEVERE MATERNAL MORBIDITY IN MASSACHUSETTS: 2011-2020

Department of Public Health, July 2023

Figure 4. SMM in Massachusetts by Race and Hispanic Ethnicity: 2011-2020



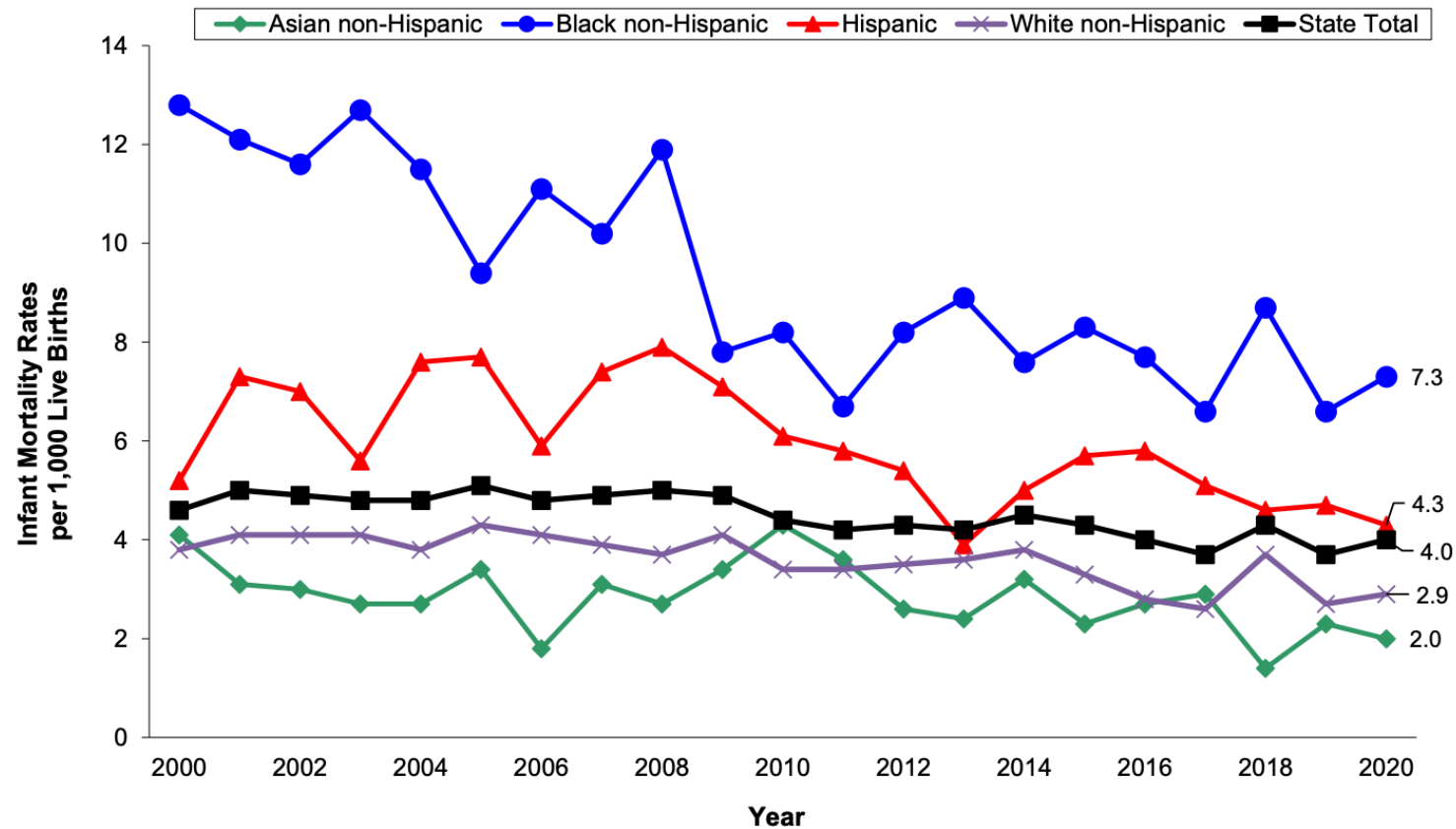


THE UGLY TRUTH: HEALTH (IN)EQUITY IN MA

MASSACHUSETTS DEATHS REPORT - INFANT MORTALITY: 2000-2020

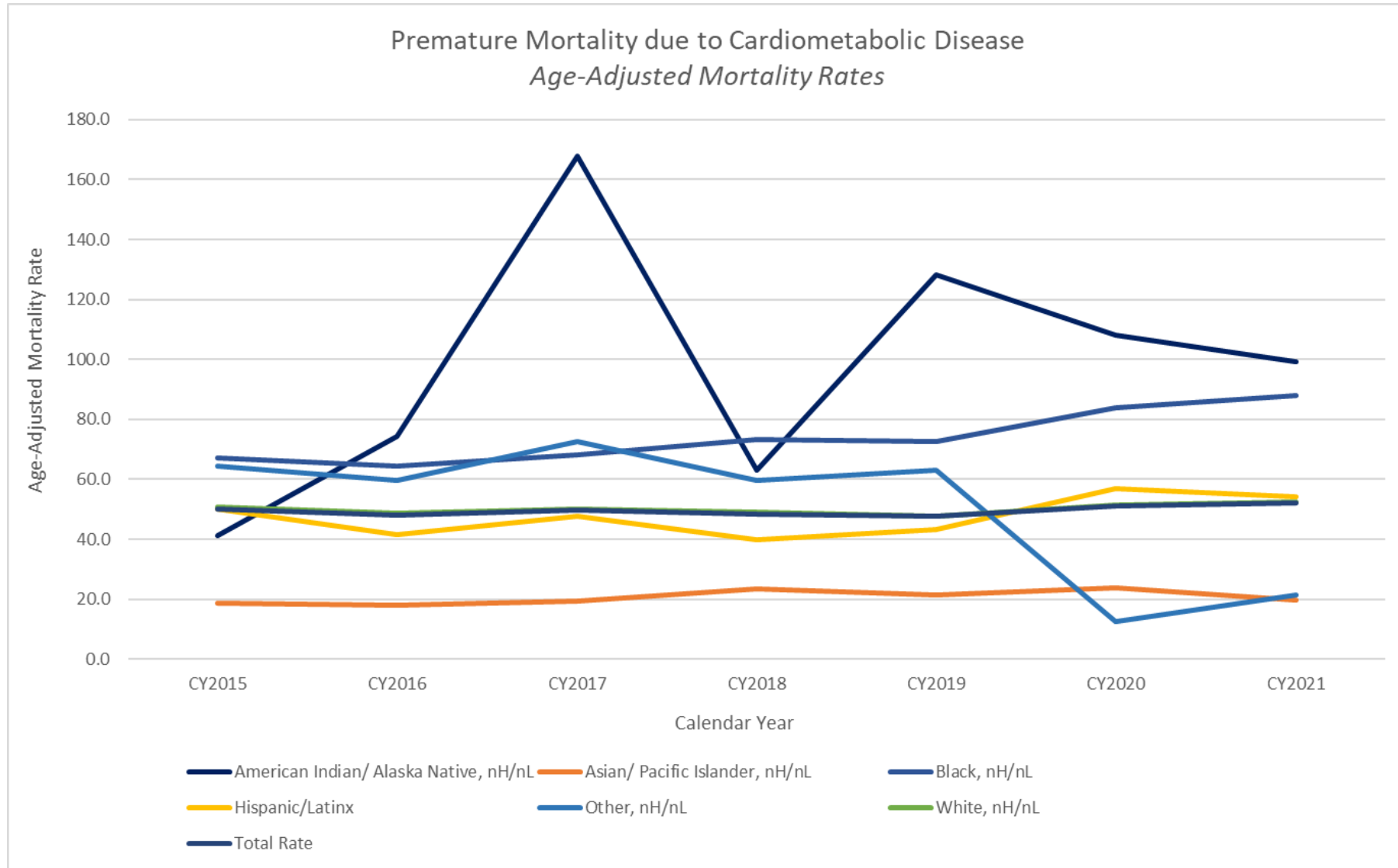
Department of Public Health, February 2023

Figure 8. Infant Mortality Rates by Race and Hispanic Ethnicity, Massachusetts: 2000-2020





THE UGLY TRUTH: HEALTH (IN)EQUITY IN MA





Across the Exec. Office of Health and Human Services, we will:

Focus our efforts

- Identify and build work around specific drivers of disparities
- Recognize the connection between geography and equity and pilot innovative solutions in regions with the greatest inequities

Engage communities

- Work closely with priority communities to identify which of the possible policy measures will be most impactful for residents

Collaborate

- Identify interventions within agencies across state government that will contribute to the improvement of specific outcomes
- Align with private sector partners on equity objectives

Center data and outcomes

- Define outcome metrics and monitor over time
- Collect actionable data on disparities and interventions to broadly measure success



An initial focus on two high disparity conditions

Interagency Taskforce

*Chaired by Undersecretary Kiame Mahaniah
and DPH Commissioner Robbie Goldstein*

Maternal/Perinatal Health Workgroup

Community
Engagement
Team

Actionable
Data Team

Social Drivers of Cardiometabolic Health Workgroup

Community
Engagement
Team

Actionable
Data Team



...through a racial equity lens which is fundamental to improving outcomes

Priority Recommendations from DPH's Review of Maternal Health Services, November 2023

Increasing Maternal Care Access

- Update regulations governing birth centers
- Integrate birth centers into DPH's hospital licensure regulation's perinatal section
- Develop a public awareness campaign describing the LoMC
- Implement remote blood pressure monitoring programs across all hospitals in MA.

Expanding Care Delivery Models

- Ensure insurance coverage for remote monitoring services.
- Incentivize providers to offer Group Prenatal Care (GPC).
- Ensure all FQHCs provide prenatal and postnatal care on site.
- Expand the reach of universal postpartum home visiting.
- Include maternal/child health in the next version of local public health standards.

Improving and Augmenting the Workforce

- Develop a pathway to doula certification.
- Reimburse midwives equitably as physicians for the same service.
- Reduce requirements that limit scope of practice for midwives

Improving Access to Data

- Empower the Maternal Mortality and Morbidity Review Committee to access all info needed.
- Conduct active, population-based surveillance for stillbirths.
- Support an annual Count the Kicks campaign and give materials to providers.
- Engage with families, fathers, and other second parents to improve services.

Behavioral Health

- Train providers on screening, treatment, and referral for PPD and related behavioral disorders.
- Support and amplify programs for pregnant members with SUD.
- Protect mothers of substance exposed newborns with no signs of abuse from DCF investigation.
- Create inpatient behavioral health programs where infants can stay with their moms during treatment.

Reproductive Health

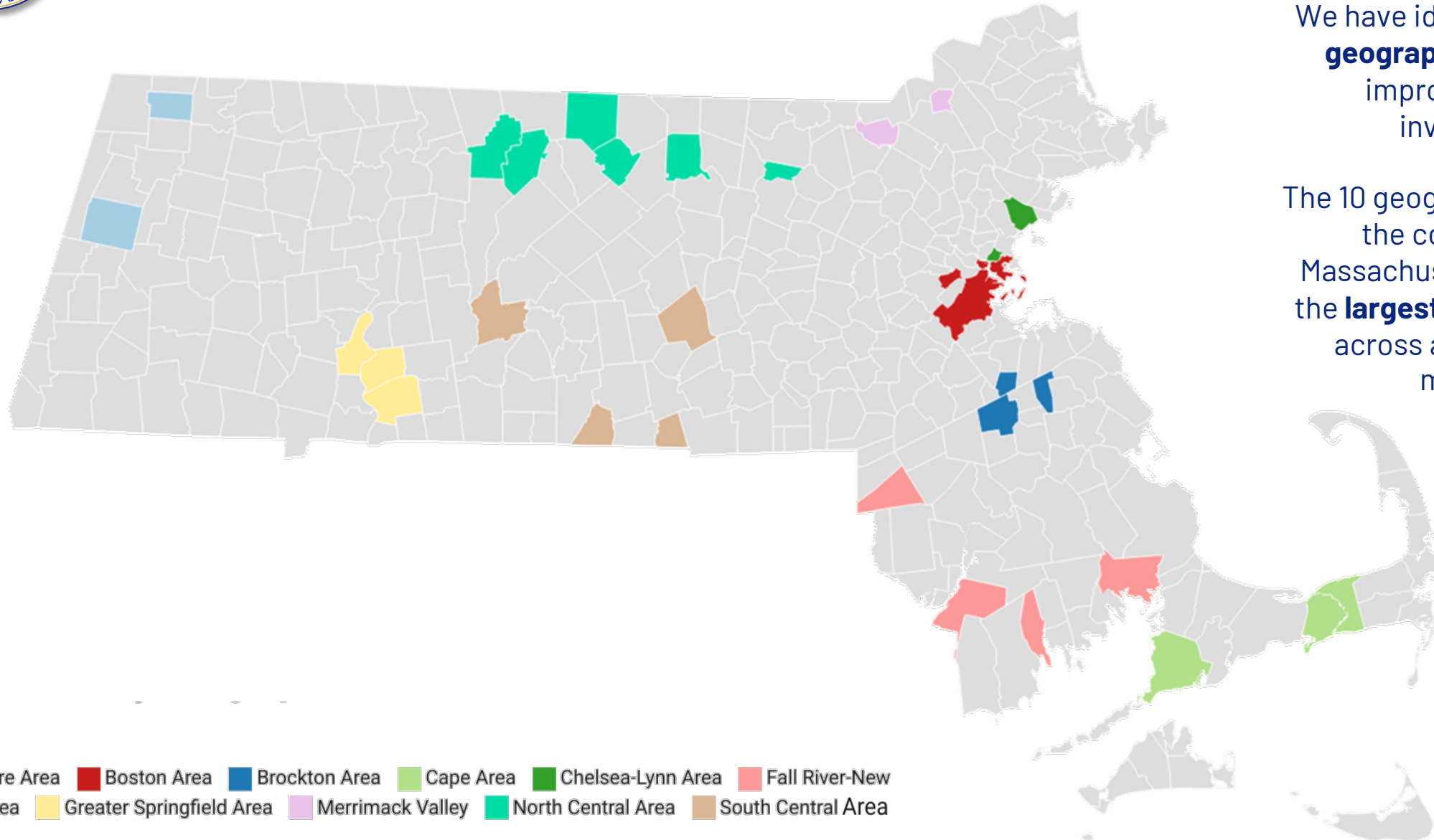
- Increase access to contraceptive methods at all post-partum care providers.
- Increase access to abortion services for patients under 18.
- Encourage additional providers to offer abortion services.
- Promote awareness of and access to Paid Family and Medical Leave.



Our place-based strategy will focus our efforts in regions experiencing the greatest disparities

We have identified **10 priority geographies** for focused improvements and investments.

The 10 geographies encompass the communities in Massachusetts experiencing the **largest health disparities** across a broad range of measures.





...and must be anchored in community collaboration

| REGIONS | | |
|---------|--|---|
| 1 | Berkshire Area (North Adams, Pittsfield) | 6 Fall River-New Bedford Area (Attleboro, Fall River, New Bedford, Wareham) |
| 2 | Boston Area (Dorchester, Mattapan, Roxbury) | 7 Greater Springfield Area (Chicopee, Holyoke, Springfield) |
| 3 | Brockton Area (Brockton, Holbrook, Rockland) | 8 Merrimack Valley (Lawrence, Lowell) |
| 4 | Cape Area (Dennis, Falmouth, Yarmouth) | 9 North Central Area (Athol, Ayer, Fitchburg, Gardner, Orange, Winchendon) |
| 5 | Chelsea-Lynn Area (Chelsea, Lynn) | 10 South Central Area (Southbridge, Ware, Webster, Worcester) |





COMMUNITY VOICES ARE
CRITICAL TO THIS WORK
WE NEED YOUR HELP

