To Promote Wellness and Health Equity for All

Our Health Equity Approach

Massachusetts
Department of Public Health
November 2021

Introduction

Equity is in our mission statement at the Massachusetts Department of Public Health, and is foundational to our understanding of public health. Inequities in health outcomes are unjust and preventable.

When we look deeper than the state-level data at specific populations, the data show us that some populations experience a disproportionate impact of illness and disease. When we look across multiple data sources using an equity lens, we see that inequities persist, not for only one disease within populations, but across many different health outcomes.

These inequities are directly linked to social injustices based on people's identities including race, ethnicity, language, gender, sexual orientation, dis-ability status, immigration history, and other social characteristics that are tied to experience of structural oppression. These inequities lead to populations being marginalized and having limited access to the social determinants of health like employment, education, and housing. Access to the social determinants of health is directly linked to health outcomes.

At DPH, we deliberately and intentionally center our public health work on equity, and embed equity in how we think about public health. Recognizing racism and other forms of oppression as a public health issue, our equity models, approaches, and tools allow us to lift up inequities, take action, and create solutions to address inequities that enable everyone to reach their maximum potential for health. By addressing these inequities we will directly improve health outcomes across the Commonwealth.

The DPH House

As a visual model for our approach, we created the DPH House with the intent to view all of our work through a health equity lens.

This approach illustrates that "health equity for all people in the Commonwealth" is embedded in our very mission. The bars along the bottom, the foundation of our work, are based on the strength of our staff and their capacity for everyday excellence, innovation, and collaboration with inclusiveness. The DPH House reminds us of the importance of investing in our staff and their capacity to do this important work. The three pillars in the center are the key components of our health equity approach. These include using relevant and timely data to focus on the social and structural determinants of health to find where data disparities persist. These areas of data disparity are where we need to focus our resources in order to address health inequities head on.

This precision public health approach is tailored by using precision-based data and then taking data "to action." It is focused on making sure we not only raise awareness of the persistent health inequities in the Commonwealth, but that we actively address them, with the existing levers we have at the DPH, and by building new models to meet the need based on our equity values. It also means we share the data analysis with others who have lived experience with inequities to help interpret and contextualize the data, so we can join our voices and actions to eliminate health inequities.

The Public Health Data Warehouse (PHD) is a tool for understanding disparities related to the social determinants of health, which in turn are powerful indicators of racial inequities due to racism and the unjust distribution of power and resources. This was the first time ever that more than 20 datasets were linked together to provide a multi-dimensional view of differential health risks and outcomes.

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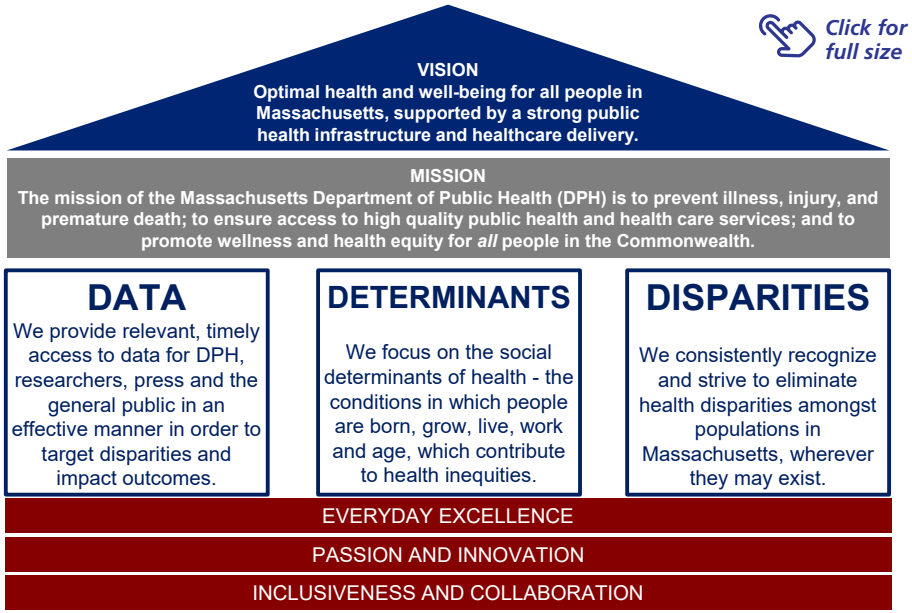

Figure 1: *DPH House*

DPH Health Equity Strategy

The Department's Health Equity Strategy can be described in terms of Why, How, What, and Who.

In terms of the "Why," we engage in this work because inequities in health are unjust and preventable. The Department Priorities outline "How" we do the work: through analysis of data, focusing on the social determinants of health, addressing opioid use and overdose, and increasing public health value. Creation of the Public Health Data Warehouse (DPH) was critical in linking data from over 20 different state programs to better understand the breadth and depth of populations and communities impacted by the opioid epidemic. While the PHD initially focused on analysis of fatal and non-fatal opioid overdoses, we are expanding the use of PHD for analysis of public health trends on other topics such as substance use disorder more broadly, maternal child health and health equity, as prioritized by the DPH Commissioner.

The "What" comes through the State Health Priorities which were set based on data pointing to areas needing focused attention that are amenable to improvements based on addressing the Social Determinants of Health (SDOH). The Population Health Information Tool (PHIT) was crucial in connecting the social determinants of health to health outcomes and expanding access to data and public health strategies.

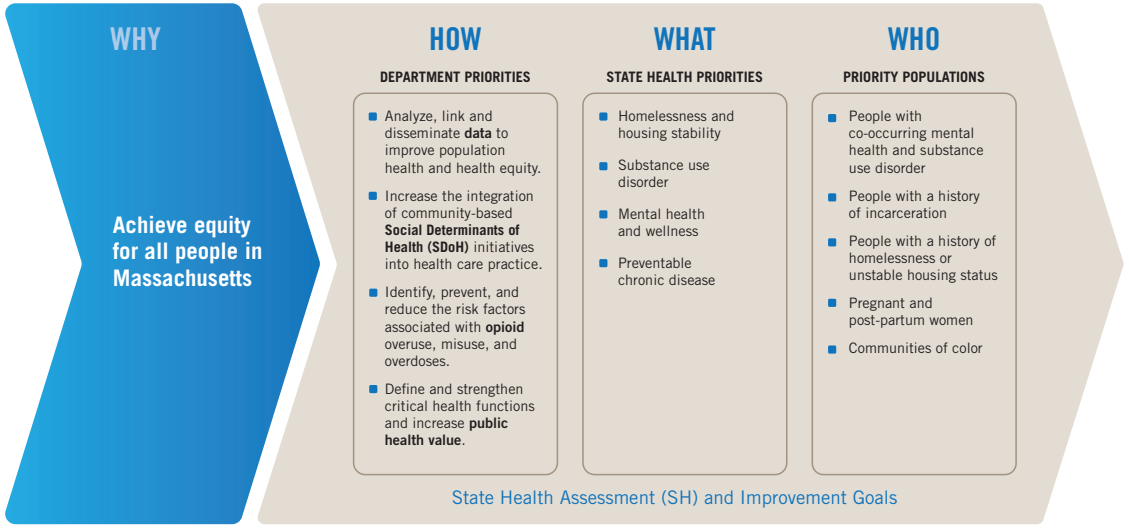

Figure 2: *DPH Health Equity Strategy*

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The "Who" are the Priority Populations we initially found to be at increased risk of substance use disorder (SUD). They remain a priority for the Department due to the compounding impact of multiple determinants of health and health conditions. No matter what the disease, whether cardiac disease, diabetes, SUD, or COVID-19, many of the same populations of individuals bear a disproportionate burden of illness. This fact led us to "flip our model." Instead of focusing on the outcome of a single grant or program on SUD for example, we are shifting to focus on the holistic needs of populations at risk. Through our ongoing work we have added individuals with disabilities and our LGBTQ+ community members to the populations who bear a disproportionate impact of disease.

The Population Health Information Tool (PHIT) *is a portal for Massachusetts health data. It provides the opportunity to explore issues and map specific communities, while comparing hundreds of health measures and SDOH-specific information. It also highlights the historical context of racism and other systems of oppression that underly the inequities seen across indicators.*

DPH Racial Equity Data Road Map

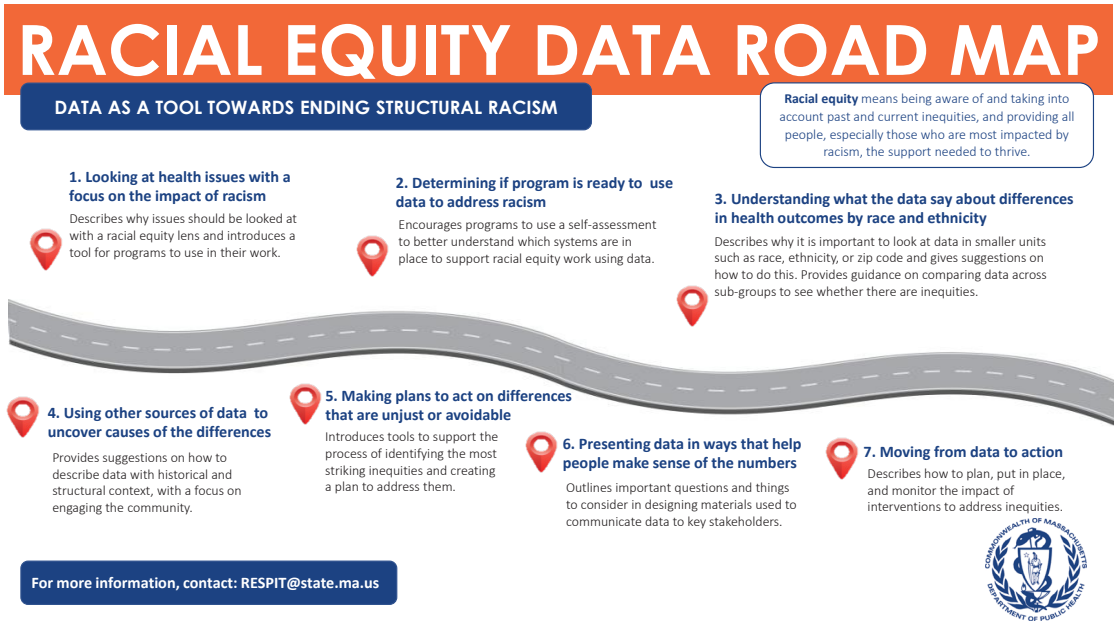

Figure 3: *Racial Equity Data Road Map*

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***The Racial Equity Data Road Map** is a cross-departmental collaborative developed by the Racial Equity Strategic Pathway Implementation Team to inform racial equity work in DPH programs and DPH-funded programs and initiatives so that services could be delivered in a more equitable way. Several programs are using the Racial Equity Data Road Map.*

DPH has been working toward embedding a racial equity approach throughout our work.

As we have worked to alter the ways we analyze our data, we see that one of the largest areas of inequities in health outcomes, regardless of disease or condition, is in communities of color. This led us to sharpen our focus on racial equity and examine the role of racism in perpetuating health inequities.

At DPH, we recognize that **racism is a public health issue** and must be addressed as part of all of our work in public health. Racism and other systems of oppression are the root causes of inequities in health outcomes. One tool, the **Racial Equity Data Road Map**, informs how we approach and interpret data, including improving our ability to "take data to action" and understanding the data in a historic context. This has involved training of staff and instituting a sustained conscious effort to review all of our programming and policies through a racial equity lens.

Conclusion

The COVID-19 pandemic has taught us that health inequities are not "someone else's problem" but rather that the health of our neighbor, whether next door or half way around the world, can directly impact us.

It is an important reminder that the barriers for good health are higher for some of us than for others.

Our approach to health equity at DPH includes having a vision of health equity, embedding that in all our work, and following the DPH Health Equity Pathway. DPH seeks to accomplish this by focusing on outcomes across populations, making data collection, analysis and dissemination a priority, focusing on populations rather than diseases, stratifying data, addressing the social determinants of health, developing action plans based on our findings, and measuring outcomes.

DPH has foundationally changed the lens through which we view public health, centering it on health equity, as we strive to serve the people, all the people, of the Commonwealth.

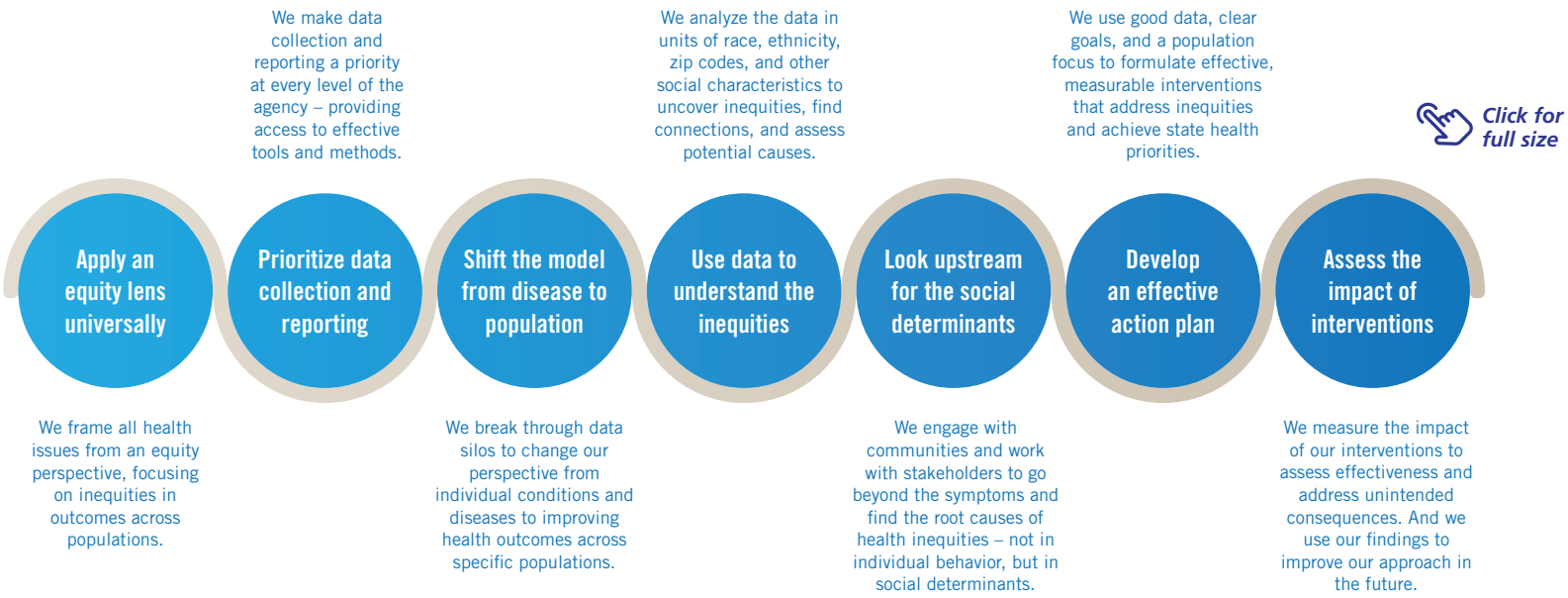

Figure 4: *The DPH Health Equity Pathway*

Diagrams in Full Size

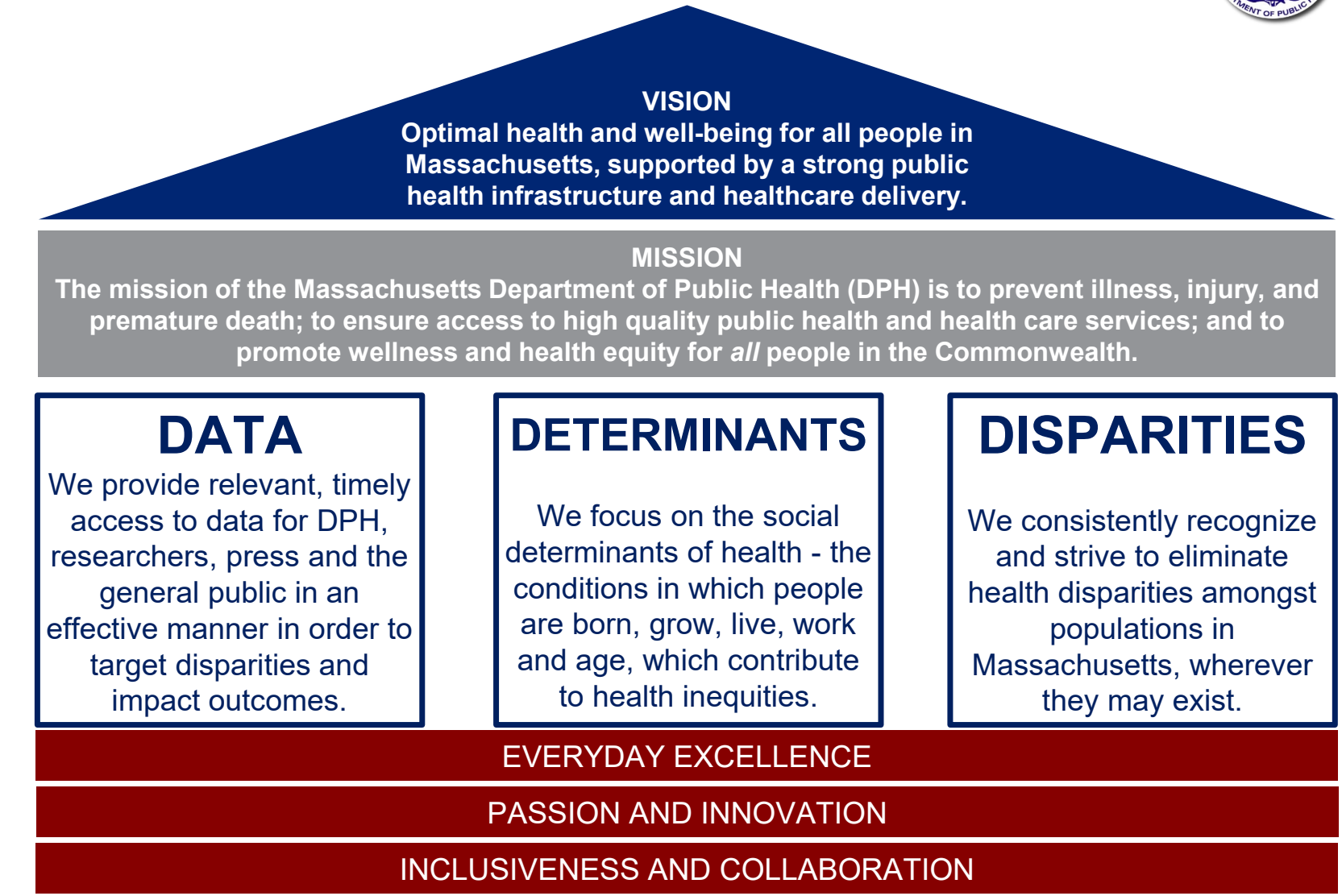

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Figure 1: *DPH House*

DPH HEALTH EQUITY STRATEGY

Health equity is foundational to our understanding of public health. As the Massachusetts Department of Public Health, we envision a Commonwealth where every resident has an equal opportunity to achieve the highest level of health.To meet the needs of Massachusetts residents, we must intervene in specific areas with a full understanding of how social, geographic, and economic factors shape health and wellbeing.

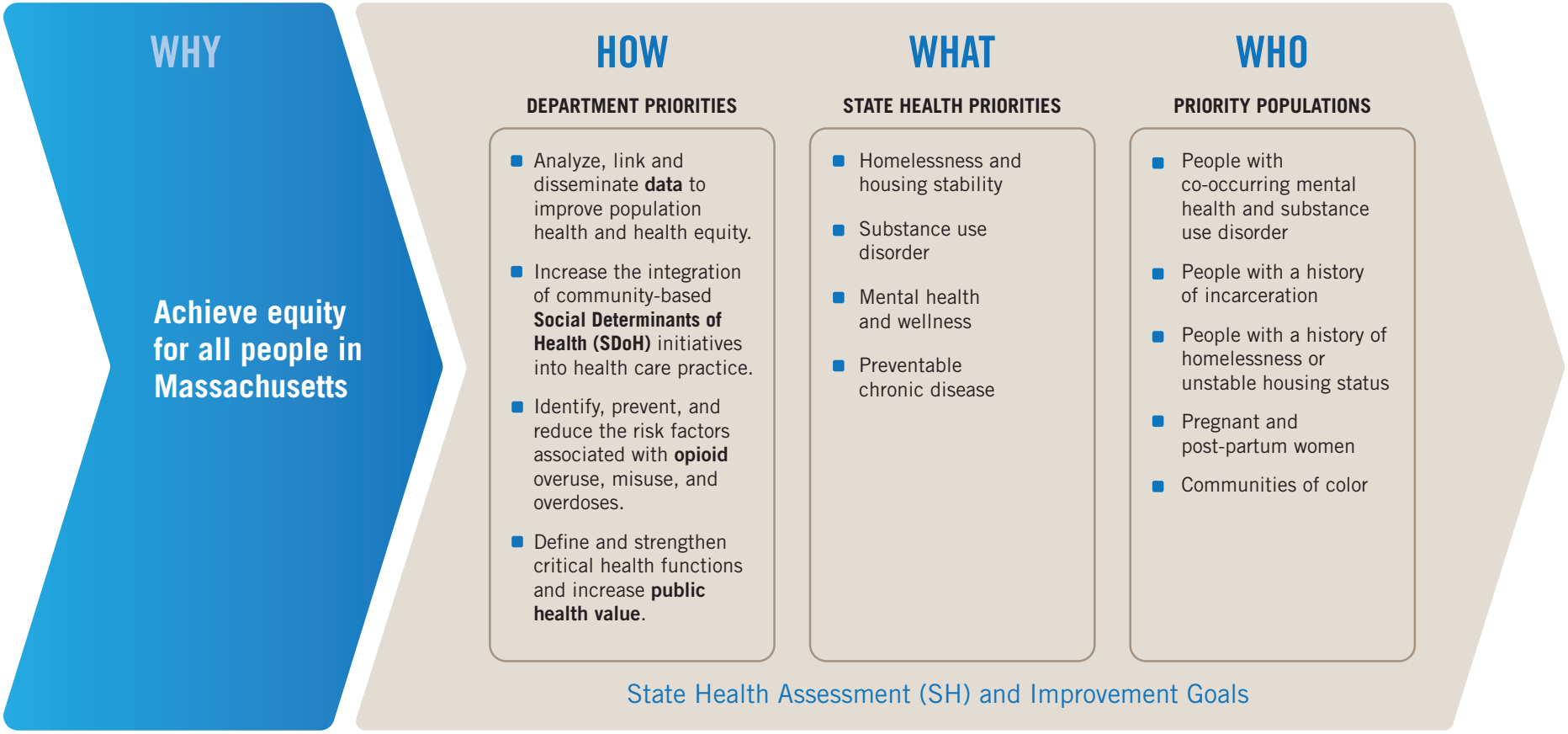

Figure 2: *DPH Health Equity Strategy*

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RACIAL EQUITY DATA ROAD MAP

DATA AS A TOOL TOWARDS ENDING STRUCTURAL RACISM

Racial equity means being aware of and taking into account past and current inequities, and providing all people, especially those who are most impacted by racism, the support needed to thrive.

1. Looking at health issues with a focus on the impact of racism

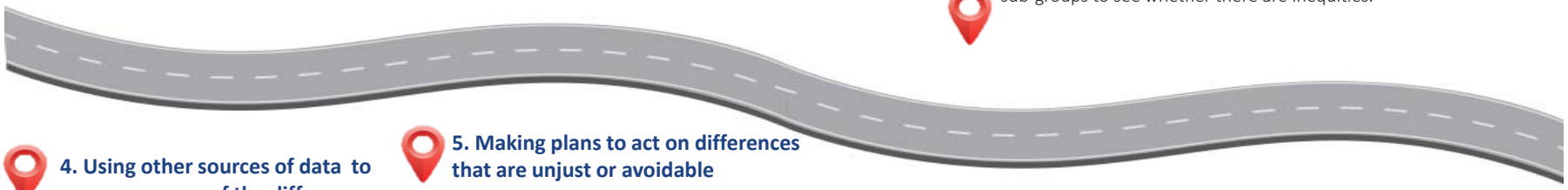
Describes why issues should be looked at with a racial equity lens and introduces a tool for programs to use in their work.

2. Determining if program is ready to use data to address racism

Encourages programs to use a self-assessment to better understand which systems are in place to support racial equity work using data.

3. Understanding what the data say about differences in health outcomes by race and ethnicity

Describes why it is important to look at data in smaller units such as race, ethnicity, or zip code and gives suggestions on how to do this. Provides guidance on comparing data across sub-groups to see whether there are inequities.



4. Using other sources of data to uncover causes of the differences

Provides suggestions on how to describe data with historical and structural context, with a focus on engaging the community.

5. Making plans to act on differences that are unjust or avoidable

Introduces tools to support the process of identifying the most striking inequities and creating a plan to address them.

6. Presenting data in ways that help people make sense of the numbers

Outlines important questions and things to consider in designing materials used to communicate data to key stakeholders.

7. Moving from data to action

Describes how to plan, put in place, and monitor the impact of interventions to address inequities.

For more information, contact: RESPIT@state.ma.us

www.mass.gov/service-details/racial-equity-data-road-map

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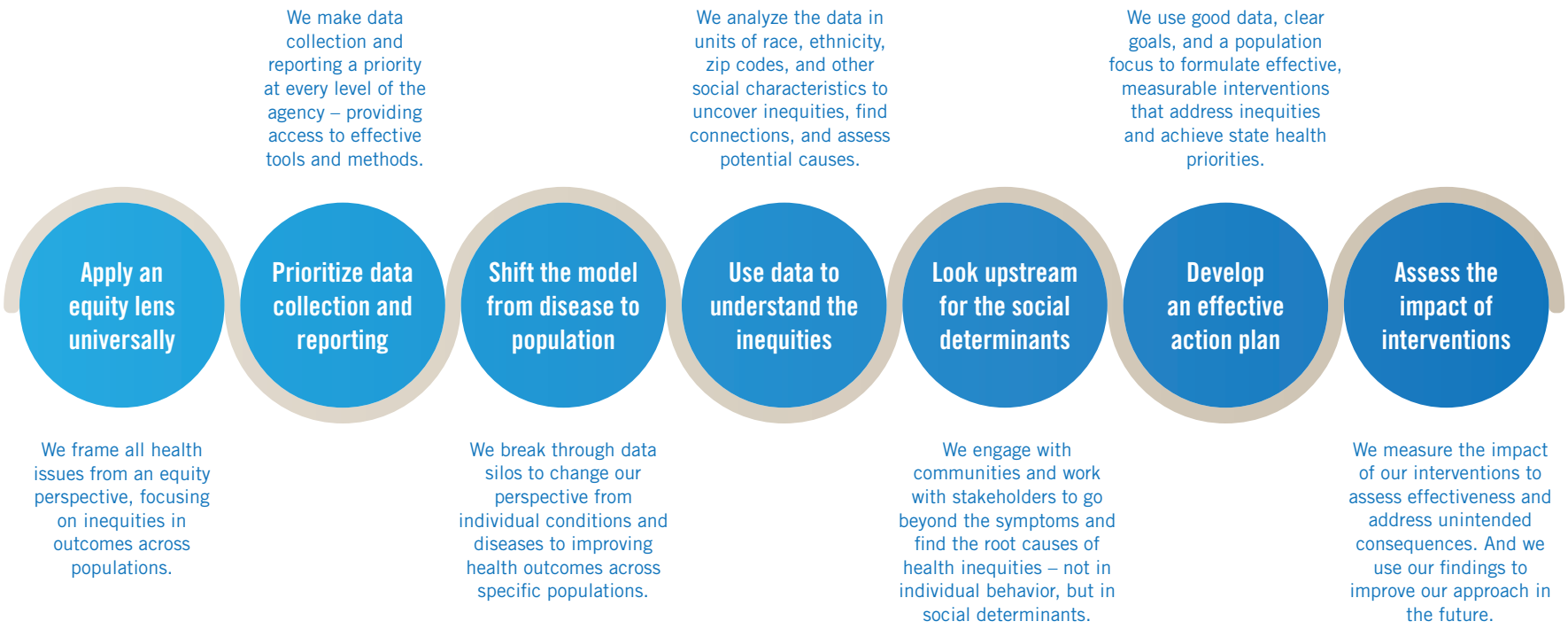
Figure 3: *Racial Equity Data Road Map*

THE DPH HEALTH EQUITY PATHWAY

It's not enough to say that we have a vision for health equity: we need a plan to achieve it. That's why we approach **health equity as a practice** – a way to leverage data to assess, identify, and address the inequities affecting our priority populations.



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