

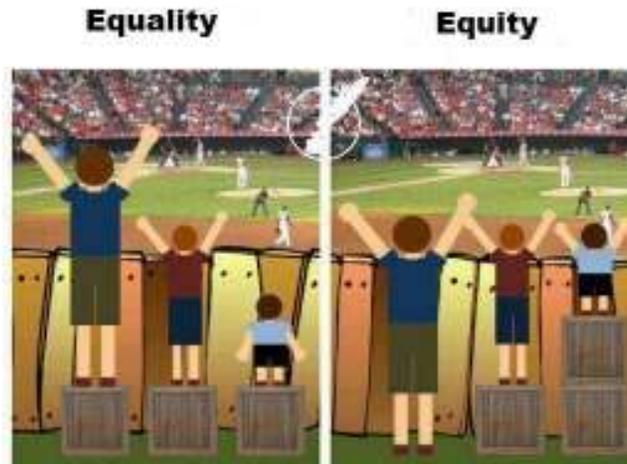
Massachusetts Department of Public Health Office of Health Equity

A Department-wide Resource

Georgia Simpson May, Director, Office of Health Equity
Presentation to the MA DPH Public Health Council
Wednesday, April 8th, 2015

The Office of Health Equity

Envisioning a Commonwealth where all people can achieve optimal health and well-being



- Promote health equity for people and communities disproportionately impacted by disparities.
- Shape and inform research, policies and practices to address racial, ethnic, linguistic, disability, gender identity and sexual orientation related disparities.
- Increase knowledge of the social determinants of health and the impact on health outcomes.

The foundation for our work

The social determinants of health



SDH: Conditions in which people are born, grow, live, work and age, including the health system.

These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices and are mostly responsible for **health inequities - the unfair and avoidable differences in health status** seen within and between countries [people/communities].

(World Health Organization)

The work of the Office

- Health & Disability Program (HDP)
- Healthcare Based Interpreter Services (HIS)
- Culturally & Linguistically Appropriate Services Initiative (CLAS)
- Developing Data Collection Standards
- Leading and participating on advisory boards, councils and committees

Championing the public health needs of people with disabilities

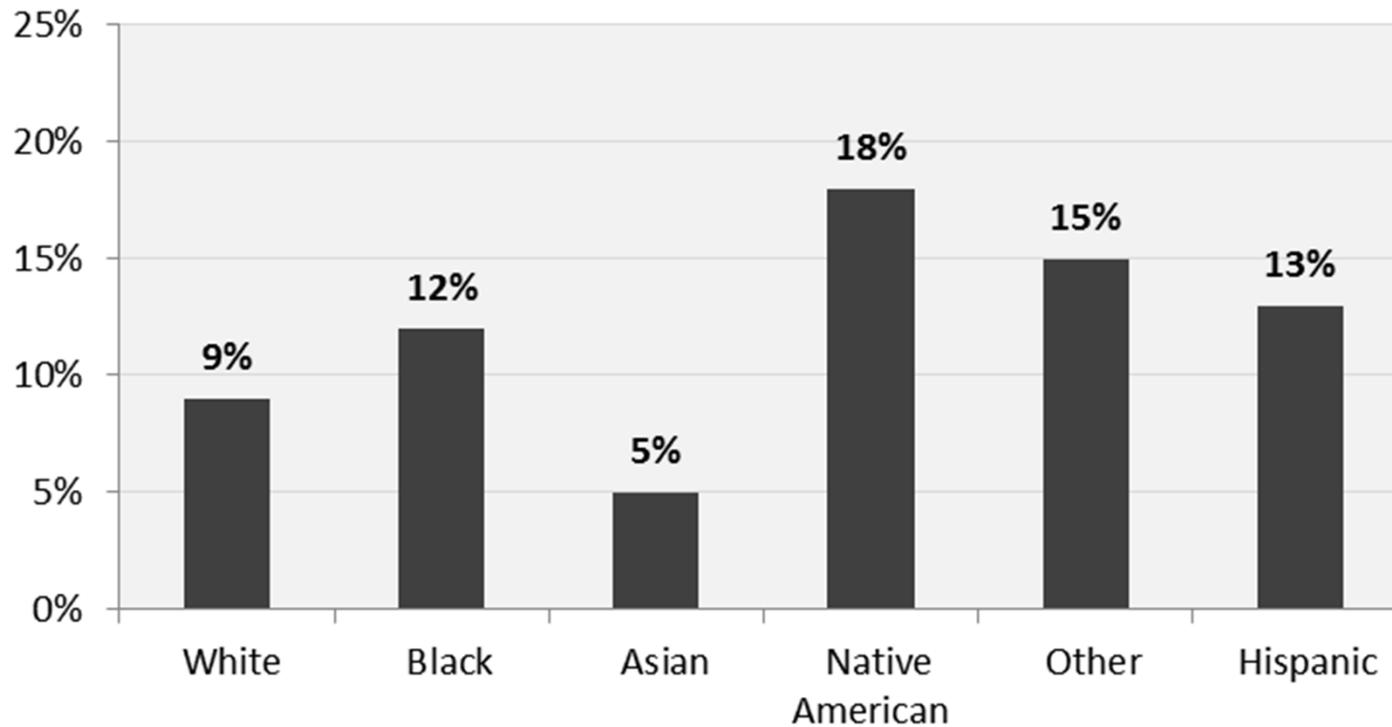


Health and Disability Program

Providing leadership in promoting the health and well-being of people with disabilities through policy and systems changes.

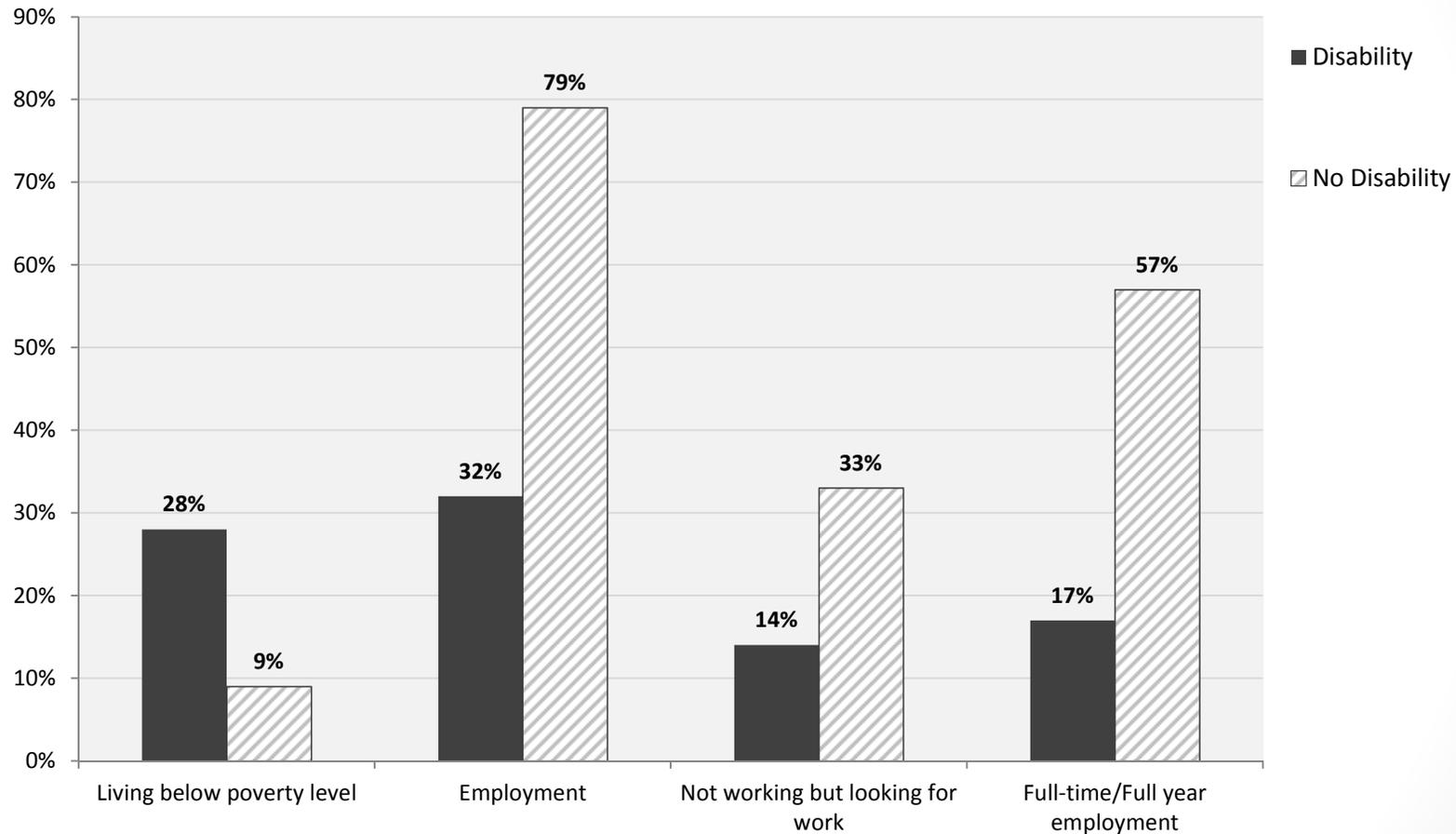
Profile of People with Disabilities in MA

Chart 2: Percentage of People with Disabilities in Massachusetts by Race/Ethnicity, 2011



Source: 2013, Health Needs Assessment of People with Disabilities in MA (ACS Data)

Poverty and Employment by Disability Status among Working-age People in Massachusetts in 2011



Source: 2013, Health Needs Assessment of People with Disabilities in MA (ACS Data)

Health Status Among People with Disabilities

Mental Health: 15 or more days of poor mental health

- 22% of adults with disabilities
- 7% people without disabilities

Depression: ever having had depression

- 33% of adults with disabilities
- 12% those without disabilities

Oral Health: Six or more teeth missing

- 26% of adults with disabilities
- 9% those without disabilities

Smoking: Current smoker

- 24% of adults with disabilities
- 16% of adults without disabilities

Source: 2013, Health Needs Assessment of People with Disabilities in MA (ACS Data)

Health & Disability Program (CDC Funded)

Improving the health of people with disabilities

First-ever statewide health needs assessment of people with disabilities to identify “Big Problems” (*top 10 listed below*)

*Snowball sampling method resulting in 865 responses;
over 5 times the expected response rate*

- | | |
|---|---|
| 1. Affordable housing (77%) | 6. Communication supports (large print, Braille, CART readers) (52%); |
| 2. Adequate dental care (64%) | 7. Managing chronic conditions (50%); |
| 3. Adequate mental hlth svcs (62%) | 8. Paying for prescription meds (48%); |
| 4. Finding a doctor who is sensitive to disability issues (55%) | 9. Finding a doctor who accepts public health insurance (48%); and |
| 5. Transportation to MDs appt (54%) | 10. Accessible gyms (45%) |

Subpopulation analysis; getting perspectives from people of color with disabilities (n=27)

Multicultural Independent Living Center of Boston (MILCB) Forum, Spring 2014

Most pressing issues identified during participant discussion:

- dental care access
- hospital access
- Insurance
- affordable prescription medications, and
- racial/ethnic biases
- communication and access to interpreters

Evidence-based Interventions for PWD

In general, EBIs are not designed with PWD in mind and are not adapted to meet the needs of PWD

Matter of Balance Falls Prevention Intervention

- HDP conducted the state's first participant workshop for deaf and deaf/blind consumers using ASL and ASL tactile interpreters.
- MA is now 1 of 4 states to have done this
- Documented lessons learned
- Working with MaineHealth to adapt the curriculum for deaf and deaf/blind consumers

Services delivered in one's preferred language



Healthcare-based Interpreter Service (HIS)

Monitoring the provision of language access in acute care, ambulatory, and specialty/rehabilitation hospitals licensed and regulated by DPH to ensure performance and quality.

Massachusetts is linguistically diverse

- MA is among the top 10 states with the largest LEP population (n=547,000)
- At 8.8%, MA is among the 13 states where the share of LEP residents meets or exceeds the national share (8.7%).
- MA had a 56.7% increase in its LEP population from 1990 to 2010

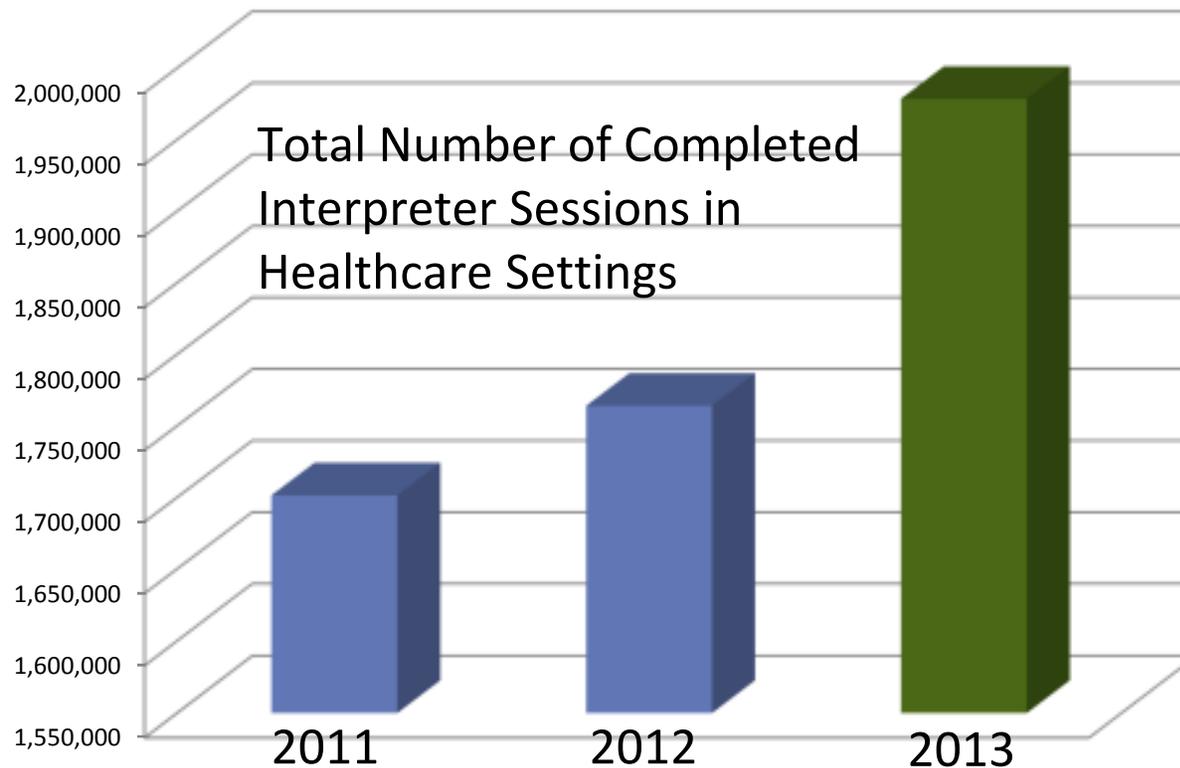
Migration Policy Institute, National Center on Immigrant Integration Policy
LEP Data Brief, Dec. 2011
Data Source Used: U.S. Census Bureau's 2010 ACS

Nov. 2013, OHE administered the first electronic HIS survey to document the provision of language access in healthcare settings

Electronic version of the required MDPH Interpreter Services Survey combines:

- 3-Year Comprehensive Language Needs Assessment (LNA)
- 1-Year Language Needs Assessment Update
- Annual Interpreter Services Progress Report
- Conditions Status Report

Provision of Language Access



9.5% (189,051) of all completed sessions were provided in Emergency Departments

Reports reflect FFY – Oct to Sept

Top ten languages interpreted in healthcare settings

2012		2013	
Language	Count	Language	Count
Spanish	901,940	Spanish	843,299
Portuguese	253,364	Portuguese	229,667
Chinese	138,090	Chinese	136,058
Russian	108,772	Russian	80,199
Cape Verdean	74,382	Arabic	45,578
Haitian Creole	69,473	Vietnamese	43,812
Vietnamese	66,478	Cape Verdean	38,446
Arabic	45,426	Haitian Creole	35,444
American Sign Language (ASL)	19,981	ASL	17,628
Albanian	12,894	Khmer/Cambodian	17,276
	1,690,800		1,487,407



Why is this useful information?

- Reflects current status of language need
- Helps to detect utilization of interpreter services by region and in EDs
- Useful for program planning and preparedness efforts
- Gives rise to best practices and recommendations

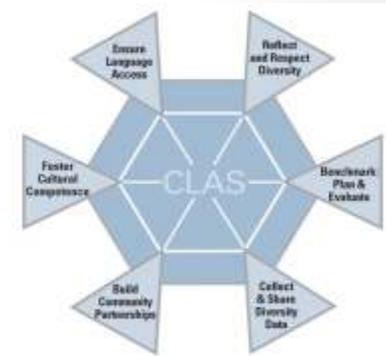
COMMUNICATION AND ACCESSIBILITY SERVICES



SIGN LANGUAGE AND ORAL INTERPRETERS, TTY'S AND OTHER AUXILIARY AID SERVICES ARE AVAILABLE FREE OF CHARGE UPON REQUEST

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Achieving equity with CLAS (Culturally and Linguistically Appropriate Services)



A Framework for Continuous
Quality Improvement

CLAS Initiative

Integrating the National CLAS Standards into public health practice through performance management and quality improvement

CLAS Initiative (OMH Funded)

A framework for continuous quality improvement

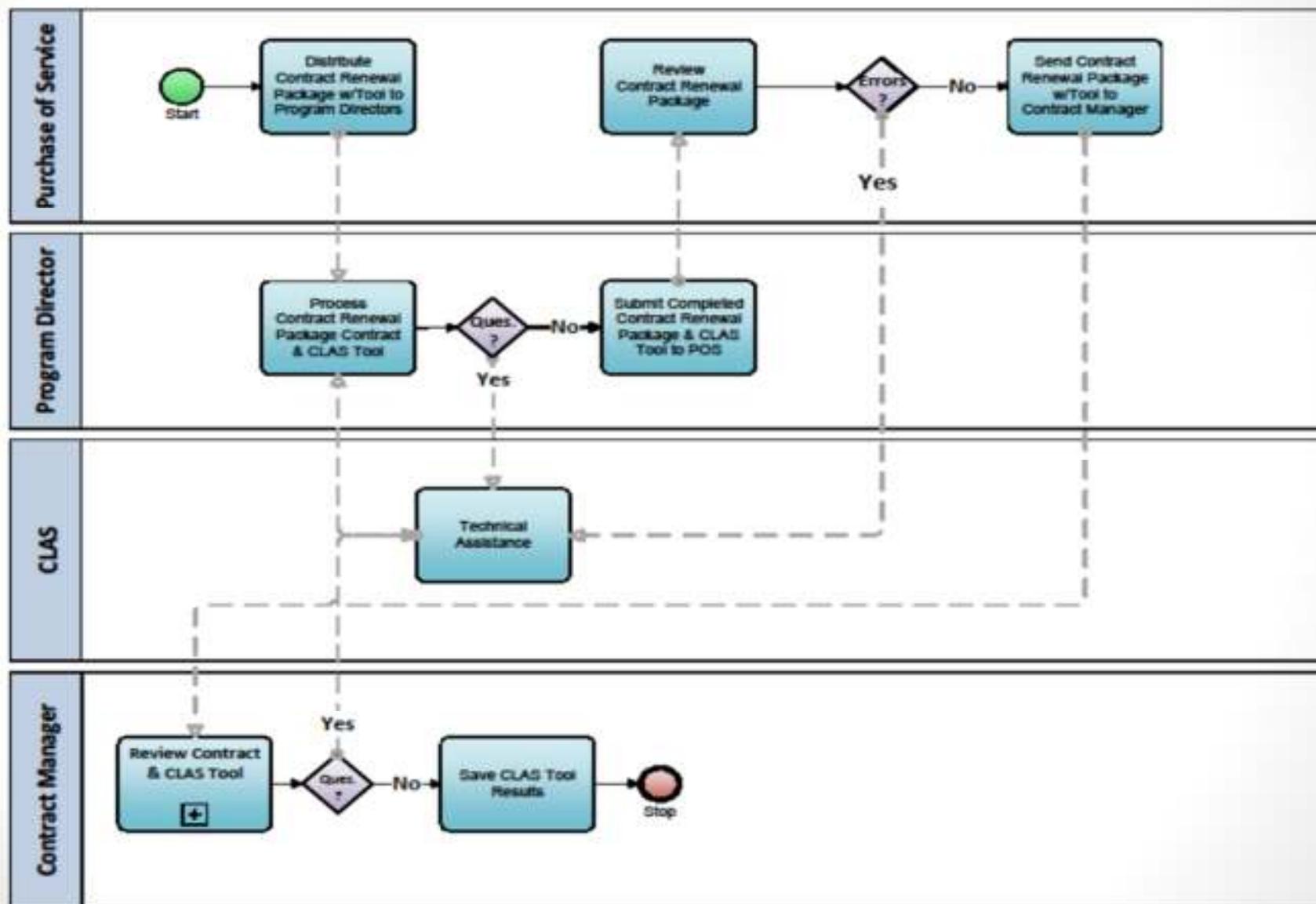


CLAS Vendor Self-Assessment integrated into POS
Performance Tracking System

Immunization Equity Initiative – Partnering with Local
Health and Communities using CLAS

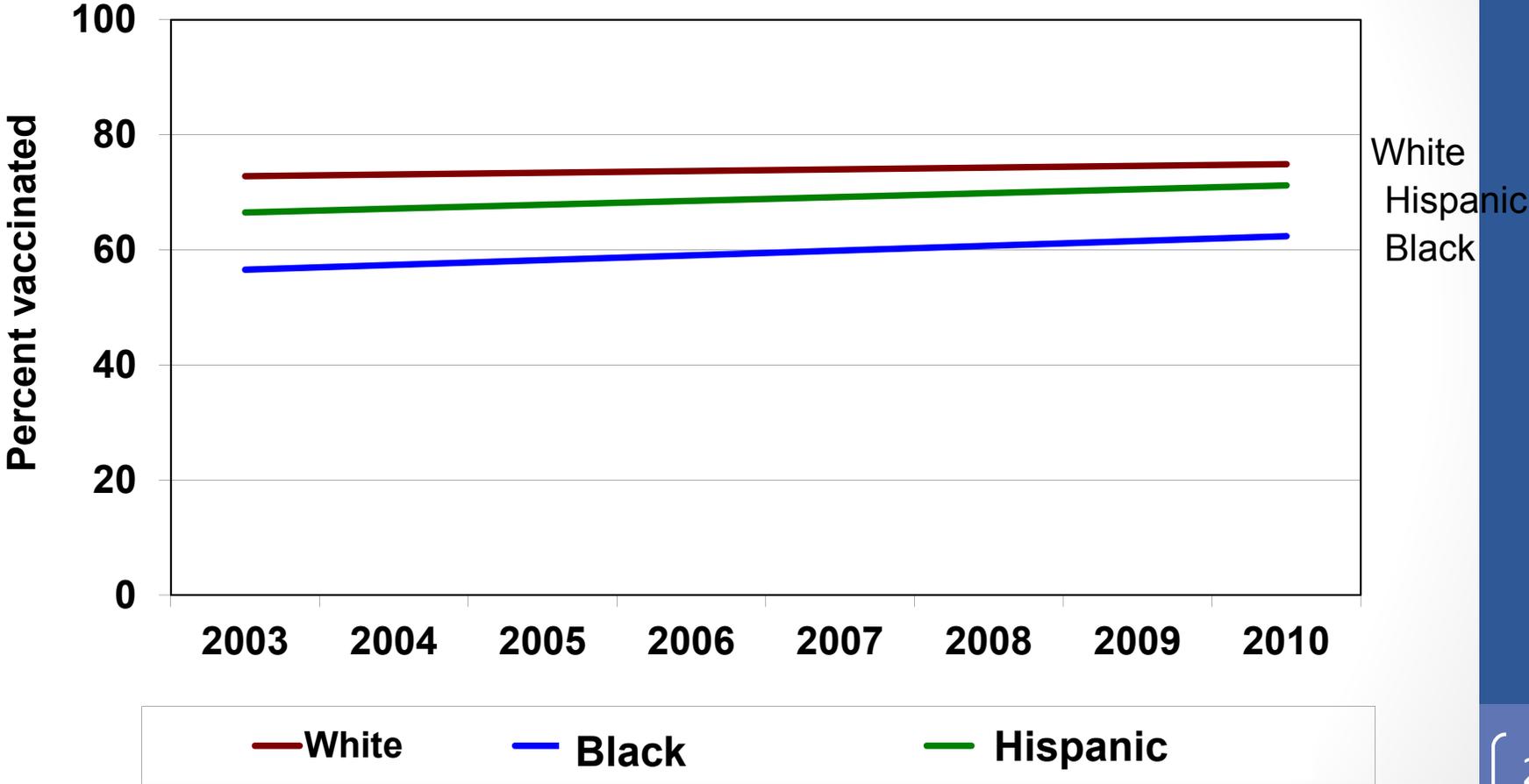
- Immunizing low vaccinating communities and reducing gaps between populations through plan, do, study, act (PDSA) model

CLAS systems integration – Performance Tracking



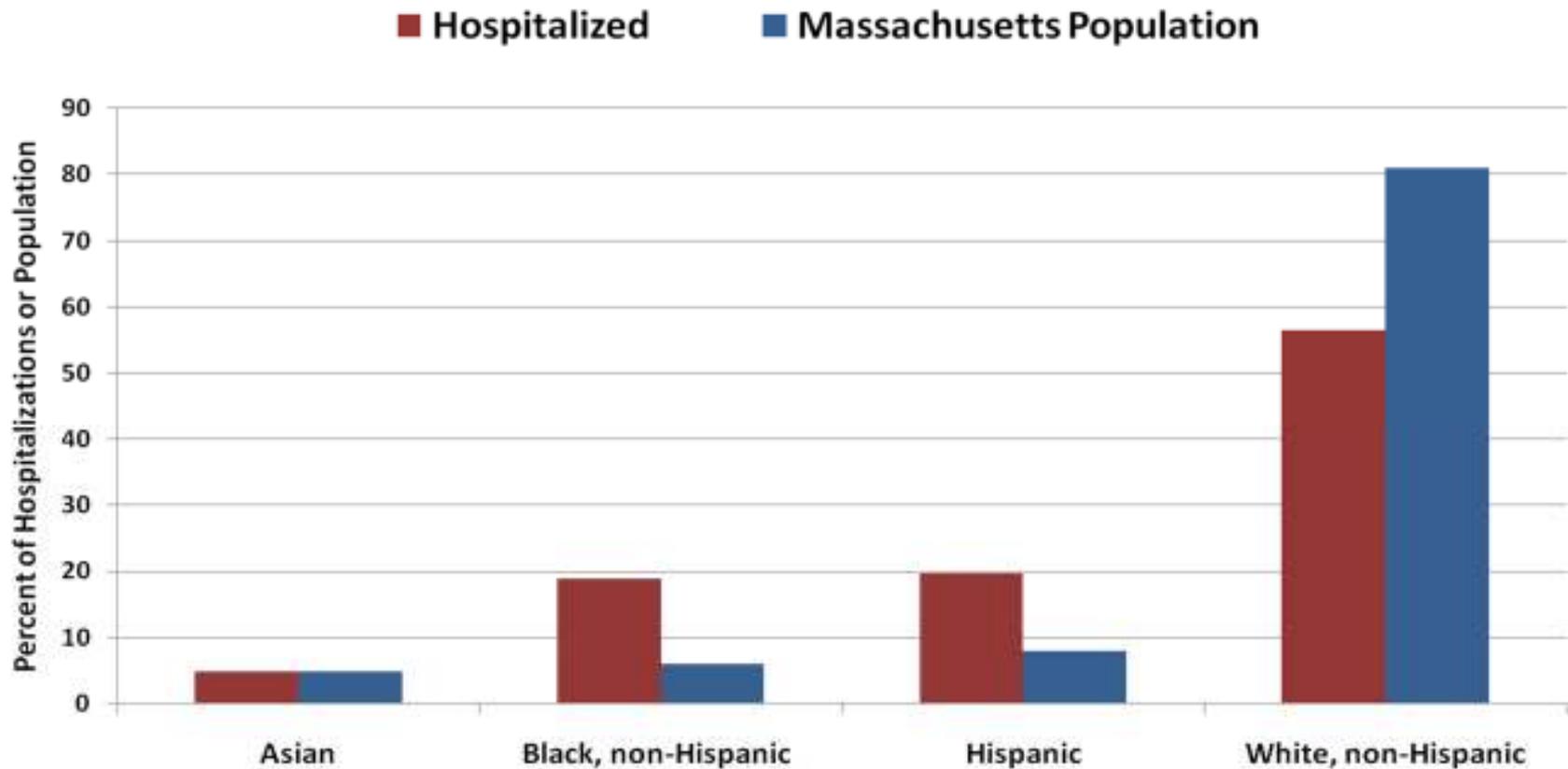
Immunization Equity

Trends in percent of MA adults ≥ 65 y/o who received flu vaccine, by race/ethnicity



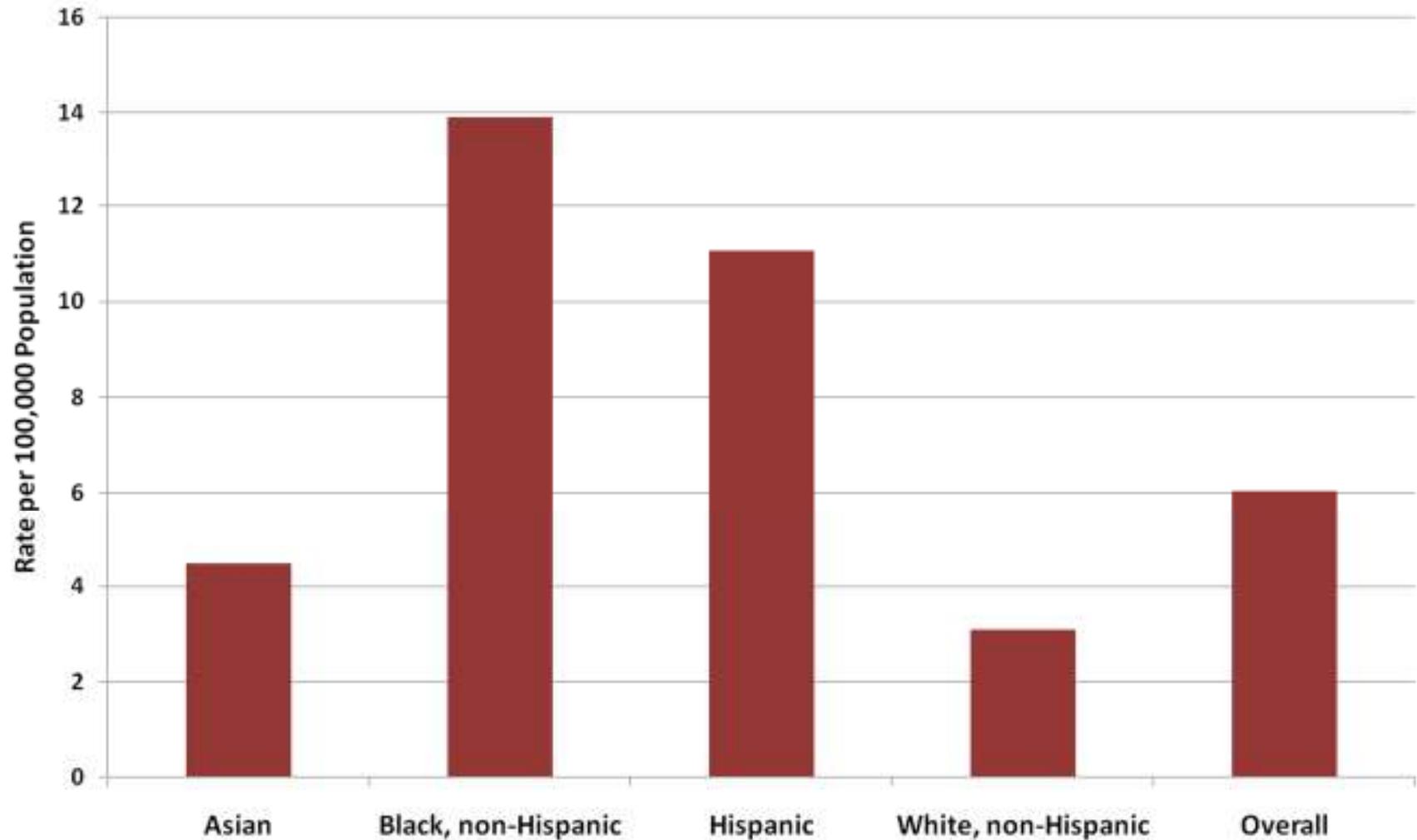
Source: BRFSS

Race/Ethnicity Among Hospitalized Individuals with 2009 Pandemic H1N1 Influenza Compared to the Massachusetts Population April 1, 2009 to January 5, 2010

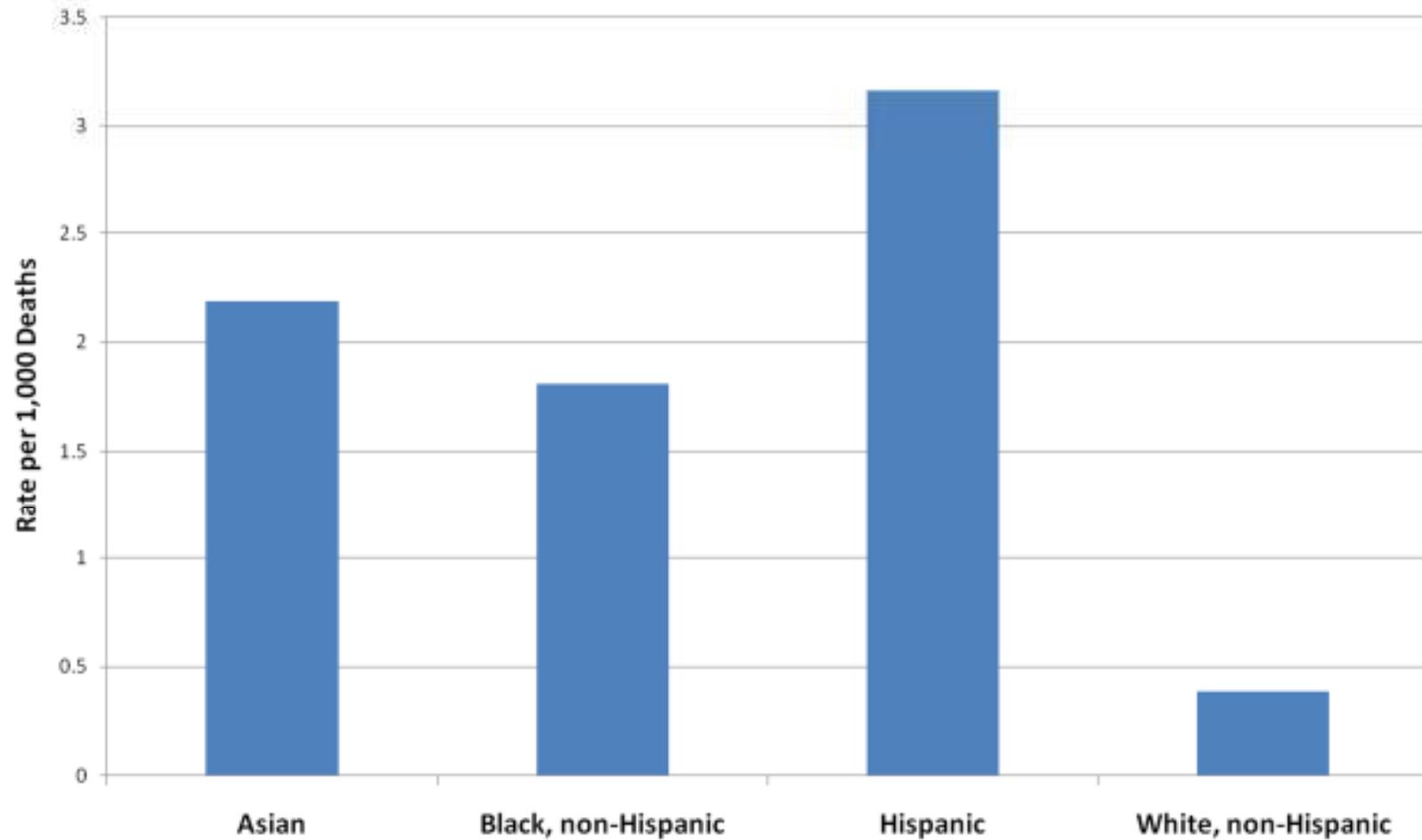


Source: MA DPH Immunization Program

Rate of Hospitalization with Pandemic H1N1 Influenza by Race/Ethnicity, per 100,000 Population Massachusetts, April 1, 2009 to January 5, 2010



Estimated Death Rates with Pandemic H1N1 Influenza by Race/Ethnicity, per 1,000 Deaths Massachusetts, April 2009 to January 2010



Closing the gap

- Formed an Immunization Equity Team
- Used lessons learned from funded CBOs working on H1N1 to inform future influenza and other vaccination efforts
- Established flu vaccine disparity reduction goals to meet HP2020 influenza immunization target
- Developed a guidance manual: *Flu Vaccine for Everyone*
- Working with Local Boards of Health – Immunization Equity TA (*new*)

Results for 2011-2012 flu season (> 6 months receiving vaccine)

- Black immunization rate increased 6% over the previous flu season
- The difference between flu vaccination rates for Whites and Blacks was only 2 percentage points, down from 10 percentage points in 2010/11

“We don’t know why this is, but I think all the work you [OHE] did with CBOs around this certainly helped.” Donna, MDPH BID



Collecting data to tell the stories



DPH Data Collection

- Race, Ethnicity and Language (REaL) Data Standards
- Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) Data Standards
- Disability Screeners
- Homelessness
 - Catalog indicators, identify programs and population size

Association of University Centers on Disabilities (AUCD)/CDC

MA is 1 of 6 states funded to identify individuals with IDD using state medicaid data – utilization and cost analysis

Affiliations, Councils and Committees

- ASTHO Senior Deputies Committee
- CLAS Coordinating Committee
- DPH Working Group on Homelessness
- MA Comprehensive Cancer Control Coalition
- MA Health & Disability Partnership
- MA Health Information Exchange Consumer Advisory Group
- MA Rehabilitation Commission Home Care Consumer Advisory Bd
- MDPH Diversity Council
- MDPH LGBTQ Working Group
- National Association of State Offices of Minority Health (NASOMH)
- New England Regional Health Equity Council (NE-RHEC)
- NIH Trauma Research Team
- Statewide Independent Living Council (SILC)



**Thank
You**

Mahalo

Kiitos

Thank you.

thank you



Tack

Toda

Grazie

Obrigado **Thanks**

Takk

Gracias **Merci**