

FUTURE OF PUBLIC HEALTH

OPPORTUNITIES & CHALLENGES

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Hello!

I am Kirby Lecy

- Oversee the State Office of Rural Health & Mass in Motion Municipal Wellness Initiative
- Focus on community capacity building, agency in health, and creating systems changes to facilitate healthier communities.
- President of National Organization of State Offices of Rural Health
- Board of New England Rural Health Association
- Life-Long Rural MA Resident & Small Farmer

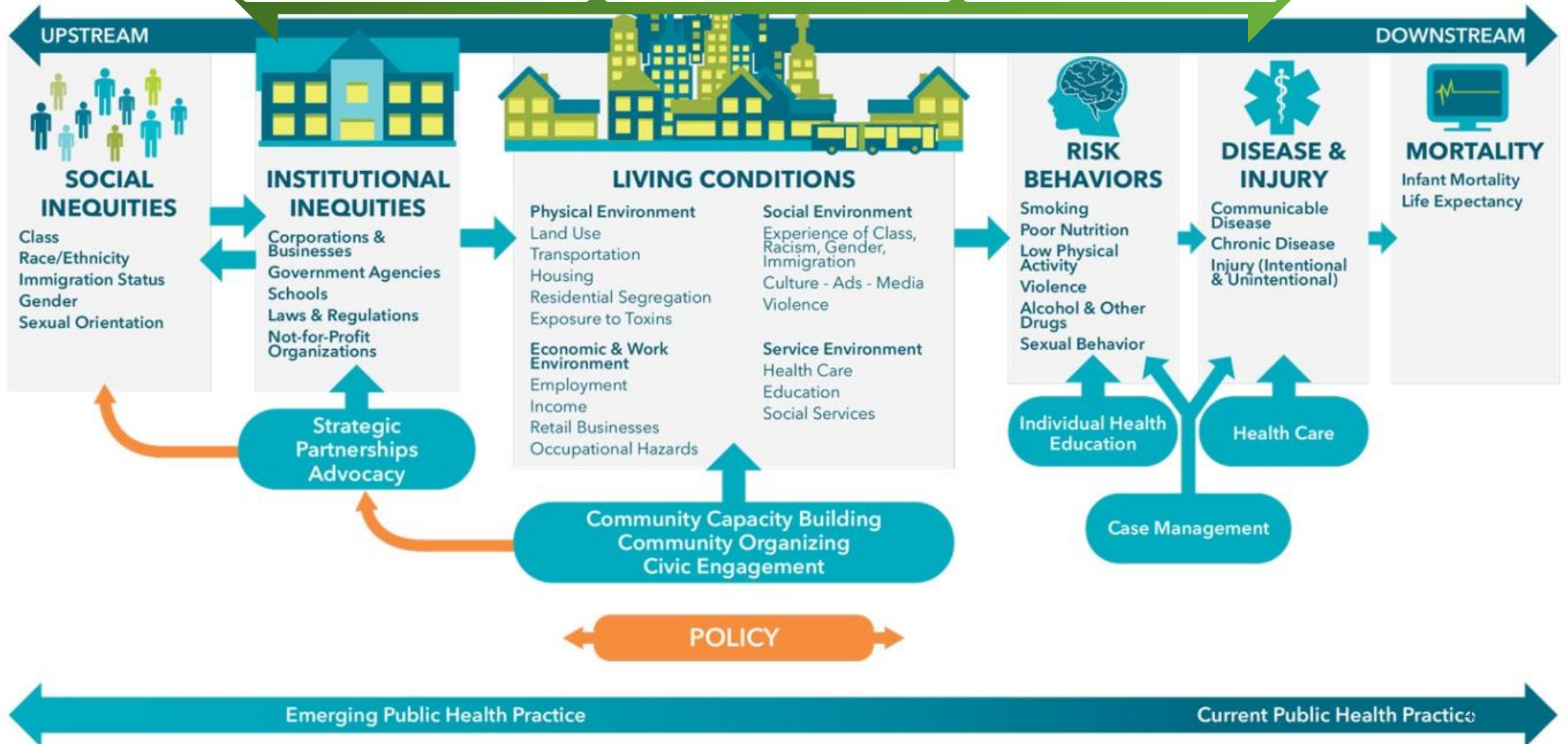
Today's Overview

- What drives health – how public health practice is changing
- What is rural?
- Equity and structural barriers
- Why we all have a role in healthy communities
- The strength of networks/coalitions/community groups
- Two examples of partnership
- The importance of local context

change policies and environments to remove these unjust systems
ex: transit improvements, food retail financing, CORI reform

mitigate the **level of risk** caused by these unjust systems
ex: increased cancer screening for men of color, youth primary prevention

address the **immediate health related social needs** caused by these unjust systems
ex: housing assistance, food vouchers



Source:
Framework
adapted from
the Bay Area
Regional
Health
Inequities
Initiative
White paper
on "The
Groundwater
Approach:
building a
practical
understandin
g of structural
racism" by
Bayard Love
and Deena
Hayes-
Greene of the
Racial Equity
Institute

THE MDPH RURAL DEFINITION

Rural towns have a very low population density and large geographic spread which creates isolation.

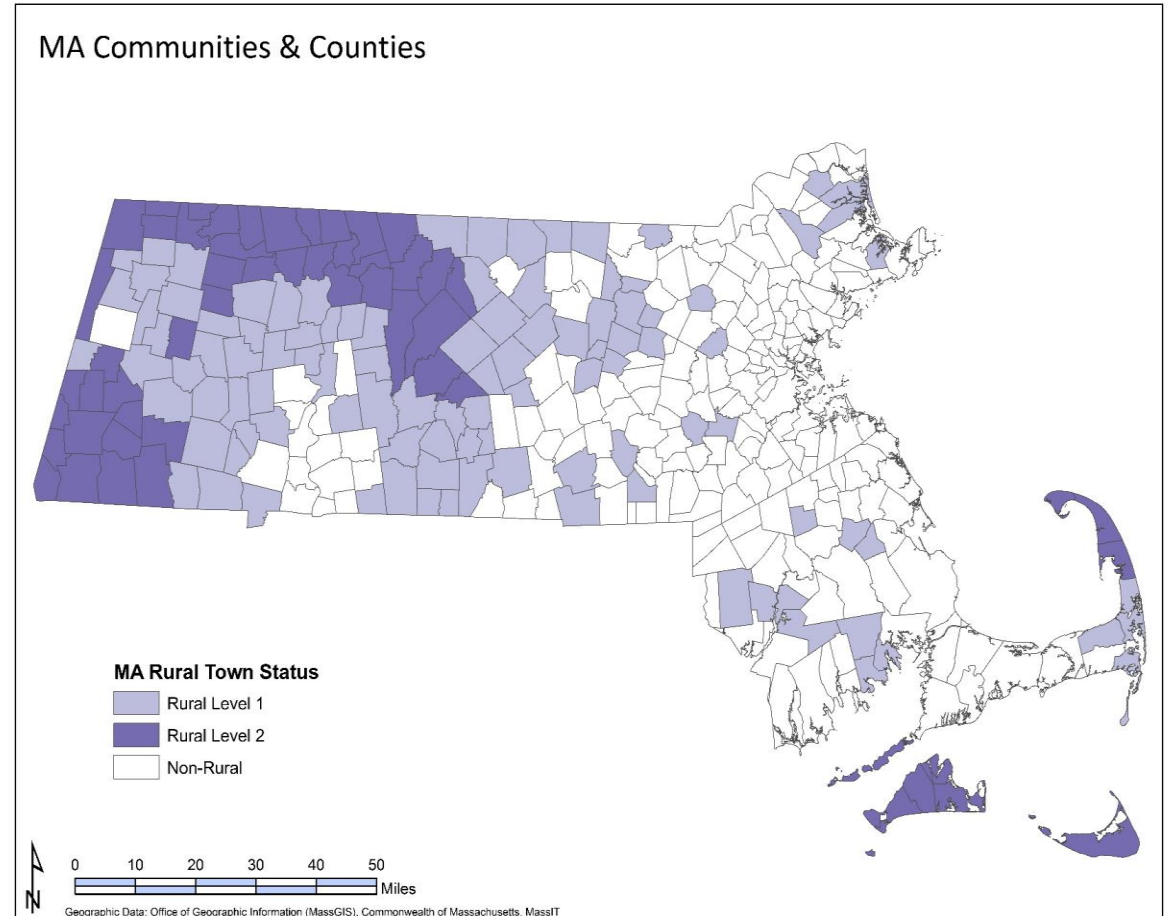
160 of
Massachusetts'
351 towns are
designated
Rural.

10% of
Residents live in
the 53% of
land mass
designated rural.

**The MDPH Rural
Definition has two
levels of rurality**

RURAL LEVEL 2 TOWNS
are less populated,
more remote, and
isolated from urban core
areas.

RURAL LEVEL 1 TOWNS
have more population
than level 2 and are
closer to urban core
areas.

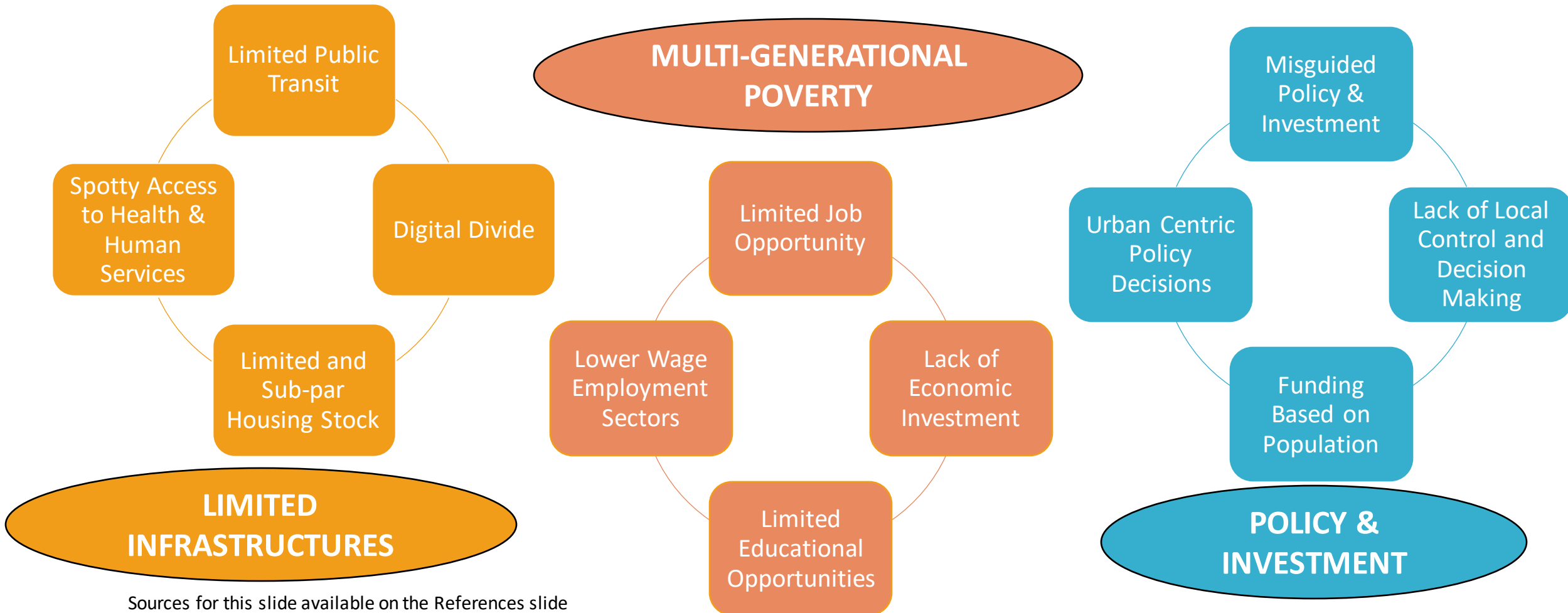


Source: MA State Office of Rural Health.

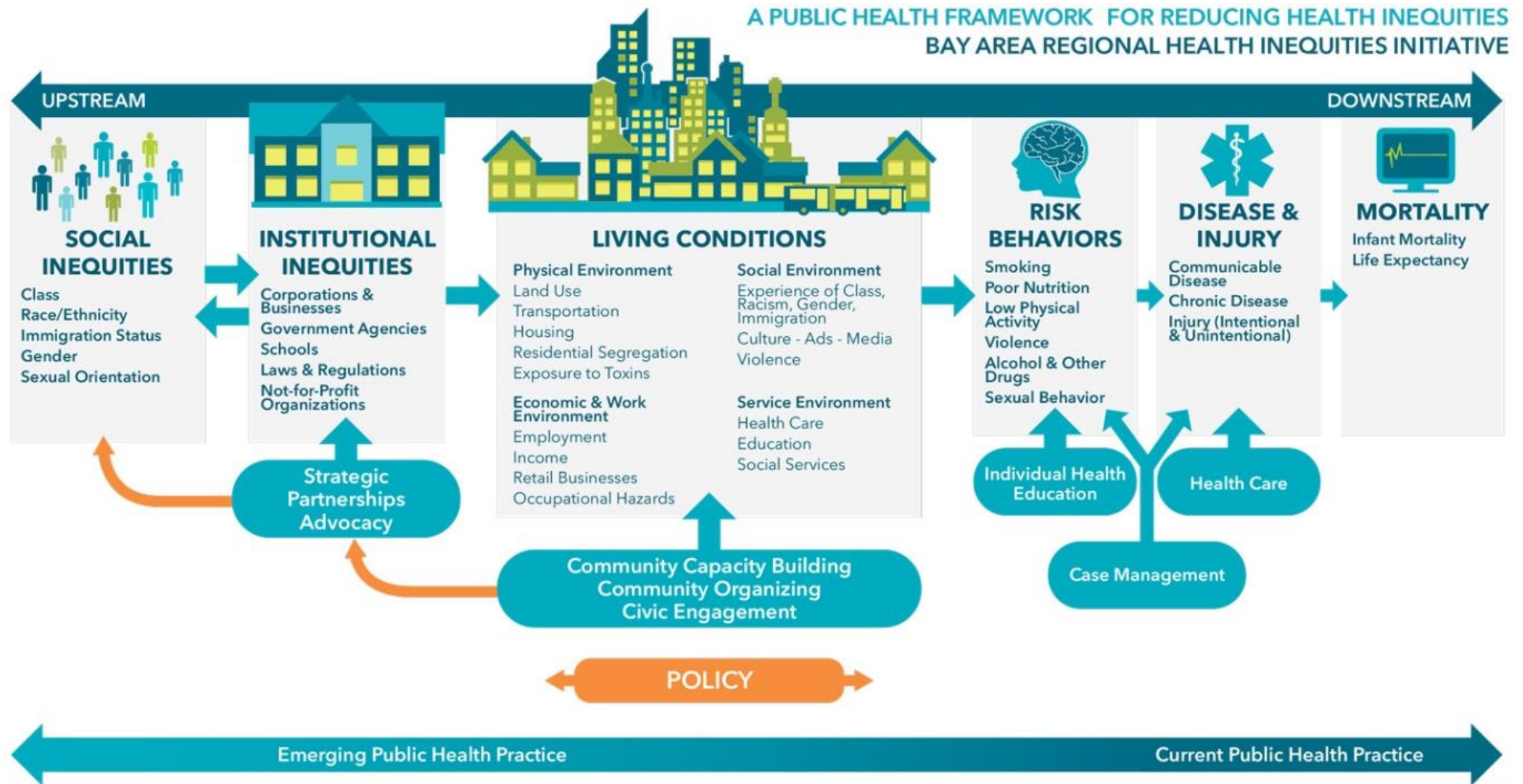
*There is no geographic definition for the “suburbs” or “metropolitan areas” within the federal classifications used by MA State Office of Rural Health.

STRUCTURAL BARRIERS IMPACTING RURAL COMMUNITIES

Structural barriers are obstacles that collectively affect a group disproportionately and perpetuate or maintain stark disparities in outcomes. Understanding these factors helps us to interpret data and inform the actions we take.



Who supports what in your community?



What does it look like in action?

Rural Vaccine Equity Initiative

A program partnering with rural communities to both meet **immediate needs for COVID-19 mitigation** and implement long range strategies to ensure **resiliency** from the factors that created poorer outcome from COVID-19. This project is active in 14 rural regions who have over 900 partners activated. Funding, resource navigation, and technical assistance help facilitate local solutions to identified needs.

Mass in Motion Municipal Wellness & Leadership Initiative

a **movement** to lower the risk of chronic disease by **addressing root causes** that impact opportunities for **active living** and **access to healthy and affordable foods** in cities and towns throughout Massachusetts. Working with a **diverse network of partners**, Mass in Motion Communities implement proven policies and practices to create environments that **support healthy living**.

How to find partners / existing resources?

- Ask !
- Check in with your regional and state contacts
- Look up on Coalition Finder: Coalitions - Community Health Training Institute (hriainstitute.org)

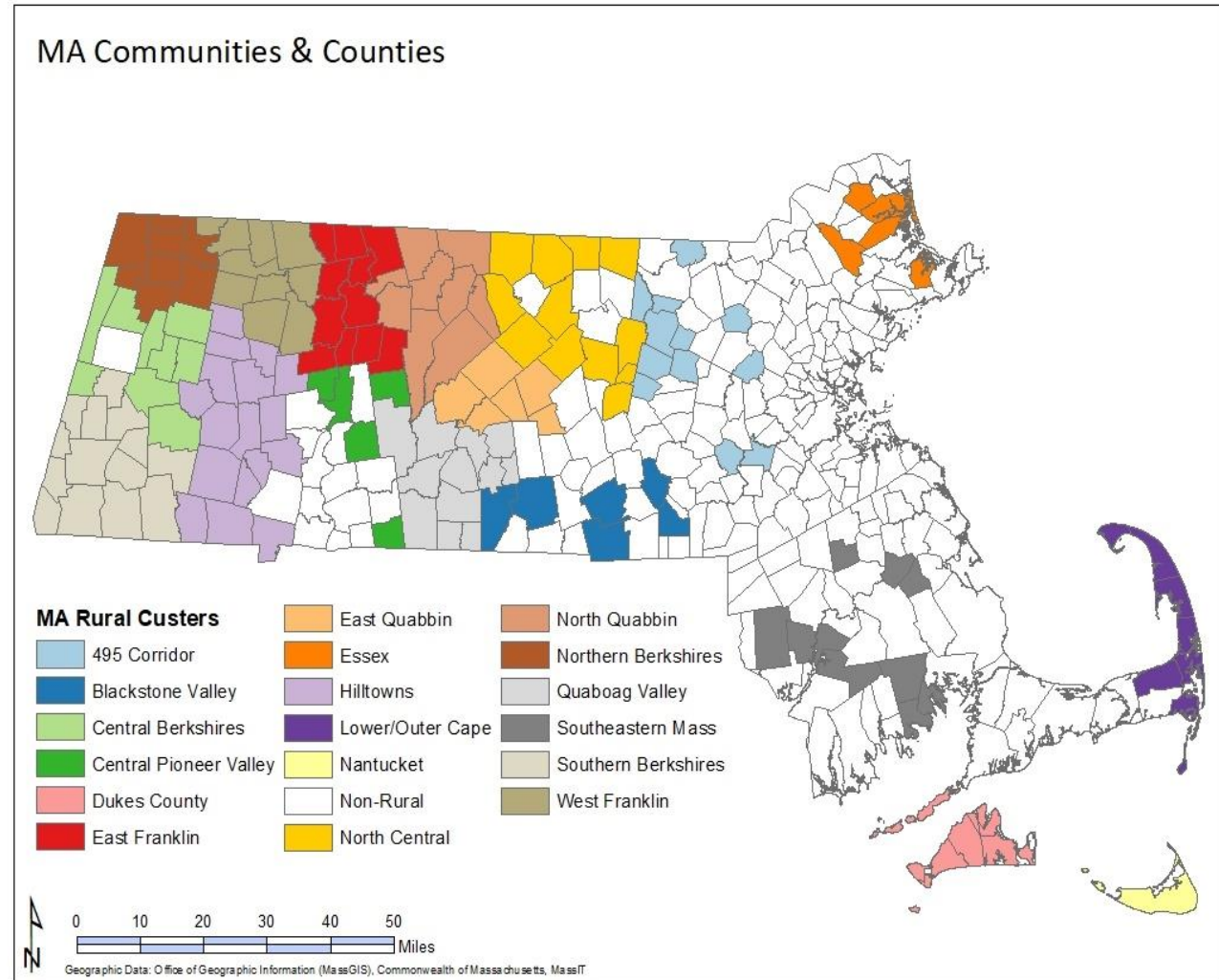
Tips for Engaging

- Listen
- Offer
- Be Honest
- Reciprocity

MA DPH USES RURAL CLUSTERS TO UNDERSTAND DIFFERENT RURAL AREAS' UNIQUE NEEDS – LOCAL CONTEXT MATTERS

Grouping small rural towns allows for more granular data analysis. Working with the MA Rural Advisory Council on Health DPH created Rural Clusters that represent geographic areas that have been historically classified together through shared services, cultural commonality, or geographic cohesion

The 18 Rural Clusters allow us to look at data and trends across our rural areas to better understand unique needs and target resources.

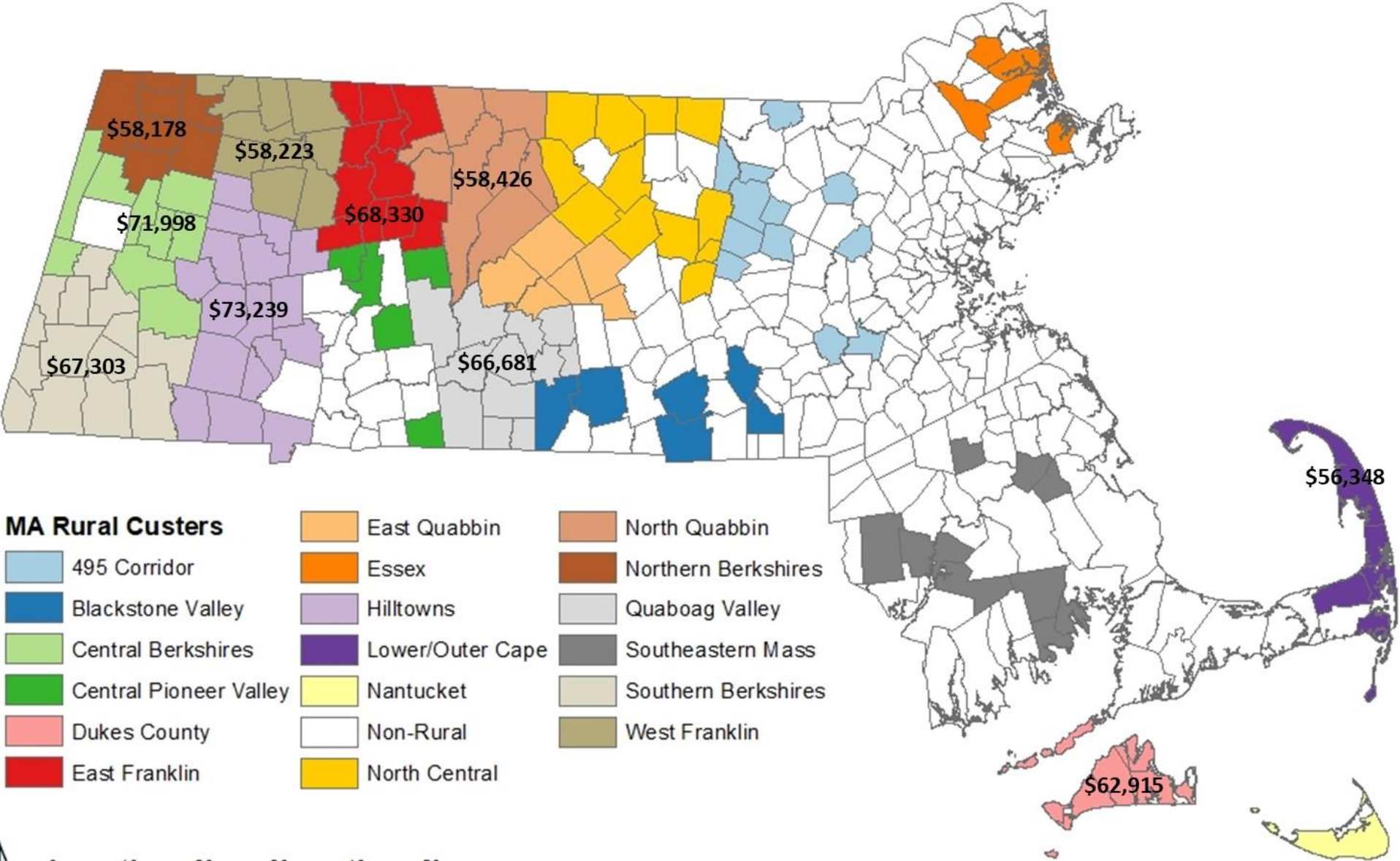


Source: MA State Office of Rural Health.

MEDIAN HOUSEHOLD INCOME BY RURAL CLUSTER

Median Household Income (ACS 2014-2018)

STATEWIDE
MEDIAN HOUSEHOLD INCOME
\$77,378



Rural Median
Household
Income
\$76,924

Urban
Median
Household
Income
\$87,220

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