

**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of November 18, 2015**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL  
MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor  
250 Washington Street, Boston MA**

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**Docket: Wednesday, November 18, 2015 9:00 AM**

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**1. ROUTINE ITEMS:**

- a. Introductions
- b. Updates from Commissioner Monica Bharel, MD
- c. Record of the Public Health Council Meeting October 21, 2015 **(Vote)**

**2. PRELIMINARY REGULATION**

- a. Informational briefing on proposed regulatory amendments to 105 CMR 120.000: *The Control of Radiation*

**3. FINAL REGULATIONS**

- a. Request for Approval to Promulgate Final Regulations on Proposed Rescission of 105 CMR 525.000: *Newburyport Shellfish Treatment Plant (Vote)*

**4. PRESENTATIONS**

- a. Environmental Health Tracking (This will be a demo of the system)
- b. Update on Valor Act II
- c. Update on Epidemiologic Job Series Expansion
- d. Baby-Friendly Hospital Initiative Hospital Readiness Assessment Project

*The Commissioner and the Public Health Council are defined by law as constituting the Department of Public Health. The Council has one regular meeting per month. These meetings are open to public attendance except when the Council meets in Executive Session. The Council's meetings are not hearings, nor do members of the public have a right to speak or address the Council. The docket will indicate whether or not floor discussions are anticipated. For purposes of fairness since the regular meeting is not a hearing and is not advertised as such, presentations from the floor may require delaying a decision until a subsequent meeting.*

**Public Health Council**

Presented below is a summary of the meeting, including time-keeping, attendance and votes cast.

**Date of Meeting:** Wednesday, November 18, 2015

**Beginning Time:** 9:23AM

**Ending Time:** 11:29AM

**Attendance and Summary of Votes:**

<b>Board Member</b>	<b>Attended</b>	<b>Item 1c Minutes of the October 21, 2015 Meeting</b>	<b>Item 3a Request for Approval to Promulgate Final Regulations on Proposed Rescission of 105 CMR 525.000: <i>Newburyport Shellfish Treatment Plant</i></b>
Monica Bharel	Yes	Yes	Yes
Edward Bernstein	Yes	Yes	Yes
Derek Brindisi	Absent	Absent	Absent
Harold Cox	Absent	Absent	Absent
John Cunningham	Absent	Absent	Absent
Michele David	Yes	Yes	Yes
Meg Doherty	Absent	Absent	Absent
Michael Kneeland	Yes	Yes	Yes
Paul Lanzikos	Yes	Yes	Yes
Denis Leary	Absent	Absent	Absent
Lucilia Prates-Ramos	Absent	Absent	Absent
Jose Rafael Rivera	Yes	Yes	Yes
Meredith Rosenthal	Yes	Yes	Yes
Alan Woodward	Yes	Yes	Yes
Michael Wong	Yes	Yes	Yes
<b>Summary</b>	<b>9</b>	<b>9</b>	<b>9</b>

## **PROCEEDINGS**

A regular meeting of the Massachusetts Department of Public Health's Public Health Council (M.G.L. c. 17, §§ 1, 3) was held on Wednesday, November 18, 2015 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2<sup>nd</sup> Floor, Boston, Massachusetts 02108.

Members present were: Department of Public Health Commissioner Monica Bharel (chair); Edward Bernstein, MD; Michele David, MD; Michael Kneeland, MD; Paul Lanzikos; Jose Rafael Rivera; Meredith Rosenthal, PhD; Michael Wong, MD., and Alan Woodward, MD.

Absent member(s) were: Derek Brindisi; Harold Cox; John Cunningham, PhD; Meg Doherty; Denis Leary; and Lucilia Prates-Ramos.

Also in attendance were Margret Cooke, General Counsel at the Massachusetts Department of Public Health and Jennifer Barrelle, Interim Deputy Chief of Staff for Policy and Regulatory Affairs at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:23AM and made opening remarks before reviewing the agenda. The Commissioner's remarks included the following items:

## **ROUTINE ITEMS**

### **Updates from Commissioner Monica Bharel, M.D., MPH**

To open the meeting, Commissioner Bharel gave several updates to Council members.

The Commissioner congratulated the Office of Emergency Preparedness and the DPH Communications Team for receiving the 2015 MarCom Platinum award as the best Public Service Announcement (PSA) Campaign. She noted that this is an international creative competition and that there were over 6,500 entrants in the 2015 competition, of which only 16% received the Platinum award. The PSA was then played for Council members.

Commissioner Bharel invited Council members to look around the room at the various signs that promote DPH's State without StigMA campaign. She noted that the Communications Team has been working on implementation of the Governor's recommendation to eliminate the stigma of addiction, and included that the newest campaign focuses on the need to remove stigma around drug misuse. Before playing one of the individual stories associated with the campaign, Commissioner Bharel noted that addiction is not a choice – but a chronic disease similar to diabetes, heart disease, and arthritis.

Commissioner Bharel highlighted her recent participation in the State of the State of the Opioid Crisis, and noted she spoke alongside Marylou Leary from the White House's Office of National Drug Control Policy. She concluded by noting that the only way to overcome the opioid epidemic is by bringing together stakeholders from a variety of sectors, including law enforcement, schools, healthcare, the advocacy community, and elected leaders at both the state and federal level.

Lastly, Commissioner Bharel gave a brief presentation on the medical education core competencies for the prevention and management of prescription drug misuse developed by the Governor's Medical

Education Working Group on Prescription Drug Misuse. She noted that the Working Group included deans of four medical schools, Boston University School of Medicine; Harvard Medical School; Tufts University School of Medicine; and the University of Massachusetts School of Medicine, as well as the Massachusetts Medical Society. Her presentation discussed core competencies developed, including: preventing prescription drug misuse through screening, evaluation, and prevention; treating patients at risk for substance use disorders by engaging patients in safe, informed, and patient-centered treatment planning; and managing substance use disorders as a chronic disease and eliminating stigma and building awareness of social determinants.

Jose Rafael-Rivera commented that the holidays present a stressful time and triggers for many people affected by substance abuse, and to be mindful and thoughtful of that during the holiday season.

Dr. Wong thanked the Commissioner and working group for their work to address this, and commented that he is excited this will expand to other prescribers. He additionally commented that this should be better integrated into discharge planning for individuals, and gave an example of how this can be applied successfully in patient care settings.

Commissioner Bharel thanked Dr. Wong for his comments, and highlighted the importance of the team-based care approach.

Dr. David thanked the Commissioner for this work, and congratulated her on successfully convening deans from all four medical schools.

Dr. Bernstein thanked the Commissioner for this work, and noted that it is important that this document understands that addiction and other diseases are influenced by where people stand in society, and that a person's community and their social determinants influence their health. He included that this is a progressive approach and works to empower patients versus looking down on them.

## **Minutes**

Commissioner Bharel asked if any members had any changes to be included in the October 21, 2015 meeting minutes. Hearing no request for changes, Commissioner Bharel requested a motion to accept the minutes.

Mr. Rivera made a motion to approve, and Dr. Bernstein seconded the motion. All approved.

## **PRELIMINARY REGULATION**

### **a. Informational briefing on proposed regulatory amendments to 105 CMR 120.000: *The Control of Radiation***

Commissioner Bharel invited John Halter, Chief of Regulatory Implementation for the Bureau of Environmental Health, for an informational briefing on proposed regulatory amendments to 105 CMR 120.000: The Control of Radiation. He was joined by Joshua Daehler, Supervisor of the Radioactive Materials Program and Jim Ballin, General Counsel for the Radiation Control Program.

Upon conclusion of the presentation, the Commissioner asked if Council members had any questions for Mr. Halter, Mr. Daehler, or Mr. Ballin.

Dr. Bernstein asked if there are plans to ship or store radioactive materials across state lines.

Mr. Daehler noted that there are hundreds of shipments daily, largely for research purposes. Regarding storage, he noted that there are provisions around short-term storage but there are no long-term storage plans.

## **FINAL REGULATION**

### **a. Request for Approval to Promulgate Final Regulations on Proposed Rescission of 105 CMR 525.000: *Newburyport Shellfish Treatment Plant* (Vote)**

Commissioner Bharel invited Julian Cyr, Director of Policy and Regulatory Affairs for the Bureau of Environmental Health, for a presentation and request for approval to promulgate final regulations on the proposed rescission of 105 CMR 525.000: *Newburyport Shellfish Treatment Plant*. He was joined by Mr. Halter.

Upon conclusion of the presentation, the Commissioner asked if Council members had any questions for Mr. Cyr.

Seeing no questions, Commissioner Bharel requested a motion for final promulgation

Dr. Woodward motioned to approve, Dr. Wong seconded. All approved.

## **PRESENTATIONS**

### **a. Environmental Public Health Tracking System Demonstration**

Commissioner Bharel invited Lara Ariori, Environmental Analyst for the Bureau of Environmental Health, for a demonstration of the Bureau's Environmental Public Health Tracking System. She was joined by Jan Sullivan, Acting Director for the Bureau of Environmental Health and Brenda Netreba, Environmental Analyst for the Bureau of Environmental Health.

Upon conclusion of the demonstration, the Commissioner asked if Council members had any questions for Ms. Ariori.

Dr. Kneeland asked what the reference value for the SIR is.

Ms. Netreba responded that the expected number takes into account 18 different age and gender breakdowns across the state, and looks at the number of cancer diagnoses in the state population and for the geographic area, such as a census tract. She used prostate cancer in older males as an example, saying that the number of prostate cancer diagnoses would be examined for men over a certain age.

Dr. Kneeland asked if this looked at what was to be expected during a certain time period as compared to previous time periods.

Ms. Netreba indicated this rate is over a five year period.

Ms. Sullivan added that this is based on a statewide rate that has been age and gender adjusted and compared to a smaller population area, and included that this applies a stable state rate to a smaller population.

Dr. Bernstein asked if we are trying to identify hotspots where something in the environment may have triggered cancer.

Ms. Ariori responded that this information could raise that question, but that the data is not drawing direct conclusions.

Commissioner Bharel said that this is a public-facing portal, and can examine numerous factors such as social determinants of health. This information may show some association, or at least raise the question that there could be some association.

Mr. Lanzikos asked if there was an online guide to use the site.

Ms. Ariori indicated there was previously an online tutorial. Ms. Sullivan noted that there is a contact page that allows users to call staff with questions.

Mr. Lanzikos asked how this information is disseminated.

Ms. Ariori responded she has done various demonstrations for groups. Commissioner Bharel stated that one reason this was being brought to PHC today was to help raise awareness, and that a link to the website and tutorial will be sent to all PHC members.

Mr. Lanzikos asked, in general, what the date range for data sets is.

Ms. Sullivan indicated the date ranges differ by data set, and that it is a priority of DPH to work to get as up-to-date data as possible.

Mr. Lanzikos suggested that a listserv be developed in order to send notifications when the site or data is updated.

Mr. Rivera asked if there were data sets or information for substance abuse.

Ms. Sullivan responded that there is not a data set available for substance abuse, but it is a good suggestion and something that DPH is working on.

Commissioner Bharel noted that the Department is looking to do more cross-bureau work, and the Bureau of Environmental Health has been helpful in applying this approach to the opioid use data. She mentioned the Department is working to make this information as current as possible, and said the Council members would be updated on progress.

Dr. Bernstein noted that the cancer registry is a great data source, and asked what other datasets from other agencies, such as [the Center for Health Information and Analysis (CHIA)], are available.

Ms. Ariori responded that DPH has many different data partners, such as the Massachusetts Cancer Registry, CHIA, information collected by DPH, and the Department of Environmental Protection.

Dr. Woodward said this is an excellent tool, and something all local boards of health should be aware of. He asked if DPH data staff were monitoring data trends, statewide and locally, and then getting that information to local communities.

Ms. Sullivan noted that to date this work has mostly been project-driven. She also noted that the Bureau proactively uses this information for Health Impact Assessments, which are a relatively new tool used to factor public health into policies or decisions.

Dr. Woodward asked further if this data is being used proactively at a bigger level.

Commissioner Bharel responded that as we move to use data in new and improved ways, step one is to understand the tools and the data that we have currently, and step two is to look at what we have and what can trends are highlighted so we can investigate further. She noted that we are still in step one, but when we fully understand the tools available and how they can cross link with one another, we can move onto the next step.

Dr. Bernstein noted that an intelligence team is needed with their finger on the pulse of this data, so we are able to follow communities overtime and note trends in order to identify possible environmental factors.

Dr. Wong noted there could be huge potential to build this into emergency preparedness and in surveillance of infectious pathogens or threats, as well as identifying health equity issues percolating under the surface.

Dr. Kneeland had a question about where certain cases or diagnoses are attributed as people move throughout the state.

Ms. Sullivan and Commissioner Bharel clarified that the data is prevalence data versus incidence data.

Mr. Lanzikos suggested linking Dr. Atul Gwande's hotspotting article on the tracking website.

#### **b. Update on Valor Act II**

Commissioner Bharel invited Lauren Nelson, Director of Policy and Quality Improvement for the Bureau of Health Care Safety and Quality; Ben Cluff, Veterans Services Coordinator for the Bureau of Substance Abuse Services; and Alan Holmlund, Director of the Suicide Prevention Program for the Bureau of Community Health and Prevention, to the table for a presentation on the implementation of the VALOR Act II.

Upon conclusion of the presentation, the Commissioner asked if Council members had any questions for Ms. Nelson, Mr. Cluff, or Mr. Holmlund.

Dr. Bernstein asked if the SAVE number is for addiction services, as well.

Mr. Holmlund and Mr. Cluff confirmed that it can be used or addiction services, as well, and that the Hotline is available 24/7 to connect individuals with addiction services.

Mr. Lanzikos commented that he heard a report earlier this month that there is an average of 22 suicides per day among military veterans or active personnel. He additionally followed up that the circular letter should be circulated widely in other settings and would be happy to connect on that.

Seeing no further questions, Commissioner Bharel thanked Ms. Nelson, Mr. Cluff, and Mr. Holmlund for their presentation.

Mr. Lanzikos left the meeting briefly at 10:42AM, and returned at 10:44AM.

**c. Baby-Friendly Hospital Initiative Hospital Readiness Assessment Project**

Commissioner Bharel invited Rachel Colchamiro and Lea Susan Ojamaa

Dr. Wong left the meeting briefly at 10:56AM, and returned at 10:58AM.

Upon the conclusion of the presentation, the Commissioner asked Council members had any questions for Ms. Colchamiro and Ms. Ojamaa.

Dr. Kneeland left the meeting briefly at 11:03AM, and returned at 11:05AM

Mr. Rivera thanked Ms. Colchamiro and Ms. Ojamaa for their presentation, and asked if this information is promoted, particularly by providers such as midwives, doulas, and community health workers.

Ms. Colchamiro responded that the program does work with those partners, presents annually at the Massachusetts Breastfeeding Coalition Conference on DPH work, and sends a letter during World Breastfeeding Week to all of the birthing hospitals with data and information on what DPH is working on. She also mentioned that this information is given to [Women, Infant, and Children (WIC)] programs, and is on the program's website, [www.mass.gov/dph/breastfeeding](http://www.mass.gov/dph/breastfeeding).

Dr. Bernstein asked if a next step of this initiative is to provide breastfeeding support for employees as well.

Ms. Colchamiro responded that there is an annual Breastfeeding Achievement Award, and that the theme of last year's award was hospitals that do provide lactation support for employees so DPH was able to highlight hospitals doing well.

Dr. Woodward asked if there was a way to promote all the benefits of breastfeeding proactively and during prenatal visits, so mothers are going into the hospital to deliver with the expectation of breastfeeding.

Ms. Colchamiro noted that this is part of Step 3 in the Baby Friendly designation, but that the program would be open to suggestions on how to reach providers outside of the hospital setting.

Dr. Rosenthal raised some of the inequities in breastfeeding, particularly as it relates to some key health outcomes and the multiplier effect of some of the benefits of breastfeeding. She highlighted the impact of employer settings on a mother's ability to continue breastfeeding and lactation.

Ms. Colchamiro responded that there is data showing inequities available, and this is used when releasing information. She indicated there is a lot of work done through WIC, but there is a lot more that can be done.

Dr. Rosenthal asked if it was possible to stratify the data showing Massachusetts exceeds Healthy People 2020 targets by groups, and see if there are any trends or inequities there.

Ms. Colchamiro responded that the data can be stratified that way, and does show differences among groups.

Commissioner Bharel indicated this stratified information can come to the Council at a future meeting.

#### **d. Update on Epidemiologic Job Series Expansion**

Commissioner Bharel invited Kevin Cranston, Director of the Bureau of Infectious Disease, for a presentation on the recent expansion of the epidemiologic job series within the Department.

Upon conclusion of the presentation, Commissioner Bharel asked if Council members had any questions for Mr. Cranston.

Dr. Woodward asked if there are other areas of DPH that need similar modification in job description and pay scale. Additionally, Dr. Woodward noted that under Commissioner Auerbach over 700 employees were laid off, and asked for an update on overall DPH staffing levels currently as compared to 2001.

Mr. Cranston responded that while he cannot respond to the second question off the top of his head, he responded that the Bureau of Infectious Disease has roughly the same number of epidemiologists it had at that time and has been able to grow somewhat because of federal investments. He added that while he cannot speak from 2001 to present, that the number of epidemiologists has grown since his management of the Bureau began in 2006

Commissioner Bharel noted that while she cannot compare to 2001, during the most recent budget cycle DPH was very excited that no layoffs were required. She added that as we move forward and look to how we will structure the Department for the future, there may be other opportunities to look at other job descriptions and areas to expand.

Mr. Cranston responded that the bacteriologist series on the laboratory side is another that can be expanded, in order to hold on to trained, quality individuals.

Dr. Bernstein asked if Mr. Cranston had looked at comparable salaries in the industry.

Mr. Cranston noted that while government cannot directly compete on salary, there are other advantages to working in the state system that extend beyond personnel benefits, such as access to actionable data and impacting public health that isn't necessarily available on the industry-side.

The Commissioner reminded Council members that the next meeting would be held on December 16, and not December 9.

Commissioner Bharel asked for a motion to adjourn the meeting

A motion was made by Mr. Rivera, and seconded by Dr. Bernstein. All approved. Meeting adjourned 11:29AM; motion and seconded by

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LIST OF DOCUMENTS PRESENTED TO THE PHC FOR THIS MEETING:

1. PowerPoint presentation for an informational briefing on proposed regulatory amendments to 105 CMR 120.000: *The Control of Radiation*
2. PowerPoint presentation for a request for Approval to Promulgate Final Regulations on Proposed Rescission of 105 CMR 525.000: *Newburyport Shellfish Treatment Plant (Vote)*
3. PowerPoint presentation providing an update on Valor Act II
4. PowerPoint presentation providing an update on Epidemiologic Job Series Expansion
5. PowerPoint presentation providing an overview of the Baby-Friendly Hospital Initiative Hospital Readiness Assessment Project

Commissioner Monica Bharel, Chair