

## **APPENDIX C. Commissions, Advisory Bodies, and Stakeholder Group Descriptions**

### **13 Largest Cities Forum**

The Office of Local and Regional Health (OLRH) formed the Massachusetts 13 Largest Cities Project (13 LCP) as part of its effort to define strategic relationships with public health departments in Massachusetts cities. On June 7, 2017, OLRH convened a public health forum with the public health leadership from the 13 largest Massachusetts cities. The selected Massachusetts cities (Boston, Cambridge, Somerville, Newton, Quincy, Lynn, Lawrence, Lowell, Springfield, Worcester, New Bedford, Fall River, and Brockton) met the criteria of the CDC 500 Cities Project (population greater than 75,000) with which the 13LCP is aligned.

The key objectives of the meeting were to 1) enhance collaboration, communication, and partnerships between MDPH and local public health leadership from the 13 largest cities in Massachusetts, 2) to identify and address the problems associated with delivering the 10 essential public health services in larger cities, 3) support accreditation readiness activities among larger cities, and 4) promote opportunities for future engagement among the 13 LCP public health leadership, academic institutions, and the health care community.

### **Coalition for Local Public Health**

The Coalition for Local Public Health (CLPH) consists of five public health organizations dedicated to advocating for the resources needed to promote healthy communities in Massachusetts through strong Boards of Health and Health Departments. The organizations represent over 3,000 citizens and professionals interested in supporting the Commonwealth's local public health infrastructure.

The five member organizations are: Massachusetts Association of Health Boards, Massachusetts Association of Public Health Nurses; Massachusetts Environmental Health Association, Massachusetts Health Officers Association and Massachusetts Public Health Association.

### **Health and Disability Partnership**

The Health and Disability Partnership is a coalition of disability advocacy organizations, state agencies and other stakeholders working to improve the health of people with disabilities statewide. The Partnership was created by the Health and Disability Program (HDP) at the Massachusetts Department of Public Health.

The Partnership, which meets quarterly, informs and strengthens HDP's priorities and initiatives, ensuring that HDP activities are carried out in the spirit of "nothing about us without us". The Partnership has been particularly helpful to HDP in gathering data and prioritizing issues for HDP's statewide health needs assessment of people with disabilities and their care providers, keeping HDP aware of important concerns in the disability community, collaborating to make the best use of people and resources, and including people with disabilities in emergency preparedness efforts. It has also been helpful in improving facility and communications access to health care providers, promoting the work of HDP within the disability community, helping to develop logic models and work plans for HDP activities, bringing accessible, culturally competent health promotion and disease management programs to people with disabilities, and planning for the sustainability of HDP and Partnership activities.

## **Health and Medical Coordinating Coalitions**

Six regional Health and Medical Coordinating Coalitions (HMCCs) have been established to promote cross-disciplinary planning and support public health and medical response across the Commonwealth during emergencies and disasters.

Each HMCC is supported by a sponsoring organization with dedicated staffing whose objective is to ensure integrated planning and capacity-building across five core disciplines: acute care hospitals, community health centers, large ambulatory care organizations, emergency medical services, local public health, and long-term care. The HMCC works closely with other health and medical partners, and builds strong connections with emergency management and public safety/first responder organizations within the region, as well as other public and private organizations with a role under Emergency Support Function 8 (ESF8), public health and medical services.

Each HMCC conducts capabilities-based planning to advance regional health and medical capacity to prepare for, respond to, recover from, and mitigate the impact of large scale emergencies and disasters. Planning activities are consistent with the health care and public health preparedness capabilities as established by the Assistant Secretary of Preparedness and Response (ASPR) and the Centers for Disease Control and Prevention (CDC).

## **Local State Advisory Committee**

The Local State Advisory Committee (LSAC) is a monthly meeting between local public health representatives of the Emergency Preparedness Coalitions and the Department of Public Health (DPH).

The formation of the Local State Advisory Committee (LSAC) was initiated by the Coalition of Local Public Health (CLPH) in August 2006 to “build on the work already accomplished by the CLPH regarding public health” by serving as an Advisory Committee on public health emergency preparedness to the Massachusetts Commissioner of Public Health. The LSAC functions as a standing committee of the CLPH and is an advisory group only, with no formal authority. Public Health authority rests with the local health departments in the Coalitions.

The mission of the LSAC is to collaborate to advance Public Health preparedness in the Commonwealth of Massachusetts.

Membership of the LSAC consists of each of the Preparedness Coalitions, the two Tribal Nations and each of the five, statewide public health professional organizations which comprise the Coalition of Local Public Health. Each member organization will appoint one Representative (except the Central Region, which may have two Representatives) and an Alternate to the LSAC. The Commissioner of Public Health and his/her representative and the Director of the MDPH Emergency Preparedness Bureau and his/her representative shall have ex-officio membership at each meeting.

## **MA Coalition for Suicide Prevention**

The Massachusetts Coalition for Suicide Prevention (MCSP) is a broad-based inclusive alliance of suicide prevention advocates. Members includes public and private agency representatives, non-profit organizations, policymakers, survivors of suicide loss, suicide attempt survivors, mental health clinicians and other health care providers, law enforcement, mental health and public health consumers, and concerned citizens committed to working together to reduce the incidence of self-harm and suicide in Massachusetts. From its inception, the Coalition has been a public /private partnership, involving

government agencies such as the Department of Public Health and Department of Mental Health working in partnership with community-based agencies and interested individuals.

The goals of the coalition are to support and develop effective suicide prevention initiatives by providing leadership and advocacy, promote collaborations among organizations, develop and recommend policy, and promote research and development.

### **MA Commission on LGBTQ Youth**

The Massachusetts Commission on LGBTQ Youth is an independent agency of the Commonwealth with a mandate to investigate the use of resources from both the public and private sectors to enhance and improve the ability of state agencies to provide services that protect and support the health and safety of Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) youth in the schools and communities of Massachusetts. The Commission has a focus on suicide prevention and violence intervention policies regarding harassment and discrimination against LGBTQ youth, and also makes recommendations about policies and programs supporting LGBTQ youth to state government agencies.

### **Advisory Board to the Occupational Health Surveillance Program**

The Occupational Health and Safety Advisory Board is a 13-member board consisting of the following persons or their designees: Secretary of Labor and Workforce Development, Personnel Administrator/Chief Human Resources Officer, Director of the Department of Labor Standards, Secretary of Administration and Finance, Director of the Office of Employee Relations, Commissioner of the Massachusetts Department of Public Health, Director of the Department of Industrial Accidents, four representatives from labor unions representing state employees, one representative from a community-based health and safety advocacy organization, and one member of the faculty of the Department of Work Environment at the University of Massachusetts- Lowell.

The mission of the Board is to evaluate and address any needed improvements in the protection of Commonwealth employees at the macro policy level. The Board uses methods such as evaluation of existing health and safety systems and injury and illness statistics to create recommendations on effective strategies to improve state worker health and safety -- including centralized worker protection policies or regulations, needed resource allocations, and/or agency health and safety system improvement measures. The Board also monitors the effectiveness of the state's health and safety programs.

### **Prescription Monitoring Program Stakeholders**

The Prescription Monitoring Program (PMP) Stakeholders is composed of representatives of provider groups, professional medical and pharmacy organizations, and law enforcement who evaluate the Massachusetts PMP for its functionality and ease of use and make recommendations for enhancements to the system. The PMP collects dispensing information on Massachusetts Schedule II through V controlled substances dispensed pursuant to a prescription. Schedules II through V consist of those prescription drug products with recognized potential for abuse or dependence (e.g., narcotics, stimulants, and sedatives). Consequently, they are among those most sought for illicit and non-medical use. The PMP is primarily an educational tool that provides prescribers and dispenser access to their patient's prescription history. The PMP also provides access to law enforcement and regulatory officials provided their inquiries are related to open and ongoing investigations concerning drug distribution and diversion. Finally, the PMP analyzes the data to determine prescribing and dispensing trends.

### **Preventive Health and Health Services Block Grant Advisory**

The PHHS Block Grant Advisory Committee is a 12-member committee with representation from local public health, public health advocacy organizations, and non-profit organizations. The committee provides oversight in planning program priorities, funding decisions, and maintenance of the funding accountability. The PHHS Block Grant was established in 1981 as a flexible way for states to address priority health concerns focused on Healthy People 2020 objectives. The grant has been a key mechanism for Massachusetts to achieve the three Public Health Core Functions: Assessment, Policy, and Assurance, and ensures the infrastructure is in place both at the state and community level to address the ten Essential Public Health Services. This funding is the foundation upon which other services and initiatives are built. Integrated with both state and other federal funding, it ensures that Massachusetts can continue to address the disparities which exist in health outcomes and maintain core public health functions. Some of the specific program goals include sexual assault prevention, implementation of community-level strategies to increase active living and healthy eating, local public health capacity building, healthy communities' capacity building, and infrastructure investment in public health.

### **Massachusetts Rural Council on Health**

The Massachusetts Rural Council on Health is a group of 20 rural-based providers and community leaders representing a broad range of service types from across the state. Also participating in Council activities are staff from multiple state agencies and other statewide organizations interested in rural health. The Council serves not only in an advisory capacity to the State Office of Rural Health but also provides leadership for rural health across the state. They periodically host larger educational and networking events to bring together a greater network of rural health stakeholders in Massachusetts.

### **Wellness in Schools Coalition**

The Wellness in Schools Coalition brings together stakeholders from across the state in an effort to mobilize communities to foster the whole child through school wellness initiatives. By taking an interdisciplinary approach to school wellness, the Coalition is able to support safe and healthy schools through the sharing of resources, collaboration of organizations, and promotion of public health. Topics range from nutrition and physical activity/education to mental health and substance abuse.

The Wellness in Schools Coalition is organized by Claire Santarelli, RD CDE LDN, of the Massachusetts Department of Public Health and Lisa Jackson, MS RD LDN, of the Massachusetts Department of Elementary and Secondary Education.

### **State Technical Advisory Group**

The State Technical Advisory Group works with the Bureau of Environmental Health as part of the Environmental Public Health Tracking Cooperative Agreement with the US Centers for Disease Control and Prevention. The Advisory Group provides counsel to the Bureau on the development and implementation of the EPHT interactive public health data portal, including the environmental health data and educational messaging presented, the application's functionality and usability, and outreach and collaboration opportunities.