MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of April 6, 2022

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

**PUBLIC HEALTH COUNCIL**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Henry I. Bowditch Public Health Council Room, 2nd Floor**

**250 Washington Street, Boston MA**

**Docket: \*\*\*REMOTE MEETING\*\*\* Wednesday, April 6, 2022 – 9:00AM**

***Note: The April Public Health Council meeting will be held remotely as a video conference consistent with St. 2021, c. 20, s. 20, which provides for certain modifications to the Massachusetts Open Meeting Law due to COVID-19.***

Members of the public may listen to the meeting proceedings by using the information below:

Join by Web: <https://eohhs.webex.com/eohhs/onstage/g.php?MTID=eedc3022989b459cb249b35b6ff2c25f3>

Dial in Telephone Number: 844-621-3956

Access code: 2530 223 7161

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held March 9, 2022. **(Vote)**
2. **OTHER ITEMS**
	1. Letter to the public health workforce from the Council. **(Vote)**
3. **PRELIMINARY REGULATIONS**
	1. Overview of proposed amendments to 105 CMR 130, *Hospital licensure.*
4. **REGULATIONS**
	1. Request to repeal 105 CMR 216, *Massachusetts Wellness Tax Credit Incentive.* **(Vote)**
5. **PRESENTATIONS**
	1. Update: Supporting Local Public Health.
	2. Updates from the COVID-19 Community Impact Survey (CCIS).

*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.*

Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: April 6, 2022

Start Time: 9:06am Ending Time: 11:01am

| **Board Member** | **Attended** | **First Order: Approval of March 9, 2022 Meeting Minutes (Vote)** | **Second Order: Letter to the public health workforce from the Council. (Vote)** | **Third Order: Regulations: Request to repeal 105 CMR 216, Massachusetts Wellness Tax Credit Incentive. (Vote)** |
| --- | --- | --- | --- | --- |
| **Commissioner Margret Cooke** | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | Absent | Absent | Absent | Absent |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Absent | Absent | Absent | Absent |
| **Michele David** | Yes | Yes | Yes | Yes |
| **Elizabeth Evans** | Yes | Abstained | Yes | Yes |
| **Michael Kneeland** | Absent | Absent | Absent | Absent |
| **Joanna Lambert** | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Absent | Absent | Absent | Absent |
| **Secretary Cheryl Poppe** | Yes | Yes | Yes | Yes |
| **Summary** | 9 Members Present; 4 Absent | 8 Members Approved; 4 Absent; 1 Abstained | 9 Members Approved; 4 Absent | 9 Members Approved; 4 Absent |

**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, April 6th, 2022 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Lissette Blondet; Secretary Elizabeth Chen, PhD; Harold Cox; Michele David, MD; Elizabeth Evans, PhD; Joanna Lambert and Secretary Cheryl Poppe.

Also in attendance was Rebecca Rodman, General Counsel at the Massachusetts Department of Public Health.

Commissioner Cooke called the meeting to order at 9:06am and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**Public Health Awareness Week**

Commissioner Cooked recognized that it was National Public Health Week.

* Every year, the American Public Health Association designates this week as a time to recognize the contributions of public health.
* Contributions of public health was discussed in an All-Staff message earlier that week, and during the meeting, there was a vote on a letter from the Council thanking the state and local public health workforce for their service during the pandemic.
* Additionally, the Office of Local and Regional Health presented about their work to strengthen and support local public health.

**Kick Butts Day**

* Commissioner Cooke spoke at the Annual Kick Butts Day of Action earlier in the week, when young people from across the state who participate in the youth-led 84 Movement called attention to the dangers of smoking and vaping.
* The program and students used their voices and their unique position to influence policy.
* The Day of Action also included youth sharing their concerns about their mental health and wellness during these difficult times.

**COVID-19 Update**

Commissioner Cooke reported that by mid-March (3/13), Massachusetts saw a 7-day average low of 598 cases per day, and while we have seen a slight uptick, current numbers remain far lower than the numbers were seen in January during the Omicron surge.

Current hospitalization numbers are stable; over 60% of those individuals are hospitalized for reasons other than their COVID-19 infection, which means that they are going to the hospital for reasons other than COVID and learning upon arrival that they are COVID-positive.

The current increase in cases is most likely attributable to the rise of the BA.2 subvariant, which makes up more than 75% of our current cases. This Omicron version remains highly transmissible but does not seem to result in more severe disease than the original Omicron.

Commissioner Cooke stated the best protection against all variants of COVID-19 remains vaccination, and everyone who lives, works or plays in Massachusetts is strongly encouraged to get vaccinated and then boosted when eligible.

* Following updated recommendations from the CDC, all residents aged 50 and older, or those with certain medical conditions, may now access a second COVID-19 booster.
* Residents can get a booster at more than 1,000 locations.

Commissioner Cooke then turned to reporting on the progress DPH has made regarding COVID-19 treatments.

* Treatment is available for people who are at increased risk of severe disease, test positive for COVID-19, and have any symptoms, even mild ones, such as runny nose or cough.
* Those eligible for treatments include people who are pregnant, who are over 65 years old, who have diabetes, whose BMI is 30.0 or higher, who have a substance use disorder, and those who have a behavioral health condition.
* DPH has an ample supply of these treatments, like the Paxlovid pill, to treat people at higher risk for COVID-19 and encourages health care providers to ensure that all eligible patients are offered these treatments. Patients should call their doctors immediately after testing positive to discuss treatment options.
* DPH continues to update the therapeutic locator map with more than 650 locations, including retail pharmacies, across the Commonwealth.

DPH created a new flyer with a checklist outlining simple steps to stay safe and healthy.

Upon the conclusion of the updates, Commissioner Cooke then asked if the Council members had any remarks or questions before proceeding.

No questions or comments from the council members.

**1. ROUTINE ITEMS**

*c. March 9, 2022 Minutes (Vote)*

The Commissioner asked if there was a motion to approve the March PHC minutes.

Dr. Bernstein made the motion, which was seconded by Secretary Poppe. Dr. Evans abstained.

All other present members approved.

**2. OTHER ITEMS**

*a. Letter to the public health workforce from the Council. (Vote)*

Commissioner Cooke turned to a letter that Dean Cox suggested at a previous meeting, to be sent to our state and local public health workforce. Commissioner Cooke asked the members to vote to approve sending this letter drafted by the Council.

Ms. Blondet expressed her gratitude that this letter of appreciation was drafted.

The Commissioner asked if there was a motion to accept this letter and to share it with local boards of health and state public health workers.

Dean Cox made of the motion, which was seconded by Dr. Bernstein. All other present members approved.

**3. PRELIMINARY REGULATIONS**

*a. Overview of proposed amendments to 105 CMR 130, Hospital licensure.*

Commissioner Cooke invited Pooja Phaltankar, Assistant Director of Policy for the Bureau of Health Care Safety and Quality, to present an overview of proposed amendments to the Department’s regulations regarding hospital licensure.

Upon conclusion of the presentation, Commissioner Cooke asked if the Council members had any questions.

Ms. Lambert asked if there are any staffing requirements to help guide patients to emergency departments.

Ms. Phaltankar stated there are requirements in the policies and procedures on personnel.

Ms. Blondet asked if the hospital will be required to provide the annual review.

Ms. Phaltankar stated yes, upon request by the Department.

Dr. Bernstein asked about accommodations for those with limited spoken English.

Ms. Phaltankar stated that this is not addressed in this regulation but that the Department has asked hospitals to have policies and procedures in place to ensure appropriate language access to their specific patient panel.

Dr. David asked if the signs are required in multiple languages.

Commissioner Cooke stated that hospitals are encouraged to post in languages to accommodate their patient populations.

Dr. Bernstein asked if this language requirement is included in the regulation.

Commissioner Cooke stated it is not included currently in the regulations.

Dr. Bernstein asked if it can be included.

Ms. Phaltankar stated there could be a consideration to include it, and that often hospitals will be using universal icons and symbols, rather than written language.

Ms. Blondet asked how this can be mandated rather than encouraged.

Marita Callahan, Director of Policy and Health Communications for the Bureau of Healthcare Safety and Quality, stated that there have been multiple conversations regarding the use of universal symbols as well as recommendations for using other languages for the various patient populations.

Dr. Bernstein stated this should also apply to personnel inside the hospital to be sure they are able to effectively communicate.

Ms. Callahan stated this will be considered during the public comment period and will be investigated further during the drafting of guidance.

With no further questions or comments, Commissioner Cooke then moved to the next item on the docket.

**4. REGULATIONS**

*a. Request to repeal 105 CMR 216, Massachusetts Wellness Tax Credit Incentive. (Vote)*

Commissioner Cooke invited Ben Kingston, Policy Director for the Department’s Bureau of Community Health and Prevention, to present a request to repeal the Department’s regulations regarding employee wellness programs.

Upon conclusion of the presentation, Commissioner Cooke asked if the Council members had any questions.

Secretary Poppe asked how many businesses took advantage of this incentive while it was available.

Mr. Kingston stated there was a total of 193 businesses that applied for certification of the tax credit, which averaged out to 40 business per year when it was available.

Ms. Blondet asked if there is any data on smaller ethnic businesses, such as bodegas, utilizing this incentive.

Mr. Kingston stated there was a focus for businesses that had fewer than 100 employees. There was a template online for potential options for wellness programs.

Ms. Blondet asked about smaller businesses that are immersed in communities that would benefit from the tax credit, and Mr. Kingston agreed to provide more information.

With no further questions or comments, Commissioner Cooke then asked if there is a motion to repeal 105 CMR 216.

Ms. Blondet made of the motion, which was seconded by Dr. Evans. All other present members approved.

**5. PRESENTATIONS**

*a. Update: Supporting Local Public Health.*

Commissioner Cooke introduced Dr. Samuel Wong, Director of the Department’s Office of Local and Regional Health (OLRH), to present on DPH efforts to support local and regional public health systems and implement recommendations from the Special Commission on Local and Regional Public Health.

Upon conclusion of the presentation, Commissioner Cooke asked if Council members had any questions.

Ms. Blondet thanked Dr. Wong for the presentation and stated that she was excited to have him at the Department. She asked about how the Department will be able to provide a systems approach for all local health departments to come together. She also asked if workforce development opportunities are consistent with the scope of work that is being proposed.

Dr. Wong stated that to perform effectively, municipalities should be able to form partnerships regionally, to share resources and that they are initiating these partnerships on their own. DPH is encouraging workforce expansion through regional collaborations to support expanding their scope. DPH is providing more resources to help these local boards of health (LBOHs) to provide these vital services.

Dean Cox stated that it is complicated for communities to decide to coordinate efforts and regionalize to provide a more comprehensive service. In the past, funding for LBOHs had been absent, until recently, and he appreciated the Massachusetts Public Health Association for lobbying on this issue. He asked for further information on which areas of need the COVID-19 pandemic has helped to identify, and that LBOHs are working to improve.

Dr. Wong stated that due to a lack of public health workers and nurses, many LBOHs do not have the capacity to handle communicable diseases appropriately and stated that there is a critical workforce needed for LBOHs. Many LBOHs are taking advantage of shared services and are prioritizing the need to invest further to provide more comprehensive services.

Dr. David asked if the Office of Population Health work connects with the Office of Local and Regional Health (OLRH) in order to provide LBOHs with shared resources.

Dr. Wong stated that forming a partnership with a LBOH and sharing resources is an important step in cross-jurisdictional sharing. Currently, with state funding for these services we can further improve our efforts and collaborate with other offices and municipalities.

Secretary Chen asked how DPH envisions their role with respect to regional sharing and grouping in the future. She also asked how DPH ensures that no city or town is left out in the future.

Dr. Wong stated this is transformative work that will take some time. The key role for DPH is to provide support and technical assistance to regional collaboratives as well as funding. From the beginning, we will make a point to be sure we are not left out of the dialogue, with time and effort, and building relationships.

Dean Cox stated that it is critical that DPH is involved in this work and administrations in the past have not been involved in this type of effort. Currently, leadership in the Department have been able to advocate for and support this work, but that this work will only more forward with continued DPH involvement.

Secretary Poppe asked if there is coordination between LBOHs and their respective Veterans’ Service Offices. She offered to engage these offices if not.

Dr. Wong stated that the veterans’ services are structured differently in each municipality and therefore, there seems to be little collaboration. There is effort to continue to engage partners to provide a wide range of services while supporting sharing of services among LBOHs.

Secretary Chen asked if there is a minimum services expectation for LBOHs across the state.

Dr. Wong stated that this work is ongoing and there is not a “one size fits all” expectation, but that DPH does expect that all collaboratives will be able to comply with all agreed upon services, including meeting statutory mandated obligations for LBOHs.

Secretary Chen asked if there will be gaps in certain areas.

Dr. Wong stated that there are standards being met uniformly and that all collaboratives are expected to comply.

Dr. Bernstein asked how health equity is included in this work and how can OLRH incorporate these efforts as a result of lessons learned during the pandemic.

Dr. Wong stated that bringing health equity is critical. Two rounds of training and technical assistance will be provided to all individuals in this workforce. There will be collaborators to support individuals on how to incorporate the work from trainings into practice.

Dr. Bernstein added that broadband access in these communities is necessary to address clear communication for public health.

Dr. Evans asked what differentiates those municipalities who take part in collaborations vs. not, and for those not currently included, but who might need it the most, how can they access them?

Dr. Wong stated that some municipalities do not have the resources or capacity to be involved in a collaborative and others are not interested. The approaches for engaging with communities are different. The OLRH has done some outreach to identify champions and is supporting more municipalities to apply for funding.

Dr. Bernstein asked what the balance of local, regional, and state responsibility. He highlighted the importance of good governance to provide an appropriate balance to provide optimal service.

Dr. Wong stated that every level of public health is responsible. The role of state health department is to collaborate with local and regional health departments to work together to resolve public health issues and responsibilities.

Ms. Blondet asked about timing if the OLRH acting as a more cohesive public health infrastructure across the state. Is there a way to secure funding to continue the work of OLRH?

Dr. Wong stated that funding from both state and federal sources is ongoing and the state continues to work with regional collaboratives to create an infrastructure to build their capacity. DPH also supports LBOHs to create an infrastructure to secure their own funding sources, beyond the funding received from DPH and beyond municipal appropriations.

With no further questions or comments, Commissioner Cooke then moved to the next item on the docket.

**5. PRESENTATIONS**

*b. New Results and Updates from the COVID-19 Community Impact Survey (CCIS).*

Commissioner Cooke welcomed the Bureau of Community Health and Prevention to share findings from the COVID-19 Community Impact Survey (CCIS). She introduced Dr. Lauren Cardoso, Deputy Director of the Office of Statistics and Evaluation, to present.

Upon conclusion of the presentation, Commissioner Cooke asked if Council members had any questions.

Ms. Blondet asked how the data can inform a statewide integrated response and solution to communities that the CCIS work has studied.

Dr. Cardoso stated that the “data to action” section of the work has been more challenging in terms of timing, scale and during a pandemic to share widely. This effort is specifically focused on building capacity with the OLRH and the Commonwealth’s LBOHs.

Dr. Bernstein asked if version 2.0 of the survey might have a local data set to empower communities to act. He thanked the CCIS team for all the important work and for elevating the issues researched.

Secretary Chen appreciated this important work and how the story of the information is told by the CCIS. She asked how we can use this data to assess if the policies have made real change and encouraged CCIS to look at ways in which individuals with differing capacities can use data and the ability of groups and individual to work with it on their own.

Dr. Cardoso stated that the team is looking to offer other ways to share finding, which may be more digestible for groups that do not have the time or capacity to collect and use it as-is. The CCIS will continue to be a rich source of information for ongoing efforts, and they reflect on ways to learn from CCIS 1.0.

Dr. Bernstein asked if there are any plans to use social media to allow individual to respond to the survey.

Dr. Cardoso stated that this was discussed for CCIS 1.0, but that it could not be operationalized in the appropriate timeframe. Having young individuals included in this work was very important in term of perspective and social media is being considered for this future use.

Dr. David left the meeting at 11am.

With no further questions, Commissioner Cooke reminded Council members the next meeting would be held on Wednesday, May 4, 2022.

Commissioner Cooke then asked if there was a motion to adjourn. Dr. Bernstein made the motion which was seconded by Ms. Blondet. All present members approved. The meeting was adjourned at 11:01am.