**APPROVED** MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of August 12, 2020

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, August 12, 2020 – 9:00AM**

***Note: The August Public Health Council meeting will be held remotely as a video conference due to the COVID-19 State of Emergency declared by Governor Charles D. Baker on March 10, 2020 and consistent with the Governor’s March 12, 2020 Order modifying the state’s Open Meeting Law and July 2, 2020 Order regarding gatherings.***

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

Join by Web: <https://us02web.zoom.us/j/83358379020>

Dial in Telephone Number: 1-646-558-8656

Participant Passcode: 833 5837 9020

1. **ROUTINE ITEMS** 
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH.
   3. Record of the Public Health Council Meeting held July 8, 2020. **(Vote)**
2. **FINAL REGULATIONS**
   1. Request for Approval for Final Promulgation of Emergency Regulation 105 CMR 316.000, *Use of Face Masks or Coverings in Response to the COVID-19 Pandemic* **(Vote)**
3. **PRESENTATIONS**
   1. Informational presentation on Mosquito-borne Disease Surveillance in Massachusetts.
   2. Population Health Information Tool (PHIT) Updates.

*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

Attendance and Summary of Votes:

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

Date of Meeting: August 12, 2020

Start Time: 9:05AM Ending Time: 11:00AM

| Board Member | Attended | First Order: Approval of July 8, 2020 Meeting Minutes (Vote) | Second Order: Approval for Final Promulgation of 105 CMR 316.000 |
| --- | --- | --- | --- |
| Commissioner Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes |
| Lissette Blondet | Yes | Yes | Yes |
| Derek Brindisi | Yes | Abstain | Yes |
| Kathleen Carey | Yes | Yes | Yes |
| Sec. Elizabeth Chen | Yes | Yes | Yes |
| Harold Cox | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | Yes | Yes | Yes |
| Michael Kneeland | Yes | Yes | Yes |
| Keith Hovan | Yes | Yes | Yes |
| Joanna Lambert | Yes | Yes | Yes |
| Acting Secretary Cheryl Poppe | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Abstain | Yes |
| Summary | 14 Members Present; 0 Absent | 12 Members Approved; 2 Absent | 12 Members Approved |

**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, July 8, 2020 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein, MD; Lissette Blondet; Derek Brindisi; Kathleen Carey, PhD; Secretary Elizabeth Chen; Harold Cox; John Cunningham, PhD; Michele David, MD; Keith Hovan; Michael Kneeland, MD; Joanna Lambert; and Acting Secretary Cheryl Poppe; and Lucilia Prates-Ramos.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:05AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

b. Updates from Commissioner Monica Bharel, MD, MPH

Commissioner Bharel updated the council on COVID-19 in Massachusetts, including the new MaskUp campaign and updates to the weekly data dashboard to be released later today. Her updates also included a transition in the frequency of opioid-related overdose death data reports from quarterly to twice annually, indicating the next report would be presented to the Council in November. Commissioner Bharel concluded her remarks with an update on Eastern Equine Encephalitis in the Commonwealth, noting Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian would give an update later in the meeting.

The Commissioner then opened the meeting to the Members for any questions or comments related to her updates. Seeing none, Commissioner Bharel moved to the next agenda item.

**1. ROUTINE ITEMS**

c. Record of the Public Health Council June 10, 2020 Meeting (Vote).

Dr. Edward Bernstein noted a clarification to his statement related to a Brookings Institute report and indicated he would send an update to the minutes later today.

The Commissioner then requested a motion to approve the minutes, as changed.

Dr. Bernstein made the motion, which was seconded by Dr. Kathleen Carey. All members present approved, except Derek Brindisi and Lucilia Prates-Ramos who abstained.

1. **FINAL REGULATIONS**
   1. Request for Approval for Final Promulgation of Emergency Regulation 105 CMR 316.000, *Use of Face Masks or Coverings in Response to the COVID-19 Pandemic* **(Vote)**

Commissioner Bharel invited Lynn Squillace, Deputy General Counsel, to present and request final approval of 105 CMR 316.000 when went through a public comment process.

Ms. Squillace presented on the regulation and Commissioner Bharel then asked if the Council members had any questions.

Dean Cox asked for clarification on the need for both the regulation and the Governor’s order.

Ms. Squillace explained that a vote to approve the regulation today would mean both the Governor’s order and regulation would exist concurrently.

Dean Cox then asked what would happen if either the Governor’s order or regulation went

away, would the other be impacted. He also asked why both were necessary.

Ms. Squillace explained the Governor’s order can be terminated by the Governor, while the regulation would need to be rescinded through the regulatory process meaning the order could be rescinded while the regulation still exists.

Dean Cox then asked about the fining mechanism in the Governor’s order which is not included in the regulation and whether that makes the regulation less effective.

Ms. Squillace indicated the regulation does allow business owners to deny entry to an individual not wearing a face covering pursuant to the exceptions in the regulation, so in that way the regulation does give some authority.

Derek Brindisi asked about the intersection of the regulation and local policies, and if this applies in public places.

Ms. Squillace responded that the regulation requires use of face coverings in public, including outdoors, when social distancing is not possible, with certain exemptions.

Mr. Brindisi noted he saw one local community requiring mandatory face coverings outdoors, indicating this regulation would negate the need for separate local rules.

Ms. Squillace indicated a local board of health could reference the regulation, but also that local boards of health could act under its own authority to enact its own ordinance so long as that local rule does not conflict with this regulation.

Margret Cooke added in response to Dean Cox’s questions that having both the order and regulation ensure a belt and suspenders approach, which is important legal strategy should the order or regulation be challenged.

Dr. Cunningham asked for clarification on whether an individual who enters a business without a face covering would need to produce any documentation of a health condition, or instead can indicate they are not wearing a face covering due to an exemption.

Ms. Squillace responded that businesses cannot request such documentation in order to protect an individuals’ health information, but it is the Department’s hope that people will act in good faith when not wearing a face covering.

Seeing no further questions, the Commissioner asked if there was a motion to approve the regulation, 105 CMR 316.000, for final promulgation. Dr. Michele David made the motion, which was seconded by Dr. Bernstein. All in attendance approved the regulation.

**3. PRESENTATIONS**

b. DPH COVID-19 Health Equity Advisory Group: Recommendations, Data Release, & DPH Response.

Commissioner Bharel then invited Associate Commissioner Lindsey Tucker, Assistant Commissioner and Director of the Office of Population Health Abbie Averbach, MSc.; and Director of the Office of Health Equity Sabrina Selk, D.Sc. to present an overview of the COVID-19 Health Equity Advisory Group established in response to COVID-19 and as a way to provide recommendations on equitable access to care and services, prevent inequities and disproportionate negative outcomes, and to present that Group’s recommendations.

At the conclusion of the presentation, Commissioner Bharel invited questions from the Council Members.

Derek Brindisi left the meeting at 10:25AM and did not return.

Dean Cox applauded the Group’s work and appreciates that the recommendations highlight specific DPH actions, and acknowledged many recommendations are beyond DPH. He asked who those recommendations were for and how they would be translated into action and implemented.

Associate Commissioner Tucker responded that these recommendations are a call to action for all stakeholders in the public health and healthcare community and more broadly. She noted there are steps specific to DPH that the Department is actively working on, whether currently or planning for future action, and noted the Department would collaborate with others where possible and called for opportunities to collaborate through public-private partnerships.

Dean Cox noted these are great recommendations but wanted to understand who would be responsible for implementing so these do move forward.

Associate Commissioner Tucker responded that the group had not yet gotten to that level of work and at this point DPH is looking at the recommendations to see what we can do in response as an agency. She added that there are many expert groups and organizations in the Commonwealth who also may be able to use the recommendations to continue and further their own work. Associate Commissioner Tucker indicated the advisory group has cross-membership with some of these other external groups leading to key synergies across those groups.

Dean Cox concluded by saying he does look forward to seeing cross-sector steps to implement this report.

Associate Commissioner Tucker also requested suggestions for collaboration and implementation from members of the Council. Commissioner Bharel added that we do not plan to let this report sit and encourage Council Members to share and implement in their organizations as well.

Dr. David indicated she looks forward to seeing these recommendations and inter-state agency collaboration to make these recommendations more concrete in order to address the issues of health and racial inequities in our state.

Commissioner Bharel reiterated the Advisory Group’s charge to make targeted recommendations on what the Department could do to address these issues, and she noted that the Advisory Group’s recommendations will be presented at a meeting of cross-agency leadership as well to find additional connections and steps to implement the report’s recommendations.

Dr. Bernstein commented that around 10 years ago there was a meeting across all agencies regarding the opioid epidemic, and he suggested a similar approach could be taken regarding health equity and ensure the focus is beyond COVID-19.

Secretary Chen applauded the Advisory Group’s comprehensive work over a short period of time. She asked what the thought would be to extend these recommendations beyond state government but into communities and whether DPH views itself in a leadership role to galvanize support for the implementing these recommendations across the state.

Associate Commissioner Tucker responded that is a great suggestion, and we are working to continue to identify those opportunities through things such as the community survey that will be put out so we can better understand where those opportunities are and how to best engage groups and communities across the state.

Acting Secretary Poppe noted the importance of housing, as evidenced by the situation in Chelsea where many were displaced until the emergency housing in hotels was available. She also noted her organization has work to do regarding COVID-19’s impact among veterans, noting the number of deaths experienced by veterans and a need to continue to drill down into that data and better understand disparities there.

Dr. Bernstein noted that the impact of COVID-19 on young people points to the fact that they work in industries deemed essential with a higher exposure rate and vulnerability rate, and that those should also be examined to try and get to explanatory models behind the data.

Commissioner Bharel noted the new data law requires data to be broken down by occupation, and indicated the Department looks forward to collaborating with healthcare professionals about how to capture and report that information.

Dr. Bernstein observed that public transportation may be a place to help prepare people, such as by giving a mask prior to boarding any public transportation.

The Commissioner thanked the Council for their feedback and questions as the Department continues this very important work.

**2. PRESENTATIONS**

a. Informational presentation on Mosquito-borne Disease Surveillance in Massachusetts.

Next, Commissioner Bharel invited Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to present on mosquito-borne disease in Massachusetts.

After Dr. Brown’s presentation, Commissioner Bharel opened the meeting to questions from Council members.

Dr. Carey noted the slide displaying week-by-week for 2018 to present seems to show a low point across all three years at week 32. She asked if that is because the mosquito population is down while disease spreads among the mosquito population such that incidence is higher in mosquitoes.

Dr. Brown noted the slide only shows through week 32 because that is where we are for the season currently. She added that this mosquito population tends to peak during late July and early August, then defining over time, and that depending where that peak occurs determines how far out the population will go typically declining through the end of August; however, these mosquitoes are older and have had longer to pick up the virus, so while there are fewer mosquitoes a higher number are infected.

Dr. David noted there has been a case and asked if there are any others and if human cases note an uptick in the virus.

Dr. Brown noted there has only been one human case, and that human cases typically peak in August. She noted that during that time, there are fewer mosquitos but they tend to have a higher infection rate which is why the virus peaks at that time. She added that 2019 was an exception because warm weather persisted so the peak of cases was into September. She concluded by noting that generally, any time there is a case in July it indicates additional cases throughout the season.

Mr. Brindisi requested an overview of the recently passed mosquito control law.

Dr. Brown noted the law pertains primarily to the Mosquito Control Board and contains notification requirements for communities where spraying will happen. She added she is excited about the Task Force the law creates to examine mosquito surveillance across the state as it is an opportunity to be thoughtful about what is needed in the state now that the virus as moved beyond the historic geographic areas.

Ms. Squillace agreed with Dr. Brown’s response and gave an explanation of the legal changes to the statute.

Dr. Bernstein noted there may be epidemiological parallels between the past 10 years of mosquito control and COVID-19 and wondered if there are lessons learned.

Dr. Brown noted data is paramount, as well as communication such that the public and all stakeholders understand what the risks are and how they can help.

**2. PRESENTATIONS**

b. Population Health Information Tool (PHIT) Updates.

Commissioner Bharel then invited Abigail Averbach, Assistant Commissioner and Director of the Office of Population Health; Natalie Nguyen Durham, Director of the Office of Data Management and Outcomes Assessment; and Avae Thomas Quartey, Program Manager in the Office of Data Management and Outcomes Assessment, to give an update on the population health information tool, known as PHIT.

At the conclusion of the presentation, Commissioner Bharel asked if Council members if they had questions related to the presentation.

Dr. David asked how to move from data to action, as much of the information in PHIT is not under our control.

Ms. Averbach responded that what we’ve learned from the opioid epidemic is that when you bring data across sectors you begin to have conversations that were not previously possible. She added that we have the strategies, and combining that with cross-sector work will open doors and allow us to find partners in these other sectors. Ms. Averbach added the data helps show various sectors are trying to address the same root causes and will help move us forward for action.

Commissioner Bharel added that part of the vision for PHIT is beyond the Department, but instead a tool for communities to see where intersections are to start to work across sectors.

Lissette Blondet commented that she loves that PHIT puts data into context which was previously missing. She asked if PHIT could be a required tool for determination of need applications.

Commissioner Bharel added that the principles of PHIT were part of the revision to the determination of need process and that the system is meant to be a tool to assist communities and organizations in informing community health initiatives (CHI) funding.

Dr. David noted the work of Boston Medical Center through CHI funding around housing and thought this could be an avenue other hospitals could pursue, noting the potential role the PHC could have in driving that funding.

Ms. Cooke responded that the factors for the determination of need process are statutory in nature, but this is something applicants could be asked to consider when identifying community benefits.

Ms. Blondet voiced support for making the PHIT tool a mandatory component of a request for determination of need.

Commissioner Bharel responded that the principles underlying PHIT are part of the CHI process now, and PHIT is a tool to assist applicants with how to connect to their application.

Dr. Bernstein raised the example of densely populated housing and its impact on COVID, and wondered if a way to advocate around that to help going forward. He also raised the issue of employment and its impact on COVID-19, and requested information on these issues.

Commissioner Bharel noted the inclusion of occupation in the recently passed COVID-19 data law, which gives us better insight into these issues, and highlighted the role for the Council to assist in healthcare practitioners’ efforts to collect this information.

Dean Cox emphasized Dr. David’s remarks around turning data into action and asked whether there would be regular updates to the Council on the Health Equity Advisory Group’s work around implementing the recommendations.

Commissioner Bharel noted one of the charges of the Advisory Group was to present data, make data available, and identifying linkages through the data, specifically to do data driven work in order to increase COVID testing and case and contact trace. She added that regular updates can be brought to the Council and continue cross-agency work.

Dean Cox indicated looking beyond DPH and continue to think how to do cross-sector work and DPH’s role in that work.

Commissioner Bharel indicated these principles underlie all our work at the Department and that DPH feels central to all of this work and will continue to emphasize that to the Council.

Mr. Brindisi indicated many towns may have limited sample size and asked how PHIT is able to provide realistic data for these smaller communities.

Ms. Averbach responded that the data primarily come from administrative data sets and are actual counts as opposed to statistical data sets.

Dr. Bernstein asked how equity fits into the PHIT model’s domains and overall.

Commissioner Bharel noted the data is meant to inform our equity work and ultimately lead to the root cause and so are part of the groundwater.

Ms. Averbach added that the six social determinants of health part of PHIT come from the determination of need process, and that one way to approach this from an equity lens could be to identify poor outcomes for a given racial or ethnic group in a community, could then pull the determinant of health reports for that community to see if there are other underlying issues influencing those outcomes.

Dr. Bernstein indicated he would like to understand visually how equity underlies the PHIT model.

Commissioner Bharel noted there is a visual that shows equity as the groundwater underlying social determinants and the upstream impacts that would be shared with the Council.

Avae Thomas Quartey also noted a video on the PHIT website explaining this as well.

At the conclusion of questions, she reminded the Council the next meeting would be September 9, 2020 at 9AM, and asked members if there was a motion to adjourn.

Dr. Cunningham made the motion, which was seconded by Ms. Blondet; all in attendance approved.

The meeting adjourned at 11:00AM.