**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of August 21, 2019**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**PUBLIC HEALTH COUNCIL**

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

**250 Washington Street, Boston MA**

**Docket: Wednesday, August 21, 2019 - 9:00 AM**

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Commissioner Monica Bharel, MD, MPH.
		* Release of Opioid-related Overdose Death Data, 2nd Quarter 2019
	3. Record of the Public Health Council July 10, 2019 Meeting. **(Vote)**
2. **DETERMINATION OF NEED**
	1. Request by Signature Healthcare Corporation to renovate existing space at Brockton Hospital, Inc. to create a hospital based ambulatory care center. **(Vote)**
3. **PRESENTATIONS**
	1. Informational presentation on Mosquito-borne Surveillance and Response in Massachusetts.
	2. Overview of the Public Health Hospitals System.

*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:** Wednesday, August 21, 2019

**Start Time:** 9:16am **Ending Time:** 11:12am

| **Board Member** | **Attended** | **Record of the Public Health Council July 10, 2019 Meeting (Vote)** |
| --- | --- | --- |
| Monica Bharel | Yes | Yes |
| Edward Bernstein  | Yes | Yes |
| Lissette Blondet | Absent | Absent |
| Derek Brindisi | Absent | Absent |
| Harold Cox | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Absent | Absent |
| Michael Kneeland | Yes | Yes |
| Keith Hovan | Absent | Absent |
| Joanna Lambert | Absent | Absent |
| Paul Lanzikos | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Secretary Francisco Ureña | Yes | Yes |
| **Summary** | **8 members present, 5 members absent** | **8 members approved, 5 members absent, 0 member abstained** |

**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 10, 2019 at the Massachusetts Department of Public Health, 250 Washington Street, Henry I. Bowditch Public Health Council Room, 2nd Floor, Boston, Massachusetts 02108.

Members present were: Monica Bharel, MD, MPH; Edward Bernstein; John Cunningham, PhD; Paul Lanzikos; Lucilia Prates-Ramos; Harold Cox; Michael Kneeland, MD and Secretary Francisco Ureña.

Absent member(s) were: Derek Brindisi; Keith Hovan; Joanna Lambert; Michele David, MD and Lissette Blondet.

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

Commissioner Bharel called the meeting to order at 9:16 AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

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

Commissioner Bharel began by highlighting some of the public health work that is taking place at the Department across the state.

Commissioner Bharel stated that Massachusetts is seeing elevated risk levels of the mosquito-borne illness Eastern Equine Encaphalitis and we have already seen two human cases of Triple-E in the state. DPH has been leading the effort to reduce public health risk of EEE exposure, working on mosquito control with our sister agencies and local health agencies. You will hear more about the current Triple-E issues in the Commonwealth --and our response-- from Dr. Katie Brown, our state epidemiologist, later this morning.

Commissioner Bharel announced that Governor Baker signed into law the state budget for fiscal year 2020.  Thanks to the support of the Governor and our partners in the legislature, the Department is looking at another strong year of investments in our public health programs.DPH’s total state budget for FY20 is $747.9M, a 7%, increase over last year’s budget.  This result is in large part driven by the hard work our Department and public health colleagues, like yourselves, throughout the budget process that secured critical investments that allow for the continued success of our work. There were several appropriations/programs that received significant increases, including:

* $2.6M for Community Health Centers
* $5M for Harm Reduction Services
* $950K for Family Health Services
* $2.1M for the State Laboratory
* $500K for the Municipal Bulk Purchase of Naloxone program
* $1.5M for School Based Health Programs
* $1 M for Pediatric Palliative Care

The final budget for 2020 included several critical public health investments from the Governor’s budget including:

* $2.7 million investment in the Childhood Lead Poisoning Prevention Trust Fund, which will help DPH expand efforts to prevent and treat lead exposure among young children in the highest risk areas of the state; and
* Language that will allow DPH to accept voluntary contributions to the Vaccine Purchase Trust Fund, an update expected to bring $3.5M-$4M to DPH for purchasing vaccines.
* The budget also includes $1M for the Healthy Relationships Grant Program to prevent domestic violence and sexual assault, particularly in “high-risk communities” and will support the work of community-based or school-based organizations.

**CDC AND VAPING**

Commissioner Bharel then gave an update on the vaping and e-cigarette epidemic, stating that the Centers for Disease Control and Prevention has sent out a clinical action alert regarding unexplained vaping associated pulmonary illness clusters. The CDC is asking clinicians around the country to report any possible cases of lung disease they are seeing connected to vaping. Wisconsin has seen 30 cases of severe pulmonary disease potentially linked to vaping. Illinois has identified 24 possible cases. And other states have seen this as well, 18 states in all. Over 90 cases have been reported nationally. We do not have a report of a case here in MA yet. We will be alerting healthcare providers across the state to let us know about potential cases here. DPH has been working closely with the Massachusetts Medical Society to educate physicians about vaping and urging them to speak with their young patients about vaping as part of a general history. We continue our efforts via DPH public campaigns to educate young people and their parents about the dangers of e-cigarettes -- urging prevention before addiction can start.

 **PROJECT PROMISE**

Commissioner Bharel states that she was pleased to speak at the first anniversary of Project Promise, an innovative opioid use disorder treatment program for pregnant and postpartum women based in Boston. At the program, mothers and children attend Project Promise together. The program offers individual and group treatment; peer mentoring; medical services; transportation; case management; referrals; and support for the extended family. I had the opportunity to tour the facility and meet and hear from some of the clients who have been part of the program. Commissioner Bharel showed the council members a photo of a couple of the preschool teachers and also one of me with little Marguerita and her mom, a client who spoke so beautifully about her journey. Our bureau of substance addiction services director Deirdre Calvert joined me for what was a really wonderful visit to Project Promise.

**PERSONNEL UPDATES**

Commissioner Bharel announced that Ruth Blodgett recently joined the Department as our new Director of the Bureau of Community Health and Prevention. Ruth has spent her career in healthcare leadership and operations and comes to us from Berkshire Medical Center and Berkshire Health Systems, where she served in a number of positions including Chief Operating Officer. Ruth brings extensive skills to her new role and a longstanding dedication to health equity and racial justice. She holds a degree from Smith College and an MBA from the University of Chicago. Join me in welcoming Ruth Blodgett to DPH.

**QUARTERLY OPIOID DATA REPORT**

Commissioner Bharel then updated the council members on the quarterly opioid overdose report that DPH released that morning. These reports help guide the Commonwealth’s response to the opioid epidemic. They are snapshots in time and provide the data that state and local communities need to assist us in responding more effectively. This new report shows us that confirmed and estimated opioid-related overdose deaths continue to decline and that means fewer families will have to endure the heartbreak of losing a loved one to this epidemic. We are glad to see the curve continue to bend and while there are still too many people dying of this preventable disease there are signs of progress. However, the presence of the deadly synthetic opioid fentanyl is at an all-time high; in fact, fentanyl was present in 92 percent of all opioid overdose deaths where a toxicology screen was conducted. While we’re encouraged by the decreases in opioid-related overdose deaths, fentanyl is certainly making our job much more difficult. DPH also posted on our website a new Fatal Injuries at Work Report that for the first time shows unintentional overdose was the leading single cause of death on the job, resulting in 54 deaths between 2016 and 2017.  These workplace deaths are predominantly in the construction and food services industries. Since 2018, the state has committed more than $300,000 in federal funding to develop training and materials on opioid education and prevention in the workplace, with a particular focus on occupations at highest risk.

With no questions or comments, the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council July 10, 2019 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the July 10, 2019 meeting minutes.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Dr. Kneeland made the motion and Dr. Cunningham seconded it. All other present members approved.

**1. Determinations of Need**

**a. Request by Signature Healthcare Corporation to renovate existing space at Brockton Hospital, Inc. to create a hospital based ambulatory care center. (Vote).**

Secretary Urena arrives at 9:25am.

Commissioner Bharel invited Margo Michaels, Director of the Determination of Need Program, and Rebecca Rodman, Deputy General Counsel, to review the DoN staff summary for Signature Healthcare Corporation’s application to expand their ambulatory surgical capacity at Brockton Hospital.

We also have representatives of the applicant here with us today, available to respond to questions after Margo’s presentation.

Dr. Bernstein how will you enforce the key areas of the CHNA.

Ms. Michaels stated they will be enforced around the conditions we have put on them providing certain documents for the CHNA and CHIP around health priorities and required to be completed directly after PHC approval or within 30-90 days.

Dr. Bernstein asked if there are site visits or are the observational.

Ms. Michaels stated they do not do any site visits.

Dr. Bernstein asked if they are identifying community engagement issues.

Ms. Michaels stated they put together a number of issues to be included and further information will be provided within one month to the PHC.  They are going to provide a document describing their advisory panel and their 2019 CHNA to be sure if follows rigorous approach to identifying health priorities.

Dean Cox asked if there was inconsistency with community engagement based on information presented.

Ms. Michaels stated that there are two different factors that apply to community engagement and she should have been clearer on their distinction. One concerns community engagement with this development of this project and the other is community engagement around the CHNA and the CHIP.

Dean Cox asked if the recommendations will meet the larger community engagement activities.

Ms. Michaels stated yes.

With no further questions, Commissioner Bharel asked if there is a motion to accept the staff recommendation to approve Signature Healthcare’s request for substantial change in service.

Mr. Lanzikos made the motion; Ms. Prates-Ramos seconded it. All present members approved. The staff recommendation for approval of this substantial change in service is approved.

**2. Presentation**

**a. Informational presentation on Mosquito-borne Surveillance and Response in Massachusetts.**

Commissioner Bharel invited Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to the table for an update on Triple-E in Massachusetts this season.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Dr. Cunningham asked if there are many bird species affected.

Dr. Brown stated there is an increasing list of species that are involved.

Dr. Cunningham asked if there is a way to deter the mosquitos from biting birds.

Dr. Brown stated there is a lot of work going on to reduce the mosquito population due to a lot of other mosquito borne diseases.

Mr. Lanzikos asked as climate change progresses will this issue get worse.

Dr. Brown stated that climate change can contribute to this and lead to longer breeding season and precipitation effect but it is not the only factor for this issue

Mr. Lanzikos asked if there are any concerns about changing the equilibrium in nature by reducing the mosquito population that might create unintended consequences.

Dr. Brown stated that she is concerned about that as well and it can change the balance in terms of ecosystems and we will have to wait and see how some of the mosquito research results.

Dr. Bernstein asked specifically about larvaeciding.

Dr. Brown stated that larvaeciding is very effective in reducing mosquito populations that carry West Nile Virus and are trying to develop ways to improve larvaeciding to reduce amplifications and reduce risk within swamp habitats.

Secretary Urena asked about rain barrels in urban areas as a concern to mosquito breeding grounds.

Dr. Brown stated that this is an important point and there is risk communication that would need to be coupled with that.

Dr. Cunningham asked if there is a benefit to the existence of mosquitos.

Dr. Brown stated that they are a feeding source for many animals.

With no further questions to comments, Commissioner Bharel proceeded with the next item on the docket.

**1. Presentation**

**b. Overview of the Public Health Hospital System**

Commissioner Bharel invited Assistant Commissioner Frank Doyle who oversees our Public Health Hospital System to the table for an overview of the system, as it has been quite some time since we’ve updated you all on all of the excellent work happening across our public health hospitals.

Upon the conclusion of the presentation, the Commissioner asked the Council if they had any questions or comments.

Dean Cox asked what a desirable amount of staff is for the PHHS.

Mr. Doyle stated the FTE is around 1561 and we have requested an addition of clinical staff to raise to 1600. This would address nursing needs and we are slowly acquiring this staff and when there are cuts this can be difficult for the administration and facilities staff.

Dean Cox asked about whom the patients are that go to the PHHS.

Mr. Doyle stated only eight other hospitals operate long-term acute care. The populations consist of patients that cannot receive the complex care they need that are primarily determine by social determinants of health. Most of PHHs patients are Medicaid.

Dean Cox asked what happens to the patients at Pappas when they age out of the facility

Mr. Doyle stated that the patients age out at 22 years old. We are working with DESE and DDS to find other placements for these patients. We are also seeing a higher acuity with our patients and need more consistent care, given this acuity factor, it can be challenging to find placements for these patients.

Dr. Bernstein asked what the forces that are driving capacity for the aging population.

Mr. Doyle responded that PHHS is the safety net hospitals and we look at the future for how to respond to the next public health crisis specifically looking at space for accommodating that next public health crisis. We are growing the value proposition for our patients.

Mr. Lanzikos asked if the dietary services are contracted or staff.

Mr. Doyle stated that the PHHS staff handles diet and nutrition. Our food vendor is contracted.

Mr. Lanzikos asked if the PHHS is able to staff up to budget or are their shortages in key areas.

Mr. Doyle responded that nursing is a major piece of the staff but currently the nurse recruitment is doing well. Being a unionized entity it can add more time to the hiring process. We are looking at our staff as system staff, in order to offer the opportunities across the system for more choices.

Secretary Urena asked if there is an opportunity with community colleges and technical schools as a focus of opportunity.

Mr. Doyle stated that we would welcome opportunities with training programs with community colleges and technical school and looking to grow our training programs.

Secretary Urena asked about the focus of volunteers to improve the quality of life for the patients.

Mr. Doyle stated we rely heavily on volunteers and there are a number of volunteers to provide social engagement and community engagement which is critical to the quality of care for patients.

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, September 11, 2019 at 9AM.

She then asked for a motion to adjourn. Dr. Bernstein made the motion, Secretary Urena seconded it. All present members approved.

The meeting adjourned at 11:12AM.