**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of December 13, 2017**

**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: Wednesday, December 13, 2017 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH
   3. Record of the Public Health Council November 8, 2017 Meeting **(Vote)**
2. **INFORMATIONAL PRESENTATIONS**
3. Informational presentation on the DPH Center for Birth Defects Research and Prevention, and collaborative Zika virus surveillance with the Bureau of Infectious Disease and Laboratory Sciences
4. Informational presentation on DPH and Local Public Health Collaboration

*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, December 13, 2017

**Beginning Time:** 9:16AM **Ending Time:** 11:15M

| **Board Member** | **Attended** | **Record of the Public Health Council November 8, 2017 Meeting (Vote)** |
| --- | --- | --- |
| Monica Bharel | Yes | Yes |
| Edward Bernstein | Absent | Absent |
| Lissette Blondet | Absent | Absent |
| Derek Brindisi | Yes | Abstained |
| Harold Cox | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Absent | Absent |
| Meg Doherty | Yes | Abstained |
| Michael Kneeland | Absent | Absent |
| Joanna Lambert | Yes | Yes |
| Paul Lanzikos | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Secretary Francisco Ureña | Yes | Yes |
| Alan Woodward | Yes | Abstained |
| **Summary** | **10 Members Present, 4 Members Absent** | **7 Members Approved, 4 members Absent, 3 members 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, December 13, 2017 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; Derek Brindisi; Harold Cox; John Cunningham, PhD; Meg Doherty; Joanna Lambert; Paul Lanzikos; Lucilia Prates-Ramos; Secretary Francisco Ureña; and Alan Woodward, MD.

Absent member(s) were: Edward Bernstein, MD; Lissette Blondet; Michael Kneeland, MD; and Michele David, MD

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

Commissioner Bharel called the meeting to order at 9:23 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

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

Commissioner Bharel began updates by announcing that Massachusetts has been named the healthiest state in the nation, according to America’s Health Rankings 28th annual report released. Among the state’s strengths are its low percentage of uninsured people, low prevalence of obesity, and high vaccination rates. The 2017 report also ranked Massachusetts No. 1 for the health of women and children.

The 2017 report analyzed 35 measures covering behaviors, community and environment, policy, clinical care and outcomes data. The report serves as a benchmark for states – and the nation – to measure progress, identify emerging trends, and drive action for improving public health. Last year, Massachusetts ranked No. 2, behind Hawaii.

Among other categories in which Massachusetts was ranked No.1 were:

* Immunizations of children ages 19 to 35 months
* Immunization of adolescents ages 13 to 17 years for Tdap, a combination vaccine that protects against three potentially life-threatening bacterial diseases: tetanus, diphtheria, and pertussis
* The percentage of the population that is uninsured
* The number of dentists per 100,000 people
* The number of mental health providers per 100,000 people

Other good news for Massachusetts contained in the report included:

* In the past five years, smoking decreased 25 percent from 18.2 percent to 13.6 percent of adults
* In the past five years, cancer deaths decreased 4 percent from 190.3 to 183.6 deaths per 100,000 people
* In the past 10 years, air pollution decreased 41 percent from 10.5 to 6.2 micrograms of fine particles per cubic meter

America’s Health Rankings, the longest-running assessment of the nation’s health on a state-by-state basis. The ranking is the product of a partnership between United Health Foundation and the American Public Health Association.

The Commissioner then announced that on November 21st the Massachusetts Department of Public Health achieved national accreditation through the Public Health Accreditation Board (PHAB). This achievement recognizes the sum of our work as a state public health department and reflects highly upon the daily quality of work being done by all of our DPH staff.

She then took the opportunity to express her gratitude to all who helped DPH reach this critical milestone. Hundreds of staff were involved in document preparation, site visit coordination and development of our State Health Assessment and State Health Improvement Plan. Special thanks go to our DPH Accreditation Team, Antonia Blinn, Paul Oppedisano and Glynnis LaRosa for their extensive work and dedication to this process.

She then informed the Council that Governor Baker recently announced a second major legislative and administrative reform package to combat the opioid epidemic. The announcement came on the heels of the Department’s latest report of opioid death data which found that for the first time in years, opioid-related deaths declined by 10% for the first nine months of the year, which I will review with you in a moment. While this is hopeful, there are still too many people suffering.

Governor Baker’s proposed C.A.R.E. Act, “Combatting Addiction, Accessing Treatment, Reducing Prescriptions and Enhancing Prevention,” builds on our prevention, intervention, treatment and recovery strategies by including high-risk populations, expanding school based education strategies and addressing specific barriers and gaps in treatment.

Commissioner Bharel then provided the Council with an update on the 2017 Third Quarterly Opioid Data Report.

Concluding her updates, Commissioner Bharel asked if the Council had any questions or comments.

Mr. Lanzikos asked for an updated report on the reversion program and where the women are going now instead of Framingham.

The Commissioner replied that that is possible.

Mr. Lanzikos then asked for a motion to formally commend the Department for being accredited. Ms. Prates Ramos seconded the motion. All present members approved.

Ms. Prates Ramos asked if there were any plans to expand the report beyond English and Spanish.

Commissioner Bharel informed her that the due to the data the first wave of the report would reach them for now but they are working with community coalitions throughout the state to have all of their materials available.

Dean Cox stated that appreciated both presentations and noted that the opioid status does not sit well with him. He informed the Commissioner that despite the current ranking he hopes that the we continue to strive to work on areas in which we have great disparity.

Commissioner Bharel informed him that they will absolutely work on areas in which there is disparity. She discussed the Commonwealth’s value on health and use of data to address issues in various communities.

With no questions, the Commissioner proceeded with the docket.

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council November 8, 2017 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the November 8, 2017 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Secretary Ureña made the motion and Dr. Cunningham seconded it. Dr. Woodward and Mr. Brindisi, and Ms. Doherty abstained as they were not present at the November 8th meeting. All other present members approved.

**2.INFORMATIONAL PRESENTATIONS**

**a. Informational presentation on the DPH Center for Birth Defects Research and Prevention, and collaborative Zika virus surveillance with the Bureau of Infectious Disease and Laboratory Sciences**

Commissioner Bharel invited Dr. Mahsa Yazdy, Director of the Department’s Center for Birth Defects Research and Prevention, and Dr. Catherine Brown, Deputy State Epidemiologist and State Public Health Veterinarian, to provide an overview of the Center’s work and also the Center’s collaborative Zika virus surveillance with the Bureau of Infectious Disease and Laboratory Sciences.

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

Secretary Ureña steps out at 9:49am and returns are 9:50am.

Dr. Woodward asked about vaccine development and who would be the intended recipients as the disease enters an endemic phase.

Dr. Brown replied that that is one of the concerns. She stated that the consequences of the Zika infection are so severe that it may offset the fact that vaccination may be limited.

Dr. Woodward stated that he would assume all women who are considering pregnancy would potentially be vaccinated.

Dr. Cunningham asked how long should a couple wait until engaging in sexual activity after being exposed.

Dr. Brown replied that if a female travels the recommendation is 8 weeks. If the male partner travels the recommendation is 6 months. Since the recommendation is to use condoms during that entirety of the 6 months they have received mixed feedback from couples regarding family planning.

Ms. Lambert asked if there is any fear about another outbreak and what would the communication efforts be about restricted travel especially to communities that may not have the same access or education as others.

Dr. Brown replied that that is a great question and certainly a possibility. In Massachusetts, for communication, we are still working with providers for the best set of recommendations. The department has been working to assure that there are materials available in multiple languages. There is a robust webpage and they have worked with community health centers, Spanish language radio, faith based centers etc.

Dean Cox noted that in the presentation they discussed surveillance and 492 cases, he asked for clarification on said cases.

Dr. Yazdy replied that the 492 cases have birth defects that are associated to Zika but do not necessarily mean they have been exposed to Zika.

Dean Cox then asked if there are other kinds of infections that we should paying attention to that relate to those 492 defects.

Dr. Yazdy replied that this highlights the need for having data on birth defects.

Dr. Brown interjected stating that based on her experience from Zika, when an infant is born with defects there is a fair amount of work done to determine what was the cause of it, including infectious disease and genetic testing. The infectious disease testing is sent to the Department.

Commissioner Bharel briefly discussed how assuring women receive adequate prenatal care, vaccines etc. are a part of public health.

Dean Cox asked how do we look at that in our state given the problems.

Dr. Yazdy replied that prenatal care is key as well preconception and family planning. The 492 cases are consistent with what we’ve seen over time in the state and nationally.

Secretary Ureña inquired about the impact on service members in terms of reducing travel to certain areas. He asked if the Department of Defense is providing any vaccinations relating to Zika.

Dr. Brown replied that there isn’t a vaccination available yet for Zika but there has been prevention and family planning materials provided on the federal level to service members. She went on to discuss the status of potential vaccines.

Dr. Woodward asked if it were possible to go back and see if those whose children have defects were symptomatic or asymptomatic.

Dr. Yazdy replied that they thought severity may indicate higher risk but when they looked at asymptomatic vs. symptomatic there was no difference.

Mr. Brindisi asked if the path the CDC was predicting the disease to take changed due to the life cycle of the species.

Dr. Brown replied that the CDC was using national data to produce maps of where those species of mosquitos live in the US. She discussed their predictions as a means to promote awareness.

**2.INFORMATIONAL PRESENTATIONS**

**b. Informational presentation on DPH and Local Public Health Collaboration**

Commissioner Bharel then invited Ron O’Connor, Director of the Office of Local and Regional Health, for a presentation on the Department’s collaboration with local public health.

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

Ms. Lambert asked what are the next steps or timeline for things to work more smoothly between different town sizes.

Mr. O’Connor replied that the commission will be meeting for the next 6-7 months and that there is a roadmap for the commission to complete their wok. Changes will occur as they go along.

Ms. Doherty discussed the roots of home health care and the effects of having them left out of the efforts of visiting nurses in New England.

Mr. O’Connor thanked Ms. Doherty for her comments.

Dr. Woodward discussed trouble recruiting for boards of health and the ultimate need to figure out regional high standard service.

Mr. Lanzikos leaves and does not return 11:02am.

Dean Cox elaborated on Ms. Lambert’s question and noted the work that Mr. Brindisi accomplished in Worcester. He discussed the process and commended them for their work and the work that is to be done.

Dr. Woodward discussed implementing legislation.

Secretary Ureña discussed what tools can be provided such as enhanced communication and seeing which communities are working in districts.

Mr. O’Connor stated that they are prepared to support communities that are interested in shared services arrangement.

Secretary Ureña also discussed the work that the Lieutenant Governor has accomplished and what communities miss out on when they don’t have specific expertise.

Dr. Woodward asked if there was guidance on approaching new marijuana regulations for the boards of health.

Commissioner Bharel replied that a number of communities are struggling with that and that they make an effort to provide them with information and support.

Mr. Brindisi then discussed his experience and noted that each municipality said yes for various reasons. He noted that the elected boards of health tend to appreciate their autonomy and noted the importance of understanding those dynamics.

With no further questions the Commissioner asked for asked for a motion to adjourn. Ms. Doherty made the motion Dr. Woodward seconded it. All present members approved.

The Commissioner reminded the Council that the next meeting is Wednesday, January 10, 2017 at 9AM.

The meeting adjourned at 11:15AM.