MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of December 8, 2021

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, December 8, 2021 – 9:00AM**

***Note: The December 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://statema.webex.com/statema/onstage/g.php?MTID=e29c0c69e369fc1e4fc920410d9bcb33b

Dial in Telephone Number: 1-866-692-3580

Access code: 2425 465 2082

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Acting Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held November 10, 2021. **(Vote)**
2. **PRESENTATIONS**
	1. Update on Overdose Prevention and Other Harm Reduction Efforts.
	2. New Results and 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: December 8, 2021

Start Time: 9:21am Ending Time: 10:55am

| **Board Member** | **Attended** | **First Order: Approval of November 10, 2021 Meeting Minutes (Vote)** |
| --- | --- | --- |
| **Acting Commissioner Margret Cooke**  | Yes | Yes |
| **Edward Bernstein** | Yes | Yes |
| **Lissette Blondet** | Absent | Absent |
| **Kathleen Carey** | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes |
| **Harold Cox** | Yes | Yes |
| **Alba Cruz-Davis** | Absent | Absent |
| **Michele David** | Yes | Yes |
| **Elizabeth Evans** | Yes | Yes |
| **Michael Kneeland** | Absent | Absent |
| **Joanna Lambert** | Absent | Absent |
| **Mary Moscato** | Yes | Yes |
| **Acting Secretary Cheryl Poppe** | Yes | Yes |
| **Summary** | 9 Members Present; 4 Absent | 9Members 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, December 8, 2021 by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Kathleen Carey, PhD; Secretary Elizabeth Chen; Harold Cox; Michele David, MD; Elizabeth Evans, PhD; Mary Moscato 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 9:21am and made opening remarks before reviewing the agenda.

Dean Cox arrived at 9:23am.

**1. ROUTINE ITEMS**

*b. Updates from Acting Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**COVID-19 and mAb**

Last week DPH announced the expanded availability of monoclonal antibody treatment for high-risk individuals who have been exposed to or have COVID-19.

* Three new state-supported clinics in Holyoke, Fall River, and in Everett, have the capacity to treat a combined 500 patients per week with this treatment, which has shown to be effective in reducing the severity of disease and keeping COVID-19-positive individuals from being hospitalized.
* The treatment is provided at no cost to the patient and offered regardless of immigration status or health insurance.
* Patients should discuss with their health care providers whether monoclonal antibody treatment is right for them.

**OMICRON Variant**

Commissioner Cooke stated that on Saturday December 4th, 2021, DPH announced the first case of Omicron in the Commonwealth. The variant was identified through sequencing performed at New England Biolabs.

* DPH consults with the CDC and our state and federal public health partners, to understand the Omicron variant.
* The Omicron variant has raised concern because of its large number of mutations, some of which have been associated with resistance to antibodies generated both by available vaccines and previous infection.
* Massachusetts has in-state laboratory capacity to be able to sequence variants and not rely on out-of-state laboratories.
* The State Public Health Laboratory, the Broad Institute of MIT and Harvard, and several hospital and academic laboratories all contribute to sequencing efforts in Massachusetts and are helping to track variants, clusters and patterns of disease spread.
* There is some limited evidence that Omicron could be more transmissible than other COVID-19 virus variants, including Delta.
* This variant is being monitored closely by public health authorities around the world, and information about the impact of Omicron is being gathered.

**Boosters**

Commissioner Cooke stated that vaccines remain the single best way for people to be protected from the virus.

* Due to the emergence of Omicron, on November 29, 2021, the CDC strengthened its recommendation on booster doses, saying that everyone age 18 and older should get a booster shot, either six months after their initial Pfizer or Moderna series, or two months after an initial J&J vaccine.
* There are about a thousand locations across the Commonwealth to get vaccinated.

**COVID Vaccination**

Commissioner Cooked stated that as of December 6, 2021, over 91% of the eligible population in Massachusetts have received at least one dose of the COVID-19 vaccine. Nearly 28% of our fully vaccinated population age 18 or over has received a booster dose which equate to over 1.2 million Massachusetts residents.

**Vaccine Update: Equity Initiative**

Commissioner Cooke then shared highlights on the DPH Vaccine Equity Initiative, outreach in the states 20 priority cities and towns.

* DPH is partnering with the Haitian Chamber of Commerce on a vaccination event for residents in seven cities (Boston, Brockton, Everett, Lawrence, Lynn, Malden and in Randolph) and supporting them with a mini ad campaign to increase traffic to these clinics.
* In Leominster, DPH had success with whole family community clinics, which allow for vaccination of both adults and youth and children at libraries, which recently registered over 300 residents.
* Lowell has scheduled three clinics in its Centralville neighborhood and in Everett, vaccine clinics at a Stop & Shop market on November 27 and 28 had over 200 people vaccinated each day. Another clinic held at the store on December 5th vaccinated more than 300 people.

**Flu Shot Reminder**

Commissioner Cooke closed her remarks with a reminder to individuals to get the flu shot, the COVID shot, or the booster. She urges individuals and their families and friends to take these important steps, to prepare for safe visitation to friends and family during this holiday season.

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. November 10, 2021 Minutes (Vote)*

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

Secretary Poppe made the motion, which was seconded by Secretary Chen.

All other members present approved.

**2. PRESENTATIONS**

*a. Update on Overdose Prevention and Other Harm Reduction Efforts.*

Commissioner Cooke invited Deirdre Calvert, Director of our Bureau of Substance Addiction Services to provide an update on the overdose prevention and harm reduction efforts throughout the Commonwealth.

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

Dean Cox thanked Ms. Calvert for the presentation and then asked if there is anything missing from the services, considering the increased number of mortalities.

Ms. Calvert stated the rate and acceleration of the overdose cases are not currently matched with the programs offered. She went on to state there is a need to increase outreach to communities of color within existing programs.

Dean Cox asked if safe syringe programs are limited in the western part of the state.

Ms. Calvert stated yes there is a limited range of these services in those areas and some cities and towns have refused to have safe syringe exchange programs.

Dean Cox asked if there will be a safe consumption sites in Massachusetts.

Ms. Calvert stated not at this time and will update the council members when there is an update on this topic.

Secretary Poppe asked how individuals living on “Mass-Cass” can access low threshold housing.

Ms. Calvert stated that all housing programs available are listed and there is zero requirement to access this type of housing, focusing on individuals at risk for homelessness.

Secretary Poppe asked if there are individual private bathrooms at the Shattuck community cottages and expressed concerned for individuals with mobility issues.

Ms. Calvert stated she will check on this and follow up with more information.

Ms. Moscato asked if there are any special considerations for the older adults that might be living in the Shattuck community cottages.

Ms. Calvert stated the people slated to live in these cottages are coming directly from the encampments at “Mass-Cass” and some individuals are coming from other areas.

Secretary Chen asked what the expected length of stay for the Shattuck community cottages.

Ms. Calvert stated there are two types of low threshold housing, transitional and permanent. The expectation is that transitioning housing individuals will be placed in permanent housing, but the length of stay for the Shattuck cottages has not been determined at this time. BSAS is working closely with the city to ensure this is a developed effort to help people transition on a more permanent basis.

Dr. Evans asked if stimulant use disorder is a primary issue and if it’s being tracked by BSAS. She also asked if there are more details on the methadone mobile programs.

Dr. Evans also asked if there is any information on incarcerated individuals and access to these services.

Ms. Calvert stated that DPH does track stimulants, including methamphetamine, and there has been an increase in stimulant use in MA. She stated that fentanyl cross-contamination is present in ~46% of stimulants. She stated that the methadone mobile program has been a major improvement for access for individuals. The van must be connected to a current brick and mortar Opioid Treatment Programs (OTP). Regarding justice-involved and incarcerated individuals, she added that the opiate remediation fund workgroup is meeting later this month (Dec. 15), and that she would share that information with Dr. Evans.

Dr. Bernstein asked what the impact of COVID has been on these services, specifically related to detox access for COVID-positive individuals. He also asked about interagency meetings to discuss governance and structural issues to address social determinants of health and equity.

Ms. Calvert stated that there are COVID-positive units that serve those individuals with isolation and quarantine requirements in place. Positive COVID individuals are reported, and proper PPE is in place. Testing is required at all funded programs, and vaccines have been available. There have been many state agency collaboration since Mass-Cass has been recently highlighted and will see it continue as well as follow up with internal working groups on these issues.

Dr. Bernstein asked how the facilities are being held accountable in terms of licensing.

Ms. Calvert stated that regulations assure that discharged individuals should be supported by the next step in their transition process and not discharged to homelessness. There are some individuals that choose not to accept the next step in the transition process.

Dr. Bernstein stated that there are multiple factors that can ensure these facilities are being held accountable, including system level improvements.

Ms. Calvert stated that individuals should be inducted into medications for opioid use disorder (MOUD) and that she agreed with Dr. Bernstein.

Dr. Bernstein stated there should be an overall commitment to health equity and inclusion of all individuals for these services.

Ms. Calvert agreed and stated that health equity is one of DPH’s core values.

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

**2. 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. The insights shared focused on persons with disabilities. Nassira Nicola, Lead Health and Disability Program Coordinator in the Office of Health Equity, presented.

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

Secretary Chen asked if there is a difference between late acquired disabilities compared to disabilities early in life.

Ms. Nicola stated that there are some differences, specifically in deaf individuals and age-related deafness. People with age-related disabilities tend to have support systems in place already. This data set does not show specific information on this comparison.

Dr. Bernstein asked if social support networks are helping these individuals during the COVID-19 pandemic.

Ms. Nicola stated the vaccine equity initiative provided outreach to the disabled population. There is a community stakeholder advisory group that provided input in terms of changes to policies throughout the pandemic.

Dr. Bernstein stated that empowering people to mobilize on social action can create positive change for individuals with disabilities, with support by DPH.

Ms. Nicola stated she agrees and mentioned the aging disability resource consortium plays a critical role to bring together the disability related needs to both elders and young individuals with disabilities. and it is important to continue to support.

Dr. David thanked Ms. Nicola for the presentation and stated that during the pandemic, there is an urgent need for an effective triage for critical care. She also commented on the importance to remove inequity in these processes for all types of demographics.

Ms. Nicola stated the DPH health equity advisory group works on this specific feedback and revised practices and standards of care to help improve equity.

Dr. Evans thanked Ms. Nicola for the presentation and asked if there are more ways to learn about data to action recommendations.

Ms. Nicola stated these data to action recommendations are discussed in the webinars and would be happy to discuss further or present this information at a future meeting.

Dr. Carey commended DPH for the presentation and asked Ms. Nicola to comment on the most impactful insights from the presentation.

Ms. Nicola stated the two biggest takeaways were around: (1) the importance of prioritizing information access for individuals with a disability, including impaired vision, deaf and hard of hearing, and people with cognitive disabilities and (2) the fragility of the network of supports and medical services that people with disabilities rely on. For example, availability of medical supplies and access to support systems were disrupted for this population.

Secretary Poppe thanked Ms. Nicola for the information and stated it was a great topic to highlight.

Dr. Bernstein asked if there has been any improvement on technology to assist deaf and hard of hearing individuals to communicate while masked.

Ms. Nicola stated there are clear masks and that using text messages while wearing a mask to communicate with a deaf/hard of hearing person is is a useful alternative.

With no further questions, Commissioner Cooke reminded Council members the next meeting would be held on Wednesday, January 12, 2022.

Commissioner Cooke asked if there was a motion to adjourn. Dr. Bernstein made the motion which was seconded by Dr. Carey. All present members approved.

The meeting adjourned at 10:55am.