MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of February 8, 2023

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, February 8, 2023 – 9:00AM**

***Note: The February 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:

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1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held January 11, 2023 **(Vote)**.
2. **REGULATIONS**
	1. Request to promulgate amendments to 105 CMR 130, *Hospital licensure* **(Vote).**
3. **INFORMATIONAL PRESENTATIONS**
	1. 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: February 8, 2023

Start Time: 9:01 am Ending Time: 9:52 am

| **Board Member** | **Attended** | **First Order: Approval of January 11, 2023 Meeting Minutes (Vote)** | **Second Order: Request to Promulgate Amendments to 105 CMR 130, Hospital Licensure (Vote)** | **Letter of Appreciation to Local Boards of Health (Vote)** |
| --- | --- | --- | --- | --- |
| **Commissioner Margret Cooke** | Yes | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Abstain | Yes | Yes |
| **Michele David** | Yes | Abstain | Abstain | Abstain |
| **Elizabeth Evans** | Yes | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes | Yes |
| **Joanna Lambert** | Yes | Abstain | Yes | Yes |
| **Stewart Landers** | Yes | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Abstain | Abstain | Yes |
| **Secretary Cheryl Poppe** | Yes | Yes | Yes | Yes |
| **Gregory Volturo** | Yes | Yes | Yes | Yes |
| **Summary** | 15 Members Present; | 11 Members Approved;4 Abstained | 13 Members Approved;2 Abstained | 14 Members Approved1 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, February 8, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Margret Cooke; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey, PhD; Secretary Elizabeth Chen, PhD; Dean Harold Cox; Alba Cruz-Davis, PhD; Michelle David, MD; Elizabeth Evans, PhD; Eduardo Haddad, MD; Joanna Lambert; Stewart Landers; Mary Moscato; Secretary Cheryl Poppe, and Gregory Volturo, MD.

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

Dr. Michelle David arrived at 9:11 AM

Commissioner Cooke called the meeting to order at 9:01 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**New HHS Secretary Announced**

Commissioner Cooke said last month Governor Healey and Lieutenant Governor Driscoll announced the appointment of Kate Walsh as the new Secretary of Health and Human Services for the Commonwealth. She is currently the CEO of Boston Medical Center Health System and brings extensive experience overseeing large organizations and working to address issues highly relevant to the work across the Secretariat, including equity, health care affordability, and behavioral health. She will join the Administration on March 1st.

**Environmental Justice Grant**

Commissioner Cooke reported that last week the Department announced $100,000 in funding to four organizations working to improve public health in Environmental Justice Communities. This effort furthers DPH’s commitment to promote health equity by reducing harmful levels of exposure to environmental hazards in communities disproportionately impacted by COVID-19. The funds are part of a CDC grant awarded to DPH’s Bureau of Environmental Health to detect, prevent and control environmental hazards. Investment will focus on evidence based decision-making tools, workforce training, and community outreach.

**Quit Now Campaign**

Commissioner Cooke said that DPH re-launched a media campaign to help adults quit smoking, vaping, or using other tobacco or nicotine products. The campaign encourages quitting these products by calling the Massachusetts Quitline. The campaign is concentrated in 27 communities with the highest smoking rates. Ads will run on social media, websites, and streaming platforms. Callers can receive up to 8 weeks of free nicotine replacement therapies through the Quitline.

**Behavioral Health Help Line**

Commissioner Cooke highlighted that along with the opening of 25 Community Behavioral Centers and new community-based crisis intervention services, last month saw the launch of the 24/7 Behavioral Health Help Line. The new Help Line offers a single point of contact for residents to receive real-time support, initial clinical assessment, and connection to the most appropriate mental health and substance use disorder evaluation and treatment, regardless of insurance status or ability to pay. This marks a historic development in access to behavioral health services across the Commonwealth offering real-time chat and clinical triage in over 200 languages and clinical follow up to every text, call, or chat.

**Gonorrhea**

Commissioner Cooke closed her remarks announcing the detection of a novel strain of gonorrhea in a resident of Massachusetts that showed a reduced response to multiple antibiotics and another case with genetic markers that indicate a similar drug response. This is the first time that resistance or reduced response to five classes of antibiotics has been identified in gonorrhea in the U.S. Both cases were successfully cured with high doses of an antibiotic. DPH has issued an alert to clinicians to raise awareness of this new strain, while urging the public to take precautions.

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

With no questions, Commissioner Cooke turned to the docket.

**1****. ROUTINE ITEMS**

*c. January 11, 2023 Minutes* ***(Vote)***

Commissioner Cooke asked if there were any changes to the January 11, 2023, minutes.

Secretary Chen mentioned that in the informational presentation of the Overview of Massachusetts’ Services for Older Adults, the sentences, “Secretary Chen explained in the budget of the Executive Office of Elder Affairs (EOEA) that there is allocated $12 per person over 60 years old to each municipality, and that is how the COA gets their dollars. There are also organizations that function under their town’s budget, and it depends on how each town prioritizes services for older adults” is incorrect and should be amended to say “COA’s operate under their own municipalities’ budget, and the state contributes $12 per person, per year, for each individual over the age of 60.”

Mr. Landers asked that a sentence be shortened to better express his thought. The sentence was shortened.

Commissioner Cooke asked if there was a motion to approve the January 11, 2023, minutes as amended.

Dr. Haddad made the motion, which was seconded by Mr. Landers. Ms. Blondet, Dr. Cruz-Davis, Ms. Moscato, and Dr. David abstained. All other present members approved.

**2. REGULATIONS**

1. *Request to promulgate regulations 105 CMR 130, Hospital Licensure (****Vote****)*

Commissioner Cooke invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Health Care Safety and Quality, to present a request to promulgate amendments to the Department’s regulations regarding Hospital Licensure.

At the conclusion of the presentation, Commissioner Cooke asked if the members had any questions. There were no questions.

Dr. Bernstein made the motion, which was seconded by Dr. Haddad. Ms. Moscato and Dr. David abstained, and all other present members approved.

**3. INFORMATIONAL PRESENTATIONS**

1. *Updates from the COVID-19 Community Impact Survey (CCIS)*

Commissioner Cooke invited Beth Beatriz, Director of the Office of Statistics and Evaluation for the Bureau of Community Health and Prevention to share some next step for the COVID-19 Community Impact Survey.

Upon the conclusion of the presentation, Commissioner Cooke asked the council members if there were any questions or comments.

Ms. Blondet applauded the work and said this demonstrated public health in action. She reminded Dr. Beatriz to not forget community health workers and the opportunity they can offer as seasoned communicators. She said she would like to work together to assist in recruiting community health workers to help design some of the tools, help with analysis, and maybe train some in qualitative research methods.

Dr. Beatriz said she would reach out and agreed this is the type of partnership she had hoped to build on and has the biggest impact.

Mr. Landers impressed on the importance of the relationships with local health departments and asked Dr. Beatriz to speak more to how they are coordinating those relationships.

Dr. Beatriz passed this question to Jennica Allen, Manager of Community Engagement Practices who said the approach of the 2.0 CCIS will map out a process for engagement that starts internally with informational goals that may help the department in engagement, surveillance, and finally, action. She explained that the method is to start internally with offices of local and regional health, then expand to include community-based organizations and continue the work to communities and residents.

Mr. Landers encouraged them to continue to loop in local health departments and the coordination would be mutually beneficial.

Dr. Evans encouraged engagement with community advisory groups, specifically those that have experience with the carceral legal system, those that have been involved with the justice system, as well as those that have substance use disorder. She said these are vulnerable populations at risk for poor health and tend to be neglected when it comes to surveys or other work. She asked if they were finding ways to reach out to them. She then noted how DPH collects amazing data and asked if the Public Health Data Warehouse is a resource that could be used to help examine the impact of policies on housing and homelessness. She said this resource was mainly created in large part to understand the opioid epidemic, but it may be a resource to access the dataset to analyze the topics that were discussed in the presentation.

Dr. Beatriz stated that the carceral population and those with substance use disorder are priority populations for them. She agreed with her that the public health data warehouse is one of many tools in their toolbox.

Dr. Volturo complimented the great effort and believed the survey method of CCIS will capture some real surprises that normally are not picked up. He used the example in his work, looking at social determinants of health in emergency department visits. He said it is surprising the things that prevent people from coming to the ED or the hospital are things that can be changed but little attention is brought to them. He hopes this data will shed light to the things that will help these populations.

Ms. Moscato agreed the work in the survey is excellent and was impressed that data started to be collected at the very start of the COVID pandemic demonstrating early examples of health inequities. She asked if there was any collaborative or overlapping data between the frontline workers in the communities where data was gathered.

Dr. Beatriz said they have a wonderful occupational health team who give them an informed understanding of what occupations and industries people were responding from and their experiences at work, their mental health, and a whole spectrum of how their work influences their experiences. They identified that there was a disproportionate impact on frontline workers of color regarding social health, and economic impacts. They recognize the need to understand this further and have used it as one of their focuses on their earliest qualitative groups.

Caroline Stack, Epidemiologist, Covid Community Impact Survey, was invited to continue, and said they have seen this as a pilot for deeper, qualitative work that will continue with CCIS 2.0. They are working with a team at Tufts to use a community-based research model of frontline workers. Community evaluators from the restaurant worker community and workers from the childcare community in Western Mass and the Boston area are interested in seeing how their data analysis may change policy.

Ms. Blondet asked if the Council could receive copies of the framework.

Dr. Beatriz said that they could.

Dr. Bernstein commended the light being shed on health inequities through COVID-19. He stated that he hopes that this work will continue through the healthcare system and public health in the broader context of the 3 principles of health equity; community engagement, and participatory research and action, and converting research into action. He then said at Boston Medical Center, Dr. Thea James, the Director of the Health Equity Accelerator, shares the principle that everyone is accountable to do something about inequities, to study it and not give up. Data should be more than superficial and should go deeper by identifying communities left out by the system in terms of opportunity. He said it influenced his work in the pediatric emergency department and they used these questions to survey adolescences from 13 to 24 and found similar data in terms of mental health and social determinants. He said lastly, he wanted to mention the impact of discrimination and coming up with strategies to help people that have been impacted by discrimination.

Dr. Beatriz thanked everyone for their comments, specifically around discrimination and said they do include those questions in their survey. They saw significant inequities related to racial discrimination during the pandemic and they intend to continue the work as they go into the future.

With no further questions, Commissioner Cooke stated that this concluded the final agenda item for the day and reminded the council that the next meeting is scheduled for Wednesday, March 8, 2023, at 9 AM.

Dean Cox requested to speak to one last item reminding the Council that a year ago they wrote and sent a letter to the local public health departments throughout the Commonwealth to acknowledge and thank them for their work. He offered to draft a similar letter from the Council to be sent out this year.

Commissioner Cooke agreed with Dean Cox and requested a vote to the PHC members to approve sending a letter to local public health.

Dr. Bernstein made the motion, which was seconded by Ms. Blondet and all other present members approved.

Commissioner Cooke asked if there was a motion to adjourn.

Secretary Chen made the motion which was seconded by Dr. Haddad. Dr. David abstained and all other present members approved.

The meeting was adjourned at 9:52 am.