**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of July 12, 2017**

**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, July 12, 2017 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH
   3. Record of the Public Health Council June 14, 2017 Meeting **(Vote)**
2. **DETERMINATION OF NEED**
   1. Implementation Update: Boston Children’s Hospital provides an update on the Community Health Initiatives process to-date for Project No. 4-3C47, a request for substantial capital expenditure approved by the Council on October 20, 2016
3. **FINAL REGULATIONS**
4. Request for approval to rescind 105 CMR 131.000, *The Operation of the Advocacy Office* **(Vote)**
5. **INFORMATIONAL PRESENTATIONS**
6. Informational presentation on Mosquito-borne Disease Surveillance and Response in Massachusetts

*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, July 12, 2017

**Beginning Time:** 9:12AM **Ending Time:** 10:47PM

| **Board Member** | **Attended** | **Record of the Public Health Council June 14, 2017 Meeting (Vote)** | **FINAL REGULATIONS**  **Request for approval to rescind 105 CMR 131.000, The Operation of the Advocacy Office (Vote)** |
| --- | --- | --- | --- |
| Monica Bharel | Yes | Yes | Yes |
| Edward Bernstein | Yes | Yes | Yes |
| Lissette Blondet | Yes | Yes | Yes |
| Derek Brindisi | Yes | Yes | Yes |
| Harold Cox | Yes | Yes | Yes |
| John Cunningham | Yes | Yes | Yes |
| Michele David | Absent | Absent | Absent |
| Meg Doherty | Yes | Yes | Yes |
| Michael Kneeland | Yes | Yes | Yes |
| Paul Lanzikos | Yes | Yes | Yes |
| Lucilia Prates-Ramos | Absent | Absent | Absent |
| Secretary Francisco Ureña | Yes | Yes | Yes |
| Alan Woodward | Yes | Yes | Yes |
| **Summary** | **11 Members Present, 2 Members Absent** | **11 Members Approved, 2 members Absent** | **11 Members Approved, 2 members 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, July 12, 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; Edward Bernstein, MD; Lissette Blondet; Derek Brindisi; Harold Cox; John Cunningham, PhD; Meg Doherty; Michael Kneeland, MD; Paul Lanzikos; Secretary Francisco Ureña and Alan Woodward, MD.

Absent member(s) were: Michele David, MD; 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 9:12 AM and made opening remarks before reviewing the agenda.

**ROUTINE ITEMS**

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

The Commissioner began by informing the Council that Marc Nascarella, Director of DPH’s Environmental Toxicology Program was recently nominated and selected to participate in a federal review panel examining the US Environmental Protection Agency’s Safe Drinking Water Act assessment of lead in drinking water.

Mr. Nascarella was one of a small number of national experts who provided critical review comments during a 2-day meeting this month to evaluate scientific modeling that defined the relationship between lead levels in drinking water and blood lead levels. His nomination to this panel is a testimony to his widely recognized toxicology expertise, and we are grateful for the knowledge and skill he brings to the Department on a daily basis.

The Commissioner went on to inform the Council that the Special Commission on Local and Regional Public Health, recently established in state law, held its inaugural meeting on June 23rd. The 25-member Commission includes representatives of executive branch agencies, legislators, representatives of organizations named in the legislation, and appointees by the Governor. The Commission is charged with “assessing the effectiveness and efficiency of municipal and regional public health systems and making recommendations regarding how to strengthen the delivery of public health services and preventive measures”.

At the first meeting, the Commission received an overview of the Massachusetts local public health system and a recommended approach to achieve its goals through June 2018. Commissioner Bharel then thanked Ron O’Connor, Director of the Office of Local and Regional Health, for the role he and his team played in bringing the Commission together and emphasizing the critical role local public health plays in creating a healthy Massachusetts.

Commissioner Bharel also highlighted the efforts of Council member, Harold Cox, and his work with the Commission. Dean Cox is chair of Massachusetts Public Health Regionalization Project (MPHRP) Working Group, whose work provides a strong foundation for many of the issues the Commission will address. In that role, he also represents the working group on the Commission. Through work with the Massachusetts Public Health Association, the Association was instrumental in establishing the Commission.

Next, the Commissioner recognized the Office of Preparedness and Emergency Management (OPEM) and our Department Operations Center for their role in supporting two recent events in Boston: 2017 Sail Boston and the July 4th Celebrations.

2017 Sail Boston was a weeklong maritime festival that took place throughout the City of Boston and the harbor from June 16 – 22. During the event, the City hosted ships participating in the Rendez-Vous 2017 Tall Ships Regatta, a trans-Atlantic race that began in England and finishes in Quebec City. The Department Operations Center activated on Saturday, June 17, to maintain situational awareness for any incidents or events that might occur during the Grand Parade of Sails, the largest event of the week.

Staff from the Office of Preparedness and Emergency Management were present in the DOC along with a representative of the HHS Assistant Secretary for Preparedness and Response. The Department Operations Center was also activated on July 4th with to monitor events statewide related to July 4th celebrations. A tremendous amount of planning and preparation takes place to ensure events like this are safe for all. Commissioner Bharel thanked the OPEM team for playing such a critical role in keeping the Commonwealth safe and prepared while residents and visitors are able to enjoy these world-class events.

Recently, DPH had several staff participate in EOHHS’s Mentoring, Aspiring Supervisor and Succession Planning Program, which is designed to address workforce planning and development by cultivating a highly skilled workforce that can deliver innovative solutions and approaches that enhance EOHHS service delivery.

DPH staff were represented on all three Program tracks - Aspiring Supervisor, Program Director, and Senior Leader. The Commissioner was able to attend the ceremony and thank each of our graduates individually.

Participants completed extensive course work, accomplished the goals they identified, and implemented projects that add value to the important work and services provided by our agency. The graduates’ final projects ranged from educational program developments, customer service improvements and process updates to workflow enhancements and data analysis assessments. These projects continuously improve the work that we do by using data effectively, addressing social determinants of health, and eliminating disparities to meet our mission and vision.

The work of DPH, unlike virtually any other state agency, touches everyone, and the work of the MasSP participants benefits the agency, the individuals we serve, and the overall health of Commonwealth. The Commissioner congratulated the participants on a job well done.

She also announced that Massachusetts was one of four states recently chosen by the Association for State Public Health Officials (ASTHO) and the Center for Connected Health Policy (CCHP) to take part in their Telehealth Technical Assistance Initiative. DPH hosted a meeting to explore opportunities in telehealth on June 22nd.

Thirty-four individuals representing many of the Department’s bureaus and offices participated in the meeting, which included an overview of telehealth policies and strategies, and a facilitated discussion of potential opportunities to use telehealth for the advancement of public health in Massachusetts.

At the conclusion of the meeting, participants agreed to share lessons learned with their colleagues and identify concrete opportunities for possible adoption of telehealth strategies within their respective bureaus.

The ASTHO/CCHP technical assistance team is preparing a summary of the group’s discussion which can be used as a tool to facilitate development of pilot telehealth programs throughout the agency. This effort is just one of many ways DPH staff are working to use data and technology in ways that benefit Massachusetts residents, improve access to needed health services, and further the Department’s efforts to drive precision public health.

Commissioner Bharel informed the Council that in June, she joined representatives from the CMS Region One office for a visit to the Mashpee Wampanoag Tribe’s reservation. The Tribe declared a state of emergency in 2016 due to the effects of the opioid epidemic on members. Her visit focused on ways the Tribe can collaborate with state government to further their day-to-day efforts to combat this disease, while furthering the Tribe’s mission to build resources and service capacity in one’s life that will develop and maintain self-sufficiency in all areas of life. While visiting, she was able to tour medical and dental facilities on the reservation, as well as discuss the role public health plays in addressing and preventing substance use disorder.

The Commissioner then informed the Council that she was able to see the recently opened New Joelyn’s Home – a 24-bed recovery home providing addiction treatment to women. She had the pleasure of speaking with staff and clients at the Home, and tour the beautiful facility. The center adds much needed capacity in the city of Boston, and will help women suffering from addiction get into treatment.

Upon the conclusion of her updates, the Commissioner asked if the Council had any questions or comments.

Secretary Ureña thanked the Department and OPEM for their work and preparation for Sail Boston as well as the July 4th events.

Mr. Lanzikos commented on an article that discussed the opioid prescribing practices of dental offices. He asked if there were a plan of action regarding this or if it is something the Department has recognized.

Commissioner Bharel replied that we’ve had tremendous success in working with the deans of all four medical schools along with the deans of all three dental schools. In the last quarterly opioid update, since 2015 there has been a 25% decrease in the volume of schedule 2 opioids that are out in the community in Massachusetts.

Meg Doherty arrives at 9:15am. Lissette Blondet arrives at 9:23am.

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

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council June 14, 2017 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the June 14, 2017 meeting minutes.

Seeing none, the Commissioner asked for a motion to accept the minutes. Mr. Lanzikos made the motion and Dr. Woodward seconded it. All present approved.

**2. DETERMINATION OF NEED**

**a. Implementation Update: Boston Children’s Hospital provides an update on the Community Health Initiatives process to-date for Project No. 4-3C47, a request for substantial capital expenditure approved by the Council on October 20, 2016**

The Commissioner then invited Dr. Shari Nethersole, Executive Director of the Office of Community Health at Boston Children’s Hospital, to the table to update the Council on the Hospital’s Community Health Initiative planning as part of implementing its recently approved DoN Project. The Hospital is bringing this update to the Council in response to feedback and questions on CHI planning during DoN staff review of the project and recommendation at the October 2016 PHC meeting.

Josh Greenberg, Vice President of Government Relations at Boston Children’s Hospital was also present to answer questions.

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

Ms. Blondet inquired about the independent evaluator.

Dr. Nethersole replied that the scope of work has yet to be signed but will shortly and confirmed that it was an independent evaluator.

Ms. Blondet then inquired about the behavioral health expertise on the strategic planning committee.

Dr. Nethersole replied that one of the representatives from Children’s Hospital is the head of their community mental health program and has 20 years of experience providing mental health services for Boston Public Schools.

Dr. Bernstein noted the previous concern of the funnel affect from bringing patients to Children’s Hospital on outlying hospitals and their communities. He then asked if those communities had been included in this process.

Dr. Nethersole informed him that the focus of their community health initiative is Greater Boston recognizing that there is also an opportunity for statewide impact. The statewide impact would more than likely be on the policy, advocacy and workforce development side. In terms of programmatic or collective impact approaches they do need to be geographic rather than statewide so that there is focus on the communities, particularly those that are underserved.

Dr. Bernstein asked what did they learn in this process about how to address substance abuse disorders.

Dr. Nethersole stated that is always a difficult one since that are pediatric focused institution. She noted that in regards to substance abuse they are focused on prevention as well family and mental health support. In terms of mental health services for those that are already addicted, that was not something that was strongly proposed by the advisory committee.

Dr. Bernstein replied that that is unfortunate considering there are many young people becoming addicted at an earlier age.

Dr. Nethersole replied that that is why the prevention piece is critical.

Dr. Bernstein noted that there should be some consideration to intervention and behavioral health support for those already addicted because their addiction can cause a ripple effect on the rest of their peers.

Dr. Nethersole explained that substance abuse is included in their behavioral health work.

Mr. Greenberg also noted that the work they have done in terms of mental health integration in the school setting has substantially involved SBIRT related approaches.

Mr. Brindisi noted that in October there was much discussion about the need for this construction, specifically pointing to the fact that they serve a wider population beyond the Greater Boston area. Mr. Brindisi inquired on whether they would be coming back to inform the Council on how these dollars are used in communities beyond Greater Boston aside from the policy aspect.

Dr. Nethersole informed Mr. Brindisi and the hospital that they would be happy to come back. She also noted that it is not only policy on a statewide level, but also workforce development particularly in behavioral health and with community health workers.

Mr. Lanzikos asked if they were drawing on the experience and work of other organizations around the country that are focused on the health needs of children and their families.

Dr. Nethersole informed him that they are absolutely doing so and discuss best practices with their colleagues at other children’s hospitals. They are also looking local institutions such as Boston Medical Center.

Commissioner Bharel then asked if there were any additional comments or questions. Seeing none, she proceeded with the docket.

**3. FINAL REGULATIONS**

**a. Request for approval to rescind 105 CMR 131.000, *The Operation of the Advocacy Office* (Vote)**

The Commissioner then invited Lauren Nelson, Director of Policy and Quality Improvement for the Bureau of Health Care Safety and Quality; Sherman Lohnes, Director of the Division of Health Care Facility Licensure and Certification within the Bureau of Health Care Safety and Quality; and Rebecca Rodman, Deputy General Counsel to request approval to rescind 105 CMR 131.000, *The Operation of the Advocacy Office*.

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

Seeing none, the Commissioner asked for a motion to approve the rescission of 105 CMR 131.000.

Dr. Woodward made the motion, Dr. Bernstein seconded it. All present members approved.

**4. INFORMATIONAL PRESENTATIONS**

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

Commissioner Bharel invited Dr. Katie Brown, Deputy State Epidemiologist and State Public Health Veterinarian, to present an update on mosquito-borne disease surveillance in Massachusetts.

Upon the conclusion of her presentation, Dr. Brown was asked what could be done on an individual level to protect themselves from West Nile and EEE.

Dr. Brown informed the Council that during mosquito season to prevent bites individuals should use repellents for clothing and skin. She also noted the importance of wearing long sleeves and pants on cooler days and mentioned that the mosquitoes most likely to carry disease are most active at dusk and dawn. She also asked that individuals look for mosquito breeding sites and keep gutters clean, empty flower pots, bird baths etc. with sitting water. She also encouraged people to keep track of level of risk in their area and areas where they are likely to travel.

Commissioner Bharel also noted that all of this information is also available on our website.

Dean Cox asked how many deaths have been seen from the number of cases that have been identified.

Dr. Brown replied that she doesn’t have the exact information at hand but for EEE cases overall there is a 30-40% mortality rate. She noted that in earlier cases of EEE the mortality rate was higher but as medical care has improved the rates have decreased. For West Nile virus there are not many fatalities and the ones that do occur tend to happen in at-risk populations (individuals over the age of 60).

Dean Cox then asked who is responsible for mosquito control districts.

Dr. Brown informed them that in Massachusetts, mosquito control districts are essentially a subscription service. Communities choose whether or not they would like to opt in and the communities themselves fund the service. She stated that this can be a problem for communities with less resources.

Dean Cox asked if the mosquito control district is responsible for spraying, surveillance, etc.

Dr. Brown noted that in addition to mosquito surveillance they also provide control that consist of spraying but can also include larviciding. They also help with water management to help prevent mosquito breeding grounds and provide education to residents.

Dean Cox asked if Dr. Brown had any information on Zika and the status of the mosquito that carries the disease.

Dr. Brown informed the Council that the species of mosquito is most responsible for spreading Zika is the *Aedes aegypti* also known as the yellow fever mosquito. It is perfect vector mosquito and can spread a number of mosquito borne diseases. She went on to say that it remains a tropical species of mosquito and has not shown the same capabilities of surviving in colder climates like *Aedes albopictus* has. We do not have populations of *Aedes aegypti* close to us in Massachusetts. In places where Zika virus outbreaks were occurring there has been a dramatic decline in cases, this was somewhat anticipated due to a large number of the population being infected that is now immune. Since humans are the reservoir for this virus the epidemic cannot be sustained and so it is likely to become an endemic and circulate a low level. Florida and Texas do have *Aedes aegypti* there were small parts of the area that saw local transmissions. Since the virus had been introduced by individuals traveling if we have fewer people infected in those countries the number of cases seen in Florida and Texas should be less. Dr. Brown also noted that Florida has a superb mosquito control system as well as surveillance. She also noted that she agrees with Dean Cox as to developing a mosquito control district in the western part of Massachusetts unfortunately, since it is a local decision it does require municipalities to make a final decision. The Department of Agricultural Resources and DPH have been working closely with them to support them in the process and trying to get them to a point where we can get something going.

Ms. Blondet asked how financially effective is it for people to send ticks to the lab in Amherst.

Dr. Brown replied that the lab at UMass Amherst is not making much money on this but they are playing an important role in terms of tick surveillance. If you find a tick attached to you and send it in to get tested if it’s carrying any of the pathogens it does not necessarily mean that you were exposed, if you were exposed it does not necessarily mean you are going to get sick with those pathogens. She noted the importance of keeping it in perspective of what that result actually means. Most people who develop lyme disease, anaplasmosis, etc. do not remember the tick bite that they had so there is a risk of putting too much clinical stock in the results from a single tick. The broader utility from the testing done at UMass Amherst allows people to look up how many ticks have been submitted in their community along with their results.

Dr. Woodward noted that there seems to be more dog ticks than deer ticks this season. He asked her what her thoughts are on this.

Dr. Brown stated that dog ticks can spread Rocky Mountain spotted fever and tularemia but both of those diseases are rare in Massachusetts. There was a prediction in early spring by ecologist that this would be a bad blacklegged tick year. What has actually happened has been an increase in the American dog tick year possibly due to seasonal changes that supported one population rather than the other. She also noted that tick populations are extremely localized.

Mr. Brindisi stated that some counties are hiring their own entomologist. He then asked how are they integrating with county entomologist.

Dr. Brown informed Mr. Brindisi that the Barnstable county model is wonderful and has had a benefit. The entomologist on the Cape is not only cooperating with UMass Amherst on providing tick information but has also been a great educational resource.

Ms. Doherty noted that her town is part of the Plymouth County group that has signed a contract with UMass Amherst. She noted the importance of the education component.

Mr. Lanzikos asked about the introduction of sterile male mosquitos to interrupt the breeding cycle and whether it is effective.

Dr. Brown noted that most of that work has been done with *Aedes aegypti*. She informed him that there is some data that suggests it would be helpful in a real world situation however; there is a concern in releasing something that is a genetically modified organism. She is looking forward to it being used internationally so that they can gain more data on the benefits.

Mr. Lanzikos asked if they have been tracking what’s happening with the bee population as we spray for mosquitoes.

Dr. Brown replied that although she is not a bee specialist there is one at the Department of Agricultural Resources that works with them. One of the most important things that mosquito control does is capture the mosquito population but does not target other flying insects, by paying attention to timing, ultra-low volume droplets.

Secretary Ureña asked about outreach regarding the netting of rain barrels.

Dr. Brown noted that they have relied on the mosquito control districts to handle that type of outreach because they are in the community can see where that is needed. She informed him that they have not put out any information regarding this but do work closely with the mosquito control districts on the

With no further questions, the Commissioner reminded the Council that the next meeting is Wednesday, August 9, 2017 at 9AM. She then asked for a motion to adjourn. Ms. Doherty made the motion Mr. Brindisi seconded it. All present members approved.

The meeting adjourned at 10:47AM.