MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of July 12, 2023

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH



Attendance and Summary of Votes:

Presented below is a summary of the meeting, including timekeeping, attendance and votes cast.

Date of Meeting: July 12, 2023 - Start Time: 9:08 am. Ending Time: 11:00 am

Dr. Bernstein joined at 9:12 am - Mr. Engell left the meeting at 9:25 am and returned at 9:53 am

| **Board Member** | **Attended** | **First Order:****Approval of****May 17, 2023****Meeting Minutes****(Vote)** |
| --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes |
| **Edward Bernstein** | Yes | Yes |
| **Lissette Blondet** | Yes | Yes |
| **Kathleen Carey** | Yes | Yes |
| **Elizabeth Chen** | Yes | Yes |
| **Harold Cox** | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Abstain |
| **Michele David** | Yes | Abstain |
| **Robert Engell** | Yes | Yes |
| **Elizabeth Evans** | Yes | Yes |
| **Eduardo Haddad** | Yes | Abstain |
| **Joanna Lambert** | Yes | Yes |
| **Stewart Landers** | Yes | Yes |
| **Mary Moscato** | No | Absent |
| **Gregory Volturo** | Yes | Yes |
| **Summary** | 14 Members Present;1 Members Absent | 11 Members Approved;3 Abstained1 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 Thursday, July 12, 2023, by the Massachusetts Department of Public Health, 250 Washington Street, Boston, Massachusetts 02108.

Members present were: Commissioner Robert Goldstein; Edward Bernstein, MD; Lissette Blondet; Kathleen Carey; Secretary Elizabeth Chen; Dean Harold Cox; Alba Cruz-Davis; Michelle David, MD; Robert Engell; Elizabeth Evans; Eduardo Haddad, MD, Joanna Lambert; Stewart Landers; and Gregory Volturo, MD.

Also in attendance was Beth McLaughlin, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Goldstein called the meeting to order at 9:08 am and made opening remarks before reviewing the docket.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the council on the following:

**CSTE President Elect – Katie Brown**

Commissioner Goldstein shared that Dr. Catherine Brown, State Epidemiologist in the Bureau of Infectious Disease and Laboratory Sciences was elected and sworn-in as the President-Elect of the Council of State and Territorial Epidemiologists.

**Commonwealth Fund Ranking**

Commissioner Goldstein announced that Massachusetts achieved the best overall score of all 50 states and the District of Columbia on the 2023 Scorecard on State Health System Performance, published by the Commonwealth Fund. He reminded the members that there is still much work to do.

**Strategic Plan for Asthma**

Commissioner Goldstein announced that DPH’s Asthma Prevention and Control Program, in the Bureau of Community Health and Prevention, recently published the new Strategic Plan for Asthma in Massachusetts, in collaboration with the Massachusetts Asthma Action Partnership and a host of asthma partners, from Community Health Workers and School Nurses to community-based organizations and academic institutions across the Commonwealth.

**Gender Affirming Care Roundtable**

Commissioner Goldstein participated in a roundtable discussion hosted by the Healey-Driscoll Administration. Gender-affirming care providers and advocates for transgender policy action spoke of their experiences with health and health care delivery in Massachusetts.

**LGBTQ+ Mental Health Resource Hubs**

Commissioner Goldstein noted the Healey-Driscoll Administration announced the creation of two on-line hubs for LGBTQ+ mental and behavioral health resources, which include a variety of special services and supports for adults and youth.

**Outer Cape Visit**

Commissioner Goldstein said he joined Health and Human Services Secretary Kate Walsh to visit providers and partners in Provincetown. The visits were a great opportunity to hear from providers, volunteers, and local community members about their innovative services and challenges.

**West Nile Press Release**

Commissioner Goldstein said the Department announced that West Nile Virus had been detected in mosquitoes in Massachusetts for the first time this year. No human or animal cases of West Nile Virus or Eastern equine encephalitis have been detected so far.

**MPOX Reminder**

Commissioner Goldstein reminded everyone that mpox continues to pose a risk. The Department encourages those at risk to get two doses of the JYNNEOS vaccine.

**CHEI Survey Release**

Commissioner Goldstein shared that the Community Health Equity Initiative, formerly known as the COVID-19 Community Impact Survey (CCIS) will be launching the 2023 Community Health Equity Survey on July 31, 2023. This will gather important information on root causes of health inequities from residents across Massachusetts, not available in our other data systems.

Commissioner Goldstein asked if there were any questions from the members.

With no further questions, Commissioner Goldstein turned to the docket.

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

*c. June22, 2023 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the June 22, 2023, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the June 22, 2023, minutes.

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

**2. INFORMATIONAL PRESENTATIONS**

1. *Overview of the Massachusetts Public Health Data Warehouse & New Data Highlight*
2. *Update: Special Commission on Racial Inequities in Maternal Health and Related Department Work.*

Commissioner Goldstein invited Dana Bernson, Director of Special Analytic Projects in the Office of Population Health, and Dr. Hafsatou Fifi Diop, Director of the Division of Maternal and Child Health Research and Analysis, to share updates on the Public Health Data Warehouse and the Department’s work on maternal health.

Upon the conclusion of these presentations, Commissioner Goldstein asked the members if there were any questions.

Dr. David stated that she works as a community advisor for an organization that supports reproductive rights of people of color. She is often called in as an advocate to speak for a patient that may have an adverse outcome. She says it should not be the case that these patients should need an advocate and is happy to see the movement toward doula certification.

Commissioner Goldstein offered additional data to the discussion from the Pregnancy Risk Assessment Monitoring system (PRAMS). He said the 2021 data shows a strong disparity between black non-Hispanic respondents and their white non-Hispanic counterparts in experiences of racism during pregnancy. He said the work of public health needs to address the racism at the root of the inequity.

Ms. Evans said she uses the Public Health Data Warehouse (PHD) for her work regarding opioids and believes it is a powerful resource that is unique to Massachusetts. She said that since 2020 when maternal health was identified as a crisis by the legislature in the Commonwealth, data has been analyzed and programs already being formed to combat the problem within three short years due to the PHD. She asked what DPH needs to do to continue to create in the PHD, and how can communities benefit from it. She also asked how data that is missing or limited, specifically in the areas of HIV and infectious disease and in the criminal justice systems, can be pulled in to the PHD.

Commissioner Goldstein agreed that we need additional support to keep the PHD moving forward.

Ms. Bernson said it would be helpful to have specific funding to support the work that they are doing, that the PHD does include data related to HIV, and that they have other data sets that are currently incomplete, that they hope to rectify.

Mr. Landers addressed Dr. Diop in expressing surprise at hearing stories of mistrust by doctors, or clinical providers, toward patients. He said it is more common to hear of the distrust from the patient toward the clinician, or medical care institution. He asked if there was a recommendation to address this.

Dr. Diop explained the historical reasons of why this mistrust exists today from either provider or patient. She believes that future training of providers should include the understanding of historic racism to alleviate the current behaviors and attitudes. She added that most medical schools still teach the idea that there is a biological element to race, when race is in fact a social construct.

Dr. Volturo said that maternal mortality is the tip of the health equity iceberg and agreed that training before and during medical school would help deviate from shared bias. He said the rates of maternal mortality are unacceptable and procedures that can be done remotely, like monitoring blood pressure, should be utilized and recommended as standard practice.

Secretary Chen asked if there is another state or country that you look to as an example of where Massachusetts should be; and are there attitudinal barriers among medical professionals toward patients utilizing doulas?

Dr. Diop said aside from the racial health inequities that we are seeing, Massachusetts is a leader in maternal health within the U.S. However, the U.S. lags behind most industrialized nations in maternal mortality. She said they are working hard to bring doulas into the healthcare team but are hindered by the lack of legislation.

Secretary Chen again expressed her concern that there may be a bias toward women who choose to use a doula.

Dr. Diop agreed that there is a certain amount of bias because the doula is not a medical professional, but an advocate speaking on behalf of the patient.

Ms. Carey said the presentation mentioned the impetus to create the PHD in 2015 was recognizing health disparities within the opioid crisis. She asked if there was any overlap between the disparities around opioid use, and the health disparities we are seeing in sever maternal morbidity, both of whose numbers are increasing.

Ms. Bernson said that the work being done with the PHD is looking at the intersections of their priority populations and health topics, and finding data that overlaps, like maternal/child health and opioid use disorder.

Ms. Blondet cautioned not to over-specialize the role that doulas fill. She said the holistic idea of doulas should not be lost by specialized certification requirements.

Dr. David felt that it’s important to look at the issue of trust in the healthcare system from provider to patient. She said when the provider does not hear what the patient is saying, it continues an adverse effect on the patient. She said the efficacy of current anti-racism training for clinicians and providers should be reviewed. She feels that the discordant relationship from the provider to the patient is often a case of bias.

Commissioner Goldstein agreed that the current anti-racism trainings should be reviewed to determine the value of their outcomes.

Dr. Diop felt that the training to recognize bias is important but more important is to change the culture within the healthcare system to focus on equity.

Dr. Haddad pointed out that racism has no place in the healthcare system but that early intervention for known health risks in populations is necessary to stave off long term health problems.

Ms. Cruz-Davis felt diversity in the healthcare workforce is crucial to better health equity outcomes.

Dr. Volturo added that we see a 9% increase each year in maternal mortality and he is concerned that we will see it go up in the next few years due to the influx of refugee and migrant communities. He felt that more resources for these communities are necessary.

Dr. Bernstein asked Ms. Bernson about the usefulness of interrogating the Hispanic data by race.

Ms. Bernson said that in many cases some analytical decisions were made pertaining to data collection for the PHD, especially when it pertains to multi-racial categories. They are working on new methods to address what they too, feel is inadequate.

With no further questions, the Commissioner moved to the next agenda item.

**PRELIMINARY REGULATIONS**

1. *Overview of proposed amendments to:*
	* + 105 CMR 130.000, *Hospital Licensure*
		+ 105 CMR 140.000, *Licensure of Clinics*
		+ 105 CMR 141.000, *Licensure of Hospice Programs*
		+ 105 CMR 150.000, *Standards for Long-Term Care Facilities*
		+ 105 CMR 158.000, *Licensure of Adult Day Health Programs*
		+ 105 CMR 170.000, *Emergency Medical Services System*

Commissioner Goldstein invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Health Care Safety and Quality, to present an overview of proposed amendments to the Department’s regulations regarding health care facility and Emergency Medical Services program licensure.

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

Dr. Berstein asked why you can be exempted from COVID-19 vaccinations for any personal reason and also asked what “mitigation measures” meant.

Commissioner Goldstein answered that these new amendments are written much like the current influenza requirements in regulations. Facilities may require a vaccination, but there are exemptions in place for medical, religious, or other unspecified reasons. He said that facilities - except for long-term care and hospice facilities, which serve more vulnerable patients - will make their own policies for mitigation measures for personnel who are exempt from the vaccination requirements. DPH will provide guidance and work with individual facilities on how best to institute that guidance.

Dr. Bernstein said it’s important to specify evidence based mitigation measures in some form within the regulations. He is not comfortable with the broad definition of exemptions, feeling it makes the regulation toothless.

Commissioner Goldstein emphasized that these regulations allow facilities to institute their own set of standards concerning mitigation measures for unvaccinated personnel and may choose to mandate mitigation measures for these individuals.

Mr. Landers asked if there was any consideration given to vaccination for respiratory syncytial virus (RSV), especially in long-term facilities.

Commissioner Goldstein said there are recommendations for those over sixty to receive the vaccine for RSV, but the vaccine is new and data has not been analyzed yet.

Dr. Larry Madoff, Medical Director for the Department’s Bureau of Infectious Disease and Laboratory Sciences, agreed that the RSV vaccine is too new to consider implementing it through regulation. He said to Dr. Bernstein that we have had good success in administering the flu vaccine with the option to opt out for medical, religious, or other reasons. He feels we can regulate the COVID-19 vaccination in the same way.

Mr. Engell said he is happy to see consistency regulating COVID-19 and influenza vaccinations across the healthcare industry. He stated that when promulgating new regulations within the industry, it is also necessary to educate and encourage vaccinations on a community level. He added that at times he felt the regulation appeared punitive and he encouraged the Department to focus on incentive and promotional based compliance.

Commissioner Goldstein said that in creating these regulations, they considered the workforce and did not want to provide a punitive system to a workforce that had already been through so much.

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

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. David made the motion which was seconded by Dean Cox. All present members approved.

The meeting was adjourned at 11:00 am.