MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of July 14, 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, July 14, 2021 – 9AM**

***Note: The July 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=efe9e5985f6b7862d4b0465ebef85fb43>

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

Access code: 161 869 5188

1. **ROUTINE ITEMS**
	1. Introductions
	2. Updates from Acting Commissioner Margret Cooke.
	3. Record of the Public Health Council Meeting held June 9, 2021. **(Vote)**
2. **PRESENTATIONS**
	1. Informational presentation on Tick-borne Disease Surveillance in Massachusetts.
	2. Overview of Serious Reportable Events in Healthcare Facilities, 2020.
	3. 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: July 14, 2021

Start Time: 9:12am Ending Time: 10:57 am

| Board Member | Attended | First Order: Approval of June 9, 2021 Meeting Minutes (Vote) |
| --- | --- | --- |
| Acting Commissioner Margret Cooke | Yes | Yes |
| Edward Bernstein  | Yes | Yes |
| Lissette Blondet | Yes | Yes |
| Kathleen Carey | Yes | Yes |
| Sec. Elizabeth Chen | Yes | Yes |
| Harold Cox | Yes | Yes |
| Alba Cruz-Davis | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Yes | Absent |
| Michael Kneeland | Yes | Yes |
| Keith Hovan | Yes  | Yes |
| Joanna Lambert | No | Absent |
| Acting Secretary Cheryl Poppe | Yes | Abstained |
| Summary | 12 Members Present; 1 Absent | 9 Members Approved; 1 Abstained; 2 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 14, 2021 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; Dean Harold Cox; Alba Cruz-Davis, PhD, MPH; John Cunningham, PhD; Michele David, MD; Michael Kneeland, MD; Keith Hovan; and Secretary Cheryl Poppe.

Also in attendance was Elizabeth Scurria Morgan, Acting General Counsel at the Massachusetts Department of Public Health.

Commissioner Cooke called the meeting to order at 9:12AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

b. Updates from Acting Commissioner Margret Cooke

Commissioner Cooke proceeded to update the council on the following:

**SAFE SWIMMING CAMPAIGN**

There have been a number of tragedies in recent weeks with a steep increase in drownings and near-drownings. These incidents have occurred in lakes and ponds and other natural bodies of water, as well as in swimming pools.

In early June, DPH’s injury prevention and communications teams developed a water safety campaign to share important messages including:

* Don’t go in the water past your ankles if you do not know how to swim.
* Natural bodies of water are more dangerous than they look because there may be steep drop-offs, invisible currents, or obstacles you can’t see.
* Backyard pools pose the highest risk for children under the age of 5 and children should be supervised in and around water at all times.
* It can take as few as 20 seconds to sink below the water, and only minutes to drown.

This campaign focuses on youth and includes paid digital spots on platforms used by young people, billboards, and social media messaging, including infographics. The DPH injury prevention director has given media interviews to discuss ways to be safe around water and ways to prevent further tragedies.

In addition to water safety, DPH’s safe summer messaging includes prevention of tick and mosquito-borne illnesses like West Nile Virus and Triple-E.

**VACCINE UPDATE**

Commissioner Cooke then turned to DPH’s COVID-19 update and our vaccination efforts. Massachusetts is a national leader in vaccine administration with more than 4.2 million residents fully vaccinated.

Massachusetts has transitioned from the mass vaccination sites to the hyper-local ground game to reach people where they are, and vaccinate as many residents as possible.

DPH is continuing to increase access to the COVID-19 vaccine, particularly in our 20 Vaccine Equity communities. Working with vendors, ASG and Health Care for All in a grassroots canvassing effort. To-date, these teams have knocked on 470,000 doors, made 87,000 phone calls, conducted over 800 mobile clinics, and facilitated more than 72,000 vaccine doses.

While critical disparities still exist, this initiative has shown marked successes: COVID transmission rates have improved across all 20 of these communities, and all have made strides in their first-dose vaccination rates. For example, Chelsea and Framingham continue to exceed the state average for first dose rates, and Leominster and Revere exceed the state average as of this past week.

These on-the ground efforts have resulted in tangible progress across municipalities, but continuing efforts are needed to close the gap.

Between these door-to-door efforts, the in-home vaccination program, the VaxBus going across the state from Pittsfield to Provincetown, the VaxExpress on the commuter rail line, the promotion with Market Basket and other grocery chains, or the new VaxMillions lottery giveaway, the Administration is going all out to increase vaccination.

DPH also continues “Trust the Facts, Get the Vax” public awareness campaign, which now is focused on raising awareness and engaging parents. Many parents and guardians have questions about their kids getting vaccinated and our latest TV spot features pediatricians from our community health centers and hospitals speaking about the importance of vaccinating our young people. Images of this campaign and more can be found at: mass.gov/TrustTheFacts.

All DPH materials and progress tracking can be found on the daily COVID dashboard and daily and weekly vaccination reports at our website at www.mass.gov/COVID.

**MMS/DPH PRINCIPLES DOCUMENT**

Earlier this month, the Massachusetts Medical Society and DPH teamed up with the deans from the state’s four medical schools - Boston University School of Medicine, Harvard Medical School, Tufts University School of Medicine, and the University of Massachusetts Medical School - to address racism in academic medicine and in health care organizations. These organizations worked to form a set of principles to guide deliberate action to create an antiracist, diverse, inclusive, and equitable medical culture.

This was an initiative spearheaded by former Commissioner Monica Bharel before she stepped down on June 18th, and DPH is proud to have worked on this effort, which will impact our medical students’ education for years to come.

**RON O’CONNOR RETIREMENT**

Commissioner Cooke stated that on July 31, Ron O’Connor is retiring as Director of the Office of Local and Regional Health after 33 years at DPH. Commissioner Cooke stated that it is an honor to have worked alongside Ron, particularly in the last few years as he supported and guided the work of the Special Commission for Local and Regional Public Health, met the challenges of Triple E, and supported local public health through the COVID pandemic. DPH wishes him a great next chapter with his family, photography, music, and other pursuits. DPH looks forward to working with Ron on other matters in the future.

Commissioner Cooke announced Dr. Sam Wong as the new Director of the Office of Local and Regional Health. Dr. Wong has worked in local public health for over 20 years, most recently as Health Director for Framingham. Sam has served on the Executive Boards of the Mass. Environmental Health Association, the Metropolitan Area Planning Council, and as President of the Mass. Health Officers Association. He holds a Doctorate in Biological Sciences and a Master of Science in Food Science from Rhode Island University.

Commissioner Cooke then asked if the Council members had any remarks or questions before proceeding.

Dean Cox commended Ron O’Connor’s work for the Office of Local and Regional Health and thanked him for all the great work he has done for the state.

Dr. Bernstein asked if there are any comments on the Janssen vaccine regarding the emergency order.

Commissioner Cooke stated the Johnson and Johnson vaccine is continuing to be distributed.

Dr. Catherine Brown stated that while there have been “extraordinarily rare but significant side effects” from the Johnson and Johnson vaccine, the steps that have been taken to add information about the risks are appropriate. Dr. Brown emphasized that DPH follows the lead of the FDA and CDC on the use of these vaccines. She reminded Members that . the rate of the significant side effects associated with these vaccines is “vanishingly small” compared to the risks of contracting COVID-19.

Secretary Chen arrived at 9:16am

**1. ROUTINE ITEMS**

c. June 9, 2021 Minutes (Vote)

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

Secretary Chen made the motion, which was seconded by Dr. Cunningham. Secretary Poppe abstained. All other members present approved.

**2. PRESENTATIONS**

**a. Informational presentation on Tick-borne Disease Surveillance in Massachusetts.**

Commissioner Cooke invited Dr. Catherine Brown, State Epidemiologist and State Public Health Veterinarian, to provide an update on tick-borne disease surveillance in Massachusetts.

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

Dr. Bernstein asked if pets can be a source of transmission.

Dr. Brown stated that people who own pets can have a higher rate of Lyme disease by bringing ticks into the home and being exposed directly by ticks.

Dr. Bernstein asked what can be done about this risk.

Dr. Brown stated people can use a tick repellent, protective clothing, and avoid being outdoors during peak tick season. For pet owners, using a tick repellent product for pets is helpful.

Dr. Kneeland asked if there any many cases of Rocky Mountain spotted fever.

Dr. Brown stated is seen less frequently in MA, but it does occur rarely. Prevention techniques are also effective for the tick that carries this disease.

Dr. Carey asked what the long-term effects are for these diseases.

Dr. Brown stated these diseases can take some time to recover from but there doesn’t seem to be any long-term effects with the exception of Lyme disease, even with long-term antibiotic therapy.

There were no further questions or comments from the council members.

Dr. David arrived at 10:06am

**2. PRESENTATIONS**

**b. Overview of Serious Reportable Events (SREs) in Healthcare Facilities, 2020.**

Commissioner Cooke invited Dr. Katherine Fillo, Director of Clinical Quality Improvement for the Bureau of Health Care Safety and Quality, to present the annual overview of serious reportable events for 2020.

Dr. Katherine Fillo introduced Katherine Saunders, Manager of Data Integrity and Analysis in the Bureau of Health Care Safety and Quality as the co-presenter.

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

Dr. Carey stated that ambulatory surgical centers should be recognized for no reports of SREs. She also stated looking at the data there seems to be a growing trend of SREs (noting that in 2020, pressure ulcers and falls increased, which is understandable given the large population of COVID-19 patients) and asked if there is more information to explain the increase, including perhaps improved reporting systems.

Dr. Fillo stated that the increase in SREs is multi-factorial, including hospital system improvements leading to increased reporting. She noted that there are still opportunities for improvement, including in identifying disparities in race/ethnicity. She explained that communication is often a causal factor in SREs, between teams of health care professionals, particularly when a patient is transitioned to a new unit. She also noted that electronic health record reporting and accuracy is crucial, particularly for managing medical orders.

Dr. Bernstein commended Dr. Fillo’s team for compiling this information. He then asked if there is data regarding issues with staff safety during COVID-19 and due to a lack of PPE. He also asked if there was any variation in reporting among various types of facilities.

Dr. Fillo stated that DPH is not explicitly collecting data on hospital workers’ PPE use, but does have statewide recommendations for PPE use as well as a robust state stockpile and is able to provide healthcare providers with any additional PPE that they may need, and has done so throughout the pandemic She noted that the impact of PPE on healthcare workers is an issue that DPH is watching closely, highlighting that “we cannot have a good healthcare delivery system without investing in and supporting our healthcare personnel.” Regarding Dr. Bernstein’s second question, Dr. Fillo noted that academic medical centers report higher numbers of SREs, as they have more patient beds and more patient encounters. She also explained that these facilities may have larger risk management/quality departments tracking these events. She emphasized that all acute care hospitals are also focused on identifying and reporting events and engaging in patient safety activities.

Dr. Bernstein asked if there is data on age.

Ms. Kate Saunders (Bureau of Health Care Safety and Quality) stated there is data on age and asked if Dr. Bernstein had a specific question.

Dr. Bernstein clarified that he was interested in seeing data on older adults (65+). He requested a report on these events, why are they happening and what are the recommendations. He noted that he has particular concern about restraint-related injuries and boarding in the emergency department, especially among younger populations that are unable to access mental health services.

Dr. Fillo and Ms. Saunders stated they will look into these issues and will follow up.

There were no further questions or comments from the council members.

**2. PRESENTATIONS**

c. New Results and Updates from the COVID-19 Community Impact Survey (CCIS).

Commissioner Cooke invited Dr. Sanouri Ursprung, Director of the Office of Statistics and Evaluation within the Bureau of Community Health and Prevention, to share findings on youth and young parents from the COVID-19 Community Impact Survey.

Ms. Blondet commended Dr. Ursprung on her ability to tell stories through data.

Dr. Carey also commended Dr. Ursprung.

Dr. Cruz-Davis asked about reproductive health and access to birth control, specifically for the Latinx community. She noted that this is a pressing and ongoing issue in this community.

Dr. Ursprung stated there is a strong racial equity initiative that is integrated into reproductive health initiatives. She clarified that the data presented refers more to the acute needs of young parents, while Dr. Cruz-Davis is referring more to addressing the root causes of these disparities. Dr. Ursprung noted that DPH has been working closely with community collaborators who understand these lived experiences, to make sure that programming is tailored. She emphasized that this is why there’s been an effort to collect both the narrative and the “raw numbers” to really understand root causes as well as the final outcomes. She noted that this informs community engagement efforts, so “in both the pre-work and the future work, bringing the racial equity lens is critical.”

Dr. David asked how the final recommendations are going to be operationalized.

Dr. Ursprung stated that DPH has been working with the Department of Transitional Assistance (DTA) to support young parents with support funds for basic needs including food, as well as connecting them with housing supports, including the Emergency Rental Assistance Program (ERAP) and the Eviction Diversion Initiative. She added that DPH is working closely with vocational schools and educators to provide alternative options for youth who cannot continue a traditional education route to provide additional training opportunities. DPH is also working with employers, creating the Youth Employment Safety Team, to provide safer work opportunities.

Dean Cox commended Dr. Ursprung on her presentation and asked about housing options for homeless youth in need of immediate shelter relief and asked if there are sufficient shelter beds for youth in the state, particularly those who do not want to cohabitate with adults in shelters.

Dr. Ursprung stated Massachusetts is a “right to shelter” state and funding is in place to support a commitment to provide alternative housing. She emphasized that there are specific programs targeted to those who are currently unsheltered as well as for connecting youth to housing options. She added that the ERAP program, which began last March, has served 28k individuals so far.

Dean Cox stated that certain areas in Massachusetts are “destination” communities, for young people across the country. He asked if this notion was supported by the data, and if we knew where these young people originated from.

Dr. Ursprung stated that the current survey does not include information on where people are coming from and what draws them to Massachusetts, but that her team is exploring ways to better reach homeless populations to be able to ask these kinds of questions. She noted, however, that both anecdotal data and national trends show that there are migratory patterns and people collect where services are available.

Dr. Bernstein stated this work is “a treasure” to the state and that it is critical to invest in the health and safety of the young population for future change.

With no further questions, Commissioner Cooke reminded Council members the next meeting would be held on Wednesday, August 11, 2021.

Commissioner Cooke asked if there was a motion to adjourn.

Dr. Cruz-Davis made the motion, which was seconded by Secretary Chen. All members present approved. The meeting adjourned at 10:57am.