**MINUTES OF THE PUBLIC HEALTH COUNCIL**

**Meeting of March 13, 2019**

**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, March 13, 2019 - 9:00 AM**

1. **ROUTINE ITEMS**
   1. Introductions
   2. Updates from Commissioner Monica Bharel, MD, MPH.
   3. Record of the Public Health Council February 13, 2019 Meeting. **(Vote)**
2. **PRESENTATIONS**
3. Presentation on Maternity Leave in Massachusetts: Select Results of the Massachusetts Pregnancy Risk Assessment Monitoring System Survey.
4. Informational Presentation on the Social Determinants of Health and Impact on Health Equity.

*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, March 13, 2019

**Start Time:** 9:17am **Ending Time:** 10:35am

| **Board Member** | **Attended** | **Record of the Public Health Council February 13, 2019 Meeting (Vote)** |
| --- | --- | --- |
| Monica Bharel | Yes | Yes |
| Edward Bernstein | Yes | Yes |
| Lissette Blondet | Absent | Absent |
| Derek Brindisi | Yes | Yes |
| Harold Cox | Yes | Yes |
| John Cunningham | Yes | Yes |
| Michele David | Absent | Absent |
| Meg Doherty | Absent | Absent |
| Michael Kneeland | Yes | Abstained |
| Joanna Lambert | Absent | Absent |
| Paul Lanzikos | Yes | Yes |
| Lucilia Prates-Ramos | Yes | Yes |
| Secretary Francisco Ureña | Yes | Yes |
| Alan Woodward | Yes | Yes |
| **Summary** | **10 members present, 4 members absent** | **9 members approved, 4 members absent, 1 member 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, March 13, 2019 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; Harold Cox; John Cunningham, PhD; Derek Brindisi; Michael Kneeland, MD; Secretary Francisco Ureña; Paul Lanzikos; Lucilia Prates-Ramos and Alan Woodward, MD.

Absent member(s) were: Lisette Blondet; Meg Doherty; Michele David, MD and Joanna Lambert.

Also in attendance was Margret Cooke, General Counsel at the Massachusetts Department of Public Health.

Commissioner Bharel called the meeting to order at 9:17 AM and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

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

Commissioner Bharel began by highlighting some of the public health work that is taking place at the Department and across the state including a the Joint Ways and Means Committee to present testimony on behalf of DPH, outlining our programming and budget priorities for the coming year. As you may know, DPH has a budget of roughly $1 billion: two-thirds represents state appropriations and trust money, and one-third represents federal grants. I reminded the committee that the number of health and safety issues we address is enormous. From food safety to injury and illness prevention, community health to hospital oversight to emergency preparedness, with the help of our 3,000+ employees, DPH protects and promotes the health of all of our residents. I outlined for Committee members some of our priorities for this year:

* Childhood lead poisoning - a state program in need of critical funding to ensure the health and safety of young children
* E-cigarettes and Vaping - We welcome actions including a proposed tax on vaping products to make them less accessible to youth
* Changes to the Vaccine Purchase Trust Fund - a critical service and a monumental part of our state’s 95 percent vaccination rate.
* HIV Drug Assistance Program – we need to keep pace with increasing client demand for the program as well as increasing related HIV medication and insurance costs.
* The opioid epidemic - Working with the legislature and our many partners, DPH continues to implement innovative solutions to combat this epidemic.
* Sexual Assault and Domestic Violence Prevention - helping teens to recognize the signs of sexual and domestic violence
* I told the committee that we emphasize data-driven, evidence based approaches in all we do. Data informs our decisions, targets our resources, and enables us to continually monitor the state of public health in Massachusetts.
* And just as data is a central pillar of our work, so too is a focus on social determinants of health that give rise to health inequities.
* Our push to eliminate health disparities is absolutely critical to our public health mission and vision. Thank you again for all you do.

Commissioner Bharel then presented on Public Health disparities data.

Dr. Bernstein asked what the connection is between stimulant and opioids.

CMR stated when looking at data when fentanyl numbers increase the stimulant numbers also increase but is still speculation and is worth investigating further.

Ms. Prates-Ramos recognized Robert Restuccia passing by commending all his work in the health care realm and asked the council to take a moment of silence to remember his contributions to health care.

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

**1. ROUTINE ITEMS**

**c. Record of the Public Health Council February 13, 2019 Meeting (Vote)**

Commissioner Bharel asked if any members had any changes to be included in the February 13, 2019 meeting minutes.

Dr. Woodward requested that on page 4 proceedings be changed from January to February.

Commissioner Bharel asked for a motion to accept the minutes. Motion to accept minutes, Dr. Woodward made the motion and Secretary Urena seconded it. Dr. Kneeland abstained. All other present members approved.

**1. Presentation**

**a. Presentation on Maternity Leave in Massachusetts: Select Results of the Massachusetts Pregnancy Risk Assessment Monitoring System Survey.**

Commissioner Bharel invited Marina Magicheva-Gupta, Pregnancy Risk Assessment Monitoring System (PRAMS), Program Coordinator within the Bureau of Family Health and Nutrition, and Emily Lu, PRAMS epidemiologist for the Bureau, to the table for an overview of their research on maternity leave in Massachusetts.

Mr. Lanzikos asked why there is an 18 month span from final regulations to implementation in 2021.

Ms. Lu responded that employers are contributing and can then start using it in 2021.

Dr. Bernstein asked if the new legislation will protect people at all levels of employment.

Ms. Lu stated that if people are working they are eligible and currently PRAMS does not collect employment information. Ms. Magicheva-Gupta clarified that all employees eligible for Massachusetts unemployment insurance benefits are eligible.

Dr. Bernstein stated that this would be important to protect against disparities during this process.

Dr. Woodward asked if FMLA has a limit on the size of organization with a certain number of employees.

Ms. Cooke stated she thinks it is over 50 employees under federal law.

Dr. Cunningham asked if they have to make a contribution to healthcare as a defined percentage.

Ms. Magicheva-Gupta the maximum amount of leave is 26 weeks for military needs and for paid maternity leave for birth and adoption is 12 weeks, family medical leave is up to 20 weeks.

Dr. Cunningham the threshold is 12 weeks on average for maternity leave and requested a synopsis of this breakdown of maternity leave. He also asked about discussion of paternity leave.

Ms. Magicheva-Gupta should be available for mothers and fathers.

Commissioner Bharel stated that there will be a draft regulation for public comment.

No further comments/questions.

**1. Presentation**

**b. Informational Presentation on the Social Determinants of Health and Impact on Health Equity.**

Commissioner Bharel invited Dr. Sanouri Ursprung, Director of the Office of Statistics and Evaluation within the Bureau of Community Health and Prevention to the table for a discussion on the social determinants of health and their impact on health equity. Dr. Ursprung is an epidemiologist with over 13 years of experience in epidemiology, chronic disease evaluation, addiction research, and survey development. She brings this expertise DPH by overseeing all evaluation, surveillance, research and data systems within the Bureau, including violence and injury prevention, healthcare access, school health, reproductive health, and integrated chronic disease prevention. I wanted to bring this presentation to you all because it gives a nice grounding in the work we are doing here to carry out DPH’s mission, particularly in how we use data. As we look at public health in the 21st century, data can highlight health inequities that have been persistently present. The Department’s Office of Health Equity sits in our Office of Population Health for exactly this reason. We are angling our ongoing Chapter 55 data work toward health equity, and will have a data dashboard coming out of the Office of Health Equity shortly. All of these tools allow us to direct our work to target key populations. This is a focus of the Secretary’s as well, and I look forward to running the EOHHS Interagency Health Equity Work Group to further all the work our agencies are doing around health equity, and to help better align our efforts.

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

Dr. Kneeland asked Dr. Ursprung to comment a more about the impact of chronic disease.

Dr. Ursprung stated we focused on cardio vascular cancer and respiratory, diabetes, hypertension, and cancer.

Dr. Kneeland asked how many premature deaths are caused by chronic diseases.

Dr. Ursprung stated that marked increases in CVD over the past few decades are due to lifestyle drivers.

Dr. Kneeland stated focusing on reducing risk factors is important.

Commissioner Bharel stated that premature deaths are where we can have the most impact.

Mr. Lanzikos stated people are now living longer and are experiencing exacerbation of chronic conditions, with the monthly cost from providing service between 8000-15,000 dollars per individual to treat multiple chronic conditions in the elderly, most of which had underlying lifestyle challenges. He stated that too much funding is flowing through medical expenses compared to investing in social determinants of health.

Mr. Brindisi asked if the impact of past chronic disease prevention efforts have been analyzed to inform prioritization of future interventions.

Dr. Ursprung stated that these outcomes happen later down the road after policies and systems are put into place. In the short term we must track precursors of those long term outcomes to understand our projected impact. We can already see impact data for some policies currently in place addressing social determinants of health including WIC, MiM, and tobacco flavor product restrictions (to offset the increase in these products).

Commissioner Bharel stated that prevention but grasping the dollars can be challenging but gearing towards outcomes to show change.

Mr. Brindisi stated that he is happy to hear that DPH is working to focus funds towards those interventions shown to make greater impacts.

Dr. Bernstein asked about wealth disparities and the importance of raising awareness and education.

Dean Cox stated that there is a need to show commitment with the funds to allow for the time it takes for change to occur rather than expecting a fast turnaround on all fronts in addition to where to spend dollars.

Dr. Woodward asked if there are comparable countries to explore further data and would like to focus on Boston and the entire state to direct efforts with this data.

With no further presentations, the Commissioner reminded the Council that the next meeting is Wednesday, April 3, 2019 at 9AM.

She then asked for a motion to adjourn. Dr. Kneeland made the motion, Mr. Lanzikos seconded it. All present members approved.

The meeting adjourned at 10:35AM.