MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of March 9, 2022

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, March 9, 2022 – 9:00AM**

***Note: The March 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://eohhs.webex.com/eohhs/onstage/g.php?MTID=ee8da5e01a9b4881de56ea826e5ca7e44

Dial in Telephone Number: 844-621-3956

Access code: 2533 672 4533

1. **ROUTINE ITEMS** 
   1. Introductions.
   2. Updates from Commissioner Margret Cooke.
   3. Record of the Public Health Council Meeting held February 9, 2022. **(Vote)**
2. **REGULATIONS**
   1. Request to promulgate amendments to 105 CMR 172, *Implementation of MGL c.111, section 111c, regulating the reporting of infectious diseases dangerous to the public.* **(Vote)**
3. **PRESENTATIONS**
   1. Update on the Office of Problem Gambling Services.
   2. Update on the Vaccine Equity Initiative.
   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: March 9, 2022

Start Time: 9:11am Ending Time: 11:20am

| **Board Member** | **Attended** | **First Order: Approval of February 9, 2022 Meeting Minutes (Vote)** | **Second Order: REGULATIONS Request to promulgate amendments to 105 CMR 172, Implementation of MGL c.111, section 111c, regulating the reporting of infectious diseases dangerous to the public. (Vote)** |
| --- | --- | --- | --- |
| **Commissioner Margret Cooke** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Secretary Elizabeth Chen** | Yes | Absent | Yes |
| **Harold Cox** | Yes | Yes | Yes |
| **Alba Cruz-Davis** | Yes | Yes | Yes |
| **Michele David** | Yes | Absent | Absent |
| **Elizabeth Evans** | Absent | Absent | Absent |
| **Michael Kneeland** | Yes | Yes | Yes |
| **Joanna Lambert** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Secretary Cheryl Poppe** | Yes | Yes | Yes |
| **Summary** | 12 Members Present; 1 Absent | 10 Members Approved; 3 Absent | 11 Members Approved; 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, March 9th, 2022 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; Harold Cox; Alba Cruz-Davis PhD; Michele David, MD; Michael Kneeland, MD; Joanna Lambert; Mary Moscato and Secretary Cheryl Poppe.

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

Commissioner Cooke called the meeting to order at 9:11am and made opening remarks before reviewing the agenda.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Margret Cooke*

Commissioner Cooke proceeded to update the council on the following:

**COVID-19 Update**

Commissioner Cooke reported that since the last meeting (February 9th), 7-day average of newly confirmed COVID cases has decreased by 66%, and COVID hospitalizations have decreased by over 70%. She reported that 95% of Massachusetts residents have had at least one dose of the COVID-19 vaccine and more than 77% are fully vaccinated

**Mask Guidance**

Massachusetts is a national leader in vaccine acceptance, and improvements in COVID-19 indicators, last month the Department issued updated guidance regarding masking.

* A fully vaccinated person should wear a mask or face covering when indoors (and not in your own home) if you or someone in your household is at increased risk for severe disease or is unvaccinated.
* DPH issued an advisory last week in line with the CDC to advise that masks are no longer required on school buses or vans for K-12 students and children in childcare programs.
* Everyone is required to wear a mask in certain settings, such as on public transportation and in health care facilities.

**Vaccine Update: Equity Initiative**

Commissioner Cooke stated that she joinedHHS Secretary Sudders in meetings with leaders in 20 cities and towns in the Vaccine Equity Initiative to mark the 1-year anniversary of this effort. In recognition of this milestone, the Council would receive a presentation from the team to share a few highlights. including having hosted 60 clinics last month during School Vacation Week and the statewide progress to date.

**Therapeutics**

Commissioner Cooke stated that DPH continues to promote COVID-19 treatments widely, working with partner organizations, hospitals, community health centers, and physicians to offer these treatments and to alert the public that these treatments are free and available.

Dr. Larry Madoff here at DPH, and Dr. Helen Boucher at Tufts Medical Center had an opinion piece published a couple of days ago promoting these treatments. DPH also created a useful one-page flyer available in 13 languages, to easily download and share.

**Q4 2021 Opioid Data Report**

Commissioner Cooke stated that DPH’s public health work has been continuing throughout the pandemic, and that includes the ongoing data collection and analysis and response to the opioid crisis. She then shared an analysis DPH conducted this month of data on fatal and non-fatal opioid overdoses as part of the ongoing surveillance of, and response to, the opioid crisis.

These data provide snapshots in time using both confirmed and estimated data to help us respond effectively, based on the most recent information available.

Concerning increases in the first three quarters of 2021 include:

* An increase in fentanyl: DPH is continuing to see a high presence of fentanyl in toxicology screens, with fentanyl present in 94% of deaths where a tox screen was conducted. The data shows that fentanyl is a driver of opioid-related deaths, with a large proportion of opioid-related fatalities being directly attributable to fentanyl.
* Second, there has been an increase in cocaine: An 8% increase from May 2021 in overdose deaths where cocaine is present (46% to 54%). Cocaine presence can be due to both intentional use of both substances as well as from unsuspected use of cocaine contaminated with fentanyl.
* There is also the addition of alcohol in tox screens to the overdose report. Alcohol was found in 32% of opioid-related overdose deaths where a tox screen was conducted. This new data point will provide valuable information for DPH’s overdose prevention efforts moving forward.

People in the Commonwealth who use drugs need to know:

* The drug supply is contaminated: Fentanyl has been found in many other types of drugs in the drug supply, so the utmost of caution is encouraged.
* Don’t use alone: If you overdose, you need someone nearby to administer naloxone and call for help.
* Carry naloxone: Through DPH’s standing order, this medication is available at every pharmacy in the Commonwealth and will save your life in the event of an overdose.
* Fentanyl Test Strips are a tool to test drugs for the presence of fentanyl and can indicate if fentanyl is present within a few minutes. These life-saving tools are available at needle exchanges and harm reduction services throughout the Commonwealth.
* The Mass. Substance Use Helpline is the statewide public resource for finding substance use harm reduction, treatment, and recovery support services. Call (800) 327-5050, 24 hours a day, 7 days a week, whether you’re struggling with substance use or care about someone who is.

Upon the conclusion of the updates, Commissioner Cooke then asked if the Council members had any remarks or questions before proceeding.

Ms. Blondet asked if individuals need a prescription for Narcan.

Commissioner Cooke stated that individuals do not need a prescription and it can be obtained through insurance or out of pocket. If purchasing Narcan for another individual, insurance can be used.

Ms. Blondet asked what the average out of pocket cost is for Narcan.

Dr. Bernstein stated that the average cost is forty-seven dollars for two doses on the website GoodRx.

Dr. Carey asked what the window of opportunity is for when Narcan can be administered for effectiveness.

Deirdre Calvert, Director of DPH’s Bureau of Substance Addiction Services, stated that Narcan can be used on anyone suspected of overdosing and showing the signs of shallow breathing and not responding to a sternal rub. Narcan does not harm anyone if they are not overdosing, so should be used even if there is doubt that a person has overdosed.

Dr. Bernstein stated more than two doses might be needed since fentanyl is more potent.

Ms. Calvert stated that Narcan will wear off in 30 to 60 minutes and can sometimes be ineffective due to the strong potency of fentanyl. She advised that a person be taken to the emergency room immediately following Narcan dosing.

Secretary Poppe asked if there is a shelf life on Narcan

Ms. Calvert stated the shelf life is 1.5 to 2 years.

No further questions or comments from the council members.

**1. ROUTINE ITEMS**

*c. February 9, 2022 Minutes (Vote)*

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

Secretary Poppe made the motion, which was seconded by Ms. Moscato. All other present members approved.

**2. REGULATIONS**

*a. Request to promulgate amendments to 105 CMR 172, Implementation of MGL c.111, section 111c, regulating the reporting of infectious diseases dangerous to the public. (Vote)*

Commissioner Cooke invited Marita Callahan, Director of Policy and Health Communications for the Bureau of Healthcare Safety and Quality, to present on a request to promulgate amendments to the Department’s regulations addressing the reporting of unprotected exposures to infectious diseases experienced by first responders and other personnel.

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

Secretary Chen arrived at 9:25am.

With no questions or comments, Commissioner Cooke then asked if there was a motion to promulgate amendments to 105 CMR 172.

Dr. Cruz-Davis made the motion, which was seconded by Dr. Bernstein. All other present members approved.

**3. PRESENTATIONS**

*a. Update on the Office of Problem Gambling Services.*

Commissioner Cooke invited Victor Ortiz, Director of the Department’s Office of Problem Gambling Services, to give an update on his Office’s work.

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

Ms. Blondet thanked Mr. Ortiz for this important work and asked if he could elaborate of the health equity academy. She also asked if there is data on how many community health workers have been trained and if there is any data on the impact of the training.

Mr. Ortiz stated the health equity academy is an opportunity for individuals to be supported in this space and lead with equity. Local support is needed for individuals to learn techniques and foundational knowledge on equity. He went on to state that over 100 Community Health Workers have been trained during a pilot program. The goal is to learn from the pilot program and roll it out statewide next year. There are continued efforts and investments in this data to inform next steps. The report is in the final stages of development and should be completed by the end of this fiscal year.

Ms. Blondet asked how people sign up for training.

Mr. Ortiz stated there is an option to join this training on the Center for Excellence website online and that the training requires a time commitment for a more comprehensive experience.

Ms. Blondet stated she would like to help get people signed up for this training when it launches.

Secretary Poppe asked if there are any collaboration with Massachusetts Gaming Commission (MGC) regarding self-exclusion and if there is data on this work.

Mr. Ortiz stated that there are indeed joint efforts with DPH and the Massachusetts Gaming Commission.

Dr. Bernstein asked about the data for prevalence, the impacts of problem gambling and ways to mitigate these impacts. He also asked if there is any more information on the policy work and community-based activism on these issues.

Mr. Ortiz stated the data is self-reported and DPH is working alongside the MGC. There will be player data that will be turned over to the MGC. DPH will be working on a process with MGC to collect and analyze this data. Prevention work is also continuing and is being monitored to ensure there is the best returns on the investments on prevention. He will provide more information as that data becomes available.

Dr. Cruz-Davis thanked Mr. Ortiz for the presentation and all the work done on this important issue.

Ms. Moscato left at 10:15am

With no further questions or comments, Commissioner Cooke then moved to the next item on the docket.

**3. PRESENTATIONS**

*b. Update on the Vaccine Equity Initiative.*

Commissioner Cooke welcomed Abbie Averbach, Assistant Commissioner, Ruth Blodgett Director of our Bureau of Community Health and Prevention, and Eduardo Nettle, Population Health Manager and Community Liaison to Boston, to give an update on the Vaccine Equity Initiative.

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

Dr. David arrived at 10:19am.

Ms. Blondet thanked the presenters and complimented the outreach strategies. She asked if data can be provided as to how many doors were knocked and how many were successfully connected. She asked how many people were reached with this method and if there some areas that responded better and what percentage of doors knocked got a vaccine.

Ms. Blodgett stated that over 900,000 doors were knocked and just over 260,000 individual conversations were performed. These were opportunities to have conversation with people about vaccines and speak to their family and friends to encourage more conversation. Early in the pandemic, many people did not receive a vaccine and this method helped to provide information to help target communities for outreach to increase vaccinations for individuals. There was sharing of best practices across communities. She went on to explain that the targeted areas were determined by working with community members and that the team had often returned to specific areas based on vaccine hesitancy or vaccine rates.

Ms. Blondet asked if this outreach strategy is worth continuing in the future.

Ms. Blodgett stated that she would follow up with additional data and information with Ms. Blondet.

Dr. David commended the work of the VEI and asked about how equity inclusion in programming and strategies can be included in this work.

Ms. Blodgett stated they are looking at ways they can learn from the past year and are working on building equity into the current work to strengthen these efforts for future public health issues.

Secretary Poppe thanked DPH for the presentation and commended the team for providing this information to Vaccine Equity Communities in 12 languages.

Dr. Bernstein thanked the team for all their hard work and asked about the youth population vaccine rates.

Ms. Blodgett stated that youth is an important focus area. The whole-family approach is important to help support information sharing to address hesitancy for both parents and youth.

Mr. Eduardo Nettle stated there is still hesitancy for some parents in vaccinating their children. There is a focus on information sharing for these groups and DPH is continuing to work on reaching more youth groups to better integrate social marketing campaigns or interventions that will ease parents’ decision to support vaccinating their children. In the context of pregnancy, women have concerns about vaccine safety and has been focused on as well.

Ms. Blodgett stated youth ambassadors have been used, like in the anti-smoking campaign.

With no further questions or comments, Commissioner Cooke then moved to the next item on the docket.

**3. Presentation**

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

Commissioner Cooke welcomed the Bureau of Community Health and Prevention to share findings from the COVID-19 Community Impact Survey (CCIS). She introduced Dr. Emily Sparer-Fine, Director of DPH’s Occupational Health Surveillance Program and Dr. Kathleen Fitzsimmons, Senior Epidemiologist for the program.

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

Dr. David left at 11am.

Ms. Blondet asked if there is any data to assess the impact on Community Health Workers, both for individuals and among their households, regarding stressors from the pandemic, including increased workloads and food insecurity. She also asked if DPH is focusing on the shortage of mental health providers, specifically bilingual providers.

Dr. Sparer-Fine stated there has been some worker data and asked her colleague to expand on this topic.

Dr. Fitzsimmons stated that the data shows that these workers are overall concerned about financial stability and paying their expenses and that these outcomes are linked with workers with poor mental health.

Dr. Sparer-Fine stated this will be something to continue to work on for the next round of this work and to be included in CCIS version 2.0.

Dr. Cruz-Davis thanked the team for work and detail put into these topics.

With no further questions, Commissioner Cooke reminded Council members the next meeting would be held on Wednesday, April 6, 2022.

Commissioner Cooke then asked if there was a motion to adjourn. Dr. Cruz-Davis made the motion which was seconded by Dr. Bernstein. All present members approved. The meeting was adjourned at 11:20am.

\*Note: On 6/2/22 a correction was made to these minutes reflect the official appointed titles for Commissioner Cooke and Secretary Poppe by removing their “Acting” titles.