MINUTES OF THE PUBLIC HEALTH COUNCIL

Meeting of May 15, 2024

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, May 15, 2024 – 9:00AM**

***Note: The May 15 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.***

Members of the public may listen to the meeting proceedings by using the information below:

Join by Web: https://zoom.us/j/93357059878?pwd=N0ZESjZ2ajJNcHRBUDI2REVocEpOZz09

Dial in Telephone Number: 929-436-2866 Webinar ID: 933 5705 9878

Passcode: 334200

1. **ROUTINE ITEMS**
	1. Introductions.
	2. Updates from Commissioner Robert Goldstein.
	3. Record of the Public Health Council Meeting held April 17, 2024 **(Vote)**.
	4. Record of the Public Health Council Meeting held May 3, 2024 **(Vote)**.
2. **INFORMATIONAL PRESENTATIONS**
	1. FY23 MA Problem Gambling Helpline Report.
	2. Update on the 2023 Community Health Equity Survey (CHES).

*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: May 15, 2024 - Start Time: 9:02 am. Ending Time: 11:05 am.

| **Board Member** | **Attended** | **First Order:****Approval of** **April 17, 2024 Minutes (Vote)** | **Second Order:****Approval of** **May 3, 2024 Minutes****(Vote)** |
| --- | --- | --- | --- |
| **Commissioner Robert Goldstein** | Yes | Yes | Yes |
| **Edward Bernstein** | Yes | Yes | Yes |
| **Lissette Blondet** | Yes | Yes | Yes |
| **Kathleen Carey** | Yes | Yes | Yes |
| **Elizabeth Chen** | Yes | Yes | Yes |
| **Harold Cox** | Yes | Yes | Abstain |
| **Alba Cruz-Davis** | Yes |  Abstain |  Yes |
| **Michele David** | No | Absent | Absent |
| **Robert Engell** | Yes | Yes | Yes |
| **Elizabeth Evans** | Yes | Yes | Yes |
| **Eduardo Haddad** | Yes | Yes | Yes |
| **Joanna Lambert** | No | Absent | Absent |
| **Stewart Landers** | Yes | Yes | Yes |
| **Mary Moscato** | Yes | Yes | Yes |
| **Gregory Volturo** | No | Absent | Absent |
| **Summary** | 12 Members Present;3 Members Absent | 11 Members Approved;3 Members Absent1 Member Abstained | 11 Members Approved;3 Members Absent1 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, May 15, 2024, 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; Robert Engell; Liz Evans; Eduardo Haddad, MD; Stewart Landers; Mary Moscato.

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

Commissioner Goldstein called the meeting to order at 9:02 am and made opening remarks before reviewing the docket.

Robert Engell arrived at 9:09 AM.

**1. ROUTINE ITEMS**

*b. Updates from Commissioner Robert Goldstein*

Commissioner Goldstein proceeded to update the Council on the following:

**National Nurses Week**

Commissioner Goldstein acknowledged National Nurses Week, honoring the invaluable contributions of nurses throughout public health and public care. Nurses at DPH make up more than 20% of its workforce providing care and expertise in public health hospitals, schools, inspections, infectious disease prevention, addiction services, and more.

**National Hospital Week**

Commissioner Goldstein also recognized the many hospitals and health care workers in the Commonwealth during National Hospital Week. He referred to the many challenges of health care workers including the COVID-19 pandemic, staffing, capacity challenges, and the current response to Steward Health Care. He said that DPH is committed to doing all it can in collaboration with health care workers to support hospitals throughout the Commonwealth.

**Asian American and Pacific Islander Heritage Month**

Commissioner Goldstein said May is Asian American and Pacific Islander Heritage Month which honors the history and cultures of AAPI individuals and celebrates their contributions throughout the Commonwealth and the nation. The Office of Health Equity’s Division of Community Engagement is holding an Asian American and Pacific Islander webinar series offering the opportunity to learn, connect and celebrate.

**Mpox Webinar**

Commissioner Goldstein said that on April 30, the Massachusetts Medical Society and DPH cohosted a webinar to review the global outbreak of mpox, including an uptick in local cases, the effectiveness of vaccination, and clarification to the way mpox treatment is accessed. The webinar highlighted the importance of increased vigilance and redoubled vaccination efforts.

**Avian Influenza**

Commissioner Goldstein mentioned the media coverage around Highly Pathogenic Avian Influenza H5N1. Most have focused on the identification of H5N1 in dairy cows. Although nine states have reported the flu in dairy cows, Massachusetts has not. There has been only one confirmed human case of H5N1 in the U.S. He emphasized that the risk to humans is very low. The U.S. Department of Agriculture, the Food and Drug Administration, and CDC are working closely with local and state officials to answer important questions about the emergence of H5N1 in dairy cows. Pasteurization kills avian influenza virus and raw milk or cheeses should not be consumed. DPH is in communication with animal health authorities in Massachusetts and will continue to follow these outbreaks closely alongside CDC’s recommendation and guidance.

**Respiratory Illness**

Commissioner Goldstein shared that respiratory illness cases have fallen dramatically in the past few weeks and are the lowest they have been since September 2023. He cautioned that although we are at the end of respiratory season, there are things we can all do to prevent the spread of respiratory viruses throughout the year, including staying at home when sick, practicing good hand and respiratory hygiene, and avoiding crowded areas.

**Sumner Tunnel Closure**

Commissioner Goldstein announced that the Sumner Tunnel, like last year, will close for repairs from July 5 to August 5. DPH will track the response and transport times for ambulances responding to emergencies to monitor access to care for the East Boston community and will work with local emergency medical services to address any issues. Last year transport time increased in East Boston by 4 minutes due to the closure, with no adverse events identified.

**Steward Update**

Commissioner Goldstein said that two weeks ago, the Council met in a special session to approve an emergency regulation to continue hospital capacity reporting. This data is critical to enable DPH to assess capacity restraints and pressures in regions across the state and to conduct the necessary planning and coordination to improve patient access care. The importance of these data were mentioned in the last PHC meeting, addressing their importance for future decision-making plans as Steward Health Care addressed their financial challenges and its transition of eight Massachusetts hospitals. DPH had activated its Emergency Operations Plan and put into place an Incident Command structure, preparing the Department to coordinate the work required to preserve access to care in the communities and regions where Steward operates hospitals. The Incident Command System has allowed Massachusetts to be prepared for the eventuality of Chapter 11 bankruptcy from Steward, which occurred on May 6. The Governor held a press conference to reaffirm the administration’s commitment to preserving access to health care and services for patients, to protect jobs and support workers, and to sustain the viability and strength of our health care system. DPH launched a website to offer information and resources for patients, communities, employes, and the public. They also set up a call center where people can get information and ask questions about the Steward-related health care concerns. They have issued monitors in all Steward facilities to assess the availability of supplies and equipment and review staffing in each hospital. Commissioner Goldstein reminded people that Steward hospitals in Massachusetts remain open and they should keep up with their health care needs, appointments, and screenings. He thanked all the staff at Steward hospitals for their dedication in such unsettling circumstances.

Commissioner Goldstein asked if there were any questions.

Dr. Haddad said the quality of care at the Steward hospitals is declining. He said that vital support services is not just emergency room physicians and nurses, but also orthopedics, neurosurgery, and other lines of service to care for patients. He finds a patient may get in and get evaluated and then they get transferred out due to the lack of essential services like hemodialysis on a Sunday. He thinks it’s important for the state to know they are not functioning at a full level of care and it is likely that it will continue to decline. Until there is an injection of capital or a new operator. He asked what actions are being planned for this eventual trajectory.

Commissioner Goldstein said they are in constant communication with the Steward facilities. They have five regional captains deployed through their incident command structure who are speaking not just with Steward, but with regional hospitals and community health centers so they can understand changes in care and access as Dr. Haddad mentioned. He said the hospitals are able to still provide the care that they were previously providing. He said it’s important that this message is out there, so that residents don’t drive past a Steward hospital during a medical emergency, to go somewhere else, because they don’t believe there is adequate health care. He said the work of the incident command structure helps to understand shifts that are happening which are based on timelines set by the bankruptcy court and its process. They expect things to move forward on a timeline informing them of future needs and preparedness whether it is a particular service line or an entire hospital.

Dean Cox mentioned the importance of school nurses and echoed the Commissioner’s gratitude but asked if the Council could be kept updated on the school health training program which is so important to the work of school nurses.

Commissioner Goldstein said they have a great team that does the Department’s school based health work, including the training and expansion of school based behavioral health programs, which has an impact on youth where they know the rates of suicidal ideation, depression, and anxiety is increasing. He said that they will bring this information to the Council.

Mr. Landers mentioned a Globe editorial concerning Fenway Community Health and asked if Commissioner Goldstein could offer insight to the Department’s actions regarding the changes at Fenway.

Commissioner Goldstein said that the Department partners with Fenway on several public health services, such as work with HIV testing and prevention, substance use disorder management including syringe service programs, harm reduction programs, and youth and homeless youth work. He said they are hoping to shift some of that work to other organizations in the state. The Department is working closely with Fenway to find who is best able to handle this type of work. He said because these negotiations are active contracts, he cannot speak specifically of who may take the work. He assured the Council of the Department’s commitment to continue providing services which have been established for over 30 years.

Dr. Bernstein said that Steward Health Care is about one billion dollars in arrears across several states and asked how this bankruptcy process will affect public health. He said that if the legal process is lengthy and the courts potentially prejudicial, what can the state do if there is not money in reserve and funds to support the care that the Department is promising the public.

Commissioner Goldstein said that like Secretary Walsh, he is quickly learning about the bankruptcy process. He explained that Chapter 7 bankruptcy would have forced Steward to immediately sell all their property and close their facilities. However, they filed Chapter 11 bankruptcy, allowing them to continue to operate while receiving a large sum of money for financing, which first, by court order, will go to support the wages and benefits of employees to ensure that they will continue to come to work for as long as the bankruptcy process takes. The rest will go to the operation of the facilities. He said the bankruptcy process provides transparency, allowing the Department to understand how quickly that financing is being spent. He explained that Steward is obligated by law to tell the Department what they plan to do with their facilities. He said since the Chapter 11 filing, Steward is now more transparent in their actions than before the bankruptcy.

Dr. Bernstein noted that the beds approved by the Council, per the Determination of Need (DoN) applications for Cape Cod Hospital and Mass General Hospital, won’t be online until 2027 while the state tries to manage a serious capacity problem. He was concerned that the focus and resources needed to manage the Steward problem distracts from the longstanding and serious issue of bed capacity and impact on emergency care.

Commissioner Goldstein said the Department is closely monitoring capacity and it can’t be separated from what is happening with Steward. He said the regional captains are looking at data to specifically understand if there are shifts in walk-ins to emergency departments (EDs), or to EMS transport to various EDs. If there are, they consider if there is an increase in the number of boarders in particular regions. They assess what tools can be used to address the capacity and gave multiple examples of how the Department has considered different options. He said the incident command structure is set up to address both long standing capacity issues and the acute problem of Steward.

Dr. Bernstein mentioned that the data collection regulation passed recently by the Council did not include transfers. He reminded the Commissioner that the Council spoke also of a complete data set that would also include equity and race, ethnicity, and payer mix.

Commissioner Goldstein agreed and said transfer information needs to include when the transfer occurred and to where the transfer went. It shouldn’t be static, but what was passed in regulation is static data. There are other data sets gathered from EDs and EMS to understand transfers. The EMS data can help the incident command see shifts in EMS transport, alerting them to ask why the shift is happening, then what are the patients seeking care for, and how can the Department support by finding open beds at other facilities in the area.

Mr. Landers asked if there have been any conversations regarding the historic problems of Steward and if there has been consideration of how the Council as an oversight body may help, possibly through regulation, to avert a crisis like this in the future.

Commissioner Goldstein said that there have been conversations about what happened with Steward Health Care and ways that the Department might be able to protect patients, communities, and staff, in the future. He added that House Ways and Means recently put forward a bill, which if passed and signed by the Governor, will potentially change the way DoN applicatons are evaluated and how regulation is debated.

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

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

*c. April 17, 2024 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the April 17, 2024, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the April 17, 2024, minutes.

Dr. Bernstein made the motion, which was seconded by Ms. Blondet. Dr. Cruz-Davis abstained. All other present members voted to approve the minutes.

*d. May 3, 2024 Minutes* ***(Vote)***

Commissioner Goldstein asked if there were any changes to the May 3, 2024, minutes. There were none.

Commissioner Goldstein asked if there was a motion to approve the May 3, 2024, minutes.

Dr. Cruz-Davis made the motion, which was seconded by Ms. Moscato. Dean Harold Cox abstained. All other present members voted to approve the minutes.

**2. INFORMATIONAL PRESENTATIONS**

*a. FY23 MA Problem Gambling Helpline Report*

Commissioner Goldstein invited Victor Ortiz, Director of the Office of Problem Gambling Services, to give an update on the Fiscal Year 2023 Massachusetts problem gambling hotline report.

Upon conclusion of the presentation, Commissioner Goldstein asked if there were any questions.

Ms. Moscato mentioned the increased advertising promoting gambling and asked if the Problem Gambling Services team collaborated on reducing the amount of advertising.

Mr. Ortiz said that they work closely with the Massachusetts Gaming Commission, who is responsible for regulations, licensing, and oversight of the casinos. They make sure the advertisement element is addressed. They also work with the Attorney General’s office. Between DPH, the Mass Gaming Commission, and the Attorney General’s office, they are working together to combat the concerning amount of advertising.

Dr. Cruz-Davis asked Mr. Ortiz to speak more about the $1.9 million targeted to community health centers for telehealth services.

Mr. Ortiz said that sports betting has been challenging in many ways and they learned that people’s experience relating to this format is through technology. Therefore, enhancing treatment and awareness opportunities through technology has led them to explore telehealth options.

Dr. Cruz-Davis agreed, adding telehealth can help eliminate the problem of the stigma attached to seeking treatment. She then asked him to speak more about youth in middle and high school participating in sports betting.

Mr. Ortiz said it is a concern and the Department and his office have prioritized prevention for youth. Since 2016, in partnership with the Mass Gaming Commission, they established the first strategic plan as a priority, pre-sports betting. Their concern has amplified since sports betting came online and the Attorney General’s Office is equally concerned. They are developing significant investments in prevention and awareness for teens.

Ms. Blondet said she has hope that they can undo or disrupt health inequities by addressing the risk factors as Mr. Ortiz and his office are doing. She added that she is concerned about the cost to public health with the confusion of sports betting calls coming into the helpline that are not problem gambling-related.

Mr. Ortiz said that the Mass Gaming Commission has authority in determining the disclaimer on all advertisements and they have worked with them closely since sports betting was launched. They are listening to helpline staff about their concern about the number of calls that come in about tech support for the online betting apps. He said that they work with the Mass Gaming Commission to improve the disclaimer. He said the helpline is the primary safety net for residents of the Commonwealth and there should be better clarification.

Ms. Blondet asked why the Office of Problem Gambling Services would not have authority over the disclaimer.

Mr. Ortiz explained that the legislation surrounding sports betting gives authority to the Mass Gaming Commission to oversee the advertising, including the disclaimer. The legislation does require that the DPH phone number be included, but currently it is included with other messaging as well.

Commissioner Goldstein confirmed that regulatory control over gaming falls to the Gaming Commission and the regulation of health care falls to DPH. Statute regulates that the helpline be included in gaming advertising, but how it is displayed is decided by the Gaming Commission.

Dr. Carey said she was discouraged by 46% of middle school and high school students having gambled but was encouraged by the youth leadership initiative, a monetary incentive as well as being peer focused. She asked if the high percentage of youth gambling are showing an upward trend and if the helpline receives many calls from parents of youth who are gambling.

Mr. Ortiz said that the youth gambling rates have stayed consistent, with not enough evidence to show an upward or downward trend. He that calls through the hotline and calls to his office from concerned parents about the potential impact of advertising on their children have been consistent over time.

Mr. Engell asked about collaboration with different organizations within the Commonwealth that can help amplify their message, such as schools, both middle and higher ed, financial institutions, and other places that have intersectionality with individuals who have concerns with gambling.

Mr. Ortiz aid that partnerships and collaborations are at the center of what they do. Their partnerships are a way to amplify their message and to develop strategies.

Mr. Engell wondered about the structural elements, such as health curricula in schools. He asked how they can coordinate with the Massachusetts Higher Education Commission or other entities to amplify their message. He also asked about the metrics shared in the presentation, noting that many calls to the helpline are from those with substance use disorder.

Mr. Ortiz said when they first integrated the helpline, they understood from the data that over 98% of individuals who experience a gambling disorder had a pre-existing mental health or substance use disorder. This data moved them to think about the helpline service as an integrated service, screening people who are calling for substance abuse but through the lens of problem gambling. They are capturing people that they would not have in the past, who are now being supported by trained staff.

Dr. Bernstein suggested adding college age individuals to high risk populations and he would be curious to see that data as well for the aging population.

Mr. Engell suggested including the veteran at-risk population as a data element.

*b. Update on the 2023 Community Health Equity Survey (CHES)*

Commissioner Goldstein invited Ta-wei Lin, Deputy Director of the Office of Statistics and Evaluation in the Bureau of Community Health and Prevention, to share an update on the 2023 Community Health Equity Survey.

Upon conclusion of the presentation, Commissioner Goldstein asked if there were any questions.

Ms. Blondet suggested having a comparison to the current, baseline data, both historically and in the future. Her second suggestion is since racism is seen as a public health issue, experiences of racism data should be collected and try to qualify how we are progressing, or not.

Mr. Lin said they are hoping to build toward the future with this initiative. The COVID-19 Community Impact Survey (CCIS) was a direct response to a very acute need that they had then. They are now looking to the future to build an initiative that will allow this work to be monitored over time and see how they are doing relative to the very important public health issues to come. He added that the experience of discrimination was a component of their survey and that they look forward to sharing the results.

Mr. Landers asked with COVID funding disappearing, are there strategies to move forward and continue the work. He felt it is among the most essential functions the Department has implemented in ten years.

Ruth Blodgett, Director of the Bureau of Community Health and Prevention, addressed the Council in agreement that funding will be a challenge. She said they have funding through FY 2025 and then they will be working on strategies to continue this very critical work.

Ms. Moscato mentioned that the presentation said one in five adults are worried about housing, and asked with the older, aging population in Massachusetts, with many living on the edge of housing, if they could be included in future analysis and if more data could be provided for that demographic.

Mr. Lin said that could be included. Housing is one of the most important public health issues they are facing and there will be a concerted effort to understand the needs and barriers of the aging population.

Dr. Evans questioned how they could maximize what was learned from the data. She asked to hear more about the future dashboard where individuals and communities may be able to participate in data analysis. She wanted to know how people and communities will contribute to that dashboard. She followed by asking, because of her interest in addiction, if a there could be a focus around people who have substance use disorders and how they are affected by the carceral legal system. She advocated for this to be an area of potential focus.

Mr. Lin said substance use is one of the topic spotlights and they are working with their bureau partners to develop that. He said regarding the dashboard, it will be very important to create opportunities for others to engage in this work. He said that often, groups are left behind in communication and dissemination of collected materials, but with their engagement strategies to try to bring people along the entire process, it gives them an idea of what the information is, how its collected, and some ways that they can use it. He said they are working with community partners that helped to inform survey development and survey dissemination. They have regional data and action providers across the state that are available to partner with residents, advocacy organizations, local boards of health, to answer local regional data requests, provide data and action support, and be a thought partner about how to understand and use the data. They will be piloting a cohort model involving several community organizations where they will dive deeper into data relevant to them and help develop action steps. He added the importance of working with their DPH partners, which is a focus of their steering committee.

Dr. Cruz-Davis expressed concern about the results presented regarding youth mental health and suicidal ideation, and thanked Mr. Lin for the presentation.

With no further questions, Commissioner Goldstein stated that this concluded the final agenda item for the day and reminded the Council that the next regular meeting is scheduled for Wednesday, June 12, 2024, at 9 AM.

Commissioner Goldstein asked if there was a motion to adjourn.

Dr. Cruz-Davis made the motion which was seconded by Ms. Blondet. All present members approved.

The meeting was adjourned at 11:05 am.