



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL

February 8, 2023

Please standby – the meeting will begin shortly

Today's presentation is available on the mass.gov/dph website under "Upcoming Events" by clicking on the February 8th Public Health Council listing



Massachusetts Department of Public Health

PUBLIC HEALTH COUNCIL MEETING FEBRUARY 8, 2023

Margret R. Cooke, Commissioner

New HHS Secretary Announced

 OFFERED BY [Governor Maura Healey and Lt. Governor Kim Driscoll](#)

PRESS RELEASE

Governor Healey and Lt. Governor Driscoll Appoint Kate Walsh as Secretary of Health and Human Services

FOR IMMEDIATE RELEASE:


1/25/2023

Governor Maura Healey and Lt. Governor Kim Driscoll


BOSTON — Governor Maura T. Healey and Lieutenant Governor Kim Driscoll today announced that they are appointing Kate Walsh, the current Chief Executive Officer of the Boston Medical Center (BMC) health system, as Secretary of the Executive Office of Health and Human Services. BMC Health System includes Boston Medical Center, a not-for-profit, academic medical center and the region's largest safety-net hospital, WellSense Health Plan, a Medicaid Managed Care Organization and Boston HealthNet, a network affiliation of community health centers throughout Boston.

MEDIA CONTACT

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Environmental Justice Grant

- **La Colaborativa, Chelsea** – will address the environmental health impacts of poor housing conditions by expanding its “Up to Code Toolkit,” a multilingual web-based toolkit for residents to document housing code violations and hazardous living conditions.
- **Everett Community Growers, Everett** – will build on its “Heat, Health, and Housing – Organizing for Resident-led Strategies for Development Without Displacement” project, a series of community workshops focused on developing climate-resilient solutions that do not lead to gentrification and displacement.
- **Public Health Institute of Western Massachusetts, Springfield** – will expand on its “Healthy Air Network Project,” a community air quality data collection collaboration, by developing educational materials for the public about risks and ways to reduce exposure.
- **Southeast Asian Coalition of Central Massachusetts, Inc., Worcester** – will increase awareness of environmental and public health issues that affect Southeast Asian and other immigrant, refugee, and asylee communities through the Environmental and Public Health Education program.

1-800-Quit-Now

Stills from the “[Take the First Step](#)” ad:



[Mass.gov/Quitting](https://mass.gov/Quitting)

Behavioral Health Help Line

24/7 SUPPORT

MASSACHUSETTS
BEHAVIORAL
HEALTH
HELP LINE



VISIT [MASSHHELPLINE.COM](https://masshelpline.com) TO CHAT

Novel Strain of Gonorrhea



OFFERED BY [Bureau of Infectious Disease and Laboratory Sciences](#)

PRESS RELEASE

Department of Public Health announces first cases of concerning gonorrhea strain

FOR IMMEDIATE RELEASE:

1/19/2023

Department of Public Health



Massachusetts Department of Public Health

**PUBLIC HEALTH COUNCIL
MEETING
FEBRUARY 8, 2023**

Margret R. Cooke, Commissioner



Massachusetts Department of Public Health

Final Promulgation of Revisions to 105 CMR 130.000:

Hospital Licensure

Marita Callahan

Director of Policy and Health Communications, Bureau of Healthcare Safety and Quality

Regulation Overview

105 CMR 130.000, Hospital Licensure:

- Sets forth standards for the maintenance and operation of hospitals, pursuant to M.G.L. c. 111, §§ 51 and 51G.
- Ensures a high quality of care, industry standardization, and strong consumer protection for individuals receiving care in hospitals.

Regulation Change: Licensed Mental Health Professionals in EDs and SEFs

- As a reminder, at the December Public Health Council meeting, the Department proposed an emergency amendment to the regulation to require licensed mental health professionals be available in an emergency department or satellite emergency facility to assess, evaluate and stabilize a person who presents with a primary behavioral health concern.
- This emergency amendment to the regulation was in response to legislation enacted in August 2022 to address barriers to care for mental health. This comprehensive legislation includes a wide variety of reforms to ensure equitable access to behavioral health care and remove barriers that currently make it difficult for many people to get the care they need.

This amendment ensures that patients at an emergency department or satellite emergency facility presenting with a primary behavioral health concern receive timely and appropriate care.

Public Comment Period

- The Department held a public comment period, with a public hearing on January 13, 2023.
- The Department received one written comment in support of the revisions.
- The Department does not recommend any further revisions to the regulation.

Next Steps

- This amendment has been in effect since December 19, 2022, when the emergency amendment was filed with the Secretary of State.
- To make these changes permanent, the Department requests the Public Health Council approve the proposed regulations.
- Following Public Health Council approval, the Department will file the notice of compliance with the Secretary of the Commonwealth.



Massachusetts Department of Public Health

Thank you for the opportunity to present this information today.

For more information regarding standards for hospital licensure, please find the relevant statutory language and the full current regulation here:

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter111>

<https://www.mass.gov/doc/105-cmr-130-hospital-licensure/download>



Massachusetts Department of Public Health

COVID-19 COMMUNITY IMPACT SURVEY (CCIS):

Lessons Learned from CCIS 1.0
and Implications for Future Work

Public Health Council
February 8, 2023

Beth Beatriz, PhD, Director of the Office of Statistics and Evaluation

AGENDA

- CCIS 1.0 Brief Review
- Lessons Learned and Implications for Future Work
- CCIS 2.0 Framework Overview and Timeline
- CCIS 2.0 Community Engagement Summary
- Housing as an example

CCIS 1.0 Brief Review

CCIS 1.0 BACKGROUND AND CONTEXT

The COVID-19 pandemic continues to have a devastating impact on the health of Massachusetts residents and has made worse many inequities that existed before the pandemic.

The pandemic highlighted several needs within the Department of Public Health (DPH), including:

- **Timely data** on **social determinants of health**, **priority populations**, and **emerging health topics**.
- Better connection of data to **support public action** to promote health and address health inequities.
- **Meaningful engagement** of internal and community partners to share knowledge and resources and better coordinate public health response.
- Opportunities to **highlight the voices and experiences of residents**, particularly those underrepresented in data and decision-making processes.

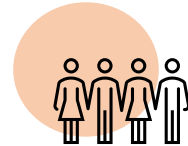
CCIS 1.0 Overview

Goal of CCIS 1.0

To better understand how populations have been disproportionately impacted by the pandemic, including health, social, and economic impacts.



- CCIS online survey administered between September through November 2020.
- Survey available in 11 languages
- Received over 33,000 adult responses and 3,000 youth responses



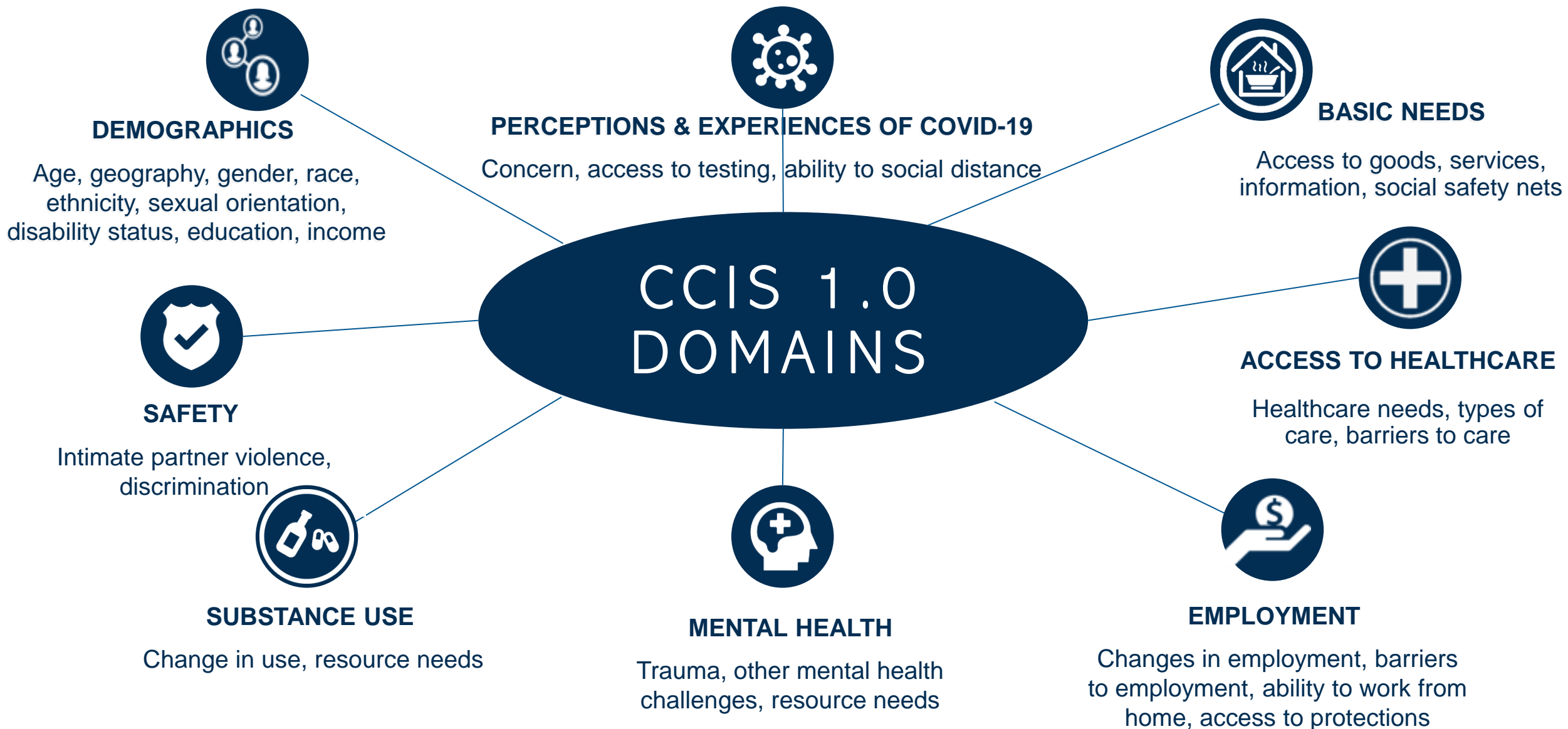
Sampling and recruitment strategies developed for key populations, including:

- People of color
- LGBTQ+ individuals
- People with disabilities
- Essential workers
- People experiencing housing instability
- Older adults
- Residents in areas hardest hit by COVID-19



Utilized a mixed-methods approach that included focus groups and open-ended questions to capture previously unknown needs and barriers

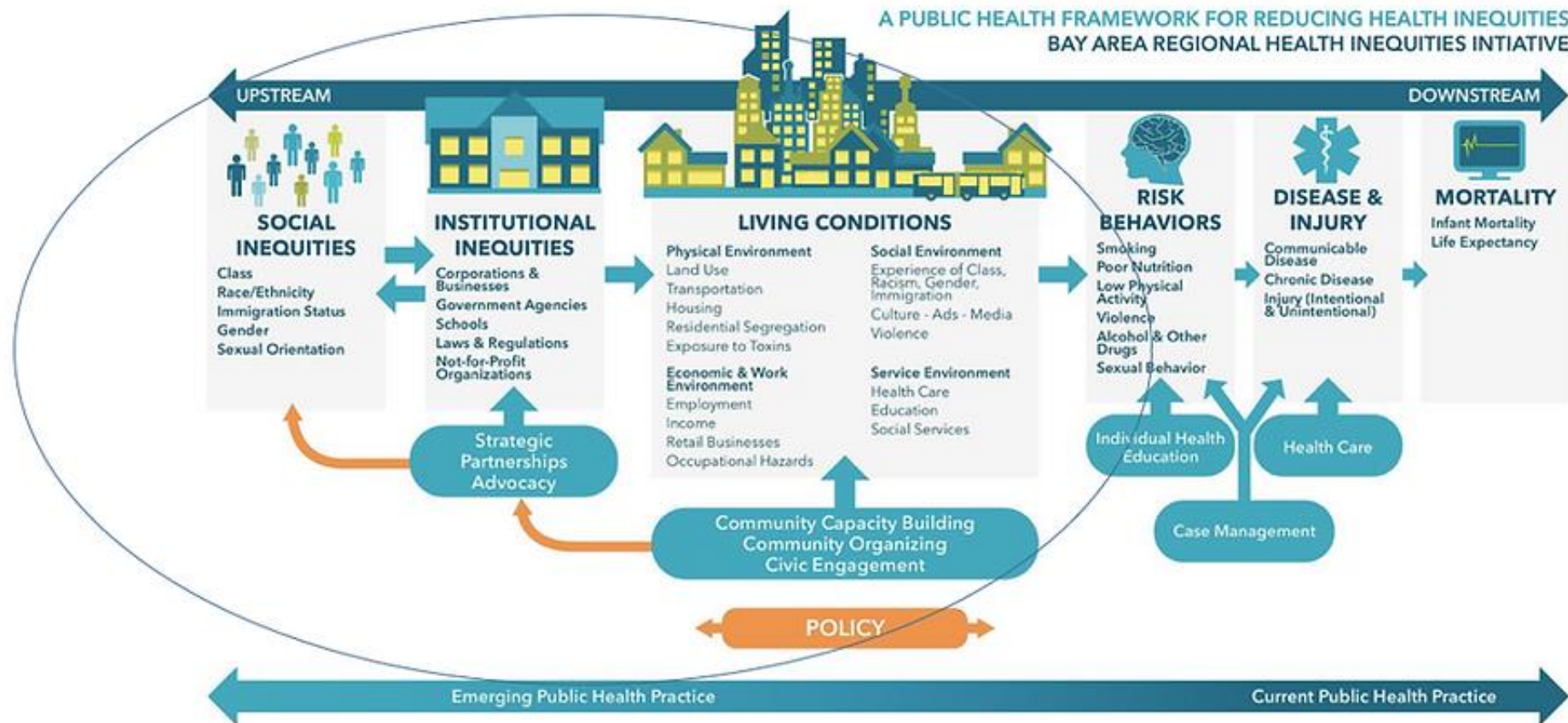
CCIS 1.0 Key Domains



Lessons Learned and Implications for Future Work

Focus on Upstream Determinants of Health

Public health practice must focus on and address pre-existing and topic-specific inequities in root causes of health, including social determinants.

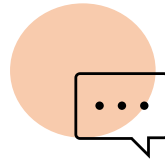


Community Engagement is Not Optional

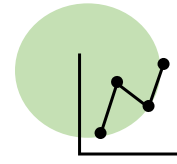
Inclusion and trust-building with priority populations must occur consistently and intentionally to ensure:



Relationships, trust, and established channels of communication and collaboration exist



Data systems and public health response strategies are inclusive and responsive to community needs and voices



Communities have the data, resources, and support required to drive their own prevention and crisis response capacity

Equity-Focused Public Health Response Cannot Occur in Silos

Coordination during public health action requires relationship-building, planning, and communication



Data to Action pathways and coordinated response plans must be identified and developed with internal and external partners prior and during public health emergencies.



Must use racial and social justice framing to understand root causes of health inequities and identify areas for public health action



Must build and leverage our collective community engagement infrastructure to rapidly get direct community input and get data back to community



Public health action needs to be data informed. This requires a collective data infrastructure that sheds light on who is impacted, how they are being impacted, and potential solutions to promote health equity.

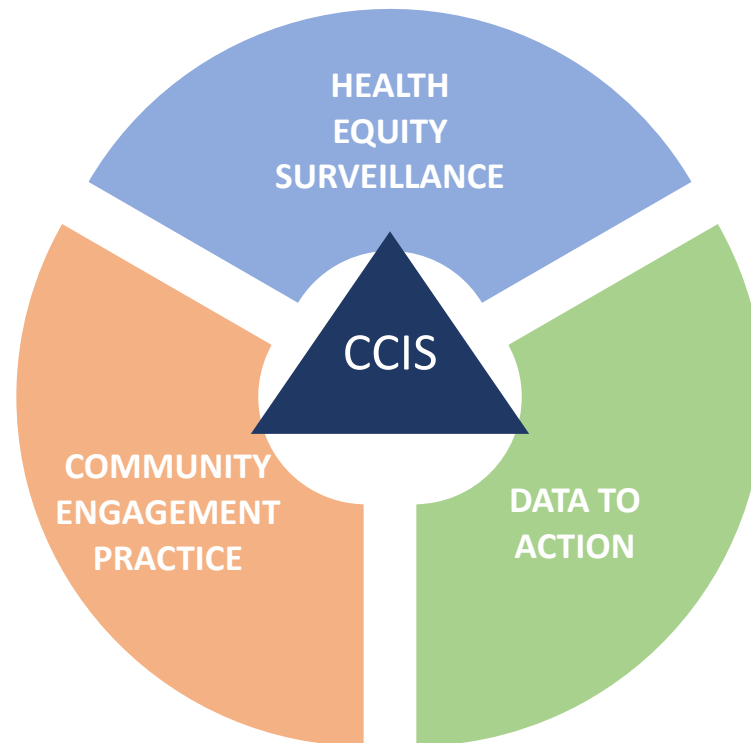
CCIS 2.0 Framework Overview and Timeline

FOUNDATIONAL ELEMENTS OF CCIS

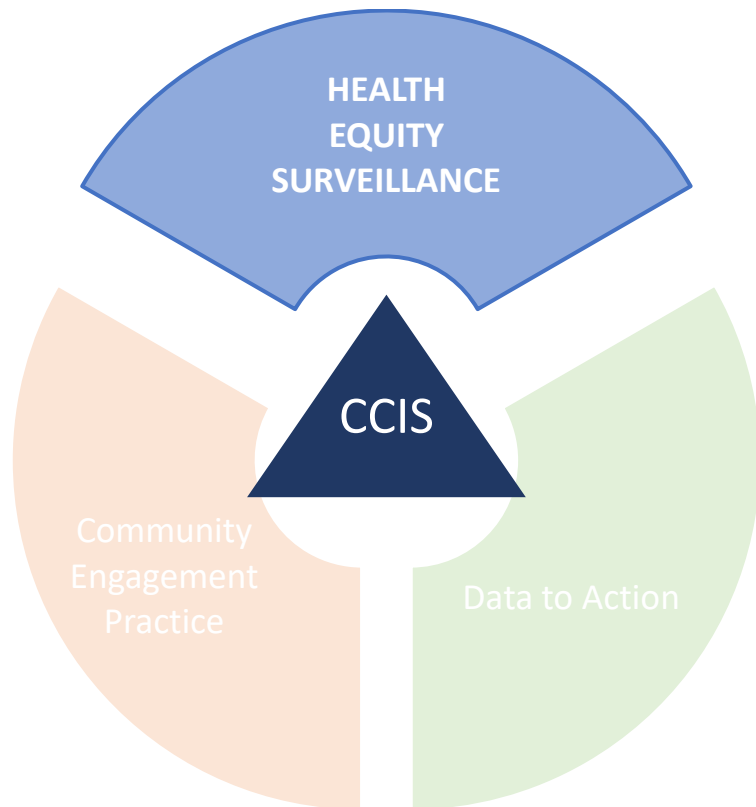
CCIS looks to promote the health of Massachusetts residents and reduce health inequities that are made worse during public health crises like COVID-19 by building a

Public Health Surveillance and Response System.

This system comprises three foundational elements:



CCIS HEALTH EQUITY SURVEILLANCE



A New Approach to Health Equity Surveillance



Innovative, Mixed Methods approach to data collection that complements existing data systems



Captures data on Root Causes of Health Inequities, including social determinants of health



Focus on Priority Populations not typically captured or reported in other surveillance systems



Actionable and Timely Data on current and emerging public health priorities

CCIS COMMUNITY ENGAGEMENT PRACTICE



Community Engagement at Every Step



Center Community Voice

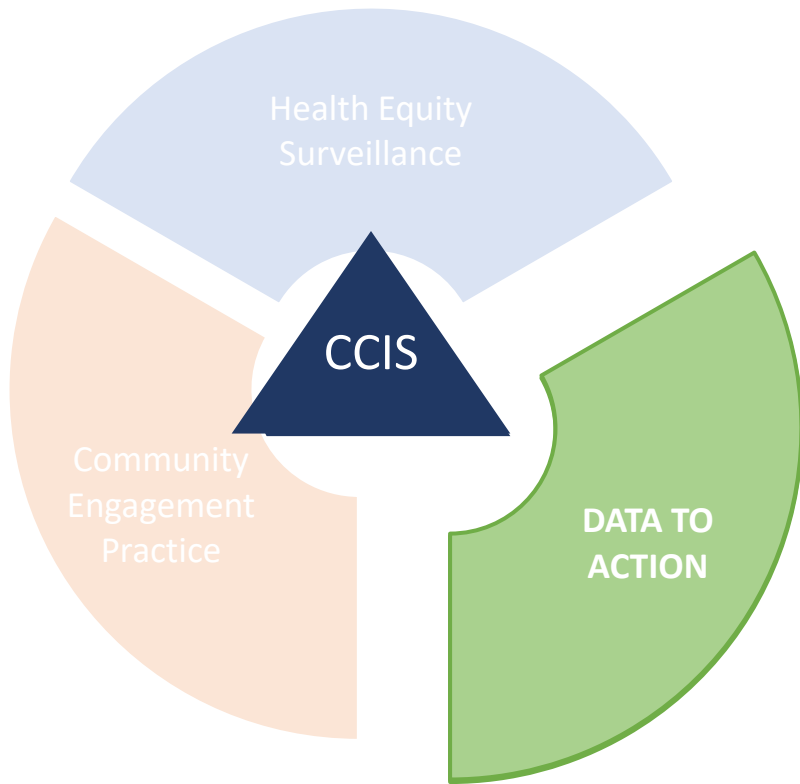
- Incorporate feedback from community partners to inform survey content, wording, and dissemination strategy
- Collaborate with community members to design and conduct qualitative research
- Work with community partners to contextualize results



Uphold Transparency and Accountability

- Proactively share CCIS' commitments to engagement and accessibility with our partners
- Clearly communicate the benefits of CCIS to survey participants
- Share findings in a timely manner with communities, especially those who contributed to data collection

CCIS DATA TO ACTION



Using Results to Drive Change & Advance Equity



Identify Areas for Public Health Action

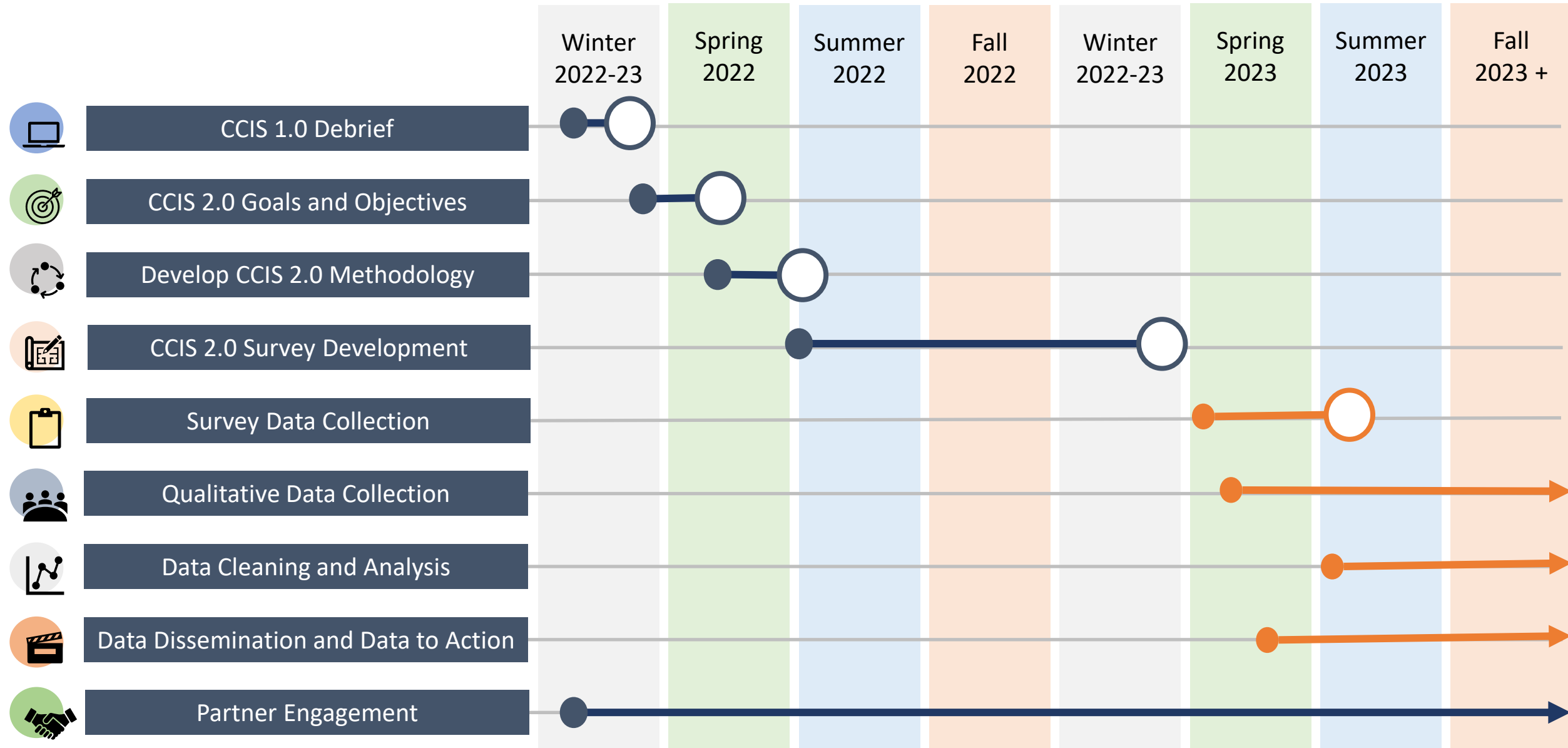
- Analyze data to better understand root causes of health outcomes along the health inequity pathway, including:
 - Immediate health-related social needs
 - Physical and social environment
 - Interconnected policies and systems that lead to social and institutional inequities



Support Policy and Practice Change

- Work with partners to identify existing information gaps and provide relevant, actionable data to partners and stakeholders in a timely manner
- Provide capacity building support around taking action based on CCIS findings

CCIS 2.0 Proposed Timeline and Progress



CCIS 2.0 Community Engagement Summary

GOALS OF CCIS 2.0 COMMUNITY ENGAGEMENT

- Identify and prioritize populations that are **most impacted by health inequities**, and that public health data traditionally underrepresents
 - Work with **trusted partners** in each of those communities to engage residents and disseminate the survey
- Ensure that the survey is **accessible, culturally appropriate**, and that survey takers feel **comfortable** to share their experiences
- Include residents and community partners in process of analyzing, contextualizing, and **making meaning** from data
- Support community partners in using CCIS results to **implement changes** that advance health equity and address social determinants of health
- Increased **buy-in and visibility** for health equity surveillance and data-to-action frameworks
- Create new relationships and deepen existing partnerships with:

DPH Staff and Leadership

State Government Agencies

Community Partner Organizations

Community Residents

EXTERNAL ENGAGEMENT OVERVIEW

CCIS Regional Technical Assistance Providers

Ongoing

Our CCIS regional TA providers continue to do outreach across the state to provide organizations with technical and capacity-building support to CBOs, health system partners, regional coalitions, and other community partners.

Local Boards of Health, External Advisory Groups, and Community Grantees

December 2022 - Ongoing

CCIS engagement team is meeting with local boards of health, various external advisory groups and community grantees to share learnings from CCIS and engage in early partnership conversations. Some groups include Food Security Workgroup, Native American Community Advisory Board, Rural Vaccine Equity Initiative Grantees, Public Health Excellence Grantees.

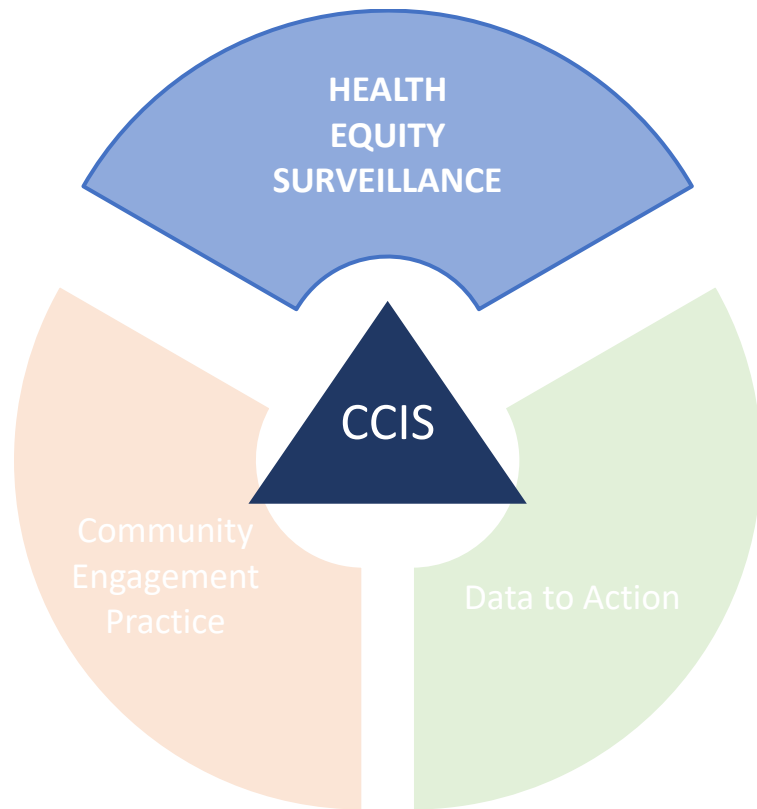
External Listening Sessions

December 2022 – January 2023

CCIS team is holding external listening sessions for CBOs, regional coalitions, community leaders, and other external groups to learn more about CCIS and find out ways to further engage in the CCIS work. ASL translation provided during these sessions.

Engagement of community groups, coalitions, and residents that represent various priority populations and geographies across Massachusetts

HOUSING AS AN EXAMPLE OF FOUNDATIONAL ELEMENTS



Identifying populations disproportionately impacted,
Understand the nuance and root causes of housing and
health inequities through mixed methods,
Prioritizing data that is actionable & timely.

1 in 3 parents reported being worried about housing expenses.



While parents and non-parents were equally worried about having to move in the next few months, **parents were almost twice as likely to say that this was due to not being able to pay the rent or mortgage.**

Unstable housing impacts the whole family, including the mental health and education of children.

HOUSING AS AN EXAMPLE OF FOUNDATIONAL ELEMENTS



Internal engagement links CCIS data to Housing and Homelessness workgroup, Housing data standards, & DPH programs working with priority populations.

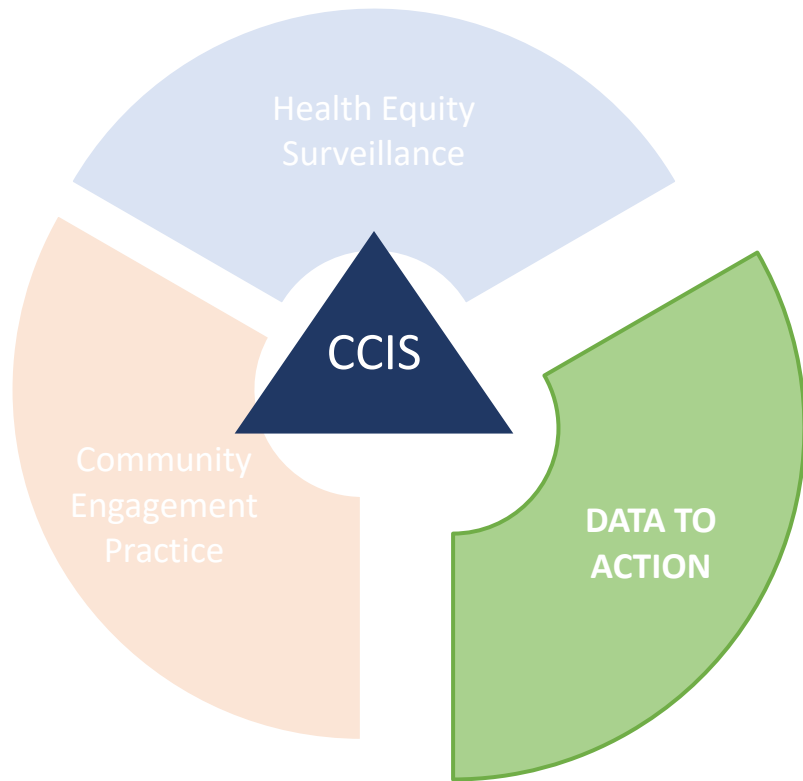
Helps inform programs to ensure that decisions around eligibility and programmatic policy does not make one's housing unstable.

Example: Low threshold housing access in the Bureau of Substance Addiction Services

External engagement partners CBOs and sister agencies with the Department to connect housing and health.

Makes the case that *housing is prevention* and identifies areas for intervention, connection, and referral. Housing is explicitly considered when new policies are implemented. (Directly linked to "Data to Action")

HOUSING AS AN EXAMPLE OF FOUNDATIONAL ELEMENTS



Potential to improve policy and practice by centering health equity principles:

- Identifying who is impacted and who is left out of solutions
- Prioritize resource allocation
- Pathways between health and housing as a SDoH

CCIS Regional TA providers work directly with CBOs to build capacity on how to read/understand the housing data, which then supports the grants pursued, funding priorities set, and the partners that are collaborated with.

Contact Information

- To contact me, Beth Beatriz: Elizabeth.Beatriz@mass.gov
- For more information on CCIS, please visit our website at:
 - <https://www.mass.gov/resource/covid-19-community-impact-survey>
 - NEW adult data indicators available this month!
- If you have any questions or would like to partner with us, please contact us!
 - Ta-wei Lin: ta-wei.lin2@mass.gov or covid19survey@mass.gov

For housing resources information: <https://www.mass.gov/guides/a-guide-to-obtaining-housing-assistance>

Appendix

CCIS RECRUITMENT METHODS

To reach participants that traditional health surveys don't capture, we intentionally engage key populations by:

Identifying priority populations for direct outreach

- To ensure adequate sample sizes of populations most impacted by health inequities, we develop unique recruitment strategies for groups such as:
 - People of color, LGBTQIA+ individuals, people with disabilities, older adults, people experiencing housing insecurity

Engaging with **community partners**

- To ensure that residents feel comfortable taking the survey, we disseminate CCIS in partnership with organizations that community members know and trust

Understanding that **communities know their own needs best**

- CCIS provides our partners with flexible mini-grants to conduct outreach in ways that will resonate with their communities
 - Going door-to-door, administering the survey by proxy, providing incentives for participation

INTERNAL DPH ENGAGEMENT OVERVIEW

DPH Listening Sessions

September 2022

Held listening sessions to engage staff across the Department to build awareness for CCIS 2.0, inform priority population and topics, set stage for data to action.

DPH Advisory Groups

October – November 2022

Recruited advisory groups centered on CCIS priority topics to inform survey development

- Education
- Mental Health
- Social Context and Safety
- Experiences with COVID
- Neighborhood/Built Environment
- Economic Stability / Employment
- Health Care Access

Ongoing Program and Data Partner Engagement

Ongoing throughout project

Engaging key program and data partners across the Department to identify information gaps/ opportunities, identify potential data to action pathways, gather key information on priority populations, and inform survey development

Staff engaged across DPH representing various Bureaus and Offices:
BCHAP, BFHN, BSAS, BIDLs, BEH, OHE, ODMOA, OLRH, OPG, OPEM



Massachusetts Department of Public Health

Next Meeting:
March 8, 2023