



Massachusetts Department of Public Health

Public Health Council Meeting October 11, 2023

Robert Goldstein, Commissioner

Today's presentation is available on mass.gov/dph under "Upcoming Events" by clicking on the October 11 Public Health Council listing.



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Domestic Violence Awareness Month

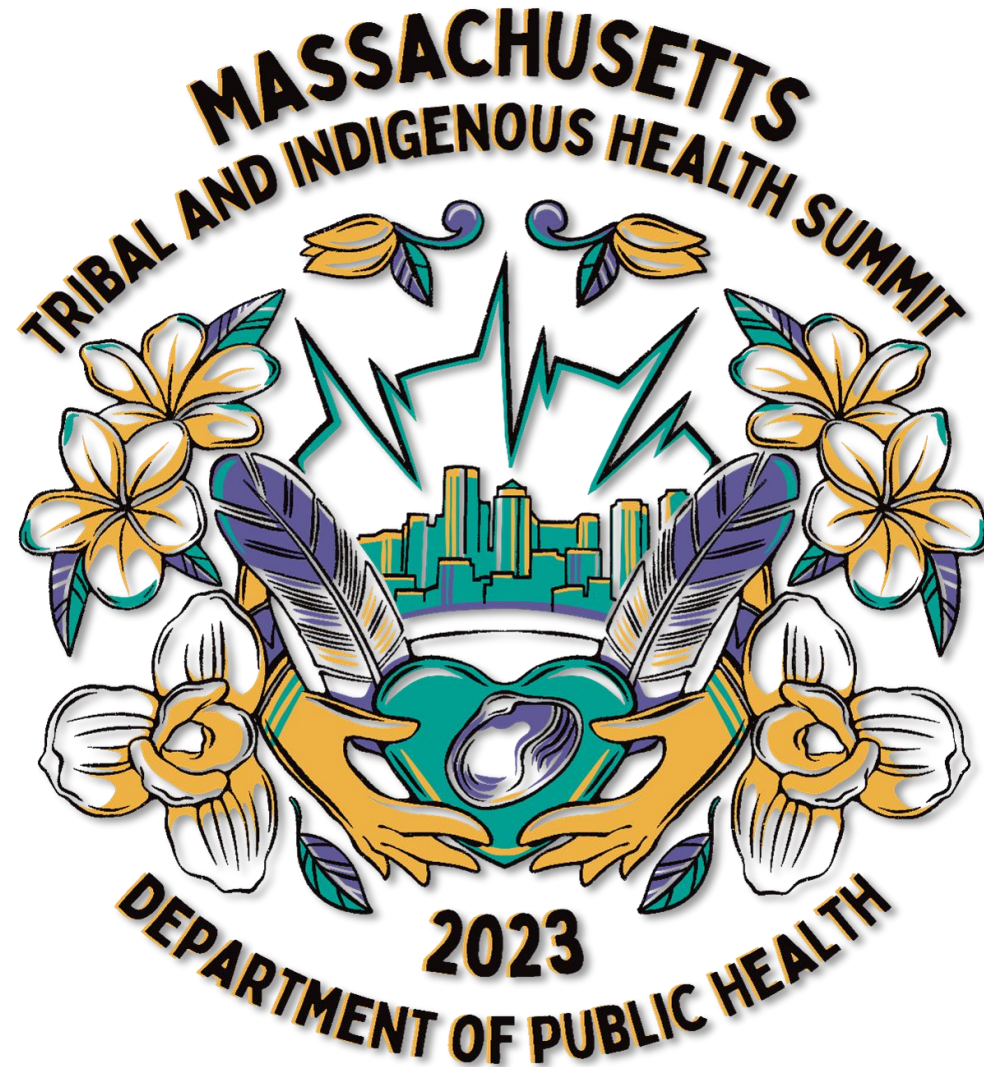


Breast Cancer Awareness Month



[Mass.gov/info-details/getting-screened-for-breast-cancer](https://mass.gov/info-details/getting-screened-for-breast-cancer)

Indigenous Peoples Day





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Overdose Prevention Helpline



Mass. Public Health
@MassDPH

Healey-Driscoll administration announces 1st-of-its-kind investment in overdose prevention helpline; partnership w/Boston Medical Center & RIZE Massachusetts provides 24/7 access to overdose detection svcs. & peer-to-peer support: ow.ly/BNip50PPMN2



ALT

PRESS
RELEASE



MASSACHUSETTS
OVERDOSE
PREVENTION HELPLINE
☎ | 1-800-972-0590

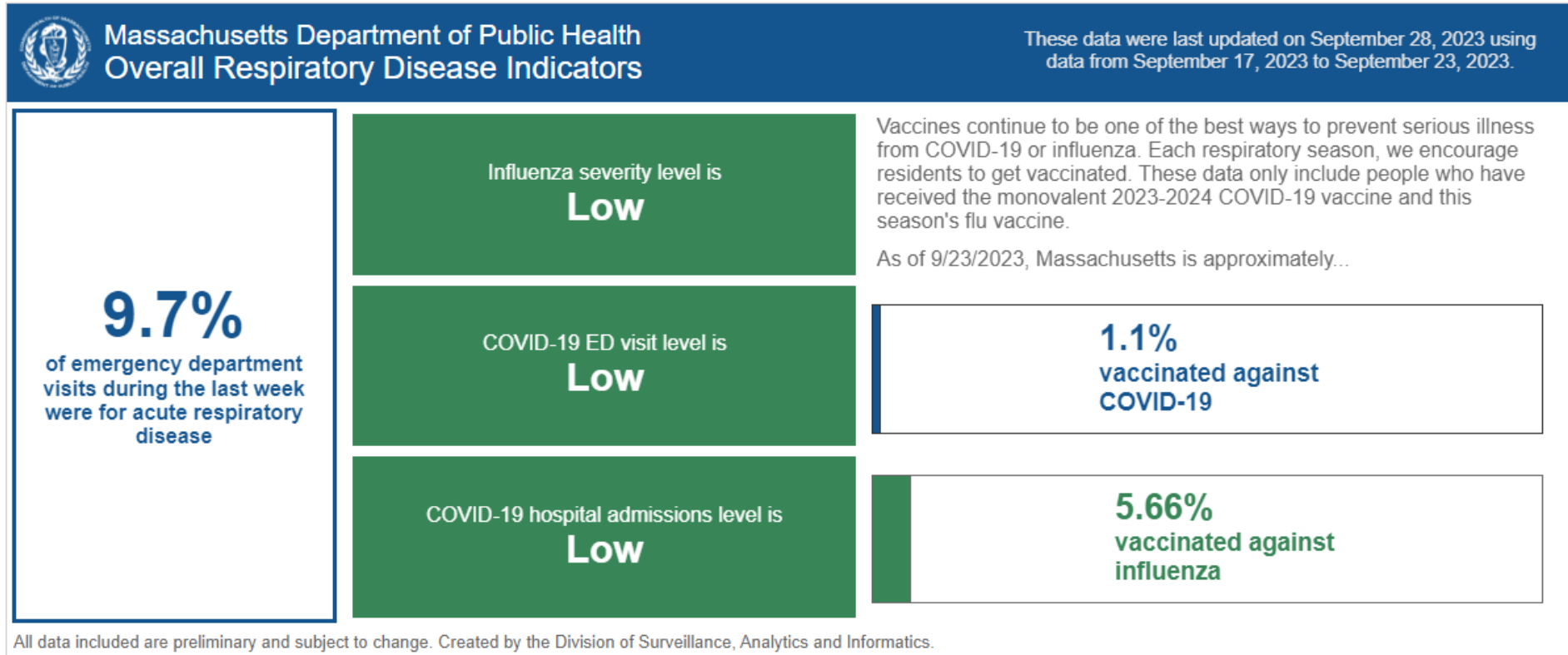


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Respiratory Illness Dashboards



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

Respiratory Illness Communications



Stop The Spread



Mass.gov/StopTheSpread

Whittier Street Health Center with CDC Director



Commissioner Goldstein receiving flu and COVID vaccines from Dr. Stephen Wright, Medical Director at the Whittier Street health Center



Left to right: Dr. Mandy Cohen, CDC Director, Commissioner Goldstein, and Frederica Williams, CEO and President of Whittier Street Health Center

Free At-Home COVID-19 Tests

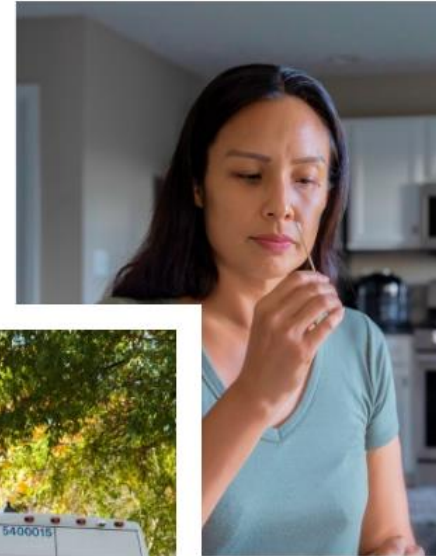
Get four free at-home COVID-19 tests this fall on COVIDTests.gov

Every U.S. household may place an order to receive four free COVID-19 rapid tests delivered directly to your home.

Order Free At-Home Tests

Need help placing an order for your at-home tests?
Call [1-800-232-0233](tel:1-800-232-0233) (TTY [1-888-720-7489](tel:1-888-720-7489)).

The U.S. government will continue to make COVID-19 tests available to uninsured individuals and underserved communities through existing outreach programs. Please contact [a HRSA health center](#), [Test to Treat](#) site, or [ICATT location](#) near you to learn how to access low- or no-cost COVID-19 tests provided by the federal government.





Massachusetts Department of Public Health

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Massachusetts Department of Public Health

Proposed Revisions to 105 CMR 700.000:

Implementation of M.G.L. c. 94C

David E. Johnson, Director, Drug Control Program

Lauren B. Nelson, Deputy Director, Bureau of Health Professions Licensure

Summary of Regulation

105 CMR 700.000, *Implementation of M.G.L. c. 94C:*

- Sets forth consistent standards for the safety, security and storage of controlled substances;
- Outlines Drug Control Program requirements for practitioners and facilities to receive a Massachusetts Controlled Substances Registration (MCSR); and
- Manages oversight of the Prescription Monitoring Program (PMP) and the Medication Administration (MAP).

Background

The proposed amendment is needed to implement section 42 of chapter 28 of the acts of 2023 (FY2023 GAA):

- This amendment adds a new subsection to 105 CMR 700.004(B) Exemptions from Requirement to Register, authorizing pharmacists to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives to any person, irrespective of evidence of a previous prescription for such medication, subject to certain requirements under the statute.

Current Regulation

105 CMR 700.004(B) Exemptions from Requirement to Register, sets forth controlled substances activities that may be conducted without requiring a Massachusetts Controlled Substances Registration (MCSR), including the following pharmacist authorizations:

- A registered pharmacist, pharmacy intern, and pharmacy technician may dispense by administration influenza vaccine, COVID-19 vaccine, and other immunizations designated by the Department to persons five years of age or older.
- A pharmacist or a pharmacy intern is authorized to dispense by administration FDA approved mental health or substance use disorder treatment drugs to persons 18 years of age or older.

Summary of Proposed Revisions

The Department proposes adding a subsection, authorizing a registered pharmacist to prescribe and dispense hormonal contraceptive patches and self-administered oral hormonal contraceptives to any person, without an appointment, and irrespective of evidence of a previous prescription for a hormonal contraceptive.

The regulation outlines several pharmacist requirements included in statute:

- complete a board-approved training program;
- provide a self-screening risk assessment tool prior to prescribing;
- refer, or advise the patient to consult with, a primary care provider or reproductive health care practitioner;
- provide the patient with a written record; and
- dispense the medication as soon as practicable after the prescription is issued.

Next Steps

- Following this presentation, staff will hold a public hearing and will provide a public comment period.
- After the close of the public comment period, staff will review comments, revise as necessary to reflect comments received, and then request approval of the final regulation at a subsequent meeting of the Public Health Council.

Thank you for the opportunity to present this information today.

For more information, please find the relevant statutory language and the full current regulation here:

Massachusetts Law:

[Session Law - Acts of 2023 Chapter 28 \(malegislature.gov\)](https://malegislature.gov/Acts/Details.aspx?bill=1000&number=28)

Current Regulation:

[105 CMR 700.00: Implementation of MGL c.94C | Mass.gov](https://www.mass.gov/info-details/105-CMR-700.00-Implementation-of-MGL-c.94C)

Proposed Amendment:

[mass.gov/dph/proposed-regulations](https://www.mass.gov/dph/proposed-regulations)

Please direct any questions to:

DCP.DPH@MassMail.State.MA.US



Massachusetts Department of Public Health

Establishing the First-Ever Performance Standards for Local Boards of Health in Massachusetts

Sam Wong

Director, Office of Local and Regional Health (OLRH)

Aimee Petrosky

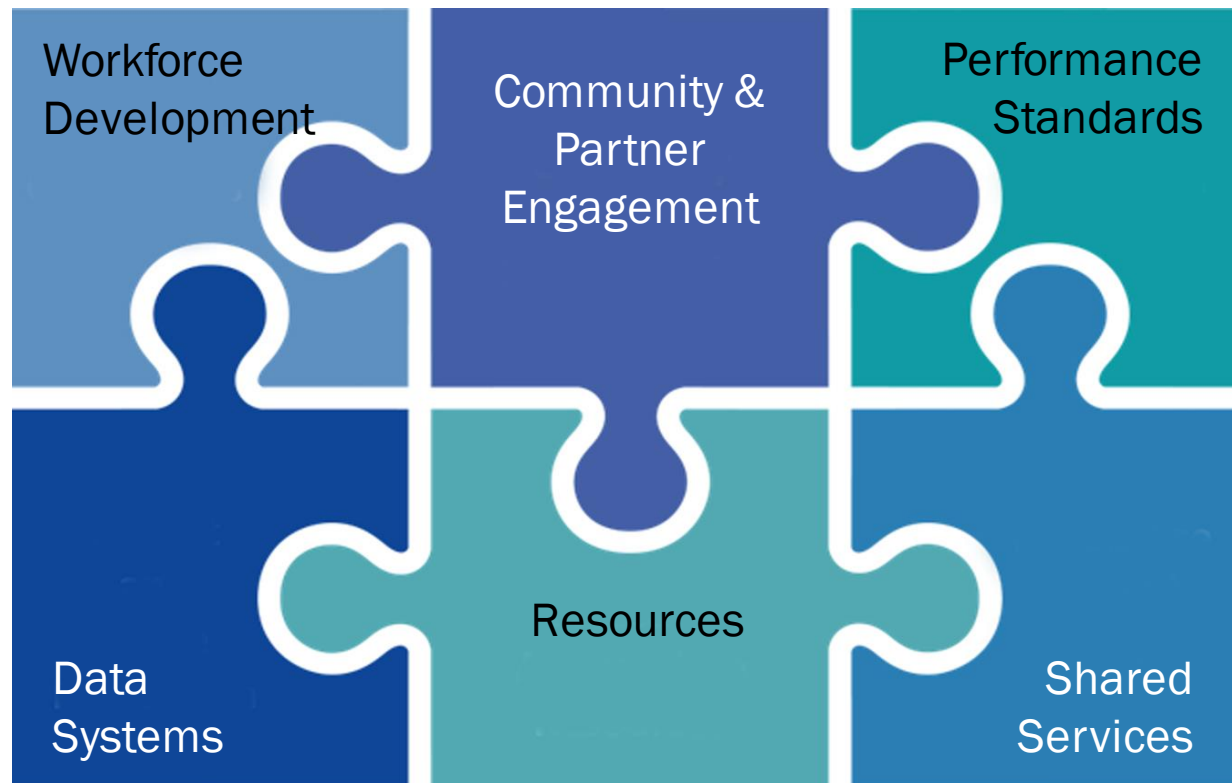
Director, Performance Standards and Data Systems Unit, OLRH

Agenda

- Blueprint for Public Health Excellence
- Performance Standards
- Capacity Assessment
- Summary Report Key Findings
- DPH Initiatives
- Next Steps
- Questions

Blueprint for Public Health Excellence

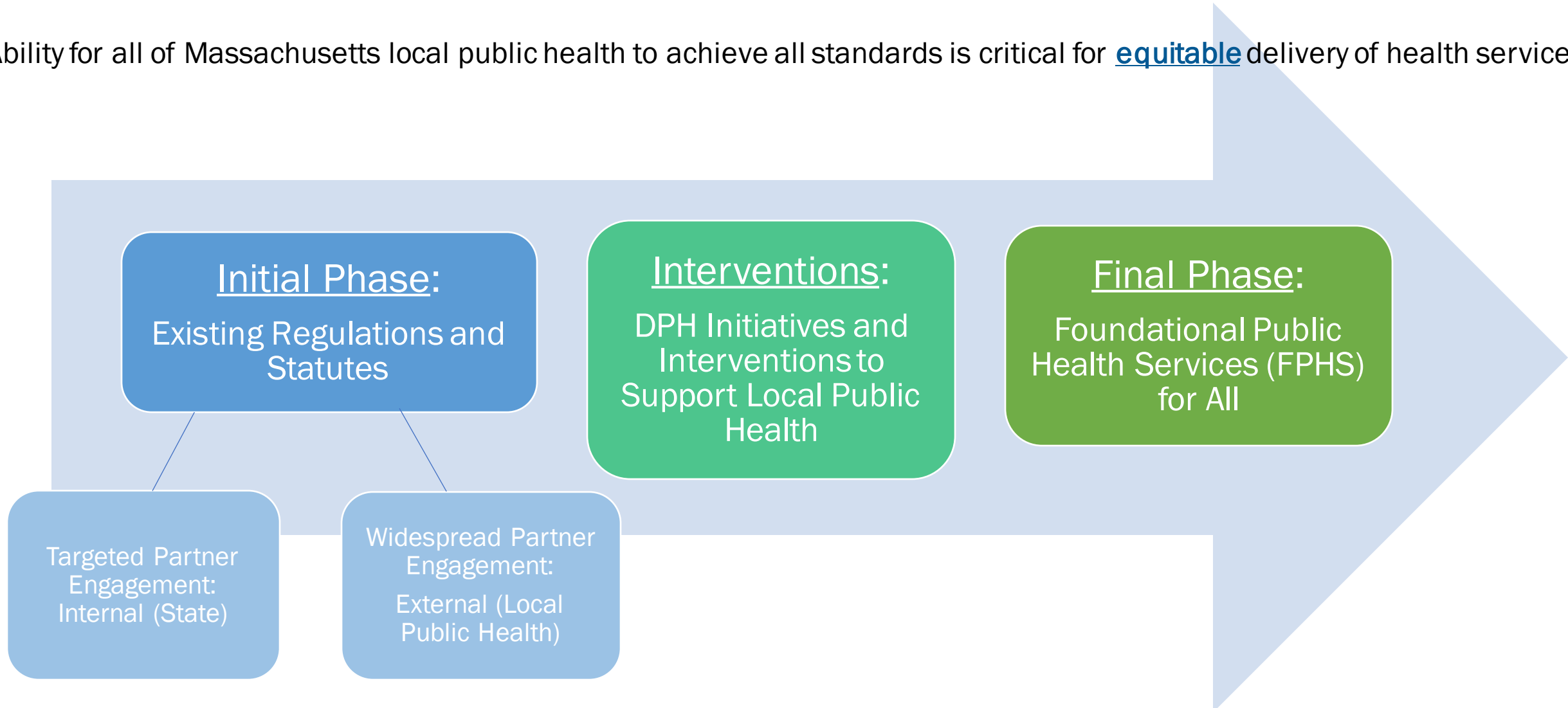
In 2019, the Special Commission on Local and Regional Public Health (SCLRPH) released the **Blueprint for Public Health Excellence**: Recommendations for Improved Effectiveness and Efficiency of Local Public Health Protections.



One of the six recommendations called for actions to “Elevate the standards for and improve the performance of local public health departments.”

Performance Standards

Ability for all of Massachusetts local public health to achieve all standards is critical for equitable delivery of health services



Performance Standards Content

Phase 1 Performance Standards comprise 93 existing statutes and regulations, plus workforce standards as recommended in the Blueprint, and are divided into 5 topic areas:



Environmental Health



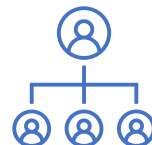
Tobacco Control



Disease Control and Prevention



Workforce Standards



Administration

Food Protection

Learn more about this topic on Bureau of Climate and Environmental Health - [Food Protection Program](#).

105 CMR 500 →

Enforce 105 CMR 500: Good Manufacturing Practices for Food

105 CMR 590 →

Enforce State Sanitary Code Chapter X: Minimum Sanitation Standards for Food Establishments

Management / Agent

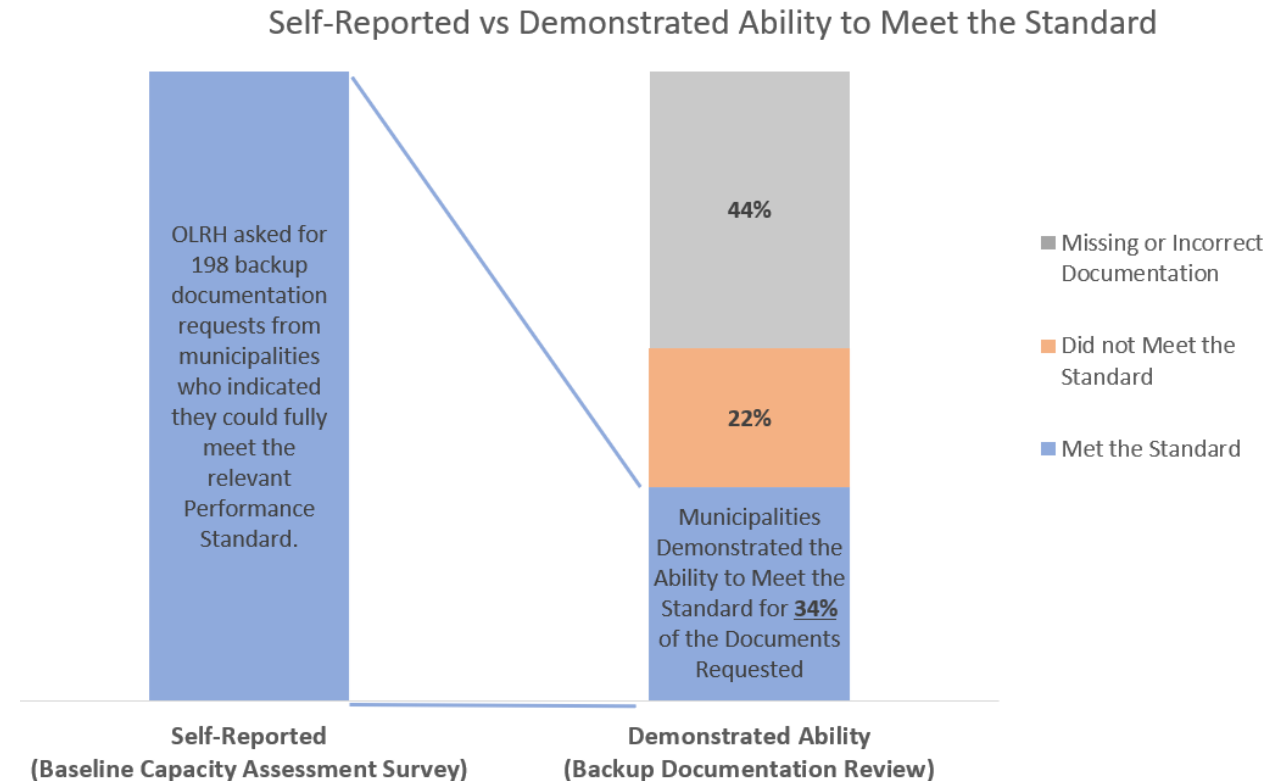
| Required at Hire | Required after Hire | Recommended after Hire |
|---|--|--|
| <ul style="list-style-type: none">• Registered Sanitarian (RS) or equivalent eligible | <ul style="list-style-type: none">• Foundations course within 18 months of hire• RS within 18 months of hire• Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector training, housing inspection training, certified pool operator/certified pool inspector, lead determinator within 1 year of hire | <ul style="list-style-type: none">• Health Association membership• Local Public Health Institute Management Course• CHO within 3 years of hire |

Capacity Assessment

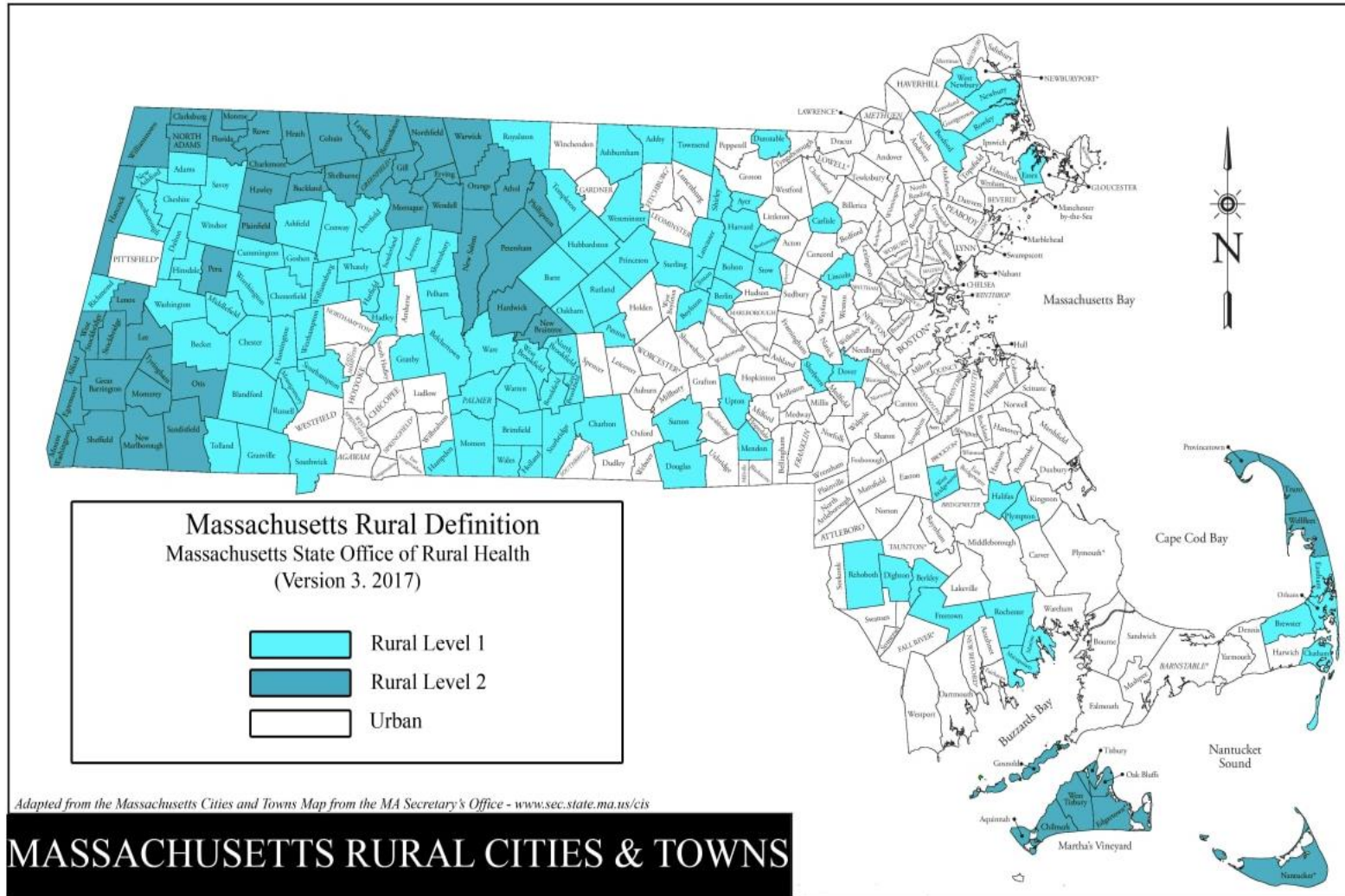
| | Methods | Results | Analysis / Reporting |
|--|---|--|---|
| Baseline Capacity Assessment | <ul style="list-style-type: none"> Self-report survey evaluating local public health's ability to meet the Performance Standards 175+ questions | <ul style="list-style-type: none"> Completed by 98% of participating municipalities (300/305) | <ul style="list-style-type: none"> Aggregated, analyzed, and shared at Shared Services Arrangement-level |
| Workforce Assessment | <ul style="list-style-type: none"> Self-report survey evaluating public health workforce (Education, Training, & Credentialing) 40+ questions | <ul style="list-style-type: none"> Completed by 1,021 local public health staff | <ul style="list-style-type: none"> Statewide results (sample size too small to report on the Shared Services Arrangement-level) |
| Backup Documentation Submission | <ul style="list-style-type: none"> Qualitative look at existing practices of local public health in delivering health services | <ul style="list-style-type: none"> Completed by 75% of participating municipalities 5,506 documents reviewed | <ul style="list-style-type: none"> Shared Services Arrangement-specific results General feedback on documentation strengths and weaknesses shared |

Summary Report Key Findings

- Shared Services Arrangements are meeting an average of **78%** of Performance Standards, ranging 46% to 93% (self-report)
- Gaps exist between municipalities' self-reported capacity to meet Performance Standards and their demonstrated ability to do so. Of submitted documents:
 - 34% met the standard
 - 22% fell short
 - 44% were missing or incorrect
- The largest areas of need based on self-reporting are staffing and training.



Summary Report Key Findings

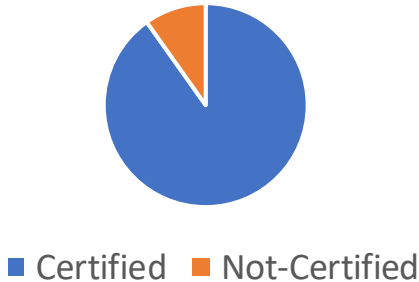


| Rurality | Meets Performance Standards |
|---------------|-----------------------------|
| Urban | 81% |
| Rural Level 1 | 78% |
| Rural Level 2 | 71% |

- Of the 242 Board of Health Members who responded to the Workforce Assessment, 34 (14%) indicated that they conduct inspections. Among these 34 respondents, 91% are located in the Central and Western regions of the state

Summary Report Key Findings

- Of the 112 individuals in Management/Agent roles who reported they conduct Food Protection inspections, 90% held the required ServSafe or equivalent certification.

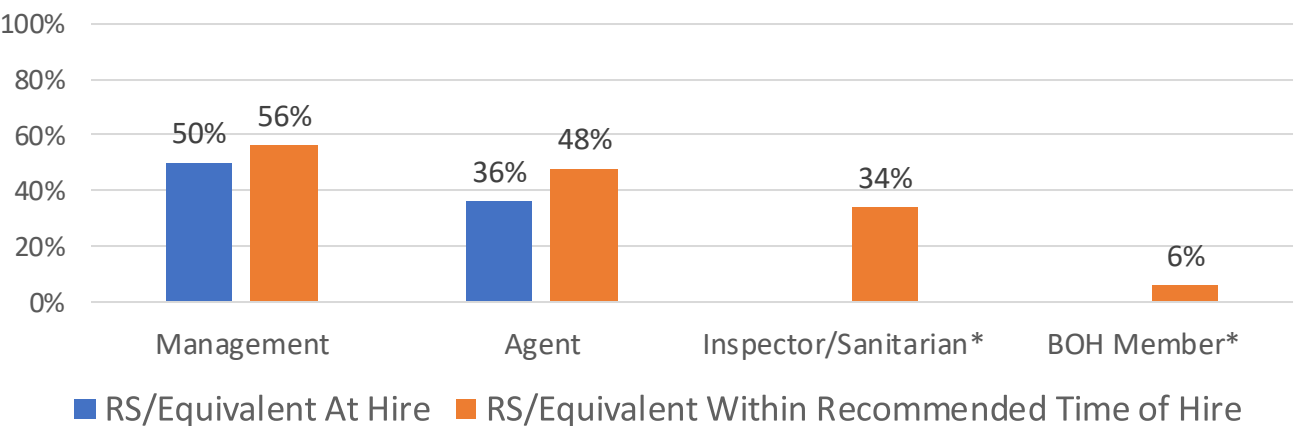


- Of the 143 respondents in Inspector/Sanitarian positions who reported they conduct Food Protection inspections, 88% had completed the necessary ServSafe training.



- Self-reported data show those who conduct inspections fall far short of the Registered Sanitarian (RS) or equivalent requirement as listed in the workforce standards

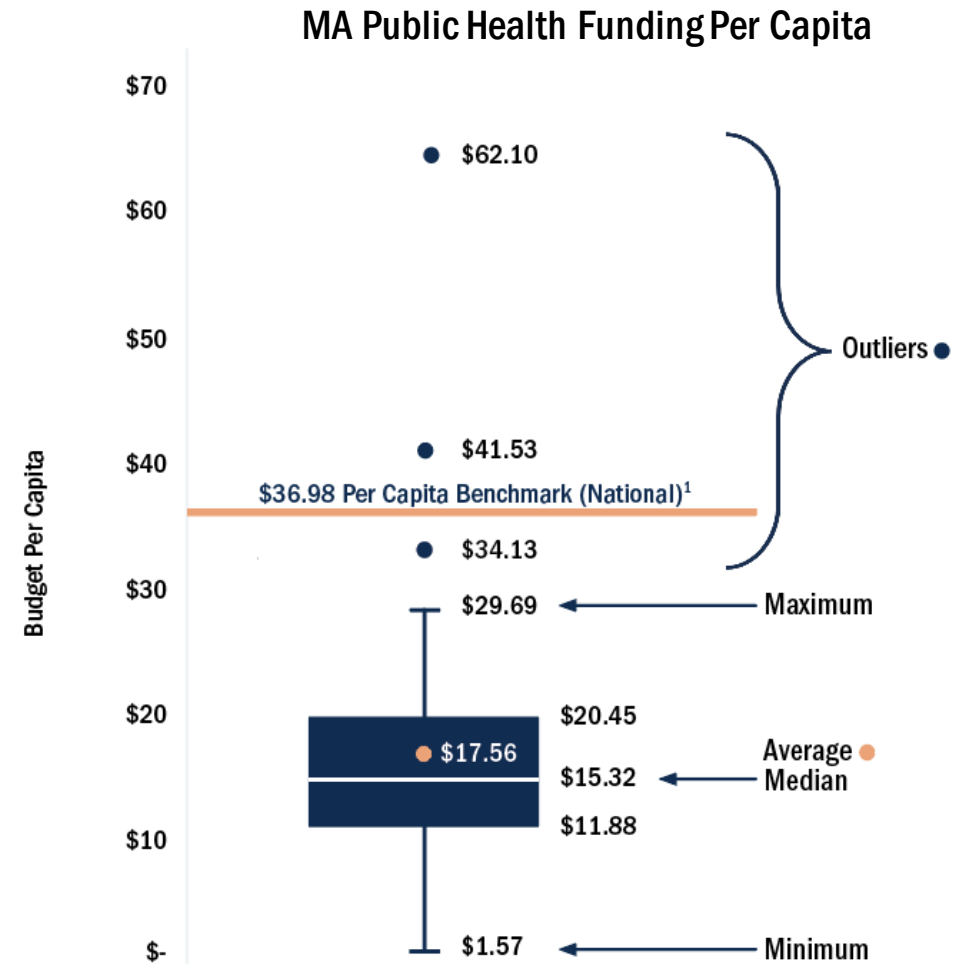
Those Who Conduct Inspections Who Have RS or Equivalent At/After Hire



*No data available

Summary Report Key Findings

- Inequity in LPH funding requires increased and tailored investment at all levels - Federal, State, and Local
- Analysis revealed significant disparity in funding: self-reported budgets for SSAs (combined municipal and grant) range from \$76,111 to \$8,135,480, with an average of \$2,521,940
- Out of the 50 SSAs, only two SSAs reported funding that exceeded the nationally recommended \$36.98 per capita*

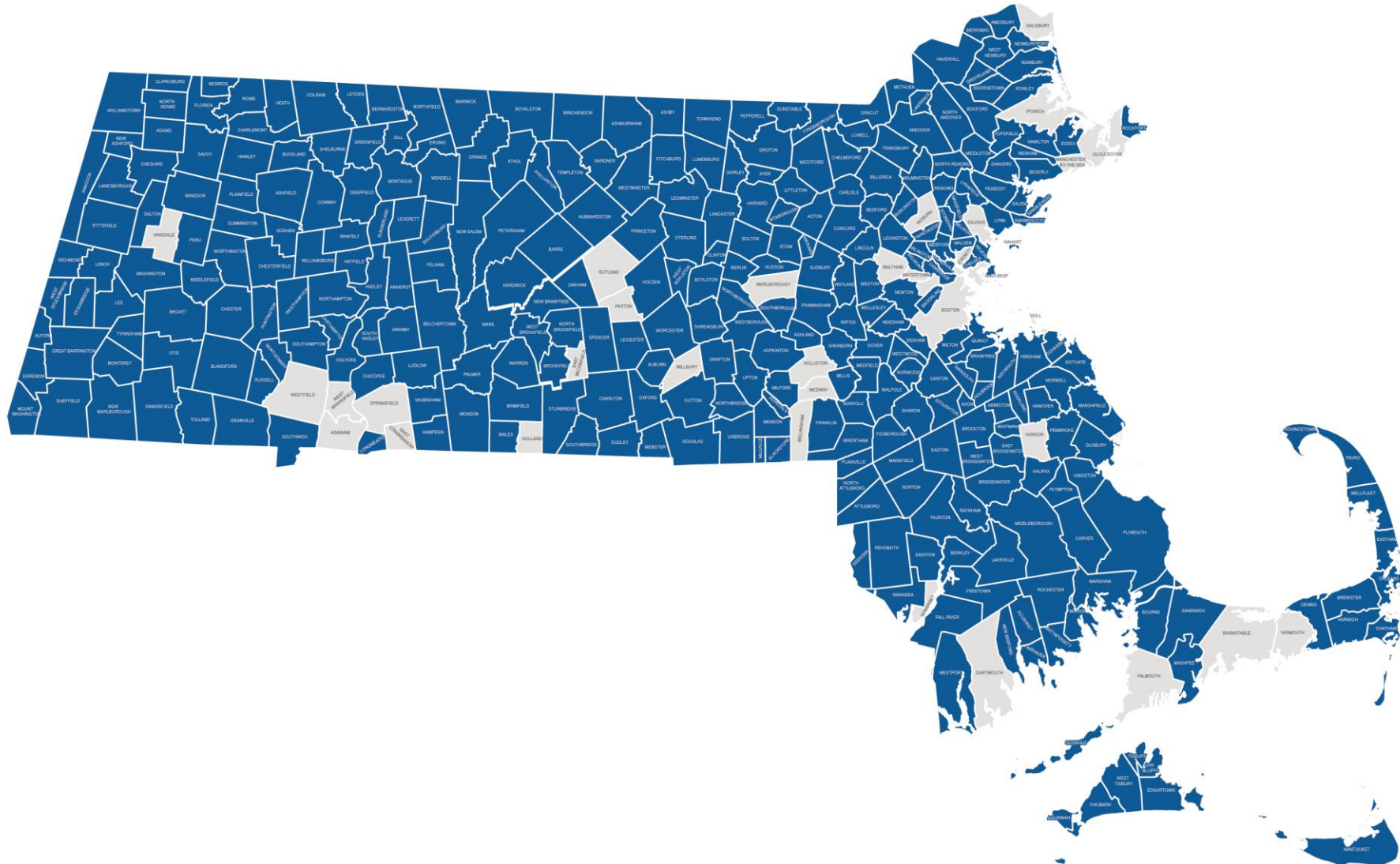


*[According to current national research](#), local health departments' municipal budgets should be at least \$36.98 per capita (estimates adjusted for inflation) to establish even the basic public health capacities within an SSA.

Summary Report: DPH-OLRH Initiatives (1)

| Finding | Public Health Excellence Shared Services Grant Program Initiatives |
|--|---|
| Primary needs identified are staffing and training | <ul style="list-style-type: none">Funding shared services arrangements through the Public Health Excellence grant program (PHE) to support hiring of new staff and staff training |
| Budget Needs | <ul style="list-style-type: none">\$13.8M distributed in FY '23\$23.5M will be distributed in FY '24, including additional funds based on needs identified through the Capacity Assessment |
| Data reported back to municipalities specifically identified programmatic areas where sharing was possible | <ul style="list-style-type: none">Supporting further integration of existing programs and services |
| Gaps in meeting Performance Standards | <ul style="list-style-type: none">Supporting Shared Services Arrangements to use a quality improvement lens to make manageable, incremental steps toward achieving the standards |

Summary Report: DPH-OLRH Initiatives



Summary Report: DPH-OLRH Initiatives (2)

| Finding | Workforce Development Initiatives |
|--|---|
| Demonstrated shortfall between current attainment of credentialing and newly sought standards | <ul style="list-style-type: none">• Promote online learning management systems TRAIN Massachusetts and LPHI for technical training and upskilling• Variance request process for experienced staff |
| Diverse solutions needed to address considerable gaps in education, training, and credentialing across all position categories | <ul style="list-style-type: none">• 10 Training Hubs for standardized hands-on training, focused on an up-to-date MASS PHIT Food, Housing, and Wastewater systems trainings• Developing a Fellowship model to link diverse candidates and community colleges• Careers of Public Health website for local public to recruit pipeline, retain a diverse workforce |
| Staff who report their race as "Other", "Two or More", and "Asian" are proportionally underrepresented in the workforce | <ul style="list-style-type: none">• Capacity Assessment data findings will be used to inform inclusive recruitment and retention strategies• Academic Public Health Corps connects local health departments with diverse public health students looking for “real world” experience" to build in-demand skills. |

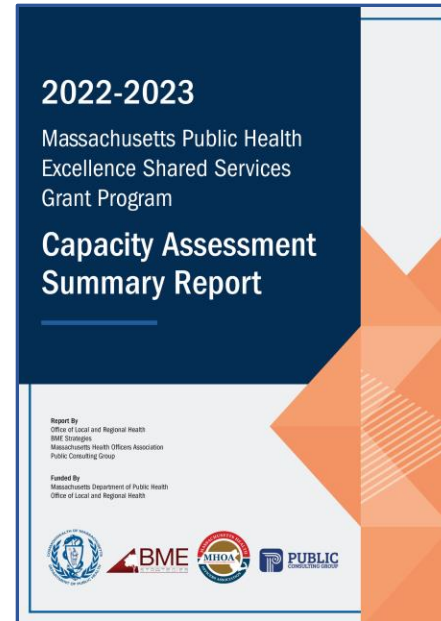
Existing DPH-Wide Initiatives that Support LPH

- Regional Tobacco Program Grants
- Mass in Motion
- Senior Epidemiology Advisor to Local Health
- Epidemiology and Laboratory Capacity Grant
- Senior Field Operations Coordinators (4) in Bureau of Climate and Environmental Health
- Public Health Emergency Preparedness Funding

Now Available



Phase 1
Performance Standards
(online and downloadable)



Statewide
Capacity Assessment
Summary Report

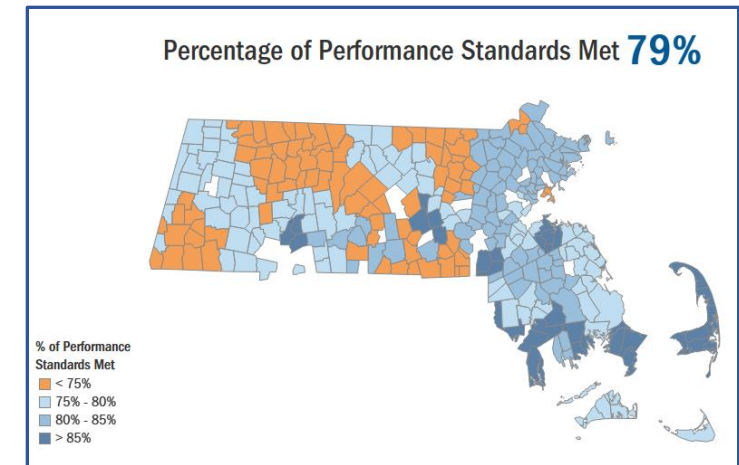
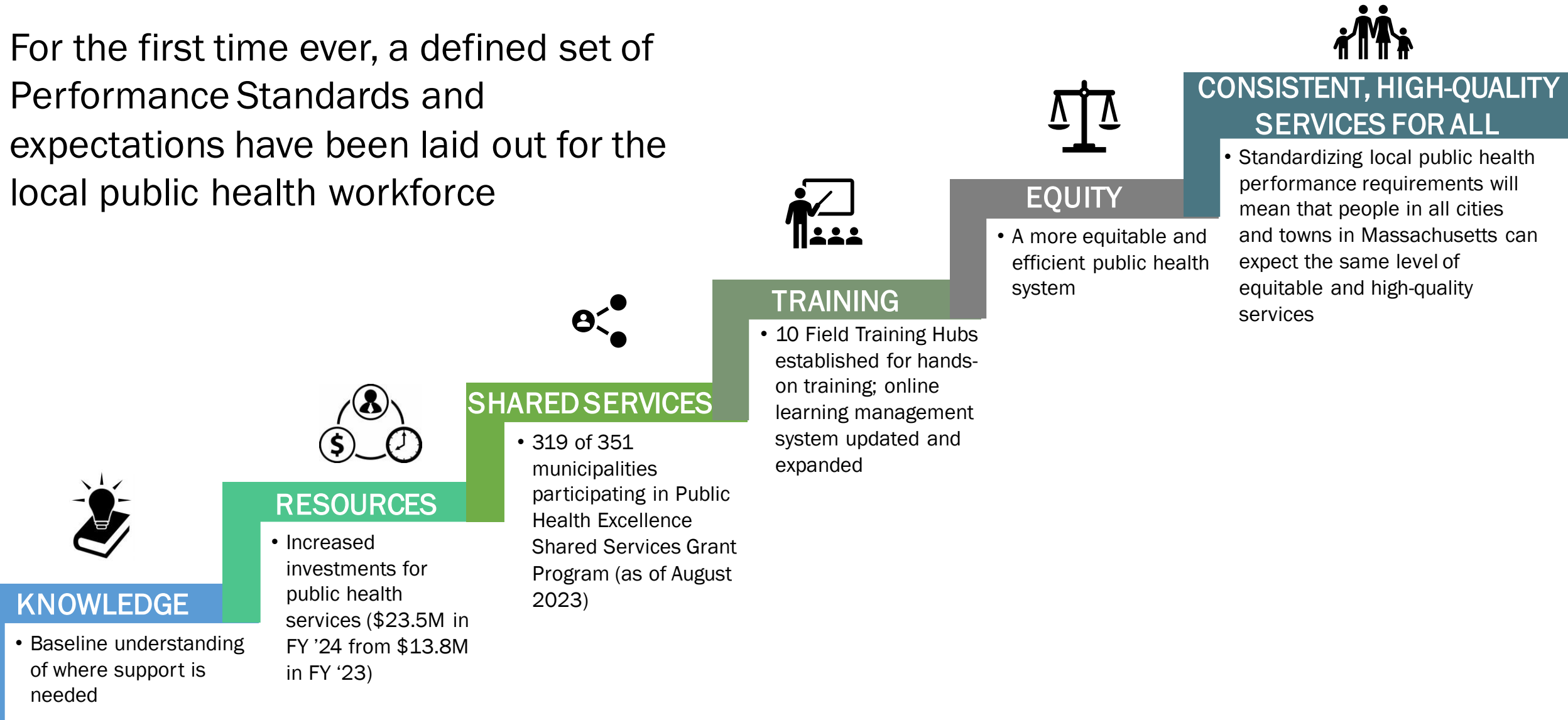


Tableau Portal
with Capacity
Assessment data

Next Steps: What This Means for Massachusetts

For the first time ever, a defined set of Performance Standards and expectations have been laid out for the local public health workforce



Next Steps: Looking Ahead

- Linking Capacity Assessment data to concrete action plans and resources contribute to more targeted interventions and equitable local public health system in Massachusetts
- Coming Fall '24: Capacity Assessment Round 2
 - Including areas of Foundational Public Health Services
 - More focus on equity
- Support with next iteration of the Performance Standards
 - Determine how to evaluate success or competence in delivery of selected Foundational Services

Questions?



Thank you for the opportunity to present this information today.

Please direct any questions to:

Samuel S. Wong, PhD

Director

Office of Local and Regional Health

samuel.s.wong@mass.gov



Massachusetts Department of Public Health

Bureau of Family Health and Nutrition Services and Supports for Families Experiencing Homelessness

Elaine Fitzgerald Lewis, DrPH, MIA

Director, Bureau of Family Health and Nutrition

State Title V MCH Director

Agenda

- Overview of the Bureau of Family Health and Nutrition (BFHN)
- Maternal and Child Health (MCH) Title V infrastructure
- Impact of homelessness on families
- BFHN programs and services supporting families experiencing homelessness
 - F.O.R Families Program (Follow-Up, Outreach, Referral)
 - WIC Program
 - Community Support Line
- Partnerships
- Q&A

Overview of Bureau of Family Health & Nutrition and Maternal & Child Health Title V Infrastructure



BFHN Aim Statement

Advance and sustain equity for Bureau of Family Health and Nutrition (BFHN) staff and the communities and families we serve by dismantling structural racism and co-creating healing centered policies, practices, and social norms.



Title V Block Grant

- Access to quality care, especially for people with low-income or limited availability of care
- Assistance in the reduction of infant mortality
- Access to comprehensive prenatal and postnatal care for women, especially low-income and at-risk pregnant women
- An increase in health assessments and follow-up diagnostic and treatment services
- Access to preventive and childcare services as well as rehabilitative services for certain children
- Family-centered, community-based systems of coordinated care for children with special healthcare needs
- Toll-free hotlines and assistance in applying for services to pregnant women with infants and children who are eligible for Title XIX (Medicaid).

[HRSA Title V MCH Block Grant video](#)





Massachusetts Title V Mission Statement

The Maternal and Child Health Block Grant, also known as Title V, is dedicated to **improving family health** and **well-being across generations**.

Title V enables the Department of Public Health (DPH) to **develop, implement, and evaluate policies and programs** for pregnant people, parents, caregivers, infants, children, and youth, including those with special health needs.

Title V serves as a funder, convener, and collaborator to **promote family-driven, equitable, evidence-based, and data-informed services and programs**. Furthermore, Title V's vision and strategy is grounded in DPH's commitment to **eliminating institutional and structural racism**.

Our Maternal & Child Health Title V Priorities for 2020-2025



Racial Equity

Eliminate institutional and structural racism in DPH programs, policies, and practices to improve maternal and child health.



Substance use prevention

Prevent the use of substances, including alcohol, tobacco, marijuana, and opioids, among youth and pregnant women.



Healing-centered systems

Support equitable, healing-centered systems to mitigate the effects of trauma (i.e., racial, historical, family, childhood).



Mental health & emotional well-being

Strengthen the capacity of the health system to promote mental health and emotional well-being.



Social determinants of health

Eliminate health inequities caused by unjust social, economic, and environmental systems, policies, and practices.

Our Maternal & Child Health Title V Priorities for 2020-2025



Nutrition & physical activity

Foster healthy nutrition and physical activity through equitable system and policy improvements.



Health transition

Support effective health-related transition to adulthood for adolescents with special health needs.



Sexual & reproductive health

Promote equitable access to sexuality education and sexual and reproductive health services.



Father, youth & family engagement

Engage families, fathers, and youth with diverse life experiences through shared power and leadership to improve health services and outcomes.

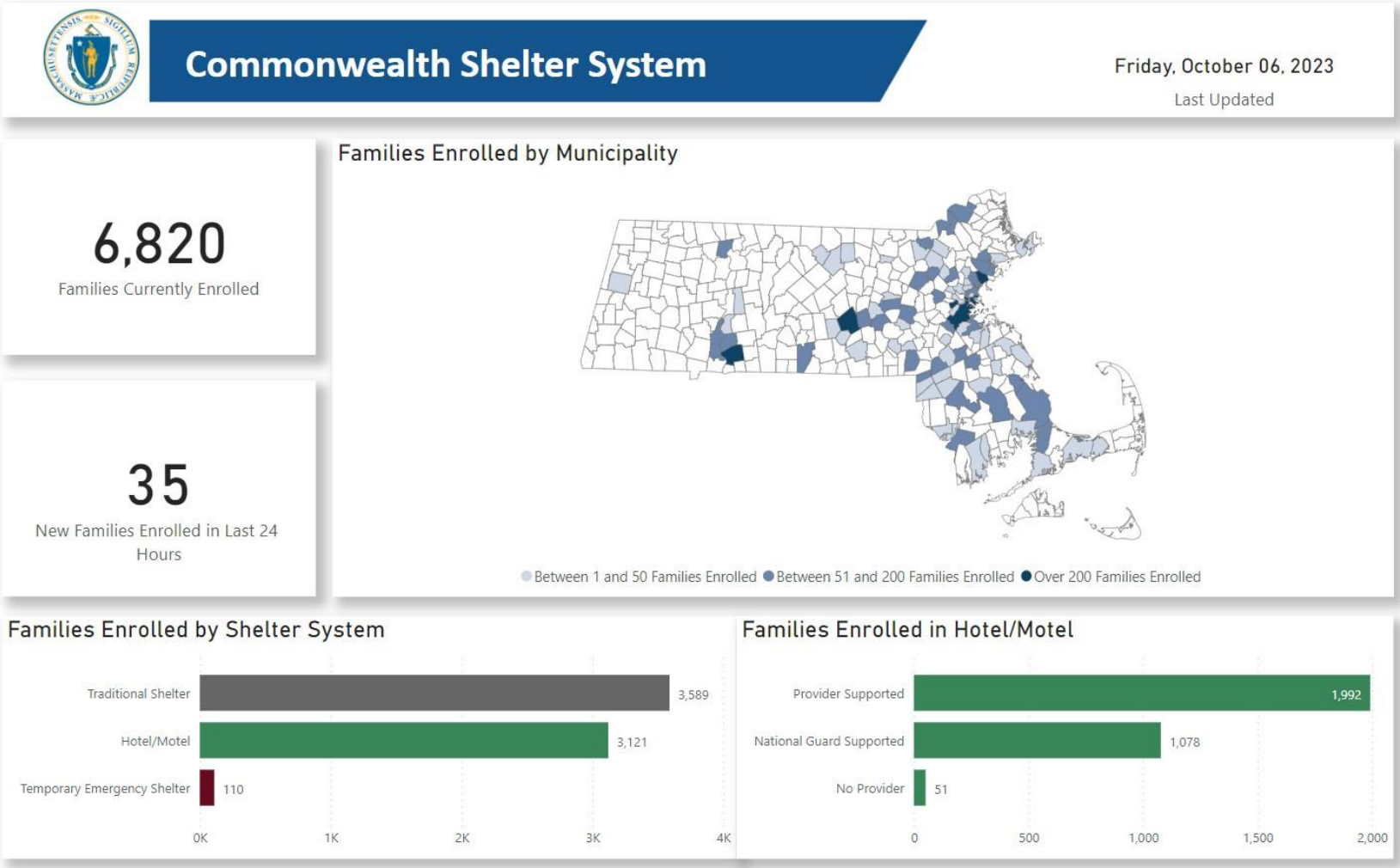


Maternal morbidity & mortality

Reduce rates of and eliminate inequities in maternal morbidity and mortality.

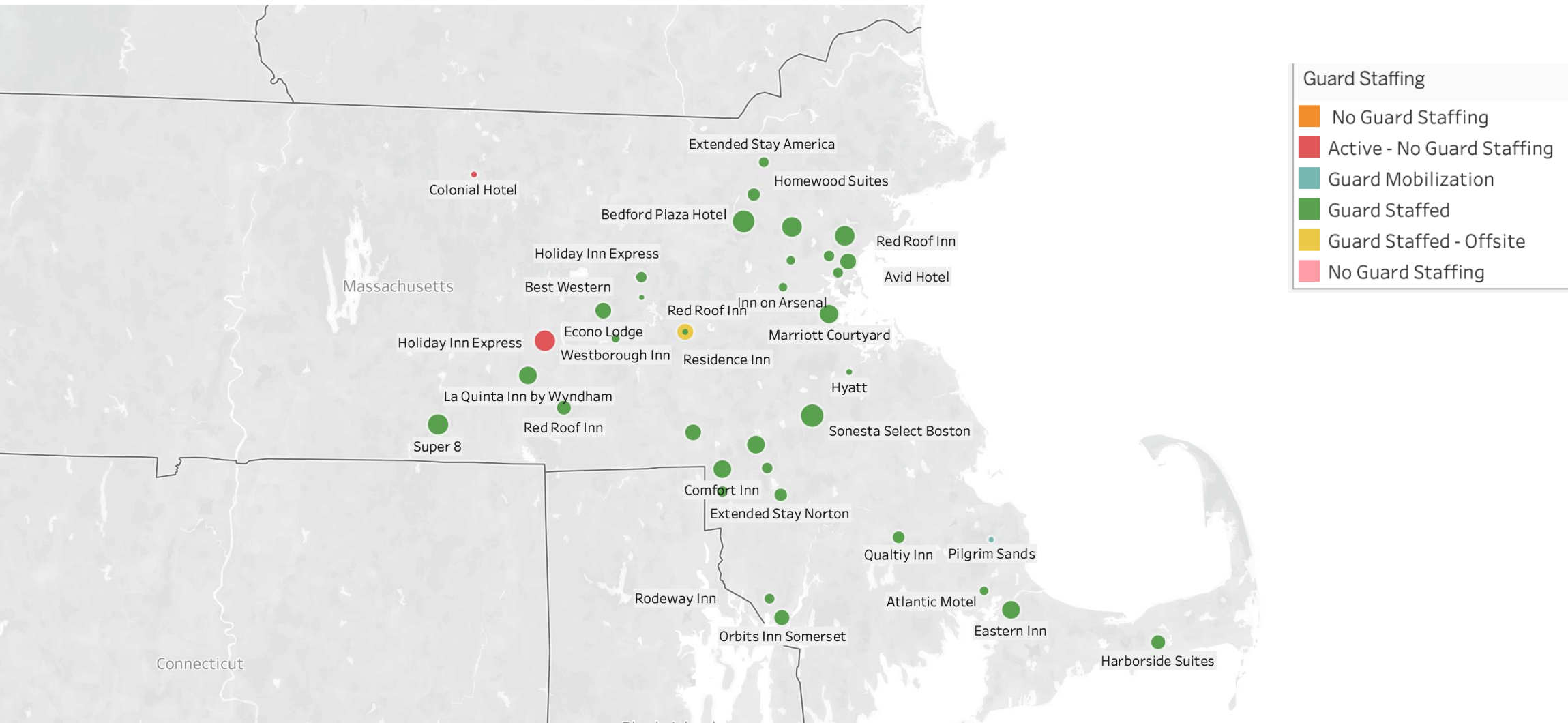
Impact of Homelessness on Families in Massachusetts

Emergency Assistance (EA) Family Shelter Resources and Data



www.mass.gov/info-details/emergency-assistance-ea-family-shelter-resources-and-data

Supplemental Shelter Map by Size & Status (September 29, 2023)



Supporting Migrant Families in MA

Housing agencies, hospitals, health centers, and local non-profits are experiencing significant challenges in adequately serving the influx of migrant families and meeting their complex needs. Challenges include:

Language barriers

- Many families may be unfamiliar with the process for using interpreters
- Difficulties for families in receiving and exchanging information with interpreters over the phone in hotels with poor phone reception and loud background noise

Lack of access to transportation

- Many hotels are in areas that are not walkable or lack public transportation
- Many newly arrived migrant families are not familiar to the US or the locations of the hotels
- Transportation to medical appointments can be unreliable as the demand has overwhelmed the EOHLC vendor

Lack of access to benefits, services, and technology

- Families may not have access to primary or pediatric care, or basic benefits (TAFDC, SNAP, WIC, MassHealth, etc.)
- Challenges in obtaining immigration appointments in a timely manner
- Families may not have a cell phone at all and if they do have a phone, families must rely on hotel Wi-fi

Food insecurity

- Initially, for newly established hotel shelters – access to regular, healthy, and appropriate foods
- Lack of access to healthy balanced meals that are also culturally appropriate or relevant

Supporting Migrant Families in MA

- Healey-Driscoll Administration awarded \$1.75 million to implement Immigrant Assistance Services (IAS), a new program designed to assist newly arrived immigrants with work authorizations and services.
 - IAS is a collaborative program between EOHLC and the Office of Refugees and Immigrants (ORI), administered by the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA)
- EOHHS and EOHLC have established workstreams to manage the arrival of migrant families in addition to MA residents requiring shelter in Massachusetts.
- DPH Emergency Operations Plan (EOP) to coordinate public health-related activities across MDPH offices and bureaus



BFHN Programs and Services Supporting Families Experiencing Homelessness

Bureau of Family Health and Nutrition



Division of Pregnancy, Infancy, and Early Childhood (DPIE)

Promotes healthy, safe and nurturing environments for children, birthing people, and families by providing direct services, research, and policy development.



Nutrition Division

Helps ensure that all families have the healthy foods they need, and the knowledge, resources, and care necessary to live healthy lives.



Early Intervention Division (EI)

Supports families and caregivers with infants and toddlers at risk of developmental delays to enhance their child's learning and development.



Division for Surveillance, Research, and Promotion for Perinatal Health (DSRPPH)

Focuses on the surveillance, research, training, and health promotion of perinatal health to improve health outcomes for all pregnant people, children, and families.



Division for Children & Youth with Special Health Needs (DCYSHN)

Promotes the health and well-being for children and youth with special health needs and collaborates with families and providers to address a range of medical, developmental, and behavioral conditions.



Division of Maternal and Child Health Research and Analysis

Aims to enhance the health of infants, children, caregivers, and families by leveraging partnerships and data-driven insights to inform policies and decision-making.

F.O.R. Families Program

- F.O.R. Families Program (Follow-up, Outreach, and Referral) is a home visiting program that aims to **help families transition from homelessness to stable permanent housing.**
- It is a joint program between the Massachusetts Executive Office of Housing and Livable Communities (EOHLC) and the Massachusetts Department of Public Health (DPH).
- Funding is provided by EOHLC to serve families in Emergency Assistance shelters within the Commonwealth.



F.O.R. Families Program — Team

- Program Director
- Clinical Coordinator
- (2) Home Visitors Western Region (bilingual, Spanish)
- (2) Home Visitors Northeast Region (bilingual, Spanish)
- (3) Home Visitors Greater Boston
- FY24 temporary contract positions to assist in supplemental shelters:
 - (1) Lead Home Visitor
 - (5) Home Visitors (including 2 bilingual, Haitian Creole and 2 bilingual, Spanish)



F.O.R. Families Program — Case Load (October 6, 2023)

| Hotel | Total Families | Pregnant | Ages 0-5 | Ages 6-12 | Ages 13-18 |
|---------------------------------------|----------------|-----------|------------|-----------|------------|
| Comfort Inn Plainville | 55 | 7 | 54 | 20 | 10 |
| Super 8 Sturbridge | 60 | 3 | 58 | 38 | 14 |
| Homewood Suites Billerica | 24 | 1 | 24 | 8 | 6 |
| Bedford Plaza Hotel | 81 | 12 | 72 | 28 | 18 |
| Extended Stay Norton | 24 | 3 | 23 | 3 | 3 |
| Totals week ending 10/6/23 | 244 | 26 | 231 | 97 | 51 |

F.O.R. Families Program — Priorities



**Family safety
and wellbeing**



**Food security
and basic needs**



**Public benefits
Enrollment**



Healthcare access



**Connection to
local resources**



Transportation



**Child enrollment and
attendance in school**

F.O.R. Families Program — Home Visitors & Services

How do F.O.R Families home visitors support families?

- Home visitors work closely with families to identify their needs through conducting assessments and making referrals to community resources
- They collaborate with community-based organizations, volunteer groups, and faith-based organizations to provide families with transportation, food, clothing, and other basic needs
- Service coordination and referrals to mainstream services include:
 - WIC*
 - Early Intervention*
 - Primary health care
 - Domestic violence services
 - School enrollment
 - Mental health services
 - Substance use treatment
 - Supports and services for children and youth with special health needs (i.e., Community Support Line, Care Coordination)*

Note: * Programs housed within Bureau of Family Health and Nutrition



Challenges for Families and Home Visitors in the EA Shelter Program

Challenges in navigating healthcare system

- Receiving timely prenatal care, or securing doctor appointments
- Finding providers, including obstetricians and pediatricians, who accept new patients with MassHealth
- Referrals to healthcare systems that are already overwhelmed

Lack of social support system

- Home visitors become trusted supports; many families rely on home visitors as "emergency contacts" at schools or hospitals

Home Visiting capacity and resources

- Rapid deployment and constantly changing AOR - home visitors must quickly learn about newly assigned communities and locating / connecting with local resources for families
- Home visitors are balancing multiple, complex needs that would typically involve long-term case management. Currently, home visitors have had to quickly screen and elevate priority issues (health, pregnancy, school enrollment, etc.) and move to the next hotel.



Anne's Story

Women, Infants, and Children Nutrition Program (WIC)

What is WIC?

- WIC is a nutrition program that provides healthy foods, nutrition education, breastfeeding support, and referrals to healthcare and other services, free of charge, to families that meet income guidelines.

Who is eligible for WIC?

- Children under the age of five, pregnant individuals, breastfeeding individuals up to 12 months postpartum, and non-breastfeeding postpartum individuals up to six months postpartum are categorically eligible to participate.

Highlights

- In Massachusetts, WIC services are provided by 31 local programs, with about 120 sites across the state.
- More than 40% of all infants born in Massachusetts participate in the WIC program during their first year of life.
- Currently, the program is serving about 127,000 individuals each month.



WIC Program — Services & Benefits

Certification Appointments

- Individuals receive a thorough health and nutrition assessment, tailored nutrition education, and referrals to address any identified health or social needs.
- Recertifications are required annually or when a pregnant participant becomes postpartum.

Food Benefits

- Participants receive a set of food items (rather than dollars) specifically targeted to meet their nutritional needs.
- Participants receive these benefits electronically and are accessible through the WIC Card, which can be redeemed at more than 800 retailers across the state

How are benefits and services provided?

- WIC benefits are issued in 30-day increments and families typically receive three months of benefits at a time.
- WIC services are provided in a hybrid model; new families are offered in-person appointments to ensure adequate assessment and orientation to the program.



WIC Services for Families in Shelters

- Assessing growth and pregnancy weight gain and other nutrition-related health concerns before participant has primary care
- Supporting maximizing food access by teaching families how to use WIC and SNAP together
- Providing education on feeding families with limited cooking and food storage facilities
- Supporting breastfeeding with access to peer counselors and lactation consultants when needed
- Assessing safe preparation of infant formula
- Making referrals to other services (e.g., Early Intervention, FOR Families, CBOs)
- Supporting safe sleep practices for infants

WIC Program — Support for Families

WIC Services for Families Facing Homelessness

- WIC local programs have historically supported families without housing as part of the routine clinic flow at WIC clinics. WIC food packages can be tailored to support families with limited food storage or cooking facilities.

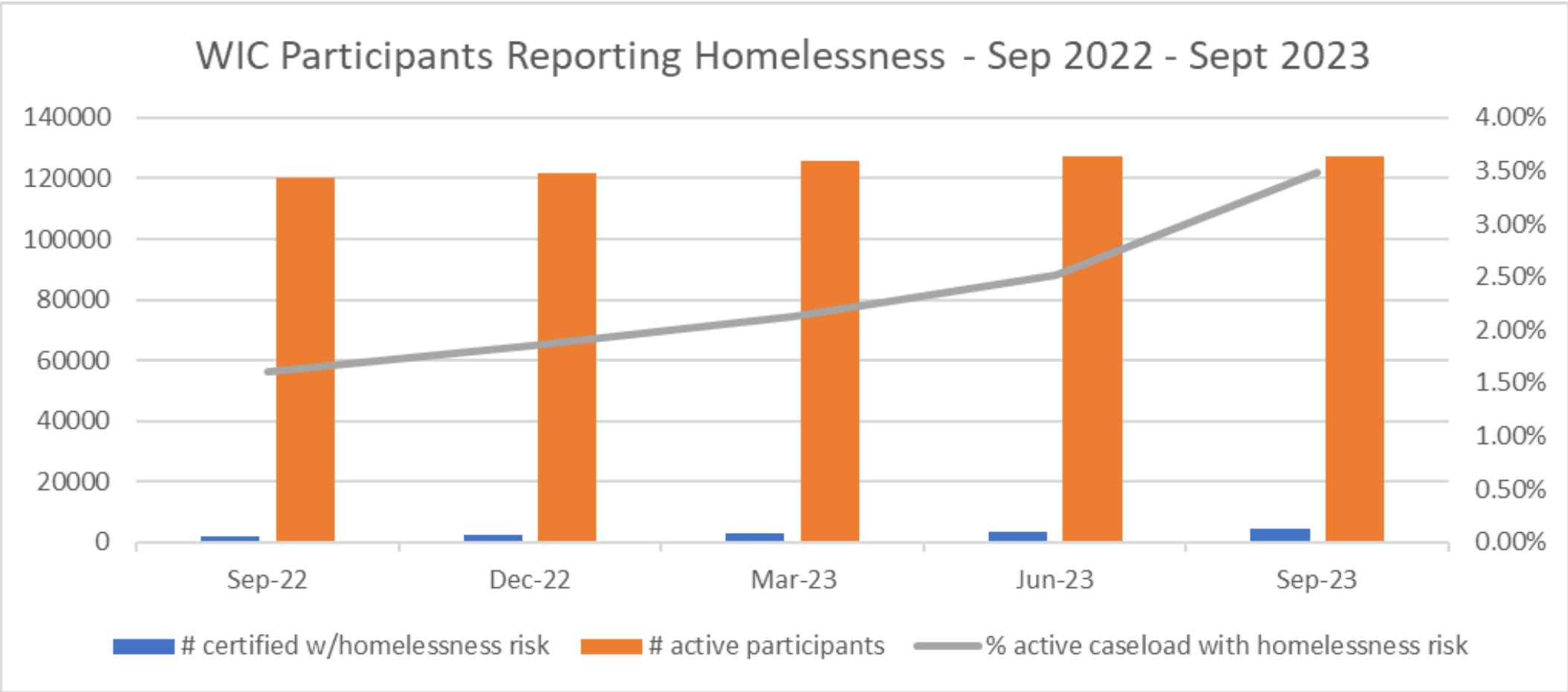
Certification Appointments at Hotel Shelters

- WIC services including certification is typically center based; WIC is not a home visiting program
- Program flexibilities: Families living in shelters are encouraged to seek in-person services at a WIC clinic if they are within walking or public transit distance. As most shelters are not located close enough to a clinic, most local WIC programs are providing certification appointments and issuing benefits on-site at hotel shelters. For any remote appointments conducted, WIC cards are delivered to the hotel.

Collaborations with Hotels and Community Partners

- Local WIC community coordinators are supporting collaborations with hotel providers and other community partners.

WIC Participants Experiencing Homelessness



Challenges for Families

Lack of access to technology and resources

- Connecting with families at supplemental hotels can be challenging, especially if families do not have phones
- The WICShopper app is very helpful when families are at the store buying WIC foods, but some families do not have a smartphone
- Some WIC benefits require cooking and refrigeration, although foods can be tailored to meet the needs of families in shelter

Lack of access to transportation

- WIC benefits need to be used at WIC retailers, which may not be easily accessible to many hotels
- Reaching families for follow-up visits after three months has proven challenging, especially when families are moving between shelter sites

Challenges with staffing capacity and bandwidth

- WIC local program staffing has been strained since the pandemic and providing services onsite at shelter adds significant strain



A vintage map of South America, showing the continent's major countries and cities. The map is titled "SOUTH AMERICA" in large, bold, serif capital letters across the top. Below the title, the names of several countries are prominently displayed: "BRAZIL", "PERU", "BOLIVIA", "PARAGUAY", "CHILE", and "URUGUAY". Numerous cities are marked with dots and labeled, including Lima, Cusco, La Paz, Santa Cruz, Asuncion, and Rio de Janeiro. The Amazon River is shown flowing through the northern part of the continent. The map also includes latitude and longitude lines, with labels like "Tropic of Cancer" and "Tropic of Capricorn". The title "A Father's Story" is overlaid in the bottom left corner in a white, serif font.

A Father's Story





| | |
|----------|----------|
| Importe | 800,00 € |
| 120,00 € | 120,00 € |
| 50,00 € | 50,00 € |
| 15,00 € | 15,00 € |
| 500,00 € | 500,00 € |
| 273,00 € | 273,00 € |
| 80,00 € | 80,00 € |
| 50,00 € | 50,00 € |
| 100,00 € | 100,00 € |
| 50,00 € | 50,00 € |
| 12,00 € | 12,00 € |
| Importe | 250,00 € |

Consuables

ales

ales



Community Support Line (1-800-882-1435)

- Families with children and youth with special health needs (CYSHN) can call the Community Support Line to speak to a resource specialist and receive an assessment in their preferred language that includes questions about their housing situation.
- If any housing-related needs are identified in the assessment, the resource specialist researches information to identify resources specific to the family situation such as Care Coordination program at DCYSHN
- DCYSHN resource specialist can refer families to their local agencies and help them overcome any potential barriers to accessing services. Some housing-related resources include:
 - Regional Admin Agency: Section 8, MRVP, RAFT, HCEC
 - Local Housing Authority: Public Housing, Section 8, MRVP, AHVP
 - Emergency Shelter Assistance for families and individuals
 - Community Action Agency Fuel Assistance/LIHEAP
 - Weatherization Services
 - Heating System Services
 - Housing Mediation
 - Legal Help



Mary and Eva's Story







CARL AND RUTH SHAPIRO AMBULATORY CARE CENTER



Partnerships & Collaborations

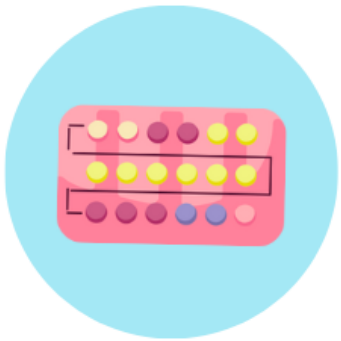
Supporting Families Experiencing Homelessness

Partnerships & Collaborations

- Executive Office of Housing and Livable Communities (EOHLC)
- Department of Elementary and Secondary Education (DESE)
- Department of Children and Families (DCF)
- Department of Transitional Assistance (DTA)
- MassHealth
- Office for Refugees and Immigrants (ORI)
- Department of Mental Health (DMH)
- Housing assistance agencies, school district, community agencies (churches, food pantries, community development programs)

Sexual and Reproductive Health Services

The **Division of Child/Adolescent Health and Reproductive Health** has been integrating their sexual and reproductive health providers into the broader network of primary care services accessible to migrant families, offering the following services:



Access to
contraception



Referrals to
prenatal care



Pregnancy testing and
options counseling



Treatment for minor health issues
requiring urgent response (i.e., UTI)



Access to
abortion services

Immunization for Families

The **Bureau of Infectious Disease and Laboratory Sciences (BIDLS)**, in collaboration with DPH partners, has implemented the following public health support services for individuals and families residing in EA shelters:



Immunization Assessment and MIIS Record Upload/Entry:

- Immunization assessments have happened in virtually all EA shelter sites, with remaining sites to be scheduled in the near future. (Effective 09/07/2023)



Pediatric Vaccinations

- 687 children have been vaccinated with each receiving an average of three vaccines. (Effective 09/08/2023)



Tuberculosis (TB) Testing

- 762 children have been tested with final results reported (Effective 09/29/2023)
- 15 out of 762 tested TB positive (2.0%). These children have TB infection, but zero children have been diagnosed with TB disease.

Resources Available on DPH website

[Home](#) > [Executive Office of Health and Human Services](#) > [Department of Public Health](#) > [Bureau of Family Health and Nutrition](#)

 OFFERED BY [Department of Public Health](#)

Resources for Supporting Families Experiencing Homelessness

Find local and state programs and services including food and nutrition resources, health insurance, and housing assistance to support children, birthing people, and families experiencing homelessness.



TABLE OF CONTENTS

- ✓ Immigration and legal assistance
- ✓ Food and nutrition resources
- ✓ Transportation
- ✓ Health care and insurance
- ✓ Housing
- ✓ Education and employment
- ✓ Domestic violence & sexual assault
- ✓ Children & youth

Feedback



Massachusetts Department of Public Health

Thank you

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Director, Bureau of Family Health and Nutrition

State Title V MCH Director



Massachusetts Department of Public Health

**Next Meeting:
November 8, 2023**