



General Committee Meeting

November 1, 2023

10:00 am to 12:00 pm

Zoom Meeting

Attendance

Felix Garcia (Acton), Rajit Gupta (Ashland), Marisa Morello (Bedford), Wesley Chin (Belmont), Sara Schaffer (Brookline), Mike Greene (Burlington), Nancy Porter (Cambridge), Jamie Goodrich (Canton), Linda Fantasia (Carlisle), Flor Amaya (Chelsea), Melanie Dineen (Concord), Kylee Sullivan (Dedham), Sabrina Firicano & Krista Costello (Everett), Bill Murphy (Framingham), Scott Moles (Holliston), Shaun McAuliffe, Simone Carter (Hopkinton), Eddie St. Louis (Hudson), Joanne Belanger and Alicia McCartin (Lexington), John McVeigh (Millis), Caroline Kinsella (Milton), Michael Boudreau (Natick), Tim McDonald, Ginnie Chacon-Lopez, and Tiffany Benoit (Needham), Shin-Yi Lao (Newton), Matt Tanis (Norfolk and Wrentham), Abbie Atkins and Stacey Lane (Norwood), Sopheaksosandy So and Jae Cho (Quincy), Ellen Hartnett (Sherborn), Taylor West (Southborough), Vivian Zeng (Sudbury), Melissa Reniri (Walpole), Abbey Myers and Shuang Shen (Watertown), Julia Junghanns (Wayland), Jennifer Murphy (Winchester), Alyson Roche and Meghan Doherty (Woburn), Emily Amico, Caeli Tegan Zampach (MRC), Kerry Clark and Teri Clover (MRPC), Liz Foley (MDPH OPEM), Garrett Simonsen and Steven Mauzy (4AB PHEP)

Meeting Minutes

- Tim McDonald (Needham) opened the meeting at 10:03 am.

I. Approval of September 27th GC Meeting Minutes

- Caroline (Milton) alerted the coalition to a misspelled name in the minutes. Nancy (Cambridge) made a motion, seconded by James (Canton), to accept the meeting minutes with an edited name – motion approved.

II. HMCC Updates (Teri Clover, Kerry Clark, MRPC)

- Kerry updated that the next HMCC Stakeholder meeting will be Wednesday, December 6th in Needham from 11 am to 2 pm, and will bring the disciplines together and discuss BP5 goals and best practices.
- Quarterly reports were due Friday, October 27th, for all programs and were submitted on time.
- Regional hospitals are seeing an uptick in patient admissions, largely due to influenza-like illnesses.

III. DPH Updates (Liz Foley, MDPH OPEM)



- Liz updated that MDPH has a new viral respiratory illness dashboard that is less COVID-19 focused and more inclusive of other respiratory viruses:
<https://www.mass.gov/info-details/viral-respiratory-illness-reporting>
- Liz reported that MDPH OPEM staff returned from a national meeting of the Association of State and Territorial Health Officials last week and reported many conversations about the next cooperative agreement. We are in year five of a five-year cooperative agreement, and the PHEP grant will restart next July. Federal partners are working to streamline the PHEP application, and while deliverables will not be directly aligned with the Hospital Preparedness Program, priorities and capabilities will hopefully dovetail together.
- The MDPH Resource Unit has been pushing out COVID-19 test kits to facilities with at-risk populations.
- Liz touched on the multidisciplinary webinar from the Governor's office last week addressing Emergency Assistance Sheltering. MDPH has worked on developing a health and safety prioritization method to identify those who are most at-risk or vulnerable and ensure needs are being met despite capacity constraints.

IV. PHEP Funding for Emergency Assistance Family Sheltering (*Garrett Simonsen*)

- Tim (Needham) opened the discussion by summarizing the status of proposed assistance related to community emergency shelters. At the last General Coalition (GC) meeting, the coalition voted to trust the EC and staff to develop a plan to meet community needs within the parameters of PHEP funding. As a result, staff developed a plan for a contractor to provide technical assistance, as many of the resources needed would not be fundable using PHEP dollars. However, after a conversation with MDPH, funds may not be used to support shelter operations directly or to complete an after-action review of local emergency assistance sheltering. The only expenses approved to date in other regions are translation devices. In the discussion, Joanne (Lexington) asked what to do with previously approved reallocations. The funds have not been officially reallocated since the next budget modification deadline has not passed; however, unspent salary will still need to be spent down.

V. Planner Updates (*Garrett Simonsen, Steven Mauzy, PHEP Planners*)

- Garrett updated that in Budget Period 5, key deliverables for local public health are focused on developing an understanding of public health mass care capability and also the integration of health equity into whole community planning. The planners reviewed publicly available local hazard mitigation plans to inform the project for this budget period. In the review, the planners sought to identify common hazards that could require a public health mass care response and to determine one or two hazards for focused public health and disproportionate impact mitigation planning. This project is an opportunity to develop a hazard-focused health action plan for hazards with a mass care associated response using a whole community approach and applying a health equity lens.



- Planners found that 75% of community hazard mitigation plans were available online. In reviewing plans for hazards that lend themselves towards a mass care response, and specifically, those with public health response roles, extreme temperatures or extreme heat rose to the top. All but one plan documented extreme temperatures or heat; the outlier only documented cold weather events. From there, the planners examined mitigation measures related to extreme temperatures or heat. Most mitigation measures addressed the physical environment or infrastructure (e.g., tree canopy to address heat island effect). Very few plans addressed the health impacts or the disproportionate impacts of extreme heat. Also, plans were more likely to mitigate the probability of risk and community impacts than to mitigate human impacts. After review, extreme temperatures or extreme heat would lend themselves as hazards to additional work around public health mitigation planning and health action planning. The planners also searched for information on municipal websites about extreme temperatures or extreme heat; only 10 (16.7%) of towns had a dedicated page with information about how to plan for extreme temperatures and how to respond as an individual or as someone who is at higher risk and who may be disproportionately impacted by the hazard.
- Garrett introduced a proposed scope of work to engage a contractor to work with the coalition on extreme temperatures action planning. The first step is conducting an extreme temperatures/heat action planning survey to gather information on the extent to which municipalities have done dedicated preparedness work on the hazard. The way the RFP is currently written will allow the opportunity to pursue either the broader option of extreme temperature planning or a more focused look at extreme heat. The second component of the RFP is the creation of community profiles that document higher-risk and disproportionately impacted populations to provide communities with access to good data on these populations. The third element of the RFP is for the contractor to deliver training and education on the hazard(s) to communities. Next, the contractor will conduct a mitigation planning workshop to document the public health mitigation strategies used to reduce the health effects for higher risk and disproportionately impacted populations. Another component of the scope of work is to create a template health action plan that communities can customize and for the contractor to hold an action planning workshop with agencies that serve local populations to evaluate the extent to which strategies reach the whole community. This workshop will go through the process of using and customizing the template, especially regarding using the community profiles in conjunction with the template.
- In discussion, Shin-Yi (Newton) appreciated the focus on disproportionately impacted populations, evaluation, and human health. Nancy (Cambridge) endorsed the plan and brought up a side effect of many medications: increased vulnerability to heat, which poses an increased risk for unhoused populations, in particular. Cambridge reached out to local shelters last summer on the subject. She elaborated: as public health, we don't discuss what heat does to the body enough, and in this part of the world, a culture shift will be needed on how we think about heat as climate change continues.



- In discussing changes to the budget, Garrett recapped proposed changes from last month. In September, the GC voted to reallocate \$128,622.13 to support EA sheltering. Of this, \$94,122.13 was from unspent salaries and wages line item. The proposed funding level for the Extreme Temperatures Scope of Work is \$110,000, and the current funding level is \$96,699. The Coalition will need to vote on the proposed project and a budget modification to reallocate \$13,301 from unspent salaries and wages to fund the project fully. Funds from the training line item and for NACCHO travel will be left in their original line items. Shin-Yi (Newton) motioned to approve the Extreme Temperatures project, and Joanne (Lexington) seconded. Nancy advocated that staff start planning for NACCHO, given the administrative lift. Early bird registration is open and ends in January. Joanne suggested allocating more money to the NACCHO line item, given the amount needed to be spent. Joanne made a motion to move \$13,301 from unspent salaries to fund the Extreme Temperatures project and to move \$23,000 from unspent salaries to fund additional travelers to NACCHO, for a total of \$26,301 to be reallocated from unspent salaries. Nancy (Cambridge) seconded the motion.
- Shaun (Hopkinton) has an intern who will reach out to communities supporting Emergency Assistance housing who can help coordinate services, supplies, and equipment. Nancy asked Shaun to send an equipment list once he has one so other communities can use the list as a template to prepare.

VI. MRC Updates

- Kerry updated that the HMCC is preparing to post the vacant MetroWest job description. Caeli (NC-8) hosted a training on Personal Preparedness and a whole community disaster training. Central Middlesex has been providing flu clinic support, supporting the shelter in Bedford, participating in health fairs, and getting volunteers badged. Sara (Brookline) has been running flu clinics, cleaning up the active volunteer list, and planning a few more trainings before the end of the calendar year.

VII. New Business

- Tim introduced the vacant EC seat; we would like to get volunteers and vote at the next meeting. Nancy welcomed anyone who has questions to reach out. The EC is currently evenly split 4A and 4B; nominations can come from any community.

VIII. Vote and Adjourn

- All communities voted in favor of the project, budget modification, and minutes, with the misspelled name correction. Shin-Yi (Newton) motioned to adjourn at 4:02 pm; James (Canton) seconded that motion.