



## **Executive Committee Meeting**

*April 30, 2024*

*10:30 am to 12:00 pm*

*Zoom Meeting*

### **Attendance**

Tim McDonald (Needham); Joanne Belanger (Lexington); Melissa Ranieri (Walpole); Natasha Waden (Arlington); Nancy Porter (Cambridge); Kerry Clark, Terri Clover (MRPC/HMCC); Garrett Simonsen, Steven Mauzy (Regional Planners); Liz Foley (MDPH OPEM)

### **Meeting Minutes**

- Tim McDonald (Needham) opened the meeting at 10:40 am.

#### **I. Approval of the April 22nd PHEP EC Meeting Minutes**

- Nancy (Cambridge) made a motion, seconded by Melissa, to accept the April 22nd EC meeting minutes— motion approved.

#### **II. PHEP Updates**

- Garrett opened by reviewing the requirements for the next Budget Period. This year's requirements look different than they have in previous years and can be distilled into six areas: risk assessment, response framework, hazard planning, training needs assessment, drills and exercises, and maintaining MCM readiness. The top hazards identified in the HVA fall into two categories: medical countermeasures (pandemic influenza, emerging infectious disease, and anthrax) and infrastructure failures (major hurricane, tornado, and a cyber attack scenario that includes power failure). The planners combined the previously proposed water, sanitation, and hygiene (WASH) scenario and power disruption scenario into a cascading infrastructure failure scenario. While MCM readiness is only specified for UASI communities, the planners advocate for MCM readiness in all communities.
- The proposed focus areas for the next budget period are Impact and Capability Assessment, Response Framework, Hazard Planning, and Integrated Preparedness Plan. The impact and capability assessment would be focused on developing and conducting a regional public health impact and capability assessment for priority hazards. This would be inclusive of conducting a review of local and regional risk and capability assessments, developing a public health impact and capability assessment tool and process, conducting an impact and capability assessment and documenting outcomes in the final report, and finally utilizing the information gained to inform the response framework, conduct hazard planning, and develop a multi-year integrated preparedness plan. This work would be carried out in two tracks, one focused on infrastructure hazards and the other on MCM hazards.
- Garrett asked whether we ask communities to pick a track or ask all to do both? The consensus was communities should have the opportunity to do both. Joanne (Lexington) commented on how we plan for rare scenarios, and it could be helpful to drill for something that might be more likely to be used at the local level, like measles. Nancy (Cambridge)



asked if the specific hazard matters. Certainly, nuances exist that are hazard-specific, but the response is fundamentally the same.

- The second focus area is developing a response framework. Projects in this focus area would include conducting a literature review and examining existing plans to identify model practices for a response framework; identifying required elements for the framework, such as using MRC volunteers; conducting an HSEEP-compliant planning workshop to develop the framework and a seminar with the coalition on using and implementing the framework; and providing technical assistance to integrate the framework into local plans. As part of the all-hazards public health response framework, the framework will document the required elements for responding to power disruption, WASH impacts, and MCM hazards.
- The third focus area is hazard planning, which would be inclusive of documenting planning assumptions for the public health impacts associated with priority hazards and the planning environment, including capabilities and capacities developed in shared service arrangements, local and regional utilities, and water services, shared nursing services, or at the regional 4AB level. As part of this track, the planners will develop community profiles for the hazards, documenting higher risk and disproportionately impacted populations, and documenting MRC roles associated with health impacts of priority hazards.
- The three previous focus areas would feed into an Integrated Preparedness Plan Workshop to develop a public health Multi-Year Integrated Preparedness Plan (MYIPP) for priority hazards. This focus area would include documenting plans to be developed or updated; training, drills, and exercises to be conducted; resources and equipment to be procured; and policy changes to be implemented.
- Potential budget items include staff; in-person seminar and workshop venues, materials, and speakers; epidemiology/data support; equipment and supply purchases related to public health impacts associated with priority hazards; direct community support, such as enhancing or supporting emergency notification systems and access and functional needs registries; MRC units; and NACCHO/travel.
- Liz introduced a discussion around the budget and requests for financial support from Brookline and Revere to support public health staff with emergency preparedness responsibilities. The committee decided to include the requests for direct community support in discussion with the General Coalition.

### **III. New Business**

- No new business

### **IV. Vote/Adjourn**

- Natasha (Arlington) made a motion to adjourn, seconded by Joanne (Lexington) - motion was approved.