**Region 3D North Shore Cape Ann Public Health Emergency Preparedness Coalition**

**Meeting Minutes**

Meeting Location: Via Zoom Conferencing

https://zoom.us/j/97797113534

Meeting ID: 977 9711 3534

Audio Call In – 1-646-876-9923

Thursday, February 17, 2022

2:00PM – 4:00PM

**Voting Members in Attendance (Virtual):**

Andrew Petty, Chair Marblehead Health Department

Bill Burke, Teresa Kirsch Beverly Health Department

Frank Giacalone , Judith Ryan Danvers Health Department

Rachel Belisle-Toler Gloucester Health Department

Rachel Lee Essex & Hamilton Health Departments

MJ Duffy-Alexander, Michele Desmarais, Norris Guscott Lynn Health Department

Pamela Crehan, Ellen Lufkin Manchester-by-the-Sea Health Department

Tracy Giarla Marblehead Health Department

John Coulon Nahant Health Department

Sharon Cameron Peabody Health Department

Leslie Whelan Rockport Health Department

David Greenbaum, Suzanne Darmody Salem Health Department

Teresa Riley-Singh Saugus Health Department

Jeff Vaughan Swampscott Health Department

Andrew Ting Wenham Health Department

**Non-Voting Members in Attendance (Virtual):**

Karen Contador BME

Anna Wielgosz BME

Beth Robert HMCC/MAPC

Liisa Jackson MRC Coordinator

Brad Downey MAPC

Brian Luther MAPC

Felicia Balbi MDPH

**Voting Members Absent:**

Dennis Palazzo Danvers & Hamilton

Kellie Keenan, Erin Kirchner Essex

Max Schenk Gloucester

Jennifer Almonte, Elaine D’Agostino Lynn

Antonio Barletta, Deborah Murphy Nahant

Chassea Robinson Peabody & Rockport

John Fralick Saugus

Greg Bernard, Maribeth Ting Wenham

**The following documents were used/referenced during the meeting:**

* Coalition Meeting Agenda for February 17, 2022.
* Coalition Meeting Minutes from January 26, 2021.

**Call to Order**

* Mr. Andrew Petty called the meeting to order at 2:00PM**.**

**Welcome & Introductions/Attendance Roll Call**

* Mr. Petty welcomed today’s meeting.
* Mr. Luther took roll and noted attendance.

**Concurrence Discussion**

* The PHEP Grant Notice of Funding Opportunity (NOFO) was issued on January 14th. The Local/State Advisory Committee (LSAC) met on February 2nd and again on February 16 to discuss the proposal.
* Community level deliverables remain the same, including participating in the HMCC, WebEOC drills, updating EDS drills and sites, and developing an AAR plan to inform implementation procedures. A new deliverable related to regional health equity has been created.
	+ There is an option for communities to conduct 3 SNS drills or do throughput drills. This will allow for the incorporation of COVID-19 into the drills.
	+ Other deliverables include sharing epidemiological data through MAVEN, supplying 24/7 contact list, and ensuring all communities are in ICS.
* The funding mechanism was updated to reflect the 2020 census. 3D is relatively level funded from last year. There were more changes in Western Massachusetts. 3D is expected to receive about $137,000.
* Discussion began amongst the group regarding concurrence.
* Mr. Petty suggests there is strength in information management and as it current have been communication from the governor’s office to local public health. There was pushback from DPH and the state saying communication issues will not be able to be addressed even though that is something that they have recognized as an issue.
	+ The grant is worth the ability to regionally communicate among towns, and to get funding for phones and iPads. Mr. Petty encourages coalition members to think of ways to help make change.
	+ Mr. Coulon supports Mr. Petty and agrees with his sentiments.
* Ms. Balbi says the governor is state’s COVID incident manager. Mr. Greenbaum wonders if a future change in administration will affect response at all to the situation.
* Mr. Petty says new people in the position have not been particularly helpful and hopes the MHOA will be following up with the new governor.
* Ms. Cameron says DPH has been as responsive as they can be, and understands the mechanisms that they have to communicate with communities.
	+ She feels the issues lie with the governor’s office not treating DPH with the respect they deserve. DPH is moving cautiously while operating in a political sphere, and don’t have the ear of the governor.
	+ She suggests the grant has been helpful in keeping her plans updated but does not think the coalition should remain if the only purpose is cell phone funding.
* Ms. Desmarais agrees with Ms. Cameron to a point. She recognizes DPH was pushed to the side from the governor’s level and she feels someone somewhere does need to take a stand demanding that more attention is paid to local public health.
* Mr. Giacalone said he received some assistance from DPH in his previous coalition and had no fault with what DPH was able to do. Agrees it is frustrating to have to revisit the same thing over and over. He thinks the grant is worth being able to meet monthly and collaborate.
* Mr. Vaughan agrees with Mr. Petty and is feeling frustrated that things are not going anywhere. The plans that he had developed were never used because of what the state chose to do.
* Mr. Burke thinks we need to change our organization’s objectives. It is for education, not for advocacy. He feels LPH has no leverage with the state to make demands. Group needs to have stronger organization, such as a union or advocacy group, organizations like MHOA.
* Mr. Greenbaum agrees with Mr. Burke and hopes that might change with future administration.
* Mr. Coulon reminds the coalition of some of the roles of MHOA and the coalition’s roles relative to their weight in developing state plans. MHOA is all volunteers and none of them are lobbyists.
* Ms. Ryan provided a nurses’ perspective. The largest issue is the time spent developing plans that were not considered or allowed to be enacted. Since the pandemic a lot of frustrations have come to light with state response. There were times when the coalition was more frustrating than it was helpful. If it is just for the phones, it is not worth it.
* Ms. Robinson discusses frustration with the local public health workforce. There should be an effort to help sustain workforce and help them process what they have been through. Especially as public trust in local public health is at an all-time low.
* Ms. Duffy-Alexander agrees with Ms. Ryan and Ms. Robinson. There are a lot of frustrations with how it played out. A lot of people are feeling tired and beaten down, working longer hours.
* Mr. Petty mentions that MAVEN needs to be updated since it crashes a lot and is not reliable.
* Ms. Balbi says the vote is for agreeing on whether you were consulted with the state when developing the NOFO.
* Mr. Petty advocates that everyone pushes MHOA and NEHA to be stronger advocates for local public health with the new administration. Mr. Greenbaum agrees getting them to have a more advocacy-based role would be helpful. Nurses can push at MHPHN. MHAB might be a good resource to speak on behalf of towns.
* Ms. Ryan says it was a good opportunity for public health to be put in limelight and it was not utilized. Others suggest that is partly the fault of public health agents for working and suffering in silence.
* MHOA board should be writing letters and sending them to communities to share with local representatives. They should be advocating for change on behalf of communities.
* Motion made by Mr. Greenbaum to vote on concurrence on upcoming PHEP Notice of Funding Opportunity. Mr. Giacalone seconds.
	+ Beverly, Danvers, Essex, Gloucester, Lynn, Manchester, Marblehead, Nahant, Peabody, Rockport, Salem, Saugus, Swampscott, Wenham approve concurrence.

**Budget Discussion**

* Mr. Downey provided a budget/purchasing update.
* There is funding in the coordinator travel line that MAPC had initially allocated but now is not anticipating needing. MAPC has agreed to return these fundings to the council. With potential in-person meetings towards the end of the fiscal year it was agreed $600.00 could be moved from the coordinator travel line to the supplies line.
* Due to the decreased cost of service and the additional iPads coming in less than what was budgeted, there is funding in the FirstNet contractual line that can be moved to the supplies line. It is agreed $6,500.00 would be an appropriate amount to move.
* Motion put forth by Mr. Greenbaum to move $600 from the coordinator travel line and $6,500 from the FirstNet contractual line into the supplies line. Mr. Coulon seconded.
	+ Beverly, Essex, Gloucester, Hamilton, Lynn, Manchester-by-the-Sea, Marblehead, Nahant, Peabody, Rockport, Salem, Swampscott, and Wenham voted to approve.
* There is a brief discussion on other items that could be requested, such as KN95s, WiFi hotspots, etc. There is a decision to no longer purchase clocks as previously discussed, and instead spend remaining funding on cones and cone carriers.

**Minutes from January 26, 2022 Meeting**

* Ms. Ryan noted minor corrections to be made to the minutes for the January 26th meeting.
* Motion put forth by Mr. Coulon to approve the draft minutes for the January 26th meeting with minor corrections as stated by Ms. Ryan.
	+ Mr. Greenbaum seconded. Beverly, Danvers, Essex, Gloucester, Hamilton, Lynn, Manchester, Salem, Saugus, Swampscott, and Wenham voted to approve the motion. Motion approved.

**OPEM/DPH Updates**

-Ms. Balbi provided the OPEM/DPH update.

-Margaret Koch is new commissioner at this point. Dr. Garcia is chief medical officer to advise her.

-Hospitals downgraded on their tier from 4 to 3 and now only meet and report twice a week.

-Applications for department of Defense funding to come to assist staff hospitals with DOD teams.

**PHEP Coordinator Update**

* Mr. Luther provided the PHEP Coalition Coordinator update.
* The next meeting is scheduled for March 23, 2022.

**PHEP Planner Update**

* Ms. Wielgosz gave the planner update.
* The planners are writing up AAR reports for the different coalitions and will have reports complete and a list of corrective actions sent out to towns to inform the final drafts that will be sent to the state. EDS updates will be occurring next year.

**HMCC/MAPC Update**

* Ms. Robert provided the HMCC/MAPC update.
* Hospitals have moved down to Tier 3, indicating that their capacity is increasing.
* There are challenges with the large amount of behavioral health patients.
* The HMCC is planning a virtual Q3 HMCC meeting to occur March 29th. There will be a focus on EMS response with speakers from public and private EMS companies.

**MRC Update**

* Ms. Liisa Jackson provided the MRC update.
* Volunteers are continuing to show up and assist with local public health clinics.
* They are anticipating future clinics for younger populations that will need some potential volunteers.
* Any needs for volunteers should be relayed to Liisa and she can assist in matching up volunteers.

**COVID 19 Discussion/Community Updates**

* Mr. Burke and Ms. Kirsch reported for Beverly. Beverly recently had a large mercury spill at a residence that they have been dealing with. COVID numbers are going down. They are working on new body art health regulations.
* Mr. Giacalone and Ms. Ryan reported for Danvers. The indoor mask mandate has been lifted except in a few town buildings. There is still a lot of pushback from anti-maskers. COVID cases and positivity rates have been decreasing tremendously across town.
* Ms. Lee reports for Essex. Indoor mask mandates are ending in businesses, public spaces, and schools over the next few weeks. Essex vaccination clinics are anticipated for younger populations once approved for vaccination.
* Ms. Lee reports for Hamilton. Indoor mask mandates will be ending. Hamilton-Wenham school district will be voting to extend or rescind the school-wide mask mandate.
* Ms. Belise-Toler reported for Gloucester. Positive cases are decreasing. Indoor mask mandate has been rescinded for public spaces and city building. Vaccine clinics are planned that focus on ELS populations in town, along with in-school clinics.
* Ms. Desmaris and Ms. Duffy-Alexander reported for Lynn. Indoor mask mandates has been rescinded starting February 9th for the municipal offices, March 14th for public school buildings. Clinics are available Monday-Saturday, but the numbers attending there are fluctuating. Lynn is looking for a private provider to take over after stop the spread goes away at end of March.
* Ms. Crehan reported for Manchester. Positive COVID cases have decreased rapidly along with the positivity rate. The indoor mask mandate is rescinded as of February 11th. School committee rescinded the indoor mask mandate starting February 28th. There are a few future vaccination clinics planned in March and then town will reevaluate future vaccination clinics afterwards.
* Mr. Petty reported for Marblehead. The indoor mask mandate was rescinded for both businesses and in higher aged schools. Cases have been going down. Marblehead has reported great vaccination rates and there are no needs or plans for clinics yet.
* Mr. Coulon reported for Nahant. Nahant is still having some clinics, that require residents show proof of residency, for example an ID with Nahant address. 12% positivity rate in town and a mask mandate for public buildings.
* Ms. Robinson reported for Peabody. There are efforts around the city to increase vaccination among school aged children and families.
* Ms. Robinson reported for Rockport. Case numbers have dwindled in Rockport and pool testing in schools has yielded no positive cases in two weeks. On March 9th masks will no longer be required in schools. Ms. Lee reports clinics are occurring less frequently, and they have been passing out at home tests and KN95 masks.
* Mr. Greenbaum reported for Salem. Cases are down and mask and proof of vaccination requirements have been rescinded. Schools have mask mandate until March 7.
* Ms. Riley-Singh reported for Saugus. Cases are drastically lower through most are testing at home and not reporting. Asks, if there’s another surge, how will people PCR test and not at-home testing, how reporting will happen. No mask mandate in town and mandate ending Feb 28 in schools.
* Mr. Vaughan reported for Swampscott. The indoor mask mandate ends on February 20 for town and March 14 for schools.
* Ms. Lee reported for Wenham on behalf of Mr. Ting. They have high vaccination rates and have been teaming up with Hamilton for clinics.

**New Business/Items Not Reasonably Anticipated by the Executive Committee**

* None

**Mr. Petty adjourned the meeting at 4:02PM.**