

Advisory Council on Public Health | Meeting Minutes

Location: Zoom Meeting | [Link to recording](#)

ACPH – [June 21 Meeting Related Files](#)

Date: Wednesday, June 21, 2023

Time: 5:30 – 7:00 PM

Attendees: Charles Homer, MD, Chair
Rosemarie Roque Gordon, MD, MPH, Vice Chair
Andy Epstein, RN, MPH
Leonard Jokubaitis, MD, MPH
Natalia Linos, MSc, ScD
Peter Moyer, MD, MPH, Affiliate Member
James Perrin, MD

Absent:

Attending staff: Sigalle Reiss, MPH, RS/REHS, Director of Public Health & Human Services
John Kleschinsky, DrPH, Assistant Director, Programming & Policy
Elizabeth Bennett, MSN, RN, CARN, Public Health Nurse
Darlene Johnson, MS, Administrative Coordinator

The mission of the Advisory Council on Public Health (ACPH) is to preserve, protect & promote the physical, mental, and environmental health of the Brookline Community. We collaborate with partners to reduce health inequities and respond to emerging public health challenges.

A hybrid meeting of the Advisory Council of Public Health (ACPH) was held on June 21, 2023. It began at 5:30 pm and was presided over by Dr. Charlie Homer, Chair of the ACPH.

Agenda Items

Announcements

Council members and staff attended the Massachusetts Public Health Association (MPHA) Spring Breakfast where Andy Epstein was honored.

Public Comment

No public comment.

Approval of minutes

A motion to approve the minutes for May 10, 2023 is made by Ms. Epstein, seconded by Dr. Linos. The motion to approve the meeting minutes from the previous meeting passes unanimously, with all members in favor.

Community Health Assessment/Community Health Improvement Plan (CHA/CHIP): Hannah Carliner HRiA

Director Reiss begins by providing background on the RFP for the Community Health Assessment and Improvement Plan which was awarded to Health Resources in Action (HRiA) and introduces Hannah Carliner, Director, Research and Evaluation and Donna Burke, Director, Strategic Planning & Organizational Effectiveness.

Ms. Carliner provides details about the organization, including their vision and mission statements, and their health equity framework. Health equity is at the center of all of their work and community engagement encompasses it. She outlines assessment goals and the assessment process to identify community needs, which is followed by the improvement plan which provides strategic plans to address those needs.

She shares the project timeline– the project kicked off in February 2023, the Steering Committee kick-off occurred in May 2023, and they started the first phase of the community health needs assessment by gathering various sources of data. They are planning to host a mid-assessment check-in with the Steering Committee in fall, and completing collection and synthesizing data around December 2023/January 2024. There will be a presentation and prioritization process and they will transition into phase two, community health improvement planning. During this time, there will be capacity building and trainings for the Steering Committee and a series of planning sessions, which will result in a final Community Health Improvement Report around late summer/early fall 2024. They will then move into phase 3, the monitoring and evaluation plan, finish with a Steering Committee end of project meeting around December 2024 with a final evaluation report in early 2025.

Ms. Carliner shared a breakdown of the first phase of the CHA-CHIP process: Community Health Assessment – reviewing secondary data focusing on social determinants of health, racial equity, etc., qualitative data collection from key informant interviews and focus groups, community survey using the MA-DPH version 2.0 of COVID Community Impact Survey collecting Brookline specific data, draft and final report of the health assessment with a presentation.

Dr. Perrin asks about the capacity building sessions for Steering Committee members.

Ms. Burke explains this is a part of the implementation of their health equity framework. They will have sessions before the planning process, selecting a series of topics depending on the issues emerging from the assessment and giving everyone a common framework ahead of the planning session. It allows people a safe space to have conversations around racial equity, health equity, health disparities, etc., without having to provide a deliverable.

Dr. Linos asks what they are using as secondary data and what it means to take advantage of the state survey, are new questions being added, what is the sampling frame, how many responses do you need? Are you doing some oversampling?

Ms. Carliner states that MA-DPH and another consultant are overseeing the survey. They are framing it as a convenience sample. They are attempting to pair with community partners to promote the survey. The questions cover an array of topics that would be covered in a community survey, but they cannot change any of the questions. She says they will work with community partners, ACPH, Friends of Public Health to promote the survey to Brookline residents. The survey will be available in somewhere between 10-20 languages. They are able to capture Brookline specific data.

Secondary data sources are from census data, American Community Survey, MA Department of Elementary and Secondary Education data, state vital records, MA-DPH Bureau of Environmental Health, environmental public health tracking. They collect secondary data in various ways and usually would compare it by Brookline, county, and state. In some cases, they may have to lump Norfolk County all together, MA-DPH data is quite old (some 10 years old) and variable.

Dr. Homer asks who is on the steering committee.

A list of the steering committee is available on the department [site](#).

Dr. Jokubaitis asks if there will be a way to identify the point of care for residents (private practice, community health center, etc.) to determine where people with health disparities are seeking care.

Ms. Carliner has not seen the survey, but doubts there will be that level of information available. She assumes they will be asking about medical insurance, private or MassHealth.

Dr. Homer wants to know what their role as ACPH is in this process. This will be addressed in Ms. Burke's presentation and with Director Reiss offline.

Ms. Burke provides an explanation of the two final phases, Community Health Improvement Plan and Monitoring and Evaluation Plan. She begins by providing the goals of the improvement plan. It is a broad, action-oriented strategic plan, implemented over 3 –5 years, providing opportunities to build upon existing partnerships. In the CHIP process there will be a prioritization process (in 3 –4 areas of change), an introduction into the process in working groups by focus areas, 2 half day planning sessions, information will become part of a living document developed by HRiA, adjusting to meet the needs of the plan.

ACPH has key representation through Dr. Jokubaitis and Dr. Perrin in the CHA-CHIP process. Dr. Homer feels members should have an active role, providing a series of input throughout the process. He wants the group to receive periodic updates during these meetings.

Director Reiss also suggests including them in a focus group and the implementation process of the improvement plan.

Ms. Epstein asks for an example of other plans and what they have prioritized.

Ms. Burke states that traditionally the priority areas were very health focused like chronic disease, access to healthcare, mental health, behavioral health and substance use. More recently, many of the community health plans are more focused on the social determinants of health, including economic stability and the upstream factors that impact people's health, housing and housing safety. It will be up to this group, the steering committee, the people engaged in the prioritization to determine how they will if it will be health focused or based on social determinants.

Dr. Linos likes the idea going off screen to focus on social determinants like housing or climate, but believes it will require buy-in from the Town Administrator and people who will see the community health improvement plan as a community wellbeing plan and accept it as part of their mandate because the department will not be able to change the upstream. She asks Director Reiss what her thoughts are on this.

Director Reiss would like the steering committee to reflect the direction taken during the planning phase, bringing on more Administration and Select Board representation.

Ms. Burke provides more details about phase 3: Monitoring and Evaluating – this process details how we will track information for monitoring and evaluating, holding virtual planning sessions, developing a draft, receiving feedback and finalizing a plan.

She also shares steps throughout the process when there will be community engagement.

Ms. Epstein asks how the plan is implemented and disseminated once all is done.

Implementation depends on the community; some have standing committees who take on the plan, others choose to develop working groups for each priority area. The plan will be community facing and there will be ways for people to provide feedback.

More information available on the [Community Health Assessment & Improvement Plan](#) and slides of the [CHA-CHIP Phases](#).

Board Development Update: Ralph Fuccillo

Ralph Fuccillo shares that he has developed a 6 – 8-page report following months of board development with the council and staff. He asks for feedback, reflections, and thoughts on the role of the group.

Mr. Fuccillo brings up discussion from the retreat about the advisory council's role. Dr. Linos adds ACPH has multiple roles – the main role being to advise Director Reiss, but also putting out statements and engaging in other processes to address the social determinants of health, and advise the whole town on public health matters. It requires commitment and additional work from members, but they were all in agreement on having this dual role.

As the chair, Dr. Homer feels he has an impact and creates visibility in his ability to speak on behalf of warrant articles voted on by ACPH during town meeting. He adds that the

more they introduce themselves to the community, the more they are able to elevate the role of ACPH.

Mr. Fuccillo shares one-page of recommendations with members. Some of the topics outlined include dedication to the Advisory Council on Public Health, self-assessment, framework for future members, and community engagement, developing partnerships to elevate health within the community.

Dr. Homer emphasizes the importance of succession building and membership, having an agenda, strategic plan, but responding to changing priorities, and balancing priorities.

The conversation reminds Director Reiss of the tenets of public health and courageous conversations hanging in her office - how to frame conversations, creating tools to continue the work as membership changes.

Dr. Perrin expresses that he would like understand the capacity of others, to know more about what other members are working on.

The group discusses community engagement during COVID, particularly discussions about masking. Depending on the agenda, the group is able to engage community members more readily.

In conclusion of the process, Mr. Fuccillo will finalize the recommendations with Director Reiss.

Preliminary Draft of Biosafety Regulations

ACPH members were given a draft of the regulations to review before the department hosts a series of community engagement sessions. There is a plan to have a public hearing in July with a presentation from the consultant, Rebecca Caruso, to receive feedback on the preliminary regulations. When ACPH meets in September, Ms. Caruso will come share some of the comments, feedback, and updates to the regulations.

Dr. Homer asks if the definition for the type of work done in these labs has been broadened and reflected in this draft since the last time they met.

Director Reiss shares that it includes biological agents, and has been modified in a similar way to other regulations of this type.

Ms. Epstein asks about the different lab levels.

The federal government determines how labs are leveled. Brookline decides what level is permitted in the town. The department is developing regulations for level 1 or 2 labs seeking to conduct research in town.

Dr. Moyer asks if someone is looking to open a level 1 or 2 lab in Brookline.

Director Reiss states that the building department is looking to make changes to zoning, but creating some public health regulations is a first step. Right now, a lab could move into Brookline, but there are no regulations in place. Labs look for communities with regulations because it benefits both parties.

The group discusses the benefits of having the business in town and how communities like Cambridge have benefitted. It provides the opportunity for nearby hospitals like Brigham and Children's to work more closely to their main campus.

Dr. Jokubaitis suggests the department tie the annual report to the anniversary date of the permit to receive the most comprehensive report before extending into the next year. The sponsor could submit the report within 30 days to allow review before granting a new permit.

Dr. Perrin adds that using plain language in the beginning to define the purpose, giving context to the regulations will help.

Director Reiss shares information about the forums held by Cambridge, which can be found on the department website under [Sanitary Codes, Regulations, and Town By-laws](#). The second session has more detail pertaining to municipalities. She also states that the licensed lab could change levels during the year depending on their research. There will be constant communication between the lab and the municipality.

Dr. Homer recalls the consultant focusing on an internal safety committee for the licensee, but asks if there will be a community-wide committee for this also or if Brookline DPH or town serves in this capacity.

Director Reiss says that this can be discussed more. According to the consultant, the Board of Health usually serves this role, but since Brookline is structured differently there is the possibility of having a community-wide biosafety committee and an internal review board.

There is discussion on the capacity of the ACPH (possibly creating a subcommittee or adding to the body) or the department to manage this.

Director's Report

Lynne Karsten is retiring after 26 years with the town as the Director of Community Health. There will be a retirement party at Emerson Park on Thursday, June 29th at 4 pm.

The department is part of a regional collaborative with six other communities for tobacco regulation. They recently conducted compliance checks with a 19-year-old and there were no violations reported.

Director Reiss hopes to have the RFP for the Human Services Assessment by July. This will be a year-long process.

Division Reports

Reports available in the [meeting folder](#).

Other business

The next meeting is scheduled on Wednesday, September 20th.

Adjournment

The meeting adjourns at 7:30 pm.

Action Items

Action Item	Owner(s)	Deadline	Status
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