

GMPHC Advisory Committee
Zoom Meeting
Friday, October 13, 2023
8:30am
Regular Meeting

Advisory Committee Members Present: Heidi Porter, Linda Fantasia, Melanie Dineen, Dan Pereira, Vivian Zeng, Julia Junghanns

Advisory Committee Members Absent: Kelly Pawluczonek (Proxy to Michelle Schuckel)

Others Present: Brandon Gulnick, Katherine Rines, Ann Bauer, Michele Schuckel, Tricia McGean, Laura Duff, Ann Loree

1. Brandon Gulnick called the meeting to order at 8:30am.
2. Health Equity Needs Assessment Proposal
Brandon introduced the Health Equity Needs Assessment project and explained staffing changes that will result from the CT/CI team taking on the project. Katie discussed the scope of services the CT/CI team will carry out through June 30th. She explained that between the Health Equity Needs Assessment project and the scope of service that must be done per the CT/CI grant scope, there will not be too much capability to take on many other projects, and she also explained the proposed approach they will take in relation to the project. Ann discussed the scope of work of the project, including primary and secondary data, focus groups, key informants, results, and analysis. Brandon discussed the final document the team will produce, including the timeline, project budget, and the hiring of temporary employees.

Brandon also explained the differences between the Health Equity Needs Assessment and the CHE survey. He noted that we currently do not have a large enough of a sample for the data from the CHE survey to be considered useful. He then opened the project up for questions and comments. Julia noted that Michele will be assisting with this project, and discussed hiring interns to provide further capacity for the project. Brandon noted that due to the short turnaround time on this project, hiring temporary employees through Robert Half might be the best option. Julia stated that the Academic Public Health Corps has fast onboarding. Linda noted that she reached out to the APHC a few weeks ago and they have not responded yet. Brandon committed to reaching out the APHC and working with Robert Half to recruit temporary employees and/or interns.

Melanie made a motion to approve the Health Equity Needs Assessment Project. Julia seconded the motion. A roll call vote was taken:

Heidi Porter/ Bedford: Yes; Melanie Dineen/Concord, Yes; Linda Fantasia/ Carlisle, Yes; Dan Pereira/Lincoln, Yes; Vivian Zeng/ Sudbury, Yes; Julia Junghanns/ Wayland, Yes. Weston/ Kelly Pawluczonek (Proxy to Michele Schuckel), Yes.

3. FY24 CT/CI Budget Discussion

Brandon shared the FY24 CT/CI budget document, which shows the budget that was approved on July 21, 2023 and revised on September 15, 2023. He then explained budget/actuals to date, with \$78,679 expended as of September 21, 2023. Brandon went through a revised budget for FY24 that includes line-items for temporary employees and survey incentives. He explained that there is \$19,747 remaining to allocate in FY24. Laura discussed Contracted Public Health Nursing Services in Bedford, and Heidi Porter stated that there are close to 100 families living in the shelter, with limited public health staff support. She thanked Laura and Katie for working at the Shelter, but described a need for additional support. Brandon noted that we are currently not using the \$30,000 for Contracted Food Consultant Services, and that we can move this \$30,000 to the Public Health Nursing services line to increase it to \$60,000 for the remainder of the fiscal year. The advisory committee was in favor of this, and changed the budget for Contracted PHN services from \$30,000 to \$60,000. Ann Bauer discussed an "Aging in Place" program. Dan asked if this would be offered in each GMPHC town. Ann stated that we can offer it in any town that would like to do it, and that she had reached out to each towns COA. Melanie asked to speak off line about that, as she thinks there was an email error. Ms. Bauer may present at the next GMPHC advisory committee meeting.

Brandon asked if the committee would be ok with the purchase of a cyanobacteria test kit for Concord. Julia stated that these test kits are useful for towns that have bodies of water, which include Sudbury, Wayland, and Concord. Melanie said a test kit would be helpful to have in Concord. Vivian offered to share the company and cost estimate she used to purchase them for Wayland and Sudbury. Brandon adjusted the budget to include this expense. Julia explained that the \$20,000 for the administrative assistant stipend might not be able to move forward this year, and if it doesn't, we will need to reallocate this funding elsewhere. She also wanted to make sure everyone understands the budget, including the increase in hours for the Program Manager, Brandon Gulnick, Administrative Assistance stipend, and fringes. There were no additional questions on these expenses. Brandon went through the intern/ temporary employee line-item again, and explained that he anticipates to obtain around 1050 hours of temporary work for the needs assessment for around 10-12 weeks. He also explained survey incentives, and agreed to move through an RFQ process to obtain three (3) quotes from three (3) vendors per CH30B. Brandon then asked if there were any questions about the FY24 CT/CI budget. There were no additional questions. Brandon asked if someone would like to make a motion to approve the budget, and suggested a motion.

Dan Pereira moved the motion to approve the FY24 CT/CI budget as revised on October 13, 2023, for \$470,866 in revenues from the CT/CI Grant and \$470,866 in expenses through June 30, 2024 - Julia Junghanns seconded the motion. No discussion. A roll call vote was taken:

Heidi Porter/Bedford, Yes; Linda Fantasia/Carlisle, Yes; Melanie Dineen/Concord, Yes; Dan Pereira/ Lincoln, Yes; Vivian Zeng/ Sudbury, Yes; Julia Junghanns/ Wayland, Yes; Kelly Pawluczonek/ Weston (Proxy Vote to Michele Schuckel) Abstain.

4. General Discussion
No other discussion took place.
5. Any other Business
No other business was discussed.
6. The meeting adjourned at 9:58am.

Attachments:

- A – Health Equity Needs Assessment Proposal
- B – Approved FY24 CT/CI Budget

ATTACHMENT A
[HEALTH EQUITY NEEDS ASSESSMENT PROPOSAL]

Health Equity Needs Assessment Proposal for GMPHC Advisory Committee

Points of Contact

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Introduction

We are submitting this proposal to conduct a Regional Health Equity Needs Assessment (RHENA) that encompasses Bedford, Carlisle, Concord, Lincoln, Sudbury, Wayland, and Weston. The purpose of this study is to understand the health equity needs of our communities, and identify gaps, address health disparities, and the need or promotion of programs utilized by each of our communities to benefit the health of residents, including racial equity, identifying potential causes of inequities, and advancing health equity through systems change.

Staffing

This project will require the Program Manager, Regional Epidemiologist, and Regional Public Health Nurse. We are proposing the hiring of temporary employees, potentially interns, to collect data through surveys. We will need assistance from each local health department for this project to be successful, and other local stakeholders through focus group meetings.

CT/CI Team Scope of Service

This project will consume most of the CT/CI team's time. There are certain responsibilities we must do per the requirements of the grant, and the remainder of our time will be spent on this project. Our epidemiologist will continue to work on some of the research assignments she has in addition to this. The Program Manager will continue to complete the requirements of the grant, including reporting, among other financial responsibilities. The Public Health Nurse will continue to assist in meeting the requirements of the grant, including MAVEN coverage and aiding in coverage of PHNs within the region, and other projects if time allows in GMPHC communities. Outside of these requirements, we will not have the capacity to accept any other work assignments.

Proposed Approach

Our approach is to work closely with each member towns health department, among other departments, including the Council on Aging, Housing Authority, Library, Youth & Family Services, Parks & Recreation, Emergency Services, Schools, and Veterans Department, throughout the project to ensure an effective and efficient process. This project will commence on October 16, 2023, and end on June 30, 2024. Most of our work will be completed remotely, and meetings will be handled in the same manner. In person meetings will be accommodated as needed by request.

Scope of Work

1. Statistical Profile: We will use secondary data to create profiles of each GMPHC town. The statistical profile will be a summary of baseline conditions and trends in each municipality and study area. It will establish the context for assessing potential impacts and for project decision-making, including identifying issues in each community, locating notable features in relation to health equity, and assessing social and economic conditions and trends that will have a bearing on this project.

Secondary data sources will represent a range of topic areas, from the U.S. Census Bureau, Massachusetts Department of Health, Massachusetts Department of Elementary and Secondary Education, the Middlesex Youth Behavior Survey, the Bureau of Labor Statistics, and the Federal Bureau of Investigation. This information will be used in the analysis to understand the extent of inequities throughout our collaborative.

2. Information specific to gender, race or ethnicity, education, income, disability, geographic location, and sexual orientation: The assessment will include primary data from surveys, focus groups, or other means that demonstrate that the needs assessment is inclusive, to determine social determinants of health like poverty, unequal access to health care, lack of education, stigma, and racism, linked to health disparities.
3. Information from Key Stakeholders: The assessment will include primary data from surveys, focus groups, or other means that demonstrate the needs assessment has directly involved key stakeholders.
4. Results: The data collected during this needs assessment will be the property of GMPHC communities. All raw data will be given to each community in a format that can be used for further analysis and to be considered in future assessments to track trends. All secondary data will be referenced so data can be updated. All qualitative data will be summarized in a narrative text.
5. Analysis: The Needs Assessment will include the analysis of information that lists at least five (5) areas of need in order of severity. The Needs Assessment will identify needs at the individual and community level in the areas of Education, Employment, Income and Asset Building, Housing, Health and Behavioral, and Community Engagement.
6. Final Document: A final document will be disseminated to the members of the GMPHC Advisory Committee. Members of the Advisory Committee may take this document and disseminate it to the public and stakeholders. The document will be in a format that can be distributed electronically and printed as needed.

The final report will also be in PowerPoint format, and that can be shared during meetings and seminars. We will provide a list of all available resources through an environmental scan.

<u>TIMELINE</u>		
<u>Activity</u>	<u>Timeline</u>	<u>Assigned To:</u>
<i>Project Management/ Engagement</i>	Ongoing	PM, EPI, & RPHN
<i>Community Data Profiling/ Secondary Data</i>	Month 1-4	Epidemiologist W/ assistance as needed from PM & RPHN.
<i>Surveying/ Primary Data Collection</i>	Month 2-4	Temporary Employee/ Intern, w/ Assistance as needed from CT/CI Team
<i>Qualitative Data Collection (Key Informant & Focus Groups)</i>	Month 2-4	WPHN, Temp Employee/Intern, w/ Assistance as needed from CT/CI Team
<i>Quantitative Summary of CHEI Survey</i>	Month 3-5	Epi, W/ assistance as needed from WPHN, PM & RPHN.
<i>Environmental Scan</i>	Ongoing	RPHN, W/assistance as needed from Epi, WPHN & PM.
<i>Data Summaries</i>	Month 4-6	Epi, W/ assistance from RPHN & PM.
<i>Development of PowerPoint</i>	Month 1 - 7	RPHN, editing WPHN, W/assistance as needed from Epi & PM.
<i>Presentation</i>	Month 7	PM, Epi, RPHN
<i>Development of Report</i>	Month 7-8	PM W/ assistance as needed from Epi, WPHN, and RPHN.

1. Project Management/ Engagement (Ongoing)

Regular updates will be given to the Advisory Committee during our scheduled meetings. We will present the work that we have completed to date, address any questions we have for the advisory committee/steering committee, and discuss any questions the advisory committee/steering committee has for us as work on this project. As the project continues forward, work complete/incomplete will be tracked and provided in these regular updates.

2. Community Data Profiling/ Secondary Data Review (Month 1-4)

Existing data from national, state, and local sources will be reviewed. The types of data that will be collected includes demographics, vital statistics, public health surveillance data, as well as some self-reported health behaviors from large, population-based surveys conducted at the state level. Information specific to gender, race or ethnicity, education, income, disability, geographic location, and sexual orientation will be collected. Data sources included, but were not limited to, the U.S. Census Bureau, Massachusetts Department of Health, Massachusetts Department of Elementary and Secondary Education, the Middlesex Youth Behavior Survey, the Bureau of Labor Statistics, and the Federal Bureau of Investigation. For each of the seven Great Meadow municipalities data will be obtained and aggregated to provide a single regional data point when possible. To visualize key findings

throughout the report, municipal level data will be compared to regional estimates when possible. When regional data is not available, the state estimate will be used as the comparative. This information will be used in the *analysis* to understand the extent of inequities throughout our collaborative. Visual data presentations, such as graphs and charts, will be prepared.

3. Surveying/ Primary Data Collection (Months 2-4)

The Temporary Employee/Intern will be responsible for doing paper surveys with residents of GMPHC communities at local events, vaccine clinics, and the like, and submitting the CHEI data into the states system. In the case the survey closes, the data will be added to the states survey data in our system, to increase the sample size of the data the state collected.

4. Qualitative Data Collection (Months 2-4)

Key informants/ community stakeholders with insights into regional health equity will be identified by regional health directors and nurses and will be interviewed by GM staff. Focus groups of community members will be conducted to gather feedback on priority health concerns, community challenges to addressing these concerns, current strengths of the area, and opportunities for the future. Participants for the focus groups and key informant interviews will be recruited by local health officials with the goal of engaging a cross-section of residents, service providers, and community leaders. The focus groups will span several age groups, geographies, and roles in the community. Groups will represent a range of populations, including seniors, persons of color, immigrants, residents with mental health needs, and social and health service professionals, among others. Key informant interviewees will represent agencies serving elders, low-income populations, immigrant residents, and young adults, as well as local law enforcement or judicial system.

5. Quantitative Data Collection (Months 3-5)

The Massachusetts Community Health Equity Initiative (CHEI) Survey will be the primary data source for our regional qualitative data analysis. The Community Health Equity Survey is an online anonymous survey available in a wide range of languages. Survey topics include access to health care and transportation, physical and mental health and wellbeing, experiences with COVID-19, housing, education, and work, as well as general demographic information such as age, gender, and race. To have a large enough sample size to have an accurate representation of the diversity in our communities we will actively employ several strategies to increase CHEI survey response rates. For each of the seven (7) Great Meadow municipalities data will be obtained and aggregated to provide a single regional data point when possible. To visualize key findings throughout the report, the municipal level data will be compared to regional estimates when possible. When regional data were not available, the state estimate will be used as the comparative. This information will be used in the analysis to understand the extent of inequities throughout our collaborative. Visual data presentations, such as graphs and charts, will be prepared.

6. Presentation & Prioritization (Month 7)

Following the draft assessment, a PowerPoint presentation will be developed with key findings discovered through the Needs Assessment process. During this process we will complete a prioritization process that includes the identification of common priorities between the 7 municipalities, and priorities that are town specific. The themes, issues, and health issues will be identified here. 3-5 priorities will be outlined for each town. Although 10-15 priorities will be identified, we will focus on the top 3-5.

The way this will be done is through a rating process with each of the advisory committee members, outside of an advisory committee meeting. Meetings will take place 1 on 1 with the advisory committee member and the CT/CI team. Following this process, the 3-5 priorities will be identified collectively for the region through the rating system, and town specific based on the identified priorities from our individual meetings.

7. Analysis & Development of Report (Months 7-8)

For the secondary data analyses and the quantitative data analyses we will use excel to tabulate and summarize the data. We will provide data visualization for the report in the form of charts and graphs.

For the qualitative research analyses, we will use NVIVO 14 software or similar to review and verify themes and trends to draw conclusions from the interview and focus group data. The software will also be used to create visualizations of the data including word clouds, diagrams, informant thought bubbles and charts.

Several common practices used across qualitative approaches to analysis, including the following:

- Affixing codes to a set of field notes drawn from observations or interviews.
- Noting reflections or other remarks in the margins.
- Sorting and sifting through these materials to identify similar phrases, relationships between variables, patterns, themes, distinct differences between subgroups, and common sequences.
- Isolating these patterns and processes, commonalities, and differences, and taking them out to the field in the next wave of data collection.
- Gradually elaborating a small set of generalizations that cover the consistencies discerned in the data.
- Confronting those generalizations with a formalized body of knowledge in the form of constructs or theories.
- <https://journals.sagepub.com/doi/full/10.1177/1534484320903890>

Project Budget

- 1) Temporary Employee(s)/Interns: The temporary employees/Interns will be responsible for soliciting paper surveys and submitting the CHEI data into the states system. In the case the survey closes, the data will be added to the states survey data in our system, to increase the sample size of the data the state collected.

In addition, the temporary employee will assist with key informant/ stakeholder meetings. We anticipate a \$20-\$25/HR, 16 hours per week per temp/intern.

- 2) Survey Incentives: We propose to purchase t-shirts and Great Meadows Public Health Collaborative branded promotional products. This will be used as an incentive for people to take the paper survey from the temporary employee.

The goal is to obtain 1400 surveys (200 per Town) to obtain a large enough sample for the Needs Assessment to be successful. The total cost of promotional materials per person that takes the time to do the survey is \$15. If we obtain 1400 surveys, the total cost of promotional materials will be \$21,000.

<u>Project Budget Summary</u>			
#	Description	Budget	Notes
1	<i>Temporary Employees/ Interns</i>	\$26,250	<i>Includes 1-7 temps/interns</i>
2	<i>Graphic Design</i>	\$2,500	<i>Needs addl. Research</i>
3	<i>Survey Incentives</i>	\$21,000	<i>Needs addl. Research</i>
4	<i>Office Supplies</i>	\$1,500	<i>Needs addl. Research</i>
	Total	\$51,250	Total 1-4

ATTACHMENTS

- A - Temporary Employee/ Intern Job Description
- B - Key Informant Contact Information Sheet
- C - FY24 Budget

ATTACHMENT B
APPROVED FY24 CT/CI BUDGET

FY24 CT/CI Budget

	FY24 Approved Budget 7/21/23	FY24 Revised Budget 9/15/23	FY24 Budget Actuals 9/21/23	FY24 Revised Budget 10/13/23
CT/CI Revenues				
CT/CI Grant	242,875	242,875	242,875	242,875
CT/CI Carried Forward	242,181	227,991	227,991	227,991
Other Revenue				
<i>Total CT/CI Revenue</i>	485,056	470,866	470,866	470,866
CT/CI Expenditures				
Epidemiologist	92,431	95,852	22,098	95,852
Public Health Nurse	76,120	78,732	18,584	78,732
Program Manager	60,000	59,171	12,320	59,171
Administrative Asst.	20,000	20,000	-	20,000
Fringes	16,753	47,680	-	47,680
Intern/Temp Employee			-	26,250
Contracted PHN Services	30,000	30,000	-	60,000
Health Equity Needs Assessment	100,000	-	-	-
Food Consultant/Sanitarian	30,000	30,000	-	
Tick Testing Subsidy	9,000	9,030	9,030	9,030
Travel Reimbursement	2,500	2,500	153	1,750
Training & Conferences	3,500	1,500	250	1,500
Legal Expenses	1,000	1,000		1,000
Survey Incentives (HECNA Project)				21,000
Graphic Design				2,500
Supplies	5,300	3,747	3,488	7,000
Postage	1,000	500		500
Advertising	1,000	500		500
IT Services	400	440	440	440
Computers	798	232		232
Website Development	1,000	1,000		1,000
Local Events	5,000	10,000	3,334	10,000
Software	3,254	-		-
Plot Planner	16,000	-		-
Vericor Vaccine/Medical Coolers	-	8,982	8,982	8,982
Speaker Services	10,000	5,000		-
Contingency	-			17,747
Balance Forward	-			-
<i>Total Expense</i>	485,056	405,866	78,679	470,866
<i>Net Revenue/Expense</i>	-	65,000	392,187	-