



## OBSERVER REPORT

### **BOARD OF HEALTH -11-12-24**

Hybrid Meeting- Recorded

LWVM Observer: Tom Krueger

**Members in Attendance: Andrew Petty, Tom McMahon, Tom Massaro, Helaine Hazlett**

### **Community Health Update**

**Mental Health Task Force** - Dr. Massaro reported that YMCAs are promoting mental health across all YMCA sites. Ranjeev Benjamin LICSW is the executive director of Mental Wellness at the Lynch/Van Otterloo Y and will be coming to the MHTF. At the last meeting Lisa Sugarman proposed using Instagram short messages to get young people's attention. A subgroup of the MHTF went to the Swampscott Center for Aging for which a health assessment was done 5 years ago. This report spurred programs for addressing health improvement activities within the town. The MHTF Best Grant is a move in this direction.

**Dr. Caitlin Coyle, UMASS Boston Health Assessment** - Dr. Coyle was invited to present what her group has to offer as a health assessment for MHD. In his introduction Dr. Massaro noted that this would be the third attempt at health assessments - the first was by the COA, the next a modified one by the MHTF regarding mental health alone. Now this health assessment would be as broad as possible.

As an introduction Dr. Coyle gave an overview of what she and her colleagues do. They have been working since 2012 and have worked with 75 communities. They have helped communities on various topics. They often work with COAs and their approach is a "broad adult age friendly model", i.e., a community health model. The work is a collaborative process with the community. They are able to bring content and methodological expertise. Their mission is to conduct applied research for communities especially for those that want to stay. The staff includes Dr. Coyle and one full-time employee, but they engage as needed many part-time doctoral and undergraduate employees. The approach is one of a broad definition of health, including social determinants, questions of priorities, identifying barriers, and taking into account the environment (eg. sidewalks, etc.)

The proposed process would include four project components: document reviews; demographic profile; focus groups (e.g. families, children, stakeholders); and surveys to all residents 18 and older. The surveys are administered by postcards to all 15,967 residents over 18 with an expectation of a 10% response rate. (The surveys could also be completed at various locations (COA, others) as well as by phone.) When

this is completed, recommendations with broad suggestions addressing needs would be made.

What is the role of the Board of Health in making this successful? The BOH and others would participate in the creation of the survey questions and focus groups, shaping and framing the proposal. The BOH would promote the survey - get the word out, figure out how to incentivize young people to participate. And the BOH would recruit participants for focus groups.

The discussion proceeded to discuss logistics. Hopefully the work would begin June 2025 and be completed by March 2026. In past surveys, Dr. Coyle has found good response rates for those >40 but less so for the 18-39 age group. If there is a low response rate, focus groups can help see what their concerns are.

At this point Dr. Massaro wanted to reiterate why the BOH is interested in this project. He noted that after the pandemic there was much introspection about what could be done better. Some conclusions were that strategic input needs to include local involvement in policy, and separately the delivery system of health is struggling. It is clear that public health needs to work better with the delivery system. Public health is also moving in the direction of health promotion, which means we need have a baseline of where we are and to know if we are getting healthier. He went on to say that one of the first steps in working with Dr. Coyle, et. al, is to form an MHD advisory group, so that June 2025 MHD is ready to start.

Dr. Coyle was asked what might be found with this assessment. Her reply spanned a number of areas: financial security, mental health, substance abuse, care giving children as well as the aged, but also what are the wellness resources and health promotion practices.

During a question and answer session - the following was discussed: number of questions in survey = 40-45; time to complete = 15 minutes; possible ability to offer different questions to different age groups; hope to get the schools "on board"; security/privacy - these are anonymous surveys with many safe guards.; cost of the survey = \$40-45K; funding for the project - there are no dollars in the HD budget, so the BOH would have to work on funding.

Finally, the BOH voted to proceed with Dr. Coyle, et.al and the survey. It was passed unanimously. To facilitate this work the BOH discussed having two meetings per month (2nd and 4th weeks of the month), perhaps one for all the agenda items and a second for more focused work.

### **Board of Health vs Department of Health**

There was further discussion about the BOH vis-a-vis the HD. Ms. Hazlett views them as two distinct entities whereas Dr. Massaro sees them as one. Both feel that responsibilities need to be defined but that they work collaboratively. For example, the BOH can raise money whereas the HD can't. The BOH is accountable to the town. Dr. M would like a more legal structure in a document. Mr. Petty added that state law dictates certain functions must be fulfilled. Further work is going into a document that would contain "collaborative", "partners" and "health promotion."

### **Wellness Fair**

The Wellness Fair will occur over MLK weekend at the Community Center. Forms to vendors are being sent to the community which should be returned by December. There will be limited space. No fee will be charged for tables, and the costs of the program are modest: \$200 for building rental, \$200 for custodial services.

## **Substance Abuse Programming**

Further planning was discussed. The date will likely be in March. Mr. McMahon is working with Dr. Mark Lebel on the structure of the event. The plan is for 15-20 minutes per speaker. Students can participate if they want to.

## **Directors Report**

### **Transfer Station Construction Update**

The transfer station construction projects is now out to bid. 20-25 letters were sent to contractors with DCAM certification. The subcontractor bids are due by 11/13; and, the general contractors by 11/27. The plan is to award the contract by 12/11. The actual construction may not start until March because of the significant extra cost of heating for concrete work and painting. The completion day once work begins would be 120 days.

More planning is proceeding on the separation of construction and demolition (C+D) material onsite - perhaps a tented area or other structure so that material could be crushed and loaded onto trailer and sent to a processing plant.

### **Regulations - Tobacco Control, Tattoo**

Mr. Petty discussed that the North Shore Coalition (Salem, Peabody, Beverly, etc.) have common regulations for body art, so that businesses don't try to "skirt" regulations. He would like the BOH to approve these and gave them a draft copy. He also passed out the current and proposed regulations of tobacco by the State of MA for flavored tobaccos.

### **Transfer Station Fees**

By 2025 the fees at the transfer station will be cashless - this will enable better accounting. Mr. Petty passed out a list of proposed fees at the transfer station. The fees for resident stickers, landscaping permits, etc. are what brings cash into the health department.

### **Food Service Permits**

In MHD there are many establishments all requiring food service permits. These include restaurants, retail (convenience and grocery stores), as well as "resident kitchens". This cottage industry can only sell limited quantities, only baked goods (some jellies and jams), only direct to the consumer (not wholesale.) For these recent kitchens the HD has to inspect the kitchens and at these sites the goods have to be stored separately. The permit is \$175.

### **Air Quality**

The past few weeks have been ones of poor air quality. This is actually monitored by Purple Air meters in town that are updated every 10 minutes. They measure particulate matter. The HD is working with the schools about guidelines for outside play. The monitors have been up for 4 years. They are at the Transfer Station and the Franklin Firehouse and there is hope for adding more. The readings can be obtained on the Purple Air website.