

# North Shore Public Health Collaborative

## Meeting Minutes

Thursday, June 13<sup>th</sup>, 2:00-3:30pm

### Attendees

Name	Role	Community
Teresa Kirsch	Public Health Nurse	Beverly
Laura Dellechiaie	Director	Beverly
Frank Giacalone	Director	Danvers
Judith Ryan	Public Health Nurse	Danvers
Lisa Tobin	Director	Lynn
Kitzia Diaz	Public Health Nurse	Lynn
Andrew Petty	Director	Marblehead
Tracy Giarla	Public Health Nurse	Marblehead
Sharon Cameron	Director	Peabody
Chassea Robinson	Public Health Nurse	Peabody
Suzanne Darmody	Public Health Nurse	Salem
David Greenbaum	Director	Salem
Olivia Wilson	Intern	Swampscott
Neia Illingworth	Public Health Nurse	Swampscott
Laura Nash	Epidemiologist	NSPHC
Sathvika Kamani	Community Health Worker	NSPHC
Meg Dlusniewski	Coordinator	NSPHC
Kendra Harris	Social Worker	NSPHC
Terry Kennedy	Regional Trainer - Food	NSPHC / Northeast Training Hub
Steven Kahn	Regional Training Hub Coordinator	NSPHC / Northeast Training Hub

### PHE Updates

- Steven presented on the TRAIN platform and informed everyone about what the platform is, how to join groups, and the transition from LPHI to TRAIN. He is available to send information about prerequisites and help troubleshoot any issues. There is a Google Form people can fill out if they need to transfer their LPHI records to TRAIN.
- Terry has finished his training and is available to start taking people our for Applied Practice once they've completed the prerequisites. He shared information about the Food PHIT course, which Laura and Frank have completed.

### Epidemiology Updates

- There haven't been many updates about Avian Influenza. Wastewater testing of Flu A has been ongoing but we haven't seen anything significant. The main update is that there has been a significant increase in the amount of Pertussis cases in the region.
- Neia shared concerns about the backlog on MAVEN and technical issues with labs uploading incorrect information. The group discussed sending a joint letter to DPH and releasing information to the public.

### FY25 Workplan and Budget

- The group voted on the proposed FY25 workplan objectives by category: Sustainability Objectives, Performance Standard Objectives, and Elective Objectives. Beverly, Danvers, Lynn, Marblehead, Salem, and Swampscott voted yes for all three categories. A representative from Nahant was not present.
  - The Sustainability Objectives are:

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- 1. Communication & Engagement: Develop a framework for communication and engagement to optimize operational efficiency and effectiveness
- 2. Retention & Job Satisfaction: Enhance staffing retention and job satisfaction by implementing targeted initiatives and fostering a supportive work environment
- 3. Diversification of Funding: Explore opportunities to diversify funding sources to support public health services
- 4. Document Digitization: Assess current document storage methods and take steps towards transitioning to digitizing documents and improving electronic storage capabilities
- The Performance Standard Objectives are:
  - 1. Enhance staff capacity to effectively meet mandated inspectional requirements and enforce regulations, in alignment with the Performance Standards for Local Public Health
  - 2. Identify areas for improvement in inspection processes and provide targeted training to enhance the effectiveness and consistency of inspections across all participating municipalities
  - 3. Facilitate targeted training opportunities for staff members to address gaps in meeting the Performance Standards Standards for Local Public Health
  - 4. Disease Control and Prevention: Ensure adherence to infectious disease case investigation requirements, while enhancing staff training, capacity, and quality improvement initiatives
- The Elective Objectives are:
  - 1. Maternal, Child and Family Health: Support caregivers and newborns
  - 3. Education, Training, and Credentialing: Assess and plan for all staff to work towards meeting the Workforce Standards
  - 2. CLAS (Cultural and Linguistically Appropriate Services): Participate in trainings to learn about implementation of CLAS
  - 4. Chronic Disease and Injury Prevention: Harm Reduction Prevention
- For the budget, the group completed an online survey ranking priorities. The top two were hiring a second full-time Regional Inspector and a second full-time Regional Public Health Nurse.
- As part of a sustainability objective, Kendra will send an employee satisfaction survey to shared services staff and staff from any NSPHC communities that would like to participate. Kendra shared a draft of the survey for feedback. It will be sent quarterly to staff in communities that opt-in. Chassea recommended considering the ProQOL assessment, which measures burnout. Sharon recommended consulting HR about the questions and potential incentives for an employee recognition program. The group also reiterated the importance of trying to attain pay equity across municipalities.

### Opioid Settlement Funds

- Beverly is getting Naloxboxes and looking into whether there's a way to include the boxes within existing AEDs. OneStop recommended investing in 3-4 outdoor boxes and working with local businesses to have smaller boxes with signage. They're interested in creating a dashboard of where the Naloxboxes are located.
- The group is interested in offering more Narcan training to the community and developing a shared portal.
- Swampscott recently presented their activities related to the opioid settlement funds, including designing and distributing a community survey, establishing working groups, sharing information, utilizing the collaborative, and the next steps once the funding is available.
- Lynn is in the process of procuring a harm reduction vending machine or a health and wellness vending machine that will include hygiene products as well as harm reduction products. There is also interest in a regional conference to expand on what each community is doing and a panel to share local resources.

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## Community Updates

- Beverly's Board of Health is going to vote on the new body art regulations in September. The group will meet again to address the remaining questions once Salem's legal team has finished reviewing the most recent draft for feedback.
- Nahant still has not signed the IMA, and we are working to address what is causing the delay. DPH has also reached out, as continued funding is dependent on having a fully executed IMA in place by October 2024.
- The group discussed questions that have come up about recreational camps. There is a child who needs medication administered via suppository, but there is no nurse in the program, and this type of medication cannot be administered by someone who is not a medical professional. Other communities have had similar situations, and parents have either come to the camp to administer the medication, or, if the medication hasn't been used in years, the parents can discuss this with their pediatrician.