



South Shore 5 Public Health Alliance

Date: August 6th, 2024
Time: 9 am - 11 am
Meeting Location: Virtual: https://us06web.zoom.us/j/84576577198

Voting members in attendance:

Gary Russell, BOH Director, Marshfield
Delshaune Flipp, BOH Director, Rockland

Non-voting members in attendance:

Cynthia Baker, BME Strategies
Haleigh Schultz, BME Strategies
Derek Vozzella, Executive Administrative Assistant, Hanover
Ben Margro, Health Agent, Norwell
Lisa Cullity, Health Agent, Pembroke

Non-member attendees:

Nancy Funder, Public Health Nurse/Food Inspector, Hanover

Opening

2/2 voting communities present, quorum was met.
Haleigh called the meeting to order at 9:09 AM.

Motion to start the meeting

Marshfield motioned to start the meeting, Rockland seconded the motion.

Roll Call Vote

Hanover: Y
Marshfield: Y
Norwell: Y
Pembroke: Y
Rockland: Y

Motion approved.



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I. Review and acceptance of previous meeting minutes

- a. July 25th meeting minutes
 - i. Confirm review, acceptance

Motion to approve previous meeting minutes

Rockland motioned to accept the July 25th meeting minutes, Marshfield seconded.

Roll Call Vote

Hanover: Abstain

Marshfield: Y

Norwell: Y

Pembroke: Y

Rockland: Y

Motion approved.

II. Announcements & Reminders

- a. Announcements
 - i. Workplan and Budget officially approved - great feedback from DPH
 - ii. All end-of-year reporting submitted to DPH 7/31. Huge thank you to the Marshfield team and everyone for your help!
- b. Reminders
 - i. Relavent introductory meeting and software demonstration scheduled with Michael Hicks for 10AM August 20th
 - ii. Please email Haleigh & Cynthia with a list of your town's inspectors and the type of Relavent license each inspector will need **by Tuesday, August 13th**
- c. Final FY24 expenditure update
 - i. \$475,044.34 total grant amount, \$312,521.91 received
 - ii. \$94,466.38 spent (19.88% of total grant award)
 - iii. \$218,055.53 to be returned to DPH

III. FY25 Planning

- a. Dashboard check-in, upcoming activities and next steps
 - i. Priorities: PHN and Inspector JD development, Training Survey, Capacity Self-Assessment, document review for digitization
 - ii. We're nearly halfway through Q1 - want to be realistic about timeline and deliverables (and adjust the workplan if/as necessary)



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b. Hiring - PHN

- i. Preliminary steps to help us translate coalition need and capacity into job descriptions for review and posting
- ii. Regroup on PHN conversation from 7/25 meeting. Does the need across the coalition better fit a full FTE hire, or contract expansion of the Pembroke-Hanover model? DPH is looking forward to the expansion of nursing capacity in our SSA, and our intended social worker hire is dependent on a PHN hire.
 1. Lisa: Pembroke's model has worked very well for the population, with a typical 5-10 hours/week commitment. Some fluctuation based on season and need (i.e., seasonal flu, BP clinics), which can require more up-front work or surge capacity.
 2. Cynthia: If that commitment applies to every town, we're cuspings beyond 0.5 FTE at minimum, with an easy 1.0 FTE during surge seasons, though some towns might not need that additional support.
 3. Lisa: Pembroke recently underwent a DOR review - the division of labor across three nurses allows for schedule flexibility and full coverage. Nurses have communicated their preference for contractor/part-time rather than full-time work.
 - a. Nancy: Seconds.
 4. Ben: Capacity gaps to fill in Marshfield and Rockland. Norwell, Pembroke and Hanover have existing systems in place that work well, but Norwell needs additional MAVEN coverage.
 5. Gary: Marshfield has a nurse now to cover the basics (5-6 hours/week).
 6. Delshaune: Rockland's PHN is 19 hours/week, with little interest in additional clinics beyond basic coverage.
- iii. Cynthia: Does it make sense to start with a 0.5 FTE position to provide Rockland/Marshfield support and surge to the other towns as needed? Or plan for a 1.0 FTE position - a role that could build additional programming and collaboration beyond bare minimum services for all five towns?
 1. Nancy: Coverage in all five towns would be too much for a single 1.0 FTE PHN, and would require additional nurses to cover time off.
 - a. Lisa: Seconds.
 2. Cynthia: Beyond basic coverage, additional services might include camp inspections, coverage and management of TB cases, build and support clinics and other programs, etc. Approach one: baseline services and a weekly commitment to cover them. Approach two: expand this position



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- beyond that baseline, in the spirit of the grant to build additional capacity with available resources.
3. Nancy: Many roles that a PHN could take on - emergency preparedness, education and outreach, etc.
 4. Ben: Norwell's Council on Aging is heavily involved with the nursing team to optimize service delivery (complement but not overlap). For example, medication, education, emergency preparedness, medical equipment access during emergencies.
 5. Lisa: Ideally this position will extend beyond bare minimum, and could prepare for emergency situations or dramatic shifts in the future (like during COVID).
- iv. Cynthia: Leveraging PHE funds to go the extra mile and build out a more robust program is the goal. Is that opportunity here?
1. Ben: Definitely. Norwell's vaccine response is currently contracted out to Walgreens, which ensures doses aren't wasted (and different types of vaccines are available to those who want them). Limits time, paperwork, insurance, procurement, etc. for the municipal team.
 2. Nancy: That type of role would require a FT position to cover all five towns, not including MAVEN coverage, which would require additional part-time support. Regional vaccine clinics make sense, but Hanover's town clinics are working well.
 3. Cynthia: We would need additional coordination to manage the reimbursement/administrative lift. Agree with Nancy - a single FT role would be an enormous lift. That said, efforts would be concentrated in some towns (with surge support in the others).
 4. Lisa: For this to work, we need to have faith and flexibility. This is uncharted territory for all towns, but the grant allows us to explore this position. If needs or preferences change throughout the year, the position can change as well.
 5. Cynthia: Confirmed that we can absolutely adjust as necessary. For now, we need to pick a place to start. If we choose a 0.5 FTE position, funds are freed up in our budget to be allocated elsewhere (for example, expanding digitization). We budgeted for a 1.0 FTE.
 6. Ben: Each town with existing nursing capacity doesn't want to lose any current funding.
 7. Cynthia: Consider supplanting - this is meant to add capacity and supplement what can't be provided, rather than replace any existing role or capacity. We can leverage this new position to build programming that doesn't currently exist.



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- a. Nancy: Echoing that 0.5 FTE is a good starting point.
 - 8. Delshaune: Only full-time employees would get benefits.
 - a. Cynthia: We do have benefits budgeted for in the event of a full-time hire.
 - 9. Gary: Does DPH have a list of baseline services required for a PHN?
 - a. Cynthia: PHN is not statutorily required in the state, but DPH is working to develop a resource that SSAs can reference to describe needs and services.
 - v. Cynthia: Introducing the sample scope of work (per the slides) - this type of language might be common or useful for our JD. Sole statutory requirement is tuberculosis surveillance and treatment. Other towns have demonstrated a need for camp coverage.
 - vi. Cynthia: For next steps, BME will provide an example JD with potential services and language outlined. We will circulate for group review and revisit at the next meeting.
- c. Hiring - Inspector
 - i. ALSCO continuation and expansion - we have the option of leveraging this service to fill food protection inspection gaps. Three options - hire a contractor, hire FTE, or expand ALSCO services.
 - ii. Cynthia: For those who don't currently use ALSCO, is there any interest?
 - 1. Lisa: Currently have municipal inspectors. Could ALSCO provide emergency support services (e.g., foodborne illness outbreak)? Is that supplanting?
 - 2. Delshaune: ALSCO does more than just food, and they're very flexible. They also do pool inspections, provide education/outreach, and can facilitate ServSafe courses in Portuguese.
 - 3. Gary: During food emergencies, ALSCO can respond if municipal staff can't cover. They're also great to have during weekend surge (fairs, events). They fill schedule gaps, but there is no expectation to use them for all inspections.
 - iii. Cynthia: The sample scope of work (per the slides) is an example JD for hiring an inspector externally.
 - 1. Delshaune: Can they also do dumpster inspections? Some (not food-related) dumpsters in Rockland are not up to code.
 - 2. Lisa: Two different codes - the regulation depends on whether the dumpster (beyond food-related) is associated with communal living or general business. Housing code versus community sanitation. We should see if ALSCO can include this in their services.



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- iv. Cynthia: We've written into our workplan a focus on food protection coverage and support. While ALSCO has a suite of services, they are more limited. Additional coverage using ALSCO may free up municipal inspectors for other areas. We will initiate a conversation with ALSCO to understand their scope of services and explore regional expansion.
- d. Hiring next steps: Intend to review draft job descriptions at our next meeting. Cynthia and Haleigh will circulate draft language for the group to review.
- e. Digitization - next steps
 - i. Initial document review
 - 1. What is the current status in each town? Quotes or consultations?
 - a. Delshaune: I have all of the initial quotes for all towns with the draft RFP.
 - ii. Allowable digitization - public health-related documents within the last 7 years
 - 1. Exception for Title 5 / Septic - needs to be documented further
 - iii. Opportunity for multi-step digitization
 - 1. Phased throughout the FY by priority area or specific document categories
 - a. Gary: This might be difficult depending on how towns have their records organized. This is a top priority for Marshfield.
 - b. Lisa: High priority for Pembroke too, with a focus on septic. We are working to weed out unnecessary files.
 - c. Derek: How are records for older septic systems (beyond the 7 year cutoff) handled?
 - i. Ben: Exception for title 5 documents, which need to be kept forever. Once a new septic system is installed, the old documents can be destroyed.
 - d. Lisa: If the grant requires proof of maintenance of digitization efforts, what are the guidelines?
 - i. Cynthia: We will touch base with our program coordinator to ensure compliance according to the grant.
- iv. State contract (FAC126) - opportunity to streamline the procurement process
- f. Training Survey
 - i. Purpose: Assess current certifications among municipal staff members and identify opportunities for additional training or capacity building. This activity aligns with Performance Standard 3.
 - ii. The survey:



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1. The survey is designed to give you a set of questions based on your role - for example, if you are an inspector, you'll be prompted to answer questions about inspection-related certifications
2. The survey reflects statewide Workforce Standards, developed as part of the Blueprint for Public Health Excellence
- iii. Task: All Health Department staff in each community are to complete the SS5PHA Training Survey **by August 22nd**
 1. We will review results in our first September meeting

Motion to table remaining agenda items: Capacity Self-Assessment, Community Updates.
Rockland motioned to table remaining agenda items, Marshfield seconded.

Hanover: Y
Marshfield: Y
Norwell: Y
Pembroke: Y
Rockland: Y

Motion approved.

IV. Other Business

- a. Next meeting - August 20th from 10:00 am - 12:00 pm
 - i. Relavent introduction and software demonstration with Michael Hicks from 10:00 - 11:00 am
 - ii. Regular coalition meeting from 11:00 - 12:00 pm
- b. IMA next steps
 - i. We have received the executed contract from DPH. BME will circulate an updated IMA draft to with the contract included in Exhibit A
 1. Please continue to review internally. Cynthia and Haleigh are available for one-on-one meetings with each town to answer any questions and provide additional support.
 - ii. Summary of upcoming activities:
 1. August 13th - Send Haleigh & Cynthia inspector names and license type
 2. August 20th (meeting) - Review and accept draft job descriptions
 3. August 22nd - Complete Training Survey
 4. September 17th (meeting) - Review Training Survey results
 5. September 20th - Complete Capacity Self-Assessment
 6. October 1st (meeting) - Review Capacity Self-Assessment results



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7. October 31st - IMA Executed

Next Meeting

The next coalition meeting will be **Tuesday, August 20th at 11:00 AM (following 10:00am meeting with Michael Hicks to discuss Relavent).**

Motion to adjourn meeting

Marshfield motioned to adjourn the meeting, Rockland seconded.

Roll Call Vote

Hanover: Y

Marshfield: Y

Norwell: Y

Pembroke: Y

Rockland: Y

Meeting adjourned at 11:02 AM.

Documents referenced during the meeting

- SS5 August 6th Meeting Slides
- SS5PHA Training Survey