BME STRATEGIES

South Shore 5 Public Health Alliance

Date: December 17th, 2024
Time: 11 am - 1 pm
Meeting Location: **In-Person:** Rockland Board of Health, 242 Union St, Rockland, MA 02370 Lower Level Conference Room **Virtual:** https://us06web.zoom.us/j/87971076482

Voting members in attendance:
Kim Dixon, Director of Public Health/Health Agent, Hanover
Nick Corcoran, Assistant Director, Marshfield
Ben Margro, Health Agent, Norwell
Delshaune Flipp, Director/Health Agent, Rockland

Non-voting members in attendance:
Cynthia Baker, BME Strategies
Haleigh Schultz, BME Strategies
Nancy Funder, Public Health Nurse & Inspector, Hanover
Derek Vozzella, Executive Administrative Assistant, Hanover

Non-member attendees:
Adam Gedutis, Pembroke
Maureen Jasie, Pembroke
Sarah, town affiliation unknown

Voting members absent:
Lisa Cullity, Pembroke

Opening
4/5 voting communities present, quorum was met.
Haleigh called the meeting to order at 11:11 AM.

Motion to start the meeting
Ben motioned to start the meeting, Kim seconded the motion.

Roll Call Vote
Hanover: Y

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Marshfield: Y
Norwell: Y
Pembroke: Not Present
Rockland: Y
Motion approved.

A. Approval of Past Meeting Minutes

a. The group decided to table meeting minute approval to allow additional review time.

Motion to table the November 19th and December 3rd meeting minutes
Delshaune motioned to approve the November 19th and December 3rd meeting minutes, Ben seconded.

Roll Call Vote:
Hanover: Y
Marshfield: Y
Norwell: Y
Pembroke: Not Present
Rockland: Y
Motion approved.

B. Announcements & Reminders

a. MHOA
    i. Membership Renewal – for those who have not already renewed their memberships, please send Delshaune and Haleigh an email with the names of your town's staff seeking renewal
        1. For those who have already renewed, please forward the invoice to Delshaune (with Haleigh on cc)
        2. As a reminder, PHE funds can cover membership fees for Health Department and Board of Health staff so long as it doesn't supplant existing municipal funding
        3. Delshaune asked whether Board Members can leverage PHE funds for memberships. Haleigh clarified that so long as funding doesn't supplant municipal funds available for memberships and training, PHE funds can be used. PCs are available for additional clarification if needed on a case-by-case basis.

a. Ben recommended maintaining MHOA, MEHA, and MAHB memberships. NACCHO is included within.

ii. The MHOA December Quarterly Meeting will take place on December 19th, from 10AM to 11:30AM, virtually. This is a great opportunity to leverage PHE funds in the Training & Credentialing line. The session focuses on Reducing Harm, Promoting Safety: A Public Health Perspective on Firearms.

1. Kim, Derek, and Nick have already registered.
2. For those who register, please send the invoice to Delshaune (with Haleigh on cc).

b. Relavent. Each town has outstanding Relavent onboarding and training tasks. Please complete all necessary documentation and training as outlined, with support from Amanda Sanon (Relavent) and Haleigh if needed.

i. Hanover: Signed Software as a Service Agreement (SaaS), Establishment Intake Form (EIF), User Information Form (UIF)
ii. Marshfield: Training - Nick & Kathy (FCP & HCP)
iii. Norwell: Signed Software as a Service Agreement (SaaS), Establishment Intake Form (EIF), User Information Form (UIF)
iv. Pembroke: Signed Software as a Service Agreement (SaaS), Establishment Intake Form (EIF), User Information Form (UIF)
v. Rockland: Training - Amy & Jeanine (FCP & HCP)

C. Introduction to the FPHS Review

a. FPHS Overview

i. To understand why OLRH is launching this review process, it's important to understand how the Foundational Public Health Services play into Massachusetts Public Health and the PHE grant. As detailed in the Blueprint for Public Health Excellence, the FPHS Shared Services Review is part of a statewide effort to enhance LPH. OLRH and LPH will work collaboratively through a stepwise process to review current services and resource sharing.
ii. SSAs act as a piece of that puzzle, aiming to adopt best practices and standards to improve public health.
iii. The Foundational Public Health Services framework defines a minimum set of public health services that must be available in every municipality.

1. These services don't have to be provided by Local Public Health directly, as long as they are provided in some capacity.
2. FPHS is made up of 5 foundational areas, which capture public health programs and basic public health. These 5 FAs reflect the minimum level

of service that should be available in all communities. The 8 foundational capabilities represent the crosscutting skills and capacities needed to support public health programming.

iv. **This is not an assessment, but rather an information-gathering and review process.**

v. Derek asked whether the FPHS Review Process is reported out or messaged at the Town Manager or Administrator level. While it's worthwhile for public health folks to understand these standards, municipal Health Department staff aren't always the ones making the decisions.

1. Cynthia noted that this also aligns with the passing of SAPHE 2.0, which could require these standards in a more formal statutory manner in the future. Participating in the FPHS Review Process is extremely important in building out a system that makes sense for Local Public Health, especially as requirements change down the line.
2. Nancy reiterated the importance of communication across town levels. She asked whether MMA or another organization is messaging about these topics.
3. The group requested a reference document for public health salaries across different roles. Haleigh will circulate once complete.

b. <u>What will the FPHS review look like?</u>

i. Starting in January 2025, each community is to provide data and documentation to assess existing Massachusetts public health resources and services. LPH and SSCs will leverage two tools to collect this data:

1. The Cost Tool: collates information on the resources (labor, revenue, contracts, operational costs, etc.) each local health entity is spending on FPHS-related activities
2. The Service Delivery Tool: captures current services provided, services shared, and overall capacity and staff expertise to fulfill FPHS

ii. Cynthia reiterated that SSCs will be collecting this information (on behalf of the SSA) alongside health directors.

c. <u>FPHS Review Timeline</u>

i. So far, there has only been information sharing. The FPHS Review officially kicks off in January! More detailed information and guidance to come.

ii. The data collection period begins mid-January, where SSAs will complete the Cost Tool and the Service Delivery Tool.

1. There are two data collection periods for the Service Delivery Tool - the first is January 15th - February 28th for SSCs to complete. The second is

for LPH entities, following each SSA's Service Delivery Tool meeting with OLRH. This ends on April 18th.

iii. Post data-collection, each SSA will have the opportunity to review Service Delivery Tool results in May.

d. <u>What types of support will be available?</u>
   i. Plenty of support is available for SSAs and their communities. Support includes:
      1. A dedicated BME Point of Contact for each SSA. SS5's contact is Melanie Mackin.
      2. MHOA SMEs: available for Technical Assistance upon request
      3. Shared Services Coordinators
      4. DPH Program Coordinators
   ii. There are also SSAs who have been beta testing the review process to help troubleshoot and streamline the process.
e. <u>Planning for FPHS Review</u>
   i. Given the timeline and ask of this review process, Haleigh and Cynthia want to ensure everyone is familiar and comfortable with the expected dates, commitment, and data that each community will need to provide.
      1. If there are folks to connect BME to, conversations to preemptively kick off the process, or additional support that can be provided, please let Haleigh and Cynthia know. The goal is to prepare and plan strategically, such that the lift is lighter and seamless in January and February.
   ii. The group reported no further questions.
f. <u>Upcoming dates</u>
   i. As a reminder, there will be an FPHS Introductory webinar on January 14th, from 3PM - 4PM.

D. FY25 Planning

a. <u>Hiring Updates</u>
   i. Public Health Nurse: This afternoon, the hiring subcommittee will be conducting final-round interviews with selected candidates.
      1. Once an offer is extended, the RPHN could start as soon as January.
   ii. Social Worker
      1. Three applicants so far!
   iii. Inspector
      1. Reminder to touch base with the folks at ALSCO. If the coalition needs to regroup on inspector hiring and priorities for additional coverage, this can be a conversation at a future meeting.

2. Delshaune announced that ALSCO is holding an upcoming Food Manager class.

b. Planning for the PHN
   i. To prepare for the incoming hire, additional logistics need to be considered.
      1. Desk space: Hanover noted that some desk space is available. The group suggested a hybrid role, with at-home work availability for administrative and planning tasks.
      2. Schedule: How will the nurse divide their time?
      3. Reporting structure: Beyond reporting to each Health Director when working across communities, how will the management of this employee be structured?
      4. Collaboration with existing nursing programs and team members, as well as additional partners such as Councils on Aging.
   ii. As the coalition continues to build out regional shared staffing, Haleigh and Cynthia can create a Regional Staff Request Form. This will help track staff utilization and provide a streamlined mechanism for requesting additional support.
   iii. Haleigh is building out a RPHN Onboarding Guide. In addition to required and recommended trainings, the onboarding plan includes 1:1 meetings with Health Directors, as well as a shadowing program with PHNs across the coalition.
      1. If towns have any specific onboarding requirements or resources that should be included, please forward requests to Haleigh.

c. FY25 Spending Brainstorming
   i. So far, requests include various inspection-related supplies and items. As the coalition continues to explore additional programming throughout the remainder of the fiscal year, requests will be approved for purchase. Please send additional "wishlists" and spending requests to Haleigh and Delshaune.
   ii. In addition to inspectional supplies, possible spending areas include Nursing Supplies, Health Communications (resources, translation services, etc.). The group can also explore SS5-branded swag ($250 lifetime limit per person). As always, Training will continue to be supported.

d. Introduction to Expanded Vaccine Access
   i. As part of the FY25 Workplan, the group committed to participating in a Community of Practice, Expanded Vaccine Access. As a reminder, these CoPs are meant to connect SSAs and towns who are working toward similar goals, sharing information and resources, and providing additional support and SME guidance.
   ii. The SS5 workplan commits to:
      1. Working with community partners to understand vaccine access barriers

2. Reviewing local vaccine needs
3. Forecasting vaccine demand using resources and tools such as MIIS
4. Establishing vaccine reimbursement and Revolving Accounts to optimize vaccine purchase options and capacity

iii. During the first Community of Practice meeting, the State presented a few different data assessment metrics for SSAs to begin considering vaccine trends, gaps, and needs across communities. The metrics presented reflect vaccination rates for Kindergarteners.
   1. The MIIS estimate reflects vaccinations (according to MIIS) over the number of records in MIIS
      a. Strengths include the dynamic nature, providers are able to enter historical data and records, and it's a great estimate of vaccines administered in Massachusetts
      b. Limitations include potential duplications, incorrect addresses, and the inability to access out-of-state records
   2. The Donahue estimate uses the same numerator (vaccinations logged in MIIS), but uses a population estimate based on census data as the denominator
      a. Strengths: provides a population-based denominator, not impacted by incorrect addresses, may include those without a vaccination record in Massachusetts
      b. Limitations: static, updated infrequently, doesn't reflect population movement or changes

iv. For both metrics, SS5 is measuring above state average.

v. How can the coalition leverage vaccine data and plan programming to meet community needs?
   1. Nancy would like to see data for 65+ and those without private health insurance.
   2. Nancy and Kathi proposed regional vaccine clinics for the following vaccine types:
      a. TDAP booster for 7th graders
      b. Meningitis vaccines for high schoolers
      c. Single-dose Shingles vaccines for adults

vi. Other vaccine-related programming opportunities include building out education and outreach, fostering community partnerships, and considering additional vaccine access points, such as schools
   1. Ben mentioned that the group could partner with COAs to provide transportation access to regional clinics.

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E. Other Business

a. Voting Members. Per the IMA, each community is to appoint or elect a primary voting member and at least one alternate voting member. The group proposed the following and will hold an official vote at an upcoming meeting.
   i. Hanover:
      1. Primary: Kim Dixon
      2. Alternate: Derek Vozzella, Nancy Funder
   ii. Marshfield:
      1. Primary: Nick Corcoran
      2. Alternate: Gary Russell, Kathy Duddy
   iii. Norwell:
      1. Primary: Ben Margro
      2. Alternate: Incoming hire
   iv. Pembroke:
      1. Primary: TBD
      2. Alternate: TBD
   v. Rockland:
      1. Primary: Delshaune Flipp
      2. Alternate: Kathi Ryan

b. Upcoming Meeting Schedule
   i. The next meeting is tentatively scheduled for Tuesday, January 7th, with meetings resuming every second Tuesday from 10AM - 12PM.
   ii. Upcoming meetings include:
      1. January 7th
      2. January 21st
      3. February 4th
      4. February 18th - Delshaune will be out of office.

Next Meeting

The next coalition meeting will be **Tuesday, January 7th from 10AM to 12PM** in Rockland**.**
The agenda will be circulated on January 1st to allow ample posting time.

Motion to adjourn meeting

Derek motioned to adjourn the meeting, Delshaune seconded the motion.

Roll Call Vote

Hanover: Y

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Marshfield: Y
Norwell: Y
Pembroke: Not Present
Rockland: Y
Motion approved.

Meeting adjourned at 12:51 PM.

Documents referenced during the meeting

- SS5 December 17th Slides