

North Shore Public Health Collaborative

Meeting Minutes

Thursday, December 19th, 2024 2:00-4:00pm

Attendees

Name	Role	Community
Laura Dellechiaie	Director	Beverly
Frank Giacalone	Director	Danvers
Judith Ryan	Public Health Nurse	Danvers
Lisa Tobin	Director	Lynn
Andrew Petty	Director	Marblehead
Tracy Giarla	Public Health Nurse	Marblehead
Sharon Cameron	Director	Peabody
David Greenbaum	Director	Salem
Jeff Vaughn	Director	Swampscott
Neia Illingworth	Public Health Nurse	Swampscott
Laura Nash	Epidemiologist	NSPHC
Meg Dlusniewski	Coordinator	NSPHC
Steven Kahn	Coordinator	Northeast Training Hub
Terry Kennedy	Regional Trainer – Food	Northeast Training Hub
Stephen Casey	Regional Trainer – Housing	Northeast Training Hub

PHE and Training Hub Updates

- Next month's NSPHC meeting will be hybrid, with the in-person component at the Health Department in Salem. The Zoom link will be the same as usually for people joining remotely. Kendra and Caitlyn are attending a train-the-trainer session to provide de-escalation trainings. Hayden accepted a position in Beverly as a Sanitarian and will be leaving his regional role. Steven presented information on tier one completion rates for the training hub. Steven and Terry discussed the registration deadline for the next tier of food training, emphasizing the importance of completing tier one by the end of January. David suggested that directors should work on their tier ones and aim to get into tier two. Terry explained the selection process for tier two, which includes the percentage of time spent on food inspections and the urgency of receiving the training. Stephen proposed the idea of starting a hoarding task force for the North Shore public health collaborative, and David agreed, emphasizing the need for funding.

Epidemiology Updates

- Laura discussed the increasing rates of influenza in Massachusetts, with vaccination rates remaining stable across most communities except for Salem. She also addressed the recent outbreak of avian influenza, with over 9,000 humans being monitored for potential exposure and symptoms. Laura mentioned that the US Department of Agriculture (USDA) has confirmed 61 human cases and over 1.2 million poultry affected since the outbreak began. She also noted that the genetic sequencing of human cases indicates exposure to wild birds, not dairy farms. Laura mentioned that California has experienced a significant raw milk recall and Governor Newsom has declared a state of emergency to expedite efforts to combat a larger outbreak.
- Laura presented a year in review for infectious diseases in the North Shore, highlighting trends and statistics. She noted that respiratory illnesses like Covid-19 and influenza were the top two illnesses for the fourth year in a row, and there was a rise in vaccine-preventable diseases. Laura also mentioned that foodborne illnesses were on the decline.

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Workplan and Budget Updates

- Meg presented a dashboard showing the overall spend to date, percentage of contract spent, and funding left, as well as the progress on the work plan. The group discussed the requirement for a designated backup user in MAVEN. The group discusses concerns about potential funding cuts to public health programs from the incoming federal administration. For the PHE program, funding is secure until 2027 and the state is working on contingency plans. The state is working on a data solution that will provide the same functions as existing digital inspection software; when this is in place, PHE funds will no longer be able to cover Relavent software. Meg presented the initial results from the salary analysis conducted within NSPHC.
- Steven presented a review of the Capacity Assessment Results Toolkit. Steven explained that the 3-phase capacity assessment was implemented by BME to evaluate the capacity of local public health systems across Massachusetts. The North Shore Public Health Collaborative met 83% of the performance standards, which is 5% above the statewide average and 4% above the training hub average. The Collaborative has the 5th highest local municipal budget in the commonwealth when all of their 8 municipal budgets are combined, and they are responsible for over 300,000 residents. The highest need was awareness, with 25% of environmental protection staff, 16% of admin staff, and 13% of flu protection staff unaware of the performance standards. The Collaborative's best area was the staffing and training needs, with less than 7% across all expertise areas. The Collaborative's highest performance areas were tobacco use prevention and disease control and prevention, with 95% and 92% of performance standards met, respectively. Steven reviewed that many of the initial recommendations have since been implemented, including transitioning to digital inspection software, investing in training, and strengthening the IMA.