

Board of Health

Meeting Minutes

May 16, 2024

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Members Present: Kelly Lamas, Chair; Adrienne DeSantis, Secretary; Antonio Tavares, Member

Also Present: Paulina Matusik

Meeting was called to order @ 4:32 PM by Ms. Lamas and the Pledge of Allegiance was performed.

Monthly Business:

Ms. DeSantis signed the meeting minutes from April 18, 2024. Ms. DeSantis made a motion to approve the meeting minutes for April 18, 2024. Seconded by Mr. Tavares. All in favor 3-0.

Ms. Lamas explained this is a meeting that will serve as an understanding and to get the Board of Health back to the foundations of Public Health. This meeting will include:

- Where the State is going with Public Health.
- What has already been done and what the BOH is looking to do going forward.
- Education Information – What Public Health Nursing is
- Shared Service Grant
- Regional Public Health Nurse Position
- Guest speaker who will speak on the role of a regional nurse

Ms. Lamas noted the State is calling this “**Creating a 21st Century Local Public Health System.**”

What is Public Health?

Public health promotes and protects the health of All people and their communities.

This science-based, evidence-backed field strives to give everyone a safe place to live, learn, work and play. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Overall, public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as an entire country or region of the world.

Every day, the public health field is working – often behind the scenes – to prevent hazards and keep people healthy.

Public health work spans government, business and nonprofit sectors.

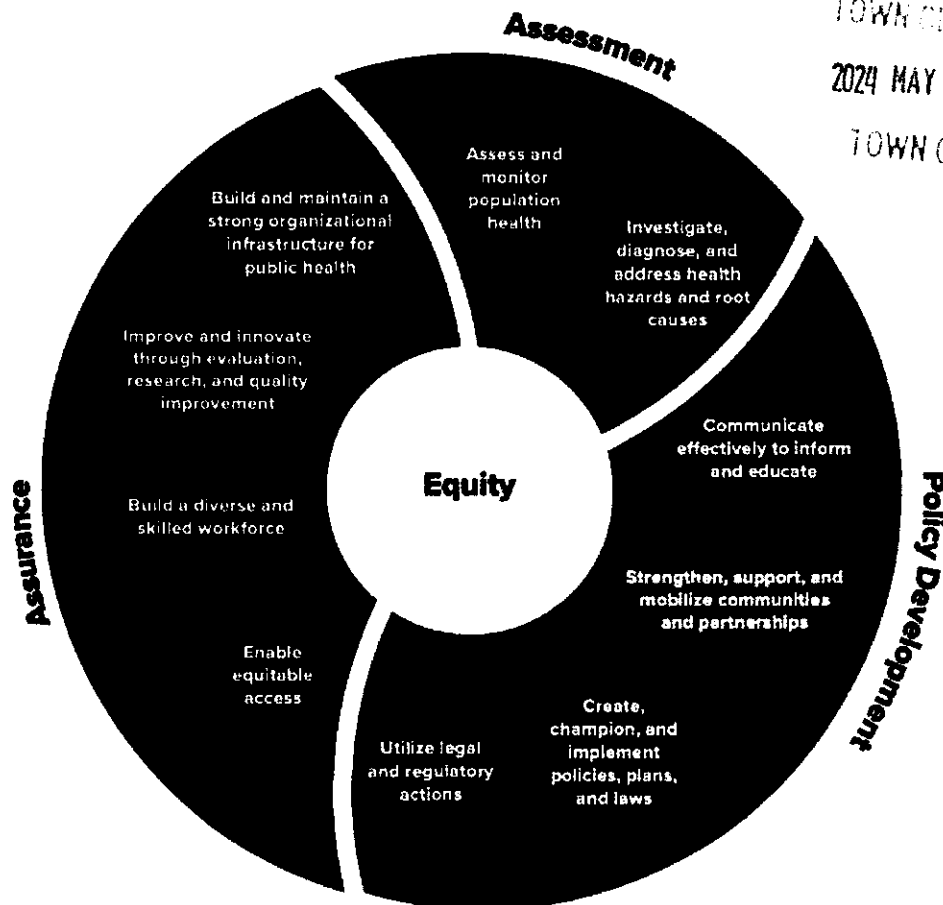
Public Health v. Health Care

The health care industry treats people who are sick, while public health aims to prevent people from getting sick or injured in the first place.

Public health also focuses on entire populations, while health care focuses on individual patients.

The 10 Essential Public Health Services

To protect and promote the health of all people in all communities



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Created 2020

The 10 Essential public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.

Ms. Lamas explained all State and Local Health Departments look at this when they are evaluating services to align with the resources they have. The three essential functions of Essential Public Health Services are Assurance, Assessment and Policy Development with Equity in the middle – giving the residents what they need to be healthy.

SAPHE 2.0 Act

(Statewide Accelerated Public Health for Every Community)

AN ACT TO ACCELERATE EQUITY & EFFECTIVENESS OF OUR LOCAL & REGIONAL PUBLIC HEALTH SYSTEM

The SAPHE 2.0 Coalition is led by municipal officials and public health experts. In 2021, the Coalition successfully advocated for the allocation of \$200M in federal ARPA funds over five years to:

- Establish integrated, 21st century data systems,
- Invest in workforce development to ensure that every community benefits from the expertise of trained professionals, and
- Eliminate the significant inequities in public health services and capacity between municipalities.

Ms. Lamas explained that the Covid 19 Pandemic showed that the local public health system in Massachusetts is not adequately structured, staffed or financed to meet large scale public health challenges and much of the health departments are decentralized, there are 351 in the state of Massachusetts. This act is looking to create a public health system that can meet the challenges of today and to transform the system.

SAPHE 2.0 Act Will:

- **Establish Minimum Public Health Standards for Every Community** ☒
- o Directs the Department of Public Health (DPH) to develop a set of standards for local public health systems in accordance with the unanimous recommendations of the Special commission on Local and Regional Public Health. The standards include housing and food safety, public health nursing services, communicable disease control and protection from environmental exposures

SPECIAL COMMISSION ON LOCAL AND REGIONAL PUBLIC HEALTH EDUCATIONAL, TRAINING, AND CREDENTIALING RECOMMENDATIONS			
POSITION	REQUIRED AT HIRE	REQUIRED AFTER HIRE	RECOMMENDED
MANAGEMENT – e.g., Director, Assistant Director, Deputy Director <i>Management position does not do inspections but supervises those who do.</i>	<ul style="list-style-type: none"> • Registered Sanitarian or equivalent eligible* • Master's in relevant field or BA/BS with 5 years of relevant experience 	<ul style="list-style-type: none"> • RS or equivalent within a year* • Foundations for Local Public Health Practice ("Foundations") course within one year of hire • CHO within 3 years of hire • Complete Master's within 5 years 	<ul style="list-style-type: none"> • Health Association membership • LPHI Managing Effectively in Today's Public Health Environment ("Management") course • Three years of experience in local or state public health • MAVEN training within one year
MANAGEMENT/AGENT	<ul style="list-style-type: none"> • Registered Sanitarian or equivalent eligible 	<ul style="list-style-type: none"> • Foundations course within 18 months • RS within 18 months of hire • Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector training, housing inspection training, certified pool operator/certified pool inspector, lead determinator within one year of hire 	<ul style="list-style-type: none"> • Health Association membership • LPHI Management Course • CHO within 3 years of hire
INSPECTOR/SANITARIAN	<ul style="list-style-type: none"> • High School Diploma or equivalent 	<ul style="list-style-type: none"> • RS within 6 years of hire • Foundations course within 18 months • Specific certifications for inspections performed, such as soil evaluator, system inspector, food inspector training, housing inspection training, certified pool operator/certified pool inspector, lead determinator within 1 year of hire 	<ul style="list-style-type: none"> • Health Association membership • Associates degree in science or public health, at hire.
PUBLIC HEALTH NURSE	<ul style="list-style-type: none"> • Bachelor of Science in Nursing (BSN) • Registered Nurse (RN), current MA license 	<ul style="list-style-type: none"> • MAVEN trained within 6 months • Foundations course within one year of hire 	<ul style="list-style-type: none"> • MAPHN Membership
CLERICAL STAFF	<ul style="list-style-type: none"> • Microsoft Office (or similar) applications 	<ul style="list-style-type: none"> • Modified Foundations course (Foundations course for Clerical Workers) within one year of hire 	<ul style="list-style-type: none"> • On-line permitting
BOH MEMBER (NOTE: IF DOING INSPECTIONS MUST MEET REQUIREMENTS ABOVE)			<ul style="list-style-type: none"> • Orientation to Public Health within 3 months • Foundations course within one year

INSPECTION TYPE	REQUIRED	RECOMMENDED
FOOD PROTECTION	<ul style="list-style-type: none"> • ServeSafe or similar • Massachusetts Public Health Inspector Training (MA PHIT) Food Inspection Class • Field Component 	<ul style="list-style-type: none"> • Food and Drug Administration/Office of Regulatory Affairs - University (FOAAU)
HOUSING	<ul style="list-style-type: none"> • MA PHIT Housing Class • Housing Court training (TBD) • Lead Determinator • Field Component 	<ul style="list-style-type: none"> • Relevant LPHI Modules
TITLE 5	<ul style="list-style-type: none"> • Soil Evaluator • System Inspector • MA PHIT Wastewater • Field Component 	<ul style="list-style-type: none"> • Relevant LPHI Modules
POOLS	<ul style="list-style-type: none"> • Certified Pool Operator or Certified Pool Inspector with Field Component 	<ul style="list-style-type: none"> • Relevant LPHI Modules
RECREATIONAL CAMPS	<ul style="list-style-type: none"> • MA PHIT Camps (TBD) with Field Component 	<ul style="list-style-type: none"> • Relevant LPHI Modules
TANNING/BODY ART	<ul style="list-style-type: none"> • MA PHIT (TBD) with Field Component 	<ul style="list-style-type: none"> • Relevant LPHI Modules
NUISANCES	<ul style="list-style-type: none"> • MA PHIT (TBA) with Field Component 	<ul style="list-style-type: none"> • Relevant LPHI Modules

- All personnel should have at least ICS 100/NIMS 700 within one year of hire. Those who might have a leadership role should have ICS 200 and above.
- Boards of health may have stricter requirements, but must meet these requirements.
- Boards of health with current staff who have worked for local or state public health for at least 7 years, but who do not meet these requirements, may request a waiver except for inspectional trainings.
- Membership in professional organizations is deemed as critical for professional growth and development, for leadership and mentoring opportunities, and for opportunities for sharing best practices. This is recommended, but not required.

*Management positions should meet the requirements as set forth in this document for the position. However, a request may be submitted by the board of health to waive the Registered Sanitarian (RS) requirement if

- 1) the health department has a management position and a separate fulltime environmental health director and
- 2) the environmental health director has an RS, oversees the inspectors, and reports directly to the management position.

As a board they adopted these workforce standards due to the department of Public Health adopting these standards in October. This standard is required for all Health Departments to move forward, and these standards were given to Ms. Ribeiro in Human Resources to keep on file.

Ms. Lamas expressed that this really sets a standard for staffing of Health Departments to increase capacity and really look at what the staff's skillsets are and what the community needs and how to meet the needs through these positions.

- **Increase Capacity & Effectiveness by Incentivizing Shared Services** ☒

- Since Massachusetts has 351 boards of health, local partnerships to share services, data collection, or inspectors are essential to increase capacity and ensure that every resident benefits from strong health protections.

Ms. Lamas explained the Shared Services Grant is \$495,000.00 every year for three years, up to nine years and is called the Milltown Health Coalition that includes Ludlow, Palmer, Warren and West Brookfield. Ludlow is the fiscal agent, and the holder of the money. This is state funding that is given to supplement any gaps in services for the Milltown Health Coalition.

Ms. Matusik has been interviewing for a Social Worker for Shared Services under the grant. There has been an identified need for social work given people's experience with mental health conditions across the continuum of ages, not only in the Ludlow community but in surrounding communities. A social worker has been hired under the regional grant and will be starting on May 20, 2024.

Under the grant, Ludlow is looking to hire a Regional Public Health Nurse that will serve Ludlow, Palmer, Warren and West Brookfield based on what the communities' needs are.

These positions meet the needs of each individual town by working collaboratively. What Ludlow may need for nursing will not be the same as what Palmer, Warren and West Brookfield may need. And what Ludlow may need from a social worker may not be the same as the other communities within the coalition. This is where the grant is helping in building the capacity by receiving funds from the State.

- **Create a Uniform Data Collection & Reporting System**
- **Increase Equity Across Communities through Dedicated Sustainable State Funding**

Ms. Lamas explained the four bullet points, noting the two highlighted with a green check mark is what the board is actively doing and approved as a board of health because it directly aligns with what the State is looking to do for all health departments.

The last two bullet points are on the State to do the work.

Massachusetts Boards of Health:

Under **Massachusetts General Laws (Ch. 111, sec 26-33)**, state and local regulations and community direction, Boards of health are held responsible for disease prevention and control, and health and environmental protection and promoting a healthy community. The Boards of Health serve as the local arm of both the Mass. Department of Public Health and the Mass. Department of Environmental Protection.

To fulfill their duties, they develop, implement and enforce health policies, oversee inspections to maintain minimum standards for sanitation in housing and food service, and assure that the basic health needs of their community are being met.

Ludlow Board of Health:

The mission of the Ludlow Board of Health is to protect, promote, and preserve the health and well-being of all residents of the town of Ludlow.

The Board of Health is responsible for overseeing development of health policies and regulations, food inspections, waste disposal issues, tobacco control, issuance of licenses, and animal control.

Under Massachusetts General Laws, state and local regulations, and community direction, the Board of Health is held responsible for disease prevention and control, health and environmental protection, and promotion of healthy community. The Board of Health serves as the local extension of both the Massachusetts Department of Public Health and the Massachusetts Department of Environmental Protection.

The Board of Health consists of 3 elected members serving staggered 3-year terms.

Ms. Lamas did explain that the board members must be residents of Ludlow.

Ludlow Health Department:

The Ludlow Health Department is empowered through the Ludlow Board of Health by the Massachusetts General Laws to enforce state and local public health and environmental regulations.

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The mission of the Department is to **prevent disease, promote health, and protect the public health and social well-being of the residents of Ludlow, especially the most vulnerable.**

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The staff of the Health Department pursues this mission through a series of goals and objectives to:

- Efficiently use Town operating budget funds, grant resources, and donation
 - Ms. Lamas explained town budget funds are approved by the board when they are presented by Ms. Matusik.
- Actively cooperate and collaborate with state and local agencies and community partners
- Promote evidence-based health practices and data-driven program management
- Advocate for policy and regulatory changes that promote health and well-being
 - An example would be when Ms. Matusik brought in a person from the State to discuss the tobacco regulations and update the policy.

Organizational Chart – See PowerPoint

Ms. Lamas noted this is the organizational chart for the Board of Health, who oversees the Health Department as a whole. Ms. Matusik (Health Director) reports directly to the board and oversees the day-to-day operations of the Health Department that include staffing, assessing and hiring staff. There are currently three funded positions under the budget that is approved by the Board of Selectmen through the town. One full-time Public Health Nurse, one full-time Administrative Assistant and one open full-time position for a Health Inspector. Ms. Lamas noted that Ms. Matusik will be interviewing two applicants for a Health Inspector next week and is hoping this position will be filled soon. Also, noted on the chart there are three unfunded positions. One full-time Public Health Program Coordinator, one full-time and one part-time Public Health Nurse.

Ms. Matusik explained that over the years the health Department has gone through changes and not just since she was there but also with the previous health agent. As time went on and changes were met, new positions were created. These new positions were accommodated by old positions. The town is in a deficit regarding the budget and affects all townwide departments. Although there are new positions, there are older positions that have not been eliminated. There wasn't funding to fund all the positions because there wasn't a need at that time to hire. Ms. Matusik did fight not to eliminate positions because she felt along with the board of health, the needs could change. With new positions being created, staffed and supported, the funding went elsewhere. Ms. Matusik went on to explain the Shared Services Grant, this will help to alleviate some of the issues they are seeing within the town. The resources that are needed, the town doesn't have the funding to support these positions that are currently unfunded but will be funded by the Shared Services Grant.

Ms. Lamas explained when the full-time Public Health Nurse position was open in 2022, they did not receive one applicant due at the time to the salary range which has been rectified. She also noted that there were discrepancies around the services of a Public Health Nurse vs. what was in the job description.

Public Health Nursing:

Public health nursing is the practice of promoting and protecting the health of populations using knowledge from nursing, social, and public health sciences.

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- Specialty practice within nursing and public health
- Focuses on improving population health by emphasizing prevention and attending to multiple determinants of health.
- Often used interchangeably with community health nursing, this nursing practice includes advocacy, policy development, and planning, which addresses issues of social justice.

Ms. Lamas feels that what is unique about public health nursing is they are using their knowledge from nursing, social and public health services, by applying their clinical knowledge to the health of all people. And feels it is a specialty with nursing and public health.

Elements of Practice Key characteristics of practice include:

1. Focus on the health needs of an entire population, including inequities and the unique needs of sub-populations
2. Assessment of population health using a comprehensive, systematic approach
3. Attention to multiple determinants of health
4. Emphasis on primary prevention
5. Application of interventions at all levels – individuals, families, communities, and the systems that impact their health.

Ms. Lamas explained along with the State and the SAPHE Act in standardizing and modernizing public health, the Massachusetts Association of public health nursing is also working to standardize the practice of public health nursing and are working on their own recommendations that have not been formerly approved. The work force standards that were mentioned earlier have been approved by the DPH.

EXAMPLES OF PUBLIC HEALTH NURSING SERVICES:

- Infectious disease surveillance (i.e., TB, Lyme Disease, West Nile, COVID-19, food poisoning)
- Preventative screening (blood pressure, HbA1C or blood glucose)
- Vaccinations
- CPR/ First Aid training/Hands-only CPR
- Naloxone (Narcan) training
- Connect residents to resources and supports related to:
 - Housing, transportation, fuel assistance, primary care
- Collaborate with local agencies (schools, community center, veterans center, senior center) to address health needs
- Health education classes and outreach (i.e., falls prevention, nutrition related to chronic conditions, your sports concussion protocols)

Mill Towns Public Health Coalition:

The Public Health Excellence for Shared Services program promotes and supports the development of inter-municipal shared services agreements to improve local public health capacity.

By pooling resources, functions, and expertise, Ludlow Palmer, Warren and West Brookfield will be able to improve compliance with their statutory and regulatory mandates and expand the public health services and protection they offer their residents. The program is supported by the Office of Local and Regional Health in the MA Department of Public Health.

Ms. Lamas explained they now have a Public Health Excellence Grant that was approved for three years, and does run-in three-year terms, up to nine years for \$495,000.00 every year that supports Ludlow, Palmer, Warren and West Brookfield. The grant is not only to improve compliance and statutory regulations but to make sure that all towns are meeting the minimum standards required by the Department of Public Health and the Department of Environmental Protection. The grant helps to fill in the gaps where services are lacking, missing or the need to elevate by more promotion around mental health that is needed and why there is a need for a Shared Services Nurse.

Ludlow 2020 Census:

Total Population: 21,002

- 15.7% under the age of 18
- 20.6% of population 65 & older
- 11.3% under age of 65 with a disability
- 2.7% under age of 65 without health insurance
- 48% Female persons
- 8.1% persons living in poverty
- 1,594 Veterans
- 15.2% foreign born persons

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Ms. Lamas noted that she is not sure if the 2020 Census includes the Hampden County Correctional Facility. She explained that the census does highlight populations or groups of people who are defined in Public Health as health priorities or who may be more vulnerable. Vulnerability is the lack of resources or support in some areas of their health and well-being and how public health can address it. This was identified in the above census and does not include people who may be living with a chronic condition like hypertension, diabetes, substance use, opioid disorder or mental illness.

Ludlow: Priority Health Needs

Regional Data:

- Mental Health
- Substance Use Disorder/Opioid Use Disorder
- Cardiovascular Disease

Ms. Lamas noted that Ms. Krieger mentioned community health needs assessment, this is conducted on a regional basis through the Western Massachusetts Hospital Coalition. This data is pulled from hospitals and the Department of Public Health.

Community Assessment Survey:

- Mental Health
- Substance Misuse
- Domestic Violence
- Healthy Eating and Nutrition
- Safe Roads*
- Rodent Control*

Ms. Lamas explained the survey was done in October of 2023 and the results were shared with the Board of Health. These were the top health concerns from the survey and even though there was a small participation in this survey the board was hopeful because there were residents that took the time to answer these questions.

This presentation is what is happening from the State, Regionally and locally. This is what the State is doing for the protection and promotion of public health.

Visitation/Call in:

Ms. Lamas introduced Kirsten Krieger, RN (Regional Public Health Nurse for the Quabbin Health District) to share her role as a Public Health Nurse and the services that she offers and delivers across three communities (Belchertown, Pelham and Ware with a population of a little over 26,000 residents between the three towns) because this is a position that the Board of Health is looking to fill through the Shared Services Grant.

Ms. Krieger started by explaining what she does as a Regional Public Health Nurse and services that are offered:

- Community Health Needs Assessment
- Wellness Clinics
- Blood Pressures
- Blood Pressure Screening Clinics held at
 - o Senior Centers
 - o Quabbin Wire (a local company) for their employees
 - o Community in Belchertown – Pine Valley, once a month for their residents
 - o Assisted Living Companies
 - o On occasion as needed she will go to the libraries and/or other places.
 - o If the blood pressure is too high – getting the person connected to care is a large part of it.
- Glucose Screenings
- Providing resources to residents and to seek out medical care for follow up appointments
- TB testing

- CPR instructor for the American Health Association and the American Red Cross
 - o Classes are offered at a significantly reduced rate, to be more affordable and to reduce barriers that might come from taking other courses that may be more expensive.
 - o Basic life support training for emergency first responders
- Stop the Bleed Training
- Based on the health needs assessment, giving the residents access to Health Care, Mental Health, Substance use needs and all the things that come accessing care.

Ms. Krieger brought with her and handed out copies of two brochures that she created. *Public Health Nursing and Quabbin Health District*. The brochures explain the nursing services that are provided:

- **Community Health Needs Assessment**
- **Health & Wellness Promotion**
- **Providing a series of life skills**
 - o Educational classes at the Ware Family Resource Center for anyone who lives, works or seeks resources from the resource center. Topics include nutrition, healthy eating and budgeting, ticks, mosquitoes and sun safety just to name a few.
- **Ms. Krieger partners with the Fire Department for emergency preparedness to understand their emergency preparedness plans.**
 - o How they can support sheltering efforts
 - o Emergency dispensing sites
 - If there is an outbreak of illness, where they can go for testing.
 - If there is an outbreak and a large testing center or vaccination center is needed like there was for Covid or a large need for medicating against something that many people have been exposed too, these would be clinics that would be set up that include:
 - setting up the site,
 - getting the equipment,
 - getting the support services from the Medical Reserve Corps
- **Vaccine Management & Clinics**
 - o Flu Clinics
 - o Covid Clinics
 - o Work with the local pharmacy group that comes in and does most of their major community flu clinics
 - o Homebound Clinics
 - Ms. Krieger specifically does the homebound clinics - she not only provides the vaccinations for the residents but is connecting with the resident to assess if the resident is safe in their home and does the resident have other issues that they would need community resources for and how she can connect the resident to the right resources so they can be stable and safe. She will periodically follow up with the resources and the resident to make sure the residents continue to stay safe.
- **Visiting of Last Resort**

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- If a resident is struggling in the community, they try to get them what they need for resources.
- **Tuberculosis Testing**
 - Direct Observation Therapy for Tuberculosis and Infectious Disease and Surveillance
 - Cases that have been reported, they will reach out to the cases, PCP, hospital and Infection Preventionist to find out:
 - How they were exposed
 - Are they being treated
 - Is there a need to follow up
 - Is there an outbreak potential and how can they make sure this does not happen.

Ms. Krieger stated that she collaborates with the local community coalitions as one nurse for three towns and noted that it is very difficult to do everything herself, she explained when she looks at her community health needs assessment, she is looking for support to have access to food, medical care and mental health care and continued to explain there are community-based coalitions already doing some of this work; by partnering with the coalitions, she is advocating for what her community needs because the work that has already been done will support the needs of the residents in her communities.

- **Refugee and Immigration Health Assessments**
- **Skilled Nursing Services**

- In the home she is limited to Provider of Last Resort, she will step in to make sure the resident is safe by
 - Checking to see if the resident has developed a wound or an infection
 - Checking to see if there is a medical emergency
 - Making sure she is connecting the resident to the services they may need and then keeping them connected because if she is going out and doing the individual services all the time, she would not have the time to do the other services on the list.

Ms. Krieger also noted that in the Western Massachusetts rural communities, they do not have access to large hospital systems, multiple doctor offices within a ½ mile range for medical care which is why it is so important to make sure they are pulling in the resources to get the residents what is needed.

- **Opioid & Opioid Overdose Rescue Training**
 - Training is free of charge
 - Can be done with large groups or companies
 - Can be done one to one with a short presentation
 - Which allows them to provide free Naloxone through the community and Naloxone program to have access to a life saving drug. It can be purchased through the pharmacies but is expensive.

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This gets the community involved in helping to save lives because if someone overdoses and passes away, they are not able to make it into recovery. If a person can make it into recovery, that person will have the opportunity to get better and contribute to the overall health of the community.

- **Vaccines for Children Program**

- o They have recently been approved for this program to offer free or low-cost vaccinations services to the children in the community that are uninsured, underinsured, have Medicaid or MassHealth and are Native American. The vaccines would be at no cost to them, or the cost of the administration may go to Mass Health. This is being done to make sure they are controlling the level of disease outbreak potential in the community by making sure children are vaccinated.

- **Designing Upcoming Educational Programs**

- o Skin Anatomy Course – this course is needed for a tattoo parlor or piercing clinic to open. Ms. Krieger's goal is to help the practitioners understand when they evaluate the skin, to know what they are looking at and to be able to say, "that is not skin, I should tattoo" and to know what the kinds of diseases and wounds might be present to prevent outbreaks of infectious illnesses like Hepatitis C.

Ms. Krieger is developing this course because there are very few courses like this, approximately two to three courses in Massachusetts, and most of them are in the Eastern part of the state. For people in Western Massachusetts, they may find a short online course that may not be as robust and mention some of the current issues such as drug use, the types of wounds you may see with someone who is encountering Xylazine in their drugs. This would also remove the barrier for people getting a good education because the travel for the course would not be a hardship and would be inexpensive.

- **MAPHN**

- o Has made recommendations to the Department of Public Health that include foundation Public Health Standards.
- o Ms. Krieger explained they are recommending a set of standards to the Department of Public Health to adopt specifically for Public Health Nursing that define it as a cost saving position, a bachelor's degree is required and wanting to get specific education for foundations for Public Health Nursing that identifies and gives them the ability to do all these specific things as a standard across the board. She explained there are 351 cities and towns in Massachusetts, with a lot of shared services arrangements and would be a guideline for all the other communities to benefit from and to perform these services.

Ms. DeSantis asked Ms. Krieger what she has for a structure?

Ms. Krieger explained the structure:

- Director
- Nurse
- Quabbin Health District has:
 - o (2) Administrative Assistants
 - One works for Ware

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- One works for Belchertown
- They work on permitting, payroll and accounting for each of the town's boards
- Health Inspector
- Contracted Title V Inspector
- Part-time Administrative Assistant
 - Supports the inspectors, the offices in any additional special projects and does administrative support specifically for Pelham.

Mr. Tavares wanted to know if Ms. Krieger is the only nurse for the three communities or are there more nurses?

Ms. Krieger stated she is the only nurse for the three communities at this time.

Ms. Krieger explained for the three communities it is a little under 27,000 residents. It can be a balancing act but a day in the life would be:

- Planned out and scheduled
 - Blood pressure Clinics
 - Education Presentations
 - Some of these series develop into monthly presentations
 - Senior Center
 - Visits each of the senior centers twice a month
 - Assisted Living Facilities
 - Visits the assisted living facilities once a month
 - Quabbin Wire
 - Visits once a month
 - And is hoping to visit other businesses within the region
 - Pine Valley Plantation
 - Visits once a month
 - Ware Family Resource Center
 - Recover Center of Hope
 - Cornerstone Recover Program

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Ms. Krieger said that it is a big job, but this has been the most fun and rewarding job that she has ever done. In healthcare nurses put out fires, their seeing patients that are acutely ill which is why they are providing the education that hopefully will either help the resident stay healthy and, in the community, because the goal is to save healthcare costs by keeping these residents home and out of the hospital. What you don't want to see are your residents constantly going in and out of the hospital due to preventable issues where they may have had education on how to manage diabetes or their blood pressure, noting that the healthcare world we live in, the patient is scheduled quickly, seen quickly and out quickly and are given microbursts of education to keep themselves healthy but when they are home they need to follow the directives to stay healthy. As a public health nurse, they get to be that ground zero person who can spend the time with the resident, take the initiative to know specifically what the resident needs and to provide the education so they can care for themselves.

Ms. Lamas wanted to make everyone aware the Quabbin Health District was established before the Shared Services Grant.

Ms. Krieger explained the Quabbin Health District was established in the 1980's and they have gone through some different structural changes over time noting:

- The Public Health Excellence Grant has allowed them to have a Shared Nurse for all three of their communities.
- They are not looking at the budgetary constraints regarding whether one town does not have the extra funds to support a nurse, or if one town can support a nurse but only part-time. There is the consistency of having a full-time nurse who is there for all three towns and there is no question that you're going to be able to call the office and reach the nurse.

Ms. Lamas feels that what is happening with the Public Health Excellence Grants, especially with the last cycle that has come out, people are holding on to their Health Departments and then they have this additional services coming in which helps supplement what is missing or where the gaps are especially with Covid.

Ms. Krieger felt that Covid helped to educate them to the real need for on the ground public health, watching for these things and responding quickly because the Federal government, State government or the big healthcare organizations do not respond quickly and could take a while. Whereas the local Public Health Department who is a public health nurse would be connected to resources including emergency preparedness and the medical reserve corp. They can mobilize very quickly and can hopefully prevent the need for things like a lockdown, mask wearing in places where it may be impractical to do for a big length of time. The response and management would be faster because the relationships have already been built.

Ms. DeSantis asked how long Ms. Krieger has been a nurse serving the three communities?

Ms. Krieger stated she began in July of 2022 for the Quabbin Health District.

Ms. Lamas then opened for public comment and noted there were two community residents present.

Ms. Ruth Saunders explained that she is a resident of Ludlow for 43 years, she was a teacher in the schools for over 35 years and here to acknowledge the wonderful support her family received when her husband was diagnosed with Multiple sclerosis noting he passed away in 2007. She stated that they would not have had the quality of life for him or their family if the town of Ludlow had not supported them by having a town nurse go to their home, give her husband his medication, lunch and then to use the Hoyer lift to put him in bed. By doing this Ms. Saunders was able to stay at work during her lunch knowing that her husband was safe. She also feels there is a silent majority of very ill people that do not fall into the categories that were listed during the presentation, including chronic illnesses. Her husband did have a physician, medication that she was able to purchase but she feels the missing link is what the Ludlow Health Department did for her family. Looking at the data, the highest percentage is 20.6% of Ludlow residents who are 65 years and older. She feels that everyone suffers from something whether you're 65 or older or under 65. Ms. Saunders understands there is a budget and it's never enough but hopes when the time comes to go over the budget to reach out to the residents to maybe hold an open forum for public comment, maybe write

letters, use social media, and to come and speak to the Board of Selectmen on behalf of the Health Department because the residents may not know they have the power to help. Ms. Saunders is also willing to help by going to meetings and speaking. She stated that she knows someone very well who goes to Boston regularly and is willing to speak to them on behalf of the town.

Mr. Tavaras feels that it is a great idea the town is getting a shared nurse but wanted to clarify that the shared nurse will serve all four towns. Mr. Tavaras also understands that the town does not have a need for the nurses the town had previously but does feel that the seniors are just looking for help. He thinks it may be a good idea to bring Ms. Kramer in so the board can ask questions to see how to give more help to the town.

Ms. DeSantis felt that what Ms. Krieger shared was very helpful and appreciated hearing what she had to say as well as Ms. Saunders.


Ms. Lamas handed out the Regional Public Health job description to the board. Explaining the job description comes from the state regarding standardizing the work within public health and Ms. Matusik will be working with Ms. Ribeiro to amend the town's Public Health Nurse job description to reflect the state level work in regarding standardizing and modernizing public health nursing. This also aligns with what is happening with the Massachusetts Association with Public Health Nursing and what they are working on to standardize their profession. Ms. Kramer is a part of this working group. Ms. Lamas asked Ms. Matusik to invite Ms. Krieger to speak on being a Regional Health Nurse because she thought it would be helpful, she is close to this area and because her health district has been around since the 1980's and how they have transformed.

Mr. Tavaras mentioned that he spoke with Ms. Ribeiro who stated that there was money in the budget for another nurse. Ms. Matusik explained that within the year they changed the Health Agent position to the Health Inspector position and then created a Health Director position, noting both positions required more money which eliminated the funding from other positions. Ms. DeSantis noted that at that time the Board was at a crossroads and decisions were made at the time to build up a stronger structure and where the money was allocated too. The Health Department and the Board fought not to eliminate the unfunded positions. Mr. Tavaras stated that his number one concern is to keep the seniors safe and feels that the Shared Services Nurse will help with this. Ms. Lamas commented that a lot more work can be done including collaborating with young people and there are strategies behind the scenes that Ms. Matusik is working on with Ms. Kramer. The Board agreed that moving forward when Ms. Matusik feels there is a need or has assessed a need for nursing services or any need within the Health Department or the Shared Services Grant the responsibility will be on Ms. Matusik as the Health Director to notify the Board. Ms. DeSantis feels that once the Shared Services Nurse is hired, that person will have a lot on their plate because the needs of the other communities may be stronger. She is looking forward to seeing what this brings to the communities. Ms. Lamas feels there are only good things to come.

The next Board of Health meeting will be on May 30, 2024, @ 4:30 PM.

A motion was made by Mr. Tavaras to adjourn the meeting on May 16, 2024, at 5:33 PM. Seconded by Ms. DeSantis. All in favor 3-0.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Adrienne DeSantis", written over a horizontal line.

Adrienne DeSantis, Secretary

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