

North Shore Public Health Collaborative

Meeting Minutes

Thursday, April 18th, 2024 2:00-3:30pm

Attendees

Name	Role	Community
Teresa Kirsch	Public Health Nurse	Beverly
Laura DelleChiaie	Director	Beverly
Judith Ryan	Public Health Nurse	Danvers
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
Jeff Vaughn	Director	Swampscott
Neia Illingworth	Public Health Nurse	Swampscott
Laura Nash	Epidemiologist	NSPHC
Meg Dlusniewski	Coordinator	NSPHC
Kitzia Diaz	Public Health Nurse	NSPHC
Hayden Fitch	Inspector	NSPHC
Sathvika Kamani	Community Health Worker	NSPHC
Steven Kahn	Regional Training Hub Coordinator	NSPHC
Terry Kennedy	Regional Trainer – Food	NSPHC

PHE Updates

- Kendra Harris accepted an offer for the Regional Social Worker position and will start in two weeks. An offer will be going out to a candidate for the Regional Trainer for Housing position.
- OLRH will be issuing guidance for the FY25 workplan and budget over the next few weeks. We will discuss this more in-depth at the next meeting. We can work to include strategies from DPH's [racial equity strategic plan](#) and [CLAS \(Culturally and Linguistically Appropriate Services\) standards](#). Sathvika and Steven recommended these potential options:
 - **1. Ensure that all services provided by NSPHC are responsive to the diverse cultural health beliefs, practices, and language preferences of the community. Training staff would be the best way to deliver care in a respectful and culturally sensitive manner.**
 - Collaboration: Encourage exploring partnerships with community organizations and stakeholders that are already working on racial equity and health initiatives. This could help leverage resources and expertise to maximize the impact of your PHE/RFTH work.
 - **2. Allocate resources to support CLAS implementation. Recruiting and promoting a diverse workforce that reflects the community served.**
 - Leadership Development: Highlight the need for leadership development programs that focus on advancing racial equity within our organization. This could include mentorship opportunities, leadership training, and initiatives to increase racial diversity among senior leadership positions.
 - **3. Assessing the language needs of the community and providing language assistance services, such as interpreters and translated materials, at no cost to individuals with limited English proficiency. Ensure that all staff are aware of and can inform individuals about these services.**

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- **4. Establish CLAS-related goals and policies, and integrate them into NSPHC's planning and operations. Regularly assess the organization's CLAS activities and use the findings to guide improvements.**
- Formation of Task Force: Propose the establishment of an internal task force within your organization to assess how the principles outlined in the DPH plan can be incorporated into our PHE/RFTH initiatives. This task force can consist of members from various departments to ensure diverse perspectives and expertise. *Cultural Competency*
- **5. Collect and maintain accurate demographic data to monitor the impact of CLAS on health equity and outcomes. Conduct regular assessments of community health needs and assets, and use the results to design and implement culturally and linguistically appropriate services.**
- Data Collection and Analysis: Emphasize the importance of implementing a data equity framework within our projects, similar to what DPH is doing with their key online dashboards and reports. This involves collecting and analyzing data disaggregated by race and ethnicity to identify disparities and tailor interventions accordingly.
- **6. Collaborate with community members and organizations to design, implement, and evaluate policies, practices, and services that are culturally and linguistically appropriate. Establish partnerships to help identify and address the unique needs of the community.**
- Community Engagement: Suggest incorporating a community engagement component into our projects similar to what DPH plans in their procurement systems. This could involve actively seeking input from marginalized communities affected by health disparities to ensure that our initiatives are responsive to their needs and priorities.
- **7. Develop culturally and linguistically sensitive conflict resolution processes to identify, prevent, and resolve any conflicts or complaints that may arise.**
- Training and Workshops: Advocate for organizing training sessions and workshops focused on racial equity for all staff members involved in PHE/RFTH work. This could include sessions on understanding implicit bias, cultural competency, and strategies for addressing systemic/structural racism in public health practices.
- **8. Regularly communicate NSPHC's progress in implementing and sustaining CLAS to stakeholders, partners, and the general public.**

Epidemiology Updates

- There are no new cases of measles in Massachusetts, and the state has a high vaccination rate, which supports herd immunity. There have been two avian flu cases with people who worked closely with cows that were sick. Laura presented information about tick ecology and the results of our National Public Health Week outreach quiz.

North Shore Mother Visiting Partnership

- See attached slides with an overview of the NSMVP program. The group will apply for a maternal health grant for DPH that would help Lynn join the program.

Opioid Settlement Funds

- Swampscott's two working groups are continuing to meet; one is focused on prevention/schools and one is focused on recovery/community supports. They've discussed adding local resources to a website, Naloxboxes, and syringe sharps disposal programs. A representative from the Drug Story theater will be attending their next working group meeting. Beverly has started interviewing applicants for their Social Services Navigator position. Salem will be distributing a community survey similar to Swampscott's. Marblehead is also conducting a survey

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and is looking into a consultant to assist with the financial reporting. Danvers is looking into the logistics for Naloxboxes. Lynn has outdoor versions with harm reduction kits and Narcan, and have a protocol for ensuring there is Narcan in the kits.

Body Art Regulation

- Beverly's City Solicitor and a member of their Board who is an attorney have been reviewing the body art regulations. There is some concern about equity issues with the requirement for a college-level A&P course. Beverly's Board will review it at their next meeting, but is not voting on it yet. In the meantime, Salem's city solicitor will review the draft as well. The group will reconvene after this to discuss the additional changes and the permanent makeup school regulation.



Public Health

Prevent. Promote. Protect.

North Shore Public Health Collaborative

Beverly • Danvers • Lynn • Marblehead
Nahant • Peabody • Salem • Swampscott

Est. 2021

National Public Health Week

Friday, April 12, 2024

31

Total Responses

Date Created: Tuesday, March 26, 2024

Complete Responses: 31

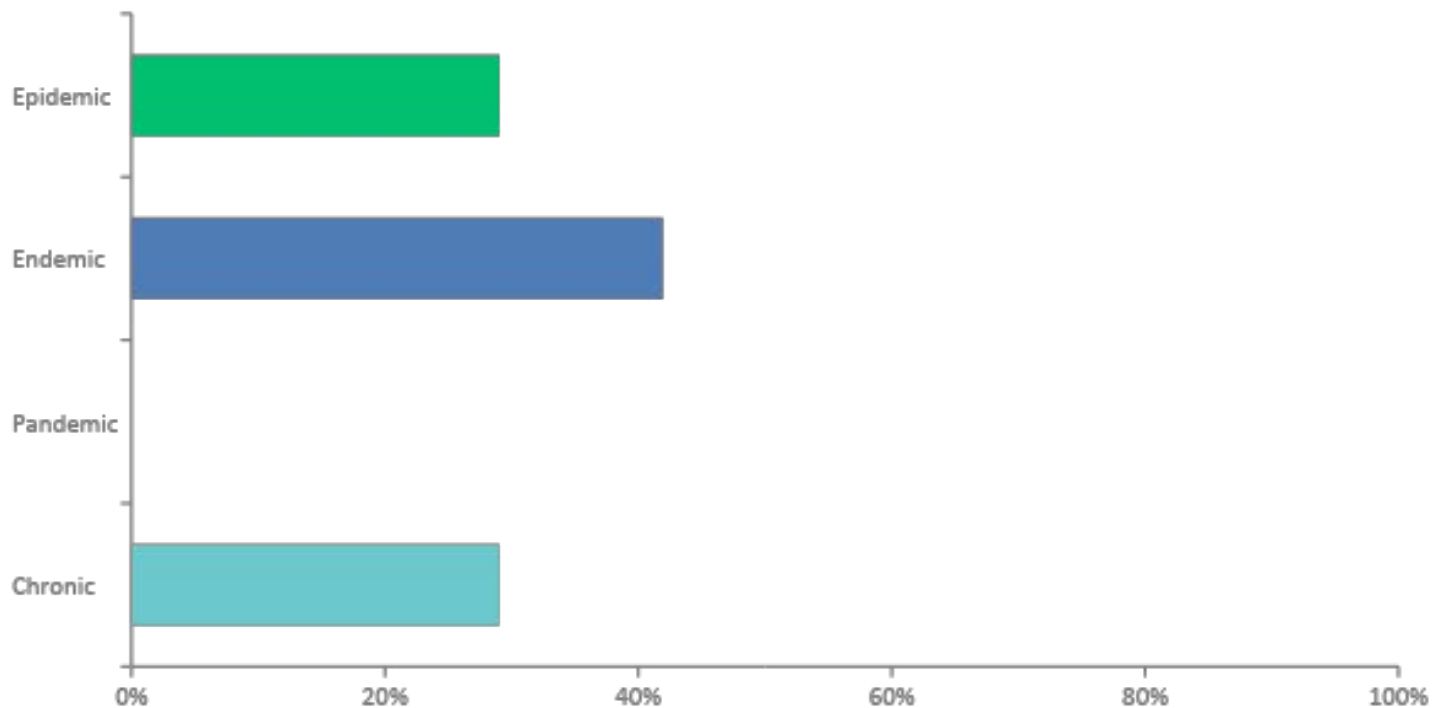


Diseases that are **ALWAYS** present in a community, usually as a low level, are known as a(n) _____ disease.



Q1: Diseases that are ALWAYS present in a community, usually as a low level, are known as a(n) _____ disease.

Answered: 31 Skipped: 0



Q1: Diseases that are ALWAYS present in a community, usually as a low level, are known as a(n) _____ disease.

Answered: 31 Skipped: 0

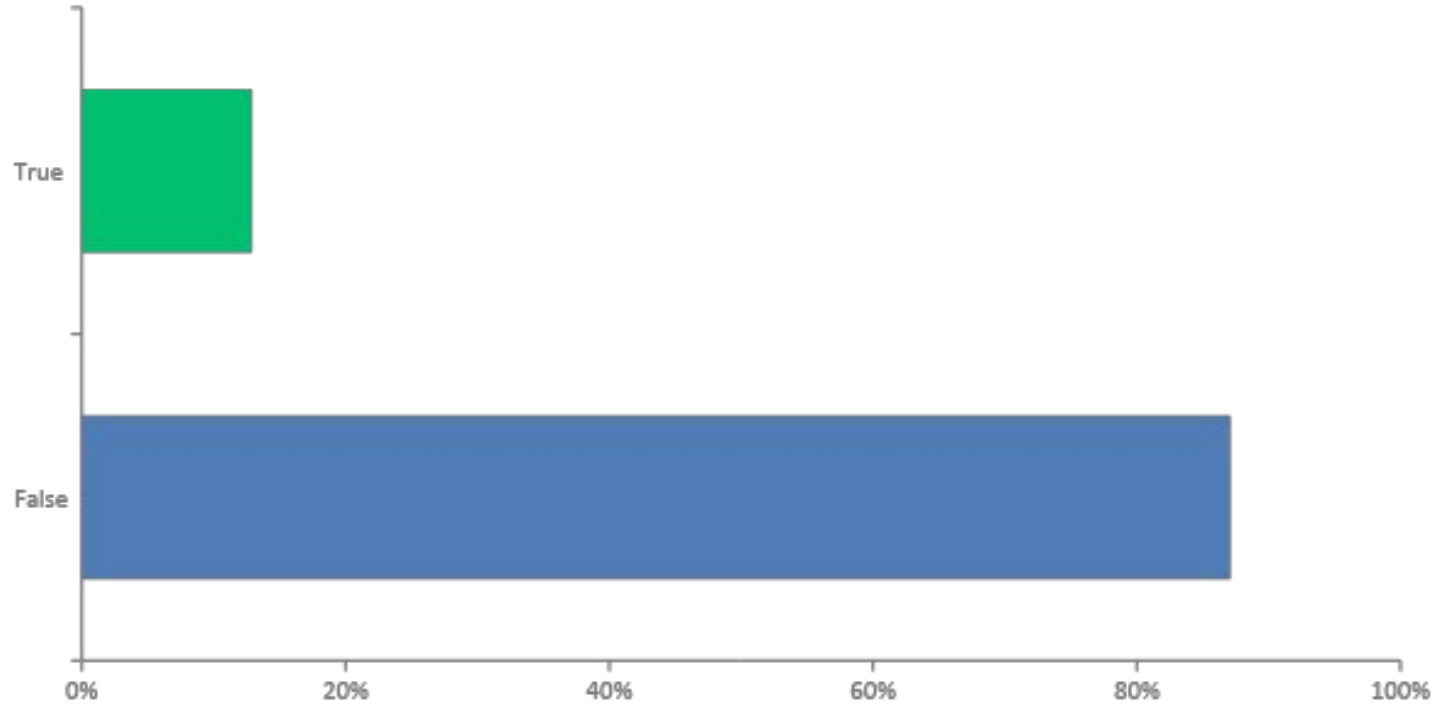
ANSWER CHOICES	RESPONSES	
Epidemic	29.03%	9
Endemic	41.94%	13
Pandemic	0%	0
Chronic	29.03%	9
TOTAL		31

True or False: In Massachusetts, there have been no cases of a parasitic infection (i.e., Giardia) in more than 2 years.



Q2: True or False: In Massachusetts, there have been no cases of a parasitic infection (i.e., Giardia) in more than 2 years.

Answered: 31 Skipped: 0



Q2: True or False: In Massachusetts, there have been no cases of a parasitic infection (i.e., Giardia) in more than 2 years.

Answered: 31 Skipped: 0

ANSWER CHOICES	RESPONSES	
True	12.90%	4
False	87.10%	27
TOTAL		31

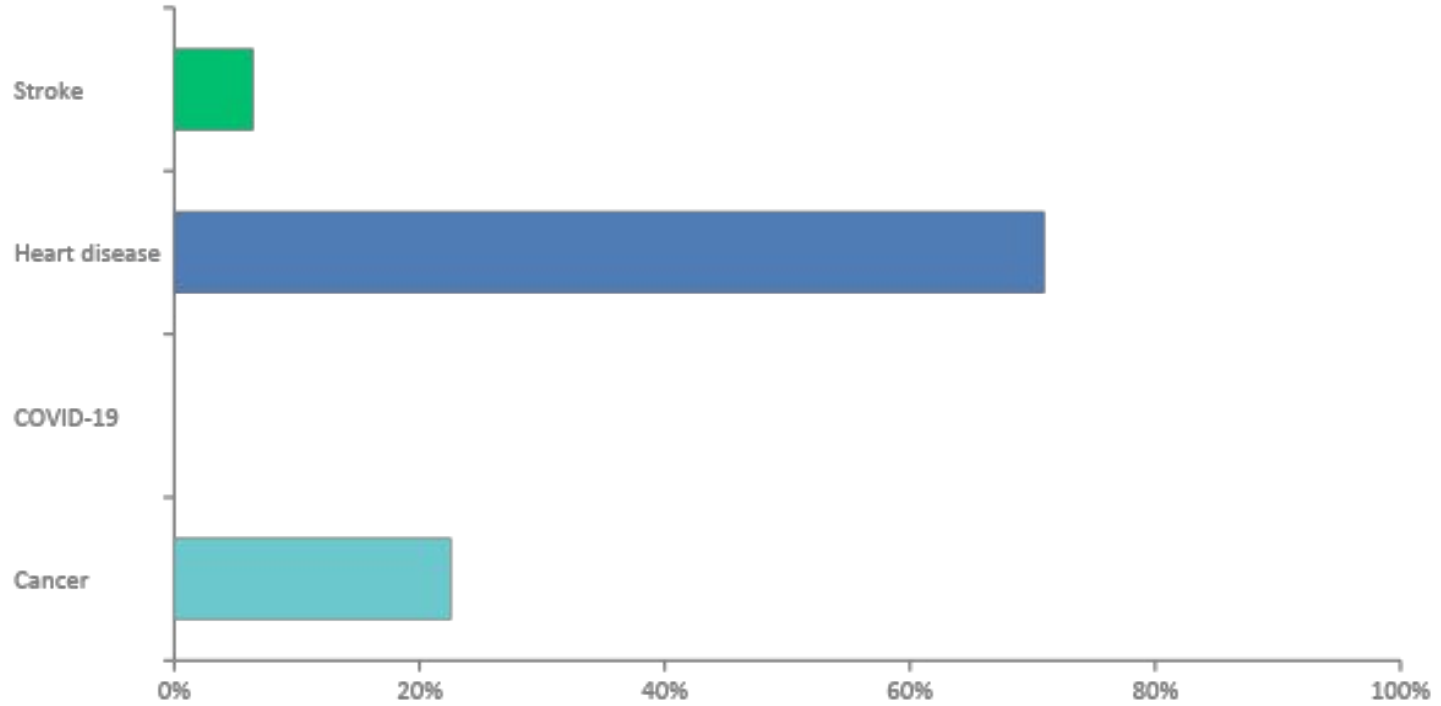


What is the number one cause of death in Massachusetts?



Q3: What is the number one cause of death in Massachusetts?

Answered: 31 Skipped: 0



Q3: What is the number one cause of death in Massachusetts?

Answered: 31 Skipped: 0

ANSWER CHOICES	RESPONSES	
Stroke	6.45%	2
Heart disease	70.97%	22
COVID-19	0%	0
Cancer	22.58%	7
TOTAL		31

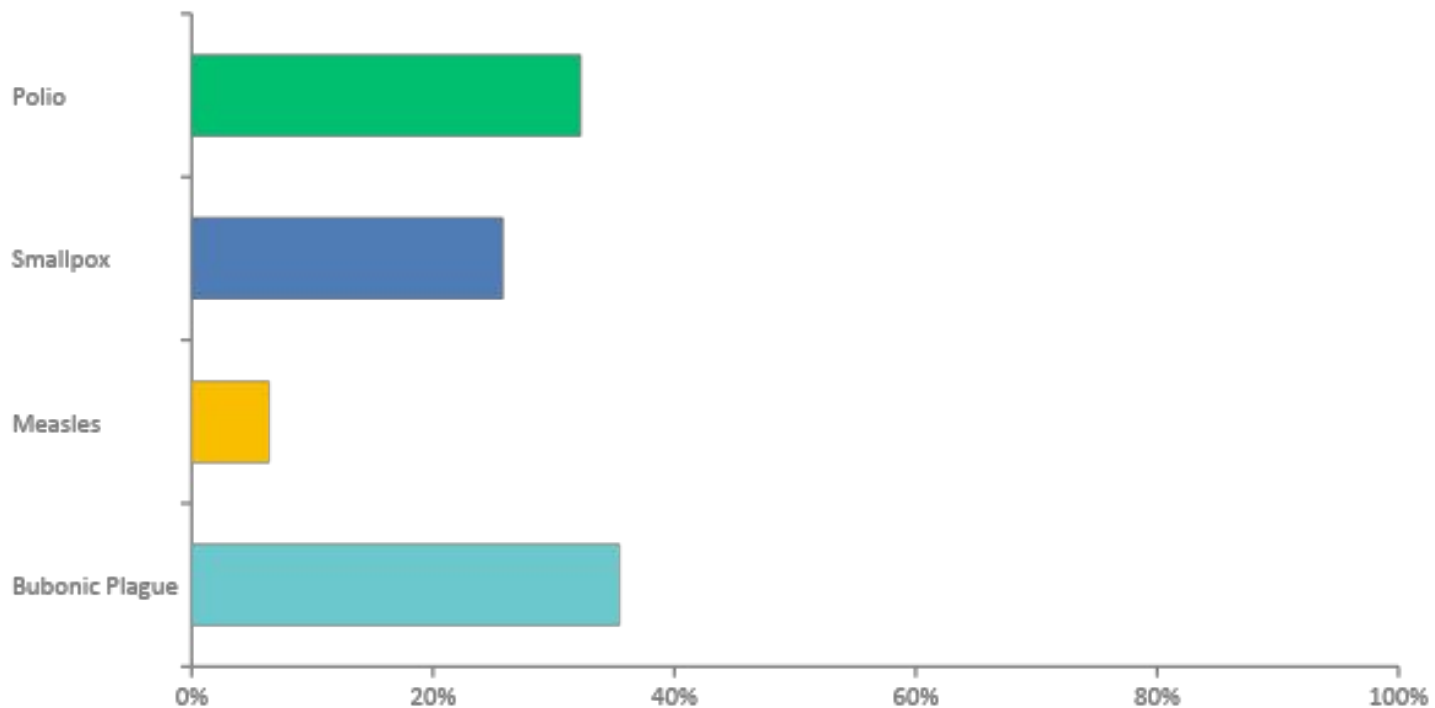


The first disease to be eradicated (meaning it does not exist anymore) in the world was:



Q4: The first disease to be eradicated (meaning it does not exist anymore) in the world was:

Answered: 31 Skipped: 0



Q4: The first disease to be eradicated (meaning it does not exist anymore) in the world was:

Answered: 31 Skipped: 0

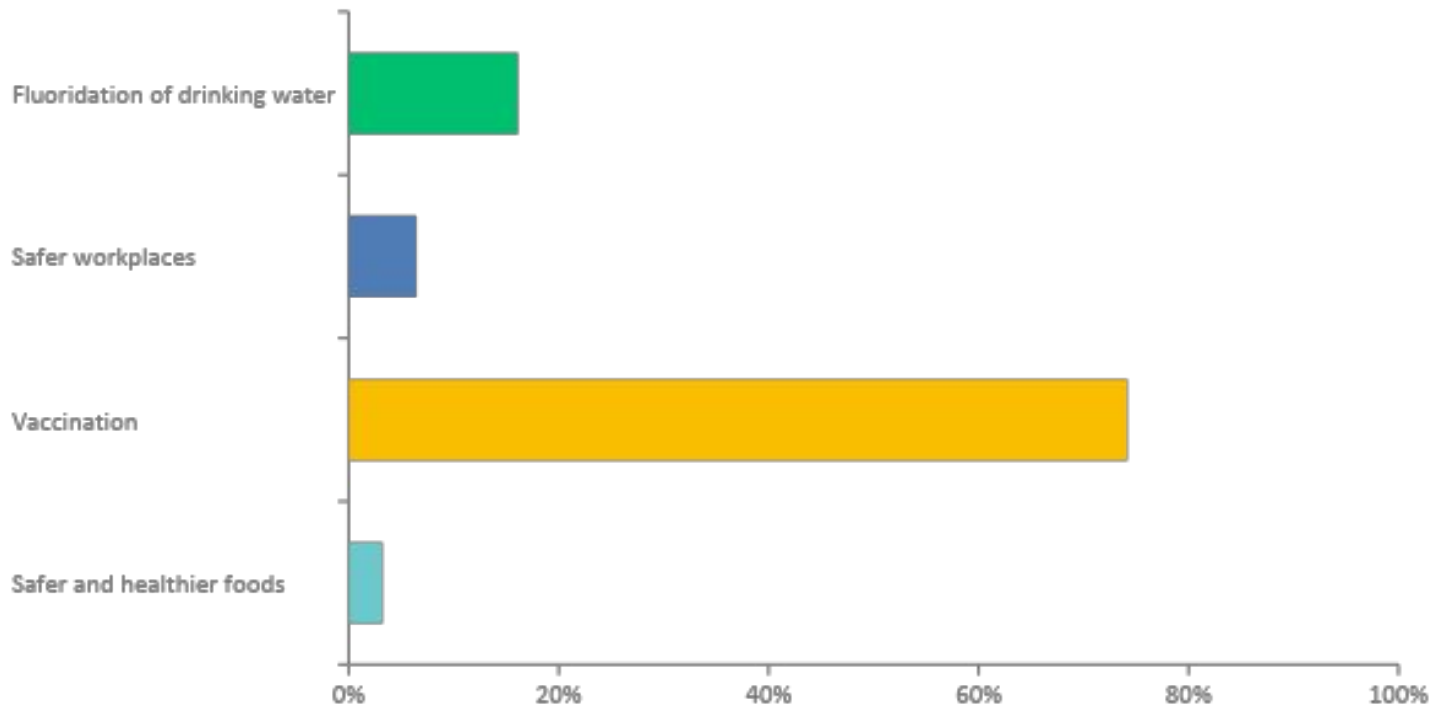
ANSWER CHOICES	RESPONSES	
Polio	32.26%	10
Smallpox	25.81%	8
Measles	6.45%	2
Bubonic Plague	35.48%	11
TOTAL		31

According to the CDC, the greatest public health achievement of the 20th century was:



Q5: According to the CDC, the greatest public health achievement of the 20th century was:

Answered: 31 Skipped: 0



Q5: According to the CDC, the greatest public health achievement of the 20th century was:

Answered: 31 Skipped: 0

ANSWER CHOICES	RESPONSES	
Fluoridation of drinking water	16.13%	5
Safer workplaces	6.45%	2
Vaccination	74.19%	23
Safer and healthier foods	3.23%	1
TOTAL		31

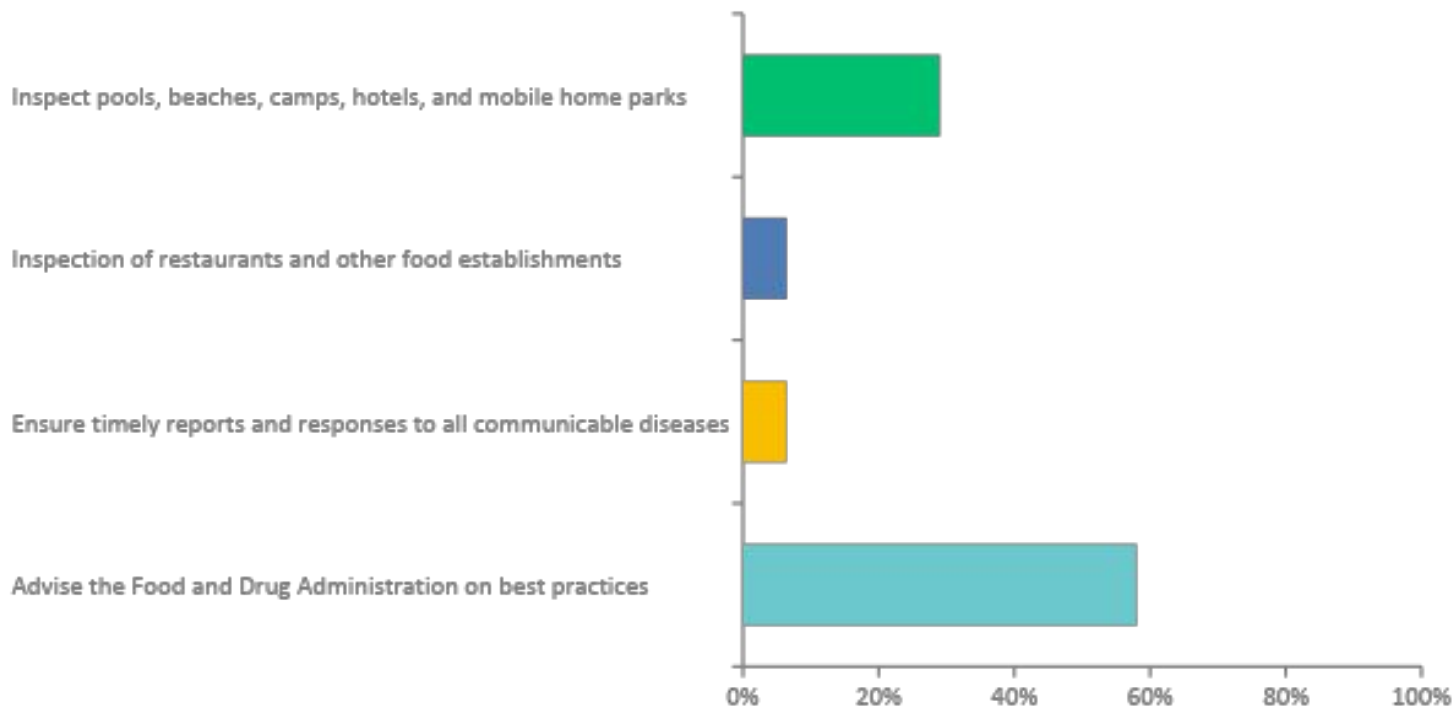


Each town and city in Massachusetts has a local board of health/health department (LBOH). A LBOH does all of the following EXCEPT:



Q6: Each town and city in Massachusetts has a local board of health/health department (LBOH). A LBOH does all of the following EXCEPT:

Answered: 31 Skipped: 0



Q6: Each town and city in Massachusetts has a local board of health/health department (LBOH). A LBOH does all of the following EXCEPT:

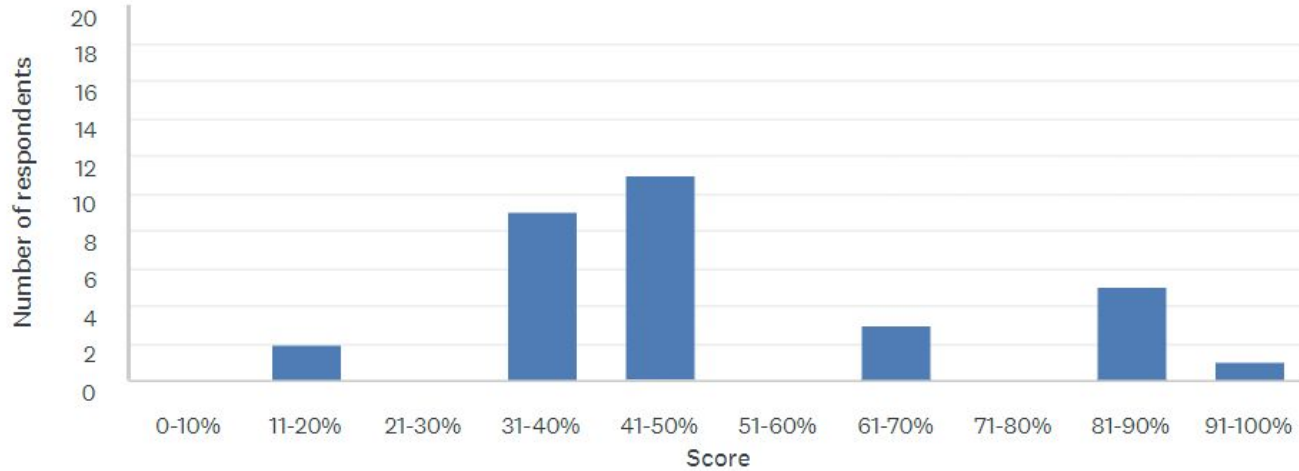
Answered: 31 Skipped: 0

ANSWER CHOICES	RESPONSES	
Inspect pools, beaches, camps, hotels, and mobile home parks	29.03%	9
Inspection of restaurants and other food establishments	6.45%	2
Ensure timely reports and responses to all communicable diseases	6.45%	2
Advise the Food and Drug Administration on best practices	58.06%	18
TOTAL		31



AVERAGE SCORE

52% • 3.1/6 PTS



STATISTICS

Lowest Score

17%

Median

50%

Highest Score

100%

Mean: 52%

Standard Deviation: 21%

Question Ranking

% who answered correctly

QUESTIONS (6)

DIFFICULTY

AVERAGE SCORE

Q3 What is the number one cause of death in Massachusetts?

1

23%

Q4 The first disease to be eradicated (meaning it does not exist anymore) in the world was:

2

26%

Q1 Diseases that are ALWAYS present in a community, usually as a low level, are known as a(n) _____ disease.

3

42%

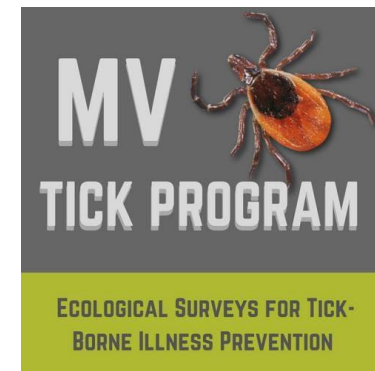
[Show all quiz questions](#)

#1 most difficult question



Tick Ecology and Prevention

MV TICK PROGRAM



[Mvboh.com/tickborneillness](https://mvboh.com/tickborneillness)

DEER TICK

LONE STAR TICK

FEMALE

MALE



FEMALE

MALE



DEER TICK NYMPH



LONESTAR NYMPH



LARVAE



LARVAE



DOG TICK FEMALE

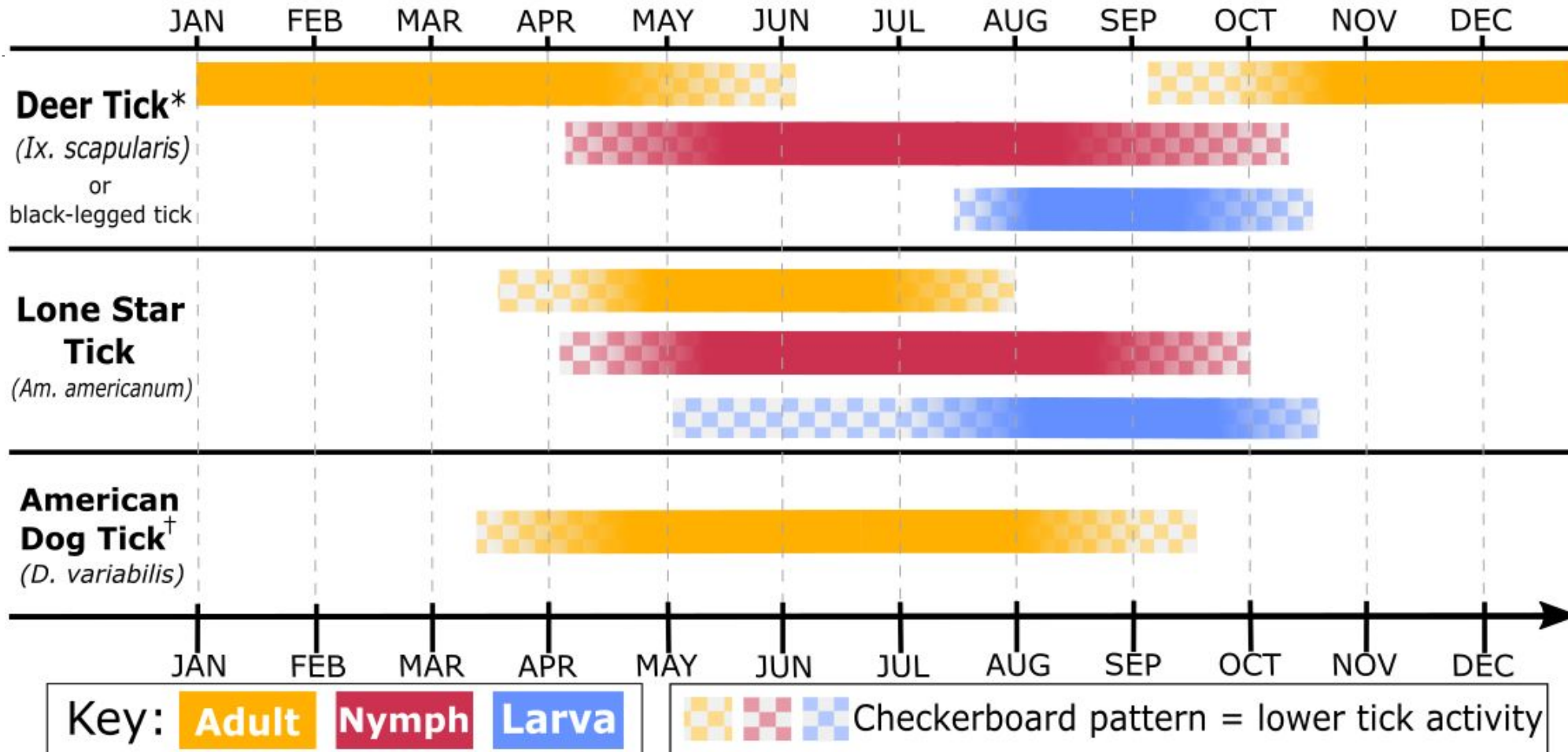


DOG TICK MALE



When are ticks active on Martha's Vineyard?

This graphic depicts periods of seasonal activity for the three main human-biting tick species and associated life stages on Martha's Vineyard, Massachusetts. Solid colors represent peak tick activity and the checkerboard pattern represents lower activity.



*Deer tick adults will be active when temperatures are above 40°F.

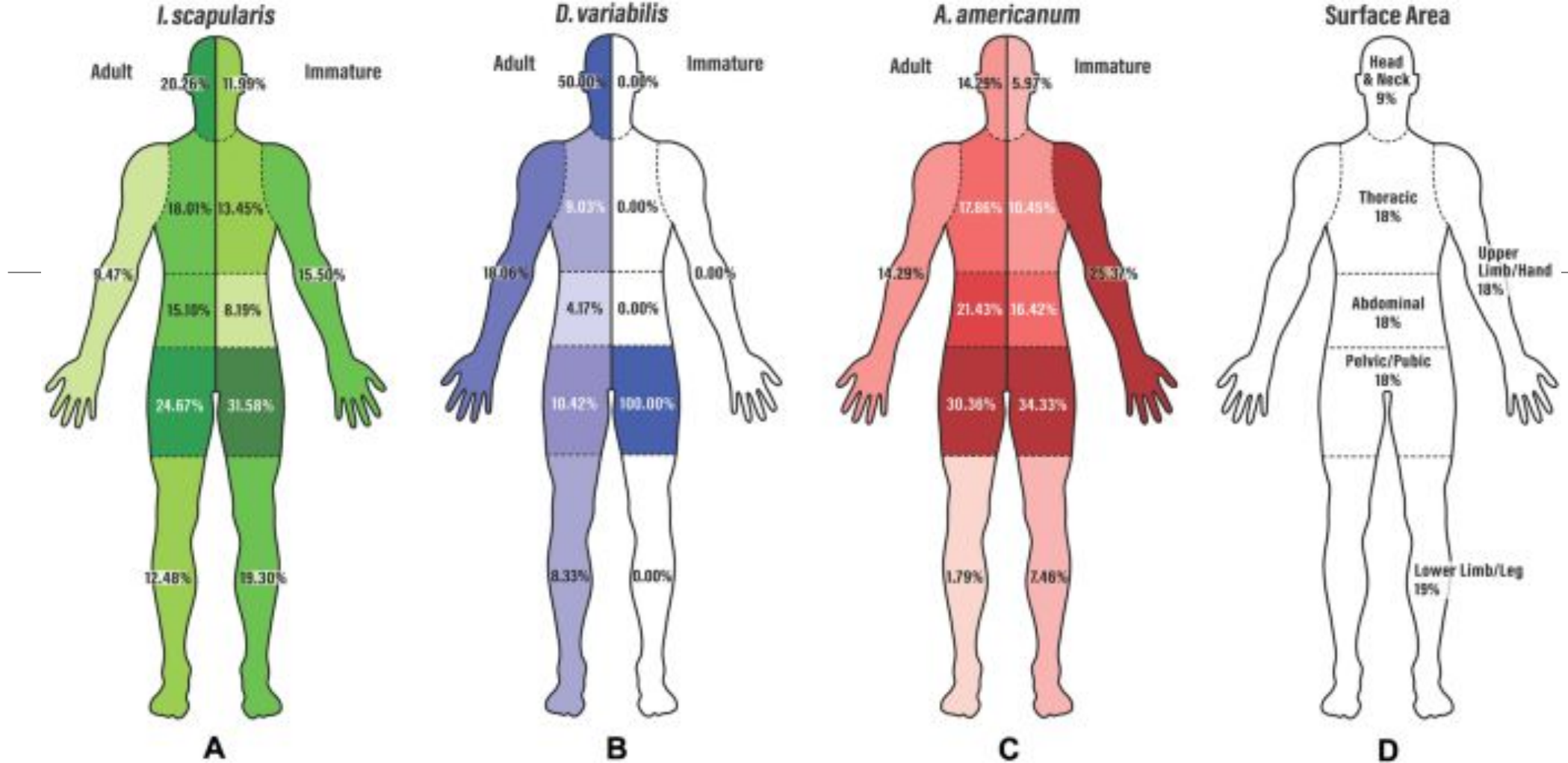
†Only the adult life stage of the American Dog Tick is known to bite humans.



Where are the ticks?

- Leaf litter is king
 - Woodlands, brush, fields, meadows, road shoulders, wetland edges, trail edges, yards
- Surprising places: dune grasses, mowed lawns, stonewalls
- Typically not found in mulched beds, woodchips, hardscaping, bare dirt





A representation of the body segment distribution of (A) *I. scapularis*, (B) *D. variabilis*, and (C) *A. americanum*. These are divided into adult and nymph/larval ticks for each species. These are compared to the corresponding average predicted surface area of each bodily segment (D). Statistically significant changes in distribution were observed compared to the assumption of equal distribution over the body, with *D. variabilis* strongly preferring the head and neck and *A. americanum* preferring the groin/pelvic/thigh area, with *I. scapularis* showing a more somewhat even distribution. Figures were generated with assistance from Sabra Snyder.

Chart of Tick Species and Tick-borne Diseases

Illness or Condition	Vector Tick Species	Tick Stage(s) Transmitting Disease	Minimum Feeding Time for Disease Transmission
Acquired Red Meat Allergy	Lone Star Tick	Larva, Nymph, Adult	Unknown
Anaplasmosis	Blacklegged Tick	Nymph, Adult	24 Hours
Babesiosis	Blacklegged Tick	Nymph, Adult	36 hours
<i>Borrelia miyamotoi</i> Disease	Blacklegged Tick	Larva, Nymph, Adult	24 Hours
Ehrlichiosis	Lone Star Tick	Nymph, Adult	24 Hours
Heartland Virus	Lone Star Tick	Nymph, Adult	Unknown
Lyme Disease	Blacklegged Tick	Nymph, Adult	36 Hours
Powassan Virus	Blacklegged Tick	Nymph, Adult	15 minutes
<i>Rickettsia parkeri</i> Disease	Gulf Coast Tick	Adult	Unknown
	Lone Star Tick	Larva, Nymph, Adult	
Rocky Mountain Spotted Fever	American Dog Tick	Adult	2-20 hours
	Brown Dog Tick	Nymph, Adult	
	Lone Star Tick	Larva, Nymph, Adult	
Southern Tick Associated Rash Illness (STARI)	Lone Star Tick	Nymph, Adult, ?	Unknown
Tularemia	American Dog Tick	Adult	Unknown
	Lone Star Tick	Nymph, Adult	

0-6 hours: low risk monitor for symptoms ; 12-24: might want to consult doctor*; 24+ hours: go consult doctor

Lone star Larvae

- Active ~~August~~ May – October
 - Uncommon but have been found in May, June, July
 - Molt into nymphs after feeding and emerge following spring
- "Tick bomb"
 - Clusters of 100-500+
- Can trigger sensitivity to Alpha-gal



Nymphs
among larvae



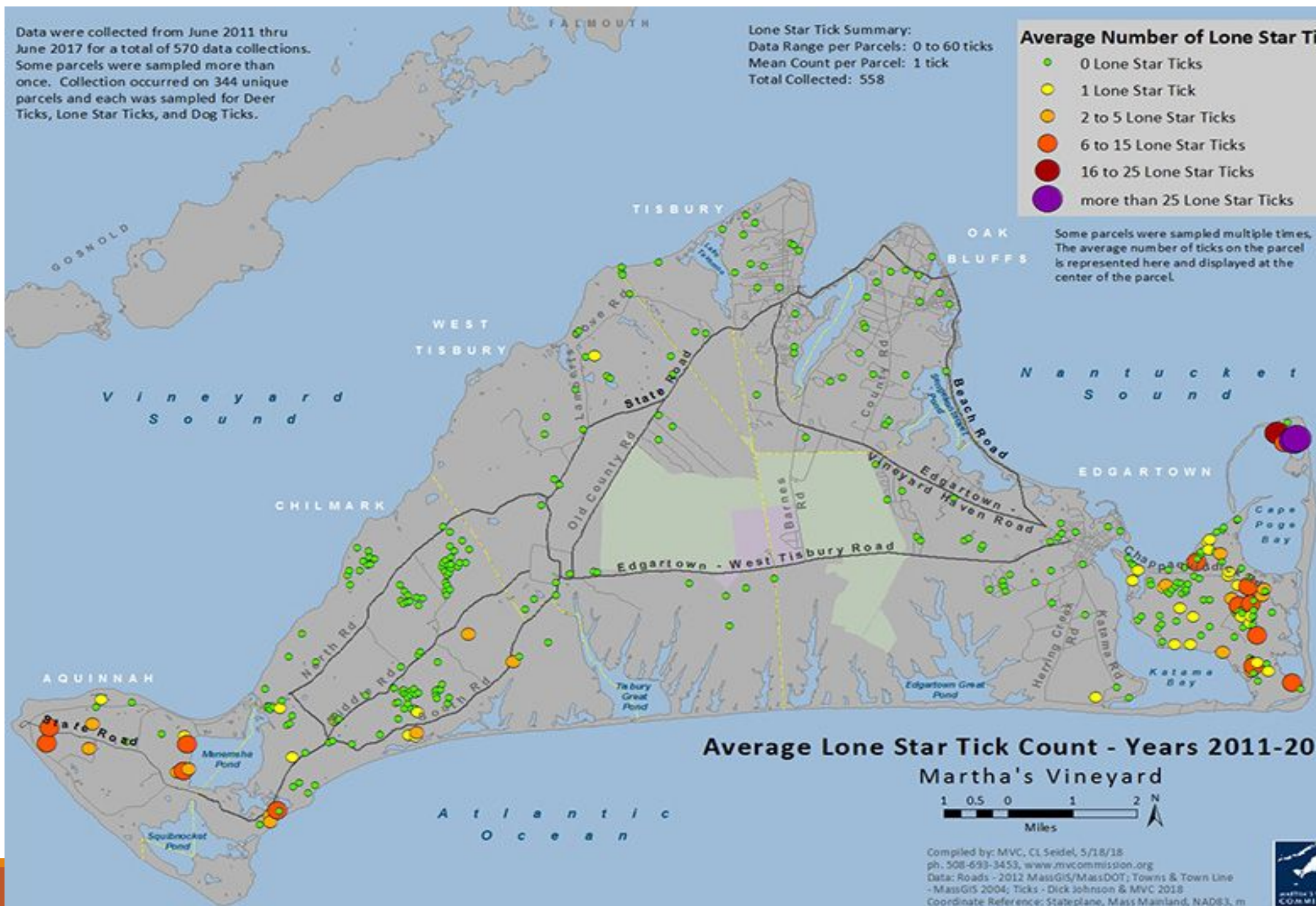
Data were collected from June 2011 thru June 2017 for a total of 570 data collections. Some parcels were sampled more than once. Collection occurred on 344 unique parcels and each was sampled for Deer Ticks, Lone Star Ticks, and Dog Ticks.

Lone Star Tick Summary:
 Data Range per Parcels: 0 to 60 ticks
 Mean Count per Parcel: 1 tick
 Total Collected: 558

Average Number of Lone Star Ticks

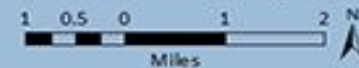
- 0 Lone Star Ticks
- 1 Lone Star Tick
- 2 to 5 Lone Star Ticks
- 6 to 15 Lone Star Ticks
- 16 to 25 Lone Star Ticks
- more than 25 Lone Star Ticks

Some parcels were sampled multiple times. The average number of ticks on the parcel is represented here and displayed at the center of the parcel.



Average Lone Star Tick Count - Years 2011-2017

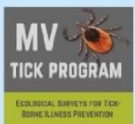
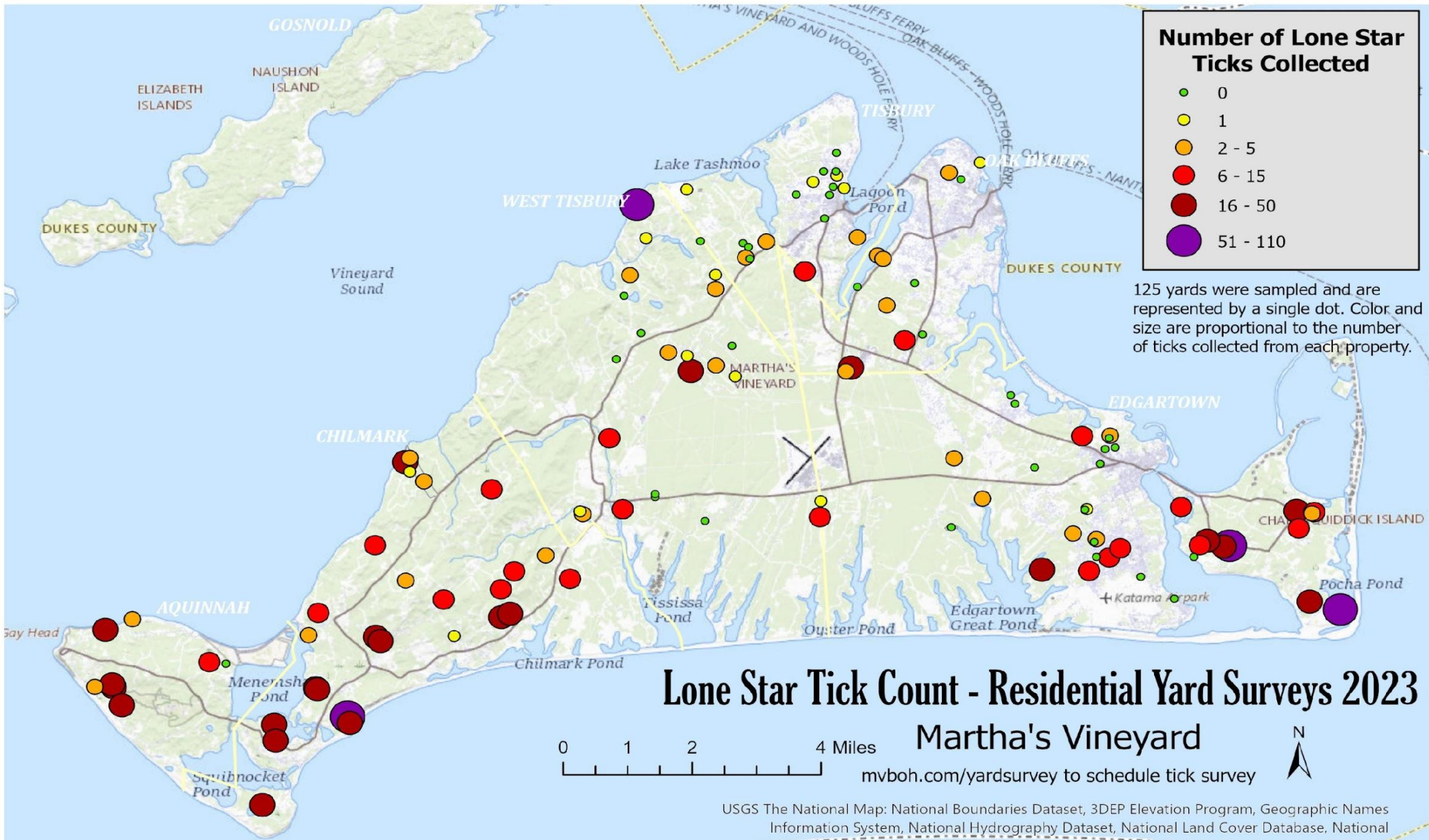
Martha's Vineyard



Compiled by: MVC, CL Seidel, 5/18/18
 ph: 508-693-3453, www.mvcommission.org
 Data: Roads - 2012 MassGIS/MassDOT; Towns & Town Line - MassGIS 2004; Ticks - Dick Johnson & MVC 2018
 Coordinate Reference: Stateplane, Mass Mainland, NAD83, m
 File: cls_deer_ticks; LStarTicks_2011-2017_25max_mvl.mxd



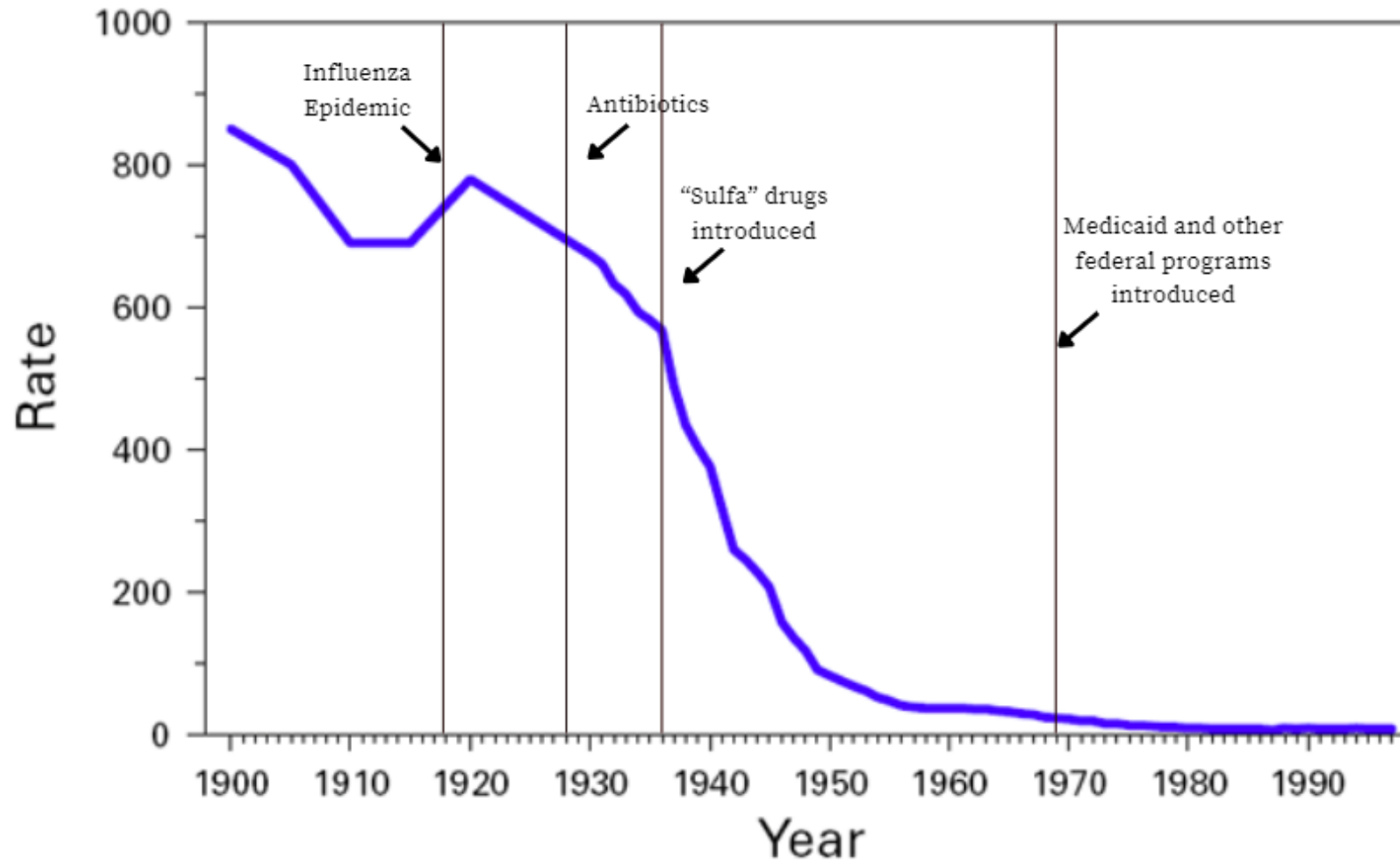
mvcommission.org



Compiled by: MV Tick Program,
P. Roden-Reynolds 2/10/2024.
Data: Town boundaries and parcels-MVC 2021;
town labels-MassGIS 2022

Maternal mortality dramatically decreased in the 20th century due to public health advancements..

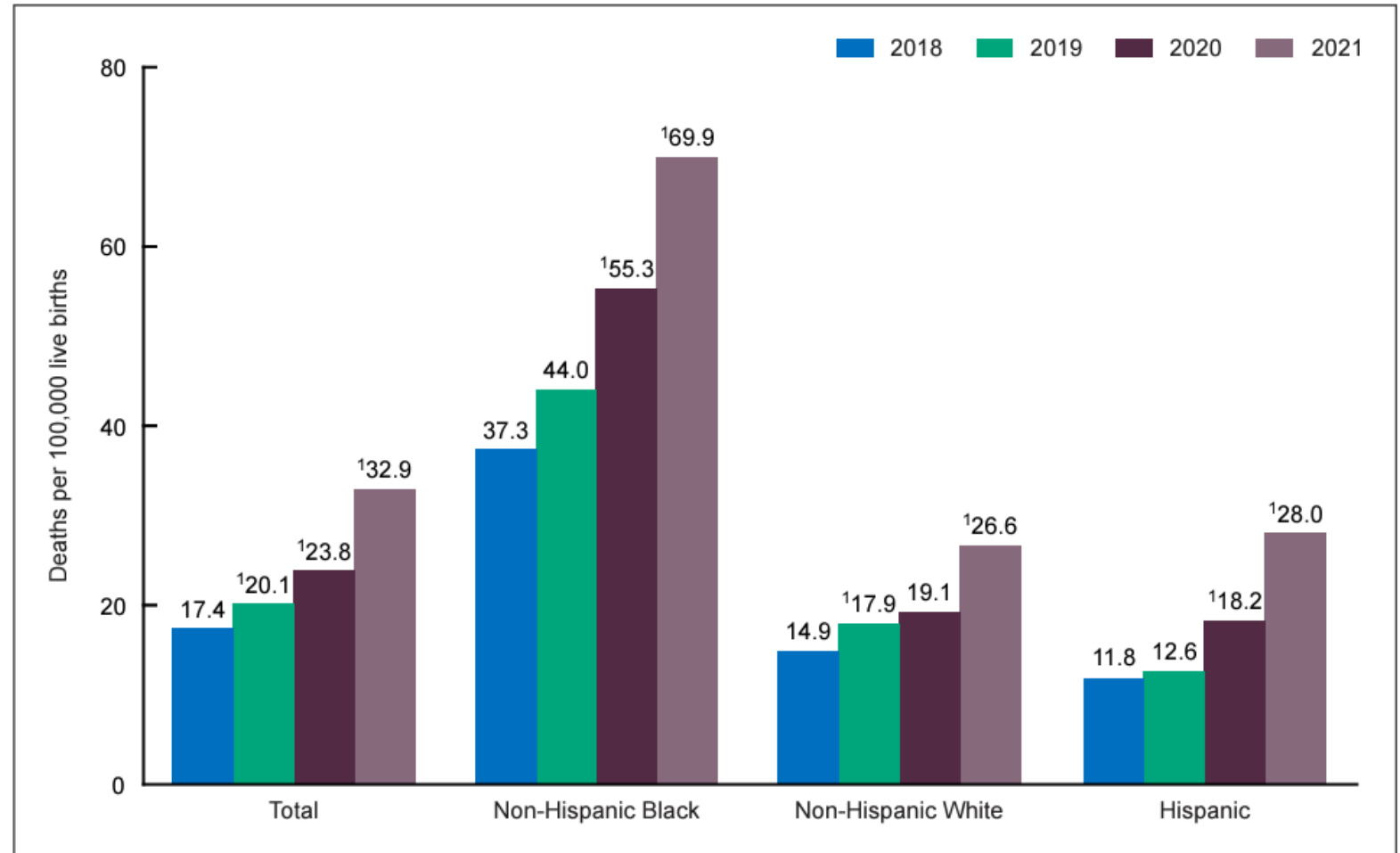
FIGURE 2. Maternal mortality rate,* by year — United States, 1900–1997



*Per 100,000 live births.

...but maternal mortality and severe maternal morbidity has been increasing greatly over the course of the past decade...

Figure 1. Maternal mortality rates, by race and Hispanic origin: United States, 2018–2021



Non-Hispanic black:

+ 87.4%

Non-Hispanic white:

+ 78.5%

Hispanic:

+ 137.3%

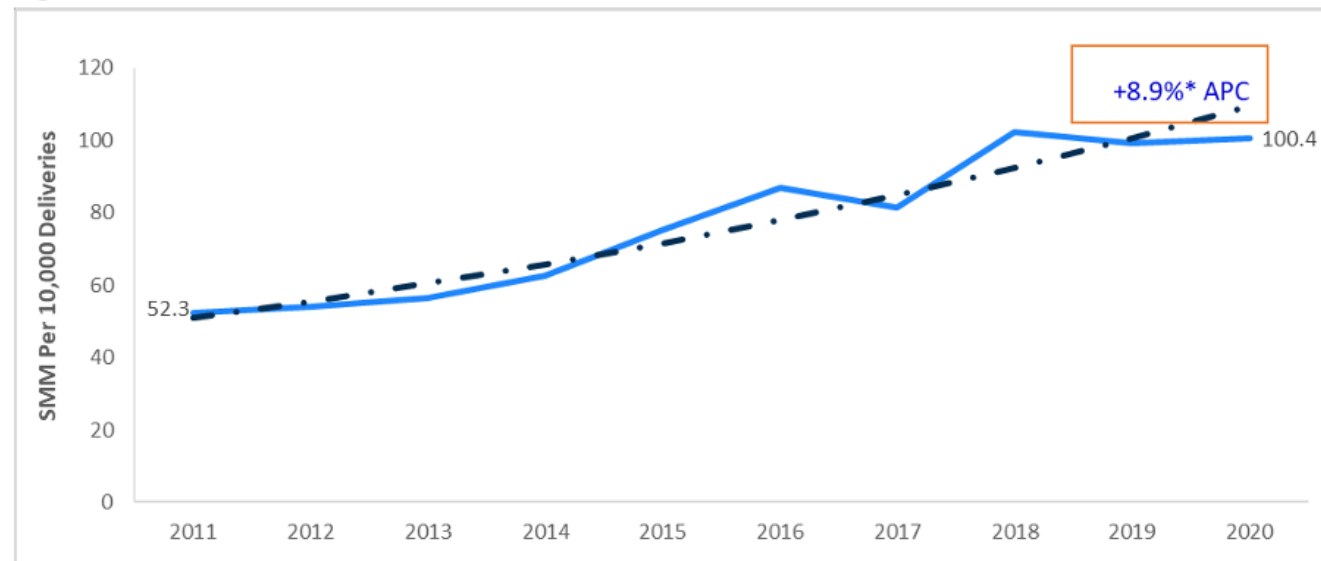
¹Statistically significant increase from previous year ($p < 0.05$).

NOTE: Race groups are single race.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Massachusetts is no exception to this increase: trends of severe maternal morbidity, postpartum depression, and postpartum psychosis are also on the rise...

Figure 2. SMM in Massachusetts: 2011-2020



1. * Denotes statistical significance.
2. Annual Percent Change

North Shore Mother Visiting Partnership

- Provides a one-time visit from a Public Health Nurse to moms and families who recently welcomed a new baby into the family
 - Up to one year post-partum
- Visits include:
 - A welcome bag with essentials, including educational materials and a resource guide
 - Infant CPR demonstration
 - Option to weigh the baby
 - Overall check-in of how mom and baby are doing
- Communities include Beverly, Danvers, Gloucester, Hamilton, Rockport, Essex, Wenham, Salem, Peabody, and Marblehead and Swampscott (covered by Kitzia and Jeanne). We are currently looking into how Lynn can join!

Feedback from Participants

- Helpful to learn CPR and get comfortable practicing
- “All of the printed resources made the visit worth much more than 90 minutes”
- “[The PHN] was very personable and easy to talk to. She was encouraging and made me feel comfortable and secure in my role as a parent. Thank you very much for this program!”
- “It was great. The goodies for me were a nice touch”
- “Muchas gracias por visitar y mostrarnos como encontrar todos los recursos necesarios.” (Thank you very much for visiting and showing us how to find all the necessary resources)

NSMVP Grant Potential Funding Uses

- Grant opportunity through DPH's Bureau of Family Health & Nutrition to Increase Maternal Care Access and Expand Delivery Models. Grant applicant is due by May 1st
- Goal is to address reproductive and family planning service needs by offering educational, infrastructure, and workforce development services focused on prenatal and perinatal services, postpartum depression care, post-miscarriage mental health care, midwifery services, assisted reproductive technology, and other related services. Proposed projects should:
 - Improve access to prenatal and postpartum services,
 - Build the infrastructure, support construction and/or renovation efforts, and elevate the capacity of communities to address inequities, or
 - Expand and support the perinatal workforce serving pregnant and postpartum people.

- Opportunity to use this funding to bring Lynn into the program. Funding is for short-term, one-time expenses to build capacity, not for direct services.
- Potential project ideas:
 - Consultant to establish insurance reimbursement for visits
 - Expand telemedicine capabilities
- Develop a framework for integrating doulas into hospital-based birth teams using proven models and best practices.
 - Create collaborative care protocols that outline how doulas will work alongside obstetricians, midwives, nurses, and other members of the birth team to support pregnant individuals throughout the childbirth process.
 - Establish clear pathways for communication, consultation, and referral between doulas and medical providers, coordination of care, and timely intervention when necessary

Maternal Care Access grant continued

- Potential project ideas continued:
- Translate and disseminate outreach and educational materials on prenatal and perinatal topics in multiple languages.
- Purchase and implement technology improvements for home-visiting programs.
 - maybe include electronic health, record systems, telehealth platforms, or mobile apps for tracking patient progress and health questions on app to get more appropriate care according the needs and status of the mother
 - Also use geospatial mapping technology to optimize routing and scheduling of home visits based on geographical location and mother demographics. This improves efficiency in service delivery and reduces travel time for nurses
- Expand access to perinatal mental health screening, diagnosis, treatment, and community referrals by primary care providers, OB/GYN clinicians, medical assistants, and/or other healthcare providers.
- Transportation and access assistance for prenatal and postpartum care
- Train providers to offer patient-centered contraceptive counseling to postpartum patients.
 - Hiring someone who has enough experience to deal with this like maybe a therapist. And teaching these to fathers taking care of a postpartum wife.
 - Signs Your Spouse Is Depressed, Tips to Help Spouse, What Not to Do, When Helping a Partner, How to