



OBSERVER CORPS REPORT

BOARD OF HEALTH - 11-14-23

Hybrid Meeting - Recorded

LWVM Observer: Tom Krueger

Members in Attendance: Andrew Petty, Tom McMahon, Joanne Miller, Helaine Hazlett

Prior to addressing the agenda items, each of the board members commented about working together as a board and a team over the past 6 months. Mr. McMahon had sent an email to the members that each had thought about. Ms. Miller wanted to highlight the ways the board had worked together: they had voted unanimously for the need to change the 3-member board to a 5-member board, allowing for enhanced communication; they are to have a subcommittee to prepare for future obstacles; and they had discussion, etc that led to the placement of public boxes of fentanyl strips and Narcan. Mr. McMahon for his part has felt "unheard" and said that all should be heard. They need to be all able to speak to one another as they each have been elected by the voters. He felt that his items should be on the agenda and they are not, so he "inserts" whenever he can in other areas. At times he feels obstructed and has to convince. He believes in ideas and expects to have his to make it on the agenda. Ms. Hazlett thanked him for his thoughts. There is concerns about emailing other board members outside a meeting.

Agenda

Dr. Thomas Massaro - Long Range Planning for Local Public Health

Ms. Hazlett introduced Dr. Massaro who has an impressive and extensive background in medicine, research, public health and teaching. He has a MD from U Wisconsin, a MBA from Stanford, and engineering from MIT/Cornell/ Berkeley. He is an emeritus professor from University of Virginia, a founding dean at a new medical school in Botswana, health director for the State of New Mexico, etc.

His presentation was on The Future of Public Health in the US and Marblehead. In a series of slides, he addressed a) this is a good time to be reconsidering public health (locally with the TS nearing a conclusion, nationally with the role of the public health system); b) post pandemic assessments (inconsistent, confusing communication with local communities doing as well as they could); c) the challenge of the US health system vs other developed countries; d) addressing the question "why public health matters"; e) the recommendations of the Commonwealth Fund Commission on building

a national public health system; f) the goals the MA house bill H4101 to accelerate improvements to the local and regional public health systems via assistance, resources, and cross-jurisdictional sharing. For Marblehead he suggested a subcommittee on the Future of Public Health that would provide: background information to the BOH on public health issues; be an advisory not a policy making unit: the issues discussed could be multidisciplinary; members should be willing to consider new approaches to solving important problems.

The results could be an expanded public health portfolio with emphasis on prevention, early intervention, and community-based care. This could work toward addressing issues such as health inequities, child and maternal health, mental illness and substance abuse, violence at all levels, improving collaboration with primary care.

After the presentation, Ms. Hazlett said she would like to set up such a subcommittee. Dr. Massaro said that such a committee should be as broad as possible, to engender trust in the community. He is excited because of all the talent that is available in MHD. What type of individuals might be helpful for such a committee? Ones who have had experience in cost-benefit economics and/or sociology and change management, perhaps modeling. Persons willing to develop skills, think about the big decisions - decreasing gender gap in life expectancy, etc.

Other board members noted public engagement important (T. McMahon); finding interested people via PR or the newspaper (J. Miller) who would like to work.

Mental Health Task Force Update

The MHTF met on 11/13 at which time there was a change in membership as two members stepped down: Dr. Levinthal was the town representative, so the group is looking for a community member. Dr. Mark Levine is now a co-chair of the MHTF. He brings a wealth of experience leading mental health organizations.

The group engaged in a conversation about a community needs assessment: U Mass. Boston Health Sciences Study could perform as assessment of the needs and interest of MHD adults in regards to mental health across the lifespan. Neighboring communities have done such assessments. The cost, however, are high, \$35K, so the MHTF is moving slowly to explore and research what types of information and what kinds of interventions would apply before spending any funds. The high school has done a risk and needs assessment and the task force would like to see how it could support those needs.

The next meeting is scheduled for 1/8/24 at 7pm

Mr. McMahon gave each board member a handout regarding “mental health/physical health” as developed by Paul Reed from health.gov. It showed the strong correlation between physical health and mental health.

Transfer Station Update

- A. Mr. Petty announced the new compactor is now onsite.
- B. The trailer will be replaced on 11/30 before the winter starts. It will be at the same location, outside the footprint for the new scale house, take 2.5 days for installation by local contractors. The cost is \$6K.
- C. MA DEP has all the contract documentation which has also been sent to the estimators. Mr. Petty is waiting their okay. The process then can go to an estimator and then to bidding by the first of the year.
- D. The feasibility study for handling construction/demolition material: Mr. Petty has reached out to 3 engineers to determine the scope and estimate for the feasibility study to be done. This could be paid for by either money from the waste revolving account or as a part of the HD budget. The former was chosen as a better way. Mr. McMahon stated that down the road for transparency a letter should be drafted (within the bounds of the agreement by Lisa Mead) about what went wrong. This might be sent to the newspaper or presented at town meeting. A presentation would have to look at all the costs, how much material would come, and what money could be collected.

Fentanyl Test Strips and Narcan

There are now boxes containing fentanyl test strips and Narcan located at the Mary Alley (which is difficult to locate), and soon at the fire station and police station. Mr. McMahon doubted that the police station would be used much. A resident from the audience who detailed experiences she has witnessed (teen drug use, fights, run aways, etc.) added that the police station would be the least used.

Director's Report

Mattress recycling - currently MHD charges \$35 per item and this is on the low side; other communities across the state charge \$60-65. This has caused people outside of town to dispose of their items in MHD. Disposal of each item costs the TS \$25. Mr. Petty asked the board to consider at a future meeting the rates MHD charges, perhaps one for residents and another for non-residents.

Website - some of the updates are good. Mr. McMahon urged more and expanded improvements as people often go to the website first. In the mental health area, he had suggested that beyond HAWC that other resources, e.g., businesses be listed. He provided some examples. The practice has been that the website does not promote businesses on a website. Perhaps this is different and Mr. Petty will talk to procurement about it.

Household Hazardous Waste Day - will be held on 11/18 at the TS from 9a-12pm. The entry is via Green Street. Cost depends on the amount of hazardous waste. There is no pre-event sign up.

(NOTE - for HD or other town activities, one can sign up for email notification. This can be done by first going to Marblehead.org, then on the home page go to the button "@subscribe", a form will come up asking for your email, and a list of "news" that you can choose. Be sure to check "Subscribe Me" at the bottom.)

North Shore Public Health Collaborative Inter-Municipal Agreement (IMA) - Mr.

Mr. Petty read a detailed report about the above. The communities involved include all on the surrounding communities: Salem, Swampscott, Lynn, Peabody, MHD, etc. In 2014 the towns' health departments had received a grant from the MA DPH. The group formed the North Shore Community Health Network which worked to improve health on the North Shore with environmental inspections, disease surveillance, etc.

The pandemic revealed to the MA DPHG how underfunded health departments were - (the state estimated each department should get \$36/citizen. This would mean for MHD \$739K which is not even close to the actual of ~\$300k.). To fix this MA is giving grants to the NSPH Collaborative funded via the MA DPH with the goal of increasing excellence and with an emphasis on public health sharing. The amounts are \$300K for FY23 and \$709K for FY24; the grants would continue through June 2033. One stipulation is that HD cannot decrease current staffing levels. The funds distributed to towns more or less equally with some population differences in mind.

Mr. Petty requested that the board vote to continue in this agreement with the NSPH Collaborative. This was moved and approved unanimously.

Public Comment Period

One resident commented he was very impressed with Dr. Massaro's presentation. He came to mainly comment on the TS - new employee, compactor, percent residential vs commercial waste, and wanted to know how much the latter makes.

Another resident commented that people are not in a vacuum and was concerned with cost of debt service, override, and the spending on the closure and transfer station costs - it has town wide ramifications.

Another resident questioned the delays in DEP approval and all the other waiting.

Another resident talked about the violence and substance abuse in town

The next scheduled meeting for the BOH is 12/12/23