

Inter-Island Public Health Collaborative



Regular Meeting

Inter-Island Public Health Excellence Collaborative Advisory Board

MINUTES

Wednesday, 11 February 2025

14:00 PM

REMOTE

OPEN SESSION:

Present: Mike Hugo, Shared Service Coordinator (SSC); Lenore Maniaci, Health and Human Services Director of Dukes County; Melanie Mackin, CMS; Marina Lent, Health Agent, Town of Aquinnah; Anna McCaffrey, Health Agent, Town of Chilmark; Fernando Lana, Assistant Health Agent, Town of Edgartown; Brice Boutot, Health Agent, Town of Edgartown; Jericho Mele, Town of Nantucket; Alexa Arieta, Health Agent, Town of Oak Bluffs; Drew Belsky, Health Agent, Town of Tisbury; Sarah Toste, Assistant Health Agent, Town of West Tisbury; Elizabeth "Betsy" VanLandingham, RN, Public Health Nurse Reportable Disease Investigator; Patrick Roden-Reynolds, Biologist, Lea Hamner, Epidemiologist; Meg Payne, VNA-CC.

Call to Order

Announcement: Meeting facilitator and (SSC) Mike Hugo announced that THERE WILL BE NO PUBLIC COMMENT PERIOD DURING THIS MEETING, ONLY THOSE RECOGNIZED BY THE CHAIR/CONVENOR.

FPHS Review: Cost Tool and Service Delivery Tools

Melanie Mackin (BME support team lead for IIPHEC) joined the Board to present the Federal Public Health Standards (FPHS) review process and clarify questions about respective responsibilities of Town health department staff and Shared Service staff in completing the surveys.

The FPHS surveys include a Shared Service Area Service Delivery Tool and Cost Tool, and individual municipality Service Delivery Tools and Cost Tools, to provide information to the State about the baseline of public health services and resources in reaching the minimum federal standards outlined by the FPHS. She noted that, while it is not required for municipalities to fulfill the full scope of the FPHS, municipalities are responsible for ensuring that the services are available within their jurisdiction, including through social service and non-profit organizations.

The Board will review and approve the SSA Service Delivery Tool, to be prepared by Lenore Maniaci with input from shared service staff, at its upcoming meeting on February 26, prior to Feb 28 deadline.

Deadline for completion of the SSA Service Delivery Tool is February 28; Cost Tool deadline is March 14th; the individual municipality Service Delivery Tool is due April 17th. Melanie Mackin is available to assist us in completing the survey tools through office hours in the slide show presented, which will be sent to the group following the meeting.

NEXT STEPS: Lenore to send out meeting slides to all attendees.

Alpha Gal Syndrome: Overview and Funding Proposal

Lea Hamner presented a review of the explosive growth of alpha gal syndrome, an allergy to the non-primate mammalian carbohydrate alpha gal, and triggered by the Lone Star Tick, in recent years on Martha's Vineyard.

The Tick-Borne Illness (TBI) Prevention Program is unique in combining field work around tick populations with epidemiology of TBI and case investigation capability. The challenge around AGS is that it is relatively new, not reportable, and not yet well understood by healthcare or the public. The condition is moreover unpredictable, with a wide scope of both sensitivity and severity up to and including death by anaphylaxis. And as always, the true disease burden generated by the Lone Star Tick on MV is not known because of our transient seasonal and visiting population. Our understanding of the condition and ability to accurately anticipate the threat to public health is further complicated by the fact that AGS can go into remission, sometimes years later, only to be reactivated by repeat exposures to the tick bites.

She pointed out that, while AGS is also widespread in mid-Atlantic states, the explosive growth of the condition on the island, coupled with the work of the team, is capable of attracting attention and involvement from scientists across the country; the unique "comparator" of Nantucket, an ecologically, demographically and socioeconomically somewhat similar island where the Lone Star tick is not (yet) widespread, adds an important control group to scientific inquiry and assessment.

Lea emphasized the importance of prevention as the primary mitigation for alpha gal, which includes prevention of re-exposure following the development of the condition. She and Patrick have committed to continuing the Alpha-Gal Support Group, which was developed by Public Health Nurse Amelia Hambrecht, who has recently left the position and the island.

She then laid out various ways that systematic AGS information gathering is available to us at this time: we can encourage self-reporting; we can request information from healthcare entities, which has heavy limitations due to their responsibility to protect patient privacy; then there is syndromic surveillance, the real-time reporting by Hospital EDs on visits for various causes, broadly-defined (such as "tick bite"), which would show how ED visits track with Patrick's field findings of greatest tick activity. However, local public health does not yet have access to the (de-identified) syndromic surveillance data in MA.

We could also choose to press for making the condition reportable, as it is in some other states. However, this route would have enormous implications for the volume of case investigation that

would go with it and could quickly become overwhelming, as tests for AGS numbered over 500 in the past year, even exceeding Lyme disease, a far more common and established condition. And if, as is the case with (reportable) lab results for Lyme Disease, the state does not require case investigation, that limits the usefulness of the information collected through testing.

Lea then reported that she has been approached by Dr. Caldwell, whose practice on Martha's Vineyard serves 250 AGS patients, to see if a project could be developed that would yield valuable information about the condition, while fully protecting patient identity and privacy. She noted that this patient cohort is from the more severe end of the spectrum but could provide important insights into the condition.

Together with Visiting Nurse Association of Cape Cod, they have developed a funding proposal for consideration by the Board. The proposal is in a modular format, so that various levels of work can be contemplated. Since Dr. Caldwell's practice operates within the Cape Cod Hospital group, rather than the Mass General Brigham system which runs Martha's Vineyard Hospital, the proposal would enable VNA-CC, who has access to CCH electronic records, to conduct direct review of patient information, and provide the data needed for the proposed study.

The Board expressed great interest in this proposal, and Mike pointed out that, while he strongly supports seeing the work done, it would be extremely helpful to access sources of financial support additional to the PHE grant. He has submitted the proposal, but it may not be approved by DPH in its entirety.

NEXT STEPS: Mike to continue his funding inquiry with DPH, while **all members** will evaluate possible adjunct funding sources for the Alpha Gal proposal, including private donations from both MV and/or Nantucket.

Shared Service Coordinator Position

Mike informed the Board that, going forward, although he intends to stay involved with the group in his capacity as MAHB consultant to shared service areas, he will no longer be able to act as Shared Service Coordinator (SCC) for the IIPHEC. He suggested that a full-time Shared Service Coordinator, fully dedicated to providing the full range of functions of the position, is likely needed.

The Board felt that fulltime focus on facilitation of the program might be of value. Another consideration could be to assign some of the SSC functions to the future hire of a Public Health Educator position. Lenore noted that guidance and a clear definition of the responsibilities of the position had not been sufficiently clearly delineated from the outset, and that SSC functions could be carried out much more efficiently than they are at present.

Sarah Toste commented that it seems premature to undertake major structural changes just as we are conducting the extensive review of our shared and individual public health operations through the FPHS. She felt that FPHS results this spring may well shed light on our needs and provide direction going forward, which could directly affect decisions of the group on shared

service coordination. The group agrees to consider a strategic approach, balancing Mike's need to step back with Lenore's current role and the upcoming assessment results.

Mike will present the requirements of shared service coordination at the next meeting and will send the position description in advance of the meeting. The team also discussed the need for a more detailed budget report, which they plan to review in the next meeting, and asked that a single repeating zoom address be created to avoid difficulties accessing the publicly posted IIPHEC meetings.

NEXT STEPS: **Mike** to provide a 15-minute presentation on shared services coordinator roles at the next meeting. **Mike** to send a job description for shared services coordinator position to the group. **Lenore** to create a single repeating zoom address for all future meetings of the Board. **Lenore** and **Martina** will provide a budget report for review.

RELEVANT Buy-in for Nantucket: Funding Proposal

Jericho Mele presented a request for funding to provide accounts for the RELEVANT Food and Pool Code Pro systems for use in Nantucket for the remainder of FY25, for a total cost of \$4,730. The Board ***unanimously approved*** the proposal, and asked Nantucket to provide feedback on the Pool Code tool, which is not used by Martha's Vineyard towns.

IIPHEC Website Launch in March

Patrick Roden-Reynolds updated the Board on progress in creating an IIPHEC website and asked for input from Board members on the structure and content of the site, to be provided within the coming month so as to enable the website to go live by the end of March.

NEXT STEPS: **Patrick** to send out an email with website review instructions and links to all members. **All members** to review and provide feedback on the new website content by mid-March.

Next Meeting: February 26th, 2pm

Adjournment. Unanimous.