

October 9th, 2025 Meeting Minutes

11:00 am - 1:00 pm EST

In-Person: 1009 Main St, Tewksbury, MA

Virtual: <https://us06web.zoom.us/j/87533291697>

**Voting members in attendance:**

Kristel Bennett, Billerica

Donna Greenwood, Chelmsford

Shannon Gillis, Tewksbury

Angela Lemire, Tyngsborough

**Non-voting members in attendance:**

Shelagh Collins, Billerica

Christine West, Billerica

Cynthia Baker, BME Strategies

Haleigh Schultz, BME Strategies

Taryn Angel, Chelmsford

Darcy Beall, Chelmsford

Siobhan LaFreniere, Tewksbury

Ashley Pavlakos, Regional Public Health Nurse

Elise Pierce, Regional Health Inspector

**Voting members absent:**

Kerri Oun, Tyngsborough

## **I. Opening**

4/4 voting members present, quorum was met.

**Motion to start the meeting**

Shannon Gillis made a motion to start the meeting. Donna Greenwood seconded the motion.

Billerica: Y

Chelmsford: Y

Tewksbury: Y

Tyngsborough: Y

**All in favor.**

Haleigh Schultz called the meeting to order at 11:09 am.

## **Motion to approve August meeting minutes**

Darcy Beall motioned to approve the August 7th meeting minutes. Shannon Gillis seconded the motion.

Billerica: Y

Chelmsford: Y

Tewksbury: Y

Tyngsborough: Y

**All in favor.**

## **Motion to approve September meeting minutes**

Donna Greenwood motioned to approve the September 4th meeting minutes. Shannon Gillis seconded the motion.

Billerica: Y

Chelmsford: Y

Tewksbury: Y

Tyngsborough: Y

**All in favor.**

## **II. Announcements & Reminders**

### **A. Upcoming Training Opportunities**

#### **Educating Merchants: Training for Tobacco Inspectors**

MHOA is offering a tobacco-related training, Educating Merchants: Training for Tobacco Inspectors, on October 28th from 1pm - 2pm via Zoom. This training will provide guidance for distributing materials and resources to tobacco retailers, informing them of current fines for noncompliance, age verification, refusing sale, and training opportunities for clerks.

#### **Growing a New Heart**

Growing a New Heart provides interactive group-based training opportunities to gain insight on successfully integrating racial and health equity within local public health work. Topic-based Technical Assistance takes place from 12:30pm - 2pm via Zoom. Upcoming sessions include:

- November 5th: Environmental Justice
- December 3rd: Community Engagement

Broadening the Lens is an introductory 3-hour learning event that explores how to examine public health questions through the lens of racial and social justice, and how to approach existing inequities in practical ways. Learners leave with a more expansive lens with which they can assess and address

the public health concerns in their own communities. Broadening the Lens courses take place from 11am - 2pm via Zoom. Upcoming sessions include:

- November 12th
- December 10th

For more information, contact Amparo Cruz at [acruz@growinganewheart.org](mailto:acruz@growinganewheart.org).

## B. RS & CHO Renewal

The RS & CHO renewal period is officially open! Credentials can be renewed through the Health Professions Licensing Portal through January 15th, 2025. For questions or assistance, contact [RS.CHO@mass.gov](mailto:RS.CHO@mass.gov) or reach out to Andre Larrea, Senior Credentialing Coordinator, at (413) 330-4173. As a reminder, all credentials and renewals can be covered by PHE funds.

## C. Annual Notification Memorandum

As part of the PHE Requirements, each town will receive an Annual Notification Memorandum, outlining the town's commitment and participation in the PHE Grant. This standard language is issued by the state - no changes have been made since last year. By October 31st, Haleigh Schultz will circulate the Memorandum to the required contacts. No response or acknowledgement is necessary. Recipients include:

- Town Manager or Administrator
- Chief Financial Officer or Town Accountant
- Select Board Chair or Board of Selectmen Chair
- Board of Health Chair

Haleigh will be in touch to confirm town contacts with each individual municipality.

## D. SAPHE 2.0 Written Testimony

The final SAPHE 2.0 Public Hearing took place last night. While the hearings are over, it's not too late to provide testimony! Written comments will be accepted until tomorrow, October 10th. Comments can be submitted to [LocalRegionalPublicHealth@mass.gov](mailto:LocalRegionalPublicHealth@mass.gov).

## E. RIZE Mosaic Municipal Matching Grant

RIZE recently announced an exciting grant opportunity for municipalities addressing the opioid crisis. The grant supports municipalities at various stages of their efforts. Applications are due by 11:59PM on November 7th, 2025, with the grant period beginning on March 1st, 2026.

Cynthia Baker presented additional information about the grant. This year's funding opportunity is similar to last year and is the second of a three-year cycle. Single municipalities can apply for up to \$50k in matching funds, while collaboratives of two or more municipalities can apply for up to \$150k. The grant is meant to encourage multi-town efforts for increased collaboration and efficiency, while still centering communities and people with lived and living experience. This year, there are two application tracks: 1) Just starting to look into opioid abatement spending and

programming, and 2) Communities that have already started or completed the first phase. Project examples include:

Track 1:

- Development of steering committees and advisory boards
- Performing community engagement activities
- Internal capacity assessment
- Data collection and analysis
- Inclusivity practices
- Formalization of regional collaborative
- Staff training investment

Track 2:

- Development of a monitoring and evaluation plan
- Expanding access to interventions (where data already demonstrates impact)

The application is meant to be a light lift for Health Departments. Budget narratives are required, but there is no itemized budget as part of the initial application. No formal documentation of an established collaborative (e.g., MOU or IMA) is required at time of application. Upon award, Letters of Commitment are required from participating municipalities.

The group discussed the program and their current efforts in opioid abatement spending. Kristel Bennett expressed interest, noting that she will need to talk to Billerica's opioid group. Tewksbury is already on it. They haven't ironed out the details of what an application or project will look like, but the Opioid Taskforce is already working on this. The Tewksbury team is currently doing a community assessment, so they don't have as much money to spend, but with the right fit for a meaningful community-based program, they could dedicate additional funds. They applied last year, but their application wasn't accepted. In Chelmsford, the Health Department team is working on Sober Truths for the schools, and they recently completed the Vaping Symposium. BME is currently contracted to conduct an initial assessment. The BME team is in charge of management, focus groups, interviews, stakeholder engagement, and all outreach.

Cynthia reiterated that Mosaic's intent is to provide funding for new programs. Once assessments are done, groups can leverage grant funding to hire an Opioid Program Coordinator to continue this work, since towns will already have the data to support programming decisions. They can also help establish Community Advisory Boards to augment ongoing efforts, inclusive of people with opioid-related experience and perspectives. If folks are interested in submitting an application, BME is happy to help write the proposal and prepare for submission.

### **III. Department of Public Health Funding Updates**

## A. Recent Updates in State Funding

On September 10th, the Department of Public Health announced significant budget challenges due to national economic uncertainty and evolving expectations around future federal support. DPH announced the decision to reduce the local public health data solution (Metrik) funding from \$99M to \$42M. This funding update does not directly impact the Public Health Excellence (PHE) grant or Training Hub contracts, but there may be indirect impacts as a result of rerouted funds and changing priorities.

## B. Indirect Impacts to PHE

While the current PHE contract is not directly impacted, indirect effects include uncertainty around inspectional software funding and timeline for state-provided software rollout, reimagining Metrik, Technical Assistance and SME support, and FY28 PHE funding availability. Funding through the end of the current contract (through June 2027) is not affected, though some towns are beginning to consider diversification of funding for long-term stability and sustainability across project areas. Coalitions are encouraged to critically assess priorities, investment areas, and foundational programming for the next two years. Given the flexibility of the workplan and changing priorities, SSAs are invited to amend or update the workplan as necessary.

## C. Importance of Spend-Down

The State is seeing a lot of upstream changes in the funding environment (e.g., federal government funding) that have downstream effects on local public health and municipalities. It's more important than ever to spend down all funds, both in municipal budgets, as well as the PHE budget. Spending helps demonstrate the real need for these investments in public health and demonstrates that funds support services that would otherwise not be provided. NEPHA's spending history is pretty good, but with ongoing staffing challenges, the group will need to be strategic. Cynthia Baker added that this is a good time to start considering add-on work, whether it be assessments, strategic planning, or other long-term sustainability investments. Donna Greenwood added that a lot of towns are doing their budget reviews right now.

## D. Spending Contingencies & Sustainability

Based on the spending trajectory, the group is looking at an additional ~36k in available FY26 funding from staffing and hiring timelines alone. Haleigh Schultz proposed leveraging these next couple of months to start a procurement process for a contracted strategic planning process or Community Health Assessment (CHA). Kristel Bennett expressed interest in a CHA, noting that this has not been done at the coalition level. An initial assessment could also inform future strategic planning and community engagement.

## IV. Foundational Public Health Services Review Check-In

### A. Reintroduction to the FPHS Shared Services Review

Haleigh Schultz provided a reintroduction to the Foundational Public Health Services (FPHS) Shared Services Review. Last year, you all underwent a lengthy review process to better understand existing capacity and expertise across the Foundational Areas and Foundational Capabilities, both at the community and SSA level. In June, NEPHA's BME contact, Janice, reviewed the group's preliminary results, outlining potential directions and opportunities to increase capacity and expertise in FY26, through a strategic programming framework. We then integrated these results into the planning process for mapping out the workplan, which aims to address some of those gaps. Importantly, we opted into exploring the following areas:

- Community Partnership Development: Specific focus in Maternal, Child, and Family Health
- Targeted Training Opportunities: Specific callout to Health Equity

## B. Preliminary Results Review

The group reviewed the summary slides from NEPHA's Preliminary Results slide deck. Based on the assessment, the group's capacity and expertise in the Foundational Areas and Capabilities suggested:

- Shared Staff:
  - Strengths: Organizational Competencies, Communicable Disease Control
  - Opportunities: Emergency Preparedness & Response, Accountability & Performance Management
- Local Public Health Entities
  - Strengths: Policy Development & Support, Communications
  - Opportunities: Equity, Maternal, Child, & Family Health

## V. **Fiscal Year '26 Planning**

### A. Community Baby Shower Planning

The Maternal, Child, and Family Health (MCH) Working Group has been meeting regularly to discuss the Community Baby Shower. The group is currently considering who should be included in the event, and what vendor and community partnerships are going to look like. Potential stations include:

- Ask a Nurse
- Car Seat Safety
- Lactation Consulting
- Safe Sleep
- Food Support
- Community Events
- Early Intervention
- Affinity/Support Groups
- Providers
- Postpartum Support

- Mental Health

The group wants to ensure fair representation of partners, towns, and vendors. Additionally, the MCH Working Group proposed a community-wide supplies and donation drive, with the intention of engaging additional community members. Similarly, each town could donate \$100 towards bigger raffle items. The group discussed additional marketing and communication strategies, including moving away from the “Baby Shower” name and insinuation of giveaway items. The Working Group will continue to explore the options and report out at future NEPHA meetings.

## B. IMA Amendment

As of this week, all towns have confirmed their review and approval of the FY26 IMA Amendment (third amendment) to extend the term of the IMA. The only requested change was to update Tyngsborough’s signing authority from “Tyngsborough Board of Health” to “Tyngsborough Health Department.” Pending official approval, each town is now welcome to sign the agreement. Haleigh Schultz will recirculate the updated version for signature. The group agreed to have all signatures complete by November 13th (the next NEPHA meeting).

### **Motion to approve the proposed IMA Amendment and move forward with signatures**

Kristel Bennett motioned to approve the IMA Amendment proposed by MAHB and move forward with town signatures. Donna Greenwood seconded the motion.

Billerica: Y

Chelmsford: Y

Tewksbury: Y

Tyngsborough: Y

**All in favor.**

## C. Coalition Fact Sheet Review

The group revisited the NEPHA Coalition Fact Sheet. Based on group feedback at the last NEPHA meeting, Haleigh Schultz updated the language to highlight health promotion, updated the contact information to include regional staff emails rather than phone numbers, and updated the format to make contact information clearer. The group presented no additional proposed changes.

### **Motion to approve the NEPHA Coalition Fact Sheet**

Donna Greenwood motioned to approve the NEPHA Coalition Fact Sheet. Kristel Bennett seconded the motion.

Billerica: Y

Chelmsford: Y

Tewksbury: Y

Tyngsborough: Y

**All in favor.**

## VI. Community Updates

- Billerica is busy working on flu clinics.
- Chelmsford's Health Department has a slight staffing change. The Social Worker is no longer with the team, and the Health Department will instead be posting an opening for an Inspector.
- Tewksbury and Tyngsborough are busy with flu clinics and upcoming vigils.

## VII. Adjournment

The next regular coalition meeting will be held on Thursday, November 13th, from 11AM-1PM in Chelmsford.

### Motion to adjourn the meeting

Kristel Bennett motioned to adjourn the meeting. Shannon Gillis seconded the motion.

Billerica: Y

Chelmsford: Y

Tewksbury: Y

Tyngsborough: Absent

**All in favor.**

Meeting adjourned at 1:07 PM.

### Documents used by the public body during the meeting:

- NEPHA October 9th Slides
- NEPHA MCH Community Partnerships
- NEPHA Coalition Fact Sheet



# NEPHA Coalition Meeting



October 9th, 2025



BME STRATEGIES

# Meeting Opening

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# Agenda

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- I. Opening
- II. Announcements & Reminders
- III. Department of Public Health Funding Updates
  - A. Spending Contingencies & Sustainability
- IV. Foundational Public Health Services Review
  - Check-In
- V. Fiscal Year '26 Planning
- VI. Community Updates
- VII. Adjournment

# Meeting Minute Approval

August 7th Minutes

September 4th Minutes

# Announcements & Reminders

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# Announcements & Reminders

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## Upcoming Training Opportunities

### **MHOA - Educating Merchants: Training for Tobacco Inspectors**

This training will provide guidance for distributing materials and resources to tobacco retailers, informing them of current fines for noncompliance, the importance of age verification, tips for refusing sale, and training opportunities for clerks on responsible sale practices.

- October 28th, 1pm - 2pm via Zoom
- [Register here!](#)

# Announcements & Reminders

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## Growing a New Heart Training Opportunities

### *Topic-based Technical Assistance:*

12:30pm - 2pm via Zoom

- Environmental Justice: November 5th
- Community Engagement: December 3rd

[Register here!](#)

### *Broadening the Lens:*

11am - 2pm via Zoom

- [November 12th](#)
- [December 10th](#)

Register using the links above.

For more information, contact Amparo Cruz at [acruz@gorwinganewheart.org](mailto:acruz@gorwinganewheart.org)

# Announcements & Reminders

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## Registered Sanitarian & Certified Health Officer Renewal

The renewal period for Registered Sanitarians (RS) and Certified Health Officers (CHO) begins **October 2nd** and runs through **January 15th**. Please log into the [Health Professions Licensing Portal](#) to complete your renewal.

For questions or assistance, contact [RS.CHO@mass.gov](mailto:RS.CHO@mass.gov) or reach out to Andre Larrea, Senior Credentialing Coordinator, at (413) 330-4173.

Credentialing and renewals can be covered by the PHE grant.



# Announcements & Reminders

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## Annual Notification Memorandum

As part of our PHE Requirements, each town will receive the Annual Notification Memorandum outlining your commitment to the Public Health Excellence grant and participation in SS5 by October 31st.

Please confirm with Haleigh the contact information (email) for the following individuals:

- Town Manager or Administrator
- Chief Financial Officer or Town Accountant
- Select Board Chair or Board of Selectmen Chair
- Board of Health Chair

Please send the above email addresses to Haleigh by **Friday, October 17th**.

# Announcements & Reminders

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## Testify for SAPHE 2.0 Implementation

The SAPHE 2.0 Public Hearings hosted by the Department of Health have concluded, but there is still an opportunity to share your thoughts, concerns, and feedback. **Written testimony** will be accepted until **Friday, October 10th, 2025**.

- Submit written comments to  
[LocalRegionalPublicHealth@mass.gov](mailto:LocalRegionalPublicHealth@mass.gov)



# Announcements & Reminders

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## **RIZE Mosaic Municipal Matching Grant**

RIZE recently announced an exciting grant opportunity for municipalities addressing the opioid crisis. The grant supports municipalities at various stages of their efforts.

- Applications are due by 11:59 PM on November 7th, 2025
- The grant period begins March 1st, 2026

Reach out to Haleigh or Cynthia for more information!



# Department of Public Health Funding Updates

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Planning for Resilience & Sustainability

# Updates from the Department of Public Health

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Massachusetts is facing significant budget challenges due to national economic uncertainty and evolving expectations around future federal support.

On September 10th, DPH announced the decision to reduce the local public health data solution (Metrik) funding from \$99M to \$42M.

**This funding update does not directly impact the Public Health Excellence (PHE) and Training Hub contracts.**

Updates and more information will be released as they become available.

# Indirect Impacts to PHE

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While the current PHE contracts are not directly impacted, some examples of indirect effects include:

- Uncertainty around inspectional software funding and timeline
- Reimagining Metrik
- FY28 PHE funding availability (guaranteed funding through June 2027)
- Technical Assistance and Subject Matter Expertise discontinuation

*Open discussion and questions.*

# Budget Contingencies & Sustainability

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It's now more important than ever to do everything we can to spend down our full grant award. Given our hiring timeline for the Regional Inspector and Regional Public Health Specialist roles, we can expect additional funds to become available.

Potential projects to consider:

- Strategic Planning
- Community Health Assessment
- Epidemiology Support
- Assessment of Current Regulations

# Foundational Public Health Services Review

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Check-In



# Reintroduction to the FPHS Review

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To follow up on last year's FPHS Shared Services Review, in which the coalition assessed capacity and expertise across the Foundational Areas and Capabilities, we've integrated FPHS Review into the FY26 workplan.

We'll use the FPHS Shared Services Review results to inform:

- Community Partnership Development
- Targeted Training Opportunities
- Additional programming directions

# Capacity & Expertise - Key Takeaways

Capacity Staff and/or other resources, materials, and supplies		Expertise Education, training, skills, credentials, and experience	
<b>Absent:</b> Staff time and resources are largely unavailable.	1	<b>Absent:</b> Staff lack expertise or are unable to apply it.	
<b>Limited:</b> Partial staff time and resources available to provide some functions.	2	<b>Limited:</b> Partial expertise and some ability to apply it.	
<b>Moderate:</b> Almost sufficient staff time and resources available for most functions.	3	<b>Moderate:</b> Almost sufficient expertise and can apply it effectively for most functions.	
<b>Comprehensive (Full):</b> Sufficient staff time and resources to fully implement all functions.	4	<b>Comprehensive (Full):</b> Sufficient expertise and can apply it effectively for all functions.	

	2 Highest Foundational Area or Capability	2 Lowest Foundational Area or Capability
<b>Shared Staff</b> Average Capacity & Expertise	<ul style="list-style-type: none"> <li>Organizational Competencies</li> <li>Communicable Disease Control</li> </ul>	<ul style="list-style-type: none"> <li>Emergency Preparedness &amp; Response</li> <li>Accountability &amp; Performance Management</li> </ul>
<b>Local Public Health Entities</b> Average Capacity & Expertise	<ul style="list-style-type: none"> <li>Policy Development &amp; Support</li> <li>Communications</li> </ul>	<ul style="list-style-type: none"> <li>Equity</li> <li>Maternal, Child, &amp; Family Health</li> </ul>

# Preliminary Results - Data-to-Action Summary



## **Increase Sharing Capacity to consistently meet Performance Standards 1.0**

- Environmental Public Health (Headline Responsibility 04.06.00 related to Performance Standards 1.0)
- Communicable Disease (related to Performance Standards 1.0)



## **Leverage existing High Capacity & Expertise within the Shared Service Arrangement**

- Communications
- Policy Development & Support



## **Increase Staff Capacity & Expertise where there is Lower Capacity & Expertise**

- Assessment & Surveillance
- Equity



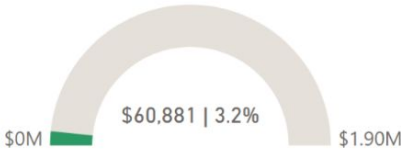
## **Increase External Partnership Development where services are currently not provided by LPH Entities & Shared Staff and Community Needs are not met**

- Maternal, Child, & Family Health

# EQUITY

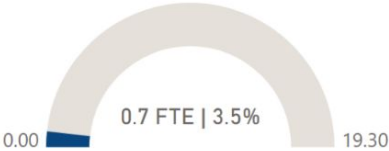
The ability to address social and structural determinants of health through policy, programs, and services, integrated throughout strategic priorities and accountability metrics. Health Equity is the opportunity for everyone to attain their highest level of health. No one is disadvantaged from achieving this potential because of their social position (e.g., class, socioeconomic status) or socially assigned circumstances (e.g., race, gender, ethnicity, religion, sexual orientation, geography).

## FY24 Spending



## FY24 Staff FTE

% of Working Hours Dedicated



## FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

Headline Responsibility		Provided by			Met Community Needs "Mostly" or "Completely"
		LPH	SSA	Partner	
11.01.00	Develop and demonstrate agency commitment to equity.	4	4	1	0
11.02.00	Inform and influence public and external organizational policies to advance equity.	1	0	0	0

4 Jurisdictions with Complete Data

0%

67%

100%

## FY24 Capacity & Expertise

This figure shows the average capacity and expertise reported for Shared Staff and each LPH Entity Staff . The larger orange dots indicate that multiple LPH Entities had the same average values.



## Partners Involved in Delivering Headline Responsibilities\*

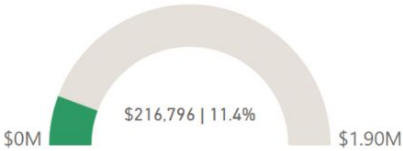
- MDPH
- NEPHA
- Region 3C

\*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

# COMMUNITY PARTNERSHIP DEVELOPMENT

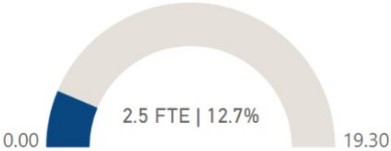
The capacity to harness and align community resources to advance the health of all community members. Develop and implement community health improvement plans.

## FY24 Spending



## FY24 Staff FTE

% of Working Hours Dedicated



## FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

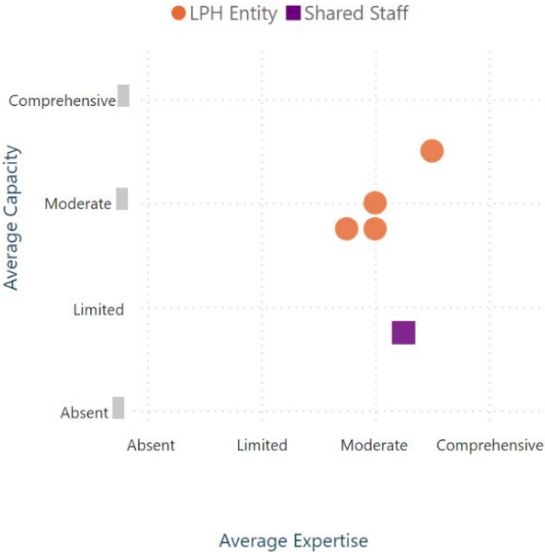
Headline Responsibility		Provided by			Met Community Needs "Mostly" or "Completely"
		LPH	SSA	Partner	
09.01.00	Develop and maintain capabilities to cultivate relationships and convene partners.	4	4	3	1
09.02.00	Develop and maintain strategic partnerships with governmental and non-governmental partners.	4	4	4	1
09.03.00	Develop and maintain trusted relationships with communities.	4	0	4	0
09.04.00	Use collaborative processes to develop health improvement plans to address identified priorities.	4	0	4	1

4 Jurisdictions with Complete Data



## FY24 Capacity & Expertise

This figure shows the average capacity and expertise reported for Shared Staff and each LPH Entity Staff. The larger orange dots indicate that multiple LPH Entities had the same average values.



## Partners Involved in Delivering Headline Responsibilities\*

- Churches
- DEP
- DPH
- Emergency preparedness group
- GLHA
- GLHAL
- Hoarding Task Force
- Local health care
- Multi town hoarding task force
- NEPHA
- Opioid Task Force
- PHE grant
- Recovery Centers
- Region 3C
- SSA
- SSA Communities

\*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.



# MATERNAL, CHILD, & FAMILY HEALTH

Monitor data on maternal, child, and family health, and develop and implement population-based programs, strategies, and policy.

Maternal Health focuses on the health of birthing parents before, during, and after pregnancy and childbirth. This includes prenatal care, safe delivery practices, postpartum care, and access to reproductive health services. Child Health Centers on the physical, emotional, and social well-being of children from birth through teenage years, and involves vaccinations, proper nutrition, prevention of childhood illnesses, and promoting mental health. Family Health addresses the overall health and support systems of families, emphasizing access to healthcare, parenting support, early intervention and family-centered disease prevention and health promotion.

## FY24 Sharing and Service Delivery Fulfillment

This table shows how many LPH Entities reported their community's needs were "Mostly" or "Completely" met and how many LPH Entities, SSA, or partners provided each headline responsibility in FY24.

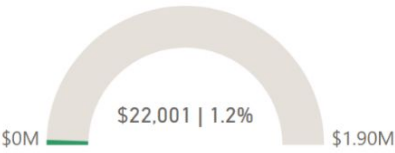
Headline Responsibility		Provided by			Met Community Needs "Mostly" or "Completely"
		LPH	SSA	Partner	
05.01.00	Develop a maternal and child health plan, as well as plans for addressing specific maternal, child, and family health issues.	1	0	4	0
05.02.00	Provide timely, scientifically accurate, and locally relevant information on maternal, child, and family health.	0	0	1	0
05.03.00	Implement population-based strategies to address issues related to maternal, child, and family health.	1	0	1	0
05.04.00	Inform, communicate, work cooperatively with, and influence others on policy, system, and environmental changes that will prevent harm and improve maternal, child, and family health.	0	0	1	0
05.05.00	Assure provision of mandated newborn screenings and follow-ups according to state or federal mandates.	0	0	4	0

\*HR 5.05.00 is done by New England / Massachusetts Newborn Screening Program

4 Jurisdictions with Complete Data

0%67%100%

## FY24 Spending

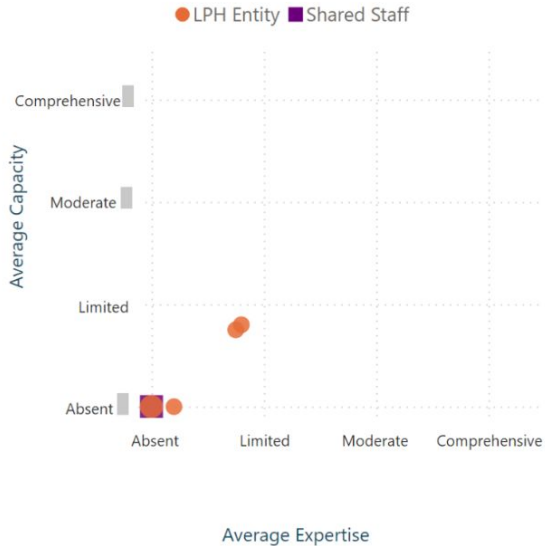


## FY24 Staff FTE



## FY24 Capacity & Expertise

This figure shows the average capacity and expertise reported for Shared Staff and each LPH Entity Staff . The larger orange dots indicate that multiple LPH Entities had the same average values.



## Partners Involved in Delivering Headline Responsibilities\*

- GLHA
- LGH
- MDPH
- New England / Massachusetts Newborn Screening Program

\*This list only reflects partners reported in the Service Delivery Tool and may not be comprehensive of all existing partners.

# FY26 Planning

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# Community Baby Shower Planning

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## Who should be included in the Community Baby Shower?

Potential stations include...

- Ask a Nurse
- Car Seat Safety
- Lactation Consulting
- Safe Sleep
- Food Support
- Community Events
- Early Intervention
- Affinity/Support Groups
- Providers
- Postpartum Support
- Mental Health

### Considerations:

- Who to invite?
- Outreach mechanisms
- Fair representation of vendors, towns, etc.



# Community Baby Shower Planning

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Additional proposals from the MCH Working Group:

- Community-wide supplies & donation drive:
  - Through partnerships with local businesses, libraries, offices, etc., we could set up public donation spaces for diapers and supplies
  - Opportunity to engage community members who aren't new or expecting parents but still want to support maternal and child health
- Town donations:
  - Each town to donate \$100 towards the “big-ticket item” to raffle off

# FY26 Planning

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IMA & Fact Sheet Approvals

# Community Updates

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# Meeting Adjournment

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## Next Meeting

Our next meeting is scheduled for:

- Thursday, November 13th

*Volunteer to host?*