

JOHANNA RAVENHURST, Chair
TONY JUDGE, Vice-Chair
KAREN WALSH PIO, LICSW, LADC 1, Clerk
JESSICA COLLINS
DR. CHRISTINE MCKIERNAN, MD

SHARON D. HART, Public Health Director

Board of Health Minutes

July 20, 2021

As Approved – August 31, 2021

Present: Johanna Ravenhurst, Chair; Tony Judge, Vice-Chair, Karen Walsh Pio, Clerk; Jessica Collins, Board of Health Member; Dr. Christine McKiernan, Board of Health Member; Sharon Hart, Public Health Director; Jennifer Jernigan, Assistant Public Health Director, Monasia Ceasar, Health Compliance Specialist

The Board of Health Meeting was called to order at 6:05 p.m. by Chair Ravenhurst.

1: Acceptance of Minutes:

Chair Ravenhurst stated she would accept a motion to approve the minutes for the June 8, 2021 meeting.

Dr. McKiernan mentioned two corrections that needed to be made in the June meeting minutes prior to approving them. The corrections were editing her vote as “Aye” opposed to abstained for the approval of the May minutes, and properly assigning Johanna Ravenhurst as the chair and Jessica Collins as a board member in the attendance list.

With the understanding that the necessary changes will be made, Dr. McKiernan made a motion to accept the June 8 minutes and Walsh Pio seconded it. A roll call was then taken:

Walsh Pio: Aye
Judge: Aye
McKiernan: Aye
Collins: Aye
Ravenhurst: Aye

Tony Judge complimented the meeting notes and felt they were captured well.

Director Hart mentioned that previously the notes were simply a summary that provided an overview of the key points taken. Since then, the meeting minutes have become more extensive to provide the members with more information and supplemental support as meetings have been held remotely.

2: Announcements and Open Forum:

Chair Ravenhurst verified there were no memos left on the Google forum as well as no attendees with possible questions or topics to introduce to the board. She asked if the board had any concerns or topics that they would like to bring forth for consideration. The board did not have any additional topics to introduce.

3. New Business:

(A) COVID-19 Update

Director Hart shared there was only one confirmed case this week. However, there were some suspected cases as those who are immune compromised underwent testing for vaccine breakthrough. The results indicated the possible need of a booster for the immune compromised population. This information could be found on Maven, the state's disease surveillance system.

Judge questioned if the one occurrence required hospitalization. Hart confirmed that the occurrence did not result in hospitalization.

Chair Ravenhurst expressed relief that that was only one case in town but noted that there was a statewide increase of cases. Director Hart followed up by saying that recently there was a large cluster of cases in Provincetown amongst over a hundred people. The state had sent out specific instructions on how to input cases affiliated with the Provincetown cluster into their own category.

Chair Ravenhurst introduced the document from the ABC collaborative included in the agenda packet. The data included helped to summarize the current state of research. With the proper analyzation and interpretations made, the necessary recommendations could be issued for students attending in person school in the fall. Chair Ravenhurst mentioned she reached out to the Chair of the School Committee to see if they need recommendations or assistance from the Board. The School Committee mentioned they are not in need of assistance as they have just welcomed a new Superintendent (Dr. Jahmal Mosley) and are awaiting to see what his approach will be. They are also waiting for DESE guidelines to be issued out prior to implementing policy for the fall.

Director Hart stated that the schools must check with and follow requirements issued by DESE, while the Board of Health must refer to and adhere to the requirements issued by DPH. Sometimes these

requirements differ from each other as previously seen with COVID distancing requirements. DPH required 6 ft distancing, DESE required 3ft. DPH and DESE are two separate governing authorities and their subordinate organizations should follow the appropriate guidances. The CDC will issue out recommendations and in return the DPH will make recommendations for the state, and finally DESE will issue out their requirements. The information should hopefully be out by the end of this month. Director Hart also mentioned meeting with Superintendent Mosley to discuss potential collaborative efforts. If approved, the department could administer joint vaccines clinics to students and affiliated members.

Jessica Collins shared that she had reached out to the School Committee as well in hopes of receiving feedback in ways that the Board of Health could be useful to them. She recalled water bubblers being introduced as a potential topic that the Board could provide insight and recommendations for.

Director Hart confirmed that all drinking faucets have been shut off. Appropriate testing and running of the water would have to happen prior to the faucets being operable again. The plumbing department would have to identify which fixtures will be back in service.

Dr. Christine McKiernan highlighted the DESE interim guidance that was issued on May 27, 2021. These were the last safety standards issued during the 2020-2021 school year. The guidance expressed the importance of practicing precaution and getting students back to in-person learning in the fall. There is a broad consensus across several different governing boards that in-person learning five days a week needs to be offered.

Dr. McKiernan also raised concerns that all COVID restrictions would be rescinded in the fall when students go back to school. This is worrisome as COVID is still very active and there is a large unvaccinated population amongst the students. There are currently no ventilation requirements for schools and DESE has confirmed that they will collaborate with DPH to provide safety standards for school age children. Most people were under the impression that case occurrences would dwindle down with adults having access to the vaccine. The COVID infection rates in children are now at the same rates found in adults. Both the CDC and AAP issued guidance are recommending layered protection strategies that include frequent hand washing, staying home when sick, and universal mask wearing for students. There is strong scientific data to support universal mask wearing in children, especially since those under the age of twelve have not been approved for the vaccines.

Dr. McKiernan shared that she was hopeful that Pfizer would submit for FDA emergency use authorization by September. The FDA is requiring additional data from Pfizer prior to approving the vaccine for use for those twelve and under. Based upon that, one can speculate that Pfizer may submit

for approval in late fall, early winter. Moderna is trailing close behind in the submission process. At the very least, the first half of the 2021-2022 school year will be in session with unvaccinated students.

Dr. McKiernan followed up by providing an overview of the local vaccinated population and expressed that it could be better. In town, under fifty percent are vaccinated. She acknowledged that the School Committee did not ask for specific advice from the Board of Health but feels as though something should be done prior to the implementation of safety protocols for the school year. Dr. McKiernan proposed crafting up a document that would reflect the consensus surrounding in-person learning and layered precaution practices from the different governing bodies. She expressed that it should be the Board of Health's responsibility to make sense of the scientific data being issued out and relay it in a manner that would be beneficial to the School Committee.

Walsh Pio responded that more information is always helpful and that the School Committee would be receptive to receiving more data.

Jessica Collins shared that she does not see any harm in providing the School Committee with recommendations if the Board has voted and is in agreement. Collins proposed the possibility of meeting again prior to the decision making if needed. She questioned if Dr. McKiernan had specific recommendations and/or in mind to present to the School Committee.

Dr. McKiernan mentioned it is imperative to express the need to offer in person learning five days a week to all students. This comes with understanding that some families will opt out of this option due to personal reasonings. The key mitigation strategies would include staying home when sick, hand washing, and universal masking. It could be mentioned that distancing is not required if neighboring parties are properly masked. There are no specific ventilatory guidelines that must be met. Last year, the CDC said to improve ventilation, but never set optimal ventilation standards to adhere to. The details would be left up to the School Committee to implement into policy and practice. It is a good idea to make recommendations on what the data supports as being safe. The provided data could help reinforce policy suggestions during the deliberation phase.

Collins shared that there is more of an understanding as more data availability is far greater than what it was last year. She also clarified that the recommendation would be to offer the opportunity of full time in-person learning opposed to making it mandatory.

Dr. McKiernan followed up by mentioning that both DESE and AAP believe all children should be back in the classroom. Pre-COVID, there were exemptions that could be made if conditions existed that compromised the student's experience. Parents could present these conditions with the possibility of

arranging an alternative learning plan for the student. There has always been an opt-out option for families who did not feel safe sending their child to school.

Collins questioned how this would differ from this year's end of the school set up.

Dr. Christine McKiernan shared that at the end of the year most children were in school. Some families did choose to do hybrid or remote learning styles for their children instead. The schools offered four days in person with one closed day for deep cleaning. Deep cleaning is no longer necessary. Dr. McKiernan believed the distancing and ventilation requirements contributed to families' apprehension surrounding in-person learning. Now that those standards have since been rescinded, full time in-person learning can be offered safely.

Collins verified that the recommendation would include that K-12 schools will offer full time in-person learning with the opportunity to opt out.

Dr. McKiernan reassured the Board that the burden of responsibility should be replaced on the schools to ensure that full time in-person learning is being offered. Families will still have the choice of opting out. This avoids the issues with exemptions, as it is still a personal choice.

Walsh Pio questioned if Dr. Christine McKiernan would feel comfortable drafting up a Board of Health statement highlighting recommendations and key data points to send to the School Committee.

Dr. Christine McKiernan agreed to curate the document. It could be presented at the next meeting and analyzed for diction and structure to ensure that all members of the Board agree.

Director Hart recommended sending the document to Town Counsel to ensure the Board is within operating boundaries.

Jessica Collins reiterated that the document could be presented in a manner that displays recommendations and scientific data to be used to help the School Committee make policy decisions.

Director Hart reminded the Board that the recommendations would have to be wanted. DESE has direct contacts available for schools to provide support and clarification. It is important the Board of Health stay within its purview. In the past, the Department has offered data when the School Committee has encountered areas of concern while navigating through different circumstances but not recommendations.

Walsh Pio questioned if anything that Dr. McKiernan proposed went against DESE guidelines.

Hart stated that DESE has yet to release their recommendations for the school year. She hopes they consider the points made by the CDC and AAP surrounding safety practices and mask wearing. She agreed with Dr. McKiernan's proposition and felt that the mentioned strategies were effective precautionary practices. Prior to COVID, schools had stay-at-home policies for students who were sick and always encouraged hand washing. Incorporating those strategies would be familiar to schools and shouldn't result in much push back. The Board must be mindful that it cannot tell another department what to do. The document must encompass the scientific data without dictating what further actions should be taken.

Dr. McKiernan suggested structuring the document as a summary of the recommendations from the different governing bodies (CDC, AAP, DPH), opposed to including personal opinions.

Director Hart agreed that compiling all the data and issued recommendations would be an appropriate approach that could be utilized by many outlets.

Chair Ravenhurst mentioned her support of the approach and believed it could help ease some of the apprehension surrounding the start of the school year. She acknowledged that the Board must be careful how they frame the document, but the information needs to be dispersed. Tony Judge questioned if schools distribute or have an ample supply of masks for students if needed.

Dr. McKiernan assured that schools have an adequate supply of disposable masks on site, available upon request.

Director Hart shared that schools have also purchased clear masks for students. Nurses have reached out to the department if they needed to replenish their supply. The department still has inventory available at town hall and the police department.

Tony Judge asked if students are sent home if they refuse to wear masks.

Director Hart mentioned that in the past, schools have encountered students that don't properly wear masks or refuse to do so entirely. To her understanding, those students are not sent home and may instead be socially distanced.

Tony Judge verified that this would mean mask wearing is not a requirement.

Director Hart confirmed that masking requirements have yet to be set for the upcoming school year. It is still under review and being considered. Therefore, the messaging being drafted up by Christine is imperative as it can help shape the policies.

Chair Ravenhurst revisited the water bubbler topic previously mentioned by Jessica. Ravenhurst presented an email encounter with the School Committee Chair. In the email, the School Committee Chair expressed the need to address COVID related issues, such as the students not being able to fill up their water bottles. This would need to be addressed prior to the fall.

Dr. McKiernan mentioned she did not see anything in the data released supporting the refilling of water bottles or denouncing it. She agreed to look up information addressing it. She felt as though refilling water bottles would be a better option for students, opposed to drinking directly from the water faucet.

Jessica Collins expressed she believed the concern lied with congregating in small areas.

Direction Hart highlighted that the concern with drink dispensers typically lies in where the portion of the cup that has been exposed to your mouth gets pushed up against the machine to refill the cup. The water bubblers in town hall avoids that with a sensor that indicates when a water receptacle is full once placed under the dispenser. Depending upon how the faucet dispenses water, there may be areas of concern to consider.

Chair Ravenhurst summarized the conversation surrounding COVID. She mentioned the discussion of the many recommendations that are out to help navigate the re-opening of schools. Dr. McKiernan agreed to put together a document that will be reviewed at the next meeting that lists the major recommendations from medical associations and governing boards. The reviewed and approved document will then be sent off to the School Committee and other interested parties.

(B) COVID-19 Vaccination rates in South Hadley

Chair Ravenhurst moved to introduce the COVID vaccine rates in South Hadley. She put together some graphs that depicted the vaccination rates based upon age, race, and ethnicity. The graphs represent those that are fully vaccinated in town. The information was gathered from the state's website.

Director Hart mentioned that when looking at the numbers, she realized that the entire town's population of 18,000 is used to determine the vaccination rates. This method does not consider the number of residents that are not eligible for vaccinations at this time. When incorporating this into the calculation, it raises the town's vaccination rates.

Chair Ravenhurst verified that miscalculations were for the overall vaccination. She believed the charts shown for the age groups were properly calculated.

Director Hart clarified that those calculations were taken incorrectly as well. They included the entire town's population, although ten percent of the town can't get vaccinated. The ten percent must be

deducted from the town population. This yields the town's vaccination rate to be closer to 67% opposed to 60 %.

Johanna Ravenhurst speculated if this impacted specific age categories. Sometimes the numbers do not reflect those who cannot be vaccinated. She encountered this when attempting to combine county and state data. The state presents the data in a different format. Chair Ravenhurst acknowledged there was a slight difference in the data. The trend remains the same despite the discrepancies.

Director Hart agreed a productive conversation could still be had surrounding the overall trend if people were mindful of the offsets.

Collins questioned if the spreadsheets were also categorized by race and ethnicity.

Director Hart confirmed that the charts being presented by Ravenhurst were categorized by race and ethnicity and could also be found on the Mass.Gov website.

Dr. McKiernan mentioned she would be interested in hearing insight on why others believed we were among the lowest vaccinated county in the state. Vaccination rates near Boston are ranging between 70-75%, Central MA is around 65% vaccinated, while Hampden County is significantly lower.

Tony Judge asked for the Franklin County vaccination rates.

Dr. McKiernan responded that 67% of residents in Franklin County are vaccinated.

Collins proposed that the drastic difference could be because Hampshire and Hampden County have a younger population. The availability of resources also differs per county. This was an early impact, when more people were willing to get vaccinated prior to the Johnson and Johnson mishap.

Dr. McKiernan said she had considered multiple possibilities for the difference and could not settle on a distinct reason. She considered the inner-city ethnic approach, but Worcester and Boston are still dramatically higher. She considered that western Mass is a remote region, yet Berkshire and Franklin County are still higher.

Jessica Collins mentioned that Franklin and Berkshire counties are older populations. It has been shown that the older populations are among the highest vaccinated. Age is a major factor to consider when comparing Hampden and Hampshire County against Franklin and Berkshire County.

Dr. McKiernan highlighted that the young adult crowd is showing to be the most difficult to get vaccinated. The 16-29 year olds have the lowest vaccination rates, although the 12-15 year olds were just made eligible for the vaccine. She questioned the best approach to target this audience. There is a major resistance to the vaccine in the minority groups. Therefore, it has been mentioned as a social justice issue.

Director Hart mentioned the difficulty associated with vaccine outreach. She is not sure what messaging is being sent out to encourage the vaccine in the pediatric sector. There are also false narratives being attached to the vaccine that hinder more people from getting it. This includes the vaccine causing fertility issues and altering DNA. The department has done the homebound population and school-based clinics. The department is open to suggestions to further, expand, and continue outreach efforts.

Collins confirmed that the state is working on a campaign to help strengthen trust, build vaccine credibility, and to share local stories.

Director Hart shared that there is currently being work done to see if it possible to set up a mobile vaccine clinic at the September fireworks. There hasn't been much of a turn out, when conducting these clinics. It has been difficult to find effective means to convince the masses about the vaccines.

Jessica Collins responded that the duty of convincing does not fall on the Board. The Board just has to distribute the information that is being issued.

Hart mentioned that the messaging being put out has not generated significant change. Many are skeptical as the vaccines are still deemed for emergency use and have yet to be fully FDA approved.

Chair Ravenhurst proposed that there is a need for more information addressing the false claims about the vaccines. She is willing to do more research on data that addresses those claims. To appeal to high school age students, high school science teachers could provide students with basic vaccine information. A portion of the 20-29 age group could be targeted prior to going to college.

Director Hart confirmed that most colleges are requiring students to get vaccinated.

Tony Judge questioned if the Board of Health should undertake the campaign of persuasion or help the state agencies further their initiatives. He suggested supporting the larger effort rather than starting and maintaining an independent project.

Dr. McKiernan agreed and expressed it would be a difficult task to undertake. She acknowledged Director Hart's efforts in vaccine outreach and mentioned more messaging would be needed. The Board's role may be to support and provide data to bigger agencies and outlets.

Judge suggested communicating with these outlets to identify ways in which the Board could be beneficial to them.

Director Hart concurred with the previous statements and believed the Board should wait for the state-issued campaign and then provide supplemental support.

Tony Judge reiterated that the Board could push the campaign being issued out. The Board must also recognize that not everyone can be convinced to get the vaccine. There are some who are just impervious to getting the vaccinated. The Board must be mindful of the impact that can be made as a town Board of Health.

Chair Ravenhurst mentioned the Board could reach out to DPH to verify what additional support they could provide to push the campaign along. She proposed the possibility of collaborating with local universities and schools who are studying community health initiatives to help support the effort.

Judge questioned the Board's knowledge of vaccine locations in town and believed that everyone should be aware of available resources in case they are asked.

Director Hart stated that there are no more locally held clinics. Vaccines are being administered through state sponsored means, pharmacies, and primary care providers. The town's website provides the state website with the vaccine locations listed.

Ravenhurst added that UMASS is still hosting a vaccine clinic, although she is unsure when they will close. She will investigate getting more information on that.

Collins mentioned that the schools would provide memos on where the different pop-up clinics were located. Vaccine availability will be important as school and fall sports begin, and the Delta variant spreads.

Dr. McKiernan proposed the possibility of hosting another vaccine clinic as school approaches. Parents may now be more inclined to get their child vaccinated, as in person learning will be starting soon. As parents get their child vaccinated, they too can be offered the vaccine. This can help raise the vaccination rates.

Director Hart mentioned that she had collaborated with Amherst and the Superintendent to coordinate the vaccine clinic held at the end of the year.

Tony Judge questioned if the Department still had access to the mobile digital message boards.

Hart mentioned the signs are being used to issue out memos about on ticks and mosquitoes. The department is currently working with the Recreational Department to make informative bags for outdoor use. She is looking to use AARPA funding to get more sunscreen and repellent as they have gained popularity.

Ravenhurst questioned if schools have surveyed parents to see why they have objected to vaccinating their children. This may help the Board tailor the type of information needed to raise vaccination rates.

Director Hart agreed that information would be helpful, but she is not aware of one being done already. She is also hoping to move forward with having the vaccine bus at the upcoming fireworks. She is also hoping to offer it at the flu clinic, although she is unsure if the two vaccines can be given at the same time.

Dr. McKiernan mentioned she is not aware if the two can be given at the same time, as initially the COVID vaccine had to be given alone.

(C) Funding of Public Health in MA

Chair Ravenhurst introduced funding of Public Health as the next topic of discussion. As the pandemic continues, more funding has become available for the Public Health sector. She asked Sharon to provide an overview of the funding.

Director Hart summarized the current funding available and process associated with it. The funding and grants usually allocate to towns in a general manner. The Town of South Hadley has been allocated 5.2 million dollars that can be used for a variety of provisions and sectors. She is currently going through the compliance and reporting documents to fully understand the scope of the funding. The funding may be used to expand the nursing services in the department.

4: What Health Department Do

Chair Ravenhurst mentioned a presentation was curated to display the different operational areas within the department, as well as the corresponding bylaws and regulations. They will be presented to the Board in small increments to provide insight on what the department works on.

Director Hart highlighted the governing laws that the Board of Health operates under. The specific transaction amounts were also cited from the annual report. Hart received insight from Town Counsel, that board members should be educating themselves on the operating powers of the Board and the Department. This presentation would act as a rolling overview of the Department and Board of Health.

Board members could combine their knowledge of the governing laws and personal experience to help draft new policies that could be beneficial. Hart referenced the latest tobacco regulation issued by Brookline.

The first slide outlined that the Board must report occurrences of dangerous diseases within 24 hours. There are over 80 communicable diseases that are monitored. Prior to COVID, the office has always done disease surveillance and contact tracing. In case of a communicable disease occurrence, waivers are signed that get the results sent to the state offices and then to the appropriate local board of health. The Community Nurse does the communicable disease reporting. If she is unable to, Director Hart must do so. Both must stay current with all related trainings. The Department is held responsible for tracing food borne illnesses, administering vaccines, and conducting contact tracing for disease outbreaks. The Department must also follow up on rabies cases. The animal in question must be sent off to the state for testing. This can be done by a town paid veterinarian or within the department. If those who encountered the potential rabid case are uninsured, the town must provide funding for the 5 series rabies vaccine.

Director Hart then introduced housing as the next area of operations. The State Sanitary Code sets the standards for livable dwellings. It is typically used in tenant-to-landlord housing. If called in by an occupant, we must conduct an inspection. We must undergo the appropriate training to ensure proper and thorough inspections are being conducted. The inspections and reports issued as a result are all time sensitive. Reports must be issued to the tenant, occupant, and related departments (Building, Plumbing, Electrical, Fire, etc.) within a certain timeframe. The Department can issue orders and condemnations depending upon the citations issued or the unlivable conditions that exist within a dwelling. The Department receives correspondence from the electric and water companies regarding shut-off notices. These result in condemnation orders, as the dwelling is uninhabitable.

Collins proposed if members could independently review the slides and bring forth questions and concerns at the next meeting. The Health Department issued reports are always clear and provide a comprehensive summary on the department's operations. She questioned if there was a possibility of receiving more distinction between the Board's role and the Department's daily functions.

Director Hart highlighted that the Health Department's governing authority is based on the state code, but limited. The Board of Health can do site assignments for landfills and hazardous waste generating facilities.

Judge supported the suggestion that the slides be reviewed by the Board members alone and introduced at the next meeting for further discussion.

Dr. Christine McKiernan suggested that the agenda packet and supplemental documents should be reviewed by all Board members prior to coming to the meeting.

She also asked if it would be possible to include a distinction on the documents being sent to them. If the documents could be clearly labeled as informational purposes only or if it is discussion/meeting related. The roles of the Department as well as the Board of Health need to be clearly defined so that properly aligning goals can be established for the Board. She also questioned if the open meeting law would restrict Board members from communicating about the topics in order to get a better start for the next meeting. Dr. McKiernan questioned the Board's role and their operational limitations.

Director Hart replied that the presentation identifies the role of the Health Department and Board of Health. She also mentioned that the Department's goals are shaped by Town Administration.

Chair Ravenhurst proposed setting this year's goals for the Board. She believed it would be beneficial to review the slides and analyze how the Board of Health's role intercepts with the Department's operational areas. Those connections can be tied into setting realistic goals and understanding authoritative bounds. Ravenhurst proposed getting the agenda packets out a week prior to the meeting, to ensure that board members have enough time to go through the material thoroughly and has time to adequately prepare. She also reminded the Board that they must be mindful of the open meeting law when preparing for the upcoming meeting. She also requested that the supplemental documents be distinguished as meeting related or merely just informational purposes.

Director Hart confirmed that Jennifer and Johanna work together on compiling the agenda packet. Chair Ravenhurst must first establish the meeting agenda prior to the supplemental documents being attached.

Judge questioned the possibility of increasing the frequency of meeting within a month to increase the Board's productivity.

Collins mentioned she would be concerned with the Department staff as their days are long and meetings have been pushed back to 6 pm.

Judge also questioned if in person meetings were now permitted.

Director Hart recalled that although they are permitted there is currently no location to house the meeting, as the town hall is still closed for meetings. If interested, the Board would have to find a building with taping capabilities as the meetings must be recorded.

Collins responded that she does not have a preference with meetings types and feels as though they last the same amount of time regardless of if it is in person or virtual. She felt as though it is important to go through the Master Plan to establish the Board's goals. She asked if it would be appropriate to introduce a constituent's concern about mosquitoes.

Chair Ravenhurst agreed to discuss the constituent's concern about mosquitoes. As a result, she pushed the "What does the Health Department do?" and Mosquito Control District topic to the next meeting.

Collins introduced the mosquito topic by asking if the mosquito opt out option will be a topic at the special fall town meeting as it is the Town's Committee members who vote on this.

Director Hart mentioned that the opt-out window has passed. However, the Board can begin to gather information for the upcoming opt-out cycle that occurs every year. There has not been any spraying in this area. There are set requirements that each town must meet according to their risk level. If the Town chooses to opt out, they are then solely responsible for planning, executing, and funding their own mosquito control plan.

Collins questioned if the Board of Health can make recommendations to the Town Committee members as they are the voting party.

Director Hart agreed this is a good topic to discuss, although the current opt-out window has passed. The Board can compile data to address misconceptions about the aerial spraying. Hart has verified with the Conservation Department that there are no white cedar swamps in town. She also proposed having the information that was presented by the Mosquito Control District representative be available to the public.

Dr. McKiernan agreed that the mosquito presentation was insightful and informative. Prior to hearing it, she was under the impression that it was indiscriminate spraying. She now knows that a distinct process is followed prior to spraying. The information could be helpful to town committee members.

Director Hart suggested that one of the Board's goals could be to put together a forum educating the Committee members on the opt-out process.

McKiernan mentioned she does not believe a mosquito forum would generate a large crowd but proposed that the Mosquito Control District representative speak at the town meeting prior to the vote.

Chair Ravenhurst questioned if Collins could get specific questions or concerns from constituents regarding the opt-out program to effectively tailor the representative's speech.

Collins agreed to follow up on that.

Judge suggested ticks as the next area of focus for the Board. They have become a pertinent issue as climate change has increased their presence. They are now showing up in places they were not before. Increasing the amount of information available to residents could help with exposure and education.

Director Hart mentioned that the Department is currently using the digitalized messaging boards to post memos about mosquito and tick safety and precaution. The Department has been working with the Recreational Department to make summer safety kits that target sun, mosquito, and tick exposure.

Chair Ravenhurst proposed putting that on the next meeting's agenda. Ravenhurst confirmed the next meeting for August 3, 2021, at 6 pm via zoom.

5: Adjourn Meeting

Ravenhurst stated she would accept a motion to adjourn the meeting. Dr. McKiernan made the motion and Collins seconded it. A roll call was taken.

Tony Judge: Aye

Dr. Christine McKiernan: Aye

Jessica Collins: Aye

Johanna Ravenhurst: Aye

Karen Walsh Pio had left the meeting early and was not present at this time.

The meeting was adjourned at 8:04 pm.

Respectfully submitted,

Monasia Ceasar
Health Compliance Specialist

As Approved – Board of Health
Meeting Minutes
July 20, 2021

ATTACHMENT A

DOCUMENT

RECORD LOCATION

Pioneer Valley Mosquito Control District	BOH File
2020 Mosquito Surveillance Season Report	BOH File
Areas of Operations and Authority Statutes	BOH File
Conway Application for Alternative Mosquito Management	BOH File
UMASS Amherst Aerial Spraying	BOH File
Masterplan: Goals and Objectives	BOH File