



Norfolk County-8 Coalition

August 26, 2025 Meeting Minutes



Time: 11:00 am – 12:00 pm
<u>Virtual Meeting</u> Virtual Link: https://us06web.zoom.us/j/88546913325?jst=2

Attendance Roll Call

Voting members present:

Meg Goldstein, Canton
Sam Menard, Dedham (*left early*)
Caroline Kinsella, Milton
Stacey Lane, Norwood
Melissa Ranieri, Walpole (*joined late*)
Leonard Izzo, Wellesley
Jared Orsini, Westwood

Non-voting members present:

Aine Studdert-Kennedy, BME Strategies
Cynthia Baker, BME Strategies
Beth Haefner, BME Strategies

6/7 communities present, quorum met

Stacey Lane motioned to start the meeting. Lenny Izzo seconded the motion.

Canton: Y
Dedham: Y
Milton: Y
Norwood: Y
Walpole: not yet present
Wellesley: Y
Westwood: Y

The staffing meeting of the Norfolk County-8 (NC-8) Local Public Health Coalition was called to order at 11:02 AM on August 26th, 2025.

1. Meeting Opening

BME provided an overview of the agenda and goals to start the meeting. The primary goal for the staffing meeting was to establish a clear direction for Fiscal Year 2026 (FY26)

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regional staff hiring. Key components of the meeting included reviewing current job descriptions for the Regional Public Health Nurse (RPHN) and Regional Epidemiologist (RE) positions, discussing feedback and revisions to these job descriptions, and making administrative and logistical decisions for the subsequent hiring process.

2. Staffing Discussion

To frame the staffing discussion, BME provided an overview of four key themes identified as priority areas for the staffing conversation: Role Clarity and Supervision, Community Engagement and Connection, Buy-in and Integration, and Logistics and Administration.

a. Regional Public Health Nurse and Regional Epidemiologist Roles

The coalition began by reviewing elements of both the RPHN role and RE role job descriptions, exploring how the key themes show up in each job description, and reflecting on potential revisions that could be made to improve clarity and ensure alignment with the coalition's expectations of each role.

The group discussed both concrete adjustments that could be made to the Regional Staff job descriptions, as well as broader recommendations for how to improve Regional Staff integration, accountability, and effectiveness during onboarding and through continuous oversight.

Specific recommendations for both roles included:

- Reinforcing each role's essential functions with new Regional Staff during the onboarding process and on a continuous basis;
- Ensuring that the job descriptions specify that the essential functions of the roles apply to all seven communities within the coalition;
- Outlining expectations for regular, structured engagement with municipal nurses, staff, and Health Directors, wherein the Regional Staff would be physically present on a regular basis in all seven communities;
- Improving transparency, accountability, and awareness of Regional Staff work by implementing both a shared, open calendar expectation, and developing a reporting mechanism to monitor tasks and projects that Regional Staff are working on across communities;
- Clarifying the supervisory roles and reporting expectations for Regional Staff, including specifying that:
 - The host community Health Director is the primary direct supervisor of the Regional Staff, providing administrative oversight and guidance. The Regional Staff must follow all policies and procedures of the host community and must make any administrative requests (e.g., time off) directly to the host community Health Director.

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- The Regional Staff Coordinator (RSC) oversees the Public Health Excellence grant work plan and monitors the Regional Staff progress towards work plan objectives. The RSC also serves as a liaison to ensure that Regional Staff are connecting appropriately with the municipalities, making sure that their time, effort, and work is benefiting the coalition at large.
- The NC-8 Advisory Board provides general oversight and direction to the Regional Staff, guiding them on town-specific projects and connecting them with municipal staff for collaboration opportunities and town-specific project direction.

The coalition also discussed additional recommendations specific to the management of each individual role.

For the RPHN role, these included:

- Encouraging the RPHN to participate in the Local Public Health Nurse Consultants Program, including monthly RPHN meetings;
- Highlighting examples of key stakeholders that the RPHN would be expected to collaborate with in the job description, such as Councils on Aging and community-based organizations;
- Clarifying the distinction in role and function of the RPHN and municipal nurses, as well as the relationship type between them;
- Identifying Tuberculosis support, especially Directly Observed Therapy Short-course (DOTS), as a priority area of the RPHN's work across all towns;
- Indicating a strong preference for a RPHN who has experience and interest working in Maternal, Child, and Family Health.

For the RE role, specific recommendations included:

- Incorporating explicit mention of program evaluation and data visualization into the job description's essential functions.

b. Regional Staff Logistics & Administration and Hiring Next Steps

Rotating Schedule: The coalition agreed that a rotating schedule for Regional Staff could be an effective way to integrate Regional Staff into the municipalities, increase face time with Health Directors and municipal staff, and improve awareness, transparency, and accountability of Regional Staff work. The group discussed a baseline expectation for Regional Staff presence across towns, and generally agreed that Regional Staff should be present in each town at least once per month. Outside of their visits across towns, Regional Staff would be expected to be present in their host community, and would maintain an open



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calendar to ensure coalition members are aware of their location from day to day.

Vehicle and License Requirement: The coalition discussed the need for Regional Staff to have a vehicle or another reliable method of transportation, and a valid driver's license, to ensure that travel between the seven communities on a regular basis is feasible. The group discussed options for mileage reimbursement and travel stipends, noting that these costs can be covered under the Public Health Excellence grant funds.

Host Communities: The coalition agreed that Norwood would remain the host community for the Regional Epidemiologist. The host community for the Regional Public Health Nurse is pending final approvals.

Subcommittees: The group agreed that hiring subcommittees would be formed for each role to manage the hiring process alongside BME, and volunteers were identified for participation in each subcommittee. The group agreed that the subcommittees would manage the approval of final job descriptions once revisions were made by BME, and final written feedback was requested no later than Friday, August 29th.

3. Meeting Closure

The next NC-8 Coalition Meeting is scheduled for Monday, September 8th, 11AM-1PM.

The meeting adjourned at 12:01PM.

Documents used and referenced during the meeting:

NC-8 Staffing Meeting Presentation

NC-8 Regional Public Health Nurse Job Description

NC-8 Regional Epidemiologist Job Description