

PUBLIC HEALTH DISTRICT PLANNING TOOLKIT

A Comprehensive District Model: Case Study of the Quabbin Health District's Regionalization Efforts ¹



Public Health
Prevent. Promote. Protect.

Quabbin Health District



¹ This Case Study was developed with the assistance of Judy Metcalf (Quabbin Health District Director), Phoebe Walker (Franklin Regional Council of Governments Director of Community Services), and members of the Regionalization Working Group.

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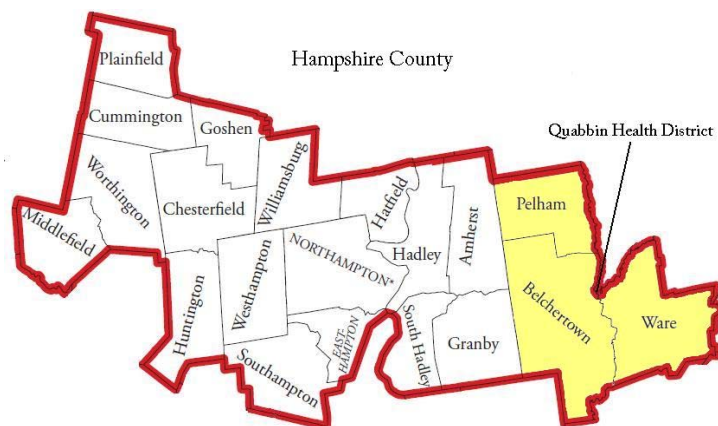


Figure 1: Location of the Quabbin Health District

Introduction:

The Quabbin Health District is a comprehensive regional health department serving the communities of Belchertown, Ware, and Pelham. The district was established in 1980. It is a joint effort by the three communities local boards of health to provide their towns with the public health professionals and services needed to create healthy communities. The regional districts primary function is to enforce the provisions of the State Sanitary Code and Environmental code charged under the Board of Health. The District provides critical public health services, technical assistance and educational services to residents and other municipal departments. The following is a case study that reviews how the Quabbin Health District was established, its current administrative and financial structure, the challenges it has faced, and recommendations for the future.

Overview:

The Quabbin Health District is an example of a comprehensive district model. This model is one in which all public health services are provided by a unified staff to all member towns, allowing for the greatest economies of scale in training and equipment. The district is a joint effort of the local boards of health to provide their towns with high quality, well-trained public health professionals and comprehensive community health services.

The Quabbin Health District is situated in the eastern corner of Hampshire County and serves the three communities of Belchertown, Ware, and Pelham (*figure 1*). The District provides public health services for the roughly 25,000 residents within these communities' 120 square mile radius. The district provides each town with the shared personnel, equipment and other resources to carry out the required public health duties including environmental and community health inspectional services, public health nursing, plumbing, and animal health.

History:

The Quabbin Health District was formed in response to the major issues and community problems that had been occurring in the Belchertown, Ware, and Pelham communities. The communities were troubled with a hazardous landfill, lack of oversight and consistency in providing required public health services, citizen complaints, septic issues, and concerns from MDPH and DEP around the communities' inability to address state mandates.

At that time the Boards of Health in the towns of Belchertown and Ware were approached by staff from the Massachusetts Department of Public Health and informed of the availability of an incentive grant which would help them hire professional staff. MDPH staff worked with the Boards to develop a proposal and submit an application. The partnership was awarded a multi-year step-down grant that provided funding for initial start-up and additional support.

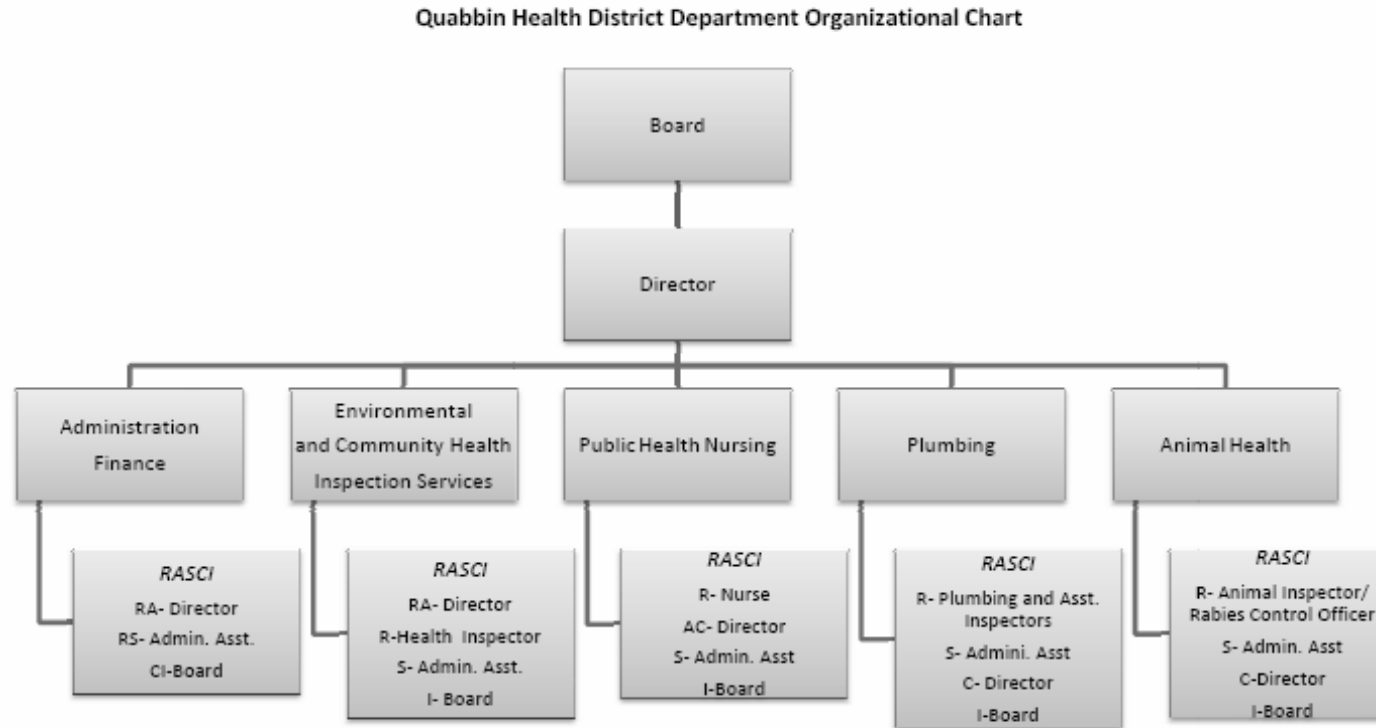
1. The Quabbin Health District was established by a town meeting vote in 1980. The Health District was formed under Section 27A of Chapter 111 of the Massachusetts General Law ([See Chapter 111 Bylaws Template](#)) In order to create the district, the two towns had to approve the following Town Meeting Warrant Article:

To vote pursuant to the provisions of the MGL Chapter 111, section 27A as amended, to join the health district known as the Quabbin Health District presently comprising of the Towns of Ware and Belchertown for the purpose more particularly set forth in said Chapter 111, sec 27A, as amended.

A few years after the joint agreement between Belchertown and Ware was created, the town of Pelham joined in the arrangement. When the Health District was established it allowed for each member town's Board of Health to retain local authority. In order to explicitly outline this measure a line in the by-law was developed that stated the following:

In matters under the sole jurisdiction of a member town, the District has no voice. The matter shall be handled as a local issue with the Board of Health concerned and the agent acting in his or her official capacity. Examples include: Title V variance requests, housing code cases, enacting local regulations, etc.

The measure allowed each local Board of Health to develop, promulgate, and enact its own local regulations tailored to its town's needs and public health priorities. Staff members for the Quabbin Health District are required to know differences in enforcement and compliance activities in each town. They also must maintain those town's standards and rules when addressing public health needs.



RASCI- Role and Responsibility Charting

Figure 2: Quabbin Health District Department Organizational Chart

The RASCI model consists of the following:

- **Responsible** : that is the person who is the owner of the problem or project
- **Accountable**: that is the person to whom "R" is Accountable and is the authority that approves to sign off on work before it is enacted.
- **Supportive** : that is the a person who provides resources and/or a supporting role in implementation
- **Consulted** : that is a person who provides information and/or expertise necessary to complete the project
- **Informed**: that is a person who needs to be notified of results but need not necessarily be consulted

Organizational Structure:

The Quabbin Health District is governed by a district Board of Directors made up of representatives from each member town. The Board manages and controls the personnel, fiscal affairs, property and resources of the District. It has a total of nine members, consisting of three health officials from each of the three member communities.

The leadership of the Board consists of four officers including the Chairperson, the Vice-Chairperson, the Secretary, and the Treasurer. The District Treasurer is a non-voting member of the board and is required to be a town treasurer from one of the member towns. Every fall, the District nominates and elects the other three officer positions. The elected officers have a term of one year. If there are issues with an officer, or they are unable to fulfill their duties for their term, they may be removed by the Board through a 2/3rd majority vote. Vacancies are filled by nominations and an election that is held at the next scheduled board meeting. Additional information regarding the role of the elected officers can be found in Article IV of the Bylaws of the Quabbin Health District (Appendix A).

The Board has the ability to establish sub-committees, whose responsibilities can include researching, investigating, and making recommendations to the Board on a variety of issues pertaining to the District. In the past, the Board has used sub-committees to address occasional administrative issues such as determining compensation plans, re-writing job descriptions, and establishing personnel policies. Currently the Board does not have any sub-committees.

The Board of Directors meets at least four times a year, with meeting places rotating among the member towns. In order for the Board to vote on a decision affecting the district, a quorum must be present. Each member on the Board has one vote and decisions are passed when a simple majority agrees.

Reporting to the Boards of Directors is the District's full-time Health Director. The Health Director is responsible for the management of the entire Health District. The current Health Director is Judy Metcalf, R.S., C.H.O. Her duties include coordinating the day-to-day activities and working directly with each district staff member to clarify duties and provide support. The Director is also responsible for developing the draft yearly budget that is approved by the Board. The Director meets with the District Board quarterly to discuss personnel and budgetary issues, conduct strategic planning, address emerging public health issues and determine community needs. The Health Director is also accountable to each of the District's member towns. She is required to attend the monthly Board of Health meeting in each town.

The District also has a full-time Health Inspector who works in all three communities. Both the Director and the Inspector maintain offices in the Belchertown and Ware Town Halls. The District provides administrative and clerical personnel for both locations. Services for Pelham are provided jointly through these offices and the Pelham Town Hall.

Since the Quabbin Health District is a comprehensive district, it has chosen to divide the responsibilities of employees around five key public health needs. Those needs are Administration and Finance, Environmental and Community Health Inspectional Services, Public Health Nursing, Plumbing, and Animal Health (Figure 2). The Health Director provides support, consultation, and clarification to staff regarding their roles and responsibilities in the member communities.

The Quabbin Health District operates as one unified public health department. All employees are responsible for the needs of the entire district and not just the community in which their home offices are located. The District staff and the Board of Health in each member town appoint part-time positions (such as animal inspector, plumbing inspector, etc...) as needed. The District staff provides managerial and clerical support to these part-time appointed positions.

The district provides staffing for each community on an as-needed basis. In 2010 the Town of Ware employed a Public Health Nurse, a Plumbing Inspector, an Assistant Plumbing Inspector, and an Animal Inspector/Rabies Control Officer. The Town of Belchertown employed an Animal Inspector and received 10-hours per week of nursing services from the University of Massachusetts Wing Memorial Hospital in Palmer. The Town of Pelham employed a Plumbing Inspector and an Animal Inspector. These latter two part-time positions provided services only for Pelham. The District provided managerial and clerical support for all of these positions. Additional information regarding the services provided by the Quabbin Health District can be found in the 2009 Annual Report (Appendix B).

Finances:

The budget for the Quabbin Health District is determined annually. The Health District determines the overall annual fiscal budget and the percentage to be paid by each member community. The district assesses each town its "fair share" of services based on its individual population, historical resources used and the needs of each community.

The assessment is set by the District Board. The bylaws address finances by stating:

"Each member town shall pay for its share of services as determined by the "Statement of Financial Support". Subject to the provisions of section 52 of Chapter 41 of Massachusetts General Law, the town treasurer of member towns shall pay to the District Treasurer such sums not exceeding the amount certified by the Board of Directors as the member town's proportion of the costs and expenses of the District."

Each town's individual assessment is then forwarded to the town's Board of Assessors to be included in the town's tax levy. In 2009 Belchertown had a population of 14,141 residents, Pelham had a population of 1,339 residents, and Ware had a population of 9,888 residents. From their assessment, the District sets financial support as follows: Belchertown (50%), Ware (45%), Pelham (5%). In the 2010 fiscal year the overall

district budget amounted to \$242,967. The towns' individual assessments were: Belchertown, \$121,493, Ware, \$109,334.70 and Pelham, \$12,148.30.

The District collects fees on behalf of member towns. Fees are not retained by the District, but turned over to the individual towns. This funding usually goes into the town's general fund or a revolving account. In the past the District has applied for grants on behalf of the Quabbin Health District. When grants are awarded, the District has been responsible for managing those grants for the individual town Boards of Health.

Conclusions:

A comprehensive health district model, such as the Quabbin Health District, provides stability to local public health. The assessment funding mechanism provides a level of protection against drastic budget, staff or program cuts. This stability results in Districts being able to attract qualified employees and retain them for longevity. The additional staffing levels found in a district model, also allow for cross-training among positions. In addition, it allows for a consistent application of regulations, laws, and service delivery across the member communities. The structure provides the ability to provide a higher level of public health services to its community than any one town could ever do alone.

The members of the Quabbin Health District have reported numerous benefits to the arrangement including:

- The regionalized district has brought a stable funding stream for public health services.
- It has been a cost-effective way for the community to meet State mandates and enforce local regulations.
- The district has allowed for a better coordinated service delivery and enabled member towns to provide comprehensive and required services easier and more efficiently.
- This type of coordinated care has allowed the district to more effectively address emerging health issues, such as the establishment of H1N1 clinics in the fall of 2010.
- It has allowed for staff to more easily identify regional health issues and trends among the three member communities and address those issues as they occur.
- Financially, the Health District's shared service model has allowed the District to be more competitive when applying for grants.

The member communities' Boards of Health have the time to be more strongly involved in governance and the creation of regulations within the communities they serve. It has allowed the three local Boards of Health to focus on setting policies, conducting outreach, and adding additional value to their resources. The District has allowed for staff to more easily share information between member towns. Board members can now more easily compare notes and consider district-wide strategies.

The comprehensive district model has also come with a set of challenges:

- In order to establish a comprehensive health district, the measure must be passed by a town meeting in all interested member communities.
- The comprehensive health district model can be difficult to sell to town Select Boards and Finance Committees because of the assessment structure that is used to establish fiscal budgets.
- The arrangement requires extra meetings for Board of Health members and many meetings for the Public Health Director.
- The variations in regulations between towns require staff to juggle enforcement and compliance issues in each town individually.
- The structure of a comprehensive health district also requires municipalities to work closely with each other and their specific governing bodies.

Within the Quabbin Health District, the benefits have outweighed the challenges for over thirty years. The three towns are currently satisfied with the resources available and the community public health results. All three towns have agreed to keep the Quabbin Health District around for some time. It should be used by communities that have made a commitment to providing professional level services in a cost –effective manner.

APPENDIX A:**BY-LAWS of the QUABBIN HEALTH DISTRICT****Article I. Purpose**

Section 1. The Quabbin Health District, hereafter called "The District", shall be formed under the provisions of Section 27A of Chapter 111 of the Massachusetts General Laws for the purpose of promoting a higher standard of public health in the District by group effort.

Article II. Membership

Section 1. The District shall consist of the Boards of Health of the Towns of Belchertown, Ware and Pelham, hereafter called "member towns", which towns have voted to join together in formation of a health district as provided under Section 27A of Chapter 111 of the Massachusetts General Laws.

Section 2. Any other town or towns may petition the District for an amendment to these by-laws to provide for their membership in the District. Upon District approval, the District shall set forth the terms for said town or towns admittance including the payment and reapportionment accordingly of the District's current fiscal year obligations and outstanding capital costs, if any. Any other town or towns seeking membership must also vote at their respective town meeting to accept and subscribe to the statutes governing the District and to the provisions of its by-laws.

Section 3. Any member town of the district may withdraw from the District by a majority vote taken at the annual town meeting of such member town, and said vote to withdraw shall become effective on the last day of the next fiscal year. The Board of Health of the town seeking to withdraw shall notify the District in writing at least ninety (90) days in advance of annual town meeting. Upon a majority vote to withdraw, the Board of Health of the withdrawing town shall so notify the District and request the District to draw up an amendment to these by-laws to provide for their withdrawal. The town seeking to withdraw or has voted to withdraw shall remain liable for (1) its share of any unpaid operating costs which have been certified by the District Treasurer to the Treasurer of the withdrawing town, including the full amount so certified for the entire year in which the withdrawal takes effect, and (2) that the said town shall remain liable to the District for its share of the indebtedness of the District outstanding at the time of such withdrawal, and for interest thereon, to the same extent and to the same manner as though the town had not withdrawn from the District. In the event of withdrawal by a member town, revenues existing or receivable, real or other property, fixed or other tangible assets and materials owned by or in the possession of the District shall be retained by the District.

Article III. The Governing Body

Section 1. The Board of Directors of the Quabbin Health district shall constitute its governing body. It shall manage, control, and direct the affairs and property of the District. The Board of Directors shall be a joint committee composed of Board of Health members from member towns. The Board of Directors shall consist of nine (9) members, and be made up from three (3) board of health members from each town. Each member of the Board of Directors shall have one (1) vote in the decisions of the District.

Section 2. A quorum for the transaction or deliberation of any business shall consist of a majority of members of the Board of Directors.

Section 3. When a quorum is present at a meeting, a majority of the votes properly casted shall decide. Votes may be casted in the affirmative or negative. The minutes of the meeting will also accurately reflect any member abstaining from voting. Voting practices shall consist of general accepted procedures. Motions shall be made and seconded. The chairperson shall call for discussion prior to a vote on the motion. Motions may be amended and seconded. A vote on the amendment will occur prior to a vote on the original motion.

Section 4. The Board of Directors shall hold regular meetings at least four (4) times per year, the date and time to be determined by the chairperson. Special meetings or emergency meetings, if warranted by the situation, may be called at any time by the chairperson. The meeting place shall rotate among the town offices of member towns.

Section 5. Notices of regular meetings, including the date, time and location, and the agenda shall be mailed by the District's administrative staff to each member of the Board of Directors at their residence or place of business at least thirty (30) days prior to the meeting. Prior to or upon receipt of the regular meeting notice, members may request additional items be placed on the agenda for discussion by notifying the health officer at the administrative offices of the District until fifteen (15) days prior to the meeting. At the close of business on the fifteenth (15th) day prior to the meeting, an amended agenda, if any, will be mailed or otherwise sent to each member. After the fifteenth (15th) day, changes to the agenda can only occur if the chairperson determines the matter is of an emergency nature and each member is notified of the emergency addition to the agenda at least forty-eight (48) hours in advance. Any emergency changes to the agenda may be discussed at the meeting, but voting shall be postponed until the next meeting date. The chairperson may call an emergency or special meeting to take action on the specific matter. At least two (2) special budget meetings will be scheduled annually. Special meeting notification will be mailed to each member of the Board of Directors by the District's administrative staff at least five (5) days prior to the meeting date, and shall include the topic(s) for deliberation. Members will be notified of emergency meetings at least forty-eight (48) hours in advance by telephone, e-mail, or facsimile.

Section 6. All meetings of the Quabbin Health Board of Directors and its subcommittees shall be posted with the Town Clerk's Office of each member town at least forty-eight

(48) hours in advance of the meeting, with the exception of emergencies. The notice shall contain the date, time and location of the meeting.

Section 7. Subcommittees may be appointed and charged by the Board of Directors to research, investigate, and make recommendations to the Board on a variety of issues pertaining to the District's administration. Subcommittees shall consist of one (1) Board of Director member from each member town.

Article IV. Officers

Section 1. The officers of the Quabbin Health District shall be a Chairperson, Vice-Chairperson, Secretary, and Treasurer. The District Treasurer shall also be a Town Treasurer of one of the Towns in the District (and thus shall not be a voting board member). The Chairperson, Vice-Chairperson, and Secretary shall be elected annually from among the Board of Directors.

Section 2. The Chairperson shall:

- a. Preside at all meetings of the District Board of Directors.
- b. Call meetings of the District Board of Directors.
- c. Establish the agenda for each meeting.
- d. Shall be the primary contact person for the Board of Directors with the District staff and the public.
- e. Perform all acts and duties usually pertaining to the office.
- f. Make determinations if matters are of an emergency nature.

Section 3. The Vice-Chairperson shall:

- a. In the absence, disability, or refusal to serve of the chairperson, perform all the duties of that office.

Section 4. The Secretary shall:

- a. Ensure that accurate minutes of all meetings of the Board of Directors are kept.
- b. Perform other duties and have other powers as the Board of Directors shall from time to time designate, including being the authorized signature for the Board of Directors when so directed.

Section 5. The Treasurer shall:

- a. Be an appointed officer of the Board of Directors.
- b. Sign as treasurer all checks of the District.
- c. Be responsible for the receipt and deposit in depositories designated by the District of all funds of the District, and disbursement of the same upon warrants approved and signed by the health officer.
- d. Ensure the keeping of full and accurate accounting of all financial transactions in District records.
- e. Submit a full report of all business matters pertaining to his/her office upon request of the Board of Directors, and make all reports required by law.

- f. Furnish a bond with sufficient security for the faithful performance of his/her duties.
- g. Direct the activities of the Treasurer's agent.
- h. Performance of other duties as may be required by law or the Board of Directors.

Section 6. The chairperson, vice-chairperson, and secretary of the Board of Directors shall be nominated and elected annually at the fall meeting of the Board. The terms of office are for one (1) year. Officers may be removed from office upon 2/3rd majority vote of a quorum of the Board of Directors. Vacancies due to resignations or removal shall be filled by nomination and election at the next scheduled meeting of the Board.

Article V. Administrative Personnel

Section 1. The Health Officer shall:

- a. Be appointed by the Board of Directors and he/she shall act in accordance with section 27A of Chapter 111 of Massachusetts General Law. He/She shall meet the qualification as determined by the Board of Directors.
- b. Perform such duties and receive such compensation as the Board of Directors shall determine. The Board of Directors shall have full power of discharge.
- c. Be contracted for an employment term of one (1) year with re-hiring contingent on satisfactory performance as agreed upon by a majority of the Board of Directors.
- d. Be an agent of the Board of Health of member towns, insofar as the duties in any given member town, shall be considered an employee of and responsible to the Board of Health of said town.
- e. Bring all new projects or objectives before the Chairperson who shall submit them to the Board of Directors for action.

Section 2. The Assistant Health Officer shall:

- a. Be appointed by the Board of Directors and he/she shall act in accordance with section 27A of Chapter 111 of Massachusetts General Law. He/She shall meet the qualification as determined by the Board of Directors.
- b. Perform such duties and receive such compensation as the Board of Directors shall determine. The Board of Directors shall have full power of discharge.
- c. Be contracted for an employment term of one (1) year with re-hiring contingent on satisfactory performance as agreed upon by a majority of the Board of Directors.
- d. Be an agent of the Board of Health of member towns, insofar as the duties in any given member town, shall be considered an employee of and responsible to the Board of Health of said town.

Section 3. The Clerk/Treasurer's Agent shall:

- a. Be appointed by the Board of Directors and he/she shall act in accordance with section 27A of Chapter 111 of Massachusetts General Law. He/She shall meet the qualification as determined by the Board of Directors.

- b. Perform such duties and receive such compensation as the Board of Directors shall determine. The Board of Directors shall have full power of discharge.
- c. Be contracted for an employment term of one (1) year with re-hiring contingent on satisfactory performance as agreed upon by a majority of the Board of Directors.

Section 4. Auxiliary Personnel shall:

- a. Be hired or contracted to perform such duties, for the length of time so designated by the Board of Directors. The Board of Directors shall have full power of discharge.
- b. Be compensated as determined by the Board of Directors.

Article VI. The District

Section 1. The Board of Directors shall be the governing body of the District. It being the intent of these By-laws to vest the Board of Directors with all the powers possessed by the District itself so far as this delegation is not inconsistent with the Laws of the Commonwealth of Massachusetts or these By-laws.

Section 2. The District shall determine administrative, fiscal, and personnel policies pertaining to its management, operation, control, and direction.

Section 3. Records compiled on environmental inspections and testing performed by, or in possession of District employees must be reported promptly to the Board of Health concerned. Such records and any information contained therein are the property of the Board of Health of the town concerned.

Section 4. In matters under the sole jurisdiction of a member town, the District shall have no voice. The matter shall be handled as a local issue with the Board of Health concerned and the agent acting in his or her official capacity.

Section 5. In matter effecting the member towns as a whole, a majority of Board of Director members present at a meeting of the District shall rule.

Section 6. The District shall annually determine its estimated expenses for the following year and prepare an operating budget.

Section 7. The "Statement of Financial Support" shall fix and determine the proportion of the operating budget of the District to be paid by the member towns. The "Statement of Financial Support" may be renegotiated in good faith by member towns each year to reflect an equitable payment for anticipated increase or decrease in services.

Section 8. Each member town shall pay its share of services as determined by the "Statement of Financial Support". Subject to the provisions of section 52 of Chapter 41 of Massachusetts General Law, the town treasurer of member towns shall pay to the District Treasurer such sums not exceeding the amount certified by the Board of

Directors as the member town's proportion of the costs and expenses of the district. Said sums are due and payable in full within 30 days of request of payment. Payment schedules or extensions may be granted by a majority vote of the Board of Directors. If such sums are not paid, the District shall take action as warranted to collect the money due from the member town in default, and may cease providing services.

Section 9. The fiscal year of the District shall commence January 1st and end on the 31st day of the following December. The District shall maintain such records and accounts, including property, personnel, and financial records, to ensure a proper accounting for all funds. At the close of the fiscal year, a review of the accounts of the District for the year shall be performed by a Certified Public Accountant, which may include a standard business audit if so directed by the Board of Directors, and placed on file for inspection by each member town.

Article VII. Dissolution

Section 1. In the event of dissolution of the District, those revenues existing or receivable, real or other properties, fixed or other tangible assets and materials owned by the District as of the date the district ceases to exist, shall be distributed to those towns who were member towns prior to the dissolution, upon the schedule of appropriation of distribution and/or payment to be fixed upon the relative respective contributions of operating and capital costs by the member towns to the District while a member town of the District.

Section 2. This section shall not be construed to substantially impair the rights and obligations of the District, or its member towns to pay all outstanding indebtedness of the district.

Article VIII. Amendments

Section 1. These by-laws may be amended by a two-thirds (2/3rd) vote of those Board of Director members voting at a meeting after thirty (30) days notice, provided the proposed changes have been sent to the Board of Health of each member town.

Article IX. Severability

Section 1. In the event that any provisions of these By-laws shall be deemed invalid, unreasonable, or unenforceable by any Court of competent jurisdiction, such provision shall be stricken from the by-laws or modified so as to render it reasonable, and the remaining provisions of these by-laws or the modified provision above, shall remain in full force and effect; and to this the provisions of these By-laws are hereby declared severable.

APPENDIX B:**QUABBIN HEALTH DISTRICT
2009 ANNUAL REPORT**

The Quabbin Health District is a regional health department serving the communities of Belchertown, Ware, and Pelham. It was established by town meeting vote in 1980 and is the joint effort of the local Boards of Health to provide their towns with public health professionals and services. Our primary duties center on enforcing provisions of the State Sanitary Code and Environmental Code under the jurisdiction of the Board of Health. We also provide technical assistance and educational services to residents and other municipal departments. The Quabbin Health District serves a total population of approximately 25,000 residents in an area of about 120 square miles in Hampshire County. The following table lists the major activity/ services provided to each town in the District during 2009.

Major Activities in the Quabbin Health District Fiscal Year 2010			
	Belchertown	Ware	Pelham
PercTest / Deepholes and Soil Evaluations	78	30	5
Septic Application Review (New Construction)	18	4	1
Septic Application Review (Repair)	54	20	6
Septic Installation Inspections and Re-Inspections	61	28	7
Well Application Review	22	N/A	2
Housing Inspections (upon complaint) and Re-inspections	25	74	6
Rental Voucher Inspections (upon request)	0	12	0
Lead Paint Inspections	1	0	0
Food Service Inspections (routine)	71	63	0
Food Service Inspections (follow-up)	6	5	0
Food Service Inspections (complaint)	4	16	0
New or Remodeled Food Establishment Openings	3	1	0
Mobile Temporary Food Inspections	32	20	0
Nuisance Orders Issues	8	28	2
Nuisance Complaints Investigated and Follow-up Inspections Conducted	16	52	4
Tanning Bed Licensure	3	4	0
Children Recreational Camp Inspections and Licensing	2	0	0
Court Appearances	2	0	0
Public Pool and Sauna Inspections	2	1	N/A
Meetings / Hearings	15	19	10

The Quabbin Health District is governed by a Board of Directors, which is composed of the elected Board of Health members from all three communities within the District. The meeting places rotate among the three Town Halls. During 2010 the main agenda items discussed by the regional District Board were the 2010 budget, town assessments, and the rising cost of health insurance and pension costs.

The Health Director and Inspector work in all three communities and maintain fully functional workplaces in both the Ware and Belchertown Town Halls. The District provides administrative / clerical personnel at both locations as well.

The arrival of H1N1 in the spring of 2009 resulted in much of our time and attention being directed towards addressing the pandemic flu outbreak. We launched a public education campaign and collaborated with all partners, especially with each of the public and private schools located within the District. Federal grant money for H1N1 response was applied for and received in each District community. The grants allowed us to orchestrate our very successful response. Each school was provided the tools they needed to help stop the spread of H1N1. Public locations were also outfitted with educational posters and hand sanitizing stations. Once the H1N1 vaccine was available, the grants allowed us to staff and supply vaccination clinics. Our efforts began with vaccinating school children. As of the writing of this report, approximately 1,725 residents of Belchertown, Ware, and Pelham have received the H1N1 vaccine at free Board of Health clinics held in each community.

I would like to thank all members of the District Board of Directors for their continued support. I would also like to acknowledge the hard work and effort shown by my co-workers: Ryan Fitzmeyer, Health Inspector; Betty Barlow, Administrative Assistant; and Mary Grenier, Senior Clerk. I also would like to thank Ware Public Health Nurse Abby Melendy, R.N. and Belchertown Public Nurse Margarita Canuel, R.N. for their hard work this year. H1N1 posed a challenge and they rose to meet it.

Sincerely,
Judy Metcalf, R.S., C.H.O.
Director of Public Health
Quabbin Health District

**STAFFING STRUCTURE FOR THE QUABBIN HEALTH DISTRICT
FISCAL YEAR 2010**

Employee	Title	Employer
Judy Metcalf, RS, CHO	Director of Public Health	Quabbin Health District
Ryan Fitzmeyer	Health Inspector	Quabbin Health District
Betty Barlow	Administrative Assistant/ Treasurer's Agent	Quabbin Health District
Paul Nowicki	Treasurer	Quabbin Health District
Abby Melendy, RN	Public Health Nurse	Town of Ware / BoH
Joseph Ciejka	Plumbing Inspector	Town of Ware / BoH
Carl Marco	Assistant Plumbing Inspector	Town of Ware / BoH
Officer Thomas Kularski	Animal Inspector / Rabies Control Officer	Town of Ware / BoH
Margarita Canuel, RN	Public Health Nurse	Town of Belchertown via Wing Memorial Hospital
Thomas Felbotte	Animal Inspector	Town of Belchertown / BoH
Andrew French	Plumbing Inspector	Town of Pelham / BoH
Debra Litchenburg, DVM	Animal Inspector	Town of Pelham / BoH