



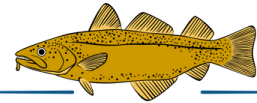
Table of Contents

| | |
|--|----|
| <u>A Note from the Nurse</u> | 1 |
| <u>Monkeypox on Cape Cod: Where We Are Now</u> | 3 |
| <u>COVID-19 & Beyond: Meeting Public Health Goals through Outreach & Education</u> | 6 |
| <u>20 Years of Volunteer Service on Cape Cod</u> | 7 |
| <u>More Than Just Skin Deep: Sun Safety and a Healthy Mindset Go Hand in Hand</u> | 9 |
| <u>Summertime Septic System Sense</u> | 11 |
| <u>Aquifer Awareness for a Healthy Community and Ecosystem</u> | 12 |
| <u>Where to Find Us</u> | 17 |
| <u>Our Public Health Nursing Team</u> | 18 |

COMMUNITY
HEALTH

NEWSLETTER

SUMMER EDITION



BARNSTABLE COUNTY

DEPARTMENT OF HEALTH AND ENVIRONMENT



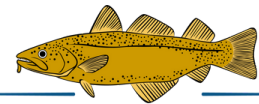
A NOTE FROM THE NURSE

By Barnstable County Interim Public Health Nurse, Maurice Melchiono



Welcome to the summer edition of Barnstable County's Community Health Newsletter! In this edition we provide an update on COVID-19 case tracking and continuing response efforts, discuss the latest information regarding monkeypox, honor the 20th anniversary of our Cape Cod Medical Reserve Corps (CCMRC), share thoughts on sun safety and septic sense, and provide some helpful tips on how we can all do our part to protect and improve water quality in our region.

On the COVID front, FDA approved Novavax vaccine for individuals ages 18 years and older. Additionally, in June both Pfizer and Moderna vaccines were approved for infants and children ages 6 months to 4 years of age.



A NOTE FROM THE NURSE

(Continued)

Throughout the summer months, COVID-19 case numbers in Barnstable County have held steady, with a consistent community level of MEDIUM. Health officials Cape-wide continue to emphasize awareness of COVID-19 community levels, the importance of good handwashing practices, vaccination and staying up to date on booster shots, masking in public indoor spaces, and home testing when necessary.

In August, the Centers for Disease Control and Prevention (CDC) updated COVID-19 isolation and quarantine guidance for the general public and school children, early childhood and Kindergarten through 12th Grade. According to the Massachusetts Department of Public Health (MA DPH), given the “many tools now available for reducing COVID-19 severity such as availability of vaccine, boosters, and treatment, there is significantly less risk of severe illness, hospitalization, and death compared to earlier in the pandemic”. The updated guidance is less restrictive than previous iterations and can be found at [COVID-19 Isolation and Exposure Guidance for the General Public | Mass.gov](#).

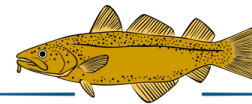
Also in August, the White House declared Monkeypox a public health emergency. Cases are increasing globally, nationally, and state-wide, leading to an increased demand for resources and vaccines. Here on Cape Cod, public health officials have been actively involved with outreach, prevention, and mitigation efforts, which we'll describe further in this newsletter.

The Public Health Nursing Division continues its immunization efforts for all vaccine preventable communicable diseases through our Public Immunization Program. The Program utilizes insurance for those who have it and provides state-supplied vaccines at zero cost to uninsured adults and children. Appointments are required – please call (508) 375-6617 to schedule an appointment today!

Due a shortage of primary care providers on Cape Cod, children who are new to our county are struggling to meet state requirements for immunizations needed to attend school. The Division works closely with the school districts to provide immunizations and Tuberculosis (TB) testing in a timely manner. Further, there are many children who do not or cannot connect to a pediatric primary care provider to regularly monitor their health and growth. We are constantly brainstorming ways to address this critical gap.

Finally, the Division's Foods to Encourage Program is underway as the Division works to provide blood pressure screening, cholesterol and blood sugar checks, and overall health and nutritional information to families throughout the region. We have completed various biometric programs and health fairs throughout the county through this program.

A warm shout-out to Rita Mitchell, RN for her efforts to promote sun safety and deer tick education and prevention. From July 2021 to June of 2022, Nurse Rita provided outreach to over 2,094 children, teens, and adults!



MONKEYPOX ON CAPE COD: WHERE WE ARE NOW

By Theresa Covell, Assistant Public Health Nurse

The World Health Organization (WHO) declared monkeypox a public health emergency of international concern in July and the White House followed suit in early August. These designations help to coordinate outreach and prevention campaigns, increase funding for vaccine manufacturing and distribution, and expand testing and treatment, which includes increasing health care provider awareness.

While many of us came to understand the concepts of close contact and viral spread during the COVID-19 pandemic, monkeypox is different.

One large distinction in prevention is an effective and safe vaccine has already been developed and has been prioritized for those at highest risk. Though monkeypox cases have disproportionately occurred within networks of men who have sex with men, people of any sexual orientation or gender identity can become infected if they are exposed to it.

How does monkeypox spread?

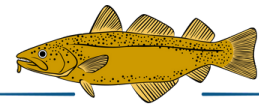
Monkeypox is primarily spread through close, prolonged physical contact with someone who has the virus, and specifically, through contact with their rash or lesions. Sexual contact is a common vehicle for the spread of monkeypox. Researchers are compiling data to understand the extent of additional modes of transmission such as respiratory droplets and secretions from prolonged close, face-to-face contact (for example, sitting

close to someone when talking, laughing, or singing for three hours or more), exposure to body fluids, and contact with clothing, bedding or towels that have touched lesion material or body fluids.

People with monkeypox are infectious from the time symptoms begin. Symptoms can include fever, fatigue, body aches, headache, enlarged lymph nodes, and proctitis (inflammation of the rectum); all of which may precede the rash. Staying home and separating from others until monkeypox is ruled out prevents spread.

I have a new rash, is it monkeypox...?

...or is it a pimple, in-grown hair, poison ivy, blister, razor burn, cut, bug bite, eczema, heat rash, or a sexually transmitted illness (STI) like syphilis, gonorrhea, or herpes simplex virus (HSV)? Monkeypox can occur alongside any of these lesion producing conditions. A healthcare provider can assess and distinguish a monkeypox lesion from other similar appearing maladies. Monkeypox virus circulating in the United States can initially present as a single lesion, which differs from the multiple-lesion presentation that has historically been associated with the illness. Lesions can be “pimple-like” or ulcerated and generally have clearly defined borders. They oftentimes appear to have a dot in the center. Flu-like symptoms and swollen lymph nodes may or may not occur concurrently or before any appearance of a rash.



MONKEYPOX ON CAPE COD

(Continued)

Because of the variable presentation and effectiveness of available treatments, seeking medical care is recommended.

Why seek medical attention if monkeypox is self-limiting (it will go away on its own without treatment)?

In addition to a thorough skin examination, a skilled provider understands the larger clinical picture and can treat those at risk for more serious infection. Monkeypox can occur alongside STIs and lesions may be internal. Lesion pain can be severe. Patients may require pain management or an antiviral medication, Tecovirimat (commonly known as TPOXX), to decrease the severity of illness. Co-occurring illness can also be tested for and treated. Antiviral treatment of monkeypox infection should be considered for people with severe infection, illness complications, and risk factors for progression to severe infection (children under 8 years of age, pregnant or immunocompromised individuals, or those with a history of atopic dermatitis or eczema). It's important for patients who seek medical treatment to cover lesions with clothing, wear a mask, and avoid using public transportation.

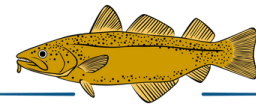
Once monkeypox is confirmed, a public health nurse will call the patient to answer questions, share specifics about isolation, and provide general support. The patient and public health nurse often coordinate with the medical provider to clear the patient from isolation when all lesions have completely healed. In addition, to slow

the virus's spread, close contacts of the individual with monkeypox infection (friends, household members and sexual partners) who had exposure to monkeypox lesions or lesion material can speak with a public health nurse to assess their level of risk. Informing contacts that they had exposure and are at risk for developing monkeypox allows them to seek health promoting care, like the JYNNEOS vaccine as post exposure prophylaxis, and self-monitor for new symptom onset.

Can I get a the monkeypox vaccine?

The JYNNEOS vaccine protects against monkeypox. It is increasingly available to those who have been told they were exposed to monkeypox and for those that are most at risk for exposure. The vaccine protects against monkeypox even if administered soon after exposure (prior to symptom onset). If you had sexual contact in the past 14 days with someone who is known to have monkeypox, or if you have had more than one sexual partner in the past 14 days, you are eligible to seek vaccination. The JYNNEOS vaccine will also be offered to close contacts that are identified by public health departments.

Currently, on Cape Cod, the JYNNEOS vaccine is available at Outer Cape Health Services (OCHS) of Provincetown. After a provider confirms that an individual is eligible to receive vaccine, they may call (508) 905-2888 to schedule an appointment (phones are answered Monday through Friday, 8AM to 5 PM). Once vaccinated, patients should



MONKEYPOX ON CAPE COD

(Continued)

continue to make efforts to avoid close contact with affected individuals.

If you have additional questions or concerns about monkeypox infection, call and leave a message on Barnstable County's Community Health Helpline (774) 330-3001. You will receive a return call to further discuss content summarized in this article.

Town health agents, school nurses and public health nurses may request support with case investigation related to monkeypox from the county public health nursing division as well.

For more information regarding monkeypox transmission, symptoms, and prevention, please explore the resources listed below:

Monkeypox Resources

Resources for the General Public

- [CDC: Frequently Asked Questions About Monkeypox](#)
- [WHO: Frequently Asked Questions About monkeypox](#)
- [Massachusetts Department of Public Health Monkeypox Web Page](#)
- [2022 U.S. Monkeypox Distribution Map and Case Count](#)
- [Social Gatherings, Safer Sex, and Monkeypox](#)
- [Monkeypox: Isolation and Infection Control at Home](#)
- [CDC: Interim Guidance for Disinfection of the Home](#)

Resources for Healthcare Practitioners

- [Control of Monkeypox in Healthcare Settings](#)
- [Clinical and Laboratory Testing Guidance for Monkeypox](#)
- [MA DPH Guide to Surveillance, Reporting and Control of Monkeypox](#)
- [Instructions for Specimen Collection of Monkeypox](#)

COVID-19 & BEYOND: MEETING PUBLIC HEALTH GOALS THROUGH OUTREACH & EDUCATION

By Barnstable County Contact Tracers Lisa DuBrow and Barbara Blackwell

The Barnstable County Public Health Nurse Division's COVID-19 Contact Tracing Team continues to reach out and provide support for confirmed COVID-19 cases among Barnstable County residents. This includes education on current guidelines, treatment, and resource referrals.

Spring 2022 saw a dramatic increase in COVID-19 cases. By early May, the Barnstable County COVID-19 community level was elevated to "high" by the Centers for Disease Control (CDC). At that time Barnstable County had the highest population percentage of COVID-19 infections reported in the state, with BA.2.12.1 as the dominant strain. Case counts were likely much higher considering the increased use of home test kits; positive home test kits are not reportable unless they are followed up with a positive PCR test.

Barnstable County's dedicated contact tracing team focused on reaching as many positive cases within our region as possible, with the goal of effectively communicating CDC's guidance surrounding isolation, masking, and self-care during illness. Notably, the Massachusetts Department of Public Health (MA DPH) has moved away from contact tracing to a model of personal responsibility, with diagnosed COVID-19 cases responsible for informing their own close contacts.



Our contact tracers no longer collect contacts for separate follow-up, but instead asks about other household members or recent contacts and remind cases to notify them that they may have been exposed, so they can self-monitor and get tested if necessary.

When positive case numbers fluctuate, our contract tracers adjust their work priorities accordingly to collaborate with at-risk community members and provide support via grant funded resources. For example, when case numbers trend downward, additional capacity is utilized to reach out to congregate care settings, including early education programs, skilled nursing and assisted living facilities, and group homes. Potential offerings include providing immunizations, infection prevention and control guidance, and educational programs addressing topics such as mental health, nutrition, physical activity, stress management, and sleep. The importance of supporting the health of individuals in particularly high-risk settings in our community cannot be overstated.

COVID-19 AND BEYOND

(Continued)

The team is also excited about a new project underway on the Outer Cape to evaluate health needs within at-risk communities. One team member, Patrice Barrett, MPH, is leveraging her vast experience in community-level work to help conduct public health needs assessments for the towns of Provincetown, Truro, and Wellfleet.

Surveys were distributed with questions related to general and mental health care, disease screening, substance abuse, housing, transportation, nutrition, and post-COVID challenges. Survey responses from year-round residents are being compiled for presentation to boards of health in each of the three participating towns.

We find ourselves at a unique time in history for mental and physical health services. By listening to our citizens and transparently sharing key data, we can better understand how the communities' needs have evolved and make educated predictions for the future. This creates a framework for collaboration, cooperation, and regionalizing resources, which then facilitates positive health outcomes. We hope this project will serve as a model for additional Cape communities to establish regional health and wellness goals.

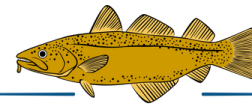
20 YEARS OF VOLUNTEER SERVICE ON CAPE COD

By Diana Gaumond, Director of the Cape Cod Medical Reserve Corps

Cape Cod Medical Reserve Corps (CCMRC) is one part of a large federal program that was formed in the aftermath of 9/11, when medical professionals were coming to New York and Washington D.C. with a strong desire to help in any way possible. Lacking leadership and coordination, these skilled volunteers could not be fully utilized amidst the chaos. Going forward, the federal government recognized the value of having an organization of pre-trained and pre-credentialed volunteers at the ready, to assist in the event of an emergency. Hence, the Medical Reserve Corps (MRC) came to be in 2002, 20 years ago this year.

The Cape Cod unit was quickly formed as one of the first MRC units in the country. The organization has grown to about 800 units nationwide.

The CCMRC's mission is to engage volunteers to strengthen public health, emergency response, and community resiliency. On Cape Cod a major part of that mission is to help staff our regional emergency shelters which could be activated in a weather emergency. We support public health through education, with CPR/AED and Stop the Bleed trainings, tick education for summer camps, and health fairs.



CAPE COD MEDICAL RESERVE CORPS *(Continued)*



Our volunteers have assisted at road races and walkathons and have helped with deliveries from food pantries. We have a base of clinical and non-clinical volunteers who are willing to step up when the need arises.

When the COVID-19 pandemic took hold in 2020, CCMRC volunteers were put to the test. Normal functions and activities were suspended as efforts were redirected to pandemic response. Volunteer ranks swelled to about 500 as community members rallied to help. Early efforts consisted of responding to the PPE shortage; volunteers delivered donated supplies to Cape Cod Healthcare while organizing an effort to make, pick up, and distribute over 10,000 cloth masks to first responders and front-line workers. When COVID testing became available and widespread, CCMRC volunteers ran large-scale drive through clinics multiple times a week to meet demand. When the

public needed help making sense of profuse and often confusing health information, CCMRC's clinical volunteers contributed countless hours answering calls flooding into Barnstable County's COVID-19 Helpline. Volunteers also helped to address food insecurity during the pandemic, distributing breakfasts to the homeless and delivering groceries from food pantries. When COVID-19 vaccines became available our volunteers were instrumental in operating vital vaccine clinics, often outdoors and in inclement winter weather.

As we celebrate our 20th anniversary, we are working toward finding a sense of normalcy by focusing trainings and preparing for the upcoming storm season. We always welcome new volunteers and urge anyone who is interested to apply on our website at [Medical Reserve Corps Archive - Barnstable County \(capecod.gov\)](https://www.barnstablecounty.gov/medical-reserve-corps).



MORE THAN JUST SKIN DEEP: SUN SAFETY AND A HEALTHY MINDSET GO HAND IN HAND

Department Staff Contributor

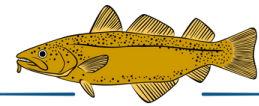
I have fair skin. I should come right out and admit that I am as pale as they come. Born of Polish descent, I was blessed with strawberry blond hair and a tendency to burn and freckle. A child of the 80s, I spent my youth fighting against my own DNA, frequently and intentionally allowing my skin to burn in anticipation of the desirable “healthy color” that would follow. The funny thing is, no matter how tan I thought I was, I was still pasty pale to everyone else and they never hesitated to lovingly point it out. It was a losing battle.

I would like to say that modern society has collectively changed its attitude about tanning, since mountains of research studies have shown that tanned skin is not, in fact, healthy. Sure, everyone knows by now that sun exposure is linked to skin cancer. But this knowledge, no matter how ingrained it may seem, is directly contradicted by our cultural predisposition to think tanned skin is healthy and attractive; a sign of time spent recreating outdoors. Even with a dramatic increase in overall awareness about sun exposure and skin cancer, perceptions haven’t changed much over the past 90 years.

Tanned skin wasn’t always trendy. According to an article in the medical journal [AM J Public Health](#) [entitled “Changes in Skin Tanning Attitudes Fashion Articles and Advertisements in the Early 20th Century”](#), historical reviews of fashion magazines suggest that tanning first became fashionable in the 1920s and 30s. This is a

relatively recent development, since for centuries prior, “pale skin was often perceived as a mark of beauty, wealth, and refinement, whereas tanned skin was considered to be typical of manual laborers”. In fact, women used to go so far as to bleach their skin with toxic lotions and powders—an interesting contrast to today’s billion-dollar sunless tanner industry, which is growing exponentially with each passing year. Although researchers can’t pinpoint precisely what prompted the shift towards “sun seeking behavior”, it is believed that discovery of the benefits of heliotherapy—the therapeutic use of sunlight—to treat ailments such as tuberculosis and rickets, as well as a better understanding of the role of UV light in Vitamin D synthesis, initiated the shift.

Interestingly, it didn’t take long for the effects of tanning and sun exposure to become evident, since the new favorable attitude towards sun tanning was followed closely by the melanoma and nonmelanoma skin cancer epidemic, which continues to be a major public health issue today. Despite this, and the fact that we’ve now entered an era of public education and skin cancer prevention, recent studies have shown that most people are knowledgeable of the risks of premature aging and skin cancer but continue to tan for cosmetic reasons. This is evidenced by the fact that in 2022, skin cancer is the most common cancer in the United States and worldwide—more people are diagnosed with skin cancer each year in the U.S



SUN SAFETY *(Continued)*

than all other cancers combined. According to the Skin Cancer Foundation, the annual cost of treating skin cancers in the U.S. is estimated at \$8.1 billion; about \$4.8 billion for non-melanoma cancers and \$3.3 billion for melanoma.

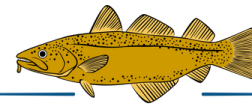
Getting back to my own personal paleness, I'll share that I was inspired to write this article because I attended a BBQ on a warm Cape Cod summer evening and found myself examining the people around me...all of whom radiated golden summer color. Evidence, I told myself, of long beach days, summer athletic events, and outdoor recreation. I suddenly felt ashamed of my own (quite noticeable) pallor, which in my mind evidenced a full-time desk job and inability to make time for healthy outdoor pursuits. Yes, I do have a desk job, but my family has its fair share of beach days and vigorous outdoor recreation. My skin just doesn't show it (and for good reason). And then suddenly the fact that this dialogue had even wormed its way into my thoughts struck me; I was measuring my worth in this group of people based on a superficial trait that is deceptively unhealthy and has absolutely no bearing on my value as a human being. Insecure much? Yes! But I'm not alone, and sadly my insecurities are shared by a generation of youth who are constantly being bombarded by the pressure to conform to social norms that aren't always healthy or even attainable.

I'll conclude by emphasizing the importance of skin cancer awareness and prevention—protect yourself



and your families from the sun and do it right—limit sun exposure, wear UV protective clothing and hats that shields your face, ears, nose, and neck, wear sunglasses, and never leave the house without your broad spectrum sunscreen (SPF 30 or higher). Visit the Skin Cancer Foundation's website for more information on prevention, risk factors, early detection and more. Visit EPA's website to find out the UV index for your area of interest to plan accordingly for sun-safe outdoor activities.

Always remember, beauty is so much more than skin deep. Let's stop assigning perceived worth or attractiveness to traits that are damaging or unattainable—that goes for hair, eyes, lips, weight, bodily proportions and more. If we learn to embrace healthy choices without putting so much emphasis on our outward appearance, we might just see an impactful shift in not just physical health, but in the confidence and mental well-being of ourselves, our children, and generations to come.



SUMMERTIME SEPTIC SYSTEM SENSE

By Brian Baumgaertel, Director of the Massachusetts Alternative Septic System Test Center

With summer comes beaches, cookouts, and visitors, visitors, visitors. While we are usually focused on making sure sheets are cleaned and refrigerators are full for our guests, we think less often about our septic systems and whether they are ready for a formidable flood of flushes.

Septic systems are built to take care of our wastewater, and they do a pretty good job. Heavy solids and lightweight fats and oils are separated out in the septic tank, and the resulting liquid is distributed throughout a network of pipes called the leach field. When friends and family visit, it is possible for the septic tank to get overwhelmed with increased use. If the fats and oils don't have time to settle out in the septic tank, those materials can end up in your leach field, plugging up the works and forcing the liquids to go, well, wherever they can.



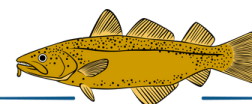
So how can you protect yourself against an overflow of objectionable waste in your yard or home? Follow these simple tips to keep the flushes flowing:

1) Get your septic tank pumped at least every 3-5 years to remove the buildup of solids, fats, and oils so they don't clog up your leach field. If you have a *lot* of summer guests, consider doing it more often, particularly if your system is older.

2) Think at the sink. Try your best to keep food scraps from going down the drain by scraping plates into the trash or compost; use a mesh drain screen to catch everything else. DO NOT under any circumstances put cooking oils or grease down the drain, even if you are on a sewer system. Pour them into a container to cool and then throw them in the trash.

3) Flushable wipes are not flushable. Despite their packaging claims, these mis-marketed wipes are flushable in the same way that golf balls, jewelry and toys are flushable – they fit down the pipe, but they don't break down and can lead to major clogs, whether you are on a septic system or a sewer.

A little forethought and careful consideration can save you (and your guests) an embarrassing mess in your yard or basement.



AQUIFER AWARENESS FOR A HEALTHY COMMUNITY AND ECOSYSTEM

By Theresa Covell, Assistant Public Health Nurse

Every resident and visitor on Cape Cod shares one undeniably valuable resource for better or worse—water. Not just the recreational water bodies that we all enjoy, but the water we use to bathe, drink, cook with, water our gardens, and more. It all comes from Cape Cod’s unconfined sole source aquifer.

So what exactly is an unconfined sole source aquifer? When it rains or snows, water is slowly absorbed into the ground which, here on Cape Cod, consists predominantly of permeable sand and glacial sediment. Below the sand, the water collects in a porous space underground called an aquifer. All of Cape Cod’s water—whether it be well or

municipal water—comes from this space/aquifer, which is why it is described as “sole source”. Water returns to the aquifer in the form of precipitation, but also in the form of stormwater and wastewater. Because there is no bedrock or another impervious layer to inhibit the movement of water, the aquifer is unconfined, meaning, it has unrestricted access from above.

The characteristics of our aquifer make it a valuable and sensitive resource. Therefore, water stewardship essential. Each one of us plays a vital role in protecting our aquifer to benefit our fragile ecosystem as well as the health of our community. Below is a list of dos and don'ts that residents and visitors can follow to do their part.

Below are several "dos and don'ts" that residents and visitors can follow to do their part.

Properly Dispose of Prescription Medications

Background

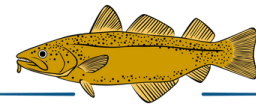
Indications of pharmaceuticals have been found in Cape Cod's groundwater. Properly disposing of unnecessary prescriptions helps protect local water sources, while also preventing misuse and abuse of medications.

Harmful Practice

Flushing medications down the toilet or throwing them in with the household trash.

Helpful Practice

Drop-off medication at a pharmacy with year-round prescription disposal or bring them to a National Prescription Drug Take Back Day location.



Dispose of Household Hazardous Waste Properly

Background

The Environmental Protection Agency (EPA) considers some leftover household products hazardous waste. This includes anything that can catch fire, react, or explode under certain circumstances, or that are corrosive or toxic. Products, such as paints, cleaners, oils, batteries, and pesticides can contain hazardous ingredients and require special care when you dispose of them.

Harmful Practice

Throwing hazardous waste away in your trash/landfill, dumping it down your household drain, flushing it down a toilet, or dumping it in your yard.

Helpful Practice

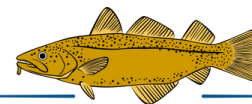
Bring leftover products to your town's household hazardous waste collection event. Mark the date ahead of time on your calendar and put a bin aside to begin collecting items beforehand so you are prepared when the date arrives.

Establish a Natural Landscape Design with Native Species

Background

Our deep-rooted native grasses, perennials, shrubs and trees are capable of taking in excess nutrients, breaking down pollutants and holding them in place, preventing them from entering our drinking water. Native plantings are naturally more permeable and help absorb stormwater.

When the natural and native shrub and trees surrounding a body of water are altered or removed, the ground acts as a slide for excess nutrients. This can impact the ecological health of pond habitats and foster algal blooms, which may be toxic. Fallen trees, overhanging shrubs, bushes, and trees on properties surrounding ponds prevent erosion, give shade, and help moderate water temperature in summer.



Harmful Practice

Removing or altering the native shrub and tree buffers within 100 feet of a pond or lake, or using fertilizer and pesticide to support non-native plant species.

Helpful Practice

By planting native species appropriate for Cape Cod, you can conserve water, avoid pesticide and fertilizer use, and support pollinators and birds. Native plants have adapted to rainfall conditions in New England and often provide good wildlife habitat.

Reconsider the use of Fertilizer and Chemicals

Background

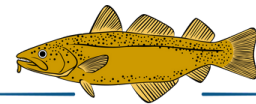
Fertilizers introduce excess nitrogen or phosphorus that can drain into nearby ponds, lakes and groundwater via stormwater run-off. Chemicals and pesticides can also run-off into nearby waterbodies, impacting water quality and causing harm to local plant and animal species.

Harmful Practice

Applying fertilizer before a heavy rainfall, applying fertilizer or compost between November 12 and March 31, or depositing grass clippings, leaves or any other vegetative debris into or within 50 feet of water bodies.

Helpful Practice

- Know your town regulations regarding fertilizer and pesticide use.
- Ensure your yard is maintained following the Best Management Practices (BMP) for Soil and Nutrient Management in Turf Systems, prepared by the University of Massachusetts Extension.
- If hiring a professional, ask about non-chemical alternatives or a less toxic alternative for yard maintenance.
- Consider a Cape Cod lawn with clover and native plantings.



Maintain your Septic System with Routine Inspections and Pumping

Background

Septic systems are useful tools that tend to be out of sight, out of mind. The concept is simple: waste gets flushed and plumbing sends it to the septic tank, where solid materials settle and form a layer of sludge. As time passes the sludge accumulates, while liquids spill out into a network of pipes in the ground called a leach field. Eventually, the sludge fills up the tank; if it isn't pumped regularly, it can become overwhelmed, leading to a plumbing back up or unsanitary wastewater pooling at the surface.

Excessive nutrient inputs from poorly performing or leaking septic system can contribute to toxic algal blooms and other harmful plant overgrowth in our ponds, which can make swimming dangerous and/or unappealing to humans and animals.

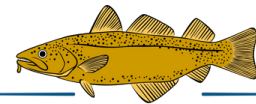
Harmful Practice

Not having your septic tank inspected and pumped at least every three years (or more if you have a lot of guests and periods of heavy use).

Helpful Practice

The Massachusetts Department of Environmental Protection (MassDEP) recommends getting septic system pumped every 3-5 years (more often with high use). Regular maintenance is essential to ensuring a safe and effective septic system.

Continue to the next page for a list of resources related to the practices listed here.



AQUIFER AWARENESS FOR A HEALTHY COMMUNITY AND ECOSYSTEM

(Continued)

Resources

To find a free prescription drug take-back program in your area, visit:

www.deadiversion.usdoj.gov

To learn more about hazardous waste collection sites in your town, visit:

www.loveyourlocalwater.org

For a list of native trees & shrubs that thrive in our coastal environment, visit:

www.grownativemass.org

To learn more about fertilizer and nitrogen control regulations which vary by municipality on Cape Cod, visit your town's website. Links can be found at:

Town Health Departments - Barnstable County (capecod.gov)

To obtain a free soil test at your property, drop off a sample at:

212 Mid-Tech Drive
West Yarmouth, MA 02673

Or mail to:

Cape Cod Cooperative Extension
Soil Test
P.O. Box 367
Barnstable, MA 02630

About Septic Systems & Title 5

Association to Preserve Cape Cod

www.capecodwaters.org

Barnstable Clean Water Coalition

WHERE TO FIND US



COMMUNITY
HEALTH

NEWSLETTER

SUMMER EDITION



BARNSTABLE COUNTY

DEPARTMENT OF HEALTH AND ENVIRONMENT

BARNSTABLE COUNTY'S PUBLIC HEALTH NURSING TEAM

Debra Jones

Administrator

debra.jones@barnstablecounty.org

Telephone: 508-375-6837

Theresa Covell BSN, RN

Assistant Public Health Nurse

theresa.covell@barnstablecounty.org

(774) 314-2514

Maurice Melchiono MS, RN

Assistant Public Health Nurse

maurice.melchiono@barnstablecounty.org

(508) 237-7354

Barbara Blackwell CNS, PT

barbara.blackwell@barnstablecounty.org

(508) 470-4545

Patrice Barrett

patrice.barrett@barnstablecounty.org

(508) 443-6297

Lisa DuBrow

lisa.dubrow@barnstablecounty.org

(774) 262-3495