



The Office of
Town Administrator
April C. Steward

TOWN OF BOYLSTON
221 MAIN STREET
BOYLSTON, MA 01505

Town Administrator's Report
March 22, 2021

- 1. *Regional COVID Clinic:*** Mass DPH has approved the town's joint application to open a regional vaccination sight with the towns of Ashland, Boylston, Holliston, Hopkinton, Northborough, Southborough, and Westborough. The towns involved all met last week to discuss our options and decided it would be best to maintain the originally proposed idea of one main site located at the Doubletree in Westborough. Unfortunately, given the current constrained supply of vaccine, approval does not result in availability of vaccine at this time. The BOH Agent and the Fire Chief have been selected to continue the discussions with the other communities and will bring updates as new developments arise.
- 2. *Local Rapid Recovery:*** Paul Dell'Aquila applied for the state's Massachusetts Downtown Initiative's (MDI) Local Rapid Recovery Planning program. We were notified that his application was successful, and we had our first meeting with CMRPC on Friday, March 19th. This is a swift moving project which will be completed by the end of August. I have included the meeting agenda in your packet and Paul will be covering this program in his report with more detail.
- 3. *Phase IV, Step 1:*** Today is the first day that the state has entered into Step 1 of Phase 4 of the Commonwealth's reopening plan. As public health metrics continue to move in a positive trend, the state will continue to loosen restrictions and move to reopen the economy. Boylston is now listed as a "grey" community which means that we have less than or equal to 10 cases in town.

Submitted,

April C. Steward
Town Administrator

CAUTION: This email originated from a sender outside of the Town of Northborough's mail system. Do not click on links or open attachments unless you recognize the sender and know the content is safe.

Thank you for submitting your proposal to establish a regional collaborative with Ashland, Boylston, Holliston, Hopkinton, Northborough, Southborough, and Westborough.

In an effort to achieve efficient, equitable and effective distribution, access, and administration of the limited availability of vaccines, we promote several primary supply chains of administration. These include the regional collaboratives, mass vaccination sites, community health centers, hospital and health systems, and open provider networks (open to all not just their own patient panels). Through the federal retail pharmacy program, the federal government is expanding vaccines through CVS and other retail pharmacies. We are also creating mechanisms for mobile vaccination programs to reach home bound residents and those who are most difficult to reach.

Given the continued supply constraints, regional collaborative proposals are evaluated and ranked based upon the following factors:

- Distance of the proposed site(s) from a mass vaccination site;
- Distance of the proposed site(s) from an approved regional collaborative site;
- Number of retail pharmacies/open vaccination clinics listed on [COVID-19 Vaccine Availability | Mass.gov](#) within a half hour drive from the proposed site;
- Population density; and
- Number of communities committed to participating in the proposed collaborative.

As you know, proposed collaborations with 3 or more communities that do not have a regional, mass vaccination, retail pharmacy, or an open vaccination clinic within 30 minutes of the proposed site are prioritized. Population of the collaborating communities is also a consideration.

At the time of review, the following information was identified for your proposal:

- 8 participating local boards of health and/or other health care providers
- The proposed site is 23.5 miles from Gillette and 13.6 miles from the nearest additional mass vaccination site.
- The proposed site is 6.6 miles from the nearest currently operating regional collaborative site;
- The proposed site has 30 participating pharmacies or other open vaccination sites within 20 miles. (Note that the number of participating pharmacies may now have increased.)
- The collaborating communities has a population density of 699.90 people per square mile.

Given a review of the above and based on our discussions, **your proposal is approved**. There may be some programmatic or organizational details to be agreed upon and finalized. Given the current constrained supply of vaccine, approval does not result in availability of vaccine at this time. I look forward to speaking to your lead local board of health contact to finalize the details and to plan for a future start date once supply is available. As the federal distribution of vaccines hopefully increases to states over the coming weeks, we will revisit allocation discussions and a ramp up schedule to meet the capacity requirements.

Thank you and please let me know if you have any questions.

Jana

Jana Ferguson
Assistant Commissioner
MA Department of Public Health

Community Kick Off Meeting Agenda

Town of Boylston | Dominique DuTremble

March 19, 2021

1. Review **Primary** Project Objectives:
 - a. Ensure that communities have data-driven plans to aid in COVID-19 recovery effort
 - b. Support the Commonwealth in the collection and standardization of baseline data to measure COVID-19 impacts

2. Discuss Program Schedule and Milestones (Utilize Community Agreement for this Purpose):
 - a. Phase 1: Diagnostic, Complete by mid- to late- May
 - b. Phase 2: Project Recommendations, Complete by Mid-June
 - c. Phase 3: Final Plan, Complete by end of August

3. Discuss Project Roles & Responsibilities (Utilize Community Agreement for this purpose)

4. Review and Confirm (or refine, if necessary) Study Area

5. Discuss Baseline Data and determine if there is any documentation to support baseline data collection.

This might include any of the following:

- a. Existing business lists
- b. Existing studies, surveys and plans
- c. All available visitation, student and employee data from local destination drivers/anchor institutions
- d. GIS shape-file or study area (if available):

Action Items

Action	Lead	Expected Timeline

Meeting Notes Summary

Topic	Summary



Mass. to transition to Phase 4 of Reopening Plan March 22

Home → News → Municipal Government

The Baker-Polito administration announced this morning that Massachusetts will advance to Step 1 of Phase 4 of the [Commonwealth's reopening plan](#) on Monday, March 22.

Citing public health metrics that continue to trend in a positive direction, the administration is continuing steps to reopen the state's economy.

On March 1, Massachusetts loosened capacity restrictions for several industries and advanced to Step 2 of Phase 3 of the reopening plan. Since then, COVID hospitalizations dropped by 20% and deaths dropped by 24%, according to the administration. The seven-day average of new cases in long-term care facilities dropped by 53%. The positive test rate remains below 2% and has been for several weeks now. The seven-day average of new cases is also down over this time by 7%.

Step 1 of Phase 4 will reopen a range of business sectors under tight capacity restrictions that are expected to be adjusted over time if favorable trends in the public health data continue. Indoor and outdoor stadiums, arenas and ballparks will be permitted to operate at a 12% capacity limit after submitting a plan to the Department of Public Health.

Also effective on March 22, gathering limits for event venues and in public settings will increase to 100 people indoors and 150 people outdoors. Outdoor gatherings at private residences and in private backyards will remain at a maximum of 25 people, with indoor house gatherings still limited to 10 people.

Dance floors will be permitted at weddings and other events only, and overnight summer camps will be allowed to operate this coming summer. Exhibition and convention halls may also begin to operate, following gatherings limits and event protocols.

[Other Phase 4 sectors](#) must remain closed.

Travel Advisory

The administration is also replacing the Massachusetts Travel Order originally issued last

July with a Travel Advisory effective March 22.

The new Travel Advisory will urge all persons entering Massachusetts, including returning residents, to quarantine for 10 days upon their arrival if they have been out of the state for 24 hours or more.

The advisory does not apply to the following:

- Those returning to Massachusetts after an absence of less than 24 hours
- Travelers who have a negative COVID-19 test result that has been administered up to 72 hours prior to their arrival in Massachusetts
- Workers who enter Massachusetts to perform critical infrastructure functions (as specified by the Federal Cybersecurity and Infrastructure Security Agency) while they are commuting to or from or while at work
- Travelers who are fully vaccinated 14 or more days ago and do not have symptoms

Travelers are also encouraged to consult and follow [guidelines and requirements for travel from the U.S. Centers for Disease Control and Prevention](#).

| News Categories

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| Recent posts

- [Mass. to transition to Phase 4 of Reopening Plan March 22](#)
- [State resumes regulatory process for irrigation interruption devices](#)
- [MMA Board approves policy committees for 2021](#)



Count and Rate of Confirmed COVID-19 Cases and Tests Performed in MA by City/Town, January 1, 2020 – March 16, 2021

City/Town	Total Case Count	Case Count (Last 14 Days)	Average Daily Incidence Rate per 100,000 (Last 14 days) ¹	Relative Change in Case Counts ²	Total Tests	Total Tests (Last 14 days)	Total Positive Tests (Last 14 days)	Percent Positivity (Last 14 days)	Change in Percent Positivity ³
Bolton	181	12	17.0	No Change	9637	628	15	2.39%	Higher
Boston	61224	2210	22.8	Lower	3036404	224980	2506	1.11%	No Change
Bourne	1077	44	14.9	Lower	37211	2395	56	2.34%	No Change
Boxborough	176	<5	5.6	Lower	7920	507	4	0.79%	Lower
Boxford	481	25	23.4	Higher	15042	925	27	2.92%	Higher
Boylston	268	7	11.1	No Change	8373	494	13	2.63%	Higher
Braintree	3612	119	21.4	Lower	81383	4292	132	3.08%	Lower
Brewster	392	16	11.5	Higher	16134	799	16	2.00%	Higher
Bridgewater	2501	73	18.2	Lower	60149	3745	86	2.30%	Lower
Brimfield	179	9	17.2	No Change	4868	285	10	3.51%	Lower
Brockton	12272	268	19.3	Lower	182771	10171	311	3.06%	Lower
Brookfield	186	<5	7.7	Higher	4890	352	6	1.70%	Higher
Brookline	2000	85	9.4	Lower	185488	12765	94	0.74%	No Change
Buckland	33	<5	3.9	Higher	440	28	1	3.57%	Higher
Burlington	1714	61	15.7	Higher	46271	2904	70	2.41%	Higher
Cambridge	4734	256	16.3	Lower	733535	66767	301	0.45%	No Change
Canton	1727	105	32.4	Lower	50671	2975	117	3.93%	Lower

Data are current as of 11:59pm on 03/16/2021; **For populations <50,000**, <5 cases are reported as such or suppressed for confidentiality purposes. ¹ For the calculations used to delineate Grey, Green, Yellow, and Red, please see table on page 25. ²Number of new cases occurring over the current two-week period (2/28/2021 - 3/13/2021) compared to the previous two-week period (2/21/2021 - 3/6/2021). **Higher**=number of new cases in the current two-week period higher than the number of new cases during the last two-week period. **Lower**=number of new cases in the current two-week period lower than number of new cases during the last two-week period. **No change**=number of new cases in current two-week period is equal to the number of new cases during the last two-week period. ³Change in percent positivity compared to the previous week's (3/11/2021) report. **No Change**= <0.10% difference in the percent positivity. DPH calculates rates per 100,000 population using denominators estimated by the University of Massachusetts Donahue Institute using a modified Hamilton-Perry model (Strate S, et al. Small Area Population Estimates for 2011 through 2020, report, Oct 2016.) As of 11/5/2020, the Massachusetts Department of Public Health is using the 2019 population estimates, the most current available data. **Please note:** Data for these tables are based on information available in the DPH surveillance database at a single point in time. Case counts for specific cities and towns change throughout the day as data cleaning occurs (removal of duplicate reports within the system) and new demographic information (assigning cases to their city or town of residence) is obtained.