



CITY OF WORCESTER, MASSACHUSETTS
Division of Public Health



Michael P. Hirsh, MD, FACS, FAAP
Medical Director

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Director

SUBJECT: BOARD OF HEALTH MEETING MINUTES
DATE: MARCH 2, 2014
START TIME: 6:45PM
LOCATION: 25 MEADE STREET, ROOM 109
WORCESTER, MA 01610

Present: Dr. Michael Hirsh, Kathy Johnson, David Fort, Joanne Calista, Dr. Jerry Gurwitz, Abigail Averbach, Dr. Michael Hirsh, Karyn Clark, City Manager Ed Augustus, Edith Claros, Kerry Clark, Colleen Bolen, Cassandra Andersen, Amanda Major, Erin Cathcart, Tom Quinn, Nick Kotsopoulos

1. Welcome and Introductions

- a. Dr. Gurwitz to serve as Chair for the meeting, as a permanent Chair has not been assigned.
- b. Dr. Gurwitz calls the meeting to order, reviews the agenda, and asks for additional agenda items.
- c. Dr. Hirsh, Worcester Division of Public Health (WDPH) Medical Director, adds a third agenda item: an overview of WDPH staffing changes and progress.
- d. A motion was made by Dr. Gurwitz to approve the agenda, and the agenda was approved.

2. Approval of the Minutes

- a. Ms. Calista motions to approve the minutes from January 5, 2015. Mr. Fort seconded the motion. Minutes are unanimously approved.

3. City Manager Ed Augustus addresses the Board

- a. City Manager, Ed Augustus addresses the Board of Health and acknowledges the transitions currently occurring within the department. City Manager Augustus celebrates the continued work of WDPH and describes how fortunate the city is to have a public health staff that will not miss a beat. City Manager Augustus highlights WDPH's recent achievements, including the completion of document submission to



the Public Health Accreditation Board (PHAB), the continued partnerships built through the Center for Public Health Practice (CPHP), and the Community Health Improvement Plan (CHIP) Report Out event at City Hall.

- b. Assistant City Manager of Operations, Kathy Johnson discusses how she will be a key resource. She states that priority areas will be handled first, with an emphasis on the CHIP, the CPHP, and accreditation. Ms. Johnson expects the hiring process for leadership replacements to take a few months.
- c. Ms. Calista thanks the City Manager for briefing the Board of Health (BOH) and offers the BOH's assistance during this transitional time.
- d. Dr. Hirsh refers to the CHIP Annual Report and asks the BOH to reference the chart in back that features the progress made on the CHIP. Dr. Hirsh mentions that WDPH is preparing to initiate the 2015 Community Health Assessment (CHA). WDPH will have a new CHIP that will take WDPH into 2020.
- e. Dr. Gurwitz asks if we should focus on one section of the CHIP Annual Report. Karyn Clark, Chief of Community Health, recommends that Zach Dyer, Coordinator of Chronic Disease Prevention & Partnerships, and Erin Cathcart, Accreditation Coordinator, attend the next BOH meetings to discuss the progress and process of our CHA and CHIP.

4. Overview of 2014 Performance Management/Quality Improvement Activities (Colleen Bolen)

- a. Colleen Bolen, PERP Coordinator and Quality Council Chair, discusses performance management and quality improvement at WDPH.
- b. Please refer to the "2014 Performance Management and Quality Improvement Activities" PowerPoint.
- c. Ms. Bolen reviews cross cutting performance management and quality improvement strategies in place at WDPH.
- d. Dr. Gurwitz states that he is beginning to understand that much of the division's activities hinge on grants. He questions if performance management functions as a monitoring tool for finding grants available and applying for grants. He also asks how do WDPH identifies and pursues funding.
- e. Ms. Bolen states the performance management and quality improvement process identifies a project which will track the progress of grant funding in order to allow analysis of increases and decreases of grant acquisition and funding. Ms. Bolen recognizes that WDPH needs to and does monitor grants and availability in order to sustain the Division. She states that the Division tries to strategically search for grants that complement the work done already at the Division. When WDPH applies for grants, the deliverables must align with goals and objectives the Division has set out.
- f. Ms. Averbach refers to the \$30,000 grant to launch the current quality improvement and performance management plans at work in DPH. She asks if there are many opportunities to sustain quality improvement and performance management tasks. Ms. Bolen answers that there are not many opportunities to gain funds for quality improvement and performance management tasks, however, accreditation has pushed us to do quality improvement and performance management work.



- g. Ms. Cathcart says she has considered the sustainability for quality improvement and performance management, and she has built in internal in services and tracks them as well as initiates WDPH online trainings among staff members. Ms. Cathcart explains that once WDPH has the tools, strategies, and infrastructure established, the Division can sustain itself with a small funding stream.
- h. Dr. Hirsh mentions that the strategy for WDPH funding can be reviewed by the BOH at a meeting. He states that the Division takes the tax levy and quadruples it to provide comprehensive public health services to Worcester and the Central Massachusetts Regional Public Health Alliance (CMRPHA) communities. He feels that grants will be enhanced once the Division receives an accredited status. WDPH's academic health partnerships will also provide more grant opportunities.
- i. Dr. Gerwitz asks for a presentation on the funding streams of WDPH. Dr. Hirsh and Ms. Clark will give presentation on WDPH's funding streams next BOH meeting.

5. Opioid Overdoses Fatal and Nonfatal Informational Briefing (Cassandra Andersen)

- a. Cassandra Andersen, Regional Coordinator Substance Abuse Programs Coordinator, presents data and community organization information about the opioid crisis.
- b. Please refer to the "Opioid Misuse: Local Public Health Response" PowerPoint.
- c. Ms. Andersen credits Seth Peters, Chief of Epidemiology, for the data in the presentation.
- d. Edith Claros asks what could be causing the increase in CMRPHA town's residents at methadone clinics. Ms. Andersen did not want to speculate on why, however, there are national reports that show on the increases in methadone clinic attendees across the board are similar nationally. She reiterates that this trend is not limited to urban areas.
- e. Ms. Calista asks for a breakdown of the data by age or gender or by subpopulations. Ms. Andersen says she does not have that specific data personally. The Worcester Police Department (WPD) may have some data that includes that information. ED takes info out identifying info. We are thinking about it and looking at it.
- f. Ms. Calista asks if WDPH can provide more specified data that will allow solutions to be targeted towards specific groups to provide more customized solutions.
- g. Mr. David Fort asks if the data takes into account people who overdose and subsequently become disabled and eventually die. He is worried about duplication of data. Ms. Andersen states that a specified report on overdose deaths does not exist yet. Locally, WDPH works with WPD to get data on 9-11 calls. WDPH has worked hard to set up a system to get a sense of overdoses occurring in real time; however it is not a perfect system. On the state level, WDPH looks at data from received from medical examiners, and determining the cause of death can change depending on the medical examiner. Ms. Averbach and Dr. Gurwitz mention that the determination of death is variable and inexact, despite the specific algorithms used.
- h. Dr. Gurwitz asks about the frequency of reporting on the opioid crisis to the BOH. Ms. Andersen states that it would be sufficient to do yearly reports with a preliminary report every six months as that matches the frequency WDPH receives data. Ms. Clark will discuss reporting to BOH with Mr. Peters to see if that will be a



realistic goal. She will also ask Mr. Peters to come to a BOH meeting to discuss what he is able to provide.

- i. Ms. Andersen gives overview of prevention programs. Please refer to PowerPoint.
- j. Dr. Hirsh describes how that the District Attorney is launching a taskforce to respond to the opioid crisis. Dr. Hirsh mentions the scope of pain program being a vital program in prevention efforts in the city. He also mentions that the region is realizing that their youth is being affected by opioid crisis as well; he highlights that this issue is not just an urban issue.

6. Organization of the Board (Chair/Co-Chair)

- a. BOH discusses roles of chair and co-chair. Dr. Gurwitz presents options. Ms. Claros supports idea of rotating chair responsibility until each member has had an opportunity to chair a meeting. Once each member has chaired, a vote will occur.
- b. Ms. Claros makes a motion to rotate chair responsibilities. Ms. Averbach seconds the motion. All are in favor of rotating chair position.
- c. Mr. David Fort will take on chair responsibility for the next meeting in April, Ms. Averbach will take May, and Ms. Claros will take June.

7. Next Meeting

- a. Monday, April 6, 2015 from 6:30pm-8:30pm with Mr. David Fort as acting BOH chair.

8. Adjourn: 8:21 P.M.

- a. Dr. Gurwitz makes a motion to adjourn. Mr. Fort seconds the motion. All are in favor.
- b. Meeting adjourned at 8:21pm.

