

**Worcester Board of Health**  
**Meeting Minutes**  
**Meeting Held at 25 Meade St. Room 109**  
**Monday, June 5th, 2023**

***Welcome and Introductions***

Members Present: Khanh-Van Tran, MD, Chairperson, Ms. Frances Anthes, Mr. Gary Rosen, Ms. Chareese Allen

Staff Present: Matilde ‘Mattie’ Castiel, MD, Commissioner of HHS; Dr. Mike Hirsh, Medical Director; Nikki Nixon, Chief of Data, Research, and Epidemiology; Cherry Tangri, Tobacco Prevention Specialist; Soloe Dennis, Director of DPH and CMHA, Matthew Moore; Staff Writer for City Manager

***Review and Approve March Meeting Minutes***

-Dr. Tran tables the review of the March minutes to next meeting because of technical issues.

***Tobacco Program***

-Dr. Tran: asks for everyone to take a minute to read draft of proposed amendment

-Dr. Tran: opens the floor for thoughts and comments on the revised amendment.

-Ms. Anthes: says that this makes perfect sense given what has been discussed. She did not get her document before the last meeting because she was out of the country. She has two questions listed below.

-Ms. Anthes asked: Do these regulations line up with the Cannabis regulations despite them being separate licenses? These are both ways we are licensing retail places to sell substances.

- Ms. Tangri: responded that while she is not sure but thinks that Marijuana regulations are capped and that they can't be near schools but is not sure about existing establishments.

-Ms. Anthes asked: Can one establishment sell both Cannabis and Tobacco?

-Dr. Hirsh replied: that they cannot because of the original laws that were advocated for.

-Ms. Tangri: mentioned that she only deals with tobacco regulation and would like to note that they did change the cap for the smoking bars which initially were 12 but have been raised to 13. This was done because there is currently a new smoking bar in the pipeline. When we spoke with our Deputy Solicitor, they let them change it and recommended that it be raised to 13 in the regulations.

-Ms. Anthes: asked if one is pending right now.

-Ms. Tangri: replied that they have submitted all their documents, so it does not make sense to deny them the permit. So, they raised cap of smoking bars to 13 and changed total tobacco retailer permits to 228.

-Ms. Allen: likes the document as written. Her one question is whether there is a limit to the distance 500 feet between a cannabis and tobacco retailer.

-Ms. Tangri: replied that for tobacco they did propose that there be a 500 feet distance between new retailers, but she is not sure if the applies to cannabis retailer because she does not work with them.

-Mr. Dennis: said that they will follow up

-Mr. Rosen: wondered if we can get a copy of Cannabis regulations in the city distributed to the board. I guess the city of Worcester DPH regulates tobacco product sales but does not regulate cannabis products because the state does that. So why doesn't the state regulate tobacco if they decided they should regulate cannabis. I don't know which is worse, but probably a lot of people would say tobacco. They both have their health problems, so I am surprised because the state makes so much money off cannabis is why they took it over. The state has not done their job with tobacco, so thank goodness we have boards of health doing the job. I was going to ask a question about how many smoking bars we currently have but it seems that we have about 12 now and another one coming in.

-Ms. Tangri: said we have 11 that are up and running and 2 that are in the pipeline.

-Mr. Rosen: it said on page 105 B that is a retailer closes than the license is returned to the Worcester board of Health, but does it mean returned to the city or the DPH or is that a part of our responsibilities. I don't know if it is. Do we mean the city of Worcester?

-Ms. Tangri: responded that an establishment will email the DPH so that we have it in writing that they will no longer be selling tobacco and then we just mark them as closed. When many of the Price Chopper locations stopped selling tobacco and they let us know they will not be selling any tobacco products.

-Mr. Rosen: said it might be the DPH not the Board of Health.

-Mr. Dennis: agreed with Mr. Rosen that it's the DPH

-Mr. Rosen: does not mind if it is in writing if they are a part of the process and if not, maybe it should state DPH just to clarify. I like on page 105 C is what we had a question on a few months ago. Applicants who are acquiring an existing business that holds a valid tobacco product sales permit at the time of the sale or the acquisition of said business have 60 days after the sale to let the DPH know they intend on selling tobacco products. So, if I'm purchasing a business and they do have a tobacco sales permit as a buyer I have a chance to continue that sale. And as a seller the value of the business doesn't decrease because the city will allow the license to be transferred. I think that's a great clause to have in there. It's almost ready to go. Hopefully these laws and regulation cause fewer people to smoke, and we can have a healthier City of Worcester. Thank you for all your work.

-Dr. Tran: said that there are many negative health outcomes to tobacco use and she sees this in patients every day. She also thanks DPH staff for their work. I wonder If there is a difference between people who lobby for cannabis and tobacco especially since cannabis industry is much newer.

-Ms. Anthes: said that she thinks the other issue is that Cannabis was brought into legal retail by petition permission, so it was different structure as well as a different time.

-Ms. Khanh: thinks that regulating to tobacco is important and that there are wholesale policies on it to help protect low-income communities. She has read the document through multiple times and thinks it's like what was discussed previously at the forum with addition of the density clause. She does not have any significant questions and would like this to be advertised to the community with an appropriate amount of time. Should host another forum where community can ask questions to the board and right after the board can deliberate.

-Mr. Rosen: asked if we still do the compliance checks at retailers.

-Ms. Tangri: stated that while we do still have compliance checks

-Mr. Rosen: asked for compliance check statistics

-Ms. Tangri: said that they started last year, and we had 14 compliance violations but don't cover all of Worcester because it has been challenge hiring interns for the position.

-Mr. Rosen: asked what the punishment is for those that do not pass the compliance checks.

-Ms. Tangri: said it's \$1000 fine for the first offense and last year the board ordered for 5-day permit suspension. Second offense within 36 months is another \$1000 fine and up to 7-day permit suspension. Any offenses after that within 36 months will be \$5000 fine.

-Mr. Rosen: said if we do more stings, we could generate more revenue in order to hire someone to perform the sting.

-Mr. Dennis: said that one of the challenges is that when we posted for the position Ms. Tangri was looking for 4 interns and we only got 3. We have the funds, but a lot of young folks have other opportunities that sound flashier than compliance. We are continuing the process and trying to express the importance of the work to attract more applicants.

-Mr. Rosen: asked what the minimum age is for the position.

-Ms. Tangri: said we can hire young people between the ages of 16-20 the state recommends these ages.

-Dr. Tran: said she can see how it could be hard to hire youths to be compliance officers.

-Ms. Anthes: asked whether they have tried to recruit through the school health centers since people that come often have some interest in health. In the past Laurie Ross' program at Clark has also provided students, but it might be nice to reach out to the high schools.

-Dr. Tran: said the document will most likely be posted to public in the T&G. Because there was a strong community voice on this issue, I think it's important we give them space to share their comments, so our next meeting will have the forum followed by the vote.

### ***Fluoridation Data***

-Dr. Tran: asked Mr. Dennis after last meeting to talk more about the benefits in communities that have fluoridation versus those that are doing without

-Mr. Dennis: talked with the Chief of Data Nikki Nixon

-Ms. Nixon: said we will need more time to do more intense research on fluoridation and review studies/peer reviewed articles. She does not think this one pager is doing the topic the justice it deserves. They looked at the CDC for guidance and they are for adding fluoride to communities' water.

**PROS** Based on their perspective it's a cost saving public health and intervention. Studies show you can save on average \$32 per person by avoiding treatment of dental caries and support the finding that community fluoridation is the most cost effective and equitable way to deliver fluoride to all community members.

**CONS** to providing excessive fluoride to children is fluorosis which occurs when there are multiple forms of fluoride being consumed which can include water, toothpaste, and dietary supplement prescribed by physicians.

In her opinion it is unlikely for this to happen in a community where it's known that the community water is fluoridated. It's important to let the community and physicians practicing in the community know that water is fluoridated so that they do not overuse/over prescribe. To find more objective outlook on fluoride it would take a lot more research as she stated earlier as this is a controversial topic.

-Dr. Tran: is aware there is not a lot of data available and asks board if they have any questions.

-Ms. Allen: is in favor of fluoride as she has seen children under the age of two with rotting teeth that may have helped by fluoridated water in these cases. She believes that this is important.

-Mr. Rosen: said all the members of the Board of Health and DPH want children to have healthy teeth. Even though he has been anti-fluoride for decades and has brought it up several time in the City of Worcester, he gave his daughter fluoride in tablet form because he thinks it is good for the teeth of children. He is not sure if it's good for adults and does not see why they should try to bring it to Worcester because it will be a political battle. The city council decided years ago not to fluoridate the water. It's hard to regulate the dosage and many kids that need fluoride may not even get if it was in the water.

We need to have more fluoride education in schools with parents, caretakers, and children. There are so many ways to get fluoride drops, mouthwash, regular dental visits. Why try to medicate the entire population of the city? Many citizens do not want or need it so why try to medicate to reach such a small portion of the population when there are several other ways. Maybe we should be putting our effort where it works. It doesn't work in Worcester to put it on the ballot or at least it hasn't in the past. We deserve pure, healthy, clean water.

-Mr. Rosen: went to the water filtration plant with Dr. Castiel a month ago. They were there to look at the filtration system and make sure it was unused which it was. The manager spoke against fluoridation for similar reasons that he has mentioned. She has been there for years and knows everything about the facility. In the future let's look at education in our schools and what we are talking about with the kids. We can still give it to our children without having to give it to all.

-Ms. Anthes: said she does not agree Mr. Rosen's statement on Fluoride. She asks if there is any danger to adults drinking fluoridated water? I know we are afraid there might be a danger but has there been any data from any community in the United States that has fluoridated water?

-Mr. Rosen: mentioned that other countries have banned it.

-Ms. Anthes: requested more information on what countries have banned it and why. Her children's doctor recommended they take fluoride, but they had a hard time being consistent because they often forgot. She knows that they did not always get the fluoride that they needed. Even if your child does take it there is still the issue of access to dental care. Many people in this community cannot get a dentist appointment even when they try to go to the community health centers. There a very long waiting lists (months and months) for people to get dental care including children. You are not universally welcome to all dental practices if you do not have insurance or only have MassHealth. The community health centers will get you in for a cleaning as quickly as possible but there is a long waiting list for further care. I don't think it's just about education and people not caring, I think it's about access. If there is a real gape in access to care, we must think serious from a public health perspective about what we do to alleviate that.

If there are no risks to adults from putting fluoride in the water because we know it will end up getting to children. We know there is inequality and social determinants of health around this and that children are not fluoride treatment or access to care.

-Mr. Rosen: asked if it's in the water how do we regulate the dosage. Some kids drink a lot of water, and some don't.

-Ms. Anthes: responded that her understanding is that the CDC has standards to make sure we don't get too much. If you drink almost no water, you will not get a lot of fluoride but if you drink tons of water, you won't get too much.

-Mr. Rosen: said there is still no way to give them the dose that is in the pill.

-Dr. Tran: said Mr. Rosen is right that there isn't a way to monitor fluid intake but in communities that already have fluoridation data in terms of risk and oral health.

-Ms. Allen: said it's much more complicated to give children pills and make sure they take them every morning. This is about access and making sure these children get their fluoride. Water is a universal thing that you have in your home.

-Dr. Tran: saw the point that we may be wasting it on adults that do not need it but also thinks this is a risk benefit discussion. The data shows that 12-year-old children in communities that fluoridate their water have less cavities. If you're getting a cavity at 12 years old think of when you are in your 20s and 30s. We need to think about what the risks are because I see the benefits. From what I'm hearing from Mr. Rosen is that mandating our residents to have fluoridate water is one of the risks because we know the benefits.

-Dr. Tran: asked Ms. Nixon if she can focus on research what the risks are and why Europe is backing away from fluoridation. We differ from Europe in many ways including culture but if we she can investigate the reasons that would be helpful.

-Ms. Anthes: asked if there are specific countries that we should be looking at.

-Mr. Rosen: said that many European counties have rejected water fluoridation including Austria, Belgium, Finland, France, Germany, Hungary, Luxembourg, Netherlands, Northern Ireland, Norway, Sweden, Switzerland, Scotland, Iceland, and Italy. Those are some major countries and there may be others, but this list is already extensive in Europe and other areas of the world. In the United State we think we know everything, and this is one thing we think we know that maybe we are not right on this. Listening to the items I heard tonight if I brought my child to the doctor, and they were prescribed fluoride pills shouldn't they also go to the parents. Parents drink more water than kids and, in the water, I am going to get that fluoride. Adults are not prescribed fluoride because they genuinely believe that they don't need it. Maybe we should take it when we are kids, but we are no longer kids.

-Dr. Tran: clarified her statement about the risk and benefits. She says the benefits for adults are few and risks may exist, but we need more research. Maybe the benefit for kids outweighs the risks too few if that risk is small. We just don't know what that is right now.

-Ms. Allen: commented that she has traveled to several of the countries on the list. And that Scotland is country known for having bad teeth. So, the fact that these countries don't have it show the potential consequences.

-Dr. Tran: said that they will revisit this topic at a future meeting after Ms. Nixon has had time to do more research.

-Mr. Rosen: asked if the Board of Health has the authority to fluoridate Worcester's water?

-Dr. Hirsh: said that the board does not have the authority to make this decision. This has been brought up in the past and it must be a public vote.

-Ms. Anthes: said that there are 120 families that get their water from Holden which is already fluoridated and do we as the City of Worcester have to tell them that they are getting fluoridated water? Does Holden tell them that they are getting fluoridated water? That's a question I don't know if anyone can answer right now, but if it's dangerous than 120 families that are getting fluoridated water and we a responsibility to tell them, right?

-Mr. Rosen: said their bodies are suffering but they have great teeth.

-Ms. Anthes: says that the partial fluoridation of resident's water is something we should already be alerting residents of.

-Mr. Rosen: said Fluoridation is forced medication. We put a lot of chemicals in our water across the country to treat the water. This is the only chemical we put in the water to treat the people.

-Dr. Tran: thinks that their job is more to make regulatory policies for the benefit of public health. She thinks this discussion will benefit from more data and that they have heard everyone opinion. She would like to table it until they get more information.

-Mr. Dennis: asked what data specifically she is looking for.

-Dr. Tran: would like to know what harm fluoridation can have on adults. In communities that have it what how common (incident rate) is fluorosis. She would also like a simple pro/con list comparing communities that have and those that don't. In communities that don't have it in the US or in Europe why did they decide not to fluoridate their water.

-Dr. Hirsh: said we can also get an opinion from our City Solicitor on why the Board of Health doesn't have the authority to make the call to fluoridate the water. This is the result of on the debates that came up in the 90s that if we ever tried to fluoridate the water it would take a city-wide vote and a City Council vote.

-Others agreed that this would be helpful.

-Mr. Rosen: "Years ago didn't the city council make the Board of Health an independent body that can make such decisions?"

-Dr. Hirsh: said that as of 2014 the Board does have special powers to do ordinances with this exception. That was one of the things that was a tail on the note.

-Mr. Rosen: said we could investigate what the Worcester Public Schools are doing.

-Dr. Tran: said that based on the presentation from last month it doesn't seem like they are doing a lot. I think one of the things that was brought up was that the parents didn't want to have it brought up because they think it's harmful. There is very little education on fluoride on school and she did not get any education on it herself.

-Ms. Anthes: said that we also risk some pushback if the Board of Health starts telling schools what they need to educate students on. There is comprehensive health education, but she has no idea what is in that curriculum. She would like to look at it and understand what is being taught before she says the schools should be doing this.

-Mr. Rosen: said they were probably told they had to wear masks or they did have to wear masks.

-Ms. Anthes: emphasized how that was a clear public health instruction because of the pandemic.

-Dr. Tran: said that we will now table the topic until we can gather more information.

### ***Pandemic Letter***

-Dr. Tran: introduced the topic.

-Mr. Dennis: said that him Dr. Hirsh and Dr. Castiel have met but need more guidance on what needs to be included in this letter.

-Dr. Tran: said that a couple of months ago they wanted to reflect on the lessons that we have learned as a community and sort of go through this pandemic in terms of some of the policies that were put in place and how we came together and how we essentially did great at being there for each other through the pandemic. "I wasn't here for the entire duration; I think I joined the last year and a half or so. I wasn't there for the beginning when masking was put in place ask for any thoughts from other board members."

-Ms. Anthes: had just joined the board before the pandemic and remembers talking about what it might mean during the January 2020 meeting. She does not want to sound like an alarmist but she on her way home from the meeting she stopped at the grocery store and bought Lysol. It was very clear that we were going to have to do something different about infection control because this was spreading in a way we didn't understand. Now I think if you look at some of the national figures talking about at the time it's clear that we didn't know so there is thing that we didn't do or that we did do that in retrospect people might have done differently. When we learned more things there were changes which began to confuse the general public.

First, we closed down, then we open gradually people got worried and scared. Eventually people got frustrated about where things were, and we didn't do the best job of communicating and bringing people together as I think we all wish. I think that reflecting on all of that and still giving credit where credit is due but bridging the gap between a lot of divisiveness and what we hope people will do the next time is a really important communication that we should try to establish. If there is another pandemic many people would say when there is another pandemic, how are we going to do it differently and what are we going to do to help people feel more secure, safe, knowledgeable, and united in the ways we approach it.

Now that's a big order in a letter and I realize I just said all of that and I would be happy to work on the letter which is something that I think should be published in the paper and online. So that people have some sense of this was a tough time Worcester actually got through it better than many places because of good decisions made by our leaders, which I think should be emphasized because leaders have to make decisions in situations like that and should be thanked (City Manager and Mayor). The session that you all had at City Hall where you thanked the people that had gone out into the community (the messengers). That was a really important thing and that word got out about it and some level communication on that would be good.

-Dr. Tran: thanks Ms. Anthes for her thought and offers space for Ms. Allen to share her thoughts

-Ms. Allen: said that she thinks we need to focus on the lower socioeconomic parts of the community because that is where a lot of the fear and indecision was felt. They were not sure what the correct information was, and they often do not have access to medical care and masks, so she thinks we need to find more ways to get on the ground in those communities. Those that have privilege to go out and buy masks and Lysol are those that were often questioning medicine because they were sick and scared. When this happens again, we need to reach out to those communities more because they don't have the privilege and access to get what they need to protect themselves. Overall Worcester did a really great job and we got through this. The mask debacle and anti-vax happened to everyone, and you will always have those who are against being told what to do. We fought our battle and I think we did a good job. She was scared being at the epicenter and walking around with people who were not complying was terrifying.

-Mr. Rosen: said that Worcester did a very good job and that he agrees with everything that Ms. Allen said. He is against fluoride but pro-vaccination and pro mask. So many people believe now that Covid is gone and over and even skeptics believe that we exaggerate. We have a message to the public that deals with Covid, and I don't think they are listening anymore. Our President has said basically it's over; you never see anyone wearing masks, and there's no social distancing. All of the things that we did/had to do everyone is now just ignoring. Groups of hundreds/thousands of people at concerts/parties and so on. All of the good things we did are done because people have moved on with their lives. People think it's gone and over and even seniors aren't getting what they need.

I volunteer at the senior center, and I got my second bivalent booster last September but a lot of people I know have not gotten a second one. They recommend the second one for seniors and people with pre-existing health condition, but people just think they are fine with what they have gotten. Took my wife to get another bivalent and she was turned down because she is too young. I don't understand this country because they are willing to vaccinate old people because Covid is a threat to them but not those around them. I don't know what they are doing with all of those vaccines that must be sitting there because everyone I talk to does not seem to be getting them. So, if someone wants to write a letter and wants us to help that is fine but I think it's a topic that people aren't tuned into now and they don't want to hear about it, and I hate to it, but I've brought it up to friends and "no don't mention that it was all a farce."

-Dr. Tran: remembers working in the ICU when this was all happening. I think I brought this up again because I felt like we had made it through a really difficult time with each other and science. I thought if we could put it in writing than the next pandemic (or for those with vaccine hesitancy) that we can look back as a community and learn from it.

-Dr. Tran: asked Ms. Anthes how she feels about drafting a statement.

-Ms. Anthes: said that she will work with someone. "I do not know all of the things the Public Health department did but I'm happy to work on it.

-Mr. Dennis: asked if we are looking for a letter or a report that details best practices. A letter would be detailing all of the work we did around Covid. If we need a letter just to talk about how the pandemic lasted 2.5 years and the Board of Health and Worcester Department of Public Health did XY. Through that process we were able to save x number of lives. Or are we actually looking for something like a report that talks about what went wrong, what went well, with a next step recommendation.

-Dr. Tran: thinks that the report sounds like a very useful document and sounds closer to what she was looking for.

-Dr. Hirsh: said that they have been in the process of planning a Hot Wash which a review from all the precincts about what went right and what went wrong. Looking at it from the first responders, the nursing homes, and all the different special populations. Alissa Errede our Chief of Emergency Preparedness is trying to pull this together and so then we will have this action report. We could make an executive summary of that and have the Board of Health sign off on that. That way people can dive deeper if they would like and see what policies we tried to put in place and what we did put in place. Nobody was 100% of any of the things we were doing because we were getting so much misinformation, disinformation, and no information from the Federal Government in the early time. I think the best thing we did was that we took advantage of the brain power of our medical community because we had a think tank of biologists and infectious disease specialists and they thought sooner about a lot of policies than we got from Beacon Hill or Washington. So that is my suggestion is to have that summary paper that you sign off on.

-Dr. Castiel: has joined the meeting remotely and would like to mention something to the chair.

She says that they have done pretty incredible things and that one of the things that worried her about all of this is that we tend to go back to where we were and not change and learn from the processes that did happen. I think about what we did with the homeless community and how we separated them into all the different schools and faith-based organization so that they wouldn't get Covid. How we brought vaccination into the community as well as we did testing in the community. That people didn't have to go somewhere we went to them. That we started an equity taskforce with UMASS and HHS to look at the data and give the data out to the community and involve community in the process so that they become more aware. There are parts of me that think that what we did in Covid was the best we've ever done while not undermining the devastation that Covid had. How we all pulled together and worked together in the process was 1 in a million. I just think that that's what we need to be able to do. Everyone was not working in silos, and they were working together as a team to do this. To me it was incredible. I wish that would be what we continue to do now for anything else whether its inequities in healthcare that we continue to do that process. I just had to throw my three cents in there sorry I'm late, but I just had to voice.

-Dr. Tran: said thank you Dr. Castiel. I agree with you completely. This is one of the reasons that we brought it up and the reason is to reflect on how we persevered and grew. If it's okay with the board, I would agree that we would wait and revisit when you have a document ready for us to discuss.

-Mr. Dennis: said the next step in general is to find a date and time to invite the board to be a part of this process so that we can get your feedback. Once we have a document, we would like to invite you to be a part of the process.

-Dr. Tran: said we will wait on a date and that she can't wait to see this document.

### ***Agenda Items for Future Meetings***

-Dr. Tran: said "I think we were going to discuss agendas for the next meeting. We should do this in a couple steps starting with revisiting the issues we spoke about previously. We should also consider some broad goals for the next year or so including things we would like to think about. This will help us be less scattered. In terms of issues to discuss at the next meeting, Mr. Rosen do you have anything you would like to bring up."

-Mr. Rosen: said that he would like to discuss the? We should keep following the progress and successes the city is having. One of the best plans that's ever come out of any department of the City of Worcester

and it's on its second run so it will be updated. Maybe a report every now and then that explains how we are doing and where does the Board of Health fit in/what can they do to help. Another potential project for Board stems from the best ribbon cutting he ever attended which took place at 25 Meade St. in the basement. The grand opening of the health clinic was the event he attended. We gave people opportunities to get healthcare directly. This was when he was chair of the health committee for the city council at that time. Not too many years later it was closed because of the budget cuts. I assume the space is still there and would serve this neighborhood well and people loved it. This board could help influence the City Manager, City Council, potential funders to listen and open that even if it was just a dental clinic. I'm guessing it's storage down there now.

-Dr. Hirsh: said that we have our vaccination materials downstairs with a large super cold refrigerator. There is room down there if we reconfigure everything.

-Mr. Rosen: said maybe that refrigerator could go somewhere else too, so that we could use the space. That was a popular clinic.

-Dr. Hirsh: said that we've had many vaccination clinics there including HIV, TB, and Travel Vaccine Clinic. I think it was maybe a general clinic 30 years ago but after about 1990 it evolved into those three clinics.

-Mr. Rosen: said it has great potential to serve the public especially in this area where there's apartments coming in. We talk about affordable housing for folks in Worcester and this is great location with parking and relatively close to WRTA route. It something we might just want to investigate.

-Ms. Anthes: was working for Family Health Center years ago when they inquired about using the space for clinics. You can run a clinic for a specific need for limited hours with no on-call backup and non-comprehensive care. You can do that without the license DPH certified by the state permission to do it. To do a satellite program it requires a lot of requirements from the state and at that point this site was not particularly well suited for that because it's a really old building and doesn't have the infrastructure to provide high quality care. I don't say that to say we shouldn't do it but the idea that it become a clinic for the neighborhood because they are building new apartments is probably difficult and expensive. If there is a need for HIV, TB, etc. that might be more doable. I think the sense of a whole community health center in this particular space is hard. Dental infection control regulations are actually more stringent in terms of the wiping down equipment between patients and letting things dry. Its why dental clinics are never full at the same time because you have to do the infection control and let it sit before the next patient. In the new spaces that they are building should there be a space that has new infrastructure and new infection control opportunities. Should there be something there? I think that's a very good question. I know that even the health centers that were very much aware of infection control our entire exist, when Covid came we had to change the community health centers, because we had waiting rooms where people sat next to each other. You really shouldn't be sitting next to each other, and the waiting rooms were too small. I think that post-Covid we are going to find different functions for healthcare facilities and different ways in which people come in and different ways in which the appointments are set up. And maybe an opportunity is there to say to the new building coming up around the stadium to put something on the ground floor. Can we partner with one of the healthcare providers and do something that might meet the needs of the city which we expect with be a mixed-use neighborhood but right now it's a lower income?

-Mr. Rosen: likes Ms. Anthes suggestion

-Ms. Anthes: said she is trying not to be negative about this, but she is just trying to say that this is big. The issue of setting up healthcare facilitates that meets the needs to f people in the community is big.

-Mr. Rosen: asked what the fanfare and excitement about its years ago in terms of using the space then but not now.

-Ms. Anthes: replied that this was just her experience.

-Dr. Tran: thinks that it's clear that this is something valuable to work on going forward and should be one of the boards focuses is thinking of areas like the shelters where they need more access to healthcare professionals. Even a mobile dental clinic where they go to the shelters and offer services which can be hard to get to for folks without transportation and we could approve things that way.

-Ms. Anthes: asked what happened to the pre-Covid mobile dental van? Is that back on the road? And is it both dental and medical?

-Dr. Hirsh: said that the mobile clinic is back on road but will not be effective until September. It will be doing cleanings. The other factor and you may be more tuned into this, but we were told that there was a possibility that the city was going to move everybody out of this building because of the space for building related to Polar Park and development. There was a building on Cedar Street where the old Becker College was that is a fairly new building that was built for nurse education that actually has clinic like rooms because they did simulation there. It's still standing there, and I think the city owns it now, but I don't know if Dr. Castiel has been in on this discussion, but I haven't been. Is that at all a possibility anymore? There were complaints about there being no parking there, but we were told that might be a landing spot for the DPH.

-Dr. Castiel: said that the moving of the DPH has been under discussion and is something that may happen. Whether we were going to be in that building or move out of this building. I think we've looked at different places to see and part pf the idea is Polar Park and part is so that all of HHS can be together besides the senior center.

-Dr. Hirsh: said this may be something that we have to clarify with the City Manager, so that we don't invest in a refurbishing of the space and then move out in a year or two.

-Dr. Tran: said that is a great point. I don't know if you are in the position to ask the City Manager about what some of the efforts are to promote access to care in this community that are ongoing and perhaps once we know that we can think of way that the Board of Health can be a positive force.

-Mr. Dennis: asked to clarify what in terms of care to dental health or medical health?

-Dr. Tran: said she would like to know about all of the services. One of the major issues is that folks don't have a place to follow up after they are discharged from the hospital, and this is a recurring theme. And also making sure things are on the bus route so that they also have access to transportation too.

-Ms. Allen: was wondering if we ever got an update on student mental health after Covid. I know we are almost at the end of the school year but there is a whole lot of behavioral issues now and I wonder if that is tied into what happened with Covid. What are the mental health statistics looking like?

-Dr. Tran: said she thinks that was one of the issues the Board was concerned about because of the pandemic. I think that we can brainstorm today about the ways we can understand and get this information. I think it's not readily available.

-Mr. Dennis: said his team was interested in the data surrounding mental health. We have program about mental health with three municipalities so if the Board wants to look at a specific issue on mental health as a whole, we can look at that data, but we can also invite a program that works around mental health in

Worcester and the program lead can talk about some of the issues that they have been seeing in the past three years.

-Dr. Tran: said that would be wonderful to have someone from that program come and give an update. One of the data that would be helpful is how many kids are seeking mental health services, suicide rates, and suicide attempt rates? Emergency mental health and if you have the ability to get that information because I know a lot of that information is protected.

-Mr. Dennis: said that the Youth Mental Health Survey could be very helpful and is one person we could bring. We also get grant from the Bureau of Social Services and can get the data they provide to us about some of the initiative we are taking part in.

-Ms. Nixon: said we have data on youth self-reported mental health measure that are taken from the CDC but that was administered in 2021. We readminister the surveys in the fall.

-Ms. Allen: said a lot of people end up in the emergency room because they don't have access to behavioral health services. A lot of services were closed or not taking in-person (only do telehealth) which is very limiting for access. Parents were having to deal with children at home that were having mental health issues and bring them to the emergency department where they sit for day or weeks on end.

-Dr. Castiel: said she thinks about a week and half two weeks ago there was a mental health forum at City Hall, and they brought Annie Azarloza who is an administrator at the public schools and I would suggest having someone like her come and tell us what they are doing and seeing there and she has a lot of information about what is happening in the school and that may be a way to understand more about what is happening there.

-Dr. Tran: said that would be wonderful and asks if DPH Staff can reach out to her.

-Mr. Rosen: said he has nothing specific to add but wonders if it would make any sense if we had a high school student representative to work with us on this board. I know that school committees years ago always had that. They would have to be a student and they probably wouldn't have voting power, but they would have to be appointed by the City Manager like we were. I just think it would be nice to have a student representative who could maybe go back to the school and talk about some of the issue we have and maybe fill us in because most of us probably aren't tuned into the lives of high school students. That would be one suggestion if everyone supported it and I'm sure the City Manager would be glad to appoint someone.

-Dr. Tran: really likes the idea of involving our youth in this discussion and if a high school student from any school in the district would want to share their experience during the pandemic that would be wonderful. I am not sure about logistics.

-Ms. Anthes: thinks that the superintendent has a student advisory committee and maybe that one place to get a group of kids that are used to speaking up. We would have to find out how the kids are doing as the school year ends. Students may feel behind because doing class on zoom was hard for them and now, they feel like they can't keep up in the next class which can become a mental health issue. I think Dr. Castiel's suggestion of having the representative from WPS is great in addition to looking into speaking to students.

-Ms. Anthes: asked about the kids but would also like an update about medically supervised drug site. Now she is wondering what happened to all the people at Community Healthlink which stopped taking

patients a month ago. Where are those folks and how are they? Maybe everyone is okay or are there a bunch of people falling through the cracks and we have been paying any attention to them.

-Dr. Tran: would like us to find out where some of the patients from CHL have gone and make sure they are still getting access to care. Is there a different facility that has taken their patients?

-Dr. Castiel: said all of the detox units for CHL are closed and they are having weekly meetings with them. We cannot lose CHL as that would be a huge deficit for us, so we really need to be able to have it otherwise we are looking to go to Westborough. There are just a few places that people can go, and I do believe that has been a huge lose for us, so we need to get that up and running as soon as possible. We are having conversation with UMASS and are working in that direction, so I think we are all looking for that. Dr. Castiel asked what the other questions were brought up.

-Dr. Tran: asked if she knows what happened to patients that were using CHL?

-Dr. Castiel: said that question that for when they have their outreach and the hub in the city. They are going to Westborough, Spectrum, Washburn House, AdCare. It's tough to get a bed so it's hurting us, and we do need to have it up and running. People are trying to figure out those steps and hoping that it comes back quickly.

-Dr. Tran: said, "You may not know the answer to this but what will it take to get those services back?"

-Dr. Castiel: said that it's meeting the requirements of what the Bureau of Substance Abuse said that they needed to fix so that what CHL and UMASS are working together to meeting their asks of issues they thought were going on at CHL.

-Ms. Anthes: asked if Dr. Castiel can give an update at the next meeting and Dr. Castiel says yes.

### ***Next Meeting Date and Topics***

-Dr. Tran: said most of what was said is what she thought including the CHIP which is a wonderful plan. Initially when I joined the Board, I thought that maybe we can take each component about the CHIP and use that as a general guide in terms of what we should focus on.

### **For the next meeting on July 17th:**

- Final Tobacco Document review and vote
- Community HealthLink Update
- Mental Health Post-Covid

All Board Members voted Yes for next meeting to be held on July 17<sup>th</sup>.

### ***Adjourn***