



**Worcester Board of Health
Meeting Minutes
Meeting Held via WebEx
Monday, May 15, 2023**

Welcome and Introductions

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

Staff Present: Matilde ‘Mattie’ Castiel, MD, Commissioner of HHS; Zachary Dyer, M, PhD, Deputy Commissioner of HHS; Nikki Nixon, Chief of Data, Research, and Epidemiology; Jennifer Nakijoba, Behavioral Health Manager; Cherry Tangri, Tobacco Prevention Specialist

Guests Present:

Ms. Anita Ms. Basirat, Ms. Allen, Dr. Genna, Courtney Pelley

Khanh-Van Tran initiates the meeting by opening up the floor to Anita for a presentation

Presentation on the Fluoridation of the Worcester water system

Ms. Anita presents with slides

-Ms. Anita and Ms. Basirat begin the presentation by disclosing:
“We have no actual or potential conflict of interest in relation to this program/presentation.”

-Ms. Anita then goes to define fluoride as:

- A trace mineral naturally occurring in small amounts in a variety of foods.
- Mineral fluoride naturally occurs on Earth and regularly weathers into soil, water, and air.

Why should this issue be in high regard?

-Ms. Anita then affirms the importance of why this topic should be spoken of by relaying the following statistics:

- Cavities are formed by sugar and bacteria, which when combined form an acid that dissolves teeth.
- Increased risk of death, poor overall health, and decreased quality of life are all associated with Oral disease.
- Patients with other comorbidities are negatively impacted as well.
- It can hinder the ability to eat
- It can also impact the ability to retaining work, going out in public, and maintaining self esteem

The fluoridation of water and what that entails

-Ms. Anita states that the fluoridation of water has shown to strengthen tooth health and reduce cavities (25% reduction rate in children and adults)

-Ms. Anita then continues with:

- Fluoridation of water in communities has also saved money for families and for the U.S. healthcare system

-Ms. Anita then defines fluoridation in water as:

- Constantly occurring in water, although the amount may vary
- Water fluoridation is defined as “The controlled adjustment of fluoride to 0.7 mg/L to prevent tooth decay.”
- There are three fluoride additives regulated by EPA
 1. Fluor silicic acid:
 2. Sodium fluorosilicate
 3. Sodium fluoride
- Fluoride additives are used by water treatment plants, and are strictly held to a system of standards testing, and certificates by AWAA and NSF International

-Ms. Basirat then follows by stating:

- 73% of the US population has access to fluoridated water
- In MA, 74% of the state is fluoridated, with most of this occurring around Boston
- Such as Worcester, Springfield, Brockton and Chicopee.
- Worcester has voted on the inclusion of fluoride in their water four times, which much of the pushback coming back from one of three main claims
 1. Fluoride inclusion will cause Dental Fluorosis- spotting of the teeth
 2. Fluoride inclusion will cause Osteosarcoma- a bone cancer
 3. Low voter turnout- the ones who need fluoride the most are also the ones showing to vote the least
- Benefits of fluoride inclusion are
 1. Massive return on investment- for every \$1 spent on the fluoridation of water saves \$38 dollars in dental treatment
 2. A decrease in tooth decay

(This was the end of their slideshow presentation)

-Dr. Tran then requests to review the slide of the areas that are not fluoridated in Worcester

-Dr. Tran then opens up the floor for comments, starting with Mr. Rosen

-Mr. Rosen is unsure of the data provided regarding the years in which Worcester voted on water fluoridation; despite that, he does agree that the turndown of water fluoridation does have something to do with low voter turnout.

- Mr. Rosen who has been city Council from 1956 and 1963, speaking about their decision to not fluoridate their water in addition to the most recent voting.
- Mr. Rosen also states that he believes something should be done in regard to preventing tooth decay, especially in children, and that fluoridation is one method in which this could be mitigated.

- Mr. Rosen is weary about the effect that fluoride may have on the teeth of adults, unsure of the effectiveness of the treatment.
- Mr. Rosen refers to European countries who have chosen not to fluoridate their water, and due to this, there should be more scrutiny when regarding the fluoridation of water, especially with adults.
- Mr. Rosen also argues that due to the fact that not all children may drink tap water, there is no accurate way to ensure that children get their recommended dose of fluoride daily for tooth strengthening.
- Mr. Rosen opines that the Worcester population should not be fully medicated if only a fraction of the population actually needs the inclusion of fluoride.

-In the interest of time, Dr. Tran opens the floor to the other members to voice their opinions.

-Ms. Anthes, speaking from experience in a community house center, describes numerous examples of people with extremely poor dental health, including both children and adults.

- Ms. Anthes, believes that this is a serious issue, which is only being resolved with ineffective solutions.
- Ms. Anthes is for the fluoridation of water and has had previous experiences campaigning for such issues.
- Ms. Anthes then asked Mr. Rosin for more information regarding the list of European countries who chose not to fluoridate their water.
 - Asking why they chose not to and in regard to the commonwealth of MA, what is the cavity rate in children in places that do not fluoridate their water with respect to places that do.
 - Ms. Anthes believes that in regard to public health, it is better to look past where we are now and look forward to better the health of the general population.
 - Ms. Anthes believes that the general population is poor in dental health and that despite being biased, she is open to data refuting the benefits of fluoridation.

-Dr. Tran is appreciative of the civil discourse, acknowledging the points that both Mr. Rosen and Ms. Anthes made.

- Dr. Tran was wondering if the staff could find data on cavities in the city of Holden, as they chose to fluoridate their water.
- Dr. Tran asked to hear the voice from all the residents and if there were any who could speak on the education provided for children in the school system on dental health (*No response*)
- Dr. Tran then asked if there was any effort put forward a new vote on water fluoridation (*No response*)

-Ms. Anthes was wondering about the definition of what is “partial fluoridation”

- This was answered by Ms. Anita and Ms. Bisirat, who stated that this is when certain neighborhoods and communities may receive fluoridated water when others do not.
- This can also be determined based on placement of a water treatment plant in respect to the residence of the community

-Dr. Dyer added on stating there were specifically 180 homes receiving fluoridated water in Holden

-Dr. Tran then asked Mr. Rosen if he has any final remarks

-Mr. Rosen then asked Dr. Dyer that due to the small number of homes that are fluoridated, was there any way in which accurate data could be extrapolated from that data set.

-Dr. Dyer affirmed that due to the small data set, there was no accurate way to create an analysis of whatever findings that may come, although it would be an interesting study to conduct with a larger data set

-Mr. Rosen then proceeded to state again that fluoridation is good, although there are other methods to give fluoride to children that do not involve including fluoride in the water system. Although he is open to being convinced otherwise.

-Dr. Tran opens the floor up to Ms. Anthes for a final remark

-Ms. Anthes then asks the nurse practitioner if there was any data available on hand that could mitigate the notion that fluoride may have an adverse effect on adults and the elderly.

-Ms. Anita responds saying that will be covered in their future presentation

-Dr. Tran affirms that will be covered in the future, then proceeded to ask if Ms. Allen had any opinions on the fluoridation of the water system in Worcester

-Ms. Allen, like Ms. Anthes, was wondering if there was any data that could be provided to show the impact of fluoridation in adults and the elderly comparative to that of children.

-Dr. Tran chooses to move the discussion from Worcester water fluoridation to that of the Tobacco Retail Cap and the Smoking Bar Cap

Tobacco Retail Cap

-Dr. Tran recaps the last discussion of the Tobacco Retail Cap, stating that the board would rewrite the language of the amendment to remove the clause that states that they are able to retire previous licenses, and they would implement the rule that a new smoking bar will not be within 500 feet of a school or another retailer. This was to be written, prepared as an amendment in writing, presented to the board, and then a community meeting would be held.

-Dr. Dyer affirmed most of what Dr. Tran stated but added that the advance cap language would be kept and that nothing was taken out and so when it was time to vote, it would be a simple yes or no vote on what was presented.

-Dr. Tran hoped to be able to vote on what was previously stated and opened the floor up to the board for any comments, giving the floor to Ms. Athens first.

-Ms. Anthes was unsure about what exactly was being voted on and so asked what was being voted on.

-Dr. Tran responded, saying that this was not a vote but rather a written statement on what was being voted on.

-Ms. Anthes then asked in the written statement had been drafted yet, to which Ms. Cherry stated that a draft had in fact been sent seven days in advance

-Dr. Tran then asked Mr. Rosen and Ms. Allen if they had received an updated draft from the previous meeting

-Mr. Dyer stated that the draft policy had been annotated to show anything that would be up for a vote

-Mr. Rosen supports the clause that states if a business has a change of ownership, that if they apply within 60 days, the permit can be sustained for that business.

-Ms. Allen then asked if the information regarding the demographic distribution of licenses had been found yet.

-Dr. Dyer shared the information with Ms. Allen

-Ms. Anthes notes that many of the licenses have been concentrated in more low-income areas

-Ms. Allen asks if there was any way to limit the number of licenses concentrated into a low-income area

-Dr. Tran affirms that there are ways to limit the number of retailers located in low-income areas, and this was through the clause they were going to implement that stated that there should not be a retailer within 500 feet of a school or another retailer. This is to limit the density

-Dr. Tran feels comfortable with voting during the next meeting

-Ms. Anthes was wondering that due to the additional language, should it be shared with the public prior to the next vote

-Dr. Dyer states that a public hearing is optional

-Dr. Tran believes that due to the impact that this would have on many people, the best course of action is to publish, hold a public forum, then vote during the next meeting

-Ms. Cherry states that a public hearing requires a code, and that in Worcester it must be published for 10 consecutive days prior to any public hearing

-Dr. Tran is open to pushing the vote for two meeting back, and agrees that it is important to get the voice of the public

-Ms. Cherry adds that there is nothing but positive feedback from retailers as this clause provides benefits such as keeping competition low.

-Dr. Tran proposes that July will be the next time that a vote may be proposed

-Dr. Tran then introduces Ms. Pelley and Dr. Genna as they have a presentation on the dental services they provide for the city of Worcester

-Dr. Tran then opens the floor for them

(With slides)

-Dr. Genna describes the Kennedy Community Health Staff:

- 73% of their staff speaks 31 languages, representing 34 ethnic groups
- 27% speak three or more languages
- The biggest cultural groups are Spanish and Portuguese
- There are 31,356 patients in total
- 84 languages spoken amongst those
- Hispanic or Latino make up 18,122 patients
- Non-Hispanics or Latino makeup 12,923 patients (with 311 who chose not to report)
- In 2022, there were 25,901, it is believed that post COVID-19 a rebound is becoming noticeable
- A vast majority of their patients are on Mass health, with almost a third being uninsured
- Most patients fall within the 41-65 age group, with the rest being pretty evenly distributed
- The services provided are comprehensive cares such as:
 - Hygiene/ Cleaning
 - Fillings
 - Oral Surgery
 - Endodontics
 - Fixed crown and bridge
 - Removable prosthetics
- They are one of the few health centers with an in-house laboratory, the laboratory mostly focuses on removable prosthetics, and currently they have four technicians and one coordinator
- There are operational sites at Worcester and Framingham, with Milford on the way. Worcester increased the number of treatment rooms
- Their staff consists of 13 dentists, two dental residents, five hygienists, 18 dental assistants, and four lab technicians. In addition, there is also 11 receptionists amongst the two sites
- There are two dental call representatives, who are tasked with answering the 1600-1700 calls that come in every month solely in the dental department
- There are four health centers throughout two elementary and two high schools

- They provide cleaning, therapies, and sealants
- In the future, they hope to provide radiographs and have restorative care in schools
- For those without dental insurance, or for procedures not covered by insurance, there is a sliding fee
 - <100%= Nominal fee
 - 101%-133%=40%
 - 134%-166%=50%
 - 167%-200%=60%

- Some challenges they face is Oral health literacy as it is typically low in many populations
- People are more reactive than proactive, waiting for the issue to come to a head rather than preventing it from happening at all
- The urgent care aspect exceeds the follow up care
- Another issue is when appointments are set up, but the no show rate remains high
- There is a workforce shortage
- There are very long waitlists
- There is no wait for urgent care, and there are about 5 urgent care cases per day

-Dr. Genna then provides slides in which they display the work done on people's teeth

(This ends the presentation)

-Dr. Tran opens the floor to the board members, asking Mr. Rosen to start with remarks

-Mr. Rosen starts by asking if Dr. Genna would offer fluoride pills for their children?

-Dr. Genna states that he does, but it can be challenging as parents may oppose this due to a stigma around fluoride with children. Dr. Genna also states that when children are younger is the best time to provide fluoride for bone health, and it is really important, so he advocates it.

-Mr. Rosen then asked if Dr. Genna recommends fluoride for the 41-65 age group

-Dr. Genna says that he recommends fluoride rinse, but not much of a systemic treatment

-Dr. Tran then offered the floor for Ms. Allen

-Ms. Allen asked which students were chosen for fluoride treatment and how does he educate the children and parents in regard to using fluoride topically

-Dr. Genna says that since fluoride is required to have a prescription, they send a consent form out to parents, and once that is signed and read over, they treat their children accordingly to their age group

-Ms. Allen then asked what percentage of parents allow their children to do the fluoride treatment

-Dr.Genns responded saying everyone who signed up gets the fluoride treatment and that in particular around 40% of a particular class have signed up for dental treatment

-Dr.Tran asked Dr.Genna how could they improve access to treatment and are there any efforts to target the homeless population, as their group has a high rate of oral health issues

-Dr. Genna says that there are no mobile services specifically for the homeless, but he partners with groups who go out and can bring people back to their site for follow up care

-Dr. Genna says as for improving access, they have no specific method of promoting themselves, but rather word of mouth how the service gets spread, their open-door policy also allows for easy access to everyone who hears about the services provided

-Dr. Tran then specifies the question to ask whether he thinks the wait time of 6 months would be appropriate

-Dr. Genna responds by saying that he hoped for different outreach programs or networks for people to continue to get checked on even after the appointment, and that he believes the issue is more driven with people not maintaining their hygiene after appointments, rather than the six months span itself, although he does state six months is much too long a wait.

-Dr. Tran then opens the floor up for others to input their opinions
(No response)

-Dr. Tran then asks Dr. Castiel specifically for her opinions regarding the oral health of the homeless population

-Dr. Castiel states:

I think that dental service is needed for the population, and certainly it is an issue, and with lack of dental care it can be difficult to find a job and so there are lots of things that can inhibit their progress.

-Dr. Tran then asked that for the population that is underinsured or that are on MassHealth, what would Dr. Genna recommend

-Dr. Genna states he sees many children who have MassHealth and even though he may not partner directly with other clinics they will refer them to clinics that do take that insurance, granted the follow the stipulations such as they have had a cleaning in the last six months or that they should be up to date on x-rays. This is requirement but is beneficial for all parties involved

-Dr. Tran then asked if those services were available online or could they go to the center

-Dr. Genna says every quarter many offices visit them to check in and they help accommodate their patients

-Dr. Tran then asked for any final remarks, since there were none, Dr. Tran then asked for any topics for future meetings

-Dr. Tran then asked Ms. Allens for any topics for the upcoming meeting

-Dr. Allen said she would be interested in COVID-19 update

-Dr. Tran agrees, and asks Ms. Anthes for her input

-Ms. Anthes would like to have an update with how children are doing, as the school year is almost over, and this is the first “normal” school year. There are some concerns with both the education and mental health of the students

-Dr. Tran then asks Mr. Rosen for his input

-Mr. Rosen believes that an important topic is homelessness, and he suggests that it would be important to talk about permanent housing including housing opportunities for those who suffer from homelessness. Especially regarding when winter arrives and there are those who sleep outside in the cold. He also would like to discuss the issue with sweeping homeless encampments in both public and private places; he believes that these sweeps have solved nothing and have been unhelpful for both the city and the homeless. He believes that it is a political issue and that it causes more issues than it solves.

In addition, what is the impact of social media on the youth, as there have been instances of depression, anger, and suicide in relation to children who use social media.

-Dr. Tran agrees, and then asks Ms. Anthes for her input.

-Ms. Anthes was hoping for an update for the drug use sites in New York. Because when there are medically monitored drug use sites, there is a dramatic decrease in drug related deaths.

-Dr. Tram agrees that the topic of mental health is an important topic to speak about, especially in regard to the COVID-19 pandemic, and was wondering if that could be added to the roster of topics spoken of during the next meeting, as well as mental health in youth.

In addition, if every person could read the tobacco amendment and if necessary, clarification would be provided by the next meeting.

-Dr. Tran asks for any final remarks

-Ms. Cherry wanted to know the date for the public vote of tobacco

-Dr. Tran wondered if July 12th would be an appropriate date for a public hearing

-Ms. Anthes was busy that day

-Dr. Tran then proposed the 17th, and every member is available

-There was brief banter about Mr. Dyer going back to medical school, and for Ms. Allen graduating

-Ms. Allen may motioned to end the meeting

-Ms. Anthes 2nd the motion and close the meeting

End