Needham Board of Health

Needham Public Health
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AGENDA
Friday, May 8, 2015
7:00 a.m. – 9:00 a.m.

Charles River Room – Public Services Administration Building
500 Dedham Avenue, Needham MA 02492

- **7:00 to 7:05 - Review of Minutes**
- **7:05 to 7:10 - Director Report**
- **7:10 to 7:50 - Staff Reports**
  - **Environmental Health Agents Report**
  - **Traveling Meals Coordinator Report**
  - **Substance Abuse Prevention Coordinator Report**
  - **Public Health Coordinator Report**
  - **Public Health Nurses Report**
- **Bodyworks Regulations**
  - **Additional Feedback from MA DPH**
  - **DCJIS Model CORI Policy**
  - **Discussion**
- **Additional Items for Discussion**
  - **Food Inspections & Permitting Fees**
  - **Concussion Prevention, Education, and Training Regulations**
- **Brief Items of Interest**
  - **Growth of e-Cigarette Usage Nationally**
  - **Lyme Disease and State Resources**
  - **Concerns about Norfolk County Mosquito Control District Aerial Spraying**
  - **MWRA Water Fluoridation Change**
- **Next Meeting Scheduled for June 12, 2015**
- **Adjournment**

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NEEDHAM BOARD OF HEALTH
April 10, 2015
MINUTES

PRESENT:	**Jane Fogg, M.D., Chair, Stephen Epstein, M.D. Vice-Chair, Edward V. Cosgrove, and Ph.D.**
STAFF:	**Timothy McDonald, Director, Donna Carmichael, Anne Clark, Tara Gurge, Maryanne Dinell, Alison Paquette, Carol Read**
CONVENE:	**7:00 a.m. – Public Services Administration Building (PSAB), 500 Dedham Avenue, Needham MA 02492**

DISCUSSION:

I. Call To Order – 7:10 a.m. – Dr. Fogg

II. Approve Minutes:
Upon motion duly made and seconded, the minutes of the BOH meeting of March 13, 2015 were approved as submitted. The motion carried. Unanimous vote.

III. Director's Report – Timothy McDonald
Mr. McDonald presented a brief update on recent administrative activities including, submission of the Drug Free Communities (DFC) grant. Mr. McDonald noted the Town received a formal acknowledgment of its application from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) on April 8, 2015.

Mr. McDonald reported that the Needham Public Health Department hosted a conference for Medical Reserve Corps volunteers from throughout public health region 4B on Saturday March 14th at Olin College. Mr. McDonald stated that volunteers came from Needham, Newton, Brookline, Cambridge, Westwood, Winthrop, Hanover, Hingham, and 19 other communities for a day of presentations and training. The keynote speaker was John C Welch from Partners in Health, who spoke about PIH's Ebola response and public health prevention efforts in Liberia and Sierra Leone. Morning and afternoon training sessions included CPR and First Aid, Sheltering Operations, Suicide Prevention (QPR), Search & Rescue, and Fire Prevention. Nearly 100 health volunteers attended the event.

Mr. McDonald stated that he and the Public Health Department staff provided extensive assistance to Jamie Brenner Gutner, Executive Director for The Center at The

Heights on the creation of a concept paper for an Access to Care grant for older adults.

IV. Staff Reports

- **Environmental Health Agents Report - Tara Gurge**

  The Environment Health Report included an update on the Animal Permit Plan Review that was conducted for, #945 Central Ave., to keep 4 chickens on site. Ms. Gurge noted that approval is pending and is in the process of setting up a site visit to measure setback distances to property lines.

  The Environmental Health Report also included an update on Stonehearth Pizza, which is out of business. In its location is Hearth Pizzeria, which has been issued a new food establishment permit.

  The Environmental Health Report continued with an update on a food complaint for Not Your Average Joe's relative to a report received of an active roof leak on site. Ms. Gurge reported that 2 Site visits were conducted, and she has met with the store manager about the complaint and is monitoring the situation for containment of leaks on site, as well as on-going snow removal. Ms. Gurge noted that the roof is scheduled to be replaced.

  The report continued with a summary on communication to Needham Farmer's Market contacts. A 2015 Farmers Market Rules and Regulations and up-to-date application is available to food vendors.

  An update on Food Plan Reviews was presented. Ms. Gurge stated that a new kitchen plan review is in progress for Trip Advisor. A pre-operation inspection has been conducted. Follow-up inspections are scheduled. Ms. Gurge also reported that a Food Plan Review for New Garden (#40 Chestnut Place), is still in plan review process.

  Ms. Gurge continued with an update on a Housing Complaint for #28 Evans Rd., Unit #2. Ms. Gurge reported that the tenant requested an inspection of her unit regarding items that do not meet the MA Housing Code requirements. Ms. Gurge reported that a housing inspection was conducted with the Building Dept. An order letter has been sent to the landlord. A follow-up inspection is pending.

Ms. Gurge spoke about the waste hauler truck inspection/permit process for waste haulers. Ms. Gurge stated that the process is going well, and that all drivers have expressed good will for the process. Ms. Gurge gave a summary on the details of a truck inspection.

Ms. Gurge gave an update on #992 Great Plain Avenue relative to water leaking into the building. Ms. Gurge stated that two site visits with the building department were conducted. Ms. Gurge also shared that additional site visits were conducted for the Masala Art restaurant and they will receive weekly updates on the status of roof and interior repairs. Ms. Gurge also gave an update on Septic System Inspections. Ms. Gurge stated that #23 Cheney Street is all set and #165 Pine Grove Street failed. The owner is in the process of tying into municipal sewer system.

Ms. Gurge reported that tobacco compliance check letters have gone out to vendors. Ms. Gurge noted that the town would conduct alcohol compliance checks.

Mr. McDonald stated Ms. Gurge took the lead on applying for a grant from the Mass Department of Public Health that, if successful the grant would secure the services of a graduate student intern to assist with food permits for the Farmers' Market.

- **Traveling Meals Coordinator Report - Maryanne Dinell**

  Ms. Dinell presented an update on meal deliveries. Ms. Dinell reported that the Volunteer Appreciation Luncheon would take place on Tuesday, April 28th at the Needham Public Library.

  Ms. Dinell reported on a small incident that occurred with Traveling Meals. Ms. Dinell stated that she received a telephone call from the nutritionist informing her that the sell-by date on the milk cartons had expired. Ms. Dinell contacted all clients to not drink the milk: no one drank the milk, and all the milk was replaced.

- **Substance Abuse Prevention Coordinator – Carol Read**

  Ms. Read spoke about posters on preventing or responding to an overdose that would be posted in restrooms of Needham retail stores from Dr. Alex Waley. Ms. Read stated that the Needham Fire Department and the Needham Police would give data on the number of Narcan saves to Needham Public Health

Department. Total number of saves reported since July 11, 2014 is 11 saves.

Ms. Read noted that the Drug Free Communities (DFC) grant has been filed and the BSAS grant award announcement will be published soon.

Ms. Read reported that she is working with Dan Gutekanst Superintendent and Mary Lammi, Student Support Services as a follow- up to NCYSAP Leadership Team meeting content and NPS next steps regarding health curriculum.

- **Public Health Nurses Report – Donna Carmichael and Alison Paquette**

  Ms. Carmichael presented a brief report on communicable diseases and animal bites as well as an udpate on assistance programs.

  Ms. Carmichael reported that the Needham Public Health Department would not receive Adult Flu Vaccine next year from the state, but that she would continue to purchase the vaccine for adults. Ms. Carmichael noted that the numbers of person getting a flu shot are going down.

  Dr. Cosgrove stated that Jamie Brenner Gutner, Executive Director of The Center at The Heights has expressed her appreciation at a recent Council on Aging Board meeting for the tremendous support from the Public Health Department with the Concept Paper and grant.

- **Public Health Program Coordinator Report – Anne Clark**

  Ms. Clark reported that in March, she worked on the following projects: Communication and media outreach, DVAC, Region 4B/ MRC annual meeting preparation and attendance, as well as drafting and researching Body Work regulations.

V. Concussion Prevention, Education, and Training Regulations

- **Update re: Funding Application for MetroWest Health Foundation Grant**

  Mr. McDonald stated that he is working on the MetroWest Health Grant, which is due today, April 10, 2015. Mr. McDonald stated that the application addresses a database system to track user trainings.

He will know mid May, funding would start in June. Mr. McDonald stated that it would be a great model for other Health Departments to follow. Great model if the town takes on the technical aspect.

The conversation veered to a discussion on the approved zoning change by the Planning Board for a Marijuana Dispensary in the northern part of town near route 128. Dr. Cosgrove stated that the Board has consistently asked for a buffer zone outside of 500ft buffer. A general discussion followed on buffer zone and protecting children. Mr. McDonald will get maps that show 500ft for everthing, comparing it to what the Board is proposing versus what the Planning Board is proposing.

V. Bodyworks Regulations

The discussion began with a recap on best practices and the draft regulations. The Needham Police Department is supportive of Board's questions on CORI's. The Needham Police Department can't do the CORI check on Body Works employees and noted that the Health Department could be trained to do CORI's or applicants could do CORI's on themselves and report to the Public Health Department. A general discussion followed.

The consensus of the Board is to not do the CORI. The Board has concerns about running CORIs. The town would need to figure out how to do it. The Board would stick to Health issues with the organization, including annual exams, immunization and communicable diseases. A general discussion followed on hours of operation, which is overseen by the Planning Board. Body Works shall refer to the practice of… and the word reflexology should not be included in the business name.

VII. Additional Items for Discussion

- **Study of Ultrafine Particles and Health Effects Near Highways**

Dr. Cosgrove stated that he participated in a conference call regarding the findings of ultrafine particles and health effects near highways. Dr. Cosgrove stated that the research looks promising but is not enough to force housing court to prohibit construction. Dr. Cosgrove stated that it is important to communicate the long term health risk so that the developer understands the position of the Needham

Public Health Department. Dr. Cosgrove stated that liability to the town could come later but knowing what we know about ultra fine particles and taking a firm statement on the matter could avert a lawsuit against the town. A general conversation then followed on disclosure and enforcement.

- **Norfolk County Mosquito Control District Aerial Spraying**
  Mr. McDonald stated that the Norfolk County Mosquito Control would conduct aerial spraying mid April. Notices have been posted.

- **Food Inspections & Permitting Discussion**
  Ms. Gurge shared an update on inspections and permitting for a full service kitchen at North Hill. Ms. Gurge noted that this is a large facility that must have specific equipment. Ms. Gurge also noted that larger establishments like North Hill and Trip Advisor take a day or two to inspect. A general discussion followed on fees. Mr. McDonald would speak with Kate Fitzpatrick about additional funds for inspecting larger establishments. He would bring a proposal to the Board for their review.

  Ms. Gurge stated that a Smog-Hog Mist Collection Unit must be installed on the roof of the Bertucci's Italian Restaurant. Bertucci's is questioning whether or not the actually need to a Smog-Hog unit and may need to come before the Board regarding this matter. Ms. Gurge presented background information and noted her conversations with New Garden on some type of abatement system should the Public Health Department receive complaints on odors.

  The Board agreed the next Board of Health meeting will be on May 8, 2015.

Upon motion duly made and seconded the Board would continue with having Dr. Fogg has Chairman of the Needham Board of Health for one more month. The motion carried. Unanimous vote.

Adjournment

Upon motion duly made and seconded, that the April 10, 2015 BOH meeting adjourn at 9:10 a.m. The motion carried. Unanimous vote.

NEEDHAM PUBLIC HEALTH

Needham Public Health
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Director's Report

To: Needham Board of Health
From: Timothy Muir McDonald, Public Health Director
Date: May 4, 2015
Re: Monthly Report for April 2015

The month of April focused mostly upon preparation for Town Meeting, research and revisions to proposed regulations (Concussions and Bodywork), and applications in response to small funding opportunities. Some highlights from the month include:

DPH Mini-Grant

On April 8th, the Needham Public Health Department submitted an application for a Medical Waste/Sharps Disposal Mini-Grant from the Massachusetts Department of Public Health. Donna and I wrote the simple grant application and we discussed the idea with staff from the RTS and from DPW. Needham's proposal was for $1,315 with a Town match of $500 to fund a replacement sharps disposal kiosk.

The kiosk intended for purchase will have a wide-mouth opening that is able to accommodate larger containers. The current older kiosk has a small mouth opening that cannot accommodate large containers. While both the Public Health Department and the RTS staff strongly recommend to all residents that sharps be properly disposed in the red biohazard containers, many residents do not want to purchase those containers and they "drop off" their sharps in taped laundry detergent bottles. These bottles are too large to fit through the opening of the existing Sharps Disposal Kiosk, which leads to a proliferation of jury-rigged containers around the base of the Kiosk until the monthly disposal pickup. The current situation is not safe for town residents, nor for the employees and staff members who work at the RTS. A larger, more visible Sharps Disposal Kiosk will allow for safer disposal of needles and syringes for town residents, and will not present a safety risk to RTS workers and staff members on duty.

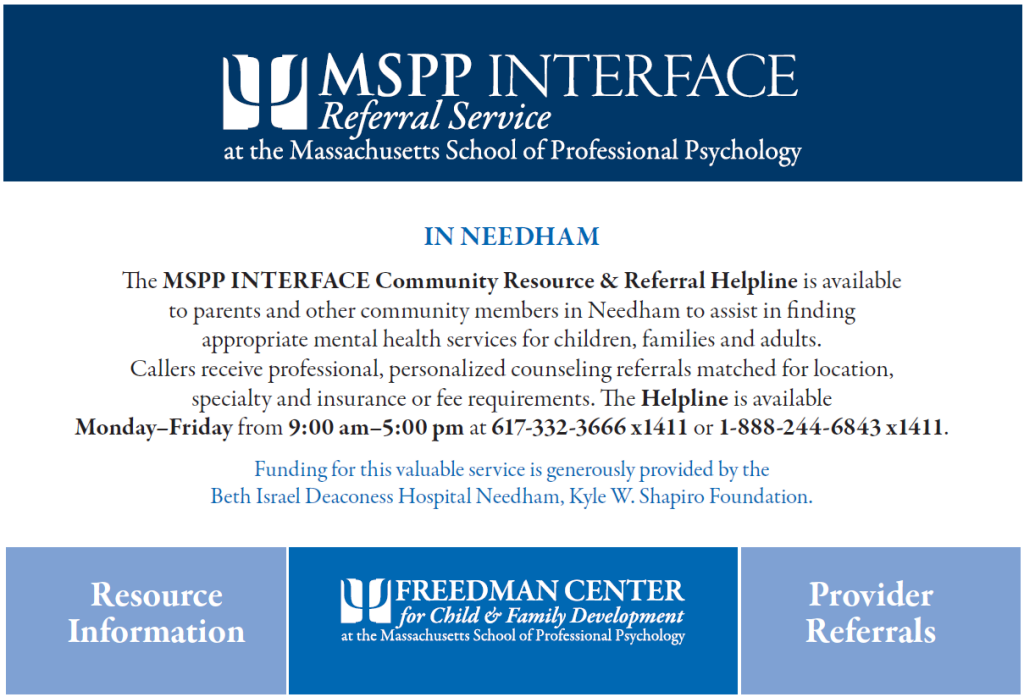
CADCA Community Forum

Based upon the strength of the Needham Coalition for Youth Substance Abuse Prevention (NCYSAP), the Town of Needham was chosen by CADCA, the Community Anti-Drug Coalitions of America, to ***host one of four community forums across the nation*** with the goal of highlighting the work underway at the federal, state, and local levels to impact prescription drug abuse and the opioid addiction epidemic.

The keynote speaker at the community forum will be Dr. John Kelly from the Mass General Hospital's Recovery Research Institute and Director of the hospital's Addiction Recovery Management Services (ARMS). Dr. Kelly agreed to keynote our event on June 11th to share his expertise on opiate abuse and addiction, treatment, and recovery. The event on June 11th will also include a panel discussion with a person in recovery, a community prevention specialist, and Dr. Kelly who will expand on evidence based medication–assisted treatment and the use of Narcan as a first aid tool to reverse overdose.

Project Interface

On Thursday April 30th, I met with Kathy Davidson (CNO) and Samantha Sherman (Chief Development Officer) from Beth Israel Deaconess Hospital Needham to discuss the hospital's previous five-year funding commitment to Project Interface and to request that the hospital renew its support as part of a multi-year commitment to Project Interface that will be split between the hospital and the Kyle W. Shapiro Foundation. The hospital did agree to continue its support of Interface, and I am working with them to generate a funding commitment letter. Here is some background information on the project:



Beginning in 2004, the Town of Needham was deeply impacted by four youth and four adult suicides in the span of 18 short months. The Needham Suicide Prevention Coalition (NCSP) was established in 2006 in response to these suicides, even as the town continued to experience traumatic losses over the subsequent years including the 2006 death of two teenagers in an alcohol-influenced car crash after a football game, and the later death of two parents who perished in a prominent drunk driving accident.

Following another incident of youth suicide, in 2009 the Town of Needham contracted with an innovative mental health program called MSPP INTERFACE Referral Service, which had just started in Newton. An initiative of the Massachusetts School of Professional Psychology, INTERFACE is a community service that provides personalized counseling referrals matched for location, specialty, and insurance or fee requirements. INTERFACE's ability to research and maintain up-to-date information about providers helps to break down the "silos" which exist within communities, and which can often hinder access to mental health and wellness services. In 2009 at the request of the Needham Public Health Department, **Beth Israel Deaconess-Needham Hospital** and the Kyle W. Shapiro Foundation partnered to support the costs of providing five-years of INTERFACE referral service to address the mental health and substance abuse service needs in the community.

Mental health and substance abuse services were identified in Beth Israel Deaconess-Needham's 2013 Community Health Assessment as "as the most pressing health concerns in the region, with insufficient services to meet the growing need". That report indicated that in addition to the limited number of services, the "stigma associated with mental health and substance abuse" was identified as a barrier to individuals seeking those services. INTERFACE, as a private phone referral service, discreetly provides information

for all callers which in 2014 included parents/guardians, school teachers and guidance counselors, mental health providers, and others.

Callers

Parent/Guardian	74
School Staff	9
Individual who needs Help (calling for self)	19
Mental Health Provider	5
Other	11

Many of the callers found out about Project INTERFACE and the services available from school staff (teachers and guidance counselors), from their primary care physician, or from a mental health provider. In calendar year 2014, INTERFACE provided 118 referrals to counseling services for a range of conditions including anxiety, depression, eating disorders, postpartum depression, self-injury, stress, substance abuse, and suicidal ideations. And just as mental health disorders and substance abuse needs do not observe socio-economic, geographic, or ethnic boundaries, so too do they span the age spectrum. In 2014, the 118 referrals came on behalf of the following patients.

Ages of Referrals

Preschool 0 to 5 years	1
Children 6 to 12 years	40
Children 13 to 17 years	45
Young Adults 18 to 24 years	10
Adults 25 to 60 years	14
Older Adults 60+ years	8

Sincerely,

Timothy Muir McDonald

Timothy Muir McDonald
Director of Public Health, Town of Needham

Needham Public Health Department
April 2015
Health Agents - Tara Gurge and Brian Flynn

Activities

Activity	*Notes*
Animal Permit Inspection	**1 – Animal Permit Inspection conducted for:** **- #945 Central Ave. – To keep 4 chickens on site. UPDATE: Follow-up inspection conducted. Final inspection pending.**
Animal Permit Plan Review (New)	**1 – New Animal Permit Plan Review conducted for:** **- #50 Richardson Dr. – Wants to start off by getting 4 chickens, and may want to get a variance to house additional chickens. Plan review still in process. (Her inspection is pending.)**
Bodywork Research/Draft Regulations	**On-going - Conducted research on current Bodywork regulations that are being enforced by other surrounding City/Town Health Departments. Draft regulations in process of being developed. UPDATE: Spoke to State Div. of Professional Licensure Investigator. (Will review at BOH meeting.)**
Demo review/approval	**9 - Demolition sign-offs (houses):** • **#97 Great Plain Ave** • **#41 Spring St.** • **#853 Greendale Ave.** • **#120 Jarvis Cir.** • **#83 Ardmore Rd.** • **#17 Ridgeway Ave.** • **#415 Warren St.** • **#945 Webster St.** • **#76 Brookline St.**
Needham Golf Club Plumbing Back-up Incident	**1 – Follow-up site visit (due to an incident) conducted at:** **- Needham Golf Club – Follow-up site visit conducted due to a plumbing back-up. Checked food storage areas, etc. , to ensure areas were cleaned and sanitized.**
Food – Bakers Best Grease	**Continued to monitor Baker's Best grease handling activities by reviewing copies of grease trap cleaning and grease barrel pick-up receipts. (Serviced every 3 weeks.)**
Food Service Updates	**3 – Food service updates:** **- Yo So Good – Out of Business.** **- WCVB/Lean Works – Food service company left site. Still looking for another food vendor to take over kitchen space. (Will fwd. new comp. info. once determine who will be taking over contract.)** **- General Dynamics Cafeteria – Building will be closing this fall for major renovations.**
Food – Complaint Update	**1 – Food Complaint update:** **- Not Your Average Joe's – Roof leak from ice dams. UPDATE: Exterior roof and interior water damaged areas in the process of being repaired. Will call me to conduct a final insp. once areas are repaired.**
Needham Farmers Market Vendors	**Still in process of reaching out to Needham Farmers Market contacts. Distributing Farmers Market Permit applications. Reviewing applications and collecting fees. (In process of contacting potential food vendors.)**
Farmers Market Permits	**2 – Farmers Market permits issued to:** **- FUNdamentally Nuts – Application received. Proposing to sell granola, spicy nuts, bread, etc. Permit issued.** **- Teri's Toffee Haus – Application received. Proposing to sell caramels, toffee w/ dark chocolate and nuts, etc.**

Food – Temp. Event Permits	**5 - Temporary Food Event Permits issued to:** **- St. Joseph's School – For 5th Grade Dance.** **- St. Joseph's School – For End of Yr. School Party.** **- Needham Women's Club – For Wine Tasting event @ Powers Hall.** **- Broadmeadow/Mitchell School PTCs – For Basketball game @ Needham High School.** **- Capt. Marden's Seafood truck – For Friday food vending at the #99 A Street site. (Town Selectmen Permit approval pending. Hearing scheduled on May 12th.)**
Food – Plan Reviews / Updates	**3 – Food Permit Plan Reviews conducted for:** **- Trip Advisor – Continued new kitchen plan review. Received additional plan review materials. UPDATE: Follow-up inspection conducted. Final inspection scheduled. (Planned opening date is mid-June.)** **- New Garden (#40 Chestnut Place) – Reviewed additional plan review items. Plan review comments sent. UPDATE: Received Plan Review comments. Looking to receive additional items to complete our review in order to issue our final plan approval.** **- French Press Bakery (#74 Chapel St.) – Reviewed plans. Comments sent. Still in plan review process. UPDATE: Additional Plan Review materials received. Plan approval issued.**
Health Matters Article	**1 – Health Matters article submitted to the Needham Times, Hometown Weekly, and the Needham Patch, entitled: 'Painting Your Home? Important Information You Should Know.'**
Housing – Complaint Follow-up/Update	**1 – Housing Complaint update:** **- #28 Evans Rd., Unit #2 – Tenant requested an inspection of her unit. She reported that there are some items in her unit that currently do not meet the MA Housing Code requirements. Housing inspection conducted with Building Dept. Order letter sent to landlord. UPDATE: Follow-up inspection conducted. Updated letter sent. (Still need Building/Zoning Dept. approvals.)**
MA DPH Intern	**Applied for and secured a BU Graduate Student that is getting her degree in Public Health to help work on a variety of Needham Health Dept. projects, including but not limited to the Needham Farmers Market. She will be joining us on May 20th and will be working until Aug. 20th. She will work 20 hours per week.**
Nuisance – Complaints	**4 – Nuisance Complaints received/Updates:** **- #992 Great Plain Ave. – Roof leak from ice dams. UPDATE: Exterior roof and interior water damaged areas in the process of being repaired. Will call me to conduct a final insp. the week of May 4th.** **- #18 Mellen St. – Report of an overflowing dumpster. Called Building Dept. since it's on-going construction. They spoke to builder about complaint. I spoke to Trash Hauler about complaint. Dumpster was serviced.** **- #31 Standish Rd. – Report of overflowing dumpsters at on-going construction site. Referred to Building Dept. Trash removed. UPDATE: Two dumpsters were present. Initially removed the smaller dumpster. The complainant called back to report that the larger dumpster was also overflowing. Building Dept. reminded builder to service both dumpsters.** **- #35 Longfellow Rd. – Report from abutter that this property was recently demolished and the builder never re-graded the property. There is now a pit on site that is holding water and is a potential safety hazard. Spoke to Building Dept. about concern. Site visit conducted. They spoke to builder. He removed water and filled in hole.**

Pool Permit Renewals	**Pool Permit renewal mailings sent for 4 Outdoor Pools:** - **Needham Pool & Racquet Club** - **Rosemary Ridge Condos** - **Charles River Landing** - **Rosemary Lake Pool** **Applications and fees being reviewed. Pool inspections pending.**
Pool Plan Review (Additional info. requested.)	**1 – Plan Review Request for:** **- Goldfish Swim School (to be located at #45 Fourth Ave.) – Additional proposed pool drainage plumbing plans requested. (Plan approval pending.) Pre-operation inspection to be scheduled next month.**
Septic – Addition to a Home on a Septic	**1 – Addition Plan Review conducted for:** **- #145 Brookside Rd. – Initial plans received. Comments made. (Updated plans pending.)**
Septic Soil Test Conducted	**1 – Soil/Perc Test conducted at:** **- #12 Brookside Rd. - Site Passed.**
Septic System Installer Exam	**1 – Septic System Installer Exam issued to:** **- Joseph Biotti - C.T. Construction, LLC. Passed.**
Septic System Installer Permit	**1 – Septic System Installer Permit issued to:** **- Joseph Biotti - C.T. Construction, LLC.**
Septic Trench Permit	**1 – Trench permit issued to:** **- Joseph Biotti - C.T. Construction, LLC. To conduct deep hole/soil testing over at #12 Brookside Rd.**
Special Permits	**1 – Special Permit Comment letter sent to Planning Board for:** - **Congregational Church & Temple Beth Shalom/Major Project Special Permit No. 2015-01.**

Trash Hauler truck Inspections Conducted/ Permits Issued	**8 – Trash/Waste Hauler permits issued to:** - **ABC Disposal** - **Waste Management** - **Casella** - **JRM Hauling** - **Roy's Recycling** - **All State Waste** - **Save That Stuff** - **Orifice**
Tobacco Complaint	**1 – Tobacco complaint received at:** **- #980 Great Plain Ave. (CVS) – Report from abutting restaurant about employees smoking right outside back door. Smoke is reportedly migrating into restaurant. Site visit conducted. Met with CVS manager about complaint. Reviewed regulation requirements and provided signage. Also spoke to CVS Corp. contact about complaint. They will set up an employee smoking area that is at least 20 feet away from door. (Still in process.)**
Well – Plan Review/ Approval to Drill	**1 – Irrigation well permit plan review/Approval to Drill letter issued for:** **- #92 Sutton Road – Approval to drill letter issued.**

Yearly

Category	*Jul*	*Au*	*S*	*O*	*N*	*D*	*J*	*F*	*M*	*A*	*Ma*	*Ju*	***Yly Tot***	***FY' 14***	***FY' 13***	*Notes/Follow-Up*
Biotech	0	1	0	0	0	2	0	0	0	0			2	1	1	Biotech permits
Bottling	0	0	1	0	0	0	0	0	0	0			1	3	2	Bottling Permit insp.
Demo	16	16	5	10	8	4	7	4	7	9			86	117	85	Demo reviews
Domestic Animal	1	0	0	0	0	1	0	0	0	0			2	14	12	Animal permits
Food Service	12	14	20	18	24	22	12	10	26	23			181	198	191	Routine insp.
Food Service	1	4	2	1	2	3	1	1	1	0			16	43	39	Pre-oper. Insp.
Retail	4	8	6	10	4	6	6	1	10	12			67	69	71	Routine insp.
Resid. kitchen	0	0	1	1	0	1	3	1	0	1			8	11	11	Routine insp.
Mobile	1	1	2	0	0	1	0	0	2	0			7	13	10	Routine insp.
Food Service	2	3	5	10	3	4	8	6	2	2			45	36	48	Re-insp.
Food Service/ Retail	1	2	3	1	1	153	1	1	1	0			164	166	157	Annual permits
Food Service	8/2	3/0	19/18	9/0	3/0	5/2	4/1	2/0	6/1	5/0			64/24	90/ 52	74/ 69	Temp. food permits/ Temp. food insp.
Food Service	0/0	2/0	0/0	3/0	0/0	0/0	0/0	0/0	1/0	2/0			8/0	12/ 18	11/ 8	Farmers Market permits/ Market insp.

Food Service	0/0	3/3	3/3	2/2	2/2	1/1	2/2	2/3	0/1	0/2			15/19	15/16	13/23	New Compl/ Follow-ups
Food Service	4	5	1	2	2	4	3	3	4	3			31	28	51	Plan Reviews
Food Service	0	0	0	0	0	0	0	0	0	0			0	1	0	Admin. Hearings
Grease/ Septage Haulers	0	0	0	0	0	21	4	0	0	0			25	26		Grease/ Septage Hauler permits
Housing (Chap II Housing)	0/0	0/0	7/0	0/4	0/0	0/0	0/0	0/0	0/0	0/0			7/4	7/0	7/0	Annual routine insp./ Follow-up insp.
Housing	0	0	1/0	0/0	1/2	1/1	3/3	2/2	0/1	0/1			8/10	3/5	6/8	New Compl./ Follow-ups
Hotel	0/0	0/0	0/0	0/0	2/0	0/0	0/0	0/0	0/0	0/0			2/0	12/0	6/0	Annual insp./Follow-ups
Nuisance	11/13	5/5	5/5	1/1	3/3	3/3	0/0	3/3	4/4	3/4			35/38	42/44	42/45	New Compl./ Follow-ups
Pools	0/0	0/0	0/0	0/0	3/0	1/0	0/0	1/0	0/0	0/0			5/0	10/2	10/5	Pool insp./follow-ups
Pools	0	0	0	0	0	4	0	0	0	0			4	9	11	Pool permits
Pools	0	0	0	0	1	1	1	1	1	1			6	1		Pool plan reviews
Pools	0	0	0	0	0	4	0	0	0	0			4	6	4	Pool variances
Septic	1	2	0	1	1	1	0	0	1	0			7	8	8	Septic Abandon Forms
Septic	1	1	1	1	0	0	1	0	0	1			6	1	4	Addition to a home on a septic plan rev/approval
Septic	4	5	0	0	0	0	0	0	5	0			14	23	33	Install. Insp.
Septic	0	2	0	0	0	0	0	0	0	0			2	0	1	COC for repairs
Septic	0	0	1	0	0	0	0	0	0	0			0	6	9	COC for complete septic system
Septic	5	6	7	5	5	4	3	5	4	4			48	63	67	Info. requests.
Septic	0	0	0	0	0	0	1	0	0	1			2	2	6	Soil/Perc Test.
Septic	1	2	0	0	0	0	0	0	1	0			4	5	8	Const. permits
Septic	1	0	0	0	0	7	1	0	0	1			10	9	12/22	Installer permits
Septic	1	0	0	0	1	2	1	0	0	1			6	5	6	Installer Tests
Septic	0	1	0	0	0	0	0	0	0	0			1	4	5	Deed Restrict.
Septic	1	1	1	0	0	0	2	1	0	0			6	14		Plan reviews

Sharps insp.	0	0	1	0	0	8	0	0	1	0			10	8	7	Disposal of Sharps insp.
Sharps permits	0	0	1	0	0	8	0	0	1	0			10	8	7	Disposal of Sharps permits
Subdivision	2/0	1/0	1/0	0/0	2/0	0/1	0/0	0/0	0/0	0/0			6/1	6/2	9/2	Plan review-Insp. of lots /Bond Releases
Special Permit memos	3	0	2	1	0	1	0	0	3	1			11			Special Permits
Tobacco	0	0	1	0	0	12	0	0	0	0			13	12	12	Tobacco permits
Tobacco	0/0	2/1	3/0	3/0	3/0	1/0	1/1	0/0	4/0	3/0			20/2	20/ 21	22/ 7	Routine insp./ Follow-up insp.
Tobacco	0	0	12	0	0	0	0	12	0	0			24	33	32	Compliance checks
Tobacco	0/0	0/0	0/0	0/0	1/1	0/0	1/1	0/0	0/0	1/1			3/3	2/2	4/3	New compl./ Compl. follow-ups
Trash Haulers/ Medical Waste Haulers	3/0	0/0	1/0	0/0	0/0	0/2	1/0	0/0	16/ 0	8/0			29/2	24/ 2		Trash Hauler permits/ Medical Waste Hauler permits
Well	4/0	0/0	0/0	1/1	2/0	2/0	1/0	0/0	0/0	1/0			11/1	5/8	6/3	Permission to drill letters/ Well permits

Meetings, Events, and Trainings

Title	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
Staff Lunch Meeting	Meeting	Met with staff to discuss on-going staff projects, etc.	**8**
Bodywork Regulations	Conf. Call with Anne	Had a conference call with State Div. of Professional Licensure Investigator to discuss Bodyworks regulation requirements (as they relate to their Massage Regulation requirements.)	**3**
Bodywork Meeting/Conf. Call	Meeting/ Conference call	Met with Tim, Donna and Anne to review Bodywork regulation requirements.	**4**
Meet with Tim	Meeting	Met with Tim to review housing complaint update and other updates.	**2**
BOH Meeting	Meeting	Meeting with BOH to review monthly activities.	**10**
Center 128	Meeting	NOTICE OF MEPA CONSULTATION SESSION EEA#15233 Center 128 – Met with developer to review potential environmental impact concerns, and also gave them a copy of Food Permit and Pool Permit applications.	**20**
Staff Meeting	Meeting	Met with staff to discuss on-going staff projects, etc.	**8**

FY 15 Critical Violations Chart (By Date)

Restaurant	Insp. Date	Critical Violation	Description
Sheraton Needham Hotel	7/15/14	- Food contact surfaces cleaning and sanitizing.	- Dish machine hot water wash rinse temp. not reaching the minimum requirement. Machine serviced.
Fuji Steakhouse	8/25/14	Separation/Segregation/Protection.	- Discontinue to use 3-Bay sink and Hand Washing sink for Food Prep.
Masala Art	9/8/14	- Evidence of pests in establishment.	- Increased pest service schedule to once every other week. Required maintenance to seal up cracks or areas around pipes in foundation. Required to start faxing weekly cleaning logs. Will continue to monitor.
Fresco	9/15/14	- Food contact surfaces cleaning and sanitizing.	- Dish machine hot water final rinse temp. not reaching the minimum requirement. Machine serviced. Hot Water temp. increased.
Farmhouse Restaurant	10/6/14	- Evidence of pests in Establishment.	- Increased pest service schedule to once every other week. Required maintenance to seal up cracks or areas around pipes in foundation. Required to start faxing weekly cleaning logs. Will continue to monitor.
Lizzy's Ice Cream	10/20/14	- Food contact surfaces cleaning and sanitizing.	- Sanitizer bottle for final rinse low temp. dish machine was empty. More sanitizer purchased.
Gari Restaurant	10/30/14	- Conformance with Approved Procedures/HACCP Plans	- Need to ensure that Sushi Rice pH log book is kept up to date.
7-Eleven (Chestnut St.)	11/6/14	- Hand washing – Operation and Maintenance	- Insufficient hot water observed at hand wash sink. Hot water repaired.
Mandarin Cuisine	11/21/14	- Hand washing – Operation and Maintenance	- Discontinue usage of hand wash sink for food prep.
Hess	11/24/14	- Hand washing – Operation and	- Provide towels for dispensers in both men's and

		Maintenance	women's restrooms (At Once).
Stone Hearth Pizza	12/11/14	- Cold Holding – Operation and Maintenance of unit	- Ensure that pizza prep refrigeration unit maintains a min. temp. of 41 deg F or below (At once). Unit repaired.
Briarwood Nursing Home	12/22/14	- Food contact surfaces cleaning and sanitizing.	- Hot water not reaching the minimum requirement. Boiler serviced. Hot Water temp. increased to proper temperatures.

Needham Public Health Department

April, 2015

Maryanne Dinell- Traveling Meals Program Coordinator

Monthly

Description	*Reason*	*Notes/Follow-Up (ongoing, completed, etc.)*
Month of April – 48 Clients		
32 Springwell Clients and 16 private pay	704 meals delivered	509 meals delivered Springwell Clients 195meal Private Pay - Total # meals 703 @ 5.25 per meal =cost of $3696.00
3 Clients off Program	No longer needs Program	3 Short term-3 clients on their own
6 new clients		3 Springwell clients- 2 new to Program – 1 returning 3 new private pay

Category		*Jul*	*Au*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Mar*	*Apr*	*May*	*Jun*	*FY '14 Total*	*FY '15*	
Meal Delivery		684	682	655	667	529	629	594	558	733	703			8893	6434	
General Telephone Calls-received		10	5	11	15	55	63	140	45		80			768	298	
Assistance Calls		6	3	4	4	5	12	6	5	0	3			82	48	
911		0	0	0	0	0	1	0	0	1				1	2	

Category		*Jul*	*Au*	*Sep*	*Oct*	*Nov*	*Dec*	*Jan*	*Feb*	*Ma r*	*Apr*	*May*	*Jun*	*FY '14 Total*	*FY '15*	
Donations		25.					100	0						2510.	125.	

Meetings, Events, and Trainings

BI	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
Board of Health Meeting		Monthly meeting	All staff and Board Members
Staff meeting		Monthly meeting	All staff
Volunteer Appreciation Luncheon		Annual Event	50 plus volunteers

Donations, Grants, and Other Funding [List any donations received, grants funded, etc. over the past month.]

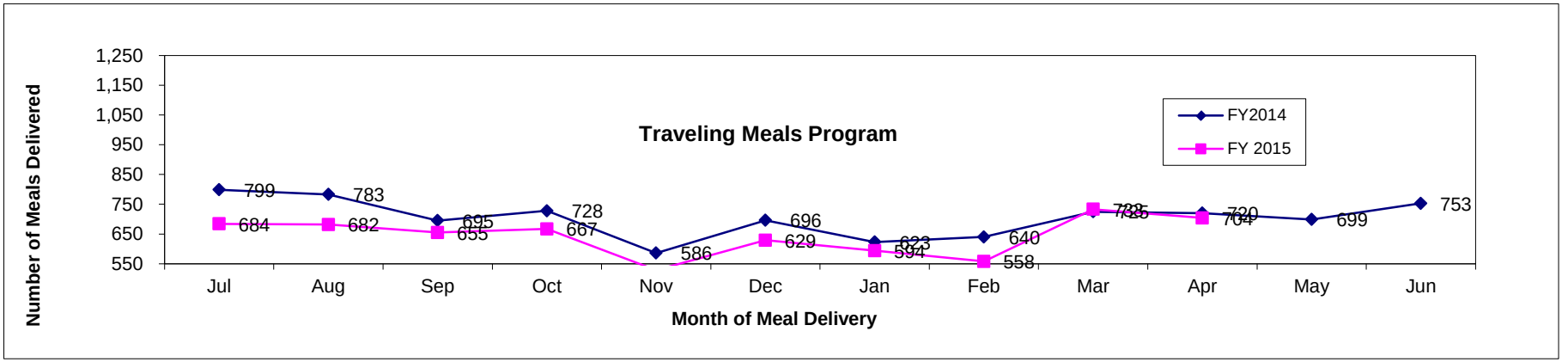
Description	*Type (D,G,O)*	*Amount Given*	*Source*	*Notes*

Traveling Meals Program

April, 2015

Month	# Meals FY2014	# Meals FY2015	FY15 Cost	% Change # Meals
Jul	799	684	$3,591.00	-14%
Aug	783	682	$3,580.50	-13%
Sep	695	655	$3,438.75	-6%
Oct	728	667	$3,501.75	-8%
Nov	586	529	$2,772.50	-10%
Dec	696	629	$3,302.25	-10%
Jan	623	594	$3,118.50	-5%
Feb	640	558	$2,929.50	-13%
Mar	725	733	$3,848.25	1%
Apr	720	704	$3,696.00	-2%
May	699			
Jun	753			
Totals:	8,447	6,435	33,779.00	

	Projected-12 Mo.
$	40,534.80
#	7,722



Needham Public Health Department

April 2015

Substance Abuse Prevention & Education
Needham Coalition for Youth Substance Abuse Prevention ~ NCYSAP
Carol Read, Program Director*****
Karen Mullen, Project Coordinator/Capacity Building

Section 1: Activities

Activity	*Notes*
Grant application support MetroWest Health Foundation Access to Care- COA Responsive-Concussion Technology	Healthy Aging Access to Care: Request for application (RFA) Support components: Outreach to community stakeholders (Hitt, Ginty, Cormier) for grant collaboration, edit letters of collaboration and identify evidence based strategies to share with team for grant action plan. Concussion Technology: Outreach to IT contact Goss Design, outreach to community stakeholders for letters of collaboration (Hauben, Stamer and Alan Stern, MD)
NPHD Monthly Report- March	Compile information, prepare and write NCYSAP March monthly report.
2015 Parent Survey – Initial preparation Live Launch	2015 Needham Parent Survey, review introductory text, all questions and additions. Live launch through Survey Monkey April 13th
2015 Parent Survey- Promotion and awareness	Review and edit program overview documents for email outreach to NCYSAP, community stakeholder groups to promote survey link sharing.
Needham Community Forum, Identifying Community Solutions to the Opioid Epidemic* June 11th – Event preparation- Phase 1 *CADCA co- sponsor enhancing awareness of community prevention Congressional Addiction Forum: "Advancing Prevention, Treatment and Recovery for Youth," April 29th	Review CADCA structure and priorities; book Powers Hall, outreach to Dr. John Kelly, draft flyer text and outreach to The Needham Channel for event taping.
Community Forum June 11th – Congressional outreach as event speakers- highlighting CARA *Comprehensive Addiction and Recovery Act (CARA) Senate (S.524) and House (H.R. 953).* Bill Preventing prescription drug abuse and opioid addiction among youth and young adults.	Outreach (email) Rep. Joe Kennedy (email and phone) Rep. Bill Keating. Write overview letter of event mission and scope, connection to Congressman's support of *CARA, a comprehensive approach to addressing the myriad components involved, necessary to impact this Public Health epidemic including: community education, comprehensive prevention, best practice and evidence based medication assisted treatment and structured recovery support.*
2015 Parent Survey- Promotion and awareness	Outreach to PTC groups and Needham residents through email and social media to request posting of 2015 survey link KM
NCYSAP April meeting-agenda coordination	Outreach and communication with Dan Mcmann resident, graphic designer to present substance abuse – prevention posters at April NCYSAP meeting.

Activity	*Notes*
NCYSAP Parent Liaison Team- April Monthly meetings at the NPL 1st Tuesday of each month 9:00am-10:00am.	Outreach and follow-up with elementary, middle school and high school parents to enhance awareness of community prevention initiatives. Connecting all age school parents to enhance awareness of the biological, psychological and social emotional impact of substance use on youth and capacity building for substance education, mental health and wellness in Needham. KM
SALSA- *Students Advocating Life Without Substance* – RADD- *Rockets Against Destructive Decisions* Coordinate RADD participation	SALSA Peer Leadership: 8th grade Health class presentations in April, logistics regarding permission protocols, van transportation, student recruitment, purchasing of lunch and volunteer hour tracking. KM
SAMHSA- DFC compliance, capacity building, strategic planning and outreach to Needham youth and adults ~ NCYSAP	Capacity building and sustainability with Leadership Team in accordance with DFC protocols. In kind tracking, financial and programmatic reporting.

Section 2: Summary Statistics

Monthly

Description	*Type*	*Reason*	*Notes/Follow-Up (ongoing, completed, etc.)*
CON- SA- MH	AIP- F- 58yrs Team Meeting	SA- Chronic alcohol – MH – Physical health	Acute physical mental health – Chronic SUD. Transfer to rehab Kathleen Daniel Nursing Center. Care Team Meeting: Riverside LICSW Peter Moffett, K. Daniel, Family member and Client
CON- Grief	AIP- M 50yrs	Grief- ODD Heroin M22 years	Resources Grief support: Bertolon Center, Learn to Cope support groups. Information CDC, NIDA Opiates- Heroin
CON- SUD- Acute MH	AP & AIP- F- 50 yrs AIP- M-17yrs	SUD- MH acute	Connections and discussion, acute mental health – delusions F 50 years. Riverside consult Anne Priestly. Emergency Services option. 3 generations in home- Outreach for all
CON- MH- SA	AIP-M- 19yrs	Marijuana- Depression Suicidal ideation– Outreach by adult sibling Family conflict	Review of Section 35 SUD and Section 12 MH options **Danger to self** support resources **acute** and strategies to support brother. Resources for underage sibling and mother- chronic MH
CON- SA MJ	2-AP- M- 15 yrs.	MJ School possession- Suspension	Review and discussion: School marijuana possession edibles. Request for required marijuana 4 hour education. Connection to Marijuana 101- 3rd Millennium Classrooms On-line course

Yearly

Category	*Type*	*Jul*	*Au*	*S*	*O*	*N*	*D*	*Ja*	*F*	*Mar*	*Ap*	*May*	*Jun*	*Yearly Total*	*FY '15*	*Notes/Follow-Up (ongoing, completed, etc.)*
CON	AP-SA-Y				2				1		1			4		Referral complete- future support resources available
CON	AP-SA-A					2			1					3		Referral complete- future support resources available
CON	AP-MH A	1	1	1	2	1	1	2			2			11		Referral complete- future support resources

Category	*Type*	*Jul*	*Au*	*S*	*O*	*N*	*D*	*Ja*	*F*	*Mar*	*Ap*	*May*	*Jun*	*Yearly Total*	*FY '15*	*Notes/Follow-Up (ongoing, completed, etc.)*
CON	AP-MH Y				1					1				2		Referral complete-future support resources
CON	AIP-SA-Y															Referral complete-future support resources available
CON	AIP-SA-A					1				1	1			3		Referral complete-future support resources available
CON	AIP-MH-Y					1								1		Referral complete-future support resources available
CON	AIP-MH-A								1	2	2			5		Referral complete-future support resources available
CON	YIP-SA A															Referral complete-future support resources available
CON	AIP-Health-A							2	1						3	Referral complete-future support resources available
CON	YIP- lgl															Referral complete-
CON	YIP-MH										1			1		Referral complete-

Section 3: Meetings, Events, and Trainings

Title	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
Board of Health	MTG	Meeting-Overview of staff work: community Public Health programs and prevention initiatives. Dr. Jane Fogg, Chair, Dr. Stephen Epstein and, Ed Cosgrove, PhD-NPHD Staff. Review and discussion: Spring Town Meeting, Bodyworks Draft regulations, Concussion regulation review and logistics.	8
NCYSAP Leadership Team	MTG	Meeting- NCYSAP Leadership Team. April agenda planning prevention updates regarding: NPS Health Curriculum and PB draft zoning for RMD. Bob Timmerman, Karen Mullen, Mimi Stamer, Merle Berman, Chris Baker	4
Chris Herren-NCSP- Own Your Piece-Peace	EVT	Event-Chris Herren, former NBA player, in recovery. Keynote speaker NHS 6th Annual OYP week. Substance abuse, addiction, mental health conditions and the realities of recovery. Students in grades 9-12. Post presentation dialogue taped The Needham Channel https://webmail.needhamma.gov/owa/redir.aspx?C=u7V7_lpmbkmJGTF_4FhwxXmFZLJrV9IIGXeul2sHvXflecxeIQJz_8nLMhPWC_HyDgJIlqF78bc.&URL=https%3a%2f%2fdocs.google.com%2fa%2fneedham.k12.ma.us%2ffile%2fd%2f0B1L_eDoHrl3lQlRad0huU3dDeTA%2fedit	850
Opioid Working Group –State	EVT	Event- Public Hearing MA State House. Governor Charlie Baker, Lieutenant Governor Karyn Polito, Marylou Sudders, Secretary Health and Human Services.17 member working	1000

Title	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
House		group public listening sessions 3 questions: What is your #1 suggestion to prevent opioid addiction? What is the biggest problem you or a loved one faced on getting help? Your unique experience: What is your most important recommendation to make the system better	
BID Needham	MTG	Meeting- Martha Waldron, Senior Marketing Manager. Review of MetroWest grant application, funding RADD-SALSA: 5th Quarter fall events and Community Benefits Implementation Plan program planning. Tim McDonald	3
CADCA Community Forum 2015	MTG	2 Meetings- Conference Calls Natalia Martinez, Duncan, Communications Manager, Mel Elliot, Vice President, Communications- Membership. Forum June 11th Identifying Community Solutions to the Prescription Drug Abuse crisis. Video to be shown from the Congressional Addictions Forum Washington D.C April 29th General Arthur Dean, CADCA. Needham keynote: Dr. John Kelly, MGH	3
NCYSAP Capacity	MTG	Meeting- NCYSAP Leadership Team, Registered Marijuana Zoning Amendment Article 22 May 2015 Town Meeting. Chief P. Droney, Lt. Chris Baker, Bob Timmerman, Karen Mullen. Tim McDonald, Director NPHD	6
SSRE- Parent Survey 2015	MTG	Meeting- Conference Call Scott Formica Ph.D. 2015 Needham Parent Survey planning discussion. Review 2015 EDITS, all survey questions, survey launch time frame. Next steps with Karen Mullen. Launched through Survey Monkey April 13th	3
NCYSAP Capacity Parent Liaison	MTG	Meeting- NCYSAP Parent liaison meeting. Elementary, middle and high school parents as liaisons to the NCYSAP. Discuss strategies to enhance community awareness around substance use facts, research, prevention education, mental health and wellness. Website review, NCYSAP mission. NPL Community Room 1st Tuesday monthly 9:00am	6
BID Needham - COA	MTG	Meeting- BID Needham team: Martha Waldron, Dr. Dennis Girard, Alyssa Kence, Marketing. Health Aging program planning, collaboration NPHD, COA and BID Needham. Jamie Gutner, Tim McDonald, Donna Carmichael	7
NCYSAP Prevention-	MTG	Meeting- NCYSAP capacity. Michael O'Neil. Review of community resources for opiate addiction, treatment suboxone and family support Learn to Cope meetings.	2
SAMHSA-DFC – Town Accountant	MTG	Meeting-Michelle Vailiancourt, Town Accountant. SAMHSA- DFC SF- 425 Quarterly filing (Q 3) Cash on hand, receivables and expenses. Department of Payment Management Systems (DPM)	2
BID Needham	MTG	Meeting- Martha Waldron, Senior Marketing Director. Review of pending initiatives through NPHD-NCYSAP, transition in staff changes and strategies to move work forward. Part Time Marketing Associate: Alyssa Kence.	2
NPHD Staff	MTG	Meeting- Tim McDonald, Director, NPHD and NPHD Staff. Discussion of current and planned (4-6 weeks) prevention initiatives and programs. Information sharing, planning and collaboration on future initiatives. Ideas for health regulation	8

Title	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
		amendments and new regulation ideas.	
NCYSAP Meeting	MTG	Meeting- April coalition. Prevention planning discussion: Messaging through graphic arts: Dan McMan, designer- design sharing. Town Meeting RMD Zoning By- Law Amendment Article 22. 2015 Parent Survey Launch Survey monkey- promoting awareness Goal: 750 valid surveys. The Partnership Marijuana Tool –Kit. Talking to youth about marijuana use.	19
Needham Public Schools- SWAC	MTG	Meeting- School Wellness Advisory Committee (SWAC) Presentation and discussion: ***The Six Dimensions of Wellness in Needham*** Occupational, Physical, Social, Intellectual, Spiritual, Emotional. Dr. B. Pinals, Katy Colthart, Kate Ward, Rev. Jennifer Hitt. Dr. Gutekanst and Mitzi Weinman	28
Needham Interfaith Clergy	MTG	Meeting- NCYSAP Leadership Team. Rev. Jennifer Hitt, Chair. Review of NCYSAP prevention work related to youth and families, identified gaps in collaboration for public health risk and protective factors, prevention strategies to impact access and availability of alcohol, marijuana and other drugs. Resources for assessment, treatment and mental health support sharing, educational information and peer support. Interfaith providers. Rep. Denise Garlick.	18
Pollard Youth Center	EVT	Events- Youth Center, Friday evening events- Pollard. Gym games, ping pong, music, snacks and raffles, Parent volunteer board, Kelly Partridge Chair, Paid Staff: Peter Sylvester, Director and 11 adult chaperones. Friday night Dance, Gym and Sports for Supported by NPHD Dawn Stiller Office Administrator.	1-
Dover-Sherborn HS- Transition to College	EVT	Event-***Transitioning to College*** program. Parents of seniors, education and awareness on high risk behaviors, communication strategies to enhance connections and safety around substance abuse. Best practice strategies for parents, support resources for students and college rights and responsibilities. Janice Kassman, Colby College Dean of Students 25 years, Becky Krier, MA. Yale University, Holy Cross Res. Life and Ellen Chagnon, DS High School Guidance Director.	65
NPHD- MetroWest Spring grant	2- MTG	2 Meetings- Review and discussion of Concept paper and RFA content for MetroWest Health Foundation 2015 spring grant request for application (RFA) Tim McDonald, Director NPHD, Donna Carmichael, PH Nurse. Access to Care – Enhancing mental health and substance use supports for residents 60 years and older. Responsive grant concept paper review for technology platform to support new BOH concussion regulations and education through CDC training.	3
SAMHSA DFC Evaluation	MTG	Meeting- Webinar-Conference call. Drug Free Communities (DFC) program evaluation. 2015. Coalition evaluation newly awarded 5 year contract ICF International National Evaluator. Platform introduction and set- up guidance.	225

Title	*Type*	*Description/Highlights/Votes/Etc.*	*Attendance*
NPS- Health Curriculum	MTG	Meeting- Dr. Kathy Pinkham, Director Health Education NPS. Review and request to meet with FCD Educational Services in consideration of prevention services and technical assistance for health curriculum grades 9-12.	2
SALSA Peer Leaders Pollard Health	2 EVT	2 Events- Students Advocating Life Without Substance Abuse (**SALSA)** Peer leadership and mentoring Pollard 8th grade Health class. High School students present healthy and socially positive substance-free behaviors, role model Refusal Skills: handling high risk situations confidently and the Social Norms approach in communicating youth substance use data. 2 presentations Wednesday, April 29th- 2 presentations Thursday, April 30th KM	20-25 students per class (80-90 students)
Lexington High School-Marijuana	EVT	Event- Marijuana Clearing Away the Smoke: Facts and Fiction about Marijuana and Youth Sion Kim Harris, PhD, CeASAR Co-Director and Associate Investigator Statistician-Epidemiologist Boston Children's Hospital, Dr. Kevin Hill, McLean Hospital, Julie Fenn, LICSW, CPS Lexington Public Schools. Dr. Scott Hedland, Boston Children's Hospital.	100
Youth Center-	MTG	Meeting- Friday Youth Center gym and dance events. Parent volunteer board Chair, Kelly Partridge and parent board. Review and discussion of annual 8th grade celebration: costs related to Orange Leaf yogurt, photo booth, decorations and additional food (251 in attendance) Planning for schedule of events for 2015-2016, recruitment of new board members, future staffing and Town of Needham oversight. Dawn Stiller	8
Norfolk District Attorney Monthly Prevention	MTG	Meeting- Prevention Norfolk County leaders, law enforcement, treatment and prevention targeting under the influence driving, opiate abuse and overdose prevention Information sharing Norfolk DA Narcan saves by town, pharmacy program, prescription drug misuse PMP trainings, physician education and pharmacist collaboration. Task Force Jennifer Rowe, Ryan Walker, Dave Morgan, DA Michael Morrissey	26
The Needham Channel	MTG	Meeting- Marc Mandel, Director The Needham Channel (TNC). Overview of TNC structure and leadership board, 3 channel programming and decision making.On-line streaming of edited programs. Taping Community Forum June 11th ***Identifying Community Solutions to Opioid Addiction and Prescription Drug Abuse***- CADCA Tim McDonald. NPHD	3
RADD-SALSA	2-MTG	2 Meetings- Karen Mullen, NCYSAP Youth Advisor. SALSA peer leaders communication Outreach for April 8th grade Health class presentations April 29th (2 classes and April 30th 2 classes) Annie Barringer, Nicole Johnson and Hannah Wolfeld- Club Leaders. KM	8

***1 holiday Patriots Day *1 Sick day**

Needham Health Department

APRIL 2015 Monthly Report

Anne Clark - Public Health Program Coordinator

Section 1: Summary

In April, I worked on the following projects: Communication and media outreach, DVAC, Region 4B/ MRC meeting/training attendance, as well as drafting and researching Body Work regulations.

I created press releases, media outreach for health wellness and Health Matters articles.

Section 2: Activities

Activity	*Notes*
Communication and Media Outreach	Management of constant contact and media outreach/ press releases for MRC and Health Matters.
BOH- Body Work Regulations	Working with Donna, Tara and Tim to develop and draft Body Work regulations for the Town of Needham and Board of health review.
Region 4 B	Coordinated and attended MRC training on April 29- Tourniquet Training. APRIL 22- Faith Based Organization Summit in Milton.
Cable Series for DVAC	Continuing to work with Mark Mandel and support his editing of the SANE project taping
Health Department Website Updates	I update the departmental website as needed.

Section 3: Meetings, Events, and Trainings

Title	*Description/Highlights/Votes/Etc.*	*Attendance*
Region 4 B Meeting	Attended April 22 – Faith Based Organization Emergency Planning Summit with Jennifer Hitt in Milton; Attended Tourniquet Training with Joe Blansfield in Needham.	Anne + Health Department staff, MRC members
LEPC	Attended LEPC monthly meeting, focused on Long Term Care Facilities in Needham and Emergency Planning	Anne + LEPC Members
B of H meeting	Created MEMO on Body Work regulations with Tara; presented at the BOH.	Anne + Health Dept Staff
DVAC	Monthly meeting on activities related to domestic violence awareness and prevention programs.	Anne + DVAC members

Section 4: Next Month's Goals

In May 2015, I will continue work in Emergency Preparedness and MRC related activities. I will continue working on the Body Work regulation with health department staff. I also plan to prepare for development of marijuana regulation in Needham.

Needham Public Health Department – Nurses Report

Donna Carmichael&Alison Paquette

COMMUNICABLE DISEASES and Animal Bites
NEEDHAM HEALTH DEPARTMENT
FISCAL YEAR 2015

DISEASES:	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	Apr	MAY	JUN	T15	T14	T13
BABESIOSIS		1											1	1	2
CAMPYLOBACTER	1	1	1	3		1	1	1		1			10	13	14
CHICKENPOX	1					2			2				5	6	13
CRYPTOSPORIDIUM													0	0	4
E-Coli													0	0	0
EHRLICHIOSIS/ HGA					1		1						2	2	3
Enterovirus				2									2	1	0
GIARDIASIS			1						3				4	2	4
HEPATITIS B				1	1	2			2	2			8	6	5
HEPATITIS C					2	1		3	2	2			10	13	6
Influenza					1	9	32	19	8	5			74	54	90
Legionellosis		1											1	0	0
Listeriosis													0	1	0
LYME	13	5	9	2	6	5	2	1	5	4			52	80	53
MEASLES													0	0	0
MENINGITIS													0	0	0
Meningitis(Aseptic)													0	0	0
Mumps													0	2	1
Noro Virus													0	0	3
PERTUSSIS					1								1	0	0
SALMONELLA				1									1	3	7
SHIGELLOSIS							1		1				2	1	1
STREP Group B								1					1	1	4
STREP (GAS)								1	1				2	0	2
STREP PNEUMONIAE							1						1	1	2
TUBERCULOSIS							1						1	0	0
Vibrio			1										1	2	0
West Nile virus													0	1	
TOTAL DISEASES	15	8	12	9	12	20	39	26	24	14			179	190	214
Revoked Diseases Investigated									2				2	NA	NA
Contact Investigation															
Animal/Human Bites															
DOG	1	1	1	1	3	2	1						10	15	11
CAT			1										1		0
BAT	2	3											5	9	9
SKUNK													0		1
RACOON													0	1	0
Fox													0		1
TOTAL BITES	3	4	2	1	3	2	1	0	0	0			16	25	22

Immunizations	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	FY15	FY14	FY13
B12	2	2	2	1	2	2	1	1	2	3			18	26	32
Flu (Seasonal)	0	0	0	523	178	12	9	1	0	0			723	1137	1300
IPV	0	0	0	0	0	0	0	0	0	0			0	0	1
Meningococcal	0	0	0	0	0	0	0	0	0	0			0	0	0
MMR	0	0	0	0	0	0	0	0	0	0			0	2	1
Pneumo	0	0	0	0	0	0	0	0	0	0			0	0	1
Zoster	2	0	0	0	0	0	0	0	0	0			2	25	0
Td	0	0	0	0	0	0	0	0	0	0			0	1	0
Tdap	1	1	0	0	0	0	0	0	0	0			2	4	6
varicella	0	0	0	0	0	0	0	0	0	0			0	2	5
Consult	40	35	65	28	22	13	28	32	47	32			342	301	296
Fire/Police	6	2	5	6	2	2	4	2	4	4			35	36	33
Schools	1	2	22	11	5	1	1	6	3	4			53	40	40
Town Agencies	15	24	12	4	5	6	4	10	15	12			92	84	74
Community Agencies	18	7	26	7	10	4	19	14	25	12			117	141	184

ASSISTANCE PROGRAMS													FY15	FY14	FY 13
Food Pantry	1	1	5	3	1	8	2	2	4	1			29	42	25
Food Stamps	0	0	2	0	1	0	0	0	0	0			3	10	4
Friends	0	1	0	0	0	0	0	0	0	0			1-FYD $25.00	4-YTD $400.00	11 –YTD $2100.00
Gift of Warmth	0	2	2	4	0	1	2	1	2	2			16 -YTD $4435.00	38 -YTD $11,480.17	44 –YTD $12350.00
Good Neighbor	0	0	0	0	0	0	3	3	0	0			6-$1650. $275/fam	12 $250/fam	7
Park & Rec	1	1	0	0	0	0	0	0	0	0			2	5	6
RTS	0	0	0	0	0	0	0	0	0	0			1	15	17
Salvation Army	0	0	0	0	0	0	0	0	0	0			0	YTD- 4 $293.00	8 – YTD $800.00
Self Help	0	0	3	0	4	5	6	6	7	6			37	50	48
Water Abatement	0	0	0	0	1	0	0	0	1	0			2	4	1

Gift of Warmth - Donation
First Baptist Church- $500.00

WELLNESS Programs													FY15	FY14	FY13
Office Visits	38	35	27	13	17	11	11	11	39	34			236	528	539
Safte Visits	7	1	2	0	3	5	1	3	7	3			32	17	30
Clinics	6	8	1	1	5	0	1	0	1	4			27	17	48
Housing Visit	6	2	1	1	1	1	2	0	10	2			26	11	25
Housing Call	22	26	8	26	8	4	10	8	30	28			170	57	160
Camps-summer	2	0	0	0	0	0	0	0	9	11			22	29	16
Tanning Insp	1	0	0	0	0	1	0	Tan& Glam Closed	0	0			2	5	3
Articles	0	0	2	1	0	0	1	0	0	2			6	3	8
Presentations	0	0	0	1	0	0	0	0	0	1			2	4	12
Cable	0	0	0	2	0	0	0	2	0	0			4	6	6

EMPLOYEE WELLNESS	July	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	FY15	FY14	FY13
BP/WELLNESS - DPW/RTS	17	12	12	13	11	13	10	0	10	11			109	147	169
BP/WELLNESS -TOWN HALL	0	0	0	0	2	2	0	0	0	0			4	53	103
FLU VACCINE	0	0	0	22	26	2	2	0	0	0			52	52	80
CPR/AED INSTRUCTION	0	0	0	0	0	11	0	0	0	0			11	23	25
SMOKING Education	1	0	0	2	0	1	0	1	0	1			6	9	7
HEALTH ED LYME DISEASE	20	15	10	0	0	0	0	0	0	12			57	94	96
HEALTH ED WEST NILE	20	15	10	0	0	0	0	0	0	0			45	29	96
HEALTH ED EEE	20	15	10	0	0	0	0	0	0	0			45	29	96
HEALTH ED FLU	0	0	25	55	44	25	50	22	0	0			221	132	424
FIRST AIDE	2	1	2	4	0	2	3	2	3	2			21	66	52
GENERAL HEALTH EDUCATION	15	12	14	15	22	26	27	21	18	15			185	157	117
Police weights	0	0	0	0	9	10	0	0	0	0			19	31	22
TOTAL EMPLOYEE CONTACTS	95	70	83	111	114	92	92	46	31	41			775	825	1178

EMERGENCY PLANNING

NC7 Meeting
Review Emergency Supplies with Kerry Dunnell
MRC – Tourniquet Training

Meetings, Events, and Trainings

Title	*Description/Highlights/Votes/Etc.*
BOH Meeting	Monthly Updates
Staff Meeting	Review at PSAB
MAPHN Meeting	PH Nurses meeting in Brewster
DVAC Meeting	Planned and facilitated DVAC Meeting
Webinar	MDPH – Food Borne Illness training for Maven

Memorandum

To: Timothy McDonald, Public Health Director
From: Tara Gurge, Environmental Health Agent
Anne Clark, Public Health Program Coordinator
Date: May 1, 2015
Re: Discussion with Shawn Croke, Investigator, Division of Professional Licensure, Commonwealth of Massachusetts

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Continuing our research on bodywork regulation and best practices, we had a discussion with Shawn Croke, Investigator at the Division of Professional Licensure, Commonwealth of Massachusetts. Shawn shared with us his role and background in the area of bodywork regulation, as well as advice on how to approach regulation in this area.

Approaches to Bodywork Regulation

The Commonwealth of MA licenses and regulates establishments and individual therapists that offer massage. As the Commonwealth does not regulate "bodywork", there has been an increase in the number of "bodywork" establishments and advertisements for bodywork, as a way to avoid being regulated. Some establishments are simply using a different name, but still providing massage to clients, in order to avoid having to obtain licensure. Other establishments are offering "bodywork," such as reflexology, acupressure, etc. Finally, there are establishments that are offering illegal services under the auspices of "bodywork".

Certain professionals are exempt from regulation beyond what they are already regulated for, such as: Any physician, athletic trainer, barber, cosmetologist, chiropractor, osteopath, nurse, physical therapist, occupational therapist, massage therapist or acupuncturist operating within the scope of his/her Commonwealth of Massachusetts license or registration and not representing him/herself as a bodywork therapist is exempt from further regulation.

The State does not regulate whether therapists work out of the home or at a commercial establishment that is up to the Town/City. The Town/City sets limits of hours of operation as well.

Training & Education Requirements

Shawn recommends requiring potential therapists submit educational competencies when applying for licensure. For massage therapists, the State Board of licensure does not require applicants to take National nor State examination for licensure; however, they are required to have 650 hours of educational training, as highlighted in the Rules and

Regulations that govern Individual Massage Therapist. Weymouth decided not to require educational standards for the application as they do not want to judge the quality of the service provider: Some therapists acquired their training through inter-generational hands on training and are not able to document the extent of their expertise. There are also potential language barriers, as their education may have taken place outside of the US and materials are not translated into English. Given these challenges, Shawn recommends requiring Continuing Education for therapists in order to renew their licenses. We feel that this is sensible solution to adopt; requiring investment in their craft through hours of continuing education each year prior to renewal of their license.

Background Checks

CORI/SORI background checks should be required by both the establishment and the therapists. Shawn indicated that the establishment may not be able to CORI their employees. However, individuals can CORI themselves and provide a statement to a potential employer or to the Town of Needham that they have done so. The Town of Needham can CORI the establishment and therapists, if needed. The CORI/SORI process for this regulation is under discussion.

Board of Health

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ARTICLE XX REGULATIONS GOVERNING THE PRACTICE OF BODYWORK

SECTION 1.0 PURPOSE

The purpose of these regulations is to protect the public health and safety of the community, including the patrons, employees, and owners of commercial businesses offering legitimate services such as Bodywork Therapy, Reflexology, Spa Services, and others. The scope of these Regulations is broad and includes provisions designed to ensure legitimate operations and to guard against the risk of prostitution, human trafficking and disease transmission.

It is the Board of Health's intent that only an individual who meets and maintains a minimum standard of competence and conduct within their scope of professional practice may provide services to the public. These Regulations designate the requirements for obtaining a permit to operate a bodywork establishment and permit to practice bodywork, as well as grounds for suspension, revocation or denial of such a permit.

SECTION 2.0 AUTHORITY

These regulations are adopted by the Needham Board of Health, pursuant to its authority under Massachusetts General Laws, Chapter 111, Section 31.

SECTION 3.0 DEFINITIONS

Agent: shall mean a person employed by the Town of Needham who is authorized by the Board of Health to perform functions subject to these regulations.

Applicant: shall mean an individual seeking licensure who has submitted an official application as provided by the Needham Public Health Department, two forms of identification, a complete CORI/SORI record request form, and has paid the application fee~~, and has posed for a digital photograph~~.

Application: shall mean the application form provided by the Needham Public Health Department which has been signed under penalty of perjury, that the foregoing information contained in the application is true and correct, said declaration being duly dated, signed, and notarized within the Town.

Bodywork: shall refer to ~~the~~ practice~~s of Reflexology and/or Bodywork which~~ includinge~~s~~, but ~~is~~ not limited to: Accupressure, Asian Bodywork, AMMA Therapy®, Body-Mind Centering, Chi Nei Tsang, Feldenkrais Method, Five Element Shiatsu, Integrative Eclectic Shiatsu, Japanese Shiatsu, Jin Shin Do®, Korean Bodywork, Bodymind AcupressureTM, Polarity, Macrobiotic Shiatsu, Reflexology, Reiki, Rolph Structural Integration, Shiatsu Amma Therapy, Traditional Thai Massage or Bodywork, Trager Approach, Tui na, Qi Gong, Zen Shiatsu, Ayurvedic medicine or other practices as they become known.

Criminal Offender Record Information (CORI): shall mean a record of criminal offenses committed as an adult or juvenile, as compiled by the Criminal History Systems Board.

DEPARTMENT: unless otherwise specified, shall mean the Needham Public Health Department acting in its role as the agent for the Needham Board of Health.

Establishment: shall mean any location, or portion thereof, in the Town of Needham which advertises and/or provides bodywork therapy services on the premises. Any health care facility licensed by the Commonwealth of Massachusetts or the office of any health care professional licensed by the Commonwealth of Massachusetts is not an establishment for the purposes of these regulations. In addition, bodywork establishments shall not be located in a private residence, condo, apartment, or other residentially zoned space.

Licensee: shall mean a person holding a license to practice any form of bodywork therapy or to operate a bodywork establishment in the Town of Needham. Where applicable, this shall include partnerships and/or corporations.

Patron: shall mean a person with whom the bodywork therapist has an agreement to provide bodywork therapy services or a visitor or any other person on premises at the establishment who is not an employee.

Sanitization: shall mean effective bactericidal/germicidal treatment by a process that provides enough accumulative heat or concentration of chemicals for enough time to reduce the bacterial/germ count, including bacterial, viral, and fungal pathogens, to a safe level on massage table surfaces, instruments, and/or the general facility.

Criminal Offender Record Information (SORI): shall mean a record of convictions for specified sexual offenses committed as an adult or juvenile, as compiled by the Sex Offender Registry Board.

Therapist: shall mean a bodywork practitioner licensed by the Needham Public Health Department.

SECTION 4.0 BODYWORK ESTABLISMENT & INDIVIDUAL BODYWORK THERAPIST LICENSES

Any person desiring to open or conduct a commercial business practicing Bodywork Therapy shall obtain a Bodywork Establishment License from the Needham Public Health Department. Any person desiring to be a bodywork therapist at a Bodywork Establishment shall obtain an Individual Bodywork Therapist License. The application for these licenses shall include the items specified herein:

(a) The applicant shall submit a completed application form provided by the Needham Public Health Department.

(b) The applicant shall submit a non-refundable application fee according to the Health Department fee schedule.

(c) The applicant shall provide supporting documentation that he/she is eighteen (18) years of age or older by presenting two forms of positive identification. One form must include a photograph, such as a valid state driver's license with photo, a state identification card with photo, and/or a valid passport. The second form of ID may be a certified long-form birth certificate, certified baptismal record, certified record of marriage, certified copy of Social Security Card, or other government-issued photo ID.

(d) The applicant shall submit to the Needham Public Health ~~Department a~~Department a form authorizing ~~a contracted third party~~the Town of Needham to conduct a Criminal Offender Record Information (CORI) and to report the results of that check to the Needham Public Health Department. All responses to these record checks ~~are~~ shall be kept confidential and ~~are~~ will not maintained by the Needham Public Health Department. By signing the application or renewal form, the applicant gives authorization to the Town of Needham ~~Public Health Department to employee a contracted third party~~ to run a CORI/SORI background check, which will consist of the information pertaining to all convictions, non-convictions, and pending criminal case information. CORI checks will be conducted in all states in which the applicant has resided within the last ten (10) years.

Comment [TM1]: For Dave Tobin's review.

Comment [TM2]: Is this possible? I thought it was only possible to do a MA check?

(e) The applicant must submit a signed and dated form from the Needham Police Department (on letterhead) indicating that they have performed a CORI/SORI check on the named applicant.

(e) The Needham Police Department shall conduct a review of all applicant against the records maintained by the Sex Offender Registry Board, and shall report the results of those checks to the Needham Public Health Department. SORI checks will be conducted in all states in which the applicant has resided within the last ten (10) years.

Comment [TM3]: Is this possible?

(f) The applicant shall disclose the circumstances surrounding any of the following convictions or license revocations:

1. Disclosure of any conviction for any sexual-related offense, including prostitution or sexual misconduct~~,~~.

2. Disclosure of any conviction of any misdemeanor or felony occurring within the past ~~five~~ ten (~~5~~10) years.

3. Disclosure of open criminal charges that are pending judicial action.

4. Revocation, suspension, or denial of a license to practice massage issued by any state or municipality.

5. Loss or restriction of any licensure or certification by any municipality or other jurisdiction for any reason.

(g) The Needham Police and the Needham Public Health Departments shall determine whether an applicant's conduct, criminal or otherwise, shall disqualify that person from obtaining license. Any convictions or license revocations as outlined in Section 14.0, Sub-Section 6, a through d will result in an automatic denial of the application.

(h) The applicant shall submit written declaration, under penalty of perjury, that the foregoing information contained in the application is true and correct, and said declaration shall be duly dated, signed, and notarized in the Town False statements shall constitute grounds for revocation of an issued license or denial of a pending license application or license renewal.

(i) The Needham Public Health Department, prior to the issuance of any license, shall evaluate each individual application by the information provided. The Board of Health or Public Health Department may place special conditions on any license issued.

(j) False statements in said application shall be grounds for denial, suspension, or revocation of a license.

(k) Applicants for a Bodyworks Establishment License shall provide proof of professional liability and workers compensation insurance.

(l) Applicants for a Bodyworks Establishment License shall provide the name or names of individuals that are currently certified in basic cardiopulmonary resuscitation (CPR) and a copy of their valid certification form. One individual trained in CPR ~~shall~~ must be on-site at all times during operating hours.

(m) The holder of the Bodywork Establishment License shall be ultimately responsible for the physical facility, instruments, advertising, postings~~, employees~~, employees, and all compliance with these regulations.

(n) The holder of a Bodywork Establishment License shall also obtain an Individual Bodywork Therapist License, if the individual will conduct bodywork.

(o) All applicants for an Individual Bodywork Therapist License shall allow one front faced digital photograph to be taken by the Needham Public Health Department at the time of license application submittal. This photograph will be attached to the license, if granted.

(p) All applicants for an Individual Bodywork Therapist License shall obtain a physician's letter dated no earlier than six months prior to the submittal of the initial application, stating that the applicant has had a physical examination and to the best of the physician's knowledge is ~~in good general health, is~~ up-to-date with adult immunizations~~,~~ and free from communicable diseases and/or conditions that may be transmitted due to close physical contact and detrimental to the public's health.

(q) All Individual Bodywork Therapist License applicants must identify the name(s) of the licensed establishment(s) where he or she will practice bodywork therapy. In addition, a license holder shall notify the Needham Public Health Department if the individual changes employment venue within the town.

(r) It is a violation of these regulations for any person who is not licensed in the manner described herein to operate a Bodywork Establishment or to operate as an Individual Bodywork Therapist.

SECTION 5.0 LICENSE RENEWAL

(a) This license shall expire on June 30th annually.

(b) The applicant shall provide his/her completed renewal application, including new physician's letter and CORI form authorization and all required documentation, in person to the Needham Public Health Department~~, and shall be digitally photographed for his/her license~~.

(c) The fee for each license renewal shall be in accordance with the most recent Health Department fee schedule.

SECTION 6.0 CONDITIONS OF BODYWORK LICENSE

(a) No bodywork therapist shall perform services if either the practitioner, or a patron, has a communicable disease or exhibits any skin fungus, skin infection, skin inflammation, or skin eruption.

(b) No licensed therapist, shall use the therapist-client relationship to solicit for or engage in sexual activity with any client, whether consensual or otherwise, whether within or outside the massage establishment, or to make arrangements to engage in sexual activity with any client.

(c) Bodywork therapists must wash his/her hands with soap and water immediately before and after administering services to any person.

(d) Therapists must maintain a sufficient level of personal cleanliness and be clothed in clean and appropriate attire which at no time will expose any portion of the areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals.

(e) Clients must be clothed in appropriate attire or draped with clean towels, at no time shall the client's areola of the female breast or any portion of the pubic hair, cleft of the buttocks, or genitals be exposed.

(f) Therapists may not perform services they are not specifically licensed to perform, such as; diagnose disease, perform joint/spinal manipulation, perform acupuncture, or other. In addition practitioners shall not operate equipment they are not trained or licensed to operate, such as; x-ray, fluoroscope, diathermy, or other similar equipment.

(g) Therapists may not use, or allow patrons to use, alcoholic beverages, illegal drugs, illicit drugs including marijuana, whether for medical or recreational usage, or controlled substances on the licensed premises.

(h) The individual license to conduct bodywork or bodywork establishment license is non-transferable. Any changes in the business location of the licensee must be reported to the Needham Public Health Department within fourteen (14) days of the change.

~~**(i)** The Health Department shall attach the therapist's photograph and the addresses where the therapist conducts business onto the license.~~

(j) For those therapists who conduct business at more than one location, the original license shall be posted at the first address indicated on the license. At the additional business address, the practitioner shall post a copy of the license to which an original Needham Public Health Department stamp has been placed.

(k) Bodywork therapists must prominently display their licenses in the waiting room of the licensed establishment where employed.

(l) The use of aliases by practitioners and apprentices is prohibited.

(m) Therapists may not administer a massage, unless the individual is properly licensed by the Massachusetts Board of Registration of Massage Therapy AND the premise at which the massage occurs is similarly licensed by the Commonwealth for the conduct of massage.

(n) Therapists may not administer treatment to a person younger than 18 years of age.

(o) All therapists shall have a valid form of identification on them at all times within the establishment.

(p) All licensees shall notify the Needham Public Health Department of a change of name and/or home address within fourteen (14) days.

(q) All licensees shall notify the Needham Public Health Department of any criminal complaint brought against them within seven (7) days. Failure to do so may result in revocation of licensure.

SECTION 7.0 FACILITY and EQUIPMENT

(a) The operator shall provide that all public areas, rooms used for therapy, and employee areas are clean and sanitary. The establishment must be well-lighted, adequately ventilated, properly heated, and free from defects that would create a public health or employee safety hazard in accordance with all local, state, and federal regulations.

(b) Every room used for the treatment of patrons shall be equipped with a door and have at least 70 square feet of floor space. All treatment room doors shall not be capable of being locked.

(c) No room or section to an Establishment shall be used as a bedroom, for sleeping purposes, or as a domicile.

(d) Every waiting room area must be lit with a combination of natural and artificial lights. Blackout curtains, other light prohibitive shades, or window sprays are prohibited.

(e) Standard or portable massage tables shall be covered with a durable washable material, which is capable of being cleaned and sanitized, and is cleaned and sanitized after each patron use.

(f) A sink with running hot and cold water (minimum hot water temperature should be 110 degrees Fahrenheit) must be located in an easily accessible area within the permitted establishment.

(g) Sanitizing chemicals/equipment should be on site and labeled with ingredients it contains, in case of a spill. All furniture and equipment in each room shall be kept clean and sanitary at all times.

(h) Restrooms must be made available to customers/employees and shall be located in an easily accessible area within or near the permitted establishment.

(i) Non-disposable instruments shall be sanitized after use on each person in a manner sufficient to maintain cleanliness

(j) The facility shall have adequate equipment for disinfecting and sanitizing non-disposable instruments and materials used in administering bodywork.

(k) No un-sanitized part of an instrument (i.e. Hot Stones) shall be applied directly to the skin of a patron.

(l) Robes, towels, cloths, or other linens, which come into direct contact with the bodies of patrons, shall, after use and before re-use, be laundered in such a manner as to ensure effective sanitization.

(m) No common use of robes, towels, cloths, sheets, or other linens is permitted. All used robes, towels, cloths, or other linens shall be kept in covered containers, closed cabinets, or closed bags and shall be

held separately from clean robe, towel, cloth or linen storage areas. Such separate storage areas shall be plainly marked as "CLEAN" OR "SOILED".

(n) All oils, creams, lotions, talc, or other preparations used in administering bodywork shall be kept in factory labeled containers in a clean and closed condition. All such containers shall be stored in appropriate cabinets or shelving.

(o) All non-disposable instruments and devices designed or used for direct application to the skin shall be kept in a clean location.

(p) Ensure non-latex gloves are available on site. If latex-containing products are to be used, a sign shall be conspicuously posted stating all clients shall be advised that latex containing products are in use.

~~**(q)** Conducting bodywork therapy shall be limited between the hours of 9:00 a.m. and 9:00 p.m.~~

(r) Patrons shall be granted access to inspect all oils, creams, lotions, talc, or other preparations treatment substances before use on the individual.

(s) The facility shall have a conspicuously placed sign in the lobby which reads "Report any inappropriate or unsanitary conditions to the Needham Public Health Department at (781) 455-7500 or~~,~~ to the Needham Police Department at (781) 444-1212".

(t) No items of sexual nature cmay be stored or displayed within the establishment or on the grounds.

(u) Smoking is prohibited within a bodywork establishment or on the grounds, thereof.

(v) One individual trained in basic CPR must be on-site at all times during operating hours.

(w) A Department of State – "Know Your Rights" pamphlet and other educational material as deemed necessary by the Public Health Department shall be displayed prominently in employee areas, in English and also in all languages spoken by on-site personnel.

(x) No bodywork facility shall install a shower or other home good that would allow the employees of such establishment with the ability to live at the facility.

SECTION 8.0 ADVERTISING

Comment [TM4]: Comment for Dave Tobin…would you please provide a citation to the Town by-law or code prohibiting neon signs?

Bodywork therapists and owners of such establishments shall be mindful of professional ethics when placing advertisements. Advertising in periodicals, newspapers, or on-line in a sexual or provocative manner (i.e. pictures or language) to promote business may be construed as a violation of the proper standards of bodywork and will result in the revocation of the license.

SECTION 9.0 DEPARTMENT OF STATE – KNOW YOUR RIGHTS PAMPHLET

Any place of employment that is thought to be a common location of human trafficking, as reported by the National Human Trafficking Resource Center, shall conspicuously post a Department of State – Know Your Rights Pamphlet in a commonly visited employee information posting area. The pamphlet must be available in both English and the primary language of all employees.

As of the date these regulations are enacted, common human trafficking employment locations shall include hotels, nail salons, restaurants, bars, strip clubs, farm labor camps, construction companies, large factories, and bodywork establishments defined herein.

The Needham Public Health Department has the right to include more business locations that are common locations for human trafficking as they become known to the Needham Public Health Department, Needham Police Department, or the National Human Trafficking Resource Center.

This pamphlet is available free of charge at the following web address:
http://travel.state.gov/content/visas/english/general/rights-protections-temporaty-workers.html

SECTION 10.0 INSPECTIONS

(a) The purpose of inspections is to verify the compliance of these regulations.

(b) Denial of access to any part of an establishment, by the licensee, by a bodywork therapist, or an employee may result in immediate revocation of the license.

(c) Applicants will be subject to a minimum of two inspections by the Needham Public Health Department, Needham Police Department, or their authorized agents over the course of the fiscal year. One inspection may be announced to the facility prior to the visit and one may be unannounced, where an agent visits without prior notification to the facility.

(d) Re-inspection shall take place when an establishment does not pass an inspection. The applicant shall submit an application for re-inspection, which shall include:

1. A correction plan to be submitted to the Needham Public Health Department within five (5) business days of the initial inspection.

2. If more than one re-inspection is required, re-inspection fees of $50 by check or money order made payable to the Town of Needham.

3. A re-inspection application must be submitted to the Needham Public Health Department in writing.

SECTION11.0 DISCIPLINARY ACTIONS, ORDERS AND HEARINGS

A. ***Actions*** - Upon a finding by an agent that a licensee has violated any provisions of these regulations, the Needham Public Health Department and/or the Board of Health may impose any of the following actions separately or in any combination which is deemed appropriate to the offense:

1. Suspension of a licensee's right to practice or maintain an establishment for a fixed period of time, or denial of a license application or license renewal~~.~~.

2. Administrative revocation for failing to renew licensure in a timely manner. Licenses that have been administratively revoked may be reinstated upon the licensee's achievement of all the renewal requirements of these regulations.

3. Revocation for cause which terminates the license. The Needham Public Health Department and/or the Board of Health may allow reinstatement of a revoked license upon conditions and after a period of time deemed appropriate. Any person whose license has been revoked may not apply for licensure for at least one (1) year unless otherwise stated in the revocation order.

B. *Orders*

1. All orders shall be in writing.

2. Orders shall be served on the licensee or licensee's agent as follows:

- by sending a copy of the order by certified mail, return receipt requested, or
- personally, by any person authorized to serve civil process, or
- by posting a copy in a conspicuous place on or about the establishment.

C. *Hearings*

1. The person to whom any order or notice has been issued pursuant to violations of any provision of these regulations may request a hearing before the Board of Health. Such a request must be in writing and shall be filed with the Needham Public Health Department within five (5) working days of receipt of the order or notice.

Upon receipt of such request, the Board of Health or its agent shall inform the petitioner thereof in writing of the time and place of said hearing, which shall be commenced within a reasonable time.

2. At the hearing, the petitioner shall be given an opportunity to be heard, to challenge the inspection findings, and/or to show why the order should be modified or rescinded, or why the license should not be suspended or revoked. Any oral testimony given at a hearing shall be recorded electronically and shall be part of the licensee's file.

3. After the hearing, the Board of Health shall make a final decision based upon the complete hearing record and shall inform the petitioner in writing of the decision. If the Board of Health sustains or modifies an order, it shall be carried out within the time period allotted in the original order or in the modification.

4. Every notice, order, decision or other record prepared by the Board of Health in connection with the hearing shall be entered as a matter of public record in the Needham Public Health Department.

5. Any person aggrieved by the final decision of the Board of Health may seek relief in a court of competent jurisdiction.

SECTION 12.0 PROHIBITIONS

(a) No person licensed by Needham Public Health Department to perform bodywork , ~~,~~ shall use the therapist-client relationship to solicit for, or engage in, sexual activity with any client, whether consensual or otherwise, whether within or outside the massage establishment, or to make arrangements to engage in sexual activity with any client.

(b) At no time shall a practitioner of bodywork therapy conduct any business, or list as a business, his/her home address. Additionally, at no time may clients be seen at the practitioner's residence or run a bodywork business as a door-to-door enterprise.

(c) At no time shall a practitioner of bodywork therapy run a business from a residence, condominium, hotel, motel, mobile home, or other residential setting.

SECTION 13.0 CRIMINAL ACTS

(a) At no time shall an individual offer, or agree to engage in sexual conduct, with another person for a fee per Massachusetts General Laws (M.G.L.) Chapter 272, section ~~53A .~~53A.

(b) At no time shall a customer of an establishment request to receive, or agree to engage in, sexual conduct with another regardless of age per M.G.L. Chapter 272, section 53A.

Comment [TM5]: Question for Dave Tobin….Is this necessary given all of the other items in this section?

(c) At no time shall an individual derive support or income from a prostitute's earnings per M.G.L. 272, section 7.

(d) At no time shall an individual induce a minor to become a prostitute or knowingly assist in inducing a person under the age of 18 to become a prostitute per M.G.L. Chapter 272, section 4A.

(e) At no time shall an individual knowingly permit prostitution on the premises per M.G.L. Chapter 272, section 6.

(f) At no time shall an individual intentionally expose his/her genitals or breasts to one or more persons per M.G.L. Chapter 272, section 53.

(g) At no time shall an individual annoy or accost in a sexual way per M.G.L. Chapter 272, section 53.

(h) At no time shall an individual engage in natural or unnatural sexual intercourse with a victim, by compelling the victim to submit by force and against her or his will, or by threat of bodily injury per M.G.L. Chapter 265, section 22(a) or 22(b).

(i) At no time shall an individual commit an "indecent" assault & battery which the victim did no consent to, regardless of age, per M.G.L. Chapter 265, section 13(b) or 13(h).

(j) At no time shall an individual secretly video or photograph naked or partially naked people, ~~and at~~and at no time shall an individual disseminate secretly obtained videos or photographs of nude or partially nude individuals, per M.G.L. Chapter 272 section 105.

(k) At no time shall an individual provide or obtain another individual, or subject, recruit, entice, harbor, or transport, an individual by any means, in order to force him or her into servitude per M.G.L. Chapter 265, section 51.

(l) At no time shall an individual provide or obtain another individual, or subject, recruit, entice, harbor, or transport, an individual by any means, in order to force him or herinto sexual servitude per M.G.L. Chapter 265, section 51.

SECTION 14.0 GENERAL ENFORCEMENT

These regulations may be enforced by the Needham Public Health Department ~~andthe~~and the Police Department, except that only the Public Health Department and/or Board of Health may grant, deny, revoke, suspend or modify permits or variances of these regulations.

Comment [TM6]: Policy question…does this need to include agents from the Fire Department and/or the Building Inspectors?

The grounds on which the Public Health Department may deny renewal, revoke, suspended, or modify any permit or certification issued pursuant to these regulations include, but are not limited to:

(a) Refusal to permit an agent of the Public Health Department or other government official to inspect the facility;

(b) Interference with an agent of the Public Health Department or other government official in the performance of their duty;

(c) A criminal conviction of the license holder relating to the operation of the establishment;

(d) Failure of the license holder to submit the appropriate documentation;

(e) Failure to pay the required license fees or assessed fines or penalties;

(f) The establishment's owner, operator, or employee's failure to comply with these regulations;

(g) Committing a Prohibited or Criminal Act as outlined in this document.

(h) Keeping or submitting any misleading or false records or documents related to the operation of the establishment or practicing bodywork;

Otherwise operating a bodywork facility or practicing bodywork so as to cause a threat to the public health or safety shall cause suspension, modification, or revocation of license. Such action by the Public Health Department may include ordering other appropriate relief, including but not limited to, ordering corrections to the physical facility.

These regulations may be enforced through appropriate criminal or civil process, including but not limited to that specified at M.G.L .c. 40, section 21D, in any court of competent jurisdiction.

All criminal acts or violations of M.G.L. will be enforced by the Needham Police Department. In addition, the Needham Police Department or Public Health Department may issue fines per this ordinance on top of penalties accessed by the appropriate criminal court.

SECTION 15.0 FINES FOR VIOLATIONS OF ORDERS AND SUSPENSIONS

Any person or entity violating any term or condition of these regulations, or any Needham Public Health Department suspension or order enforcing these regulations, shall be subject to a fine for each violation of not less than fifty dollars ($50) nor more than five hundred dollars ($500) for each day that such violation continues. This regulation shall be enforced pursuant to M.G.L. Chapter 40, section 21D by a Town Police Officer or a representative of the Needham Public Health Department.

SECTION 16.0 EXEMPTIONS

Pursuant to these regulations a professional practitioner license shall not be required of the following individuals while engaged in the regular performance of the duties of their respective professions:

(a) Physicians, chiropractors, osteopaths, occupational therapists or physical therapists who are licensed to practice their respective professions in the Commonwealth of Massachusetts.

(b) Athletic trainers duly licensed under the laws of the Commonwealth of Massachusetts.

(c) Nurses who are registered or licensed under the laws of the Commonwealth of Massachusetts.

(d) Barbers and beauticians who are duly registered under the laws of the Commonwealth of Massachusetts, provided that this exemption shall apply solely to the massage of the neck, face, scalp, and hair of the customer or client for cosmetic or beautifying purposes.

(e) Acupuncturists duly licensed under the laws of the Commonwealth of Massachusetts.

(f) Persons licensed to practice massage by any city or town in the Commonwealth of Massachusetts may, at the request of a physician, attend patients in the Town of Needham without taking out an additional license.

(g) Naturopathic Physicians who are duly licensed by a state or province.

SECTION 17.0 SEVERABILITY

If any chapter, section, paragraph, sentence, clause, phrase, or word of these regulations shall be declared invalid for any reason whatsoever, that decision shall not affect any other portion of these regulations, which shall remain in full force and effect; and to this end the provisions of these regulations are hereby declared severable.

SECTION 18.0 TRANSITIONAL RULES

Existing bodywork establishments, as well as, individuals who conduct bodywork shall submit applications for licensure to the Needham Public Health Department within sixty (60) days of passage of these regulations

SECTION 19.0 EFFECTIVE DATE

These regulations shall take effect as of August 1, 2015.

DCJIS MODEL CORI POLICY

This policy is applicable to the criminal history screening of prospective and current employees, subcontractors, volunteers and interns, professional licensing applicants, and applicants for the rental or leasing of housing.

Where Criminal Offender Record Information (CORI) and other criminal history checks may be part of a general background check for employment, volunteer work, licensing purposes, or the rental or leasing of housing, the following practices and procedures will be followed.

I. CONDUCTING CORI SCREENING

CORI checks will only be conducted as authorized by the DCJIS and MGL c. 6, §. 172, and only after a CORI Acknowledgement Form has been completed.

With the exception of screening for the rental or leasing of housing, if a new CORI check is to be made on a subject within a year of his/her signing of the CORI Acknowledgement Form, the subject shall be given seventy two (72) hours notice that a new CORI check will be conducted.

If a requestor is screening for the rental or leasing of housing, a CORI Acknowledgement Form shall be completed for each and every subsequent CORI check.

II. ACCESS TO CORI

All CORI obtained from the DCJIS is confidential, and access to the information must be limited to those individuals who have a "need to know". This may include, but not be limited to, hiring managers, staff submitting the CORI requests, and staff charged with processing job applications. (Requestor Organization Name) must maintain and keep a current list of each individual authorized to have access to, or view, CORI. This list must be updated every six (6) months and is subject to inspection upon request by the DCJIS at any time.

III. CORI TRAINING

An informed review of a criminal record requires training. Accordingly, all personnel authorized to review or access CORI at (Requestor Organization Name)

will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available by the DCJIS.

Additionally, if (Requestor Organization Name) is an agency required by MGL c. 6, s. 171A, to maintain a CORI Policy, all personnel authorized to conduct criminal history background checks and/or to review CORI information will review, and will be thoroughly familiar with, the educational and relevant training materials regarding CORI laws and regulations made available by the DCJIS.

IV. USE OF CRIMINAL HISTORY IN BACKGROUND SCREENING

CORI used for employment purposes shall only be accessed for applicants who are otherwise qualified for the position for which they have applied.

Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on background checks will be made consistent with this policy and any applicable law or regulations.

V. VERIFYING A SUBJECT'S IDENTITY

If a criminal record is received from the DCJIS, the information is to be closely compared with the information on the CORI Acknowledgement Form and any other identifying information provided by the applicant to ensure the record belongs to the applicant.

If the information in the CORI record provided does not exactly match the identification information provided by the applicant, a determination is to be made by an individual authorized to make such determinations based on a comparison of the CORI record and documents provided by the applicant.

VI. INQUIRING ABOUT CRIMINAL HISTORY

In connection with any decision regarding employment, volunteer opportunities, housing, or professional licensing, the subject shall be provided with a copy of the criminal history record, whether obtained from the DCJIS or from any other source, prior to questioning the subject about his or her criminal history. The source(s) of the criminal history record is also to be disclosed to the subject.

VII. DETERMINING SUITABILITY

If a determination is made, based on the information as provided in section V of this policy, that the criminal record belongs to the subject, and the subject does not dispute the record's accuracy, , then the determination of suitability for the position or license will be made. Unless otherwise provided by law, factors considered in determining suitability may include, but not be limited to, the following:

(a) Relevance of the record to the position sought;
(b) The nature of the work to be performed;
(c) Time since the conviction;
(d) Age of the candidate at the time of the offense;
(e) Seriousness and specific circumstances of the offense;
(f) The number of offenses;
(g) Whether the applicant has pending charges;
(h) Any relevant evidence of rehabilitation or lack thereof; and
(i) Any other relevant information, including information submitted by the candidate or requested by the organization.

The applicant is to be notified of the decision and the basis for it in a timely manner.

VIII. ADVERSE DECISIONS BASED ON CORI

If an authorized official is inclined to make an adverse decision based on the results of a criminal history background check, the applicant will be notified immediately. The subject shall be provided with a copy of the organization's CORI policy and a copy of the criminal history. The source(s) of the criminal history will also be revealed. The subject will then be provided with an opportunity to dispute the accuracy of the CORI record. Subjects shall also be provided a copy of DCJIS' ***Information Concerning the Process for Correcting a Criminal Record***.

IX. SECONDARY DISSEMINATION LOGS

All CORI obtained from the DCJIS is confidential and can only be disseminated as authorized by law and regulation. A central secondary dissemination log shall be

used to record *any* dissemination of CORI outside this organization, including dissemination at the request of the subject.

NEEDHAM PUBLIC HEALTH

Needham Public Health
Prevent. Promote. Protect.

Memorandum

To: Timothy McDonald, Public Health Director
From: Tara Gurge, Environmental Health Agent
Date: April 30, 2015
Re: Overview of Food Establishment Fees / Proposed Change to Fee Schedule

---

The current annual permit fee for Food Establishments is based upon the total number of seats in an establishment. Trip Advisor's central dining area will include 293 seats, which means its annual food establishment permit fee will be $525.00. But in addition to the 293 seats in the central dining area, the new Trip Advisor office building located at 400 First Avenue includes multiple food stations, two bar areas, and a pair of kitchenette areas on each of six floors. The bar areas and the kitchenettes will require a spot-check as part of our routine food service inspections, while the kitchen/cafeteria area will receive a detailed inspection.

When considering the amount of food service areas at this location that will be subject to inspect, the $525.00 fee will not off-set the cost of staff time to conduct the inspection. The Public Health Department has an annual food service fee for the town's supermarkets that is $655.00. That fee amount may be a closer match to the cost of staff time involved in conducting those inspections than would a $525.00 fee for inspections at the Trip Advisor facility.

I feel that the easiest and most efficient way to account for the increased inspection time required by larger food service establishments (like Trip Advisor) is to add an additional Tier to our existing fee list. Here is my proposed change in our existing Fee Schedule under our Food Tiers:

Change existing to read:

- Food Service 150 – 250 seats = $525.00

Add the following Tier:

- Food Service > 250 seats (which would accommodate the new Trip Advisor which has 293 seats) = $625.00 (or to a fee that's seems agreeable).

Sincerely,

Tara Gurge
Tara E. Gurge, R.S., C.E.H.T., M.S.
Environmental Health Agent

Attachment:

- Chart of permit fees in neighboring communities.

1471 Highland Avenue, Needham, MA 02492
E-mail: healthdepartment@needhamma.gov
781-455-7500x511(tel); 781-455-0892 (fax)
Web: www.needhamma.gov/health

Public Health Fees in Needham and Neighboring Communities

PERMIT/LICENSE	NEEDHAM	DEDHAM	NORWOOD	WESTON	Westwood	Wellesley
Food – plan review	$210.00	$50/$100/$200	$150-$250	$300.00	0-5,000 sq ft $150 Over 5,000 $.03 per sq ft	$100 - $600 depends on size
Annual food – <50 seats Retail 1500-3000 sq ft	$265.00	$100.00	$100-$150	$100 - $300	$75 - $125	$250.00
Annual food - >50 seats Retail 3000-6000 sq ft	$460.00	$200.00	$200-$250	$100 - $300	$175 - $350	$500.00
Annual food – >150 seats Retail 6000–10,000	$525.00	$400.00	$250.00	$100 - $300	Over 125 seats, $2 each seat	$600.00
Mobile – or retail <1500 sq ft	$165.00	$200.00	$100.00	$100.00	$100/$75 candy only	$140.00
Temporary – 1 day permits	$30.00	$50.00	$30.00	$25.00	$20.00	$25.00
Tobacco	$700.00	$200.00	$200.00	N/A	$400.00	$250.00
Domestic Animal	$90.00	$50/$100	$50.00	$50 per site	N/A	$50.00
Pool Plan review	$265.00	$100.00	$150.00	$300.00	$250, $25 per revision	$300.00
Hauler - Septic, grease, waste	$130.00	$150.00	$100.00	$200 - $50 ea add'l truck	$100.00	$50.00 per truck
Demolitions	$40.00	N/A	N/A	$75 or $250 – inspection required	N/A	$50.00
Tanning – New Establishment	$230.00	$200.00	Not specified	N/A	$150.00	$150.00
Tanning – First booth/ additional booth	$110/$30	$25.00	$100/$15	N/A	$50 per device	$100/$50
Camps	$155.00	$250.00	$100.00	N/A	$150.00	$200.00
Septic/Title V-Soil Application test – less than 2 hours	$430.00	$100.00	$50.00	$400.00	$300.00	N/A

E-cigarette use triples among middle and high school students in just one year

Hookah use doubles; no decline seen in overall tobacco use among middle or high school students

Press Release

Embargoed Until: Thursday, April 16, 2015, 1:00 PM ET

Contact: Media Relations (http://www.cdc.gov/media)
(404) 639-3286

Current e-cigarette use among middle and high school students tripled from 2013 to 2014, according to data published by the Centers for Disease Control and Prevention and the U.S. Food and Drug Administration's Center for Tobacco Products (CTP) in today's Morbidity and Mortality Weekly Report (MMWR). Findings from the 2014 National Youth Tobacco Survey show that current e-cigarette use (use on at least 1 day in the past 30 days) among high school students increased from 4.5 percent in 2013 to 13.4 percent in 2014, rising from approximately 660,000 to 2 million students. Among middle school students, current e-cigarette use more than tripled from 1.1 percent in 2013 to 3.9 percent in 2014—an increase from approximately 120,000 to 450,000 students.

This is the first time since the survey started collecting data on e-cigarettes in 2011 that current e-cigarette use has surpassed current use of every other tobacco product overall, including conventional cigarettes. E-cigarettes were the most used tobacco product for non-Hispanic whites, Hispanics, and non-Hispanic other race while cigars were the most commonly used product among non-Hispanic blacks.

"We want parents to know that nicotine is dangerous for kids at any age, whether it's an e-cigarette, hookah, cigarette or cigar," said CDC Director Tom Frieden, M.D., M.P.H. "Adolescence is a critical time for brain development. Nicotine exposure at a young age may cause lasting harm to brain development, promote addiction, and lead to sustained tobacco use."

Hookah smoking roughly doubled for middle and high school students, while cigarette use declined among high school students and remained unchanged for middle school students. Among high school students, current hookah use rose from 5.2 percent in 2013 (about 770,000 students) to 9.4 percent in 2014 (about 1.3 million students). Among middle school students, current hookah use rose from 1.1 percent in 2013 (120,000 students) to 2.5 percent in 2014 (280,000 students).

The increases in e-cigarette and hookah use offset declines in use of more traditional products such as cigarettes and cigars. There was no decline in overall tobacco use between 2011 and 2014. Overall rates of any tobacco product use were 24.6 percent for high school students and 7.7 percent for middle school students in 2014.

In 2014, the products most commonly used by high school students were e-cigarettes (13.4 percent), hookah (9.4 percent), cigarettes (9.2 percent), cigars (8.2 percent), smokeless tobacco (5.5 percent), snus (1.9 percent) and pipes (1.5 percent). Use of multiple tobacco products was common; nearly half of all middle and high school students who were current tobacco users used two or more types of tobacco products. The products most commonly used by middle school students were e-cigarettes (3.9 percent), hookah (2.5 percent), cigarettes (2.5 percent), cigars (1.9 percent), smokeless tobacco (1.6 percent), and pipes (0.6 percent).

Cigarettes, cigarette tobacco, roll-your-own tobacco and smokeless tobacco are currently subject to FDA's tobacco control authority. The agency currently is finalizing the rule to bring additional tobacco products such as e-cigarettes, hookahs and some or all cigars under that same authority. Several states have passed laws establishing a minimum age for purchase of e-cigarettes or extending smoke-free laws to include e-cigarettes, both of which could help further prevent youth use and initiation.

"In today's rapidly evolving tobacco marketplace, the surge in youth use of novel products like e-cigarettes forces us to confront the reality that the progress we have made in reducing youth cigarette smoking rates is being threatened," said Mitch Zeller, J.D., director of FDA's Center for Tobacco Products. "These staggering increases in such a short time underscore why FDA intends to regulate these additional products to protect public health."

Today's report concludes that further reducing youth tobacco use and initiation is achievable through regulation of the manufacturing, distribution, and marketing of tobacco products coupled with proven strategies. These strategies included funding tobacco control programs at CDC-recommended levels, increasing prices of tobacco products, implementing and enforcing comprehensive smoke-free laws, and sustaining hard-hitting media campaigns. The report also concludes that because the use of e-cigarettes and hookahs is on the rise among high and middle school students, it is critical that comprehensive tobacco control and prevention strategies for youth focus on all tobacco products, and not just cigarettes.

The National Youth Tobacco Survey (NYTS) is a school-based, self-administered questionnaire given annually to middle and high-school students in both public and private schools. NYTS, which surveyed 22,000 students in 2014, is a nationally representative survey.

The 2012 Surgeon General's Report found that about 90 percent of all smokers first tried cigarettes as teens; and that about three of every four teen smokers continue into adulthood. To learn more about quitting and preventing children from using tobacco, visit www.BeTobaccoFree.gov (http://www.BeTobaccoFree.gov).

For broadcast-quality video and audio clips featuring FDA's Center for Tobacco Products Director Mitch Zeller speaking about the findings from the 2014 National Youth Tobacco Survey, visit http://dmr.homefrontdc.com/697/ctp-nyts-findings (http://dmr.homefrontdc.com/697/ctp-nyts-findings).
Please note that these clips will not be available until Thursday, April 16 at 1 p.m. ET.

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (http://www.hhs.gov/)

Page last reviewed: April 16, 2015
Page last updated: April 16, 2015
Content source: Centers for Disease Control and Prevention (/)

LYME DISEASE April 19, 2015

Despite spread of Lyme disease, Mass. dedicates no money to prevention

By **Beth Daley**

Brian Mullen/URI TickEncounter Resource Center

Thomas Mather, of the TickEncounter Resource Center at the University of Rhode Island, holds ticks gathered in the woods in South Kingstown, RI in November 2012. The ticks are adult stage blacklegged (deer) ticks.

The predawn rumble of pesticide-spraying trucks is a rite of spring in almost 200 Massachusetts communities. Some $11 million is spent in the state each year controlling and counting the pests and educating residents about how to avoid contracting mosquito-borne diseases such as West Nile virus.

Yet no state funds are dedicated to tick-borne diseases, one of which, Lyme, infects at least 5,500 residents a year in Massachusetts and likely many more. Residents may notice that gap even more this spring: The winter's deep snow probably insulated ticks from low temperatures and heavy winter mortality, say some entomologists.

Ticks and Lyme have spread across Massachusetts in the past 40 years to become one of the region's most commonly reported infectious diseases, yet the state's public health priorities have not kept pace. Two years ago, a special state Lyme commission suggested (https://malegislature.gov/Content/Documents/Committees/H46/LymeDiseaseCommissionFinalReport-2013-02-28.pdf) a modest investment of less than $300,000 for a public education

program, yet no money has been set aside, and the commission's other specific recommendations – from promoting more awareness in the medical community to better disease surveillance – have not been adopted.

READ MORE: Lyme-infected dogs: 95 percent never develop symptoms; no such luck for Dani (http://necir.org/2015/04/19/dani-lyme/)

"The state needs to step up to the plate," said Larry Dapsis, deer-tick project coordinator and entomologist for Barnstable County, which funds the state's only county tick-education program. Tracking the West Nile virus in mosquitoes that can make humans sick can be like "looking for a needle in a haystack," Dapsis said. "For ticks we look at the landscape and, well, it's scary."

There are at least six tick-borne diseases in Massachusetts, and experts expect more soon: The Lone Star tick, which can transmit several pathogens and spark a bizarre allergy to red meat, took up residence on the Massachusetts mainland last year in Sandy Neck Beach Park in West Barnstable. A new human tick-borne disease – borrelia miyamotoi – was reported in the Northeast in 2013 (http://www.boston.com/dailydose/2013/01/16/new-illness-transmitted-same-tick-that-carries-lyme-discovered-northeast/1wS5CVZhbE56m1Ski76AMO/story.html) and is being found in people in Massachusetts: In 2014, Cape Cod Hospital had 26 cases.

"When we do surveillance on mosquitoes, we are also trying to communicate risk to people and tell them how to avoid contracting the disease; that is missing with ticks," said Chris Horton, superintendent of the Berkshire County Mosquito Control Project in Pittsfield, one of the state's 11 regional mosquito control districts. Berkshire County has the highest incidence of anaplasmosis, a tick-borne illness that can cause fever, chills and confusion, with 41 cases per 100,000 residents in 2013. In Hampshire and Worcester counties, it is less than 2 cases per 100,000 residents, some of the lowest in the state.

Few argue against mosquito control in Massachusetts. Started out in part because of the nuisance factor, it has evolved to try to limit disease threats to the public. And, many argue, it works: Usually less than 30 people a year are reported to contract West Nile and even fewer get Eastern Equine Encephalitis.

State Representative Carolyn Dykema, a Holliston Democrat, filed a bill this year for the third time to expand the authority of the mosquito districts to include ticks, but few tick experts expect it to gain traction.

"(Ticks) are very different to control," compared with mosquitoes, Horton said. For example, mosquitoes are airborne at specific times of day at which they can be targeted with pesticides, he said, and larvaeside can be sprayed in standing water where they breed. Ticks are not very mobile, can be found throughout landscapes, and populations can dramatically vary even within short distances.

State officials receive about $40,000 in federal dollars a year to help support Lyme disease surveillance and education, and officials say other duties around Lyme are not covered by any specific state line item but is part of the department's general funding.

READ MORE: Can you trust Lyme disease tests? (http://features.necir.org/lymediseasetesting)

Largely, state officials say they are focusing on educating residents to protect themselves with tick checks, covering up when outside, and using tick-killing sprays on footwear and outerwear.

Norfolk County Mosquito Control District

A mosquito control truck sprays along a roadway in Norfolk County, Massachusetts

"We consider the outreach we do critically important – and that has not stopped," said Katie Brown, the state's public health veterinarian. A state epidemiologist, she said, is now developing multimedia tick education presentations that schools can borrow, and officials created public service videos last year that are available for local boards of health and to the public.

Northeast states, in general, don't spend much to prevent tick-borne diseases, although Maine voters in November approved $8 million for a lab that will test ticks and conduct other research at the University of Maine in Orono by 2017.

Lauren Owens for NECIR

Researchers with the University of Rhode Island drag tick flags in southern Rhode Island woodlands to monitor the activity of deer ticks that transmit the bacteria causing Lyme disease.

In Massachusetts, an $111,000 Community Innovation Challenge grant last year subsidized testing costs of ticks to track what pathogens and parasites were being found in 32 communities. Findings of the testing at the Laboratory of Medical Zoology at the University of Massachusetts Amherst included: the discovery of Lone Star ticks in counties in which they had previously not been recorded (they are considered resident in only Barnstable County); that ticks harboring more than one pathogen that can cause illness in humans are present throughout the state; and that those most frequently bit by ticks appear to be children and older people.

While Stephen M. Rich, the laboratory director and other tick experts were hoping the testing would continue to be funded, the state canceled the entire grant program this year. The lab still tests ticks for a $50 (http://www.tickreport.com/) fee for residents who mail them in, and Rich is still working to grow the program. He said that to have a robust tick surveillance and prevention program, all a town would need to do is devote $1,000 to $3,000 of their state funding.

"To establish a disease surveillance and prevention system, like the one we have for mosquitoes, will require enabling legislation that allows towns to subsidize this service that Massachusetts residents want," Rich said in an email.

A controversial illness

Lyme Disease is one of the most vexing public health issues in Massachusetts. First discovered in a group of children in Lyme, Conn. in the mid-1970s, it has spread throughout every community in Massachusetts and much of the Northeast.

Deer ticks – often no bigger than the size of a poppy seed – become more active as the weather heats up, latching onto pets (http://necir.org/2015/04/19/dani-lyme) and people as they pass through forested areas and tall grasses. As the parasites feed on blood, they can pass pathogens to people that sicken them, the most common of which is Lyme.

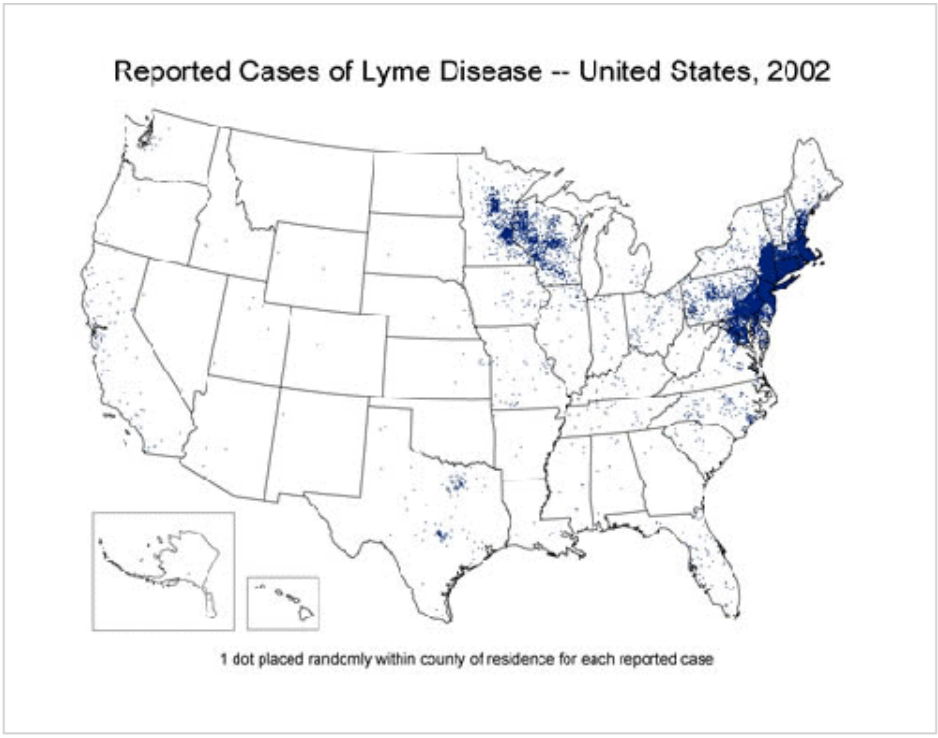
READ MORE: Study finds cancer diagnoses delayed because of chronic Lyme misdiagnosis (http://necir.org/2014/11/03/study-finds-lyme-disease-diagnosis-masked-cancers/)

Early symptoms of Lyme can include a skin rash that looks like a bullseye, headache, fatigue, and fever. If caught early, a month or less of antibiotics cures most cases, but if the infection is left untreated, it can spread to the joints, heart and nervous system, causing such symptoms as facial paralysis, arthritis and tingling sensations, and in very rare cases, death.

There were 5,665 confirmed and probable cases of Lyme in 2013, the last year of available data, but federal officials say the number of cases is underreported. Two years ago, the U.S. Centers for Disease Control and Prevention, using a new way of measuring Lyme disease diagnoses, said cases of Lyme were likely 10 times more common than previous national counts, affecting possibly 300,000 people a year in the U.S., the bulk in the Northeast. By that measure, the number of Lyme cases in Massachusetts would be about 50,000.

Communities trying to fill the gap

In the absence of any dedicated state program or funding, communities, individuals, Lyme patients and health associations are, themselves, attempting to educate residents.



Map: CDC, Gif: Shan Wang for NECIR

The spread of Lyme disease across the U.S., 2001 – 2013

The first Central Massachusetts Lyme Conference (http://masslymeconference.com/) was held in Worcester in March. The Massachusetts Association of Public Health Nurses held a daylong Brewster seminar on Lyme and other tick-borne disease on April 16. In North Andover, the public health nurse is developing prevention materials to be placed in the library and other public places. In Medfield, residents are discussing whether to spray for ticks on the perimeter of two playing fields.

Such patchwork attempts, however, have not yet appeared to result in any reduction of tick-borne disease statewide, according to statistics.

"It really comes down to a budget item," said Chris Kaldy, chair of the Medfield Lyme Disease Study Committee. The community works hard at tick education, that includes providing tick check cards for first- and third-graders to bring home. Kaldy would like to do more but, she said, “We don’t have the money to do mailings (and) other ways to get the word out."

Meanwhile, some communities have added a controversial prevention effort: Deer kills. Because a deer can harbor hundreds of ticks, some studies and experiments show killing deer can reduce tick-borne diseases in people. Dover, Sudbury and other communities have allowed bow-and-arrow hunting on some town lands for several years; Westborough began allowing it two years ago.

The Environmental Bond bill passed last year required the state to develop a plan to safely and humanely cull deer where their numbers have risen too high, such as in the Blue Hills Reservation outside Boston.

“We have a real threat to public health," said Sen. Brian A. Joyce, a Milton Democrat, who proposed the language in the bond bill.

READ MORE: FDA to regulate Lyme, other diagnostic tests
(http://necir.org/2014/08/01/fda-to-regulate-lyme-other-diagnostic-tests-2/)

A spokesman for the state Department of Conservation and Recreation said state

Lauren Owens for NECIR

Deer ticks can be the size of a poppy seed

officials are developing recommendations for the Blue Hills herd and will seek the public's input before any formal plan is adopted.

But others, including some academics, say it is not clear fewer deer will translate into fewer cases of Lyme, in part because ticks get transported on so many other animals.

One of the only points of agreement for most people involved in the Lyme – and deer – debate is that people should personally protect themselves. Experts also warn that while pest-control companies are increasingly offering tick control, such as spraying yard perimeters, they need to beware of claims, especially of all-natural products.

While Nootkatone, a bio-active natural component of Alaskan yellow cedar oil, has been shown to kill ticks in high numbers, it is currently quite expensive to produce, according to Tom Mather, a University of Rhode Island professor and tick expert who runs tickencounter.org (http://www.tickencounter.org), a website dedicated to tick prevention. Many pest control companies offer non-yellow cedar products that do not work well against ticks, said Mather, who has tested some of the products' main ingredients. It turns out that red cedar is just not the same as yellow cedar.

"We found no tick-killing effect using two different red cedar products. People need to be warned. There are so many formulations of botanical oils but so few have actually been tested against ticks," Mather said.

And it may be an important year to work on tick protection. According to Jim Dill, a pest management specialist at the University of Maine, the extreme cold probably didn't kill many ticks this winter because "most of them were three feet under ... warm and well-insulated" by the snow, he said.

Massachusetts Water Resources Authority
PRESS RELEASE

home

DATE: April 29, 2015

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MWRA LOWERING FLUORIDE DOSAGE FOLLOWING CDC RECOMMENDATION

The Massachusetts Water Resources Authority is lowering the amount of fluoride added to the water it supplies in accordance with a new recommendation from the **Centers for Disease Control** (CDC).

On April 27, 2015, the CDC released a recommendation that water suppliers reduce their fluoride dosage to 0.7 milligrams per liter (mg/l) from a range between 0.7 mg/l and 1.2 mg/l. According to the CDC, the dose is being lowered because Americans now receive fluoride from a variety of sources, other than just water, and the dental benefits can be achieved with a lower dose in water.

“MWRA has been adding fluoride to the water for more than 30 years to reduce tooth decay and promote community public health,” said Fred Laskey, MWRA’s executive director. “Like most other water suppliers, we follow the recommendations of the CDC, as well as the World Health Organization and the American Dental Association. These are the public health experts and we look to them for guidance on this important issue.”

MWRA has adopted the new recommendation at its **Carroll Water Treatment Plant**, which serves 45 communities in eastern and metro west Massachusetts, including Boston.

In 1999, CDC published a report, “Ten Great Public Health Achievements — United States 1900-1999,” that listed fluoridation of public water supplies to reduce dental cavities as one of the leading public health achievements of the last century.

Links:

· **http://www.cdc.gov/fluoridation/pdf/statement-cwf.pdf**
· **http://www.hhs.gov/news/press/2015pres/04/20150427a.html**

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U.S. Public Health Service Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries

U.S. Department of Health and Human Services Federal Panel on Community Water Fluoridation

Through this final recommendation, the U.S. Public Health Service (PHS) updates and replaces its 1962 Drinking Water Standards related to community water fluoridation—the controlled addition of a fluoride compound to a community water supply to achieve a concentration optimal for dental caries prevention.[1] For these community water systems that add fluoride, PHS now recommends an optimal fluoride concentration of 0.7 milligrams/liter (mg/L). In this guidance, the optimal concentration of fluoride in drinking water is the concentration that provides the best balance of protection from dental caries while limiting the risk of dental fluorosis. The earlier PHS recommendation for fluoride concentrations was based on outdoor air temperature of geographic areas and ranged from 0.7–1.2 mg/L. This updated guidance is intended to apply to community water systems that currently fluoridate, or that will initiate fluoridation, and is based on considerations that include:

- Scientific evidence related to the effectiveness of water fluoridation in caries prevention and control across all age groups,
- Fluoride in drinking water as one of several available fluoride sources,
- Trends in the prevalence and severity of dental fluorosis, and
- Current evidence on fluid intake of children across various outdoor air temperatures.

BACKGROUND

Because fluoridation of public drinking water systems had been demonstrated as effective in reducing dental caries, PHS provided recommendations regarding optimal fluoride concentrations in drinking water for community water systems in 1962.[2,3] The U.S. Department of Health and Human Services (HHS) is releasing this updated PHS recommendation because of new data that address changes in the prevalence of dental fluorosis, the relationship between water intake and outdoor temperature in children, and the contribution of fluoride in drinking water to total fluoride exposure in the United States. Although PHS recommends community water fluoridation as an effective public health intervention, the decision to fluoridate water systems is made by state and local governments.

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As of December 31, 2012, the U.S. Centers for Disease Control and Prevention (CDC) estimated that approximately 200 million people in the United States were served by 12,341 community water systems that added fluoride to water or purchased water with added fluoride from other systems. For many years, nearly all of these fluoridated systems used fluoride concentrations ranging from 0.8 to 1.2 mg/L; fewer than 1% of these systems used a fluoride concentration at 0.7 mg/L (Unpublished data, Water Fluoridation Reporting System, CDC, 2010). When water systems that add fluoride implement the new PHS recommendation (0.7 mg/L), the fluoride concentration in these systems will be reduced by 0.1–0.5 mg/L, and fluoride intake from water will decline among most people served by these systems.

It is expected that implementation of the new recommendation will lead to a reduction of approximately 25% (range: 12%–42%) in fluoride intake from drinking water alone and a reduction of approximately 14% (range: 5%–29%) in total fluoride intake. These estimates are based on intake among young children at the 90th percentile of drinking water intake for whom drinking water accounts for 40%–70% of total fluoride intake.[4] Furthermore, these estimates are based on a weighted mean fluoride concentration of 0.94 mg/L in systems that added fluoride (or purchased water from systems that added fluoride) in 2009 (Unpublished data, Water Fluoridation Reporting System, CDC, 2009). Community water systems that contain naturally occurring fluoride at concentrations >0.7 mg/L (estimated to serve about 11 million people) will not be directly affected by the new PHS recommendation.

Under the Safe Drinking Water Act, the U.S. Environmental Protection Agency (EPA) sets standards for drinking water quality.[5] EPA is in the process of reviewing the maximum amount of fluoride allowed in drinking water. Upon completion of its review, the EPA will determine if it is appropriate to revise the drinking water standard for fluoride. Currently, the enforceable standard is set at 4.0 mg/L to protect against severe skeletal fluorosis (i.e., a bone disease caused by excessive fluoride intake for a long period of time that in advanced stages can cause pain or damage to bones and joints), which is a rare condition in the United States.[6,7] If the EPA determines that it is appropriate to revise the standard, any revisions could affect certain community water systems that have naturally occurring fluoride. More information about EPA's existing drinking water standards for fluoride can be found on the EPA's website.[8]

RECOMMENDATION

For community water systems that add fluoride to their water, PHS recommends a fluoride concentration of 0.7 mg/L (parts per million [ppm]) to maintain caries prevention benefits and reduce the risk of dental fluorosis.

Rationale

Importance of community water fluoridation. Community water fluoridation is a major factor responsible for the decline in prevalence (occurrence) and severity of dental caries (tooth decay) during the second half of the 20th century.[9] For adolescents, the prevalence of dental caries in at least one permanent tooth (excluding third molars) decreased from 90% among those aged 12–17 years in the 1960s to 60% among those aged 12–19 years in 1999–2004; during that interval, the number of permanent teeth affected by dental caries (i.e., decayed, missing, and filled) declined from 6.2 to 2.6, respectively.[10,11] Adults also have benefited from community water fluoridation; the average number of affected teeth decreased from 18 among 35- to 44-year-old adults in the 1960s to 10 among 35- to 49-year-old adults in 1999–2004.[11,12] Although data were not age-adjusted, age groups in the 1999–2004 survey used a higher upper age limit, and both caries prevalence and number of teeth affected increased with age; thus, these comparisons may underestimate caries decline over time.

Although there have been notable declines in tooth decay, it remains one of the most common chronic diseases of childhood.[1,13] In 2009–2010, national survey data showed that untreated dental caries among children varied by race/ethnicity and federal poverty level. About one in four children living below 100% of the federal poverty level had untreated tooth decay,[14] which can result in pain, school absences, and poorer school performance.[15–18]

Systematic reviews of the scientific evidence related to fluoride have concluded that community water fluoridation is effective in decreasing dental caries prevalence and severity.[19–26] Effects included significant increases in the proportion of children who were caries-free and significant reductions in the number of teeth or tooth surfaces with caries in both children and adults.[20,22,24–26] When analyses were limited to studies conducted after the introduction of other sources of fluoride, especially fluoride toothpaste, beneficial effects across the lifespan from community water fluoridation were still apparent.[20,24,27]

Fluoride in saliva and dental plaque works to prevent dental caries primarily through topical remineralization

of tooth surfaces.[28,29] Consuming fluoridated water and beverages, and foods prepared or processed with fluoridated water, throughout the day maintains a low concentration of fluoride in saliva and plaque that enhances remineralization. Although other fluoride-containing products are available and contribute to the prevention and control of dental caries, community water fluoridation has been identified as the most cost-effective method of delivering fluoride to all members of the community regardless of age, educational attainment, or income level.[9,30] Studies continue to find that community water fluoridation is cost saving.[21,31–33]

Trends in availability of fluoride sources. Community water fluoridation and fluoride toothpaste are the most common sources of non-dietary fluoride in the United States.[34] Community water fluoridation began in 1945, reaching 49% of the U.S. population by 1975 and 67% by 2012.[35,36] Toothpaste containing fluoride was first marketed in the United States in 1955.[37] By 1983, more than 90% of children and adolescents 5–19 years of age, and almost 70% of young children 2–4 years of age, reportedly used fluoride toothpaste.[38] By 1986, more than 90% of young children 2–4 years of age were reported to use fluoride toothpaste.[39] And by the 1990s, fluoride toothpaste accounted for more than 90% of the toothpaste market.[40] Other products that provide fluoride now include mouth rinses, dietary fluoride supplements, and professionally applied fluoride compounds. More detailed explanations of these products are published elsewhere.[34,41,42]

More information on major sources of ingested fluoride and their relative contributions to total fluoride exposure in the United States is presented in an EPA report.[4] To protect the majority of the population, EPA uses the 90th percentile of drinking water intake for all age groups to calculate the relative contribution for each fluoride source. The EPA definition of "drinking water" includes tap water ingested alone or with beverages and certain foods reconstituted in the home. Among children aged 6 months to 14 years, drinking water accounts for 40%–70% of total fluoride intake; for adults, drinking water provides 60% of total fluoride intake. Toothpaste that has been swallowed inadvertently is estimated to account for about 20% of total fluoride intake in very young children (1–3 years of age).[4] Other major contributors to total daily fluoride intake are commercial beverages and solid foods.

Dental fluorosis. Fluoride ingestion while teeth are developing can result in a range of visually detectable changes in the tooth enamel called dental fluorosis.[43] Changes range from barely visible lacy white markings in milder cases to pitting of the teeth in the rare, severe form. The period of possible risk for fluorosis in the permanent teeth (excluding the third molars) extends from birth through 8 years of age when the pre-eruptive maturation of tooth enamel is complete.[34,44,45] The risk for and severity of dental fluorosis depends on the amount, timing, frequency, and duration of the exposure.[34] When communities first began adding fluoride to their public water systems in 1945, drinking water and local foods and beverages prepared with fluoridated water were the primary sources of fluoride for most children.[7,46] At that time, only a few systems fluoridated their water, minimizing the amount of fluoride contributed by processed water to commercial foods and beverages. Since the 1940s, other sources of ingested fluoride such as fluoride toothpaste (if swallowed) and dietary fluoride supplements have become available. Fluoride intake from these products, in addition to water, other beverages, and infant formula prepared with fluoridated water, have been associated with increased risk of dental fluorosis.[47–53] Both the 1962 PHS recommendations and the current updated recommendation for fluoride concentration in community drinking water were set to achieve reduction in dental caries while minimizing the risk of dental fluorosis.

Results of two national surveys indicate that the prevalence of dental fluorosis has increased since the 1980s, but mostly in very mild or mild forms. Data on the prevalence of dental fluorosis come from the National Health and Nutrition Examination Survey (NHANES) 1999–2004. NHANES assessed the prevalence and severity of dental fluorosis among people aged 6–49 years. Twenty-three percent (95% confidence interval [CI] 20.1, 26.1) had dental fluorosis, of which the vast majority was very mild or mild. Approximately 2% (95% CI 1.5, 2.5) of people had moderate dental fluorosis, and fewer than 1% (95% CI 0.1, 0.4) had severe fluorosis. The prevalence of dental fluorosis that was very mild or greater was higher among young people and ranged from 41% (95% CI 36.3, 44.9) among adolescents aged 12–15 years to 9% (95% CI 6.1, 11.4) among adults aged 40–49 years.[54]

The prevalence and severity of dental fluorosis among 12- to 15-year-olds in 1999–2004 also were compared with estimates from the Oral Health of United States Children survey, 1986–1987, which was the first national survey to include measures of dental fluorosis.[55] Although these two national surveys differed in sampling and representation (household vs. schoolchildren), findings support the hypothesis that there was an increase in dental fluorosis that was very mild or greater during the time between the two surveys. In 1986–1987 and 1999–2004, the prevalence

of dental fluorosis was 23% and 41%, respectively, among adolescents aged 12–15 years.[54] Similarly, the prevalence of very mild fluorosis (17.2% and 28.5%), mild fluorosis (4.1% and 8.6%), and moderate and severe fluorosis combined (1.3% and 3.6%) among 12- to 15-year-old adolescents during 1986–1987 and 1999–2004, respectively, all showed increases. Estimates limited to severe fluorosis among adolescents in both surveys, however, were statistically unreliable because there were too few cases among survey participants examined. The higher prevalence of dental fluorosis in young people in 1999–2004 may reflect increases in fluoride exposures (intake) across the U.S. population.

Children are at risk for fluorosis in the permanent teeth from birth through 8 years of age. Adolescents who were 12–15 years of age when they participated in the national surveys of 1986–1987 and 1999–2004 would have been at risk for dental fluorosis during 1971–1983 and 1984–2000, respectively.

By 1969, the percentage of the U.S. population receiving fluoridated water was 44% (n=88,475,684). By 1985, this percentage increased about 10 percentage points to 55% (n=130,172,334). By 2000, this percentage was 57% (n=161,924,080). Although the percentage point increases in more recent years appear small (2 percentage points from 1985 to 2000), it is important to note that the total size of the U.S. population also continued to expand during the time period. As a result, the 10-percentage-point increase from 1969 to 1985 reflects an increase of more than 40 million people receiving fluoridated water, whereas the 2-percentage-point increase from 1985 to 2000 represents an increase of more than 30 million people.[36]

Available data do not support additional detailed examination of changes in the percentage of children and adolescents using fluoride toothpaste. As mentioned previously, by 1983, more than 90% of children and adolescents 5–19 years of age, and almost 70% of young children 2–4 years of age, were reportedly using fluoride toothpaste; by 1986, more than 90% of young children were also using fluoride toothpaste.[38,39] As mentioned, recent EPA estimates indicate that toothpaste swallowed inadvertently accounts for about 20% of total fluoride intake in very young children.[4]

More information on fluoride concentrations in drinking water and the risk of severe dental fluorosis in children is presented in an EPA report.[7] EPA's scientific assessments considered new data on dental fluorosis and updated exposure estimates to reflect current conditions. Based on original data from a study that predated widespread water fluoridation in the United States, EPA determined that the benchmark dose for a 0.5% prevalence of severe dental fluorosis was a drinking water fluoride concentration of 2.14 mg/L, with a lower 95% CI of 1.87 mg/L.[7] Categorical regression modeling also indicated that the concentration of fluoride in water associated with a 1% prevalence of severe dental fluorosis decreased over time (1940–2000).[56] These findings are consistent with an increase in exposures from other sources of fluoride and support the conclusion that a fluoride concentration in drinking water of 0.7 mg/L would reduce the chance of dental fluorosis—especially severe dental fluorosis—in the current context of multiple fluoride sources.

The two EPA assessments of fluoride published in 2010 responded to earlier findings of the National Research Council (NRC) of the National Academies of Science, published in 2006.[4,6,7] The NRC had reviewed new data on fluoride at EPA's request and in 2006 recommended that EPA update health and exposure assessments to consider all sources of fluoride and to take into account dental effects—specifically, pitting of teeth (i.e., severe dental fluorosis) in children. The NRC identified severe dental fluorosis as an adverse health effect, because pitting of the enamel compromises its protective function. The NRC's report focused on the potential for adverse effects from naturally occurring fluoride at 2–4 mg/L in drinking water; it did not examine benefits or risks that might occur at lower concentrations typically used for community water fluoridation (0.7–1.2 mg/L).[6] For this PHS recommendation, panel scientists did review the balance of benefits and potential for unwanted effects of water fluoridation at those lower levels.[7]

Relationship between dental caries and fluorosis at varying water fluoridation concentrations. The 1986–1987 Oral Health of United States Children survey has been the only national survey that assessed the child's water fluoride exposure, thus allowing linkage of that exposure to measures of caries and fluorosis.[55] An additional analysis of data from this survey examined the relationship between dental caries and fluorosis at varying water fluoride concentrations for children and adolescents. Findings indicate that there was a gradual decline in dental caries as fluoride content in water increased from negligible to 0.7 mg/L. Reductions plateaued at concentrations from 0.7–1.2 mg/L. In contrast, the percentage of children with at least very mild dental fluorosis increased from 13.5% (standard error [SE] = 1.9) to 41.4% (SE=4.4) as fluoride concentrations in water increased from <0.3 mg/L to >1.2 mg/L.[57]

In Hong Kong, a small decrease of about 0.2 mg/L in the mean fluoride concentration in drinking water in 1978 (from 0.82 mg/L to 0.64 mg/L) was associated with a detectable reduction in fluorosis prevalence by

the mid–1980s, from 64% (SE=4.1) to 47% (SE=4.5), based on the upper right central incisor only. Across all age groups, more than 90% of fluorosis cases were very mild or mild.[58] The study did not include measures of fluoride intake. Concurrently, dental caries prevalence did not increase.[59] Although not fully generalizable to the current U.S. context, these findings, along with findings from the 1986–1987 survey of U.S. schoolchildren, suggest that the risk of fluorosis can be reduced and caries prevention maintained toward the lower end (i.e., 0.7 mg/L) of the 1962 PHS recommendations for community water fluoridation.

Relationship of water intake and outdoor temperature among children and adolescents in the United States. The 1962 PHS recommendations stated that community drinking water should contain 0.7–1.2 mg/L (ppm) fluoride, depending on the outdoor air temperature of the area. These temperature-related guidelines were based on studies conducted in two communities in California in the early 1950s. Findings indicated that a lower fluoride concentration was appropriate for communities in warmer climates because children drank more water on warm days.[60–62] Social and environmental changes, including increased use of air conditioning and more sedentary lifestyles, have occurred since the 1950s; thus, the assumption that children living in warmer regions drink more tap water than children in cooler regions may no longer be valid.[63]

Studies conducted since 2001 suggest that children's water intake does not increase with increases in outdoor air temperature.[64,65] One study conducted among children using nationally representative data from NHANES 1988–1994 did not find an association between either total or plain water intake and outdoor air temperature.[64] Although a similar study using nationally representative data from NHANES 1999–2004 also found no association between total water intake and outdoor temperature among children or adolescents, additional analyses of these data detected a small but statistically significant association between plain water intake and outdoor temperature.[65,66] Temperature explained less than 1% of the variation in plain water intake; thus, these findings support the use of one target concentration for community water fluoridation in all temperature zones of the United States, a standard far simpler to implement than the 1962 temperature-based recommendations. In these analyses, "plain water" was defined as from the tap or bottled water, and "total water" included water from or mixed with other beverages, such as juice, soda, sport drinks, and nondairy milk, as well as water from or mixed with foods.[66]

PROCESS

HHS convened a federal interdepartmental, interagency panel of scientists to review scientific evidence relevant to the 1962 PHS Drinking Water Standards for fluoride concentrations in drinking water in the United States and to update these recommendations based on current science. Panelists included representatives from CDC, the National Institutes of Health, the U.S. Food and Drug Administration, the Agency for Healthcare Research and Quality, the Office of the Assistant Secretary for Health, EPA, and the U.S. Department of Agriculture.

The panel evaluated recent systematic reviews of the effectiveness of fluoride in drinking water to prevent dental caries, as well as published reports about the epidemiology of dental caries and fluorosis in the United States and the relationship of these conditions with varying water fluoridation concentrations. The panel also reviewed existing recommendations for fluoride in drinking water and newer data on the relationship between water intake in children and outdoor air temperature in the United States—a relationship that had served as the basis for the 1962 recommendations.

Recent systematic reviews of evidence on the effectiveness of community water fluoridation were from the Community Preventive Services Task Force, first published in 2001 and updated in 2013, and the Australian National Health and Medical Research Council in 2007.[21,23,25,26] Both reviews were updates of a comprehensive systematic review of water fluoridation completed by the National Health Service Centre for Reviews and Dissemination, University of York, in 2000.[19,20] In these reviews, estimates of fluoridation effectiveness in preventing caries were limited to children and adolescents and based on comparative studies. Random assignment of individuals usually is not feasible for studies of water fluoridation, because the intervention occurs in the community water system. Another systematic review examined the effectiveness of water fluoridation in preventing dental caries in adults. Findings were based primarily on cross-sectional studies of lifelong residents of communities with fluoridated or non-fluoridated water.[24] Studies in these systematic reviews were not limited to the United States.

Panel scientists accepted an extensive review of fluoride in drinking water by the NRC as the summary of hazard.[6] The NRC review focused on potential adverse effects of naturally occurring fluoride at 2–4 mg/L in drinking water; it found no evidence substantial enough to support effects other than severe dental fluorosis at these levels. A majority of NRC committee members also concluded that lifetime exposure to

fluoride at a drinking water concentration of 4.0 mg/L (the enforceable standard established by EPA) is likely to increase bone fracture rates in the population, compared with exposure at 1.0 mg/L.[6] Fluoride concentrations used for water fluoridation have been substantially lower than the enforceable standard EPA established to protect against severe skeletal fluorosis.[2,6]

Conclusions of the panel were summarized, along with their rationale, in the *Federal Register*.[67] PHS guidance is advisory, not regulatory, in nature.

OVERVIEW OF PUBLIC COMMENTS

The public comment period for the Proposed Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries lasted for 93 days; it began with publication of the *Federal Register* notice on January 13, 2011, and was extended from its original deadline of February 14, 2011, to April 15, 2011, to allow adequate time for interested organizations and members of the public to respond. Duplicate comments (e.g., electronic and paper submissions from the same source) were counted as one comment. Although the 51 responses received electronically or postmarked after the deadline (midnight ET, April 15, 2011) were not reviewed, all other comments were considered carefully.

Approximately 19,300 responses were received; of these responses, approximately 18,500 (96%) were nearly identical to a letter submitted by an organization opposing community water fluoridation, often originating from the website of that organization; hereafter, these responses are called "standard letters." Of the remaining 746 unique responses, 79 anecdotes described personal experiences, often citing potentially harmful effects, and 18 consisted of attachments only. Attachments to the unique submissions were examined to ensure that they addressed the recommendation and to determine whether they supported it, opposed it as too low, or opposed it as too high. Although nearly all responses came from the general public, comments also were submitted by organizations, such as those representing dental, public health, or water supply professionals; those that advocate cessation of community water fluoridation; or commercial companies.

Of the unique responses, most opposed the recommendation as still too high and presented multiple concerns. Four CDC scientists (who did not serve on the interagency federal panel) reviewed all unique responses and used an electronic list of descriptors to categorize their contents. Comments were summarized and reported to the full federal panel, along with examples reflecting a range of differing opinions regarding the new recommendation. The following sections summarize frequent comments and provide the federal panel's response, divided into three categories: comments that opposed the recommendation as still too high, comments that opposed the recommendation as too low to achieve prevention of dental caries, and comments that supported the recommendation. Data on the approximate numbers of comments received in support of and opposed to the new recommendation are provided for informational purposes. Responses to these comments are based primarily on conclusions of evidence-based reviews and/or expert panels that reviewed and evaluated the best available science.

Comments that opposed the recommendation as too high

Nearly all submissions opposed community water fluoridation at any concentration; they stated that the new recommendation remains too high, and most asked that all fluoride be removed from drinking water. These submissions included standard letters (about 18,500) and unique responses (about 700 said the new level was too high; of these responses, about 500 specifically asked for all fluoride to be removed). Nearly all of these submissions listed possible adverse health effects as concerns, specifically, severe dental fluorosis, bone fractures, skeletal fluorosis, carcinogenicity, lowered IQ and other neurological effects, and endocrine disruption.

In response to these concerns, PHS again reviewed the scientific information cited to support actions announced in January 2011 by HHS and EPA—and again considered carefully whether or not the proposed recommendations and standards on fluoride in drinking water continue to provide the health benefits of community water fluoridation while minimizing the chance of unwanted health effects from too much fluoride.[4,7,67] After a thorough review of the comments opposing the recommendation, the panel did not identify compelling new information to alter its assessment that the recommended fluoride concentration (0.7 mg/L) provides the best balance of benefit to potential harm.

Dental fluorosis. The standard letters stated that the new recommendation would not eliminate dental fluorosis and cited its current prevalence among U.S. adolescents. In national surveys cited by the initial *Federal Register* notice, however, more than 90% of dental fluorosis in the United States is the very mild or mild form, most often appearing as barely visible lacy white markings or spots on the enamel.[54] EPA considers the severe form of dental fluorosis, with staining and pitting of the tooth surface, as the "adverse health effect" to be

prevented.[7] Severe dental fluorosis is rare in the United States, and its prevalence could not be estimated among adolescents in a national survey because there were too few cases among the survey participants examined to achieve statistical reliability.[54] The NRC review noted that prevalence of severe dental fluorosis was near zero at fluoride concentrations <2 mg/L.[6] In addition, the most recent review of community water fluoridation by the Community Preventive Services Task Force concluded that "there is no evidence that [community water fluoridation] results in severe dental fluorosis."[26]

Standard letter submissions also expressed concern that infants fed formula reconstituted with fluoridated drinking water would receive too much fluoride. If an infant is consuming only infant formula mixed with fluoridated water, there may be an increased chance for permanent teeth (when they erupt at about age 6) to have mild dental fluorosis.[68] To lessen this chance, parents may choose to use low-fluoride bottled water some of the time to mix infant formula (e.g., bottled waters labeled as deionized, purified, demineralized, or distilled, and without any fluoride added after purification treatment; the U.S. Food and Drug Administration requires the label to indicate when fluoride is added). Such guidance currently is found on the websites of both CDC and the American Dental Association.[69,70] The PHS recommendation to lower the fluoride concentration for community water fluoridation should decrease fluoride exposure during the time of enamel formation, from birth through 8 years of age for most permanent teeth, and further lessen the chance for children's teeth to have dental fluorosis, while keeping the decay prevention benefits of fluoridated water.[34,44,45]

Bone fractures and skeletal fluorosis. Some unique comments (about 100) cited fractures or other pathology of bone, while the standard letters expressed concern about skeletal fluorosis and suggested that symptoms of stage II skeletal fluorosis (i.e., a clinical stage associated with chronic pain) are identical to those of arthritis (i.e., sporadic pain and stiffness of the joints). The NRC review found no recent studies to evaluate the prevalence of skeletal fluorosis in U.S. populations exposed to fluoride at the current maximum level of 4.0 mg/L. On the basis of existing epidemiologic literature, the NRC concluded that stage III skeletal fluorosis (i.e., a clinical stage associated with significant bone or joint damage) "appears to be a rare condition in the United States" and stated that the committee "could not determine whether stage II skeletal fluorosis is occurring in U.S. residents who drink water with fluoride at 4 mg/L."[6]

The NRC also recommended that EPA consider additional long-term effects on bones in adults—stage II skeletal fluorosis and bone fractures—as well as the health endpoint that had been evaluated previously (i.e., stage III skeletal fluorosis).[6] In response, the EPA Dose–Response Analysis for Non-Cancer Effects noted that, although existing data were inadequate to model the relationship of fluoride exposure and its impact on bone strength, skeletal effects among adults are unlikely to occur at the fluoride intake level estimated to protect against severe dental fluorosis among children. The EPA report concluded that exposure to concentrations of fluoride in drinking water of ≥4 mg/L appears to be positively associated with the increased relative risk of bone fractures in susceptible populations when compared with populations consuming fluoride concentrations of 1 mg/L.[7] Recently, a large cohort study of older adults in Sweden reported no association between long-term exposure to drinking water with fluoride concentrations up to 2.7 mg/L and hip fracture.[71]

The fluoride intake estimated by EPA to protect against severe dental fluorosis among children during the critical period of enamel formation was determined to be "likely also protective against fluoride-related adverse effects in adults, including skeletal fluorosis and an increased risk of bone fractures." EPA compared its own risk assessments for skeletal effects with those made both by the NRC in 2006 and by the World Health Organization in 2002.[72] EPA concluded that its own dose recommendation is protective compared with each of these other benchmarks and, thus, is "applicable to the entire population since it is also protective for the endpoints of severe fluorosis of primary teeth, skeletal fluorosis, and increased risk of bone fractures in adults."[7]

Carcinogenicity. Some unique comments (about 100) mentioned concerns regarding fluoride as a carcinogen, and the standard letters called attention to one study that reported an association between osteosarcoma (i.e., a type of bone cancer) among young males and estimated fluoride exposure from drinking water, based on residence history.[73] The study examined an initial set of cases from a hospital-based case-control study of osteosarcoma and fluoride exposure. Findings from subsequent cases were published in 2011. This later study assessed fluoride exposure using actual bone fluoride concentration—a more accurate and objective measure than previous estimates based on reported fluoride concentrations in drinking water at locations in the reported residence history. The later study showed no significant association between bone fluoride levels and osteosarcoma risk.[74] This finding is consistent with systematic reviews and three recent ecological studies that found no association between

incidence of this rare cancer and the fluoride content of community water.[20,23,25,75–78] Although study authors acknowledged the statistical and methodological limitations of ecological analyses, they also noted that their findings were consistent with the hypothesis that low concentrations of fluoride in water do not increase the risk of osteosarcoma development.

A critical review of fluoride and fluoridating agents of drinking water, accepted by the European Commission's Scientific Committee on Health and Environmental Risks (SCHER) in 2011, used a weight-of-evidence approach and concluded that epidemiological studies did not indicate a clear link between fluoride in drinking water and osteosarcoma or cancer in general. In addition, the committee found that the available data from animal studies, in combination with the epidemiology results, did not support classifying fluoride as a carcinogen.[79] Finally, the Proposition 65 Carcinogen Identification Committee, convened by the Office of Environmental Health Hazard Assessment, California Environmental Protection Agency, determined in 2011 that fluoride and its salts have not clearly been shown to cause cancer.[80]

IQ and other neurological effects. The standard letters and approximately 100 unique responses expressed concern about fluoride's impact on the brain, specifically citing lower IQ in children. Several Chinese studies considered in detail by the NRC review reported lower IQ among children exposed to fluoride in drinking water at mean concentrations of 2.5–4.1 mg/L—several times higher than concentrations recommended for community water fluoridation.[81–83] The NRC found that "the significance of these Chinese studies is uncertain" because important procedural details were omitted, but also stated that findings warranted additional research on the effects of fluoride on intelligence.[6]

Based on animal studies, the NRC committee speculated about potential mechanisms for nervous system changes and called for more research "to clarify the effect of fluoride on brain chemistry and function." These recommendations should be considered in the context of the NRC review, which limited its conclusions regarding adverse effects to water fluoride concentrations of 2–4 mg/L and did "not address the lower exposures commonly experienced by most U.S. citizens."[6] A recent meta-analysis of studies conducted in rural China, including those considered by the NRC report, identified an association between high fluoride exposure (i.e., drinking water concentrations ranging up to 11.5 mg/L) and lower IQ scores; study authors noted the low quality of included studies and the inability to rule out other explanations.[84] A subsequent review cited this meta-analysis to support its identification of "raised fluoride concentrations" in drinking water as a developmental neurotoxicant.[85]

A review by SCHER also considered the neurotoxicity of fluoride in water and determined that there was not enough evidence from well-controlled studies to conclude if fluoride in drinking water at concentrations used for community fluoridation might impair the IQ of children. The review also noted that "a biological plausibility for the link between fluoridated water and IQ has not been established."[79] Findings of a recent prospective study of a birth cohort in New Zealand did not support an association between fluoride exposure, including residence in an area with fluoridated water during early childhood, and IQ measured repeatedly during childhood and at age 38 years.[86]

Endocrine disruption. All of the standard letters and some of the unique comments (about 100) expressed concern that fluoride disrupts endocrine system function, especially for young children or for individuals with high water intake. The 2006 NRC review considered a potential association between fluoride exposure (2–4 mg/L) and changes in the thyroid, parathyroid, and pineal glands in experimental animals and humans. The report noted that available studies of the effects of fluoride exposure on endocrine function have limitations. For example, many studies did not measure actual hormone concentrations, and several studies did not report nutritional status or other factors likely to confound findings. The NRC called for better measurement of exposure to fluoride in epidemiological studies and for further research "to characterize the direct and indirect mechanisms of fluoride's action on the endocrine system and factors that determine the response, if any, in a given individual."[6] A 2007 review did not find evidence that consuming drinking water with fluoride at the level used in community water fluoridation presents health risks for people with chronic kidney disease.[87]

Effectiveness of community water fluoridation in caries prevention. In addition to citing potential adverse health effects, the standard letters stated that the benefits of community water fluoridation have never been documented in any randomized controlled trial. There are no randomized, double-blind, controlled trials of water fluoridation because its community-wide nature does not permit randomization of individuals to study and control groups or blinding of participants. However, community trials have been conducted, and these studies were included in systematic reviews of the effectiveness of community water fluoridation.[20,21,23,25,26] As noted, these reviews of the scientific evidence related to fluoride have concluded that community water

fluoridation is effective in decreasing dental caries prevalence and severity.

Standard letters also stated that African American and low-income children would not be protected by the recommendation, as they have experienced more tooth decay than other racial/ethnic groups, despite exposure to fluoride through drinking water and other sources. Data from NHANES do not support this statement and, instead, document a decline in the prevalence and severity of dental caries (tooth decay) across racial/ethnic groups. For example, in 1999–2004, compared with 1988–1994, the percentage of adolescents aged 12–19 years who had experienced dental caries in their permanent teeth, by race/ethnicity, was 54% in African American (down from 63%), 58% in non-Hispanic white (down from 68%), and 64% in Mexican American (down from 69%) adolescents.[11] For adolescents whose family income was less than 100% of the federal poverty level, a similar decline occurred: 66% had experienced dental caries in 1999–2004, down from 72% in 1988–1994. Although disparities in caries prevalence among these adolescent groups remain, the prevalence for each group was lower in 1999–2004 than in 1988–1994. Concurrent with these reductions in the prevalence of dental caries, the percentage of the U.S. population receiving fluoridated water increased from 56% (n=144,217,476) in 1992 to 62% (n=180,632,481) in 2004. This change represented an increase of more than 36 million people.[36]

Cost-effectiveness of community water fluoridation. Some unique comments (about 200) called attention to the cost of water fluoridation or stated that it was unnecessary or inefficient given the availability of other fluoride modalities and the amount of water used for purposes other than drinking. Cost-effectiveness studies that included costs incurred in treating all community water with fluoride additives still found fluoridation to be cost saving.[21,88] Although the annual per-person cost varied by size of the water system (from $0.50 in communities of ≥20,000 to $3.70 for communities of ≤5,000, updated to 2010 dollars using the Consumer Price Index [CPI]), it remains only a fraction of the cost of one dental filling. The annual per-person cost savings for those aged 6–65 years ranged from $35.90 to $28.70 for larger and smaller communities, respectively (updated to 2010 dollars using CPI dental services).[88] Studies in the United States and Australia also have documented the cost-effectiveness of community water fluoridation.[21,31–33]

Safety of fluoride additives. Unique comments (about 300) expressed concern that fluoride is a poison and an industrial waste product; standard letters noted the lack of specific data on the safety of silicofluoride compounds used by many water systems for community water fluoridation. All additives used to treat water, including those used for community water fluoridation, are subject to a system of standards, testing, and certification involving participation of the American Water Works Association, NSF International, and the American National Standards Institute (ANSI)—entities that are nonprofit, nongovernmental organizations. Most states require that water utilities use products that have been certified against ANSI/NSF Standard 60: Drinking Water Treatment Chemicals—Health Effects (hereinafter, Standard 60) by an ANSI-accredited laboratory. All fluoride products evaluated against Standard 60 are tested to ensure that the levels of regulated impurities present in the product will not contribute to the treated drinking water more than 10% of the corresponding maximum contaminant level established by EPA for that contaminant.[89] Results from 2000–2011, reported on the NSF International website, found that no contaminants exceeded the concentration allowed by Standard 60.[90]

Although commenters expressed concerns about silicofluorides, studies have shown that these compounds achieve virtually complete dissolution and ionic disassociation at concentrations added to drinking water and, thus, are comparable to the fluoride ion produced by other additives, such as sodium fluoride.[89,91,92] At the pH of drinking water, usually 6.5–8.5, and at a fluoride concentration of 1 mg/L, the degree of hydrolysis of hexafluorosilicic acid has been described as "essentially 100%."[89] Standard 60 provides criteria to develop an allowable concentration when no maximum contaminant level has been established by the EPA. Using this protocol, NSF International calculations showed that a sodium fluorosilicate concentration needed to achieve 1.2 mg/L would result in 0.8 mg/L of silicate, or about 5% of the allowable concentration calculated by NSF International.[90]

SCHER also considered health and environmental risks associated with the use of silicofluoride compounds in community water fluoridation and concurred that in water they are rapidly hydrolyzed to fluoride, and that concentrations of contaminants in drinking water are well below guideline values established by the World Health Organization.[79]

Ethics of community water fluoridation. All standard letters and some unique comments (about 200) stated that water fluoridation is unethical mass medication of the population. To determine if a public health action that may encroach on individual preferences is ethical, a careful analysis of its benefits and risks must occur. In the case of water fluoridation, the literature offers

clear evidence of its benefits in reducing dental decay, with documented risk limited to dental fluorosis.[4,7,19–26]

Several aspects of decision-making related to water fluoridation reflect careful analysis and lend support to viewing the measure as a sound public health intervention. State and local governments decide whether or not to implement water fluoridation after considering evidence regarding its benefits and risks. Often, voters themselves make the final decision to adopt or retain community water fluoridation. Although technical support is available from HHS, federal agencies do not initiate efforts to fluoridate individual water systems. In addition, court systems in the United States have thoroughly reviewed legal challenges to community water fluoridation and have viewed it as a proper means of furthering public health and welfare.[93]

Comments that opposed the recommendation as too low

Several unique comments said that 0.7 mg/L is too low to offer adequate protection against tooth decay. Evidence, however, does suggest that 0.7 mg/L will maintain caries preventive benefits. Analysis of data from the 1986–1987 Oral Health of United States Children survey found that reductions in dental caries plateaued at 0.7–1.2 mg/L of fluoride.[57] In addition, fluoride in drinking water is only one of several available fluoride sources, such as toothpaste, mouth rinses, and professionally applied fluoride compounds.

Comments that supported the recommendation

Some submissions specifically endorsed lowering the concentration of fluoride in drinking water for the prevention of dental caries. Other commenters asked for guidance on the operational range for implementing the recommended concentration of 0.7 mg/L and on consistent messaging regarding the recommended change. Currently, CDC is reviewing available data and collaborating with organizations of water supply professionals to update operational guidance. In addition, CDC continues to support local and state infrastructure needed to implement and monitor the recommendation. Examples of this support include maintenance of the Water Fluoridation Reporting System; provision of training opportunities for water supply professionals; assisting state and local health agencies with health promotion and public education related to water fluoridation; and funding research and surveillance activities related to dental caries, dental fluorosis, and fluoride intake (in coordination with other federal agencies, including the National Institute of Dental and Craniofacial Research).

MONITORING IMPLEMENTATION OF THE NEW RECOMMENDATION

Unpublished data from the Water Fluoridation Reporting System show how rapidly the proposed change in recommended concentration has already gained acceptance. In December 2010, about 63% of the population on water systems adjusting fluoride (or buying water from such systems) was at ≥1.0 mg/L and fewer than 1% were at 0.7 mg/L. By summer 2011—only six months after publication of the draft notice—68% of that population was at 0.7 mg/L and about 28% was at ≥1.0 mg/L.

Following broad implementation of the new recommendation, enhanced surveillance during the next decade will detect changes in the prevalence and severity of dental caries and of dental fluorosis that is very mild or greater, nationally and for selected sociodemographic groups. For example, the 2011–2012 NHANES included clinical examination of children and adolescents by dentists to assess decayed, missing, and filled teeth; presence of dental sealants; and dental fluorosis. The 2013–2014 examination added fluoride content of home water (assessed using water taken from a faucet in the home), residence history (needed to estimate fluoride content of home tap water for each child since birth), and questions on use of other fluoride modalities (e.g., toothpaste, prescription drops, and tablets). As findings from these and future examinations become available, they can be accessed through the CDC website.[94]

Definitive evaluation of changes in dental fluorosis prevalence or severity associated with reduction in fluoride concentration in drinking water cannot occur until permanent teeth erupt in the mouths of children who drank that water during the period of tooth development. HHS agencies continue to give priority to the development of valid and reliable measures of fluorosis, as well as technologies that could assess individual fluoride exposure precisely. A recent study documented the validity of fingernail fluoride concentrations at age 2–7 years as a biomarker for dental fluorosis of the permanent teeth at age 10–15 years.[95]

CONCLUSIONS

PHS acknowledges the concerns of commenters and appreciates the efforts of all who submitted responses to the *Federal Register* notice describing its recommendation to lower the fluoride concentration in drinking water for the prevention of dental caries. The full federal panel considered these responses in the context of best available science but did not alter its recommendation that the optimal fluoride concentration

in drinking water for prevention of dental caries in the United States be reduced to 0.7 mg/L, from the previous range of 0.7–1.2 mg/L, based on the following information:

- Community water fluoridation remains an effective public health strategy for delivering fluoride to prevent tooth decay and is the most feasible and cost-effective strategy for reaching entire communities.
- In addition to drinking water, other sources of fluoride exposure have contributed to the prevention of dental caries and an increase in dental fluorosis prevalence.
- Caries preventive benefits can be achieved and the risk of dental fluorosis reduced at 0.7 mg/L.
- Recent data do not show a convincing relationship between water intake and outdoor air temperature. Thus, recommendations for water fluoride concentrations that differ based on outdoor temperature are unnecessary.

Surveillance of dental caries, dental fluorosis, and fluoride intake will monitor changes that might occur, following implementation of the recommendation.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES FEDERAL PANEL ON COMMUNITY WATER FLUORIDATION

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The U.S. Department of Health and Human Services Federal Panel on Community Water Fluoridation thanks Dolores Malvitz, DrPH, for her contributions to the writing and editing of this report.

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Nail salon program had limited success in Needham, elsewhere

COMMENT 0

By Jonathan Dame
jdame@wickedlocal.com

Posted Apr. 27, 2015 at 7:00 AM

NEEDHAM

Smudge Nailbar, a new salon in Needham, says it's striving to be "clean and green" – to create a safe and sterile environment for customers and workers through employing smart occupational practices and using the healthiest tools and products.

A recent initiative of area public health departments sought to bring the same type of voluntary practices to dozens of other salons in Norfolk County, but had limited success.

Katherine Kokko, coalition coordinator for the Norfolk County 7, which ran the initiative, said it was difficult to establish relationships with salons, many of which expressed general interest in improving occupational practices but ultimately didn't take the coalition up on its offer of free trainings.

"We were hoping with this project that it would be a voluntary raising of the bar," Kokko said. "It takes a huge level of commitment from both the people running the program and interest on the part of the salons to really make it work."

Kokko said the initiative encountered a language barrier among salon owners and also discovered that building relationships with salons would require a higher level of staffing on the coalition's part.

The Norfolk County 7 is a collation of seven municipal health departments and health volunteers from Canton, Dedham, Needham, Norwood, Milton, Wellesley, and Westwood.

The clean nail salon initiative began in 2013 with a grant to support preliminary education and outreach to area salons. The campaign was initially focused on addressing both environmental and occupational concerns, but soon discovered its expectation that salons would be extra eco-friendly was too high, Kokko said.

The initiative sought to educate about the health risks of acrylic and gel nails, and to improve employee safety by increasing the use of gloves and makes. Proper ventilation is also important for employee safety although it's not always something salons can control, she said.

Employees were the main focus because they interact with nail products frequently and for long periods of time.

With a $20,000 grant in 2014, the coalition put together a health and safety training that drew on best practices from states on the west coast. Although at least one Needham salon was involved in the initiative in the early stages, Kokko said none of the roughly 10 salons in town participated in the training.

There were, however, several salons throughout the county that were responsive, with a few taking advantage of the training, Kokko said.

Federal environmental and occupational health and safety agencies plus the state Board of Registration of Cosmology have regulatory oversight of the industry.

Kokko said the state conducted regular inspections but that it could be argued its regulations don't follow the best practices from other states. She added that it was probably difficult for small business owners, particularly with English as a second language, to navigate the federal laws.

Youth Center hosts final social night for all middle schoolers

Calling all Needham middle school students! It's time for the end-of-the year Needham Youth Center bash. Join fellow sixth, seventh, and eighth graders at Pollard Middle School on Friday, May 1, from 7:30 to 10 p.m. Admission is $10 at the door and includes games, snacks, dancing, and gaga pit.

Drop off and pick up is behind Pollard by the gyms. Please note that students may only leave from this exit, and may only leave if an adult walks up to get them or they get into a car.

This Youth Center event is open to all 6th, 7th, 8th grade students who live in or attend school in Needham. Sponsored by the Needham Youth Center — a program of the Needham Public Health Department. www.needhamma.gov/youthcenter.

Times 4/30/15

COMING UP

Friday, May 1

YOUTH CENTER SOCIAL NIGHT The Youth Center announces the end-of-the year Needham Youth Center bash for sixth, seventh, and eighth graders at Pollard Middle School on Friday, May 1, from 7:30 to 10 p.m. Admission is $10 at the door and includes games, snacks, dancing, and gaga pit. Drop off and pick up is behind Pollard by the gyms. Please note that students may only leave from this exit, and may only leave if an adult walks up to get them or they get into a car. Sponsored by the Needham Youth Center — a program of the Needham Public Health Department. www.needhamma.gov/youthcenter.

times 4/23/15

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jdame@wickedlocal.com

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Kokko said the state conducted regular inspections but that it could be argued its regulations don't follow the best practices from other states. She added that it was probably difficult for small business owners, particularly with English as a second language, to navigate the federal laws.

The bottom line, Kokko said, was that if salons felt they were following the law and their customers and employees seemed happy and safe, there was little impetus to change.

Needham Public Health Director Timothy McDonald began at his post after the initiative had mostly wrapped up. He said the issue was important but not necessarily located at the top of his priorities list.

"I think this is a gap but I don't know if it's as high level a gap of some of the issues of youth substance use and abuse, suicide education and mental health and wellness," he said. "The data sort of reinforces that those are higher priorities."

Needham Coalition Looking For Parent Feedback With Survey

BY JOSH PERRY (@Josh_Perry10) • Wed, Apr 22, 2015

Needham Coalition for Youth Substance Abuse Prevention

The Needham Coalition for Youth Substance Abuse Prevention (NCYSAP) is working with the Needham Public Health Department on the 2015 Needham Parent Survey, which focuses on parents of students in grades 6-12.

The anonymous survey, which is nearly identical to one that was distributed in 2011 and 2013, will be used to determine the "personal beliefs and perceptions regarding underage drinking and substance abuse."

The town has contracted SSRE, an independent research firm, to tabulate the results.

The survey takes approximately 5-10 minutes and NCYSAP uses the information to inform its choices for programs and awareness campaigns. The results will be shared once responses have been collected.

To take the survey and "contribute your voice," visit http://surveys.ssre.org/s3/NeedhamParentSurvey2015.

For more information, contact Carol Read, Substance Abuse Prevention and Education Coordinator with the Needham Health Department, at 781-455-7500, ext. 259 or cread@needham ma.gov.

Lend your thoughts to the survey and help NCYSAP and the Health Department continue its work to combat substance abuse in Needham youths.

— *Hometown Weekly Staff*

NOTES

Old cell phone collection

The Domestic Violence Action Committee is collecting old, used, unwanted or broken cell phones. These cell phones will be recycled, refurbished and donated to those victims of domestic violence for emergency use. Drop off cell phones at the Needham Police Department or the Needham Public Health Department, 1471 Highland Ave., second floor. For more information, call 781-455-7500, ext. 511.

Health Matters: Teen Safety - don't text and drive

BY THE NEEDHAM PUBLIC HEALTH DEPARTMENT

Distracted driving, specifically texting while driving, is a significant issue in the United States. In 2012, car accidents that involved a distracted driver killed 3,328 people and injured 421,000 people, according to the Centers for Disease Control and Prevention (CDC).

Unfortunately, teen drivers are at the highest risk for automobile crashes compared to any other age group. Distracted driving was the cause of 11 percent of fatal crashes for those ages 15-19, according to the National Highway Traffic Safety Administration (NHTSA). To protect drivers, the government of Massachusetts enacted the Safe Driving Law, while spreading awareness of texting and driving dangers.

About the Safe Driving Law

The Massachusetts Safe Driving Law took effect in September 2010, making distracted driving through the use of mobile devices against the law. This bans the act of sending, reading, and writing text messages or emails while behind the wheel.

Additionally, the law prohibits junior operators, which are those individuals aged 16-17 years old, from placing or answering phone calls. The only exception for this rule is in the event of an emergency, as a junior operator is allowed to report an incident to authorities.

How Parents and Guardians Can Help

There are many steps parents and guardians can take to educate children about the importance of driving safely.

Those include: Talk to your kids about driver accident statistics; Lead by example when you're in the car; and Encourage your family to take the pledge and commit to distracted-free driving while behind the wheel.

What Can Teens Do

It's important to keep yourself and your loved ones out of harm's way when on the road. Remember that having a driver's license is a privilege that comes with great responsibility.

To decrease your chances of being in an accident, practice safe driving tips like the following: Turn it off your phone or setting it to silent mode; Know your route beforehand to avoid using your phone for directions, or pull over during the trip to review where you need to go; and Speak up. If you're in the car with someone who is using their cell phone behind the wheel ask them to stop.

PHOTO COURTESY OF WIKIPEDIA COMMONS

Be safe — don't text and drive.

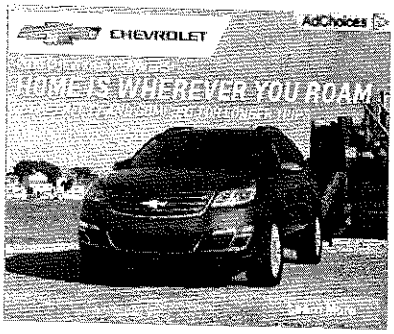
Distracted driving accidents can be prevented. It's as simple as putting your phone down to pay attention to the road. Take time today to talk to your friends and loved ones about not texting and driving.

For more information, visit www.stoptextsstopwrecks.org/#home.

Weekly 4/9/15

Needham Planning Board approves medical marijuana dispensary zoning plan

COMMENT 0



By Jonathan Dame
jdame@wickedlocal.com

Posted Apr. 1, 2015 at 8:27 AM

NEEDHAM

The Planning Board has approved a zoning change that would allow medical marijuana dispensaries in the northern part of town near Route 128 if approved by Town Meeting in May. Bruce Eisenhut was the only dissenter in the 4-1 vote.

Pursuant to a suggestion from the selectmen, the zoning plan distinguishes between the cultivation and retail sale of medical marijuana.

Retail sale operations would be allowed by special permit in the Highland Commercial-128, Mixed Use-128 and Industrial-1 districts, while cultivation operations would only be allowed in the latter two.

The districts are all located near the intersection of Highland Avenue and Route 128, close to the Newton border.

Dispensaries would need to be located at least 1,000 feet from schools and playgrounds unless the Planning Board determines that a dispensary opening within 500 feet would not adversely impact such facilities.

Dispensaries would not be able to open in buildings that also contains a daycare centers. The police chief had asked the board to create a setback requirement of 500 feet from such facilities but the board declined.

Eisenhut said he voted against the measure because it was too restrictive. He thinks dispensaries should be allowed in a wider area of town, but said that he did not find enough support from other Planning Board members or selectmen for crafting a zoning plan in that vein.

"This proposal is not much broader than the one that was voted down last time," Eisenhut said.

Town Meeting last year rejected a proposed zoning plan very similar to the one approved last week. It would have allowed dispensaries in Mixed Use-128 and part of Highland Commercial-128.

Eisenhut said he feared the distinction between cultivation and retail might dissuade most dispensaries from applying to open here.

"The practical matter is that for there to be an economically viable business, there is going to need to be a little bit of production on the premises," he said.

Board member Sam Bass Warner co-authored an article with Eisenhut that was distributed at Town Meeting last year opposing the proposed zoning.

"We submit that the choice of a relatively small and distant zone for a dispensary was made in response to fears, not out of experience," they wrote.

"There is every reason to expect that the new dispensaries will prove to be good neighbors that do not tarnish the image of a district, do not damage the value of nearby properties, are not a source of crime and will not encourage the illicit use of marijuana by teenagers."

Warner said he voted in support of the new zoning plan to avoid a situation where state rules were determining where dispensaries could locate in Needham.

Page 2 of 2 - "If we don't pass any marijuana legislation, then the dispensary can locate most anywhere following the state guidelines," he said. "So it seemed better to have a designated place."

Influenza update

(Message from the Needham Health Department)

Influenza rates continue to rise in the Metro West Area. It's not too late to get immunized. The Needham Public Health Department will continue to offer flu shots by appointment at the Town Hall on Wednesdays at noon. Please call 781-455-7500 ext. 511 to make an appointment.

Prevent the Spread

- Cover your nose and mouth when you cough or sneeze
- Wash your hands often with soap and water or an alcohol-based hand rub
- Avoid touching your eyes, nose and mouth
- Clean and disinfect surfaces and objects that may be contaminated

Are there prescription Antiviral Medications that might ease flu symptoms? Antiviral drugs are used to treat people who are very sick with the flu (for example, people who are in the hospital) and people who are at risk for serious complications due to age or a high risk medical condition. A doctor/medical provider must be seen in order to obtain prescription Antivirals. Most otherwise-healthy people who get the flu do not need to be treated with antiviral drugs.

times 4/9/15

Planning board approves dispensary

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SEE POT, B3

POT

From Page A1

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times 4/2/15

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Health Matters: Tick borne illnesses - not just Lyme disease anymore

BY THE NEEDHAM PUBLIC HEALTH DEPARTMENT

Ticks are tiny bugs most likely found in shady, damp, brushy, wooded, or grassy areas (especially in tall grass), including your own backyard. Ticks feed on the blood of mammals (including people, dogs, cats, deer, and mice), birds, and reptiles (snakes and turtles, for example).

Ticks can bite you and spread diseases such as: Lyme disease, babesiosis, anaplasmosis, tularemia, Powassan Virus, Borrelia miyamotoi infection and Rocky Mountain spotted fever.

Ticks do not fly or jump. They attach to animals or people that come into direct contact with them. Ticks feed on blood. They usually travel around your body for hours before finding a spot to feed.

Deer ticks and dog ticks are found throughout Massachusetts. They are tiny. Because they are so small, you can't always tell easily when they are on you. The highest risk of being bitten by a deer or dog tick occurs throughout the spring, summer and into fall season.

Protect Yourself

Check yourself for ticks once a day. Favorite places ticks like to go on your body include areas between the toes, back of the knees, groin, armpits, and neck, along the hairline, and behind the ears. Remember to check your children and pets, too. Remove any attached ticks as soon as possible.

If you find a tick attached to your skin, use a pair of fine point tweezers to grip the tick as close to the skin as possible and pull straight out with steady pressure. Wash the area with soap and water.

Talk to your doctor if you develop a rash where you were bitten or experience symptoms such as fever, headache, fatigue, or sore and aching muscles.

Use bug repellents. Repellents that contain DEET can be used on your exposed skin. Permethrin is a product that can be used on your clothes. Always follow the product

instructions and use repellents with no more than 30-35 percent DEET on adults and 10-15 percent DEET on children. Never use insect repellents on infants. Talk to your veterinarian about the best ways to protect your pets and livestock from ticks.

For more information on tick repellents contact Department of Public Health at www.mass.gov/eohhs/gov.

Prevention Begins With You

If you have any questions about tick borne diseases please call the Health Department at 781-455-7500, ext. 511 or visit www.needhamma.gov.