



## CAMBRIDGE SCHOOL COMMITTEE

(Official Minutes)

**Special Meeting**

**November 18, 2020**

Called for 4:00 p.m. broadcast from the Media Arts Studio, 454 Broadway, Cambridge, there will be a Virtual Roundtable Meeting of the School Committee, for the purpose of discussing ways that the disproportionate impact of COVID-19 on communities of color may be factored more explicitly into the CPS Re-opening Plan's metrics.

Members Present: Member Wilson, Present Vice Chair Bowman (~~ABSENT~~), Member Fantini, Member Rachel, Member Rojas, Member Weinstein, Member Wilson, Mayor Siddiqui

Also Present:

- Dr. Kenneth Salim, Superintendent of Schools
- Dr. Lyndsay Pinkus Brown
- Dr. Nicole Gittens
- Ms. Robin Harris, Director of Family Engagement
- Dr. Lisa Dobberteen
- Dr. Michelle Holmes
- Dr. Helen Jenkins
- Dr. Maurico Santilianna
- Dr. Jaime Lichtenstein
- Ms. Anna Kaplan, lead epidemiologist
- Ms. Tracy Rose-Tynes, Nurse CPHD
- Mr. Claude Jacob, Director CPHD

Mayor Siddiqui in the Chair

A quorum of the School Committee being present, the Chair called the meeting to order at 4:05 p.m.

The Chair read the call of the meeting and explained that this meeting is being televised, per the Rules of the School Committee and the call of the meeting, no votes will be taken except to adjourn and there will not be public comment.

Mayor Siddiqui welcomes stakeholders: SE-PAC, EEOC leadership, Cambridge Families of Colors and others for joining. Speaks to the call of the meeting and theme the around addressing the disproportionate effect COVID 19 has on communities of color. What does that mean? A starting point is to hear from the Cambridge Public Health Department. To be followed up by questions from the panel assembled.

Mayor Siddiqui yields the floor to the Cambridge Public Health Department Team. Introducing Anna Kaplan, Lead Epidemiologist, Claude Jacobs, Chief Health Officers, Tracey Rose Tynes, Nurse and Dr. Lisa Dobberteen

**Claude Jacobs** introduces the team as well and offers praise for all their work. He begins, since March 19th, when the City declared COVID 19 a public health emergency, there have been over 1900 reported cases and 100 fatalities among Cambridge residents. That number has been stable for the past six or seven weeks, however there is an acceleration. There is seven days a week of COVID testing at four sites. Which has seen a substantial increase. Mr. Jacobs also recognized

Superintendent Salim and Jim Maloney for their efforts with homeless sheltering and the collateral COVID has brought to the city.

**Anna Kaplan**, Lead Epidemiologist, begins her presentation on metrics, breakdown and how the it is determined by MVEN, Massachusetts Virtual Epidemiological Network. Data comes from contract tracing from all over the state. Breakdowns the cases, week by week, ethnicity and rate. States that categories are somewhat limited, they are based on the US Census. Data is lacking by only 6.9% and reflects the disproportionate trends that affect the communities of color. Data reflects positive cases, noting the breakdown is not replicated by people who test negative. Will soon have access to a data base for community base testing by race, ethnicity and neighborhood. Data is also unavailable for higher education.

- Claude Jacobs, speaks to Harvard and MIT intensive testing and asks is there an estimate on a percentage for their testing?

**Anna Kaplan** responds that 6.5k tests have been completed in the past two weeks. Not all students use Cambridge addresses.

- Dr. Mauricio Santillana, an assistant professor and director in the Machine Intelligence Research Lab at Harvard Medical School, remarks about testing, are we reaching the capacity? He has alternatives if that is an issue.

**Claude Jacobs**, the Universities are an inflator, but because of our partnerships, specifically with the Broad institute and others the City is in a good position for testing.

**Mayor Siddiqui** open up for questioning emphasizing on the data that is available and what it means for schools.

- Zuleka Queen Postal, SE PAC, starts with thanks, part of the metric that is not shared is the disproportional effect on people of color, that is information I would like to take into account when deciding on sending my child to school what is a solution?

**Anna Kaplan** answers the information is cumulative and is shared and is all the cases. The CPH is hoping to get this specific information shortly.

- Mayor Siddiqui joins the exchange and speaks to the new dashboard links to the City's dashboard.
- Christina Pace, in person teacher, questions what about taking out the Universities metrics?

**Anna Kaplan**, answers the idea was never to remove the positive cases, they are Cambridge residents.

- Former Mayor Kenneth Reeves, asks about percentages, 15% other and 6% unknown, who is in the 22% What are the unknown percentages. Thanks the City and DPH for their efforts in testing. Speaks to outreach for testing in the communities of color and asks how is it happening?

**Anna Kaplan** replies that they are the census and DPH categories, CDPH do have reason to believe people in that category are people of color. When there is a spike in that category we have a community health worker who follows up with the individual to clarify and update which will define the category hopefully better.

**Claude Jacobs**, responds to Fmr. Mayor Reeves' comments and agrees to Anna's point, the CPHD works with the data that is available and what we have. Outreach is crucial and the CDPH is ongoing and also focusing on the hotspot in hopes to better the outreach.

- Emie Michaud Weinstock, Cambridge Families of Color, in terms of collecting the data, what is the overlap happening between the City and State on broadening testing data? Bringing testing

to sites that are already well traveled. Notes when thinking about testing expansion, have the stakeholders at the table.

**Claude Jacobs**, answers that all are fantastic suggestions, which adds different dimensions to our universal testing sites. From the nursing homes, homeless shelters, area hotspots and school testing sites. We are doing 5x as many COVID test this month.

**Dr. Lisa Dobberteen**, the CPH medical director, adds that state through DESE have mobile testing sites. And updates that we are able to offer 2X weekly testing for educators. Simultaneously offering COVID test while vaccinating for the flu. Reminds the group that we need to be mindful of gatherings.

- Dr. Jamie Lichtenstein asks about more availability for testing for the community, speaks about targeted outreach for people who may be concerned with no testing offered without appointment.

**Claude Jacobs**, answers they are aware of the constraint, there are more testing, and no one has been turned away. For the targeted outreach, the CPHD is aware there is more to be done. Looking forward to having added access through the holidays.

- Vice Chair Bowman, wants a clarifying question based on city wide population as opposed to student population. Wanted to highlight, mindfulness of student's privacy and potential stigma.
- Dr. Nicole Gittens, reflects about the disproportionate effects of COVID and the impact in the Black Community, how do families start to consider about sending children back to school. What are the components, that are increasing the risk of COVID? What is the context? There needs to be more outreach on getting the information out about testing and sites.

**Claude Jacobs** simplifies the location of the sites, days and hours testing is available and that it is made available on the City's website. Fifty-six hours of testing seven days a week Dr. Gitten's concerns are seen around the country. Economic status, type of occupation and race and ethnicity does play a role in exposure and exacerbates the risk. The CPHD is looking into those patterns, so people know the nature of their risk and exposure.

**Dr. Michelle Holmes**, an associate professor of epidemiology at the Harvard T.H. Chan School of Public Health, affirms what Claude Jacobs reported. The disparity seen in Cambridge is seen around the country. It is driven by occupation and housing, nothing biological.

**Dr. Helen Jenkins**, an infectious disease epidemiologist at Boston University's School of Public Health, echoes what Dr. Holmes spoke of. Reminds that it is important to distinguish between the risk of getting infected and the risk of a severe outcome, that is what the disproportionate aspect is.

- Ty Belitti, My Brother's Keeper, speaking about metrics, how are we sharing, collecting data and information for families of colors. Notes that one way of communicating may not work. How does all this information impact the schools?

**Superintendent Salim** answers about confirmed cases of students, and the District does not report about demographics. This information is on the CPSD dashboard.

- Dr. Jill Crittenden's asks about dissemination of information, is information better access by in person learning student as opposed to remote learners?

**Dr. Lyndsay Pinkus Brown** responds on behalf of the District that there needs to be a more proactive way to get information out there. She lists several ways of communication tactics that are in place now. There will be another survey that will go out shortly. Welcomes partnerships and suggestions.

- Former Mayor Reeves speaks again to outreach and accessibility as well as publicizing the low numbers of COVID cases and schools.

Mr. Jacobs leaves the roundtable for another meeting.

**Superintendent Salim** points out for additional context, that student numbers by demographic show that African American students eligible who are learning in person is at 184, compared to 232 students learning remotely and among Hispanic/bimix 157 students learning in person as compared to 137 students learning remotely. Dr. Salim acknowledges there is always opportunities to communicate information to help families understand the decision of in person or remote learning.

- Jenny Chung, Educator, do our metrics affectively protect black residents from contracting COVID? Are Educators involved?

**Dr. Helen Jenkins** responds that one thing to think about why we have the metrics and the metrics? They are to ensure that we do not open schools when there is high risk of a population of people coming into school that are infected. We want to represent with the metrics the population. We need increased mitigation techniques and strategies for schools.

**Dr. Jaime Lichtenstein** answers educator input is very important and they are tremendously involved with the working groups.

- Bernette Dawson starts off her questions about testing and asks about possibility of the sites at schools.

**Tracy Rose Tynes, Nurse CPHD**, replies that she appreciates suggestion, it is very difficult to bring COVID testing to the school because of risk and fear of transmission and exposure.

- Christine Pace questions about the expansion of in person learning at the Tobin School where the school is already limited in space and asks about nurse availability?

**Tracy Rose Tynes** answers that the goal is to have health aide in every building with each Registered Nurse.

**James Maloney, Chief Operating Officer**, follows up with that the issue of space and expansion is ongoing and fluid and will be addressed. Several stakeholders are involved in this undertaking.

**Dr. Jaime Lichtenstein** speaks about the breakdown of the meaning of metrics and the model that Dr. Allen presented last week. When you hit that number you increase the levels of the mitigation strategies. Observes that the levels we follow in Cambridge are in the middle of the risk.

- Emie Michaud Weinstock what happens with today's discussions? What is keeping black and brown families out of school? How does this play into the next evaluation of metrics? Developing a Public Health Campaign.

**Superintendent Salim** answers that to better understand the choices that families are making, family conferences will be starting soon and will help with information gathering, yields the floor to Robin Harris, Director of Family Engagement.

**Robin Harris** speaks about the upcoming listening session and launch, these sessions will be part of a comprehensive strategy to gather family feedback and input, which will be supplemented by a family survey and other outreach. Twenty planned all via ZOOM. Myriad stakeholders and marginalized groups are targeted. More outreach planned, which will include door knocking, finding small pockets of families that are congregating and going to homes. We certainly can include asking families about their reasoning for being remote and coming back to the building.

**Dr. Michelle Holmes** continues, the disparity vs remote and in person is a national issue. The decision to be remote, could be a rational decision based on their lived experience and cautions that it may not base on the state of the safety Cambridge School Buildings.

- Mayor Siddiqui echoes Dr. Homes sentiment.
- Member Fantini asks will our most vulnerable population be prioritized? How will we customize outreach on the benefits of the vaccines? Is the metrics broken down where testing is being done by neighborhood? Can testing be done door by door? Asks about Transportation. Could we take community members to testing sites?

**Mayor Siddiqui** answers that discussion is on the horizon for the vaccination piece and will be addressed at a later date.

**Anna Kaplan** answers that all positive test are shared by neighborhood, community testing is a forth coming analysis coming in December, working on it now. Breaks down a site and the future testing will be able to pinpoint neighborhoods. It is great expertise for door knocking for other outreach, however testing is pretty challenging with tester in full PPE and you must think of transmission and exposure.

- Member Weinstein begins his segment with acknowledging that this is incredibly valuable, how can the school be a partner in the outreach and testing? How does the higher institution impact our metric?

**Dr. Lichtenstein** responds that the City of Cambridge is testing about 10% of the population a week –earlier in the pandemic Higher Education was swamping out the earlier testing. We do not believe that University testing is accounting for 10% of the Cambridge residents now. There are less worries now about the two dynamics of testing. University testing has accounted for 20% of positives this week.

**Dr. Jenkins** chimes in about test positivity, it is not a commonly used variable. There are factors with testing positive and the testing in general. In an ideal world you would test a random selection of the community and then you would have an actual sense of the prevalence in the community. This is what is being done in the UK. This would give us a snapshot on a weekly basis without the worries of who is showing up and other factors.

**Dr. Maurico Santilianna** would like to add that the one metric that he sees missing is speed of growth of the virus. Could we propose that metric as a variable? The rates are increasing dramatically.

- Member Wilson thanks all for their information. Speaks to the families who had chosen remote for various reason. Where should the support, resources and equity be for our residents? Is a mobile testing site an option? Strongly reminds the panel about getting information out there for testing.

**Dr. Holmes** answers that maybe the focus should be on the fact that the remote learning is what is equitable for what the families have chosen.

**Mayor Siddiqui** talks about the feasibility of mobile testing, there is no concrete plans for this option. There has been conversation about getting more testing to the community.

**Dr. Crittenden** comments that some of the sites were specific because of outreach and location.

- Mayor Siddiqui follows up that those sites were initially chosen because they were hot spots in the city.
- Member Rachel thanks the Mayor and participants for the roundtable, this is so critical and important. Speaks to layering protections. Where does this input lead us? Will there be

opportunities like this for a broader group? How do we insure everyone is safe? The slides are helpful but it would be greater to be more specific to show rate by group.

**Mayor Siddiqui** answers that additional discussion are happening in other sub committees regarding Member Rachel's concerns.

**Dr. Mauricio Santalilianna** clarifies that the current state of the outbreak, there will be a surge of cases. Speed of Growth metrics would be based on the growth or the decay. We would know that the numbers are going down as opposed to oscillating.

- Member Rojas speaks to offering guidance to families about making the decision to send their children to school.

**Mayor Siddiqui** there will be follow up needed for this meeting and all that comes from it.

- Zuleka Queen Postal asks about the initial testing and how it was an unpleasant experience, invasive. It has become more palatable.

On a motion to adjourn by Member Rojas, seconded by Member Fantini, On the following roll call vote, Member Rachel (ABSENT); Member Weinstein (ABSENT); Member Wilson (ABSENT); Vice Chair Bowman YEA; Member Fantini YEA; Member Rojas YEA; Mayor Siddiqui YEA. 6:06pm.

NB-There will be a Buildings and Grounds Sub Committee meeting on November 19th at 7:30pm and the next regular meeting is December 1, 2020 at 6:00pm.

Attest:

Jennifer Dever Wood  
Cambridge School Committee