



CITY OF WORCESTER, MASSACHUSETTS
Department of Health & Human Services
Division of Public Health

Matilde Castiel, MD
Health & Human Services
Commissioner

Karyn E. Clark
Public Health
Director

SUBJECT: WORCESTER BOARD OF HEALTH MEETING MINUTES
DATE: JUNE 9, 2016
START TIME: 6:30PM
LOCATION: 25 MEADE STREET, CONFERENCE ROOM 109
WORCESTER, MA 01610

<p>1. Welcome & Introductions</p> <p>2. Approval of the Minutes (Public Hearing – June 1, 2016)</p> <p>3. Worcester BOH Public Hearing on Draft Tobacco Regulations - Debrief (Board of Health)</p>	<p>Meeting is called to order at 6:31PM</p> <p>Dr. Edith Claros will not make it this evening.</p> <p>Board members present: Joanne Calista, Dr. Jerry Gurwitz, Abbie Averbach and David Fort. Also present are Karyn Clark, Director of Public Health, Cheryl Sbarra, Chief Staff Attorney for Massachusetts Association of Health Boards, Matilde Castiel, MD, HHS Commissioner, Mike Hirsh, MD, Medical Director, Carol Manning, Health & Physical Ed Curriculum Liaison / Worcester Public Schools, Martha Akstin and Michelle Smith from AIDS Project Worcester</p> <p>Motion to approve minutes from June 1, 2016 public hearing on the proposed draft tobacco regulations. Joanne Calista makes a motion to approve the minutes and the motion is seconded Dr. Jerry Gurwitz.</p> <p>The BOH debriefed on the draft tobacco regulations from last week's public hearing which included a vote to raise the minimum legal sales age to purchase tobacco to 21 (effective September 1, 2016). Other regulations around youth access and environmental tobacco smoke are still being</p>
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looked at as well as looking at capping smoking bars and smoke shops. There was an excellent turnout for the hearing including retailers, consumers and anti-tobacco groups.

Jerry: There was an understanding that we would further our discussion around the other regulations, but there are many other agenda items for tonight's meeting.

Joanne: Learned a lot, do we want additional time that public can weigh in? Also missing some board members tonight.

Abbie: Many of the regulations we are considering to regulate youth access, we know the literature points to T21. But now that we have T21, does that change the evidence?

Need more information around some of the areas and enforcement.

Karyn outlined the other regulations in the draft for the BOH consideration:

Reducing environmental tobacco smoke:

Eliminate the use of tobacco products in nursing homes and substance abuse treatment facilities. If a local board of health chooses to do so, they can provide exemption for nursing homes and substance treatment facilities to have a smoking room for residents and patients. Four nursing homes in Worcester currently have an exemption, occasional complaints from staff about second hand smoke exposure as well as reports from the Worcester Fire Department from quarterly inspections stating that the doors to some of these smoking rooms are left open.

Prohibit the use of tobacco products in outdoor areas at bars and restaurants, conversations with owners and the public over the years as to if this is legal, typically in the summer months. Some complaints around this from patrons who were bothered by the smoke.

Reducing youth access to tobacco products:

Minimum cigar packaging of cheap cigars.

Cheryl – would eliminate sale of single cigars under \$2.50, would need to be in package of at least 2 or more for \$5.00.

Flavored tobacco in adult only establishments

Big tobacco targeting youth with flavor, would remove from retail environment and place in adult only establishment like the Owl Shop.

Capping retail tobacco permits

The number of tobacco retail permits is currently close to 300 (includes 11 for hookah bars, 2 cigar bars, 5 vape shops). The number has increased as a result of November 2015 revised tobacco ordinance from city council which included nicotine delivery products as part of the definition of tobacco. BOH could consider capping certain types of tobacco retailers.

Abbie: On the permitting issue, haven't clearly defined the terms. Want to apply policy equitably and more to this than meets the eye. How do others feel about this?

Cheryl: This was a challenge to draft, Worcester only municipality to look at different caps on certain types of establishments. Have talked with other colleagues and two issues; concern of health department that Worcester has a lot of smoking bars. Used the state definition of smoking bars, but also including hookah bars and vape shops. Vape shops are really adult only shops. Trying to limit the number of vape shops may not be something the board wants to do. Could cap the number of hookah bars and then cap the number of adult only establishments.

Abbie: Might be helpful to create a table to better illustrate.

(David Fort arrives 6:47)

Joanne: Would also find the chart helpful, don't want to have unintended consequences.

David: Good to hear from the community and different viewpoints. Important not to do things piece meal.

Cheryl: Understanding that the board would hold a working session so we can help flush things out, especially on the capping smoking bars (most places just ban them). Good idea to talk about this as a board and discuss.

Any further discussion on the topics? No one commented on the ETS piece even though they did have the opportunity during the public hearing.

Jerry: This may be helpful on how to move this

4. Mayor's Community Health Task Force / Sexual Health Education and Services - Discussion (Matilde Castiel, MD)

work forward; try and grab on to the most innovative thing or the straight forward thing and continue to educate ourselves on these topics and what other communities have done.

Abbie: Could we do the working session and public hearing for ETS same night?

Cheryl: My opinion might be hard to do both in the same night.

1. ETS – restaurants, bars, nursing homes.
2. Permitting/capping
3. Flavor and packaging.

Should discuss these topics every other month.
Will specify additional dates for discussion.
All agendas and minutes are posted on the website.

Joanne: Next topic on sexual health on youth, I am employed by the Center for Health Impact, where Worcester Impact on Sexual Health is based out of (disclosure).

Dr. Castiel: This presentation is on comprehensive sex education and School Based Health Centers that would provide comprehensive services.

(see attached power point presentation)

Want education across the board and want it equitably throughout the school systems.
Not being able to deal with these issues as young kids, becomes a problem when they are adults.

Carol Manning, WPS: Current curriculum varies across the board but not mandated. Teachers work very hard, different levels of health. Please invite parents to come talk with teachers. Teachers form relationships with students and provide support network for them. Give them skills and tools.

Jerry: Are there resource issues, are there health educators at the schools, even with no students taking the elective?

Carol: One health educator at each school. Seventh grade where we introduce sexuality, but only half of the seventh graders get this because not enough teachers. Suffered a lot of staff loss in 2006. Comprehensive health education framework put out by the state, but hard to cram into the timeframe.

Joanne: Sounds like there are other things like policy barriers? Content?

<p>5. Medical Marijuana Draft Regulations – Discussion (Karyn Clark & Cheryl Sbarra)</p>	<p>One of the problems is it's not mandated. Now considered part of the core curriculum and have some funding. Right now the principals decide. No uniformity across the schools. Each principal decides.</p> <p>Joanne: Who decides what is offered through the health centers?</p> <p>Dr. Castiel: Memorandum of Understanding (MOU) between health centers and school administration.</p> <p>David: No condoms provided through health centers. If they want condoms they have to go to CVS or the health centers or Planned Parenthood.</p> <p>Dr. Hirsh: Mayor and City Manager both invested in this issue. Had a meeting with local legislature and superintendent shot down the idea. Proposed that if it was a resource issue that maybe with the Academic Health Collaborative, we could use health educators in training, but also shot down. Worcester State University (WSU) has been working on this, data shows that public education students get survey on what their baseline education on sex ed is and very low, not just Worcester but also surrounding towns. WSU has class to get their students up to speed. Dr. Bev Nazarian has students go into schools with curriculum and help to augment the health teachers.</p> <p>Abbie: Very interested in hearing about this topic and hearing about the data, and recognize that activity in Worcester Public Schools is in the purview of the school committee, but what is the role of the Board of Health? Opportunity for discussion on this, many things going on. Is it helpful for the board to make a statement?</p> <p>Joanne: Statement helpful and also in the future more data would be helpful, we could give a recommendation.</p> <p>Abbie: I would like to entertain a motion to make a statement in support of comprehensive health education in the Worcester Public Schools that includes sex education, substance abuse prevention etc. and comprehensive clinical services in the School Based Health Centers without restrictions and limitations. Also request an update in 2 months Motion Abbie / Second David</p> <p>Cheryl: Met with Karyn and other City Dept staff to review potential regulations, advised city solicitor staff to look at Boston's regs.</p>
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The state regs are comprehensive and allows local inspectors to give inspections but does not give local authority for enforcement or permitting. Will put burden on City, so makes sense for City to make regs so they can enforce especially for a community this size.

Also sets up a fining structure, mimics that of tobacco control. But magnitude is of a different dimension. Might not matter to a dispensary.

Focus on suspension of permit, or high fines that aren't under non-criminal (which is only allowed up to \$300).

No need to reinvent the wheel, Boston has very good regulations. For Boston, under the purview of the Board of Health. Zoning has a say in where they are allowed. Cited in business Districts of Worcester.

Abbie: Purview of the Board of Health, selling creating, and manufacturing.

Cheryl: Ballot initiative did not create the best law, enactment was very quick. When regulations promulgated, didn't want to put burden on municipalities that didn't want to participate. That's why edible marijuana isn't a food product so the board didn't have to issue permits.

Abbie: Terms laid out in draft.

Inspector looks at age and restrictions in entering. Packaging pursuant to regulations, also advertising restrictions. Set high enough fee that permit costs cover enforcement.

Abbie: Can the board see the host agreements and see how they will affect public health?

Karyn: Can make that request from administration. Permitting fees different that host agreement fees.

Abbie: May be different set of regulations to look at depending on vote on recreational marijuana in the fall.

Cheryl: Would be nice to have this lined up beforehand because affects local businesses but they are responsible to follow local regs.

Karyn; Will connect with Department of Inspectional Services because this falls under them, would like to see what that looks like and what it

6. AIDS Project Worcester Needle Exchange
– Update (Martha Akstin, APW)

would cost.

Cheryl: Boston the same, can find out what they do.

Jerry: Will the state be doing any inspections?

Cheryl: Yes they will do many inspections when the facilities open. But Governor Baker lifted many of the restrictions.

Abbie: Looking at fines, penalties and enforcement, would like the Health Department to make recommendations.

Mattie: Could we bring up topic of legalizing marijuana on the next ballot and what the Board of Health thinks? Mass Medical Society has looked at this. (Future agenda item)

Martha and Michelle: Update on needle exchange. (handout)

Martha: Started March 1st as requested by the MDPH. Called the syringe service program because of wrap around services provided as well. Isolation and homelessness. Connect in a multitude of ways and non-judgmental staff. Intakes done, enrolled in program, what services are needed

300 people actively using and each has 10 syringes so about 3,000 out being used. Properly disposed of and stored. Need a better way to count the syringes because people brought in bottles. Also other disposal sites being used. Staff attends quality of life task-force; staff will go out and pick up needles if reported.

Abbie: Any limitations and expectations.

High numbers so far, no advertisement or publicity, already at 316 when planning on 200 by end of June. Trying to get everyone also enrolled in Narcan program because of the heroin with fentanyl and high overdoses from that.

Mattie: Of those you have seen, how many have asked for treatment?

Martha: Less than 10, but beds are scarce and window of opportunity is so small. Need availability of beds and delay causes loss of opportunity.

Abbie: Thank you for the wonderful work and

<p>7. Next Board of Health Meeting – Set Date / Time</p> <p>8. Items for July BOH meeting</p> <p>9. Adjourn</p>	<p>support of community.</p> <p>Next meeting date and time: July 11th at 6:30PM.</p> <p>Tobacco ETS regs Medical Marijuana Goods for Guns 6/25/16</p> <p>Sign new regulations.</p> <p>Adjourn 8:26</p>
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