



**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

**DATE:** December 4, 2017  
**RE:** WORCESTER BOARD OF HEALTH MEETING MINUTES  
**START TIME:** 6:30 PM  
**LOCATION:** WORCESTER DIVISION OF PUBLIC HEALTH  
25 MEADE STREET, CONFERENCE ROOM 109  
WORCESTER, MA 01610

**Welcome & Introductions:**

Meeting was called to order at 6:37pm.

Members present: David Fort, Chair, Edith Claros, PhD, Vice Chair, Jerry Gurwitz, MD, Joanne Calista and Abigail Averbach WDPH Staff: Michael Hirsh, MD, Medical Director, Karyn Clark, Director of Public Health, Colleen Bolen, Deputy Director of Public Health, Megan DeNubila, Public Health Prevention Specialist, Cassandra Andersen, Manager of Strategic Partnerships and Michele Williams, Principal Clerk.

**Approval of the November 6, 2017 Minutes:**

Motion to approve the WBOH meeting minutes of November 6, 2017 made by Jerry Gurwitz, MD, Second – Edith Claros, PhD, Vice Chair Approved

**Review and act on discussion and presentation on flavored tobacco products and minimum cigar packaging policies:**

Megan DeNubila, Public Health Prevention Specialist: A tobacco prevention presentation slide was distributed. Worcester DPH is the lead agency for the Worcester Regional Tobacco Collaborative that includes 19 communities. Would like to discuss flavored tobacco products as it relates to possible model policies to reduce youth access. Restricting flavored tobacco products is moving the sale of these products to adult only retail tobacco stores. We require a store to ID the customer to make sure they are not selling to minors under 21 years of age. This is not a ban on flavored tobacco products; it's just to move them out of the hands of the youth. As of mid-November, 106 municipalities have implemented the flavor restriction. As far as cigar minimum packaging and pricing regulations, single cigars would have to be priced at \$2.50 and any multipack would have to be \$5.00, to make accessing these products more difficult for youth to purchase. As of mid-November, 151 municipalities have passed a cigar minimum packaging and pricing regulation.



Megan Chenausky, UMass Medical Student: We worked with Tina Grosowky (UMass Medical School) during a 2 week intra-professional population health clerkship, where we went into the community and learned about health policy and policy change. During our clerkship we had focused on the sale of flavored tobacco products. Tobacco is the leading cause of preventable disease in the United States. Worcester has a smoking rate of 19.6% when compared to the state of 15.5%. That's a 26% higher rate of smokers in our city. Data has shown that doing this type of restriction, can significantly decrease sales amongst youth and decrease the odds of youths using any type of tobacco product.

Grace Hewett, UMass Medical Student: The goal of our survey was to gage the opinion of a really diverse section of the Worcester population about the restriction of the sale of flavored tobacco products to 21 and over establishments. Tina constructed a 7 question voluntary anonymous survey that received UMass Medical School IRB approval. A total of 169 participants were surveyed. We analyzed these responses and were able to assess the demographic data, participant rationale and the level of interest in such a proposed restriction.

Kevin Gao, UMass Medical Student: We surveyed a diverse age group of both smokers and non-smokers. What we found in response to regulation is that the overall rate of support is 85%. The majority of smokers surveyed supported this regulation. They are concerned about the youth's well-being. The non-smokers were concerned about the business rights. Our next step in this process has been to present this data to the BOH. We know that local policy is the foundation for causing statewide change. If Worcester passes this regulation, we hope that others will follow and we will build a healthier Massachusetts.

Joanne Calista: Can you talk about the data regarding restricting establishments and how that can decrease the odds of youths using tobacco products in the future.

Megan Chenausky, UMass Medical Student: We had one study that was done in New York that had looked at the rates of tobacco use before and after implementing this type of regulation and they found that it was successful in their population to decrease the amount of youths.

Jerry Gurwitz, MD: How did you decide on the places where you did the survey? How did you approach these individuals and how many individuals refused to participate in the survey?

Grace Hewett, UMass Medical Student: We chose the locations based on the volume of traffic. We stood by stores and stated that we were medical students conducting a survey on flavored tobacco restriction and if they would like to participate. More than half of the individuals declined.

David Fort, Chair: thank you for your presentation this evening. For those who attended the meeting to listen to this presentation, you are welcome to stay for the rest of the meeting but we will not be deliberating on this matter this evening.

### **Review and act on discussion regarding Medical Marijuana Dispensary updates:**

Karyn Clark, Director of Public Health: The BOH adopted Medical Marijuana Regulations for the 4 entities that have signed a host agreement with the City to have a local license to operate. Applications and materials have been mailed to those establishments. No building permits have been pulled as of yet. So at this point, there is no movement.

### **Review and act on discussion regarding the FY18 proposed BOH work plan:**

Colleen Bolen, Deputy Director of Public Health: Last meeting the BOH discussed strategies from the CHIP that the BOH identified as potential strategies to act on to some capacity, also looking at some action items that were identified at the last meeting. They are all substance abuse strategies. Staff identified the status of each strategy currently to help the BOH have an idea of what progresses have already been made, where the BOH can step in and help support or help to move these strategies forward.

Cassandra Andersen, Manager of Strategic Partnerships: For each of these strategies from the CHIP, we have a coalition that works on substance use, *Regional Response to Addiction Partnership (RRAP)*; it's made up of community members, individuals in recovery, treatment organizations, schools, youth organizations and our staff. I also sit on the Worcester Public Schools Drug Prevention Task Force. Strategy 2.1.2 is specifically around alcohol use. We have been working on the campaigns and educational materials that the state has put forward in the last few years. There are many materials that are ready for distribution. We would need the support of WPS to have them distributed to the students. The retail education would involve going to the retail stores and providing education on sales to minors. Strategy 2.2.1 is around the marijuana policy and poisoning. Some of the suggestions from the CHIP were to look at passing regulations to reduce the harm from potential child use. We need to consider mandating warning labels and use child proof packages to reduce those types of poisoning events in the City. Strategy 2.2.2 is also around marijuana and overlaps the strategies for alcohol. If we were working with the schools to implement a campaign, we could do a campaign to reduce alcohol and marijuana use by youth at the same time. It is important to educate parents on the potential harms of marijuana use and the facts and reasons why teens should not smoke because of the impact on the developing brain.

Karyn Clark, Director of Public Health: Strategy 2.2.3 is addressed through the city council Tobacco Ordinance. Use of any combustible product is prohibited in public spaces (anything that the city owns).

Cassandra Andersen, Manager of Strategic Partnerships: Strategy 2.3.4, we have done some work in the city to promote the use of recovery coaches. UMass does have some recovery coaches; they are paid by a grant. Particular state BSAS funded treatment programs can bill for the services of a recovery coach. The treatment programs that are using private insurances are not allowed to bill for those services. We could have some individuals that are working as recovery coaches come in and do a presentation.

Joanne Calista: Individuals with lived experience can relate and engage in a non-judgmental way. There may be some policy advocacy around that reimbursement because that helps with entities to hire and maintain folks. I think it also indirectly touches on another strategy which is grassroots outreach and certain agency's like AIDS Project Worcester, what that does is whether it's recovery coaches or community health workers; it's a way to reach across language barriers and reach into communities.

David Fort, Chair: There are a lot of people in the community that see their relatives or friends struggle with this disease and they don't know what to do. We have to find a way to develop a large group of volunteers to encourage these people to connect with recovery coaches who can help.

Abigail Averbach: We know that the recovery coach model is an evidence based practice. Very few programs can bill for this service, and some of it is grant funded, I would put forward that if you, working in the community, know any organizations seeking grant funds continue this support. Then we as the BOH can send a letter of support for that grant.

David Fort, Chair: We could work with UMass to try and bring individuals in the outreach and also we could work with the Superintendent of WPS to try to talk about these issues.

Cassandra Andersen, Manager of Strategic Partnerships: Strategy 2.4.3; we have worked with the city's Youth Office to do training with staff around social-emotional curricula. This type of curricula is shown to help with emotional regulation and to reduce stress. There's potential where we could work with the WPS to see where this would fit into their curriculum and other organizations that work with youth in and out of school.

**Next Meeting**

**January 8, 2017 at 6:30pm**

**Adjourn: 7:44pm**