



CITY OF WORCESTER, MASSACHUSETTS
Division of Public Health



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Medical Director

SUBJECT: BOARD OF HEALTH MEETING MINUTES
DATE: JUNE 1, 2015
START TIME: 6:30PM
LOCATION: 25 MEADE STREET, ROOM 109
WORCESTER, MA 01610

Present: Dr. Michael Hirsh, David Fort, Joanne Calista, Dr. Jerry Gurwitz, Abigail Averbach, Karyn Clark, Edith Claros, Erin Cathcart, DJ Wilson, Cheryl Sbarra, Ken Farbstein

1. Welcome and Introductions

- a. Edith Claros served as the chair for this meeting

2. Approval of the Minutes

- a. Minutes of the 5-4-15 meeting are unanimously approved following a motion to the chair.

3. Overview of the Worcester Regional Tobacco Control Collaborative

- a. Karyn provided a brief history of the Tobacco Control Collaborative and the tobacco policy regulations in Worcester. The City Council has traditionally passed tobacco control policies through City ordinance because the City did not have a Board of Health with the authority to do so. The Council updated the ordinance in 2009 and 2011 and is currently reviewing new recommendations in the Public Health and Human Services Subcommittee, which will meet Wednesday June 3rd at 4:30pm to discuss them again. The subcommittee will send their final recommendations to the City Council for vote.
- b. Cheryl and DJ explained that the Board does have the authority to pass regulations, just like the City Council. The Council may decide not to include recommendations in the final ordinance and the Board would be free to review those items and pursue them if they choose. Cheryl and DJ are available to provide guidance and explain the science and reasoning behind the model regulations. MA Association of Health



Boards has trainings available for Board of Health members, as does the BU School of Public Health. Karyn will send along the information.

- c. Karyn provided additional background on the Division of Public Health's Tobacco Control program history. The program has been in the department for several years. Originally the focus was heavily around enforcement namely youth compliance checks and retail education inspections. The tobacco control program is funded regionally through the Worcester Division of Public Health, covering 19 towns in central MA with an annual award of about \$125,000. The Division conducts one youth compliance check and one or two retail inspections per year in the towns with approximately 650 retailers. The program has shifted focused to promoting policy changes to limit youth access to tobacco and reduce environmental second hand smoke exposures. Cheryl and DJ provide technical support and craft model regulations that are updated regularly for decision making.
- d. There has been some great work recently in the tobacco collaborative towns around smoke free housing. West Boylston and Sutton housing authorities are smoke free and the Worcester Housing Authority has some smoke free properties. The Division provides support and technical assistance to support these changes. For example, making available cessation resources for those living on smoke free properties.
- e. The collaborative also supports "the 84" a program that engages local youth in chapters within collaborative towns to do education and advocacy.
- f. The current Worcester tobacco policy recommendations were submitted based on a request from City Manager Augustus on what the City can do to limit youth access to tobacco products and reduce environmental exposures.
- g. Edith asked for clarity on the history of the tobacco signage ban in Worcester. Cheryl explained that the City Council in 2010 or 2011 banned any tobacco advertisement signage that would be visible from the street. The tobacco industry sued the City and the City lost the lawsuit. That regulation was not a model regulation or a recommendation from the health department, it came as an idea through the Council. The City is not pursuing that regulation currently.
- h. DJ provided an overview on the MA Tobacco Control Program, which funds the Division's tobacco program. At its height it had an operating budget of \$49 million dollars per year. That has decreased as the number of smokers has decreased in the state. The program has 4 goals: promote cessation for current smokers, discourage youth access to tobacco products, reduce environmental exposure to second hand smoke, and promote health equity. When the program started, a lot of towns had no local tobacco control regulations or had deferred them to the city councils or select boards. That is changing now as Boards of Health realize that they do have the authority to pass regulations and in many places the ordinances of councils and regulations passed through Boards of Health coexist. Sample regulations that are based on evidence are available and in many cases have been vetted by other towns.
- i. DJ and Cheryl recommended that the Board wait until the City Council votes on the current tobacco policy recommendations to see what they pass and what they drop. At that time, if the Board is interested in pursuing additional policy items, they can be in communication with the Council.
- j. Ken gave an overview of the Tobacco Free MA coalition, which is a group of anti-tobacco organizations that advocates for tobacco regulations across the state.



- k. Cheryl provided some additional information on the roles of Boards of Health. They do have the authority to enact local public health regulations, as does city council. They can put forth regulations that conflict with ordinances put in place by city council. Those cases rarely happen (never in Worcester) and there is no consensus on which body would have the ultimate authority. The attorney general has never been asked for an opinion and it has never been heard by the MA Supreme Court. The Board should work with City Council whenever possible to avoid potential conflicts. Cheryl provided a copy of the MA Boards of Health legal handbook as a reference. The Board can also pass local sanitary regulations as long as they do not conflict with MA statute. For example, stricter food code regulations.
- l. Abbie asked if the Board has authority over lead, septic, etc. as listed in the handbook. Cheryl replied yes.
- m. Abbie asked if DJ and Cheryl could provide some strategies for avoiding potential conflicts with City Council. DJ replied that communication is really key; keep the City Manager in the loop and keep Council up to date on items being considered. Cheryl also suggested reaching out to the City Solicitor for help in drafting language for regulations and having them review drafts. Going beyond what the Board is legally required to do communications-wise is very helpful. This could include memos to council, public hearings, etc.
- n. Abbie asked if as a Board member they are allowed to talk with City Councilors. Cheryl said yes but everyone needs to be careful not to violate the open meeting law. Even though the Board members are appointed, they are in sense politicians, and it is ok for people to approach them to ask questions, etc. outside of meetings as long as it is in compliance with ethics regulations and open meeting law.
- o. David asked how the Board can understand where we are with specific policy items and enforcement so that they can prioritize items. Karyn replied that she will reach out to Commissioner Kelly from the Department of Inspectional Services to ask him to attend a meeting and provide an overview of that department and the status of some city policies. She added that the Division of Public Health will provide an overview of policy priorities from the CHIP and items that have come up in daily work for the next meeting.

4. Overview of Division of Public Health Priorities

- a. Erin provided an overview of the process the Division follows for identifying priorities for work. This starts with the Community Health Assessment process, which identifies health priorities for the community. This is used as the foundation for the Community Health Improvement Plan, which identifies specific strategies for community partners to implement to improve on the priority areas. The WDPH strategic plan identifies specific strategies to ensure that the department is operating optimally to support the implementation of the CHIP and mandated services.

5. Window Guard Policy Brief

- a. Domain 4 of the CHIP is Violence and Injury Prevention. Part of this Domain is falls prevention. Worcester has dramatically reduced the number of fatal pediatric falls over the past 30 years but there are still approximately a dozen falls from windows every



year among kids in Worcester. In 2014, there were no fatal falls. MA does not have a state wide regulation requiring window guards to protect children. Some individual communities do and New York City requires all apartments with children under 6 years old to install window guards. These guards do not have to be permanent and they can be installed cheaply with no permanent damage to the walls. There is a bill under consideration at the state level to sponsor by Representative O'Day which would require guards in all apartments with children under 10. It is currently in the public safety committee and it may come to the floor in June but it may be tabled until next session. If it is tabled, the Board could take up the idea locally. There is interest in local legislation by Worcester Community Connections, an organization that works with a lot of children in family services. The Board would need to consider implementing the policy so that it does not discourage landlords from investing or renting to families with children.

6. Set Next Meeting's Agenda

- a. An overview of the strategic plan and its contents
- b. An overview of policy initiatives or strategies related to the CHIP
- c. Organization of the Board and electing a chair

7. Next Meeting

- a. The Board will not meet in July
- b. Next meeting will be Monday, August 3, 2015 at 6:30pm with Abbie Averbach as acting chair.

8. Adjourn: 8:16 P.M.

- a. All are in favor of adjournment.
- b. Meeting adjourned at 8:16pm.

