



The City of Worcester

WORCESTER BOARD OF HEALTH MEETING

Meeting Minutes

APRIL 06, 2026

25 MEADE STREET, ROOM 109 1ST FLOOR. WORCESTER, MA

Welcome

Board Members Present:

Chair-Frances Anthes; Leopoldo Negrón Cruz, Michael Perotto, Dr. Patrick Lowe

Staff Present:

Seema Dixit, Commissioner HHS; Alex Arriaga – Assistant Commissioner, HHS; Tamara Lundi, Director DPH; Amelia Houghton, Chief of Public Health Nursing DPH, Kyle OConnor, Tobacco Prevention Specialist DPH; Alexandra Kalkounis, City Solicitor, Law Department;

Staff Virtual:

Nikki Nixon, Assistant Director DPH; Desiree Sutton-Business Manager DPH; Brenda Wright-Principal Clerk DPH; Jennifer Nakijoba, Chief of Community Health DPH.

Guest Virtual:

Joleyn Tweneboah

Guest Present:

Henry Schwan, Reporter: Worcester T&G

1. Call to Order

Chair Fran Anthes called the meeting to order at 6:30 PM.

2. Welcome & Introductions

Fran welcomed all attendees and everyone introduced themselves starting with Board members, staff, and then attendees. She requested that ‘Announcements’ be included as a regular item on future agendas.

3. Announcements

Chair Anthes provided an update regarding Primary Care Shortage Legislation.

She reminded us that Dr. Wayne Altman, presented to the Board in June 2025 regarding the primary care shortage and legislative efforts known as Primary Care4You, which includes three related bills currently before the Senate and House. She stated that the Board had approved support for these efforts and submitted a letter in August 2025 to the City Council requesting their approval as well. She further reported that several cities, including Boston, Springfield, and Cambridge, have already approved similar measures and that the City Council Subcommittee on Public Health and Human Services was meeting with Dr. Altman to discuss the matter. She noted that she was in attendance for the first 45 minutes of the meeting and other representatives from HHS and WBOH attended. These being,

- Seema Dixit, Commissioner of Health and Human Services, and
- Dr. Hirsh who was invited to represent the Board of Health and share concerns.

The City Council Subcommittee is actively reviewing the legislation.

4. Approval of Minutes

The Chair asked for a motion to approve the minutes of February 18th.

Motion:

Michael Perotto made a motion to approve the minutes of the February 18th meeting as written.

Second: Leo Negron Cruz seconded the motion. The motion was carried on a 4-0 vote.

5. Communicable Diseases Update

Presenter: Amelia Houghton, Chief of the Nursing Unit

Amelia highlighted recent public health nursing outreach efforts.

Summary:

- Influenza: Increased by approximately 31%.
- COVID-19: Decreased by approximately 40%.
- Norovirus and Salmonella: Slight decrease observed.
- Campylobacter: Minor activity reported.
- Measles: No change reported.
- Varicella: One travel-related case reported; no significant concerns.
- Group A Streptococcus: Returned to baseline levels.
- Hepatitis B: Noted increase from previous month.

She referenced charts included in the written report and noted that additional questions could be addressed at future meetings if necessary.

Public Health Recommendations

Respiratory illness guidance remains current and includes information on emerging COVID-19 strains. She also reported ongoing RSV and COVID mobile vaccination clinics, noting that current vaccine supplies are nearing expiration. Additional clinics may be conducted before expiration dates.

Tuberculosis (TB) Education

Amelia highlighted information regarding latent versus active tuberculosis (TB). Approximately 80% of TB cases originate from untreated latent TB infections, emphasizing the importance of monitoring and treatment.

Tick and Mosquito Season Preparedness

Preparation for tick and mosquito season, include:

- Public education materials available on the department website
- Educational outreach at community events
- Preventative guidance to reduce exposure risks

Board members discussed expanding public education efforts through additional outreach methods such as billboards, newspapers, and broader public messaging campaigns. Amela agreed to explore additional public education strategies.

Public Health Nurse Outreach Initiative

Amelia referenced a new outreach initiative conducted in partnership with the Quality-of-Life Recovery Coach Team.

This program includes:

- Outreach to unhoused and under-housed residents
- Visits to encampments and community gathering areas
- Person-centered engagement
- Referrals to available services
- Distribution of resource materials

Funding from the City Trust Fund Commission supported the development of comfort care packs, which include:

- Hygiene supplies
- Seasonal items (hats, gloves, hand warmers)
- First aid materials
- Community resource information

Amelia said feedback is currently being collected from recipients to assess usefulness of supplies, needed improvements and additional service needs. A Board member suggested including tick and mosquito prevention information in the care packs to which she agreed.

A request was also made to obtain data regarding winter exposure-related deaths among unhoused individuals. Ms. Houghton said she would get this information.

6. Tobacco Regulations Background

Chair Anthes provided background information and summarized the Board's prior review of this matter. She reiterated that the Board's role is to adopt regulations that promote and protect public health through data-driven, evidence-based practices.

Fran reported that the Board's review began in July when Naomesco, an existing bar, appeared before the Board requesting permission to operate as a hookah smoking establishment in addition to its existing bar operations. The request included an exemption from the 500-foot tobacco retailer density regulation, approval to operate within 500 feet of another tobacco establishment, and consideration of ventilation upgrades previously installed to support hookah operations.

Board members expressed concern that the request did not comply with existing regulations, while also acknowledging potential financial impacts on the business. As a result of the July discussion, the Board approved two actions:

1. Direct the Department of Public Health staff to review the existing 500-foot density regulation.
2. Direct the Department of Public Health staff to evaluate whether regulatory distinctions should be made between smoking bars and retail tobacco establishments.

Requests from Naomesco and Metro Convenience were tabled pending further review.

Following the July meeting, the Law Department advised that exemptions to the density requirement were not permitted under current regulations. Chair Anthes reported that both Naomesco and Metro Gas returned for further consideration at the August 18 hearing.

Department of Public Health staff presented data on tobacco retailer density, comparisons with other municipalities, and evidence demonstrating reductions in tobacco access following implementation of density regulations. The staff reported that high retailer density is associated with increased tobacco

access and that smoking bars have declined statewide, with Worcester currently hosting approximately half of the remaining establishments.

Public health experts provided testimony regarding the risks associated with secondhand smoke exposure, the relationship between tobacco access and youth use, and the importance of maintaining density caps. Experts also noted that Worcester experiences higher tobacco use rates than the state average, as well as elevated rates of asthma and lung cancer. Medical representatives further stated that hookah use presents nicotine exposure and addiction risks comparable to cigarette smoking.

Support for Naomesco was received from several stakeholders, including the Worcester Chamber of Commerce, and letters of support were submitted by the Mayor and Vice Chair. Representatives from Naomesco stated that the establishment serves individuals aged 21 and older, that they would implement ID scanning procedures, and indicated that hookah services were necessary to support business sustainability.

Following discussion, the Board voted on Naomesco's request for an exemption from the density regulation.

Decision: Request denied on a 3–2 vote.

Metro Gas subsequently withdrew its request for an exemption and indicated it would await potential regulatory changes.

Following further discussion, the Board voted to direct staff to evaluate potential regulatory distinctions between smoking bars and retail tobacco establishments. A motion was made requesting Worcester Public Health Department review potential regulatory differentiation. It was approved on a 5–1 vote.

Preliminary Recommendations

Chair Anthes reported that during the February meeting, staff presented preliminary recommendations intended to align tobacco regulations adopted between approximately 2016 and 2023, improve clarity and consistency in regulatory language, and provide clearer guidance to regulated establishments. Board members noted that materials were received during the meeting and requested additional time for review. Due to circulation of multiple working drafts, some confusion occurred regarding the version under consideration. Chair Anthes reported that the final working version for the current meeting was distributed to Board members on the Friday prior to the meeting.

Fran Anthes thanked members for their attention to the background summary and stated that the Board would now resume discussion from the prior meeting, continuing the review of proposed revisions previously introduced by Alexandra Kalkounis, Solicitor City of Worcester. She noted that updated draft materials were provided showing tracked (mock) changes, allowing Board members to clearly identify modifications made since the last review.

Kyle OConnor was invited to lead the Board through the proposed revisions.

7. Policy Recommendations Discussion — Overview of Proposed Changes

Kyle O'Connor, Tobacco Prevention Specialist, reported that the revised document includes approximately ten (10) major proposed changes. He noted that each change would be identified, explained, and opened for Board discussion.

7a. Change#1 — Updated Statement of Purpose (Page 1)

The first proposed change updates the Statement of Purpose to include current smoking and tobacco use statistics. Kyle explained that incorporating updated public health data strengthens regulatory justification and supports legal defensibility, with citations to be added in a future draft.

Board Discussion—Social Determinants of Health Reference

Dr. Lowe asked about the removal of language from earlier regulations referencing the concentration of tobacco retailers in underserved communities, particularly those with higher African American and Hispanic populations. He supported reinstating the language to acknowledge social determinants of health. Kyle stated he was unaware of the reason for its removal and agreed to review the issue and reinstate the language if removed in error. No further questions were raised.

7b. Change#2—Consolidation of Existing Regulations (Pages1–2)

The next revision consolidates multiple previously adopted tobacco regulations (September 1, 2016; January 1, 2019; and October 2023) into a single updated document. Kyle explained that consolidation would improve administrative efficiency, clarity, and enforcement. The Board supported this approach.

Board Discussion—Definitions and Terminology Consistency

Board members emphasized the need for consistent terminology and clear definitions throughout the document. Recommendations included:

1. Distinguishing between retail tobacco product sales permits and on-premises tobacco product sales permits.
2. Defining and consistently using the term “smoking bar.”
3. Standardizing terminology and capitalization throughout the document.

Mr. O’Connor acknowledged the feedback, and stated revisions would be made in the next draft.

7c. Change#3—Signage Requirements (Section B)

Kyle reported that revisions to Section B, subsection 3, update signage requirements by removing outdated language, clarifying expectations, and aligning requirements with current legal standards and enforcement practices.

7d. Change#4— Retail Tobacco Permit Requirements (Section E, #1)

The proposed revision to Section E, subsection 1, updates Retail Tobacco Permit requirements to emphasize retailer accountability, employee compliance, and enforceable standards. The revision removes requirements for maintaining detailed employee records, signed acknowledgments, and training documentation, noting these were impractical to monitor. The updated language instead focuses on clear compliance expectations and practical enforcement.

Dr. Lowe asked how retailers would receive regulatory information and training. Kyle reported that retail education visits occur annually, during regulatory updates, and when ownership changes or new establishments open. Retailers receive copies of regulations and access to free training materials in English and Spanish, with reminders of their responsibility to ensure employee compliance.

Board Discussion—Educational Language and Acknowledgment Requirements

The Board recommended incorporating language describing educational outreach into the regulations to reflect current practices and support transparency. Kyle agreed that language

regarding distribution of regulations could be added to the enforcement section and noted that materials are also available on the department website.

Dr. Lowe further recommended reinstating the requirement that retailers acknowledge receipt of regulations at the time of application or permit issuance to ensure awareness of regulatory requirements and support compliance.

7e. Change #5—Retail Tobacco Permit Requirements (Section E, #1)

The Board discussed the proposed removal of language requiring documentation that employees received tobacco regulation training. Mr. Perotto expressed concern that eliminating acknowledgment requirements could reduce accountability, noting that signed acknowledgment of receipt strengthens enforcement by documenting that businesses were properly informed and reduces claims of non-receipt.

Board Discussion—Training Documentation and Enforcement

Alexandra recommended requiring retailers or establishment owners to obtain signed acknowledgments from employees confirming review of applicable tobacco regulations, with documentation maintained on-site for inspection. Members noted that on-site training documentation is consistent with practices in other regulated industries and supports practical enforcement.

Kyle suggested incorporating a confirmation requirement into the OpenGov permitting and renewal process, allowing applicants to verify that employees have been trained and regulations reviewed. He noted that permit submissions could serve as documentation supporting inspection and compliance verification.

A Board member asked whether similar requirements exist in other jurisdictions, referencing ServSafe certification. Kyle reported that the Commonwealth provides free tobacco retail training resources via QR code, though participation is not currently mandatory. He noted the Board could consider requiring participation if desired.

Employee Training Requirements and Documentation

The Chair supported requiring training for all employees involved in tobacco sales, noting that violations are often linked to individual staff actions. She requested development of standardized training. Kyle reported that prior training documentation requirements were not routinely reviewed during inspections and had not been consistently enforced due to regulatory complexity. Fran emphasized the need for practical, enforceable requirements.

Reinstating Prior Language

Dr. Lowe recommended reinstating prior language requiring acknowledgment of receipt of regulations as an interim measure while broader training requirements are developed. The Chair suggested incorporating feedback into a revised draft instead. The Board indicated support for requiring completion of a state training program if available; otherwise, maintaining acknowledgment requirements was recommended. Members noted that implementation may require a phased approach and would likely be enforced during inspections or compliance reviews.

7f. Density Regulations for Tobacco Permits (Sections 1A and 3D)

Sections 1A and 3D revise density requirements to distinguish between retail tobacco product sales permits and on-premises tobacco sales permits (smoking bars). The proposed language maintains a 500-foot separation between retail tobacco establishments and schools and between retail establishments. It also proposes removing the 500-foot separation requirement between retail establishments and smoking bars.

Section 1A—Retail Tobacco Permits

Mr. O'Connor confirmed that the 500-foot separation requirement between retail tobacco establishments and schools, as well as between retail establishments, would remain. Retail establishments, such as gas stations, may obtain permits without proximity restrictions related to smoking bars.

Section 3D Language

The Board recommended revising language to state “within 500 feet of an existing on-premises tobacco product sales permit” to ensure spacing requirements apply to like permit types. The Board supported this clarification to reduce confusion and align the regulation with its intended purpose.

Proposed Intended Policy Direction

Seema summarized the policy framework as follows:

- **Retail to retail:** Maintain 500-foot separation
- **Retail to schools:** Maintain 500-foot separation
- **Smoking bar to retail:** Remove 500-foot separation
- **Smoking bar to smoking bar:** Maintain 500-foot separation

The approach is intended to reduce youth access to tobacco while recognizing that smoking bars are limited to individuals 21 and older.

Board Clarification — 500-Foot Separation Policy

Leo Negron Cruz clarified that separation would remain between similar establishment types and between all tobacco establishments and schools. The only removal proposed is the separation requirement between retail tobacco establishments and smoking bars.

“A 500-foot separation would remain between similar types of establishments, as well as between all tobacco establishments and schools, while the separation requirement between retail tobacco establishments and smoking bars would be removed.”

Rationale for Smoking Bar Separation

The Commissioner requested clarification on maintaining separation between smoking bars. Dr. Lowe emphasized that density decisions should be guided by public health considerations and referenced prior density maps showing clustering in vulnerable communities. He noted that future permit turnover could increase clustering risks.

Seema stated that the draft seeks to balance density control with economic activity, noting that retail establishments present greater potential risk for youth access compared to smoking bars.

Consideration of Daycares in School Distance Requirements

The Chair asked whether daycare facilities are included in the definition of educational institutions for school distance requirements. Kyle stated that daycare facilities are generally not included,

pending confirmation, and staff were asked to research how other municipalities address this issue. Seema noted that some daycare providers may not be formally registered, creating enforcement challenges, and that variations in daycare size and structure may require different regulatory considerations.

Overview of Exemption Policy (Section 1B)

Section 1B allows locations that previously held a retail tobacco product sales permit within the past five years to be exempt from the 500-foot density requirement until the cap of approximately 230–235 retailers is reached. The provision is intended to allow previously licensed locations to reopen following hardship, renovation, or ownership changes while maintaining overall density limits.

Retail Cap (235) Background

The cap of 235 retailers, established in October 2023, reflects the number of permitted establishments at that time, including pending applications. The intent was to prevent expansion beyond existing levels rather than reduce current operations. Kyle noted that declining cap models were considered but not adopted.

Five-Year Eligibility Period

The Board discussed whether the five-year exemption period should be retroactive or rolling. Members expressed concern that a rolling timeframe could weaken long-term density controls and supported tying eligibility to the regulation's effective date to ensure the exemption phases out over time.

Grandfathering Provision — Prior Licenses

The exemption functions as a limited grandfathering provision, allowing previously permitted locations to reapply at the same location even if current density requirements would otherwise prohibit issuance. The Board agreed that eligibility should be limited to locations holding permits within five years prior to adoption and only if permits remain available under the cap. The exemption applies only to previously permitted locations and does not include permit transfers or sales.

7F(2)(B) – Transfer of Permits

Overview-Transfer of Permit Provisions

This section addresses transfer of retail tobacco permits when a business is sold and a new owner seeks to continue operations. The Board confirmed that permit transfers remain allowable, provided all applicable density, local, and state requirements are met, and that all outstanding fines must be resolved prior to approval.

Board Discussion — Administrative Process and Reporting

Board members discussed the role of the Board of Health in the transfer process and supported streamlining routine transfers when applicants are in full compliance. It was clarified that Department of Public Health staff act as agents of the Board in administering permit matters, and references to notifying the Board indicate notification to DPH staff.

Members also discussed the need for consistent updates on permit transfers and new license approvals. The Board supported including these updates in regular monthly staff reports to maintain transparency while minimizing administrative burden.

Section H(A) – Violations and Suspension Framework

This section addresses violations and enforcement procedures. Mr. O'Connor reported that language was added to incorporate the state-established fine and suspension framework, aligning local regulations with state requirements and improving enforcement consistency. Local regulations may establish standardized suspension durations, while retailers retain the right to request a hearing before the Board of Health.

Proposed Standardized Suspension Schedule

Members recommended aligning penalty durations across sections, establishing fixed suspension periods of three (3), seven (7), and thirty (30) days for violations involving sales to individuals under 21. Dr. Lowe emphasized that predictable, standardized penalties improve clarity for businesses and consistency in enforcement. The revised schedule aligns with state guidance and prior Board discussions.

Retailer Rights and Due Process

Retailers will continue to receive written notice of violations and associated penalties and retain the right to request a hearing before the Board of Health within seven days of notice.

Hearing Process and Administrative Resolution

Retailers may contest violations through a Board hearing, after which the Board will make a final determination. If a violation is not contested, penalties may be accepted and resolved administratively. Department of Public Health staff will document violations and provide updates to the Board through routine monthly reports. It was also clarified that state and local penalties operate independently, with local fines applying only to violations of municipal regulations.

Proposed Alternatives and Next Steps

The Board requested a comparative review of enforcement standards from other municipalities to support decision-making. A revised draft will be prepared for Board review and subsequent public hearing, with additional revisions permitted based on public input. Members recommended voting to advertise the draft to allow scheduling of the public hearing, and staff confirmed that sufficient information is available to prepare a clean draft for advertising while allowing for future updates.

Implementation of Incremental Local Fine Structure

Language was added to establish an incremental fine structure for local violations, replacing the current flat \$300 fine. The revised structure increases penalties for repeat violations and aligns with practices in other municipalities. Enforcement language will also be reviewed to ensure consistent use of "shall" rather than "may" to promote uniform application of penalties.

Proposal for Internal Policy Guidance Document

The Board discussed developing an internal policy guidance document to support consistent interpretation of violations and enforcement decisions. The document would provide examples, outline enforcement options, and serve as an internal reference, separate from formal regulations.

Discussion — Concurrent State and Local Suspensions

Questions were raised regarding whether state and local suspensions should run concurrently or consecutively. The City Solicitor clarified that violations have historically been treated as a single enforcement matter, with one combined suspension period rather than separate penalties. Kyle

noted that state guidance typically does not impose suspensions for first violations unless they involve sales to minors, though the Board retains authority to adopt stricter local standards.

Proposed Standardized Suspension Periods

Members supported establishing fixed suspension periods of three (3) days for a second offense, seven (7) days for a third offense, and thirty (30) days for subsequent offenses. This approach removes discretionary language and promotes consistent enforcement outcomes.

Next Steps and Public Hearing

The Chair expressed concern about advertising a public hearing before finalizing draft regulations, noting that ongoing revisions could create public confusion. The Board agreed to schedule an additional meeting to review a finalized draft prior to advertising the hearing.

Staff were authorized to reserve an appropriate meeting space based on anticipated attendance, with the option to relocate to a larger venue if necessary to accommodate public participation.

Post-Hearing Approval Process

The Board discussed the post-hearing process and noted that, when only minor revisions are required, regulations are often adopted on the same night of the public hearing, following a motion, consideration of revisions, and final vote. All indicated the goal of completing adoption at the public hearing unless significant changes are required.

The Board also noted that an effective date must be established following adoption to allow time for implementation.

8. Director's Report Highlights — Presented by Tamara Lundi

The Director provided updates on departmental activities, noting completion of WDPH participation in the Safe 2.0 Performance Standard Survey pilot. Upcoming initiatives include Black Maternal Health Week events beginning the week of April 13 and participation in the Greater Health of Worcester Annual Meeting at the Worcester Public Library.

The department also hosted an internal “Shark Tank”-style innovation event, where staff presented proposals to improve services, funding strategies, and operational efficiency. The Director acknowledged City leadership and staff from Finance, Budget, Equity, and other departments for their support and participation.

9. Next Meeting Date & Topics

- Next BOH meeting date is May 4, 2026.
- Public Hearing: June 1, 2026

10. Adjournment

A motion to adjourn was made by Michael Perotto and seconded by Dr. Patrick Lowe. The motion passed unanimously.

The meeting adjourned at 8:41 p.m.



The City of Worcester

Department of Health and Human Services

Division of Public Health

Board of Health Monthly Nursing Communicable Disease Report

Report Date: April 6, 2026

Reporting Period: February 2026 – March 2026

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1. Brief Overview of Communicable Disease Trends

The following section provides an overview of trends in case counts observed between February 2026 and March 2026 (Table 1).

- **Respiratory** across major respiratory viruses:
 - **Influenza** – ~ **+31%**
 - **COVID-19** – ~ **-40%**
- **Enteric patterns:**
 - **Norovirus and salmonella decreased**
 - **Small uptick in campylobacter (1)**
- **Hepatitis:** Increase in HBV; and HCV dropped.
- **Contact transmitted:** Varicella shows a small increase; measles unchanged.
- **Travel Related:** Counts unchanged
- **Notable Shifts:** Group A Strep increase from zero baseline, Hepatitis B uptick from last month.

Category	Condition	Feb 2025	Mar 2026	Change
Respiratory	Influenza (Flu) (viral)	199	261	+62
	Novel Coronavirus (COVID-19) (viral)	129	77	-52
	Streptococcus Pneumonia (bacterial) (coughing, sneezing or direct contact with secretions)	3	2	-1
	Group A Strep (bacterial or direct contact with wounds)	0	7	+7
	Group B Strep (bacterial) (usually affects newborns and adults with chronic diseases)	0	2	+2
	Haemophilus Influenza Type B (bacterial)	1	0	-1
Contact	Measles (viral) (coughing, sneezing, remains airborne up to 2 hours)	0	0	0

	Mpox (viral) (close contact with infected individuals, contaminated materials, infected animals)	0	0	0
	Varicella (Chicken pox virus) (direct contact with rash, airborne via coughing or sneezing, indirect contact with contaminated surfaces or objects)	0	1	+1
	Salmonellosis (bacterial) (contaminated food and water or direct contact through fecal-oral route)	3	1	-2
Foodborne Illness	Norovirus (viral) (contaminated food or utensils)	2	1	-1
	Campylobacteriosis (bacterial) (also by animal feces contact)	0	1	+1
Hepatitis	Hepatitis A	0	1	+1
	Hepatitis B	5	11	+6
	Hepatitis C	6	4	-2
Travel	Malaria (parasites transmitted through mosquitos)	0	0	0

Table 1. Shows monthly case count changes. A negative (-) sign indicates a decrease in case counts from last month. A positive (+) sign indicates an increase in case counts from the previous month.

2. Public Health Recommendations for Respiratory Illness

Vaccination

- Stay up to date on COVID-19 vaccine (as of March 21, 2026 the region with the highest wastewater activity level for COVID-19 is the Midwest). On the East Coast, the primary circulating variants are XFG (Stratus) and NB.1.8.1 (Nimbus), with emerging offshoots like BA.3.2 (Cicada) under close surveillance. Regional activity remains moderate.
- Annual flu shot for everyone ≥ 6 months (preventing the spread of Type A influenza involves annual vaccines, frequent handwashing and avoiding large crowds).
- RSV protection for eligible adults and infants (CDC recommends RSV immunizations during specific months to maximize protection during RSV season (December to January)).

Masking & Hygiene

- Wear a mask in crowded indoor spaces
- Cover coughs and sneezes
- Wash hands frequently

Staying Home When Sick

- If symptomatic, stay home and avoid contact
- Follow isolation guidance for COVID-19 and flu, check workplace policies

Testing & Treatment

- Test promptly for COVID-19 or flu
- Seek antiviral treatment early if eligible

Protect High-Risk Groups

- Older adults, infants, pregnant people take extra precautions
- Consider masking and avoiding crowded settings during peak season

3. Mobile Clinics: Vaccines, Supplies, and Community Support

The Health Department is actively hosting mobile vaccine clinics across the city. These clinics are designed to make flu and COVID-19 vaccinations accessible to **uninsured individuals**, by partnering with trusted local organizations and offering convenient options for residents. Our goal is to reduce barriers and ensure that individuals and families can stay healthy throughout the season.

Community-Based Organizations

Worcester shelter visit on February 27, 2026

- 2 COVID-19 vaccinations and 1 influenza vaccination administered

Food Pantries at Churches

Belmont AME Zion Church, February 20, March 6, March 20 and March 27, 2026

- Four vaccines administered
- File of Life cards distributed to staff and participants at each clinic
- Community donations of blankets and adult diapers redistributed at these clinics

Walk-In Clinics

Health Department Office

- Nursing line available for scheduling walk-ins

4. Spotlight on Tuberculosis: Comparing Latent TB Infection and Active TB Disease

Table 2 summarizes key information on Latent TB vs Active TB.

Feature	Latent TB Infection (LTBI)	Active TB Disease
Definition	TB bacteria contained by immune system; no disease. Positive TST/IGRA.	TB bacteria multiply, causing illness—typically pulmonary with symptoms.
Symptoms	None.	Fever, fatigue, weight loss, night sweats, cough, hemoptysis.
Infectiousness	Not infectious.	Infectious when pulmonary; spreads via airborne droplets.
Diagnosis	Positive skin or blood test; normal or healed chest X-ray.	Symptoms + abnormal X-ray + smear/culture or molecular testing.
Risk of Progression	~80% of active TB arises from untreated LTBI.	Indicates progression from latent infection or recent exposure.
Treatment	3–9 months regimens (e.g., isoniazid, rifampin, rifapentine combos).	Standard 4-drug regimen under DOT.
Reportability	Report to MA DPH via LTBI form.	Immediate reporting required (suspected or confirmed).
Public Health Actions	Preventive therapy; monitor adherence.	Contact tracing, isolation, ensure treatment per 105 CMR 365.
MA Prevalence Trends	Underdiagnosed; not included in annual statistics.	2022: (2.2/100k) 2023: (3.2/100k) 2024: (3.6/100k)
US National Trends	~13 million people estimated with LTBI in the U.S.	2022: (2.5/100k) 2023: (2.9/100k) 2024: (3.1/100k)

Table 2. Massachusetts TB rates have risen over the past three years, increasing from 153 cases in 2022 to 254 cases in 2024, consistently remaining slightly above national incidence trends. Nationally, TB cases have also increased during the same period, from 2022 to 2024. While latent TB infection remains vastly more common—estimated at roughly 13 million people nationwide—it is not routinely tracked at the state level due to its asymptomatic nature.

5. Emerging Infectious Diseases: Tick and Mosquito Prevention - What Residents Need to Know

Comparison Summary

Tick-Borne vs. Mosquito-Borne Prevention Exposure Patterns

- **Tick-borne:** Highest risk in brushy, grassy, wooded areas; exposure peaks spring through fall.
- **Mosquito-borne:** Highest risk at dawn and dusk and near standing water; risk varies seasonally based on mosquito activity.

Clothing Guidance

- **Tick-borne:** Long sleeves and pants; tuck clothing to prevent attachment; permethrin strongly recommended.
- **Mosquito-borne:** Long sleeves and pants; loose and light-colored clothing reduces attraction.

Repellent Strategies

- **Both:** DEET, picaridin, IR3535, and oil of lemon eucalyptus effective.
- **Tick-borne:** Permethrin-treated gear plays a major role.
- **Mosquito-borne:** Repellents are primary prevention; permethrin optional.

Environmental Controls

- **Tick-borne:** Habitat reduction—mowing, leaf removal, brush control, landscape barriers.
- **Mosquito-borne:** Water management—removal of standing water, functional screens, outdoor airflow.

Post-Exposure Measures

- **Tick-borne:** Showering and tick checks essential; tick removal required if found attached.
- **Mosquito-borne:** No post-bite removal; monitoring for symptoms is key.

Pet Considerations

- **Tick-borne:** Veterinary tick preventives and pet tick checks recommended.
- **Mosquito-borne:** Standing water removal helps reduce exposure; heartworm prevention is the major veterinary concern.

6. Recent Public Health Nurse Outreach Efforts

Community Outreach with Unhoused Populations

Partnership and Outreach Activities

In partnership with the Quality-of-Life Recovery Coach team, a Public Health Nurse conducts coordinated outreach to Worcester residents who are unhoused or underhoused through visits to encampments and community gathering areas.

Outreach activities include:

- Person-centered engagement with residents
- Immediate support and connection to available resources

Referrals and Service Coordination

During outreach, individuals are connected to service providers that support health, housing stability, and recovery. Referral partners include:

- Open Sky
- Veterans Affairs (VA) services
- Worcester Health and Human Services
- SMOC

Direct Health Services Provided

The Public Health Nurse provides basic clinical care and harm reduction resources in the field to address immediate health needs and reduce barriers to care. Services include:

- Wound care
- Narcan distribution
- Health and wellness guidance

Trust Fund Support and Program Enhancement

Recent appropriations from the City's Trust Fund Commission support expanded outreach efforts through the creation of Comfort Care Packs. These packs may include:

- Hygiene supplies
- Seasonal items

Evaluation and Reporting

Comfort Care Packs will be distributed during outreach activities, and feedback will be collected to evaluate program impact and inform reporting to the Trust Fund Commission. Evaluation activities include:

- Participant feedback collection
- Outcome reporting to the Trust Fund Commission

End of Report

**Worcester Board of Health
Tobacco Regulations**

Whereas, the Board of Health (“BOH”) of the City of Worcester (“City”) is charged with the regulation and oversight of retail tobacco establishments pursuant to the authority granted by Chapter 120 of the Acts of 2014 and Article Six of the Home Rule Charter; and

Whereas, the City Council of Worcester has enacted the Tobacco Products Control Ordinance, pursuant to Chapter 8, § 3 of the General Revised Ordinances of 2008, to protect and promote public health through regulation of the sale of tobacco products; and

Whereas, there exists conclusive evidence that tobacco smoking causes cancer, respiratory and cardiac diseases, negative birth outcomes, irritations to the eyes, nose, and throat; and

Whereas, the majority (90%) of smokers begin smoking before the age of 25, and over 5 million youth and young adults (ages 25 and under) smoke; and

Whereas, the Massachusetts Department of Environmental Protection has classified liquid nicotine in any amount as an “acutely hazardous waste;” and,

Whereas, the density of tobacco retailers near adolescents’ homes has been associated with increased youth smoking rates and initiation of non-cigarette tobacco product use; and

Whereas, policies to reduce tobacco retailer density have been shown to be effective and can reduce or eliminate social and racial inequities in the location and distribution of tobacco retailers; and,

Whereas, the Board of Health has determined that updated regulations are necessary and appropriate to realize the protection and promotion of public health while also balancing the business demands of a growing city; and

Whereas, the Massachusetts Supreme Judicial Court has held that “. . . [t]he right to engage in business must yield to the paramount right of government to protect the public health by any rational means.”

Whereas, the following tobacco regulations aim to reduce tobacco by prioritizing prevention, cessation support, and youth protection, improving public health outcomes while providing local businesses with the opportunity to engage in retail tobacco sales;

Whereas, it is the intention of the Worcester Board of Health to regulate the sale of tobacco products;

Now Therefore, pursuant to the authority granted to Worcester Board of Health by M.G.L. c.111, §31, and the requirements set forth in Chapter 8, § 3, of the General Revised Ordinances related to Tobacco, the Worcester Board of Health hereby repeals the Board of Health Regulations related to Restricting the Sale of Tobacco Products, effective September 1, 2016, Restricting the sale of Cigars and Flavored Tobacco

Products, effective January 1, 2019, and, Restricting the Number of Tobacco Product Sales Permits, effective October 23, 2023, and replaces them with the following updated regulations. All other Board of Health Regulations shall remain effective.

A. Definitions

For the purpose of this regulation ("Regulations"), the definitions found in M.G.L. Chapter 270 and other applicable state laws, Chapter 8, § 3(b) of the General Revised Ordinances of Worcester shall apply, in addition the following words shall have the following meanings.

Blunt Wrap: Any product made wholly or in part from a tobacco product, manufactured or packaged with loose and removable leaves or section of a leaf, or as a hollow tube, which may be used by the consumer to wrap or contain loose tobacco or other fillers.

Bona Fide Purchaser for Value: A bona fide purchaser is someone who exchanges value for property without any reason to expect irregularities in the transaction.

Permit: The tobacco product sales permit issued by the board of health pursuant to this regulation.

Permit Holder: Any person engaged in the sale or distribution of tobacco products that applies for and receives a tobacco product sales permit, or any person that is required to apply for a Tobacco Product Sales Permit, or his or her business agent.

Person: Any individual, firm, partnership, association, corporation, company or organization of any kind, including but not limited to, an owner, operator, manager, proprietor or person in charge of any establishment, business or retail store.

Retail Tobacco Store: An establishment that is not required to possess a retail food permit whose primary purpose is to sell or offer for sale, but not for resale, tobacco products and tobacco paraphernalia, in which the sale of other products is merely incidental, and in which the entry of persons under the minimum legal sales age is prohibited at all times, and maintains a valid permit for the retail sale of tobacco products as required to be issued by the City.

Retailer: shall mean any person who is the owner or operator of any establishment in the business of selling or distributing tobacco products.

Schools: Public or private elementary or secondary schools.

Smoking Bar: an establishment that: (i) exclusively occupies an enclosed indoor space and is primarily engaged in the retail sale of tobacco products for consumption by customers on the premises; (ii) derives revenue from the sale of food, alcohol or other beverages that is incidental to the sale of a tobacco product and prohibits entry to a person under 21 years of age; (iii) prohibits a food or beverage not sold directly by the establishment from being consumed on the premises; (iv) maintains a valid permit for the retail sale of a tobacco product as required to be issued by the Worcester Board of Health; and (v) maintains a valid permit issued by the Massachusetts Department of Revenue to operate as a smoking bar. "Smoking bar" shall include,

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but is not limited to, those establishments that are commonly known as “cigar bars” and “hookah bars”.

Tobacco Product: Any product containing, made, or derived from tobacco or nicotine that is intended for human consumption, whether smoked, chewed, absorbed, dissolved, inhaled, vaped, snorted, sniffed, or ingested by any other means, including, but not limited to: cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, snuff, or electronic cigarettes, electronic cigars, electronic pipes, electronic hookah, or other similar products, regardless of nicotine content, that rely on vaporization or aerosolization. “Tobacco product” includes any component or part of a tobacco product. “Tobacco product” does not include any product that has been approved by the United States Food and Drug Administration either as a tobacco use cessation product or for other medical purposes and which is being marketed and sold or prescribed solely for the approved purpose.

Minimum Legal Sales Age (MLSA): The age an individual must be before that individual can be sold a tobacco product in the City.

Minor: Any individual under the age of 21.

Electronic Nicotine Delivery System: An electronic device, whether for 1-time use or reusable, that can be used to deliver nicotine or another substance to a person inhaling from the device including, but not limited to, electronic cigarettes, electronic cigars, electronic cigarillos, electronic pipes, vaping pens, hookah pens and other similar systems that rely on vaporization or aerosolization. “Electronic nicotine delivery system” shall also include any noncombustible liquid or gel that is manufactured into a finished product for use in such electronic device. “Electronic nicotine delivery system” shall also include any component, part, or accessory of a device used during the operation of the device even if the part or accessory was sold separately. “Electronic nicotine delivery system” shall not include a product that has been approved by the United States Food and Drug Administration for sale or use as a tobacco cessation product or for other medical purposes and that is marketed and sold or prescribed exclusively for that approved purpose.

Flavored tobacco product: Any tobacco product or component part thereof that contains a constituent that has or produces a characterizing flavor. A public statement, claim or indicia made or disseminated by the manufacturer of a tobacco product, or by any person authorized or permitted by the manufacturer to make or disseminate public statements concerning such tobacco product, that such tobacco product has or produces a characterizing flavor shall constitute presumptive evidence that the tobacco product is a flavored tobacco product.

Tobacco Product Flavor Enhancer: Any product designed, manufactured, produced, marketed, or sold to produce a characterizing flavor when added to any tobacco product.

B. Tobacco Sales to Persons Under the Minimum Legal Sales Age Prohibited

1. The minimum legal sales age in the city of Worcester is twenty-one.
2. No retailer shall sell or otherwise distribute a tobacco product to a minor.
3. **Required signage:** No retailer shall sell or permit the sale of tobacco products unless the location at which the tobacco products are available for purchase is posted with a notice at least 6 inches by 8 inches in size which is clearly visible to anyone purchasing such products and which states:

“Whoever sells a cigarette, chewing tobacco, snuff or any tobacco in any of its forms to any person under the age of twenty-one or, not being his parent or guardian, who gives a cigarette, chewing tobacco, snuff or tobacco in any of its forms to any person under the age of twenty-one (21) shall be punished by a fine of three hundred (\$300) dollars for any offense.”
4. Retailers shall conspicuously post signage provided by the City that discloses current referral information about smoking cessation.
5. Retailers shall conspicuously post a sign stating that **“The sale of tobacco products, including e-cigarettes, to anyone under the age of 21 years is prohibited.”** The notice shall be no smaller than 8.5 inches by 11 inches and shall be posted conspicuously in the retail establishment or other place in such a manner so that they may be readily seen by a person standing at or approaching the cash register. The notice shall directly face the purchaser and shall not be obstructed from view or placed at a height of less than four (4) feet or greater than nine (9) feet from the floor.
6. **Identification:** Each retailer selling or distributing tobacco products shall verify the age of the purchaser by means of valid government-issued photographic identification showing the purchaser is not a minor. Verification is required for any person under the age of twenty-seven.
7. All retail sales of tobacco products, as defined herein, must be face-to-face between the seller and the buyer and occur at the permitted location.
8. No person shall sell or otherwise distribute tobacco products within the city of Worcester without first obtaining a Tobacco Product Sales Permit issued annually by the Board of Health. Only owners of establishments with a permanent, non-mobile location in Worcester are eligible to apply for a permit and sell tobacco products at a specified location in Worcester.

C. Prohibitions

1. No retailer may sell or distribute any cigarette package that contains fewer than twenty cigarettes, including single cigarettes.

2. Self-service displays of tobacco products are prohibited. All humidors including, but not limited to, walk-in humidors must be locked. The only exception is self-service displays that are located in facilities where the retailer ensures that no minor is present, or permitted to enter, at any time.
3. Tobacco vending machines are prohibited.
4. Non-Residential Roll-Your-Own machines are prohibited.
5. No health care provider, institutional or non-institutional, shall sell tobacco products or allow tobacco products to be sold on its premises. No retail establishment that operates, maintains, or employs a health care provider within it, such as a pharmacy or drug store, shall sell tobacco products or cause tobacco products to be sold.
6. No educational institution shall sell or allow tobacco products to be sold on its premises. This includes all educational institutions as well as any retail establishments that operate on the property of an educational institution.
7. The sale or distribution of tobacco products in any building or facility owned or operated by the City shall be prohibited, except as authorized by the City Council.
8. No retailer shall:
 - a) Distribute any free samples of tobacco products;
 - b) accept or redeem any coupon that provides any tobacco product without charge or for less than the listed or non-discounted price;
 - c) sell a tobacco product to consumers through any multi-pack discounts (e.g., "buy-two-get-one-free") or otherwise provide or distribute to consumers any tobacco product without charge or for less than the listed or non-discounted price in exchange for the purchase of any other tobacco product;
 - d) sell or cause to be sold blunt wrap;
 - e) sell or distribute tobacco products in any form other than an original factory-wrapped package, including the repackaging or dispensing of any tobacco product for retail sale.
9. No person shall sell or distribute or cause to be sold or distributed any flavored tobacco product, as defined herein, as defined herein, except in adult-only retail tobacco stores and smoking bars for on-site consumption only.
10. No person shall sell an electronic nicotine delivery system with nicotine content greater than 35 milligrams per milliliter; provided, however, that this subsection shall not apply to adult-only retail tobacco stores and smoking bars for on-site consumption only.
11. Retailers who sell Liquid Nicotine Containers must comply with the provisions of 310 CMR 30.000, Massachusetts Hazardous Waste Regulations.

D. Cigar Sales

1. No person shall sell or distribute a single cigar unless such cigar is priced for retail sale at two dollars and fifty cents (\$2.50) or more.
2. No person shall sell or distribute any original factory-wrapped package of two or more cigars, unless such package is priced for retail sale at five dollars (\$5.00) or more.
3. This Section shall not apply to a person or entity engaged in the business of selling or distributing cigars for commercial purposes.
4. The BOH reserves the right to amend these prices from time to time.

E. Retail Tobacco Permit Requirements

1. Applicants for retail tobacco permits will be provided with a copy of these Regulations and applicable Ordinance. Each applicant is required to sign a statement declaring that he or she has received the Regulations and Ordinance and is responsible for instructing all employees engaged in tobacco product sales about said Ordinance and Regulations and applicable state and local law governing tobacco product sales.
2. No permit holder shall allow an employee to sell tobacco products until the employee acknowledges, in writing, receipt of the Regulations and Ordinance, a copy of which will be placed on file in the office of the employer and made available to the BOH, or its designee, upon request.
3. Applicants shall provide proof of a current tobacco sales license issued by the Massachusetts Department of Revenue before a local permit may be issued.
4. Issuance of permits shall be conditioned on an applicant's consent to unannounced, periodic inspections of the retail establishment to ensure compliance with these Regulations and all applicable laws and regulations.
5. Permits shall be issued annually and shall be valid for one calendar year beginning on the first day of January and ending on the thirty-first day of December. Permits are renewable annually to the same permit holder each year by the thirty-first day of December, upon submittal of an application in compliance with these Regulations and the applicable Ordinance. Any permit holder that fails to renew a permit by the thirty-first day of December and continues to operate shall be subject to penalty and enforcement under these Regulations.
6. A separate permit is required for each retail establishment selling tobacco products.
7. Permits shall be displayed at the retail establishment in a conspicuous location and consistent with these Regulations.
8. Permit holders shall have no property interest in any permit issued hereunder.

9. A permit will not be renewed if the permit holder has outstanding fines, penalties or fees due to the city of Worcester for any reason unless such fines, penalties or fees are the subject of a lawful and pending legal appeal.
10. A permit will not be renewed or transferred if the permit holder has sold a tobacco product to a minor three (3) times within the previous twenty-four months and ~~the any~~ appeal periods ~~have~~s expired for any such violation.

F. Maximum Number of Tobacco Product Sales Permits

1. At any given time, there shall be no more than two hundred thirty-five (235) Tobacco Product Sales Permits, fifteen (15) of which shall be issued to Smoking Bars ("On-Premises Tobacco Product Sales Permits") pursuant to Section 3(e) of Chapter 8 of the General Revised Ordinances and M.G.L c. 270.
 - a) Density. A new Retail Tobacco Product Sales Permit shall not be issued to an applicant within five hundred (500) feet of an existing Retail Tobacco Product Sales Permit or an existing public or private elementary or secondary school as measured in a straight line from the nearest point of the property line of the school to the nearest point of the property line of the retail establishment. Applications for a Retail Tobacco Product Sales Permit at a location which held permit within the previous five (5) years shall be exempt from this requirement.
2. Transfer of Permits.
 - a) Applicants who purchase or acquire an existing business that holds a valid Tobacco Product Sales Permit at the time of the sale or acquisition ~~may shall~~ apply, within sixty (60) days of such sale or acquisition, for a transfer of the permit, in accordance with these Regulations and any applicable local and state rules and regulations. A
 - b) Permits may be transferred incident to the relocation of a retail establishment by the existing permit holder upon prior written notification to the BOH of the relocation and any the change in address. The new location of a retail establishment shall comply with these Regulations, including the density requirements.-
 - c) No existing permit may be transferred unless and until all requirements of these Regulations and any applicable state rules and regulations, including outstanding penalties, are satisfied in full.
3. Smoking Bars Regulated.
 - a) There shall be no more than **fifteen (15)** On-Premises Tobacco Product Sales Permits

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Tobacco Product Sales Permit Regulated.

1. Maximum Number of Tobacco Product Sales Permits
a. At any given time, there shall be no more than two hundred thirty-five (235) Tobacco Product Sales Permits issued, fifteen (15) of which shall be issued to Smoking Bars pursuant to Section 3(e) of Chapter 8 of the General Revised Ordinances.

b. Any permit holder who fails to renew its Annual Permit within sixty (60) days of the expiration shall be treated as a first-time applicant.

c. Transfer of Permits. Applicants who purchase or acquire an existing business that holds a valid Tobacco Product Sales Permit at the time of the sale or acquisition and desire to continue such operation, shall apply, within sixty (60) days of such sale or acquisition, for a transfer of the permit, in accordance with Chapter 8, Section 3(h) of the General Revised Ordinances of Worcester.

2. Retail Density

a. As of the effective date of this regulation, no Tobacco Product Sales Permit shall be issued to a retail location within a radius of five hundred (500) feet of an existing Retailer who holds a valid Tobacco Sales Permit. The five hundred (500) foot distance shall be measured by a straight line from the nearest point of the property line of the existing Retailer to the nearest point of the property line of the site of the applicant's business.

b. As of the effective date of this regulation, no Tobacco Product Sales Permit shall be issued for a retail location within a radius of five hundred (500) feet of a public or private, primary or secondary school. The five hundred (500) foot distance shall be measured by a straight line from the nearest point of the property line of the school to the nearest point of the property line of the site of the applicant's business.

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Commented [AK2]: This language is inconsistent. C was in the regulations prior to the 2023 density restrictions. Options:

- A. Allow existing businesses to relocate with notice to BOH if the current regulations are met, including density & delete paragraph c
- B. Existing permits are exempt from density requirements, resulting in C being deleted.

Commented [AK3]: 2023 Regulations

E. Smoking Bars Regulated.

1. Maximum Number of Smoking Bars with a Tobacco Product Sales Permits.

a. At any given time, there shall be no more than **fifteen (15)** Tobacco Product Sales Permits issued to Smoking Bars in Worcester.

b. Any permit holder who fails to renew its Annual Permit within sixty (60) days of the expiration shall be treated as a first-time applicant.

c. Transfer of Permits. Applicants who purchase or acquire an existing Smoking Bar business that holds a valid Tobacco Product Sales Permit at the time of the sale or acquisition, and desire to continue such operation, shall apply, within sixty (60) days of such sale or acquisition, for a transfer of the permit, in accordance with Chapter 8, Section 3(h) of the General Revised Ordinances of Worcester.

issued to Smoking Bars in Worcester.

- b) Any permit holder who fails to renew their Annual Permit within sixty (60) days of the expiration shall be treated as a first-time applicant.
- c) Transfer of Permits. Applicants who purchase or acquire an existing Smoking Bar business that holds a valid On-Premises Tobacco Product Sales Permit at the time of the sale or acquisition may apply, within sixty (60) days of such sale or acquisition, for a transfer of the permit, in accordance with these Regulations and any applicable local and state rules and regulations.
- d) Density. A new On-Premises Tobacco Product Sales Permit shall not be issued to a retail applicant within five hundred (500) feet of an existing public or private elementary or secondary school as measured in a straight line from the nearest point of the property line of the school to the nearest point of the property line of the retail establishment.

G. Incorporation of State Laws and Regulations

The sale or distribution of the products defined herein must comply with those provisions found at General Laws, Chapter 270, §§ 6-7, and 27-29 and Chapter 112, §61A. Further, the sale or distribution of tobacco products must comply with state regulations including but not limited to those provisions found at 940 CMR 21.00, Sale and Distribution of Cigarettes, Smokeless Tobacco Products, and Electronic Smoking Devices in Massachusetts, 940 CMR 22.00 Sale and Distribution of Cigars in Massachusetts; and 105 CMR 665.00, Minimum Standards for Retail Sale of Tobacco and Electronic Nicotine Delivery Systems, and all applicable state, local and federal laws and regulations.

H. Violations

Fines, Penalties and Enforcement Authority. Enforcement of this Regulation shall be by the Worcester Board of Health or its designated agent(s), including employees of the Department of Health and Human Services and the Worcester Police Department. This ~~R~~egulation may be enforced by civil process, criminal process or by non-criminal disposition as provided in General Laws, Chapter 40, ~~§~~ 21D, and further, where applicable, as set forth in General Laws, Chapter 270, §§28 and 29. Every day or part thereof in which any person is in violation of these Regulations, or any applicable Ordinance, shall constitute a single and separate offense. Permit Holders are required to comply with any and all local, state and federal laws and regulations and any violation of such shall be grounds for the BOH to modify, suspend or revoke a permit. —In addition to the monetary fines and penalties described herein, any person who violates any provisions of these Regulations shall be subject to the suspension, modification or revocation of the Tobacco Product Sales Permit issued by the ~~B~~oard of ~~H~~health.

a) For violations of the sections of this regulation that incorporate G.L. c. 270, §§6, 28, 29 and 105 CMR 665.000, the following penalties shall apply:

- i. In the case of a first violation, a fine of one thousand dollars (\$1,000.00) for a State Law violation ~~and three hundred dollars (\$300.00) for a Local Regulation violation~~ shall be issued and, ~~additionally~~, if the violation is a sale of a tobacco product to a person under the age of 21 the Tobacco Product Sales Permit shall be suspended for up to five (5) consecutive business days, as determined by the BOH;
- ii. In the case of a second violation within thirty-six (36) months of the date of an existing violation, a fine of two thousand dollars (\$2,000.00) for a State Law violation ~~and three hundred dollars (\$300.00) for a Local Regulation violation~~ shall be issued and the Tobacco Product Sales Permit may be suspended for up to 15 consecutive business days;
- iii. In the case of three or more violations within a thirty-six (36)-month period, a fine of five thousand dollars (\$5,000.00) for a State Law violation ~~and three hundred dollars (\$300.00) for a Local Regulation violation~~ shall be issued and the Tobacco Product Sales Permit may be suspended for seven (7) to thirty (30) consecutive business days.

b) For all other violations specific to the Worcester Board of Health regulations and any applicable local ordinances, the following penalties shall apply:

- i. In the case of a first violation, a fine of one hundred dollars (\$100);
- ii. In the case of a second violation within thirty-six (36) months of an existing violation, a fine of two hundred dollars (\$200) and the Tobacco Product Sales Permit may be suspended for up to 7 consecutive business days;
- iii. In the case of three or more violations within thirty-six (36) months, a fine of three hundred dollars (\$300) and the Tobacco Product Sales Permit shall be suspended for up to 15 consecutive business days.

c) In the case of four (4) or more violations or repeated, egregious violations of this Regulation or any applicable Regulation, within a 36 month period, the Board of Health may hold a hearing in accordance with these Regulations and after such hearing, permanently modify or revoke the tobacco permit.

d) Fraud, misrepresentation, false material statement, concealment, or suppression of the facts by a permit holder in connection with an application, or renewal, for a tobacco product sales permit shall be grounds for denial or revocation of a permit.

e) Failure to cooperate or interfere with inspections pursuant to this Regulation shall result in the suspension of the Tobacco Product Sales Permit for thirty (30) consecutive business days.

f) Any permit holder who engages in the sale or distribution of tobacco products during a

Commented [AK4]: Provided an alternative option for violations/fines so that the state fines (mandatory) are distinct from the local fines

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suspension of the permit, or otherwise violates a condition of the permit issued by the Board of Health, or any applicable regulation, shall be subject to a suspension of the tobacco retail permit for up to thirty (30) consecutive days. Failure to remove all tobacco products during a suspension shall constitute a separate violation of this Regulation with each day constituting a separate offense punishable by a fine or penalty of \$300.

➤ The Board of Health may, after notice to the permit holder and reasonable opportunity to be heard, modify, suspend, or revoke the permit upon satisfactory proof that a violation has occurred of any condition thereof, or any law or regulation of the Board of Health, the city of Worcester, or of the Commonwealth. The BOH shall notify the permit holder of its decision and the reasons therefore in writing.

Effective Date:

Date of Adoption: _____, 2026

This regulation shall take effect on _____, 2026.



The City of
Worcester

WDPH DIRECTOR'S REPORT

W O R C E S T E R

PURPOSE OF DIRECTOR'S REPORT

- **To provide the Board:**
 - **Key Activities**
 - **Trends**
 - **Challenges**
 - **Priorities**

- **To keep the Board:**
 - **Informed**
 - **Engaged**
 - **Aligned with operational and strategic goals**

Recap of Previous BOH Motions

Motion:

Worcester Board of Health (WBoH) endorse the *Primary Care 4 You* legislation, which includes the following three primary care bills:

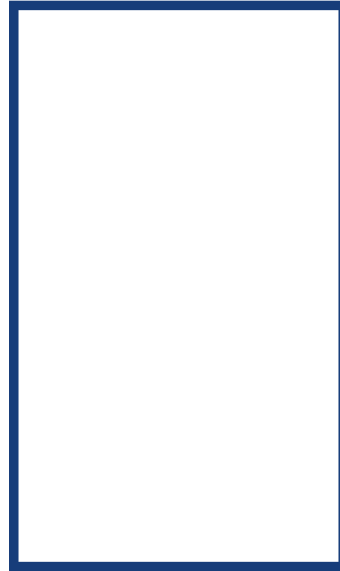
- **H.1370** (Representative Haggerty): Primary Care Spend Fund (PCSF)
- **S.867** (Senator Friedman): Community Health Centers and Behavioral Health (CHCs and BH)
- **H.2537** (Representative Schwartz): Medicaid Global Payment Model (Medicaid GM)

The motion also recommends that the Worcester City Council take a similar vote of endorsement.

Status:

The City Solicitor to provide an update on this item during BOH meeting.

WDPH Updates



Achievements

+ WDPH hosted its first WDPH Shark Tank event!

This event was an opportunity for WDPH staff across our teams to showcase their creativity and forward thinking. Participants pitched:

- **Innovative ideas to monetize existing or new services**
- **Strategies to enhance, diversify, or sustain current funding opportunities**
- **Creative solutions to help DPH operate more efficiently, collaboratively, and entrepreneurially**
- **A BIG Thank You to our Honorable “Sharks”:**
 - Tim McGourthy- CFO
 - Erin Taylor- Budget Director
 - Kevin Lovaincy- Chief Equity Officer
- **A BIG Thank You to our Presenters: Irene and Alta!**



Achievements

- WDPH was 1 of only 5 municipalities to pilot the SAPHE 2.0 Performance Standards Survey, which we have successfully completed!
- April 7th- Coalition for a Greater Healthy Worcester Annual Meeting at the Worcester Public Library
- Week of April 13th- Black Maternal Health Week- WDHP hosting several events- more details to come.



THANK YOU