



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, January 16, 2014**

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Thursday, January 16, 2014 in the Hayes Conference Room, 2nd floor, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Celia Wcislo
Jack Cradock
Harold Cox

Also Present Were:

Dr. Barbara Ferrer, John Townsend, Fatema Fazendeiro, Kathy Hussey, Chuck Gagnon, Dr. Huy Nguyen, PJ McCann, Lisa Conley, Maia BrodyField, Tim Harrington, Chief Jimmy Hooley, Pam Jones, Debra Paul, Nick Martin, Eva Erlich, Hank Keating, Marzuo Muhammad, Toni Pollak, Margaret Reid, Deborah Allen, Heavenly Mitchell, Beth Monahan, Emily Feinberg, Augusto Obregou, Kendall Roberts, Abigail Richman, Gerry Thomas, Rita Nieves, Mimi Brown, Dianne Cavaleri, Commissioner Toni Pollak, Gina Guimond, Rebecca Vanderwall, Aliza Wasserman, David Susich, Anne McHugh, Carol Fabyan, Beth Grand, Jeanne Lin, Brad Cohen, and Nikysha Harding.

Proceedings:

Chairwoman's Comments

Paula Johnson, MD, MPH

- Dr. Johnson thanked everyone for coming. The meeting was called to order at 4:05 by Dr. Johnson and Dr. Johnson stated that Dr. Betancourt was participating in the meeting remotely since he was out of town. Dr. Johnson stated for the record that the board would go into Executive Session after the last presentation. She then gave the floor to Dr. Ferrer.

Executive Director's Report

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer was honored to announce that two Boston EMTs were recognized for their courage and skill in saving the life of a gentleman who was threatening to jump off a fire escape. She wanted to acknowledge that we join the BPD and the rest of the City in expressing our gratitude and deep appreciation to Cameron Walsh and Kevin Coan who were recognized by the Boston Police Department for their heroism.
- Dr. Ferrer indicated we got our preliminary budget numbers from City Hall; we have received an overall 1% decrease in our budget; within that decrease, we need to absorb all of the cost of living increases and step increases. It really amounts to approximately a 4% or a little higher decrease in our budget.

- Dr. Ferrer stated we would be coming to the Board next month for a preliminary review of our budget proposal to Mayor Walsh. Dr. Ferrer added that it will be a difficult budget year because we are also facing a full year ahead of federal budget cuts.
- Dr. Ferrer expressed her gratitude to the great team that's already working hard so we can present a budget that really shines a light on what programs are most important and most essential and scours out every possible way for us to be more effective and efficient.
- Dr. Ferrer also commented that there have been a few very good conversations with Mayor Walsh who is very supportive of BPHC. The Mayor would like to attend a board meeting at some point to get to meet the board members he doesn't know well.
- Dr. Ferrer then asked Ms. BrodyField to report on an activity the Senior Leadership Team had worked on which the Board may find interesting.
- Ms. BrodyField gave an overview of the Boston Public Health 2030 Scenarios effort which is funded by RWJ and Kresge Foundation. The purpose of the initiative is to: explore key forces shaping public health; consider the future of public health functions, financing and sustainability; build expectable, challenging and visionary scenarios that facilitate preparation, imagination and aspiration; and provide and widely distribute the scenarios as a tool for public health agencies, organizations and schools.
- According to Ms. BrodyField, four State and Local scenarios are being developed. Boston was selected to represent the Medium sized jurisdiction. Others are Fargo/Cass North Dakota (rural); Cuyahoga County [Ohio, includes Cleveland] (Large jurisdiction); and Virginia (State).
- Ms. BrodyField described the 4 scenarios developed for Boston. Themes across all included increased use of technology (the Internet of things) and data, impact of climate change, increasing role of ACOs, decrease in funding/staff levels.
- 40 Senior Leadership Team staff participated in the development of the scenarios and during the workshops to explore the implications of each scenario for BPHC. Ms. BrodyField explained there were a large number of strategies identified. There have been preliminary discussions with the SLT to develop a plan of prioritization and action for these strategies.
- Dr. Johnson commented that another board on which she serves has successfully utilized this program as well. Dr. Ferrer acknowledged Ms. BrodyField's hard work in bringing this together.
- Dr. Ferrer asked Ms. Conley to report on a couple of topics. Ms. Conley gave an update on Medical Marijuana and the State Process: Phase II applications were filed with the state on November 22nd. The state has released the list of applicants. There are 100 applicants statewide and 6-7 applicants for Boston. There will be a maximum of 35 dispensaries registered through the state, with at least one but no more than 5 in any given county.
- According to Ms. Conley, Karen Van Unen, former Executive Director of DotWell, was hired as the director of the state's medical marijuana program. She will be reporting to Madeleine Biondolillo.
- Ms. Conley explained that the DPH has set up a three-stage review process. The first step is to conduct and review criminal background checks for all individuals involved in the dispensary operations. The second step is a panel that will review all 100 applications and score them. The final step is a review by internal staff at DPH and EOHHS to ensure that there is adequate access for patients across the state. DPH plans to complete its review and approve 35 or fewer RMDs for operation by January 31, 2014.
- Ms. Conley noted that at the city level, we have also been working hard; we will finalize and post our guidelines tomorrow; ISD will be issuing a commissioner's bulletin for RMDs and those who wish to grow at home; BPD and ISD are organizing trainings for their staff who may need to investigate complaints about RMDs or grow-at-home operations; BPHC is working on addictions and patients' rights information.
- Ms. Conley commented briefly on the Federal budget, saying the Federal budget has passed and will be in place through the end of September 2014. EOHHS did well and all BPHC

programming (REACH, Ryan White, and Healthy Start) looks to be better off than it was under sequestration in the last fiscal year.

- Mr. Cox asked a question about the CTG program cuts. Dr. Ferrer and Ms. Conley responded that BPHC did not receive a CTG grant so we would not be affected by that change.
- Dr. Johnson thanked Ms. Conley and introduced Ms. Erlich and Mr. Keating from Trinity.

Presentation/Update: Phases II and III of the Northampton Square Redevelopment Project

Eva Erlich, Project Manager, Trinity

Hank Keating, Vice-President of Design and Construction, Trinity

- Ms. Erlich recapped the history and elements of the redevelopment project which began in 2010.
- Mr. Keating described the public realm and landscaping plans that are part of Phases 2 and 3. He also detailed the new entrance to both the fitness center and the Miranda Creamer building. Additionally, the landscaping will be continued around the entire block.
- Mr. Keating stated they are in the process of perfecting the permitting for Phases 2 and 3. He commented on the proposed office space that will be adjacent to the new entry at the Miranda Creamer.
- Ms. Erlich noted the benefits of the project: substantial renovations to 336 existing units, the creation of approximately 190 new units, 65% of which will be affordable; new offices for CHEC, Burial Permits, and other BPHC and BMC programs. There is also the approximate \$1.5 million in annual revenue to BPHC.
- Ms. Erlich concluded with the schedule and next steps of the overall project: Phase 1 construction will end in the Fall of 2014; permitting and financing of Phases 2 and 3 will begin early this year; and the anticipated start of Phase 2 construction this summer. The goal is to have Phase 1 and 2 renovations completed by the summer of 2015 with the complete construction of Phase 3 in early 2017.
- Mr. Cradock had a question as to how the rents were defined. Ms. Erlich replied it was based on a maximum percentage of neighborhood area median income. In addition, there are no Section 8 units. Mr. Cradock requested that a rent scale for Northampton Square be provided to the Board, which Ms. Erlich agreed to provide.
- Mr. Cox commented on the site visit last month. He said it was remarkable to see the difference in the before and after of the units and thanked Trinity for their work.
- Dr. Johnson echoed Mr. Cox's praise. She feels that Trinity has been very respectful of the tenants during this process and thanked Trinity for doing a wonderful job so far. Dr. Johnson then introduced Ms. Reid and Commissioner Pollak for the next presentation.

Presentation and Review of Smoke-Free Initiatives in the City of Boston, and the Ordinance to Promote Clean and Healthy Parks

Margaret Reid, Director, Division of Healthy Homes and Community Supports

Toni Pollak, Commissioner of Boston Parks and Recreation Department

- Dr. Ferrer first commended Commissioner Pollak for her dedication during her tenure at the Boston Parks and Recreation Department.
- Ms. Reid outlined the history of the Smoke Free Workplace Law initiated in 2003; it was amended in 2008 to include outdoor adjacent workplaces. Additional campaigns included 2010-2012 Boston Smoke Free Homes; 2012 Boston Tobacco-Free Hospitals; 2011 Signage in 130 Boston playgrounds; 2012 Boston Public Schools Policy; and 2013 Boston Parks Ordinance.
- Ms. Reid described the approach to smoke-free environments from Board of Health regulations to public awareness and institutional policies and the City council ordinance. Ms. Reid also mentioned six other major cities across the country with park smoking bans in place. She commented currently there are over 35 communities in Massachusetts with park smoking

bans that include a mixture of municipal parks, beaches, playgrounds and tot lots, athletic fields, cemeteries and other recreational facilities.

- Ms. Reid provided public health evidence for smoking restrictions, notably that smoking bans contribute to delaying youth from starting to smoke by making it appear socially unacceptable and not the norm (U.S. Surgeon General 2012 Report *Preventing Tobacco Use Among Youth and Young Adults*) and only 16% of Boston residents smoke, down from 24% in 2001 (BRFSS).
- Commissioner Toni Pollak explained that the Parks and Recreation Department provides residents and visitors with over 2,200 acres of park land including parks, city squares, urban wilds and golf courses. It has 12 active Park Rangers who enforce the Rules of the Department. The Boston Parks and Recreation Commissioner is appointed by the Mayor. It serves as the policy-making body for the City of Boston park properties.
- Ms. Pollak stated the Boston City Council passed an ordinance to promote clean and healthy parks on November 20, 2013 which prohibits the smoking or inhaling of cigar, cigarette, pipe or other lighted vaporized substance, including marijuana, in any manner or form in a public park or other place under the control of the Parks and Recreation Commission. Enforcement will be carried out by Park Rangers and the Boston Police Department.
- Ms. Pollak indicated the penalty for a violation is \$250.00 per offense. On December 30, 2013, the Parks and Recreation Department voted unanimously to adopt the City Ordinance and create its own Rule with regard to prohibiting smoking in any park or place under the control of the Parks and Recreation Commission.
- Ms. Pollak discussed the plans for communicating the City Ordinance to the residents of Boston. There has been extensive media coverage already. The Parks Department, BPD, and BPHC will collaborate on public awareness culminating with full implementation on World No Tobacco Day, Saturday, May 31, 2014.
- BPHC specifically will contribute to messaging on signs; notifying key internal programs such as REACH, NeighborWalk, and Homeless/Substance Abuse Services. The Commission will also develop a flyer that includes cessation info to be distributed to abutting hotels and restaurants by the Parks Department, BPD and others.
- Additionally, Ms. Pollak stated that the Department will create a plan with the BPD and provide info to other city departments such as Veterans Services, Main Streets, Neighborhood Services, BPS, and community centers.
- Mr. Cox expressed reservations as to the BPHC's role in regulating smoking in public parks because he questioned the link between public health and smoking in parks. He believes it to be more a matter of cleanliness/litter issue versus a public health issue. Ms. Pollak and Dr. Ferrer countered noting the research done with regard to secondhand smoke and the effect on public health even in outdoor settings. In addition, they noted that individuals are often in close proximity with one another on park benches, bleachers, etc. such that second-hand smoke migration could be a significant factor to the public health.
- Dr. Johnson acknowledged that the Board was in disagreement on this subject and that it would discuss the issue further at another time. Dr. Johnson then introduced Ms. Allen and her presentation.

Presentation: Life Course Theory in Action: New Strategies in Perinatal Health

Deborah Allen, Director, Bureau of Child, Adolescent and Family Health

Heavenly Mitchell, Director of the Healthy Baby Healthy Child Program

Beth Monahan, Centering Consultant

Emily Feinberg, Associate Professor of Community Health Services, BU School of Public Health

- Ms. Allen overviewed the context behind the Life Course Theory as an opportunity to reassess the strategies of our overarching goal to reduce the low birth weight gap 25% within five years and how the Affordable Care Act affects the role of public health in perinatal care (there have been no uninsured pregnancies in MA since 1986). Ms. Allen argued that the changes Boston

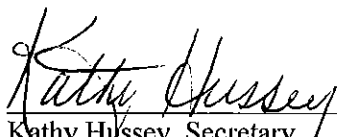
is making locally reflect the changes being made nationally. Also, the life course theory emphasizes the impact of social determinants that take a cumulative toll on women's health throughout their life span, particularly impacting at points of high vulnerability.

- Ms. Allen discussed "Health Start 3.0" indicating there are 3 levels of funding, the highest being \$2 million with up to 9 sites being funded at this level. She also discussed the local, regional and national requirements of the program.
- Dr. Johnson asked if the emphasis was on women's health in general and noted the disparity going into pregnancy. Ms. Allen provided a chart of Boston birth outcomes from 2009-2010 and the various disparities between black and white births in that timeframe.
- Ms. Monahan explained that Centering Pregnancy is a model that presents a radical change to routine prenatal visits by replacing individual visits with group visits. For example, 10 women all due in the same month would come in for their routine monthly check-up together. They would not only have their scheduled check-up, but they would also spend time talking amongst themselves about similar issues or concerns about pregnancy. This program has been proven to be very effective because the shared health information is setting new norms that are helping make improvements to prenatal care.
- The current status within the Boston Healthy Start Initiative (BHSI) indicates 100% of sites are offering groups; 80% are ready to meet the model fidelity; and 10% of women are being served, which the program seeks to increase. Potential impact: if 50% of the 4,000 Medicaid eligible pregnant patients were served according to this model, 140 preterm births would be prevented.
- Dr. Johnson and Mr. Cradock had questions regarding cost analysis. After brief discussion, it was decided to have this discussion another time.
- Ms. Allen noted we are working towards a coalition of more than 30 organizations to highlight commission and bureau focus on social determinants. We are building on capacity and track record in relation to: trauma prevention, identification, treatment; the integration of perinatal and family mental health.
- Ms. Allen described some creative new elements including an Oregon program about preconceptional health: One Key Question: 'Would you like to become pregnant within the next year?' which gives women a different perspective; and the engagement of school-based health centers as an arm of reproductive health system of care.
- Ms. Allen commented on addressing the challenges in building a strong perinatal collective impact coalition and the areas of true complexity in meeting women's perinatal mental health needs and promoting consumer engagement. The Board's input on this topic will be greatly valued.
- Dr. Johnson requested to see some of the Oregon references. Dr. Ferrer also acknowledged Ms. Mitchell for her outstanding efforts in shaping how the Commission works.

Executive Session and Adjournment

At this time, Dr. Johnson called for a motion to go into Executive Session. Mr. Cox and Mr. Cradock seconded the motion. Dr. Johnson thanked everyone for attending and called the meeting adjourned at 5:40pm.

Submitted by:


Kathy Hussey, Secretary

