



**MINUTES FOR THE MEETING OF THE BOARD OF DIRECTORS  
Thursday, January 5, 2012**

The monthly meeting of the Board of Directors ("Board") of the Boston Public Health Commission ("Commission") was held on Thursday, January 5, 2012 in the Hayes Conference Room at the Commission's offices at 1010 Massachusetts Avenue, 2<sup>nd</sup> floor, Boston, MA 02118

**Board Members Present:**

Paula Johnson, MD, MPH, Chair  
Ruth Ellen Fitch, JD  
Celia Wcislo  
Kathleen Walsh  
Jack Cradock  
Harold Cox  
Joseph Betancourt, MD, MPH (participated remotely via telephone)

**Also Present Were:**

Barbara Ferrer, John Townsend, Nakisha Skinner, Chuck Gagnon, James Hooley, Gerry Thomas, Pam Jones, Maia BrodyField, Dr. Huy Nguyen, PJ McCann, Lisa Conley, Aliza Wasserman, Anne McHugh, Daisy DeLaRosa

**Visitors:**

William Coyne, William F. Coyne, Jr., Esq., P.C.

**Proceedings:**

***Chairwoman's Comments***

*Paula Johnson, MD, MPH*

- The meeting was called to order at 4:07 P.M. In accordance with the law governing remote participation of board members at open meetings, Chairwoman Johnson announced that Board Member Betancourt would be joining the meeting via telephone.
- Chairwoman Johnson recognized the work of the Commission over the year 2011, stating that this work has been "phenomenal".

## ***Executive Director's Report***

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer thanked the board for their support and leadership in the City of Boston throughout the past year, adding that Commission staff will come before the board during the next three months with the 2013 Fiscal Year budget proposal. Dr. Ferrer also provided an update on the Professional Development Series. The popular training has been launched with close to 200 staff members already having participated.
- The Commission is facing two large challenges coming into this next year. First, the Communities Putting Prevention to Work (“CPPW”) Grant will only continue through 2012 by way of a no-cost extension. There are sufficient funds to complete open projects; however, the Commission is concerned about sustainability of initiatives after the grant funding has been depleted. Second, the need for the Commission must determine its role with Accountable Care Organizations (“ACO”) and medical home models. The matter regards an opportunity to integrate public health work into the medical care system with a focus on improving medical care outcomes. Board Member Walsh acknowledged the importance of the ACO conversation, noting the Commission’s responsibility for the health of the City of Boston, and collaboration with multiple systems within the city. Chairwoman Johnson agreed that this is a tremendous opportunity, noting barriers such as a lack of understanding of the intersection of health care delivery services and public healthcare. Chairwoman Johnson added that it would be good to establish what an integrated system might look like as the Commission moves forward. Board Member Wcislo suggested brainstorming these issues through the use of a workgroup. Dr. Ferrer took the opportunity to introduce Dr. Huy Nguyen as the new Medical Director, and announced that he would be leading the ACO discussion, bringing both public health and medical experience to the table.
- Lisa Conley, Director of Intergovernmental Relations, updated the board on the recent Supreme Judicial Court (“SJC”) decision in favor of the Aliens with Special Status (“AWSS”) immigrant population. The SJC ruled that the state must restore certain health benefits that were taken away. Board Member Wcislo stated that she is on the connector board, and due to the loss of AWSS funding there will be an ongoing need to lobby for funds. Board Member Wcislo added that her worst fear is that the funding is returned with a requirement to either cap the program or cut benefits when there are too many people using it. Board Member Walsh responded that because no provider language has been introduced, it is possible – although not preferable – for programs to have a rate that is below the health safety net rates.
- Dr. Ferrer discussed the December 12, 2011 City of Boston homeless census. In addition to a street count, a count in shelters and health care institutions was also completed. The data from this census helps to determine where homeless individuals are receiving services in the city.
- Dr. Ferrer invited the board members to attend the Commission’s annual Employee Recognition Awards Ceremony on January 12, 2012, adding that the Mayor will also be in attendance.

## ***NeighborCare Initiative***

Maia BrodyField, Chief of Staff

Gerry Thomas, Director, Community Initiatives Bureau

- The NeighborCare Initiative began with the Mayor's announcement at the 2011 State of the City Address. The initiative is part of an effort to reduce utilization of emergency services for conditions that could be treated appropriately in a community health center or primary care setting.
- The Commission convened a city-wide group in March 2011 where over 60 attendees met to discuss the available data on issues addressed by NeighborCare. There were two separate work groups, one to discuss the lack of communication between health care providers and the second to discuss the improvement of policies and education for residents and health care institutions. As a result of the March 2011 meeting, certain best practices were outlined by each work group and communicated to every hospital CEO in the City of Boston, along with a request for financial contribution.
- Ms. BrodyField stated that both Massachusetts General Hospital & Brigham and Women's Hospital staff two full time coordinators providing education to patients who do not have a primary care provider.
- Ms. BrodyField stated that according to best practices patient information is provided to patients' primary care providers within 48 hours of their discharge from a health care institution, such as a community health center. The Martha Eliot Community Health Center ("MECHC") has a designated staff member who collects and distributes this information and both the Dimock and Neponset Health Centers designate clinical staff to follow up and do outreach.
- Board Member Walsh stated that the Boston Medical Center has an affiliated relationship with 15 health centers, and stated that they found giving patients a primary care appointment upon discharge from the emergency department resulted in at least a 50% "no-show rate". Board Member Walsh wondered whether scheduling the appointments at health centers would be more successful. Board Member Cradock stated that he has had better success if the patient is unable to be discharged without prior scheduling of an appointment, usually for the same day. Chairwoman Johnson suggested looking not only at the successful efforts but also at efforts that have failed in order to learn more about best practices. Board Member Cradock stated that there used to be a problem with community health centers re-capturing patients out of the emergency room, and noted that now sending patients back to health centers is encouraged. Board Member Walsh stated the importance of educating patients about who their doctors are and where they are located.
- Ms. BrodyField stated that financial commitments from health care institutions and implementation of best practices will be presented to Mayor Menino as soon as a vendor is selected to develop and launch the campaign.
- Board Member Walsh mentioned a system in Texas where the emergency room transports patients directly to health centers when deemed appropriate. Dr. Ferrer stated that this is an issue the Commission is considering, noting the financial benefits for all involved if patients could be directed to community health centers instead of emergency rooms when deemed appropriate. Board Member Cradock stated that the East Boston Community Health Center has the ability to work with EMTs to determine whether to transport patients to the emergency room. This is due to a waiver from the Department of Public Health because East Boston Community Health Center has a licensed emergency room. Dr. Ferrer stated that currently there is no ability to facilitate a screening process to direct patients to the appropriate level of care and added that on average 25% of EMS responses do not result in transport. Dr. Ferrer noted that many times patients call 9-1-1 because they don't know what

to do. Chairwoman Johnson added that this then begs the question what is urgent care, noting the importance of determining the best practices for patients and for the system, and recognized this as another example of the intersection between public health and healthcare delivery.

### ***2011 Community Meetings***

Pam Jones, Director, Policy & Planning

- Ms. Jones outlined the objectives and planning process for the 2011 community meetings. Goals of the 2011 community meetings included sharing data from the Health of Boston report with the community, providing education about health equity issues, and working with community members to develop solutions to these issues. Ms. Jones stressed that the Commission does not impose its own goals onto the community, but rather respects each neighborhood's individual goals and objectives while providing guidance, information, and facilitation. Ms. Jones also outlined Mobilizing for Actions through Planning and Partnerships, a six phase health planning process used for the 2011 community meetings in collaboration with the Boston Alliance for Community Health.
- Ms. Jones provided an overview of each community meeting, noting that the Hyde Park meeting was more challenging than the South Boston, Fields Corner, and Codman Square meetings.
- Ms. Jones briefly discussed the Language Justice Initiative, stating that before this initiative they had been working mostly with language access in the form of documents and translators, rather than language justice. Ms. Jones stated that she could provide more information regarding this initiative if the board members would like it.

### ***Communities Putting Prevention to Work ("CPPW"): Update on Obesity Initiatives***

Anne McHugh, Director, Chronic Disease Prevention & Control Division

- Ms. McHugh discussed the Communicable Disease Control's ("CDC") health impact pyramid, noting that obesity prevention is still in its infancy and has been broken down into two categories: nutrition and physical activity.
- Ms. McHugh outlined efforts surrounding nutrition, noting the Commission's stand against Sugar Sweetened Beverages ("SSB") through commercials and advertisements such as "fat smack", developed by Boston's youth. In February, hospitals in Boston will announce their commitments to the SSB campaign. Chairwoman Johnson stated that the results of the work done by CPPW are phenomenal in raising awareness around SSB and nutrition. Board Member Walsh added that due to the work done by CPPW, the discussion around SSB has changed. Dr. Ferrer stated that initially there was a lot of pushback when the initiative against SSB began in April, 2011, but now they are receiving more positive feedback. Board Member Wcislo noted that Vivian Morris, former pediatric dietitian leading the SSB campaign at the Boston Medical Center, did a great job of going out to community meetings and departments to have conversations about SSB.
- Ms. McHugh provided an overview of the physical activity efforts implemented by CPPW, using examples such as Hubway, the city's bike share program. Because there is now also a helmet requirement, the Commission and the City are working to provide helmets not only at a lower cost, but also in the form of helmet vending machines. Such vending machines are expected to be available sometime in the next two years.

***Adjournment***

There being no further business to come before the Board, the meeting was adjourned at 6:06 P.M.

**Submitted By:**

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**Jamie L. Martin, Secretary**

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