



MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
March 2, 2010

A meeting of the Board of Directors of the Boston Public Health Commission was held on Tuesday, March 2, 2010 in the Hayes Conference Room at the offices of the Boston Public Health Commission, 1010 Massachusetts Avenue, Boston, MA 02118.

**Director's Present:**

Paula Johnson, MD, MPH, Chair  
Celia Wcislo  
Ruth Ellen Fitch, JD  
Harold Cox  
Joseph Betancourt, MD, MPH

**Director's Absent:**

Jack Cradock  
Kathleen Walsh

**Also Present Were:**

Barbara Ferrer, Ph.D., MPH, M.Ed, John Townsend, Nikysha Harding, Deborah Allen, Odessa Ortiz, Daisy DeLaRosa, Gerry Bryne, Gerry Thomas, Xandra Negron, Rosie Munoz Lopez, Roger Swartz, Anne McHugh, Lisa Conley, Margaret Reid, Jim Hooley, Heavenly Mitchell, Chuck Gagnon

**Guests:**

Jocenia Timas, Northeastern University, Yaiwa Cardmon, Northeastern University, Jennifer Etesse, Northeastern University, Ianica Brilo, Northeastern University, Laura Cross, Regis College, Cassandra Russin, Regis College, Tarsha Huftalen, Regis College, Eileen Hughes, Beth Israel Deaconess Medical Center, Jessica Taubner, Councilor Ayanna Pressley's Office, Scott Mason, Mass. League Community Health Centers, William Walczak, Mass. League Community Health Centers

**Counsel Present:**

Nakisha L. Skinner, General Counsel

**Call to Order**

Dr. Paula Johnson, Chair, called the meeting to order at 5:09 PM. A quorum of directors was present and the meeting, having been duly convened, proceeded with business.

**Executive Director's Report**  
**Barbara Ferrer, PhD, MPH, MEd**

A meeting was held on Friday, February 26, 2010 with Lisa Signori, Director, Department of Administration and Finance for the City and with leaders from various unions that represent City of Boston employees to discuss the financial challenges facing the City. The City is looking at a \$45 million dollar shortfall. As a result of the shortfall, city departments have been told to reduce their proposed budgets by 1%. The \$45 million dollar shortfall is being allocated throughout City departments which will result in a reduction of 1-2% for all departments.

The Commission will receive restoration of about \$1 million dollars. \$1.25 million will be allocated to the Commission's outstanding liability around retirement healthcare benefits, a fund which the Commission is obligated to contribute to each year.

The Commission will be honoring all contractual agreements for FY10 and every employee will receive a 2.5% general wage increase before October 1, 2010. Eligible union employees will also receive a step increase. In addition, the Commission will honor its contractual agreement with BPPA-EMS Division which provided for a 5<sup>th</sup> year wage increase. All such increases have been built into the FY10 budget. The Commission will come back to the Board in April with a better sense of where there may be staffing reductions. The reduced budget is a challenge as there are increased costs.

The Commission is still waiting for official notification on two major grants. The first grant pertains to the Tobacco Control Initiative, a two year grant for 6.1 million dollars, and the second grant pertains to Chronic Disease Prevention and Health Promotion, also a two year grant for 6.4 million dollars.

Within the last two months, the Grants Department has pulled in an additional 3 million dollars. The Commission has been notified regarding two big grants from HUD. The first grant is HUD Healthy Homes Demo Project for \$850,000 and the second is HUD Healthy Homes Study Research Project for \$800,000. Both grants are for over a period of three years. In addition to these two grants the Division of Healthy Homes also received a de-leading grant from HUD for \$70,000 dollars and an additional lead grant from the Environmental Protection Agency for \$100,000 dollars. The Commission has been unofficially notified that they will receive a grant of \$300,000 dollars from the Kellogg Foundation for the work on racial disparities.

The Asthma Referral Project was awarded a grant of \$450,000 dollars. Rita Nieves, Director, Addictions Prevention, Treatment and Recovery brought in another grant for \$125,000 dollars which links HIV Prevention work with drug treatment work.

Jim Hooley has accepted the position of Chief at Boston EMS and will be starting a new recruit class for Emergency Medical Technicians on March 15, 2010. Boston EMS is looking to fill sixteen (16) vacancies.

**Presentations and Updates**

***Boston Health Center Snapshots***

William Walczak, Executive Director, Codman Square Health Center

Community Health Centers are all about community development. Communities cannot achieve good health unless health centers are able to transform the cultures of the communities and allow for opportunities. The ability to be involved in community development in different ways, will determine whether community health centers can make a difference and move towards building healthier communities.

There are 26 health center organizations in Boston and all are members of the Massachusetts League of Community Health Centers. All 26 health centers in Boston are joined together by the Massachusetts League of Community Health Centers. In 2008 there were a total of 413,000 visits to community health centers by patients and 1,731 visits to community health centers in general.

Community Health Centers have become more important especially as the economy declines and are extremely diverse in the patients they serve. Most patients are between the ages of 20-64 years of age. There are a total of 5,530 employed healthcare workers in the City of Boston and community health centers receive and continue to attract people who receive health insurance through employers and they are open to everyone, not just the poor.

An important aspect of community health centers is to hire local people who are a part of the community and to provide jobs that result in a more vibrant community. Community health centers provide services beyond general primary care such as after school/summer programs, case management, child care, domestic violence support, employment, food assistance, home visits, insurance consultations, substance abuse counseling, tax preparation assistance and transportation. In addition to these services, community health centers also provide health literature education, interpreter services for patients who aren't fluent in English, physical fitness programs to promote healthy lifestyles and youth violence prevention counseling.

Community Health Centers are the agents of public health on the ground in the communities and provide a culture of health within the communities. Health Centers can make a difference by educating and creating opportunities for people. Health Center roles need to increase in order to make a difference and move towards a healthier community. There is a tremendous need for the health centers to connect to the education system.

#### ***ARRA Grant: Communities Putting Prevention to Work***

Margaret Reid, Division Director, Healthy Homes & Community Support  
Anne McHugh, Division Director, Chronic Disease Prevention and Control

The American Recovery and Reinvestment Act was signed into law on February 17, 2009 and is designed to stimulate economic recovery in various ways, including preserving and creating jobs and promoting economic recovery. The legislation provides an important opportunity for states, cities, rural areas and tribes to advance public health across the lifespan and to reduce health disparities.

The Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health, announced the opportunity to apply for Recovery Act funds to reduce risk factors, prevent and/or delay chronic disease and promote wellness. The ARRA initiative/project is entitled *Communities Putting Prevention to Work* and addresses obesity, physical inactivity, poor nutrition and tobacco use/exposure.

The proposed start date for the project was February 26, 2010 and will have a duration period of two years. The project's focus must be on population-based strategies (policies, systems, environmental changes) with a specific framework of the strategies. The framework is referred to as MAPPS (Media, Access, Point of Decision Information, Price and Social Support Services. The project must consider communities and schools.

Long term measures around the project are to decrease adult smoking by 10% to prevent tobacco related deaths and decrease the percentage of non-smokers exposed to tobacco smoke and to decrease smoking by youths by 25% and decrease by 30% the number of youth exposed regularly. The Commission is working on four strategies to reduce access to tobacco consumption among youth and adults and to reduce obesity:

- 1) Counter-advertising and community mobilization to reduce demand for tobacco products;
- 2) Community engagement to support regulatory and other policy change;
- 3) Increased demand for and supply of tailored tobacco cessation services; and
- 4) Dramatically increase visibility and popularity of smoke-free housing concept.

Long term strategies to reduce obesity are as follows:

- Reduce consumption of sugar-sweetened beverages;
- Active Living and Transit (bicycling and walking);
- Grow your own garden (gardening); and

- Boston Public Schools (integrating more physical activity into the school day and increase student's access to and consumption of fresh, healthy foods).

### ***Infant Mortality Summit***

Deborah Allen, Director, Child, Adolescent, Family Health

In the United States, black infants have significantly worse birth outcomes than white infants. Public health efforts to address these disparities have focused primarily on increasing access to prenatal care. Closing the gap in prenatal care access has not led to closing the gap in birth outcomes.

On November 17, 2009 the Commission sponsored a summit on Infant Mortality. The Summit was held for three reasons: 1) continuing disparities in adverse birth outcomes, 2) new insights into underlying causes and 3) renewed funding of Boston Healthy Start Initiative.

Continuing causes of disparities by race/ethnicity are low birth weight, infant mortality and preterm births. Rates for black women are higher than those of white women. Despite 20 years of intervention, low birth weight by prenatal care continues to be low for black women. Adequate prenatal care for black women also continues to be lower than that of white women. Huge efforts have gone into making sure every woman in Massachusetts, including Boston, has financial access to prenatal care. Efforts around payment for intervention have not reduced the disparity.

Further focus for the summit will be the national focus on the idea of a life course approach and factors (daily/yearly experiences) of discrimination which are the underlying causes of disparity. Stress related to racism may be the key factor in disparity.

One new strategy internal to the Commission to close the gap in prenatal care will be on enhancing the focus on women's social needs and to concentrate on a broader array of resources of the community in neighborhoods where there is a particularly high rate of both violence and adverse birth outcomes. The Commission will be working on the concept of "centering pregnancy" (getting groups of women together to provide mutual support for their medical/prenatal care).

Some overall strategies to prevent infant mortality will be to:

- Address life course issues (working with collaborating organizations and clinicians);
- Engage youth to promote healthy birth outcomes and establish youth work group;
- Partner engagement (father-to-father mentoring and education); and
- Finding ways to improve data on relevant issues.

The Commission is committed to make closing the gap in infant mortality a goal.

### **Approval of Minutes**

Dr. Paula Johnson, Chair presented to the Board the minutes of the February 11, 2010 meeting of the Board for approval, whereupon a motion was duly submitted, seconded and unanimously adopted.

### **Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 6:58 PM.

Respectfully submitted,

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Julie Webster, Recording Secretary

