



**MINUTES FOR THE MEETING OF THE BOARD OF THE  
BOSTON PUBLIC HEALTH COMMISSION  
Thursday, April 30, 2015**

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Thursday, April 30, 2015 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

**Board Members Present:**

Paula Johnson, MD, MPH, Chair  
Huy Nguyen, MD, Interim Executive Director  
Harold Cox  
Manny Lopes  
Kate Walsh  
Celia Wcislo

**Also Present Were:**

John Townsend, Tim Harrington, Chuck Gagnon, Kathy Hussey, PJ McCann, Nicole Riales, Margaret Reid, Elizabeth Church, Vivien Morris, Jose Masso, Lisa Conley, Jeanne Cannata, Jeanne Lin, Osagie Ebekoziem, Dan Dooley, Aileen Shen, Alyssa Cabrera, Elizabeth Remigio, Anne McHugh, Jimmy Hooley, Dennis Rorie, Dave Susich, Edith Okuega, Roselaine Charlucien-Koech, and Joao Lopes.

**Proceedings:**

***Chairwoman's Comments***

*Paula Johnson, MD, MPH*

- Dr. Johnson welcomed everyone and called the meeting to order at 4:06p.m. Just a brief update on the search process. The Screening Committee is in the process of asking the Mayor to meet candidates then we'll be coming back to you with more information. All-in-all, everything is going smoothly. Dr. Johnson turned the meeting over to Dr. Nguyen for his update.

***Report from the Executive Office***

*Huy Nguyen, MD, Medical Director and  
Interim Executive Director, Boston Public Health Commission*

- Dr. Nguyen had just a few short updates for the Board. With respect to the relocation of the Long Island services, Dr. Nguyen was very pleased to report that last week the new homeless shelter on Southampton Street increased its capacity. Part of the first floor was completed and thanks to the very hard work of the Commission staff, we were able to start operating that portion. The capacity there has gone from 100 to 250 beds. We've already started to see larger census numbers at the shelter. It's really a beautiful facility and we are now able to relieve two (2) of our partners helping us with overflow. We expect that as the first floor gets completed out, we'll be able to retire more and more of our partners who have been helping us. Dr. Johnson extended her congratulations to Dr. Nguyen and the staff for the huge accomplishment. Dr. Nguyen stated we absolutely appreciated the very strong leadership and support of Mayor Walsh for making this happen so quickly.
- At the last meeting, Dr. Nguyen gave a presentation on the plans for implementing the data collection regulation and the Board asked for an update his conversation with the community health centers. He was pleased to report back that a team from BPHC did have the opportunity to present the implementation plan and the Mission and Goal of the Regulation to the Boston Conference of Community Health Centers ("CHCs").

- It was a very well attended meeting with a couple of hospital representatives also present. Over the hour and a half meeting, we had the opportunity to answer all of the questions raised by Executive Directors and CEOs of the community health centers. The CHCs roundly expressed their commitment to making measurable progress in health disparities and healthcare disparities. Since that meeting, Dr. Nguyen has followed up with the conference Co-Chairs. They plan on meeting again with a larger group of CHC Executive Directors.
- Dr. Nguyen commented the State House of Representatives has approved a budget by a unanimous vote. He asked Ms. Conley, who is our director of Intergovernmental Relations, for a brief update on the recent budget. Ms. Conley noted that the House wrapped it up in record time. She stated there are lots of earmarks in this budget, so there aren't a lot of increases in any line item. We are happy to see an increase in funding for homeless individuals, meaning it's not earmarked, so it will go to the whole line. It amount to approximately \$500,000 in homeless services funding. There are a couple of interesting new pilots that may give us some new things to look at. Ms. Conley will send a full memo out to the Board members.
- Dr. Nguyen informed the Board there was a draft of the BPHC 2015-2018 Strategic Plan in their packets for review and feedback. It is very much a draft. About two months ago, we gave a brief summary of the inputs into our Strategic Plan. We did share with the Board our draft thoughts of the five priority areas. In the draft you have today, you will see a little bit more detail as well as in the priority areas, not just the priority areas named and why we chose them, but also the objectives, goals and action steps. Dr. Nguyen stated that his thoughts to the Board were while we don't have this on the Agenda for this meeting, we would plan for the next meeting to give a larger more complete presentation.
- What we hoped to do today was to share this draft with the Board and in the next few weeks, if you like, we would appreciate your advice and suggestions. We would incorporate those comments into the next version and bring it back to the Board. Dr. Nguyen went on to thank all the members of the Strategic Planning Committee, Senior Leadership Team and the Board of Health for their time and valuable contributions.
- Dr. Nguyen wanted to point out we have a new staff member: Dr. Osagie Ebekozen. He is our new Accreditation and Quality Improvement Director. Dr. Ebekozen received his medical degree in Nigeria and his MPH at Harvard. We are very fortunate to have him. He comes to us from the Whittier Street Health Center where he did a lot of work NCQA Primary Care Medical Home as well as QI training. Dr. Johnson welcomed Dr. Ebekozen to the Commission and then gave the floor to Dr. Shah for her presentation.

***Presentation: Health of Boston***

*Snehal Shah, MD, Director of Research and Evaluation Office*

- Dr. Shah thanked the board for the opportunity to come back and share the newest round of public health surveillance data we collected. She commented that a few features from this year's report are different from past reports. We present a lot on socio-demographic data. So, for this report we made a specific effort to link the socio-demographic data we have back to health outcomes. Dr. Shah would explain in more detail as she went along.
- Dr. Shah explained that the Health of Boston Report describes the health of Boston residents; understands the distribution and determinants of disease; focuses on social determinants of health; and uses over 20 data sources. Its goal is to disseminate health information to a wide audience who may use it in a variety of ways: data driven decision making, planning, and priority setting.
- Some of the features to the Health of Boston Report include: socio-demographic data; associates social determinants with health outcomes. The report also covers 10 domains and health-related behaviors: access to care; mat/child health; chronic disease; sexual health; infectious disease; mental health; substance abuse; violence; cancer; and death.
- Dr. Shah provided a chart depicting diabetes in 2013 among adults by selected indicators: gender, age group, race, educational level, income level and US-born versus foreign-born. Highest percentages were individuals in the 45-64 and 65+ age groups; Black and Latino ethnicities; individuals with less than a high school education or GED; individuals earning less than \$25,000/yr.; and foreign-born verses US-born.
- A chart with levels of educational attainment for ages 25 and over between Boston and Massachusetts in 2012 was shown. In Boston, the percentage was higher for individuals with less than a high school education and lower for individuals with a high school diploma, some college or an associates degree. Conversely, percentages for individuals with a bachelor's, graduate or professional degree were higher in Boston vs. Massachusetts.

- Median Earnings by educational attainment and gender for ages 25 and over in Boston in 2012 was presented. Boston overall and males in each grouping had higher earnings levels than their female counterparts. Educational attainment by race/ethnicity for ages 25 and over from 2010-2012 indicated higher levels of Asian and Latino individuals with less than a high school education; the percentage of White individuals with a bachelor's, graduate or professional degree was higher than the Boston average, followed by the Asian population.
- Over the next several charts, Dr. Shah discussed health indicators asthma, diabetes, hypertension, obesity, persistent anxiety and persistent sadness and their relationship to the reference groups: educational attainment, employment status, household income, and tenure (own/rent) during the 2012-2013 timeframe. All indicators were adjusted for age, race/ethnicity and gender. There were significant statistical comparisons within each reference group.
- Information on births per 1,000 females ages 15-17 from 2008 through 2012 was presented. There has been a decrease during this time period. Rates for Asian residents for the years 2008, 2010 and 2011, and for White residents for the years 2009-2012 were based on counts less than 20 and should be interpreted with caution. Rates were not presented for Asian residents for 2009 and 2012 due to the small number of cases. A chart depicting birth outcomes by neighborhood from 2008-2012 provided statistics on infant deaths, preterm births, and low birth weight births.
- Details representing the percent of public high school students who smoke during the 2005-2013 time frame showed a sharp decline between 2005 (15.3%) - 2007 (7.5%), spiking up in 2009 (10.3%). However, there was a decline between 2011 (10.0%) and 2013 (7.9%). Daily Consumption of one or more sodas among public high school students from 2007 through 2013. Students' soda consumption has declined from 27.3% in 2007 to 16.8% in 2013. Figures show persistent sadness among public high school students in the same time period has fluctuated: 30.1% in 2005; 26.2% in 2007; 28.8% in 2009; 24.8% in 2011; back to 30.1% in 2013.
- Mr. Cox asked Dr. Shah if there was any data regarding the placement of where we have asthma hospitalizations compared to where we have automobile repair shops. There is something about looking at that environmental issue relating to asthma. Dr. Shah replied that she believes the folks in Environmental Health had done research and created a map about it.
- There was a chart identifying Modified Retail Food Environment Index by Census Tract for 2008-2009. The CDC has a way of defining a healthy food establishment. What this does is actually map where you have food establishments that are healthy. The lighter areas indicate fewer healthier eating options and the darker area is where there are more. The median for Boston was 6; for Massachusetts it was 7.1. The median for the US was 10. If you look at Boston, about 50% of our Census Tracts had lower median than the Massachusetts average. 88% had a lower median than the US average.
- There are a lot of limitations with this metric, but it's one of the better ones out there. Mapping the food index is always complicated. However, you can see on the chart the neighborhoods where chronic disease is burgeoning are very light. There are different reasons why areas are lighter. For example, in West Roxbury and East Boston, it's quite residential. So you can't expect to have many establishments. Dr. Shah clarified for the board that this relates to sit-in eating establishments, not food trucks or grocery stores.
- A comparison chart was shown of unique-person treatment admissions\* by drug† and race/ethnicity per 1,000 residents ages 12+ for 2013. Compared to Boston as a whole: treatments for alcohol were highest among Blacks and Whites; heroin treatments were highest among Blacks and Whites; Rx drug treatments were highest among Whites; Marijuana treatments were highest among Blacks and Latinos.  
\* = Age adjusted rates; † = Self-identified as primary, secondary, or tertiary drug of abuse.
- Figures were provided regarding unintentional overdose/poisoning hospital patient encounters by drug and year\* [2007 through 2012 for Opioids (including Heroin), Benzodiazepines, and Cocaine].  
\* Includes emergency department visits, observational stays and inpatient hospitalizations; age-adjusted rates.
- In addition, there was a comparison of the average life expectancy by gender and race/ethnicity from 2008 to 2012: Boston - 80.1yrs; Females - 82.8yrs; Males - 77.1yrs; Asian - 87.2yrs; Black - 77.0yrs; Latino - 86.4yrs; and White - 79.5yrs. NOTE: Death data for 2012 are preliminary and should be interpreted with caution. Until data are final, some changes in data values may occur during data quality processes.
- To sum up the progress: the percentage of insured Boston residents increased significantly from 2005 to 2013; a decline in Black infant deaths from 2008 to 2012; a decline in smoking among Boston public high school students from 2005 to 2013; a decline in soda consumption among Boston public high school students from 2011 to 2013; from 2008 to 2012, Boston experienced a 34% decrease in the incidence rate of the infectious

disease Tuberculosis; from 2008 to 2012, there was a significant decrease in heart disease deaths among Boston residents. This decline in death rates was driven by a decrease in rates among Black and White residents.

- Dr. Shah finished by stating significant challenges remain: persistent health inequities due to differences in health by race, gender, and geography across the life cycle. We must address social and economic factors that are outside the perceived "traditional reach" of public health: access to care does not equal good health. The ultimate goal is to achieve optimal health for all Boston residents.
- Dr. Johnson thanked Dr. Shah and all those involved on the tremendous effort in collecting, analyzing and producing The Health of Boston Report. Dr. Nguyen also thanked Dr. Shah noting that she has a small army of epidemiologists, not big enough, but they spend a lot of time working through these 20 or so data sets. One thing for him that he's reminded by is that research and evaluation both sit within Dr. Shah's office. Not only are they looking at framing the questions and the problems, but they very much are rooted in understanding the interventions and the effect of interventions that are employed by the BPHC. He feels that close connection has been very helpful to us.
- Each of the Health of Boston looks a little different. One thing that struck Dr. Nguyen about this one was using more complicated compound indices and the life course indicators is another example of that. A lot of measurement now is moving towards a more holistic picture by using these more compound measures. He was also happy to see in this Health of Boston that we did make an effort to benchmark our work in terms of outcomes with national targets like Healthy People 2020.
- At this time, Dr. Johnson turned the meeting over for the Community Initiatives Bureau's grant updates presentation.

***Presentation: Community Initiatives Bureau Grant Updates - PWTF, Mass in Motion, PICH REACH (Obesity/HTN), REACH - Partnerships in Health and Housing***

*Nicole Rioles, Project Director, Prevention and Wellness Trust*

*Margaret Reid, Division Director, Healthy Homes and Community Supports (REACH Partners in Health and Housing)*

*Anne McHugh, Division Director, Chronic Disease Prevention and Control (PICH and Mass In Motion)*

*Nineequa Blanding, Director, REACH Obesity & Hypertension Demonstration Project, Chronic Disease Prevention and Control Division*

- Ms. Rioles explained that the Prevention Wellness Trust fund was created as part of Chapter 224 of the Acts of 2012, the MA healthcare cost containment law.
- The goals of the Trust are to: reduce rates of most prevalent and preventable health conditions; increase healthy behaviors; address health disparities; develop stronger evidence base of effective prevention programming and generate a return-on-investment in 3 years. Boston is one of nine partnerships funded by the Massachusetts Department of Public Health ("MDPH") (*March 2014 - September 2017 \$6.75 million over 3.5 years*). Selected interventions for Boston include: Pediatric asthma; hypertension and falls prevention. The main focus will be in Roxbury and North Dorchester (*140,000 residents*) since these neighborhoods have the highest numbers of pediatric asthma and hypertension in the State.
- Mr. Lopes inquired if one of the other goals to develop a Best Practice that would spread to other neighborhoods in Boston? Ms. Rioles stated most definitely as noted by developing stronger evidence based interventions. We're looking at the screenings and condition work that will happen at the clinics. We're asking all of the clinics to tell us what intervention strategies they're using so that the treatments and screenings are the Best Practices. We meet with other partners on a quarterly basis and share Best Practices with them at those meetings.
- Dr. Johnson commented that it is unfortunate it was written into the bill that impact had to be seen in 3.5 years. As a Board member, she stated it really drove what you could actually look at in terms of the interventions, because the outcome really drove how you chose the interventions. It's not that the interventions are not valuable, but had you a different timeline, it might have been much more public health oriented about it not being more traditional diseases.
- The Community Health Center clinical partners are: Bowdoin Street, Codman Square, Dimock Center, Dorchester House, Harbor Health Services, Harvard Street and Whittier Street. Community partners include: Action for Boston Community Development/Head Start; Boston Commission on Elderly Affairs; BMC Injury

Prevention Center; Boston Public Schools; Boston Senior Home Care; Central Boston Elder Services, Ethos, and Health Resources in Action.

- 10 months into the Year 1 Implementation, MDPH is adopting BPHC developed tools: eReferral Gateway Asthma Template and MDPH Falls Risk Home Checklist; Community Health Workers (N=4) serving as community health center/community based organizations linkage; infrastructure investments (\$125,000) expand reporting and evaluation capacity at Community Health Centers (DRVS & MAeHC); reporting and evaluation capacity at Boston Public Schools with new customized SNAP (ProMed) report; and expanded number of evidenced based programming offered at Community Health Centers (N=6).
- Ms. Blanding gave an overview of the REACH Obesity & Hypertension Demonstration Project. Funding of \$4.6 million was provided by the US Centers for Disease Prevention and Control ("CDC") Cooperative Agreement for the three-year period of September 30, 2012 - September 29, 2015.
- The grant priorities are to develop and implement replicable strategies for people of color that reduce inequities in obesity and hypertension; primary neighborhoods of focus include Dorchester, Roxbury, Hyde Park, Mattapan and East Boston; CDC requires evaluation of strategy impact and dissemination of lessons learned.
- The project partners: Lead - BPHC and CDC; Core partners: Boston REACH Coalition (coalition); YMCA of Greater Boston (community based); Harvard School of Public Health Evaluators (Prevention Research Center & Department of Nutrition); and Violence Intervention and Prevention (VIP) Coalitions.
- Information was provided on the current Work Plans: Out of School Time (OST); Health Beverages & Sodium Reduction (HBSR); Clinical Hypertension (HTN); Community Physical Activity (CPA); and Communications. The focus and highlights for each Work Plan was also provided.
- Ms. Reid noted that Boston REACH: Partnerships in Health and Housing is funded from almost \$3million provided by the CDC Division of Community Health, Racial and Ethnic Approaches to Community Health Programs (REACH) for the three-year period beginning September 30, 2014 through September 29, 2017. The grant priorities are to improve the health of residents of Boston Housing Authority and BHA Leased Housing (Section 8), particularly Black/African American and Hispanic/Latino residents.
- This will be accomplished by: increasing availability of smoke free housing; increasing access to healthy food and beverages, including tap water, as alternatives to soda and other sugar-sweetened beverages; and increasing the number of people with access to opportunities for chronic disease prevention, risk reduction or management through clinical-community linkages for smoking cessation and for improved awareness of and access to disease prevention resources. An organization chart of the BPHC Reach Management Team and PHH Leadership group was also shown along with a breakdown of their achievements to date. Among the achievements: meeting with managers and resident leaders of BHA mixed finance housing to discuss transitioning to smoke free; first smoke free housing training scheduled for May 13th; and smoke free checkbox added to BHA Section 8 rental unit information.
- Ms. McHugh noted that Partnerships to Improve Community Health (Boston PICH) is only one of approximately 40 grantees through the CDC's Division of Community Health. They are providing \$1.8 million in funding for the 3-year period from September 2014 through September 2017. One of the priorities is to improve the health and reduce the burden of chronic disease by implementing population-base strategies to make *voluntary* policy, systems and environmental (PSE) improvements.
- Some PICH Initiatives include: increasing the number of multi-unit smoke free housing; increase the number of schools implementing Safe Routes to Schools (SRTS); stabilize and grow Boston Bounty Bucks in order to increase access to healthier food and beverages.
- Some of their strategies involve convening stakeholders across sectors and silos; Sector-based partnerships such as 5 charter schools with mini-grants for SRTS; BTB and Boston Bikes: bicycling and Complete Streets initiatives; raising awareness of health impacts among diverse stakeholders and change social norms; 12 neighborhood groups have been funded to support Health Community Champions; and continued training and technical assistance.
- Ms. McHugh explained that Roxbury in Motion is one of 44 communities funded through MA DPH's *Mass in Motion* Municipal Wellness and Leadership Initiative. Part of the BPHC funding comes from The Boston Foundation (\$50,000 for 2 years; 9 months in [October 2014 - June 2017]). The grant's priority is to implement local PSE changes strategies to prevent obesity, chronic disease and to create healthier communities. The focus is Roxbury neighborhood; Madison Park Development Corp. is the lead sub-contractor.

- Year 1 Initiatives are to expand existing CSA and farm stand to enable the use of SNAP/EBT, Boston Bounty Bucks and other nutrition incentive coupons; increase healthy affordable food access at local bodegas/corner stores (partnership with Real Food Hub in Dudley Village); develop plan for Complete Streets implementation advocacy, including Melnea Cass Blvd; and identify approaches to increase safe and active usage of parks and open space (for Year 1 implementation).
- Strategies considered: convening Roxbury stakeholders with Madison Park Development as lead convener; have cross-sectoral leadership team; conduct health eating and active living workgroups; conduct data compilation and assessment from resident input on needs and opportunities; aligning of available resources to increase access to and use of food and active living opportunities; target community engagement and advocacy; and provide training and technical assistance through Mass in Motion and BPHC. Ms. McHugh concluded by acknowledging and thanking the staff members for their hard work and diligence.

***Acceptance and Approval of March 2015 Board Meeting Minutes***

- Dr. Johnson asked for a motion to approve the minutes from the March 26, 2015 meeting. Mr. Lopes and Ms. Wcislo seconded the motion with no objections. The minutes were unanimously approved by the Board members in attendance.

***Adjournment***

With no further business before the Board, Dr. Johnson thanked everyone for coming and adjourned the meeting at 6:00p.m.

Submitted by:

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Kathy Hussey, Board Secretary