



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Thursday, February 13, 2014**

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Thursday, February 13, 2014 in the Hayes Conference Room, 2nd floor, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Celia Wcislo
Kathleen Walsh
Harold Cox
Joseph Betancourt, MD, MPH (*participated remotely*)

Also Present Were:

Dr. Barbara Ferrer, John Townsend, Fatema Fazendeiro, Chuck Gagnon, Debra Paul, Nick Martin, Gerry Thomas, Lisa Conley, Aliza Wasserman, Jim Greene, Anne McHugh, Megan McClaire, Jeanne Lin, Pam Jones, Brandon Auerbach, David Susich, Felicia Ovin, Jim Hooley, Sam Gosnami, Jacy Wang, Elias Kassis, Elizabeth Doyle, Jennifer Flynn and Sheila Dillon.

Proceedings:

Chairwoman's Comments

Paula Johnson, MD, MPH

- Mr. Cox opened the meeting because the inclement weather was causing delays in arrivals. For the record Mr. Cox noted that Dr. Betancourt was participating remotely. He then asked Dr. Ferrer to give her report.

Executive Director's Report

Barbara Ferrer, PhD, MPH, Med

- Dr. Ferrer congratulated Dr. Nguyen on the successful prevention grant application and asked him to say a few words on how the fund will be applied.
- Dr. Nguyen thanked Dr. Ferrer and noted we are one of 9 partnerships statewide to be funded by this innovative \$60 million prevention and wellness trust fund. BPHC will be the coordinator of over 15 community based service providers and clinical providers.
- Dr. Nguyen stated the goal is to improve outcomes for residents in three priority areas: prevention of falls in older adult population; pediatric asthma and hypertension; and tobacco control. The focus will be on the neighborhoods of Roxbury and North Dorchester due to very high rates of pediatric asthma and hypertension.
- Dr. Ferrer commented on the Mayor's three-part announcement regarding efforts to improve recovery from substance abuse. The first was to expand the availability of Narcan to all first responders including the Boston Police (BPD) and Boston Fire departments (BFD). Dr. Dyer, Medical Director of EMS and BPD, will be working to implement the protocols for staff to appropriately and safely administer the Narcan.

- Part two of the announcement was that Rita Nieves' APTRSS team and the substance abuse coalitions with whom we work closely will be holding 5 community meetings starting the middle of February. They will be training active drug users as well as family and friends of active users on how to administer Narcan. This group will also continue to do a lot of outreach about our prevention programs and our referral and resource capabilities.
- Part three of the announcement put the emphasis again on the prevention side. There are eleven police stations equipped with drug return kiosks operating 24/7. By utilizing the kiosks, unused prescription drugs can be safely removed and disposed of versus flushing or throwing in the trash. We are one of only a handful of cities with this type of drug kiosk. The BPD developed an entire system for the secure safe pick up and disposal of these drugs which was no easy task. Dr. Ferrer appreciates the partnership we have with them.
- Dr. Ferrer commented on being at a meeting where Dr. Johnson and her colleague, Dr. David Rosenbloom, presented a transition team report to the Mayor. Dr. Ferrer was quite impressed with the concrete and actionable recommendations they made and asked Dr. Johnson to briefly speak about it. Dr. Johnson first stated it was an honor to work with a phenomenal team. There was a great deal of input, a lot of it from work formed by the Commission and from a number of community meetings.
- Dr. Johnson indicated there are three main recommendations: substance abuse and prevention; violence prevention and associated trauma; and public health planning where there is an opportunity to make it more robust in the city. She noted there has been good feedback from the Mayor and we will have to wait and see where things go. The Commission is already in a very strong place and has the opportunity to advance some of its work and to make it more intuitive. This is where the focus is right now.
- Ms. Weislo inquired about the Board getting a copy of the presentation. Unfortunately, Dr. Johnson stated it's for the Mayor's eyes only at this time and it is up to him as to how he executes those recommendations. Dr. Ferrer reiterated how impressed she was with the transition report and its recommendations. It's inspiring that so many people were willing to be part of the transition team and how deeply we appreciate their efforts.
- Dr. Johnson commented about the outstanding and extensive work that's been done for the REACH project then introduced Ms. Blanding and Ms. Bovenzi to give their presentation.

Presentation/Update: The REACH Obesity and Hypertension Demonstration Project

Nineequa Blanding, Director, Boston REACH Obesity and Hypertension Demonstration Project

Mary Bovenzi, Public Health Prevention Specialist, Chronic Disease Prevention and Control Division

- Ms. Blanding explained the REACH (Racial and Ethnic Approaches to Community Health) as a 3-year agreement (Sept. 30, 2012 - Sept. 29, 2015) from the US Centers for Disease Control and Prevention with total funding of \$4.6 million over the 36-month project period.
- Ms. Blanding stated part of the overall goal is to develop and implement replicable strategies for people of color that reduce inequities in obesity and hypertension. Strategies must address unique barriers that limit the effectiveness of current strategies happening in Boston. The CDC requires evaluation of strategy impact and dissemination of lessons learned.
- Ms. Blanding discussed the REACH project focus groups based on the population and the five neighborhoods being targeted and the partners who were part of the team.
- Ms. Blanding explained there are 6 Work Plan Categories and their leaders: Healthy Beverages & Sodium Reduction (HBSR) - Nineequa Blanding; Community Physical Activity (CPA) - José Massó; Out-of-School Time (OST) - Mary Bovenzi; Hypertension (HTN) - Megan McClaire; Communications - Anne McHugh; Mentoring - Nineequa Blanding. Ms. Blanding described the objectives and strategies around HBSR, Clinical Hypertension (HTN) and Community Physical Activity (CPA).
- Ms. Bovenzi spoke about the objectives and strategies of OST: to increase the number of school age children served by out-of-school time programs; utilized evidence-based learning collaborative to create organized policy and programmatic changes; focus areas: physical activity; water, no sugary drinks; fruit or vegetables included in snacks; and screen time limits.

- Ms. Bovenzi described some of the OST activities and program highlights: 44 OST programs were recruited for this school year; summer of 2014 will focus on water access at summer camps; next school year: follow-up with current programs; recruit approximately 40 new programs; summer 2015 focus is to be determined.
- Ms. Bovenzi commented on other REACH OST activities and the OSNAP baseline from the fall of 2013 based on physical activity, snacks, water and sugary drinks.
- Ms. Blanding stated the target neighborhoods are Roxbury, Mattapan, Dorchester, Hyde Park and East Boston. Given the REACH objectives and focus, she asked the Board how can we gain further traction in Hyde Park and East Boston?
- Ms. Weislo wondered since East Boston has a large Latino population, if any local Spanish speaking people go out with them to the schools. Ms. Bovenzi replied that some staff are bilingual and it something she's looking into for next year. Ms. Walsh also suggested contacting the East Boston YMCA and Neighborhood Health Center as possible resources.
- Dr. Johnson suggested in addition to the Y, find out who are the community leaders in Hyde Park and East Boston that can be helpful as ambassadors for their work. Ms. Weislo thought it might be a good idea to touch base with the various religious leaders in the neighborhoods.
- Dr. Johnson congratulated the ladies for their efforts noting this is a very difficult grant with a short timeline for accomplishment. Ms. Blanding and Ms. Bovenzi appreciated Dr. Johnson's comments and thanked the Board for their feedback.

Presentation/Update: The Launce of the New BPHC External Website and Priority Campaign Initiatives

Nick Martin, Director of Communications

- Mr. Martin wanted to acknowledge Dan Obendorfer and Nelson Pidgeon in IT Services and his team of McKenzie Ridings and Pat Henderson for their efforts on the project.
- Mr. Martin noted this was the first overhaul to our website in many years. The project was brought in-house and took approximately 1-1/2 years to complete. By comparison, the BRA and other agencies have had similar work done by contractors at a cost of around \$300,000.
- Dr. Ferrer said she was very proud of everyone because it was a such a large undertaking and a huge team effort and commended Mr. Martin on his leadership of the team.
- Mr. Martin spoke about the social media statistics with 3,700 hits on Facebook; over 15,000 on Twitter; and over 208,000 visits on YouTube with 300 subscribers. The website is the main face of the Commission. Since its launch on December 4, 2013, there have been 43,000 visits; 24,000 have been unique visits and 19,000 have been returning visits which is a good sign people are coming back. There have also been 10,000 mobile hits since the launch.
- Mr. Martin explained the redesign approach was to clean up and simplify the site. This has been accomplished by having a consistent, uniform look throughout. Ms. Ridings and the Content Managers played a large role in keeping the information relevant, current and managing the content to make it easier to find.
- This has been a total team effort. The Communications team manages the overall website. IT Services builds and maintains the technical side and keeping up with latest technologies. Content Managers review their program pages daily and update them whenever necessary.
- After the redesign, there is a more intuitive navigation with a more modern streamlined look. The search functionality has been improved and there is an enhanced "featured news" and Newsroom sections. The Newsroom page provides links to our social media pages and campaigns. Also new is the BOH Regulations page and streamlined provider reporting page.
- Mr. Martin indicated some next steps include mobile optimization, suggestive searches similar to Google and better social media integration in the blog.
- Mr. Martin briefly commented on the current campaigns. "It could be hiding in you" is a new youth STI regarding the awareness, education and prevention of Chlamydia.

- "The Halls" is a web series we collaborated on with Beyond Measures, a production company headed by Noah Christopher, a former BPHC employee. Beyond Measure and Nicole Daly, from the Start Strong initiative in our Violence Prevention program, worked with a number of local teens to produce series. The series centers on healthy relationships and teen dating issues.
- Mr. Martin noted there is a discussion guide to go along with it. Ms. Daly's group will use it to engage community groups and youth organizations around the city. Dr. Ferrer stated this is a very comprehensive series. The discussion guide breaks down the episodes, each one with its own theme. Mr. Martin said we are the only health organization around the country to do something like this.
- The premier will be at Emerson College on February 28th. We've been promoting it like a real TV series or film and will premier every Tuesday and Thursday starting the end of the month. All episodes may be viewed at: THEHALLSBOSTON.com as well as trailers at the movie theaters. Ads to promote it will be in the Metro every Tuesday and Thursday.
- Dr. Ferrer commented one of the strategies we've used for the last few years and has really paid off is working with local youth. It's not just an opportunity for them to have a voice, but they are the best publicity. They talk to their friends about it, who then show up and watch it. It's been a very positive experience for us.
- Mr. Martin stated they have been working on this project for close to 2 years now. At one point we thought of doing this as part of a poster program but it fell through. He's glad it did because this has worked out much better and the final product is really something special.
- Dr. Johnson commended Mr. Martin and his team. She believes for the premier, they should invite the Mayor. This series is about healthy relationships, but it's also about violence and violence prevention. She urged Mr. Martin that if the Mayor can't attend to at least have some of his lead people there. Dr. Johnson believes this is a phenomenal way to reach young people.
- Dr. Johnson introduced Jim Greene, Director, Emergency Shelter Commission to begin his presentation.

Presentation/Update: 2013 Homeless Census

Jim Greene, Director of the Emergency Shelter Commission

Sheila Dillon, Director of City of Boston Department of Neighborhood Development ("DND")

Elizabeth Doyle, Assistant Director for Supportive Housing of DND

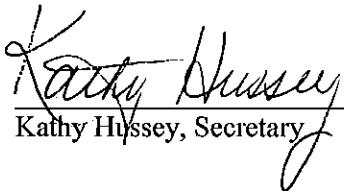
- Mr. Greene explained that the 2013 total homeless count was up from 6,992 men, women and children to 7,255, it is a 3.8% increase.
- Mr. Greene indicated that the drop in 2010-2011 was due to a change in methodology. We had always included Boston families sheltered outside the city of Boston. We discovered they were being double counted by other communities across the state. They are still tracked, but we started being more consistent about the geography reported to HUD.
- Mr. Greene gave a breakdown of the Comprehensive Adult System including its core components by agencies, programs and number of units/beds. He also did a breakdown of homeless adults by category and the changes between the 2012-13 and the 2013-14 censuses.
- Mr. Greene stated causes of adult homelessness included issues of income relative to housing costs; behavioral health issues, i.e. substance abuse, medical issues; chronic medical issues; and employment and income barriers (CORI, skills).
- Key findings for adult individuals: unsheltered numbers continue to be relatively low; adults in emergency shelter increased for the 2nd year in a row to 10.5%; increase in adults in behavioral health, medical care; adults in substance abuse treatment up 7.6%, including a 10.6% increase in adults in recovery homes; adults in hospital/medical respite increased by 16.1%; ER use doubled 15 to 29 persons, inpatient census increased 26.1% from 111 to 140 persons.

- Mr. Greene explained the unmet regional needs for shelter in Boston, other parts of MA and New England, New York and other communities and broke down the family homelessness continuum based on core components, agencies, units and available beds. In addition, he broke down all homeless families by category and the changes between last year's census and this year's. There has been an overall increase of 7.8%.
- Key findings for families: the high number of families in Emergency Shelter mirrors both the state and national trends; families primarily in congregate shelters has increased in the number of sites, units, and beds despite robust housing placements over the past 3 years. The Commonwealth is phasing out HomeBase rental assistance for approximately 100 families per month in Boston.
- Mr. Greene then gave the floor to Ms. Dillon and Ms. Doyle to speak about the City's next initiatives with respect to homelessness. Ms. Dillon stated that DND, the Commission and Boston Housing Authority ("BHA") are working very cooperatively together to address this issue. Dr. Ferrer thanked and congratulated Ms. Dillon on taking a leadership role in addressing homelessness by engaging key partners in housing and development, including the BRA, to build and sustain affordable housing.
- Ms. Dillon then introduced Elizabeth Doyle to speak about the City's Homeless Plan. Ms. Doyle mentioned that the City's plan, called Bringing Boston Home, has various components. One component is to house those individuals, about 150, who are known to still live in the streets. Another initiative is to permanently house long-term stayers in emergency shelters and those who frequently stay in emergency rooms in area hospitals because they have medical and mental health issues and are considered medically frail.
- Ms. Doyle also mentioned that the City is working with property managers to avoid evictions of families with children who may have rent subsidies but have fallen in arrearage of rent due to one or more crises. Finally, the City is trying to place Boston veterans in permanent housing. The overall goal for the City is to end homelessness in a couple of years.
- Board member Cox asked Ms. Doyle about what the City is doing for youth homelessness. Ms. Doyle responded that the City is aware that this has become an increasing issue and is working with specific shelters to house the youth. The youth present a challenge in that they are a transitive population. Dr. Ferrer mentioned that youth cannot be admitted to regular adult shelters and that they should go to a place that knows how to address their own unique issues. She mentioned that the Commission has been working with Bridge Over Troubled Waters, which has a youth emergency shelter.
- Ms. Doyle ended the presentation with statement about the need for the City to have low-barrier housing so that anyone can just walk in and not worry about CORI issues and the like. However, she realized that it would be very hard to site housing like that.

Adjournment

At this time, Dr. Johnson called for a motion to adjourn. Ms. Walsh and Mr. Cox seconded the motion. Dr. Johnson thanked everyone for attending and called the meeting adjourned at 6:00pm.

Submitted by:


 Kathy Hussey, Secretary

