



MINUTES OF A MEETING OF THE BOARD OF DIRECTORS  
January 11, 2010

A meeting of the Board of Directors of the Boston Public Health Commission was held on January 11, 2010 in the Hayes Conference Room at the offices of the Boston Public Health Commission, 1010 Massachusetts Avenue, Boston, MA 02118.

**Directors Present:**

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

**Director's Absent:**

Celia Wcislo  
Jack Cradock  
Elaine Ullian

**Also Present Were:**

Barbara Ferrer, Ph.D., MPH, M.Ed, Maia BrodyField, John Townsend, Nancy Norman, MD, MPH, Elizabeth Barry, Mark Campbell, Lisa Conley, William Kibaja, Timothy Harrington, Gerry Bryne, Julia Gunn, Anita Barry, Sharyn Imonti, Pam Jones, Rita Nieves, Nicole Charon-Schmitt, Jan Quiram, Devin Larkin, Jim Hooley, Chuck Gagnon

**Counsel Present:**

Nakisha L. Skinner, General Counsel

**Call to Order**

Dr. Paula Johnson, Chair, called the meeting to order at 5:05 PM. A quorum of directors was present and the meeting, having been duly convened, proceeded with business.

Dr. Johnson welcomed Dr. Joseph Betancourt to the Boston Public Health Commission, Board of Health. Dr. Betancourt is the newest member appointed by the Mayor and comes to the Board from Massachusetts General Hospital where he is the Director of Disparities with his work focusing on eliminating health disparities.

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

The Commission welcomed and congratulated Dr. Betancourt on his appointment to the Board. The Commission is honored to have Dr. Betancourt serve on the Board especially at a time when the Commission is focused on the impact of health inequities in communities of color in Boston.

The Employee Awards Celebration was held on January 7, 2010 in the Metcalf Ballroom at Boston University and was a wonderful event. The awards celebration is an opportunity for the Commission to honor its employees for their work and also acknowledge the work that is being done at the Commission. There were eight awardees who received special honors for their work. There was also a team award that went to the Community Health Centers. The Hinton award went to Heavenly Mitchell who is the Director of the Healthy Baby/Healthy Child program. The Commission would like to thank Dr. Johnson and Board member Cox for attending the event.

The week of January 8, 2010 began the National Influenza Vaccination Week for immunizations. It began with the Commission's education, outreach efforts and media campaign to publicize the Commission's immunizations report. The report highlights the surveillance work done by the Commission's CDC team in the spring and fall of 2009, which helps the Commission to better understand patterns of illness which will allow for more targeted programming in terms of both prevention and immunizations. The Commission will be holding 4-5 more public clinics over the next four weeks. The public clinics will be held at four locations: 1010 Massachusetts Avenue, The Teachers Union, Jubilee Church and East Boston.

At the request of the Mayor the Addictions Services Bureau has been working with the Mayor to respond to the perceived increase substance abuse problem in East Boston. Folks in the community of East Boston have expressed their concerns to the Mayor regarding the rising increase of substance abuse as well as the need for a considered approach to prevention as well as folks having access to care and treatment. The Commission will be facilitating a door-knocking effort at the end of the month to every resident in East Boston and will be dropping off information/resource guides on prevention efforts and where residents can get services. The Commission will hold a summit (resource fair) in February for the residents in East Boston to come together and discuss concerns/prevention measures. The Commission will also hold a public vaccination clinic at the summit.

**Presentations and Updates**

***FY2011 Budget***

John M. Townsend, Director of Administration and Finance

The budget process for FY11 has begun. The Board will vote on the Commission's proposed budget in February, 2010 and the proposed budget will be submitted to the Mayor for approval. In March, 2010 the Commission will meet with the Mayor on the proposed budget and in April, 2010 the Board will vote on the acceptance of the final budget. The budget will then be sent to the City Council Hearing for approval in May-June of 2010.

For the second year in a row there is a proposed 5% cut of funds to the upcoming year's budget.

The Commission's fiscal environment for FY11 consists of the following:

- Proposed 5% cut in City funding;

- 1.5% wage increase for BPPA (EMS), .5% wage increase for SENA and Union negotiations;
- Increase in external grant funding;
- Improvements to the BPHC infrastructure and;
- Transfer of services from BMC.

The Commission has implemented some budget reduction strategies for FY11 which include: 5% cut to City funded portion of bureau budgets, 5% cut to Community Health Center grants, continue reduction in spending on food, equipment and supplies, restriction on travel, hiring/non-union wage freeze and increased operational efficiencies.

Long term cost reduction strategies for FY11 – FY15 include: implementation of more efficient technology, maximize revenue potentials, reassess non-essential program services, seek new grant funding and grant opportunities, transfer of services from Boston Medical Center, reorganization of programs to reduce redundancies and consolidate infrastructure and utilities – capital initiatives at Long Island and North Hampton Square.

The long term cost reduction strategy of transfer of services from Boston Medical Center will save the Commission millions in dollars. Boston Medical Center provides various services to the Commission with the key components in EMS, Grants Administration, Payroll, HR, Finance Systems, Fiscal Agent and IT Property Management. The cost to the Commission for services from Boston Medical Center is \$5.3 million dollars and therefore determined that several key components would be better off within the Commission.

Another long term cost reduction strategy is around space planning and improvements. The goal is the consolidation of Bureau space to facilitate cross program functionality.

Transfer progress to date:

- Grants administration now a part of the Commission;
- BPHC assumed all IT functions;
- EMS billing (contract award to outside vendor) and;
- BPHC will assume operation of the phone system March 2010.

Transitions in process:

- HR and Payroll systems;
- Finance system and functions;
- Go live date of 7/1/10.

Capital project proposals for FY11 – FY15 include:

- 1) Geothermal heat at Long Island (provide heating and cooling of two buildings at an estimated cost of \$500,000).
- 2) Fuel Cell – North Hampton Square (provide heating, cooling and electricity to the 725 Mass Avenue and Miranda Creamer Building at an estimated cost of \$800,000).

Continuing uncertainties for FY11 are utility costs, collective bargaining agreements, and city/state funding.

Mr. Townsend will present the actual budget to the Board in February and ask the Board to vote on the proposed FY11 budget.

## ***State of the 2009 H1N1 Pandemic: Boston***

Anita Barry, Director, Infectious Disease Bureau

The Commission released its report on the state of the 2009 H1N1 pandemic in Boston. The report includes confirmed 2009 H1N1 and non-specified Influenza A.

From April – December 2009 there were 1,487 reported cases of influenza like illness. When the epidemic first arrived in the spring of April 2009 in the City of Boston more than half of the cases were among youth 18 years of age and under. The trend shifted in the fall where cases were among folks 18-44. Most of the hospitalized cases of influenza like illness from the spring are among children 5 years of age and younger.

The highest rate of hospitalizations for influenza like illness were among Hispanics followed by Blacks/African Americans with underlying conditions. Most of the hospitalizations were among children from the neighborhoods of East Boston, North Dorchester, South Dorchester, Roxbury and South Boston. The neighborhood of Roxbury continues to have a high number of reported cases.

Influenza cases reported by race/ethnicity compared to the Boston population by season shows that in the spring Blacks/Hispanics were over represented in the number of reported influenza cases according to the City's population. Whites and Asians were under represented. In the fall of 2009 reported cases changed for Hispanics but remained the same amongst the reported cases for Black/African Americans.

The amount of emergency department visits in 2009 increased due to influenza like illness with the chief complaint being "flu or fever" and "cough/sore throat". Children under 5 years of age were rated the highest in emergency department visits. Influenza like illness to Boston Emergency Departments, University Health Centers and Boston Public School Nurses also increased from the fall to December 2009.

Through the Commission's public health clinics to date, 25,000 vaccine doses have been administered to populations considered at risk. The report does not include those hospitals and clinics that administer the vaccine to their patients directly.

## ***Addictions Services Bureau***

Rita Nieves, Director, Addictions Prevention, Treatment and Recovery Support Services Bureau

In September 2009, in collaboration with Northeastern University Institute for Urban Health Research, the Addictions Services Bureau was awarded two grants totaling \$2.4 million in federal funding to expand and enhance services for men and women. Both grants are for \$400,000 dollars a year for a total of three years.

The first grant is the Safe and Sound Re-Entry (SSR) Project. The grant will expand and enhance substance abuse treatment and reentry services for women returning to the community from incarceration and will serve 65 adult women a year. The Safe and Sound Re-Entry Project Grant will focus on alcohol/drug use, addiction severity, mental health and trauma, quality of life as related to health, family and social functioning and stress and risk behaviors including drug and HIV risk.

Goals of the Safe and Sound Re-Entry Project are:

- Create the SSR project in order to enhance our system's capacity to implement a coordinated continuum of care services from correctional institutions to the community setting for women;

- Enhance the system through which incarcerated women are engaged in reentry planning inside the correctional facility and to integrate reentry services post-release;
- Enhance BPHC services for women in need of substance abuse treatment who are released from jail and provide them with access to comprehensive, gender and culturally component substance abuse treatment and reentry support services.

The second grant is the Boston Consortium of Services for Men in Recovery (BCSMR). The grant will expand and enhance substance abuse treatment services for Latino and African American men ages 18 and older with a history of co-occurring (substance abuse and mental health) issues and to transform the BPHC's substance abuse treatment system into a Recovery-Oriented System of Care (ROSC).

The grant will serve 64 men a year and will focus on addiction severity, mental health and trauma, quality of life as related to health, social functioning and environmental support and access to substance abuse treatment and recovery support services.

Goals of the Boston Consortium of Services for Men in Recovery are:

- Develop and implement the Boston Consortium of Services for Men in Recovery as ROSC model for a city-public health department serving poor inner city, culturally diverse men with co-occurring disorders of substance abuse and mental illness;
- Expand services to serve a minimum of 192 men from the target population by providing them with access to high quality, comprehensive, community-based, integrated, recovery support and culturally competent outpatient substance abuse treatment services.

The Bureau has identified the need for a centralized resource and referral center to increase access to prevention, treatment and recovery support resources in Boston. The Bureau proposes the establishment of a Pilot Project between programs and is hoping to consolidate programs into one program. To date the Bureau is actively seeking funding for a centralized resource and referral center.

### ***Community Meetings***

Pam Jones, Director, Policy and Planning

The Commission has been conducting the "Health of Boston" community meetings since 1998. The purpose of the annual meetings is to share health data, listen to resident concerns and solicit resident input. In the past, meetings were planned and conducted internally.

In 2008 the Commission transitioned to a new way of conducting the meetings. The Commission's focus shifted from neighborhood to population with a particular focus on the elderly, youth and men. The transition allowed for a greater engagement of BPHC staff and community partners. The shift and new meeting format also allowed for less data and more dialogue between staff and partners.

A total of four community meetings were held in neighborhoods of concern with the general theme for all meetings centered on health equality:

- 1) Jamaica Plain Coalition: Tree of Life/Arbol de Vida (concerns: health equity, youth violence, sexual health, diabetes and obesity).
- 2) Roxbury Community Alliance for Health (concerns: food and fitness, diabetes and obesity).

- 3) Codman Square Neighborhood Council (concern: gun violence, obesity, diabetes and substance abuse).
- 4) Franklin Field – Franklin Hill – Dorchester Healthy Boston (concerns: diabetes, heart disease/hypertension and prostate cancer).

Next steps include:

- Work with coalitions to compile meeting notes and produce reports;
- Convene internal meeting to debrief (2 meetings annually);
- Continue partnerships with coalitions to develop action plans and implement recommendations;
- Determine how to maintain BPHC participation in neighborhood coalitions;
- Work with BACH to identify and partner with additional coalitions.

### **Approval of Minutes**

Dr. Paula Johnson, Chair, presented to the Board the minutes of the December 3, 2009 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 7:10 PM.

Respectfully submitted,

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Julie Webster, Recording Secretary

