



MINUTES FOR THE MEETING OF THE BOARD OF DIRECTORS
Thursday, May 12, 2011

The monthly meeting of the Board of Directors (“Board”) of the Boston Public Health Commission (“Commission”) was held on Thursday, May 12, 2011 in the Hayes Conference Room at the Commission’s offices at 1010 Massachusetts Avenue, 2nd floor, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Harold Cox
Celia Wcislo

Board Members Absent:

Jack Cradock
Joseph Betancourt, MD, MPH
Ruth Ellen Fitch, JD
Kathleen Walsh

Also Present Were:

Barbara Ferrer, John Townsend, Nakisha Skinner, Maia BrodyField, Chuck Gagnon, James Hooley, Nicole Charon-Schmitt, Yailka Cardenas, Rita Nieves, Tiffany Skogstrom, Nancie Nguyen, Catherine Fine, Stephanie Doyle, Paul Shoemaker, Maya-Doe Simkins, James Salvia, Lisa Conley, Michael SooHoo, Jan Quiram, Brynna Epperly, Pam Jones, Leon Bethune, Adam Butler, Gerry Thomas, Margaret Reid, Lisa Conley, PJ McCann, Berto Sanchez, Sarah Mau, Brad Cohen

Visitors:

Cynthia Parker, Interaction Institute for Social Change

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- The meeting was called to order at 4:14 P.M.

Executive Director's Report

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer thanked Board Member Cox for attending the opening of the greenhouse in Dudley. Board Member Cox stated that the event was very enjoyable and congratulated the Commission on this success. The greenhouse is part of a 10 year project at the Commission partnering with The Food Project and the Dudley Street Neighborhood Initiative, and completed with the help of grants from Communities Putting Prevention to Work. The greenhouse is also home to a training center, offering courses for those who wish to grow their own gardens.
- Dr. Ferrer thanked Chairwoman Johnson for representing the Board of Health and the Sugar Sweetened Beverage campaign at the Boston Foundation forum on May 11, 2011. The forum was held for the Healthy People Healthy Economy Coalition. It was noted that Board Member Fitch was also present at this event.
- Attorney General Eric Holder was in Boston during the week of May 1, 2011 supporting violence prevention and advocating strong partnerships among health care providers. Attorney General Holder stated he was impressed with Boston's commitment to youth violence prevention through the Defending Childhood Initiative.
- Lisa Conley, Director, Intergovernmental Relations, updated the board on legislation pertaining to cigar bars in Boston. An amendment to ban local authority from regulating cigar bars has already been approved by the House of Representatives, and is now being considered by the Senate. The Commission initially lobbied against this amendment, but later entered into negotiations with representatives for the amendment to apply only to cities of 150,000 or more residents and to allow existing establishments to continue operating. The board will be notified if the amendment is approved by the Senate.
- The Safe Shops Nail Salon Project implemented by the Commission has received an award from the Environmental Protection Agency.
- The Commission is currently struggling with loss of revenue that has led to the layoff of less than 12 people. An attempt is being made to reassign these individuals to other jobs within the Commission. The Commission is also shifting resources, reducing hours, and rotating a clinician through Commission sites to certify administrative assistants as health educators. Chairwoman Johnson expressed her gratitude for the Commission's efforts and creativity in finding solutions for the loss of revenue.

Update: EMS Data Sharing

James Hooley, Chief, Boston EMS

James Salvia, Paramedic, Boston EMS

Margaret Reid, Director, Healthy Homes & Community Supports Division

Rita Nieves, Director, Addictions Prevention, Treatment, and Recovery Support Services (APTRSS)

- Ms. Nieves discussed the history of fatal and non-fatal opioid overdoses in the City of Boston. She noted a decline in opioid related deaths from 187 in 2006 to 84 more recently. Collaboration with EMS has been beneficial in providing real time data as opposed to data received from Addicts Health Opportunity Prevention Education ("AHOPE") and Massachusetts Department of Public Health ("MDPH"). Both AHOPE and MDPH provide data that is 2-3 years old and at times can be from a notably small sample size.
- Mr. Salvia acknowledged Jian Shang, Senior Data Analyst, EMS for her assistance. Her main responsibility is retrieving data. Mr. Salvia noted that Boston EMS is the only EMS department in the state with such a sizeable database on narcotic related illnesses. Mr. Salvia stressed that these

databases can be used for other purposes, such as mapping data to locate clusters, or using data to discern details about where patients have been and where they should be referred.

- In February, a potential spike in narcotic related illnesses attracted the attention of Boston EMS. Jan Quiram, Associate Bureau Director, APTRSS, stated that as a result of their collaboration with EMS they were able to put out an alert when the spike continued. Dr. Ferrer noted that without this collaboration and communication the Commission would have been unable to identify the spike. Board Member Cox inquired as to the frequency of repeat clients in cases of non-fatal overdoses. Mr. Salvia confirmed that many of these cases are in fact repeat clients and noted that a history of overdosing indicates a high risk of repetition. Board Member Cox asked if input from other communities has been solicited regarding the spike in narcotic related illnesses. Mr. Salvia responded that communication with other communities has been sought; however, it is difficult because most communities are just now receiving this technology (which Boston EMS has had since 2004) and are still honing their systems. Board Member Cox asked if the presenters had any ideas as to the reason behind the spikes. Ms. Nieves suggested that possible degradation of purity could be making the drugs less safe, and sporadic attainment of treatment could be resulting in more serious cases. Mr. Salvia noted that the economy may be partially to blame, as some individuals may be switching from oxycodone to heroin because heroin is cheaper.
- Ms. Quiram noted that some communities have declined to discuss Narcan through programs offered by the Commission to teach communities and families about the drug, which is used to combat narcotic overdoses.
- Chief Hooley discussed asthma data collection. Contrary to earlier belief, teens and young adults may be at a higher risk of asthma-related injury requiring transport. Chief Hooley stated that currently any EMTs who are on light duty are researching data on a daily basis for asthma related transports in the City of Boston. Chief Hooley also expressed a strong desire for involvement in the achievement of the Commission's overarching goals. Chairwoman Johnson stated that it was good to see the integration of various programs and bureaus to address these issues.

Nail Salon Regulation: Education & Implementation

Paul Shoemaker, Associate Director, CIB, Environmental Hazards

- Mr. Shoemaker detailed a summary of the Nail Salon Regulation ("Regulation") timeline. The Regulation was passed in January, 2011. Application and inspection forms were completed in April. In May, the guidelines will be written and internal review will take place. In June, the translated documents will be printed and on July 12th the Regulation will take effect.
- The final draft of the guidelines was submitted to the General Counsel's office the week of May 1st, and bilingual materials are being reviewed by VietAID as well as Vietnamese interpreters. Likewise, all information and forms regarding what is needed to obtain a permit will be available on the Commission's website.
- Door knockings, fliers, and mass mailings will be part of outreach efforts to invite the public to community meetings. There will be two community meetings in June, at least one of which will be held at VietAID in an attempt to make salon owners feel more comfortable. The meetings will be held on a Monday or Tuesday as these are the slowest business days for salons. Staff members will be available for one-on-one guidance where needed and existing training materials are being used to generate a Regulation 101 document to address frequently asked questions.

- Mr. Shoemaker outlined the permitting process for salons, noting that staff will know one month in advance when permits need to be renewed. Plans are underway to inspect salons in August that have not yet applied for permits.
- Board Member Cox recalled some discussion during a previous presentation regarding the Board of Cosmetology’s opposition to the Regulation. Mr. Shoemaker noted that this relationship has not changed very much. However, a partner at the most recent community partner meeting is applying for an open seat on the Board of Cosmetology, and that perhaps this would help improve relations.
- Board Member Cox asked if plans are underway to educate consumers about the Regulation, and stated that if the public does not understand why they should be concerned they may not care about the Regulation. Mr. Shoemaker stated that while he would like to do more outreach and provide further education to consumers, at the moment the main focus is on putting the Regulation into place. However, a public health notice will be required to be posted in salons. Chairwoman Johnson stated that the public should be made aware that they need to look for these signs in the salons. Mr. Shoemaker stated that he has applied for federal funding through the United States Environmental Protection Agency Region 1 to support a recognition program for Green and Clean Businesses to help fund further outreach efforts. Board Member Wcislo noted that it might be beneficial to include neighborhood health center involvement in providing education to consumers as well as salon employees and owners. Dr. Ferrer suggested a return to this issue in a few months, noting that as the Regulation may result in an increase in the cost of services, consumers should be informed as to why that is.

Defending Childhood Initiative, U.S. Department of Justice (“DOJ”)

Catherine Fine, Director, CAFH, Division of Violence Prevention

Stephanie Doyle, Project Manager, CAFH, Division of Violence Prevention

- Ms. Doyle outlined the Defending Childhood Initiative (“Initiative”) goals to create a plan to prevent children’s initial and repeated exposure to violence, educate the community and providers, and improve existing systems and services. Positive relationships with adults are especially encouraged as a leading deterrent of violence.
- There have been thirty-five stakeholder interviews and focus groups with caretakers, youth, and providers. Findings resulting from these interviews and focus groups noted parents frustration with lack of clarity on how to report violence and to whom, and indicated that help will most likely not be sought until the situation “hits rock bottom”. Professionals expressed a desire for training on how to respond to the issue of violence, engage parents, and create a safe space for children. It is rare for a child to only have one exposure to violence or to be exposed to only one type of violence.
- It is important to take into account conflicting influences and social norms between homes and communities, and within schools to find out when violence is viewed as “okay” in the eyes of the community.
- Ms. Doyle showed a video of Michael Saunders advocating the importance of recognizing signs that indicate exposure to violence in children.
- The Initiative hopes to fund five community based organizations each year and has received a DOJ grant to engage men and boys in addressing violence prevention. Policy changes include increasing capacity, improving competence, addressing groups, and building data capacity with focus on violence exposure indications.
- Chairwoman Johnson expressed approval of the Initiative and noted the correlation between chronic disease and exposure to violence. Chairwoman Johnson asked if the Initiative was integrated with

Violence Intervention and Prevention (“VIP”) and the Boston Medical Center (“BMC”). Likewise, she noted that because VIP is already in place, the Initiative is building on a previous investment. Both VIP and BMC are partnered with the Initiative with prioritization of VIP neighborhoods.

- Board Member Cox asked about training and targeting in the Initiative. Ms. Doyle stated that all sectors are involved in a learning collaborative, with three agencies targeting early education and care and three agencies targeting afterschool programs.
- Board Member Wcislo noted that there should be a way for medical providers to indicate that there is a pattern of violence in families.

Chairwoman Johnson called for a five-minute break.

Update: Who We Are: An Organizational Identity Statement

Pam Jones, Director, Policy and Planning, Executive Office

- Ms. Jones outlined the Commission’s organizational identity statement (“statement”) for the board, requesting feedback on: (1) the introduction, (2) the mission, (3) the vision, and (4) the guiding principles.
- Board Member Wcislo asked if incorporating an introduction to the Statement into the hiring process was a consideration, to which Ms. Jones responded that it is.
- The introduction outlines the purpose and provides a place to proclaim values on health equity and how it will be used. Chairwoman Johnson proposed changing the words “the community” to “Boston” in this section, and suggested that a connection between racial injustice and health inequity should also be established. Board Member Cox noted the absence of a strong statement indicating the presence of a problem and expressed concern that this will result in a lack of interest. Board Member Wcislo noted that she does not like the negativity of the language, such as the term “anti-racism” and would prefer the language be changed to something more positive such as “racial justice”.
- The mission describes intended achievements for the Commission as well as methods that will be used. Board Member Wcislo noted that applying the ideas expressed in the mission outside of the Commission and in other areas is important and remarked that this section does not speak to racial inequities. Ms. Jones responded that discussion on racial inequities could be found in the vision and guiding principles. Chairwoman Johnson noted the importance of linking the mission to the rest of the Statement.
- The vision discusses social determinants of health and envisions a discrimination-free Boston. Board Member Wcislo suggested that the vision should mention universal access to healthcare and insurance. Chairwoman Johnson stated that she likes the final sentence in the vision because it grasps the concept of the work needed to tackle racism in Boston. Ms. Jones stated in response to an inquiry by Chairwoman Johnson, that there is a reference to class and poverty in the vision.
- The guiding principles address Commission values and operations as perceived by the staff. Board Member Cox stressed the importance of community engagement and keeping incremental approaches in mind. Board Member Cox also suggested more specificity in describing the utilization of resources to promote sustainability. Dr. Ferrer noted the importance of aligning and utilizing current resources to avoid resistance based on lack of funding.
- Chairwoman Johnson asked if there would be a questionnaire or survey for staff input. Ms. Jones responded that there will be, and that the staff will have a chance to see and comment on the Statement before completion. Dr. Ferrer noted that staff will receive mandatory training relative to the Statement. Board Member Wcislo suggested creating two or three scenarios depicting the racial

makeup of the Commission staff, at least one of which is false and one true, and solicit employee opinions as to which they think truly reflects the makeup of the Commission.

- Ms. Jones stated that she wants people to feel like they can talk about racism. Board Member Wcislo agreed that it would be good to have open dialogue on racism. Chairwoman Johnson suggested a Commission field trip to the Museum of Science to see the racism exhibit. Ms. Jones stated that she and some others had already attended this exhibit. Chairwoman Johnson offered to help Ms. Jones find a larger venue for meetings to discuss the Statement and anti-racism dialogue and, more specifically, “what is race”.

Update: FY11-FY16 Commission-Wide Goals

Maia BrodyField, Chief of Staff, Executive Office

- Ms. BrodyField reviewed the three Commission-wide goals. Board Member Wcislo suggested connecting these goals with the introduction of the Statement. Ms. BrodyField stated that there has been a great deal of staff education, including briefings on all three goals at all campuses attended by about 30% of Commission staff. Other education efforts include three program director meetings and narrated online presentations. Chairwoman Johnson noted that especially considering the absence of a crisis to spur this work it is an impressive undertaking. Chairwoman Johnson also expressed strong support for the collaboration that is taking place.
- Action planning processes have been submitted to the executive office on a bureau level, with over one-hundred objectives focusing on strengthening the community voice and offering services. There is also a great deal of cross bureau collaboration and feedback. Board Member Wcislo offered to help facilitate productive discussion with unions regarding the Commission-wide goals.
- The Commission will hold a senior leadership team retreat on May 19, 2011 to review objectives for the three goals, identify opportunities and challenges, set a timeline for action plans, and establish processes for successful implementation of these action plans.
- There are plans to return to the board to present on action plans and provide progress reports for each goal. Board Member Wcislo suggested utilizing and improving upon existing relationships to promote these goals.
- Dr. Ferrer stated that opportunities will be available for board members to participate in efforts regarding the overarching goals. Board Member Cox agreed that participation as a community member would be positive, but also noted that as a board they may have questions or suggestions. Dr. Ferrer suggested devoting the entire two hours in a board meeting to discussing the commission-wide goals a couple of months from now.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 7:37 P.M.

Submitted By:

Jamie L. Martin, Secretary