



MINUTES OF A MEETING OF THE BOARD OF DIRECTORS
December 3, 2009

A meeting of the Board of Directors of the Boston Public Health Commission was held on December 3, 2009 in the Hayes Conference Room at the offices of the Boston Public Health Commission.

Directors Present:

Paula Johnson, MD, MPH, Chair
Ruth Ellen Fitch, JD,
Celia Wcislo,
Elaine Ullian,
Harold Cox

Director's Absent:

Jack Cradock

Also Present Were:

Barbara Ferrer, Ph.D., MPH, M.ED, Maia BrodyField, John Townsend, Nancy Norman, MD, MPH, Roger Swartz, Leon Bethune, John Shea, Timothy Harrington, Jeanne Cannata, Paul Shoemaker, Gerry Thomas, Margaret Reid, Gerry Bryne, Lisa Conley, Anita Barry, Ann Scales, Rosaline Valcimond, Jim Hooley, Pam Jones, Scot Mason, Marion Tinsley

Counsel Present:

Nakisha L. Skinner, General Counsel

Call to Order

Dr. Paula Johnson, Chair, called the meeting to order at 5:10 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

There have been additional cuts to the state FY10 budget. One significant cut is to housing services for homeless individuals. Ninety-seven percent of cuts made to the housing department are in the shelter line

items. The bottom line result is a \$400,000.00 cut to the Commission's homeless services programs. The cut to the Commission's homeless services program comes on top of previous budget cuts.

Dr. Johnson attended the hearing on the state FY10 budget and spoke with Governor Patrick regarding the impact of cuts to the shelters. Governor Patrick is revising the 9C emergency budget cuts that he made to state funding for services for homeless individuals. The revision will prevent the Commission and other providers from having to reduce shelter beds for homeless individuals in Boston and throughout the Commonwealth. The Commission has asked for an additional \$200,000.00.

The Commission submitted two large grant applications to the federal government totaling ten million dollars each. The first grant is in regard to the tobacco control initiative and the second grant is for the chronic disease prevention and health promotion. Both grants are fairly prescribed federal grants in which applicants are given a list of strategies and policies that must be addressed. Applicants can pick and choose from the list but the application is not a wide-open application and both grants will be fairly competitive. The Mayor will head up the leadership council on the grants. The Commission is looking forward to a positive result and will update the Board in February on the progress of the grants.

To date eleven thousand folks have been vaccinated through public clinics in the City of Boston. The public clinics have not come without some controversy. The Commission has received general complaints in two areas: (1) not everyone vaccinated is in the target population and (2) 25% of the folks (non-Boston residents) being vaccinated do not live in the City of Boston.

The Commission will open two large scale clinics. The first clinic will be held on Saturday, December 5, 2009 in Hyde Park at the Hyde Park High School. The second clinic will be held on Sunday, December 6, 2009 at the Ohrenberger Elementary School in West Roxbury. The clinics will operate between 11:00 AM and 4:00 PM. One hundred and sixty staff will be working at the clinics and outreach will be centered on folks who are the hardest to reach.

Presentations and Updates

Legislative Update

Lisa Conley, Director, Intergovernmental Relations & PH Advocacy

A budget hearing was held at the Executive Offices of Health and Human Services where Pam Jones, Director of Policy and Planning gave testimony and outlined a number of reforms the Commission would like to see implemented, including CORI reform, diversion to treatment for low-level drug offenders and primary care provisions in the cost control bill. A copy of the testimony will be emailed to the Board.

In light of the most recent 9C cuts, the Commission continues to advocate for the restoration of funding for homeless services. The Commission would also like to see funding levels maintained around the following programs: substance abuse, homeless services, prevention and wellness.

Federal health care reform is now in the Senate and the debate has begun. The Commission has expressed its support for the Casey CHIP amendment and the Mikulski women's health amendment. The Casey CHIP amendment will ensure continued funding for CHIP through 2019 and require states to cover children. The Mikulski women's preventative health amendment will ensure coverage for preventative care for women. The Mikulski women's health amendment was adopted earlier that day.

The Commission weighed in on several points in the health care reform debate and subsequently provided a packet of information to the Board regarding the different ways the Commission has made its position known.

Update: H1N1 Surveillance

Anita Barry, Director, Infectious Diseases Bureau

Seasonal influenza occurs every year in Boston, usually from November to March. Different strains of the virus circulate and each year there are influenza-related deaths. Novel H1N1 first appeared in Boston in April of 2009. In July there were 480 cases of confirmed Novel H1N1 influenza cases identified in Boston. As of September 1, 2009 there have been a total of 448 confirmed influenza cases and an additional 84 total confirmed H1N1 cases in Boston.

Weekly data of influenza cases as well as influenza-like illness are reported to the Commission every 24 hours through hospital emergency departments in Boston. The Commission closely monitors emergency department visits for influenza-like illness and other respiratory conditions. An Influenza-like illness is defined as “flu” or “fever and a respiratory symptom.”

From April 15 to November 28, 2009 the number of total visits for influenza-like illness has increased significantly. Emergency department visits in 2009 have increased by 2.8% (all visits were for influenza-like illness) compared to visits in 2008.

Lab cases in Boston from the fall of 2009 confirm that influenza-like illness is highest amongst the white population and folks ages 18-44.

The total case count as of November 28, 2009 among Boston residents are (564 confirmed H1N1 cases, 861 influenza A non-specified cases, 19 other influenza A cases and 17 influenza B cases).

As of November 29, 2009 cases of influenza-like illness have been decreasing and continue to decrease. The degree of illness is much less than what was seen in the spring.

The Mayor’s Task Force on Improving Primary Care Access in Boston

Maia BrodyField, Chief of Staff

Primary care is the foundation of a high-quality health care system. Access to high-quality, accessible and affordable primary care is essential to improving health status for individuals and populations and advancing health equity. In 2003, the Mayor convened the Mayor’s Task Force to eliminate racial and ethnic health disparities and the hospital working group.

The purpose of these groups is to address inequalities in health and health care among Boston residents and to develop a plan of action. In February 2008 the Mayor convened a summit to address primary care access in Boston. Participants were asked to assess the current state of primary care in Boston, identify challenges and make recommendations to improve access for Boston residents.

The task force to improve primary care consists of 9 components. Components describe vision for an accessible, affordable, high quality system for the City of Boston with the individual as the focus. The goal is to unite existing efforts to improve primary care in Boston, identify areas that still need cultivation and strengthen communication and collaboration between systems.

Areas for immediate action within the task force are: consortium for health careers to establish awareness and pipeline programs, Mayor's award for innovations in primary care access, primary care portal website (recruitment/retention working groups) and physicians partnering with hospitals.

To date, some interim achievements of the task force have been:

- HealthPASS (adult/pediatric)
- Workforce data pilot;
- Health Equity Committee (developing quality improvement measures);
- Boston Health Information Exchange (developing pilot program with Beth Israel); and
- Healthy environment: regulations, expanded programming, community partnerships (passed trans fat, food/fitness initiative).

The task force will be partnering with the Department of Public Health on the workforce data pilot and will be working with the nursing and dental boards of registration.

As a result of the task force the Mayor called for plans to convene a consortium on healthcare awareness and pipeline programs. The consortium will be looking at specific areas of concern pertaining to healthcare workforce development, particularly pipeline programs.

Some areas of concern include the following:

- How does the Commission begin to organize and understand what's happening in other programs across the City?
- How does the Commission work together with other programs and support each other?
- Who is bringing programs together across institutions?
- How are programs sharing information?

The consortium will convene in the next couple of months to encourage Boston youth to get involved.

Pharmaceutical Waste

Roger Swartz, Director, Community Initiatives Bureau

In 1999 the Environmental Protection Agency did a critical review in environmental health perspectives of residential and non-residential distribution of pharmaceuticals and personal care products. The review determined that pharmaceutical and personal care products were being discarded improperly.

Pharmaceutical and personal care products include: prescriptions, veterinary, OTC, fragrances, cosmetics, growth enhancing chemicals and many others. Sources of PPCP are residential, nursing home, hospice, pharmacy and hospital and other healthcare facilities.

Public health concerns regarding pharmaceutical and personal care products are:

- Contamination of drinking water;
- Contamination of the food supply;
- Antibiotics in water system can contribute to growth of resistant bacteria;
- Endocrine disrupting chemicals;
- Hormone disruption causing feminization of fish/amphibians; and
- Medicine cabinets full of unused products.

Prescriptions have increased by 109% between the years 2000-2004. Forty percent of medications prescribed and purchased are never used. Fifty-four percent of consumers dispose prescriptions in the trash and thirty-five percent flush the prescriptions.

A US geological survey assessment in 2000 showed that 80% of samples in 139 streams contained pharmaceuticals (hormones, blood pressure medication, narcotics and antibiotics). An AP investigation in 2008 found drugs in drinking water supplies of 24 major metropolitan areas.

The current local response is to have turn-in events. The turn-in events will keep medications from polluting the drinking water and food sources, being sold on the street, misused by children and addicts and from poisoning animals scavenging for food in waste bags.

The turn-in events will also raise community awareness and will be a short-term response until more sustainable options are put into place.

Approval of Minutes

Dr. Paula Johnson, Chair, presented to the Board the minutes of the November 12, 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 6:30 PM.

Respectfully submitted,

Julie Webster, Recording Secretary