



**MINUTES FOR THE MEETING OF THE BOARD OF DIRECTORS
Thursday, March 29, 2012**

The monthly meeting of the Board of Directors ("Board") of the Boston Public Health Commission ("Commission") was held on Thursday, March 29, 2012 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
Ruth Ellen Fitch, JD
Kathleen Walsh
Harold Cox

Board Members Absent:

Jack Cradock
Joseph Betancourt, MD, MPH
Celia Wcislo

Also Present Were:

Barbara Ferrer, Dr. Huy Nguyen, John Townsend, Nakisha Skinner, Megan McClaire, Chuck Gagnon, Jim Hooley, David Susich, Aliza Wasserman, William Kibaja, Katinka Podmaniczky, Gerry Thomas, Debbie Allen, Lisa Conley, Jim Greene, Makaila Manukyan, John Shea, Pam Jones, Stephen Burke, Anne McHugh, Michael SooHoo, Daisy DeLaRosa, Anita Barry, Beth Grand L'Heureux

Visitors:

Ellen Hatch, City of Boston; Melissa McCarthy, Spencer Manasse, Maegan Luce, Northeastern University

Proceedings:

Chairwoman's Comments

Paula Johnson, MD, MPH

- The meeting was called to order at 4:06 P.M. The minutes of the board meetings held February 2, 2012 and March 8, 2012 were approved.

Executive Director's Report

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer introduced Stephen Burke as the Commission's new Controller.
- Dr. Ferrer introduced Megan McClaire, Public Health Prevention Specialist Fellow. Ms. McClaire will be assisting the Executive Office while Maia BrodyField, Chief of Staff, is on maternity leave.

2011 Homeless Census

Jim Greene, Director, Emergency Shelter Commission

- During the 2011 Boston Homeless Census, the Emergency Shelter Commission continued to see a trend of reduction in unaccompanied homeless adults. Other trends include an increase in the number of homeless children. Mr. Greene noted that the number of homeless children has almost reached the same number as that of homeless adults.
- Board Member Cox asked whether emergency beds in shelters are for short term homeless clients, and whether transitional beds are reserved for long term clients. Mr. Greene answered that transitional beds are not necessarily for long term clients and added that most transitional programs have additional services, such as employment assistance.
- Mr. Greene stated that Veterans from Iraq and Afghanistan are appearing in the shelters; though the average age of Veterans in the shelters remains between 50 and 60.
- Mr. Greene discussed the concentration of poverty in neighborhoods such as Roxbury and Mattapan, and the gap between income and housing costs that perpetuates the homeless situation in these areas.
- The Mayor's plan to end homelessness in the City of Boston by transitioning adult long term clients into permanent housing and reducing family homelessness by 50%, known as *Leading the Way*, ends in October of 2012. Board Member Cox acknowledged that ending homelessness is a desirable but unrealistic goal, and asked whether anything can be done to make an impact on the level of homelessness in Boston. Mr. Greene responded that focus needs to shift to structural changes, and the nexus between health and homelessness. Mr. Greene also noted that maintenance of the safety net, along with positive relationships and partnerships will help clients transition out of homelessness.
- Dr. Ferrer spoke to the lack of resources for homeless families, and stated that the best course of action is prevention.

Update: Budget FY13

John Townsend, Director, Administration and Finance

- Mr. Townsend outlined various adjustments made to the Commission's budget, which included an increase of \$250,000 to fund 3 staff members in the Community Initiatives Bureau to support the Mayor's citywide obesity prevention initiative, *Boston Moves for Health*. Mr. Townsend also noted that \$800,000 has also been provided to develop a secure data warehouse for exchange and surveillance of data amongst health care providers.
- Mr. Townsend also discussed sources of funding, and summarized the City of Boston's Special Obligation Refunding Bond.

VOTE

- The board voted to approve the FY13 Budget.

The votes were as follows: 4 in favor, 0 opposed, 3 absent.

Update: FY11-FY16 Commission-Wide Goals

Pam Jones, Director, Policy and Planning

- Commission-Wide Goal teams were created to prepare briefing materials for staff, conduct research on each goal, and provide education on the Commission's five year goals to staff and Boston residents. Eventually these teams were able to narrow down objectives for each goal and are currently working to finalize these objectives. The next step in this process will be implementation. Ms. Jones noted the importance of the Commission acting as an example by upholding these goals within the Commission itself.
- Ms. Jones discussed each goal as follows:
 - Chlamydia: The targeted age group for this goal is women between the ages of 15 and 24, although women in older age groups are also affected. Ms. Jones stressed the importance of not just "giving out condoms" but also providing education. Board Member Cox asked how Boston Public Schools ("BPS") are involved in the provision of education and contraceptives. Dr. Ferrer responded that school based health centers are distributing condoms and providing education. Health resource centers will also be doing this, beginning in April. Dr. Ferrer added that as a health facility, the Commission has "some leeway" that schools do not feel they have around the issue of condom distribution. Anita Barry, Director of the Infectious Disease Bureau, noted that many youth who get tested for Chlamydia do not do so in their own neighborhoods. There are plans to compare the zip code of Chlamydia patients to the zip code where those cases were diagnosed. Chairwoman Johnson added that a lot of individuals assume their doctor is already performing all necessary tests, and so may not realize that they have not been tested for certain sexually transmitted infections.
 - Low Birth Weight: Low birth weight in an infant can be an indicator of that individual's health as an adult. New advancements in this goal include efforts to enhance the father's engagement in the life of their low birth weight infant. Chairwoman Johnson asked if there are existing models for the Commission to follow to help "move the needle" on this goal. Dr. Ferrer responded that there are programs that have been successful; however the Commission is waiting to see more than one year of success in these programs before using them as a model for the Commission's work. Dr. Ferrer and Board Member Cox discussed health resources in Cuba, where women who are at risk of giving birth to a low-weight infant are relocated to a supportive household where all their needs are taken care of at no cost to the individual. Dr. Ferrer acknowledged that while this does produce lower rates of low-birth weight babies, it was her understanding that many of the women are not relocated by choice and are unhappy about being away from their families. The stresses of being Black in the United States was also discussed as a factor in low birth weight babies. As an example to support this, it was noted that Black women who smoke during pregnancy have a 1 in 4 chance of giving birth to a low birth weight baby, while white women have a 1 in 10 chance.
 - Obesity: Efforts surrounding this goal target children and adults through policies for active living and healthy eating with the help of BPS and Communities Putting Prevention to Work

("CPPW"). Anne McHugh, Director of the Chronic Disease Prevention and Control Division, stated that CPPW's efforts surrounding the obesity goal are funded under the Strategic Alliance for Health Grant. Ms. McHugh also noted CPPW's mentorship under New York City on built environments and receipt of Leadership in Energy and Environmental Design credits for sustainable active and environmentally friendly designs in buildings.

- Board Member Fitch asked about methods and timelines for reporting on Commission-Wide Goals to Commission staff and board members. Ms. Jones responded that Dr. Snehal Shaw, Director of Research and Evaluation, is working on this. Board Member Cox noted that the creation of a dashboard would be helpful. Dr. Ferrer stated that the Commission is making efforts to remind and energize staff as work involving the Commission-Wide Goals continues. Board Member Fitch suggested that the board be included in these efforts.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 6:05 P.M.

Submitted By:

Jamie L. Martin, Secretary