



**MINUTES FOR THE MEETING OF THE BOARD OF DIRECTORS
Thursday, July 12, 2012**

The monthly meeting of the Board of Directors (“Board”) of the Boston Public Health Commission (“Commission”) was held on Thursday, July 12, 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
Joseph Betancourt, MD, MPH
Kathleen Walsh
Celia Wcislo

Board Members Absent:

Harold Cox
Jack Cradock

Also Present Were:

Barbara Ferrer, Huy Nguyen, John Townsend, Fatema Fazendeiro, Tim Harrington , Cynthia Loesch, Pam Jones, Chuck Gagnon, Nick Martin, Katherine Hicks-Courant, Michael SooHoo, Megan McClaire, Margaret Reid, Nikysha Harding, Anita Barry, Jim Hooley, James Salvia, Sophia Dyer, Gerry Thomas, Leon Bethune , Paul Shoemaker

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- The meeting was called to order at 4:11 p.m. The minutes of the board meeting held on June 7, 2012 were approved.

Executive Director’s Report

Barbara Ferrer, PhD, MPH, MEd

- Dr. Ferrer acknowledged that 2 West Nile Virus mosquito pools and 0 triple E cases were report in the city. The communications team continues to educate residents on how to take precautions to protect themselves.
- Dr. Ferrer noted that a legislative update was included in the board packet and that Lisa Conley will provide an update at the September meeting.
- Dr. Ferrer shared that an update on the Northampton Square (“NHS”) Redevelopment Project was included in the board packet. Also, Trinity’s tax credit application was denied but Trinity will file a petition to continue the process. John Townsend shared that the NHS project is being split up into three phases for the Article 80 process. Phase 1 includes the renovations at 35 Northampton Square and is expected to be a straightforward process. The anticipated timeline is as follows: the Project Notification Form will be filed July 31, 2012; Phase 1 will be on the Boston Redevelopment Authority’s (“BRA”) agenda on August 9, 2012; the BRA should

approve the project on September 14, 2012 after public comment; and Phase 1 will move forward with the financing process. Mr. Townsend offered to provide an update in September.

- Dr. Ferrer recognized John Townsend for assisting with the General Counsel Office in the interim. Dr. Ferrer also thanked Cynthia Loesch for her multiple roles including serving as the Board Secretary.
- Dr. Ferrer invited the board to the Commission's annual Family BBQ on August 18, 2012.
- Dr. Ferrer provided an update on Boston Moves for Health ("BMH") and recognized the BMH team for their efforts in developing events and promoting initiatives at City Hall, throughout communities and within the Commission. Distinctive partnerships include Weight Watchers, the Restaurant Association and the Red Sox. Nick Martin announced the upcoming Fenway event where a BMH participant will be able to throw the first pitch of the game.
- Dr. Ferrer shared the concern for the increase in substance abuse incidents and overdoses. Dr. Ferrer proposed doing more research, increasing outreach services, increasing harm reduction efforts, and conducting a formal death review of drug overdoses to better understand the problem. Board Member Walsh asked if there is a pattern. James Salvia responded a pattern is not clear but many different drugs need to be part of the review. Board Member Fitch asked about the landscape statewide and nationally. Dr. Ferrer responded that drug abuse is a statewide issue and death from drug abuse has increased nationally. Chairwoman Johnson recommended Dr. Ferrer move forward with review of this issue and report back to the Board. Board member Walsh asked if this issue changes the priorities of the Commission. Dr. Ferrer responded that the Commission's priorities were based on health inequities and evidence based practices and they will remain.
- Dr. Ferrer provided an update on violence in the city. According to the Boston Police Department, violent crime is down by 10%; and homicide is down by 12%. Shootings are down due to the mandatory sentence for the illegal carrying of guns and as a result stabbings are up.

DHA and Tanning

Huy Nguyen, MD, Medical Director

- Dr. Huy Nguyen stated that Dihydroxyacetone ("DHA") is used in self tanning products. The Food and Drug Administration ("FDA") has advised to avoid ingestion or inhalation of DHA and to protect the lips, eyes and any parts of the body covered by mucous membranes from exposure.
- Presently, there are no standards and/or guidelines established by the Center for Disease Control and Prevention's ("CDC") National Institute for Occupational Safety and Health ("NIOSH") or by the U.S. Department of Labor's Occupational Safety & Health Administration ("OSHA") for DHA.
- There is a warning required by 21 CFR 740.19 for sunless tanners with DHA, which states that it does not protect against sunburn and may increase the risk of skin aging and cancer.
- Studies show that the use of sunless tanners is prevalent. In Australia, 9-22% reported use of sunless tanners. A study conducted in Boston showed that 22% of young adults between the ages of 18-24 years of age used sunless tanners in the last 12 months and 22% of the non-users would consider using sunless tanners in the next 12 months.
- Board Member Betancourt asked about home products and Dr. Nguyen responded that even if commercial regulations were implemented it would be difficult to prevent people from spray tanning in their home.
- Chairwoman Johnson asked if DHA causes mutations since it causes DNA damage. Dr. Nguyen responded that the industry has not provided that data.
- Board Member Walsh asked what the Commission has done with tanning facilities. Dr. Ferrer responded that the Commission presently licenses and permits all the tanning facilities pursuant to the state safety regulation. Leon Bethune responded that the Environmental Health Division monitors the tanning facilities and they know of only 21 facilities so additional research is needed.
- Dr. Nguyen stated that the Commission will provide material on the risks of DHA to the tanning facilities; educate the facilities on how to protect consumers and employees; encourage the use of protective equipment;

and require facilities to submit a Material Safety Data Sheet with their application. After gathering data on present practices, the Commission may propose regulations to the Board.

- Board Member Wcislo recommended collecting DHA exposure data on the employees of the tanning facilities.
- Chairwoman Johnson demonstrated interest in a future presentation on the research and progress.

Boston EMS: New Initiatives

James Hooley, Chief, Boston EMS

Sophia Dyer, MD, FACEP, Medical Director, Boston EMS

James Salvia, Paramedic, Boston EMS

- James Hooley provided an overview of the presentation and introduced Dr. Sophia Dyer.
- Dr. Dyer stated that there are about 375,000 sudden cardiac deaths in the U.S. per year. To address this problem, the EMS takes part in the following initiatives: the Automated External Defibrillator (“AED”) Alert System, which identifies the 1,000 AEDs located throughout the city and uses a Computer Operated Dispatch system to specifically locate the closest AED; Dispatcher Directed Cardiopulmonary Resuscitation (“CPR”), which assists non-medical providers in administering CPR ; CPR Anytime in a Box, which was used to train 4,495 Boston youth, 1,123 agencies, 225 latino residents and 60 Emergency Preparedness workers in 2011; CARES (“Cardiac Arrest Registry to Enhance Survival”), which is a nationwide program that is funded by the CDC and was founded by a former Boston EMS, Brian McNally.
- The data shows the impact EMS care is making. The national Utstein Survival rate in 2010 was 31.8% and in Boston was 57.9%. In 2011, the national rate was 32% and in Boston was 43%.
- Chairwoman Johnson asked if the cardiac arrest rate has decreased over time due to preventative treatment. Dr. Dyer responded that there has been a slight decrease but an increase in age for cardiac arrest.
- Chairwoman Johnson asked if the data is stratified by ethnicity or neighborhood. Dr. Dyer responded that data is not collected by ethnicity but is by location. Dr. Dyer said they can begin to look at ethnicity.
- Mr. Salvia referred to the map where AED’s are located throughout the city and recommended increasing the number of AED’s in neighborhoods. Dr. Dyer said the cost of an AED has gone down and is now under \$2,000.
- Board Member Wcislo noted that the incidents of cardiac arrest were dispersed throughout the city. Dr. Dyer responded that the map is of all incidents in Boston and not just residents.
- Board Member Betancourt asked about the information used to educate residents about cardiac arrest. Dr. Dyer responded that they are empowering people to conduct CPR by focusing on the hands only CPR, and by letting people know they will not do bodily damage through CPR.
- Mr. Salvia stated that the Boston EMS Diabetic Follow Up Program began in 2011 for hypoglycemic patients that refused to be taken to the hospital. EMS provides follow-up calls, connection to their primary care doctor and or other services to those patients.

Communities Putting Prevention to Work: Update on Tobacco Initiatives

Margaret Reid, Director, Healthy Homes & Community Supports Division

Nikysha Harding, Director, Boston Tobacco Prevention & Control Program

- Margaret Reid provided an overview of the Communities Putting Prevention to Work (“CPPW”) efforts. CPPW was funded by the American Recovery and Reinvestment Act. \$6.1 million was allotted to the tobacco prevention initiatives for a period of 24 months to focus on job creation and policy, systems, and environmental change. In that time 11 full time positions were created and 123 stipends for youth and project advisers in the community were provided. The effort is presently in the evaluation stage.
- The 3 goals were: 1) reduce effectiveness of tobacco marketing; 2) eliminate exposure to residential environmental tobacco smoke; and 3) increase effectiveness of cessation.

- Nikysha Harding stated that the counter marketing campaign “Don’t Burn It” was a youth-led effort to reduce the effectiveness of tobacco marketing. The campaign focused on the financial cost of tobacco products and the ads were posted at the downtown crossing train station; in movie theatres and on the radio. Focus groups are presently being held to assess the campaign’s effectiveness.
- Ms. Harding stated that with the leadership of the Board of Health, nicotine products have been added to the Regulation Limiting Tobacco Access by Youth; low cost cigars are now required to be in a package of 4 or more; single cigars cannot retail for less than \$2.50; violation fines are doubled and the tolling period is extended to 24 months; and the Clean Air Works Workplace Smoking regulation is amended to include electronic cigarettes.
- Ms. Harding shared that the Boston Public Schools worked with students to update their tobacco-free policy to include: a 50 foot tobacco-free buffer zone around school property; prohibiting the use of electronic cigarettes; and banning tobacco products from being visible. These policy changes will impact 135 schools, 56,000 students, and 9,000 staff.
- Margaret Reid presented a map of the smoke-free and tobacco-free establishments in the city. Ms. Reid stated that the Commission provided resources, technical training and assistance for the Boston Housing Authority (“BHA”) and the Community Development Corporations (“CDC”) in developing smoke-free housing policies and for the hospitals in developing tobacco-free policies. The efforts resulted in 6,661 units smoke-free; 1,700 CDC units smoke-free; 11,000 BHA units smoke-free by September 2012; 5,651 smoke-free units advertized on the Commission’s smoke-free homes website; and 10 Tobacco-Free Hospitals.
- BHA is the largest public housing authority in the country to go smoke-free and it started with the leadership of a resident, Meena Carr. Promotion will continue with the youth developed murals posted in BHA buildings.
- The tobacco-free policies within the hospitals developed from learning from already smoke-free hospitals and utilizing Commission resources such as nicotine replacement therapy. Board Member Walsh asked about next steps for hospitals that need additional support. Ms. Reid and Dr. Ferrer recommended convening the Tobacco-Free Hospitals group to check in on their progress. Ms. Reid also shared that Falkner Hospital effectively distributes gum to smokers to get them to put their cigarettes out.
- Ms. Reid mentioned other highlights: the Department of Neighborhood Development altered their proposal process to urge developers to develop smoke-free housing; an increase in clinician referrals from black, latino and non-english speaking smokers; 8,650 documented quit attempts; 18 clinical sites implemented systems resulting in 350 QuitWorks referrals; and 3 large employers, including the Commission, negotiated tobacco cessation benefits be added to their health insurance.
- Chairwoman Johnson asked if smoking cessation aides are part of the U.S. Preventative Services Task Force’s recommendations. Ms. Reid responded that the recommendation has to be very specific to ensure proper cessation benefits. Dr. Ferrer recommended a review on if the recommendations are present in the Affordable Care Act.
- Board Member Wcislo commended the tobacco policy work and shared her personal efforts to assist smokers quit after losing her sister-in law to tobacco related illnesses.
- Board Member Betancourt recommended an update on the CPPW bike sharing program at the September meeting.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 6:06 p.m.

Submitted By:

Cynthia K. Loesch, Secretary