



**MINUTES FOR THE MEETING OF THE BOARD OF THE BOSTON PUBLIC HEALTH
COMMISSION**

Thursday, October 11, 2012

The monthly meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, October 11, 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
Kathleen Walsh

Also Present Were:

Dr. Huy Nguyen, John Townsend, Fatema Fazendeiro, Kathy Hussey, Chuck Gagnon, Jim Imprescia, John Lyons, Esq., Cindy Engler, Jeremiah Woodberry, Peter Rempelakis, George-Marie Jasmin, Margaret Reid, Nikysha Harding, PJ McCann, Gerry Thomas, Jose Masso, Diana Santiago, Pam Jones, Mitchell Thomas, Debra Paul, Aliza Wasserman, Lisa Conley, Jim Hooley, Scott Mason, Debby Allen, Maia BrodyField, and Bruce Fleischer.

Proceedings:

Chairwoman’s Comments

Paula Johnson, MD, MPH

- Chairwoman Johnson began by informing everyone that Dr. Ferrer was recuperating well, that she was missed and hopefully would be back next month.
- Chairwoman Johnson announced that the Mayoral Prize for Primary Care would be presented Friday, October 12th at 9:00 a.m. at the Boston Public Library.
- The meeting was called to order at 4:20 p.m. The minutes of the board meeting held on September 13, 2012 were approved once quorum was achieved.

Update: Cedar Grove Cemetery Expansion

Fatema Fazendeiro, General Counsel

OEH Staff

John Lyons, Esq. attorney for Cedar Grove Cemetery

- Attorney Fazendeiro updated the Board about the Cedar Grove Cemetery Expansion. Ms. Fazendeiro reminded the Board that per statute, any existing cemetery wanting to expand, or any new cemetery in the City of Boston has to get approval from the local board of health. Ms. Fazendeiro stated that Cedar Grove Cemetery in Dorchester acquired over two (2) acres of land

since 1975, which have not been formally approved by the Boston Public Health Commission. At the September Board meeting, the Board voted to put out for public notice and comment the intent to have those acquisitions approved. A notice was published in the Boston Globe and a hearing on said expansions was held on October 11th at 3:00 p.m. No comments about the proposed expansions were received and no one appeared at the public hearing. Attorney Fazendeiro stated that the next logical step would be for the Board to vote on actually approving the acquisitions.

- Attorney Fazendeiro cautioned that before the Board gives its approval for the expansions, Cedar Grove must secure the necessary use of premises permits from ISD. Mr. Lyons, Cedar Grove Cemetery's attorney, has been working with ISD to obtain the necessary permits and Attorney Fazendeiro expressed that she is hopeful that by the November Board meeting, she will have further information about Mr. Lyons progress in getting such permits from ISD.
- Chairwoman Johnson inquired whether the Board could do anything to speed the process but Attorney Fazendeiro stated that there was nothing that the Board could do in this regard.

Update: Trinity Redevelopment of 35 Northampton Street

John Townsend, Director of Administration and Finance

- Chairwoman Johnson called upon Mr. Townsend to provide the Board with actual data on the utilization of the South End Fitness Center pool and to specifically include the cost per member breakdown. Mr. Townsend presented the operating budget for the pool which highlighted that there is a deficit of approximately \$196,259.00 annually. He explained that most of it is the cost of utilities, especially the natural gas which is used to heat the facility.
- Chairwoman Johnson wanted to be clear that the annual operating deficit did not include the cost of capital improvements, which Mr. Townsend confirmed. As for pool usage, Mr. Townsend provided information that the pool generates revenue of approximately \$5,690.00 a month. However, with staffing, daily maintenance, utility fees, pool supplies and services, the pool operates at a monthly deficit of \$10,833.00. Mr. Townsend also explained that it would take increasing the current members' fees to \$101 a month in order to balance the pool budget. He doesn't believe this would be a feasible approach since the YMCA only charges \$49 and the Boston Sports Club only charges \$50 for pool memberships.
- Mr. Townsend further stated that the operating budget does not account for the capital expenses needed for new windows, a new roof and a rain screen to help with a mold issue and insulation. The pool also needs a new HVAC system and a cover. The total for these capital improvements is \$485,000 plus.
- Questions were raised by a Mr. Fleischer, a member at the pool, who hopes to preserve the pool. He indicated that pool members have heard two messages: one was that it's a question of cost and the other was that people felt like it is under-used and does not have enough programs for the community. Mr. Fleischer commented that the other pools mentioned in Mr. Townsend's presentation aren't feasible options due to availability and size of the pools.
- Chairwoman Johnson expressed that the Board respects and appreciates the people who use the pool and their value of that facility. She stated that there would not be a vote on the pool at the October Board meeting and that the Board simply wanted utilization data for consideration. Mr. Townsend noted that the BRA approved the project as to phase I only, which would only be the rehabilitation of 35 Northampton Street with no affect to the pool.
- Chairwoman Johnson reiterated there would not be a vote taken on this day regarding the SEFC pool and that the Board would continue to do its due diligence with respect to ascertaining whether there are other comparable neighborhood facilities.

School Based Health Centers, Health Resource Centers and Chronic Absenteeism in Elementary, Middle and High Schools

Cindy Engler, School Based Health Centers

- Ms. Engler presented information on the School Based Health Centers under the new model and realignment. The Commission sponsors seven school based health centers (7) sites serving eight (8) high schools throughout the City of Boston.
- The goal of the program is to provide culturally and developmentally competent care to public school adolescents and to reduce the rate of sexually transmitted infections (STIs) among adolescents, reduce the rate of teen pregnancy and increase the likelihood of academic success by keeping students in school, providing health care on site when they need it and decreasing absences.
- There are five (5) schools with full time mental health clinicians. There are 3 full time health educators providing family planning and health education servicing the schools. They continue to provide Nurse Practitioners at all seven (7) sites 2-3 days a week. The site sizes vary as does the enrollment which tends to be higher at the smaller sites. This pattern is consistent with national numbers.
- These health centers provide a range of care from medical to health education and reproductive counseling. The health centers provide the same services as a primary care provider but do not replace those services. Students are encouraged to follow up with a primary care provider and school health centers try to facilitate that process if possible.
- The first school based health center was opened in 1989 in Brighton High School and the majority of sites have been around for 19 years. Lack of funding is becoming an issue in sustaining the school based model. The funding received is not enough to cover even part-time medical clinicians.
- Meetings have been held with community health centers to see if there was an interest in sponsoring and supporting the medical clinicians. The BPHC continues to support the mental health care and health education aspects of the program. The Mass. Coalition of School Based Health Centers and a City Councilor are very interested in working with the program to explore new models of school based health centers.
- Since BPHC is not a primary care provider, the program is extremely limited in terms of reimbursement from the insurance companies. One of the areas to be worked on with the Mass. Coalition of School Based Health Centers is the possibility of a negotiated rate for school based health care, which would serve all school based health centers and health care organizations statewide that provide school based healthcare.

Jeremiah Woodberry, Health Resource Centers

- Mr. Woodberry stated that Health Resource Centers have three goals. The first goal of the program is to be in every Boston public school within the next three years. Second, the program strives to increase knowledge and access to sexual health education and resources. Finally, the program wants to develop the availability of STI testing and treatment in the schools.
- In the first year, the program was in 6 Boston public schools and served 1,300 students, surpassing their goal. These students were able to have health educators in the classrooms and receive an eight week curriculum on sexual health education. Dr. Johnson asked if the curriculum was mandatory and Mr. Woodberry clarified that it was not.

- Mr. Woodberry explained that in addition to classroom instruction, his team participated in various outreach events, such as holding information tables, speaking at school assemblies, participating in school events and interacting during lunch and between classes to reach the maximum number of students.
- Mr. Woodberry noted that since the current curriculum is heterocentric, he fears that the sexual health education and messaging does not reach all students. However, he and the health educators have been trying to incorporate LGBTQ links to insure they are being inclusive and create a safe space for everyone.
- In sum, Mr. Woodberry explained The Health Resource Centers are able to increase student awareness when it comes to sexual health in a youth-friendly manner. The Centers are also working to get parents more involved and hope to expand their presence and curriculum in more schools.

Peter Rempelakis, Connecting Families to Schools
George-Marie Jasmin, Youth Development Network

- Ms. Jasmin explained that Connecting Families to Schools (CFS) is a program that strives to address chronic absenteeism at the elementary and middle school level. Youth Development Network (YDN) addresses the same issue at the high school level. As defined by the Boston Public Schools (BPS), absenteeism is missing 20 or more days of school or the equivalent of missing 7 or more days in one marking period.
- According to State figures, BPS is below average in attendance rates. The Boston Globe reported that 20% of high school students were chronically absent in the previous school year which contributed to the less than 70% graduation rate across BPS.
- Ms. Jasmin stated that YDN wanted to understand why students were chronically absent so the program met with about 50-60 students and asked why they didn't go to school. Some of the reasons include: no motivation; issues around transportation; unaddressed mental health and/or sleep problems.
- Mr. Rempelakis explained that CFS forms partnerships with elementary and middle schools. Within 48 hours of being notified, CFS contacts the home of the absentee student, explains the services it provides, conducts a needs assessment and develops a service plan.
- YDN is a school based model and as such, referrals are initiated by the schools with contact being made within the first 48 hours. The staff is fully integrated into the school environment, allowing YDN to talk with anyone involved at the school and who knows the student.
- YDN looks to increase student and student/family initiated contact and to decrease tardiness and increase attendance per week. YDN strives to increase student engagement and academic achievement either in school or through GED prep/alternative education. The ultimate goal is for the student to return to school on a regular basis, sustain attendance and obtain a diploma or GED.

Smoke-Free Hospitals/Campuses/Sidewalks

Margaret Reid, Director of Healthy Homes and Community Support Division

Nikysha Harding, Director of Tobacco Control

- Dr. Johnson stated that the Board has noted and discussed that one of the untoward effects of the smoke-free hospital initiative is that it caused more smoking to occur in surrounding residential neighborhoods. As a result, the Board had asked for more information and some models of policies, initiatives or laws that could eradicate this unintended effect. Dr. Johnson also stated

that it would be important to know whether smoke-free initiatives are actually causing people to cease smoking. Ms. Reid reiterated that BPHC has been working with 10 area hospitals since December of 2010 on the comprehensive tobacco-free hospital policy. Elements of this policy are adoption of a smoke-free campus, tobacco screening and cessation services for patients, access to tobacco dependence treatments and clear tobacco use policies for employees.

- Ms. Reid also stated that monthly meetings/calls are conducted between the Commission and these hospitals to try to address challenges such as smoking on sidewalks in front of hospitals, smoking in bus shelters and in residential neighborhoods.
- Ms. Reid stated that some other ideas to try to limit smoking include incorporating employment policies prohibiting smoking by employees, providing payment coverage for cessation programs, including an employee “good neighbor” requirement, and banning the use of tobacco products while wearing employer uniforms or identification.
- Ms. Harding subsequently presented information about regulations and laws that have been passed in other jurisdictions to try to further limit outdoor smoking. She presented that over 500 jurisdictions nationwide have passed outdoor bans. Over 40 in Massachusetts have passed bans in parks, beaches and other outdoor areas. In 2008, Boston amended its outdoor policy to include adjacent outdoor workspaces such as loading docks and outdoor patios. Recently, a smoke-free Tot Lot initiative was implemented, which has been successful.
- There are sidewalk bans currently in effect in Durham, NC, New York City, Seattle, WA and Washington, DC and feedback from those communities was discussed. The next steps discussed were to promote employment policies, communications strategies, strengthen technical assistance and support voluntary policies and create regulation or ordinance.
- Dr. Johnson encouraged the Commission and in particular these hospitals to think about cessation programs and targeting employees for preventative services. Dr. Johnson also noted that it might be helpful to include cessation information on no-smoking signs. Dr. Johnson and Board Member Fitch both noted that for some establishments, instituting no tobacco policies will be particularly challenging given that the patients they serve have more severe addictions to controlled substances.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 6:10 p.m.

Submitted By:

Kathy Hussey, Secretary