A meeting of the Board of Directors of the Boston Public Health Commission was held on November 12, 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, Harold Cox

**Director’s Absent:**

Elaine Ullian, Jack Cradock, Joseph Betancourt, MD, MPH

**Also Present Were:**

Barbara Ferrer, Ph.D., MPH, M.ED, Maia BrodyField, John Townsend, Nancy Norman, MD, Isabelle Mathurin, Lisa Conley, Mark Campbell, Natalie Grant, Pam Jones, Gerry Byrne, Julia Gunn, Jim Hooley, Sharyn Imonti, Anne McHugh, Gerry Thomas, Roger Swartz, Chuck Gagnon, Laurie Stillman, Scott Mason

**Counsel Present:**

Nakisha L. Skinner, General Counsel

**Call to Order**

Dr. Paula Johnson, Chair, called the meeting to order at 5:10 PM and Julie Webster recorded the minutes. 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**

The Policy and Planning staff is in the process of holding community meetings with health equity being the major theme. The first meeting was held in Jamaica Plain with over 100 in attendance. The next meeting will be held in Roxbury followed by 2 additional meetings in Dorchester.

On Tuesday, November 17, 2009 the BPHC will hold a summit on infant mortality. Dr. Lou will be the keynote presenter. The Summit will be held at the Commission’s 35 Northampton Street location on the 4th floor in the Miranda-Creamer building. Consumers were given stipends to attend the summit and there will be 30 consumers in attendance as well as 30 youth who are coming out to spend the day and participate in the summit.

Superintendent-in-Chief Jim Hooley is now the acting Chief at Boston EMS.
There are numerous cases of influenza-like illness being reported in emergency departments. Twenty-one percent of the confirmed H1N1 cases have resulted in hospitalizations. Since 2009, 42% of the cases have resulted in hospitalization from flu-like symptoms. Five percent of those cases are pregnant women. There are flu cases everywhere, but nothing massive.

Presentations and Updates

Flu Clinic Update
Natalie Grant, Director, Public Health Preparedness

The Commission will be partnering with Community Health Centers to set up fall H1N1 clinics and will also assist the health centers in the vaccination process. Additional staff will be provided by the Commission in order to support the health centers. The overall goal is to ensure ready access to H1N1 vaccine for all City of Boston residents, particularly those most vulnerable.

To date almost 20,000 residents have been vaccinated through the Commission. The Commission is working with communities to see what their needs are in terms of getting residents vaccinated. The H1N1 vaccine will be available in needed quantities to support the clinics in identified communities. Communities in which the clinics will be held were selected on the following criteria: underserved community, limited access to health care and low income.

The Commission will help to run the clinics and will present itself as the health authority for the City of Boston. Commission clinics will be located in Roxbury, Dorchester, Hyde Park and Mattapan and will be conducted on Saturdays and Sundays. This will provide widespread access to families and will ensure that persons receiving the vaccine are primarily Boston residents. It will also allow families to be vaccinated at the same time.

The clinics will be held two (2) times a week for a period of five (5) weeks starting in November. The vaccine is free of charge whether or not individuals are patients of the particular health center sponsoring the clinic. Priority groups are: pregnant women, infants greater than 6 months of age, healthcare and emergency medical service personnel, children and young adults 6 months to 24 years of age and persons 25 to 64 years of age with high risk conditions.

The Commission is relying on other partners, healthcare centers, colleges and universities to help out in the vaccination process. The Commission will continue to support Community Health Center vaccination clinics through the provision of funding for staff overtime and material resources. The majority of community health centers have identified the primary barrier to continuing and expanding the clinics as funding. Most health centers cannot afford staff overtime. Clinics locations, dates and times can be found by calling the Mayor’s Help Line or by going online at http://www.bphc.org/flu (what’s going on in the City).

Chronic Disease: Strategic Planning
Anne McHugh, Director, Boston Steps

Chronic disease is one of the leading causes of death in Boston (and Massachusetts) with the first being cancer. There has been an increase in obesity rates over the past 30 years due to unhealthy eating.

In 2003 the Commission started the Boston Steps program to address the issues of healthy eating and active living, better known as (HEAL). The HEAL program was incorporated into the new chronic disease prevention and control division in the spring of 2008. The program focuses on nutrition, physical activity, obesity and related diseases.

Current programs through Boston Steps are: HEAL, Health Connection, Strategic Alliance for Health and Boston Collaborative for Food and Fitness. Through the Boston Collaborative for Food and Fitness a new 3-year Kellogg Foundation funded program initiative was established. Key focus areas for the program are: farmers markets, farm to school programs in Boston Public Schools, retail market initiative, support bicycling improvements, support more recreational programming and to develop/support neighborhood coalitions as well as develop youth leadership.
The focus of the program will be on what local governments can do to prevent obesity. Funding for the program will cover intervention methods such as healthy nutrition and physical activity. The Steps program is working on a new mission statement with the key area of focus on promoting strategies to build healthier communities, support healthier behaviors and improve health outcomes. Primary prevention is the most important focus.

The key strategy to primary prevention is to decrease sugar-sweetened beverage consumption by raising awareness, restricting access and incorporating healthier choices, particularly water. Another strategy is to increase access to and affordability of healthier foods particularly fruits, vegetables and whole grains. There was a question of depth vs. breadth of focus in primary prevention and an extensive discussion ensued. It was so moved that Ms. McHugh come back and update the Board on the pros/cons of depth vs. breadth.

Boston Steps is working with the Research Office to establish benchmarks for the program’s goals. The goal is to address health equity and “lead by example”. Boston Steps is also working with smaller retail markets to see what can be done to bring in healthier choices in the schools as well as community neighborhoods.

**BPHC Cross-Bureau Committees Update**

Isabel Mathurin, Senior Project Coordinator

The BPHC Cross-Bureau Committees were established as a result of the all-staff meetings. Meetings were held for the purpose of hearing from staff about how the Commission is doing as an organization and to learn how the executive team could best support the work of staff. The Cross-Bureau Committees were established to address administrative and programmatic issues that affect staff and programs. The Cross-Bureau Committee meets monthly to discuss topics that are of importance to the Commission’s programs and employees.

Criteria (topic or issue of importance to Commission) for the cross-bureau committee are outlined as the following: (individuals get together, fill out applications and list out goal topics that are of importance to the Commission’s programs and employees). Committee recommendations are then presented to the Senior Leadership Team for policy adjustments. The process of the cross-bureau committee is as follows: staff leadership and engagement, training and support, policy recommendations, increased participation, communication, skill and development.

Some of the initiatives to date are: recycling, energy consumption, reusable bags, “turn off the lights campaign”, green notebooks, wellness days, low cost bike helmets and the employee bike program. Policies developed within the committee are: green purchasing (switched from bottle to cooler) and healthy vending (healthier food choices).

The Cross-Bureau Committees continue to create opportunities for staff to become involved at the Commission at all levels. The Committees are learning how to best support the work of the staff and address administrative and programmatic issues that affect staff and programs.

**Approval of Minutes**

Dr. Paula Johnson, Chair, presented to the Board the minutes of the October 1, 2009 meeting of the Board for approval, whereupon motion duly made, seconded and unanimously adopted, the minutes were approved as presented.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 7:11 PM.

Respectfully submitted,

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Julie Webster, Recording Secretary