MINUTES FOR THE MEETING OF THE BOARD OF DIRECTORS
November 18, 2010

The monthly meeting of the Board of Directors of the Boston Public Health Commission was held on Thursday, November 18, 2010 in the Hayes Conference Room at the offices of the Boston Public Health Commission, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Paula Johnson, MD, MPH, Chair
Celia Wcislo
Ruth Ellen Fitch, JD
Kathleen Walsh
Jack Cradock

Board Members Absent:

Harold Cox
Joseph Betancourt, MD, MPH

Also Present Were:


Visitors:

Phyllis Poon, Theresa Lovejoy, Regis College; Janet Mozes, Massachusetts General Hospital

Proceedings:

The meeting was called to order at 4:10 PM.
Executive Director’s Report
Barbara Ferrer, PhD, MPH, MEd

- The board members were invited to several upcoming events: the Boston Public Health Commission’s (Commission) Employee Recognition Awards Dinner on January 6, 2011, the STI Forum on November 30, 2010, and the Annual Homeless Census on December 6, 2010. The board was also informed of the public hearing regarding the proposed Nail Salon Regulation scheduled for November 29, 2010.
- The Primary Care Innovations Awards were presented on November 5, 2010. The recipients were Atrius Health, Codman Square Health Center, and the CAVU Foundation.
- There have been three community meetings held: one in East Boston, one in Allston/Brighton, and one in the South End. The next community meeting will be in Dorchester at the Great Hall on December 1, 2010. The board members were invited to attend.

Approval of the Minutes
The minutes of the board meeting held October 14, 2010 were approved.

Update: AFIS
John Townsend, Director, Administration and Finance

- Mr. Townsend presented a review and timeline of the transition from the Boston Medical Center (BMC) begun in 2009 and the improvement in finance structures through the use of the Administration and Finance Information System (AFIS).
- Several new departments were created as a result of the transition. These departments are Treasury, Accounting, Accounts Payable, and Mail Services. Mr. Townsend also outlined each of the departments interacting with AFIS: HR/Payroll, Budget, Accounts Payable, Accounting, Grants Management, Procurement, Revenue and Compliance, and Operations. Efforts to refine system processes and improve communication, understanding, and utilization of the new programs are ongoing; however, notable accomplishments have been made in each office.

VOTE

- The board voted to amend the Clean Air Works Workplace Smoking Restrictions Regulation as follows: Section I(1)(d) is to be stricken in its entirety and replaced with “Employer – Any individual, partnership, association, corporation, trust, school, college, university or other educational institution or other organization, including any public or private authority or municipal or other governmental agency, which regularly uses the services of one (1) or more employees.”

The votes were as follows: 5 in favor, 0 opposed, 2 absent.

Update: FY11-16 Commission-Wide Goals
Maia Brodyfield, Chief of Staff

- Ms. Brodyfield provided a review of the three overarching goals the Commission is preparing to meet over the next five years. These goals are: reducing low birth weight rates among Boston residents and reducing gaps between Black and White residents by 25%, reducing obesity rates among Boston residents, and reducing gaps between Black and Latino residents by 30% for children and youth and by 20% for adults, and reducing Chlamydia rates among Boston Residents and reducing gaps between Black, Latino, and White residents 15 through 24 years of age by 25%.
- The action planning process, timeline, and status of these goals was outlined and teams responsible for preparing and distributing briefing materials and providing technical assistance were identified for each goal. Further community and board feedback will be solicited in March and April of 2011 and
briefing materials and staff education will be provided in the form of booklets, interactive staff meetings, online presentations, and monthly online FAQs. It was noted that interim measures will also be a part of the planning process.

- Ms. Wcislo remarked that United Healthcare Workers East just did a study pertaining to the uninsured indicating that most of the uninsured population consists of low income individuals between 19-28 years of age in the Boston area. It was suggested that these individuals are less likely to seek medical treatment for issues regarding low birth weight, obesity, and Chlamydia since they are uninsured. Ms. Wcislo offered to provide this information to Ms. Brodyfield.

- The board noted that locations where treatment is being received should be considered, whether through an ER or a primary care doctor.

- Ms. Walsh proposed that an ROI evaluation be considered to determine whether the achievement of these goals is worth what finances the Commission will be investing in them. It was noted that some focus should be on advocacy and opportunities to support these goals. The board advised that leverage could aid in expanding the reach of Commission goals.

- The board requested more information regarding current, as well as projected numeric data for these goals. More information was also requested regarding the cost benefit associated with the program and whether it would be worthwhile to seek the opinion of a health economist to aid in understanding synergy or lack thereof.

**Update: Violence Prevention Activities**
Catherine Fine, Director, Division of Violence Prevention
Alberte Altine, VIP Coordinator, Division of Violence Prevention
Roy Martin, PACT, Division of Child and Adolescent Health

- Ms. Fine gave an overview of the Division of Violence Prevention. The Commission’s primary, secondary, and tertiary prevention programs currently in place were outlined, and the board requested more information regarding the flow of finances throughout these three different tiers of programs. Dr. Ferrer commented that while it would be preferable to spend more money on primary programs, funders tend to prefer tertiary and the majority of dollars go towards secondary programs. Also, a consultant has been hired to aid in trauma services and support due to the overwhelming demand from communities to provide more comprehensive support regarding trauma related issues.

- Partnerships have been formed with the Department of Justice (DOJ) through the Defending Childhood Initiative, the National Forum on Youth Violence Prevention, and Communicable Disease Control (CDC) through the UNITY program. The board expressed a need for BPHC to take the lead in getting DOJ and CDC to communicate with each other and requested more information as to whether these activities will be aligned with the Circle of Promise Initiative to determine the level of impact on neighborhood health.

- Ms. Altine gave an overview of current Violence Intervention and Prevention (VIP) goals and strategies to get residents involved in their communities. The VIP initiative is concentrated on providing support for community mobilization in Boston areas with a high rate of gun violence. Special focus is delegated to 5 micro-neighborhoods: Grove Hall, Mattapan, Orchard Gardens, Upham’s Corner, and Bowdoin. Ms. Wcislo noted that perhaps street names of the area should be compared to BMC membership to see if any leadership members are also at BMC. It was stated that all of the board members will be invited to the next door knocking event.

- Mr. Martin provided an outline on the Partnerships Advancing Community Together (PACT) program. PACT is a multidisciplinary effort to reduce shootings and homicides in Boston. 247 individuals have been identified as potential victims or perpetrators of violent crime. From the time these individuals have been identified, 4 have been killed, 4 have been arrested for homicides in and around the city of Boston, 18 have been under federal investigation involving drugs, and 110 have been re-arrested.
Through PACT 210 of these individuals have been reached and services, such as a positive adult connection, education, and employment are being provided. Every individual on this list was at some point connected to the system and, because of this, efforts are being made to improve communication and standardize practices throughout departments and agencies. The board would like to hear more about where combination of interventions is going to lead. It was noted that an earlier intervention model can be used for screening youth in a way that is not addressed today.

**Adjournment**

There being no further business to come before the Board, the meeting was adjourned at 6:09 PM.

**Submitted By:**

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Jamie L. Martin, Secretary