The monthly meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Thursday, December 6, 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  
Harold Cox  
Kate Walsh

**Also Present Were:**

Barbara Ferrer, John Townsend, Fatema Fazendeiro, Kathy Hussey, Chuck Gagnon, Maia BrodyField, Tim Harrington, Rosaline Valcimond, Paul (PJ) McCann, Yuri Orellana, Rebekah Gowler, Mitchell Thomas, Janine Anzalota, Brad Cohen, Meghan Patterson, Nick Martin, Maanav Thakore, Gerry Thomas, Lisa Conley, Denise Dodds, MaryJane Allard, Nashira Baril, Brendan Kearney, Pam Jones, Scott Mason, Dr. Anita Barry.

**Procedures:**

**Chairwoman’s Comments**  
*Paula Johnson, MD, MPH*

- Dr. Johnson welcomed everyone then gave the floor to Dr. Ferrer.

**Executive Director’s Report**  
*Barbara Ferrer, PhD, MPH, MEd*

- Dr. Ferrer reminded those present that the Annual Homeless Count would be Wednesday, December 12th beginning at 9:00 p.m. at City Hall. Those wishing to participate should contact Dr. Ferrer. This year’s count was expanded to include youth.  
- Dr. Ferrer congratulated the team on being awarded the REACH Grant.  
- Dr. Ferrer also informed the Board that flu shots became mandatory for all non-union BPHC employees who have direct contact with clients and that the deadline for compliance was December 7th.
Dr. Ferrer announced that Dr. Frieden, head of the CDC, would be here on December 14 to meet with both the Commission and the State public health department and invited Board members to participate in the meeting at 1010 Mass Ave.

Dr. Ferrer congratulated Nick Martin and his communications team for the many projects they had accomplished, including the launch of a big partnership with Weight Watchers along with area health centers in support of Boston Moves for Health.

Dr. Ferrer updated the Board about a city council hearing that occurred on this day on bicycling in the City. Unfortunately, there was a fatal bike accident on this day, which made it the fifth fatality this year. Dr. Ferrer stated that Boston EMS and the Boston Police Department are working on a report about bike fatalities.

Finally, Dr. Ferrer announced that there will be a city council hearing on the issues surrounding medical marijuana use at City Hall. Dr. Ferrer stated that during January’s Board meeting, we would apprise the Board on what the Commission’s role will be once the state law goes into effect this January.

Presentation/Update: Racial Justice and Health Equity Professional Development Series
Meghan Patterson, Co-Director of the Center for Health Equity and Social Justice
Brad Cohen, Director of the Consortium for Professional Development
Maanav Thakore, Senior Trainer, Consortium for Professional Development

Ms. Patterson stated that achieving health equity requires a social justice approach to public health. There is a need for evolving programming and institutional practices including, but not limited to, national and international discourse, resident engagement and community partnerships, local public health leadership, and training and staff development.

One goal of Professional Development Series (PDS) is to align all BPHC programs, policies, practices, and operations within a racial justice and health equity framework. The other goal is to build capacity of BPHC to effectively reduce inequities across the city. Using this approach, the BPHC can strive to fulfill its overarching goals, undergo an organizational change process, and use the PDS experience as a way to ensure that all BPHC staff applies the principles and practices of health equity and racial justice to all of the Commission’s work.

The PDS objectives are to increase staff understanding, equip staff with strategies, resources and tools and to create a culture of ongoing learning. The components include a two-day workshop, practice workshops, ongoing coaching sessions and ongoing race/racism dialogues (ARAC leading).

Mr. Cohen explained that the training model is made up of workshops facilitated by BPHC staff consisting of multi-racial triads. The staff participates in groups of 24 that are mixed across the organization.

The completion/registration rate for the Core Workshop for the majority of the Commission programs is 91%; EMS is at 6%.

Mr. Cohen noted the next steps for their work includes coaching, practice workshops, and equitable policy development.

Mr. Thakore shared transformational stories of staff who had participated in the training.

Dr. Ferrer remarked how proud she is of the staff and their commitment to the program.
Dr. Johnson and Board member Walsh were also impressed with the staff’s dedication to such an important initiative and were hopeful that other government and health care institutions in Boston could model the PDS experience.

Presentation/Update: Workplace Violence Prevention Efforts  
*John Townsend, Esq., Director of Administration & Finance*

- Mr. Townsend explained that the number of violent incidents for all BPHC campuses between 2009 and 2012 has steadily increased. The largest numbers of incidents in 2012 to-date have been at Woods Mullen, the Long Island Homeless Shelter and the 35 Northampton Street High Rise.
- The FBI has categorized violence into types: **Type 1** is violent acts by criminals who have no other connection with the workplace, but enter to commit robbery or another crime. **Type 2** is violence directed at employees by clients, patients or any others for whom an organization provides services. **Type 3** is violence against coworkers, supervisors, or managers by a present or former employee. **Type 4** is violence committed in the workplace by a non-employee who had/has a personal relationship with an employee. **Non-typed** acts are client on client and property damage.
- Mr. Townsend remarked that staff at Woods Mullen provided a lot of input regarding policies, procedures and improvements at that shelter. A team from Property Management and Public Safety assessed the facility to develop a long-term capital improvement plan.
- The violence prevention plan at Woods Mullen has components consisting of a zero tolerance policy for workplace violence, verbal and nonverbal threats and related actions; management commitment and employee involvement; worksite analysis; hazard prevention and control; prevention and safety training; and recordkeeping and program evaluation. He also stated that Woods Mullen is working on a plan for camera installation, refurbishing of the front doors and windows, and the installation of a public address system.
- Mr. Townsend further explained that he is leading an effort to create a workplace violence policy at the BPHC and has convened committees and subcommittees to work on finalizing and implementing such a policy.
- Mr. Townsend concluded by stating that the next steps are the completion of policy and protocol work, review and approvals by the Senior Leadership Team and the Executive Director, training and implementation.

Presentation/Update: Board Member Involvement in BPHC Initiatives  
*Fatema Fazendeiro, Esq., General Counsel  
Maia BrodyField, Chief of Staff*

- Ms. Fazendeiro began by describing the parameters of Board meetings and members working on projects outside the Board Room.
- She stated that generally, Board meetings are subject to the Open Meeting Law, which requires public notice of meetings, allowance for public attendance, and the creation and dissemination of meeting minutes.
- Ms. Fazendeiro stated that Board members are encouraged to work on certain initiatives/projects, outside of regular Board meetings, subject to certain limitations so as not to violate the Open Meeting Law. In particular, she stated that no more than two Board members may work on a particular project and that the project must be something within the control and direction of the Executive Director or her office.

- Ms. Fazendeiro recommended that Board members check with the General Counsel’s Office before engaging in any projects or initiatives.

- Ms. BrodyField presented on the project areas in which Board members may participate, including: Integration of Primary Care and Public Health, Public Health Infrastructure, Health Equity, and Community Events/Meetings.

- Ms. BrodyField noted that some of the specific initiatives which the Board is welcome to take part in include the Mayoral Prize for Innovations in Primary Care, Public Health System Assessment, Overarching Goals; REACH Obesity and Hypertension Grant, Boston Healthy Start Initiative Consortium, FitCity Conference, Homeless Census, Thanksgiving at Shelters and Food Basket Giveaways.

- After the presentation, Board member Walsh as well as Board member Cox commented on the general format of the Board meetings and inquired whether they could be fewer in number and contain fewer presentations about BPHC’s programs and accomplishments. Board member Cox noted that he wanted to make sure that Dr. Ferrer and BPHC were making the best use of the Board’s time to conduct the business affairs of the BPHC. Dr. Ferrer agreed to work with Dr. Johnson to ensure that the format of Board meetings is conducive to soliciting input from the Board and their panel of expertise. She noted that the meetings happen once a month because of the responsibilities assigned to the city’s board of health. Chairperson Johnson agreed that the Board should continue to meet once a month.

**Resolution to Release for Public Comment Proposed Amendments to the Disease Surveillance and Reporting Regulation**

*Fatema Fazendeiro, Esq., General Counsel*

*Anita Barry, MD, MPH, Director of the Infectious Disease Bureau*

- Ms. Fazendeiro gave a brief overview of the proposed amendments to the Disease Surveillance and Reporting Regulation which are: 1) adding Chlamydia, Gonorrhea and Syphilis to the list of diseases; 2) adding race and ethnicity to the list of reporting requirements; and 3) including “laboratory” to the Definitions section.

- Dr. Barry followed by noting the justifications for the amendments: BPHC needs timely and accurate data, Massachusetts Department of Public Health (MDPH) provides data that is incomplete and/or delayed, MDPH provides limited case follow-up only for Syphilis and Gonorrhea cases documented to be drug resistant. No case follow-up occurs for other such cases or for any Chlamydia cases.

- About 30% of the cases provided by MDPH are incomplete due to missing race/ethnicity information.

- Data sent to BPHC is not adequately “cleaned” resulting in ID Bureau staff spending weeks trying to clean the information, i.e. healthcare facility address is listed as the residential address.
• Dr. Barry continued by stating the current situation severely compromises the BPHC’s ability to carry out its mission and address the overarching goal of reducing Chlamydia rates among Boston’s Black, Latino and White residents 15-24 years of age.

• Ms. Fazendeiro concluded by providing examples of legal authority under G.L. c. 111 justifying the amendments. Chapter 111 authorizes local boards of health to establish clinics for the treatment of venereal diseases and gives boards of health broad authority to create reasonable regulations.

• There is no express prohibition against the BPHC receiving reports of sexually transmitted diseases directly from hospitals or laboratories. The BPHC ultimately receives some of these data, but the information is not timely and is incomplete. BPHC already works directly in the community making community and individual level outreach more realistic.

• The Board unanimously agreed to release for public comment the proposed amendments to the Disease Surveillance and Reporting Regulation.

Acceptance and Approval of Board Meeting Minutes

• Dr. Johnson called for a motion to approve the November minutes. Board Members Cox and Walsh seconded the motion. The Board then unanimously approved the November 8, 2012 Board Meeting Minutes.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 6:20 p.m.

Submitted By:

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Kathy Hussey, Secretary