



**MINUTES FOR THE MEETING OF THE BOARD OF DIRECTORS
Thursday, November 10, 2011**

The monthly meeting of the Board of Directors ("Board") of the Boston Public Health Commission ("Commission") was held on Thursday, November 10, 2011 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
Kathleen Walsh

Board Members Absent:

Jack Cradock
Harold Cox
Celia Wcislo
Ruth Ellen Fitch, JD
Joseph Betancourt, MD, MPH

Also Present Were:

Barbara Ferrer, Nakisha Skinner, Chuck Gagnon, James Hooley, Gerry Thomas, Fatema Fazendeiro, Andy Joseph, Anita Barry, Rita Nieves, Jan Quiram, Adam Butler, Nashira Baril

Proceedings:

Chairwoman's Comments

Paula Johnson, MD, MPH

- The meeting was called to order at 4:21 P.M.

Health Equity Grant Making

Nashira Baril, Co-Director, Center for Health Equity and Social Justice ("CHESJ")

- CHESJ is the combination of the Racial and Ethnic Approaches to Community Health ("REACH") US Center for Excellence and the Elimination of Disparities, and the Office of Health Equity.

- Board Member Walsh asked where CHESJ receives its funding. Ms. Baril responded that funding comes primarily through the REACH grant from the Center for Disease Control (“CDC”). Dr. Ferrer added that disparity funding comes from the Commission’s hospital partnerships as well as from city dollars. Initially CDC was pressuring the Commission to affect more changes and outcomes, however the Commission pushed back, affirming the importance of research and organization. The CDC now recognizes the importance of this work and approves of the Commission’s efforts.
- Ms. Baril discussed the 2 and 3 year grant models used by CHESJ, and noted that an article was published in the Journal of Family and Community Health about this grant model. In 2010 CHESJ had 17 grantees, half in Boston, the other half spanning across New England. These grantees were required to consider health disparities and root causes of health inequity, and develop a plan to put new policies into action. Ms. Baril acknowledged that implementing action plans within the 2 and 3 year grant models is not conceivable; however their development helps ensure sustainability beyond the grant timeline. Chairwoman Johnson asked what led CHESJ to focus on Boston as well as the surrounding region. Ms. Baril stated this focus resulted from the type of regional funding provided.
- Ms. Baril showed the board members a short video, noting that there is a longer video she would like to show at another time. Chairwoman Johnson asked if the longer video was available on the CHESJ website, Ms. Baril responded that it is.
- Ms. Baril discussed examples of grant work for residents of Mason Square in Springfield, MA through the Mason Square Food Justice Committee. It was determined that food insecurity and hunger were related to cases of health inequity in the Mason Square community. Farmers markets, shuttle busses to and from grocery stores, and community gardens are all part of efforts made by the Committee to improve access to food. Chairwoman Johnson stated that this is impressive work, and suggested bringing this effort to the attention of the food trust work around building and improving access to grocery stores, noting that the introduction of this effort would provide a community voice, which had been missing from the food trust work. Dr. Ferrer stated that the city has been involved in the Mason Square effort.
- Ms. Baril discussed the \$300,000.00 Kellogg Youth Racial Healing grant received by CHESJ for improving the health of children and communities. Grantees who received this funding were charged with identifying efforts involving youth racial healing.
- Board Member Walsh asked how CHESJ was able to implement learning and collaboration between grantees. Ms. Baril stated that twice a year CHESJ holds a 2 day summit where grantees present to each other and receive feedback. In addition, grantees have begun connecting with each other on their own.

Flu Planning

Anita Barry, MD, Director, Infectious Disease Bureau

Gerry Thomas, Acting Director, Community Initiatives Bureau

- Dr. Barry discussed the 2010 flu season, noting that the three strains of influenza being treated this year are the same as those that were treated in 2010. Outbreaks of influenza are reported to the Commission through syndromic surveillance and tracked by neighborhood in order to make sure the vaccine is available in high risk areas. Dr. Barry emphasized the importance of coughing etiquette, hand washing, staying home when sick, and droplet precautions in health care institutions.
- Dr. Barry provided a list of the top ten diseases in Boston, noting that flu is not among them because the flu season often gets split up into two separate years. Chief Hooley noted that there are many

cases of influenza that go unreported. Dr. Barry estimated that for every reported case of the flu, there are at least ten unreported cases.

- Board Member Walsh asked if flu shots given at non-Commission locations, such as a Walgreens, are reported to the Commission. Dr. Barry stated that they are not. Board Member Walsh asked about the number of people being vaccinated. Dr. Barry stated that a good number of people are being vaccinated however as many individuals are utilizing locations not run by the Commission, there is no way to know the exact total number of individuals being vaccinated.
- Dr. Ferrer stated that the Commission believes that all employees in direct contact with clients and patients need to be immunized. This year the Commission will be testing a new initiative that makes it very convenient for these employees to get vaccinated, in some cases even releasing employees from work to do so. Board Member Walsh stated that just over 60% of Boston Medical Center employees have been vaccinated and asked Dr. Barry if she is surprised at this number. Dr. Barry acknowledged that she is surprised at the low percentage and noted that the best rates of vaccination come from cases in which it is mandated by employers.
- Chairwoman Johnson asked about the best time period for health care institutions to administer the influenza vaccine. Dr. Barry responded that healthcare institutions should administer the vaccine as soon as it is available, rather than waiting. Chairwoman Johnson suggested making this point clear to institutions administering the vaccine for the next flu season.
- Ms. Thomas discussed outreach and education regarding influenza. The Mayor's Health Line serves to take some pressure off of Dr. Barry and her team by answering common questions and concerns from the general public. Ms. Thomas stressed the importance of having live staff members available to take calls.

Saving Lives in Public Health – A Risky Business

Rita Nieves, Director, Addictions, Prevention, Treatment and Recovery Support Services Bureau (“APTRSS”)

Jan Quiram, Associate Director, APTRSS

Adam Butler, Director, AHOPE, APTRSS

- Ms. Nieves discussed the work of APTRSS relative to opioid overdoses. Ms. Nieves noted that Heroin is the most common drug used in Boston. This contrasts with its use in the US as a whole, which is relatively low. Board Member Walsh asked why heroin use is so high in Boston. Ms. Nieves explained that it is due to the market and supply, both of which have not changed throughout the years. Additionally Ms. Nieves believes heroin is more conducive to the “east coast lifestyle”, whereas methamphetamines, which are used more commonly throughout the US, are difficult to manufacture in neighborhoods due to the smell produced by the process.
- Mr. Butler discussed the history of the city's response to opioid use and overdoses. Needle exchange programs began in the 1980's. The program was adopted by Boston and the State of Massachusetts in the 1990's. It was also around this time that focus in Boston began to shift to providing more education to addicts on how to stay alive if they plan to get high. Mr. Butler stated he has taught many individuals not only what drugs do to the brain and how Narcan works to inhibit an overdose, but also how to administer Narcan if an overdose is witnessed. Due to Narcan, opioid related mortality rates have decreased 30% in the City of Boston.
- Mr. Butler noted that while this was not the case at the beginning of his work, AHOPE now receives strong support from the Boston Police Department.

Adjournment

There being no further business to come before the Board, the meeting was adjourned at 6:03 P.M.

Submitted By:

Jamie L. Martin, Secretary