

BOSTON BOARD OF HEALTH

September 13, 2013

AGENDA

1. Chairperson's Remarks
2. Executive Office Report
3. Acceptance and Approval of Minutes from the June 14th, 2013 Meeting
4. Infectious Disease Update
5. Boston BOLD Alzheimer's and Related Dementias Project
6. Adjourn

EXECUTIVE OFFICE REPORT

DR. BISOLA OJIKUTU
SEPTEMBER 13, 2023



BUILDING A HEALTHY BOSTON

MASS AND CASS UPDATE



- **Public health-led approach**
 - Added transitional low-threshold model to place hardest to serve and addressed barriers to accessing existing emergency shelters
 - Expanded outreach, housing navigation case management, data collection
- **Promising outcomes**
 - 511 people served by new low-threshold supportive sites
 - 160 people have moved on to permanent housing
- **Public safety interventions needed**
 - Public safety conditions in the area need to be addressed to protect public health workforce and allow public health interventions to succeed

PUBLIC SAFETY ORDINANCE PROPOSAL

- **Summary**

- Prohibits the use of tents, tarps, and other temporary structures which are unsafe and shield dangerous activity
- Requires City to ensure that individuals in encampments who are experiencing unsheltered homelessness are offered shelter and storage

- **Status**

- Filed with City Council on August 28
- Referred to Govt. Operations Committee on August 30
- Hearing scheduled for September 28
- Would take effect 7 days after passage
- Critical need to have frameworks in place before winter

- **Implementation planning and supports**

- Identifying and adding additional shelter and housing resources
- Co-led public safety and public health outreach teams to ensure that individuals sleeping in encampments are offered shelter, housing, treatment, storage for belongings, and transportation
- Information sharing with outreach teams to facilitate referrals

EXECUTIVE OFFICE REPORT

DR. BISOLA OJIKUTU
SEPTEMBER 13, 2023



BUILDING A HEALTHY BOSTON

APPROVAL OF MINUTES

BY VOTE OF THE BOARD

BOSTON
PUBLIC
HEALTH
COMMISSION



BUILDING A HEALTHY BOSTON

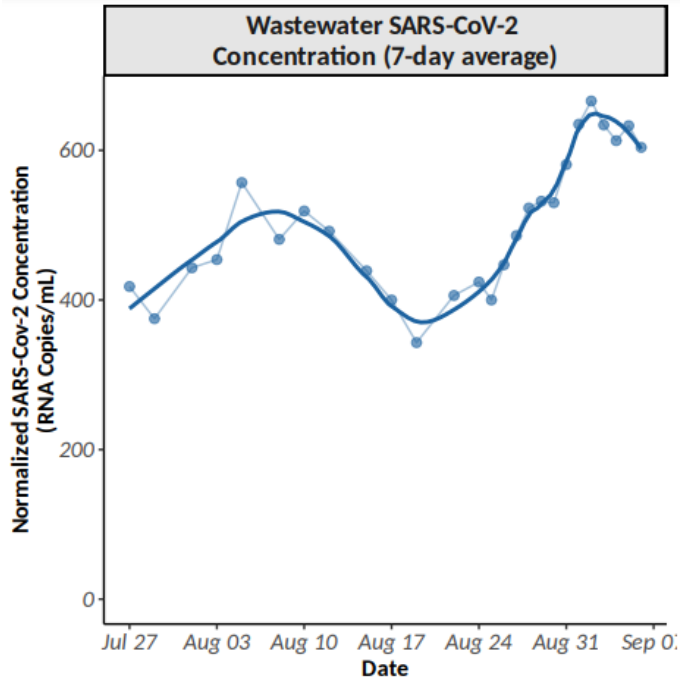
INFECTIOUS DISEASE UPDATE

DR. KATHRYN HALL
DEPUTY COMMISSIONER FOR POPULATION
HEALTH AND HEALTH EQUITY

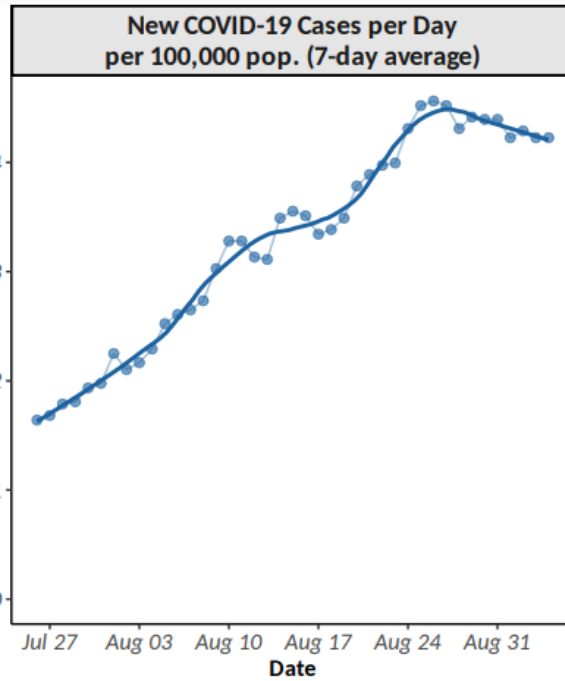
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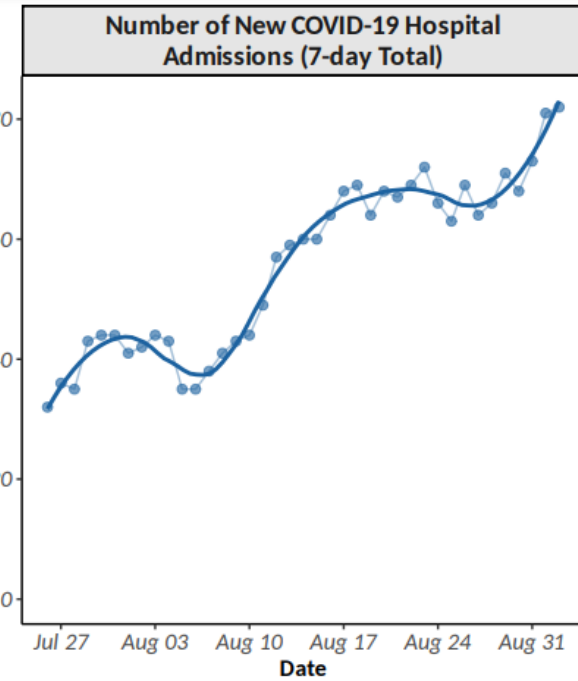
COVID-19 UPDATE



604 RNA copies/mL	Data through: 06-Sep-2023
7-day trend Stable	+10.4% over the past 7 days
14-day trend Increasing	+64.5% over the past 14 days



4.2 cases per 100,000	Data through: 04-Sep-2023
7-day trend Decreasing	-3.8% over the past 7 days
14-day trend Stable	+5.4% over the past 14 days

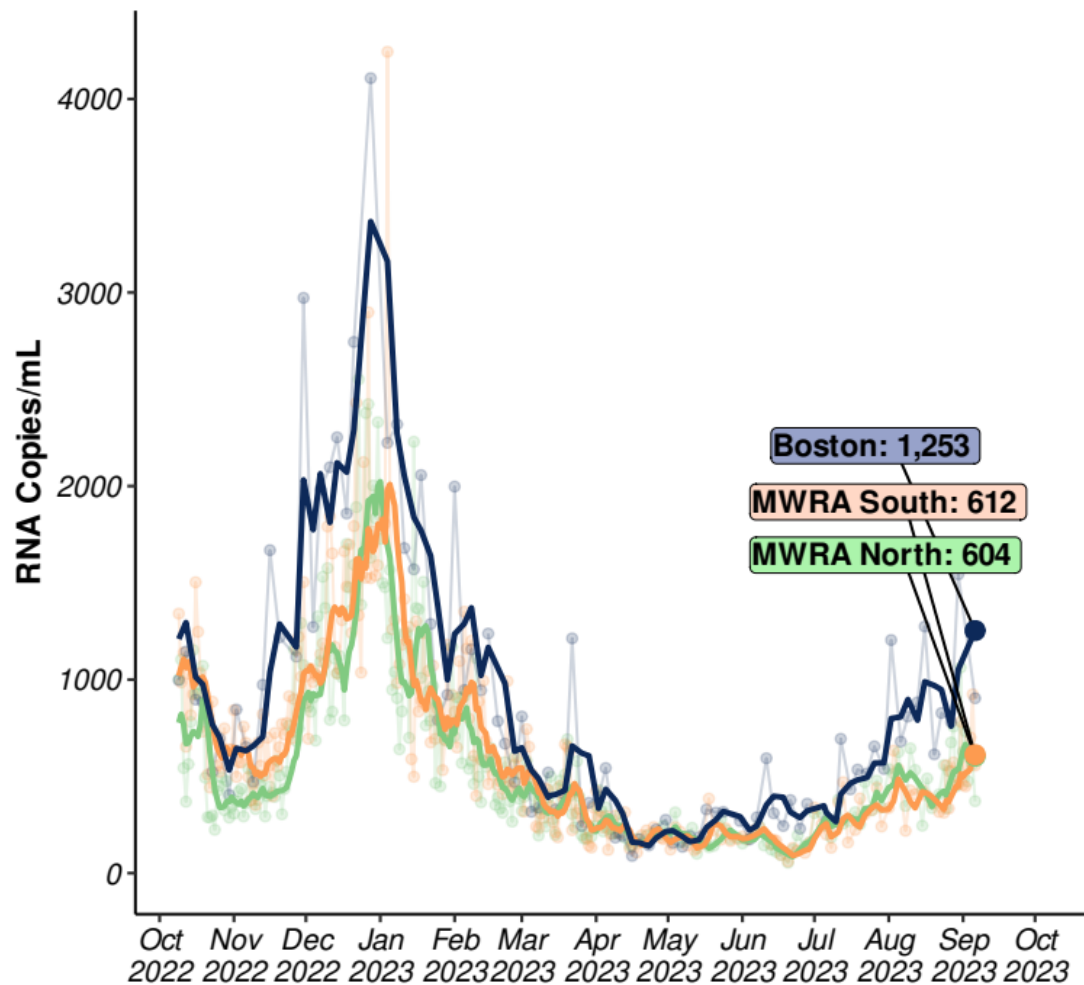


82 hospital adm.	Data through: 02-Sep-2023
7-day trend Increasing	+24.7% over the past 7 days
14-day trend Increasing	+16.9% over the past 14 days

Updated: 07-September-2023 | Wastewater data: MWRA North, source: <https://www.mwra.com/biobot/biobotdata.htm> | Case Data: MDPH MAVEN | Hospitalization Data: MDPH data, self-reported by Boston hospitals



OVERVIEW AND TRENDS

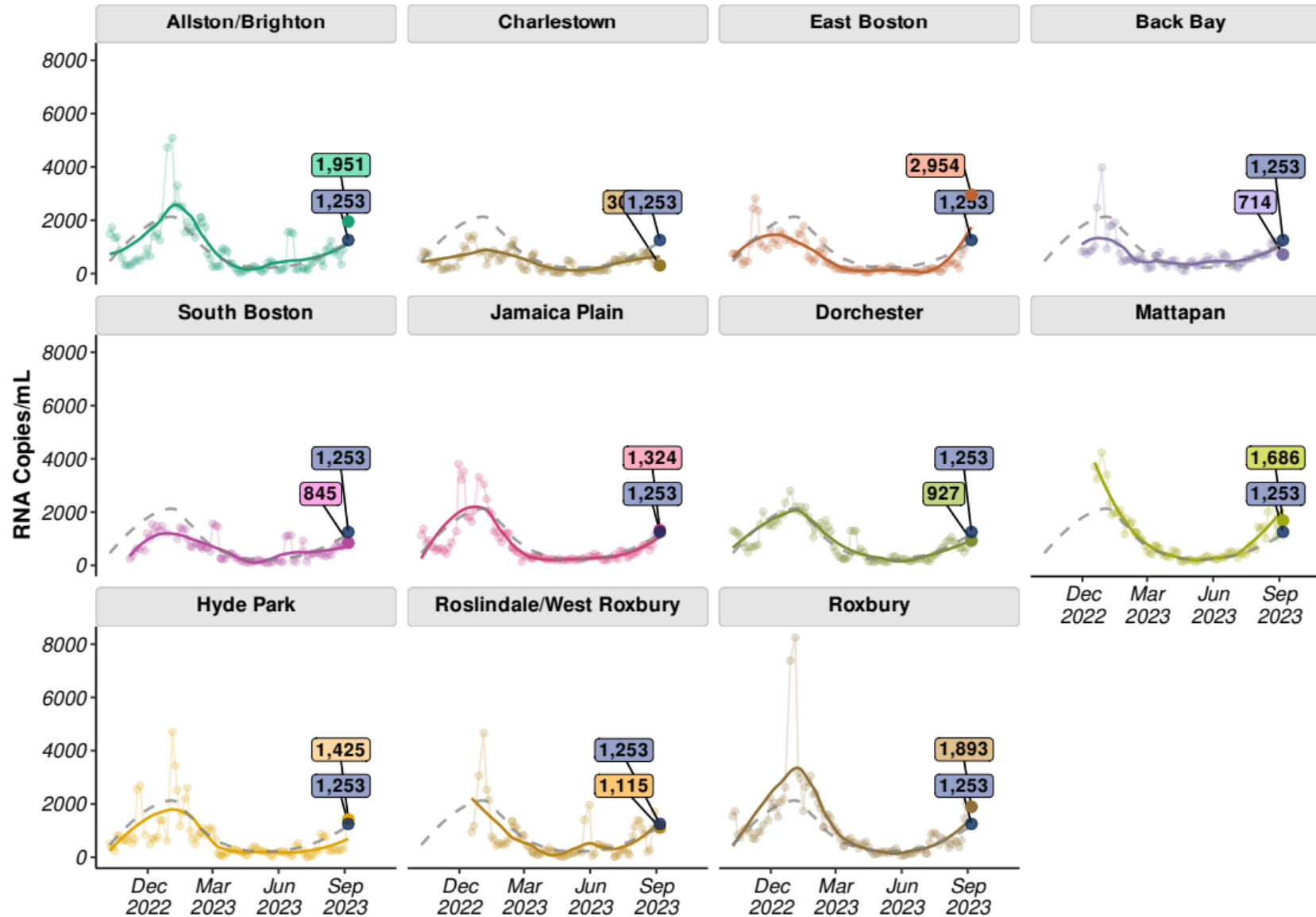


CITYWIDE AVERAGE	RANGE ACROSS 11 NEIGHBORHOOD SITES
1,253 <i>RNA copies/mL</i>	305-2,954 <i>RNA copies/mL</i>
Data through: 06-Sep-2023	

2-WEEK TRENDS	
<i>Boston</i> Stable	+48% over the past 14 days
<i>MWRA North</i> Increasing	+65% over the past 14 days
<i>MWRA South</i> Increasing	+85% over the past 14 days

Updated: 11-Sep-2023 | Samples through: 06-Sep-2023 (BPHC); 06-Sep-2023 (MWRA) | MWRA Data: <https://www.mwra.com/biobot/biobotdata.htm>

BOSTON NEIGHBORHOOD TRENDS



Points shown are 3-sample average values (i.e., 8-day moving average); line shows smoothed trend for 8-day moving average; dotted grey line in each panel represents average across all Boston sites weighted by population.



COVID-19 VACCINE UPDATE AS OF 6/9/2023

Age Group	At least One Dose	Fully Vaccinated	Bivalent Booster(s)
0-4 Years	30%	20%	17%
5-11 Years	58%	48%	23%
12-15 Years	82%	71%	25%
16-19 Years	56%	46%	13%
20-29 Years	>95%	76%	17%
30-49 Years	>95%	>95%	30%
50-64 Years	>95%	92%	36%
65-74 Years	>95%	>95%	56%
75+ Years	>95%	>95%	62%
Total	97%	83%	29%

Data Source: <https://www.mass.gov/info-details/massachusetts-covid-19-vaccination-data-and-updates#weekly-covid-19-vaccination-dashboard>

COVID-19 VACCINATIONS BY RACE/ETHNICITY

Race/Ethnicity	At least One Dose	Fully Vaccinated	Bivalent Booster(s)
AI/AN*	77%	54%	15%
Asian	>95%	87%	29%
Black	92%	82%	24%
Hispanic	93%	80%	21%
Multi-Race	73%	70%	32%
NH/PI*	>95%	>95%	41%
White	83%	74%	32%
Total	97%	83%	29%

AI/AN = American Indian/Alaskan Native; NH/PI = Native Hawaiian/Pacific Islander

Data Source: <https://www.mass.gov/info-details/massachusetts-covid-19-vaccination-data-and-updates#weekly-covid-19-vaccination-dashboard->

BOSTON BOLD ALZHEIMER'S AND RELATED DEMENTIAS PROJECT

EUGENE BARROS
DIRECTOR, DIVISION OF HEALTHY HOMES & COMMUNITY SUPPORTS

ANDREA DETORRE
SENIOR PROGRAM MANAGER, HEALTHY HOMES & COMMUNITY SUPPORTS

BOSTON
PUBLIC
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COMMISSION



BUILDING A HEALTHY BOSTON

AGENDA

Boston BOLD Project



*Healthy Homes and Community
Supports Brain Health Work
Background*

*What is Alzheimer's and
dementia?*

Healthy Brain Initiative

Boston BOLD Project

Looking Ahead

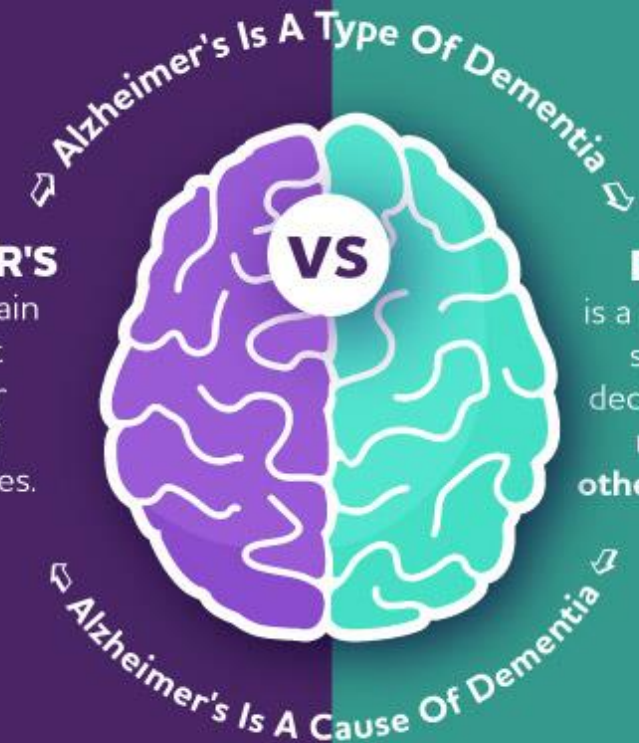
WHAT IS ALZHEIMER'S AND DEMENTIA?

TYPES OF DEMENTIA

Dementia is an umbrella term for loss of memory and other thinking abilities severe enough to interfere with daily life.

- Alzheimer's
- Vascular
- Lewy body
- Frontotemporal
- Other, including Huntington's
- * **Mixed dementia:** Dementia from more than one cause

ALZHEIMER'S is a specific brain disease that accounts for **60-80%** of dementia cases.



DEMENTIA is a general term for symptoms like decline in **memory, reasoning or other thinking skills.**

Alzheimer's Association. What is dementia? www.alz.org

HEALTHY BRAIN INITIATIVE TECHNICAL ASSISTANCE

- Year-long, unfunded pilot with two local health departments to advance cognitive health in the community
- Enhance the capacity and elevate attention to cognitive health, healthy aging, and Alzheimer's
- Learn and distribute best practices to help other local health departments integrate & replicate success



BUILDING OUR LARGEST DEMENTIA INFRASTRUCTURE FOR ALZHEIMER'S ACT



Designed to create a **strong public health infrastructure** for dementia and dementia caregiving



[CDC: BOLD Infrastructure for Alzheimer's Act. cdc.gov/aging](https://www.cdc.gov/aging)

BRAIN HEALTH IS A PUBLIC HEALTH ISSUE

- Large burden, major impact
- Intervention across the life course
- Primary, secondary, tertiary prevention

RISK REDUCTION | Primary Prevention



EARLY DETECTION AND DIAGNOSIS | Secondary Prevention



SAFETY AND QUALITY OF CARE | Tertiary Prevention



Healthy Cognitive Functioning

Pre-Symptomatic
Brain Changes

Mild Cognitive
Impairment

Mild
Dementia

Moderate
Dementia

Severe
Dementia

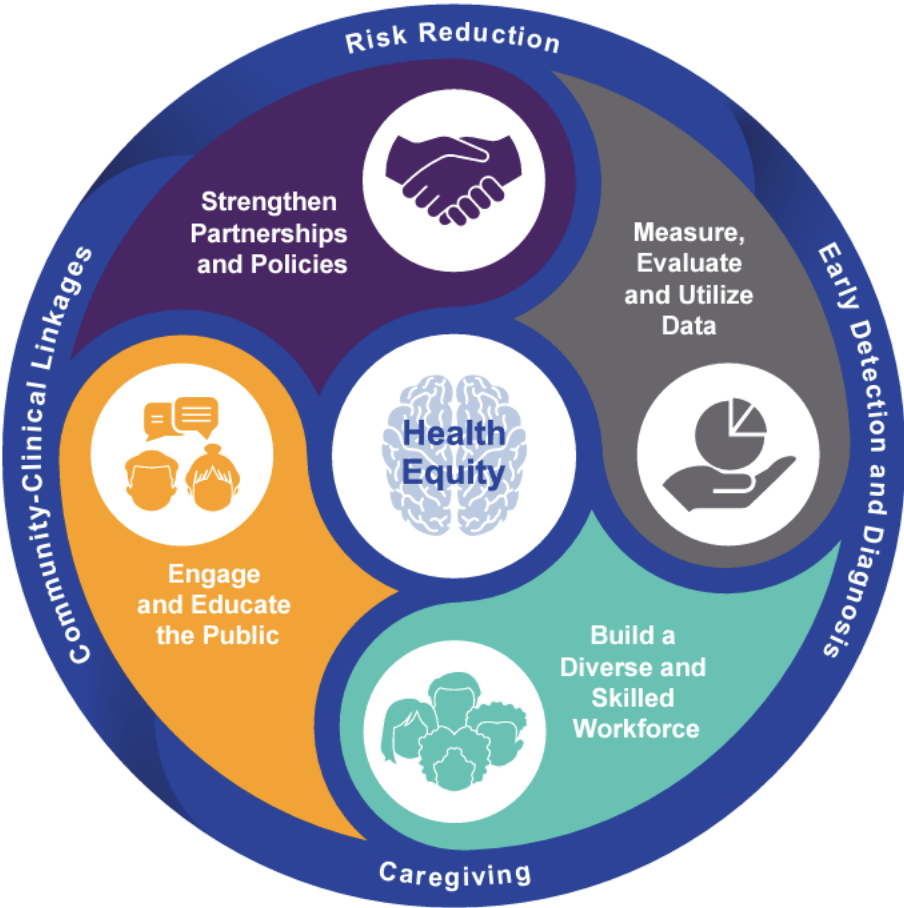
Primary: Reduce risk of mild cognitive impairment which leads to dementia years or decades before onset.

Secondary: Improve access to early detection and diagnosis

Tertiary: Improve the safety and quality of care for people living with dementia and their caregivers

Alzheimer's Association and Centers for Disease Control and Prevention. Healthy Brain Initiative: State and Local Road Map for Public Health, 2023–2027. Chicago, IL: Alzheimer's Association; 2023.

HEALTHY BRAIN INITIATIVE ROAD MAP



25 actions aligned with the 10 essential public health services



STRENGTHEN PARTNERSHIPS AND POLICIES:
Public health strengthens, supports and mobilizes community partnerships to improve brain health. It also creates, champions and implements supportive policies and plans.



MEASURE, EVALUATE AND UTILIZE DATA:
Public health monitors health status to identify and solve community health problems and evaluates effectiveness, accessibility and quality of personal and population-based health services. Findings are translated into data-informed programs and policies to improve brain health across the life course.



BUILD A DIVERSE AND SKILLED WORKFORCE:
Public health trains and prepares the public health and health care workforce to educate their constituents and provide the best care to people at risk for or living with dementia while supporting caregivers.



ENGAGE AND EDUCATE THE PUBLIC:
Public health engages with diverse communities to understand how messages are best delivered and what information to convey to specific populations. Public health communicates effectively to educate people about factors that influence brain health and ways to maintain or improve their cognitive health and quality of life.

Alzheimer’s Association and Centers for Disease Control and Prevention. Healthy Brain Initiative: State and Local Road Map for Public Health, 2023–2027. Chicago, IL: Alzheimer’s Association; 2023.



BOSTON BOLD PROJECT



- *Dementia Care Coordination*
- *Primary Care Provider Training*
- *Age and Dementia Friendly Training*

- *Boston BOLD Stakeholder Coalition*
- *Community Needs Assessment*
- *ADRD Strategic Plan*

- *Communications Campaign*
- *Community-Based Education Sessions*
- *Social Media*

- *Quantitative and Qualitative Data Collection*
- *Program Evaluation*
- *Data Dissemination*

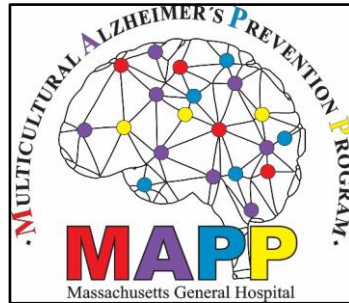
WORKFORCE

PARTNERSHIPS & POLICIES

ENGAGE & EDUCATE

MEASURE & EVALUATE

BOSTON BOLD STAKEHOLDER COALITION



Lisa Mitchell, RN
Caregiver, Advocate



COMPELLING DATA

- 6.7M people age 65+ living ADRD as of 2023
- **Older Black Americans 2x as likely, Hispanic Americans 1.5x as likely, as older Whites to have ADRD**
- 2/3 of PLWADRDR are women
- 12.7M by 2060

PREVALENCE

- **48% of caregivers are helping PLWADRDR**
- 83% of care comes from family, friends, unpaid caregivers
- 30% of caregivers are age 65+
- 1/3 are “sandwich generation”
- 41% of caregivers have income <\$50K

CAREGIVERS

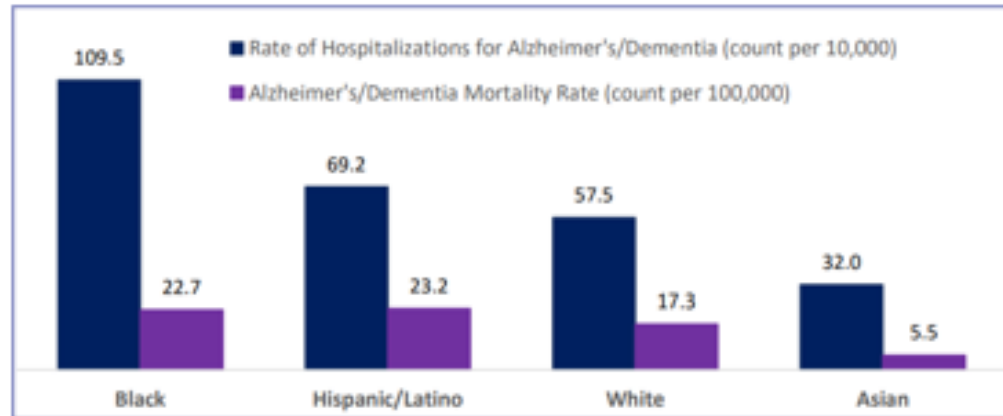
- **ADRDR care will cost \$345 billion in 2023, excluding unpaid caregiving**
- In 2022, unpaid caregivers provided 22 billion hours of care valued at \$339.5 billion
- Lifetime care cost of \$390K+

COST

- 1.2 million direct care providers needed between 2020-2030
- **Increased need for geriatricians, geriatric nurses, social workers, home health care providers**
- Low confidence among PCPs to care for PLWADRDR

WORKFORCE

ADRD IN BOSTON



Hospitalizations for ADRD per 10,000 Population (2020) and Mortality due to ADRD per 100,000 (2018-2021) by Race Among Boston Residents

↓ ADRD Risk

- Hypertension, diabetes have strong connection to ADRD
- In Boston, risk factors more prevalent among low-income, Black, and Hispanic residents, and people living in BHA housing

← ADRD Morbidity & Mortality

Hospitalizations due to ADRD

- Highest in Mattapan, Roxbury, Dorchester; Lowest in Back Bay, West Roxbury

Mortality due to ADRD

- Highest in Roslindale, Roxbury, Mattapan, Lowest in Back Bay, South End

Modifiable Risk Factors

- Air Pollution
- Depression
- Diabetes
- Excessive Alcohol Intake
- Head Injury
- Hearing Impairment
- Hypertension
- Lower/limited education
- Obesity
- Physical Inactivity
- Smoking
- Social Isolation

Boston Public Health Commission. (2023). Data Brief: Prevalence of Alzheimer's/Dementia and Related Risk Factors among Boston Residents. Boston. Retrieved from <https://www.boston.gov/bphc-brainhealth>.

UNPAID CAREGIVING IN BOSTON

RESULTS FROM 2019 BOSTON BRFSS

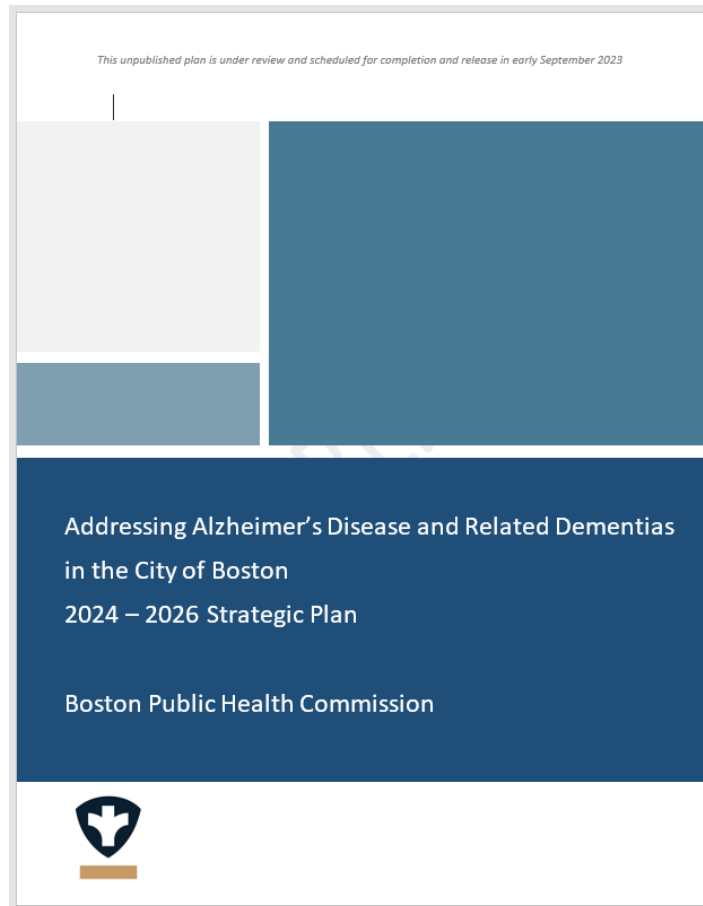
- **27% of Boston Residents care for an adult**
 - 34% of Dorchester residents
 - 34% of Hyde Park residents
 - 30% of Roxbury residents
- **Caregiving responsibilities are highest among:**
 - Households making less than \$49K per year (31.2%)
 - Rental-assisted renters (39.7%)
 - Black (33.3%), Hispanic/Latino (32.9%) residents

• CAREGIVING DATA GAPS

- *How many caregivers in Boston are caring for someone who has Alzheimer's or another dementia?*
- *What is the relationship of the caregiver to the care recipient?*
- *What type of support does the caregiver provide to the care recipient?*
- *What is the financial impact of ADRD caregiving on Boston residents?*

Boston Public Health Commission. (2023). Data Brief: Prevalence of Alzheimer's/Dementia and Related Risk Factors among Boston Residents. Boston. Retrieved from <https://www.boston.gov/bphc-brainhealth>.

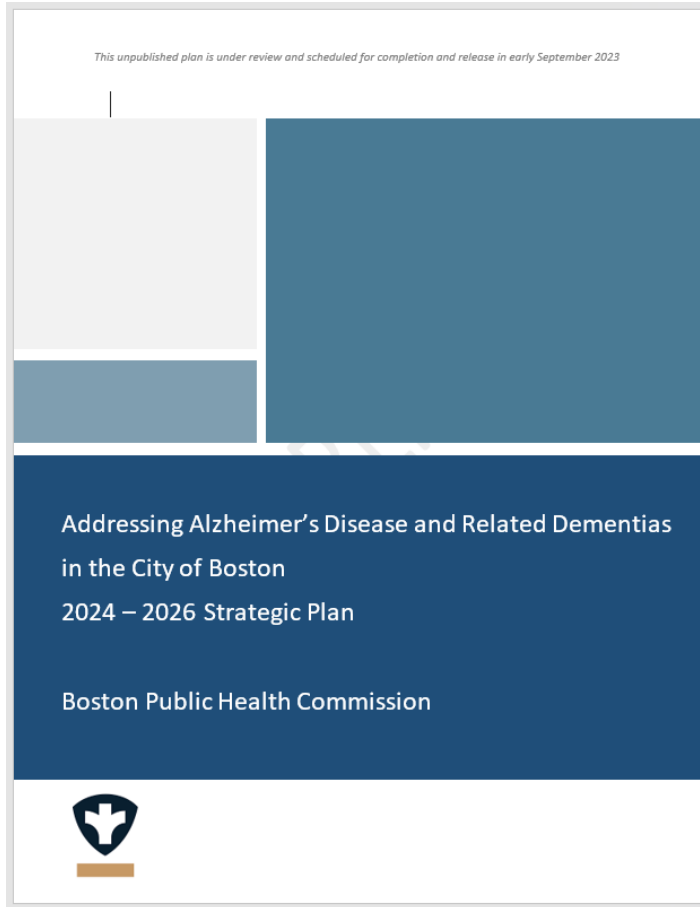
BOLD 2024-2026 STRATEGIC PLAN



PRIORITIES

- Finding and Connecting to Support Services
- Care Partner Support
- Workforce/System Capacity
- Risk Reduction, Early Detection, and Diagnosis
- Surveillance Data Collection

BOLD 2024-2026 STRATEGIC PLAN



KEY OBJECTIVES

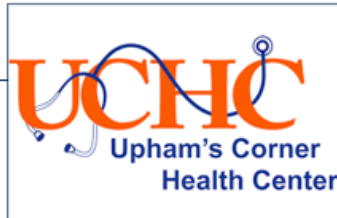
- Increase **understanding** of ADRD risk reduction
- Increase **awareness** of local services and supports for PLWADRD and caregivers
- Improve and expand supports and care coordination resources for family caregivers
- Support the City of Boston in becoming an **age- and dementia-friendly employer**
- Upgrade and systematize **dementia-specific training** and certification for the paid direct care and social services provider workforce
- Expand access to dementia **screening and early diagnosis**
- Expand **data collection systems** to track population-level ADRD prevalence measures and caregiving data
- Advance **policy and systems change** that: improves access to and affordability of ADRD support services; codifies development and retention efforts for the direct caregiver workforces; and expands services available to family caregivers

BOSTON BOLD PILOT PROJECTS



DEMENTIA CARE COORDINATION PROGRAM

- Free referral program to connect with a Memory Specialist
- Care plan shared with provider
- 6 months of follow-up
- English, Spanish; interpretation available in 200 languages
- 24/7 Helpline: 800.272.3900
- 20+ families referred



GERIATRIC TRAINING AND TELEMENTORING PROGRAM

- Community of Practice in dementia screening, diagnosis, and treatment
- Open to PCPs in BMC's Department of Medicine
- Led by Geriatrics Chief
- 127 PCPs trained through didactic sessions and case discussions



PCA WORKFORCE CAPACITY BUILDING

- "Alzheimer's Care Academy"
- Dementia-specific training for Personal Care Attendants who are members of 1199 SEIU
- Partnership with Alzheimer's Association to upgrade curriculum and train the trainers
- 100+ PCAs trained



LOOKING AHEAD

September 2023: Boston BOLD Project funded for 2023-2028!

1. \$500,000 annual funding award
2. Emphasis on ADRD risk reduction
3. Support for implementing ADRD Strategic Plan
4. Funding to expand ADRD and caregiving data collection
5. Eight required strategies for public health infrastructure building

LOOKING AHEAD

Key Strategies for 2023 – 2028 Implementation Phase

1. Maintain/expand stakeholder coalition
2. Educate partners about brain health, ADRD issues, strategic plan
3. Develop, launch, and track an implementation plan
4. Educate the public about primary, secondary, and tertiary prevention
5. Increase dementia competence among providers and professionals
6. Improve availability and use of data to inform goals and activities
7. Improve sustainability of ADRD efforts in Boston
8. Increase community-clinical linkages to improve coordination, dementia outcomes, and social determinants of health

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