BOARD MEETING

By Remote Participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.*
Wednesday, March 13th, 2024
4:00 p.m.

Board Members Present

Dr. Galea, Ms. Gutman, Ms. Laptiste, Dr. Taveras, Mr. Valdez, Mr. Wilmot.

Chairperson's Remarks

Dr. Galea: Good Afternoon, fellow Board of Health members, Boston Public Health Commission staff, and members of the public. Welcome to the March meeting of the Boston Board of Health.

This meeting is being conducted by remote participation as authorized by state law and any votes will be taken by a roll call of the members.

In keeping with the Board's usual practice, members of the public are welcome d to observe the proceedings and Board staff will use the moderating features on the Zoom application to keep all on mute other than Board members and BPHC presenters.

This afternoon, we will hear a report from the Executive Office well as a presentation and vote on the FY2025 Budget, a vote on the proposal by ReSource Waste Services to increase their daily tonnage limit which was heard at our last meeting as well as an update about Boston EMS's work to recruit the next generation of EMTs through their new Cadet Program. Now I will turn it over to Dr. Ojikutu.

Executive Office Report

Dr. Ojikutu:

I want to start this afternoon by sharing some of our latest thinking about longstanding gaps in life expectancy and healthy longevity among community residents, and the way we are working with Mayor Wu on a Health Equity Roadmap that outlines strategies to address key drivers of premature mortality and racial gaps in life expectancy: cardiometabolic disease, preventable cancers, infant mortality, and overdose mortality. This will be both a BPHC and Citywide strategy.

It is clear that to make real progress we need to welcome new partners to the table. As we continue to flesh out a roadmap, we are working leverage new and enhanced partnerships to advance public health strategies, funding, and innovation, ensuring that activities and investments are focused on community health needs and health equity goals.

We are lucky in Boston to have strong organizational frameworks to build on, and we have had productive initial meetings with the Boston Community Health Collaborative (formerly the CHNA-CHIP Collaborative), that I know many of the Board members' organizations participate in. Our hope is that we can do more to bring new partners to the table and align investments toward shared health equity goals and CHIP priorities in a way that has not always happened in the past.

In addition to more actively tracking the work that our Community Health Collaborative partners are doing, we are in active conversations to bring new funders and foundations to invest more collaboratively; again, I look forward to sharing more updates about this work with the Board as we move forward.

In addition to upstream investments, we are also focused on access to care. Access to care is a longstanding priority of the Commission, and we have historically worked through advocacy and our programs to ensure that our residents have meaningful access to the care they need. Access to care is also a priority under Boston's Community Health Needs Assessment and Community Health Improvement Plan.

In recent weeks and months, a series of ongoing developments in this space have demanded our attention and care, including the closure of retail pharmacies, the role of urgent care sites in our system of care, the ongoing situation with our Steward-owned hospitals, as well as the impending closure of the Benjamin nursing home in Mission Hill. In the case of the Steward and urgent care issues, I had the opportunity to participate in productive City Council hearings that helped to highlight important underlying access to care and health equity issues.

While each of these challenging situations needs its own set of solutions, I do observe some common themes.

First, any potential changes in the system of care are really about the people that receive care and services in these settings, what they experience, and what they need to sustain their care and health.

Second, as we continue to work across levels of government to determine what is needed to support our residents in these situations, we are fortunate as a city to have nation-leading network of hospitals and community health centers, as well as the connective tissue, though programs like our Mayor's Health Line that help residents navigate these changes in the landscape of their care as well as applications for insurance and needed benefits.

I also see Community Health Workers playing an important role in meeting our goals related to access to care as well as equitable longevity, cancers prevention, cardiometabolic disease, overdose prevention, and other pressing health issues. BPHC of course has a longstanding history in building CHW capacity through our Community Health Education Center and has more recently used federal funding to support CHWs, serving the community both in house at BPHC and at several Community Health Centers and other community-serving organizations. CHW capacity is an important strategy that we can use to increase access and advance health equity.

The migrant crisis has required BPHC and partner agencies to respond to new pressures and challenges. We have stayed in close communication with City Hall through regular calls, and taken the lead on our role, which is focused on providing shelter and related services to individual adults.

As the members of the Board know, while BPHC does not operate the family emergency shelter system, we have continued to expand services in our emergency shelter system for individuals, to address the increase in individual shelter census. This increase is due to many factors, though as has been reported, currently a quarter of our shelter guests across our two shelters identify as individuals seeking asylum [n=151], with the majority of those at our men's shelter [125, or 27% of the men's shelter census]. The increased census has led us to open a temporary overnight overflow site in the adjacent Engagement Center building in mid-February to create a safer space for our staff and guests.

We of course continue to provide individual emergency shelter and food to anyone in need, and as has been our policy, we do not turn anyone away from seeking shelter.

To support the needs of individuals experiencing chronic unsheltered homelessness and substance use disorder we continue to provide low threshold shelter and housing navigation, mobile street outreach, and harm reduction services and work in close collaboration with public safety, the City's Coordinated Response Team, and provider partners in addressing clinical, harm reduction, housing, and substance use treatment needs. I appreciate the ongoing collaboration of Boston Medical Center, Boston Health Care for the Homeless Program, Eliot Human Services, Victory Programs, among many other partners.

At our last meeting, you heard an overview of BPHC's 2024-2027 Strategic Plan, and I believe you received the link to the full plan late last well. For others listening in who may not have seen it, it's available at boston.gov/bphc under the "About Us" tab. As you've heard, the priorities, objectives, and strategies in the plan align with and will help enable us to achieve of our Community Health Improvement Plan goals, as well as build on the strengths of our people, our partners, and reinforce the systems and infrastructure we need to be more effective over the next four years. This is just the beginning, and I am excited to see teams and offices do aligned strategic planning work of their own. I look forward to sharing more with our staff, the Board, and the public as we move forward.

On March 1st, we met a key deadline for our Public Health Accreditation Board Status, filing documentation to answer questions raised by our reviewers after they reviewed our documentation filed this summer. The next step will be a virtual site visit, which is yet to be scheduled. Thank you to all of the staff that helped to document our practices.

The week before last, I had the pleasure of spending the week in DC talking to representatives from the White House and the CDC Director Dr. Mandy Cohen alongside other Health Commissioners from around the country who are members of the National Association of County and City Health Officials (NACCHO) Board of Directors and Big Cities Health Coalition.

In these national conversations there has been a strong focus on pandemic preparedness, which I know has been top of mind for many of us as we have passed four-year milestones of initial confirmed cases and emergency declaration. I was pleased to participate in a WBUR interview with Dr. Ashish Jha and Dr. Galea. A key takeaway from these conversations is that it is "when not if" public health will be called to respond to another emergency.

Here are BPHC, we are preparing by doing some of the core, organization building work I mentioned in the context of our Strategic Plan, implementing the CDC Public Health Infrastructure Grant objectives, increasing our predictive capacity through new uses of wastewater surveillance and other emerging and innovative uses of data. But we are also focused on addressing health inequity – recognizing that a healthier and more equitable city is a city that is more resilient and prepared for the next pandemic.

As always, I heard a lot about what other cities admire about our work, as well as many promising approaches that other local health departments are pursuing that we can learn more about.

In addition to updates and votes on our budget and the recycling facility site assignment proposal we heard at our last meeting, I am excited for our BostonEMS to share more about some really encouraging work that they are doing to recruit and train a workforce that reflects the communities we serve.

This work directly supports the goals in our Strategic Plan, workforce development plan, Workforce Improvement Initiative, by supporting both equitable recruitment and hiring as well as meeting training needs.

Dr. Galea: Thank you, Dr. Ojikutu. Hearing no questions I will move on to approval of the minutes from January 10th.

1. Acceptance and Approval of Minutes from the January 10thth, 2024 Meeting

Dr. Galea: If there is no/further discussion, I will accept a motion to approve the minutes from the January 10th Board of Health meeting.

A motion to approve the minutes was made by Ms. Gutman, seconded by Mr. Wilmot and approved unanimously by all members present.

Recycling Facility Proposed Minor Modification Vote

Dr. Galea: Now I will turn to Mr. McCann to walk us through the ReSource Waste matter, summarize the proposal and vote, and welcome a motion.

Mr. McCann:

As the Board heard at a hearing at its January meeting, ReSource Waste, which operates a solid waste facility on Gerard Street in Roxbury, shown here on the right, has proposed a roughly 6.5% increase in daily capacity limit from 750 tons per day to 799 tons per day. No change is proposed for their 234k ton annual limit.

Also, the record from the hearing and exhibits shows that the property allows room for trucks to queue on site, reducing idling and traffic concerns. The processing of the recycling waste occurs indoors, minimizing odor, dust, noise and other community impacts

The applicant has also presented that adjusting daily limit will reduce instances of turning away trucks, which often results in additional truck miles traveled, staging, and returning to the site the next day, creating additional environmental impacts and operational inefficiencies.

A vote of the full Board required by state site regulations. The Board has a memorandum from BPHC's Environmental & Occupational Health and draft Decision and Statement of Findings. I am happy to answer any questions the Board may have, before accepting a motion on the decision.

Dr. Galea: Now I will take a vote by roll to approve the proposed decision and statement of findings regarding the minor modification to the site assignment for ReSource Waste.

A motion to approve was made by Mr. Valdez, seconded by Ms. Gutman, and approved unanimously by roll call of all members present.

Now I will turn it to Director of Administration and Finance Tim Harrington for an update and vote to submit the Fiscal Year 2025 budget.

2. FY2025 Budget Presentation and Vote

Mr. Harrington presents.

Dr. Ojikutu: Almost three times the rate of fetal mortality for Black infants versus white infants, so it's very important to have the FIMR Fetal Infant Mortality Review established. Looking forward to getting this funded in Boston so that we may address these disparities.

Chief Hooley: Presented the attached presentation, highlighting that the goal of the proposed investments to get response times back to performance targets, as increased call volume has caused this measure to increase.

Dr. Taveras: Is there an existing maternal review, and you are suggesting a supplementing fetal and infant review?

Dr. Ojikutu: I have not heard of one similar to the suggested FIMR, which is a comprehensive, multidisciplinary report that looks at all contributing factors. It expands beyond reports from the medical examiners, speaking with communities about things like racism in healthcare. I believe more than 30 states have conducted reviews like this, and it has been proven to be effective. As we take a look at our portfolio, we are trying to transform our systems—connection to doula services (which we have a significant grant to help expand), supporting breastfeeding and the installation of lactation pods, emergency housing, prenatal care, etc.

Dr. Taveras: That was an incredibly robust external grant portfolio. One of the funding requests for administrative supports. Does the BPHC have sufficient administrative support to manage and grow such a substantial grant portfolio?

Mr. Harrington: Yes, part of the administrative funding is going towards the management of these grants. Having the administrative capacity to manage these grants has been a challenge we've been mitigating these past several years. The last few FTE's we've been able to fund have been incredibly helpful in managing these grants and we continue to work with the City to increase our capacity.

Dr. Ojikutu: We have a very high success rate in acquiring new grants, so I just want to commend our Grants Development Office under Catherine D'Vileskis, who have built up our infrastructure to such that we are able to push so many along.

Mr. Wilmot: How might community health partners and BPHC partner on future grants? Something to consider. Further, could you give a dollar amount to the formerly ARPA funds that are now being attempted to be shifted to the City appropriation budget? Are there any programs that will be defunded because of the cessation of ARPA funding?

Mr. Harrington: Many of the ARPA funds went towards Mass & Cass requests. We've had multiple conversations with the City about shifting the funding costs and we'll be hearing back from them in the next several months.

Mr. Wilmot: With regard to the tunnel closure coming this summer, has there been any consideration of addressing the resulting community health needs that might arise?

Mr. Harrington: Will have more conversations in the next several months, but we do have our community health grants that we give out.

Mr. Valdez: Regarding SBHC expenditures resulting from site changes; shouldn't this be coming out of BPS' budget and not the BPHC's, since it was a decision from them?

Mr. Harrington: The SBHC's are a program that the BPHC runs and operates under and with BPS.

Mr. Valdez: Looking at the detailed budget: there was a $1M+ decrease in the service centers budget?

Mr. Harrington: This reflects the shift in protocol for the rent payment of 1010 Mass Ave. This has no impact on the operations of the BPHC, simply an accounting change.

Mr. Galea: How does the budget map onto the conversations we've had with the needs in Mass & Cass? The ~4% increase in budget for Recovery Services seems negligible.

Mr. Harrington: If we are able to get the funds we are requesting for FY25, this will be retained in future budgets. Hopefully we will receive this new investment and continue to work with the City.

Dr. Ojikutu: Big picture, we also receive funding elsewhere, e.g. grant funding, CDC funding, Opioid Settlement funding.

Dr. Galea: If there is no further discussion, I will accept a motion to submit the Boston Public Health Commission's Fiscal Year 2025 budget to Mayor Wu and the Boston City Council.

A motion to submit was made by Mr. Wilmot, seconded by Mr. Valdez, and adopted unanimously by roll call vote.

Dr. Galea: Now I will introduce representatives from BostonEMS to share about their Cadet Program and efforts to recruit from the community they serve.

3. BostonEMS Cadet Program

EMS Captain Salfity and Superintendent Alexander present.

Dr. Galea: Thank you; are there any questions.

Galea: Thank you and congratulations to Captain Salfity and Superintendent Alexander for achieving inclusivity at every step and for presenting this to us.

Hearing no/more questions, we will stand adjourned. Thank you all.

4. Adjourn