



## MINUTES OF THE BOARD OF HEALTH MEETING

**A meeting of the Boston Board of Health (Board) was held on Wednesday, January 11<sup>th</sup>, 2023 by Remote Participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.***

### **Board Members Present**

Dr. Sandro Galea, Chair, Phillomin Laptiste, Guale Valdez, Kate Walsh, Greg Wilmot

### **Others Present**

Dr. Bisola Ojikutu, PJ McCann, Julia Frederick, Tim Harrington, Kathryn Hall, Shoba Nair, Sari Sanchez, Triniese Polk, Krystal Garcia, Julia Gunn, Ally Huh, Lelia Gessner, Gerry Thomas, Nancy Lessin, Jon Latino, Cheryl Buckman, Tori Cowger, Taneesha Peoples, Tibrine da Fonseca, Leon Bethune, Samrara Grossman, Tim Harrington, Steve Simmons, Johnna Murphy, Agathe Hoffer-Schaefer, Eline Van Es, Dr. Sari Sanchez, Triniese Polk, Stephanie Santizo, Morgan Chen, Catie Burbage, Helen Ayanian, Hannah Totte, Sonia Carter, Shoba Nair, Tegan Evans, Hamilton Paul, Roy Wada, Stacey Kokaram, Djenny Lobo Lopes, Agathe Hoffer-Schaefer, Nour Sharara, Cynthia Hamwey, Melissa Hector, Cameron Colby, Omar Boukili, Nikki Shen, Jennifer Tracey, Batool Raza, Sarah Horsley, Meredith Brown, Nick Durham, Suleika Soto, Ruth Trimarchi, Dan Dooley, Uchenna Ndulue.

### **Chairperson's Remarks**

Dr. Galea: Good Afternoon, fellow Board of Health members, Boston Public Health Commission staff, and members of the public. Welcome to our first Board of Health Meeting of 2023. 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 welcomed 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.

I would like to start by congratulating John Fernandez on his appointment as the CEO of the Lifespan Health System in Rhode Island. Unfortunately for us, John's new role necessitates that he step down from the Board of Health. On behalf of Mayor Wu and the Boston Public Health Commission, I want to thank John for his service on the Board. I will share more information about an appointment to fill this

seat on the Board when it becomes available.

This afternoon, we will hear a report from the Executive Office, an Infectious Disease Update, an overview of the Fiscal Year 2024 Budget Process, and a report on BPHC's Anti-Racism Initiatives.

I will start by turning it over to Dr. Ojikutu for the Executive Office Report.

### **Executive Office Report**

Dr. Bisola Ojikutu:

Thank you and good afternoon. While you will hear more details later in the agenda, I want to begin by addressing where we are with COVID-19. As you know, the CDC has elevated Suffolk County to high risk for community COVID-19 spread. We have seen sharp increases over the past two weeks across many key indicators. We are urging all residents to take appropriate precautions to protect themselves and others, including wearing a mask indoors and on public transportation, and getting the bivalent booster ASAP. We know that we have relatively high rates of vaccination in Boston, but the number of residents who are up to date is a cause for serious concern.

We have set up several standing sites where COVID-19 vaccines, testing, and flu shots are available to everyone for free. No appointments, IDs, or proof of insurance necessary. Members of the public can find a clinic by visiting <http://boston.gov/covid19>.

Turning to some exciting news: In late December, CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente, released its ranking of the largest 75 cities with its revised package of 12 upstream, prevention-oriented policies that impact residents' health – like access to healthy housing, greenspace, earned sick leave, and the Board of Health's work to address flavored tobacco and smoke-free workplaces. Boston was one of just two cities to receive an overall gold medal and the only city has earned an overall gold medal each year since CityHealth began its assessments in 2017.

We also have some timely new funding news. First, the CAFH Bureau received \$900,000 (over four years) for the "Strong Communities Initiative" from the state Executive Office of Health and Human Services.

The project is an evidence-based and evidence-informed pilot program for direct services to 40-50 youth per year to address violence involving youth in schools and the surrounding communities. It addresses a gap in violence prevention efforts by focusing intensively on students who have violated the most serious offenses of the BPS Code of Conduct to reduce the threat of violence and increase their chances of success in school and in life. It has been specifically designed to incorporate the principles of racial equity, positive youth development and trauma informed care.

The goal of the program is to reduce incidents of school and community violence and expand the continuum of currently available city services to provide earlier supports and developmental interventions to high school and certain middle school BPS students whose behaviors are predictors of

weapons violation and community violence.

I'm also excited to share that BPHC has been awarded CDC Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. This is a five-year, nearly \$8.5 million grant supported in part through federal ARPA funding with the goal of ensuring that state and local health departments have the people, services, and systems needed to promote and protect health.

BPHC plans to use these resources to address workforce priorities and foundational capabilities that we have discussed with you recently in the context of our Workplace Improvement Initiative and implementation of the foundational plans that have been redrafted to support our Public Health Accreditation Board reaccreditation process and overall goal to improve our organizational performance.

This work will include hiring a Performance Management and Quality Improvement Manager with funding to sustain the position over five years along with additional support in year one to support the development of trainings and other related activities.

One additional note on our public health reaccreditation process. PHAB has extended the application deadline to February 15 for all health departments seeking reaccreditation and provided additional time after that to upload our required documentation. While this additional time is welcomed, we have drafted the foundation foundational plans, including the new Workforce Development Plan and Performance Management and Quality Improvement Plan and will be focusing our performance improvement efforts on implementation of these plans in a way that operationalizes equity at BPHC.

I'm pleased to report that Taneesha Peoples started last month BPHC as our new Director of Human Resources starting last month.

As a follow up to our discussion in the fall about BPHC's expanded role in advancing Boston's Community Health Improvement planning, I'm excited to share that we have hired Tibrine da Fonseca as our first CHNA/CHIP Project Director. Tibrine will be leading efforts to coordinate the Boston CHNA-CHIP Collaborative, and implement Boston's Community health needs assessment and community health improvement plans.

I also want to introduce Ally Huh, who has joined the Executive Office as a new Project Assistant and will be assisting with the Board of Health; welcome Ally.

To follow up where we were interrupted at the close of our November meeting, I want to give some updates on shelter transformation – a citywide effort to make shelters more meaningfully accessible to those with substance use disorder. Starting in mid-December, BPHC's Homeless Services Bureau has now expanded number of low threshold beds by 50, to 75 beds in a specialized floor of the 112 Southampton Street Shelter that address the unique needs of those experiencing substance use disorder, which we've named the Friends Floor. The floor has been well received by guests and staff, and is playing a critical role in the winter response and supporting access to services.

The goal of shelter transformation is to support individuals experiencing co-occurring substance use disorder and unsheltered homelessness in making the decision to seek shelter, support, and ultimately pursue pathways to housing and recovery through the services we provide. I want to thank Gerry Thomas and her team in the Homeless Services Bureau for their ongoing work to support these goals and the individuals they serve.

BPHC continues to work daily with the City of Boston Coordinated Response Team across multiple city partners in the public health response to the Mass. & Cass area, along with our partners Boston Healthcare for the Homeless Program, Eliot Community Human Services, Department of Mental Health who are on the ground working with us providing case management, medical care, mental health services, and housing navigation for individuals in the Mass and Cass area.

To improve and scale our existing street outreach efforts and augment the harm reduction services we are funding Eliot Community Health Services to hire four case managers and a supervisor to create an enhanced case management team that will improve service and housing connections, coordination and follow-up on referrals. Through the survey results of interviews on the street, we know that different communication and triage approaches are needed for those who are new to the area compared to those who are chronically unhoused in the area. Service needs include medical, mental health, substance use, housing, nutrition, legal, employment, and other needs. I want to thank Devin Larkin, Director of our Bureau of Recovery Services team and Jennifer Tracey, Director of Office of Recovery Services and their teams for their leadership and creating new service models to continually find ways to meet the needs of people with substance use disorder in Boston.

I also want to acknowledge the critically important work of Sarah Mackin, Director of AHOPE, and her team to respond to emerging patterns of substance use. We are closely following the devastating impact of Xylazine in our community and we know that harm reduction is more important now than ever. Last month BPHC released an advisory for providers, and will continue to share information and harm reduction services.

That is all for my updates, I welcome any questions.

Valdez: Are low-threshold beds assigned over a period of time or is it first-come first-served? And, because it is winter, do we have enough interior space to handle our needs?

Dr. Ojikutu: It is a tent-to-housing program and we've contracted with six different sites across the city, which were assigned on a first-come, first-served basis. Some were assigned based on housing list placement. We tried to keep partners together as best we could. A waitlist developed and we are working now on developing a more efficient process. There are approximately 200 low threshold beds across the city through this initiative. Some are congregate beds, some are individual hotel beds. Our biggest concern regarding that is equity. The Office of Minority Health grant focuses on structural racism and housing access and will be utilized to create various iterations of the current process. In regard to the second question, we do not have enough beds available; I'm not sure any city has enough beds, but we are doing the best with what we do have and we are having ongoing discussions with City Hall

administration and the Mayor's Office on how to expand access.

### **Acceptance and Approval of Minutes from the November 9<sup>th</sup>, 2022 Meeting**

Dr. Galea: If there is no discussion, I will accept a motion to approve the minutes from the November 9th Board of Health meeting.

A motion was made by Mr. Valdez, seconded by Ms. Walsh, and approved unanimously by roll call vote.

Dr. Galea: Now I will turn it over to Director of Administration and Finance, Timothy Harrington, for the initial update on the FY24 budget.

### **Fiscal Year 2024 Budget Process**

Tim Harrington presented the posted slides on FY24 budget updates.

Dr. Galea: Hearing no questions, I will turn to the infectious disease update.

### **Infectious Disease Update**

Dr. Kathryn Hall, Shoba Nair, and Dr. Sarimer Sanchez presented the posted slides with updates on COVID-19 metrics, wastewater monitoring data, and influenza.

Wilmot: Regarding doses given year-to-date, how does that compare with the numbers from last year? I saw at one of the flu clinics that vaccination adoption was dropping.

Dr. Sanchez: We did not offer flu vaccines at standing sites last year, so this is a new intervention. We believe that last year was mostly geared towards COVID vaccinations, but vaccination coverage across the state has been a statewide general concern, along with staffing issues and vaccine hesitancy, etc.

Valdez: Regarding COVID-19 trends in the wastewater of different Boston neighborhoods, the graphs [slide 15] show that East Boston has lower rates than Mattapan. They have very similar demographics; what could be the reason for this discrepancy?

Nair: We are currently in the process of trying to parse through data as we begin to compare different neighborhood sites. Charlestown and East Boston are similarly located and both have lower rates; perhaps these trends are geographically influenced.

Dr. Galea: Regarding Slide 16 and the XBB variant, what are comparisons with last year?

Nair: The XBB variant is a sublineage of BA.2. Per the CDC, the majority of variants right now are XBB.5.

Dr. Galea: Where are we getting the subtyping since there is a three-week delay in the data?

Nair: We are getting the subtyping from the CDC but are hoping to speed up lab processing time in the

future.

### **BPHC Anti-Racism Initiatives**

Triniese Polk and Krystal Garcia presented the posted slides.

Wilmot: In terms of the types of data that you're collecting or reporting on; what kind of information is available to us to monitor progress.

Polk: That is a great question. Some of the Public Health Advisory Board expectations, and our plans for tracking are aligned with that and future strategic planning. There will be more to come.

Laptiste: Great work; I'm pleased to hear how much progress we've made. In regard to the college scholarship, in our work, we're looking at professional development, and looking to understand where people are looking to work, as well as what their advisors look like as well.

Galea: I thought this was a really nicely elaborated suite and I would encourage you to write it up.

Attest:

/s/ PJ McCann

Deputy Commissioner for Policy and Planning, Board Secretary