



BOARD MEETING

By Remote Participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.*

Wednesday, September 11th, 2024

4:00 p.m.

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 September 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 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.

This afternoon, we will hear a report from the Executive Office well as presentations on the closure of Carney Hospital and substance use disorder initiatives. Now I will turn it over to Dr. Ojikutu.

Executive Office Report

Thank you, Dr. Galea, and good afternoon, Commissioners. I hope that everyone had a good summer. We haven't met for a few months, but during that time we here at BPHC have made some significant progress towards addressing our strategic goals and objectives.

I'll start with one of the objectives outlined in our recently published 2024-27 strategic plan; to advance health, equity and contribute to narrowing long standing racial gaps in life expectancy, and to promote healthy longevity among community residents.

As many of you all may recall, in July we moved that objective forward by launching the *Live Long and Well* initiative. That initiative essentially outlines our citywide commitment to improving health outcomes across neighborhoods with a focus on the leading causes of premature mortality in Boston, which include

cardiometabolic disease, which includes diabetes, heart disease, other related disorders, preventable cancers, unintentional drug overdose, which you will hear a lot about our work a little bit later in this meeting. In addition, we are very focused on on the challenges that our city and many cities have faced for a long time, in infant mortality and maternal morbidity.

We will be publishing a document on this initiative later this fall. It's well underway and provides a detailed overview of our commitments and the interventions that are in process, or that will be initiated to support advancing health equity in each of these areas.

The press Conference went extremely well, and really the focus of that was our partnership with the Boston Community Health Collaborative, which is formerly the CHNA, CHIP, and Atrius health Equity Foundation. Through this partnership, the Foundation is generously providing a \$10 million dollar investment in grant funding that we hope will be catalytic and will encourage more partnerships in this area and hopefully more money to support our efforts.

What we've been working on since the press conference is to award several grants to community-based coalitions that will propose place-based interventions to improve economic mobility, which we all know is an upstream driver of life expectancy and premature mortality. We have been meeting with the team regularly and will certainly keep you posted as that is released.

Now I'll turn to two other high priority strategic plan objectives: data, innovation and workforce development. In August the Commission hosted several senior level staff officials from the CDC and their teams for a half day, sharing opportunity of BPHC initiatives and best practices. This was a great opportunity to share all the great work that's being done in those two particular areas that we did share a little bit from other areas. The visit included Dr. Daniel Jernigan, who is the Director of the National Center for Emerging and zoonotic Infectious Diseases. Dr. Les Dauphin, who is the director of the Public Health Infrastructure Division at the CDC, and Dr. Dylan George, who's the director of the center for forecasting and outbreak analytics all attended. Again, I think it was a great opportunity. We focused the meeting on the innovative use of data as well as workforce development. I want to share that they were really impressed by our data innovation work in particular, and it's important for me to highlight some of that to you.

We've been working very hard on sustaining and growing our wastewater program. It's unique in that it's a neighborhood level wastewater program. It's not just about the city; it's really about looking at what's happening at the community level and thinking about disparities and equity and understanding what's happening and being able to predict what may happen in the future. We are really focused in on pandemic preparedness. We are still publishing reports on COVID-19 concentrations in wastewater as well as RSV and influenza. It is really important that we are trying to stay ahead of the game. Certainly thinking about H5N1, and making partnerships with academic institutions to figure out how best to utilize this incredible resource.

This equity focused work is now published in the American Journal of Public Health, and in the Journal of Public Health Management and Practice, and I think several other publications are also underway. I want to thank Dr. Shoba Nair and her team for really spearheading this work again. It was something that was really highlighted by the CDC.

Data modernization was another area that was highlighted and it was well received. Our director of data modernization, Preeti Kumar presented during the visit. And currently, she is working on kicking off our data modernization work here at the Commission. A lot of that work is going to be focused in on integrating data. As you know, there are always challenges with integrating data, even within institutions. This work will include developing data policies and standards and making some overall improvements in how we collect data and how we disseminate data.

I want to thank everyone from our staff who presented and who was involved in these efforts. I think that everything that we displayed to the CDC as well received. There's incredible work that's also being done in the area of workforce development, particularly with the public health infrastructure grant. I'd like to spend some time on that during a future meeting, because it is rather robust, a lot of work that's moving forward.

Turning to substance use disorder, you are going to hear a much larger and robust presentation. I did want to highlight a few events and a few things that are really important. It's important to note that August 31st was International Overdose Awareness Day. As we're all aware, Massachusetts State noted about a 10% decrease in Opioid overdose deaths from 2022 to 2023, Boston noted an increase during that same time period of 12%.

So clearly we have challenges, and I think that there's an enormous amount of work that's going on in this area. But you know, being the largest city in the State we experience this issue in a unique way. We are working very hard on this high priority area for our city and for the Boston Public Health Commission.

It was an honor to join other State and city leaders and community members on the Boston Common last Thursday, to talk about our City's commitment to decreasing drug overdose, and to mark the solemn occasion and participate in the flag planting ceremony, honoring the lives of those lost over the past decade. This month is also Recovery Month and there are going to be a number of events throughout the month, including Nubian Recovery Day, which is scheduled for September 25th. A lot of the work that we are going to be promoting during this month and onward is going to focus on distributing naloxone and really making sure that people know what Naloxone is and are able to use it.

A lot of what we're seeing amongst our residents is poly substance use based on data that we've analyzed. I think that it's important for us to think critically about stimulant use cocaine as well as methamphetamines and to think about what our interventions need to be. We're working on gathering some data as well as I mentioned during this particular month, thinking a lot about highlighting and amplifying the need to work on recovery and work on expanding access to Naloxone. Again, you'll hear more about this later on. In the meeting.

I'm also excited to share, as you all probably read about, that Governor Healey recently signed a very significant Maternal Health Equity Bill. And now that legislation really takes some crucial steps towards overhauling maternal health care within our state, expanding midwifery, care, mental health care, prenatal and postpartum care.

We're obviously doing a lot. You've heard about some of this with our doula program and funding that we've received. This legislation is supporting that and amplifying the need for that. It also establishes a statewide fetal and Infant Mortality Review. I want to thank our Healthy Start Systems team, our IGR team, our Community Action Network for their work to really advocate for a lot of these. These interventions to move forward beyond the city of Boston as we are getting City appropriation dollars to start a Fetal and Infant Mortality Review here at the city level.

We've already started that process long before this this legislation began. It is something that we have been planning, thinking about hiring individuals and really thinking systematically about what it will take to really understand why we have the infant mortality disparities that we've persistently noted for decades throughout the city of Boston. I am looking forward to learning more and to thinking about ways that we can address the issues that arise.

Turning to more good news, I'm really excited to share that we are now reaccredited. The Public Health Accreditation Board granted the Boston Public Health Commission reaccreditation status for another five-year term. We were initially accredited in 2017 and recently went through a very long process that was led by PJ McCann and other team members who spent a lot of time pulling together data and really rallying the troops around the effort. Accreditation is so important because it's a designation that essentially says that we are doing the work, providing the essential public health services that a public health department should be carrying out for our residents.

I want to highlight and maybe brag just a little bit. We did get a lot of comments from our reviewers and two quotes stood out and exemplified the type of progress that we've made in areas that I think have been very important. One quote is that BPHC is a high functioning health department. We have really worked on meeting this standard, and identifying the issues, identifying the gaps, thinking about our current programming and using quality improvement tools to make them work better. Secondly, the other quote was that we are clearly dedicated to professional growth and success. As you know through when the workplace improvement program through the Public Health Infrastructure Grant, we are very focused in on professional growth and development here at the Commission and really supporting our staff because they are our greatest asset.

So again, thank you to the team who spearheaded this work and guided us through this process. Hopefully we can share, even more as we continue to develop the work and use this information or use the work that we developed through the process to do more in terms of Quality Improvement and Quality Assurance in terms of our programs.

More good news: I'm really excited to announce that we have hired a Medical Director for our Infectious Disease Bureau, right before infectious or respiratory viral season. I'm pleased to share that we have hired Dr. Kayty Himelstein in this role. Kayty, trained at MGB. And she's currently working as an infectious disease physician at Boston Medical.

Dr. Galea: Thank you, Dr. Ojikutu. Do we have any questions from the Board?

Acceptance and Approval of Minutes from the June 12th, 2024 Meeting

Dr. Galea: If there are no questions, I will accept a motion to approve the minutes from the June 12th Board of Health meeting.

A motion was made by Mr. Valdez, seconded by Gutman and a vote to approve the minutes was approved unanimously by roll call.

Now I will turn it back to Dr. Ojikutu for more on the Carney hospital situation.

Carney Hospital Closure Response

Dr. Ojikutu and Mr. McCann present.

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

Gutman: Appreciate the work in terms of the closure. As representative of SEIU1199, we represent long-term staff at Carney who are heartbroken not just about losing their jobs but about about service gaps, greed, staff who are losing retirement benefits, some of which were not able to find work. Some are able to find work, some are not. Again, appreciate BPHC's partnership on this issue.

Dr. Galea: Heartening to see Commission doing work that it can within its remit to buffer some of these impacts. Thank you to the Commission.

Greg: Speaking on behalf of my community health center and what I'm hearing from colleagues. There will be ongoing impacts to access across variety of care, emergency care, urgent care, specialty care that were provided. That activity is needing to find a home, at a time when workforce shortages have impacted capacity. There are definitely concerns about our health system's capacity to absorb without disruption to community. We should be thinking through or advocating for additional resources to allow for additional access points; to sustain capacity to absorb and build for new activity. To the extent the Commission can advocate for resources for this that would be needed. Disclosure: NeighborHealth and I am a member of board of trustees of BMC.

Dr. Ojikutu: We appreciate and want to understand more about CHCs, but also think from the positive side about what is next. What more could we be doing? Is this an opportunity for restructuring, especially in the behavioral health space. We need to target resources differently. We need the better services, especially for populations who are struggling in this area. We are also seeing it with primary care demand, and need to think about new resources for CHCs to meet the needs.

Mr. Valdez: I want to complement Dr. Ojikutu and team, and extend my support. It's not easy to represent needs of the community, I know Commission will continue to lead. It's not going to be an easy task but I know that you will rise to the occasion. We are ready to do more with the right resources. There's an infrastructure of hospitals and CHCs that have risen to the occasion in every crisis, and we will continue to do that. Need to continue this dialogue with each other and with the stakeholders.

Dr. Taveras: I am struck by how many discharges are behavioral and mental health. What are the next steps? Are there partnerships with DMH, opportunities to think about resources that may be brought to

bear. Opportunities to embed in the health centers. Are there any solutions that are more place-based that can be brought to bear?

Dr. Ojikutu: There are discussions about how to strategically move forward to think through each service type. These discussions will hopefully lead to an announcement about group being brought together to reimagine. I will keep you posted as I have more information.

Hearing no/more questions, we will transition to a presentation about BPHC's substance use disorder initiatives.

1. Substance Use Disorder Initiatives

Ms. Sodder, Mr. Arthur, Mr. McCann present.

Dr. Taveras: Can you say more about the public dashboard?

Ms. Sodder: Info about fatal and nonfatal overdoses, demographics with race eth., will be built out more over five years.

Mr. Arthur: Following up on dashboard question, data will be for 2018-2022 for the initial phase of the dashboard going live at the end of November.

Mr. Wilmot: Is there a timeline for the bridge? What are the kind of major milestones and timelines associated?

Mr. McCann: The estimate that we've heard is that from permit approval the bridge could be completed in four years. The idea of stabilizing the buildings is that we could accelerate the renovation of them once access is restored. You can think of the building work as two phases between stabilization and renovation.

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

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

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