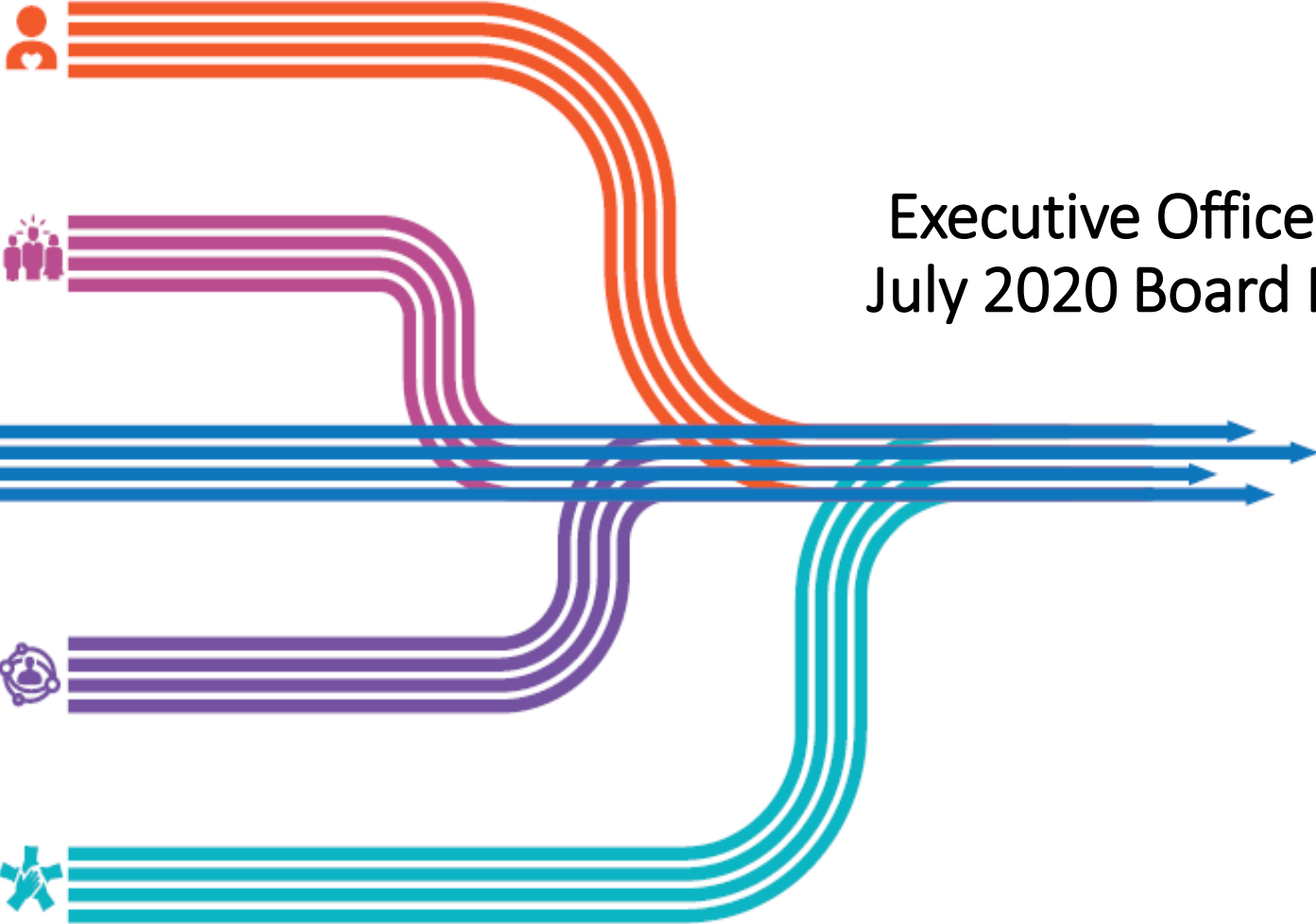


Executive Office Report July 2020 Board Meeting



Mayor's Declaration of Racism as a Public Health Crisis

- Declared on June 12, 2020
- \$3 million for BPHC to begin implementation of eight strategies



CITY OF BOSTON • MASSACHUSETTS

OFFICE OF THE MAYOR
MARTIN J. WALSH

**EXECUTIVE ORDER
OF
MAYOR MARTIN J. WALSH**

An Executive Order Declaring Racism an Emergency and Public Health Crisis
in the City of Boston

Equity and Inclusion Cabinet

Newly named Chief of Equity, Karilyn Crockett

Will focus on:

- Dismantling systemic barriers to health and socio-economic equality
- Developing a demographically representative city workforce
- Supporting immigrant, refugee and other vulnerable communities
- Ensuring that an equity lens is placed on all programs, policies, and practices of local government
- Staffing the newly created Boston Racial Equity Fund

Intergovernmental Relations Updates

Testimony Provided

- Listening session on equitable recovery in Boston
- City Council hearing regarding reopening plans for colleges and university

Maternal Health Equity Update

- H.4448/S.2697, “An Act to reduce racial disparities in maternal health” was approved by the House and is now moving to the Senate
- H.4445, “An Act relative to conducting fetal and infant mortality review” has failed to advance



Communications – Updates from 6/1 to 7/10

Media

- BPHC/EMS appeared in more than 215 articles and stories & contributed content to dozens more

Constituent Engagement

- **365** Tweets & **52** posts
- **5.8K** engagements
- Gained **500** followers

Website

- Created face covering posters in multiple languages





FY21 Budget Update

Grace Connolly

Director, Administration & Finance

FY21 Budget

Bureau	FY21 Recommended		FY21 Adopted	Variance	% Change
	FY20 Budget	Budget	Budget		
ORS/BRS	7,885,846	8,380,322	8,380,322	494,476	6.27%
CAFH	12,700,475	13,265,297	14,265,297	1,564,822	12.32%
CIB	5,497,452	5,731,276	5,731,276	233,825	4.25%
EMS	62,069,171	69,748,143	69,748,143	7,678,972	12.37%
EMS Revenue	38,812,684	37,780,532	37,780,532	(1,032,152)	-2.66%
HSB	7,046,089	7,516,020	7,516,020	469,931	6.67%
IDB	4,826,947	5,105,790	5,105,790	278,843	5.78%
PHSC	14,647,847	15,124,773	18,124,773	3,476,926	23.74%
ADMIN	10,994,212	9,567,687	9,567,687	(1,426,526)	-12.98%
PROPERTY	4,720,073	4,884,852	4,884,852	164,778	3.49%
OPEB	2,250,000	2,250,000	2,250,000	-	0.00%
Other	420,000	1,320,100	1,320,100	900,100	214.31%
Total City Appropriation	93,405,428	102,473,529	106,473,529	13,068,100	13.99%

New funds to support the work

Funds to address Racism as a Public Health Crisis and through City budgeting process:

- Margaret Reid, (for) Office of Health Equity
- Jen Tracey, Recovery Services
- Catherine Fine, Child, Adolescent and Family Health
- Chief Hooley, Emergency Medical Services
- Dan Dooley, Research and Evaluation



COVID-19 BPHC Response and Recovery

Ongoing Response Operations

Response Goals

- Provide continuity to ongoing response activities
- Designate team to oversee, manage and monitor activities
- Ensure BPHC has adequate resources and ability to escalate response operations
- Design and implement a public health-informed reopening guidance and framework

Response Functions

- Case Monitoring
- Data Analysis
- Human Services Response
- Information Sharing
- Public Health and Clinical Guidance
- Resource Requests and Fulfillment
- Sector Reopening Guidance
- Volunteer Management

Metrics for Reopening

Reduction in the number of new COVID+ cases in Boston Residents

- A 14 day statistically significant overall decline in cases based on a 7-day centered moving average. We're using positive test data that we're getting from MDPH 2x per week to do the analysis.

Widespread, Ongoing, Accessible Testing:

- 15-20 testing sites throughout the City of Boston (not including hospitals)
- Capacity to do 1,500 tests per day
- % of all Boston residents tests that are positive is less than 20%

Capacity to Care for Those Who Are Sick

- 85% or less of the regular licensed ICU beds are occupied across all Boston hospitals

Ability to Isolate Cases and Quarantine Contacts

- 500 bed capacity available for ongoing quarantine and isolation

Our Metrics for Progress

Metric #1

Reduction in New COVID+ Cases in Boston

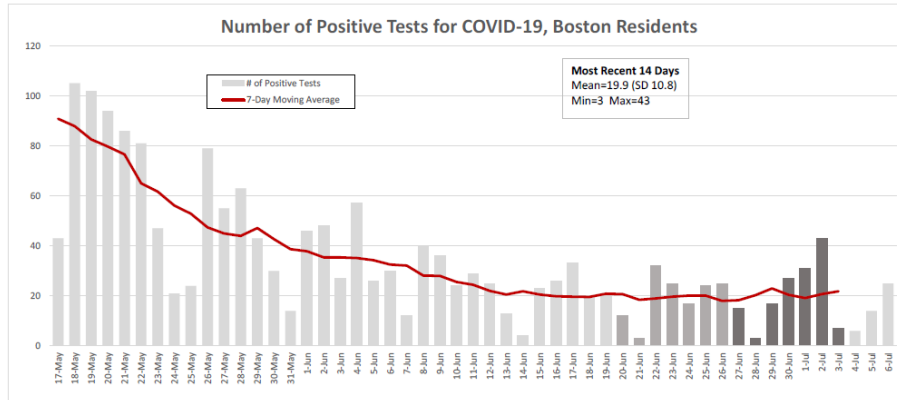
Status & Next Steps

Why this metric is important:

A reduction in the number of new cases is needed to ensure the spread of COVID-19 has decreased

What is the Measure for progress:

14 day statistically significant overall decline in cases based on a 7 day centered moving average



During the two-week period June 20 – July 3 (using data through July 6), the number of positive test results increased (+9%).

Status: (as of 7/6/20)

Metric is not met based on an uptick in positive test results in the two week period starting June 20.

What are we watching for in terms of trends and dates:

Monitoring in 14 and 7 day windows to try and identify slowing or potential increases due to reopening or large gatherings.

Our Metrics for Progress

Metric #2

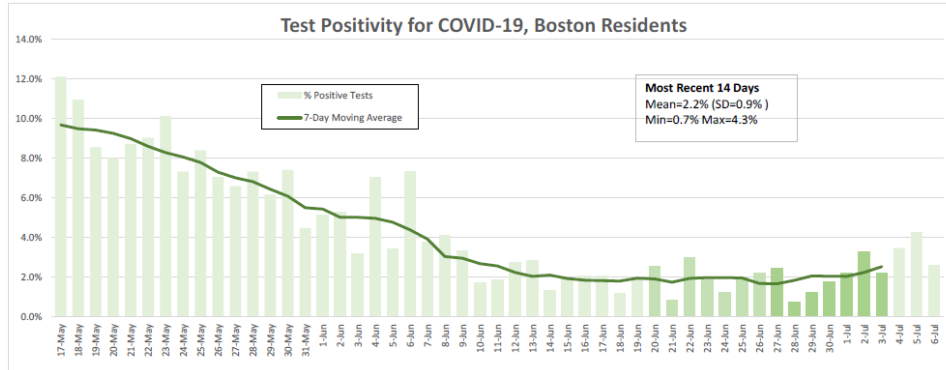
Testing is Widely Available

Status & Next Steps

Why this metric is important: Widespread, ongoing, and equitably accessible testing is important so we can adequately trace, contain and support those with COVID-19.

What is the Measure for progress:

- At least 15 testing sites
- Capacity to do 1,500 tests/day
- % of tests that are positive is less than 20% cumulative



During the 14 day period June 20 – July 3 (data through July 6),

- the number of tests performed decreased (-11%)
- the percent positive of test results increased from 1.7% to 2.5%

Status: (as of 6/29/20)

- 20+ testing sites established
- Offering pop-up site and mobile sites for anyone to get tested
- Ability to do 1,800+ tests per day through these sites (but averaging just 941 tests/day over the last 4 weeks, June 9-July 6)
- % positive cumulative = **15.3%**

What are we watching for in terms of trends and dates:

Will continue to monitor weekly rate for increases.

Our Metrics for Progress

Metric #3

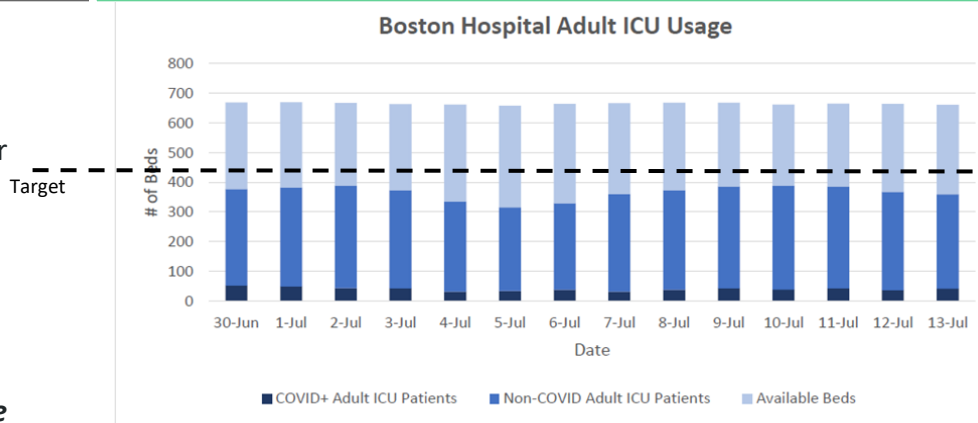
Capacity to Care for Those Who Are Sick

Status & Next Steps

Why is this metric important: Boston hospitals must have the ability to care for people needing critical care.

What is the measure for progress:

85% or less of regular licensed ICU beds are occupied across all Boston hospitals



Status as of 7/13/20: Across all Boston hospitals, **73% (-6)** of regular ICU beds are being used. Hospitals are operating within their licensed beds.

What are we watching for in terms of trends and dates:

#s will fluctuate as hospitals are resuming essential procedures. Increases in ICU hospitalizations since 7/6 are for non-COVID patients. Continuing to monitor for increases in COVID+ patients.

	<i>Covid+</i>	<i>Non Covid</i>	<i>Total</i>	<i>% of Regular Capacity</i>
Peak (April 22nd)	571	136	707	136%
July 6th	38	291	329	67%
July 8th	38 (0)	335 (+44)	373 (+44)	75% (+8)

Recovery Framework

Phase I: Short Term - Adapt Services and Programs

- Adapt City of Boston programs and services
- Aggressive Testing and Contact Tracing
- Strong Quarantine and Isolation
- Support human services response
- Ensure adequate resources

Phase 2: Medium Term - Establish Immunity and Lift Restrictions

- Prioritize vaccination for highest risk populations
- Mass vaccination clinics
- Continue to monitor cases and hospital capacity

Phase 3: Long Term - Address Long Term Impacts and Bounce Forward

- Develop vision of a healthier, more resilient and sustainable community
- Incorporate recovery planning across sectors
- Strengthen systems

Recovery Planning and Operations

Recovery Goals


- Design, develop, and implement final BPHC recovery plan
- Explicitly address social determinants of health and racial inequities in COVID-19
- Provide ongoing public health and clinical guidance to internal and external partners
- Continue to develop and disseminate public information to residents and media
- Coordinate and/or provide resources to support recovery operations
- Meet human services needs related to COVID
- Ensure workforce protection across BPHC

Recovery Functions & Working Groups

- Long-Term Health Monitoring & Analysis
- Workforce Resiliency & Wellness
- Workplace Safety
- Resource Support
- Public Information & Communication
- Racial Justice & Health Equity Initiatives
- City of Boston HHS Recovery Planning and Operations

Internal Recovery Plans & Adapted Programming


Shared template with all BPHC Bureau and PHSC Directors to support them in thinking about adapted programming for the next couple of months.



23 Bureau/PHSC plans were received by Executive Office in early June



Approvals, updates on requested support, and further questions were sent back in early July



Currently working on some next steps (next slide)

Examples of Next Steps to Support Programs in Short-Term Recovery

- Convening discussions or hosting trainings on common themes (ex, telehealth, virtual trainings, managing a remote team, safety)
- Assessing remaining program needs related to technology (laptop procurement, work cell phones, videoconferencing software)
- Follow-up workplace safety assessments and installation of plexiglass

Examples of Adapted Programming

- Child Adolescent and Family Health Bureau (CAFH) summer youth programming moved to a **completely virtual summer program** that will employ and engage 246 students through SuccessLink
- Environmental and Occupational Health Division in the Community Initiatives Bureau (CIB) has been **supporting their licensed businesses to follow the new guidelines** that the State has set for reopening
- Implementing **telehealth or virtual appointments** – Healthy Baby/Healthy Child, Outpatient Recovery Services programming, School Based Health Centers, Mayor’s Health Line, EMS operations (paused).

Supporting External Re-Opening Planning

Providing Expert Review and Guidance

- Infectious Disease Bureau
- Environmental Health Division in Community Initiatives Bureau

Small businesses, faith community, arts and culture, outdoor events, gyms, close contact industries, elder and youth focused programs and services

- Sector guidance documents, webinars, technical assistance calls
- Individual organization proposals
- Direct outreach to businesses which BPHC permits (ex: nail salons)

Create a system for workplace inquiries, complaints and COVID+ reporting

- Response plan with Inspectional Services Department
- Promote Mayors' Health Line phone number and email for complaints
- Promote IDB line for COVID related inquiries and reporting a COVID+ case
- Develop and share protocols for COVID+ cases (ex: notification, contact tracing and cleaning/disinfecting)

COVID-19



Mayor's Declaration – Racism is a Public Health Crisis in the City of Boston

Mayor's Declaration of Racism as a Public Health Crisis

\$3 million for BPHC to begin implementation of eight strategies:

1. Policy and practice solutions that work to dismantle systemic racism

2. 'Boston Health Equity Now' plan

3. Engagement of historically marginalized communities

4. Availability of specific race and ethnicity data that documents the health inequities that exists

5. Analysis of Social Determinant of Health Data to better understand inequities

6. Access to prevention and treatment that is culturally and linguistically competent

7. Direct service programs and services

8. Advocacy at the State and National level

8 Strategies under 3 Buckets of Work

Policy and Practice

Strategy 2: 'Boston Health Equity Now' plan that outlines detailed objectives and measurable goals in which the City will focus on root causes of the inequities.

Advocacy

Strategy 3: Engagement of historically marginalized communities in identifying problems and solutions and supporting community driven responses

Data

Strategy 4: Availability of specific race and ethnicity data that documents the health inequities that exist

Progress to Date

- Communicated with hospital and health center leadership around nominating representatives for the Boston Health Equity Measure Set (BHEMS) Advisory Council
- Wrote RFP for a new vendor for the data warehouse
- Cross-walked the 8 strategies to other organizational plans for where they complement and build on each other and to identify funding sources/needs
- BPHC/HHS Racism as a Public Health Crisis Core Working Group Convened

Four Intersecting Efforts

