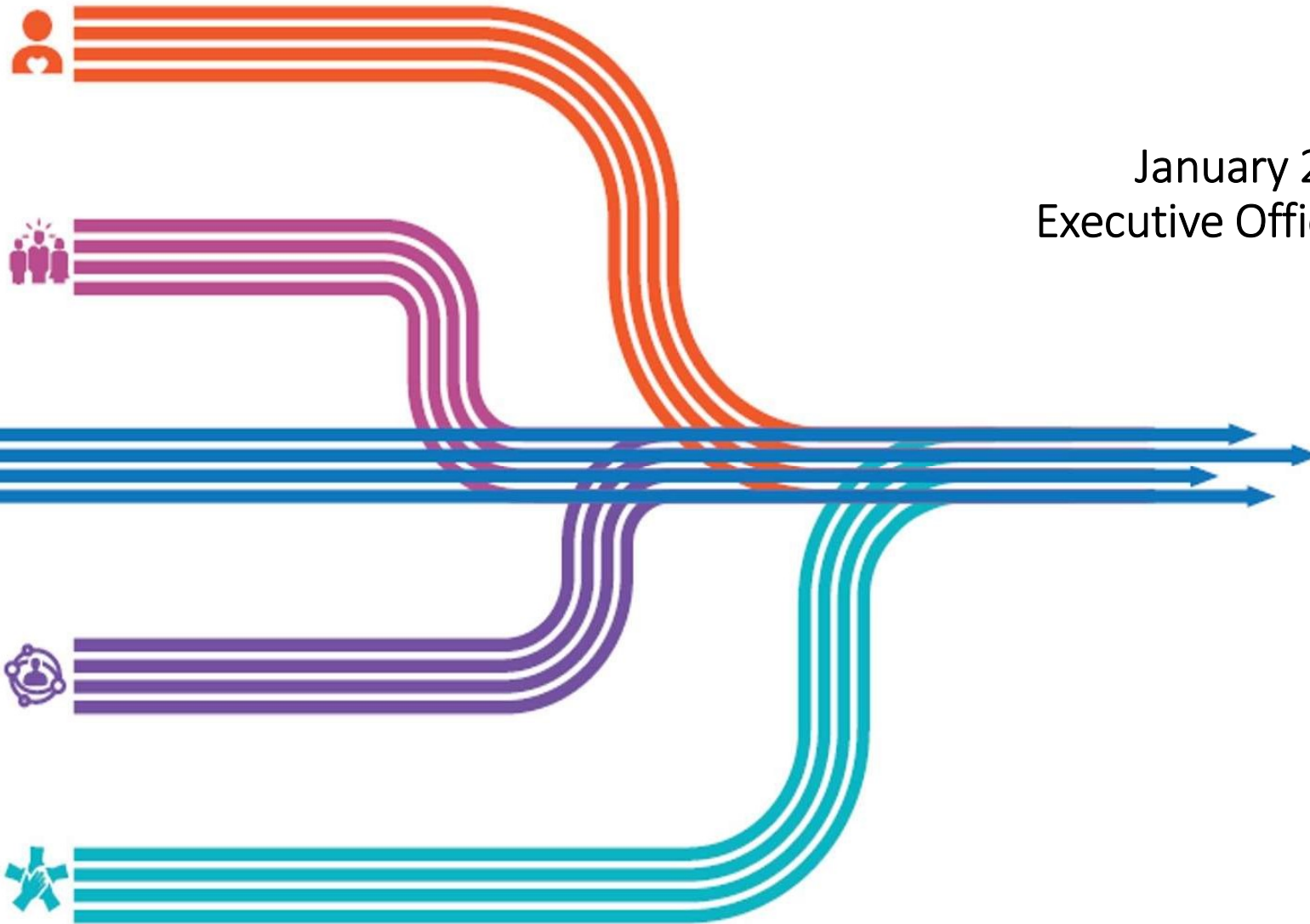


January 2021
Executive Office Report



Boston's 2020 Year In Review

The Boston Public Health Commission distributed **nearly 2.4 million pieces of equipment/PPE**

BPHC's Emergency Shelters were the only shelters that continued to accept new guests during the pandemic, providing shelter to **4,139 individuals** experiencing homelessness.

Office of Recovery Services placed more than **3900 individuals** into treatment

Office of Emergency Medical Services had **3500+** encounters with **COVID-19 positive patients**



Mayor Martin J. Walsh

#WereStillHere

CITY of BOSTON

Boston's 2020 Year In Review

The Community Initiatives Bureau completed **209 investigations of COVID-19 related business complaints** and completed **269 educational outreach** visits to small businesses conducted (not including telephone outreach)

The Neighborhood Trauma Team Network conducted **200 community support activities** in response to incidents of violence. On scene support deployed to **47 incidents**.

\$10 million was distributed to 10 community health centers to support COVID-19 testing



Mayor Martin J. Walsh

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Intergovernmental Relations Updates

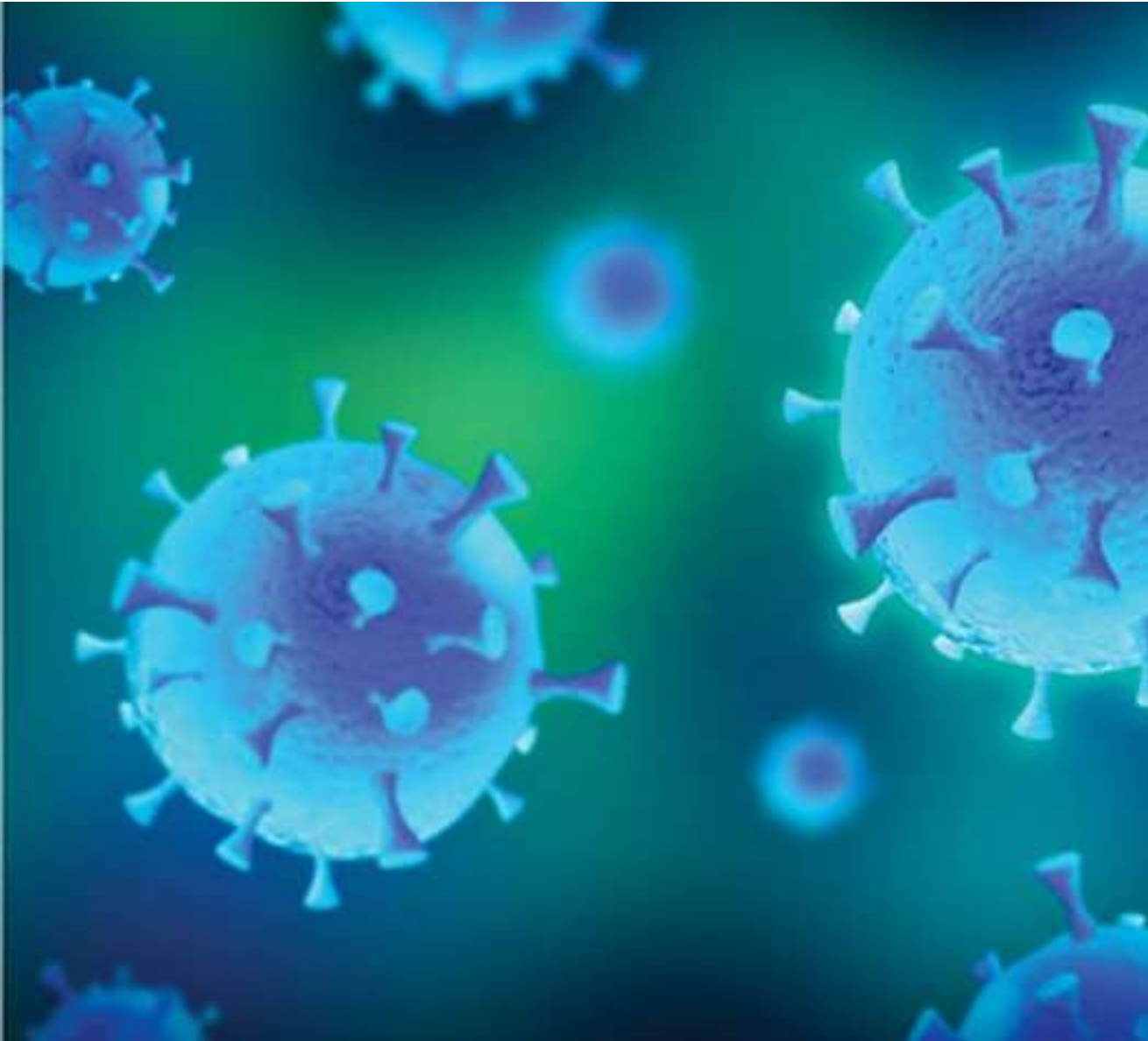
Maternal Health Inequity

Commission: H.4818, “An Act to reduce racial inequities in maternal health”, was signed into law on January 13th.

The bill will establish a new commission to reduce racial inequities in maternal mortality and severe maternal morbidity.

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COVID-19 Update

Boston COVID Numbers

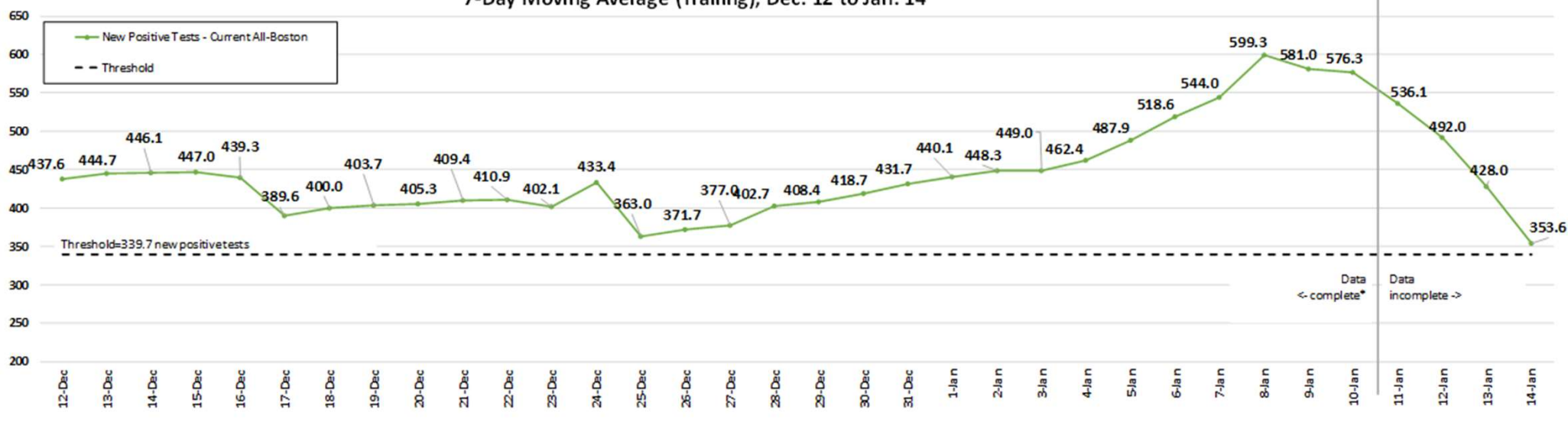
Boston COVID-19 Case Counts

Date	New cases	Total confirmed cases reported	New recovered	Total recovered	New deaths	Total deaths
16-Jan	659	48,266	Not Reported	39,358	10	1,092
17-Jan	Not Reported	48,266	Not Reported	39,358	Not Reported	1,092
18-Jan	644	48,910	Not Reported	39,358	8	1,100
19-Jan	227	49,137	1,937	41,295	2	1,102
20-Jan	242	49,379	699	41,994	5	1,107



Metric #1: Daily Number of New Positive Tests

New Positive Tests for COVID-19 (molecular tests, person-current-level), Boston Residents
7-Day Moving Average (Trailing), Dec. 12 to Jan. 14



What is the Metric?

This metric tells us how many new cases we're seeing each day and how quickly COVID is spreading. Data to the right of the vertical line are considered incomplete. Our goal is to be at 67.9 cases or less per day (10 per 100K residents). Our threshold for concern is 339.7 cases per day (50 cases per 100K residents)

Current Status

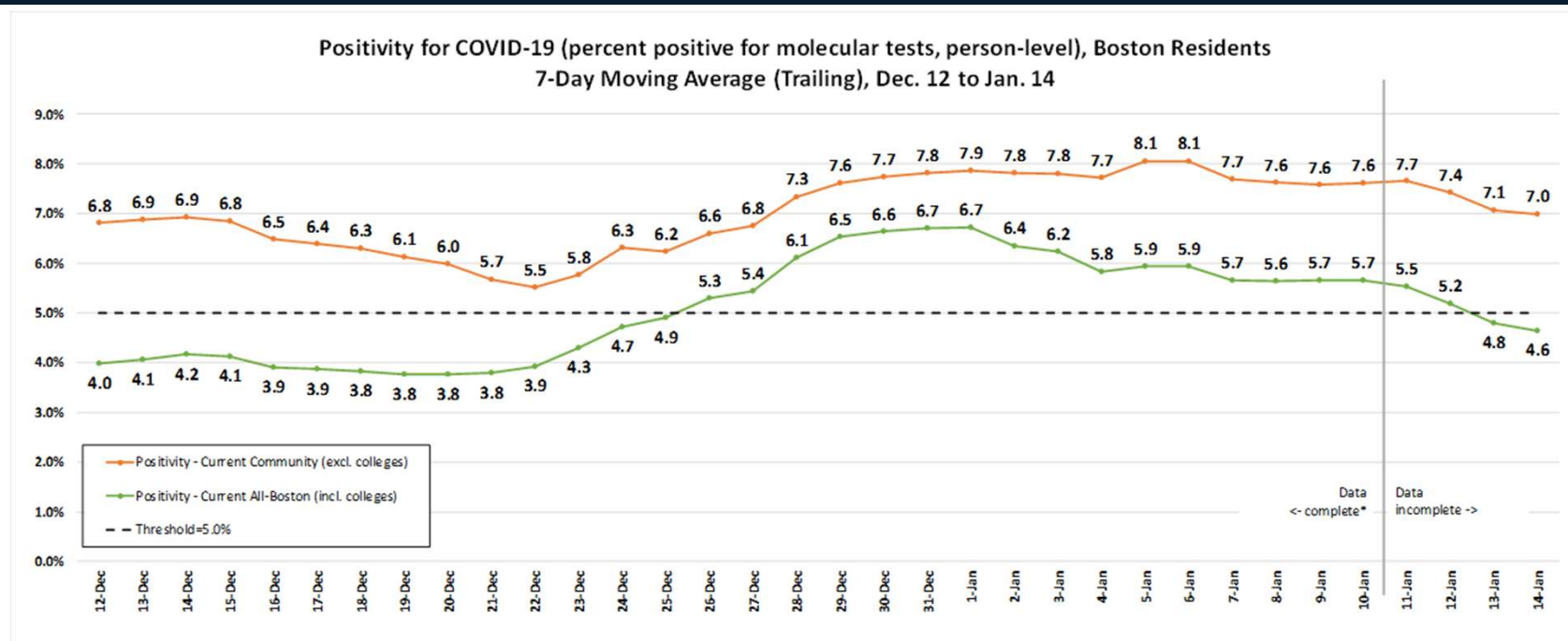
576.3 daily positive tests (as of 1/10) based on the 7 day trailing moving average. (84.8 cases per 100K residents)

Number Above Threshold: 236.6

Number Above Goal: 508.4



Metric #2: Daily Percent of Tests that Are Positive



What is the Metric?

This metric helps us understand if we're doing enough testing and if we're seeing widespread cases. Data to the right of the vertical line are considered incomplete. Our goal is to be at less than 4% positivity. Our threshold for concern is 5% or more positivity for Boston OR 8% or more positivity for 4 or more Boston neighborhoods.

Current Status

7.6% daily positive test rate (as of 1/10) based on the 7 day trailing moving average.

Percentage Points Above Threshold: 2.6

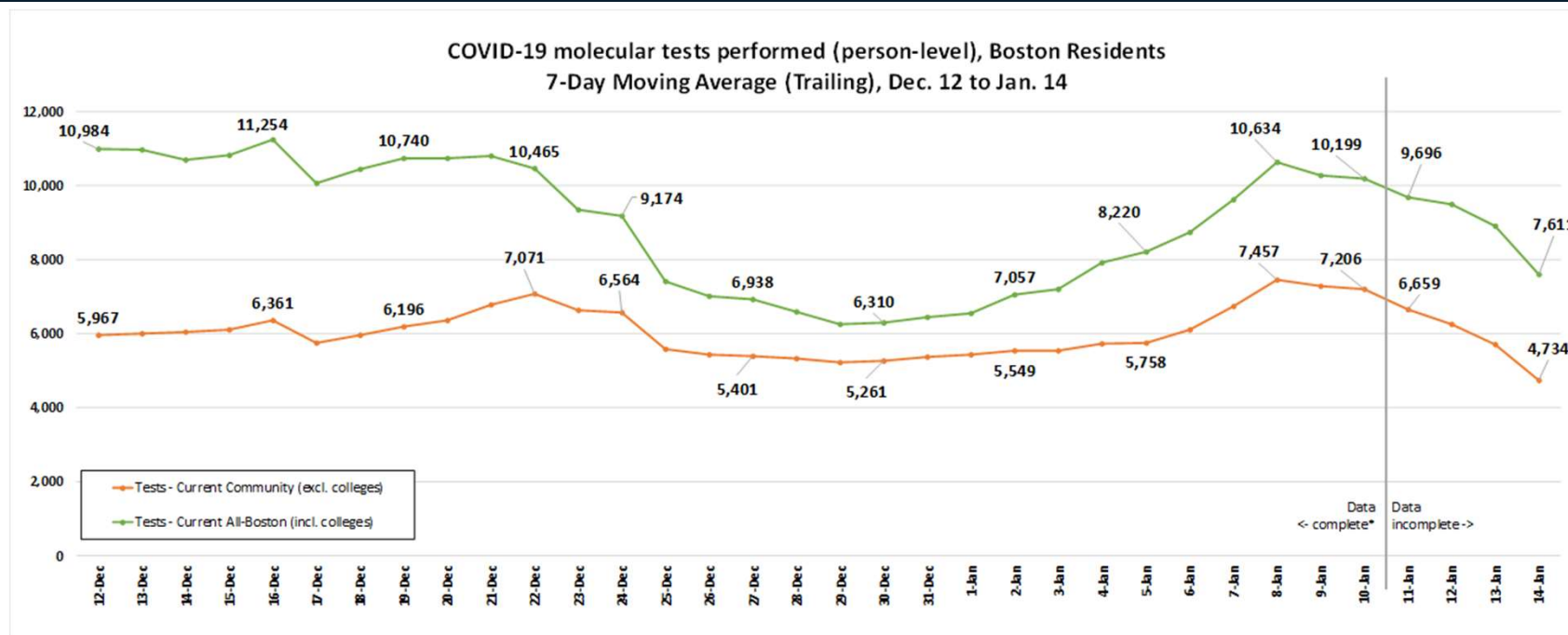
Percentage Points Above Goal: 3.6

Number of Boston Neighborhoods \geq 8%: 7



NEIGHBORHOOD	% Positive		Tests		Current Week Testing Rate Per 100,000 Residents	Current Week Positive Rate Per 100,000 Residents
	Current Week 1/4-1/10	Prior Week 12/28-1/3	Current Week 1/4-1/10	Prior Week 12/28-1/3		
Dorchester - 02122, 02124	12.1%	12.8%	4,630	3,681	5,724.5	692.4
Dorchester - 02121, 02125	11.6%	11.5%	3,996	2,942	6,216.8	720.3
Roxbury - 02119, 02120	11.3%	10.7%	2,772	2,056	6,427.5	728.1
East Boston - 02128	10.1%	10.3%	3,581	2,888	7,631.0	773.5
Hyde Park - 02136	9.8%	12.2%	2,555	1,906	7,465.7	730.5
Roslindale - 02131	9.2%	8.1%	2,392	1,669	7,083.0	648.5
South Boston - 02127, 02210	9.0%	6.6%	4,149	3,186	10,348.2	930.3
Mattapan - 02126	7.8%	9.8%	1,648	1,321	5,569.3	432.6
West Roxbury - 02132	6.0%	8.6%	2,291	1,677	8,042.3	484.4
Fenway - 02115, 02215	5.3%	4.9%	2,396	1,834	4,378.1	232.1
South End - 02111, 02118	5.2%	4.7%	2,983	2,313	8,342.7	430.7
Allston/Brighton - 02163, 02134, 02135	5.0%	5.7%	5,055	3,990	7,591.8	381.5
Charlestown - 02129	4.7%	5.1%	1,622	1,250	8,354.8	396.6
Jamaica Plain - 02130	4.3%	4.4%	3,822	3,196	9,465.8	411.1
Back Bay, Beacon Hill, West End, Downtown, & North End - 02108, 02114, 02116, 02199, 02222, 02109, 02110, 02113	3.6%	3.4%	5,151	3,731	9,243.9	332.0
Boston	7.6%	7.8%	50,439	38,745	7,423.9	565.0

Metric #3: COVID-19 Molecular Tests



What is the Metric?

This metric helps us to understand whether we are performing a consistent amount of testing among Boston residents. Our goal is to see this number remain flat or increase. Our threshold for concern is 3 or more weeks of consecutive decrease in testing.

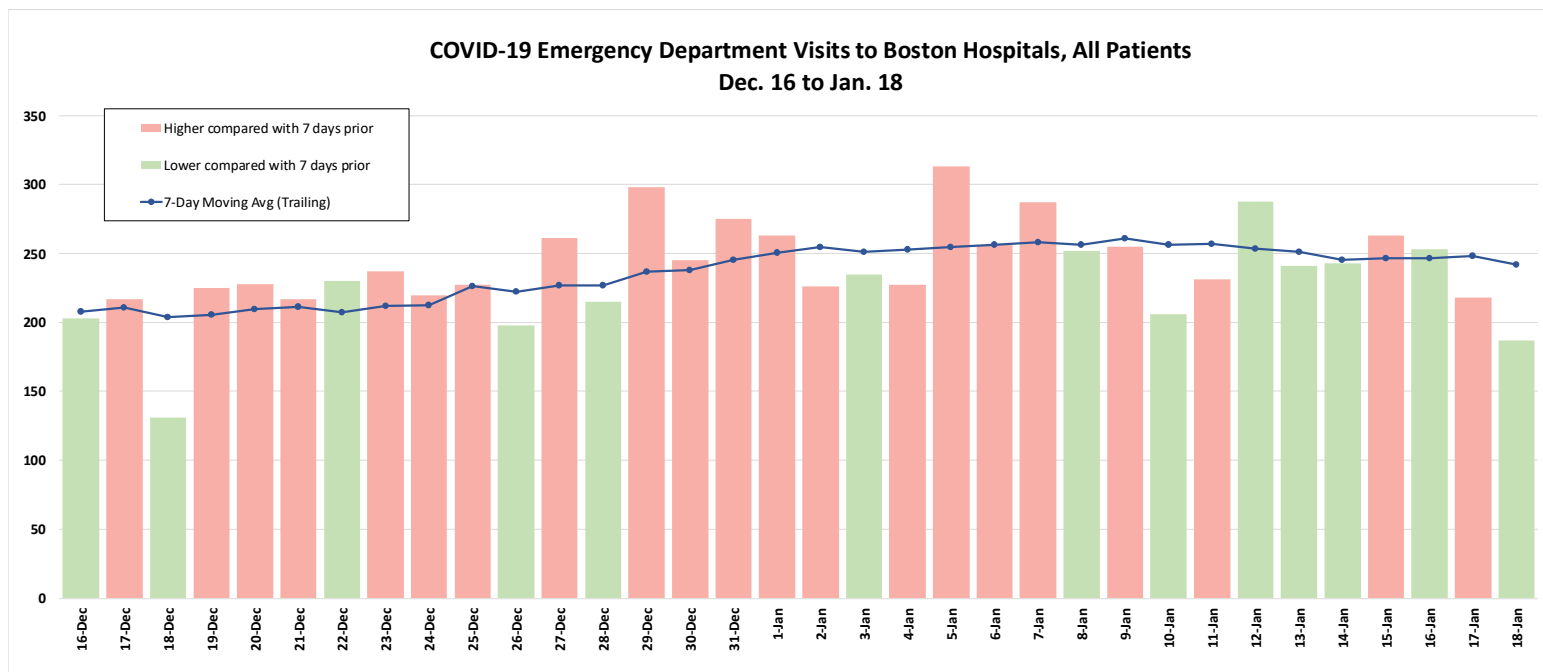
Current Status

7,206 tests per day (as of 1/10) based on the 7 day trailing moving average.

Number of Consecutive Weeks of Decrease: 0



Metric #4: Daily COVID-19 Emergency Dept Visits



What is the Metric?

This metric helps us understand the broader impact of COVID-19 on hospital emergency departments. Our goal is to see this number remain flat or decrease. Our threshold for concern is 7 or more days of consecutive increase as compared to the same day the previous week.

Current Status

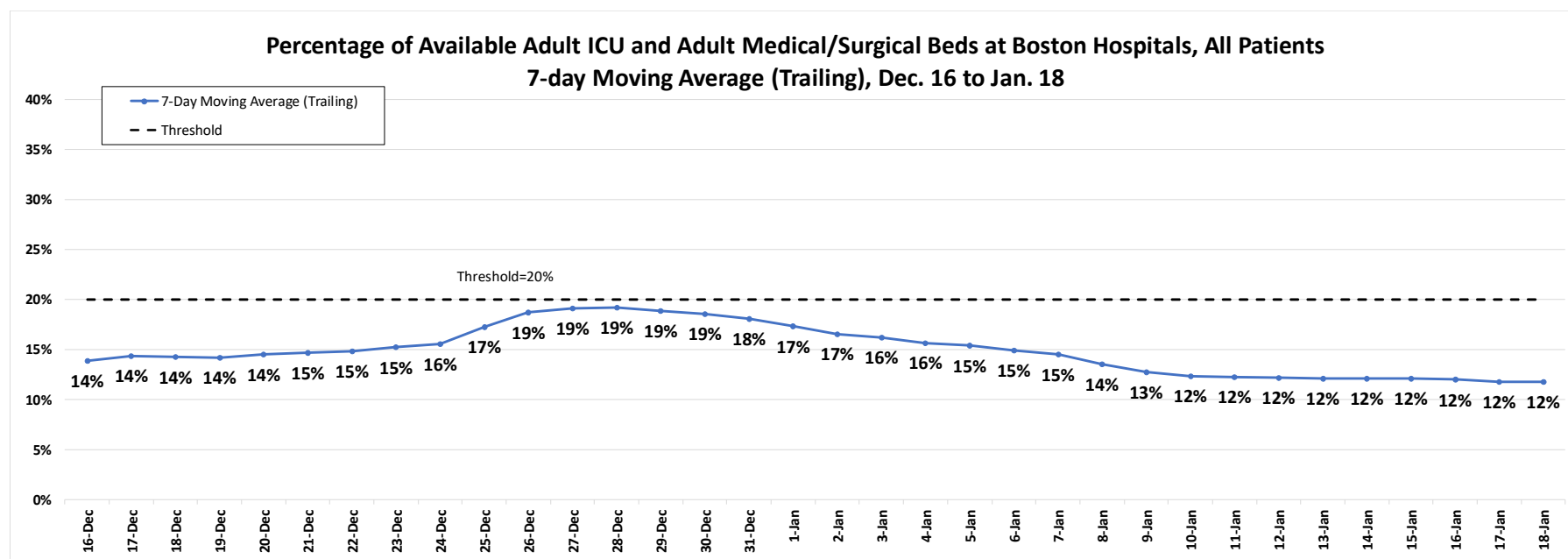
241.9 daily COVID-19 ED Visits (as of 1/18) based on the 7 day trailing moving average.

Number of Consecutive Days Higher Than Same Day Previous

Week: 0



Metric #5: % of Available Adult ICU & Medical-Surgical Beds



What is the Metric?

This metric helps us understand how many inpatient beds are open at Boston hospitals to treat patients. Our goal is to have 25% or more of all adult ICU and medical surgical beds available. Our threshold for concern is when there is less than 20% of all adult ICU and medical surgical beds available on five consecutive days.

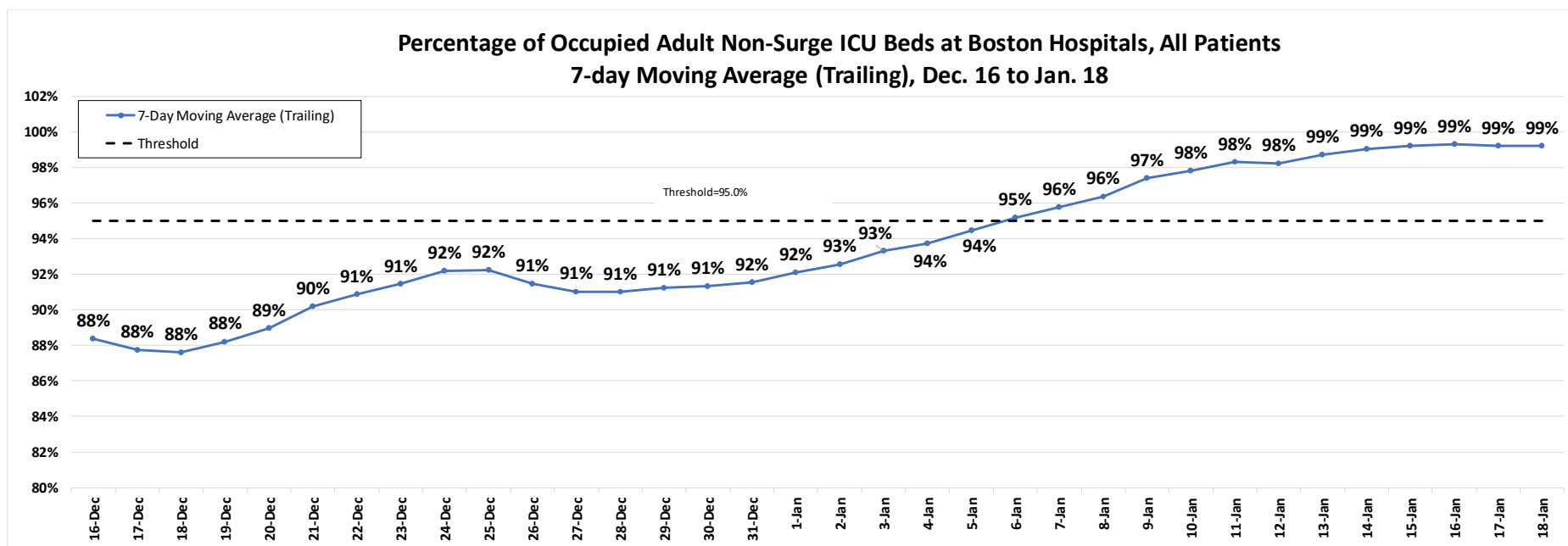
Current Status

12% of adult ICU & Medical-Surgical beds are available (as of 1/18) based on the 7 day trailing moving average.

Number of Consecutive Days below 20%: 39



Metric #6: % of Non-Surge Adult ICU Beds Occupied



What is the Metric?

This metric helps us understand how full our Boston hospital adult ICUs are and indicates that hospitals are or may need to start using surge beds to care for patients. Our goal is to have 85% or less of non-surge adult ICU beds occupied. Our threshold for concern is when 95% or more of non-surge adult ICU beds are occupied for five consecutive days.

Current Status

99% of non-surge adult ICU beds are occupied (as of 1/18) based on the 7 day trailing moving average.

Number of Consecutive Days Higher Than 95%: 13



COVID-19 and Vaccination: Updates

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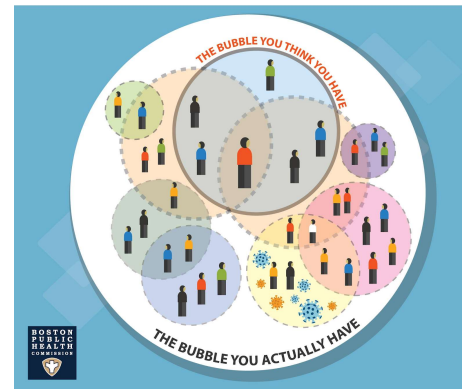
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January 20, 2021

How do we stop COVID-19 infection?

- Use of face coverings, frequent handwashing, and social distancing can help us stop the spread
- Getting tested
- Getting vaccinated is one of many steps that we can take to protect ourselves and others from COVID-19
- Stopping a pandemic requires using **all** the tools available

Social Gatherings Spread COVID-19
Small gatherings can turn into large spread



**It is simple:
Wear a mask
and save lives**

bphc.org/coronavirus

A 4x6 grid of 24 stylized illustrations of people of various ethnicities and ages, all wearing face masks. The background is a solid yellow color. The Boston Public Health Commission logo is visible in the bottom left corner of the yellow area.



Vaccine Distribution

- Focus on Equitable Distribution
- Vaccine planning is changing rapidly
 - Phase 1 - Priority now
 - Phase 2 - Planning stages, evolving
 - Phase 3 - Infrastructure planning, consistent with Phase 2
- Only 2 vaccines have Emergency Use Authorization (EAU) approval (Pfizer-BioNTech, Moderna)

When can I get a **COVID-19** vaccine in MA?



PHASE ONE

In order of priority

- Clinical and non-clinical healthcare workers doing direct and COVID-facing care
- Long term care facilities, rest homes and assisted living facilities
- First responders (EMS, Fire, Police)
- Congregate care settings (including corrections and shelters)
- Home-based healthcare workers
- Healthcare workers doing non-COVID-facing care



PHASE TWO

In order of priority

- Individuals with 2+ comorbidities and/or age 75+ (high risk for COVID-19 complications)
- Early education and K-12 workers, transit, grocery, utility, food and agriculture, sanitation, public works and public health workers
- Adults 65+
- Individuals with one comorbidity



PHASE THREE

Vaccine available to general public

December - February

Estimated timeframes

February - April

April - June

For more information on vaccine distribution visit [Mass.gov/COVIDvaccine](https://www.mass.gov/COVIDvaccine)



Vaccinating Organizations

- Hospitals
- Pharmacy distribution
- CHCs and PCPs
- Mass Vaccination Campaigns



Preliminary Findings

78 Focus Group Participants

47% Will Take

37% Will Not Take

16% Unsure

Neighborhoods:

- **Dorchester** and **Mattapan**

Race/Ethnicity:

- Asian **2.7%**
- Black/African American **43.8%**
- Latinx **12.3%**
- White **27.4%**
- Two or more races **13.7%**

145 Survey Respondents

82.8% Will Take

17.2% Will Not Take/Unsure

Neighborhoods:

- **Dorchester** and **Charlestown**

Race/Ethnicity:

- Asian **6.2%**
- Black/African American **19.3%**
- Latinx **11%**
- Other **4.1%**
- Two or more races **3.4%**
- White **55.9%**

Cumulative Responses

Why I Will Take:

- Fear of getting COVID-19
- Caregiver to young child or older adult
- Return to sense of normalcy
- Personal responsibility to community

Why I Will Not Take/Unsure:

- Medical mistrust and history of medical experimentation
- Underlying health conditions
- Rapid vaccine development process
- Lack of long-term evidence that the vaccine is effective



Responses

What information do you want to know when a new vaccine is available:

- What are the short and long-term side effects?
- How does the mRNA vaccine work?
- What were the results of the vaccine research trials and race/ethnicity of participants?
- Why was the vaccine developed so quickly?
- What is the plan to distribute the vaccine?
- How will the vaccine be made available and accessible to different populations?
- What will the vaccine cost me?
- What are the risks associated with the vaccine? (To those who have allergies or other medical conditions, are pregnant, or are children)
- How soon after getting the vaccine can I resume social activities? What activities are okay to resume?



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Most trusted source of Information:

- Health care providers or other health experts (*Primary care providers, Dr. Fauci*)
- Reputable News Media (*NYT, NPR, CNN Fact or Fiction*)
- Government (Mass.gov, Boston.gov, Mayor and Governor press conferences)

What public health/medical professionals can do to build community trust:

- Translate vaccine research trial data into plain language
- Acknowledge historical medical mistrust
- Establish a 24-hr vaccine hotline
- Report out the % of people vaccinated
- Report side effects
- Provide clear info on what the vaccine does/doesn't do
- Dispel myths about the vaccines

Increasing Vaccine Confidence– What BPHC is Doing

- Focus Groups on thoughts and feelings about vaccine
 - Retool messaging to incorporate into educational materials and messaging
- COVID-19 Vaccine Communications Campaign
 - Updating frequently asked questions (FAQs) on COVID-19 Vaccine
 - Community presentations by Vaccine Speakers Bureau Members
 - Communications materials



Working with the Community

- Partnering with city agencies, faith-based organizations, community-based organizations to deliver accurate information:
 - Sector webinars with city departments
 - MOIA Speakers Bureau of community and medical professionals from immigrant communities
- Continuing partnerships with healthcare partners
- Pro-active outreach and webinars for community members
- Capitalizing on funding opportunities for community-based organizations for positive vaccine promotion



Social Media Campaign

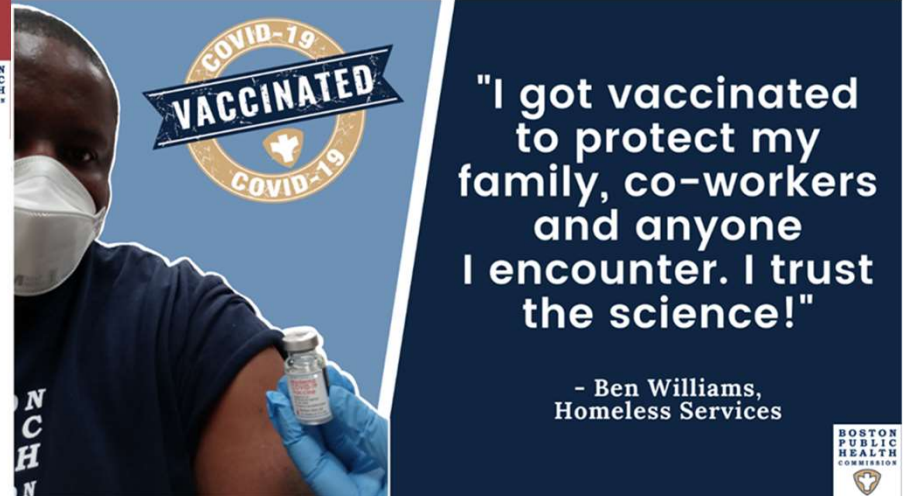
"I got vaccinated because I am caregiver to an elderly parent with COPD, and I feel like it's my duty to do whatever I can to keep her safe."

- Corey Grier,
Homeless Services



"I got vaccinated to protect my family, co-workers and anyone I encounter. I trust the science!"

- Ben Williams,
Homeless Services



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Any questions?



Request for Information: Racism-Free Boston Planning Update

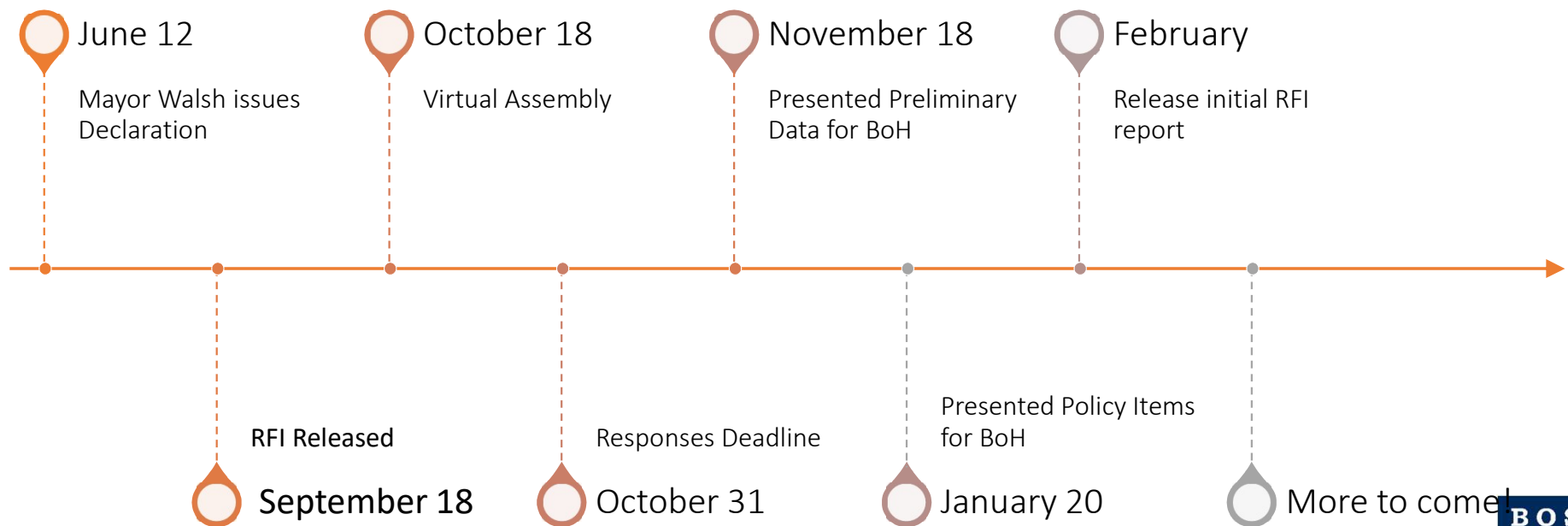
Margaret Reid, Interim Chief of Staff



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Timeline



RFI Reminders

- Responses from Residents, Organizations, and Testimony from the virtual assembly
- Asked specifically for recommendations aligned with City Policy and Practice, Healthcare Access, Advocacy and Data.
- Residents had fewer concrete policy ideas
- Organization recommendations aligned with their respective sector of expertise



Declaration Alignment with Recommendations

Declaration Work	Strategy	Dept. Responsible	Recommendations
Standard Race/Ethnicity Data Collection	HEiAP - Strategy 1. Policies and Practices	BPHC	- Include more categories in data collection (ethnicity, sexual orientation, etc.)
Representative Leadership at City Hall	HEiAP – Strategy 1. Policies and Practices	BPHC/ Equity Cabinet	- Create more mobility pathways within City institutions
Increased availability of data	Strategy 4/5 Data Availability and Collection, Data Analysis and SDoH	BPHC/ Equity Cabinet	- Make data more accessible to the public
Race Bias Training @ City Hall	HEiAP – Strategy 1. Policies and Practices	Equity Cabinet/ Mayor's Office Resilience and Racial Equity	- City departments need more training, awareness, and knowledge of racism
Equity Cabinet	HEiAP – Strategy 1. Policies and Practices	Equity Cabinet	- Hire for positions that primarily work on anti-racist policy-making

BPHC Prioritization Process



Next Steps Include:

- Internal review of areas within BPHC Agency/Power to Change
- Initial prioritization based on current/existing plans and resources
- IGR review advocacy recommendations and determine alignment with priorities
- Executive Office to review/edit prioritization of BPHC relevant recommendations
- Senior Leadership Team review
- Community loopback and accountability

Recommendation Areas

- Advocacy
- Economic Mobility
- **Equitable Practice**
- Food
- **Healthcare**
- Housing
- Older Adults
- Police
- Public Schools
- Racial Justice
- Small Business
- Transportation
- Violence
- Youth

Most Frequent Recommendations

- **Standard R/E Data Collection** *(More Race, Ethnicity, Sexual Orientation, and Gender Identity Options)*
- **Use and Transparency of Data** *(Accessible to the Public)*
- Investments in BPS Infrastructure
- **Translation** *(Healthcare and City Services)*
- **Representative Leadership at City Hall** *(including Diversity in Hiring and increased Mobility Pathways)*
- **Race Bias Training** within City Departments *(MORRE)*
- Reallocation of Police Funds for Social Services



Equitable City Practice

- Participatory Budget- and Policy- making
- Update, improve, or dispose of policies that undermine racial equity work
- Health Equity Now plan should use existing Community Data (*CHNA-CHIP, Imagine Boston 2030, and 2020 Black Economic Council*)
- **Cabinet-level position** with authority to dismantle policies rooted in a history of discrimination and create data-informed policies for racial health equity (*Equity Cabinet – Chief Crockett*)
- Formal resident advisory group to review measurable action items (*Include diverse residents, consider race, age, immigration status, housing status*)
- Review pay to ensure pay equity



Healthcare: Mental Health Services

- Prioritize Mental Health Resources (*Black, Latinx, and other residents of color*)
- Increase Street Outreach (*priority neighborhoods, residents of color*)
- Free Mental Health Hotline
- Spaces for Affinity Groups (*WoC, Black/Latino men, etc.*)
- Stigma Reduction Campaigns
- **Provide Trauma Response** after traumatic community events (*BPHC's NTTN*)



Healthcare: Racial Equity

- Increase representation of people of color (*medical providers, doctors, behavioral health specialists, etc.*)
- Increase translation services
- Distribute critical health information to communities not previously approached
- Race bias training

Healthcare: Direct Services

- Ensure most marginalized receive adequate COVID-19 support (*including sex workers, undocumented residents, etc.*)
- **More COVID-19 Testing Sites**
- Adopting and Scaling Telehealth (*especially during the pandemic*)
- Connection to medical care and essential services

Healthcare: Direct Services

- Provide trauma-informed services to address health and mental health needs *(including low-income people of color with language barriers)*
- Doula services to reduce Black maternal mortality
- Provide HIV prevention tools and strategies *(Ryan White Services Division)*
- Provide dedicated case manager for Asthma

Healthcare: Recovery Services

- Develop supervised consumption sites serving Black and Latinx people with substance use disorder
- Development treatment facilities that use models in recovery services to help the black community (*I.E. ASAP, Casa Esperanza*)
- Invest in prevention and treatment programs at CHCs, faith-based neighborhood-based organizations that target parents and caregivers of young children.
- Gambling support (*prioritizing Asian residents*)

Discussion

