



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Tuesday, May 17, 2017**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Tuesday, May 17, 2017 in the Hayes Conference Room, 2nd floor, 1010 Massachusetts Avenue, Boston, MA 02118.

Board Members Present:

Francis J. Doyle, Esq., Chair, Monica Valdes Lupi, JD, MPH, Executive Director, Harold Cox, Tyrek Lee, Manny Lopes, and Kate Walsh

Also Present Were:

Debby Allen, Snehal Shah, Marje Nesin, Alex Davidson, Jenifer Jaeger, David Pia, Viki Bok, Heather Gasper, Catherine Cairns, PJ McCann, Gerry Thomas, Rita Nieves, Debra Paul, Tim Harrington, Martha Farlow, Lauren Buck, Dan Dooley, Chief Jimmy Hooley, William Kibaja, Ilyitch N. Táborá, Steve Stephanou, Michele Brooks, Margaret Reid, Adrienne Pereira, Jessica Wright, Katie Donovan, Chuck Gagnon and Kathy Hussey.

Proceedings:

Chairman’s Comments

Francis J. Doyle, Esq.

- Mr. Doyle thanked the audience for coming and called the meeting to order at 4:05pm
- We have an important agenda today, as we have the City Budget to finalize and a presentation on where we are at with our core public health surveillance report, the Health of Boston. We were briefly updated a month or so ago, but will have a little more robust conversation tonight.
- But first, I want to call your attention to a request we received. We have been asked by the Massachusetts Association of Health Boards (“MAHB”) to sign on to a letter to Governor Baker to urge him to require comprehensive health impact assessments of all pipeline infrastructure projects in the Commonwealth.

As we know from our previous experience related to the West Roxbury Lateral pipeline, our regulatory authority over pipeline infrastructure is limited. That said, I believe that advocacy toward measures at the State level to require adequate study of potential health effects associated with such projects is worthwhile and in line with positions that we, Mayor Walsh, the Commission, and our sister agencies have taken previously.

In your packets you have: a copy that communication from MAHB; and a tailored draft letter from the Board. At this time, I would offer any Board members the opportunity to share any concerns with the draft letter being submitted on the Board’s behalf.

MOTION: I would entertain a motion to vote to approve the Board supporting the signing of that letter that’s in your packet and staff will make sure that is added to the MAHB’s package to the Governor. Ms. Walsh so moved. The motion was seconded by Mr. Lopes and Mr. Cox. Mr. Doyle asked if there were any objections to the vote, there were none. The Board Members present unanimously voted to include our letter in the MAHB package to the Governor. Thank you, Monica and staff for putting that together.

- Ms. Walsh voiced a concern that this is coordinated with Monica Bharel at MDPH as well. Monica said yes that she has been having conversations with MDPH Monica and that was something Frank had mentioned as well.

Acceptance and Approval of April 12, 2017 Minutes

- Mr. Doyle called for a motion to accept and approve the April board meeting minutes. Mr. Lopes so moved which was seconded by Mr. Cox and Mr. Lee. Mr. Doyle asked if there were any objections; there were none. The Board Members present unanimously approved the minutes from the April 12, 2017 board meeting. Kathy puts a lot of time into those, as is evident from the robust conversation we had at the last Board Meeting regarding Strategic Priorities. Kathy did a good job trying to capture all of that conversation. So thanks, Kathy.

Report from the Executive Office

Monica Valdes Lupi, JD, MPH

Executive Director, Boston Public Health Commission

- So, I'll defer to Monica for her Executive Report. Thank you, Frank.
- We'll start with news. But first, just a reminder that Marje Nesin, our Communications Director, is live streaming this meeting on Facebook.
- We're really excited that since we last met, we launched the new Neighborhood Trauma Teams last month with Mayor Walsh, District Attorney Connolly, Chief Arroyo, several of our board members – Frank, Manny and Harold – Partners health Care, Boston Children's Hospital, and health centers and community-based organizations. The trauma response teams will be based in Dorchester, Roxbury, Jamaica Plan, East Boston and Mattapan. The launch was covered by local press and ethnic media such as the Boston Globe, Boston Herald, WBUR, WBZ, The Daily Free Press, BNN News and El Planeta. It was a really great kick-off meeting. The hard work has begun even before that launch. We continue to work with our colleagues at the Boston Conference of Community Health Centers on this next phase of the work which is around syncing up and coordinating the response activities with the ongoing recovery support services that we now are being provided in our community health centers. Thank you Board Members for joining us at that event.
- We were on Telemundo Boston about a new grant that we applied for to help Latinas with substance use disorders. We recently received a \$74,000 grant from New Venture Fund's Hope & Grace Fund to support Black and Latino women with co-occurring disorders. Through this new grant, we will be updating the Boston Consortium Model to include e-learning modules to facilitate dissemination among community health centers. This was covered by the West Roxbury Transcript and Telemundo Boston, which specifically reaches Latinos in Massachusetts.
- We were noted in Spare Change news for some of the early successes in our efforts to successfully house our homeless clients. Clearly, there's still a lot more of work to do. We got some positive coverage around the homelessness numbers released by the City last week. The Spare Change News article highlights the progress made by city officials to end chronic homelessness, which has resulted in housing 301 individuals since the start of 2016. This is in addition to the 846 veterans housed since 2015. Kudos to Beth Grant and her staff and our colleagues at DND and BHA who've been working with us.
- Intergovernmental Relations Updates on the Federal front – Affordable Care Act ("ACA") repeal. In your packets you have, a summary document from NACCHO on the FY2017 Labor, Health and Human Services, and Education Appropriations bill; and a copy of the Board's letter to Leader McConnell and Minority Leader Schumer in support of full funding for the CDC Public Health Emergency Preparedness Program (\$705 million) for FY18. Thank you to the Board for your advocacy on this important issue. At our last meeting, you were interested in how we get our news and information. So if you haven't signed up for the NACCHO News Alerts please go to their website and logon. It's all in the packets so you'll see what we're advocating from a local public health enterprise perspective.

Two weeks ago, the House of Representatives voted to approve the repeal of the ACA and replace it with the American Health Care Act (“AHCA”). I’ll let Heather do some updates on the Affordable Care Act repeal and what we’re doing here at the Commission in partnership with the Mayor’s office and Virginia Meyer in DC. It’s been a really busy couple of weeks.

I wanted to give a shout out to our Board Member Tyrek Lee. Tyrek was quoted in the *State House News Article* about this vote: “With one reckless vote, Congressional Republicans have chosen to eliminate vital healthcare coverage for millions of hardworking Americans so that they can give a massive tax cut to the very wealthiest in our country. This bill will have catastrophic consequences for Massachusetts – threatening coverage for up to half a million of our most vulnerable residents, costing the state billions of dollars, and jeopardizing the Commonwealth’s largest industry and one of its most important economic drivers. It will also weaken insurance protections, threaten mental health and addiction recovery services and increase out-of-pocket expenses.” Thank you for your leadership and keeping this relevant in the work that we do in the City. I’ll let Heather give us some updates as to where it’s at in the process and why it’s important for us as a health department and a Board to lift up other stories beyond the access and health insurance impacts. Heather.

- Ms. Gasper stated on the advocacy front, we have joined with our colleagues at NACCHO to sign a big letter they have going out to the Hill and Senate members. We’ve been trying to help with local stories or cases. We’re trying to make sure that we advocate with our Senate colleagues that there’s important work being done in Boston, and the State, and why public health is such an important part of it, obviously, the access part is key. We really wanted people to help Monica, the Mayor, and others to really lift up the work that’s being done in public health and how that would be jeopardized because there would be a significant cut to funding at the CDC. It would affect things like immunization and huge public health policies that would be challenged by that.

The work we’ve been doing in DC with Virginia Meyer has been very helpful. She’s got boots on the ground trying to get intel on what’s happening on Capitol Hill. So it’s been productive.

- Commission wide, everyone has been really aware of the way in which, not just the Affordable Care Act, but some of the other federal policies, or talk of them will impact our clients and the services we provide. They’ve been very helpful in sharing the way people are reacting. There are a lot of personal stories coming from the Mayor’s Hotline and that’s been helpful. A lot of good stories about the work that’s being done.

Mr. Doyle commented that he thinks it’s important for us to acknowledge and understand that the public is focused on the AHCA now. There are so many other programs within the budget that are outside of the ACHA that are our populations like our clients that are going to be negatively impacted by these kinds of House proposals move forward. If you could just broaden a little bit on maybe the kinds of things you’re worried about since you’re the closest to it. That would be great.

Ms. Gasper said again, immunization is always a big one that comes up and some of the work we do around tobacco, lead poisoning. Our Environmental Health programs are checking some of the things the House passed budget has passed legislation and then the Trump budget. He has not really made it seem like he’d be supportive of some of the good things that happened at HUD or through environmental services. Besides lead, we do surveillance around water quality. It all comes back to chronic disease if there’s not good public health support. That will mean people being sicker and not taking care of basic health needs.

- Ms. Walsh commented that changes with the AHCA puts pressure on the State budget. It puts pressure on the DPH budget and it puts pressure on this Commission’s budget. I think imbedded in ACHA, everyone’s talking about the individual market, but there are things within that are small line items of the bill. Like every six (6) months we make a determination on essential health benefits or funding for substance use disorder. All of which will have a real impact on the people we serve. It’s a bad policy storm we’re facing and if funding comes away from a state, like Massachusetts, to go to another very disturbing state, I think it’s going to be a real problem for the work we do.

- Mr. Doyle asked, as Kate mentioned about substance abuse, if there was funding in the house budget for substance abuse? Ms. Gasper replied she thinks it’s interesting it’s funding that was built off of what was passed in the Cares Act. Republicans are trying to make it seem like it’s new

funding. It's really like they're backing into funding that was already passed and trying to build it off as a lower number.

- Ms. Valdes Lupi said she feels like we're really fortunate to have all of you from your different roles and perspectives and to have your knowledge and experience on this work. It's important because you're able to advocate with us on these important issues. I want to thank the Board Members because we were able to, following your lead and guidance last month, draft and submit a letter which is in your packets. The letter is to leaders
- If it passes the Senate and is signed into law by the President, it would be an unprecedented setback, fundamentally threatening the stability of guaranteed access to quality health care for millions of Americans.
- The Prevention and Public Health Fund (PPHF) would also be eliminated after FY18. The ACA has supported critical public health and prevention efforts. PPHF has been the nation's first mandatory funding stream dedicated to improving the public's health. PPHF funds states, local prevention and wellness activities, including core public health programs like efforts to prevent lead poisoning, detect and prevent infectious disease outbreaks, reduce tobacco use and modernize vaccination systems. The PPHF provides 125 of the CDC's total budget. Eliminating core public health programs that are now funded by the PPHF will further constrict the ability of counties, cities, states and territories to protect and promote health.

Additionally, this legislation would cut federal funding for Medicaid by 25%, allow states to seek waivers to allow insurers to charge higher premiums for those with pre-existing medical conditions, and allow states to self-define what "essential health benefits" insurance companies must provide.

This bill now moves from the House to the Senate. The Senate will draft its own bill, which is expected to take a number of months, and could pose serious challenges if it must be reconciled with the House version.

On the State level, the Senate Ways and Means Budget was released yesterday (05-16-17). Following the release of the Governor's and House's budget proposals, the Senate will work to pass their budget. They will be accepting amendments until Thursday, 05-18-17 at 5pm and begin debate the week of May 22nd.

State House Hearings. There has been a lot of activity at the State House, with hearings on many public health issues. Earlier this month, I testified on behalf of Mayor Walsh to the Joint Committee on Health Care Financing on the importance of instituting a common application to better assist residents in receiving SNAP benefits. This past Tuesday, I testified in front of the Joint Committee of Public Health to support raising the purchase age for tobacco to 21. Thanks to the Board, Boston is a leader on this issue and made this amendment to our tobacco regulations in 2015.

Also, in your packets you have: A copy of the Board's letter to House Committee on Ways and Means Chairman Dempsey in support of Amendment #24 to the FY18 budget, which continues funding for the Prevention and Wellness Trust Fund.

- On the City front, the Commission will appear in front of the Boston City Council for our budget hearing on Tuesday, May 23rd. It will be in a panel format with Chief Hooley going first, followed by Jen Tracey our Director of the Office of Recovery Services, and then Grace and I will represent the Commission. We've had some good prep discussions with our colleagues at the Office of Budget Management. You'll hear more from Alex.
- One quick update. I think I mentioned at the last Board meeting that we have an Interim Medical Director. She wasn't able to join us then. I want to acknowledge Dr. Jen Jaeger who's in the audience. Dr. Jaeger introduced herself and gave a brief outline of her experience. Monica stated that Jen and Snehal were part of the team along with Catherine Cairns that we sent to the CDC a couple of weeks ago for the EIS Conference. For the first time in our history here, we're really pleased to share with the Board that we actually competed and will have an EIS Officer that will be joining us in July. The physician will be travelling from Australia and has trained overseas. The team did a great job.
- Mr. Doyle recommended that in light of the fact Mr. Lopes needs to leave today's meeting early, we should have Mr. Davidson come up and do the budget presentation first. This will give us time for any questions prior to Mr. Lopes' departure.

***Presentation: Fiscal Year 18 Budget Presentation and Vote
Alex Davidson, MBA, Budget Director
Boston Public Health Commission***

- Mr. Davidson will provide an overview of the FY18 budget for your review and consideration. Also, in your packets you have: files about the Commission's Operating Budget. These files will be part of the budget briefing book for next week's City Council Hearing. He stated the budget mission for FY18: that through thoughtful reform that achieves cost savings, and improved utilization of existing funds, Mayor Walsh's FY18 budget is able to make targeted investments towards achieving a thriving, health and innovative city.
- The budget process is a data-driven managerial approach. To recap once more, we are at an all-time high in revenues from property tax and local receipt categories; AAA credit rating (best possible); lower state aid; growth in fixed costs is anticipated at 9% for FY17; and the expiration of collective bargaining agreements. This is a two-step process: Maintenance Request and New Budget Proposals including: operational reforms, budget savings, new initiatives and/or investments, and revenue proposals. The Maintenance Request reflects FY17 operations in terms of FY18 costs and also reviews possible realignments such as staff transfers and consolidations.
- Our Recommended Budget, the COB Appropriation increased \$1.8million or 2.3% over FY17; Non-EMS's budget increased by \$2.9million or 4.96%; ensures WMS will be able to operate 24/7 by funding positions that were going to be lost due to ending grants (3.5 FTEs); additional funding to retain 1.59 FTEs in Recovery Services and Violence Prevention that were at risk due to grants ending; EMS budget increased \$1.4million or 2.67% due to Medicaid CPE increase. Overtime across BPHC decreased by 1.4%. Budget includes vacancy savings of \$700k for FY18 (was \$447k for FY17).
- New Budget Proposals include expanding EMS Community Assistance Teams (4 FTEs) and PAATHS will expand to nights and weekends (4.1 FTEs). We'll re-deploy Moon Island Public Safety officers to Melnea Cass, which equates to 4.2 additional FTEs in the Recovery Road area. We proposed 2% reductions totaling \$990,808; \$142,975 in non-personnel savings was accepted. Revenue Proposals include reviewing an increase of \$6,500 to the current medical marijuana dispensary fees.
- The Capital Budget addresses urgent needs while planning strategically for the city's future. A chart provided the category, project, location, status, FY18 expense and Total Expense for each. Projects include upgrade to BPHC Budget Software, SEFC Pool, EMS Station Study, Woods Mullen renovations and EMS Training Academy Study.
- Mr. Davidson recapped the budget timeline from 11/2/16 through today, May 17, 2017 – Final Board approval and then City Council hearings on May 23rd. June 2017 – All staff meetings to review FY18 budget.
- Mr. Doyle asked if there were any questions from the Board. Ms. Walsh wanted to state for the record that
- Mr. Doyle thanked Mr. Davison for his report. Mr. Doyle called for a motion to accept and approve the Boston Public Health Commission's Fiscal Year 18 budget. Ms. Walsh so moved on the motion which was seconded by Mr. Lee and Mr. Lopes. The Board Members present unanimously the Boston Public Health Commissions Public Health Services Budget for Fiscal Year 2018. The Vote will now be added into the minutes:

**VOTE TO APPROVE THE BOSTON PUBLIC HEALTH COMMISSION'S
PUBLIC HEALTH SERVICES BUDGET FOR FISCAL YEAR 2018**

WHEREAS, on March 7, 2017, the Board considered and approved the Boston Public Health Commission's public health services budget for fiscal year 2018, prepared pursuant to Chapter 147 section 8(c) of the Acts of 1995 and submitted said budget to the Mayor of the City of Boston;

WHEREAS, the submitted budget was approved by the Mayor of the City of Boston and the net cost of said budget was included in the annual budget of expenses for the City of Boston and submitted to the City Council of the City of Boston;

WHEREAS, a copy of said Commission’s Public Health Services Budget for fiscal year 2018 is attached hereto;

THEREFORE, the Board approves and adopts, the attached public health services budget, for the Boston Public Health Commission.

THAT on May 17, 2017, the Commission voted on the foregoing Resolution as follows:

YEAS 5 NAYS 0 ABSTAIN 0 ABSENT 2

Presentation: Health of Boston Report Overview
Snehal Shah, MD, Director, Research and Evaluation Office
Boston Public Health Commission

- Dr. Shah will take us through the process for the release of Health of Boston 2017. Back in March, Dr. Shah spoke with us about the surveillance goals and functions of the Research & Evaluation Office
- Dr. Shah BPHC’s Public Health Surveillance Goals are: Assess the health of Boston residents; estimate the scope and magnitude of health events and determinants; estimating the geographic, demographic, and temporal distribution of health events and determinants; focus on health inequities, social determinants of health (“SDoH”) and outcomes/status over the life course; more “what” than “why”; and Share information with those who can use it.
- The percentage of uninsured in 2015 was 3.8% for Boston and 9.4% for the U.S. overall.
- Next a Chart depicting Health-Related Behaviors and Comparison Within Race/Ethnicity and Within Gender.
- Dr. Shah presented a number of slides related to Public Health Progress: Infant mortality by race/ethnicity from 2006 through 2015; Elevated blood lead levels from 2011 through 2015; Births among females ages 15-17 by race/ethnicity from 2011 through 2015; Public high school students who smoked cigarettes from 2007 through 2015; Binge drinking among public high school students from 2007 through 2015; New cases of Chlamydia for 2014 and 2015; Asthma hospitalizations by race/ethnicity from 2011 through 2015; Heart disease hospitalizations by race/ethnicity from 2011 through 2015; and Cancer mortality by race/ethnicity from 2011 through 2015.
- The next set of slides reviewed both new and continuing challenges: Low birthweight births by race/ethnicity from 2011 through 2015; Hypertension among adults by race/ethnicity from 2006 through 2015; Obesity among adults by race/ethnicity from 2006 through 2015; Diabetes among adults by race/ethnicity and neighborhoods from 2006 through 2015; Substance abuse mortality by type (overall, alcohol, drug) in residents ages 12 and older from 2011 through 2015; Substance abuse mortality excluding Fentanyl by type (overall, alcohol, drug) in residents ages 12 and older from 2011 through 2015; and Substance abuse mortality by race/ethnicity in residents ages 12 and older from 2011 through 2015.
- The next chart showed the social determinants of health include: racism, social capital, education, transportation, employment; food access; socioeconomic status, environmental exposure, health behaviors, access to health services, housing, and public safety. The next was a chart depicting health indicators (Asthma, Diabetes, Hypertension, Obesity, Persistent anxiety, and Persistent sadness) by housing status (2013 and 2015 combined).
- Community Assets. We actively engaged community partners such as community-based organizations, community health centers and hospitals, academic institutions, state and city agencies, physical and built environmental assets, economic assets, and leadership.

- The next slide showed the top five (5) reasons for 311 citizen requests. Sanitation (106,506); Street cleaning (94,847); Highway maintenance (60,200); Enforcement & abandoned vehicles (59,696); and Housing (42,494). Total number of requests/contacts: 674,190.
- Next was a map indicating voter turn out rates for the general election on November 8, 2016, by Precincts. This was followed by a map of food resources by neighborhood: meal programs, food pantry, community gardens, farmer's markets, and grocery stores. The next map showed the percentage of protected and recreational open space by neighborhood.
- Lastly, Dr. Shah wanted to acknowledge the people who helped with gathering, analyzing and/or preparing this report: Monica Valdes Lupi, Rita Nieves, Deb Allen, Gerry Thomas, Maia BrodyField and the entire Research and Evaluation Office Staff: Helen Ayanian, Neel Batra, Denise Dodds, Dan Dooley, Shannon O'Malley, Cristi O'Connor, Amar Mehta, Johnna Murphy, Phyllis Sims, Roy Wada, and Megan Young.

Executive Session and Adjournment

- Mr. Doyle thanked the presenters and adjourned the regular meeting of the Board of Health at approximately 5:50p.m. He called for a motion to enter into Executive Session. Mr. Lee so moved, the motion was seconded by Ms. Walsh and Mr. Cox.
- Mr. Doyle asked the room be cleared. Mr. Harrington stayed, as is usual. The remaining Board Members then told Mr. Harrington that he was not needed for this session and could leave.

Mr. Harrington informed the Board Members that the Executive Session was also being recorded, as is usual and mandatory.

After a brief discussion, Mr. Doyle asked for a motion to terminate the Executive Session. Ms. Walsh so moved, Mr. Lee and Mr. Cox seconded the motion. Mr. Doyle adjourned the Executive Session at approximately 6:15p.m.

Addendum:

This report is a synopsis of the board meeting. Presentations are posted for review a day or two after a meeting to our BOH webpage: <http://www.bphc.org/boardofhealth/Pages/board-of-health.aspx>. All board meetings are recorded. Requests for a copy of a recorded meeting should be made via: info@bphc.org. Thank you.

RESPECTFULLY SUBMITTED BY:

Kathleen B. Hussey, Board Secretary