



**MINUTES OF THE BOARD OF HEALTH
SEPTEMBER 22, 2021**

A meeting of the Boston Board of Health (Board) was held on Wednesday September 22nd, 2021 by remote participation pursuant to An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.

Board Members Present

Manny Lopes, Chair, Rebecca Gutman, Phillomin Laptiste, Guale Valdez, Dr. Jennifer Childs-Roshak, John Fernandez

Proceedings

Chairperson's Opening Remarks

Hello and welcome, everyone, to this meeting of the Board of Health. I am excited that we are joined this afternoon by Dr. Bisola Ojikutu in her first meeting as Executive Director of the Commission. I look forward to hearing more about her transition updates and priorities in this meeting.

This meeting is being conducted by remote participation as authorized by state law.

In keeping with our usual practice, members of the public and BPHC staff will be allowed to observe the proceedings and we will use the moderating features on the Zoom application to keep all on mute other than Board members and BPHC presenters and others as needed.

Since we are deliberating remotely, any votes will be taken by a roll call of the members.

Acceptance and Approval of June 2nd and July 1st, 2021 Meeting Minutes

I will now confirm that we have a quorum of members to approve the June 2nd and July 1st meeting minutes.

A motion to approve was made by Mr. Fernandez, seconded by Ms. Gutman and adopted by all present by roll call vote.

Executive Office Report and Priorities

Dr. Bisola Ojikutu

Dr. Ojikutu: Thank you Dr. Lopes and members of the Board. It's an honor to be conducting my first Board of Health Meeting as Executive Director. Today marks my third week, and I'm happy to let you know these weeks have been busy and exciting. I've visited our campuses, participated in staff appreciation events, and had conversations with staff in office hours. I want to thank all of the Board members who have met with me.

I want to share information from our staff survey. From all these activities, I've gleaned that there is an incredibly dedicated staff at the Commission and they are committed to pursuing the mission and vision of the Commission. I sincerely look forward to working with the team and working with you to support our collective work.

After the staff appreciation events, I sent out a survey to staff to determine staff perceptions of how they are appreciated, recognized, and valued at work. We had 140 responses, focusing on the themes of inclusivity, compensation, work environment/safety, communication, and recognition (including awards, in-house highlights). There is a strong commitment to improving the workplace environment as we enter this new phase of public health work.

We have started to respond by developing a Workplace Improvement Initiative focusing on staff investment, work flexibility, safety, residency, and infrastructure, with the overarching principles of diversity, equity, and inclusion and anti-racism.

We hope that this initiative will be action-oriented and we will be organizing working groups to move this forward.

I also want to implement the Commission's Anti-Racism Policy which was adopted before I began in this role. There was an intensive community engagement process including staff and the Commission's community partners, including the Commission's resident-driven Racial Health Equity Advisory Committee. The policy is a framework to increase equity in the Commission's policies and procedures. I want to thank Triniese Polk and her team who led this work within the Office of Racial Equity and Community Engagement. I'll highlight a portion of what we're doing. This will include future conversations with the Board, but I want to highlight that there will be racial equity plans within each bureau and office. It will require developing a plan to identify inequities and develop plans using racial equity tools that the team has developed. I want to acknowledge the Homeless Services Bureau which has begun piloting these tools. I also want to highlight the Equitable Procurement Policy which is incredibly important, allowing us to review inequities and embed equity language in new funding opportunities. We are also working on recruitment and retention activities.

Another priority is the COVID-19 response. I want to emphasize that my priorities are improving equity in vaccination and testing, ensuring stratified data, using data for action to target our response, and communicating complex information, including to our most vulnerable communities, including many who remain concerned and have low confidence in many public health messengers.

I also want to focus on Behavioral and Mental Health. We have been funded through ARPA funds including \$250K for creation of a Local Outreach to Suicide Survivors Team, \$250k for a pilot program to provide testing, harm reduction, and care at the shelters after standard business hours, \$200k for community violence interventions – expanding case management services for proven-risk men over the age of 25, and aligning efforts with the City's Health and Human Services cabinet's ARPA-funded Mental Health Initiative, which is slated to include an anti-stigma campaign, a resource guide and web portal, and a grant program to strengthen access to clinicians of color.

I also want to address something that you may have heard in the media. Our Bureau of Recovery Services has been actively exploring and working with our partners throughout the region to try to find short-term housing for folks who are dealing with homelessness and substance use disorder that would help to provide a bridge to with wraparound services to aid in stabilization while placements in permanent housing are arranged. The conditions that we are seeing in our community clearly demand that we explore every potential opportunity to connect individuals with services and housing and we're very aware of the need to address persistent stigma

related to homelessness and substance use disorder as we place people in supportive housing across the region. I want to assure that we have been actively engaging and collaborating with multiple stakeholders as we've been engaging in this process and we look forward to continued work with our regional partners to help identify solutions to this very complicated issue.

I'd like to introduce Tierney Flaherty, Director of Intergovernmental Relations, who will give us a brief update.

Flaherty: First, BPHC participated this week in a listening session hosted by the Racial Inequities in Maternal Health Commission, which was the result of advocacy that the Commission participated in with stakeholders. I also want to highlight the Legislature's 9/21 hearing regarding ARPA funding. We participated together with MPHA and local public health from across the Commonwealth to advocate for substantial funding for public health infrastructure statewide.

Chair Lopes: Thank you so much for this update. I look forward to ongoing conversations about how the Board can facilitate the Commission's progress under your leadership. I believe we will be sticking with you for an update on your executive team.

Chair Lopes: Again, this board is excited about your leadership and appreciate these updates you've given. Any help you need from us don't hesitate.

Dr. Ojikutu: Thank you Manny, I appreciate the support that I've received from the Board and look forward to working with you.

**Executive Office Staffing Update: Dr. Kathryn Hall,
Deputy Director for Population Health and Health Equity**

Dr. Bisola Ojikutu

Dr. Ojikutu: I am pleased to welcome Deputy Director Kathryn Hall. Her personal and professional background align with our mission and goals and I am excited to have her come on board. Kathryn has joined us and I would like to invite her to introduce herself.

Dr. Hall: Thank you. I came to Boston over 30 years ago for graduate school and I never left. I live in Jamaica Plain with my wife, a physician, and daughter, a Boston Latin graduate. I am a member of Sportsmen's' Tennis. I am truly excited to bring my public health and scientific background to the work here at the Commission. I also have masters in media arts and have made documentary films related to social justice.

I hope my experience in media will serve me well in working with BPHC's communications team. I've also served as an inside consultant to help organizations understand how people get their work done, especially through information and process technology. In my current role, I have experience in data management tech. I mentor students staff and faculty. I also have life coaching training, human resources experiences. As a woman of color, I bring disparities research, training and commitment to bear with the Commission's racial and health equity work. I think my strengths are willingness to learn, flexibility, integrity, and deep compassion for the people of Boston, particularly the most vulnerable.

Dr. Ojikutu: Thank you Catherine. I also want to share with the Board that we are actively interviewing for our Communications team and are close to hiring a Chief of Staff and another Deputy Director. I am hoping that we will have more leadership team announcements at our next meeting.

Lopes: Thank you, Bisola, and welcome! I look forward to working with this team as it comes together and, once again, would be remiss if I did not thank the members of the interim leadership team whose dedication and

hard work helped usher us through unforeseeable challenges. Thank you, particularly to Interim Deputy Director Gerry Thomas and Interim Chief of Staff Margaret Reid.

Now I will turn it over to the General Counsel's office to facilitate a signatory authority vote.

Signatory Authority Votes

PJ McCann, Interim General Counsel

PJ McCann: Thank you Chair. I have three signatory authority votes that I will read into the record.

Whereas, The Boston Public Health Commission's Executive Director has appointed Timothy Harrington to serve as Interim Director of Administration and Finance and Paul McCann Jr. (PJ) to serve as Interim General Counsel effective August 23, 2021; and has also appointed Dr. Kathryn Hall to serve as Deputy Director for Population Health and Health Equity.

Therefore, it is hereby resolved as follows: That Timothy Harrington, PJ McCann, and Dr. Kathryn Hall shall have signatory authority for the Commission and shall exercise all powers and authorities of the Commission pursuant to M.G.L. c. 111 App. Sec 2-3(a);

That Mr. Harrington, Mr. McCann, and Dr. Hall shall be public employees for the purposes of liability pursuant to Massachusetts General Laws Ch. 258 and will be covered by the Commission for any and all acts taken on behalf of the Commission or the Board of Health occurring during the scope of their employment; and

That Mr. Harrington, Mr. McCann, and Dr. Hall shall serve in these capacities until their respective successors may be appointed.

A motion to approve was made by Mr. Valdez, seconded by Mr. Fernandez and approved unanimously by roll call.

COVID-19 and Vaccination Update

Dr. Jennifer Lo, Medical Director

Mariana Sarango Cancel, Epidemiologist Manager, Office of Research and Evaluation

The presenters delivered the posted presentation

Sarango Cancel: I am particularly exciting because we've passed that 70% mark.

Lopes: Is there anything that we could learn from Roxbury which seems like it's doing well.

Lo: I'm going to speak more about this in the second part of the presentation.

Lo: As Dr. Ojikutu mentioned, what we're focusing on now is looking at this new phase of the epidemic, and rethinking what data points we should be looking at. For example, to your questions regarding Roxbury. Across all neighborhoods, populations 55+ have higher than average vaccination rates. We see we need to focus on 25-54. Our Research and Evaluation Office is continuing to look at what is valuable.

We are also looking at hospitalization rates and race and ethnicity there for example as well as looking at cases in BPS school youth.

With respect to youth vaccines we're hopeful about Pfizer. But we've already increased our focus on youth 12-18 that helped to increase vaccination rates. We are also looking at charter and private schools to make sure they'll have sites on campus.

We are focusing on immunocompromised populations and looking at boosters, looking at how we can support communities where access to the vaccine isn't as strong.

Testing has been in high demand. We're partnering to provide mobile testing, and permanent sites. We are also implementing the employee vaccination mandate. With outreach, we have partnerships and grants. An ambassador program will augment our outreach efforts. Partnerships also include universities, hourly contact with BPS to minimize spread of COVID.

Lopes: Want to thank the Commission and health center partners to get residents tested and vaccinated. Particularly in Mattapan, we have seen a lot of results.

Lopes: On the testing side, there were comparisons with other countries, and attributed that to free and rapid testing. Lo: What we've identified is need for oversight by clinical provider. We use antigen tests in school tests for diagnostic and test and stay. There are avenues to expand, but it needs to have training.

Gutman: As more and more employers are mandating employees testing or vaccination, have we gotten requests for testing at employers?

Lo: Have an initiative where anyone can request a vaccine clinic. Cannot name any specific business off hand but have been working with organizations on this and look to do more. The state also has a home vaccination program as well.

Valdez: How long will efforts be in place? Neighborhood by neighborhood? Rate? Lo: I think this goes back to the data question. We want to see control of COVID. We still are seeing hospitalization and emergency room rates, and still have populations that are unvaccinated. Lo: In short term, it's vaccinations. In the longer term, it's what does it mean to have COVID in our lives and what it means for our mental health and health infrastructure.

Valdez: Commission will make sure that no demographic will get left behind.

Lopes: Thank you for this update and your ongoing work on behalf of Boston's residents.

Hearing no further discussion, I will accept a motion to adjourn. A motion was made and adopted unanimously.

/s/ PJ McCann

Interim General Counsel