



**MINUTES OF THE BOARD OF HEALTH
MARCH 9, 2022**

A meeting of the Boston Board of Health (Board) was held on Tuesday March 9th, 2022 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, Kate Walsh

Chairperson's Remarks

Chairperson Lopes: Hello and welcome, everyone, to this meeting of the Board of Health, I appreciate our Board members, BPHC staff, and members of the public for joining us.

I again want to thank Dr. Ojikutu and the Commission taking a leadership role on so many public health fronts and truly appreciate the leadership of Mayor Wu and partnership across City government in responding to the most recent surge in the pandemic.

I look forward to getting an update about the pandemic and the mitigation strategies BPHC has put in place to keep Boston safe as well as BPHC's Fiscal Year 2023 Budget.

This meeting is being conducted by remote participation as authorized by state law and any so any votes will be taken by a roll call of the members.

In keeping with our 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.

Now I will turn it to Dr. Ojikutu for updates.

Executive Office Report

Dr. Ojikutu: I am pleased to announce that BPHC will be initiating a pilot of a hybrid telework policy starting on Monday, April 4, 2022 for those employees who have been authorized and are eligible for teleworking. The hybrid telework policy pilot is one of many Workplace Improvement Initiative (WIIN) strategies we are implementing to enhance workplace conditions, improve work flexibility, motivate staff, and acknowledge the value of our colleagues.

I am excited for the Board to hear more about our proposed FY23 budget. We have identified key priorities for new initiatives and investments. As you'll hear, we prioritize projects that will have a significant positive impact and value, and advance the vision of a thriving, healthy, and innovative city.

As we enter this next phase of the pandemic, we recognize that we need to be planning for the future. To that end, you will be hearing more from Stacey Kokaram, our Office of Public Health Preparedness Director, about a new initiative that will allow BPHC to build out the public health infrastructure that will be critical to respond not only to future COVID-19 surges and pandemics, but all disasters and hazards that require public health and medical services support functions.

We will also hear from BostonEMS Chief Hooley about two important new investment proposals that will add to our emergency response capacities and allow us to better respond to 911 calls involving behavioral health issues.

I'll end my report few updates on staffing.

Jeremiah Woodberry, who is the Director of the Child and Adolescent Health Division, will be serving as interim Director of Human Resources.

Batool Raza, who presented to the Board last week about the Commission's work implementing and defending Boston eviction moratorium is officially now General Counsel of BPHC after serving as interim General Counsel

Finally, Anne McHugh, Director of BPHC's Child, Adolescent and Family Health Bureau will be retiring at the end of this month after 18 years of service. Anne started at BPHC in our Community Initiatives Bureau, as the director of Boston Steps, a community mobilization effort to address the burden of obesity, diabetes, and asthma in the highest-risk neighborhoods of Boston. She was the first Director of our Chronic Disease Prevention Control Division, and she brought in millions of dollars over the years, building the Commission's work on social determinants of health and chronic disease prevention. She has led multiple large-scale community health grants, including Strategic Alliance for Health, Communities Putting Prevention to Work, REACH and Partnerships to Improve Community Health, building capacity of our neighborhood partners to lead community-focused prevention work throughout the City. Four years ago in 2018, she became the Director of the Child, Adolescent, and Family Health Bureau, and has played a critical role in expanding that bureau's work on programs to help young families, support youth and adolescents, address violence prevention. She's been a strong champion for her staff, investing in professional development for them and continuously lifting up their work and leadership. I know the Board joins me in congratulating Anne on her distinguished career at the Commission and thanking her for her considerable contributions making the Commission the strong and effective public health organization it is today.

If there are no questions I am happy to turn it back to you, Chair.

Acceptance and Approval of Minutes from January 12th and March 1st Meetings

Lopes: Now I will accept a motion to accept and approve the minutes from the January 12th and March 1st meetings.

A motion to approve was made by Mr. Valdez, seconded by Ms. Walsh, and approved unanimously.

COVID-19 Updates and Discussion

Dr. Ojikutu presented the posted slides and added:

I want to start by saying again that I am optimistic about where we are heading in Boston. I want to start by sharing the latest status of our key metrics.

As of March 7, the community positivity rate was 2.2%, down from a peak of 32% in early January. Daily adult hospitalizations have also steadily declined and are now down to 94 after peaking at 769 in mid-January. After peaking during the Omicron surge, the percentage of occupied ICU beds has been consistently below the Commission's 95% threshold of concern over the last few weeks.

As we move into this next phase of the pandemic, public communications and community engagement efforts will continue to be important, especially as we work to increase voluntary uptake of vaccination and address barriers driving disparities in our communities. Our goal will be to provide the public with clear information about the level of COVID-19 spread in the community along with recommendations about appropriate protective measures that correspond to the level of risk.

These efforts will build on work we have been doing to engage the public. BPHC has led weekly calls with community members and organizations. We've built relationships with over 30 partners, particularly in Dorchester, Roxbury, Mattapan and other communities and populations with inequitable COVID-19 disease burden.

BPHC staff have also participated in outreach to the small business community about COVID-19 and policies put in place to address it, including through weekly webinars hosted by the Mayor's Office of Small Business Development within the Economic Opportunity and Inclusion Cabinet.

In our role of providing public health guidance to Mayor Wu and other stakeholders about COVID-19 mitigation strategies, our recommendations continue to be based in the local public health data, our commitment to addressing the persistent inequities we see, as well as the best available public health and medical expertise, including the perspectives of our interdisciplinary COVID-19 Advisory Committee.

Declaration Rescission Recommendation and Vote

Dr. Ojikutu: Given the data we've reviewed here and our overall observations about the state of the pandemic, I want to transition to a plan for rescinding the Declaration of a Public Health Emergency Relative to COVID-19 which has been in place since March 15th, 2020.

The initial decision to enter a state of emergency was made in consultation with infectious disease and public health emergency preparedness experts at the Commission as well as Mayor's office and other emergency preparedness, public health, and healthcare experts. It was ratified by this Board on March 17th, two days after it was issued by then BPHC Interim Executive Director Rita Nieves.

In the early stages of the pandemic, the Declaration was instrumental in BPHC establishing an incident command structure and deploying staff and resources to perform crisis response and healthcare coordination functions.

The end of the state-level emergency declaration in June 2021, followed by the increased spread of the Delta and Omicron variants, heightened the responsibility for BPHC to issue public health guidance and orders at the local level under the Declaration including: the order for face coverings in indoor public spaces, the eviction moratorium order, the declaration of a public health crisis related to unsheltered homelessness and substance use disorder, and the B Together proof of vaccination for entry to indoor dining, entertainment, and fitness establishments.

All orders have been rescinded or are now set to rescind by April 1st. In light of this overall status, I am comfortable with setting a timeline for moving out of a state of public health emergency.

Mr. Valdez: Are we using the same criteria that we used to lift the mask mandate? Do we anticipate numbers will keep improving?

Dr. Ojikutu: One key reason we are prepared to move out of an emergency phase is that all orders are set to rescind or have been rescinded. That as well as all of the criteria and data we have presented.

Ms. Gutman: If circumstances changed, is there a threshold we could look at as the numbers start to rise?

Dr. Ojikutu: We are in the active planning phases for future surges given the unpredictability of the virus. We're establishing surge planning and looking at leading variables such as wastewater that give us the ability to predict what's coming. It's mostly about tracking trends. We'll continue to follow metrics, working with epidemiologists here and the Board with regards to any possible need to reinstate an emergency, or other public policy interventions.

Dr Childs-Roshak: Thank you for the data and highlighting these differences. I'm assuming that having a declaration allows us to focus. I'm concerned that progress remains to be made on vaccination. Is there anything about rescinding that would hinder vaccinations?

Dr. Ojikutu: We looked at our abilities specifically with regards to equity under the order. We feel that we can move forward to work with community partners, advance our vaccination and testing strategies. We're also looking at trends and following so we know when we can pull back in some places and move forward in other ways. It's about strategic planning that will continue irrespective of the emergency order.

Lopes: Thank you, for these questions and thank you, Bisola. Because the decision to ratify Declaration of Emergency was taken by a vote of this Board, I would welcome a motion of the Board to ratify the decision to rescind the Boston Public Health Commission's Declaration of a Public Health Emergency Relative to COVID-19 in the City of Boston.

A motion was made by Ms. Walsh, seconded by Dr. Childs-Roshak and approved unanimously.

Under the authority established under the Boston Public Health Act of 1995 as well as the Boston Public Health Commission's Declaration of a Public Health Emergency Relative to COVID-19 in the City of Boston, and in full consideration of the current public health data and the Board's feedback, I will now rescind the Declaration established on March 15, 2020, as amended April 24th, 2020, effective on April 1st, 2022.

In making this determination, I want to emphasize for the Board and members of the public that the COVID-19 pandemic and our response and surveillance efforts must continue. As we closely monitor the pandemic state, we will continue to brief the Board and others in City government if conditions require an escalation of our programmatic or policy response.

Dr. Ojikutu: I will ask our Infectious Disease Bureau Director and medical director in our infectious disease bureau. Dr. Sarimer Sanchez to provide more detailed data and analysis about COVID-19 among youth in Boston and in BPS schools in particular.

Dr. Sanchez: I'll start with summary of my and BPHC's role advising BPS; meeting daily. In the interest of transparency, I am sharing some guidance and advice that we are sharing with BPS here for the Board's feedback. I do want to be clear that our role at BPHC is to provide the best data and guidance that we can to BPS and other schools and stakeholders to inform their own decisions.

To guide our recommendations to BPS, we utilized data from a nationally published modelling study examining thresholds of daily case incidence rates per 100,000 residents at which one could lift mitigation

measures in K-12 schools while achieving the stated objectives, such as preventing additional hospitalizations or a given number of additional cases per month within the school community. Importantly, this study examines several parameters in their transmission models that I have applied and interpreted within the local context, such as the student vaccine coverage, staff/adult vaccination rates, the estimated efficacy of mitigation measures.

With available data estimating a 42% vaccination coverage among BPS students, we estimate that to meet the public health objectives of preventing hospitalizations and clusters among the BPS community, which are best represented by the bottom two decision objectives of this table, masking can be lifted in BPS schools once we reach a citywide daily COVID-19 incidence rate of 10 cases per 100,000 residents. This threshold is further supported by a national study published yesterday in the CDC's Weekly Morbidity and mortality report evaluating SARS-CoV-2 incidence in K-12 settings with mask-required versus mask-optional studies, where investigators concluded that school mask policies were associated with lower COVID-19 incidence in areas with moderate to substantial community transmission, which the CDC defines as >10 cases per 100K resident

As our COVID-19 metrics have trended in the right direction, we at BPHC have also been excited to support other policy changes across BPS to open up and plan for activities that have been long awaited by our students, including: field trips, travel to school-sponsored events or competitions, spectators at school-sponsored athletic events and performances, teacher-parent conferences, graduations and proms.

BPHC has also been collaborating with BPS in strategic efforts to enhance vaccination uptake among students and high-need neighborhoods. 98 BPS schools have hosted or scheduled school-based vaccination clinics (and keep in mind they each coordinate two per school because of the two dose schedule) in partnership with our clinical partners. We are also working to strengthen messaging around the importance of enhancing COVID-19 vaccination uptake over the next months to set our students and staff up for a safe SY22-23 year in the fall and winter, recognizing case rates likely may go up as they have in the past.

At this point, the metric that we are following most closely on our COVID-19 data dashboard to inform our recommendations to BPS is COVID-19 daily incidence rate, with a current threshold of 10 cases per 100,000 residents per day to recommend lifting of masking as a mitigation measure. I want to note that this goal does not perfectly align with the recently published CDC criteria around low, medium, and high community levels, in that 10 cases a day is lower than the CDC's low of 200 cases/week (28 cases per day). And that's because we are still analyzing how applicable the CDC community levels are to inform recommendations across certain community settings such as schools, that may be more complex given the low vaccination rates and congregate nature of classrooms. There are many parameters that impact how we define this threshold, and case rates is also just one of multitude of factors to consider in this decision-making; however, this is our current thinking and we will keep you informed if this evolves. Overall, we are following our metrics closely on a daily basis, and are optimistic about where Boston is headed over coming weeks and how we at BPHC can support our BPS students to engage in the activities that are central to a fun and meaningful school experience.

I also want to focus on efforts to ensure that our schools remain mask friendly, and that students and families who wish to continue to wear face coverings are supported in that decision by the school community.

I also want to be sure that as we are looking ahead to any potential surges in the future, particularly next fall, that we remain focused on addressing gaps in youth vaccinations. Our decisions about whether to reinstate masking rules will need to consider the vaccination rates in our school community as well as

cases and other key metrics. Vaccinations are truly the most important strategy for ensuring that our schools can remain open and that we can return to a more normal school environment.

I welcome any questions.

Ms. Gutman: Is there a recommendation to completely lift, and if so when?

Dr Sanchez: Our recommendation is that BPS can consider revising the policy once we've reached that level, but again, that is a recommendation and the level has not been met as of today.

Ms. Gutman: I know that there is a lot of concern among parents, as well as teachers. As a BPS parent I am incredibly grateful for the educators who continued to keep kids educated throughout pandemic. I'm also thinking about those teachers who may be immunocompromised, as well as parents who may have immunocompromised. Also recognizing that the congregate nature of K-12 education settings is unique.

Dr. Sanchez: I appreciate your comments. And these issues are why we paused to look at the data before making a recommendation. We also want to make sure that we are able to provide high quality masks and create a mask-friendly environment if we get to a place where BPS revises the mandatory mask policy.

Ms. Laptiste: I appreciate the opportunity to create space for people that want to continue to wear masks. I'm also thinking about post-vacation spikes, and thinking about April.

Dr. Sanchez: There can be lags, but currently we are not seeing that kid of increase post-February break. One consideration is creating mask-friendly environments. A second piece is looking at the averages and looking at trends. Throughout, we are working with BPS to make sure protections are in place.

Mr. Valdez: Thank you for this information. It reinforces the fact that we are driven by data. Practically, what happens; is the data transmitted to BPS? Is it at the discretion of the Superintendent?.

Sanchez: I continue to meet on a daily basis. When we drop below the threshold, we will advise them, but it will be BPS's decision. We will continue to advise on this as well as other policies that need to be in place to protect the school community.

Chair Lopes: I appreciate again, that we have been driven by data and working in collaboration with BPS.

Lopes: Hearing no additional discussion I will turn it over to BPHC Administration and Finance Director Tim Harrington to present an overview of BPHC's FY23 Budget for discussion and a vote to submit to the Mayor's Office.

FY2023 Budget

Tim Harrington, Director of Administration and Finance, presented posted slides along with Commission staff (Stacey Kokaram, Chief James Hooley)

Lopes: I am interested in the Chief Behavioral Health Officer position. It would be good to hear more about the strategy at a future meeting.

Mr. Valdez: I have some questions about the detail that I will hold.

Mr. Harrington: There is a longer term plan for behavioral health work, and we would like to come back to the Board to engage the Board for more feedback.

Dr. Ojikutu: I agree; we would appreciate your insight as we undertake this work.

Ms. Kokaram: Good afternoon and thank you for the opportunity to strengthen our Public Health Preparedness capacity in Boston. As you know, PHP is a core public health function and supports healthcare system and residents. Funding is traditionally insufficient and inflexible. This investment would allow us to be more effective and flexible.

This funding will allow us to plan and to operationalize equity. We want to focus on continuity of operations planning, especially building on lessons from COVID-19.

It will allow us to build on coordination, communication, and engagement. It will ensure that we are able to provide the services that are needed in emergencies. It will also allow us to enhance our disaster behavioral health work and protocols as well as build skills through training with partners and community members.

Our Public Health Accreditation Board requirements include a measure requiring that our communitywide All Hazards Emergency Operations Plan and the public health Emergency Operations Plan are tested and revised. An update of the Public Health Emergency Operations Plan, which includes a risk communications plan, is being undertaken to incorporate lessons learned from COVID and prepare for future emergencies. This process which will involve BPHC bureaus and offices as well as the City's Office of Emergency Management and other key stakeholders. We will be engaging a vendor to support this work. We look forward to seeking the Board's feedback as this planning work progresses.

Chair Lopes: Thank you for the thorough report and reminder of all the important work that happens in this office.

Ms. Gutman: I just wanted to personally thank you. In my role as VP of Homecare for SEIU1199, we have relied on OPHP to get PPE to homecare workers and the disability community in Boston.

Chief Hooley: The goal is to regularly staff two ambulances during our busiest shifts. We've seen a 10% increase in incidents. We're trying to meet demand and maintain call times.

We are also looking to build on our work to address calls, particularly those related to homeless services and recovery services that do not necessarily require a transport, but rather referrals to appropriate services.

Chair Lopes: thank you for the detail on the proposal, and the work that you and your team do, particularly over the last couple of years. Tim, I'll turn it back to you.

Mr. Harrington presented capital budget slides. We will continue to provide updates to the Board.

Valdez: Thank you, and I understand the amount of work that goes into any budget, especially one this big, so thank you. One specific question: regarding the Southampton campus, and the increase of \$124K; can you define what it is and the amount. Harrington: We will report back.

Dr. Childs-Roshak: I'm thrilled about the behavioral health investment. I also think the emergency preparedness approach is great. Looking at the high level. It looks like the biggest variance is EMS. In the past, I remember challenges around EMS billing. Could you comment a little about the additional expense and the billing challenges. Will the proposal exacerbate or make it better?

Chief Hooley: It will make it better from a service provision perspective. We do get reimbursements that offset some of these investments. Our call volume goes up and to meet without expansion, we have to meet it with overtime. Will also avoid mandated shifts and associated burnout.

Dr. Childs-Roshak: So there is a demand, and rather than relying on overtime, this staff will help provide more regular predictable staffing.

Mr. Harrington: I did confirm that the funding you asked about is increased operating costs for the new Engagement Center near the 112 Southampton Street Shelter.

Lopes: Hearing no additional questions, now I will accept a motion to submit the FY23 BPHC Budget to the Mayor's office.

A motion was made by Ms. Gutman, seconded by Mr. Valdez, and approved unanimously.

Chair Lopes: Thank you again to Mayor Wu, Dr. Ojikutu, and BPHC staff for your leadership and thoughtful, data-driven approach to these important issues. The Board looks forward to providing ongoing feedback on these and other issues.

My recommendation is that we meet again in April to get additional updates as to where things stand. Hearing no further questions from the Board, this meeting stands adjourned.