



MINUTES OF THE BOARD OF HEALTH

A meeting of the Boston Board of Health (Board) was held at 4:00pm on Wednesday, July 13th, 2022 by remote participation pursuant to An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency

Board Members Present

Dr. Sandro Galea, Chair, Phillomin Laptiste, John Fernandez, Kate Walsh, Greg Wilmot

Others Present

PJ McCann, Julia Frederick, Abeer Khatana, Bisola Ojikutu, Katherine Walsh, Brian Forde Jr., Katherine Hall, Krystal Garcia, Michele Clark, Sarimer Sanchez, Tim Harrington, Catie Burbage, Cheryl Buckman, Dan Dooley, Devin Larkin, Gerry Thomas, Hamilton Paul, Jen Tracey, Julia Gunn, Jon Latino, Jonell Johnson, Kaitlin Schroeder, Kevin Nguyen, Kyle Fields, Leon Bethune, Lisa Jeanne Graf, Lori Caiby, Meredith Brown, Nancy Lessin, Nishita Patel, Alyssa Benaflew-Ramos, Paul Shoemaker, Phoebe Odhiambo, Sarah Horsley, Shoba Nair, Sinead Hassan, Stacey Kokaram, Steve Simmons, Uchenna Ndulue, Whitney Pasternack

Chairperson's Remarks

Dr. Galea: Good Afternoon, fellow Board of Health members, Boston Public Health Commission staff, and members of the public. Welcome to the July Board of Health Meeting.

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

In keeping with the Board's 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.

This afternoon, we will hear important updates from the Executive Office, COVID 19, and Monkeypox Virus. We will start with a presentation from Boston Public Schools about efforts to improve air quality and ventilation in Boston's Schools.

First, I will turn it over to Dr. Ojikutu to introduce the presentation.

Indoor Air Quality and Ventilation in Boston Public Schools

Dr. Ojikutu: Thank you, Dr. Galea. As a follow up to discussion about ventilation and air quality in BPS in from the Board at our last meeting, we wanted to invite representatives form BPS leading this work to share some additional detail.

As we have been advising Boston Public Schools leadership on COVID-19 mitigation strategies throughout the pandemic, we have been mindful of the reducing the spread of respiratory viruses and improving student health requires a comprehensive approach to ensuring indoor environmental quality.

I want to also acknowledge that we have been working with school partners to improve physical learning environments in our schools long before COVID-19. Our Office of Environmental and Occupational Health Division conducts annual indoor environmental quality inspections of BPS schools.

These inspections include air quality measurements and document the presence of clutter, dust, evidence of pests, leaks and mold, repairs needed, improperly stored chemicals, and sanitation issues and publish public reports summarizing their findings.

In addition to referring findings to BPS on an ongoing basis, bureau directors Leon Bethune and Dr. Sanchez and their teams work working closely with BPS and offer public health guidance and support whenever needed.

Now, I would like to welcome Katherine Walsh, BPS's Sustainability, Energy, and Environment Program Director, joined by Brian Forde, Executive Director of Facilities Management, present about the exciting work they have done to understand and improve air quality in BPS schools, and plans for ongoing expansion of this work moving forward as we look to invest in our schools and students. Thank you so much for being able to join us this afternoon and for the work you do.

BPS Presenters: Presented posted slides.

Galea: Let me open it up to questions.

Laptiste: Thank you. I wanted to ask if there are special considerations for neighborhoods with high rates of asthma, as we consider equity.

Brian: Our opportunity index includes several measures, including asthma specifically I believe.

Galea: What is a realistic timeline for steps happening?

Forde: Most are happening as we speak. BPS building dashboard is handled by our in-house experts, making assessments of buildings to determine what we need, while we wait for third party vendors to validate. We have investment requests in, and are putting out contracts monthly to address multiple schools in this need.

Dr. Galea: Thank you again. Now, I will turn it over to Dr. Ojikutu for a report from the Executive Office.

Executive Office Report

Dr. Ojikutu: I want to start by sharing some good news about our *B Healthy Summer Fun Day* on Saturday. The event was a huge success! We provided critical resources, health screenings,

COVID-19 vaccination for 6 months and up, and other services to city residents. On top of that we had an enormous amount of fun. We hope to offer similar events in the future.

Congratulations to the organizing committee led by Catherine Fine, our Infectious Disease Bureau, Office of Public Health Preparedness, and broad participation across the Commission. Oftentimes we are identified by our program or our Bureau, but it was great to see us working together as one Commission serving the city of Boston.

I also want to thank and acknowledge the Office of Public Health Preparedness, Violence Prevention teams, and Boston EMS for all their work this past holiday weekend to help residents and visitors celebrate safely on July 4th.

One update you may have already noticed is that we have successfully migrated BPHC's web presence over to Boston.gov. You can now find the Commission at boston.gov/bphc. This migration is designed improve the user experience of those seeking information from BPHC, elevate BPHC's programs and work on a more accessible platform. I'm pleased that we can now provide Boston residents a single trusted source of information while maintaining the BPHC trusted voice and brand.

I also want to share a new addition to our Senior Leadership Team. Dr. Uchenna Ndulue has been named the Bureau Director for the Child, Adolescent, and Family Health Bureau. As Associate Bureau Director, Uchenna directly supported multiple programs and managed CAFH's deployment during the COVID-19 pandemic. Uchenna brings over twenty years of experience in child and adolescent health to this role. He previously served as the Boston Executive Director for Peer Health Exchange, a non-profit dedicated to health education. Prior to that, Uchenna directed the Boston Area Health Education Center at the Boston Public Health Commission and supported programs designed to prepare young people to pursue careers in health.

I am also excited to introduce Krystal Garcia to the Board in her new capacity as the Commission's Director of Policy. Krystal previously served as the director of policy and research in the Mayor's Office of Health and Human Services. We look forward to leveraging her experience in policy development as well as her strong relationships with a broad range of external partners as we expand and implement our policy agenda and public health planning efforts.

We anticipate that this will include a more active role in guiding the Community Health Needs Assessment and Community Health Improvement Plan processes in partnership with the CHNA-CHIP Collaborative.

I want to acknowledge that BPHC has provided significant data and community engagement support to the ongoing CHNA and CHIP processes and have a strong foundation of collaborative work to build on. We can plan to return to the Board with more on our citywide health planning role in the future.

I also want to share that BPHC is in the process of being reaccredited by the Public Health Accreditation Board. Over the past couple of months, the Office of Performance Improvement (OPI) has identified bureaus and offices to serve as subject matter experts for the PHAB reaccreditation measures and worked closely with them to support them in preparing documents and processes that will meet PHAB's expectations across 12 content domains. We are working toward a final submission deadline in December of this year.

I would also like to share a note about position titles. As you have all seen, I have been using a combined title of Commissioner of Public Health and Executive Director. The primary rationale for introducing the Commissioner title is to align with other similar health leaders in state and local government and also to reinforce public understanding that the leader of the health commission is the primary public health official for Boston.

That said, the term “Executive Director” remains in our enabling statute and appointment vote, and I plan to use it when signing legal documents. We also plan to transition the three Deputy Director titles to Deputy Commissioner. I do not believe a vote is needed for this change, though if the Board would like further discussion, please let me know and we can add that to a future agenda.

We have continued our COVID response, continuing to focus on youth vaccination and capacitating partners including community health center.

I would be remiss to not acknowledge recent Supreme Court decisions that undermine air quality protections, reasonable gun regulations, and reproductive health access. Accessible reproductive health care is essential for promoting positive health outcomes, health equity, and social equity. This decision will cause serious harm and have a disproportionately negative impact on the most vulnerable women in this country. The Commission will continue to support efforts to make all forms of reproductive health care more accessible to all people.

Finally, I am pleased to share that the City Council voted to approve our FY23 Budget with our proposed investments to build out our behavioral health response, our public health preparedness capacities, and add needed staffing for Boston EMS. I will turn it over to Tim Harrington for any additional updates about the budget process or our ARPA investments.

Tim Harrington presented FY23 Budget Update. We will reach out to the Board if there are additional developments.

Walsh: Can you share a bit more about how you are thinking about the ARPA funds.

Harrington: What I can do is share what we presented last time. Happy to report that we received what we requested. Implementation planning work is ongoing.

Galea: Welcome to the new members and congratulations on the Budget vote. On the commissioner title, I agree that it is a step in the right direction. Welcome any discussion.

Are there any questions from my fellow members about the Executive Office report?

Now, we can move to the approval of the minutes.

Acceptance and Approval of Minutes from the June 8th Meeting

If there is no discussion, I will accept a motion to approve the minutes from the June 8th Board of Health meeting.

A motion was made by Mr. Fernandez, seconded by Ms. Walsh and approved unanimously by all members present.

Galea: Now I will turn it over to Dr. Ojikutu and Dr. Hall for an update on the COVID-19 pandemic.

COVID-19 Update

Dr. Ojikutu and Dr. Hall presented the posted slides.

Dr. Galea: I'll start with questions. With hospitalizations, how granular are data to show whether someone has concomitant COVID?

Dr. Hall: It is hard to distinguish with our data. Ojikutu: It is correct that we don't have full data, but are able to approximate using other treatment information. We also know that someone with COVID in the hospital for any reason puts strain on hospital.

Walsh: I think hospitals do report this to DPH. 1/3 are in the hospital because of COVID, including some that we no longer treat as positive. We also track the administration of treatment. About 2/3rds are incidental in our experience.

Dr. Galea: Thank you for keeping us and our residents updated about the state of the pandemic and you and the staff's ongoing efforts to protect our residents as the situation continues to evolve. Now, I will introduce Dr. Sarimer Sanchez to provide an update about Monkeypox.

Monkeypox Virus Update

Dr. Sanchez: Thank you, Dr. Galea and good afternoon to everyone. On May 18th, the first case of monkeypox in 2022 in the United States was identified in a Massachusetts resident, and since then we have been monitoring an evolving global outbreak of monkeypox. As of today, there were more than 10,000 reported cases across the world, 929 cases in the United States, and 44 cases in Massachusetts. We believe the risk to the general public remains low since monkeypox transmission is occurring primarily through close and sustained physical contact among individuals in social networks.

While many of those affected in the current global outbreaks are gay, bisexual, or other men who have sex with men, anyone who has been in close contact with someone who has monkeypox can get the illness. And so today I want to share some information with you about the Commission's key roles and priorities for the public health response, which include our case investigations and contact tracing, health education, community engagement with LGBTQ+ partners, and advocacy. Firstly, our Infectious Disease Bureau's Communicable Disease Control Division has been working diligently in several ways 1) performing case investigations and providing support to Boston residents while they are isolating via daily follow up calls 2) identifying close contacts in Boston and following up with them daily for symptom monitoring and referrals for post-exposure vaccination contact tracing in collaboration with DPH. Boston residents

Secondly, BPHC has been working to provide timely, multilingual health education on MPV to our diverse communities and Boston residents. Over the past weeks, we have developed key infographics on monkeypox spread, symptoms, and prevention that are posted on our website and social media. Importantly, we have translated these infographics in all 9 Boston key languages and have sent these materials to our community partners for their use. Our webpage is being regularly updated to provide timely information on monkeypox and ways to mitigate spread, including the availability of monkeypox vaccine in Boston and where to access them.

Thirdly, we are working to engage our LGBTQ+, including Black and Latinx, communities on effective strategies to avoid stigma and raise awareness on MPV symptoms, prevention, and treatment, including vaccination. Our main strategies include 1) Meeting with our community agencies, particularly those who partner with us already on preventing communicable diseases in our high need communities, to provide timely information, share resources we've developed, and ensure that we are reaching our LGBTQ+ communities of color. We are currently expanding these engagement efforts to include our city entertainment, bar, and venue businesses who serve the LGBTQ+ community and think innovatively about how to reach our communities including through social media and ads on dating apps. Finally, we at the Commission are leading and really embracing the need to advocate for a non-stigmatizing public health response.

Throughout, we continue to advocate for a non-stigmatizing public health response

Galea: Where is the conversation about renaming monkeypox. Sanchez: There have been initial conversations with the WHO, and I expect that it will be forthcoming.

Walsh: Could we change the name in Boston?

Sanchez: One effort is to focus on MPV.

Galea: It may be confusing if a new name is coming.

Hall: I want to acknowledge the hard work of the epidemiologists in developing the information we present.

Dr. Galea: Thank you, Dr. This situation certainly requires close attention, and I appreciate everything you are doing.

Adjourn

Galea: Hearing no further questions from the Board, this meeting stands adjourned.