



BOARD MEETING

By Remote Participation Pursuant to *An Act Extending Certain COVID-19 Measures Adopted During the State of Emergency.*

Wednesday, September 10th, 2025

4:00 p.m.

Board Members Present

Dr. Taveras, Ms. Laptiste, Mr. McLaren, Mr. Valdez

Chairperson's Remarks

Dr. Taveras: Good afternoon, fellow Board of Health members, Boston Public Health Commission staff, and members of the public. Welcome to the September 2025 meeting of the Boston Board of Health.

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

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 platform to keep all on mute other than Board members and BPHC presenters.

I know a lot has happened in the world around us since we last met and I look forward to hearing more from Dr. Ojikutu and the team about the work BPHC has been doing to protect the health and wellbeing our residents in the face of so many ongoing challenges. This afternoon, we will have a report from the Executive Office as well as a panel spotlighting BPHC's promising maternal and early child health.

Dr. Taveras: Now I will turn it to Dr. Ojikutu for the Executive Office report.

Dr. Ojikutu: Good evening. Commissioners. As you're all aware, there was a tragic shooting in early August at the CDC that resulted in the death of a young police officer as well as quite a bit of fear and anxiety across their campus in Atlanta. More recently, the new CDC director was

terminated followed by the resignation of several top CDC leaders. We are working hard to ensure that misinformation and disinformation regarding vaccination is combated.

I'd like to turn to another one of our top priority areas; addressing the needs of individuals living with substance use disorder. Particularly those who are unsheltered throughout our city. Since January of 2022, when that work started, more than 300 people have moved onward into permanent supportive housing and more than 800 have benefited from our low-threshold housing program. We've expanded treatment access. We have a program called PAATHS, which is providing access to addiction treatment, hope, and support. We've taken that work and made it mobile. We are working with our outreach team to make sure that people know that treatment pathways are available, and then we're actually transporting them to treatment.

We have a new program, co-facilitating what we're calling a treatment roundtable. It is an opportunity for providers to case manage individuals who are in the area, who need support, need help, in a more intentional way, in a more integrated way, in a more coordinated way than has ever been done before. We're co-facilitating it with the Coordinated Response Team. We're certainly putting an enormous amount of effort around harm reduction services, continuing to provide comprehensive harm reduction services and also increasing our efforts around needle pickup to make sure that we're doing our due diligence and ensuring that dangers are not in our neighborhoods because that has been an ongoing complaint by city residents. On a positive note as we observe National Recovery Month; we saw a 38% decrease in overdose mortality from 2023 to 2024.

A person with measles visited Boston from June 7th to June 8th of this year and we worked very closely with our local partners and the Department of Public Health to essentially notify those who had been exposed, to provide information to the media about measles, and to reassure people. Our message to the public is that measles vaccination is extraordinarily safe and 93-97% effective in preventing measles and protecting against severe disease.

Turning to COVID-19 vaccination, we strongly encourage everyone ages 6 months or older to obtain the updated COVID-19 vaccination as well as flu vaccination and all childhood vaccinations. We recently collaborated with Boston Public Schools to host a successful children's vaccination clinic at the Bolling Building. We co-hosted Boston's first Health Equity Walk with the Boys and Girls Club of Boston earlier in the summer. We also co-led the International Overdose Awareness Day. We co-hosted with the State and BMC an event ceremony on Boston Commons we planted 23,000 purple flags to honor those lost to overdose.

Our staff attended the NACCHO Conference in July and we were able to highlight a number of different areas, including maternal and child health, mental health work, data and technology innovation, and substance use disorder. Nubian Markets joined the Boston Double Up Food

Bucks program which include eight stores across Dorchester, East Boston, and Roxbury. Regarding the Live Long and Well program we selected four coalitions who will pursue activities that will promote economic mobility and address specific areas around our city in our effort to close the life expectancy gap. I want to congratulate Elsie Morantus Petion, Public Health Nurse with Healthy Baby Healthy Child who is one of this year's Shattuck awardees.

Dr. Taveras: Thank you for that report and the work that is happening across your portfolio. I always find your reports so comprehensive. Do we have any questions from the board?

Mr. Valdez: Regarding SUD initiatives. Thanks for all the work that's being done. It's a complex problem that needs complex solutions. Is long Island still being considered for long term solution?

Dr. Ojikutu: Long term vision is incredibly important, we're continuing to make efforts, have achieved the key Chapter 91 license, but are still facing a legal challenge that we don't have a timeline on. Funding remains as challenge, but we are hopeful short term, medium term, what can we do to help people.

Dr. Taveras: News about a Northeast States Public Health Collaborative was positive. State is waiting for advisory committee next week. I wonder about the misinformation and mistrust, if there are additional efforts to increase awareness about what city and state are able to do. Who is eligible, what's covered. How we can counter and increase awareness about what's available.

Dr. Ojikutu: This has been a challenge; we are sticking to the evidence base and science about what we know to be true. Partnering with the state to ensure residents have coverage. We are unique in hosting vaccination clinics to make sure access is available. We have been out front on measles, had media roundtable, got word out about getting vaccination. For respiratory illness, we have been consistent and vocal and there is more to do. We are trying to stick with the evidence and make sure people remain safe.

Acceptance and Approval of Minutes from the June 11th, 2025 Meeting

Dr. Taveras: If there is no further discussion, I will accept a motion to approve and accept the minutes from the June 11th, 2025 Board of Health meeting.

Motion was made by Mr. McLaren and seconded by Mr. Valdez and approved unanimously by roll call vote.

Spotlight: Maternal and Early Childhood Health Initiatives

Dr. Taveras: Now, I am pleased to introduce staff from BPHC's Child, Adolescent, and Family Health Bureau and Center for Public Health Sciences and Innovation to share some updates on

the innovative work they are doing to address longstanding inequities in infant and maternal health. This is an area that has been a focus of my career as a physician, and I am excited to hear more about BPHC's solutions-based approach. I will turn it to Bureau Director Uchenna

I also want to note Dr. Ojikutu and Dr. Ndulue's recent important article: *Restoring the Infant Mortality Rate as a Measure of Societal Health and Well-Being* in the August New England Journal of Medicine highlighted the historic challenges and opportunities for improvement in infant mortality outcomes.

Mr. Ndulue introduces himself and the panel as they present.

Panelists and representatives included: The Boston Community Perinatal Health Initiative (COPHI) Doula Project: Brandy Watts, Director; Tonya Pittman, Program Coordinator II; Neika Christalin, Training Manager; Charise Simmons, Public Health Advocate II. For the Healthy Start in Housing Project Nadine Williams, MS LSWA Program Manager; Sylvia Graham, BA, Program Coordinator; Sujei Bernardino, CHW, Public Health Advocate & Community Health Worker; Johnny Taylor; Public Health Advocate with Father Friendly Initiative. For the Fetal and Infant Mortality Review: Dr. Uchenna Ndulue, Bureau Director, Becky Cruz-Crosson, MA, LMHC, Healthy Start Systems Division Director, Dr. Adi Rattner, Healthy Start Medical Director, Joanne Suarez, MBe, Senior Program Manager, Dr. Shoba Nair, Dr. Ella Douglas-Durham, Andrea Jaramillo, RN, BSN, CHPN, Nurse Coordinator.

The representatives presented on the Boston Community-Based Perinatal Health Project, the COPHI Doula Project, Healthy Start in Housing, and the Fetal and Infant Mortality Review Initiative. The Boston COPHI Project has employed three strategies to increase systems of perinatal care. Those include, connecting families to birthing support, increase and improve the doula workforce, and educate providers and community neighborhoods about the benefits and awareness of doula services. Healthy Start in Housing is a program in collaboration with the Boston Public Health Commission and the Boston Housing Authority. The program connects pregnant women and parenting families experiencing homelessness and medically high-risk pregnancies to stable housing and intensive wraparound support.

Mr. McLaren: Concern is with the federal level. How do you see that impacting the programming or the important work that you all are doing?

Nadine Williams: Crisis will be if they take away rental assistance funding. We have issues where clients are concerned about it.

Mr. McLaren: Need to advocate for the good work you are doing.

Ms. Laptiste: Want to echo the same sentiment, commend all of you. Are there plans to expand beyond BHA?

Nadine Williams: Because BHA is a local public agency it started there, but it is possible to engage with other private developments. Some are connected to private housing through BHA.

Mr. Valdez: This is a terrific program; we have our own doulas through this program; everyone is excited about it. How do you decide what areas you are going to go into?

Nadine Williams: BHA makes the placement of the families.

Mr. Valdez: Important that residents are receiving this benefit.

Brandy Watts: Get referrals from providers for COPHI, as well as self-referrals, prioritizing following need.

Fetal and Infant Mortality Review is a community-based, action-oriented process aimed at improving services, systems, and resources for women, infants, and their families.

Massachusetts has one of the lowest infant mortality rates in the country. The Boston Community Action Network (CAN), selected FIMR as one of their priority areas in 2017. FIMR was selected because the CAN wanted to address the problem of racial disparities in infant mortality within Boston. Key program activities include establishing the BPHC FIMR Team, Case Review Team (CRT), and Community Action Team (CAT). Next steps include developing and launching external communication assets, recruit CRT and CAT members, obtain detailed linked infant mortality data, conduct the initial family interviews, and finally integrate FIMR within impacted communities by conducting the review meetings at community-based organizations.

Dr. Taveras: Thank you for these presentations and all of the underlying work you do everyday. I'll start with any questions from the Board.

Mr. McLaren: I wonder how we are addressing mental health issues for new moms, specifically postpartum depression?

Dr. Ndulue: HBHC does home visiting where we screen new moms and have clinicians who provide short term. BHSI has BH supports in community settings as well. We also have program re early child mental health, that support the entire community. Mental health is woven through. We are also starting to explore what MH support looks like for the partner.

Dr. Taveras: With respect to: mental health (MH), Substance use disorder (SUD), and Cardiovascular Disease (CVD), and readmissions; in the article, there was the sense that we patch this area with services but there is not enough of the upstream, but here you show how you are working to mitigate. I wonder how you also support the clinical work. Could you speak to services for SUD and CVD?

Dr. Ndulue: Particularly for SUD, we partner with BPHC's Recovery Services Bureau, specially Entre Familia. We often engage for technical assistance. For CVD, we do general assessments, we do blood pressure screens for parent and, keep track of it.

Charisse Simmons: Address issues as they come up in the postpartum period and do as many home visits as needed as well as phone calls.

Brandy Watts: Support clients in asking providers for appropriate treatment and supports. Referral to food programs, stress reduction, rest, supportive rituals.

Charisse Simmons: We meet with the doulas often as well.

Dr. Ndulue: CVD is a screening condition for HISH.

Mr. McLaren: Just want to commend you all on the amazing work. What is our strategy for increasing awareness in the community? Want to make sure this stays top of mind.

Dr. Ndulue: It is a component of Live Long and Well. Dr. Ojikutu is a champion for awareness. We have to do more to rise above the noise. Call people in to help with collaborative problem solving.

Brandy Watts: Highlighted work to get the word out about doula work and birth equity campaign.

Dr. Taveras: Incredible work taking on such broad systematic areas, you're working in the areas where a health department can make an impact. Can you say a word about Fathers.

Dr. Ndulue: Father Friendly has had program supporting healthy fathering for decades. We are evolving it to think about what we can do to support fathers. How do we facilitate people who want to support fathers and those that want to. We just put out an RFP to bring on mentee orgs and mentor organizations, pairing them together to increase capacity for father engagement.

Putting together a fatherhood engagement campaign and make organizations father friendly. As a father, I'm always thinking about it. Key to mission and vision.

Dr. Taveras: Thank you for preparing and for the incredible work.

Adjourn

Dr. Taveras: Hearing no more questions, we will stand adjourned. Thank you all.

Attest: /s/ PJ McCann, Board Secretary