



**MINUTES FOR THE MEETING OF THE BOARD OF THE
BOSTON PUBLIC HEALTH COMMISSION
Tuesday, March 7, 2017**

A meeting of the Board of the Boston Public Health Commission (“Commission”) was held on Tuesday, March 7, 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
Myechia Minter-Jordan, MD, MBA
Kate Walsh

Also Present Were:

Katie Donovan, David Pia, Heather Gasper, Gerry Thomas, Catherine Fine, Brad Cohen, Steve Stephanou, B. Ronan, Beth Grand, David Gallagher, Devin Larkin, Leon Bethune, Tim Harrington, and Chuck Gagnon.

Proceedings:

Chairman’s Comments

Francis J. Doyle, Esq.

- At approximately 4:10p.m. Mr. Doyle called the meeting to order, welcomed and thanked everyone for coming. We have several major items this evening, but are holding off until we have quorum present. For the purposes of the record, and Kathy Hussey knows I will send this to her.
- I am rather torn by the news of Dr. Nguyen's departure - disappointed we will be losing his solid clinical leadership at the Commission, but selfishly delighted that he will be the new CMO at DotHouse, thereby becoming even more a part of Boston HealthNet's clinical leadership. The DotHouse leadership has made a wise choice. I know directly the high regard Dr. Nguyen is held in by Mayor Walsh for his critical, steady helmsmanship of the Commission, most especially through the stormy seas of the bridge closing and the blizzard(s) of 2015 during his tenure as interim executive director. The fact that not a single homeless life was lost on our streets that winter speaks volumes about his skill and compassion. We at the Commission and all Bostonians owe Dr. Nguyen a deep debt of gratitude for his service to our City and its residents. Thank you Dr. Nguyen. He will be missed and we'll have that on the permanent record of the Commission in that regard. We wish him the best of luck.
- I also want to follow up on the announcement from yesterday and congratulate Kate on the gift awarded to BMC to open the Greykin Center for Addiction Medicine at BMC. We've had so many wonderful programs, expertise and leadership from BMC in addiction services as well as here at the Commission. I think this just elevates all of us in Boston that deal with the addiction problems and establishes nationally the reputation of Boston Medical Center in this regard.

- We did have a meeting of the Boston Biosafety Committee (“BBC”) last night. As you know, by the regulatory authority of this Commission, a regulation was adopted here in 2006 about the permitting process and requirements of Biosafety Laboratories in Boston. Subsequently in 2014, the Executive Director at the time, Barbara Ferrer, issued guidelines for how those permits would be granted under the authority of the Commission. The Commission granted the Executive Director the role of permitting after the due diligence and advice of the BBC. Last night was just the next stage in that process where the BBC was reconvened with more community members which Monica chose to make sure there were enough community folks involved. I applaud her for that and I applaud the whole team because last night was quite a presentation both for the BBC members. And Boston University for presenting all of the aspects of the operations of the Biosafety Level 4 lab, what it would entail. All the leadership was here so that we could see them and talk with them and here their expertise. We also heard the expertise of the consultants which the BPHC has engaged and were very impressive. We’re pleased to have moved through that process to this point. There was only one opponent even after due notice the meeting was being held. We had some 19 people speak, 18 in favor and the majority of which were from BU.

Acceptance and Approval of January 18, 2017 and February 15, 2017 Minutes

- Mr. Doyle stated for the record that we had a quorum and called for a motion to accept and approve the January and February board meeting minutes. Ms. Walsh so moved on the motion which was seconded by Dr. Minter-Jordan. The Board Members present unanimously approved the minutes from the January 18, 2017 and February 15, 2017 board meetings.

Report from the Executive Office

Monica Valdes Lupi, JD, MPH

Executive Director, Boston Public Health Commission

- Ms. Valdes Lupi thanked Mr. Doyle for his recognition of Dr. Nguyen for the record and also for congratulating Kate for the fantastic press event yesterday. It was wonderful and we look forward to working with you on that and the BBC meeting. I want to publicly thank our staff who worked so diligently over the last couple of years and intensively with me and others to prepare us for last night. Our Bureau Director Gerry Thomas, our Division Director Leon Bethune, Tim Harrington, our General Counsel and PJ McCann, our Deputy General Counsel make up our core team along with many others, Chief Hooley, Marje Nesin, our Communications Director, Heather Gasper from IGR have been really helpful in prepping us for last night. Thank you to all the staff.
- BPHC is in the news. Mayor Walsh joined the BPHC outreach workers on Recovery Road this week to experience firsthand the work we discussed at last month’s meeting. The Globe article highlights the strong relationships forged by the outreach team. The Mayor sites these relationships, and the trust they create, as the basis for getting people the help they need.
- On February 16, 2017 on Right Turn Radio, BPHC’s Director of Harm Reduction Services, Sarah Mackin, was interviewed about opioid use in Boston and harm reduction services. Ms. Mackin specifically sites the work that AHOPE, a BPHC program, does to save lives and reduce harm reduction stigma.
- The Emerson College Police Department is planning to carry Narcan by early March. Recently, two officers attended a BPHC Narcan training, which inspired them to encourage their fellow squad members to complete the training as well.
- A February 24, 2017 Boston Globe article discusses the Boston Public Schools new website, which provides resources for immigrants. The article mentions that BPH created and supplied a flyer for the website, which supports immigrant parents on how to handle their children’s fears in the wake of the 2016 presidential election.
- On the Intergovernmental Relations front, I was in Washington last week with NACCHO and was able to visit Capitol Hill. Our IGR Director Heather Gasper and I met with staff from the offices of Senators Warren and Markey and Congressman Capuano. We also had the pleasure of meeting with

Acting Assistant Secretary Dr. Don Wright from US Health and Human Services. We had productive conversations about important issues like success of the Affordable Care Act, the vital funds needed for investing in public health, and the important work being done around substance use, to name a few topics. In this time of uncertainty at the federal level, we are grateful to our delegation and we will support their work any way we can.

- Also last week, there was some great advocacy at the state level around the Massachusetts Prevention Wellness Trust Fund. Our board member Harold Cox joined the Massachusetts Public Health Association (“MPHA”) to meet with Chairman Jeffery Sanchez to discuss the important work being done through the trust fund and its connection to BPHC. On March 1, MPHA hosted the Prevention Trust Campaign Kick Off and Advocacy Day at the State House. Dr. Huy Nguyen gave remarks at the event and many from the Boston Partnership participated.
- Grace Connolly will provide an update on the budget process and will present the maintenance budget for the Board’s vote.

***Presentation and VOTE: Approval of Fiscal Year 18 Budget
Grace Connolly, Director of Administration and Finance
Boston Public Health Commission***

- Ms. Connolly commented that most of today’s information has been previously presented to the Board. The city is experiencing an all-time high in revenues from property tax and local receipt categories; we have the best credit rating possible which is AAA; there’s lower state aid; growth in fixed costs is anticipated at 9% for FY17; and collective bargaining agreements are expiring.
- Again, 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: staff transfers and consolidations; streamlining business processes; shared service models; reduce fragmentation and duplication of effort; and enhancing managerial controls.
- Continuing with the Maintenance Request, the City of Boston funding increased \$821,000 or 1.06% over FY17. EMS’s budget increased by \$1.1million or 2% as a result of Medicaid CPE increase. The City approved \$1.4 million of a \$1.9 million requested increase in fringe (salary?). Overtime across BPHC decreased 1.4%. It also includes vacancy savings of \$700,000 for FY18 (FY17 was \$447,000). A chart showed the variances between FY17 and FY18 with respect to COB Appropriation, Federal Grants, State Grants, EMS Billed and Non-EMS Billed/Other which resulted in an overall decrease of 3.50%
- Our New Budget Proposals are currently under review by City Hall and include operational reforms: operational audit recommendations (BPHC’s operational audit will begin in March, 2017); use experience guiding reforms to make operations more efficient, effective and responsive; one-time investments must show ROI (return on investment) and implementation steps; and savings proposals of at least a 2% reduction (\$990,808) must be proposed.
- The framework for Savings Proposals: be cognizant of vulnerable populations; preserve core public health services provided by BPHC programs and partners; mitigate the impact on FTEs [particularly revenue generating positions]; and streamline operational functions to support services.
- New initiatives/investments must provide analysis to show measurable progress toward specific goals. We must have priority for projects that: data show investment will have a significant positive impact relative to the investment; targeted at the vision of a thriving, healthy and innovative city; and leverage other spending and resources. The top five new initiatives submitted are: PAATHS expansion on nights and weekends; Expand neighborhood trauma teams; EMS pilot project for high call areas; Coordinated services for clients across CIB, CAFH, BRS, and HSB; and PAATHS navigation in emergency shelters.

- Revenue Options must have estimates consistent with service levels in maintenance budget. Alternative options include: fees and fines that haven't risen to keep pace with inflation and maximizing existing revenue streams.
- The Capital Budget addresses urgent needs while planning strategically for the city's future; Facilities projects, submitted November, 2016 (Public Facilities Department feasibility site visits and data collection ongoing); IT and Equipment proposals were due 12/31/16; Departmental meetings were held in January and February.
- We also submitted some Capital projects. Facilities: critical repairs was moved to maintenance for FY18; EMS facilities; Woods Mullen renovations and 112 Southampton renovations. IT and Equipment: EMS radio replacement; budget software and performance management software.
- Once again, Ms. Connolly recapped the budget timeline: 11/2/16 – Capital instruction released; 11/23/16 – Capital facility requests submitted; 12/14/16 – COB maintenance budget instructions released; 12/19/16 – BPHC budget instructions released; 12/21/16 – Board meeting, review FY18 budget; 12/22/16 – Program Directors, review FY18 process; 12/31/16 – IT and equipment capital requests due to COB; 01/04/17 – Program files due to BPHC Budget Office; 01/08/17 – Budget office completes files review; 01/13/17 – Executive office completes budget review; 01/17/17 – Files finalized and submitted to COB; 01/18/17 – Board meeting to review FY18 as submitted; March 2017 – COB OBM budget meetings; Board presentation and vote then submit to Mayor. April 2017 – Changes resulting from Mayoral review. May 2017 – Final Board approval and City Council hearings. June 2017 – All staff meetings to review FY18 budget. Grace also informed the Board that a copy of our RFP was included in their packets for review.
- The Vote will now be read into the minutes:

**VOTE TO APPROVE THE FISCAL YEAR 2018 PUBLIC
HEALTH SERVICES BUDGET FOR SUBMISSION TO
THE MAYOR OF THE CITY OF BOSTON**

WHEREAS the Board has considered the Boston Public Health Commission's public health services budget for fiscal year 2018, prepared pursuant to M.G.L. c.111 App. 2-8 for submission to the Mayor of the City of Boston;

WHEREAS a copy of said Commission's public health services budget is attached hereto;

THEREFORE, the Board approves and adopts, the attached public health services budget, for submission to the Mayor of the City of Boston, pursuant to M.G.L. c.111 App. 2-8.

That on March 7, 2017, the Commission voted on the foregoing Resolution as follows:

YEAS - 4 NAYS - 0 ABSENT - 3

- Thank you, Grace. Dr. Shah will speak with us about the surveillance goals and functions of the Research and Evaluation Office. In particular, she will walk through the process for developing and releasing Health of Boston 2017.

Presentation: Public Health Surveillance: Health of Boston Report 2017

Snehal Shah, MD, Director, Research and Evaluation Office

Boston Public Health Commission

- Dr. Shah stated the objectives today are to describe BPHC public health surveillance goals, data sources and analytic capacity; review the goals and content of the Health of Boston Report; and discuss future surveillance priorities.
- The primary functions of the Research and Evaluation Office (“REO”) are: public health surveillance; data dissemination services; evaluation services; and research. REO aligns with 4 essential public health services: monitor health status to identify community health problems; inform, educate, and empower individuals and communities by providing data about health; evaluate effectiveness, accessibility, and quality of personal and population-based health services; and research for new insights and innovative solutions to health problems.
- BPHC’s Public Health Surveillance Goals are: Assess the health of Boston residents: estimating the scope and magnitude of health events and determinants; estimating the geographic, demographic, and temporal distribution of health events and determinants; focusing on health inequities, social determinants of health (“SDoH”) and outcomes/status over the life course; more “what” than “why”. Dissemination, dissemination, dissemination, and liberation: put data into the hands of those who can and want to use it; and trigger other requests for data. Promote variety of data use cases: facilitate and inform public health planning (programs, policies, systems, built environment, etc.); detect and monitor changes in health events and practices; evaluate policies and programs; support grant applications; and generate hypotheses and stimulate applied research. Advocate for access to public health surveillance data: 2014 an Act Relative to Public Health Data Sharing.
- Public Health Surveillance data is gathered from many sources: Boston Behavioral Risk Factor Surveillance System; Youth Risk Behavior Survey; U.S. Census; Vital Records; Hospital Case Mix; and Others: infectious disease, STI, cancer incidence, PRAMS, HIV/AIDS surveillance, lead screening, substance abuse treatment, and map layers from various agencies/sources.
- Data sources come from state and local partners. Some challenges include timeliness and quality of data. A 2014 law was supposed to relieve the administrative burden of data sharing with DPH and CHIA (CHIA MOU was put in place March 2015).
- We have special analytic tools. The Boston Population Estimates Project (“B-PEP”) generates intercensal (2001-2009) and postcensal (2011-2016) population estimates and totals by any combination of race/ethnicity, sex, age, and neighborhood. The Boston Health Rate Generator is age-adjusted and age-specific rates, analyzes statistical significance in testing of difference between two groups or over time (trend analysis) and allows for individual year or combined years analyses.
- The Health of Boston (“HOB”) Report is a core part of BPHC surveillance activities, but not the only part of it. In 2009, there was significant expansion and integration of multiple data sources. Each year, BPHC has added data sources and stratifications, and made changes based on feedback and only includes population data, not program data. HOB goals are to assess the health of Boston residents, and share information with those who can use it (e.g., community-based organizations, hospitals, CHCs, and academic partners, etc.).
- We’ve gotten positive feedback on HOB. It’s been identified as a valuable resource by partners across many sectors (see Local Public Health System Assessment). It provides comprehensive, stratified surveillance data from multiple sources. Its focus is on social determinants and health equity helps shape and support the work of BPHC and its external partners. HOB helps partners to understand what data are available and generates data requests and is technically sound.
- There are opportunities for improvement with: Data time lag – some data is 2-3 years old; not interactive – static; web presence is extremely limited; a desire for additional stratifications or geographic cuts and deeper dives. It’s a dense report – too much information, a lot of data packed into a single report.
- The 2017 HOB Report will be released in April. There will be a new layout, leveraging in-house BPHC graphic designer. There will be policy perspectives on key health issues from BPHC programmatic leaders and community perspectives from Boston residents with personal experiences with particular health issues. Additional domains include: community assets, environmental health,

and injury. There is a continued focus on health equity and SDoH. There is additional geographic analysis and more maps. The use of infographics made data more visually appealing.

- Key Domains: healthy equity, demographics, social determinants of health, community assets, environmental health, access to care, maternal and child health, health-related behaviors, chronic disease, cancer, infectious disease, sexual health, injury and exposure to violence, mental health, substance use disorders, and death.
- Looking forward, we need: to embrace technology to improve access to timely and relevant local data; build informatics infrastructure and capacity across the BPHC; a web-based portal for internal and external data access – all available data including state data sets, syndromic surveillance, EMS, program data; need to ensure appropriate analytics (methodological rigor is critical); provide multiple stratifications, geographically granular; features may include data visualization: e.g. mapping tool.

Adjournment

- Mr. Doyle thanked the presenters and adjourned this meeting of the Board of Health at approximately 5:05p.m.

Addendum:

This report is a synopsis of the board meeting. Presentations are posted for review the 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:

Kathy Hussey, Board Secretary