MINUTES FOR THE MEETING OF THE BOARD OF THE BOSTON PUBLIC HEALTH COMMISSION
Wednesday, July 18, 2018

A meeting of the Board of the Boston Public Health Commission ("Commission") was held on Wednesday, July 18, 2018, 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; Jennifer Childs-Roshak, MD, MBA; John Fernandez; and Manny Lopes.

Also Present Were:

Kendra Liburd, Osagie Ebekozien, PJ McCann, Heather Gasper, Edna Carrasco, Leon Bethune, Katie Donovan, Imaan Umar, Mary Bovenzi, Dr. Jenifer Jaeger, Gerry Thomas, Jen Tracey, Devin Larkin, Elizabeth Remigio, Gerald James, Rita Nieves, Margaret Reid, Makaila Manukyan, Oyin Kolawole, Taylor Jolly, Georgie Denis, and Kathy Hussey.

Proceedings:

Chairman's Comments
Francis J. Doyle, Esq

The meeting was called to order by Mr. Doyle at approximately 4:12pm.

Thank you for being here today. We have a good agenda today. We have members from the Health Equity Advisory Committee here as well to join in the conversation when we begin later on the agenda on the priorities and strategic plan that Monica will lay out for us. We have other items including the Board bylaws which we revised with the help of Counsel's Office. We'll go through that in a few minutes after we hear from our Executive Director.

Acceptance and Approval of June 20, 2018 Minutes

Frank: I would entertain a vote to accept the minutes from the June 20, 2018 Board meeting. Manny: so moved. Jennifer and John seconded the motion. Motion is made and seconded to accept the June minutes. All in favor. All members in favor, the vote is therefore accepted to approve the June minutes. Thank you very much.

Frank gave the floor to Monica for her report.

Report from the Executive Office
Monica Valdes Lupi, JD, MPH
Executive Director, Boston Public Health Commission

- **BPHC in the news:** BPHC was acknowledged for its heath equity work by the American Public Health Association in *The Nation's Health* publication. The story is part of a series which highlights the integration of health equity within state and local health departments. The Office of Health Equity Director Margaret Reid and I participated in the interview. We look forward to talking more about our progress later in the meeting today. *The Nation's Health: Health departments placing stronger emphasis on equity; Achieving social justice in public health*.
- Our Medical Director Jennifer Lo authored a column for Metro about "*Protecting children from window falls*," in which she gave tips for residents about how to avoid these falls and recommended

installing window guards. I believe she may be contributing now on a regular basis. Giving what we've seen in the news about drowning, that is another issue that I think would be great for her to write about in a future column.

Frank: If I could, Monica. Maybe Marjorie could let the Board know and maybe send copies of that, or just the link so we could see it, that would be great. Thanks.

- The Boston Globe highlighted BPHC's "*Safer Bathrooms Initiative*," launched a few years ago to offer trainings for local businesses on how to prevent opioid-related deaths. This work is being led by Devin Larkin our bureau director. They also featured work that's happening with Jessie Gaeta and Barry Bock from Boston Healthcare for the Homeless in terms of the motion detector systems they integrated in their bathrooms. This was actually something that when National League of Cities teams were visiting us in Boston that Barry actually promoted and shared contact information for their electrician. It's a reverse motion sensor in the restrooms. It seems like a low cost, low tech option. I know Gerry Thomas, our director for homeless services, has also followed up with Barry and his team to learn more about it.

Devin: Boston Medical Center and the Shapiro Medical Office are beginning to install them in their restrooms that are single-use. Frank: I know the South Boston Health Center had some issues with that a few years back. The may have even lost someone. So, maybe if we could disseminate that information out to the health centers it would be helpful. Monica. That's a great idea. Why don't we do that. We'll push that out and share it. *Boston Globe: Anti-motion detector preventing overdose-related deaths in public bathrooms*.

- WBUR wrote a story about our first-ever cancer report, an in-depth analysis of cancer data from 1999 to 2013 among Boston residents. This report is a companion to Health of Boston. We did a community-based event and WBUR followed up with the story. That was led by Leon Bethune and his staff, Mark Kennedy and others, in the Community Initiatives Bureau. *WBUR: 5 Takeaways From The First Ever "Cancer In Boston" Report*.

With that, let me segway into reports from Heather Gasper.

Intergovernmental Relations Updates
Heather Gasper, Director
Intergovernmental Relations and Policy Development

Federal Update. Farm Bill. Since we last met, the Senate passed its version of the $428 billion farm bill, setting up a fight against the House over food stamps, farm subsidies, and conservation funding. Lawmakers must now meet to reconcile gaping differences between the House and Senate bills.

The House version passed narrowly and imposes strict new work requirements on able-bodied adults seeking food stamps. The Senate version does not include major changes to food stamps. Key senators have said they would not support a final bill containing work requirements, even though that policy is backed by the White House, because it would jeopardize the bipartisan support the legislation needs to pass With House Republicans insisting they will fight for their version of the legislation, the discrepancies have fueled fears Congress will not be able to pass a new farm bill before the current law expires September 30th That could cause major disruptions in some programs, unless lawmakers extend the current legislation or appropriate separate funds. We will continue to pay close attention to this issue.

- **State Update. Opioid Bill.** At the time of writing, the House was in the process of taking up the Governor's proposal around opioid use and prescribing. The measure is the latest chapter of the state's effort to tackle the opioid crisis. The full House is expected to amend the bill and pass it this week, while the Senate appears likely to take up some version of it before the formal legislative session ends on July 31

The bill requires hospital emergency departments to offer medications to treat addiction (buprenorphine or methadone) to patients who have overdosed, a mandate that would entail physician training and changes to hospital procedures. Currently, many patients leave the hospital after surviving an overdose with only a referral to a treatment program, and they often overdose again.

The House bill also calls for a two-year pilot program offering the medications and would strengthen state oversight authority of addiction recovery and mental health beds, ensuring that when a new license is issued or one is transferred, the provider meets the treatment needs of the state's patients.

Other provisions include: Establishing a commission to develop a framework for professional standards for recovery coaches, who help people get back on their feet as they fight addiction. A Mandate that prescriptions be electronically submitted to pharmacies by 2020. A statewide standing order for the

opioid-overdose reversal drug naloxone, enabling all pharmacies to dispense it to people who don't have a prescription. Allowing people who partially fill a painkiller prescription – say, getting only 10 of the 30 Vicodins they were prescribed – to go back to the pharmacy and get the rest later. (Under current law, those remaining 20 expire immediately.)

- **Overall State House Activities and Budget Update.** At the time of writing, none of the conference committees' hashing out compromise language for legislation that has already passed both the House and Senate has come to a resolution. This leaves the six conference committees with roughly three weeks left of formal sessions.

Lawmakers hope by July 31st to receive and approve five of the expected conference committee reports. The six lawmakers reconciling the nearly $41.5 billion state budget proposals passed by the House and Senate did not reach an agreement before their deadline of July 1st, when fiscal year 2019 began, and the stat is operating on an interim budget. The annual budget is now nine days late and Massachusetts is the only state not to have a permanent spending plan in place.

The other conferences are working on bills dealing with short-term rental regulation (since April 11th), consumer data privacy (since May 3rd), civics education (since June 11th), veterans benefits (since June 25th), and health care (since June 25th).

Conference committees do not conduct their deliberations in public and the recommendations they produce are not subject to amendment, only up or down votes in each branch. Aside from the issues already in conference, the Legislature is hooping to tackle an additional handful of Beacon Hill priorities before the July 31st end of formal sessions, including automatic voter registration, an economic development bill, an opioid addiction bill, housing production legislation and a bill raising the age to buy tobacco to 21. If any of those issues needs to be negotiated by a conference committee, the Legislature must appoint the panels by July 17th under a rule that took effect this session, unless lawmakers suspend their own rules.

Presentation and Discussion: Board Bylaws
Frank Doyle, Esq., Board Chair
John Fernandez, Board Member
PJ McCann, Deputy General Counsel

Our bylaws have not been reviewed in a very long time. We thought it would be best to take a peek, with the help of General Counsel's Office, PJ in particular. So, Attorney McCann, and I and Monica, as well as some other members, discussed the issues in the bylaws that were rather minor, but had not been updated in a very long time. We wanted to bring them up to what we are doing today as a matter of practice as opposed to having bylaws in the books that we're really not following. There's always an opportunity to amend or change, when and if we need to. Graciously, Commissioner Fernandez agreed to review them as well. It's kind of a new fresh look perspective too. We'll be talking further about that as the summer goes out. But for now, we've come up with a document that, at least, provides you with where we are at to bring us up to current practice state. Attorney McCann if you could run this through for us that would be great.

- **Goals:** Review 1996 Bylaws for consistency with current practice. Identify areas for process improvement. Ensure Board practices align with Public Health Accreditation Board (PHAB) standards for governance.
- **Statutory Context: Open Meeting Law.** Deliberation of body can only occur in open public meeting. Deliberation is broadly defined and incudes circulation of information or documents where the opinion of a member is expressed (G.L. c. 30A, §18). Open meetings must be noticed and open to the public and minutes must be kept. Closed executive session allowed for certain specific circumstances.
- **Overview of Bylaws.**

I. Enabling Act/Powers and Duties. II. Offices, Books and Records. III. Meetings of the Commission. IV. Organization of the Commission. V. Committees and Subcommittees. VI. Fiscal Year. VII. Indemnification. VIII. Amendments.

- **Vice Chair. Existing Bylaw Provisions:** The Commission shall have a Chairperson and a Vice Chairperson. The Commission shall annually elect one of its members as Vice-Chairperson. The Vice-Chairperson shall perform the duties and have the powers of the Chairperson during the absence or incapacity of the Chairperson. In absence of both, members may elect presiding officer. **Current Practice:**

No named Vice-Chair; Board appoints member to serve as presiding officer in the absence of the Chair when needed.

- **Committees and Subcommittees. Existing Bylaw Provisions:** "There may be the following standing committees of the Commission: 1. Executive Management Committee; 2. Budget and Finance Committee; 3. Personnel Committee.; and 4. Property Committee." Commission may form other committees at its discretion. **Current Practice:** Board members form committees as needed, participate in projects and advisory working groups.
- **Miscellaneous Recommendations.** Revise Section 3.3 to reflect current practice of communication with Board via email unless otherwise specified. Add 3.9 to allow for remote participation under the same conditions set by the Open Meeting Law (Note: requires that a quorum be physically present at the meeting in order to take an official vote.) Add 3.10 to clarify expectations regarding public participation in meetings.
- **Discussion:** Points of discussion included the merits of the current practice of not naming a vice chair; staff noted that generally the practice of appointing chair *Pro Tem* as needed has worked, and that there had been no separate role and responsibility of the Vice Chair position when that position had previously been filled. Discussion also included the issue of standing committees. Commissioner Lopes asked about best practices. McCann raised the point that many issues come to the full Board, relieving the need for as much subcommittee work. McCann further noted that the PHAB accreditation process highlighted the need for good documentation and recordkeeping practices so that we can accurately describe the ways in which our governing board has been informed and involved. Valdes Lupi noted that governance varies across institutions, and invited AQI Director Osagie Ebekozien to comment, at which point he highlighted that the focus of the accreditors is on documenting that the Board has been updated on implantation of strategic plan and the organization's performance rather than the form and manner of how the meetings are structured. Chairman Doyle noted the importance of balancing Board members' time and thinking about what work can be done in advisory-type settings with agency staff.

Commissioner Childs-Roshak raised the fiduciary responsibility and whether there is a need for a standing budget and finance committee, and potentially work of a standing committee to oversee implementation of the findings from the operational review. Chairman Doyle shared observations about the constraints of the City budget process and the Open Meeting Law and Public Records Law and reiterated that subcommittees would be subject to these same constraints as the full Board. Valdes Lupi and Doyle discussed various options for sharing information with Board members individually in a way that is in compliance. Lopes shared that one potential recommendation from the operational review advisory board would be including more regular review of finances including budget-to-actuals to the Board. Chairperson Doyle noted that this would be in line with ongoing work to implement operational review recommendations related to aligning reporting schedules.

Adoption

In light of the importance of updating the bylaws and the ability of the Board to revisit as needed, Commissioner Childs-Roshak called for a motion to adopt the bylaws as revised. The motion was seconded by Commissioner Fernandez. The motion was adopted unanimously.

Presentation and Discussion: BPHC Strategic Priorities and Strategic Plan
Monica Valdes Lupi, JD, MPH

Monica will provide an update on her Strategic Priorities and BPHC's Strategic Plan. We'll then have a discussion about the process for updating the Strategic Plan.

Charting a Strategic Direction for the Future. An image was shown that represents the alignment of the Boston Public Health Commission's major plans. Central to each of the plans is the strong workforce, a commitment to health equity, data-informed practices, a culture of learning, and strategic leadership. Theses elements allow us to build out to our strategic priorities, which include creating strong partnerships with healthcare organizations, achieving health equity for all Bostonians, and preventing and treating substance use disorders. Activities across these plans will help create a resilient, racially and socially just city where health is central to all policies and where public health ensures accessibility for all.

- **Strategic Plan 2015 – 2018:** Strategic leadership; Health equity; Informatics and surveillance; High performing programs; and Workforce development.
- **Strategic Priorities 2016 – 2018:** Treat and prevent substance use disorders; Strengthen public health and healthcare partnerships; and Advance health equity.
- **Strategic Priority 1: Advancing Health Equity.** A graphic was also shown depicting the "Triple Aim of Health Equity" pyramid: Implement Health in All Policies Approach with Health Equity as the goal; Expand our Understanding of What Creates Health; Strengthen the Capacity of Communities to Create Their Own Healthy Future.

  Implementation Highlights: Site visits to Rhode Island Department of Health to learn about Health Equity Zones. Active Health Equity Advisory groups. Exploring potential health equity investments from DoN Funds, PILOT. Launched Health Equity in All Policies Task Force with HHS Chief and Chief Resilience Officer.
- **Strategic Priority 1: How are we doing?** Examples: Community dialogues on impact of housing on health. Health Equity Advisory Committee to inform BPHC initiatives. Kresge Emerging Leaders in Public Health.
- **Strategic Priority 2: Treating and Preventing Substance Use Disorders.**

  Implementation Highlights: Opened Engagement Center and secured $50k in state resources and $1.8m in FY19 City Budget. Co-convened cross sectoral meeting re: opioid overdoses. Convened Data Action Team to improve surveillance. Implemented overdose prevention trainings at new employee orientation and with other departments.
- **Strategic Priority 2: How are we doing?** Examples: CareZone Collaborative. 311 Paths. Stigma (BPCH/GE Foundation).
- **Strategic Priority 3: Strengthening Public Health and Health Care Partnerships.**

  Implementation Highlights: Completed informatics assessment and received CSTE grant; recruiting for 1st Informatics Director. Partnering with COBTH on community health needs assessment and SDoH data. Community Dialogues: 2017 – Impact of Housing on Health; 2018 planned – Youth Engagement. Partnered with Mass211 to roll out HelpSteps statewide. Hosted staff trainings on MassHealth and new payment reform changes.
- **Strategic Priority 2: How are we doing?** Examples: Re-designed Health of Boston. Integrated Benefits Collaborative. FY19 Investment for $284K.
- **BPHC Services / Activities and Support to ACOs.**

  Core Functions: Population Health Data: Surveillance and data analysis (identify unmet need, disease burden, racial and ethnic inequities; Syndromic Surveillance; Regulatory and policy development; Coordination of CHAs; Strategic Partnerships; Convener of partnerships; Addressing and measuring SDoH Community Benefits and DoN. Community Care Coordination: Care Coordination and Home Visiting, e.g. Healthy Baby/Healthy Child, Asthma, TB. Community Supported Housing "diversionary services" – HSB. EMS. Community-Clinical Linkage: Expertise in developing and sustaining with CWW's, cbo's. Navigation: PAATHS; HelpSteps community resource database; Mayor's Health Line. PWTF. Education and training of youth workers Youth Development. Community Action Network. Training and Capacity Building: CHW training and certification Community Health Education Center. *Early childhood mental health* My Child/Project Launch, *Defending Childhood.* Violence Prevention Trauma response Neighborhood Trauma Teams (NTT). Direct Services: School-Based Health Centers. EMS. Recovery Services. TB Clinic.
- **Where Do We Go From Here?** Develop a new strategic plan that reflects Mayor's vision. Align with process for updating CHIP and HOB. Create stream-lined process that engages: staff, Board, Mayor's Office, HHS, and community partners. Develop clear strategies, goals, and objectives. Develop implementation plan that clearly identifies owners for executing activities.
- **Discussion Questions.** How can we position BPHC to continue to be a leading health department? Are there emerging public health trends that we should address? (Diseases of despair: suicide, chronic substance use, and overdoses; Opioids: stigma and syndromic surveillance; Disease elimination: AIDS, HCV, and HPV; Global health security: pandemic flu, AMR, outbreaks.) How does the Board want to be engaged?
- **APPENDIX: Strategic Plan 2015 – 2018 Dashboard.** A graphic was shown depicting the five (5) Priority Focus Areas, Goals, Objectives, and Status.

- **Strategic Plan 1: Strategic Leadership. Implementation Highlights:** The Community Engagement Plan has been highlighted as a best practice. The Communication Plan approved and revised to include equity considerations. Launched HEiAP taskforce to engage city policy makers. Community Health Improvement Plan annual convenings has been an opportunity to engage policy makers and stakeholders.
- **Strategic Plan 2: Advancing Health Equity. Implementation Highlights:** Community coalition assessment to identify opportunities for health equity integration. Completed inventory of community health equity training. Develop a new CHIP website to promote available health equity resources. Ongoing re-alignment of internal work to identify opportunities to identify further equity integration opportunities.
- **Strategic Plan 3: Informatics and Surveillance. Implementation Highlights:** Informatics capacity and assessment completed. Training and capacity building for informatics staff completed. CTSE grant to improve internal informatics capacity and staff training. Active partnership to develop informatics competency assessment. New Director of Informatics position created.
- **Strategic Plan 4: High Performing Public Health Programs. Implementation Highlights:** Revised and approved Performance Management System. Created quarterly dashboards for CHIP and Strategic Plan/Priorities. Introduced 76% of staff to quality improvement. Improved culture of QI by 12% in the last two years. Revised QI trainings to integrate health equity and design thinking principles. Successful PHAB Accreditation (second local health department in Massachusetts).
- **Strategic Plan 5: Workforce Development. Implementation Highlights:** Workforce Development Plan developed and currently being revised. Completed training pilot for low wage staff at the Homeless Service Bureau. Evaluation of adopted equity-based hiring policies completed. ARAC proposed new hiring and retention recommendations to Senior Leadership Team.

Presentation and Discussion: Office of Health Equity Re-Launch, Health in All Policies Task Force, Community Meeting's, and Health Equity Advisory Committee

Margaret Reid, RN, MPA, Director, Office of Health Equity, BPHC
Triniese Polk, MSHC, Director of Community Engagement, Office of Health Equity, BPHC
Health Equity Advisory Committee Members

We were running behind timewise, so Margaret and Triniese gave a shortened presentation.

- **Moving Equity Forward Together. BPHC Office of Health Equity Update.**

Mission: To protect, preserve, and promote the health and well-being of Boston residents, ***particularly the most vulnerable*****.** Vision: A thriving Boston where all residents live healthy, fulfilling lives free of racism, poverty, violence, and other systems of oppression. All residents will have equitable opportunities and resources, leading to optimal health and well-being.

- **CityHealth Gold Medalist. But Also Tops Other Lists:** #1 in income inequality (and the gap is growing!). #3 in highest average rent. #9 on the list of most segregated cities. #10 on the list of poorest cities. Unemployment in 2015 = 7%; 11% among Blacks. Median household income: $58,263; White median income double or more compared to all other groups. Poverty Line: 21% of All residents; 13% White; 30% Others.
- **Health Equity Strategic Plan (2017-2018).** A graphic displayed the goals and implemented strategies.
- **Re-Launch.** Office of Health Equity did a re-launch on Wednesday, June 6th at 1010 which included visits to different programs to learn what they did.
- **The Kresge Foundation.** Emerging Leaders in Public Health (ELPH). Work continues to: develop the leadership skills of a local public health director and a colleague (Monica and Margaret Reid); undertake transformational change within a local health department. BPHC work continues to: reorganize activities to more effectively address SDoH; engage other City Departments; implement BPHC Community Engagement Strategy; share health and SDoH data to support advocacy and equitable decision making; update communication standards and practices.
- **Key Elements of Health in All Policies (five key areas). Promote health, equity and sustainability**: Integrating into policies, programs, and processes. Embedding into government decision-making processes. **Support inter-sectoral collaboration:** Convene multi-sector partners to link health and other issues and policy areas, breakdown silos, build new partnerships and increase government efficiency.

Benefit multiple partners: "Co-benefits" and "win-wins". **Engage stakeholders:** Community members, policy experts, advocates, private sector, funders, government. **Create structural or procedural change:** Permanent changes in how agencies relate to each other and how decisions are made.

A chart was shown depicting the adults who thought their neighborhood was not safe by race/ethnicity and year (2013 and 2015): Boston, Asian, Black, Latino, White. There was a statistically significant change for the better within the Asian population over that time.

- **Process and Strategies. HEiAP Task Force:** Leadership; Early Adopters; Highlight Stories; Survey and Survey Results; TA/Trainings: evaluation and community engagement; Business Practices, Programs, Policies. The Health Equity in All Policies Task Force was launched June 8, 2018. There were 22 participants from 11 participating departments present at the launch.
- **Baseline Survey: who completed?** Surveys were sent to many agencies/departments. Twenty-six completed it: Auditing Department, Boston Centers for Youth & Families, Boston Fire Department, Boston Housing Department, Boston Parks and Recreation, Boston Police Department, Boston Public Health Commission, Boston Public Library, Boston Public Schools, City Hall to Go, Commission on Affairs of the Elderly, Department of Innovation and Technology, Disabilities Commission, Election Department, Immigrant Advancement, Inspectional Services Department, Mayor's Office of Arts and Culture, Mayor's Office of Resilience and Racial Equity, Mayor's Office of Women's Advancement, Neighborhood Development, Office of Fair Housing and Equity, Office of Small Business Development; Public Work's & Transportation Department(s), Tourism, Sports & Entertainment, and Veterans Services.
- **HEiAP Awareness Among Boston Agencies (N=26).** A graphic showed the results from those agencies responses to the following statements: It would benefit my department to show the community health benefits our work: 73% strongly agree; 19% somewhat agree. It is important to articulate the health impact of my department's work: 58% strongly agree; 39% somewhat agree. I am aware of an existing health condition or health inequity that is of significant concern: 42% strongly agree; 35% somewhat agree; 19% neither agree/disagree. I typically consider the health equity implications of my department's work: 27% strongly agree; 42% somewhat agree; 12% neither agree/disagree; 19% disagree. I typically measure the health equity impacts of my department's work: 8% strongly agree; 19% somewhat agree; 35% neither agree/disagree; 38% disagree.
- **Interest in Proposed Training Topics (N=26).** Another graphic showed those agencies interest in the following proposed training: Addressing racial justice: 96% very interested; 4% somewhat interested. Community Engagement: 92% very interested; 4% somewhat interested. Promoting health equity: 73% very interested; 23% somewhat interested 4% slightly interested. Exploring opportunities to intentionally collaborate across departments: 73% very interested; 19% somewhat interested; 8% slightly interested.
- **BPHC Community Engagement Plan.** The plan components are: Health Equity Advisory Committee ("HEAC"); Community meetings; Partnership database; and Customer satisfaction survey. The HEAC members was launched and introduced at the October 2017 Board meeting. HEAC Members serve a 2-year term and conduct up to 8 meetings a year. The 9 members represent 6 Boston neighborhoods.
- **HEAC Shaping BPHC's Communications.** Members were shown past flu shot posters. They worked with our Communications group and programs to design posters that are more attuned to our neighborhood populations. They have been working with IGR on patient confidentiality. They have helped to redesign our FAQ brochures to make them easier to read and understand.

HEAC advises on how to create an inclusive environment for Boston's LGBTQ homeless population. A group of LGBTQ clients did a presentation to us to help with client intakes and redesigned the registration form.

- **2017 Community Meetings.** We co-hosted in five (5) neighborhoods last year reaching 211 residents in total. **2018 Community Meetings.** We will be co-hosting in six (6) neighborhoods this year with an emphasis on neighborhood youth.
- **Racial Justice and Health Equity Assessment Toolkit.** Steps to Advance Racial Justice and Health Equity: 1. Gather Data; Focus on Impact. 2. Talk to the Experts. 3. Analyze Data; Determine Benefit and Burden. 4. Advance Opportunity or Minimize Harm. 5. Evaluate. 6. Ensure Accountability and Ongoing Feedback Loop.

We held four (4) feedback sessions (May – June 2018) with: Health Equity Advisory Committee, Anti-Racism Advisory Committee, and 2 internal staff sessions. Pilot tool to rollout in August 2018.

- **Technical Assistance.** The last graphic showed a breakdown between short term and mid-level support, and equity change projects and request examples for each grouping.

Adjourn

Frank: Since we've run a little bit over, I will call for a motion to adjourn. Manny: so moved. John and Jennifer seconded the motion. The meeting was adjourned at approximately 6:18 pm.

Addendum:

PLEASE NOTE: This report is a synopsis of the board meeting. Presentations are posted for review a 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 to: info@bphc.org. Thank you.

RESPECTFULLY SUBMITTED BY:

// Kathleen B. Hussey; Board Secretary