



Photos: Kit Pyne





“What can Boston city government do—whether by itself or in partnership with others—to make Boston a national leader in eliminating health disparities?”

## INTRODUCTION

### “ONE” HEALTHY BOSTON

We are proud that Boston consistently ranks among the healthiest cities in the country<sup>1</sup> according to national surveys. But when we look deeper at who is healthy and who is not in Boston, we see stark inequities based on a number of social conditions, particularly race and ethnicity, income, education, neighborhood, and lack of English language skills.

<sup>1</sup> See, for example: Boston Named Healthiest City in America, Huffington Post, 2014. Available at: [http://www.huffingtonpost.com/divya-raghavan/healthiest-city-in-america\\_b\\_4647914.html](http://www.huffingtonpost.com/divya-raghavan/healthiest-city-in-america_b_4647914.html); America’s Top 20 Healthiest Cities: Boston #3, Forbes Magazine 2011. Available at: <http://www.forbes.com/pictures/eigl45hfh/3-boston-mass/>; Gokhale, M. The Five Healthiest Cities in America, AARP, March 6, 2012. Available at: <http://www.aarp.org/travel/destinations/info-03-2012/5-healthiest-american-cities.2.html>.

Mayor Martin J. Walsh asked the Public Health Working Group, “What can Boston city government do—whether by itself or in partnership with others—to make Boston a national leader in eliminating health disparities?”

## THE PROCESS

To address this question, the Public Health Working Group:

- 1) Reviewed data about health disparities and inequities among Boston neighborhoods.
- 2) Learned about existing programs of the Boston Public Health Commission (BPHC) and others.
- 3) Listened to comments and recommendations from many neighborhood and organization leaders and citizens at two public hearings.
- 4) Developed the consensus recommendations in this report through discussions at our meetings.

We were also guided by policy proposals made in the campaign, which included:

- 1) Creating partnerships among city and private organizations to promote health.
- 2) Developing greater transparency and accountability in health services and planning.
- 3) Building a grassroots health initiative and infrastructure to connect every Boston resident to health and social services he or she needs.

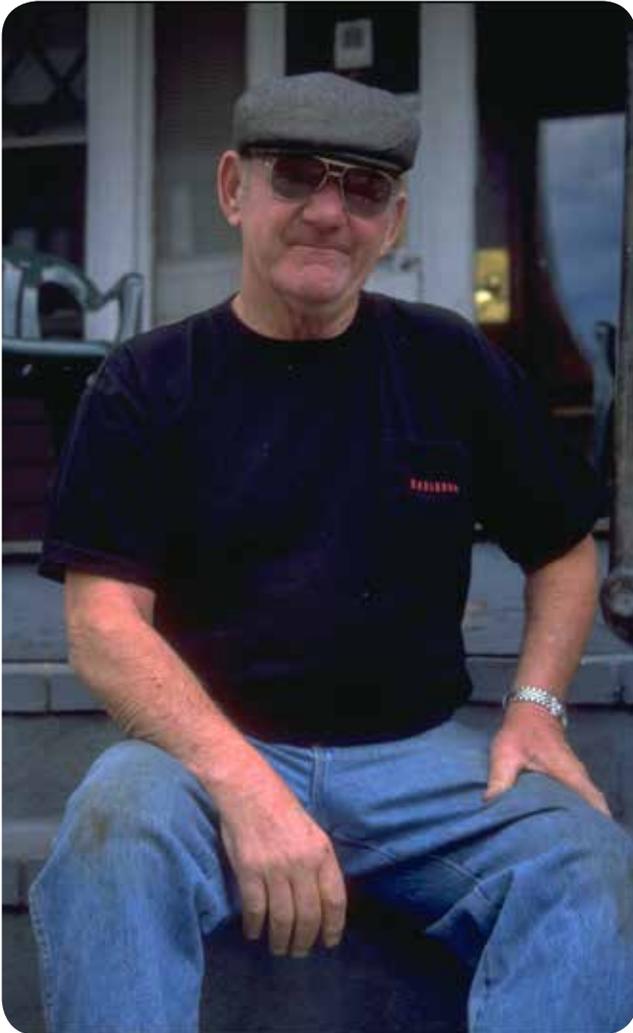
Since Paul Revere served as Boston’s first Health Commissioner, protecting and improving the

public’s health has been a core function of city government. Therefore, the Working Group recommends Mayor Walsh continue the city’s commitment to identify and reduce health disparities, which disproportionately affect racial and ethnic communities, people with lower incomes, and residents of certain neighborhoods.

On average, Bostonians who are African American or Latino, have lower income and education levels, and/or live in certain neighborhoods have shorter and sicker lives than those who are white, have higher incomes, and/or live in other neighborhoods. Just a few of many examples from our recent data make this point:

- 1) Based on a comparison of life expectancy, white Bostonians live, on average, two years more than African American Bostonians.
- 2) African American residents visited hospital emergency departments for asthma at greater than six times the rate of white residents.
- 3) African American residents of Boston were more than 29 times as likely to be murdered than white residents; Latinos were more than 12 times as likely; African American babies were 54 percent more likely to die as an infant than white babies.
- 4) African American women in Boston were twice as likely to die from cervical cancer as white women.
- 5) African American men in Boston were almost four times as likely to die from prostate cancer as white men. Latino men were close to three times as likely to die from prostate cancer as whites.

Photo: Kit Pyne



were neighborhoods that experienced the highest rates of substance abuse deaths and suicide.

Health begins at home. Social, economic, and environmental factors are more important as contributors to the public's health than access to medical care alone. Access to quality affordable medical care is, of course, important. Boston has many of the best hospitals and community health centers in the country, and these make an enormous contribution to the physical and mental health of our residents. Thanks to both the Massachusetts and national health insurance reforms, 96% of adults and virtually all children in Boston have health insurance. In spite of this great success, certain populations remain outside of the system.

The Working Group recognizes the importance of the health care industry in the city of Boston both as providers of medical care and as driving forces in the city's job market and economy. This sector includes hospitals, community health centers, research and training organizations, and pharmaceutical, device, software, and consulting firms. The industry must be mobilized to play a larger role in reducing health disparities.

Similarly, we recognize that public health is affected in various ways by the actions of many city departments. Boston itself, as a major employer and participant in economic development, can advance policies to address public health. The Working Group also recognizes that state government plays a significant role in financing and regulating health services. Our recommendations to reduce disparities and improve public health will require new action and involvement by all these institutions and by all of Boston's residents.

6) Roxbury and North Dorchester, the neighborhoods with the lowest socioeconomic status, also were among those neighborhoods that experienced the highest rates of chronic disease, hospitalization, and poor birth outcomes.

At the same time:

1) White Boston residents were twice as likely as African American residents to die from an unintentional drug overdose.

2) South Boston, the South End, and the Fenway

Improved data collection and transparency, as well as higher levels of cross-institutional collaboration, will be central to the success of any of our recommendations. We know from our own experiences and from public testimony that collaboration in data collection and sharing does not come naturally to many public and private organizations. Therefore, it will be important to develop skills in collaboration and the use of relevant data for decision-making throughout city departments and in our neighborhoods.

## THE RECOMMENDATIONS

Our recommendations to the mayor and his administration include focusing immediate attention on the two most glaring and dangerous threats to public health and the safety of Boston residents: addiction and violence. Simultaneously, we recommend building a public and private health planning infrastructure that can develop a long-term strategies to eliminate health disparities and embed the skills and commitment to use city policies and programs to eliminate health inequities in every city department.

### FOCUS 1: ADDICTION TREATMENT AND RECOVERY

If there were enough treatment and recovery services to meet the needs of Boston residents, Mayor Walsh and many others would not receive desperate calls for help in getting someone into treatment every day.

Addiction and recovery services are among the largest unmet health service needs in the city. Individuals with untreated addictions live shorter, sicker lives and incur higher medical costs. They may drive drug-related crime. They suffer and cause family and neighborhood stress and violence. Mayor Walsh's personal story is a testament to the potential for successful recovery. The city cannot achieve its objective to eliminate health disparities without closing the addiction and recovery gap.

We must act now to get people into treatment and recovery. At the same time, we must research, design and implement a longer-term plan that enables people with addictions to get effective treatment the same way they get other needed services.

Students in Boston use drugs and alcohol at slightly lower rates than their peers elsewhere in the state. However, students who develop early alcohol and drug problems, often associated with being exposed to violence and trauma early in life, face huge barriers to getting effective care.

Nobody really knows the size and mix of evidence-based treatment and recovery resources we would need if everyone with the disease were properly screened and referred for treatment. Similarly, we do not know how many fewer prison cells we would need if an addicted person's first encounter with the criminal justice system led to treatment and support services. We do know that every day, individuals and parents desperately scramble for a detox or treatment slot while in some programs there are at least a few empty beds and unused capacity. In the short term, we must make better use of the city's current resources while we identify and create what we need with our partners.

Photo: Kit Pyme



During the campaign and since he took office, Mayor Walsh reiterated his commitment to make effective recovery services available to every Bostonian who needs them. Our recommendations are designed to help him achieve this goal through immediate and longer-term actions.

## KEEP

1) BPHC-sponsored treatment programs, like the BPHC Women’s Residential program, methadone, and office-based opiate treatment, and Long Island residential job training and social enterprise programs like Serving

Ourselves should be kept and expanded.

- 2) The city should continue expanding access to Narcan, a safe and easily administered medicine that can reverse a potentially fatal opioid overdose. Boston has led the way in reversing overdoses by increasing access to Narcan for both emergency responders and family members of addicted people. Since 2007, Boston has saved over 2,000 individuals from lethal overdose through a combination of street outreach, training of first responders, and providing access to individuals who are at highest risk of an overdose. Boston EMS workers have successfully carried Narcan for years. Boston police have received training, but do not currently carry Narcan; Boston firefighters would need to receive training before carrying it. Boston also should consider models like the one adopted in Rhode Island, where pharmacists can prescribe Narcan to individuals who are seeking access to the medication and increase the availability of Narcan to vulnerable populations such as residents in sober houses and treatment programs.
- 3) BPHC and other community-based partners should keep and expand their efforts to make sure that every resident of the city is enrolled in an appropriate health insurance program, with special and continual effort to get and retain coverage for homeless, addicted and mentally ill individuals. Some addiction treatment providers report that up to 20% of their Boston resident clients do not have health insurance despite the fact that 96% of all Massachusetts residents now have public or private health insurance.

## IMPLEMENT

- 1) Create an Office of Addiction and Recovery Services with a mandate, authority, and resources to develop and implement a plan that will permanently close the gap between the need and supply of effective treatment and recovery services in cooperation with public and private partners.
- 2) The city should use its power as a major purchaser of health insurance for its employees and dependents to insist that insurers implement payment rates, provider contracting standards, and other changes that significantly expand access to effective treatment and recovery services for its employees and their dependents. In particular, the city should demand that insurance company payment rates, medical necessity, and prior approval procedures be revised to provide prompt access to treatment. The city should take a leadership position with other major employers, both public and private, to enlist their support for these changes.
- 3) Boston should work with state partners and

providers to increase Medicaid add-ons for disproportionate share hospitals that provide behavioral health services and addiction treatment. Community health centers, hospitals, and other responsible providers must be incentivized to develop integrated addiction, medical, and mental health services.

- 4) As a step toward achieving full integration of addiction and physical medical services, community health centers and treatment providers should collaborate to provide regular screening, brief intervention, and referral programs. These services should be scheduled to ensure that appropriate screening and referrals are available regularly throughout the city. For example, the PAATHS program could be expanded to neighborhood locations for screening and referral. Special attention should be paid to older health center patients whose drinking or inappropriate use of medications may be harming their health but who have never been screened or offered assistance; individuals with addictions that do not require detox before treatment; and adolescents who are beginning to get in trouble with alcohol, prescription medications, marijuana, or other drugs.

- 5) The city should work with its human resources department, unions, and local businesses to create job training and opportunities for individuals who are completing treatment or returning to the community after incarceration.

- 6) Working with state partners, the city should support licensing and appropriate safety regulations for “sober homes.” Sober homes, also known as alcohol- and drug- free housing, are private residences owned and operated by



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individual landlords to provide affordable, substance-free housing for individuals in recovery. Many provide lifesaving support to their residents and are constructive neighbors. Others are not as successful. Currently, there is no regulation of these facilities by the state Department of Public Health. As a result, the quality of programs can vary significantly and there is no way to identify or report concerns about the quality of such housing. This is cause for concern among community members, treatment providers, and public officials. We believe licensing, with appropriate and enforceable standards, is in the interests of the residents of the facilities and the neighborhoods that host them.

- 7) The city should urge all schools to have age-appropriate, skills-based substance use prevention and health education curricula. This can be done in partnership with community providers to foster relationships between students, parents, educators, and local service providers.

## DREAM

- 1) We envision a time—not too far in the future—when the prevalence of addiction is reduced because the socio-economic and

environmental disparities associated with the disease have been eliminated, and there are effective prevention programs for families, schools and neighborhoods. Treatment for individuals who develop an addiction will be available without stigma or barriers. Medical insurance will cover the treatment and recovery support individuals need in a way that is fully integrated with their medical and mental health care. A community health worker stationed at a community health center near their home or a case manager associated with their treatment provider would have responsibility for assisting them and making sure they were not alone or unable to navigate the system. As part of a larger initiative to better integrate health care and public health, community health workers could be paid from a small portion of the global payments made to health providers by insurers to reimburse the services they provide. This would reduce readmissions and the need or overuse expensive medical services.

- 2) We envision a time—also not too far in the future—when there will be significantly fewer people in jail or prison for alcohol or drug-related offenses. We also envision a time where those who are in jail for alcohol and drug offenses will receive intensive treatment, recovery support, and training while incarcerated, and return to their communities with connections to the services and support they need for successful reintegration.

## FOCUS 2: REDUCE VIOLENCE AND ASSOCIATED TRAUMA

There are too many guns in the

city and many of them are in the wrong hands. Guns, violence, and the associated trauma and stress they create in neighborhoods and families are a major public health threat. They are also a jarring example of racial and ethnic health and safety disparities in the city. Mayor Walsh has already brought key stakeholders together to discuss issues surrounding violence and trauma, demonstrating how important this issue is to him and to his administration.

Violence, in all of its forms, is caused by a set of learned behaviors that are significantly impacted by the social conditions in which people live. Research shows that early exposure to violence, as a victim or as a repeated witness, is a direct contributor to future violent behavior, addiction, and other poor life outcomes. A comprehensive strategy to reduce violence must engage every resident and every institution that can positively affect individuals, families, communities, and the physical and social environment. While public and private partners are working to achieve this goal, the city needs leadership to forge collaboration and develop effective violence prevention strategies. .

We heard from many groups that are actively engaged in preventing violence. These conversations left us with the impression that the

city does not have a strategy that unifies public and private efforts. We need a more coherent and effective strategy of violence prevention and support for traumatized victims.

## KEEP

- 1) The Violence Intervention and Advocacy Coalition.
- 2) Boston's leadership in the Mayor's Task Force Against Illegal Guns.
- 3) Existing violence/trauma intervention programs, including the BPHC's violence, prevention, intervention, and victim support programs should be kept and expanded in collaboration with neighborhood based organizations.

## IMPLEMENT

- 1) We recommend that the mayor designate a senior official with a mandate and resources



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to convene meetings of public and private agencies that play a role in preventing violence. These groups should work together to develop, implement, and be held mutually accountable for a violence prevention strategy. The strategy should include neighborhood and block level data to identify and intervene in situations that are likely to lead to new violence.

- 2) We recommend that the city, in cooperation with religious and other community leaders, conduct a door to door canvass of every house in the city to urge residents to search for illegal guns in their homes and turn them in to the police through an amnesty program; provide information about requirements for safe storage of legal guns; and provide educational material that will help parents keep their children safe from guns in homes where they live and play, including playgrounds, schools, and other public places.
- 3) In cooperation with the BPS, health providers, and neighborhood groups, integrate an age-appropriate, evidence-based violence prevention curriculum for students K-12. Open Circle, a social and emotional learning curriculum, is now being implemented in 21 schools throughout the BPS system. These programs are grant funded and limited to grades K-8, serving only 7,000 of the system's 57,000 students. Expansion of the program to reach younger students combined with complementary curricula on conflict resolution for older youth will improve school climate and provide young people with the tools they need to lead peaceful lives. The effort should include citywide use of Youth Risk Behavior Surveys followed by zip code analysis to identify priorities for additional youth violence prevention activities where students say they are carrying or seeing guns or other signs of potential violence.
- 4) The BPS, in collaboration with other youth-facing public, private, and neighborhood groups should develop a focus on early identification, intervention, and counseling for children who display early signs of violent behavior and their parents.
- 5) In cooperation with community health centers and other providers, the city should integrate early screening and intervention for violence prevention as a routine part of pediatric and adolescent care in the city.
- 6) The BPHC street outreach and youth violence prevention programs should be expanded and integrated with neighborhood-based institutions that serve children and families. The BPHC has developed a continuum of

effective violence prevention strategies that engage different stakeholders within the city of Boston. This approach is grounded in supporting parents; reducing children's exposure to violence; teaching children about peaceful conflict resolution; creating positive opportunities for teens; addressing domestic and sexual violence; engaging residents in violence prevention; and intervening with at-risk youth and families. BPHC's street outreach and youth violence prevention programs include Partners Advancing Communities Together (PACT), VIAP, VIP, Start Strong, and the Defending Childhood Initiative. Expanding these efforts to include more settings and neighborhoods will ensure that Boston has an emphasis on prevention.

- 7) Health providers including hospitals, community mental health centers, and community health centers should collaborate to provide Boston police and other street level personnel with support to triage individuals in need of psychiatric intervention as a result of being a victim or witness to violence.
- 8) The city should enhance neighborhood-based partnerships to provide support to victims of violence. Boston has tremendous partners committed to preventing and addressing the root causes of violence and many are already working closely with the city to build trust and cohesion among residents. These partnerships can be leveraged to enhance existing supports for victims and survivors provided by BPHC's Trauma Response and Recovery Services. By training neighborhood-based teams to respond to traumatic incidents, not only will a larger number of residents be reached in more neighborhoods, but community-based

organizations will receive capacity-building support.

## DREAM

- 1) We strongly urge the mayor and all the city's leaders and partners to make every effort to build an effective alliance that can succeed in passing state and federal-level legislative and regulatory changes that reduce the number of illegal guns in the city. Massachusetts has the strongest laws in the nation, and one of the lowest overall rates of gun violence in the country. However, even these laws can and should be strengthened. The vast majority of guns that are used to commit crimes in Boston were purchased elsewhere. We need stronger regional and national laws to prevent murders in Boston.

## FOCUS 3: DEVELOP A ROBUST CITYWIDE HEALTH PLANNING STRATEGY TO CONTINUE TO BE THE HEALTHIEST CITY IN THE NATION

Although Boston is one of the healthiest cities in the United States, eliminating persistent health inequities and improving the overall health of all Bostonians calls for engaging the entire city in embracing a health agenda. We propose a structure different from prior health planning efforts to set specific

public health goals, secure action commitments from neighborhood groups and major health care providers, and measure and report progress toward these goals.

Health planning efforts at the state and regional level, mandated under the state health reform, are focused on health care facilities, services and costs, rather than the public health outcomes that are only partially related to direct medical services. The health planning group we recommend will be a forum for setting and measuring goals, but neighborhood groups and institutions will be responsible for implementing the programs and policies agreed to by this new entity.

Boston has one of the strongest health sectors in the country but our city's public health agenda has too often been determined by and subject to available funding streams, shifting political will, and levels of institutional interest. With a concentration of healthcare resources in certain areas of the city, there has been a distinct lack of attention to the health concerns of neighborhoods that lack these anchoring institutions.

We also recommend that the mayor create a Health in All Policies Task Force, whose role would be to work with all city departments to account for the public health impacts of new and existing programs.

## 1) CREATE A PUBLIC HEALTH PLANNING BOARD

### KEEP

- 1) Maintain the current BPHC's focus on reducing and eliminating health inequities, in which it has had measurable success and is a leader both locally and nationally.
- 2) Maintain the level of resources given to HIV and AIDs prevention that has made Boston a leader in reducing new and untreated infections.
- 3) Continue strong neighborhood-level data collection, evaluation, and reporting but develop action plans that engage residents, and public and private organizations/departments to inform the planning process and achieve specific public health goals.

### IMPLEMENT

- 1) We recommend that the mayor create a Public Health Planning Board that involves all key public and private representatives including neighborhood leaders, healthcare providers (including community health centers and academic medical centers), insurers, and state and local elected officials to develop, implement, and be held accountable for a coordinated city health improvement plan that reduces health disparities and mobilizes health sector resources and policies to achieve these goals.
  - a) To assure success, we recommend that the Public Health Planning Board be chaired by the mayor. Institutional members should be chief executive officers or at the CEO

level, not designees. We suggest that the BPHC coordinate the work of the Public Health Planning Board.

The Board should address health across the lifespan, from the youngest of Boston’s residents to the elderly. Some cities have issued health equity scorecards and developed health equity strategic plans. A smaller number have launched health-planning councils. We are unaware of any that have established a public health planning board with an explicit focus of eliminating health inequities.

- a) Boston’s health improvement plan should improve coordination among health providers to ensure that investments such as community benefit dollars and PILOT resources contribute to reducing health disparities and achieving health goals at the neighborhood level. To support these goals, the city could provide incentives to organizations that commit resources to meeting identified health improvement goals.

## DREAM

- 1) Develop an accountable mechanism for regional health planning that includes city, state, and private departments/organizations to identify and address regional public health problems.
- 2) Develop a dedicated funding stream for advancing the health of Boston, like a citywide health provider fund, to address public health disparities.

## 2) HEALTH AS PART OF ALL CITY DEPARTMENT POLICIES: ESTABLISH A “HEALTH IN ALL POLICIES” FOR

## CITY DEPARTMENTS AND CREATE A “HEALTH IN ALL POLICIES” TASK FORCE

Health considerations must be incorporated into decision-making across all of the city’s departments including transportation, economic development, environment, housing, parks, and schools. They must also be made priorities by local social service organizations and community centers. Residents must be able to participate fully in these processes.

The “Health in All Policies” approach with its formalized process and oversight. would be consistent with a national movement toward formal methods for incorporating health equity into public decision-making. For example, Los Angeles has added a health and wellness chapter to the city’s general plan, elevating health as a priority for the city’s future growth and development. Washington, D.C. created a Health in All Policies Task Force to advance health equity among district residents.

## KEEP

- 1) Keep the existing policies/programs that enhance the health of the residents of the city of Boston such as:
  - a) “Complete Streets,” established by the Boston Transportation Department, which ensures that all street redesign projects support walking, cycling, and public transportation use that is as safe and accessible as driving a car. This allows residents to incorporate physical activity into day-to day travel.
  - b) The CleanAir CABS Initiative – resulting in a taxicab fleet that includes hybrid vehicles through a collaborative effort between

BPHC, Boston Police Hackney Division, the Office of Environment and Energy, MassPort, Boston taxicab companies, and residents which reduce the consumption of gasoline, tailpipe emissions, and decrease asthma and other respiratory problems.

c) Increased availability of smoke-free housing across all sectors of the city's housing stock through collaboration among the Boston Housing Authority, Boston Redevelopment Authority, and Department of Neighborhood Development.

d) A comprehensive district wellness policy adopted by the Boston Public Schools that includes access to sexual health information, designated minutes for physical activity, a healthy policy, and required education in tobacco and substance abuse prevention.

housing, education, arts, police, policy, and public works. The Health in All Policies Task Force should also be encouraged to work with other city initiatives.

3) Implement training for all city department heads and key personnel on the social, economic determinants of health and the impact of city policies on these factors; promote efforts to include health impacts in planning and programs; provide training on ways to improve collaboration among agencies.

4) Adopt an "environmental justice" framework as part of the work of the Health In All Policies initiative. Environmental justice embraces the principle that all people have the right to be protected against environmental pollution and to live and enjoy a clean and healthful environment.

5) Support programs for city employees that improve their health, including work place wellness programs.

## IMPLEMENT

1) Create a "Health in All Policies" standard that requires all city departments to account for the individual and public health impact of new and existing programs and to adopt alternatives that have the most favorable impact on health.

2) Establish a Health in All Policies Task Force that would be charged with identifying priority programs, policies, and strategies across city departments to improve the health of the residents of Boston, while advancing the goals of creating sustainable communities, increasing the availability of affordable housing, improving infrastructure systems, and promoting public health. We recommend that such a task force be coordinated by the BPHC and include department heads from city departments including health, human services, development, transportation, environment,

## DREAM

1) We envision publication of an annual report that describes and provides empirical data on how every department in the city has promoted public health.

2) We envision collaboration with the BPS and its partners to implement policies that focus on making the BPS system a model for improving the health of its students and employees. We envision a BPS that prepares increasing numbers of students for STEM careers, while promoting public health through such activities as extending evidence-based health curricula with proven outcomes in K-12; developing

expanded curricula for health-related areas including STEM and environmental science; and promoting health standards with measureable outcomes. Strengthening the BPS infrastructure will also help address acute and chronic health issues of Boston's children.

## Public Health Working Group

### Co-chairs

- Paula Johnson, Executive Director, Connors Center for Women's Health, BWH
- David Rosenbloom, Chair, Department of Health Policy & Management at BU SPH, Specializing in Substance and Alcohol Issues

### Members

- Dr. Joseph Betancourt, Director, Disparities Solution Center at Massachusetts General Hospital
- Michael Curry, Legislative Affairs Director & Senior Counsel, Massachusetts League of Community Health Centers
- Andy Davis, President, Carney Hospital
- Sherry Dong, Director of Community Health Improvement Programs, Tufts Medical Center
- An H. Duong, Health Policy Analyst, Center for Health Information and Analytics
- Philip Edmundson, Chairman and CEO, William Gallagher Associates
- John Erwin, Executive Director, Conference of Boston Teaching Hospitals
- Gloria Fox, State Representative
- Elmer Freeman, Executive Director, Center for Community Health Education Research and Service; Director of Urban Health Programs and Policy, College of Health and Health Sciences, Northeastern University
- Barbara Gottlieb, MD, Physician, Community Health Center
- Larry Kessler, Director, Boston Living Center

- Manny Lopes, CEO, East Boston Neighborhood Health Center
- Dr. James Mandell, Attending Physician, Boston Children's Hospital
- Wanda McClain, Vice President for Community Health and Health Equity, Brigham & Women's Hospital
- John McGahan, President, Gavin Foundation
- Myechia Minter-Jordan, MD, President and CEO, The Dimock Center
- Joan Quinlan, Executive Director, Massachusetts General Hospital Center for Community Health Improvement
- Tricia Wajda, Director of Public Affairs, Planned Parenthood League of Massachusetts
- Kate Walsh, President and CEO, Boston Medical Center

### Staff Support

- Alexander Gray, Jamaica Plain resident

Organizational titles and affiliations are provided for identification purposes only.