

Community Benefits Advisory Committee (CBAC)
Community Benefits Meeting
Meeting Minutes
Tuesday, March 22, 2022, 5:00 PM - 7:00 PM
Held Virtually Via Zoom

Present: Flor Amaya, Elizabeth (Liz) Browne, Alexandra Chery Dorrelus, Shondell Davis, Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Kira Khazatsky, Angie Liou, Marsha Maurer, Sandy Novack, Kelina (Kelly) Orlando, Joanne Pokaski, Jane Powers, Richard Rouse, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Maia Betts, James Morton, Alex Oliver-Dávila, Triniese Polk

Guests: Annie Rushman, Health Resources in Action (HRiA), Senior Associate; Kristin Mikolowsky, HRiA, Director, Research and Evaluation; David Luna, Consultant, John Snow, Inc. (JSI); Madison MacLean, Consultant, JSI; Alec McKinney, Senior Consultant, JSI

Welcome and Introductions

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and thanked them for joining. Nancy then reviewed the agenda.

Nancy welcomed Marsha Maurer, BIDMC's Chief Nursing Officer and Senior Vice President, Patient Care Services, as a new member to the Community Benefits Advisory Committee (CBAC), filling the senior leader representative role previously held by Walter Armstrong.

Nancy also introduced Kelly Orlando, Executive Director of Ambulatory Operations at BIDMC and BID Healthcare Chelsea, as a new member of the CBAC. Nancy shared that Kelly has been representing BIDMC on the North Suffolk Integrated Community Health Needs Assessment (iCHNA).

Nancy also shared that Alberte Altine-Gibson left Bowdoin Street Health Center and has stepped down from the CBAC; Nancy thanked her for her dedication and said she would be missed.

The minutes from the December 14th CBAC meeting were reviewed and accepted.

Public Comment

There were no oral or written public comments shared during this meeting.

Youth Advisors Update

Jamie Goldfarb, Program Administrator of Community Benefits, BIDMC, shared an update on the YMCA Youth Advisors program. Following the presentation to the CBAC in December, the Youth Advisors have been learning about health priorities and how to prioritize needs as part of a Community Health Needs Assessment (CHNA).

Jamie shared that the Youth Advisors reviewed the key themes identified through the BIDMC CHNA community engagement process and data collected from the youth survey they distributed. After reviewing the data, the youth selected Mental Health and Diversity, Equity, and Inclusion as the priorities they will focus on. In the upcoming months, the youth will learn about and identify evidence-based health strategies to address these priorities.

Community Health Needs Assessment Data Presentation (Prioritization)

Background and Community Engagement Summary

Nancy reminded the CBAC about BIDMC's Community Benefits Service Area (CBSA). She shared that BIDMC opened two new licensed sites at the end of the 2021 fiscal year in Peabody and Burlington. As Federal regulatory requirements dictate that a non-profit hospital must assess need in communities in which it has a licensed site, these two municipalities are now part of BIDMC's CBSA.

Nancy then provided a brief overview of the 2019 CHNA priority cohorts. She highlighted that after the CHNA was completed, the list was amended to include people impacted by violence and/or incarceration as recommended by the original Advisory Committee for the New Inpatient Building Community-based Health Initiative.

Historically, while BIDMC has assessed need across the entire CBSA, the hospital has focused its community benefits resources and efforts in the communities with the greatest health disparities. As such, BIDMC has prioritized programming in the Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, Roxbury, and the City of Chelsea. The Community Benefits team recommended that BIDMC continue to focus programming in these Boston neighborhoods and the City of Chelsea as these communities continue to experience inequities.

Nancy also shared that it was important to keep the Office of the Attorney General (AGO) and Department of Public Health priorities in mind for the CHNA and then highlighted the overlap with BIDMC's 2019 CHNA priorities. Nancy then reviewed the prioritization process and shared that at this meeting the CBAC will discuss recommendations for priorities.

Nancy provided an overview of the number of people who participated in focus groups, key informant interviews, and listening sessions. She highlighted that this work has been done in collaboration with the Boston CHNA-CHIP Collaborative and the North Suffolk iCHNA, for Boston and Chelsea, respectively, as well as other BILH hospitals.

Prioritization

David Luna, from JSI, presented the top priorities that emerged from BIDMC's community engagement activities: social determinants of health (SDOH), access to care, mental health, and diversity equity, and inclusion. David shared that the CBAC would be voting on sub-priorities to help narrow the focus of the Implementation Strategy (IS). Before voting, David highlighted different considerations to keep in mind while selecting a sub-priority and noted that all sub-priorities were heard during BIDMC's community engagement. Using Mentimeter, a tool to facilitate real-time polling, the CBAC members that were present voted on three sub-priorities for each of the four priorities. The CBAC then selected their top five sub-priorities from among the 12 priorities that had polled the highest in each of the previous votes. The top five sub-priorities selected by the CBAC were housing, economic insecurity, youth mental health, food insecurity, and impacts of trauma. After selecting the sub-priorities, the CBAC voted on the priority populations. The top four priority populations selected were: older adults, individuals with limited economic means, Black, Indigenous, and People of Color (BIPOC), and Youth.¹ For the final vote tally, see pages 29 – 32 from the March 22nd meeting packet found on bidmc.org/chi.

¹ CBAC members not present at the meeting were offered the opportunity to vote on the sub-priorities and priority populations via email. The final votes, inclusive of three additional votes received, were shared with the CBAC and are included in the March 22 meeting packet.

After completing the polling process, David asked the CBAC if there was a priority or population that did not rise in the rankings they wanted to advocate for. Several members advocated to lift up priorities and sub-priorities including racism and access to care and populations including those affected by violence and trauma, the homeless and unstably housed population, the LGBTQIA+ population, and non-English speaking individuals. David acknowledged the intersectionality between many of these priorities and populations and the challenge of narrowing the focus areas given the pressing needs of the community.

David thanked the group for voting on the sub-priorities and populations and for lending their expertise to the prioritization process.

Regulatory Updates

Robert Torres, Boston Region Director of Community Benefits, Beth Israel Lahey Health, provided an update on annual regulatory filings. BIDMC is required to report to the AGO, the City of Boston, the Internal Revenue Service, and the Department of Public Health. Robert shared that Community Benefits expenses must address the health needs and populations that were identified in the most recent CHNA and IS and be within BIDMC's CBSA. He reminded the CBAC that the IS can also be updated when emerging needs arise to address extreme circumstances, such as COVID-19. To respond to COVID-19, BIDMC updated its' IS to include COVID-19 related care and services and food insecurity needs. Robert shared examples of the different Community Benefits programs that BIDMC includes in its regulatory reporting. At the May CBAC meeting the Community Benefits team will share a breakdown of the Community Benefits expenditures that will be reported to the AGO.

CBAC Survey Results

Kristin Mikolowsky from Health Resources in Action (HRiA) introduced herself as a new member of the independent evaluation team for the Community-based Health Initiative. Kristin reminded the CBAC about the annual survey they completed in December and shared that the purpose of the survey is to assess the perceptions of the community engagement process as well as their experiences of participating in the CBAC. Survey results showed that in general CBAC members continue to strongly agree or agree with statements about CBAC meetings and the NIB CHI, such as whether the needs reflect the most pressing needs of BIDMC's priority neighborhoods. For more detail about CBAC survey responses, see pages 19– 22 from the March 22nd meeting packet found on bidmc.org/chi.

Next Steps

Robert shared that Healthy Neighborhoods Initiative applications for the Boston neighborhood of Chinatown and the City of Chelsea were due to BIDMC later that week. Robert thanked the attendees for joining and reminded everyone that the next scheduled meeting is May 24th, 2022 from 5-7pm.