

December 15, 2020
Meeting Packet

Meeting Agenda



**Community Benefits Advisory Committee (CBAC)
Beth Israel Deaconess Medical Center
Tuesday, December 15, 2020
5:00 PM – 7:00 PM**

[Zoom Link](#)

I. 5:00 pm – 5:05 pm	Welcome and Introductions
II. 5:05 pm – 5:20 pm	Public Comments
III. 5:20 pm – 5:35 pm	AGO FY 20 Community Representative Feedback
IV. 5:35 pm – 5:55 pm	Community-based Health Initiative Update
V. 5:50 pm – 6:20 pm	BILH Diversity, Equity and Inclusion
VI. 6:20 pm – 6:40 pm	BILH Community Benefits Committee (CBC) Program Priorities
VII. 6:40 pm – 6:50 pm	CBAC Member Survey
VIII. 6:50 pm – 7:00 pm	Next Steps and Adjourn

Next Meeting: March 23, 2021

Meeting Slides

BIDMC Community Benefits Advisory Committee Meeting

December 15, 2020



Beth Israel Lahey Health

Housekeeping

Beth Israel Lahey Health 

- Please join the meeting using video
- If you lose your connection, please call in
 - Phone number: 929-205-6099
- Everyone will be muted upon arrival
- Please use the chat function for requests to be unmuted, ask questions, or make comments

Content



- Welcome and Introductions
- Public Comments
- AGO Community Representative Feedback
- Community-based Health Initiative Update
- BILH Diversity, Equity and Inclusion Task Force
- BILH Community Benefits Committee (CBC) Program Priorities
- CBAC Member Survey
- Next Steps and Adjourn

Welcome and Introductions



Welcome New CBAC Member Introductions



Shondell Davis,
Roxbury Community Activist



Shondell Davis outside her Roxbury home. She's part of the Cary Johnson Program for Post-Traumatic Healing, which now provides meetings via Zoom sessions. ERIN CLARK/GLOBE STAFF

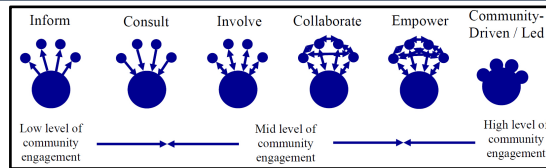
Amid coronavirus, church shifts gears to continue support of victims of trauma

The pandemic is causing significant stress for almost everyone. But the circumstances can be especially difficult for people who already were dealing with anguish.

Source: <https://www.bostonglobe.com/2020/04/28/nation/amidst-coronavirus-church-shifts-gears-support-victims-trauma/>

Attorney General FY 20 Community Representative Feedback

Massachusetts Department of Public Health
Continuum of Community Engagement



Inform	Consult	Involve	Collaborate	Empower	Community – Driven / Led
To provide the community with balanced & objective information to assist them in understanding the problem, alternatives, opportunities &/or solutions	To obtain community feedback on analysis, alternatives, and/or solutions	To work directly with community throughout the process to ensure their concerns and aspirations are consistently understood and considered	To partner with the community in each aspect of the decision including the development of alternatives & identification of the preferred solution	To place the decision-making in the hands of the community	To support the actions of community initiated, driven and/or led processes

BIDMC Self-Assessment
Community Engagement



How did we do?

What we think went well	Community engagement opportunities
CBAC meetings are open to the public (Consult)	Increase community participation in the Boston CHNA-CHIP Collaborative (Empower)
Meeting materials are posted on the website (Inform)	Empower grantees to improve community health (Community-Driven / Led)
Founding Co-Chair, Boston CHNA-CHIP Collaborative (Collaborate)	Implement community-driven / led Healthy Neighborhoods projects (Community-Driven / Led)
Involvement in the North Suffolk Integrated Health Needs Assessment (iCHNA) (Collaborate)	Build capacity of CBOs not awarded DoN grants (Involve)
Response to communities most impacted by COVID-19 (Involve)	

Community Representative Feedback Form FY 20



- Attorney General's Office annual form
- Two-page form filled out by community representatives engaged by hospitals in a Community Health Needs Assessment and/or Implementation Strategy
- CBAC member role: Fill out form and email directly to:
 - Attorney General's Office (at CBAdmin@state.ma.us)
 - Copy robert.torres@bilh.org on the email
- Due Date: Send via email by January 15, 2021

Community Representative Feedback Form Sections 1 and 2



What does the Community Representative Feedback Form include?

- Section 1: Background information
 - Name, organization and hospital name
- Section 2: Level of engagement across CHNA and Implementation Strategy
 - Use Mass. Department of Public Health's Community Engagement Standards to assess different types of community engagement

Community Representative Feedback Form

Section 3




- Section 3: Engagement Experience
 - Share your agreement level based on your engagement experience
 - What engagement strategy has worked well?
 - What change, if any, would you like to see going forward?
 - CBAC responses help shape BIDMC's Community Benefits program and future AGO Community Benefits guidelines

Community-based Health Initiative Update



Community-based Health Initiative

RFP Overview




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Categories of grant funding:


1. Housing Affordability
2. Jobs & Financial Security
3. Behavioral Health


3 Different Funding Tracks


1. Cross-Sector Partnerships for Systems Change (\$1M over 3 years)
2. Focused Investment (\$500K over 3 years)
3. Capacity Building Seed Funding (\$100K over 3 years)

- 

IMPACT
Support evidence-based programs and strategies
- 

COMMUNITY
Build community cohesion and capacity
- 

HEALTH AND RACIAL EQUITY
Work towards the systemic, fair and just treatment of all people
- 

SUSTAINABILITY
Encourage sustained program impact
- 


UPSTREAM
Address the fundamental causes of poor health and racial inequities

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Health Priorities, Sub-Priorities, and Allocations

CBAC Recommendations



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Housing Affordability	40% \$7.4 M
Jobs and Financial Security	30% \$5.5 M
Behavioral Health	15% \$2.8 M
Healthy Neighborhoods	15% \$2.8 M

Original CBAC Allocation

Housing Affordability	47% \$3.1 M → 43% \$2.85 M
Jobs and Financial Security	35% \$2.3 M → 30% \$1.98 M
Behavioral Health	18% \$1.19 M → 27% \$1.78 M

RFP Target

RFP Actual

14

Community-based Health Initiative RFP

Cross-Cutting (Track 1) Grantee Summary



- **Bridge Over Troubled Waters:**
 - Expanding outreach to homeless youth and young adults and provide housing, jobs/employment, and behavioral health support to those reached
 - Partnering with the Boston Public Health Commission
- **Metro Housing|Boston:**
 - A rigorous study of a potential solution to the problem of “cliff effects” in the housing choice voucher Moving to Work program.
 - Testing the effect of reimbursing the difference between pre-tax gross and post-tax net income on a monthly basis
 - Partnering with Department of Housing and Community Development (DHCD) and others



Community-based Health Initiative RFP

Housing Grantee Summary



- **Asian CDC:** Increase housing stability in Chinatown through homebuying and financial literacy education, rental assistance, eviction prevention, and free legal assistance to tenants
- **BAGLY:** Support the Host Homes program to prevent, intervene, and offer linkages to care for LGBTQ+ youth experiencing homelessness
- **City Life/Vida Urbana:** Strengthen anti-displacement efforts with tenants and foreclosed owners in Roxbury, funding both additional organizing and legal advocacy time
- **Fenway CDC:** Partner with organizations to advance housing policies to prevent displacement and homelessness, address racial inequities, create and preserve affordable housing, and empower communities
- **Nuestra CDC:** Homes for Health and Equity pilot to demonstrate wealth-building through homeownership among households harmed by housing discrimination

Note: Blue text indicates a Track 2 grantee, green text indicates a Track 3 grantee

Community-based Health Initiative RFP

Jobs and Financial Security Grantee Summary



- **English for New Bostonians:** Expand English for Immigrant Entrepreneurs Initiative to serve small business owners of all immigrant statuses; enable business owners/employees/aspiring entrepreneurs to improve English, expand customer markets, access business assistance, and support recovering local economies
- **Community Servings:** Launch a new component of the Teaching Kitchen food service job training program that combines subsidized employment with continued training and support services, including comprehensive case management and job placement support
- **Sociedad Latina:** Support Latinx, English Learner, and immigrant youth with a custom curriculum and year-round paid internships to gain hands-on workforce development skills, explore potential career pathways, and build their professional networks

Note: Blue text indicates a Track 2 grantee, green text indicates a Track 3 grantee

Community-based Health Initiative RFP

Behavioral Health Grantee Summary



- **ACEDONE:** Conduct assessment to better understand the mental health, family strengths, coping strategies, and needs of African immigrant youth to develop innovative case management model
- **Boston Chinatown Neighborhood Center:** Offer Mental Health First Aid training to increase provider capacity and improve access to culturally and linguistically appropriate mental health services for Chinese immigrant youth, adults, and families
- **Charles River Community Health:** Build capacity to provide bi-lingual/bi-cultural behavioral health integrated services to improve care for LEP patients
- **The Family Van:** Support a Community Health Worker program that will offer depression screening and treatment in Roxbury and develop and carry out an anti-stigma campaign
- **Fathers' Uplift:** Support fathers struggling with substance use, trauma, racism, a history of incarceration, and/or systemic barriers in improving behavioral health outcomes
- **Greater Boston Chinese Golden Age Center:** Implement Healthy IDEAS Asian Seniors, a Chinese evidence-based disease self-management program for depression
- ***North Suffolk Mental Health Association:** Create a bilingual clinical intensive case management team to serve uninsured and underinsured individuals and families in Chelsea

Note: Blue text indicates a Track 2 grantee, green text indicates a Track 3 grantee

*Chelsea grant issued separately in November 2020

**Healthy Neighborhoods
Timeline and Next Steps**



- First two neighborhoods selected: Bowdoin/Geneva and Fenway/Kenmore
- Current tentative timeline:

Date(s)	Activity
February 2021	Release RFP
March 2021	Applications due
April 2021	Applicants notified
May – July 2021	Community engagement and development of project plan. Final plan submitted to Allocation Committee for review against CBAC criteria
September 2021	Project is funded and implementation begins

- Next set of neighborhoods to be announced in 2022 and incorporate lessons learned from first round

Beth Israel Lahey Health Diversity, Equity and Inclusion (DEI)

Nancy Kasen
Vice President, Community Benefits & Community Relations, BILH

Phillomin Laptiste
Executive Director, Bowdoin Street Health Center

Joanne Pokaski
Senior Director of Workforce Development & Community Relations, BIDMC

BILH DEI Taskforce Members



Context



- Recognizing the legacy of inequity and disparities within our communities and institutions
- Numerous large-scale initiatives within our system over the years to improve diversity, equity and inclusion – but they have been far from sufficient
- Recent events have brought greater focus and catalyzed the need for a deeper and broader institutional approach
- As the second largest employer in Massachusetts, BILH has a unique responsibility and an outsized ability to positively impact our community through our patients and families, employees, and community partners

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The Diversity, Equity and Inclusion (DEI) Task Force



<i>Task Force Co-Chairs</i>	 Lina George Chief Human Resources Officer, BILH	<i>Task Force Members</i>	 Patrick Aquino, MD Chair, Psychiatry, LHMC	 Jo Ayoub Interim Vice President, Human Resources, BIDMC	 Leonor Fernandez, MD Internal Medicine, Healthcare Associates, BIDMC, and Co-Chair, Cross-Cultural Care and Health Justice, The Academy at Harvard Medical School	 Diana Gist, RN Nursing Supervisor, BIDMC	 Nancy Kasen VP, Community Benefits and Community Relations, BILH	
	 DeWayne Pursley, MD Chief, Neonatology, BIDMC and HMFP		 Phillomin Laptiste Executive Director, Bowdoin Street Health Center	 Larry Mayes Member, BIDMC Trustee Advisory Board	 Shunda McCahee, MD Medical Director, Ambulatory and Community Services, BILH Behavioral Services	 Janice Rodriguez Morrissette, BSN, RN Nurse Manager, LHMC	 Daniele Olveczky, MD Hospitalist and Inclusion Officer, Department of Medicine, BIDMC	
<i>Task Force Members</i>	 Kshiltja "Skitty" Phansalker, MSPT Manager, Rehabilitation Services, Mount Auburn Hospital	 Joanne Pokaski Senior Director of Workforce Development and Community Relations, BIDMC	 Jason Robinson, MPH, MBA Vice President, Hospital Based Services and Academic Affairs, LHMC	 Michael Rowan, MHA Executive Vice President, Hospital and Ambulatory Services, BILH	<i>Project Staff</i>	 Kerry Brown Chief of Staff, BILH	 Jamie Katz Office of General Counsel, BILH	 Jennifer Kritz VP, Communications, BILH
	 Elliot Servalis, MD Vice Chair, Department of Surgery and Director of Robotic Thoracic Surgery, LHMC	 Chi Chang Daniel Siao, MD Director, Hospital Medicine; Chair, Cultural Diversity Committee, Beth Israel Deaconess Hospital-Milton	 Gyongyi Szabo, MD Chief Academic Officer, BILH	 Sylvia Odiana Senior Project Manager, BILH		 Malisa Schuyler VP, Government Affairs, BILH	 Peter Shorett Chief Integration Officer, BILH	

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Determining Task Force Work Teams

1

Lack of Awareness
Task Force members validated that there is a lack of awareness across the system, but also a strong desire and willingness to educate each other, patients and the community on the historical


Color Blindness
Task Force members highlighted the relationship between Color Blindness and Lack of Awareness, and suggested that there may be a need to "unlearn" some of the social narratives on Color

Slow Pace of Change
Task Force members agreed that the system is behind on its DEI/racism journey. Reasons included:
• Structural barriers/limited accountability
• Questions about leadership

Discomfort
Task Force members acknowledged the importance of embracing discomfort in conversations about racism at BILH. There is hope that healthcare is poised to lead the charge toward racial equity due


Employee Listening Tour Discussions

2



Employee Survey Results

3



External Perspectives & Examples

SUMMARIZE Synthesize the Listening Tour Discussion Output, Employee Survey Results, and Task Force member impressions for trends

CATEGORIZE Discuss and evaluate trends to form initial focus areas


PRIORITIZE Leverage the prioritization matrix to prioritize and finalize Task Force focus areas

TASK FORCE WORK TEAMS

Infrastructure	Patient Care
Culture & Leadership	Academics
Talent	Community Investment

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Final DEI Recommendations (1/2)

Infrastructure

- Hire a Chief Diversity, Equity and Inclusion Officer
- Establish a Center for Health Equity
- Create a DEI Council

Culture and Leadership

- Build a cultural norm of DEI
- Establish organization and individual accountability
- Create an employee experience strategy to measure and advance culture of DEI

Talent

- Standardize and share workforce analytics to routinely track and improve workforce representation
- Create total rewards strategy to support diverse workforce and improve employee wellbeing
- Create multi-prong career advancement initiatives
- Remove bias from our hiring, pay and promotion processes
- Partner with community organizations to increase local hiring

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Final DEI Recommendations (2/2)

Patient Care

- Create a health equity strategy, address health disparities, and establish a dashboard and processes to track demographics, quality, and access
- Establish a patient engagement strategy to support diverse patients and improve patient experience for marginalized groups
- Articulate standards and design programs and initiatives to improve patient access to care (e.g. linguistic access, telehealth, etc.)


Academics

- Establish recruitment and engagement strategies to attract and retain diverse faculty, trainees, and researchers
- Create research and medical education programs and initiatives to promote understanding of health equity rooted in the communities that we serve
- Develop processes and procedures to reinforce DEI cultural norms

Community Investment

- Tie community investments to BILH mission, vision and values
- Advocate for health equity through public policies and regulatory requirements
- Create a supplier diversity strategy and partner with diverse vendors and suppliers for measurable impact
- Develop a comprehensive investment strategy to support local businesses

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First Steps Toward Implementation

- Continue to implement internal and external communication plans
- Map accountability for goals and recommendations to individual BILH leaders
- Create selected work teams, where necessary, to support operational implementation of DEI recommendations
- Identify DEI Local Champions
- Initiate search process for Chief Diversity, Equity and Inclusion Officer
- Provide anti-racism self-study tools
- Determine charge, membership, and launch process for BILH DEI Council


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BILH CBC Community Benefits Priorities

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Recommended CB Priorities FY21 Health Priorities

Social Determinants of Health	<ul style="list-style-type: none"> • Food Insecurity Increase access to low-cost healthy foods for priority cohorts • Housing (New) Increase housing stability for those at risk for eviction or homelessness • Digital Access Increase access to and literacy in using technology to manage personal health
Behavioral Health	<ul style="list-style-type: none"> • Mental Health and Substance Use Increase access to screening, identification, care, and services
Chronic and Complex Conditions	<ul style="list-style-type: none"> • Heart Disease, Diabetes, and Cancer Increase screening, identification, education, and management for chronic diseases

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Community Benefits
Food Programs



Goal: Increase access to low-cost healthy foods for BILH priority cohorts

Drivers of Food Insecurity:

- **Food Availability:** Supply, storage, production
- **Food Access:** Affordability, income, food assistance programs, access to markets
- **Food Utilization:** Knowledge of food preparation, access to a kitchen, access to healthcare, and childcare
- **Stability:** Permanent and durable access to food

Change Ideas to Disrupt Drivers:

- Distribution of healthy foods
- Ensure markets accept SNAP, HIP, WIC and offer healthy foods
- Connect people to SNAP & WIC
- Ensure access to transportation to stores
- Participate in coalitions that advocate for policies and systems that support low-cost, healthy foods
- Teach healthy eating on a budget

Community Benefits
Food Programs



Process Measures → Outcome Measures

- | | |
|--|--|
| <ul style="list-style-type: none"> • # of individuals and families helped • Pounds of food distributed • # and type of low-cost food access points created and/or maintained • # and type of programs supported • # of organizations and partnerships supported | <ul style="list-style-type: none"> • Decrease food insecurity and hunger • Increase enrollment in food assistance programs (SNAP, WIC) • Increase contribution of fruits and vegetables in community member diets • Support policies and system changes to increase food access for all • Increase strength of efficient, equitable, and durable partnerships |
|--|--|

**Community Benefits
Housing Programs**



Goal: Increase housing stability for those at risk for eviction or homelessness

Drivers of Housing Instability:

- **Affordability:** Rent burden, overcrowding
- **Supply:** Housing options at % AMI, shelters, policy, and discrimination
- **Low-wage employment & unemployment:** Low income, low savings, low educational attainment, LEP, low digital literacy
- **Quality & accessibility:** Safety, supportive housing, transportation access

Change Ideas to Disrupt Drivers:

- Support rental assistance programs
- Provide housing search assistance
- Support equitable legal representation during eviction hearings
- Expand service-enriched housing
- Support affordable housing production
- Support policies to prevent or reduce homelessness
- Strengthen and scale programs that promote financial literacy and asset building, maximize income, and workforce development

**Community Benefits
Housing Programs**



- # of individuals and families helped
- # of families who found housing or maintained housing
- Amount of financial assistance distributed
- # and type of programs supported
- # of organizations and partnerships supported

- Increase housing stability
- Decrease “no cause” evictions
- Support policies and system changes that increase affordable housing access
- Increase strength of efficient, equitable, and durable partnerships
- Increase and maintain affordable housing stock

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CBAC Member Survey

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Next Steps

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Next Steps



- Look out for an email to be sent directly after this meeting with instructions for completing Annual Conflict of Interest Disclosure Form for 2021
- Note: Policy and disclosure form have been modified slightly to encompass the expanded scope of the CBAC
- Request to be completed and email to Jamie Goldfarb by end of calendar year
- By **January 15, 2021**: Complete Attorney General's Community Representative Feedback Form and email to:
 - Attorney General's Office (at CBAdmin@state.ma.us)
 - Copy robert.torres@bilh.org on the email

CY 2021 Meetings

Future Dates



- **March 23, 2021**
- **June 22, 2021**
- **September 28, 2021**
- **December 14, 2021**

All meetings will be held from 5–7 pm

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Thank You

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September 22, 2020
Meeting Minutes

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Beth Israel Deaconess
Medical Center

**Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Tuesday, September 22, 2020, 5:00 PM - 7:00 PM
Held Virtually Via Zoom**

Present: Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Angie Liou, James Morton, Sandy Novack, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Triniese Polk, Jane Powers, Richard Rouse, Jerry Rubin, Anna Spier, Robert Torres, Fred Wang

Absent: Tina Chery, Lauren Gabovitch, Phillomin Laptiste, Luis Prado, LaShonda Walker-Robinson

Guests: Carrie Jones, John Snow, Inc. (JSI), Coordinator; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation; Annie Rushman, HRiA, Senior Associate

Three members of the public were also in attendance.

Welcome

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

The minutes from the June 23rd Community Benefits Advisory Committee (CBAC) meeting were reviewed and accepted.

Public Comment Period

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

Regulatory Updates

Robert Torres, Director of Community Benefits, Beth Israel Deaconess Medical Center (BIDMC), began by reviewing the hospital's regulatory reporting timeline. He explained that regulatory reports are typically due in the spring, but due to the COVID-19 pandemic, the City of Boston and Massachusetts Attorney General's Office extended the filing deadlines for the Payment in Lieu of Taxes (PILOT) and Attorney General reports.

As part of regulatory reporting, hospitals report on their annual community benefits expenditures. Robert explained that the Attorney General report required BIDMC to classify community benefits expenditures by program type and by health priority. He provided an example related to the access to care priority; if BIDMC worked to increase access to behavioral health services, access to care would be the program type and behavioral health would be the health priority.

Informed by the most recent Community Health Needs Assessment (CHNA), BIDMC's Community Benefits health priorities are Behavioral Health (Mental Health and Substance Use), Chronic Disease Management and Prevention (cancer, heart disease, asthma, diabetes, other chronic illnesses), Housing Stability/Homelessness, and Additional Health Needs. One member asked for clarification on what is included in "Additional Health Needs". Robert explained that there are multiple programs related to the social determinants of health (SDOH) that would fall in that category, such as violence prevention programming.

After highlighting the health priorities, Robert reviewed a breakdown of community benefits expenditures in Fiscal Year 2019, which totaled \$27.8 million. He noted that the funds broken out by program type and by health priority totaled the same amount. The Community Benefits reporting guidelines from the Attorney General's Office also include Health Safety Net payments and leveraged resources, increasing the reportable total of Community Benefits expenditures from \$27.8 million to \$46 million.

Health Priorities

Nancy then spoke about efforts to align Community Benefits strategies and metrics across all 10 BILH hospitals. BILH Community Benefits and Community Relations departments worked to identify strategies that all of the hospitals will focus on, collect data on, and report on. Nancy explained that in order for a health priority and related strategies to be selected, they need to be prevalent across most if not all of the BILH hospitals, identify SMART (specific, measurable, achievable, realistic, timely) goals, be evidence-based/informed, and identify an existing (external) benchmark and/or enable hospitals to compare their performance against a BILH-wide benchmark. In the future, the hospitals plan to collect data on community benefits programs quarterly to share with each hospital's CBAC regularly.

To identify the BILH health priorities, the Community Benefits and Community Relations teams from all 10 hospitals came together to discuss existing priorities and programs. The aim was to balance the need for hospitals to continue to honor their existing partnerships while also working to strengthen program impact across the BILH system. While specific programs would not be mandated, data collection and measurements will be streamlined.

Through a collaborative process, the three BILH-wide health priorities selected were Social Determinants of Health (food insecurity, digital access), Behavioral Health (mental health and substance use), and Chronic and Complex Conditions (heart disease, diabetes, and cancer). One CBAC member asked if these health priorities were different than the ones the CBAC worked on for the Determination of Need (DoN) funds. Nancy explained that while the priorities are similar, this effort is focused more broadly on Community Benefits programs outside specific DoN funding streams.

Digital access was identified as an emerging health need in the SDOH category. Nancy asked the CBAC to weigh in with their thoughts on the relative importance of digital access to the community. Many CBAC members agreed that this was an emerging need. Members explained that access to digital tools has value beyond the health care sector, as it can be important for gaining stable employment, enrolling in food access programs, for education, and many other aspects of residents' lives. Several members also highlighted challenges for specific populations, including older people and non-English speakers. Many members shared that there are existing organizations working on this effort. Nancy thanked everyone for sharing their insights on the topic of digital access and told them they can email the Community Benefits team if they have any additional information to share.

Nancy then shared the timeline for aligning the health priorities over the next year. Next steps include finalizing the priorities and strategies and amending the Fiscal Year 2021 Implementation Strategy.

Following this, the health priorities strategies will be implemented at each hospital and metrics will be shared with the BILH Community Benefits Committee. Lastly, each hospital will collect baseline data and will report on the new indicators to their hospital CBAC's.

Community-based Health Initiative Updates

Robert began by giving a brief overview on the status of the Request for Proposal (RFP) for the Community-based Health Initiative (CHI). The RFP Letter of Intent (LOI) application, released in early August 2020, was closed on August 28th, 2020. A total of 95 organizations applied across the three funding tracks and the three health priority areas (Housing Affordability, Jobs & Financial Security, and Behavioral Health). Robert shared that there were multiple strong applications, making it a very competitive selection process. In the end, a total of 38 organizations were invited back to submit a full proposal for 16 possible grant opportunities.

Anna Spier, Manager of Community Benefits, BIDMC, provided an update on the fourth CHI funding area, Healthy Neighborhoods. Anna began by thanking five members of the CBAC who volunteered to be on a Healthy Neighborhoods workgroup to inform the process for this initiative. She then reminded the group that Healthy Neighborhoods will provide equal amounts of funding to each of the focus neighborhoods for the RFP: the Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury, and the City of Chelsea. This funding will be used to build neighborhood and resident capacity and facilitate collective action to address neighborhood-specific concerns.

BIDMC wants to ensure that the Healthy Neighborhoods grantees are held to similar standards as the CHI RFP. Anna then presented the criteria that will be used to determine if a future project/grantee is eligible to be funded. The criteria fell into four main categories: project alignment, community engagement and communication, project/program implementation, and evaluation. Anna proceeded to share a high-level overview of the process. BIDMC will issue a RFP for each neighborhood over the next several years. Neighborhood coalitions or a group of organizations that represent a variety of sectors will apply to be the backbone organization for this initiative. This group will need to commit to transparency and other requirements and will be selected by a subset of the Allocation Committee. The selected coalition would then engage the community in choosing a project(s) to fund that meets BIDMC's criteria that was shared previously. BIDMC believes that issuing an RFP for each neighborhood is the most effective and transparent route to take in order to disburse funds equitably. Anna explained that this will be an iterative process, which will allow for learning and improvement over time. One member voiced a concern about members of the selected coalitions, which are often associated with community-based organizations, and being favored for funding. Anna noted the concern and explained that multiple sectors will be required to be involved and that the RFP will be written to facilitate a fair and transparent selection process.

Conflict of Interest Policy

Robert then briefly reviewed BIDMC's Conflict of Interest (COI) policy. The goal of the COI is to protect the integrity of the CBAC. CBAC members are asked to disclose volunteer or governance roles, compensation arrangements, and/or material ownership or investment interests. Robert noted that these disclosures are not necessarily conflicts of interest but it is good practice to disclose, though disclosure will not necessarily preclude CBAC participation. The Community Benefits team will send out the COI forms once they are updated for Fiscal Year 2021.

Adjourn

Robert thanked the attendees for joining and reminded everyone that the next scheduled meeting is December 15 from 5-7 pm.