September 24, 2019
Meeting Packet

Meeting Agenda

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Agenda

New Inpatient Building (NIB) Community Advisory Committee (CAC)
Beth Israel Deaconess Medical Center (BIDMC)
Rabkin Board Room, Shapiro Building
Tuesday, September 24, 2019
5:00 PM – 7:00 PM

I. 5:00 pm – 5:10 pm	Introduction and Welcome
II. 5:10 pm – 5:25 pm	Public Comment Period
III. 5:25 pm – 5:40 pm	Evaluation Survey
IV. 5:40 pm – 5:55pm	Discussion of Healthy Neighborhoods Criteria
V. 5:55 pm – 6:25 pm	Allocation of Priorities
VI. 6:25 pm – 6:55 pm	Allocation of Sub-Priorities
VII. 6:55 pm- 7:00 pm	Summary/Next Steps

Meeting Slides

NEW INPATIENT BUILDING COMMUNITY ADVISORY COMMITTEE MEETING

Nancy Kasen
Director of Community Benefits

September 24, 2019

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Community Advisory Committee Goals and Votes

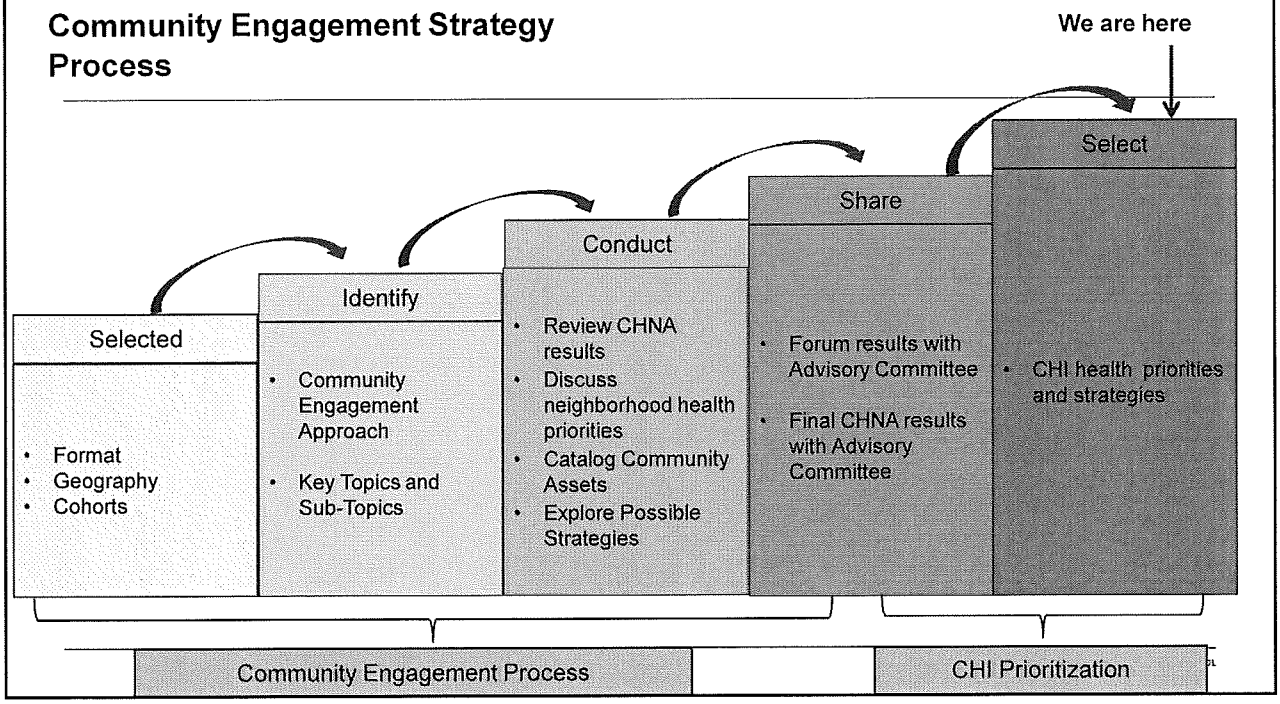
Goals for the meeting:

- Discuss Healthy Neighborhoods Criteria
- Discuss and vote on allocation of NIB CHI Priorities
- Discuss and vote on allocation of NIB CHI Sub-Priorities

Votes needed for:

- Approval of July meeting minutes
- NIB CHI Priorities Allocation
- NIB CHI Sub-Priorities Allocation

Community Engagement Strategy Process



Community Advisory Committee Public Comment

Welcoming Public Comments

Self-Evaluation
COMMUNITY ADVISORY COMMITTEE

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

HEALTHY NEIGHBORHOODS DISCUSSION

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Discussion of Healthy Neighborhoods
Goal and Things To Keep in Mind

Goal tonight: Discuss the Healthy Neighborhoods Criteria

Things to keep in mind: MA DPH Framing Questions

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
- What might be any unintended consequences?

Discussion of Healthy Neighborhoods
Suggested Criteria

Healthy Neighborhoods

Healthy Neighborhoods
- Access to Care
- Built Environment
- Environmental Health
- Other SDOHs
- Violence Prevention

Criteria	
Eligibility	• Define your priority population • Demonstrate evidence-based data • Demonstrate community support
Alignment	• Access to Care • Built Environment • Environmental Health • Violence Prevention • Other Social Determinants of Health
Implementation	• Evidence-based or evidence-informed strategies for implementation • Defined outcome measures
Evaluation	• Address plan to collect, monitor, track and report your outcome measures • Reporting requirements

Discussion of Healthy Neighborhoods Suggested Criteria Continued

Healthy Neighborhoods

Healthy Neighborhoods
- Access to Care
- Built Environment
- Environmental Health
- Other SDOHs
- Violence Prevention

Criteria	
Communication	• Plan to ensure neighborhood awareness, knowledge and participation • Provide who, what, when, where for outreach, education, engagement/recruitment
Community Engagement/Impact	• Grassroots effort • Residents Guiding and Informing Process • Widespread Support • Addressing Barrier to Participation
Sustainability	• Develop a viable plan to ensure project success after funding ends • Define partners and resources needed • Implement intentional sustainability conversations

Discussion of Healthy Neighborhoods Suggested Criteria Continued

Added on 9/24/19 by the Advisory Committee

Healthy Neighborhoods

Healthy Neighborhoods
- Access to Care
- Built Environment
- Environmental Health
- Other SDOHs
- Violence Prevention

Criteria	
Organizational Capacity	• TBD
Cross Collaboration	• TBD
Outcome Measures	• TBD

ALLOCATION DISCUSSION: CHI PRIORITIES

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Advisory Committee Polling

Text: 22333
Contents of message:
ALECMCKINNEY414

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Allocation for CHI Priorities
Goal and Things To Keep in Mind

Goal tonight: Discuss and vote on allocation of NIB CHI Priorities

Things to keep in mind: MA DPH Framing Questions

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
- What might be any unintended consequences?

Allocation for CHI Priorities
CHI Priority Areas

Amended and Voted 9.24.19

Voted 6.25.19

Voted 7.23.19

Housing

- Affordability
  - Home Ownership
  - Homelessness
  - Rental Assistance

Jobs & Financial Security

- Education / Workforce Development
- Employment opportunities
- Income/Financial supports

Behavioral Health

- Mental Health
- Substance Use

Healthy Neighborhoods (7 Communities)

- Access to Care
- Built Environment
- Environmental Health
- Other SDOHs
- Violence Prevention

Overview of the Advisory Committee Meeting Process

1. The JSI Facilitator provided a sample allocation plan and encouraged the Advisory Committee to think strategically about the allocation plan. The Advisory Committee had an open discussion on possible allocation plans (slides 19 – 25).
2. Voting members of the Advisory Committee polled on proposed allocation plans (slide 26)
3. Advisory Committee discussed top results based on the polling
4. Voting members of the Advisory Committee repeated the poll with the top three plans (Slide 28)
5. Advisory Committee had a final discussion on the polling results
6. Voting members of the Advisory Committee voted to approve a plan (slide 30)

Allocation for CHI Priorities
Advisory Committee Discussion & Polling

Discussion Question: What allocation percentages for the priorities should we consider?

Conduct first poll with proposed allocation amounts

Sample: Even Split

Equal Distribution of $20M Across All Priority Areas

Housing	Jobs & Financial Security	Behavioral Health	Healthy Neighborhoods (7 Communities)
25% $5 Million	25% $5 Million	25% $5 Million	25% $5 Million (~$700K/Community)

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Advisory Committee Suggestions

XXXXXXXXXXXXXXXXX

Housing	Jobs & Financial Security	Behavioral Health	Healthy Neighborhoods (7 Communities)
XX% $XX.X Million	XX% $XX.X Million	XX% $XX.X Million	XX% $XX.X Million ($X.XXK/Community)

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Advisory Committee Suggestion 1

40 x 30 x 15 x 15

40% $8.0 Million	30% $6.0 Million	15% $3.0 Million	15% $3.0 Million ($428.6K/Community)
Housing	**Jobs & Financial Security**	**Behavioral Health**	**Healthy Neighborhoods (7 Communities)**

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

Advisory Committee Suggestion 2

50 x 30 x 10 x 10

50% $10.0 Million	30% $6.0 Million	10% $2.0 Million	10% $2.0 Million ($285.7K/Community)
Housing	**Jobs & Financial Security**	**Behavioral Health**	**Healthy Neighborhoods (7 Communities)**

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

Advisory Committee Suggestion 3

20 x 20 x 20 x 40

Housing	Jobs & Financial Security	Behavioral Health	Healthy Neighborhoods (7 Communities)
20% $4.0 Million	20% $4.0 Million	20% $4.0 Million	40% $8.0 Million ($571.4K/Community)

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

Advisory Committee Suggestion 4

35 x 25 x 25 x15

Housing	Jobs & Financial Security	Behavioral Health	Healthy Neighborhoods (7 Communities)
35% $7.0 Million	25% $5.0 Million	25% $5.0 Million	15% $3.0 Million ($428.6K/Community)

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

Advisory Committee Suggestion 5

10 x 15 x 35 x 40

Housing	Jobs & Financial Security	Behavioral Health	Healthy Neighborhoods (7 Communities)
10% $2.0 Million	15% $3.0 Million	35% $7.0 Million	40% $8.0 Million ($1.1M/Community)

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

Advisory Committee Suggestion 6

30 x 30 x 30 x 10

Housing	Jobs & Financial Security	Behavioral Health	Healthy Neighborhoods (7 Communities)
30% $6.0 Million	30% $6.0 Million	30% $6.0 Million	10% $2.0 Million ($285.7K/Community)

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

Advisory Committee Suggestion 7

60 x 20 x 10 x 10

60%	20%	10%	10%
$12.0 Million	$4.0 Million	$2.0 Million	$2.0 Million ($285.7K/Community)
Housing	**Jobs & Financial Security**	**Behavioral Health**	**Healthy Neighborhoods (7 Communities)**

• Affordability
  • Home Ownership
  • Homelessness
	• Education / Workforce Development
	• Employment opportunities
	• Income/Financial supports
		• Mental Health
		• Substance Use
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

Suggested on 9/24/19 by an Advisory Committee Member

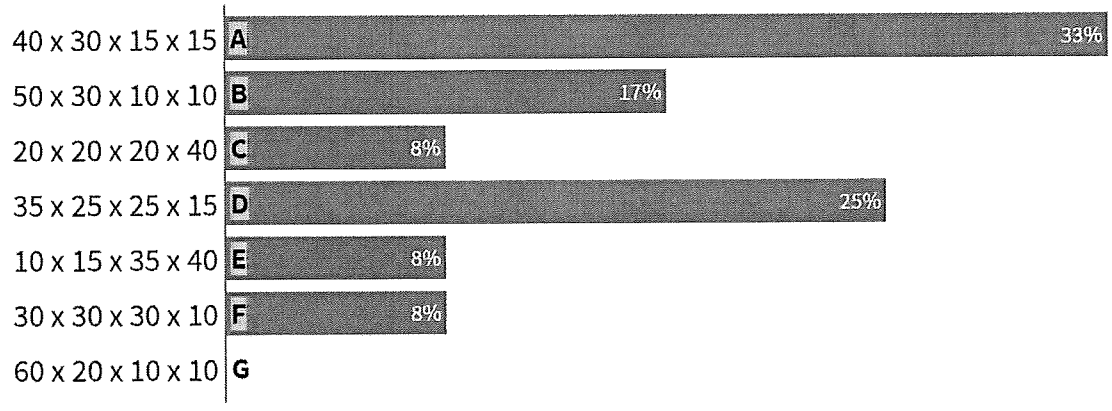
Beth Israel Deaconess Medical Center | Harvard Medical School Teaching Hospital

Respond at **PollEv.com/alecmckinney414**

Text **ALECMCKINNEY414** to **22333** once to join, then **A, B, C, D, E...**

Housing, Jobs, Behavioral Health, Healthy Communities

Results from the Advisory Committee polling for the allocation of health priorities



Beth Israel Deaconess Medical Center | Harvard Medical School Teaching Hospital

Allocation for CHI Priorities
Discussion & Polling

Review first poll results with proposed allocation amounts

Based on polling results:

Discussion Question: Is there consensus on allocation amounts that members feel should be prioritized by CAC?

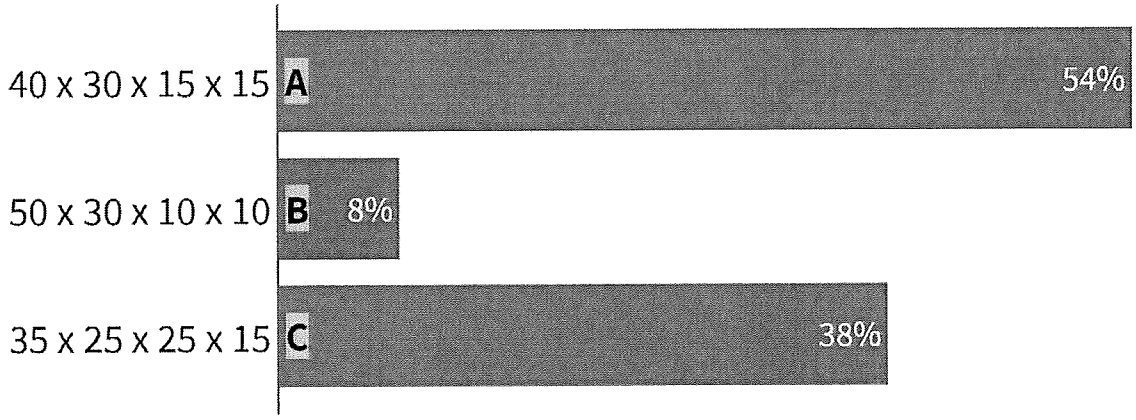
Conduct Second poll

Respond at **PollEv.com/alecmckinney414**

Text **ALECMCKINNEY414** to **22333** once to join, then **A, B, or C**

Housing, Jobs, Bx. Health, Healthy Communities

Results from the Advisory Committee polling for the allocation of health priorities



Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Allocation of CHI Sub-Priorities
Discussion & Polling

Based on polling results:

Discussion Question: Is there consensus on allocation amounts that members feel should be prioritized by CAC?

Consensus among the Advisory Committee reached through discussion and polling

Final Decision:
Voted on September 24, 2019

40% $8.0 Million	30% $6.0 Million	15% $3.0 Million	15% $3.0 Million ($428.6K/Community)
Housing	**Jobs & Financial Security**	**Behavioral Health**	**Healthy Neighborhoods (7 Communities)**

• Affordability
  • Home Ownership (20%)
  • Homelessness (40%)
  • Rental Assistance (40%)
	• Education / Workforce Development (85%)
	• Employment opportunities (10%)
	• Income/Financial supports (5%)
		• Mental Health (50%)
		• Substance Use (50%)
			• Access to Care
			• Built Environment
			• Environmental Health
			• Other SDOHs
			• Violence Prevention

ALLOCATION DISCUSSION: SUB-PRIORITIES

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Overview of the Sub-Priorities Allocation Process

1. The Advisory Committee had an open discussion on the sub-priorities for each priority area
2. The Advisory Committee discussed the impact each sub-priority may have on the community
3. Members proposed allocation plans
4. Voting members of the Advisory Committee voted on an allocation plan for each sub-priority area

Selection of CHI Sub-Priorities Recommendation

Advisory Committee voted to approve on 9/24/19

Housing

Housing
- Affordability
  - Homelessness
  - Home Ownership
  - Rental Assistance

Sub Priorities	Suggested Allocation
Affordability (Homelessness)	40%
Affordability (Home Ownership)	20%
Affordability (Rental Assistance)	40%

Selection of CHI Sub-Priorities Recommendation

Advisory Committee voted to approve on 9/24/19

Jobs and Financial Security

Jobs / Financial Security
- Education / Workforce Development
- Employment opportunities
- Income / Financial supports

Sub Priorities	Suggested Allocation
Education/ Workforce Development	85%
Employment Opportunities	10%
Income /Financial Supports	5%

Selection of CHI Sub-Priorities Recommendation

Advisory Committee voted to approve on 9/24/19

Behavioral Health

Behavioral Health
- Mental Health
- Substance Use

Sub Priorities	Suggested Allocation
Mental Health	50%
Substance Use	50%

Community Advisory Committee Wrap Up

Advisory Committee Responsibilities / Meeting Agendas:

Meeting Date	Meeting Deliverables
September 24, 2019	• Discuss neighborhood criteria • Finalize allocation for CHI funding priorities and sub-priorities
October 22, 2019	• Finalize Allocation Plan for CHI Funds • Review Draft of DPH required *Health Priorities Strategy Form*
January 28, 2020	• RFP Process Discussion • Update on Health Priorities Strategies

Draft Healthy Neighborhoods Planning Process Criteria & Guidelines

Updated 9/17/2019

DRAFT

Healthy Neighborhoods
Planning Process
Criteria & Guidelines

Criteria for Application:

Eligibility	• Define your priority population to be impacted • Demonstrate evidence-based data to support your proposal • Demonstrate community support for your proposed initiative
Alignment	• Program/intervention should be in alignment with one of the following: o Access to Care o Built Environment o Environmental Health o Violence Prevention o Other Social Determinant of Health
Implementation	• Evidence-based or evidence-informed strategies for implementation • Defined outcome measures
Evaluation	• Address plan to collect, monitor, track and report your outcome measures o Include available data sources • Reporting requirements to include: o Monthly progress and challenges o Technical assistance that would be helpful to your program implementation
Communication	• What is your plan to ensure neighborhood awareness, knowledge and participation in your initiative? • Provide Who, What, Where, When and How for the following communication components: o Outreach o Education o Engagement/recruitment
Community Engagement/Impact	• Consider the following as you address the questions below: o Who will benefit from your initiative? o Who is harmed by the issue you are addressing? o Are racial outcomes different? o Does this proposed strategy address racial or other inequities by helping to dismantle structural racism or other structural causes of inequity (i.e. policy or systems change)? o Who influences this issue in your community? o Who makes decisions that affect this issue in your community? o What might be the unintended consequences of your initiative? • How will you generate support for your initiative? • How will you ensure broad engagement from your community?
Sustainability	• How will your initiative be sustained after grant funding ends? o Define long-term impact of initiative o Theory of Change exercise – how will you get there?

	o List partners and resources needed o Implement intentional sustainability conversations

Guidelines for Implementation:

- Participation in a learning community that will include a cohort of neighborhood programs and initiatives. This learning community will address the following processes and procedures to help facilitate successful project planning, implementation, evaluation and sustainability:
  - Stakeholder engagement
    - How to engage, recruit and keep community partners
    - How to address barriers to participation
    - Opportunities for engagement
  - Define tasks and timelines
  - How to establish ownership
    - Define and communicate roles and responsibilities
  - Outreach and communication
    - Consider the what barriers there may be to communication and engagement in your neighborhood. Identify the barrier/s and how you would address it/them.
    - What are the best platforms for communication in your neighborhood?
    - Where is the best place to communicate in your neighborhood?
  - Evaluation tools
    - Data/metrics
      - Sources
      - Sharing
      - Collecting
    - Monitoring and tracking mechanisms
    - Quarterly reporting
  - Sustainability resources
    - What infrastructure do you have in place to support your initiative?
      - Leadership group or Coalition
        - Roles
        - Responsibilities
    - Do you have a collaborative agreement with your stakeholders?
      - How will you share information?
      - How will you engage participation?
      - What are your operating principals?
      - How will you make decisions?
      - How will you identify resources and opportunities for collaboration?
    - What is your plan for internal and external communication?
      - Platform
      - Frequency
      - Expectations on communication and participation

- Identify resources available from participating organizations
  - Space
  - Staff
  - Funding

Allocation Context and Considerations

New Inpatient Building (NIB) Community Advisory Committee

Allocation Context and Considerations

One of the primary goals for the September 24th Advisory Committee meeting is to reach agreement on the proportion of the BIDMC CHI funding to be allocated to each of the agreed upon priority and sub-priority areas.

Housing	Jobs/Financial Security	Behavioral Health	Healthy Neighborhoods
• **Affordability** o **Homelessness** o **Home ownership**	• **Education/workforce development** • **Emp. opportunities** • **Income and financial supports**	• **Mental health** • **Substance use** (Inclusive of Behavioral Health Access)	• **Violence prevention** • **Built environment** • **Environmental health** • **Access to care** • **Other SDOH's**

At our last meeting, the Advisory Committee began deliberations on the relative merit of allocating more funds to one category than another category. A number of allocation options were considered but there was no clear consensus. As a result, it was suggested that the Advisory Committee allocate funds evenly, 25% of funding to each category. While this may seem fair and expedient, it may not lead to the most strategic outcome and greatest impact.

The following table summarizes some of the pros and cons related to burden, equity, impact, feasibility and collaboration for each priority area. It is a good faith effort to provide some context and considerations for the Advisory Committee prior to the meeting in order to support the Advisory Committee's deliberations at the meeting.

Burden, Equity, Impact, Feasibility, and Collaboration

Priority Area	Pros for Enhanced Allocation	Cons for Enhanced Allocation
Housing	• **Burden:** Single most common need identified by Citywide CHNA and cited during CHI community engagement sessions • **Feasibility:** Substantial community support, potential partnerships, and existing infrastructure; Potential to leverage City linkage funds though BIDMC cannot direct these funds • **Equity:** Substantial opportunity to promote equity and address disparities • **Collaboration:** Substantial opportunity for collaboration and partnership within and across sectors	• **Impact:** Magnitude of problem and financial needs required may limit the CHI's ability to have an impact o Studies show that every additional unit of low income housing capacity, costs $160 - 200K to generate; 5-6 units per $1 Million allocated o Housing rules may prevent the Advisory Committee from directing $s to CBSA and/or target populations o Body of evidence shows that impact relies on leveraging other funding, which may reduce the Advisory Committee's abilities control and direct investment

Jobs and Financial Security (Inclusive of Education)	• **Burden:** Second most common need cited during community engagement sessions; Substantial evidence of need from Citywide CHNA • **Feasibility:** Substantial community support, potential partnerships, and existing infrastructure; Can leverage City Linkage dollars as BIDMC will be working/directing these funds; Ability to focus and direct investment on specific communities. Core strength of BIDMC's with significant success, in-house expertise and infrastructure. • **Collaboration:** Substantial opportunity for collaboration and partnership within and across sectors • **Equity:** Opportunity to promote equity and address disparities • **Impact:** Diverse array of evidence-informed programming that can be focused to create a mutually reinforcing agenda	• **Impact and Feasibility:** o Any impact with respect to making communities or certain population segments more financial secure will take time o Initiatives related to education reform, including partnerships with the Boston Public Schools will be challenging.
Behavioral Health	• **Equity:** Opportunity to promote equity and address disparities • **Feasibility:** Substantial body of evidence-based programming and existing infrastructure • **Collaboration:** Substantial opportunity for collaboration and partnership within and across sectors • **Impact:** Diverse array of evidence-informed programming that can be focused to create a mutually reinforcing agenda; Evidence shows that addressing behavioral health issues has clear and substantial impacts on other, underlying social determinants of health (e.g., housing, financial security, education)	• **Burden:** Third most common need cited by community • **Impact:** Magnitude of problem and financial needs required may limit the CHI's ability to have an impact
Healthy Neighborhoods	• **Burden:** Some communities ranked elements of this priority very highly (e.g., violence prevention, food access, environmental health, fitness/nutrition, access to care/services) • **Collaboration:** Substantial opportunity for collaboration and partnership within and across sectors; Opportunity to engage residents, particularly those not usually included, and service providers in a focused, community-driven process • **Equity:** Opportunity to promote equity and address unique disparities through a community-driven process, involving hard-to-reach • **Feasibility:** Substantial community support, potential partnerships, existing infrastructure; Ability to target investments to diverse needs of specific communities • **Impact:** Diverse array of evidence-informed programming that can be focused to create a mutually reinforcing agenda	• **Burden:** Some communities ranked elements of this priority very highly, but overall least common need cited by community • **Impact:** Community-driven processes can be inefficient and challenging to manage, which could limit impact; Funding in this priority area would be distributed across 7 communities, which could dilute impact, unless a substantial funds were invested in this area • **Feasibility:** Some communities may not have the infrastructure or face challenges in access to the diverse range of "community voices" necessary to meet the funding criteria

July 23rd Meeting Minutes

New Inpatient Building (NIB) Community Advisory Committee (CAC)
Meeting Minutes
Tuesday, July 23, 2019, 5:00 PM – 7:00 PM
BIDMC East Campus
Leventhal Conference Room, Shapiro Building

Present: Elizabeth (Liz) Browne (by telephone conference), Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Patricia (Tish) McMullin, Holly Oh, MD, Joanne Pokaski, Jane Powers, Luis Prado, Edna Rivera-Carrasco, Richard Rouse, Jerry Rubin, LaShonda Walker-Robinson, and Fred Wang

Absent: Tina Chery, Phillomin Laptiste, Theresa Lee, Alex Oliver-Davila

Guests: Alec McKinney, John Snow Inc. (JSI), Senior Project Director; Madison MacLean, JSI, Facilitator

Public: Several community members attended.

Welcome

Nancy Kasen, Director of Community Benefits, Beth Israel Deaconess Medical Center (BIDMC), welcomed everyone to the meeting and asked for a volunteer to share why they are involved in the Community Advisory Committee (Advisory Committee).

Richard Giordano, Director of Policy and Community Planning, Fenway Community Development Corporation, shared that he is passionate about improving housing in Boston. He recently heard Megan Sandel speak about Boston Medical Center's housing initiative. He hopes that BIDMC will follow suit.

Next, the minutes from the June 25th Advisory Committee meeting were reviewed and accepted.

Public Comment Period

Nancy entered into record two written public comments that were given to the Advisory Committee five business days prior to the meeting. Comments were received from Susan Chu, Executive Director, Chinese Consolidated Benevolent Association of New England (CCBA) and Angie Liou, Executive Director, Asian Community Development Corporation.

Nancy then introduced the oral public comment period. She reminded everyone that the Advisory Committee allotted a total of fifteen minutes per meeting (maximum of three minutes per individual) for individuals from the community to share their thoughts with the

Advisory Committee. Individuals sign up to speak at the meeting. Slots were allocated on a first come, first served basis. Nancy shared that if time runs out before the individual finishes, or there are no more spots available for oral comments, the Advisory Committee welcomes written public comments. All written comments will be shared with the Advisory Committee prior to the next meeting if received at least five business days before the next Advisory Committee meeting.

Dr. Kahris White-McLaughlin, a lifelong resident of Roxbury, shared comments with the Advisory Committee. She was present at the Roxbury/Mission Hill community meeting and the June 25th Advisory Committee meeting and felt as though education should be prioritized by the Advisory Committee. Dr. White-McLaughlin explained that access to education gave her an opportunity to develop professionally and led her to serve as President of the Metropolitan Council for Educational Opportunity, Inc. (METCO) Board. She explained that education is the least expensive way to help residents. Dr. White-McLaughlin mentioned a Boston Globe article that shared stories of 15 racially and ethnically diverse valedictorians from Boston Public High Schools. The story highlighted that graduates did not feel ready for life after high school. She explained that the Boston Public School system needs to create a new process for educating students. She believes there are many ways BIDMC can help improve education in Boston.

Radiology

Alec introduced Kelly Hart, a member of BIDMC's Radiology team, who was presenting on a new Computed Tomography (CT) scanner for BIDMC's West Campus. There are three CT scanners on BIDMC's West Campus; one for emergency visits, one for inpatient and outpatient use, and one for procedures. Currently, all three CT scanners are at capacity, creating multiple challenges. This leads to long wait time for patients; on average procedures for cancer diagnoses are scheduled up to 10 days in advance, with cancer treatments scheduled up to 6 weeks in advance. Outpatient visits are diverted to other campuses, requiring sick patients to travel between doctors' offices and the CT scanner. Additionally, if a scanner goes down it can take a few hours or a few days to be repaired, causing services to be delay/canceled. Adding a new scanner will reduce wait time for inpatients and create more availability for outpatients, leading to faster diagnoses and treatments. Additionally, if there are equipment issues, services would not have to be suspended. One committee member asked what happens if the new machine has equipment issues. Kelly explained that if this happens, there would be fewer delays since there would be three other machines.

Kelly and her colleague Dr. Bettina Siewert asked if there were any questions. One committee member asked if other hospitals were having this problem. Kelly and Dr. Siewert said that other local hospitals are having this problem, and have invested in new CT machines. One member asked how much a CT scanner cost. Kelly explained that it cost approximately $2.2 million, but the money for the new machines has already been allocated. Nancy explained that the new CT scanner would result in BIDMC having to complete a new Determination of Need (DoN) and the required 5% of the Total Capital Expenditure (TCE) would ideally be combined with the current Community-based Health Initiative funding for the New Inpatient Building.

Alec thanked Kelly and Dr. Siewert for sharing information on the new CT scanner.

NIB CHI Priorities and Sub-Priorities

Alec explained to the Advisory Committee that during this meeting, they would work to reach consensus on the health priorities and narrow the sub-priorities down to two or three per priority area. Alec reminded the Advisory Committee that at the June 25th meeting there was a preliminary vote to accept housing, jobs and financial security, and behavioral health (mental health and substance use) as priorities, with a fourth topic pending discussion at the July 23rd meeting.

Alec summarized that at the last meeting, the Advisory Committee wanted to find a way to incorporate access to care, other social determinants of health, and violence prevention into the priority areas. Alec and Nancy proposed a category called healthy neighborhoods. They explained that this is a suggestion, and there should be a discussion among the Advisory Committee. This priority would allow for the seven communities (Allston/Brighton, Bowdoin/Geneva, Chelsea, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury) to have their own community-driven/led prioritization process. The Advisory Committee would set parameters and criteria on how the funds could be used. Questions came up regarding the subtopics proposed for healthy neighborhoods. Nancy explained that since needs were different based on the demographics and geography, the subtopics represented the potential areas that could be prioritized by the individual neighborhoods based on the needs identified through the Boston CHNA/CHIP Collaborative's work and BIDMC's community meetings. Many Advisory Committee members felt this category encompassed what was discussed at the June 25th meeting. A few concerns were raised regarding this priority including that it could be difficult to achieve; if the investment is not substantial enough, it would not make significant positive change in addressing the identified needs, potentially, creating more harm than good. Additionally, the Advisory Committee thought that this method could be reinventing the wheel and would take time to get it started. Another Advisory Committee member felt that healthy neighborhoods was the most important priority area from a Public Health perspective, adding that this priority moves beyond organizations and creates social cohesion among the community. A motion was made to accept housing, jobs and financial security, behavioral health (mental health and substance use) and healthy neighborhoods as priorities. The motion was seconded. Of the eleven voting members present, ten voting members voted in favor of the priorities passing, and one voting member abstained. The motion passed.

The Advisory Committee then moved into narrowing down the sub-priorities for each priority area. Alec informed the committee that the recommended sub-priorities and strategies are not an exhaustive list, and were based on the Advisory Committee's requests to provide and synthesize evidence-based strategies found through a literature review. Many of the sub-priorities and strategies were identified and/or included in the Boston CHNA/CHIP Collaborative prioritization and planning processes. He reminded the Advisory Committee that the evidence-based strategies were sent out in the Advisory Committee meeting packet one week prior to the meeting. Nancy reminded the committee that all strategies selected for CHI funds will need to be evidence-based or evidence-informed.

Housing

Four housing sub-priorities were recommended to the Advisory Committee; affordability, homelessness, home ownership, and gentrification/displacement

The Advisory Committee did not feel they had the capacity to create change in housing gentrification and displacement; rather this change is rooted in government policy. One member recommended removing this topic. The Advisory Committee was in agreement and removed gentrification and displacement as a sub-priority for housing.

One Advisory Committee member mentioned that many of the evidence-based strategies given to the committee prior to the meeting were mainly focused on housing individuals with substance use disorders. Though important, this individual emphasized there needs to be discussion and strategies related to affordable housing for all individuals. There was discussion around the overlapping nature of the three sub-priorities; affordability, homelessness, and home ownership. The Advisory Committee questioned what impact for these sub-priorities would look like and how much of an investment would need to made to have an impact.

After discussion among the Advisory Committee, polling technology was used to see if there was a consensus on the selection of sub-priorities. Preliminary polling results showed that affordability was the top priority, with homelessness and home ownership ranked second to affordability, and equally important to one another. After further discussion, it was recommended to fold home ownership and homelessness into affordability, making "affordability, with home ownership, and homelessness as subtopics" the sub-priorities. A motion was made to accept "affordability, with home ownership, and homelessness as subtopics" the sub-priorities. The motion was seconded and all members were in favor. The motion passed.

Jobs and Financial Security

Three jobs and financial security sub-priorities were recommended to the Advisory Committee; education/workforce training, employment opportunities, and income/financial supports.

One member recommended changing the term workforce training to workforce development because it encompasses a broader range of workforce opportunities. The Advisory Committee agreed with this change. A few members asked about the difference between employment opportunities and bridge programs, a potential strategy under education and workforce development. An Advisory Committee member who works in career development explained that employment opportunities are about creating jobs and subsidizing jobs for those who may have difficulty finding them. Bridge programs help individuals with low skills grow into higher level positions. The Advisory Committee then began discussing income/financial supports. Some members were uncertain if the potential strategies were relevant to the work they want to accomplish and that some tactics such as micro-finance programs were a risky investment.

After discussion among the Advisory Committee, polling technology was used to see if there was a consensus on high versus low sub-priorities. Preliminary polling results showed that education/workforce development was the top priority, with employment opportunities and income/financial support ranked second to education and workforce development and equally important to one another. A motion was made to accept all three priority areas; education/workforce development, employment opportunities, and income/financial support. The motion was seconded. Ten voting Advisory Committee members were in favor of the sub-priorities passing, and one voting member abstained. The motion passed.

Behavioral Health

Three behavioral health sub-priorities were recommended to the Advisory Committee; mental health, substance use, and access to services.

The Advisory Committee members requested clarification on the definition of access to services. Alec explained that access to services, as recommended, is improving the availability of services and increasing the amount of providers in the workforce. Multiple members suggested that access to care can be a strategy under both mental health and substance use.

After discussion, a motion was made to accept mental health and substance use as sub-priorities with the caveat that potential strategies must include increasing access to services, including increasing workforce. The motion was seconded, and all voting members were in favor. The motion passed.

Healthy Neighborhoods

Alec discussed that healthy neighborhoods encompassed health priorities that varied based on neighborhood needs. Examples include topics such as access to care, social determinants of health, and violence.

Rather than determine sub-priorities, the Advisory Committee is tasked with creating a set of criteria that the community must meet to determine priorities and allocation. Alec and Nancy will draft an outline of criteria, and present it to the Advisory Committee for discussion at the next Advisory Committee meeting.

Allocation

Alec introduced the conversation for allocation of the priorities and sub-priorities. He explained that this will be voted on at the next Advisory Committee meeting. Given the Advisory Committee's request at the April 9th meeting to be given proposals to which they can react, Nancy and Alec provided a straw-model for the potential allocation discussion. The straw-model included 35% jobs and financial security, 15% housing, 20% behavioral health, and 30% healthy neighborhoods. Both Nancy and Alec emphasized that this was just a starting point for discussion. She explained that jobs and financial security and behavioral health both influence housing opportunities, which is why these priorities have a larger distribution of funds compared to housing. Likewise, she explained the significant desire and requirement for achieving impact and the belief that employment and financial stability/security and building wealth are key opportunities for impact.

A few members felt that more money should be allocated for housing. One recommendation was to give 60% of funds to housing, 20% to healthy neighborhoods, 10% to jobs and financial security, and 10% to behavioral health. There was also discussion about raising housing from 15% but less than 60%. Other members advocated for allocating more money to jobs and financial security because without a stable income, even if there is subsidized housing, people would not be able to afford it. Another recommendation was to have an even split of 25% per priority area.

Prior to the meeting ending, Alec reminded everyone that they will be voting on the allocation plan at the next Advisory Committee meeting.

Adjourn

Alec thanked the public for joining and for sharing their thoughts with the Advisory Committee. He stated that after the meeting, the Community Benefits team will resend the data collected by the Collaborative. Alec thanked the committee for their dedication and he reminded everyone that the next Advisory Committee meeting will be held on September 24th.

Public Comments

Updated 9/13/19

[redacted]

Jamie Goldfarb
CHI Program Administrator
330 Brookline Ave.
Boston MA 02215

July 23, 2019

Dear Ms Goldfarb,

Enclosed are ideas for community benefits developed by myself, a Fenway resident. I am happy to discuss these ideas with you further.

My main goal was to find ideas that were sustainable, addressed equity and would work well with other benefits. I am also interested in learning about other ideas, including ideas that reached a similar goal.

Thank you for your time and work.

regards,
Lisa Jeanne Graf
(a resident of the Fenway for about 30 years)

Community Benefit Ideas for Beth Israel Deaconess Medical Center

by Lisa Jeanne Graf (A Fenway resident)

For this proposal my three main goals are sustainability, equity and interconnectedness.

Sustainability
The goal is for the money that is spent on community benefits to be as close as possible to a permanent benefit.

Equity
Boston is a city of haves and have-nots. Instead of offering community benefits to only the neighborhoods where BIDMC has a presence, I think that community benefits should be available for all Boston residents for the sake of equity.

One could also argue that benefits should be available for all Boston residents because many have at least one connection to those neighborhoods, either through work, where they live, where they get their health care, or where they or their child goes to school.

Interconnectedness
Education, Income, housing, and health are all tied together. Each of these issues can affect the others. There could be a brochure listing all the benefits available in one place. A Boston resident could then have access to more than one benefit if needed.

Benefit: Education

1. **Partnership with Boston Public Schools for a Preschool(s)**
   One location could be in the new building that will be built in the Fenway West Campus. Buildings throughout the city, that are owned by BIDMC, could also be used. Teachers could be Boston Public School teachers. There could also be student teachers from BU (who recently merged with Wheelock College). Families that could use the preschool would include families from all Boston neighborhoods, including staff.

2. **Career Pipelines**
   Currently BIDMC offers career pipelines for staff. This could be expanded to include Bostonians that are interested in working in a new field at BIDMC.

Benefit: Financial Security and Income

1. There could be an **outreach to autistic residents for jobs** at BIDMC. Staff could get training in differences in social styles to cut down on misunderstandings as neurotypical social styles and autistic social styles are different. This is especially important for HR as they should not hold it against an applicant if they don't do well with small talk and eye contact. Also where possible it would be ideal to not have fluorescent lights, and open floor plans in work areas as both are not comfortable from a sensory standpoint.

2. **Hire a more diverse workforce** from the Boston neighborhoods, and make sure that is equally true for the jobs with higher pay scales. Some priorities could include residents that are homeless, disabled, have families and are low income. Racial, cultural and LGBTQ diversity are also important. Ideally it would be tracked how many employees live in the city and have a goal to have most hires go to city residents.

4. The new BIDMC building will need artwork on the walls. It would be great if there were spaces where **local artists could hang their work** and receive a rental fee from the hospital.Their work could also be available for sale. If an artwork sold the artist would need to replace the sold artwork with a new one. This would be a win win set up.

Benefit: Housing

1. Investments in the Fenway Community Development Corporation, the Allston Brighton Community Development Corporation and other similar groups would be a good way to invest in mixed income, inclusive housing (I would recommend co-ops). This would be a **sustainable** use of funds as the housing would remain a resource for the neighborhood permanently.

2. Developing Housing for Seniors with a preschool on site. This would address two needs of a community at once.

Benefit: Physical Health

1. **Primary care** appointments would be available for evenings and weekends. This could be sustainable as it would be a way for BIDMC to gain more patients, and income as well.

2. **Urgent Care** would be available as well (and not with an extra cost). An extra cost feels problematic because it only encourages patients with more money to get urgent care. Offering Urgent Care could also be a way for BIDMC to gain more patients, and income.

3. Have **Therapists** for behavioral health needs available at BIDMC, at times that are convenient so that workers do not need to change their work schedules to easily access therapy.

3. Funds could go to the parks department so that **fruit trees** could grow alongside sidewalks when new tree plantings are needed. BIDMC could pay the cost difference between the park's standard tree options, and fruit trees. This would not be a permanent benefit but it could be a long term benefit.

4. Have Sharps containers available at BIDMC available for pickup and then have places for drop off throughout the city.

5. Some Staff could be hired that are in walking distance of BIDMC to encourage **walking to work**.

Feel free to email me at lisa_jeanne_graf@msn.com

To: Ms. Marcia Fearon

From: Kahris White-McLaughlin, Ph. D.

Re: Beth Israel/Deaconess Medical Center's Community Initiatives

Date: July 30, 2019

In response to your request for community engagement and involvement, I attended Beth Israel and Deaconess Medical Center's Community Initiatives held at the Boston School Committee Building in June, and two Community Advisory Committee meetings in June and July, 2019. I have enjoyed the opportunity to participate in this most worthy venture as BIDMC broadens its relationship with various communities in Boston. I am a life-long resident of Roxbury and deeply interested in the access of urban youth to the most effective education. I believe that Beth Israel Deaconess Medical Center can play a significant role in ensuring that Boston youth have the foundation necessary to make them viable citizens within the Commonwealth.

As you know, there is discomfort throughout the Roxbury community concerning the educational process and progress of the youth that live there. Although each of the communities included in this initiative can certainly demonstrate how the children that live there need additional educational supports, I believe that a review of the outcome data of regular public schools which are located in Roxbury will show that there is an historical struggle to sufficiently educate children who live in and attend school in Roxbury, particularly those who may be black or brown. In fact, in the past year the Boston Globe chronicled the post-secondary lives of at least 15 valedictorians of Boston High Schools and noted that too many entered college unprepared. The issue of ineffective education did not begin in high school. There is also the issue of an effective preschool educational experience for economically-deprived children, the provision of which would ensure that children enter elementary school ready to learn.

I have included for your perusal the "Number 1 for Some" document that was submitted by the Boston National Association for the Advancement of Colored People (NAACP) and others to the Massachsuetts Department of Elementary and Secondary Education which outlined the reality that although Massachusetts Public Schools are rated as Number 1 in our nation, that opportunity and academic gaps that have beset historically marginalized children, many of whom as black and brown, have not been sufficiently diminished and, in fact, have increased. A further review of the Massachsuetts Department of Elementary and Secondary Education's school outcome data also demonstrates that urban students, and particularly brown and black boys, suffer higher suspension and expulsion rates which may ultimately lead to decreased on-time graduation rates and/or the failure to graduate from high school and an increase in mental health issues. Positive change for urban communities begins with healthy children who feel valued by the schools they attend and the surrounding community.

I am an educator and I am fully aware of the deficiencies that too often define the educational lives of children that live in my neighborhood. I have also been a participant in various educational endeavors and I know, with certainty, that philanthropic funding that is dedicated to the educational enhancement of urban students is money that is well-spent. I noted that in the advisory meetings that I attended in June and July that there was limited emphasis on equalizing the educational prospects of city children. I

would also note here that I am not advocating for Roxbury youth alone, but for all youth and families who are residents of the chosen communities.

At the conclusion of the meeting in July, I left with the impression that housing, mental health and adult job attainment and the related educational training under the umbrella of the realization of healthy neighborhoods were the final goals. The goals presented are all worthy goals indeed, but within a budget of over $22,000,000 that has been allotted for seven years, there was no provision for the children of the city that would lead to an increase in their academic achievement except in terms of internships that may or may not already exist. I am perplexed: If healthy communities is the final goal, and it should be, it appears that the efforts dedicated to the building of a healthy community should begin with access to effective health care for our vulnerable children and families bolstered by the provision of strategic educational initiatives that will render the children academically able to partake in the best academic programming that the Boston Public Schools offers regardless of their race, color, ethnicity, religion, home language, gender and/or socioeconomic status. At this point, the Massachsuetts Department of Elementary and Secondary Education and Boston Public Schools have conclusive data that children who are black and brown have less access to the examination schools of Boston, advanced work classes in elementary schools and advanced placement courses in regular high schools across the city. The opportunity gap and lack of access to other enrichment opportunities is largely the result of the race and socioeconomic status of children and their families.

During the July meeting, it was suggested that most of the funding should go to housing. I am not certain that 60% of the allotted funds should go to housing except in the case of policy oversight and development that will ensure equity and access to effective housing in the form of increased 401B legislation which ensures that 10% of the unites within any residential building project which has been given federal funds should be reserved to economically disadvantaged Boston residents.[1] In other words, unless home ownership is the end result, the Beth Israel Deaconess Medical Center Initiative could spend an exorbitant amount of money that would not provide a sustained life enhancement for the families who might benefit. Gentrification, which was removed from the list, is the real reason so many who have lived in the city can no longer afford to do so. The housing stock in Roxbury alone is prohibitive: the average home price is $500,000 and rent is an average of at least $1,300 per month; gentrification will irreparably change the racial and economic face of Roxbury and other Boston communities in the near future and the racial and economic change in Boston will be cemented within the next decade. I expect to one day soon live in a city which will be largely devoid of the rich diversity the city currently enjoys.

In the case of mental illness, a ride to the Boston's Southeast Expressway where the opioid crisis is imploding in such a visible way, will demonstrate that there is a need for help from the medical community in general. To address the various mental health issues of the city that exist because of the closure of mental health facilities, it will be important that a larger number of diverse practitioners enter the field of Public Health so that diverse communities will benefit from a care giver's authentic life experiences. I know that Beth Israel Deaconess Medical Center could effectively assist in educational efforts that will result in the recruitment, hiring and retention of a diverse public health staff that will result in viable community services that will produce a stronger and more resilient Boston Community.

[1] The suburban towns of Wayland and Lincoln, Massachsuetts have developed communities where 10% of the units are reserved for low-income people and the cost of the housing is subsidized according to income.

I believe that each of the identified areas should be addressed and funds should be allotted in a fair and inclusive manner. Last evening (July 30, 2019 at 5:00 p.m.), as I was waiting for the presidential debates sponsored by CNN to begin, I happened to view a story of effective philanthropy that was presented by Fox News on channel 25. Frequency Therapeutics located in Woburn, Massachusetts has a Project which sponsors Life Science Scholars who may be high school or college students. At any rate, one of the goals of the organization is to developed a cure for cancer and they, along with an organization called Kaleido, are sponsoring a diverse group of approximately 35 students to enhance their knowledge and later specialization in Science, Technology, Enlivening and Mathematics (STEM). I would like to do some further research on this avant-garde group, but I am certain that this is a program that Beth Israel Deaconess Medical Center could replicate and build upon with great success. I envision a program sponsored by the Medical Center that starts in the elementary schools where access to a STEM curriculum provides the foundation, continues to the Middle School where students might also prepare to take and pass the examination for entry to the examination schools and culminates with high school students who are ready to graduate college and career ready and embark on a career in the health field. This program could be carefully shaped and its results could be measured through student success and partnerships with area colleges and schools. It will also be important to ensure that students are provided the opportunity to build an effective resume thorough internships and actual employment with the Medical Center. Further, there is the opportunity to provide mentoring to new employees so that they can be both retained and promoted at the medical center.

This community initiative provides a unique opportunity for Beth Israel Deaconess Medical Center to enhance the life chances of students across the city of Boston. Research tells us that money spent on youth initiatives is money well-spent and is far less than efforts at remediation that occurs at later times in life. I respectfully request that at least a fourth of the funds allocated for this community initiative be allotted for youth in the pursuit of STEM knowledge that can result in permanent employment and the enhancement of the community in general. I hope that the initiative becomes so successful in the STEM education of Boston youth that the program will be replicated throughout our nation. In closing, I share with you a timeless quote from the late educator, African American Ronald R. Edmonds. He stated succinctly before his death in 1983:

> **We can, whenever and wherever we choose, successfully teach all children whose schooling is of interest to us. We already know more than we need to do that. Whether or not we do it must finally depend on how we feel about the fact that we haven't so far.**

This quote is still poignant today but the dream, 35 years later, has not yet been achieved. Although Beth Israel Deaconess Medical Center is not part of the Boston Public School structure, it is a teaching institution within the Harvard University Medical family. It is my sincere hope that the teachings of this austere institution can be shared with students who, if given the opportunity, can achieve their most lofty goals. In closure, I respectfully request that at least 25% of the funds can be dedicated to student academic growth and inclusion in public health as a career path; adult education, training and job security should also be included. Thank you for listening and please feel free to call me for clarifications at [redacted]