

**Community Benefits Advisory Committee (CBAC)**  
**Annual Community Benefits Public Meeting**  
**Meeting Minutes**  
**Tuesday, September 28, 2021, 5:00 PM - 7:00 PM**  
**Held Virtually Via Zoom**

**Present:** Alberte Altine-Gibson, Flor Amaya, Walter Armstrong, Maia Betts, Elizabeth (Liz) Browne, Alexandra Chery Dorrelus, Shondell Davis, Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Kira Khazatsky, Angie Liou, James Morton, Sandy Novack, Joanne Pokaski, Richard Rouse, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

**Absent:** Alex Oliver-Dávila, Triniese Polk, Jane Powers, Melody Route-Satchell

**Guests:** Carrie Jones, John Snow, Inc. (JSI), Project Coordinator; Emmy Porto, North Suffolk Mental Health Association, Director of Community-Based Services; Annie Rushman, Health Resources in Action (HRiA), Senior Associate; Karina Teixeira, YMCA of Greater Boston, Executive Director of Teen Development

21 members of the public were also in attendance.

**Welcome and Introductions**

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

Nancy introduced Maia Betts, Chief Behavioral Health Officer at The Dimock Center, as a new member to the Community Benefits Advisory Committee (CBAC), filling the role previously held by Holly Oh, MD.

Nancy also introduced Alberte Altine-Gibson, the Community Health Manager at The Bowdoin Street Health Center, as a new member to the CBAC, filling the role previously held by Phillomin Laptiste.

Nancy then welcomed Kira Khazatsky, the Chief Operating Officer at JVS to the CBAC. Kira fills the role previously held by Jerry Rubin.

The minutes from the June 22<sup>nd</sup> CBAC meeting were reviewed and accepted.

Nancy provided a brief overview of BIDMC's Community Benefits Service Area and priorities. Nancy then shared the four health priorities identified during the 2019 Community Health Needs Assessment (CHNA): social determinants of health, chronic disease management and prevention, access to care, and behavioral health. She also shared BIDMC's priority cohorts: older adults; youth and adolescents; racially/ethnically diverse/limited English proficiency; low-income; Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA+); and families affected by incarceration and/or violence.

**Public Comment**

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

## **Community-based Health Initiative Updates**

Anna Spier, Manager of Community Benefits at BIDMC, provided a brief overview of BIDMC's Community-based Health Initiative (CHI). Anna shared that through an extensive community engagement process the CBAC selected four priority areas for funding: Housing Affordability, Jobs & Financial Security, Behavioral Health, and Healthy Neighborhoods. Following the selection of the priorities, Boston-based organizations applied for funding through a Request for Proposals (RFP) process. Organizations applied to one of three funding tracks: cross-sector partnerships for systems change, focused investments, and capacity building seed funding. After a competitive process, BIDMC's Allocation Committee awarded 16 grantees approximately \$6.6 million in funding to address housing affordability, jobs and financial security, and behavioral health. Anna explained that the fourth priority area, Healthy Neighborhoods, is being conducted through a separate process and will be discussed later in the meeting. Additionally, the City of Chelsea was awarded a \$270,000 grant to address behavioral health.

In July, the 16 grantees completed their evaluation planning period and submitted a 6-month progress report to BIDMC. Overall, grantees appreciated having the 6-month planning period and felt it added value to their work. Many reported an increase in their evaluation capacity and appreciated the tailored assistance they received from the independent evaluator, Health Resources in Action (HRiA). Grantees also reported challenges such as program recruitment, hiring, and the impact that COVID-19 has had on their work. A few grantees also expressed wanting more opportunities to network with each other and BIDMC staff; in response to this request, BIDMC Community Benefits staff will be hosting a virtual grantee gathering at the end of October.

Anna then introduced Emmy Porto, Director of Community-Based Services at North Suffolk Mental Health Association (NSMHA). Emmy shared that NSMHA is using CHI funds to support a behavioral health program called Latino Community Advance Response Team (CART), a clinical intensive case management program exclusively for uninsured and underinsured Chelsea immigrant residents. Latino CART aims to increase access to behavioral health services and connect individuals to community resources to improve stability. Emmy shared program successes and challenges during the first year and how they are using a new evaluation tool to enhance their program.

Robert Torres, Boston Region Director of Community Benefits, Beth Israel Lahey Health, gave an update on the Healthy Neighborhoods Initiative. Robert explained the purpose of the Healthy Neighborhoods Initiative is to address the unique assets and needs of each community. The first two neighborhoods participating in this initiative are Bowdoin/Geneva in Dorchester and Fenway/Kenmore. The selected Collectives, Healthy Bowdoin Geneva and We're Here for You: Fenway/Kenmore, are currently conducting community engagement activities to inform their project selection. Both Collectives are also working with MXM Research Group, a minority and women-owned business enterprise (MWBE), to help guide the evaluation of the initiative.

## **FY 21 Community Benefits Program Updates**

Alberte provided a brief update on some of the Community Benefits work being done at Bowdoin Street Health Center (BSHC). At the beginning of the pandemic the health center recognized the need to increase access to food for high-risk patients and families. To address these needs, BSHC set up a food delivery program for members of their community to access fresh produce and other pantry items. Alberte also shared other food access programs run by BSHC such as Supplemental Nutrition Access Program (SNAP) enrollment (available to the entire neighborhood), a partnership with Fresh Truck, and farmers market coupons. Alberte also shared that one of their Community Health Workers applied for and

received a grant to restore an existing community garden. With the support of this funding and in-kind support from BIDMC, the garden has been renovated and continues to be a place where the community can come together.

Anna then introduced Karina Texiera, Executive Director of Teen Development at the YMCA of Greater Boston. The YMCA and BIDMC have established a partnership to pilot a nine-month youth program to engage six high school aged students in the upcoming Community Health Needs Assessment (CHNA) and Implementation Strategy (IS). Anna shared that in previous Boston CHNA cycles, the youth voice has been underrepresented. The aim of this program is to elevate and center the youth voice in the CHNA process and provide youth with a more meaningful “seat at the table.” Karina shared that the paid youth advisors will learn about the role of healthcare organizations, health equity, social determinants of health, community engagement and other related topics. Students will have the opportunity to apply these learnings by participating in a focus group, distributing surveys, and presenting to the CBAC. By the end of the program students will have gained workforce skills, engaged with their communities and informed the CHNA and IS.

### **FY 22 Community Health Needs Assessment (CHNA)**

Robert shared that all BILH hospitals, including BIDMC, are preparing for the launch of the tri-annual CHNA and IS. He explained that the CHNA is the hospital’s opportunity to work with the community, to deeply engage with residents across the CBSA and identify their leading and emerging health needs, and work collaboratively to address prioritized needs. Robert shared that the CHNA and IS will be rooted in equity, collaboration, engagement, and capacity building.

Robert then provided an overview of the timeline and opportunities for individual and community engagement. In collaboration with the Boston CHNA-CHIP Collaborative, a regional partnership with Boston-based hospitals, community-based organizations, and residents, BIDMC will conduct focus groups, key informant interviews, and possibly distribute community surveys. The information collected, in addition to secondary data, will inform the prioritization process that will happen at the community listening sessions in January 2022. The prioritization process is where the community will prioritize the needs identified during the data collection process and discuss strategies and solutions for how to best address the needs. Robert shared that survey collection across BILH will begin this fall and that the survey will be available in 11 languages.

John Snow, Inc (JSI), public health and health system consultants, were selected as the vendor to assist in conducting the CHNA and IS with all ten BILH hospitals. Throughout this process, BILH aims to build community capacity. To support this commitment, JSI is hosting facilitation trainings to share best practices for focus group facilitation. Robert shared that these sessions are open to individuals who will co-facilitate a CHNA focus group or listening session, and to individuals looking to build their confidence and capacity in facilitation.

### **Adjourn**

Jamie Goldfarb, Community Benefits Program Administrator at BIDMC, highlighted how people can contact the Community Benefits team. Jamie also shared resources and opportunities to participate in BIDMC’s CHNA and other regional assessment efforts. She then shared that the next BIDMC CBAC meeting will be held on December 14, 2021. Jamie thanked everyone for joining the meeting.