

**June 23, 2020**  
**Meeting Packet**

# Meeting Agenda

## Agenda

**Community Benefits Advisory Committee (CBAC)  
Beth Israel Deaconess Medical Center (BIDMC)  
[Zoom Virtual Meeting](#)  
Tuesday, June 23, 2020  
5:00 PM – 7:00 PM**

I. 5:00 pm – 5:05 pm	Welcome
II. 5:05 pm – 5:20 pm	Public Comments
III. 5:20 pm – 5:40 pm	Member Check-in
IV. 5:40 pm – 6:45 pm	Determination of Need Community- based Health Initiative and Discussion
V. 6:45 pm – 7:00 pm	Next Steps and Adjourn

# Meeting Slides

# Community Benefits Advisory Committee Meeting

Nancy Kasen  
Vice President, Community Benefits and Community Relations

June 23, 2020

Beth Israel Lahey Health 

Beth Israel Deaconess  
Medical Center



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## Community Benefits Advisory Committee Agenda

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### Meeting Agenda:

- Welcome
- Public Comment
- Checking In
- Determination of Need Community-based Health Initiative (CHI)
  - Funding options
  - Polling and discussion
- Discussion and Q&A

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## Community Benefits Advisory Committee Rules

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### Housekeeping

- The public comment period is open to those who have pre-registered
- Please mute your mic when not speaking
- Use the chat feature to indicate that you would like to speak
- Use of video is encouraged

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# Checking In

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## In Remembrance: Theresa Lee

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## Check-In

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### BIDMC Community Benefits Updates

- COVID-19 community testing continues
- Social determinants of health screenings at Chelsea site
- Working on prioritizing community benefits strategies across BILH

### Community Updates

- What are you and/or your community experiencing?
- Have new needs/concerns emerged?

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# Community-based Health Initiative

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## Health Priorities, Sub-Priorities, and Allocation

Voted on 9/24/19, Approved by DPH on 12/24/19

**40%**  
**\$7.4 Million**

### Housing Affordability

- Home Ownership \$1.5M (20%)
- Homelessness \$2.9M (40%)
- Rental Assistance \$2.9M (40%)

**30%**  
**\$5.5 Million**

### Jobs & Financial Security

- Education / Workforce Development \$4.7M (85%)
- Employment opportunities \$550K (10%)
- Income/Financial supports \$275K (5%)

**15%**  
**\$2.8 Million**

### Behavioral Health

- Mental Health \$1.4M (50%)
- Substance Use \$1.4M (50%)

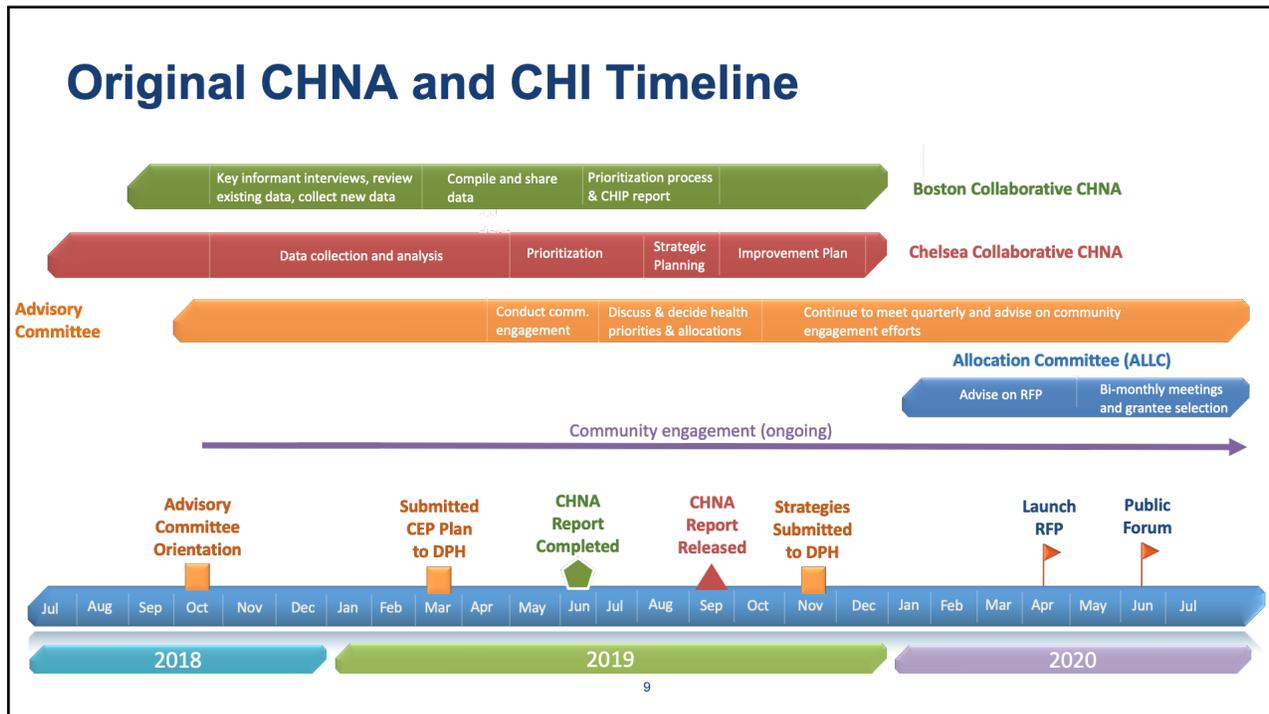
**15%**  
**\$2.8 Million**  
**(\$395K/Community)**

### Healthy Neighborhoods (7 Communities)

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

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## Current Thoughts about CHI Funding

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- We want to honor the original intentions, process, community engagement, and transparent efforts that have taken place to date

AND...

- We recognize that circumstances have changed drastically (i.e. the world today is not the same)

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## Possible Paths Forward

### Option A: Stay the Course with Adjustments

- Keep the same priority areas
- Update the framing/focus to acknowledge recent events
- Alter timeline, structure, strategies, focus populations to ensure responsiveness to the current moment
- More of a policy focus

### Option B: Pivot

- Change temporary focus to more emergent needs that have arisen (e.g. police violence, food access, the digital learning divide, telehealth access)
- Could require further discussion, community engagement, answering DPH questions, and approval from DPH

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## Community-based Health Initiative Additional DPH Considerations

DPH will consider on a case-by-case basis how we have considered the following questions in any proposal to reallocate CHI resources.

DPH also recognizes and encourages hospitals to take a long-view of this emergency as it will continue to develop and its full impacts are unknown.

*Does the proposed reallocation of CHI resources...*

1. Continue to uphold CHI principles by addressing inequities in the social determinants of health and their impacts?
2. Shift the approach in a previously determined strategy or is it wholly new?
3. Meet an identified gap that other resources are not filling? How does the hospital know that the identified issue will not be addressed otherwise?

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## Community-based Health Initiative

### Additional DPH Considerations

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*Does the proposed reallocation of CHI resources...*

4. Understand the consequences of reallocating resources to meet an immediate need recognizing that this will be a long event that will have impacts for the foreseeable future?
5. Shift resources away from communities, needs, priorities, and strategies arrived at through meaningful community engagement decision making practices, and mean not ever shifting them back?
6. Are the critically urgent and important immediate needs being met at the expense of sustainable systems change down the line? Are resources being shifted from organizations that would otherwise be supported by the previously planned/implemented CHI?
7. Have input from the CHI Advisory Committee?

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## Preliminary Poll

### Initial Thoughts

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Which of the following most resonates with you right now?

1. I lean strongly towards Option A (Stay the Course with Adjustments)
2. I lean strongly towards Option B (Pivot)
3. I'm not sure yet

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# Discussion and Q&A

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## Discussion

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- Why did you choose Option A or Option B?
- If you chose Option B, what emergent needs were you thinking of?
- What are the pros and cons of each approach?
- What have we missed?
- What criteria should we consider in making a final decision?

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**Follow-up Poll**  
**After Discussion**

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Which of the following most resonates with you right now?

1. I vote for Option A (Stay the Course with Adjustments)
2. I vote for Option B (Pivot)
3. I'm not sure yet

# Next Steps

## Next Steps

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1. Create a small working group to finalize criteria for the Healthy Neighborhoods category of funds
  - If you are interested, please raise your hand
2. Next scheduled meeting is for **September 22, 5-7 pm**

**Thank You!**

## Appendix

- Original proposed Healthy Neighborhoods criteria
- Evidence-based strategies for each priority area

### Discussion of Healthy Neighborhoods Suggested Criteria

#### Healthy Neighborhoods

#### Healthy Neighborhoods

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

Criteria	
Eligibility	<ul style="list-style-type: none"> <li>• Define your priority population</li> <li>• Demonstrate evidence-based data</li> <li>• Demonstrate community support</li> </ul>
Alignment	<ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Built Environment</li> <li>• Environmental Health</li> <li>• Violence Prevention</li> <li>• Other Social Determinants of Health</li> </ul>
Implementation	<ul style="list-style-type: none"> <li>• Evidence-based or evidence-informed strategies for implementation</li> <li>• Defined outcome measures</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>• Address plan to collect, monitor, track and report your outcome measures</li> <li>• Reporting requirements</li> </ul>

## Discussion of Healthy Neighborhoods Suggested Criteria Continued

### Healthy Neighborhoods

#### Healthy Neighborhoods

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

Criteria	
Communication	<ul style="list-style-type: none"> <li>• Plan to ensure neighborhood awareness, knowledge and participation</li> <li>• Provide who, what, when, where for outreach, education, engagement/recruitment</li> </ul>
Community Engagement/Impact	<ul style="list-style-type: none"> <li>• Grassroots effort</li> <li>• Residents Guiding and Informing Process</li> <li>• Widespread Support</li> <li>• Addressing Barrier to Participation</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>• Develop a viable plan to ensure project success after funding ends</li> <li>• Define partners and resources needed</li> <li>• Implement intentional sustainability conversations</li> </ul>

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## Housing Affordability Strategies

Strategic Focus Area	Strategy name
Homelessness	Housing First
	Supportive Services for People Experiencing Homelessness
	Drive Public Policies to Prevent or Reduce Homelessness
Home Ownership	Down Payment Assistance and Home Ownership Education
	Zero and/or Low Interest Home Loans
	Foreclosure Prevention (\$100K)
Rental Assistance	Flexible Funding
	Eviction Prevention

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## Jobs & Financial Security Strategies

Strategic Focus Area	Strategy name
Education/ Workforce Development	Vocational training
	Sector-based workforce initiatives
	Labor/workforce exchange
Employment opportunities	Transitional jobs
	Youth employment programs
	Providing flexible access to capital for small businesses
Income/ financial supports	Enhancing economic security and wealth accumulation

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## Behavioral Health Strategies

Strategic Focus Area	Strategy name
Mental Health & Substance Use	Building provider capacity
	Building community capacity
	Reducing stigma

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**April 28, 2020**  
**Meeting Minutes**



**Community Benefits Advisory Committee  
Meeting Minutes  
Tuesday, April 28, 2020, 5:00 PM – 5:45 PM  
Held Virtually Via Zoom**

**Present:** Walter Armstrong, Elizabeth (Liz) Browne, Tina Chery, Lauren Gabovitch, Richard Giordano, Nicolene Hengen, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Angie Liou, Sandy Novack, Holly Oh, MD, Joanne Pokaski, Jane Powers, Luis Prado, Jerry Rubin, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

**Absent:** Sarah Hamilton, Theresa Lee, Alex Oliver-Davila, James Morton, Triniese Polk, Richard Rouse

**Guests:** Terry Greene, John Snow, Inc. (JSI), Senior Environmental Health Specialist; Carrie Jones, JSI, Coordinator; Madison MacLean, JSI, Consultant; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRIA), Associate Director, Research & Evaluation; Annie Rushman, HRIA, Senior Associate

**Welcome**

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting, including the new members. Nancy expressed regrets at needing to meet remotely though it was nice to convene again. She reminded everyone that the Community Advisory Committee is now known as the Community Benefits Advisory Committee (CBAC). The CBAC is a body that merged the function of the prior Community Benefits Committee and the Community Advisory Committee. This was discussed and approved at the January 28<sup>th</sup> meeting.

Nancy then welcomed the new members of the CBAC and provided brief introductions for each new member: Sandy Novack, Angie Liou, James Morton, and Walter Armstrong.

Sandy Novack is a geriatric social worker and has been a Patient and Family Advisory Council member with BIDMC since 2010. Sandy volunteers on the Universal Access Advisory Council; she helps to make the hospital more welcoming to people with disabilities and raises the awareness around disability matters to staff. She is also on the editorial board of the independent newsletter "Disability Issues".

Angie Liou is the Executive Director of the Asian Community Development Corporation (ACDC). Angie has worked in the community development and affordable housing field since 2004. Before assuming the position of Executive Director of ACDC in Boston, she served as ACDC's Director of Real Estate, overseeing the asset management of ACDC's portfolio of 300+ units, shepherding projects in development, and was responsible for developing a pipeline of new projects. She previously worked as a consultant and project manager in Seattle and Philadelphia assisting nonprofits in creating affordable housing and community spaces.

James Morton (who was unable to attend this meeting) will be the CBAC liaison to the Beth Israel Lahey Health Board of Trustees. James has been the President and CEO of the YMCA of Greater Boston since 2015. Prior to joining the YMCA of Greater Boston, James served as President and CEO of the YMCA of Greater Hartford where the Y experienced considerable growth, developed innovative programming, improved the membership engagement experience, and built many collaborative relationships. James also has a deep connection to workforce development and education having served as a leader of two work force development agencies and as an educator in the Springfield (MA) Public Schools.

Walter Armstrong, who was appointed to serve on the CBAC by BIDMC's President, currently serves as Senior Vice President for Capital Facilities and Engineering at BIDMC. Reporting to the Executive Vice President and Chief Operating Officer, Walter is responsible for master facilities planning, space planning, design and construction of new and renovated facilities, engineering of plant and building systems, maintenance, security, environmental health and safety, environmental sustainability initiatives, and real estate. His responsibilities span across two main campuses, encompassing 2.8 million square feet of building space plus a number of geographically dispersed satellite facilities.

### **Public Comment Period**

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

### **BIDMC COVID-19 Update**

Nancy provided updates about the ways in which BILH and BIDMC have been responding to the COVID-19 pandemic. There are currently two testing sites open to community members. The testing site at Beth Israel Deaconess Health Care – Chelsea is open seven days per week and is regularly testing more than 100 individuals per day. The testing site at Bowdoin Street Health Center in Dorchester opened last week. This week The Dimock Center in Roxbury is anticipated to expand testing beyond their patient population. The Dimock Center has already been working closely with BIDMC on testing Dimock patients.

BILH and BIDMC are committed to working with all six of its affiliated community health centers. Staff are working hard to help to source testing kits, personal protective equipment, critical supplies, food, and more. Information about policies and guidelines from BIDMC are shared daily with community health center leaders. BILH is also supporting streamlined referrals to BIDMC for the community health centers and affiliated safety net hospitals.

Community health center staff who are confirmed or presumed positive for COVID-19 or need to isolate from vulnerable family members can also participate in a housing program for health care workers.

CBAC members who are leaders at community health centers thanked BILH and BIDMC for their support and partnership. One member also expressed gratitude to Bowdoin Street Health Center and their expanded testing capability.

Nancy provided a brief overview of other BIDMC efforts to respond to COVID-19 in the community, including food donations, collaborations with city, state, medical and community organizations, staffing of field hospitals, sharing multilingual resources, and redeploying staff members to different areas of the organization. Lastly, Nancy spoke about BIDMC's continued support for its community partners. For example, BIDMC is honoring funding commitments to events that have been postponed or made virtual.

## **Discussion and Q&A**

Nancy opened up discussion about how CBAC members are seeing the COVID-19 pandemic manifest in their communities. One member spoke about how frontline workers are struggling to support families who have lost family members and the financial strain of burial costs.

Another member mentioned that the Boston Center for Independent Living was holding a meeting on Friday, May 1<sup>st</sup> to discuss how people with disabilities might be struggling with COVID-related issues. They also spoke about how nursing homes and the elder community need support and advocacy during this time.

A member then shared that the Executive Office of Housing and Economic Development has a list of resources for help with mortgage, rent, and information about how to get help. They also mentioned that the RAFT program through Metro Housing Boston is processing applications for emergency help with rent arrears.

Nancy said we would collect details about these programs and resource and share them with the CBAC after the meeting.

## **Regulatory Overview**

Nancy provided a brief overview of the regulatory reports that the Community Benefits team submits every year to the Attorney General's Office (Community Benefits Report), the Internal Revenue Service (Form 990, Schedule H, Schedule I), the City of Boston (Payment in Lieu of Taxes Report), and the Department of Public Health (Determination of Need Community-based Health Initiative Report). All of these reports will be shared with the CBAC on an annual basis.

Nancy reminded the CBAC that the Requests for Proposal for the Community-based Health Initiative is currently on hold and shared the guidance received from the Department of Public Health (DPH). The guidance stated that DPH will consider requests to reallocate Community-based Health Initiative funding on a case-by-case basis and urged hospitals to continue planning for and implementing strategies that have long-term impacts on the social determinants of health. BIDMC will consult and involve the CBAC as the situation continues to evolve.

## **Upcoming Annual Public Meeting**

While all CBAC meetings are open to the public, the next meeting planned for June 23<sup>rd</sup> was originally intended to be a larger public meeting. In light of the COVID-19 pandemic, Nancy opened a discussion about the recommended path forward for this meeting.

Several CBAC members shared concerns about security if the meeting was to be held virtually. One member said that their answer would depend on how much new information there would be to share by June 23<sup>rd</sup>. Nancy mentioned that the meeting could also be postponed until the fall. A member raised a concern about scheduling in the fall becoming difficult since so many community-based organizations are rescheduling for that time period. Another member mentioned the idea of holding "office hours" to remain accessible to the community while mitigating security concerns. Another member said that they believed it was worth holding some kind of meeting to stay accessible to the community.

Nancy said that we would take this discussion into account and provide an update about the decision to the CBAC.

## **Approval of Minutes**

The minutes from the January 28th Advisory Committee meeting were reviewed and accepted.

**Adjourn**

Nancy thanked everyone for joining and wished everyone safety and wellbeing.