

Beth Israel Lahey Health 
Beth Israel Deaconess
Medical Center

**Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Tuesday, March 23, 2021, 5:00 PM - 7:00 PM
Held Virtually Via Zoom**

Present: Flor Amaya, Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Angie Liou, James Morton, Sandy Novack, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Trinieste Polk, Jane Powers, Richard Rouse, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Lauren Gabovitch, Tina Chery

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

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.

Nancy introduced Flor Amaya, the Director of Public Health for the City of Chelsea, as a new member to the Community Benefits Advisory Committee (CBAC). Flor is replacing Luis Prado, who retired from his role at the City of Chelsea. Flor shared that she grew up in the City of Chelsea, is still a resident, and that she previously worked in clinical health and research settings. She shared that she was excited to join the CBAC.

Next, Nancy announced that Jerry Rubin decided to step down from his role on the CBAC. She thanked him for his commitment and dedication to the committee over the past two years.

The minutes from the December 15th CBAC meeting were reviewed and accepted.

Public Comment Period

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

Community Benefits Program Update

Robert Torres, Director of Community Benefits, Boston Region, BILH provided an update on BIDMC's Community Benefits programming. Robert reviewed BIDMC's priority populations and Community Benefits Service Area (CBSA). Robert noted that following the community engagement related to the New Inpatient Building Community-based Health Initiative (CHI), families affected by incarceration was added as a priority population.

Robert then provided an overview of the Community Benefits regulatory reports that BIDMC files with the Massachusetts Attorney General's Office (AGO), Internal Revenue Service (IRS), City of Boston, and the Massachusetts Department of Public Health. These reports are designed to evaluate how hospitals conduct their Community Health Needs Assessment (CHNA) and how they effectively execute the hospital's Implementation Strategy (IS).

Robert explained that BIDMC updates the IS yearly and uses it as a blueprint for plans to accomplish the Community Benefits mission as it pertains to existing, changing, and emerging needs. He also shared that Health Resources in Action (HRiA), BIDMC's external evaluators, are working with CHI grantees on outcome measures; those metrics will also be added to the IS in the future.

Robert reviewed a breakdown of Community Benefits expenditures in Fiscal Year 2020, which totaled approximately \$31 million. The Community Benefits reporting guidelines from the Attorney General's Office allow for the inclusion of Health Safety Net payments and leveraged resources, increasing the reportable total of Community Benefits expenditures from about \$31 million to about \$53 million.

Community-based Health Initiative Update

Anna Spier, BIDMC Community Benefits Manager, provided an update on the CHI. Grantee agreements for all 16 Boston-based grantees have been fully executed and most initial payments have been disbursed. Additionally, HRiA has held two learning collaborative webinars, one on logic models and the other on shared outcome measures. In the upcoming months grantees will be finalizing their logic models and shared outcome measures. They will then sign Data Use Agreements with HRiA; first progress reports will be due to BIDMC in July.

Anna then shared that BIDMC released the Healthy Neighborhoods Initiative (HNI) Request for Proposals (RFP) in February. HNI proposals for the Bowdoin/Geneva and Fenway/Kenmore neighborhoods were due the week prior to the CBAC meeting. She presented the upcoming timeline and anticipates that projects will begin as early as September 2021.

Anna reminded everyone that they took a survey in January on their participation on the CBAC and their perspective of the CHI process. Survey results showed that across the board, CBAC members strongly agreed or agreed with statements about the NIB CHI, such as if the funded priorities reflected the most pressing needs of BIDMC's priority neighborhoods. Given the COVID-19 pandemic, BIDMC wanted to know how the virtual platform affected the CBAC's participation in meetings. Although the overall transition to a virtual platform was viewed positively, 20 percent of respondents said the virtual platform made it harder to share their opinions in meetings. Anna asked for suggestions on how to make members feel more comfortable sharing their opinions at CBAC meetings. Members suggested creating breakout groups, on-the-spot surveys, and continuing to use the chat function. Anna thanked the CBAC for sharing, and let them know they are welcome to email the Community Benefits team if they have other ideas for improvement.

FY22 Community Health Needs Assessment (CHNA)

Jamie Goldfarb, BIDMC Community Benefits Administrator, presented an update on the upcoming CHNA. Jamie shared that the CHNA is an opportunity to work with the CBAC, as outlined in their Charter, to engage the community to identify their leading and emerging health needs. She also explained that similar to years past, BIDMC will focus on reaching historically underserved populations, and those most impacted by COVID-19. To ensure BIDMC is reaching these populations they will collaborate with community-based organizations, grassroots organizations, residents, and others as appropriate.

This year all ten BILH hospitals will conduct their CHNAs at the same time, with a focus on broad system and community impact. This will provide an opportunity to identify the unique attributes of the communities each BILH hospital serves, as well as commonalities.

Next, Jamie reviewed the traditional CHNA process. She noted that this year BILH is releasing a RFP to identify a consultant to assist with this assessment.

Anna then facilitated a discussion on ways BIDMC can engage populations that have not previously been involved in the CHNA. CBAC members recommended creating new partnerships, focusing on work sectors in addition to demographics, and making sure to be inclusive of different living situations (e.g. elders living independently and those living in nursing homes). Many members felt the need to focus on both youth and elders. One member spoke about the challenges that youth are facing as they begin to return to school, while another spoke about elder isolation. Another member expressed the need to reach individuals who do not have access to social services. They offered the example, individuals who live in public housing have access to resident services staff who can support residents in utilizing community resources, but many community members lack access to this level of support. One member expressed concerns about collecting more information about community needs due to the burden it may place on residents and due to other community engagement efforts undertaken during the COVID-19 pandemic. Nancy agreed and explained that BILH would like to focus this CHNA on the prioritization stage of the CHNA process, and less on data collection. Anna thanked the CBAC for the fruitful discussion.

Beth Israel Lahey Health Updates

Nancy provided an update about a recent investment in a Gateway Municipality (GwM). She explained that a GwM in the Commonwealth is a community with a population greater than 35,000 and less than 250,000, a median household income below the Commonwealth's average (\$77,378), and a rate of educational attainment of a bachelor's degree or above that is below the Commonwealth's average (42.9%). There are 26 GwMs in the Commonwealth. Nancy shared that BILH identified the City of Chelsea as one of the GwMs they would fund. The City of Chelsea identified housing stability and food security as their top priorities. As a result, BILH recently announced a \$600,000 award for the Chelsea Legal Aid Bureau and Chelsea Eats. Chelsea Legal Aid Bureau will provide legal services and representation to Chelsea residents, regardless of their income, immigration, or citizenship status, who are facing eviction and landlord disputes. Chelsea Eats is an innovative pilot program launched by the City of Chelsea in October 2020 that provides residents with monthly debit cards. Since this program launched in October, more than 4,000 Chelsea residents have applied for a Chelsea Eats card for assistance purchasing food and other essential items.

Nancy then provided an update regarding the COVID-19 vaccine rollout at BILH. To date, BILH opened ten vaccine clinics throughout Massachusetts and is currently administering between ten and fourteen thousand vaccines per week. BILH set up a COVID-19 Health Equity Advisory Group to ensure they are intentional about outreaching to populations and areas most impacted by the virus. Nancy explained that BILH has staggered vaccine announcements geographically to allow populations who were more impacted by COVID-19 additional time to respond and book an appointment. The BILH vaccine effort is limited to BILH patients and patients of affiliated Community Health Centers, but all Federally Qualified Health Centers are now receiving allocations of vaccines.

Adjourn

Anna reminded the CBAC to send in their Conflict of Interest forms if they had not already. She thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting is June 22, 2021 from 5-7 pm.