

April 28, 2020
Meeting Packet

Meeting Agenda

Agenda

Community Benefits Advisory Committee (CBAC)
Beth Israel Deaconess Medical Center (BIDMC)
[Zoom Virtual Meeting](#)
Tuesday, April 28, 2020
5:00 PM – 5:45 PM

I. 5:00 pm – 5:05 pm	Welcome
II. 5:05 pm – 5:10 pm	Public Comments
III. 5:10 pm – 5:30 pm	BIDMC COVID-19 Update
IV. 5:30 pm – 5:40 pm	Regulatory Overview
V. 5:40 pm – 5:45 pm	Discussion and Q&A

Meeting Slides

Community Benefits Advisory Committee Meeting

Nancy Kasen
Vice President, Community Benefits and Community Relations

April 28, 2020

Beth Israel Lahey Health 

Beth Israel Deaconess
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TEACHING HOSPITAL

1

Welcome and Introductions

2

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2

Community Benefits Advisory Committee Agenda

Meeting Agenda:

- Welcome
- BIDMC COVID-19 Update
 - Discussion
- Regulatory Overview
 - AGO Community Benefits Report, PILOT, Schedule H
 - Community-based Health Initiative
 - June 23rd Public Meeting
- Discussion and Q&A

3

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3

Community Benefits Advisory Committee Rules

Housekeeping

- The public comment period is open to those who have pre-registered
- Please mute your mic when not speaking
- Be mindful the chat and raise your hand functions
- Use of video is encouraged

4

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4

BIDMC COVID-19 Update

5

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5

COVID-19 BIDMC – Serving Our Communities

BIDMC Community Resources and Response *Community Health Centers*

- **COVID-19 Testing Sites to Serve the Community**
 - City of Chelsea – BIDHC Chelsea
 - Bowdoin Street Health Center
 - The Dimock Center
- **Increased Capacity Across Affiliated CHCs**
 - Supplies: PPE, test kits, swabs, hand sanitize, food
 - Access to care and clinical support
 - Streamlined referrals
 - Staff housing

6

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6

COVID-19

BIDMC – Serving Our Communities

Food Donations and Community Distribution

- **Charles River Community Health:** Food items donated by BILH/BIDMC for two Mobile Markets (April 7th & 21st) serving 250 food insecure individuals each time
- **YMCA Boston:** Donations of food from Sodexo/BIDMC Food Services
- **The Dimock Center & Maria Sanchez House:** Sodexo/BIDMC Food Services donated fruit boxes to residents of the detox unit at The Dimock Center, and to low-income seniors at the Maria Sanchez House in Mission Hill
- **Bowdoin Street Health Center & BIDHC Chelsea:** Produce boxes (and other food items) re-directed to staff and the community at-large

7

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7

COVID-19

BIDMC – Serving Our Communities

Collaborating with City, State, Medical and Community Organizations

- Working with the State, City of Chelsea, City of Boston, Mass General Hospital, Cambridge Health Alliance, Signature Hospital, Lawrence General Hospital and others

Housing and Field Hospitals

- **Repurpose the enVision hotel in Everett**
 - BIDMC is serving homeless individuals and those who have difficulty isolating who are COVID-19 suspected and/or confirmed positive
- **Boston Hope**
 - Collaborating with the city, state, and Partners HealthCare to provide a 1,000-bed field hospital at the Boston Convention and Exhibit Center
 - BIDMC has medical staff on site

8

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8

Language Access and Resources Serving the Limited English Proficiency Community

• Multilingual Resources and Outreach

- Sharing educational materials that have been translated into **10 languages**: Spanish, Cape Verdean, Vietnamese, Chinese (simple and traditional), Portuguese, Armenian, Russian, and Haitian Creole
- Community resource handouts and testing flyers for Bowdoin Geneva and Chelsea in 6 languages
- Social media outreach with community partners
- PSA in Spanish about seeking care
- Shared resources with **42 local organizations** to date, including Bunker Hill Community College, Cape Verdean Association of Boston, Family Nurturing Center, Hyde Square Task Force, MIRA, Pine Street Inn, and more

9

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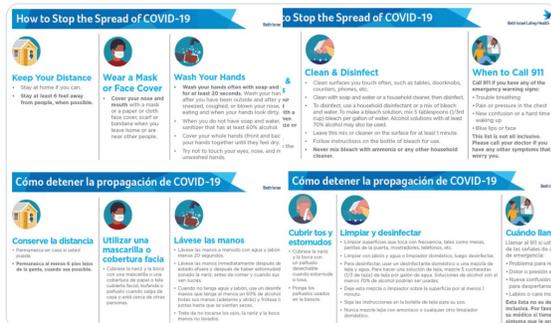


9

Example Multilingual Social Media Messages

Beth Israel Lahey Health @bethisraelahey

You can stop the spread of #COVID19 and do your part to keep yourself and your loved ones safe from infection. (1/4)



Beth Israel Lahey Health @bethisraelahey

All are welcome.



4:19 PM · Apr 24, 2020 · Sprout Social

5 Retweets 19 Likes

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10

COVID-19

BIDMC – Serving Our Communities

Staff Redeployment

- Staff across BILH have been redeployed to assist with COVID-19 response
- Community Benefits staff across the system are assisting with:
 - Procuring and distributing PPE, supplies, and food
 - Outreach to community-based organizations
 - Translation and distribution of educational materials and social media messaging
 - Staffing COVID-19 testing sites
 - Creating Public Service Announcements
 - Developing SDOH screening and linkage to resources

11

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11

COVID-19

BIDMC – Serving Our Communities

Additional Resources

- BILH continues to be a sponsor of the Louis D. Brown Peace Institute's Mother's Day Walk for Peace
- BIDMC is honoring its funding commitments to events that have been postponed or made virtual
- BIDMC has secured a partnership with the YMCA childcare center at Roxbury Tenants of Harvard to provide emergency care for BIDMC employees
- BIDMC's free onsite workforce development courses for employees have moved to online courses, including ESOL courses
- Our career and academic advisor is available to support employees via phone

12

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12

COVID-19

BIDMC – Serving Our Communities

Discussion

What are you and/or your community experiencing?

Regulatory Overview

Annual Regulatory Reports

Mass Attorney General (AGO)	IRS	City of Boston	Department of Public Health (DPH)
Annual Community Benefits Report	IRS Tax Form 990 Schedule H Schedule I	Payment in Lieu of Taxes (PILOT) Report	Determination of Need (DoN) Community-based Health Initiative

15

15

2020 Reporting Timeline

Regulatory Report	Level of Government (Agency Name)	Filing Deadline
CT Scanner DoN	State (MA Department of Public Health)	Aiming for end of January 2020 - TBD
Payment in Lieu of Taxes (PILOT) Report	City of Boston (Assessing Department)	March 1, 2020 Now June 30th
Attorney General Office (AGO) Report	State (MA AGO)	April 1, 2020 Now July 31st
Schedule H Report	Federal (IRS)	August 17, 2020 (No new extension)

16

16

Community-based Health Initiative

17

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17

Community-based Health Initiative

Update

Community-based Health Initiative RFP - **Now on hold**

Proposed Date	Item
April 6, 2020	RFP released online
April 7, 2020	Bidder's conference (pending)
April 14, 2020	Informational webinar

18

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Community-based Health Initiative
DPH Response – email sent on 4.20.2020

- DPH staff will work with those implementing CHIs on requests to modify timelines and expectations as requested.
- DPH has also received questions regarding reallocation of CHI resources to respond to the immediate community health needs occurring because of COVID-19.
 - DPH will consider these requests on a case-by-case basis.
- DPH also recognizes and encourages hospitals to take a long-view of this emergency by continuing to plan for and implement strategies that have long-term impacts on the social determinants of health.

19

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19

June 23rd Public Meeting

20

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20

Required Annual Public Meeting

- Community Benefits Advisory Committee meetings are open to the public
 - AGO Regulatory Requirement has been met

- Planned June 23rd public meeting to share CHI status

Other thoughts and ideas?

- Guest speakers (?)
- Responding to COVID-19?
 - Focus on health equity and disparities in relation to COVID-19
- Postpone and reassess over the summer?
- Ideas and Discussion

21

21

Thank you!

22

22

January 28, 2020
Meeting Minutes



**Community Advisory Committee
Meeting Minutes
Tuesday, January 28, 2020, 5:00 PM – 7:00 PM
BIDMC East Campus
Leventhal Conference Room, Shapiro Building**

Present: Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Theresa Lee, Holly Oh, MD, Triniese Polk, Jane Powers, Luis Prado, Richard Rouse, Jerry Rubin, Anna Spier, Robert Torres, LaShonda Walker-Robinson, and Fred Wang

Absent: Tina Chery, Lauren Gabovitch, Alex Oliver-Davila, and Joanne Pokaski

Guests: Terry Greene, John Snow, Inc. (JSI), Senior Environmental Health Specialist; 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. A member of the public was also in attendance.

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and asked members to introduce themselves because there were new individuals in attendance. Nancy then asked for volunteers to share their 2020 goals for the work they do in their communities.

Liz Browne, Executive Director of Charles River Community Health, shared that her organization serves a large immigrant population. She hopes that with the new government policies she can continue to serve her population well and help keep them safe. Triniese Polk, Interim Director of the Office of Health Equity at the Boston Public Health Commission (BPHC), shared that she would like to see BPHC work through a health equity lens over the next year. Luis Prado, Director of Health and Human Services for the City of Chelsea, said that he was glad people are considering the Social Determinants of Health when planning community health needs assessments.

The minutes from the October 22nd Advisory Committee meeting were reviewed and accepted.

Public Comment Period

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

Community Advisory Committee (Advisory Committee) Structure and Updates

Nancy began by thanking the Advisory Committee for participating, engaging, and helping Beth Israel Deaconess Medical Center (BIDMC) to mobilize the community by acting as liaisons for community

engagement. She continued by reminding members that although it is not required by the Department of Public Health (DPH), BIDMC is going to continue having an Advisory Committee. She explained that keeping the Advisory Committee will help continue the dialogue and engagement with the community.

Nancy then explained that BIDMC previously had a Community Benefits Committee (CBC). The CBC was sunset at the end of September 2019 when BILH formed a system-wide Board of Directors Community Benefits Committee. BIDMC has decided to expand the function of the Advisory Committee to include a broader range of community benefits activities including reviewing the Community Health Needs Assessment, Implementation Strategy, Community Benefits mission statement, and regulatory reports. Additionally, the “new” Community Benefits Advisory Committee (CBAC) will be expanding its membership to align with both DPH and the Attorney General’s Office Community Benefits guidelines. The Community Benefits team updated the Advisory Committee charter to reflect the changes discussed. Nancy then opened the floor for discussion.

One member asked about the relationship between the Advisory Committee and the BILH CBAC. Nancy explained that the role of BIDMC’s CBAC will be to drive local initiatives and review reports from BIDMC, as opposed to the BILH CBAC, which will work on system-wide initiatives. Another member asked if the existing composition of the Advisory Committee would remain the same. Nancy explained that existing members have the option to step down and additional members will be added to satisfy requirements. Members then asked about how long they would be expected to stay as members of the CBAC. There was a discussion regarding the pros and cons for setting terms for the length of time individuals can serve on the CBAC. Members decided that it was not necessary to set terms in the charter for how long they can serve since BIDMC has been open and flexible to people stepping down as needed.

The Advisory Committee then began to discuss material changes to the charter. It was noted that organization affiliations were removed, but organization sectors remained. If a member decided to step down, BIDMC would be able to fill the role based on Attorney General’s Office Community Benefits guidelines and not specific organizations. Members were concerned that by not including organizations, a neighborhood could be unintentionally not represented. A few options were discussed for how to best ensure priority neighborhoods were represented. The Advisory Committee decided to add the following language to the charter: “Particular effort shall be made to include a representative from both Fenway/Kenmore and Mission Hill, as well as individuals representing other historically underserved neighborhoods in BIDMC’s [Community Benefits Service Area] CBSA.” A motion was made, and seconded. All voting members voted to approve the charter with this added language.

Community-based Health Initiative (CHI) Updates

Robert Torres, Director of Community Benefits at BIDMC, reviewed the Community-based Health Initiative (CHI) expenditure to highlight the full breakdown of how the Determination of Need (DoN) funds were allocated. He then reviewed the health priorities, sub-priorities, and allocations.

On December 24th 2019, the DPH approved BIDMC’s Health Priorities Strategy report, which included the health priorities, sub-priorities, and allocations. Nancy shared that DPH saw the effort put into the Health Priorities Strategies report, and were very complimentary regarding the recommended evidence-based strategies. DPH provided input to maximize the impact of BIDMC’s CHI. DPH encouraged BIDMC to think creatively about encouraging upstream change and sustainability. For example, thinking about what the impact of improved behavioral health will have on the social environment. One member asked if DPH meant sustainability of systems change or sustainability in the environmental realm. Nancy clarified that it was in terms of systems change. One member asked if the comments from DPH meant that the funding could all shift towards influencing public policy, which would encourage change at the

systems level and be more “upstream.” Several members commented that changing decades-long structural racism and poverty is not achievable with the current CHI and expressed concern that directing funds upstream would not be responsive to needs expressed by the community. Nancy explained that the Advisory Committee had followed the guidelines set forth by DPH to engage the community and made decisions based on what was learned. Nancy said that BIDMC would consider how to find a balance between systems change efforts and community-informed investments. DPH also highlighted the importance of sustainability and encouraged BIDMC to consider sustainability as an outcome in and of itself. Nancy explained that the Community Benefits team is responding to DPH’s suggestions by incorporating their recommendations into the request for proposal process.

Robert then briefly reviewed the timeline for the upcoming regulatory reporting. BIDMC will be reporting back to the CBAC about the CT Scanner DoN, the Payment in Lieu of Taxes (PILOT) report, the Attorney General’s annual report, and the Schedule H filing with the IRS.

Allocation Committee

Robert provided a brief update on the Allocation Committee. He explained that the role of the Allocation Committee is to oversee a competitive process for awarding funds for the health priorities identified through the community engagement process. Robert noted that the Allocation Committee members were carefully selected based on (i) professional or lived experience in one or more of the identified health priority areas, (ii) philanthropic and/or grant-making experience, (iii) expertise in the social determinants of health specific to BIDMC’s CBSA, (iv) lived experience in BIDMC’s CBSA, and/or (v) being a member of one or more of BIDMC’s priority populations. Robert noted that all members of the Allocation Committee are ineligible to apply for funds unless otherwise stated in DPH’s regulations.

Theory of Change and Evaluation Planning

Valerie Polletta, Associate Director of Research & Evaluation at Health Resources in Action (HRiA), presented on the CHI Theory of Change. She explained that a Theory of Change helps to connect health priorities to health outcomes. Valerie presented a high level overview of the Theory of Change that was shared with the DPH. One example Valerie provided was on the homeless sub-priority in the priority area of Housing Affordability. She explained that funding strategies related to homelessness would lead to reduced homelessness among individuals who receive services. This change would ultimately lead to reducing long-term chronic homelessness. Valerie explained that the long-term outcomes might not be achieved by the end of the grant cycle. Next, Valerie explained the cross-cutting themes among the health priorities. One example Valerie provided was related to Jobs and Financial Security. If a program focuses on increasing employment opportunities, individuals will increase their employment and earnings. Long term, this can also help reduce chronic homelessness.

Valerie then opened the floor for questions. One member noted that increasing employment opportunities does not necessarily reduce the wealth gap. Rather, wealth and the wealth gap are influenced by many factors including tax policy, discrimination, housing policy, and other factors beyond employment. Valerie acknowledged this point and reiterated that the Theory of Change she shared is high-level and does not yet represent the myriad ways that the different priority areas overlap with one another. Another member commented that outcomes should expand beyond individuals to include benefiting the workforce and organizational capacity. Valerie agreed and noted that HRiA will add organizational capacity building into the Theory of Change.

Request for Proposal (RFP) Overview

BIDMC anticipates releasing three RFP's in early April 2020 in the areas of Housing Affordability, Jobs and Financial Security, and Behavioral Health. Robert provided an overview of the anticipated components of the RFP. Robert then reviewed the RFP process which includes three stages: community outreach, a letter of interest, and a full proposal. BIDMC hopes to reach a broad network of organizations to inform them of the RFP. The letter of interest is a brief application which provides a low barrier to entry to ensure that small community-based organizations can apply. The full proposal is a more comprehensive application. These proposals will be reviewed by the Allocation Committee.

RFP Community Outreach

BIDMC is preparing a robust community outreach plan to ensure the community knows about the upcoming RFP. Information will be disseminated through a newsletter, emails, word of mouth, and other forms of communication. To do this, BIDMC sought advice from the Advisory Committee on who to reach out to. Members broke out into three groups based on their expertise to review the outreach list BIDMC compiled. Members added relevant organizations that were not included on BIDMC's list.

BIDMC asked the Advisory Committee to send any additional organizations or contacts to the Community Benefits staff by February 7th, 2020.

Adjourn

One member shared information on important housing bills at the state and city levels. The member will send a follow up email with more in-depth information regarding these bills.

Nancy thanked the public for joining and also thanked the Advisory Committee for their dedication. She reminded everyone that BIDMC's CBAC will meet on April 28th, 2020, at which time several new members will be present.