

**New Inpatient Building (NIB) Community Advisory Committee
Meeting Minutes
Tuesday, September 24, 2019, 5:00 PM – 7:00 PM
BIDMC East Campus
Rabkin Board Room, Shapiro Building**

Present: Elizabeth (Liz) Browne, Tina Chery (by telephone conference), Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Theresa Lee, Holly Oh, MD, Joanne Pokaski, Jane Powers, Edna Rivera-Carrasco, Richard Rouse, Jerry Rubin, LaShonda Walker-Robinson, Robert Torres, and Fred Wang

Absent: Alex Oliver-Davila, Luis Prado

Guests: Alec McKinney, John Snow Inc. (JSI), Senior Project Director; Carrie Jones, JSI, Coordinator; Heather Nelson, Health Resources in Action (HRiA), Managing Director, Research and Evaluation; Valerie Polletta, HRiA, Associate Director, Research & Evaluation

Public: Several community members attended.

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations, 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).

Barry Keppard shared that through his work at the Metropolitan Area Planning Council (MAPC) he has had the opportunity to see different community sectors come together to create and support change. He is involved with the Advisory Committee because seeing the Advisory Committee members come together to create a healthier community inspires him to continue his work.

Next, the minutes from the July 23rd Advisory Committee meeting were reviewed and accepted.

Public Comment Period

Nancy entered into record two written public comments that were provided to the Advisory Committee five business days prior to the meeting. Comments were received from Dr.

Kahris White-McLaughlin, a resident of Roxbury, and Lisa Jeanne Graf, a resident of Fenway.

Alec McKinney, the Senior Project Director from John Snow Inc. (JSI), introduced the oral public comment period. He 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. Alec shared that if time runs out before the individual finishes, or if 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 has been present at all subsequent Advisory Committee meetings. Dr. White-McLaughlin explained how she is advocating for youth and expressed concern about how inclusion and access to education has changed for students of color. Dr. White-McLaughlin shared that BIDMC has been dedicated to helping the community for years. She mentioned that she was born at BIDMC during a time when most individuals of color were born at Boston City hospital which shows her BIDMC's dedication to helping the community. She explained that she would like BIDMC to continue helping the community, and youth in particular.

Evaluation

Valerie Polletta, Associate Director of Research & Evaluation at Health Resources in Action (HRiA), reminded Advisory Committee members about the current evaluation goals: build community awareness of BIDMC's Community-based Health Initiative (CHI), engage stakeholders, and incorporate community feedback into decisions.

As a part of the evaluation plan, HRiA created a voluntary and anonymous survey to evaluate the Advisory Committee's process. Fifteen minutes were dedicated to filling out the survey at the meeting. For members not in attendance, a link to the survey was emailed to them.

Healthy Neighborhoods

Alec reminded the Advisory Committee that they approved Healthy Neighborhoods, a community-driven and administered approach, as the fourth health priority area on July 23rd. As requested by the Advisory Committee at the July meeting, BIDMC created a document with draft criteria for this priority area as a starting point for discussion. Seven criteria were recommended: eligibility, alignment, implementation, evaluation, communication, community engagement/impact, and sustainability.

After reviewing the recommended criteria, Alec asked the Advisory Committee what they felt should be added or removed. One member recommended that organizational capacity should be added. This would allow BIDMC to understand if an organization applying for funds has the capacity to successfully utilize the funds. Some members recommended a criterion for cross-collaboration. This would help foster growth across the community. Another member mentioned this may vary based on neighborhood, but it is an option

BIDMC can research. The last criteria members suggested adding were outcome measures. This would allow BIDMC to see the organization's long-term goals.

Alec reminded the Advisory Committee that this conversation is the beginning of a longer discussion. BIDMC will incorporate the Advisory Committee's input into the draft criteria.

Allocation

Alec briefly reviewed the four health priorities voted on by the Advisory Committee on June 25th and July 23rd: Housing, Jobs and Financial Security, Behavioral Health, and Healthy Neighborhoods. Alec explained to the Advisory Committee that during this meeting, they would work to reach consensus on the allocation of funds for the health priorities and sub-priorities. He explained that all decisions need to be evidence-based to inform the health priorities strategy report which is due to the Department of Public Health in November. Alec reminded the Advisory Committee about the framework recommended by the Massachusetts Department of Public Health (MADPH) for use when considering decisions related to the Community-based Health Initiative. The framework includes asking several questions including who would benefit, who would be influenced, and whether or not there might be unintended consequences regarding the decisions being made.

Alec provided an example on how the funds could be allocated to start the conversation. The example showed the funds being allocated equally among the four priorities. However, Alec encouraged the Advisory Committee to think strategically about how to allocate the funds. Alec then asked the Advisory Committee how they thought the funds should be allocated. One Advisory Committee member asked for clarification on who will award the grants. Nancy explained that the Advisory Committee will vote to determine how much money goes into each priority and sub-priority area. Afterwards, an Allocation Committee will be formed to award the grants based on the overall allocation set forth by the Advisory Committee.

Health Priorities

The Advisory Committee had an open discussion about how the funds could be allocated. One member mentioned that there should not be too much money allocated to one priority because there are several important health priorities. Others thought that healthy neighborhoods should receive a high proportion of funds in order to help build capacity among the community-driven/led initiatives. Many members expressed that housing should be among the top priorities because it impacts all of the health priorities identified by the Advisory Committee and was the top priority throughout the CBSA. Behavioral health was also discussed as a top priority due to a lack of focus on its importance.

After discussion, voting members of the Advisory Committee participated in two rounds of polling and discussion on the allocation percentages proposed by Advisory Committee members. The final polling results indicated that the Advisory Committee decided that the allocation of funds would be 40% to Housing, 30% to Jobs and Financial Security, 15% to Behavioral Health, and 15% to Healthy Neighborhoods. A motion was made and seconded. The Advisory Committee unanimously voted to approve this allocation.

Sub-Priorities

Following the allocation for the health priorities, the Advisory Committee began discussing the sub-priorities. Before beginning the discussion, one Advisory Committee member raised a concern about the housing sub-priorities. In the sub-priorities, there was no mention of rental assistance. The member explained that although it can be categorized under homelessness, there is a chance it could be overlooked. A motion was made to add rental assistance as a sub-priority under housing. The motion was seconded, and the Advisory Committee unanimously voted to add rental assistance as a sub-priority under Housing.

The Advisory Committee then began discussing each priority area's sub-priorities in detail.

Housing

Alec briefly reviewed the housing sub-priorities: affordability with home ownership, homelessness, and rental assistance as subtopics. Members felt that in order to make the greatest impact in housing, they should allocate more funds to homelessness and rental assistance. One member recommended allocating 40% to homelessness, 40% to rental assistance, and 20% to home ownership. The Advisory Committee agreed with this recommendation. A motion for this allocation was made and seconded. The Advisory Committee unanimously voted to approve the allocation for the housing sub-priorities.

Jobs and Financial Security

Alec reviewed the three Jobs and Financial Security sub-priorities that were approved by the Advisory Committee: education/workforce development, employment opportunities, and income/financial supports. Some members explained that education and workforce development would make the greatest impact in this priority area. One member asked for clarification on how employment opportunities were defined. Nancy explained that in the July meeting, employment opportunities were described as creating jobs and subsidizing jobs for those who may have difficulty finding them. After discussion about the greatest need, a motion was made to allocate 85% to education/workforce development, 10% to employment opportunities, and 5% to income/financial supports. The Advisory Committee unanimously voted to approve the allocation for the Jobs and Financial Security sub-priorities.

Behavioral Health

Alec reminded the Advisory Committee that the two sub-priorities for behavioral health are mental health and substance use. Alec asked if the Advisory Committee wanted to prioritize one of the sub-priorities. Members agreed that mental health and substance use were equally important. A motion was made to allocate 50% to mental health and 50% to substance use. The Advisory Committee unanimously voted to approve the allocation for the behavioral health sub-priorities.

Healthy Neighborhoods

Alec explained that the Advisory Committee would not be allocating funds to healthy neighborhoods sub-priorities because it is intended to be a community-driven/led approach.

Adjourn

Alec thanked the public for joining and for sharing their thoughts with the Advisory Committee. Alec also thanked the committee for their dedication and reminded everyone that the next Advisory Committee meeting will be held on October 22nd.