**New Inpatient Building (NIB) Community Advisory Committee (CAC)**
**Meeting Minutes**
**Tuesday, June 25, 2019, 5:00 PM – 7:00 PM**
**BIDMC East Campus**
**Leventhal Conference Room, Shapiro Building**

**Present**: Elizabeth (Liz) Browne (By telephone conference), Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Phillomin Laptiste, Theresa Lee, Patricia (Tish) McMullin, Jane Powers, Edna Rivera-Carrasco, Richard Rouse, LaShonda Walker-Robinson (By telephone conference), and Fred Wang

**Absent**: Tina Chery, Lauren Gabovitch, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Luis Prado, and Jerry Rubin

**Guests:** Alec McKinney, John Snow Inc. (JSI), Senior Project Director; Aisha Moore, JSI, Facilitator; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation

**Public:** Several community members attended

## Welcome

Nancy Kasen, Director of Community Benefits, Beth Israel Deaconess Medical Center (BIDMC), welcomed everyone to the meeting and asked for volunteers to share why they are involved in the Community Advisory Committee (Advisory Committee).

Nancy shared that one Advisory Committee member, Tina Chery, founder and president of the Louis D. Brown Peace Institute, had to cancel at the last minute in order to respond to a shooting that happened in Dorchester. Nancy explained that if Tina were present, she would likely share her work and the importance of violence prevention.

Richard Rouse, Executive Director of Mission Hill Main Streets, shared that he is on the board of the Addiction Treatment Center of New England. Richard explained that recently there was a bad batch of heroin in the region that caused multiple people to overdose. Luckily, due to the use of the lifesaving drug Narcan, there were no casualties. Jane Powers, Acting Chief Executive Officer at Fenway Health, agreed with Richards's concern on drug use and the importance of Narcan. She explained that an individual at Fenway Health's needle exchange program overdosed and was saved due to the quick action taken by staff to deliver Narcan.

Next, the minutes from the May 21st Advisory Committee meeting were reviewed and accepted.

Alec McKinney, JSI, Senior Project Director, then briefly reviewed the goals of the meeting. The Advisory Committee was tasked with deciding the preliminary health priorities for BIDMC's Community-based Health Initiative, based on information gathered through The Boston CHNA-CHIP Collaborative (the Collaborative), the North Suffolk Integrated Community Health Needs Assessment (iCHNA) and BIDMC's Community Meetings.

**Public Comment Period**

Nancy entered into record four written public comments that were given to the Advisory Committee prior to the meeting. Comments were received from Councilor Ed Flynn, Boston City Council; Lisa Jeanne Graf, BIDMC Employee & Fenway Resident; Marie Fukuda, representing Fenway Community Center; and Lyndia Downie, President and Executive Director, Pine Street Inn.

Aisha Moore, a JSI facilitator, introduced the public comment period. She 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. Each individual signed up to speak at the meeting. Slots were allocated on a first come, first served basis. Aisha shared that if time runs out before the individual finishes, or there are no more spots available to comment, 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.

The first person to speak was Caitlin Abber, Manager of Youth and Prevention Programs at the Allston Brighton Substance Abuse Task Force. Caitlin briefly explained that the task force is comprised of community based organizations and community members who are dedicated to increasing substance use prevention. Caitlin shared that a 2018 Community Health Needs Assessment from two Boston hospitals showed the need to increase support for substance use and mental health. She also highlighted the importance of substance use prevention by mentioning Mayor Marty Walsh's Youth Substance Use Prevention Strategic Plan for the City of Boston. She advocated for the importance of substance use prevention programs such as peer education programs and educational community meetings focused on preventing substance use. Caitlin ended by stating that 10 out of 20 students on the Task Forces' Youth Advisory Group shared comments with her, and of those 10 members, 9 advocated for the Advisory Committee to prioritize substance use prevention.

The second person to speak was Aimee Coolidge, the Vice President of Community & Government Relations at the Pine Street Inn. Aimee explained that the Pine Street Inn has been providing services for the homeless population in Boston for 50 years through assistance such as large scale housing and triage programs. Recently, Pine Street Inn created the Housing First program to help individuals who experience chronic homelessness; a population known to have higher mortality and higher rates of emergency room visits than the general population. This program houses individuals in need, and provides them with access to medical care. The Pine Street Inn advocated for the Advisory Committee to include people who experience homelessness into the prioritization process.

The last person to speak was Tom Callahan, the Executive Director at The Massachusetts Affordable Housing Alliance (MAHA). MAHA is a nonprofit in Dorchester that helps educate individuals with low and moderate home ownership to help have the opportunity to own their

own homes. Tom explained that nearly 74% of people that MAHA works with to buy a house are racially and ethnically diverse. In the city of Boston, 68% of the people they work with are racially and ethnically diverse, of which 28% are from Dorchester or Roxbury. MAHA is dedicated to closing the racial gap in home ownership. MAHA, with the support of Boston Children's Hospital, created STASH (Saving Toward Affordable and Sustainable Homeownership). This program works with first time home buyers and is working to identify a legal way to identify Black and Latino prospective home buyers. MAHA is advocating for the Advisory Committee to include individuals who are low and moderate home owners.

Aisha thanked everyone for sharing their comments with the Advisory Committee.

**Evaluation**

Alec introduced Valerie Polletta, HRiA, Associate Director of Research & Evaluation, to share an overview of the Community-based Health Initiative evaluation scope, focusing on the five community meetings.

Valerie provided a brief overview on the eight year evaluation scope. The first year is the planning year, which is used to develop the evaluation strategy for the next eight years. Year two through seven will be focused on the funding cycle, specifically related to measuring the community impact from the funded projects. Year eight will be the cumulative evaluation to measure the overall success of the Community-based Health Initiative. In addition to evaluating the Community-based Health Initiative, the evaluation team will help potential grantees build their own evaluation capacity.

Valerie then provided an overview of the community meeting evaluation strategy. At each meeting, there were two HRiA observers. Each observer had a list of questions to answer based on their observations. Participants also filled out a survey near the end of the meeting, prior to the gift-card drawing. Valerie shared that 142 surveys were filled out at the five community meetings. Each survey was available in eight languages and represented the interpretation available at the community meetings.

To understand outreach efforts, the survey asked how people heard about the community meetings. Per the survey results, 34.3% people heard about the meeting through a community organization followed by word of mouth, flyers, emails, other (i.e. BIDMC Trustee or walked by), social media, and newsletters. Survey results showed that 42.3% of people in attendance had either never been to a community meeting, or had rarely (once) gone to a community meeting.

Valerie then reviewed the participant demographics. There was a wide range of ages represented throughout the process spanning from under 18 years old to over 75 years old. Approximately 72% of participants identified as female, with 1.4% identifying as genderqueer or an additional gender category. There was a wide range of race/ethnicity in attendance. Approximately 37.9 % of meeting participants were Asian, 22.0% White, 20.5% Black or African American, 8.3% Hispanic or Latino (any race), 2.3% multiple races, and 0.8% American Indian/Alaska Native. The surveys indicated that 64.7% of all meeting participants were residents of the community and 49.1% of participants were representing local organizations within the neighborhood. Participants were able to select more than one option, resulting in the total being greater than 100%.

The last measure on the survey was on the satisfaction of participants following the community meetings. Overall, participants agreed/strongly agreed that the community meeting was a good day/time, it was a comfortable environment to share opinions, and participants understood how this information would be used.

Alec thanked Valerie for sharing the community meeting findings.

**Community Engagement Findings and Prioritization**

Alec told the Advisory Committee that during this meeting, they would need to come to consensus on the preliminary health priorities for BIDMC's Community-based Health Initiative.

Alec began the conversation by reviewing the health priorities previously identified by the Advisory Committee for community engagement discussions; housing, education, mental health, jobs and financial security, violence and substance use disorders. In addition to the topics previously decided on by the Advisory Committee, some communities identified that they wanted to discuss access to care, wellness/chronic disease/healthy communities, elder health, and environmental health.

Data from the community meetings show that among all of the communities, the health priorities ranking from high priority to low priority were housing, education, access to care, mental health, job and financial security, violence, substance use disorder, wellness/chronic disease/healthy communities, elder health, and environmental health, respectively. Alec then reviewed the ranking of priorities by neighborhood and explained that the diversity of each neighborhood population influenced the top priorities.

One Advisory Committee member asked if key organizations working on specific issues were identified following the community engagement process. Nancy explained that the community meeting facilitation guide asked for participants to identify local organizations working on these issues. The member then asked if the Advisory Committee can reach out to organizations for key informant interviews. Nancy explained that the community participants identified a gap, BIDMC reached out to those places individually to ensure their voices are heard. Nancy explained that more outreach is an option, but the Advisory Committee previously chose to align with and utilize data from the Boston Collaborative, which conducted nearly 50 key informant interviews and a multitude of focus groups as well as a city-wide survey.

The Advisory Committee then moved into the prioritization process. The goal of the conversation was to narrow down the health priorities from six or seven priorities to three or four. Prior to the discussion, Alec explained that the Boston Collaborative identified four priorities based on five ideas: Burden, how much this issue affects the health in Boston; Equity, addressing this issue will substantially benefit those most in need; Impact, working on this issue achieves both short-term and long-term change; Feasibility, the possibility to address this issue given infrastructure, capacity, and political will; and Collaboration, how existing groups across sectors are willing to work together on this issue.

Based on the findings from the Collaborative and the community meetings previously discussed, the Advisory Committee used polling technology to see if there was a consensus on high versus low priorities. Preliminary polling results showed that housing, access to

care, education, and mental health were the top four priorities, followed by jobs and financial security, substance use, and violence.

Alec asked the Advisory Committee if they wanted to advocate for a health priority not identified as a priority during the polling. One member felt that wellness/chronic disease/healthy communities should be a priority. They explained that this topic is broad enough to include other heath priorities, and that they believe it is important to have built in flexibility in the priorities. Another member recommended combining mental health and substance use to be behavioral health as an overarching priority. One Advisory Committee member thought it was interesting that violence was not identified as a top priority. The member explained that violence may not be top ranking, but does influence two of the communities in BIDMC's Community Benefits Service Areas. Another member agreed that violence is a concern in some neighborhoods. One Advisory Committee member advocated for making jobs and financial security a priority because it is connected to other priorities such as housing, health, and violence. Another member was uncertain if the committee had the capacity to make change in terms of education. One Advisory Committee member highlighted that there is a large racial justice component for mental health and violence. The member brought the conversation back to the ranking criteria (i.e. Burden, Equity, Impact, Feasibility, and Collaboration) and asked what is not currently being addressed and who is not being serviced.

Based on the polling and discussion among the Advisory Committee, Alec reviewed each priority area with the Advisory Committee to see if there was consensus on keeping or removing priorities. The Advisory Committee agreed to remove environmental health, elder health, and education. They also agreed to keep housing, jobs and financial security, and behavioral health (mental health and substance use). The Advisory Committee was uncertain on how to include access to care, wellness/chronic disease/healthy communities and violence. Some Advisory Committee members questioned if access to care could fall into other priority areas and instead make the fourth priority flexible enough to include community wellness and other social determinants of health including violence. Nancy mentioned that one concern is if there are too many subtopics, this could cause dilution of funding, creating a smaller impact in the long run. One member asked for an example of how we will know if we are successful – what are the measures? What is the evidence or best practice? The member explained that this information would help define sub priorities at the next meeting. Nancy said we do not currently have that information, but we can prepare a sample of evidence-based practices/strategies for the next meeting.

Alec asked if the Advisory Committee wanted to do a preliminary vote with three priorities (housing, jobs and financial security, and behavioral health (mental health and substance use)), and the BIDMC and JSI team can take time to determine suggestions/recommendations for the fourth priority for the next meeting. The Advisory Committee agreed. A motion was made to accept housing, jobs and financial security, and behavioral health (mental health and substance use) as priorities with a fourth topic pending discussion. The motion was seconded and passed.

## **Adjourn**

Nancy thanked the public for joining and for sharing their thoughts with the Advisory Committee. Nancy also thanked the Advisory Committee for attending the meeting and for their continued dedication. She stated that after the meeting, the Community Benefits team

will create proposed recommendations for a fourth priority and gather data on evidence based practices. HRiA will also share the information provided at the large Collaborative prioritization meeting. Nancy reminded everyone that the next Advisory Committee meeting will be held on July 23rd.