

**New Inpatient Building (NIB) Community Advisory Committee (CAC)
Meeting Minutes
Tuesday, July 23, 2019, 5:00 PM – 7:00 PM
BIDMC East Campus
Leventhal Conference Room, Shapiro Building**

Present: Elizabeth (Liz) Browne (by telephone conference), Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Barry Keppard, Patricia (Tish) McMullin, Holly Oh, MD, Joanne Pokaski, Jane Powers, Luis Prado, Edna Rivera-Carrasco, Richard Rouse, Jerry Rubin, LaShonda Walker-Robinson, and Fred Wang

Absent: Tina Chery, Phillomin Laptiste, Theresa Lee, Alex Oliver-Davila

Guests: Alec McKinney, John Snow Inc. (JSI), Senior Project Director; Madison MacLean, JSI, Facilitator

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 a volunteer to share why they are involved in the Community Advisory Committee (Advisory Committee).

Richard Giordano, Director of Policy and Community Planning, Fenway Community Development Corporation, shared that he is passionate about improving housing in Boston. He recently heard Megan Sandel speak about Boston Medical Center's housing initiative. He hopes that BIDMC will follow suit.

Next, the minutes from the June 25th Advisory Committee meeting were reviewed and accepted.

Public Comment Period

Nancy entered into record two written public comments that were given to the Advisory Committee five business days prior to the meeting. Comments were received from Susan Chu, Executive Director, Chinese Consolidated Benevolent Association of New England (CCBA) and Angie Liou, Executive Director, Asian Community Development Corporation.

Nancy then introduced the oral 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. Individuals sign up to speak at the meeting. Slots were allocated on a first come, first served basis. Nancy shared that if time runs out before the individual finishes, or 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 the June 25th Advisory Committee meeting and felt as though education should be prioritized by the Advisory Committee. Dr. White-McLaughlin explained that access to education gave her an opportunity to develop professionally and led her to serve as President of the Metropolitan Council for Educational Opportunity, Inc. (METCO) Board. She explained that education is the least expensive way to help residents. Dr. White-McLaughlin mentioned a Boston Globe article that shared stories of 15 racially and ethnically diverse valedictorians from Boston Public High Schools. The story highlighted that graduates did not feel ready for life after high school. She explained that the Boston Public School system needs to create a new process for educating students. She believes there are many ways BIDMC can help improve education in Boston.

Radiology

Alec introduced Kelly Hart, a member of BIDMC's Radiology team, who was presenting on a new Computed Tomography (CT) scanner for BIDMC's West Campus. There are three CT scanners on BIDMC's West Campus; one for emergency visits, one for inpatient and outpatient use, and one for procedures. Currently, all three CT scanners are at capacity, creating multiple challenges. This leads to long wait time for patients; on average procedures for cancer diagnoses are scheduled up to 10 days in advance, with cancer treatments scheduled up to 6 weeks in advance. Outpatient visits are diverted to other campuses, requiring sick patients to travel between doctors' offices and the CT scanner. Additionally, if a scanner goes down it can take a few hours or a few days to be repaired, causing services to be delay/canceled. Adding a new scanner will reduce wait time for inpatients and create more availability for outpatients, leading to faster diagnoses and treatments. Additionally, if there are equipment issues, services would not have to be suspended. One committee member asked what happens if the new machine has equipment issues. Kelly explained that if this happens, there would be fewer delays since there would be three other machines.

Kelly and her colleague Dr. Bettina Siewert asked if there were any questions. One committee member asked if other hospitals were having this problem. Kelly and Dr. Siewert said that other local hospitals are having this problem, and have invested in new CT machines. One member asked how much a CT scanner cost. Kelly explained that it cost approximately \$2.2 million, but the money for the new machines has already been allocated. Nancy explained that the new CT scanner would result in BIDMC having to complete a new Determination of Need (DoN) and the required 5% of the Total Capital Expenditure (TCE) would ideally be combined with the current Community-based Health Initiative funding for the New Inpatient Building.

Alec thanked Kelly and Dr. Siewert for sharing information on the new CT scanner.

NIB CHI Priorities and Sub-Priorities

Alec explained to the Advisory Committee that during this meeting, they would work to reach consensus on the health priorities and narrow the sub-priorities down to two or three per priority area. Alec reminded the Advisory Committee that at the June 25th meeting there was a preliminary vote to accept housing, jobs and financial security, and behavioral health (mental health and substance use) as priorities, with a fourth topic pending discussion at the July 23rd meeting.

Alec summarized that at the last meeting, the Advisory Committee wanted to find a way to incorporate access to care, other social determinants of health, and violence prevention into the priority areas. Alec and Nancy proposed a category called healthy neighborhoods. They explained that this is a suggestion, and there should be a discussion among the Advisory Committee. This priority would allow for the seven communities (Allston/Brighton, Bowdoin/Geneva, Chelsea, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury) to have their own community-driven/led prioritization process. The Advisory Committee would set parameters and criteria on how the funds could be used. Questions came up regarding the subtopics proposed for healthy neighborhoods. Nancy explained that since needs were different based on the demographics and geography, the subtopics represented the potential areas that could be prioritized by the individual neighborhoods based on the needs identified through the Boston CHNA/CHIP Collaborative's work and BIDMC's community meetings. Many Advisory Committee members felt this category encompassed what was discussed at the June 25th meeting. A few concerns were raised regarding this priority including that it could be difficult to achieve; if the investment is not substantial enough, it would not make significant positive change in addressing the identified needs, potentially, creating more harm than good. Additionally, the Advisory Committee thought that this method could be reinventing the wheel and would take time to get it started. Another Advisory Committee member felt that healthy neighborhoods was the most important priority area from a Public Health perspective, adding that this priority moves beyond organizations and creates social cohesion among the community. A motion was made to accept housing, jobs and financial security, behavioral health (mental health and substance use) and healthy neighborhoods as priorities. The motion was seconded. Of the eleven voting members present, ten voting members voted in favor of the priorities passing, and one voting member abstained. The motion passed.

The Advisory Committee then moved into narrowing down the sub-priorities for each priority area. Alec informed the committee that the recommended sub-priorities and strategies are not an exhaustive list, and were based on the Advisory Committee's requests to provide and synthesize evidence-based strategies found through a literature review. Many of the sub-priorities and strategies were identified and/or included in the Boston CHNA/CHIP Collaborative prioritization and planning processes. He reminded the Advisory Committee that the evidence-based strategies were sent out in the Advisory Committee meeting packet one week prior to the meeting. Nancy reminded the committee that all strategies selected for CHI funds will need to be evidence-based or evidence-informed.

Housing

Four housing sub-priorities were recommended to the Advisory Committee; affordability, homelessness, home ownership, and gentrification/displacement

The Advisory Committee did not feel they had the capacity to create change in housing gentrification and displacement; rather this change is rooted in government policy. One member recommended removing this topic. The Advisory Committee was in agreement and removed gentrification and displacement as a sub-priority for housing.

One Advisory Committee member mentioned that many of the evidence-based strategies given to the committee prior to the meeting were mainly focused on housing individuals with substance use disorders. Though important, this individual emphasized there needs to be discussion and strategies related to affordable housing for all individuals. There was discussion around the overlapping nature of the three sub-priorities; affordability, homelessness, and home ownership. The Advisory Committee questioned what impact for these sub-priorities would look like and how much of an investment would need to be made to have an impact.

After discussion among the Advisory Committee, polling technology was used to see if there was a consensus on the selection of sub-priorities. Preliminary polling results showed that affordability was the top priority, with homelessness and home ownership ranked second to affordability, and equally important to one another. After further discussion, it was recommended to fold home ownership and homelessness into affordability, making “affordability, with home ownership, and homelessness as subtopics” the sub-priorities. A motion was made to accept “affordability, with home ownership, and homelessness as subtopics” the sub-priorities. The motion was seconded and all members were in favor. The motion passed.

Jobs and Financial Security

Three jobs and financial security sub-priorities were recommended to the Advisory Committee; education/workforce training, employment opportunities, and income/financial supports.

One member recommended changing the term workforce training to workforce development because it encompasses a broader range of workforce opportunities. The Advisory Committee agreed with this change. A few members asked about the difference between employment opportunities and bridge programs, a potential strategy under education and workforce development. An Advisory Committee member who works in career development explained that employment opportunities are about creating jobs and subsidizing jobs for those who may have difficulty finding them. Bridge programs help individuals with low skills grow into higher level positions. The Advisory Committee then began discussing income/financial supports. Some members were uncertain if the potential strategies were relevant to the work they want to accomplish and that some tactics such as micro-finance programs were a risky investment.

After discussion among the Advisory Committee, polling technology was used to see if there was a consensus on high versus low sub-priorities. Preliminary polling results showed that education/workforce development was the top priority, with employment opportunities and income/financial support ranked second to education and workforce development and equally important to one another. A motion was made to accept all three priority areas; education/workforce development, employment opportunities, and income/financial support. The motion was seconded. Ten voting Advisory Committee members were in favor of the sub-priorities passing, and one voting member abstained. The motion passed.

Behavioral Health

Three behavioral health sub-priorities were recommended to the Advisory Committee; mental health, substance use, and access to services.

The Advisory Committee members requested clarification on the definition of access to services. Alec explained that access to services, as recommended, is improving the availability of services and increasing the amount of providers in the workforce. Multiple members suggested that access to care can be a strategy under both mental health and substance use.

After discussion, a motion was made to accept mental health and substance use as sub-priorities with the caveat that potential strategies must include increasing access to services, including increasing workforce. The motion was seconded, and all voting members were in favor. The motion passed.

Healthy Neighborhoods

Alec discussed that healthy neighborhoods encompassed health priorities that varied based on neighborhood needs. Examples include topics such as access to care, social determinants of health, and violence.

Rather than determine sub-priorities, the Advisory Committee is tasked with creating a set of criteria that the community must meet to determine priorities and allocation. Alec and Nancy will draft an outline of criteria, and present it to the Advisory Committee for discussion at the next Advisory Committee meeting.

Allocation

Alec introduced the conversation for allocation of the priorities and sub-priorities. He explained that this will be voted on at the next Advisory Committee meeting. Given the Advisory Committee's request at the April 9th meeting to be given proposals to which they can react, Nancy and Alec provided a straw-model for the potential allocation discussion. The straw-model included 35% jobs and financial security, 15% housing, 20% behavioral health, and 30% healthy neighborhoods. Both Nancy and Alec emphasized that this was just a starting point for discussion. She explained that jobs and financial security and behavioral health both influence housing opportunities, which is why these priorities have a larger distribution of funds compared to housing. Likewise, she explained the significant desire and requirement for achieving impact and the belief that employment and financial stability/security and building wealth are key opportunities for impact.

A few members felt that more money should be allocated for housing. One recommendation was to give 60% of funds to housing, 20% to healthy neighborhoods, 10% to jobs and financial security, and 10% to behavioral health. There was also discussion about raising housing from 15% but less than 60%. Other members advocated for allocating more money to jobs and financial security because without a stable income, even if there is subsidized housing, people would not be able to afford it. Another recommendation was to have an even split of 25% per priority area.

Prior to the meeting ending, Alec reminded everyone that they will be voting on the allocation plan at the next Advisory Committee meeting.

Adjourn

Alec thanked the public for joining and for sharing their thoughts with the Advisory Committee. He stated that after the meeting, the Community Benefits team will resend the data collected by the Collaborative. Alec thanked the committee for their dedication and he reminded everyone that the next Advisory Committee meeting will be held on September 24th.