

**New Patient Building (NIB) Community Advisory Committee (CAC)
Meeting Minutes
Tuesday, April 9, 2019, 5:00 PM – 7:00 PM
BIDMC East Campus
Rabkin Board Room, Shapiro Building**

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

Absent: Patricia (Tish) McMullin, Jane Powers and Luis Prado

Guests: Terry Greene, JSI, Senior Environmental Health Specialist; Madison MacLean, JSI, Consultant; Alec McKinney, JSI, Senior Project Director; Heather Nelson, HRiA, Managing Director, Research and Evaluation; Van Pham, JSI, Project Associate; Valerie Polletta, HRiA, Associate Director, Research & Evaluation; Priyoki Rana, HRiA, Research Assistant; Tajan Braithwaite Renderos, JSI, Senior Consultant; Nicole Robertson, HRiA, Research Associate; Annie Rushman, Senior Associate; Rudy Vega, JSI, Senior Consultant **Public:** Four members of the public were present at the meeting; one community member, the President/CEO of a local non-profit, and two attorneys.

Minutes:

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).

Tina Chery volunteered and shared Louis D. Brown Peace Institute's role in serving the community when acts of violence occur. The Louis D. Brown Peace Institute helps families who have been impacted by trauma access the resources they need to process and begin to heal. She shared that when traumatic events such as the recent triple shooting in Mattapan happen, people hear about them in the news, but then they don't hear anything about the response afterwards. She continued to say that the impact of the trauma lingers in the community and people need to come together in support and solidarity, because there are no winners when an act of violence occurs in the community.

Nancy then reviewed the work completed by the Advisory Committee leading up to this meeting, and shared the future role and responsibilities of the Advisory Committee in the Community-based Health Initiative process. In addition to advising BIDMC on the

Community-based Health Initiative process, Nancy highlighted that a critical role for Advisory Committee members is to engage, educate, and be a liaison with members of the community. She also reminded the Advisory Committee of the goal to create an open and transparent process. This will be achieved through open meetings, public comments, and sharing meeting minutes on the Community-based Health Initiative website.

Nancy then presented on a new framework recommended by the Massachusetts Department of Public Health (MADPH) for use by the Advisory Committee 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.

Public Comment Period

Before beginning the Public Comment Period, Nancy reviewed the public comment protocol.

There were no public comments shared during this meeting.

Facilitator and Evaluator Overview

Nancy informed the Advisory Committee that this was the first time that both the Independent Facilitator and Independent Evaluator were present at the meeting.

John Snow Inc. (JSI), the Independent Facilitator, introduced their team. Alec McKinney, Project Director, explained his team's role with the Community-based Health Initiative. JSI will facilitate the Advisory Committee meetings and community forums. The goal is to help make all voices heard, both in the Advisory Committee and in the community. JSI will help BIDMC reach the goal of creating a transparent and inclusive process. JSI will also engage community-based organizations to promote available funding opportunities and monitor roll out of the funding strategy.

Next, Health Resources in Action (HRiA), the Independent Evaluator, introduced their team. Valerie Polletta, Evaluation Lead, shared that HRiA is a public health nonprofit that works to develop, implement, and evaluate population health solutions. Valerie provided a brief overview of the evaluation goals for the Community-based Health Initiative. The current primary goal is to determine what success looks like for the community engagement strategy. Over the next few weeks, HRiA will engage stakeholders in conversations to identify key questions related to what success looks like for the Community-based Health Initiative and how it is measured. After these conversations, HRiA will bring these results to the Advisory Committee for additional discussion. Valerie explained that in addition to supporting the Community-based Health Initiative evaluation, they will work with potential grantees and future grantees to help build their capacity for evaluation. This will be done through capacity building workshops to help organizations understand evaluation metrics used to judge success of funded programs.

Community-based Health Initiative Community Engagement Strategy

Nancy reviewed preliminary data from the Boston CHNA-CHIP Collaborative (Boston Collaborative). Primary data was collected via surveys, focus groups, and key informant interviews. The primary data collection captured information from hard-to-reach populations. However, it lacked data on families affected by incarceration and is still awaiting information on the Chinese population. The preliminary data showed that most of BIDMC's Community Benefit Service Areas were well represented, and responses were proportional to the city's population. However, more information is needed in the Fenway/Kenmore and Bowdoin-Geneva neighborhoods.

Preliminary primary data and the secondary data showed that significant disparities persist and are correlated with: race/ethnicity, gender, income, renter/owner, and education. Prominent health disparities include mental health and substance use, chronic disease, violence and trauma, and low birth weight births. The social determinants of health disparities identified were housing, food insecurity, financial security and income, and education.

Alec explained to the Advisory Committee that the goal of the meeting was to agree on the priority populations on which the Advisory Committee wants to focus during the Community-based Health Initiative community engagement outreach. Alec then introduced Tajan Braithwaite Renderos, JSI's Senior Project Director/Capacity Building Expert, who facilitated the conversation.

Tajan briefly reviewed the priority populations discussed at the February 26th Advisory Committee meeting. She then asked, given the preliminary primary data and the secondary data from the Boston Collaborative, are there populations that should be added or removed from the priority population list? The Advisory Committee discussed how each population should be defined. Members brought up different points including how geographic locations have different needs despite being within the same population; having too broad of a definition for populations can lead to outreach that does not engage hard-to-reach populations; and that topics such as low resource can be defined differently based on who is asked.

A few members thought it would be helpful to have data about the priority populations being discussed. Nancy explained that primary data at the neighborhood level is not readily available. Valerie mentioned that one reason these populations are considered hard-to-reach is because there is limited information and data on them. Nancy explained that BIDMC is reliant on the Advisory Committee, who as experts in these neighborhoods, will help identify and reach these populations. The BIDMC Community Benefits team will compile a document with available secondary data on the neighborhood level and send it to the Advisory Committee.

The Advisory Committee proposed seven priority populations and reached consensus on the following: low resource individuals and families defined as having an income below the median and/or an income at or below 250% of the federal poverty level; Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ) with a special focus on LGBTQ youth, and those who identify as transgender, queer, or questioning; older adults specifically those who have a disability, are less mobile, and have a limited support system; youth,

either adolescents or youth and families; families affected by incarceration including those previously incarcerated who are re-entering the community; and the homeless.

Once the priority populations were determined, the Advisory Committee began discussing recruitment and outreach strategies for the five community forums. Many members voiced concern that these populations are having survey fatigue and are not seeing or hearing results from the data that is being collected. Tajan posed the question, how can BIDMC message these forums to empower and encourage people to attend and make it worthwhile? Advisory Committee members made recommendations to improve recruitment and outreach through incentives such as food and child care; meeting the community where they are, such as going to pre-existing community events; leveraging existing relationships and sources to help identify community residents (e.g., mailing/emailing Longwood medical area contract workers who reside in the specified neighborhoods); and utilizing local organizations that are established and trusted within the community. One member mentioned that the Advisory Committee may learn more as focus groups are being conducted, and if this happens Advisory Committee members could potentially do some key informant interviews. Advisory Committee members reached consensus that there will be a broad marketing and outreach campaign in the priority neighborhoods with specific efforts to engage the previously agreed upon priority populations.

Adjourn

Nancy thanked everyone for a great discussion. She stated that after the meeting, the Community Benefits team will reach out to the Advisory Committee for their help to identify community organizations that could help reach the priority populations identified. Once this information is received, the Community Benefits team will begin planning the community forums. Nancy also said that once BIDMC receives the Boston Collaborative's Community Health Needs Assessment, the Community Benefits team will send it to the Advisory Committee to read. Nancy also reminded members to send their personal descriptions to Max Alderman for the "Meet the Advisory Committee" brochure.

Alec asked if the Advisory Committee had any advice on how the meeting was facilitated. Members of the Advisory Committee requested to have BIDMC propose options for the members to consider and react to before making a decision to ensure a more focused and effective use of time during the meetings. The Advisory Committee also requested that they receive data further in advance to a meeting to make sure they have time to understand the information. Alec then asked if the Advisory Committee would like to break up into small groups at future meetings. Some members of the committee were resistant and expressed that the thought it was more beneficial to discuss topics in a large group.

Nancy thanked the Advisory Committee for attending the meeting and for their continued dedication. She reminded everyone that the next Advisory Committee meeting is May 21st.