



**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.