



**New Patient Building (NIB) Community Advisory Committee (CAC)  
Meeting Minutes  
Tuesday, May 21, 2019, 5:00 PM – 7:00 PM  
BIDMC East Campus  
Leventhal Conference Room, Shapiro Building**

**Present:** Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Phillomin Laptiste, Patricia (Tish) McMullin, Holly Oh, MD, Alex Oliver-Davila, Jane Powers, Luis Prado, Edna Rivera-Carrasco, Richard Rouse, LaShonda Walker-Robinson, and Fred Wang

**Absent:** Tina Chery, Lauren Gabovitch, Theresa Lee, Joanne Pokaski, and Jerry Rubin

**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).

Edna Rivera-Carrasco volunteered and shared that she has lived in Boston her entire life. She recently decided to take the Commuter Rail to work and while she was walking there, she noticed a large homeless population moving into the commuter rail area. She explained that it is so easy for people to ignore, but it is important to pay attention to the growing problem. LaShonda Walker-Robinson agreed with what was mentioned, and emphasized that something needs to be done for this growing problem.

Nancy Kasen then raised two items that needed to be voted on. The first vote was for the April 9<sup>th</sup> Advisory Committee meeting minutes. Liz Brown made a motion to pass the minutes. Edna Rivera-Carrasco seconded this motion. Nine voting members were in favor of passing the April 9<sup>th</sup> meeting minutes. One Advisory Committee member abstained due to their absence from the meeting. The April 9<sup>th</sup> meeting minutes were approved. The second vote was for the immaterial changes to the Advisory Committee Charter. Nancy highlighted that “priorities” was changed to “health priorities”. Jane Powers made a motion to pass the updated Advisory Committee Charter, Fred Wang seconded this motion. Advisory Committee members were in favor and voted to pass the revised charter.

Alec McKinney, John Snow Inc. (JSI) Project Director, presented on the 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**

There were no public comments shared during this meeting.

### **Socially Responsible Investing**

Nancy Kasen introduced Megan Sandel, Associate Director of the Grow Clinic at Boston Medical Center (BMC) and Deborah Frieze, Co-Founder and President of the Boston Impact Initiative. In the next few months, the Advisory Committee will be charged with deciding how the Determination of Need (DoN) money will be utilized. Nancy explained that Megan and Deborah were present to discuss socially responsible investing; one method of upstream funding in which BMC invested its DoN money.

BMC was granted \$6.5 million for its DoN. BMC has a vision in which long term, affordable, quality housing is a human right available and accessible to all who live in Boston, specifically the underserved. Megan explained that BMC decided to gain a better understanding of housing issues by asking residents and community-based organization housing leaders for ideas/thoughts related to how to best invest their funds in housing. BMC and other local hospitals formed a partnership called the Innovative Stable Housing Initiative (ISHI). The ISHI Advisory Committee decided to invest their funds into specific housing projects.

Megan explained that the ISHI utilized participatory grant-making; an approach to engage communities throughout the funding process and give power to communities most impacted by funding decisions. One method ISHI is using is investing in social impact funds. This is when money from many investors is pooled in a fund and then loaned or given to help with a specific community need. The Department of Public Health allowed BMC to utilize this form of funding because it allows for more ongoing investments.

One Advisory Committee member asked Megan to clarify and provide examples of upstream funding. Megan explained that the ISHI is investing in three different forms of upstream investment funding. BMC, local hospitals, and partners came together to pool funding and contribute/invest in these funds. The first is a flex fund. This type of funding can be accessed for emergency use, such as preventing eviction. One Advisory Committee member asked who manages these flex funds. Megan explained that organizations apply for these funds. Once the funds are granted, the organizations decide when/how the funds are used. The second is upstream funding which can be used to invest in policy and advocacy. The third form of funding is resident led funding. This funding is a hands-off approach for the hospitals, and, as a pilot, allows the community to decide how to utilize this funding.

One organization that ISHI paired with is the Boston Impact Initiative. Deborah explained that the Boston Impact Initiative is a place-based, impact investing fund with a focus on economic justice. Their goal is to reduce wealth disparities by investing in local programs and creating ownership among communities. Boston Impact Initiative helps local start-ups in

different areas, such as accessing capital, to help them succeed. Deborah shared that one organization that the Boston Impact Initiative invested in is Cooperative Energy Recycling and Organics (CERO), a co-op that collects waste. Boston Impact Initiative helped connect CERO with loans they needed to advance their business. Business models such as CERO help create a system in which money that is loaned will be recycled back into the community. One Advisory Committee member asked how programs, such as CERO, are evaluated for effectiveness. Deborah Freeze explained that this is a collaborative process that works with others who are aiding these businesses.

Nancy thanked Megan and Deborah for joining, and said the Advisory Committee will continue the conversation on Socially Responsible Funding during the allocation process.

### **Community Engagement**

Alec provided a brief overview of the community engagement process, and highlighted that the Advisory Committee is currently working to identify the community engagement approach and key/sub topics.

Alec briefly reviewed the facilitation plan that will be utilized for the community meetings. The meeting facilitator will review the work being done by the Boston Collaborative and by the BIDMC Community-based Health Initiative. The facilitator will then identify the priority topics identified by the Advisory Committee and ask if this resonates with community members. After this discussion, participants will break up into smaller groups for more in depth conversations. Following these small groups, participants will come back together to rank their top health priorities. After the discussions, there will be a brief survey and a raffle drawing. Advisory Committee members agreed on this facilitation plan.

The Advisory Committee then provided input on the community meeting flyers. Members did not feel it encompassed what the meetings aimed to achieve. Nancy told the advisory committee that their ideas would be taken into consideration and the community meeting flyers would be redesigned.

Alec then reminded the Advisory Committee on previously voted on meeting locations and priority populations. Meetings will be held in Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, and Roxbury/Mission Hill. The priority populations are low resource individuals and families; Lesbian, Gay, Bisexual, Transgender, Queer or Questioning (LGBTQ); older adults; youth, either adolescents or youth and families; families affected by incarceration; and the homeless.

The Advisory Committee then began to think about what health topics and subtopics should be discussed during the Community Meetings. The key topics identified were Education, Employment/Financial Security, Mental Health, Violence, Housing, and Substance Use. The topics were then discussed in depth. For example education was thought about in terms of both cost of education, and health literacy. The Advisory Committee noted the level of intricacy involved with the subtopic. They decided it would be beneficial to vote on the general health priorities, with flexibility on subtopics based on the community's needs. Jane motioned to approve Education, Employment/Financial Security, Mental Health, Violence, Housing, and Substance Use as broad health priorities, with flexibility for subtopics based on community's needs. Richard Giordano seconded this motion. The motion passed.

## **Adjourn**

Nancy thanked the Advisory Committee for attending the meeting and for their continued dedication. She stated that after the meeting, the Community Benefits team will revise the flyers based on the advisory committees input. She reminded everyone that the next Advisory Committee meeting is June 25<sup>th</sup>.