



**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, Barry Keppard, Phyllomin 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 9th 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 9th meeting minutes. One Advisory Committee member abstained due to their absence from the meeting. The April 9th 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 (MDPH) 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 25th.

NEW INPATIENT BUILDING COMMUNITY ADVISORY COMMITTEE MEETING

Nancy Kasen, Director of Community Benefits

May 21, 2019

Goals for the meeting:

- Learn about funding strategies that address Social Determinants of Health
- Decide on the health priority topic areas for community engagement
- Finalize the community engagement strategy

Votes needed for:

- Approval of meeting minutes
- Approval of updated Charter
- Health priority topic areas for community engagement
- Community engagement strategy

Community Advisory Committee

Schedule (*Tuesday's from 5PM-7PM*)

Meeting Date	Meeting Deliverables
June 25, 2019	<ul style="list-style-type: none">• Review Final Community Engagement Results• Begin Health Priority Selection Process
July 23, 2019 (Pending)	<ul style="list-style-type: none">• Finalize and Approve Selection of Health Priorities
August: No Meeting	
September 24, 2019	<ul style="list-style-type: none">• Review Draft Allocation Plan
October 22, 2019	<ul style="list-style-type: none">• Finalize Allocation Plan for CHI Funds• Review Draft of DPH required <i>Health Priorities Strategy Form</i>

- Evaluation workgroup formed to guide evaluation
- May 7 Kick-Off Meeting:
 - Reviewed evaluation scope, focusing on Phase 1: Community Engagement Evaluation
 - Established clear roles and expectations for the evaluation process
 - Gathered feedback on draft Phase 1 Community Engagement Evaluation Plan
- Will meet 3-4 times per year to provide input on evaluation questions, needs, and methods on an ongoing basis

Consider:

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
- What might be any unintended consequences?

Welcoming Public Comments

Housing Investment Summary: Our Multiple Approaches to Housing Through Determination of Need dollars (UPDATED to 12 partnerships)

	Partners	Funding
Housing Project Investments	 	\$2.2M
Housing Support Service	 	\$0.91M
Hybrid Housing Project Investment	  	\$1.55M
Community Engagement & Housing Stability	  	\$1.6M
Social Impact Funds	 	\$0.51M

- In 2017, we innovatively guided DoN obligated funding towards housing.
- Total amount **\$6.76 million** to be given away over 3-5 years.
- **\$1.51 million** could be re-invested
- **\$1 million** PSI/BHCHP unallocated
- We support housing and wrap-around services for our patients and use **Community Investment Tax Credits** to stretch \$ (additional **\$750K**).
- We plan to test multiple approaches and have devoted **\$650K** to evaluation and oversight to determine the best approach.
- Other Boston hospitals making similar investments and work collaboratively to improve community health with us.
 - Boston Children's \$1 million
 - Brigham Women's 750K

1

Goals

Identify policy, systems, population, and place-based approaches that address displacement and increase housing stability

2

Fund these approaches through an inclusive participatory grant process that centers community voice and power

Vision

A Greater Boston where long term, affordable, quality housing is a human right, universally available and accessible to all, and where those who have been most impacted by inequitable and oppressive systems are liberated and reaching higher levels of economic sufficiency and autonomy

Values

Racial & Ethnic Equity



Community Voice & Power



Collaboration



Flexibility



Solidarity



What is Participatory Grantmaking?

An approach to philanthropy that engages residents at different levels of the process and gives decision making power to those most impacted by funding decisions so that they can be part of the solutions.



INFORMING
Grantmakers tell
Non-grantmakers receive



CONSULTING
Grantmakers receive
Non-grantmakers tell

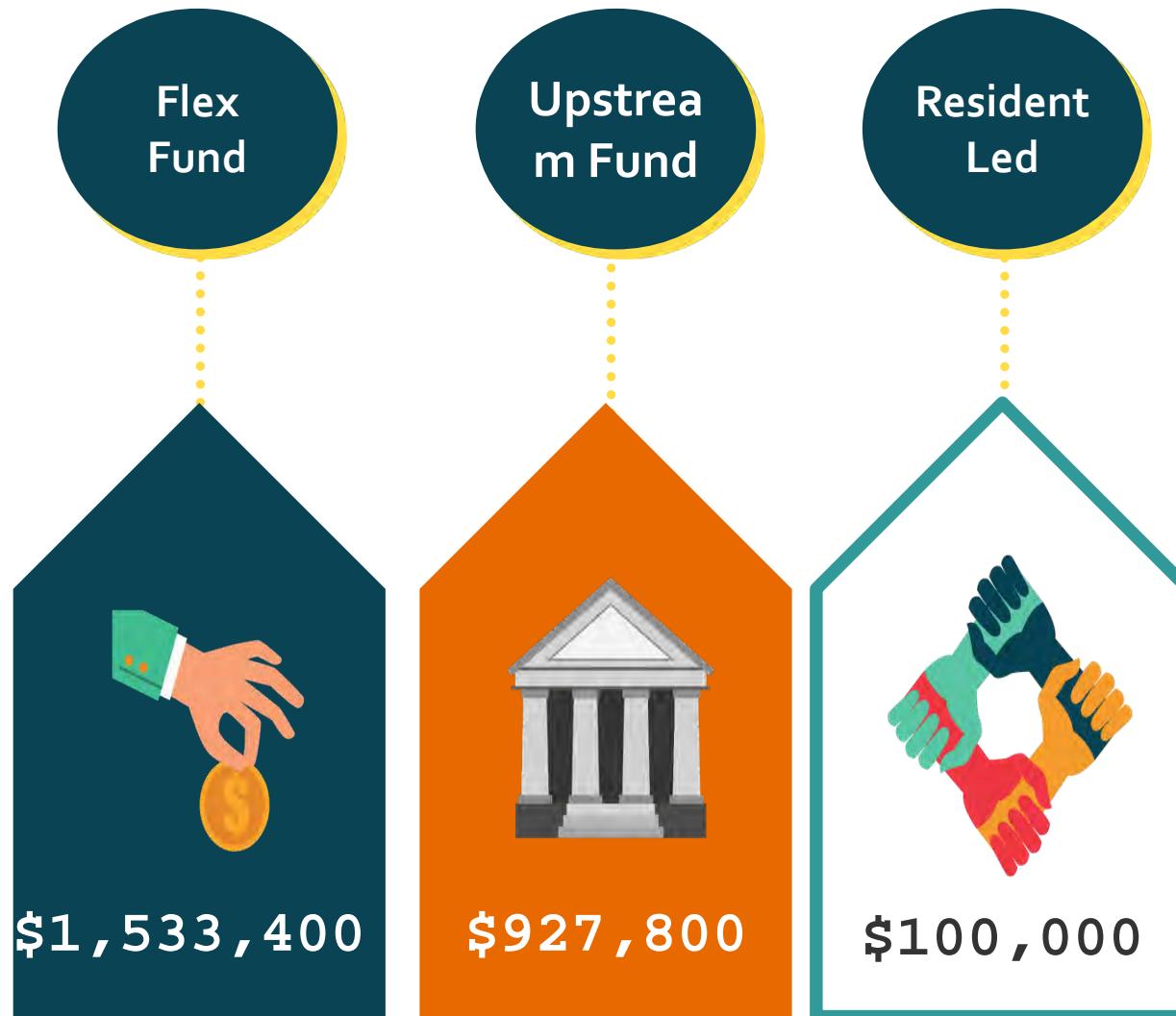


INVOLVING
Two-way communication that leads to grantmaker decisions



DECIDING
Two-way communication that leads to joint decision-making

Grantmaking



- Boston Medical Center= **\$1.2M***
- Boston Children's Hospital= **\$1M***
- Brigham & Women's= **\$750K***

*includes administrative costs



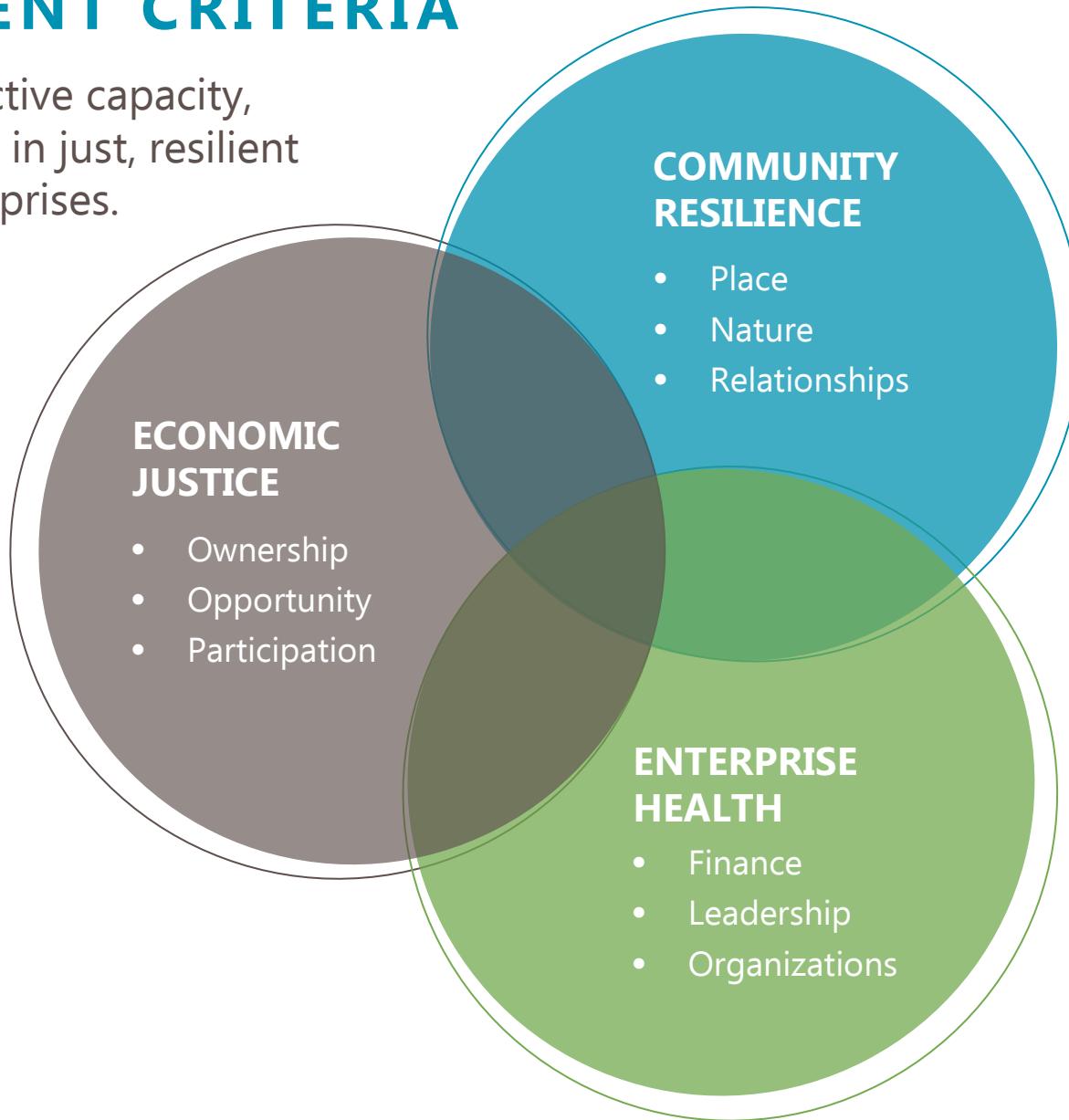
WE ARE A PLACE-BASED, IMPACT
INVESTING FUND WITH A FOCUS ON
ECONOMIC JUSTICE



Ted Fitzgerald, Boston Herald

INVESTMENT CRITERIA

To restore productive capacity,
we need to invest in just, resilient
and healthy enterprises.



FINANCING CERO

INVESTMENT TERMS

2012 GRANT	\$60,000 over 2 years
2013 LOAN	\$20,000 at 0% interest over 3 years
2013 CROWD	\$17,000 on IndieGogo
2014 DPO	\$340,000 at 4% dividend after 3 years
2016 LOAN	\$150,000 secured, \$175,000 unsecured at 3-5% over 7 years



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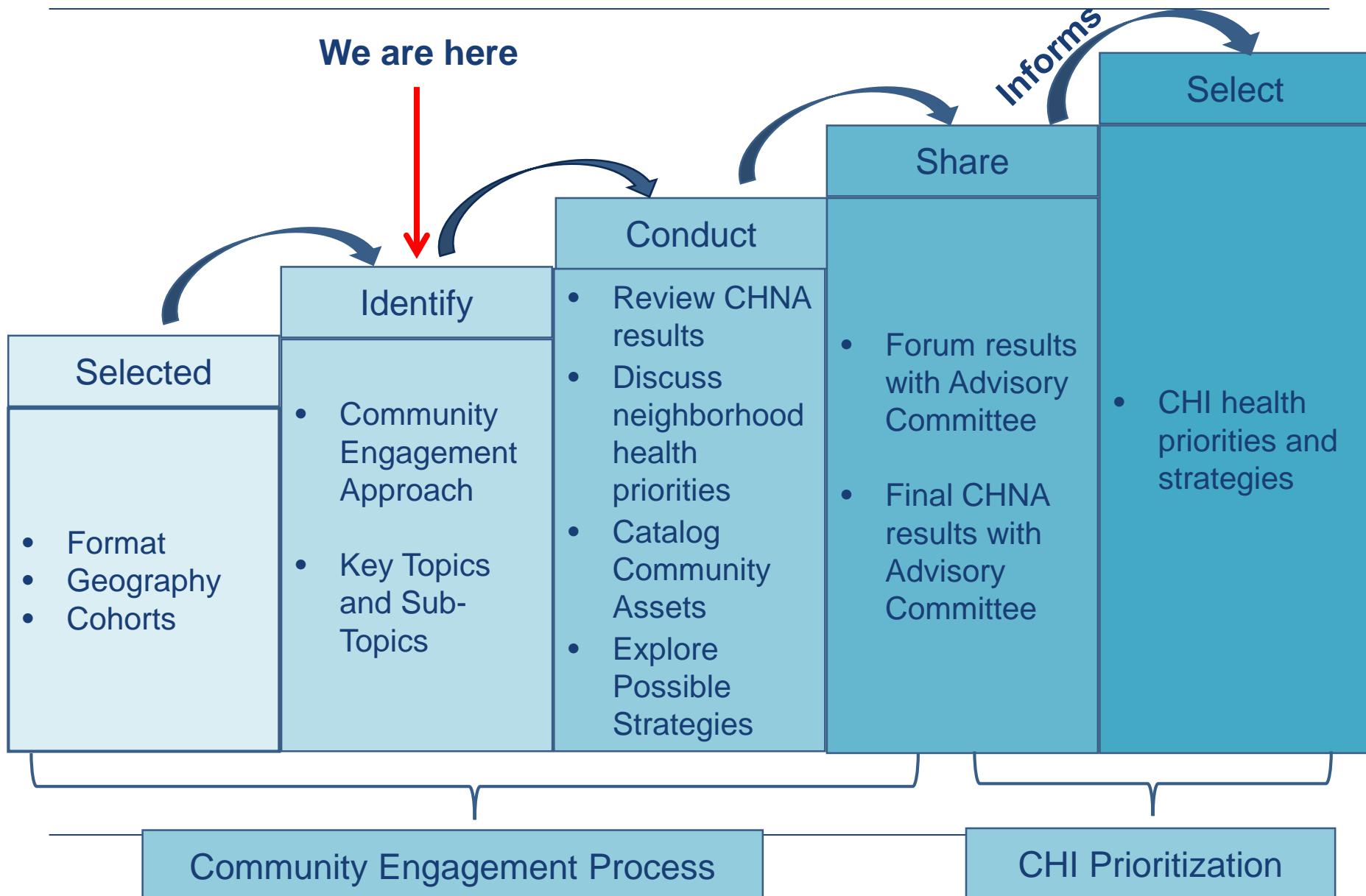
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Community Engagement Strategy Process

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center



Community Engagement Strategy Selections

Community Forums

- ✓ Allston/Brighton
- ✓ Bowdoin/Geneva
- ✓ Chinatown
- ✓ Fenway/Kenmore
- ✓ Roxbury/Mission Hill

**Chelsea

Priority Populations

- ✓ Low Resource Families
- ✓ LGBTQ
- ✓ Older Adults
- ✓ Racial & Ethnic Diverse Populations
- ✓ Youth
- ✓ Families affected by Incarceration
- ✓ Homeless

Emphasis

- Low wage workers
- Transgender; Queer
- Disabled; no support system
- Recent immigrants & English Language Learners (ELL)
- At-risk for homelessness
- Re-entry population

** Discuss after iCHNA process completed

Community Engagement Strategy

Community Meeting Schedule

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

Neighborhood	Date	Time	Location
Chinatown	June 2, 2019	10 AM – 12 PM	South Cove Community Health Center
Bowdoin/Geneva	June 10, 2019	6 PM – 8 PM	St. Peter's Teen Center
Allston/Brighton	June 11, 2019	6 PM – 8 PM	Charles River Community Health
Fenway/Kenmore	June 12, 2019	6 PM – 8 PM	Morville House
Roxbury/Mission Hill	June 17, 2019	6 PM – 8 PM	Bruce Bolling Building

Community Engagement Strategy

Purpose of Community Meetings

Goals

- Share preliminary results of City's community health needs assessment, including emerging priorities
- Gain a better understanding of: (by neighborhood)
 - Residents' health-related priorities
 - Existing community assets
 - Potential strategies
- Gather detailed information to inform the Advisory Committee prioritization and allocation process

Community Engagement Strategy

Health Priority Areas

Proposed Health Priority Areas

- Education
- Employment/ Financial Security
- Housing
- Mental Health
- Substance Use
- Violence

Considerations

- Aligns with the Collaborative's CHNA results
- Missing:
 - Tobacco Use/Smoking
 - Chronic Disease – asthma, diabetes, heart disease, cancer
 - Other?
- Sub-topics and focus areas considerations

What health priority areas and/or sub-priority areas should be the focus of community meeting discussions?

Health Priority Areas

- Education
- Employment/
Financial Security
- Housing
- Mental Health
- Substance Use
- Violence

Selected sub-topics:

- **Education** – access, quality, elementary, high school, college
- **Employment/Financial Security** – job opportunities, job training, readiness, financial insecurity, financial literacy, re-entry population
- **Housing** – quality, affordability, homelessness
- **Mental Health** – access to care
- **Substance Use** –tobacco, opioids, alcohol, active recovery, active addiction, access to treatment
- **Violence** – interpersonal, domestic, community, trauma, survivors

Vote:

Community Engagement Strategy

Health Priority Areas

Beth Israel Lahey Health 

Beth Israel Deaconess Medical Center

The proposal is for inclusion of the following health priority areas in the CHI community engagement strategy:

Health Priority Areas

- *Education*
- *Employment/ Financial Security*
- *Housing*
- *Mental Health*
- *Substance Use*
- *Violence*



To Be Determined by Advisory Committee at 5/21 Meeting

Selected sub-topics:

In addition to those prepopulated/ identified:

- Education – Health education, health literacy, School assimilation, Afterschool programs, assistance to college prep, Life long learning, older adults learning, Advocacy education, Cost of education, Policy, Specificity to neighborhood
- Employment/Financial Security – Career exploration, Job readiness, Language barriers, Retraining, Opening small business, Reliable transportation, Paid and unpaid internships
- Housing – phrasing on who is their landlord, know someone who was evicted
- Mental health – education of undiagnosed symptoms, stigma, use of the word “stress”
- Substance Use – alcoholism, addiction, street/police security, vaping, marijuana, stability recovery, what breaks the cycle
- Violence – know your rights

Vote:

Community Engagement Strategy

(Including Priority Areas for Consideration)

Beth Israel Lahey Health 

Beth Israel Deaconess Medical Center

Community Forums

- Allston/Brighton
- Bowdoin/Geneva
- Chinatown
- Fenway/Kenmore
- Roxbury/Mission Hill

**Chelsea

Priority Populations

- Low Resource Families
- LGBTQ
- Older Adults
- Racial & Ethnic Diverse Populations
- Youth
- Families affected by Incarceration
- Homeless

Health Priority Areas

- Have community members prioritize these areas at the meeting
- Have community members identify any overlapping priority areas



Engage hard-to-reach populations



Community Advisory Committee engagement is critical

** Discuss after iCHNA process completed

Advisory Committee Responsibilities:

- Review the Boston Collaborative drafted report (when available)
- Recruit participants from identified priority cohorts for forums
- Participate in community forums

Advisory Committee Members	2019				
	April 9th	May 21st	June 25th	July 23rd	September 24th
Elizabeth Browne	X	X			
Tina Chery	X	A			
Richard Giordano	X	X			
Sarah Hamilton	X	X			
Barry Keppard	X	X			
Phillomin Laptiste	X	X			
Theresa Lee	X	A			
Holly Oh	X	X			
Alex Oliver-Davila	Ph	X			
Luis Prado	A	X			
Jane Powers	A	X			
Edna Rivera-Carrasco	X	X			
Richard Rouse	X	X			
Jerry Rubin	X	A			
Fred Wang	X	X			
BIDMC Staff - Ex Officio					
Lauren Gabovitch	X	A			
Nancy Kasen	X	X			
Tish McMullin	A	X			
Joanne Pokaski	X	A			
LaShonda Walker-Robinson	X	X			

X	Participated
A	Absent
Ph	Phone