June 25th Meeting Packet

Meeting Agenda

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Agenda

New Inpatient Building (NIB) Community Advisory Committee (CAC)
Beth Israel Deaconess Medical Center (BIDMC)
Leventhal Conference Room, Shapiro Building
Tuesday, June 25, 2019
5:00 PM – 7:00 PM

I. 5:00 pm – 5:10 pm	Introduction and Welcome
II. 5:10 pm – 5:25 pm	Public Comment Period
III. 5:25 pm – 5:45 pm	CHI Evaluation Overview
IV. 5:45 pm – 6:05 pm	Community Meetings Findings
V. 6:05 pm – 6:55 pm	Prioritization Process
VI. 6:55 pm- 7:00 pm	Summary/Next Steps

Meeting Slides

NEW INPATIENT BUILDING COMMUNITY ADVISORY COMMITTEE MEETING

Nancy Kasen
Director of Community Benefits

June 25, 2019

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Community Advisory Committee Goals and Votes

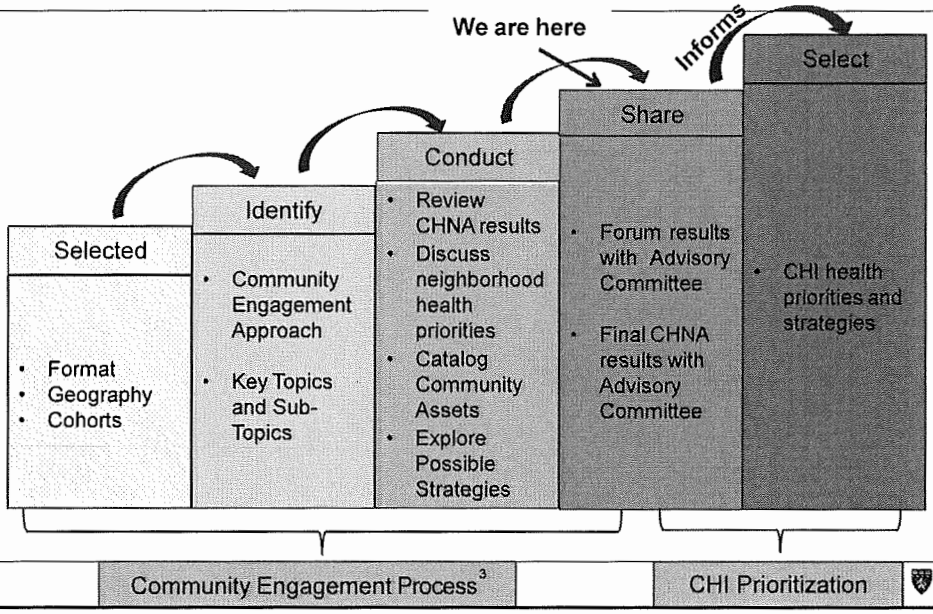
Goals for the meeting:

- Review Community-based Health Initiative (CHI) Evaluation Approach and Methods
- Review and discuss key findings from NIB CHI Community Meetings
- Identify and vote on NIB CHI Priority Areas
- Continue discussions on NIB CHI sub-priorities, emerging strategic ideas, and funding strategy

Votes needed for:

- Approval of meeting minutes
- NIB CHI Priorities

Community Engagement Strategy Process



Community Advisory Committee MADPH Framing Questions

Consider:

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

Community Advisory Committee
Public Comment

Welcoming Public Comments

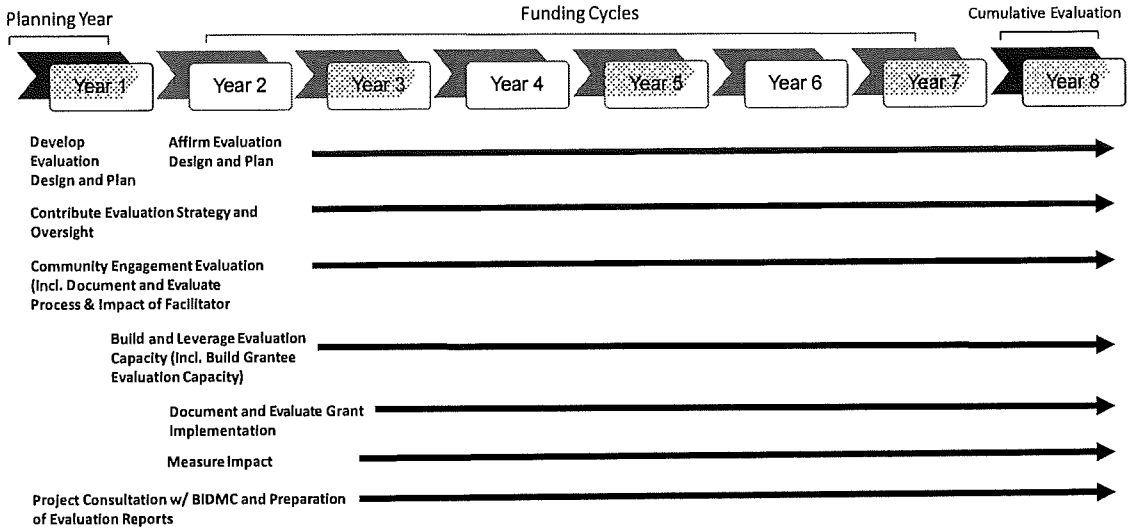
EVALUATION UPDATE
COMMUNITY ADVISORY COMMITTEE

June 25, 2019

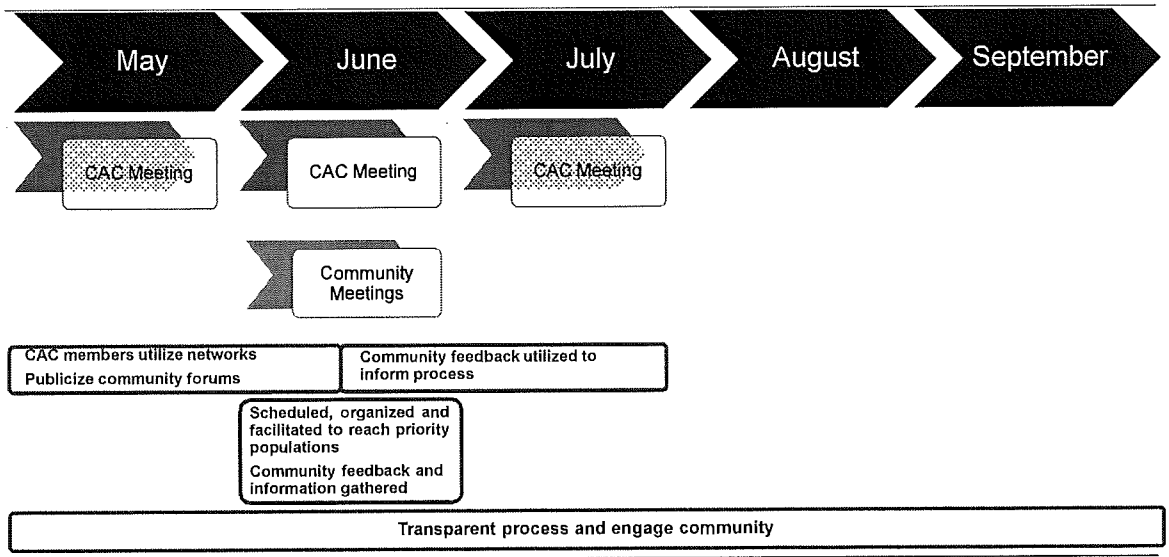
Beth Israel Lahey Health

Beth Israel Deaconess Medical Center | HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

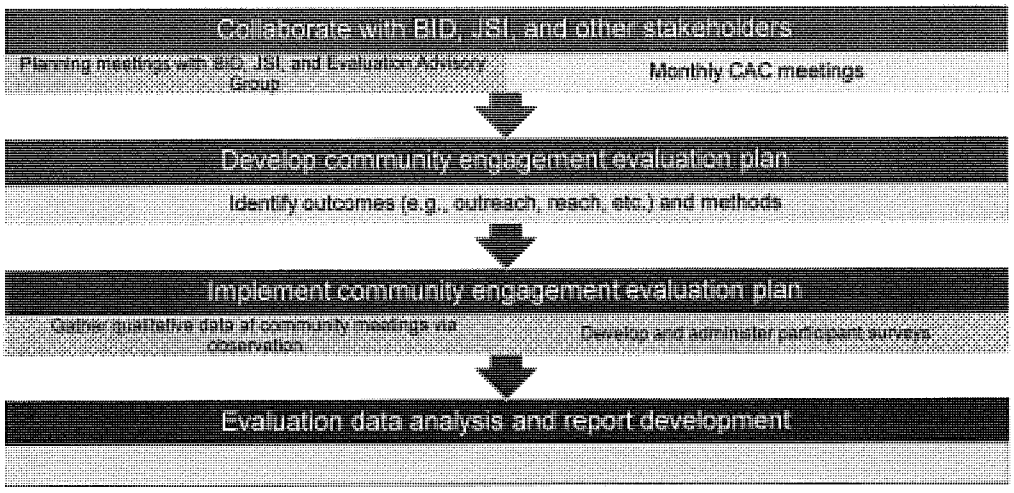
Overview of Evaluation Scope



Phase 1: Community Engagement Activities and Timeline



Overview of Phase 1 Community Engagement Evaluation



Phase 1 Community Engagement Evaluation Questions

To what extent did we…

1. Build awareness of the BIDMC Community-based Health Initiative (CHI) among stakeholders through a transparent and inclusive process?
2. Engage stakeholders in the BIDMC Community-based Health Initiative (CHI) process through a transparent and inclusive process?
3. Incorporate community feedback into the BIDMC Community-based Health Initiative (CHI) through a transparent and inclusive process?
4. Build capacity of community members throughout the BIDMC Community-based Health Initiative (CHI) process?

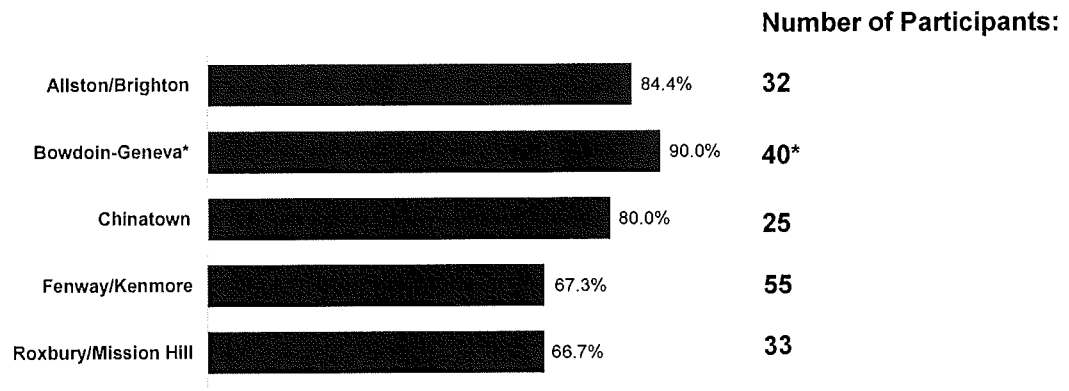
Phase 1 Community Engagement Evaluation Methods

- Community meetings:
  - Observation tool
  - Participant feedback form
  - Tracking outreach and communication
- Community advisory committee meetings
  - Member feedback form (to be developed)

Community Meetings

Participant Feedback Form – Preliminary Results

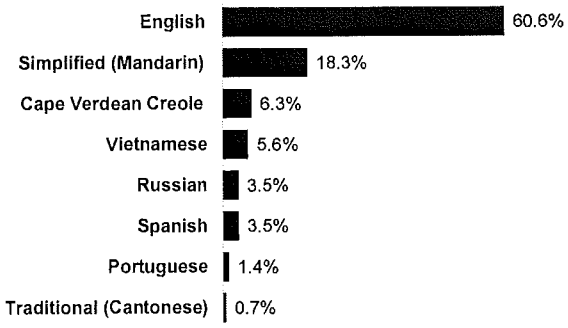
Community Meeting Feedback Form – Response Rate



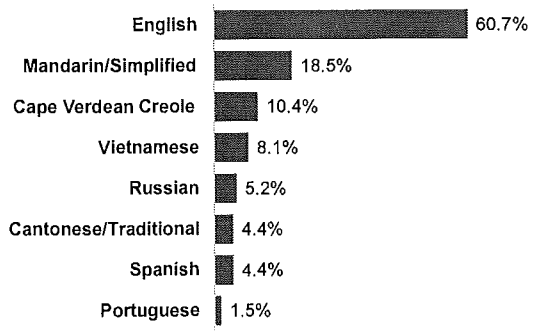
Note: Asterisk (*) indicates estimated number of attendees based on observational notes

Community Meeting Participants –Language

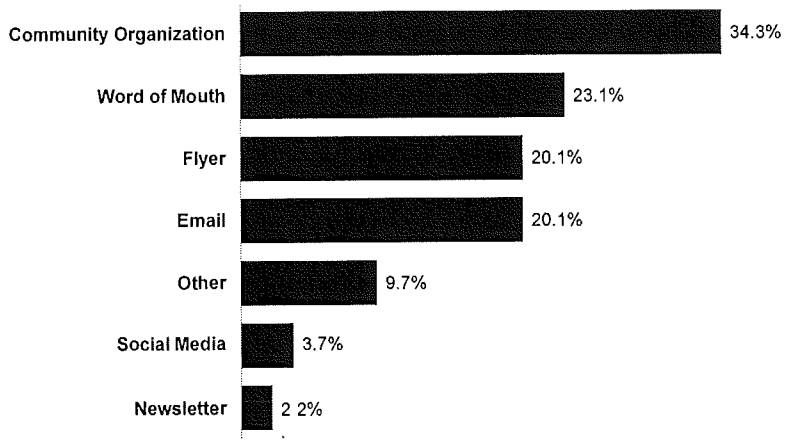
Language in which survey was taken



In what language do you prefer to receive information (Community meetings, resources, etc.)?

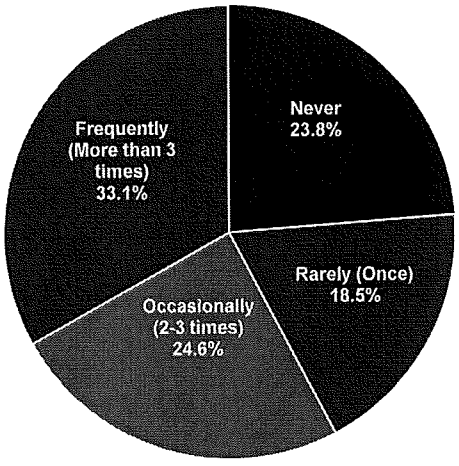


How did you hear about this meeting?

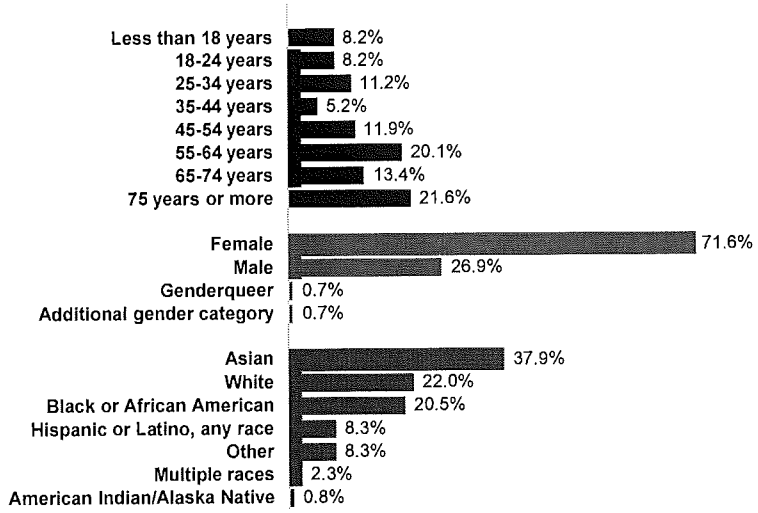


Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

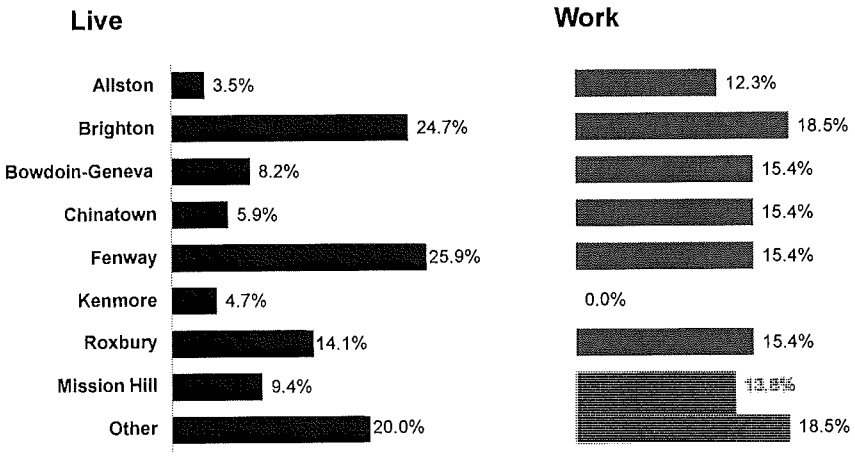
In the past year, how often have you participated in events that were similar to today's meeting?



Community Meeting Participant Demographics

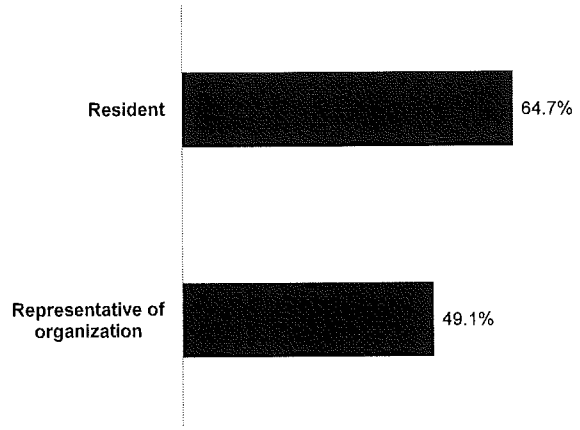


Do you live or work in one of the following neighborhoods?



Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

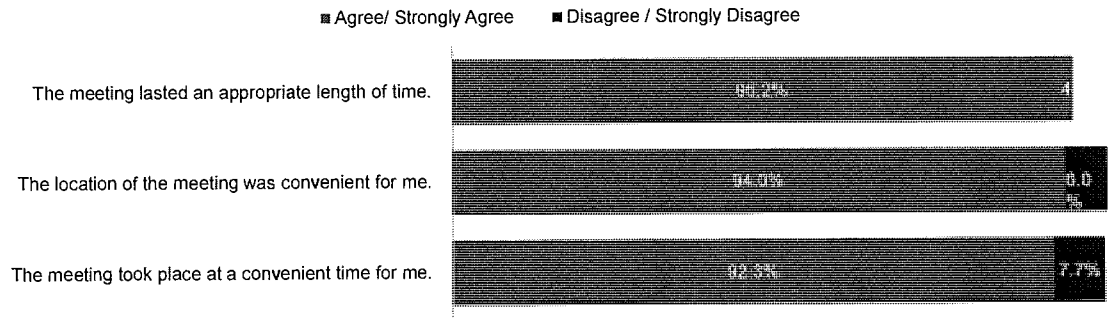
Did you come here today as a resident and/or a representative of an organization?



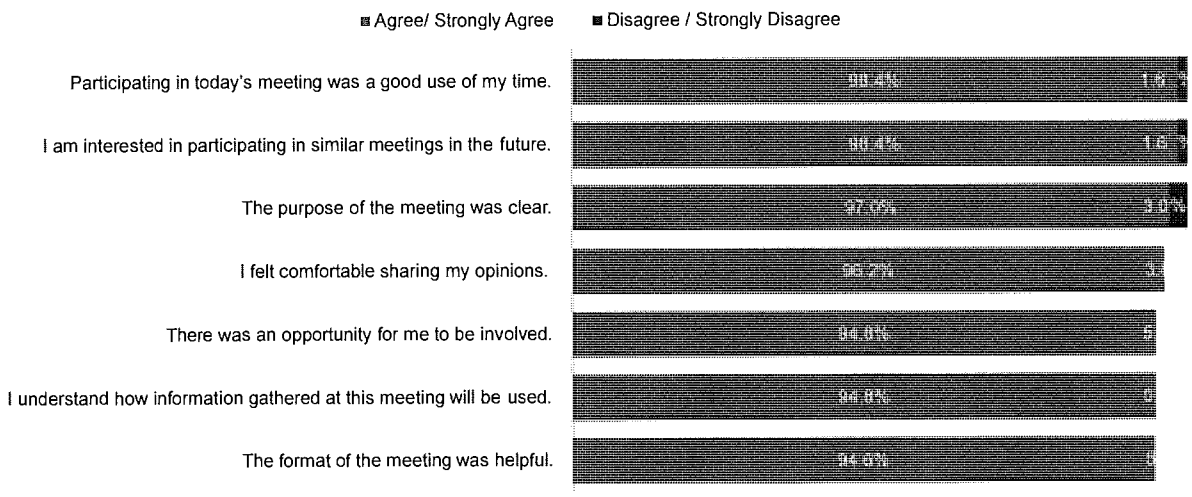
- 35 organizations represented
- Organizations with more than one attendee:
  - Charles River Community Health Center
  - BIDMC/CAC
  - Dimock Health Center
  - Greater Boston Chinese Golden Age Center
  - St. Peters Teen Center

Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

Please rate how much you disagree or agree with the following:



Please rate how much you disagree or agree with the following:



Community Engagement Findings
Priority Areas & Voting at Meetings

Priority Area	# of Votes	Rank
Housing	74	1st
Education	41	2nd
Mental Health	38	4th
Jobs and Financial Security	32	5th
Violence	25	6th
Substance Use Disorder	14	7th
Access to Care	40	3rd
Wellness / Chronic Disease / Healthy Communities	15	8th
Elder Health	7	9th
Environmental Health	1	10th

Community Engagement Findings
Priority Areas & Voting at Meetings

Priority Area (Overall Rank)	Rank of Priorities by Meeting				
	Chinatown	Bow/Gen	Alst/Brtn	Fen/Ken	Rox/MH
Housing (1st)	3rd	2nd	1st	2nd	1st
Education (2rd)	4th	1st	5th	4th	3rd
Access (3rd)	n/a	n/a	2nd	1st	n/a
Mental Health (4th)	1st	4th	5th	3rd	3rd
Jobs/Fin. Sec. (5th)	4th	5th	3rd	5th	2nd
Violence (6th)	n/a	3rd	4th	6th	4th
SUD (7th)	5th	5th	4th	n/a	5th
Wellness/CD (8th)	6th	3rd	n/a	7th	n/a
Elder Health (9th)	2nd	n/a	n/a	n/a	n/a
Env't Health (10th)	7th	n/a	n/a	n/a	n/a

Selection of CHI Priorities
Criteria for Ranking from BCCC

Burden: How much does this issue affect health in Boston?

Equity: Will addressing this issue substantially benefit those most in need?

Impact: Can working on this issue achieve both short-term and long-term change?

Feasibility: Is it possible to address this issue given infrastructure, capacity, and political will?

Collaboration: Are there existing groups across sectors willing to work together on this issue?

Selection of CHI Priorities
Goals and Things To Keep in Mind

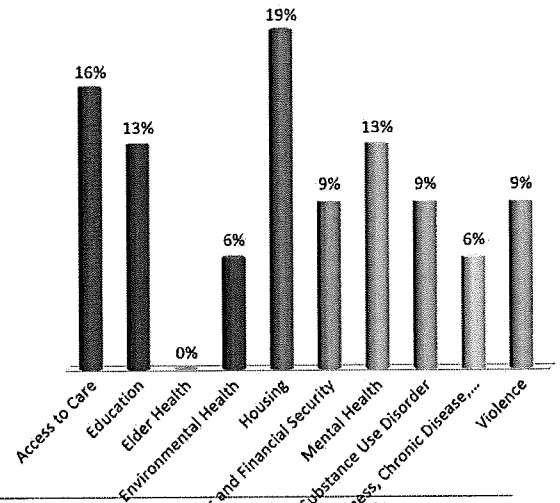
Goal tonight: Narrow core priority areas down from 6 or 7 priorities to 3 or 4

Things to keep in mind:

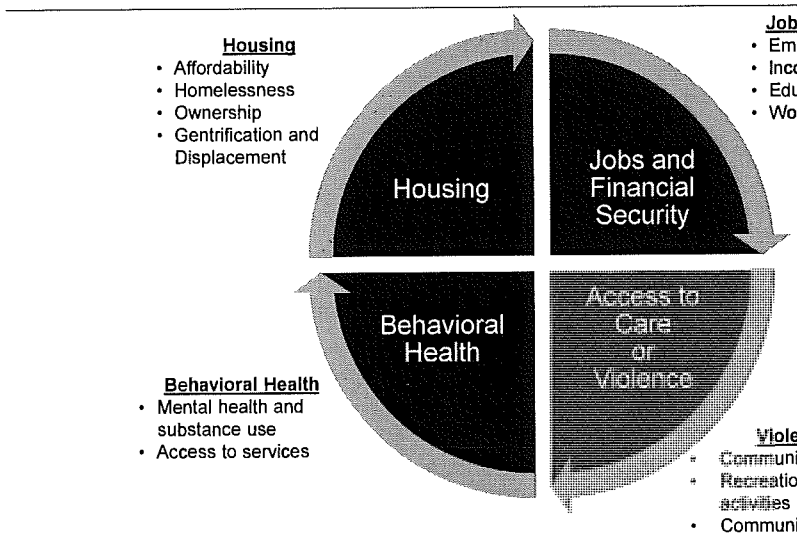
- Less is more, if we are going to have an impact;
- Keep in mind the ranking criteria;
  (i.e., Burden, Equity, Impact, Feasibility, and Collaboration)
- Make sure that the priorities are aligned with BCCC, BIDMC CHNA, and DPH;
- Keep in mind the MA DPH Framing Questions

Please choose your top three (3) community health priorities
(Listed in alphabetical order)

A. Access to Care
B. Education
C. Elder Health
D. Environmental Health
E. Housing
F. Jobs and Financial Security
G. Mental Health
H. Substance Use Disorder
I. Wellness, Chronic Disease, Healthy Communities
J. Violence



Selection of CHI Priorities Recommendation



Housing
- Affordability
- Homelessness
- Ownership
- Gentrification and Displacement

Jobs / Financial Security
- Employment opportunities
- Income / Financial supports
- Education
- Workforce training

Access
- Health Care Services
- Enabling & Supportive Services
- Childcare
- Language access & cultural humility

Behavioral Health
- Mental health and substance use
- Access to services

Violence
- Community cohesion
- Recreational and enrichment activities
- Community empowerment

Selection of CHI Priorities Discussion Questions & 2nd Poll

Based on polling results:

- Is there clarity or consensus on priority areas that members feel should be prioritized by CAC?
- Is there clarity or consensus on priority areas that members feel should NOT be prioritized by CAC?
- Who wants to advocate to elevate or demote one of the remaining priority areas?

Conduct Second Poll

Vote:
Selection of CHI Priorities

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

Health Priority Areas

- Housing
- Behavioral Health
- Jobs / Financial Security
- TBD (Healthy communities, community cohesion, wellness, etc.)

← Determined by Advisory Committee at 6/25 Meeting

Discussion of Possible Funding Strategies & Ideas from Community Meetings

Refer to Handout Summarizing Community Meetings (Including Key Themes from Small Group Discussions)

Community Advisory Committee Wrap Up

Advisory Committee Responsibilities / Meeting Agendas:

Meeting Date	Meeting Deliverables
June 25, 2019	• Review Final Community Engagement Results • Begin Health Priority Selection Process
July 23, 2019 (Pending)	• Finalize and Approve Selection of Health Priorities
August: No Meeting	
September 24, 2019	• Review Draft Allocation Plan
October 22, 2019	• Finalize Allocation Plan for CHI Funds • Review Draft of DPH required Health Priorities Strategy Form

Preliminary Community Meetings Summary

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

Beth Israel Deaconess Medical Center
New Inpatient Building Community-based Health Initiative
Community Engagement Meetings

Preliminary Summary Report of Process, Identified Priorities, and Key Discussion Themes

Between June 2 and June 17, 2019, a series of five (5), 2-hour community meetings were conducted in Beth Israel Deaconess Medical Center's (BIDMC) Community Benefit Service Area (CBSA) to gather critical input from the community on NIB CHI. This work draws from and builds on the extensive work that BIDMC undertook with the Boston CHNA-CHIP Collaborative (BCCC). Meetings were held in Chinatown, the Bowdoin/Geneva neighborhood (Dorchester), Allston/Brighton, the Fenway/Kenmore neighborhood (Downtown Boston), and Roxbury/Mission Hill. The primary goal of these meetings was to ensure that residents of BIDMC's CBSA, as well as staff from community-based organizations that operate in those areas, were given the opportunity to: 1) Learn about the Initiative; 2) Share their ideas on how NIB CHI funds should be spent; and 3) Vote on community health priorities and strategic ideas for funding. Special emphasis was made to encourage non-English speaking residents and other hard-to-reach segments of the population, who are often left out of community engagement activities, to participate.

Meeting Agenda and Stucture

At the outset of the meetings, staff from BIDMC and JSI provided important background information on the NIB CHI, discussed the six (6) community health priorities identified by the NIB CHI Community Advisory Committee (i.e., housing, education, jobs/financial security, mental health, substance use, and violence), and gave participants the opportunity to add additional priorities that were important to them and their communities. Following this initial plenary session, particpants were split up into small groups and given the opportunity to discuss the Community Advisory Committee priority areas. In the small group discussions participants were asked to briefly clarify the leading concerns for each priority area and then provide input on how funds should be spent to address the issue. After the small group discussions, JSI staff provided brief summaries of the key themes discussed in their respective group and then meeting participants were asked to individually vote across the priority areas and strategic ideas to identify the ones that they thought were most important.

Meeting Schedule and Locations

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 Center
Fenway/Kenmore	June 12, 2019	6 PM – 8 PM	Morville House
Roxbury/Mission Hill	June 17, 2019	6 PM – 8 PM	Bruce Bolling Building

The following is a preliminary report detailing who participated in these meetings, key themes from the discussions, and what issues were prioritized by meeting participants

Characteristics of Meeting Participants Overall

In total, a diverse group of one hundred and eighty (180) community residents and staff from local community organizations participated in the five (5) community meetings. Participants completed an evaluative survey at the end of the meetings, which asked them to share information about themselves and their impressions of the meeting. The following are key characteristics of those who participated across the five meetings.

- **Race/Ethnicity:** Seventy-seven percent (77%) of participants reported as a non-White race. The largest racial/ethnic group reported as Asian, non-Hispanic (43%), followed by White, non-Hispanic (23%), Black/African American, non-Hispanic (16%), Other Race, non-Hispanic (8%), Hispanic/Latino of any race (6%), multi-race, non-Hispanic (3%), and American Indian/Alaskan Native, non-Hispanic (1%)
- **Language:** Fifty-three percent (53%) of participants chose to take the survey in English, 22% in Mandarin, 8% in Haitian Creole, 7% in Vietnamese, 4% in Russian, 4% in Spanish, and 1% in Cantonese
- **Age:** Thirty-nine percent (39%) of participants reported that they were 65 years old or older, 32% reported that they were between the ages of 35 and 64, 19% reported that they were between the ages of 18 and 34, and 10% were under 18
- **Gender Identity:** Sixty-seven percent (67%) reported as female, 31% as male, and 2% as either genderqueer or an additional gender category
- **Resident/Non-resident:** Sixty-one percent (61%) reported that they were residents of the CBSA and 47% reported that they were a representative of a community organization

Characteristics of Meeting Participants and Meeting Details by Location

There was significant variation in who participated in the meetings by the meeting's location. The following are key participant and meeting characteristics that are important to understand when analyzing the information compiled across the five meetings. The characteristics of the meeting participants certainly influenced what issues that were discussed and prioritized during discussions.

Neighborhood	Key Participant and Meeting Characteristics
Chinatown (June 2, 2019) **25 Participants**	• The majority of participants were staff from clinical, social service, educational, and civic organizations operating in Chinatown. • The remaining participants were middle-aged and older adults, who were bilingual (Chinese/English) residents from Chinatown. • Housing, education, jobs/financial security, mental health, substance use, environmental health, cancer, and elder health were identified as the leading community health priorities.
Bowdoin/ Geneva (June 10, 2019) **35 Participants**	• The majority of participants were residents from the Bowdoin Geneva neighborhood of Dorchester. • 5-7 participants were staff from clinical, social service, faith-based, and other community organizations operating in the Bowdoin/Geneva neighborhood. • Roughly one-third of participants were youth under the age of 18 • 4-5 of participants spoke Cape Verdean Creole and required an interpreter. • Housing, education, jobs/financial security, mental health, substance use, violence,

	wellness/obesity/sports, and youth/adolescent heath were identified as the leading community health priorities.
Allston/Brighton (June 11, 2019) **32 Participants**	• The majority of participants were older adult residents from Allston/Brighton. • Except for 5 or 6 participants, all were non-English speakers from Vietnam, China, and Hispanic/Latinx countries. • The remaining participants were staff from community-based clinical, social service, and public safety organizations. • Housing, education, jobs/financial security, mental health, substance use, elder health, access to care, and youth/adolescent health were identified as the leading community health priorities.
Fenway/ Kenmore (June 12, 2019) **55 Participants**	• The majority of participants were adult and older adult residents from the Fenway/ Kenmore neighborhood. • The remaining participants were staff from community-based clinical, social service, and other community organizations. • Roughly half of participants were non-English speakers from China and Russia. • Housing, education, jobs/financial security, mental health, substance use, elder health, wellness/chronic disease risk factors, and access to care were identified as the leading community health priorities.
Roxbury/Mission Hill (June 17, 2019) **33 Participants**	• The majority of participants were adult and older adult residents from the Roxbury/Mission Hill neighborhood. • The remaining participants were staff from community-based clinical, social service, and other community organizations. • All participants reported that they spoke English well. • Housing, education, jobs/financial security, mental health, violence, and transportation were identified as the leading community health priorities.

Ranking of Community Health Priorities and Key Themes across All Meetings

CAC Community Health Priority Areas	# of Votes	Rank
Housing	74	1st
Education	41	2nd
Mental Health	38	4th
Jobs and Financial Security	32	5th
Violence	25	6th
Substance Use Disorder	14	7th
Additional Priority Areas (Added by Meeting Participants)		
Access to Care	40	3rd
Wellness / Chronic Disease / Healthy Communities	15	8th
Elder Health	7	9th
Environmental Health	1	10th

Ranking of Community Health Priorities by Meeting Location

Priority Area (Overall Rank)	Rank of Priorities by Meeting				
	Chinatown	Bow/Gen	Alst/Brtn	Fen/Ken	Rox/MH
Housing (1st)	3rd	2nd	1st	2nd	1st
Education (2rd)	4th	1st	5th	4th	3rd
Access (3rd)	n/a	n/a	2nd	1st	n/a
Mental Health (4th)	1st	4th	5th	3rd	3rd
Jobs/Fin. Sec. (5th)	4th	5th	3rd	5th	2nd
Violence (6th)	n/a	3rd	4th	6th	4th
SUD (7th)	5th	5th	4th	n/a	5th
Wellness/CD (8th)	6th	3rd	n/a	7th	n/a
Elder Health (9th)	2nd	n/a	n/a	n/a	n/a
Env't Health (10th)	7th	n/a	n/a	n/a	n/a

Key Themes from Discussion by Priority Area

While the priority areas that were selected for discussion and the voting to prioritize funding areas and strategies varied by group, the key themes during the discussion groups were relatively consistent. The following are the key themes from the small groups across all five of the meetings.

Housing

- Increase affordable / quality housing
- Support Innovative programs to increase affordable stock, support buyers, and reduce speculative sales
- Promote home ownership for low to moderate income residents residing in the communities
- Ensure access to legal advocacy / assistance
- Provide financial literacy / home ownership classes
- Expand resident services to support home owners
- Support policies that slow gentrification and resident displacement

Behavioral Health (Mental Health & Substance Use)

- Expand access to screening, assessment, treatment, and enabling/supportive services for those with mental health and substance use issues
- Focus on depression, anxiety, stress, alcohol, vaping, opioids, marijuana
- Major gaps in services, particularly for those facing language and cultural barriers
- Promote prevention and recovery focus
- Address trauma, including trauma informed care
- Focus on education and reduction of stigma
- Promote supportive housing and job opportunities for those with mental health issues and those in recovery

Jobs / Financial Security

- Expand internship & employment opportunities
- Support efforts to pay livable wages
- Create opportunity zones to enhance opportunities in high-need neighborhoods
- Provide income / financial supports for those who are most vulnerable
- Expand workforce training & career ladders
- Advocate for CORI reform

Violence

- Expand employment options that pay livable wages
- Create greater community cohesion
- Expand and enhance services for those with mental health and substance issues
- Create jobs and expand transitional support programs for formerly incarcerated
- Provide parent support programs
- Support youth services and after school enrichment

<table>
<tr><td>• Expand job training and mentorship programs in hospitals and other large employers</td><td>programs for youth
• Create or enhance community centers for youth</td></tr>
<tr><td><u>Education</u>
• Expand quality childcare opportunities
• Enhance / focus on early childhood education
• Enhance / focus on adult education, vocational education, and workforce training
• Support art/music programs in schools / STEM
• Remove zero tolerance policies in schools and support those experiencing trauma
• Support family resource centers that work in or in partnership in schools
• Promote English learning classes for adults
• Support health literacy & navigation programs
• Ensure linguistic access to family education and training programs</td><td><u>Access to Care</u>
• Expand access to primary care medical, specialty care, and behavioral health services access
• Expand access to enabling supportive services
• Expand access to quality childcare and pre-school opportunities
• Expand access to case management and patient navigation services
• Promote language access & cultural humility
• Enhance public transportation
• Support innovative transportation programs to reduce medical appointment no-shows</td></tr>
<tr><td><u>Environmental Health</u>
• Promote policies that reduce air pollution, garbage, and rats/rodents
• Promote policies that reduce second hand smoke
• Support traffic and pedestrian safety
• Support addressing climate change impacts
• Work in schools teaching planting/ gardening
• Stop black market cigarettes
• Working with the business community to support environmental health
• Create more green spaces
• Use HEPA filters in the buildings for clean air</td><td><u>Wellness / Risk factors / Chronic Disease</u>
• Promote safe, accessible streets and parks
• Enhance recreation facilities
• Expand access to fitness groups
• Promote access to affordable exercise options/gym memberships
• Expand affordable food options
• Focus on education, prevention and wellness
• Expand access to evidence based chronic disease and behavior change programs
• Expand access to cooking classes
• Expand availability of bikes / bike sharing programs</td></tr>
<tr><td colspan="2"><u>Elder Health</u>
• Expand access to low income housing for elders
• Expand access to affordable, healthy foods and other household necessities
• Promote culturally tailored programs for wellness and chronic disease management
• Focus on depression and isolation in older adults
• Promote caregiver support
• Expand adult day care opportunities
• Support end-of-life and options planning for families and caregivers
• Expand case management and patient navigation programs (including enrollment in Medicaid)</td></tr>
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Public Comments

Boston City Council
ED FLYNN
Councilor – District 2

May 31st, 2019

BIDMC Community Advisory Committee
C/o Ms. Nancy Kasen, Chair
109 Brookline Ave., 2nd Floor,
Boston, MA 02215

Dear BIDMC Community Advisory Committee:

I'm writing to submit comments for BIDMC's Community-based Health Initiative. As the Boston District City Councilor for Chinatown, I understand the importance of public health for my constituents, and advocating for better public health outcomes for residents, especially our vulnerable population, is a top priority for me. I want to give my observations on some of the public health issues in Chinatown, and stress the importance of language access when thinking about public health. I hope my comments are useful as you identify priority areas and funding strategies for the Community-based Health Initiative.

Language access is very important for public health, and it is the basis for people's ability to have equal access to healthcare and public health resources. To give an example, I was able to meet with the Asian Task Force Against Domestic Violence (ATASK) recently, and the number one issue they encounter when trying to provide services is language access. ATASK serves a community with a lot of linguistic diversity, and not having the translation or interpretation resources to communicate effectively with clients is a big obstacle when they are trying to provide services. For Chinatown residents and others who are not proficient in English, getting healthcare and services they need can be difficult. Without providers or translators who can speak their language, these residents will not be able to get the same level of care as others, and their voice may not be captured in the data that informs public health policies. It is therefore extremely important that we have language access resources for our Chinatown residents, and for residents who speak a language other than English.

Besides being a Boston City Councilor, I have deep ties in Chinatown as my son attended the Josiah Quincy Elementary School, and I'm in Chinatown almost everyday for activities and meetings. I notice that many children and families in the neighborhood have symptoms of asthma, because of Chinatown's proximity to highways. In fact, the playground on top of the Quincy Elementary is very close to the Mass Pike, and children are breathing in the fumes.

Similarly, the Reggie Wong Park where people play basketball and volleyball is right next to Interstate 93, a busy traffic area. There is limited green space in Chinatown also, which makes it difficult for residents to exercise outside or to enjoy their environment. Having a healthy environment will go a long way in addressing public health issues, and resources that take into context Chinatown's environment will be necessary.

Lastly, public health is interconnected with many of our social issues, such as housing and poverty. The current housing crisis that displaces long time residents not only create stress for the residents, but also forces residents away from social capital and cultural resources that they have in a community like Chinatown. Many of Chinese residents that live in Chinatown are low income, and poverty often compounds health problems and widen the disparity between the rich and poor. To fully address public health issues, we should take into account the social determinants of health, and think of ways that can make our community more equitable.

Thank you for your embarking on this process to get community input on public health issues. I hope that BIDMC can commit to expanding language access so that all of our residents can get world-class healthcare, and that we can work together to address equity issues that are important to public health. If you have any questions, please reach out to me at Ed.Flynn@Boston.gov, or at 617-635-3203.

Sincerely,

Ed Flynn

Ed Flynn
City Councilor, District 2

Hospital Community Benefit Ideas for Beth Israel Deaconess Medical Center

by Lisa Jeanne Graf
(BIDMC employee & Fenway resident)

Education

1. **Partnership with Boston Public Schools for a Preschool (Sustainable)**
   One location could be in the new building that will be built in the Fenway West Campus. Other locations could also be considered that are in buildings that are owned by BIDMC. Teachers could be Boston Public School teachers. There could also be student teachers from BU (who recently merged with Wheelock College) from their Fenway Campus. Families that could use the preschool could include families from nearby neighborhoods. Staff could also use the preschool. This could be a long term sustainable community benefit that would also have benefits for hospital staff.

2. **Swing Space for Boston Public Schools building initiative "Build BPS"**
   As the Boston Public Schools builds and renovates school buildings they don't have many options for students who are displaced by construction. If BIDMC offered buildings for swing space that could help. Also building trades could also take away the need for swing space. One example is in Allston Brighton a school called the Jackson Mann is being closed in two years. If that building were traded for a hospital owned building in that neighborhood, that would help that school community potentially avoid the need for swing space. Providing swing space in a BIDMC building could also be helpful.

3. **Covering Copays**
   BIDMC could cover copays for therapy costs, annual doctor's visits, etc for residents with children in the Boston Public Schools

4. **Supporting Neighborhood BPS Students**
   When supporting families in the Boston Public schools please consider not just what neighborhood a school is in, but what which neighborhoods send their students to a school. For instance Fenway and Mission Hill students go to the Mission Hill School in Jamaica Plain (my daughter goes there). That school had budget cuts this past year and lost their social worker. To support BPS families please keep in mind how school assignment is part of the issue. Benefits could include paying for social workers for schools that currently do not have the budget to do so. My daughter's school had a partnership with City Connects to help **pay for our social worker (**which will end this school year) which lowered the cost of the social worker we had. BIDMC could also have a partnership with City Connects to achieve this goal more easily.

Physical Health

1. **Walking Club in the Fenway (Moderate Cost)**
   Families could get to know other families and get exercise walking along the Emerald Necklace. Families in the Fenway go to many different schools. It is rare that anyone you know in the Fenway, has a child in the same school as your child. This idea I think would be

welcome to build community and to encourage more exercise. This could also be set up in other neighborhoods.

2. **Garden Seeds (Low Cost)**
   Vegetable Seeds could be available for residents who want to garden. Ideally there could be containers and soil available for those who want to have a garden in their apartment.

3. **Pocket Parks**
   More Pocket Parks could be developed. Then residents could be paired with those pocket parks for exercise and happiness. Community gardens are also great to connect residents with (which could possibly be paid for - the yearly fees are about $50 a year) but the plots are quite large and require a large time, and cost investment.

4. **Free Bikes and Helmets**
   Bicycles and bicycle helmets are expensive. To have these paid for outright would make bikes used much more in our neighborhood for families. Perhaps BIDMC could partner with "Bikes Not Bombs" for refurbished bikes. Scooters could also be made available but until sidewalks are smoother this might not be a safe option.

5. **Rowboat Dock**
   Have a dock on the Esplanade where people could store a rowboat to go out on the Charles. Residents could store their own boats there. (my husband would love this).

6. **Covering Copays**
   BIDMC could cover copays for annual doctors' visits, etc for residents.

7. In the Fenway **"Fair Foods" could be staffed for evening hours.** Their current daytime hours are not convenient for all residents. Their food is super fresh, delicious and extremely affordable.

8. **Recipe Sharing (Low Cost)**
   Often there are delicious meals at the BIDMC cafeteria. Sharing recipes online would be appreciated.

9. **Diet Coach**
   Instead of a life coach, a diet coach could be available for groups of residents.

Jobs and Financial Security

1. There could be a job pipeline set up for good paying jobs for Boston Public School caregivers. There could be help with tuition and/or training expenses.

2. There could be an **outreach to autistic residents for jobs** at BIDMC. Staff could get training in differences in social styles to cut down on misunderstandings as neurotypical social styles and autistic social styles are different. This is especially important for HR as they should not hold it against an applicant if they don't do well with small talk and eye contact. Also where possible it would be ideal to not have fluorescent lights, and open floor plans in work areas as both are not comfortable from a sensory standpoint.

3. **Hire a more diverse workforce** from the Boston neighborhoods, and make sure that is equally true for the jobs with higher pay scales. Some priorities could include residents that are homeless, disabled, have families and are low income. Ideally it would be tracked how many employees live in the city and have a goal to have most hires go to city residents.

4. "**Lifeguard Pipeline**
   Students could take swimming lessons for exercise at local pools and have classes paid for by BIDMC. In time lifeguard classes could be included with the hope that some students would work as lifeguards. If the pay scale is low compared to other local jobs perhaps the positions could be subsidized slightly to have the positions filled. This would encourage more youth to swim for exercise.

5. It would be great if **class reimbursements** for staff who live in BIDMC neighborhoods could be reimbursed for classes before class started so that more staff could afford classes. Well off staff can pay out of pocket but many low income staff cannot. This would not cost the hospital a lot, but it would be a **huge benefit** to staff.

6. More staff could be hired that are in walking distance of BIDMC to encourage walking to work.

7. All part time staff could either be offered 30 hour or 40 hour positions, or be given **better benefits regarding health insurance**. Even though health insurance is available for workers who work 21 hours a week, it is cost prohibitive to take advantage of.

8. The new BIDMC building will need artwork on the walls. It would be great if there were spaces where local artists could hang their work for a rental fee, and also have the work available for sale. If an artwork sold the artist would need to replace the sold artwork with a new one. This would be a win win set up and **sustainable**.

Metal Health

1. **Covering Copays**
   BIDMC could cover copays for therapy costs for residents

Substance Abuse

1. Have Sharps containers available at BIDMC available for pickup and then have places for drop off in the neighborhood or at BIDMC.

Still brainstorming on Housing, and Violence Prevention. I hope to have some ideas to add after the community meeting in the Fenway tonight.

Dear NIBCHI:

I'm writing as a 34-year Fenway resident and as an active community member to provide comments to your team regarding community benefits resulting from the new BIDMC building. As a board member at the Fenway Civic Association, I am active on multiple volunteer efforts across the Fenway, including the Fenway Garden Society, Fenway Community Center, the Neighborhood Improvement Committee,Friends of Ramler Park, Kelleher Rose Garden Committee, Friends of Symphony Park, and Friends of Dickson Park. I additionally volunteer as a coordinator for the age-strong summer fitness series we host at Symphony Park, next door to Morville House, and am a volunteer on multiple boards at the city, including the Boston Cultural Council.

I'm excited that you are having meetings across the city to assess health and community needs. The Fenway is a direct abutter to the Longwood Medical Area, houses many who work at BIDMC and other area hospitals, and has a dense neighborhood with diverse backgrounds.

We have lots of needs as a community, but one that I would like to direct your committee to is the Fenway Community Center - the neighborhood's only community center.

As a neighborhood that lacks any BCYF facilities, libraries, or other public amenities, the Fenway Community Center is the sole resource serving all residents of the Fenway. Its establishment was part of a protracted request by the community for such a resource; it receives zero support from the City and pays commercial taxes due to its location within a residential development. The center is a 501c3 non-profit, and we are currently working under a pay-what-you-can program to ensure that membership is open to families and individuals of all income brackets.

The Center hosts programs for all ages, including health and wellness, arts and culture, children's play groups, language assistance and financial literacy classes, and lectures and discussion groups. The Center has extremely limited funding - it requires close to $200,000 in operating costs, and in several years, we will need to be self-sustaining.

While you may hear from many residents and organizations for funding, I do not believe that any other resource is as underfunded and in need of support as the community center. Please keep this resource on your list as you evaluate ways to support the Fenway neighborhood. If you would like to meet with our all-volunteer board or our Director, I would be happy to set up a meeting.

To learn more, please visit: www.fenwaycommunitycenter.org

Thanks and best regards,

Marie Fukuda
120 Norway Street #14
Boston, MA 02115

Pine Street Inn

WWW.PINESTREETINN.ORG
444 Harrison Avenue
Boston, MA 02118
617.892.9170

June 12, 2019

Jamie Goldfarb
CHI Program Administrator
Beth Israel Deaconess Medical Center
Office of Community Benefits
330 Brookline Ave
Boston, MA 02215

Dear Ms. Goldfarb:

On behalf of Pine Street Inn's Board of Directors, staff and the men and women with whom we partner on their paths out of homelessness, it is my sincere pleasure to submit this comment as part of the Community-Based Health Initiative process for Beth Israel Deaconess Medical Center's new inpatient medical facility.

We write to express our strong support for the Community Advisory Committee's proposal to include people experiencing homelessness among the priority population groups to be served through this initiative. We are also pleased to share an overview of our work providing supportive housing as a proven public health intervention as well as plans that we hope will be of interest as the Committee considers urgent community health needs and innovative, effective responses.

Now in our milestone 50th year, Pine Street Inn was established in 1969 as an emergency shelter in Boston's Chinatown neighborhood. We have evolved over five decades to become New England's leading and largest nonprofit provider of resources for homeless and formerly homeless adults, now serving nearly 2,000 individuals daily and more than 7,600 annually.

While Pine Street Inn remains strongly committed to meeting basic needs – for shelter, food and human contact – we have shifted our primary focus from *managing* homelessness to *ending* homelessness. Our key strategy is supportive housing, one of the most powerful social determinants of health. As the Corporation for Supportive Housing notes:

> "In particular, for individuals and families trapped in a cycle of crisis and housing instability due to extreme poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can entirely dictate their health and health trajectory. For these populations, housing is a necessary precursor of health." [i]

Or, as Elroy, a tenant in one of Pine Street Inn's supportive housing sites puts it:

> "Now that I have a home, I take care of my health….I have my dignity back."

The severe health impact of homelessness is well-documented: mortality rates among the chronically homeless are as much as nine times higher than the general population[ii] and people experiencing homelessness make more frequent use of emergency departments and inpatient hospitalizations than their housed counterparts.[iii]

To provide a lasting solution, Pine Street Inn pioneered supportive housing in Boston and was an early adopter of this approach nationally. After many years expanding our supportive housing portfolio, we now serve more people each night in our 850 units of supportive housing than in our four shelters and we are in the process of expanding beyond 1,000 units citywide.

Our work in supportive housing is informed by an approach known as Housing First. Prior to this model, adults experiencing homelessness had to meet extensive requirements before they were approved for housing. Many never met these requirements and instead spent years cycling between emergency rooms, the streets, shelter and jail, at great cost to their own well-being and to society, as documented by Dr. Dennis Culhane of the University of Pennsylvania[iv].

Housing First inverts this paradigm, providing housing as the first and best solution to homelessness, without preconditions. Support services are offered after move-in to help people address underlying issues such as medical, mental health and substance use disorders. At Pine Street Inn, the centerpiece of this support is the relationship of trust and respect that develops over time between tenants and their case manager.

Case managers help tenants put the pieces of their lives back together in multiple ways, from facilitating connections to community resources to providing links to employment and job training to helping people manage medications and medical appointments to prevent unnecessary hospitalizations and a return to homelessness. For tenants with the most complex medical, mental health and substance use challenges, a new Housing Stabilization Team provides additional support that is available around the clock. This broad and deep assistance contributes to the 91% housing retention rate in our supportive housing.

Extensive local and national research has documented how supportive housing through Housing First improves lives and reduces taxpayer costs. Research that Pine Street Inn initiated in partnership with the Blue Cross Blue Shield of Massachusetts Foundation[v] contributes to this knowledge, documenting that when chronically homeless adults move into permanent supportive housing, it leads to estimated annual, per-person savings of more than $11,000 in public healthcare costs.

We are pleased to share further information about our supportive housing and other initiatives, all of which have significant funding needs. This work is not taking place in isolation: Pine Street Inn helped shape and now serves as a key partner in Boston's Way Home, the City of Boston's far-reaching plan to end chronic homelessness.

To accelerate this plan, Mayor Martin J. Walsh announced the establishment of the Boston's Way Home Fund on the occasion of his second inaugural address on January 1, 2018. The Fund aims to raise $10 million to help create 200 new units of supportive housing for men and women experiencing chronic homelessness, with more than $6.2 million already raised, primarily from leading members of the Boston corporate community. Pine Street Inn is honored to serve as the Fund's custodian and fiscal sponsor. The plans for new housing for chronically homeless adults within the large-scale new site detailed below will be supported through the Fund.

a) Supportive Housing: Currently, 850 formerly homeless men and women are rebuilding their lives in buildings owned and/or managed by Pine Street Inn as well as in scattered-site rental units throughout Greater Boston. The program includes buildings in Bowdoin/Geneva in Dorchester, Fenway/Kenmore and Roxbury/Mission Hill. It follows a supportive housing model, which combines housing with on-site services to help tenants achieve their highest levels of independence. Specialized housing is available for formerly homeless seniors, individuals with mental health disabilities, and veterans.

b) New Senior Housing: Many of our tenants in supportive housing are "aging in place" and need more intensive daily assistance to live with dignity in their own homes. In response, rehabilitation was recently completed at a building in Dorchester that will provide 52 units of housing for formerly homeless seniors, with move-in planned for this summer. The building was established in partnership with a developer and includes an elevator, a medical room and enhanced on-site services. We have two additional senior housing sites and will replicate lessons learned from this new site.

c) New Large-Scale Housing: We are working in partnership with The Community Builders, a leading developer of affordable housing, to advance plans for a 225-unit housing site on Washington Street in Jamaica Plain. The complex will be built on the site of a warehouse we own and is expected to include 140 studios for chronically homeless adults, which we will manage, and 85 units of low-to-moderate income rental housing for families that will be operated by The Community Builders. As described in a recent front-page article in *The Boston Globe*,[vi] this will be our largest housing site by far and the largest of its kind in Boston.

d) Upstream Solutions: Besides supportive housing, we are national leaders implementing new "upstream" strategies such as Front-Door Triage and Rapid Rehousing within our shelters to prevent long-term homelessness before it sets in. We recently commissioned an independent evaluation of our Rapid Rehousing program that to the best of our knowledge will be the first nationally to assess the impact of this strategy on the housing sustainment, health and employment outcomes of single homeless adults.

Pine Street Inn's new and proven approaches are making a tangible impact. In the past year, we helped 1,135 people make the momentous move from homelessness to housing, either to Pine Street Inn's supportive housing or external options. This was a 36% increase from the prior year and more than ever before in a one-year timeframe.

Our housing focus is also making a citywide impact. It contributes to Boston's very low rate of street homelessness – less than 2% – and Boston recently reported its lowest rate of street homelessness in 30 years. [vii]

On behalf of all those we serve, thank you for the opportunity to submit this comment. We appreciate Beth Israel Deaconess Medical Center's commitment to community health needs and look forward to continuing to be involved in the Community-Based Health Initiative process.

Sincerely,

Lyndia Downie

Lyndia Downie
President and Executive Director

Endnotes

[i] "Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health," a report by the Corporation for Supportive Housing, July 2014.
[ii] Briefing Paper on Chronic Homelessness by the United States Interagency Council on Homelessness, supplemental document to the Federal Strategic Plan to Prevent and End Homelessness, June 2010.
[iii] "An Innovative, Practical Solution to Improve the Health and Well-Being of the Homeless," opinion article by Lyndia Downie, Audrey Shelto and Mary Lou Sudders, *The Boston Globe*, March 9, 2017.
iv "Million-Dollar Murray," by Malcolm Gladwell, *The New Yorker*, Feb. 13, 2006. This article details the human and taxpayer costs of chronic homelessness and describes Dr. Dennis Culhane's groundbreaking research.

v "Estimating Cost Reductions Associated with the Community Support Program for People Experiencing Chronic Homelessness," by Thomas Byrne, Phd. and George Smart, LICSW, Blue Cross Blue Shield Foundation of Massachusetts, March 2017.
vi "Pine Street Inn Pitches Permanent Housing Complex for Homeless," by Tim Logan, *The Boston Globe*, March 17, 2019.
vii. The City of Boston's most recently published point-in-time homeless census, available at: https://www.boston.gov/sites/default/files/document-file-05-2019/2019_homeless_census_5-15-19_190515.pdf

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

New Inpatient Building (NIB) Community Advisory Committee (CAC)
Meeting Minutes
Tuesday, June 25, 2019, 5:00 PM – 7:00 PM
BIDMC East Campus
Leventhal Conference Room, Shapiro Building

Present: Elizabeth (Liz) Browne (By telephone conference), Richard Giordano, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Phillomin Laptiste, Theresa Lee, Patricia (Tish) McMullin, Jane Powers, Edna Rivera-Carrasco, Richard Rouse, LaShonda Walker-Robinson (By telephone conference), and Fred Wang

Absent: Tina Chery, Lauren Gabovitch, Barry Keppard, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Luis Prado, and Jerry Rubin

Guests: Alec McKinney, John Snow Inc. (JSI), Senior Project Director; Aisha Moore, JSI, Facilitator; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation

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

Nancy shared that one Advisory Committee member, Tina Chery, founder and president of the Louis D. Brown Peace Institute, had to cancel at the last minute in order to respond to a shooting that happened in Dorchester. Nancy explained that if Tina were present, she would likely share her work and the importance of violence prevention.

Richard Rouse, Executive Director of Mission Hill Main Streets, shared that he is on the board of the Addiction Treatment Center of New England. Richard explained that recently there was a bad batch of heroin in the region that caused multiple people to overdose. Luckily, due to the use of the lifesaving drug Narcan, there were no casualties. Jane Powers, Acting Chief Executive Officer at Fenway Health, agreed with Richards's concern on drug use and the importance of Narcan. She explained that an individual at Fenway Health's needle exchange program overdosed and was saved due to the quick action taken by staff to deliver Narcan.

Next, the minutes from the May 21st Advisory Committee meeting were reviewed and accepted.

Alec McKinney, JSI, Senior Project Director, then briefly reviewed the goals of the meeting. The Advisory Committee was tasked with deciding the preliminary health priorities for BIDMC's Community-based Health Initiative, based on information gathered through The Boston CHNA-CHIP Collaborative (the Collaborative), the North Suffolk Integrated Community Health Needs Assessment (iCHNA) and BIDMC's Community Meetings.

Public Comment Period

Nancy entered into record four written public comments that were given to the Advisory Committee prior to the meeting. Comments were received from Councilor Ed Flynn, Boston City Council; Lisa Jeanne Graf, BIDMC Employee & Fenway Resident; Marie Fukuda, representing Fenway Community Center; and Lyndia Downie, President and Executive Director, Pine Street Inn.

Aisha Moore, a JSI facilitator, introduced the 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. Each individual signed up to speak at the meeting. Slots were allocated on a first come, first served basis. Aisha shared that if time runs out before the individual finishes, or there are no more spots available to comment, 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.

The first person to speak was Caitlin Abber, Manager of Youth and Prevention Programs at the Allston Brighton Substance Abuse Task Force. Caitlin briefly explained that the task force is comprised of community based organizations and community members who are dedicated to increasing substance use prevention. Caitlin shared that a 2018 Community Health Needs Assessment from two Boston hospitals showed the need to increase support for substance use and mental health. She also highlighted the importance of substance use prevention by mentioning Mayor Marty Walsh's Youth Substance Use Prevention Strategic Plan for the City of Boston. She advocated for the importance of substance use prevention programs such as peer education programs and educational community meetings focused on preventing substance use. Caitlin ended by stating that 10 out of 20 students on the Task Forces' Youth Advisory Group shared comments with her, and of those 10 members, 9 advocated for the Advisory Committee to prioritize substance use prevention.

The second person to speak was Aimee Coolidge, the Vice President of Community & Government Relations at the Pine Street Inn. Aimee explained that the Pine Street Inn has been providing services for the homeless population in Boston for 50 years through assistance such as large scale housing and triage programs. Recently, Pine Street Inn created the Housing First program to help individuals who experience chronic homelessness; a population known to have higher mortality and higher rates of emergency room visits than the general population. This program houses individuals in need, and provides them with access to medical care. The Pine Street Inn advocated for the Advisory Committee to include people who experience homelessness into the prioritization process.

The last person to speak was Tom Callahan, the Executive Director at The Massachusetts Affordable Housing Alliance (MAHA). MAHA is a nonprofit in Dorchester that helps educate individuals with low and moderate home ownership to help have the opportunity to own their

own homes. Tom explained that nearly 74% of people that MAHA works with to buy a house are racially and ethnically diverse. In the city of Boston, 68% of the people they work with are racially and ethnically diverse, of which 28% are from Dorchester or Roxbury. MAHA is dedicated to closing the racial gap in home ownership. MAHA, with the support of Boston Children's Hospital, created STASH (Saving Toward Affordable and Sustainable Homeownership). This program works with first time home buyers and is working to identify a legal way to identify Black and Latino prospective home buyers. MAHA is advocating for the Advisory Committee to include individuals who are low and moderate home owners.

Aisha thanked everyone for sharing their comments with the Advisory Committee.

Evaluation

Alec introduced Valerie Polletta, HRiA, Associate Director of Research & Evaluation, to share an overview of the Community-based Health Initiative evaluation scope, focusing on the five community meetings.

Valerie provided a brief overview on the eight year evaluation scope. The first year is the planning year, which is used to develop the evaluation strategy for the next eight years. Year two through seven will be focused on the funding cycle, specifically related to measuring the community impact from the funded projects. Year eight will be the cumulative evaluation to measure the overall success of the Community-based Health Initiative. In addition to evaluating the Community-based Health Initiative, the evaluation team will help potential grantees build their own evaluation capacity.

Valerie then provided an overview of the community meeting evaluation strategy. At each meeting, there were two HRiA observers. Each observer had a list of questions to answer based on their observations. Participants also filled out a survey near the end of the meeting, prior to the gift-card drawing. Valerie shared that 142 surveys were filled out at the five community meetings. Each survey was available in eight languages and represented the interpretation available at the community meetings.

To understand outreach efforts, the survey asked how people heard about the community meetings. Per the survey results, 34.3% people heard about the meeting through a community organization followed by word of mouth, flyers, emails, other (i.e. BIDMC Trustee or walked by), social media, and newsletters. Survey results showed that 42.3% of people in attendance had either never been to a community meeting, or had rarely (once) gone to a community meeting.

Valerie then reviewed the participant demographics. There was a wide range of ages represented throughout the process spanning from under 18 years old to over 75 years old. Approximately 72% of participants identified as female, with 1.4% identifying as genderqueer or an additional gender category. There was a wide range of race/ethnicity in attendance. Approximately 37.9 % of meeting participants were Asian, 22.0% White, 20.5% Black or African American, 8.3% Hispanic or Latino (any race), 2.3% multiple races, and 0.8% American Indian/Alaska Native. The surveys indicated that 64.7% of all meeting participants were residents of the community and 49.1% of participants were representing local organizations within the neighborhood. Participants were able to select more than one option, resulting in the total being greater than 100%.

The last measure on the survey was on the satisfaction of participants following the community meetings. Overall, participants agreed/strongly agreed that the community meeting was a good day/time, it was a comfortable environment to share opinions, and participants understood how this information would be used.

Alec thanked Valerie for sharing the community meeting findings.

Community Engagement Findings and Prioritization

Alec told the Advisory Committee that during this meeting, they would need to come to consensus on the preliminary health priorities for BIDMC's Community-based Health Initiative.

Alec began the conversation by reviewing the health priorities previously identified by the Advisory Committee for community engagement discussions; housing, education, mental health, jobs and financial security, violence and substance use disorders. In addition to the topics previously decided on by the Advisory Committee, some communities identified that they wanted to discuss access to care, wellness/chronic disease/healthy communities, elder health, and environmental health.

Data from the community meetings show that among all of the communities, the health priorities ranking from high priority to low priority were housing, education, access to care, mental health, job and financial security, violence, substance use disorder, wellness/chronic disease/healthy communities, elder health, and environmental health, respectively. Alec then reviewed the ranking of priorities by neighborhood and explained that the diversity of each neighborhood population influenced the top priorities.

One Advisory Committee member asked if key organizations working on specific issues were identified following the community engagement process. Nancy explained that the community meeting facilitation guide asked for participants to identify local organizations working on these issues. The member then asked if the Advisory Committee can reach out to organizations for key informant interviews. Nancy explained that the community participants identified a gap, BIDMC reached out to those places individually to ensure their voices are heard. Nancy explained that more outreach is an option, but the Advisory Committee previously chose to align with and utilize data from the Boston Collaborative, which conducted nearly 50 key informant interviews and a multitude of focus groups as well as a city-wide survey.

The Advisory Committee then moved into the prioritization process. The goal of the conversation was to narrow down the health priorities from six or seven priorities to three or four. Prior to the discussion, Alec explained that the Boston Collaborative identified four priorities based on five ideas: Burden, how much this issue affects the health in Boston; Equity, addressing this issue will substantially benefit those most in need; Impact, working on this issue achieves both short-term and long-term change; Feasibility, the possibility to address this issue given infrastructure, capacity, and political will; and Collaboration, how existing groups across sectors are willing to work together on this issue.

Based on the findings from the Collaborative and the community meetings previously discussed, the Advisory Committee used polling technology to see if there was a consensus on high versus low priorities. Preliminary polling results showed that housing, access to

care, education, and mental health were the top four priorities, followed by jobs and financial security, substance use, and violence.

Alec asked the Advisory Committee if they wanted to advocate for a health priority not identified as a priority during the polling. One member felt that wellness/chronic disease/healthy communities should be a priority. They explained that this topic is broad enough to include other heath priorities, and that they believe it is important to have built in flexibility in the priorities. Another member recommended combining mental health and substance use to be behavioral health as an overarching priority. One Advisory Committee member thought it was interesting that violence was not identified as a top priority. The member explained that violence may not be top ranking, but does influence two of the communities in BIDMC's Community Benefits Service Areas. Another member agreed that violence is a concern in some neighborhoods. One Advisory Committee member advocated for making jobs and financial security a priority because it is connected to other priorities such as housing, health, and violence. Another member was uncertain if the committee had the capacity to make change in terms of education. One Advisory Committee member highlighted that there is a large racial justice component for mental health and violence. The member brought the conversation back to the ranking criteria (i.e. Burden, Equity, Impact, Feasibility, and Collaboration) and asked what is not currently being addressed and who is not being serviced.

Based on the polling and discussion among the Advisory Committee, Alec reviewed each priority area with the Advisory Committee to see if there was consensus on keeping or removing priorities. The Advisory Committee agreed to remove environmental health, elder health, and education. They also agreed to keep housing, jobs and financial security, and behavioral health (mental health and substance use). The Advisory Committee was uncertain on how to include access to care, wellness/chronic disease/healthy communities and violence. Some Advisory Committee members questioned if access to care could fall into other priority areas and instead make the fourth priority flexible enough to include community wellness and other social determinants of health including violence. Nancy mentioned that one concern is if there are too many subtopics, this could cause dilution of funding, creating a smaller impact in the long run. One member asked for an example of how we will know if we are successful – what are the measures? What is the evidence or best practice? The member explained that this information would help define sub priorities at the next meeting. Nancy said we do not currently have that information, but we can prepare a sample of evidence-based practices/strategies for the next meeting.

Alec asked if the Advisory Committee wanted to do a preliminary vote with three priorities (housing, jobs and financial security, and behavioral health (mental health and substance use)), and the BIDMC and JSI team can take time to determine suggestions/recommendations for the fourth priority for the next meeting. The Advisory Committee agreed. A motion was made to accept housing, jobs and financial security, and behavioral health (mental health and substance use) as priorities with a fourth topic pending discussion. The motion was seconded and passed.

Adjourn

Nancy thanked the public for joining and for sharing their thoughts with the Advisory Committee. Nancy also thanked the Advisory Committee for attending the meeting and for their continued dedication. She stated that after the meeting, the Community Benefits team

will create proposed recommendations for a fourth priority and gather data on evidence based practices. HRiA will also share the information provided at the large Collaborative prioritization meeting. Nancy reminded everyone that the next Advisory Committee meeting will be held on July 23rd.

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

Key	
X	Participated
A	Absent
Ph	Phone