

September 22, 2020
Meeting Packet

Meeting Agenda



Agenda

Community Benefits Advisory Committee (CBAC)
Beth Israel Deaconess Medical Center (BIDMC)

[Zoom Virtual Meeting](#)

Tuesday, September 22, 2020
5:00 PM – 7:00 PM

I. 5:00 pm – 5:05 pm	Welcome
II. 5:05 pm – 5:20 pm	Public Comments
III. 5:20 pm – 6:00 pm	Regulatory Updates
IV. 6:00 pm – 6:45 pm	Community-based Health Initiative Updates
V. 6:45 pm – 7:00 pm	Next Steps and Adjourn

Meeting Slides

A slide titled "Housekeeping" with a list of instructions for the Zoom meeting. The slide is framed by a black border.

Housekeeping

- Please join the meeting using video
- If you lose your connection, please call in
 - Phone number: 1-929-205-6099
- Everyone will be muted upon arrival
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments
- Our Zoom moderator is Jamie

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3



Beth Israel Lahey Health

Welcome and Introductions

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4



Beth Israel Lahey Health

Content

- Public Comments
- Regulatory Updates
 - Timeline
 - Community Benefits Expenditures
 - Implementation Strategy
 - BILH FY21 Community Benefits Priorities
- Community-based Health Initiative Updates
- Next Steps and Adjourn

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5



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Public Comments

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6



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BIDMC Regulatory Updates

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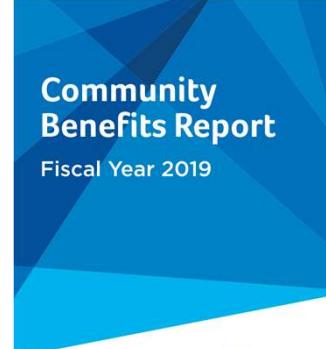
7

Regulatory Update Reporting



Beth Israel Lahey Health

Regulatory Report	Level of Government (Agency Name)	Filing Deadline
Payment in Lieu of Taxes (PILOT) Report	City of Boston (Assessing Department)	March 1, 2020 June 30 th
Attorney General Office (AGO) Report	State (MA AGO)	April 1, 2020 July 31st
Form 990 Schedule H and I	Federal (IRS)	August 17, 2020



Community
Benefits Report
Fiscal Year 2019

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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8

BIDMC FY19 CB Expenditures AG Program Types and Health Priorities

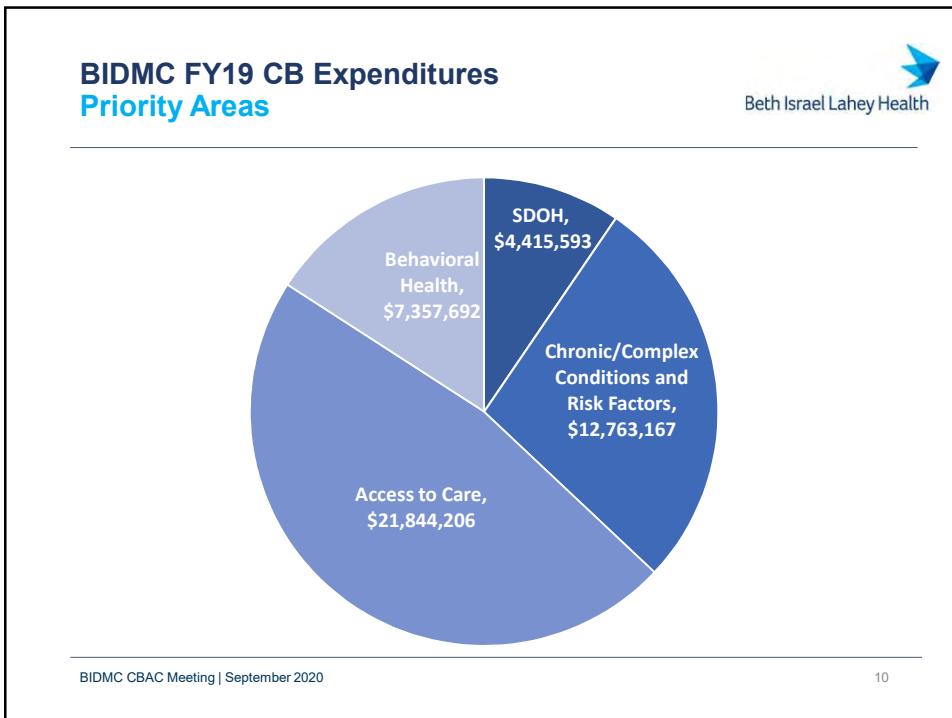


Beth Israel Lahey Health

CB Expenditures		BIDMC Totals
Program Type	Direct Clinical Services	\$11,850,955
	Community-Clinical Linkages	\$1,958,418
	Total Population or Community-Wide Initiative	\$3,269,082
	Access/Coverage Support	\$10,024,424
	Infrastructure to Support Community Benefit Collaboration	\$700,843
	Total	\$27,803,721
Health Priority	Behavioral Health (Mental Health and Substance Use)	\$7,357,691
	Chronic Disease Management and Prevention (cancer, heart disease, asthma, diabetes, other chronic illnesses)	\$12,763,167
	Housing Stability/Homelessness	\$322,227
	Additional Health Needs	\$7,360,636
	Total	\$27,803,721

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9



Implementation Strategy Regular Update Process



- Review and update Implementation Strategy (IS) twice/year to capture regulatory and programmatic changes as well as emergent needs
- BIDMC FY20 Implementation Strategy updates include:
 - Adding text under Access to Care
 - Adding text under SDOH regarding food insecurity and specific cohort/s
- BIDMC FY21 Implementation Strategy updates include: BILH CBC selected priorities and adding language that mentions the Community-based Health Initiative evidence-based strategies

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12

BILH FY21 Community Benefits Priorities



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13

BILH Community Benefits Priorities

Goal and Criteria



Goal

- Identify one or two strategies on which all 10 BILH hospitals will focus and collect and report on similar indicator

Criteria

- Current prevalence across system
- SMART (specific, measurable, achievable, realistic, timely)
- Evidence-based/informed
- Can be aggregated for system-wide impact
- Ability to identify an existing (external) benchmark and/or enable hospitals to compare their performance against system benchmark

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14

BILH Community Benefits Priorities

System-Wide Alignment



- Strengthen local hospital programs by leveraging efforts across BILH system for greater impact
- Support decisions, strategy, and planning with data and metrics
- Integrate evidence-based best practices
- Develop and share metrics to measure effectiveness
- Continue to honor historical programming and relationships while building Community Benefits system capacity

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15

BILH CB Alignment

FY21 Health Priorities

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Social Determinants of Health	<ul style="list-style-type: none"> • Food Insecurity Increase access to low-cost healthy foods for priority cohorts • Digital Access Increase access to and literacy in using technology to manage personal health
Behavioral Health	<ul style="list-style-type: none"> • Mental Health and Substance Use Increase access to screening, identification, care, and services
Chronic and Complex Conditions	<ul style="list-style-type: none"> • Heart Disease, Diabetes, and Cancer Increase screening, identification, education, and management for chronic diseases

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16

BILH Community Benefits Priorities

Next Steps/Timeline

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- **Present** results from CBAC discussions to BILH Community Benefits Committee (Oct. 2020)
- **Share** final priorities with CBACs (Dec. 2020) and amend FY21 Implementation Strategy as needed (Oct. – Dec. 2020)
- **Implement** new priorities at all hospitals (by Jan. 2021)
- **Share** metrics with BILH Community Benefits Committee (Jan. 2021)
- **Collect** baseline data and report new indicators to CBACs and Community Benefits Committee (Jan. – Sep. 2021)

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17



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Community-based Health Initiative (CHI) Updates

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18



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RFP Updates

- RFP was released widely and has generated significant interest
 - Online information session was well attended
 - Recording and FAQs posted to website
- Letter of Intent applicants have been notified of decisions
- Full proposals due October 19
- Funding decisions in early December

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19

Healthy Neighborhoods Overview

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- Grants will be used to **build neighborhood and resident capacity** and **facilitate collective action** to address neighborhood-specific concerns
- Neighborhoods will get an **equal amount of funding** to develop and implement a community-driven/led project

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20

Healthy Neighborhoods Proposed Criteria

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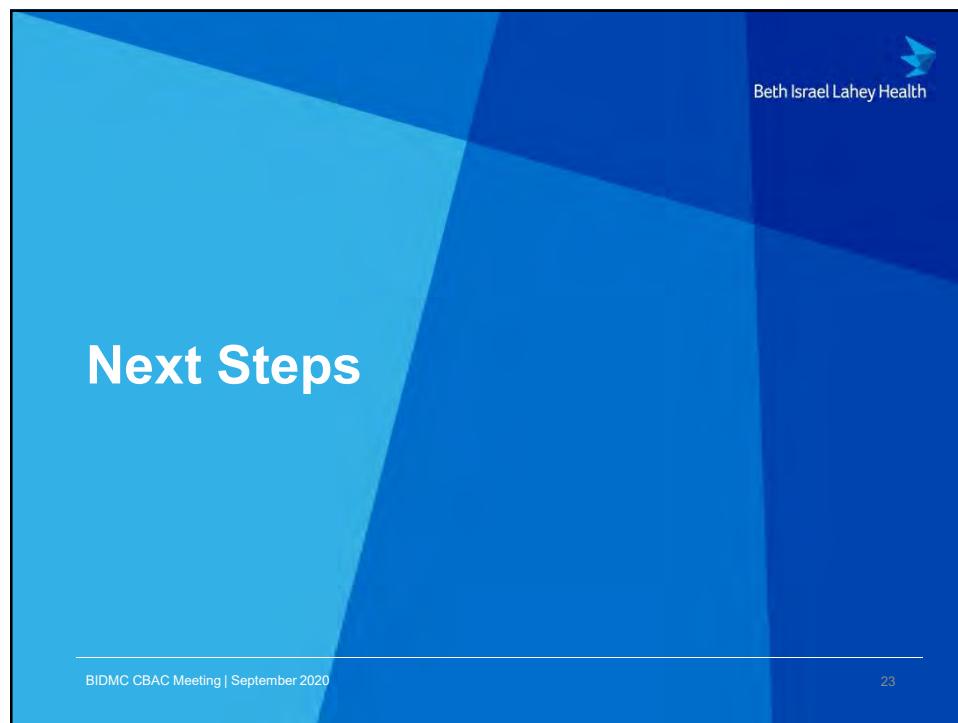
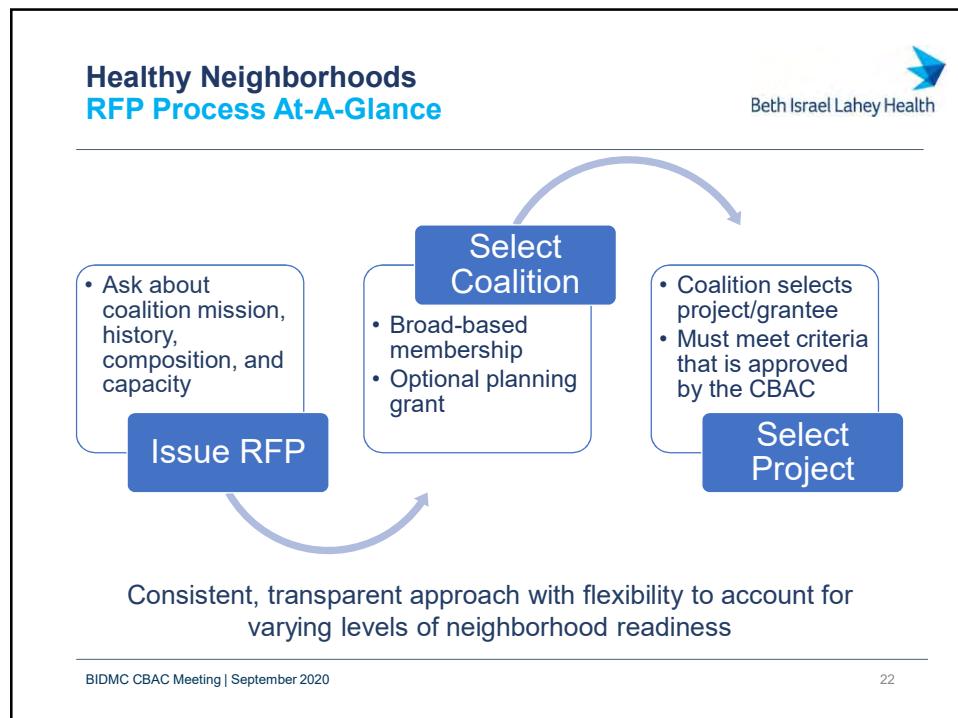


Proposed Selection Criteria for Projects / Grantees

Project Alignment	<ul style="list-style-type: none"> • Address identified priority areas • Reasonable and aligned with core principles • Detail the plan for sustainability beyond the grant period
Community Engagement and Communication	<ul style="list-style-type: none"> • Community residents are involved in program design and implementation • Progress and outcomes are communicated to residents and organizations
Project/Program Implementation Plan	<ul style="list-style-type: none"> • Feasible based on funds allocated • Demonstrates community need • Evidence-based or evidence informed
Evaluation	<ul style="list-style-type: none"> • Feasible evaluation plan to measure impact

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21



Conflict of Interest (COI) Disclosure Reminder



- Primary purpose: Protect the integrity of the Community Benefits Advisory Committee
- You will be asked to disclose the following affiliations:
 - Volunteer or governance roles (e.g. Board of Directors seat)
 - Compensation arrangements (e.g. Employer or consulting client)
 - Material ownership or investment interests (e.g. Holding stock, being a part-owner)
- These disclosures are not necessarily conflicts of interest, it is good practice to disclose.

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24

Next Steps



- Next meeting is Tuesday, **December 15, 5-7 pm**
- **2021 quarterly meetings** in March, June, September, and December – look out for meeting invites
- The Community Benefits team will send instructions for completing the Conflict of Interest (COI) form

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25

Appendix



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26

Healthy Neighborhoods



Neighborhoods receiving funding:

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



Identified Health Priorities:

- Access to Care
- Built Environment
- Environmental Health
- Violence Prevention
- Racial Equity
- Other Social Determinants of Health

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27

Healthy Neighborhoods Overview

What are Healthy Neighborhoods Grants For?

Healthy Neighborhoods grants are used to build neighborhood and resident capacity and facilitate collective action to address neighborhood-specific concerns. Each priority neighborhood will receive an equal amount of funding to develop and implement a community-driven/led project to address one or more of the Determination of Need (DoN) Health Priorities that are identified, selected and prioritized by the community.

Neighborhoods receiving funding are:

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

- Access to Care
- Built Environment
- Environmental Health
- Violence Prevention
- Racial Equity
- Other Social Determinants of Health

Identified health priority areas:

Each neighborhood will select a community project that meets the needs identified by residents and community organizations. The selection process for determining the project to receive funding will be overseen by a neighborhood coalition or selection committee. The structure of the coalition or selection committee may vary depending on the characteristics and readiness of the neighborhood.

Sectors that would ideally be represented in the coalition and/or selection committee:

- Local public health department/board of health
- Municipal staff
- Education
- Housing
- Social services
- Regional planning and transportation agencies
- Private sector
- Community health centers
- Community-based organizations
- Neighborhood residents

Project Selection:

Once the coalition has been selected or the selection committee has been formed, there may be different approaches to selecting the neighborhood project or grantee, depending on the neighborhood and whether it has already undertaken a community-driven process to identify a health priority or project.

Proposed Selection Criteria for Projects/Grantee:

Alignment with Healthy Neighborhood Goals

- Proposed project must address one or more of the identified health priority areas
- Goals are reasonable and aligned with the core principles found in BIDMC's RFP
- Proposals must detail the plan for sustainability beyond the grant period

Community Engagement and Communication

- Community residents are involved in program design and implementation
- Project progress and outcomes are communicated transparently to community residents and community organizations

Implementation Strategy

- Proposed project is feasible based on funds allocated
- Proposed project meets a demonstrated community need
- Proposed project is evidence-based or evidence-informed

Evaluation

- Proposed project has a feasible evaluation plan to measure impact

June 23

Meeting Minutes



Community Benefits Advisory Committee (CBAC)

Meeting Minutes

Tuesday, June 23, 2020, 5:00 PM - 6:20 PM

Held Virtually Via Zoom

Present: Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Lauren Gabovitch, Jamie Goldfarb, Sarah Hamilton, Nancy Kasen, Barry Keppard, Phillomin Laptiste, Angie Liou, James Morton, Sandy Novack, Alex Oliver-Davila, Joanne Pokaski, Triniese Polk, Jane Powers, Luis Prado, Anna Spier, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Tina Chery, Holly Oh, MD, Richard Rouse, Jerry Rubin

Guests: Carrie Jones, John Snow, Inc. (JSI), Coordinator; Madison MacLean, JSI, Consultant; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation; Annie Rushman, HRiA, Senior Associate

Two members of the public were also in attendance.

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting, including new Community Benefits Advisory Committee (CBAC) members and members of the public.

The minutes from the April 28th CBAC meeting were reviewed and accepted.

Nancy shared that a CBAC member passed away due to complications from COVID-19. A moment of silence was observed in their memory and for the countless others who have lost their lives over the last few months.

Nancy provided a brief update on Beth Israel Deaconess Medical Centers (BIDMC) Community Benefits activities. BIDMC continues its focus on COVID-19. Additional clinical services will be expanded as the state enters Phase 2. Community-wide testing sites remain open, as well as a social determinants health screening program at the Beth Israel Deaconess Healthcare (BIDHC) Chelsea testing site.

Public Comment

Caitlin Abber from the Allston-Brighton Substance Abuse Task Force shared that COVID-19 has impacted youth substance use and mental health significantly. They said that it is a critical time for this work, especially among youth. Boston high school students use substances at significantly higher rates than other districts under normal circumstances and rates are expected to increase due to the pandemic. Family members of these young people may also be using substances at increased rates. Many youth are experiencing heightened stress and social isolation, and may lack healthy coping mechanisms. This demographic is in need of support.

No written comments were received.

Check-in

Nancy acknowledged the unprecedented challenges many of our communities are facing during this time. She encouraged members of the CBAC to share what they and their communities have been experiencing as well as any needs/concerns that have emerged.

One CBAC member shared that the Latinx community is being particularly hard-hit. They said that not everyone wants things to just go back to normal as we begin to emerge from the height of the pandemic. Advocacy around policy changes and increased support for vulnerable communities is vitally important.

Another member shared that April and May have been relatively stable for the Chinatown community compared to March, but supplemental payments are going to run out on July 31st and the eviction moratorium is set to expire at the end of August. The community is bracing for a housing crisis late this summer. From a policy standpoint, these are issues in need of advocacy work. Restaurants in Chinatown are also not yet opening for outdoor or indoor dining.

Heightened levels of food insecurity was another big issue brought up in the conversation. The YMCA has delivered one million meals in the past three months. The Boston Public Schools have delivered another 700,000 meals and the need continues to increase. When the support runs out, the insecurity will increase. Additionally, childcare is now more in need. Many childcare providers have closed permanently. Many more families can no longer afford the costs of childcare outside the home.

Review of Health Priorities, Sub-Priorities, and Allocation Determinations

Nancy reviewed the health priority areas, sub-priorities, and allocations that the New Inpatient Building Community-based Health Initiative (NIB CHI) Community Advisory Committee, the CBAC's antecedent voted to fund on September 24th, 2019 and that were approved by the Department of Public Health (DPH) on December 24th, 2019. The priority areas are: Housing Affordability (40%, \$7.4 million), Jobs & Financial Security (30%, \$5.5 million), Behavioral Health (15%, \$2.8 million), Healthy Neighborhoods (15%, \$2.8 million).

Prior to the COVID pandemic, BIDMC's original intent was to launch a Request for Proposal (RFP) in April for the housing, jobs, and behavioral health priority areas, totaling approximately \$6.5 million. The Healthy Neighborhoods funding was to be allocated neighborhood-by-neighborhood over a period of several years.

Nancy shared a high-level overview of the original timeline and process. Due to COVID-19, the RFP process was put on hold.

Nancy shared current thoughts about the CHI funding. First, BIDMC would like to honor the original intentions, process, community engagement and transparent efforts that have taken place to date. Additionally, BIDMC recognizes that circumstances have changed drastically and so the original plans may need to pivot to some degree.

Robert Torres, BIDMC's Director of Community Benefits, introduced two possible paths forward. Option A would involve maintaining the same priority areas, updating the framing and focus to acknowledge recent events, altering the timeline, structuring, strategies, focusing populations to ensure responsiveness to the current moment, and incorporating a greater focus on policy. Option B would involve pivoting to focus on the more emergent needs that have arisen (e.g. police violence, food access, the digital learning divide, telehealth access). Robert acknowledged that the second option may require further discussion, community engagement, answering questions provided by DPH, and seeking review and approval from DPH.

Robert shared that while BIDMC had a preference to pursue option A, BIDMC values the input of the CBAC and welcomed dialogue and discussion on both options to inform next steps. BIDMC's reasoning for moving ahead with option A was that:

- The original prioritization process was lengthy and transparent and included significant community engagement. BIDMC fully adopted the priority areas and allocations vetted, agreed and recommended by the NIB CHI Advisory Committee..
- The priority areas and strategies are still relevant today, and BIDMC does not want to lose momentum.
- BIDMC would like to start distributing funding sooner rather than later, and pivoting could delay this process.
- Funding is already allocated to multiple priorities and adding additional priorities makes the funding amounts smaller for each category, which could make it harder to effect systems change.
- Other funders are stepping in to cover some of the more emergent needs that have arisen due to COVID-19 (e.g. food access).

Robert then shared guidance received from DPH about any proposal to reallocate CHI resources. The questions posed by DPH are intended to guide discussion when considering the reallocation of funds and to ensure the CHI principles are being upheld; that shifting resources are not duplicating efforts; and that funds are not shifted to urgent needs at the expense of sustainable systems change in the future.

DPH's questions are:

"Does the proposed reallocation of CHI resources:

1. Continue to uphold CHI principles by addressing inequities in the social determinants of health and their impacts?
2. Shift the approach in a previously determined strategy or is it wholly new (e.g. a hospital had a previously approved strategy to address housing instability and is proposing to reallocate resources to address immediate housing needs)?
3. Meet an identified gap that other resources are not filling? Foundations and government agencies are rapidly making and implementing plans to address the social impacts of COVID-19. How does the hospital know that the identified issue will not be addressed otherwise?
4. Understand the consequences of reallocating resources to meet an immediate need recognizing that this will be a long event that will have impacts for the foreseeable future?
5. Shift resources away from communities, needs, priorities, and strategies arrived at through meaningful community engagement decision making practices, and mean not ever shifting them back, i.e. does the reallocation mean those plans never get implemented? Are the critically urgent and important immediate needs being met at the expense of sustainable systems change down the line? Are resources being shifted from organizations that would otherwise be supported by the previously planned/implemented CHI?
6. Have input from the CHI Advisory committee?"

Initial Poll

Anna Spier, BIDMC's Manager of Community Benefits, then launched an initial anonymous poll to solicit input from the CBAC about the options discussed. Results showed that 84% of respondents chose "Option A," 11% chose "Option B" and 5% chose "I'm not sure yet."

Discussion

Robert then moderated a discussion of the poll results.

One CBAC member shared that these times represent uncharted territory. Systemic issues are being addressed in unprecedented ways. Inequality has worsened, but the priority areas that were originally identified still apply to the current situation, with some adjustments. Efforts should also be made to encourage people and resources to go towards policy change and advocacy.

Another member shared that before the meeting they felt more torn about option A vs. B, but now they feel a strong sense of urgency to get the funds into the community and not delay by pivoting too significantly.

Another member agreed. The pandemic crystallized the inequities that many people knew existed. The areas of focus remain relevant and help to address some of the root causes.

A member voiced that their preference is to "adjust the stay the course," meaning the priority areas are sound but there should be an additional qualifier that proposals that address racial disparities (in housing, job training, mental health, etc., all of which have been highlighted through the COVID pandemic) might be given preference during the evaluation process. This sentiment was echoed by

several other members of the CBAC. BIDMC noted that the Allocation Committee had already provided this input and this was reflected in the RFP language.

Another member said that they were surprised by the poll results which showed a significant preference for Option A. The communities these funds were allocated to help have never needed support as much as they do now. There are unparalleled losses and unparalleled needs that must be mitigated by unparalleled giving. The experiences of the CBAC members are not representative of the experiences of many community members. For example, CBAC members can generally work from home comfortably and have basic provisions. The unemployment checks are not enough and many families do not qualify for that assistance. Direct aid needs to be given to these individuals. Unprecedented giving is required, and this CBAC has a unique opportunity to provide it with these funds. These priorities might still be appropriate, but the exact allocation needs to be intentionally COVID-centered.

Many more members of the committee added to the discussion and came to consensus that intentional wording should be included in the RFP regarding allocation of funding and addressing the impact of the COVID-19 pandemic. They also discussed that additional wording should be added to ensure that organizations being funded align with the values of the CBAC (for example, diversity of leadership and commitment to racial equity). Representatives from BIDMC said that the RFP selection criteria already incorporate this language.

One member shared that funders to a health center have been navigating this situation by explicitly asking whether the funds will be used for COVID-related purposes and allowing grant proposals to be shifted. This has been helpful for the health center.

Another member asked whether there is currently a way to identify gaps in specific neighborhoods in response to COVID. One suggestion was to request that applicants for Healthy Neighborhoods funding identify other funds they are leveraging.

Follow-up Poll

Anna launched a follow-up poll that asked the same question as above; which of the following most resonates with you right now? 89% of respondents selected “Option A”, 11% selected “Option B”, and no respondents selected “I’m not sure yet.”

BIDMC wrapped up the discussion and provided a summary of the polling that showed a large majority of CBAC members choosing Option A. Due to the reasonable consensus reached, the decision was made to move ahead with the original selected health priorities and release the RFP in an expeditious manner with an acknowledgment of the effects of COVID-19 and a greater emphasis on addressing racial inequality.

Next Steps

Nancy shared that a small working group will be created to finalize selection criteria for the Healthy Neighborhoods category of funds. The commitment for the working group will be 2-3 calls over the summer. This group will bring back results to the next meeting.

Several CBAC members volunteered to participate in this working group.

Adjourn

Nancy thanked everyone for joining and reminded everyone that the next scheduled meeting is September 22 from 5-7 pm.



**Community Benefits Advisory Committee (CBAC)
Meeting Minutes**

**Tuesday, September 22, 2020, 5:00 PM - 7:00 PM
Held Virtually Via Zoom**

Present: Walter Armstrong, Elizabeth (Liz) Browne, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Angie Liou, James Morton, Sandy Novack, Holly Oh, MD, Alex Oliver-Davila, Joanne Pokaski, Triniese Polk, Jane Powers, Richard Rouse, Jerry Rubin, Anna Spier, Robert Torres, Fred Wang

Absent: Tina Chery, Lauren Gabovitch, Phillomin Laptiste, Luis Prado, LaShonda Walker-Robinson

Guests: Carrie Jones, John Snow, Inc. (JSI), Coordinator; Alec McKinney, JSI, Senior Project Director; Valerie Polletta, Health Resources in Action (HRiA), Associate Director, Research & Evaluation; Annie Rushman, HRiA, Senior Associate

Three members of the public were also in attendance.

Welcome

Nancy Kasen, Vice President, Community Benefits and Community Relations, Beth Israel Lahey Health (BILH), welcomed everyone to the meeting and thanked them for joining.

The minutes from the June 23rd Community Benefits Advisory Committee (CBAC) meeting were reviewed and accepted.

Public Comment Period

There were no oral or written public comments shared during this meeting.

Regulatory Updates

Robert Torres, Director of Community Benefits, Beth Israel Deaconess Medical Center (BIDMC), began by reviewing the hospital's regulatory reporting timeline. He explained that regulatory reports are typically due in the spring, but due to the COVID-19 pandemic, the City of Boston and Massachusetts Attorney General's Office extended the filing deadlines for the Payment in Lieu of Taxes (PILOT) and Attorney General reports.

As part of regulatory reporting, hospitals report on their annual community benefits expenditures. Robert explained that the Attorney General report required BIDMC to classify community benefits expenditures by program type and by health priority. He provided an example related to the access to care priority; if BIDMC worked to increase access to behavioral health services, access to care would be the program type and behavioral health would be the health priority.

Informed by the most recent Community Health Needs Assessment (CHNA), BIDMC's Community Benefits health priorities are Behavioral Health (Mental Health and Substance Use), Chronic Disease Management and Prevention (cancer, heart disease, asthma, diabetes, other chronic illnesses), Housing Stability/Homelessness, and Additional Health Needs. One member asked for clarification on what is included in "Additional Health Needs". Robert explained that there are multiple programs related to the social determinants of health (SDOH) that would fall in that category, such as violence prevention programming.

After highlighting the health priorities, Robert reviewed a breakdown of community benefits expenditures in Fiscal Year 2019, which totaled \$27.8 million. He noted that the funds broken out by program type and by health priority totaled the same amount. The Community Benefits reporting guidelines from the Attorney General's Office also include Health Safety Net payments and leveraged resources, increasing the reportable total of Community Benefits expenditures from \$27.8 million to \$46 million.

Health Priorities

Nancy then spoke about efforts to align Community Benefits strategies and metrics across all 10 BILH hospitals. BILH Community Benefits and Community Relations departments worked to identify strategies that all of the hospitals will focus on, collect data on, and report on. Nancy explained that in order for a health priority and related strategies to be selected, they need to be prevalent across most if not all of the BILH hospitals, identify SMART (specific, measurable, achievable, realistic, timely) goals, be evidence-based/informed, and identify an existing (external) benchmark and/or enable hospitals to compare their performance against a BILH-wide benchmark. In the future, the hospitals plan to collect data on community benefits programs quarterly to share with each hospital's CBAC regularly.

To identify the BILH health priorities, the Community Benefits and Community Relations teams from all 10 hospitals came together to discuss existing priorities and programs. The aim was to balance the need for hospitals to continue to honor their existing partnerships while also working to strengthen program impact across the BILH system. While specific programs would not be mandated, data collection and measurements will be streamlined.

Through a collaborative process, the three BILH-wide health priorities selected were Social Determinants of Health (food insecurity, digital access), Behavioral Health (mental health and substance use), and Chronic and Complex Conditions (heart disease, diabetes, and cancer). One CBAC member asked if these health priorities were different than the ones the CBAC worked on for the Determination of Need (DoN) funds. Nancy explained that while the priorities are similar, this effort is focused more broadly on Community Benefits programs outside specific DoN funding streams.

Digital access was identified as an emerging health need in the SDOH category. Nancy asked the CBAC to weigh in with their thoughts on the relative importance of digital access to the community. Many CBAC members agreed that this was an emerging need. Members explained that access to digital tools has value beyond the health care sector, as it can be important for gaining stable employment, enrolling in food access programs, for education, and many other aspects of residents' lives. Several members also highlighted challenges for specific populations, including older people and non-English speakers. Many members shared that there are existing organizations working on this effort. Nancy thanked everyone for sharing their insights on the topic of digital access and told them they can email the Community Benefits team if they have any additional information to share.

Nancy then shared the timeline for aligning the health priorities over the next year. Next steps include finalizing the priorities and strategies and amending the Fiscal Year 2021 Implementation Strategy.

Following this, the health priorities strategies will be implemented at each hospital and metrics will be shared with the BILH Community Benefits Committee. Lastly, each hospital will collect baseline data and will report on the new indicators to their hospital CBAC's.

Community-based Health Initiative Updates

Robert began by giving a brief overview on the status of the Request for Proposal (RFP) for the Community-based Health Initiative (CHI). The RFP Letter of Intent (LOI) application, released in early August 2020, was closed on August 28th, 2020. A total of 95 organizations applied across the three funding tracks and the three health priority areas (Housing Affordability, Jobs & Financial Security, and Behavioral Health). Robert shared that there were multiple strong applications, making it a very competitive selection process. In the end, a total of 38 organizations were invited back to submit a full proposal for 16 possible grant opportunities.

Anna Spier, Manager of Community Benefits, BIDMC, provided an update on the fourth CHI funding area, Healthy Neighborhoods. Anna began by thanking five members of the CBAC who volunteered to be on a Healthy Neighborhoods workgroup to inform the process for this initiative. She then reminded the group that Healthy Neighborhoods will provide equal amounts of funding to each of the focus neighborhoods for the RFP: the Boston neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury, and the City of Chelsea. This funding will be used to build neighborhood and resident capacity and facilitate collective action to address neighborhood-specific concerns.

BIDMC wants to ensure that the Healthy Neighborhoods grantees are held to similar standards as the CHI RFP. Anna then presented the criteria that will be used to determine if a future project/grantee is eligible to be funded. The criteria fell into four main categories: project alignment, community engagement and communication, project/program implementation, and evaluation. Anna proceeded to share a high-level overview of the process. BIDMC will issue a RFP for each neighborhood over the next several years. Neighborhood coalitions or a group of organizations that represent a variety of sectors will apply to be the backbone organization for this initiative. This group will need to commit to transparency and other requirements and will be selected by a subset of the Allocation Committee. The selected coalition would then engage the community in choosing a project(s) to fund that meets BIDMC's criteria that was shared previously. BIDMC believes that issuing an RFP for each neighborhood is the most effective and transparent route to take in order to disburse funds equitably. Anna explained that this will be an iterative process, which will allow for learning and improvement over time. One member voiced a concern about members of the selected coalitions, which are often associated with community-based organizations, and being favored for funding. Anna noted the concern and explained that multiple sectors will be required to be involved and that the RFP will be written to facilitate a fair and transparent selection process.

Conflict of Interest Policy

Robert then briefly reviewed BIDMC's Conflict of Interest (COI) policy. The goal of the COI is to protect the integrity of the CBAC. CBAC members are asked to disclose volunteer or governance roles, compensation arrangements, and/or material ownership or investment interests. Robert noted that these disclosures are not necessarily conflicts of interest but it is good practice to disclose, though disclosure will not necessarily preclude CBAC participation. The Community Benefits team will send out the COI forms once they are updated for Fiscal Year 2021.

Adjourn

Robert thanked the attendees for joining and reminded everyone that the next scheduled meeting is December 15 from 5-7 pm.

Advisory Committee Members	2019						2020			
	April 9th	May 21st	June 25th	July 23rd	September 24th	October 22nd	January 28	April 28	June 23	September 22
Elizabeth Browne	X	X	Ph	Ph	X	X	X	Ph	Ph	Ph
Tina Chery	X	A	A	A	Ph	A	A	Ph	A	A
Richard Giordano	X	X	X	X	X	X	X	Ph	Ph	Ph
Sarah Hamilton	X	X	X	X	X	X	X	A	Ph	
Barry Keppard	X	X	A	X	X	X	X	Ph	Ph	Ph
Phillomin Laptiste	X	X	X	A	X	X	X	Ph	Ph	A
Theresa Lee	X	A	X	A	X	A	X			
Angie Liou								Ph	Ph	Ph
James Morton								A	Ph	Ph
Sandy Novak								Ph	Ph	Ph
Holly Oh	X	X	A	X	X	X	X	Ph	A	Ph
Alex Oliver-Davila	Ph	X	A	A	A	X	A	A	Ph	Ph
Luis Prado	A	X	A	X	A	X	X	Ph	Ph	A
Triniese Polk							X	A	Ph	Ph
Jane Powers	A	X	X	X	X	X	X	Ph	Ph	Ph
Richard Rouse	X	X	X	X	X	X	X	A	A	Ph
Jerry Rubin	X	A	A	X	X	X	X	Ph	A	Ph
Fred Wang	X	X	X	X	X	X	X	Ph	Ph	Ph
BIDMC Staff - Ex Officio										
Walter Armstrong							X	Ph	Ph	Ph
Lauren Gabovitch	X	A	A	X	X	X	A	Ph	Ph	A
Nancy Kasen	X	X	X	X	X	X	X	Ph	Ph	Ph
Joanne Pokaski	X	A	A	X	X	X	A	Ph	Ph	Ph
Robert Torres							X	Ph	Ph	Ph
LaShonda Walker-Robinson	X	X	Ph	X	X	X	X	Ph	Ph	A

Key	
X	Participated in person
A	Absent
Ph	Participated by Phone or Video