

December 10, 2024
Meeting Packet

Meeting Agenda



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

Tuesday, December 10, 2024

5:00 pm – 7:00 pm

Zoom Meeting

I. 5 minutes	Welcome and Introductions
II. 15 minutes	DFCI Collaboration Update
III. 25 minutes	Community-based Health Initiative Housing Investment
IV. 60 minutes	FY25 Community Health Needs Assessment (CHNA): Preliminary Priorities, Key Themes and Discussion
V. 5 minutes	CBAC Survey
VI. 10 minutes	Next Steps and Regulatory Reminders

Next Meeting: March 26, 2024 (in-person)

Meeting Slides

Beth Israel Deaconess Medical Center Community Benefits Advisory Committee Meeting

Nancy Kasen, Vice President, Community Benefits & Community Relations (CBCR), BILH/BIDMC

Anna Spier, Manager, CBCR, BIDMC

Emmanuella René, Program Administrator, CBCR, BIDMC

December 10, 2024

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

Welcome

Housekeeping

- Please join the meeting using video (if possible)
- If you lose your connection, please call in
 - Phone number: 1-929-205-6099
 - Meeting ID: 962 9801 8921
 - Everyone will be muted upon arrival
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments

Content

- Welcome and Introductions
- Dana-Farber Cancer Institute Collaboration Update
- Community-based Health Initiative Housing Investment
- FY25 Community Health Needs Assessment
- CBAC Survey
- Next Steps and Regulatory Reminders

Welcome and Introductions

Thank you Rich and Welcome Leo!



Richard Giordano

Senior Advisor for Special
Projects, Fenway CDC



Leo Ruiz Sanchez

Lead Community
Organizer, Fenway CDC

Thank you Liz and Welcome Anna!



Liz Browne
Chief Executive Officer,
Charles River Community
Health



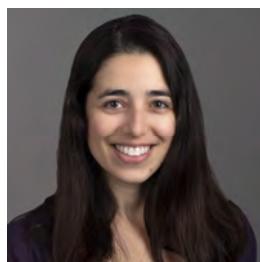
Anna Welland
Grants Manager, Charles
River Community Health

Community Benefits Department Updates

Thank you Robert and Welcome Anna!



Robert Torres
Director, Community
Benefits and Community
Relations, BILH (now
supporting Exeter Hospital)



Anna Spier
Manager, Community
Benefits and Community
Relations, BIDMC

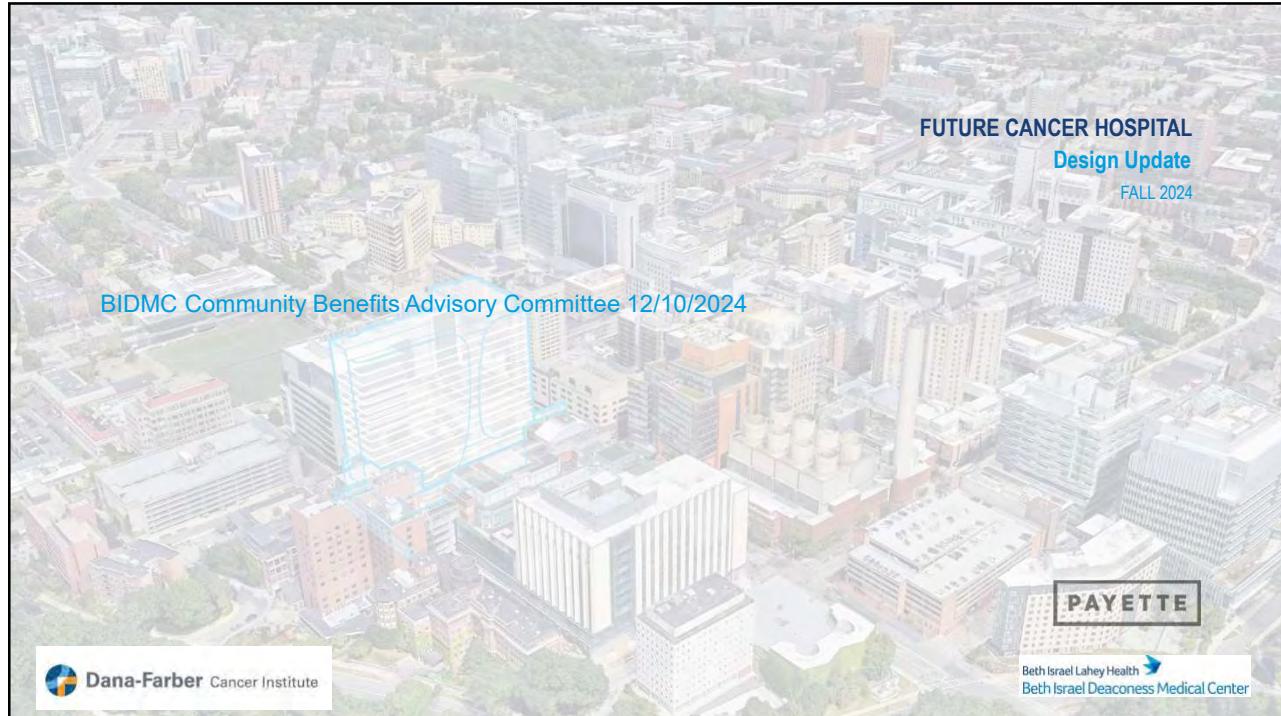
Advocacy Win – Passage of H4918 Bill

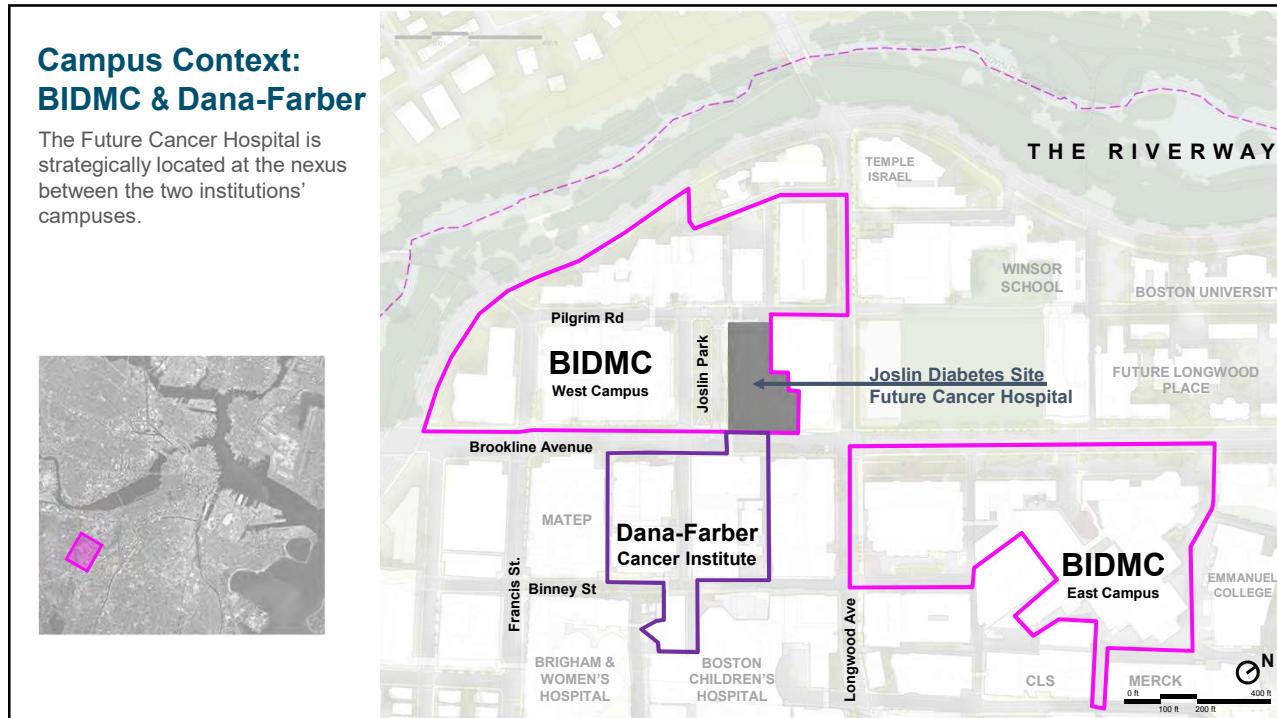
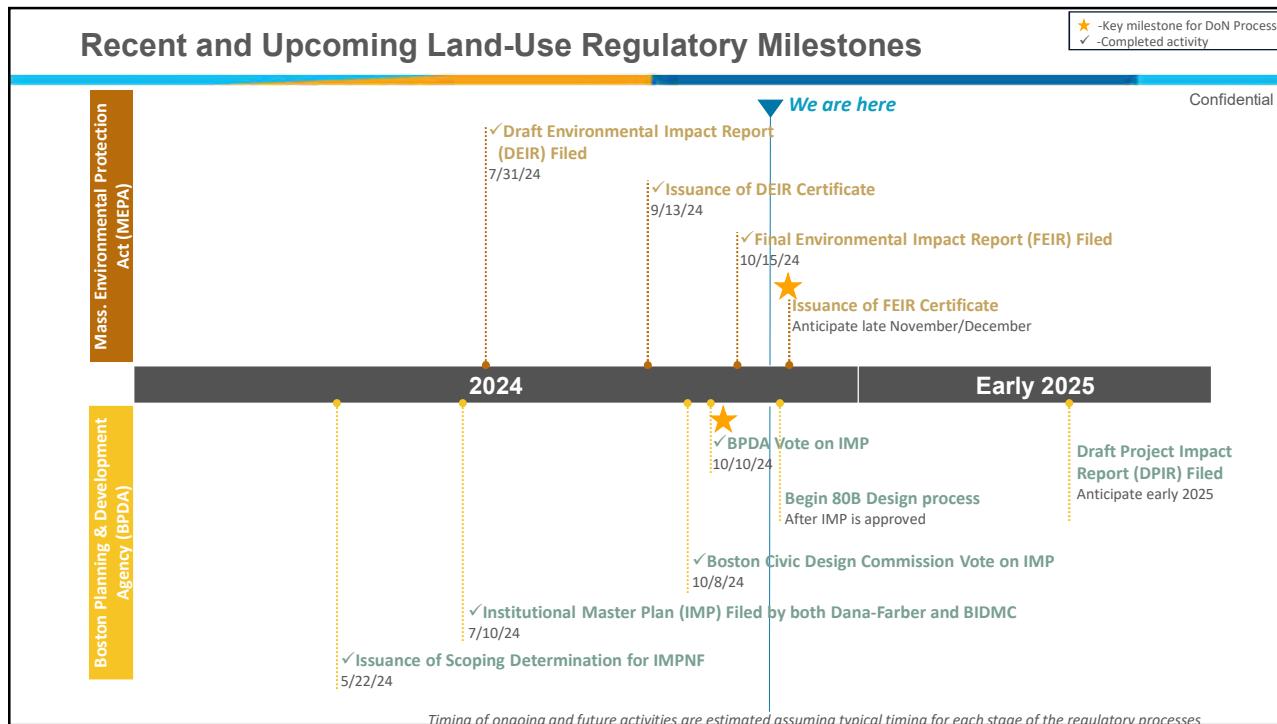
- Ensures that patients will have access to follow-up breast cancer screenings and exams with no out-of-pocket costs
- Focus area of the Boston Breast Cancer Equity Coalition for many years
 - BIDMC signed on as an organizational sponsor
 - Will take effect in 2026

DFCI Collaboration Update

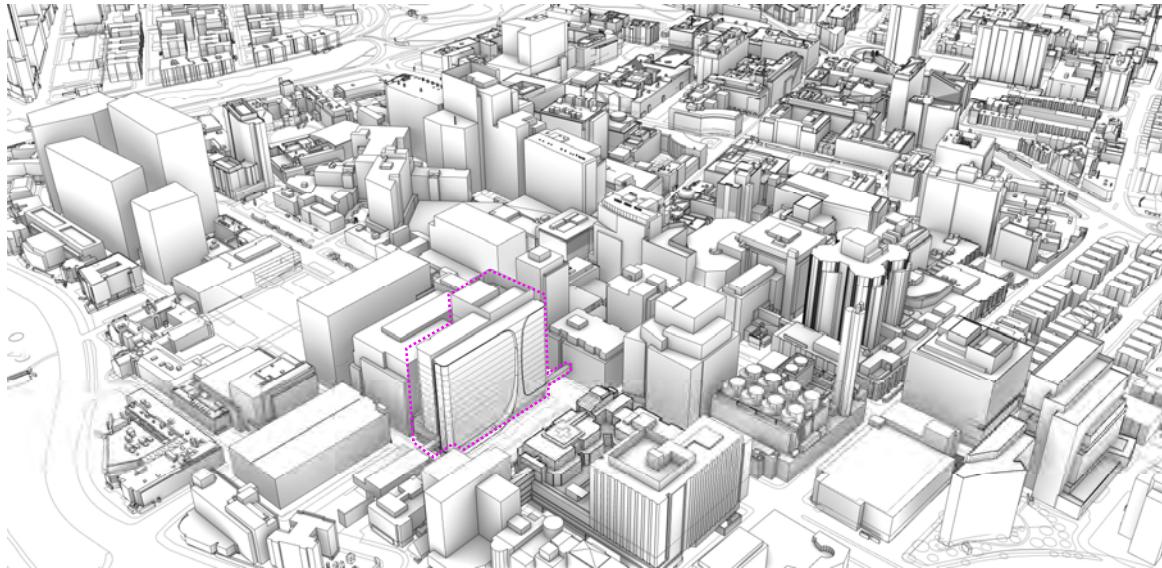
Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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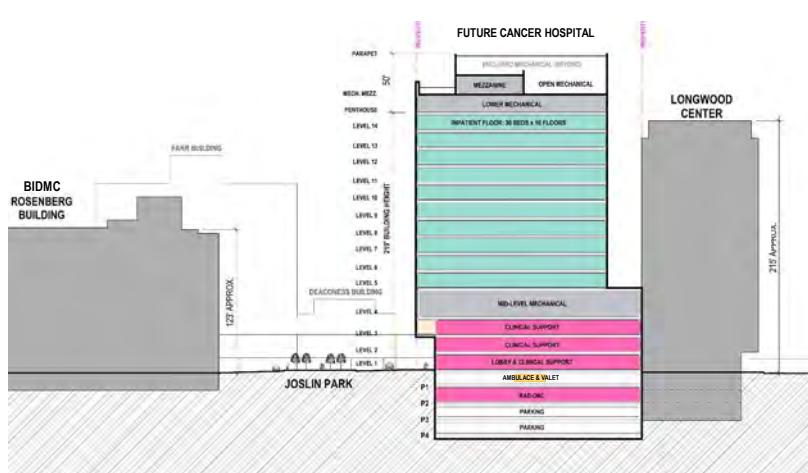
Future Cancer Hospital



Dana-Farber Cancer Institute

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

PROGRAM AND STACKING



PROGRAM

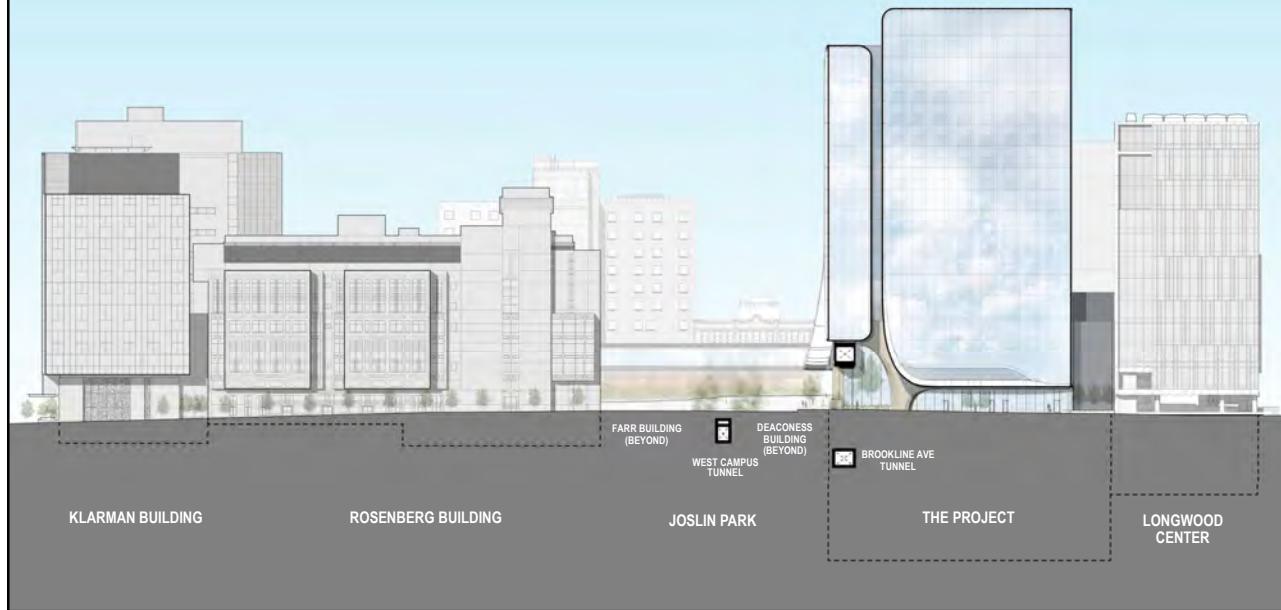
- 300 Inpatient beds (30 per floor)
Up to 30 ICU beds
- Imaging
 - 2 MRIs
 - 2 CTs
 - 1 IR CT
 - 1 XRAY
 - 1 IR Ultrasound
- Radiation Oncology
 - 3 LINACs below grade
 - 1 Simulation CT
- Observation -16 Beds
- Pharmacy
- Kitchen & Cafe
- Support Services
- Leased Retail Space
- Parking and Ambulance Entry
- Loading Dock Entry



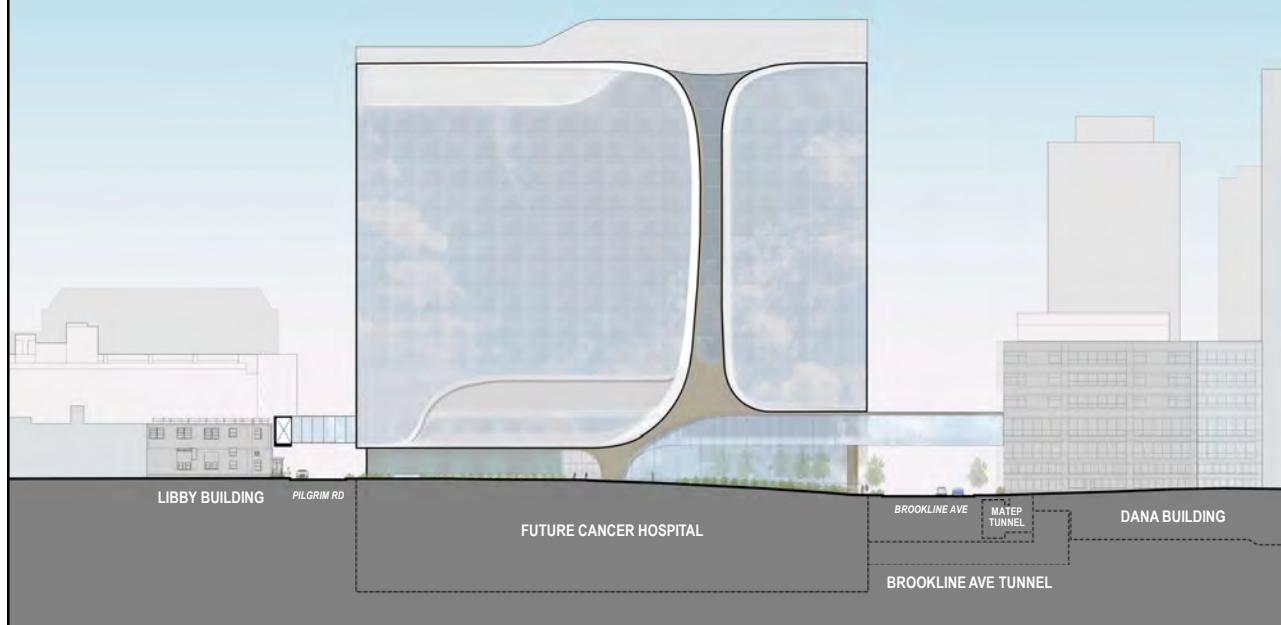
Dana-Farber Cancer Institute

Beth Israel Lahey Health 
Beth Israel Deaconess Medical Center

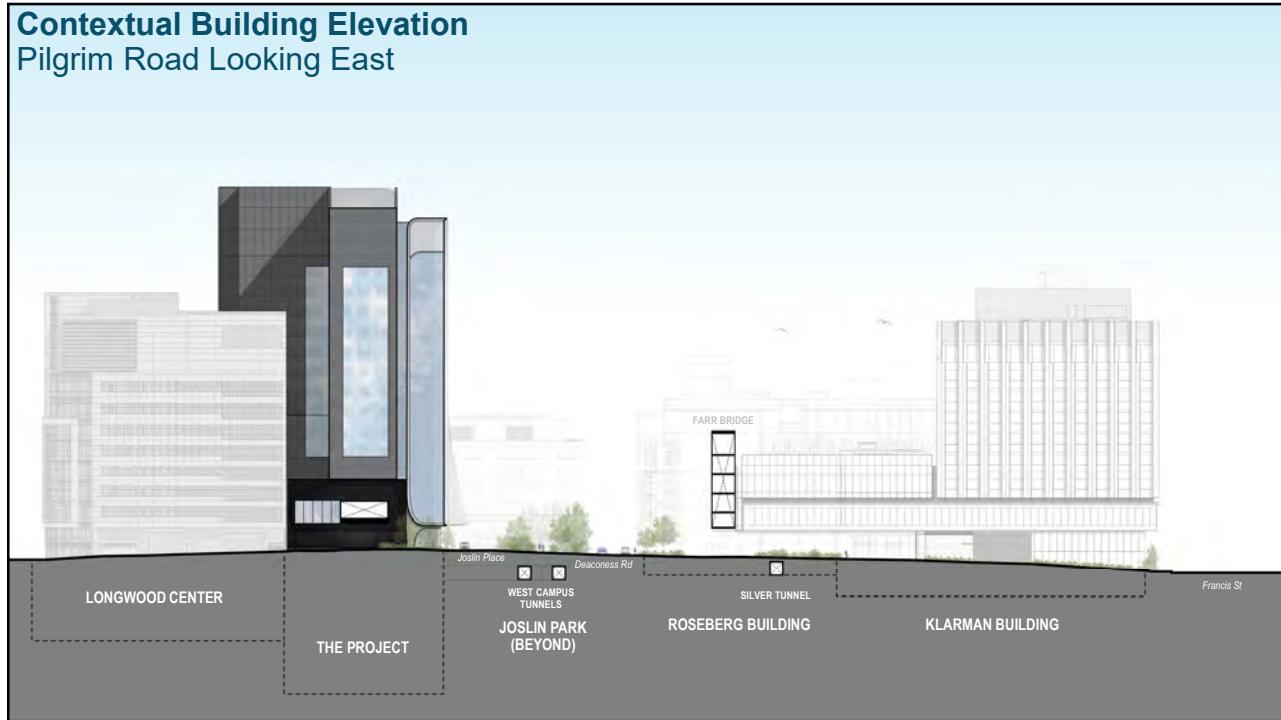
Contextual Building Elevation Brookline Ave Looking West



Contextual Building Elevation Joslin Place Looking North



Contextual Building Elevation Pilgrim Road Looking East



Future Cancer Hospital

Brookline Ave at Jimmy Fund Way

A ceramic frit applied to the inner glass surfaces shades the building from the sun and controls temperature and glare.

Working within energy code performance parameters, additional design studies of window shapes, shading patterns, and trim are in progress for review.



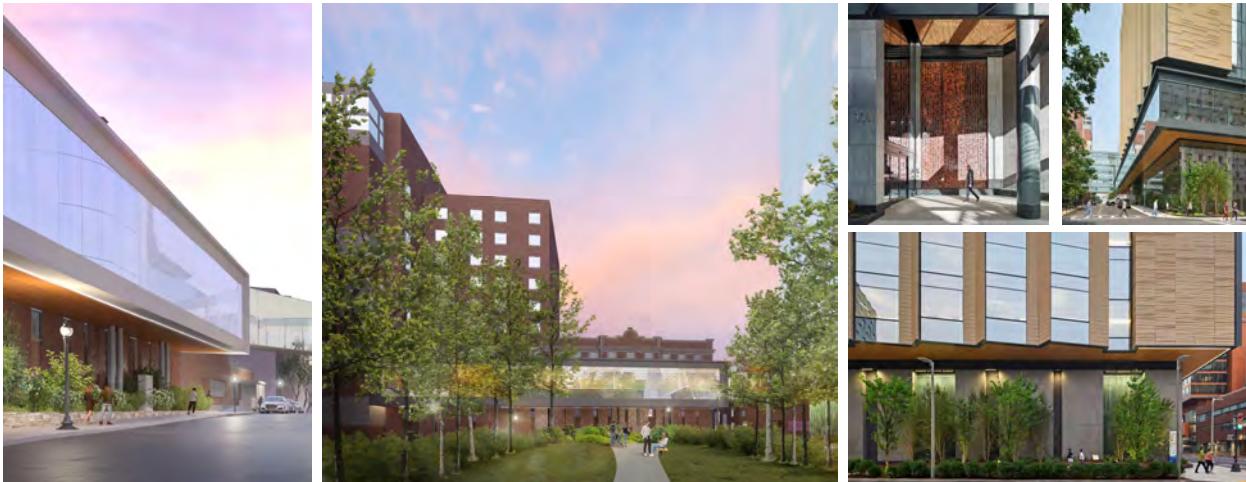
Joslin Park View

A ceramic frit applied to the inner glass surfaces shades the building from the sun and controls temperature and glare.

Working within energy code performance parameters, additional design studies of window shapes, shading patterns, and trim are in progress for review.



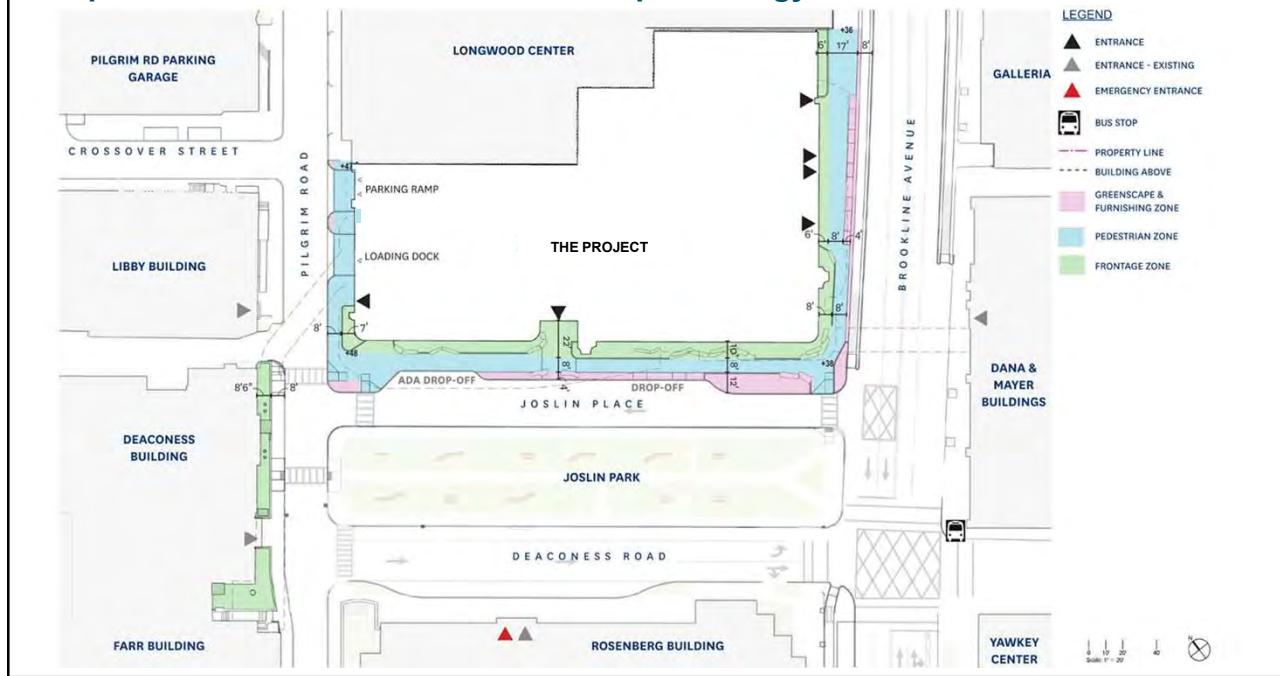
Pilgrim Connector



Screen wall at base grounds the structure concealing Deaconess and continues BIDMC language from Klarman Building.

Sky Bridge
Cor-Ten Feature Wall
Varying Façade Rhythm

Composite Level 1/G Site Plan - Landscape Strategy



Community-based Health Initiative Housing Investment

Community Investment Tax Credit (CITC) Background

- Under the program, Community Development Corporations (CDCs) and Community Support Organizations (CSOs) are eligible to apply to the Executive Office of Housing and Livable Communities for selection as a Community Partner and receive an allocation of tax credits.
- Receipt of a CITC allocation award enables Community Partners to solicit and receive qualified investments from donor taxpayers and to provide those donor taxpayers with tax credits in exchange for qualified investments made to the Community Partner.
- The CITC will be available through 2025

2024 CITC Awards

ACT Lawrence	\$150,000
Allston Brighton CDC	\$200,000
Asian CDC	\$145,000
BNCLT	\$100,000
Brookline CDC	\$200,000
Chinatown Community Land Trust	\$100,000

Screenshot showing partial list of 2024 CITC awards (full list [here](#))

Opportunity for Additional Housing Investment

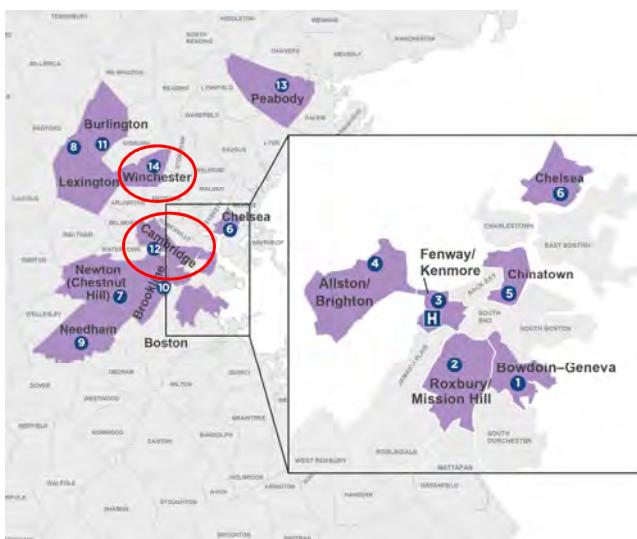
- The Massachusetts Department of Public Health has authorized BIDMC to invest the excess of the evaluation budget (approx. \$400,000) back into the community
- Given the continued prevalence of housing affordability as a major issue affecting residents, BIDMC recommends using the remaining funds to increase affordable housing stock by making grant(s) to Community Development Corporation(s) that meet the following criteria:
 - Participates in the Community Investment Tax Credit (CITC) program and has available credits (to enable the dollars to be leveraged further)
 - Has housing projects currently in development (Planning/Zoning Approved or Under Construction) in BIDMC's Community Benefits Service Area communities
- Discussion:** Are there other criteria we should consider?
- Next steps:** BIDMC plans to conduct due diligence and invite eligible CDCs to present at the March CBAC meeting
- Questions?**

FY25 Community Health Needs Assessment

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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FY25 CHNA Progress Community Benefits Service Area



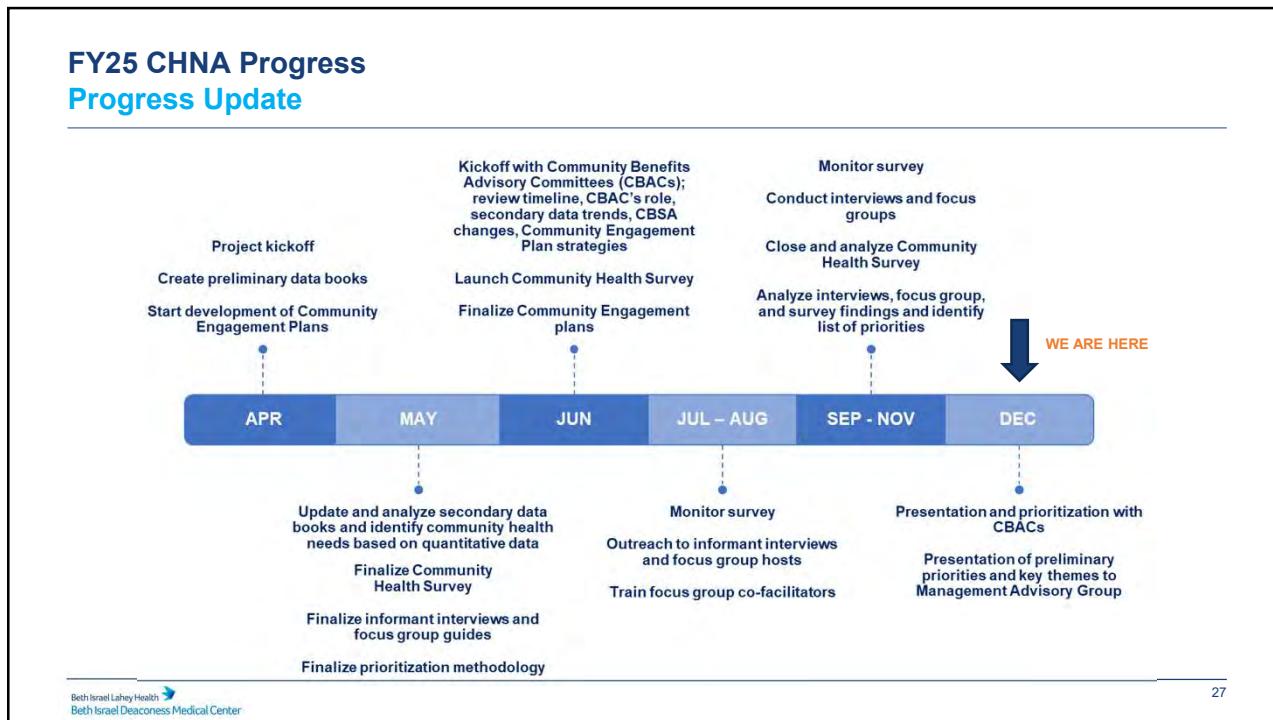
Community Benefits Service Area

- 1 Beth Israel Deaconess Medical Center and Joslin Diabetes Center
- 2 Bowdoin Street Health Center
- 3 The Dimock Center
- 4 Fenway Health
- 5 Charles River Community Health
- 6 South Cove Community Health Center
- 7 Beth Israel Deaconess Healthcare-Chestnut Hill
- 8 Beth Israel Deaconess Healthcare-Lexington
- 9 BIDMC Cancer Center
- 10 BIDMC Pain Center
- 11 BIDMC Infusion Services at Lahey Hospital and Medical Center
- 12 BIDMC Infusion Services at Mount Auburn Hospital
- 13 BIDMC Infusion Services at Lahey Medical Center - Peabody
- 14 BIDMC Infusion Services at Winchester Hospital

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Beth Israel Deaconess Medical Center

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FY25 CHNA Progress Progress Update



FY25 CHNA Progress Activities to date

Collection of secondary data, e.g.:

- US Census Bureau
- Center for Health Information and Analytics (CHIA)
- County Health Rankings
- Behavioral Risk Factor Surveillance Survey
- Youth Risk Behavior Surveys
- CDC and National Vital Statistics
- MA Community Health Equity Survey
- Data from partner hospitals and assessment efforts
- Other local sources of data



15 Interviews



2,296

FY25 BIDMC Community Health Survey Respondents
(includes data from BCHC, CHA, Tufts, and North Suffolk Public Health Collaborative)



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Focus Groups

- Spanish-speaking Young Adults (*La Colaborativa*)
- Newly arrived families from Haiti (*Association of Haitian Women in Boston*)
- Cape Verdean Speakers (*Cape Verdean Association of Boston*)
- Scheduled: Adults with Disabilities (*Boston Center for Independent Living*)
- Transgender and non-binary residents (*Transgender Emergency Fund*)

FY25 CHNA Progress

FY25 Community Health Survey Responses

2,296 responses*

(Includes responses from BILH, CHA, Tufts, and BHCCH Surveys)



19% of respondents report a language other than English as the primary language spoken in their home



72% of the respondents are women

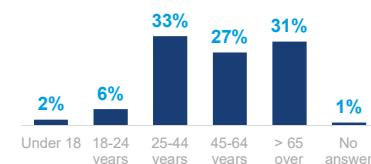


16% of the respondents identify as having a disability

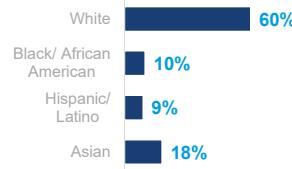


11% identified as gay, lesbian, asexual, bisexual, pansexual, queer, or questioning

Age



Race/Ethnicity



Collaboration

- Established data sharing agreements with the Boston Community Health Collaborative, North Suffolk Public Health Collaborative, Tufts Medical Center, Cambridge Health Alliance to get robust and representative survey results

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*Survey results as of 11/5/24. Survey results are subject to change upon closure of partner surveys.

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FY25 CHNA Progress

FY25 Boston/Chelsea Community Health Survey Responses

826 responses*

(Includes responses from BILH, CHA, Tufts, and BHCCH Surveys)



24% of respondents report a language other than English as the primary language spoken in their home



66% of the respondents are women

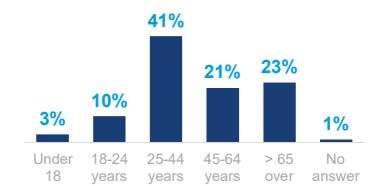


19% of the respondents identify as having a disability

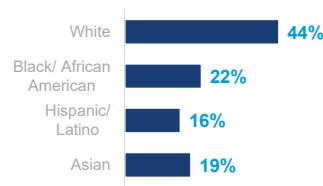


17% identified as gay, lesbian, asexual, bisexual, pansexual, queer, or questioning

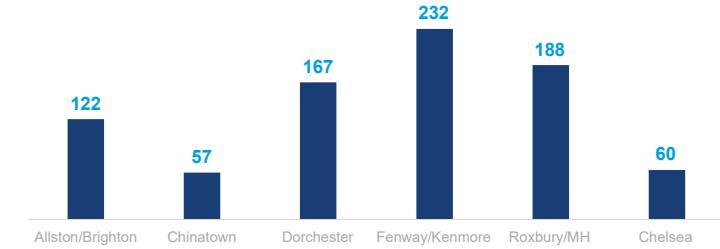
Age



Race/Ethnicity



Total Responses



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*Survey results as of 11/5/24. Survey results are subject to change upon closure of partner surveys.

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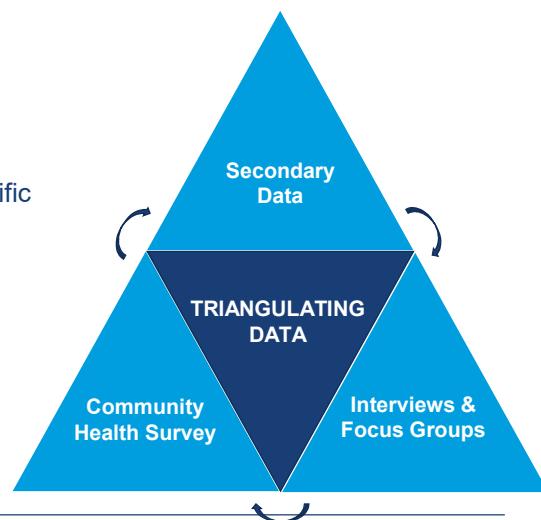
Preliminary Priorities and Key Themes

FY25 CHNA Progress Data Triangulation and Considerations

Considerations:

- Balancing qualitative themes with secondary data
- Variations among Community Benefits Service Area communities (e.g., demographics, socioeconomic, availability of resources)
- Understanding priorities, barriers, and gaps for specific populations
- Characteristics of residents engaged

Used priorities and key themes from FY22 as a starting point for conversation and prioritization



FY25 CHNA Progress

Community Benefits Service Area Strengths

FROM INTERVIEWS & FOCUS GROUPS:

- Boston's neighborhoods are rich in resources
- Immigrants enhance the diversity and character of Boston's neighborhoods
- There are many successful community health and social support programs that can be expanded and replicated throughout the city

FROM FY25 BIDMC COMMUNITY HEALTH SURVEY:



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FY25 CHNA Progress

Preliminary priorities and key themes



Social Determinants of Health



Equitable Access to Care



Mental Health and Substance Use



Complex and Chronic Conditions

Interviews and survey results show that community health concerns remained remarkably consistent between FY22 and FY25, with the same 4 categories emerging as the preliminary priority areas. Information from focus groups reinforced findings from interviews and survey results.

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FY25 CHNA Progress

Social Determinants of Health

Primary concerns:

- Housing issues (displacement, affordability, homelessness)
- Economic insecurity and high cost of living
- Access to healthy and affordable food
- Transportation
- Community safety
- Environmental health issues
- Racism and discrimination



24% (26% Boston/Chelsea) of Community Health Survey respondents identified environmental issues, like air quality, traffic, and noise as a health issue that matters most in their community



When asked what they'd like to improve in their community, 48% (44% Boston/Chelsea) of FY25 Community Health Survey respondents reported **more affordable housing** (#1 response)



43% of Boston and Chelsea respondents to the FY25 Community Health Survey respondents selected **better access to healthy food** as something they'd like to improve in their community



33% (26% for Boston/Chelsea) of FY25 Community Health Survey respondents selected **better access to public transportation** as something they'd like to improve in their community

“Economic insecurity and the wealth gap is absolutely a leading issue. Housing and food insecurity are important, but employment, jobs and livable wages are critical.”

– Interviewee

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Beth Israel Deaconess Medical Center

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FY25 CHNA Progress

Preliminary Themes: Equitable Access to Care

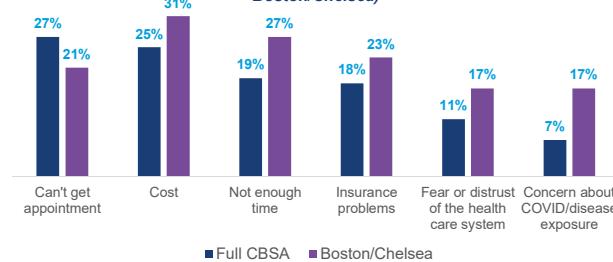
Primary concerns:

- Language and cultural barriers to care
- Long wait times for care
- Navigating a complex health care system
- Health insurance and cost barriers



21% (22% Boston/Chelsea) of FY25 Community Health Survey respondents said health care does not meet the physical health needs in their community

What barriers keep you from getting needed health care?
(Top responses from FY25 Community Health Surveys – full service area and Boston/Chelsea)



“Cultural competency and responsiveness is really important. For example, not all Hispanic or Latino populations have the same needs. Health education is also an issue – education needs to be tailored to culture.”

– Interviewee

Beth Israel Lahey Health
Beth Israel Deaconess Medical Center

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FY25 CHNA Progress

Preliminary Themes: Mental Health and Substance Use

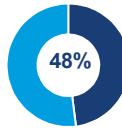
Primary Concerns:

- Youth mental health
- Depression, anxiety, and stress
- Support for individuals with substance use disorder
- Social isolation among older adults
- Language and cultural barriers to care
- Navigating the behavioral health system
- Trauma among migrants, immigrants, and refugees



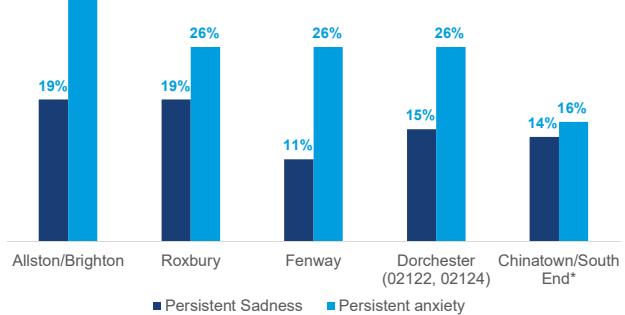
44% of Boston Public High School students reported that they felt sad or hopeless every day for two weeks or more sometime in the past 12 months. Percentages were higher among students who identified as female (47%) and LGBQ+ (67%) (2017, 2019, 2021 combined)

AMONG FY25 COMMUNITY HEALTH SURVEY RESPONDENTS:



48% (42% Boston/Chelsea) identified mental health as a health issue that matters most in their community (#1 response)

Mental Health Outcomes Among Boston Adults, by Neighborhood (2017, 2019, 2021 combined)



Beth Israel Lahey Health  Beth Israel Deaconess Medical Center

Data source: 2023-2024 Health of Boston Report || *Note that BPHC denotes 02111 and 02118 as "South End" ³⁷

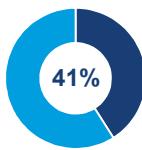
FY25 CHNA Progress

Preliminary Themes: Complex and Chronic Conditions

Primary Concerns:

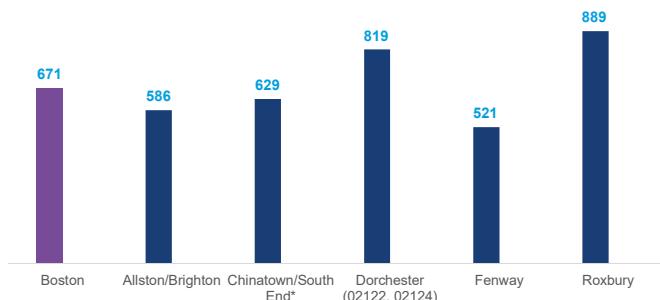
- Conditions associated with aging (e.g., mobility, Alzheimer's and dementia)
- Education/prevention around chronic disease risk factors (e.g., healthy eating, active living)
- Care navigation and management

AMONG FY25 COMMUNITY HEALTH SURVEY RESPONDENTS:



41% (35% for Boston/Chelsea) identified aging issues (e.g., arthritis, falls, hearing/vision loss) as a health issue that matters most in their community

Age-Adjusted All-Cause Mortality, by Neighborhood (2021)



Data source: 2023-2024 Health of Boston Report || *Note that BPHC denotes 02111 and 02118 as "South End" ³⁸

"When people came to this country ten years ago, they were healthy. Now they are unhealthy. We are seeing high rates of diabetes, obesity, and high blood pressure." -Interviewee

Beth Israel Lahey Health  Beth Israel Deaconess Medical Center

Discussion and Prioritization

Social Determinants of Health

- Housing issues (displacement, affordability, homelessness)
- Economic insecurity and high cost of living
- Access to healthy and affordable food
- Transportation
- Community safety
- Environmental health issues
- Racial equity and discrimination

Do these sub-priorities resonate with you?

Are there any that you would add to this list?

Equitable Access to Care

- Language and cultural barriers to care
- Long wait times for care
- Navigating a complex health care system
- Health insurance and cost barriers

Do these sub-priorities resonate with you?

Are there any that you would add to this list?

Mental Health and Substance Use

- Youth mental health
- Depression, anxiety, and stress
- Support for individuals with substance use disorder
- Social isolation among older adults
- Language and cultural barriers to care
- Navigating the behavioral health system
- Trauma among migrants, immigrants, and refugees

Do these sub-priorities resonate with you?

Are there any that you would add to this list?

Complex and Chronic Conditions

- Conditions associated with aging (e.g., mobility, Alzheimer's and dementia)
- Education/prevention around chronic disease risk factors (e.g., healthy eating, active living)
- Care navigation and management

Do these sub-priorities resonate with you?

Are there any that you would add to this list?

Priority Cohorts

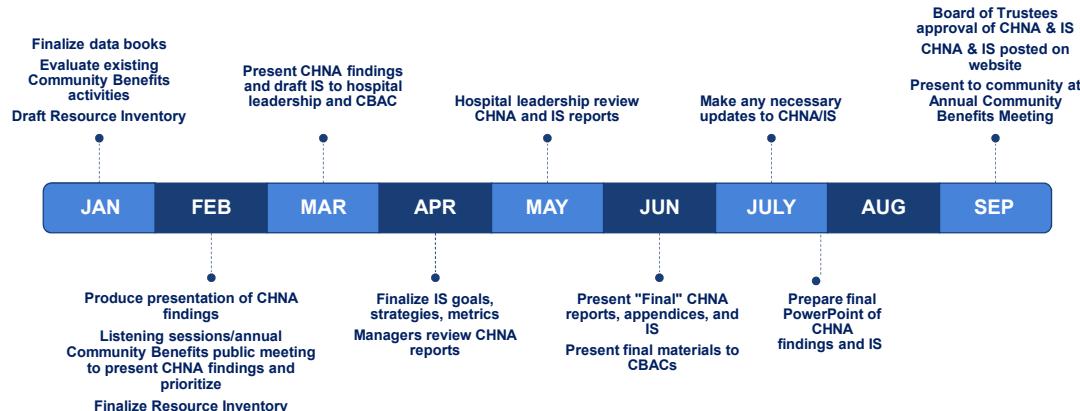
- Racially, ethnically, and linguistically diverse populations
- Older adults
- Youth
- Low-resourced individuals
- Individuals with disabilities
- Individuals who are homeless/unstably housed
- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual+ (LBTQIA+)
- Migrants, new immigrants, and refugees
- Families affected by violence and/or incarceration

Do these priority cohorts resonate with you?

Are there any that you would add to this list?

FY25 CHNA Next Steps

FY25 CHNA Progress Next Steps



CBAC Member Survey

Next Steps and Regulatory Reminders

Massachusetts Attorney General's Office FY24 Community Representative Feedback Form

- Required annually by the Attorney General's Office (AGO)
- Completed annually by the hospital's CBAC members and other community partners to assess hospital community engagement processes
- CBAC member request:**
 - Fill out the form and email directly to:
 - Attorney General's Office (CBAdmin@state.ma.us)
 - Please copy Anna Spier on the email
 - Due date: December 23, 2024

Massachusetts Attorney General's Office FY24 Community Representative Feedback Form



BIDMC's Self-Assessed Level of Engagement	
Engagement in developing and implementing plan to address significant needs documented in CHNA	Collaborate
Implementing Community Benefits programs	Collaborate
Update Implementation Strategy	Collaborate

Massachusetts Attorney General's Office FY24 Community Representative Feedback Form

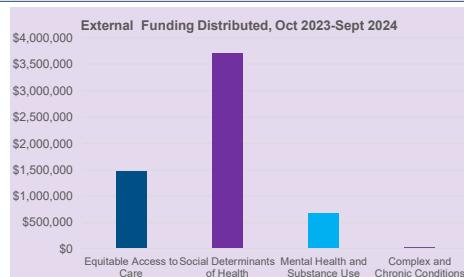
- What does the Community Representative Feedback Form entail?
 - Section 1: Background information
 - Section 2: Level of engagement across CHNA and/or Implementation Strategy
 - Section 3: Engagement Experience
- CBAC responses help inform Community Benefits program and future AGO Community Benefits guidelines

Next Steps

- Take the CBAC Member Survey by December 23 (if you haven't already)
- Community Representative Feedback Form
 - Please email your feedback form to the Office of the Attorney General and copy Anna at anna.spier@bilh.org by December 23
- Conflict of Interest (COI) Forms
 - Please send your updated COI Disclosure Statement by January 10th
- Future meetings – now on Wednesdays:
 - March 26, 2025 (in person)
 - June 18, 2025 (virtual)
 - September 17, 2025 (Annual Community Benefits Public Meeting, in person)
- Community Listening Session:
 - February 26, 5-6:30 pm (virtual)

Appendix

FY24 Data Dashboard



30 Community Events Attended or Supported

New grantees completed planning period, finalizing logic models and data use agreements. Implementation and quarterly data collection began in April and is ongoing.

BILH CBCR Efforts

- 21 Mental Health First Aid trainings to more than 300 employees and community residents between June and September
- Four (4) 3-year \$300,000 grants for community Behavioral Health Navigators
- 2 Evaluation Workshops to 25 organizations

BILH DEI Efforts

- Developed System-wide DEI training
- \$70M in WMBE Contracts
- 18% Increase in BIPOC leadership, physicians and nurses
- Hosted a series of system-wide cultural observance events and programs

Meeting
Minutes
June 25,
2024

Community Benefits Advisory Committee (CBAC)
Meeting Minutes
Tuesday, June 25, 2024, 5:00 PM - 7:00 PM
Held Virtually Via Zoom

Present: Flor Amaya, Elizabeth (Liz) Browne, Alexandra Chéry Dorrelus, Shondell Davis, Pamela Everhart, Pat Folcarelli, Lauren Gabovitch, Richard Giordano, Nancy Kasen, Angie Liou, Kelly McCarthy, Jean McClurken, Sandy Novack, Alex Oliver-Dávila, Kelina (Kelly) Orlando, Triniese Polk, Richard Rouse, Anna Spier, Samantha Taylor, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Lynne Courtney, Shantel Gooden, Barry Keppard, Amy Nishman

Guests: Five members of the public were in attendance.

Welcome

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

The minutes from the March 26th CBAC meeting were reviewed and accepted.

Nancy then reviewed the agenda. Nancy introduced and welcomed Jean McClurken, Director of Behavioral Health at Fenway Health, to the CBAC.

Public Comment Period

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

FY25 Community Health Needs Assessment (CHNA)

Robert Torres, Director of Community Benefits and Community Relations, Beth Israel Lahey Health, shared an overview of the purpose and goals of the upcoming FY25 CHNA and Implementation Strategy (IS). He said that one goal is to build off the success of the FY22 CHNA and continue to reach communities that are not typically represented in these types of assessments. Robert then reviewed the BILH Community Benefits guiding principles and BIDMC's Community Benefits Service Area (CBSA) map. He noted several changes to the map and explained that IRS guidelines required that hospitals engage, at minimum, communities in which they have a licensed site. He explained that BILH entities will collaborate closely to ensure all of BIDMC's CBSA communities are represented.

Robert then reviewed some of the changes being made to the FY25 CHNA planning process including holding additional focus groups, conducting fewer, more intentional interviews, and using a shorter community health survey with a focus on identifying any new needs since the FY22 CHNA. He explained that BIDMC will continue to collaborate closely with the Boston Community Health Collaborative and the North Suffolk Integrated Community Health Needs Assessment. Then he reviewed the proposed priority cohorts that BIDMC will focus on engaging and community engagement strategies to address barriers to participation in the CHNA.

CBAC members then held a robust discussion about additional cohorts to consider engaging, organizations to outreach to and suggested engagement approaches to use. Several members offered their spaces and other forms of support to assist with engaging the community.

Robert then reviewed the timeline and said that updates would be shared at future meetings.

Regulatory Updates

Nancy stated that BIDMC plans to file a Determination of Need (DoN) due to the construction of an Infusion Center and Ambulatory site in Plymouth and Quincy. She explained that the associated Community-based Health Initiative (CHI) would be delegated to BID-Milton and BID-Plymouth because the projects would be taking place in their respective CBSAs.

One member asked if BIDMC would be supporting the Milton and Plymouth teams with the DoN process and Nancy said that the BILH system was developing a toolkit to support all CBCR managers in responding to CHI requirements. She also shared that the BID Milton and Plymouth teams will be actively engaging with their communities to put together plans for investments.

Anna Spier, Manager of Community Benefits and Community Relations, BIDMC, provided an FY24 progress report for the period from October 2023 to March 2024. She shared a brief summary of external investments, community engagement efforts, new partnerships and highlighted several hospital programs.

BILH Community Benefits System Strategy: Behavioral Health Access

Anna reiterated BILH's commitment to prioritizing behavioral health access and that the BILH system selected Access to Behavioral Health as a priority largely based on the FY22 CHNA and other formative research.

She noted how BILH was linking anti-stigma campaign messaging to monthly observances and shared several examples. She also provided an overview of the Deconstructing Stigma campaign and shared that BILH would be conducting 22 Mental Health First Aid trainings in total across the BILH system. CBAC members asked a few clarifying questions about upcoming trainings and Anna confirmed that the registration link should be shared with community residents and that she would share a flyer and link after the meeting.

Nancy then shared that BILH would be awarding four, 3-year grants totaling \$300,000 each in the MA Gateway municipalities of Haverhill, Lynn, Peabody and Quincy. She said that the awards would be announced soon and that each municipality was taking a different approach to creating and implementing community-based Behavioral Health Navigator programs.

BILH Find Help Platform

Nancy shared that over the last two years, BILH has been working to identify a resource to help connect people to support related to the social determinants of health. She said that as part of the OneBILH rollout of the Epic electronic medical record system, BILH would be implementing a web-based platform called Find Help (previously known as Aunt Bertha). The platform provides listings of community-based social services organizations that can meet the need of community residents in a multitude of languages.

She encouraged organizations to claim their programs' listings to ensure that the information on Find Help is kept up-to-date and said that additional resources would be shared after the meeting.

Adjourn

Anna thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting is the annual meeting on September 24, 2024 from 5-7 p.m.

Advisory Committee Members	2024			
	March 26	June 25	September 24	December 10
Flor Amaya	A	Ph	A	A
Elizabeth Browne	Ph	Ph	X	Ph
Alexandra Chery Dorrelus	A	Ph	A	A
Shondell Davis	Ph	Ph	X	Ph
Pamela Everhart	Ph	Ph	A	Ph
Richard Giordano	Ph	Ph	A	
Shantel Gooden	A	A	A	A
Barry Kepppard	Ph	A	X	A
Amy Nishman	Ph	A	A	Ph
Angie Liou	Ph	Ph	X	Ph
Jean McClurken		Ph	A	Ph
Sandy Novack	Ph	Ph	X	Ph
Alex Oliver-Davila	Ph	Ph	X	Ph
Triniese Polk	Ph	Ph	A	A
Jane Powers	Ph			
Richard Rouse	A	Ph	A	Ph
Leo Ruiz Sanchez			X	Ph
Samantha Taylor	Ph	Ph	A	Ph
Fred Wang	Ph	Ph	A	Ph
Anna Welland				Ph
BIDMC Staff - Ex Officio				
Anna Spier				Ph
Lynne Courtney	Ph	A	A	Ph
Pat Folcarelli	Ph	Ph	X	A
Lauren Gabovitch	A	Ph	A	Ph
Nancy Kasen	Ph	Ph	X	Ph
Kelina (Kelly) Orlando	A	Ph	X	A
Robert Torres	Ph	Ph	X	
LaShonda Walker-Robinson	Ph	Ph	A	Ph

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