

BOSTON COVID RECOVERY COHORT (BCRC) Community Engagement Meeting

April 28, 2022

Meeting Participants

Name	Organization	Role
Tracy Battaglia	Boston Medical Center	Primary care physician researcher; RECOVER Investigator
Ingrid Bassett	Massachusetts General Hospital	RECOVER Site Principal Investigator
Kelly Bates	Interaction Institute for Social Change	President
Li Chen	Brigham and Women's Hospital	RECOVER Project Director
Cheryl Clark	Brigham and Women's Hospital	RECOVER Investigator
Cheryl Clyburn Crawford	Black Boston COVID-19 Coalition (BBCC)	Outreach Manager
Elmer Freeman	Center for Community Health Education Research and Service (CCHERS)	ED, Member of BBCC
Barbara Gottlieb	Brookside Community Health Center	Primary care physician
Jennifer Haas	Mass General Hospital	RECOVER Investigator; Primary care clinician
Kathryn T. Hall	Boston Public Health Commission	Deputy Executive Director
Janice John	Cambridge Health Alliance	RECOVER Site Principal Investigator
Cheralyn Johnson	South Boston Community Health	Family NP; Lifelong community health and primary care enthusiast serving as Director of QI & Pop Health
Diane Kanjilal	Massachusetts General Hospital	RECOVER Investigator; Nurse coordinator
Jacqui Lindsay	Innovation by Design	Director
Bruce Levy	Brigham and Women's Hospital	RECOVER Site & Contact Principal Investigator
Rebecca Lobb	Boston University School of Medicine	Assistant Director of Community Engagement
Caitryn McCallum	Boston Medical Center	RECOVER Project Manager
Delphene Mooney	On The Rise, Inc.	Executive Director
Janet Mullington	Beth Israel Deaconess Medical Center (BIDMC)	RECOVER Site Principal Investigator
Robert Torres	Beth Israel Lahey Health (BILH)	Boston Region Director of Community Benefits
Honorine Ward	Tufts Medical Center	Prof of Medicine; Researcher in Geographic Medicine and Infectious Diseases; RECOVER Site Principal Investigator
Dianne Wilkerson	Black Boston COVID-19 Coalition (BBCC)	Co-Founder
Gwill York	MGB and Brigham board of Trustees	Member

Dani Zionts	Massachusetts General Hospital	RECOVER Project Manager
-------------	--------------------------------	-------------------------

Group Discussion Questions

Do you have any questions about the proposed charter?

What are the strengths of the charter?

Are there ways it could be strengthened?

What criteria would you recommend be used to bring on community partners to co-create this project?

Using those criteria, who else would you recommend we invite to join us?

Themes from Discussion

- A. How to expand our outreach to individuals who are not connected to healthcare, and those with any healthcare mistrust. We want to go to the people.
 - i. Diversify group beyond the race/ethnicity that makes people more vulnerable to COVID. How to involve patients that have lower access level to healthcare?
 1. *Frontline workers, undocumented immigrants, language access, disability*
 2. *For profit organizations that can help facilitate some aspects of the project such as Uber/Lyft to provide transportation*

- B. We want to focus on the **Joy** and **hope** for the RECOVERY process. Providing supplemental tools to highlight the assets and accomplishments, and not just focus on the deficits.
 - i. We need to embed asks in creative ways with real support and human conversation

- C. Building an application that can provide resources for COVID communities.

- D. How to build a community for our RECOVER participants.
 - i. Building up community that has been isolated during the pandemic
 1. *Using the resources that the community has at their reach to help the BCRC transform this project to better the care*
 - ii. How to broaden our network
 1. *Ideal partners to bring in - organizations with broad networks and trusted organizations within the community*
 - a. *Network building for racial justice among other things. Not as in 1:1 networking but the power of this group as leveraging other preexisting networks for larger change. **Us + other networks will multiply our alignment and impact***
 - b. *"Centering relationships"*
 - c. *Focus on relationships, process, and results.*
 - d. <https://interactioninstitute.org/dimensions-of-network-success/>

E. Charter Feedback:

- i. How to broaden our membership for the Table
 1. *Specify roles/expectations*
 2. *Specify role in the decision-making process.*
 - a. *What has been set/defined, what can be changed/influenced, and what is yet to be decided - within the BCRC and on the national level?*
 - b. *What is the extent of the decision-making power of the Table at the local and national level?*
 3. *Cadence for meeting is reasonable (5/year) seems enough but would like to encourage other structures to be put into place for communicating up to date information or providing feedback to the group*
 - a. *Workgroups are often where the work gets done. Will workgroups be used? What are the expectations of workgroups, the anticipated cadence of workgroup meetings?*
 - o *The cadence of meeting with the national engagement structure to share what we learn at the local level*
 4. *Need to add an evaluative process to note what is working and what needs improvement*
- ii. Compensation to members
 1. *Financial compensation for participation*
 2. *Other institutional resources that may be of interest to members*
- iii. Charter Goals
 1. *How to fold in equity when it was not there in the beginning? What does a reset look like that centers equity within processes already well underway?*
 2. *How do we navigate the clash between our values and what we have been given from NIH/NYU (resource restrictions, different priorities, slow pace yet also a lot of rushing)?*
- iv. Strengths
 1. *The charter touches on all of the important points that we want to see in a collaborative governing process.*

Next Steps for BCRC

1. Reach out to each participant to confirm interest in being considered for the Partnership Table or supporting BCRC.
2. Who else should be invited to join the Partnership Table?

3. Create the Table that reflects the diversity of Greater Boston, and to help answer questions that were brought up in this meeting.
 - a. Will communicate the timeline for launching the Table.
 - b. Establish the process for ongoing communication and collaboration with the community.
 - ❖ Table will have an evaluative process to look at what is working and what needs improvement throughout the project/

Meeting Evaluation

What worked? What should BCRC keep doing going forward?

1. Stay curious
2. Resource and compensation
3. Talking/sharing
4. Keep lines of communication open and allow constructive feedback
5. Focus on relationships
6. Passionate, stories, and strong work

What needs Improvement going forward?

1. Center equity and community leadership in doing reset.
2. Communication to keep the community informed, engaged, and shaping BCRC as it unfolds

For Discussion at Future Meetings

- ❖ Discussion relating to the budget and the process with the health care institutions/or PI's