



Beth Israel Deaconess  
Medical Center  
Community-based  
Health Initiative

Boston Cohort 1 Evaluation Report

Executive Summary

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*Advancing Public Health and Medical Research*

## EXECUTIVE SUMMARY

### Community-Based Health Initiative Overview

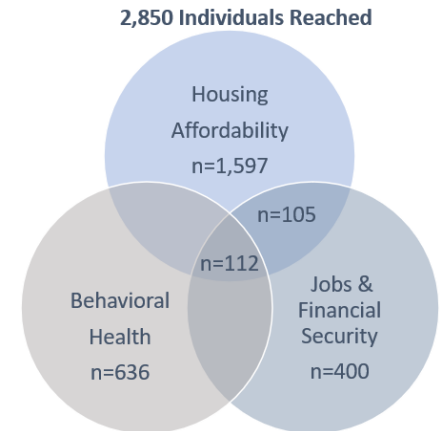
Through a competitive funding process in 2020, the **Beth Israel Deaconess Medical Center (BIDMC) Community-based Health Initiative (CHI)** awarded approximately **\$6.6 million to 16 community-based organizations in Boston (Boston Cohort 1) over three years (2021-2023)** to plan and implement evidence-based and/or evidence-informed strategies to address three priority areas: **housing affordability, jobs and financial security, and behavioral health.**

An independent overarching evaluation of the CHI was conducted. The purpose was to learn: 1) To what extent have the priority populations been reached? and 2) To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change? This report presents the overarching evaluation findings for the Boston Cohort 1 grantees.

### Participants Reached and Services Delivered

#### The Boston Cohort 1 grantees:

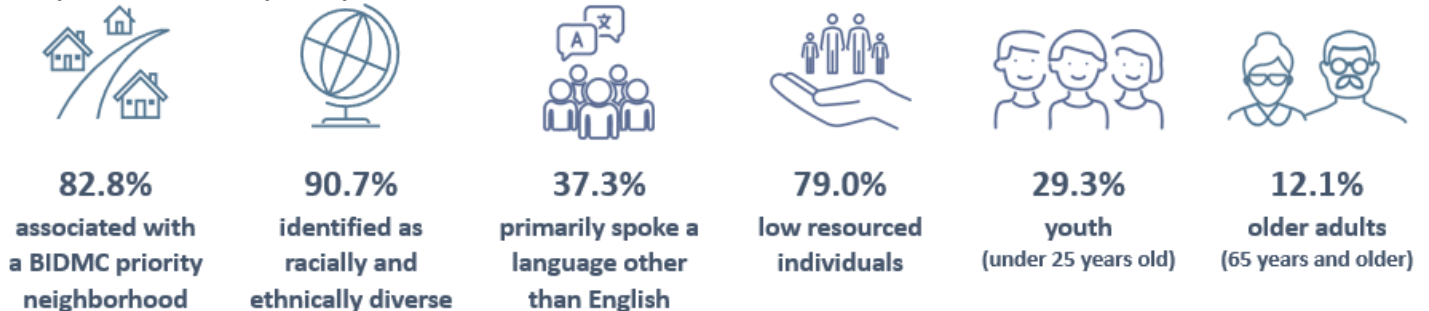
- reached a total of **2,850 individuals**. As shown here, some individuals received services from grantees addressing multiple priority areas.
- hired 84 staff and trained 588 staff and volunteers.
- delivered over 300 housing or jobs and financial security workshops and courses.
- delivered over 1,600 behavioral health counseling sessions.



#### The CHI grant funded programs reached the BIDMC CHI priority populations.

The aim of the BIDMC CHI was to reach the neighborhoods and populations identified as having the greatest health needs within BIDMC's priority neighborhoods of Allston/Brighton, Bowdoin/Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury.

#### Description of reached participants:



Notes: Sociodemographic data was collected for n=1,919 participants

### Grantee Impact

The evaluation sample used to measure impact is a subset of individuals reached (184 participants in housing affordability; 334 participants in jobs and financial security; and 383 participants in behavioral health). Participants with complete baseline and endpoint data were included in the analysis of each indicator.

#### Highlights of Impact Achieved by the Boston Cohort 1 Grantees:



Improvements in participants' levels of housing satisfaction, control over their housing situation, and confidence in their ability to improve their housing situation. Progress towards housing affordability policy change, including budget increase and administrative changes to Massachusetts Rental Voucher Program.



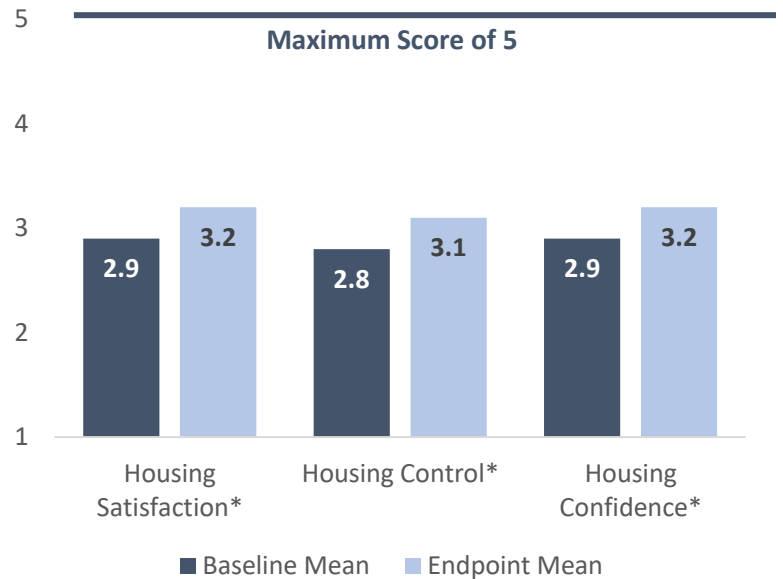
Improvements in participants' positive financial habits and behaviors, such as currently having a personal budget, spending plan, or financial plan.



Improved or stabilized mental health symptoms and increased likelihood of seeking help for mental health symptoms.

### Housing Affordability

Housing affordability grantee programs ranged from tenants' rights education and legal assistance to prevent evictions, to homebuyer education and financial coaching, to studying the impact of additional income on a family's ability to maintain safe, affordable housing. As shown in the figure to the right, **statistically significant improvements were achieved in participants' levels of housing satisfaction, control over their housing situations, and confidence in their ability to improve their housing situations.** It is important to note that the lack of affordable housing in the area and the rise in inflation during the grant period may have limited the grantees' ability to impact participants' housing situations. Given this context, improvements in housing satisfaction, control, and confidence are especially noteworthy.



Notes: n=171 for housing satisfaction, n=176 for housing control, n=172 for housing confidence; \*denotes statistical significance.

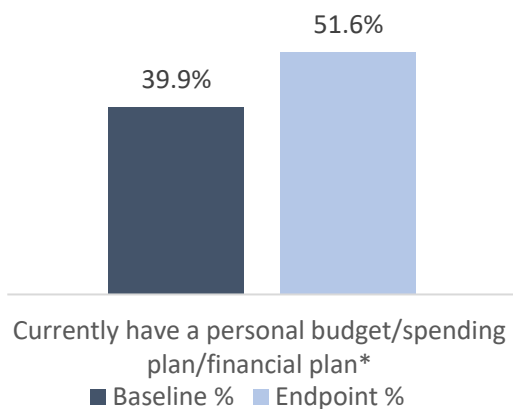
### Housing Affordability – Policy Initiatives

Housing affordability policy change efforts focused on nine policies across state, municipal, and organizational levels.

- Grantees conducted **2,689 activities to advocate for policy change** including education, legal analyses, bill drafting, meetings, advocacy activities and legislative hearings.
- Key **policy milestones** were achieved including committee hearings on all three state level policies; a budgetary increase and administrative change for the Massachusetts Rental Voucher Program; and mayoral ratification of two new city-wide regulations.
- With this funding, grantees were able to **build coalitions and strengthen grassroots organizing** which will sustain these movements given the long time horizon required to achieve policy change.

*[Voucher holders now] “have more money to pay for the other stuff that they couldn’t before, whether food, clothing, medicine, or just a nice meal sometimes.” - Policy Grantee Interviewee*

### Jobs and Financial Security



Notes: n=318; \*denotes statistical significance.

Jobs and financial security grantee programs included paid job training, workforce development for youth, and English language and entrepreneurial skills for immigrants. The overarching evaluation findings demonstrated **statistically significant improvements in participants' financial capability and goal-planning scores.** Participants' positive financial habits and behaviors improved from baseline to endpoint, as shown in the figure to the left. Grantee staff shared how financial education fit into their programming and long-term outcomes for participants, “[We are] giving them skills on how do you use that money responsibly ... so when you enter [the] workforce, you have some type of context and skills.”



Notes: n=346 for mental health symptoms, n=316 for personal or emotional problem, n=220-338 for likelihood of seeking help from a list of individuals; \*denotes statistical significance.

### Behavioral Health

Behavioral health grantee programs ranged from assessment and program development work, to increasing referrals to behavioral health specialists and providing counseling, to implementing education and campaigns to reduce stigma, particularly among certain population groups. The overarching evaluation findings demonstrated an **improvement in mental health symptoms for a majority of participants**, a statistically significant decrease in the proportion of participants with scores of moderate to severe depression, and statistically significant improvements in participants' confidence and self-efficacy in managing stressors and mental health. Grantees attributed their success to staff, their trauma-informed approach, and their commitment to cultural competency.

### Grantee Capacity and Infrastructure Building

Another key impact of this funding for many grantees was the **development of capacity and infrastructure**. Grantees built staff and evaluation capacity, developed partner referral networks, integrated programming into broader systems and processes, secured additional financial resources and laid a foundation for future expansion of work related to the CHI priority areas. Grantee staff specified the importance of staff capacity that meets participants' needs: *"[We are] dedicated to having staff [that] culturally understand their needs, background, and can speak the language they're comfortable speaking in."* It is important to note that during this funding period, grantees and the participants grappled with the ongoing impact of the COVID-19 pandemic on mental health and basic needs, rising inflation, and limited affordable housing stock. The impact of the pandemic on grantees also exacerbated their challenges with staff turnover and hiring. Given this context, grantees' accomplishments and impact achieved were substantial.

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*"We may not get change this grant period, but because of increased organizing and outreach, you're building more power."* - Policy Grantee Interviewee

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### Evaluation Approach and Methods

Through a competitive funding process, BIDMC hired Health Resources in Action (HRiA), a non-profit public health organization, to conduct an independent overarching evaluation of the CHI. The overarching evaluation findings for the Boston Cohort 1 grantees are described above. The overarching evaluation of the BIDMC CHI was comprised of **shared quantitative and qualitative measures data from the grantees**. **Quantitative measures** included: **process measures** (e.g., service delivery, staffing, sociodemographics of participants reached, etc.) and **outcome measures** for each priority area. Quantitative data were collected using standard questions and validated tools by each grantee at a **baseline** time point, when participants began receiving services, and at an **endpoint** time point, after service delivery. **Qualitative data** were collected through annual interviews and small group discussions with grantees to gather information on perceptions of impact, as well as successes and challenges implementing grants.

## Acknowledgements

BIDMC would like to thank the following Boston Cohort 1 grantees for their work and collaboration in reaching the priority populations and addressing the health needs of the community in the areas of housing affordability, jobs and financial security, and behavioral health. In addition to their work implementing programs and initiatives, BIDMC and HRiA would like to thank the grantees for engaging with the overarching evaluation of the CHI to be able to show the impact of this work on the community.

- African Community Economic Development of New England (ACEDONE)
- Asian Community Development Corporation
- Boston Alliance of Gay, Lesbian, Bisexual and Transgender Youth (BAGLY)
- Boston Chinatown Neighborhood Center
- Bridge Over Troubled Waters
- Charles River Community Health
- City Life/Vida Urbana
- Community Servings
- English for New Bostonians
- Greater Boston Chinese Golden Age Center
- Fathers' UpLift
- Fenway Community Development Corporation
- Metro Housing|Boston
- Opportunity Communities
- Sociedad Latina
- The Family Van

BIDMC would also like to thank their [Community Benefits Advisory Committee](#) (CBAC), Allocation Committee, and BIDMC Board of Trustees and senior leadership team for their guidance, commitment, and support of the CHI.