

BIDMC Community-based Health Initiative

*Boston Cohort 1 Annual Interim Evaluation Report –
Executive Summary*

Data Timeframe: July 1, 2021 – December 31, 2022
Report Date: May 12, 2023



Health Resources in Action
Advancing Public Health and Medical Research

Executive Summary

Through a competitive funding process in 2020, the Beth Israel Deaconess Medical Center (BIDMC) Community-based Health Initiative (CHI) funded **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: behavioral health, housing affordability, and jobs and financial security**.

Evaluation Approach and Methods

BIDMC hired Health Resources in Action (HRiA), a non-profit public health organization, to conduct an overarching evaluation of the CHI. The purpose of the overarching BIDMC CHI Evaluation is to learn across the BIDMC CHI:

- To what extent have the priority populations been reached?
- To what extent have outcomes improved across the participant population and/or what progress has been made towards policy change?

As part of the overarching evaluation, each of the 16 Boston grantees collects quantitative data on shared process and outcome measures that aim to evaluate the collective impact of this funding. Additionally, HRiA conducted 16 qualitative interviews and small group discussions (1 discussion per grantee site) in December 2022 and January 2023 with grantees' core staff members; in total, across the 16 discussions, 37 staff members participated. This Annual Interim Evaluation Report is focused on Boston Cohort 1 and includes data collected over the first 18 months of grant implementation (July 2021 – December 2022). This report presents preliminary findings on reach and characteristics of enrolled participants; preliminary trends in select behavioral health outcomes; and perceptions of successes, challenges, and impact to date. **This Annual Interim Evaluation Report can be used to describe service delivery and participants served to date in Boston Cohort 1, to highlight early trends in outcomes and impact, and to describe the key outcomes that will continue to be tracked.** It should be noted that enrollment and evaluation data collection is ongoing and will continue until Fall 2023. Therefore, the following key takeaways should be considered preliminary and may change as additional participants are included in the evaluation.

Characteristics of Participants Served

Within the first 18 months of grant implementation (July 2021 – December 2022), **grantee programs and initiatives directly engaged over 1,400 individuals:**

- 908 participants received programmatic services and were enrolled in the evaluation.
- 214 individuals received one-time programmatic services and 284 individuals participated in educational and advocacy policy activities. Grantees were not required to submit individual-level evaluation data for these individuals.
- It should be noted that the BIDMC CHI grantees have reached additional individuals through community-wide efforts such as assessments and campaigns. Grantees were not required to provide data on these activities for the evaluation.

The BIDMC CHI aims to concentrate its efforts on the neighborhoods and populations identified as having the greatest health needs within BIDMC's Community Benefits Service Area. In the first 18 months of implementation, of the 908 programmatic participants served by Boston-based CHI grantees and enrolled in the evaluation, **most participants (77.4%) were associated with a BIDMC CHI priority**

neighborhood (Allston/Brighton; Bowdoin/Geneva; Chinatown; Fenway/Kenmore; Mission Hill; and Roxbury).

Additionally, the Boston-based CHI grantees provided services and supports to the CHI focus

populations: youth and adolescents; older adults; low-resource individuals and families; Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) individuals; racially and ethnically diverse populations; and families and individuals affected by incarceration and/or violence. In the first 18 months of implementation, most participants (74.0%) were considered low-resource individuals. Half (51.0%) of participants identified as Black or African American, almost a third (30.8%) identified as Asian, and a quarter (25.1%) identified as Hispanic, Latino, or Spanish ethnicity. More than a third of participants (35.0%) indicated a primary language other than English with the largest group of participants being those who primarily speak Chinese (21.4%). More than a third (36.0%) of participants were between the ages of 25 and 44 while 8.0% were under 18 and 14.7% were aged 65 years or older. See the full *Annual Interim Evaluation Report* for additional data on participant demographics.

Services Delivered

In the first 18 months of grant implementation (July 2021 – December 2022), grantees have had successes hiring and training staff, delivering services, and advancing policy.

- **Across the three priority areas, 45 staff have been hired and 345 staff and/or volunteers have been trained.**
- **Among behavioral health programs,** a total of 1,004 counseling sessions have been delivered and 328 resources and/or referrals have been made.
- **Among housing programs,** a total of 124 workshops and courses have been held and 341 housing support services (e.g., counseling sessions, meetings with attorneys, etc.) have been provided. Additionally, **among housing initiatives focused on policy change,** 969 advocacy activities (material creation, etc.) have been conducted, 46 educational events and trainings have been held, and 41 testimonies have been given at legislative hearings.
- **Among jobs and financial security programs,** participants have spent a collective total of 17,504 hours in workshops or courses offered.

While grantees have made substantial progress delivering services and advancing their initiatives, they have also faced key challenges in the first 18 months of implementation. These challenges include staff turnover and burnout, rising inflation, and mental and behavioral health challenges among populations served that have worsened due to pandemic-related isolation and as a result of the housing and economic challenges faced by communities.

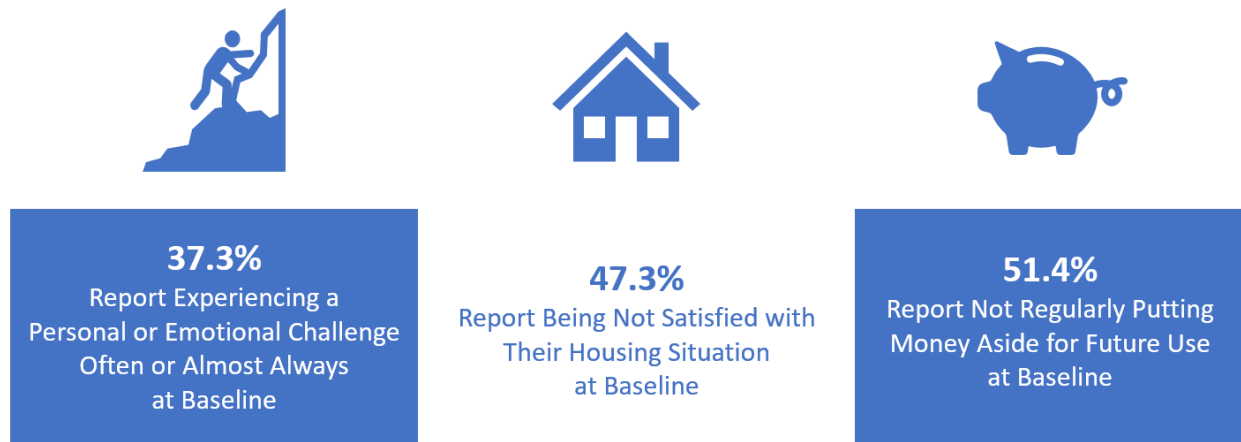
“Since the pandemic, the amount of people who are at a place where they can work... seems to be lessening as time goes. They are struggling with general functioning... Depression, anxiety, trauma are getting in the way of reliably getting to work.”
– Interviewee

Baseline Findings

Through a collaborative process, shared measures for each of the three priority areas were identified to capture changes over time. These shared measures include behavioral health measures focused on stigma and mental health symptoms; housing measures focused on housing situation, agency, affordability, and policy; and jobs and financial security measures focused on self-efficacy and financial

capability. These measures are collected at a baseline time point, when participants begin receiving services, and at an endpoint time point, upon completion of services; the time interval between “baseline” and “endpoint” varies based on each grantee’s individual programmatic approach. Participants can enroll in programs on a rolling basis, and therefore both baseline and endpoint data collection are ongoing.

Baseline data on behavioral health status, housing status, and jobs and financial security status describe areas of need among participants and will be used to demonstrate change after participation in grantee programs.



As shown above, **baseline data on behavioral health** show that 37.3% of participants at baseline report experiencing a personal or emotional challenge “often” or “almost always.” Additionally, results of the PHQ-8 and PHQ-9 questionnaires for depression screening suggest that at baseline, more than a quarter (27.7%) of participants fell above the meaningful clinical cutoff for depression, suggesting the level of depressive symptoms was high and clinically relevant.

Baseline data on housing status show generally low levels of satisfaction with housing (as shown above, 47.3% of participants report being not satisfied with their housing situation at baseline), control over housing situation, and participants’ confidence in being able to improve their housing situation. Baseline data also show that a substantial proportion of participants struggle with housing affordability: over a third of participants indicated that in the past 3 months they had to choose between paying for housing and paying for at least one other expense (39.5%).

Baseline data on jobs and financial security status also show room for improvement in self-efficacy and financial capability; for example, on average, participants enrolled in the first 18 months of grant implementation scored 3.7 at baseline on a scale of 0 to 8 measuring financial capability and at baseline 51.4% of participants report they are not regularly putting money aside for future use.

Early Trends in Endpoint Outcomes and Perceptions of Impact to Date

Preliminary trends were explored for participants who have completed a behavioral health program and provided both baseline and endpoint data within the first 18 months of grant implementation. Due to the sample size of data collected to date, trend data are not yet available for housing and jobs and financial security outcome measures. Additional comparisons and statistical testing will be conducted

for behavioral health and also housing and jobs and financial security outcomes once data collection is complete (by Fall 2023).

Early trends show an increased likelihood of seeking help for personal or emotional challenges, less frequent experiences of personal or emotional challenges, and improvements in mental health symptoms after participation in a CHI-funded behavioral health program. For example, among the 250 participants who provided both baseline and endpoint data within the first 18 months of grant implementation, more than half (58.4%) experienced improvement in their mental health symptoms and almost one-third (27.2%) experienced no change. It should be noted that these improvements occurred in the context of rising inflation and ongoing effects of the pandemic on mental health status in many communities.

Participants Experiencing Improvement in Mental Health Symptoms, Baseline to Endpoint (N=250)

	n	%
Mental Health Symptoms Improved	146	58.4
Mental Health Symptoms Did Not Change	68	27.2
Mental Health Symptoms Worsened	36	14.4

Through qualitative interviews, grantee staff shared their **perceptions of impact to date. Behavioral health grantees** described the impact of their work on reducing stigma and building trusting relationships with clients to engage them in services. **Grantees addressing economic stability** described how participants have developed business plans and/or resumes, earned job-related certificates, obtained jobs, and are now earning more money. **Grantees addressing housing stability** described impacts including participants securing housing and having increased access to housing resources. Additionally, one policy grantee leads a housing policy coalition; after effective lobbying led by a coalition member, the Governor signed an increase in funding for the Mass Rental Voucher Program and administrative adjustments were made to increase the share of the rent covered by the voucher subsidy from 30% to 40%.

“She said, ‘I learned something. I feel more stable, and I want to help to increase awareness about mental health.’”

– Interviewee

“They’re... operating businesses now.”

– Interviewee

“[We have] gotten some clients housed [and are] boosting people’s confidences and resources...”

– Interviewee

Next Steps and Future Analyses

Grant implementation will continue through December 2023. Upon completion of the grant evaluation period, baseline and endpoint datasets will be finalized and the outcome measures described in this report will be further analyzed. Analytic plans include comparisons of the shared measures between baseline and endpoint time points. Significance testing and stratifications will also be conducted once the datasets are finalized. **Final results from the overarching evaluation will describe characteristics of enrolled participants and the collective impact of the Boston Cohort 1 CHI grantee initiatives on behavioral health, housing affordability, and jobs and financial security outcomes.**