

# March 22, 2022

# Meeting Packet

# Meeting Agenda

**Community Benefits Advisory Committee (CBAC)**

**Beth Israel Deaconess Medical Center (BIDMC)**

**Tuesday, March 22, 2022**

**5:00 PM – 7:00 PM**

**RSVP to request Zoom link**

I. 5:00 pm – 5:05 pm	<b>Welcome and Introductions</b>
II. 5:05 pm – 5:20 pm	<b>Public Comment</b>
III. 5:20 pm – 5:35 pm	<b>Youth Advisors Update</b>
IV. 5:35 pm – 6:35 pm	<b>CHNA Data Presentation (Prioritization)</b>
V. 6:35 pm – 6:45 pm	<b>Regulatory Update</b>
VI. 6:45 pm – 6:55 pm	<b>CBAC Survey Results</b>
VII. 6:55 pm – 7:00 pm	<b>Next Steps and Adjourn</b>

**Next Meeting: May 24, 2022**

# Meeting Slides

# BIDMC Community Benefits Advisory Committee Meeting

March 22, 2022



1

# Welcome



2

## Housekeeping



- Please join the meeting using video (if possible)
- If you lose your connection, please call in
  - Phone number: 1-301-715-8592
  - Meeting ID: 947 6462 3664
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments
- Our Zoom moderator is Jamie

## Content



- Welcome and Introductions
- Public Comment
- Youth Advisors Update
- CHNA Data Presentation (Prioritization)
- Regulatory Update
- CBAC Survey Results
- Next Steps and Adjourn

## Welcome New CBAC Members!



**Marsha Maurer, DNP, RN**  
Chief Nursing Officer and SVP,  
Patient Care Services



**Kelina (Kelly) Orlando**  
Executive Director, Ambulatory  
Operations, BIDMC & BID Chelsea

## Public Comment



Beth Israel Lahey Health

# YMCA & BIDMC Youth Advisors

7

## Youth Advisors Capacity Building



# What have you learned over the past few months?

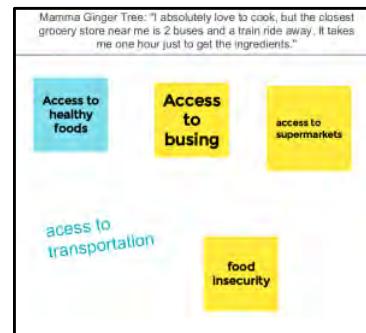


Source: Screenshot from a Youth Advisors class activity

## Youth Advisors Program Update



- Since presenting in December, Youth Advisors have:
  - Learned about health priorities and how to prioritize them
  - Reviewed BIDMC's community engagement themes and data from the needs assessment
  - Administered the youth survey and reviewed data
  - Identified health priorities to focus on moving forward

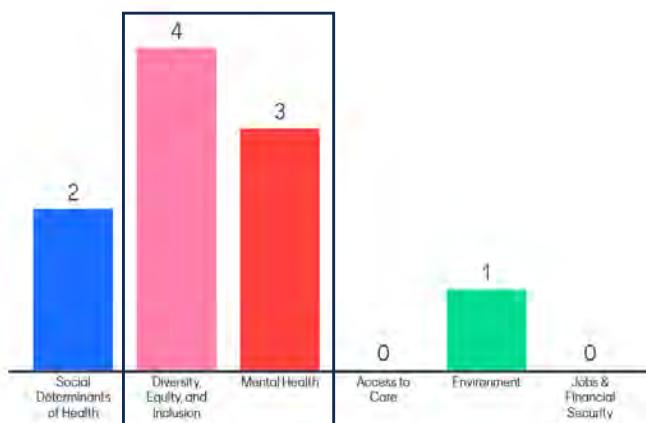


Source: Screenshot from a Youth Advisors class activity

## Youth Advisors Health Priority Selection



Youth Voting Prioritization Results



Source: Screenshot from a Youth Advisors class activity  
Note: Each Youth Advisor could select two health priorities



# FY22 Community Health Needs Assessment

11

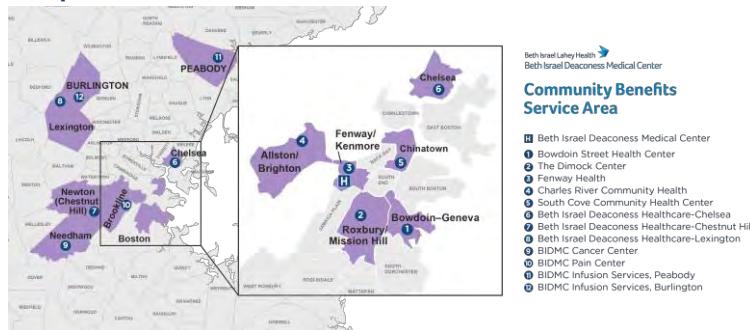
## Priority Cohorts and Community Benefits Service Area (CBSA)



### 2019 Priority Cohorts:

- Older Adults
- Youth and Adolescents
- Low Resource Individuals and Families
- LGBTQ
- Racially and Ethnically Diverse Populations/non-English Speakers
- People impacted by violence and/or incarceration

### 2022 Updated CBSA:



## Boston and Chelsea Health Equity



- Compared to MA average, significantly high percentage of:
  - Foreign born residents** (28% Boston; 47% Chelsea)
  - Residents with limited English proficiency** (17% Boston; 40% Chelsea)
  - Individuals without a high school diploma** (12% Boston; 31% in Chelsea)
  - Residents without health insurance** (4% Boston; 7% Chelsea)
- Higher hospitalization rates compared to MA (heart disease, asthma, diabetes)
- Significantly impacted by COVID-19

Percentage\* worried about paying mortgage, rent, or utilities (Fall 2020)



Data source: COVID-19 Community Impact Survey, MDPH  
 \*Unweighted percentages displayed

BIDMC CBAC Meeting | March 2022

13

## Attorney General's Office and Department of Public Health Priorities



### Attorney General's Office

- Chronic Disease - Cancer, Heart Disease and Diabetes
- Housing Stability/Homelessness
- Mental Illness and Mental Health
- Substance Use Disorder

*Regulatory Requirement: Annual AGO report; CHNA and Implementation Strategy*

### Department of Public Health

- Built Environment
- Social Environment
- Housing
- Violence
- Education
- Employment

*Regulatory Requirement: Determination of Need (DoN) Community-based Health Initiative (CHI)*

### BIDMC's FY19 Community Health Needs Assessment Priorities

- Social Determinants of Health
- Chronic/complex Conditions and Risk Factors
- Access to Care
- Behavioral Health (Mental Health and Substance Use)

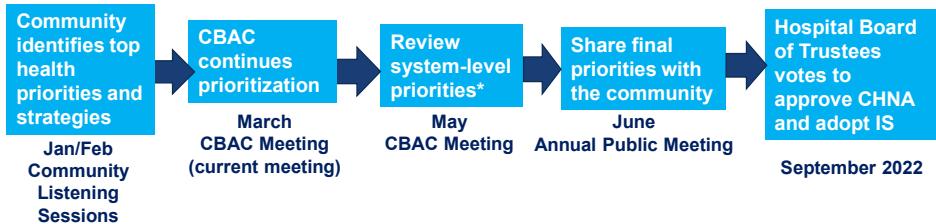
BIDMC CBAC Meeting | March 2022

14

## CHNA and IS Prioritization Process



**Community Benefits Advisory Committee:** provides recommendations for the hospital to consider for the FY23–25 Implementation Strategy



Implementation Strategy progress and impact requires collaboration among community stakeholders, institutions and residents

\*All BILH hospitals will collaborate with system leadership and incorporate system-level priorities into final IS

BIDMC CBAC Meeting | March 2022

15

## BIDMC Community Engagement September 2021 - March 2022



**85**

**Key  
Informant  
Interviews**



**22**

### Focus Groups

Spanish speaking essential workers (2x)  
Individuals impacted by violence or incarceration  
Immigrants who speak Cantonese  
Youth Advisors  
Youth from Boston Centers for Youth and Families  
Older adults  
Residents of affordable housing



**122**

**Listening  
Session  
participants**

BIDMC CBAC Meeting | March 2022

16

## BIDMC Priority Areas

### Priority Area Votes



Priorities from preliminary analysis	Priorities from LS #1	Priorities from LS #2
Mental Health	Mental Health	Mental Health
Social Determinants of Health	Social Determinants of Health	Social Determinants of Health
Access to Care	Access to Care	Access to Care
Diversity, Equity, Inclusion	Diversity, Equity, Inclusion	Diversity, Equity, Inclusion

Priorities from City of Chelsea Community Meetings					
Behavioral Health	Food Security	Workforce Development	Housing	Environmental Health	Small Business

## BIDMC Prioritization

### Hospital Considerations for Prioritization



- Aligns with community needs
- Is feasible and sustainable
- Aligns with established hospital priorities and strategic interests
- Ties to equity (race/ethnicity, gender identity, sexual orientation, income, etc.)
- Presents opportunities to address social determinants of health
- Demonstrates potential for impact
- Fulfills regulatory requirements

## BIDMC Prioritization

### Sub Priorities within Social Determinants



#### Choose Top 3

- Housing issues
- Economic insecurity
- Access to internet/tech resources
- Language accessibility in community spaces
- Food insecurity
- Access to education (e.g., early childhood education, equal resources and opportunities across neighborhoods)
- Transportation
- Community safety
- Environmental justice and climate issues
- Workforce development
- Small businesses

## BIDMC Prioritization

### Sub Priorities within Access to Care



#### Choose Top 3

- Build capacity of healthcare workforce
- Navigation of healthcare system
- Diversify healthcare workforce
- Linguistic access
- Digital divide/access to tech resources
- Addressing mistrust in healthcare
- More peer-led services
- Cost and insurance barriers
- Promotion/awareness of health and SDOH resources

## BIDMC Prioritization

### Sub Priorities within Mental Health



#### Choose Top 3

- Youth mental health
- Stress
- Anxiety
- Depression
- Isolation
- Impacts of trauma
- Stigma
- Education (for communities, and for providers on how best to reach and treat them)

## BIDMC Prioritization

### Sub Priorities within Diversity, Equity & Inclusion

Beth Israel Lahey Health

#### Choose Top 3

- Culturally appropriate services
- Racism (systemic and individual)
- Linguistic barriers to community resources
- Homophobia and transphobia
- Diversify leadership (community-based orgs, elected/appointed officials, healthcare, etc.)
- Lack of education around Diversity, Equity, and Inclusion (DEI) issues
- Cross-sector collaboration and response

**BIDMC Prioritization**  
**Vote on Priorities – Choose 5**



**Rank your top 5 among these 12 sub priorities.**

**BIDMC Prioritization**  
**Priority Populations**



**Choose Top 4**

- Youth
- Older adults
- Individuals best served in a language other than English
- Individuals with limited economic means
- Immigrants (including those who are undocumented)
- Black, Indigenous and People of Color
- Individuals who are homeless or unstably housed
- LGBTQIA+
- Individuals and families affected by violence and/or incarceration

**Are there priority areas that did not rise to the top in the ranking that you want to advocate for?**

**Annual Regulatory  
Reporting**

## FY21 Regulatory Report Highlights

### Community Benefits Programs



#### FY21 Community Benefits Programming Summary

- Social Determinants of Health
  - Provided emergency COVID-19 support to community-based organizations and health centers
- Chronic/Complex Conditions and Risk Factors
  - Funded diabetes management programs at local health centers
- Access to Care
  - Supported the Bowdoin Street Health Center's Family Planning program
- Behavioral Health
  - Provided funding to expand behavioral health screenings in Chinatown

Office of the Attorney General Community Benefits Report is due July 1, 2022

## FY22 Program Highlights

### Food, Housing, Mental Health



#### **Food Insecurity**

- Addressing food and economic insecurity among Head Start Families at The Dimock Center
- Delivering food boxes to Bowdoin Street Health Center's high-risk patients experiencing food insecurity during height of COVID-19 pandemic

#### **Housing Instability**

- Distributing eviction prevention funds in the City of Chelsea
- Serving homeless youth and young adults (YYA) by providing housing, jobs/employment, and behavioral health interventions: Bridge Over Troubled Waters
- Preventing unjust evictions and foreclosures: City Life / Vida Urbana

#### **Mental Health**

- Providing a combination of emotional, behavioral, and physical health support for Black and brown fathers struggling with substance abuse, trauma, racism, past incarceration, and/or systemic barriers: Fathers' Uplift
- Responding to victims of interpersonal, sexual, community violence, and homicide bereavement through counseling, support groups, outreach, training, and advocacy through the Center for Violence Prevention and Recovery (CVPR)



# CBAC Member Survey Results (2021)

29

## CBAC Member Survey



**Purpose:** To assess perceptions of the community engagement process as well as experiences of participating in the Community Benefits Advisory Committee

**Methods:** Self-administered online in December 2021

- Response rate: 54.2% (N=13)

## CBAC Member Respondent Characteristics

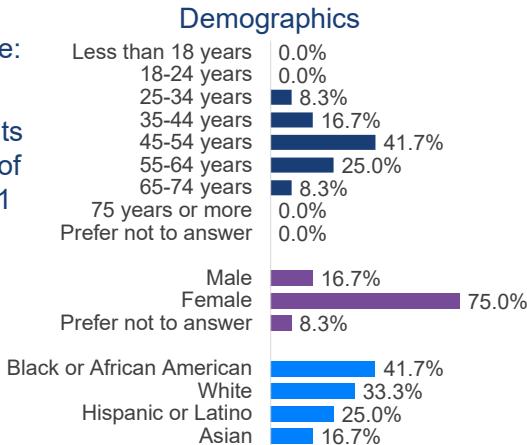


### Attendance

2021 CBAC Meeting Attendance:

All (100%) of survey respondents reported attending at least one of the four CBAC meetings in 2021

More than one half (53.9%) reported attending all four meetings



Data Source: Beth Israel Deaconess Medical Center Community Benefits Advisory Committee (CBAC) Member Survey, 2021.

Note: For race/ethnicity, respondents were allowed to select multiple responses, so percentages may not sum up to 100%

## CBAC Participation Experience: Percent of respondents who strongly agreed / agreed (n = 13)



■ Strongly Agree ■ Agree

Having CBAC meetings open to the public increases transparency of the process.



I feel comfortable sharing my opinion at CBAC meetings.



Overall, the CBAC meeting facilitation is effective.



The CBAC meetings last an appropriate length of time.



The level of information shared by BIDMC between CBAC meetings is the right amount.



Participating in the CBAC meetings has been a good use of my time.



Data Source: Beth Israel Deaconess Medical Center Community Benefits Advisory Committee (CBAC) Member Survey, 2021.

Note: Data organized in descending order by percent of "Strongly Agree."

## CBAC Respondents' Rating of How Zoom Affected Their Participation (n = 13)



■ A Lot Easier ■ Somewhat Easier ■ No Change

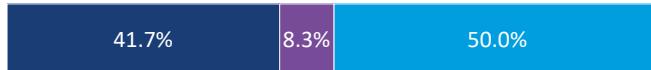
Receiving information at virtual CBAC meetings.



Overall experience participating in virtual CBAC meetings.



Sharing my opinion at virtual CBAC meetings.



*"I think it is excellent, I feel so much more comfortable in sharing." – Survey respondent*

Data Source: Beth Israel Deaconess Medical Center Community Benefits Advisory Committee (CBAC) Member Survey, 2021  
Note: Data organized in descending order by percent of "Strongly Agree."

BIDMC CBAC Meeting | March 2022

33

## CBAC Perceptions of Community Engagement: Percent of respondents who strongly agreed / agreed (n = 12)



■ Strongly Agree ■ Agree

The current process for the public to provide oral comments is effective.



The current opportunities for the public to be informed about the CHI are effective.



The current process for the public to provide written comments is effective.



Data Source: Beth Israel Deaconess Medical Center Community Benefits Advisory Committee (CBAC) Member Survey, 2021  
Note: Data organized in descending order by percent of "Strongly Agree."

BIDMC CBAC Meeting | March 2022

34

## CBAC Perceptions of CHI Funding Process: Percent of respondents who strongly agreed / agreed (n = 12)



Beth Israel Lahey Health

■ Strongly Agree      ■ Agree

The funded community health priorities (Housing Affordability, Jobs and Financial Security, and Behavioral Health) continue to reflect the most pressing needs of BIDMC's priority neighborhoods.

58.3%	41.7%
-------	-------

The CBAC was involved in deciding how to proceed with the CHI Housing Investment in the Innovative Stable Housing Initiative (ISHI)

58.3%	41.7%
-------	-------

I feel well-informed about the progress of the CHI.

50.0%	50.0%
-------	-------

I am satisfied with my level of engagement in the CHI.

45.5%	45.5%
-------	-------

The CHI is responding to the community needs of COVID-19.

25.0%	66.7%
-------	-------

Data Source: Beth Israel Deaconess Medical Center Community Benefits Advisory Committee (CBAC) Member Survey, 2021  
 Note: Data organized in descending order by percent of "Strongly Agree."

BIDMC CBAC Meeting | March 2022

35

Beth Israel Lahey Health

## Next Steps

36

## Next Steps



- **Future meetings:**
  - Tuesday, May 24<sup>th</sup> CBAC meeting
    - Review system/hospital priorities; draft implementation strategies
  - Tuesday, June 28<sup>th</sup> Annual Public Meeting
    - Present FY22 priorities to the community
  - Thursday, September 8<sup>th</sup> CBAC meeting
    - Begin FY23-25 implementation
- **Healthy Neighborhoods Initiative (Chinatown and city of Chelsea):**
  - Applications are due to BIDMC later this week

Thank you!

## Additional Information



**Key Themes & Data Findings for Burlington and Peabody (from Lahey Hospital and Medical Center (LHMC) Assessment)**

39

Beth Israel Lahey Health

## CHNA Progress

### Key Themes: Mental Health (Youth)

#### Significant prevalence of stress, anxiety, depression, behavioral issues

- Exacerbated by COVID-19

Difficulty finding providers with availability, and affording care (most providers don't take insurance)

Percentage High Schoolers Reporting Suicidal Ideation

11%

Burlington (2021)

Data Source: Youth Behavior Survey. Data not available in all CBSA communities

*"There are no providers taking on patients. I've been trying for over a year to find mental health help and therapy for my child, and I cannot. I also cannot find a PCP for myself. No one is taking new patients!"*

- LHMC Community Health Survey respondent

40

## CHNA Progress

### Key Themes: Mental Health (Adult)

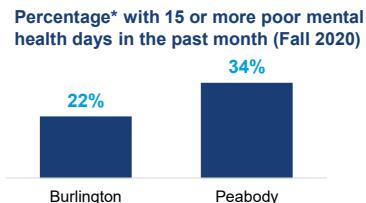
Mental health issues exacerbated by COVID – anxiety, stress, depression, isolation



**14%** of LHMC Community Health Survey respondents reported that, within the past year, they needed mental health care but were not able to access it. Many cited lack of providers taking new patients, long wait times, and lack of insurance coverage as barriers

*"Mental health care is virtually impossible to navigate. Even with high-cost insurance, I cannot afford to better my own health while raising children. The system is set up so you pay a hefty premium and provided the minimum. I do not qualify for Mass health or any other local services that help alleviate the financial burden."*

– LHMC Community Health Survey Respondents



\*Unweighted percentages displayed

Data source: COVID-19 Community Impact Survey, MDPH

41

Beth Israel Lahey Health 

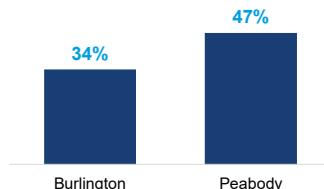
## CHNA Progress

### Key Themes: Social Determinants of Health

#### Primary concerns:

- Lack of affordable housing
- Economic insecurity/high cost of living
- Affordability/availability of childcare
- Food insecurity

Percentage\* worried about paying for one or more type of expense/bills in the coming weeks (Fall 2020)



When asked what they'd like to improve in their community, **40%** of LHMC Community Health Survey respondents reported



*"more affordable housing"*  
(#1 response)

*"I have a couple of residents who were on track and looking to buy a house, but they've lost their job within the past couple of months to layoffs." – Key informant*

Data source: COVID-19 Community Impact Survey, MDPH  
\*Unweighted percentages displayed

42

Beth Israel Lahey Health 

## CHNA Progress

### Key Themes: Access to Care

#### Difficulty accessing care because of:

- Long wait times
- Lack of providers
- Cost/insurance barriers
- Language and cultural barriers

#### Difficulties navigating and understanding healthcare system and insurance



*“[The healthcare system] doesn’t have enough providers. They (community members) need multi-lingual providers and those can be difficult to find. So there are definitely gaps.”*

-Focus group participant

43

Beth Israel Lahey Health 

## CHNA Progress

### Key Themes: Diversity, Equity, and Inclusion

- Many new and established immigrant populations in several CBSA communities
- Despite increasing diversity in service area, there is a lack of representation among health care providers
- Need housing support and social services that reflect the economic diversity in the community

#### AMONG LHMC COMMUNITY HEALTH SURVEY RESPONDENTS:



33% agreed that the built, economic, and educational environments in the community are impacted by systemic racism



37% agreed that the community is impacted by individual racism

44

Beth Israel Lahey Health 

## CHNA Progress

### Key Themes: Community Connections & Information Sharing

- Municipalities looking to the Hospital as a trusted resource for health information and guidance, especially to dispel misinformation
- Difficult for community members to know what resources are available and how to access them
- Community organizations working in silos



45

Beth Israel Lahey Health 

## FY22 CHNA Guiding Principles

 Beth Israel Lahey Health



**Equity:** Work toward the systemic, fair and just treatment of all people; engage cohorts most impacted by COVID-19



**Collaboration:** Leverage resources to achieve greater impact by working with community residents and organizations



**Engagement:** Intentionally outreach to and interact with hardy reached populations; including but not limited to people impacted by trauma, people with disabilities, communities most impacted by inequities, and others



**Capacity Building:** Build community cohesion and capacity by co-leading Community Listening sessions and training community residents on facilitation



**Intentionality:** Be deliberate in our engagement and our request and use of data and information; be purposeful and work collaboratively to identify and leverage resources for maximum benefit

46

## New On-Site Pharmacy at Bowdoin Street Health Center



- Expands access to convenient medications for the health center's approximately 11,000 patients
- Helps facilitate optimal medication management and adherence
- Will partner with patients to expand enrollment in and eligibility for patient co-pay assistance programs

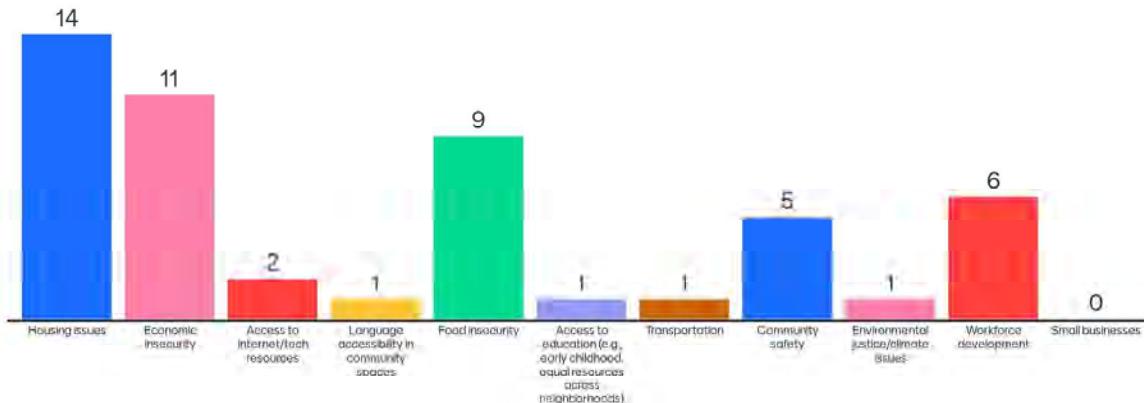


*Pictured (L to R): Rev. Dr. Ray Hammond, Pastor, Bethel AME Church; Maureen Bleday, CEO and Trustee, Yawkey Foundation; Samantha Taylor, Executive Director of the Bowdoin Street Health Center; Pete Healy, President, BIDMC; Ellen Volpe, Vice President of Ambulatory Services, BIDMC; Carol Anderson, Chair, BIDMC Board of Directors; Sam Skura, Chief Operating Officer, BIDMC*

# Prioritization Vote Results

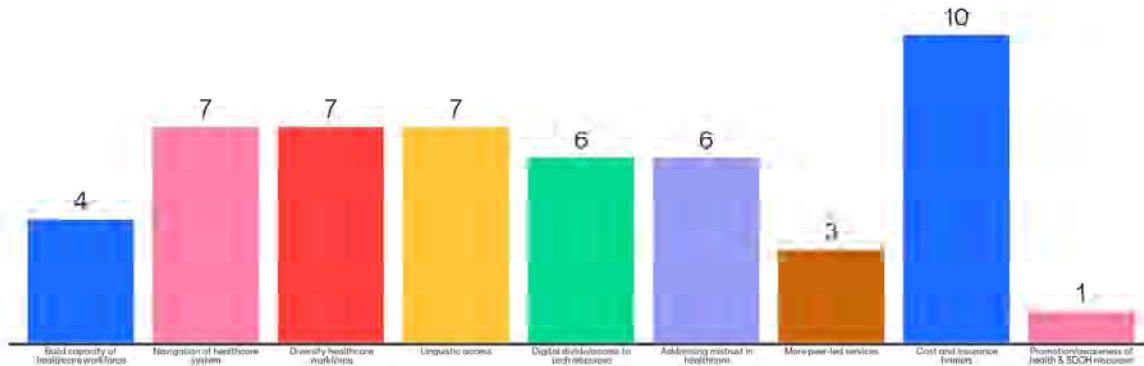
## Social determinants of health - Choose 3

Mentimeter



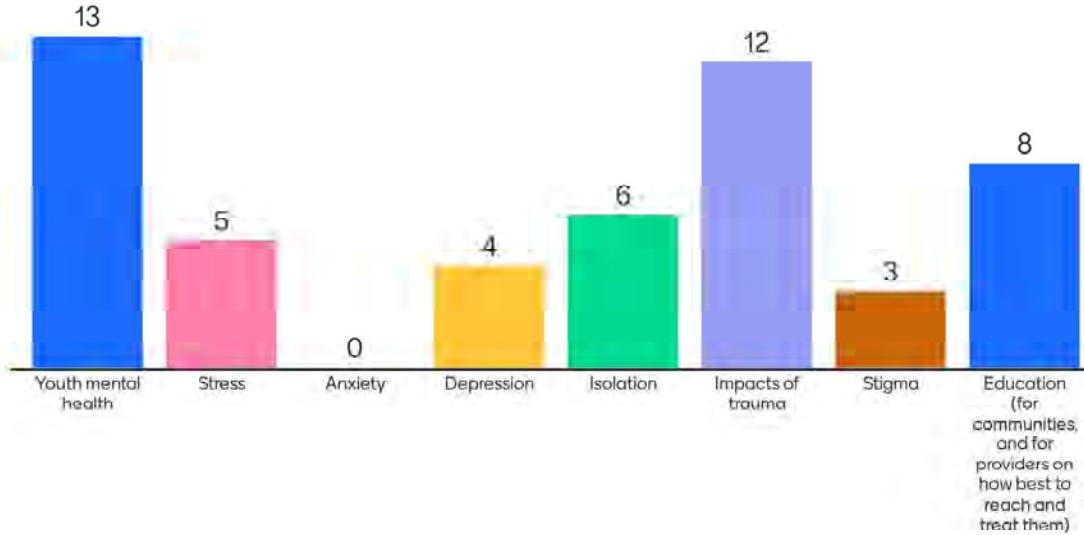
## Access to care - Choose 3

Mentimeter



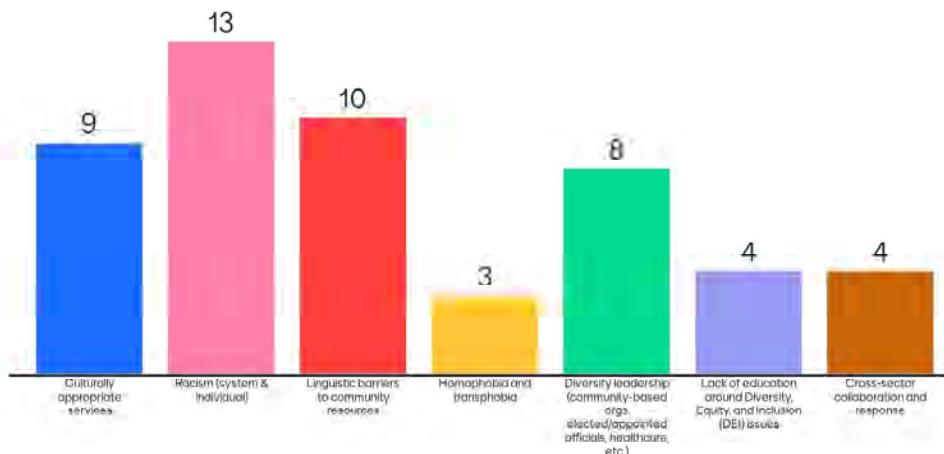
## Mental health - Choose 3

Mentimeter



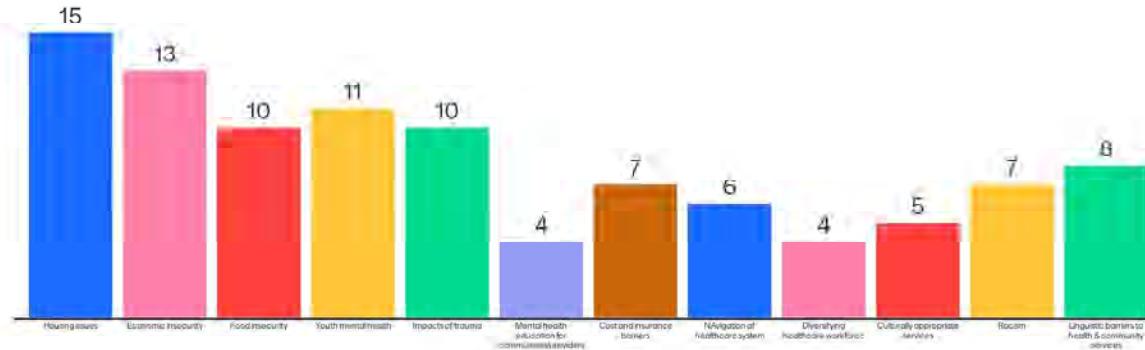
## Diversity, equity, inclusion - Choose 3

Mentimeter



# Choose your top 5 from the list of sub priorities

Mentimeter

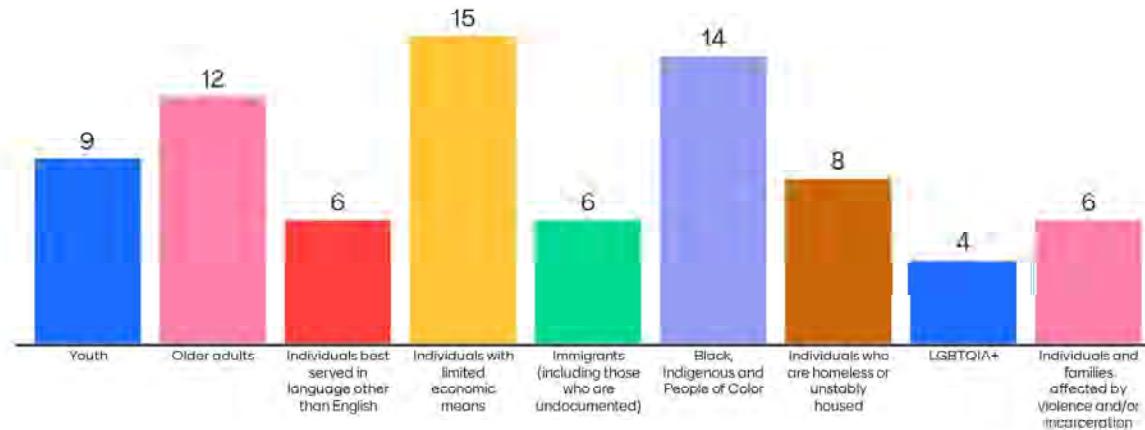


\*Includes votes of three additional CBAC members who submitted their votes after the meeting.

22

# Priority populations - Choose 4

Mentimeter



\*Includes votes of three additional CBAC members who submitted their votes after the meeting.

20

# December 14, 2021

# Meeting Minutes

**Community Benefits Advisory Committee (CBAC)**  
**Annual Community Benefits Public Meeting**  
**Meeting Minutes**  
**Tuesday, December 14, 2021, 5:00 PM - 7:00 PM**  
**Held Virtually Via Zoom**

**Present:** Alberte Altine-Gibson, Walter Armstrong, Maia Betts, Elizabeth (Liz) Browne, Alexandra Chery Dorrelus, Shondell Davis, Lauren Gabovitch, Richard Giordano, Jamie Goldfarb, Nancy Kasen, Barry Keppard, Kira Khazatsky, Angie Liou, Sandy Novack, Alex Oliver-Dávila, Kelina (Kelly) Orlando, Joanne Pokaski, Triniese Polk, Robert Torres, LaShonda Walker-Robinson, Fred Wang

**Absent:** Flor Amaya, James Morton, Jane Powers, Richard Rouse, Anna Spier

**Guests:** Annie Rushman, Health Resources in Action (HRiA), Senior Associate; Karina Teixeria, YMCA of Greater Boston, Executive Director of Teen Development; Jessica Colon, YMCA of Greater Boston Operations Director of Teen Development; YMCA Youth Advisors

### **Welcome and Introductions**

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

The minutes from the September 28<sup>th</sup> CBAC meeting were reviewed and accepted.

### **Public Comment**

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

### **Annual Updates**

Robert Torres, Boston Region Director of Community Benefits, Beth Israel Lahey Health, provided an update on the Conflicts of Interest (COI) Policy and Disclosure statement. The purpose of the COI disclosure statement is to protect the integrity of the CBAC's decision-making process. The COI disclosure statement is not required by any regulatory body, but Beth Israel Deaconess Medical Center (BIDMC) considers it a best practice. The disclosure asks CBAC members to acknowledge volunteer or governance roles, compensation arrangements, material ownership, or investment interests that may present a conflict. This statement is completed by each member upon joining the CBAC, annually, and ad hoc as a person's situation changes.

Robert then introduced the annual Community Representative Feedback Form. Every year the Office of the Massachusetts Attorney General asks individuals who are engaged in a hospital's Community Health Needs Assessment (CHNA) and/or Implementation Strategy to fill out the form to describe how the hospital has engaged the community in assessing and addressing health needs that were documented in the most recent CHNA. Robert shared that responses help shape BIDMC's Community Benefits programs. Robert shared that members are to report on engagement related to the execution of the Implementation Strategy, as the CHNA was completed in 2019. Robert provided an overview of the Massachusetts Department of Public Health's Continuum of Community Engagement, which highlights various levels of community involvement ranging from inform (lowest level) to community-driven/led (highest level). Robert provided examples of community engagement and explained how they might be

classified along the continuum. It was explained that BIDMC's goal is to move towards higher levels of the continuum, as appropriate.

Robert shared that BIDMC will be updating the CBAC Charter to reflect changes over the past year. Changes to the Charter will be shared later in the year.

## **FY22 Community Health Needs Assessment**

### *BIDMC Youth Advisors*

Jamie Goldfarb, Program Administrator of Community Benefits, BIDMC, shared that the Community Benefits Department is partnering with the YMCA at Egleston Square to increase youth participation in the CHNA. She shared that BIDMC feels it is important that youth have a meaningful seat at the table when discussing health needs and opportunities in their community.

Over the past four months the Youth Advisors have been learning about the CHNA process, and social determinants of health (SDOH). Youth introduced themselves and shared where they live within BIDMC's Community Benefits Service Area (CBSA). Each youth identified assets within their community ranging from accessibility of parks and restaurants to the different cultures they see in their neighborhood. The Youth Advisors then highlighted opportunities they see in their communities which included increasing safety in schools, greater access to affordable housing and to supermarkets, and reopening a community park. In the upcoming months, the Youth Advisors will administer surveys they designed to help in identifying community needs and solutions.

A member of the CBAC asked the Youth Advisors if anything surprised them during this process. One student shared that they learned that there are a total of 8,000 people living in Mission Hill and 4,000 of them are living under the poverty level. Another shared how they learned that the SDOHs can positively or negatively impact a community. One CBAC member pointed out that many times community assessments only highlight the negative aspects of a community. This member asked the Youth Advisors how they felt seeing the positive areas of their community. Many of the Youth Advisors shared that they enjoyed seeing both the positive aspects and opportunities in their community. One member asked how COVID-19 impacted the way they viewed their community. The Youth Advisors shared that through the pandemic they saw positives such as access to vaccines, and negatives such as people with limited food access.

Jamie thanked the Youth Advisors for sharing their findings, and told the CBAC the Youth Advisors will be presenting to the Advisory Committee again later in 2022.

### *CHNA Preliminary Findings*

Nancy shared that to date, BIDMC has conducted 16 key informant interviews, held five focus groups, collected multiple forms of secondary data, and began distributing the Youth Advisors survey. Nancy provided a brief overview of BIDMC's CBSA which includes Lexington, Chestnut Hill, Needham, Brookline, the city of Chelsea, and the Boston neighborhoods of Allston/Brighton, Bowdoin-Geneva, Chinatown, Fenway/Kenmore, Mission Hill, and Roxbury. During this process BIDMC has engaged with a wide range of local organizations, in addition to being a part of regional efforts such as the Boston Community Health Needs Assessment-Community Health Improvement Plan Collaborative and the North Suffolk Public Health Collaborative.

Nancy then provided a high-level overview of the population changes from 2010 to 2020 based on U.S. Census data. All neighborhoods in BIDMC's CBSA increased in population size, with the highest

population increase being in the city of Chelsea. The data also showed a decrease over the past ten years of the White and Black/African Americans populations in BIDMC's CBSA.

Nancy then shared the preliminary themes from the initial data collection efforts. Nancy noted that this information is not final, and BIDMC will learn more over the next few months. The first theme identified was SDOH. Primary concerns identified included lack of affordable housing, economic insecurity, food insecurity, and various SDOH issues that inhibit access to care (e.g., transportation, internet access). The second theme identified was diversity, equity, and inclusion. Nancy shared that during recent community engagement, there has been significant recognition of how trauma, stress, anxiety associated with racism, and discrimination affect health. The third theme identified was youth and adult mental health.

Throughout recent primary data collection efforts, many expressed how COVID-19 has exacerbated anxiety, stress, depression and isolation. The final theme identified was access to care. Data highlighted that difficulty accessing care was often associated with long wait times, lack of providers, cost/insurance, language barriers, and immigration status.

Nancy then asked the CBAC to share their reflections on the preliminary findings. CBAC members agreed with the preliminary findings, reflecting that there is a need to increase culturally appropriate care, especially for mental health. A member shared that there is still stigma around mental health in some communities, and people may be more likely to seek care if services are embedded within community organizations and not just within healthcare facilities. Nancy noted that this was the first-time in BIDMC's CHNA history where mental health was identified as a more pressing or greater need than substance use. Nancy asked members what they thought. CBAC members reflected that it could be because there is such a strong need for mental health care and that many people associate mental health and substance synonymously.

Nancy asked CBAC members for additional thoughts and advice as the CHNA process continues. One member mentioned that it is very important to share BIDMC's intentions in holding Community Listening Sessions, and collecting data in general, as the process continues. They shared that communities are always asked to provide information, and many times they do not see how it is used. Many CBAC members agreed with this recommendation. Another idea shared was to compare themes from BIDMC's 2019 CHNA with the findings from this needs assessment.

Nancy thanked everyone for a thoughtful discussion. She shared that there will be more information to share at the next CBAC meeting.

### **Healthy Neighborhood Initiative**

Susan Putnins, Evaluation Consultant, MXM Research Group, provided a brief overview on their role as the independent evaluator in BIDMC's Healthy Neighborhoods Initiative (HNI).

During the planning phase, a set of questions were designed to evaluate how collectives were working together to achieve their goal and ensure a diverse set of voices and perspectives were included. These questions were utilized to evaluate community meetings, surveys, and key information interviews.

Susan then provided a brief overview of "Healthy Bowdoin Geneva". The Collective was made up of 17 people from organizations and the community. This Collective opted to utilize the planning phase funds to hire an outside facilitator to support community engagement. The Collective held in-person community meetings, focus groups, and conducted a survey. Susan also provided a brief overview of "We're Here for You: Fenway/Kenmore". The Collective is comprised of 12 members from organizations and the community. Instead of opting to receive a planning grant, Fenway CDC and Fenway Health partnered to

donate in-kind time and resources to lead the community engagement and project design with Fenway Care contributing to outreach and feedback on the plan. The collective held virtual community conversations, focus groups, and conducted a survey. Based on information collected during the process evaluation, both collectives shared that they have formed stronger relationships with each other and the neighborhood.

Now that both projects have started planning their final proposal, Susan shared some draft evaluation questions with the CBAC. She then shared the overall timeline for the project evaluation which includes three phases: evaluation design, data collection, and report & use. Both collectives will complete their projects in August 2023 and will share outcomes at a public meeting hosted by the collectives.

Robert thanked Susan for sharing and then provided HNI next steps. Both collectives will submit their final proposal in December. Once submitted, proposals will be reviewed by BIDMC's Allocation Committee. Robert then shared that the Community Benefits team is working with the Allocation Committee to update the HNI Request for Proposal (RFP) process and will release the second HNI RFP in February for Chinatown and the city of Chelsea. In 2023 BIDMC will release the final HNI RFP for Allston/Brighton, Mission Hill, and Roxbury.

### **Next Steps**

Robert asked the CBAC to help promote and attend the upcoming community listening sessions and asked for recommendations for local community facilitators for these session. Robert noted that local facilitators will be provided with training and stipends. He then reminded the CBAC that following the meeting, the Community Benefits team will email the AGO Community Representative Feedback Form and the COI Disclosure Statement. He thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting is March 22, 2022 from 5-7 pm. The 2022 meeting schedule was also shared.

# BIDMC Community Listening Session Jamboard Notes

# Listening Session #1

# Priority Area 1: SDOH

## Resources/Assets

giving money directly. people with tight budgets know how to manage money (an overlooked strength)

Support for Housing development agencies and community development organizations

salvation army, chelsea collaborative are helpful

Need to continue to level the playing field when it comes to applications for assistance and mortgages and assistant

Housing Navigators

Housing supported by Hospitals are currently empty - are these able to be repurposed and rented out at more affordable prices?

Policy change to streamline access to programs

## Gaps/Barriers

Education always seems to be lost. Without preparation, we won't be able to do anything. Children of color don't have access to enriched learning

Need resources share programs and help people to navigate

Gentrification

affordable housing!!  
developers have the power. build power among affordable housing advocates

Housing: Never enough housing +1

Need for affordable and accessible housing +1

Reduce bureaucracy, presumptive eligibility

Need for price control on food

we need collaboration from all organizations providing services, they should provide services in one place

inaccessibility of existing resources (unable to speak to someone, waiting times)

It's difficult to find an agency that provides rental assistance that provides services equitably, not just certain groups



# Priority Area 2: Mental Health

## Resources/Assets

**Community clinics +1  
(Health Centers)**

**Language and culturally focused clinics (e.g., South Cove)**

**Inflation is making everything unaffordable - adds significantly to food security, stress levels**

## Gaps/Barriers

Lack of providers across the geographic area, both organizations and trained professionals

community-based, culturally appropriate, peer led services

if there are MH services, community members aren't aware because they are not publicized/marketed

Youth programs not specifically for mental health but that impact overall wellbeing/mental health

stigma, renaming mental health +1

**Cost of living doesn't allow people to prioritize their mental health**

**Need to expand how we think about mental health beyond "clinical" approach. Loosen professional silos that stigmatize access to mental health services, particularly for youth**

Mistrust and distrust, leads to stigma and isolation

Some communities of color are hesitant to identify issues of wellness when it comes to emotional health

**limited capacity to train providers**

Community isn't represented in educations

**BEST program needs improvement.**

**Language barriers ! +1 Need**

# Priority Area 3: Diversity, Equity, Inclusion

## Resources/Assets

Very limited resources

Need to build capacity to address racism

## Gaps/Barriers

resource allocation disparities

Language access and culture challenges

we need free english classes

Needs to be a prioritization on inclusion of Asian population's input and thoughts (more community sessions with interpreters)

Educational disparities and gaps related to racism

greater representation across levels (staff, leadership, board)

Need for cultural awareness. Even with an interpreter present, there is a lack of understanding (e.g., Sudanese and Moroccan Arabic is not the same).

Community isn't represented in education (health care system isn't diverse and representative)

## Priority Area 4: Access to Care

### Resources/Assets

Community health centers, provide critical resources to the areas they serve

FQHCs are incredibly helpful in helping people link to services



### Gaps/Barriers

Lack of public transportation

there needs to be more education on preventive care and resources available

Language and culture

Lack of Insurance, especially for those who are unemployed or

Learning new and better ways to provide services during the pandemic, need to sustain these to increase access to care

Immigrant families don't know about the services available to them due to language barriers. (i.e., rental assistance - don't send information back in your own language)

Long wait times, lack of information

More information about mental health services available.

Patients don't have enough time with PCPs

Transportation barriers, especially if you have to go downtown or travel a long distance

we need support groups for families with children with autism

# Listening Session #2

# Priority Area 1: Social Determinants of Health

## Resources/Assets



A neighborhood is a resource (where you live)

## Gaps/Barriers

teachers need to care more about students and be aware of how much time it takes to get work done

more time and support for balancing life in school

Guaranteed income in Cambridge for eligible programs

Transportation is not reliable (timings, availability on weekends)

Event limitations due to COVID - lack of opportunity to socialize

No one is working together; duplication of efforts and spread thin. "There are MY clients." Everyone working in silos. A lot of ego involved, "I want this thing to have my name." +2

Language is critical for outreach and services. Even when there is a language button, our people don't know where to find it, so aren't able to use it.

Need for more organized activities for immigrant elder population (non-english speaking)

Too much bureaucracy in getting \$s out the door. Need better collaboration between those on the ground and the funders who pay for or support program. Too much bureaucracy

Close collaboration between city and local organization, particularly in Chelsea

**Need for more safe, quality affordable housing. Put more houses than stores.**

People shouldn't need to share housing - lack of personal space and privacy can lead to depression

Housing insecurity and issues lead to conflict and mental health issues in the community

Boston Hospitals should be advocates for affordable, safe housing and policies to support people stay in communities and own homes

Need more community outreach and advocacy. A lot of people don't know these resources are there.

# Priority Area 2: Mental Health



## Resources/Assets

Pine Street  
Inn, Visitors  
Stone House

**Raising Black  
and Brown  
Children  
Program**

counselor/family  
support office at  
schools

## Gaps/Barriers

i don't think there's  
enough, mental  
health services  
aren't taken as  
serious as necessary  
in my opinion.

**Need for  
trauma  
informed  
services**

Need for social and  
emotional learning  
in schools to  
address MH and  
trauma, particularly  
group / peer  
sessions

Needs to be more  
access to services  
and guidance on  
where to go, what is  
available, awareness  
of options is very  
low

Poor benefits  
to support MH  
and SU  
services,  
people are  
underinsured

Need for screening  
and assessment to  
ensure that people  
are aware of their  
issues and get the  
care they need. A  
lot of people just are  
sure of their

Need services  
for homeless  
and for those  
who are  
housing  
insecure

Need programs for  
those who are  
uninsured and  
facing material  
poverty

Hard to  
navigate the  
MH service  
system

Stigma related  
to MH is a  
huge factor  
that prevents  
people from  
seeking care

Youth mental  
health is a  
major issue

counselors at  
school seem  
like they don't  
care, only  
focused on  
grades

Limited  
clinicians who  
understand  
Asian  
communities.

no housing  
leads to high  
stress levels

**Waiting  
lists and  
insurance  
coverage.**

Stress about  
child care and  
childrens  
happiness

# Priority Area 3: Access to Care

## Resources/Assets



Need for  
more  
diverse  
teachers

Telehealth  
is a great  
asset

## Gaps/Barriers

Stigma  
around need.  
Few want to  
admit they  
suffer from a  
disparity.

Undocumented  
immigrants struggle  
acutely with access  
due to lack of  
insurance and fear  
of accessing  
services.

Telephone bills are  
high for low income  
families - which  
reduces access to  
services



Health insurance is  
very expensive and  
not accessible -  
people don't know  
how to navigate this  
system in english but  
they are expected to  
navigate without  
knowing english

Calling hospitals to  
access interpreters  
takes too long and  
is very inefficient -  
this is a huge barrier  
to access for  
immigrant  
non-english  
populations

Location of  
services and  
need for  
better  
transporation

COVID testing lines  
tell a story. Inner  
city lines were long,  
elderly standing in  
line in freezing  
weather.

Address digital  
divide to promote  
equity in access to  
telehealth and  
resource inventories  
and support to  
navigate the system

Need to explore how  
to better leverage  
telehealth moving  
forward to take full  
advantage of  
opportunity. They  
shouldn't go away

# Priority Area 4: Diversity, Equity, Inclusion

## Resources/Assets

The "Family Van" goes to the community, offering BP, HIV testing, etc.



**Fresh Truck** brings healthy food to BIPOC communities.

**Need for more forums for non-English speakers**

Racial equity pledge with social service organizations led by CDCs in MA

## Gaps/Barriers

we don't talk about this as much as we should

Not enough research on Asian communities, needs and issues.

we tend to talk about this stuff with our friends, not family

**Need for more diverse leaders to create sense of safety and inclusion**

We don't see poor people in the lines for the Fresh Truck as much as we would like. Stigma.

Undocumented immigrants are discriminated against

# YOUTH

## Resources/Assets

## Gaps/Barriers

we need programs that youth can volunteer and learn how to create their own non-profits

we need more youth programs to help address homelessness

a lot of needles in our community, everywhere

drug use is so common in our community

more information on healthy relationships

homelessness is so big in my community

abuse in relationships/bonds

Advisory Committee Members	2021				2022				
	March 23	June 22	September 28	December 14	March 22	May 24	June 28	September 8	December 13
Alberte Altine-Gibson			Ph	Ph					
Flor Amaya	Ph	Ph	Ph	A	Ph				
Maia Betts			Ph	Ph	A				
Elizabeth Browne	Ph	Ph	Ph	Ph	Ph				
Tina Chery	A	Ph							
Alexandra Chery Dorrelus		Ph	Ph	Ph	Ph				
Shondell Davis	Ph	Ph	Ph	Ph	Ph				
Richard Giordano	Ph	Ph	Ph	Ph	Ph				
Barry Keppard	Ph	Ph	Ph	Ph	Ph				
Kira Khazatsky			Ph	Ph	Ph				
Phillomin Laptiste	Ph	Ph							
Angie Liou	Ph	Ph	Ph	Ph	Ph				
James Morton	Ph	A	Ph	A	A				
Sandy Novack	Ph	Ph	Ph	Ph	Ph				
Holly Oh	Ph	Ph							
Alex Oliver-Davila	Ph	A	A	Ph	A				
Triniese Polk	Ph	A	A	Ph	A				
Jane Powers	Ph	Ph	A	A	Ph				
Richard Rouse	Ph	A	Ph	A	Ph				
Fred Wang	Ph	Ph	Ph	Ph	Ph				
<b>BIDMC Staff - Ex Officio</b>									
Walter Armstrong	Ph	Ph	Ph	Ph					
Lauren Gabovitch	A	Ph	Ph	Ph	Ph				
Nancy Kasen	Ph	Ph	Ph	Ph	Ph				
Marsha Maurer					Ph				
Kelina (Kelly) Orlando				Ph	Ph				
Joanne Pokaski	Ph	A	Ph	Ph	Ph				
Melody Route-Satchell		Ph	A						
Robert Torres	Ph	Ph	Ph	Ph	Ph				
LaShonda Walker-Robinson	Ph	Ph	Ph	Ph	Ph				

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

Advisory Committee Members	2019						2020				
	April 9th	May 21st	June 25th	July 23rd	September 24	October 22nd	January 28	April 28	June 23	September 22	December 15
Elizabeth Browne	X	X	Ph	Ph	X	X	X	Ph	Ph	Ph	A
Tina Chery	X	A	A	A	Ph	A	A	Ph	A	A	A
Shondell Davis											Ph
Richard Giordano	X	X	X	X	X	X	X	Ph	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	Ph
Phillomin Laptiste	X	X	X	A	X	X	X	Ph	Ph	A	Ph
Theresa Lee	X	A	X	A	X	A	X				
Angie Liou							Ph	Ph	Ph	Ph	
James Morton							A	Ph	Ph		A
Sandy Novack							Ph	Ph	Ph	Ph	
Holly Oh	X	X	A	X	X	X	X	Ph	A	Ph	Ph
Alex Oliver-Davila	Ph	X	A	A	A	X	A	A	Ph	Ph	Ph
Luis Prado	A	X	A	X	A	X	X	Ph	Ph	A	Ph
Triniese Polk							X	A	Ph	Ph	Ph
Jane Powers	A	X	X	X	X	X	X	Ph	Ph	Ph	Ph
Richard Rouse	X	X	X	X	X	X	X	A	A	Ph	Ph
Jerry Rubin	X	A	A	X	X	X	X	Ph	A	Ph	A
Fred Wang	X	X	X	X	X	X	X	Ph	Ph	Ph	Ph
<b>BIDMC Staff - Ex Officio</b>											
Walter Armstrong							X	Ph	Ph	Ph	Ph
Lauren Gabovitch	X	A	A	X	X	X	A	Ph	Ph	A	Ph
Nancy Kasen	X	X	X	X	X	X	X	Ph	Ph	Ph	Ph
Joanne Pokaski	X	A	A	X	X	X	A	Ph	Ph	Ph	Ph
Robert Torres							X	Ph	Ph	Ph	Ph
LaShonda Walker-Robinson	X	X	Ph	X	X	X	X	Ph	Ph	A	Ph

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