June 25, 2024 Meeting Packet

Meeting Agenda



Community Benefits Advisory Committee (CBAC) Meeting Beth Israel Deaconess Medical Center (BIDMC) Tuesday, June 25, 2024 5:00 pm - 7:00 pm Zoom Meeting

I.	10 minutes	Welcome
II.	40 minutes	FY25 Community Health Needs Assessment (CHNA)
III.	20 minutes	Regulatory Updates
IV.	10 minutes	BILH Community Benefits System Strategy: Behavioral Health Access
V.	5 minutes	BILH Find Help Platform
VI.	5 minutes	Next Steps and Adjourn

Next Meeting: September 24, 2024 (Annual Meeting)

Meeting Slides

Beth Israel Deaconess Medical Center Community Benefits Advisory Committee Meeting

Nancy Kasen, Vice President, Community Benefits and Community Relations, BILH Robert Torres, Director Boston Region, Community Benefits, BILH Anna Spier, Program Manager, Community Benefits, BIDMC

June 25, 2024

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Content

- Welcome and Introductions
- Public Comment
- FY25 Community Health Needs Assessment (CHNA)
- Regulatory Updates
- BILH Community Benefits System Strategy: Behavioral Health Access
- · BILH Find Help Platform
- Next Steps and Adjourn

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Housekeeping

- Please join the meeting using video (if possible)
- · If you lose your connection, please call in
 - o Phone number: +1 309 205 3325
 - o Meeting ID: 987 2990 3668 (Passcode: 561383)
- Everyone will be muted upon arrival
- Please use the chat function for requests to be unmuted, to ask questions, or to make comments
- · Our Zoom moderator is Anna

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Welcome!



Jean McClurken, LICSW Director of Behavioral Health Fenway Health

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FY25 Community Health Needs Assessment (CHNA) and FY23-25 Implementation Strategy (IS)

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Community Health Needs Assessment (CHNA) and Implementation Strategy (IS)

Purpose and Goals

All non-profit hospitals are required to conduct a Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) every three years.

Purpose:

"A Community Health Needs Assessment gives organizations comprehensive information about the community's current health status, needs, and issues."

-Centers for Disease Control and Prevention

Goal:

Execute the FY25 Community Health Needs Assessment and FY26 - FY28 Implementation Strategy (CHNA/IS) with strong community engagement, fulfill regulatory requirements, address the BILH community needs and build upon the successes and input from the FY22 CHNA/IS process.

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BILH Community Benefits & Community Relations Guiding Principles



Accountability: Hold each other to efficient, effective and accurate processes to achieve our system, department and communities' collective goals.



Community Engagement: Collaborate meaningfully, intentionally and respectfully with our community partners and support community initiated, driven and/or led processes especially with and for populations experiencing the greatest inequities.



Equity: Apply an equity lens to dismantle systems of oppression and work towards the systemic, fair and just treatment of all people of any race, ethnicity, religion, gender, sexual orientation, age, immigration and/or disability status, so that all communities and people can achieve their full health and overall potential.



Impact: Employ evidence-based and evidence-informed strategies that align with system and community priorities to drive measurable change in health outcomes.

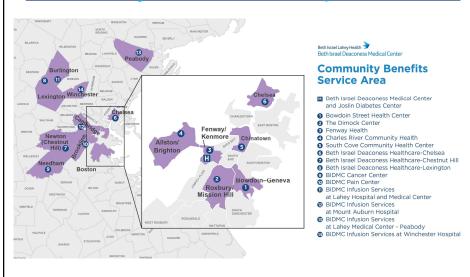


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Community Health Needs Assessment and Implementation Strategy

FY25 Community Benefits Service Area Map



Community Health Needs Assessment And Implementation Strategy

FY25 Changes

FY22 CHNA/IS	FY25 CHNA/IS
3 Focus Groups (FGs)	5 FGs to reach those with lived experience who were not engaged during the FY22 CHNA
20 Interviews	15 Interviews to address the fact that some were interviewed repeatedly and/or represented specific health priorities
2 Community Listening Sessions (CLS)	1 CLS to focus our efforts on promoting one session and reducing barriers to attendance
Community Health Surveys (31 questions)	Shorter Survey (≈20 questions) with a focus on identifying any new needs since the FY22 CHNA

The FY25 CHNA and IS process is building upon successes from the FY22 CHNA and IS. We are continuing our partnership with the Boston Community Health Collaborative and the North Suffolk Public Health Collaborative.

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Community Health Needs Assessment (CHNA) and Implementation Strategy

FY25 Cohorts to Engage

FY22 CHNA Priority Cohorts Engaged

- Youth
- Older adults
- Racially, ethnically, and linguistically diverse populations
- · Low-resourced populations
- LGBTQIA+
- Families affected by violence and/or incarceration

Focused Cohorts to Engage for FY25 CHNA

- Spanish-speaking young adults
- Adults with disabilities
- Transgender and non-binary adults
- Newly arrived families from Haiti
- Cape Verdean speakers

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Community Health Needs Assessment and Implementation Strategy

FY25 Community Engagement Strategies

Collaborate whenever possible to:

- Engage Community Champions trusted members of hardly reached communities who act as liaisons to reach residents
- Involve community-based organizations (CBOs) during community engagement planning to reduce fatigue among community members and build trust
- Identify locations where people congregate and/or receive information to engage cohorts historically underrepresented or underserved
- Acknowledge diversity of backgrounds and lived experiences (intersectionality) of community members during all interactions



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Community Health Needs Assessment and Implementation Strategy

Discussion

- One of the goals of the CHNA is to engage individuals and cohorts historically not reached during similar processes. Given your knowledge and experience, are there specific segments of the population that are missing from the FY25 Community Engagement Plan?
 - What is the best way to engage them? (e.g., through focus groups, Community Health Survey?)
 - O What are you willing to do to help us engage them?
- Are there smaller or lesser-known community organizations that we could engage in the FY25 process, either through interviews, focus groups, or helping to promote the Community Health Survey?
- Are there marketing/promotion opportunities we could take advantage of when seeking to inform the community about how they can engage in the CHNA process?

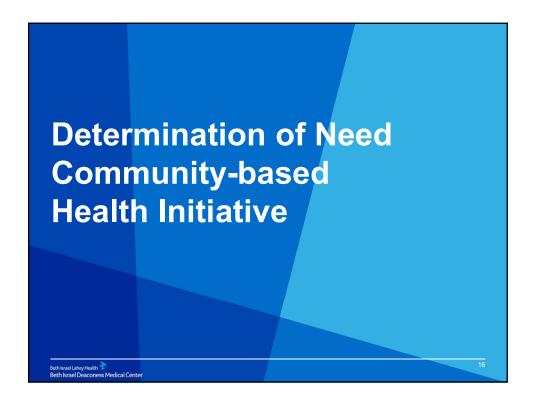
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Community Health Needs Assessment and Implementation Strategy

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Work Between Now and Sept 2024 CBAC Meeting

Timeframe	Activities
June 2024	CBAC KickoffFinalize and launch Community Health SurveyFinalize Community Engagement Plans
July – Aug 2024	 Monitor Community Health Survey Conduct outreach to Interviewees and Focus Group hosts
Sep 2024	 Annual Community Benefits Public Meeting: FY25 CHNA Kick-off CBAC Meeting: Provide progress updates for the Community Health Survey, Interviews and Focus Groups; identify any additional strategies to reach cohorts based upon Community Health Survey results



Determination of Need Updates

- BIDMC will file a Determination of Need (DoN) Application for an Ambulatory Center in Quincy and Hematology Oncology Infusion Center in Plymouth.
- Following discussions with the Massachusetts Department of Public Health (DPH) BIDMC will "delegate" the Community-based Health Initiative to BID Milton and BID Plymouth, as the affected communities are within their Community Benefits Service Areas (CBSA).

Questions/Concerns?

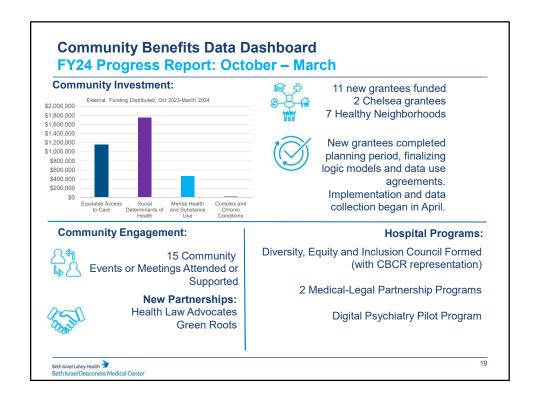
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FY 24 Community Benefits Data Dashboard & Implementation Strategy Update

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BILH System Priority: Behavioral Health Access System Selected Intervention

Community-wide anti-stigma and educational campaigns

Evidence-informed behavioral health training and education programs

Behavioral health navigator programs in community clinical and non-clinical settings

Interventions to build capacity, competency, and humility of behavioral health workforce

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BILH System Priority: Behavioral Health Access Anti-Stigma Campaign

May: Mental Health Awareness and Asian American and Pacific Islander (AAPI) Heritage Month messaging and activities – Community Connections newsletter and social media posts

- o "Decision tree" to help navigate those seeking Behavioral Health services and supports
- Spotlight on partner organizations and grantees providing Behavioral Health services/supports for the AAPI population





BILH System Priority: Behavioral Health Access Anti-Stigma Campaign

- Deconstructing Stigma, a global mental health campaign, is seeking individuals from underrepresented cohorts to share their experiences living with mental health conditions, including addiction, for their Deconstructing Stigma: Changing Attitudes About Mental Health
- Ask: Share with your networks and send individuals who might be interested to Anna Spier (anna.spier@bilh.org)



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BILH System Priority: Behavioral Health Access Mental Health First Aid Trainings and Behavioral Health Navigator Community Grants

Mental Health First Aid (MHFA) Trainings

- Wed, 8/21: New England Baptist Hospital
- Wed, 9/11: Tobin Center (Youth)
- Thurs, 9/12: BIDMC
- Date TBD: BILH-Chelsea (Spanish)
- Please share Registration Link



Behavioral Health Navigator Community Grants

 By June 30, 2024, award four (4) 3year grants totaling \$300,000 each to one community-based organization in the MA Gateway Municipalities of Haverhill, Lynn, Peabody and Quincy to create and implement a communitybased Behavioral Health Navigator program



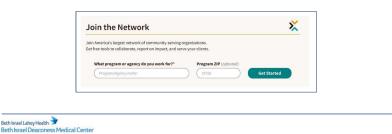
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BILH Find Help Overview and Launch

BILH Find Help is a resource assists people to free or low-cost services to help them with paying their bills, finding food, and more. Community members can access BILH Find Help here and identify resources near them by entering their zip code.

BILH encourages our partnering community-based organizations to claim your organization's site on Find Help and keep your information accurate and updated. Access your listing here.





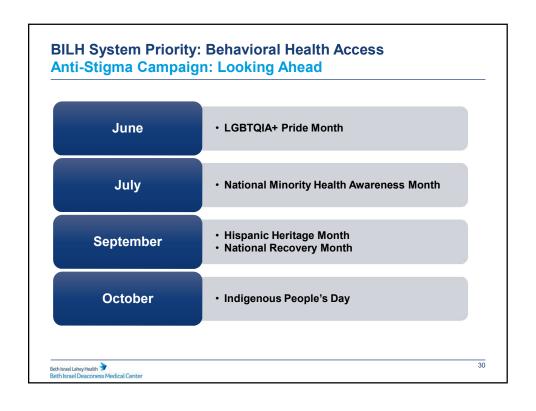
Next Steps

- Future meetings:
 - o September 24, 2024: Annual CB Public Meeting
 - o December 10, 2024: CBAC Meeting
 - February 2025 Annual CB Public Meeting/Community Listening Session: TBA
 - \circ We will send a poll to determine CBAC dates in 2025
 - Two meetings will be held in person, and two will be virtual

Thank you!

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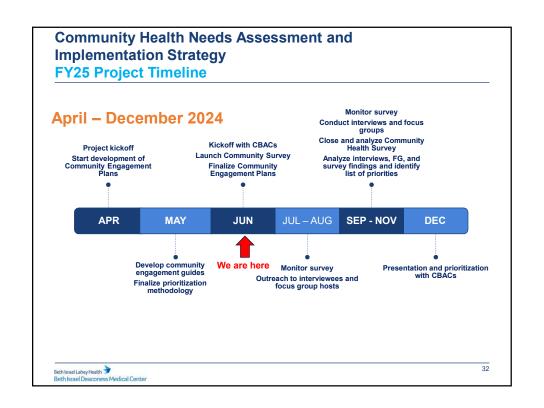


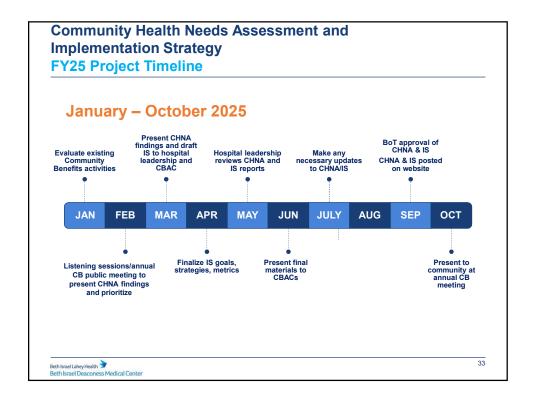


Community Health Needs Assessment and Implementation Strategy **CBAC Meetings and Responsibilities Timeframe** Meeting Goal/s and CBAC Involvement June 2024 Goal: Review FY25 process and changes in the Community Benefits Service Area (CBSA); propose and receive input on ways CBAC can support the Community Engagement strategy CBAC's role: Identify cohorts to engage and propose strategies they can support to reach September 2024 • Goal: Provide an update on the Community Health Survey, Interviews and Focus Group CBAC's role: Identify strategies to reach cohorts based on results December 2024 Goal: Provide an update on key findings CBAC's role: Identify cohorts to engage for public Listening Session and propose strategies CBAC can support to reach them; vote on priorities and cohorts March 2025 · Goal: Present summary from Community Listening Session and the draft Implementation Strategy CBAC's role: Provide input on final strategies and goals June 2025 Goal: Present final CHNA Report and Implementation Strategy CBAC's role: Review the final CHNA Report Goal: Acknowledge CBAC Board of Trustees liaison and their role in ensuring approval of September 2025 · the CHNA and adoption of the Implementation Strategy CBAC's role: Provide ideas on how the community can best use the CHNA Report and

Implementation Strategy over the next three years to ensure that they are meaningful

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Meeting
Minutes
March 26,
2024

Community Benefits Advisory Committee (CBAC) Meeting Minutes Tuesday, March 26, 2024, 5:00 PM - 7:00 PM Held Virtually Via Zoom

Present: Elizabeth (Liz) Browne, Lynne Courtney, Shondell Davis, Pamela Everhart, Pat Folcarelli, Richard Giordano, Nancy Kasen, Barry Keppard, Angie Liou, Amy Nishman, Sandy Novack, Alex Oliver-Dávila, Triniese Polk, Jane Powers, Emmanuella René, Anna Spier, Samantha Taylor, Robert Torres, LaShonda Walker-Robinson, Fred Wang

Absent: Flor Amaya, Alexandra Chéry Dorrelus, Lauren Gabovitch, Shantel Gooden, Kelina (Kelly) Orlando, Richard Rouse

Guests: Annie Rushman and Kristin Mikolowsky, Health Resources in Action (HRiA). One member of the public was also 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.

Nancy thanked Jane Powers for her service on the Community Benefits Advisory Committee (CBAC) and congratulated Jane on her well-deserved retirement. Nancy then reviewed the agenda.

The minutes from the December 12th CBAC meeting were reviewed and accepted.

Public Comment Period

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

Regulatory Update

Robert Torres, Boston Region Director of Community Benefits and Community Relations, Beth Israel Lahey Health, shared an overview of the annual regulatory reports that Beth Israel Deaconess Medical Center (BIDMC) files with the Internal Revenue Service (IRS), Massachusetts Attorney General's Office, and the City of Boston.

Robert continued by reviewing the goals and strategies outlined in the FY23-25 Implementation Strategy (IS). For each priority area, he shared examples of metrics that are being tracked over the next three years of the IS. He also reviewed the draft FY23 Community Benefits expenditures and examples of programs in each of the priority areas. Committee members asked clarifying questions about the funding allocation and Robert explained that the *Equitable Access to Healthcare* figure included charity care. Robert concluded with a look ahead at some of the goals and programs that BIDMC will focus on in FY24.

Community-based Health Initiative (CHI) Updates

Kristin Mikolowsky, Director of Research and Evaluation at Health Resources in Action (HRiA), reviewed the timeline for the Community-based Health Initiative (CHI). She focused on the impact of Boston Cohort 1, a set of 16 grantees that were funded from 2021 to 2023 to address housing affordability, jobs and financial security and behavioral health. She also shared HRiA's overarching evaluation approach and methods.

Annie Rushman, Associate Director at HRiA, shared that grantees were successful in reaching the CHI priority populations and neighborhoods. Annie explained that despite implementation taking place during

the COVID-19 pandemic and amidst rising inflation, statistically significant improvements were observed across all three of the priority areas. Annie also provided updates on the three grantees funded in Chelsea.

Next, Anna Spier, Manager of Community Benefits, BIDMC, shared an update on the Healthy Neighborhoods Initiative. She said that Healthy Bowdoin Geneva and We're Here for You: Fenway/Kenmore completed implementation of their community-driven projects and shared their lessons learned and overall program impact. Committee members said that they were impressed with the work of the collectives and identified with some of their setbacks and challenges.

BILH Behavioral Health Access Priority

Nancy shared BILH's commitment to prioritizing behavioral health access and provided an overview of four initiatives underway. First, she detailed that BILH would amplify existing anti-stigma and education campaigns along with behavioral health resources. Nancy then discussed the development of staff workshops and a toolkit about increasing access to the Massachusetts Behavioral Health system. She also shared that BILH plans to distribute three-year grants to four organizations in Massachusetts Gateway Municipalities – Lynn, Peabody, Haverhill and Quincy.

Nancy spoke about the planned rollout of Mental Health First Aid Training (MHFA) for hospital staff and community members. Committee members stated that they saw value in these training courses. Nancy asked for input on who could benefit from the MHFA trainings. Committee members shared suggestions related to outreach, prioritizing training for youth, and offering trainings in other languages. Committee members also suggested specific organizations and cohorts to outreach to such as youth workers, library staff, and immigrant collectives.

CBAC Follow-Up

Anna reviewed the annual meeting suggestions from the December meeting. She shared that BIDMC plans to hold the next Annual Meeting in-person, highlight grantee impacts and lessons learned, and advertise on social media, as suggested.

Adjourn

Anna thanked the attendees for joining the meeting and reminded everyone that the next scheduled meeting is June 25, 2024, from 5-7 p.m.