

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

Next Meeting: May 24, 2022

Meeting Slides

BIDMC Community Benefits Advisory Committee Meeting

March 22, 2022



Beth Israel Lahey Health

Welcome



Beth Israel Lahey Health

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

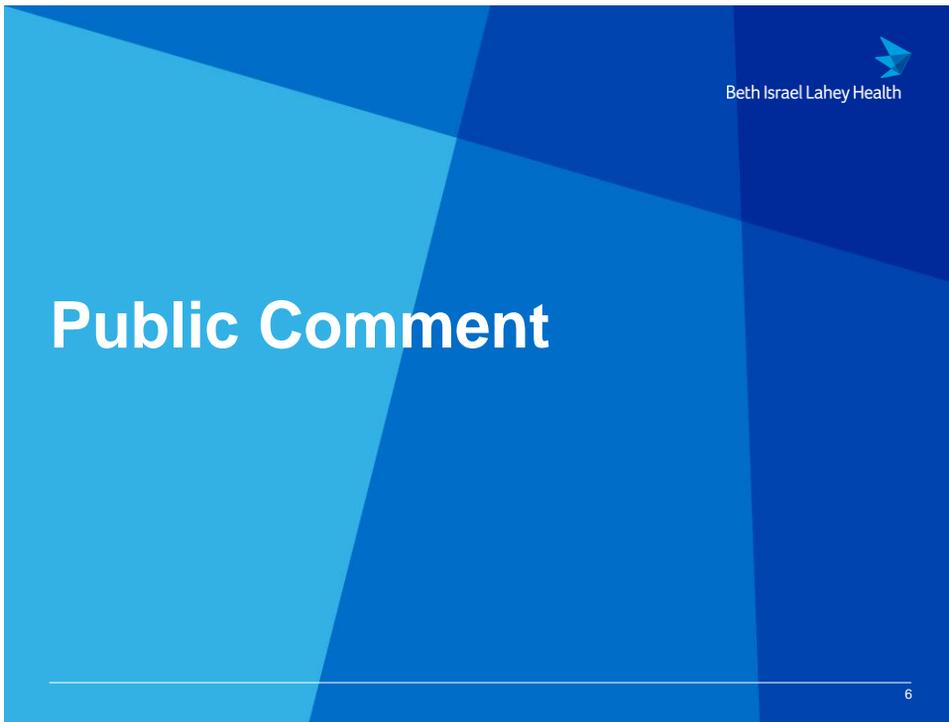
Welcome New CBAC Members!



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

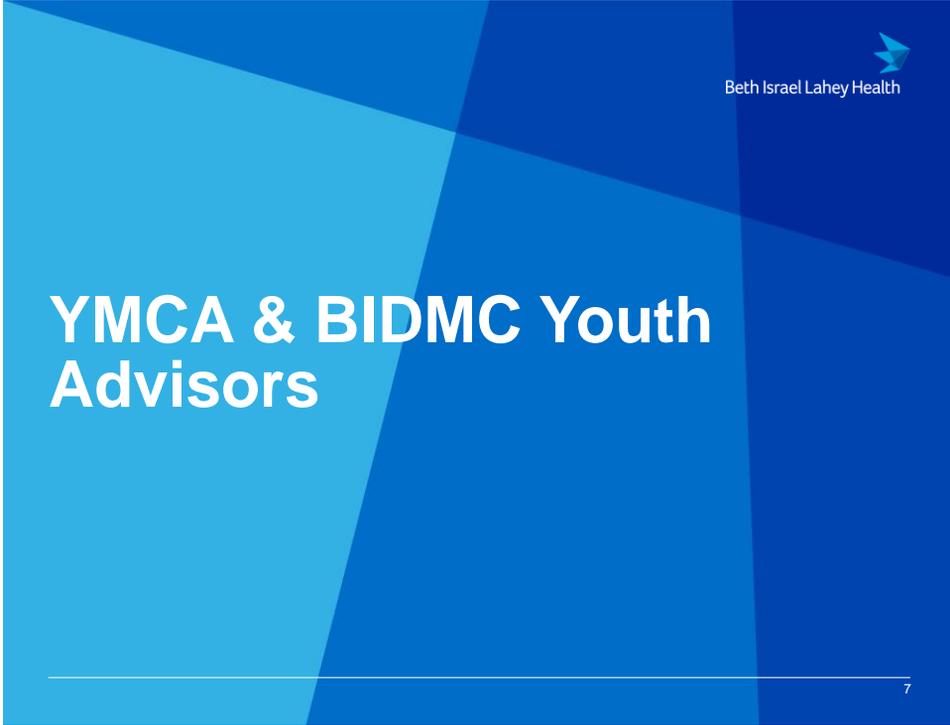


Kelina (Kelly) Orlando
Executive Director, Ambulatory
Operations, BIDMC & BID Chelsea

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Public Comment

Beth Israel Lahey Health 



**Youth Advisors
Capacity Building**



What have you learned over the past few months?

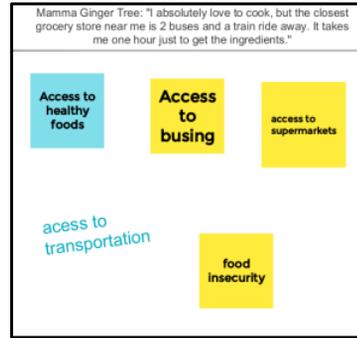


Source: Screenshot from a Youth Advisors class activity

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

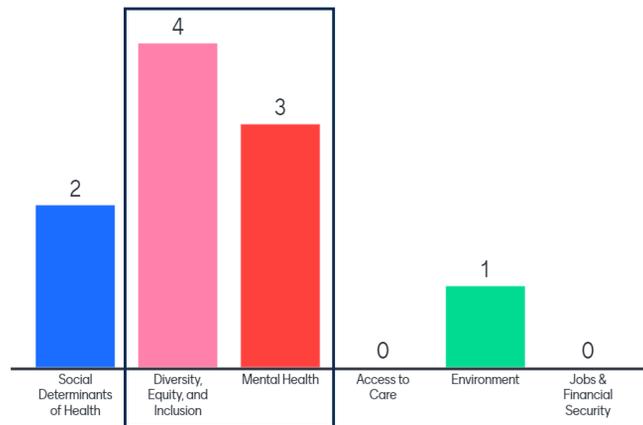


Source: Screenshot from a Youth Advisors class activity

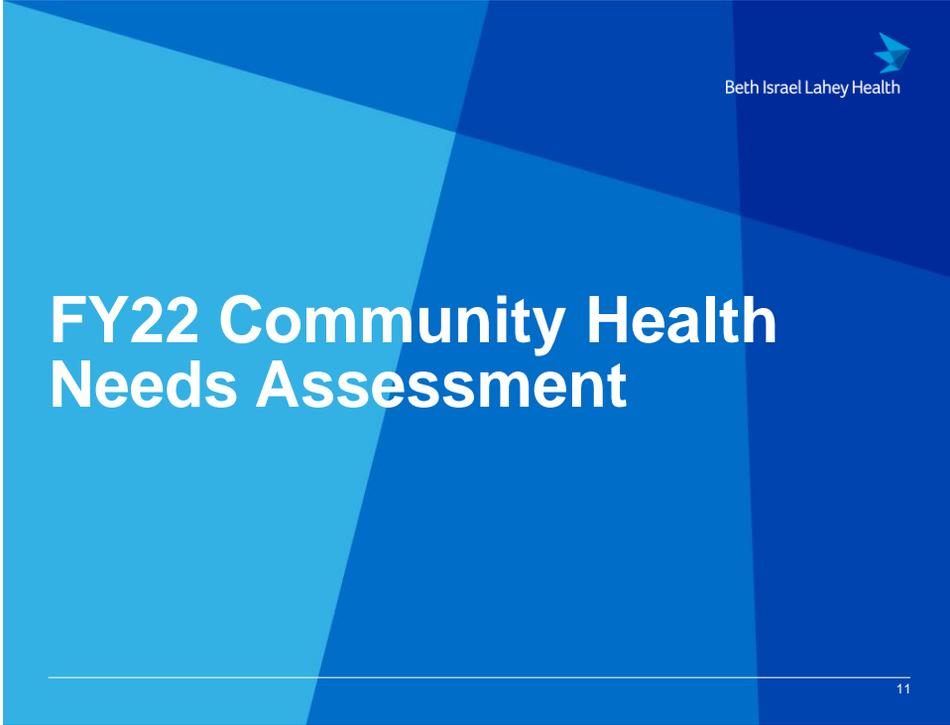
Youth Advisors Health Priority Selection



Youth Voting Prioritization Results



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



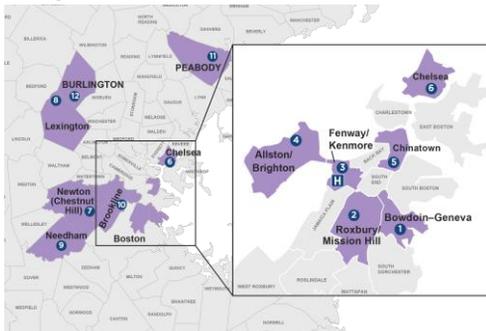
Priority Cohorts and Community Benefits Service Area (CBSA)



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:



- Beth Israel Lahey Health
Beth Israel Deaconess Medical Center
- ### Community Benefits Service Area
- Beth Israel Deaconess Medical Center
 - Bowdoin Street Health Center
 - The Dimock Center
 - Fenway Health
 - Charles River Community Health
 - South Cove Community Health Center
 - Beth Israel Deaconess Healthcare-Chelsea
 - Beth Israel Deaconess Healthcare-Chestnut Hill
 - Beth Israel Deaconess Healthcare-Lexington
 - BIDMC Cancer Center
 - BIDMC Pain Center
 - BIDMC Infusion Services, Peabody
 - BIDMC Infusion Services, Burlington

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

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)

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 Community Engagement September 2021 - March 2022



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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*



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Listening Session participants

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



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

Beth Israel Lahey Health 

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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)



Beth Israel Lahey Health

CBAC Member Survey Results (2021)

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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

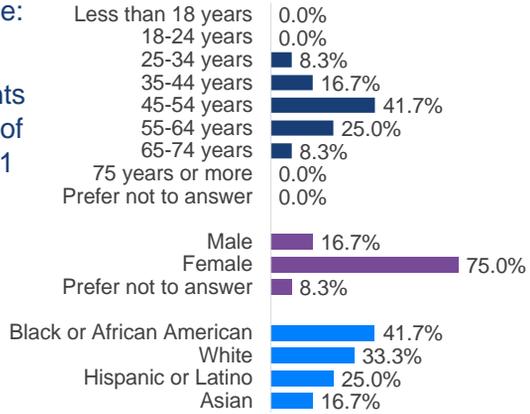


Attendance
2021 CBAC Meeting Attendance:

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

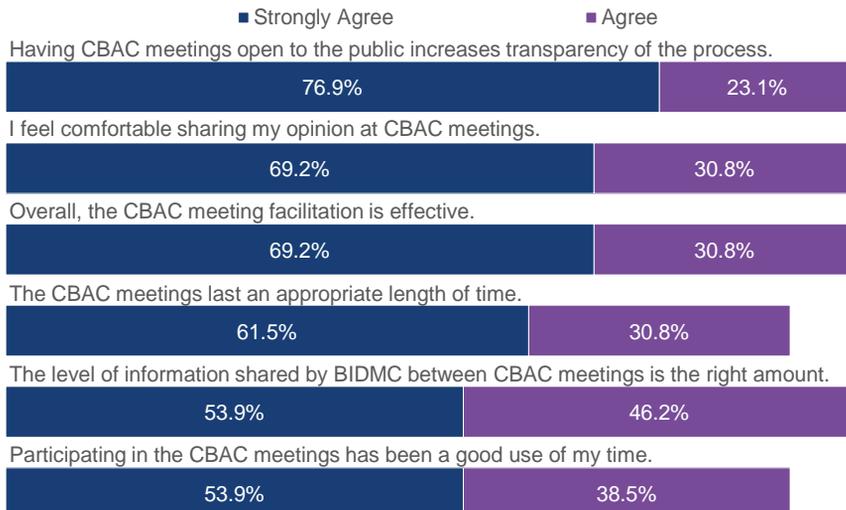
More than one half (53.9%) reported attending all four meetings

Demographics



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)



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."

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.



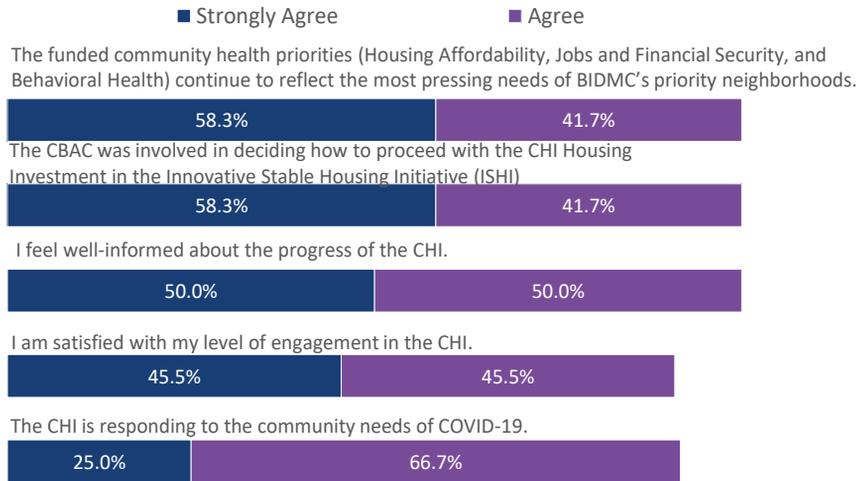
The current process for the public to provide written comments is effective.



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."

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

Beth Israel Lahey Health



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."

Next Steps

Beth Israel Lahey Health

Next Steps



- **Future meetings:**
 - Tuesday, May 24th CBAC meeting
 - Review system/hospital priorities; draft implementation strategies
 - Tuesday, June 28th Annual Public Meeting
 - Present FY22 priorities to the community
 - Thursday, September 8th 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)

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Beth Israel Lahey Health

CHNA Progress

Key Themes: Mental Health (Youth)

Significant prevalence of stress, anxiety, depression, behavioral issues

- o Exacerbated by COVID-19

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

Percentage High Schoolers Reporting Suicidal Ideation



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

CHNA Progress

Key Themes: Mental Health (Adult)

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

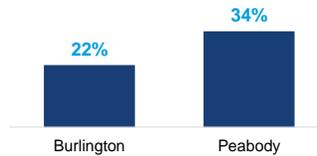


14% of LHMC Community Health Survey respondents reported that, within the past year, they needed mental health care but were not able to access it. Many cited lack of providers taking new patients, long wait times, and lack of insurance coverage as barriers

“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 quality for Mass health or any other local services that help alleviate the financial burden.”

– LHMC Community Health Survey Respondents

Percentage* with 15 or more poor mental health days in the past month (Fall 2020)



*Unweighted percentages displayed

Data source: COVID-19 Community Impact Survey, MDPH ⁴¹



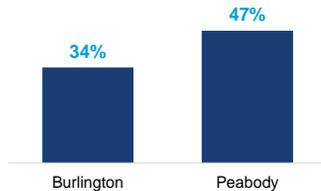
CHNA Progress

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)



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



“more affordable housing”
(#1 response)

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

“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



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

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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

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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



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FY22 CHNA Guiding Principles



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 hardly 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

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New On-Site Pharmacy at Bowdoin Street Health Center



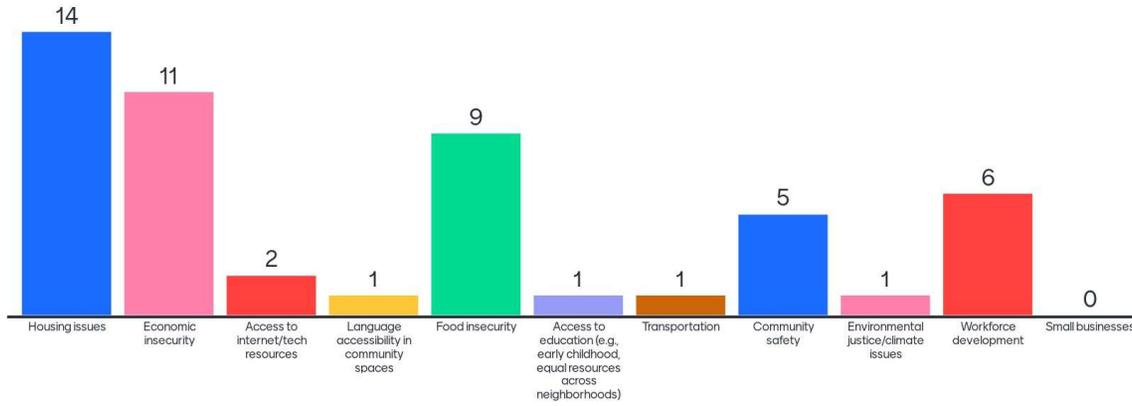
- Expands access to convenient medications for the health center's approximately 11,000 patients
- Helps facilitate optimal medication management and adherence
- Will partner with patients to expand enrollment in and eligibility for patient co-pay assistance programs



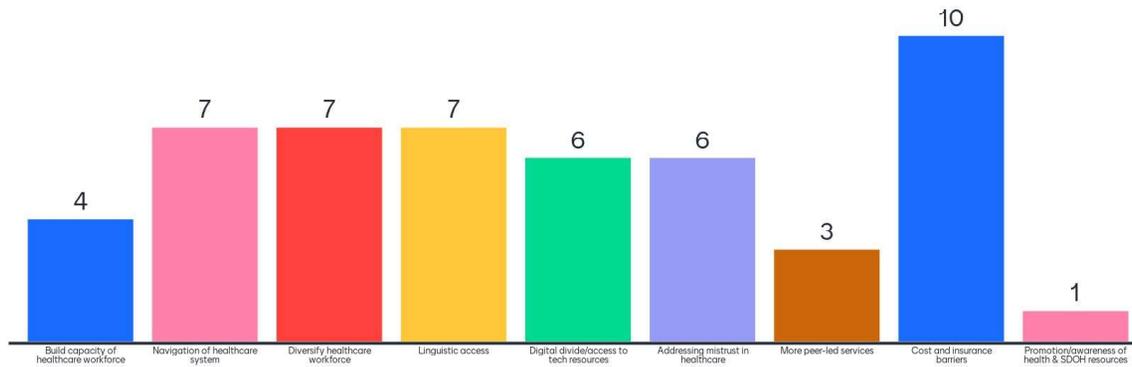
Pictured (L to R): Rev. Dr. Ray Hammond, Pastor, Bethel AME Church; Maureen Bleday, CEO and Trustee, Yawkey Foundation; Samantha Taylor, Executive Director of the Bowdoin Street Health Center; Pete Healy, President, BIDMC; Ellen Volpe, Vice President of Ambulatory Services, BIDMC; Carol Anderson, Chair,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

Prioritization Vote Results

Social determinants of health - Choose 3

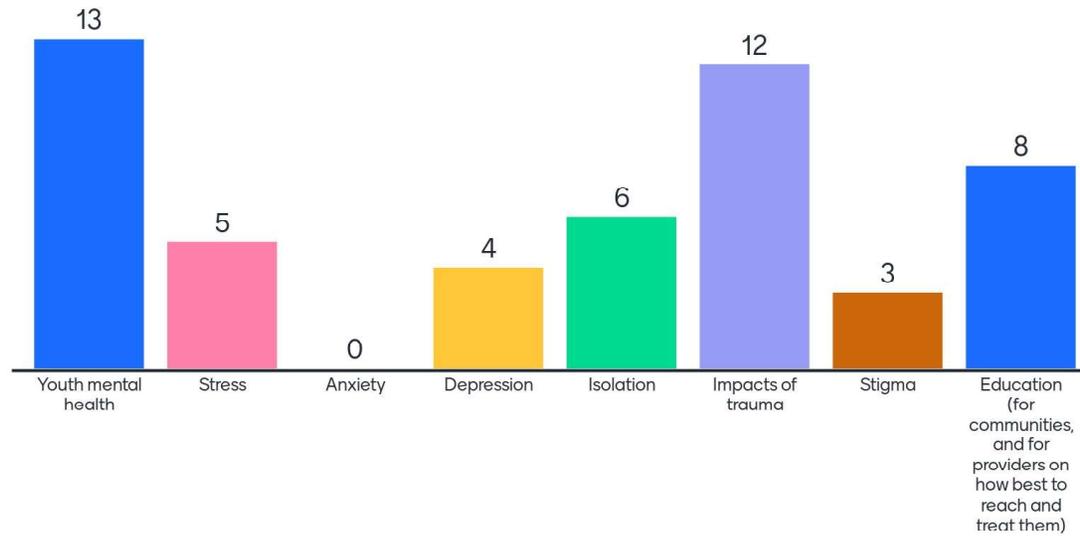


Access to care - Choose 3



Mental health - Choose 3

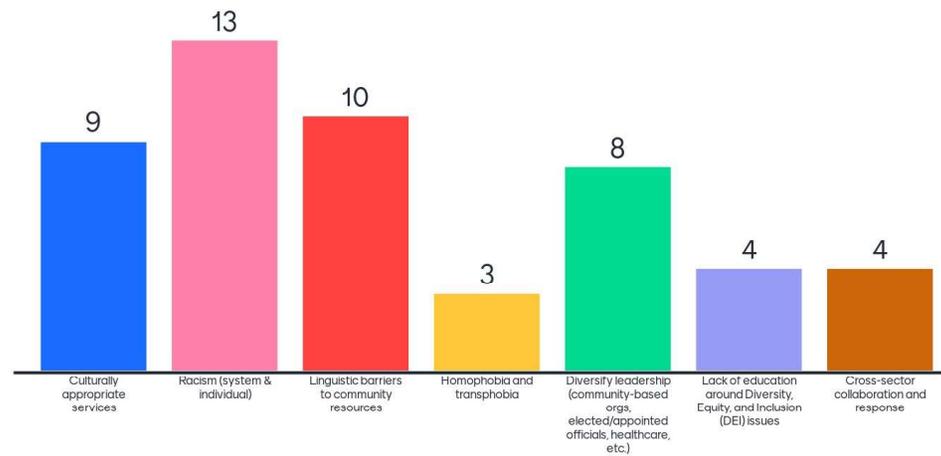
Mentimeter



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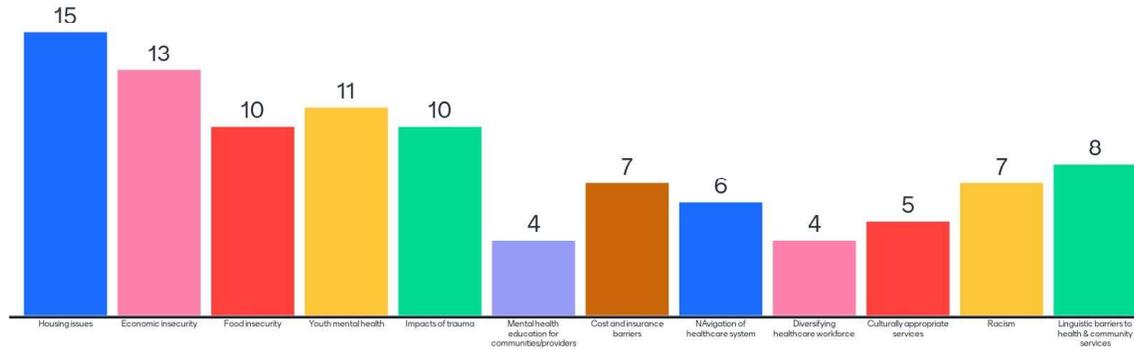
Diversity, equity, inclusion - Choose 3

Mentimeter



17

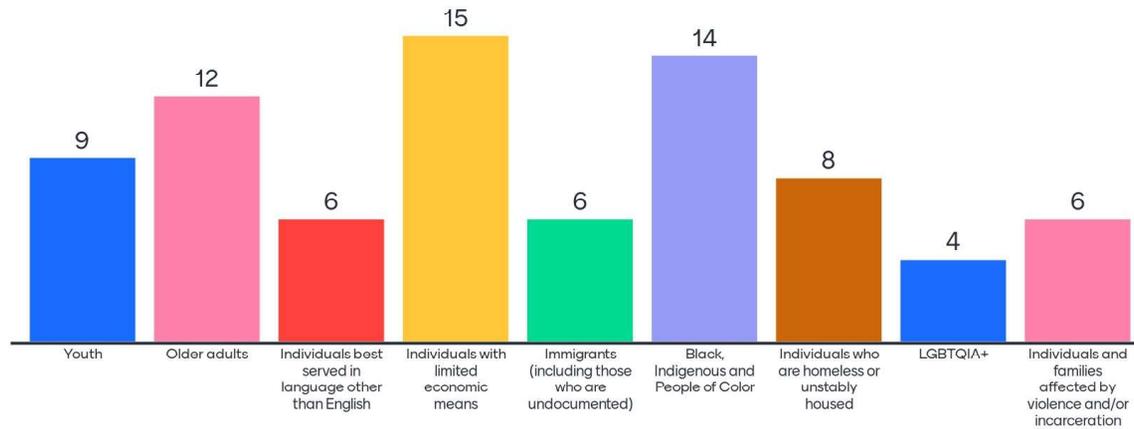
Choose your top 5 from the list of sub priorities



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



Priority populations - Choose 4



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



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 Teixeira, 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 28th 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 sessions. 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

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

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

Housing Navigators

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

Housing: Never enough housing +1

Reduce bureaucracy, presumptive eligibility

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

Need resources share programs and help people to navigate

Need for affordable and accessible housing +1

Zip code is a determinant, continued existence of redlining

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

Need for price control on food

Gentrification

developers have the power. build power among affordable housing advocates

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

affordable housing!!



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

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

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

limited capacity to train providers

community-based, culturally appropriate, peer led services

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

Community isn't represented in educations

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

stigma, renaming mental health +1

Mistrust and distrust, leads to stigma and isolation

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

Language access and culture challenges

resource allocation disparities

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).

we need free english classes

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

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

Educational disparities and gaps related to racism

greater representation across levels (staff, leadership, board)

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

mobile clinics,
ways to visit
people



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

Long wait times, lack of information

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)

we need support groups for families with children with autism

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

Listening Session #2

Priority Area 1: Social Determinants of Health

Resources/Assets



Local Transfer tax

A neighborhood is a resource (where you live)

Community Development Corporations

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

Transportation is not reliable (timings, availability on weekends)

Guaranteed income in Cambridge for eligible programs

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)

Event limitations due to COVID - lack of opportunity to socialize

Close collaboration between city and local organization, particularly in Chelsea

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

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

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

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

Need programs for those who are uninsured and facing material poverty

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

Need services for homeless and for those who are housing insecure

Waiting lists and insurance coverage.

Hard to navigate the MH service system

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

Limited clinicians who understand Asian communities.

Youth mental health is a major issue

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

no housing leads to high stress levels

Stress about child care and children's 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.

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

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

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

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

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

Location of services and need for better transportation

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

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

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

Not enough research on Asian communities, needs and issues.

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

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

a lot of needs in our community, everywhere

we need more youth programs to help address homelessness

drug use is so common in our community

more information on healthy relationships

homelessness is so big in my community

abuse in relationships/bonds