Community Advisory Committee
Goals and Votes

Goals for the meeting:
• Learn about funding strategies that address Social Determinants of Health
• Decide on the health priority topic areas for community engagement
• Finalize the community engagement strategy

Votes needed for:
• Approval of meeting minutes
• Approval of updated Charter
• Health priority topic areas for community engagement
• Community engagement strategy
# Community Advisory Committee Schedule

**Tuesday's from 5PM-7PM**

<table>
<thead>
<tr>
<th>Meeting Date</th>
<th>Meeting Deliverables</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 25, 2019</td>
<td>• Review Final Community Engagement Results</td>
</tr>
<tr>
<td></td>
<td>• Begin Health Priority Selection Process</td>
</tr>
<tr>
<td>July 23, 2019 (Pending)</td>
<td>• Finalize and Approve Selection of Health Priorities</td>
</tr>
<tr>
<td>August: No Meeting</td>
<td></td>
</tr>
<tr>
<td>September 24, 2019</td>
<td>• Review Draft Allocation Plan</td>
</tr>
<tr>
<td>October 22, 2019</td>
<td>• Finalize Allocation Plan for CHI Funds</td>
</tr>
<tr>
<td></td>
<td>• Review Draft of DPH required <em>Health Priorities Strategy Form</em></td>
</tr>
</tbody>
</table>
Evaluation Update

- Evaluation workgroup formed to guide evaluation

- May 7 Kick-Off Meeting:
  - Reviewed evaluation scope, focusing on Phase 1: Community Engagement Evaluation
  - Established clear roles and expectations for the evaluation process
  - Gathered feedback on draft Phase 1 Community Engagement Evaluation Plan

- Will meet 3-4 times per year to provide input on evaluation questions, needs, and methods on an ongoing basis
Consider:

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
- What might be any unintended consequences?
Welcoming Public Comments
In 2017, we innovatively guided DoN obligated funding towards housing. Total amount $6.76 million to be given away over 3-5 years. $1.51 million could be re-invested. $1 million PSI/BHCHP unallocated. We support housing and wrap-around services for our patients and use Community Investment Tax Credits to stretch $ (additional $750K).

We plan to test multiple approaches and have devoted $650K to evaluation and oversight to determine the best approach.

Other Boston hospitals making similar investments and work collaboratively to improve community health with us.

- Boston Children’s $1 million
- Brigham Women’s 750K
Goals
Identify policy, systems, population, and place-based approaches that address displacement and increase housing stability

Fund these approaches through an inclusive participatory grant process that centers community voice and power

Vision
A Greater Boston where long term, affordable, quality housing is a human right, universally available and accessible to all, and where those who have been most impacted by inequitable and oppressive systems are liberated and reaching higher levels of economic sufficiency and autonomy

Values
Racial & Ethnic Equity
Community Voice & Power
Collaboration
Flexibility
Solidarity
What is Participatory Grantmaking?

An approach to philanthropy that engages residents at different levels of the process and gives decision-making power to those most impacted by funding decisions so that they can be part of the solutions.

INFORMING
- Grantmakers tell
- Non-grantmakers receive

CONSULTING
- Grantmakers receive
- Non-grantmakers tell

INVOLVING
- Two-way communication that leads to grantmaker decisions

DECIDING
- Two-way communication that leads to joint decision-making

By Ford Foundation in *Participatory Grantmaking: Has Its Time Come?*
Grantmaking

- Boston Medical Center = $1.2M*
- Boston Children’s Hospital = $1M*
- Brigham & Women’s = $750K*

*includes administrative costs
WE ARE A PLACE-BASED, IMPACT INVESTING FUND WITH A FOCUS ON ECONOMIC JUSTICE
INVESTMENT CRITERIA

To restore productive capacity, we need to invest in just, resilient and healthy enterprises.

COMMUNITY RESILIENCE
- Place
- Nature
- Relationships

ECONOMIC JUSTICE
- Ownership
- Opportunity
- Participation

ENTERPRISE HEALTH
- Finance
- Leadership
- Organizations
FINANCING CERO

INVESTMENT TERMS

2012 GRANT  $60,000 over 2 years
2013 LOAN   $20,000 at 0% interest over 3 years
2013 CROWD $17,000 on IndieGogo
2014 DPO    $340,000 at 4% dividend after 3 years
2016 LOAN   $150,000 secured, $175,000 unsecured at 3-5% over 7 years
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Community Engagement Strategy

We are here

Selected
- Format
- Geography
- Cohorts

Identify
- Community Engagement Approach
- Key Topics and Sub-Topics

Conduct
- Review CHNA results
- Discuss neighborhood health priorities
- Catalog Community Assets
- Explore Possible Strategies

Share
- Forum results with Advisory Committee
- Final CHNA results with Advisory Committee

Select
- CHI health priorities and strategies

Community Engagement Process

CHI Prioritization
### Community Engagement Strategy

**Selections**

<table>
<thead>
<tr>
<th>Community Forums</th>
<th>Priority Populations</th>
<th>Emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Allston/Brighton</td>
<td>✓ Low Resource Families</td>
<td>• Low wage workers</td>
</tr>
<tr>
<td>✓ Bowdoin/Geneva</td>
<td>✓ LGBTQ</td>
<td>• Transgender; Queer</td>
</tr>
<tr>
<td>✓ Chinatown</td>
<td>✓ Older Adults</td>
<td>• Disabled; no support system</td>
</tr>
<tr>
<td>✓ Fenway/Kenmore</td>
<td>✓ Racial &amp; Ethnic Diverse Populations</td>
<td>• Recent immigrants &amp; English Language Learners (ELL)</td>
</tr>
<tr>
<td>✓ Roxbury/Mission Hill</td>
<td>✓ Youth</td>
<td>• At-risk for homelessness</td>
</tr>
<tr>
<td><strong>Chelsea</strong></td>
<td>✓ Families affected by Incarceration</td>
<td>• Re-entry population</td>
</tr>
<tr>
<td></td>
<td>✓ Homeless</td>
<td></td>
</tr>
</tbody>
</table>

**Discuss after iCHNA process completed**

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**Community Forums**

- Allston/Brighton
- Bowdoin/Geneva
- Chinatown
- Fenway/Kenmore
- Roxbury/Mission Hill

**Priority Populations**

- Low Resource Families
- LGBTQ
- Older Adults
- Racial & Ethnic Diverse Populations
- Youth
- Families affected by Incarceration
- Homeless

**Emphasis**

- Low wage workers
- Transgender; Queer
- Disabled; no support system
- Recent immigrants & English Language Learners (ELL)
- At-risk for homelessness
- Re-entry population
<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinatown</td>
<td>June 2, 2019</td>
<td>10 AM – 12 PM</td>
<td>South Cove Community Health Center</td>
</tr>
<tr>
<td>Bowdoin/Geneva</td>
<td>June 10, 2019</td>
<td>6 PM – 8 PM</td>
<td>St. Peter’s Teen Center</td>
</tr>
<tr>
<td>Allston/Brighton</td>
<td>June 11, 2019</td>
<td>6 PM – 8 PM</td>
<td>Charles River Community Health</td>
</tr>
<tr>
<td>Fenway/Kenmore</td>
<td>June 12, 2019</td>
<td>6 PM – 8 PM</td>
<td>Morville House</td>
</tr>
<tr>
<td>Roxbury/Mission Hill</td>
<td>June 17, 2019</td>
<td>6 PM – 8 PM</td>
<td>Bruce Bolling Building</td>
</tr>
</tbody>
</table>
Community Engagement Strategy

Purpose of Community Meetings

Goals

• Share preliminary results of City’s community health needs assessment, including emerging priorities

• Gain a better understanding of: (by neighborhood)
  • Residents’ health-related priorities
  • Existing community assets
  • Potential strategies

• Gather detailed information to inform the Advisory Committee prioritization and allocation process
Community Engagement Strategy
Health Priority Areas

Proposed Health Priority Areas

- Education
- Employment/Financial Security
- Housing
- Mental Health
- Substance Use
- Violence

Considerations

- Aligns with the Collaborative’s CHNA results
- Missing:
  - Tobacco Use/Smoking
  - Chronic Disease – asthma, diabetes, heart disease, cancer
  - Other?
- Sub-topics and focus areas considerations
What health priority areas and/or sub-priority areas should be the focus of community meeting discussions?

<table>
<thead>
<tr>
<th>Health Priority Areas</th>
<th>Selected sub-topics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Education</td>
<td>• <strong>Education</strong> – access, quality, elementary, high school, college</td>
</tr>
<tr>
<td>• Employment/Financial Security</td>
<td>• <strong>Employment/Financial Security</strong> – job opportunities, job training, readiness, financial insecurity, financial literacy, re-entry population</td>
</tr>
<tr>
<td>• Housing</td>
<td>• <strong>Housing</strong> – quality, affordability, homelessness</td>
</tr>
<tr>
<td>• Mental Health</td>
<td>• <strong>Mental Health</strong> – access to care</td>
</tr>
<tr>
<td>• Substance Use</td>
<td>• <strong>Substance Use</strong> – tobacco, opioids, alcohol, active recovery, active addiction, access to treatment</td>
</tr>
<tr>
<td>• Violence</td>
<td>• <strong>Violence</strong> – interpersonal, domestic, community, trauma, survivors</td>
</tr>
</tbody>
</table>
The proposal is for inclusion of the following health priority areas in the CHI community engagement strategy:

**Health Priority Areas**

- Education
- Employment/Financial Security
- Housing
- Mental Health
- Substance Use
- Violence

**Selected sub-topics:**

- Education – Health education, health literacy, School assimilation, Afterschool programs, assistance to college prep, Life long learning, older adults learning, Advocacy education, Cost of education, Policy, Specificity to neighborhood
- Employment/Financial Security – Career exploration, Job readiness, Language barriers, Retraining, Opening small business, Reliable transportation, Paid and unpaid internships
- Housing – phrasing on who is their landlord, know someone who was evicted
- Mental health – education of undiagnosed symptoms, stigma, use of the word “stress”
- Substance Use – alcoholism, addiction, street/police security, vaping, marijuana, stability recovery, what breaks the cycle
- Violence – know your rights

To Be Determined by Advisory Committee at 5/21 Meeting
Community Engagement Strategy (Including Priority Areas for Consideration)

**Community Forums**
- Allston/Brighton
- Bowdoin/Geneva
- Chinatown
- Fenway/Kenmore
- Roxbury/Mission Hill

**Priority Populations**
- Low Resource Families
- LGBTQ
- Older Adults
- Racial & Ethnic Diverse Populations
- Youth
- Families affected by Incarceration
- Homeless

**Health Priority Areas**
- Have community members prioritize these areas at the meeting
- Have community members identify any overlapping priority areas

Engage hard-to-reach populations

Community Advisory Committee engagement is critical

** Discuss after iCHNA process completed
Advisory Committee Responsibilities:

- Review the Boston Collaborative drafted report (when available)
- Recruit participants from identified priority cohorts for forums
- Participate in community forums