

June 25th Meeting Packet

Meeting Agenda

Agenda

**New Inpatient Building (NIB) Community Advisory Committee (CAC)
Beth Israel Deaconess Medical Center (BIDMC)
Leventhal Conference Room, Shapiro Building
Tuesday, June 25, 2019
5:00 PM – 7:00 PM**

| | |
|---------------------------|-----------------------------|
| I. 5:00 pm – 5:10 pm | Introduction and Welcome |
| II. 5:10 pm – 5:25 pm | Public Comment Period |
| III. 5:25 pm – 5:45 pm | CHI Evaluation Overview |
| IV. 5:45 pm – 6:05 pm | Community Meetings Findings |
| V. 6:05 pm – 6:55 pm | Prioritization Process |
| VI. 6:55 pm- 7:00 pm | Summary/Next Steps |

Meeting Slides

NEW INPATIENT BUILDING COMMUNITY ADVISORY COMMITTEE MEETING

Nancy Kasen
Director of Community Benefits

June 25, 2019

Beth Israel Lahey Health 

Beth Israel Deaconess
Medical Center



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

Community Advisory Committee Goals and Votes

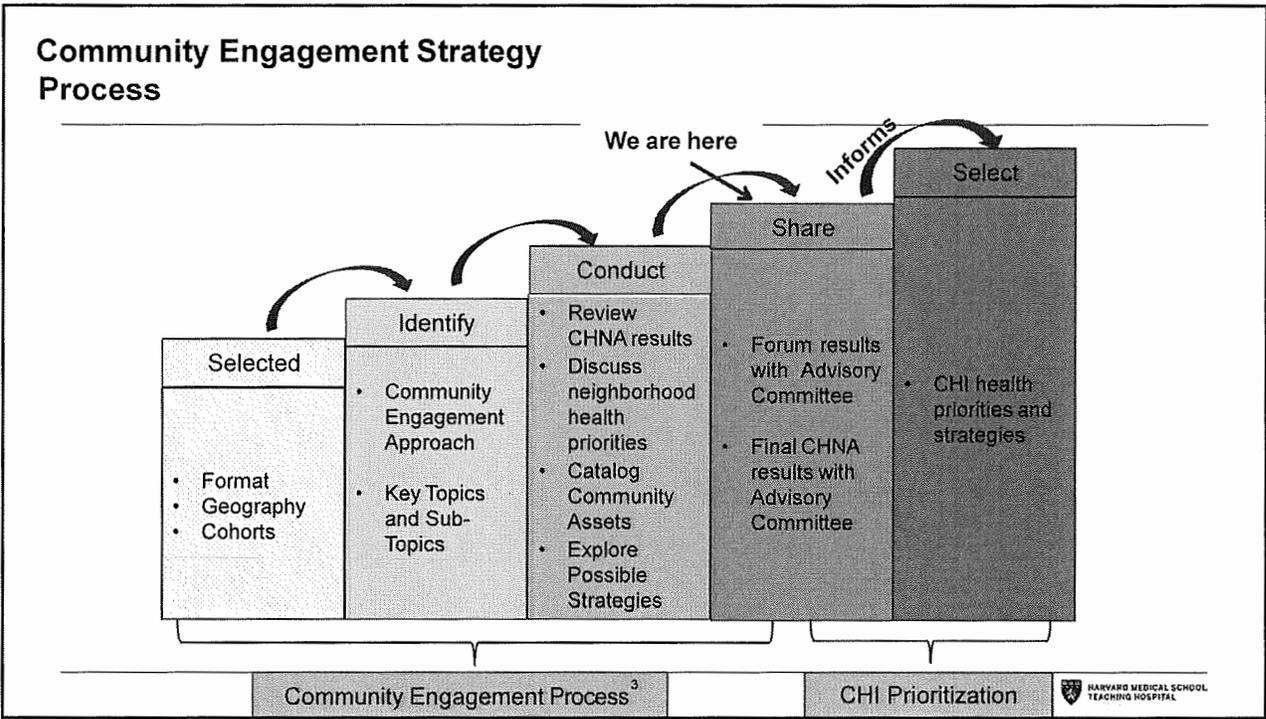
Goals for the meeting:

- Review Community-based Health Initiative (CHI) Evaluation Approach and Methods
- Review and discuss key findings from NIB CHI Community Meetings
- Identify and vote on NIB CHI Priority Areas
- Continue discussions on NIB CHI sub-priorities, emerging strategic ideas, and funding strategy

Votes needed for:

- Approval of meeting minutes
- NIB CHI Priorities





Community Advisory Committee MADPH Framing Questions

Consider:

- Who benefits?
- Who is harmed?
- Who influences?
- Who decides?
- What might be any unintended consequences?

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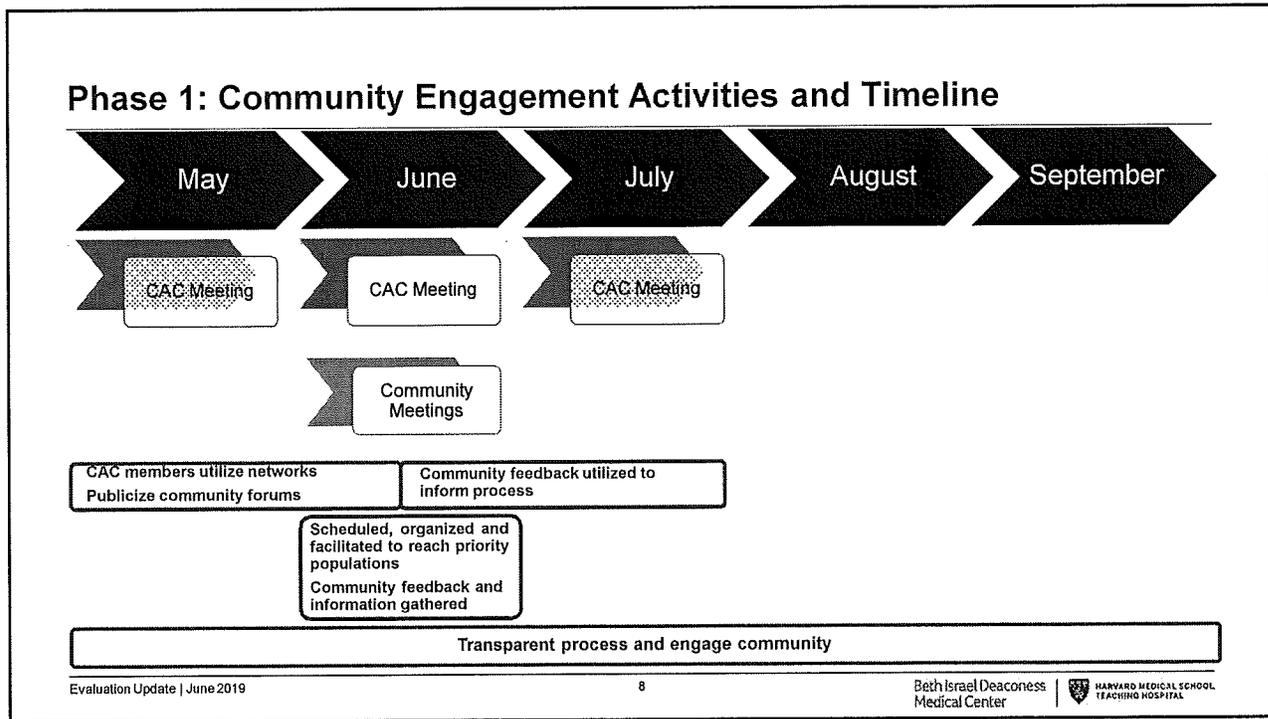
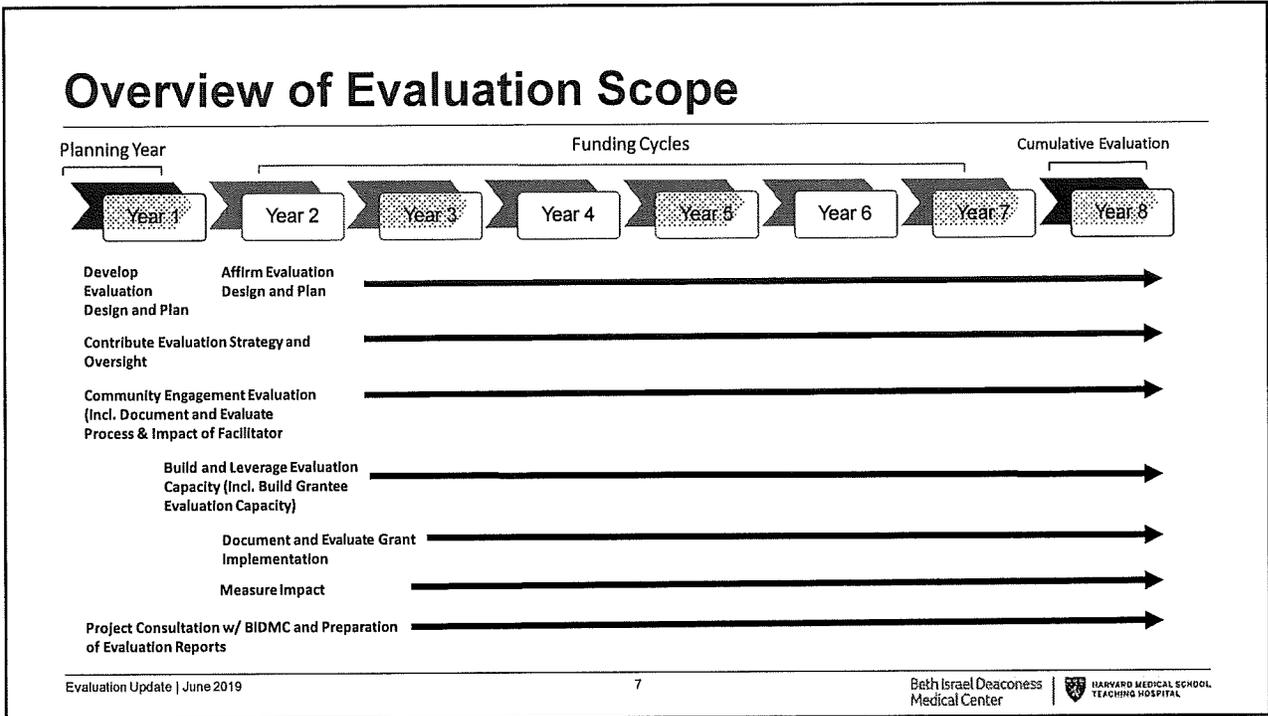
**Community Advisory Committee
Public Comment**

Welcoming Public Comments

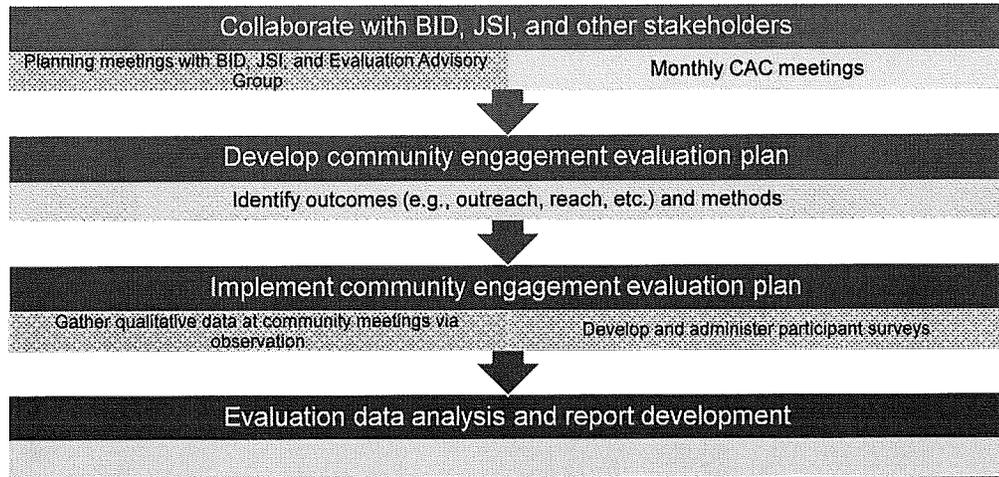
**EVALUATION UPDATE
COMMUNITY ADVISORY COMMITTEE**

June 25, 2019

Beth Israel Lahey Health 



Overview of Phase 1 Community Engagement Evaluation



Phase 1 Community Engagement Evaluation Questions

To what extent did we...

1. Build awareness of the BIDMC Community-based Health Initiative (CHI) among stakeholders through a transparent and inclusive process?
2. Engage stakeholders in the BIDMC Community-based Health Initiative (CHI) process through a transparent and inclusive process?
3. Incorporate community feedback into the BIDMC Community-based Health Initiative (CHI) through a transparent and inclusive process?
4. Build capacity of community members throughout the BIDMC Community-based Health Initiative (CHI) process?

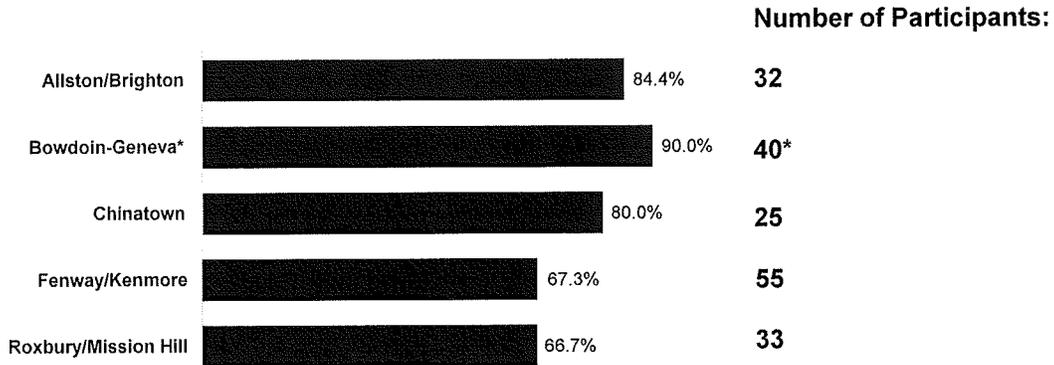
Phase 1 Community Engagement Evaluation Methods

- Community meetings:
 - Observation tool
 - Participant feedback form
 - Tracking outreach and communication
- Community advisory committee meetings
 - Member feedback form (to be developed)

Community Meetings

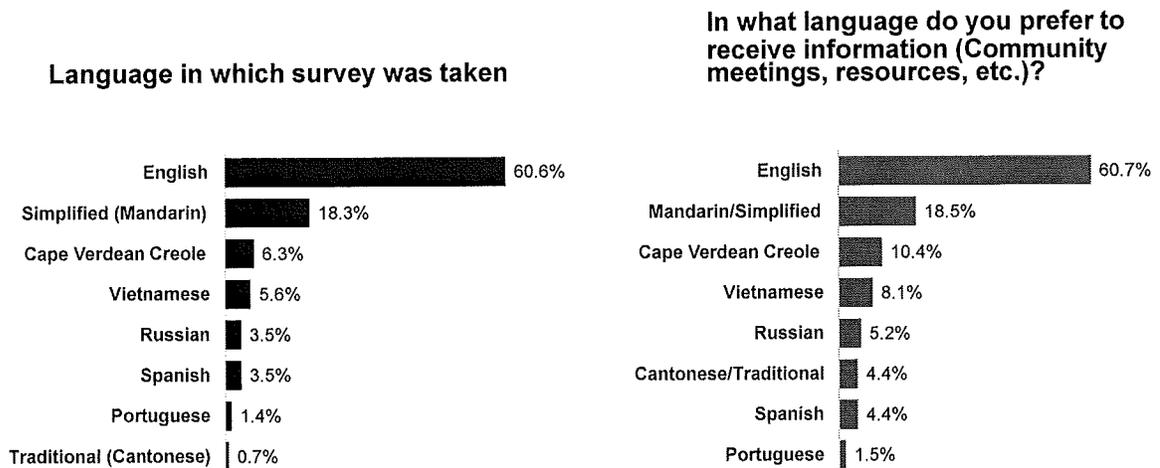
Participant Feedback Form – Preliminary Results

Community Meeting Feedback Form – Response Rate

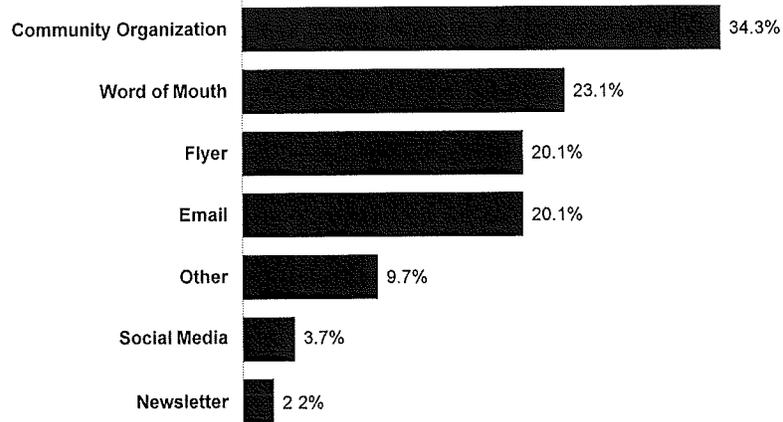


Note: Asterisk (*) indicates estimated number of attendees based on observational notes

Community Meeting Participants –Language

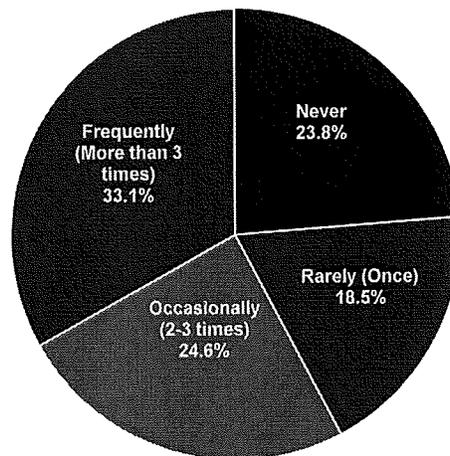


How did you hear about this meeting?

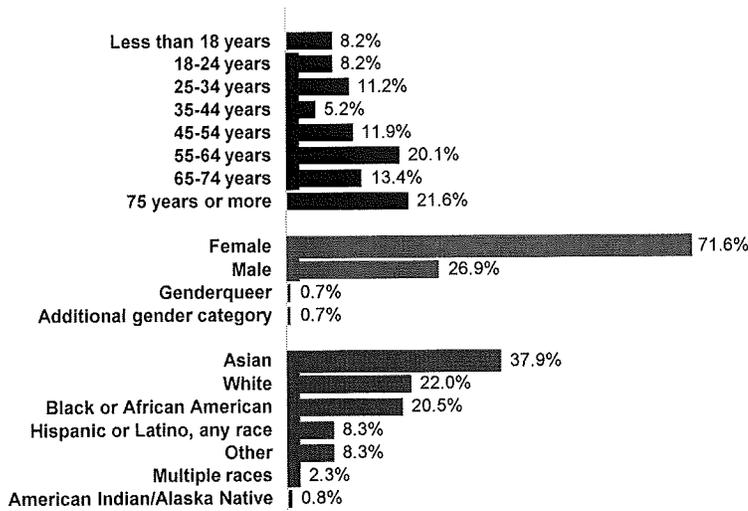


Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

In the past year, how often have you participated in events that were similar to today's meeting?



Community Meeting Participant Demographics



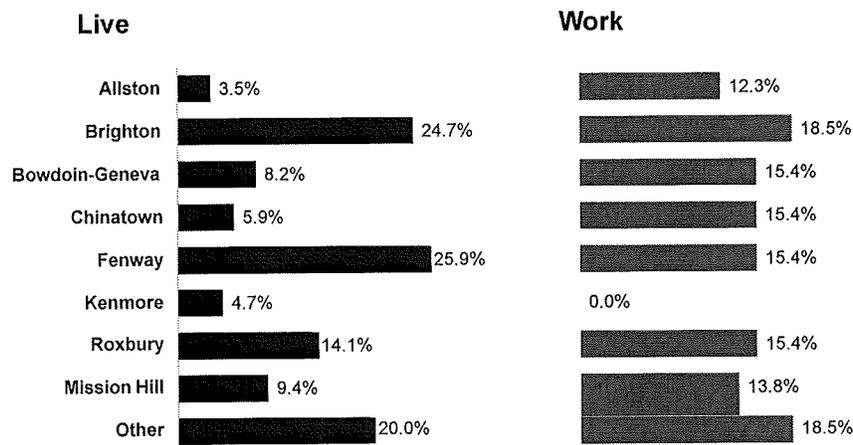
Evaluation Update | June 2019

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Do you live or work in one of the following neighborhoods?

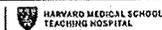


Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

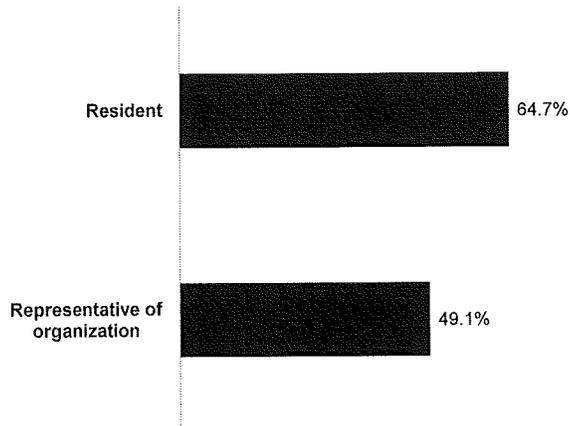
Evaluation Update | June 2019

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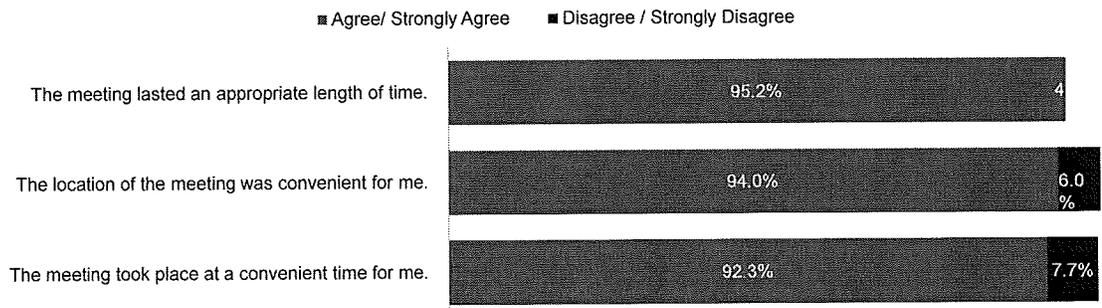
Did you come here today as a resident and/or a representative of an organization?



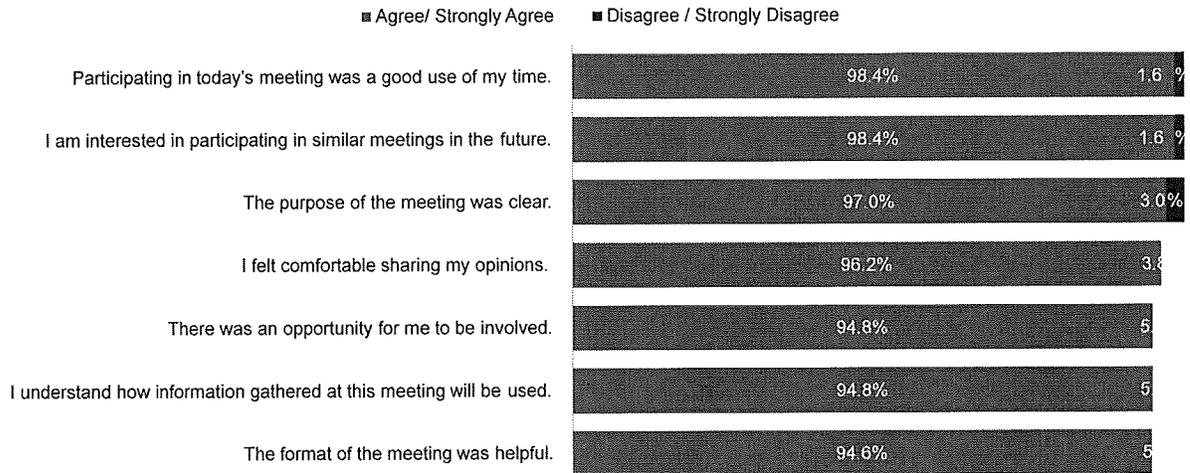
- 35 organizations represented
- Organizations with more than one attendee:
 - Charles River Community Health Center
 - BIDMC/CAC
 - Dimock Health Center
 - Greater Boston Chinese Golden Age Center
 - St. Peters Teen Center

Note: Respondents were allowed to select multiple responses, so percentages may not sum to 100%

Please rate how much you disagree or agree with the following:



Please rate how much you disagree or agree with the following:



**Community Engagement Findings
Priority Areas & Voting at Meetings**

| Priority Area | # of Votes | Rank |
|--|------------|------|
| Housing | 74 | 1st |
| Education | 41 | 2nd |
| Mental Health | 38 | 4th |
| Jobs and Financial Security | 32 | 5th |
| Violence | 25 | 6th |
| Substance Use Disorder | 14 | 7th |
| Access to Care | 40 | 3rd |
| Wellness / Chronic Disease / Healthy Communities | 15 | 8th |
| Elder Health | 7 | 9th |
| Environmental Health | 1 | 10th |

Community Engagement Findings Priority Areas & Voting at Meetings

| Priority Area (Overall Rank) | Rank of Priorities by Meeting | | | | |
|-----------------------------------|-------------------------------|-----------------|-----------------|-----------------|-----------------|
| | Chinatown | Bow/Gen | Alst/Brtn | Fen/Ken | Rox/MH |
| Housing (1 st) | 3 rd | 2 nd | 1 st | 2 nd | 1 st |
| Education (2 nd) | 4 th | 1 st | 5 th | 4 th | 3 rd |
| Access (3 rd) | n/a | n/a | 2 nd | 1 st | n/a |
| Mental Health (4 th) | 1 st | 4 th | 5 th | 3 rd | 3 rd |
| Jobs/Fin. Sec. (5 th) | 4 th | 5 th | 3 rd | 5 th | 2 nd |
| Violence (6 th) | n/a | 3 rd | 4 th | 6 th | 4 th |
| SUD (7 th) | 5 th | 5 th | 4 th | n/a | 5 th |
| Wellness/CD (8 th) | 6 th | 3 rd | n/a | 7 th | n/a |
| Elder Health (9 th) | 2 nd | n/a | n/a | n/a | n/a |
| Env't Health (10 th) | 7 th | n/a | n/a | n/a | n/a |

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Selection of CHI Priorities Criteria for Ranking from BCCC

Burden: How much does this issue affect health in Boston?

Equity: Will addressing this issue substantially benefit those most in need?

Impact: Can working on this issue achieve both short-term and long-term change?

Feasibility: Is it possible to address this issue given infrastructure, capacity, and political will?

Collaboration: Are there existing groups across sectors willing to work together on this issue?

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**Selection of CHI Priorities
Goals and Things To Keep in Mind**

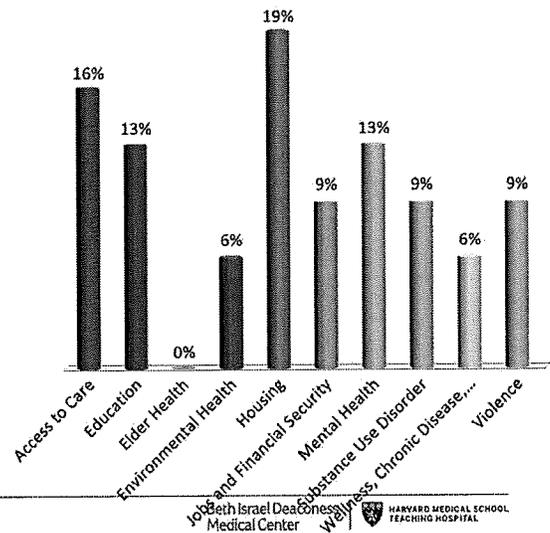
Goal tonight: Narrow core priority areas down from 6 or 7 priorities to 3 or 4

Things to keep in mind:

- Less is more, if we are going to have an impact;
- Keep in mind the ranking criteria;
(i.e., Burden, Equity, Impact, Feasibility, and Collaboration)
- Make sure that the priorities are aligned with BCCC, BIDMC CHNA, and DPH;
- Keep in mind the MA DPH Framing Questions

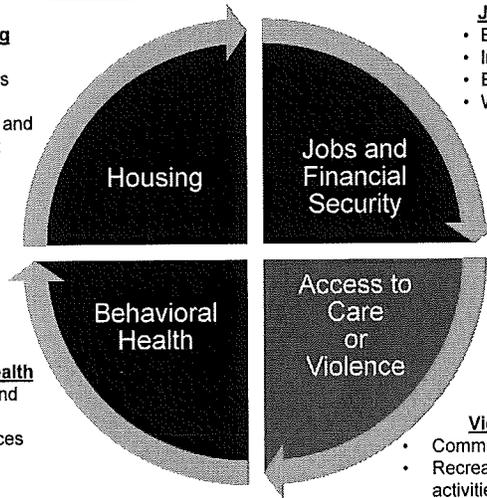
**Please choose your top three (3) community health priorities
(Listed in alphabetical order)**

- A. Access to Care
- B. Education
- C. Elder Health
- D. Environmental Health
- E. Housing
- F. Jobs and Financial Security
- G. Mental Health
- H. Substance Use Disorder
- I. Wellness, Chronic Disease, Healthy Communities
- J. Violence



Selection of CHI Priorities Recommendation

- Housing**
- Affordability
 - Homelessness
 - Ownership
 - Gentrification and Displacement



- Jobs / Financial Security**
- Employment opportunities
 - Income / Financial supports
 - Education
 - Workforce training

- Access**
- Health Care Services
 - Enabling & Supportive Services
 - Childcare
 - Language access & cultural humility

- Behavioral Health**
- Mental health and substance use
 - Access to services

- Violence**
- Community cohesion
 - Recreational and enrichment activities
 - Community empowerment

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Selection of CHI Priorities Discussion Questions & 2nd Poll

Based on polling results:

- Is there clarity or consensus on priority areas that members feel should be prioritized by CAC?
- Is there clarity or consensus on priority areas that members feel should NOT be prioritized by CAC?
- Who wants to advocate to elevate or demote one of the remaining priority areas?

Conduct Second Poll

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Vote: Selection of CHI Priorities

The proposal is for inclusion of the following health priority areas in the CHI community engagement strategy:

Health Priority Areas

- Housing
- Behavioral Health
- Jobs / Financial Security
- TBD (Healthy communities, community cohesion, wellness, etc.)

← Determined by
Advisory Committee at
6/25 Meeting

Discussion of Possible Funding Strategies & Ideas from Community Meetings

**Refer to Handout Summarizing Community Meetings
(Including Key Themes from Small Group Discussions)**

Community Advisory Committee Wrap Up

Advisory Committee Responsibilities / Meeting Agendas:

| Meeting Date | Meeting Deliverables |
|-------------------------|---|
| June 25, 2019 | <ul style="list-style-type: none"> Review Final Community Engagement Results Begin Health Priority Selection Process |
| July 23, 2019 (Pending) | <ul style="list-style-type: none"> Finalize and Approve Selection of Health Priorities |
| August: No Meeting | |
| September 24, 2019 | <ul style="list-style-type: none"> Review Draft Allocation Plan |
| October 22, 2019 | <ul style="list-style-type: none"> Finalize Allocation Plan for CHI Funds Review Draft of DPH required <i>Health Priorities Strategy Form</i> |

Preliminary Community Meetings Summary

**Beth Israel Deaconess Medical Center
 New Inpatient Building Community-based Health Initiative
 Community Engagement Meetings**

**Preliminary Summary Report of Process, Identified Priorities, and
 Key Discussion Themes**

Between June 2 and June 17, 2019, a series of five (5), 2-hour community meetings were conducted in Beth Israel Deaconess Medical Center’s (BIDMC) Community Benefit Service Area (CBSA) to gather critical input from the community on NIB CHI. This work draws from and builds on the extensive work that BIDMC undertook with the Boston CHNA-CHIP Collaborative (BCCC). Meetings were held in Chinatown, the Bowdoin/Geneva neighborhood (Dorchester), Allston/Brighton, the Fenway/Kenmore neighborhood (Downtown Boston), and Roxbury/Mission Hill. The primary goal of these meetings was to ensure that residents of BIDMC’s CBSA, as well as staff from community-based organizations that operate in those areas, were given the opportunity to: 1) Learn about the Initiative; 2) Share their ideas on how NIB CHI funds should be spent; and 3) Vote on community health priorities and strategic ideas for funding. Special emphasis was made to encourage non-English speaking residents and other hard-to-reach segments of the population, who are often left out of community engagement activities, to participate.

Meeting Agenda and Structure

At the outset of the meetings, staff from BIDMC and JSI provided important background information on the NIB CHI, discussed the six (6) community health priorities identified by the NIB CHI Community Advisory Committee (i.e., housing, education, jobs/financial security, mental health, substance use, and violence), and gave participants the opportunity to add additional priorities that were important to them and their communities. Following this initial plenary session, participants were split up into small groups and given the opportunity to discuss the Community Advisory Committee priority areas. In the small group discussions participants were asked to briefly clarify the leading concerns for each priority area and then provide input on how funds should be spent to address the issue. After the small group discussions, JSI staff provided brief summaries of the key themes discussed in their respective group and then meeting participants were asked to individually vote across the priority areas and strategic ideas to identify the ones that they thought were most important.

Meeting Schedule and Locations

| Neighborhood | Date | Time | Location |
|----------------------|---------------|---------------|---------------------------------------|
| Chinatown | June 2, 2019 | 10 AM – 12 PM | South Cove Community Health Center |
| Bowdoin/Geneva | June 10, 2019 | 6 PM – 8 PM | St. Peter’s Teen Center |
| Allston/Brighton | June 11, 2019 | 6 PM – 8 PM | Charles River Community Health Center |
| Fenway/Kenmore | June 12, 2019 | 6 PM – 8 PM | Morville House |
| Roxbury/Mission Hill | June 17, 2019 | 6 PM – 8 PM | Bruce Bolling Building |

The following is a preliminary report detailing who participated in these meetings, key themes from the discussions, and what issues were prioritized by meeting participants

Characteristics of Meeting Participants Overall

In total, a diverse group of one hundred and eighty (180) community residents and staff from local community organizations participated in the five (5) community meetings. Participants completed an evaluative survey at the end of the meetings, which asked them to share information about themselves and their impressions of the meeting. The following are key characteristics of those who participated across the five meetings.

- **Race/Ethnicity:** Seventy-seven percent (77%) of participants reported as a non-White race. The largest racial/ethnic group reported as Asian, non-Hispanic (43%), followed by White, non-Hispanic (23%), Black/African American, non-Hispanic (16%), Other Race, non-Hispanic (8%), Hispanic/Latino of any race (6%), multi-race, non-Hispanic (3%), and American Indian/Alaskan Native, non-Hispanic (1%)
- **Language:** Fifty-three percent (53%) of participants chose to take the survey in English, 22% in Mandarin, 8% in Haitian Creole, 7% in Vietnamese, 4% in Russian, 4% in Spanish, and 1% in Cantonese
- **Age:** Thirty-nine percent (39%) of participants reported that they were 65 years old or older, 32% reported that they were between the ages of 35 and 64, 19% reported that they were between the ages of 18 and 34, and 10% were under 18
- **Gender Identity:** Sixty-seven percent (67%) reported as female, 31% as male, and 2% as either genderqueer or an additional gender category
- **Resident/Non-resident:** Sixty-one percent (61%) reported that they were residents of the CBSA and 47% reported that they were a representative of a community organization

Characteristics of Meeting Participants and Meeting Details by Location

There was significant variation in who participated in the meetings by the meeting’s location. The following are key participant and meeting characteristics that are important to understand when analyzing the information compiled across the five meetings. The characteristics of the meeting participants certainly influenced what issues that were discussed and prioritized during discussions.

| Neighborhood | Key Participant and Meeting Characteristics |
|---|--|
| <p>Chinatown (June 2, 2019)</p> <p>25 Participants</p> | <ul style="list-style-type: none"> • The majority of participants were staff from clinical, social service, educational, and civic organizations operating in Chinatown. • The remaining participants were middle-aged and older adults, who were bilingual (Chinese/English) residents from Chinatown. • Housing, education, jobs/financial security, mental health, substance use, environmental health, cancer, and elder health were identified as the leading community health priorities. |
| <p>Bowdoin/ Geneva (June 10, 2019)</p> <p>35 Participants</p> | <ul style="list-style-type: none"> • The majority of participants were residents from the Bowdoin Geneva neighborhood of Dorchester. • 5-7 participants were staff from clinical, social service, faith-based, and other community organizations operating in the Bowdoin/Geneva neighborhood. • Roughly one-third of participants were youth under the age of 18 • 4-5 of participants spoke Cape Verdean Creole and required an interpreter. • Housing, education, jobs/financial security, mental health, substance use, violence, |

| | |
|--|---|
| | wellness/obesity/sports, and youth/adolescent health were identified as the leading community health priorities. |
| Allston/Brighton (June 11, 2019) 32 Participants | <ul style="list-style-type: none"> The majority of participants were older adult residents from Allston/Brighton. Except for 5 or 6 participants, all were non-English speakers from Vietnam, China, and Hispanic/Latinx countries. The remaining participants were staff from community-based clinical, social service, and public safety organizations. Housing, education, jobs/financial security, mental health, substance use, elder health, access to care, and youth/adolescent health were identified as the leading community health priorities. |
| Fenway/Kenmore (June 12, 2019) 55 Participants | <ul style="list-style-type: none"> The majority of participants were adult and older adult residents from the Fenway/Kenmore neighborhood. The remaining participants were staff from community-based clinical, social service, and other community organizations. Roughly half of participants were non-English speakers from China and Russia. Housing, education, jobs/financial security, mental health, substance use, elder health, wellness/chronic disease risk factors, and access to care were identified as the leading community health priorities. |
| Roxbury/Mission Hill (June 17, 2019) 33 Participants | <ul style="list-style-type: none"> The majority of participants were adult and older adult residents from the Roxbury/Mission Hill neighborhood. The remaining participants were staff from community-based clinical, social service, and other community organizations. All participants reported that they spoke English well. Housing, education, jobs/financial security, mental health, violence, and transportation were identified as the leading community health priorities. |

Ranking of Community Health Priorities and Key Themes across All Meetings

| CAC Community Health Priority Areas | # of Votes | Rank |
|--|-------------------|------------------|
| Housing | 74 | 1 st |
| Education | 41 | 2 nd |
| Mental Health | 38 | 4 th |
| Jobs and Financial Security | 32 | 5 th |
| Violence | 25 | 6 th |
| Substance Use Disorder | 14 | 7 th |
| Additional Priority Areas (Added by Meeting Participants) | | |
| Access to Care | 40 | 3 rd |
| Wellness / Chronic Disease / Healthy Communities | 15 | 8 th |
| Elder Health | 7 | 9 th |
| Environmental Health | 1 | 10 th |

Ranking of Community Health Priorities by Meeting Location

| Priority Area (Overall Rank) | Rank of Priorities by Meeting | | | | |
|-----------------------------------|-------------------------------|-----------------|-----------------|-----------------|-----------------|
| | Chinatown | Bow/Gen | Alst/Brtn | Fen/Ken | Rox/MH |
| Housing (1 st) | 3 rd | 2 nd | 1 st | 2 nd | 1 st |
| Education (2 rd) | 4 th | 1 st | 5 th | 4 th | 3 rd |
| Access (3 rd) | n/a | n/a | 2 nd | 1 st | n/a |
| Mental Health (4 th) | 1 st | 4 th | 5 th | 3 rd | 3 rd |
| Jobs/Fin. Sec. (5 th) | 4 th | 5 th | 3 rd | 5 th | 2 nd |
| Violence (6 th) | n/a | 3 rd | 4 th | 6 th | 4 th |
| SUD (7 th) | 5 th | 5 th | 4 th | n/a | 5 th |
| Wellness/CD (8 th) | 6 th | 3 rd | n/a | 7 th | n/a |
| Elder Health (9 th) | 2 nd | n/a | n/a | n/a | n/a |
| Env't Health (10 th) | 7 th | n/a | n/a | n/a | n/a |

Key Themes from Discussion by Priority Area

While the priority areas that were selected for discussion and the voting to prioritize funding areas and strategies varied by group, the key themes during the discussion groups were relatively consistent. The following are the key themes from the small groups across all five of the meetings.

| | |
|--|--|
| <p style="text-align: center;"><u>Housing</u></p> <ul style="list-style-type: none"> • Increase affordable / quality housing • Support Innovative programs to increase affordable stock, support buyers, and reduce speculative sales • Promote home ownership for low to moderate income residents residing in the communities • Ensure access to legal advocacy / assistance • Provide financial literacy / home ownership classes • Expand resident services to support home owners • Support policies that slow gentrification and resident displacement | <p style="text-align: center;"><u>Behavioral Health (Mental Health & Substance Use)</u></p> <ul style="list-style-type: none"> • Expand access to screening, assessment, treatment, and enabling/supportive services for those with mental health and substance use issues • Focus on depression, anxiety, stress, alcohol, vaping, opioids, marijuana • Major gaps in services, particularly for those facing language and cultural barriers • Promote prevention and recovery focus • Address trauma, including trauma informed care • Focus on education and reduction of stigma • Promote supportive housing and job opportunities for those with mental health issues and those in recovery |
| <p style="text-align: center;"><u>Jobs / Financial Security</u></p> <ul style="list-style-type: none"> • Expand internship & employment opportunities • Support efforts to pay livable wages • Create opportunity zones to enhance opportunities in high-need neighborhoods • Provide income / financial supports for those who are most vulnerable • Expand workforce training & career ladders • Advocate for CORI reform | <p style="text-align: center;"><u>Violence</u></p> <ul style="list-style-type: none"> • Expand employment options that pay livable wages • Create greater community cohesion • Expand and enhance services for those with mental health and substance issues • Create jobs and expand transitional support programs for formerly incarcerated • Provide parent support programs • Support youth services and after school enrichment |

| | |
|---|---|
| <ul style="list-style-type: none"> • Expand job training and mentorship programs in hospitals and other large employers | <ul style="list-style-type: none"> programs for youth • Create or enhance community centers for youth |
| <p style="text-align: center;"><u>Education</u></p> <ul style="list-style-type: none"> • Expand quality childcare opportunities • Enhance / focus on early childhood education • Enhance / focus on adult education, vocational education, and workforce training • Support art/music programs in schools / STEM • Remove zero tolerance policies in schools and support those experiencing trauma • Support family resource centers that work in or in partnership in schools • Promote English learning classes for adults • Support health literacy & navigation programs • Ensure linguistic access to family education and training programs | <p style="text-align: center;"><u>Access to Care</u></p> <ul style="list-style-type: none"> • Expand access to primary care medical, specialty care, and behavioral health services access • Expand access to enabling supportive services • Expand access to quality childcare and pre-school opportunities • Expand access to case management and patient navigation services • Promote language access & cultural humility • Enhance public transportation • Support innovative transportation programs to reduce medical appointment no-shows |
| <p style="text-align: center;"><u>Environmental Health</u></p> <ul style="list-style-type: none"> • Promote policies that reduce air pollution, garbage, and rats/rodents • Promote policies that reduce second hand smoke • Support traffic and pedestrian safety • Support addressing climate change impacts • Work in schools teaching planting/ gardening • Stop black market cigarettes • Working with the business community to support environmental health • Create more green spaces • Use HEPA filters in the buildings for clean air | <p style="text-align: center;"><u>Wellness / Risk factors / Chronic Disease</u></p> <ul style="list-style-type: none"> • Promote safe, accessible streets and parks • Enhance recreation facilities • Expand access to fitness groups • Promote access to affordable exercise options/gym memberships • Expand affordable food options • Focus on education, prevention and wellness • Expand access to evidence based chronic disease and behavior change programs • Expand access to cooking classes • Expand availability of bikes / bike sharing programs |
| <p style="text-align: center;"><u>Elder Health</u></p> <ul style="list-style-type: none"> • Expand access to low income housing for elders • Expand access to affordable, healthy foods and other household necessities • Promote culturally tailored programs for wellness and chronic disease management • Focus on depression and isolation in older adults • Promote caregiver support • Expand adult day care opportunities • Support end-of-life and options planning for families and caregivers • Expand case management and patient navigation programs (including enrollment in Medicaid) | |

Public Comments



Boston City Council

ED FLYNN
Councilor - District 2

May 31st, 2019

BIDMC Community Advisory Committee
C/o Ms. Nancy Kasen, Chair
109 Brookline Ave., 2nd Floor,
Boston, MA 02215

Dear BIDMC Community Advisory Committee:

I'm writing to submit comments for BIDMC's Community-based Health Initiative. As the Boston District City Councilor for Chinatown, I understand the importance of public health for my constituents, and advocating for better public health outcomes for residents, especially our vulnerable population, is a top priority for me. I want to give my observations on some of the public health issues in Chinatown, and stress the importance of language access when thinking about public health. I hope my comments are useful as you identify priority areas and funding strategies for the Community-based Health Initiative.

Language access is very important for public health, and it is the basis for people's ability to have equal access to healthcare and public health resources. To give an example, I was able to meet with the Asian Task Force Against Domestic Violence (ATASK) recently, and the number one issue they encounter when trying to provide services is language access. ATASK serves a community with a lot of linguistic diversity, and not having the translation or interpretation resources to communicate effectively with clients is a big obstacle when they are trying to provide services. For Chinatown residents and others who are not proficient in English, getting healthcare and services they need can be difficult. Without providers or translators who can speak their language, these residents will not be able to get the same level of care as others, and their voice may not be captured in the data that informs public health policies. It is therefore extremely important that we have language access resources for our Chinatown residents, and for residents who speak a language other than English.

Besides being a Boston City Councilor, I have deep ties in Chinatown as my son attended the Josiah Quincy Elementary School, and I'm in Chinatown almost everyday for activities and meetings. I notice that many children and families in the neighborhood have symptoms of asthma, because of Chinatown's proximity to highways. In fact, the playground on top of the Quincy Elementary is very close to the Mass Pike, and children are breathing in the fumes.

Similarly, the Reggie Wong Park where people play basketball and volleyball is right next to Interstate 93, a busy traffic area. There is limited green space in Chinatown also, which makes it difficult for residents to exercise outside or to enjoy their environment. Having a healthy environment will go a long way in addressing public health issues, and resources that take into context Chinatown's environment will be necessary.

Lastly, public health is interconnected with many of our social issues, such as housing and poverty. The current housing crisis that displaces long time residents not only create stress for the residents, but also forces residents away from social capital and cultural resources that they have in a community like Chinatown. Many of Chinese residents that live in Chinatown are low income, and poverty often compounds health problems and widen the disparity between the rich and poor. To fully address public health issues, we should take into account the social determinants of health, and think of ways that can make our community more equitable.

Thank you for your embarking on this process to get community input on public health issues. I hope that BIDMC can commit to expanding language access so that all of our residents can get world-class healthcare, and that we can work together to address equity issues that are important to public health. If you have any questions, please reach out to me at Ed.Flynn@Boston.gov, or at 617-635-3203.

Sincerely,

A handwritten signature in black ink that reads "Ed Flynn". The signature is written in a cursive, slightly slanted style.

Ed Flynn

City Councilor, District 2

Hospital Community Benefit Ideas for Beth Israel Deaconess Medical Center

by Lisa Jeanne Graf
(BIDMC employee & Fenway resident)

Education

1. Partnership with Boston Public Schools for a Preschool (**Sustainable**)

One location could be in the new building that will be built in the Fenway West Campus. Other locations could also be considered that are in buildings that are owned by BIDMC. Teachers could be Boston Public School teachers. There could also be student teachers from BU (who recently merged with Wheelock College) from their Fenway Campus. Families that could use the preschool could include families from nearby neighborhoods. Staff could also use the preschool. This could be a long term sustainable community benefit that would also have benefits for hospital staff.

2. Swing Space for Boston Public Schools building initiative “Build BPS”

As the Boston Public Schools builds and renovates school buildings they don't have many options for students who are displaced by construction. If BIDMC offered buildings for swing space that could help. Also building trades could also take away the need for swing space. One example is in Allston Brighton a school called the Jackson Mann is being closed in two years. If that building were traded for a hospital owned building in that neighborhood, that would help that school community potentially avoid the need for swing space. Providing swing space in a BIDMC building could also be helpful.

3. Covering Copays

BIDMC could cover copays for therapy costs, annual doctor's visits, etc for residents with children in the Boston Public Schools

4. Supporting Neighborhood BPS Students

When supporting families in the Boston Public schools please consider not just what neighborhood a school is in, but what which neighborhoods send their students to a school. For instance Fenway and Mission Hill students go to the Mission Hill School in Jamaica Plain (my daughter goes there). That school had budget cuts this past year and lost their social worker. To support BPS families please keep in mind how school assignment is part of the issue. Benefits could include paying for social workers for schools that currently do not have the budget to do so. My daughter's school had a partnership with City Connects to help **pay for our social worker** (which will end this school year) which lowered the cost of the social worker we had. BIDMC could also have a partnership with City Connects to achieve this goal more easily.

Physical Health

1. Walking Club in the Fenway (**Moderate Cost**)

Families could get to know other families and get exercise walking along the Emerald Necklace. Families in the Fenway go to many different schools. It is rare that anyone you know in the Fenway, has a child in the same school as your child. This idea I think would be

welcome to build community and to encourage more exercise. This could also be set up in other neighborhoods.

2. Garden Seeds (Low Cost)

Vegetable Seeds could be available for residents who want to garden. Ideally there could be containers and soil available for those who want to have a garden in their apartment.

3. Pocket Parks

More Pocket Parks could be developed. Then residents could be paired with those pocket parks for exercise and happiness. Community gardens are also great to connect residents with (which could possibly be paid for - the yearly fees are about \$50 a year) but the plots are quite large and require a large time, and cost investment.

4. Free Bikes and Helmets

Bicycles and bicycle helmets are expensive. To have these paid for outright would make bikes used much more in our neighborhood for families. Perhaps BIDMC could partner with "Bikes Not Bombs" for refurbished bikes. Scooters could also be made available but until sidewalks are smoother this might not be a safe option.

5. Rowboat Dock

Have a dock on the Esplanade where people could store a rowboat to go out on the Charles. Residents could store their own boats there. (my husband would love this).

6. Covering Copays

BIDMC could cover copays for annual doctors' visits, etc for residents.

7. In the Fenway "Fair Foods" could be staffed for evening hours. Their current daytime hours are not convenient for all residents. Their food is super fresh, delicious and extremely affordable.

8. Recipe Sharing (Low Cost)

Often there are delicious meals at the BIDMC cafeteria. Sharing recipes online would be appreciated.

9. Diet Coach

Instead of a life coach, a diet coach could be available for groups of residents.

Jobs and Financial Security

1. There could be a job pipeline set up for good paying jobs for Boston Public School caregivers. There could be help with tuition and/or training expenses.
2. There could be an **outreach to autistic residents for jobs** at BIDMC. Staff could get training in differences in social styles to cut down on misunderstandings as neurotypical social styles and autistic social styles are different. This is especially important for HR as they should not hold it against an applicant if they don't do well with small talk and eye contact. Also where possible it would be ideal to not have fluorescent lights, and open floor plans in work areas as both are not comfortable from a sensory standpoint.

3. **Hire a more diverse workforce** from the Boston neighborhoods, and make sure that is equally true for the jobs with higher pay scales. Some priorities could include residents that are homeless, disabled, have families and are low income. Ideally it would be tracked how many employees live in the city and have a goal to have most hires go to city residents.
4. **“Lifeguard Pipeline**
Students could take swimming lessons for exercise at local pools and have classes paid for by BIDMC. In time lifeguard classes could be included with the hope that some students would work as lifeguards. If the pay scale is low compared to other local jobs perhaps the positions could be subsidized slightly to have the positions filled. This would encourage more youth to swim for exercise.
5. It would be great if **class reimbursements** for staff who live in BIDMC neighborhoods could be reimbursed for classes before class started so that more staff could afford classes. Well off staff can pay out of pocket but many low income staff cannot. This would not cost the hospital a lot, but it would be a **huge benefit** to staff.
6. More staff could be hired that are in walking distance of BIDMC to encourage walking to work.
7. All part time staff could either be offered 30 hour or 40 hour positions, or be given **better benefits regarding health insurance**. Even though health insurance is available for workers who work 21 hours a week, it is cost prohibitive to take advantage of.
8. The new BIDMC building will need artwork on the walls. It would be great if there were spaces where local artists could hang their work for a rental fee, and also have the work available for sale. If an artwork sold the artist would need to replace the sold artwork with a new one. This would be a win win set up and **sustainable**.

Metal Health

1. **Covering Copays**
BIDMC could cover copays for therapy costs for residents

Substance Abuse

1. Have Sharps containers available at BIDMC available for pickup and then have places for drop off in the neighborhood or at BIDMC.

Still brainstorming on Housing, and Violence Prevention. I hope to have some ideas to add after the community meeting in the Fenway tonight.

Dear NIBCHI:

I'm writing as a 34-year Fenway resident and as an active community member to provide comments to your team regarding community benefits resulting from the new BIDMC building. As a board member at the Fenway Civic Association, I am active on multiple volunteer efforts across the Fenway, including the Fenway Garden Society, Fenway Community Center, the Neighborhood Improvement Committee, Friends of Ramler Park, Kelleher Rose Garden Committee, Friends of Symphony Park, and Friends of Dickson Park. I additionally volunteer as a coordinator for the age-strong summer fitness series we host at Symphony Park, next door to Morville House, and am a volunteer on multiple boards at the city, including the Boston Cultural Council.

I'm excited that you are having meetings across the city to assess health and community needs. The Fenway is a direct abutter to the Longwood Medical Area, houses many who work at BIDMC and other area hospitals, and has a dense neighborhood with diverse backgrounds.

We have lots of needs as a community, but one that I would like to direct your committee to is the Fenway Community Center - the neighborhood's only community center.

As a neighborhood that lacks any BCYF facilities, libraries, or other public amenities, the Fenway Community Center is the sole resource serving all residents of the Fenway. Its establishment was part of a protracted request by the community for such a resource; it receives zero support from the City and pays commercial taxes due to its location within a residential development. The center is a 501c3 non-profit, and we are currently working under a pay-what-you-can program to ensure that membership is open to families and individuals of all income brackets.

The Center hosts programs for all ages, including health and wellness, arts and culture, children's play groups, language assistance and financial literacy classes, and lectures and discussion groups. The Center has extremely limited funding - it requires close to \$200,000 in operating costs, and in several years, we will need to be self-sustaining.

While you may hear from many residents and organizations for funding, I do not believe that any other resource is as underfunded and in need of support as the community center. Please keep this resource on your list as you evaluate ways to support the Fenway neighborhood. If you would like to meet with our all-volunteer board or our Director, I would be happy to set up a meeting.

To learn more, please visit: www.fenwaycommunitycenter.org

Thanks and best regards,

Marie Fukuda
120 Norway Street #14
Boston, MA 02115



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June 12, 2019

Jamie Goldfarb
CHI Program Administrator
Beth Israel Deaconess Medical Center
Office of Community Benefits
330 Brookline Ave
Boston, MA 02215

Dear Ms. Goldfarb:

On behalf of Pine Street Inn's Board of Directors, staff and the men and women with whom we partner on their paths out of homelessness, it is my sincere pleasure to submit this comment as part of the Community-Based Health Initiative process for Beth Israel Deaconess Medical Center's new inpatient medical facility.

We write to express our strong support for the Community Advisory Committee's proposal to include people experiencing homelessness among the priority population groups to be served through this initiative. We are also pleased to share an overview of our work providing supportive housing as a proven public health intervention as well as plans that we hope will be of interest as the Committee considers urgent community health needs and innovative, effective responses.

Now in our milestone 50th year, Pine Street Inn was established in 1969 as an emergency shelter in Boston's Chinatown neighborhood. We have evolved over five decades to become New England's leading and largest nonprofit provider of resources for homeless and formerly homeless adults, now serving nearly 2,000 individuals daily and more than 7,600 annually.

While Pine Street Inn remains strongly committed to meeting basic needs – for shelter, food and human contact – we have shifted our primary focus from *managing* homelessness to *ending* homelessness. Our key strategy is supportive housing, one of the most powerful social determinants of health. As the Corporation for Supportive Housing notes:

“In particular, for individuals and families trapped in a cycle of crisis and housing instability due to extreme poverty, trauma, violence, mental illness, addiction or other chronic health conditions, housing can entirely dictate their health and health trajectory. For these populations, housing is a necessary precursor of health.”ⁱ

Or, as Elroy, a tenant in one of Pine Street Inn's supportive housing sites puts it:

“Now that I have a home, I take care of my health....I have my dignity back.”

The severe health impact of homelessness is well-documented: mortality rates among the chronically homeless are as much as nine times higher than the general populationⁱⁱ and people experiencing homelessness make more frequent use of emergency departments and inpatient hospitalizations than their housed counterparts.ⁱⁱⁱ

To provide a lasting solution, Pine Street Inn pioneered supportive housing in Boston and was an early adopter of this approach nationally. After many years expanding our supportive housing portfolio, we now serve more people each night in our 850 units of supportive housing than in our four shelters and we are in the process of expanding beyond 1,000 units citywide.

Our work in supportive housing is informed by an approach known as Housing First. Prior to this model, adults experiencing homelessness had to meet extensive requirements before they were approved for housing. Many never met these requirements and instead spent years cycling between emergency rooms, the streets, shelter and jail, at great cost to their own well-being and to society, as documented by Dr. Dennis Culhane of the University of Pennsylvania^{iv}.

Housing First inverts this paradigm, providing housing as the first and best solution to homelessness, without preconditions. Support services are offered after move-in to help people address underlying issues such as medical, mental health and substance use disorders. At Pine Street Inn, the centerpiece of this support is the relationship of trust and respect that develops over time between tenants and their case manager.

Case managers help tenants put the pieces of their lives back together in multiple ways, from facilitating connections to community resources to providing links to employment and job training to helping people manage medications and medical appointments to prevent unnecessary hospitalizations and a return to homelessness. For tenants with the most complex medical, mental health and substance use challenges, a new Housing Stabilization Team provides additional support that is available around the clock. This broad and deep assistance contributes to the 91% housing retention rate in our supportive housing.

Extensive local and national research has documented how supportive housing through Housing First improves lives and reduces taxpayer costs. Research that Pine Street Inn initiated in partnership with the Blue Cross Blue Shield of Massachusetts Foundation^v contributes to this knowledge, documenting that when chronically homeless adults move into permanent supportive housing, it leads to estimated annual, per-person savings of more than \$11,000 in public healthcare costs.

We are pleased to share further information about our supportive housing and other initiatives, all of which have significant funding needs. This work is not taking place in isolation: Pine Street Inn helped shape and now serves as a key partner in Boston's Way Home, the City of Boston's far-reaching plan to end chronic homelessness.

To accelerate this plan, Mayor Martin J. Walsh announced the establishment of the Boston's Way Home Fund on the occasion of his second inaugural address on January 1, 2018. The Fund aims to raise \$10 million to help create 200 new units of supportive housing for men and women experiencing chronic homelessness, with more than \$6.2 million already raised, primarily from leading members of the Boston corporate community. Pine Street Inn is honored to serve as the Fund's custodian and fiscal sponsor. The plans for new housing for chronically homeless adults within the large-scale new site detailed below will be supported through the Fund.

a) Supportive Housing: Currently, 850 formerly homeless men and women are rebuilding their lives in buildings owned and/or managed by Pine Street Inn as well as in scattered-site rental units throughout Greater Boston. The program includes buildings in Bowdoin/Geneva in Dorchester, Fenway/Kenmore and Roxbury/Mission Hill. It follows a supportive housing model, which combines housing with on-site services to help tenants achieve their highest levels of independence. Specialized housing is available for formerly homeless seniors, individuals with mental health disabilities, and veterans.

b) New Senior Housing: Many of our tenants in supportive housing are “aging in place” and need more intensive daily assistance to live with dignity in their own homes. In response, rehabilitation was recently completed at a building in Dorchester that will provide 52 units of housing for formerly homeless seniors, with move-in planned for this summer. The building was established in partnership with a developer and includes an elevator, a medical room and enhanced on-site services. We have two additional senior housing sites and will replicate lessons learned from this new site.

c) New Large-Scale Housing: We are working in partnership with The Community Builders, a leading developer of affordable housing, to advance plans for a 225-unit housing site on Washington Street in Jamaica Plain. The complex will be built on the site of a warehouse we own and is expected to include 140 studios for chronically homeless adults, which we will manage, and 85 units of low-to-moderate income rental housing for families that will be operated by The Community Builders. As described in a recent front-page article in *The Boston Globe*,^{vi} this will be our largest housing site by far and the largest of its kind in Boston.

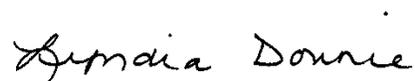
d) Upstream Solutions: Besides supportive housing, we are national leaders implementing new “upstream” strategies such as Front-Door Triage and Rapid Rehousing within our shelters to prevent long-term homelessness before it sets in. We recently commissioned an independent evaluation of our Rapid Rehousing program that to the best of our knowledge will be the first nationally to assess the impact of this strategy on the housing sustainment, health and employment outcomes of single homeless adults.

Pine Street Inn’s new and proven approaches are making a tangible impact. In the past year, we helped 1,135 people make the momentous move from homelessness to housing, either to Pine Street Inn’s supportive housing or external options. This was a 36% increase from the prior year and more than ever before in a one-year timeframe.

Our housing focus is also making a citywide impact. It contributes to Boston’s very low rate of street homelessness – less than 2% – and Boston recently reported its lowest rate of street homelessness in 30 years.^{vii}

On behalf of all those we serve, thank you for the opportunity to submit this comment. We appreciate Beth Israel Deaconess Medical Center’s commitment to community health needs and look forward to continuing to be involved in the Community-Based Health Initiative process.

Sincerely,



Lyndia Downie
President and Executive Director

Endnotes

ⁱ “Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health,” a report by the Corporation for Supportive Housing, July 2014.

ⁱⁱ Briefing Paper on Chronic Homelessness by the United States Interagency Council on Homelessness, supplemental document to the Federal Strategic Plan to Prevent and End Homelessness, June 2010.

ⁱⁱⁱ “An Innovative, Practical Solution to Improve the Health and Well-Being of the Homeless,” opinion article by Lyndia Downie, Audrey Shelto and Mary Lou Sudders, *The Boston Globe*, March 9, 2017.

^{iv} “Million-Dollar Murray,” by Malcolm Gladwell, *The New Yorker*, Feb. 13, 2006. This article details the human and taxpayer costs of chronic homelessness and describes Dr. Dennis Culhane’s groundbreaking research.

^v “Estimating Cost Reductions Associated with the Community Support Program for People Experiencing Chronic Homelessness,” by Thomas Byrne, Phd. and George Smart, LICSW, Blue Cross Blue Shield Foundation of Massachusetts, March 2017.

^{vi} “Pine Street Inn Pitches Permanent Housing Complex for Homeless,” by Tim Logan, *The Boston Globe*, March 17, 2019.

^{vii} The City of Boston’s most recently published point-in-time homeless census, available at:

https://www.boston.gov/sites/default/files/document-file-05-2019/2019_homeless_census_5-15-19_190515.pdf