

ADDRESSING THE HEALTH CONSEQUENCES OF HUNGER THROUGH A HOSPITAL-BASED ECONOMIC MOBILITY PILOT

End-of-project report detailing the outcomes, successes, challenges, and metrics of the pilot planning process

Executive Summary

Thanks to generous funding from the Hunger to Health Collaboratory (H2HC), Children's HealthWatch at Boston Medical Center (BMC) successfully conducted a 9-month planning process (June 2021 – February 2022) to develop a demonstration pilot and research and evaluation plan for a hospital-based economic mobility pilot designed to improve health equity, financial stability, and food security for families with children. The following provides an account of the planning process activities, outcomes, successes, challenges and associated metrics.

The overarching goals of the planning process were to collectively develop a BMC-based economic mobility pilot to test approaches that:

1. **Engage employers**
2. **Address public assistance program cliff effects**
3. **Identify long-term policy solutions that reduce health consequences of food insecurity**

To achieve these goals, we completed three distinct stages of work:

1. **Stage one:**
 - a. Conduct inclusive listening tour with diverse set of stakeholders
 - b. Engagement of people with lived experience
2. **Stage two:**
 - a. Establish working groups to meet bi-weekly and design pilot, research plan and assessment tools
 - b. Begin fundraising for future implementation
3. **Stage three:**
 - a. Secure funding for implementation
 - b. Conduct detailed implementation planning for phase 2 (pilot program)
 - c. Prepare for formation of an Advisory Committee to meet quarterly

In addition to the following report narrative, we have included an appendix of materials with detailed information related to each phase of the planning process.

Stage 1: Stakeholder listening tour

Between June and October 2021, Children's HealthWatch held 11 virtual listening sessions with experts and key stakeholders – including parents, social service organizations, anti-poverty advocates, health care organizations, and employers – to identify key drivers of and barriers to advancing financial goals and achieving economic mobility for families with low incomes raising children. Listening tour participants with lived experience included One Family, Inc. career and educational program participants, as well as graduates and parent members of Families First. In addition, subject matter experts from the Federal Reserve Bank of Boston, Jewish Vocational Services, Metro Housing Authority, the Center for Urban Child and Healthy Family's Pediatric Practice of the Future, the University of Massachusetts Boston Center for Social Policy, the Urban Institute, Baystate Health System, and Springfield Works were also interviewed.

This diverse set of key informants were intentionally engaged through a series of interviews in an effort to identify common issues, themes, and considerations that reflect the experiences and recommendations that will inform a pilot intervention. These individuals and groups were identified by Children's HealthWatch project team staff and consented to participate in one-hour listening sessions. One session among parents was held in Spanish, while all others were conducted in English. Throughout this process, Children's HealthWatch met weekly with members of the newly launched Boston Opportunity Systems Collaborative (BOSC) – a \$5 million project seed funded by JP Morgan Chase and led by Boston Medical Center to invest in neighborhood-based economic mobility strategies – and Dr. Lauren Fiechtner of the Greater Boston Food Bank to prepare for and synthesize information from the listening tour.

Findings from the virtual listening tour

The most commonly identified barriers to economic mobility were the lack of reliable career pathways and education and training opportunities. Additional barriers identified and intertwined included: unaffordable/unreliable transportation, cliff effects, English language skills, and CORI (criminal background check) issues, lack of affordable child care, housing, mental health challenges, social stigma, and negative experiences with bureaucratic institutions. The recurring themes of facilitators to economic mobility identified included programs and policies that offer wraparound services, one-on-one coaching or navigation, flexible funding supports, and incentives for meeting goals. We have included a detailed

summary of the virtual listening tour findings and considerations for the pilot in the appendix (item #1).

Stage 2: Pilot design and research evaluation plan

In October 2021, Children's HealthWatch established two working groups: one to develop the pilot intervention and implementation plan, and another to develop research methods and pilot evaluation and assessment tools. The teams met weekly alternating between working group meetings and full group discussions with both working groups. During this time, Children's HealthWatch identified key stakeholders to join a community-based participatory Advisory Committee (AC). This AC will ensure that the final pilot and research plan is 1) reflective of and responsive to the realities of economic mobility for families with limited incomes, and 2) inclusive of voices with a range of personal and professional experience and expertise. The AC will meet quarterly and will be comprised of people with lived expertise (individuals with direct personal experience relating to economic mobility and related barriers) as well as subject matter expertise. With partial funding support from the Wagner Foundation, the BOSC will implement an evidence-based pilot with AC guidance, and Children's HealthWatch will evaluate the intervention's strategies that seek to place families on an upward trajectory to become food secure, healthy, and economically mobile. Results from this pilot will inform policy discussions and advocacy in Massachusetts and on the federal level. We have included the following materials in the appendix: an annotated bibliography of relevant research utilized in the pilot design (item #2), pilot logic model (item #3), research surveys (item#4), and implementation science logic model (item #5).

Findings from the design and planning

As part of BMC's commitment to advancing its mission to promote equity as an anchor institution in the community, the health system seeks to identify strategies that increase employment and career building opportunities for members of marginalized communities served by BMC. The BOSC plays a leading role in advancing these goals and has deeply engaged community-led organizations and members, as well as local and hospital leadership to identify economic mobility pathways and place-based solutions that are responsive to the needs of specific communities. Building upon this foundation and recognizing the need to ensure the pilot is feasible, adoptable, and sustainable in a variety of settings, we shifted our target population from BMC pediatric primary care families to newly-hired BMC employees with children who live in one of the 7 BOSC zip codes.

Utilizing lessons learned from the virtual listening tour and additional guidance from human resources and benefits experts at BMC, the pilot intervention working

group designed an economic mobility intervention that includes the following components:

- Community Wellness Advocates to support employees to reach career and financial goals through one or more of the following services, in addition to referrals to other external services as needed:
 - Career pathway navigation
 - Employee benefit maximization
 - Financial literacy and wealth building
 - Flex funds for resources that mitigate specific barriers or needs

Employees will be identified as eligible for the pilot intervention by BMC Human Resources and will choose to opt-in to the pilot if interested.

The research and evaluation working group designed a mixed-methods research plan to measure the pilot intervention's effects on family food security, health, and economic mobility outcomes. This working group also incorporated an implementation science arm into the research plan to evaluate the potential for meaningful uptake of this evidence-based pilot and increase its public health and economic mobility impact at a larger scale in the future. The research plan includes the following components:

- Eligibility screening tool used for recruitment into pilot, conducted by HR
- Intake form to collect demographic and other static data, conducted by CWAs
- Impact evaluation survey to measure changes in physical & mental health, social risks (including food insecurity), cliff effects, financial well-being, and household and community strengths, conducted by CWA and analyzed by research team
- Implementation outcomes framework to evaluate implementation success and processes, conducted by research team

Stage 3: Pilot design feasibility and funding outreach

During January and February 2022, the project team continued to seek funding for phase 2 of this project (pilot implementation), and finalize implementation and Advisory Committee planning. Partial funding support from the Wagner Foundation will cover the costs associated with two Community Wellness Advocates, a Research Associate, and project management. Partnership with BOSC will provide needed implementation and programmatic expertise. Pending additional funding, we plan to launch the pilot in June or July 2022. Without the generous support of the Hunger to Health Collaboratory, we would not have been able to conduct this 9-month planning process and develop the demonstration pilot. As we work to finalize and prepare for phase 2 of this project (pilot implementation), we welcome any and all involvement and continued partnership from the Hunger to Health Collaboratory.