Massachusetts General Hospital
Founding Member, Mass General Brigham

Community Health Needs Assessment Report 2022

Center for Community Health Improvement

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Name of hospital organization operating hospital facility: Massachusetts General Hospital

EIN of hospital organization operating hospital facility: 04-2697983

Address of hospital organization: 55 Fruit Street, Boston MA 02114

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Date of CHNA approval: September 19, 2022

Web Address for CHNA Reports: https://www.massgeneral.org/community-health/cchi/assessments

Executive Summary

Introduction and Background

Since its founding, Massachusetts General Hospital (MGH) has understood the role and responsibility of the hospital is to treat the needs of all, particularly those for whom health care access is a challenge. We recognize, though, that while health care access is necessary, that alone is not enough to achieve health. Systemic, social, and economic factors, such as affordable housing, equitable access to employment, quality education, access to healthy and affordable food, and racism and discrimination play critical roles in overall health.

Health care cannot tackle these issues alone and must partner with other sectors to improve health, reduce cost, and achieve racial and ethnic health equity. Since 1995, MGH's Center for Community Health Improvement (CCHI) has partnered with neighboring communities to advance our shared vision of safe, thriving, and healthy neighborhoods. Our priorities and strategies are based on participatory and collaborative Community Health Needs Assessments (CHNAs). This is the 2022 Massachusetts General Hospital CHNA, which includes findings from the continued CHNA collaborations in Boston and North Suffolk.

Regional Collaboratives

The Boston CHNA-CHIP Collaborative conducted its second citywide collaborative assessment. The Collaborative is comprised of every Boston teaching hospital, the Boston Public Health Commission, community health centers, and community-based organizations. The Conference of Boston Teaching Hospitals (COBTH) acted as the "backbone" organization, providing infrastructure support, with two work groups leading the community engagement process. As a member of the Boston Collaborative steering committee, MGH helped guide the entire process, including data gathering, analysis, prioritization, and strategy development.

In North Suffolk (Chelsea, Revere, and Winthrop), the North Suffolk Public Health Collaborative (NSPHC) conducted its second regional Integrated Community Health Needs Assessment (iCHNA). The city and town leaders formed the NSPHC to increase their collective impact on improving health. Like Boston, the Collaborative is made up of area hospital systems, health centers, local health departments, and community-based organizations. MGH co-led the North Suffolk CHNA process, overseeing data collection, analysis, and reporting. Additionally, MGH provided technical support for the design of focus groups, key informant interviews, and survey questions.

Regulatory Requirements

The Affordable Care Act requires health care institutions to conduct CHNAs every three years in communities where they have licensed facilities, submit the report to the Internal Revenue Service, and post the report publicly on the hospital website by the last day of the fiscal year in which the CHNA is conducted (September 30 for MGH). The Massachusetts Attorney General has a similar requirement.

A Community Health Improvement Plan (CHIP) detailing how the hospital will engage with the community to address the prioritized issues must be completed and posted by February 15. (For updates on past implementation plans, see Appendix A.)

Within Suffolk County there are two collaboratives — made up of hospitals, community-based organizations city and town officials and resident leaders — to conduct needs assessments and implementation plans for both Boston and North Suffolk (Revere, Chelsea and Winthrop). While each collaborative will have a CHNA and CHIP, Massachusetts General Hospital is required by law to also have its own. We embrace this requirement. Listening and learning from the community is one of the cornerstones of our work. This report is the MGH Community Health Needs Assessment, based on the work of the collaboratives. For more information and full access to the Boston and North Suffolk reports, please go to www.bostonchna.org and www.northsuffolkassessment.org.

While we are required to conduct CHNAs and CHIPs, prioritizing communities and issues to focus on that have the largest need is encouraged. Therefore, we have determined that MGH will focus on the communities with the greatest health disparities in Boston and North Suffolk.

Methods

In each collaborative, participants engaged community organizations, local officials, schools, health care providers, business, faith communities, and community residents, in an approximately year-long process, about the unique local conditions, to better understand the health issues that most affect communities and the assets available to address them. The key methods of the CHNA included:

- Primary data collection via multilingual (six languages) community surveys with 1,895 total respondents to; 33 focus groups with 334 community residents; and, 91 key informant interviews with organizational, government, and community leaders.
- Review of secondary data from multiple city, state, and national sources including the U.S. Census, the Massachusetts Department of Public Health, the Boston Public Health Commission, and the Behavioral Risk Factor Surveillance System (BRFSS).
- Rigorous data analysis, including reviewing differences among certain populations, specifically youth and elderly, as well as by race and ethnicity.

Target Population(s)

MGH will focus its efforts within Suffolk County, which includes Boston, Chelsea, Revere, and Winthrop. This county has combined and diverse population of 801,072. Depending on the priority area, MGH will concentrate efforts within certain populations or neighborhoods as needed.

Racial and Ethnic Distribution, 2016–2020

Neighborhood	American Indian & Alaska Native	Asian	Black	Hispanic/ Latino	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	White
Boston	0.3%	9.8%	24.2%	19.5%	0.1%	6.3%	7.2%	92.8%
Chelsea	0%	3.7%	5.2%	67.7%	0%	0%	3.4%	19.6%
Revere	.03%	3.7%	4.1%	37.3%	0%	0%	1.6%	51.5%
Winthrop	0%	0.7%	3.6%	11.7%	0%	0%	1.2%	83%

Key Data

Housing

- Interview and focus group participants in Boston and North Suffolk cited housing affordability as a dominant concern that has been exacerbated by the pandemic due to high housing costs and employment fluctuations.
- In the Boston COVID-19 Health Equity Survey, 41.5% of adults reported having trouble paying their rent or mortgage during the pandemic, with highest proportions reported among residents of color and adults with children at home.
- In the North Suffolk iCHNA community survey, more than half of Chelsea and Revere respondents stated housing in their community is not affordable.

Economic/Financial Stability and Mobility

- Key informant interviews and focus group participants described financial stability as critical for health and shared that low-wage work and minimum wage are insufficient for many families to survive in Suffolk County.
- 4 in 10 Boston residents experienced an income loss during the pandemic, with residents of color experiencing an income loss higher than Boston overall.
- In the 2020–2021 school year, 83% of Chelsea, 71% of Revere, and 40% of Winthrop public school students were low income, compared to 44% across the state.

Food/Nutrition Security

- In Massachusetts, there has been a 59% increase in food insecurity in 2020–2021, the highest increase in the country.

Access to Services & Care

- Boston residents and community leaders discussed rising and acute social and economic needs among a growing segment of low-income residents and significant barriers to accessing services, such as: transportation, difficulty navigating application processes, limited Internet, and lack of eligibility due to immigration status.
- Residents in Boston and North Suffolk identified barriers to accessing health care, including: cost, transportation, health insurance, distrust towards providers, difficulty navigating the health care system, difficulty securing a medical appointment, language barriers, and limited culturally relevant care.
- Roxbury (02119) & Dorchester (02121) have the least access to computers & the internet.

Mental Health

- Residents in Boston and North Suffolk discussed that some groups are disproportionately affected by trauma, discrimination, and racism, including residents of color, lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual (LGBTQIA+) communities, veterans, people with disabilities, people who have experienced violence, and low-income residents.
- Mental health was a key issue pre-pandemic, and the impact of the pandemic only heightened that concern, particularly for children, youth, and caregivers. In the Department of Public Health's COVID Impact Survey, over 30% of Boston, Chelsea, Revere, and Winthrop respondents reported 15 or more poor mental health days in the past 30 days.
- Residents discussed several barriers to accessing mental health care, including a limited number of mental health providers, financial barriers, a lack of culturally appropriate and linguistically congruent care, and stigma surrounding mental health care.

Substance Use

- Boston Black (50.7) and Latino (43.3) residents had higher unintentional opioid death rates compared to Boston (32.7) overall.
- Chelsea, Revere, and Winthrop all had higher hospitalizations of non-fatal unintentional poisonings/overdoses than the state in 2016–2019.

Health Outcomes

- Focus group participants and key informant interviews discussed how the social and economic factors, such as employment, housing, and access to services, impact health outcomes.
- The diseases contributing most to reduced life expectancy and poorer health outcomes beyond COVID-19 are heart disease, cancer, diabetes, and substance use disorder.
- The decline in U.S. life expectancy at birth for 2021, based on nearly final data, was 76.1 years, the lowest it has been since 1996 due primarily to COVID-19, unintentional injuries, overdoses, and heart disease.
- The 2019 premature mortality rate in Chelsea, Revere, and Winthrop were all higher than the state.

Mass General Brigham System

Mass General Brigham Community Health leads the Mass General Brigham system-wide commitment to improve the health and well-being of residents and patients served across the system. Massachusetts General Hospital (MGH) traditionally has focused our community efforts in the communities served by our MGH health centers that serve the most underserved patients, in addition to targeted interventions for specific populations, namely youth and the elderly.

In addition to the priorities each hospital identifies which are unique to its communities, Mass General Brigham identified two system-level priorities: cardiometabolic disease and substance use disorder.

These priorities emerged from a review of hospital-level data and prevalent trends in population health statistics that show Black and Hispanic individuals are disproportionately affected by disparities in health outcomes and excess deaths related to these conditions.

Our efforts within these two areas will aim to reduce racial and ethnic disparities in outcomes, with the goal of improving life expectancy.

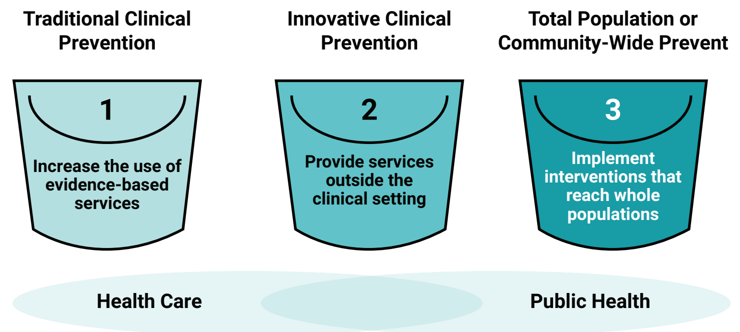
Themes and Conclusion

Building upon 24 years of partnering with local communities, MGH has worked with communities across the region to improve health. The data from all the communities were notable in showing that, despite varying demographics and resources, communities struggle to prevent and treat mental health challenges and improve access to health and social services. In all of Suffolk County these issues are exacerbated by a lack of affordable and available housing and concentrations of poverty. Those social and economic factors have a large impact of the health status of communities, and it is important to focus on both treatment/management of disease along with an upstream focus on those systemic factors. We believe that our collaborations and impending CHIPs will enable us to use our collective voice, resources, and strategies to make lasting and positive health impacts.

Priorities

Based on both Boston and North Suffolk's community needs assessment data, our own patient data, and MGB's system focus on cardiometabolic disease and SUDS, the MGH's primary focus for its CHNA/CHIP is to implement strategies that will achieve racial and ethnic health equity. We will use a three-part framework — called the Three Buckets of Prevention, recommended by the CDC to maximize impact and make sure traditional office-based and innovative clinical approaches do not neglect the community factors that have an enormous impact on health. As a result, we will work on the social determinants of health, as well as access and treatment of disease. MGH's priority areas to focus on in the next 3 years are:

- Housing
- Economic/Financial Stability & Mobility
- Food/Nutrition Security
- Violence/Safety
- Access to care
- Mental Health
- Substance Use
- Chronic Disease (Hypertension, Heart Disease, Diabetes)



Rationale for identified health needs not prioritized by MGH

MGH recognizes the importance of the identified health needs not within our priorities and, thus, will not be a focus within our health implementation plan. We recognize that we are not experts in any of those areas, but we commit to supporting and working with organizations and groups that are already committed to these efforts, such as through other CHIP working groups or community coalitions and committees. Additionally, MGH will continue to seek opportunities where we can be more active and lead in these areas.

Forever in our Hearts
Lenny Wallace
♡ you Bro ♡
Greg King

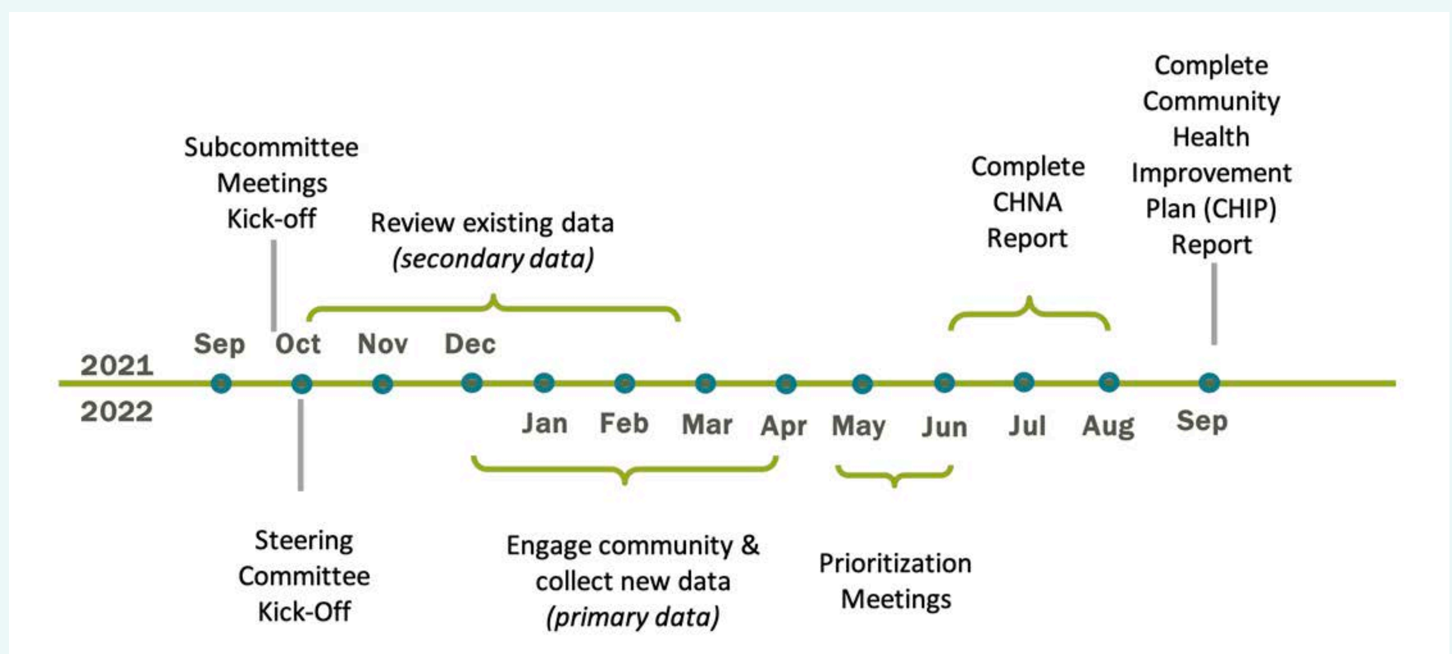
Community Health Needs Assessment

Purpose and Scope of Community Health Needs Assessment and Community Health Improvement Plan

A community health needs assessment (CHNA) is a vital process to understand the strengths, gaps, and needs of community, with the ultimate goal of improving community health. Massachusetts General Hospital (MGH) is required to conduct a CHNA every 3 years, however, community-based organizations, municipalities, and residents are essential contributors in the process to ensure the community voice is accurately reflected.

The Affordable Care Act requires healthcare institutions to conduct CHNAs in any community where they have a licensed facility. Thus, this report will include all of Suffolk County (Boston, Chelsea, Revere, and Winthrop), along with four communities north and west of Boston: Concord, Danvers, Newton, and Waltham. In 2022, all hospitals within the Mass General Brigham (MGB) system are conducting separate CHNAs to create more alignment together. CHNA results for Concord, Danvers, Newton, and Waltham will be summarized in this repot but can be read in full by visiting their individual CHNA reports: Emerson Hospital, Salem Hospital, and Newton-Wellesley Hospital.

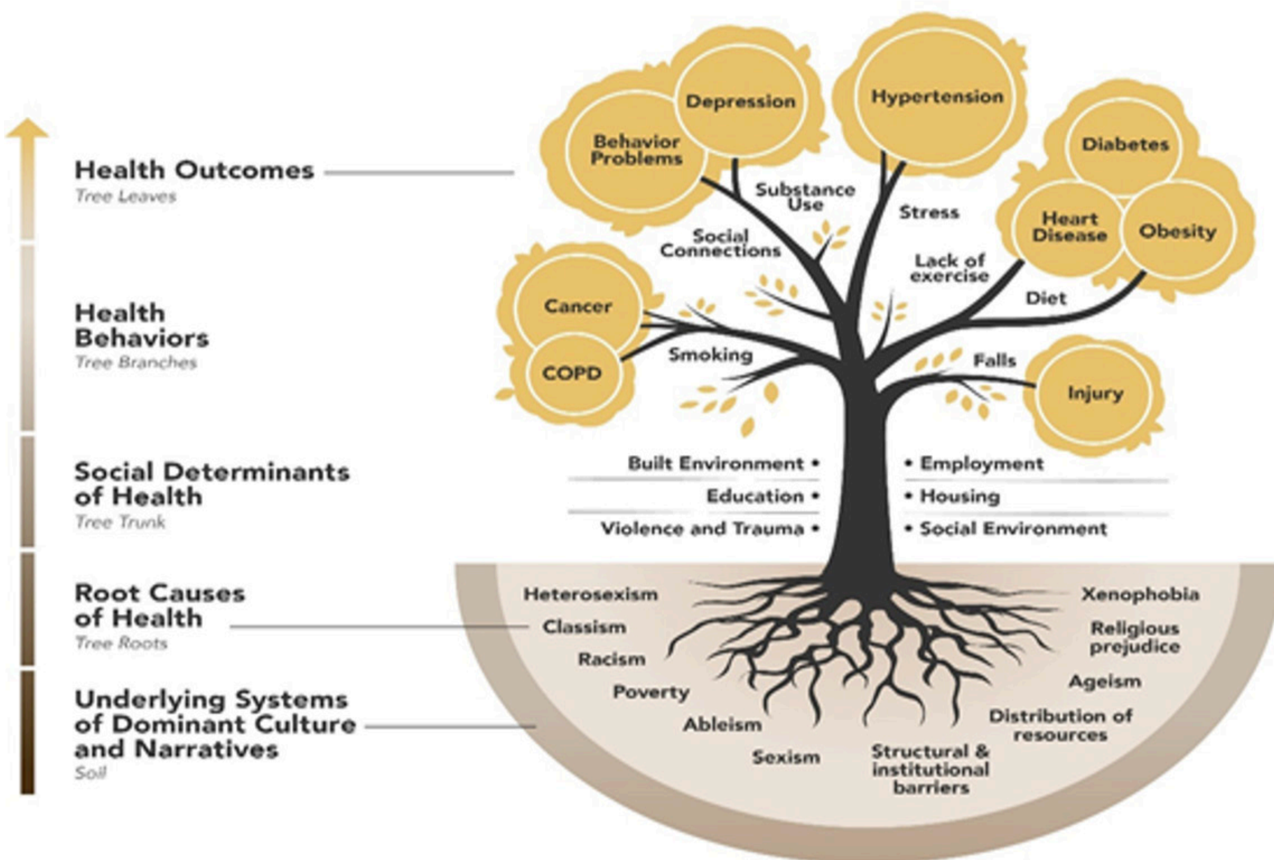
Timeline of the CHNA Collaborative Process



MGH approaches CHNAs with a focus on health equity and the understanding that the health of the community is not solely based on health outcomes.

Structural and systemic inequities occurring where individuals live, work, play, and worship have a great impact on both individual health and community health overall

- **Social and economic factors contribute up to 80% toward an individual's health status.**
  - Access to healthcare, safe and affordable housing, food security, access to quality education and employment opportunities can all impact health.
- **This report will focus not only on health outcomes, but on social and economic factors as powerful influencers of health.**
  - While health care alone cannot be responsible for solving all these societal problems, health care institutions can play a leadership role with businesses, government, community-based organizations, and residents to create innovation solutions to multifaceted and longstanding issues.



The Health Tree is adapted by Health Resources in Action (HriA) from the Human Impact Partners

That is why this report focuses on the social and economic factors that are such powerful influencers of health status. Health care alone cannot be responsible for solving these societal problems. But health care can play a leadership role in convening and collaborating with business, government, and other sectors to create innovative solutions to complex and longstanding problems.

The COVID-19 pandemic has been widespread — deeply felt by communities across Greater Boston and patients and community members served by MGH.

The pandemic exacerbated longstanding economic and social inequities and brought to light existing racial disparities in health outcomes across communities of color and historically marginalized populations. In the wake of George Floyd's murder, a national reckoning on race across the country ignited more urgent calls for racial justice and an end to systemic racism.

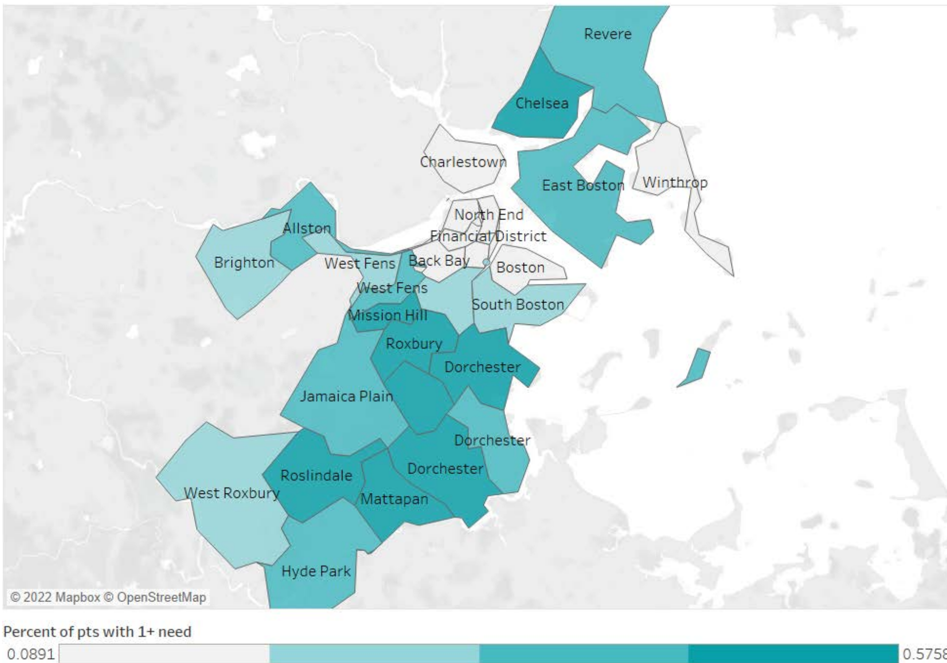
In the aftermath of COVID-19, patients at MGH continue to experience high social needs across neighborhoods of Boston and North Suffolk (Chelsea, Revere, and Winthrop) based on universal social determinants of health screening conducted at MGH, MGH-affiliated sites and BWH (see Figure 1).

In the Boston community survey, the top five challenges respondents experienced during COVID included: Social isolation/mental and emotional wellbeing (54%), Fitness and physical wellbeing (46%), Paying for utilities, rent, other supplies (36%), Spiritual Wellbeing (25%), and Access to food (22%).

MGH and BWH Social Determinants of Health Screening

More than 45% of patients from Dorchester, Roxbury, Chelsea, Mattapan, and Roslindale reported 1 or more SDH need.

MGH & BWH patients reporting 1 or more SDH need by Boston neighborhood/City/Town
Jan 2021 - Jun 2022



Data source: MGH & BWH Social Determinants of Health Screening data, Jan 2021–Jun 2022

In response to the pandemic and to prevent severe disease, MGH has targeted efforts to reach deep within the community and to expand access for COVID-19 vaccination and testing services through the MGH Mobile Van. Within key neighborhoods of Chelsea, Revere, Everett, Lynn and Boston, the mobile program has since delivered over 5,000 PCR tests and over 1,000 rapid antigen tests (Jan 2021–Jun 2022) and administered 7,388 vaccinations (May 2021–Jun 2022).

Selected Demographics of Individuals Receiving COVID Vaccinations on MGH Van Patient Visits (5/2021–6/2022)			
Median Age	**Ethnicity**	**Race**	**Insurance Category**
19 years	44% Hispanic	40% 'Other' 23% White	49% Medicaid

In the North Suffolk community health needs assessment survey, 90% of Chelsea, 83% of Winthrop, and 65% of Revere respondents stated the information needed to stay healthy and safe was readily available in their community. Similarly, 88% of Chelsea, 76% of Winthrop, and 63% of Revere respondents stated resources needed to stay safe and healthy were readily available in their community.

Community Health Improvement Plans (CHIPs) are currently being developed in each of the communities. Each CHIP will contain detailed strategies to address the prioritized needs that have been identified and resources needed to implement them, including policy and system change opportunities and expansion and/or creation of new programs. MGH's CHIP must be completed by the 15th day of the fifth month after the end of the taxable year (February 15).

As in 2019, MGH co-led and/or participated in two community collaboratives for the CHNA: 1) The Boston CHNA-CHIP Collaborative and 2) The North Suffolk Integrated Community Health Needs Assessment. For both Boston and North Suffolk, the community engagement methods were tailored to local conditions to better understand community assets and issues that most affect communities. Because the 2019 CHNA was comprehensive in its scope and assessment, the 2022 assessment was designed to engage with populations that were less represented in 2019, along with a focus on priorities for improvements identified by community members. The following two sections will discuss the process and findings for both Boston and North Suffolk.

Boston CHNA-CHIP Collaborative

Collaborative Process

The Boston CHNA-CHIP Collaborative or The Collaborative was formed in 2018 as the first city-wide effort to comprehensively understand the health needs of its residents. The collaborative is comprised of a group of Boston health centers, community-based organizations, community residents, hospitals, and the Boston Public Health Commission that aims to achieve sustainable positive change in the health of the city by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities. The 2022 Boston CHNA built on the 2019 CHNA and takes a deep dive into the key priority areas identified in the 2020 community health improvement plan: financial stability and mobility, housing, behavioral health, and accessing services.

The Boston 2022 CHNA not only looked at health outcomes and social determinants of health but explored how the pandemic and racial injustices have affected priorities that emerged from the previous CHNA and CHIP.

These processes have been guided by the Collaborative's shared values of:

Equity	Inclusion	Data Driven	Innovative	Integrity	Partnership
Focus on inequities that affect health with an emphasis on race and ethnicity	Engage diverse communities and respect diverse viewpoints	Be systematic in the process and employ evidence-informed strategies to maximize impact	Implement approaches that embrace continuous improvement, creativity, and change	Carry out the work with transparency, responsibility, and accountability	Build trusting and collaborative relationships between communities and organizations to foster sustainable, community-centered change

The Collaborative encompasses all Boston neighborhoods and is managed by a 19-member CHNA-CHIP Collaborative Steering Committee, which MGH is a committee member. The Conference of Boston Teaching Hospitals (COBTH) provides "backbone" or infrastructure support in conducting the CHNA and CHIP. The Community Engagement Work Group and the Secondary Data Work Group were formed during the data collection process to provide guidance and make decisions on the types of data and data collection methods. The Community Engagement Work Group consisted of 24 members, including MGH staff, to provide guidance on the community engagement approach, input on primary data collection methods, and support with logistics for primary data collection. The Secondary Data Work Group had 16 members, including MGH staff, to provide guidance on secondary data approach and indicators and foster connections with key networks and groups to provide relevant data. Health Resources in Action (HRiA), a non-profit public health consulting organization, provided data synthesis and report writing support.

Data and Methods

For the 2022 Boston CHNA, the two work groups, Community Engagement and Secondary Data, brought their data collection recommendations to the Steering Committee for final approval on the process. The Secondary Data work group was led by a staff member of Mass General Brigham and the Boston Public Health Commission. The Community Engagement work group was led by a staff member of Beth Israel Lahey Health and Jamaica Plain Neighborhood Development Corporation (JPNDC). COBTH provided administrative support for both work groups, and Health Resources in Action (HRiA) was hired to conduct the qualitative analysis and the writing of the Collaborative's report.

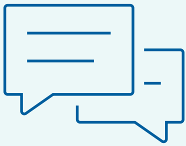
A focused effort was made in the 2022 CHNA process to ensure that diverse and historically underrepresented community voices were amplified through the process utilizing an equity framework. The Community Engagement Work group conducted a thorough review of the 2019 CHNA and identified areas where there were gaps in representation. Those who have been inordinately burdened by social, economic and health challenges including: youth and adolescents, older adults, persons with disabilities, low-resourced individuals and families, LGBTQ+ populations, racially/ethnically diverse population and limited-English speakers (e.g., African American, Latinx, Haitian, Cape Verdean, Vietnamese, Chinese, immigrant and asylee communities, families affected by incarceration and/or violence and veterans were prioritized for focus group discussions.

The CHNA data gathering efforts included:

Secondary Data Review

- Focused on social, economic, and health indicators.
- Reviewed patterns across Boston, by Boston neighborhood, and by population groups within Boston.
- Secondary data sources included, the US Census, Boston Behavioral Risk Factor Surveillance System (BBRFS), the Youth Risk Behavior Survey, and vital records.

Key Informant Interviews



- 62 organizational and community leaders, including leaders from community-based organizations, neighborhood groups, elected officials, civic organizations, educators, health providers, and leaders in the Cape Verdean and Haitian communities.
- Upon completion of both key informant interviews and focus groups, notes were read, reviewed, and coded to categorize the data and identify overarching, common themes for qualitative analysis.

Focus Groups

- 29 focus group discussions with 309 residents from more underserved communities, including with youth; LGBTQIA+ residents; several BIPOC communities, such as Latinx, Chinese, Vietnamese, and Black/African American residents; veterans; and families with young children.

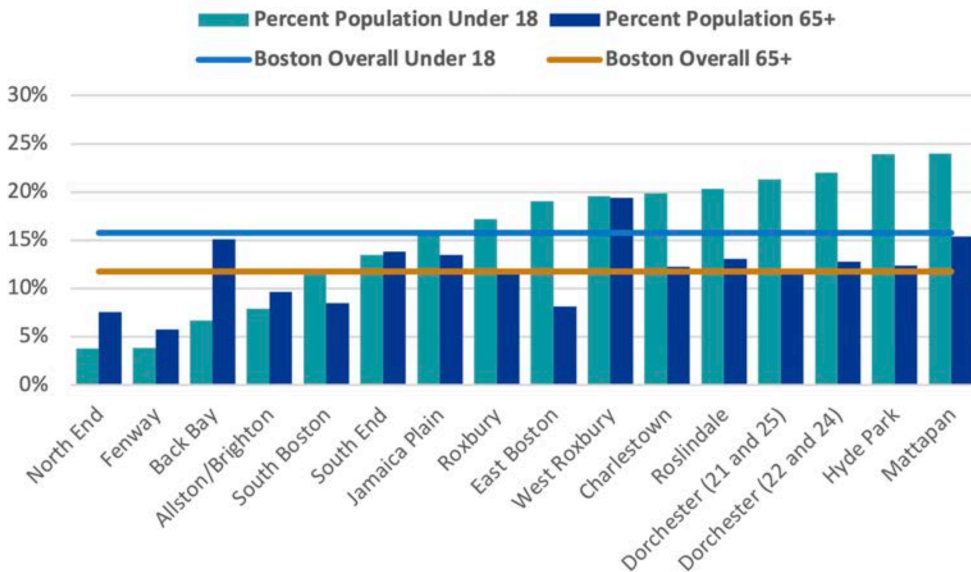
Community Survey

- The Boston Collaborative Community Engagement work group decided not to administer a community survey for this assessment. MGH, with Brigham and Women's Hospital (BWH), and Brigham and Women's Faulkner Hospital (BWFH), created a separate Boston-based survey to complement the assessment activities and support the upcoming Determination of Need process for MGH and BWFH.
- The brief 14-question anonymous survey was administered to those who live and work in Boston to understand challenges faced due to COVID and priority areas hospitals should focus on. The survey was available in 6 languages: English, Haitian Creole, Portuguese, Spanish, Simplified Chinese, and Traditional Chinese. As an incentive, respondents who were willing to provide an email address or phone number were entered into a drawing for one of five $100 gift cards.
- The survey utilized a convenience sampling of respondents. It was available online on the secure web platform, REDCap, and paper surveys were handed out at BWFH mobile community van events. MGH, BWH, and BWFH promoted the online survey through social media accounts and/or through internal staff email lists. Survey data was collected from January 15, 2022–March 25, 2022.
- The survey was cleaned and analyzed in the statistical software, R. A total of 1,715 surveys were collected. After excluding those who did not live or work in Boston and the likelihood of bots, a total of 494 survey respondents were used in the final sample analysis.
- The data was stratified by race/ethnicity, neighborhood, and age group.

Target Population and Characteristics

With a population of 689,326 according to the 2020 census data, Boston is experiencing rapid population growth — 9.3% between 2010–2020.

Boston is a young city with a little over one-third (30.5%) of residents under age 24.



Roxbury, East Boston, West Roxbury, Charlestown, Roslindale, Dorchester, Hyde Park, and Mattapan all have a higher under 18 population than Boston overall.

South End, Jamaica Plain, West Roxbury, Charlestown, Roslindale, Dorchester, Hyde Park, and Mattapan all have a higher older population than Boston overall.

> Focus group and interview participants stated that a community strength of Boston is the ethnic and cultural diversity of the community, particularly the diversity of language and culture among residents.

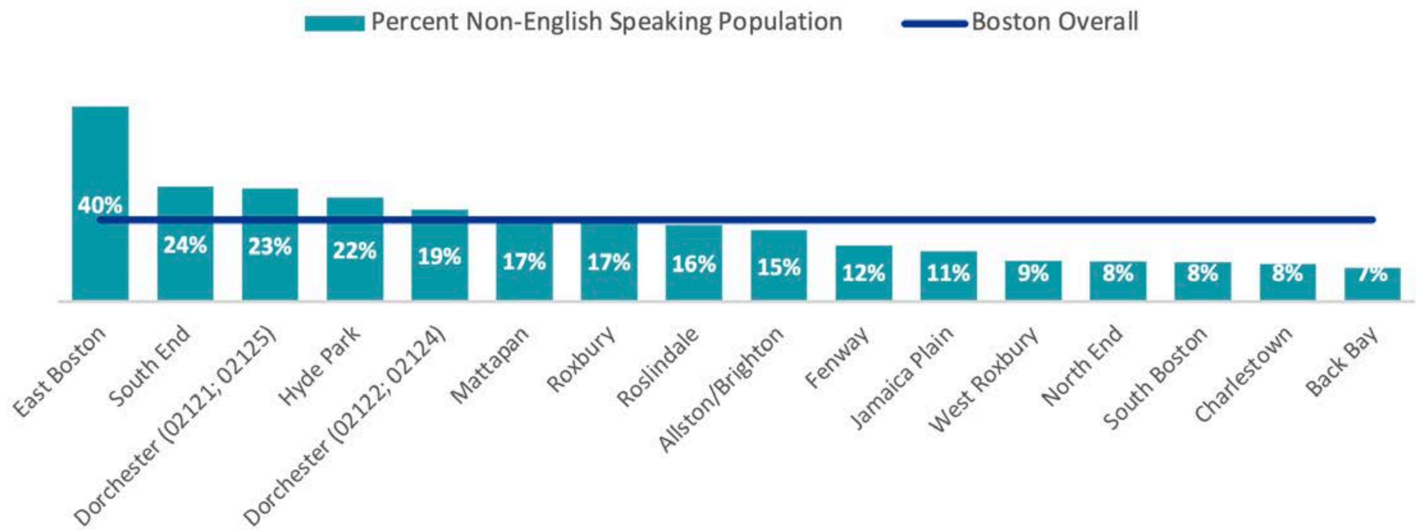
The racial and ethnic composition is changing across Boston neighborhoods, despite the racial and ethnic distribution across Boston remaining similar since the 2019 CHNA. By understanding the racial, ethnic, and language profiles of Boston residents, it can be put into context the health status of residents in part because of the structural, discriminatory, and social factors that contribute to inequities. Some groups are concentrated in certain neighborhoods with a greater number of Black residents in Mattapan, Hyde Park, Dorchester, Roxbury, and South End; more residents who identify as Hispanic/Latinx in East Boston, Hyde Park, Roxbury, and the Dorchester's 02122 and 02125 zip codes; and more residents who identify as Asian in the South End, Fenway, and Allston/Brighton.

Racial and Ethnic Distribution, by Boston Neighborhood, 2016–2020

Neighborhood	American Indian & Alaska Native	Asian	Black	Hispanic/ Latino	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	White
Boston	0.3%	9.8%	24.2%	19.5%	0.1%	6.3%	7.2%	92.8%
Allston/Brighton	0.13%	18.8%	5.8%	11.3%	0.13%	5.0%	4.3%	67.3%
Back Bay	0.17%	10.5%	4.5%	8.1%	0.13%	2.4%	4.3%	78%
Charlestown	0%	10.5%	9.7%	8.1%	0%	1.4%	3.8%	77%
Dorchester (02121, 02125)	0.24%	6.2%	48%	26.3%	0%	12.5%	8.6%	24.4%
Dorchester (02122, 02124)	0.01%	9.4%	46.2%	15.7%	0.31%	5.6%	6.3%	27.4%
East Boston	0.5%	4.5%	3.2%	56.5%	0.2%	5.8%	28.3%	57.6%
Fenway	0.21%	19.3%	6.8%	12.9%	0.18%	3.5%	5.9%	64%
Hyde Park	0.1%	2.2%	47.3%	27.2%	0%	7.2%	7.8%	35.5%
Jamaica Plain	0.5%	7.2%	13.5%	19.6%	0%	7.9%	5.2%	35.5%
Mattapan	0%	0.6%	80.6%	17.2%	0%	5%	5.5%	8.2%
Roslindale	0.4%	1.6%	25.6%	25%	0%	8.6%	5.1%	58.8%
Roxbury	1.2%	6.8%	43.4%	26.6%	0.03%	13.7%	5.7%	29.1%
South Boston	0.07%	6.0%	5.9%	9.9%	0.01%	2.5%	3.9%	81.1%
South End	0.48%	24.9%	40.8%	16.2%	0%	7.6%	4.9%	48.7%
West Roxbury	0.2%	7.1%	4.5%	9.5%	0%	2.4%	5.3%	80.6%

Across Boston, 23.8% of residents 5 years and older speak languages other than English at home with East Boston (64%), Hyde Park (44.7%) and Dorchester [02121, 02125] (44%) being the neighborhoods with the highest populations of residents who speak languages other than English.

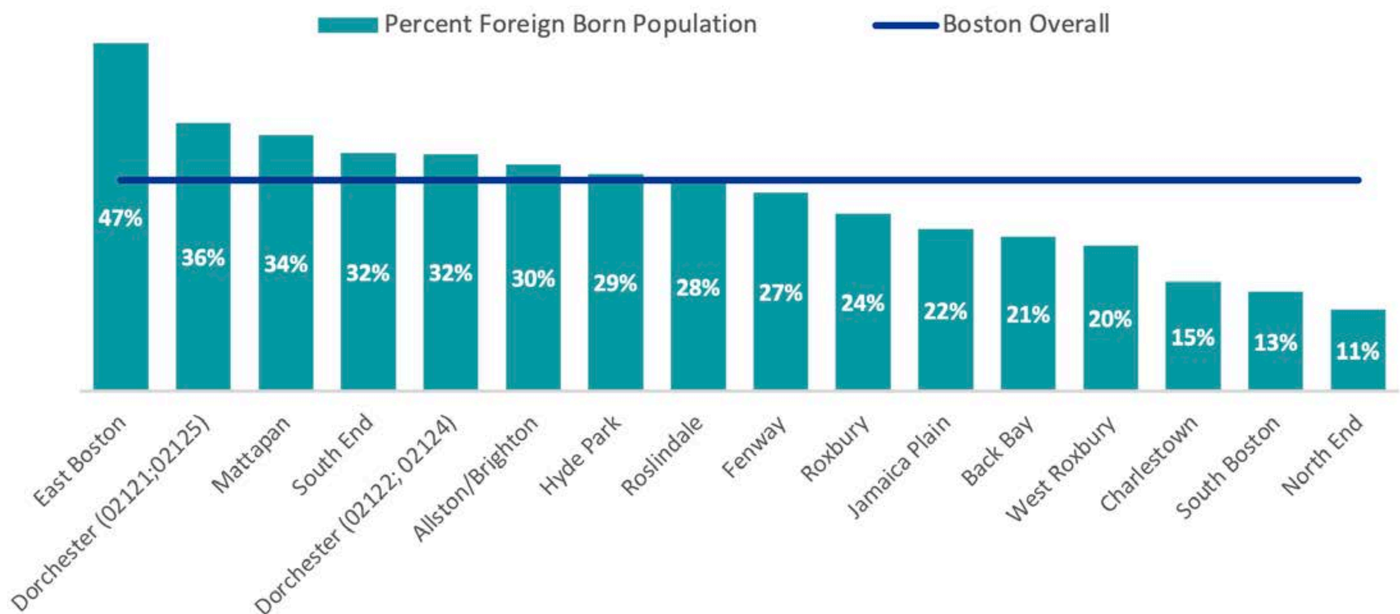
Those who report speaking English less than 'Very Well' was highest among East Boston, South End, Dorchester, and Hyde Park residents.



Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020.

NOTE: Neighborhoods as defined by Boston Public Health Commission: Back Bay includes: Downtown, Beacon Hill, North End, West End; South End includes South End and Chinatown.

East Boston, Dorchester, Mattapan, South Boston, Allston/Brighton, and Hyde Park all have a larger percentage of foreign-born population than Boston overall.



Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020. NOTE: Neighborhoods as defined by Boston Public Health Commission: Back Bay includes: Downtown, Beacon Hill, North End, West End; South End includes South End and Chinatown.

Social and Physical Environment

> Residents described their communities as deeply connected, resilient, committed to solving problems, and comprised of several supportive community-based organizations.

Understanding the strengths of community members and community resources and services helps to identify the assets that can be drawn upon to promote community health and address any existing gaps. When asked about community strengths, residents discussed a strong sense of community among residents, especially those who have lived in neighborhoods for years. They described their neighbors as supporting each other even when they themselves have limited resources. Focus group participants described their neighbors as "resilient" and "resourceful" even under difficult circumstances. Key informants and focus group participants talked about their communities as being vibrant, full of rich cultural traditions, having a strong history of activism and art, intelligent, innovative, and committed to solving problems.

Focus group participants and key informants discussed the breadth of community-based institutions and services that they knew of, especially those focused on early childhood, youth, young men of color, food security, housing, mental health, health care, caregiver support, workforce development, and the LGBTQIA+ population. Resource sharing and collaboration among a network of community-based organizations was also discussed as a strength. Residents described other community strengths, including engaged elected officials, educational opportunities and the school system, green space (e.g., parks), accessible libraries, and easy access to the transportation system.

Community Health Issues and Outcomes — The Boston CHNA Priorities

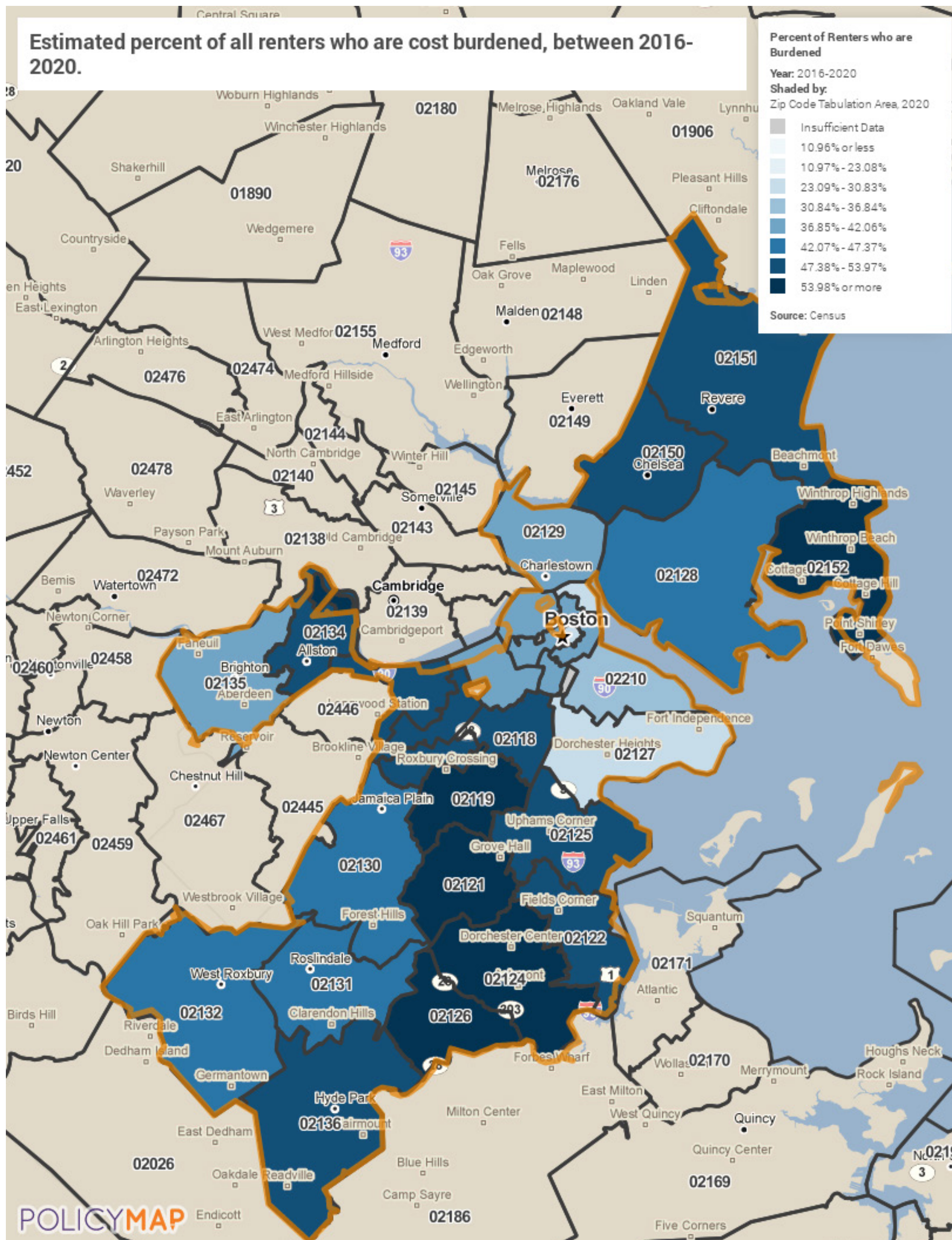
As mentioned earlier, the 2022 CHNA purpose was to build upon the 2019 assessment and more deeply explore the four priorities from 2019. For the past two years, the Boston CHNA-CHIP Collaborative has been implementing the 70 strategies outlined in the 2020 community health improvement plan. Great progress has been made on many of these strategies, while other strategies have not been implemented as extensively given constrained capacity and the current context of the COVID-19 pandemic. Given this, the 2022 prioritization process focused on reaffirming the previous priorities (Behavioral Health, Financial Security and Mobility, Housing, and Accessing Services) and identifying any new issues that have emerged and prioritizing specific strategies that should be lifted up for future action.

Housing

> Several participants described the impact of the lack of affordable housing, especially on other aspects of residents' lives, stating, "Housing is a huge concern. A lot of people are experiencing housing issues and not being able to afford their rent… Many of them are priced out of their communities."

Housing cost persists as a standing concern in 2022 as it was a priority issue in 2019. For all Boston neighborhoods, at least 30% of renters are cost-burdened, paying 30% or more of their monthly income on housing. Like renters, many homeowners in Boston are cost-burdened, with certain neighborhoods being affected more than others. Almost 30% of homeowners are cost-burdened, with residents in Back Bay, Dorchester, East Boston, Fenway, Hyde Park, Mattapan, and Roxbury more than Boston overall.

Estimated percent of all renters who are cost-burdened, between 2016–2020

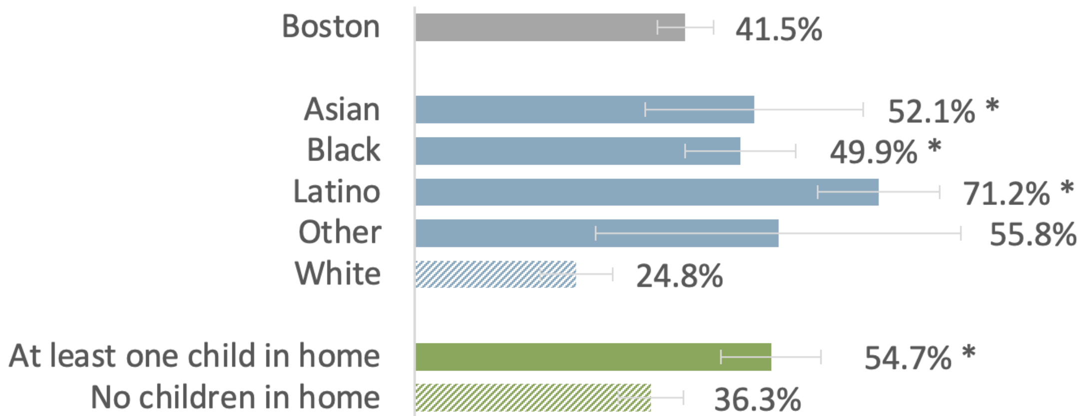


46% of all Boston renters are cost-burdened, with over 50% of Mattapan, Dorchester, Roxbury, and Fenway renters cost-burdened.

Prior to the pandemic, nearly 7% of Boston respondents on the 2015–2019 Boston Behavioral Risk Factor Surveillance System survey reported moving in the past three years because they could no longer afford their home. Residents of specific neighborhoods were impacted more: Eleven percent of respondents from Dorchester, Allston/Brighton, East Boston, and Mattapan reported moving due to housing affordability issues.

The COVID-19 pandemic has caused many Boston residents to be concerned about housing costs. In the COVID-19 Health Equity Survey, more than 4 in 10 respondents reported that they have had trouble paying their rent or mortgage during the COVID-19 pandemic.

Higher percentage of residents of color and those with at least one child in the home reported trouble with housing payments during the pandemic.



Data source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Survey, December 2020–January 2021

Data analysis: Boston Public Health Commission, Research and Evaluation Office

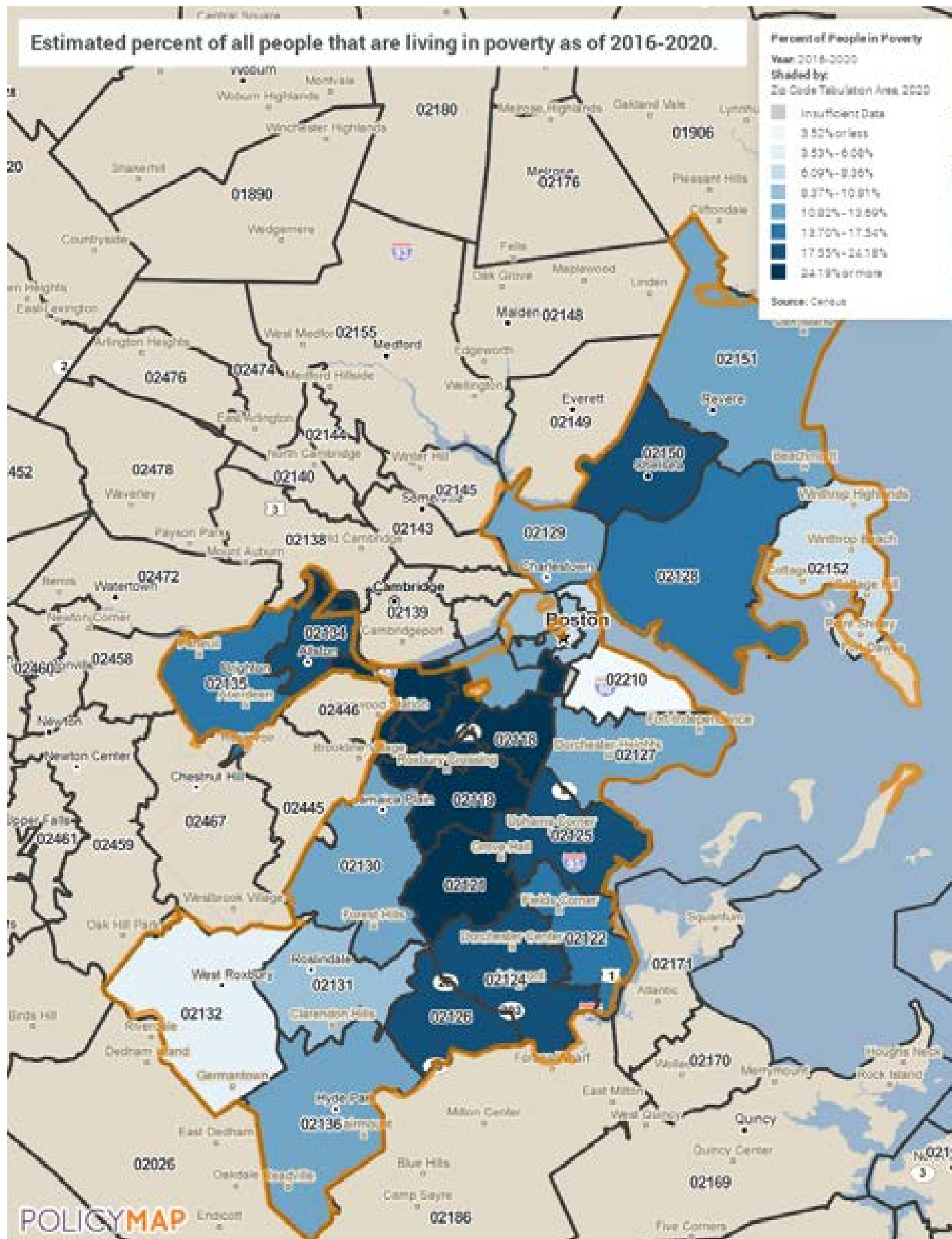
Notes: NA denotes where data are not available because only respondents who indicated having at least one child present in the household were asked this question; Bars with pattern indicate reference group for its specific category; No significant differences compared to reference groups within specific categories were observed (p>0.05); Error bars show 95% confidence interval

Financial Stability and Mobility

> Focus group participants and key informants described financial stability as critically important for health. They discussed the impact of limited funding and lack of economic support in the community, leading to differences in cleanliness and aesthetics of the community, highlighting the importance of economic justice.

The average income in Boston is $76,298; however, the range is wide and a clear example of economic disparities across the different neighborhoods — from $39,633 in Roxbury to $146,759 in South Boston. Most prominently, in Roxbury, Fenway, South End, and Dorchester, 25–33% of residents live below the federal poverty level.

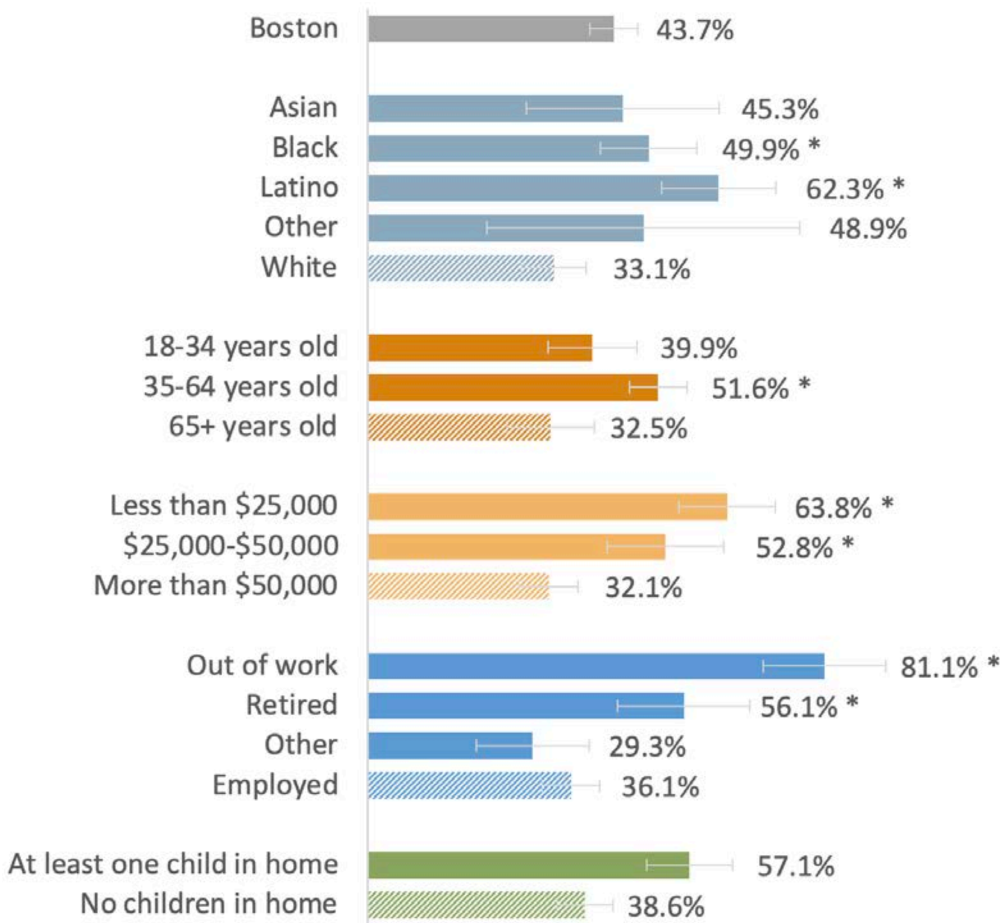
Estimated percent of all people that are living in poverty as of 2016–2020



Educational opportunity in prior assessments has been discussed as it relates to accessing quality jobs. Twelve percent of Boston residents have less than a high school diploma, compared to 9% statewide. Looking across neighborhoods, East Boston, Roxbury, South End, and Dorchester residents had higher rates of residents with less than a high school education, compared to Boston overall. Across Boston, the 2021 high school graduation rate was 83%.

Focus group and key informant interviews discussed how the pandemic has only worsened the income inequities and severity among low-income residents, which generally include residents of color, immigrants, people with disabilities, LGBTIA+ residents, and older adults on fixed incomes. More than half of adults 35–64 years of age, adults with lower incomes, and adults with at least one child in the home reported income loss during the pandemic. Further income loss was experienced during the pandemic among a higher proportion of adults who were out of work or retired when compared to employed adults. Focus group and interviewees noted that the cost of living continues to rise, including housing and food costs, but wages have not increased to reflect the pace of rising costs.

4 in 10 Boston residents experienced an income loss during the pandemic, with residents of color experiencing an income loss higher than Boston overall.



Focus group participants and interviewees discussed that while income loss has affected many people, they were most concerned about those residents who were already struggling before the pandemic — this includes low-income communities, residents of color and in particular immigrants, people with disabilities, and residents with a criminal record.

Data source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Survey, December 2020–January 2021

Data analysis: Boston Public Health Commission, Research and Evaluation Office

Notes: Data show percentage of adults reporting their household had experienced a loss of employment income since COVID-19 occurred; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval

To add further to the challenges many residents face, neighborhoods that have historically experienced disinvestment continue to experience greater challenges to growth and development, and small businesses in low-income communities have been hit hard by the COVID-19 pandemic. Alluding to infrastructure challenges, some elected officials described insufficient access to capital and financial instability as barriers to community development. Some key informants perceived that limited funding — and competition for this limited funding — contributes to some organizations not collaborating to provide access to resources.

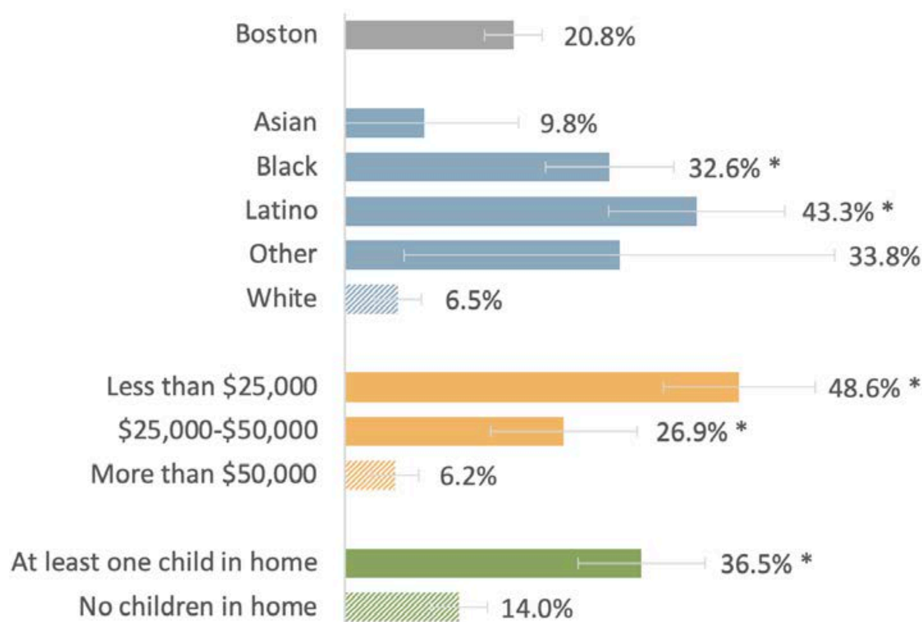
Access to Services

> Focus group participants and interviewees discussed barriers to childcare, social services, and health care access—with the pandemic only exacerbating those barriers.

Food/Nutrition Security
Financial stability is directly tied to being able to afford enough food for households. In Massachusetts, there has been a 59% increase in food insecurity in 2020–2021, the highest increase in the country. In line with the state, Boston has also seen a rise of residents who are food insecure.

Prior to the pandemic, 18% of Boston residents in 2015–2019 were food insecure, experiencing food shortages and not enough funds to purchase more. Among Boston residents, those living in Mattapan, Dorchester, East Boston, and Roxbury reported higher food insecurity when compared to Boston overall. Since the pandemic, on the Boston COVID-19 Health Equity survey, 21% residents reported being food insecure and nearly a quarter of (23%) Boston residents reported utilizing food assistance services, with Latinx, Black, and households with children reporting higher utilization than Boston overall.

A higher percentage of residents of color, those who are low-income, and those with at least one child at home reported being food insecure.



Data source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Survey, December 2020–January 2021

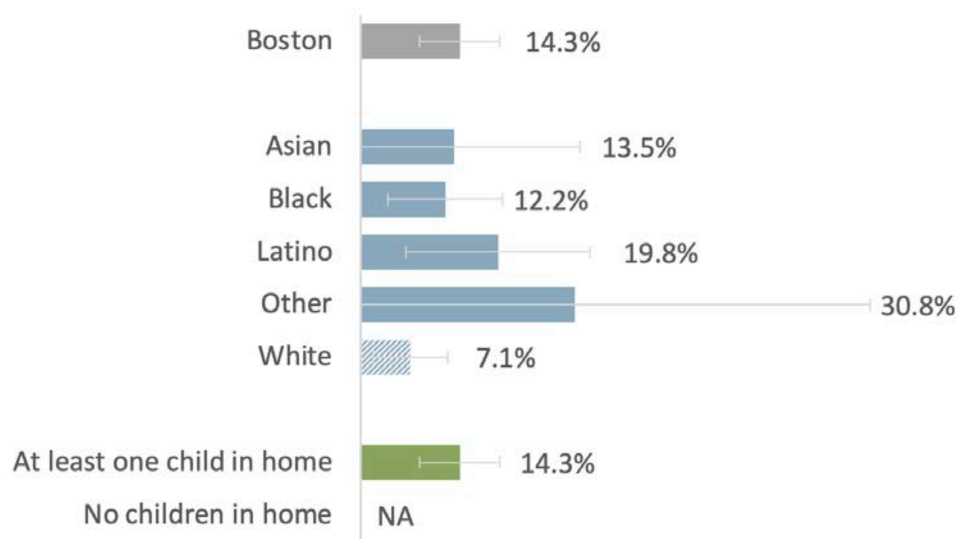
Data analysis: Boston Public Health Commission, Research and Evaluation Office

Notes: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval

Childcare

Childcare affordability and access were identified as an issue in the 2019 assessment and persists as a growing need among focus group and key informant interview participants. Participants shared that the pandemic created uncertainty with parents' work schedules and school closings; with many parents having to work outside the home, childcare access became that much more challenging. From the Boston COVID-19 Health Equity survey, 50% of adults with at least one child in the home reported having to work outside the home during the pandemic; however, only 14% of Boston residents reported having unmet childcare needs during the pandemic, a surprising finding that contrasts with qualitative findings among focus group and key informant interview participants. This could be in part due to women being more likely to leave the workforce to be caregivers to their children with childcare difficult to find or afford. Among residents most impacted, residents of color (Latinx, Asian, Black, and Other) reported most challenges related to childcare.

Percent Adults with Children Reporting Having Unmet Childcare Needs During the COVID-19 Pandemic



Data source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Survey, December 2020–January 2021

Data analysis: Boston Public Health Commission, Research and Evaluation Office

Notes: NA denotes where data are not available because only respondents who indicated having at least one child present in the household were asked this question; Bars with pattern indicate reference group for its specific category; No significant differences compared to reference groups within specific categories were observed ($p>0.05$); Error bars show 95% confidence interval

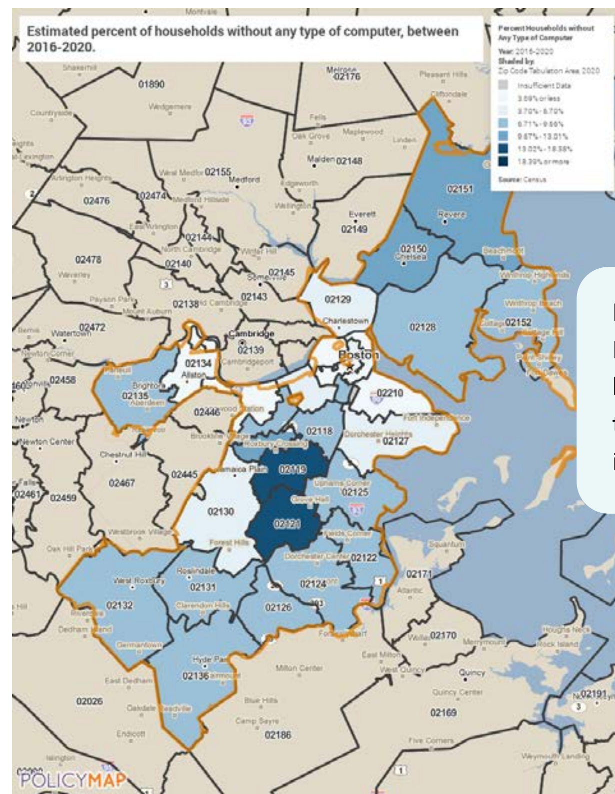
Healthcare Access

While almost 96% of Boston residents have health insurance, focus group and key informant interview participants described difficulties residents face in accessing quality healthcare. Long wait times for appointments, limited availability of healthcare providers, income restrictions for MassHealth qualification, unaffordable out-of-pocket and medication costs, and lack of home health aides/personal care assistants for people with disabilities were among the many challenges faced by residents needing health services.

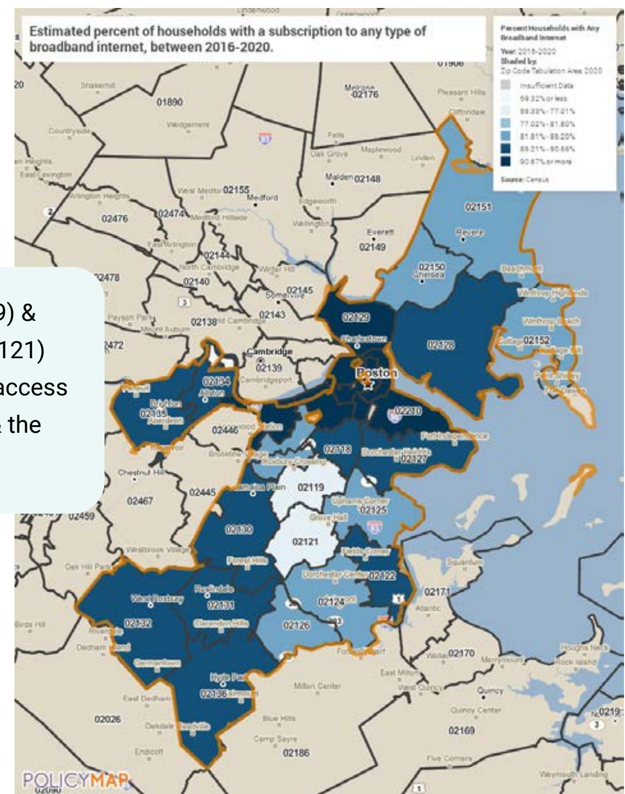
In particular, residents shared that language barriers and limited culturally relevant care often impede accessing health care and social services. One participant stated, *"Put an emphasis on cultural competence. The universal model is not us."* Multiple participants acknowledged that a "one-size-fits-all" approach to healthcare is not inclusive and does not account for the diverse needs of specific populations. A specific example includes competence when working with the LGBTQIA+ community and understanding how to treat and target messaging that resonates within the community.

Additionally, participants with disabilities discussed providers have limited training in treating patients with a range of disabilities, causing challenges in accessing appropriate care. Most particularly, limited staffing and support for home health care has been challenging for older adults and residents with disabilities. Barriers that participants identified include coordination and access to durable/accessible equipment, form completion, comprehensive information on available resources and services, and additional enabling resources such as reliable internet service. Additionally, during the pandemic, reliable broadband internet proved vital not only for remote learning and working from home but also for access to health information, electronic patient portals, and pertinent health services such as telemedicine and remote patient monitoring. Within Boston, the digital divide was apparent with 13% to 16% of households in both Dorchester (02121) and Roxbury without any type of computer — nearly double when compared to Boston overall (7.5%) and having the least access to these digital resources across all Boston neighborhoods. Simultaneously, approximately 73% of households within the same neighborhoods subscribed to any type of broadband internet — the lowest proportion of internet access when compared across Boston.

Estimated percent of households without any type of computer, between 2016–2020.



Estimated percent of households without any type of computer, between 2016–2020.



Roxbury (02119) & Dorchester (02121) have the least access to computers & the internet.

Behavioral Health

> Focus group and key informant participants discussed the prevalence of mental health issues and widespread lack of access to adequate mental health services in the community, finding it particularly problematic due to the connection to overall physical health.

As in 2019, the 2022 assessment showed concern around behavioral health, including both mental health and substance use issues. Focus group and key information participants highlighted that while trauma, stress, and depression are concerns for all, certain groups, including LGBTQIA+, youth, elders, and people of color are disproportionately affected.

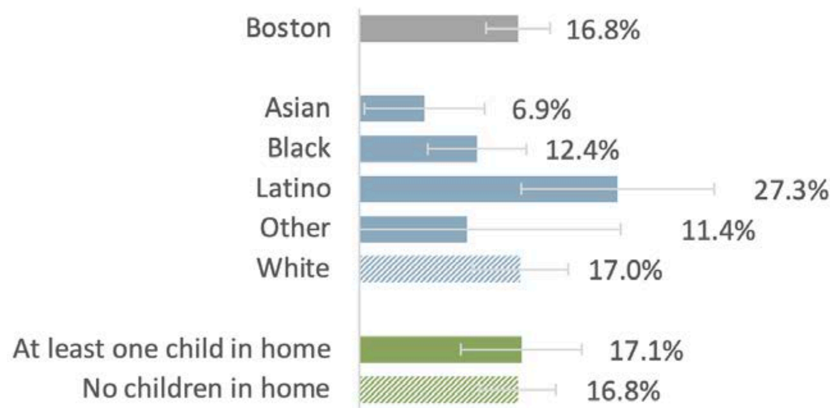
Mental Health

Several participants in focus groups and key informant interviews described the prevalence of social isolation in the community, particularly among seniors/older adults and youth, that has been exacerbated by the COVID-19 pandemic. Additionally, COVID-19 was attributed to increased levels of stress, particularly in low-income families, as well as increased levels of trauma due to the loss of family and friends. In the Department of Public Health's COVID Impact Survey, over 30% of Boston respondents reported 15 or more poor mental health days in the past 30 days.

Boston Public Health Commission also administered their own COVID impact survey to Boston residents from December 2020–January 2021. In their COVID-19 Health Equity Survey, almost 17% of Boston residents reported persistent sadness during the COVID-19 pandemic. Latinx residents and those who have at least one child in the home were higher than Boston overall.

> Limitations on being able to gather together impacts mental health. One interviewee stated: "…Downfall to that [the COVID-19 pandemic] was that young people suffered from social isolation. It definitely affected their mental health, physical health, their well-being, their hygiene, their environment…"

Percent Adults Reporting Persistent Sadness During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020–January 2021



Data source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Survey, December 2020–January 2021

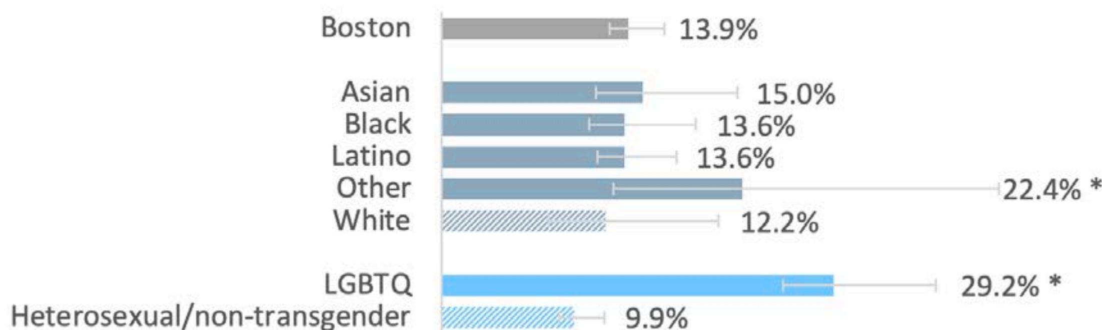
Data analysis: Boston Public Health Commission, Research and Evaluation Office

Notes: Persistent sadness is defined as feeling down, depressed or hopeless for more than half of the days within the past 2 weeks; Bars with pattern indicate reference group for its specific category; No significant differences compared to reference groups within specific categories were observed (p>0.05); Error bars show 95% confidence interval

Additionally, within the same COVID-19 Health Equity Survey, almost 22% of adults reported persistent anxiety during the pandemic. Twenty-three percent of adults with no children at home, 24.7% Latinx adults, and 24.5% of white adults reported persistent anxiety, all higher than Boston overall.

Prior to the pandemic, mental health among youth was already an area of concern. In the 2019 YRBS, 35% of Boston high school and 27% of middle school students reported persistent sadness in the past 12 months. In looking at the differences by sex and sexual orientation of Boston high school students, females and those who identify as lesbian/gay/bisexual were more likely to report persistent sadness.

Almost 14% of Boston high school students reported having had suicidal thoughts, according to 2015–2019 combined data from the YRBS. LGBTQIA+ students reported higher suicidal thoughts than heterosexual/non-transgender students.



Data source: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2015, 2017, and 2019 combined

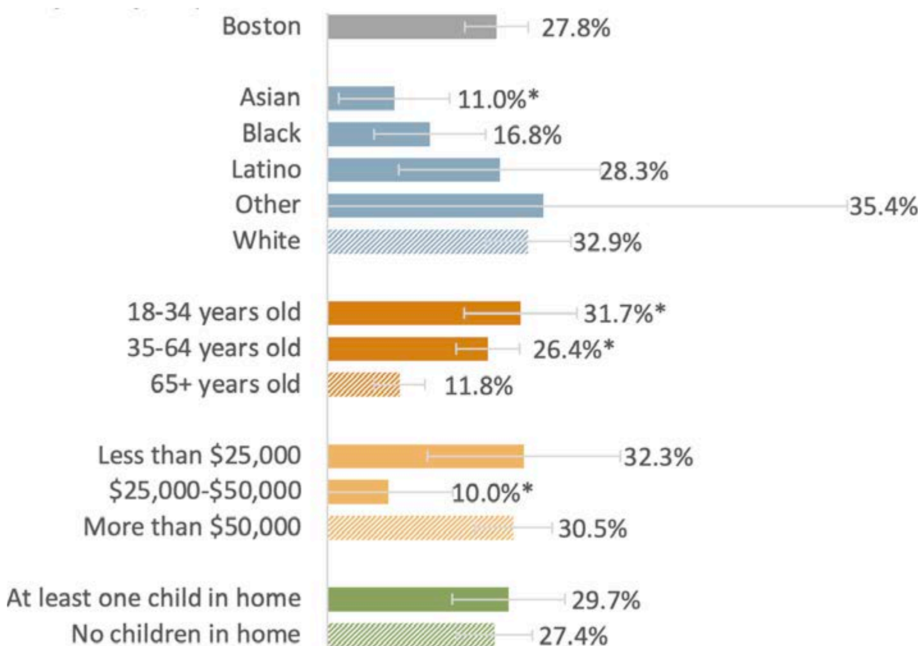
Data analysis: Boston Public Health Commission, Research and Evaluation Office

NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval

Substance Use

Substance use has been on the rise since the pandemic — nationally and locally. **And those with less means seem to be impacted more with rates of opioid usage increasing steadily for non-white residents.** Black and Latinx opioid death rates are now higher than for any other racial group and have risen over the past 5 years. In the DPH COVID Impact Survey, 42% of Boston respondents reporting using more substances now than before the pandemic. On the Boston COVID-19 Health Equity Survey, almost one-third of Boston adults reported increased drinking habits during the pandemic.

Latino, 18–34 years old, those who have less than $25,000 or more than $50,000, and those with at least one child in the home reported higher rates of increased drinking during the pandemic than Boston overall.



Data source: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Survey, December 2020–January 202 1

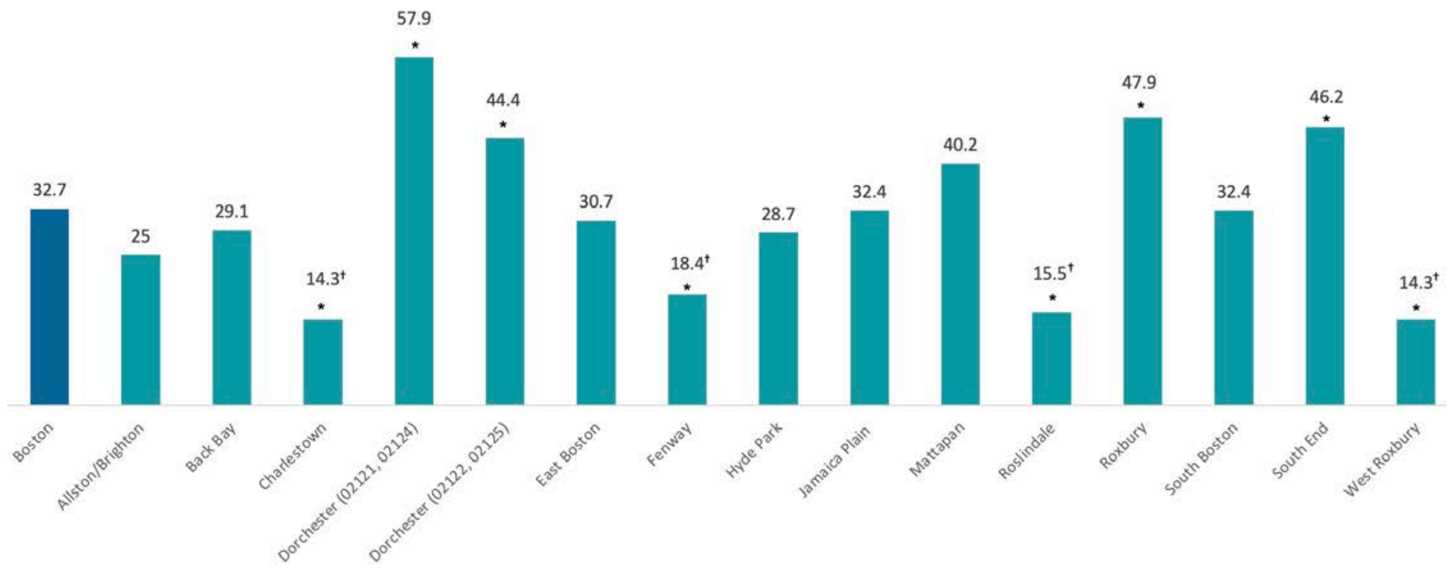
Data analysis: Boston Public Health Commission, Research and Evaluation Office

Notes: Increased drinking habits is defined as increased weekly alcohol intake or started drinking and did not before since March 1, 2020; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval

In 2020, the overall opioid overdose-related hospital patient encounter rate in Boston was 15.0 per 10,000 residents. When comparing by neighborhood, the rates within the South End (80.3), Roxbury (17.6), Mattapan (17.1), and Dorchester (02121 & 02125 — 15.6; 02122 & 02124 — 15.0) were equal to or higher than Boston overall. Notably, the patient encounter levels are impacted by patients identifying as homeless with residential zip codes reflecting those of corresponding homeless shelters. With multiple homeless shelters and encampments by “Mass and Cass” in the South End, the locality of these dwellings may contribute to the neighborhood’s substantially higher opioid overdose-related hospital rate. In looking at the patient encounter rate by race, Black residents had a higher rate than Boston overall (20.4 vs 15.0 per 10,000).

Similar to the trends in opioid hospital patient encounters, Dorchester, zip codes 02121,02125, Roxbury, South End, Dorchester, zip codes 02122, 02124, and Mattapan all had higher unintentional opioid overdose mortality rates than Boston overall.

Black (50.7) and Latino (43.3) residents had higher unintentional opioid death rates compared to Boston (32.7) overall.



Data source: Massachusetts Department of Public Health, Boston resident deaths, 2020–2021 combined

Data analysis: Boston Public Health Commission, Research and Evaluation Office

Notes: Please be advised that 2020–2022 data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Massachusetts Department of Public Health strongly cautions users regarding the accuracy of statistical analyses based on preliminary data and particularly regarding small numbers of events; Dagger (†) denotes where rates are based on 20 or fewer deaths and may be unstable; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$). Please note, opioid overdose hospital patient encounter levels are substantially impacted by patients identifying as homeless with residential zip codes reflecting corresponding homeless shelter zip codes. The people experiencing homelessness impact on neighborhood overdose rates varies considerably with specific neighborhoods (e.g., South End) experiencing substantially higher rates as a result.

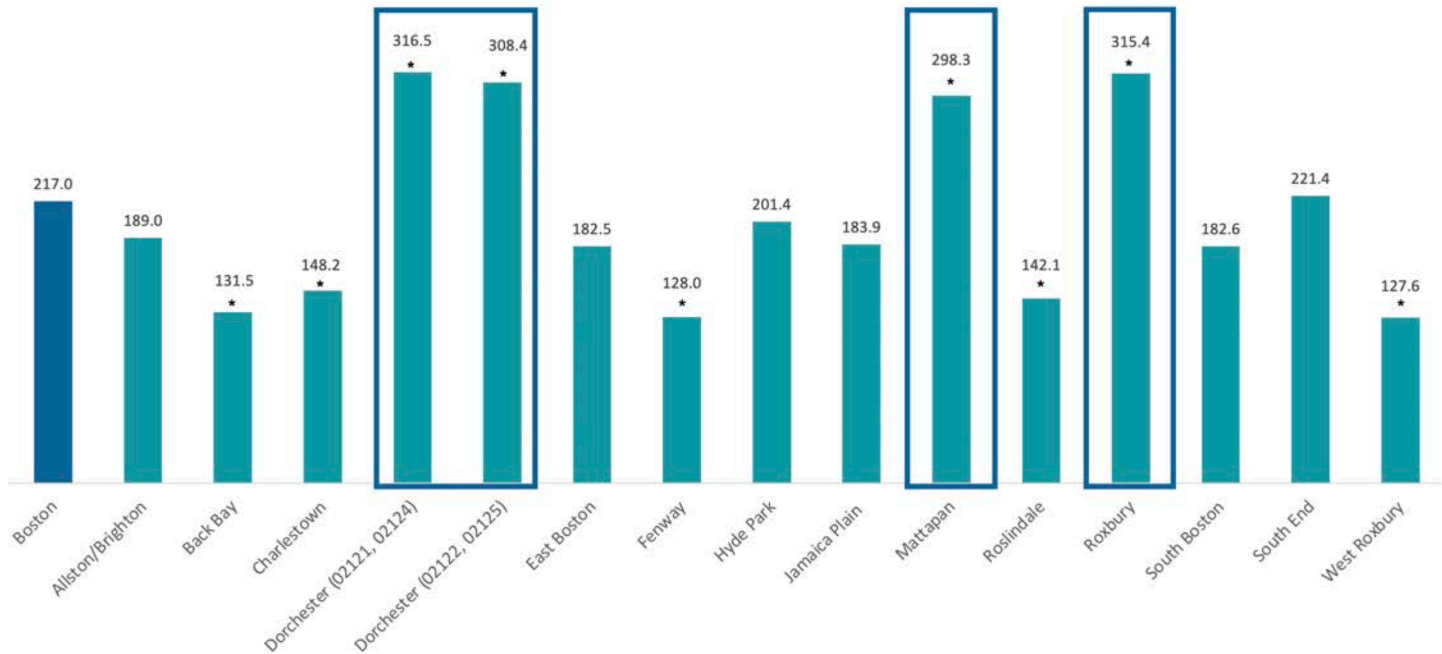
In 2020–2021, the rate of substance treatment admission rate for Boston overall was 83.0 per 10,000 residents. When comparing by neighborhood, the rates within the South End (396.1), Roxbury (180.4), Mattapan (88.3), and Dorchester (02121 & 02125 — 90.5; 02122 & 02124 — 70.1) were all higher than Boston overall. Notably, the treatment admission rates are impacted by patients identifying as homeless with residential zip codes reflecting those of corresponding homeless shelters. When comparing by race/ethnicity, white residents had the highest treatment admission rates than Asian, Black, or Latinx residents.

For youth substance use, Boston Black and Latinx students were four times more likely to have ever misused prescription pain medicine compared to their white peers. Additionally, lesbian/gay/bisexual students were two times more likely to misuse prescription pain medicine compared to heterosexual students. Other forms of substance use such as electronic vapor products continue to increase in use among youth — doubling in use from 6% in 2017 to 12% in 2019. On the contrary, the percentage of Boston high school students reporting alcohol use in the past 30 days has continued to decline from 38% in 2011 to 21% in 2019.

Health Concerns

While specific health outcomes did not rise to the top in the areas of concern for the Boston Collaborative assessment, many participants discussed how the social determinants of health impact individual health outcomes. As a hospital, it is necessary to look at both health outcomes and social determinants of health to get a larger picture of the overall health of a community.

In 2020–2021, the premature mortality rate was highest in Dorchester, Roxbury, and Mattapan. Black and Latinx residents had higher premature rates when compared to Boston overall.



Data source: Boston Public Health Commission, Boston resident deaths, 2020–2021 Combined. Rate is age-adjusted per 100,00 residents.

In 2020, the leading cause of mortality for Boston overall was COVID-19, which was also the leading cause of mortality for Asian, Black, and Latinx residents. In looking beyond COVID-19 mortality rates, cancer and heart disease were the top two leading causes of death for Boston overall, even when looking by race/ethnicity. More broadly, life expectancy at birth in the U.S. declined nearly a year from 2020 to 2021, according to new provisional data from the Centers of Disease and Control. The decline — 77.0 to 76.1 years — took U.S. life expectancy at birth to its lowest level since 1996. This decline of 0.9 year in life expectancy was primarily due to increases in mortality due to COVID-19 (50.0% of the negative contribution), unintentional injuries (15.9%), heart disease (4.1%), chronic liver disease and cirrhosis (3.0%), and suicide (2.1%).

Leading Causes of Mortality, by Boston and Race/Ethnicity, Age-Adjusted Rate per 100,000 Residents, 2020**

	Boston	Asian	Black	Latino	White
1	COVID-19 138.4	COVID-19 95.1	COVID-19 238.1	COVID-19 143.5	Cancer 117.6
2	Cancer 117.4	Cancer 92.8	Heart Disease 183.6	Heart Disease 86.1	Heart Disease 113.1
3	Heart Disease 114.9	Heart Disease 55.4	Cancer 166.7	Cancer 78.8	COVID-19 103.5
4	Accidents 53.7	Cerebrovascular Diseases 22.2 †	Accidents 82.7	Accidents 59.5	Accidents 53.2
5	Cerebrovascular Diseases 27.4	Accidents 17.1 †	Cerebrovascular Diseases 52.8	Diabetes 27.4	Chronic Lower Respiratory Diseases 24.7

**Massachusetts Department of Public Health, Boston Resident Deaths, 2020

Notes: Please be advised that 2020–2022 data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Massachusetts Department of Public Health strongly cautions users regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events; Dagger (†) denotes where rates are based on 20 or fewer deaths and may be unstable

In 2016–2019, the emergency department rate for heart disease in Boston was 665.02 per 100,000. When looking across neighborhoods, South End, Roxbury, Dorchester, Mattapan, Allston, and Hyde Park were all higher than Boston overall. For heart disease hospitalization, the rate for Boston was 1300.59 per 100,000. Like the emergency department rate, South End, Roxbury, Dorchester, Mattapan, Allston, and Hyde Park all had higher hospitalization rates compared to Boston overall.

Boston Emergency Department (ED) and Hospitalization Rates for Heart Disease and Diabetes, by Race, 2016–2019

	Boston Overall	Asian	Black	White
Age-adjusted heart disease ED rate per 100,000	665.02	154.59	462.2	173.26
Age-adjusted heart disease hospitalization rate per 100,000	1300.59	549.29	1456.75	905.04
Age-adjusted diabetes hospitalization rate per 100,000	249.16	40.18	330.44	104.42

Data source: Hospitalizations — MA Inpatient Hospital Discharge Database, Center for Health

In the Boston community survey, 24% of respondents stated they had no barriers to accessing needed health care. However, for those that did have barriers, the top reasons were no available appointments, not enough time, and concern about COVID exposure.

Boston Survey Respondents: Barriers to Getting Needed Health Care, by Age Group

	Overall	25 and under (N=73)	26–49 years old (N=252)	50 and older (N=119)
Fear or distrust of the health care system	18%	22%	23%	8%
Not enough time	23%	30%	25%	13%
Insurance issues	19%	16%	25%	10%
Transportation	15%	18%	17%	10%
No providers or staff speak my language	6%	4%	8%	0%
Can’t get an appointment	27%	25%	28%	25%
Cost	19%	21%	23%	13%
Concern about COVID exposure	23%	10%	24%	27%
No barrier	24%	29%	18%	34%

When asked what type of service community members would prefer delivered by a mobile van, Boston survey respondents selected blood pressure (BP) screening as one of the top choices (43%), preceded by supplies, such as face masks and hand sanitizer (52%) and mental health services (44%). Recent efforts have been initiated to provide BP screenings through MGH's mobile clinics. Since the initiation of these efforts, May 2022 to mid-August 2022, BP checks have been performed for 112 community members of which less than a quarter presented with a systolic BP reading greater than or equal to 140 mmHg (uncontrolled blood pressure). Moving forward, MGH will continue to support this initiative within key neighborhoods and provide linkages to care for patients requiring further evaluation and potential treatment.

Selected Demographics of Individuals Receiving Blood Pressure Screening on MGH Van (5/2022– 8/2022)			
Average Age	**Ethnicity**	**Race**	**Gender**
56 years	62% Hispanic	57% Other 29% Black/African American	55% Female 45% Male

Boston Priorities

Among responses to the Boston community survey, respondents selected mental health services, housing stability and home ownership, and improved care for medication conditions as the top 3 topics hospitals should focus to make the community healthier. These selected focus areas also aligned with the top 3 that were selected based on importance to respondents. Participants also shared in focus groups more details specifically on issues with mental health and substance use and housing.

In the Boston community health survey, mental health services remained the highest priority when stratified by race. However, when looking at all top choices stratified by race, neighborhood safety and violence, education supports and activities for youth, food insecurity, and affordable childcare rose into the top five for different groups.

	All Respondents (N=494)	Black or African American (N=136)	Hispanic/Latino (N=110)	Other (N=37)	Two or more races (N=19)	White (N=186)
1	Mental health Services	Mental health Services	Mental health Services	Mental health Services	Mental health Services	Mental health Services
2	Housing stability & homeownership	Housing stability & homeownership	Housing stability & homeownership	Improved care for medical conditions	Housing stability & homeownership	Substance misuse and the opioid crisis
3	Improved care for medical conditions	Improved care for medical conditions	**Affordable childcare**	Substance misuse and the opioid crisis	**Food insecurity**	Housing stability & homeownership
4	Substance misuse and the opioid crisis	**Neighborhood safety & violence**	COVID-19 pandemic	**Education supports and activities for youth**	Improved care for medical conditions	COVID-19 pandemic
5	COVID-19 pandemic	**Education supports and activities for youth Food Insecurity**	Improved care for medical conditions	**Neighborhood safety & violence**	**Neighborhood safety & violence**	Improved care for medical conditions

In May–June 2022, 62 participants were engaged in four community listening sessions to discuss the Boston CHNA findings, provide feedback on the data and key priority areas, and systematically vote on the 2020 CHIP strategies for more focused implementation. The results reaffirmed the Boston CHIP's priorities of:

1. Behavioral Health (including mental health and substance use)
2. Financial Security and Mobility (including jobs, employment, income, education, and workforce training which comprised this priority in the past CHIP, and including food security which emerged as a salient issue in the 2022 CHNA)
3. Housing (including affordability, quality, homelessness, ownership, gentrification, and displacement)
4. Accessing Services (including health care, childcare and social services)

North Suffolk Integrated Community Health Needs Assessment (iCHNA)

Collaborative Process

In 2016, the Chelsea City Manager, the Revere Mayor, and the Winthrop Town Manager, with the assistance of the Metropolitan Area Planning Council (MAPC), formed the North Suffolk Public Health Collaborative (NSPHC) to collaboratively assess and develop strategies to address their changing demographics and shared health needs — having a greater impact potentially than if each municipality had approached their own evaluations separately. By leveraging their shared knowledge, experience, and resources, NSPHC aims to support priority issues on which further programs, policy changes or funding can impact these focus areas.

In 2022, MGH's Center for Community Health Improvement (CCHI) co-led and managed the process with MAPC. Like the Boston Collaborative, the 2022 North Suffolk iCHNA built upon the 2019 CHNA, with an emphasis on understanding how residents' needs have changed in relation to the 2019 identified priorities.

Prevention Institute, THRIVE: Tool for Health & Resilience In Vulnerable Environments. preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments

The Steering Committee — comprised of municipal leaders and representatives of the three communities' health departments, community-based organizations, and health providers in the area including MGH, Cambridge Health Alliance, Beth Israel Deaconess, East Boston Neighborhood Health Center, and Melrose-Wakefield HealthCare — provided input on community engagement methods and prioritization. In addition to the Steering Committee collaboration, Beth Israel Lahey Health, Cambridge Health Alliance, and MGH worked together to create a survey to be administered across all communities served by the hospital systems.

The North Suffolk iCHNA utilized the THRIVE (Tool for Health & Resilience in Vulnerable Environments) Model of Health and Resilience as a guiding framework for the 2022 assessment. Developed by The Prevention Institute and U.S. Office of Minority Health, the framework is used to understand how structural drivers materialize at a community level, in part by shaping the circumstance and conditions in which people are born, live, work, learn, play, and age. These drivers, circumstances, and conditions, all ultimately influence health outcomes and health equity.

The 12 factors the THRIVE model focus on, include:

People	Place	Equitable Opportunity
• Social networks + trust • Participation for common good • Norms + culture	• Look, feel + safety • Parks + open space • Getting around • Housing • Air, water + soil • Arts + cultural expression • What's sold + how it's promoted	• Living wages + local wealth • Education • Resources + services

Data and Methods

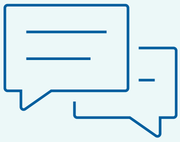
MGH and MAPC co-led the CHNA for North Suffolk under the North Suffolk Public Health Collaborative. During the community engagement design process, MGH and MAPC collaborated with Beth Israel Lahey Health (BILH) and Cambridge Health Alliance (CHA) to ensure alignment between the three separate assessments. The community engagement methods were presented to the iCHNA Steering Committee for review and approval.

The CHNA data gathering efforts included:

Secondary Data Review

- Focused on social, economic, and health indicators.
- Review of trends, when possible, across the communities and by population groups within Chelsea, Revere, and Winthrop.
- Secondary data sources including the US Census, (BBRFS), MA Department of Education, the Youth Risk Behavior Survey (YRBS), Prevention Needs Assessment (PNA), and vital records.

Key Informant Interviews and Focus Groups



- 29 organizational and community leaders, including leaders from community-based organizations, elected officials, civic organizations, and health providers participated in key informant interviews. Key informant interviews were either conducted individually or within the CHIP working groups.
- 4 focus group discussions with 25 residents including youth and seniors. Focus groups were conducted both virtually and in-person. Participants were provided a $30 gift card for their time.
- Upon completion of both key informant interviews and focus groups, notes were read, reviewed and coded to categorize the data and identify overarching, common themes for qualitative analysis.

Focus Groups

- 29 focus group discussions with 309 residents from more underserved communities, including with youth; LGBTQIA+ residents; several BIPOC communities, such as Latinx, Chinese, Vietnamese, and Black/African American residents; veterans; and families with young children.

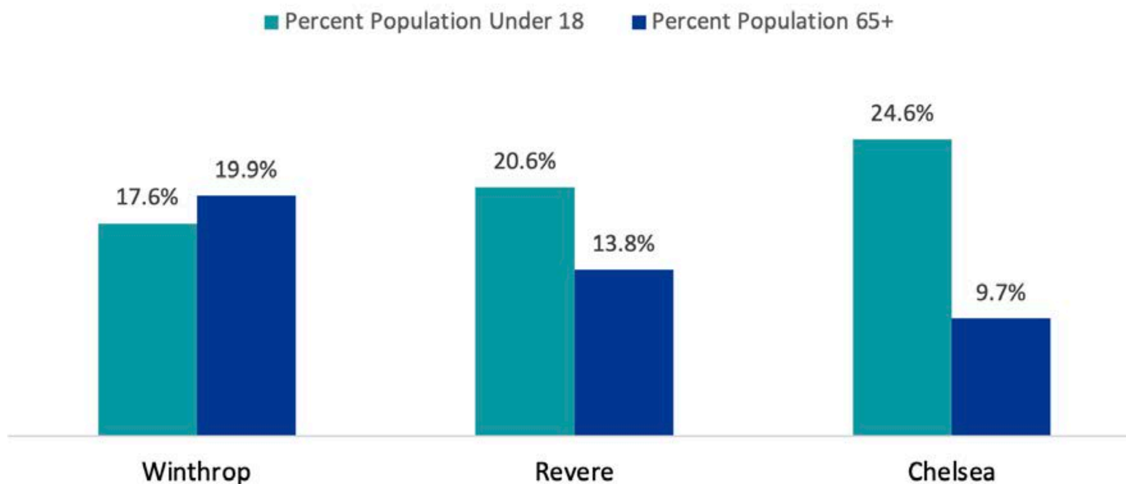
Community Survey

- The 35-question anonymous survey was administered to those who live and work in Chelsea, Revere, and Winthrop to understand community perceptions of quality of life, community strengths and challenges, priority areas, and demographic information. The survey was available in 6 languages: English, Haitian Creole, Portuguese, Spanish, Simplified Chinese, and Traditional Chinese. As an incentive, respondents who were willing to provide an email address or phone number were entered into a drawing for one of three $100 gift cards.
- The survey utilized a convenience sampling of respondents. It was available online on Survey Monkey and administered through a phone survey. MGH promoted the online survey through social media accounts and through internal staff email lists. Survey data was collected from October 2021–February 2022.
- The survey was cleaned and analyzed in the statistical software R with a final sample analysis of 1,401 respondents. The data was stratified by community, age group, gender, race, ethnicity, and language.

Target Population and Characteristics

Chelsea, Revere, and Winthrop are the three communities that comprise North Suffolk, with a combined population of 111,836. All are relatively small, with the populations ranging in size, race, ethnicity, and age among other factors.

Chelsea and Revere has a higher under 18 population than the state overall (MA–19.8%). Winthrop has a higher older population than the state overall (MA–16.5%).



Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020.

Understanding the racial, ethnic, and language profiles of North Suffolk residents can help better understand the health status of residents in part because of the systemic and structural factors that contribute to inequities. Across the three communities, differences among race/ethnicity, foreign-born residents, and languages can be seen.

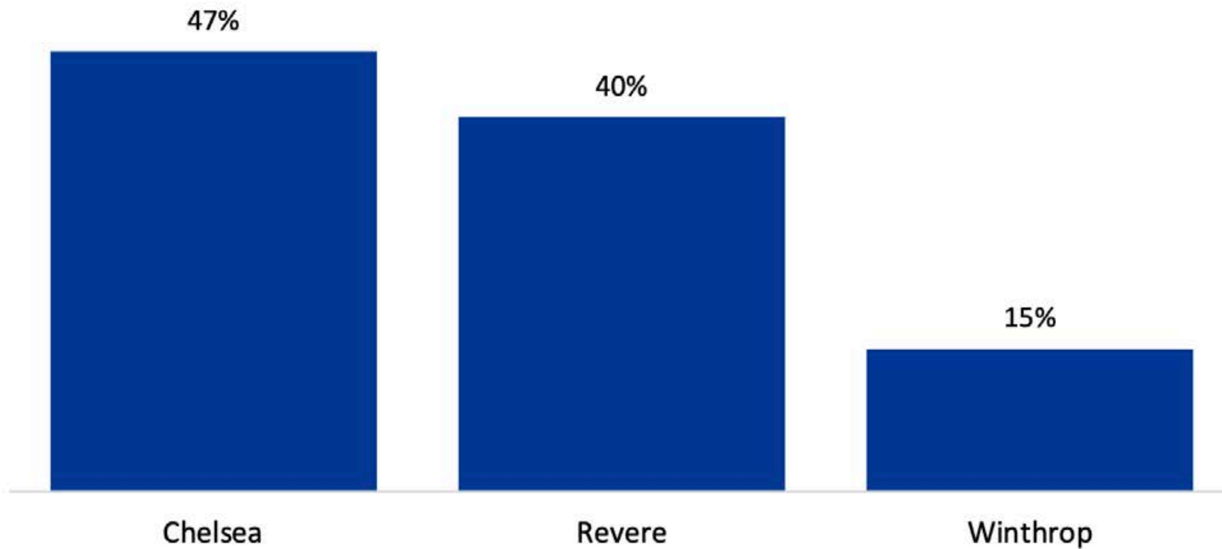
Racial and Ethnic Distribution, U.S. Census, American Community Survey, 2016–2020

	American Indian & Alaska Native	Asian	Black	Hispanic/ Latino	Native Hawaiian & Other Pacific Islander	Some Other Race	Two or More Races	White
MA	0.1%	6.7%	6.8%	12.1%	0%	.03%	2.7%	70.8%
Chelsea	0%	3.7%	5.2%	67.7%	0%	0%	3.4%	19.6%
Revere	.03%	3.7%	4.1%	37.3%	0%	0%	1.6%	51.5%
Winthrop	0%	0.7%	3.6%	11.7%	0%	0%	1.2%	83%

Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020.

Not only are there age and race/ethnic differences among the three communities, but they also differ by foreign-born residents.

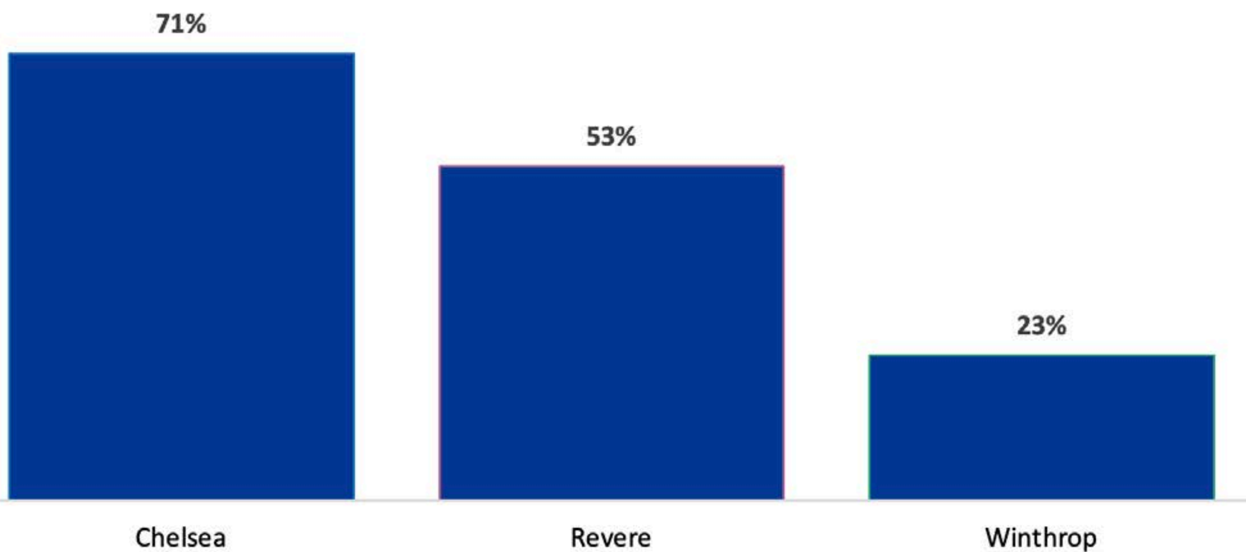
Chelsea and Revere have a much higher foreign-born population than the state overall (16.9%)



Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020.

Over 50% of Chelsea and Revere residents speak a language other than English at home. When looking deeper into those that speak a language other than English, 40% of Chelsea, 29% of Revere, and 7% of Winthrop speak English less than "very well," compared to 9% statewide.

Chelsea and Revere both have a larger population of residents who speak a language other than English at home compared to the state (23.9%).



Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020.

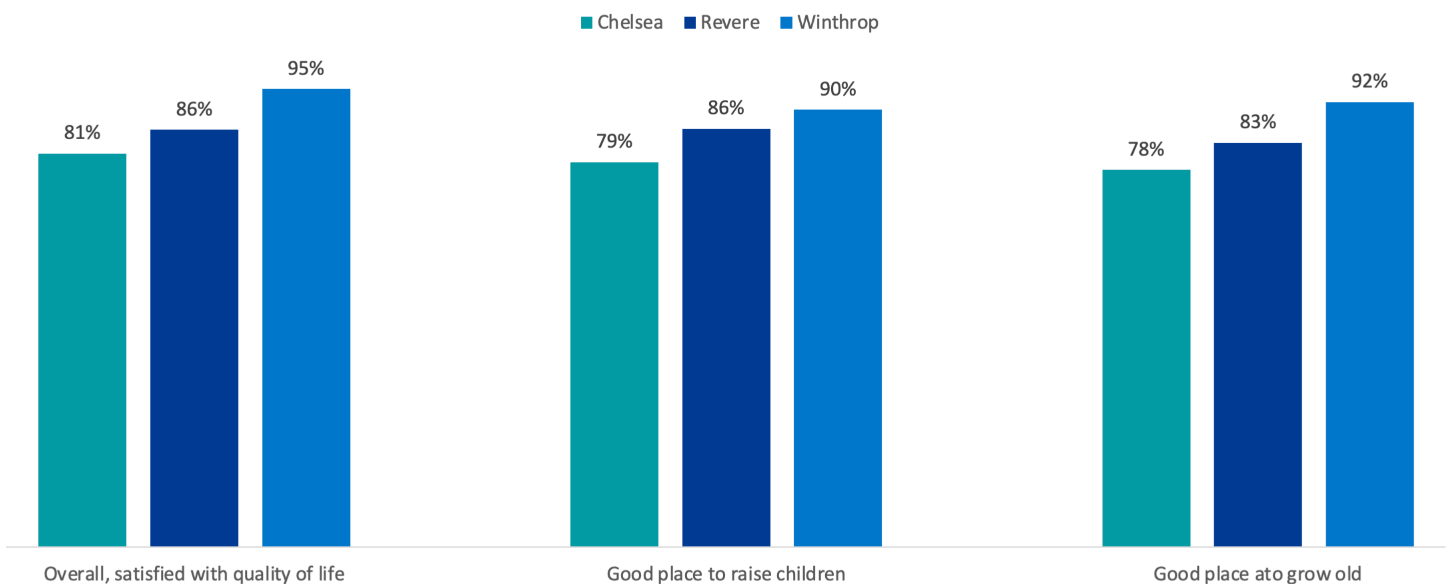
Social and Physical Environment

> Focus group participants and key informants described the resilience among residents, despite trauma, tremendous need, and the COVID-19 pandemic. Participants also discussed the community connectedness among residents, organizations, and with neighboring communities.

In the 2022 iCHNA community survey, over 70% of Chelsea and Winthrop respondents and 50% of Revere respondents stated there are people and/or organizations in their community that support them during times of stress and need.

Overall, most residents in each community believe their community is a good place to raise children, good place to grow old, and overall provide a quality life.

These all saw increases from the 2019 community health survey.



Data source: 2022 North Suffolk iCHNA community survey; 1,401 total respondents.

Like 2019, focus group participants, again, highlighted transportation as an asset in their communities. In Winthrop, participants of the youth and senior focus group noted accessible public transportation as a strength, allowing travel within the community and beyond, notably to Boston. For youth, the proximity of the MBTA and access to a T pass, and for seniors, the Partners shuttle bus all allowed travel to and from appointments at MGH and Winthrop Neighborhood Health (an outpatient facility of East Boston Neighborhood Health Center). In Chelsea, focus group participants also described having access to public transportation such as the MBTA bus as a strength in the community.

Community Health Issues and Outcomes — The North Suffolk CHNA Priorities

As mentioned previously, the 2022 CHNA purpose was to build upon the 2019 assessment and explore deeper the four priorities from 2019: Behavioral Health, Economic Stability and Mobility, Housing, and Environmental Health. For the past two years, the North Suffolk CHIP working groups have been implementing the strategies outlined in the 2020 community health improvement plan. While progress has been made on many of the strategies, others have not been implemented as extensively given limited capacity and the COVID-19 pandemic. Given this, the 2022 prioritization process focused on reaffirming the previous priorities and identifying any new issues that have emerged and prioritizing specific strategies that should be lifted for future action.

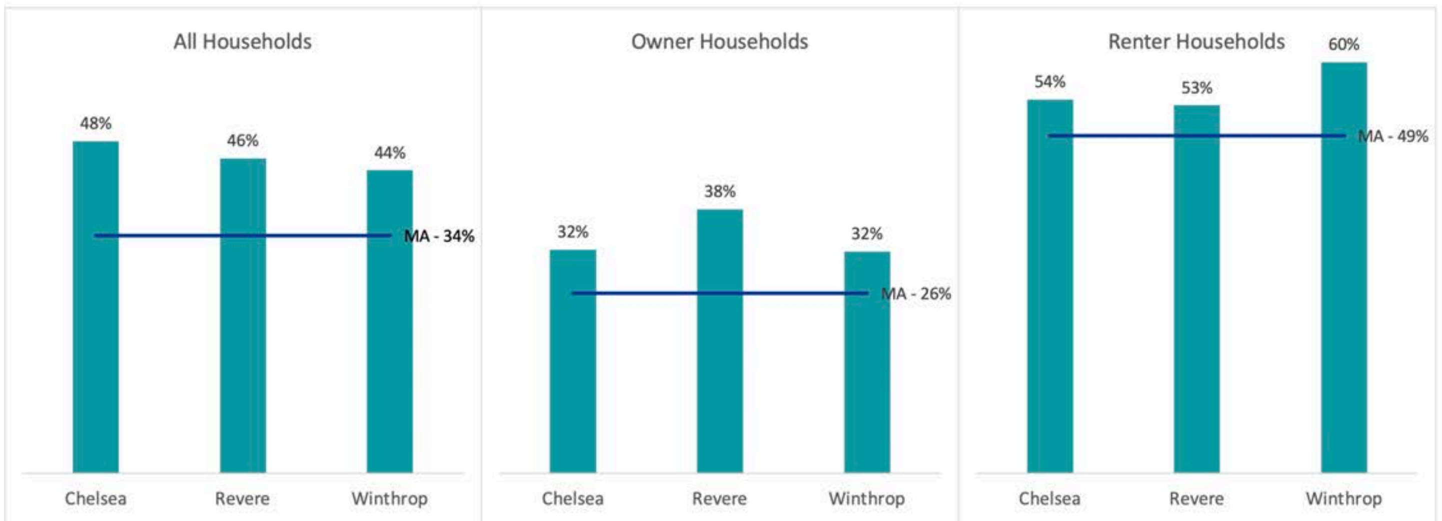
Housing

> Focus group participants and interviewees stated the need for safe and affordable housing in their communities. Limited state and local policies, such gaps in rental assistance have been unhelpful.

Just as in 2019, rising housing costs, housing instability, and over-crowdedness again presented in the 2022 assessment. Rising costs of rent and utilities were described as standing concerns. Additionally, overcrowding became ever more a present challenge for infection control and safe isolation during the pandemic, as multiple individuals, or multi-generational households shared limited living space such as bedrooms and single bathrooms. Focus group participants and interviewees also shared there is a lack of stability regarding housing and a threat of displacement due to private housing options. In addition, one participant mentioned there is a shift from owner-occupied units to investor-owned properties, which has negatively impacted the quality of housing conditions.

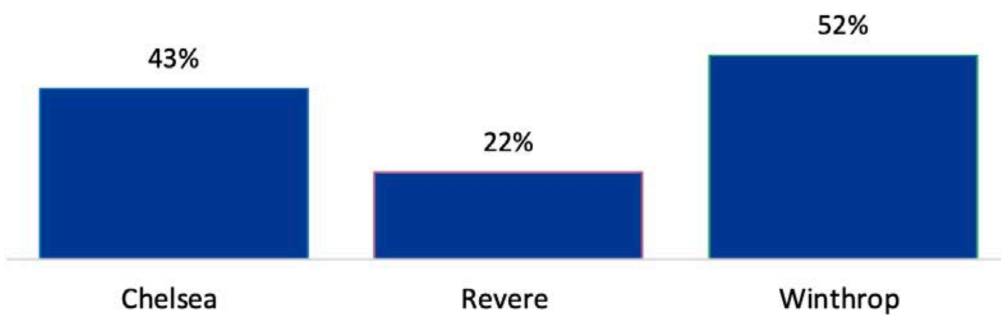
> "I can see all the big buildings around my house and know I can't afford them and it's not family friendly. I want to buy a house and it is very hard to buy a house and there is no program that we can apply for…We are fighting to be here".

Over 40% of all households in North Suffolk are cost burdened, with over 50% of renters paying 30% or more of their monthly income to their housing.



Data source: American Community Survey (ACS), 2016–2020

In the iCHNA community survey, more than half of Chelsea and Revere respondents stated housing in their community is not affordable.



Data source: 2022 North Suffolk iCHNA Community Survey; 1,401 Respondents

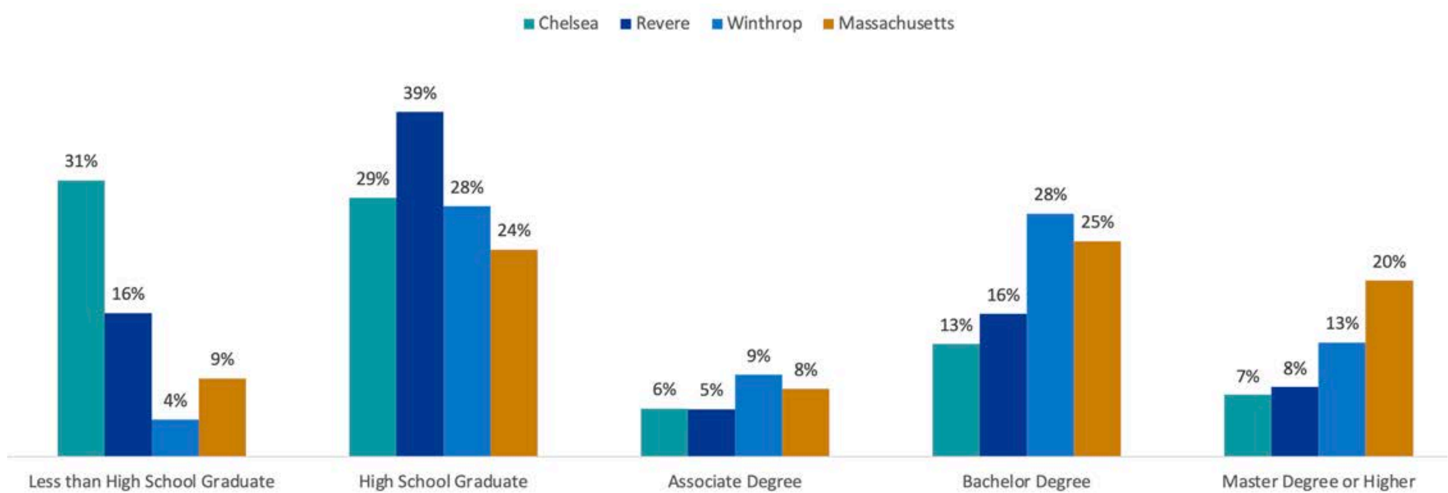
In the iCHNA community survey, Latinx and 45–64-year-old were the least likely to state that housing in their community is affordable.

Economic Stability and Mobility

> Focus group participants emphasized the importance of receiving fair pay and having access to a safe work environment. Participants highlighted that economic stability would help alleviate multiple health issues.

Educational opportunities in prior assessments have been discussed as they relate to accessing quality jobs. Sixty percent of Chelsea residents, 55% of Revere, and 32% of Winthrop residents have equal to or less than a high school education, compared to 33% statewide. Across North Suffolk, the 2021 high school graduation rate varied in which 67% of Chelsea, 84% of Revere, and 91% of Winthrop students graduated.

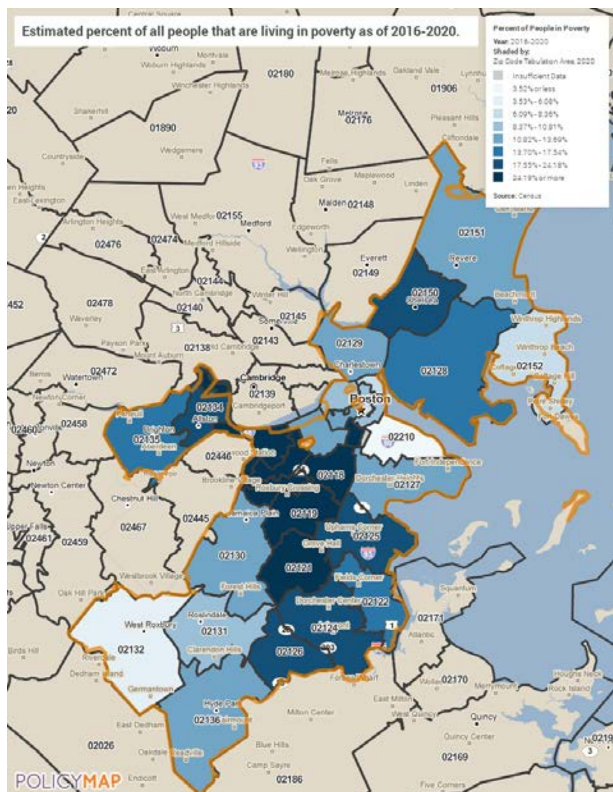
Educational Attainment by Community



Data source: U.S. Census, American Community Survey 5-Year Estimates, 2016–2020.

> "If [they have] access to good jobs that are well-paid, their mental health, food insecurity, and affordable health improve".

Estimated percent of all people that are living in poverty as of 2016–2020



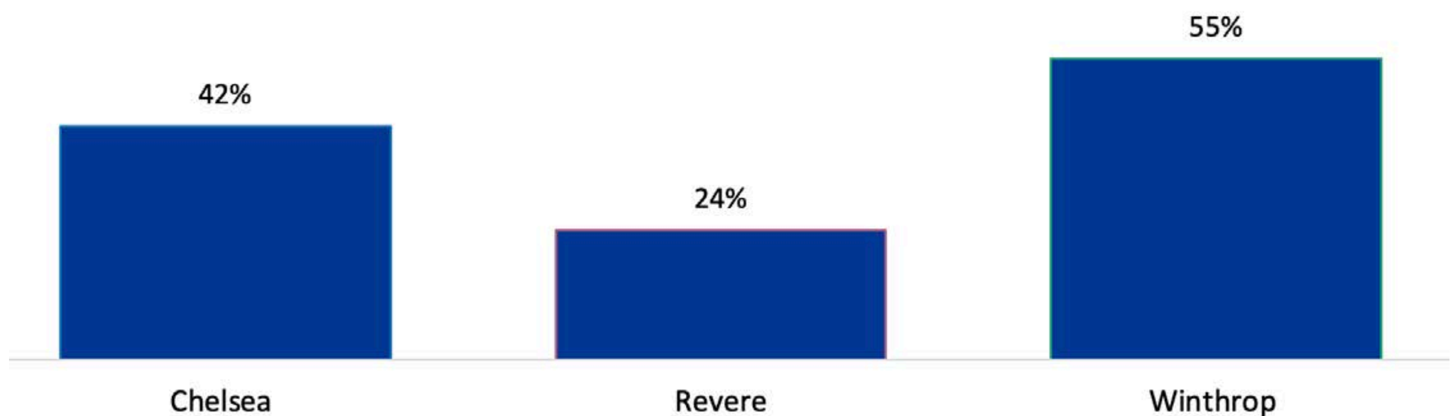
Data source: 1. U.S. Census, American Community Survey 5-Year Estimates, 2016–2020. 2. Massachusetts Department of Elementary and Secondary Education.

19% of Chelsea, 12% of Revere, and 8% of Winthrop residents live in poverty, compared to 10% statewide.

In the 2020–2021 school year, 83% of Chelsea, 71% of Revere, and 40% of Winthrop public school students were low income, compared to 44% across the state.

While discussing employment, participants described the stress families in Chelsea experience requiring balancing multiple jobs to pay rent that continues to increase while making ends meet. Participants also noted that while the pandemic has made people rethink the quality of their work environment, residents have less choice in which jobs they can take and often will take any job opportunity available to pay their bills. Regarding youth employment, youth focus group participants in Winthrop mentioned there are limited high-paying jobs in their local area, making it is necessary to travel outside of town to find a job, and it can be a long process for obtaining a work permit and other necessary paperwork. Additionally, Winthrop youth noted the importance of having a high-quality work environment, with many participants remarking the work environment at CASA (Community Action for Safe Alternatives), an advocacy organization for youth and families impacted by substance misuse, as enjoyable and nice. Lastly, Revere youth participants said that jobs often have many requirements that people may not always agree with, such as vaccine requirements, which may hinder access to job opportunities.

Less than half of Chelsea and Revere survey respondents stated they have access to good local jobs with living wages and benefits. Only 18% of Latinx respondents believe they have access to good local jobs with living wages and benefits.



Data source: 2022 North Suffolk iCHNA Community Survey; 1,401 Respondents

In addition, focus group participants and interviewees mentioned there is a particular vulnerability among undocumented residents, especially regarding wage theft; one participant provided an example of residents not receiving pay for three months but continuing to report to work every day. Additionally, the availability and affordability of childcare can impact the type of jobs people are able to secure. In the iCHNA community survey, perceptions of childcare affordability varied across North Suffolk in which 42% of Chelsea, 20% of Revere, and 55% of Winthrop survey respondents stated people have access to affordable childcare services. When examined by race/ethnicity, only 20% of Latinx and 36% of Black survey respondents stated having access to affordable childcare services. Food/Nutrition Security

Food/Nutrition Security

Financial stability is directly tied to being able to afford enough food for households. In Massachusetts, there has been a 59% increase in food insecurity in 2020–2021, the highest increase in the country. On the MA DPH COVID Impact Survey, 39% of Chelsea, 33% of Revere, and 17% of Winthrop respondents worried about getting food or groceries in the coming weeks. According to the 2016–2020 ACS, 20% of Chelsea, 14% of Revere, and 9% of Winthrop residents were receiving SNAP, compared to 12% statewide. In looking at households with children under 18 years old, 46% of Chelsea, 31% of Revere, and 34% of Winthrop were receiving SNAP, compared to 39% statewide.

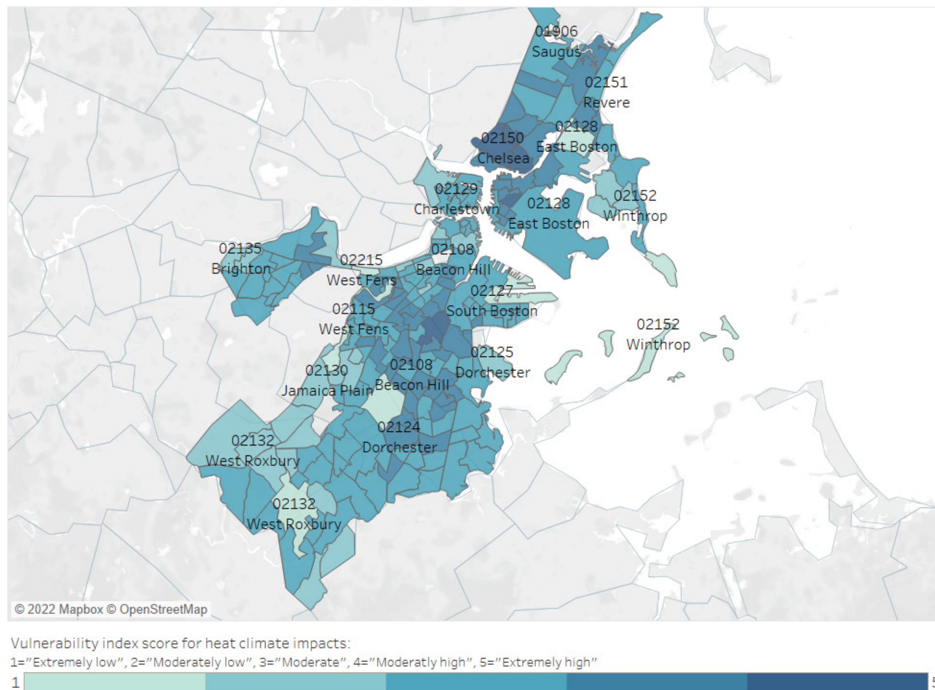
Several North Suffolk focus group participants and interviewees mentioned that eating healthy, including fruits and vegetables, is important for one's well-being and health, but shared that it is difficult to access healthy food in their community due to food deserts. Participants shared it is easier to access unhealthy foods, as fast-food places and convenience stores are in closer proximity than grocery stores, and healthy foods are more expensive. One participant stated: *"Eating healthy is a good process for living a much healthier life; however, in our community, with so much surrounding us, in the sense of liquor stores, corner stores, so much junk, it's easy to access those type of things."* Furthermore, a youth participant touched upon what community members must weigh in consideration when making food choices, *"Like right now in stores organic foods are so much but you can go to McDonalds and get chicken nuggets for like $2."* A young person stated, "…here in Chelsea there is a lot of fast-food places like Popeyes and Dunkin' right next to each other, so we have the options to buy food like that, but if we put more restaurants around here that had healthier options, it would probably increase our health." Other issues such as food insecurity and low-quality school lunches pose as challenges for a healthy diet as one youth participant stated, *"Someone's economic status or their income can impact what food they can buy or if you are able to access nutritious foods."*

Environment

After the 2019, North Suffolk collaborators created a CHIP working group to specifically address Environment as an important area of focus. Focus group participants, particularly in Chelsea and Winthrop, pointed out the impact of toxins and pollutions on air quality in their communities. Winthrop participants discussed the environmental effects of Logan airport and the community concerns about its potential association with cancer. Participants in Chelsea, including youth, have seen an increase in vehicular traffic and cars, and highlighted the frequency of construction in the community as well, which has also negatively impacted air quality. Other community spaces such as parks and their conditions including litter and cleanliness were recognized to have impact on the health of community members. Revere and Chelsea youth mentioned there is much drug/substance use, violence, and trash in parks; as a result, people do not feel safe in the park due to the negative connotation. One participant stated, *"It just gave us and our parents the ideology like 'Oh don't go to that place. It's not a safe place. Only bad people go there."*

Vulnerability Index for Heat Climate Impacts by Census Tracts

Chelsea and Revere residents have increased vulnerability for heat climate impacts.

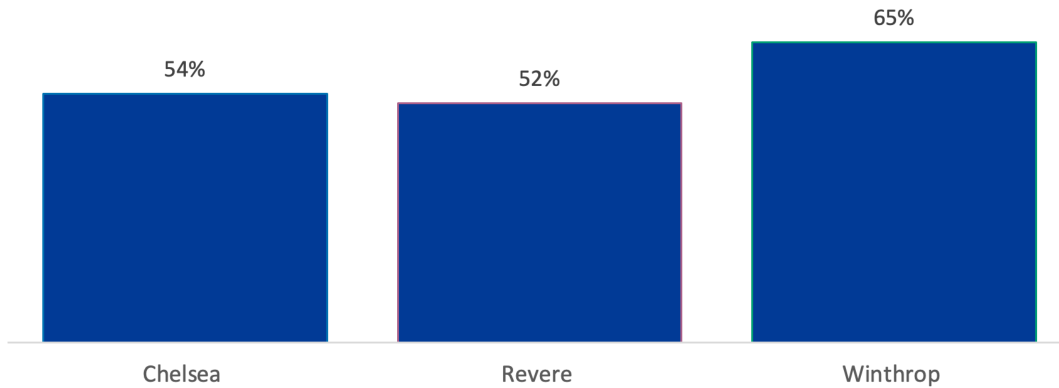


Data source: MAPC: Climate Vulnerability in Greater Boston

MetroCommon □ 2050: Climate Vulnerability Analysis | Greater Boston Climate Vulnerability Analysis. (mapc.org)

In the iCHNA community survey, 61% of Chelsea, 60% of Revere, and 71% of Winthrop respondents stated that there are options for staying cool during extreme heat. In asking survey respondents about the quality of the air, 59% of Chelsea and Revere, and 71% of Winthrop respondents stated the air is healthy to breathe in their community.

Less than 70% of iCHNA survey respondents stated their community is prepared to protect itself during climate disasters, such as flash flooding, hurricanes, or blizzards.

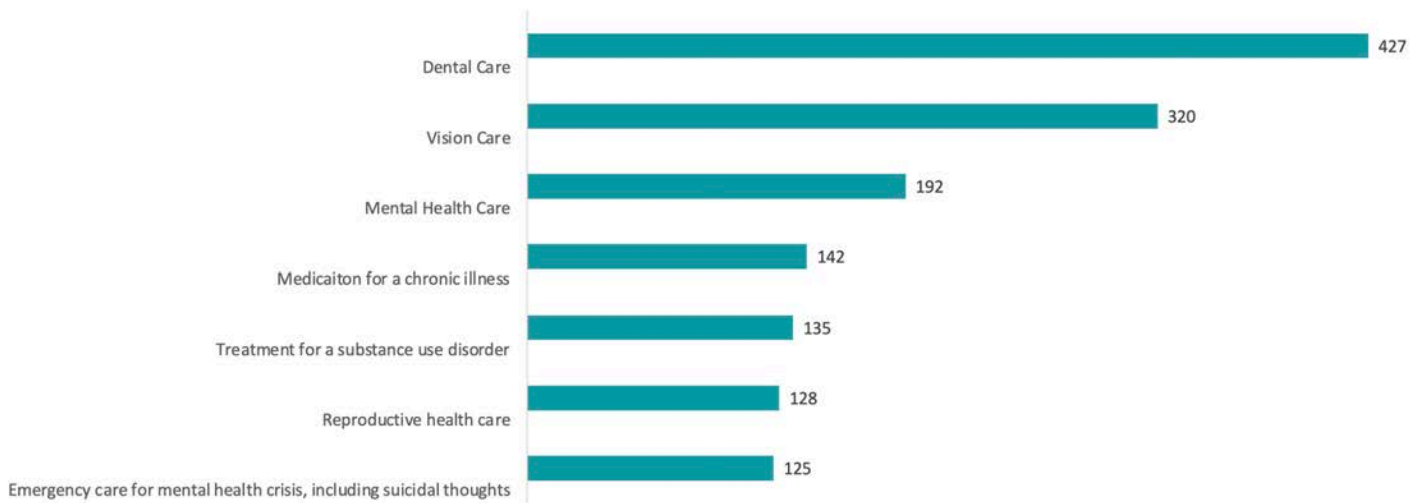


Data source: 2022 North Suffolk iCHNA Community Survey; 1,401 Respondents

Access to Care

Among iCHNA survey respondents, dental care and vision care were the top two types of care they needed but were unable to access. Fifty-six percent and 50% of survey respondents stated cost was the biggest barrier in accessing dental and vision care, respectively. Black, Latinx, 17–24-year-old, and 45–64 years old survey respondents had higher rates of not being able to access dental or vision care when they needed it.

The number of survey respondents who stated: "I needed this type of care but could not access it"



Data source: 2022 North Suffolk iCHNA Community Survey; 1,401 Respondents

iCHNA Survey Respondents: Barriers to Accessing Needed Health Care	
	Overall
Unable to get transportation	**14%**
Concern about COVID exposure	10%
Fear or distrust of the health care system	13%
Unable to afford the costs	**36%**
No providers speak language	6%
Hours did not fit schedule	**16%**

Data source: 2022 North Suffolk iCHNA Community Survey; 1,401 Respondents

For any types of care that survey respondents needed, but were unable to access, cost was the top barrier, followed by available hours and transportation.

Behavioral Health

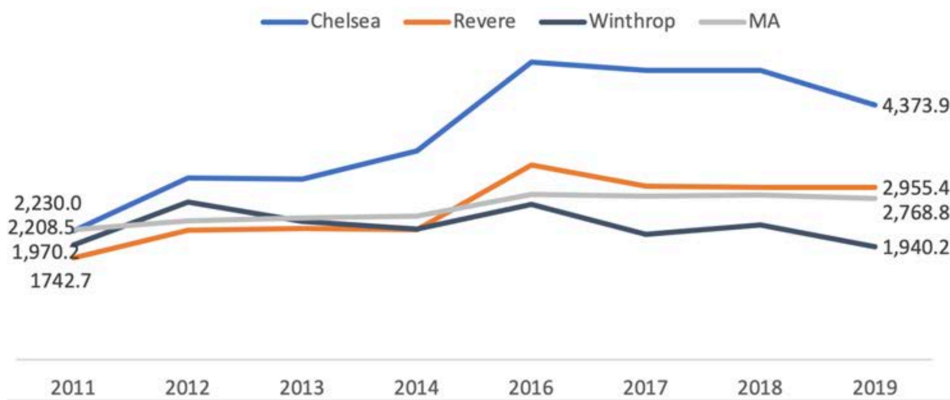
> Focus group participants and key informants highlighted an overwhelming need for mental health services, as many people are grappling with unresolved mental health issues due to loss, trauma, and stress.

Residents in Chelsea, Revere, and Winthrop continue to face rising rates of mental health and substance use challenges, with many residents often struggling with both. On average, among Suffolk residents admitted for treatment to a BSAS (Bureau of Substance Addiction Services) funded and/or licensed program, 40% have had prior mental health treatment. Prior to the pandemic, behavioral health issues were already a standing concern in North Suffolk, and many interviewees and focus group participants discussed how this concern persists and has been exacerbated by the pandemic.

Mental Health

From 2016 to 2019, Chelsea had a higher age-adjusted mental health hospitalization rate than the state (1409.3 vs. 989.8). While lower than the state overall, communities within Revere and Winthrop still experienced high rates of hospitalizations as well, 965.9 and 758.2, respectively. The rates have remained relatively the same from 2007 to 2019, with some slight variations from year to year. From 2016–2019, both Chelsea (4837.2) and Revere (3056.5) had higher age-adjusted mental health ED rates than the state (2807.7), while Winthrop was lower (2245.7).

Since 2012, Chelsea has higher mental health ED rates than the state and since 2016, Revere has higher ED rates than the state.



Over 30% of Boston, Chelsea, Revere, and Winthrop DPH COVID Impact survey respondents reported 15 or more poor mental health days in past 30 days.

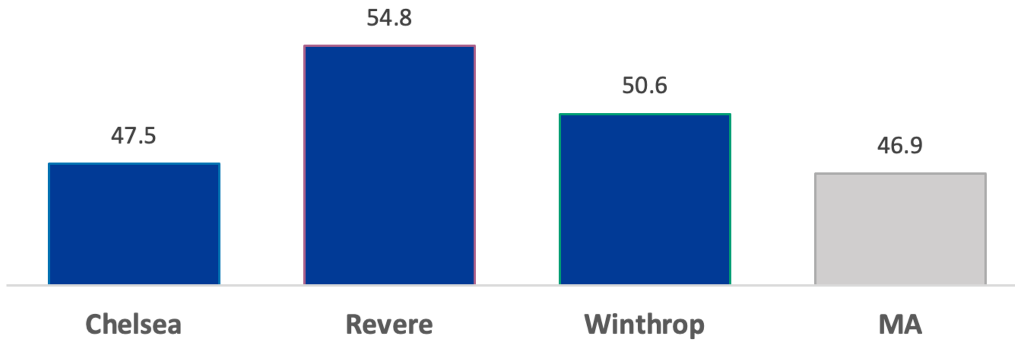
Data sources: 1. The Massachusetts Acute Hospital Case Mix Database. Emergency department (ED) visits rate represents those visits that did not end in an inpatient admission or outpatient stay. 2. COVID-19 Community Impact Survey (CCIS), conducted online in the fall of 2020 by the Massachusetts Department of Public Health. Data is for respondents aged 25 years old and older.

Continuing the discussion around mental health, several participants discussed issues pertinent to youth in their communities. On both surveys, the YRBS and the Prevention Needs Assessment (PNA), approximately 30% of Revere and Winthrop public school students reported experiencing persistent sadness in past year. In a district-wide initiative to screen for mental health, 20% of middle school and 15% of high school students in Chelsea were either borderline at-risk or clinically significant for depression and/or anxiety. Youth focus group participants from Revere and Winthrop pointed that there is insufficient funding for schools, and, as a result, schools are challenged with large class sizes as well as lacking guidance counselors and teachers. Additionally, Chelsea and Winthrop youth discussed being stressed — needing a break from managing schoolwork, jobs, and other demands. A refuge away from stressors was described as needed as Chelsea youth mentioned they do not have a place to just relax after school, such as a youth center. Other challenges youth face include growing up with trauma and how its negative impact contributes to abandonment of their own community. Lastly, youth focus group participants highlighted issues with bullying in school that often were unresolved and not adequately handled, a negatively impacting stressor inside and outside the classroom.

Substance Use

Across North Suffolk, the number of unintentional overdose hospitalizations and deaths continue to remain a concern within the community. The numbers of opioid-related deaths have been variable, with the current number of deaths in 2021 of 10 (Chelsea), 25 (Revere), and 6 (Winthrop). Statewide, from 2016–2020, opioid-related deaths in MA declined for white residents, while rates for Black and Latinx residents increased.

All 3 communities had higher hopsitalizations of non-fatal unintentional poisonings/overdoses than the state in 2016–2019. Males had higher rates than females in each community.



Data source: Hospitalizations – MA Inpatient Hospital Discharge Database, Center for Health Information and Analysis (CHIA). Analyses include MA residents only and exclude patients who died or were transferred to another acute care hospital. ICD-10 Codes used: T36-T50; T40.0X, T40.1X, T40.2X, T40.3X, T40.4X, T40.60, T40.69, T40.1X, T40.5X, T43.60, T43.61, T43.63, T43.64, T43.69

Specific to youth, vaping emerged in 2019 as a growing concern and have since become more prominent in use and prevalence. Revere and Winthrop youth focus group participants described the increase of vaping, particularly in the school bathrooms. The increase in vaping has negatively affected the ability to access school bathrooms, as youth are occupying the stalls to use vapes. Although youth participants acknowledged that vaping is unhealthy and its smell and smoke in the lungs as equally undesirable, more freshmen students are now beginning to use vapes. Access to vaping products is possible as Revere youth noted that there is a trading system among peers. Additionally, youth expressed that even if vapes were to be confiscated, their peers will still be able to continue to access and use. One participant stated that youth did not discuss vaping with their family members, which suggests that this may contribute to ongoing use. Misconception on the health effects of vaping is evident as Revere youth stated there is a low perception of harm with vaping, as their peers see it as less dangerous than smoking cigarettes. Even when informed on the damages vaping may have on their bodies, youth shared that their peers continue to use vapes, possibly to look cool and to imitate social media personalities (influencers) who smoke but also give mixed and ineffective messages on not smoking.

Access to Behavioral Health Care Services (iCHNA community health survey)

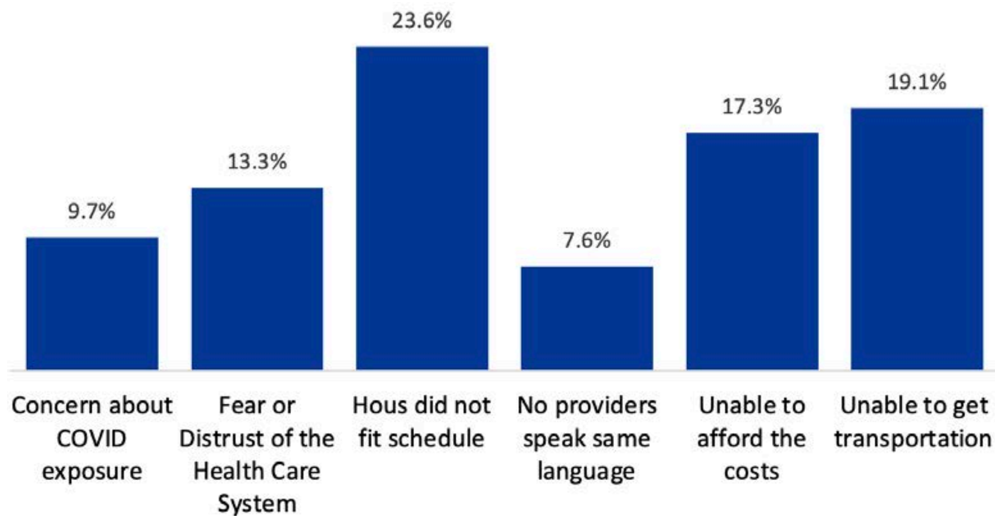
	Needed Type of Care and Was Able to Access	Needed Type of Care and Was Unable to Access it	Did Not Need Type of Care
Mental Health Care	17.6%	13.7%	29.3%
Emergency Care for Mental Health, including suicidal thoughts)	13.5%	8.9%	38.2%
Treatment for Substance Use Disorder	13.4%	9.6%	37.3%

Between 28%–38% of 17–24 year old respondents said that they could not access the three types of care — the most of any other age group.

Data source: 2022 North Suffolk iCHNA community survey; 1,401 total respondents.

Within the community, bridging access to care and appropriate resources are necessary to meet the needs of residents. In discussions, focus group participants and interviewees noted how low reimbursement rates impact mental health services and consequently, potentially lower salaries, resulting in professionals deserting a field already faced with provider shortages. Furthermore, participants described the system being overly complex and difficult to navigate. On the iCHNA community health survey, 44% of Chelsea, 42% of Winthrop, and 27% of Revere respondents reported the health care in the community meets the mental health needs of residents. However, Latinx survey respondents (18%) were even less likely to state their mental health needs were met.

Available hours, transportation, and costs were the top barriers for survey respondents in accessing any type of mental health care.



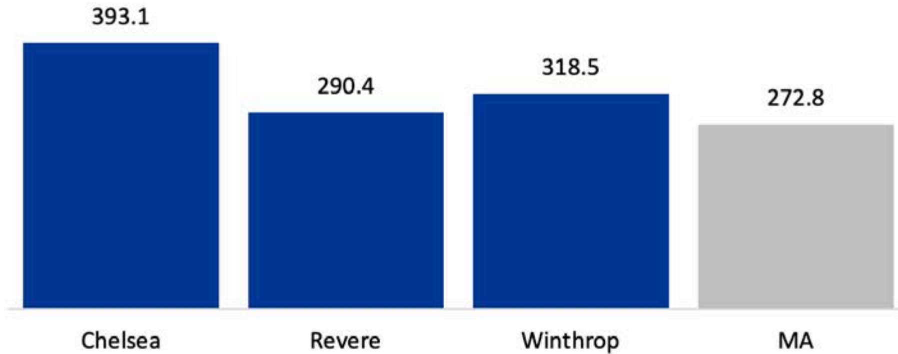
Data source: 2022 North Suffolk iCHNA community survey; 1,401 total respondents.

Fear or distrust of the health care system (21.9%) was the top barrier in accessing substance use treatment services, followed by available hours, costs, and transportation.

Health Concerns

While specific health outcomes did not rise to the top in the areas of concern for the iCHNA assessment, participants discussed how the social determinants of health play a role in impacting individual health outcomes. As a hospital, it is necessary to look at both health outcomes and social determinants of health to get a larger picture of the overall health of a community.

The premature mortality rate for 2019 was higher than the state for Chelsea, Revere, and Winthrop.



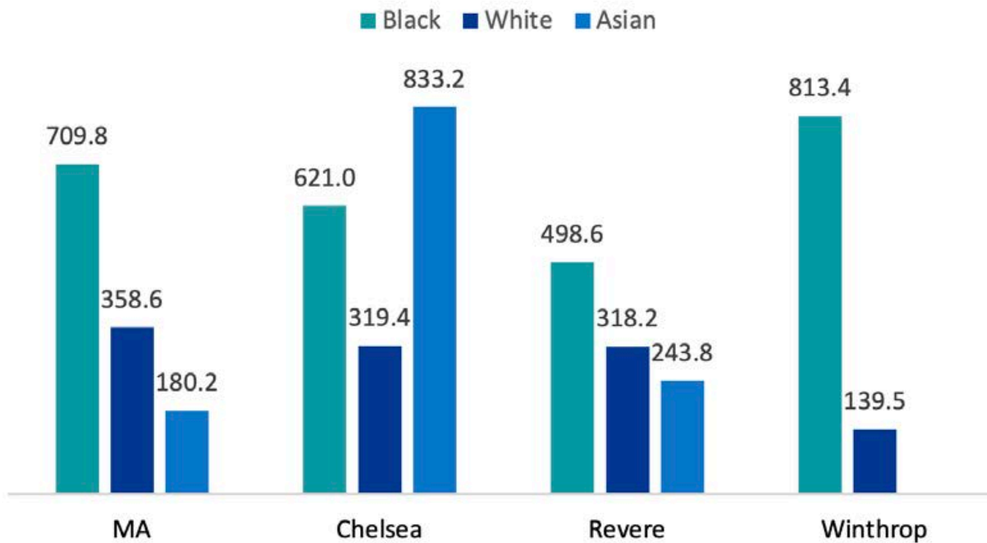
Data source: Massachusetts Department of Public Health: Registry of Vital Records and Statistics. https://www.mass.gov/doc/2019-death-report/download

In 2016–2019, the emergency department rate for heart disease was higher in Chelsea and Revere compared to the state. The heart disease hospitalization rate was higher for all three communities when compared to the state. Additionally, the diabetes emergency department and hospitalization rates were both higher in Chelsea compared to the state.

Emergency Department (ED) and Hospitalization Rates (per 100,000) for Heart Disease and Diabetes, 2016–2019				
	Chelsea	Revere	Winthrop	MA
Age-adjusted heart disease ED rate	745.59	683.68	462.58	642.79
Age-adjusted heart disease hospitalization rate	1638.19	1382.64	1220.62	1177.75
Age-adjusted diabetes ED rate	347.67	202.68	128.35	193.92
Age-adjusted diabetes hospitalization rate	244.18	168.05	133.82	171.69

Data source: Hospitalizations – MA Inpatient Hospital Discharge Database, Center for Health Information and Analysis (CHIA).

The age-adjusted heart disease ED rate for Black Winthrop residents was higher compared to the state in 2016–2019. Asian residents in Chelsea and Revere were also higher compared to the state.



Data source: Massachusetts Acute Hospital Case Mix Database. Hospitalization counts by principal diagnosis code (first-listed) were pulled for each dataset and for each fiscal year from 2016 through 2019.

The race data available in the ACS tables specified above does NOT include Hispanic/Latino origin data. The population totals for all races from these tables that were used in these data tables include those that reported being of Latin/Hispanic origin and those that did not. To match population denominators, the hospitalization data by race also does not include Hispanic/Latino origin.

North Suffolk Priorities

In the North Suffolk iCHNA community survey, respondents chose more affordable housing as the top area for community improvement, specifically for Chelsea and Revere residents, while better schools was the top choice in Winthrop.

The Most Important Improvement Areas Survey Respondents Want to See in Their Community

	Chelsea	Revere	Winthrop
1	More affordable housing (54%)	More affordable housing (70%)	Better schools (52%)
2	Better access to healthcare (52%)	Better schools (43%)	Lower crime and violence (50%)
3	Lower crime and violence (51%)	Lower crime and violence (40%)	More affordable housing (28%)
4	Better schools (48%)	Better access to healthcare (33%)	Better access to healthcare (26%)
5	Cleaner environment (34%)	Cleaner environment (26%)	Cleaner environment (23%)

As mentioned above, affordable housing was the top social determinant of health improvement iCHNA survey respondents would like in their community. However, when looking at all top choices stratified by race/ethnicity, better roads/transit infrastructure, access to healthy foods, access to public transportation, more effective city services, and more respect and inclusion for members rose into the top five for different groups.

	All Respondents (N=1,322)	American Indian or Alaska Native, or Native Hawaiian or Pacific Islander (N=68)	Asian (N=63)	Black (N=55)	Latinx (N=668)	White (N=425)
1	More affordable housing	Cleaner environment	Better access to health care	More affordable housing	More affordable housing	Better schools
2	Lower crime and violence	Lower crime and violence	Cleaner environment	Lower crime and violence	Lower crime and violence	More affordable housing
3	Better access to health care	Better access to health care	**Better access to healthy food**	Cleaner environment **Better access to public transportation**	Better schools	Lower crime and violence
4	Better schools	**Better roads and transit infrastructure**	**Better access to good jobs** **Better access to public transportation**	**Better access to health care** **More effective city services (like water, trash, fire and police services)** **More respect and inclusion for diverse members of the community**	Better access to health care	Cleaner environment
5	Cleaner environment	**Better access to public transportation** **More affordable housing**	More affordable housing		**Better roads and transit infrastructure**	Better access to health care

In May 2022, the iCHNA Steering Committee reviewed the CHNA finding and provided feedback on the data and key priority areas. The Steering Committee voted to continue to focus on the three identified 2019 priorities, along with one additional priority that was created after the 2019–2020 CHNA process. The results reaffirmed the CHIP's priorities of:

1. Behavioral Health (including mental health and substance use)
2. Economic Stability and Mobility (including jobs, employment, income, education, and workforce training)
3. Housing (including affordability, quality, homelessness, ownership, gentrification, and displacement)
4. Environmental Health (including green space, open space, and air quality)

Key Themes and Conclusions

In 2021–2022, Massachusetts General Hospital actively worked with the Boston and North Suffolk collaboratives to assess the health needs and identify priorities for reducing health disparities. The process strengthened our connections across sectors to achieve shared goals, and to address the social determinants of health that have enormous influence over health. There is substantial congruity in the priorities identified among Boston and North Suffolk. Neighborhoods with lower incomes and greater diversity are the most powerfully and negatively affected in many economic and social factors, particularly housing, education, access to quality jobs, and access to a broad range of services and supports, which ultimately impact the health of individuals. MGH's primary focus will be to collaboratively work with partners to improve health status and eliminate racial and ethnic disparities across the entire region. This is the next challenge as we create strategies to address these priorities in the Community Health Improvement Plan.

MGH Community Health Priorities

Based on both Boston and North Suffolk's community health needs assessment data, hospital patient data, and public health data revealing the leading causes of mortality, MGH has updated its community health priorities to reflect areas that we feel we as a hospital and system can make measurable impact.

MGH's primary focus for its CHNA/CHIP is to implement strategies that will achieve racial and ethnic health equity. We will work to achieve this goal by ensuring access to traditional and innovative high-quality and effective clinical preventive services, while at the same time working upstream to promote health and wellness in community settings.

This will entail working on social determinants of health/upstream approaches to disease prevention, namely 1) Housing and 2) Economic/Financial Stability & Mobility, which includes education as highlighted in survey and focus group data and 3) Food/Nutrition Security, which was highlighted over the pandemic. Housing, food and employment are foundations for good health, and we will work with others to address the inequities that exist to achieve these basic needs.

Because of our long-standing commitment to keeping our patients and communities safe, we will continue to address 4) Violence and Safety, particularly helping patients experiencing intimate partner violence or community violence, and we will work to prevent needless harm through gun violence through education and advocacy.

As always, we will continue to help communities and patients' 5) Access and Navigate Treatment and Other Services, particularly preventative services and social supports that can help individuals reach their potential.

As a hospital and system, we have an obligation to address the diseases most prevalent and destructive to individuals and communities. With a renewed interest, we will focus our efforts on 6) Mental Health, 7) Substance Use and 8) Cardiometabolic Disease, the leading causes of mortality,

Through more creative, coordinated, and targeted approaches and working in collaboration with others, we can reduce the leading causes of mortality that face our communities and help communities and patients thrive. We will do this by targeting efforts in early life, with youth and through adulthood, spanning the life course.

To summarize, the priorities that MGH will focus on for the next 3 years include:

	Collaborative Priorites	
	Priority	**Focus Area**
1	**Housing**	Affordable housing, housing stability and home ownership
2	**Economic/Financial Stability & Mobility**	Educational attainment and creating career pathways
3	**Access to Care**	Addressing barriers to medical care and social services
4	**Mental Health**	Access to treatment and innovative approaches to prevention and care delivery
5	**Substance Use**	Access to treatment and innovative approaches to prevention and care delivery

	Additional MGH Priorites	
	Priority	**Focus Area**
6	**Food/Nutrition Security**	Nutrition and access to affordable healthy foods
7	**Violence/Safety**	Intimate partner violence and gun violence prevention
8	**Chronic Disease**	Hypertension, heart disease and diabetes

Rationale for identified health needs not prioritized by MGH

While MGH recognizes the importance that the environment/climate, childcare access and affordability, and transportation all have on the health of the community, we have decided not to focus on them within our own community health implementation plan. We recognize that we are not experts in any of those areas, but we commit to supporting and working with organizations and groups that are already committed to these efforts, such as through other CHIP working groups or community coalitions and committees. Additionally, MGH will continue to seek opportunities where we can be more active in these areas.

Est. 2012
Revere's First Community Garden
A project of Revere on the Move, a Mass in Motion Initiative.
IF YOU DIDN'T PLANT IT, PLEASE DON'T TAKE IT.
LOWE'S
Yard of the day!

Additional Communities — Towns North and West of Boston

Overview of Community

MGH has licensed facilities in four towns north and west of Boston – Concord, Danvers, Newton, and Waltham. Each community has a local health care provider that must also conduct its own CHNA. To avoid overassessment of residents, MGH received permission from each health care institution to use their 2021 CHNA data. MGH supplemented each CHNA by collaborating with the current Community Benefit manager of each provider. The priorities identified in the towns' CHNAs ranged from access to health care, to behavioral health and substance use disorders, aging, violence, chronic disease and social determinants of health.

Community-specific Context and Priorities

Concord

The town of Concord has a population of 18,950 that is served by Emerson Hospital, a 179-bed institution located in Concord with more than 300 primary care physicians and specialists that serve 300,000 people in 25 towns. Mass General has a satellite Cancer Center at Emerson Hospital. In 2021, Emerson Hospital conducted a CHNA that prioritized the following community health needs:

- Aging health concerns
- Economic insecurity, including around food insecurity and the cost of health care/medications
- Mental health
- Transportation options

Aging health concerns: About 37,000 people in the Emerson Hospital service area are above the age of 65. Aging health concerns were among the top health issues impacting the community identified by community members and providers. Additional health conditions also accompany aging health concerns including: high blood pressure/hypertension, COVID-19, cancer and overweight/obesity.

Economic insecurity: Interviewees overwhelmingly described their communities as middle income and well-off; however, there is acknowledgment that is not universal. From 2019 to 2020, the unemployment rate increased by 200% in the primary service area and by 181% in the secondary service area compared to a 196% increase across Massachusetts. In focus groups and key informant interviews, participants described food insecurity as a concern in the community that was exacerbated by COVID-19, as food pantries and other emergency food sources saw a dramatic rise in individuals and families seeking additional support. Within the secondary service area, approximately 1 in 10 (10.6%) households received food stamps/SNAP benefits, which was just below the proportion for Massachusetts (11.7%), and more than double the proportion of households that received food stamps/SNAP in the primary service area (4.6%). More than 1 in 10 (14.4%) respondents reported that a member of their household had not received medical care due to costs. Two out of three (68.2%) community respondents cited the cost of care/co-pays as a concern, and more than half (58.6%) noted insurance problems as community issue.

Transportation: Emerson Hospital has very limited accessibility, solely via motor vehicles. There is no public transportation that travels directly through the service area. Highways surround the hospital, and there are few sidewalks. A top concern among community members, approximately one-third of respondents prioritized improving public transportation options to health/medical services in the area (34.1%). Particularly for respondents 65 years of age and older, more than 1 in 3 (37.3%) endorsed transportation issues as a concern. In focus groups, senior citizens citied transportation as an issue that impacted themselves and their peers' ability to access resources and services and could contribute to feelings of isolation.

Mental health: Mental Health rose as a top concern among interviewees and was discussed in all focus group; concerns were raised across age groups, income levels, and racial/ethnic groups. Barriers of concern were cited including: high costs for mental health care despite health insurance coverage; difficulty navigating the mental health system with or without health insurance; stigma; lack of mental health providers; long waitlists to see a mental health provider, especially for adolescents and individuals with no insurance or with Medicaid; and, lack of providers who understand the needs of specific patient groups such as domestic violence survivors, people of color, and LGBTQIA+ residents. In particular, counseling or mental health services for adults were areas in which approximately 1 in 10 respondents to the community survey reported not being satisfied at all. Common health concerns indicated by providers included: adult mental health issues (78.2%), alcohol and drug use among adults (63.4%), and mental health issues among youth (63.1%).

The full Emerson Hospital report can be found at: https://www.emersonhospital.org/EmersonHospital/media/PDF-files/community/2021-Community-Health-Needs-Assessment.pdf

Danvers

The town of Danvers of over 27,500 residents is a primary service community for Salem Hospital, a member of Mass General Brigham and the largest medical provider on the North Shore. Salem Hospital has ambulatory care sites and offices throughout the service area. The Mass General/North Shore Medical Center for Outpatient Care is located in Danvers and offers day surgery, comprehensive cancer services, primary care, and specialty care.

Based on the continuation of the priorities of the last CHNA/CHIP, the priorities in Salem Hospital's 2021 CHNA are:

- Behavioral health
- Heath care access
- Health care environment and trust
- Social Determinants of Health

Behavioral health (existing): Key areas of need identified through the 2021 CHNA included mental health issues; substance use disorders; stigma; violence (domestic violence, child abuse/neglect, elder abuse/neglect).

Health care access (existing): Key areas of need identified through the CHNA included accessibility (transportation, access to after-hours care, access to specialty care); health insurance and cost; the need for expanded care coordination and navigation services; oral health services.

Health care environment and trust (existing): The areas of need that were identified included providing culturally-sensitive approaches to care delivery (including training and retaining a diverse healthcare workforce) and providing services in multiple languages.

Social determinants of Health (new): The areas of need that were identified included housing, food/nutrition, transportation, broadband and cell service, childcare, and education.

A key informant interview with the Manager of Community Benefit at Salem Hospital indicated these health concerns are still a priority.

The Salem Hospital 2022 CHNA can be found at: https://nsmc.partners.org/about_nsmc/ commitment_to_community

Newton

Newton is in the service area of Newton-Wellesley Hospital, a 273-bed comprehensive medical center affiliated with Mass General Brigham. Cancer is the leading cause of death in Newton. Breast, colorectal, and lung cancer are the most common cancers in the area. Mass General Cancer Center has a joint program with Newton-Wellesley Hospital that brings together experienced cancer specialists, leading-edge technology, and the latest treatment options for Newton-area residents for care in a facility located right at Newton-Wellesley Hospital.

The priorities identified in Newton-Wellesley Hospital's 2021 CHNA are:

- Mental health
- Substance use
- Social Determinants of Health
- Chronic Disease

Mental health: Concerns about mental health focused particularly on the elderly, immigrants, and low-income residents. Relative to the other cities/towns in the NWH service area a larger percent of Waltham students reported depression, suicidal ideation, and suicide attempts.

Substance use: Opioids were the substance of greatest concern reported in the CHNA, particularly substance use among seniors, as well as use among youth. Alcohol use was more prevalent in Weston with vaping use highest in Waltham and in the Metro West region and marijuana use declining among high school youth in Natick, Waltham, and Weston but increasing among Newton students.

Social Determinants of Health: Social and economic factors such as housing, educational opportunities, and employment, impact health outcomes on multiple levels – individual, community, and population. In 2018, access to care was a concern, particularly in meeting the social, economic, and health care needs of all residents in the NWH services area, especially immigrants, low-income residents, and seniors.

Chronic Disease: Chronic diseases and related factors play a role in the community's mortality rate as well as their engagement with the health care system. State data indicate most cities/towns in the NWH service area had lower rates of mortality due to heart disease as compared to the state (142.0 per 100,000 population). Particularly for asthma, the emergency department visit rate for Waltham residents (34.9 visits per 100,000 population) was nearly twice the rate for Needham residents (18.1 visits per 100,000 population).

At the time of this publication, the Newton-Wellesley Hospital 2022 CHNA can be found at https://www.nwh.org/about-us/community-health-assessment

Waltham

Waltham is in the service area of Newton-Wellesley Hospital, a 265-bed comprehensive medical center affiliated with Partners HealthCare. Newton-Wellesley's CHNA included Waltham. Mass General also has a large ambulatory care facility in Waltham, offering primary and specialty care.

The priorities listed above for Newton are relevant for Waltham. Most notably for Waltham, in 2020–2021, 59.7% of Waltham School District students represented racial/ethnic minority groups, reflecting greater racial/ethnic diversity than public school districts across Massachusetts (43.2%). Waltham School District had approximately doubled the proportion of Hispanic (42.6%) students enrolled than the state (22.3%). In Waltham, a higher percent of Hispanic/Latinx (11.5%) residents lacked health insurance than any other racial group in the city, and it was double the statewide uninsured rate of Hispanic/Latinx residents (5.6%) in 2016–2020.

The Newton-Wellesley Hospital 2022 CHNA can be found here:
https://www.nwh.org/about-us/community-health-assessment

Mass General Brigham System Priorities

Context and Priorities

Mass General Brigham Community Health leads the Mass General Brigham system-wide commitment to improve the health and well-being of residents in our priority communities most impacted by health inequities. Mass General Brigham's commitment to the community is part of a $30 million pledge to fund programs aimed at dismantling racism and other forms of inequity through a comprehensive range of approaches involving our health care delivery system and community health initiatives.

While not required to conduct a CHNA under current regulations, Mass General Brigham's belief in the critical importance of system-wide, population-level approaches resulted in our decision to have every hospital conduct a 2022 CHNA. Having all our hospitals on the same three-year cycle will prove invaluable in our efforts to eliminate health inequities by identifying system-wide priorities that require system-level efforts.

In addition to the priorities each hospital identifies that are unique to its communities, Mass General Brigham identified two system-level priorities: cardiometabolic disease and substance use disorder. These priorities emerged from a review of hospital-level data and prevalent trends in population health statistics. Our efforts within these priorities will aim to reduce racial and ethnic disparities in outcomes, with the goal of improving life expectancy.

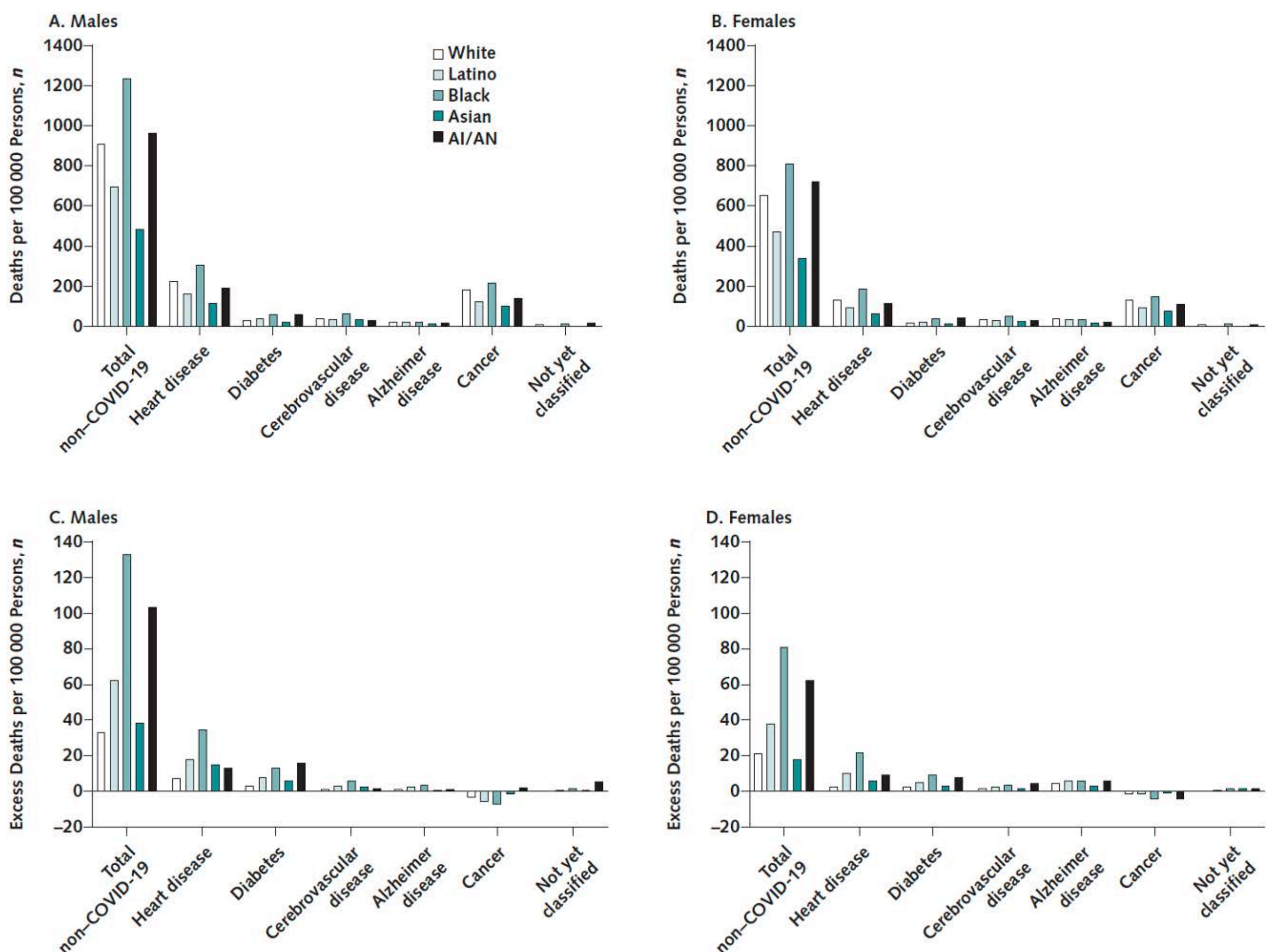
Key Findings

In a national study of deaths during the first wave of the COVID-19 pandemic (March to December 2020), researchers explored non-COVID deaths and excess deaths, defined as the difference between the number of observed and number of expected deaths.

Nationally, non-COVID deaths disproportionately affected Black, American Indian/Alaska Native, and Latinx persons (A. and B.) (Graphic 1)[1]. Moreover, when looking at excess deaths, the inequities worsened (C. and D.). The greatest disparities are seen for heart disease and diabetes. Inequities also exist for all cancer deaths but not excess cancer deaths.

Graphic 1: Figure 3, Racial and Ethnic Disparities in Excess Deaths During the COVID-19 Pandemic, March to December 2020, Annals of Internal Medicine

Figure 3. Age-standardized non-COVID-19 cause-specific deaths per 100 000 persons in the United States in March to December 2020 among males (*A*) and females (*B*) and age-standardized non-COVID-19 excess cause-specific deaths per 100 000 persons among males (*C*) and females (*D*), by race/ethnicity.



AI/AN = American Indian/Alaska Native.

[1] Sheils et al. Racial and Ethnic Disparities in Excess Deaths During the COVID-19 Pandemic, March to December 2020. Annals of Internal Medicine, Vol 174 No. 12. December 2021. 1693–1699

Massachusetts mortality data for 2019 reveal that heart disease and unintentional injuries, which include drug overdoses, account for the second and third highest causes of death. As shown in Graphic 2, the highest number of deaths among individuals from birth to age 44 were the result of unintentional injuries. However, among those 45 years of age and older, heart disease accounts for the highest or second highest cause of death across age group.

Graphic 2: Table 6: Top Ten Leading Underlying Causes of Death by Age, MA 2019

Table 6. Top Ten Leading Underlying Causes of Death by Age, Massachusetts: 2019

	Age Groups (number of deaths)								
Rank	**<1 year**	**1-14 years**	**15-24 years**	**25-44 years**	**45-64 years**	**65-74 years**	**75-84 years**	**85+ years**	**All**
1	Short gestation and LBW[1] (57)	Unintentional Injuries[3] (20)	Unintentional Injuries[3] (186)	Unintentional Injuries[3] (1319)	Cancer (2781)	Cancer (3446)	Cancer (3430)	Heart Disease (5622)	**Cancer (12584)**
2	Congenital malformations (56)	Cancer (17)	Suicide (67)	Cancer (241)	Heart Disease (1585)	Heart Disease (1786)	Heart Disease (2581)	Cancer (2641)	**Heart Disease (11779)**
3	SIDS[2] (21)	Congenital malform (9)	Homicide (43)	Suicide (202)	Unintentional Injuries[3] (1138)	Chronic Lower Respiratory Disease[5] (632)	Chronic Lower Respiratory Disease[5] (893)	Stroke (1260)	**Unintentional Injuries[3] (4094)**
4	Complications of placenta (19)	Other infect (8)	Cancer (27)	Heart Disease (193)	Chronic liver disease (383)	Unintentional Injuries[3] (340)	Stroke (629)	Alzheimer's Disease (1128)	**Chronic Lower Respiratory Disease[5] (2842)**
5	Pregnancy Complications (13)	Homicide (8)	Heart Disease (7)	Homicide (77)	Chronic Lower Respiratory Disease[5] (350)	Stroke (331)	Alzheimer's Disease (415)	Chronic Lower Respiratory Disease[5] (941)	**Stroke (2463)**
6	Respiratory distress (8)	Ill-defined conditions-signs and symptoms[4] (7)	Injuries of Undetermined Intent[3] (7)	Chronic liver disease (62)	Diabetes (312)	Diabetes (300)	Unintentional Injuries[3] (381)	Unintentional Injuries[3] (709)	**Alzheimer's Disease (1662)**
7	Bacterial sepsis of newborn (7)	Influenza & Pneumonia (4)	Diabetes (6)	Ill-defined conditions-signs and symptoms[4] (37)	Suicide (281)	Nephritis (221)	Diabetes (358)	Influenza & Pneumonia (612)	**Diabetes (1386)**
8	Necrotizing entercolitis (6)	Suicide (3)	Influenza & Pneumonia (4)	Diabetes (29)	Stroke (212)	Septicemia (181)	Nephritis (339)	Nephritis (553)	**Nephritis (1280)**
9	Circulatory System (5)	Septicemia (2)	Ill-defined conditions-signs and symptoms[4] (4)	Stroke (29)	Septicemia (171)	Chronic liver disease (180)	Parkinsons (285)	Diabetes (381)	**Influenza & Pneumonia (1217)**
10	Intrauterine Hypoxia (4)	In situ neoplasms (2)	Chronic Lower Respiratory Disease[5] (2)	Injuries of Undetermined Intent[3] (26)	Nephritis (150)	Influenza & Pneumonia (179)	Influenza & Pneumonia (276)	Ill-defined conditions-signs and symptoms[4] (355)	**Septicemia (942)**
All Causes	**255**	**106**	**389**	**2,646**	**9,417**	**9,974**	**13,570**	**22,303**	**58,660**

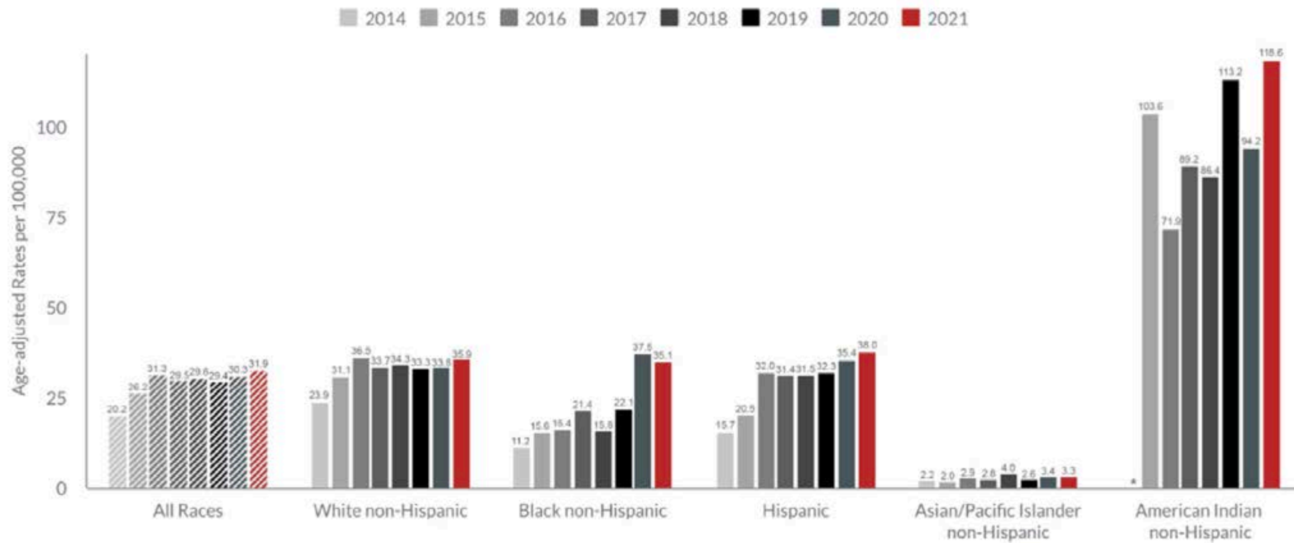
Note: Ranking based on number of deaths. The number of deaths is shown in parentheses.

1. LBW: Low birthweight. 2. SIDS: Sudden Infant Death Syndrome. 3. Injuries are subdivided into 4 separate categories by intent: unintentional, homicide, suicide, and injuries of undetermined intent (deaths where investigation has not determined whether injuries were accidental or purposely inflicted). 4. Ill-Defined Conditions: Includes ICD-10 codes R00-R99. 5. The title of this cause of death has changed between ICD-10 and ICD-9. Chronic Lower Respiratory Disease (ICD-10 title) corresponds to Chronic Obstructive Pulmonary Disease (COPD) (ICD-9 title).

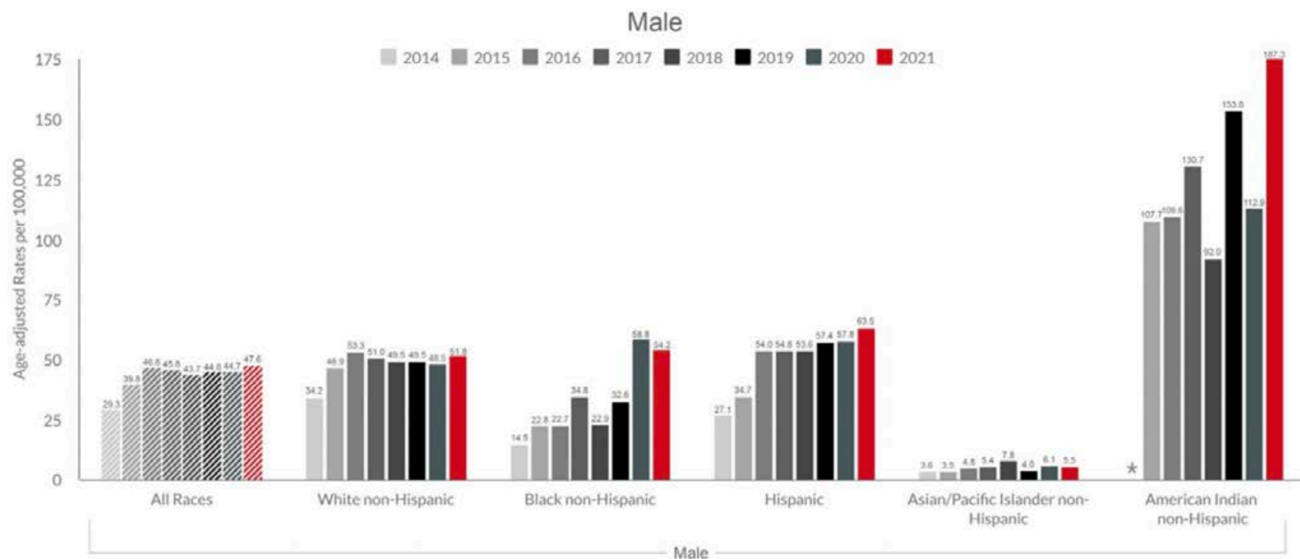
In Boston, heart disease mortality for Black and Hispanic residents was second only to COVID-19 in 2020 *(see Table on Page 28: Leading Causes of Mortality, by Boston and Race/Ethnicity)*.

From 2014 to 2021, opioid-related overdose deaths in Massachusetts increased dramatically for Black and Hispanic residents (Graphic 2 and 3). Death rates for American Indian residents have consistently and significantly outpaced deaths rates for all other races.

Graphic 2: Massachusetts Opioid-Related Deaths



Graphic 3: Massachusetts Opioid-Related Deaths, Males



Data source: MA Department of Public Health. https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-june-2022/download

Focus Areas

As Mass General Brigham develops and implements programming and supports that will reduce disparities in health outcomes for the two system priorities, our efforts will focus on the highest need communities across our hospital priority neighborhoods. We will also continue to support locally identified priorities at the hospital level.

Conclusion

Summary of under resourced populations in the community

The needs assessment process is a collaborative effort and we thank all involved for their input and involvement. The assessment continued to highlight those neighborhoods with lower incomes and greater diversity as the most powerfully and negatively affected by economic and social factors, which ultimately impact their health status. MGH will continue to use a racial and social justice lens to strengthen and develop our strategies to improve the health of our communities.

Priorities identified and how they address the needs of the community

Based on both Boston and North Suffolk's community needs assessment data, our own patient data, and MGB's system focus on cardiometabolic disease and SUDS, the MGH's primary focus for its CHNA/CHIP is to implement strategies that will achieve racial and ethnic health equity. This will entail working on the social determinants of health, as well as access and treatment of disease. We made slight modifications to our 2019 priorities, recognizing a focus on the systems, structures, and health services/supports need to improve community health. As mentioned on Page 54, the priority areas MGH will focus on in the 3 years are:

- Housing
- Economic/Financial Stability & Mobility
- Food/Nutrition Security
- Violence/Safety
- Access to care
- Mental Health
- Substance Use
- Chronic Disease (Hypertension, Heart Disease, and Diabetes)

Next steps and considerations toward implementation plan

MGH's community health improvement plan (CHIP) is currently being developed in each of the communities. Each CHIP will contain detailed strategies to address the prioritized needs that have been identified and resources needed to implement them, including policy and system change opportunities and expansion and/or creation of new programs. MGH's CHIP must be completed by the 15th day of the fifth month after the end of the taxable year (February 15).

Pregnant? Take these steps to protect yourself and your baby from COVID-19
COVID-19 VACCINE STUDY
You may qualify if:

Appendices

Community Advisory Board Members

Name	Organization	Geographic Area Represented
1. Amy O'Hara	Captain, City of Revere Police Department	North Suffolk - Revere
2. Annmarie Quezada	Head of School, Mother Caroline Academy & Education Center (MCAEC)	Boston
3. Barry Keppard	Public Health Director, Metropolitan Area Planning Council	North Suffolk
4. Bridgette Wallace	Executive Director, G{Code} House	Boston
5. Dan Cortez	Community Engagement Specialist, City of Chelsea Police Department	North Suffolk - Chelsea
6. David Wright	Executive Director, Black Ministerial Alliance of Greater Boston	Boston
7. Dianne Curtin	Head Start Director, Community Action Programs Inter-City, Inc.	North Suffolk
8. Dimple Rana	Director of Healthy Community Initiatives, City of Revere	North Suffolk - Revere
9. Dinanyili Paulino	Chief Operations Officer, La Colaborativa	Chelsea
10. Ernani DeAraujo	Vice President & General Counsel, East Boston Neighborhood Health Center	East Boston - Boston
11. Jodi Rosenbaum	Executive Director, More Than Words	Boston
12. Kate Bennett	Administrator, Boston Housing Authority	Boston
13. Kim Hanton	Chief of Staff, City of Revere	North Suffolk – Revere
14. Lori D'Alleva	Director of Education, Charlestown Adult Education	Boston - Charlestown
15. Matthew Parker	Executive Director, Union of Minority Neighborhoods	Boston
15. Pete Nash	Chief Operating Officer, Boys & Girls Club of Boston	Boston
17. Rafael Mares	Executive Director, The Neighborhood Developers	North Suffolk
18. Richard Harris	Assistant Dean & Director, Northeastern University	Boston
19. Roseann Bongiovanni	Executive Director, Chelsea Green Roots	North Suffolk - Chelsea
20. Richard Harris	Assistant Dean & Director, Northeastern University	Boston
21. Tom Ambrosino	City Manager, City of Chelsea	North Suffolk - Chelsea
22. Vanny Huot	City of Revere Resident	North Suffolk – Revere

Survey Respondent Characteristics

The following tables summarize the number (#) and proportion (%) of respondents in each municipality, and overall, who identified with each of the following characteristics, identities, or experiences. For items where respondents could select more than one option (noted with a *), the proportions by column add up to more than 100% (which is why there is no "100.0%" accompanying the number in the Total row). Some respondents skipped certain questions, which is why the Total numbers are not the same for each item. If no respondents selected a particular option, the cell is left blank.

Boston

Total survey respondents	
	Boston
Number of respondents	**494**

How old are you?	
	Boston
Under 18	23 (5%)
18–24	39 (9%)
25–29	78 (18%)
30–39	112 (25%)
40–49	74 (17%)
50–59	63 (14%)
60–69	42 (9%)
70–79	11 (2%)
80–89	2 (<1%)
Total	**444 (100%)**

What is your gender identity?	
	Boston
Genderqueer or gender non-conforming	9 (2%)
Man	105 (21%)
Transgender	3 (<1%)
Woman	376 (76%)
Prefer to self-describe	3 (<1%)
Total	**494 (100.0%)**

Which of these groups best represents your race/ethnicity? *	
	Boston
American Indian or Alaska Native	11 (2%)
Asian	22 (4%)
Black or African American	158 (32%)
Hispanic or Latino	110 (22%)
Native Hawaiian or another Pacific Islander	1 (<1%)
White	213 (43%)
Other	16 (3%)
Total	**494**

What is the primary language(s) spoken in your home? *	
	Boston
Af-Maay	1 (<1%)
Albanian	1 (<1%)
Arabic	2 (<1%)
Cantonese	1 (<1%)
Cape Verdean Creole	3 (1%)
Chinese	1 (<1%)
Creole	3 (1%)
English	412 (85%)
French	4 (1%)
French Creole	1 (<1%)
Greek	1 (<1%)
Haitian Creole	9 (2%)
Mandarin	1 (<1%)
Russian	2 (<1%)
Spanish	53 (11%)
Swahili	1 (<1%)
Tigrinya	1 (<1%)
Vietnamese	5 (1%)
Total	**484**

Are you currently:	
	Boston
Employed, self-employed full time	278 (57%)
Employed part-time or seasonal work	66 (14%)
Currently out of work	27 (6%)
Unable to work for health reasons	21 (4%)
A stay at home parent or caregiver	24 (5%)
A student (full or part-time)	41 (8%)
Retired	19 (4%)
Other	11 (2%)
Total	**487 (100%)**

North Suffolk

Total survey respondents				
	Chelsea	**Revere**	**Winthrop**	**Total**
Number of respondents	493	717	191	1401

How old are you?				
	Chelsea	**Revere**	**Winthrop**	**Total**
17–24 years	60 (12.6%)	33 (4.9%)	6 (3.4%)	99 (7.4%)
25–44 years	283 (59.3%)	353 (51.9%)	140 (78.2%)	776 (58.1%)
45–64 years	109 (22.9%)	240 (35.3%)	22 (12.3%)	371 (27.8%)
65–74 years	19 (4.0%)	44 (6.5%)	11 (6.1%)	74 (5.5%)
75 years or older	6 (1.3%)	10 (1.5%)	0 (0.0%)	16 (1.2%)
Total	**477 (100.0%)**	**680 (100.0%)**	**179 (100.0%)**	**1336 (100.0%)**

What is your current gender identity? *(Genderqueer includes respondents who identified as gender non-conforming, non-binary, or transgender individuals, or a self-described gender identity)*				
	Chelsea	**Revere**	**Winthrop**	**Total**
Genderqueer or gender non-conforming	15 (3.1%)	13 (1.9%)	1 (0.5%)	29 (2.1%)
Man	149 (30.3%)	257 (36.7%)	75 (39.7%)	481 (34.8%)
Transgender	7 (1.4%)	3 (0.4%)	0 (0.0%)	10 (0.7%)
Woman	320 (65.2%)	428 (61.1%)	113 (59.8%)	861 (62.3%)
Total	**491 (100.0%)**	**701 (100.0%)**	**189 (100.0%)**	**1381 (100.0%)**

What is your sexual orientation?				
	Chelsea	**Revere**	**Winthrop**	**Total**
Bisexual	30 (6.3%)	24 (3.5%)	12 (6.5%)	66 (4.9%)
Gay or lesbian	12 (2.5%)	12 (1.8%)	1 (0.5%)	25 (1.9%)
Prefer to self-describe	7 (1.5%)	12 (1.8%)	0 (0.0%)	19 (1.4%)
Straight/heterosexual	429 (89.7%)	630 (92.9%)	172 (93.0%)	1231 (91.8%)
Total	**478 (100.0%)**	**678 (100.0%)**	**185 (100.0%)**	**1341 (100.0%)**

Do you identify as a person with a disability?				
	Chelsea	**Revere**	**Winthrop**	**Total**
No	415 (85.6%)	622 (90.0%)	172 (91.5%)	1209 (88.6%)
Yes	70 (14.4%)	69 (10.0%)	16 (8.5%)	155 (11.4%)
Total	**485 (100.0%)**	**691 (100.0%)**	**188 (100.0%)**	**1364 (100.0%)**

Which of these groups best represents your race? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
American Indian or Alaska Native	37 (7.9%)	12 (1.9%)	30 (16.1%)	79 (6.1%)
Asian	31 (6.7%)	33 (5.1%)	9 (4.8%)	73 (5.6%)
Black or African American	30 (6.4%)	36 (5.6%)	6 (3.2%)	72 (5.5%)
Hispanic or Latino	278 (59.7%)	418 (64.5%)	9 (4.8%)	705 (54.2%)
Native Hawaiian or another Pacific Islander	8 (1.7%)	6 (0.9%)	1 (0.5%)	15 (1.2%)
White	134 (28.8%)	211 (32.6%)	135 (72.6%)	480 (36.9%)
Total	**466**	**648**	**186**	**1300**

Which of this best represents your ethnicity? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
African	16 (3.6%)	13 (2.1%)	3 (1.7%)	32 (2.6%)
African American	18 (4%)	21 (3.4%)	3 (1.7%)	42 (3.4%)
American	136 (30.2%)	171 (27.4%)	148 (85.1%)	455 (36.5%)
Brazilian	2 (0.4%)	13 (2.1%)		15 (1.2%)
Cambodian	1 (0.2%)	13 (2.1%)		14 (1.1%)
Cape Verdean	1 (0.2%)	3 (0.5%)	3 (1.7%)	7 (0.6%)
Caribbean Islander (specify below)	4 (0.9%)	6 (1%)	1 (0.6%)	11 (0.9%)
Chinese	21 (4.7%)	12 (1.9%)	4 (2.3%)	37 (3%)
Colombian	28 (6.2%)	129 (20.7%)		157 (12.6%)
Cuban	1 (0.2%)	2 (0.3%)		3 (0.2%)
Dominican	22 (4.9%)	6 (1%)	2 (1.1%)	30 (2.4%)
European (specify below)	22 (4.9%)	34 (5.5%)	5 (2.9%)	61 (4.9%)
Filipino	4 (0.9%)	4 (0.6%)	1 (0.6%)	9 (0.7%)
Guatemalan	37 (8.2%)	33 (5.3%)	1 (0.6%)	71 (5.7%)
Haitian	5 (1.1%)	8 (1.3%)	1 (0.6%)	14 (1.1%)
Honduran	48 (10.7%)	33 (5.3%)	5 (2.9%)	86 (6.9%)
Indian	3 (0.7%)	7 (1.1%)		10 (0.8%)
Japanese	3 (0.7%)	3 (0.5%)	1 (0.6%)	7 (0.6%)
Korean	2 (0.4%)	2 (0.3%)	4 (2.3%)	8 (0.6%)
Laotian		1 (0.2%)		1 (0.1%)
Mexican, Mexican American, Chicano	20 (4.4%)	27 (4.3%)	4 (2.3%)	51 (4.1%)
Middle Eastern (specify below)	3 (0.7%)	5 (0.8%)	4 (2.3%)	12 (1%)
Portuguese	2 (0.4%)	6 (1%)	2 (1.1%)	10 (0.8%)
Puerto Rican	20 (4.4%)	28 (4.5%)	2 (1.1%)	50 (4%)
Russian	1 (0.2%)	5 (0.8%)	2 (1.1%)	8 (0.6%)
Salvadoran	119 (26.4%)	159 (25.5%)	4 (2.3%)	282 (22.6%)
Vietnamese	1 (0.2%)	4 (0.6%)		5 (0.4%)
Total	**450**	**623**	**174**	**1247**

What is the primary language(s) spoken in your home? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
Arabic	11 (2.4%)	16 (2.5%)	3 (1.6%)	30 (2.3%)
Cambodian/Khmer	9 (1.9%)	9 (1.4%)	1 (0.5%)	19 (1.5%)
Cape Verdean Creole	7 (1.5%)	13 (2%)	3 (1.6%)	23 (1.8%)
Chinese (including Mandarin or Cantonese)	25 (5.4%)	19 (2.9%)	9 (4.8%)	53 (4.1%)
English	216 (46.3%)	310 (47.7%)	177 (94.1%)	703 (53.9%)
French	3 (0.6%)	8 (1.2%)	1 (0.5%)	12 (0.9%)
Haitian Creole	1 (0.2%)	3 (0.5%)		4 (0.3%)
Hindi	6 (1.3%)	4 (0.6%)		10 (0.8%)
Korean	4 (0.9%)	6 (0.9%)	5 (2.7%)	15 (1.1%)
Portuguese	5 (1.1%)	17 (2.6%)	3 (1.6%)	25 (1.9%)
Russian	1 (0.2%)	9 (1.4%)	1 (0.5%)	11 (0.8%)
Spanish	271 (58%)	408 (62.8%)	6 (3.2%)	685 (52.5%)
Vietnamese	2 (0.4%)	1 (0.2%)		3 (0.2%)
Total	**467**	**650**	**188**	**1305**

How long have you lived in the United States?				
	Chelsea	**Revere**	**Winthrop**	**Total**
1 to 3 years	41 (8.4%)	25 (3.5%)	5 (2.7%)	71 (5.2%)
4 to 6 years	80 (16.4%)	80 (11.3%)	10 (5.4%)	170 (12.3%)
I have always lived in the United States	135 (27.7%)	221 (31.3%)	131 (70.8%)	487 (35.3%)
Less than one year	9 (1.8%)	4 (0.6%)	1 (0.5%)	14 (1.0%)
More than 6 years, but not my whole life	223 (45.7%)	375 (53.2%)	38 (20.5%)	636 (46.2%)
Total	**488 (100.0%)**	**705 (100.0%)**	**185 (100.0%)**	**1378 (100.0%)**

How would you describe your employment status? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
A stay-at-home parent	45 (9.8%)	66 (10.2%)	2 (1.1%)	113 (8.7%)
A student (full or part time)	17 (3.7%)	17 (2.6%)	6 (3.2%)	40 (3.1%)
Employed full time	219 (47.6%)	314 (48.5%)	146 (78.1%)	679 (52.4%)
Employed part time or seasonal work	148 (32.2%)	217 (33.5%)	19 (10.2%)	384 (29.7%)
Out of work for less than 1 year	12 (2.6%)	9 (1.4%)	3 (1.6%)	24 (1.9%)
Out of work for more than 1 year	16 (3.5%)	23 (3.5%)	2 (1.1%)	41 (3.2%)
Retired	13 (2.8%)	26 (4%)	9 (4.8%)	48 (3.7%)
Self-employed (full or part time)	25 (5.4%)	35 (5.4%)	8 (4.3%)	68 (5.3%)
Unable to work for health reasons	24 (5.2%)	29 (4.5%)	4 (2.1%)	57 (4.4%)
Total	**460**	**648**	**187**	**1295**

Did you experience a change in employment due to the COVID-19 pandemic? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
Job loss (permanent or temporary)	162 (36.5%)	200 (35.1%)	13 (7.5%)	375 (31.6%)
Nature of work changed (increased hours, change in role, new job, or working from home)	80 (18%)	100 (17.6%)	37 (21.3%)	217 (18.3%)
No change in employment	82 (18.5%)	138 (24.3%)	45 (25.9%)	265 (22.3%)
Reduced hours	152 (34.2%)	195 (34.3%)	80 (46%)	427 (36%)
Took leave of absence (paid or unpaid)	50 (11.3%)	51 (9%)	13 (7.5%)	114 (9.6%)
Total	**444**	**569**	**174**	**1187**

Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?				
	Chelsea	**Revere**	**Winthrop**	**Total**
Never served in the military	437 (91.0%)	641 (94.5%)	133 (91.7%)	1211 (92.9%)
On active duty in the past, but not now (includes retirement)	27 (5.6%)	27 (4.0%)	11 (7.6%)	65 (5.0%)
On active duty now (in any branch)	16 (3.3%)	10 (1.5%)	1 (0.7%)	27 (2.1%)
Total	**480 (100.0%)**	**678 (100.0%)**	**145 (100.0%)**	**1303 (100.0%)**

Are you the parent or caregiver of a child under the age of 18?				
	Chelsea	**Revere**	**Winthrop**	**Total**
No	206 (42.1%)	328 (46.5%)	63 (42.0%)	597 (44.4%)
Yes	283 (57.9%)	377 (53.5%)	87 (58.0%)	747 (55.6%)
Total	**489 (100.0%)**	**705 (100.0%)**	**150 (100.0%)**	**1344 (100.0%)**

How old are the children you care for? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
0–3 years	62 (23.4%)	77 (22.1%)	15 (20.5%)	154 (22.4%)
11–14 years	66 (24.9%)	95 (27.2%)	22 (30.1%)	183 (26.6%)
15–17 years	39 (14.7%)	64 (18.3%)	2 (2.7%)	105 (15.3%)
4–5 years	83 (31.3%)	91 (26.1%)	18 (24.7%)	192 (27.9%)
6–10 years	111 (41.9%)	152 (43.6%)	23 (31.5%)	286 (41.6%)
Total	**265**	**349**	**73**	**687**

Do you provide regular unpaid assistance or care to a family member or other dependent because of a health condition, disability, or elderly age?				
	Chelsea	**Revere**	**Winthrop**	**Total**
No	349 (71.8%)	573 (82.1%)	133 (77.3%)	1055 (77.8%)
Yes	137 (28.2%)	125 (17.9%)	39 (22.7%)	301 (22.2%)
Total	**486 (100.0%)**	**698 (100.0%)**	**172 (100.0%)**	**1356 (100.0%)**

How would you describe your current housing situation?				
	Chelsea	**Revere**	**Winthrop**	**Total**
I am experiencing homelessness or staying in a shelter	7 (1.4%)	6 (0.9%)	0 (0.0%)	13 (0.9%)
I am staying with another household	34 (7.0%)	45 (6.5%)	4 (2.1%)	83 (6.0%)
I own my home	152 (31.1%)	215 (31.0%)	137 (72.1%)	504 (36.7%)
I rent my home	282 (57.8%)	424 (61.1%)	48 (25.3%)	754 (55.0%)
Other (please specify)	13 (2.7%)	4 (0.6%)	1 (0.5%)	18 (1.3%)
Total	**488 (100.0%)**	**694 (100.0%)**	**190 (100.0%)**	**1372 (100.0%)**

If you rent or own your home, who do you live with? *				
	Chelsea	**Revere**	**Winthrop**	**Total**
I live alone	54 (12.9%)	55 (9.1%)	11 (6%)	120 (10%)
My children or dependents	250 (60%)	368 (60.8%)	120 (65.2%)	738 (61.2%)
My parents	50 (12%)	61 (10.1%)	29 (15.8%)	140 (11.6%)
Other family or relatives	25 (6%)	65 (10.7%)	8 (4.3%)	98 (8.1%)
Roommates or people I am not related to	34 (8.2%)	18 (3%)	9 (4.9%)	61 (5.1%)
Spouse or domestic partner	215 (51.6%)	436 (72.1%)	143 (77.7%)	794 (65.8%)
Total	**417**	**605**	**184**	**1206**

What kind of health insurance or health care coverage do you have?				
	Chelsea	**Revere**	**Winthrop**	**Total**
Free Care or Health Safety Net	58 (11.8%)	53 (7.6%)	28 (16.0%)	139 (10.2%)
Health Connector Plan that you purchased yourself	54 (11.0%)	83 (11.9%)	25 (14.3%)	162 (11.9%)
Insurance through an employer or union	86 (17.6%)	124 (17.7%)	78 (44.6%)	288 (21.1%)
MassHealth or Connector Care	210 (42.9%)	343 (49.1%)	18 (10.3%)	571 (41.9%)
Medicare	55 (11.2%)	64 (9.2%)	22 (12.6%)	141 (10.3%)
No health care coverage / Uninsured	11 (2.2%)	16 (2.3%)	1 (0.6%)	28 (2.1%)
Other (please specify)	12 (2.4%)	11 (1.6%)	0 (0.0%)	23 (1.7%)
Student health plan	2 (0.4%)	2 (0.3%)	3 (1.7%)	7 (0.5%)
Veterans Affairs, Military Health, or TRICARE	2 (0.4%)	3 (0.4%)	0 (0.0%)	5 (0.4%)
Total	**490 (100.0%)**	**699 (100.0%)**	**175 (100.0%)**	**1364 (100.0%)**

How would you describe your health in general?				
	Chelsea	**Revere**	**Winthrop**	**Total**
Excellent	95 (19.4%)	88 (12.5%)	42 (22.2%)	225 (16.3%)
Fair	103 (21.0%)	138 (19.6%)	10 (5.3%)	251 (18.1%)
Good	150 (30.6%)	319 (45.2%)	85 (45.0%)	554 (40.0%)
Poor	18 (3.7%)	24 (3.4%)	1 (0.5%)	43 (3.1%)
Very Good	124 (25.3%)	136 (19.3%)	51 (27.0%)	311 (22.5%)
Total	**490 (100.0%)**	**705 (100.0%)**	**189 (100.0%)**	**1384 (100.0%)**

Focus Group Participant Characteristics

Boston Focus Groups
Black/African American & Hispanic adults and youth
Chinese residents, including families, adults, and youth
East Boston parents
Essential workers/service industry workers
Families impacted by violence/incarceration
Families with young children
LGBTQIA+ community
Limited English, Spanish-speaking residents
Mission Hill residents
Native Chinese-speakers
Neighborhood Food Access Committee (Blue Hill Corridor, Hyde Park, Roslindale Groups)
Older adults
Vietnamese families
Veterans
Women
Youth from Boston Centers for Youth & Families, East Boston, the YMCA, Becoming a Man (BAM), MGH Youth Scholars, Turn it Around youth group,

North Suffolk Focus Groups
Chelsea youth
Revere youth
Winthrop older adults
Winthrop youth

List of Key Informant Interviewees

Boston Organizations
Alice Taylor Housing
Black Ministerial Alliance TenPoint
Boston Center for Independent Living
Boston City Council
Boston Higher Education Resource Center
Boston Housing Authority
Boston Police Community Liaison
Boston Police Department
Boston Public Health Commission
Boston Public Schools
Boston Senior Home Care
Boston Women's Fund
Boys & Girls Club of Boston
Brigham and Women's Hospital
Cape Verdean Association of Boston
Cape Verdean Community Leader
Community Servings
Dimock Center
East Boston Neighborhood Health Center
East Boston Social Centers
Ecumenical Social Action Committee Boston
Family Nurturing Center
Fenway Health
Friends of the Boston Public Library
Greater Boston Parents, Families, and Friends of Lesbians and Gays
Haitian Americans United
Haitian Community Leader
Health Leads Boston
Hyde Park Community Physicians
Italian Home for Children
Jamaica Plain Neighborhood Development Corporation
Local Initiatives Support Corporation
Madison Park Development Corporation
Madison Park High School
Maria Sanchez House

Massachusetts Affordable Housing Alliance
Massachusetts Association of Community Development Corporations
Massachusetts General Hospital Asylum Clinic
Massachusetts Office on Disability
Massachusetts State Legislature
Maverick Landing Community Services
Metropolitan Area Planning Council
Mission Hill Health Movement
Mission Hill Link
Mission Hill Main Streets
Mission Hill Neighborhood Housing Services
Mission Main
NAACP
Parker Hill Fenway
Partners for Youth with Disabilities
Roxbury Main Streets
Roxbury Tenants of Harvard
Sociedad Latina
South Cove Community Health Center
Tech Goes Home
Tobin Community Center
YMCA Hyde Park

North Suffolk Organizations
Behavioral Health CHIP Working Group: Representatives from Cambridge Health Alliance, CAPIC, CASA, City of Chelsea, East Boston Neighborhood Health Center, Healthy Chelsea, La Colaborativa, Municipal representatives from Chelsea, Revere, Winthrop, MGH Chelsea, North Suffolk Mental Health Association, Revere CARES
Environmental Health CHIP Working Group: Representatives from City of Revere, MGH, GreenRoots, North Suffolk Office of Resilience and Sustainability, Town of Winthrop
GreenRoots, including the Health Equity Corp
Mass-Up Cross City Coalition: Representatives from City of Chelsea, City of Revere, Community Residents from Chelsea and Revere, La Colaborativa, MassHire Metro North, MGH, TND-CONNECT, WEE

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