

**Always
Thinking
Ahead.**TM

Tufts Medical
Center

Proudly *wellforce* 

2019 Community Health Needs Assessment

Mission Statement

Tufts Medical Center (Tufts MC) is committed to improving the health and wellbeing of the communities we serve. As part of that mission, Tufts MC strives to reduce both health disparities and health inequities in those communities. We seek to identify current and emerging health needs, collaborate with community partners, provide culturally and linguistically appropriate health services and resources, and address community health needs through education, prevention, and treatment.

Background

The Medical Center is committed not only to its role in providing the highest quality care to its patients and their families, but also to its role as an anchor institution in Boston. In addition to the life-saving care that takes place within its walls, Tufts Medical Center supports impactful work in its partner communities.

That work is guided by the findings of our triennial Community Health Needs Assessment (CHNA). In order to ensure that Tufts MC remains at the forefront of the effort to improve the health of community members, we must understand what issues and systems most affect the health of these communities. To that end, the CHNA is an opportunity to engage community members and to seek their input to inform our efforts over the ensuing three years.

With an emphasis on the Boston neighborhoods of Chinatown, Dorchester, South Boston, and the South End, as well as the City of Quincy and the Greater Boston Asian community, Tufts MC combines the invaluable insights and contributions offered by community members with an analysis of available public health data in order to identify health priorities in each of these communities. These priorities – reviewed and endorsed by community members – will shape Tufts MC’s community partnerships, grant-funded initiatives, and departmental efforts for our community benefits programs until the next CHNA is completed in 2022.

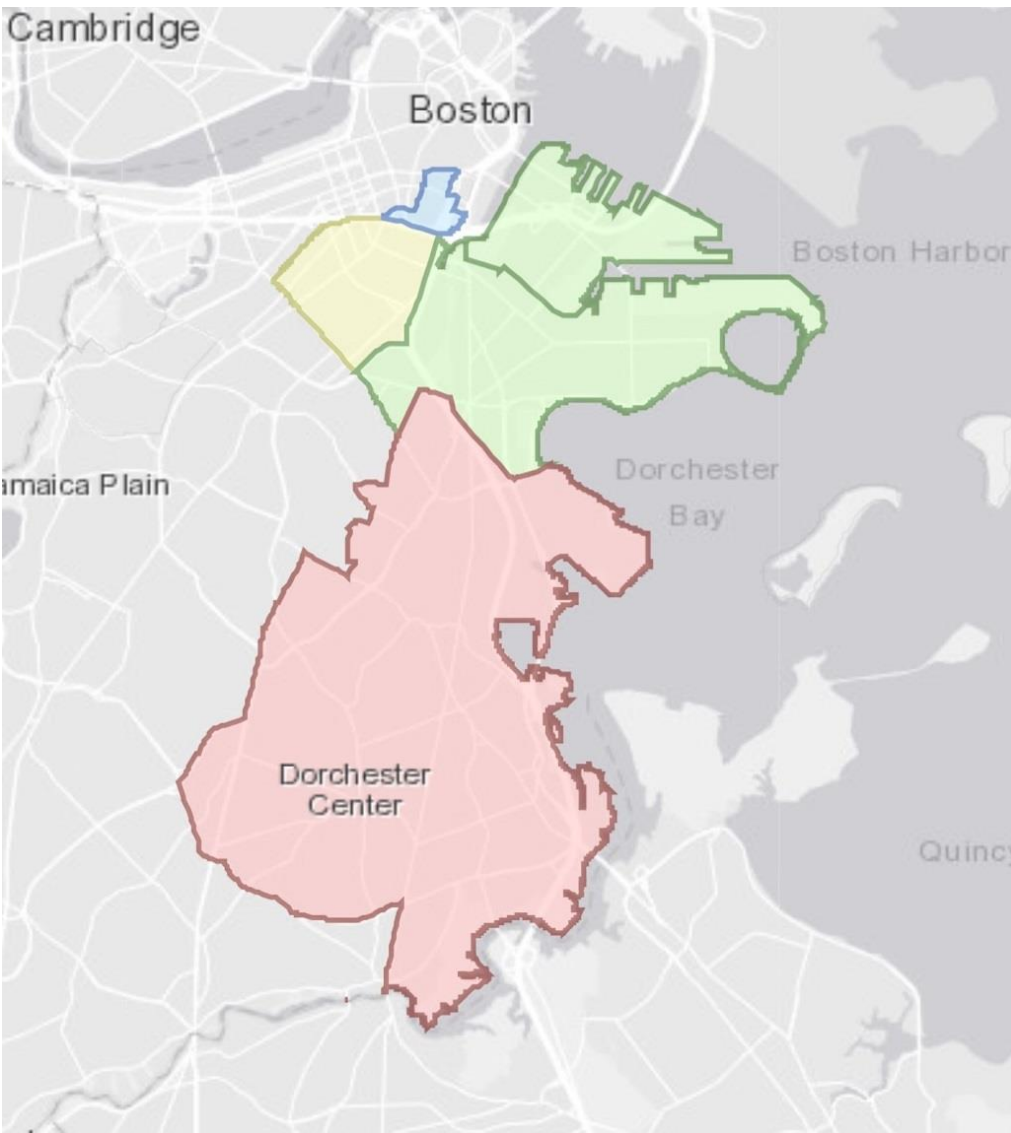
Our Priority Communities

Over the next three years, Tufts Medical Center will focus its community health programming on the Boston neighborhoods of Chinatown, Dorchester, South Boston, and the South End, as well as the City of Quincy and the Greater Boston Asian community.

These neighborhoods were identified in summer 2018 based on an analysis of patients visiting the Medical Center from October 2016 through June 2018. Among all unique patients served in this period, more than 30% came from Boston, nearly six times higher than the second leading municipality – Quincy – at less than 6% of unique patients.

Among all Boston patients, more than half come from zip codes representing Dorchester, South Boston, the South End, and Chinatown (including Asian patients from communities surrounding Chinatown, such as Back Bay and Downtown). Therefore, Tufts Medical Center has identified these Boston neighborhoods as its priority communities.

A description of the demographics of each of our partner communities is included in the community profiles below.



This map represents the neighborhood boundaries established by the Boston Planning and Development Agency (BPDA) in 2014.

While all maps used in this report will show BPDA 2014 geographic boundaries, it is important to note that the social boundaries of a community may be different; for example, there is a significant number of ethnic Chinese residents living in the borders of the South End who we consider – and who consider themselves – part of the Chinatown community.

Methodology

Approach

Tufts Medical Center takes a holistic approach to population health, recognizing that the conditions in which people are born, grow, live, work, and play – the social determinants of health (SDOH) – have a significant impact on health outcomes. Any effort to improve individual and population health must consider the SDOH along with individual behaviors and genetic factors.

Tufts MC also recognizes that disparities exist within and among its partner communities – with residents of color, limited-English speakers, low-income families, and other vulnerable groups often experiencing worse health outcomes due to implicit bias, discrimination, poverty, and lack of access to sufficient and appropriate resources. In the data that follow, we attempt to reveal disparities wherever possible. Tufts MC supports an equity approach to community health – devoting the greatest portion of available resources to those communities and populations who currently experience the worst outcomes.

Data Collection and Community Engagement

Data gathered for this CHNA come from secondary and primary sources. Secondary sources include the American Community Survey, the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Survey, Boston Police Department, Boston Public Schools, Health Resources and Services Administration, MA Registry of Vital Records and Statistics, as well as CHNAs conducted in recent years by community health centers and other institutions and numerous papers and presentations pertaining to community health research conducted in our partner communities. All references are included in [Appendix A](#). Secondary data collection focused on the SDOH – such as housing, education, and employment status. We also collected secondary data about health behaviors (such as substance use and exercise), care access and utilization (such as insurance coverage and cancer screening rates), and health outcomes (such as diabetes, asthma, and obesity rates).

Since the summer of 2018, Tufts MC has participated in and supported the efforts of the Boston CHNA-CHIP Collaborative (the Collaborative), an effort undertaken by dozens of hospitals, health centers, and community organizations to conduct a CHNA for the City of Boston. (To learn more, go to <http://bostonchna.org>). Over six weeks in February and March 2019, the Collaborative collected primary data from residents of all of Boston’s neighborhoods through focus groups, interviews, and a survey.

The Collaborative conducted 12 focus groups during the data collection period with the following populations:

- Female low-wage workers (e.g. housekeepers, child care workers, hotel service workers, etc.)
- Male low-wage workers (e.g. janitorial staff, construction, etc.)
- Seniors (ages 65+) with complex, challenging issues (e.g. homebound, medical complications)

- Residents who are housing insecure (no permanent address or close to eviction)
- Latino residents in East Boston (in Spanish)
- LGBTQ youth and young adults at risk of being homeless
- Immigrant parents of school age children (5-18 years)
- Survivors of violence; mothers who have been impacted by violence
- Parents who live in public housing in Dorchester
- Chinese residents living in Chinatown (in Chinese)
- Haitian residents living in Mattapan (in Haitian Creole)
- Residents in active substance use recovery

Focus groups were approximately 90 minutes, involved 8-12 participants per group, and followed a semi-structured guide aimed at uncovering communities' needs, strengths, and opportunities for the future. One hundred four people took part in focus groups, and according to the Collaborative,

“Nearly half of focus group participants identified as Black or African American (49%), a third of participants identified as Hispanic or Latino (34%), and 13% identified as White. The majority of participants identified as female (57%), 36% identified as male, and 7% identified as transgender or genderqueer. Fifteen community and social service organizations located throughout Boston assisted with recruiting participants and/or hosting focus groups.”

A copy of the Collaborative's focus group guide is included in [Appendix B](#).

The Collaborative also completed 39 key informant interviews during the data-gathering period. These interviews were 45-60 minute semi-structured discussions with institutional and community leaders and front-line staff about community needs, strengths, and opportunities. According to the Collaborative, key informants represented the following sectors:

“Public health, health care, housing and homelessness, transportation, community development, faith, education, public safety, environmental justice, government, workforce development, social services, food insecurity, business organizational staff that work with specific population such as youth, seniors, disabled, LGBTQ, and immigrants.”

Finally, the survey (a copy of which is included in [Appendix C](#)) included questions pertaining to the social determinants of health, community perceptions of health and well-being, and access to care and social services, among other topics. The survey was available in seven languages (English, Spanish, Portuguese, Haitian Creole, Chinese, Vietnamese, and Arabic). Over 35 organizations helped with survey distribution via email, social media, and in-person in waiting rooms, Boston Public Libraries, community events, and in large apartment buildings. Tufts MC emailed the survey to contacts at more than 300 organizations and agencies in our priority communities to encourage participation and further distribution.

Tufts MC conducted additional primary data collection in Chinatown and South Boston over eight weeks between February and April 2019 to contribute to the larger efforts, completing six interviews with social service organization leaders and two focus groups with community groups representing the Chinatown community (Tufts MC's focus group and interview guides are available in [Appendix D](#)). Tufts MC also worked with community partners to distribute the Chinese-language Collaborative survey in apartment buildings in Chinatown, ultimately collecting 101 completed surveys. Including the Collaborative's and Tufts MC's additional efforts, more than 2,500 Boston residents participated in primary data collection between February and April 2019.

Tufts MC's two most recent CHNAs and three most recent Community Benefits Reports are made available on its website (<https://www.tuftsmedicalcenter.org/About-Us/Community-Partners-Programs>). In the same section, members of the public are invited to contact Tufts MC about community health and community benefits concerns by emailing CHNA@tuftsmedicalcenter.org. This email address is monitored by staff in the Office of Community Health Improvement Programs. To the best of our knowledge, as of May 2019, no one has attempted to contact us with information relevant to the previous or present CHNAs.

In developing a list of resources available in each community to address identified needs, we began by consulting the online database GuideStar, which provides information about all US-registered nonprofits. We searched for organizations within the zip codes that align most closely with our priority communities and this became the basis of our initial list. Second, we searched the Boston Public Health Commission's [HelpSteps](#) website and added those organizations in the vicinity of our priority neighborhoods that offer services related to our identified needs. To this, we added all agencies in each priority community with which Tufts MC currently works or has worked in recent years. Finally, we added all agencies that were specifically mentioned as resources by community members in interviews, focus groups, and surveys or in any of the secondary data sources consulted for this CHNA.

Limitations of Data

In many cases, the most recent data available are several years old, so it is possible that some conclusions drawn from these data will need to be reassessed when more recent data are released. We have made our best effort to locate and include the most recent data available from all sources. Similarly, while we seek to understand disparities between different population groups, many data sources do not sort their data by subpopulation, so in these cases, we are able to report only a total population measure.

Data available from surveillance sources such as the American Community Survey may not be representative of some populations, particularly those who speak no or limited English and are therefore not able to take part in data collection. Where possible, we have included data from local research efforts that make special effort to reach these traditionally underrepresented populations. In its primary data collection efforts, the Collaborative also focused on reaching traditionally

underrepresented groups – such as the homeless, the LGBTQ population, immigrants, and non-English speakers – so their data constitute a non-random sample and any of its data we cite are not considered generalizable to the broader population. Many of the data from primary and secondary sources are based on self-reporting by community members and are therefore subject to personal viewpoints and mistakes in recollection or reporting.

Community boundaries are not fixed, and different data sources include different areas within community boundaries. Since we identified our priority communities using the zip codes in which the majority of our patients live, we have focused on these same zip codes in most of the secondary data:

- Chinatown: 02111
- Dorchester: 02121, 02122, 02124, 02125
- South Boston: 02127, 02210
- South End: 02118
- Quincy: 02169, 02170, 02171

Finally, though many data sources capture and report on similar topics, specific definitions and measures may vary in small or large ways by source. When citing specific data points in the following pages, we have attempted to be as clear as possible about the definition used.

Prioritization and Approval

In analyzing the available data, certain topics emerged as frequent concerns within each community, raised by multiple key informants and focus groups in their conversations and appearing among the most frequently-cited concerns in the Collaborative survey. Secondary data (including the findings of recent CHNAs from other institutions) helped us to understand what proportion of community members are affected by these challenges, as well as any subpopulations that are particularly impacted. These themes guided the organization of our findings below.

Our findings were presented to the eleven members of Tufts MC's Community Benefits Advisory Committees (CBACs) in June 2019. Members of the CBACs live, work, or are subject matter experts in our partner communities. From the findings, CBAC members helped us to hone in on and prioritize health issues on which Tufts MC will focus its grant-based community benefits efforts for the next three years.

In June, the findings and the CBACs' recommendations were presented to Tufts MC's community benefits governing body, the Board of Governors' ten-member Community Benefits Committee. The Committee voted unanimously to approve and adopt the CHNA on June 28, 2019.

Chinatown

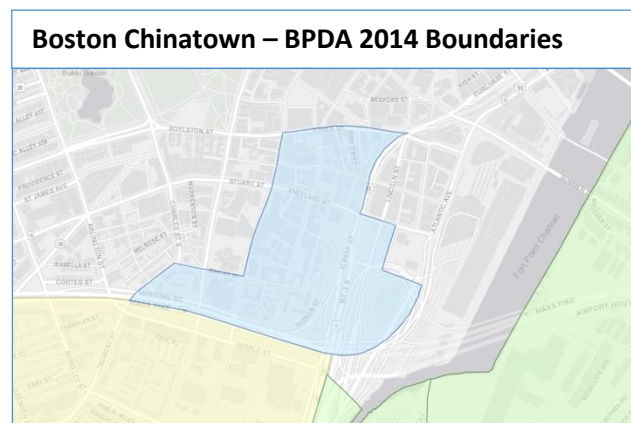
Background

Among the first settlers of present-day Chinatown were Chinese immigrants who helped to build the US Transcontinental Railroad; after completing this massive project, some came to Massachusetts in 1870 to replace striking workers at the Sampson Shoe Factory in North Adams, MA. Over the next few years, some moved eastward and settled in present day Chinatown, many working jobs in the garment manufacturing industry. Further immigration was curbed by the Chinese Exclusion Act in the 1880s but began to rise again in the 1940s with the Act's repeal.

After a number of adult entertainment businesses opened on the community's periphery in the 1960s (known locally as "The Combat Zone"),¹ Chinatown residents began to organize in order to eliminate these establishments. As the population began to grow, the 1960s through the 1990s saw a mobilizing of the community around a number of social issues and the establishment of a number of social and service organizations to meet community needs, including English language courses, job training, and programs designed to serve children, youth, and seniors.

Chinatown Today

Using BPDA's 2014 geographic boundaries (at right), the community is roughly 76 acres, making it among the smallest of Boston's neighborhoods. As mentioned earlier, these geographic boundaries do not capture all of the areas that community members consider to be part of Chinatown; many Chinatown activists extend its borders past the Turnpike into the South End where many Chinese families reside.

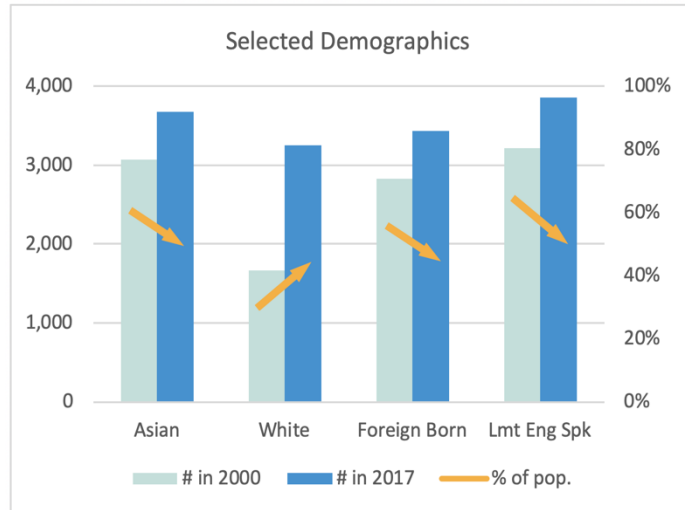


Key informants and focus group participants describe Chinatown as a "close-knit" community with a strong ethnic Chinese cultural identity that helps people "feel like they belong" and leads to high levels of trust between neighbors.^{2,3} A "city inside a city,"⁴ community members in interviews, focus groups, and surveys identified Chinatown's abundance of services and amenities (particularly medical care) as among its greatest strengths, leading to its recognition as a cultural, social and service hub for Chinese families throughout the Greater Boston region. Family associations and eateries are particularly cherished for their preservation of cultural identity and as community gathering spaces, and these identities have only been enriched as immigrants from disparate parts of China arrive in Boston and bring with them their own traditions, preferences, and cuisine. Chinatown is also home to a number of anchor institutions including the Asian American Civic Association, Boston Chinatown Neighborhood Center, Boston Asian Youth Essential Service, and myriad family associations that are known as safe spaces that serve and advocate for the community.

Demographics

- 49.3% of Chinatown residents in 2017 were Asian⁵
- 46.1% were foreign-born⁵
- 51.8% live in limited-English-speaking households⁵

The total number of Asian, immigrant, and limited English speakers living in Chinatown has grown since 2000, but they comprise a smaller portion of the population than they once did as many White residents have moved to the area.



Housing

Key informants and focus group participants attribute this demographic shift to the proliferation of luxury housing developments in the past two decades. Today, there is a widespread concern that long-time residents – mostly ethnic Chinese – are being displaced as housing costs rise.

- 29.8% of owner-occupied homes are valued at \$1M or more (up from 18% in 2011)⁵
- \$1,425 – median rent in 2017 (up from \$1,238 in 2011)⁵
- 29% of Chinese residents received housing/utility assistance in past year³
- “Affordable Housing” is the second most important factor in healthy community³

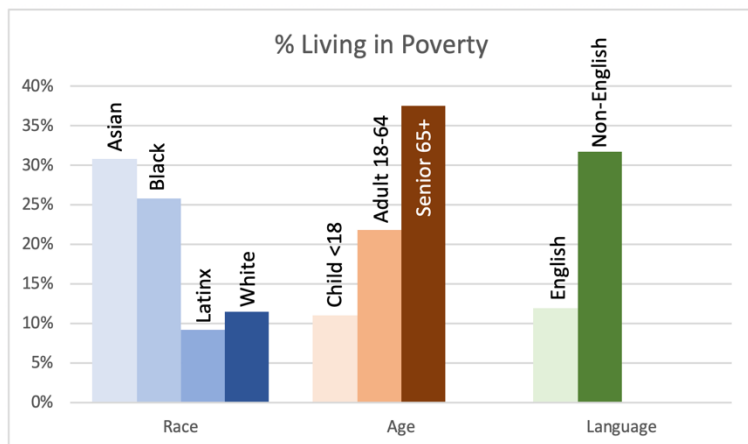


Economic Opportunity: Employment, Job Training, Career Pathways

Key informants and focus group participants note that high quality, good paying jobs help to reduce poverty, make essential goods like housing and healthy food immediately more affordable and accessible, and reduce chronic stress and depression that can result from un- and under-employment.

Yet such jobs are not available to everyone. Youth, immigrants, limited-English-speakers, and individuals with past criminal records all experience barriers to high quality and good paying jobs that contribute to higher rates of poverty among many in these groups.⁵

- 48% live below 200% of the Federal Poverty Level (36% city-wide)⁵
- \$31,418 – median annual income for workers earning a wage⁵
- 9.47% - Unemployment rate in Chinatown; 11.8% for Asian, 7.0% for White⁵
- 27% work more than 40 hours per week for pay³
- 32% feel overqualified for current job³



To improve financial stability in the community, key informants advocate for reforming application requirements to prioritize experience over formal education, recognize education completed outside the US, and ensure criminal records do not influence hiring decisions. They emphasize a need for more jobs that pay a living wage and include benefits, and they indicate more job training (including English courses) is needed so that community members can improve their chances of advancing in their careers.

“We need more access to job training to help less-educated, less-skilled community members gain the skills and experience they need to move beyond entry-level positions and build good-paying careers.”
-Chinatown key informant

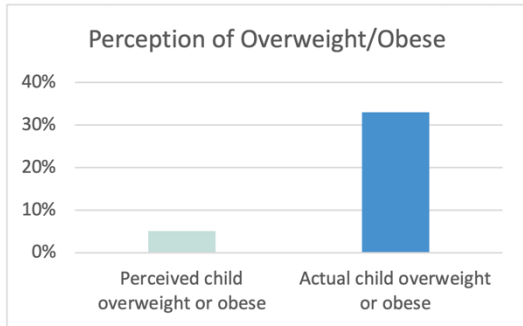
Education

Three-quarters of Chinatown adults have a high school diploma, slightly lower than the city’s rate of 86%.⁵ However, children age 3 and 4 in Chinatown are more likely than counterparts city-wide to be enrolled in school,⁵ and children at Chinatown public schools are more likely to graduate high school within four years, have higher standardized test scores, and are less likely to be chronically absent than students throughout the Boston school district.⁶ Focus group participants expressed a desire for greater support for children with special needs in Chinatown, as well as the family members of these children.

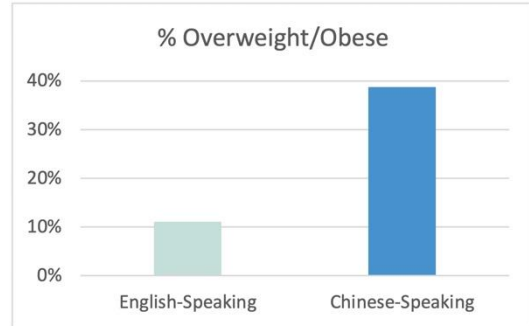
Food Access, Nutrition, and Physical Activity

Nearly one-quarter of Chinatown residents are food insecure (23.3%, compared to 18% of residents city-wide),⁷ and a 2015 study found that more than half were enrolled at the time in a federal food assistance program.² A Chinatown-focused study published in 2017⁸ found:

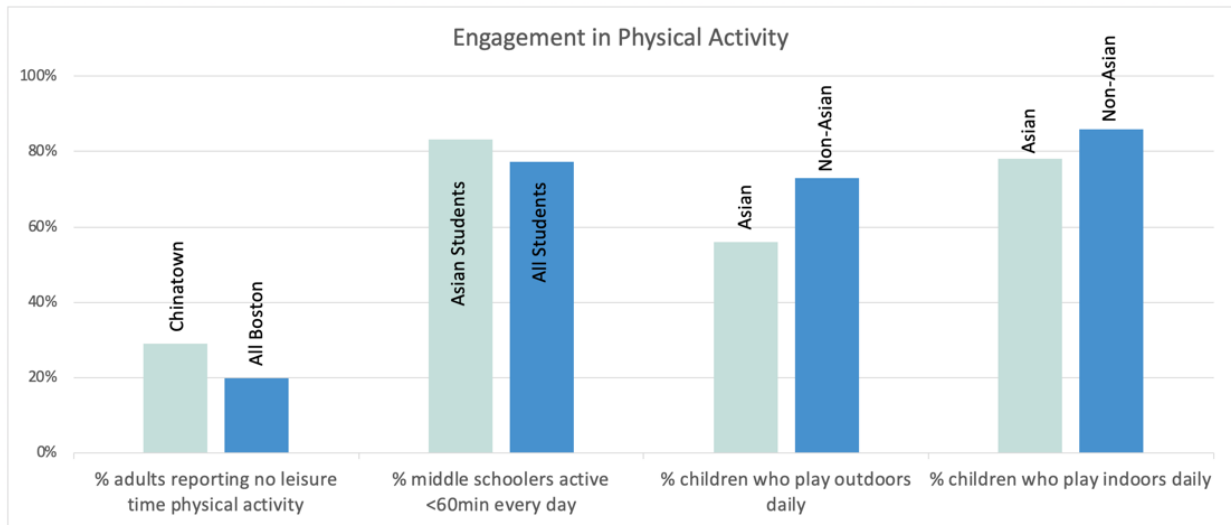
1. Asian parents underestimate their children's weight status.



2. Asian children in Chinese-speaking households are more likely to be overweight than Asian children in English-speaking households.



Key informants described a need for more publicly accessible spaces in the community that would promote physical activity and family-based activities, noting that safety and affordability would need to be guaranteed.



Some existing opportunities may include Boston Common, the Rose Kennedy Greenway, the local YMCA, and for seniors in particular local senior centers and residential programs that offer various activities for community members.

Health Priorities in Chinatown

Tobacco and Nicotine Use

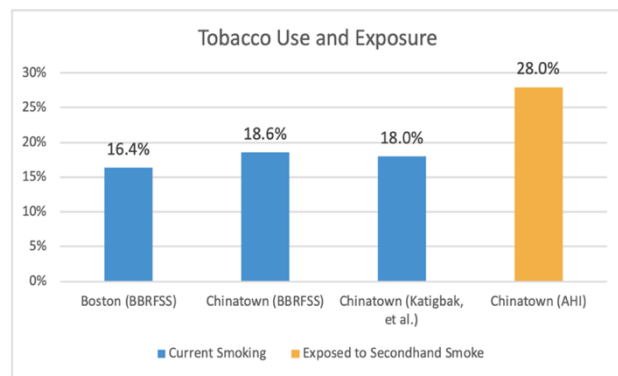
*“When groups gather for a Cleanup Chinatown event, it’s mostly cigarette butts that they’re cleaning up, not other garbage.”
-Chinatown key informant*

Tobacco use was the fourth leading health concern among Chinatown residents in a 2019 survey³ and was raised by all key informants and focus groups as a critical issue. The top three health concerns – Heart Disease/Stroke, Cancer, and Diabetes – are all outcomes associated with tobacco use.^{9,10}

Tobacco use and exposure are high in Chinatown:

Tobacco Use contributes to the leading causes of death in the community:

- Heart disease and lung cancer are the leading causes of death in Chinatown,¹¹ both are strongly linked with tobacco use.⁹
- Cancer (all types) has been the top cause of death for Asians in Boston for more than a decade, and lung cancer is the most common cause of cancer death among Asians.¹¹



Secondhand smoke from traditional and e-cigarettes contributes to high rates of asthma among children in Chinatown. The community’s two public schools have among the highest prevalence rates of all Boston Public Schools city-wide:

Asthma Prevalence among all Boston K-12 Schools¹²

2015-2016 School Year		2016-2017 School Year	
Rank by # (n=144)	Rank by % (n=144)	Rank by # (n=143)	Rank by % (n=143)
1. Josiah Quincy Elementary School (259 cases)	2. Josiah Quincy Elementary School (34.3%)	3. Josiah Quincy Elementary School (193 cases)	3. Josiah Quincy Upper School (34.6%)
30. Josiah Quincy Upper School (98 cases)	3. Josiah Quincy Upper School (34%)	29. Josiah Quincy Upper School (97 cases)	12. Josiah Quincy Elementary School (25.1%)

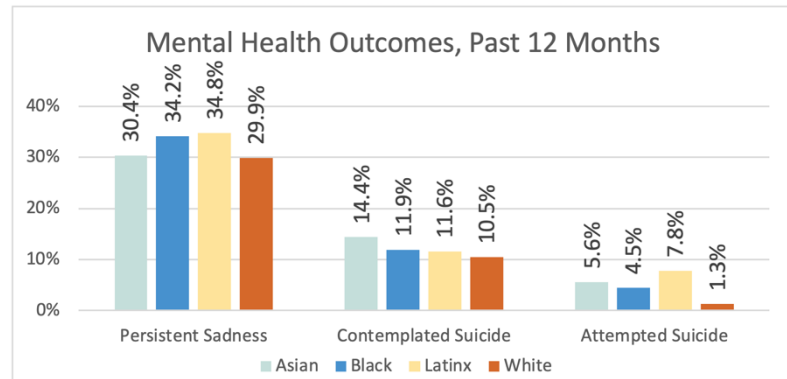
Key informants and focus group participants explain high rates of tobacco and nicotine use in Chinatown contribute to poor air quality – another frequently-raised health concern and another cause of elevated asthma rates – along with high traffic volume, building density, and substandard housing conditions.

Mental Health

*“It’s easy for Asian families to deny mental health problems because we can’t see them.”
-Chinatown key informant*

Mental health, with an emphasis on access to mental health care, was identified as a top community health concern by five key informants and two focus groups in Chinatown. Mental health was also among the top concerns for Asians city-wide.⁷

More than 30% of Asian high schoolers in Boston report feeling sad or hopeless for at least two weeks in a row, which is similar to White students, though lower than Black or Latinx students.¹³ However, Asians are more likely to consider and attempt suicide than many of their peers:¹³



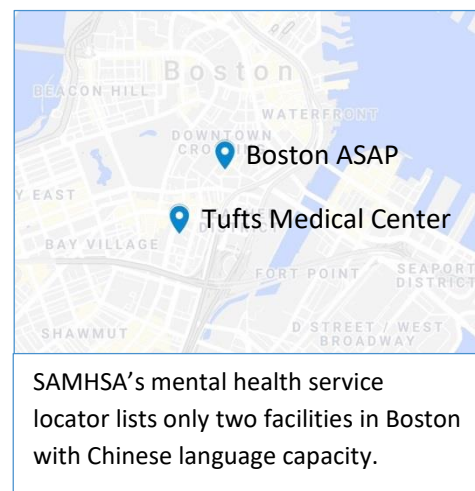
Key informants attribute poor mental health in Asian youth to stress associated with several factors:

- High expectations that families hold for students’ academic performance
- Issues of identity, especially for children of immigrants, who must navigate between distinct cultural contexts and often must serve as bridges between those worlds for their parents
- Intergenerational stress passed from parents who may experience challenges with housing, financial security, social isolation, and other factors

Community members note that some barriers to mental health care are cultural and some structural:

- Stigma tied to mental health issues and a desire to protect family reputation
- A dearth of mental health care providers who have the linguistic and cultural competency to serve Chinese patients,¹⁴ and long wait lists for those who are available

Key informants also describe a need for improved education for youth in Chinatown about sex and healthy relationships, explaining that parents are reticent to discuss sex with their children and that traditional gender roles curb women’s autonomy.



Access to Social Services

*“I do not speak English, so I [usually] wait 1-2 hours for any social services.”
-Chinatown focus group participant*

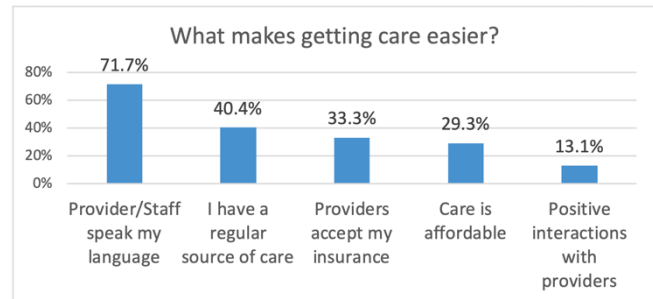
In a 2019 survey, Chinatown residents ranked “Access to health care” as both the most important factor contributing to a healthy community and the greatest strength of the community.

But key informants and focus group participants note that proximity to care is not enough; health care providers must have the linguistic and cultural competence to provide

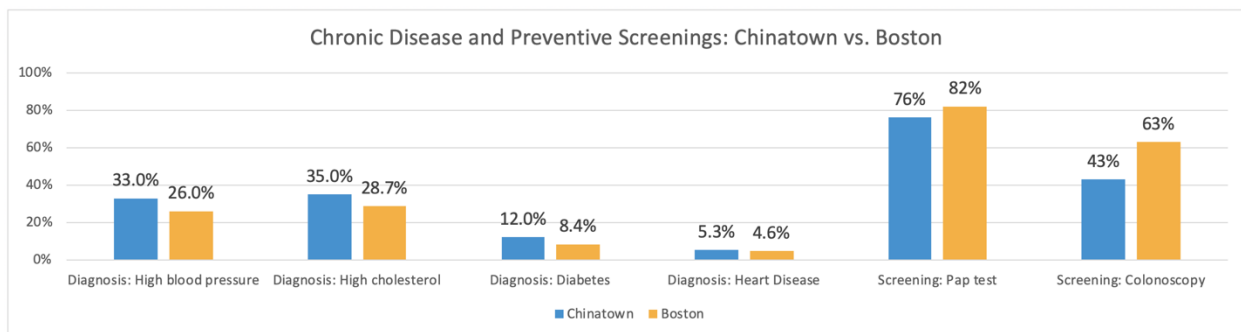
Most important factors that define a healthy community	Community’s Strengths
Access to health care (89/101)	Proximity to medical services (97/101)
Affordable housing (88/101)	People speak my language (95/101)
Low crime (54/101)	Good access to resources (68/101)
Good education (48 votes)	Racial/Cultural Diversity (50/101)
Clean environment (45 votes)	Acceptance of differences (48/101)

the best quality care possible to non- or limited-English speaking ethnic Chinese residents. These themes also arose among focus groups in the Collaborative’s city-wide CHNA.⁷

Thirty-one percent (31%) of survey respondents reported using translation assistance in the past year (a greater percentage than used housing, food, or other types of assistance services), and 71% indicated that having a provider who speaks their language makes accessing health care easier, much more than any other factor.



Improving access to health care by increasing linguistic and cultural competency of providers may help Chinatown residents reduce and better manage disproportionately high rates of some chronic diseases:



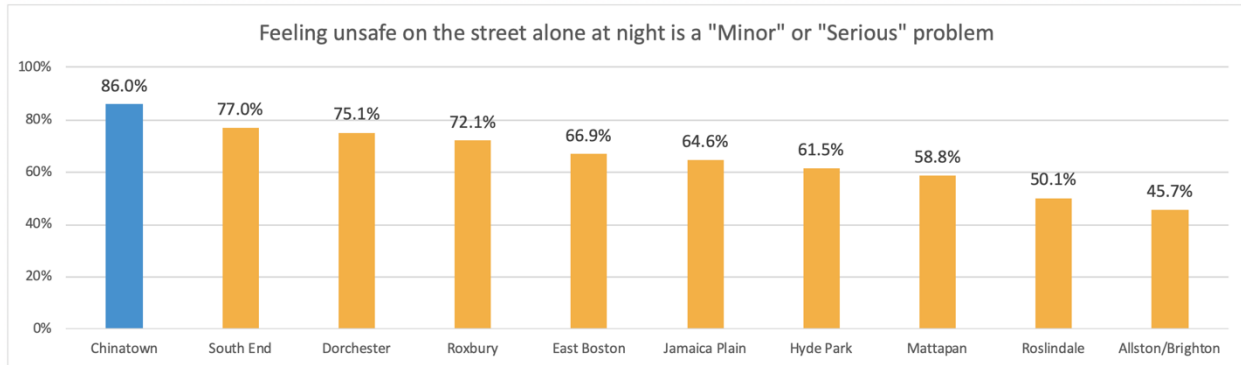
Community members in Chinatown and city-wide⁷ noted that while there is an abundance of services available, it can be difficult to navigate them due to language barriers, confusing terminology or qualification criteria, or not knowing how to start the process of enrolling in services.

Perceptions of Safety

Chinatown survey respondents indicate that a low crime rate is among the most important factors that make a community “healthy.”³

In a 2015 study, 89% of Chinatown residents reported they “feel safe in [their] neighborhood.”¹⁵

Four years later, in a 2019 survey of a similar population of ethnic Chinese residents, 86% reported that “feeling unsafe while alone on their street at night” was a “minor” or “serious” problem.³



Four key informants and two focus groups in Chinatown shared that the substance abuse crisis that has gripped the city is becoming more visible in Chinatown, raising community members’ concerns about safety and potentially contributing to increased levels of stress and anxiety in the community.

Boston Police Department data show there were 75 aggravated assaults (3.3% of the city total) and 190 drug violations (4.5% of the city total) in Chinatown in 2018, despite the fact that Chinatown comprises only 1.1% of the city’s population.

Dorchester

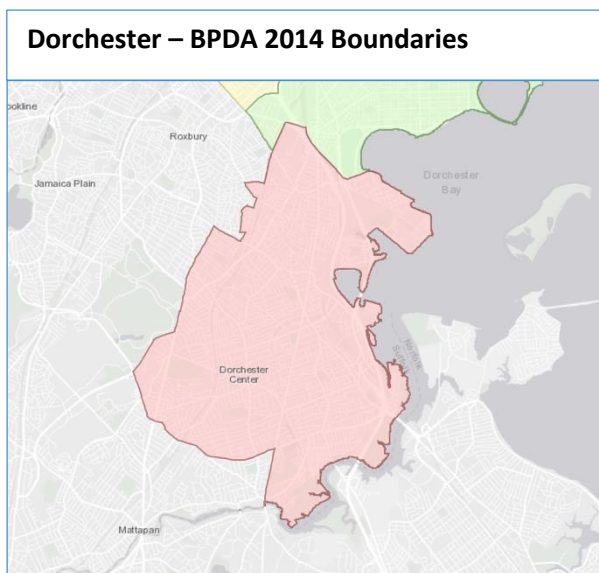
Background

Dorchester is Boston’s largest neighborhood by geography. Founded in the seventeenth century as a separate settlement, it was annexed by the City of Boston in several segments until the final area was incorporated in 1870. Dorchester began as a popular “country” getaway for wealthy Bostonians who wanted a break from the city. Throughout the early 20th century, several waves of newcomers settled in the area, beginning with immigrants from Ireland, Canada, Poland, and elsewhere, followed by African Americans from the southern United States.

Dorchester Today

“It’s important to me to live in a multicultural place with a diverse group of people.”
 – Dorchester survey respondent

Dorchester is home to a wealth of different racial and ethnic groups, and community members consistently point to this diversity as one of the neighborhood’s greatest strengths.^{3,16} Four zip codes comprise Dorchester’s six square miles: 02121, 02122, 02124, and 02125.



Demographics

The total population has grown more than 10% since 2000.

	2000		2010		2017	
	#	%	#	%	#	%
AI/AN	720	0.5%	651	0.5%	743	0.5%
Asian	10,076	7.5%	10,974	8.4%	12,157	8.5%
Black	67,143	50.1%	63,271	48.5%	73,891	51.5%
Hawaiian/PI	90	0.1%	64	0%	0	0%
Latinx*	19,159	14.3%	23,889	18.3%	27,518	19.2%
White	34,170	25.5%	32,302	24.7%	35,464	27.4%
Other or Multi	21,850	16.3%	23,273	17.8%	21,195	14.8%
Total	134,004		130,535		143,450	

*The US Census Bureau treats Latinx as an ethnicity, not race; individuals may be included in other racial categories.

There is variation across the neighborhood’s large area:⁵

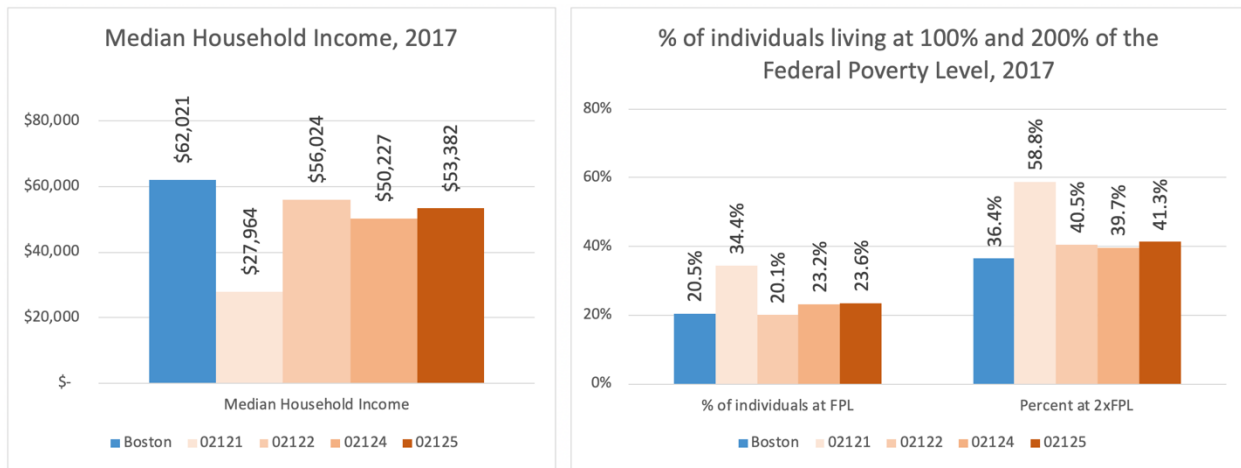
- Black residents comprise the majority in zip codes 02121 (69%) and 02124 (64%), while White residents are the largest groups in 02122 (37%) and 02125 (33%)
- 19% of the population in zip code 02122 are Asian, primarily Vietnamese
- 23% of Dorchester residents are children under age 18, compared to 16% city-wide
- 39% of Dorchester residents live in limited English-speaking households (36% city-wide)
- 34% of Dorchester residents are foreign-born (28% city-wide)

Economic Opportunity: Employment, Job Training, Career Pathways

*“I have three jobs and still make less than \$45,000 a year, barely getting by.”
– Dorchester focus group participant*

Key informants and focus group participants describe Dorchester as a hard-working, yet low-income community, explaining that many residents are relegated to low-paying jobs that rarely carry benefits, and that managing work shifts can be particularly difficult for parents of young children.^{7,16,17}

Median income is lower in Dorchester than the city as a whole, and the poverty rate is higher. These outcomes are worse in Black-majority zip codes 02121 and 02124.

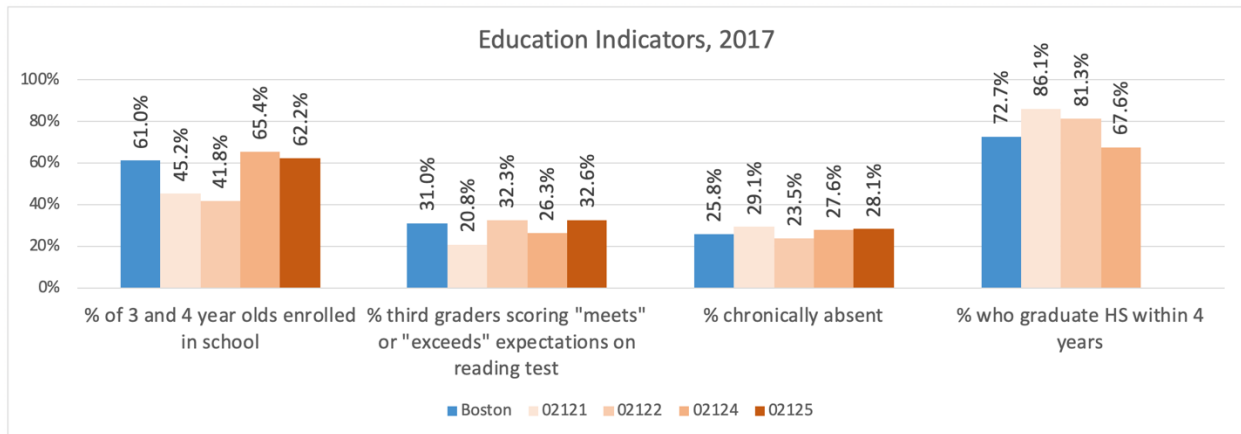


Similar to key informants in Chinatown, those in Dorchester expressed that higher education is overvalued in the job application process and lived experience is undervalued.⁷

Dorchester focus group participants explain that un- and under-employment increases people’s stress and anxiety and likely contribute to high rates of substance use in the community.⁷

Participants note that job opportunities are particularly important for youth: with good jobs, they can make connections and gain experience that will lead to better jobs as adults; without good jobs, they are more likely to fall into destructive and potentially violent behavior.⁷

Education

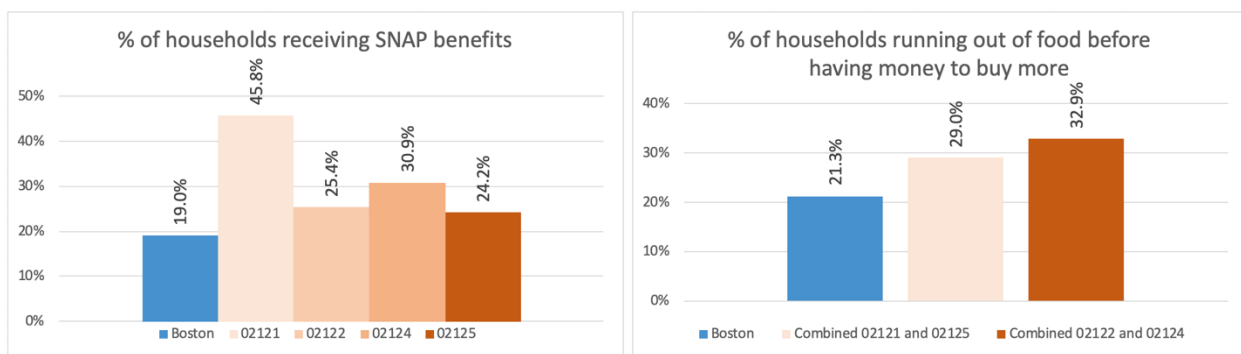


White residents age 18 and older are more likely than any other racial or ethnic group to have completed high school, and Latinx adults are the least likely.⁵

Key informants and focus group participants in Dorchester were concerned about inequities in schooling, feeling that schools in lower-income neighborhoods tend to be underfunded relative to wealthier neighborhoods. “Access to good education” was the fourth most common factor selected by Dorchester residents as contributing to a healthy community.³

Food Access, Nutrition, and Physical Activity

“Access to healthy food” was the third most common factor selected as contributing to a healthy community,⁷ but data show challenges with access in Dorchester:^{5,7}



Community members reveal that in many areas, corner stores are the most convenient place to purchase groceries, and note:^{7,17}

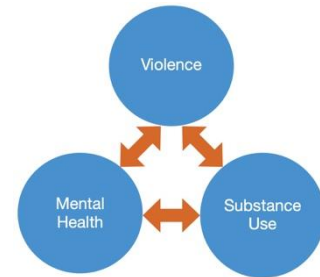
- Produce selections at these stores are generally limited and/or low-quality
- Processed foods are cheaper and more convenient, making them especially appealing to low-income parents who must feed their children

Health Priorities in Dorchester

Behavioral Health

Since Tufts MC launched its Dorchester Health Initiative in 2004 to respond to community needs, violence – particularly among youth – has been a consistent priority. Recent assessments by health centers and hospitals – including the present one – show that violence remains a concern, and that mental health and substance use have emerged as co-occurring challenges.^{7,16,17}

Key informants and focus group participants discuss these three issues as inter-related,⁷ each potentially causing or exacerbating the others and all being influenced by financial stability and access to economic opportunity. For this reason, we approach these topics cohesively and believe that they will be most successfully addressed holistically.

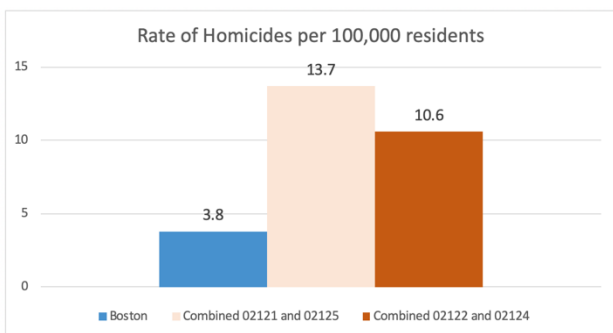
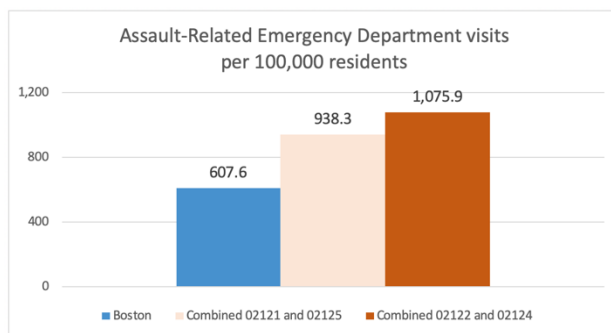


Violence

“Community violence” was the leading health concern among 470 survey respondents in Dorchester in 2019 and mental health was third.⁷ Violence was also among the priorities identified by community health centers in Dorchester in 2017¹⁶ and 2018,¹⁷ along with substance use and mental health.

Though Dorchester comprises only 21% of the city’s population,⁵ it accounts for a greater share of many violent crimes.

- Half of all homicides in Boston in 2018 occurred in Dorchester¹⁸
- 32% of aggravated assaults in 2018 occurred in Dorchester¹⁸
- 70% of survey respondents report gunshots in their neighborhood are a minor or serious problem⁷

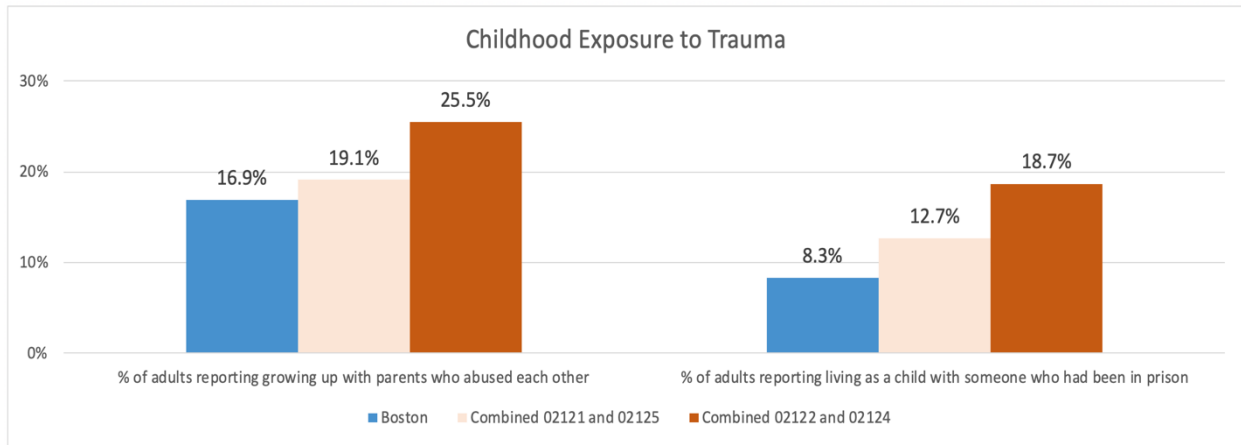


Mental Health

Community members are particularly concerned about the effect of violence and trauma on youth’s mental health, with one commenting,

“Our community is suffering from PTSD. We need to heal these wounds ... Kids have to walk by places where people they loved have been killed.”
– Dorchester focus group participant

Youth’s experience of trauma was a key concern among mental health providers in Dorchester interviewed in 2017 and 2018, as well.^{16,17} Data analyzed by the Boston Public Health Commission show some traumatic experiences are more common in Dorchester than the city as a whole:



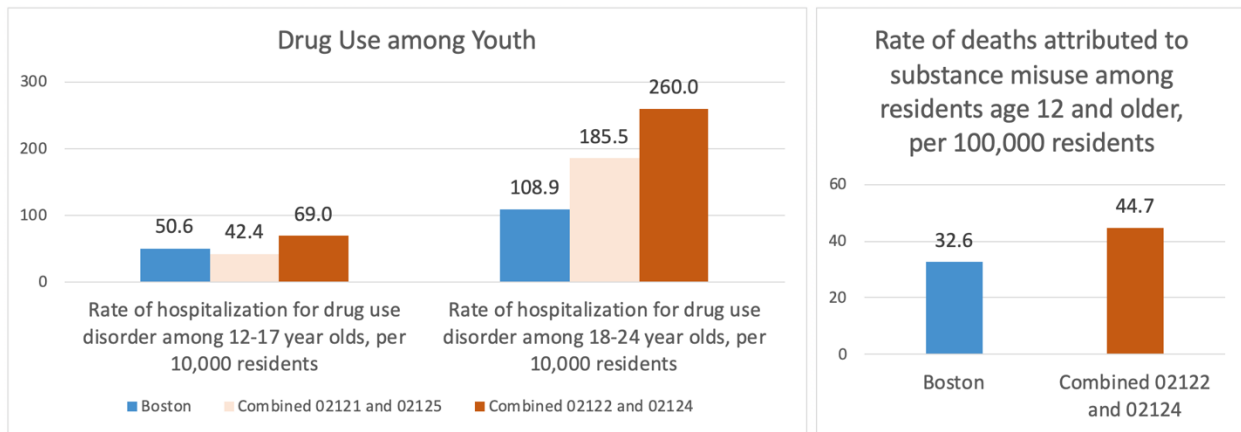
Data also show the rate of suicide is almost 50% higher in Dorchester than in all of Boston.¹⁹

In focus groups and interviews, community members expressly link poor mental health outcomes with poverty and other social determinants of health,⁷ factors that are disproportionately borne by racial and ethnic minorities, immigrants, and limited English speakers.⁵

As in Chinatown, community members explain that stigma related to mental health and a lack of mental health providers who reflect the racial, cultural, and linguistic diversity of the community make efforts to improve mental health challenging.^{7,16,17}

Substance Use

Like members of many other communities, residents of Dorchester report substance use is becoming more visible in the community, with overdoses and discarded needles becoming more frequent sights.⁷ Data show substance use is higher in Dorchester – particularly zip codes 02122 and 02124 – than the city as a whole:



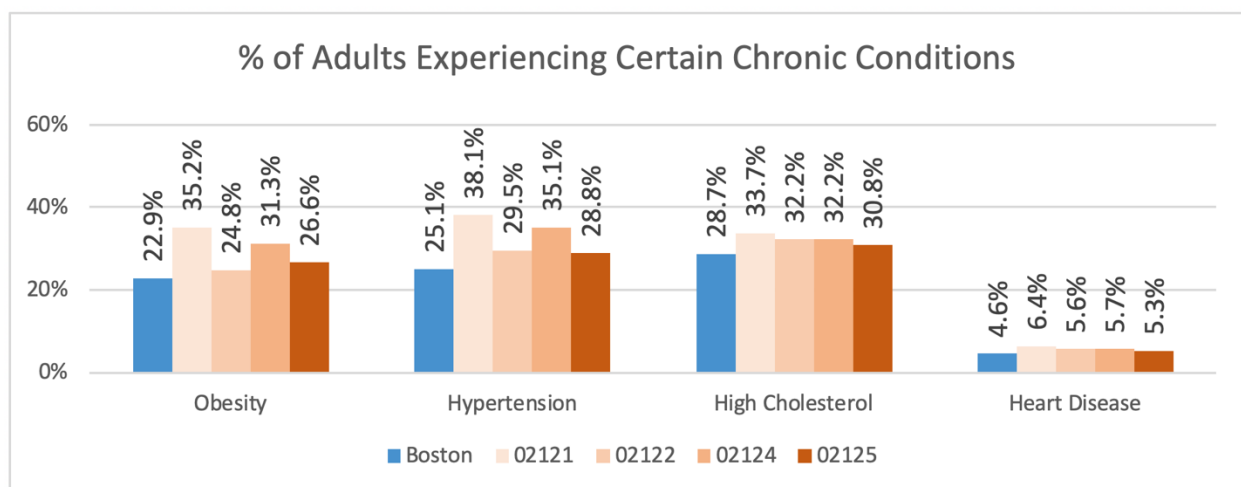
Key informants express concern that substance use is intergenerational, that children whose parents use substances are more likely to use substances, themselves.¹⁷ They also identified the lack of strong connections between services as a challenge that makes accessing services difficult and increases wait times, which can lead to worse outcomes.^{16,17}

Chronic Disease

Diabetes was the fourth most common health concern among Dorchester survey respondents in 2019⁷ and was a noted priority in 2017 and 2018 needs assessments,^{16,17} and indeed, diabetes is a challenge in the community:

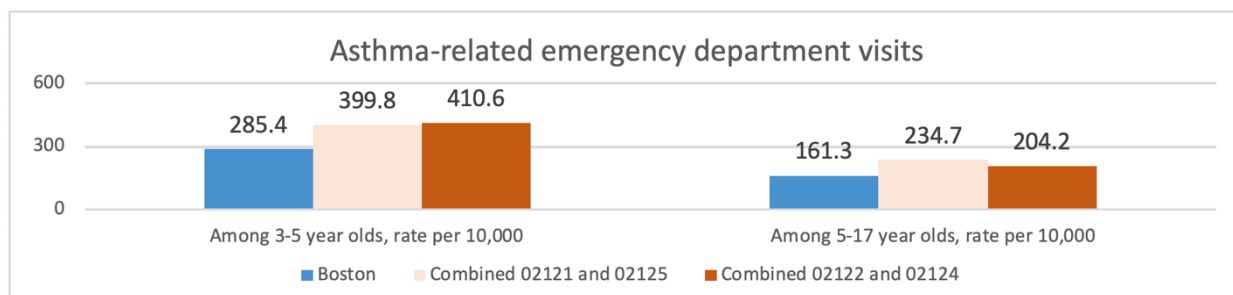
- Rates range from 10.3% of adults in zip code 02122 to 15.3% in zip code 02121, both higher than the city's 8.4%²⁰
- From 2015 to 2017, rates rose at four community health centers in the neighborhood, which serve primarily low-income people of color²¹⁻²⁴
- Rates of hospitalization and death due to diabetes are higher in Dorchester than city-wide¹⁹

Other chronic conditions are also prevalent in the neighborhood:



Challenges in accessing healthy food (outlined above) likely contribute to these outcomes. Community members also describe barriers to being physically active: concerns about community violence make outdoor spaces like parks and baseball diamonds an undesirable choice, and indoor spaces that are safer like the YMCA can be unaffordable for low-income residents.¹⁷

Pediatric asthma also arose as a particular concern among key informants and focus group participants in Dorchester in 2017, 2018, and 2019,^{7,16,17} and the data support this concern:



Housing and Transportation

Among 470 Dorchester survey respondents, “affordable housing” was the most commonly selected factor that contributes to a healthy community and the second leading community health concern after community violence.⁷ Needs assessments in 2017 and 2018 also listed “Housing Affordability” as a priority.^{16,17}

- Median rent has risen in all four zip codes, though it remains lower than the city median⁵
- 59.1% of Dorchester renters are housing cost burdened, compared to 52.1% city-wide⁵

Housing, gentrification, and displacement of low-income residents of color were raised as a key concern among key informants and focus groups in Dorchester in 2017, 2018, and 2019,^{7,16,17} attributed to the high number of new housing developments in the area, with one resident commenting,

“They build and build until we’re stuffed in like pack rats...every little slot they’re building something. We’re literally living on top of our neighbors.”
– Dorchester focus group participant

“Access to public transportation” was the fifth most commonly selected factor that defines a healthy community.⁷ Residents generally felt the number of public bus routes in Dorchester is good, but that routes are not direct and require several transfers and a great deal of time.^{7,16,17}

South Boston

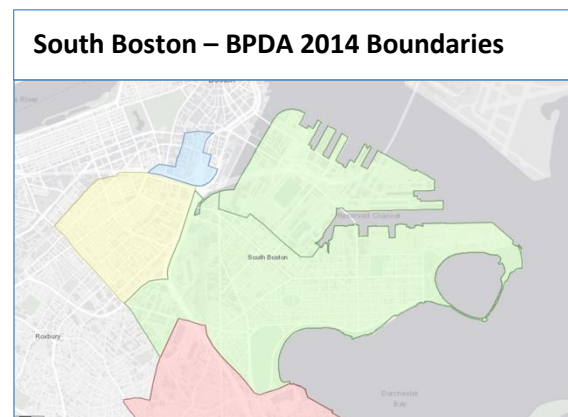
Background

Like Dorchester, the area known as South Boston began as a separate settlement from the City of Boston. During the American Revolutionary War, it was the spot from which George Washington drove the British out of Boston. In the 19th century, the peninsula was annexed in sections by the City. Through the 20th century, the area became known as a working-class community with rising numbers of European immigrants, many from Ireland, Lithuania, and Poland.

South Boston Today

In recent years, South Boston has seen a boom in development of commercial and residential complexes, particularly along the northern arm of the peninsula, known as the Seaport District and aligning generally with zip code 02210, with a corresponding population rise. These new residents are typically younger and wealthier than those who have lived in the neighborhood historically.

In contrast, the southern arm of the peninsula (zip code 02127) is home to many working-class families who have lived in the area for some time. A key informant describes South Boston community members as fiercely loyal to the community and to their neighbors, commenting,



*“Regardless of the changing face of the community, there is still a sense of community here, people looking out for each other.”
– South Boston key informant*

Demographics

Since 2000, the population of South Boston has grown more than 26% and in 2017 comprised 5.6% of the total city population.⁵

- Median age (31.2 years) is similar to city median
- Child (12.7%) and senior (8.9%) population smaller than the city proportions
- Majority of residents are White, but Black, Asian, and Latinx populations have grown since 2000
- 18.1% of South Boston residents live in limited English-speaking households and 12.8% are foreign-born; both proportions are roughly half the size of the city’s

	2000		2010		2017	
	#	%	#	%	#	%
AI/AN	96	0.3%	74	0.2%	69	0.2%
Asian	1,126	3.8%	1,532	4.8%	1,703	4.6%
Black	932	3.2%	1,955	6.1%	2,649	7.1%
Hawaiian/PI	11	0.0%	15	0.0%	0	0.0%
Latinx*	2,224	7.6%	3,248	10.2%	4,002	10.7%
White	25,605	86.9%	26,094	82.1%	30,617	82.2%
Other or Multi	1,686	5.7%	2,129	6.7%	2,219	6.0%
Total	29,456		31,799		37,257	

*The US Census Bureau treats Latinx as an ethnicity, not race; individuals may be included in other racial categories.

Housing

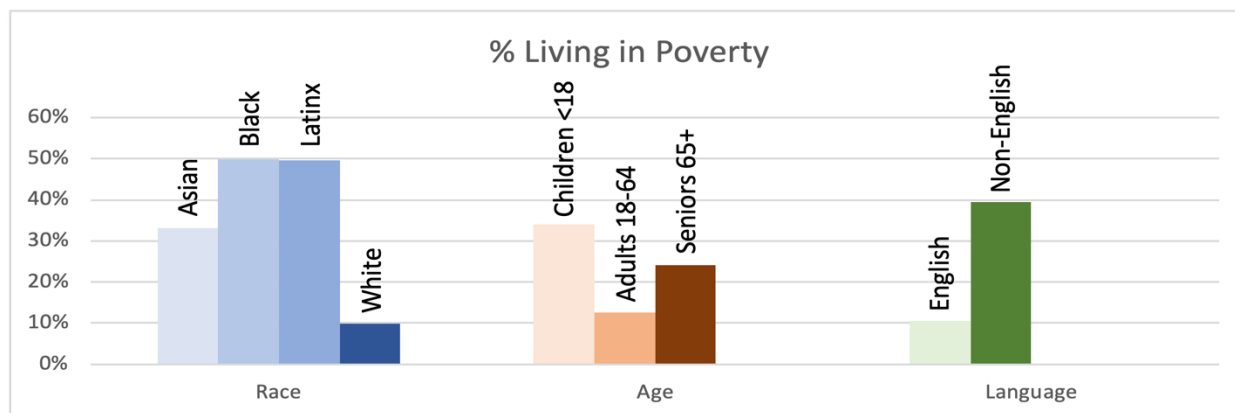
- Median rent was \$1,485 in 2017, a 32% rise from 2011⁵
- 55% of owner-occupied housing units are valued at \$500,000 or more, up from 23% in 2011⁵
- 58% of Latinx residents of South Boston live in public housing, and 40% of all South Boston public housing residents are Latinx²⁵
- 40% of public housing residents are children under age 18, despite children being only 12% of the neighborhood’s population²⁵

Economic Opportunity: Employment, Job Training, Career Pathways

Economic indicators overall are strong for South Boston:⁵

- Median income in 2017 was \$91,597, up from \$66,480 in 2011
- 16.2% of all residents live at or below the federal poverty line (compared to 20.5% city-wide)
- 27.2% of all residents live at or below 200% of the federal poverty line (36.4% city-wide)

However, there are disparities between racial and ethnic groups:⁵



Education

There are also racial and ethnic disparities in educational attainment: 94.9% of White adults in South Boston have a high school degree, compared to 87.5% of Black, 74.5% of American Indian/Alaska Native, 69.9% of Asian, and 62% of Latinx adults.⁵

In the 2016 to 2017 school year, South Boston students had lower rates of preschool enrollment, attendance, standardized test scores, and on-time graduation than the city as a whole:

	All Boston	South Boston
% of 3 and 4 year-olds enrolled in school ⁵	61.0%	53.3%
% of third graders who “meet” or “exceed” expectations on MCAS reading section ⁶	31.0%	26.5%
% of students who miss 18 or more days of school ⁶	25.8%	31.6%
% of high schoolers who graduate within 4 years of entering 9 th grade ⁶	72.7%	70.3%

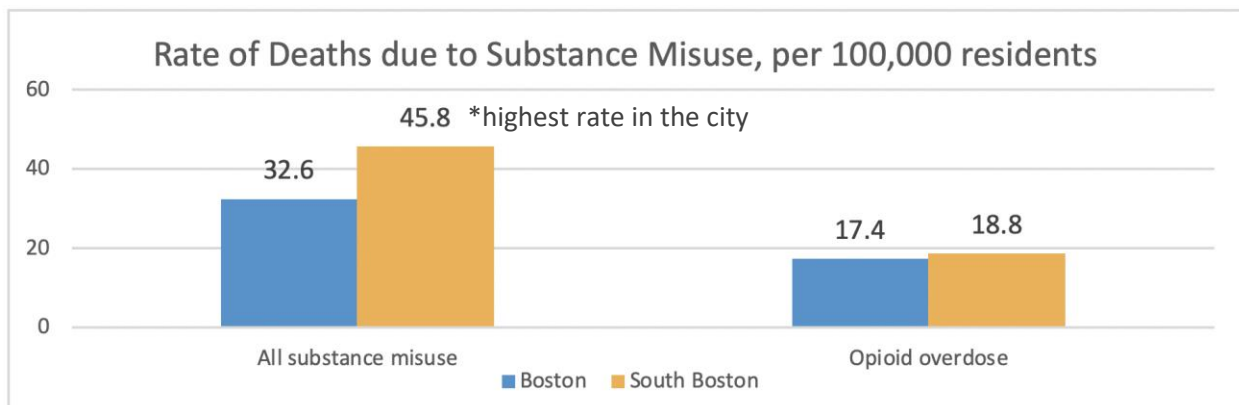
Health Priorities in South Boston

Substance Use

A 2017 report from an agency in South Boston stated,²⁵

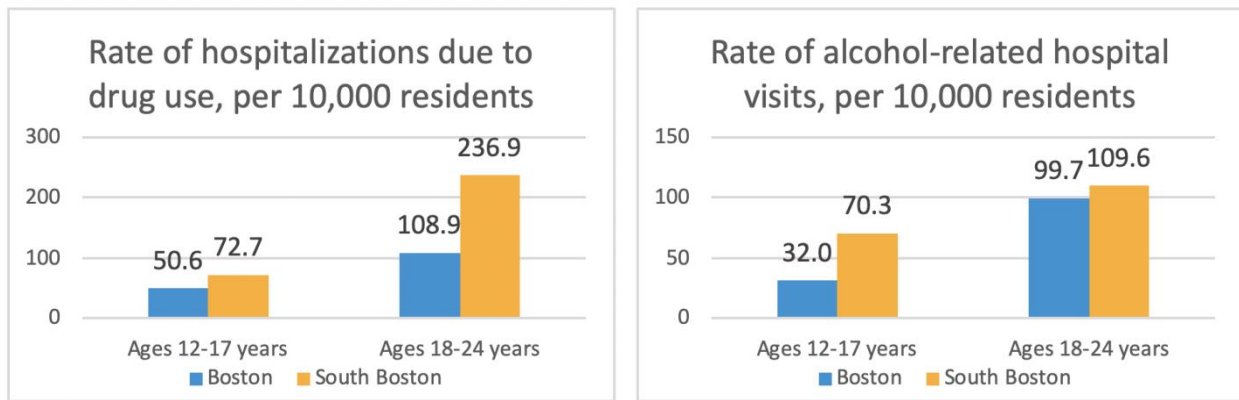
“There is an epidemic of substance abuse [in South Boston] spanning illegal drugs and particularly heroin, alcohol, and prescription medications.”

The data support this conclusion:¹⁹



- 43 overdose deaths in South Boston in 2018, 9% of all such deaths city-wide;¹⁸ South Boston accounts for 5.6% of the city’s population⁵
- Rates of Hepatitis C – which frequently co-occurs with substance use – are higher in South Boston than the city (193.8 cases per 100,000 residents vs. 151.2/100,000)¹⁹
- 40.5% of South Boston adults report binge drinking (the highest in the city), compared to 24.6% of adults across Boston⁷

Data indicate that youth in South Boston also use drugs and alcohol at higher rates than their peers city-wide:²⁶



Community members in South Boston and other neighborhoods explain that youth are likelier to engage in risky behaviors (like drug and alcohol use) when they lack academic, professional, and social opportunities to learn and grow. As seen earlier, children enrolled in South Boston schools are attending and completing school less than the city average,⁶ and more than a third of children live in poverty.⁵ In a 2019 survey, youth were more likely than all other age groups to identify “Employment/Job Opportunities” and “Poverty” among their top health concerns.⁷

Mental health – which key informants link directly with substance use as both a cause and effect – is also a challenge in the community. Among South Boston adults:⁷

- 12.9% report persistent sadness in the past year
- 25.6% report persistent anxiety in the past month
- 18.6% are receiving treatment for depression, among the highest rates in the city

Key informants note that behavioral health issues (including mental health and substance use) impact not only the person with the condition, but their family and loved ones as well, so efforts to address these challenges must incorporate efforts to support whole family units.

Food Security

Food security is a rising challenge in South Boston:

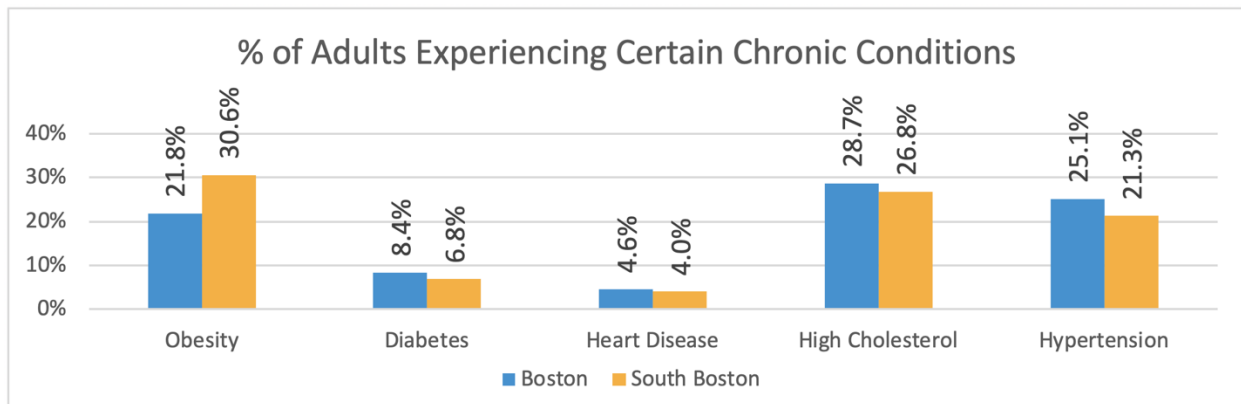
- In 2017, 16.3% of households benefited from the Supplemental Nutrition Assistance Program (SNAP), up from 11.6% in 2011⁵
- In a 2019 survey, 18.5% of adults report running out of food before having money to buy more⁷
- 14.1% of patients completing a social needs screening at South Boston Community Health Center demonstrate a need for food assistance, more than those who need assistance with transportation, utilities, housing, or relationship safety²⁷

Key informants and focus group participants identify food insecurity as a factor that contributes to stress, poor nutrition, and impaired academic performance among children,⁷ all of which can lead to challenges with employment, mental health, and risky behavior later in life.

Food insecurity can have similar effects on adults, causing stress and other mental health challenges that can lead to abuse of alcohol and other substances, which can make obtaining and maintaining employment difficult, further contributing to food insecurity.

Chronic Diseases

Adults and families who are food insecure may rely on cheaper processed foods that have lower nutritional value; this likely contributes to high rates of chronic disease in the neighborhood:



In 2015, cancer (all types collectively) was the leading cause of death in South Boston, followed by heart disease. South Boston has the lowest life expectancy of any neighborhood in the city (77.1 years), as well as the highest overall mortality rate and among the highest premature mortality rates.¹⁹

South End

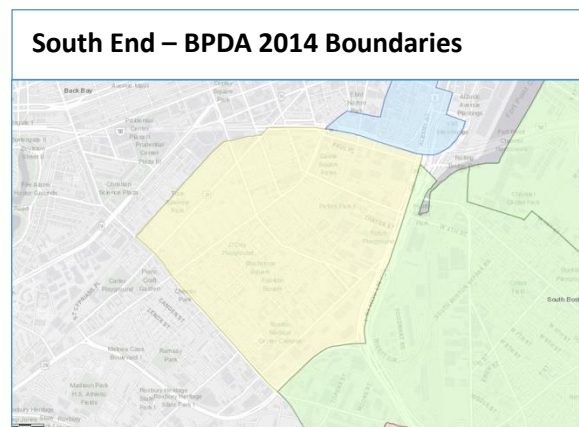
Background

The South End is known for its large Victorian homes built by middle class residents of English ancestry in the 1850s. The neighborhood's demographics began to change in the 1880s when the original residents began to be replaced by middle class African Americans, Irish, Jewish, Greek, Puerto Rican, and Chinese immigrants. In the 1960s, the South End was considered one of the poorest neighborhoods in the City of Boston. Its renaissance began in the mid-1970s when individuals began to buy and restore the Victorian houses, and non-profits purchased and rehabilitated houses to offer as affordable rentals for families; this was accompanied by new construction aimed at meeting the needs of very-low income families and seniors.

South End Today

The South End is immediately south of Tufts MC, adjacent to Chinatown. A large number of Chinese families live in housing developments that fall within the BPDA-defined boundaries of the South End but identify with the Chinatown community.

Like the other priority communities discussed so far, the South End is experiencing gentrification pressures from a boom in the construction and renovation of high end commercial and residential complexes.



Demographics

In 2017, the total population of the South End was 27,325, which is 4.1% of the city total. The population grew by 25% from 2000 to 2010, but growth slowed to less than 1% from 2011 to 2017.⁵

In that time, more Asian, Latinx, and White residents have moved into the area, but the population of Black residents has declined.⁵

Thirty-four point nine percent (34.9%) of South End residents live in limited English speaking households, and 24.1% are foreign-born; both rates are slightly lower than city averages.⁵

	2000		2010		2017	
	#	%	#	%	#	%
AI/AN	141	0.6%	89	0.3%	116	0.4%
Asian	2,286	10.3%	3,620	13.7%	4,363	16.0%
Black	5,754	26.0%	5,620	21.2%	4,467	16.3%
Hawaiian/PI	21	0.1%	10	0.0%	0	0.0%
Latinx*	4,238	19.1%	4,952	18.7%	5,260	19.2%
White	10,850	48.9%	14,256	53.8%	14,830	54.3%
Other or Multi	3,121	14.7%	2,903	11.0	3,549	13.0%
Total	21,228		26,498		27,325	

*The US Census Bureau treats Latinx as an ethnicity, not race; individuals may be included in other racial categories.

Housing

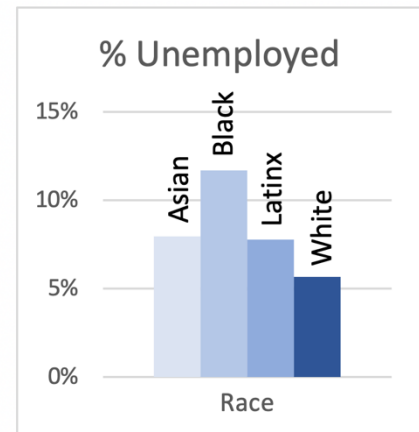
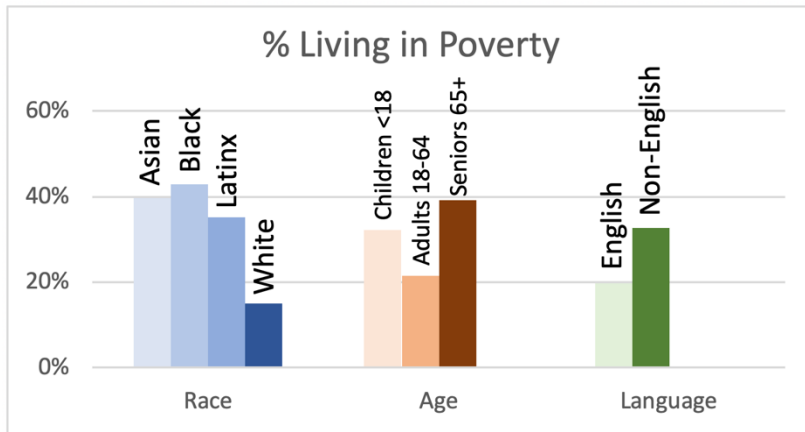
In a 2019 survey of 104 South End residents, “affordable housing” was the second most commonly selected factor that contributes to a healthy community and the second leading community health concern after substance use.⁷

- Median rent rose from 2011 to 2017, but at \$1,196 is lower than the city median⁵
- 49.5% of South End renters spend 30% or more of their income on housing costs⁵
- Three quarters of owner-occupied housing units are now valued at \$500,000 or more, compared to 41.6% city-wide⁵
- There are nearly 3,700 public housing units in the South End and Lower Roxbury, a higher concentration than anywhere else in the city²⁸

Key informants report a high number of homeless individuals are concentrated in the South End, where there are several shelters serving the homeless population. These informants also observe that homelessness is linked with substance use, whether as a cause or a consequence or both; indeed, of the 175 patients enrolled in substance use treatment programs at South End Community Health Center in 2018, 50% were homeless, and nearly 70% had a history of incarceration.²⁸

Economic Opportunity: Employment, Job Training, Career Pathways

Reflecting the influx of new wealthier residents in recent years, the median income in the South End rose from \$47,920 in 2011 to \$70,575 in 2017 and now exceeds the city median. Over the same period, unemployment fell from 10.8% to 6.5% and is now lower than the city’s rate. However, there are significant differences across racial and ethnic groups:



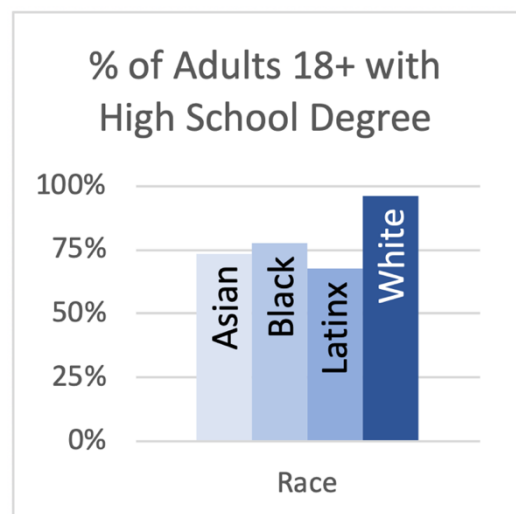
Like homelessness, key informants asserted that un- and underemployment are strongly linked to substance use – a leading community health concern – both as an antecedent and as a consequence. They reiterated that racism and cultural bias mean people of color and limited English speakers face significant barriers to educational and professional opportunities, and thus are at the greatest risk of negative outcomes like substance use.

Mirroring comments made by Chinatown community members, focus group participants in the South End stated that residents need access to job training opportunities so that they can not only secure full-time jobs, but secure jobs that pay well, provide benefits, and offer opportunities for advancement or other professional development. Participants emphasized that these training opportunities must be made accessible to parents and working people by ensuring they are affordable, hours are flexible, and child care and transportation assistance are provided to all who need it.

Education

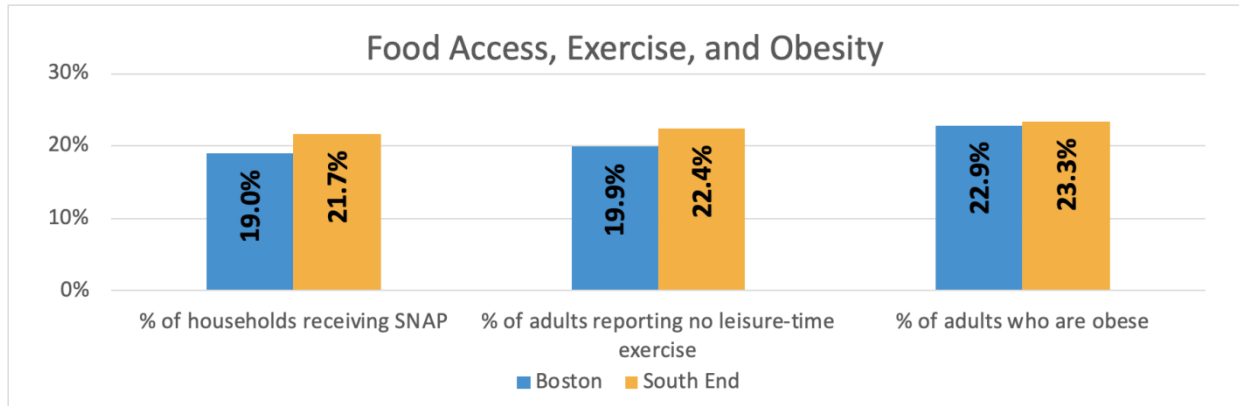
There are wide disparities in high school completion among current adults across racial and ethnic groups in the South End.⁵

However, children and youth currently in South End schools have higher rates of preschool enrollment, consistent attendance, and third grade reading proficiency than their peers across the city.⁶



Food Access, Nutrition, and Physical Activity

In a 2019 survey, South End residents placed “access to healthy food” among their most important factors that contribute to a healthy community.⁷ Data show the neighborhood’s food security, nutrition, and activity levels are similar to the city as a whole:^{5,20}



Health Priorities in the South End

Behavioral Health

In a 2019 survey, substance use was the leading community health concern among South End residents, and mental health and violence were among the top five concerns.⁷ As explained above, we support community members’ interpretation of these issues as inter-related, each affecting the others, and hold that efforts to address any one must address all three.

Substance Use

Key informants named substance use the leading concern in the South End, adding that increasing misuse has led to rises in child abuse and neglect, homelessness, food insecurity, incarceration, and employment difficulties, among other challenges.²⁸

The South End bore a disproportionate burden of drug-related crimes in 2018:

- The South End is 4.1% of Boston’s total population⁵
- 11.6% of all drug violations in Boston last year happened in the South End¹⁸
- 9% of all drug overdoses in Boston last year happened in the South End¹⁸

Key informants explain high levels of drug activity are likely a result of the concentration in the South End near the intersection of Massachusetts Avenue and Melnea Cass Boulevard of a wealth of services targeting substance users.²⁹

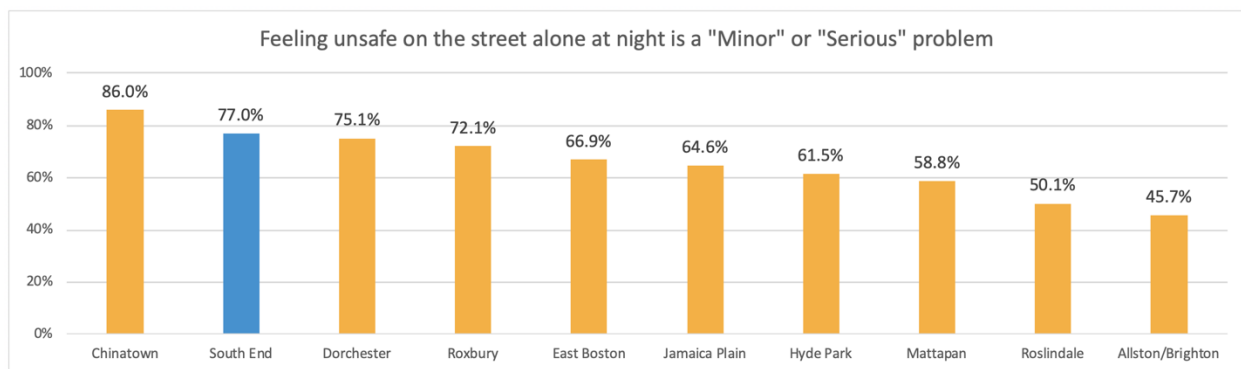
Mental Health and Community Violence

In 2017, the South End Community Health Center reported,²⁸

“Mental health, especially depression and stress, is a significant health issue facing the South End community ... Trauma exposure is becoming a theme among our patients for both children and adults.”

That year, community members visited the health center 17,865 times for mental health services, far more than any year prior.²⁸ In the South End, 13.4% of adults rate their mental health as “poor,” a rate similar to the rest of the city.²⁰

There were over 3,000 property crimes in the South End in 2018, 50% more than any other neighborhood in the city.¹⁸ In a 2019 survey, South End residents were likelier than residents of any other neighborhood except Chinatown to report feeling unsafe in their community:



With rising rates of behavioral health issues, access to supportive services are needed now more than ever. But key informants and focus group participants reiterate that barriers to services remain:^{7,28}

- Stigma tied to substance use, mental health prevents community members from seeking care
- Few service providers possess the necessary linguistic and cultural competency to serve non-White, non-English-speaking populations
- Some insurance plans limit coverage to particular types of treatment and particular classes of substances, if any are covered at all

Access to Health Care and Other Services

With more than a third of South End residents living in households where they speak a language other than English and a quarter of residents being foreign-born,⁵ challenges with linguistic and cultural access to care extend beyond behavioral health to all forms of health care and supportive services.

As in other neighborhoods, key informants and focus group participants explain that without providers who are linguistically and culturally competent:

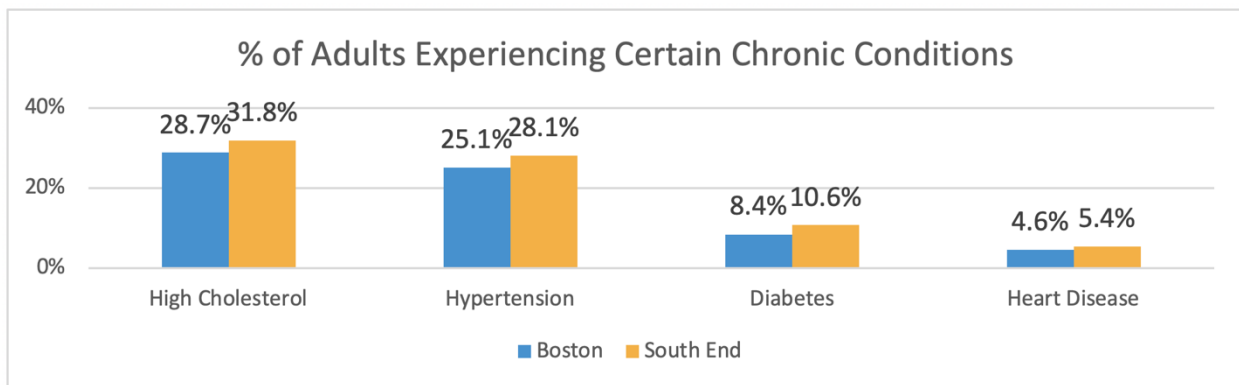
- People of color and limited English speakers are subject to bias, mistrust, prejudice, and stereotyping
- These groups may delay seeking care until conditions grow worse, potentially requiring more invasive and expensive treatments
- Miscommunication with English-speaking providers can lead to misdiagnosis, which can lead to worse health outcomes

Poor past experiences with providers can also lead vulnerable patients to avoid seeking treatment. Among Chinese speakers in Boston (who comprise a significant sub-population in the South End), language issues and unfriendly providers were among the most common barriers to care-seeking.⁷

Key informants also note that with current political rhetoric about immigration, foreign-born residents may fear their immigration status being challenged and avoid social services accordingly.

Chronic Disease

These barriers, as well as challenges in access to healthy food and safe spaces to be physically active,^{7,28} likely contribute to rates of chronic diseases being higher in the South End than the city:²⁰



Cancer (all types collectively) are the leading cause of death in the South End, followed by heart disease; lung cancer is the most common cause of cancer death.¹¹ Asthma rates across the South End are slightly lower than the city average,²⁰ but rates have risen in recent years among South End Community Health Center’s patients, more than 90% of whom are people of color and 43% of whom are best served in a language other than English.³⁰

Quincy

Background

Quincy accounts for about 6% of Tufts MC’s total patients, a small percentage but the second largest of any city after Boston. Like the South End, Quincy also has a significant Asian population with strong social and cultural ties to Chinatown; therefore, we have completed a brief assessment of community health needs in Quincy.

Demographics

The population of Quincy reached 93,824 in 2017, a growth of 6.6% from the year 2000. In that time, the number and proportion of residents who are Asian, Black, and/or Latinx have all grown, with the rise in the Asian population particularly notable.⁵

	2000		2010		2017	
	#	%	#	%	#	%
AI/AN	142	0.2%	106	0.1%	136	0.1%
Asian	13,546	15.4%	20,568	22.7%	27,189	29.0%
Black	1,947	2.2%	4,540	5.0%	4,998	5.3%
Hawaiian/PI	20	0%	170	0.2%	138	0.1%
Latinx*	1,835	2.1%	2,918	3.2%	2,908	3.1%
White	70,066	79.6%	63,012	69.4%	58,545	62.4%
Other or Multi	2,304	2.6%	2,384	2.6%	2,818	3.0%
Total	88,025		90,780		93,824	

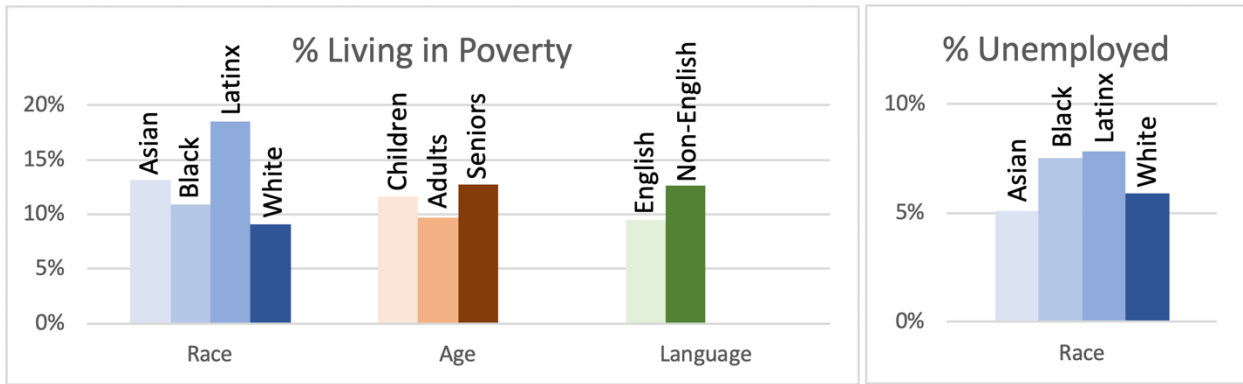
Thirty-five percent (35%) of Quincy residents live in limited English speaking households (including 24.7% who speak an Asian language), and 31.3% are foreign-born.⁵

Housing

Like Boston, Quincy has experienced a rise in housing values and rental prices in recent years. In 2017, 46% of Quincy households were considered housing cost-burdened.⁵

Economic Opportunity: Employment, Job Training, Career Pathways

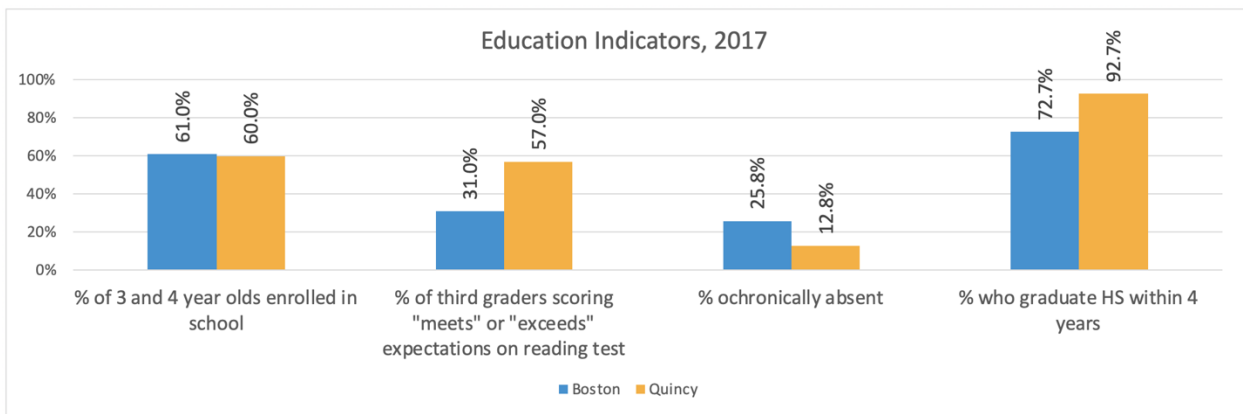
Quincy has a higher median income than Boston (\$71,808) and lower rates of poverty (10.5%) and unemployment (5.8%) than Boston, but there are disparities between racial and ethnic groups:



Concerns raised by community members in Chinatown, Dorchester, and the South End about the barriers that immigrants and limited English speakers face in obtaining high quality jobs are applicable also to these populations in Quincy, where insufficient education and job training opportunities can trap families in cycles of poverty and lead to challenges in other areas such as housing, transportation, and healthy food access.

Education

At the city level, Quincy and its school district outperform Boston on several education metrics:^{5,6}



Eighty-nine percent of Quincy adults age 18 and older have a high school diploma, though the number is lower for Asian adults (75.7%) than for other groups.⁵

Food Access, Nutrition, and Physical Activity

The United States Department of Agriculture considers five of Quincy's 20 census tracts to be both "Low Income" and "Low Access [to healthy food];"³¹ these census tracts are home to nearly 25,000 people.

- 10.5% of Quincy households receive SNAP benefits⁵
- 20.4% of Quincy adults report no leisure time physical activity²⁰
- 24.1% of Quincy adults are obese²⁰

Key informants and focus group participants who took part in an earlier needs assessment identified a need among community members for greater education about nutrition and exercise choices, as well as improved healthy food access.³²

Health Priorities in Quincy

Access to Health Care and Other Services

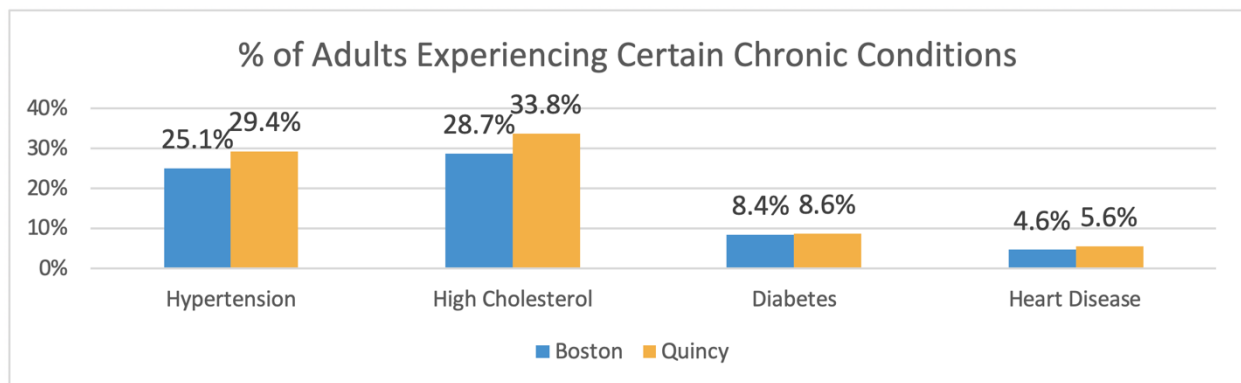
With a large and rising population of limited English speakers and immigrants, access to linguistically and culturally appropriate health care and other social services (such as transportation, banking, child care, food assistance, etc.) is a critical need in Quincy, as identified by needs assessments completed in 2013, 2016, 2018, and 2019.^{32–35}

These needs assessments call specifically for improved provider competency in serving the Asian community, as it constitutes a larger and larger segment of the city’s population.

Key informants and focus groups who took part in these needs assessments also identified challenges with system navigation, a concern also raised by Chinatown community members for the present CHNA. They explain that confusing terminology and qualification criteria, combined with subpar coordination between social services, make accessing and fully benefiting from available services difficult.³²

Chronic Disease

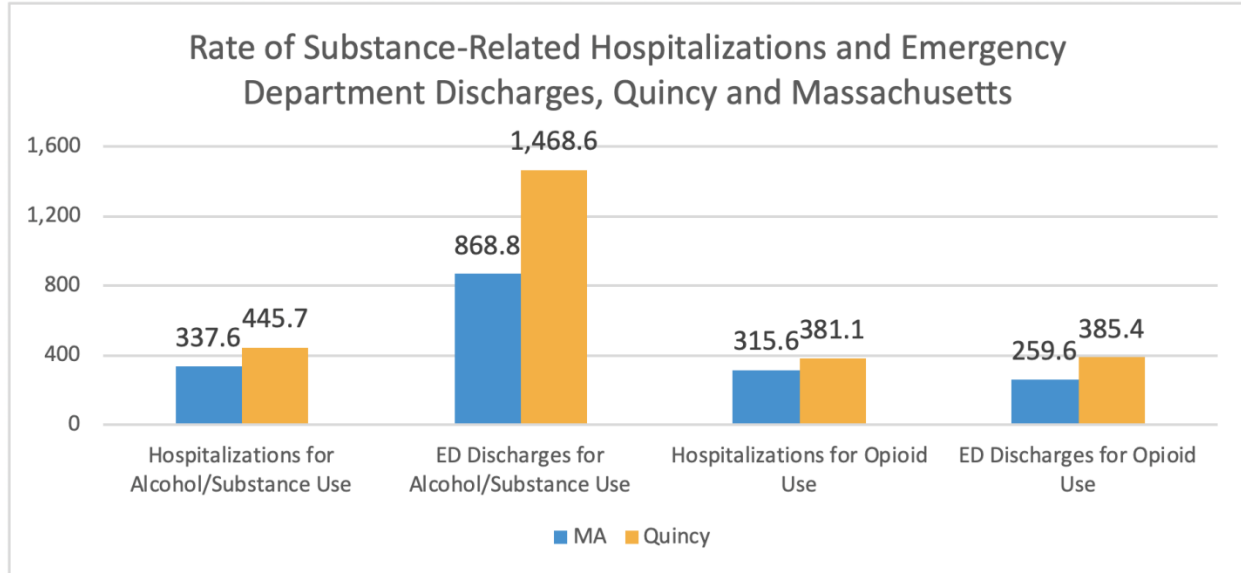
Barriers in access to care, as well as challenges related to food access and knowledge of nutrition and lifestyle choices, contribute to preventable chronic diseases like heart disease and hypertension, which focus group participants in a 2018 needs assessment named among their top priorities.³⁴



Mirroring Chinatown, in 2015, cancer (all types collectively) and heart disease were the leading causes of death in Quincy, and lung cancer was the most common cause of cancer death.³⁴

Behavioral Health

Substance use emerged as a top concern in 2013 and 2018 needs assessments in Quincy,^{32,34} and behavioral health (encompassing both substance use and mental health) was among the top concerns in focus groups, key informant interviews, and a community survey in a 2019 CHNA.³⁵

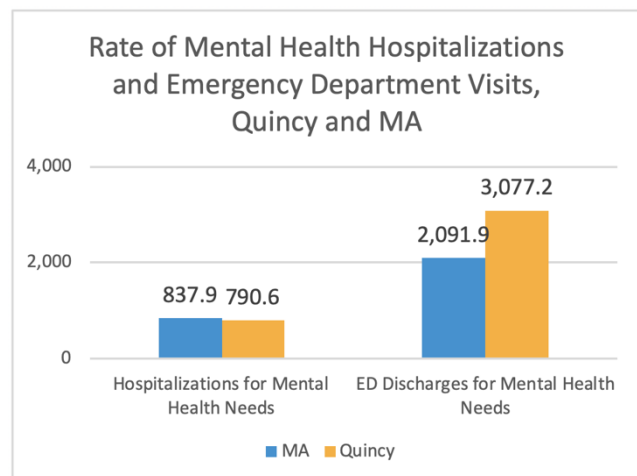


The rate of opioid-related fatal overdoses doubled in Quincy between 2012 and 2015, reaching 43.6/100,000, twice as high as the rate across Massachusetts.³⁵

Of the nearly 1,600 patients admitted to state-funded substance treatment centers in Quincy in 2017, 59% reported recent heroin use, 57% used alcohol, 29% reported crack/cocaine, 27% used other sedatives, and 15% reported other opioids.³⁶

Reflecting concerns raised in our other priority neighborhoods, community members who participated in the Quincy needs assessments explained stigma is a significant barrier to mental health care access. They also drew the connections between poor mental health and difficulties with securing housing, employment, education, and other social determinants of health.³²

Key informants and focus group participants recommended increased outreach to community members to overcome stigma and improved coordination between services to ensure enrollment and follow-up for community members in need.^{32,33}



Progress since the 2016 CHNA

Prior to the present report, Tufts MC's most recent CHNA was completed in Fiscal Year 2016. The findings of the 2016 CHNA were based on a review of data from multiple sources – including the American Community Survey, the Boston Planning and Development Agency, the Boston Public Health Commission's Health of Boston Report 2014-2015, Tufts MC patient data, and others – as well as interviews with more than 20 key informants from Tufts MC's priority communities.

Data were reviewed by members of Tufts MC's Community Benefits Leadership Team and Community Benefits Advisory Committees for the Asian Health Initiative and the Dorchester Health Initiative, with recommendations approved by the Community Benefits Committee. Together, they identified the following priorities for each neighborhood:

- **Chinatown:** Lung cancer, driven primarily by tobacco use
- **Dorchester:** Violence among youth and substance abuse
- **South Boston:** Substance abuse and other prevalent conditions
- **South End:** Chronic conditions, access to care, and healthy lifestyle

Chinatown

Since 1995, Tufts MC has worked with organizations that serve the Chinatown and Greater Boston Asian communities in a collaborative effort called the Asian Health Initiative (AHI). Utilizing a collective impact model, Tufts MC and its partners commit to driving progress on a major issue or issues facing these communities; over the years, issues have included chronic disease, family violence, mental health, preventive care and healthy lifestyles, and – from 2016-2019 – smoking cessation. Tufts MC provides funding to its community partners in three-year cycles, and the triennial Community Health Needs Assessment informs its priorities. At the end of the three-year cycle, current partners are welcome to re-apply for the new funding cycle.

After the 2016 prioritization process identified tobacco use as the leading community concern, Tufts MC issued a Request for Proposals (RFP) under the AHI in September 2016 seeking programs that would improve knowledge among members of the Chinatown and Greater Boston Asian communities about the health impacts of tobacco use and prevent future use, as well as provide supportive services to tobacco users interested in cessation.

Seven organizations were selected through a competitive review process to receive funding that would support program implementation for three years, from January 2017 through December 2019. Six of the seven organizations provide evidence-informed tobacco education directly to community members of all ages through a variety of settings: preschool programs, an elementary school, a teen-focused after-school program, adult education classes, senior living facilities, and in public spaces throughout the community. One organization publishes regular tobacco-focused content in its bilingual English/Chinese newspaper, reaching an audience of tens of thousands. Two organizations also employ case managers

who provide individualized counseling and support to current tobacco users who express a desire to quit; the other five organizations refer clients to either of the two smoking cessation programs. In response to community members' concerns, all programs have expanded their lessons to include discussion of e-cigarettes, vape pens, and other nicotine products that are particularly popular among youth. One of the originally funded organizations was not able to continue their program beyond Year 1; as of June 2019, the other six organizations continue to implement their programs as planned.

Results from January 2017 through December 2018:

- Nearly 3,000 participated directly in tobacco/nicotine education sessions
- Tobacco/Nicotine-focused news articles reach 34,000 people
- 98% recognize tobacco has harmful health effects
- 95% view secondhand smoke as dangerous for health
- 93% wish to live and socialize in smoke-free environments
- 104 smokers receive cessation support; 21 have quit (no smoking for at least six months), the rest have reduced use

Alongside the efforts of AHI partners, Tufts MC undertook to address some of the antecedents and consequences of tobacco use through the Asthma Prevention and Management Initiative. The 2016 CHNA found that asthma rates continued to be elevated in Chinatown compared to the rest of the city, in part caused by children's exposure to secondhand smoke, as well as other environmental triggers such as poor air quality and pests in the home. The CHNA also acknowledged the mental health concerns – stress in particular – that can act as causative agents of reliance on substances like tobacco and nicotine. In response, Tufts MC staff and volunteers partnered with the neighborhood elementary school to introduce asthma education and management lessons for asthmatic students, in addition to a stress management curriculum for all fifth-grade students. Approximately 300 children have participated in the past two school years.

Dorchester

Based on the success of the Asian Health Initiative, Tufts MC launched an identical collective impact effort in Dorchester in 2004, the Dorchester Health Initiative (DHI). From the beginning, youth violence has been a major concern among community members and has been a priority focus in every three-year cycle of the program, alongside chronic disease (particularly asthma, diabetes, and obesity), nutrition, and physical activity. Following the 2016 prioritization process, Tufts MC issued an RFP under the DHI in June 2016, seeking programs that would reduce youth violence and/or substance use in the Dorchester community.

Six organizations were selected to receive funding for programs to be implemented from October 2016 through September 2019. Five of the programs are designed to serve youth and address both of the priority areas directly and indirectly. Youth are engaged in conversations and activities that encourage them to explore the issues of violence and substance use in their own lives and in the community, discuss their causes and impacts, and identify ways in which they can be prevented and mitigated.

Recognizing that youth are less likely to engage in destructive behaviors like violence and substance use when they have access to positive developmental activities, the programs create opportunities for youth to create art, receive educational support, improve their health through physical activities, learn about colleges and careers, speak with certified mental health counselors, organize community service projects, and much more.

Results from youth-focused programs, October 2016 through March 2019:

- 6,300 children and teens enrolled in anti-violence, positive development programming
- 85% of youth feel safe in their neighborhood
- Roughly 80% recognize drug and alcohol use can lead to violence
- 8% report using marijuana, more than any other substance
- In the past year, 20% report perpetrating violence, 35% have been a victim, and 50% have witnessed violence
- 80% report they can calm down and avoid violence when they are angry

The sixth DHI program focuses its efforts on current substance users, providing medication assisted treatment and access to social assistance like housing and food through a case manager, who provides individualized support to bolster recovery. In the first 30 months of the program, 236 individuals have benefited from this holistic support.

South Boston

At the time the 2016 CHNA was published, substance use and associated challenges such as mental health and community violence remained the leading concerns identified by stakeholders in South Boston, concerns that were supported by data. Tufts MC has long worked with South Boston Community Health Center (SBCHC, the only community health center on the South Boston peninsula) to address the community's most pressing health issues and improve their patients' well-being. Since the completion of the 2016 CHNA, Tufts MC has maintained this relationship with SBCHC, which utilized funding from Tufts MC to provide office-based addiction treatment to 405 community members, treat chronic hepatitis C (which is prevalent among intravenous drug users) for 156 patients, and help 922 youth develop leadership skills and resilience to prevent mental health and substance use issues before they begin.

Medication assisted treatment, such as that offered at SBCHC, is only one element of the response to substance use. Many who experience addiction require counseling and other supportive services to effectively recover from addiction. Since 1999, Tufts MC has funded Gavin Foundation's Cushing House in South Boston, a residential recovery program for young men that provides treatment alongside assistance with housing, education, and employment in order to give their clients the best chance to live a healthy life. Since the 2016 CHNA was completed, Tufts MC's support of Cushing House has served 200 young men, who have reconnected with their families, re-entered school, and secured stable jobs and housing while participating in counseling and gradually reducing their reliance on substances.

South End

Health outcomes data gathered for the 2016 CHNA revealed that chronic diseases – including cancer, diabetes, heart disease, and asthma – impacted a disproportionate number of South End residents and constituted the leading causes of death in the neighborhood, and that people of color were significantly more likely to require acute care due to poor disease management. Tufts MC partnered with the South End Community Health Center (SECHC) to address these challenges.

As a primary healthcare provider, SECHC can work with residents to learn about conditions like heart disease, discuss their risk, and adopt behaviors that will help to prevent or mitigate these conditions before their health is in serious jeopardy. SECHC's patient population is also 85% people of color, 95% are low-income, and almost half are best served in a language other than English; as such, SECHC is in a unique position to help address the disparities in chronic disease management identified in the 2016 CHNA.

Using Tufts MC funding to support coordination across departments and boost care quality, SECHC served more than 27,000 patients in the first two years of the program, increased the proportion of patients who are screened for certain types of cancer, and 55% of hypertensive patients and 64% of diabetic patients now have their conditions well managed, reducing their risk of experiencing an acute episode requiring hospitalization or a visit to the Emergency Department.

All Communities

The 2016 CHNA tied youth violence and substance abuse to, among other factors, economic challenges including poverty and disparities in access to employment for youth, particularly youth of color. Tufts MC leveraged its role as an anchor institution to address these concerns in partnership with the Boston Private Industry Council, Boston Public Schools, and other community partners by offering paid, part-time summer employment and professional and personal development learning opportunities to youth from Chinatown, Dorchester, the South End, and adjacent communities. Since 2006, this program has provided high school youth – most of whom are youth of color, and many of whom speak a language other than English at home – opportunities to learn about the many different professional roles available in health care while building skills that they can translate into their education and future jobs and earning a wage to support themselves. Since the 2016 CHNA was completed, 130 youth have participated in Tufts MC's program.

2020-2022 Implementation Strategy

Through existing programs and partnerships, Tufts MC is in a strong position to address many of the community health needs identified in its 2019 CHNA. Here, we outline our approach to addressing the needs in each community.

Tufts MC will continue to monitor the needs of its priority communities and to form relationships as helpful to address those priorities. If opportunities arise to collaborate with new partners or with current partners in a new way, we will update this Implementation Strategy accordingly.

Significant Need: Behavioral Health	
Goal 1: By 2022, promote social and emotional wellness by fostering resilient communities and cultivating accessible, supportive systems	
Target Population: Members of vulnerable populations, including youth, racial and ethnic minorities, low-income households in the Greater Boston area	
Community Benefit Program	Measure
1.1 Engage community members in social-emotional wellness experiences and programs to prevent behavioral health challenges	1.1.1 Number of community members enrolled in programs that support social-emotional wellness
1.2 Support counseling, case management, substance use disorder treatment, and other related services provided in community-based settings, including schools, housing complexes, health centers, social service organizations, and other institutions	1.2.1 Number of community members participating in a behavioral health program

Significant Need: Tobacco and Nicotine Control

Goal 2: By 2022, improve community members' awareness of the negative effects of tobacco and nicotine use

Target Population: Members of the Chinatown community

Community Benefit Program	Measure
2.1 Deliver culturally- and linguistically-competent education to community members about tobacco and nicotine use (encompassing traditional smoking and vaping), including their impact on human health	2.1.1 Number of community members reached through tobacco/nicotine education efforts
2.2 Provide culturally- and linguistically-competent cessation support to current tobacco/nicotine users	2.2.1 Number of tobacco/nicotine users who successfully quit

Significant Need: Access to Care and Other Services

Goal 3: By 2022, increase access to health, educational, and other support services that provide culturally-, linguistically-, and developmentally-competent care

Target Population: Vulnerable or underserved populations in the Greater Boston area, including linguistic and cultural minority groups, youth, older adults, low-income households, and communities of color

Community Benefit Program	Measure
3.1 Connect community members to health providers with diverse linguistic and cultural competencies	3.1.1 Number of community members receiving care from a provider in their preferred language
3.2 Leverage community strengths by supporting community-based social service providers that have expertise to serve their target population	3.2.1 Number of community members receiving social support services through community-based organizations
3.3 Coordinate the delivery of multiple health and social services in one setting and/or the delivery of such services in non-traditional settings	3.3.1 Number of community members receiving coordinated care and/or care in non-traditional settings
3.4 Assist community members in learning about and accessing health-promoting services and/or benefits for which they may be eligible	3.4.1 Number of community members connected to health-promoting services and/or benefits
3.5 Improve the capacity of health and social service providers to serve vulnerable populations	3.5.1 Number of current health and social service workers engaged in training to better serve vulnerable populations
	3.5.2 Number of community members with existing expertise in serving vulnerable populations engaged in opportunities to enter the health and social service sector
3.6 Support collaboration between institutions and sectors to promote greater accessibility of health, educational, and supportive services	3.6.1 Number of collaborative efforts supported financially or in-kind

Significant Need: Economic Opportunity – Employment, Job Training, and Career Pathways

Goal 4: By 2022, increase the number of opportunities for improving socioeconomic status through education, training, employment, and other career pathways

Target Population: Marginalized and underserved populations, especially youth, women, low-income households, and racial and ethnic minorities

Community Benefit Program	Measure
4.1 Create opportunities for compensated entry-level employment for youth at Tufts MC and partner organizations	4.1.1 Number of youth employed for wages on a temporary or permanent basis at Tufts MC or partner organizations
4.2 Create opportunities for youth and adults to explore and/or participate in further education, career training, or similar professional development experiences	4.2.1 Number of people participating in Tufts MC-supported educational or professional development programs
	4.2.2 Number of people participating in a Tufts MC-supported educational or professional development program who move on to a full- or part-time job at Tufts MC

Significant Need: Chronic Disease Management

Goal 5: By 2022, improve community members’ self-efficacy in promoting their own and their families’ health

Target Population: Vulnerable and underserved communities in Greater Boston, especially racial and ethnic minorities, seniors, and those living with chronic illnesses

Community Benefit Program	Measure
5.1 Provide health education, screenings, and connections to care in accessible settings	5.1.1 Number of community members participating in health education, screening, and/or referral opportunities

Significant Need: Housing

Goal 6: By 2022, improve the conditions that support housing stability

Target Population: Members of the Chinatown, Dorchester, and Greater Boston communities who are or may be at-risk of housing instability

Community Benefit Program	Measure
6.1 Invest in supportive services that are located within or in close proximity to affordable housing developments	6.1.1 Number of community members engaging in Tufts MC-supported place-based services

Resources Committed:

Tufts Medical Center's Office of Community Health Improvement Programs (CHIP) consists of 4.5 FTE staff, including a Director (1.0 FTE), Program Specialist (1.0 FTE), Community Health Worker (1.0 FTE), Program Assistant (1.0 FTE), and Pediatric Physician (0.5 FTE). In response to community-identified needs, CHIP plans to recruit a licensed social worker in FY20 at 1.0 FTE to support community partners' behavioral health programming. The budget for CHIP is adjusted each year as part of the Medical Center's institutional budgeting process in order to reflect the evolving nature of CHIP's core programs, which address the highest health priorities in each of our target populations.

Many of the Community Benefits programs outlined here are designed and carried out by departments and teams outside of CHIP, representing the widespread commitment to community benefits work throughout the hospital. In FY18, total direct expenses on Community Benefits programs totaled \$3,889,511, while employee volunteerism and other leveraged resources amounted to \$1,187,890. While decisions regarding resource commitments for each of these programs are outside of CHIP's purview, CHIP will work with each team to report on their activities and progress in its annual Community Benefits Report to the Attorney General's Office.

Collaboration & Other Efforts

As mentioned above, in 2018, Tufts Medical Center joined with other hospitals in Boston to found the Boston CHNA-CHIP Collaborative (the Collaborative), an effort in concert with dozens of community health centers, public agencies, and community-based organizations to conduct a city-wide CHNA and develop a Community Health Improvement Plan (CHIP) to address the issues identified in the CHNA.

The Collaborative published its CHNA in June 2019. Tufts MC has utilized and referenced data gathered through the Collaborative CHNA process – particularly primary data captured through focus groups, interviews, and surveys – to inform its own present CHNA, as many of the other hospitals involved in the Collaborative have done. Thus, while individual hospital priorities differ, many of our underlying data are aligned insofar as they are informed by the Collaborative’s findings. As a result of this mutual reliance on shared data and the overlap in some priority communities served, Tufts MC’s fellow hospitals and academic medical centers currently implement programs that are relevant to Tufts MC’s priority issues and priority populations. These include:

Chinatown

- **Fitness in the City, BCH:** Nutrition and physical activity counseling, case management for children through community health centers
- **Tobacco Control and Lung Cancer Prevention, DFCI:** Support for community-based anti-tobacco/nicotine programs

Dorchester

- **Healthy Food Equity Project, BIDMC:** Improving food security at and around Bowdoin Street Health Center
- **Violence Intervention and Prevention program, BIDMC:** Reducing youth violence in the Bowdoin/Geneva neighborhood
- **BSHC Diabetes Initiative, BIDMC:** Comprehensive diabetes care and wellness support
- **BSHC Active Living and Healthy Eating Program, BIDMC:** Nutrition and physical activity programs organized by Bowdoin Street Health Center
- **College Bound Dorchester, BWH:** Academic and social support for at-risk and proven-risk youth
- **All Dorchester Sports League, BWH:** Nutrition education and demonstrations for families
- **Family Gym, BCH:** Free opportunities for physical activity at BCYF community centers

South Boston

- **BCH Neighborhood Partnerships, BCH:** Behavioral health providers embedded in schools, health centers

South End

- **St. Stephen’s Youth Programs, BWH:** Mental health care for vulnerable youth and families
- **United South End Settlements, BWH:** Wellness programs for low-income seniors

- **Rooftop Farm, Food Pantry, Teaching Kitchen, BMC:** Fresh grown produce, food pantry, and nutrition lessons for community members
- **Faster Paths to Treatment, BMC:** Substance use screening and referral to treatment
- **Violence Intervention Advocacy Program, BMC:** Counseling and case management for victims of violence and their families
- **Health Leads, BMC:** Social assistance program referrals and support for low-income families

Community Assets

As many community members expressed in interviews and focus groups for this CHNA, Boston has an abundance of social service organizations working to improve the health and lives of all who live here. In the past, Tufts MC has collaborated with organizations that fall into three categories in order to implement its community benefits programs.

Issue-specific organizations (like Gavin Foundation for behavioral health and Josiah Quincy Elementary School for education) possess high levels of expertise in their issue area and can offer direct service to community members and guidance to Tufts MC and other partners.

Health facilities (such as Codman Square Health Center and South Cove Community Health Center) have the resources to address community members' physical health needs alongside social and other concerns.

And community-based multi-service organizations (for example, Boston Chinatown Neighborhood Center, Boys & Girls Clubs of Dorchester, and Asian American Civic Association) have cultivated high levels of trust among community members and have developed programs with existing clients that can be used as conduits to introduce interventions targeting the needs identified in this CHNA.

A compendium of some of the organizations available in our priority communities can be found in [Appendix E](#).

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Appendix B: Collaborative Interview Guide

Health Resources in Action
Boston CHNA
Generic Key Informant Interview Guide
January 23, 2019

Goals of the Interviews:

- To identify the perceived needs and assets in the community that the organizations/leaders serve or work with
- To gain an understanding of the facilitators and barriers to health and wellness of and how these barriers can be addressed
- To identify areas of opportunity to address community needs more effectively – specifically related to coordinating efforts and developing greater sustainable systematic change

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, BUT NOT A SCRIPT.]

I. BACKGROUND (5 MINUTES)

- Hello. My name is _____, and I am from _____(organization). Thank you for speaking with me today.
- I am part of the Boston CHNA CHIP Collaborative, a new Collaborative of community organizations, health centers, hospitals, and the Boston Public Health Commission. The Collaborative is completing a joint city-wide Community Health Needs Assessment (CHNA) to gain a greater understanding of the health issues of Boston residents, how those needs are being addressed, and whether there might be opportunities to address these issues more effectively.

This information will inform a Community Health Improvement Plan (CHIP) for the City of Boston, to identify areas for future programs and services and coordination of resources across partners. We are talking to numerous people around the city – in interviews like these with people who work at a range of organizations, and by conducting focus groups and surveys with residents to get their perspective on these issues.

- Our interview will last about between 40-60 minutes. After all of the data gathering is completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information. All names and responses will remain confidential. Nothing sensitive that you say here will be connected to directly to you in our report.

- We plan to audio record these conversations just to ensure we have captured the main points of the discussion, in case there are any interruptions in the note-taking. No one but the analysts at the organization, Health Resources in Action, who are writing the report, will be listening back to the audio recordings. Do you have any concern with me turning the recorder on now?
- Do you have any questions before we begin?

II. INTRODUCTION (5 MINUTES)

1. Can you tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]
 - a. [PROBE ON ORGANIZATION: What communities do you work in? Who are the main clients/audiences?]
 - i. What are some of the biggest challenges your organization faces in conducting your work in the community?
 - b. Do you currently partner with any other organizations or institutions in your work?

III. COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS (15-20 MINUTES)

2. How would you describe the community served by your organization/ that you serve as? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)
 - a. How have you seen the community change over the last several years?
 - b. What do you consider to be the community’s strongest assets/strengths?
 - c. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE ON, IF NOT YET MENTIONED: transportation; affordable housing; discrimination; financial stress; food security; violence; employment; cultural understanding; language access; impacts of environmental problems and climate change, etc.) REPEAT QUESTIONS FOR DIFFERENT ISSUES]
 - i. What population groups (geography, age, race/ethnicity, immigration status, gender, income/education, etc.) do you see as being most affected by these issues?
 - ii. How has [ISSUE] affected their daily lives?
3. What do you think are the most pressing health concerns in the community/among the residents you work with? Why? [PROBE ON SPECIFICS]

[FACILITATOR INSTRUCTIONS: AFTER PARTICIPANTS TALK ABOUT DIFFERENT HEALTH ISSUES, SELECT THE TOP 3 AND ASK THE FOLLOWING SERIES OF QUESTIONS FOR EACH ISSUE.]

- a. How has [HEALTH ISSUE] affected the residents you work with? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]
 - i. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?
 - ii. To what extent, do you see [BARRIER] to addressing this issue among the residents you work with/your organization serves?

[PROBE ON BARRIERS BROUGHT UP/MOST APPROPRIATE FOR POPULATION GROUP:
Cost or economic hardship, transportation, stigma, attitudes towards seeking services, built environment, availability/access to resources or services, knowledge of existing resources/services, social support, discrimination, insurance coverage, etc.]

IV. SECTION ON SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON WHO THE INTERVIEWEE IS. SELECT QUESTIONS TAILORED TO INDIVIDUAL EXPERTISE (5-10 MINUTES)

For Interviewees Working in Housing and Transportation

- What barriers do you see residents experiencing around accessing affordable and healthy housing? How about with transportation?
- What do you see as the impact of housing instability in your community?
- What has been working well in the city to improve access to healthy, affordable housing? How about related to transportation? What has been challenging or not working well? Where are there opportunities for improvement or innovation?

For Interviewees Working in Financial Instability, Employment, and Workforce Development

- What challenges do residents face regarding hiring, employment, or job security?
- Have you seen CORI impact job opportunities among people in your community?
- From a workforce development side, what do you see needs to happen to improve residents' employment prospects? What training or resources do they need? What innovative solutions around workforce development could apply here to Boston?
- What needs to happen for businesses or employers to improve the job opportunities? How can they improve their hiring practices?
- What innovative solutions could organizations focus on to address financial instability and/or income inequality?

For Interviewees Working with Communities where Immigration and/or Discrimination is a Concern

- What have been some of the specific challenges that the communities you serve have faced related to discrimination? How have you seen that play out in people's daily lives?

- What have been some of the specific challenges that the communities you serve have faced related to immigration issues?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)
- How can the strong cultural and ethnic diversity in the city of Boston be leveraged to improve community health?

For Interviewees Working with Communities where Educational and Childcare Quality/Access is a Concern

- What does it mean to you to have a “quality education” provided for children? Do you see that being provided to the communities you serve?
- What are the factors that impact access to a quality education in the city of Boston?
- How can Boston residents leverage the wealth of educational institutions across the city?
- What does it mean to you to have a “quality child care” provided for young children? Do you see that being provided to the communities you serve?
- What are the factors that impact access to a quality child care in the city of Boston? What challenges do you see parents struggling with as it relates to child care?
- What are some ways this need can be addressed?

For Interviewees Working with Seniors/Older Adults

- How has social isolation affected the population you serve? What are some of the biggest impacts you see?
- What resources or supports could be available to older adults to address issues of social isolation?
- Many older adults have discussed the importance of aging in place/in their home. From your experience, what is it about their home environment that makes them want to stay?
- How at risk are the older people you work with of them losing their home?

For Interviewees Working in the Areas of Violence, Trauma, and Safety

- How can children who experience adverse childhood experiences (ACEs) best be supported by organizations in the city? (by healthcare, by social service organizations, etc.)
- What has been working well in Boston to improve domestic or intimate partner violence? What has been challenging or not working well? Where are there opportunities for improvement and engagement?
- What has been working well in Boston to improve community violence? What has been challenging or not working well? Where are there opportunities for improvement and engagement?
- How can the resilience of community residents be leveraged to address trauma (generational, migration, childhood, etc.)? What suggestions do you have to build community cohesion?

For Interviewees Working in the Areas of Substance Use or Mental Health

- What are the biggest barriers you see Boston residents facing in accessing substance use treatment programs or services? Does this vary depending on the substance or population group??
- What are the biggest barriers you see Boston residents facing in accessing mental health treatment programs or services? Does this vary depending on the condition or population group?

- In your experience, how has stigma affected people’s engagement with mental health or substance use treatment services? Have you seen this change over time?
- What do you think is working well in Boston to improve residents’ mental health? How about related to substance abuse? What has been challenging or not working well? Where are there opportunities for improvement and innovation?

For Interviewees Working in the Chronic Conditions or Environmental Health

- How much of a concern is diabetes/cancer/asthma in the communities you serve? Who is most impacted? How can residents become more informed of prevention and early detection?
- What are some of the biggest challenges to getting screened for cancer – such as going for a mammogram or coloscopy? What makes it easier for people to get screened? What makes it harder?
- How do you see climate change as impacting the health of Boston residents?
- What are some innovative ways public health and healthcare institutions and social service organizations can work together to prevent and improve chronic conditions among the communities you serve?
- What are some innovative ways public health and healthcare institutions and social service organizations can work together to address environmental health or the impacts of climate change among the communities you serve?

V. VISION FOR THE FUTURE (10-15 MINUTES)

4. I’d like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What’s your vision?
 - a. What do you see as the next steps in helping this vision become reality?
 - b. We talked about a number of strengths or assets in the community. [MENTION POTENTIAL STRENGTHS- Community resilience, diversity, number of organization/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier Boston?
5. As you think about your vision, what do you think needs to be in place to support sustainable change?
 - a. How do we move forward with lasting change across organizations and systems?
 - b. Where do you see yourself or your organization in this?

VI. CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn’t get a chance to bring up earlier?

I want to thank you again for your time. As I mentioned before, we are conducting these conversations around Boston, and we're also talking to community members. After all this is over, we're going to be writing up a report and that data will be used to inform next steps for planning in how a range of organizations – Boston Public Health Commission, the hospitals, health centers, and numerous community organizations—can work together. This data report will be shared online on the website, www.BostonCHNA.org by this summer.

We can also include you on an email sent out alerting people when the report is available. Would you like to be added to that email list?

Thank you again. Your feedback is greatly valuable, and we greatly appreciate your time and for sharing your opinion.

Appendix C: Collaborative Community Survey

The survey was translated and made available to community members in seven languages.

For English, [click here](#).

For Arabic, [click here](#).

For Chinese, [click here](#).

For Haitian Creole, [click here](#).

For Portuguese, [click here](#).

For Spanish, [click here](#).

For Vietnamese, [click here](#).

Appendix D: Tufts MC Focus Group and Interview Guides

Tufts Medical Center Community Health Needs Assessment Interview Guide

Goals of the Interviews:

- To identify the perceived needs and assets in the community that the organizations/leaders serve or work with
- To gain an understanding of the facilitators and barriers to health and wellness and how these barriers can be addressed
- To identify areas of opportunity to address community needs more effectively – specifically related to coordinating efforts and developing greater sustainable, systematic change

Background

Hello, my name is _____, and I am from Tufts Medical Center. Thank you for speaking with me today.

Tufts MC is part of the Boston CHNA-CHIP Collaborative. We are a collection of community organizations and city officials who are completing a city-wide Community Health Needs Assessment (CHNA) to gain a better understanding of the health issues of Boston residents, how those needs are being addressed, and whether there might be opportunities to address these issues more effectively. We will use this information to inform the hospital's future programs and services.

We are gathering input from leaders like you through interviews and focus groups, and we are capturing broad input from community members through a survey. After all the data are in, we will write a summary report that identifies the themes that emerge from our conversations, and we will make this report as widely available as we can.

All responses we collect are confidential and will not be connected to you. However, with your permission, I'd like to record our conversation today to make sure we capture the main points we discuss, just in case I miss something in my written notes. I will be the only one who listens to this recording. Are you comfortable with me turning the recorder on now?

Do you have any questions before we begin?

COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS

How would you describe the community that your organization serves?

Please remember that you can define community however you like, whether it's a geographical area, or a subset of people with a shared characteristic, or any other way.

How have you seen the community change over the last several years?

What do you consider to be the community's strongest assets/strengths?

What are some of its biggest concerns/issues in general?

IF TIME PERMITS

- d. What challenges do residents face in their day-to-day lives?
- e. Do any of the following issues pose challenges to residents? If so, how?
 - i. Transportation
 - ii. Affordable housing
 - iii. Discrimination
 - iv. Financial stress
 - v. Food security
 - vi. Violence
 - vii. Employment
 - viii. Cultural understanding & language access
 - ix. Environmental problems & climate change

What population groups do you feel are most affected by these issues? Can you tell me about that?

What do you think are the most pressing health concerns in the community?

How has [HEALTH ISSUE] affected the residents you work with?

What are the biggest challenges that people face in addressing [THIS ISSUE]?

VISION FOR THE FUTURE

I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What's your vision?

What do you see as the next steps in helping this vision become reality?

We talked about a number of strengths or assets in the community. How can we build on or tap into these strengths to move us towards a healthier Boston?

CLOSING

Thank you so much for your time and sharing your opinions. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

I want to thank you again for your time. As I mentioned before, we are taking all of these conversations and turning them into a report that will identify the biggest and most common themes that emerge. That will be followed by a plan for how Tufts Medical Center specifically will work to address those themes over the next few years, and both of those reports will be available publicly so you can see the outcome of this needs assessment effort.

Would you like us to notify you when those reports are available later this year?

We want to thank you again for all of your time and input. It is tremendously valuable, and we greatly appreciate it. I hope you enjoy the rest of your day.

Tufts Medical Center Community Health Needs Assessment Focus Group Guide

BACKGROUND

Good evening everyone. My name is _____, and I work with Tufts Medical Center.

Tufts MC is conducting a "community health needs assessment" (CHNA) in collaboration with other Boston hospitals, community organizations and city officials who want to gain a better understanding of the health issues of Boston residents through surveying, interviews, and focus groups. Tufts will use this information to inform the hospital's future programs and services, and we will issue a report about what we learn from this process later this year.

Past needs assessments have helped Tufts to prioritize and focus on issues affecting Chinatown community members such as smoking prevention and cessation, chronic disease management, healthy habits and eating, and social isolation and behavioral health.

Questions:

What do you consider to be the community's strongest assets/strengths?

What are some of its biggest concerns/issues in general? For example, are there major concerns related to health, education, violence, or other issues?

What population groups do you feel are most affected by these issues?

What do you think are the most pressing health concerns in the community?

What are the biggest challenges that people face in addressing this health issue?

How have you seen the community change over the last several years?

What is your vision for your community 3-5 years from now? What would you like to see happening?

Appendix E: Community Assets

Neighborhood	Organization	Website	Focus Area
Boston	Asian Women for Health	asianwomenforhealth.org	Healthcare
Boston	Bay Cove Human Services	baycove.org	Supportive Services
Boston	EACH: Enhancing Asian Community on Health	Each4asian.org	Supportive Services
Boston	Economic Mobility Pathways	empathways.org	Supportive Services
Boston	MGH Living TOBACCO-FREE Program	massgeneral.org/trtc	Healthcare
Chinatown	American Chinese Christian Educational and Social Services (ACCESS)	chinatownaccess.org	Supportive Services
Chinatown	American Chinese Medical Exchange Society	tuftsmedicalcenter.org	Healthcare
Chinatown	American Legion - Boston Chinatown Post 328		Supportive Services
Chinatown	Asian Pediatric & Adolescent Clinical Services Program	tuftsmedicalcenter.org	Healthcare
Chinatown	Asian Psychiatric Clinic	tuftsmedicalcenter.org	Behavioral Health
Chinatown	Asian Sisters Participating in Reaching Excellence (ASPIRE)	girlsaspire.org	Youth Development
Chinatown	Asian Task Force Against Domestic Violence	atask.org	Supportive Services
Chinatown	BCYF Quincy Community Center	boston.gov/departments/boston-centers-youth-families/bcyf-quincy	Youth Development
Chinatown	Benevolent Asian Jade Society of New England	jadesociety.org	Safety
Chinatown	Boston Asian Youth Essential Service	bostonasianyes.org	Youth Development
Chinatown	Boston Center for Independent Living	bostoncil.org	Supportive Services
Chinatown	Boston Chinatown Neighborhood Center	bcnc.net	Supportive Services
Chinatown	Boston Chinese Evangelical Church	bcec.net	Supportive Services
Chinatown	Boston ElderInfo	bshcinfo.org	Supportive Services
Chinatown	Boston Police Department - District A-1	bpdnews.com	Safety
Chinatown	Boston Public Library - Chinatown	bpl.org	Education
Chinatown	Boston Rescue Mission Outpatient Counseling Center	brm.org	Healthcare

Chinatown	BPS - Josiah Quincy Elementary School	jqselementary.org	Education
Chinatown	BPS - Josiah Quincy Upper School	bostonpublicschools.org/domain/337	Education
Chinatown	Chinatown Progressive Association	cpaboston.org	Supportive Services
Chinatown	Chinatown Safety Committee		Safety
Chinatown	Chinese Consolidated Benevolent Association of New England	ccbaboston.org	Supportive Services
Chinatown	Chinese Economic Development Council		Supportive Services
Chinatown	Chung Wah Academy of New England	cwane.org	Education
Chinatown	Family Aid Boston	familyaidboston.org	Supportive Services
Chinatown	Greater Boston Chinese Golden Age Center	gbcgac.org	Supportive Services
Chinatown	Josiah Quincy Elementary School Child Psychiatry Consultation Program	tuftsmedicalcenter.org	Behavioral Health
Chinatown	Kwong Kow Chinese School	kwongkowschool.org	Youth Development
Chinatown	Massachusetts Asian and Pacific Islanders (MAP) for Health Project	maphealth.org	Supportive Services
Chinatown	Phillips Brooks House Association Chinatown Adventure	pbha.org	Youth Development
Chinatown	South Cove Community Health Center	scchc.org	Healthcare
Chinatown	Tufts Medical Center	tuftsmedicalcenter.org	Healthcare
Chinatown	Wang YMCA	ymcaboston.org	Youth Development/Physical Activity
Dorchester	1647 Inc.	1647families.org	Education
Dorchester	All Dorchester Sports League	alldorchestersports.org	Youth Development
Dorchester	Amvets	amvets.org	Supportive Services
Dorchester	Ashmont Nursery School	ashmontnurseryschool.com	Education
Dorchester	Association of Haitian Women	afab-kafanm.org	Supportive Services
Dorchester	BCYF Grove Hall	boston.gov/departments/boston-centers-youth-families/bcyf-grove-hall-senior-center	Youth Development

Dorchester	BCYF Holland	boston.gov/departments/boston-centers-youth-families/bcyf-holland	Youth Development
Dorchester	BCYF Leahy/Holloran	boston.gov/departments/boston-centers-youth-families/bcyf-leahyholloran	Youth Development
Dorchester	BCYF Marshall	boston.gov/departments/boston-centers-youth-families/bcyf-marshall	Youth Development
Dorchester	BCYF Perkins	boston.gov/departments/boston-centers-youth-families/bcyf-perkins	Youth Development
Dorchester	Big Business Network	bigbusinessnetworkinc.org/welcome	Youth Development
Dorchester	Bird Street Community Center	birdstreet.org	Youth Development
Dorchester	Boston Bangla Center	bostonbangla.blogspot.com	Supportive Services
Dorchester	Boston Collegiate Charter School	bostoncollegiate.org	Education
Dorchester	Boston Municipal Court - Dorchester Division	mass.gov/orgs/boston-municipal-court	Safety
Dorchester	Boston Police Department - District C-11	bpdnews.com	Safety
Dorchester	Boston Project Ministries	tbpm.org	Supportive Services
Dorchester	Boston Public Library - Adams Street	bpl.org	Education
Dorchester	Boston Public Library - Codman Square	bpl.org	Education
Dorchester	Boston Public Library - Fields Corner	bpl.org	Education
Dorchester	Boston Public Library - Grove Hall	bpl.org	Education
Dorchester	Boston Public Library - Lower Mills	bpl.org	Education
Dorchester	Boston Public Library - Uphams Corner	bpl.org	Education
Dorchester	Boys and Girls Clubs of Dorchester	bgcdorchester.org	Youth Development
Dorchester	BPS - Boston Arts Academy	bostonartsacademy.org	Education
Dorchester	BPS - Boston International Newcomers Academy	bincabps.org	Education
Dorchester	BPS - Boston Latin Academy	latinacademy.org	Education
Dorchester	BPS - Clap Elementary School	bostonpublicschools.org/school/clap-elementary-school	Education
Dorchester	BPS - Community Academy of Science & Health	bostonpublicschools.org/domain/320	Education

Dorchester	BPS - Edward Everett Elementary School	bostonpublicschools.org	Education
Dorchester	BPS - Jeremiah E. Burke High School	jebhs.org	Education
Dorchester	BPS - John W. McCormack Middle School	bostonpublicschools.org/school/mccormack-middle-school	Education
Dorchester	BPS - John Winthrop Elementary School	bostonpublicschools.org/school/winthrop-elementary-school	Education
Dorchester	BPS - Lee Academy Pilot School	bostonpublicschools.org/school/lee-academy-pilot-school	Education
Dorchester	BPS - Lilla G. Frederick Pilot Middle School	lgfnet.org	Education
Dorchester	BPS - Martin Luther King, Jr. K-8 School	bostonpublicschools.org/king	Education
Dorchester	BPS - Mather Elementary School	matherelementary.org	Education
Dorchester	BPS - Oliver Wendell Holmes Elementary School	owholmes.wixsite.com/holmes	Education
Dorchester	BPS - Paul A. Dever Elementary School	develementaryschool.com/en	Education
Dorchester	BPS - Pauline A. Shaw Elementary School	pashaw.org	Education
Dorchester	BPS - Richard J. Murphy K-8 School	bostonpublicschools.org/murphy	Education
Dorchester	BPS - Sarah Greenwood K-8 School	bostonpublicschools.org/sarahgreenwood	Education
Dorchester	BPS - TechBoston Academy	techbostonacademy.org	Education
Dorchester	BPS - Thomas J. Kenny Elementary School	bostonpublicschools.org/kenny	Education
Dorchester	BPS - UP Academy Charter School of Dorchester	upeducationnetwork.org/dorchester/	Education
Dorchester	BPS - UP Academy Charter School of Holland	upeducationnetwork.org/holland/	Education
Dorchester	BPS - William E. Russell Elementary School	bostonpublicschools.org/school/russell-elementary-school	Education
Dorchester	BPS - William Monroe Trotter K-8 School	trotterschool.org	Education
Dorchester	BPS - William W. Henderson Inclusion School	bostonpublicschools.org/henderson	Education
Dorchester	Brookview House	brookviewhouse.org	Supportive Services
Dorchester	Cape Verdean Community Unido	cvcunido.org	Supportive Services
Dorchester	Caribbean Foundation of Boston	caribbeanfoundation.net	Supportive Services
Dorchester	Center for Artistry and Scholarship in Education	conservatorylab.org	Education
Dorchester	Codman Academy Foundation	codmanacademy.org	Education

Dorchester	Codman Square Health Center	codman.org	Healthcare
Dorchester	College Bound Dorchester	collegebounddorchester.org	Youth Development
Dorchester	Commonwealth Mental Health & Wellness Center	cmhwc.com	Behavioral Health
Dorchester	COMPASS	compassboston.org	Supportive Services
Dorchester	Conservatory Lab Charter School Foundation	conservatorylab.org	Education
Dorchester	Crispus Attucks Children's Center	crispus-attucks.org	Supportive Services
Dorchester	Cristo Rey Boston High School	crstoreyboston.org	Education
Dorchester	DAC Enterprises	communitycapacitybuildinginbostonma.com	Education
Dorchester	DC Empowering Children/Surviving Sexual Abuse	dcempowering.org	Supportive Services
Dorchester	Dorchester YMCA	ymcaboston.org	Supportive Services
Dorchester	Dorchester Youth Collaborative	dorchesteryouthcollaborative.org	Youth Development
Dorchester	DotHouse Health Center	dothousehealth.org	Supportive Services
Dorchester	Dotwell	dotwell.org	Supportive Services
Dorchester	Epiphany School	epiphanyschool.com	Education
Dorchester	Evkids	evkids.org	Youth Development
Dorchester	Family Movement	familymovement.com	Supportive Services
Dorchester	Family Nurturing Center of Massachusetts	familynurturing.org	Supportive Services
Dorchester	Freedom House, Inc.	freedomhouse.com	Youth Development
Dorchester	Girl's LEAP	girlsleap.org	Youth Development
Dorchester	Greenwood Shalom Outreach	greenwoodshalom-outreach.org	Education
Dorchester	H.O.W. House	how-house.com	Behavioral Health
Dorchester	Harbor Health Services, Inc.	hhsi.us	Healthcare
Dorchester	Harvard Street Neighborhood Health Center	harvardstreet.org	Healthcare
Dorchester	Healthworks Community Fitness	healthworkscommunityfitness.org	Physical Activity
Dorchester	Hello House for Women	voamass.org	Behavioral Health

Dorchester	Home for Little Wanderers	thehome.org	Supportive Services
Dorchester	Louis D. Brown Peace Institute	ldbpeaceinstitute.org	Supportive Services
Dorchester	Mother Caroline Academy and Education Center	mcaec.org	Education
Dorchester	MultiCultural Independent Living Center of Boston	milcb.org	Supportive Services
Dorchester	Neighborhood House Charter School	thenhcs.org	Education
Dorchester	No Books No Ball	nobooksnoball.com	Youth Development
Dorchester	Pilgrim Church Shelter	pilgrimchurch1862.org	Supportive Services
Dorchester	Pope John Paul II Catholic Academy, Inc.	sjp2ca.org	Education
Dorchester	Project DEEP Association	projectdeep.org	Youth Development
Dorchester	Saint Ambrose	stmark-stambrose.org	Supportive Services
Dorchester	Sportsmen's Tennis & Enrichment Center	sportsmenstennis.org	Youth Development
Dorchester	St. Mark Community Education Program	stmarksesol.org	Supportive Services
Dorchester	St. Mary's Center for Women and Children	stmaryscenterma.org	Supportive Services
Dorchester	Teen Empowerment Program	teenempowerment.org	Youth Development
Dorchester	The Boston Home	thebostonhome.org	Supportive Services
Dorchester	The City School	thecityschool.org	Education
Dorchester	The System - City Youth Sports Training Education Movement	thecsystem.com	Youth Development
Dorchester	The Doll House Corporation	thedollhousecorp.com	Youth Development
Dorchester	The Food Project	thefoodproject.org	Youth Development
Dorchester	The Salvation Army Kroc Corps Community Center	use.salvationarmy.org	Youth Development
Dorchester	Uphams Corner Health Center	uphams.org	Healthcare
Dorchester	Urban Destiny Life Center	destinylifecenter.church	Youth Development
Dorchester	Veterans of Foreign Wars Department of Massachusetts	vfwma.org	Supportive Services
Dorchester	Victory Programs	vpi.org	Supportive Services
Dorchester	Walter Denney Youth Center	bgcdorchester.org	Youth Development

Dorchester	Wilahmenas Place	wp-inc.org	Supportive Services
Dorchester	Women Connecting Affecting Change	wcacinc.weebly.com	Supportive Services
Dorchester	Work, Inc.	workinc.org	Supportive Services
Dorchester	BPS - Joseph Lee K-8 School	bostonpublicschools.org/school/lee-school	Education
Roxbury	Bridge Boston	bridgebostoncs.org	Education
South Boston	Answer House	mhsainc.org/answerhouse	Behavioral Health
South Boston	BCYF Condon Community Center	boston.gov/departments/boston-centers-youth-families/bcyf-condon	Youth Development
South Boston	BCYF Curley Community Center	boston.gov/departments/boston-centers-youth-families/bcyf-curley	Youth Development
South Boston	BCYF Tynan Community Center	boston.gov/departments/boston-centers-youth-families/bcyf-tynan	Youth Development
South Boston	Boston Athletic Club	bostonathleticclub.com	Physical Activity
South Boston	Boston Municipal Court - South Boston Division	mass.gov/orgs/boston-municipal-court	Safety
South Boston	Boston Police Department - District C-6	bpdnews.com	Safety
South Boston	Boston Public Library - South Boston Branch	bpl.org	Education
South Boston	Boys and Girls Club of South Boston - Condon Club	bgcb.org	Youth Development
South Boston	Boys and Girls Club of South Boston - Edgerly Family Location	bgcb.org	Youth Development
South Boston	BPS - Excel High School	excelhighsb.org	Education
South Boston	BPS - James F Condon Elementary School	bostonpublicschools.org/condon	Education
South Boston	BPS - Joseph P Tynan School	bostonpublicschools.org/school/tynan-elementary-school	Education
South Boston	BPS - Michael J. Perkins Elementary School	michaelperkinsschool.org	Education
South Boston	BPS - Oliver Hazard Perry K-8 School	perryschoolboston.org	Education
South Boston	BPS - UP Academy Charter School of Boston	upeducationnetwork.org/boston/	Education
South Boston	Catholic Charities of Boston	ccab.org	Supportive Services
South Boston	Gavin Foundation	gavinfoundation.org	Behavioral Health

South Boston	Julie's Family Learning Program	juliesfamily.org	Supportive Services
South Boston	Marian Manor Skilled Nursing & Rehabilitation Center, Inc.	marianmanor.org	Healthcare
South Boston	Mixed Martial Arts Scholarship Fund	mixedmartialartsfund.com	Physical Activity
South Boston	Our Lady of Czestochowa Parish in Boston	ourladyofczestochowa.com	Supportive Services
South Boston	Paraclete Center	paraclete.org	Youth Development
South Boston	Refugee and Immigrant Assistance Center	riacboston.org	Supportive Services
South Boston	Round Table Inc	roundtableinc.org	Youth Development
South Boston	Simon of Cyrene Society	simonofcyrene.org	Supportive Services
South Boston	South Boston Action Center	bostonabcd.org	Supportive Services
South Boston	South Boston Catholic Academy	sbcatholicacademy.org	Education
South Boston	South Boston Collaborative Center	southbostoncollaborativecenter.org	Behavioral Health
South Boston	South Boston Community Health Center	sbchc.org	Healthcare
South Boston	South Boston Little League	southbostonlittleleague.com	Physical Activity
South Boston	South Boston MOMs Club	southiemomsclub.com	Supportive Services
South Boston	South Boston Neighborhood House	sbnh.org	Supportive Services
South Boston	South Boston Youth Hockey League	sbyhl.org	Physical Activity
South Boston	South Boston Youth Soccer League	southbostonyouthsoccer.com	Physical Activity
South Boston	St Peter Academy	stpeteracademy.com	Education
South Boston	St. George Albanian Orthodox Cathedral Boston	saintgeorgecathedral.com	Supportive Services
South Boston	Tierney Learning Center	thetierneylearningcenter.org	Supportive Services
South End	Aid to Incarcerated Mothers	umass.edu/cwc/services/IRIS/EWCRO262_agency	Supportive Services
South End	BCYF Blackstone	boston.gov/departments/boston-centers-youth-families/bcyf-blackstone	Youth Development
South End	BCYF Vine Street	boston.gov/departments/boston-centers-youth-families/bcyf-vine-street	Youth Development
South End	BMC Smoking Cessation Program	bmc.org	Healthcare

South End	Boston Health Care for the Homeless	bhchp.org	Healthcare
South End	Boston Medical Center	bmc.org	Healthcare
South End	Boston Police Department - District D-4	bpdnews.com	Safety
South End	Boston Public Library - South End Branch	bpl.org	Education
South End	Boston South End Corps Community Center	use.salvationarmy.org	Youth Development
South End	BPS - Blackstone Innovation School	bostonpublicschools.org/blackstone	Education
South End	BPS - Joseph Hurley K-8 School	hurleyschool.org	Education
South End	BPS - The Carter School	williamecarterschool.org	Education
South End	BPS - William McKinley South End Academy	bostonpublicschools.org/school/mckinley-south-end-academy	Education
South End	Cathedral 7-12 High School	cathedralhighschool.net	Education
South End	Congregacion Leon de Juda	leondejuda.com	Supportive Services
South End	Ellis Memorial	ellismemorial.org	Youth Development
South End	Eritrean Community Center	eccboston.org	Supportive Services
South End	Fenway Health Sidney Borum Jr. Health Center	fenwayhealth.org	Healthcare
South End	Fenway Health South End	fenwayhealth.org	Healthcare
South End	Friends of Blackstone Elementary School	friendsofblackstoneschool.org	Education
South End	Friends of the South Boston Public Library	friendsofsouthendlibrary.org	Education
South End	Hearth	hearth-home.org	Supportive Services
South End	Hope House	hopehouseboston.org	Behavioral Health
South End	Inquilinos Boricuas en Accion	ibaboston.org	Supportive Services
South End	More Than Words	mtwyouth.org	Youth Development
South End	Pine Street Inn	pinestreetinn.org	Supportive Services
South End	Renewal Church	renewalchurchboston.com	Supportive Services
South End	Rosie's Place	rosiesplace.org	Supportive Services
South End	South End Baseball	southendbaseball.com	Physical Activity

South End	South End Community Health Center	sehc.org	Healthcare
South End	South End Neighborhood Church	southendchurch.org	Supportive Services
South End	South End Neighborhood Service Center	bostonabcd.org	Supportive Services
South End	South End Soccer	southendsoccer.org	Physical Activity
South End	St. John the Baptist Hellenic Orthodox Church	saintjohnthebaptist.org	Supportive Services
South End	St. Stephen's Youth Programs	ststephensbos.org	Youth Development
South End	Union United Methodist Church	unionboston.org	Supportive Services
South End	United South End Settlements	uses.org	Supportive Services
South End	Wediko Children's Services	wediko.org	Behavioral Health