

**Tufts Medical Center
Community Health
Needs Assessment 2022**

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Executive Summary

Located in the heart of downtown Boston's Chinatown, Tufts Medical Center (Tufts MC) is an internationally respected 415-bed academic medical center affiliated with Tufts Medicine that prides itself not only in the sophistication of the care provided but also in the compassionate and community-centered way in which it is provided.

The Community Health Needs Assessment (CHNA) process is key to centering the needs and priorities of the diverse communities that Tufts MC serves, and to making data-informed decisions about the range of services and programs Tufts MC delivers to improve community health.

The 2022 CHNA was conducted using a mixed-methods approach, combining primary data from key informant interviews, focus groups, and surveys with secondary data including census records and community surveys in order to better understand the needs of its core communities: the Boston neighborhoods of Chinatown, Dorchester, South Boston, and South End, as well as the neighboring city of Quincy, MA.

While Tufts MC has conducted numerous CHNAs, this is the first CHNA conducted in the midst of the ongoing COVID-19 pandemic, which has had profound impacts on our communities at the individual, family, neighborhood, and even global level. While the pandemic created new needs and concerns for our communities, it also exposed gaps in the safety net that have existed for a long time.

In at least 90% of our conversations with residents and community leaders, the COVID-19 pandemic was the leading concern, not only because of the health implications and attendant fear of the virus, but also because of the immense financial, social and emotional toll that deepened existing inequities. The virus exposed gaps in the network of care and resources available, especially for those in marginalized groups including youth, the elderly, low-income community residents, non-English speakers, and Black, Indigenous, and People of Color (BIPOC). Tufts MC community members lost friends and family to the virus. They also lost jobs and experienced shortages and rising prices for housing, food, transportation, and basic household necessities. Elderly, sick, and immunocompromised members of the community faced long stretches of isolation and interrupted access to needed healthcare. School-aged children saw their learning and social-emotional growth interrupted, with virtual learning replacing in-person

classroom and interpersonal relationship development and interactions. Concern about anti-Black and anti-Asian racism and discrimination was a prominent feature our conversations with community members.

COVID-19 has in effect created a “second pandemic” of mental health and social emotional wellness needs and concerns. Stress, anxiety, and depression are affecting all segments of the population, with a spotlight on the aforementioned sub-populations. In many cases these mental health concerns, paired with loss of financial security, are leading to an increase in substance use and violence. The dearth of mental health providers in general, and specifically those who are culturally and linguistically appropriate, became more evident and pronounced during the pandemic.

Through our analysis of data gathered through the CHNA process, **Tufts MC identified three key areas of concern, all exacerbated by the COVID-19 pandemic, to prioritize in addressing the needs of the community:**

- Behavioral Health
- Financial Security and Mobility
- Access to Care and Services

This document also includes the Tufts MC’s Community Health Improvement Plan (CHIP) that outlines local and community-wide strategies identified to address these needs.

The community members who participated in interviews and focus groups for this CHNA described their communities as vibrant sources of support and belonging for residents, with rich cultural, artistic, and activist traditions, as well as an array of local community-based organizations, service providers, and excellent medical care. Despite the deep harm that the pandemic has done to individual lives and wellbeing, people spoke to the ways that they had seen their communities come together in mutual aid, solidarity, and support over the last two years. Tufts MC is proud to be part of that community and looks forward to using its resources to build on community strengths and to collaborate with community members and institutions to address their concerns together.

Background

Tufts Medical Center (Tufts MC) undertook their 2022 Community Health Needs Assessment (CHNA) between fall of 2021 and June 2022. Tufts MC is committed to providing the highest quality care to its patients and their families, and also to the community at large in its role as an anchor institution in Boston. In addition to the life-saving care that takes place within the Medical Center, Tufts MC supports impactful work beyond its walls in its partner and neighboring communities.

In order to ensure that Tufts MC remains at the forefront of the effort to improve the health and social emotional well-being of community members, there needs to be an understanding of 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 Tufts MC's 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—with a focus on the Asian community, this CHNA combines the invaluable insights and contributions offered by community stakeholders—including residents, business owners, civic and nonprofit leaders, with an analysis of available public health data to identify health and social determinants of health (SDOH) priorities across Tufts MC's service area. These priorities—reviewed and supported by community members—will guide Tufts MC's community partnerships, grant-funded initiatives, and departmental efforts for their community benefits programs until the next CHNA is completed in 2025.

Tufts Medical Center Overview

Tufts Medical Center (Tufts MC), part of Tufts Medicine, is an internationally respected 415-bed academic medical center – a teaching hospital that prides itself not only in the sophistication of the care provided but also in the compassionate way in which it is provided.

Located in downtown Boston in Chinatown and the Theatre District, Tufts MC is the principal teaching hospital for Tufts University School of Medicine. Tufts MC provides everything from routine and emergency care to the residents of Boston neighborhoods

to treatments and care for the most complex diseases and injuries affecting patients throughout New England. Tufts MC is a perennial regional and national leader in cardiac transplant. It is also a certified level I trauma center, provides comprehensive neurological and neurosurgical care, and offers cutting-edge cancer treatments. The level 3 Neonatal Intensive Care Unit is among the largest in the region, caring for the tiniest and sickest of babies. Tufts MC also strives to keep children and adolescents well through their outpatient pediatric primary care and special Asian pediatric clinics and Center for Children with Special Needs. More than 600 employed physicians are part of a clinically integrated physician network throughout eastern Massachusetts that cares for more than one million patients each year.

As a major academic medical center, Tufts MC trains the next generation of physician leaders. After medical school, many of the nation's top graduates are attracted to its residency and fellowship programs. Tufts MC offers 48 training programs accredited by the Accreditation Council for Graduate Medical Education.

Tufts MC's expansive research program includes groundbreaking bench research, clinical trials, and developments in health policy. Its research activities are funded by the National Institutes of Health (NIH), private foundations, industry, and private individuals. Tufts MC researchers have special expertise in molecular cardiology, the long-term health impact of mothers and children during and after pregnancy, and the cost-effectiveness of different treatment options.

Community Benefits 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.

Contributors and Collaborating Organizations

Tufts MC involved a diverse range of stakeholders and collaborated with various groups, individuals, and advisors to ensure robust community engagement throughout the CHNA process. Broad representation of community interests was a key component of the assessment, with community resident and stakeholder input gathered through a

community survey, key stakeholder interviews and focus groups, and community listening sessions.

The community survey was sent to almost three hundred resident and civic groups, community centers, senior programs, local elected officials and their staff, and other trusted community partners, who were asked to distribute it more broadly. At the same time Tufts MC worked closely with community partners to conduct focus groups that reflected the diversity of the communities served. For a full list of collaborating partners and organizations, see appendix A.

Tufts MC's partnership with Boston CHNA-CHIP Collaborative (BCCC), a group of Boston hospitals, health centers, community-based organizations, and community residents, also contributed to the CHNA process. This group has come together, along with the Boston Public Health Commission, to achieve sustainable positive change in the health of the city by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities. For the 2022 CHNA BCCC reviewed and compiled secondary data and conducted 62 interviews and 29 focus groups. In its primary data collection efforts, BCCC focused on reaching traditionally underrepresented groups – such as the homeless, the LGBTQ population, immigrants, and non-English speakers. Many of their findings are closely aligned with Tufts MC's findings. For their full report see <http://bostonchna.org>.

Tufts MC Community Benefits staff partnered with the Institute for Community Health (ICH), a nonprofit consulting organization in Malden, Massachusetts to create data collection instruments and produce this CHNA report. ICH provides assessment and planning, participatory evaluation, applied research, and data services to help healthcare institutions, government agencies, and community-based organizations improve their services and maximize program impact.

Methods

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

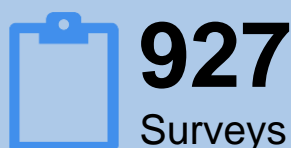
Primary data collection included:



In-depth interviews



Focus groups



Surveys

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 this report, 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.

This assessment used a mixed-methods approach that includes primary data collected from community stakeholders and residents as well as existing secondary data. There were three main components: 1) stakeholder interviews and focus groups, 2) a community survey, and 3) research and review of secondary data. Data from all three components was compared in order to form a more robust understanding of the needs and patterns in the communities. These findings, along with follow up conversations with community members sharing those findings and seeking their additional feedback,

were used to prioritize the health concerns, a process described more fully in the Health Priorities section.

Primary Data

Key Stakeholder Interviews and Focus Groups

It is important to mention at the outset that the prevalence of COVID-19 led Tufts MC to adapt its strategies for engaging with community residents. Given the need to practice social distancing, conversations with community members were primarily conducted virtually. This strategy did not, however, prevent residents and stakeholders from volunteering their concerns about community needs. Tufts MC Community Health Improvement department staff conducted eight key informant interviews from February to April 2022, reflecting the needs of residents, service providers, and businesses across the communities.

They also conducted fourteen focus groups from January to March 2022, with 128 community residents. In Chinatown, Tufts MC staff recruited English and Chinese speaking participants spanning across the age spectrum, from elementary school students and their families, to teens, adults, parents, and older adults living in the neighborhood. In Dorchester, participants included Vietnamese-speaking parents, Black and Hispanic adults, Hispanic business owners, women trained as medical translators, and Black and Hispanic teens in high school and college. In South Boston, Tufts MC staff convened a group of local non-profit leaders serving youth to elderly, veterans, and representing affordable housing, substance use, health care and other sectors. South End participants included Spanish-speaking women over 60, parents of school-aged children, and Asian residents in a tenants' organization. In Quincy, recruitment focused on Chinese immigrants living in the community.

Please refer to appendix A for a full list of collaborating organizations that assisted Tufts MC with the focus groups and/or key informant interviews.

A goal of the CHNA was to include the perspectives and opinions of neighborhood residents, community and business leaders, and government stakeholders. Key stakeholder interviewees and focus group participants were selected based on:

1. Expertise and understanding of the local community needs,

2. Representation from marginalized groups or communities, including non- or limited English speakers, who have been under-resourced and have a unique understanding of community strengths and challenges, and
3. Representatives who have strategic relationships with and provided services to underserved communities.

The key stakeholder interviews focused on questions designed to illicit perspectives on neighborhood challenges and opportunities. Focus groups addressed the following topics: the community's greatest strengths and assets, the most concerning health and social issues, and participants' vision of what the community should look like in the future.

Focus group and interview guides are available in appendix B.

Community Surveys

The community survey included questions on the social determinants of health, community perceptions of health and well-being, and access to care and social services, among other topics. A copy of the survey is included in appendix C.

927 residents completed the community survey, online through Qualtrics or via hard copy. The survey was available in multiple languages, reflecting the diversity of the communities served: English, Spanish, Chinese, Vietnamese, and Haitian-Creole. The survey was shared with almost 300 organizations who helped with survey distribution both in person and via email and social media. The survey respondent demographics are as follows: 35.69% of respondents identified as White, 10.91% of respondents identified as Black, 26.63% of respondents identified as Asian/Pacific Islander, 16.71% of respondents identified as American Indian/Native American, 1.98% respondents identified as Middle Eastern/North African, and 5.10% respondents identified as Hispanic. Additionally, 47.18% identified as male, 47.92% identified as female, and 3.12% identified as transgender. 61.16% of respondents were born in the United States. 75% of individuals who completed the survey was less than 44 years old (3.73% were under 18; 15.50% were between ages 18–24; 30.85% were between ages 25–34; and 25.63% were between ages 35–44). And finally, approximately 55% of respondents' annual household income is less than \$50,000 a year.

Secondary Data

Secondary data collection focused on demographics, the social determinants of health (such as housing, education, poverty rates, income, and health insurance coverage) and health outcomes (such hospital encounters by disease, mortality rates, and self-reported measures of behavioral health).

Data sources include the US Census, the Massachusetts Department of Health, Tufts MC Patient Volume and Count Data, the Boston Behavior Risk Factor Surveillance Survey (BBRFSS), Boston Public Health Commission's COVID Health Equity Survey (CHES), the Massachusetts Department of Health Community COVID-19 Impact survey (CCIS), and the Boston Planning and Development Agency (BPDA). Staff also reviewed newspaper articles, information and reports from local organizations, and research papers.

Note that secondary data presented in this assessment reflects the entire population of the Community Benefits Service Area, not just those individuals who receive care from Tufts MC.

Prioritization Process of Community Health Needs

After gathering and reviewing information from the primary and secondary data, Tufts MC Community Health Improvement staff used a series of criteria to determine the priorities of interest to each community and to the service area as a whole. Criteria included in this decision-making included:

1. The severity of the health challenge or social issue to a particular community;
2. What impact Tufts MC and/or community partners could have on the issue;
3. Whether large disparities in health outcomes exist between population subgroups; and
4. The extent to which Tufts MC has the expertise, capacity, and resources to address the problem.

Data Limitations

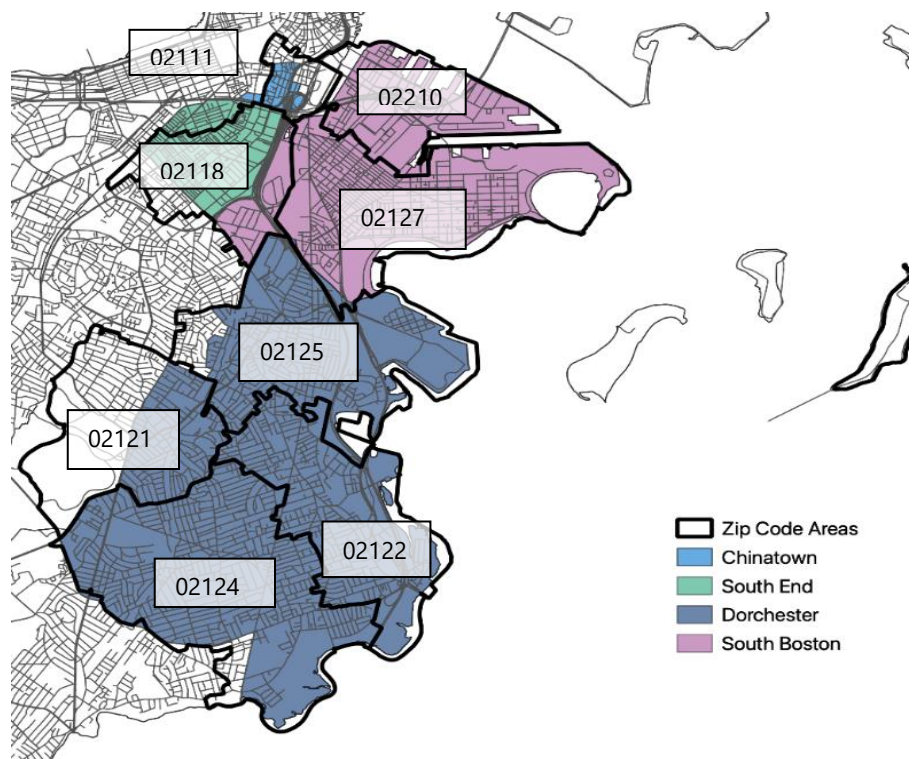
This assessment incorporated different types of data to allow for comparison between them, thereby enhancing the strength and quality of the findings. However, it should be noted that limitations exist, and are inherent to any needs assessment process. The

sections below describe some of the limitations that should be considered when reviewing this report.

Secondary data limitations

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.



Community boundaries are not fixed, and different data sources include different areas within community boundaries. As is apparent in the map above, which shows zip codes overlaid with neighborhood boundaries as defined by the Boston Planning and Development Agency (BPDA) in 2016, zip codes are an imperfect proxy for neighborhood 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

We recognize that for communities such as Chinatown, the zip code method is particularly problematic, as the Chinese community sees Chinatown's boundaries more broadly, and spills into abutting South End and Back Bay zip codes.

Additionally, the amount of data available on the Boston neighborhoods varies. The neighborhood-specific health behavior and outcome data is particularly limited: many indicators are parsed by demographic categories, but not by neighborhood. Some key indicators used in this report were available only at the municipal or even state level. Even when neighborhood-level analyses are available, obtaining local-level public health data for Chinatown is a particular challenge, as the Boston Public Health Commission does not report out on data for the neighborhood of Chinatown: rather, data gathered from Chinatown residents for surveys like the BBRFSS are rolled into reporting on the neighboring areas of South End and/or Downtown Boston. Further, self-reported surveys are only available in English and Spanish, which does not adequately meet the language needs of the communities served by the Tufts MC.

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.

Primary data limitations

Primary data collection is important in any needs assessment process, as it gives direct insight into the needs and priorities of community stakeholders and residents. Some of the challenges inherent in any data collection process are described below. These challenges remind us of some of the limitations of the data, but do not negate the learnings that come from it.

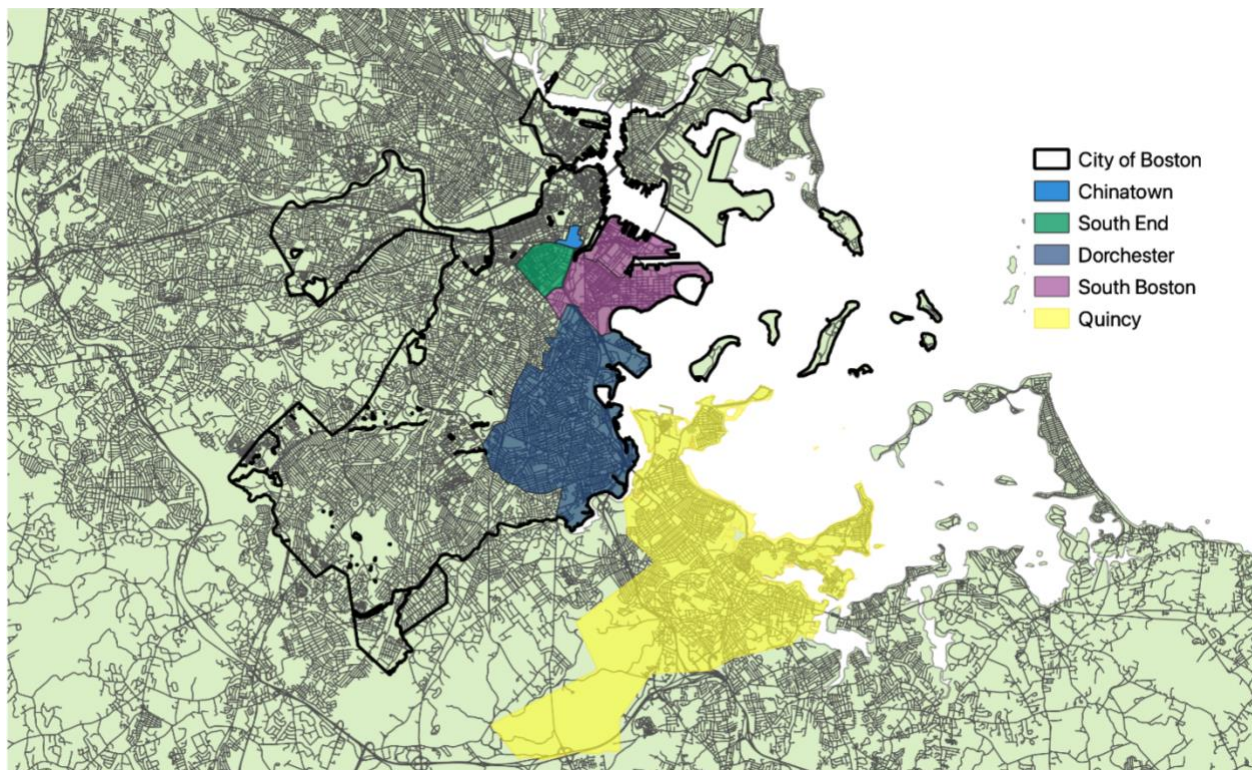
Surveys: The information provided by the survey respondents only represents their perspectives and may not entirely reflect or provide a complete picture of the health

behaviors, concerns, and needs of community members across the service area. The information gathered relied on self-report from respondents, which may be subject to inconsistencies or inaccuracies, a limitation in all self-report methodology.

Interviews and focus groups: While best efforts were made to capture a diversity of perspectives and reflect the communities at large, the stakeholder data described here represent only the perspectives of the individuals that participated, and do not necessarily provide a complete picture of community needs, assets, or perspectives in each community.

Tufts MC Community Benefits Service Area

The Tufts Medical Center Community Benefits Service Area includes the Boston neighborhoods of Chinatown, Dorchester, South Boston, and the South End, as well as the City of Quincy—with a focus on its Asian community. While we are using neighborhood boundaries established by the Boston Planning and Development Agency (BPDA) in 2014, 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.



Tufts MC has had long-standing relationships and has historically drawn patients from these neighborhoods due to geographical proximity, language, cultural accessibility, clinical and/or community programs, and the like. A 2018 analysis of the Tufts Medical Center patient population demonstrated that, at that time, more than 30% of Tufts MC's unique patient population came from Boston, a rate nearly six times higher than the second leading municipality of Quincy. Among all Boston patients, more than half come

from zip codes representing Dorchester, South Boston, South End, and Chinatown (including Asian patients from communities surrounding Chinatown, such as Back Bay and Downtown).

A detailed description of each of our partner communities is included in the community profiles beginning on page 43. A table comparing the demographic characteristics of each community to the city of Boston as a whole can be found in appendix D.

2019 Tufts MC CHNA Priorities and Impact

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 2022, no one has attempted to contact us with information relevant to the previous or present CHNAs.

Tufts MC's most recent CHNA was completed in 2019. The findings of the 2019 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 2016-2017, Tufts MC patient data, and others. Tufts MC participated in the Boston CHNA/CHIP Collaborative, a collective effort of Boston teaching hospitals and city and community stakeholders for both primary and secondary data. Primary data consisted of 12 focus groups, 39 Key Informant Interviews, and more than two thousand surveys. Tufts MC widely distributed the survey through its networks, led six additional interviews in Chinatown and South Boston, and secured 100 surveys in Chinese through targeted outreach with local residents in order to get a full understanding of these priority communities, which received less attention from the Collaborative's process. Data were reviewed by members of Tufts MC's Community Benefits Leadership Team and Community Benefits Advisory Committee, with recommendations approved by the Community Benefits Committee.

Together, they identified the following overarching priorities:



Behavioral health/Social-emotional wellness



Access to care and social services



Tobacco and nicotine control



Economic opportunity



Chronic disease management



Housing

Based on further refinement of needs and priorities at the neighborhood level, Tufts MC focused on one or several of these priorities in each neighborhood. These priorities by neighborhood included:

- **Chinatown:** Tobacco and nicotine use contributing to a high rate of Lung cancer
- **Dorchester:** Behavioral health (Mental health, community violence & substance abuse)
- **South Boston:** Substance abuse, food insecurity and chronic conditions
- **South End:** Behavioral health, chronic conditions, and access to care

Given the emerging and urgent community needs that subsequently arose from COVID, Tufts MC conducted an additional mini-community needs assessment in 2020 and identified additional priorities that it supported: food insecurity, housing and economic stability and mobility, workforce development, social emotional wellness, and PPE and other essential supply needs.

Accomplishments Addressing Priorities

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 major 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 and 2020-2022—smoking prevention and 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 reapply for the new funding cycle.

After the 2019 prioritization process identified nicotine use as a leading community concern, recognizing its long-time and long-term harmful effects on the Asian community, Tufts MC issued a Request for Proposals (RFP) under the AHI in September 2019 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.

Five organizations were selected through a competitive review process to receive funding that would support program implementation for three years, from January 2020 through December 2022. Four of the five organizations provided evidence-informed tobacco education directly to community members of all ages through a variety of settings: preschool programs, an elementary school, a teen-focused afterschool program, adult education classes, senior living facilities, and in public spaces throughout the community. Two of those four organizations also had a smoking cessation component to their programs. One organization published regular tobacco-focused content in its bilingual English/Chinese newspaper, reaching an audience of tens of thousands, and was focused on identifying existing resources and developing social media content. In response to community members' concerns, all programs expanded their lessons to include discussion of e-cigarettes, vape pens, and other nicotine products that are particularly popular among youth.

Results from January 2020 through December 2021:

- Nearly 2,500 people participated directly in tobacco/nicotine education sessions
- 18 workshops, 4 videos, and 50 pieces of content for public education were offered
- 98% of participants recognize tobacco has harmful health effects, and almost 100% view secondhand smoke as dangerous for health
- 485 families were screened for social determinants of health and referred to social service organizations

In addition to learning about the negative effects of nicotine and second-hand smoke, 3rd, 4th and 5th graders at the neighborhood elementary school were introduced to an expanded health curriculum to discuss other substance use, COVID-19 education, such as handwashing, and learn about the body systems and the importance of staying healthy.

Through COVID relief and recovery funds, Chinatown organizations were able to assist residents with rental assistance, unemployment applications, access to culturally appropriate foods, financial and housing literacy, and access to technology various workforce development and skills building training, and hire local youth to support organizational needs, among other things.

Dorchester

Based on the success of the Asian Health Initiative, Tufts MC launched a similar collective impact effort in Dorchester in 2004: the Dorchester Health Initiative (DHI). From the beginning, behavioral health, particularly youth violence, has been a major concern among community members and a priority focus in every three-year cycle of the program, alongside chronic disease (particularly asthma, diabetes, and obesity), and substance use. Following the 2019 prioritization process, Tufts MC issued an RFP under the DHI in June 2019 seeking programs that address behavioral health issues, including mental health, and that 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 2019 through September 2022. The programs were designed to serve youth and parents in order to address the priority areas directly and indirectly. Youth are engaged in conversations and activities that encourage them to explore the issues of social emotional wellness, positive role models and activities, and the 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. Parental education has been extremely impactful as well in addressing stress, anxiety and depression in the home which was only exacerbated by the COVID-19 pandemic.

Recognizing that youth are less likely to engage in destructive behaviors like self-harm, 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. The pandemic created some barriers for program implementation, so many of the organizations had to pivot to an online service model.

Results from the youth-focused programs, October 2019 through March 2021:

- 5,603 children and teens enrolled in anti-violence, positive development programming
- 100% of youth were able to pivot to a virtual platform during COVID
- 100% of youth were able to identify anxiety symptoms following the program
- 99% of teens reported that they are no longer involved in violence

- 99% of the girls felt they had better decision making, became more comfortable with peer pressure and have acquired more knowledge on assertiveness
- 1,898 fathers enrolled in parenting classes: 85-100% felt they had better communication with their kids and 90-100% felt that they had learned about the growth and development of their children
- 97% of families have experienced a reduction in stress
- 1,645 families were screened for social determinants of health and were referred to social services

Through COVID relief and recovery grants, Dorchester organizations were able to engage local youth in summer internship projects supporting organizational needs, provide mental health services, secure needed supplies for residents including PPE, diapers, meet food, jobs and housing needs, and provide job training.

South Boston

At the time the 2019 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 secondary 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 2019 CHNA, Tufts MC has maintained this relationship with SBCHC, which utilized funding from Tufts MC to provide office-based addiction treatment to community members, treat chronic hepatitis C (which is prevalent among intravenous drug users) for patients, and help youth develop leadership skills and resilience to prevent mental health and substance use issues before they begin. They also created COVID support programs, serving 11,525 residents in FY21 alone. This support ranged from testing to treatment and offering additional support when needed during the pandemic.

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 2019 CHNA was completed, Tufts MC's support of Cushing House has served young men in recovery, 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.

Through COVID relief and recovery funds, SBCHC was able to focus more efforts on addressing food insecurity, and Gavin Foundation was able to focus efforts on employment training and skills building.

South End

Health outcomes data gathered for the 2019 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 so they can 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 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.

Through COVID relief and recovery funds, programs were able to help residents bridge the digital divide, address food and housing insecurity, provide other needed supplies, and develop residents' personal and professional skills.

All service area communities

The 2019 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 2019 CHNA was completed, 130 youth have participated in Tufts MC's program.

Tufts MC also recognized the need to give additional support to their target communities due to the pandemic. The COVID-19 relief grants were given out in two rounds: June 2020–Sept. 2020 and July 1, 2021–September 30, 2022. Organizations were funded across all four neighborhoods for workforce development, food, financial and housing insecurity, social emotional wellness, and general COVID-19 supplies and support.

2022–2025 Health Priorities

The 2022 primary health priorities across the entire Tufts Medical Center Community Benefits Service Area are:



**Behavioral
Health**



**Financial
Security and
Mobility**



**Access to Care
and Services**

These priorities were determined based on:

- Identified needs and gaps in services across the service areas;
- Existing assets, strengths and capacity of Tufts MC to address needs, and realize meaningful and/or sustainable changes;
- Impact on reducing health disparities;
- Organizational priorities identified through conversations with Tufts MC leadership, key community stakeholders and civic leaders;
- The priorities identified through the 2019 CHNA;
- Priority areas designated by the MA Department of Public Health (DPH) and the MA Attorney General's Office; and
- Efforts to avoid duplication of services of other providers and agencies already in place throughout the service area.

A full list of concerns that emerged from the analysis of key informant interviews, focus groups, survey, and secondary data is included in Table 1 below. This process of

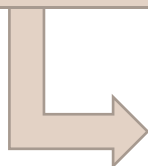
comparing concerns within and across the distinct communities helped in understanding the salience of each of these health challenges to individual communities, as well as to any subpopulations that are particularly impacted, and to find themes across the entire Community Benefit Service Area.

The findings were presented to various stakeholders in the community benefits service area, including members of Tufts MC’s Community Benefits Advisory Committees (CBACs), various community coalitions, and at other community meetings and convenings in May 2022. These stakeholders live, work, or are subject matter experts in our partner communities of Chinatown, Dorchester, South Boston, and South End. From the findings, CBAC members and other community stakeholders helped to hone in on and prioritize the health issues on which Tufts MC will focus its efforts, including grant-based community benefits efforts for the next three years.

In June, the findings and community stakeholder recommendations were presented to Tufts MC’s community benefits governing body, the Board of Trustees’ Community Benefits and Health Equity Committee. The Committee voted unanimously to approve and adopt the CHNA on June 22, 2022.

Table 1: Prioritization of Community Concerns

Safety & crime	Housing insecurity	Chronic stress	Access to healthy food
Smoking	Domestic violence	Diabetes	Education
Vandalism	Late diagnosis cancer	Language barriers	Housing costs
Asthma	Violence and racism	Substance use disorder	Depression and anxiety
Air pollution and cleanliness	Transportation barriers	Gentrification and social division	Racism and discrimination
Income inequality	Obesity	Trauma	Job loss



- Behavioral health
- Financial security and mobility
- Access to care and services

2022 Health Priorities

Impact of Covid-19

It is impossible to discuss the health and social needs of the Tufts MC communities without addressing the COVID-19 pandemic. In the time since the last CHNA was conducted in 2019, we have spent more time living with COVID-19 than without it. It has changed the way that residents feel about their communities, their priorities, and their health, and exposed gaps in the existing networks of care and resources, especially for those in marginalized groups including youth, the elderly, low-income people, non-English speakers, and Black, Indigenous and People of Color (BIPOC).

“Youth and teens in my community are dealing with so much stress and depression from COVID. There needs to be more support for schools to help these kids.”
- Dorchester focus group participant

In at least 90% of our conversations with residents and community leaders, the COVID-19 pandemic was the leading concern, not only because of the health implications and attendant fear of the virus, but also because of the immense financial, social, and emotional toll that deepened existing inequities and exposed gaps in the network of care and resources available. Throughout the Tufts MC Community Benefit Service Area, these gaps were particularly acute in the realms of behavioral and mental health, financial security, and access to care and services.

COVID-19 has in effect created a “second pandemic” of mental health and social emotional wellness needs and concerns, the impacts of which ripple out into all aspects of

community members’ lives and wellbeing. Stress, anxiety, and depression are affecting all segments of the population, with particularly acute effects among members of vulnerable and marginalized groups and communities. In many cases these mental health concerns, paired with loss of financial security, are seen to have led to an increase in substance use and violence. The dearth of mental health providers in general, and

specifically those who are culturally and linguistically appropriate, became more evident and pronounced during the pandemic.

In 2021, the Boston Public Health Commission released a special edition of their Health of Boston report outlining findings from their COVID-19 Health Equity Survey (CHES). This survey provided detailed insight into how Boston residents across the city were impacted by the pandemic. The survey was conducted from December 2020 to January 2021 among residents who had previously completed the Behavior Risk Factor Surveillance Survey (BRFSS). Although the CHES report did not stratify their results by neighborhood, the findings echo and amplify neighborhood-specific primary and secondary data collected throughout the 2022 Tufts MC CHNA process. The Massachusetts Department of Health’s preliminary results of their COVID-19 Community Impact Survey (CCIS) also examined the impacts of the pandemic on the state level. Highlights from these data are included to support the priority areas identified through the CHNA process.

Racism and Discrimination

The impacts of racism and discrimination on people, families, and communities was a predominant theme in the primary data collection for the 2022 Tufts MC CHNA. Around the same time that racist political rhetoric about the pandemic was leading to an increase in anti-Asian hate crimes and discrimination, the murder of George Floyd in May 2020 was the catalyst for a long-overdue reckoning with systemic and interpersonal anti-Black racism in America, as well as with police violence and safety. Even before that racial reckoning, nearly one third (30%) of Black adults who lived in Boston reported that they had been stopped by police because of their race, compared to 12% among all Bostonians and only 2% among White Boston residents (BBRFSS). During the pandemic, 23% of Asian respondents, 24% of Black respondents, and 12% of Hispanic/Latinx respondents reported feeling like they had been discriminated

“I had a friend that recently committed suicide. It is very hard to be a young Black man today, especially since the stigma prevents them from getting help. It’s tragic.”

- South End focus group participant

against because of their race or ethnicity (CCIS). 25% of Asian respondents experienced discrimination by being wrongly accused of carrying COVID-19 infection (CCIS).

A study conducted by UMass Boston and the Institute for Asian American Studies examined the impact of the COVID-19 pandemic on the AAPI community in Massachusetts (the IAAS study). The study found that Asian Americans experienced prejudice in their communities as a result of the blame and fear incited by some politicians towards Asians. Respondents to the IAAS COVID-19 survey reported that people acted like they were afraid of them because of their race (14.3% for South Asian respondents, 53.7% for Chinese respondents, and 36.4% for Vietnamese respondents); they were treated with less courtesy and respect because of their race (57.1% for South Asian respondents, 49.3% for Chinese respondents, 68.2% for Vietnamese respondents); and that they received poorer service since the onset of the pandemic (42.9% for South Asian respondents, 9% for Chinese respondents, and 22.7% for Vietnamese respondents).

Racism has health implications as well. Those who reported higher percentages of feelings of discrimination were also more likely to be at higher risk for complications for the COVID-19, worry about meeting their basic needs, and were 75% less likely to have access to healthcare (CCIS). The CCIS also found that respondents with heart disease, asthma, and COPD experienced greater discrimination compared to those without these conditions.

Behavioral Health

The pandemic has taken an enormous toll on mental health across the country, with the burden falling heaviest on members of marginalized and low-income communities. Behavioral health was identified as a priority area in the Tufts MC 2019 CHNA, and the social isolation and increased stress during the pandemic only exacerbated the issue.

According to findings from the Covid-19 Health Equity Survey (CHES), in January 2021 one in five (20%) Boston adults reported poor mental health for 14 or more days over the



previous 30. These percentages were higher amongst LGBTQ+ adults and those living in predominantly Black and Latinx areas (including Dorchester). Prior to the pandemic, 13.9% of Boston high school students reported having suicidal thoughts, according to data from the 2015-2019 Youth Risk Behavior Survey (YRBS) in Boston public schools.

“Depression numbers are going high, having to balance school, work and social life.”

- Chinatown focus group participant

Across the state of Massachusetts, the number of people reporting poor mental health has tripled since the start of the pandemic. One in three (33%) adult respondents to the CCIS reported poor mental health over 15 of the last 30 days. This was three times higher than the share of adults who reported poor mental health on the 2019 Massachusetts BRFSS. The CHES also found that 16% of Boston adult residents reported feeling sad or depressed and 22% reported feeling anxious for more than 7 days of the last 14 days. Behavioral

health and financial health are linked in the post-pandemic landscape: low household income was correlated with higher rates of mental health challenges across all indicators. Cost was a barrier to mental health care for 7% of Boston adults, and concerns about COVID-19 were a barrier to seeking mental health care for 10% of Boston adults.

The Massachusetts Department of Health’s preliminary results of the CCIS also examined how substance use behaviors changed during the pandemic on the state level and found increased rates of use. 41% of respondents who used substances in the last 30 days reported that their use increased compared to before the pandemic. Respondents who were part of the LGBTQ+ community, Black, Hispanic, and/or multi-racial were more likely to report increased substance use. Respondents between the ages of 25-64, those earning less than \$35,000 a year, those who spoke a language other than English, those with a cognitive disability, and caretakers were also more likely to report increased substance use. Substance use and behavioral health are also closely related. According to the CCIS, respondents who reported substance use were more likely to report poor mental health in the last 30 days.

Across the five communities in the Tufts MC service area, mental health and substance use issues emerged as a key priority in the focus groups and interviews, echoing the quantitative findings from the CHES and the CCIS:

- In focus groups with residents from Chinatown, behavioral health issues including depression, anxiety, and sleep issues all emerged as areas of significant worry, especially among younger residents. Chinatown residents also remarked on seeing a notable increase in marijuana use out on the streets of their neighborhood. Rates of cigarette smoking are also seen as a major health concern in Chinatown. During presentations of key findings to Chinatown stakeholders, lengthy conversation focused on behavioral health needs and gaps in service, with insufficient culturally and linguistically appropriate providers and the need for more community programs and activities to provide a social support network for residents in need.
- In Dorchester, focus group participants agreed that mental health was the top health concern in the community, and that the number of mental health professionals serving the area was insufficient to meet community need. Moreover, they noted that the few mental health providers that were available failed to reflect the racial, cultural, and linguistic diversity of the community. They also discussed the way that stigma prevents people from seeking help.
- South Boston focus group participants saw the pandemic lead to increases in trauma, despair, and addiction, with anxiety expressed as anger and violence. They noted the impacts of racism as a pervasive mental health concern. Nonprofit leaders serving South Boston saw children and teens being especially impacted by what they described as Adverse Childhood Events (ACEs), which would require enormous resources to address. They also noted increased alcohol and marijuana use, especially among adults aged 25-40.
- In the South End, focus group participants talked about rising stress, depression, and

“Because of cultural differences, parents don’t always approve of getting help for mental health. They perceive this as a weakness, not a strength.”

- Dorchester focus group participant

loneliness. During the pandemic, fear of the virus kept people from going outside to socialize. They also noted an increase in suicides among young people, with racism leading to increased mental health challenges, and discussed the ways that stigma prevents people from seeking help with mental health needs.

- Quincy focus group participants also prioritized the rising anxiety, depression, stress, and gambling addiction they saw in their communities as a result of the pandemic. They echoed other participants throughout the Tufts MC service area in noting the availability gap for mental health counselling, the lack of linguistically and culturally appropriate therapists, and the stigma associated with getting help with mental health concerns.

Financial Security and Mobility

The pandemic laid bare and deepened existing inequities in access to stable, well-paying jobs; safe and affordable housing; and the ability to afford basic necessities. Even before the start of the pandemic, median household incomes for residents in Chinatown, Dorchester, and the South End were notably below the Boston citywide average of \$76,298. In these communities, between one in five and one in four households were below the poverty line. These communities also had a higher share of adults without a high school diploma. In contrast, residents of the neighboring community of South Boston had a median income that was more than twice as high as that in Chinatown, Dorchester, or the South End, and 60% higher than in Quincy. This is



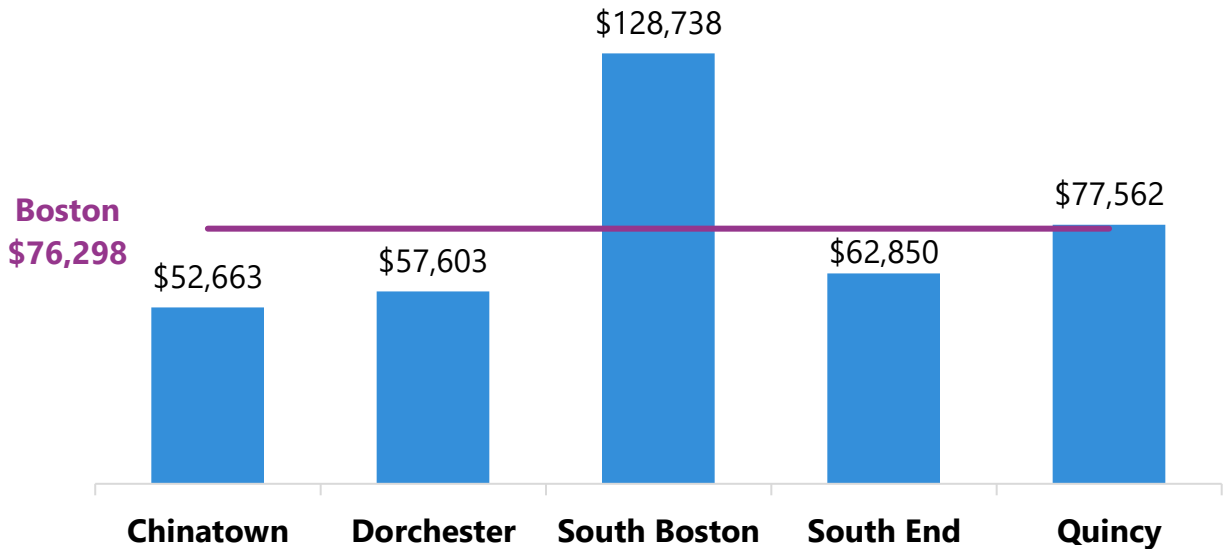
“We need more connection to resources that can help low-income families.”

- South End focus group participant

aligned with a 2019 brief from Harvard’s Joint Center for Housing Studies that shows a growing gap in the incomes and housing costs of the Boston metro area’s most and least affluent areas. While a small number of neighborhoods and nearby cities that had been low-income in the 1990s showed signs of gentrification by 2016, the socioeconomic status of most communities remained fixed

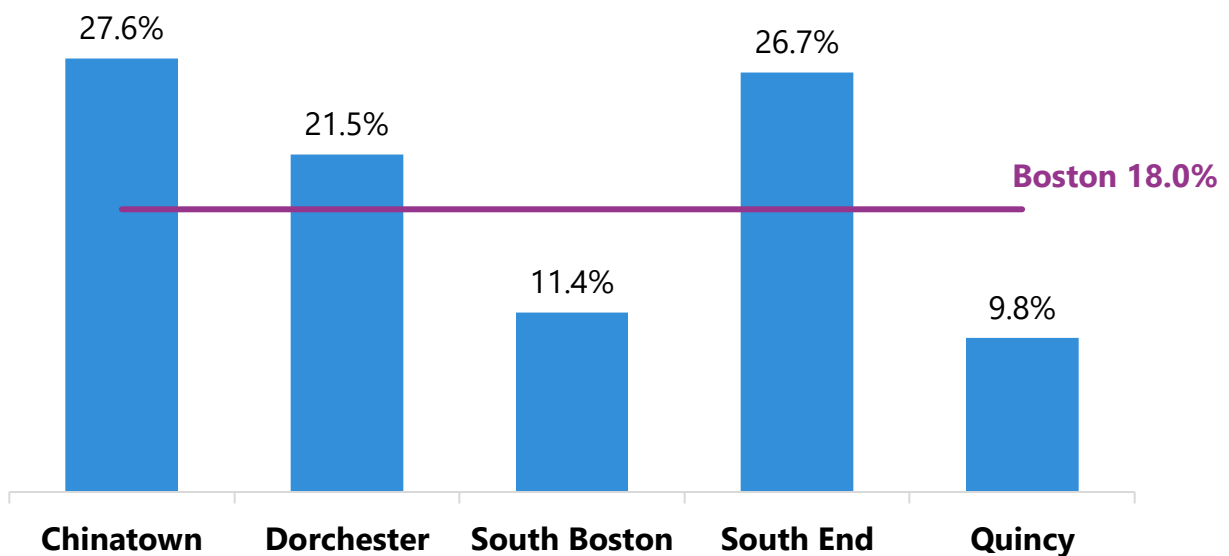
over time, with low-income communities making few economic gains, and communities with high incomes in the 1990s only growing wealthier by 2016.

Chart 1: Median Household Income



American Community Survey 2019, 5-Year Estimates

Chart 2: Households below the Poverty Line



American Community Survey 2019, 5-Year Estimates

Chinatown is predominately Asian, while Dorchester is predominately Black and Latinx, and Chinatown, Dorchester, and Quincy all had a higher share of foreign-born residents than the Boston city average. Racist policies and practices like redlining and

employment discrimination have excluded members of these communities from the same opportunities to build financial security and mobility that are available to White and native-born people. These inequities deepened during the pandemic, with Black, Latinx, low-income, and foreign-born adults faring worse in nearly all financial domains measured by the Covid-19 Health Equity Survey (CHES).

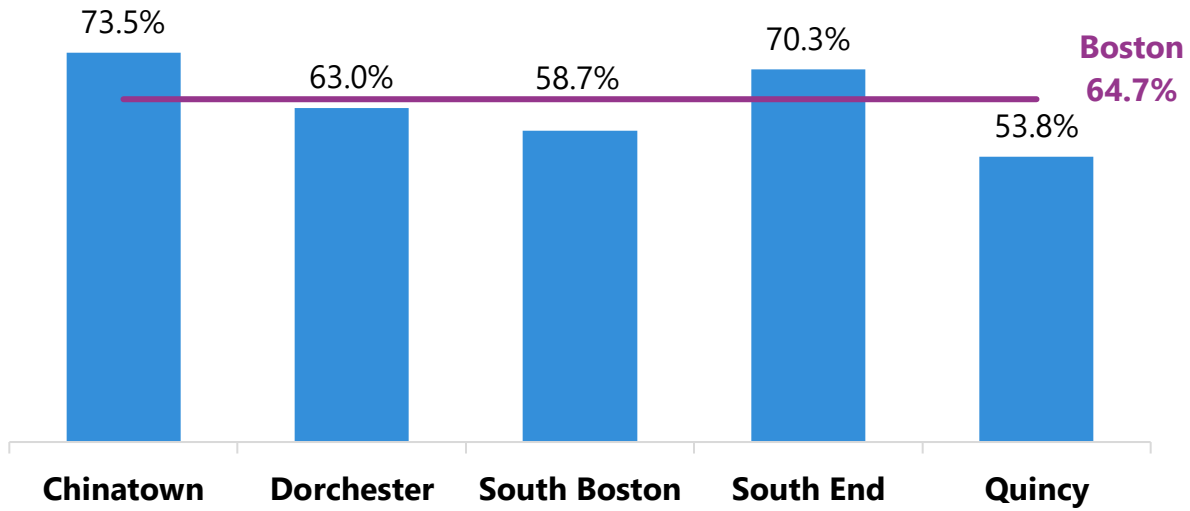
The CHES found that nearly half (44%) of Boston adults reported experiencing a loss of income since the onset of the pandemic, with higher percentages amongst Black adults, adults living in predominantly Black zip codes, those with a high school diploma or less, those with an income between \$25,000-\$50,000, renters (subsidized and unsubsidized), those who were out of work, foreign-born adults, female adults, and those between the ages of 35 and 64. For those who continued working during the COVID-19 pandemic, nearly half (46%) of Boston adults reported that they had worked at an in-person workplace since the onset of the pandemic, and one in four (28%) reported that it would be difficult for them to stay home from work if they were not feeling well.

The COVID-19 pandemic also had major implications for food access and insecurity. According to the CHES, 23% of Boston residents reported receiving food assistance within the last month, and 21% reported that their food did not last, or they did not have the money to get more food. These percentages were higher for Black and Latinx adults, those living in predominantly Black and Latinx areas, those with less than a high school diploma, renters, adults who were out of work or retired, foreign born adults, and those with an income between \$25,000-\$50,000.

Housing stability was also seriously impacted by COVID-19. More than half of the residents in each of the communities in the Tufts MC service area rent their housing, with the highest share of renters in Chinatown, South End, and Dorchester. About half of the renters in Chinatown, Dorchester, South End and Quincy are rent-burdened, spending more than 30% of their household income on rent.

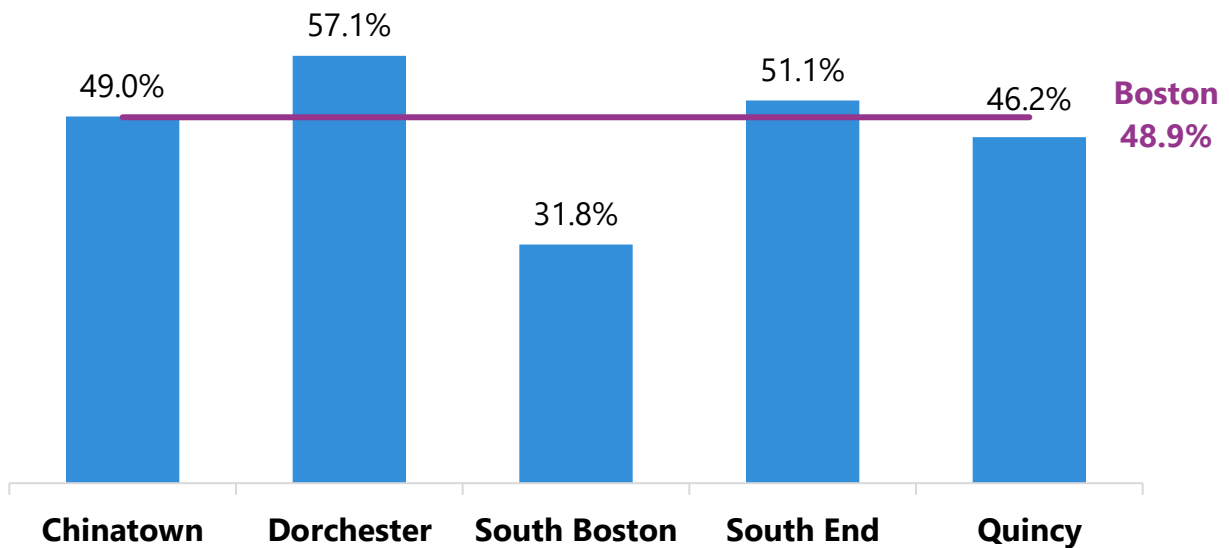
“Gentrification is a problem in our community. I live in affordable housing and this is one of the biggest issues in Chinatown.”
- Chinatown focus group participant

Chart 3: Households Living in Rented Housing



American Community Survey 2019, 5-Year Estimates

Chart 4: Renters Spending More Than 30% of Income on Housing



American Community Survey 2019, 5-Year Estimates

According to the CHES, 42% of Boston adults reported having difficulty paying their rent or mortgage since the onset of the pandemic. Black adults, those living in predominantly Black and Latinx areas, those with a high school diploma or less, adults with an income between \$25,000 and \$55,000, renters (subsidized and unsubsidized),

“People with low incomes are not able to afford the high-quality health care, and there are many low-income people in our community. I have earned only \$700-800 per month and it is a challenge for me to access high-quality health care, food or housing.”

- Dorchester focus group participant

those who were out of work, foreign born adults, and those between the ages of 35 and 64 reported higher percentages compared to other groups. 68% of Boston adults reported not having enough savings to cover emergencies, with higher percentages among the same subgroups. Housing stability concerns were widespread across Massachusetts. According to the CCIS, 34% of respondents reported that they were worried about housing or utility expenses, and 18% were worried about having to move for any reason. The CCIS identified that housing was related to other COVID-19 related resource needs, with those reporting worries about housing also more likely to report concerns about access to food and groceries, healthcare, and technology.

One in four (26%) respondents to the Tufts MC community survey indicated that economic wellbeing is a top social issue in their community. These concerns were echoed in the focus group and interview data as well:

- Chinatown residents were especially concerned about gentrification, high housing costs, long waitlists for too few affordable housing units, and anti-Asian discrimination in housing practices. Residents also spoke to the high cost of living, a lack of jobs, and the high expense of education to improve financial stability.
- Dorchester residents find themselves excluded from economic and employment opportunities, and many lost jobs or wages during the pandemic. They struggled to pay for essential needs like housing and food, before and even more so during the pandemic. Most of the participants agreed that underlying racism contributes to the problem, leading to worse economic outcomes for Black and Latinx residents in particular.
- In South Boston, rapid redevelopment of the area has led to a loss of community, with fewer families with young children, widening income disparities, and

economic anxiety. Gentrification has also led to rising rents and property taxes for long-time residents. Although there are staffing shortages at the new restaurants and stores at the seaport, lower-income residents without access to a car are unable to get to these new jobs.

- Like many in the other communities, South End residents also talked about the impacts of gentrification and insufficient affordable housing in their community. They also described barriers to financial security that included lack of education, jobs, transportation, and internet access, as well as unmet language needs.
- Quincy residents were also concerned about high rents and gentrification. They described 10-15 year waiting lists for housing with the Housing Authority. They also mentioned that families with young children were facing difficult challenges in making ends meet, and that the high cost of childcare makes it difficult to work.

Access to Care and Services

Access to care and other services was a priority area from the 2019 CHNA, and in the wake of the pandemic the barriers to physical and behavioral healthcare, education, and elder- and childcare have only grown. According to the CHES, 22% of Boston adults reported that they were avoiding the doctor due to fear of the pandemic, and 9% reported not being able to see a doctor due to cost.

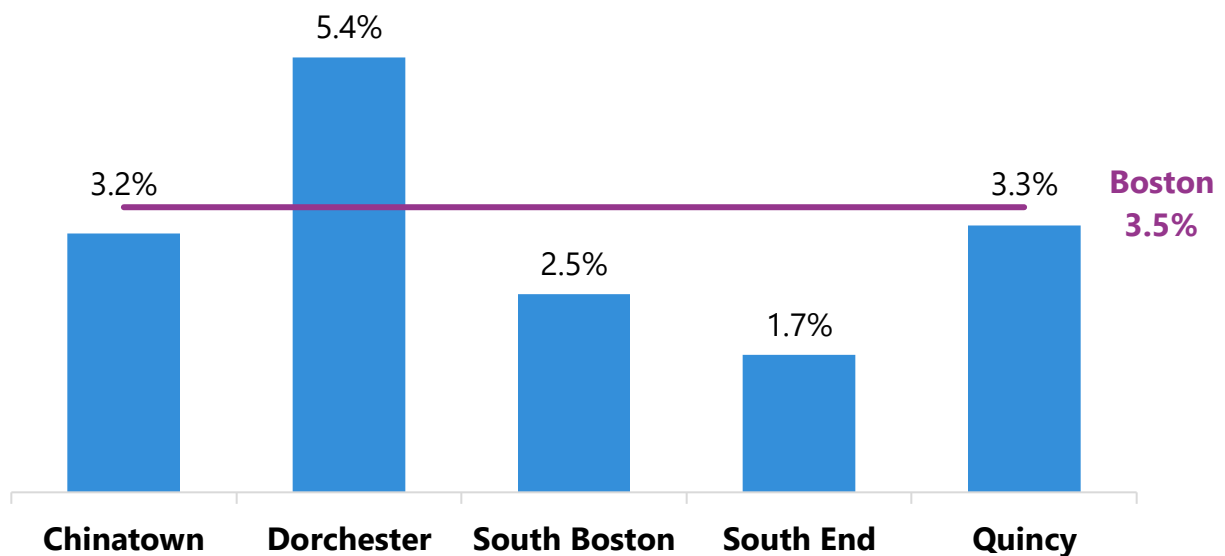
Approximately 27.7% percent of respondents to the Tufts MC community survey indicated that the health care available to their community does not meet people's physical or mental health needs, and about 36% of respondents indicated that they need better access to health care services as a top priority to improve their community. While 88.8% of respondents to the community survey reported that they were satisfied or somewhat satisfied with the quality of life in their community, 48% reported that they did not always feel like they belonged in their community.

In more open-ended conversations about barriers to access through focus groups and interviews, participants in all of the Tufts MC communities agreed that language



presents an enormous barrier to care. Participants also discussed transportation, parking, internet access, immigration status, lack of care coordination, high out-of-pocket costs, and concerns about safety and security as barriers to care. ACS data show that rates of individuals with health insurance are highest in South Boston and the South End and lowest in Dorchester, followed by Chinatown and Quincy. Focus group participants discussed the limits of MassHealth: that it does not cover all needed care, and that some individuals who are on Medicare are not eligible for the benefits MassHealth. Speaking specifically about barriers to mental health care, focus group participants agreed that there were not enough mental health care providers available to meet the need in the community, and that the lack of racially, ethnically, and culturally relevant care was especially noteworthy.

Chart 5: Individuals without Health Insurance Coverage



American Community Survey 2019, 5-Year Estimates

The onset of the COVID-19 pandemic placed major challenges on families. The transition to remote learning during spring 2020—and for some schools, during the 2020-21 school year as well—presented major problems for both parents and children,

“The biggest obstacle for new immigrants is language. Because English is not good, it is often difficult to seek community services. It is also challenging to find a translation, even if there is a translator, it’s hard to express my real meaning. Cultural differences can also cause translators and others to misinterpret my words.”

-Chinatown focus group participant

causing issues with childcare and also impacting children’s learning. According to the CCIS, nearly 1 in 5 parents reported being worried about getting childcare. Parents in Massachusetts were also 35% more likely than non-parents to be worried about expenses, 35% more likely to lose their jobs or take a leave, 50% more likely to be worried about housing, and were more likely to report delaying healthcare treatment. Parents were also more likely to report 15 or more days of poor mental health in the last 30. This data highlights the intersection of all these issues—mental health, housing, food insecurity, access to care and services—and how the pandemic influenced them.

The results of the CHES show that the three priority areas for the Tufts MC 2022

CHNA are intertwined: financial instability impacts mental health, and prevents people from getting the care they need. Avoiding or being unable to access treatment for mental health or other health issues can lead subsequently to worsening of overall health. According to the CCIS, people who experienced mental health challenges as well as those who reported using substances were more likely to delay care, including routine, urgent, and mental health care.

“We just came over [to the United States], but our job opportunity is limited. My husband and I are not sure what kind of job we can have that is stable. For new immigrants, there is not enough support to find stable jobs.”

-Dorchester focus group participant

Service Area Resources

In conducting a comprehensive community health needs assessment, it is important to assess not only community needs but also existing resources and assets. This process can help identify gaps in resources, reduce duplication of services, and identify areas of strength and existing collaborations to expand upon. Through their survey, interviews and focus groups Tufts MC identified some of the primary strengths and assets in each service area community. These are described in the Tufts Community Benefits Service Area section above.

To produce a list of resources available in each community to address identified needs, we began by updating the list that was compiled during the last CHNA process in 2019. We then searched for additional organizations within the zip codes that align most closely with our priority communities and that offer services related to our identified needs. We also removed any agencies that no longer offer services. 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. A full list of organizations, facilities, and programs in the community is included in appendix E.

Community Profiles

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.

The John F. Fitzgerald Expressway was constructed in the 1950s, with a design that cut through the center of Chinatown to avoid disturbing wealthier neighborhoods nearby. After adult entertainment businesses opened on the community's periphery in the 1960s (known locally as "The Combat Zone"), Chinatown residents began to organize in order to eliminate these establishments. As the population began to grow, the 1960s through the 1990s saw community mobilization around a number of social issues, and the establishment 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, 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.

Focus group participants and key informants from Chinatown stated overwhelmingly that there is a powerful sense of community, which became even stronger during the pandemic with solidarity among the Asian population in dealing with COVID-19

“I think Chinatown is great for new immigrants. When you first came [to the United States], you needed help from others. For example, if you were looking for a job you can go to a Chinese restaurant [to work] or find a job nearby. It’s a stepping stone for immigrants.”

- Chinatown focus group participant

protocols, and with community members stepping up to provide food, supplies, and support to neighbors in need over the course of the pandemic. They spoke about the strong ethnic Chinese cultural identity and ability to speak their native language as leading to a high sense of cohesiveness with neighbors and providing a safe, supportive environment for immigrants.

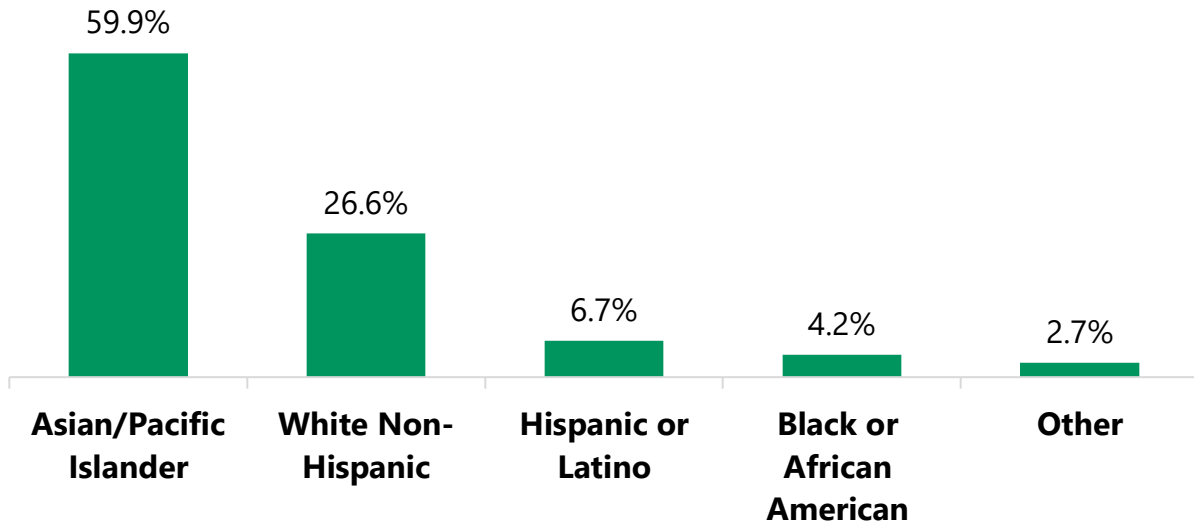
Community members who participated in the key informant interviews and focus groups described the neighborhood as a place that is rich in assets and resources, citing in particular the neighborhood’s “excellent” medical care and education, good transportation, youth programs, elder care, and convenient access to services and schools.

Residents also recognized the important role that the community-based organizations have played in providing resources and support. These anchor institutions include the Asian American Civic Association, Boston Chinatown Neighborhood Center, Boston Asian Youth Essential Service, Asian Community Development Corporation, Greater Boston Chinese Golden Age Center, the Chinese Consolidated Benevolent Association, “family” associations, and many other social service associations that are trusted and relied upon by the community.

Demographics and Social Determinants of Health

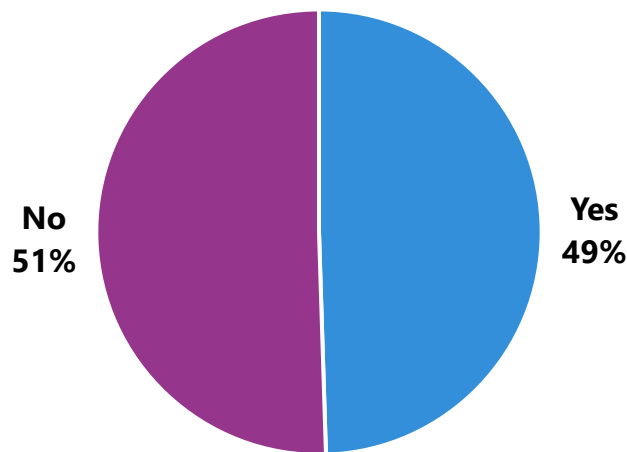
Compared to other communities in Tufts MC’s service area and Boston as a whole, Chinatown has higher percentages of residents that identify as Asian or Pacific Islander (60%), are foreign born (49%) and speak a language other than English at home (59%). (See appendix D for a table comparing demographic data from all communities and the city of Boston as a whole).

Chart 1: Race/Ethnicity of Chinatown Residents



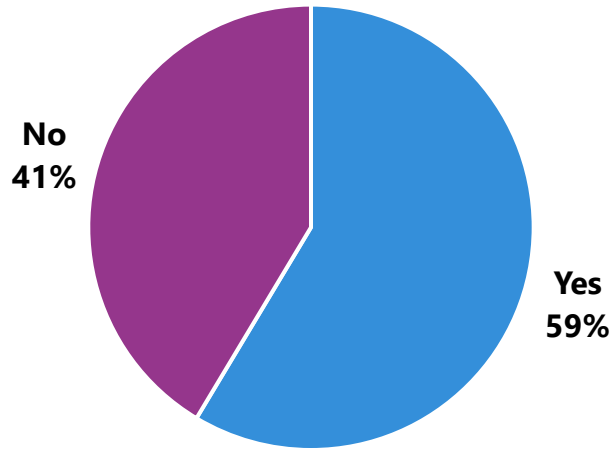
BPDA 2020 US Census Redistricting Data Release, August 2021

Chart 2: Foreign-Born Residents in Chinatown



American Community Survey 2020, 5-Year Estimates

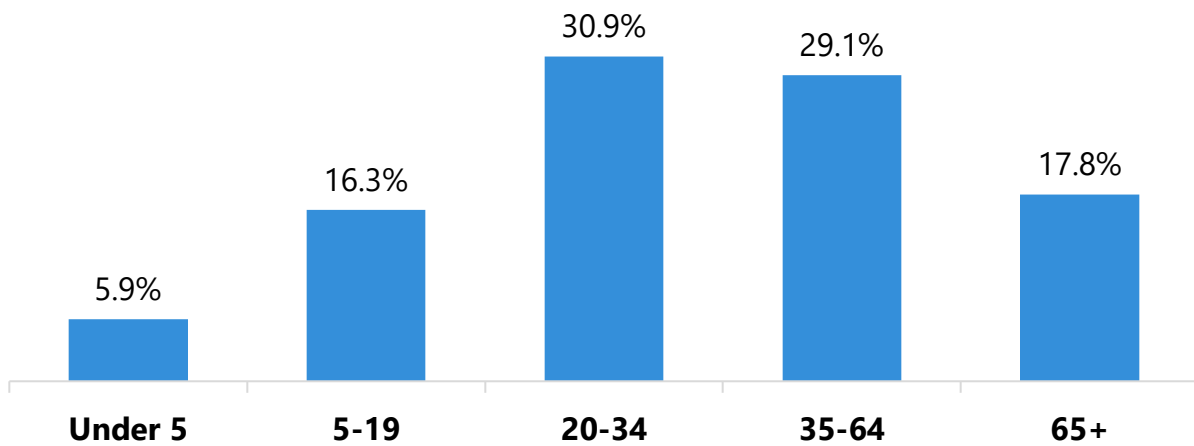
Chart 3: Chinatown Residents Who Speak a Language Other Than English at Home



American Community Survey 2020, 5-Year Estimates

Chinatown has a larger percentage of older adults 65+ (18%) than Tufts MC's other priority communities and Boston as a whole.

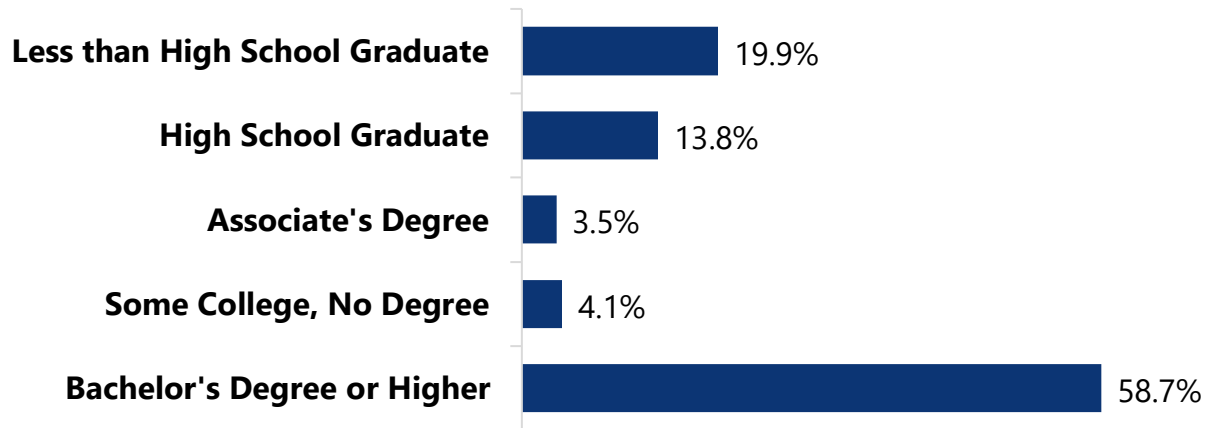
Chart 4: Age of Chinatown Residents



American Community Survey 2020, 5-Year Estimates

Although the majority of Chinatown residents have bachelor's degrees or higher (59%), about one in five did not graduate from high school.

Chart 5: Educational Attainment of Chinatown Residents



American Community Survey 2020, 5-Year Estimates

Health Priorities

Tufts MC Community Survey, Interview and Focus Group Data

Among the Chinatown residents who completed the Tufts MC community survey, the top three health concerns were Covid-19, mental health/depression, and access to specialty care. Chinatown was the only neighborhood surveyed where the greatest share of respondents ranked environmental health as their top social issue of concern, followed by housing stability and education. The top three safety issues identified by survey respondents all related to discrimination: based on race, on immigration status, and on class or income.

Financial security was a key concern among focus group and interview participants, with residents mentioning gentrification, high housing costs, long waitlists for too few affordable housing units, and anti-Asian discrimination in housing practices. 26% of survey respondents in Chinatown reported that economic well-being was the top priority for them. These factors had led to residents leaving the neighborhood in search of greater affordability. Residents also spoke to the high cost of living, a lack of jobs, and the high expense of education, as well as a need for additional vocational training.

Asthma, cancer, diabetes, osteoporosis/arthritis, dementia, high blood pressure and cholesterol were all mentioned as prevalent among the residents of Chinatown, and pollution, as well as a high incidence of smoking (both tobacco and marijuana) has only exacerbated these health concerns. As supported as focus group and interview participants felt by their community, they also unanimously expressed concerns over the environment. They spoke about the lack of cleanliness and limited green space as well as the high levels of air pollution and the negative effects on health.

In conversations about access to healthcare, high out-of-pocket costs and language barriers were the top areas of discussion, with additional barriers around transportation/parking and coordination of care. 14% of community survey respondents in Chinatown reported that the healthcare in their neighborhood did not meet their physical or mental health needs, and 36% reported that better access to healthcare was their number one priority in their neighborhood. Young people also mentioned depression, anxiety, and sleep issues as areas of significant concern. Residents noted a marked increase in marijuana use out on the streets, especially among teens and young men, and some reported feeling afraid of those they see smoking on the streets as they are perceived to be dangerous.

The COVID-19 pandemic brought Chinatown residents closer together in many ways, but this positive consequence was overshadowed by the high levels of fear, isolation, and uncertainty. Residents of all ages were impacted negatively by the pandemic, which worsened mental health concerns such as stress, anxiety, and depression. Stress stemming from job and income loss as well as food and housing insecurity were at the core, which were only compounded through a rise in vandalism and racism. The youth were particularly affected, leading not only to issues of anxiety and depression, but teachers reported learning loss and lack of developmental growth as well.

Secondary Data

Between 2010 and 2019, more than 2,000 new housing units were built in Chinatown, of which only about 11% were deed-restricted affordable units according to the 2020 Chinatown Masterplan, which also found that Chinatown renters were extremely burdened by their housing costs, with one in four paying more than 50% of their income on rent.

Compared to the rest of the city, Chinatown also has significantly less open and green space. According to the 2015 Boston Open Space and Recreation Plan, there were only

2.17 acres of protected open space per 1,000 residents in the Central Boston Area that includes Chinatown, compared to the city average of 7.59 acres per 1,000 residents, and a 2020 Street Tree Inventory Report found that Chinatown’s tree canopy cover was estimated at only 10%, far short of the citywide baseline goal of 27%. Chinatown’s unique geography at the intersections of the I-90 Turnpike and the I-93 Expressway and its proximity to South Station also result in issues related to traffic congestion, including pedestrian safety, noise, cleanliness, and pollution. Qualitative data collected for the 2020 Chinatown neighborhood Master Plan update echo the concerns of residents who participated in the 2022 CHNA process, with resident priorities around housing quality, affordability, and stability; public safety and cleanliness; air quality as it relates to traffic pollution and high smoking rates; climate change resilience; walkability and pedestrian safety; and the need for additional open and green space.

Dorchester

Background

Dorchester is made up of four zip codes and is Boston’s largest neighborhood by both geography and population. 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 in the 1960s, and a later wave of migrants from Puerto Rico, the Dominican Republic, Haiti, Jamaica, Trinidad and Tobago, Vietnam, and Cape Verde, among others.

Dorchester Today

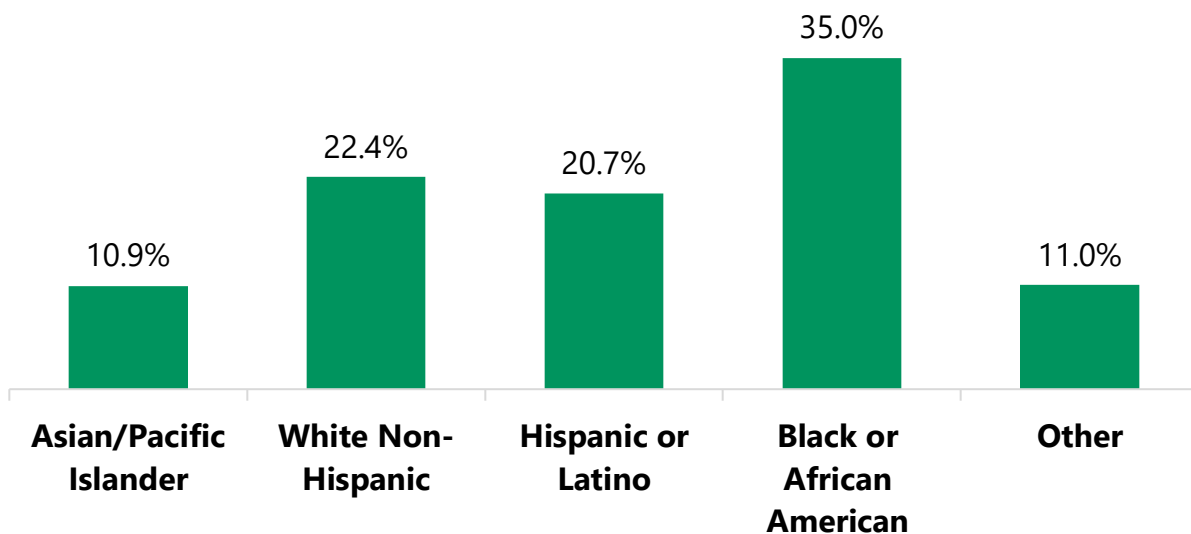
Dorchester is home to a myriad of different racial, ethnic, and socioeconomic groups, and community members consistently point to this diversity as one of the neighborhood’s greatest strengths. The community members who participated in primary data collection also praised family support organizations like Boys and Girls Club of Dorchester, VietAID, and HeadStart, as well as local food pantries, social service

organizations, and churches. Residents also cited the availability of free English Language Learning classes for new immigrants. Although many Dorchester residents have suffered over the course of the COVID-19 pandemic, data collection indicates that participants felt that the community had “come together” over the last couple years in order to provide mutual aid and support for all of their neighbors in need. In particular, the Black Boston COVID Coalition was praised for its significant positive impact in the community.

Demographics and Social Determinants of Health

Dorchester is a racially diverse neighborhood overall, with Blacks/African Americans making up the largest percentage of the population (35%).

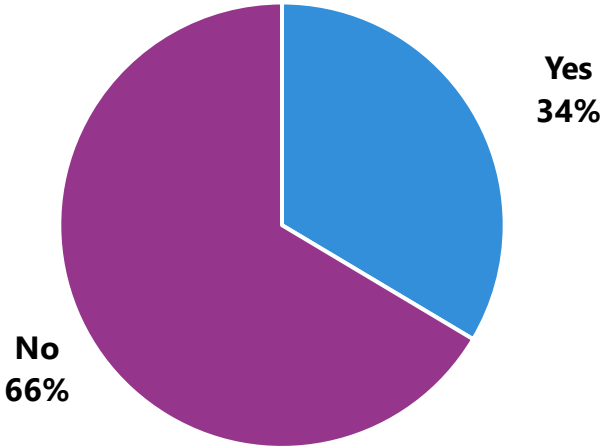
Chart 6: Race/Ethnicity of Dorchester Residents



BPDA 2020 US Census Redistricting Data Release, August 2021

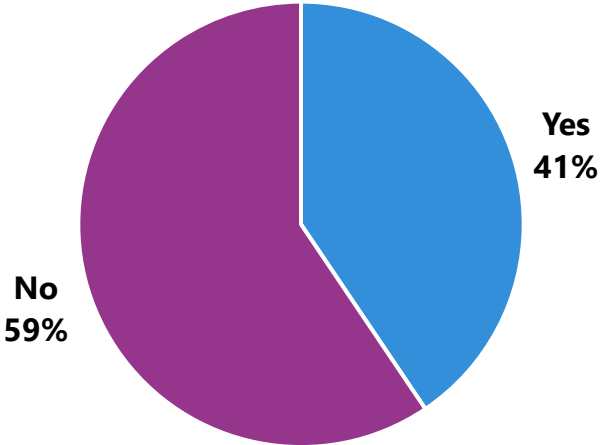
About 1/3rd of residents in Dorchester are foreign born and a bit more than one-third (41%) speak a language other than English at home, both slightly higher than the city of Boston as a whole.

Chart 7: Foreign-Born Residents in Dorchester



American Community Survey 2020, 5-Year Estimates

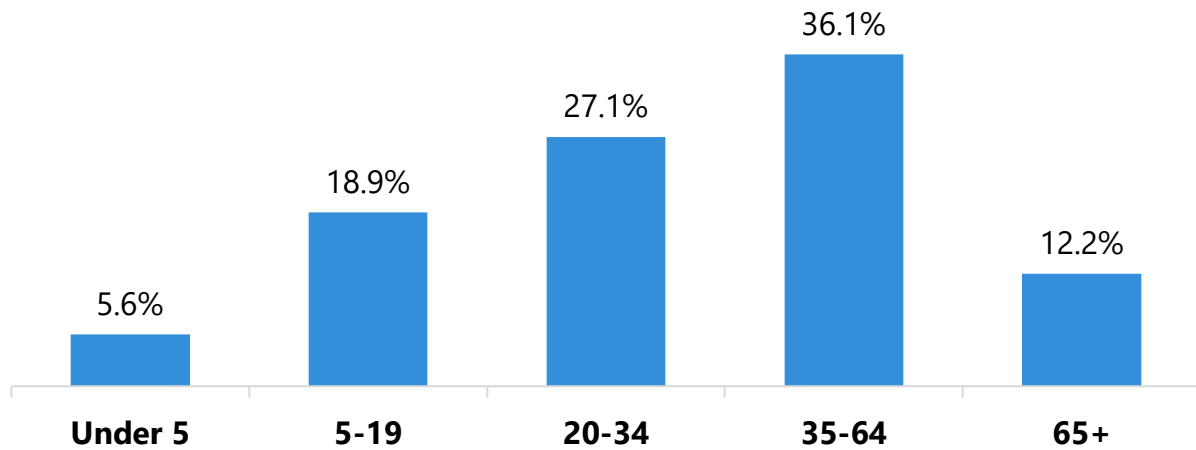
Chart 8: Dorchester Residents Who Speak a Language Other Than English at Home



American Community Survey 2020, 5-Year Estimates

35–64-year-olds make up the largest percentage (36%) of Dorchester residents.

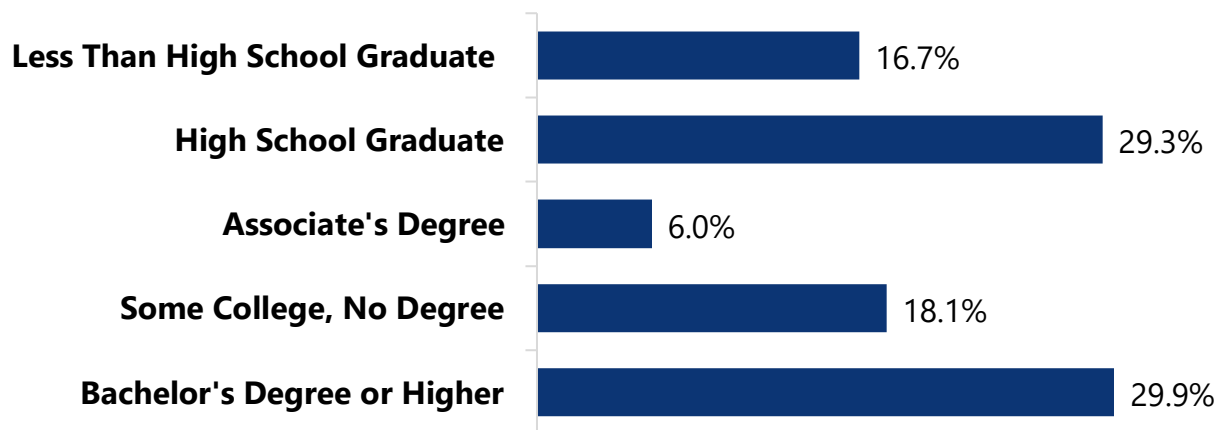
Chart 9: Age of Dorchester Residents



American Community Survey 2020, 5-Year Estimates

Dorchester has about equal percentages of high school graduates (29%) and those with bachelor's degrees or higher (30%).

Chart 10: Educational Attainment of Dorchester Residents



American Community Survey 2020, 5-Year Estimates

Health Priorities

Tufts MC Community Survey, Interview and Focus Group Data

Tufts MC community survey respondents from Dorchester indicated that their top health concerns were mental health/depression, Covid-19, and access to specialty care. The top social issues were housing stability, domestic/ interpersonal violence, and education, while the top safety issues were drug trafficking, discrimination based on race, and discrimination based on class/income.

The COVID-19 pandemic was the first topic of concern for focus group participants and key informants as they felt that the last two years had exacerbated existing social needs and gaps as well as health concerns.

Prior to the pandemic, many residents were struggling with lack of employment and economic opportunities. This became a much a more significant problem through the pandemic, which Dorchester residents felt had a much greater impact on the Black and Hispanic communities. Participants expressed gratitude for the outpouring of support in response to the pandemic from community organizations and expressed particular gratitude for the extra food support as many were struggling to pay for essential needs. Most of the participants interviewed agreed that underlying racism contributes to the problem and that Black men especially are hired last, even when they are more qualified.

Mental health was the top community health concern among the groups, stemming from pandemic-related stress of potential illness, financial struggles and an increase in substance use and violence. The youth groups interviewed were very concerned for themselves and their peers and did not feel that there were enough resources in the schools to alleviate this concern. Both youth and adult participants felt that there are not enough clinicians to fill the need for mental health services. People of color and those who were not fluent in English found a lack of mental health providers who reflect the racial, cultural, and linguistic diversity of the community, making efforts to improve mental health even more challenging. Mental health as a priority also emerged from the community survey, with 21% of respondents in Dorchester reporting mental health and substance abuse concerns as top priorities in their community. Additionally, 54% of community survey respondents reported that they felt like they did not belong in their community.

Other health concerns included obesity, diabetes, heart disease, late diagnosed cancer, and black maternal health, in that order. As for the impact from COVID, they felt that obesity had increased due to inactivity and isolation, which increased the risk for lifestyle diseases like diabetes and heart disease. 28% of community survey respondents in Dorchester also reported that the healthcare available to their community did not meet their physical or mental needs, and 48% identified better access to services as their top priority.

Financial concern came up as the primary social concern as it impacts the other social determinants of health such as housing and food insecurity. 27% of community survey respondents in Dorchester rated economic well-being as their top social concern. Second to financial concerns was access to healthy foods. Key informants and focus group participants described Dorchester as a “food desert,” with local grocery stores not carrying the same healthy food options as more affluent areas. They felt that this has impacted growing levels of obesity and chronic disease as well. In addition, transportation barriers have had a negative impact in terms of access to healthy and affordable food and access to potential job opportunities. Due to the size and geography of the neighborhood, while some residents viewed transportation as a barrier, others saw it as one of the neighborhood’s assets, depending on their specific circumstances.

Housing affordability and gentrification has become a growing concern in Dorchester, like many neighborhoods in Boston. Many long-term residents are unable to afford rent for both their home and/or their business, forcing them to look elsewhere. The participants felt that the residents that stay are subjected to discrimination practices and poor living conditions due to landlords not being held accountable.

Since Tufts MC launched its Dorchester Health Initiative in 2004 to respond to community needs, behavioral health has been a consistent concern. The combination of mental health problems, increased use of substances and violence—particularly among youth—together have risen as a top priority in this neighborhood. Key informants and focus group participants discuss these three issues as inter-related, each exacerbating the others, and all being influenced by financial instability and access to economic opportunity. Access to jobs and job training has also risen as a priority need, intensified by the pandemic, as many residents either lost their jobs or lost wages during this difficult time and were struggling to pay rent and buy food for their families.

Secondary Data

According to the 2015, 2017, and 2019 combined Boston Behavior Risk Factor Surveillance System (BBRFSS) survey, a higher percentage of Dorchester residents (9.6% in North Dorchester and 10.3% in South Dorchester) reported that they had moved within the last three years because they could no longer afford their home compared to all Boston residents (6.7%). Financial insecurity within Dorchester also impacts residents' access to food. 17% of residents in North Dorchester and 13% of those in South Dorchester reported that they had been hungry but could not afford food within the last year, compared to 10% citywide. Meanwhile, 28% of residents in North Dorchester and 25% of residents in South Dorchester said that their food did not last in the past year, compared to 18% citywide.

According to the COVID Health Equity Survey, administered by the Boston Public Health Commission as a special edition of the Health of Boston report, North Dorchester had the second highest incidence and South Dorchester the fourth highest incidence rates of COVID-19 cases among all Boston neighborhoods as of January 1, 2021.

Safety and transportation also emerged as key concerns in Dorchester, according to data from the BBRFSS. Dorchester residents reported that their neighborhood was unsafe at a rate 10 percentage points above the 14% city average in South Dorchester (24%), and 20 points above the average in North Dorchester (34%). Transportation was also identified as an issue in North Dorchester, where one in five residents (20%) reported difficulties with transportation compared to 12% of all Boston residents.

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.

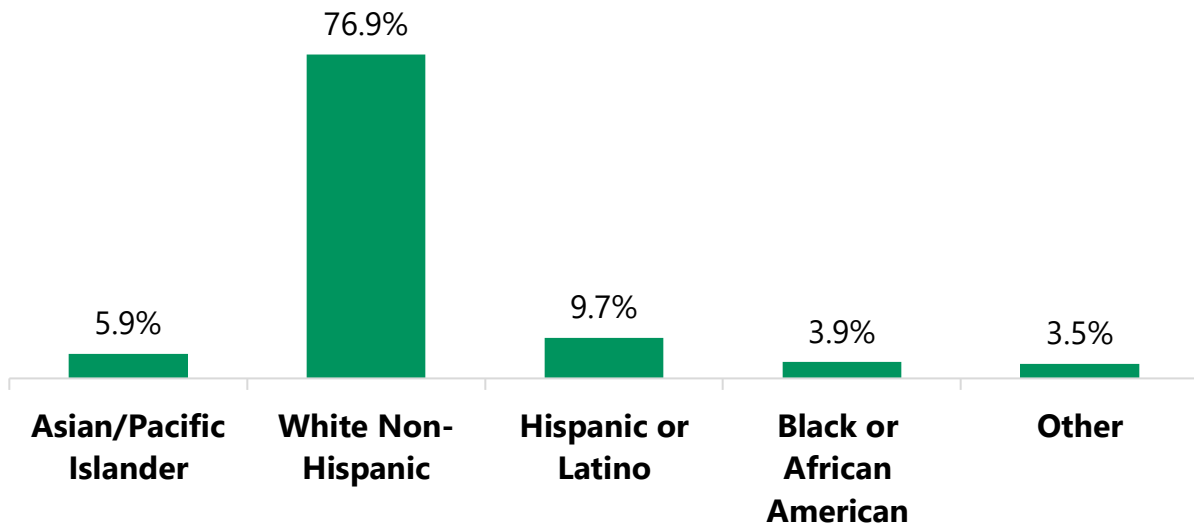
South Boston Today

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 have been younger and wealthier than those who have lived in the neighborhood historically. In contrast, the southern arm of the peninsula is home to many working-class families who have lived in the area for some time. Community stakeholders praised the neighborhood for its cultural diversity, its welcoming culture, and for having people—including local politicians—who care deeply about and are active in working to improve the community. Local community-based organizations (CBOs) are seen as collaborating particularly well together.

Demographics and Social Determinants of Health

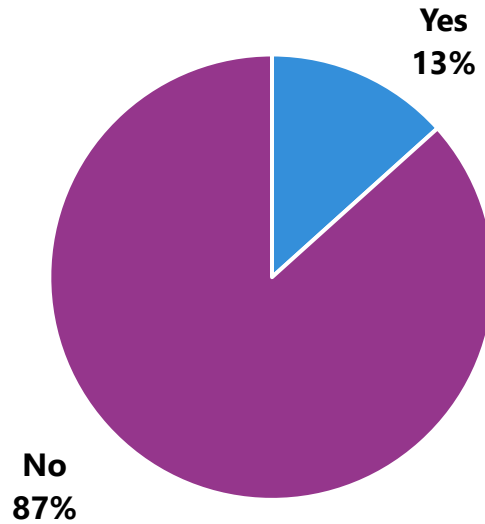
Compared to Tufts MC’s other priority neighborhoods and Boston as a whole, South Boston has a much larger percentage of White Non-Hispanic residents (77%), and much smaller percentages of foreign-born residents (13%) and residents who speak a language other than English at home (18%).

Chart 11: Race/Ethnicity of South Boston Residents



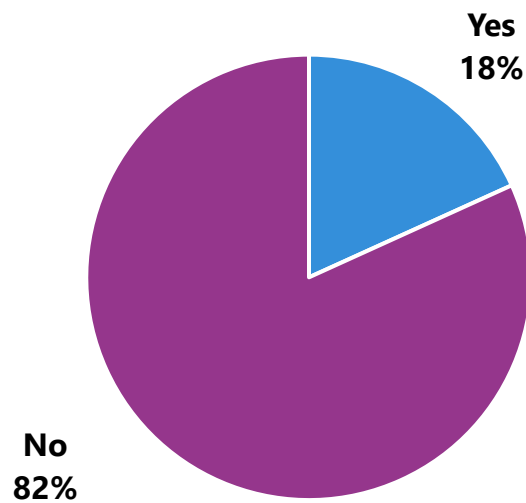
BPDA 2020 US Census Redistricting Data Release, August 2021

Chart 12: Foreign-Born Residents in South Boston



American Community Survey 2020, 5-Year Estimates

Chart 13: South Boston Residents Who Speak a Language Other Than English at Home

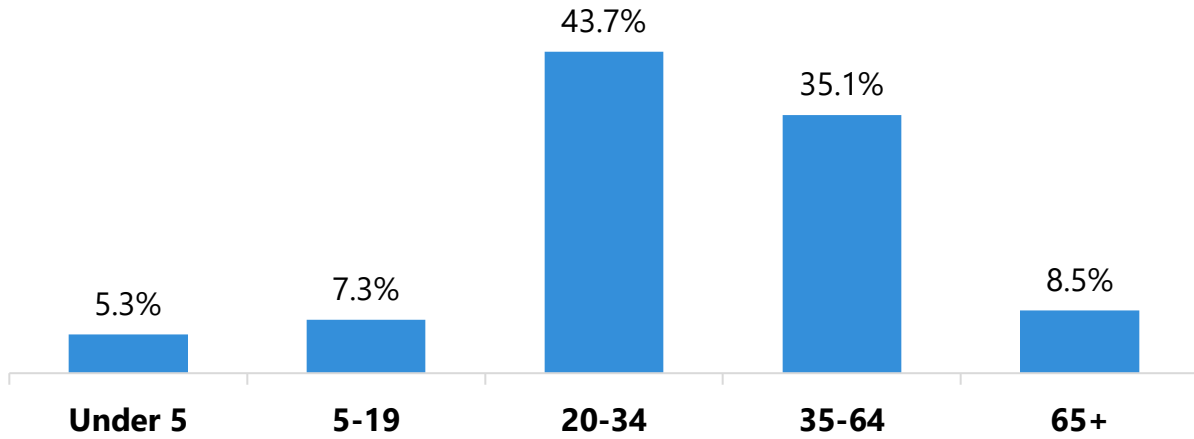


American Community Survey 2020, 5-Year Estimates

South Boston has a bigger young adult population than Tufts MC's other priority communities or Boston as a whole, with 20–34-year-olds making up 44% of the

population. It also has a smaller population of children and teens, with only 13% under 20 years.

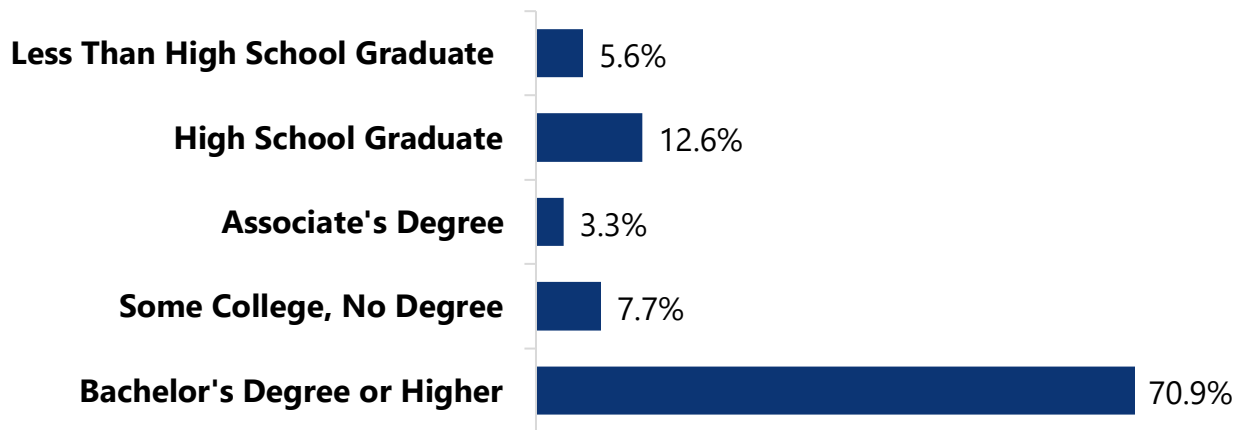
Chart 14: Age of South Boston Residents



American Community Survey 2020, 5-Year Estimates

Nearly three quarters (71%) of South Boston residents have bachelor's degrees or higher.

Chart 15: Educational Attainment of South Boston Residents



American Community Survey 2020, 5-Year Estimates

Health Priorities

Tufts MC Community Survey, Interview and Focus Group Data

Tufts MC community survey respondents from South Boston indicated that their top health concerns were COVID-19, mental health/depression, and substance use. South Boston was the only neighborhood surveyed where substance use emerged as one of the top three health concerns, and 20% of community survey respondents in South Boston reported that mental health was their top concern. The top social issues identified by survey respondents were crime, education, and employment. The top safety concerns were drug trafficking, discrimination based on class/income, and vandalism.

The focus group participants and key informants talked about how the COVID-19 pandemic, like the other neighborhoods, resulted in a significant increase in behavioral health issues. In South Boston in particular, an increase in mental health crises stemming from anxiety, trauma and despair has been exacerbated by substance use and addiction. This spike in demand for mental health services and crisis management has surpassed the availability of resources and mental health clinicians. The participants have also felt a rise in racism, discrimination and violence as these issues are all intertwined. 50% of community survey respondents in South Boston report that they do not always feel like they belong in their community.

Key informants perceived that while opioid use has been trending down, alcohol and marijuana use have increased significantly since the start of the pandemic. Isolation, stress and job loss have all contributed to this trend while residents find ways to cope with uncertainty and the inability to pay for basic needs.

Other health issues that were worsened through the pandemic are obesity, diabetes and cancer. Inactivity was at an all-time high for all ages, bringing out underlying chronic disease concerns. Youth were most affected through lack of activity as they no longer

“There are plenty of new jobs on the waterfront, but people without cars can’t access the waterfront for those jobs.”

- South Boston focus group participant

had sports and structured activities to keep them strong and healthy, leading to an increase in obesity in addition to mental health concerns. Community survey results also showed that healthcare access is also an issue in South Boston, with 16% of respondents reporting that the healthcare available in their community did not meet their needs. Moreover, 35% of survey respondents said that better access to healthcare services was their top priority.

The need for financial security came through in many ways. South Boston has experienced significant pressure from gentrification affecting both housing and jobs. Many of the new jobs are on the waterfront and a lack of reliable transportation has been a barrier for many workers seeking those jobs. The housing market has deepened the income disparity as the costs have risen for both renters and owners. The tax rate has increased substantially, forcing many long-term residents to sell and move from their community. Residents feel that this loss of community has created a rift between new residents and those they have been there for many generations. According to the community survey, 22% of respondents reported economic well-being as the top social issue in their community.

Other barriers that were discussed are deep poverty, shame and stigma, immigration status and language. These populations and conditions have heightened the risk of mental illness and addiction as well as financial, food and housing insecurity.

Secondary Data

According to the 2015, 2017, and 2019 combined Boston Behavior Risk Factor Surveillance System (BBRFSS) survey, South Boston is similar to citywide averages in terms of mental health and financial needs. 21% of South Boston residents reported feeling persistent anxiety in the past year, and 12% reported persistent sadness, numbers that are nearly identical to the citywide average.

In terms of financial needs, South Boston residents are on average slightly more financially secure than Boston residents, However, with over 2,000 public housing units sited in the neighborhood, there is a sizable population of low-income residents whose needs may be masked due to this income and wealth gap among residents. While 10% of Boston adults reported being hungry but unable to afford food within the last year, 7% of South Boston residents reported the same. 16% of South Boston residents said that their food did not last, compared to 18% of Boston residents. And at 3%, the share

of South Boston residents who reported needing to move due to rising costs was more than half of the citywide rate (7%).

Transportation difficulties were slightly higher among South Boston residents, with 16% of South Boston adults reporting difficulties with transportation compared to 12% citywide. South Boston also has the second highest insurance rate of all neighborhoods in Boston, with 98.2% of adults covered by health insurance.

South End

Background

The South End is known for its large brownstones, with tenement buildings constructed in the 1870s alongside existing single-family homes which allowed working-class African Americans, Irish, Jewish, Greek, Puerto Rican, and Chinese immigrants to move into the neighborhood. By the 1960s, absentee landlordism had contributed to the South End becoming one of the poorest neighborhoods in the City of Boston. Gentrification of the neighborhood began in the mid-1970s when individuals began to buy and restore the old Victorian houses. At the same time, local non-profits purchased and rehabilitated houses to offer as affordable rentals for families, and activists fought to maintain affordable housing options for long-time residents; this was accompanied by new construction aimed at meeting the needs of very-low-income families and seniors.

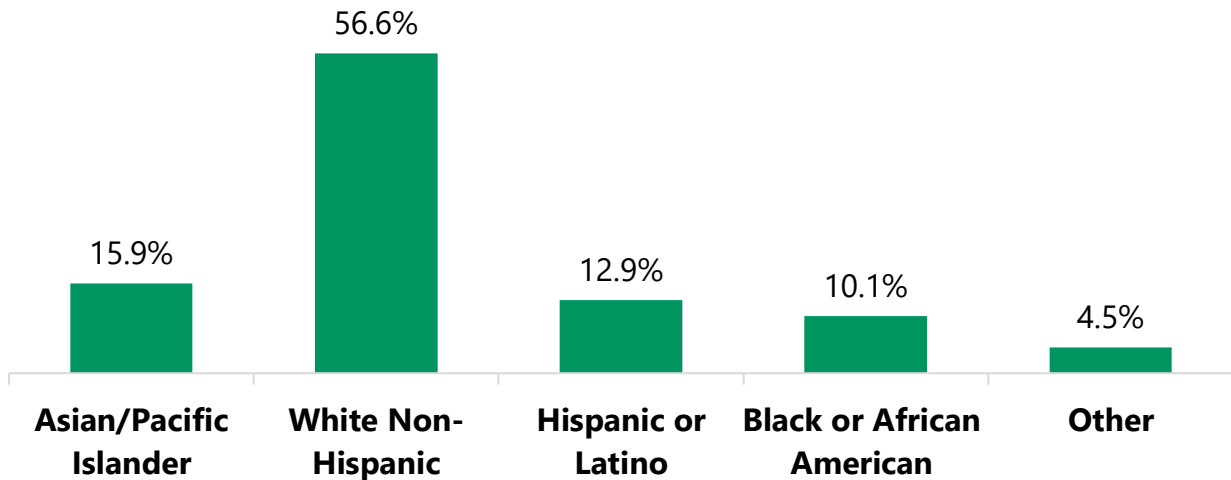
South End Today

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. The South End benefits from strong community organizations and settlement houses like Inquilinos Boricuas en Acción (IBA), United South End Settlements (USES), and Castle Square Tenants Organization (CSTO). Residents praised the neighborhood for its “friendly,” “small community” feel that is at once unified and multi-cultural. Other community strengths included good transportation, convenient and high-quality healthcare, and a clean and verdant urban environment.

Demographics and Social Determinants of Health

Slightly over half of South End residents are White Non-Hispanic (57%).

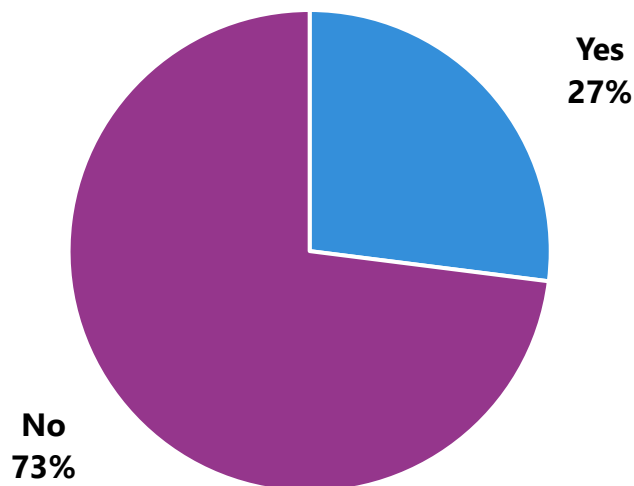
Chart 16: Race/Ethnicity of South End Residents



BPDA 2020 US Census Redistricting Data Release, August 2021

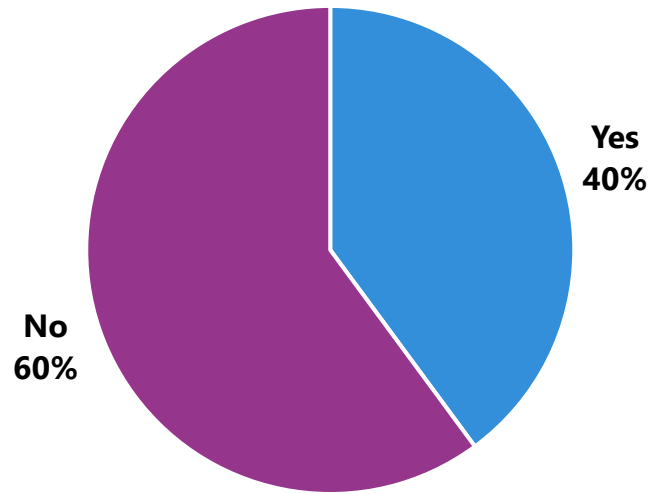
About one quarter are foreign-born (27%) and 40% speak a language other than English at home, which is similar to Boston as a whole.

Chart 17: Foreign-Born Residents in the South End



American Community Survey 2020, 5-Year Estimates

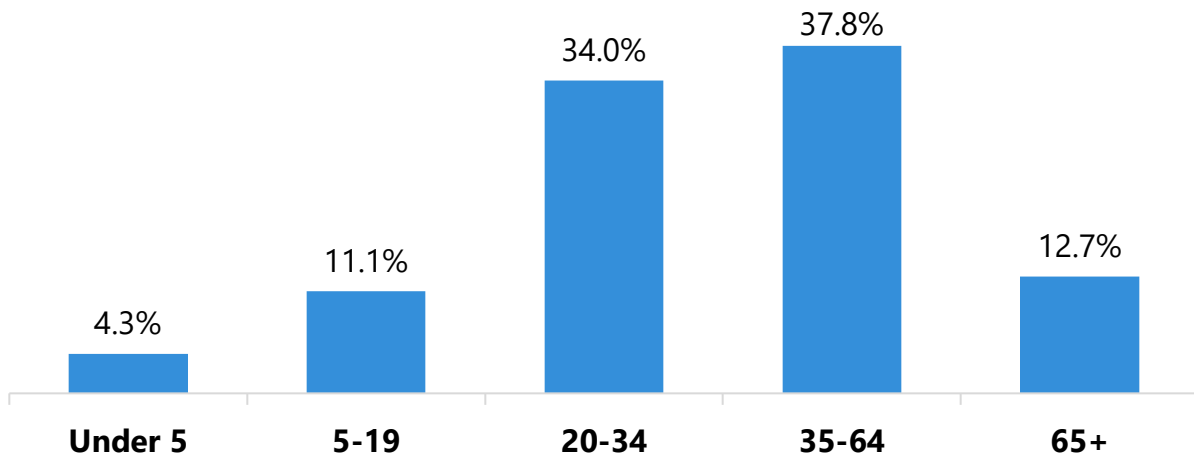
Chart 28: South End Residents Who Speak a Language Other Than English at Home



American Community Survey 2020, 5-Year Estimates

Like South Boston, the South End has smaller percentage of youth and teens than the city of Boston as a whole, with 15% of residents under 20 years old.

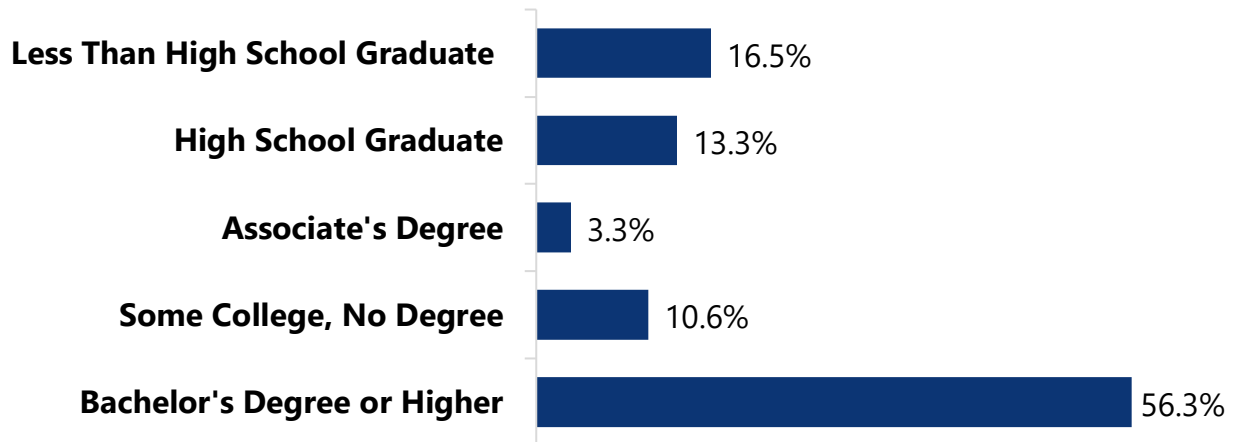
Chart 29: Age of South End Residents



American Community Survey 2020, 5-Year Estimates

Slightly over half of South End residents (56%) have bachelor's degrees or higher. Overall, the educational attainment of South End residents roughly mirrors the city of Boston as a whole.

Chart 30: Educational Attainment of South End Residents



American Community Survey 2020, 5-Year Estimates

Health Priorities

Tufts MC Community Survey, Interview and Focus Group Data

Tufts MC community survey respondents from the South End indicated that their top health concerns were COVID-19, access to specialty care, and mental health/depression. The top social issues identified by survey respondents were housing stability, disaster readiness and emergency preparation, and education. The top safety concerns were discrimination based on race, drug trafficking, and discrimination based on sex/gender.

The impact from the pandemic was of significant concern for key informants and focus group participants. Stress and anxiety from isolation and financial insecurity have led to depression, and in some cases suicidal ideation and worse. Community survey results showed that 14% of respondents in South End reported mental health and substance use as their top priority.

Participants believe a lack of activity and access to healthy food results in higher rates of diabetes and pre-diabetes as well as cardiovascular disease and its risk factors. In the areas close to Chinatown, asthma came up as a concern as well, especially in the youth. Smoking remains a concern in this area and the rise in marijuana use has been

significant. Access to care and services was also an issue for South End residents, with 10% of respondents reporting that the healthcare available in their neighborhood did not meet their needs, and 39% reporting better access to health care services as a top priority.

The root of the concerns came from financial insecurity. Participants felt that a lack of education and job training/resources were a significant contributor to the problem. Also, many of the residents work in the hospitality industry, such as restaurants and hotels, which were hit hard in the pandemic with little relief and ways to compensate for the loss. Additional barriers to health care access discussed were high out of pocket medical costs as well as language, safety, and racism.

Economic well-being was a top concern for 28% of community survey respondents in South End. As gentrification and housing costs rise across the city of Boston, new units for rent in South End are priced extremely high and there is not enough low-income housing for current residents. One of the outcomes of this is a changing cultural mix, which has been very stressful to long-term Chinese residents who have seen friends and family move and may need to move themselves. This sentiment was echoed in the survey results where 35% of respondents reported that they do not always feel like they belong in their community.

Secondary Data

According to the Boston Behavior Risk Factor Surveillance System (BBRFSS), South End residents reported lower rates of anxiety (13.5%) compared to the rest of Boston (22.8%), but similar rates of persistent sadness, with 11.8% of residents in the South End and 12.9% in Boston. A much smaller percentage of South End residents (4.9%) reported transportation difficulties compared to the rest of Boston (11.9%). The share of residents who felt their neighborhood was unsafe was slightly higher for South End (17.2%) than the city average (14.4%). The share of South End residents who could not afford food within the last year (6.9%) was slightly lower in the South End than the citywide average of 10%, and the share of residents with insurance coverage was slightly higher than the city average (97.4% for South End, 95.8% for Boston).

Like South Boston, the South End has also been the site of gentrification, and with that comes increasing housing costs and ever-growing inequality between the wealthiest and poorest residents. According to IBA Boston, 6.7% of Boston neighborhoods with incomes and home values in the 40th percentile or below became gentrified between

1990 and 2000 – the South End being one of them. A StoryMap outlining gentrification in the South End showed that while the neighborhood still has some affordable housing and services for the homeless (such as Pine Street Inn and Villa Victoria), many new luxury apartment buildings have also arisen. The South End also contains an area referred to as “Methadone Mile,” a portion of Massachusetts Avenue known for its homeless encampments and the proliferation of open-air sale and use of substances. There, an assortment of Methadone clinics, needle-exchange programs, and various other organizations serving unhoused people operate in the shadow of the luxury housing towers. Rising prices from gentrification have led to many immigrant and low-income families being pushed out of the neighborhood, while the new, wealthier families are leaving the neighborhood due to its proximity to Methadone Mile.

Quincy

Background

Quincy accounted for about 6% of Tufts MC’s total patients in a 2018 analysis, 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.

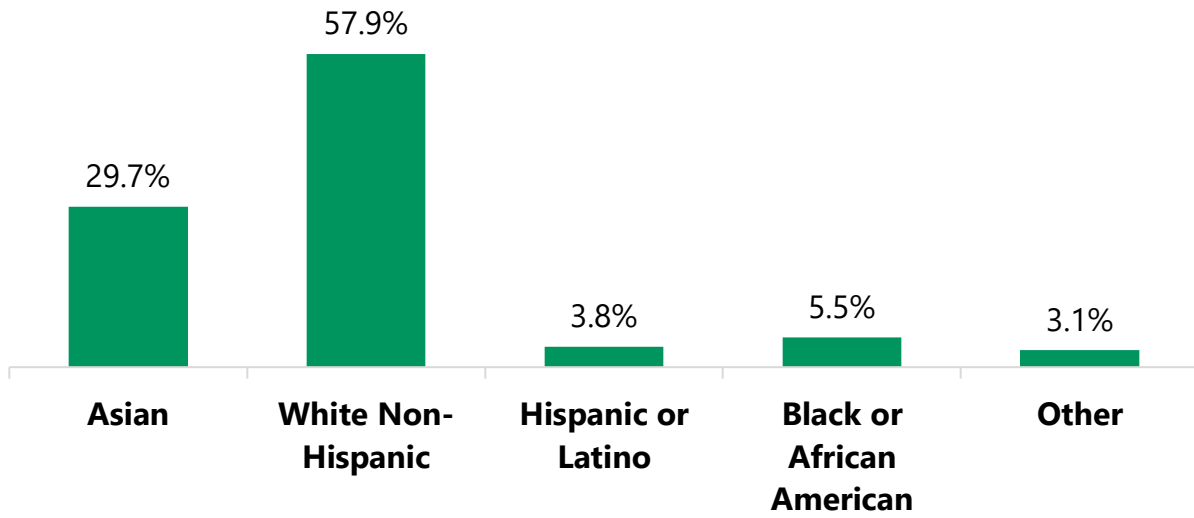
Quincy Today

Quincy sits just southeast of Boston and is home to a large population of Chinese immigrant families, with 30.8% of the population identifying as Asian (2020 U.S. Census). Residents of Quincy see their community as one of resiliency and resourcefulness that is strengthened by the existence of many community organizations working together.

Demographics and Social Determinants of Health

Slightly less than two-thirds of Quincy residents are White Non-Hispanic (58%) and nearly one-third are Asian (30%).

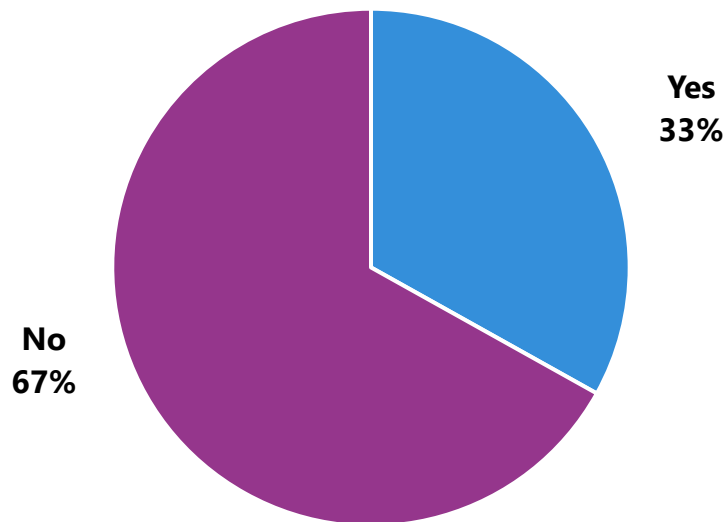
Chart 34: Race/Ethnicity of Quincy Residents



American Community Survey 2019, 5-Year Estimates

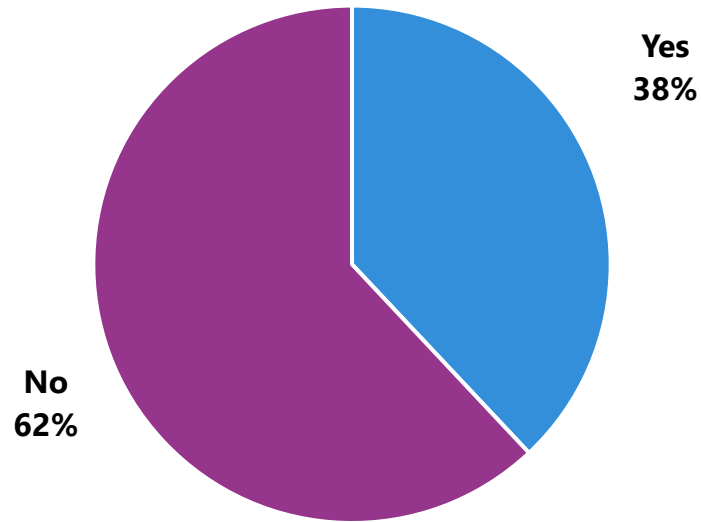
One-third (33%) of Quincy residents are foreign born and 38% speak a language other than English at home.

Chart 35: Foreign-Born Residents in Quincy



American Community Survey 2019, 5-Year Estimates

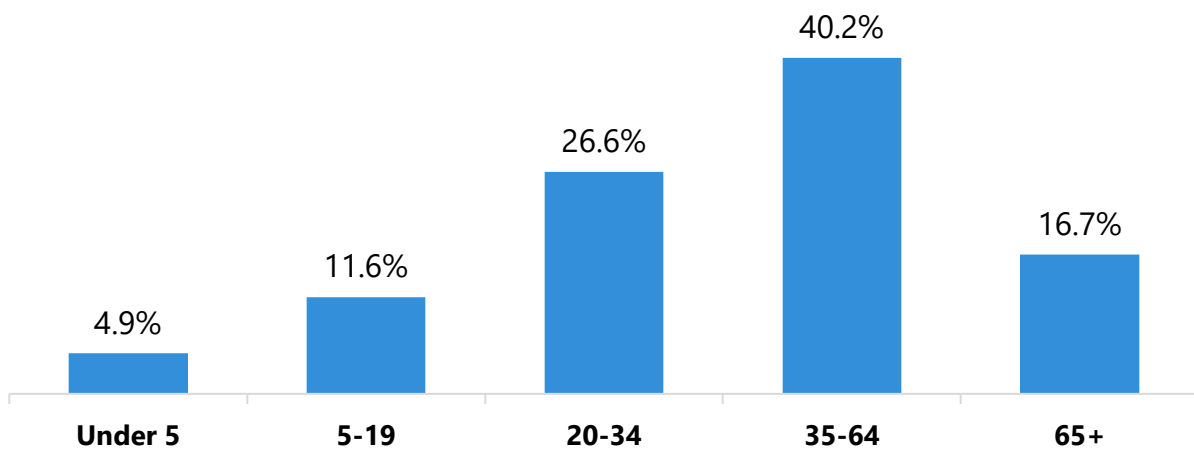
Chart 36: Quincy Residents Who Speak a Language Other Than English at Home



American Community Survey 2019, 5-Year Estimates

The largest age group of Quincy residents is 35–65-year-olds (40%). There are fewer young adults ages 20–34 (27%) than in the city of Boston as a whole (35%).

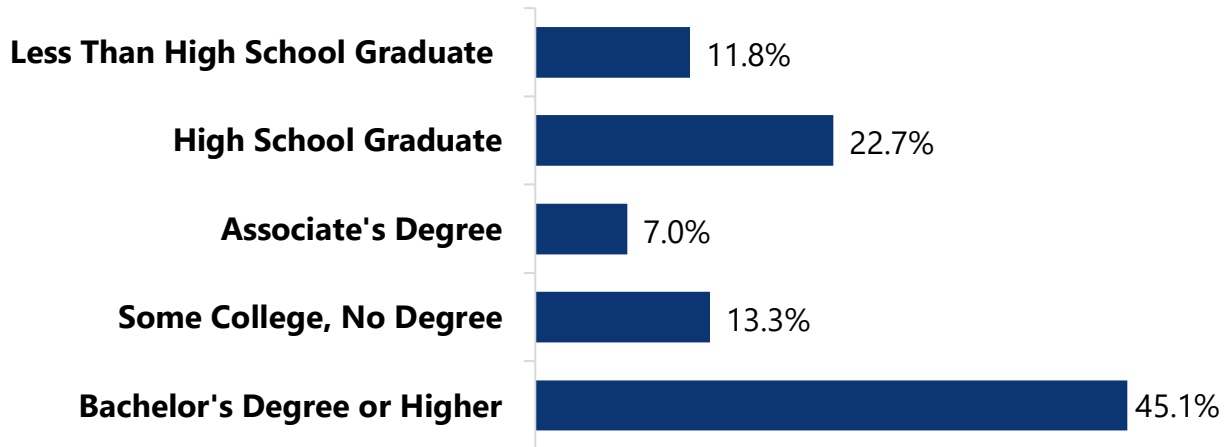
Chart 37: Age of Quincy Residents



American Community Survey 2019, 5-Year Estimates

As a whole, educational attainment of Quincy residents looks similar to Boston, although Quincy has fewer residents with bachelor's degrees or higher (45% vs 51%).

Chart 38: Educational Attainment of Quincy Residents



American Community Survey 2019, 5-Year Estimates

Health Priorities

Tufts MC Community Survey, Interview and Focus Group Data

Survey respondents from Quincy indicated that their top health concerns were COVID-19, access to specialty care, and mental health/depression. The top social issues identified by survey respondents were housing stability, education, and domestic/interpersonal violence. The top safety concerns were discrimination based on class/income, discrimination based on sex/gender, and discrimination based on immigration status.

Quincy has experienced a rising population of limited English speakers and immigrants (primarily Asian), who require access to linguistically and culturally appropriate health care and other social services. Key informants who took part in this needs assessment identified challenges that have worsened through the pandemic and serve as barriers to access.

Chronic disease and cancer continue to be ongoing health concerns while access to specialty care has become a challenge. This has been exacerbated by a health system that is difficult to navigate, especially for non-English speakers, appointments that are

difficult to find and rising out-of-pocket expenses. Healthcare access emerged as an issue for Quincy residents as well, with 28% of respondents reporting that the care available in their neighborhood did not meet their needs, and 38% reporting that better access to care is a top priority in their community.

Financial and food insecurity grew significantly during the pandemic and the repercussions are still in effect. Participants and informants spoke about the inability to find affordable childcare, which is in many cases preventing the adults in the household from working. Housing expenses are growing as well, only adding to the problem. 26% of respondents from Quincy reported economic well-being as a top social issue in their community.

Other concerns that have been made worse by the pandemic are mental health issues, gambling, and domestic violence. This is coupled with a lack of providers that are linguistically and culturally appropriate. 10% of community survey respondents in Quincy reported mental health and substance abuse as a top priority in their community. One of the organizations interviewed expressed the challenges of adding outpatient mental health services due to state regulations and a lack of trained providers who can speak the language and understand the culture of their patients.

The most troubling trend in Quincy has been the spike in racism and discrimination. The pandemic gave rise to "Asian Hate," leading to violence and extreme levels of fear from the communities affected. Over half (53%) of survey respondents in Quincy reported that they do not always feel like they belong in their community.

Secondary Data

Compared to the state of Massachusetts, Quincy has higher mortality rates for cancer, substance use, and opioid use. According to data provided by the Massachusetts Department of Health, the 2020 age-adjusted rate for all-cancer mortality in Quincy was 155 per 100,000 people versus 137 per 100,000 in Massachusetts. Substance-related and opioid-related mortality rates are 40 and 38.2 in Quincy respectively, versus 34 and 32.3 in Massachusetts (age-adjusted rates per 100,000). ED visits related to mental disorders are also higher in Quincy at 3,776 versus 2,807 in Massachusetts (age-adjusted aggregate rates per 100,000 for 2016-2019). Data from DPH also showed that Quincy had higher rates of COPD-related hospitalizations, as well as poisoning-related ED visits and mortality.

2022–2025 Implementation Strategy

Through existing programs and partnerships, Tufts MC is in a strong position to address many of the community health needs identified in this CHNA. In the Community Health Improvement Plan (CHIP) below we outline our approach to addressing these needs across our communities.

Tufts MC will continue to monitor the needs of its priority communities, deepen community relationships, and adapt the implementation strategy as needed. If opportunities arise to modify existing efforts, introduce new initiatives, and/or collaborate with new or current partners in a new way, we will update this implementation plan accordingly.

Priority 1: Behavioral Health

Goal: By 2025, 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
Engage community members in social-emotional wellness activities and programs to mitigate and prevent behavioral health challenges	Number of community members participating in programs that support social-emotional wellness
Support counseling, case management, substance use disorder treatment, support groups, and other related services provided in hospital and/or community-based settings, including schools, housing complexes, health centers, social service organizations, and other institutions	Number of community members participating in a behavioral health program

Priority 2: Access to Care and Services

Goal: By 2025, 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, seniors, low-income households, and communities of color

Community Benefit Program

Measure

Connect community members to health providers and/or social service providers with diverse linguistic and cultural competencies

Number of community members receiving social support services through community-based organizations

Assist community members in learning about and accessing health-promoting services and/or benefits for which they may be eligible

Number of community members connected to health-promoting services and/or benefits

Improve the capacity of health and social service providers to serve vulnerable populations

Number of current health and social service workers engaged in training to better serve vulnerable populations

Number of community members with existing expertise in serving vulnerable populations engaged in opportunities to enter the health and social service sector

Provide health education, screenings, and connections to care in accessible settings

Number of community members participating in health education, screening, and/or referral opportunities

Connect community-based services organizations and health services providers to provide seamless referrals and patients and clients

Number of community members with referral between community-based services and Tufts MC health care providers.

Priority 3: Financial Security and Mobility

Goal: By 2025, 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
Provide innovative pathways for individuals and families to achieve economic success	Number of youth or families that participate in a Tufts MC or supported organization providing workforce development training, or wrap-around services that facilitate participation in such training.
Create opportunities for paid or unpaid professional development opportunities for youth at Tufts MC and/or partner organizations	Number of youth engaged on a temporary or permanent basis at Tufts MC or partner organizations
Create opportunities for youth and adults to explore and/or participate in further education, career training, or similar professional development experiences	Number of people participating in Tufts MC supported educational or professional development programs Number of people participating in a Tufts MC supported educational or professional development program who move on to a full- or part-time job in the community or at Tufts MC

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Appendices

Appendix A: Collaborating Partners and Organizations

Asian Community Development Corporation

Boston Chinatown Neighborhood Association

Boys and Girls Club of Dorchester

Boston Chinatown Residents Association

Boston Chinatown/South Cove Neighborhood Council

Boston City Council President Ed Flynn's office

Boston Mayor's Office of Neighborhood Services

Center for Teen Empowerment

Codman Square Neighborhood Development Corporation

Codman Square Tenants Organization

Found in Translation

Four Corners Mainstreet

Gavin Foundation

Greater Boston Community Golden Age Center

Inquilinos Boricuas en Acción

Josiah Quincy Elementary School

South Boston Association of Non-Profits.

The Sportsmen's Tennis and Enrichment Center

Tufts MC's Asian Health Initiative Community Benefits Advisory Committee

Tufts MC Community Benefits and Health Equity Operations committee

Tufts MC's Dorchester Health Initiative Community Benefits Advisory Committee

United South End Settlements

Appendix B: Stakeholder Interview and Focus Group Guide

Wellforce Stakeholder Interview and Focus Group Guide

Thank you for taking the time to talk with me today. I'm working with Tufts Medical Center to conduct a community health needs assessment to better understand the needs and strengths of the communities we serve, as well as health equity issues in these communities. This process, as you may be aware, is done every 3 years and the outcomes will be documented in a full report posted on our website in July 2022. We will also use this information to inform our outreach efforts over the next 3 years in our community health implementation plan.

We're talking to you because you have been identified as an important stakeholder for Tufts Medical Center. This interview should take 30-45 minutes. I'm going to ask you some questions to get your ideas about some of the strengths and needs of the community(ies) you work in. .

What you have to tell us is very important. Please be candid with your responses, it is very important to us to hear both your positive and negative feedback.

After all of our interviews have been 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, and nothing that you say here will be connected directly to you in our report.

Your participation in this interview is totally voluntary. If you do not want to answer any questions, just let me know. Also, if you think of anything you would like to add after we talk, please don't hesitate to email me.

We are recording all of our interviews so that we can make sure we accurately capture what you say. As soon as we are done putting together the report, we will delete the recording. Is it OK if I record this? I will also be taking notes while we talk.

Do you have any questions about the interview process before I get started with my questions?

Background

To begin, I'd like to ask you some background questions.

1. What organization do you represent?

2. **What is your title? Can you briefly describe your role in your organization?**
3. **How long have you worked with this organization in your current position or a different role?**
4. **How would you describe the communities that your organization serves?**
Probes:
 - Which towns/neighborhoods?
 - Which population groups?
5. **What type of programs and service(s) does your organization provide?**

Community Assets and Needs

1. **What do you consider to be [your community's] most important strengths and assets?**
2. **What do you consider to be the biggest health concerns in [your community]?**
 - What do you consider to be the most prevalent chronic diseases or conditions in your community? (For example: diabetes, certain types of cancer, heart disease, depression, anxiety, substance use disorder/addiction, etc.)
 - Do the residents of your community have access to quality and affordable health care that meets their needs?
 - If not, what are the biggest barriers people experience to being healthy and/or receiving the care they need?
 - Are there certain populations in your community that encounter these health concerns and/or barriers more than others? If so, who? (For ex. the elderly, youth, people with disabilities, immigrants, non/limited English speakers, the LGBTQ community, people with low incomes, etc.)
 - How has the COVID-19 pandemic impacted these concerns, barriers and populations?
3. **What are the top 2-3 social issues that you are most concerned about in your community? For example, do you have concerns related to education, food access, housing, violence, etc?**
 - What do you think are the gaps in services and programs to address these issues?

The following list can be used for clarification if needed. Most likely, this group is very educated on the SDOH.

- ***Food security and access:*** *Are residents of your community able to access the food that they need? Are there healthy and affordable choices in your community?*
- ***Income:*** *Are there enough job and career development opportunities in your community that offer living wages and good benefits? Are residents in your community able to pay for medicines, utilities and other living expenses?*

- **Care-taking:** *Are residents of your community able to afford needed childcare, elder care or care for a disabled family member? Do they experience lost wages due to providing the care themselves?*
- **Education:** *Do all residents of your community have the opportunity to attend high quality, affordable, and accessible schools and education and training programs?*
- **Arts and culture:** *Are there accessible opportunities for residents to participate in the arts and cultural expression, especially those that reflect and value diverse backgrounds?*
- **Housing:** *Do all residents of your community have access to high quality, safe and affordable housing options?*
- **Transportation:** *Do all residents of your community have options for traveling around that are safe, reliable, accessible and affordable to everyone?*
- **Community environment:** *Does your community feel safe? Is it welcoming to people of different cultures?*
- **Natural environment:** *How would you describe the air, water, and soil in your community? Are there any issues with pollution, toxicity, etc.? Are there enough parks, green spaces, and open areas in your community? Are they available and accessible to everyone?*
- Are there populations in your community that are most affected by these issues? If yes, which ones? (*Populations might include the elderly, youth, people with disabilities, immigrants, non/limited English speakers, the LGBTQ community, people with low incomes, etc.*).
- How has the COVID-19 pandemic impacted these concerns, the gaps in services. and the populations affected?

4. When you think about your community 3 years from now, what is your vision of how your community could be healthy and vibrant?

- What do you see as the next steps in helping this vision become reality? Who would need to be involved in making these changes in your community?
- At the beginning of our discussion, 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 community?
- Are there successful programs and services that you feel could be expanded to other partners, populations or communities?
- Are there collaborations that could be developed or expanded to provide potential solutions to the needs of the community?

Appendix C: Community Health Survey

Tufts Medical Center Community Health Survey 2022

Tufts Medical Center is committed to diversity, equity and inclusion, and advancing cultural competence to reduce health disparities by partnering with our communities. Every 3 years we closely engage the communities we serve to learn about their health and social needs, experiences, and recommendations through a community health needs assessment.

We want to hear directly from you through this survey, which will help us to continue to prioritize and improve our community programs and partnerships, and health equity strategy.

- This survey is anonymous.
- This survey will take about 20 minutes to complete.
- If you do not feel comfortable answering a question, you can skip it.
- Taking this survey will not affect any services you receive now or may need/want in the future.
- This survey is being shared widely. Please complete it only once.
- If you have any questions about this survey, please contact Sherry Dong at CHNA@tuftsmedicalcenter.org
- Once you complete the survey, you will have the option to enter a raffle for a \$25 gift card. Multiple winners will be selected at random.

Community Benefits and Health Equity Team
Center for Diversity, Equity and Inclusion
Tufts Medical Center

First, some questions to learn more about your individual experiences.

Which of the following communities do you live, work or utilize services or social programs in? If more than one, please check all that apply. Services or social programs may include schools, healthcare services, daycare, civic associations, adult day health, ESL or workforce training, church or groceries/bakeries/eateries, for example.

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Chinatown | <input type="checkbox"/> Malden |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Quincy |
| <input type="checkbox"/> South End | <input type="checkbox"/> Other (where?
_____) |
| <input type="checkbox"/> South Boston | |

If you selected 'Other' in question 2, please do not continue taking the survey. We are seeking input from people who are familiar with Tufts Medical Center's service area.

The community you choose in question #1 is the one you should think about when we ask you questions about 'your community'. If you chose more than one, please think about the community you spend the most time in.

1) Which community will you be answering the questions about?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Chinatown | <input type="checkbox"/> Malden |
| <input type="checkbox"/> Dorchester | <input type="checkbox"/> Quincy |
| <input type="checkbox"/> South End | <input type="checkbox"/> Other (where? _____) |
| <input type="checkbox"/> South Boston | |

2) How many years have you lived/worked/utilized services or social programs in this community?

- Less than 1 year
- 1-5 years
- 6-10 years
- Over 10 years but not all my life
- All my life

3) To what extent do you feel each of the following statements are true?

A) Natural and built environment

	Not at all true	Somewhat true	True	I don't know
There are safe, clean parks and open/green spaces in my community.				
The streets, air, water, and buildings in my community are clean and safe.				
My community looks and feels inviting.				
Housing in my community is safe and good quality.				
People in my community have access to reliable renter assistance or homeownership programs.				
People have access to reliable transportation in my community.				
In my community, we generally promote health and safety.				
During extreme heat, community members have access to options for staying cool.				
My community is prepared to protect ourselves during climate disasters, such as flash flooding, hurricanes, or blizzards.				

B) *Economic and educational environment*

	Not at all true	Somewhat true	True	I don't know
People have access to local investment opportunities, such as owning homes or businesses, in my community.				
People in my community have access to good local jobs with living wages and benefits.				
Housing is affordable in my community.				
Children in my community receive a high quality education.				
My community has high quality after-school programs available.				

C) *Healthcare environment*

	Not at all true	Somewhat true	True	I don't know
The health care available to my community meets people's <i>physical health</i> needs.				
The health care available to my community meets people's <i>mental health</i> needs.				

D) *Social and cultural environment*

	Not at all true	Somewhat True	True	I don't know
People in my community have opportunities to participate in arts and cultural expression.				
In my community, people help and look out for each other.				
People work together to improve my community.				
I have opportunities to improve my community & make my voice heard.				
My community is accepting of diversity (race/ethnicity, gender, age, religion, disability, sexual orientation, etc).				
I feel like I belong in my community.				
My community is a good place to raise children.				
My community is a good place to grow old.				
Overall, I am satisfied with the quality of life in my community.				

4) What do you like BEST about your community? Please select and rank your top 3 items from the list below. Please indicate with 1, 2, 3.

- A well connected and functional transportation system
- Community members are welcoming to everyone
- High levels of trust between the community and the local government
- My community has people of many races and cultures
- People are proud of our community
- People care about improving our community
- People speak my language
- Residents have access to resources from organizations and agencies working for the community (E.g. churches, housing organizations, advocacy groups, food kitchens and bodegas, emergency housing shelters, clinics, counseling centers)
- Strong local economy and employment
- Talented community members are engaged in working for their community, such as local leaders and other people who 'get things done'
- The community is perceived as a good place to settle down and raise children
- The presence of strong community institutions such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments
- There are lots of community events and activities held throughout the year
- There are plentiful open/ green spaces
- There are plentiful ways to meet people, such as through clubs and other associations
- Other (please explain): _____

5) What are the most important things you WOULD LIKE TO IMPROVE about your community? Please select and rank your top 3 items from the list below. Please indicate with 1, 2, 3.

- | | |
|---|---|
| <input type="checkbox"/> Better access to primary care | <input type="checkbox"/> Better roads and transit infrastructure |
| <input type="checkbox"/> Better access to cancer care | <input type="checkbox"/> Better parks and recreation opportunities |
| <input type="checkbox"/> Better access to specialty care | <input type="checkbox"/> Better preparedness for extreme weather) |
| <input type="checkbox"/> Better access to healthcare for LGBTQ populations | <input type="checkbox"/> Cleaner environment |
| <input type="checkbox"/> Better access to behavioral health services | <input type="checkbox"/> More affordable housing |
| <input type="checkbox"/> Better access to recovery services | <input type="checkbox"/> More affordable childcare |
| <input type="checkbox"/> Better access to care for people with disabilities | <input type="checkbox"/> More arts and cultural events |
| <input type="checkbox"/> Better access to domestic violence services | <input type="checkbox"/> More effective city services (like water, trash, fire and police services) |
| <input type="checkbox"/> Better access to healthy food | <input type="checkbox"/> Less crime and violence |
| <input type="checkbox"/> Better access to public transportation | <input type="checkbox"/> More respect and inclusion for diverse members of the community |
| <input type="checkbox"/> Better access to good jobs | <input type="checkbox"/> Stronger community leadership |
| <input type="checkbox"/> Better schools | <input type="checkbox"/> Stronger sense of community |
| <input type="checkbox"/> Better access to internet | <input type="checkbox"/> Other, please explain: |
| <input type="checkbox"/> Better sidewalks and trails | _____ |

6) What do you think are the top SAFETY ISSUES in your community? Please select and rank your top 3 items from the list below. Please indicate with 1, 2, 3

- | | |
|---|--|
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Drug trafficking |
| <input type="checkbox"/> Discrimination based on class or income | <input type="checkbox"/> Gang activity |
| <input type="checkbox"/> Discrimination based on sexism or gender | <input type="checkbox"/> Human trafficking |
| <input type="checkbox"/> Discrimination based on immigration status | <input type="checkbox"/> Sexual assault/rape |
| <input type="checkbox"/> Discrimination based on race | <input type="checkbox"/> Street harassment |
| <input type="checkbox"/> Discrimination based on sexuality | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Unsafe/illegal gun ownership |
| | <input type="checkbox"/> Vandalism |
| | <input type="checkbox"/> Other, please explain:
_____ |

7) What do you think are the top HEALTH CONCERNS in your community? Please select and rank your top 3 items from the list below. Please indicate with 1, 2, 3

- | | |
|--|---|
| <input type="checkbox"/> Access to domestic violence/intimate partner violence services | <input type="checkbox"/> Mental health, including depression and suicidal ideation |
| <input type="checkbox"/> Access to primary care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Access to specialty care (e.g. cardiology, neurology, etc) | <input type="checkbox"/> Preventable injuries and poisonings |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Reproductive health |
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Respiratory disease (e.g. asthma, COPD) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tobacco product use, including cigarettes, e-cigarettes and vaping |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Other, please explain:
_____ |
| <input type="checkbox"/> Infectious disease other than COVID-19 (e.g. HIV/AIDS, TB, emerging diseases) | |

8) What do you think are the top SOCIAL ISSUES in your community? Please select and rank your top 3 items from the list below. Please indicate with 1, 2, 3.

- | | |
|---|--|
| <input type="checkbox"/> Crime | <input type="checkbox"/> Lack of access to good quality food |
| <input type="checkbox"/> Disaster readiness and emergency preparation | <input type="checkbox"/> Lack of quality childcare services |
| <input type="checkbox"/> Domestic and interpersonal violence including stalking | <input type="checkbox"/> Lack of quality eldercare services |
| <input type="checkbox"/> Education | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Racism and discrimination |
| <input type="checkbox"/> Environmental health including safe water and air | <input type="checkbox"/> Social isolation |
| <input type="checkbox"/> Housing stability/homelessness | <input type="checkbox"/> Transportation |
| | <input type="checkbox"/> Other, please explain:
_____ |

9) A) We are interested in knowing how you are treated in your community. In the table below, please indicate how often these things happen to you in your day to day life.

	Never	Rarely	Sometimes	Often	N/A
You are treated with less courtesy or respect than other people.					
You receive poorer service than other people at restaurants or stores.					
You are threatened or harassed.					
You are denied a promotion, not hired, or fired for unfair reasons.					
You are treated unfairly by the police.					
Landlords or realtors refuse to rent or sell you an apartment or house for unfair reasons.					
Healthcare providers at Tufts MC/MWHC treat you disrespectfully, or provide poor care in comparison to other people.					

B) If any of the above experiences have happened to you, what do you think is the main reason?

- Your ancestry or national origins
- Your gender
- Your race
- Your age
- Your religion
- Your height
- Your weight
- Some other aspect of your physical appearance
- Your sexual orientation
- Your education or income level
- Some other reason, please describe:

10) To what extent do you feel the following statements are true for YOU?

	Not at all true	Sometimes true	True	I don't know
I have stable, safe housing				
I have affordable access to nutritious food				
My income is enough to cover my regular living costs				
I have a reasonable and reliable way to get where I need to go (e.g. a car, bike, bus, train, ride service etc.)				
I am able to pay my utility bills in full and on time (including through use of assistance programs if needed)				
I have sufficient financial literacy to manage my income				

I need to further my education or learn new skills in order to make career moves				
--	--	--	--	--

11) If you are taking care of a child or adult in your household, to what extent are the following statements true for YOU?

	Not at all true	Sometimes true	True	N/A
I can afford child and/or adult care				
I can make child care arrangements when I need to				
I can make day care arrangements for an adult family member when I need to				

12) How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

13) Please let us know how often you do the things described below.

	Never or Rarely	Sometimes	Often
I exercise 30 minutes or more at least 3 days per week			
I eat at least 5 servings of fruit and/or vegetables daily			
I smoke cigarettes, electronic cigarettes and/or vape nicotine			
I have a drink containing alcohol 4 or more times a week			
I have been harmed or felt afraid of my current partner			

14) Do you have one person you think of as your personal doctor or health care provider?

- Yes
- No
- Not sure

15) Do you currently have health insurance/coverage?

- Yes, and it generally covers my health care needs
- Yes, but it doesn't cover my health care needs (Please explain: _____)
- No

16) When was the most recent time you received the following services?

	Within the last year	1-2 years ago	More than two years ago	I have never used this	N/A
Had a preventative health visit/routine physical exam					
Had a dental exam					
Had your blood pressure checked					
Received a flu vaccine					
Received a COVID vaccine					
Received mental health care					
Received substance use disorder care					
Had a prostate exam					
Had a pelvic exam					
Had a mammogram					

17) In general, do any of the following issues make it difficult for you to stay healthy and to receive the health care that you need? Check all that apply.

- Costs are too high
- I don't have insurance
- It is difficult to understand how the healthcare system works
- There is too much paperwork to fill out
- Lack of available appointments when I need to see a health care provider
- I cannot get an appointment with a doctor or staff who speak my language
- I do not feel welcome or respected by the doctor or staff
- I can't take time off of work
- Health offices are not open during the days/times I need them to be
- I don't have transportation to get where I need to go
- I'm too busy caring for children and/or elders
- Other, please explain _____
- None of the above issues are true for me

18) What recommendations do you have for what Tufts Medical Center could do to improve the health of your community, including health equity?

The following questions help us to better understand how people of diverse identities and life experiences may have similar or different experiences in the community.

19) What is your age? Z

- | | | |
|-----------------------------------|--------------------------------|---|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 75-84 |
| <input type="checkbox"/> 18-24 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65-74 | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> 35-44 | | |

20) What gender do you identify with?

- Male
- Female
- Transgender
- Genderqueer or gender non-conforming
- Prefer to self-describe: _____
- Prefer not to answer

21) What is your race/ethnicity? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Middle Eastern/North African |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Prefer to self-describe: _____ |
| <input type="checkbox"/> Hispanic/Latinx | <input type="checkbox"/> Prefer not to answer |

22) What are the main languages you speak at home? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Cape Verdean Creole | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Other (please explain) _____ |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Prefer not to answer |

23) A) Were you born in the United States?

- Yes No Prefer not to answer

B) If no, how long have you lived in the US?

- Less than 1 year
- 1-3 years
- 4-6 years
- 7-10 years
- More than 10 years
- Prefer not to answer

24) What is your annual household income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- Prefer not to answer

25) How many people live in your household (including yourself)?

_____ children (0-18 year olds) _____ seniors (65+ year olds)
_____ adults (19-64 year olds)

26) What is the highest level of school you completed?

- 8th grade or less
- High school/ secondary school or GED
- College or professional school
- Post-graduate degree
- Other (please explain): _____
- Prefer not to answer

27) What is your current employment status? *Please check all that apply.*

- Employed full-time
- Employed part-time or seasonal work
- Self-employed (full or part time)
- Stay at home parent
- Unemployed
- Retired
- Student
- Unable to work for health reasons
- Other (please explain) _____
- Prefer not to answer

28) Do you identify as a person with a disability?

- Yes
- No
- Prefer not to answer

Thank you very much for your time!

Thank you for taking the survey! If you would like to enter a raffle for one of several \$25 gift cards, please click the link below. It will bring you to a separate form that will not connect your contact information with your responses to this survey in any way. [ENTER RAFFLE](#)

Raffle entry page

We appreciate your feedback!

If you would like to enter a raffle for one of several \$25 gift cards, please write down your contact information below, separate this page from the rest of the survey, and return it to the Community Based Organization that gave you the survey.

You can also mail this page to:

Karen Peterson
Tufts Medical Center
Community Health Improvement Programs
800 Washington Street, Box 116
Boston MA 02111

Or email your contact information to karen.peterson@wellforce.org

____ I certify that I have completed the survey

Your name:

Your email:

Your phone number:

We will reach out to you if your name is chosen.

Thanks again!

Karen

Appendix D: Demographic Characteristics of Communities

	Chinatown		Dorchester		South Boston		South End		Quincy		Boston	
	%	#	%	#	%	#	%	#	%	#	%	#
Age												
<i>Under 5</i>	6%	467	6%	8,259	5%	2,215	4%	1,244	5%	4,636	5%	34,039
<i>5-19</i>	16%	1,298	19%	27,682	7%	3,041	11%	3,206	18%	10,885	15%	105,854
<i>20-34</i>	31%	2,453	27%	39,644	44%	18,129	34%	9,826	27%	25,093	35%	238,796
<i>35-64</i>	29%	2,316	36%	52,810	35%	14,559	38%	10,934	40%	37,901	33%	229,353
<i>64+</i>	18%	1,415	12%	17,902	9%	3,535	13%	3,682	16%	15,692	12%	81,284
Race/Ethnicity												
<i>White Non-Hispanic</i>	27%	1,898	22%	27,411	77%	33,454	57%	16,681	59%	55,540	45%	276,031
<i>Black or African American</i>	4%	297	35%	42,714	4%	1,689	10%	2,959	5%	47	19%	129,264
<i>Hispanic or Latino</i>	7%	477	21%	35,285	10%	4,203	13%	3,783	3%	2,908	19%	126,013
<i>Asian/Pacific Islander</i>	60%	4,281	11%	13,260	6%	2,559	16%	4,677	30%	28,532	11%	75,839
<i>Other</i>	3%	190	11%	13,421	4%	1,591	5%	1,336	1%	634	2%	10,246
Education												
<i>Less than a high school graduate</i>	20%	1,066	17%	16,529	6%	1,880	17%	3,678	12%	8,654	12%	58,108
<i>High School Graduate</i>	14%	739	29%	29,007	13%	4,237	13%	2,956	23%	16,566	19%	90,520
<i>Some college, no degree</i>	4%	190	6%	5,889	3%	1,097	3%	725	7%	5,140	5%	22,052
<i>Associate's degree</i>	4%	221	18%	17,963	8%	2,599	11%	2,364	13%	9,734	13%	62,337
<i>Bachelor's degree or higher</i>	59%	3,144	30%	29,649	71%	23,903	56%	12,539	27%	19,576	51%	245,847
Nativity												
<i>Native</i>	51%	4,018	66%	97,193	87%	35,947	73%	21,090	67%	62,808	72%	494,788
<i>Foreign-Born</i>	49%	3,931	34%	49,104	13%	5,532	27%	7,802	33%	31,399	28%	194,538
Languages												
<i>Speaks only English</i>	41%	3,101	59%	82,052	82%	32,112	60%	16,624	58%	54,878	63%	412,091
<i>Speaks a language other than English</i>	59%	4,381	41%	55,986	18%	7,152	40%	11,024	42%	39,329	37%	243,196
Housing												
<i>Owners</i>	27%	962	37%	19,234	41%	8,177	30%	4,059	46%	19,013	35%	96,502
<i>Renters</i>	74%	2,664	63%	32,780	59%	11,643	70%	9,613	54%	22,174	65%	176,686
<i>Rent costing more than 30% of income</i>	49%	1,090	57%	17,867	32%	3,513	51%	2,371	46%	10,090	49%	81,961
Poverty Status												
<i>Individuals below poverty level</i>	28%	1,937	21%	31,241	11%	4,699	27%	7,319	10%	9,172	18%	116,102
Health Insurance												
<i>No health insurance</i>	3%	256	5%	6,365	2%	906	2%	466	3%	2,919	4%	24,126
Income												
<i>Median Household Income</i>	\$52,663		\$57,603		\$128,738		\$62,850		\$77,562		\$76,298	

Appendix E: Service Areas Resources

Neighborhood	Organization	Focus Area
Boston	Asian Women for Health	Healthcare
Boston	Bay Cove Human Services	Supportive Services
Boston	EACH: Enhancing Asian Community on Health	Supportive Services
Boston	Economic Mobility Pathways	Supportive Services
Boston	MGH Living Tobacco-Free Program	Healthcare
Chinatown	American Chinese Christian Educational and Social Services (ACCESS)	Supportive Services
Chinatown	American Chinese Medical Exchange Society	Healthcare
Chinatown	American Legion - Boston Chinatown Post 328	Supportive Services
Chinatown	Asian Pediatric & Adolescent Clinical Services Program	Healthcare
Chinatown	Asian Psychiatric Clinic	Behavioral Health
Chinatown	Asian Sisters Participating in Reaching Excellence (ASPIRE)	Youth Development
Chinatown	Asian Task Force Against Domestic Violence	Supportive Services
Chinatown	BCYF Quincy Community Center	Youth Development
Chinatown	Benevolent Asian Jade Society of New England	Safety
Chinatown	Boston Asian Youth Essential Service	Youth Development
Chinatown	Boston Center for Independent Living	Supportive Services
Chinatown	Boston Chinatown Neighborhood Center	Supportive Services
Chinatown	Boston Chinese Evangelical Church	Supportive Services
Chinatown	Boston ElderInfo	Supportive Services

Chinatown	Boston Public Library - Chinatown	Education
Chinatown	Boston Rescue Mission Outpatient Counseling Center	Healthcare
Chinatown	BPS - Josiah Quincy Elementary School	Education
Chinatown	BPS - Josiah Quincy Upper School	Education
Chinatown	Chinatown Progressive Association	Supportive Services
Chinatown	Chinese Consolidated Benevolent Association of New England	Supportive Services
Chinatown	Chinese Economic Development Council	Supportive Services
Chinatown	Chung Wah Academy of New England	Education
Chinatown	Family Aid Boston	Supportive Services
Chinatown	Greater Boston Chinese Golden Age Center	Supportive Services
Chinatown	Josiah Quincy Elementary School Child Psychiatry Consultation Program	Behavioral Health
Chinatown	Kwong Kow Chinese School	Youth Development
Chinatown	Massachusetts Asian and Pacific Islanders (MAP) for Health	Supportive Services
Chinatown	Phillips Brooks House Association	Youth Development
Chinatown	South Cove Community Health Center	Healthcare
Chinatown	Tufts Medical Center	Healthcare
Chinatown	Wang YMCA	Youth Development/ Physical Activity
Dorchester	1647 Inc.	Education
Dorchester	All Dorchester Sports League	Youth Development
Dorchester	Amvets	Supportive Services
Dorchester	Ashmont Nursery School	Education

Dorchester	Association of Haitian Women	Supportive Services
Dorchester	BCYF Grove Hall	Youth Development
Dorchester	BCYF Holland	Youth Development
Dorchester	BCYF Leahy-Holloran	Youth Development
Dorchester	BCYF Marshall	Youth Development
Dorchester	BCYF Perkins	Youth Development
Dorchester	Big Business Network	Youth Development
Dorchester	Bird Street Community Center	Youth Development
Dorchester	Boston Collegiate Charter School	Education
Dorchester	Boston Municipal Court - Dorchester Division	Safety
Dorchester	The Boston Project Ministries	Supportive Services
Dorchester	Boston Public Library - Adams Street	Education
Dorchester	Boston Public Library - Codman Square	Education
Dorchester	Boston Public Library - Fields Corner	Education
Dorchester	Boston Public Library - Grove Hall	Education
Dorchester	Boston Public Library - Lower Mills	Education
Dorchester	Boston Public Library - Uphams Corner	Education
Dorchester	Boys and Girls Clubs of Dorchester	Youth Development
Dorchester	BPS - Boston Arts Academy	Education
Dorchester	BPS - Boston International Newcomers Academy	Education
Dorchester	BPS - Boston Latin Academy	Education
Dorchester	BPS - Clap Elementary School	Education

Dorchester	BPS - Community Academy of Science & Health	Education
Dorchester	BPS - Edward Everett Elementary School	Education
Dorchester	BPS - Jeremiah E. Burke High School	Education
Dorchester	BPS - John W. McCormack Middle School	Education
Dorchester	BPS - John Winthrop Elementary School	Education
Dorchester	BPS - Lee Academy Pilot School	Education
Dorchester	BPS - Lilla G. Frederick Pilot Middle School	Education
Dorchester	BPS - Martin Luther King, Jr. K-8 School	Education
Dorchester	BPS - Mather Elementary School	Education
Dorchester	BPS - Holmes Innovation Elementary School	Education
Dorchester	BPS - Paul A. Dever Elementary School	Education
Dorchester	BPS - Pauline A. Shaw Elementary School	Education
Dorchester	BPS - Richard J. Murphy K-8 School	Education
Dorchester	BPS - Sarah Greenwood K-8 School	Education
Dorchester	BPS - TechBoston Academy	Education
Dorchester	BPS - Thomas J. Kenny Elementary School	Education
Dorchester	BPS - UP Academy Charter School of Dorchester	Education
Dorchester	BPS - UP Academy Charter School of Holland	Education
Dorchester	BPS - William E. Russell Elementary School	Education
Dorchester	BPS - William Monroe Trotter K-8 School	Education
Dorchester	BPS - William W. Henderson Inclusion School	Education
Dorchester	Brookview House	Supportive Services

Dorchester	Cape Verdean Community Unido	Supportive Services
Dorchester	Caribbean Foundation of Boston	Supportive Services
Dorchester	Center for Artistry and Scholarship in Education	Education
Dorchester	Codman Academy Foundation	Education
Dorchester	Codman Square Health Center	Healthcare
Dorchester	College Bound Dorchester: The Uncornered Project	Youth Development
Dorchester	Commonwealth Mental Health & Wellness Center	Behavioral Health
Dorchester	COMPASS	Supportive Services
Dorchester	Conservatory Lab Charter School Foundation	Education
Dorchester	Crispus Attucks Children's Center	Supportive Services
Dorchester	Cristo Rey Boston High School	Education
Dorchester	DAC Enterprises	Education
Dorchester	DC Empowering Children Against Sexual Abuse	Supportive Services
Dorchester	Dorchester YMCA	Youth Development/ Physical Education
Dorchester	Dorchester Youth Collaborative	Youth Development
Dorchester	DotHouse Health Center	Supportive Services
Dorchester	Dotwell	Supportive Services
Dorchester	Epiphany School	Education
Dorchester	EVkids	Youth Development
Dorchester	Family Movement	Supportive Services
Dorchester	Family Nurturing Center of Massachusetts	Supportive Services

Dorchester	Freedom House, Inc.	Youth Development
Dorchester	Girl's LEAP	Youth Development
Dorchester	Greenwood Shalom Outreach	Education
Dorchester	H.O.W. House	Behavioral Health
Dorchester	Harbor Health Services	Healthcare
Dorchester	Harvard Street Neighborhood Health Center	Healthcare
Dorchester	Healthworks Community Fitness	Physical Activity
Dorchester	Hello House for Women and Men	Behavioral Health
Dorchester	Home for Little Wanderers	Supportive Services
Dorchester	Louis D. Brown Peace Institute	Supportive Services
Dorchester	Mother Caroline Academy and Education Center	Education
Dorchester	MultiCultural Independent Living Center of Boston	Supportive Services
Dorchester	Neighborhood House Charter School	Education
Dorchester	No Books No Ball	Youth Development
Dorchester	Pilgrim Church Shelter	Supportive Services
Dorchester	Pope John Paul II Catholic Academy	Education
Dorchester	Project DEEP Association	Youth Development
Dorchester	St. Ambrose Church	Supportive Services
Dorchester	Sportsmen's Tennis & Enrichment Center	Youth Development
Dorchester	St. Mark Community Education Program	Supportive Services
Dorchester	St. Mary's Center for Women and Children	Supportive Services
Dorchester	Teen Empowerment Program	Youth Development

Dorchester	The Boston Home	Supportive Services
Dorchester	The City School	Education
Dorchester	The System - City Youth Sports Training	Youth Development
Dorchester	The Doll House Corporation	Youth Development
Dorchester	The Food Project	Youth Development
Dorchester	The Salvation Army Kroc Corps Community Center	Youth Development
Dorchester	Uphams Corner Health Center	Healthcare
Dorchester	Veterans of Foreign Wars Department of Massachusetts	Supportive Services
Dorchester	Victory Programs	Supportive Services
Dorchester	Walter Denney Youth Center	Youth Development
Dorchester	Wilahmena's Place	Supportive Services
Dorchester	Women Connecting Affecting Change	Supportive Services
Dorchester	Work, Inc.	Supportive Services
Quincy	The Black Literary and Arts Collaborative Project	Education/Supportive Services
Quincy	Good Sports	Physical Activity
Quincy	Interfaith Social Services	Supportive Services
Quincy	Manet Community Health Center – North Quincy	Healthcare
Quincy	Massachusetts Senior Action Council	Supportive Services
Quincy	Quincy Asian Resource, Inc.	Supportive Services
Quincy	Quincy Community Action Programs	Supportive Services
Quincy	Quincy Public Schools	Education

Quincy	Quincy YMCA	Youth Development/ Physical Education
Quincy	Team Impact	Youth Development
Quincy	Thomas Crane Public Library	Education
South Boston	Answer House	Behavioral Health
South Boston	BCYF Condon Community Center	Youth Development
South Boston	BCYF Curley Community Center	Youth Development
South Boston	BCYF Tynan Community Center	Youth Development
South Boston	Boston Athletic Club	Physical Activity
South Boston	Boston Municipal Court - South Boston Division	Safety
South Boston	Boston Public Library - South Boston Branch	Education
South Boston	Boys and Girls Club of South Boston - Condon Club	Youth Development
South Boston	Boys and Girls Club of South Boston - Edgerly Family Location	Youth Development
South Boston	BPS - Excel High School	Education
South Boston	BPS - James F Condon Elementary School	Education
South Boston	BPS - Joseph P Tynan School	Education
South Boston	BPS - Michael J. Perkins Elementary School	Education
South Boston	BPS - Oliver Hazard Perry K-8 School	Education
South Boston	BPS - UP Academy Charter School of Boston	Education
South Boston	Catholic Charities of Boston	Supportive Services
South Boston	Gavin Foundation	Behavioral Health
South Boston	Julie's Family Learning Program	Supportive Services

South Boston	Marian Manor: Skilled Nursing & Rehabilitation Center	Healthcare
South Boston	Mixed Martial Arts Scholarship Fund	Physical Activity
South Boston	Our Lady of Czestochowa Parish in Boston	Supportive Services
South Boston	Paraclete Center	Youth Development
South Boston	Refugee and Immigrant Assistance Center	Supportive Services
South Boston	Round Table	Youth Development
South Boston	Simon of Cyrene Society	Supportive Services
South Boston	South Boston Action Center	Supportive Services
South Boston	South Boston Catholic Academy	Education
South Boston	South Boston Collaborative Center	Behavioral Health
South Boston	South Boston Community Health Center	Healthcare
South Boston	South Boston Little League	Physical Activity
South Boston	South Boston MOMS Club	Supportive Services
South Boston	South Boston Neighborhood House	Supportive Services
South Boston	South Boston Youth Hockey League	Physical Activity
South Boston	South Boston Youth Soccer League	Physical Activity
South Boston	St Peter Academy	Education
South Boston	St. George Albanian Orthodox Cathedral Boston	Supportive Services
South Boston	Tierney Learning Center	Supportive Services
South End	BCYF Blackstone	Youth Development
South End	BCYF Vine Street	Youth Development
South End	BMC Smoking Cessation Program	Healthcare

South End	Boston Health Care for the Homeless	Healthcare
South End	Boston Medical Center	Healthcare
South End	Boston Police Department - District D-4	Safety
South End	Boston Public Library - South End Branch	Education
South End	Boston South End Corps Community Center	Youth Development
South End	BPS – Blackstone Elementary School	Education
South End	BPS - Joseph Hurley K-8 School	Education
South End	BPS - The Carter School	Education
South End	BPS - William McKinley South End Academy	Education
South End	Cathedral 7-12 High School	Education
South End	Congregación Leon de Juda	Supportive Services
South End	Ellis Early Learning	Youth Development
South End	Eritrean Community Center	Supportive Services
South End	Fenway Health Sidney Borum, Jr. Health Center	Healthcare
South End	Fenway Health South End	Healthcare
South End	Friends of Blackstone Elementary School	Education
South End	Friends of the South End Library	Education
South End	Hearth	Supportive Services
South End	Hope House	Behavioral Health
South End	Inquilinos Boricuas en Acción	Supportive Services
South End	More Than Words	Youth Development
South End	Pine Street Inn	Supportive Services
South End	Renewal Church	Supportive Services

South End	Rosie's Place	Supportive Services
South End	South End Baseball	Physical Activity
South End	South End Community Health Center	Healthcare
South End	South End Neighborhood Church	Supportive Services
South End	South End Neighborhood Service Center	Supportive Services
South End	South End Soccer	Physical Activity
South End	St. John the Baptist Hellenic Orthodox Church	Supportive Services
South End	St. Stephen's Youth Programs	Youth Development
South End	Union United Methodist Church	Supportive Services
South End	United South End Settlements	Supportive Services
South End	Wediko Children's Services	Behavioral Health