2025 BOSTON CHILDREN'S HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

Boston Children's Hospital

Where the world comes for answers

HEALTH RESOURCES IN ACTION

Table of Contents

BACKGROUND

Overview of Boston Children's Hospital

Boston Children's Hospital is dedicated to improving and advancing the health and well-being of children around the world through its life-changing work in clinical care, biomedical research, medical education and community engagement. Boston Children's has a long-standing commitment to community health, and its community mission is to improve the health and well-being of children and families in the local community. The Boston Children's Office of Community Health brings together hospital and community resources to address health disparities, improve health outcomes, and promote health equity by partnering with communities to offer services that benefit children and families across the Commonwealth, specifically those which are most affected by the social determinants of health.

Summary of Previous CHNA

Boston Children's conducted its previous Community Health Needs Assessment (CHNA) in 2022. The 2022 CHNA utilized a mixed-methods approach, incorporating both secondary and primary data sources. Secondary data were drawn from national, state, and local datasets, including the American Community Survey, Boston Behavioral Risk Factor Surveillance System (BBRFSS), the BBRFSS COVID-19 Health Equity Survey, the Youth Risk Behavior Survey (YRBS), vital statistics, and Boston Children's patient encounter data. Primary data collection was conducted as part of the 2022 City of Boston CHNA process and included 62 key informant interviews with cross-sector leaders (8 by Boston Children's), 29 resident focus groups (including 6 with families and parents and 8 with youth), and 9 interviews with community representatives from satellite clinic regions. In addition, Boston Children's administered a Community Health Survey completed by 157 respondents, aligned with a similar Mass General Brigham survey to inform prioritization of needs.

The 2022 CHNA process took place during an unprecedented time, including the COVID-19 pandemic, which exacerbated many social and economic inequalities that have been present for generations. The pandemic contributed to a staggering number of COVID-19 cases, deaths, and ongoing health challenges, which disproportionately affected historically oppressed groups. During this same period, there was a growing national movement calling for racial equity to address racial injustices in the U.S. The growth of this movement was sparked by the killings of several Black Americans, including George Floyd and Ahmaud Arbery. This context shaped the assessment approach and content, in that the report also explored how the pandemic and racial injustices affected community health needs.

Review of Initiatives

Based on the results of its 2022 CHNA process, Boston Children's Hospital developed a Strategic Implementation Plan (SIP) plan to address the identified health needs through clinical care, programs and services, and in collaboration with community-based organizations, health centers, advocacy groups, and city agencies (***the 2022 SIP is available here***). The Review of Initiatives (**see** **Appendix B – Review of Initiatives**) shows the work Boston Children's has

done since the 2022 CHNA to address the identified key needs, in alignment with the SIP. Importantly, many of the programs and services listed have been in place for over a decade and will continue through 2025 and beyond.

Priorities from the last 2022 Boston Children's CHNA:

1. **Promote mental health and emotional wellness**
2. **Support affordable and stable housing for children and families**
3. **Promote healthy youth development**
4. **Increase access to affordable and nutritious food**
5. **Improve early childhood education, health, and developmental supports**
6. **Improve the health of children and families managing asthma and obesity**

Over multiple previous CHNA processes, Boston Children's has observed that many community health needs are consistent over time, in part due to system and structural inequities. Thus, the needs identified in the 2022 CHNA align with those identified in the 2025 CHNA. In 2025, Boston Children's will provide a Community Health Implementation Plan (CHIP), which will function in the same way as the Strategic Implementation Plan (SIP).

Purpose and Context of 2025 Boston Children's Hospital CHNA

In 2025, Boston Children's engaged Health Resources in Action (HRiA), a non-profit public health organization in Boston, to conduct its 2025 CHNA. This report describes the process and findings of this effort. In addition to fulfilling the requirement by the IRS Section H/Form 990 mandate, the Boston Children's CHNA process was conducted to achieve the following overarching goals:

- To update findings of the 2022 assessment and provide a comprehensive portrait of current child and family health needs and strengths with a focus on Boston Children's priority neighborhoods (Allston/Brighton, Dorchester, East Boston, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, and Roxbury)
- To compile data about community characteristics and health needs of residents served by Boston Children's ten satellite clinics (Brockton, Brookline, Framingham, Lexington, North Dartmouth, Peabody, Quincy, Randolph, Waltham, and Weymouth)
- To describe both overall trends and unique issues by sub-populations, using a social determinants of health framework
- To delve deeper into current Boston Children's priority areas to advance and elevate existing initiatives

Like the prior CHNA, the 2025 CHNA was also conducted during unprecedented times. While the immediate disruptions of the COVID-19 pandemic have largely subsided, many communities continue to grapple with the long-term health, economic, and social impacts. This assessment took place during a time of immense transition, where neighborhoods and systems are working to recover and adapt, and many challenges, such as housing instability and mental health concerns, are evolving. Simultaneously, broader changes in the political and social environment remain in flux. Political division and economic uncertainty continue to shape the environment in which health systems operate.

The full implications of recent and upcoming policy shifts on issues such as health care access, climate, housing policy, and education reform at the local, state, and federal levels have yet to be realized and will influence community health in the years to come. Of particular concern, recent federal immigration policies have increased enforcement and reduced protections, resulting in fear and uncertainty among immigrant communities and deterring individuals from seeking critical social and health care services. As a result, the 2025 CHNA offers a brief snapshot of the current state of conditions, perceptions, and community priorities and is not a full representation of evolving political and societal changes, which highlights the importance of working with communities and uplifting their voices to adapt to emerging needs and opportunities.

Definition of Community Served

For the 2025 Community Health Needs Assessment, the community served includes the City of Boston overall, its neighborhoods, and Boston Children's satellite communities: Brockton, Brookline, Framingham, Lexington, North Dartmouth, Peabody, Quincy, Randolph, Waltham, and Weymouth. Data summaries specific to each of these satellite communities are included in **Appendix C – Satellite Clinic and DoN Community Briefs**.

Boston Children's conducted the CHNA to understand and address the most pressing health concerns facing children and families in Boston and its identified priority neighborhoods: Allston/Brighton, Dorchester, East Boston, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, and Roxbury. When available, most secondary data sources in this report are presented by neighborhood, identified using zip code boundaries. It is important to note that zip code boundaries may not always align precisely with neighborhood borders; data were assigned based on the best available geographic approximation.

Intersection with Other Initiatives:

2025 Boston Community Health Needs Assessment

Boston Children's 2025 CHNA coincided with the 2025 City of Boston Community Health Needs Assessment (CHNA) process. The City of Boston CHNA was conducted by the Boston Community Health Collaborative, a partnership of Boston health institutions (including Boston Children's), the Boston Public Health Commission, and community organizations working to improve the health and well-being of Boston residents. The Boston Community Health Collaborative (formerly the Boston CHNA-CHIP Collaborative) was formed in 2016 to align and deepen the impact of efforts to identify pressing community health needs and to leverage this shared understanding to develop strategies for improving the health and well-being of local communities. While this city-wide effort provides data on many different social and health issues facing Boston residents, it does not dive deeply into specific issues related to children's health. Thus, this report presents findings from data collection conducted specifically to inform the Boston Children's CHNA and integrates the key results from the larger City of Boston CHNA report [Accessible via Link] to provide a more comprehensive perspective on the needs of Boston's children and their families.

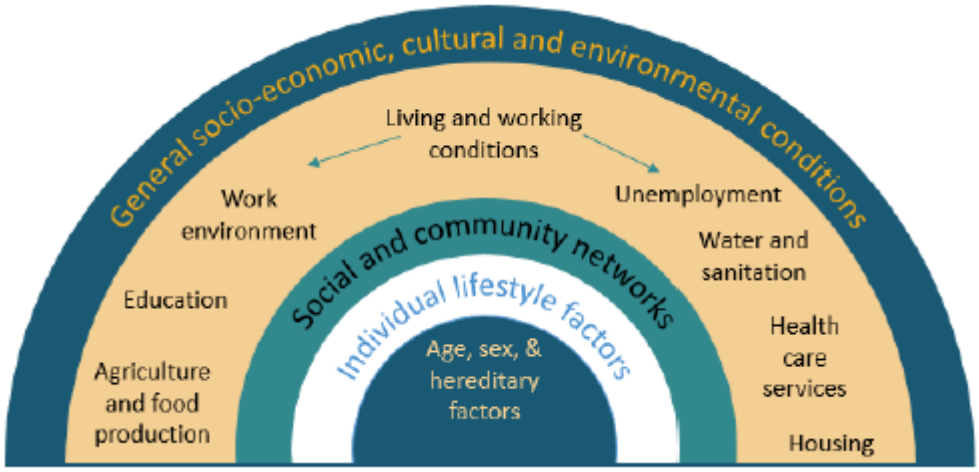
METHODS

The following section describes how data were compiled and analyzed for the Boston Children's CHNA, as well as the broader lens used to guide the process. Specifically, the CHNA defined health in the broadest sense and recognizes that numerous factors at multiple levels impact a community's health — from lifestyle behaviors (e.g., diet and exercise) to clinical care (e.g. access to medical services), to social and economic factors (e.g., neighborhood safety or employment opportunities).

Social Determinants of Health Framework

The CHNA focused on the social determinants of health and was guided by a health equity lens (**Figure 1**). The contexts in which population groups live, learn, work, and play have a profound impact on health. There is often a deep connection between how race, ethnicity, income, and geography shape health patterns. In the U.S., social, economic, and political processes work together to assign social status based on race and ethnicity, which may affect access to opportunities, such as educational and occupational mobility, and housing options, each of which are intimately linked with health. Historical oppression, institutional racism, discriminatory policies, and economic inequality are several of the root factors that shape persistent and emerging health inequities across the U.S.

Figure 1. Social Determinants of Health Framework



Source: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

Community Advisory Board Engagement

The Boston Children's Community Advisory Board (CAB) was engaged to provide input into the CHNA process. The ten CAB members include community residents, stakeholders from the education, health care and public health sectors, and leaders from local Boston-based non-profits focused on youth programming and mentoring, community development, housing and human services. As described in the Priority Health Needs section below, the CAB was engaged to provide input on preliminary CHNA findings and to participate in a prioritization process.

Secondary Data: Review of Existing Data

Secondary data are existing data that have already been collected for another purpose. Social, economic, and health indicators provide insights into patterns across Boston, by Boston neighborhood, and by population groups within Boston. This report includes a variety of **national, state, and city secondary data sources** including the U.S. Census/American Community Survey (ACS), Boston Behavioral Risk Factor Surveillance Survey (BBRFSS), and the Youth Risk Behavior Survey (YRBS), among other sources. Some data, such as the BBRFSS or YRBS, are presented with confidence intervals (or error bars in the figures) allowing for significance testing between subgroups. In this report, tests for significance are noted in the table or graph notes (where $p<0.05$), while the narrative uses the words "significant" or "significantly" to note statistically significant differences.

Primary care encounter data were also provided by the Office of Community Health at Boston Children's Hospital to understand the prevalence of chronic health diagnoses and results of Health-Related Social Needs (HRSN) screenings. Multiple data sources were used; the first included patients who had a well visit at a Boston Children's Hospital primary care site in 2023. The second included children and youth who visited a PPOC-affiliated primary care practice between 2022 and 2024. In both cases, analyses were focused only on those patients who lived in a Boston ZIP code and included patients up to the age of 25 years. The demographics of both patient groups are detailed in **Appendix A – Additional Data Tables**.

Community Survey Data collected as part of the City of Boston CHNA were also incorporated in the Boston Children's CHNA. The City of Boston CHNA community survey aimed to collect information about Boston residents' perceptions of community strengths, priority health issues, and access to care and vital resources contributing to health and well-being. The Boston CHNA community survey was fielded between September 2024 and January 2025 to individuals aged 14 and up living in Boston. The anonymous survey was made available online and in paper format in English and eight languages in addition to English (Arabic, Cape Verdean Creole, Haitian Creole, Portuguese, Spanish, Simplified Chinese, Somali, and Vietnamese). The final survey tool included 28 questions. The final sample of the Boston CHNA community survey totaled 1,866 respondents who were Boston residents.

For this assessment, and to focus the data more directly on children, youth and families, additional stratified analyses were conducted for select survey questions among two sub-populations: 1) parents or caregivers to child(ren) <18 years and 2) youth or young adults aged 14 to 24 years. Key demographic characteristics of these two groups compared to the overall survey population can be found in **Appendix A – Additional Data Tables**.

Qualitative data collected for the City of Boston CHNA process was also incorporated into this assessment, specifically where it was related to children and families. In total, 13 focus group discussions, 5 sector-based and 8 resident-based groups, were conducted for the City of Boston CHNA. The 5 sectors represented in focus group discussions included Climate Justice, Housing, Community Health Workers, Mental/Behavioral Health, and Economic Mobility. The 8 resident-based groups consisted of South Boston mothers (conducted in Spanish), Chinese older adults (conducted in Cantonese), residents in active substance use recovery, new immigrants and/or English language learners, residents who live in Boston Housing Authority

housing, Somali parents of children with special health care needs (conducted in Somali), fathers and men of color, and refugee youth.

A total of 11 key informant interviews with 13 individuals were also conducted for the City of Boston CHNA. Interviewees represented the following sectors: public health, health care, emergency medical services (EMS), food justice, housing, education and early childhood, social services and anti-poverty, and organizations that work with specific populations such as justice-involved individuals, men of color, and birthing people.

Primary Data Collection

To augment the qualitative data that were available from the City of Boston CHNA, new data focused on the experience of children, youth, and families were collected specifically for the purpose of this assessment. **Boston data collection** included two key informant interviews with Boston community leaders and two focus group discussions: one with LGBTQ+ youth in Boston and one with the Boston Children's Community Advisory Board (CAB) Members. **Satellite community data collection** included a series of 18 key informant interviews with representatives from across the communities of Brockton, Brookline, Framingham, Lexington, North Dartmouth, Peabody, Quincy, Randolph, Waltham, and Weymouth. These interviewees represented a variety of organizations and sectors including public health, health care, housing and homelessness, government, social services, and organizational staff that work with specific population such as youth, teens, and immigrants.

All interviews and focus groups were facilitated using a semi-structured guide. Qualitative analyses focused on identifying common themes across population groups as well as unique challenges and perspectives, with an emphasis on diving deep into the root causes of inequities. Findings from the satellite community analyses were incorporated into the individual data profiles for each town, which can be found in **Appendix B - Clinic and DoN Community Briefs**, while the Boston findings were included throughout the body of this report.

Data Limitations

As with any data collection effort, this report has several limitations. Different data sources may have measured similar variables in different ways, such as how race, ethnicity, or neighborhoods are defined. Some data were not available for certain population groups or specific neighborhoods due to small sample sizes, and it was not always possible to explore how different identities intersect. In some cases, data from multiple years were combined to allow for more detailed analysis.

Survey, interview, and focus group results relied on convenience sampling, meaning participants were not randomly selected. As a result, findings may not reflect the broader population; results cannot necessarily be generalized to the larger population. Similarly, for the Boston Children’s primary care encounter data, data represents subsets of the Boston Children’s patient population but should not be used to generalize to the full Boston population.

Additionally, most data reflect one point in time, so findings, while directional and descriptive, should not be interpreted as definitive. While this assessment aimed to engage a diverse cross-section of the community, not all underserved populations are fully represented in the data due

to limitations in outreach, time, and resources. Neighborhood boundaries did not always align with ZIP codes. In this report, Chinatown is mostly grouped with the South End, Mission Hill with Roxbury, and the Seaport with South Boston. Some data may appear in multiple neighborhood categories based on ZIP code overlap.

Finally, data collection took place during a period of transition in the federal government, which may have affected factors that directly impact residents' health and well-being and the capacity of organizations to serve them. Most secondary data used in this report were retrospective and reflect conditions prior to these federal changes. As federal policies continue to evolve, it remains essential to understand the assets, challenges, and priorities of Boston's diverse communities, especially those with a higher burden of health inequities.

COMMUNITY SOCIAL, ECONOMIC, AND PHYSICAL CONTEXT

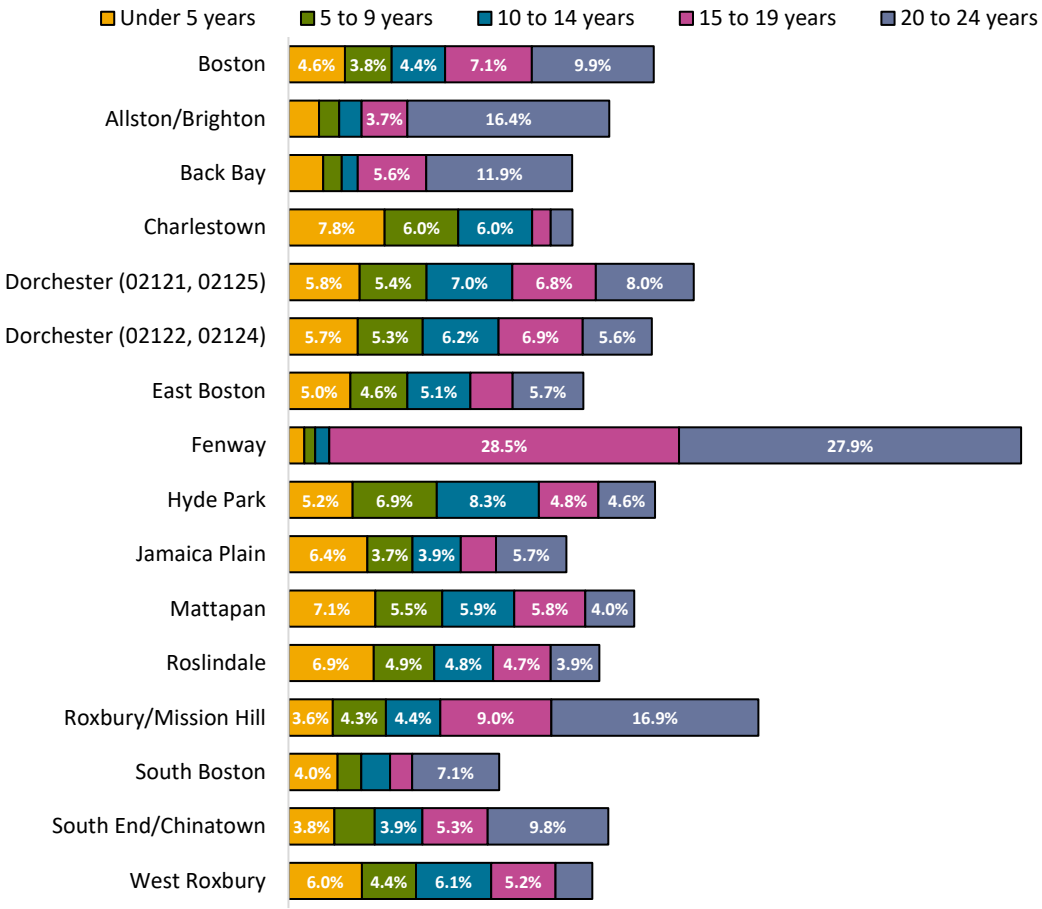
Population Demographics

Boston's population is incredibly diverse in terms of age, race and ethnicity, country of birth, and language use.

Age Distribution

Boston is a young city, with many residents under the age of 45. As shown in **Figure 2**, just under 20% of Boston's population is 19 years old or younger and 4.6% of Boston's population overall is under 5 years old. Fenway (31.8%), Hyde Park (25.2%), Dorchester (02121/02125) (25.0%), and Mattapan (24.2%) had the largest percentage of children and teenagers (those under 20). Among the young adult age group (20 to 24 years), the largest percentages are in the neighborhoods of Fenway (27.9%), Roxbury/Mission Hill (16.9%), and Allston/Brighton (16.4%). It is important to note that the high percentages in the Fenway neighborhood are due to the high concentration of college-age students in that area. Among the youngest age group, the largest percentages of children under the age of 5 include Charlestown (7.8%), Mattapan (7.1%), and Roslindale (6.9%).

Figure 2. Total Population Under 24, by Age Group and Neighborhood, 2019-2023



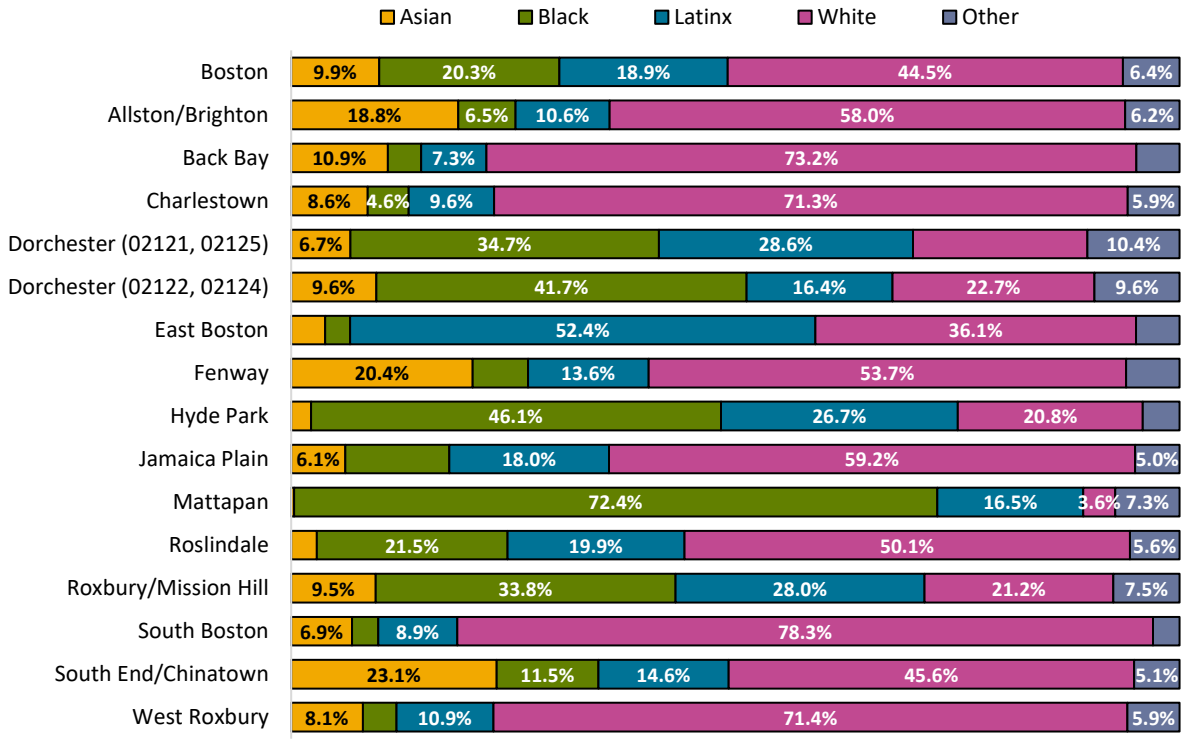
DATA SOURCE: U.S. Census, ACS 5-Year Estimates, 2019-2023; NOTE: Data labels under 3.5% not shown.

Racial and Ethnic Composition

Boston's racial and ethnic composition reflects a richly diverse city. According to current Census estimates (**Figure 3**Error! Reference source not found.), about four in ten Boston residents identify as White, non-Hispanic (44.5%), about two in ten identify as Black (20.3%) and Latinx (18.8%), and one in ten identify as Asian (9.9%). Additionally, 6.4% of residents identify as another race or ethnicity, including American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races.

The South End/Chinatown neighborhood has the highest percentage of Asian residents (23.1%); Allston/Brighton and Fenway neighborhoods also have high percentages of Asian residents. Mattapan is home to the highest percentage of Black residents (72.4%); Dorchester, Hyde Park, and Roxbury also have high percentages of Black residents. More than half of East Boston residents (52.4%) identify as Latinx; Hyde Park, Roxbury, and parts of Dorchester also have high percentages of Latinx residents.

Figure 3. Racial and Ethnic Distribution, by Boston and by Neighborhood, 2019-2023



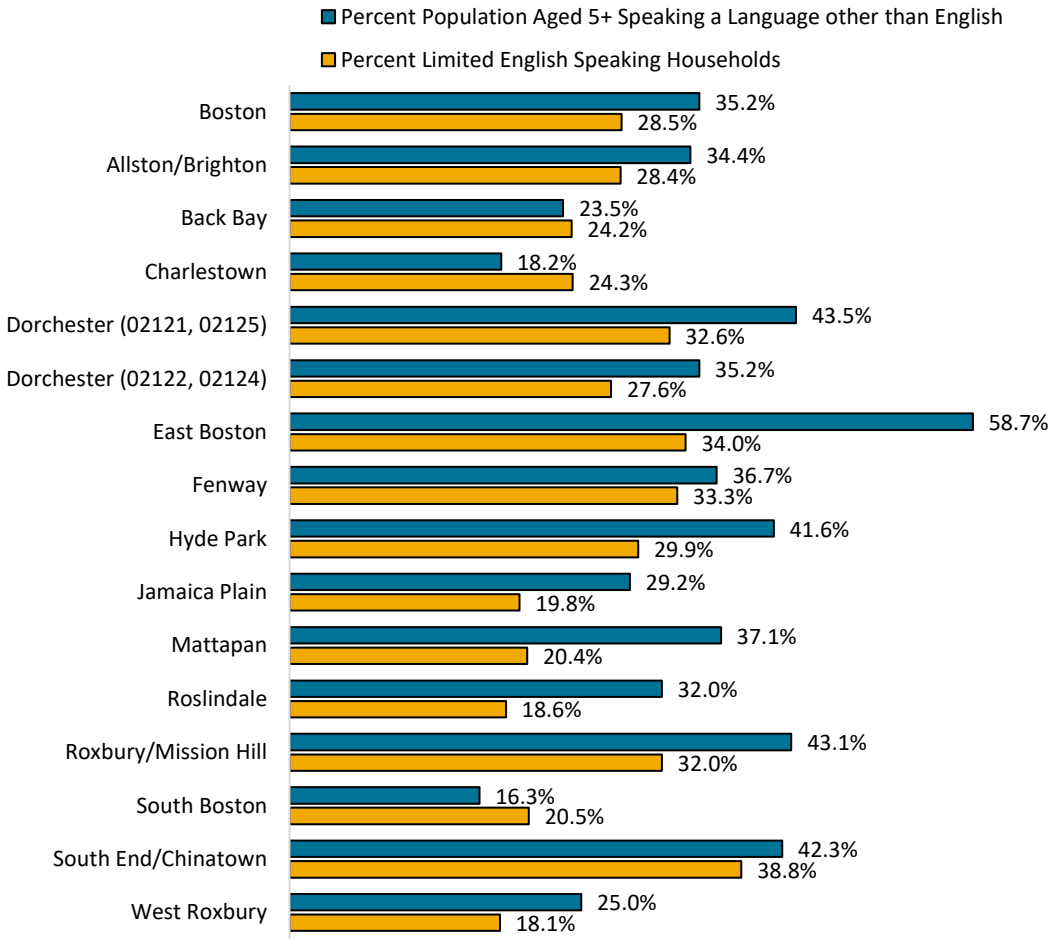
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023; NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and Two or more races; Data labels <5% not shown.

Spoken Languages

Language diversity is another characteristic of the Boston population. As shown in **Figure 4**, more than one-third of Boston residents (35.2%) speak a language other than English at home and 28.5% have limited English proficiency. These percentages varied by neighborhood, with

East Boston, parts of Dorchester, Roxbury, the South End, Roxbury/Mission Hill and Hyde Park having higher percentages of residents for both indicators.

Figure 4. Language Diversity, by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

The top spoken languages in Boston other than English are detailed in **Table 1**. Among the populations speaking languages other than English, nearly half speak Spanish (45.3%) and about 1 in 10 speak Chinese (11.4%), including Mandarin and Cantonese.

Table 1. Top Languages Spoken by 3,000+ People, by Boston, 2019-2023

Spoken by Over 10,000 People	Count	Percent of All Languages	Percent of Languages Other than English
Speak only English	409,550	65.8%	--
Spanish	96,713	15.5%	45.3%
Chinese (incl. Mandarin, Cantonese)	24,271	3.9%	11.4%
Haitian	16,454	2.6%	7.7%
Portuguese	10,977	1.8%	5.2%
Vietnamese	10,201	1.6%	4.8%
Spoken by Over 3,000 People			
French (incl. Cajun)	4,239	0.7%	2.0%

Russian	4,161	0.7%	2.0%
Amharic, Somali, or other Afro-Asiatic	4,100	0.7%	1.9%
Hindi	3,460	0.6%	1.6%
Korean	3,292	0.5%	1.5%
Arabic	3,178	0.5%	1.5%
Yoruba, Twi, Igbo, or other of Western Africa	3,066	0.5%	1.4%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Education

Education is a key social determinant of health, influencing health outcomes across the lifespan. Access to quality early education supports healthy development in children, laying the foundation for academic success, emotional well-being, and long-term physical health. Higher levels of educational attainment are also linked to increased health literacy, better access to resources, and reduced risk of chronic conditions in adulthood.

Boston Public Schools

Interview and focus group participants of the City of Boston CHNA shared mixed sentiments about the public education system in Boston. Some participants described the school system as well-resourced, particularly as it relates to providing meals for low-income students. Other participants expressed concern about the ability of the public education system to provide access to quality education for all students, given the high needs of Boston Public School (BPS) students. Further, these participants also questioned whether BPS has the required resources to fully prepare graduates for higher education and employment opportunities.

Interview and focus group participants reported that low-income families needed more support to make education accessible for their children. Whether it be early education and childcare or access to secondary education, participants noted a need for more support and resources to improve access.

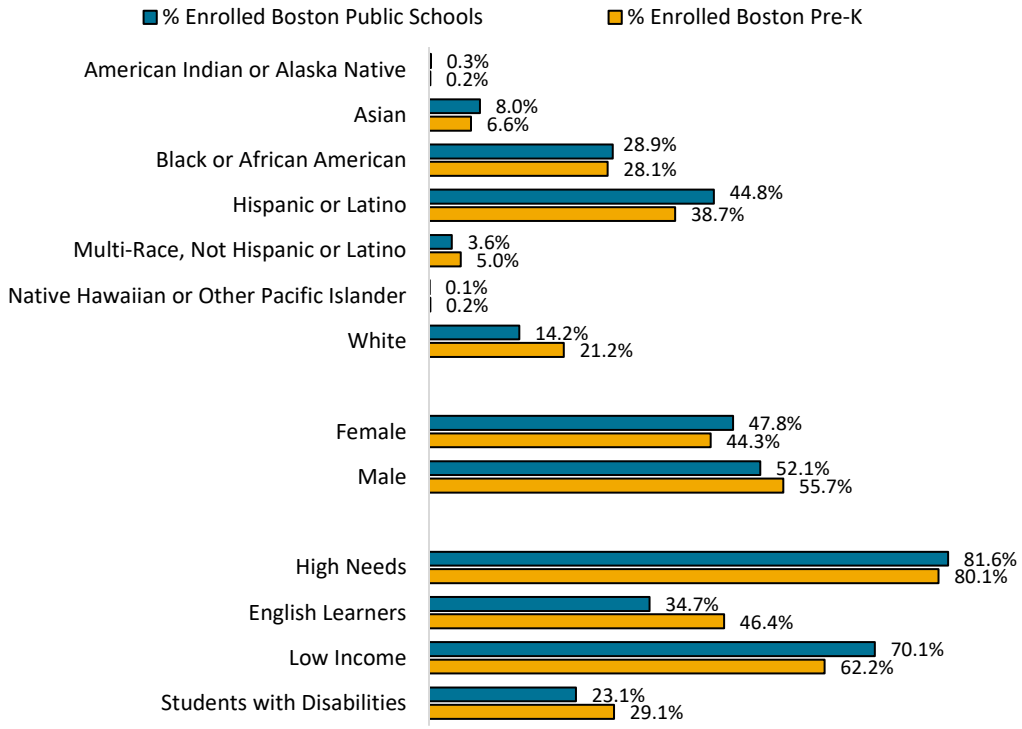
> ***"Low-income families are also struggling to access free or affordable early education and childcare….This leads to a parent not being able to work or children that can't access pre-K."***
>
> *– Boston CHNA Interview Participant*

The Boston Public School (BPS) District currently educates over 45,000 children, representing about 74% of all school-age children living in Boston, and is one of the most diverse school districts in the nation. The characteristics of the population enrolled in BPS and Boston's Public Pre-Kindergarten programs are shown in **Figure 5**.

Hispanic or Latino students make up the highest percentage of public-school enrollments (44.8% BPS and 38.7% Pre-K), followed by Black and African American students (28.9% BPS and 28.1% Pre-K). Importantly, in the context of health and access to health care, students who were designated as 'High Need' make up over 80% of the student population. This designation is determined by whether students fall into any of the Low Income, English Learner, or a Student with Disabilities categories. When examined individually, low-income students make up

about 60-70% of the student population, English learners about 35-45%, and students with disabilities 23-29%.

Figure 5. Characteristics of Boston Public School Enrolled Populations, 2024-2025



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2024-2025;
NOTE: Students with disabilities defined as students who have an Individualized Education Program (IEP). Low Income indicates students who are eligible for free or reduced-price lunch; receive transitional aid to families benefits; or is eligible for food stamps; English Learners indicates students whose first language is a language other than English and who is unable to perform ordinary classroom work in English. High Needs indicates students who are designated as either Low Income, English Learner or Former English Learner, or a Student with Disabilities.

Several participants from the City of Boston CHNA highlighted the needs of children with developmental concerns, which one Boston Children's interviewee noted was a significant proportion of the student population – ***"You can see the population of students with broad special education needs is significant-over 20%. This has been a concern, particularly more with the pandemic-impact on child development."***

Many identified a great need for safe spaces in schools and the community in which children and youth with special needs can be understood and safely play. One parent shared an experience in which the police were called to a simple playground incident, where ***"they had to write a report, and it is now on his record that he pushed a girl."***

Another common concern was the lack of support when young people begin transitioning out of the school system or into adult care. There was a desire for schools to provide more resources to help caregivers support the transition. Some also noted that some 'special needs' are identified too late, or some support ends too soon, further complicating transitions.

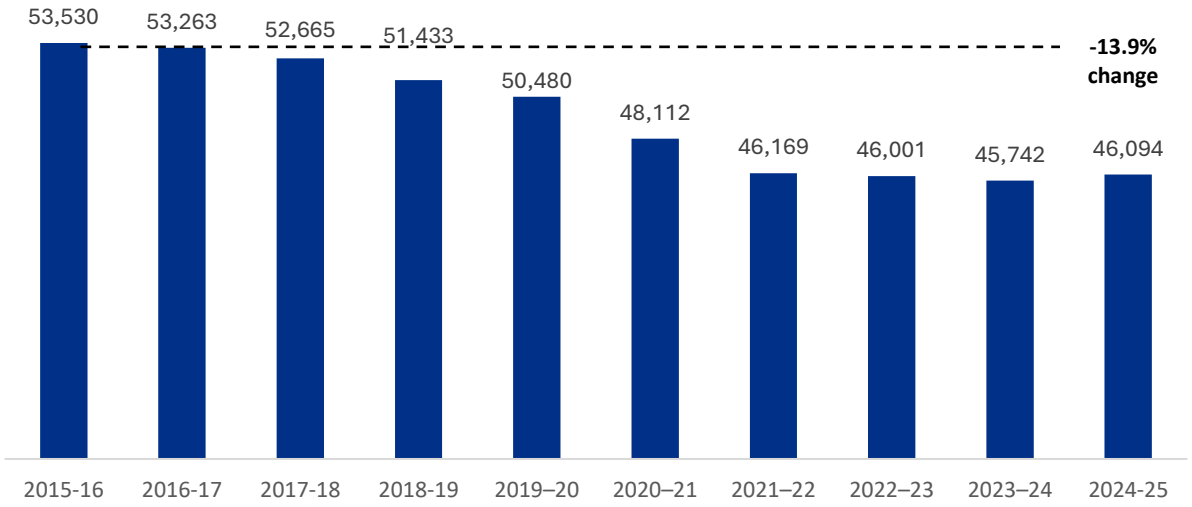
> ***"One of my children has autism, and there are a lot of supports that are removed by the time they are teenagers, which doesn't make any sense,***

because autism is something that they will be dealing with for the rest of their life."

-Boston CHNA Focus Group Participant

Over the past decade, BPS has experienced a steady decline in student enrollment. Between the 2015-16 and 2024-25 school years, total enrollment decreased by approximately 13.9% (**Figure 6**). The largest year-over-year drop occurred during the early years of the COVID-19 pandemic, particularly between the 2019-2020 and 2020–21 school year.

Figure 6. Trend in Boston Public Schools Enrollment, Pre-K through 12th Grade (School Years 2015–16 to 2024–25)



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, District Profiles, 2015–2025.

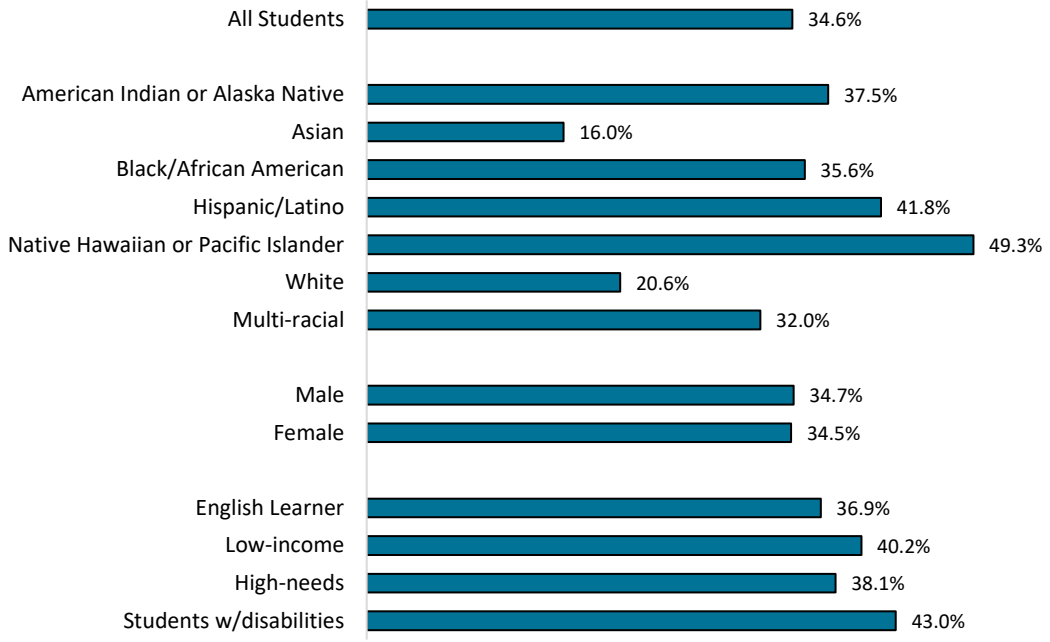
School Absenteeism

"I think truancy is a big thing and chronic absenteeism and that is an indicator of school not being a safe space for them. A lot more familial conflicts we know of, and it is hard to have these conversations at home and can trigger a lot of behavioral health consequences"

- BCH CHNA Focus Group Participant

Missing school can negatively impact academic success and student well-being by limiting students' ability to keep up with coursework, build strong peer relationships, and stay connected to supportive adults and resources. Chronic absenteeism is often both a symptom and a cause of a broader challenge, such as health issues, housing instability, school climate concerns, or unmet mental health needs. As shown in **Figure 7**, over one-third (34.6%) of Boston high school students were identified as chronically absent 10% or more days. The percentage was highest among Native Hawaiian or Pacific Islander students (49.3%), students with disabilities (43%), Hispanic/Latino students (41.8%), and students from low-income households (40.2%).

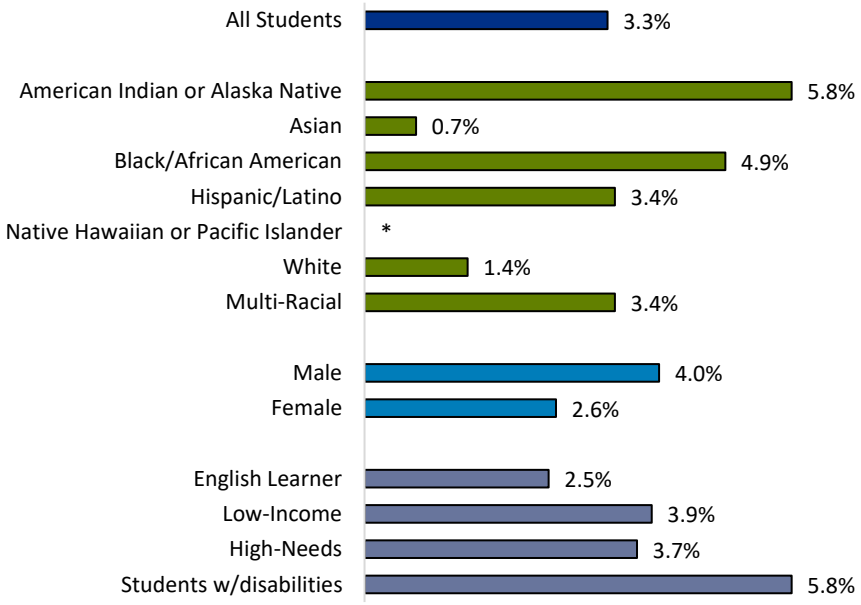
Figure 7. Percent of Boston Public School Students Chronically Absent 10% or More Days, by Selected Demographics, 2023-2024



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2023-2024

Likewise, school suspension can interrupt learning and disproportionately affect students from marginalized groups, further compounding educational and other disparities. When looking at school suspension rates among Boston Public School students (**Figure 8**), the overall rate was 3.3%. This rate was highest among American Indian or Alaska Native students (5.8%), Black or African American students (4.9%), and students with disabilities (5.8%).

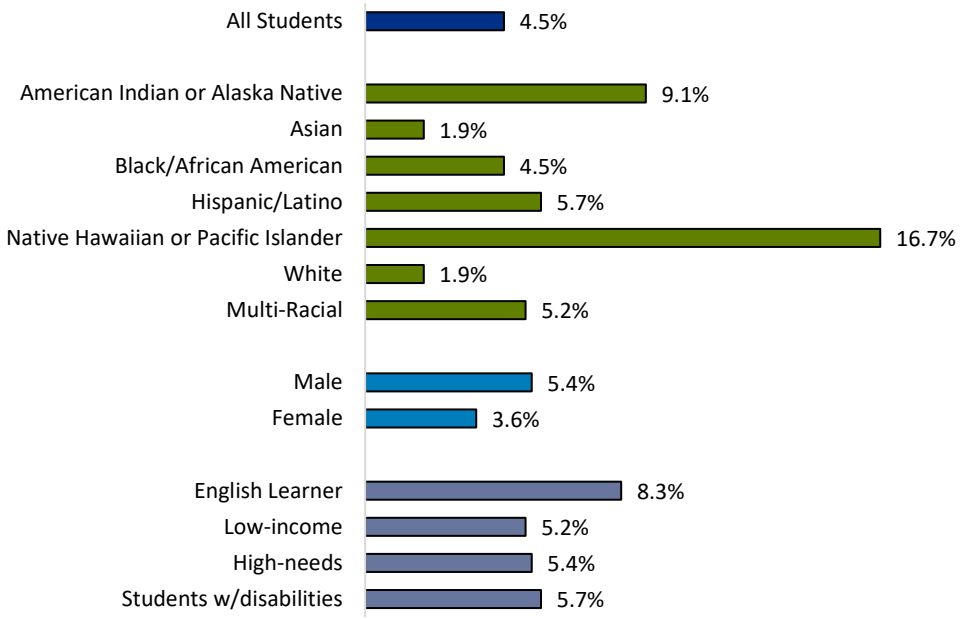
Figure 8. Percent of Boston Public School Students with an Out-of-School Suspension, by Selected Demographics, 2023-2024



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2023-2024;
NOTE: An asterisk (*) means that data is suppressed, as there were fewer than 6 occurrences.

Persistent absenteeism and/or suspensions can set students on a path toward school disengagement, with dropping out being one of the most serious outcomes. As detailed in **Figure 9**, the overall dropout rate was 4.5% among all high school students in Boston Public Schools. The rate was higher for Native Hawaiian or Pacific Islander students (16.7%), American Indian or Alaska Native students (9.1%), and English Learners (8.3%).

Figure 9. Dropout Rate of Boston High School Students, by Selected Demographics, 2022-2023



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2023-2024;
NOTE: Dropout rate Indicates the percentage of students in grades 9-12 who dropped out of school between July 1 and June 30 prior to the listed year and who did not return to school by the following October 1. Dropouts are defined as students who leave school prior to graduation for reasons other than transferring to another school.

Educational Attainment

> ***"We need to ensure that this current generation will have a future. Many parents can't afford to pay for college for their children. There needs to be more assistance for low-income families to send their kids to good colleges so that they can get ahead in life."***
>
> *– Boston CHNA Focus Group Participant*

Educational attainment is a key driver of lifelong health, economic stability, and opportunity, making it an important indicator of community well-being. Based on US Census estimates (**Table 2**), a high number of Boston residents over the age of 25 have graduated from high school (89%), with the highest percentages among residents of South Boston (96.1%), Back Bay (96%), West Roxbury (95.1%), Charlestown (94.3%), Allston/Brighton (94.1%), Jamaica Plain (93.9%), and Fenway (93.1%).

Overall, 54% of Boston residents have a bachelor's degree or higher; by neighborhood the percentage was highest for Back Bay (80.8%), Fenway (74.9%), Allston/Brighton (72.9%), Jamaica Plain (72.6%), South Boston (72.6%), and Charlestown (71.4%).

Table 2. Educational Attainment of Population Over 25 Years Old, by Type of Education, by Boston and Neighborhood, 2019-2023

	High school graduate or higher	Bachelor's degree or higher
Boston	**88.9%**	**54.1%**
Allston/Brighton	94.1%	72.9%
Back Bay	96.0%	80.8%
Charlestown	94.3%	71.4%
Dorchester (02121, 02125)	81.8%	32.7%
Dorchester (02122, 02124)	83.9%	33.1%
East Boston	77.4%	38.2%
Fenway	93.7%	74.9%
Hyde Park	88.3%	32.5%
Jamaica Plain	93.9%	72.6%
Mattapan	87.4%	24.3%
Roslindale	89.3%	51.9%
Roxbury/Mission Hill	80.2%	33.9%
South Boston	96.1%	72.6%
South End/Chinatown	86.0%	57.9%
West Roxbury	95.2%	64.2%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Employment and Income

Employment and income are closely tied to health outcomes, shaping access to basic needs such as housing, food, and health care. Stable, well-paying jobs contribute to financial security and reduce stress, while unemployment or low wages can increase the risk of poor health.

A handful of City of Boston CHNA interview and focus group participants noted that the high cost of college, as well as difficulty accessing job training programs, prevent some residents from being viable candidates in what they described as a competitive job market. Low-income community members were seen as the most at risk of being unprepared to enter the workforce given deficits in education access.

Focus group and interview participants of the Boston Children's CHNA process specifically identified a need for more high-quality youth workforce development within the City of Boston, including internships and programs through corporate institutions and hospital systems. Participants described existing programs as not expansive enough to offer sufficient opportunities to the city's youth. As one participant stated, ***"The city has their OYEA program, and it is not big enough. There needs to be more accountability and opportunity for workforce development for youth."***

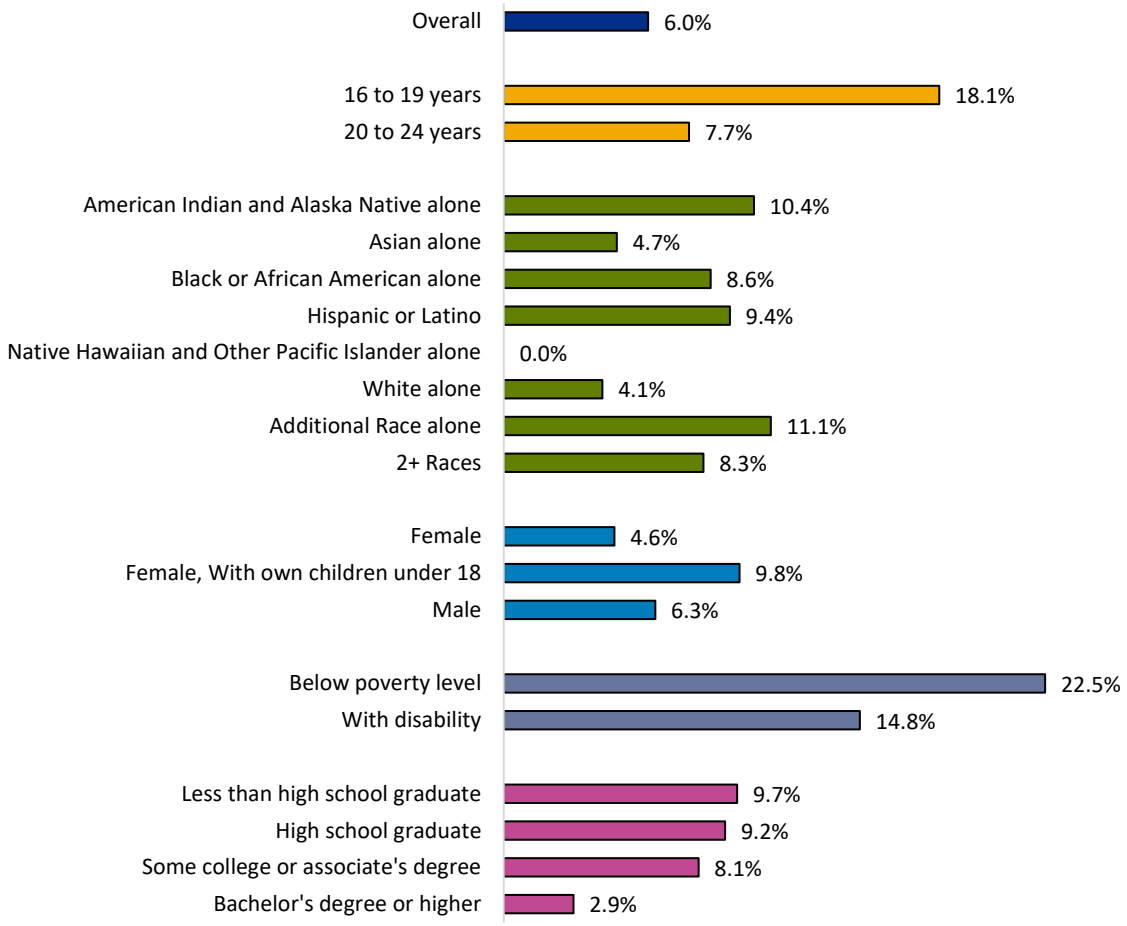
Participants also named additional benefits of having more workforce development programs and job opportunities for youth, such as helping youth stay busy and 'out of trouble'.

> ***"If teenagers can find jobs, then they won't be out on the streets with nothing to do getting into trouble…. It's good for teens to keep their minds busy. There should be a program to help teens get jobs."***
>
> *– BCH CHNA Focus Group Participant*

Unemployment

Census data estimates for the City of Boston overall provide some insight into unemployment rates by sub-population group (**Figure 10**). Over the 2019-2023 time period, which includes the COVID-19 pandemic, the overall unemployment rate for Boston was estimated to be 6%. Unemployment was higher among youth aged 16 to 19 (18.1%), individuals living below the poverty level (22.5%), and individuals with disabilities (14.8%). The rate was also slightly higher among women with children under the age of 18 (9.8%) and non-White/non-Asian racial groups (range between 8-11%).

Figure 10. Unemployment Rate, by Selected Demographics, Boston, 2019-2023

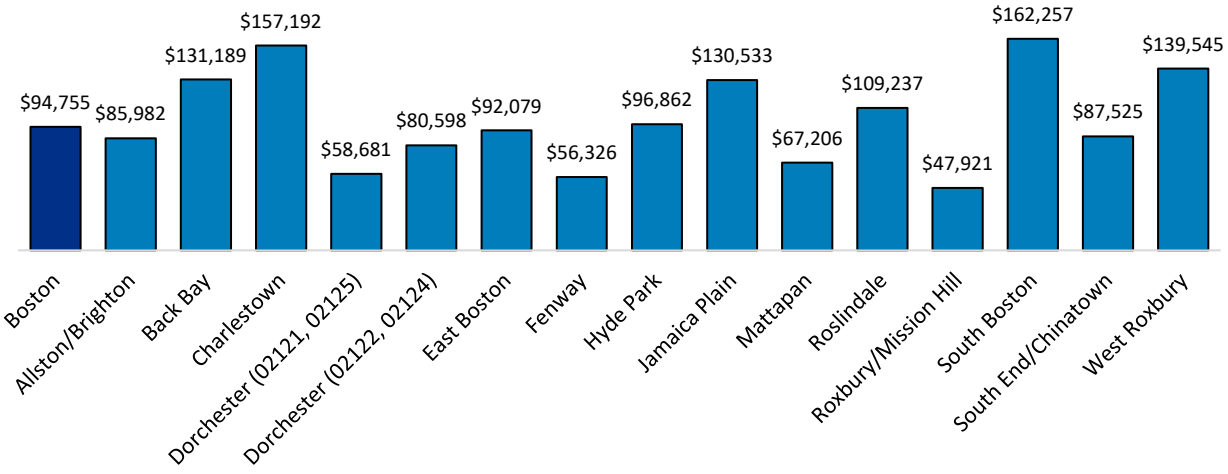


DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Median Household Income

Median household incomes for the overall population in Boston are detailed in **Figure 11**. While the average median income for Boston was nearly $90,000, data by neighborhood show substantial variation, with several neighborhoods exhibiting significantly lower median household incomes, including Roxbury/Mission Hill ($47,921), Fenway ($56,326), parts of Dorchester ($58,681), and Mattapan ($67,206). In contrast, the neighborhoods of Back Bay, Charlestown, South Boston, and West Roxbury all have median household incomes that exceed $130,000.

Figure 11. Median Household Income, by Boston and Neighborhood, 2019-2023



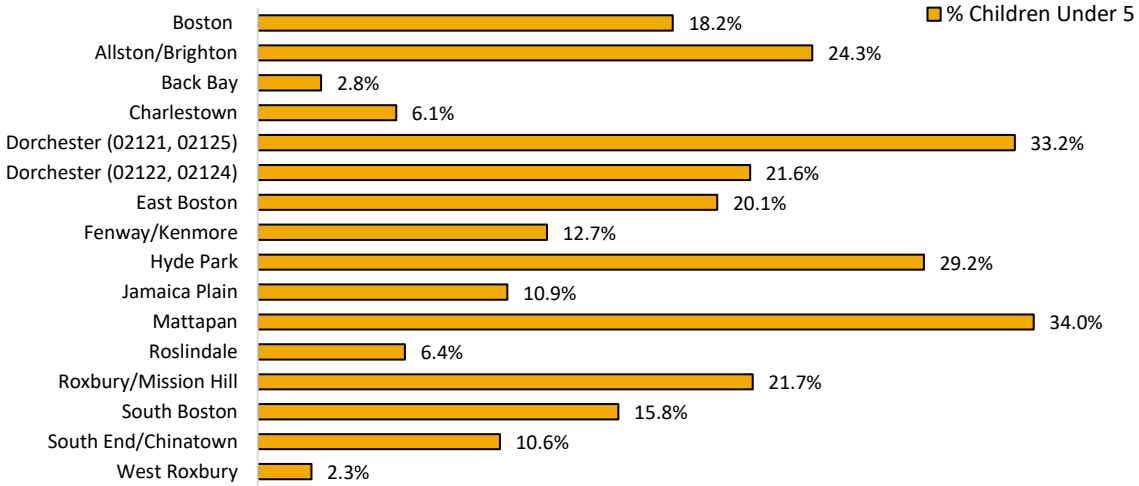
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023; NOTE: Household income is defined by the gross cash income of all people ages 15 or older occupying the same housing unit.

Poverty Rate

Poverty is a fundamental social determinant of health, affecting nearly every aspect of daily life, from housing and nutrition to access to education and health care. The 2025 Federal Poverty Level (100% FPL) for a family of 4 is an annual income of $35,150 or less. Importantly, the FPL does not adjust for cost of living, so this income underestimates the true financial need of families in high-cost areas like Boston, where housing, childcare, and other essentials are significantly more expensive.

Based on Census estimates (**Figure 12**), the overall percentage of children under 5 living in poverty in Boston was 18.2%. These percentages were highest for children in Mattapan (33.2%), parts of Dorchester (33.2% for zip codes 02121 and 02125), Hyde Park (29.2%), and Allston/Brighton (24.3%).

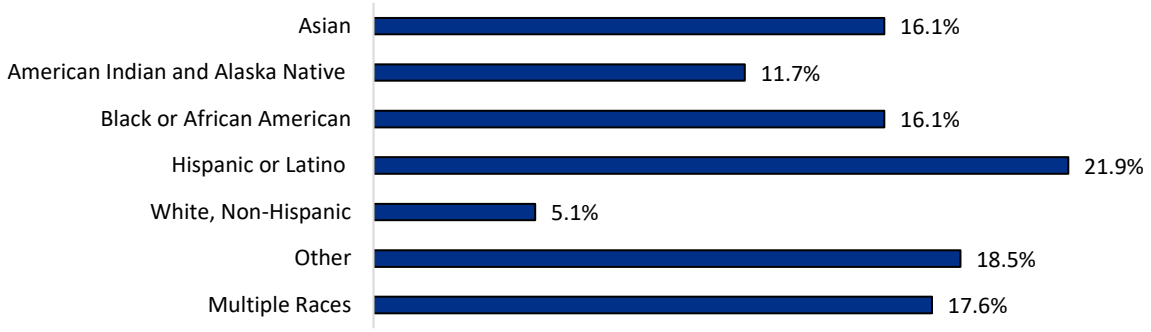
Figure 12. Percent of Children under 5 Living Below Federal Poverty Level, by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023; NOTE: A dash (-) means that data is suppressed, as there was an insufficient amount of sample observations.

At the family-level, when examined by race/ethnicity, the percentage of families living below the poverty level in Boston was highest among Hispanic or Latino families (21.9%), followed by families who identified as an “Other” race or ethnicity (18.5%), and families of multiple races (17.6%) (**Figure 13**).

Figure 13. Percent of Families Below Poverty Level, by Race/Ethnicity, Boston, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Housing

Housing is typically the largest household expense, and, for homeowners, housing can be an important source of wealth. For low-income residents and families, housing instability, the stress of unaffordable housing costs, and poor housing quality increase the risk of adverse health outcomes.

Focus group and interview participants for the Boston Children’s CHNA process identified housing as a major challenge for families in Boston. Participants noted increasing costs of rent, a lack of rental assistance to meet demand, and gentrification as common reasons for families having to move and for transition within communities.

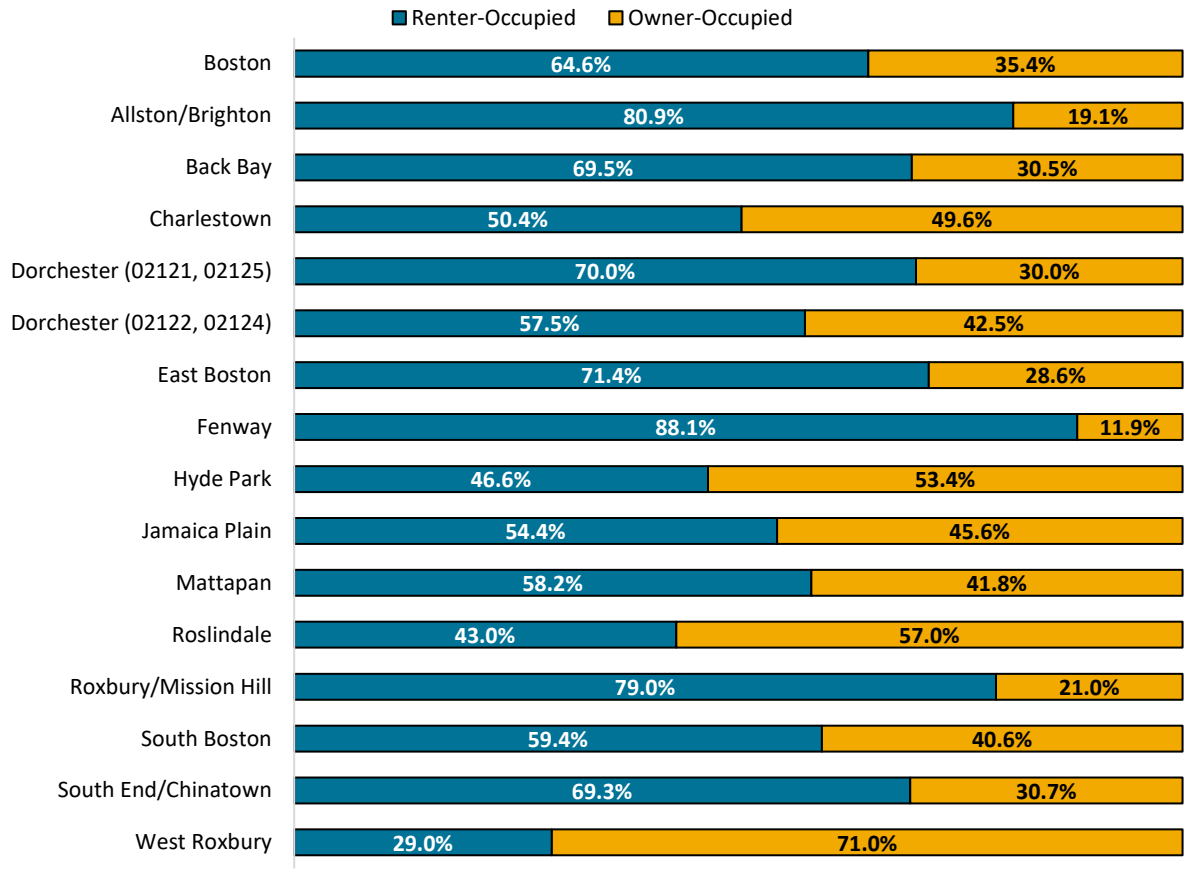
> ***“The communities in and around Boston are in transition. There is a lot of movement in and out of the city and a lot of gentrification. People are concerned about Northeastern and the number of students living in and around communities. There are struggles in the community around housing and lots of transition, which causes other problems.”***
>
> *– BCH CHNA Key Informant Interviewee*

Owner/Renter Status

Housing tenure—whether a household owns or rents their home—can impact stability, wealth-building, and overall health. Renters may face greater housing insecurity and cost burdens compared to homeowners. Most Boston residents rent compared to owning homes. Occupancy data by neighborhood (***Figure 14***) show that overall, 64.6% of Boston housing units are renter-occupied and 35.4% are owner-occupied.

Neighborhoods with higher percentages of renters include Fenway (88.1%), Allston/Brighton (80.9%), and Roxbury (79.0%), while neighborhoods with higher percentages of owner-occupied housing units include West Roxbury (71.0%), Roslindale (57.0%), and Hyde Park (53.4%).

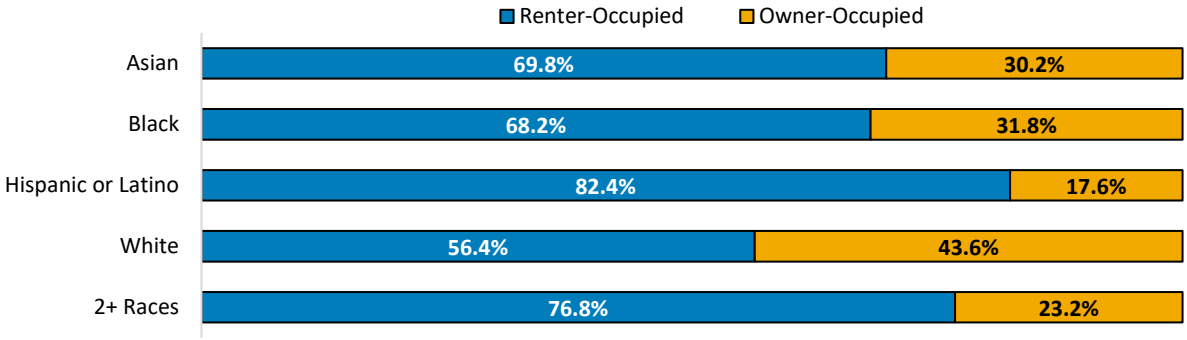
Figure 14. Percent of Occupied Housing Units, by Occupancy Status, by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

As shown in **Figure 15,** when examined by householders' race/ethnicity, the percentage of renter-occupied housing units is higher for Hispanic or Latino residents (82.4%) and residents of two or more races (76.8%), while the percentage of owner-occupied housing units is higher for White residents (43.6%).

Figure 15. Percent of Occupied Housing Units, by Occupant Status, by Race/Ethnicity, Boston, 2019-2023

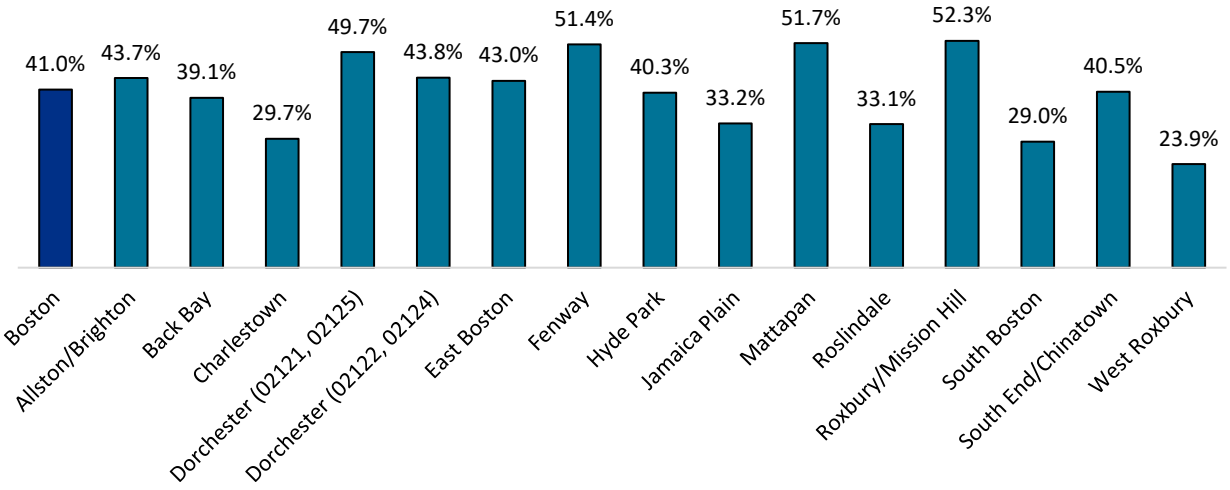


DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Housing Quality

Housing quality is also a challenge throughout Boston, as half of residents in Roxbury, Mattapan, Fenway, and Dorchester report one or more substandard conditions in their homes (**Figure 16**). The percentage reporting substandard conditions in the home was lowest in West Roxbury, but still close to one quarter of occupied housing units. It is important to note that housing costs greater than 30% were considered a substandard condition by the US Census, so the percentages reflect concerns about physical housing conditions as well as cost.

Figure 16. Percent of Occupied Housing Units with One or More Substandard Conditions, by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023; NOTE: Substandard conditions are defined as one of the following: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

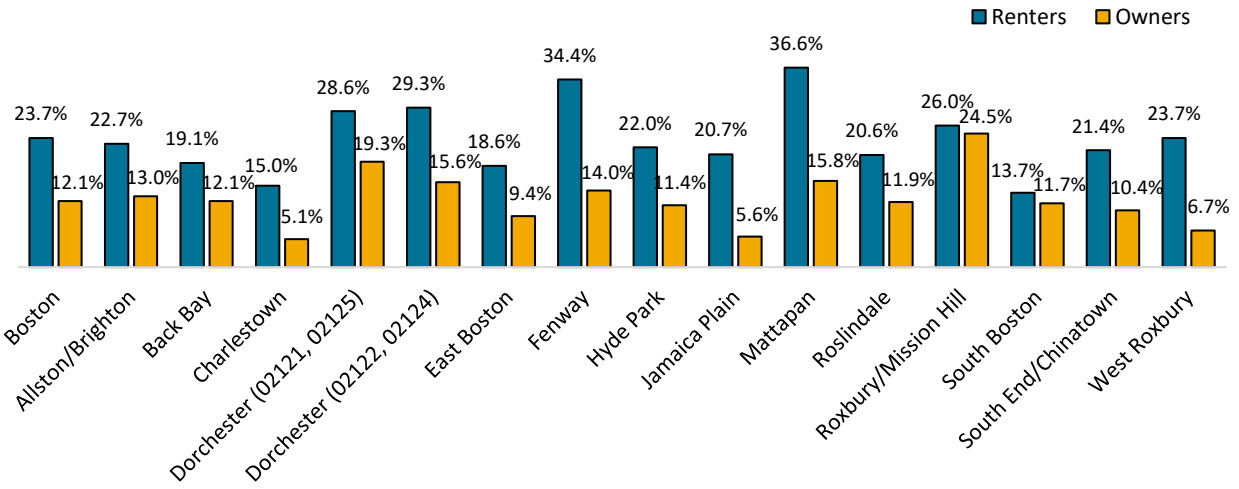
Housing Cost Burden

> ***"More affordable housing is needed. We need to solve this issue because people can't afford to live in their neighborhoods, even the "worst parts" of Dorchester because the rent is too expensive. How can families make this work when 60-70% is needed to pay their rent."***
>
> *– Boston CHNA Key Informant Interviewee*

High housing cost burden occurs when households spend a large portion of their income on housing, leaving fewer resources available for other essential needs like food, health care, and transportation. It is a key indicator of financial strain and housing insecurity. As detailed in **Figure 17,** the percentage of Boston households that are *severely cost burdened* (i.e., costs are 50% or more of household income) was nearly twice as high among renter-occupied households compared to owner-occupied households (23.7% vs. 12.1%).

Severe cost burden housing was particularly high among renters in the neighborhoods of Dorchester, Fenway, and Mattapan. Notably, in Roxbury/Mission Hill the percentage reporting severe housing cost burden was highest among owner-occupied households (24.5%), which was similar to the percentage among renter-occupied households in that neighborhood (26.0%), likely related to the low median household income noted previously.

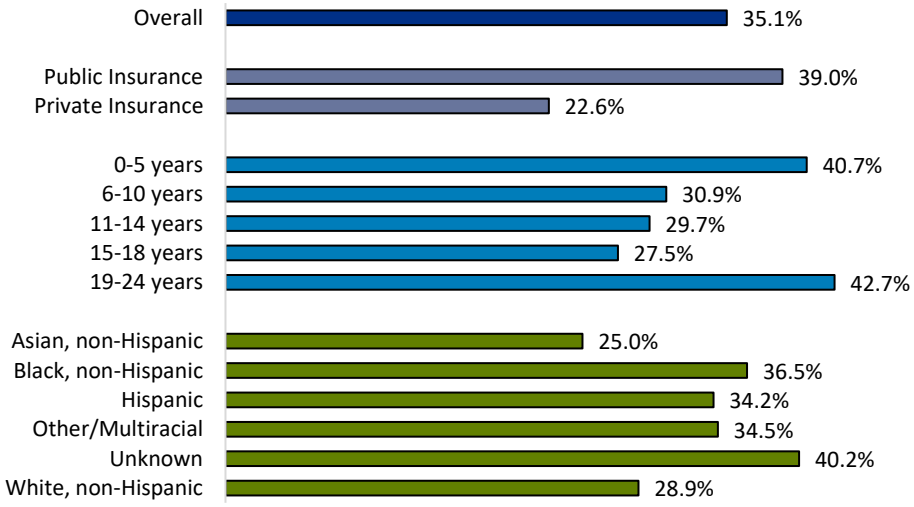
Figure 17. Percent of Residents Whose Housing Costs are 50% or More of their Household Income (Severely Cost-Burdened), by Boston and Neighborhood, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Figure 18 shows the percentage of Boston Children's Hospital primary care patients who screened positive for housing needs. Overall, more than one-third of patients residing in Boston screened positive (35.1%). Subgroups with higher rates included patients with public insurance (39.0%), patients in the youngest and oldest age groups (40.7% among 0-5 years and 42.7% among 19-24 years), and all race/ethnicity groups other than White and Asian.

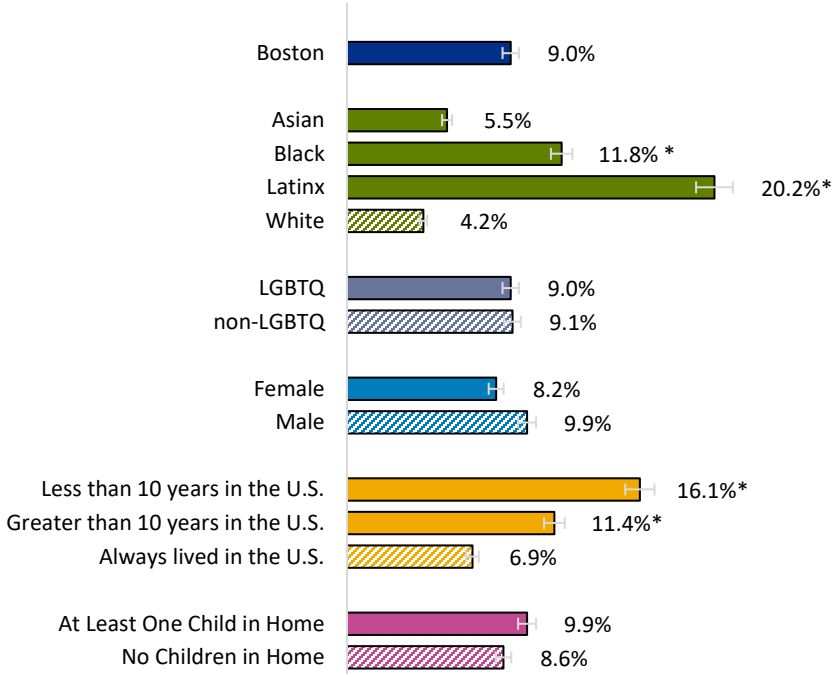
Figure 18. Percent of BCH Primary Care Patients Living in Boston who Screened Positive for Housing Needs, by Selected Demographics, 2023



DATA SOURCE: Boston Children's Hospital EMR via REDCap; Includes patients (N=10,981) who had a well visit at a BCH primary care site in calendar year 2023 and resided in a Boston ZIP code; Results of HRSN screening recorded during this period.

Additional data from the Boston Behavioral Risk Factor Surveillance System indicated that about 9% of Boston residents were worried they would need to move in the next two months because of cost (**Figure 19)**. This percentage varied across several demographics - Latinx adults were significantly more likely to worry about moving (20.2%) compared to White (4.2%) or Asian adults (5.5%), and adults who had lived in the U.S. for less than 10 years were also significantly more likely to worry about moving because of cost (16.1%) compared to adults who had always lived in the U.S.

Figure 19. Percent Adults Reporting Worrying about Having to Move in the Next Two Months Because of Cost, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

Unhoused Families and Youth

Between 2023 and 2024, the number of unhoused families increased by 1.7%, the number of unhoused people in families by 9.4%, and the number of unaccompanied youth by 17.9% (**Table 3**). Among Boston Public High School Students (data not shown), 3.1% of students reported on the High School Youth Risk Behavior Survey that they had experienced unstable housing in the prior year. This percentage was highest among Hispanic/Latino students (4.3%).

Table 3. Number of People Deemed Homeless, by Selected Demographics, Boston, 2023-2024

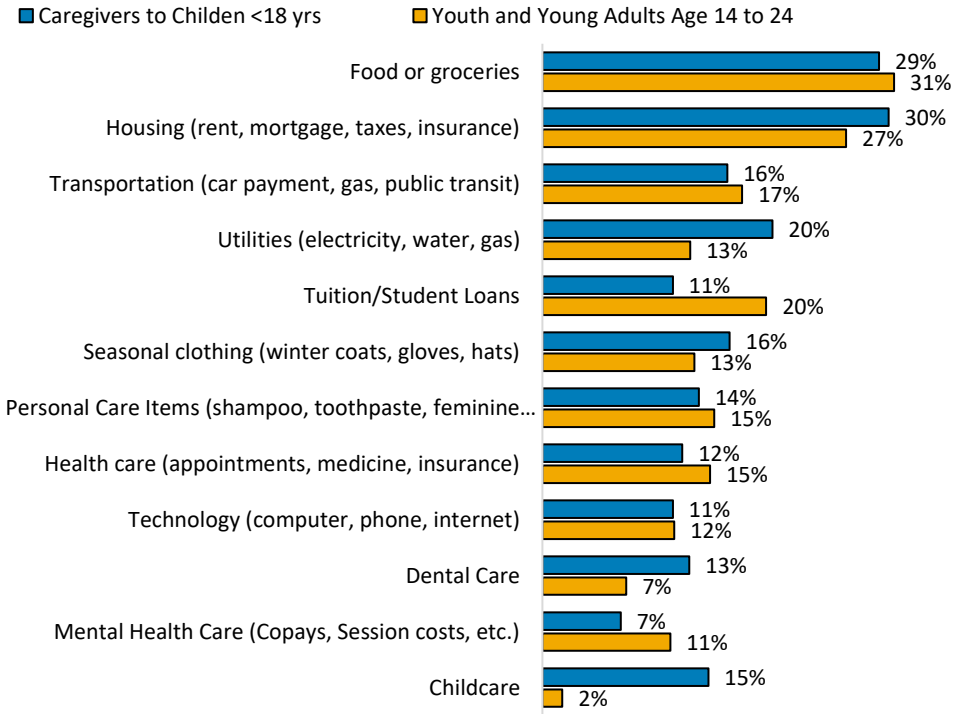
	Families	People in Families	Unaccompanied Youth
Boston, 2023	1,131	3,399	112
Boston, 2024	1,150	3,720	132
% change	1.7%	9.4%	17.9%

DATA SOURCE: 2024 Annual Homeless Census Memo, City of Boston

Basic Needs and Cost of Living

Meeting basic needs, such as food, housing, health care, and transportation, is essential for individual and family well-being; however, rising costs of living can make these necessities increasingly out of reach. The Boston 2025 Community Health Needs Assessment Survey data were stratified to better understand the types of costs that caregivers with children and youth or young adults aged 14 to 24 were struggling to afford (**Figure 20**). Among both groups, food or groceries and housing costs ranked highest, with approximately 30% identifying food and groceries and between 27-30% identifying housing. Transportation ranked third among both groups with about 16-17% reporting having trouble paying. Some findings differed between the groups as expected based on their unique needs, such as childcare costs being identified among caregivers (15%) and tuition or student loans among youth (20%).

Figure 20. Percent of Boston CHNA Survey Respondents that Reported Having Trouble Paying for Specific Costs of Living, by Selected Demographics, 2025



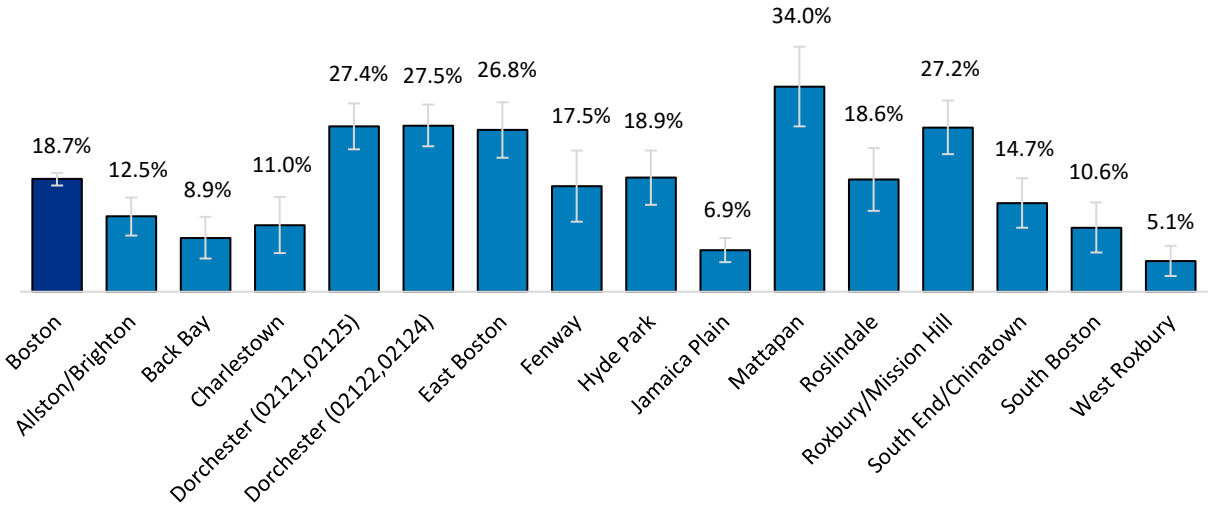
DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

Food Insecurity

Food insecurity, defined as individuals or families lacking reliable access to enough affordable, nutritious foods, can have serious impacts on health, development, and overall well-being. It is both a symptom and a driver of broader economic hardship. Estimates of the level of food insecurity by neighborhood are available from the Boston Behavioral Risk Factor Surveillance System, which provides several indicators of food access and insecurity.

As shown in **Figure 21,** the percentage of adults reporting that food did not last at some point in the past year was highest among Mattapan residents (34%), all parts of Dorchester (27.5% and 27.4%), East Boston (26.8%), and Roxbury/Mission Hill (27.2%).

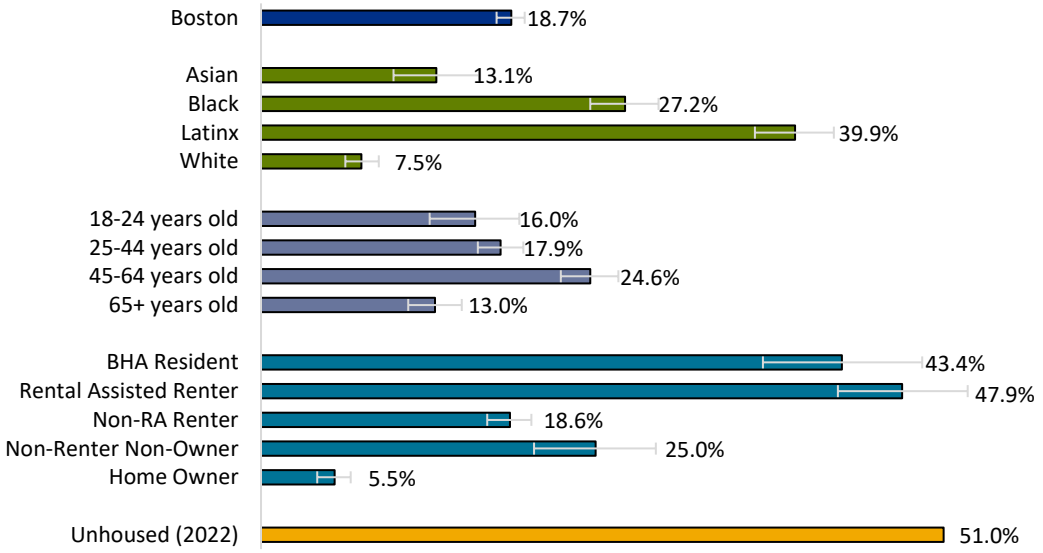
Figure 21. Percent of Adults Reporting that Food Didn't Last in the Past Year, by Boston and Neighborhood, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Question on survey was "'We were hungry but didn't eat because we couldn't afford enough food.' Was that often, sometimes, or never true for you or your household in the last 12 months?" Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

When this indicator was explored by demographic group (**Figure 22**), the percentage of adults reporting that food did not last at some point in the past year was highest among individuals who are unhoused (51.0%), rental assisted renters (47.9%), Boston Housing Authority residents (43.4%), and Latinx residents (39.9%).

Figure 22. Percent Adults Reporting that Food Didn't Last in the Past Year, by Boston and Selected Demographics (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Question on survey was "'We were hungry but didn't eat because we couldn't afford enough food.' Was that often, sometimes, or never true for you or your household in the last 12 months?" Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval. Unhoused demographic from a subset survey conducted in 2022 only.

Additional data from Map the Meal Gap also provides estimates of food insecurity among children. As detailed in **Table 4,** data estimated that in 2023, 13.2% of children in Massachusetts were food insecure. This rate was nearly twice as high in Massachusetts District 7 (22.6%), which represents approximately three-fourths of the City of Boston. Among this food insecure population, it is further estimated that 17% of food insecure children in District 7 and 23% of food insecure children in Suffolk County are not eligible for Federal Nutrition Programs based on household income >185% of the Federal Poverty Line (FPL). Note: in Massachusetts, families may be eligible for programs if their income is up to 200% of the FPL.

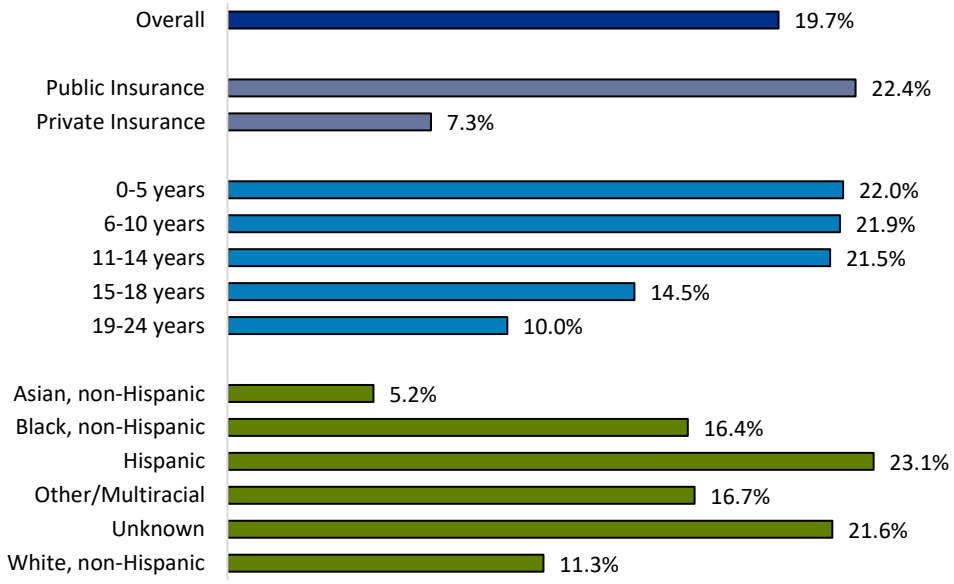
Table 4. Food Insecurity Among Children, by State, County, and Food Bank, 2023

	% Food Insecure	% of Food Insecure Population Based on their Eligibility for Federal Nutrition Programs	
		Eligible (≤ 185% poverty)	Not Eligible (>185% poverty
Massachusetts	13.2%	68%	32%
Suffolk County	20.8%	78%	23%
Massachusetts District 7	22.6%	83%	17%

DATA SOURCE: Map the Meal Gap, Feeding America, 2023; NOTE: Massachusetts District 7 is a congressional district located in eastern Massachusetts, including roughly three-fourths of the city of Boston and a few of its northern and southern suburbs.

Figure 23 shows the percentage of Boston Children's Hospital primary care patients who screened positive for food needs. Nearly one in five patients screened positive for a food-related need (19.7%). Subgroups with higher rates included patients with public insurance (22.4%), patients in younger age groups (approximately 22% among 0-14 years), and all race/ethnicity groups other than White and Asian.

Figure 23. Percent of BCH Primary Care Patients Living in Boston who Screened Positive for Food Needs, by Selected Demographics, 2023



DATA SOURCE: Boston Children's Hospital EMR via REDCap; Includes patients (N=10,981) who had a well visit at a BCH primary care site in calendar year 2023 and resided in a Boston ZIP code; Results of HRSN screening recorded during this period.

Food Access

The Supplemental Nutrition Assistance Program (SNAP) provides financial assistance to help low-income individuals and families afford nutritious food. Estimates of the percentage of households that receive SNAP benefits are available from the US Census (**Table 5**). Across all neighborhoods, the percentage of households with children receiving SNAP was higher than the percentage of households receiving SNAP overall (33.6% vs. 18.6%, respectively), which highlights the increased economic vulnerability of families living in Boston.

Neighborhoods with the highest percentage of households with children receiving SNAP included Roxbury/Mission Hill (56.5%), all parts of Dorchester (54.0% and 42.2%), and Mattapan (43.6%). Neighborhoods with the lowest percentages included Back Bay (10.2%), West Roxbury (14.6%), and Jamaica Plain (19.2%).

Table 5. Percent of Households Receiving SNAP Benefits, by Boston and Neighborhood, 2019-2023

	% of All Households	% of Households with Children Under 18 Years	Difference
Boston	**18.6%**	**33.6%**	*+14.9%*
Allston/Brighton	11.8%	29.5%	*+17.7%*
Back Bay	9.2%	10.2%	*+0.9%*
Charlestown	12.2%	26.8%	*+14.6%*
Dorchester (02121, 02125)	35.7%	54.0%	*+18.3%*
Dorchester (02122, 02124)	29.0%	42.2%	*+13.2%*
East Boston	15.6%	23.5%	*+7.8%*
Fenway	13.3%	30.9%	*+17.6%*
Hyde Park	20.9%	25.0%	*+4.1%*
Jamaica Plain	10.8%	19.2%	*+8.5%*
Mattapan	31.7%	43.6%	*+11.8%*
Roslindale	18.2%	23.4%	*+5.2%*
Roxbury/Mission Hill	36.0%	56.5%	*+20.5%*
South Boston	9.2%	28.4%	*+19.2%*
South End/Chinatown	20.1%	27.2%	*+7.2%*
West Roxbury	9.4%	14.6%	*+5.2%*

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

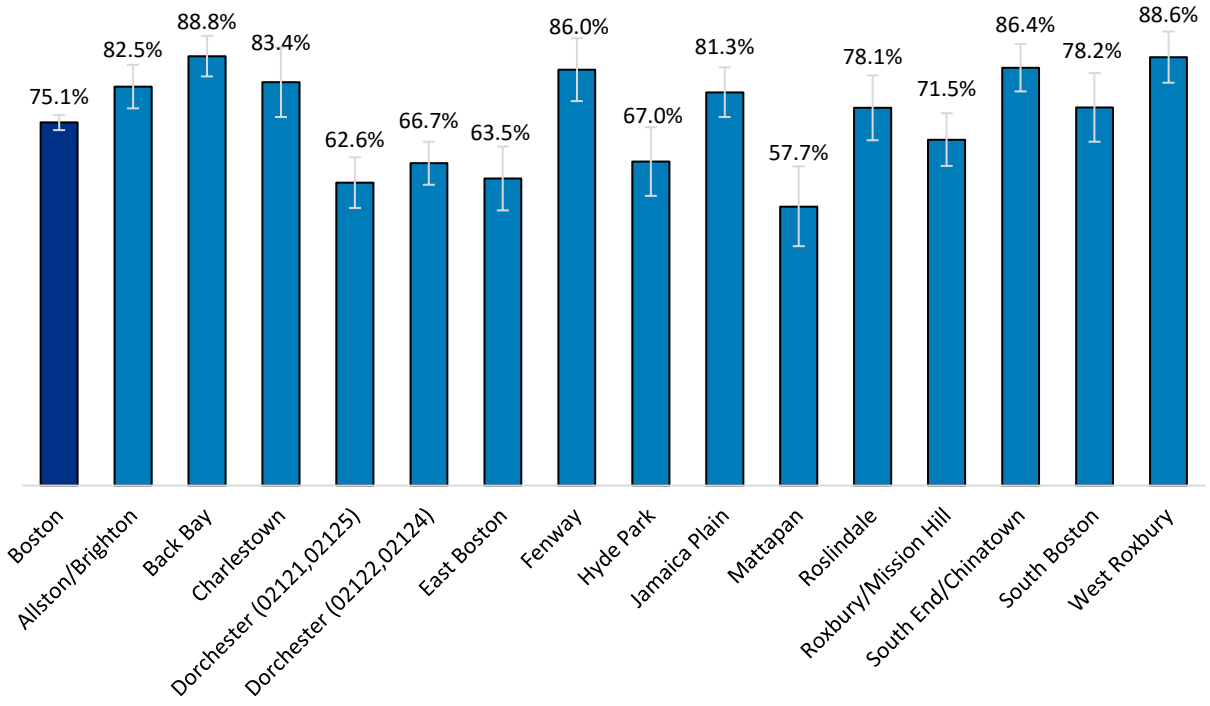
While programs like SNAP help address financial barriers to food, many residents also face challenges related to the physical availability of healthy options, such as limited nearby grocery stores or affordable fresh produce. City of Boston CHNA focus group and interview participants identified challenges in accessing healthy, affordable food, noting that inexpensive and easily accessible options are often “junk food” and heavily processed. Participants described ***“organic food is way overpriced, while unhealthy food is affordable.”*** Participants further explained that because of cost-related barriers to accessing healthy food, kids often end up eating more processed, cheap food. However, one Boston Children’s CHNA interview participant noted that

kids are now **"*drinking more water than ever before"*** and that sugar sweetened beverage consumption was ***"heading in a good direction"***.

> ***"The food that is available is largely processed…Now we have so many parents who are out working or whatever, and the food that is the cheapest is all processed. It's not healthy. Me just being on a diet for the month of January, I can't even tell you how much money I spent on health food options that were healthy. And it's kind of disgusting that in order to eat healthy, you have to be broke. Like there's no balance. So, so many kids are eating processed food"***
>
> *– Boston CHNA Focus Group Participant*

Boston Behavioral Risk Factor Surveillance System data illustrate this perception of limited access to healthy foods in some parts of Boston. As shown in **Figure 24,** 75% of respondents overall reported it was easy to purchase healthy foods in their neighborhoods. Fewer residents in Mattapan (57.7%), all parts of Dorchester (62.3% and 66.7%), Hyde Park (67.0%), and East Boston (63.5%) residents reported it was easy to purchase healthy foods in their neighborhoods.

Figure 24. Percent Adults Reporting Easy to Purchase Healthy Foods in their Neighborhoods, by Boston and Neighborhood, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Question asked in survey was "To what degree would you agree with this statement: 'It is easy to purchase healthy foods in my neighborhood such as whole grain foods, low fat options, and fruits and vegetables.'" Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Transportation

Affordable and reliable transportation is essential for accessing jobs, schools, health care, healthy foods, and other vital services. Some City of Boston CHNA focus group and interview participants described their communities as convenient to get around and walkable, while other participants described transportation barriers. While roadways, traffic, and construction were frequently mentioned as bothersome, public transportation was discussed the most frequently. Public transportation in Boston was described as ***"convenient"*** but also ***"not perfect"***, given how often it can break down, safety concerns, and limited access in certain areas of Boston.

> ***"Transportation is an issue, especially if you need to travel outside of your neighborhood and rely on the T. Winter can also make it difficult for families to get around due to the icy sidewalks. You see families with multiple young kids relying on public transit."***
>
> *– Boston CHNA Key Informant Interviewee*

Interview and focus group participants of the City of Boston CHNA also discussed accessibility challenges with public transportation, particularly for children with disabilities. The lack of accessibility on public transit ultimately leads to additional expenses for families who must find alternate ways to get their children to school, appointments, and more.

> **"*[Kids with disabilities] can't take the buses… and it is expensive to drive kids around the city to bring them to different schools."***
>
> *– Boston CHNA Focus Group Participant*

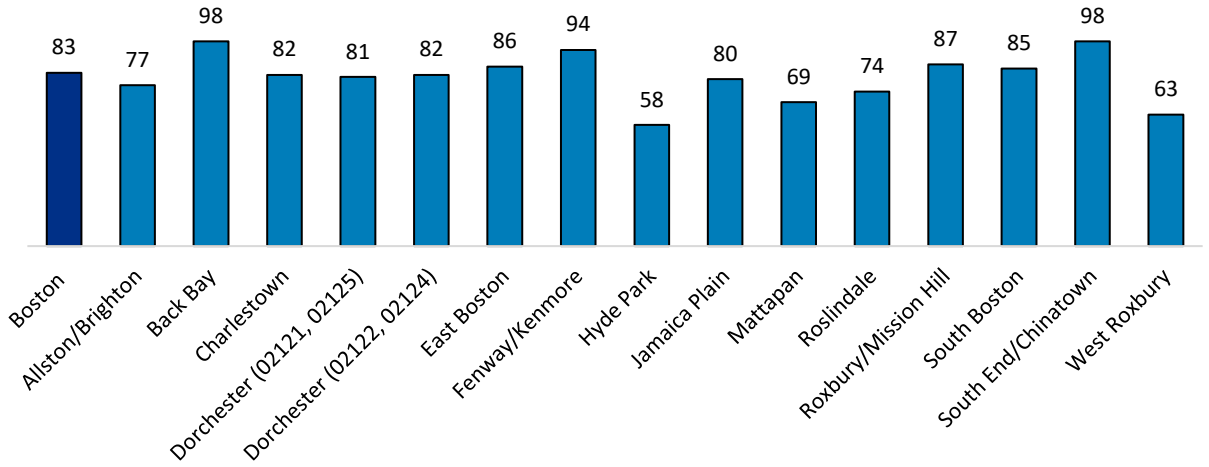
> ***"Our transportation system in Boston is not that great. It's always breaking down. That makes it hard to get to services even when they exist."***
>
> *- BCH CHNA Focus Group Participant*

The cost of transportation also emerged as a challenge for some discussion participants and was described as another bill that has to be paid, contributing to the challenges for families who live ***"paycheck-to-paycheck"***. While public transit fares were generally perceived as affordable, costs related to owning a vehicle (e.g., gas, parking, car payments) were not. This observation is echoed by the data from the community survey, where 16% of caregivers to children <18 years and 17% of youth and young adults reported having trouble paying for transportation (e.g., car payments, gas, and public transit) in the past 12 months (data not shown). When the survey data were examined by race/ethnicity among all respondents, Black and Latinx respondents reported transportation cost burden the most (23.8% and 22.8%, respectively).

For youth and families who may rely on walking or public transportation, greater walkability may also support access to healthy or fresh foods. ***Figure 25*** shows the 'Walk Score' ratings across Boston neighborhoods, which reflect proximity to amenities and pedestrian friendliness. Boston overall has a high average score of 83, but neighborhood differences are stark. Walkability is highest in Back Bay, South End, and Fenway/Kenmore (each scoring 94 or higher), indicating strong access to nearby destinations like grocery stores, schools, and parks. In contrast, Hyde

Park (58), West Roxbury (63), and Mattapan (69) have the lowest walkability scores, suggesting limited infrastructure and accessibility for walking.

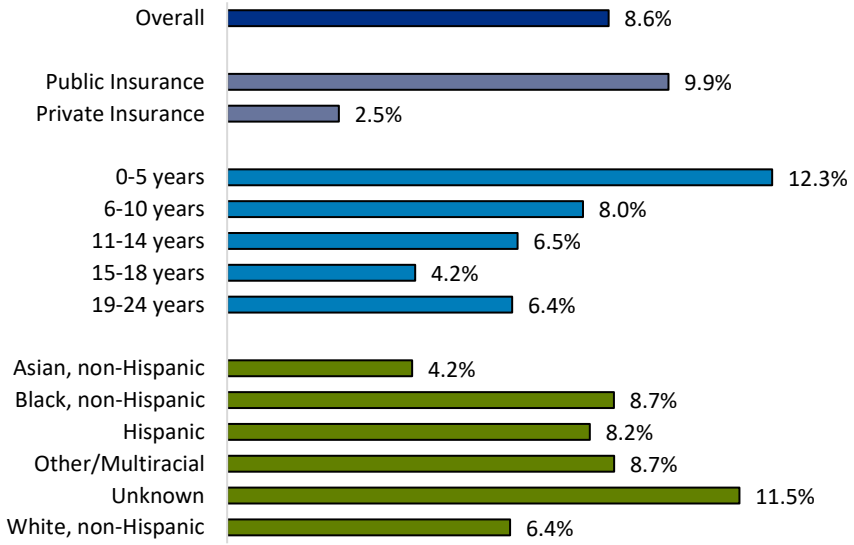
Figure 25. Walkability Score, by Boston and Neighborhood, 2025



DATA SOURCE: Walk Score, 2025; NOTE: Walk Score measures the walkability of any address using a patented system. For each address, Walk Score analyzes hundreds of walking routes to nearby amenities. Points are awarded based on the distance to amenities in each category. Amenities within a 5-minute walk (.25 miles) are given maximum points. A decay function is used to give points to more distant amenities, with no points given after a 30-minute walk; Walk Score also measures pedestrian friendliness by analyzing population density and road metrics such as block length and intersection density. Data sources include Google, Factual, Great Schools, Open Street Map, the U.S. Census, Localeze, and places added by the Walk Score user community.

Figure 26 shows the percentage of Boston Children's Hospital primary care patients who screened positive for transportation needs. Overall, 8.6% of all patients screened positive for a transportation need. Subgroups with higher rates included patients with public insurance (9.9%), patients in the youngest age group (approximately 12.3% among 0-5 years), and patients with unreported race/ethnicity (11.5%).

Figure 26. Percent of BCH Primary Care Patients Living in Boston who Screened Positive for Transportation Needs, by Selected Demographics, 2023



DATA SOURCE: Boston Children's Hospital EMR via REDCap; Includes patients (N=10,981) who had a well visit at a BCH primary care site in calendar year 2023 and resided in a Boston ZIP code; Results of HRSN screening recorded during this period.

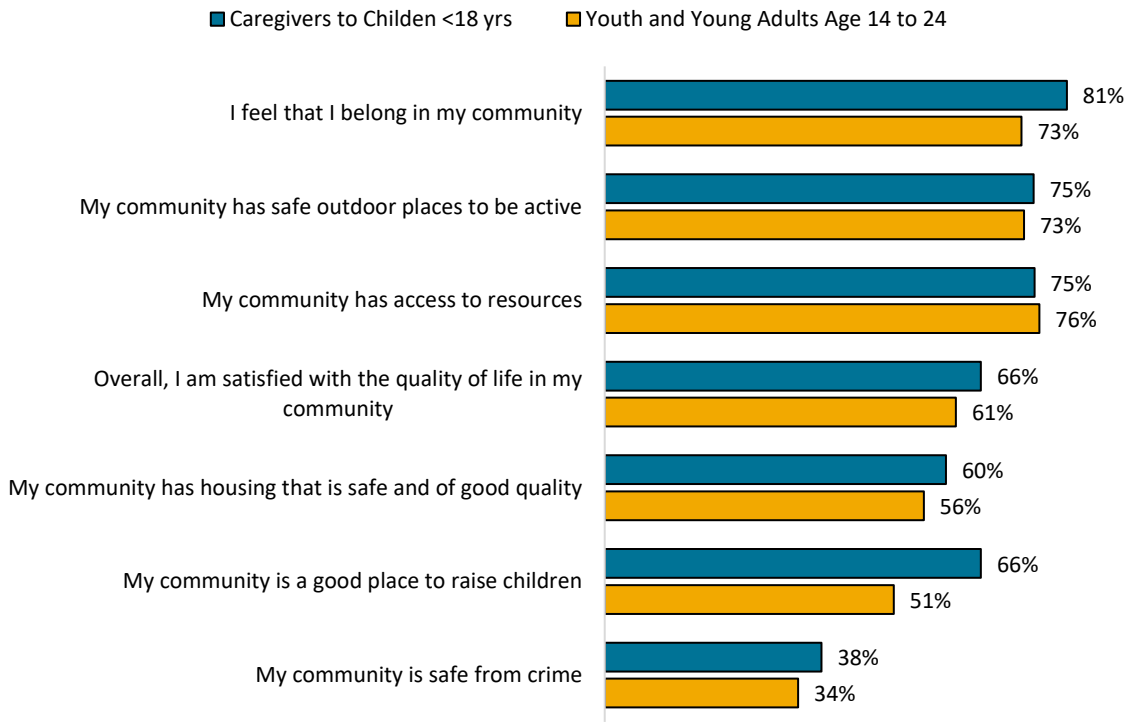
Community Perceptions and Neighborhood Safety

Perceptions of community and neighborhood safety play an important role in overall well-being, influencing everything from mental health to physical activity and social connection. This section begins with survey responses reflecting how residents feel about their neighborhoods, followed by additional data on crime and safety conditions in the community.

The Boston 2025 Community Health Needs Assessment Survey data were stratified to better understand the community perceptions of caregivers with children and youth or young adults aged 14 to 24 (**Figure 27).** Across both groups, approximately three-quarters agreed or strongly agreed that they feel a sense of belonging, have access to community resources, and live in neighborhoods with safe outdoor spaces for physical activity. However, fewer respondents felt their community is safe from crime-only 38% of caregivers and 34% of youth and young adults agreed with that statement. There was also a notable gap in perceptions of the community as a good place to raise children, with 66% of caregivers agreeing, compared to just 51% of youth and young adults.

These findings suggest that while community belonging, outdoor space, and resources are generally viewed positively, concerns about safety and quality of the environment for raising children remain, especially among younger residents. These perceptions provide important context for interpreting secondary data on crime, safety, and neighborhood conditions across Boston.

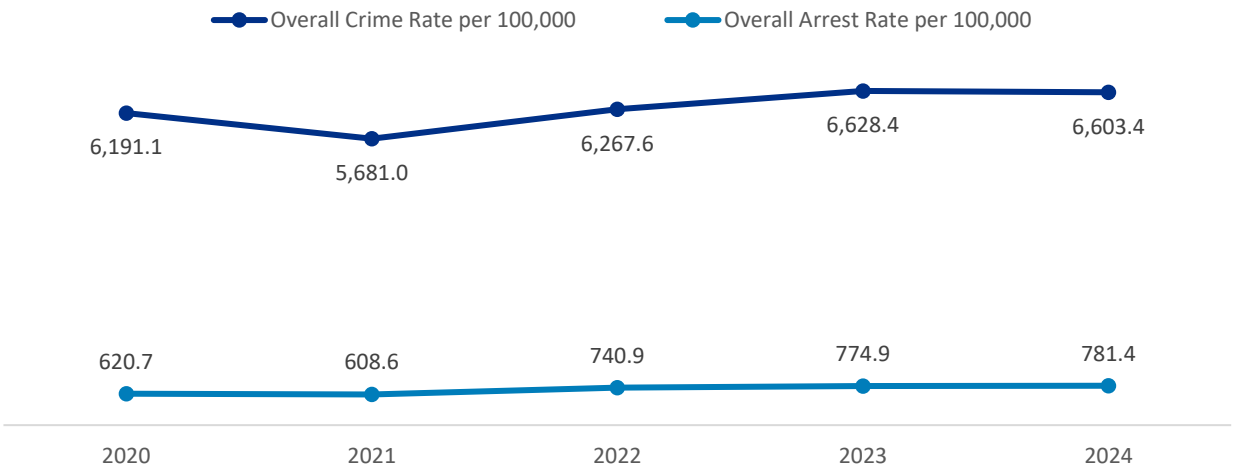
Figure 27. Percent of Boston CHNA Survey Respondents that Agreed/Strongly Agreed with Statements Corresponding to their Community, by Selected Demographics, 2025



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

Exploring the safety of Boston through secondary data sources, the overall trends in crime and arrest rates are shown in **Figure 28**. Between 2021 and 2024, Boston's overall crime and arrest rates trended modestly upward year-to-year with 6,603.4 crimes per 100,000 persons and 781.4 arrests per 100,000 persons in 2024.

Figure 28. Number of Assaults and Drug Crimes, Boston, 2020-2024



DATA SOURCE: Massachusetts Executive Office of Public Safety and Security, Massachusetts TOPS: Transparency and Opportunity Performance System. Retrieved from https://ma.beyond2020.com/ma_tops

In addition to overall crime and arrest trends, a closer look at the numbers of violent and property crimes occurring in Boston (**Table 6**) revealed crimes were relatively stable between 2023 and 2024. More specifically, the number of reported violent crimes declined slightly by 1.7%, from 3,636 to 3,575 incidents. This figure remains below the five-year average of 3,778, suggesting a modest but consistent downward trend in violent offenses. Conversely, property crimes increased by 2.4% over the same period, slightly above the five-year average of 12,530.

Table 6. Number of Violent and Property Crimes, Boston, 2023-2024

	Violent Crimes	Property Crimes
5-year average	**3,778**	**12,530**
Boston, 2023	3,636	12,777
Boston, 2024	3,575	13,078
% change, 2023-2024	-1.7%	2.4%

DATA SOURCE: Part One Crime Reported, Boston Regional Intelligence Center, 2025; NOTE: Violent crimes measured include rape or sexual assault, robbery, aggravated assault, and simple assault. Property crimes include burglary/trespassing, motor-vehicle theft, and other types of theft.

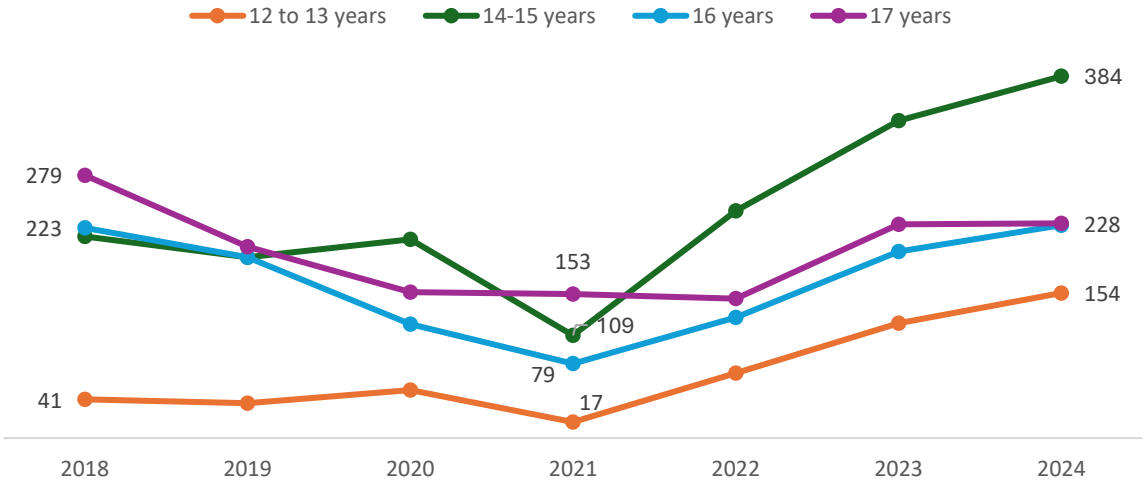
Contrary to these more stable trends, focus group and interview participants perceived that violent crime was increasing among Boston's youth and was becoming more common compared to years past. Participants identified potential causes for the increased violence among youth, including a lack of activities for kids and reduced staffing and security at youth programs since the pandemic.

"I lived in Boston for 20 years and it seems like the violent crime rate for young kids is becoming a more pervasive issue since the pandemic due to lack of staff, security, and things for kids to do. I don't think we think of violent crime as indicator of health care, but it is something that should be said"

– BCH CHNA Focus Group Participant

Juvenile arrests in Boston have increased across all age groups between 2018 to 2024 (***Figure 29***). A notable increase in arrests among younger adolescents aged 12 to 13 was observed, with a sharp rise from 17 in 2021 to 154 in 2023. This group had previously remained stable annually between 2018 and 2020. Similarly, arrests among 14- to 15-year-olds also rose sharply from 109 in 2021 to 384 in 2024. Arrests among the older age groups (16- and 17- year-olds) increased moderately since 2021 but remained more in line with their pre-2020 numbers. The sharp increase in arrests among the youngest adolescents may reflect shifts in enforcement practices, community conditions, or gaps in early prevention and support services.

Figure 29. Number of Juvenile Arrests, Boston by Age Group, 2018-2024



DATA SOURCE: Office of the Child Advocate's interactive data website on the Massachusetts juvenile justice system. Retrieved from https://www.mass.gov/info-details/data-about-youth-arrests-and-summons

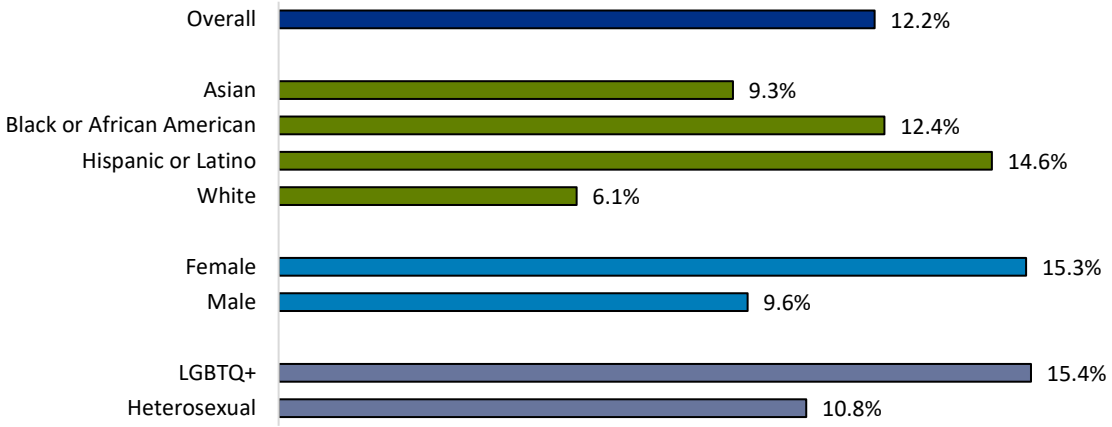
Experience of Violence and Trauma

"Safety is our biggest concern with everything going on-my wish is for it not to be a concern in the next few years."

- BCH CHNA Focus Group Participant

Data more specific to the feelings of safety among youth and young adults in Boston were explored to provide more context to these findings. As illustrated in **Figure 30**, 12.2% of Boston high school students reported that they had not gone to school because they felt unsafe at school or on their way to/from school in the past 12 months. The percentages were higher among students identifying as female (15.3%) or LGBTQ+ (15.4%) as well as Hispanic/Latino students (14.6%).

Figure 30. Percent of Boston High School Students Who Did Not Go to School Because They Felt Unsafe at School or On Their Way to or From School, by Selected Demographics, 2023

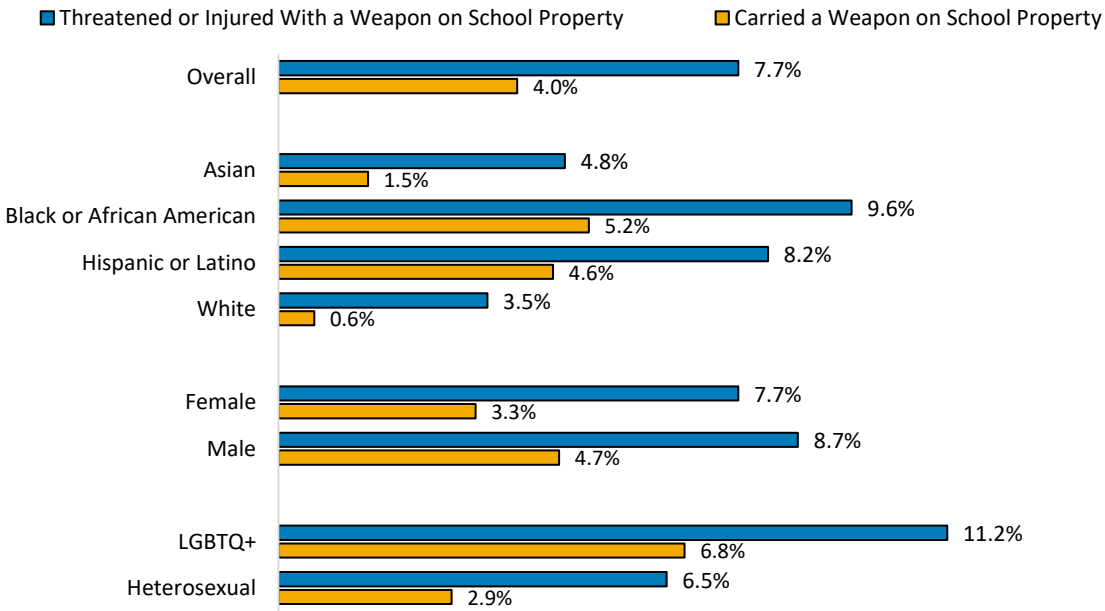


DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

Physical Violence at School

According to YRBS data, 7.7% of Boston high school students overall were threatened or injured with a weapon on school property, and 4.0% of students carried a weapon on school property (**Figure 31**). The percentage of students reporting they had been threatened or injured was highest among Black/African American students (9.6%) and students who identified as LGBTQ+ (11.2%). These two groups were also more likely to report having carried a weapon on school property (5.2% and 6.8%, respectively).

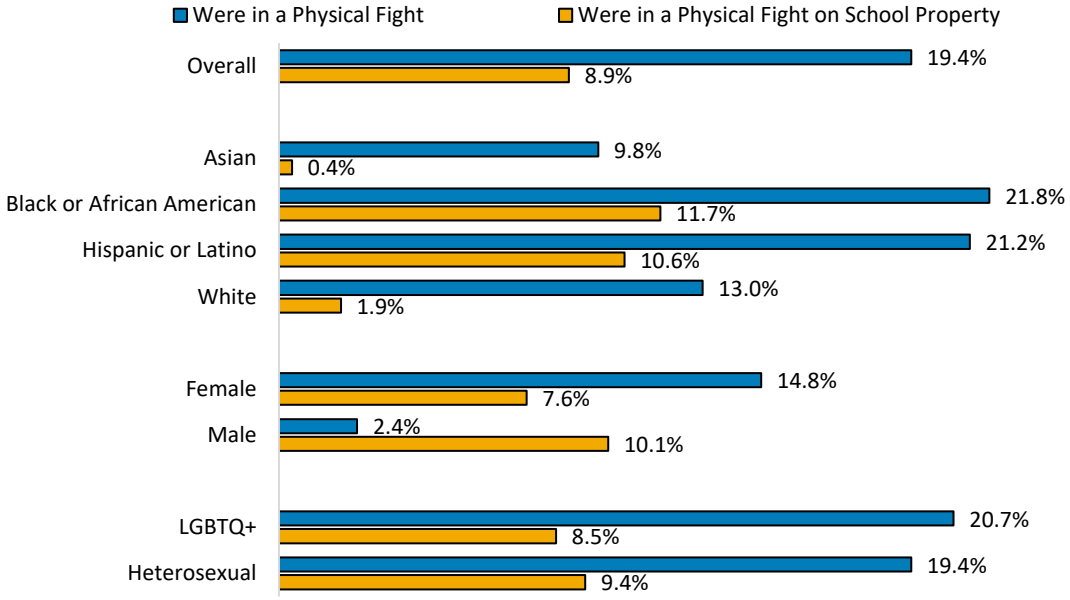
Figure 31. Self-Reported Weapon Use on School Property Among Boston High School Students, by Selected Demographics, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

In 2023, 19.4% of Boston high school students overall reported being in a physical fight and 8.9% reported being in a physical fight on school property (**Figure 32**).

Figure 32. Self-Reported Physical Fight Prevalence Among Boston High School Students, by Selected Demographics, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

Bullying

Bullying is a serious issue that can affect the mental, emotional, and physical health of young people. Experiences of bullying—whether in person or online—can lead to increased stress, anxiety, depression, and lower academic performance. Focus group participants were particularly concerned about increased cyberbullying (aka electronic bullying) taking place among youth in Boston. They described cyberbullying becoming so prominent among youth that it seems to be normalized. Bullying actions and behaviors that used to happen in person have shifted online; as a result, youth are having a harder time identifying bullying behavior and their true community.

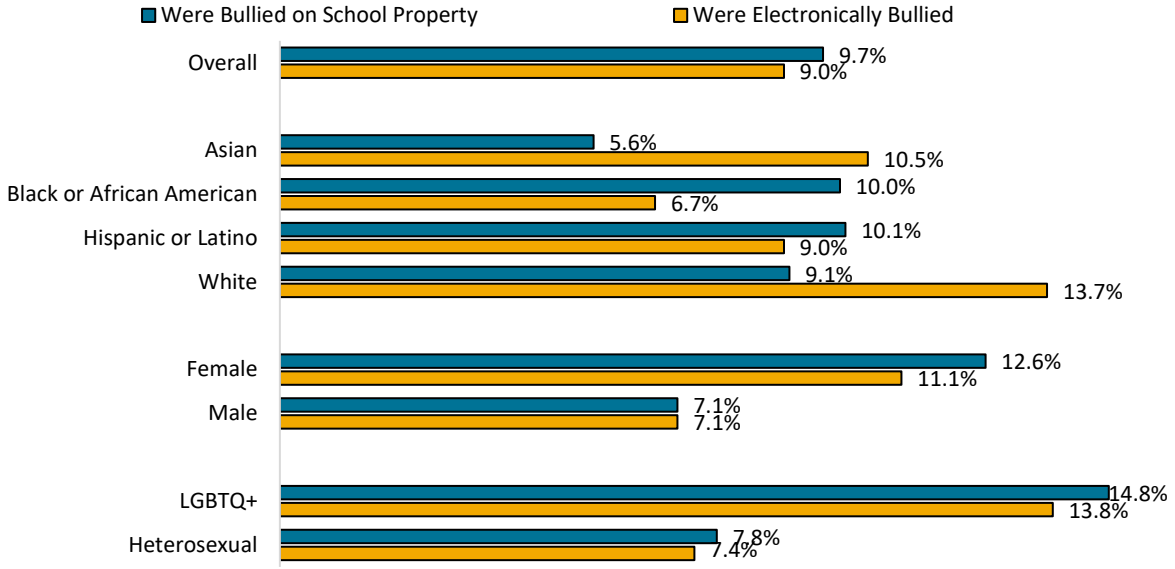
> ***"Cyberbullying is happening so much on a daily basis that it is normalized for them. It has become so normalized to be mean and that is another part of anxiety"***
>
> *- BCH CHNA Focus Group Participant*

> ***"At one point when social media started they were more vocal about cyberbullying and now it has become normalized to them and it's a 'well that's just what we do' kind of thing."***
>
> *– BCH CHNA Focus Group Participant*

Figure 33 summarizes self-reported bullying among Boston high school students in 2023. Overall, 9.7% of Boston high school students reported being bullied on school property and 9.0% reported being bullied electronically (e.g., through texting, Instagram, Facebook, or other social media). Asian students and White students reported being bullied electronically more than being bullied on school property, whereas Black/African American students and Hispanic/Latino students reported more bullying on school property than electronic bullying.

More students who identified as female or LGBTQ+ students reported experiencing both types of bullying compared to male students and heterosexual students.

Figure 33. Self-Reported Bullying Prevalence Among Boston High School Students, by Selected Demographics, 2023

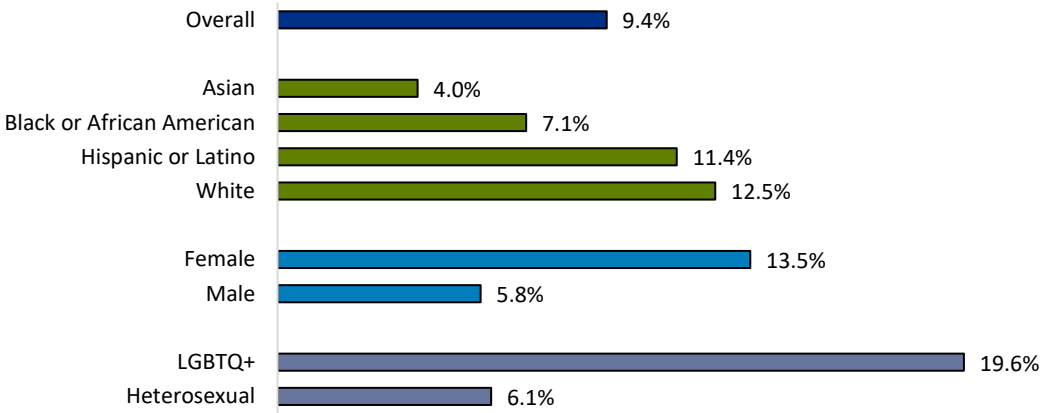


DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023
NOTE: Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media.

Sexual Violence

Sexual violence among youth is a critical public health concern with lasting consequences for physical and emotional well-being. Experiencing sexual violence can lead to trauma, anxiety, depression, and an increased risk of other health and safety issues. Among Boston high school students in 2023 (**Figure 34)**, nearly 10% of students reported experience of sexual violence in the past 12 months. The percentage was highest among students who identify as female (13.5%) or LGBTQ+ (19.6%) and among White (12.5%) or Asian (11.4%) students.

Figure 34. Percent of Boston High School Students Who Experienced Sexual Violence by Anyone, by Selected Demographics, 2023



DATA SOURCE: High School Youth Risk Behavior Survey, Centers for Disease Control and Prevention, 2023

Climate Change and Environmental Health

Climate change and environmental health is a growing concern among the Boston community that emerged in interview and focus group discussions. City of Boston CHNA focus group and interview participants described increasing fears and anxiety around climate change and environmental health as contributing to worsening mental health among youth. Anxiety and fear around climate change, climate justice, and environmental health have become increasingly common triggers when discussing mental health with youth.

> ***"[We are] in the midst of mental health crisis affecting all ages but especially in pediatric behavioral health world and hearing from patients the extent climate anxiety is factoring into their behavioral health situations is something we don't think about as much yet but is starting to be a factor for kids."***
>
> *– Boston CHNA Focus Group Participant*

In addition, participants also highlighted the potential impact of climate changes on birthing families and outcomes, substance use and overdose, academic test scores, and physiological impacts on brains and bodies. One participant specifically described concern over the impact extreme heat has on the effectiveness of medications, particularly behavioral health medications.

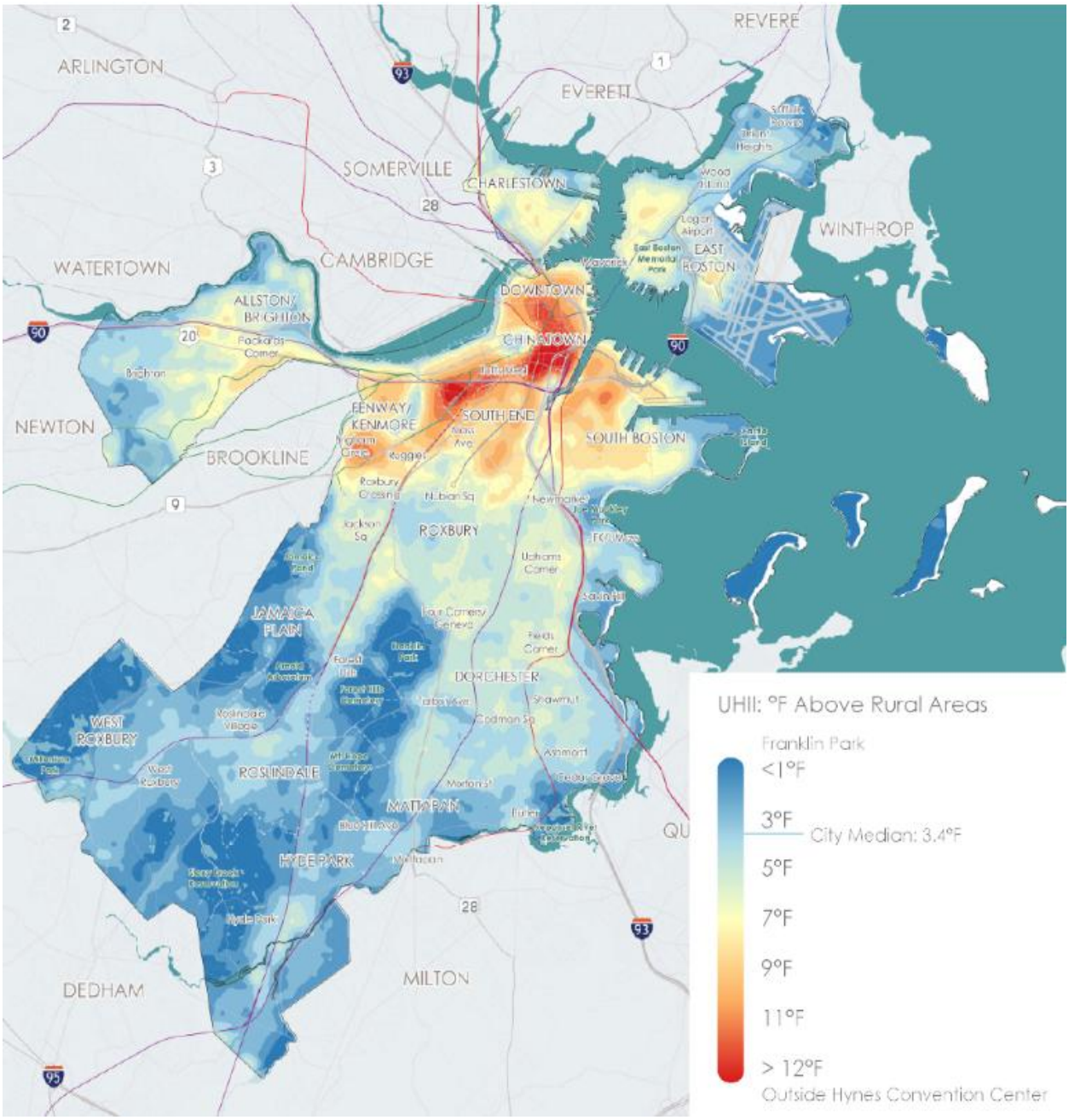
> ***"There is a side issue where that is something they are worried about and as we get into extreme heat the effectiveness of behavioral health medication effectiveness and how that interacts with extreme heat."***
>
> *– Boston CHNA Focus Group Participant*

Exposure to Extreme Heat

Urban heat islands (UHI) are areas where temperatures are significantly higher than surrounding rural areas due to heat-absorbing surfaces like asphalt, limited tree cover, and dense development. As shown in the map below (**Figure 35**), Boston neighborhoods like Downtown, Chinatown, the South End, and parts of Roxbury and Dorchester experience temperatures that are over 12°F hotter than surrounding rural areas due to the UHI effect. In contrast, greener areas like Jamaica Plain, West Roxbury, and Hyde Park remain much cooler (often less than 3°F above rural levels).

These heat disparities have serious implications for children and families, especially during increasingly frequent and intense heat events. Children are especially vulnerable to heat-related illnesses, which can exacerbate asthma and other respiratory conditions, disrupt sleep and learning, and increase emergency department visits. Families in hotter neighborhoods may also lack adequate access to cooling resources.

Figure 35. Urban Heat Index Map, Boston, 2022



DATA SOURCE: Heat Resilience for Boston Solutions Report, City of Boston, 2022

Table 7 highlights stark differences in land cover across Boston and several neighborhoods, illustrating how variations in tree canopy, paved surfaces, and building density contribute to unequal exposure to extreme heat. Chinatown stands out as particularly vulnerable, with just 8% tree canopy, among the lowest in the city, and the highest percentage of building coverage (42%). It also shared the highest road coverage (31%) with East Boston. These land cover characteristics result in more surfaces that absorb and radiate heat, which intensifies the UHI effect.

Tree canopy and green space are key defenses against extreme heat, yet access to these natural cooling resources varies widely across Boston neighborhoods. While the citywide average tree canopy is 27%, Chinatown (8%) and East Boston (7%) fall well below that, and their limited green infrastructure means that individuals, particularly children and families, face greater exposure and have fewer options for safe, shaded outdoor spaces.

Table 7. Land Cover, by Boston and Selected Neighborhoods, 2022

	Boston	Roxbury/ Mission Hill	Mattapan	Dorchester	East Boston	Chinatown
Tree Canopy	**27%**	31%	36%	23%	7%	8%
Grass/Shrubs	**18%**	18%	21%	18%	27%	4%
Bare Land	**1%**	1%	1%	1%	1%	0%
Buildings	**19%**	19%	15%	22%	14%	42%
Roads	**16%**	14%	13%	15%	31%	31%
Other Paved Surfaces	**19%**	18%	15%	22%	19%	16%

DATA SOURCE: Heat Resilience for Boston Solutions Report, City of Boston, 2022

Building on the relationship between land cover and heat exposure, **Table 8** shows the median daytime and nighttime temperatures during a heat wave week in July 2019 across Boston and selected neighborhoods. The data highlights how heat is experienced differently across the city. Chinatown recorded the highest temperatures, with a median daytime temperature of 105.5°F and nighttime temperature of 87.9°F. Sustained high temperatures, especially at night when the body is meant to recover, pose serious health risks, particularly for young children and families who may lack adequate access to air conditioning or safe, cool spaces.

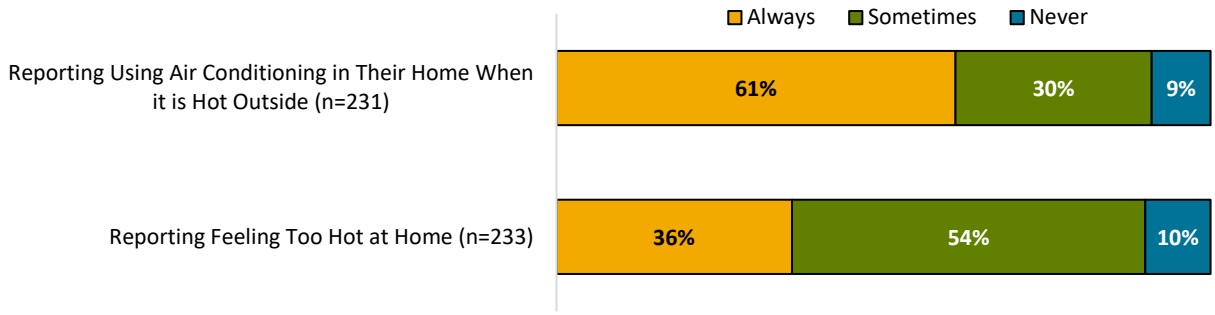
Table 8. Median Temperature During Heat Wave Week in July, by Boston and Selected Neighborhoods, 2019

	Boston	Roxbury/ Mission Hill	Mattapan	Dorchester	East Boston	Chinatown
Median Daytime Temperature (F)	**99.5**	101.0	97.6	100.9	101.0	105.5
Median Nighttime Temperature (F)	**81.9**	82.8	81.0	82.6	81.9	87.9

DATA SOURCE: Heat Resilience for Boston Solutions Report, City of Boston, 2022

The City of Boston Heat Resilience survey (**Figure 36**) provided insight into access to air conditioning in the home. The data showed that more than a third of respondents reported using air conditioning in their home when it's hot only 'sometimes' (30%) or 'never' (9%), and nearly all respondents reported feeling too hot at home either 'always' (36%) or 'sometimes' (54%). These findings suggest a large percentage of residents may not have adequate cooling resources at home to protect themselves and their families during extreme heat events.

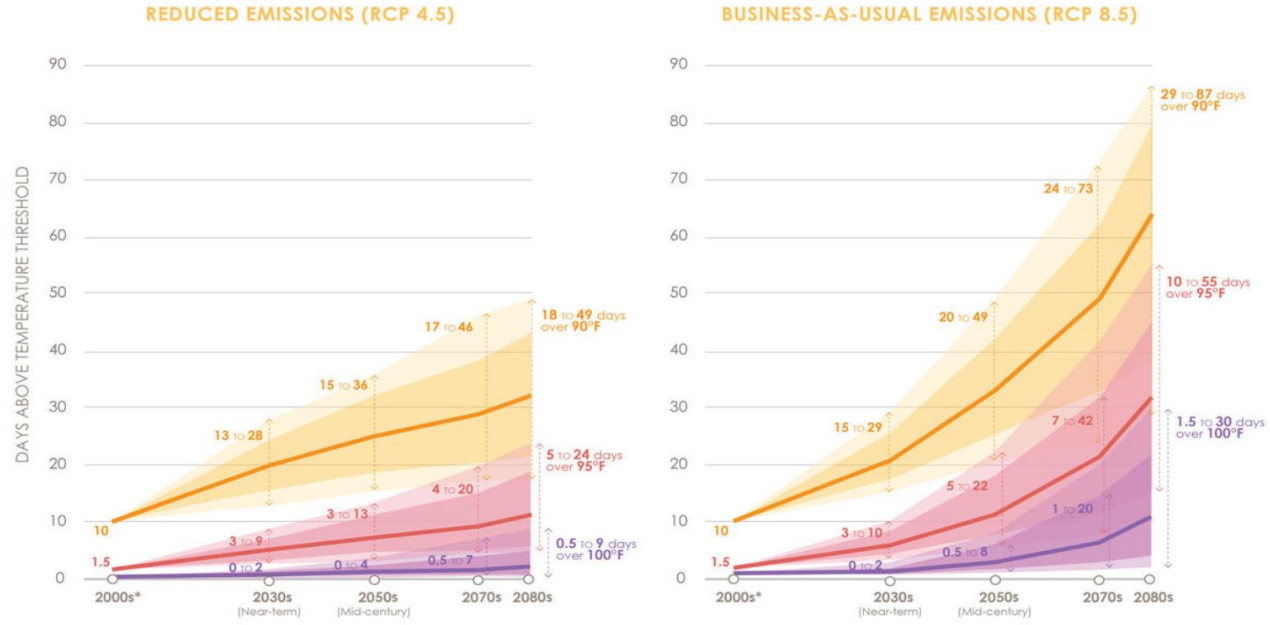
Figure 36. Boston Residents' Experiences with Heat, 2022



DATA SOURCE: City of Boston Heat Resilience Survey, 2022 via Heat Resilience for Boston Solutions Report, City of Boston, 2022

Projections from the City of Boston (**Figure 37**) show that without significant reductions in greenhouse gas emissions, the number of extremely hot days will increase sharply over the coming decades. Under the business-as-usual scenario (RCP 8.5), Boston could experience up to 49 days per year over 90°F, 22 days over 95°F, and 8 days over 100°F in the 2050s. These increases would further strain families, particularly those already living in the city's hottest neighborhoods without adequate cooling resources.

Figure 37. Projection of Number of Very Hot Days, Boston, 2022



DATA SOURCE: Heat Resilience for Boston Solutions Report, City of Boston, 2022

Exposure to Air Pollution

Air pollution continues to pose serious health risks for Boston residents. In 2022, annual fine particulate matter (PM2.5) levels averaged 8.08 µg/m³, just below the federal standard of 9.0, but still high enough to contribute to significant health burdens. PM2.5 refers to fine inhalable particles less than 2.5 micrometers in diameter. These are small enough to penetrate deep into the lungs and even enter the bloodstream. PM2.5 come from sources like vehicle emissions,

industrial activity, and building heating systems, and are strongly linked to a range of health problems.

> ***"We also see more mold and moisture due to extreme precipitation changes, and [this] is something that slips under the radar as something [we] don't think of as climate issues and affects those who are already vulnerable such as [those who have] asthma..."***
>
> *– Boston CHNA Focus Group Participant*

Each year in Boston, air pollution is estimated to contribute to excess asthma, heart disease, cancer, and stroke (**Table 9**). Of particular concern for children and families, exposure to PM2.5 is linked to an estimated 47 low birth weight cases and an average loss of 3.4 IQ points per child. These findings underscore the hidden cognitive and developmental toll of air pollution on Boston's youngest residents.

Table 9. Annual Estimated Pollution-Related Health Outcomes, Boston, 2022

Health Outcome	Count
Annual PM 2.5 Concentration (µg/m3)*	8.08
Pediatric Asthma Cases	1,840
Heart Disease Deaths	121
Cancer Deaths	176
Stroke Deaths	15
Low Birth Weight Cases	47
**Performance IQ Points Lost	217,136
**Performance IQ Points Lost per Child	3.39

DATA SOURCE: MassCleanAir, Boston College, 2022; NOTE: All estimates are based on annual air pollution predictions. For example, in Boston approximately 176 people die due to cancers caused by air pollution every year. *Annual PM 2.5 standard is 9.0 µg/m3. **Performance IQ is a measure of intelligence related to problem solving skills.

> ***"Looking at early births and low birth weights in environmental justice communities; heat definitely impacts fetuses and pregnant folks. There is research looking at increases in overdoses tied to extreme weather events. A lot of research is being done looking at the impact of heat on test scores and lowering test scores when it is too hot and that there are huge equity implications there and if schools have access to air conditioning, etc. [Additionally, there are] a couple areas looking at physiologic impacts of heat on our body's and brain's ability to function well."***
>
> *– Boston CHNA Focus Group Participant*

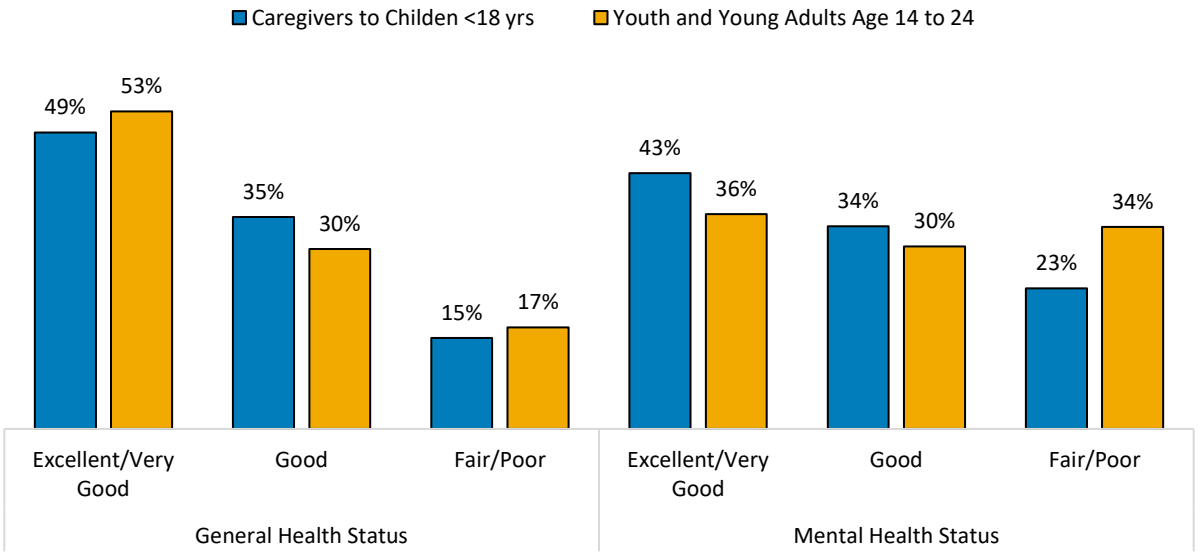
COMMUNITY HEALTH NEEDS

Perceived Health Status

Data from the Boston Community Health Needs Assessment survey highlight differences in self-reported general health and mental health status among caregivers and youth and young adults (**Figure 38**). About half of respondents in both groups rated their general health status as "excellent" or "very good" (50% of caregivers and 53% of youth).

However, fewer respondents rated their mental health as high, with 43% of caregivers and 36% of youth reporting "excellent" or "very good" mental health. The gap between general and mental health ratings was most pronounced among youth and young adults, over one-third (34%) of whom rated their mental health as "fair" or "poor," compared to 23% of caregivers.

Figure 38. Percent of Boston CHNA Survey Respondents that Reported Status of their Own Health, by Selected Demographics, 2025



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

Chronic Health Conditions

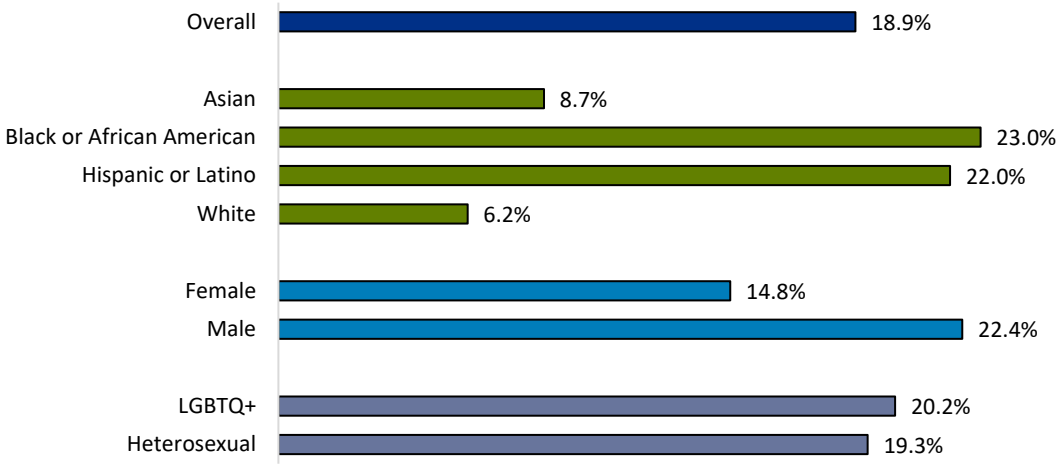
While chronic health conditions are less common in youth compared to adults, they can still have a significant impact on physical, emotional, and social development. Tracking these conditions in young people helps identify early health needs and guide prevention and support efforts. Although chronic health conditions were not a major focus of most discussions, some participants did raise concerns, identifying cancer, diabetes, and asthma as the main chronic diseases impacting youth in Boston. In particular, participants linked rising rates of diabetes to limited access to healthy food and recreation opportunities. A City of Boston CHNA focus group participant explained, ***"so, so many kids are eating processed food, the diabetes is rampant with everyone."*** Another focus group participant added, ***"I feel like kids are eating what they want and it's going to be a problem."***

Overweight and Obesity

Overweight and obesity among youth are important indicators of current and future health risks, including the development of diabetes, heart disease, and other long-term issues. Early prevention is key to supporting healthy growth and reducing long-term health risks.

According to the Boston Public Schools Youth Risk Behavior Survey (YRBS) (**Figure 39**), approximately 19% of Boston public high school students are obese. The percentages were higher among Black or African American students (23.0%), Hispanic or Latino students (22.0%), students that identify as Male (22.4%). Importantly, these percentages reflect an increase in student obesity compared to 2019, when 15.4% of students overall and about 17% of Black and Hispanic/Latino students were reported as obese.

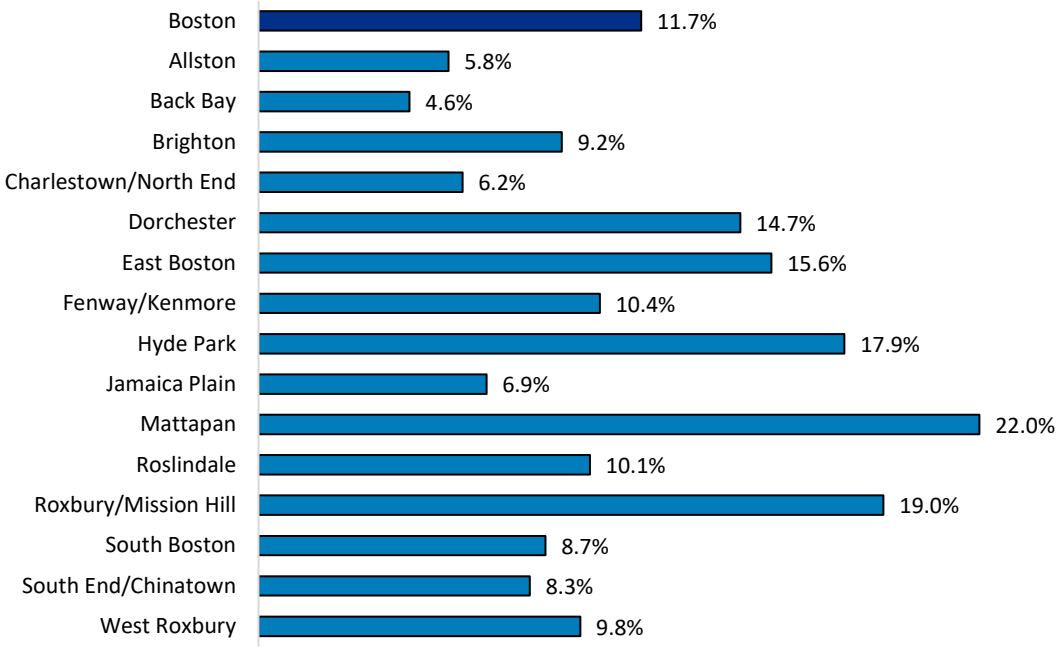
Figure 39. Percent of Boston High School Students Reporting Having Obesity, by Selected Demographics, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023
NOTE: Students who had obesity defined as students who were >= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts.

Among Boston Children's PPOC primary care encounter data (**Figure 40)**, the percentage of patients residing in Boston who had an obesity diagnosis was 11.7% overall, and was higher for patients residing in the neighborhoods of Mattapan (22.0%), Roxbury/Mission Hill (19.0%) and Hyde Park (17.9%).

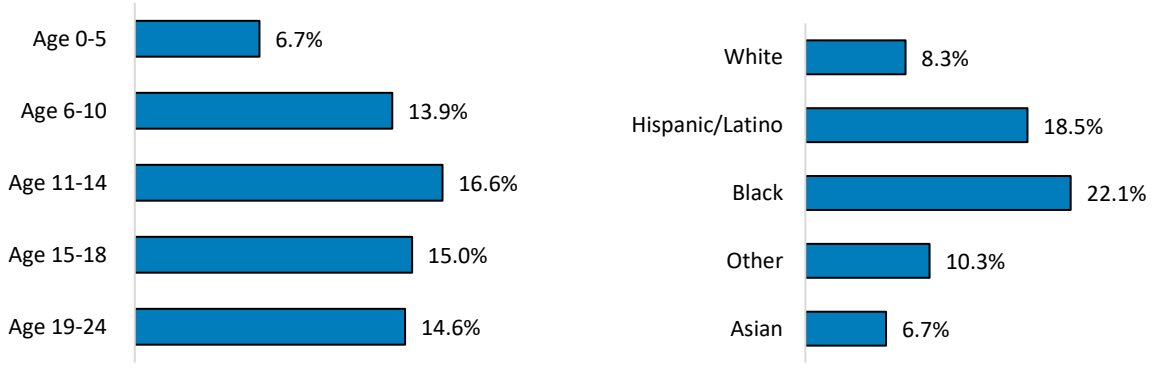
Figure 40. Percent of Primary Care Patients Residing in Boston with Diagnosis of Obesity, by Neighborhood, 2022-2024



DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes;
NOTE: Neighborhoods with less than 300 residents are not reported in the data.

When the encounter data was examined by age, a sharp increase in obesity diagnoses was observed between the ages of 0-5 years (6.7%) and 6-10 years (13.9%) (**Figure 41**). The percentage peaked among patients aged 11-14 years (16.6%) and remained elevated in the older age groups. When examined by race and ethnicity, clear disparities in obesity diagnoses were observed. Percentages were higher among Black (22.1%) and Hispanic/Latino patients (18.5%) compared to White (8.3%) and Asian patients (6.7%).

Figure 41. Percent of Primary Care Patients Residing in Boston with Diagnosis of Obesity, by Age and Race/Ethnicity, 2022-2024



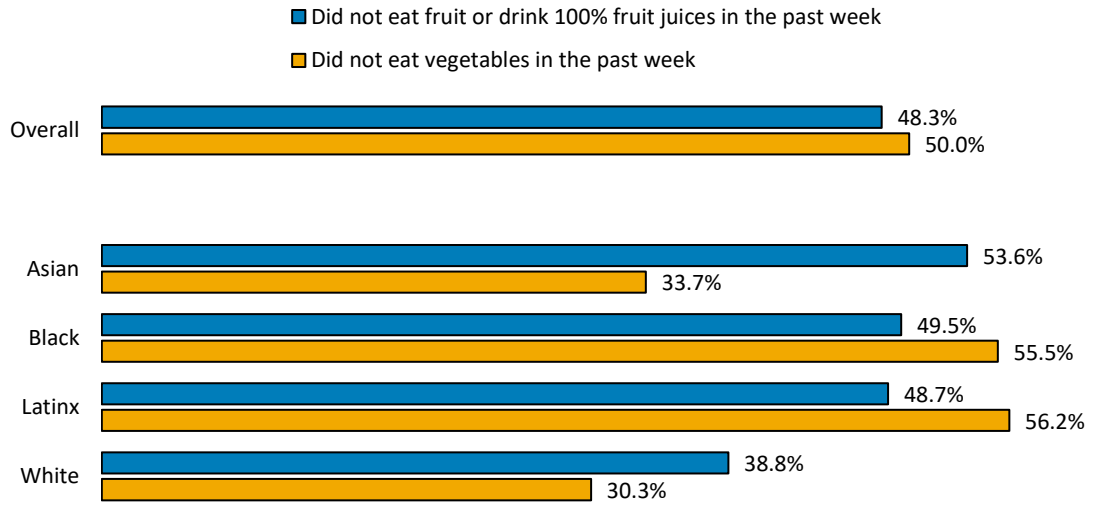
DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes.

Healthy Eating and Active Living

Addressing overweight and obesity among young people requires a focus on the environment and behaviors that support healthy growth. This section explores key factors that influence healthy eating and active living, both of which play a critical role in preventing chronic disease and promoting overall well-being in children and adolescents.

Some indicators of healthy food consumption are available from the Boston Public Schools Youth Risk Behavior Survey (YRBS). As detailed in **Figure 42**, half of Boston high school students reported that they had not eaten any vegetables in the past week, and nearly as many (48.3%) reported that they had not consumed any fruit or 100% fruit juices in the past week. Some differences were observed by race and ethnicity – lower percentages of Asian (33.7%) and White students (30.3%) reported not eating vegetables, and a lower percentage of White students (38.8%) reported not consuming fruit or 100% fruit juices.

Figure 42. Self-Reported Fruit and Vegetable Consumption Among Boston High School Students, by Race and Ethnicity, 2023

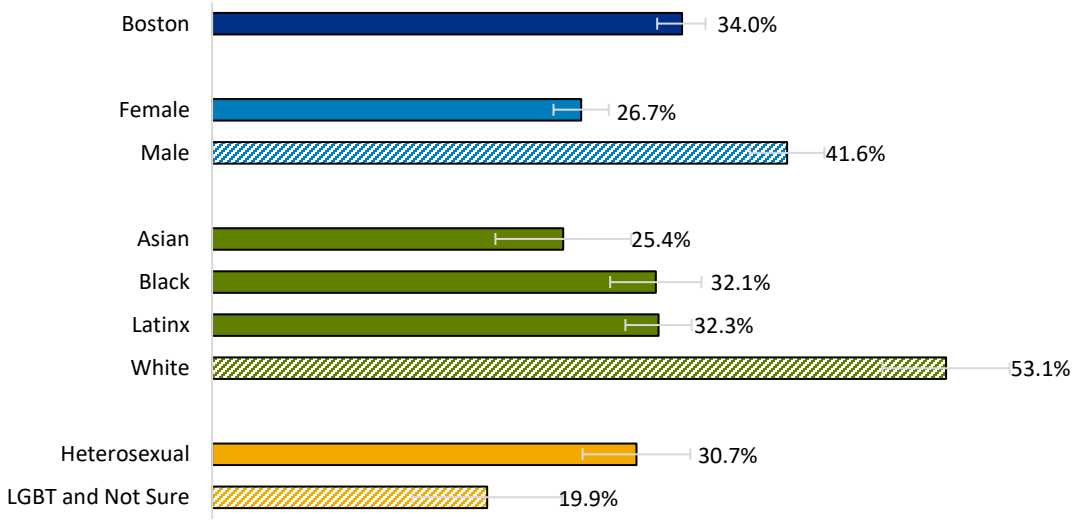


DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

One interview participant reported that the wellness policy for Boston Public Schools grew out of obesity prevention as a starting point. They noted an increase in strong policies around vending machines, and what food and beverages can be served in schools. Additionally, food and nutrition services have recently transformed, with some schools cooking on site and engaging students in discussions about the foods they like and dislike. Participants also noted strong vending machine policies in Boston schools, which help to limit access to unhealthy competitive foods and beverages.

YRBS data also provided insight into the physical activity of youth in Boston (**Figure 43**). Overall, 34.0% of Boston High School students reported engaging in regular physical activity, defined as 5 or more days per week of moderate to vigorous activity for at least 60 minutes. A larger percentage of students identifying as male engaged in regular physical activity (41.6%), as did White students (53.1%). Students identifying as LGBT or who were unsure of their sexual orientation were the least likely to report engaging in regular physical activity (19.9%).

Figure 43. Percent of Boston High School Students Reporting Engagement in Regular Physical Activity, by Selected Demographics, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Asthma

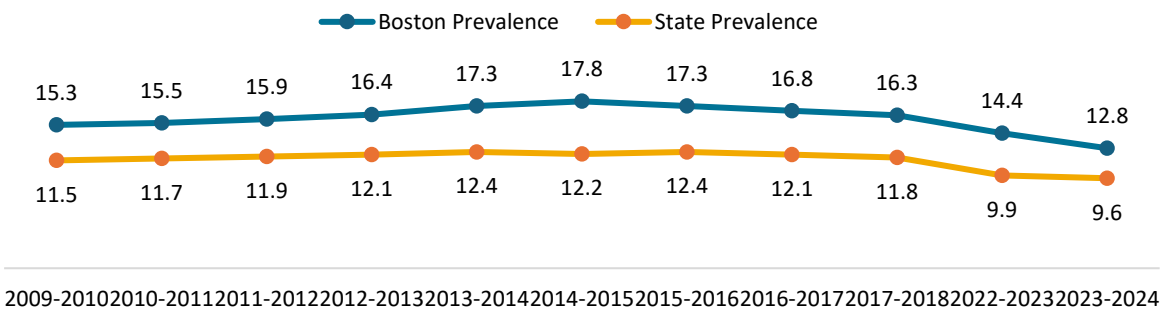
Asthma is one of the most common chronic conditions among children and youth, affecting their ability to breathe, play, and fully participate in daily activities. Proper management is essential, as uncontrolled asthma can lead to missed school days, emergency visits, and reduced quality of life. Focus group and interview participants reported that asthma was a continued prevalent concern for youth that disproportionately impacts residents of color. Participants identified older and poorer quality housing as a potential cause for increased rates or exacerbation of asthma among youth.

> ***"We know that around 20% of students [have asthma] with more students of color reporting asthma."***
>
> *– BCH CHNA Key Informant Interviewee*

> ***"A lot of public housing has a lot of mold in it. It's affecting the health of the children and the parents…. We've had people's houses tested for mold because as soon as we move them in, their child gets asthma."***
>
> *– Boston CHNA Focus Group Participant*

Figure 44 shows the overall trend in pediatric asthma prevalence among K-8 students in both Boston Public Schools and Massachusetts since 2009. A downward trend in pediatric asthma cases within the student population has been observed since the COVID pandemic. As of 2024, the rate reached a historic low of 9.6% for Massachusetts and 12.8% in Boston. Boston has consistently had a higher prevalence of pediatric asthma compared to Massachusetts overall, likely reflecting of the racial and ethnic diversity of its student population.

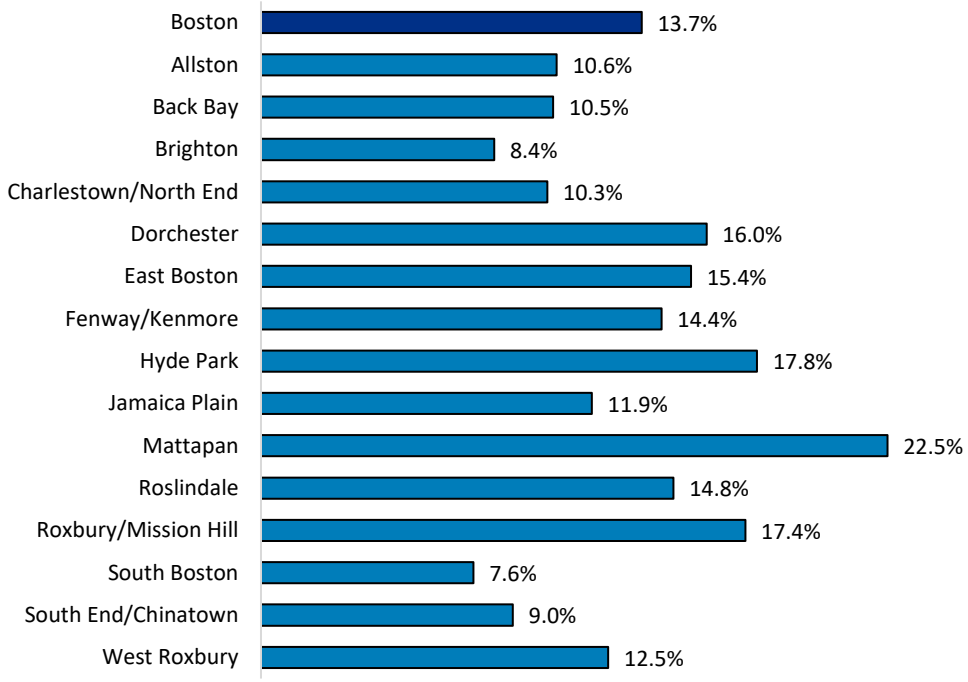
Figure 44. Pediatric Asthma Prevalence Among Students K-8, by Boston and Massachusetts, 2009-2024



DATA SOURCE: Bureau of Climate and Environmental Health, Massachusetts Department of Public Health, 2025; NOTE: Data for school years 2018-2019, 2019-2020, 2020-2021, and 2021-2022 missing due to lack in reporting from the COVID-19 pandemic.

Variation in asthma diagnoses across Boston neighborhoods is observed in Boston Children's PPOC primary care encounter data (**Figure 45**). Among patients overall, 13.7% had a diagnosis of asthma (a percentage similar to the school-based rates shown above); however, asthma diagnoses were more common among patients living in Mattapan (22.5%), Hyde Park (17.8%), and Roxbury/Mission Hill (17.4%). Neighborhoods with the lowest rates included South Boston (7.6%), Brighton (8.4%), and the South End/Chinatown (9.0%).

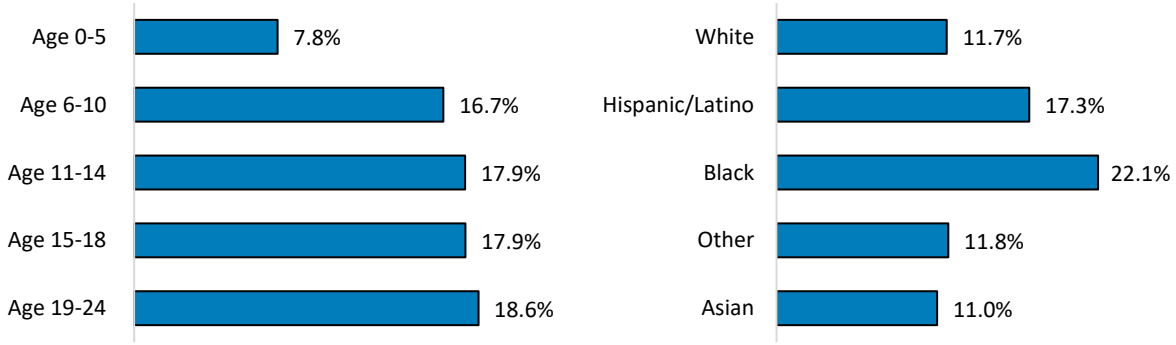
Figure 45. Percent of Primary Care Patients Residing in Boston with Diagnosis of Asthma, by Neighborhood, 2022-2024



DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes
NOTE: Neighborhoods with less than 300 residents are not reported in the data.

Examined by age group, a sharp increase in asthma diagnoses was observed between the ages of 0-5 years (7.8%) and 6-10 years (16.7%) (**Figure 46**). The percentage continued to rise slightly within each of the older age groups. When examined by race, clear disparities in asthma diagnoses were observed. Percentages were higher among Black (22.1%) and Hispanic/Latino patients (17.3%) compared to White (11.7%) and Asian patients (11.0%).

Figure 46. Percent of Primary Care Patients Residing in Boston with Diagnosis of Asthma, by Age and Race/Ethnicity, 2022-2024

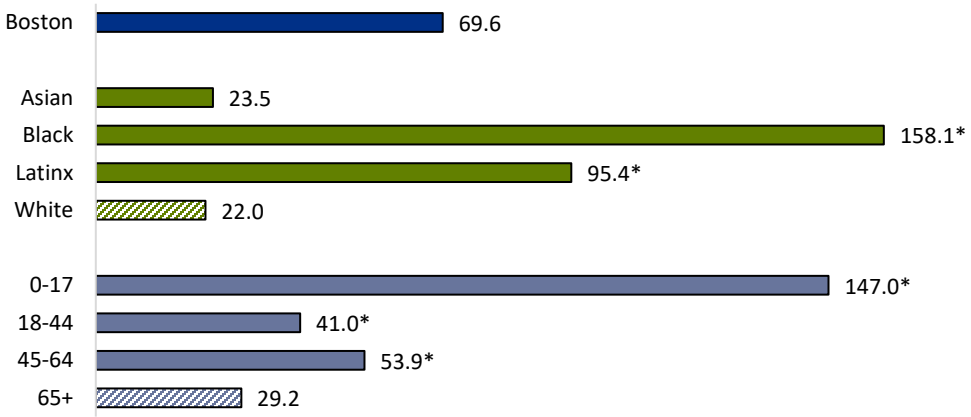


DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes.

While many individuals with asthma can manage their condition through routine care, elevated rates of asthma-related Emergency Department (ED) visits can signal gaps in access to preventative care, poor environmental conditions, or challenges with management.

As shown in **Figure 47**, children and youth in Boston had significantly higher rates of ED visits for asthma (147.0 per 10,000) compared to older age groups. It is likely that Black and/or Hispanic children and youth have rates that exceed this rate, as the data further showed that Black (158.1 per 10,000) and Hispanic (95.4 per 10,000) residents of all ages also had significantly higher rates of ED visits for asthma.

Figure 47. Asthma Emergency Department Visits, by Boston and Selected Sub-Populations, Age-Adjusted Rates per 10,000 Residents, 2023



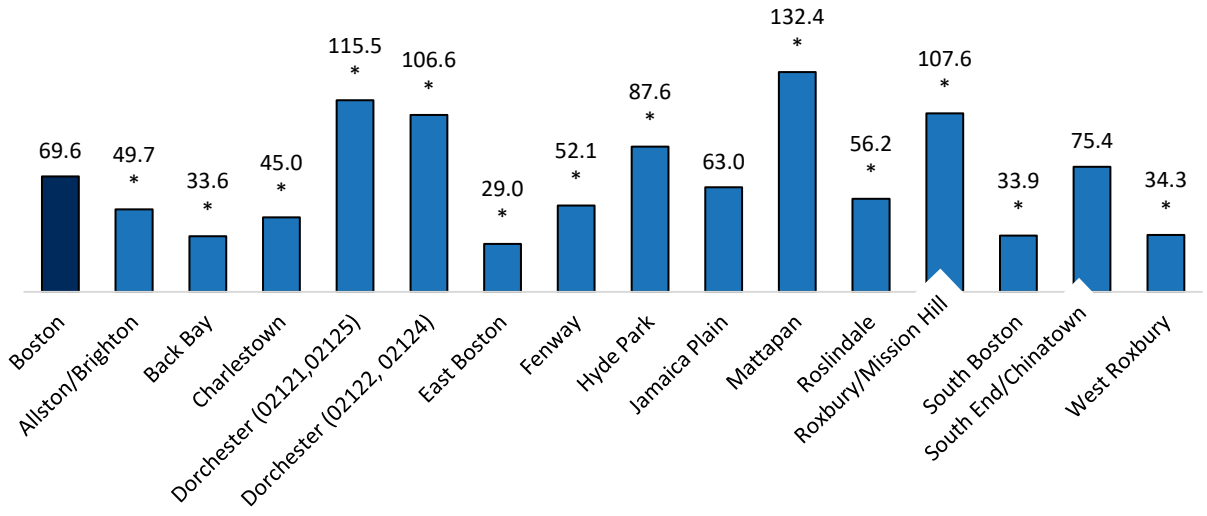
DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

"Asthma is one of the pieces that can affect students' attendance. Not one we talk about that much but if you look at the data and percentage and health disparities related to asthma is something we don't want to lose track of."

– BCH CHNA Key Informant Interviewee

Figure 48 details asthma-related Emergency Department (ED) visits by neighborhood, further highlighting clear disparities across Boston. ED visits for asthma were significantly higher in Mattapan (132.4 per 10,000), all of Dorchester (115.5 and 106.6 per 10,000), and Roxbury/Mission Hill (107.6 per 10,000). These findings generally align with the neighborhood distribution of pediatric asthma diagnoses that were noted above.

Figure 48. Asthma Emergency Department Visits by Boston and Neighborhood, Age-Adjusted Rates per 10,000 people, 2023



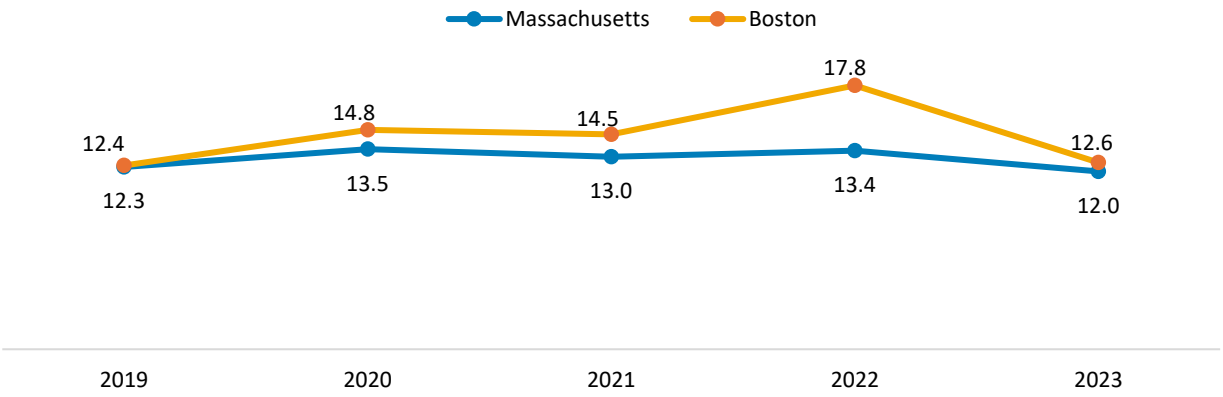
DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Lead Exposure

Exposure to lead remains a serious public health concern, particularly for young children who are most vulnerable to its harmful effects. Even low levels of lead in the blood can impair cognitive development, behavior, and overall health. While the Centers for Disease Control and Prevention (CDC) currently defines an elevated blood lead level (BLL) as 3.5 micrograms per deciliter (µg/dL) or higher, Massachusetts continues to use a threshold of 5µg/dL for surveillance and reporting purposes. **Figure 49** shows the trend in the prevalence of elevated BLLs in children aged 9 months to 4 years, based on this state-defined threshold.

Between 2019 and 2023, the percentage of children with elevated BLL declined overall in both Boston and Massachusetts. However, rates in Boston remained consistently higher than the state throughout the five-year period until 2023, when the rates for both declined and the difference in rates narrowed (12.6 per 1,000 for Boston and 12.0 per 1,000 for MA).

Figure 49. Rate per 1,000 of Elevated Blood Lead Levels Among Children Between 9 Months and 4 Years of Age, by Boston and Massachusetts, 2019- 2023



DATA SOURCE: Childhood Lead Poisoning Prevention Program. MA Department of Public Health Bureau of Climate and Environmental Health, 2023; NOTE: Elevated blood lead level is defined here as that above or equal to 5 µg/dL.

Behavioral and Mental Health

Behavioral and mental health were top concerns identified by focus group and interview participants. According to the American Academy of Pediatrics (AAP), approximately 1 in 5 children and adolescents in the United States have a diagnosable mental health disorder. The AAP underscores the importance of promoting social-emotional health and cultivating safe, supportive relationships to protect youth mental health. The well-being of parents and caregivers also plays a critical role, as their mental health directly impacts children's overall health and development. Behavioral health refers to the connection between mental and emotional well-being, behaviors, and physical health.

When discussing the health and well-being of youth in Boston, interview and focus group participants noted a lack of sense of belonging among youth has resulted in increased mental and behavioral health concerns. Participants reported that a lack of belonging— at school, among peers, in their neighborhood and community, and in relation to the environment—can contribute to declining mental health. One Boston Children's focus group participant stated, ***"sometimes we can forget the things that affect mental health at a Tier 1 level like sleep, how physically active, how much access do you have to being outside, how easy is it to connect with folks. And sometimes we go right to the services, and we don't think about 'do I feel a sense of belonging' in schools and how is that helping my mental health."***

Participants also pointed to the rising influence of social media and prevalence of cyberbullying. One Boston Children's focus group participant explained, ***"behaviors that once happened in person are now happening on social media and are now at the point where they feel like cyberbullying is normal and that it's normal banter but if they were in person they would say this person is bullying me. So, on social media they may have a hard time identifying who their real community is."***

Focus group and interview participants also described how the narrative and tone coming from the federal government have affected the sense of belonging and mental health of specific

groups, particularly LGBTQ+ and immigrant communities. Participants described the environment as ***"full of hate"***, and people feel they can ***"say whatever they want"***.

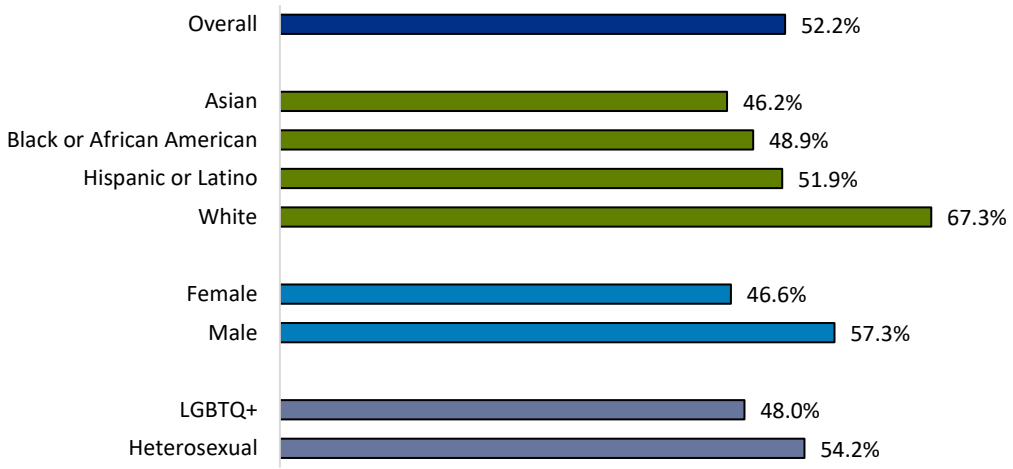
> ***"Right now, it is a tough environment and there is a lot of hate and people saying whatever they want to say right now. Both for LGBTQ+ and undocumented youth."***
>
> *- BCH CHNA Focus Group Participant*

> ***"If we had this convo before January 20th, I would've had a different response to what health priorities would be. I think more so now belonging is more important and if we see the undocumented that are being targeted and transgender youth being targeted that is why I say belonging [is more important now] versus what I would've said before January 20th would have been safety."***
>
> *– BCH CHNA Focus Group Participant*

Sense of Community

Only about half of Boston high school students (52.2%) *agreed* or *strongly agreed* they felt close to people at their school (**Figure 50**). A slightly larger percentage of White students (63.7%) reported feeling close to people at their school compared to Hispanic/Latino (51.9%), Black/African American (48.9%), and Asian students (46.2%). Additionally, students identifying as male (57.3%) or heterosexual (54.2%) were slightly more likely to report feeling close to people at school.

Figure 50. Percent of Boston High School Students Who Strongly Agreed or Agreed That They Feel Close to People at Their School, by Selected Demographics, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

> ***"Having an adult in the building to talk to is not where it should be; this is an indicator of a sense of belonging-[school] is a place where we need to do a better job as sense of belonging affects mental health…. All of these things are opportunities, but we see they are big opportunities"***
>
> *- BCH Key Informant Interviewee*

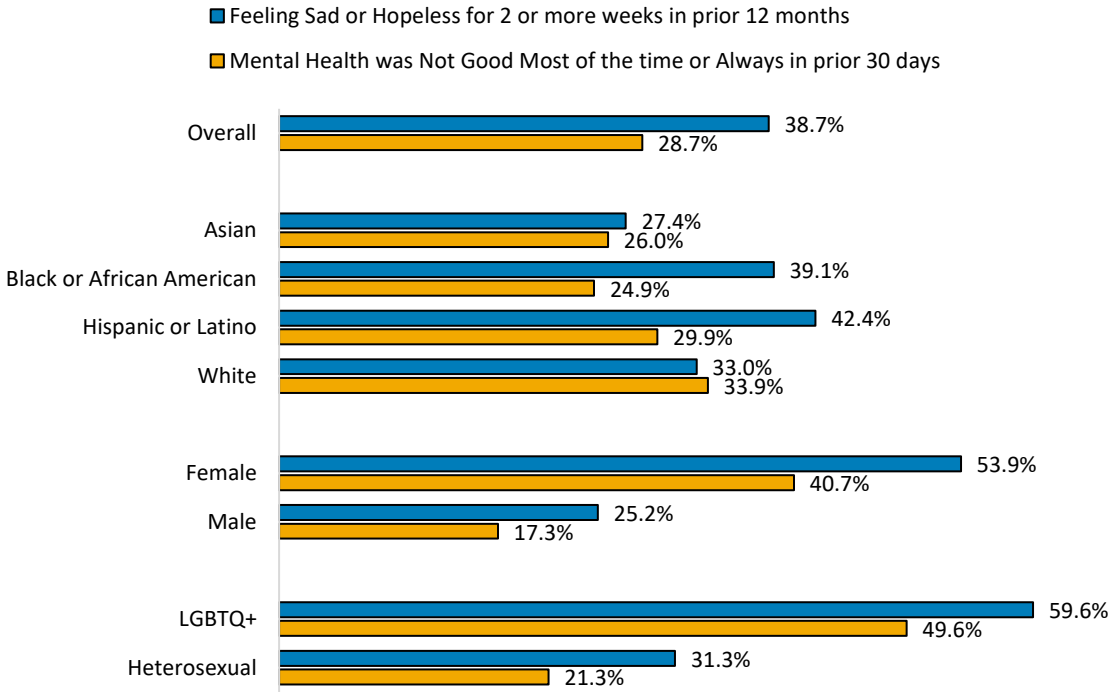
Symptoms of Poor Mental Health

Feelings of poor mood and persistent sadness are key indicators of emotional distress among youth and can signal a risk for more serious mental health challenges. **. These** students were also twice as likely to report these symptoms compared to their male and heterosexual-identifying peers.

Figure 51 shows the prevalence of poor mental health symptoms among Boston high school students. Nearly 40% of students reported feeling sad or hopeless for 2 or more weeks in the past 12 months, and close to 30% reported their mental health was not good *most of the time* or *always* in the prior 30 days.

Students identifying as female or LGBTQ+ had the highest percentages reporting both symptoms: 53.9% and 59.6%, respectively, reported feeling sad and hopeless, and 40.7% and 49.6%, respectively, reported their mental health was not good. These students were also twice as likely to report these symptoms compared to their male and heterosexual-identifying peers.

Figure 51. Self-Reported Symptoms of Poor Mental Health among Boston High School Students, by Selected Demographics, 2023

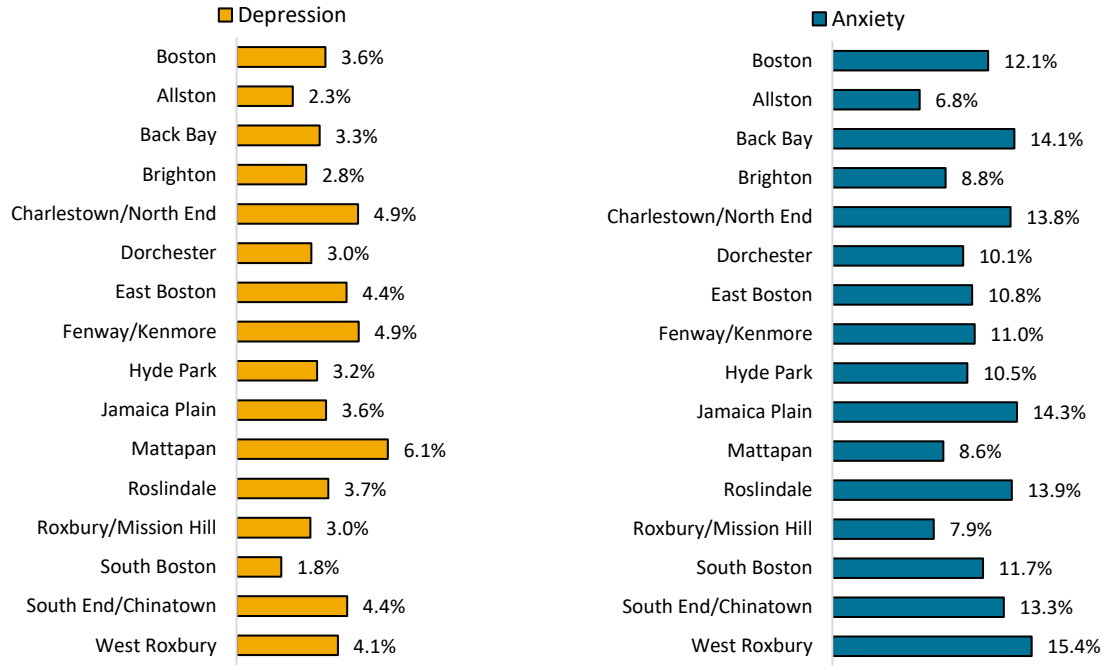


DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023
NOTE: Survey question wording – "During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?" and "During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)".

Clinical diagnoses of depression and anxiety from Boston Children's PPOC primary care encounter data offer a clearer picture of how many children and youth in Boston are likely receiving some form of mental health care (**Figure 52**). Overall, 3.6% of patients had a diagnosis of depression and 12.1% had a diagnosis of anxiety. Neighborhoods with higher percentages of patients with depression included Mattapan (6.1%), Fenway/Kenmore (4.9%), the South End (4.4%), and East Boston (4.4%). Neighborhoods with higher percentages with

anxiety included West Roxbury (15.4%), Back Bay (14.1%), Jamaica Plain (14.3%), and Roslindale (13.9%).

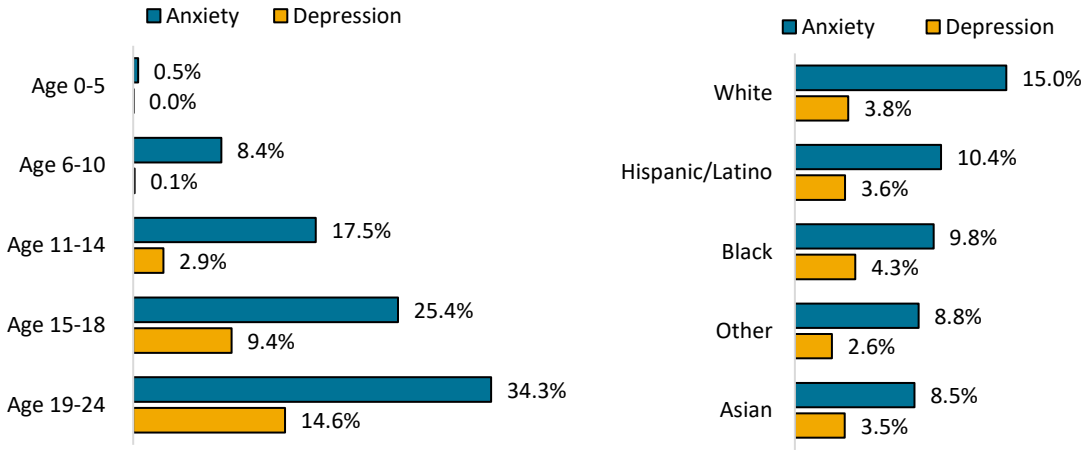
Figure 52. Percent of Primary Care Patients Residing in Boston with Diagnosis of Anxiety or Depression, by Neighborhood, 2022-2024



DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes
NOTE: Neighborhoods with less than 300 residents are not reported in the data.

Diagnosed anxiety and depression among primary care patients varied significantly by age group (**Figure 53**), with percentages increasing steadily through adolescence and early adulthood. More than one-third (34.3%) of patients ages 19–24 had a diagnosis of anxiety, and 14.6% had a diagnosis of depression. Percentages were lower among younger age groups, with very few diagnoses reported in children under age 11.

Figure 53. Percent of Primary Care Patients Residing in Boston with Diagnosis of Anxiety or Depression, by Age and Race/ethnicity, 2022-2024



DATA SOURCE: BCH PPOC Data pulled from PPOC Epic 10 Apr 2025; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes

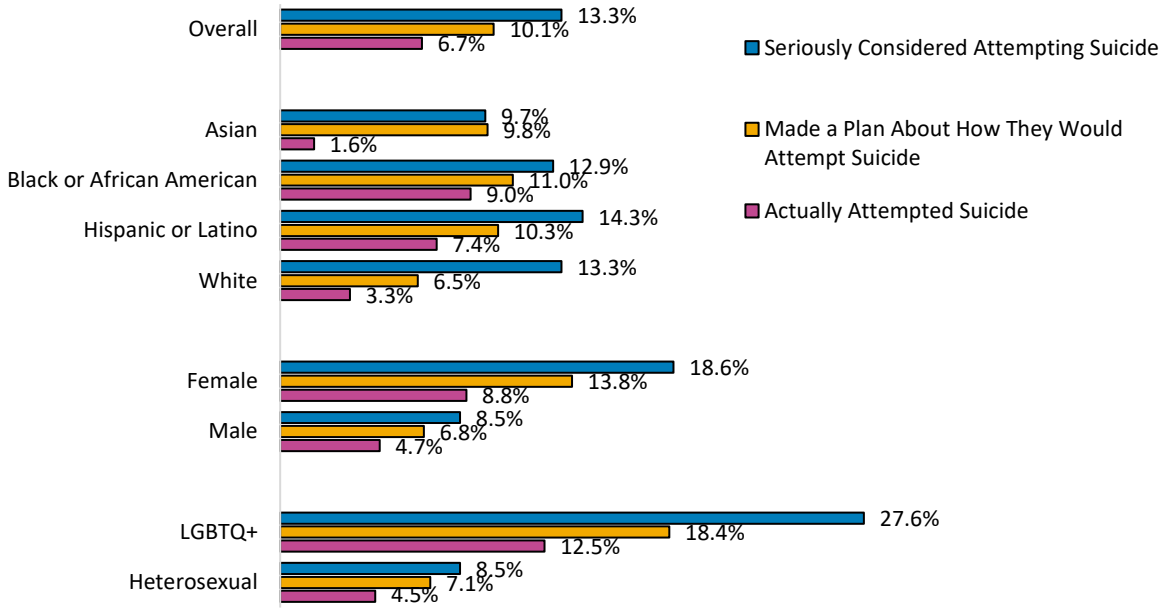
When examined by race and ethnicity (**Figure 53**), White patients had the highest percentage of anxiety (15.0%), followed by Hispanic/Latino (10.4%), Black (9.8%), Asian (8.5%), and patients of other or multiracial backgrounds (8.8%). Depression diagnoses were more similar between groups. The percentages ranged from 4.3% among Black patients to 2.6% among multiracial or other patients.

Suicidal Ideation

Suicidal ideation among youth is a critical indicator of severe emotional distress and mental health risk and suggests urgent need of support. **Figure 54** details self-reported suicidal ideation and intention among Boston high school students.

Findings revealed significant disparities in suicidal thoughts and behaviors. Overall, 13.3% of respondents reported seriously considering suicide, 10.1% made a plan about how they would attempt suicide, and 6.7% had attempted suicide. Percentages were substantially higher among students identifying as LGBTQ+, with over one-quarter (27.6%) reporting serious suicidal thoughts and 18.4% reporting a suicide attempt. Students identifying as female also had higher percentages across all measures compared to males. By race and ethnicity, Hispanic/Latino and Black youth had the highest percentages of suicide attempts, while White and Asian youth had lower percentages.

Figure 54. Self-Reported Suicidal Intentions among Boston High School Students, by Selected Demographics, 2023



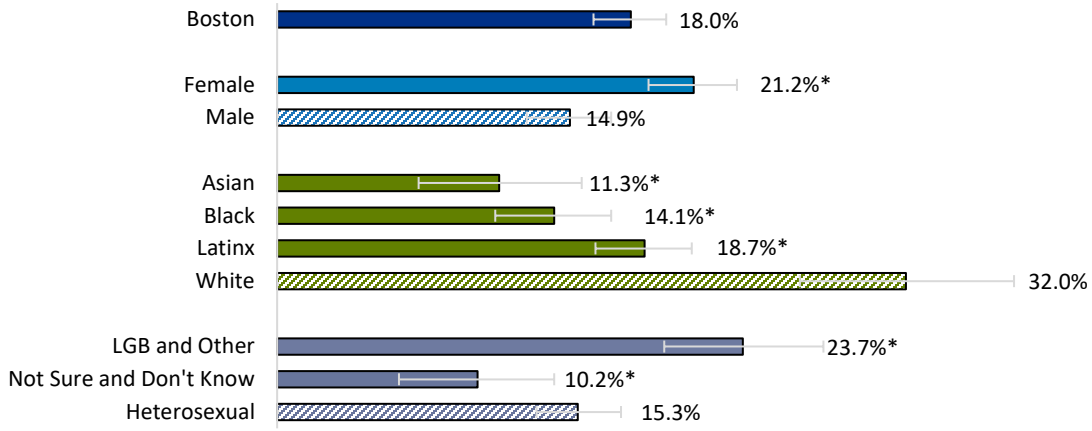
DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

Substance Use

Substance use during adolescence poses serious risks to health and development, including impacts on brain function, increased likelihood of risky behaviors, and greater vulnerability to addiction later in life. Early use of alcohol, tobacco, or drugs can interfere with school, relationships, and long-term well-being.

Alcohol is one of the most commonly used substances among youth and is associated with increased risk of injuries, poor academic performance, and long-term health consequences when use begins at an early age. Student survey data (**Figure 55**) showed that 18.0% of Boston high school students reported use of alcohol in the past 30 days. The percentage was significantly higher among White students (32.0%) compared to other race/ethnic groups, and among students identifying as female (21.2%) or LGB (23.7%) compared to their male or heterosexual peers.

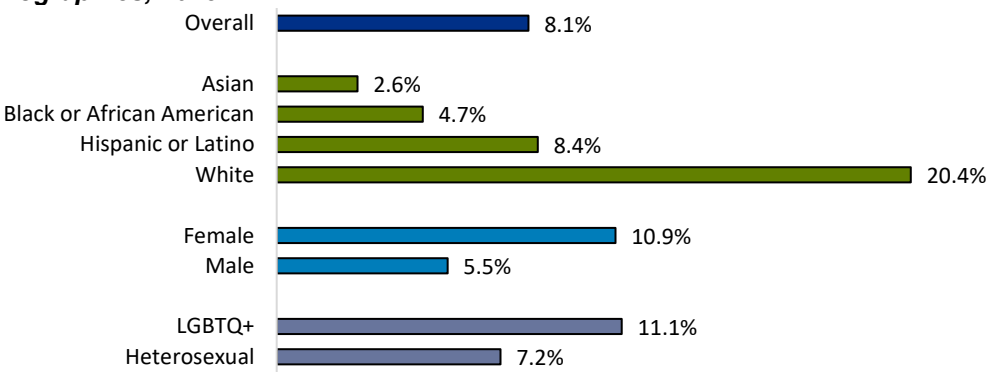
Figure 55. Percent of Boston High School Students Reporting Current Alcohol Use (Past 30 Days), by Selected Demographics, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Binge drinking (i.e., consuming 5 or more drinks in a row within a couple of hours) is a high-risk behavior among youth that can lead to serious short- and long-term health and safety consequences, including injury, impaired judgment, and increased risk of substance use disorders. **Figure 56** shows that 8.1% of Boston high school students reported binge drinking in the past 30 days. A much higher percentage of White students (20.4%) reported binge drinking compared to Hispanic/Latino (8.4%), Black/African American (4.7%), and Asian (2.6%) students.

Figure 56. Percent of Boston High School Students Reporting Binge Drinking (Past 30 Days), by Selected Demographics, 2023

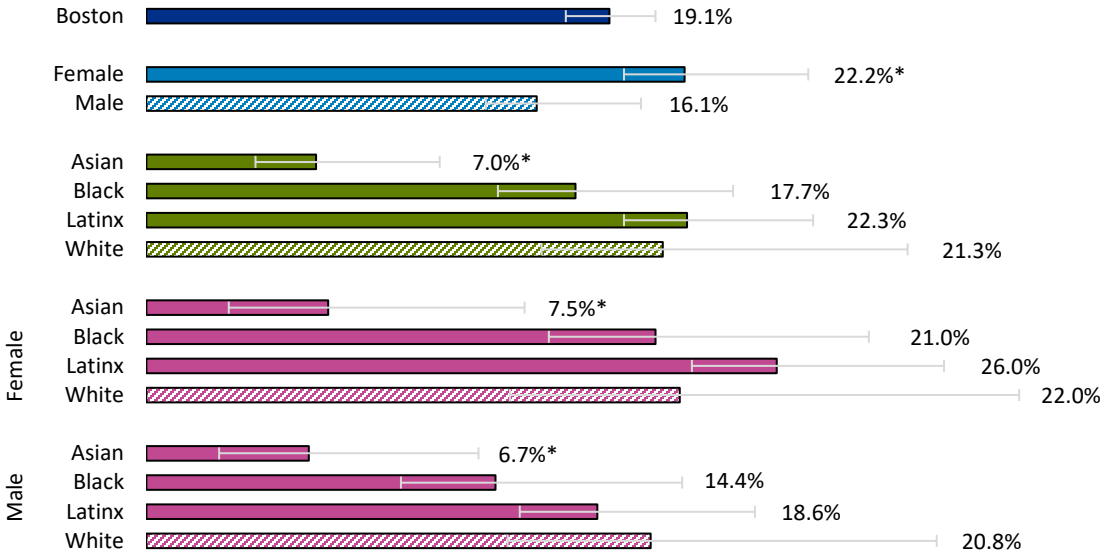


DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023
NOTE: Survey defined binge drinking as "Having five or more drinks of alcohol in a row within a couple of hours, on at least one day during the past 30 days."

Marijuana use among youth can affect memory, attention, and learning, especially while the brain is still developing. Regular use has also been linked to mental health concerns, including increased risk of anxiety, depression, and in some cases, psychosis. As shown in **Figure 57,** 19.1% of all Boston high school students reported current marijuana use. Students identifying as female (22.2%) were significantly more likely to report use compared to male students (16.1%). When further stratified by race and ethnicity, Latinx (22.3%) and White (21.3%) students had the highest percentages overall, while Asian students (7.0%) the lowest. These patterns were consistent across genders: Latinx and White females reported the highest use

(26.0% and 22.0%, respectively), while Asian females (7.5%) and males (6.7%) reported the lowest use.

Figure 57. Percent of Boston High School Students Reporting Current Marijuana Use (30 Days), by Selected Demographics, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Sexual Health and Teen Pregnancy

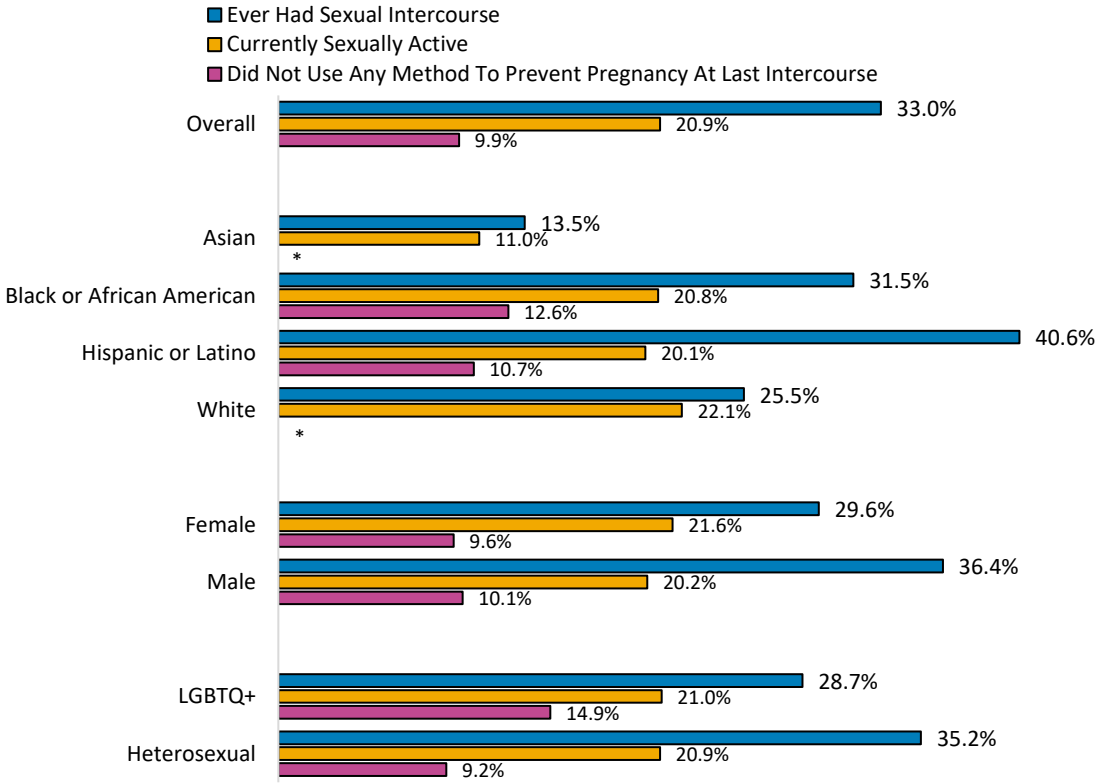
Sexual health is a key part of adolescent well-being, influencing physical, emotional, and social development. For teens, experiences related to sexual activity, contraception use, and pregnancy can have lasting impacts on health, education, and future opportunities. Interview and focus group participants reported a mix of positive and negative trends in youth behavior. While the number of youth having sex and engaging in risky sexual behaviors was perceived to be decreasing, utilization of birth control measures was also declining.

> ***"While kids are less likely to have sex than 10-20 years ago, they are less likely to use condoms or other birth control preventions than in the past as well… In terms of kids having multiple partners and age of sexual initiation those things have improved."***
>
> *– BCH CHNA Focus Group Participant*

About one-third (33.0%) of Boston high school students surveyed reported ever having had sexual intercourse, and 20.9% were currently sexually active (**Figure 58**). Percentages reporting sexual experience and current activity were generally similar across demographic groups, with some variation. A higher percentage of Hispanic/Latino students reported lifetime sexual experience (40.6%), while Asian students (13.5%) had the lowest percentage. The percentage of youth who did not use any method to prevent pregnancy at last intercourse was relatively consistent, ranging from around 9% to 13% across most groups. However, students

identifying as LGBTQ+ youth (14.9%) were somewhat more likely to report not using contraception at last intercourse compared to heterosexual youth (9.2%).

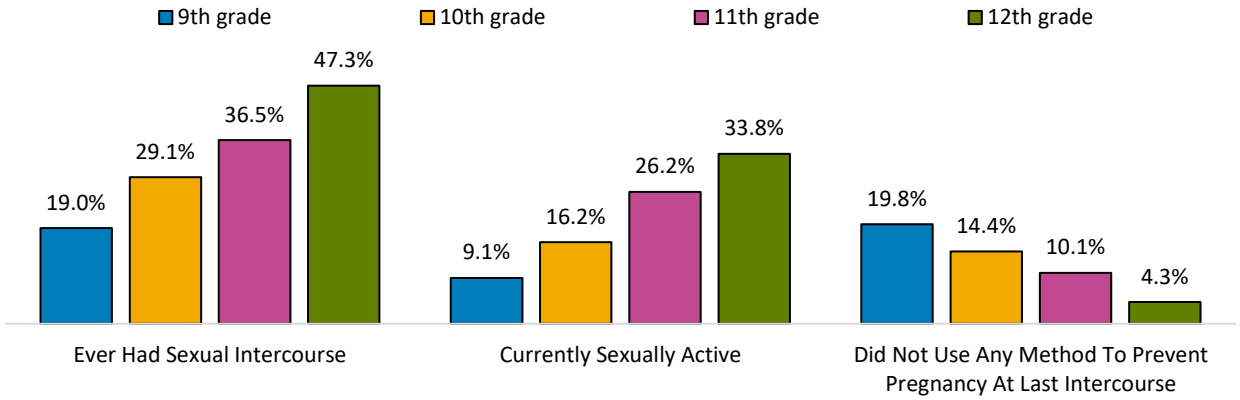
Figure 58. Self-Reported Sexual Behaviors Among Boston High School Students, by Selected Demographics, 2023



DATA SOURCE: High School Youth Risk Behavior Survey, Centers for Disease Control and Prevention, 2023
NOTE: An asterisk (*) means that data was suppressed due to small sample size.

In addition to differences by demographic groups, experiences related to sexual behavior also varied by grade level, reflecting developmental and age-related patterns (**Figure 59**). Reported lifetime sexual activity increased steadily with grade level, from 19.0% among 9th graders to 47.3% among 12th graders. Current sexual activity followed a similar pattern, increasing from 9.1% among 9th graders to 33.8% among 12th graders. Notably, younger students who were sexually active were more likely to report not using any method to prevent pregnancy at last intercourse, with 19.8% of 9th graders reporting nonuse compared to just 4.3% of 12th graders.

Figure 59. Self-Reported Sexual Behaviors Among Boston High School Students, by Grade, 2023



DATA SOURCE: High School Youth Risk Behavior Survey, Centers for Disease Control and Prevention, 2023

Importantly, discussion participants perceived sexual health education in Boston Public Schools to be of better quality than education on other topics, but not every school provides this education or has access to trained health education teachers who are comfortable teaching on sexual health topics. This was described as impacting access to and quality of information available to students.

> ***"[We] have not made as great of strides as of health education. Less than 50% of schools are following the BPS policy for health education but we did do better about sexual health."***
>
> *– BCH CHNA Key Informant Interviewee*

> ***"Why is it we are in the City of Boston with the best health care but our health education to build health literacy skills to engage and get the most out of their health care that they would have access to, we're not developing the skills of children and families in the ways that I think we could"***
>
> *- BCH CHNA Key Informant Interviewee*

Maternal and Infant Health

Maternal and infant health is a key indicator of community well-being and health equity. Outcomes such as low birth weight, preterm birth, and infant mortality are not only critical markers of a child's start in life but also reflect broader systemic factors that influence health. These outcomes are closely linked to social determinants of health, including access to quality prenatal care, housing stability, nutrition, environmental conditions, and experiences of stress or racism. Disparities in maternal and infant health highlight ongoing challenges in ensuring that all families have the conditions they need for a healthy pregnancy and birth.

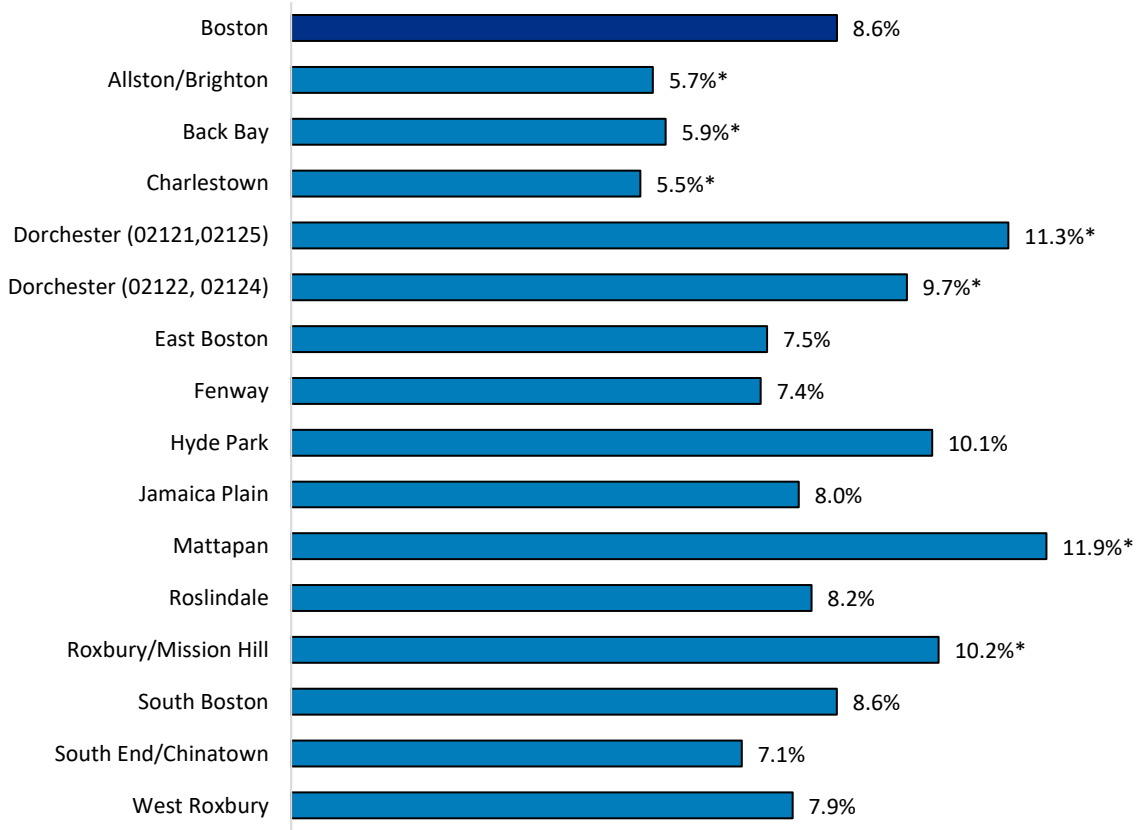
City of Boston CHNA participants emphasized concerns about the potential impacts of climate change on mothers and infants and rising temperatures in Boston, which include increased rates of early and low-birth-weight births. Several participants noted programming in Boston designed to create cooling spaces for pregnant people and young children should be expanded and supported in coming years.

Low Birth Weight

Low birth weight is defined as a baby born weighing less than 2,500 grams (5 pounds, 8 ounces), regardless of gestational age. Babies with low birth weight may be born early (preterm) or full-term but small for their gestational age. Common risk factors include preterm birth, poor maternal nutrition, chronic health conditions, or substance use during pregnancy. Social and structural determinants such as poverty, inadequate prenatal care, housing instability, and chronic stress also play a significant role in increasing risk. These factors often intersect, contributing to persistent disparities in birth outcomes.

Data on the percentage of births in Boston that were low birth weight are detailed in **Figure 60.** While 8.6% of births in Boston overall were low birth weight, the neighborhoods of Dorchester (11.3% and 9.7%), Mattapan (11.9%), and Roxbury/Mission Hill (10.2%) had percentages that were significantly higher. In contrast, percentages among births in Allston/Brighton, Back Bay, and Charlestown (between 5.5-5.9%) were all significantly lower than Boston.

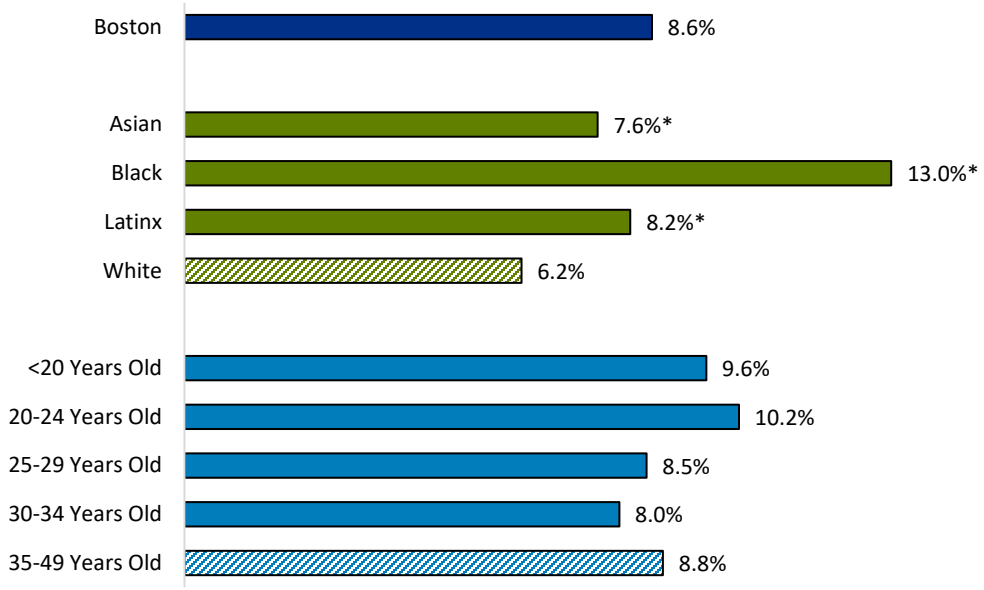
Figure 60. Percent of Low-Birth-Weight Births, by Boston and Neighborhood, 2021-2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Examined by demographic group (**Figure 61)**, the percentage of low-birth-weight births was highest among Black births (13.0%), representing a rate that was two times higher than among White births.

Figure 61. ***Percent Low-Birth-Weight Births, by Selected Demographics, Boston, 2021-2023***



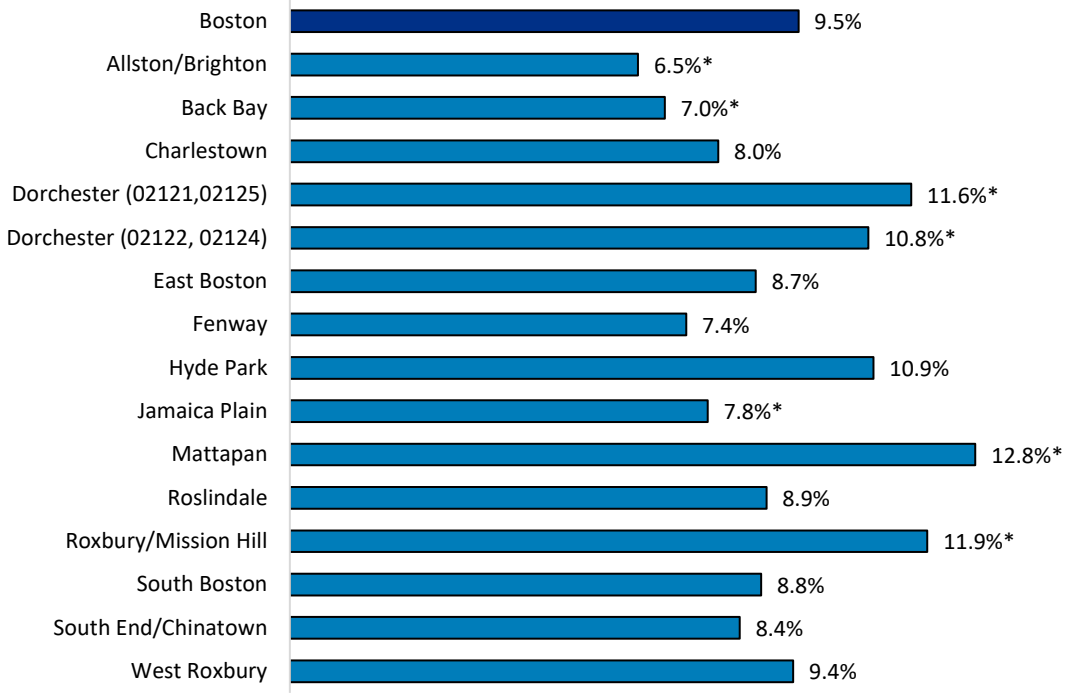
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Preterm Births

Preterm births are defined as delivery before 37 completed weeks of gestation and are a leading cause of infant illness, developmental delays, and mortality. Many of the same factors that contribute to low birth weight also increase the risk of preterm birth, including inadequate prenatal care, maternal health conditions, poor nutrition, substance use, and high levels of stress. Structural and social determinants such as poverty, racism, housing instability, and limited access to health care further compound these risks. Like low birth weight, preterm birth reflects both individual and systemic challenges that affect maternal and infant health outcomes.

Data on the percentage of births in Boston that were preterm are detailed in **Figure 62**. While 9.5% of overall births in Boston were preterm, the neighborhoods of Dorchester (11.6% and 10.8%), Mattapan (12.8%), and Roxbury/Mission Hill (11.9%) had percentages that were significantly higher. In contrast, percentages of births in Allston/Brighton and Back Bay (6.5% and 7.0%, respectively) were significantly lower than Boston. Notably, these findings are similar to those noted above for low birth weight, highlighting the strong correlation between the two birth outcomes.

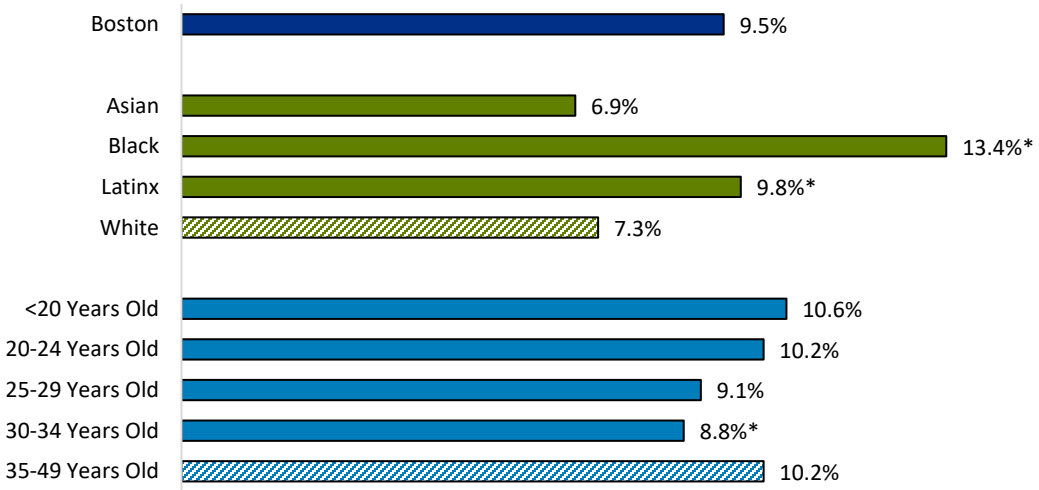
Figure 62. Percent of Preterm Births, by Boston and Neighborhood, 2021-2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2019-2023; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Examined by demographic group (**Figure 63**), the percentage of preterm births was highest among Black births (13.4%), representing a rate nearly two times higher than among White births. Similarly, this mirrored the low-birth-weight findings noted previously, highlighting how strongly the two birth outcomes are correlated.

Figure 63. Percent of Preterm Births, by Selected Demographics, Boston, 2021-2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2019-2023; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

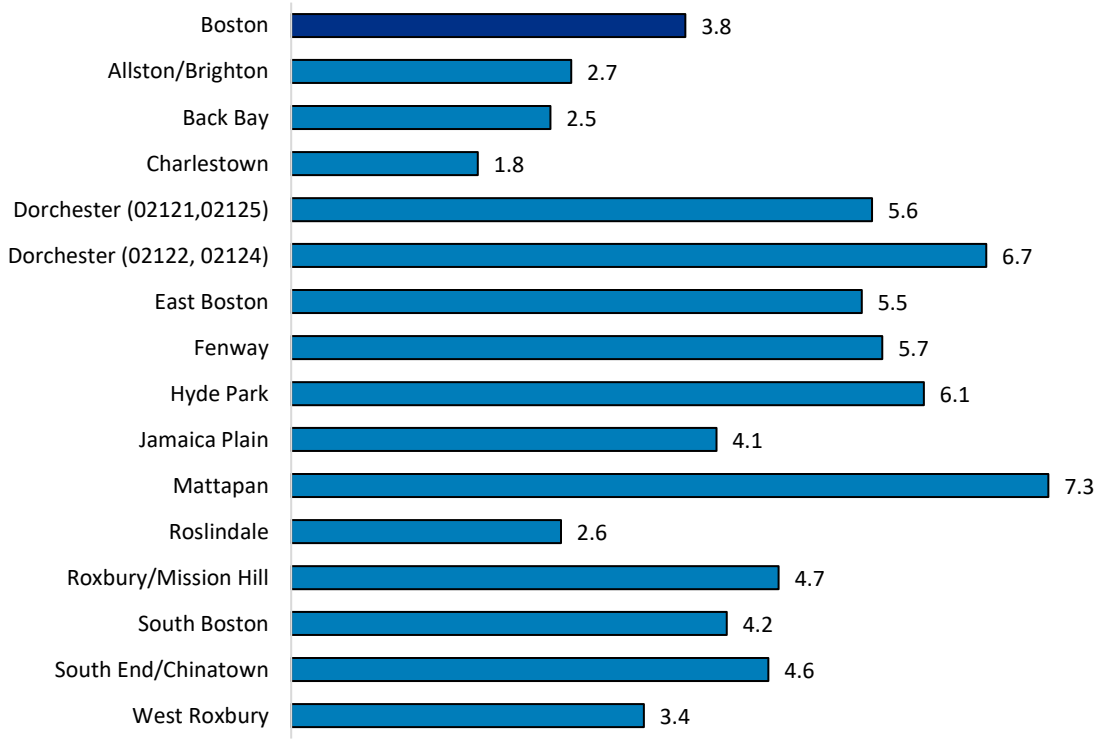
Infant Mortality

Infant mortality, defined as the death of a baby before their first birthday, is a critical indicator of population health and health equity. It reflects not only the health of infants, but also the conditions experienced during pregnancy, birth, and early life. Risk factors for infant mortality include preterm birth, low birth weight, congenital conditions, and unsafe sleep environments, as well as broader social and structural factors such as poverty, racism, and unequal access to quality health care. Persistent disparities in infant mortality point to deep-rooted inequities in the systems that support maternal and child health.

The overall infant mortality rate in Boston is 3.8 per 1,000 births, based on data aggregated across 2013-2023. However, substantial variation by neighborhood is observed (**Figure 64**), and infant deaths were significantly higher in parts of Dorchester (6.7 per 1,000 in ZIP 02122 and 02125), and Mattapan (7.3 per 1,000). These two rates are between 1.7 and 1.9 times higher than for Boston overall.

Additionally, these data further indicated that the infant mortality rate among Black infants was 8.0 per 1,000 births during this time period (data not shown), which was over two times higher than for Boston overall (3.8 per 1,000) and nearly four times higher than for White infants (2.1 per 1,000).

Figure 64. Infant Mortality Rate per 1,000 Live Births, by Boston and Neighborhood, 2013-2023



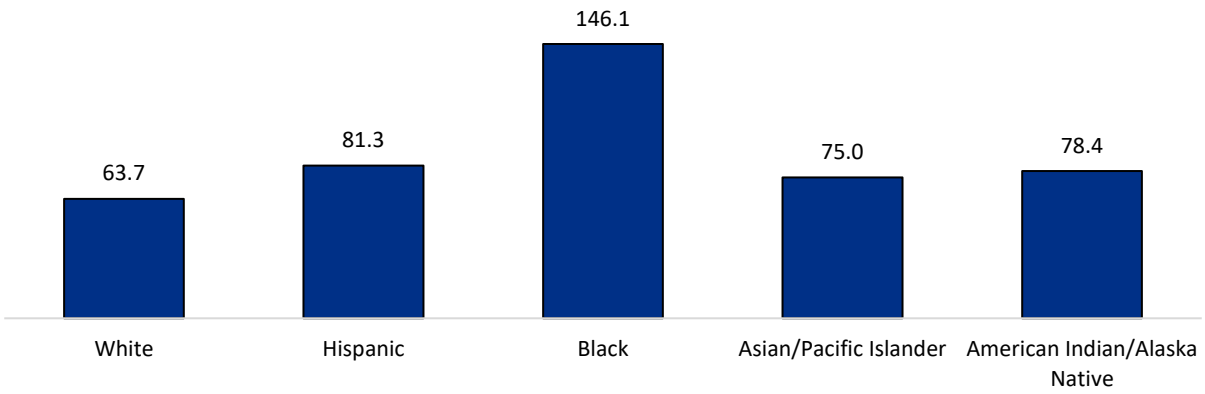
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2013-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2013-2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation; NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of n<20.

Maternal Morbidity

Severe maternal morbidity (SMM) is defined as unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to health. As reported in the *Massachusetts Reproductive Care and Women's Health Performance Commonwealth Scorecard, 2023,* Massachusetts has performed well (ranking in the top 10) for most indicators of reproductive care and women's health, but it ranked 45th for SMM. As of 2023, the rate was 105.5 per 100,000 in MA compared to the US overall rate of 88.2 per 100,000.

Furthermore, state data (**Figure 65**) show that racial disparities in birth outcomes extend to maternal outcomes as well. Between 2011 and 2020, rates among Black birthing people were 2.3 times higher than rates among White non-Hispanic birthing people (146.1 vs. 63.7, respectively). While not specific to Boston, these data highlight the broader systemic inequities that impact maternal health.

Figure 65. Rate of Severe Maternal Morbidity (SMM) in Massachusetts per 10,000 deliveries by Race and Hispanic Ethnicity (2011-2020)



DATA SOURCE: Assessment of Severe Maternal Morbidity in Massachusetts: 2011-2022. Accessed at: https://www.mass.gov/doc/an-assessment-of-severe-maternal-morbidity-in-massachusetts-2011-2020/download

Access to timely and adequate prenatal care is a critical factor in supporting healthy pregnancies and birth outcomes. Yet in 2022, only 66.2% of live births in Boston were to individuals who received adequate prenatal care, compared to 76.7% statewide (**Table 10**). Inadequate prenatal care is a known risk factor for adverse outcomes such as low birth weight, preterm birth, and severe maternal morbidity, all of which were highlighted above.

Table 10. Percent of Live Births with Adequate Prenatal Care, Boston and Massachusetts, 2022

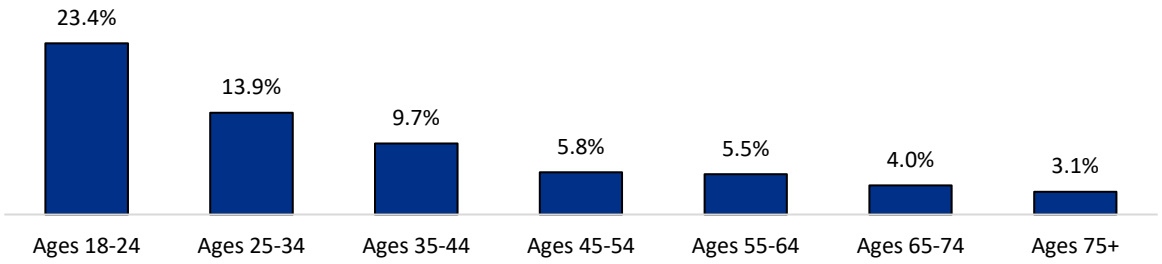
	%
Massachusetts	76.7%
Boston	66.2%

DATA SOURCE: Birth Outcomes Data, Massachusetts Department of Public Health, 2024; NOTE: Prenatal Care Adequacy is an assessment of the timing and number of prenatal care visits and not an evaluation of the quality of care delivered. Prenatal Care Adequacy is calculated as a ratio of observed to expected visits, with adequate being a ratio of 80% or more.

LGBTQIA+ Youth

LGBTQ+ youth represent a growing and increasingly visible segment of the youth population in Massachusetts and Boston. According to the *2023 Massachusetts Youth Health Survey*, 23.2% of high school students identify as LGBTQ+ or are unsure of their sexual orientation or gender identity. The percentage of students identifying as transgender has also risen modestly, from 2.0% in 2015 to 2.6% in 2021. These rates align with self-reported data from adults in Massachusetts, which showed 23.4% of adults aged 18 to 24 identify as LGBT+ (**Figure 66)**.

Figure 66. Percentage of LGBT+ Adults by Age Group, Massachusetts, 2020-2022



DATA SOURCE: Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), 2020-2022

Despite progress in visibility and legal protections, many LGBTQ+ youth, especially transgender or gender non-conforming youth, continue to face significant challenges that can impact their health and well-being. In a recent report from The Fenway Institute & The Equality Fund at the Boston Foundation, titled *LGBTQ+ People in Massachusetts: Strengths, Challenges, and Opportunities in a Diverse Community (May 2025)*, the results of listening sessions with LGBTQ+ residents found that many youth experience a shift from early acceptance to isolation and peer rejection during middle and high school.

This report further found that access to affirming and appropriate health care remains a persistent barrier. Many LGBTQ+ youth in Massachusetts report difficulties finding providers who understand their needs, and they also face insurance complications that delay or deny access to gender-affirming care. Some listening session participants shared that care was so difficult to access before age 18 that they were forced to wait until they could legally seek care at informed consent clinics. According to Massachusetts BRFSS data (2020-2022), LGBT+ adults were 1.8 times more likely than straight, cisgender adults to report being unable to see a doctor at some point in the previous year due to cost, further emphasizing systemic barriers.

LGBTQ+ youth who participated in the Boston Children's CHNA focus group emphasized the difficulty in finding affirming, culturally competent providers in Boston. This was particularly challenging for youth of color and those with public insurance. Several youth participants described long delays in accessing mental health support and gender-affirming care, and noted that provider compassion often made the greatest difference in their care experience.

> ***"I got lucky to find a queer therapist—it's so hard to get, even just to find a therapist who listens."***
>
> *– BCH CHNA Focus Group Participant*

Youth also expressed a need for more guidance in navigating the health system, including understanding their rights, insurance coverage, and what to expect when transitioning out of pediatric care. As one youth described, "***It took a long time to look for a PCP since my parents couldn't help... assistance in transitioning out to adult general care and health would have been helpful."*** Some participants suggested peer support models to build trust and reduce barriers to care.

> ***"Educating people on terms they need to know, how to interpret different types of documents and things prescribed to them... people get lost in the system since they don't have privilege or knowledge."***
>
> *– BCH CHNA Focus Group Participant*

School climate also plays a key role in supporting LGBTQ+ youth. The Trevor Project's *2023 National Survey on LGBTQ Youth Mental Health* found that students with access to at least one school-based protective factor—such as student run 'alliance' clubs, history and sex education that include LGBTQ experiences and people, access to a gender-neutral bathroom, and teachers who respect pronouns—were 26% less likely to report a suicide attempt in the past year. A lack of support during adolescence, a critical time for social and emotional development, can have long-lasting consequences. As noted in the behavioral and mental health sections above, LGBTQ+ students in Boston were more likely to report depression, anxiety, and suicidal ideation than their cisgender, heterosexual peers.

Boston Children's CHNA focus group participants described serious gaps in access to timely and affirming mental health crisis support. Several LGBTQ+ youth shared experiences of long wait times and limited capacity in the systems designed to help, such as being placed on hold when calling suicide hotlines or waiting hours for a response from the Boston Emergency Services Team (BEST). Others expressed concern about feeling unsafe or stigmatized when disclosing their location or identity during crisis calls.

> ***"I was waiting 45 minutes to an hour for the BEST team and when they arrived, they said they couldn't find anywhere to park—they need a better system for that."***
>
> *– BCH CHNA Focus Group Participant*

Additionally, LGBTQ+ youth participants described that their intersectional identities heavily influenced their experience of health care. The focus group discussion highlighted that discrimination is often compounded by race, disability, neurodivergence, and socioeconomic status, not just LGBTQ+ identity. This included mistrust of providers, experiences of diagnostic dismissal, and financial barriers. As one youth stated, ***"I experienced interacting with systems that didn't see neurodivergence as something Black people have."***

The current, rapidly shifting political climate, was also described as heavily impacting LGBTQ+ youth in Boston. Focus group and interview participants described feelings of great fear and confusion stemming from recent Executive Orders (e.g., '*Rescinding LGBTQ+ Nondiscrimination Protections'*, '*Defending Women from Gender Ideology Extremism'*, and '*Protecting Children from Chemical and Surgical Mutilation'*). Participants expressed a desire for

more political health literacy for families to better understand how these orders will impact their continuum of care, insurance, and provider's ability to work with youth.

> ***"Trans youth under 19 are confused about executive orders-confused about continuation of care and need political health literacy for families."***
>
> *– BCH CHNA Focus Group Participant*

> ***"I heard there was a pause in accepting new patients for the GeMS program; I looked to see if they were accepting new patients/if the pause had been lifted but I couldn't find anything-it would be great to have a roadmap of what Children's is planning to do/how they are navigating all of this as best as they can."***
>
> *-BCH CHNA Focus Group Participant*

ACCESS TO HEALTH CARE

Boston is home to some of the nation's leading hospitals, health centers, and academic medical institutions, offering a wide range of health care services. However, despite the city's rich health care landscape, many residents, particularly those in historically marginalized communities, continue to face barriers to timely, affordable, and culturally responsive care.

Assessment participants consistently identified access to health care as a major concern for Boston families. They named a variety of common barriers to care, such as transportation, language, negative interactions with health care providers, and challenges navigating the health care system and insurance providers. Participants identified access to mental health care as particularly challenging, citing extremely long wait times and high costs.

Importantly, many caregivers identified that while the health care system is successfully identifying and diagnosing the physical and behavioral health needs of children and youth, the resources and support needed to care for those conditions are harder to find.

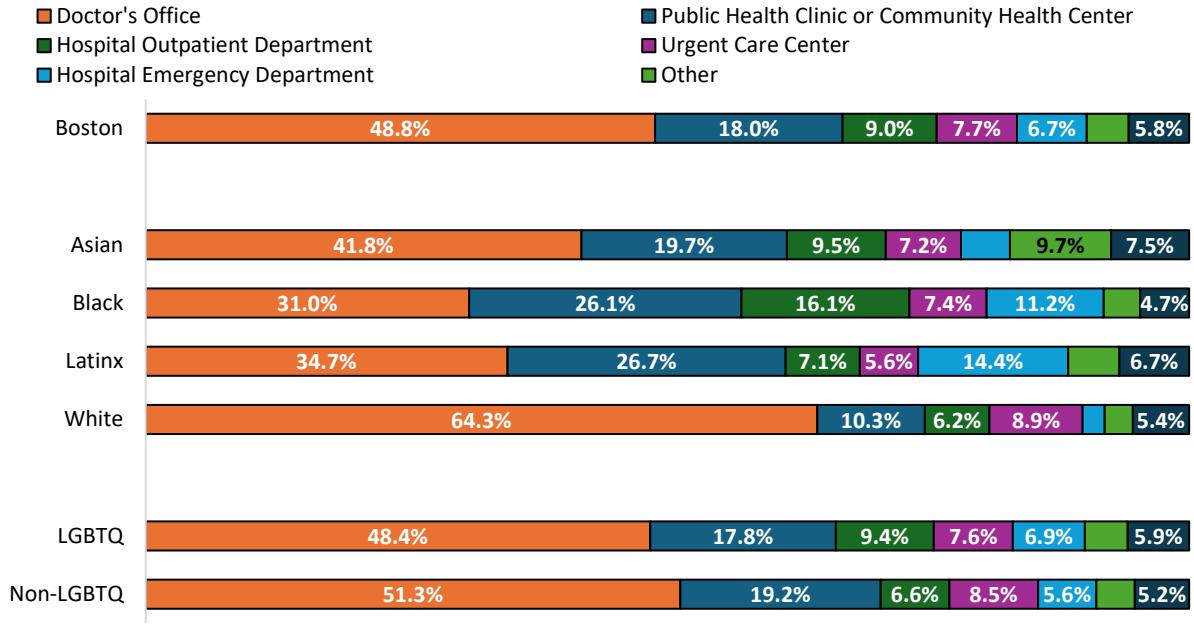
> ***"As a system, we are good at diagnosing people but not good at helping treat or manage the follow up. We end up with kids and families with a diagnosis and then no idea how to manage that. I think we need to improve the follow up post diagnosis and have people available to see them and work with them."***
>
> *– BCH CHNA Focus Group Participant*

Usual Source of Care

Self-report data from the Boston BRFSS suggest that overall most Boston adults usually receive health care from a doctor's office (48.8%), followed by a public health clinic or community health center (18.0%) (Error! Reference source not found.). A larger percentage of White adults (64.3%) reported using a doctor's office for health care compared to Black (31.0%) and Latinx adults (34.7%). In contrast, Black (11.2%) and Latinx adults (14.4%) were more likely to report the hospital emergency department as their usual source of care compared to White and Asian adults (both <5%).

People make decisions about where to seek care based on a variety of factors, including geography, convenience, past experiences, perceived quality, and comfort with providers. While these data show that Boston residents rely on a range of settings for their usual care, these patterns and differences may reflect deeper disparities in access, trust, and experiences with the health care system among different population groups and identities.

Figure 67. Percent of Boston Adults Reporting Their Usual Place for Health Care, by Selected Demographics, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

NOTE: Data labels ≤5.0% not shown.

Barriers and Facilitators of Access to Care

The City of Boston CHNA community survey provided additional insight into community perceptions of health care accessibility. Survey respondents were asked to identify, from a list, the circumstances or conditions that make accessing care easier. **Table 11** shows the top 10 facilitators as identified by caregivers with children and youth/young adults. The top 5 facilitators were the same for both caregivers and youth/young adults with only a slight difference in rank order. For both groups, having many services available at the same location and access to evening or weekend appointments were the top priorities. Additional shared facilitators included having more appointments available, lower out-of-pocket costs, and providers who make patients feel safe and respected.

Beyond the top five, responses began to diverge slightly. Caregivers emphasized the importance of providers who specialize in the care they need and access to childcare or elder care, while youth and young adults highlighted the importance of clear pricing and paid time off work for health needs. Both groups also valued help with care coordination and having services located closer to where they live.

Table 11. Top 10 Facilitators of Access to Care Identified by Boston CHNA Survey Respondents, by Selected Demographics, 2025

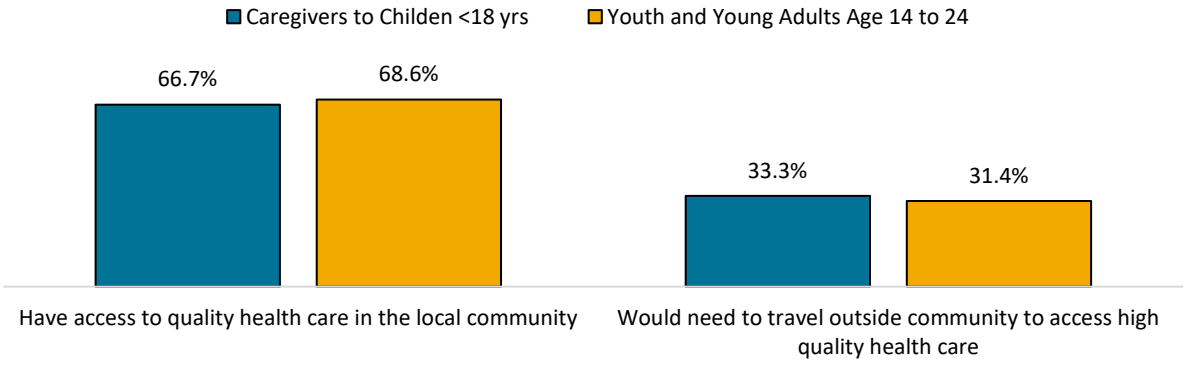
Rank	Caregivers to Children <18 yrs	Youth and Young Adults Aged 14 to 24
1	Being able to get many services at the same location or practice	Being able to get many services at the same location or practice
2	Evening or weekend appointments	Evening or weekend appointments
3	More appointments available	Health care providers who make me feel safe and respected
4	Lower out of pocket cost for services	Lower out of pocket cost for services
5	Health care providers who make me feel safe and respected	More appointments available
6	Health care providers who specialize in the care I need	Clear prices for services
7	Childcare or elder care	Paid time off work (sick time)
8	Clear prices for services	Health care providers who specialize in the care I need
9	Help with understanding or coordinating my care, such as finding services, filling out paperwork, using insurance, and scheduling appointments	Help with understanding or coordinating my care, such as finding services, filling out paperwork, using insurance, and scheduling appointments
10	Services closer to where I live	Services closer to where I live

DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

Location of Services

The location of health care services can determine how easily families and young people are able to seek care when they need it. Among survey respondents, two location-based factors ranked among the top 10 facilitators of health care access for both caregivers and youth/young adults (**Table 11**). Having health care services closer to home ranked #10, while being able to access multiple services in one location or practice ranked #1. As shown in Error! Reference s ource not found., about one-third of both caregivers to children and youth/young adults also reported they would need to travel outside of their community to access high-quality health care.

Figure 68. Percent of Boston CHNA Survey Respondents that Reported Access to Quality Health Care in Their Community, by Selected Demographics, 2025



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

These findings underscore the importance of considering transportation needs when services are not readily available nearby. Transportation, especially for those who rely on public transportation, was identified by focus group participants as a major barrier to care for many Boston residents. Delays and closures of subways and buses, traffic and congestion, and lack of options to reach certain areas via public transit were all highlighted concerns. One focus group participant described, ***"I did not have access to the green line, so I had to walk a mile, and I am someone who experiences chronic pain. I don't have free time or resources to go to a pain specialist."***

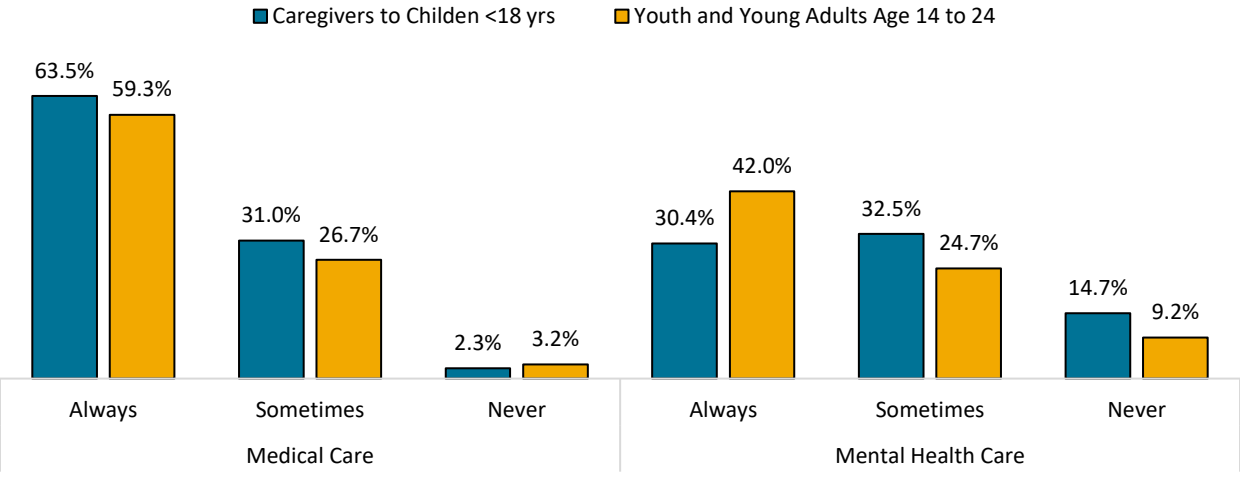
Timeliness of Care

Timely access to care is a critical factor in ensuring health needs are addressed before they become more serious or complex. However, access to care when it's needed is shaped by many systemic factors, such as provider availability, clinic hours, and overall health system capacity. Community survey respondents (**Table 11**) identified several facilitators that align with these factors and contribute to more timely access. "Evening or weekend appointments" ranked #2 for both caregivers and youth, reflecting the value of flexible scheduling. "More appointments available" ranked #3 for caregivers and #5 for youth and young adults, pointing directly to concerns about provider availability and long wait times. The ability to see specialists when needed was also a facilitator identified by both groups.

The City of Boston community survey data further showed that more than half of caregivers and youth and young adults (approximately 60%) were *always* able to access medical care when they needed it, and only 2.3% of caregivers and 3.2% of youth/young adults reported they *never* were able to get medical care when needed (**Figure 69**).

However, these percentages differed in relation to accessing mental health care. Only 30.4% of caregivers and 42.0% of youth/young adults reported they were *always* able to access mental health care when needed, and 14.7% of caregivers and 9.2% of youth/young adults reported they were *never* able to access mental health care when needed.

Figure 69. Percent of Boston CHNA Survey Respondents that Reported Frequency of Getting Care When Needed in Prior 12 Months, by Selected Demographics, 2025



DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

These findings reinforce that while most respondents were able to access medical care when needed, timely access to mental health services remained a significant challenge. The higher percentage of unmet need suggests gaps in provider availability in this specialty.

Focus group and interview participants echoed these concerns, frequently describing long wait times when seeking out health care services, whether for themselves or for their children. One City of Boston CHNA focus group participant explained, ***"I've noticed they'll give you an appointment for way off in the future. And not just with adults but with children as well."*** Another participant added that these delays are especially problematic for specialty care, including for children with developmental needs: ***"even for children with special needs, they'll schedule an appointment for a year out and it makes it hard to get a diagnosis."***

Timeliness of access to behavioral and mental health care emerged as a particularly urgent concern. Participants noted that while organizations and referral systems exist, they often fall short in getting young people connected to care quickly enough. As one participant stated, "***We have a lot of organizations and referrals, but we need to be able to get the youth what they need quicker. Getting them to a provider quicker."***

Participants described even greater challenges for individuals using MassHealth, noting limited provider availability and longer wait times. These challenges were further compounded when seeing providers with specific characteristics such as therapists of color, non-English speaking therapists, or those with lived experience relevant to the youth being served. As one youth participant shared, ***"My family is middle income so they can pay for therapy, and I can choose my therapist, I see a trans therapist, but on Mass Health you have to wait a long time and have limited options for a therapist."*** Another participant added simply, ***"It's hard to look for a Black therapist."***

Affordability and Cost of Care

While wait times and scheduling challenges were top concerns, participants also emphasized the burden of health care costs as a key barrier to accessing timely and consistent care. The cost of health care, both direct and indirect, was identified as a significant factor to accessing health care by community survey respondents and focus group participants. In the community survey, "lower out of pocket cost for services" ranked as the #4 most important facilitator of access for both caregivers and youth and young adults. "Clear prices for services" also ranked in the top 10 for both groups (#8 and #6, respectively) and "paid time off work (sick time)" was ranked #7 among youth, suggesting that financial strain remains a common challenge even when individuals are insured.

Focus group participants echoed these findings, describing multiple ways in which cost and insurance complexity create obstacles to timely, affordable care. These included difficulties finding providers who accept MassHealth, particularly for dental or mental health services, and confusion about insurance eligibility and coverage, particularly in the face of job changes or income fluctuations.

> ***"Sometimes when you try to connect the dots with a patient and their insurance, it does not always make sense… that is an infrastructure issue.***

It can be hard to know what patients have received in the past and what they can have covered in the future."

– Boston CHNA Focus Group Participant

Participants also noted concerns about high co-pays, unexpected bills, and a general lack of transparency around what services would be covered. For families managing multiple appointments or ongoing care, these cost-related uncertainties created additional stress and, in some cases, delayed or deterred needed care.

Feelings of Safety and Respect

While often less visible than logistical or financial barriers, negative experiences with providers can discourage individuals from seeking care or following through with treatment. Feeling safe and respected in health care settings is a critical component of access, particularly for youth and families who may already face systemic barriers or stigma. In the community survey (**Table 11**), "health care providers who make me feel safe and respected" ranked as the #3 facilitator of access for youth and young adults and the #5 facilitator for caregivers.

Participants in both the City of Boston CHNA and Boston Children's CHNA focus groups described numerous experiences of feeling uncomfortable in certain settings. These experiences included providers not listening to their concerns and a lack of cultural humility toward racially and socially minoritized groups (e.g., Black men, immigrants, people with disabilities, transgender patients, and queer communities). For example, some participants described difficulty finding providers who were adequately educated to care for transgender and non-binary patients, or who consistently used incorrect names and pronouns. Other participants reported feeling discriminated against by health care providers based on their race and ethnicity.

"I have had white providers treat me very disrespectfully all my life; there are gaps due to Boston being segregated"

– BCH CHNA Focus Group Participant

Several focus group participants with disabilities shared frustrations and personal stories about experiences in a variety of care spaces, such as doctor's offices and hospitals. Some participants noted that doctors and providers often lose sight of the patients being people. One participant shared they would like the system to ***"make sure patients are being seen as a person rather than just an initial and last name or case number"***.

"I think doctors… assume things and don't listen. I went to the ER and they told me I was throwing up because of anxiety and my PCP called and said no you have an infection and need antibiotics."

– Boston CHNA Focus Group Participant

System Navigation

Participants also highlighted how complex health care systems can create confusion and delays, even when services are technically available. Navigating the health care system was identified as a significant barrier to care by many focus group and interview participants. In the community survey (**Table 11**), "help with understanding or coordinating my care" ranked #9 as a

facilitator of access for both caregivers and youth, highlighting a shared need for better system navigation support.

Participants described the health care system as confusing, fragmented and time-consuming to navigate, especially for families trying to connect with mental health services. As one participant explained, ***"the parents don't have resources to navigate that and can feel really overwhelmed."***

Other participants pointed to breakdowns in coordination between systems and services. Some participants noted that tools designed to help navigate the system (e.g. 988, calling the insurance provider for list of in-network providers, etc.) are not always helpful or up to date with current information.

> ***"The systems need to talk to each other…. For example, I called my insurance and said I need this kind of doctor for this age group. And I called all these names given and some didn't work with young people, some didn't serve areas, etc. it's really hard for families to navigate all these things and people and systems aren't talking to each other."***
>
> *– BCH CHNA Focus Group Participant*

> ***"I would also say like the whole insurance thing is very hard to navigate and is overwhelming…. I don't know why I thought 988 would make things easier but I don't see a huge difference"***
>
> *– BCH CHNA Focus Group Participant*

Many participants emphasized the difficulty of navigating mental health care, and expressed a need for more hands-on support, comparing it to the kind of patient navigation available in complex systems like cancer care.

> ***"The other thing is with the mental health issues in youth is the parents don't have resources to navigate that and can feel really overwhelmed. They don't have patient navigators like when you go to Dana Farber, they have patient navigators because cancer is so overwhelming but there isn't that for other types of services. Having those patient navigators may make some other issues stop from becoming larger"***
>
> *– BCH CHNA Focus Group Participant*

Barriers Faced by Immigrant Communities

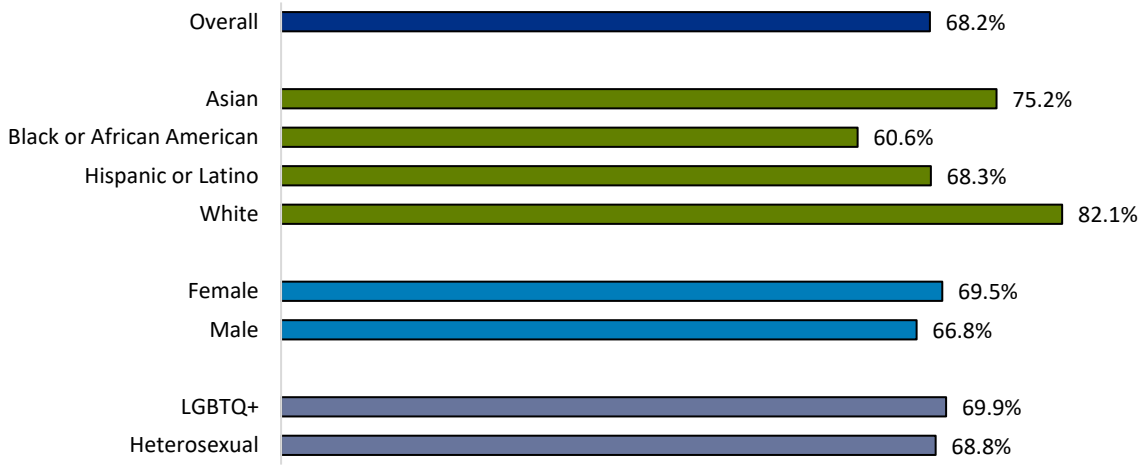
City of Boston CHNA focus group participants identified several unique challenges that immigrant communities face when accessing health care in Boston. These challenges included limited eligibility for services, gaps in medical history prior to arriving in the U.S., and language access challenges. Participants emphasized that these barriers are compounded by broader systemic issues, such as lack of clear information and fragmented service systems that are hard to navigate.

A few interviewees raised concerns about the chilling effect of immigration enforcement policies on health care access, noting that fear and confusion can cause some immigrants to delay or avoid care, even when it is urgently needed. As one participated bluntly stated, ***"Knowing you could get arrested. If I go here, am I admitting to a crime, being undocumented."***

Access to Dental Care

Regular dental care is an important part of overall health, especially during childhood and adolescence when lifelong habits are being formed. Access to dental services can help prevent cavities, manage oral pain, and identify other health issues early. However, not all young people receive routine dental care. In Boston, data showed that only 68.2% of high school students reported seeing a dentist in the prior year, and the percentages were lower for Black or African American Students (60.6%) highlighting potential gaps in access or utilization (**Figure 70**).

Figure 70. Percent of Boston High School Students Reporting Seeing a Dentist in Past Year, by Selected Demographics, 2023



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2023

COMMUNITY VISION AND SUGGESTIONS FOR THE FUTURE

Throughout the Boston Children's and City of Boston CHNA processes, community members were not only asked about current challenges but also about their hopes and priorities for the future. This section highlights residents' visions for healthier, more equitable communities, including the changes they believe would most improve the places where they live, work, and raise their families.

When asked to select from a list of options, City of Boston CHNA community survey respondents identified a range of social and economic priorities that would most improve their communities (

Table *12***)**. The top three responses for caregivers and youth/young adults included *more affordable housing*, *access to good jobs and economic opportunities*, and *access to low-cost healthy foods*. Caregivers additionally emphasized the importance of *better schools*, *access to childcare*, and *access to mental health care*. Youth and young adults highlighted *access to health care*, *safe and reliable transportation*, and a *clean environment*. These findings reflect shared concerns around meeting basic needs and creating opportunities, with some variation based on age and role in the community.

Table 12. Top 10 Factors Identified by Boston CHNA Survey Respondents That Would Most Improve Their Community, by Selected Demographics, 2025

Rank	Caregivers to Children <18 yrs	Youth and Young Adults Aged 14 to 24
1	Access to good jobs and economic opportunities	More affordable housing
2	More affordable housing	Access to low-cost healthy foods
3	Access to low-cost healthy foods	Access to good jobs and economic opportunities
4	Better schools	Access to health care
5	Access to health care	Lower crime and violence
6	Lower crime and violence	Access to reliable public transportation
7	Access to mental health care	Clean environment (air and water quality)
8	More affordable childcare	Access to ongoing education opportunities
9	Access to ongoing education opportunities	Access to mental health care
10	Access to reliable public transportation	Better schools

DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

Focus group and interview participants shared more specific suggestions to support the mental health and overall well-being of youth in Boston, with several themes emerging:

More mentorship, connection, and opportunities for youth – Participants described the importance of creating more programs for youth that support social engagement, mental health, and career readiness. These included mentorship programs, job training, and opportunities for youth to explore hobbies and creative outlets, such as clubs and sports leagues.

> ***"Those folks need a mentor, not just a therapist who has a degree. They need somebody who's been there, done that, to walk them through and show them how they were able to navigate."***
>
> *– BCH CHNA Focus Group Participant*

Investing in youth workers and community infrastructure – Several participants spoke about the need to increase salaries and funding for youth workers, noting that the current cost of living in Boston makes it difficult to retain a workforce dedicated to supporting young people outside of school. Others called for greater accountability and contributions from large institutions to invest in Boston's youth.

> ***"We have all these amazing educational institutions. I don't see why we can't have more scholarships for our young people… Our youth are feeling hopeless. Not everyone needs to go to college, but we need more jobs and workforce development for Boston residents."***
>
> *– BCH CHNA Focus Group Participant*

Expanding patient navigation, peer advocacy, and wraparound services – Participants repeatedly emphasized the value of having patient navigators and peer advocates available to help youth and families understand and access the wide range of services offered across Boston. These kinds of hands-on supports were described as essential for mental health care, but also helpful in other systems. Others suggested that trusted, person-centered support through community-, school-, or peer-based programs could help ensure people do not fall through the cracks.

> ***"Having resources and information is one thing but having people willing to sit down and go through things with you—that's the difference. People get lost in the system if they don't have privilege or knowledge."***
>
> *– BCH CHNA Focus Group Participant*

Health education and literacy as a tool for equity – In addition to one-on-one support, participants identified the need for more widespread health education and system literacy. Youth and caregivers described wanting more opportunities to learn how to understand medical terminology, make informed health care choices, interpret insurance coverage, and prepare for transitions in care. Several participants also called attention to the structural stigma experienced by people of color, LGBTQ+ individuals, and immigrants, underscoring the value of education not only as a knowledge tool, but a mechanism of empowerment. Participants also recommended providing more support to caregivers and youth during transitions from pediatric to adult care, as well as for those managing special health care needs.

> ***"There is stigma for people of color, people with disabilities, queer people… it's helpful to have knowledge to navigate certain situations."***
>
> *– BCH CHNA Focus Group Participant*

> ***"Educating people on the terms they need to know, how to interpret documents, what they're being prescribed… many people don't know that if you're prescribed something, you don't have to take it."***
>
> *– BCH CHNA Focus Group Participant*

Improved communication tools and family engagement – Finally, participants called for more intentional efforts to help families and youth understand sensitive or complex information. One suggestion was to create developmentally appropriate ways to communicate important health messages to children, in alignment with what schools or agencies already share. Other participants noted that more consistent communication with families could improve awareness and access.

> ***"We need different ways to talk about topics that parents are getting resources about… It's hard for us to navigate these difficult topics, so having communication that's aligned with what schools are saying would help families translate things for their kids."***
>
> *– BCH CHNA Focus Group Participant*

KEY ASSESSMENT THEMES

Through a review of secondary data, and key informant and focus group data, this assessment report describes the social and economic context of Boston Children's priority neighborhoods, key health issues and concerns, and perceptions of assets and opportunities for addressing current needs and gaps. The data indicate that many of Boston Children's current priority areas –mental health and emotional wellness, housing, asthma, and healthy weight including access to affordable and nutritious food–remain areas of high concern for community residents and stakeholders. The following key themes emerged from the data:

Youth and their caregivers face persistent challenges to access health care services – particularly mental health care.

Participants and survey respondents identified a range of systemic and logistical barriers, including transportation, provider availability, cost, and difficulty navigating the health care system. Approximately one-third of survey respondents indicated they would need to travel outside of their communities to access high-quality health care, underscoring how transportation intersects with geographic access. Caregivers and youth consistently emphasized the importance of flexible appointment options and co-located services as facilitators of access. Cost was also a major concern, with lower out-of-pocket expenses and clear pricing ranked among the top factors that facilitate access. Youth in particular shared the importance of providers who make them feel safe and respected, reflecting the need for culturally responsive care and trust-based relationships. Together, these findings highlight the need for more accessible, affordable, and person-centered care models that address the needs of families' daily lives.

Chronic health conditions, such as asthma and obesity disproportionately impact low-income and minority children and families.

Asthma rates are disproportionately higher for residents in Mattapan, Hyde Park, Roxbury, and Dorchester, as well as patients of color, particularly Black and Hispanic patients, and individuals with public insurance. Diagnoses of obesity are also disproportionately higher for residents in Mattapan, Roxbury, Hyde Park, East Boston, and Dorchester, as well as higher for Black and Hispanic patients. Risk factors for obesity are also a concern, as nearly half of Boston Public School students reported they had not eaten any fruit or vegetables in the week prior to completing the Youth Risk Behavior Survey, which highlights concerns around access to healthy food and healthy eating as a common practice.

Climate change and environmental health are among increasing concerns for Boston youth.

Participants noted the threat of climate change as a key factor in declining mental health among youth and residents in Boston. Data highlight that many neighborhoods in Boston experience significantly higher temperatures compared to rural areas, which suggests that high heat is worsening and may negatively impact physical health outcomes such as pediatric asthma and low birth weight. In addition, between 2021 and 2023, low-birth-weight births were highest in Dorchester, Mattapan, Roxbury, and Hyde Park.

Perceptions of increased crime and community safety.

Only about one-third of respondents reported their neighborhood is safe from crime, and participants perceived that crime has increased since the pandemic. In addition, school-based violence is a concern, as juvenile arrests are on the rise and youth are more involved in physical altercations. Boston Public School students also reported feeling unsafe at or on their way to school, highlighting safety concerns.

Rising costs of living negatively impact food security and limit access to healthy food.

Participants highlighted the high cost of healthy eating, as well as concerns regarding the amount of processed foods young children and youth are eating. Among survey respondents, food and groceries were the most frequently identified category of costs that caregivers and youth/young adults have trouble paying. In addition, data highlighted that the self-reported ease of purchasing healthy foods is lower in Mattapan, Dorchester, and East Boston. Nearly one-quarter of Boston Children's primary patients in Boston screened positive for food needs-the rate was higher among younger children and Hispanic residents.

Housing stability and lack of affordable housing remain a pervasive issue in Boston.

The number of unhoused families and youth have increased in the past year alone, and housing is the second most frequently identified category of costs that caregivers and youth/young adults have trouble paying. About one-quarter of renters in Boston are severely cost-burdened-this was highest in Dorchester, Fenway, and Mattapan. In addition, one-third of Boston Children's Primary Care patients screened positive for housing needs; the needs were highest among the youngest and oldest patients.

Mental health needs remain high, especially among youth.

Depression and anxiety diagnoses are high for young adults, as about one-third of Boston Children's Primary Care patients have an anxiety diagnosis and 15% have a diagnosis of depression. According to the data, anxiety was highest among White, non-Hispanic patients and patients with commercial insurance, while depression was highest among Black patients and patients with public insurance. In addition, Youth Risk Behavior Survey data highlight indicators of poor mental health impact one-quarter to one-third of Boston high school students, particularly female and LGBTQ+ students. Although suicidality is generally low, female and LGBTQ+ students have significantly higher rates of considering and planning suicide. Many assessment participants highlighted the importance of a sense of community and belonging for positive mental health and wellness among youth and provided suggestions to improve spaces and programming available to youth that would foster a sense of belonging; LGBTQ+ youth in particular highlighted the connection between feeling connected and being healthy. The finding on students' sense of belonging and connectedness is notably important, as only about half of Boston high school students reported feeling close to people at their school.

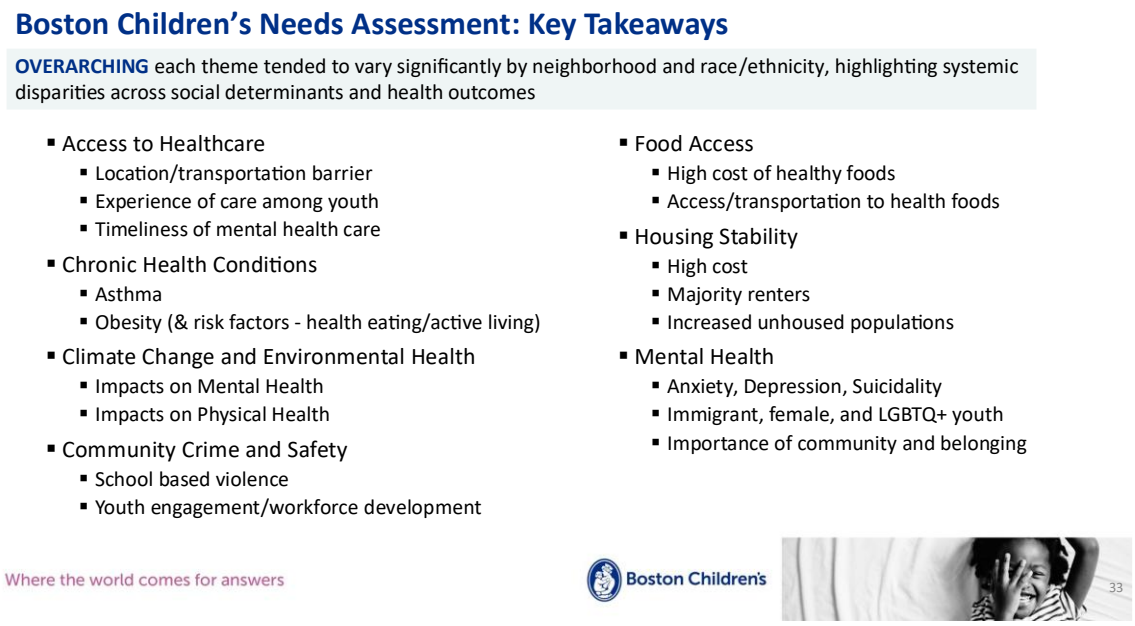
PRIORITIZED HEALTH NEEDS

This section describes the process and outcomes of the Boston Children's CHNA prioritization process. The prioritization process was facilitated by staff from Health Resources in Action and based on our key principles for conducting Community Health Assessments and Community Health Improvement Planning:

- **Participatory approach**: *How can the process lift up voices and incorporate input across a range of residents & stakeholders?*
- **Rooted in health equity framework**: *How can we dig deep into the systemic inequities and historical context that contribute to the disparities we see today?*
- **Iterative and flexible process**: *How can we structure a process with an overarching framework, while also being flexible to community context and newly emerging questions?*

Following a presentation of the data**,** the Boston Children's Community Advisory Board (CAB) reviewed the key issues shown in **Figure 71** that emerged from the assessment. Of note, disparities by race/ethnicity and neighborhood emerged as a cross-cutting finding across social determinant and health outcomes. Following the presentation, CAB members offered specific reflections on findings, including the need to look at youth development staff salaries, the impact of social media on youth mental health, the pediatric boarding crisis, and the continued engagement of youth in this process.

Figure 71. Top Issues Impacting Children, Youth, and Families in Boston, as Presented at the Key Findings & Prioritization Meeting, May 20, 2025



Participants were then given the opportunity to vote anonymously for their top four (4) issues, considering the criteria for prioritization shown in **Figure 72**.

Figure 72. Criteria for Prioritizing Issues for Community Health Planning

CHIP Prioritization Criteria

RELEVANCE How Important Is It?	APPROPRIATENESS Should We Do It?	IMPACT What Will We Get Out of It?	FEASIBILITY Can We Do It?
• Burden • Significance to Community • Equity	• Collective Responsibility • Community Attitudes and Values	• Collaboration/ Critical Mass • Effectiveness • Best-Practices/ Evidence-Based	• Capacity • Achievable • Short- and Long-Term Change • Funding

38

Where the world comes for answers

Boston Children's

From the polling, the following four areas of need were identified for prioritization. Note that a second round of voting was conducted to break a tie occurring in the first round:

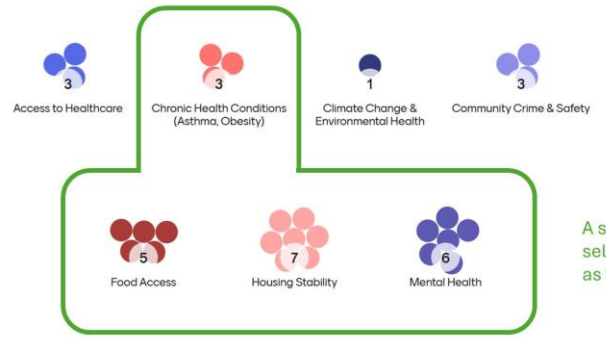
- **Housing stability**
- **Mental health**
- **Food access**
- **Chronic health conditions (asthma, obesity)**

Review Prioritization Results

Join at menti.com | use code 2997 0201

Mentimeter

What are the top **four** key themes/health issues you would recommend focusing on for CHIP Planning?



Boston Children's
Where the world comes for answers

A second round of voting resulted in the selection of Chronic Health Conditions as the fourth Priority Area.

41

APPENDIX A: ADDITIONAL DATA TABLES

Table A1. Boston Children's Hospital Primary Care Demographics, by Data Source: BCH Primary Care HRSN Screening (2023) and PPOC Primary Care Encounters (2022–2024)

		Health Related Social Needs Screening Data (HRSN) (2023)[A]	Primary Care Encounter Data (PPOC) (2022-2024)[B]
Race/Ethnicity	Asian	1.2%	5.2%
	Black	29.2%	12.2%
	Hispanic or Latino	48.0%	12.9%
	Other/Multiracial/Unknown	19.1%	22.0%
	White	2.6%	47.7%
Age Group	0-5 yrs	32.5%	40.3%
	6-10 yrs	22.1%	19.4%
	11-14 yrs	18.4%	13.7%
	15-18 yrs	16.9%	13.9%
	19-24 yrs	9.9%	12.2%
	25+ years	0.8%	0.5%
Insurance Type	Commercial Insurance	17.8%	71.7%
	Public Insurance	82.4%	28.3%
Neighborhood	Allston	1.2%	2.1%
	Back Bay	0.5%	2.6%
	Beacon Hill/West End	0.5%	1.1%
	Brighton	3.2%	8.3%
	Charlestown	0.9%	1.6%
	Chinatown/Downtown	0.4%	0.9%
	Dorchester	26.1%	12.2%
	East Boston	1.7%	3.3%
	Fenway/Kenmore	3.0%	2.2%
	Hyde Park	9.0%	11.7%
	Jamaica Plain	6.4%	8.9%
	Mattapan	7.2%	2.6%
	North End/Seaport	0.0%	0.8%
	Roslindale	5.3%	13.0%
	Roxbury/Mission Hill	27.5%	5.2%
	South Boston	2.7%	3.0%
	South End	3.0%	2.5%
	West Roxbury	1.5%	18.0%

[A] Data sourced from the Boston Children's Hospital EMR via REDCap; Includes patients (N=10,981) who had a well visit at a BCH primary care site in calendar year 2023 and resided in a Boston ZIP code; Results of HRSN screening recorded during this period.

[B] Data extracted from PPOC Epic; Includes patients (N=15,074) with at least one encounter at a PPOC-affiliated practice between Jan 1, 2022–Dec 31, 2024, who resided in Boston ZIP codes; Demographic, diagnostic (ICD-10), and BMI data reflect information recorded during this period.

Table A2. Boston CHNA Community Survey Respondent Characteristics

	Overall	Parent/Caregiver of Child < 18 years	Youth/Young Adult Age 14 to 24
Neighborhood	***N=1,738***	***N=482***	***N=286***
Allston/Brighton	10.1%	4.6%	7.3%
Back Bay, Beacon Hill, North End, West End	5.7%	3.3%	3.8%
Charlestown	2.7%	4.1%	6.3%
Downtown/Chinatown	1.8%	2.3%	0.7%
Dorchester	20.5%	25.9%	23.4%
East Boston	4.7%	5.6%	5.9%
Fenway	1.9%	0.2%	5.9%
Hyde Park	9.3%	10.4%	7.0%
Jamaica Plain	9.6%	7.5%	4.2%
Mattapan	5.6%	8.1%	4.2%
Mission Hill	2.1%	1.7%	4.2%
Roslindale	5.6%	8.5%	3.5%
Roxbury	9.6%	8.7%	17.1%
South Boston	4.3%	3.5%	2.8%
South End	3.5%	2.3%	2.1%
West Roxbury	3.0%	3.3%	1.4%
Hispanic	***N=1,537***	***N=430***	***N=262***
Hispanic or Latinx/a/o	23.9%	34.7%	37.0%
Not Hispanic or Latinx/a/o	76.1%	65.3%	63.0%
Race	***N=1,514***	***N=461***	***N=290***
Asian, South Asian, Southeast Asian, East Asian	13.5%	10.2%	15.2%
Black, African American, African	32.0%	33.8%	36.2%
Indigenous, Native American, Alaskan Native	2.2%	2.6%	2.1%
White	50.3%	38.0%	31.0%
Other Race	6.7%	7.2%	6.6%
Multiracial	5.8%	8.2%	9.0%
US-Born	***N=1,690***	***N=468***	***N=285***
No	25.9%	28.0%	19.4%
Yes	74.1%	72.0%	80.6%

DATA SOURCE: Boston Community Health Needs Assessment Community Survey, 2025

APPENDIX B: BOSTON CHILDREN'S HOSPITAL REVIEW OF INITIATIVES

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
Promote mental health and emotional wellness.				
Boston Children's Hospital Neighborhood Partnerships Program (BCHNP)	BCHNP is the community behavioral health program in the Department of Psychiatry at Boston Children's Hospital. Established in 2002, BCHNP partners with Boston schools and CBOs to provide a comprehensive array of social, emotional and behavioral health services and supports to students, families, educators and school communities. BCHNP's Training and Access Project (TAP) has partnered with 25 BPS schools since 2015. The program utilizes a combination of high-quality professional development and consultation over the course of a two-year partnership to support the development of the systems, protocols, and procedures needed to effectively and sustainably address students' social, emotional, and behavioral health needs in schools.	1) Provided 601 hours of consultation to school staff. BCHNP clinicians provided 3 workshops with 89 participants focused on social, emotional, and behavioral health to partnering school communities. 2) 1,075 students participated in 24 BCHNP classroom interventions. BCHNP continued to train educators and behavioral health professionals in a depression awareness curriculum, Break Free from Depression, nationwide through online training. 3) BCHNP's School-Based Program implemented clinical intervention in early intervention/prevention/promotion services with 1,314 students across four K-8 and high schools, making up one-third of the total 2021-2022 school year's enrollment. Clinicians intervened in 71 crisis situations with a median wait time of 4 minutes, provided individual therapy to 49 students, and provided care coordination services to 145 students 4) BCHNP's Training and Access Project (TAP) has over 9,000 participants. In FY22 TAP online released: 1) a webinar featuring an educator roundtable along with tips and tools for educators looking to	1) 1,392 students participated in 32 BCHNP classroom interventions. 2) Provided 456 hours of consultation to school staff. BCHNP clinicians provided 4 workshops with 17 participants focused on social, emotional, and behavioral health to partnering school communities. 3) BCHNP's School- Based Program implemented clinical intervention, early intervention and prevention/promotion services with 1,551 students across five K-8 and high schools, making up one-third of the total 2023-2024 school year's enrollment. Clinicians intervened in 66 crisis situations with a median wait time of 7 minutes, provided individual therapy to 24 students, and provided care coordination services to 102 students. 4) BCHNP's TAP provided a webinar series that reached 340 BPS social workers from over 88 schools. Trainings were developed based on needs identified by the social workers. The series included 11 interactive trainings.	1) 647 students participated in 8 BCHNP classroom interventions. 2) Provided 646 hours of consultation to school staff. BCHNP clinicians provided 7 workshops with 95 participants focused on social, emotional, and behavioral health to partnering school communities. 3) BCHNP's School- Based Program implemented clinical interventions, early intervention and prevention/promotion services with 726 students across five K-8 and high schools, making up one0third of the total 2023-2024 school year's enrollment. Clinicians intervened in 34 crisis situations with a median wait time of 3.5 minutes and provided individual therapy or care coordination services to 40 students. 4) BCHNP's TAP program provided a webinar training series that reached 1,650 BPS clinicians.

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
		support students that are coping with anxiety, and 2) Produced 3 episode podcast series featuring educators, families, and students sharing their learnings during the pandemic and their hopes for the upcoming year.		
Collaboration for Community Health **Mental Health and Youth Supports**	This funding opportunity will provide three years of grant funding to schools, organizations, coalitions, or agencies undertaking projects that (1) increase access to culturally responsive child and youth mental health assessment and treatment; (2) develop innovative models or programs to expand and diversify the child and adolescent community mental health workforce; (3) advance knowledge and disseminate information to reduce stigma around children's mental and behavioral health; (4) encourage youth employment, college readiness and/or work force development; (5) increase youth civic engagement; and (6) improve the quality of after school or out of school time programming.	The initiative launched in 2018 with 11 funded partners implementing projects that 1) improve access to mental health assessment and treatment; 2) develop models to expand and diversify the mental health workforce and advance knowledge in this area; and 3) increase the engagement of underserved young people in experiences that support their development as leaders. In the first six months, the organizations altogether trained 54 providers, awarded 22 scholarships for continuing education for current/future providers, and served 304 young adults.	Distributed the second year of funding to 11 organizations in Spring 2020. Offered support during the COVID-19 pandemic as in-person programs closed by allowing awardees to shift activities by adopting virtual formats for programming, therapy, education, and technical assistance, and supporting the immediate needs of youth and families through outreach. One funded partner published two research briefs and presented findings to the Safe and Supportive Schools Commission, which resulted in state grants being targeted to the school districts with fewer behavioral health resources.	Distributed the third year of funding to 11 organizations in Spring 2021. 1) A funded partner established or strengthened partnerships with 6 local community colleges and human services organizations to train and retain a multicultural behavioral health workforce. 2) Delivered 11 presentations on recognizing complex trauma and referral processes to teachers. 3) Hosted 12 webinars for Community Health Centers to interactively learn how to integrate behavioral health care into pediatric primary care
Support affordable and stable housing for children and families				
Collaboration for Community Health ***Family Housing Stability Initiative***	The Boston Children's Collaboration for Community Health's Family Housing Stability and Family Economic Stability and Opportunity initiatives support programs and services, policy and advocacy, and systems change and coordination projects that promote affordable, safe, and quality housing for children	Distributed the first year of funding to 6 organizations in Fall 2021. Hosted learning communities with the 6 organizations and conducted individual check ins. Funded partners collaborated with schools, lawyers, and CBOs to build awareness of discriminatory	Distributed funding to 6 organizations in Fall 2022. Hosted learning communities with the 6 organizations and conducted individual check ins. Funded partners collaborated with schools, lawyers, and community-based organizations to build	Funded partners collaborated with schools, lawyers, and community-based organizations to build awareness of discriminatory housing practices, host organizing events, and provide public testimony. Funded partners held 102 meetings with policymakers to discuss affordable homeownership

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	and families in priority neighborhoods, or foster improved family economic stability and opportunity to enhance caregiver and child health and well-being. The initiative will provide 3 years of grant funding to organizations, coalitions, or agencies undertaking projects that: o Lead community education and organizing around tenant's rights, protections, and community land ownership o Advocate for public actions for affordable, safe and quality family housing o Create media advocacy for affordable, safe and quality family housing o Provide training and cross sector service linkages to identify and prevent family housing insecurity and promote family housing stability o Lead demonstration projects to institutionalize policies and practices that prevent family evictions and homelessness o create new or strengthened community and stakeholder partnerships to build awareness and buy n for family housing stability o sustain and scale existing family housing stability programs and services o test and adopt new programs and services that provide families with capabilities for stable housing o lead community education	housing practices, host organizing events, and provide public testimony. Funded partners held 34 meetings with policymakers to discuss affordable homeownership policies, engaged 125 residents in local housing advocacy efforts, and developed 941 articles and posts about housing organizing and policy. They collaborated with tenant organizations to collectively organize and cover 1,365 units, contributed to 7 policy wins to support and create affordable housing, and secured $229,000,000 for new affordable homeownership units through the state's American Rescue Plan Act funding and the City's Acquisition Opportunity Program. One funded partner is partnering with 16 schools to address student homelessness. Two funded partners are examining efforts to improve health and racial equity by improving access to health and wellness services in the neighborhood-built environment. Three funded partners have supported efforts to build community power by funding community leadership positions for people or color and legal representation and wins against racially-biased landlord practices. Achieved. Funded partners engaged 2,930 residents in	awareness of discriminatory housing practices, host organizing events, and provide public testimony. Funded partners held 51 meetings with policymakers to discuss affordable homeownership policies, engaged 941 residents in local housing advocacy, and developed 1,943 articles and posts about housing organizing and policy. They collaborated with tenant organizations to collectively organize and cover 2,329 units and secured $630 million for new affordable homeownership units through the American Rescue Plan Act and the Acquisition Opportunity Program. Funded partners achieved policy wins. One funded partner collected 300 public comments in favor of a rent stabilization home rule petition that was passed by the Boston City Council. Another funded partner's research on converting current rental buildings into homeownership was used by the City of Boston's Housing Innovation Lab to develop a request for proposals for qualified developers. A third funded partner's organizing and lobbying efforts led to its first-generation homebuyer program becoming a line item in the Governor's budget. One funded partner co-created a new initiative called Chinatown	policies, engaged 1,391 residents in local housing advocacy, and developed 2,222 articles and posts about housing organizing and policy. They collaborated with tenant organizations to collectively organize and cover 2,665 units and secured $642 million for new affordable homeownership units through the American Rescue Plan Act, the Acquisition Opportunity Program, and commitments to the Community Land Trust Fund. Funded partners achieved policy wins. One funded partner co-organized a community accountability session with Senator Lydia Edwards, resulting in her commitment to support and fight for rent control. New and expanded partnerships supported funded partners in reaching new families and demonstrating their impact. One funded partner added three Boston Public School sites as formal partners to increase access to housing vouchers and placement into homes, with plans to add four more schools next year and a plan to invest more time and resources in improving school buildings and local community engagement. Another funded partner worked with the Greater Boston Community Land Trust Network

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	and organizing to build awareness and capacity for family economic stability and mobility o lead campaigns and public actions to promote equitable income and wealth building opportunities for families o build knowledge and disseminate best practices for family economic stability and opportunity o lead demonstration projects to institutionalize new policies and practices that support family economic stability and asset building o create new or strengthened partnerships to build buy in and awareness for family economic stability and mobility o sustain and scale culturally, linguistically competent financial stability and asset building programs/services for low- and moderate-income families o launch and evaluate new programs and services within a single agency or organization	housing and economic opportunity services, and 716 households in individual support services such as tenants rights counseling, rental assistance, and home-buying programs. Through these efforts, 156 families have been newly stably housed, 48 of which have children in the Boston Public School system and were previously unhoused. One funded partner helped 8 parents secure additional childcare hours, enabling them to continue working jobs with nonstandard schedules.	HOPE, which convenes 8 Chinatown agencies and local stakeholders on green space planning and advocacy and health and wellness programming in public spaces. Another funded partner embarked on a one-year funded partnership with the Funders Collaborative on Youth Organizing to build cross-generational organizing capacity. Funded partners engaged 1,810 households in housing and/or economic support services. Through their efforts, 434 families have been stably housed, and 207 housing units and rental vouchers were secured. One funded partner helped 9 working parents secure additional child-care hours, enabling them to continue working jobs with non-standard schedules.	and won increases in acquisition funding at state and local levels. Funded partners engaged 3,213 households in housing and/or economic support services. Through their efforts, 724 families have been stably housed, and 241 housing units and rental vouchers were secured. One funded partner helped 15 working parents secure additional child-care hours, enabling them to continue working jobs with non-standard schedules.
Metro South West Community Health Initiative: Flourishing Families	The Metro South West (formerly Route 128) Community Health Initiative's Flourishing Families initiative supports programs and services, policy and advocacy, and systems change and cross-sector coordination projects that strengthen capabilities and assets of parents and caregivers to provide a strong future for their children by promoting healthy early childhood development,		In April 2023, released the Mental Health and Well Being and Flourishing Families Request for Proposals. The Allocation Committee reviewed 14 applications and selected 6 organizations to award. Distributed the first year of funding to 6 organizations in Fall 2023, with funded projects beginning September 1, 2023. Began	Community gatherings engaged families and residents while fostering socialization and generating networking and idea-sharing. Community meetings and listening sessions amplified marginalized voices to understand priorities. Organizing and advocacy at various levels raised awareness and spurred action on pressing needs.

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
Affordable family housing focus	supporting access to affordable family housing and transit, and increasing access to culturally and linguistically appropriate healthy living resources and opportunities. -Access to affordable family housing and transit -Improve outreach and enrollment methods for existing housing assistance programs or support adoption of local emergency rental assistance programs to reach housing insecure families - Homeownership education and down payment assistance - Tenant rent protection policies - Service-enriched housing - Inclusionary zoning and housing policies - Legal support in eviction proceedings - Debt advice for tenants with unpaid rent - Non-emergency medical and social service transportation services		planning for quarterly communication with funded partners including check ins, webinars, and learning communities.	Two funded partners undertook activities to enhance affordable housing access by incorporating outreach and partnership building to raise awareness of work and deepen relationships to serve as potential leaders. One housing alliance effectively linked its community organizing to educational programs, rallying graduates and program participants to advocate for affordable housing resources. Intentional engagement with community youth and adults has been crucial in shaping decisions and actions.
Increase access to affordable and nutritious food				
Family Food Connections	Family Food Connections (FFC) is a food pantry owned and run by Boston Children's Hospital (BCH) in the Mildred C. Hailey Apartments, a public housing development of the Boston Housing Authority. The food pantry provides fresh fruits, vegetables, milk, eggs, bread, and staple items to families. The pantry is open to everyone once a week. The primary target is residents and families of the Mildred C. Hailey Apartments and surrounding	Boston Children's opened Family Food Connections in 2022. 8 residents from the Mildred C. Hailey Apartments regularly volunteered at FFC in FY22. In FY22, there were 13,491 visits to the pantry. 85% of those families live in a Boston zip code.	Family Food Connections is open Tuesday through Friday to Boston Children's Hospital families, residents of the Mildred C. Hailey apartments, and residents from the zip codes 02130 and 02119. Thursdays are open to all, regardless of zip code. These changes resulted in an increase in visit volume. At the close of FY23, FFC had 39,334 total visits. In FY23, adjustments were made to stabilize the Family Food	FFC had nearly 56,000 visits. The food pantry distributed an average of 35,000 pounds of food per week, 70% of which was fresh produce. There is a continuous increase in Boston Children's patient families visiting the pantry. FFC leadership is working with providers across the hospital to increase referrals.

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	neighborhoods, as well as Boston Children's patients.		Connections workforce. Family Food Connections promoted a contracted employee to a full-time on-site supervisor employed by BCH and employs two full-time contracted employees. In addition, in partnership with The Tree of Life and the Mildred C. Hailey Tenant Task Force, Family Food Connections supports three full-time volunteers. Family Food Connections leadership is continuously working with internal partners and departments to encourage employee volunteering, staff drives, and donations.	
Collaboration for Community Health: Healthy Living Initiative	The Boston Children's Collaboration for Community Health's Healthy Living Initiative supports programs and services, policy and advocacy, and systems change and coordination projects that improve resources and opportunities for the adoption of healthy living in communities experiencing inequities in health. The initiative will provide 3 years of grant funding to organizations, coalitions, or agencies undertaking projects that: o Provide community education and organizing to build awareness and capacity for healthy living o Lead advocacy to secure resources for healthy living programs and services in systemically disenfranchised communities to Implement youth and	Distributed the first year of funding to 12 organizations in Fall 2021. Hosted learning communities with the 12 organizations and conducted individual check-ins. Funded partners led 115 community events. They hired 178 youth to lead programming, supporting them in conducting biking workshops, leading tours of urban farms, and educating peers on improving their healthy behaviors. Funded partners reported that leadership roles have improved the social emotional health, skills, and confidence of youth leaders. Funded partners leveraged 68 relationships to engage partners in co-sponsored community events,	Distributed funding to 12 organizations in Fall 2022. Hosted learning communities with the 12 organizations and conducted individual check ins Funded partners led 205 community events to build awareness and capacity for healthy behaviors. They recruited 353 youth to lead campaigns and activities, while helping them grow their knowledge and awareness of systems-level issues like equity, bias, oppression, environmental impacts, and food and transportation access. Through these leadership roles, five funded partners reported an increase in youth confidence.	Funded partners led 268 community events to build awareness and capacity for healthy behaviors. They recruited 534 youth to lead campaigns and activities. Funded partners leveraged 126 partnerships to provide or promote specific services such as offering entrepreneurship opportunities and promoting farmers markets. 28 youth were connected to additional services (e.g., food access programs, gift cards for basic needs). One funded partner enhanced its own internal systems by revising end-of year program surveys to better collect demographic information and align with best practices.

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	community-led healthy living campaigns in systematically disenfranchised communities o Provide training and technical assistance to staff, other organizations, residents, and small business owners around healthy living o Create new or strengthened partnerships to address systemic barriers and advance access to healthy 14/40 living resources and opportunities o Initiate or sustain new healthy living programs and services through program implementation, training, or capacity building o Expand or deepen the impact of proven healthy living programs and services through program implementation, training, or capacity building	in-school programming, referrals, staff trainings, and sharing expertise. Funded partners led 17 nutrition and healthy eating events and 170 urban farming sessions to increase families knowledge and skills, with 1,098 residents participating. They distributed or purchased 29,267 servings of produce, and created 289 raised beds and boxes for growing local produce. 3,798 youth and adults participated in physical activity programming. One funded partner adapted programming to meet the needs of 122 Somali-American mothers by modifying a healthy living curriculum to align with the observation of Ramadan.	Funded partners leveraged 100 partnerships with schools, housing developments, community centers, and more to provide or promote services. Funded partners cited the value of partnerships in expanding the reach and capacity of their programs. One funded partner connected 24 youth participants to additional services by incorporating mental health screenings into its programming. Funded partners led 345 sessions of healthy eating and urban farming education with 2,092 residents. They created 402 local food resources including grow boxes and raised beds, and purchased or distributed 50,868 servings of produce. 4,523 youth and adults participated in physical activity programming. Six funded partners noted the inclusion of new topics addressing health and its social determinants into their programming through formalization of a racial equity curriculum, and facilitating workshops about public health, housing, and nutrition.	Funded partners led 514 sessions of healthy eating and urban farming education with over 2900 residents. They created 506 local food resources including grow boxes and raised beds, and purchased or distributed 126,900 servings of produce. 5,267 youth and adults participating in physical activity programming. As a result, youth and resident leaders improved leadership skills, knowledge of healthy living topics, and integrated knowledge with their identities. 159 youth increased their knowledge of health, nutrition, and social determinants of health through trainings, 290 youth increased sport-specific skills or biking competencies, and 357 Somali-American mothers adopted healthy practices after participating in healthy living conversations.
Improve the health of children and families managing asthma and obesity				
Community Asthma Initiative (CAI)	Through a comprehensive asthma home visiting program, CAI provides case management and home visits, offers education to caregivers and patients, distributes asthma control supplies, connects families to	1) Provided education and training for 174 community meetings with 2,775 participants, 2 community events with 725 participants, 15 trainings/talks with 158 participants, and 2 insurance/policy	1) Provided education and training for 196 community meetings with 2,362 participants, 2 community events with 50 participants, 4 trainings/talks with 40 participants. 2) Cared for 75 new patients with	1) Provided and/or participated in education and training for 153 community meetings with 1, 679 participants, 5 community events with 103 participants and 16 trainings/talks with 191

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	resources and increases access through advocacy.	related meetings with 25 participants. 2) CAI cared for 112 new patients with 83 completing at least one home visit (74%). Boston Children's staff completed 152 visits, with 138 by Community Health Workers and 14 by the Nurse 3) CAI surpassed its quality goal, reducing the percent of patients with any hospitalizations by 81.9% and any emergency department visits by 54.7% after one year in the program.	58 completing at least one home visit (77%). Boston Children's staff completed 86 visits, with 84 by Community Health Workers and 2 by the Nurse. 3) CAI surpassed its quality goal, reducing the percent of patients with any hospitalizations by 81.9% and any emergency department visits by 51% after one yar in the program.	participants. 2) Cared for 120 new patients, 73 completing at least one home visit (60.8%). Community Health Workers completed an additional 41 visits for a total of 114 home visits. CAI also completed 86 brief supply drop-offs/additional extended case management visits. 3) CAI surpassed its quality goal, reducing the percent of patients with any hospitalizations by 81.9% and any emergency department visits by 54.1% after one year in the program.

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
Healthy in the City Program	A community-based approach to weight management and reducing health disparities at 10 Boston-based community health centers. Through capacity building and financial support, HIC enables health centers to administer case-management services to children who have a body mass index (BMI) at or above the 85th percentile and their families. This includes providing culturally appropriate nutritional education and physical activities.	1) 64% of children in the program decreased and 5% maintained their BMI over the year. Children also reported consuming less fast food and sugar-sweetened beverages, consuming more fruits and vegetables, watching less TV, and increasing their amount of exercise after 12 weeks in the program. 2) 447 completed intakes (target was 500). Follow up targets were also met: 263 completed 3-month follow-up visits, 253 completed 12-month follow-ups. 3) Engaged an additional 506 children who are at-risk of obesity or identify as food insecure in nutrition education and physical activity and connected them to food insecurity resources.	1) 59% of children decreased and 5% maintained their BMI over the year. Children also reported consuming less fast food and sugar-sweetened beverages and consuming more fruits and vegetables, after 12 weeks in the program. 2) Enrolled 463 program participants. Follow-up targets were met: 236 completed 3-month follow-up visits and 256 completed 12-month follow-ups. 3) Engaged an additional 530 children who are at-risk of obesity or identify as food insecure in nutrition education and physical activity and connected them to food insecurity resources.	1) 63% of program participants decreased and 8% maintained their BMI over the year. Children also reported statistically significant ($p<0.05$) behavior changes which include consuming less fast food and sugar sweetened beverages (a 19% and 25% decrease respectively) and increasing their amount of exercise and sleep (a 27% and 2% increase respectively) after 12 weeks in the program. 2) enrolled 433 program participants. Follow up targets met: 262 completed 3-month follow-up visits and 256 completed 12-month follow-ups. 3) Engaged an additional 591 children who are at-risk of obesity or identify as food insecure in nutrition education and physical activity and connected them to food insecurity resources.
Promote healthy youth development				
Metro South West Community Health Initiative **Alliance to Growth**	Alliance to Growth is a group of 14–18-year-old youth from the communities of Brockton, Framingham, Needham, Weymouth, Waltham, Quincy, and Randolph who are interested in learning more about and advocating for mental and behavioral health resources in their communities. The group began in 2023 to provide feedback on policy advocacy projects to fund. Since 2023, there has been a new cohort of youth recruited each year. Youth are			The cohort of the Youth Advisory Group met 4 times during the 2023-2024 school year. Meetings covered Teen Mental Health First Aid, QPR Suicide Prevention Training, and an end-of-year celebration. Recruited a third cohort of 16 youth from Waltham, Brockton, Framingham, and Weymouth, representing 8 organizations. Youth will meet six times

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	recruited from partner organizations serving the aforementioned communities. They meet 4-6 times during the school year to learn more about mental and behavioral health needs in their communities, resources, and how they can be involved.			throughout the school year beginning in October 2024.
Collaboration for Community Health Healthy Youth Development Initiative	The Boston Children's Collaboration Healthy Youth Development Initiative supports programs and services, policy and advocacy, and systems change and coordination projects that support trauma informed, youth-centered programming and services to promote healthy youth development and resilience. The initiative will provide 3 years of grant funding to schools, organizations, coalitions, or agencies undertaking projects that: o Encourage youth employment, college readiness and/or work force development; o Increase youth civic engagement; and o Improve the quality of after school or out of school time programming. In FY22 (Oct 1, 2021 - Sept 30, 2022), we had two consecutive youth-centered initiatives as an earlier cycle of funding ended and a new cycle began. The earlier cycle was previously named Youth Support Systems and concluded in April 2022. Their achievements are described as a summary of the past three years of work spanning 2019-2022. The new cycle of funding began in May 2022 and the initiative	The 20 newly funded partners recently began work in May 2022. 13 of these funded partners have projects incorporating policy, advocacy, and knowledge building through civic engagement, youth-led projects, and youth leadership opportunities. Quantitative data on this work with be provided in the next reporting cycle The four 2019-2022 funded partners partnered with high schools, universities, support services, employers, national affiliates, and state agencies to provide comprehensive supports to youth, resulting in 75 referrals to employment or job training. One funded partner improved the success of foster youth by educating Department of Children & Families case workers on appropriate referrals for youth transitioning out of foster care. The four 2019-2022 funded partners increased engagement in education and career programs, and provided individualized assistance or mentoring that	Distributed funding to 20 organizations. Hosted learning communities with the 20 organizations and conducted individual check-ins. Funded partners have engaged 186 youth leaders in developing community programming and leading advocacy efforts on issues important to them. Policy wins and media coverage include art showcases on the impact of gun violence as part of a "message to the Mayor" event, a featured investigation on equity in food pricing across neighborhoods in the Boston Globe, championing for a to-be-built community center in Grove Hall, and advocating at the Massachusetts State House in favor of the Healthy Youth Act. Funded partners engaged in 54 partnerships to advance programming and facilitate referrals and offered 77 training opportunities for youth-facing staff. They facilitated 85 referrals for youth to additional programs and services, such as behavioral health	Distributed funding to 20 organizations. Hosted learning communities with the 20 organizations and conducted individual check-ins. Funded partners have engaged 702 youth leaders in developing community programming and leading advocacy efforts on issues important to them. Youth-led advocacy efforts effectively engaged decision-makers and influenced policies. One group reversed a decision to ensure a community center site remained under consideration. Another collaborated with the Massachusetts Attorney General's Office on social media litigation. A third secured City Hall's commitment to redesign a park, gaining funding for new basketball courts, and caught the USDA Chief Economist's interest in their food equity work. Senators Warren and Markey cited their research in a letter to Stop & Shop. Additionally, youth leaders partnered with researchers to design a survey on

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	was renamed Healthy Youth Development. Data on progress is limited as the projects are in early stages.	helped youth feel supported during a period of uncertainty and isolation. Altogether, they led 138 workshops to promote youth physical and mental health and connected 82 youth to a career or training opportunity. Among the youth participants reached, 403 participated in college readiness programming, 61 gained employment, 18 increased wages, 133 enrolled in college, and 76 graduated with college degrees.	resources or training programs. Partnerships have enabled funded partners to address the diverse factors impacting youth social determinants of health and granted them access to unique resources such as creative arts programs with a mental wellness component and career development and financial empowerment experts. Funded partners increased engagement in education and career programs, and provided individualized assistance or mentoring that helped youth feel supported. Altogether, they offered 1,653 sessions related to mentoring, mental health, career and/or education. Specifically, 575 youth engaged in education success and career pathway programs, 290 youth engaged in leadership development training, and 533 youth and caregivers received mental health or trauma support services. The reach of programs expanded beyond youth, with many funded partners involving parents and caregivers to various degrees through Family Engagement Nights and parent/caregiver participation in decision-making and service development.	the social media habits of Boston youth. Funded partners engaged in 154 partnerships to advance programming and facilitate referrals. Collaboration with partners has helped funded partners integrate social-emotional wellness resources, education, or referrals to outside services into their own programming to better address youth mental health challenges. They were able to facilitate 154 referrals for youth to additional programs and services such as behavioral health resources, training programs, and trauma support services. Funded partners increased their own capacities by bringing in specialized staff (Behavioral Health Advocate, well-being coordinator) to address issues in-house and offering 146 training opportunities for youth-facing staff. Funded partners increased engagement in education and career programs, and provided individualized assistance or mentoring that helped youth feel supported. Altogether, they held 3,389 sessions related to mentoring, mental health, career and/or education. Specifically, 1,633 youth engaged in education success and career pathway programs, 596 youth engaged in

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
				leadership development trainings, and 1,559 youth and caregivers received mental health or trauma support services. As a result of these efforts, 619 youth increased social-emotional competencies as demonstrated by the use of resilience strategies, feeling better prepared to deal with stress, and gained social-emotional skills. 126 youth improved their employment status or wages, and 319 youth improved connections with mentors, adults, and peers.
Improve early childhood education, health, and developmental supports.				
Birth to Five Child Health and Development Initiative	The Collaboration for Community Health' Birth to Five Child Health and Development Initiative supports programs and services, policy and advocacy, and systems change and coordination projects to improve the health and well-being of young children and families. The initiative will provide 3 years of grant funding for organizations, coalitions or agencies undertaking projects that set young children ages birth to five years on a high trajectory for success in school and life in the following areas: o Community-wide education and organizing to build awareness, support and capacity for healthy early childhood development o Policy advocacy to increase investment in workforce, capital, and systems improvement	Distributed the first year of funding to 15 organizations in Fall 2021. Hosted learning communities with the 15 organizations and conducted individual check ins. The Collaboration has supported advocacy and knowledge building efforts for improved infant and child mental health services. 21 adults became active as community leaders, ambassadors, and/or advocates. Parent and early educator advocacy leads led 22 events in efforts to reach others in the community by sharing the principles of advocacy work. One funded partner provided training to 106 professionals, helping them receive endorsement in infant and early childhood mental health. The Collaboration facilitated statewide cross-sector	Distributed funding to 15 organizations in Fall 2022. Hosted learning communities with the 15 organizations and conducted individual check ins. The Collaboration has supported advocacy and knowledge building efforts for improved infant and child mental health services. 50 adults became active as community leaders, ambassadors, and/or advocates. These advocates led 25 events in efforts to reach and educate others in the community, with an advocate from one funded partner specifically creating a social media series to present information on resources in both English and Vietnamese. Another funded partner provided training to 149 professionals, helping them	In April 2024, released a new round of 4-year funding under the Birth to Five Child Health and Development initiative. The Selection Committee reviewed 32 applications and selected 17 organizations to award funds. Distributed funding to 17 organizations in Fall 2024, with funded projects beginning October 1, 2024. Began planning for evaluation and communication with funded partners including developing reporting indicators, learning communities, and check ins. The 15 funded partners funded under the Collaboration's 2021-2024 cycle have supported advocacy and knowledge building efforts for improved infant and child-serving resources. 90 adults,

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
	o Advocacy for improved quality and affordability, and improved cultural and linguistic competence of early childhood programs and services o Training and technical assistance provided to other service providers to adopt and integrate best and emerging best practices and increase cross-sector collaboration o New or strengthened partnerships to support the quality of and access to early childhood programs and services o New or expanded programs and services that engage parents as children's first teachers, leaders, and decision-makers o Training and TA for early childhood program staff around improving the engagement of families, enhancing quality, and increasing cultural and linguistic competence	coordination with the Boston Office of Early Childhood, the Massachusetts Departments of Early Education and Care, Public Health, Mental Health and Children and Families. Funded partners engaged in 97 new or deepened partnerships to coordinate services. 72 of these partnerships are attributed to their participation in the Collaboration. 229 educators were trained in early education concepts, such as social emotional learning and The Basics Principles. Funded partners are standardizing screening (primarily through use of the Ages and Stages Questionnaire or ASQ) and referral to early intervention and other supports. This has led to 59 new family childcare sites and centers in Boston using the ASQ, resulting in 1,244 children screened and 574 referrals. Funded partners offered 1,499 workshops, coaching sessions, home visits, and playdates for families to engage, learn and connect. As a result, 419 families received developmental resources, and 2,482 parents, children or families were connected to services and supports. Among participating caregivers, 543 caregivers increased connections with other parents or community supports, 555 reported increased self-efficacy, knowledge,	achieve endorsement in infant and early childhood mental health. All funded partners reported deepening existing or developing new partnerships. Altogether, they engaged in 181 new or deepened partnerships to coordinate services, primarily to identify career and academic growth opportunities for parents and parent leaders, provide training for staff or partners, develop referral systems, and share best practices. Funded partners continue to standardize screening (primarily through use of the Ages and Stages Questionnaire or ASQ) and referral to early intervention and other supports. As a result of their efforts, 149 family childcare sites and childcare centers in Boston are using the ASQ, screening 5,318 children for developmental concerns that led to 1,305 referrals to receive additional supports following a screening. Funded partners offered 3,353 family engagement opportunities such as workshops, coaching sessions, and home visits. Through these efforts, 996 families received developmental resources, and 3,621 parents, children, or families were connected to services and supports. As a result, 718 caregivers reported increased capabilities for healthy early	including parents and caregivers, became active as community leaders and ambassadors. As leaders, they led 29 events to reach and educate families and caregivers. They have engaged in community organizing and advocacy efforts by joining local health and wellness boards, hosting podcasts for Spanish-speaking early childhood practitioners, and hosting roundtable discussions with local leaders. Funded partners also participated in wider advocacy efforts to reform early childhood education locally and statewide. One funded partner presented screening and scoring data to Boston's Mayor's Office of Early Childhood. Another funded partner is supporting Governor Healey's Interagency Task Force on Early Education and Child Care. This same partner has published two research papers during the funding period, including one on the costs associated with providing quality early childhood care and education in Massachusetts. The 15 funded partners funded under the Collaboration's 2021-2024 cycle engaged in 359 new or deepened partnerships to coordinate services. They leveraged existing and new partnerships to enhance programs and services, ultimately expanding

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
		confidence, and awareness of resources for healthy early childhood development.	childhood development, and 626 caregivers increased connections with other parents or community supports. Funded partners also engaged in training for early educators, training 322 educators in early education best practices.	their reach, and improving service coordination. Funded partners continue to standardize screening (primarily through use of the Ages and Stages Questionnaire or ASQ) and referral to early intervention and other supports. As a result of their efforts, a total of 173 center-based and family child-care programs in Boston are implementing the ASQ. They have screened 8,175 children for developmental concerns, and connected 4,488 parents, children, or families to additional services and supports. Funded partners also improved their own internal systems by streamlining coordination between their own programs, revamping systems to track attendance and sign up, and update data systems for more targeted data collection. d. Funded partners offered 5,013 family engagement opportunities such as workshops, coaching sessions, and home visits. Through these efforts, 1,700 families received developmental resources resulting in self-reports from 866 caregivers on increased capabilities for healthy early childhood development, 414 caregivers on improved or high-quality reading strategies, and 781 caregivers on increased connections with other parents or community supports. 155 children

Community Health Programs	Description of Activity, Service and/or Program (e.g., collaborations, partnerships, successes, etc.)	Impact: Number of Individuals Served, Goals Achieved etc.		
		FY 2022	FY 2023	FY 2024
				demonstrated new skills in domains of kindergarten readiness, as assessed by the caregiver. Funded partners also engaged in training for early educators. Since 2021 they have trained 568 educators in early education best practices.
Metro South West Community Health Initiative: Flourishing Families ***Early Childhood focus***	The Metro South West (formerly Route 128) Community Health Initiative's Flourishing Families initiative supports programs and services, policy and advocacy, and systems change and cross-sector coordination projects that strengthen the capabilities and assets of parents and caregivers to provide a strong future for their children by promoting healthy early childhood development, supporting access to affordable family housing and transit, and increasing access to culturally and linguistically appropriate healthy living resources and opportunities. Promote healthy early childhood development: - Youth and adult vocational training and credentialing - Small Business support for licensed programs - Build skills and capacity of unlicensed care providers (e.g., nannies, relatives, youth/older siblings) - Parenting programs and playgroups.		In April 2023, released the Mental Health and Well Being and Flourishing Families Request for Proposals. The Allocation Committee reviewed 14 applications and selected 6 organizations to award. Distributed the first year of funding to 6 organizations in Fall 2023, with funded projects beginning September 1, 2023. Began planning for quarterly communication with funded partners including check ins, webinars, and learning communities.	Distributed funding to 6 organizations. Hosted learning communities with the 6 organizations and conducted individual check ins. Community gatherings engaged families and residents while fostering socialization generating networking and idea-sharing. Community meetings and listening sessions amplified marginalized voices to understand priorities. Two funded partners working in early childhood development & education created welcoming spaces, strengthened community ties, and provided culturally relevant resources. Challenges included partnership coordination, scheduling conflicts, additional youth support needs (trauma, mental health, documentation issues), and counseling shortages. Responses included increased outreach, flexible program design, use of referral networks and seeking trauma-informed care, and staff expansion.

APPENDIX C: SATELLITE COMMUNITY PROFILES

BROCKTON

Two interviews were conducted with stakeholders from Brockton-based healthcare and youth-serving organizations. We also conducted a focus group comprised of youth from 5 communities in the Metrowest and Southern regions of the state. Information they shared has been incorporated into this report.

Community Social, Economic, and Physical Context

Poverty, economic stability, social and emotional needs, and mental health are among the top concerns facing youth and families in the city. Despite the presence of resources in the community, residents face daily challenges related to health and social needs. One interviewee stated, "*From a social determinants of health perspective, there's a lot of factors that limit opportunity and perpetuate inequities in health in the community."*

Housing

The cost of housing is a top concern among Brockton residents. Brockton has become an attractive option for people no longer able to afford to live in Boston due to gentrification. As a result, in recent years Brockton has seen an increase in housing stock across the city. However, much of this new real estate is beyond the means of middle and low-income families. Many of whom live in overcrowded apartments with poor living conditions. This is particularly true among new arrival immigrant families, who are often afraid to speak out and advocate for themselves for fear of retribution from landlords.

There has also been a rise in homelessness in Brockton, particularly among teens and women with young children. One interviewee described a rise in cases of mothers and children sleeping in cars, as they are unable to find space at local shelters. Stakeholders cited an influx of new immigrant families to the city as a key contributor to this increase. In response, the Brockton City Council passed an ordinance criminalizing homelessness in the Fall of 2024. Many community stakeholders remain opposed to this policy.

Education

The influx of new immigrant families to Brockton has also impacted the Brockton Public School system, particularly at the kindergarten level. Kindergarten teachers in the city report that many young students are experiencing developmental gaps, literacy, and language delays. These concerns appear to be most common among individuals whose first language is not English. One interviewee stated, *"The district received 1,500 new students last year and among them, 900 were students with high needs."* Many families are unable to afford formal, center-based childcare and instead rely on care from family and friends. As a result, children often do not receive care from licensed daycare providers or educators who are trained to identify early childhood concerns. Consequently, upon entering kindergarten, educators are noticing developmental delays that were not previously identified, and children have aged out of early intervention.

Poverty

Interviewees agree that poverty and its associated stress is a significant concern for Brockton youth and families. Furthermore, inflation and an overall increase in the price of food and household

necessities have exacerbated an already difficult situation. Many newly arrived and immigrant families face additional challenges, such as navigating social systems and language barriers, making it harder to access financial resources.

Many parents are in *"survival mode"* and work multiple jobs to make ends meet. They report struggling to balance meeting their children's social and emotional needs with their need to work and spend what little time they have helping with homework and providing meals.

Community Health Context

Mental Health and Trauma

Mental and behavioral health are major concerns for youth and families in Brockton. Depression, anxiety, adverse childhood experiences (ACEs), and autism were mentioned in nearly every interview. Interviewees expressed concern over perceived deficiencies in interpersonal development and gaps in social and emotional learning among the youth they serve.

Stakeholders noted that the isolation of Covid-19 pandemic negatively impacted the ability of youth, particularly teens, to form and sustain interpersonal relationships. They described youth ages 6-12 specifically as *"lacking the necessary skills to build new friendships and connect with people,"* and highlighted that this contributes to mental health challenges.

> ***"How can out of school time fill in some of those gaps for that interpersonal development and social skill development that are such a critical part of mental health and those coping mechanisms? Teens feel forgotten as a result of programs having to pivot during Covid and serve the younger youth who couldn't be left home unsupervised."***

Clinic-based interviewees identified depression and anxiety as the most common mental health conditions among youth. Area health centers frequently see pediatric patients presenting with suicidal ideation, yet many are unable to access appropriate psychiatric care due to a shortage of local providers—there simply are not enough behavioral health practitioners to meet community needs.

Interviewees also felt that youth in Brockton experience more trauma compared to those from wealthier communities. Sources of trauma include substance use in the home, stress related to food and financial insecurity, migration, and familial conflict.

Autism

Interviewees highlighted a lack of pediatric neuropsychologists in the area and many children with suspected autism do not have immediate access to referrals for further screening. Furthermore, many children in Brockton are covered by Medicaid which limits their access to services. Pediatric behavioral health patients *"do not have a place to be referred for longitudinal care, only urgent needs."*

Substance Use

One interviewee noted that youth frequently discuss the high prevalence of vaping among peers. The interviewee went on to say that vaping is still a relatively new phenomenon, and the *"firsthand impacts"* have yet to fully emerge. They further emphasized that vaping *"aggressively marketed"* to young people, often using vibrant colors and appealing flavors to attract teens.

Violence

One interviewee noted a high incidence of gun violence in town. Families often feel it is unsafe to let their children play outside. Other stakeholders cite an increase in familial conflicts escalating to physical violence that required law enforcement intervention.

Obesity and Related Risk Factors

Obesity and diet-related illnesses among youth were stated as health concerns in many interviews. Participants attributed overweight and obesity among youth to increased consumption of processed foods and empty calories, coupled with a decline in physical activity.

Nutrition Security and Affordability

Many families in Brockton experience food insecurity and rely on local food pantries or request supermarket gift cards from healthcare providers. One interviewee noted that while food access in Brockton has improved, poverty continues to affect families' ability to consistently afford a sufficient supply of food and there is a growing need to expand resources to ensure all residents have access to healthy and affordable food.

One individual highlighted the challenges immigrant families face in accessing fresh food. Often, fresh produce is either difficult to find, too expensive, or unfamiliar to those accustomed to different fruits and vegetables from their home countries. In these cases, families tend to rely more heavily on carbohydrate-rich foods like rice and beans, which are more familiar and affordable.

Asthma

Asthma was noted as a concern in Brockton by one interviewee. Lifestyle behaviors, such as smoking in the home are key contributors to asthma prevalence among young people.

Sexual Health

There is a high prevalence of sexually transmitted infections (STI's) among teens in Brockton, specifically Gonorrhea, Chlamydia, and Syphilis. According to interviewees, schools have been *"hesitant to help address these issues in school-based settings,"* and many teens fail to attend their regular wellness visits, leading to a delay in diagnosis and treatment.

Access to Health Care

Health Care Services

Brockton faces significant healthcare challenges due to limited access, with only one health center in the city. Recent events have exacerbated this, including the closure of a major outpatient primary care system and a devastating fire at Brockton Hospital in 2023, which led to a year-long closure for repairs. This closure disrupted patient care and forced individuals to seek treatment at other facilities, resulting in longer wait times and lost medical records. Additionally, the siloed nature of services in the community highlights the need for better integration to address these ongoing healthcare gaps.

Barriers to Health Care Access

Navigating the U.S. healthcare system is challenging, particularly for newly arrived immigrant families. One interviewee noted that families often only feel comfortable accessing healthcare services within their immediate communities, where they believe they will be understood both culturally and linguistically. However, clinical providers noted that insurance status and coverage present significant barriers, particularly when it comes to referrals for specialty care. Medicaid limitations often prevent pediatric patients from accessing critical services such as endocrinology, neurology, dermatology, and orthopedics, leaving some health conditions untreated and affecting the quality of care.

Childhood vaccinations were also highlighted as an area of concern in town. Newly arrived families may lack immunization records or have not received required doses of childhood vaccines. Access to immunization services for newborns has been a particular challenge. To address these gaps, the Massachusetts Department of Public Health and the Brockton Board of Health have organized vaccination clinics in Brockton. Additionally, local community health providers are actively working to ensure that immigrant families receive the vaccinations required by the state, aiming to increase immunization rates and improve overall health outcomes.

Interviewees agree that staffing support should be increased to meet the city's rising demand for social services and medical care. They specifically mention the need for more patient navigators that speak the languages of the patients and families they serve, as well as community health workers that can help families navigate receipt of care.

Community Assets

Brockton is culturally rich and continues to serve as a *"beacon for families entering the Commonwealth."* Stakeholders agree that the city is working to "*rise to the occasion"* and expand resources to meet growing need for health and social services by enhancing infrastructural resources and staffing. They highlight the recent appointment of an Immigration Director, who is also a social worker and is well-connected to numerous resources. There is *"tremendous demand for immigration law supports and access to attorneys at an affordable cost or free services."*

In the youth services sector, a prominent youth-serving organization in the area recently merged its regional locations to streamline resources, share bandwidth, and expand its service area. Stakeholders emphasized the strength of collaboration within the community. *"Brockton's strength is collaboration,"* they said, pointing to the many services and sub-coalitions that ensure widespread support. Furthermore, community leaders *"recognize the importance of the social-emotional and interpersonal piece"* and efforts are underway to *"build back trust and capacity to serve teens in a post-covid world."*

While supports are improving for youth aged 5-18, they noted a gap in services for children from birth to age five and adolescents, identifying this as a critical area for growth. One interviewee remarked,

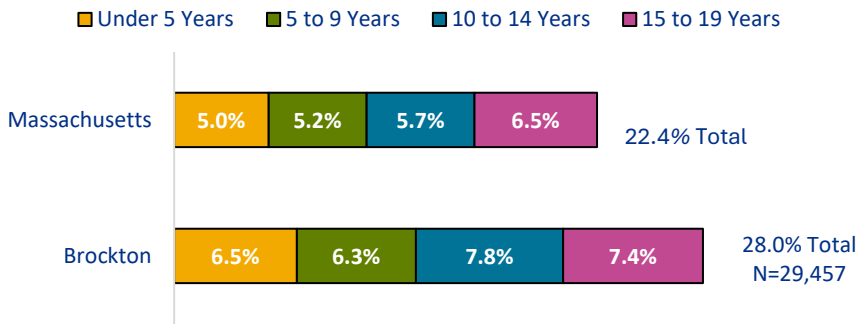
> ***"Our greatest opportunity as a community lies in building out some of the systems and also tearing down some of the systems at same time that prevents collaboration from happening in an authentic and consistent way."***

Vision for the Future

Interviewees shared ideas and recommendations to better promote community health and increase services to Brockton's youth. One interviewee would like to incorporate community- and self-advocacy education into their programming. Ideally, this programming would include building critical thinking skills with the goal of *"equipping youth to be more solutions minded."*

Another interviewee suggested that the city of Brockton create a page on its website to house information about behavioral health, substance use, and health related social needs resources with key contacts. They noted that a similar repository was created during Covid that providers, community leaders and residents alike found extremely helpful. Interviewees would also like to see housing resources on the city website as they noted that it would be more accessible than having to search through a multitude of websites of private agencies.

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023

NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Brockton	Massachusetts
Total Count	**34,552**	**1,236,518**
Africa	4.5%	9.5%
Asia	40.4%	30.5%
Europe	3.8%	18.1%
Latin America	51.0%	39.4%
North America	0.3%	2.2%
Oceania	0.0%	0.3%

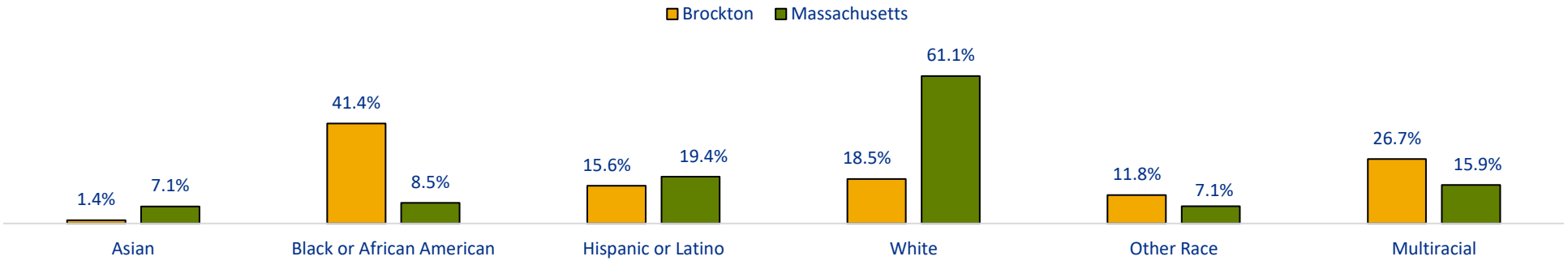
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Brockton, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**29,457**	**405**	**12,200**	**4,604**	**5,442**	**3,472**	**7,868**
Less than 5 years	6,795	0	3,024	1,471	1,094	869	1,781
5 to 9 years	6,665	106	2,975	1,023	952	795	1,799
10 to 14 years	8,194	154	3,426	1,016	1,363	1,056	2,190
15 to 19 years	7,803	145	2,775	1,094	2,033	752	2,098

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Brockton and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Brockton	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$77,089	$101,341
	% Children in Poverty, 2019-2023	18.1%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	52.6%	40.0%
	% Children Food Insecure, 2022	10.4% (Plymouth County)	12.7%
	% Single-Parent Households, 2019-2023	34.5%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	52.9%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	32.7%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$1,545	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,074	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	43.0%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	74.2%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	14.3%	-
	Percent of Public-School Students with High Needs*, 2023	84.0%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	40.0%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	29.1%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities.

Health Outcomes and Health Access Indicators

		Brockton	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	97.4%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	1.8%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	1577:1 (Plymouth County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	161:1 (Plymouth County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Brockton and Overall

		Brockton	Overall
Race and Ethnicity	Asian	1.1%	9.9%
	Black	32.8%	8.9%
	Hispanic/Latino	11.6%	12.0%
	White	15.9%	44.4%
	Other	38.5%	24.8%
Age Group	0-3 Years	20.8%	22.6%
	4-5 Years	10.0%	9.1%
	6-10 Years	24.2%	21.2%
	11-14 Years	18.2%	16.7%
	15-18 Years	16.4%	17.5%
	19-24 Years	10.3%	12.7%
	25+ Years	0.1%	0.4%
Insurance Type	Commercial Insurance	26.3%	66.9%
	Public Insurance	73.7%	33.1%
Health-Related Social Needs	Housing Need Identified	28.0%	33.7%
	Food Need Identified	9.3%	18.0%
	Utility Need Identified	12.4%	13.9%
	Transportation Need Identified	6.5%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025
NOTE: Health-Related Social Needs percentages among those screened.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Brockton Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**10.7%**	**15.8%**	**1.9%**	**3.8%**	**21.9%**
Race/Ethnicity					
Asian	17.0%	20.8%	1.9%	15.1%	17.0%
Black	7.3%	15.7%	1.5%	3.4%	21.8%
Hispanic	14.3%	21.0%	2.8%	4.6%	24.9%
White	20.5%	17.0%	2.2%	5.6%	20.4%
Other	8.1%	13.6%	2.0%	2.9%	21.9%
Age Group					
0-5 Years	0.5%	11.3%	0.0%	0.0%	8.8%
6-10 Years	5.5%	19.0%	1.2%	0.1%	24.1%
11-14 Years	12.9%	15.5%	2.7%	3.6%	30.7%
15-18 Years	21.9%	17.1%	4.3%	10.5%	23.1%
19-24 Years	31.1%	20.0%	4.2%	14.1%	26.5%
Insurance Type					
Commercial Insurance	14.2%	13.6%	2.3%	4.8%	17.5%
Public Insurance	9.4%	16.5%	1.8%	3.5%	23.5%

DATA SOURCE: Boston Children's Hospital, 2025
NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

BROOKLINE

Community Social, Economic, and Physical Context

Three stakeholders were interviewed from community organizations and a local clinic in Brookline. Interviewees highlighted their city's multicultural and inclusive community. In Brookline, 66.4% of residents identify as White, 18.3% as Asian, 6.58% as Hispanic, 5.6% as Multiracial, 2.4% as Black or African American.[1]

However, interviewees also described persistent yet often overlooked economic disparities in the local community. Although Brookline ranks among the top twenty wealthiest cities and towns in Massachusetts based on per capita income, over 10% of its residents have incomes at or below the federal poverty level (FPL), and over 17% fall below 200% of the FPL.[2] One interviewee noted *"we have a lot of resources in Brookline, but not everyone can access these resources."*

Community Health Issues

Chronic Disease

Chronic disease was highlighted as a public health concern in Brookline. While the town is widely perceived as well-resourced, interviewees highlighted gaps in health outcomes: *"People think of this wealthy community and don't think about the people there who are marginalized and have a lot of struggles."* Another stated, *"There are so many disparities people don't think about when it comes to Brookline."*

Health surveys indicate that Brookline residents generally experience rates of chronic disease lower than the county and state averages. Brookline residents self-report lower obesity rates (22.9%) in comparison to those in the broader Norfolk County (24.8%).[2] In addition, Brookline adult residents report lower rates of coronary heart disease, diabetes, asthma, and COPD than those in Norfolk County.[2]

At the same time, disparities in chronic disease were noted, with one interviewee highlighting higher rates of asthma among low-income residents. Interviewees described a lower quality of life in public housing, with residents *"living with mold and potential asthma."* Another interviewee described how residents living near highways, larger roads, and older buildings also faced additional respiratory concerns due to pollutants, lead, and asbestos.

Children & Families with Special Healthcare Needs

While Brookline has resources to support children with diverse developmental, behavioral, and medical needs, accessing care is difficult. One interviewee reported that families often wait many months for intake and diagnostic services. Although efforts are underway in at least one local clinic to train pediatric primary care providers to support children on the autism spectrum, implementation is still several years away. While long wait times and limited provider capacity are not unique to Brookline, they highlight the fact that even in well-resourced towns like Brookline, demand for community care-coordination for children with special health care needs has far outpaced available resources.

Mental Health

Youth mental health is a significant concern in Brookline. According to 12.8% of Brookline high school students and 7.4% of middle school students reported that they seriously considered suicide in 2023.[2] Access to mental health resources remains challenging for young people. Interviewees state that local

schools are understaffed and have neither the capability nor the training to treat students with more severe and persistent diagnoses. These issues are felt more acutely among low-income families, as many local practitioners operate private practices and do not accept insurance. Youth therapists that do accept commercial insurance often have months- to years-long waitlists making it difficult for families to access timely support. Among families that qualify for MassHealth, their children lose eligibility for coverage under a parent's health plan once they turn 26 years old, often leaving them without affordable options for continued care.

Stigma is also a notable barrier that prevents young people from accessing help. One interviewee discussed how some communities *"historically don't say 'go get mental health care.' They keep things private"* even when youth experience anxiety or depression. With 28.9% of Brookline residents born in other countries and 33% of Brookline residents speaking a language other than English at home, it was noted that many families may think about or discuss mental health in ways that do not fit into traditional mental health frameworks in the US.[4,5]

Substance use among youth in Brookline is also a concern, as young people turn to substances like nicotine and alcohol to cope with perceived stress. In 2023, the prevalence of alcohol use in Brookline (56.9%) was higher than the state average (49.6%). In 2023, 33.8% of 11th and 12th graders in Brookline self-report using alcohol in the past 30 days.[2]

Non-medical cannabis use, medical cannabis use, and tobacco use among adults in Brookline is lower than the state average. In 2023, 24.1% of upperclassmen in Brookline Public Schools reported using marijuana, and 15.5% of older students reported using electronic vapor products.[2] However, Interviewees still voiced concern about increased accessibility of substances to youth who often obtain substances from unregulated sources thereby increasing risk of consuming drugs laced with dangerous additives.

Neighborhood & Physical Environment

Owning a home in Brookline is expensive, and housing prices continue to rise. One interviewee noted, *"In Brookline, housing costs are impossible—around the Boston area in general it's hard to find a place to live, and Brookline is not an exception."* In 2023, the median home price of a single-family home was over $2.5 million dollars. This places the possibility of homeownership out of reach for many families.

Rental costs are also high. From 2019-2023 median gross rent in Brookline was $2,804, significantly higher than the statewide average of $1,687. Moreover, approximately one third of Brookline residents spend more than 30% of their income on housing.[3] Interviewees described how some residents pay more than half of their monthly income towards rent, leading to long-term economic struggles.

> **"*Housing is one of the most impactful ways"* to support health, but *"when families have to pay 50 to 60% of their income just to be able to pay rent, they don't have the money to pay for groceries, to get the health care they need, or think about mental health."***

While public housing does exist, interviewees state that *"the need for public housing is huge"* and exceeds demand.[2] One interviewee stated that *"the Brookline Housing Authority (BHA) manages 900 units while over 7,000 households remain on the waitlist for an apartment or voucher."* The long wait times for affordable housing leave many families with financial hardship and subsequent increased stress and associated health concerns.

Access to Services

Education Access & Quality

While interviewees highlighted Brookline's schools as one of the town's greatest assets, educational disparities exist. Although Brookline has a lower proportion of low-income students (13.8%) compared to the statewide average (42.3%), disparities remain evident across different schools with the percentage of low-income students ranging from 7.8% to 30.0% across the different Public Schools of Brookline.[2] This variation highlights differences in access to resources, academic support, and school enrichment programs.

In addition to economic disparities, racial discrimination remains a pressing concern. Among Brookline high school students, Black students reported the highest levels of racial discrimination among all racial/ethnic groups, with 20% stating they were treated unfairly due to their race most of the time or always.[2] Hispanic, Asian, and other non-White students also shared significant levels of racial bias in school environments.

Health Care Services

Brookline is home to some of the top medical institutions in the country, and one interviewee described how families travel from other states for medical care. However, access disparities persist, particularly among low-income and residents of color. Structural racism was noted as a cause of health care access issues, with one interviewee describing experiences of patients of color not having their concerns adequately addressed across clinical services, *"historically, when BIPOC folks will go to the hospitals, they aren't often listened to."*

One interviewee shared how youth she worked with face challenges in accessing health care and other basic needs due to the absence of parental support. Without guidance from a parental figure, they struggle to navigate health insurance enrollment, medical bills, and transportation to appointments. Strengthening case management services, outreach efforts, and referral networks may help connect these youth to essential health and social services.

Early Childhood & Access to Care

Access to affordable childcare remains a significant challenge for families in Brookline, particularly low-income families. Many choose to find childcare outside of Brookline to find more affordable options. As one interviewee stated, *"No one should have to choose between their children and their job or having children or a job."* Interviewees expressed hopes for expanded access to subsidized childcare, vouchers for childcare, and daycare services in Brookline to support working families and enhance educational equity among young children.

Gaps in Services

Interviewees noted a lack of accessible health and social services in Brookline as a considerable gap. Interviewees commented on the need for more community-based resources to support low-income and vulnerable populations. For example, Boston has eighteen Community Development Corporations (CDC) that provide housing, economic development, and social services. Brookline only has one CDC, limiting available support for the town's lower-income residents.

Interviewees also highlighted a shortage of free or subsidized youth-focused services. While organizations are working to increase programming for families that identify as low income, there was a shared sense that current efforts fall short of meeting community. As one individual stated,

> *"People don't understand that activities are good for physical health and also their mental health… Being able to do and be part of the same things that your peers are part of—that's really important for [young people's] emotional wellbeing. So it's great that we have those things but not great that not everyone can access it… Even on the occasion that activities are offered on a sliding scale, they are still not affordable."*

Language barriers were also mentioned as a significant gap in service accessibility. Informational materials, such as flyers for food pantries or job training programs, are often available only in English. As a result, "*Many families don't know what the resources are. They are struggling. There is no way to tell them there are free classes or job readiness classes or mental health counseling or meditation. Because they don't know, they're trying to figure it out."*

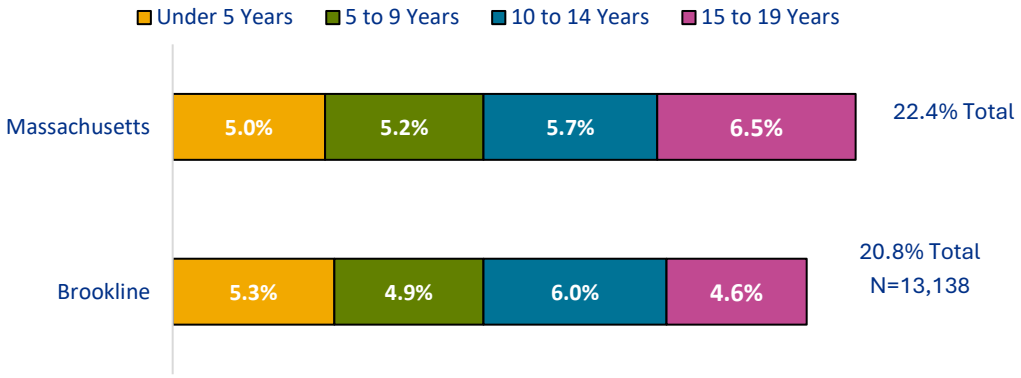
Vision for the Future

Interviewees highlighted the importance of increased funding and efforts towards advancing health equity in Brookline. One interviewee explained that there can be a *"challenge getting resources because Brookline is overall a more affluent town than some surrounding neighborhoods but still struggles with its own health disparities."* Interviewees expressed hope for a future where more funding is directed towards community-based programs, especially those that support marginalized residents in areas such as housing, mental health, and economic mobility. One interview participant suggested that major health care institutions *"step up and create a clear plan for Brookline,"* allocating staff, resources, strategies, and funding to address community health. Ultimately, interviewees aspired for a future in which Brookline's reputation as a resource-rich community extends to all residents.

References

1. U.S. Census Bureau. American Community Survey 5-Year Estimates (2018-2022), Table DP05: Demographic and Housing Estimates - Brookline, MA & Massachusetts. Published online 2023. https://data.census.gov
2. Brookline Department of Public Health & Human Services. Town of Brookline Community Health Assessment.; 2024.
3. Brookline Community Foundation. Cost of Renting. BCF Understanding Brookline. Published 2025. Accessed February 10, 2025. https://understandingbrookline.org/essential-needs/cost-of-renting#:
4. U.S. Census Bureau. American Community Survey 5-Year Estimates (2018-2022), Table DP02: Selected Social Characteristics in the United States - Brookline, MA. Published online 2023. https://data.census.gov
5. U.S. Census Bureau. American Community Survey 5-Year Estimates (2017-2021), Table DP02: Selected Social Characteristics in the United States - Brookline, MA. Published online 2022. https://data.census.gov
6. Brookline Food Pantry. About Us. Brookline Food Pantry Website. Published 2025. https://brooklinefoodpantry.org/about/
7. Brookline Office of Diversity, Inclusion and CR. Town of Brookline Updated Disparity Report March 2022.

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population.

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Brookline	Massachusetts
Total Count	**17,300**	**1,236,518**
Africa	3.8%	9.5%
Asia	55.8%	30.5%
Europe	26.5%	18.1%
Latin America	10.0%	39.4%
North America	3.7%	2.2%
Oceania	0.2%	0.3%

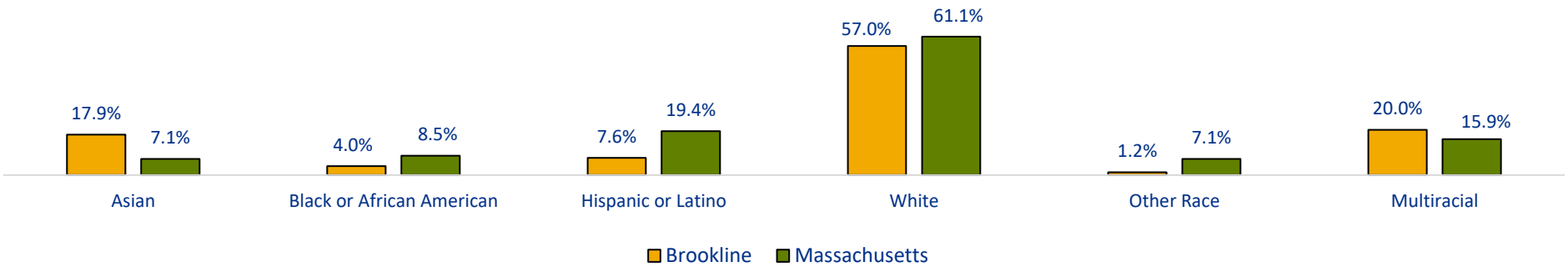
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population.

Number of Children, by Age Group and Race/Ethnicity, Brookline, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**13,138**	**2,346**	**521**	**1,002**	**7,494**	**158**	**2,622**
Less than 5 years	3,349	698	176	228	1,633	28	814
5 to 9 years	3,096	564	8	226	1,834	72	618
10 to 14 years	3,780	558	154	326	2,090	33	955
15 to 19 years	2,913	526	183	222	1,937	25	235

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Brookline and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Brookline	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$140,631	$101,341
	% Children in Poverty, 2019-2023	18.1%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	14.2%	40.0%
	% Children Food Insecure, 2022	6.6% (Norfolk County)	12.7%
	% Single-Parent Households, 2019-2023	15.9%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	44.6%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	25.3%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$2,804	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$3,026	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	53.9%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	95.9%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	6.7%	-
	Percent of Public-School Students with High Needs*, 2023	40.7%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	91.7%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	11.5%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024 NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities.

Health Outcomes and Health Access Indicators

		Brookline	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	97.4%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.0%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	836:1 (Norfolk County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Norfolk County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Brookline and Overall

		Brookline	Overall
Race and Ethnicity	Asian	11.4%	9.9%
	Black	1.4%	8.9%
	Hispanic/Latino	7.0%	12.0%
	White	47.3%	44.4%
	Other	32.9%	24.8%
Age Group	0-3 Years	17.1%	22.6%
	4-5 Years	8.2%	9.1%
	6-10 Years	21.4%	21.2%
	11-14 Years	18.1%	16.7%
	15-18 Years	19.8%	17.5%
	19-24 Years	14.7%	12.7%
	25+ Years	0.7%	0.4%
Insurance Type	Commercial Insurance	91.0%	66.9%
	Public Insurance	9.0%	33.1%
Health-Related Social Needs	Housing Need Identified	27.2%	33.7%
	Food Need Identified	7.2%	18.0%
	Utility Need Identified	3.2%	13.9%
	Transportation Need Identified	3.2%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: Health-Related Social Needs percentages among those screened.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Brookline Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**18.1%**	**12.5%**	**2.4%**	**4.9%**	**5.6%**
Race/Ethnicity					
Asian	11.8%	9.4%	1.5%	3.3%	3.7%
Black	12.1%	21.2%	6.1%	6.1%	10.6%
Hispanic	18.5%	15.2%	3.0%	6.3%	9.9%
White	22.2%	12.7%	2.9%	5.6%	5.1%
Other	14.5%	12.5%	1.7%	4.1%	5.8%
Age Group					
0-5 Years	0.7%	6.6%	0.3%	0.0%	3.4%
6-10 Years	7.0%	11.4%	1.1%	0.3%	5.0%
11-14 Years	20.6%	13.3%	3.9%	4.5%	7.7%
15-18 Years	29.9%	16.8%	4.3%	9.4%	5.7%
19-24 Years	44.4%	17.4%	3.3%	14.3%	6.6%
Insurance Type					
Commercial Insurance	18.0%	12.2%	2.3%	4.6%	5.0%
Public Insurance	18.6%	16.5%	3.5%	8.1%	11.6%

DATA SOURCE: Boston Children's Hospital, 2025

NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

FRAMINGHAM

Community Social, Economic, and Physical Context

One interview was conducted with a Framingham stakeholder from a community healthcare site. We also conducted a focus group comprised of youth from 5 communities in the Metrowest and Southern regions of the state. The information they shared has been incorporated into this report.

Poverty

Poverty was described as a significant challenge in the community with 91% of patients seen at a local community health center at or below poverty level.

Transportation

The interviewee shared concerns related to transportation and patients being able to travel to and from their appointments and noted that their employer does not have the funding to support this need.

Housing

The interviewee did not put a special emphasis on housing during the interview but noted in passing that some patients are housing insecure.

New Arrival Families

Due to recent changes across the federal landscape and executive orders that have affected immigrant communities, the interviewee specifically noted a decrease in in-person visits over the last two to three months. To promote continuity of care and preventive treatment, the location has made telehealth appointments widely available to patients and families.

Language Equity

Framingham's community health center serves a notably diverse population, with a substantial proportion of residents being non-native English speakers—many of whom are from Brazil. This linguistic diversity has a profound impact on the center's operations. While its demographics align with those of other federally funded health sites, the center experiences a significantly higher demand for language services. Approximately 70% of patients prefer receiving care in a language other than English.

To meet these needs, the center dedicates considerable resources to language access, including translated materials and in-person interpretation. Interpreter services alone cost the center $1.7 million annually, an expense that is currently not reimbursable. This financial burden highlights the critical need for sustainable funding mechanisms to support equitable care in multilingual communities.

Community Health Issues

Mental and Behavioral Health

The interviewee emphasized that behavioral and mental health services have become a top concern, noting a *"significant increase"* in demand. This surge is partly due to the anxiety and fear experienced by families in response to recent executive orders related to immigration and LGBTQ+ communities.

These policies have heightened stress levels, leading to a greater need for behavioral health support and integration. Additionally, the interviewee highlighted the growing demand for mental health services driven not only by political and social stressors but also by poverty-related challenges, such as food insecurity.

The interviewee also discussed strain on healthcare staff, who face increased work-related pressures and could benefit from enhanced behavioral health support to manage their own mental well-being. These insights underscore the need for a comprehensive approach to address both community and staff mental health needs in the face of current socio-political and economic challenges.

Asthma

The interviewee noted asthma as a commonly observed health condition in Framingham. They stated that *"a lot of inhalers and other asthma medications are prescribed"* by their location and shared that their community health workers spend time making sure families dealing with asthma have access to air filters and assessing how environmental changes can be made in the home.

Nutrition Security

Nutrition and food security are significant challenges in Framingham. The interviewee noted that the Supplemental Nutrition Assistance Program (SNAP) often falls short in providing families with enough food for the entire month. To address this, the interviewee's organization has partnered with the Greater Boston Food Bank's mobile market program, which delivers fresh produce to patients and their families. Additionally, the organization has introduced a model where clinical nutritionists collaborate with patients to assess their needs and medical histories. Based on this information, they "prescribe" specific healthy foods, primarily for individuals experiencing food insecurity or dealing with diet-related health conditions. Despite these programs, the interviewee notes that more supports are needed to ensure that youth and families have enough to eat.

Vaccine Hesitancy

The interviewee noted several cases of vaccine hesitancy, citing that *"kids have become sick at out Framingham site in particular"* because parents were opposed to vaccinating their children.

Access to Services/Healthcare

Health Care Services

The interviewee shared that they have increased and enhanced behavioral health access and services across their sites and noted that they started school-based behavioral health integration at Framingham High School.

Additionally, to increase access to health care services and understanding the needs of the newly arrived and immigrant families, the interviewee highlighted that their staff *"help a lot with free clinics as some new arrivals would rather to a free clinic where they don't have to sign up."*

Gaps in Services

The interviewee explained that the high school previously had a school-based health center, but it was temporarily closed because it failed to meet inspection standards. The school is currently responsible for making the necessary infrastructure repairs to comply with these requirements. In the meantime,

many patients have been redirected to the clinic, though some have either stopped attending their appointments or have struggled with the transition. As a result, the site has lost a significant number of high school-aged patients who were previously receiving care at the school but were hesitant to switch to the clinic-based care. The interviewee also highlighted that *"Different types of care are given at the school. They gave more social/emotional support and counselling - that doesn't happen at doctor appointments when they're with their parents."*

The interviewee also described the complex and difficult healthcare setting in Framingham, and why it's particularly hard from a partnership perspective. They explained that an out-of-state healthcare services company owns the local hospital. This company is a for-profit company and was described as *"harder to deal with, harder to get referrals through."* They noted that pediatric patients often have long wait times to get an appointment, and many services are not eligible for reimbursement.

Community Assets

Community Strengths

While Framingham experiences challenges, the interviewee described notable strengths in the community. Coordination of community care and social services is strong. At the local community health center, benefits coordinators work directly with community partners and non-profits to coordinate the best possible services for their patients. *"Our goal is not to just treat health-related issues."* They focus on creating a welcoming environment and removing stigma.

Furthermore, Framingham has a variety of youth serving organizations that provide enrichment and after school activities for local youth.

Gaps in Services

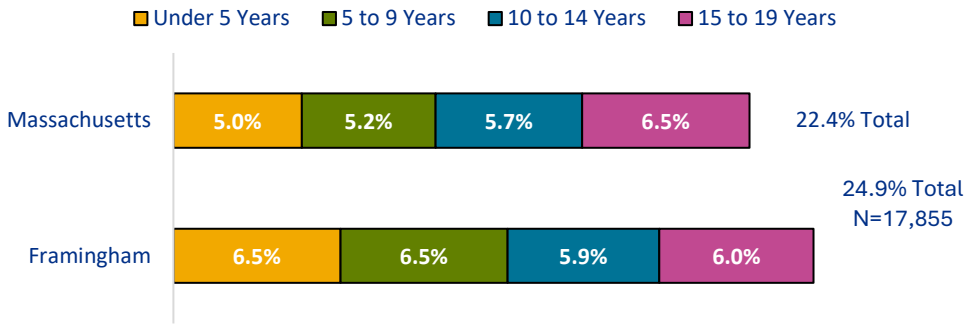
The interviewee highlighted systems and policy level flaws related to billable services and reimbursements, noting, *"We're not truly capturing the cost of care in the work we do."* For example, in 2023 the site's benefits coordinator had over 14,000 interactions with patients, assisting with housing, food insecurity, and other social needs. However, none of this counseling time or assistance is billable, and the practice must fund this position solely on its own.

The interviewee also felt strongly that the reimbursement for care, whether provided by a nurse or doctor, should be the same and based on the care given rather than based on level of provider.

Vision for the Future

When asked about their vision for the future, the interviewee expressed a desire for more cross-sector coordination between clinical providers and community organizations, highlighting its important role in health promotion. This individual went on to describe a need for more funding to assist local families with health-related social needs, particularly immigration supports and translation services. Finally, they stressed the need for additional social/emotional supports in schools for youth and the need to fill the gap left when the school-based health center closed.

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Framingham	Massachusetts
Total Count	**22,693**	**1,236,518**
Africa	6.9%	9.5%
Asia	18.5%	30.5%
Europe	7.0%	18.1%
Latin America	66.2%	39.4%
North America	1.3%	2.2%
Oceania	0.1%	0.3%

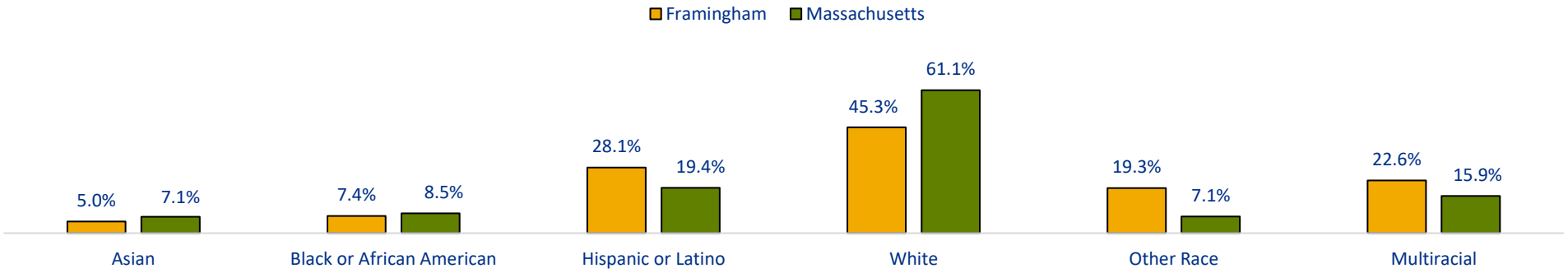
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Framingham, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**17,855**	**897**	**1,314**	**5,022**	**8,086**	**3,439**	**4,031**
Less than 5 years	4,660	337	413	1,552	2,202	655	991
5 to 9 years	4,666	205	366	1,171	2,269	924	876
10 to 14 years	4,223	208	189	1,430	1,710	898	1,218
15 to 19 years	4,306	147	346	869	1,905	962	946

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Framingham and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Framingham	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$98,179	$101,341
	% Children in Poverty, 2019-2023	16.1%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	46.0%	40.0%
	% Children Food Insecure, 2022	7.6% (Middlesex County)	12.7%
	% Single-Parent Households, 2019-2023	20.1%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	52.4%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	22.0%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$1,853	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,339	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	45.2%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	75.0%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	10.2%	-
	Percent of Public-School Students with High Needs*, 2023	70.3%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	49.7%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	30.9%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Framingham	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	97.2%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	1.1%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	803:1 (Middlesex County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Middlesex County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Framingham and Overall

		Framingham	Overall
Race and Ethnicity	Asian	5.0%	9.9%
	Black	4.0%	8.9%
	Hispanic/Latino	15.7%	12.0%
	White	49.5%	44.4%
	Other	25.8%	24.8%
Age Group	0-3 Years	21.4%	22.6%
	4-5 Years	8.4%	9.1%
	6-10 Years	19.8%	21.2%
	11-14 Years	16.1%	16.7%
	15-18 Years	18.7%	17.5%
	19-24 Years	15.4%	12.7%
	25+ Years	0.1%	0.4%
Insurance Type	Commercial Insurance	67.7%	66.9%
	Public Insurance	32.3%	33.1%
Health-Related Social Needs	Housing Need Identified	33.3%	33.7%
	Food Need Identified	15.6%	18.0%
	Utility Need Identified	14.4%	13.9%
	Transportation Need Identified	11.1%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: Health-Related Social Needs percentages among those screened.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Framingham Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**13.9%**	**12.6%**	**2.7%**	**3.6%**	**15.0%**
Race/Ethnicity					
Asian	7.5%	7.9%	1.2%	2.8%	7.1%
Black	11.1%	17.7%	2.0%	3.0%	25.3%
Hispanic	13.8%	13.5%	3.7%	3.8%	23.6%
White	16.7%	12.7%	2.8%	4.0%	12.6%
Other	10.4%	11.8%	2.2%	3.0%	14.2%
Age Group					
0-5 Years	0.5%	7.0%	0.1%	0.0%	9.8%
6-10 Years	7.6%	13.2%	0.7%	0.0%	16.8%
11-14 Years	17.5%	13.9%	3.5%	3.2%	20.6%
15-18 Years	24.3%	16.4%	6.5%	7.9%	16.5%
19-24 Years	31.1%	16.6%	4.7%	10.5%	14.8%
Insurance Type					
Commercial Insurance	14.2%	11.2%	2.4%	3.3%	11.3%
Public Insurance	13.5%	15.5%	3.2%	4.4%	22.7%

DATA SOURCE: Boston Children's Hospital, 2025
NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

LEXINGTON

Community Social, Economic, and Physical Context

Two interviews were conducted with individuals working in clinical services for children and families in Lexington.

Newly Arrived Families

Lexington's has a growing immigrant population. While many newly arrived families are affluent and face few barriers to accessing services, the town also hosts an emergency shelter for newly arrived migrants, where families often struggle to meet basic needs such as clothing, transportation, and stable housing. Language barriers were identified as a major challenge to understanding and accessing care. The interviewee also highlighted concerns around fear and uncertainty related to immigration status, which can deter families from seeking services.

Housing

Housing affordability was raised as a key concern in Lexington exacerbated by continued lack of affordable or subsidized housing. Many homes in Lexington are large single-family structures, many of which are financially out-of-reach for low-income families. The town does not have any current plans to build additional affordable housing.

Housing stability and quality were also concerning to our interviewee who noted that asthma rates are an area of concern, particularly among lower-income families as they may live in older rental housing units and experience environmental hazards like mold or rodents. Frequently, these families cannot afford to relocate.

Economic Disparities

Transportation was cited as a particular concern for low-income and newly arrived families. Despite having a bus stop in front of the pediatric clinic in town, public transportation is not a practical solution for many families. *"Most people would have to take three buses to get to our stop, and it takes two to three hours for one outpatient appointment."* These transportation barriers contribute to missed appointments and worse health outcomes, particularly for low-income and immigrant families.

Community Health Issues

Mental Health

Mental health was consistently raised as a critical issue for children, youth, and families—especially adolescents experiencing depression, suicidality, and school-related stress. The COVID-19 pandemic and its resulting social isolation have further intensified anxiety and depression among local youth.

Despite increased demand for mental health services, community resources remain insufficient. The interviewee noted:

> ***"There's a huge crisis. There are just not enough therapists, so the kids aren't getting the services they need. In our clinic, there are only two providers."***

Waitlists can stretch from months to even two years, leading to reliance on emergency psychiatric services when mental health issues escalate. Without early intervention, it was noted that the system remains reactive rather than preventive.

> ***"We end up with kids in crisis because they're not getting outpatient therapy, and now we're at a point where they're suicidal. We're sending them to the emergency room, and then they're boarding there and trying to find a bed for them."***

This strain on emergency services points to a need for more in-house behavioral health services in hospital settings as well as outpatient resources.

Families often struggle to find therapists who accept MassHealth insurance. The interviewee further described capacity challenges for providers in clinical settings with limited mental health providers.

> **"*We don't have the bandwidth to call all the community outpatient therapists, find out what insurance they take, see if they have an opening…We don't have the bandwidth for that."***

Children with Special Health Care Needs

Children and families with special healthcare needs were consistently identified as a priority population. Children with autism and developmental delays often face significant challenges related to special education—many of which exceed the scope of what social work services can address. Families struggle to access appropriate supports, such as Individualized Education Programs (IEPs) and in-home services like Applied Behavioral Analysis (ABA) therapy, due to long waitlists and ongoing staffing shortages.

Our interviewee described the numerous barriers parents and guardians face when seeking care, *"They're fighting with the school over IEPs, fighting to get them into residential programs, fighting to get them into placements outside of the public schools."* Many families experience burnout from the sheer complexity of coordinating care. *"They're on waitlists forever… the families are just very much overwhelmed, so there's no respite."*

Community Assets

Community Strengths

The interviewee cited Lexington's social services, cultural diversity, and high education levels as key community strengths. The availability of pediatric specialty care and urgent behavioral health response services at the local hospital was also seen as an asset.

Community Collaboration

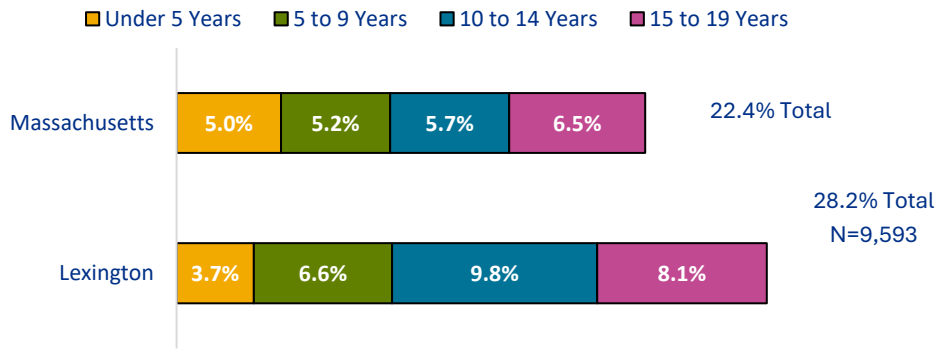
While ongoing collaboration among local organizations was acknowledged, the interviewee pointed out opportunities to strengthen referral systems and partnerships. Clinics also serve patients from surrounding towns, leading to referrals outside Lexington. This often results in a fragmented process that relies on ad hoc online searches for services in areas such as legal aid, housing, and healthcare.

The interviewee emphasized the need for a more structured network of providers to ensure coordinated, continuous care for families. Strengthening partnerships between hospitals and community behavioral health clinics was highlighted as a key opportunity to improve youth care.

Vision for the Future

In Lexington, there is a vision to expand services and reduce barriers to care for vulnerable populations. The interviewee noted several priorities for the future including improving access to mental health services, addressing transportation disparities, enhancing support for immigrant and low-income families, and streamlining mental health referrals.

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population.

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Lexington	Massachusetts
Total Count	**11,496**	**1,236,518**
Africa	3.0%	9.5%
Asia	71.4%	30.5%
Europe	16.3%	18.1%
Latin America	5.7%	39.4%
North America	2.8%	2.2%
Oceania	0.8%	0.3%

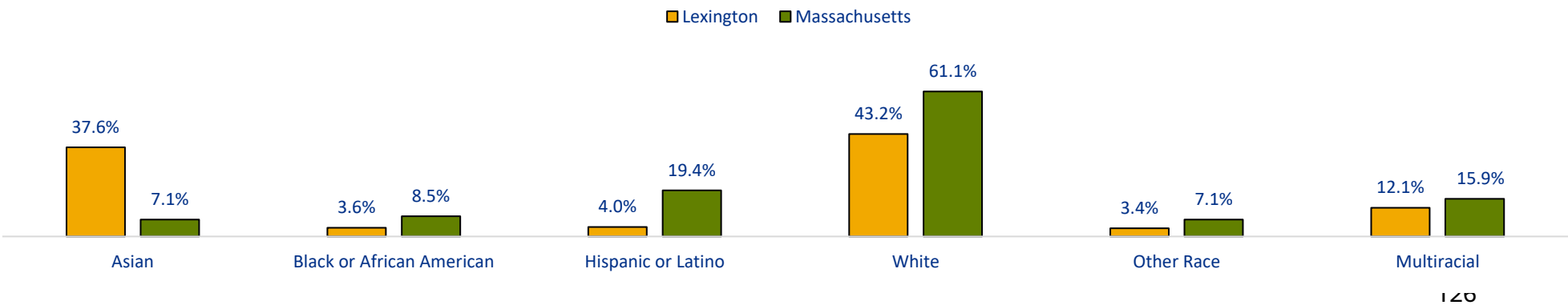
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population.

Number of Children, by Age Group and Race/Ethnicity, Lexington, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**9,593**	**3,608**	**349**	**381**	**4,147**	**327**	**1,162**
Less than 5 years	1,249	463	136	87	483	52	115
5 to 9 years	2,246	891	37	112	804	116	398
10 to 14 years	3,338	1,284	86	105	1,527	131	310
15 to 19 years	2,760	970	90	77	1,333	28	339

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population.

Percent of Children Aged 19 and Under, by Race/Ethnicity, Lexington and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under.

Social Determinants of Health Indicators

		Lexington	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$219,402	$101,341
	% Children in Poverty, 2019-2023	3.9%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	30.7%	40.0%
	% Children Food Insecure, 2022	7.6% (Middlesex County)	12.7%
	% Single-Parent Households, 2019-2023	10.3%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	46.9%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	21.4%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$2,816	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$3,750	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	19.0%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	97.6%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	4.3%	-
	Percent of Public-School Students with High Needs*, 2023	33.0%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	99.0%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	7.8%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Lexington	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	99.6%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.1%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	803:1 (Middlesex County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Middlesex County)	240:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Lexington and Overall

		Lexington	Overall
Race and Ethnicity	Asian	33.3%	9.9%
	Black	1.0%	8.9%
	Hispanic/Latino	3.7%	12.0%
	White	35.8%	44.4%
	Other	26.2%	24.8%
Age Group	0-3 Years	8.2%	22.6%
	4-5 Years	6.0%	9.1%
	6-10 Years	21.3%	21.2%
	11-14 Years	22.9%	16.7%
	15-18 Years	24.9%	17.5%
	19-24 Years	16.2%	12.7%
	25+ Years	0.5%	0.4%
Insurance Type	Commercial Insurance	90.2%	66.9%
	Public Insurance	9.8%	33.1%
Health-Related Social Needs*	Housing Need Identified	-	33.7%
	Food Need Identified	-	18.0%
	Utility Need Identified	-	13.9%
	Transportation Need Identified	-	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: An asterisk (*) next to Health-related Social Needs means the sample size was too small to provide statistically significant data.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Lexington Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**15.8%**	**10.1%**	**3.9%**	**4.7%**	**6.6%**
Race/Ethnicity					
Asian	9.2%	8.3%	2.6%	3.1%	4.6%
Black	11.3%	16.9%	0.0%	11.3%	7.0%
Hispanic	17.5%	11.9%	4.4%	4.4%	11.1%
White	24.3%	12.1%	5.1%	6.6%	8.0%
Other	12.6%	9.0%	3.9%	3.8%	6.6%
Age Group					
0-5 Years	0.3%	5.7%	0.2%	0.0%	5.1%
6-10 Years	6.1%	9.3%	1.9%	0.1%	5.7%
11-14 Years	15.2%	9.7%	4.0%	1.7%	7.6%
15-18 Years	22.7%	11.1%	6.8%	8.4%	6.2%
19-24 Years	31.6%	13.8%	5.0%	12.9%	8.0%
Insurance Type					
Commercial Insurance	16.0%	10.1%	4.0%	4.5%	6.2%
Public Insurance	14.4%	10.0%	3.1%	6.0%	10.5%

DATA SOURCE: Boston Children's Hospital, 2025
NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

NORTH DARTMOUTH

Community Social, Economic, and Physical Context

Three Interviews were conducted with key stakeholders representing the North Dartmouth community and the neighboring New Bedford region of Massachusetts. Informal discussions about community needs also took place with public health professionals in North Dartmouth. Given that there are communities with populations of historically higher health needs across the region, we explored the broader areas including North Dartmouth, New Bedford, Fall River, and Freetown.

Community Health Issues

The region exhibits socioeconomic diversity, with both affluent and lower-income communities. The region was described as *"very multicultural."* Citing internal data, one New Bedford interviewee described their clinic population as 80% speaking a language other than English with Spanish, Portuguese, and Haitian Creole the top languages. This is in contrast to 25.3%[1] of households across the state of Massachusetts who report speaking a language other than English at home. New Bedford was described as *"its own melting pot,"* and interviewees described diverse communities with residents coming from a range of countries including Portugal, Greece, Central America, and Haiti. These communities are shaped by their industrial histories, including fishing, whaling, food processing, and textiles, which continue to influence the economy and workforce.

Chronic Disease

Interviewees highlighted childhood obesity as a persistent concern. Limited access to nutritious food options and culturally influenced dietary norms were cited as factors influencing obesity rates. Elevated weight in children often leads to additional health concerns. One interviewee described seeing children *"as young as age 10 for Type 2 Diabetes"* as well as children presenting to clinics with fatty liver disease linked to obesity.

Asthma was also described as a health issue. One interviewee expressed the opinion that asthma is likely underdiagnosed, citing the fact that emergency departments see higher rates of asthma exacerbation than outpatient pediatric settings suggest. Efforts are underway to improve asthma care by training nurses to deliver education about home environmental factors.

Children & Families with Special Healthcare Needs

Interviewees described a high prevalence of children on the autism spectrum or living with speech therapy needs. Families face barriers to accessing services for children with developmental delays, with one interviewee emphasizing that *"the waitlists on those [services] are very long."* Some parents wait over a year to receive a diagnosis.

Another interviewee noted language developmental delays among preschool-age children. Parents' busy schedules and lack of access to education and speech therapy services were noted as factors preventing early childhood intervention. Training pediatric providers in early diagnosis was suggested as one path to helping children begin services earlier.

Interviewees also noted a significant number of children in the area presenting with neurodevelopmental conditions like attention deficit/hyperactivity disorder (ADHD). Increasing referrals from parents and teachers for ADHD testing were mentioned. However, families face challenges in accessing timely evaluations and follow-up services. Access to pediatric neurology for issues like seizures or developmental concerns was described as limited and marked by long wait times. One interviewee shared that *"those are the kids you want to get in right away—but it's hard."*

Sexual Health, Teen Pregnancy, Birth Outcomes

One interviewee described a relatively high prevalence of teen pregnancies and cited access to birth control as one contributing factor. High rates of teenagers presenting with gonorrhea were also highlighted.

Mental Health

Interviewees highlighted the mental health of children and families as a primary concern in the community, noting its impact on many aspects of daily life. One interviewee cited alcohol and substance use as one of the community's top concerns. Anxiety, depression, and trauma were also cited as major mental health issues in the region.

One interviewee noted the impact of immigration on mental health and described seeing individuals who had moved from other countries and *"experienced some trauma on their way in so were getting a lot of mental health exposures but didn't have a lot of resources."* The immigration process continues to affect families even after settlement. Fear of deportation or disclosing immigration status can prevent families from accessing care. Changing federal and state policies were described as causing a *"veil of fear and stress"* among immigrant communities that exacerbate mental health. Mental health disparities were also raised for families with language barriers or limited insurance options. Workers in industries like manufacturing, fishing, and construction were described as vulnerable to substance use due to job-related stressors and physical strain.

A shortage of rehabilitation beds in the region compounds the issue. One interviewee shared that individuals who require inpatient services for substance use in North Dartmouth are often referred to surrounding towns, creating delays in care. Interviewees stressed the need for more accessible outpatient mental health services, especially integrated into primary care and school settings.

Youth mental health challenges were reflected in increased substance use among adolescents, including vaping, marijuana, and, to a lesser extent, alcohol use. One interviewee emphasized *"vaping is still a big thing,"* especially among teens seeking coping mechanisms for stress, anxiety, and depression. Academic pressure, challenging family dynamics, and bullying at school were highlighted as issues impacting youth mental health. Youth in the community were described as experiencing high levels of trauma, including exposure to domestic violence, substance use, and sexual assault at home. One interviewee described youth reporting working multiple jobs to support their families and lacking support from adult figures.

Neighborhood & Physical Environment

Housing affordability, quality, and stability were recurring concerns among interviewees. One interviewee identified homelessness as a top concern among health care providers in New Bedford. Many families in the region live in crowded living conditions, often sharing apartments with multiple

households due to lack of affordable housing, *"As you start to ask who lives in the home, you're definitely getting the answer that there are four or five families living in one apartment."* One interviewee described how many families reside in tenement buildings originally constructed to support fishing factories. Closure of these factories contributed to economic challenges and a housing shortage.

In addition to crowding, aging housing options present environmental health risks. Families living in older apartment buildings are often exposed to lead. Providers have implemented education efforts around lead exposure, especially for families with young children. The physical housing environment as well as lack of affordable options have impacts on both physical and mental health. Safety and crime within neighborhoods were also identified as top concerns by interviewees.

Financial Security & Mobility

Interviewees described the region as relying heavily on the commercial fishing industry, which employs many residents in factories and brings new residents to the area for jobs. Difficulties with working in the fishing industry were also described, including challenges securing health insurance. This economic vulnerability is reflected in local wage data: median wages in New Bedford are 62.9% of Massachusetts's average, contributing to inability to afford health insurance and barriers to care.[1] In addition, new residents may face difficulties navigating the region's resources: *"When people come to New Bedford, they settle here, but they don't where the resources are so that's the biggest challenge."* Low wages create barriers to maintaining health and wellness: *"Families are just trying to make ends meet…so it's hard to address other things, it's hard to address getting health care, it's hard to address healthy eating."*

Several interviewees noted that rising costs of living have increased stress for families and created barriers to accessing housing and food. One individual who works at a health clinic in New Bedford described high requests at their monthly food market: *"People will tell us they ran out of food before that full week so we're trying to partner with other community agencies so there's another option."* Another individual described several *"food deserts"* across New Bedford. This is in keeping with statewide surveillance data. In their 2024 Annual Statewide Report, the Greater Boston Food Bank reported food insecurity in Bristol County to be 36%.[2] As a result, local clinics and organizations have begun to expand their collaboration and outreach efforts to help families meet basic nutritional needs but demand often exceeds supply.

Food insecurity is exacerbated by geographic and infrastructure forces. One interviewee described New Bedford's sprawling shape makes access to supermarkets difficult for families without vehicles. Many families consequently rely on corner stores or fast-food options, which may be closer but have fewer nutritious options. Limited school lunch options were also described as a barrier to adequate nutrition for youth in the region. Interviewees described how public schools have federally funded free food options that are *"not always the healthiest"* and are a *"contributing factor to obesity rates."*

One interviewee described how New Bedford has worked to diversify its economic base, with recent investments in renewable energy development and along the waterfront in an effort to *"think about other ways to bring in economic resources to the community."* Local leaders recognize the importance of having multiple avenues for economic growth, new jobs, and community resources.

Access to Services

Education Access & Quality

Interviewees described limited access to preschool for children, particularly for families who need additional support navigating the enrollment system. It was noted that developmental delays in speech and language are more common among children who do not attend preschool. One interviewee in New Bedford shared that *"we really want to push for all kids to have preschool access. But that's not the case currently."* One interviewee shared about efforts in New Bedford to address these gaps in education. Local pediatric providers and clinics are collaborating with the New Bedford Public Schools to streamline access. When families register children for school at the school welcome center, they also have access to pediatric intake forms to get connected with health care services.

New Bedford was described as having a wide range of youth-serving organizations and programs including the Boys & Girls Club, YMCA, and parks and recreation programs that are open to youth from the region. While schools and extracurricular activities serve as an important protective factor for youth in the region, this support does not extend beyond school hours. Interviewees noted that access to services drops during the summer months. While free or reduced-cost summer programs exist, barriers include competing family responsibilities, youth job responsibilities, and lack of leisure time. Interviewees emphasized the importance of reducing structural barriers such as cost, scheduling, and transportation to expand enrichment programs for disenfranchised youth.

Health Care Services

Access to primary care was identified as *"a big gap."* Navigating primary care access was described as challenging for families facing barriers to social determinants of health like housing, transportation, and insurance. As a result of insufficient availability of primary care, emergency departments are often overwhelmed. Local leaders work with crisis centers and emergency teams to divert behavioral health cases from emergency departments as much as possible. Interviewees also described a need for more health care providers who reflect the community's diversity and *"understand what the cultural challenges might look like."*

Barriers also exist when it comes to timely specialty care, behavioral health services, and care navigation. Additional barriers exist for immigrant, low-income, and uninsured populations. One interviewee who works in a health clinic in New Bedford shared how grant funding has enabled the clinic to expand access by hiring community health workers (CHWs). CHWs connect families to services, educate patients, and reduce stigma associated with accessing care. The clinic has also integrated behavioral health care directly into pediatric practices, allowing them to hire pediatric social workers and CHWs to conduct mental health screenings during routine visits. Patients with positive results for mental health screenings can be referred to in-house services for follow-up. Despite these efforts, long wait times for behavioral health services remain a barrier, especially when patients must be referred outside the clinic or community.

While integration of mental health services has improved access within the clinic setting, the broader behavioral health system lacks sufficient capacity, leading to delays in care that can worsen symptoms and discourage patient engagement with treatment.

Early childhood indicators

One interviewee noted high rates of low-birth-weight infants as well as lack of access to health care services during pregnancy, *"a lot of patients don't get prenatal care or get delayed prenatal care."* Another interviewee noted seeing cases of jaundice among newborn patients.

Gaps in Services

Interviewees highlighted gaps in transportation as barriers to health care, especially for pediatric populations. One interviewee described limited public transportation options and the challenges families face trying to access medical appointments while living outside the main cities: *"We assist in the best way we can, but getting them care, if it's outside the city, is very hard for them."* Another interviewee questioned whether existing bus routes are effectively serving areas where health clinics are located. In addition, stigma associated with using the bus system was highlighted as a barrier to health care access. Interviewees expressed hope that the upcoming expansion of the MBTA commuter rail would help improve both access and public perception of transit options.

Interviewees also noted barriers to accessing care for immigrant communities. Some immigrants may come from areas without access to regular medical care and may be unfamiliar with the importance of regular preventive health screenings. Even when families do access care, fear of disclosing immigration status—especially for those who are undocumented—can create barriers to utilizing hospital services, following up on referrals, or applying for health insurance. Community health workers (CHWs) have become essential in bridging gaps by building trust, providing culturally responsive education, and reassuring families that care is confidential and safe to access.

Some pediatric specialty services were described as gaps in care across the region. One interviewee noted that referrals for pulmonary, gastroenterology, and orthopedic care are challenging to find and often have to be made in Boston. Travelling for appointments can pose a barrier for families and delay or even prevent care. One interviewee described a case where *"we have had a child who we referred, thought everything was all set and then they didn't go [to the appointment]…because it's just too hard to get where they needed to get."* Some local hospitals may see teens but not younger children, which also creates barriers for parents seeking care for their children. In addition, children with gastroenterology issues are often referred to Boston for additional care like biopsies and imaging, causing some families to decline appointments due to the burden of travel.

Community Assets

Community Strengths

Interviewees described the region's diversity and culture as a strength that *"provides a lot of richness"* in the communities. Interagency dedication to the community and collaboration were also highlighted as assets. One interviewee praised the *"really great community organizations"* that provide *"a lot of support."* Schools, health centers, churches, and local organizations come together to serve families.

One interviewee also appreciated *"a lot of reinvestment in the community"* of New Bedford and noted a thriving downtown area with strong arts and business sectors. New Bedford was described as *"the hub for a lot of community organizations and resources."* The airport, waterfront, beaches, and ferry services were also cited as important components of the area. New walking paths throughout New Bedford were described as *"a nice asset"* to the built environment.

Existing Services

Several hospitals provide clinical services in the region. These institutions were generally viewed as trusted and valued partners in the community. One interviewee shared that the hospitals *"provide great service for our patients, we're glad to have them here, we utilize them a lot….and they work really well with us."*

In addition to clinical care, the region benefits from a range of social services that address youth and family needs. North Dartmouth, for example, employs a youth advocate who connects young people to resources and can follow up with students experiencing homelessness. New Bedford was also described as having access to children and family services, which plays an important role in responding to child abuse cases and supporting youth in immediate crisis. While numerous youth and family services exist, interviewees noted opportunities for improved coordination and awareness of existing services to support families who are new to the area or navigating multiple health and social service systems.

Community Collaboration

The region's health system was described as having strong interagency collaboration, with one interviewee sharing that *"our community partners work really, really well together."* In New Bedford, one interviewee expressed gratitude that *"people are very committed to the population here"* and emphasized commitment among local school department, the YMCA, local churches, community health centers, and hospitals to serve children and families. Strong leadership and open communication among partners were highlighted as factors making it easier to connect families to resources. One interviewee at a New Bedford clinic described the local schools and health department as especially active collaborators that are instrumental in streamlining access to health resources. Community health workers were also described as playing a vital role in outreach and health care service navigation. Their integration into the local health system enables warm handoffs and continuous support for families.

At the same time, other interviewees noted room for improvement in creating a coordinated system to help families understand what resources exist and how to access them, including whether services are offered in their language or fit their insurance.

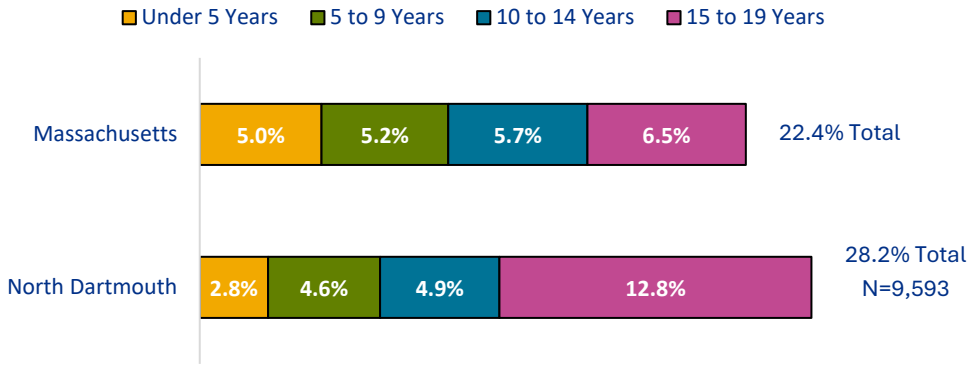
Vision for the Future

Interviewees were aligned in their visions for children and families to thrive physically and mentally and to have opportunities for success throughout their lives. Developing more robust specialty clinical services across the region was named as a priority by interviewees. Improving telehealth connections and developing partnerships between hospitals and community organizations were noted as potential areas for future improvements. In addition, interviewees expressed interest in increasing utilization of hospital services in the region, especially as local providers work to support high school-based care and improve pediatric referrals. Several interviewees also shared a vision for expanding the health care workforce to include paraprofessionals, such as community health workers, to help bridge gaps in care and better support families.

References

1. U.S. Census Bureau, U.S. Department of Commerce. "Language Spoken at Home." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1601*, https://data.census.gov/table/ACSST1Y2023.S1601 Accessed on 19 Jun 2025.
2. Cara F. Ruggiero, Man Luo, Catherine Lynn, Kate Adams, Rachel Burgun, Christina Peretti, Daniel Taitelbaum, and Lauren Fiechtner. Food Equity and Access in Massachusetts: Voices and Solutions from Lived Experience. The Greater Boston Food Bank, 2024. GBFB_Food-Access-Report_2024_final.pdf

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	North Dartmouth	Massachusetts
Total Count	**2,379**	**1,236,518**
Africa	-	9.5%
Asia	-	30.5%
Europe	-	18.1%
Latin America	-	39.4%
North America	-	2.2%
Oceania	-	0.3%

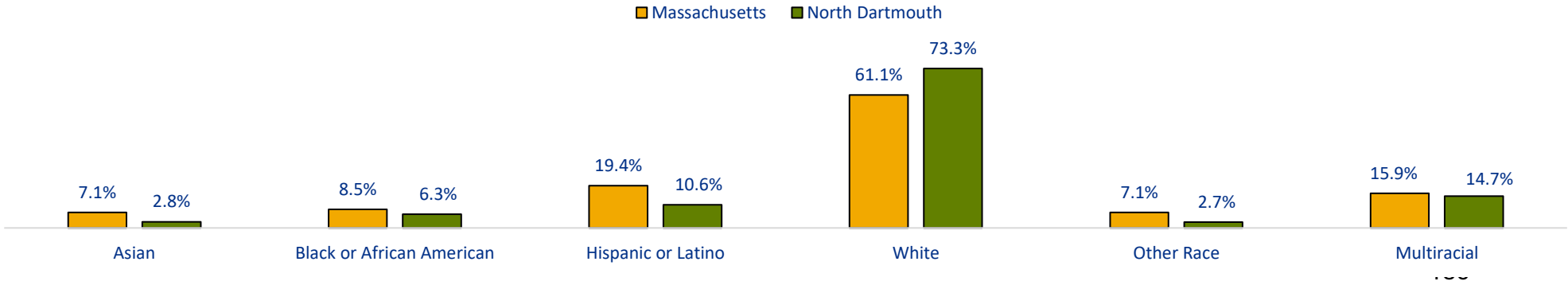
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population. Data not available for North Dartmouth and its related zip codes.

Number of Children, by Age Group and Race/Ethnicity, North Dartmouth, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**5,407**	**153**	**343**	**573**	**3,961**	**148**	**793**
Less than 5 years	598	0	0	61	463	29	106
5 to 9 years	990	84	0	0	775	0	131
10 to 14 years	1,063	0	0	171	860	0	203
15 to 19 years	2,756	69	343	341	1,863	119	353

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, North Dartmouth and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		North Dartmouth	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$97,665	$101,341
	% Children in Poverty, 2019-2023	3.2%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	35.5%	40.0%
	% Children Food Insecure, 2022	15.8% (Bristol County)	12.7%
	% Single-Parent Households, 2019-2023	24.0%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	48.8%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	24.3%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$1,384	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$1,825	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	21.1%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	92.4%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	4.0%	-
	Percent of Public-School Students with High Needs*, 2023	43.2%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	81.7%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	13.9%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		North Dartmouth	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	97.4%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.0%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	836:1 (Norfolk County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Norfolk County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, North Dartmouth and Overall

		North Dartmouth	Overall
Race and Ethnicity	Asian	2.1%	9.9%
	Black	1.1%	8.9%
	Hispanic/Latino	5.5%	12.0%
	White	72.6%	44.4%
	Other	18.8%	24.8%
Age Group	0-3 Years	14.7%	22.6%
	4-5 Years	7.1%	9.1%
	6-10 Years	25.5%	21.2%
	11-14 Years	20.4%	16.7%
	15-18 Years	22.1%	17.5%
	19-24 Years	10.2%	12.7%
	25+ Years	0.0%	0.4%
Insurance Type	Commercial Insurance	58.3%	66.9%
	Public Insurance	41.7%	33.1%
Health-Related Social Needs*	Housing Need Identified	-	33.7%
	Food Need Identified	-	18.0%
	Utility Need Identified	-	13.9%
	Transportation Need Identified	-	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: An asterisk (*) next to Health-related Social Needs means the sample size was too small to provide statistically significant data.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, North Dartmouth Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**20.5%**	**18.8%**	**3.8%**	**3.4%**	**17.7%**
Race/Ethnicity					
Asian	10.5%	5.3%	5.3%	5.3%	10.5%
Black	30.0%	40.0%	0.0%	20.0%	20.0%
Hispanic	12.0%	12.0%	2.0%	0.0%	26.0%
White	24.4%	19.5%	4.4%	3.6%	16.9%
Other	8.8%	18.1%	2.3%	2.3%	18.7%
Age Group					
0-5 Years	1.5%	13.1%	0.5%	0.0%	13.6%
6-10 Years	18.1%	22.8%	1.3%	0.4%	17.7%
11-14 Years	24.7%	17.2%	7.5%	1.1%	18.3%
15-18 Years	28.4%	21.4%	6.5%	8.0%	20.9%
19-24 Years	41.9%	18.3%	4.3%	12.9%	18.3%
Insurance Type					
Commercial Insurance	20.7%	15.8%	3.8%	3.2%	16.4%
Public Insurance	20.0%	22.9%	3.9%	3.7%	19.5%

DATA SOURCE: Boston Children's Hospital, 2025

NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

PEABODY

One joint interview was conducted with two Interviewees working in clinical and social services for children and families in Peabody.

Community Social, Economic, and Physical Context

The census estimates that approximately 6.5% of people in Peabody live below the federal poverty line.[1] While poverty was not specifically mentioned as a concern in Peabody, the interviewees shared that many patients and families would benefit from more proactive assistance in mitigating social determinants of health outcomes.

Housing affordability and stability were raised by both interviewees as concerns impacting children and families. This is consistent with overall trends observed in Essex County which reportedly has 86 affordable and available housing units for every 100 low-income households and 37 affordable and available housing units for every 100 extremely low-income households.[1]

The cost of housing has increased while salaries have remained largely stagnant putting the cost of a home out of reach for many.

One interviewee listed transportation as an area of concern in Peabody, *"transportation seems to always be difficult for people to access, but it is available."*

Community Health Issues

Youth mental health was named as one of the most pressing health concerns in Peabody. Interviewees expressed a need for better collaboration with school systems and more streamlined interventions for mental health concerns.

> ***"Children are really struggling in their school systems, and are referred to BCH to find a potential medical reason as to why they are acting out in school... The process is long, and it can be very difficult for children, especially if they don't know how to verbalize what they're feeling and going through."***

They also conveyed a need for earlier interventions:

> ***"If [patients] don't get a mental health diagnosis by the age of seventeen and half, they're not eligible to get one until they're 23, 24 years old. So, we have a huge population of underserved young adults with severe psychiatric needs that are not being met…"***

Additionally, interviewees spoke about the need to improve their capacity to link clients to services that address their health-related social needs.

Gaps in Services

One Interviewee identified social support services as the biggest gap in services at a local pediatric clinic. The clinic has only one social worker to support more than thirty specialties that operate out of this satellite clinic, which limits their ability to follow patients and effectively connect them with external

resources. Similarly, this location does not have a Child Life Specialist on staff. This clinic also lacks on-site Interpreter Services, which is an especially notable gap because approximately 40% of their patient population speaks English as a second language (with Spanish and Portuguese being the most common first-languages). Not only does this denote a gap in linguistically accessible care, but stakeholders stress that it results in gaps in culturally competent care.

This individual also raised concerns surrounding continuity of care as patients age, or gaps in services for transition-aged patients.

> ***"We have this young adult population, that with a lot of proactive planning and linking of services, could have their needs met, and because they're not, they're not being healthy, not doing emotionally well, and we see them back here, begging their providers, 'Please, can you just continue my case? I need those meds until we transfer care.'"***

Community Assets

Existing Services

Interviewees indicated that Peabody's greatest asset is its community organizations. The town is home to several community organizations that offer assistance to residents in need. For example, Peabody High School operates an on-site, fully functioning health center that is open to all enrolled students. Similarly, Peabody Cares, a government-funded initiative, assists families in finding housing. Interviewees also noted the presence of support groups that have been established so that families with similar experiences can build community and share resources.

Community Collaboration

Interviewees noted a decline in community collaborations due to a lack of financial resources.

> ***"We used to have a partnership with the YMCA for a program that was well-received by the youth in the community. It was cancelled it for financial reasons, but it is known that YMCA would be readily available to participate again if there was the money."***

The interviewees expressed that they share community organizations' desire to work more proactively to address families' health-related social needs, but experience the same financial limitations,

> ***"[We have] the infrastructure and people that are willing to do the work in regard to reaching out to [the] local community, but [do not have] the funds… to create those projects".***

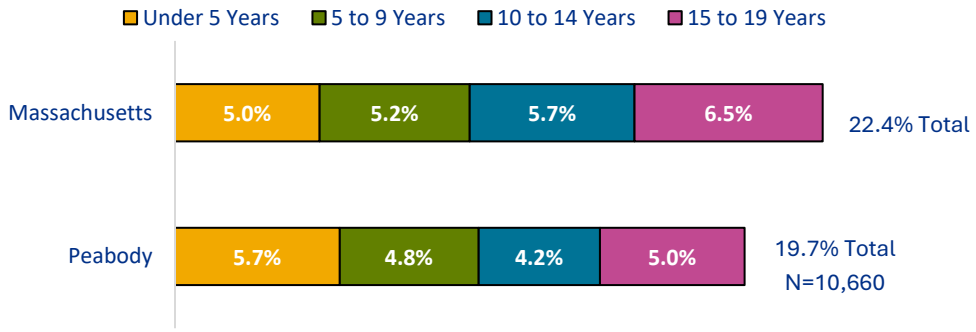
Vision for the Future

Interviewees expressed a desire for formalized screening and responses to health-related social needs. They emphasized that systematic data collection could strengthen grant applications, inform resource allocation, and guide the prioritization of community health programs. In terms of response, interviewees envision educating patients/families about accessing services and more proactively connecting patients/families to community resources.

References

1. U.S. Census Bureau. (2024). *American Community Survey 5-Year Estimates, 2019–2023: Peabody city, Massachusetts*. https://www.census.gov
2. Urban Institute, Upward Mobility Initiative; "*Essex County, MA: Number of affordable and available housing units per 100 households with low, very low, and extremely low incomes*," 2023. Data Results | Urban Institute | Upward Mobility Initiative. Date Accessed 6/19/2025

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Peabody	Massachusetts
Total Count	**9,306**	**1,236,518**
Africa	2.5%	9.5%
Asia	9.7%	30.5%
Europe	33.3%	18.1%
Latin America	52.8%	39.4%
North America	1.7%	2.2%
Oceania	0.0%	0.3%

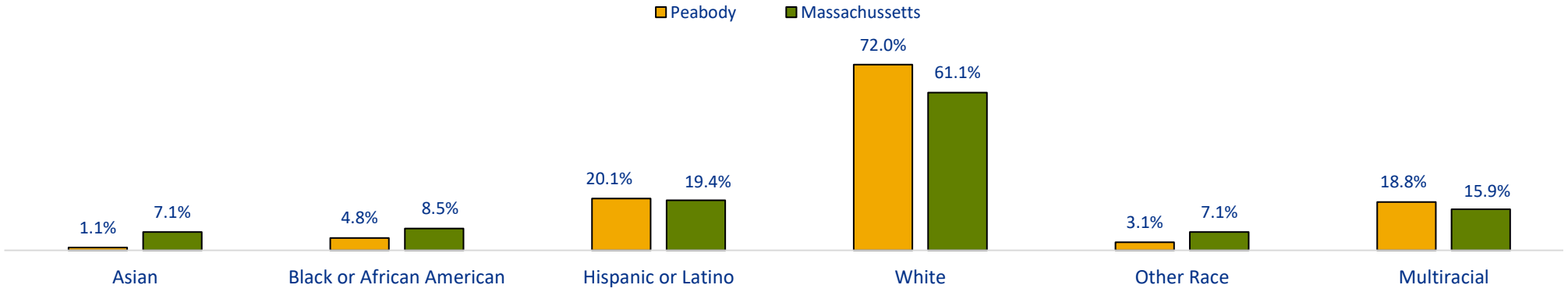
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Peabody, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**10,660**	**118**	**514**	**2,139**	**7,673**	**330**	**2,000**
Less than 5 years	3,092	66	214	739	2,235	14	563
5 to 9 years	2,593	40	70	462	1,785	114	584
10 to 14 years	2,292	0	154	571	1,524	163	426
15 to 19 years	2,683	12	76	367	2,129	39	427

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Peabody and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Peabody	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$95,278	$101,341
	% Children in Poverty, 2019-2023	3.9%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	38.6%	40.0%
	% Children Food Insecure, 2022	12.1% (Essex County)	12.7%
	% Single-Parent Households, 2019-2023	20.1%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	56.1%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	27.1%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$1,902	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,021	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	34.4%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	82.7%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	7.2%	-
	Percent of Public-School Students with High Needs*, 2023	59.2%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	59.3%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	21.9%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Peabody	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	98.3%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.8%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	1350:1 (Essex County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	152:1 (Essex County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Peabody and Overall

		Peabody	Overall
Race and Ethnicity	Asian	2.3%	9.9%
	Black	3.9%	8.9%
	Hispanic/Latino	19.5%	12.0%
	White	59.8%	44.4%
	Other	14.5%	24.8%
Age Group	0-3 Years	21.4%	22.6%
	4-5 Years	9.2%	9.1%
	6-10 Years	23.3%	21.2%
	11-14 Years	16.8%	16.7%
	15-18 Years	17.3%	17.5%
	19-24 Years	11.8%	12.7%
	25+ Years	0.1%	0.4%
Insurance Type	Commercial Insurance	51.6%	66.9%
	Public Insurance	48.4%	33.1%
Health-Related Social Needs*	Housing Need Identified	-	33.7%
	Food Need Identified	-	18.0%
	Utility Need Identified	-	13.9%
	Transportation Need Identified	-	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: An asterisk (*) next to Health-related Social Needs means the sample size was too small to provide statistically significant data.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Peabody Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**15.8%**	**11.9%**	**2.7%**	**4.8%**	**17.6%**
Race/Ethnicity					
Asian	7.2%	8.1%	0.0%	2.7%	12.6%
Black	6.9%	9.0%	1.1%	3.7%	23.9%
Hispanic	9.1%	13.2%	2.4%	3.4%	21.9%
White	19.2%	12.0%	3.1%	5.3%	15.8%
Other	14.5%	11.1%	2.3%	5.0%	18.7%
Age Group					
0-5 Years	0.9%	6.4%	0.3%	0.0%	11.1%
6-10 Years	12.7%	13.5%	1.4%	0.2%	18.1%
11-14 Years	23.0%	14.8%	4.3%	4.0%	22.2%
15-18 Years	26.9%	15.0%	6.9%	13.5%	21.5%
19-24 Years	33.4%	14.3%	3.1%	14.3%	21.8%
Insurance Type					
Commercial Insurance	17.5%	10.7%	2.9%	4.9%	14.9%
Public Insurance	14.1%	13.2%	2.5%	4.6%	20.6%

DATA SOURCE: Boston Children's Hospital, 2025

NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

QUINCY

Three interviews were conducted with mental and behavioral health specialists serving Quincy residents: one individual is a psychologist based at a community health center, and two serve at multi-service non-profit organizations. Another interview with a senior leader of an early childhood and youth development organization with sites across the South Shore also spoke to her experience serving children, youth, and families in Quincy.

Community Social, Economic, and Physical Context

Housing

Housing was identified as a major concern impacting children and families, highly connected to financial circumstances. Participants described the general stress of housing as a contributing factor to mental health concerns.

Housing prices in Quincy and the South Shore region in general continue to increase. Interviewees have heard from residents that their rents are as high as those in Boston. As a result, the area is experiencing gentrification as young families and young professionals move into the area and long-standing residents move out further. As one interviewee noted, *"Families [are] unable to afford to live in the places they've lived for a long time."* To remain in their homes, families may rent out rooms to non-family members to be able to afford rent, leading to overcrowded or illegal housing.

Participants shared that for families experiencing housing instability, the path to stability is not straightforward. Families often encounter bureaucratic systems that are difficult to navigate. Social service organizations may also lack the tools or capacity to support families. In addition, there is widespread misinformation and fear about losing resources or disclosing potentially sensitive information.

Many individuals experiencing housing insecurity also have high social needs and navigating service provision can be challenging and time-consuming. Family dynamics including divorce or separation may impact financial status and the ability to access public resources, forcing some people to stay housed in difficult situations.

The personal and financial stress related to housing results in mental and behavioral health challenges that trickle down from parent/caregiver to child. Children fear accidentally *"outing"* their families' living situations or disclosing private information, leading to anxiety and depression.

Economic Disparities

With the flow of wealthier young families and working professionals into Quincy, the city is experiencing widening disparities in wealth. There is a growing population of working families who are ineligible for government assistance or financial services yet still struggle to make ends meet.

> ***"If they work, they lose resources, or they don't work and they get resources, and there's no gray area. They have to wait for things to get worse before they can get help."***

Existing support services are unable to expand resources to support additional working families, and current referral mechanisms can be difficult to navigate. Financial burdens, exacerbated by the mismatch between high living costs and static wages, ultimately snowball into challenges meeting other basic needs such as food security.

Education

Once interviewee who leads mental health and wellness programs and services with children enrolled in Quincy Public Schools described her partnership with individual schools and the district as positive. She felt stated the schools have a dedicated team of educators, counselors, and staff with a great understanding of mental health needs in the community and a shared priority of providing mental health services for the school community. While she acknowledged that services are not always accessible for youth due to high demand, she emphasized that everyone in the community is working to expand support.

Community Health Issues

Mental Health

All three interviewees stated that mental and behavioral health is a top concern in Quincy. Given the city's large Asian, immigrant population, a unique consideration was the generational differences in mental health issues and stigma among parents and grandparents compared to children and youth. Interviewees noted that language and cultural barriers between immigrant parents or caregivers and their children who grew up in the US can lead to misunderstandings, gaps in communication, and difficulty navigating conflict.

Interviewees noted that intergenerational trauma is an important but unspoken factor, particularly among Vietnamese families who experienced war or were refugees, and Chinese families who experienced the Cultural Revolution. Their children may not fully understand this trauma's ongoing effects on their families' mental health and wellbeing. There is also trauma from *"satellite families" in* which one or both parents move to the US first, and then the child arrives once their parents have established a life here but feels estranged from his/her parents as they have largely been raised by extended family back in their home country. These dynamics underscore the need for culturally responsive resources that acknowledge families' lived experiences.

Parental stress can have downstream effects on children's mental health, particularly when families are navigating significant financial and emotional stressors. Interviewees emphasized that when parents are overwhelmed and juggling long work hours or limited support, they may have fewer resources to respond to their children. As one interviewee described, *"They're working or they're exhausted from all of their own stress that they're feeling, or they're prioritizing how they're going to pay the rent and emotionally unable to be there for their kid."* Such interactions may lead to or exacerbate existing mental and behavioral health conditions among youth. In some cases, these family dynamics may be misinterpreted, such as viewing a stressed household as neglectful. Interviewees noted other adverse childhood experiences that impact youth mental health. Ongoing tension within homes can escalate, and when children are exposed to high-conflict or unsafe environments, it may lead to post-traumatic stress disorder, signs of dysregulation, anxiety, and panic attacks.

Two interviewees mentioned an increase in school-driven anxiety and depression. These individuals feel that COVID-delayed social development has made it difficult for some children to understand boundaries. Some needed to re-learn how to interact with others and had trouble transitioning back to a full school day. For some, these issues have advanced to the point of school refusal and truancy. While some school refusal can be attributed to bullying and the social environment, it is more commonly due to academic reasons. Truancy leads to greater anxiety in students about the return to school and trying to catch up academically. Yet schools feel they cannot help students if they do not attend. Per one interviewee, it *"almost feels like you're in a stand still."*

Substance Use

Interviewees also raised concerns around addiction and substance use among both parents/caregivers as well as children and youth, with variations among generations and culture. Overall, marijuana use was common in teens as it was perceived as something that everyone does. However, it is a substance that is strictly illegal in many Asian countries and many parents/caregivers view its use negatively. Vaping was also common among high-school age teens. There remain concerns about smoking especially among immigrant families since smoking remains common in some Asian countries. However, interviewees noted that while it exists in the community, substance use is not an issue for which families typically seek treatment.

Screen Time and Social Media Use

Excessive screen time or screen addiction is a frequent concern raised by families. Parents report that their children spend too much time online or gaming, and that screens are overly relied upon for school, entertainment, and social interaction. When parents attempt to set boundaries around screen use, they are often met with resistance and may retract these limits out of concern that their child will feel excluded.

One interviewee explained that excessive screen use is typically addressed at her organization by integrating mental health support into general medical or pediatric care, rather than framing it strictly as an addiction. She emphasized that this issue is not discussed enough among healthcare providers.

Interviewees also expressed concern about the potential for excessive screen use to expose minors to inappropriate content. Risks such as exposure to sexual material, sexual exploitation, and cyberbullying were reported, with one health center interviewee noting that these issues appear in children as young as seven. In response, her organization has begun offering trainings and education on complex trauma to help providers engage patients on these sensitive topics. Addressing digital safety is important, as it remains a heavy and sensitive subject within the community.

Safety

One interviewee mentioned safety concerns stemming from anti-Asian hate during COVID. While these issues are no longer as visible in public discourse, she has continued to witness and hear about incidents that may constitute hate crimes. Unfortunately, such crimes can be difficult to prove and lack of cultural awareness among law enforcement and legal systems can discourage reporting. Her organization has provided client training on how to call for help by programming non-emergency help lines into phones, and teaching clients how to call for help and request language assistance.

Chronic Disease

One interviewee noted increasingly high rates of chronic disease, particularly diabetes and obesity. They also emphasized the persistent misinformation and stereotypes about Asians related to body types, health, and nutrition. The organization they work for has reported a rise in childhood diabetes cases, prompting providers to increase monitoring and screenings.

There was also ongoing concern about controlling asthma triggers in the home environment. Notable issues included nicotine and second-hand smoke, as smoking remains prevalent in some Asian countries. Additionally, there is concern about exposure to workplace chemicals that parents may bring home, especially from jobs in nail salons or restaurants.

Child Development

Among families with young children, interviewees noted a general misunderstanding of developmental issues and available community services. One interviewee highlighted this is of particular concern among newly arrived Asian families. When there is evidence of a developmental concern or the school makes a referral for an evaluation, families may delay seeking care due to confusion or fear. Parents and caregivers often do not understand the purpose or value of testing and early intervention, nor the consequences of delaying care.

Some families intentionally postpone receipt of services out of concern that a diagnosis might negatively affect their child's future or academic success, or that their child may be labeled. Others worry about being seen as a burden to the system. One interviewee described the importance of reframing these concerns for families, saying, "*We have to tell them that it is okay — these resources are here for you."*

While some families are hesitant to engage with services, others proactively seek help, sometimes creating bottlenecks in service delivery. Testing for special needs and developmental diagnoses can be a lengthy process, particularly when it must be conducted in a language other than English.

Once a diagnosis is received, families often feel overwhelmed as they try to navigate a complex and confusing school system. Many parents and caregivers do not know what services are available within schools and therefore are unable to advocate effectively for their child's needs.

Access to Health Care

The most significant barrier to health care access for Quincy's largely Asian immigrant population is the lack of culturally and linguistically responsive services. There are not enough clinicians, case managers, or peer supports who can effectively engage with families in culturally competent ways.

This shortage has placed additional strain on the workforce, contributing to long waitlists—especially for mental health services. One interviewee noted that many Asian residents specifically seek care from a particular organization known for its bilingual staff and commitment to cultural responsiveness. Reflecting on the limited availability, they shared:

> ***"We know they have one Chinese speaking therapist and all the Chinese speaking population in [the] South Shore [is] going there, how is that possible? That is a huge load, and it is hard to find services and clinicians who speak that language"***

Experiences with interpretation services have been mixed. Clinicians report that interpreter requests often delay treatment, and the quality varies—particularly when interpreters lack familiarity with clinical terminology or provider-specific recommendations. Interviewees recommended expanding interpreter training to include medical and therapeutic context, but generally, direct service delivery in the patient's language is preferred.

Cultural competence in mental and behavioral health is particularly important, given the ongoing stigma around these issues in Asian communities. Providers who share cultural backgrounds can significantly influence how individuals understand and engage with care.

Demand for mental and behavioral health services from linguistically competent providers has far outpaced supply. One community health center shared:

> ***"Our health center sees 40,000 patients, the behavioral health team has merely three counselors and only five to six prescribers. Together, this team staffs two behavioral health clinics in Boston and Quincy. They have a two-year waitlist and are only now just beginning to clear out 2023 referrals. To ensure availability, two staff are on call 24/7 to maintain language needs since they cannot divert acute issues to a call center."***

Access to outpatient mental health care remains difficult. One interviewee described challenges in transitioning patients from inpatient to outpatient therapy due to long wait times—up to a year—or lack of transportation. They recalled that outpatient therapists previously offered home visits, but the model became financially unsustainable. More outreach is now needed.

Concerns were also raised about insurance barriers, especially for children with private insurance. Low reimbursement rates have made it financially difficult to serve these patients. However, one interviewee noted recent progress through renegotiated provider reimbursement rates.

Gaps in Services

The growing demand for mental and behavioral health care has been accompanied by an increased need for specific pediatric services. As understanding of mental and behavioral health and child development improves, issues are being identified and diagnosed earlier—and more frequently—often at the request of parents. There is particularly high demand for evaluations related to developmental delays, autism, Applied Behavior Analysis (ABA) services, and speech and language assessments, especially in languages other than English. However, there are not enough providers to meet this demand. Additionally, it was noted that ABA services are often not covered by most insurance plans.

Resources for acute mental and behavioral health care, especially in culturally and linguistically responsive settings, were also noted as a gap. Providers are seeing greater acuity in children, yet families do not know where to go. Providers may direct them to diversion programs or crisis teams instead of emergency departments, but these services are often at capacity or unable to meet a patient's language or cultural needs. Navigating the existing system of services further complicates an already difficult situation. Families may not know what resources exist for them and appear increasingly eager to learn. One interviewee noted:

> ***"We have to do a lot of education on how the system works. Families in Quincy are really yearning to have a sense of community and belonging. They are eager to***

learn about resources and learn about classes they can take and how they can set the ground to live here with their family and feel grounded and feel a sense of control over their situation."

Another interviewee did cite a gap in resources around gender identity and sexual orientation, as these topics are often not openly discussed or widely understood within some Asian communities.

Community Assets

Community Strengths

Interviewees highlighted Quincy's access to Boston and to public transportation. Unfortunately, public transportation was hit with numerous delays in 2024 due to infrastructure improvements, resulting in commutes of two to three hours one-way at times. Quincy was also praised for its walkability, many playgrounds, and options for high school.

Existing Services

In general, financial assistance and services to help residents meet basic needs are culturally and linguistically responsive. When speaking about options available at a local food pantry, one interviewee stated they have heard mixed reports on cultural alignment of food for Asian families but felt that most of the food distributed was applicable to many cultures.

Interviewees also remarked that Quincy Public Schools has seen a lot of improvement in the last few years to be better connected to resources. When a student's need arises, they are able to help them access resources including mental health, interpretation, etc.

Community Collaboration

Overall, interviewees had positive experiences collaborating with other organizations and agencies, even remarking *"I think we generally work really well together."* They strive to meet the expectations of Quincy's Asian population: *"I think a lot of Asians see nonprofits as having the goal of connecting with one another so our clients can have this network of services that we can help connect them too easily."*

Organizations work together with the goal of increasing individual and collective capacity. Many existing Quincy organizations have inadequate language or cultural competency, and an Asian-serving health center is meeting with them to share culturally friendly best practices so they can bridge gaps among certain populations.

Several organizations are also collaborating closely with Quincy Public Schools on key initiatives. One is a preschool initiative that enables Quincy schools to partner with local agencies that provide early education spaces and bring in speech and language pathologists. The other project focuses on supporting mental and behavioral health in Quincy's middle and high schools. It includes a youth-led campaign to destigmatize mental health, monthly virtual caregiver workshops on mental health and psychoeducation delivered in Mandarin, and a clinician-led social support group for students.

Many well-established Boston-based organizations that specialize in serving Asian populations have begun operating secondary locations in Quincy. They tend to be effective and provide a variety of services such as case management for referrals especially around mental health care, job training, and youth programs. Some have grants to conduct Mental Health First Aid, which will benefit residents and address mental health stigma.

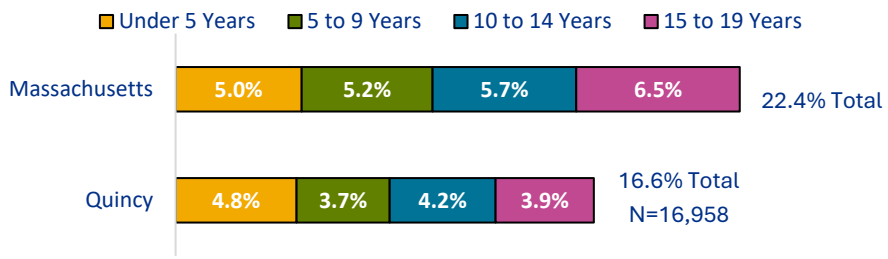
However, even with a high degree of collaboration and coordination, interviewees felt it was not enough to meet the needs of everyone. Lack of funding and organizational capacity lead to issues being addressed slowly or piecemeal. It was time-consuming to build connections, and staff turnover further impeded the process. While the current collaborations with Quincy Public Schools were viewed positively, achieving this present level of partnership took time as the district and school maintained fixed collaborations with certain agencies despite increased student needs.

Vision for the Future

Interviewees emphasized language and cultural capacity as vital to ensuring services could be sustainable and continue to meet demand, and voiced concerns about *"missing out on hearing those voices due to a lack of language services in languages other than Spanish and English."* Understanding of the cultural values upheld by Quincy's Asian immigrant population will enhance the delivery of high-quality care, address long-held stigmas, and raise awareness and understanding of the system of supportive resources.

Interviewees were open to and appreciated further opportunities to bring organizations together to connect, discover new resources, and streamline services. They were particularly interested in creative programs such as art and music. There was also emerging interest in innovative and novel topics with unclear long-term effects, such as technology and its impact on child health and development, and the potential impacts of artificial intelligence and how the community can address them together.

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Quincy	Massachusetts
Total Count	**33,180**	**1,236,518**
Africa	9.1%	9.5%
Asia	66.3%	30.5%
Europe	13.0%	18.1%
Latin America	11.1%	39.4%
North America	0.4%	2.2%
Oceania	0.1%	0.3%

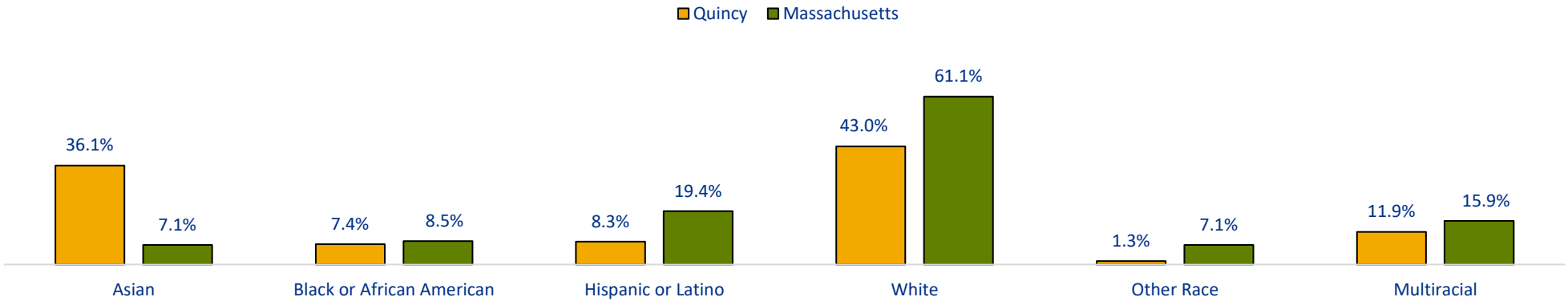
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Quincy, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**16,958**	**6,121**	**1,248**	**1,407**	**7,300**	**216**	**2,018**
Less than 5 years	4,901	1,509	610	482	1,656	86	1,008
5 to 9 years	3,783	1,367	168	248	1,773	83	369
10 to 14 years	4,282	1,903	216	241	1,840	0	323
15 to 19 years	3,992	1,342	254	436	2,031	47	318

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Quincy and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Quincy	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$95,711	$101,341
	% Children in Poverty, 2019-2023	15.4%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	34.3%	40.0%
	% Children Food Insecure, 2022	6.6% (Norfolk County)	12.7%
	% Single-Parent Households, 2019-2023	19.3%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	45.1%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	30.9%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$1,998	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,140	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	55.0%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	92.8%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	9.5%	-
	Percent of Public-School Students with High Needs*, 2023	65.6%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	82.5%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	16.5%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Quincy	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	97.7%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.2%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	836:1 (Norfolk County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Norfolk County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Quincy and Overall

		Quincy	Overall
Race and Ethnicity	Asian	21.0%	9.9%
	Black	4.5%	8.9%
	Hispanic/Latino	4.7%	12.0%
	White	46.8%	44.4%
	Other	22.9%	24.8%
Age Group	0-3 Years	30.1%	22.6%
	4-5 Years	9.8%	9.1%
	6-10 Years	21.3%	21.2%
	11-14 Years	14.2%	16.7%
	15-18 Years	15.0%	17.5%
	19-24 Years	9.3%	12.7%
	25+ Years	0.4%	0.4%
Insurance Type	Commercial Insurance	61.9%	66.9%
	Public Insurance	38.1%	33.1%
Health-Related Social Needs	Housing Need Identified	22.5%	33.7%
	Food Need Identified	10.5%	18.0%
	Utility Need Identified	11.3%	13.9%
	Transportation Need Identified	5.1%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: Health-Related Social Needs percentages among those screened.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Quincy Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**13.2%**	**14.4%**	**2.7%**	**3.9%**	**12.4%**
Race/Ethnicity					
Asian	6.5%	20.1%	2.0%	4.0%	8.7%
Black	7.6%	18.5%	2.5%	2.5%	14.3%
Hispanic	13.7%	20.2%	3.2%	4.0%	19.4%
White	19.5%	13.9%	3.6%	4.8%	13.9%
Other	7.3%	8.3%	1.3%	2.2%	10.8%
Age Group					
0-5 Years	1.1%	10.1%	0.3%	0.0%	5.3%
6-10 Years	11.6%	19.1%	1.1%	0.0%	18.4%
11-14 Years	20.9%	15.8%	4.6%	2.4%	19.3%
15-18 Years	28.9%	19.0%	8.9%	15.0%	15.7%
19-24 Years	30.7%	12.3%	3.7%	13.9%	12.3%
Insurance Type					
Commercial Insurance	12.2%	11.7%	2.5%	2.8%	9.2%
Public Insurance	14.7%	18.8%	3.0%	5.6%	17.5%

DATA SOURCE: Boston Children's Hospital, 2025

NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

RANDOLPH

Two individual interviews were conducted with stakeholders from health promotion and early education focused organizations in the town of Randolph. We also conducted a focus group comprised of youth from 5 communities in the Metrowest and Southern regions of the state. Information they shared has been incorporated into this report.

Community Social, Economic, and Physical Context

Housing

One interviewee cited overcrowded or illegal housing as a concern, with implications on children's health. Residents have raised issues around housing safety such as lead, improper ventilation, and missing smoke alarms. Tenants avoid reporting landlords to authorities in fear it will lead to retribution.

Transportation

Interviewees noted that Randolph is fortunate to have a Massachusetts Bay Transportation Authority Commuter Rail station along the Middleboro line with connection to Boston. Yet as with other South Shore communities, transportation remains a barrier for some families who do not reside near public transportation, do not own vehicles, do not hold a driver's license, or cannot afford rideshare services. One interviewee described her experience trying to provide transportation to bring children to her organization's program. Plans were ultimately abandoned due to infeasibly high costs.

Education

Per interviewees, there are good schools in Randolph and the school department is *"moving in a better direction."* The two high schools recently merged into one, and there was a new high school built recently. One interviewee shared that her organization is partnering with the schools on an early literacy grant and that the relationship has overall been positive.

Community Health

Randolph displays many of the same issues noted across the South Shore community. One interviewee who oversees multiple early education and youth programs in the South Shore noted that many of her participants have high needs.

Mental Health

Mental health was consistently described as a top concern across all age groups—children, youth, and adults, including parents and caregivers. Interviewees reported observing defiant behaviors, aggression, and emotional outbursts among children and youth. Overall, there appears to be a lower threshold for managing stress. For adults, financial pressures—*"due to cost of living, money, livable wage, all of that"*—add to their stress levels. This is especially pronounced for those who have recently immigrated, as they face a *"cultural shift"* while navigating unfamiliar systems, environments, and language barriers. Organizations strive to support families in finding appropriate resources; however, as one interviewee noted, *"we try to do that the best we can, but sometimes there's still a stigma around asking."*

Stigma around mental health, particularly among parents and caregivers who are immigrants or people of color, has a cascading effect on their children. Youth focus group participants shared that when they express mental health concerns to their parents, they are often dismissed with comments like "*it's all in your head,"* or told that their problems and emotions can be *"prayed away."* Youth report that this leads to feelings of disconnect from their parents.

Among young children, behavioral health issues are being identified earlier, but limited staffing makes it difficult to provide consistent support. Without adequate resources, children's behaviors can escalate and lead to disruptions. When these issues become unmanageable, parents are often called to intervene, requiring them to miss work and risking their employment. One interviewee described this as "*a terrible cycle."*

Youth focus group participants highlighted a range of struggles in school that may reflect deeper mental or behavioral health concerns. Some peers appear disengaged and lack motivation, while others are overly focused on college or overwhelmed by extracurricular commitments. Youth noted instances of *"extreme sensitivity,"* overreactions, and quick tempers—behaviors they attributed to the impacts of COVID-19, reduced social interaction, and weakened communication skills. An interviewee also noted that middle and high school students of color facing academic challenges possibly linked to developmental concerns such as autism are often not being identified. She suspected this may be due to limited family awareness or resources and students not being adequate identified or supported by the school system.

Technology use among children and youth is another growing concern linked to mental health. Reports include cyberbullying and unsupervised access to social media and inappropriate websites.

Substance Use

Interviewees stated that marijuana, vaping, and gummies are the most frequently used substances. High school students noted how common and popular vaping was and that it often coincided with underlying mental health issues such as depression, eating disorders, and peer pressure. One interviewee cited the ease for minors to purchase many of these items and cited Randolph's efforts to enforce age restrictions by checking stores where vaping products may be sold. Another felt marijuana use was common in the families she serves and wondered *"what the long-term implications will be there."*

Access to Health Care

There are no hospitals or federally qualified health centers located within Randolph. Access to pediatric health care has been a challenge due to the lack of services physically located in Randolph. Many local pediatricians have retired, and pediatric services have left. This departure has left the remaining medical providers and staff overburdened and frustrated.

Gaps in Services

While service providers in Randolph have made progress in adapting to the needs of the town's diverse, multilingual population, interviewees emphasized that more work is needed. There is a need for more high quality and affordable translation services among youth and family focused organizations. Interviewees agree that cultural differences and misunderstandings between staff and families inhibit service delivery especially around mental and behavioral health where cultural stigmas still exist. One

interviewee shared that *"staff don't understand or criticize families for handling things certain ways, that it is simply 'different thought processes around things'"* and if the children are not in danger, it is not their role to judge.

With fewer local pediatric providers, there is limited health education available to the community. One interviewee described,

> ***"A need for active pediatricians to support children in healthy habits and be active in children's lives. We also used to have a program in town that offered on sexual health counseling for adolescents – youth were very receptive, but then it just went away."***

Other commonly cited specialized services included occupational, physical, and speech therapy especially for young children.

Regarding basic needs, access to affordable, healthy food and clean drinking water remain a barrier. One interviewee noted that while there are two supermarkets in the town that serve the culturally diverse community present in Randolph, access to affordable, healthy food remains inequitable especially as groceries and general living costs increase. The town recently lost a supermarket, an existing store is perceived as expensive, and a more affordable supermarket in Brockton is not accessible to all residents. The interviewee described the food pantry line as *"very long, so we know people are hungry for food,"* and that the availability and quality of fresh produce offered are inconsistent. Concerns have also been raised about the nutritional value of foods and snacks offered at daycare facilities for young children in relation to childhood obesity.

Due to prior high levels of Per- and Polyfluoroalkyl Substances (PFAS) in its drinking water, Randolph is currently building a new shared water treatment plant. As construction continues however, many town residents remain dependent on bottled water. The town provides water drop sites for those who are immunocompromised. Interviewees stress the importance of clean accessible water and its importance to residents.

Among youth, there was interest in career development and access to trusted adults and mentors. Finding an appropriate support person presented a barrier. While many youths were already connected to adults such as school guidance counselors, some felt they were too *"focused on school and less on home life,"* and confidentiality was limited such that they *"feel like they would bring it back to my parents."* Youth express a desire to see more programs and internships to help them develop employable skills and gain exposure to career pathways.

Community Collaboration

Overall, interviewees described good cross-collaboration in Randolph. One interviewee emphasized,

> ***"We always push for that. Is it harder in some places than others? Yeah, but we always push for that because it's better for families. Everyone is trying, it's not like there's an unwillingness. But there are just so many important things or fires all at once."***

Another interviewee shared several initiatives that demonstrated collaboration across town departments, organizations, and community members. They included mental health supports available in all languages and social workers staffed in community settings like schools, the Randolph

Intergenerational Center, and the Town Hall. The Police Department has a social worker who accompanies domestic cases, and the role has been well-received. However, gaps in shared understanding around mental and behavioral health and childhood development remain. One interviewee provided an example of a mother of a child with autism: *"She lives in fear that he may have an encounter with [the police department] in the future and they may not understand her son."*

Both interviewees named several local collaborative projects. "Hey Randolph", a state-funded campaign, brought together community services including the police, fire department, social workers, and public health workers to address issues such as underage vaping. Other initiatives, like the Wellness Group and Wellness Project, initially formed with the intention of building new infrastructure and improving roads and have since helped secure additional grants and a new urgent care facility. The recent expansion of Codman Square Health Center to the Randolph community has increased mental health capacity and provided residents with transportation vouchers. The health center is working on increasing its presence and impact in the community. However, since its operations are not fully launched, not everyone is happy. One interviewee emphasized the need for more: *"We need them fully present here. It's been a couple of years, and we need them here present."*

Partnerships with the schools varied by school and by individual relationships. Differences in operational hours, with organizations operating after hours and year-round but schools operating from 9am to 3pm and only during the academic year, make it challenging to collaborate efficiently and ensure families receive services. For younger children, the continuity of services upon transition from Early Intervention to public school support is frequently disrupted due to children being classified as ineligible despite staff's observations. One interviewee noted the perception of early educators being less valued and underpaid compared to K-12 staff, and the importance of greater professional respect. This misperception has made it challenging to hire and retain early educators.

Community Assets

Community Strengths

Interviewees highlighted the growth and increasing diversity of Randolph's population, which is reflected in the many languages spoken by residents. One interviewee who oversees early education programs noted that many children in town come from multilingual homes where English is not the primary language. Fortunately, according to both interviewees, staff and services have been able to meet a lot of these language needs.

The increased diversity of residents has raised providers' awareness of the cultural shifts experienced by people who are new to the country and new to Randolph. As newcomers struggle to navigate an unfamiliar system, there continues to be a need to offer public services in multiple languages.

One interviewee shared that they moved to Randolph to raise children in a diverse environment. Overall, this individual felt the town was perceived as being a good place to raise a family as it is close to Boston, has a commuter rail that provides access to the city and surrounding neighborhoods, and has good schools.

Existing Services

Both interviewees felt that services in Randolph were adept at serving its diverse population and were generally well-utilized. Examples provided were mental health services capable of providing assistance

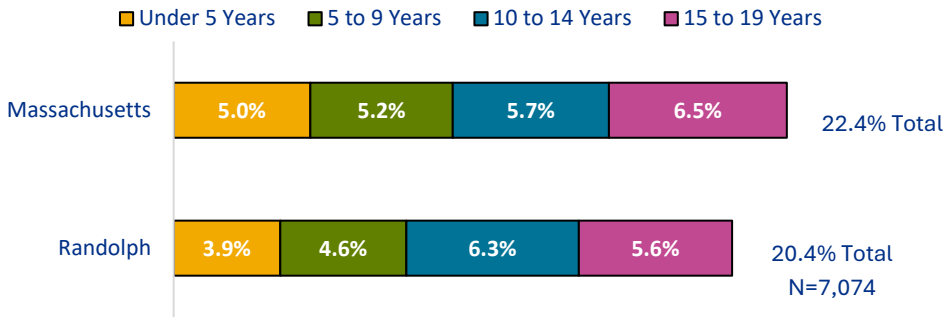
in all languages, a drive through immunization clinic for students and families before the school year begins, a library offering well-attended programming, and the Randolph Intergenerational Community Center that has developed relationships with the local YMCA and Boys and Girls Club, with the opportunity to collaborate more.

Interviewees noted that services for young children were frequently declined or not offered, suggesting they are underutilized. There remains a disconnect between parents/caregivers, early educators, and K-12 educators. For instance, developmental services were declined by families delaying intervention out of denial, fear, and/or misunderstanding of the diagnosis or the referral process. There is not enough awareness of the importance of early education and early intervention and how receiving these resources at a younger age ultimately reduces the need for future resources.

Vision for the Future

Overall, stakeholder responses suggest a positive vision for the future. As Randolph continues to experience a growth in population and diversity, it will need to keep up its ability to provide continuous services in multiple languages, address the shortage of local pediatric providers, and expand upon promising, pre-existing partnerships.

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Randolph	Massachusetts
Total Count	**12,513**	**1,236,518**
Africa	9.1%	9.5%
Asia	26.4%	30.5%
Europe	5.0%	18.1%
Latin America	58.7%	39.4%
North America	0.7%	2.2%
Oceania	0.0%	0.3%

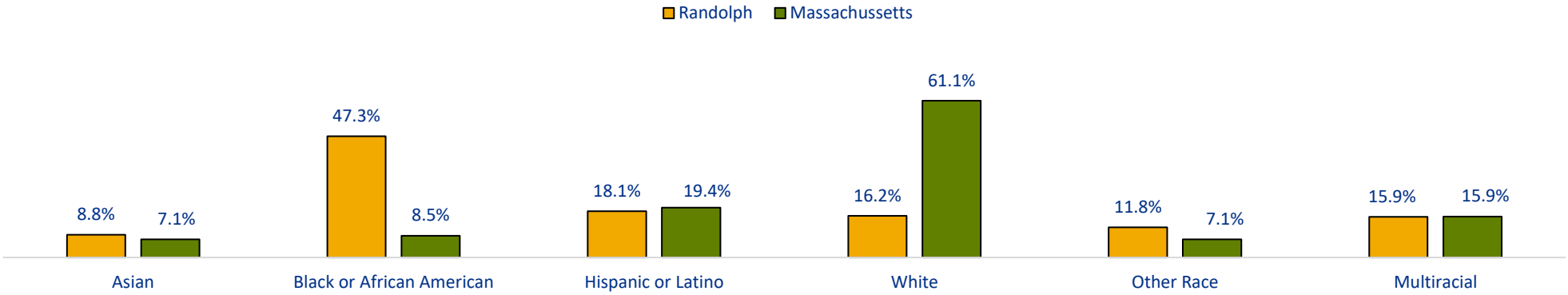
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Randolph, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**7,074**	**625**	**3,345**	**1,277**	**1,147**	**834**	**1,123**
Less than 5 years	1,363	80	621	268	291	126	245
5 to 9 years	1,604	89	843	224	111	200	361
10 to 14 years	2,172	337	982	334	271	254	328
15 to 19 years	1,935	119	899	451	474	254	189

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Randolph and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Randolph	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$103,321	$101,341
	% Children in Poverty, 2019-2023	7.0%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	41.3%	40.0%
	% Children Food Insecure, 2022	6.6% (Norfolk County)	12.7%
	% Single-Parent Households, 2019-2023	42.3%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	59.2%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	33.0%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$2,049	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,130	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	30.4%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	76.6%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	16.7%	-
	Percent of Public-School Students with High Needs*, 2023	75.8%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	64.6%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	31.4%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Randolph	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	99.8%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	1.0%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	836:1 (Norfolk County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Norfolk County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Randolph and Overall

		Randolph	Overall
Race and Ethnicity	Asian	8.6%	9.9%
	Black	31.5%	8.9%
	Hispanic/Latino	16.0%	12.0%
	White	14.6%	44.4%
	Other	29.3%	24.8%
Age Group	0-3 Years	25.4%	22.6%
	4-5 Years	10.2%	9.1%
	6-10 Years	20.3%	21.2%
	11-14 Years	16.8%	16.7%
	15-18 Years	15.9%	17.5%
	19-24 Years	11.0%	12.7%
	25+ Years	0.3%	0.4%
Insurance Type	Commercial Insurance	43.5%	66.9%
	Public Insurance	56.5%	33.1%
Health-Related Social Needs	Housing Need Identified	28.5%	33.7%
	Food Need Identified	11.7%	18.0%
	Utility Need Identified	14.4%	13.9%
	Transportation Need Identified	10.0%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: Health-Related Social Needs percentages among those screened.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Randolph Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**10.6%**	**21.6%**	**1.9%**	**3.8%**	**19.0%**
Race/Ethnicity					
Asian	7.8%	11.7%	1.3%	2.6%	9.1%
Black	9.2%	27.2%	2.8%	3.2%	19.8%
Hispanic	9.7%	22.9%	1.4%	2.1%	21.5%
White	20.6%	23.7%	2.3%	6.9%	25.2%
Other	8.4%	16.7%	1.1%	4.2%	16.7%
Age Group					
0-5 Years	0.0%	12.8%	0.0%	0.0%	10.9%
6-10 Years	8.2%	22.5%	0.5%	0.0%	23.6%
11-14 Years	19.2%	27.8%	4.0%	2.6%	25.8%
15-18 Years	19.6%	32.2%	2.8%	9.1%	17.5%
19-24 Years	23.2%	23.2%	6.1%	17.2%	27.3%
Insurance Type					
Commercial Insurance	10.2%	18.2%	1.0%	4.1%	16.4%
Public Insurance	10.7%	24.3%	2.6%	3.6%	21.1%

DATA SOURCE: Boston Children's Hospital, 2025

NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

WALTHAM

Two interviews were conducted with Waltham stakeholders. Additionally, we conducted a focus group comprised of youth from five communities in the Metrowest and Southern regions of the state. Information they shared has been incorporated into this report.

Community Social, Economic, and Physical Context

Housing

Both Interviewees reported housing affordability as a serious concern in Waltham,

> ***"In recent years, housing costs have just climbed exponentially, and two things are happening: either, families are moving out of Waltham because they can't afford it, or—and this is what happens a lot with our newcomer/immigrant families—there's a lot of families who are doubling or tripling up on their housing, so you might have families of three or four people sharing one bedroom, in a two- or three-bedroom where there's then two other families living there as well… That is not uncommon in Waltham, especially in the newcomer/immigrant community."***

This unmet demand for affordable housing is consistent with trends observed in Middlesex County, which reportedly has 86 affordable and available housing units for every 100 low-income households and 41 affordable and available housing units for every 100 extremely low-income households.[1]

Poverty

The U.S. Census estimates that approximately 8.6% of people in Waltham live below the federal poverty line.[2] The American Community Survey reports that 69.5% of Waltham's population aged 16 and over is part of the civilian labor force.[2] One interviewee noted that legal status and work authorization status are barriers to employment for community members in Waltham: *"So many of our families are either under-employed or unemployed and can't get proper employment or a living wage because of their status."*

Transportation

One interviewee listed the affordability and accessibility of transportation as areas of concern in Waltham. There are limited public transit options for getting around Waltham and for getting to surrounding areas.

Community Health Issues

Mental Health

In both interviews, mental health issues were described as some of the most pressing health concerns in Waltham. One interviewee had been involved with the administration of the 2023 Youth Risk Behavior Survey (YRBS). They had found that at least one-third of middle-school- and high-school-aged children experience depression (self-diagnosed), anxiety, and stress. When reflecting about their findings, the interviewee expressed greater concern for middle-school aged children, as they were observed to experience suicidal ideation at higher rates than high-school aged children,

> ***"What continues to be alarming is that, at the middle school and the high school, those rates [of depression and anxiety] are about the same, between 20-30% of the student body… but then suicide ideations stays at about the same rate for middle school students, so like 20-30%... but at the high school, that does go down. So, something is happening where either middle school students don't have resources or aren't sure what suicide means, or some combination of that."***

They also observed disparities in self-reported mental health issues. Black and Latinx students were more likely to report having depression, and White students were more likely to report having anxiety. Students who are nonbinary or members of the LGBTQ+ community (both middle-school-aged and high-school-aged) were significantly more likely to report having mental health challenges and/or suicidal ideation.

The YRBS also asks about the causes of stress. The interviewee shared that the most common self-reported stressors were school/academics, body image, bullying, the future, home environment, and peer-to-peer interactions. The interviewee also shared that worries about climate change negatively affect students' mental health,

> ***"They see the world is burning around them, and they're like 'Will we have a world to live in?' I think there is very much this feeling of helplessness, that there are all these things happening and, you all, the adults, destroyed it, and now we have to live with the consequences. I think that is very top of mind for students."***

Additionally, the interviewee mentioned that some students feel frustrated about the current political climate, both within the US and globally, and that impacts their mental health/day-to-day.

Both interviewees spoke about the adverse experiences and mental health challenges that immigrants in their community face. One interviewee reported that most immigrant students had experienced trauma 1) in their home country (e.g., gang violence, domestic violence, losing family members), 2) on their journey to the U.S., and/or 3) once they had settled in the U.S. Another interviewee said that there is a "genuine fear of ICE," the U.S. Immigration and Customs Enforcement, and that this fear may affect parents' willingness to send their kids to school or community events. Stigma around mental health was also raised as a barrier to care for immigrant communities:

> ***"Immigrant families and/or really religious families, from a variety of religions, often will say the classic things of, 'It's all in your head', 'Mental health isn't real', 'Just pray', those sorts of things."***

Food Security

In their Annual Statewide Report, the Greater Boston Food Bank reported food insecurity in Middlesex County to be 27%.[3] Both interviewees affirmed that food security is a challenge in Waltham, reporting that families stress about *"not having enough food to put on the table"* and that the few community organizations focusing on food security in the area are under-resourced. One individual indicated that food security programs are growing, though; for example, Healthy Waltham recently established a permanent pantry. Waltham Fields Community Farm was mentioned as another community asset working to improve food security through educational programs and making healthy foods more affordable for low-income families.

Physical and Psychological Safety in School

One interviewee raised concerns surrounding physical and psychological safety in Waltham schools:

> ***"There are fights happening, and kids are filming it, almost on a weekly basis… We are seeing a very high increase of physical altercations between girls… It's being filmed and spread to the entire school, and, you know, these group chats that kids are in are flat-out nasty... And you can't get away from these things, that kind of media, that kind of information… It's a stressful world, like, 'Am I going to be the target next?'"***

Vaping

Both interviewees mentioned vaping as a concern for the health of youth in Waltham.

> *"Anecdotally, vaping is a huge issue in Waltham, especially at the middle-school level. A lot of middle school kids are either vaping themselves or aware of vaping happening on school property and that also does happen at the high school… Out of all the substance issues, vaping is definitely at the top of the list in Waltham."*

Access to Health Care

Access to medical care, particularly preventative care, is a concern "routinely brought up" by community members. Although there are several healthcare facilities within the community, such as Boston Children's Waltham and Charles River Community Health Center, neither clinic has the capacity to accept new patients.

> ***"[Charles River Community Health Center has] not been taking new patients in God knows how long. So, especially for newcomer/immigrant families, when we are trying to get them connected to, you know, even just a PCP, we have to send them outside of the city, and then, again, the transportation question comes into play."***

For some families, this has caused significant delays with school enrollment because they were not able to complete the required vaccinations and/or physical examinations.

Outpatient mental health service providers are also in high demand and lack the capacity to take on any new patients despite community need. Appointment wait times are especially long among providers that accept MassHealth.

Gaps in Services

Many families are unaware of available social services that exist in Waltham, *"They don't know what to ask for and what is available."* The interviewee stated that increasing awareness of special education and mental/behavioral health resources is particularly important.

Interviewees agreed that there is a need for more services in Waltham that target immigrant families. Particularly services that are linguistically accessible, culturally responsive, and trauma informed. One interviewee noted that, *"kids drop out [of school] because of language and cultural barriers and the need to support their families."*

There is also an unmet need for legal assistance. As one interviewee notes,

> ***"It feels nearly impossible to support families with [their legal status and work authorization status], and as a city, we don't have organizations that have attorneys or who can take on cases in an affordable way."***

Community Assets

Community Strengths

Interviewees agreed that Waltham's diversity and vibrant culture is one of the community's greatest strengths. Furthermore, there has been a significant investment in educational programs in Waltham; for example, the city recently invested in opening a new high school and an assortment of vocational programs. Finally, there is an abundance of green space in Waltham, *"There are a lot of places to go for walks and not feel like you are in a city."*

Interviewees reported an abundance of resources as a strength in Waltham's community, stating,

> ***"There are a lot of resources, both in terms of community-based organizations and hospitals, biotech companies, and businesses, who are all interested in doing good in the community."***

However, they note that often resources are not equitably distributed in the community and feel more could be done to make opportunities available to everyone.

Community Collaboration

Individuals we spoke to expressed that there are strong community collaborations in Waltham, "*Everybody wants to collaborate, and everybody wants to work together to help the community."* One interviewee reported that collaborations are particularly strong amongst community-based organizations, but there is room for improvement for systems-level collaborations between community-based organizations, the city, and schools.

Vision for the Future

One interviewee shared their vision for the future of education in Waltham. There is a desire for an educator workforce that is more representative of the students it serves,

> ***"The majority of Waltham's educator workforce and school staff are mono-lingual, white educators, and 60% of students identify as students of color. Not having that representation in your teachers is a big challenge…. [The] superintendent is trying to change that to have teaching staff reflect its student body."***

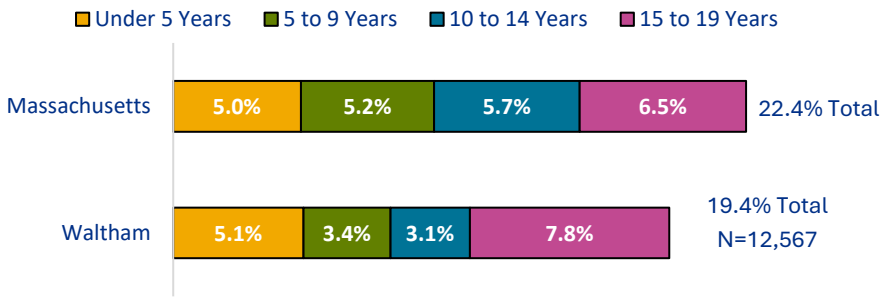
Additionally, there is a desire for the two higher education institutions in Waltham to do more for the community and increase access to higher education for students from Waltham.

Interviewees also highlighted a desire for better access to pediatric preventative healthcare services, improved public transportation and transportation, and increased linguistically-accessible culturally responsive services for both youth and families.

References

1. Urban Institute, Upward Mobility Initiative; "*Middlesex County, MA: Number of affordable and available housing units per 100 households with low, very low, and extremely low incomes*," 2023. Data Results | Urban Institute | Upward Mobility Initiative. Date Accessed 6/19/2025
2. U.S. Census Bureau; QuickFacts; Waltham city, Massachusetts; U.S. Census Bureau QuickFacts: Waltham city, Massachusetts; Date Accessed 6/19/2025
3. Cara F. Ruggiero, Man Luo, Catherine Lynn, Kate Adams, Rachel Burgun, Christina Peretti, Daniel Taitelbaum, and Lauren Fiechtner*. Food Equity and Access in Massachusetts: Voices and Solutions from Lived Experience.* The Greater Boston Food Bank, 2024 GBFB_Food-Access-Report_2024_final.pdf

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Waltham	Massachusetts
Total Count	**17,229**	**1,236,518**
Africa	7.1%	9.5%
Asia	41.3%	30.5%
Europe	10.9%	18.1%
Latin America	37.3%	39.4%
North America	3.4%	2.2%
Oceania	0.0%	0.3%

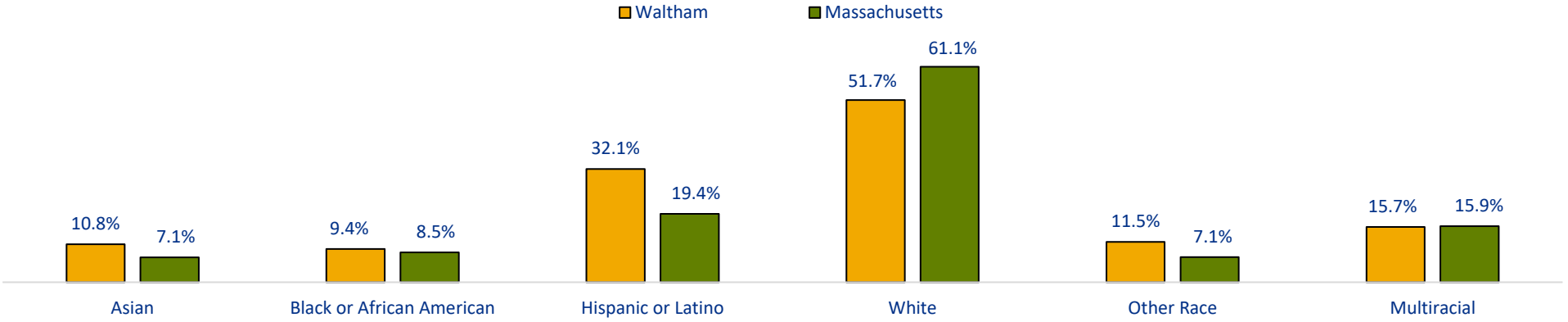
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Waltham, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**12,567**	**1,356**	**1,183**	**4,031**	**6,496**	**1,440**	**1,971**
Less than 5 years	3,270	267	285	1,320	1,488	513	664
5 to 9 years	2,227	109	249	972	982	322	565
10 to 14 years	2,036	153	221	700	1,170	244	247
15 to 19 years	5,034	827	428	1,039	2,856	361	495

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Waltham and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Waltham	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$116,560	$101,341
	% Children in Poverty, 2019-2023	9.1%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	40.8%	40.0%
	% Children Food Insecure, 2022	7.6 (Middlesex County)	12.7%
	% Single-Parent Households, 2019-2023	18.8%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	42.3%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	25.7%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$2,232	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,156	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	51.2%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	79.7%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	10.6%	-
	Percent of Public-School Students with High Needs*, 2023	62.7%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	65.3%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	19.4%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Waltham	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	99.1%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.5%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	803:1 (Middlesex County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Middlesex County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Waltham and Overall

		Waltham	Overall
Race and Ethnicity	Asian	6.8%	9.9%
	Black	4.8%	8.9%
	Hispanic/Latino	25.9%	12.0%
	White	38.3%	44.4%
	Other	24.2%	24.8%
Age Group	0-3 Years	25.2%	22.6%
	4-5 Years	9.8%	9.1%
	6-10 Years	21.0%	21.2%
	11-14 Years	15.6%	16.7%
	15-18 Years	16.7%	17.5%
	19-24 Years	11.1%	12.7%
	25+ Years	0.5%	0.4%
Insurance Type	Commercial Insurance	55.4%	66.9%
	Public Insurance	44.6%	33.1%
Health-Related Social Needs	Housing Need Identified	30.4%	33.7%
	Food Need Identified	16.7%	18.0%
	Utility Need Identified	10.8%	13.9%
	Transportation Need Identified	12.7%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025
NOTE: Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic, which asks questions related to food security, housing stability, health care access, safety, social support, and economic stability.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Waltham Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**13.4%**	**12.1%**	**2.4%**	**4.6%**	**16.3%**
Race/Ethnicity					
Asian	3.7%	10.0%	0.5%	1.8%	5.9%
Black	7.8%	10.4%	1.3%	4.5%	24.0%
Hispanic	10.4%	11.8%	1.9%	5.6%	25.4%
White	19.8%	12.9%	3.8%	5.8%	12.3%
Other	10.5%	12.0%	1.7%	2.7%	14.2%
Age Group					
0-5 Years	0.7%	6.3%	0.1%	0.0%	10.5%
6-10 Years	7.4%	15.8%	1.3%	0.6%	19.5%
11-14 Years	19.4%	12.9%	5.2%	3.0%	17.5%
15-18 Years	26.8%	13.4%	6.3%	11.7%	18.8%
19-24 Years	35.4%	19.2%	2.5%	18.4%	22.6%
Insurance Type					
Commercial Insurance	15.5%	11.9%	3.0%	4.4%	10.8%
Public Insurance	10.8%	12.3%	1.7%	4.9%	23.1%

DATA SOURCE: Boston Children's Hospital, 2025
NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

WEYMOUTH

Two interviews were conducted with Weymouth stakeholders. In addition, we conducted a focus group comprised of youth from 5 communities in the Metrowest and Southern regions of the state. Information they shared has been incorporated into this report.

Community Social, Economic, and Physical Context

Housing

One interviewee raised concerns about housing affordability, stating, *"Housing, in general, was affordable at one point, but it's really going through the roof, so it's becoming difficult for families to find affordable housing in the area."* This is consistent with trends observed in Norfolk County, which reportedly has 86.9 affordable and available housing units for every 100 low-income households and 38 affordable and available housing units for every 100 extremely low-income households.[1]

Transportation

One interviewee listed transportation as an area of concern in Weymouth: *"Some families don't even have their license or they may not have the funds to pay for Uber, or it may not be convenient to do public transportation and to be able to get to places to access things. [It] hinders accessibility for certain things."*

Community Health Issues

Mental Health

Mental and behavioral health were named as increasingly pressing health concerns in Weymouth. One interviewee also noted that stigma exists surrounding mental health conditions and that this influences an individual's or family's willingness to seek mental health services.

> ***"There's been an uptick in behavioral health needs, and some families, depending on their culture or background, do not want to address that, or [they think that] it's an embarrassing situation. If someone has mental health needs, it may not be looked on as something they want to discuss or handle."***

The increased use of technology and its effects on developing attention spans was also raised as an area of concern. One interviewee noted that cyberbullying and the ability to access inappropriate sites has negatively influenced children's wellbeing, leading to increased stress and anxiety.

Substance Use

One interviewee noted that many children experience trauma related to substance use within their families. Opioid addiction was raised as a leading factor contributing to kinship placements, and increased marijuana usage was also observed. The interviewee expressed concern about the potential long-term implications of chronic or openly normalized marijuana use. These observations point to a broader need for expanded and accessible substance use services that can better support caregivers and prevent secondary effects on children.

Children with Special Health Care Needs

Interviewees agreed on the need for increased training for clinic staff to manage behavioral health needs, and particularly among children with special health care needs such as autism.

> ***"We see kids coming in with behavioral health needs, aggressive behavior, an increase in physical aggression or verbal aggression happening or quick escalation – and compounded by sometimes don't have language skills so they act out even more and there's not enough training for staff. They just don't have an understanding of how to manage behavioral health or special needs of youth."***

Nutrition Security

In their 2024 Annual Statewide Report, the Greater Boston Food Bank reported food insecurity in Norfolk County to be 18%.[2] One interviewee mentioned food insecurity as an area of concern for Weymouth families, specifying affordability of and access to nutritious food as key issues. They also expressed concern about a more recent decrease in utilization of food-sharing services due to immigration status.

> ***"Some families are choosing not to access community resources because they may not have legal status with us. They're trying to fly under the radar as much as possible, so they're not accessing things, and that's really concerning".***

Access to Health Care

One Interviewee reported that there is strong access to health care in Weymouth: *"There's Boston Children's Weymouth as well as South Shore Hospital; having lots of options is helpful for families."*

Gaps in Services

One Interviewee indicated that there is a sizeable gap in services for families whose first language is not English. For example, the library has few non-English reading materials. This individual also shared that appears to be a lack of appreciation for cultural differences in some sectors in town, which results in gaps in care,

> ***"Some of my staff are maybe thinking certain things shouldn't be happening or are criticizing families for handling things certain ways… which may not align with how staff were brought up. But they have to understand that… if no one is in danger and the kids are safe, it's not part of our role to judge. It's part of our role to be welcoming and learn more."***

Community Assets

Community Strengths

Interviewees indicated that Weymouth's greatest assets are its public spaces and community services. According to one individual, there is ample green space and a strong focus on recreational programming in Weymouth. There is also a brand new, state-of-the-art library for community members to enjoy. Interviewees also mentioned that there are community organizations, like Wellspring and Cradles to Crayons, which offer access to clothing, furniture, and ESL classes to community members in need.

Community Collaboration

One interviewee stated that there is a good level of collaboration within the community, but there are opportunities for improvement: *"We always push for [collaboration]—it's harder in some places, but we always push for that because it's better for families."*

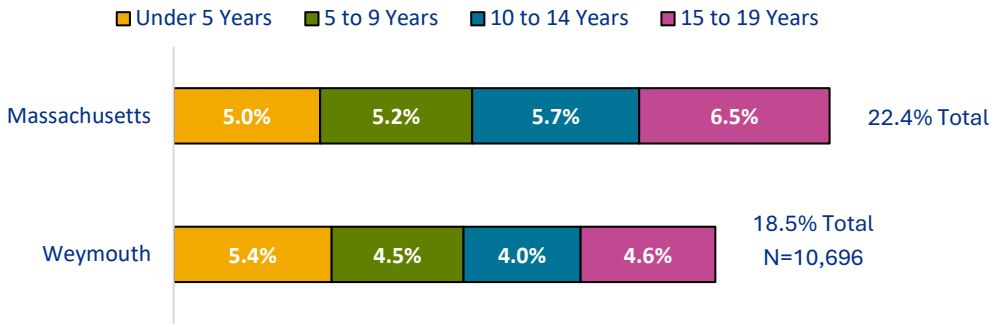
Vision for the Future

In describing their vision for the future, individuals we spoke to shared that they envision community organizations being able to access translation services and high-quality professional development opportunities. This would like to improve their ability to serve multilingual families, as well as their capacity to assist more community members. They also envision programs that assist parents in developing their parenting skills/capacity to parent. Finally, interviewees shared that, in the future, they hope that families have more access to information about the importance of early education and feel more equipped to navigate the education system. Similarly, they hope families will have greater ease in accessing community resources like food assistance.

References

1. Urban Institute, Upward Mobility Initiative; "*Norfolk County, MA: Number of affordable and available housing units per 100 households with low, very low, and extremely low incomes*," 2023. Data Results | Urban Institute | Upward Mobility Initiative Date Accessed 6/19/2025
2. Cara F. Ruggiero, Man Luo, Catherine Lynn, Kate Adams, Rachel Burgun, Christina Peretti, Daniel Taitelbaum, and Lauren Fiechtner. Food Equity and Access in Massachusetts: Voices and Solutions from Lived Experience. The Greater Boston Food Bank, 2024. GBFB_Food-Access-Report_2024_final.pdf

Population Age Distribution, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total population

Percent of Foreign-Born Population, by Region of Origin, 2019-2023

	Weymouth	Massachusetts
Total Count	**7,906**	**1,236,518**
Africa	7.5%	9.5%
Asia	43.1%	30.5%
Europe	20.9%	18.1%
Latin America	26.0%	39.4%
North America	1.9%	2.2%
Oceania	0.0%	0.3%

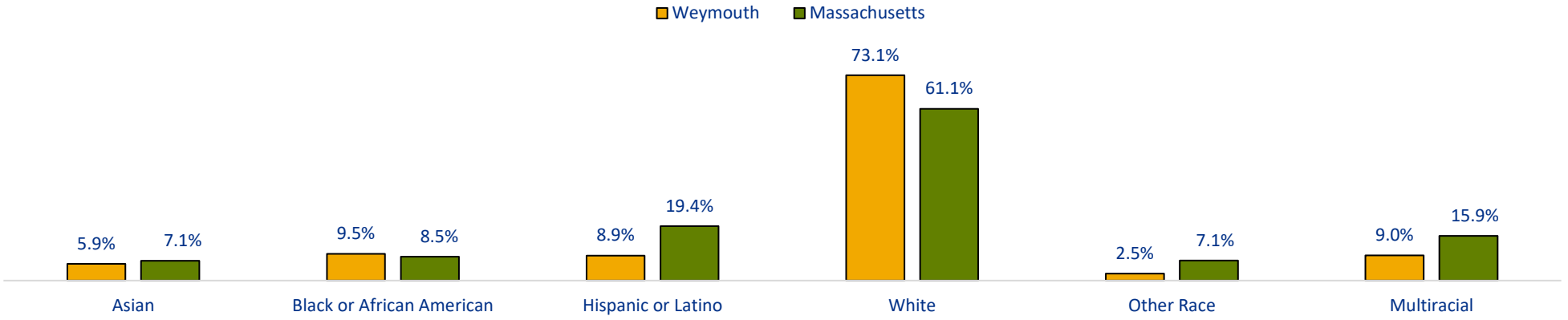
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of region's total foreign-born population

Number of Children, by Age Group and Race/Ethnicity, Weymouth, 2019-2023

	All	Asian	Black or African American	Hispanic or Latino	White	Other Race	Multiracial
All aged 19 and under	**10,696**	**636**	**1,017**	**951**	**7,817**	**267**	**959**
Less than 5 years	3,113	340	230	315	2,210	48	285
5 to 9 years	2,617	110	250	240	1,934	110	213
10 to 14 years	2,334	114	195	198	1,729	16	280
15 to 19 years	2,632	72	342	198	1,944	93	181

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; NOTE: Percentage is of age groups' total population

Percent of Children Aged 19 and Under, by Race/Ethnicity, Weymouth and Massachusetts, 2019-2023



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Percentage is of total population aged 19 years and under

Social Determinants of Health Indicators

		Weymouth	Massachusetts
Income and Financial Stability	Median Household Income, 2019-2023	$100,077	$101,341
	% Children in Poverty, 2019-2023	10.0%	11.8%
	% Households With Children Under 18 Receiving SNAP Benefits, 2019-2023	9.3%	40.0%
	% Children Food Insecure, 2022	6.6% (Norfolk County)	12.7%
	% Single-Parent Households, 2019-2023	20.4%	22.2%
Housing	Renter-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	50.2%	48.2%
	Owner-Occupied Households that are cost-burdened (30% or more of income spent on housing), 2019-2023	26.0%	26.0%
	Monthly Median Housing Costs – Renters, 2019-2023	$1,861	$2,081
	Monthly Median Housing Costs – Owners, 2019-2023	$2,108	$1,687
	Percent of Housing Units Renter-Occupied, 2019-2023	32.2%	37.4%
Education	4-Year Public High School Graduation Rate, 2023	88.3%	89.2%
	Public-School School Mobility Rate (transferring in and out of school/district), 2023	9.0%	-
	Percent of Public-School Students with High Needs*, 2023	54.4%	55.8%
	Percent of 9th Grade Students that Passed all Classes, 2023	71.1%	78.7%
	Percent of Students Chronically Absent (10% or more days), 2023	19.9%	-

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; Map the Meal Gap, Feeding America, 2022; Massachusetts Department of Elementary and Secondary Education, 2024; NOTE: *High Needs includes low-income, economically disadvantaged, EI or former EI, or a student with disabilities

Health Outcomes and Health Access Indicators

		Weymouth	Massachusetts
Health	Percent Children under age 19 who are Insured, 2019-2023	99.2%	98.5%
	Percent of Children with Asthma, 2023	-	7.1%
	Percent of Children Aged 6-17 Overweight or Obese, 2022-2023	-	25.6%
Behavioral Health	Percent of High Schoolers Seriously Considering Suicide, 2023	-	15.8%
	Percent of High Schoolers Who Felt Sad or Hopeless, 2023	-	34.0%
	Percent of High Schoolers Who Reported Current Electronic Vape Product Use, 2023	-	18.3%
	Percent of Students Disciplined for Physically Fighting, 2023-2024	0.6%	0.6%
Access to Care	Ratio of Population to Primary Care Provider, 2024	836:1 (Norfolk County)	990:1
	Ratio of Population to Mental Health Care Provider, 2024	145:1 (Norfolk County)	140:1

DATA SOURCES: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023; National Survey of Children's Health, 2022-2023; Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS); Massachusetts Department of Elementary and Secondary Education, 2024; County Health Rankings, 2024

Boston Children's Hospital Patient Demographics, Weymouth and Overall

		Weymouth	Overall
Race and Ethnicity	Asian	6.1%	9.9%
	Black	4.0%	8.9%
	Hispanic/Latino	6.2%	12.0%
	White	68.0%	44.4%
	Other	15.7%	24.8%
Age Group	0-3 Years	25.3%	22.6%
	4-5 Years	12.0%	9.1%
	6-10 Years	23.0%	21.2%
	11-14 Years	15.0%	16.7%
	15-18 Years	16.2%	17.5%
	19-24 Years	8.2%	12.7%
	25+ Years	0.2%	0.4%
Insurance Type	Commercial Insurance	61.9%	66.9%
	Public Insurance	38.1%	33.1%
Health-Related Social Needs	Housing Need Identified	25.4%	33.7%
	Food Need Identified	13.5%	18.0%
	Utility Need Identified	7.9%	13.9%
	Transportation Need Identified	8.7%	8.4%

DATA SOURCE: Boston Children's Hospital, 2025; NOTE: Health-Related Social Needs percentages among those screened.

Conditions of Boston Children's Hospital Patients, by Selected Characteristics, Weymouth Residents

	Anxiety	Asthma	Concussion	Depression	Obesity
Overall	**16.2%**	**14.1%**	**2.3%**	**3.9%**	**13.3%**
Race/Ethnicity					
Asian	1.9%	16.8%	1.9%	0.0%	10.3%
Black	8.6%	25.7%	2.9%	4.3%	15.7%
Hispanic	16.4%	18.2%	3.6%	5.5%	17.3%
White	19.4%	13.8%	2.5%	4.4%	14.0%
Other	9.4%	9.8%	1.1%	2.5%	9.1%
Age Group					
0-5 Years	1.5%	9.6%	0.2%	0.0%	7.9%
6-10 Years	12.6%	15.3%	0.7%	0.2%	16.3%
11-14 Years	25.0%	19.3%	4.2%	5.3%	17.0%
15-18 Years	34.3%	17.5%	7.3%	10.5%	17.5%
19-24 Years	40.7%	15.9%	3.4%	16.6%	14.5%
Insurance Type					
Commercial Insurance	14.6%	11.0%	2.3%	3.0%	11.4%
Public Insurance	18.9%	19.2%	2.4%	5.4%	17.4%

DATA SOURCE: Boston Children's Hospital, 2025

NOTE: Patients identified as having diagnosis if ICD-10 code was found on at least one encounter in PPOC Epic from January 1, 2022-December 31, 2024. Obesity flag was based on most recent BMI value recorded within last 5 years. Positive for Health Related Social Needs (HRSN) determined by most recently recorded Needs Assessment in PPOC Epic.

Metro Southwest Youth in their Own Voice

One focus group was conducted with youth from organizations involved in the Metro Southwest Community Health Initiative at Boston Children's Hospital. Nine youth from Weymouth, Waltham, Randolph, and Framingham participated in the focus group. Two adults also participated in the discussion: an Executive Director of a youth organization in Framingham and a youth organization founder who also worked as a clinical social worker in Randolph. The information provided reflects qualitative data collected during the focus group.

The Metro Southwest region reflects a mix of suburban and urban areas and includes the communities of Brockton, Framingham, Needham, Quincy, Randolph, and Weymouth. Focus group participants highlighted community services as strengths of the region. At the same time, participants shared the perception that economic disparities are a concern, citing Waltham's north side as wealthier compared to its south side. Youth from immigrant families shared that financial stress, coupled with cultural stigma surrounding mental health, create emotional strain at home. Several participants described community fear about immigration enforcement as a concern contributing to low participation in public spaces. Youth also highlighted the importance of access to extracurricular activities, mental health education, and professional development opportunities.

Community Assets

Community Strengths

When asked about community strengths, participants expressed appreciation for the range of resources that support their wellbeing and foster supportive youth environments. Several youth mentioned after-school programs and in-school clubs such as Black Student Union and Model United Nations. Youth agreed that these spaces *"bring teens together,"* provide opportunities to make friends, and offer opportunities to participate in positive activities with *"peers that have the same interests."*

Youth also referred to recreational gathering places as a strength in their communities. One youth from Weymouth shared, *"Where I live there's so many places for teens to go,"* describing malls, restaurants, and gyms as gathering spots where young people connect. Sports activities and youth centers were also mentioned as important spaces for youth *"to go to decompress."*

School-based resources were also valued. Some youth mentioned having full-time access to their school guidance counselors as an asset for their mental health. One youth specifically noted that they often visit their guidance counselor to *"decompress from a class or talk something out."* They also shared that being assigned a specific guidance counselor facilitates a trusting relationship and makes it easier to seek support when needed.

Youth further described community-based organizations as a strength. Participants highlighted programs offered through organizations such as Waltham Partnership for Youth (WPY) that provide community service opportunities and safe spaces for young people. Adult participants highlighted the *"intentionality behind this space"*, noting that inclusive, identity-affirming environments are rare. They expressed desire for more youth programming organized around shared identity or culture.

Gaps in Services

Culturally responsive mental health support, services for immigrant families, and programs for youth dealing with trauma and family stress were noted as considerable gaps in community services. Many youth described feeling a lack of support and understanding from immigrant parents surrounding youth mental health and emphasized a need for more programming aimed at educating parents and caregivers about these issues.

Participants acknowledged the challenges of reaching parents, indicating that some parents might feel reluctant to engage with mental health education. One stated*, "My parents wouldn't listen,"* reflecting broader concerns about generational differences in engaging with emotional conversations and mental health discussions. One adult participant recognized the need for strategic education and outreach, stating that in many immigrant families, *"they take discussions [about mental health] more seriously when it comes from adults especially adults with credentials."* Another participant suggested that mental health outreach efforts in immigrant communities could be more effective if delivered through trusted spaces, such as churches. These insights suggest that involving trusted community leaders and professionals may build trust and encourage discussion around youth mental health.

Youth highlighted the need for more mentorship opportunities for youth of color. An adult participant and founder of a youth organization shared a recent experience of struggling to find a physician of color to mentor a young student interested in a health care career. She stressed the importance of creating more formal mentorship infrastructure led by people of color so youth can *"see [themselves] in spaces"* like health care professions where they are historically under-represented.

Youth shared mixed experiences with school guidance and counseling. While some youth noted their schools have support resources, they expressed that establishing a meaningful relationship with a counselor can be difficult, especially *"if you're not already connected with them."* Youth also felt that counselors tend to focus on academic issues rather than issues outside of school or "home life." Some participants described feeling that it is *"too much work"* to find a supportive resource or person. Concerns about confidentiality were also a recurring theme, with some youth worried that counselors might share private information with parents. Adult participants echoed these youth concerns and emphasized the importance of a relational approach to building trust with youth where resources exist.

Community Social, Economic, and Physical Context

Participants described economic disparities as a concern. An adult participant described how social and financial insecurity and uneven distribution of resources shape many aspects of life*, "Where you live, what type of food you eat, employment—all important factors."* One youth participant highlighted socioeconomic divides within towns, sharing that in Waltham, *"the north is wealthy, and the south is lower income and it's a big difference. There are large houses on north side."*

Mental Health

Mental health arose as a prominent theme during the focus group discussion. Youth described challenges impacting their peers, including lack motivation, academic stress, social and emotional struggles, and worsening mental health issues.

When asked about challenges facing youth in their communities, many participants pointed to a loss of motivation and lack of purpose. One youth shared, *"In my community, a lot of kids don't come to school anymore, they're not motivated."* They noted that youth are *"lacking a why"* but were unsure of the root cause of this issue.

Conversely, other youth felt that their peers are highly driven but overwhelmed by multiple responsibilities. One participant shared that classmates are *"really focused on college and college (acceptance) has gotten more competitive so they overwhelm themselves with extracurriculars."* Additionally, youth stated, *"If they don't get into the school they want, it feels like the work is for nothing."* An adult participant and youth program founder explained that the *"lack of motivation is a result of a lack of mentors or not being shown their potential for success."*

Multiple youth described a significant rise in *"extreme sensitivity."* One youth even expressed the opinion that *"It's easy for someone to be mentally unhealthy,"* citing how peers increasingly adopt a negative perspective and *"[overreact] to small things."* Youth were divided about whether these changes were linked to the COVID-19 pandemic. Some felt unsure, while others firmly believed that the pandemic and prolonged social isolation had lasting impacts on emotional development. As one participant explained, *"It's kind of like we're two years younger."* Others described how the lack of regular social interactions made it more difficult to handle disagreement, sharing that *"people are often very polarized and unable to take people's opinion."*

Communication challenges were also emphasized, with you stating how they *"lack the necessary tools to communicate with someone if we have a problem."* One participant discussed witnessing a "rise in anger issues." One youth recounted, *"There were instances in my program this summer where multiple people were kicked out because of way they reacted to something that instructors told them to do, they would yell and get mad."*

In addition to emotional regulation challenges, youth also discussed serious mental health concerns such as anxiety, depression, and trauma as critical issues in their communities. One youth participant shared, *"I work after school with middle school kids and some of the kids are cutting themselves at eleven and thirteen years old."*

Substance Use

Youth recognized substance use as a concern in their communities. Several participants observed substance use, especially vaping, among both peers and in public spaces. In Framingham, youth described substance use as common in downtown areas and felt that it *"drives people away."* One youth shared that *"kids are scared to be outside"* because of this community health issue. During neighborhood cleanups in Framingham, youth observed *"a lot of needles and drug containers,"* reinforcing the sense that substance use is a pervasive issue.

Across multiple communities, youth highlighted vaping as a concern. One participant described how normalized the behavior has become, *"in school you see everyone vaping."* Youth expressed frustration at the inadequacy of prevention efforts in schools, noting that *"all they've done is put up anti vaping posters,"* which they felt were ineffective at deterring use.

Youth also shared the secondary impacts of vaping on those who do not vape. For example, one youth argued that *"vaping in bathrooms causes peer pressure"* and makes it difficult for students to avoid exposure. Youth also reflected on the underlying reasons behind the increase in vaping, arguing that *"The main reason people use vaping and e-cigarettes is because of mental health."* One youth shared information she had heard that *"vaping fills your stomach, so you don't eat more and that being depressed makes you want to use more substances."*

Violence

Some youth participants raised concerns about violence within their communities. One youth bravely shared a recent personal experience, describing how *"A guy felt the need to try and scare me, held a gun to me saying I'm gonna shoot you."* Reflecting on the incident, a youth organization director emphasized the importance of the youth vocalizing the incident to a trusted adult, *stating "he didn't stay quiet about it. He shared his experience and found spaces to communicate."* A peer noted the shock of this incident because of how young the individual was at the time. An adult participant who directs a youth organization also described a broader pattern of violence in the community, citing frequent physical fights and longstanding conflicts that continue to fuel arguments among youth.

Obesity and related risk factors

Youth participants touched on issues related to disordered eating. A youth participant referenced a rise in eating disorders in her community of Weymouth and attributed this trend to bullying and social pressures. She explained that *"bullying plays a huge part"* in youth developing eating disorders as well as pressures of *"having to fit another person's image of what I should look like."*

Barriers to Health

Youth engaged in thoughtful discussion about barriers to health. Participants described their experiences growing up in the U.S. as children of immigrant parents and families. Many agreed that *"adults from immigrant families don't believe that mental health is a thing,"* and shared that they are often dismissed with comments like *"it's all in their head"* when they express emotional struggles.

Another youth participant mentioned that immigrant parents may not understand the challenges youth face balancing sports, school, and maintaining strong grades, noting that *"quitting (sports) is not an option"* in her household. The youth participant emphasized the difficulty of connecting with her parents and tell them *"I'm struggling."* Given this lack of awareness among immigrant parents, one youth participant emphasized the need for community centers focused on educating immigrant parents about youth mental health.

Another youth shared that her family's strong religious beliefs often lead them to believe that mental health concerns can simply be *"prayed away."* A youth organization founder and clinical social worker echoed these experiences, adding that,

> ***"Families of color don't believe in mental health. Organizations have to have a culturally sensitive component to understand why folks of color have this barrier when it comes to mental health. We need to look at local government and we need to hear youth voice about what they need to make sure adults hear them."***

Youth emphasized their desire for family support and shared their challenges when it is lacking. While some acknowledged that their families are supportive, others described growing up in *"toxic family settings."*

In addition to family dynamics, youth identified sleep deprivation as another challenge to their health. One participant reflected, *"A lot of kids are busy with school sports, barely find time, and I blame the phones; responsibilities don't get taken care of."* While youth acknowledged digital spaces as a potential positive source of information, they also described the shortcomings of spending time on phones.

Bullying

Several youth identified bullying as a key issue affecting their wellbeing. Youth commented that *"people are too mean nowadays"* and *"don't care about others' feelings, they say what they want, and it causes a lot of issues."* Youth participants agreed that bullying is prevalent both in school and on social media. One youth commented, *"They say what they want, for example about someone's appearance not thinking about how it will affect the other person's mental health."* Youth participants noted that *"other youth don't seem to know the severity of their words"* and several felt that bullying behaviors have worsened since the COVID-19 pandemic.

Immigration Concerns

An adult participant and youth organization director highlighted immigration-related fear as a pressing and emerging concern within the community. She shared that there is "*a huge fear right now (around immigration changes)*," noting a visible decrease in foot traffic and overall community activity. She pointed out that many lack the knowledge, resources, or support to navigate the systems necessary for self-advocacy. She also emphasized the importance of creating safe places for youth to gather and openly discuss their concerns, stating,

> *"I want to make sure we hold space in this conversation because the fear is real. It also may be a trigger because were not offering a tangible tool, but I wanted to highlight that some of our children and families are living in fear."*

She also pointed to tangible impacts of this fear, sharing that *"The food access sites have gone down, and many after school meal programs have gone down."*

Access to Services/Healthcare

Education Access & Quality

Youth reflected on how their understanding of mental health has expanded over time and highlighted the importance of mental health education in schools. One participant shared, *"I thought [health] was just physical health. People taught me more about what it means to be healthy—mentally, emotionally."* Several youth agreed that in elementary school, health education primarily focused on physical wellbeing, with a particular emphasis nutrition and exercise. In middle and high school, some youth described how the curriculum broadened to include information about emotional wellness, and students *"learned about depression and how mental health is just as important."*

Participants noted that this shift toward mental health education became more pronounced during and after the COVID-19 pandemic. While conversations about physical health were common prior to the pandemic, youth reported that mental health discussions gained visibility on digital platforms during the pandemic and were increasingly addressed in school settings. One participant noted, *"During elementary school, it was more about physical heath. During Covid, we started learning about mental health on social media."* Participants described how the pandemic increased awareness of the importance of emotional wellbeing and that schools' inclusion of mental health education and discussion have served as important supports.

Community's Vision and Suggestions for the Future

Participants shared a vision for a safer, more inclusive, and opportunity-rich future for youth and families across the Metro Southwest region. While some suggestions for the future focused on children, youth, and families, participants also raised broader community-level needs, recognizing that adult well-being and the health of communities are interconnected with child health.

Youth participants expressed a holistic vision of health as not only *"being mentally and physically health"* but also involving emotional wellness, *"being stable such as financially,"* and having access to *"good coping mechanisms"* that allow one to be *"motivated to get out of bed and do things you need to do."* Their framing highlights the connections youth see between mental, physical, emotional, and social determinants of youth health.

Participants emphasized the importance of having youth-serving adults who are aware of *"what's going on right now."* They noted the urgent need for greater support for immigrant communities, especially given increased fears of policy changes. As one youth explained,

> *"A lot is going on about immigration and deportation and in my community, there are a lot of immigrants, and being supported with them and helping them through a difficult time, and the school hasn't shown a lot (of support)."*

Participants underscored their desire for more internships and exposure to diverse careers. They suggested embedding career programs and internships in youth centers, bringing youth to schools, and creating more opportunities for youth to gain experiences that could build their resumes.

Additionally, one youth participant shared a desire to see more academic support resources. She described how access to an online tutoring platform during the COVID-19 pandemic had supported her learning. Since the platform's removal, this youth expressed hope that similar online tutoring programs could become available to support the wider community outside of her school.

One adult participant also noted the importance of hospitals investing time in understanding the communities they serve, especially communities of color. They emphasized that addressing health inequities requires sustained engagement with local communities.