

2022 Needs Assessment Process and Findings Review

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2022 Community Health Needs Assessment (CHNA)

CHNA Purpose:

- To identify health-related needs, strengths, and resources of a community through systematic, comprehensive data collection and analysis.

Definition of Community:

- Boston (priority neighborhoods)
- Brookline, Dartmouth, Lexington, Peabody, Waltham, Weymouth

2022 BCH CHNA:

- Builds on 2013, 2016 and 2019 CHNAs; focuses on any substantial changes in priority areas since 2019 particularly in light of the COVID-19 pandemic

Parallel and Related Efforts:

- 2022 Boston CHNA-CHIP Collaborative (BCCC) process
- Boston Children's Route 128 DoN CHNA



2022 Boston Children's CHNA CHIP Methods

Secondary Data

- Existing data from Massachusetts Department of Public Health, vital records, and surveillance systems
- Existing BCH patient data

Interviews

- 17 in-depth interviews conducted by BCH across Boston and Satellite Communities
- Approximately 60 interviews with stakeholders and leaders across sectors (BCCC process)

Focus Groups

- Approximately 29 focus groups with diverse populations, including youth (BCCC process)

BCH Community Prioritization Process

Strongly engaged Community Advisory Board
Leveraged MGB and BCH online surveys in 8 languages



2022 Needs Assessment: Findings

- **Behavioral/Mental health** needs are at crisis levels due to the pandemic
 - Pressing needs related to **youth mental health**, particularly for youth of color and LGBTQIA+ youth
 - **Neighborhood safety, trauma, racism and discrimination** linked with mental health, also a prominent theme
- Lack of **youth** extracurricular **activities**, afterschool programs, and workforce development **programs** were noted by participants
- Access to **early childhood services** is a problematic barrier for families' health and economic stability



2022 Needs Assessment: Findings

- A need for more affordable, high-quality, and stable **housing** remains and has increased due to the pandemic
- **Food access and security** is an increased concern
- **Asthma and obesity** remain a concern for children and families
 - Rates have remained relatively stable; disparities by race/ethnicity remain



2022 Implementation Plan and Programming



Boston Children's Community Advisory Board Prioritization Process

Top Five areas for focus:

- **Mental health prevention and services (11 votes)**
- **Affordable housing (9 votes)**
- **Food access (9 votes)**
- **Youth supports and youth development workforce salaries (8 votes)**
- **Early childhood (7 votes)**

Areas of continued need:

- **Asthma (2 votes)**
- **Healthy weight (3 votes)**



2019 and 2022 CHNA-CHIP Comparison

2019

- Greatest need and priority was for increased stable and affordable housing
- Early childhood development focused on children with special needs
- Youth work focused on engagement and advocacy
- Obesity prevention and food access goals were merged
- Separate goal for asthma work

2022

- Greatest need and priority for mental and behavioral health services and supports
- Early childhood education focus with increased focus on access, workforce supports, and social-emotional learning
- Youth work focuses on development and leadership skills, career pathways, and workforce supports
- Food access and healthy nutrition goal separate from obesity goal
- Support for families with asthma and obesity in one goal area



Boston Children's Community Health Implementation Plan 2022-25

Goal 1. Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care

Goal 2. Support safe, stable, healthy, equitable, affordable housing for children and families

Goal 3. Promote healthy youth development through youth-centered programming and career pathways

Goal 4. Increase access to affordable and nutritious food

Goal 5. Improve early childhood education, health, and developmental supports

Goal 6. Improve the health of children and families managing asthma and obesity



2022-2025 Community Health Implementation Plan Summary

Goal 1.

Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care

Objectives

Increase the number of diverse, culturally/linguistically competent licensed clinical behavioral health workers and community-based behavioral health caregivers

Provide services and supports, and identify resources to increase mental health and trauma services where children live and learn



2022-2025 Community Health Implementation Plan Summary

Goal 2.

Support safe, stable, healthy, equitable, affordable housing for children and families

Objectives

Make direct investments in housing stabilization and affordable housing production and work toward policy and systems changes that would decrease the number of low/moderate-income families with children who are homeless or housing insecure.

Increase pathways to mobility for low-income families through approaches that build assets and facilitate homeownership.



2022-2025 Community Health Implementation Plan Summary

Goal 3.

Promote healthy youth development through youth-centered programming and career pathways

Foster personal development of youth through leadership skill-building, mentorship, interest exploration, and identity formation

Objectives

Expand career pathways for youth through college, trades/training, and direct employment

Strengthen capacity of youth workforce



2022-2025 Community Health Implementation Plan Summary

Goal 4.

Increase access to affordable and nutritious food

Provide culturally relevant food and nutrition education to children and families

Objectives

Strengthen community infrastructure for healthy food



2022-2025 Community Health Implementation Plan Summary

Goal 5. Improve early childhood education, health, and developmental supports

Expand training and quality improvement supports for early education and care (EEC) community-based providers

Objectives Enhance engagement and skill building for parents and families with children birth to 5-years old through community programming

Advocate and collaborate to sustain and increase the amount of flexible, affordable, high quality child care for children birth to 5-years old



2022-2025 Community Health Implementation Plan Summary

Goal 6.

Improve the health of children and families managing asthma and obesity

Objectives

Implement community health programs that reduce the racial disparities in care and health outcomes for children with asthma and obesity



Community Health Priorities and Programming

Priorities	DoN Funded Partners	Community Programs	ACO Efforts
Behavioral Health	X	X	X
Early Childhood	X		
Youth Development	X		
Food Access & Healthy Nutrition	X	X	X
Asthma & Obesity Prevention	X	X	X
Housing	X		X



Discussion Questions

- Do you approve of the process?
- Do you approve of the content?
- What are your hopes and concerns for future processes?
- VOTE for Formal Approval of Boston Children's 2022 Needs Assessment and Implementation Plan



Thank you!

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Appendix – supplementary data slides



Boston Children's Strategic Implementation Plan 2020-22

GOAL 1: Promote mental health and emotional wellness by nurturing resilient communities and building equitable, accessible, and supportive systems of care

GOAL 2: Support safe, stable, healthy, equitable, affordable housing for children and families

GOAL 3: Support youth-centered and engaged programming to drive improvements in career planning and youth workforce services

GOAL 4: Improve health and quality of life outcomes for children with asthma

GOAL 5: Provide culturally relevant supports to children and families that encourage them to have healthy weight and increase access to affordable and nutritious food

GOAL 6: Set a high trajectory for success in school and life among children birth to 5 years old



2022-2025 Community Health Implementation Plan Summary

Goal 1.	Promote <u>mental health and emotional wellness</u> by nurturing resilient communities and building equitable, accessible, and supportive systems of care
Objectives	Increase the number of diverse, culturally/linguistically competent licensed clinical behavioral health workers and community-based behavioral health caregivers Provide services and supports, and identify resources to increase mental health and trauma services where children live and learn
Goal 2.	Support safe, stable, <u>healthy, equitable, affordable housing for children and families</u>
Objectives	Make direct investments in housing stabilization and affordable housing production and work toward policy and systems changes that would decrease the number of low/moderate-income families with children who are homeless or housing insecure. Increase pathways to mobility for low-income families through approaches that build assets and facilitate homeownership.
Goal 3.	Promote <u>healthy youth development</u> through youth-centered programming and career pathways
Objectives	Foster personal development of youth through leadership skill-building, mentorship, interest exploration, and identity formation Expand career pathways for youth through college, trades/training, and direct employment Strengthen capacity of youth workforce



2022-2025 Community Health Implementation Plan Summary

Goal 4. Increase access to affordable and nutritious food

Objectives

Provide culturally relevant food and nutrition education to children and families

Strengthen community infrastructure for healthy food

Goal 5. Improve early childhood education, health, and developmental supports

Objectives

Expand training and quality improvement supports for early education and care (EEC) community-based providers

Enhance engagement and skill building for parents and families with children birth to 5-years old through community programming

Advocate and collaborate to sustain and increase the amount of flexible, affordable, high quality child care for children birth to 5-years old

Goal 6. Improve the health of children and families managing asthma and obesity

Objectives

Implement community health programs that reduce the racial disparities in care and health outcomes for children with asthma and obesity



Data Limitations

▪ Secondary data

- Sources may use different methods and assumptions (e.g. different boundaries for neighborhoods)
- Time lag from data collection to data availability
- Small sample sizes
- Patient data not a representative sample

▪ Primary data

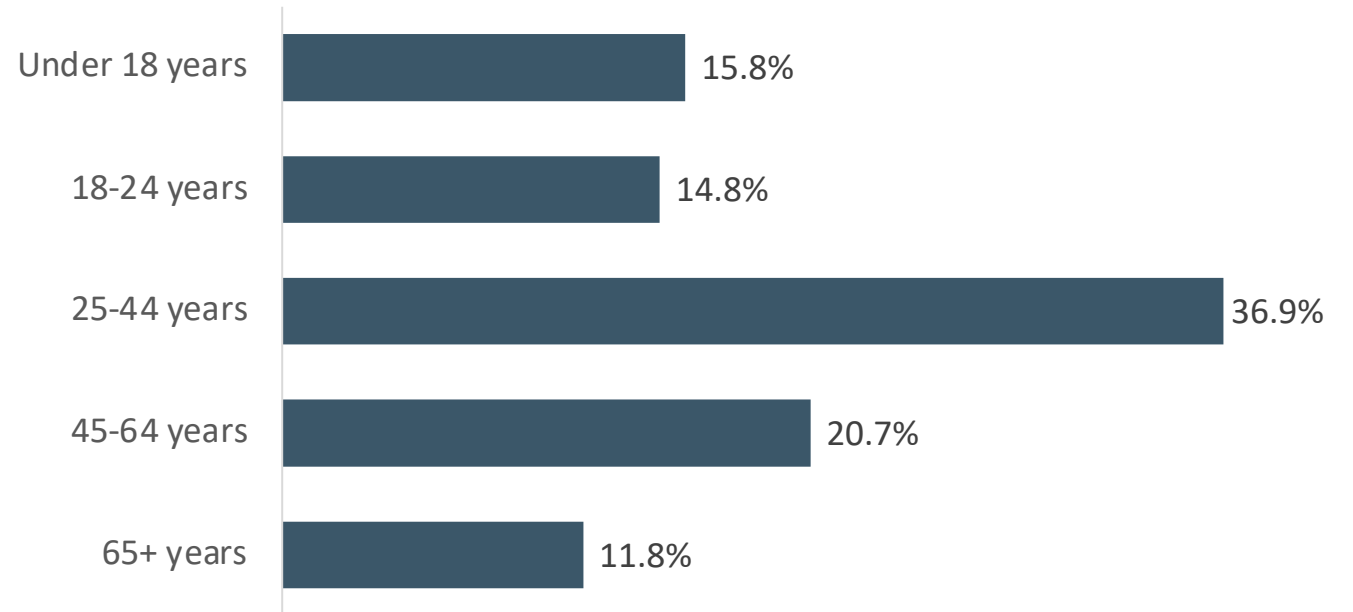
- Community prioritization survey was convenience sample
- Focus groups ranged in sized and varied in group dynamics



Population Characteristics

- About 1 in 6 Boston residents (15.8%) are younger than 18
 - A slightly higher proportion (19.6%) of Massachusetts residents are younger than 18
- Boston is diverse: in the 2020 census, 25.2% of residents identified as Black, 19.8% identified as Latino, and 9.7% identified as Asian.
 - This distribution is similar to 2013-2017 data from the previous CHNA

Age Distribution, by Boston, 2016-2020



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020



Financial Security and Mobility

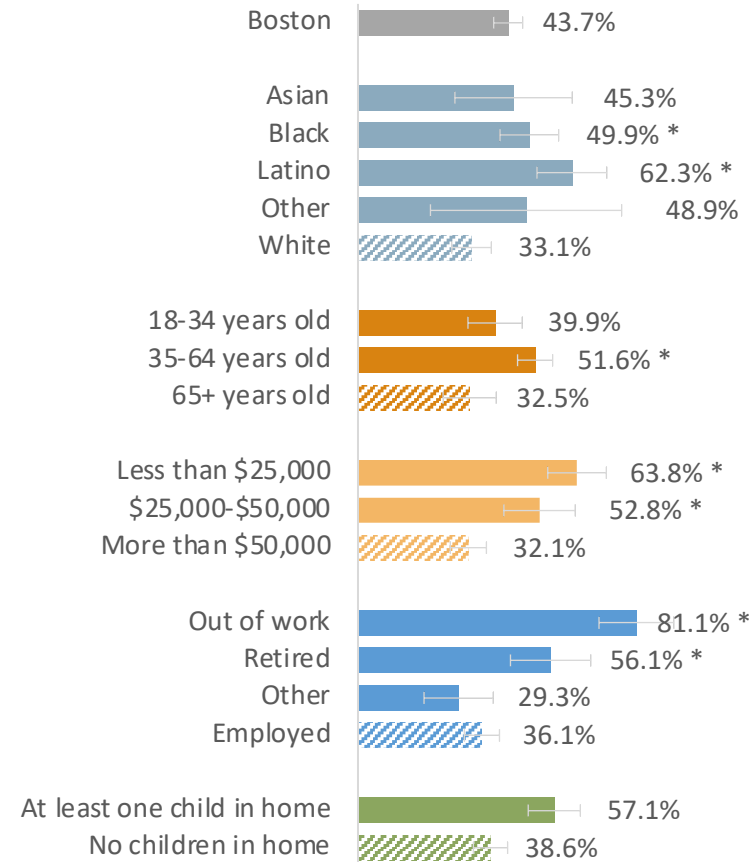
- Over 4 in 10 Boston residents lost income during the pandemic
 - Most affected Black and Latino and lower-income residents
- High and rising cost of living
 - Low-wage and minimum wage work not enough to make ends meet
- Intergenerational wealth inequities
- Difficulties finding stable employment
 - Challenges in particular for residents of color, immigrants, residents with criminal records

*“My husband has 2 jobs so we can pay the rent and food, clothing, everything. It is **really difficult now**, this situation that is happening. I know it isn’t just for us but it is the situation overall.”*

– Focus group participant

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Percent Adults Reporting Experiencing an Income Loss During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021



Leading Causes of Death, by Race/Ethnicity

Age-Adjusted Rate per 100,000 Residents, 2020

	Boston	Asian	Black	Latino	White
1	COVID-19 138.4	COVID-19 95.1	COVID-19 238.1	COVID-19 143.5	Cancer 117.6
2	Cancer 117.4	Cancer 92.8	Heart Disease 183.6	Accidents 59.5	Heart Disease 113.1
3	Heart Disease 114.9	Heart Disease 55.4	Cancer 166.7	Heart Disease 86.1	COVID-19 103.5

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2020

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

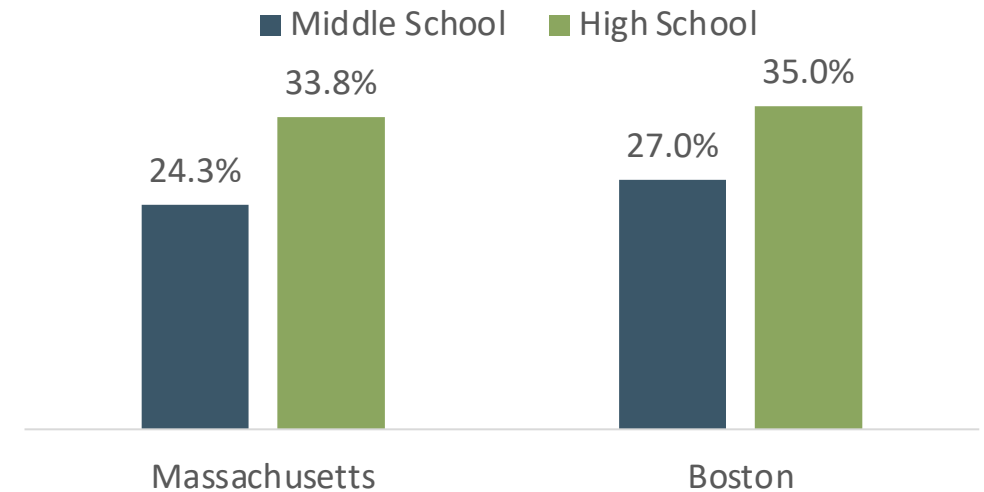


Mental health and emotional wellness

In 2020 (during the pandemic), 48% of Massachusetts youth (ages 14-24) reported experiencing persistent sadness

- High levels of stress, trauma, depression, and anxiety described across the population
 - Impact of racism & discrimination
- Stigma and need for additional services and supports
 - LGBTQIA+ youth; culturally appropriate care

Percent Students Experiencing Persistent Sadness, by MA and Boston, 2019



DATA SOURCE: Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS)

DATA SOURCE: Massachusetts Covid-19 Community Impact Survey (2020)

NOTE: Students were asked if they felt sad or hopeless almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities, ever during the 12 months before the survey



Youth-centered and engaged programming

- During the COVID-19 pandemic, 14.5% of Boston adults with children reported having unmet education needs for children or teens in their household
- Services gaps including:
 - Access to extracurricular activities or afterschool programs
 - Workforce development programs

“They’re making more spaces in prison than spaces in the community for our youth.” –Interviewee

“The young people themselves are the strengths, who everyday are trying the best they can to make it through difficult situations... Resilient, talented young people”–Interviewee

DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

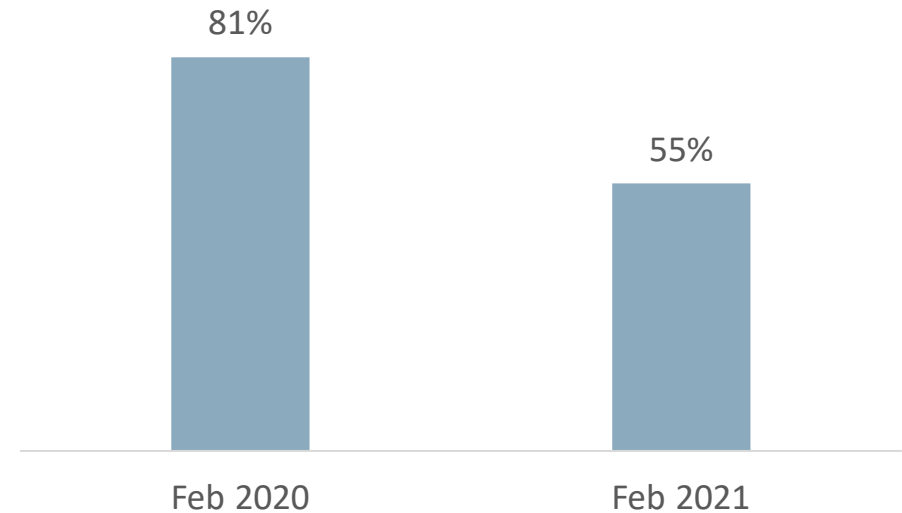
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Early childhood/Child development (Birth to 5 Years Old)

- Between Dec. 2017 and Mar. 2021, there was an 11.3% decrease in the number of available childcare seats
- The percent of eligible children referred to Early Intervention who actually receive services decreased from 81% in 2020 to 55% in 2021
- Eligible children being referred to Early Intervention services decreased by 12% between Feb. 2020 and Feb. 2021

Percent Eligible Children Accessing Early Intervention Services, 2020-2021



DATA SOURCE: MA Department of Early Education and Care, December 2017 to March 2021
DATA ANALYSIS: Boston Opportunity Agenda Analysis, 2021

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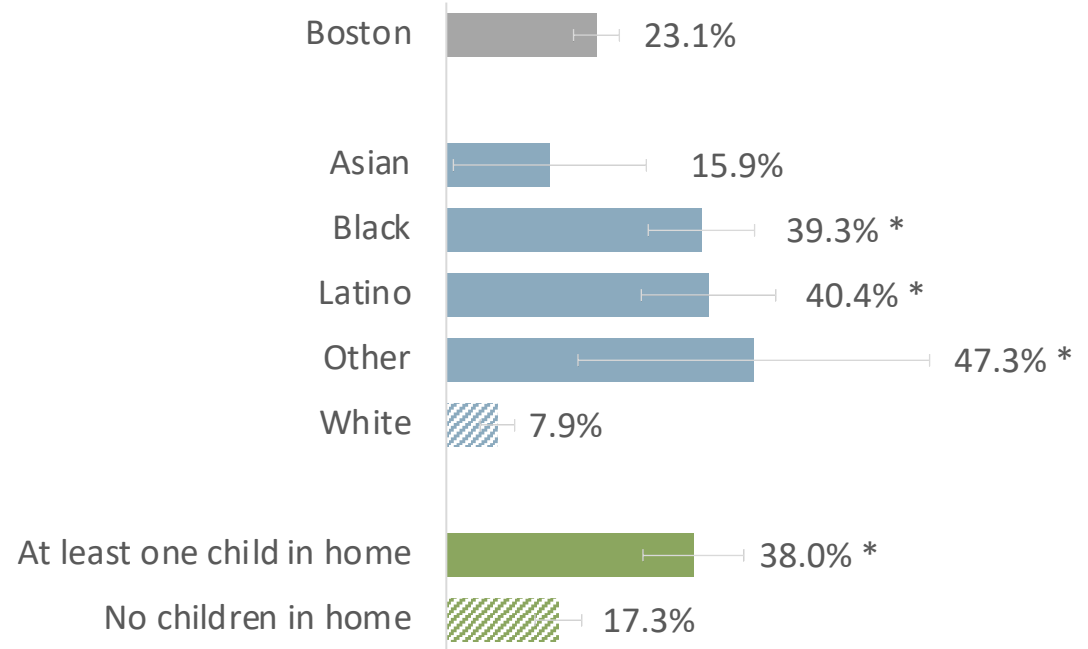
Food access

- At the peak of COVID 38% of adults with at least one child in the home reported using food assistance services
 - This was 15% higher than the 23.1% of adults reporting the same

*“It’s always stunning in this day in age there are so many families struggling with **basic food needs.**” –Interviewee*

DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021 DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
 NOTES: Food assistance services include food banks, food stamps, or other sources; 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

Percent Adults Reporting Utilizing Food Assistance Services During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021



Areas of consistent need

Housing

- Lack of affordable, quality, and stable housing exacerbated by the pandemic and impacting overall health of families

Healthy Weight

- 15.4% of Boston high school students had obesity in 2019 (this rate has stayed the same since 2017). Black and Hispanic/Latinx students are more likely to be obese compared to their White and Asian counterparts.

Asthma

- The asthma rates by hospital patient encounters and according to the youth risk behavior survey (YRBS) data have remained relatively stable with significant disparities by age and race.
 - Hospital encounter rates are significantly higher among patients under 18 years old
 - Hospital encounter rates are significantly higher among Black and Latino patients (compared to White patients)



Boston Children’s Survey Results: Health Priorities

Top 5 areas that Boston Children’s Hospital should focus on to help you make your community healthier

	All Respondents (N=157)	Caregivers with Children Under 18 (N=79)
1	Mental Health Services	Mental Health Services
2	Affordable Childcare	Affordable Childcare
3	Healthy Child Development	Teen/Adolescent Health
4	Housing stability & homeownership	Healthy Child Development
5	Healthy Food Access	Healthy Food Access

- Overall top priorities are mental health services, affordable childcare, healthy child development, housing stability and homeownership, and healthy food access.
- In contrast caregivers prioritized teen/adolescent health third, moving housing stability and homeownership to priority 6.

Boston Children’s Hospital 2022 Community Health Survey

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COVID Vaccination

Fully Vaccinated Against COVID-19 by Ages 5-19, Boston

	% group	n
5-11 years	44%	18,514
12-15 years	77%	17,259
16-19 years	51%	21,363

DATA SOURCE: Massachusetts Department of Public Health, Covid-19 Vaccine Report, 2022

NOTE: Data as of 06/01/22. Fully vaccinated is defined as individuals vaccinated with the number of doses required to complete the COVID-19 vaccine series. This is measured as the total number of 2nd doses of Moderna and Pfizer administered and reported plus the total number of Janssen/Johnson & Johnson doses administered and reported.



COVID Vaccination

Fully Vaccinated Against COVID-19, Boston

	Asian, non-Hispanic		Black, non-Hispanic		Hispanic/ Latino		White, non-Hispanic		Other, non-Hispanic	
	n	%	n	%	n	%	n	%	n	%
Boston	58,555	85%	99,096	64%	88,345	65%	203,855	66%	32,288	-

DATA SOURCE: Massachusetts Department of Public Health, Covid-19 Vaccine Report, 2022

NOTE: Data as of 06/01/22. Fully vaccinated is defined as individuals vaccinated with the number of doses required to complete the COVID-19 vaccine series. This is measured as the total number of 2nd doses of Moderna and Pfizer administered and reported plus the total number of Janssen/Johnson & Johnson doses administered and reported.



Racial and Ethnic Composition

Racial and Ethnic Distribution, by Boston and Neighborhood, 2020

	Asian	Black	Latino	White	Two or More Races
Boston	9.7%	25.2%	19.8%	44.5%	5.3%
Allston/Brighton	19.3%	4.9%	11.1%	59.0%	4.2%
Back Bay	12.7%	3.5%	7.4%	71.9%	3.7%
Charlestown	8.6%	5.2%	10.9%	71.3%	3.5%
Dorchester (02121, 02125)	11.4%	33.5%	23.7%	17.7%	9.5%
Dorchester (02122, 02124)	8.6%	39.5%	15.5%	29.1%	5.3%
East Boston	4.5%	3.3%	50.4%	36.6%	3.6%
Fenway	24.1%	6.6%	9.0%	55.0%	3.6%
Hyde Park	2.2%	45.7%	24.7%	21.9%	4.2%
Jamaica Plain	7.6%	10.0%	20.3%	56.2%	5.0%
Mattapan	1.0%	68.3%	21.0%	2.5%	5.6%
Roslindale	3.7%	15.4%	20.4%	55.3%	4.2%
Roxbury	11.0%	35.7%	27.3%	19.4%	5.0%
South Boston	5.1%	4.2%	10.4%	76.6%	2.9%
South End	15.6%	12.6%	14.7%	52.4%	3.9%
West Roxbury	7.4%	13.3%	13.0%	62.2%	3.3%

DATA SOURCE: U.S. Census, Decennial Census of Population and Housing, 2020

NOTE: Neighborhoods as defined by Boston Public Health Commission; Back Bay includes Back Bay, Beacon Hill, Downtown, North End, and West End; South End includes South End and Chinatown; Latino includes residents who identify as Latino regardless of race and racial categories may include residents who identify as Latino.



Financial Security and Mobility

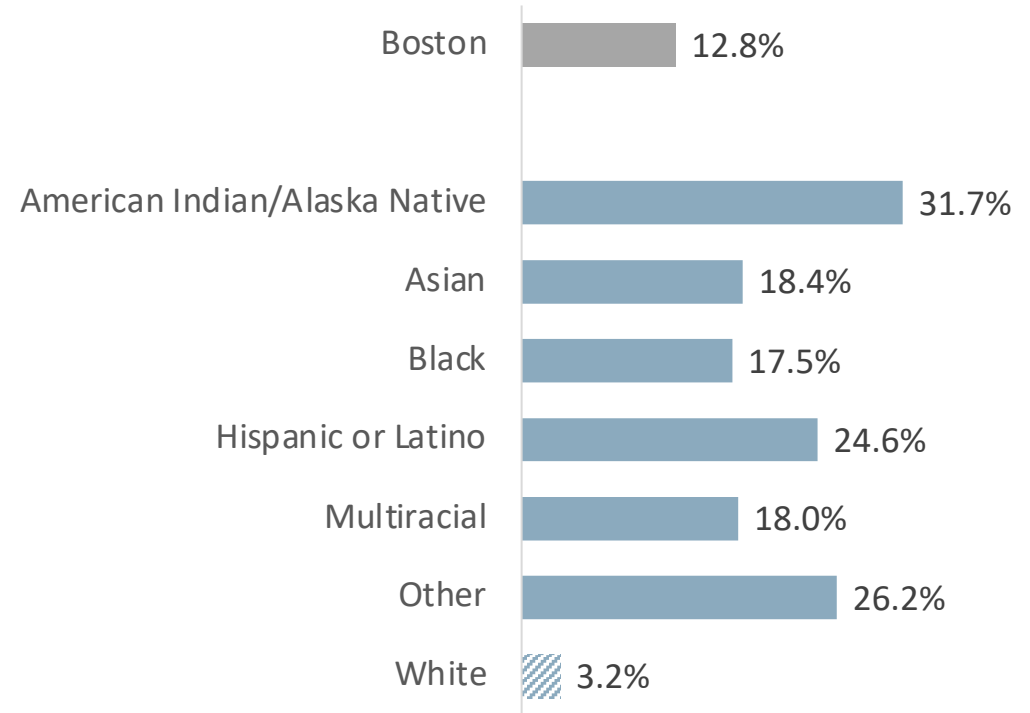
- Stark differences in poverty rate by race/ ethnicity
- High and rising cost of living
 - Low-wage and minimum wage work not enough to make ends meet
- Intergenerational wealth inequities
- Difficulties finding stable employment
 - Challenges in particular for residents of color, immigrants, residents with criminal records

*“My husband has 2 jobs so we can pay the rent and food, clothing, everything. It is **really difficult now**, this situation that is happening. I know it isn’t just for us but it is the situation overall.”*

– Focus group participant

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Percent Families below Poverty Level (100% FPL) by Race/Ethnicity, by Boston, 2016-2020

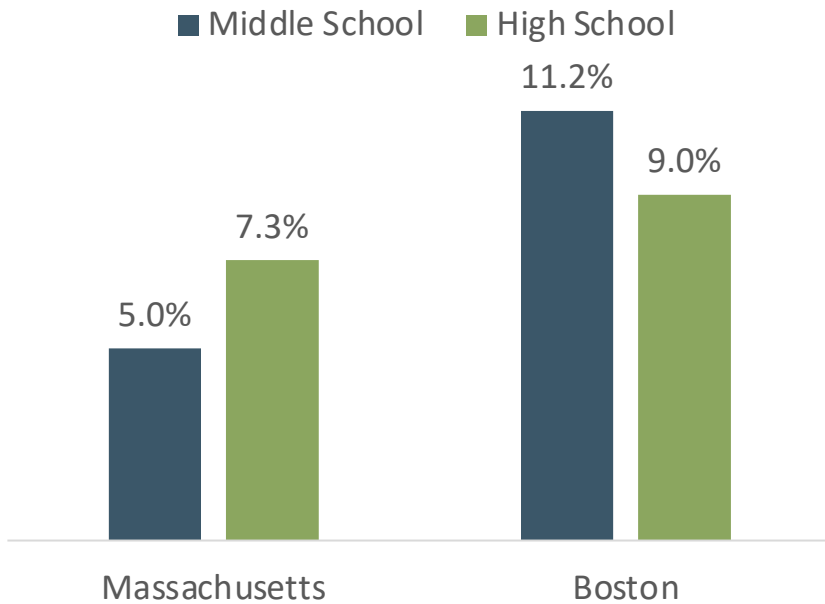


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2016-2020



Mental health and emotional wellness

Percent Students Reporting Attempting Suicide, by MA and Boston, 2019

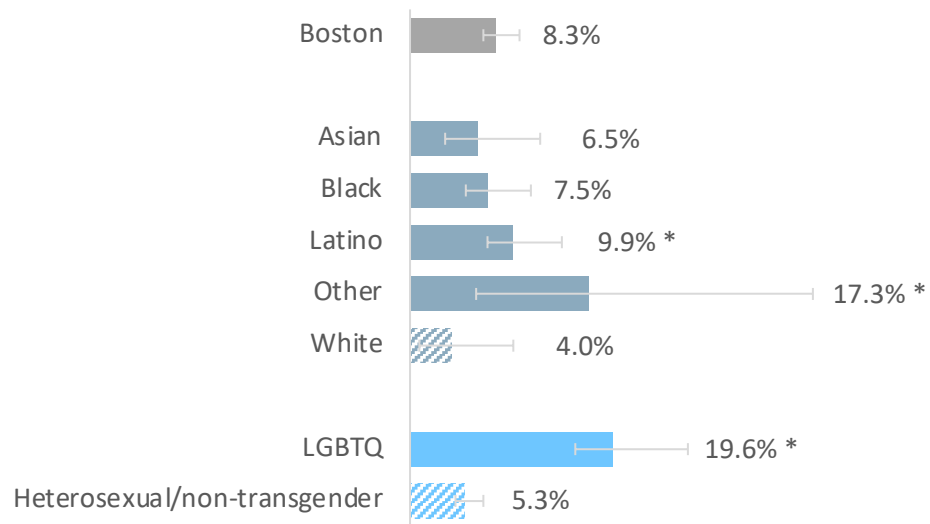


DATA SOURCE: Massachusetts (2019) and Boston (2019) Youth Risk Behavior Survey (YRBS)



Mental health and emotional wellness

Percent Boston Public High School Students Reporting Attempting Suicide, by Boston and Selected Indicators, 2015, 2017, and 2019 Combined



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

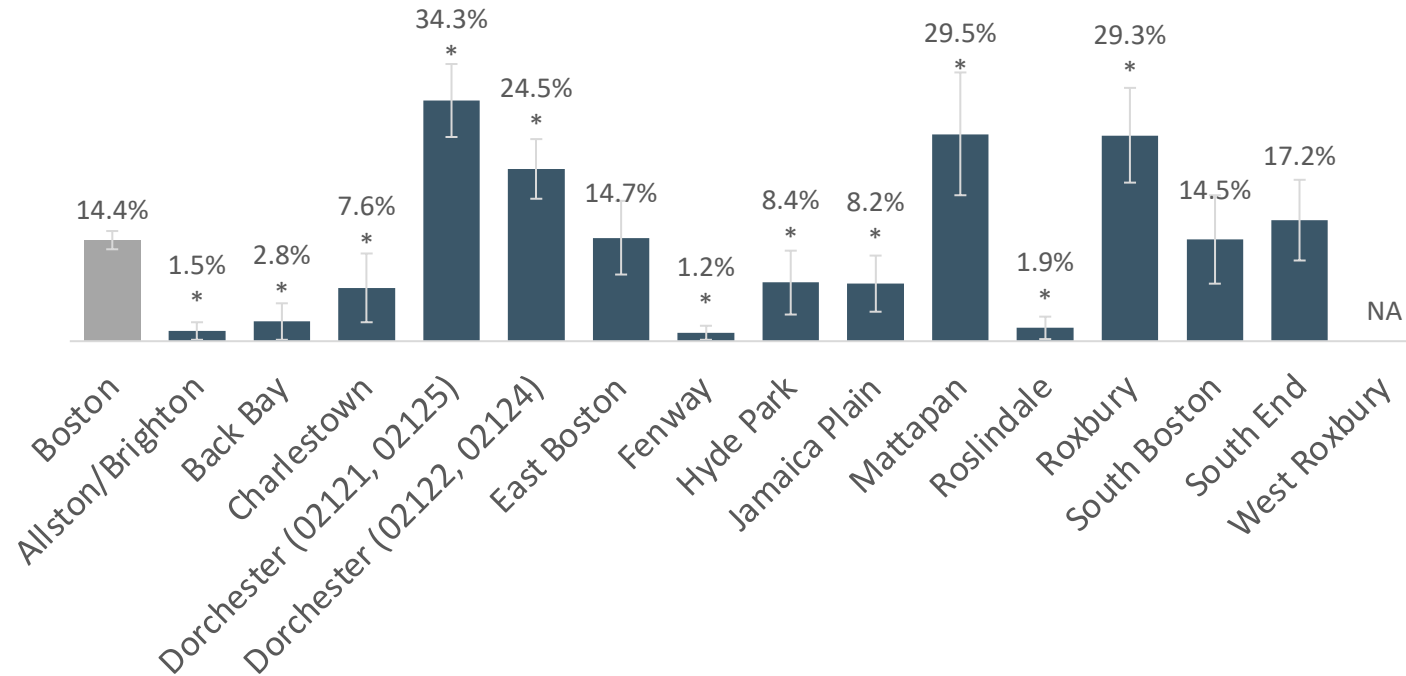
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

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



Mental health and emotional wellness

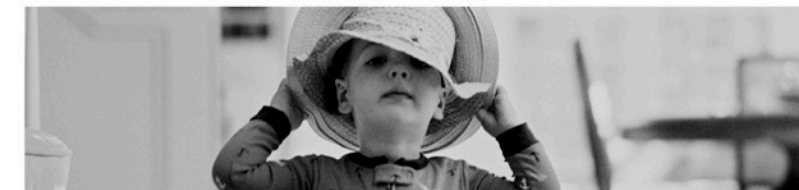
Percent Adults Reporting Their Neighborhood Unsafe, by Boston and Neighborhood, 2015, 2017, and 2019 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2015, 2017, and 2019 Combined

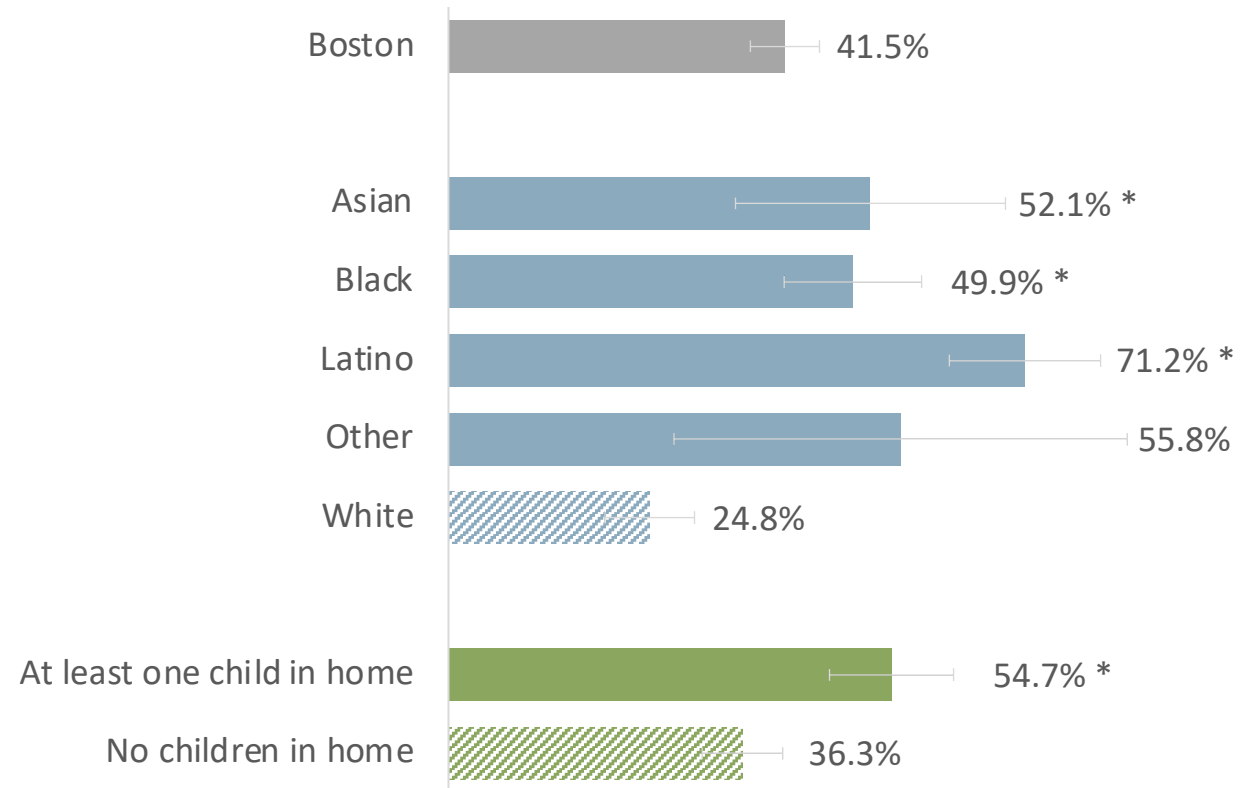
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

NOTES: Data show percentage of adults reporting considering their neighborhood to be unsafe from crime; NA denotes where data are not presented due to insufficient sample size; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval



Housing

Percent Adults Reporting Having Trouble Paying Their Rent or Mortgage During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021

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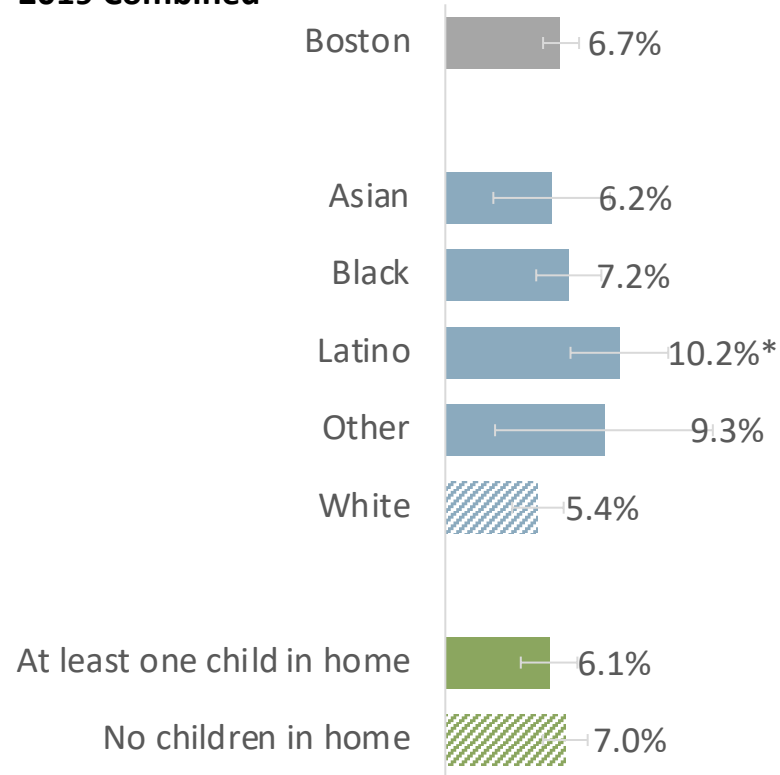


Housing

- 6.7% of Boston adults moved in the past 3 years due to affordability
- Lack of affordable, quality, and stable housing
- Gentrification and overdevelopment noted as contributing to housing displacement

*“Every year they raise the rent. They stopped during the pandemic but I was told that **they are going to raise it again.**”* –Focus group participant

Percent Adults Reporting Moving in Past Three Years Because They Could No Longer Afford Their Home, by Boston and Selected Indicators, 2015, 2017, and 2019 Combined



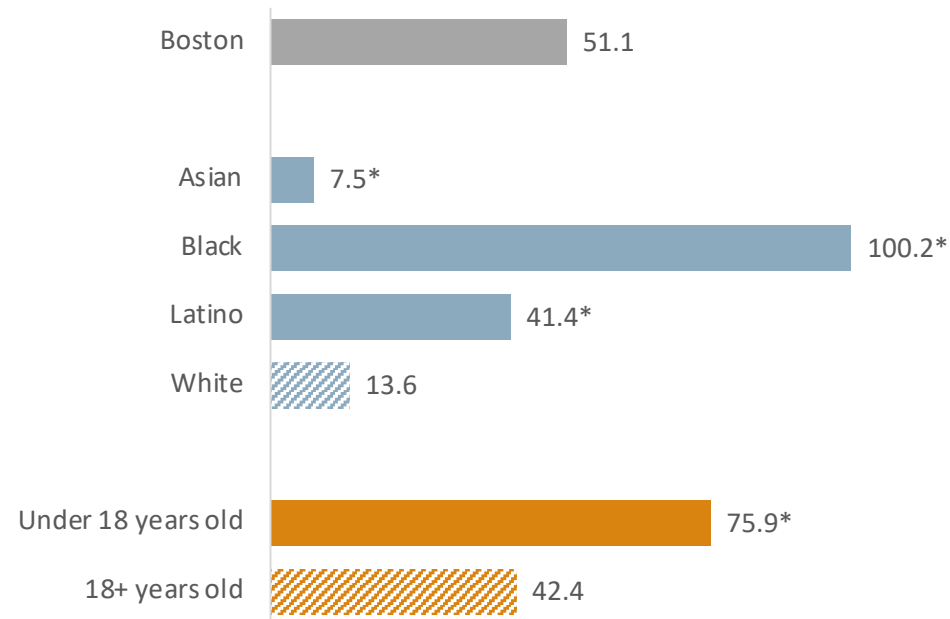
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2015, 2017, and 2019 Combined
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
NOTES: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval



Asthma

- Disparities in asthma-related hospital patient encounters remain
 - Rate significantly higher among patients under 18 years old
 - Rates significantly higher among Black and Latino patients (compared to White patients)

Asthma-Related Hospital Patient Encounter Rate, by Boston and Selected Indicators, Age-Adjusted Rate per 10,000 Residents, 2020



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Casemix Databases, 2020

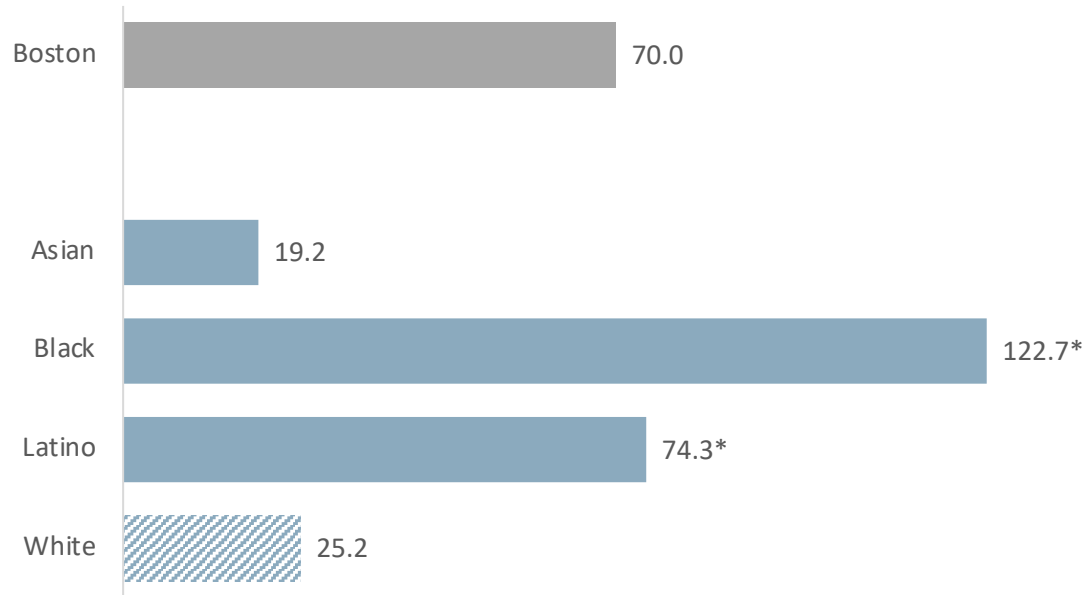
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

NOTE: Hospital patient encounters (HPEs) include both emergency department visits and hospitalizations. Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$)

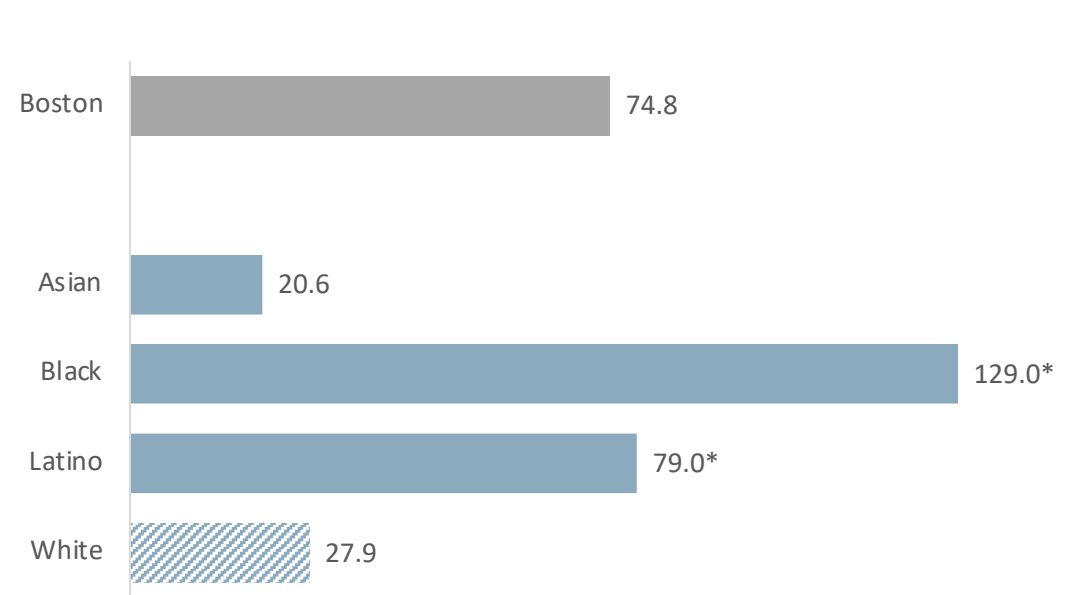


Asthma

Asthma Emergency Department Visits (Children Under 18 Years), by Boston and Selected Indicators, Age-Adjusted Rate per 10,000 Residents, 2020



Asthma Hospital Patient Encounters (Children Under 18 Years), by Boston and Selected Indicators, Age-Adjusted Rate per 10,000 Residents, 2020



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Casemix Databases, 2020
 DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
 NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p < 0.05)

NOTE: Hospital patient encounters (HPEs) include both emergency department visits and hospitalizations.

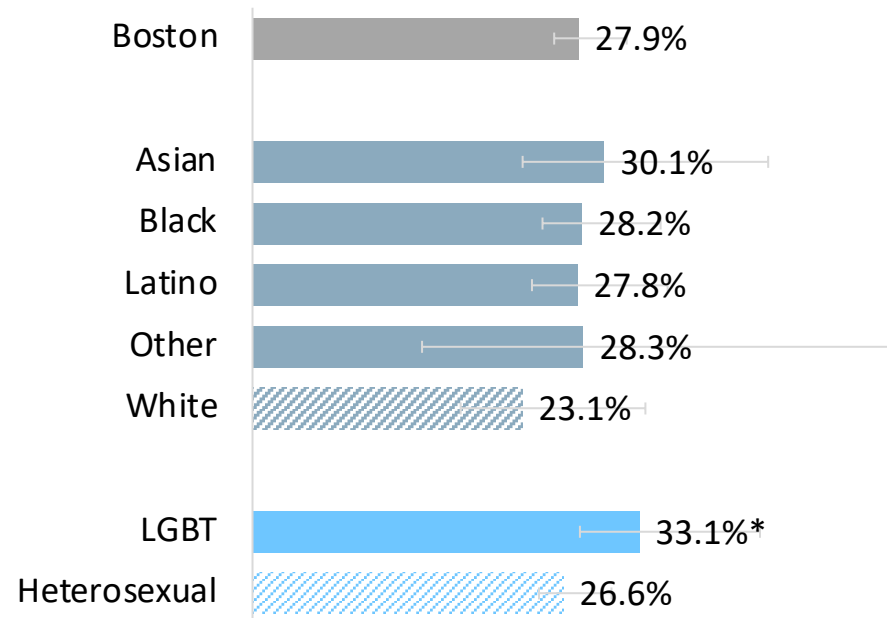


Asthma

- More than 1 in 4 Boston high school students report having asthma
- Concern about asthma prevention and control
 - Connection to air and environmental quality; housing
 - Cost of medications
 - Need for additional education

*“There are still families with **no set of meds to send to school.**” –Interviewee*

Percent Boston Public High School Students Reporting Having Asthma, by Boston and Selected Indicators, 2015, 2017, and 2019 Combined



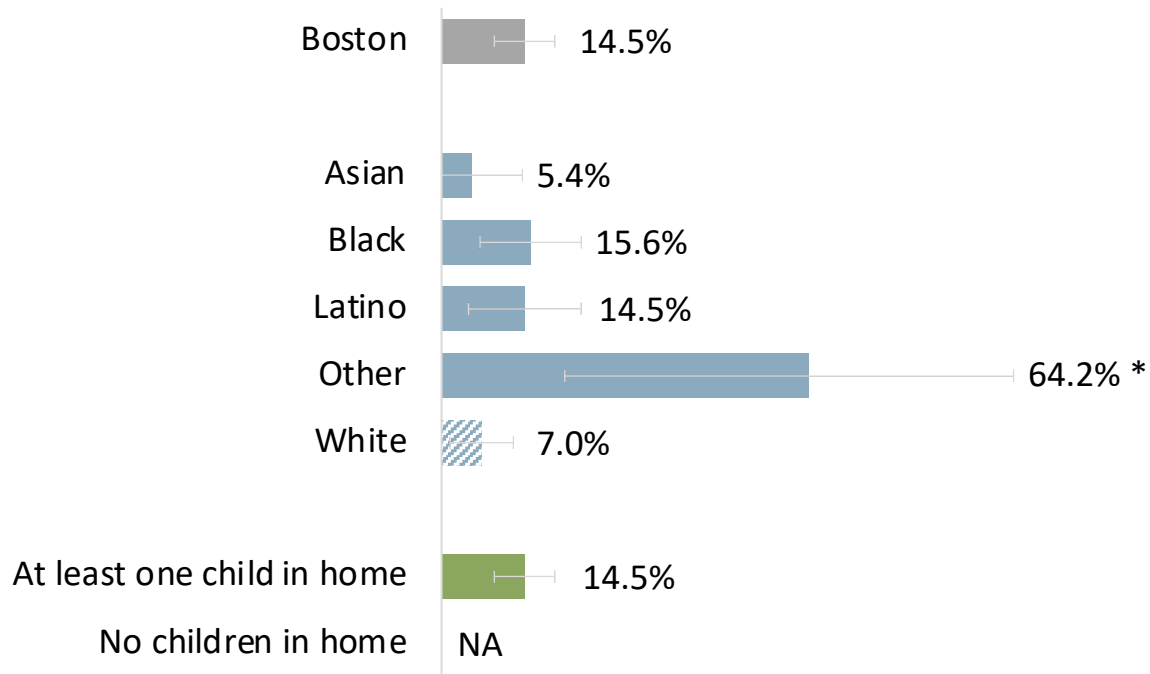
DATA SOURCE: Youth Risk Behavior Survey (2015, 2017, 2019), Centers for Disease Control and Prevention and Boston Public Schools

DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission



Youth-centered and engaged programming

Percent Adults with Children Reporting Having Unmet Education Needs for Children or Teens in Household During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021



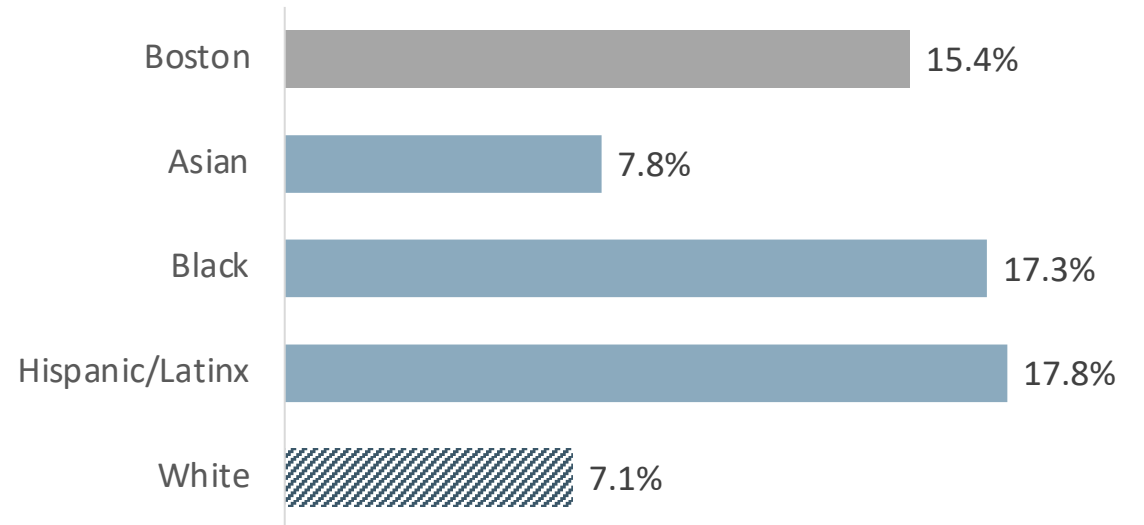
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021



Healthy weight

- About 1 in every 6 BPS students reported being obese in 2019
 - Obesity rate higher among Black and Hispanic/Latinx students
 - Overall rate has not changed since 2017
- Childhood obesity remains a concern
 - Access to healthy, nutritious foods a concern
- Constraints on physical activity opportunities for youth
 - Safety and affordability of programming

Percent Boston Public High School Youth Had Obesity, by Race/Ethnicity, by Boston, 2019

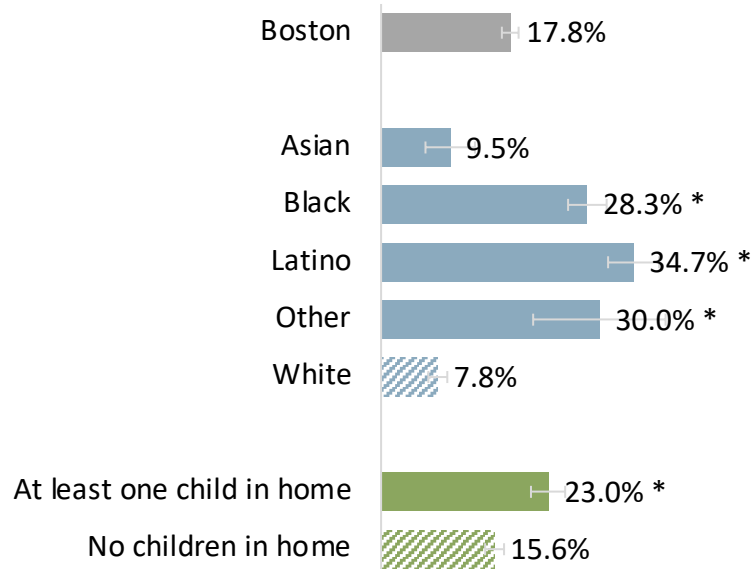


DATA SOURCE: Boston (2019) Youth Risk Behavior Survey (YRBS)



Food access

Percent Adults Reporting Food Purchased Did Not Last and Did Not Have Money to Get More, by Boston and Selected Indicators, 2015, 2017, and 2019 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2015, 2017, and 2019 Combined

DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

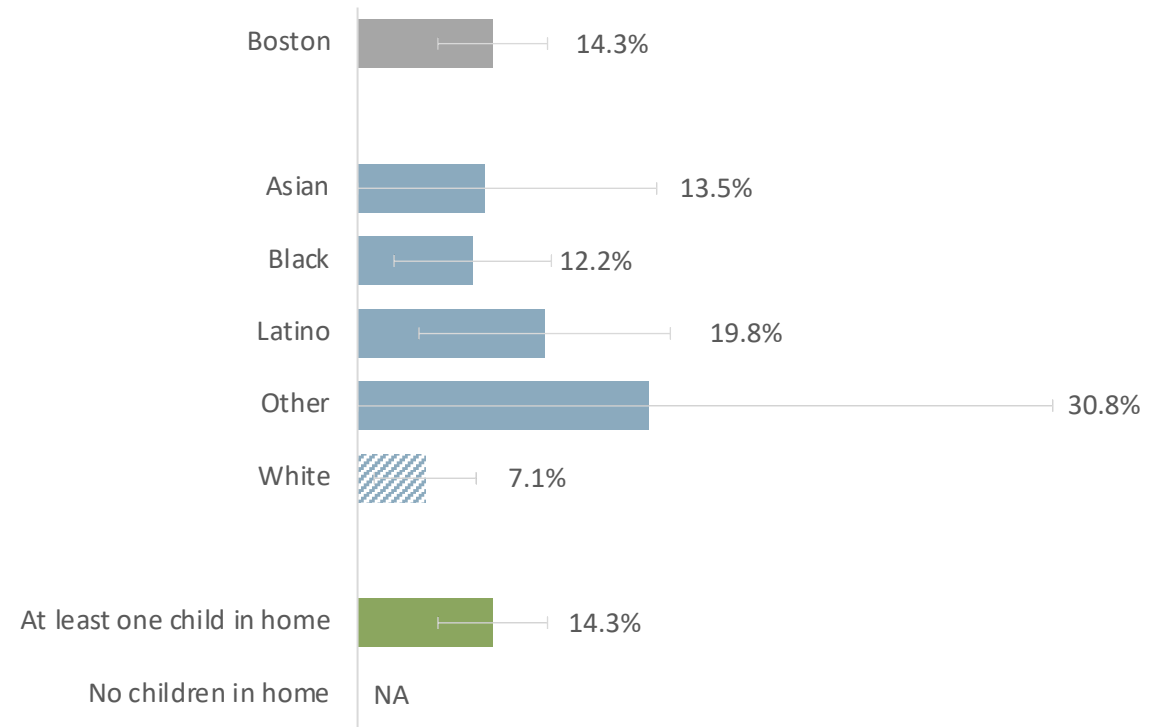
NOTES: Data show percentage of adults reporting it was sometimes or often true that the food didn't last and they did not have money to get more; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval



Access to Services: Unmet Childcare and Education Needs

- During the COVID-19 pandemic:
 - 14.3% of Boston adults with children reported having unmet childcare needs
 - 14.5% of Boston adults with children reported having unmet educational needs for children or teens
- Concerns about access to early childhood education and after school programs for youth
 - COVID-19 pandemic magnified this issue

Percent Adults with Children Reporting Having Unmet Childcare Needs During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021

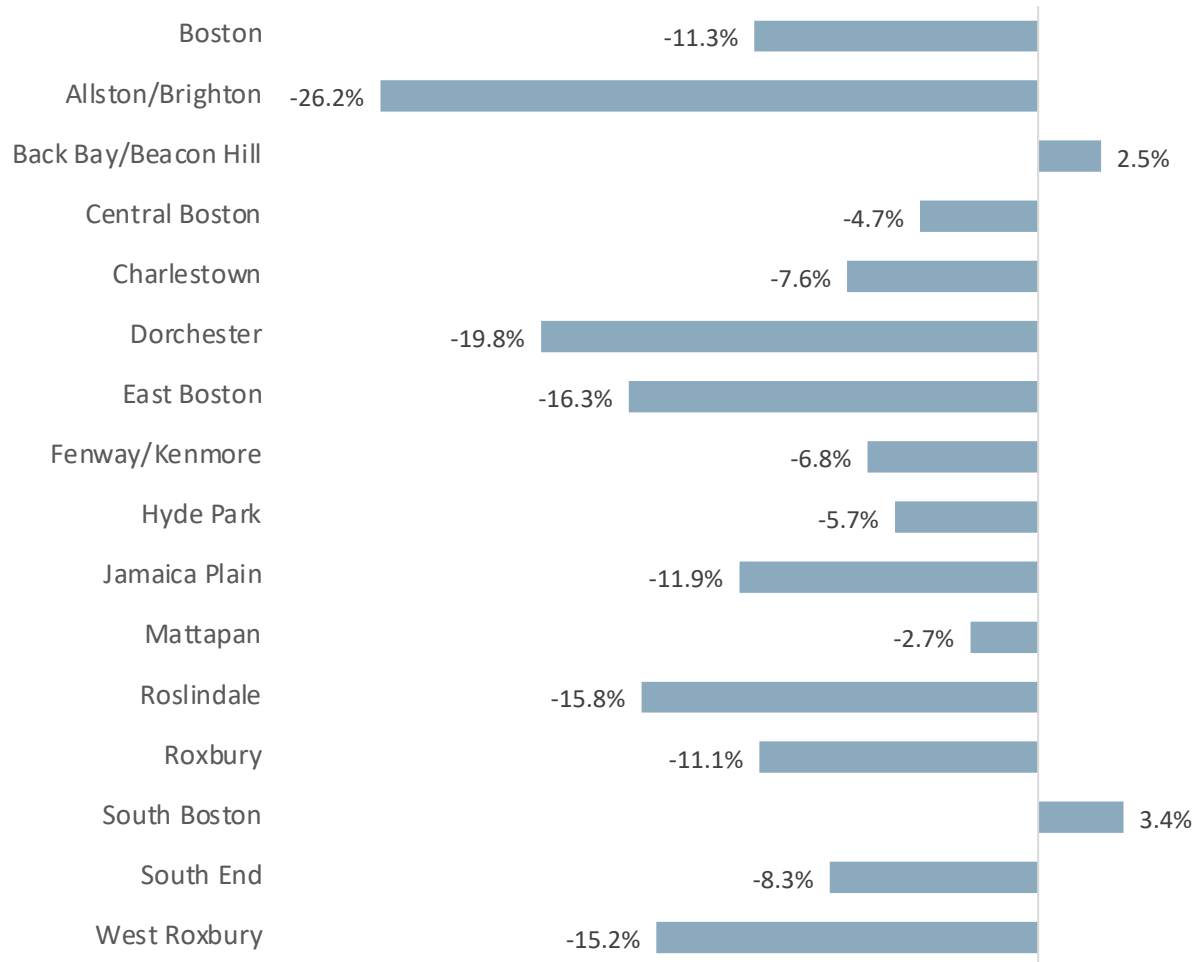


DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
NOTES: NA denotes where data are not available because only respondents who indicated having at least one child present in the household were asked this question; Bars with pattern indicate reference group for its specific category; No significant differences compared to reference groups within specific categories were observed ($p > 0.05$); Error bars show 95% confidence interval



Early childhood/Child development (Birth to 5 Years Old)

Pre-COVID & COVID Net Change in Number of Seats for Children 0-5 Years Old, by Boston Neighborhoods, by Mar 2017 - Mar 2021



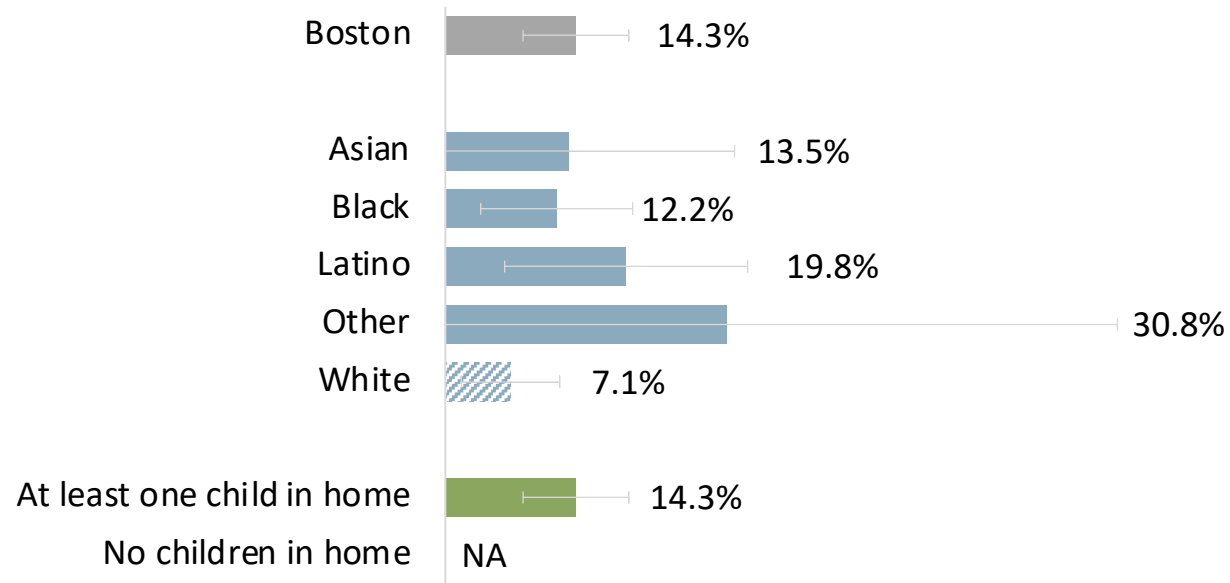
DATA SOURCE: MA Department of Early Education and Care, December 2017 to March 2021

Where the world comes for answers



Early childhood/Child development (Birth to 5 Years Old)

Percent Adults with Children Reporting Having Unmet Childcare Needs During the COVID-19 Pandemic, by Boston and Selected Indicators, December 2020-January 2021



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, COVID-19 Health Equity Questionnaire, December 2020 - January 2021

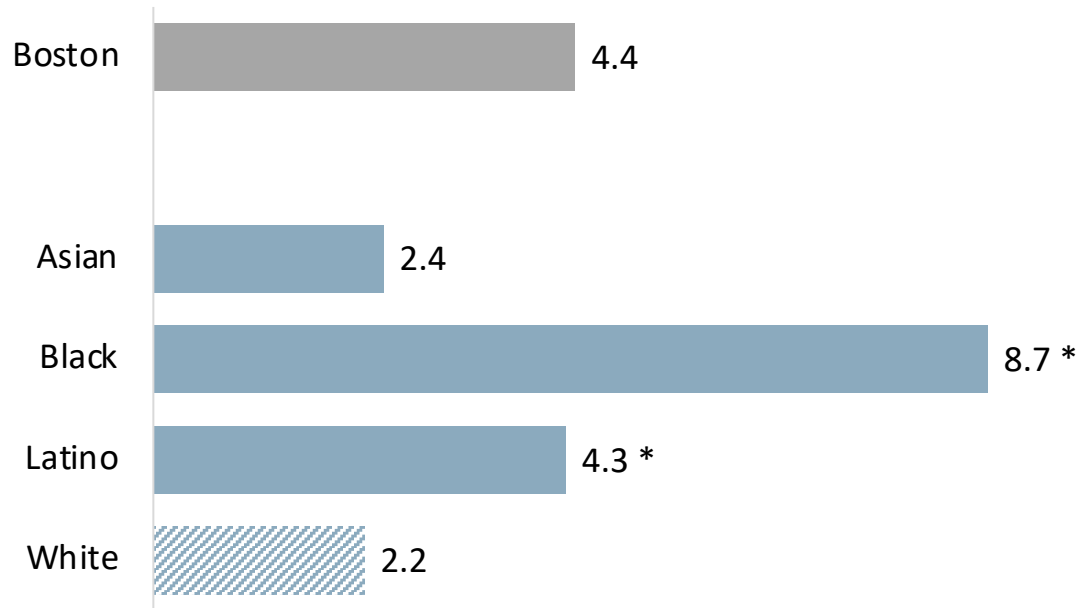
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

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



Infant Mortality Rate

Infant Mortality Rate, by Boston and Race/Ethnicity, Rate per 1,000 Live Births, 2017-2019 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2017-2019 Combined

DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office

NOTES: Infant mortality is defined as the death of an infant before 1 year of age; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).



Community Strengths

- Strong sense of community
- Community support and volunteerism
- Community institutions (e.g., churches, youth groups, LGBTQIA+ community centers, and neighborhood groups)
- Community-based organizations and service networks
- Resiliency and resourcefulness, even under difficult circumstances

“The young people themselves are the strengths, who everyday are trying the best they can to make it through difficult situations... Resilient, talented young people”–Interviewee



2022 Community Strengths

What do you see as the strengths of your community or neighborhood?

2022 BCH CHNA Survey

- All survey respondents ranked the same two top community strengths:
 - “My community has people of many races and cultures”
 - “My community is close to medical services”
- Other strengths had even distribution:
 - “People accept others who are different from themselves.”
 - “My community has good access to resources”
 - “People speak my language”
 - “People care about improving their community”
 - “People are proud of their community”



Boston Children’s Survey Results: Covid Challenges

What are the main challenges you have experienced due to COVID-19?

2022 BCH CHNA Survey

	All Respondents (N=153)	Foreign Language Speakers (N=38)
1	Social isolation/ mental wellbeing	Paying for utilities, rent, other supplies
2	Fitness & physical wellbeing	Social isolation/ mental wellbeing
3	Paying for utilities, rent, other supplies	Fitness & physical wellbeing
4	Spiritual Wellbeing	Housing
5	Educational Challenges	Unemployment

- The overall main challenges experience due to COVID-19 were social isolation/mental wellbeing, fitness/ physical challenges, paying utilities and rent, spiritual wellbeing, and educational challenges.
- Caregivers of children under 18 (N=77) had the same top 5 challenges as overall respondents.
- Foreign language speakers included housing and unemployment in their top five challenges and paying for utilities, rent and supplies at the top of the list.
- Respondents under 45 (N=76) listed education challenges as fourth.



2022 Community Health Concerns

Top Five Most Important Concerns in Their Neighborhood That Affect Their Community's Health 2022 BCH CHNA Survey

	All Respondents (N=156)	Respondents with Children Under 18 (N=79)	Respondents Under 45 (N=65)	Non-English Speakers (N=38)
1	Housing quality or affordability	Housing quality or affordability	Mental Health	Alcohol/Drug Use/Addiction
2	Mental Health	Mental Health	Housing quality or affordability	Childcare access/affordability
3	Childcare access/affordability	Childcare access/affordability	Childcare access/affordability	Homelessness
4	Alcohol/Drug Use/Addiction	Environment	Culturally and racially equitable healthcare*	Community Violence
5	Community Violence*	Community Violence*	Community Violence	Domestic Violence

