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# Franciscan Hospital for Children 2015 Community Health Needs Assessment

## Final Report

**Submitted to:**  
Franciscan Hospital  
for Children



**Franciscan**  
Hospital for Children



**Health Resources in Action**  
*Advancing Public Health and Medical Research*

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# Franciscan Hospital for Children 2015 Community Health Needs Assessment

## EXECUTIVE SUMMARY

### Introduction

Franciscan Hospital for Children’s mission is to provide compassionate, personalized, family-focused care and education for children with special health care needs, helping each child find the courage to reach their full potential with integrity and respect. Since 1949, Franciscan Hospital for Children (Franciscan) has pioneered clinical, therapeutic and educational programs for children with special health care needs. In 2015, Franciscan Hospital for Children (Franciscan) contracted with Health Resources in Action (HRIA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHNA report.

The 2015 Franciscan community health needs assessment was conducted to fill several overarching goals, specifically to:

- Examine the current health status of children and families in the Allston/Brighton community
- Identify the current health priorities among children and families, focusing specifically on pediatric health including pediatric primary care, behavioral health, oral health, autism spectrum disorders and disability
- Explore community strengths, resources, and gaps in services in order to guide future planning and programming efforts for Franciscan Hospital for Children

This report discusses the findings from the community health needs assessment, which was conducted from January 2015 through March 2015.

### Methods

This CHNA aims to identify the health-related needs and strengths of Allston/Brighton through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g., access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)—which have an impact on the community’s health. The assessment process included: synthesizing existing data on social, economic, and health indicators in Boston; conducting two focus groups and seven interviews with a range of diverse individuals – including providers, law enforcement, community-based organizational staff, and residents – to identify the perceived health needs of the community, challenges to addressing these needs, current strengths and assets, and opportunities for action.

### Findings

The following provides a brief overview of key findings that emerged from this assessment:

#### Community Social, Economic, and Physical Context

***While Allston/Brighton is a predominantly White, highly-educated population, many high-need families reside in this neighborhood and face day-to-day challenges including finding affordable housing.***

- **Demographic Characteristics:** Residents and stakeholders described Allston/Brighton as an ethnically, linguistically, and socioeconomically diverse neighborhood. Allston/Brighton’s population

grew by 7.7% between 2000 and 2010. The percent of the population between the ages of 15 and 34 is much higher in Allston/Brighton (61.3%) compared to Boston citywide (42.5%). About three-quarters (75.7%) of Allston/Brighton residents self-identify as White; 14.3% identify as Asian, 5.2% as Black, and 4.8% as other or mixed races.

*"[Allston/Brighton] is a beautifully diverse community. We're harmoniously diverse. [There are] all ethnicities in our community, and all socioeconomic backgrounds as well." –Interview participant*

- **Poverty, Income and Employment:** A few key informants stated that an inaccurate perception of Allston/Brighton as an ethnically homogenous, middle-to-upper class community persists. In reality, these stakeholders explained, Allston/Brighton has many low income families in need of services. The median household income in Allston/Brighton (\$47,814) is lower than the median household income citywide (\$53,601). When looking only at female-headed households, the percent of families living in poverty is higher in both Allston (40.9%) and Brighton (34.7%) in comparison to Boston (32.4%).
- **Education:** The adult population living in Allston/Brighton is highly educated. A higher percentage of adults in Allston/Brighton have a Bachelor's degree or higher (61.4%) compared to Boston citywide (43.9%). Interview and focus group participants had varied perspectives on the public schools in Allston/Brighton. Some interview participants suggested that schools in Allston and Brighton are in need of improvement; however, participants in the parent focus group were overall pleased with the Allston/Brighton schools.
- **Housing:** During almost all of the interviews and both focus groups, housing concerns were raised. Many participants described low home ownership rates and/or a lack of affordable housing. A few interviewees discussed the impact that housing costs have on immigrant families, stating that crowded apartments in Allston/Brighton are often occupied by immigrant families who may not understand options available to them through the housing voucher system.
- **Transportation:** Interview and focus group participants stated that, while Allston/Brighton is not isolated in terms of public transportation, the transportation system could be improved. Participants stated that the existing public transportation is unreliable and slow, and that it can be especially difficult to travel to other Boston neighborhoods.
- **Crime and Safety:** Almost all interview and focus group participants described Allston/Brighton as a safe neighborhood. Participants described loud parties from the large college student population and the high concentration of neighborhood bars, but stated that violent crime, such as shootings and stabbings, were rare.

#### Community Health Issues

***Childhood obesity, mental health and substance abuse, and autism spectrum disorders emerged as priority health concerns. Priority needs related to the program and service environment included opportunities for youth to engage in physical activity and programming that accommodates children with special health care needs. While access to pediatric primary and dental care was not a pressing concern, many Allston/Brighton children receive pediatric care outside of the neighborhood.***

- **Chronic Disease and its Risk Factors:** Risk factors for chronic diseases, such as healthy food access and exercise, were discussed. Physical activity emerged as a pressing health concern: many interview and focus group participants expressed a desire for more affordable physical activity opportunities for youth, especially during winter months. Both parents and youth focus group participants suggested that non-traditional physical activities be offered, such as yoga, Zumba, martial arts, ballet and tennis. Childhood obesity was cited as a priority health concern by a few stakeholders.

- **Behavioral Health:** Both parent and youth focus group participants spoke of mental health as being a critical component of overall health, and cautioned against focusing solely on physical health. Participants described a need for additional mental health services, specifically school-based services, parent support groups, pediatric psychiatrist and outpatient therapists, and partial day programs. Substance use and abuse emerged as a pressing health concern across a majority of the interviews and both focus groups. A few participants described an increase in heroin use and opiate overdoses in the Allston/Brighton community, including among youth. Alcohol abuse was also cited as a major issue for the Allston/Brighton community. Participants described an urgent need for substance abuse resources, especially resources that focus on prevention and education, and provide ongoing assistance after an emergency or detox.
- **Sexual Health:** While sexual health, and specifically a need for sex education, emerged as a concern during the youth focus group, it was not discussed during the parent focus groups or interviews. 22% of high school students in Boston report they have never received education in school about AIDS or HIV infection
- **Maternal and Infant Health:** While interview and focus group participants did not discuss maternal and infant health specifically, it is important to consider this topic since pregnancy and childbirth can greatly affect a child's physical, mental and emotional development. The infant mortality rate per 1,000 live births in Allston/Brighton was 3.0 in 2006-2010, compared to 5.9 in Boston as a whole. Allston/Brighton's infant mortality rate was the second lowest rate out of the 15 Boston neighborhoods for which data was available.
- **Child Development and Children with Special Health Care Needs:** Issues related to child development and children with special health care needs (CSHCN) were discussed in almost all of the interviews and focus groups. Participants described the importance of playgroups and educational workshops for both young children and their parents. Challenges for CSHCN and their families included finding after school programs and summer programs that accommodate CSHCN and provide opportunities for social interaction; advocating for support within the Boston public school system; and empowering parents from diagnosis through care. Autism spectrum disorders were discussed specifically by a few participants, who suggested that the prevalence of autism may be on the rise.
- **Environmental Health:** Participants raised concerns about noise pollution and the physical environment of their neighborhood (trash, etc.). Secondary data also shows that, compared to Boston, Allston/Brighton has a lower percentage of housing built in 1980 or later (10.8% in Allston/Brighton compared to 16.5% for Boston citywide) after lead paint was banned (in 1978).
- **Access to Care:** Most key informants stated that, to the best of their knowledge, access to pediatric primary care and dental care was not an issue for children and families in Allston/Brighton, especially given high rates of insurance among children. However, many Allston/Brighton parents traveled to other Boston neighborhoods for their child's pediatric care. For both pediatric and dental care, participants described a need for extended hours, early in the morning before school and on the weekends. They also saw a need for flu clinics for children, since pharmacies do not currently provide flu shots to kids, and for access to affordable adult dental care.

## Community Resources and Assets

***Interview and focus group participants identified many assets of the Allston/Brighton community including a strong neighborhood identity, a sense of safety, and collaborative social services.***

- Allston/Brighton was consistently described as a diverse community with a distinct neighborhood identity. Interview participants described both residents and local organizations as being “very involved” and “very collaborative.”

*“Allston/Brighton is well-connected in how organizations work together and talk to each other...Allston/Brighton [organizations are] making a concerted effort to connect the dots and support each other.”*  
–Interview participant

- Allston/Brighton was also seen by participants as a safe and peaceful place to live. While some participants noted that the student population can be disruptive, overall participants reported feeling very safe in Allston/Brighton.
- Community residents and stakeholders also described a thriving local social service sector, which collaborates regularly in order to avoid duplication of effort, and seeks to support rather than compete with each other.
- Other resources cited by participants as community assets included universities, businesses, places of worship, health care facilities, and youth programs.

## KEY THEMES AND CONCLUSIONS

Through a review of the secondary social, economic, and epidemiological data as well as discussions with community residents and stakeholders, this assessment report examines the current health status of Allston/Brighton children and their families, identifies priority health issues, and explores community assets, resources and gaps in services and programming. Several overarching themes emerged from this synthesis:

- Certain social and economic factors are especially challenging for families in Allston/Brighton. The lack of affordable housing, and resulting overcrowded residencies, emerged as a major concern for families in Allston/Brighton.
- Childhood obesity was cited as a health concern, and additional opportunities for youth to engage in physical activity are needed.
- Substance abuse and mental health issues were considered pressing concerns, and a lack of available resources were noted. Substance abuse issues cited included opiate use and binge drinking.
- Many Allston/Brighton parents access pediatric care outside of their neighborhood. Parents stated that they choose pediatric providers who offer in one location a comprehensive set of services such as primary care, emergency care, care for children with autism and disabilities, and dental care.
- Pediatric dental care is available; however, opportunity exists to improve access by expanding hours to evenings and weekends.
- Programs and services that accommodate children with special health care needs (CSHCN) and their families are needed. A need for after school programs and summer programs that accommodate CSHCN emerged as a pressing health concern. Autism spectrum disorders were cited specifically as being on the rise and in need of programming.
- Allston/Brighton is a diverse community with a strong neighborhood identity and active, collaborative local organizations. There is great potential for Allston/Brighton organizations to work together to address priority health needs.

## **BACKGROUND**

### **Overview of Franciscan Hospital for Children**

Franciscan Hospital for Children's mission is to provide compassionate, personalized, family-focused care and education for children with special health care needs, helping each child find the courage to reach their full potential with integrity and respect. Since 1949, Franciscan Hospital for Children (Franciscan) has pioneered clinical, therapeutic, and educational programs for children with special health care needs.

As one of the nation's largest pediatric rehabilitation hospitals, Franciscan has expanded its complement of programs and services for children with special health care needs, as well as for children from the local community. Franciscan's continuum of care now spans inpatient, residential, educational, surgical, outpatient, and home care programs, a unique and powerful combination. In addition to medical, behavioral and educational services for children with special health care needs, Franciscan also offers pediatric care, pediatric dentistry, and family child care to all children and families from the local community and beyond.

### **Purpose of the Community Health Needs Assessment**

In 2015, Franciscan Hospital for Children (Franciscan) sought to undertake a community health needs assessment (CHNA) of the communities it serves. The purpose of the CHNA was to provide an empirical foundation for future health planning as well as fulfill the community health needs assessment mandate for non-profit institutions put forth by the Internal Revenue Service (IRS). Franciscan contracted with Health Resources in Action (HRiA), a non-profit public health organization in Boston, MA, to collect and analyze data to develop the CHNA report.

The 2015 Franciscan community health needs assessment was conducted to fill several overarching goals, specifically to:

- Examine the current health status of children and families in the Allston/Brighton community
- Identify the current health priorities among children and families, focusing specifically on pediatric health including pediatric primary care, behavioral health, oral health, autism spectrum disorders and disability
- Explore community strengths, resources, and gaps in services in order to guide future planning and programming efforts for Franciscan Hospital for Children

This report discusses the findings from the community health needs assessment, which was conducted from January 2015 through March 2015.

### Definition of Community Served

While Franciscan's patients come from across the United States and even from international destinations, Franciscan is located in the Allston/Brighton neighborhood of Boston, Massachusetts. The community for this CHNA is defined as the Allston/Brighton neighborhood. This geographic area was selected for the CHNA because Franciscan recognizes the importance of focusing efforts directly in the neighborhood where the hospital is located and addressing the health needs of the local community.

## **METHODS**

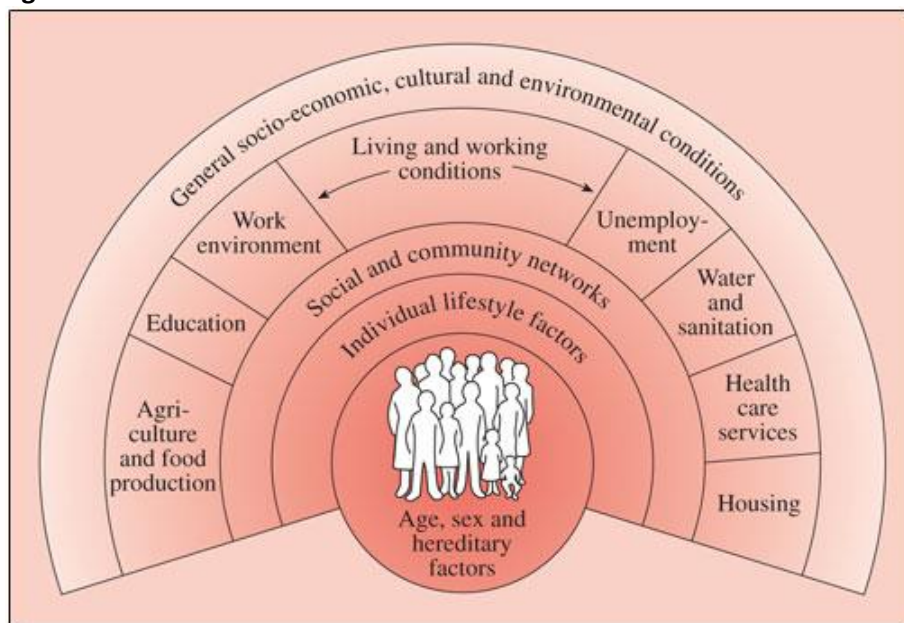
The following section describes how the data for this community health needs assessment was gathered and analyzed. This section also provides context about the overarching framework used to guide the



assessment process. Specifically, the community health needs assessment defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., exercise and alcohol consumption), to clinical care (e.g., access to medical services), to social and economic factors (e.g., employment opportunities) and the physical environment (e.g., transportation)—that all have an impact on the health of children and their families.

The diagram in Figure 1 provides a visual representation of the multitude of factors that affect health, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors such as quality of housing and educational opportunities. This report provides information on many of these factors, and also reviews key health outcomes among the residents of the Allston/Brighton neighborhoods.

**Figure 1: Social Determinants of Health Framework**



SOURCE: World Health Organization, Commission on Social Determinants of Health. (2005)

**Quantitative Data: Reviewing Existing Secondary Data**

In an effort to develop a social, economic, and health portrait of the Allston/Brighton neighborhoods, HRIA reviewed existing data drawn from state and local sources. Sources of data include but were not limited to the U.S. Census, Massachusetts Department of Public Health, Boston Public Schools, Boston Public Health Commission, and Boston Police Department, among others. Data analyses were generally conducted by the original data source (e.g., U.S. Census, Boston Public Health Commission). Types of data included self-report of health behaviors from large, population-based surveys such as the Boston Behavioral Risk Factor Surveillance System (BBRFSS), as well as vital statistics. It should be noted that aside from population counts, age, and racial/ethnic distribution, other data from the U.S. Census derive from the American Community Survey, which is comprised of data from a sample of a given geographic area. Per Census recommendations, aggregated data from the past five years was used for these indicators to yield a large enough sample size to look at results by municipality and census tract.

**Qualitative Data: Gathering Community Input**

In addition to analyzing epidemiological data from the Allston/Brighton neighborhoods, HRIA conducted qualitative research with community stakeholders and residents to gather in-depth information on their

perceptions of community strengths and assets, their priority health concerns, and their suggestions on what programming or services are most needed to address these concerns. To this end, during February-March 2015, two focus groups and seven key informant interviews were conducted to gather feedback on residents' health concerns, community challenges to addressing these concerns, current resources and strengths of the area, and opportunities for the future. HRiA and Franciscan brainstormed to identify focus group segments and key informants working across a range of sectors. Participants represented a broad cross-section from the community, including those who represent medically underserved populations, representatives from the local government public health department with expertise in public health, community-based organizations, and health care providers.

### Focus Groups

Focus groups were conducted with parents of children 18 or under and youth (14-18 years old) living in Allston/Brighton. Focus group discussions explored participants' perceptions of their neighborhood, priority health concerns, and suggestions for future programming and services to address these issues. A semi-structured moderator's guide was used across all discussions to ensure consistency in the topics covered. While similar, separate guides were used for the parent and youth focus groups so that they were age and developmentally appropriate.

Each focus group was facilitated by an experienced HRiA staff member, while a note-taker took detailed notes during the discussion. On average, focus groups lasted 90 minutes, and each focus group included 8 participants. Before the start of the groups, all youth and parent participants were explained the purpose of the study and signed a consent form. They were also notified in writing and verbally that group discussions would remain confidential, and no responses would be connected to them personally. All youth and parent participants were provided a small stipend (\$25) for their time.

Participants for the groups were recruited by community and social service organizations located in Allston/Brighton, which were compensated \$200 per group for their efforts. A list of the organizations involved in focus group recruitment can be found in Appendix A.

### Key Informant Interviews

Interviews were conducted with seven individuals representing a range of sectors, including leaders in health care, law enforcement, government, and social service organizations focusing on vulnerable populations. The interviews explored participants' perceptions of their communities and priority health concerns, and solicited suggestions for future programming and services to address their perceived health issues. Similar to the focus groups, a semi-structured interview guide was used across all discussions to ensure consistency in the topics covered. Interviews were approximately 30-45 minutes in length. A list of stakeholder interviewee positions and organizations can be found in Appendix B.

### Analyses

The collected qualitative information was manually coded and then analyzed thematically for main categories and sub-themes. Data analysts identified key themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. Selected paraphrased quotes – without personal identifying information – are presented in the narrative of this report to further illustrate points within topic areas.

### **Limitations**

As with all research efforts, there are several limitations related to the assessment's research methods that should be acknowledged. It should be noted that for the secondary (quantitative) data analyses, in

several instances, regional data could not be disaggregated to the neighborhood level due to the small population size of the Allston/Brighton neighborhoods. Additionally, several sources did not provide current data stratified by race/ethnicity, gender, or age –thus these data could only be analyzed by total population. Lastly, most of the quantitative data on health issues among youth are available for adolescents, but not younger children. The amount of information on children under 13 years old is limited.

Likewise, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or underreport behaviors and illnesses based on fear of social stigma or misunderstanding the question being asked. In addition, respondents may be prone to recall bias—that is, they may attempt to answer accurately but remember incorrectly. In some surveys, reporting and recall bias may differ according to a risk factor or health outcome of interest.

For the qualitative data, it is important to recognize results are not statistically representative of a larger population due to non-random recruiting techniques and a small sample size. Recruitment for focus groups was conducted by community organizations, and participants may be more likely to be those already engaged in community organizations or initiatives. Because of this, it is possible that the responses received only provide one perspective of the issues discussed. While efforts were made to talk to a diverse cross-section of individuals, demographic characteristics were not collected of the focus group and interview participants, so it is not possible to confirm whether they reflect the composition of the region. Lastly, it is important to note that data were collected at one point in time, so findings, while directional and descriptive, should not be interpreted as definitive.

## FINDINGS

### Community Social, Economic and Physical Context

The social, economic, and physical environments are important contextual factors shown to have an impact on the health of individuals and families. The health of a community is associated with numerous factors including what resources and services are available (e.g., safe green space, access to healthy foods) as well as who lives in the community. The section below provides an overview of the population of the Boston region and the Allston/Brighton neighborhood.

#### Demographics

*"[Allston/Brighton] is a beautifully diverse community. We're harmoniously diverse. [There are] all ethnicities in our community, and all socioeconomic backgrounds as well."* – Key informant interview participant

The demographics of a community are significantly related to the rates of health outcomes and behaviors of that area. While age, gender, race, and ethnicity are important characteristics that have an impact on an individual's health, the *distribution of these characteristics* in a community may affect the number and type of services and resources available. Table 1 shows the total population for the city of Boston and by Boston neighborhood in 2000 and 2010. Citywide, the total population has grown by 4.8% from 2000 and 2010. In the Allston/Brighton neighborhood, the total population has grown at an even faster rate, increasing by 7.7% from 2000 to 2010.

**Table 1: Total Population, Boston and by Neighborhood, 2000 and 2010**

Geography	2000	2010	% Change
Boston	589,141	617,594	4.8
Allston/Brighton	69,648	74,997	7.7
Back Bay*	48,349	50,889	5.3
Charlestown	15,195	16,439	8.2
Chinatown	9,196	12,843	39.7
East Boston	38,413	40,508	5.5
Fenway	29,823	32,415	8.7
Hyde Park	34,420	34,218	-0.6
Jamaica Plain	29,482	30,081	2.0
Mattapan	19,724	18,010	-8.7
North Dorchester	83,212	81,214	-2.4
North End	12,114	13,480	11.3
Roslindale	35,047	32,896	-6.1
Roxbury	50,349	59,640	18.5
South Boston	29,938	33,674	12.5
South Dorchester	45,291	43,870	-3.1
South End**	33,502	40,732	21.6
West Roxbury	26,108	27,476	5.2

\*Includes Beacon Hill, Downtown, the North End, and the West End

\*\*Includes Chinatown

DATA SOURCE: Boston Public Health Commission, as reported by Health of Boston 2012-2013

Many key informants and one focus group noted the large population of college students living in Allston/Brighton. One key informant also stated that Allston/Brighton has a smaller youth population in comparison to other neighborhoods, and described how schools in Allston/Brighton transport children from other neighborhoods to fill slots. Table 2 shows the age distribution for Boston’s population citywide and for the Allston/Brighton neighborhood. While the percent of the population under age 15 in Allston/Brighton (6.7%) is lower in comparison to the entire city of Boston (13.9%), the percent of the population between the ages of 15 and 34 is much higher in Allston/Brighton (61.3%) compared to Boston citywide (42.5%).

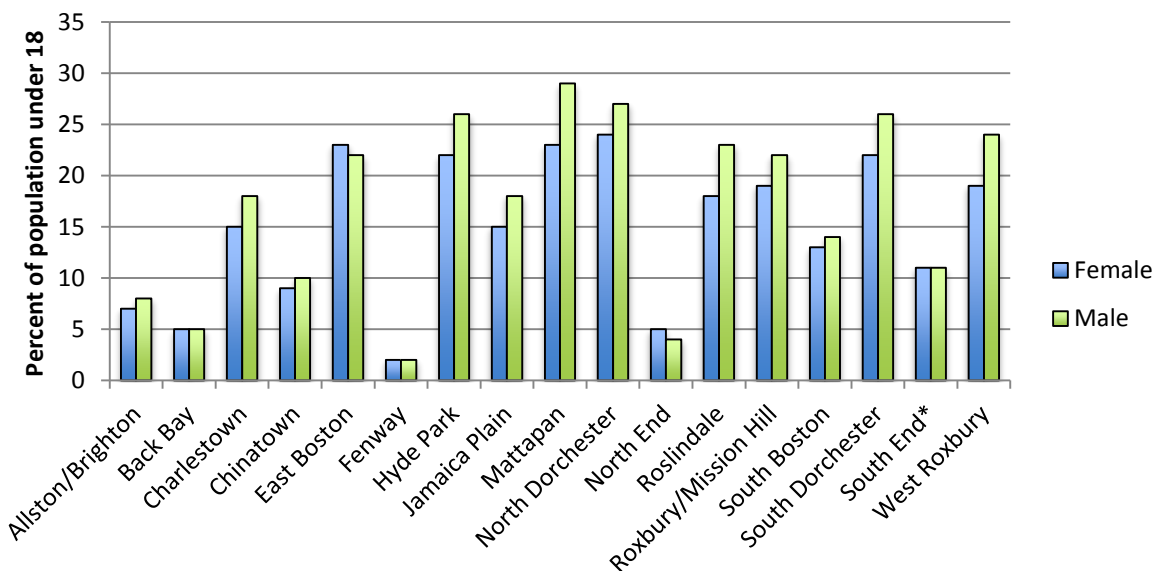
**Table 2: Age Distribution, Boston and Allston/Brighton, by Age Group, 2009 – 2013**

Geography	% <5 yrs old	% 5 - 14 yrs old	% 15 - 24 yrs old	% 25 -34 yrs old	%35 – 44 yrs old	% 45 – 64 yrs old	% 65+ yrs old
Boston	5.3	8.6	21.0	21.5	12.6	20.7	10.3
Allston/Brighton	3.7	3.0	32.3	29.0	8.7	13.7	9.6

DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 2 shows the percent of the population under age 18 by gender and by Boston neighborhood. In comparison to Allston/Brighton, the percentage of the population that is under 18 is lower in only 3 Boston neighborhoods (Back Bay, Fenway, and the North End). The percent of the population under 18 in Allston/Brighton that is female (7%) is just slightly less than the percent that is male (8%).

**Figure 2: Percent of Population Under 18 by Gender and Neighborhood, 2010**



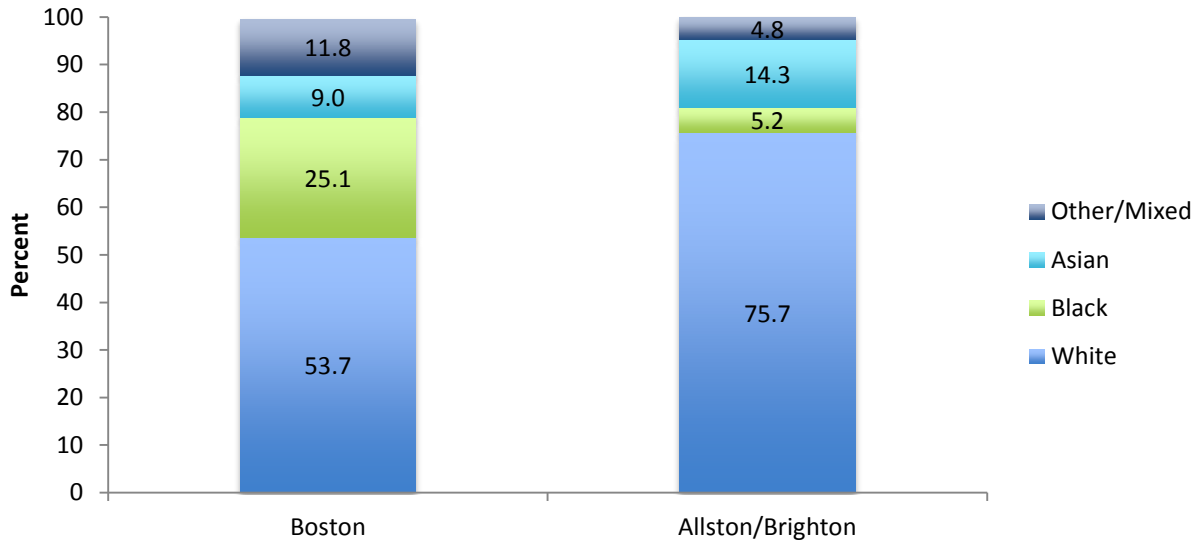
\*Includes Chinatown

DATA SOURCE: Boston Public Health Commission, as reported by Health of Boston 2012-2013

Several interview participants noted the racial/ethnic and socioeconomic diversity of the Allston/Brighton neighborhood. Quantitative data presented in Figure 3 and Figure 4 illustrate the racial and ethnic diversity of Allston/Brighton compared to the city of Boston. Slightly over half of Boston residents self-identify as White (53.7%), while Allston/Brighton has a larger proportion of White

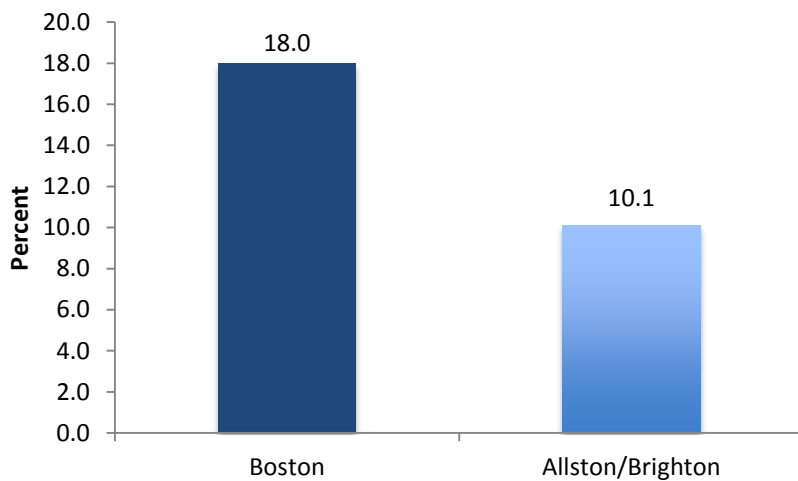
residents (75.7%). Boston also has a higher percentage of Black and Hispanic residents (25.1% and 18%, respectively) compared to Allston/Brighton (5.2% and 10.1%, respectively), while Allston/Brighton has a higher percentage of Asian residents (14.3%) compared to Boston (9.0%). It should be noted that the U.S. Census considers race and ethnicity two separate categories which are not mutually exclusive, thus White and Black individuals may also be considered Hispanic/Latino.

**Figure 3: Population by Race/Ethnicity, 2009 - 2013**



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

**Figure 4: Percent of Hispanic or Latino Population, 2009 – 2013**

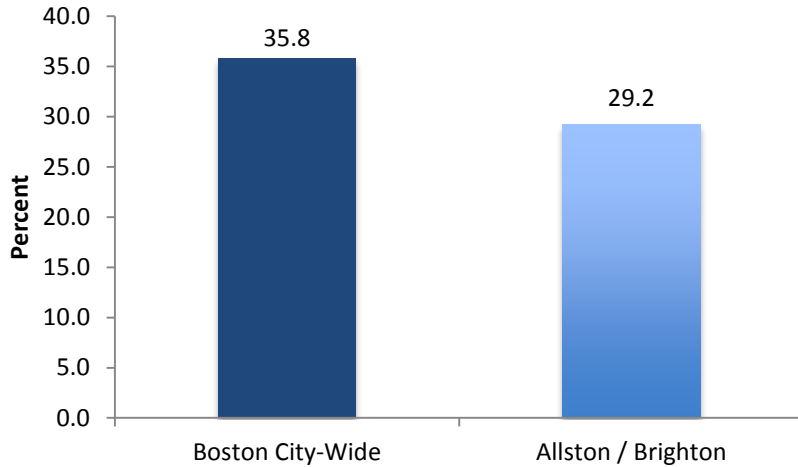


DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Interview stakeholders also described how Allston/Brighton residents speak a variety of languages including Spanish, Portuguese, Chinese, Russian, Haitian-Creole, and Vietnamese. Figure 5 illustrates

that 29.2% of Allston/Brighton households speak a language other than English at home, in comparison to 35.8% of households in Boston.

**Figure 5: Percent of Households with Language Other than English Spoken at Home, Population 5 Years and Over, 2009 – 2013**



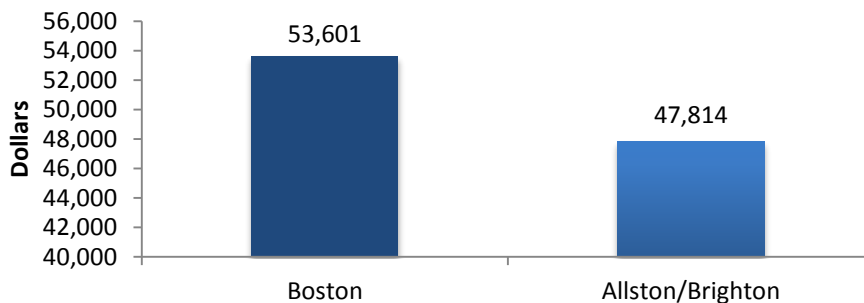
DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

#### Poverty, Income and Employment

*“The reputation... [of] Allston/Brighton [is that it] doesn’t have a lot of high need families. But when you really look at it that’s not true. But there’s a reputation or an assumption that it’s not high need, and that it’s mostly white middle class families. And that’s not true either.” – Key informant interview participant*

A few key informants stated that an inaccurate perception of Allston/Brighton as an ethnically homogenous, middle-to-upper class community persists. In reality, these stakeholders explained, Allston/Brighton is a diverse community with many “high need” families, i.e. low income families in need of services and support. Figure 6 shows that the median household income in Allston/Brighton (\$47,814) is lower than the median household income citywide (\$53,601).

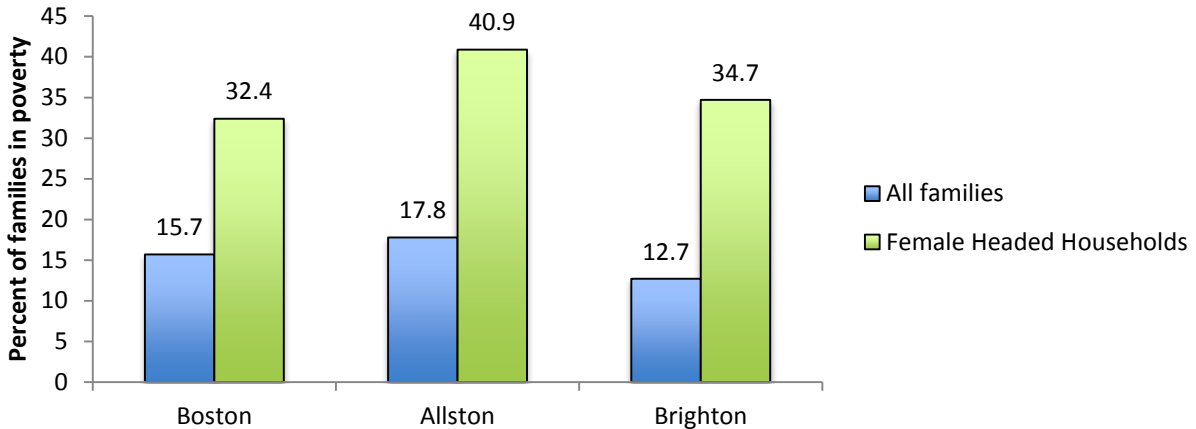
**Figure 6: Median Household Income, 2009 – 2013**



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 7 shows that the percent of families living in poverty is lower in Brighton (12.7%) but higher in Allston (17.8%) in comparison to Boston as a whole (15.7%). However, when looking only at female-headed households, the percent of families living in poverty is higher in both Allston (40.9%) and Brighton (34.7%) in comparison to Boston (32.4%).

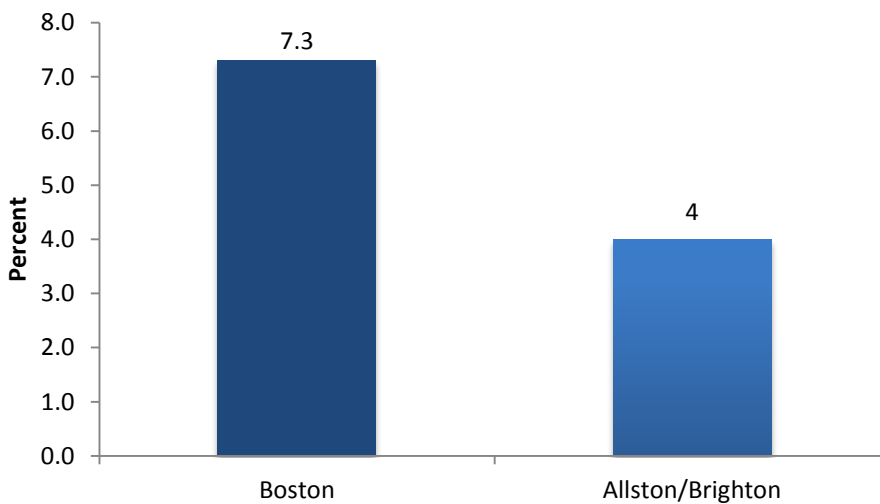
**Figure 7: Families with Income Below Poverty Level by Family Type, 2008 - 2012**



DATA SOURCE: U.S. Census Bureau, 2008-2012 American Community Survey, Boston Redevelopment Authority Research Division Analysis

While interview and focus group participants did not discuss unemployment specifically, one focus group discussion focused on the challenges working parents faced in finding affordable child care during evenings and weekends. Figure 8 shows that the percent of unemployed adults in Allston/Brighton (4%) is lower than the percent in Boston citywide (7.3%).

**Figure 8: Percent Unemployed, Adults Age 16 and Older, 2009 - 2013**



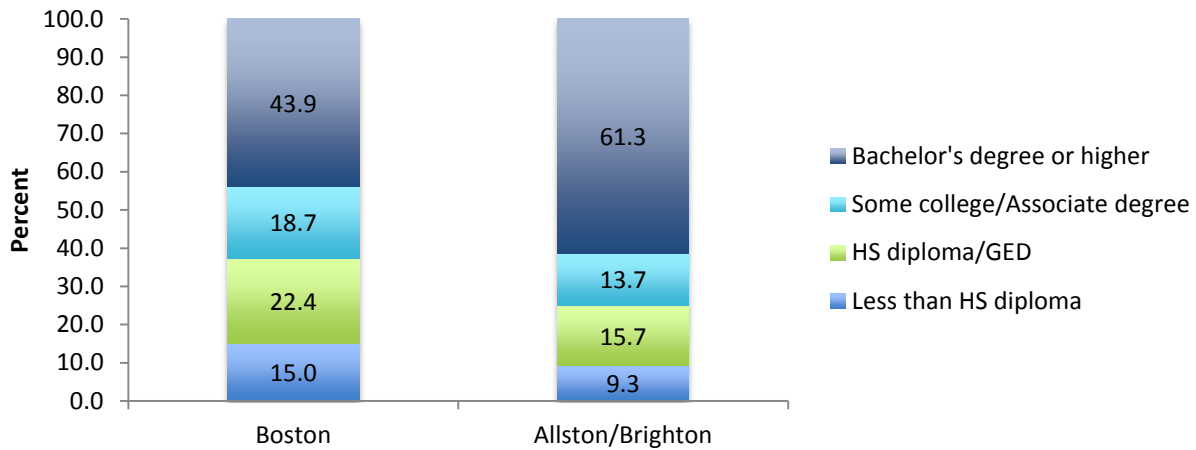
DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey



## Education

Figure 9 below illustrates that a higher percentage of adults in Allston/Brighton have a Bachelor's degree or higher (61.4%) compared to Boston citywide (43.9%). A few of the interview participants described the presence of universities (Boston College, Boston University and Harvard University) in the community as an asset.

**Figure 9: Education, Adults Age 25 and Older, 2009-2013**

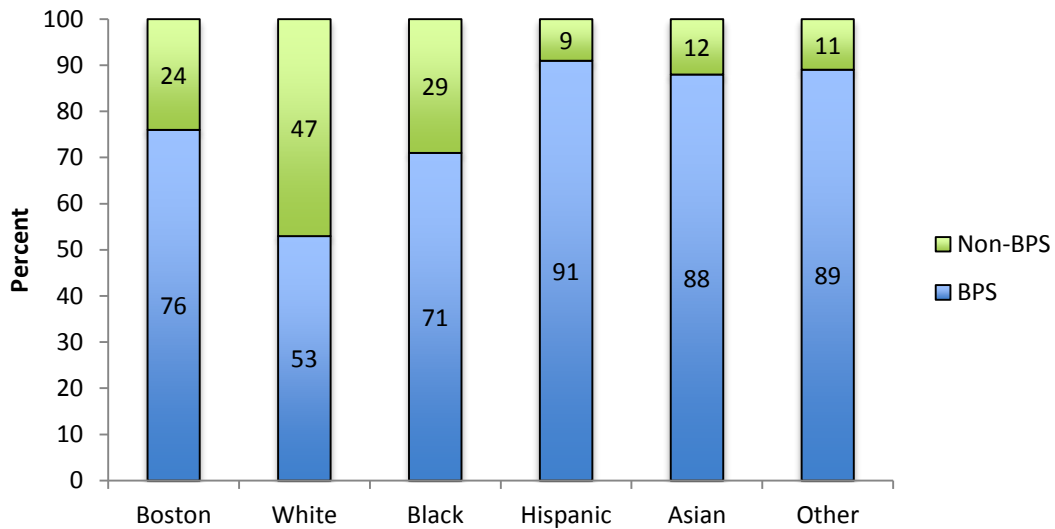


DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Interview and focus group participants had varied perspectives on the public schools in Allston/Brighton. Some interview participants suggested that schools in Allston and Brighton are in need of improvement, stating that *"we have to do better with our schools"*. A few interview participants suggested that families may be moving out of Allston/Brighton so that their children can attend better schools. However, participants in the parent focus group were overall pleased with the Allston/Brighton schools, especially in comparison to schools in other Boston neighborhoods and other cities like Philadelphia.

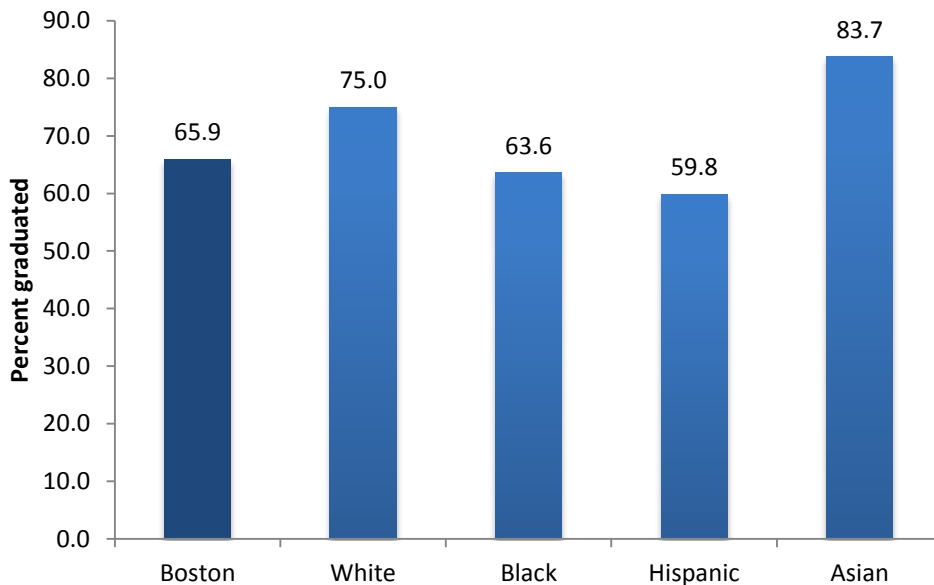
Figure 10 shows that more White children (53%) attend schools outside of the Boston Public School (BPS) system, compared to Black (29%), Asian (12%) and Hispanic (9%) students. Within the BPS system, a higher percentage of Asian and White students (83.7% and 75%, respectively) graduate in four years in comparison to Black and Hispanic students (63.6% and 59.8%, respectively).

**Figure 10: Percent of Children Attending School by School Type, 2010-2011, by Race**



DATA SOURCE: Boston Public Schools at a Glance 2010-2011, as Reported in Health of Boston 2012-2013

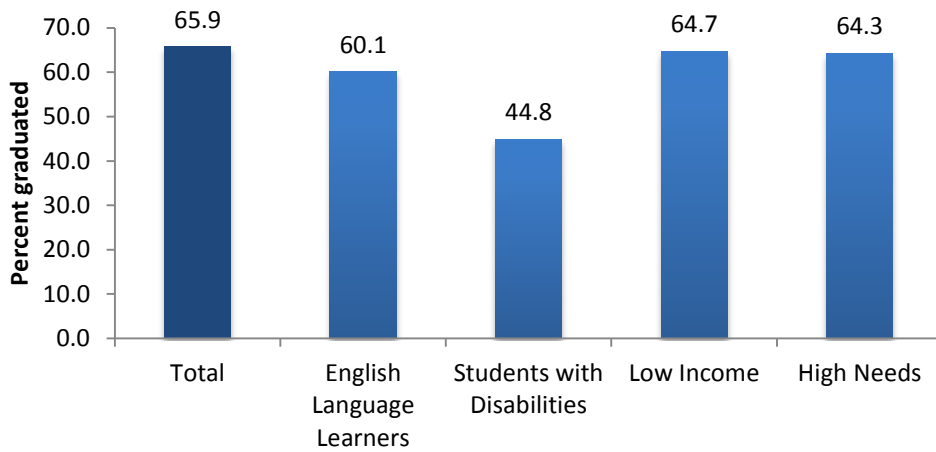
**Figure 11: Boston Public School Graduates at Four Years by Race/Ethnicity, 2013**



DATA SOURCE: Boston Public Schools 2013

Figure 12 shows that, in 2013, the percent of students with disabilities who graduated from Boston Public Schools in four years was only 44.8%, while the graduation rate of the general BPS student population was 65.9%. Figure 13 shows that at Brighton High School, the percent of students with disabilities who graduate within four years (50.0%) is also lower than the percent of all students who graduate (59.8%); however, this disparity in graduation rates is smaller than for BPS system-wide.

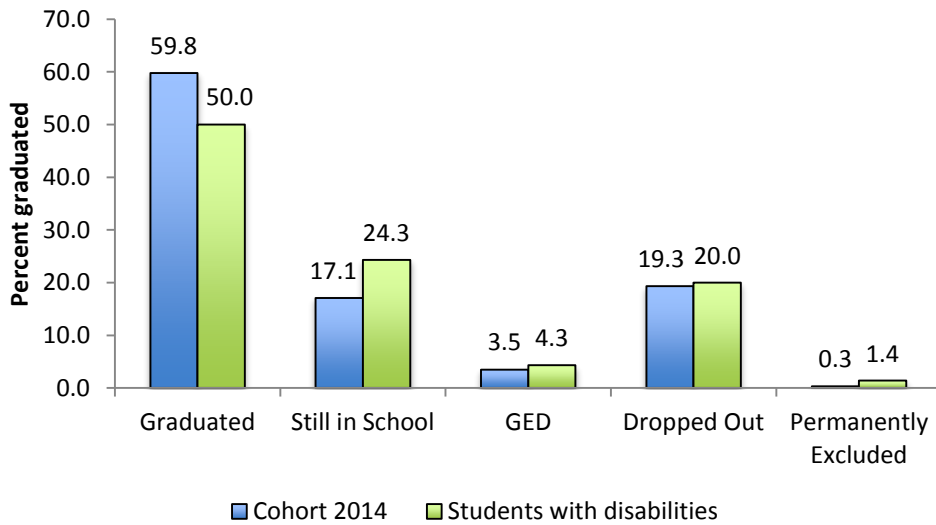
**Figure 12: Percent of Boston Public School Student Graduates at Four Years by Student Subgroup, 2013**



Note: “High Needs” includes an unduplicated count of all students in a school or district belonging to at least one of the following individual subgroups: students with disabilities, English language learners (ELL) and former ELL students, or low income students.

DATA SOURCE: Boston Public Schools 2013

**Figure 13: Brighton High School Four-Year Graduation Rate, 2014**



Note: An exclusion is defined as the removal of a student for disciplinary purposes permanently, indefinitely or for more than ten consecutive school days.

DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, 2014

## Housing

*“Finding housing can be a problem because it’s a mix of nice properties and slum lords. You have to go through a real estate agent and it’s expensive.”* – Parent focus group participant

*“Our shelter system puts families very far away from their health care sometimes.”* – Key informant interview participant

During almost all of the interviews and both focus groups, housing concerns were raised. Many participants described low home ownership rates and/or a lack of affordable housing. A few interviewees discussed the impact that housing costs have on immigrant families, stating that crowded apartments in Allston/Brighton are often occupied by immigrant families who may not understand options available to them through the housing voucher system. One participant was concerned about the high number of house fires that occurred this year and were concentrated in housing occupied by recent or undocumented immigrants.

Participants also described how the lack of affordable housing drives Allston/Brighton residents to move out of the community when they want to start a family. For example, one participant stated that: *“It’s tough for a family to buy a property in Allston/Brighton. There’s a lot of people that stay... for 5-10 years, and then leave when they want to start a family because it’s too expensive.”* In addition to the issue of affordability, the quality of Allston/Brighton schools was cited as a reason families move out of the neighborhood.

As illustrated in Table 3, the percent of owner-occupied housing units in Allston/Brighton (22.1%) is lower than the percent in Boston (34.1%) and substantially lower than the percent in Massachusetts (62.7%).

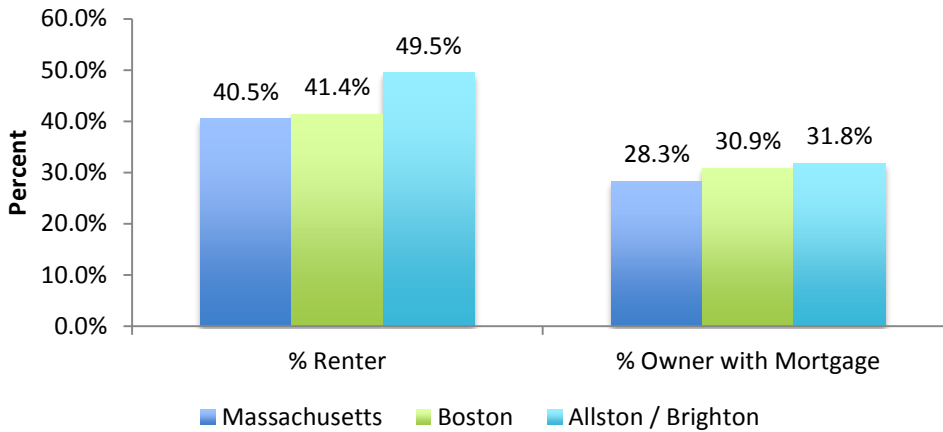
**Table 3: Housing Tenure, Occupied Housing Units, 2009 – 2013**

<b>Geography</b>	<b>% Owner-Occupied</b>	<b>% Renter-Occupied</b>
Massachusetts	62.7	37.3
Boston	34.1	65.9
Allston / Brighton	22.1	77.9

DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Compared to the city of Boston and the state of Massachusetts, a higher percentage of Allston/Brighton residents pay 35% or more of their household income towards housing costs (Figure 14). For example, 49.5% of Allston/Brighton renters, compared to 41.4% of Boston renters and 40.5% of Massachusetts renters, have housing costs that are 35% or more of their household income. Overall, compared to owners, a higher percentage of renters spend 35% or more of their income on housing costs.

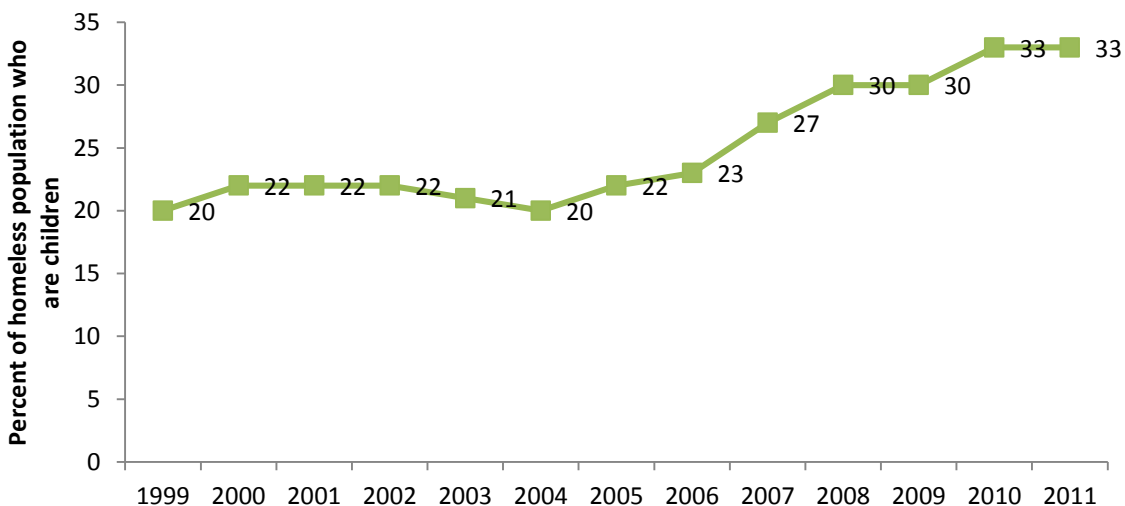
**Figure 14: Percent of Residents Whose Housing Costs are 35% or More of Household Income, 2009-2013**



DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Focus group participants and a few interviewees described homelessness as an issue in their community, and also explained how some hotels in Allston/Brighton serve as homeless shelters for families. One participant specifically discussed challenges that children with special health care needs (CSHCNs) and their families face when navigating the shelter system, stating that: *“families that have the unfortunate combination of being homeless and having CSHCNs are especially vulnerable”*. This participant described how difficult it can be for parents to advocate for a child when needs are not visibly apparent (e.g., a child has autism or mental health issues, rather than a physical disability). When needs are not easily identifiable, CSHCN are sometimes placed in housing or shelters that are a long distance from their regular care providers. As shown in Figure 15, the percent of the homeless population who are children has risen from 20% of the homeless population in 1999 to 33% in 2011.

**Figure 15: Homeless Children in Boston, 1999-2011**



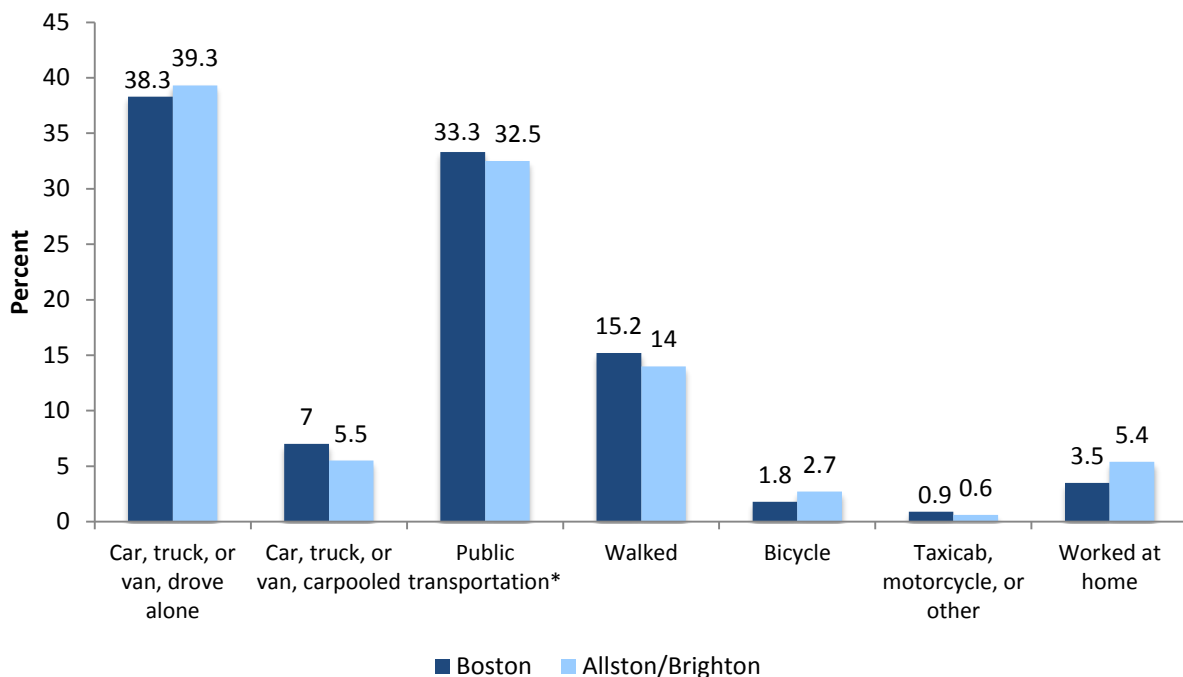
DATA SOURCE: Homeless Counts, City of Boston Emergency Shelter, as Reported in Health of Boston 2012-2013

## Transportation

*“If you’re getting out of work during rush hour, it’s hard to get back to Allston/Brighton. The green line is unreliable.” – Parent focus group participant*

Interview and focus group participants stated that, while Allston/Brighton is not isolated in terms of public transportation, the transportation system could be improved. Participants stated that the existing public transportation is unreliable and slow, and that there is a need for more train and bus service. Focus group participants also described a need for more parking in Allston/Brighton, for those who drive. One interview participant noted that having a highway, the Massachusetts Turnpike, run through Allston/Brighton is *“tough”*. Figure 16 shows that Allston/Brighton workers’ means of transportation to work is similar to Boston workers’ transportation means. For example, 38.3% of Boston workers and 39.3% of Allston/Brighton workers drive alone to work, while 33.3% of Boston workers and 32.5% of Allston/Brighton workers take public transportation.

**Figure 16: Means of Transportation to Work, Workers 16 years and over**



\*Excluding taxicab

DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Interview participants also described transportation challenges for specific sub-populations. For example, one interviewee stated that the hotels in Allston/Brighton that serve as homeless shelters are not easily accessible by public transportation, making it difficult for families living in these shelters to get around. Another interview participant also stated that in her work with parents of children with special health care needs, transportation difficulties are a common concern.

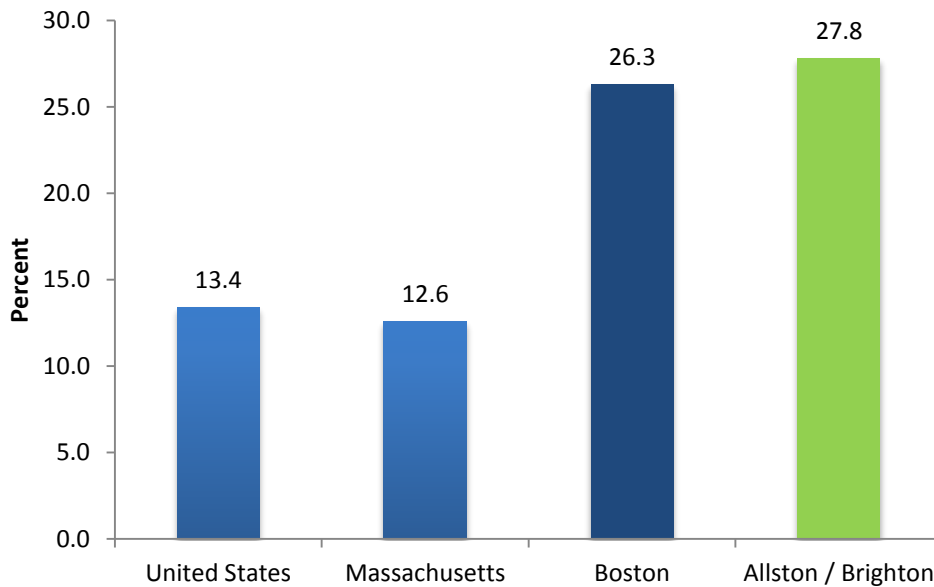
## Crime and Safety

*“Because of all the students, Allston/Brighton doesn’t have issues like other neighborhoods – there are no violent crimes or shootings. It’s a fine balancing act. There are loud parties, but as a trade-off [Allston/Brighton has] very low violent crime and personal crime.” – Key informant interview participant*

*“Really little kids...are exposed to violence. Because they’re little, it’s going to affect them more as they grow up.” – Youth focus group participant*

Almost all interview and focus group participants described Allston/Brighton as a safe neighborhood. Parent focus group participants perceived that Allston/Brighton is a safe environment, but did express concern about reckless and speedy drivers who would not notice children walking along and crossing streets. While the youth focus group participants generally reported feeling safe in Allston/Brighton, they believed that younger children in their neighborhood, especially children living in the projects, were exposed to violence and also noted that former gang members are present. Figure 17 shows that a slightly higher percentage of parents/caregivers in Allston/Brighton reported feeling their child was unsafe in the neighborhood (27.8%) compared to parents in Boston as a whole (26.3%).

**Figure 17: Parents/Caregivers Who Felt Child Was Unsafe\* in Neighborhood, Ages 0 - 17**



\*Parents/Caregivers reported that they felt that child is either sometimes or never safe in community or neighborhood

DATA SOURCE: Boston Survey of Children's Health, 2012; National Survey of Children's Health, 2011-2012

Participants did describe loud parties from the large college student population and the high concentration of neighborhood bars. However, participants stated that violent crime, such as shootings and stabbings, were rare. Table 4 provides counts of crimes reported in 2014, per 100,000 residents. While the homicide rate in Boston in 2014 was 8.42 homicides per 100,000, 0 homicides were reported in Allston/Brighton. However, in comparison to Boston, crime rates in Allston/Brighton were higher for

rape/attempted rape (39.29 per 100,000 residents in Allston/Brighton compared to 35.60 in Boston) and burglary/attempted burglary (467.14 per 100,000 residents in Allston/Brighton compared to 421.18 in Boston). As illustrated in Figure 18, the rate of nonfatal gunshot/stabbing emergency department visits per 1,000 residents in Allston/Brighton (0.4) is also lower than the rate for Boston citywide (0.9).

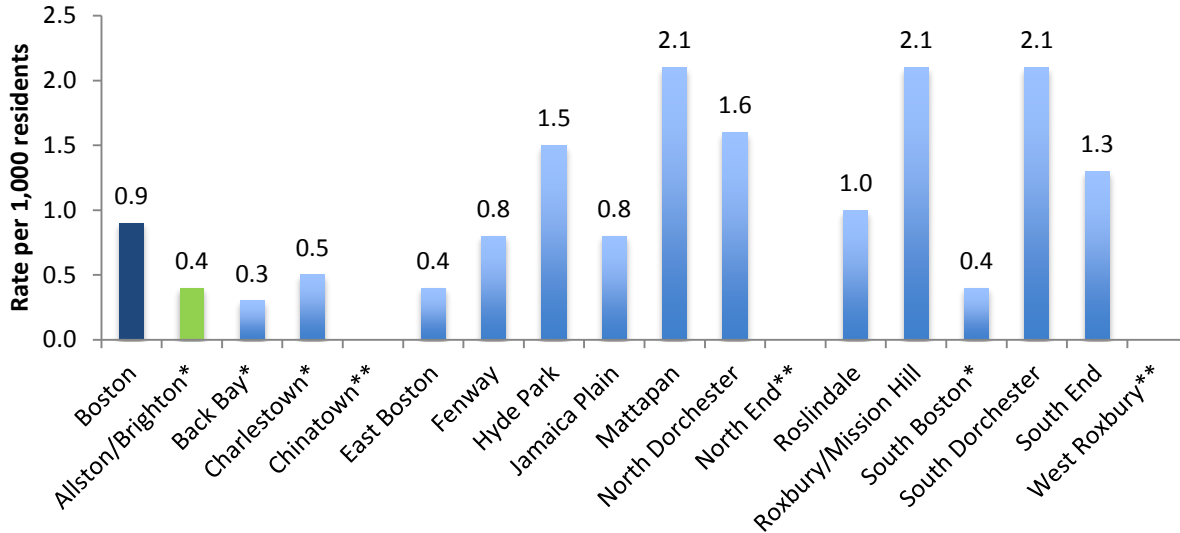
**Table 4: Crime Reported by Type, Rate per 100,000 Residents\*, January 1 - December 31, 2014**

Crime Reported	Boston	Allston/Brighton
Homicide	8.42	0.00
Rape/Attempted Rape	35.60	38.29
Robbery/Attempted Robbery	268.28	91.90
Aggravated Assault	428.97	177.67
Burglary/Attempted Burglary	421.18	467.14
Larceny/Attempted Larceny	2,062.68	1,148.70
Vehicle Theft/Attempted Theft	253.03	134.78
Total Crimes Reported	3,478.17	2,058.48

\*Rate calculated by HRIA using population estimate from 2009 – 2013 American Community Survey, Bureau of the Census, US Department of Commerce

Source: Boston Police Department Crime Statistics, Accessed 20 January 2014

**Figure 18: Rate of Nonfatal Gunshot/Stabbing Emergency Department Visits per 1,000 Residents by City and Neighborhood, 2010**



Note: 'Back Bay' includes Beacon Hill, Downtown, the North End, and the West End

Note: 'South End' includes Chinatown

\* Rates based on counts less than 20 should be interpreted with caution

\*\* Insufficient data

DATA SOURCE: Boston Behavioral Risk Factor Survey 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission, as reported by Health of Boston 2012-2013



## Community Health Status

This section of the report provides an overview of prominent health issues and concerns in Allston/Brighton that emerged through an examination of incidence, hospitalization, and mortality data as well as in-depth discussions with residents and leaders about pressing concerns. When appropriate and available, Allston/Brighton statistics are compared to those of the city of Boston and state of Massachusetts.

### Chronic Disease and its Risk Factors

#### *Access to Healthy Food and Physical Activity*

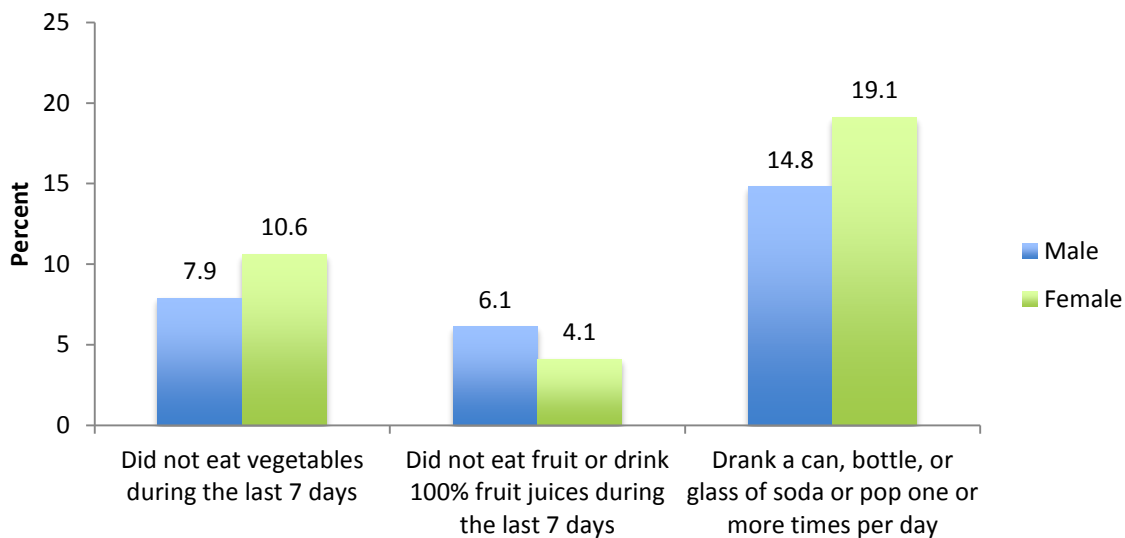
*“Brighton Center qualifies as a food desert. That’s a glaring gap in service.”* – Key informant interview participant

*“I have a 5-year-old. He’s chubby and finding activities for him is hard. Affordable activities.”* – Parent focus group participant

One interview participant stated that a specific area of Allston/Brighton, Brighton Center, is considered a food desert. Parent focus group participants reported that grocery stores were readily available, and expressed a desire to provide healthy food for their children. A few focus group participants acknowledged that, due to time constraints and convenience, they sometimes purchased fast food.

Figure 19 below provides information on dietary behaviors of Boston high school students. (Data are not available by neighborhood.) In a Youth Risk Behavior Survey, more females than males reported that they had not eaten vegetables in the last 7 days (10.6% compared to 7.9%), and also that they drank soda or pop at least once a day (19.1% of females compared to 14.8% of males).

**Figure 19: Percent of Boston High School Students with Reported Dietary Behaviors by Gender, 2013**

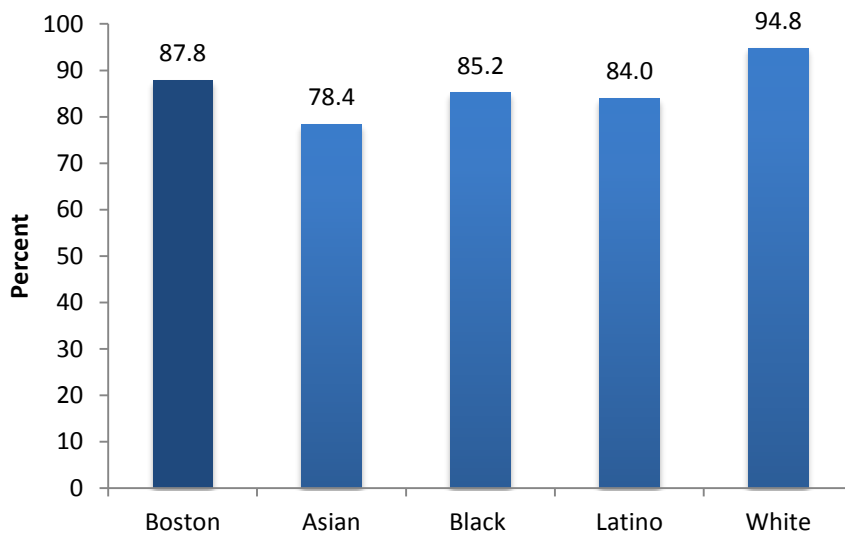


DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

Many interview and focus group participants expressed a desire for more affordable physical activity opportunities for youth, especially during winter months. Both parents and youth focus group participants suggested that non-traditional physical activities be offered, such as yoga, Zumba, martial arts, ballet and tennis. Parents also stressed the need for these activities to be free or provided at low cost, and suggested that there be opportunities for parents and their children to be physically active together.

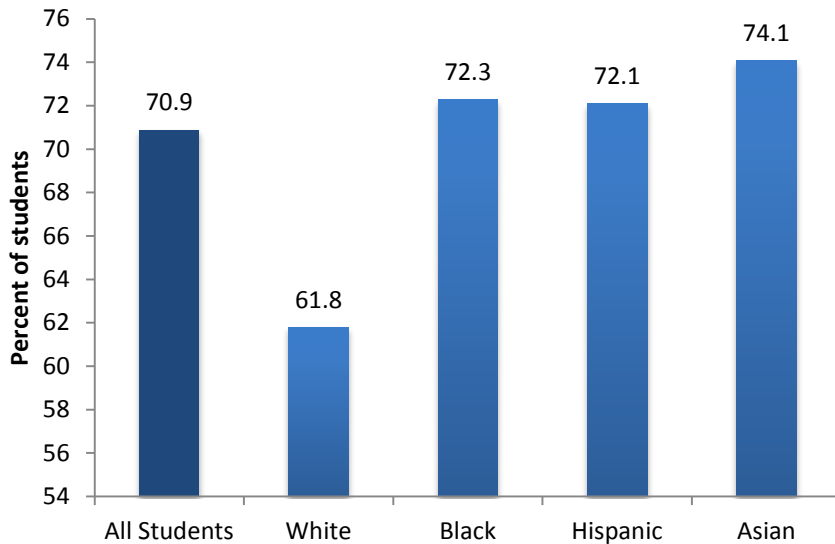
Figure 20 shows that across all Boston neighborhoods, 87.8% of children have been to a park or playground in the past year. However, only 78.4% of Asian children, 84% of Latino children, and 85.2% of Black children have been to a park or playground, compared to 94.8% of White children. Figure 21 and Figure 22 reveal similar disparities by race/ethnicity. While 61.8% of White high school students in Boston report that they were not physical activity for at least 60 minutes per day on at least 5 days in a week, this percentage was higher for Black, Hispanic, and Asian students (72.3%, 72.1% and 74.1%, respectively) (Figure 21). Rates of physical activity are also highest among White adults. While 64% of White adults engage in regular physical activity in Boston, rates are lower Black, Hispanic, and Asian adults (51%, 49%, and 47%, respectively).

**Figure 20: Child Had Been to a Neighborhood Park or Playground in Past Year, Ages 0 - 17**



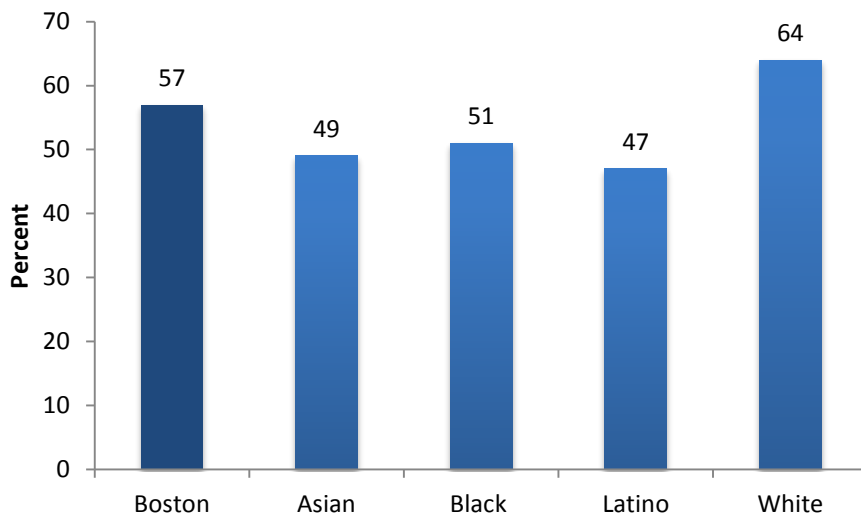
DATA SOURCE: Boston Survey of Children's Health, 2012

**Figure 21: Percent of Boston High School Students Reporting They Were Not Physically Active 60+ Minutes per Day on 5+ Days/Week, 2013**



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

**Figure 22: Boston Adults Engaging in Regular Physical Activity by Race/Ethnicity, 2006, 2008 and 2010 Combined**



DATA SOURCE: BRFSS 2006, 2008 and 2010, as cited in BPHC Health of Boston 2012-2013

One key informant also discussed the relationship between screen time for kids and opportunities for exercise, stating that: *“It’s all related to kids having opportunities for play and time with parents – parents are so stressed and putting children in front of the TV.”* Table 5 below shows that in Boston rates of video/computer game use are highest among Asian high school students (58.9%), while rates of television watching are highest among Black high school students (43.4%).

**Table 5: Media Use by Boston High School Students, by Race, 2013**

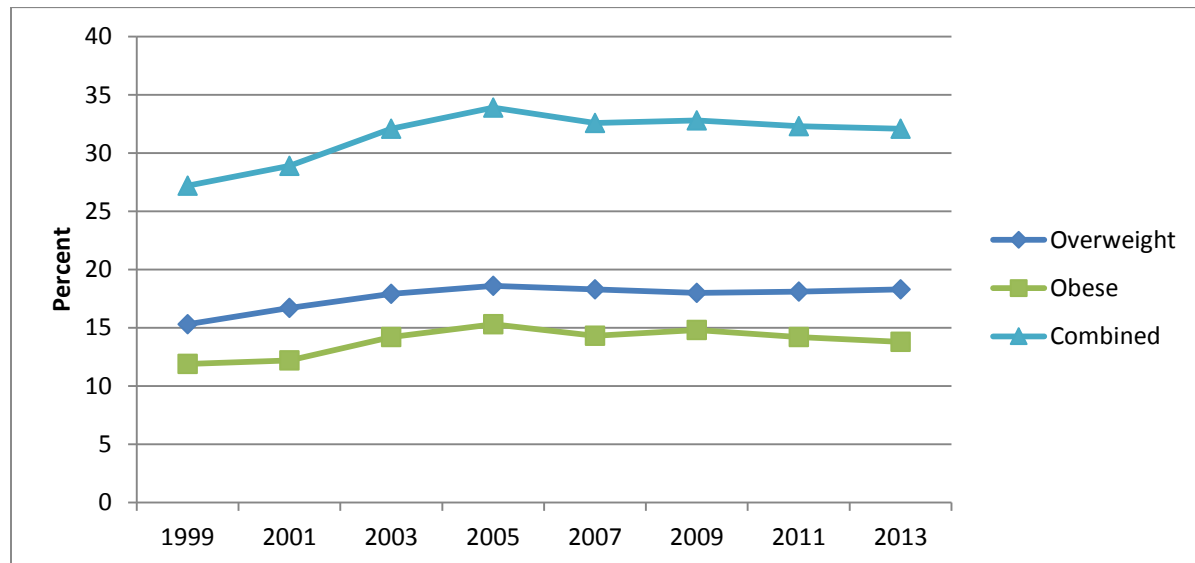
	All Students	Asian	Black	Hispanic/Latino	White
% watching television 3+ hours per day	34.8%	24.0%	43.4%	34.0%	14.8%
% playing video/computer games or using computers 3+ hours per day	41.5%	58.9%	35.8%	44.4%	41.6%

DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

*Overweight and Obesity*

A few interview and focus group participants mentioned childhood obesity as a pressing health concern in Allston/Brighton. Figure 23 below shows childhood overweight and obesity rates over time. Between 1999 and 2005, combined rates of childhood overweight / obesity in Boston secondary school students increased. The combined childhood overweight / obesity rate appears to have decreased in 2007, and remained relatively stable from 2007 through 2013 (the rate was 32.1% in 2013).

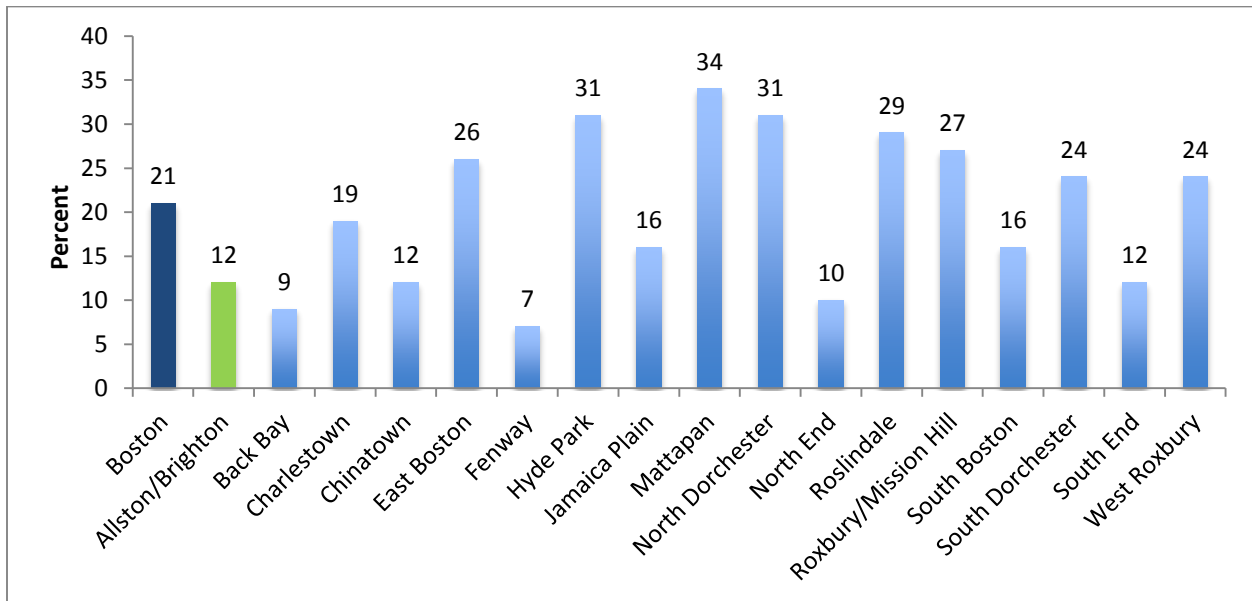
**Figure 23: Percentage of Boston Secondary School Students Classified as Overweight or Obese According to Height and Weight, 1999-2013**



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 1999-2013 Results

Figure 24 shows that the percent of obese adults in Allston/Brighton (12%) is lower than the percent of obese adults in Boston citywide (21%), and also lower than the rate in 11 of the other 16 Boston neighborhoods.

**Figure 24: Percent of Obese Adults by City and Neighborhood, 2010**



Note: 'Back Bay' includes Beacon Hill, Downtown, the North End, and the West End

Note: 'South End' includes Chinatown

DATA SOURCE: Boston Behavioral Risk Factor Survey 2010, Boston Behavioral Risk Factor Surveillance System (BRFSS), Boston Public Health Commission, as reported by Health of Boston 2012-2013

### *Diabetes and Heart Disease*

Childhood risk factors, such as diet and exercise, can lead to the development of disease in adulthood. While interview and focus group participants mainly focused on children’s current health status and did not specifically mention concerns about diabetes and heart disease, it is important to consider rates of these chronic conditions for the adult population. Table 6 shows that the rate of heart disease hospitalizations per 1,000 residents in Allston/Brighton (11.0) is similar to the rate of Boston citywide (11.2), and the rate of diabetes hospitalizations is lower in Allston/Brighton (1.4) compared to Boston (2.3).

**Table 6: Average Annual Rate of Hospitalizations for Selected Chronic Diseases, 2005 – 2011**

	<b>Boston</b>	<b>Allston/Brighton</b>
Diabetes Hospitalizations (per 1,000 residents)	2.3	1.4
Heart Disease Hospitalizations (per 1,000 residents)	11.2	11.0

DATA SOURCE: Boston Public Health Commission, as reported by Health of Boston 2012-2013

### Behavioral Health

#### *Mental Health*

*“We don’t value mental health as much as we do physical health.”* – Parent focus group participant

*“People say: ‘That’s something that white people suffer from.’ ‘That’s not a disease.’”* – Key informant interview participant

Both parent and youth focus group participants spoke of mental health as being a critical component of overall health, and cautioned against focusing solely on physical health. Mental health concerns, such as depression and anxiety, and their connection to substance abuse, were raised in a few interviews as well. Table 7 shows the prevalence of selected mental / behavioral health diagnoses among Boston children.

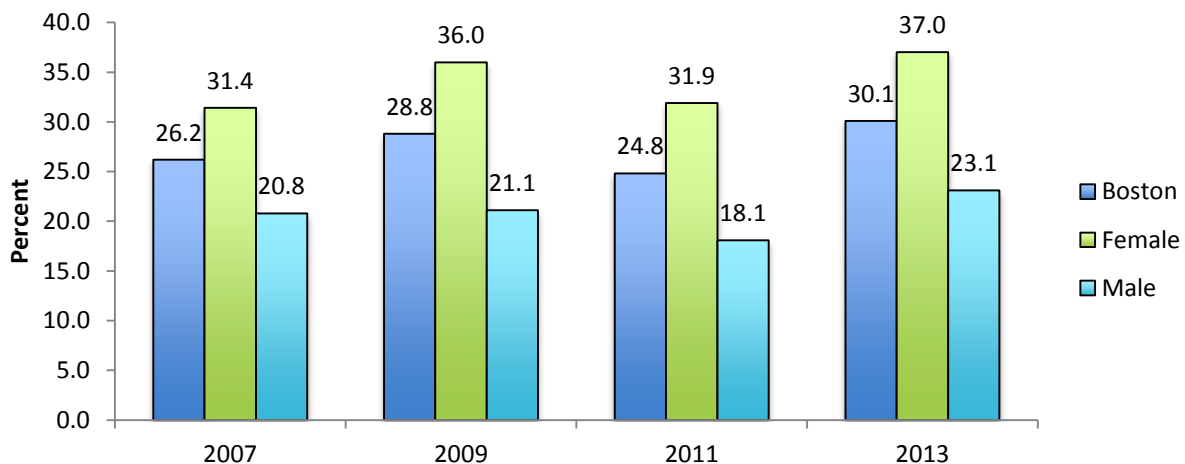
**Table 7: Diagnoses of Boston Children, Ages 2- 17**

Diagnosis	Boston
Anxiety Problems	4%
Behavioral or Conduct Problems	3%
Depression	2.4%

DATA SOURCE: Boston Survey of Children's Health, 2012

Figure 25 reveals that, among Boston high school students, between 2007 and 2013 the percentage of female students feeling sad or hopeless for two weeks straight has remained consistently higher than the percentage of male students. For example, in 2013, 37% of female students felt sad or hopeless for two weeks straight, while only 23.1% of male students felt this way.

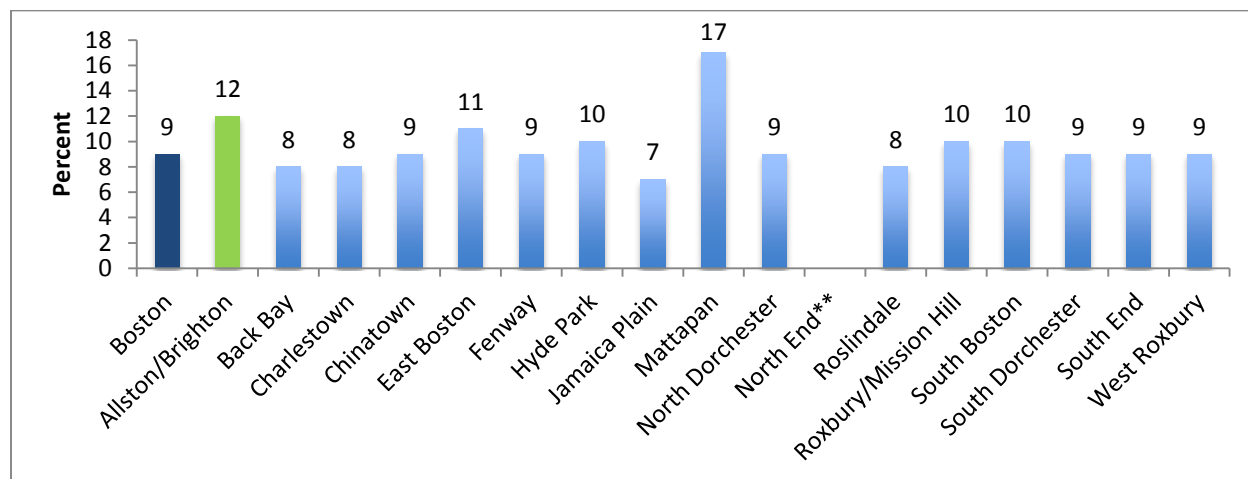
**Figure 25: Boston High School Students Reporting Feeling Sad or Hopeless for Two Weeks Straight During Past Year by Gender, 2007 - 2013**



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2007, 2009, 2011 and 2013 Results

A few interview and focus group participants discussed the impact that children's mental health can have on parents. One interviewee explained that when a parent has a child who suffers from mental health issues or has other special needs, the parent's own mental health can suffer as well if he or she does not have access to social support. Figure 26 shows that the percent of adults reporting persistent sadness in Allston/Brighton (12%) is higher than the percent citywide (9%), and second highest among the 16 Boston neighborhoods for which data is available.

**Figure 26: Percent of Adults Reporting Persistent Sadness by City and Neighborhood, 2010**



Note: 'Back Bay' includes Beacon Hill, Downtown, the North End, and the West End

Note: 'South End' includes Chinatown

\*\*Insufficient sample size

DATA SOURCE: Boston Behavioral Risk Factor Survey 2010, Boston Behavioral Risk Factor Surveillance System (BBRFSS), Boston Public Health Commission, as reported by Health of Boston 2012-2013

A participant in the parent focus group, whose children were receiving counseling, described a need for assistance in learning how to speak with his children about sensitive issues: *“My daughter asks me certain things and I don’t know how to answer. Not lying but not giving her the truth she can’t hear.”* Parent focus group participants also stressed the need for mental health services to be integrated within schools, especially since some children may *“bring stuff to school from their home”* that could then create a challenging atmosphere for all students.

One interview participant explained how the elderly and immigrant communities may be especially susceptible to mental health issues, and explained that in certain cultures mental health concerns are either kept private or seen as an issue that only affects white people. One youth focus group participant alluded to the stigma that often surrounds mental health issues, and explained that people may not trust that interactions with mental health providers will remain confidential.

It was noted that Franciscan patients suffer from a range of mental health issues that patients suffer from including depression; suicidal ideation, thoughts and attempts; self-injury; anxiety; school avoidance; and trauma resulting from physical, sexual and/or emotional abuse. One interviewee explained that mental and behavioral issues are often manifested in different ways for children of different ages. For example, younger children display aggressive behavior, while teenagers may be self-injurious in addition to aggressive.

#### *Substance Use and Abuse*

*“Substance abuse is also an issue in our community. It’s honking. It’s an elephant in the room that’s barely touched.”* – Key informant interview participant

*“Everywhere has really seen an increase in opiate overdoses and the need for Narcan. That’s really been crossing the whole spectrum of age, of economic and ethnic backgrounds, that’s everybody.”* – Key informant interview participant

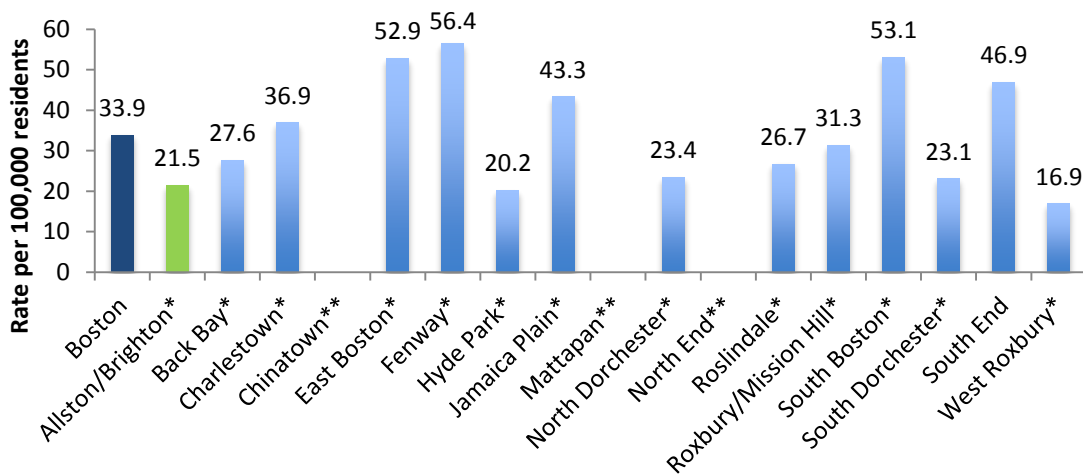
Substance use and abuse emerged as a pressing health concern across a majority of the interviews and both focus groups. The issue of substance abuse is not new to this community: one interviewee stated that in the 1970's and 1980's, Oak Square in Brighton was known as "needle park."

A few participants described an increase in heroin use and opiate overdoses in the Allston/Brighton community, including among youth. However, one participant did state that the extent of heroin use in Allston/Brighton seemed to be similar to use throughout the city of Boston. Alcohol abuse was also cited as a major issue for the Allston/Brighton community. One interviewee described binge drinking and "blacking out" as common practices among the college-aged population living in Allston/Brighton. Franciscan staff described alcohol and also marijuana as substances often used by their adolescent patients.

Participants described an urgent need for substance abuse resources, especially resources that focus on prevention and education, and provide ongoing assistance after an emergency or detox. For example, one interviewee stated that: "You go and get detoxed if you have medical insurance. But then where do you go? The parents are left with 'I don't know what to do.' There's a hole – it's way more than a gap." It was noted that that, although Franciscan does refer patients to existing substance abuse programs, these programs often having a waiting list or are not situated in a location that is convenient for patients and their families.

As illustrated in Figure 27, in 2010 the rate of substance abuse deaths in Allston/Brighton (21.5 per 100,000 residents) was lower than the rate for Boston (33.9 per 100,000 residents). Although data were not available for all 17 neighborhoods in Boston, 12 neighborhoods had a substance abuse death rate that was higher than the rate for Allston/Brighton.

**Figure 27: Substance Abuse Deaths per 100,000 Residents, by Boston Neighborhood, 2010**



Note: 'Back Bay' includes Beacon Hill, Downtown, the North End, and the West End

Note: 'South End' includes Chinatown

\* Rate is based on counts less than 20 and should be interpreted with caution

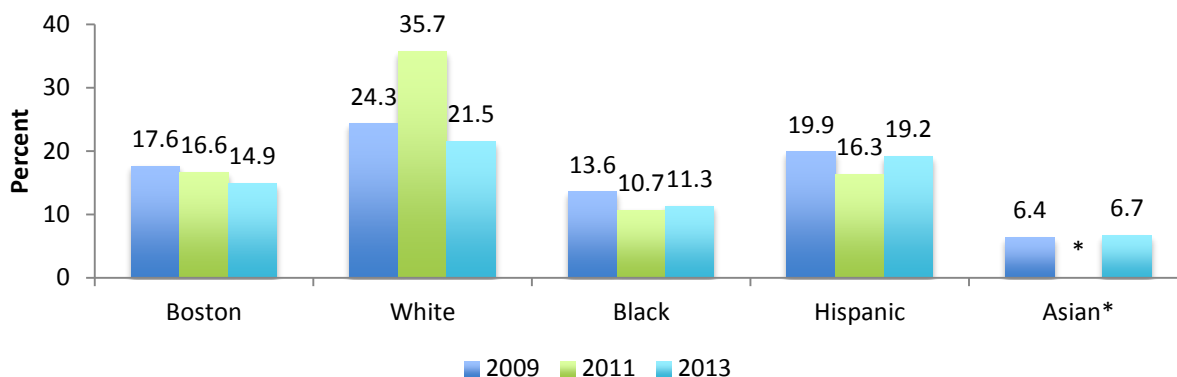
\*\* Insufficient data: fewer than 5 occurrences therefore rate cannot be presented

DATA SOURCE: Boston Public Health Commission, as reported by Health of Boston 2012-2013



The Youth Risk Behavioral Surveillance System (YRBS) survey collected data on substance use among youth in Boston. The YRBS data shows that binge drinking among Boston high school students overall has steadily decreased from 2009 (17.6%) to 2013 (14.9%) (Figure 28). However, this downward trend has not been seen in all racial/ethnic groups. For example, between 2011 and 2013, binge drinking rates increased for Black and Hispanic students (2011 rates for Asian students are unknown). In 2009, 2011 and 2013, binge drinking rates were highest among White students (21.5% in 2013) and lowest among Asian students (6.7% in 2013).

**Figure 28: Boston High School Students Reporting Binge Drinking within the Past 30 Days, 2009 - 2013 by Race/Ethnicity**



\* <100 respondents for the subgroup

DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2009, 2011 and 2013 Results

While tobacco use was not raised as a priority health concern during the interviews and focus groups, almost a third (31.2%) of Boston high school students have tried cigarette smoking, though only 7.9% indicated they were current smokers (Table 8). The percent of youth reporting ever smoking cigarettes was highest among Hispanic students (36.6%) compared to other racial/ethnic groups. However, current tobacco use was highest among White students. For example, the proportion of White students who were current heavy smokers (10.8%) was more than triple that of Asian (0.0%), Black (1.2%), or Hispanic (1.6%) students.

**Table 8: Percent of Boston High School Students by Smoking Status and Race/Ethnicity, 2013**

	Boston	Asian	Black	Hispanic	White
Ever tried cigarette smoking	31.2%	24.7%	28.4%	36.6%	30.2%
Current smoker*	7.9%	1.6%	5.5%	10.0%	15.6%
Current heavy smoker**	2.5%	0.0%	1.2%	1.6%	10.8%
Currently using chewing tobacco, snuff, or dip***	2.9%	0.0%	3.1%	2.6%	5.2%

\* "Current smoker": has smoked a cigarette in the 30 days before the survey

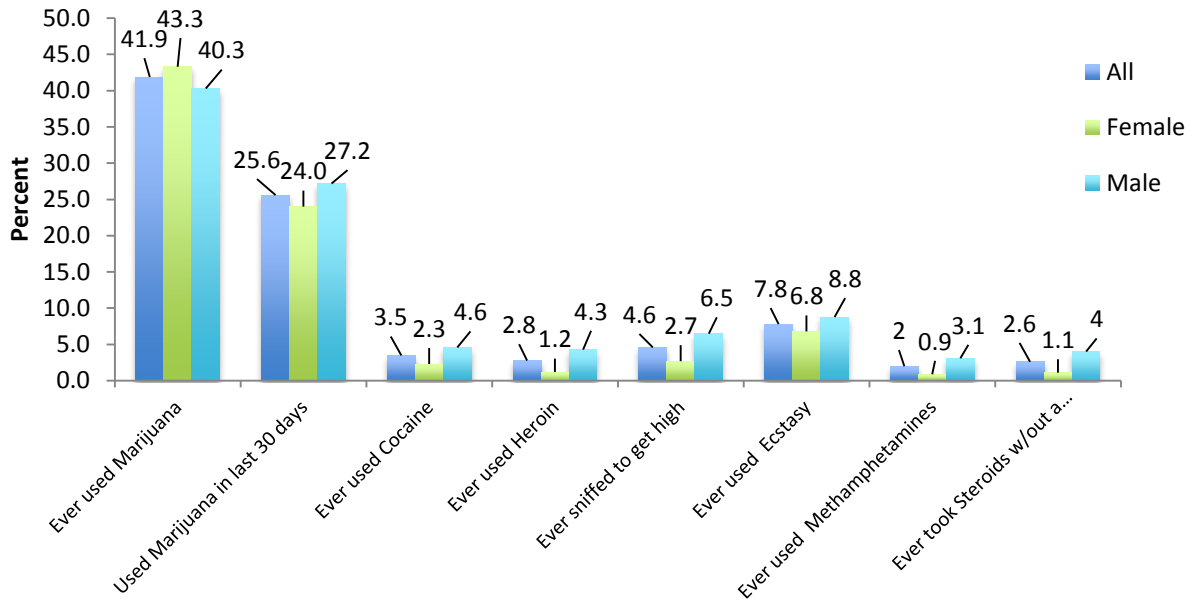
\*\* "Current heavy smoker": has smoked 20 or more cigarettes in the 30 days before the survey

\*\*\* "Currently using chewing tobacco, snuff, or dip": has used at least one of these products at least one time in the 30 days before the survey

DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

The YRBS data indicates that Boston high school students have used other substances besides alcohol and tobacco (Figure 29). Marijuana use is substantially higher than use of other drugs. For example, 41.9% of youth have ever used marijuana, while only 3.5% have ever used cocaine and 2.8% have ever used heroin. More female students (43.3%) than male students (40.3%) have ever used marijuana. However, rates of substance use in all other categories are higher for male students compared to female students.

**Figure 29: Substance Use by Boston High School Students, 2013**



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

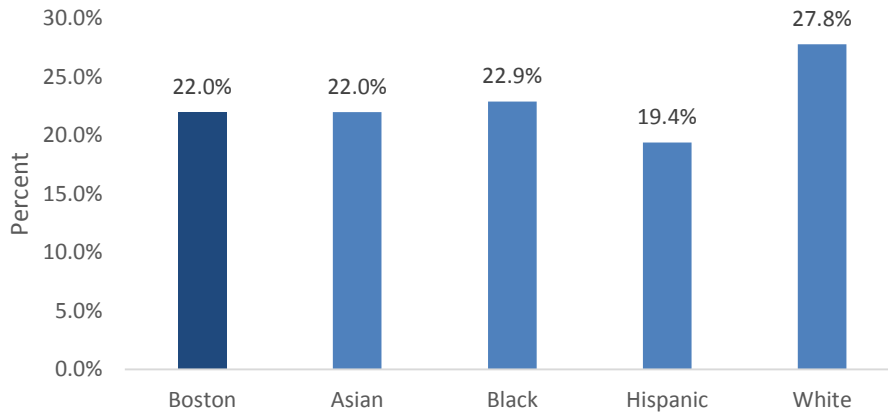
Sexual Health

*“[We need] more sex awareness. Not a lot of people come talk to teens about what’s really out there.” – Youth focus group participant*

*Health Behaviors*

Sexual health, and specifically a need for sex education, emerged as a concern during the youth focus group, but was not discussed during the parent focus groups or interviews. Figure 30 shows that 22% of high school students in Boston report they have never received education in school about AIDS or HIV infection. More White students (27.8%) report never having received this education, compared to Black (22.9%), Asian (22.0%), and Hispanic (19.4%) students.

**Figure 30: Percent of Boston High School Students Who Were Never Taught in School about AIDS or HIV Infection, by Race/Ethnicity, 2013**



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

Table 9 shows the sexual activity of Boston high school students. Almost half of Boston high school students (46.6%) have ever had sexual intercourse, and more than half of Black (50.4%) and Hispanic (57.6%) students have ever had sexual intercourse. Hispanic high school students also have the highest rates of current sexual activity (42.6%), having had intercourse younger than 13 years old (10.2%), and having 4 or more lifetime sexual partners (21.4%), compared to students of other races.

**Table 9: Sexual Activity of Boston High School Students, by Race and Ethnicity, 2013**

	<b>Boston</b>	<b>Asian</b>	<b>Black</b>	<b>Hispanic</b>	<b>White</b>
Ever Had Sexual Intercourse	46.6%	19.7%	50.4%	57.6%	35.0%
First Intercourse < 13 years old	8.3%	2.7%	8.1%	10.2%	7.0%
4+ Lifetime Sexual Partners	17.9%	3.2%	21.3%	21.4%	11.5%
Currently Sexually Active	33.1%	12.6%	35.6%	42.6%	22.1%

DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School YRBS, Boston, MA 2013 Results

*Disease Rates*

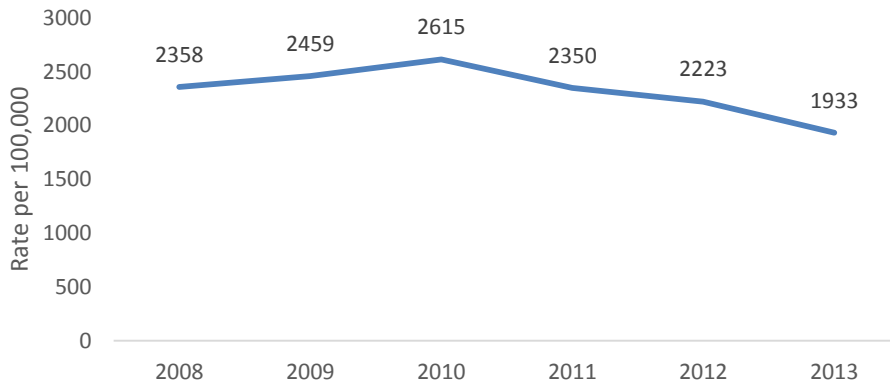
Specific types of sexually transmitted infections were not discussed in any of the interviews or focus groups. Table 10 below shows that rates of two selected types of sexually transmitted infections are lower in Allston/Brighton compared to Boston overall: the Chlamydia incidence rate is 325.5 per 1,000 residents in Allston/Brighton compared to 720.9 per 1,000 residents in Boston, and the Hepatitis C incidence rate among residents ages 15 – 25 is 26.5 per 1,000 residents in Allston/Brighton compared to 45.7 per 1,000 residents in Boston. Figure 31 shows that, in Boston, Chlamydia incidence rates among 15 – 24 year olds have steadily decreased between 2010 and 2013.

**Table 10: Rates of Selected Sexually Transmitted Infections, Average Annual Rates 2005 – 2011**

	Boston	Allston/Brighton
Hepatitis C Incidence (per 1,000 residents ages 15 - 25)	45.7	26.5
Chlamydia Incidence (per 1,000 residents)	720.9	325.5

DATA SOURCE: Boston Public Health Commission, as reported by Health of Boston 2012-2013

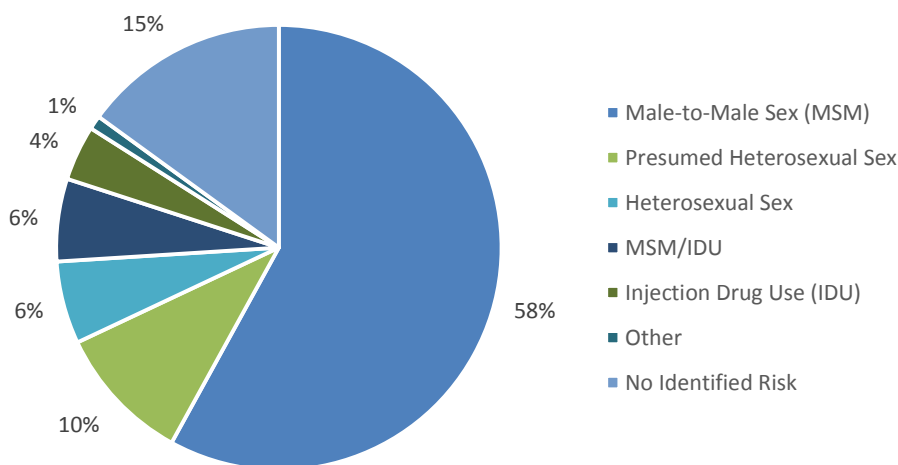
**Figure 31: Chlamydia Incidence Rates, 15 – 24 Year Olds, Boston, 2008 - 2013**



DATA SOURCE: Boston Public Health Commission, Infectious Disease Bureau, STIs in Boston: Chlamydia Brief 2013

Figure 32 presents data on how Massachusetts residents’ ages 15 – 24 diagnosed with HIV were exposed to HIV infection. The most common exposure mode is male-to-male sex (58%), which is much higher than the rates of other exposure modes.

**Figure 32: HIV Infection Diagnoses in Adolescents and Young Adults (Ages 15-24) in Massachusetts by Exposure Mode, 2010 – 2012**

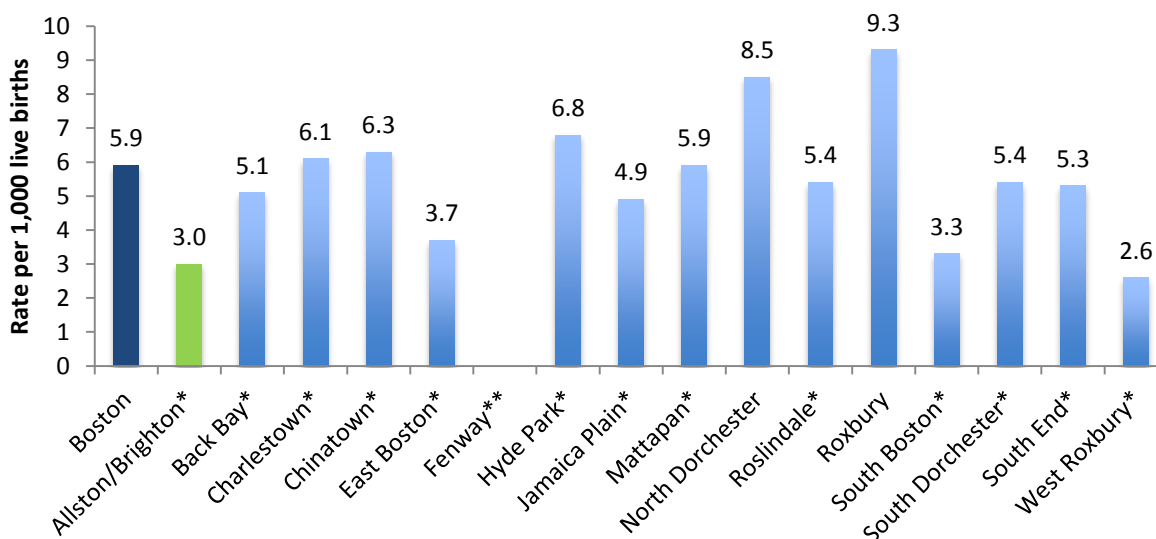


DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease, Massachusetts STD, HIV/AIDS and Viral Hepatitis Surveillance Report: 2013

### Maternal and Infant Health

While interview and focus group participants did not discuss maternal and infant health specifically, it is important to consider this topic since pregnancy and childbirth can greatly affect a child’s physical, mental and emotional development. Figure 33 shows that the infant mortality rate per 1,000 live births in Allston/Brighton was 3.0 in 2006-2010, compared to 5.9 in Boston as a whole. Allston/Brighton’s infant mortality rate was the second lowest rate out of the 15 Boston neighborhoods for which data was available. Table 11 shows that the low birth weight rate and preterm birth rate in Allston/Brighton (7.8% and 8.1%, respectively), was also lower than those rates for the city of Boston (9.3% and 9.9%, respectively).

**Figure 33: Infant Mortality Rate per 1,000 Live Births by City and Neighborhood, 2006-2010**



Note: 'Back Bay' includes Beacon Hill, Downtown, the North End, and the West End

Note: 'South End' includes Chinatown

\* Rates based on counts less than 20 should be interpreted with caution

\*\*Insufficient data

DATA SOURCE: Boston Resident Live Births and Deaths, Massachusetts Department of Public Health as reported by Health of Boston 2012-2013

**Table 11: Low Birth Weight and Preterm Births by Neighborhood, 2005-2011**

	Boston	Allston/Brighton
Percent of babies born weighing <2,500 g	9.3%	7.8%
Percent of babies born at <37 weeks gestation	9.9%	8.1%

DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health, as cited in BPHC Health of Boston 2012-2013

Table 11 reveals that disparities exist in the rates of low birth weight and preterm births. Compared to White residents, rates of both low birth weight and preterm births are higher for Black, Latina, and Asian residents. For example, 12.4% of babies born to Black mothers in Boston in 2010 weighed less than 2,500 grams (5 pounds, 8 ounces), while only 7.9% of babies born to White mothers weighed less than 2,500 grams.

**Table 12: Low Birth Weight and Preterm Births by Race/Ethnicity 2010**

	<b>Boston</b>	<b>White</b>	<b>Black</b>	<b>Latina</b>	<b>Asian</b>
Percent of babies born weighing <2,500 g	9.4%	7.9%	12.4%	8.7%	8.9%
Percent of babies born at <37 weeks gestation	9.4%	8.3%	11.8%	8.7%	9.1%

DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health, as cited in BPHC Health of Boston 2012-2013

Child Development and Children with Special Health Care Needs

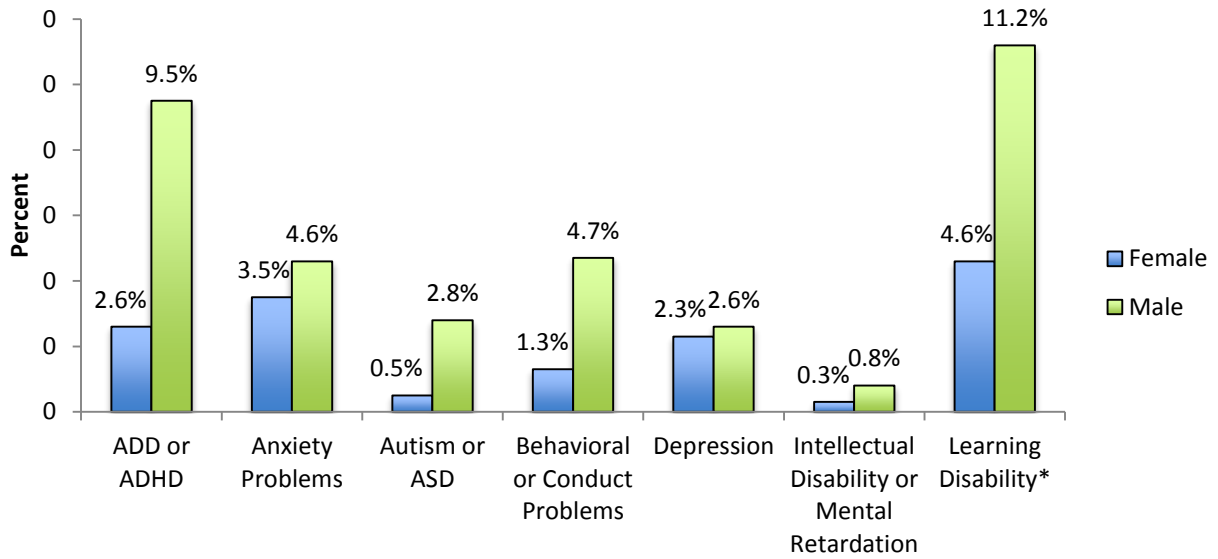
*“[When] we’re treating autism or chronic asthma, are we [also] treating the underlying stress that that brings up for families in terms of social and emotional wellness?”* – Key informant interview participant

*“Some people think, ‘If my child has a diagnosis, there’s no way we’ll get citizenship.’”* – Key informant interview participant

Issues related to child development and children with special health care needs (CSHCN) were discussed in almost all of the interviews and focus groups. Recent data shows that 19.3% of Boston children met the screening criteria for CSHCN, compared to 18.3% in Massachusetts and 15.1% in the United States (Boston Survey of Children's Health, 2012; 2009/2010 National Survey of Children with Special Health Care Needs). A few participants stressed the importance of having playgroups and educational workshops for children younger than five and their parents. One interview participant explained how playgroups can help parents deal with stress and keep them from feeling isolated, and stated that playgroups or other programs can help connect young children with early intervention programs as needed.

One key informant described how the diagnosis process can be difficult for CSHCN. Sometimes it is hard for parents to accept a diagnosis; other times, clinicians may not recognize or acknowledge that a special need is present (for example, one key informant explained that pediatricians may say: *“Oh, they’ll grow out of it. It’s a phase.”*). One key informant explained that immigrant families, who are undocumented or do not yet have citizenship, may be especially hesitant to seek care for a child with special needs because of a perception that a diagnosis could impede citizenship approval. Figure 34 shows the prevalence of specific health conditions among Boston children, ages 2 – 17. A higher percentage of males have been diagnosed with all conditions, in comparison to females; for example, 9.1% of males but only 2.6% of females have Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD).

**Figure 34: Selected Conditions by Gender among Boston Children, Ages 2-17**

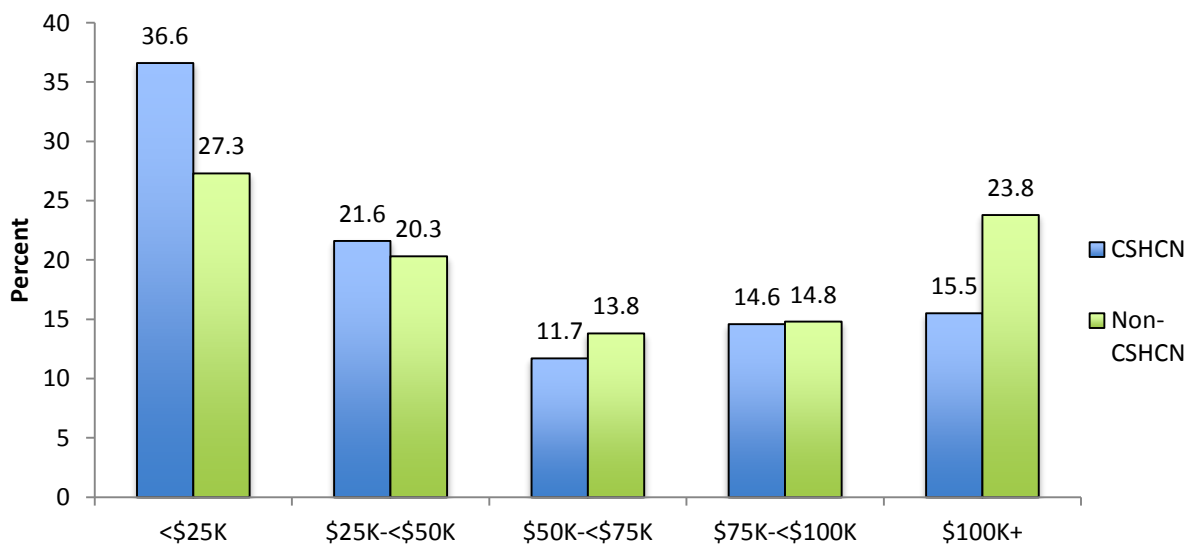


\*Does not include children under age 3 years due to required diagnostic criteria.

DATA SOURCE: Boston Survey of Children's Health, 2012

Some interview and focus group participants also discussed that need for supporting and empowering the families of CSHCN. While the specific health care need may be treated, one key informant stated that it is important to also address the social and emotional wellbeing of the entire family. Echoing this sentiment, a focus group participant stated that: *"It would be great if there were more parent support groups. That's really helpful."* Figure 35 shows that, compared to children without special health care needs, a higher percentage of CSHCN are from families whose income is less than \$25,000 a year.

**Figure 35: Percent of Children with Special Health Care Needs by Annual Household Income, Ages 0 - 17, Boston**

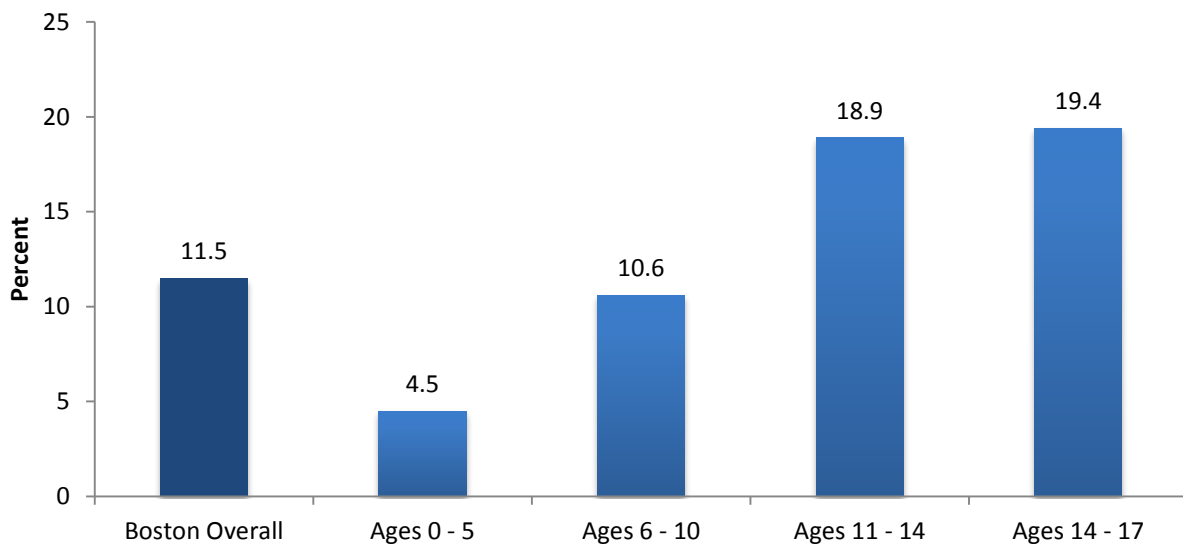


DATA SOURCE: Boston Survey of Children's Health, 2012

Many interview and focus group participants discussed specific needs for CSHCN. A need for after school programs and summer programs that accommodate CSHCN was frequently discussed, especially to encourage social interaction for CSHCN. Participants also cited a need for better transportation options for CSHCN, and programming around life skills development.

One interview participant described a need for parents of children with special health care needs to advocate for their children to gain access to special education and other support within the BPS system. This participant stated that, in comparison to smaller school districts, it's often difficult for BPS parents to determine where to start: *"In Boston, often parents don't even know who to talk to"*. Figure 36 shows the percent of Boston children who require an Individual Family Service Plan (IFSP) or an Individualized Education Plan (IEP). The percent of children needing an IFSP or IEP increases with age, starting at 4.5% for 0 -5 year olds and rising to 19.4% for 14 – 17 year olds.

**Figure 36: Percent of Boston Children with Developmental Delays Requiring IFSP or IEP, Ages 0 - 17**



DATA SOURCE: Boston Survey of Children's Health, 2012

#### *Autism Spectrum Disorders*

*"Many of these kids that seem to be on the spectrum won't participate in other organized sports because kids give them a hard time."* – Key informant interview participant

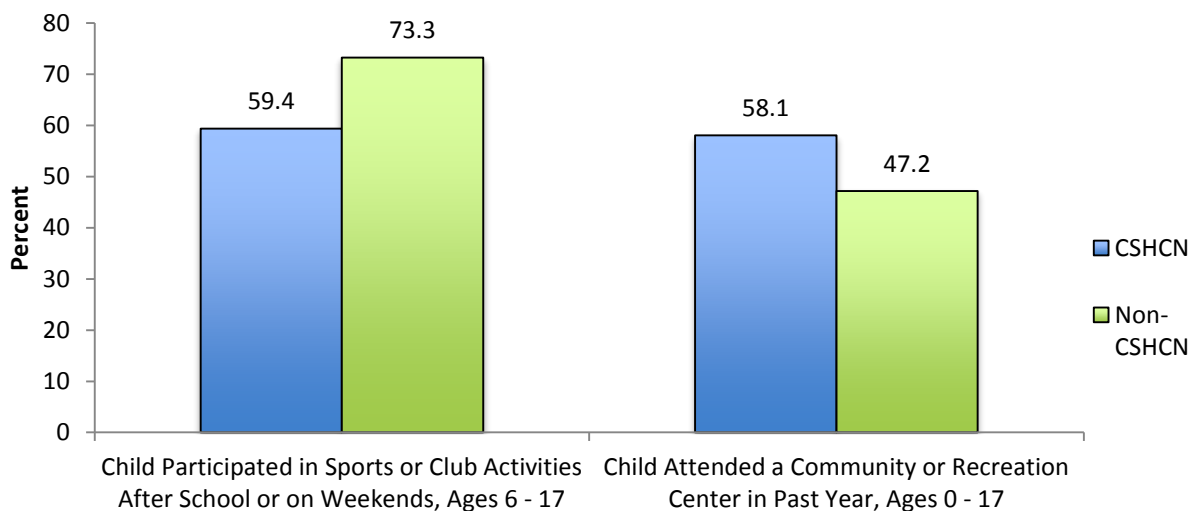
*"Many children who are on the spectrum feel depressed and anxious because they don't have any friends, and feel like social failures."* – Key informant interview participant

A few key informant and focus group participants discussed autism spectrum disorders specifically. A few key informants reported that autism spectrum disorders were pressing health concerns in their communities, and suggested that the prevalence of autism may be on the rise. A few key informants discussed the relationship between autism and social interaction, and the impact that social isolation can have on an autistic child's mental health. One key informant, who works with autistic children in a physical activity program, specifically requested resources on how to interact and support this



population. Figure 37 shows that, while fewer CSHCN participated in sports or clubs outside of school compared to non-CSHCN children (59.4% compared to 73.3%, respectively), more CSHCN children attended a community or recreation center in the past year compared to non-CSHCN (58.1% compared to 47.2%, respectively).

**Figure 37: Recreation for Children with Special Health Care Needs**



DATA SOURCE: Boston Survey of Children's Health, 2012

### Environmental Health

#### *Air Quality, Noise Pollution, and Physical Environment*

Concerns about air quality and air pollution were not raised during the key informant interview and focus group discussions. Data from the Massachusetts Department of Public Health shows that, in Suffolk County, between 2008 and 2011, 0% of days each year had particle pollution levels about the National Ambient Air Quality Standards (Massachusetts Department of Public Health, Bureau of Environmental Health, Massachusetts Environmental Public Health Tracking).

Focus group participants did raise concerns about noise pollution and the physical environment of their neighborhood. Parent focus group participants described the Allston/Brighton neighborhood as having lots of noise at night due to the college student population and the presence of bars. Concerning the physical environment, youth focus group participants stated there was trash “*everywhere*”. Parent focus group participants described seeing vomit on the streets, especially on weekend, and also finding that people do not clean up after their dogs, stating: “*It affects our community. It’s disgusting.*”

#### *Asthma*

Poor air quality can trigger asthma. While air quality in Suffolk County as a whole meets national standards, the air quality of specific Boston neighborhoods like Allston/Brighton is unknown. Other asthma triggers, such as unsuitable housing, secondhand smoke, mold, carpeting, exhaust and dust, may affect Allston/Brighton children. Table 13 shows that disparities exist in asthma diagnoses among Boston children. A higher percentage of Black (13.7%) and Latino (14.3%) children have been diagnosed with asthma, compared to the percentage of White children (7.0%) with an asthma diagnosis.

**Table 13: Asthma Diagnoses Among Boston Children, Ages 0 - 17**

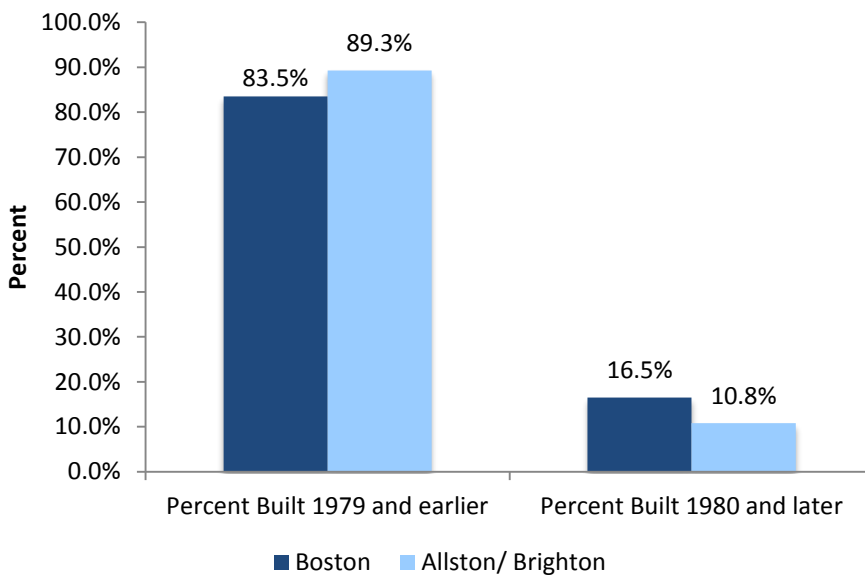
	<b>Boston</b>	<b>Black</b>	<b>Latino</b>	<b>White</b>
Percent of children, ages 0 – 17, diagnosed with asthma	12.6%	13.7%	14.3%	7.0%

DATA SOURCE: Boston Survey of Children’s Health, 2012

*Lead*

In 1978, lead-based paints were banned for use in housing. Figure 38 provides data on the percent of housing built in and after 1980, when lead paint had been banned. Compared to Boston, Allston/Brighton has a lower percentage of housing built in 1980 or later (10.8% in Allston/Brighton compared to 16.5% for Boston citywide).

**Figure 38: Year Housing Built, Boston and Allston/Brighton**

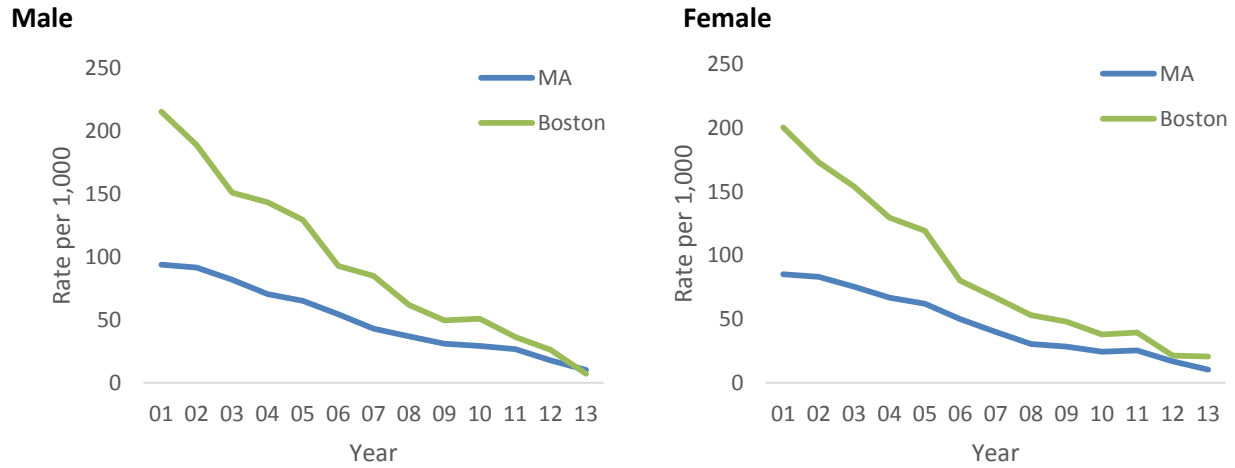


Note: In 1978, lead-based paints were banned for use in housing.

DATA SOURCE: US Department of Commerce, Bureau of the Census, American FactFinder, 2009 - 2013 American Community Survey

Figure 39 illustrates the rate of children in Boston and Massachusetts with blood lead levels higher than 5 micrograms per deciliter over time. Between 2001 and 2013, for both males and females, this rate declined. Additionally, the disparity between Massachusetts and Boston rates has narrowed.

**Figure 39: Prevalence of Confirmed BLL  $\geq 5$  ug/dL by Birth Cohort for 2001 – 2013 for 0 - <36 Months**

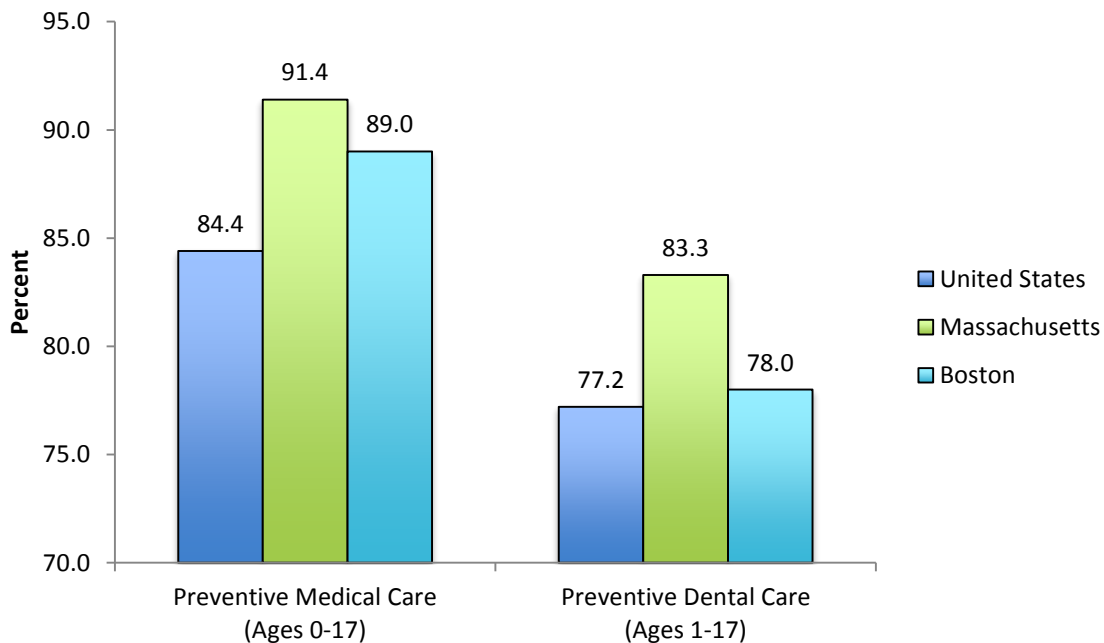


DATA SOURCE: Massachusetts Department of Public Health, Bureau of Environmental Health, Massachusetts Environmental Public Health Tracking

Access to Care

Regular pediatric primary care and dental care can help prevent disease and also improve health outcomes by ensuring that conditions are diagnosed in a timely manner. Figure 40 below shows that, when compared to children throughout the United States, a higher percentage of Boston children receive preventive medical care and dental care. However, Boston children fare worse when compared to children statewide. For example, 83.3% of children ages 1-17 receive preventive dental care in Massachusetts, but only 78% of children in Boston receive preventive dental care.

**Figure 40: Percent of Boston Children Who Received Preventive Care in Past Year**



DATA SOURCE: Boston Survey of Children's Health, 2012; National Survey of Children's Health, 2011 - 2012

Primary Care

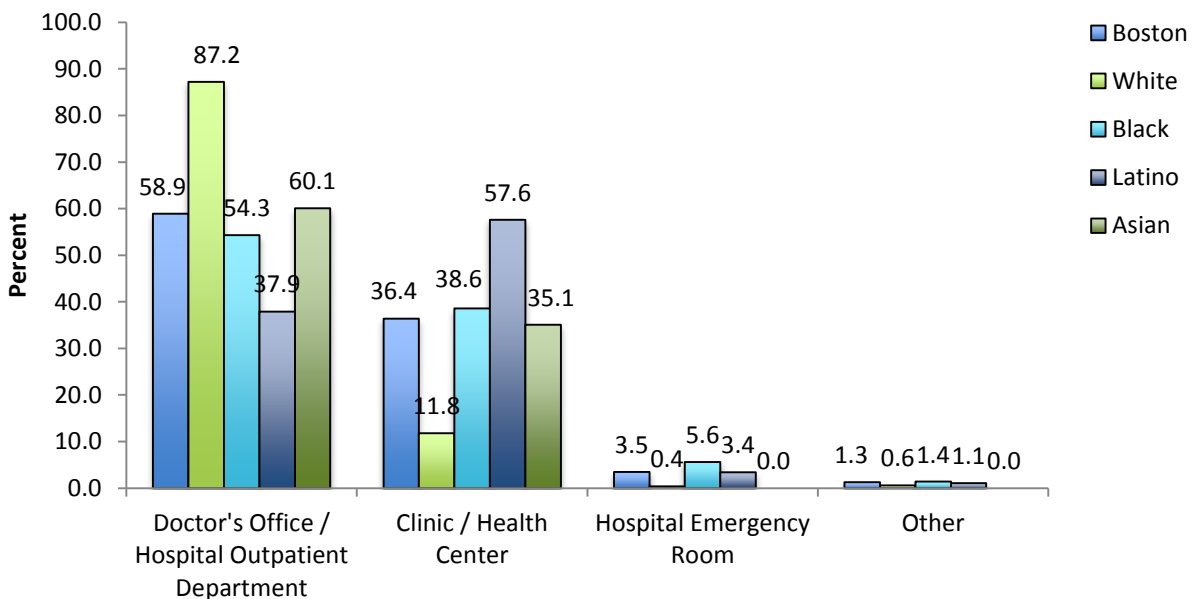
*"[I] might as well stay [at this health care provider] because everything's there."* – Parent focus group participant

Most key informants stated that, to the best of their knowledge, access to pediatric primary care was not an issue for children and families in Allston/Brighton, especially give high rates of insurance among children. All parent focus group participants, except for one whose children had recently moved to the Boston area, had a pediatrician. However, most of the parent focus group participants revealed that they go outside of Allston/Brighton for pediatric care. Even though traveling to other neighborhoods is not convenient and can be challenging for transportation, parents stated that they preferred to visit providers who offered in one location a comprehensive set of services such as primary care, emergency care, care for children with autism and disabilities, and dental care.

Parent focus group participants also raised some additional concerns about pediatric care. Participants described a need for extended hours, early in the morning before school and on the weekends. They also saw a need for flu clinics for children, since pharmacies do not currently provide flu shots to kids. Finally, when talking about the health care system as a whole (i.e. not just pediatric primary care), parents described experiences of discrimination based on race and on type of insurance.

Figure 41 shows the types of health care settings utilized by children in Boston and their families when a child was sick. White children were more likely to visit a doctor's office or outpatient hospital setting compared to their Black, Latino and Asian counterparts. Latino children were more likely to visit a clinic or health center compared to White, Black and Asian children, and Black children were more likely to visit an emergency room compared to White, Latino and Asian children.

**Figure 41: Place that Child Usually Went When He/She Was Sick, Boston, Ages 0 - 17**



DATA SOURCE: Boston Survey of Children's Health, 2012; National Survey of Children's Health, 2011 - 2012

Table 14 shows that the most common problem encountered by Boston parents or caregivers when seeking medical care for their children was the inability to take time off of work (10.6%). Other common issues included a lack of or difficulties with insurance, difficulty making an appointment, affordability, and transportation.

**Table 14: Problems Encountered in Past Year When Child Needed Medical Care, Boston, Children Ages 0 - 17**

Could not take time off of work	10.6%
Did not have insurance	9.3%
There was a problem with my health plan	8.6%
Could not get or had difficulty getting an appointment	6.7%
Could not afford care	6.7%
Could not get transportation/Had difficulty getting to doctor's office	6.0%
Was not satisfied with the doctor	5.8%
Did not know where to find a doctor who speaks the same language that I do	3.0%
Did not know where to find care	2.9%
There was a vaccine shortage so my child could not get vaccinated	2.7%
Did not have a referral for a specialist	2.6%
Could not find a doctor who accepts child's insurance	2.4%

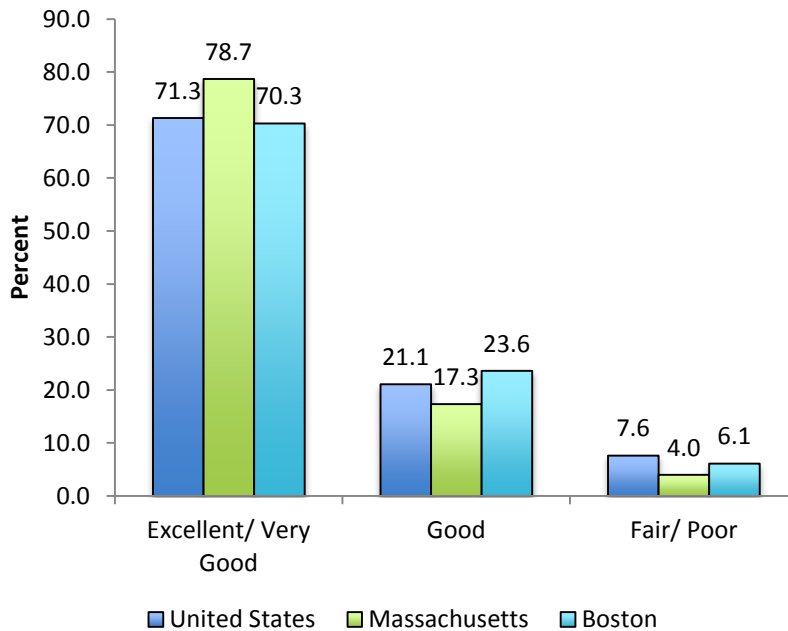
DATA SOURCE: Boston Survey of Children's Health, 2012; National Survey of Children's Health, 2011 - 2012

#### Oral Health

*“When I make a dental appointment I have to wait a long time and it’s the only place that takes my insurance.”* – Parent focus group participant

Dental health was mentioned as a top health concern among parent focus group participants, but was not raised by interview participants. Parents explained that there is a large need for affordable dental care for adults; while free or reduced dental care is available for children, parents cannot afford care and often need to find secondary insurance. Parents stated that finding a dentist for their children was not an issue, but cited a need for pediatric dentists to have more flexible hours. Figure 42 shows that a higher percentage of children are in excellent/very good dental health in both Massachusetts (78.7%) and the United States (71.3%) in comparison to Boston (70.3%).

**Figure 42: Child Dental Health, Ages 1 - 17**



DATA SOURCE: Boston Survey of Children's Health, 2012; National Survey of Children's Health, 2011 - 2012

**Community Resources and Assets**

Participants in focus groups and interviews discussed the strengths and assets of Allston/Brighton, and also identified some gaps in services and programming.

Community Based Resources and Programming

*“Because it is separated from the rest of Boston geographically, there’s really more of an identity about Allston/Brighton...It’s its own strong neighborhood feel. This is a challenge, too.” – Key informant interview participant*

*“Allston/Brighton is well-connected in how organizations work together and talk to each other...Allston/Brighton [organizations are] making a concerted effort to connect the dots and support each other.” – Key informant interview participant*

Allston/Brighton was consistently described as a diverse community with a distinct neighborhood identity. Many participants noted that because Allston/Brighton is geographically isolated from other Boston neighborhoods, residents feel a strong sense of community. Participants explained that a mix of longtime residents, students and immigrants reside in Allston/Brighton, and that residents are diverse in terms of race and ethnicity, and also socioeconomic status. Interview participants described both residents and local organizations as being *“very involved”* and *“very collaborative.”*

Allston/Brighton was also seen by participants as a safe and peaceful place to live. While some participants noted that the student population can be disruptive, overall participants reported feeling very safe in Allston/Brighton. Youth focus group participants described Allston/Brighton as *“quiet,”*

*“peaceful,” and “friendly.”* A few participants noted that Allston seemed to have a younger population and perhaps more students, while Brighton was quieter and had higher rates of home-ownership.

Community residents and stakeholders also described a thriving local social service sector, which collaborates regularly in order to avoid duplication of effort, and seeks to support rather than compete with each other. For example, over 70 organizations participate in the Allston-Brighton Health Collaborative which began in 2012 with the goal of improving the health and wellbeing of the communities of Allston and Brighton. Stakeholders also noted the activities of the Allston-Brighton Substance Abuse Task Force, which works to prevent and reduce substance abuse.

Other resources cited by participants as community assets included universities, businesses (for example, both New Balance and WGBH are headquartered in Allston/Brighton), places of worship (churches, temples, mosques and synagogues), health care facilities, and youth programs. Health care facilities located in Allston/Brighton include Franciscan Hospital for Children, St. Elizabeth’s Medical Center, the Joseph M. Smith Community Health Center, and the Brighton Marine Health Center (serving uniformed services personal, retirees and their dependents). One stakeholder also described active involvement by local politicians in community meetings.

#### Gaps in Programs and Services

*“We’re very fortunate to have the amazing resources that we have around us. But when you look at what exists in the city and inner city, as far as programs, we’re not the first to get them. We’re last.”* – Key informant interview participant

*“There’s not much to do here, so it’s kind of boring. But it is quiet, so that’s the positive.”* – Youth focus group participant

*“Society seems to think people are no longer having kids. They want you to come, but there’s nowhere to leave our kids.”* – Parent focus group participant

While community residents and stakeholders valued the strong identity of Allston/Brighton and the availability of local services, many participants perceived that Allston/Brighton was cut off from and *“often-forgotten”* by the rest of Boston. Community leaders stated that many city resources, such as parks and recreation programming or community centers, are targeted to centrally located Boston neighborhoods like Roxbury and Dorchester. Stakeholders explained that outside leadership sometimes forgets about Allston/Brighton (and *“think it’s another city”*), or have an inaccurate perception that Allston/Brighton residents are white, middle-to-upper class, and do not have a high demand for services.

Many interview and focus group participants considered public transportation within Allston/Brighton as passable, but described difficulties traveling to other parts of the city, making it especially difficult to access services located elsewhere such as specialty health care. For example, one participant stated that Allston/Brighton residents must travel to Roxbury for school registration. Another participant explained that, if you do not like your health center in Allston/Brighton, you have few other options because it is not easy to travel to health centers in other parts of the city.

A few interview participants, and many youth focus group participants, noted that local activities for youth could be expanded, especially during the winter months. Youth explained that living in a quiet, safe neighborhood was in many ways a positive experience, but that Allston/Brighton was also at times

boring. Other stakeholders stated that youth could benefit from having more playgrounds and more physical activity opportunities, including non-traditional sports like Zumba and martial arts. Both youth and parent focus group participants described a need for more activities in the winter months when youth are cooped up inside and in need of exercise and social interaction.

Parent focus group participants also discussed a need for structuring local activities and programs in a way that is accommodating for working and single-parent families. Parents explained that child care services and health care services should be offered at night and on weekends. Parents were interested in support groups and physical activity programs, but stressed that, in order for them to attend, child care would need to be provided or children would need to be able to participate in the programs. A few parents also stated that, because of the college student population and density of bars and lounges, it was difficult to find local restaurants where they could bring their children.

A few interview participants who worked with or had expertise about children with special health care needs (CSHCN) discussed gaps in programs specifically for this population. A few stakeholders stressed the need for more afterschool and summer programs that accommodate CSHCN. For children requiring mental health services, one stakeholder described a need for more pediatric psychiatrist and outpatient therapists, and also for partial day programs that serve children after they are released from inpatient mental health services. Another stakeholder noted a gap in substance abuse treatment services for children and families, explaining that after detox there is nowhere to go. One stakeholder also described how existing substance abuse and eating disorder outpatient programs are not always located conveniently for children and their families.



## KEY THEMES AND CONCLUSIONS

Through a review of the secondary social, economic, and epidemiological data as well as discussions with community residents and stakeholders, this assessment report examines the current health status of Allston/Brighton children and their families, identifies priority health issues, and explores community assets, resources and gaps in services and programming. Several overarching themes emerged from this synthesis:

- ***Certain social and economic factors are especially challenging for families in Allston/Brighton.*** The lack of affordable housing, and resulting overcrowded residencies, emerged as a major concern for families in Allston/Brighton. High housing costs were cited as a reason that families are forced to leave Allston/Brighton. Other social and economic challenges were cited, but were of less concern. For example, participants described difficulties accessing adequate transportation to other Boston neighborhoods, and finding childcare that accommodates parents who work in the evenings and on weekends. Allston/Brighton overall was perceived to be a safe neighborhood.
- ***Childhood obesity was cited as a health concern, and additional opportunities for youth to engage in physical activity are needed.*** Participants stated that childhood obesity was a health concern in Allston/Brighton, and physical activity was often cited as the most prominent risk factor. Participants stressed that physical activity opportunities must be affordable, and also suggested that non-traditional activities, like Zumba and tennis, be offered.
- ***Substance abuse and mental health issues were considered pressing concerns, and a lack of available resources were noted.*** Substance abuse issues, including opiate use and binge drinking, were cited as critical issues in Allston/Brighton. Participants described a lack of substance abuse prevention and treatment resources, beyond detox facilities. Mental health services are also needed, specifically school-based services, parent support groups, pediatric psychiatrist and outpatient therapists, and partial day programs.
- ***Many Allston/Brighton parents access pediatric care outside of their neighborhoods.*** Although it may not be convenient, Allston/Brighton parents reported traveling to neighborhoods outside of Boston for their children's pediatric care. Parents stated that they choose pediatric providers who offer in one location a comprehensive set of services such as primary care, emergency care, care for children with autism and disabilities, and dental care. Additional needs were also raised: participants described difficulties finding pediatric flu clinics, and also requested that health care providers operate during evenings, weekends, and early mornings.
- ***Pediatric dental care is available; opportunity exists for expanding hours to improve access.*** The availability of pediatric dental care did not emerge as a concern. However, participants cited a need for dentists to offer appointments during evenings and weekends. Affordability of dental services for adults was also a concern. Participants reported difficulties paying for adult dental care without expensive supplemental insurance.
- ***Programs and services that accommodate children with special health care needs (CSHCN) and their families are needed.*** A need for after school programs and summer programs that accommodate CSHCN emerged as a pressing health concern. Autism spectrum disorders were cited specifically as being on the rise and in need of programming. Participants also described a need for

supporting parents of CSHCN as they cope with diagnoses, advocate for their children in school, and search for social interaction opportunities for their children.

- ***Allston/Brighton is a diverse community with a strong neighborhood identity and active, collaborative local organizations.*** The Allston/Brighton neighborhood, which includes longtime residents, college students and young adults, and immigrants, has developed a strong sense of community, possibly because this neighborhood is geographically isolated from other Boston neighborhoods. In Allston/Brighton, local social service agencies thrive and seek opportunities to partner and collaborate to improve the health and well-being of their clients. There is great potential for Allston/Brighton organizations to work together to address priority health needs.

**APPENDIX A: LIST OF ORGANIZATIONS INVOLVED IN FOCUS GROUPS RECRUITMENT**

1. Allston-Brighton Neighborhood Opportunity Center, Action for Boston Community Development (Focus Group conducted 2/19/15)
2. Jackson Mann Community Center (Focus Group conducted 3/9/15)

**APPENDIX B: LIST OF STAKEHOLDER INTERVIEWEE TITLES AND ORGANIZATIONS**

<b>Position / Title</b>	<b>Organization</b>	<b>Date of Interview</b>
Assistant Director, Early Childhood Mental Health	Boston Public Health Commission	February 4, 2015
Coordinator	Allston Brighton Health Collaborative	February 5, 2015
Administrative Coordinator	Jackson Mann Community Center	February 5, 2015
Director of Community Programs	Family Nurturing Center	February 11, 2015
Community Service Officer	Boston Police Department	February 18, 2015
Project Manager, Bureau of Child, Adolescent and Family Health	Boston Public Health Commission	February 19, 2015
Clinical Team Manager	Franciscan Hospital for Children	February 23, 2015