



Franciscan Children's

2018 Community Health Needs Assessment

Full Report

July 2018

Table of Contents

BACKGROUND	1
Overview of Franciscan Children’s	1
Purpose and Scope of the Franciscan Children’s Community Health Needs Assessment	1
Definition of Community Served	1
METHODS	1
Quantitative Data: Reviewing Existing Secondary Data	2
Qualitative Data: Gathering Community Input	2
Focus Groups	3
Key Informant Interviews	3
Analyses	3
Limitations	3
COMMUNITY SOCIAL AND ECONOMIC CONTEXT	3
Demographics	4
Income, Education, Employment	6
Crime and Safety	8
Housing and Transportation	8
COMMUNITY HEALTH OUTCOMES AND BEHAVIORS	10
Mental Health	10
Substance Use	12
Obesity, Physical Activity and Nutrition	13
Oral Health	15
Environmental Health	15
Violence, Injury, and Trauma	16
Maternal and Child Health	16
ACCESS TO CARE	17
Primary Care Services	17
Mental Health Services	18
Oral Health Services	19
Physical, Occupational, and Speech Therapy	19
Barriers to Accessing Care	20
COMMUNITY STRENGTHS AND ASSETS	21
Community-Based Resources and Programming	21
Healthcare Providers	21
Universities	22
Active and Engaged Community	22
Prevention Programs	22
COMMUNITY SUGGESTIONS	23
KEY THEMES AND CONCLUSIONS	25
APPENDIX A - LIST OF ORGANIZATIONS INVOLVED IN INTERVIEWS	27
APPENDIX B - PRIORITIZATION OF NEEDS IDENTIFIED IN THE 2018 ASSESSMENT	28
APPENDIX C - ACTIVITIES COMPLETED SINCE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT	29

BACKGROUND

Overview of Franciscan Children's

Franciscan Children's mission is to provide a compassionate and positive environment where children with complex medical, mental health and educational needs receive specialized care from people who are committed to excellence, innovation and family support, so that children can reach their fullest potential and live their best life.

Franciscan Children's continuum of care spans inpatient, residential, educational, surgical, and outpatient, programs – a unique and powerful combination. In addition to providing medical, mental health and educational services for children with complex needs, Franciscan Children's also offers primary care, dentistry, and mental health services to all children and families from the local community and beyond.

Purpose and Scope of the Franciscan Children's Community Health Needs Assessment

In May and June 2018, Franciscan Children's conducted a community health needs assessment (CHNA) of the community it serves. The purpose of the CHNA was to provide an empirical foundation for future health planning, as well as fulfill the CHNA 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 goals of the 2018 Franciscan Children's CHNA were 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; mental health; oral health; physical, occupational, and speech therapy; and nutrition
- Explore community strengths, resources, and gaps in services in order to guide future planning and programming efforts for Franciscan Children's

This report discusses the findings from the CHNA.

The 2018 CHNA builds off of the work and methodologies from the 2015 Franciscan Children's CHNA. The 2015 CHNA analyzed data from key respondent interviews, focus groups, and secondary sources to describe the community's social and economic issues, health behaviors and health outcomes, health care access, strengths and challenges, and resources to help achieve a vision for the future. Priority areas identified in the 2015 CHNA included childhood obesity, mental health, and autism spectrum disorders. Franciscan Children's and its partners developed and implemented a range of strategies to address these identified needs. These strategies can be found in Appendix A.

Definition of Community Served

The community for this CHNA is defined as the Allston/Brighton neighborhood. This geographic area was selected for the CHNA because Franciscan Children's 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 CHNA was gathered and analyzed. This section also provides context about the overarching framework used to guide the assessment process. Specifically, the CHNA 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.

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 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. Aside from population counts, age, and racial/ethnic distribution, other data from the U.S. Census derive from the American Community Survey. Per Census recommendations, aggregated data from the past five years yielded a large enough sample size to examine results by municipality and census tract. The primary data source for youth issues is the Youth Risk Behavior Survey (YRBS). YRBS data are only available at the city level; the most recent YRBS data for Boston high school students is 2015, while the most recent YRBS data for middle school students is 2013.

Many of the secondary data shared in this CHNA come from two recent publications that provide comprehensive quantitative data about Boston and its neighborhoods: *Health of Boston 2016-2017*, prepared by the Boston Public Health Commission, and *Boston in Context: Neighborhoods, 2011-2015 American Community Survey* prepared by the Boston Planning and Development Agency.¹

Qualitative Data: Gathering Community Input

In addition to quantitative data from the Allston/Brighton neighborhoods, HRiA collected qualitative insights from 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 the programming or services most needed to address these concerns. During May-June 2018, HRiA conducted one focus group and 11 key informant interviews. HRiA and Franciscan Children’s brainstormed to identify focus group segments and key informants working across a range of sectors that focus on children and families in the community. Participants represented a cross-section from the community, including those who represent service organizations and coalitions, schools, medical services, and the public health department, with expertise in public health, education, social services, business, and healthcare.

¹ http://www.bphc.org/healthdata/health-of-boston-report/Documents/_HOB_16-17_FINAL_SINGLE%20PAGES.pdf and <http://www.bostonplans.org/getattachment/6f48c617-cf23-4c9f-b54b-35c8a954091c>

Focus Groups

HRiA conducted a focus group with parents of children 18 or under living in Allston/Brighton. The focus group discussion explored participants' perceptions of their community, priority health concerns, and suggestions for future programming and services to address these issues. The focus groups utilized a semi-structured moderator's guide, an experienced HRIA consultant as the facilitator, and a scribe. The focus group lasted 90 minutes and included seven participants. The purpose of the group was explained to participants and each signed a consent form. Participants were also notified in writing and verbally that group discussions would remain confidential, and no responses would be connected to them personally. A small stipend (\$25 Target gift card) was given to each participant for their time. A local community organization recruited participants for the focus group and received \$200 in compensation for its efforts.

Key Informant Interviews

HRiA conducted interviews with 11 individuals representing a range of sectors, including public health, education, social services, business, and healthcare. The interviews explored participants' perceptions of the community and priority health concerns, and solicited suggestions for future programming and services to address their perceived health issues. Similar to the focus group, interviews utilized a semi-structured interview guide 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 A.

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 the focus group and interviews, as well as the unique issues for specific populations. 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 data collection efforts, there are several limitations related to the assessment's methods that should be acknowledged. For some indicators of the secondary (quantitative) data analyses, city data could not be disaggregated to the neighborhood level due to the small population size of the Allston/Brighton neighborhoods. Also, most of the quantitative data on health issues among youth are available for adolescents, but not younger children. There is also a time lag in analyses of data that come from surveillance systems.

Likewise, data based on self-reports should be interpreted with particular caution. In some instances, respondents may over- or under-report 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 the focus group was conducted by a community organization, and participants may be more likely to be those already engaged in community organizations or initiatives.

COMMUNITY SOCIAL AND ECONOMIC CONTEXT

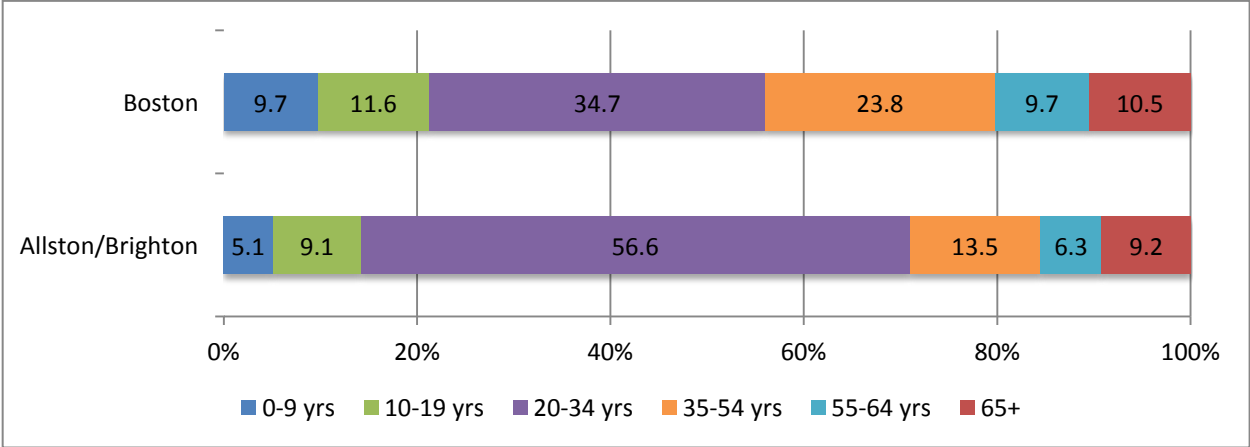
The health of a community relates to numerous factors, including what resources and services are available (e.g., safe green space, access to healthy foods), as well as who lives in the community. The section below provides an overview of the population of the Allston/Brighton neighborhood served by Franciscan Children’s. 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.

Demographics

Allston/Brighton is a dynamic and vibrant community with a high proportion of young adults and substantial racial and ethnic diversity.

According to the American Community Survey (2011-2015 estimates), the total population of Allston/Brighton in 2015 was 67,529, or 10.4% of Boston’s total population. As shown in Figure 1, young people ages 20-34 comprise the highest proportion of residents, reflecting the large college-age population in the community. Children under 18 comprise 8.9% of Allston/Brighton’s residents, a far smaller proportion than in Boston overall (16.6%), but about the same proportion as in 2015.²

Figure 1: Population by Age, Boston and Allston/Brighton, 2011-2015



DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

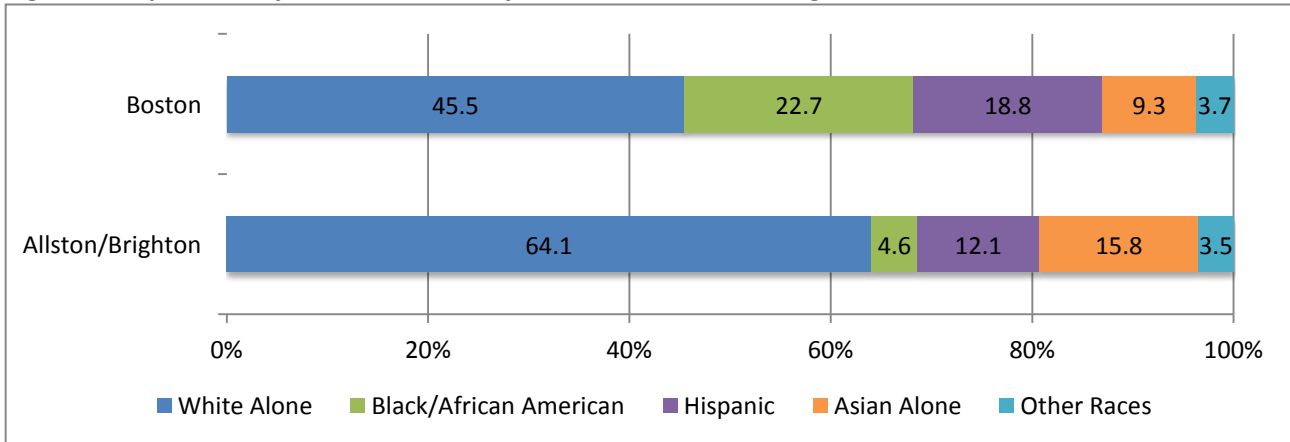
Respondents described the community of Allston/Brighton as very diverse, a feature they valued for the vibrancy different groups bring to the community. Respondents described Spanish and Portuguese speakers as the largest minority groups in the area, with Chinese and Russian immigrants also strongly represented. While diversity is a valued characteristic of the community, respondents from health and social service organizations also described the challenges inherent in serving such a diverse group of people, including meeting language needs and providing culturally competent services. Given the national debate about immigration at the time of this CHNA, respondents expressed substantial concern about immigrants, including children. Respondents believed that the politically charged atmosphere negatively impacted the physical and mental health of immigrants and their ability to access healthcare and basic services.

Quantitative data indicates that Allston/Brighton has less racial and ethnic diversity than Boston overall. About 35.9% of the community’s residents are from minority groups, compared to 45.5% of Boston residents (Figure

² DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Health of Boston 2016-2017*

2). Asians comprise the largest minority population in Allston/Brighton (15.8%), followed by Hispanic residents (12.1%). The proportion of African Americans living in the community (4.6%) is far lower than the city of Boston. The proportion of Hispanic and Asian residents in the community has risen slightly since 2015. The proportion of African American residents declined slightly from 2015.

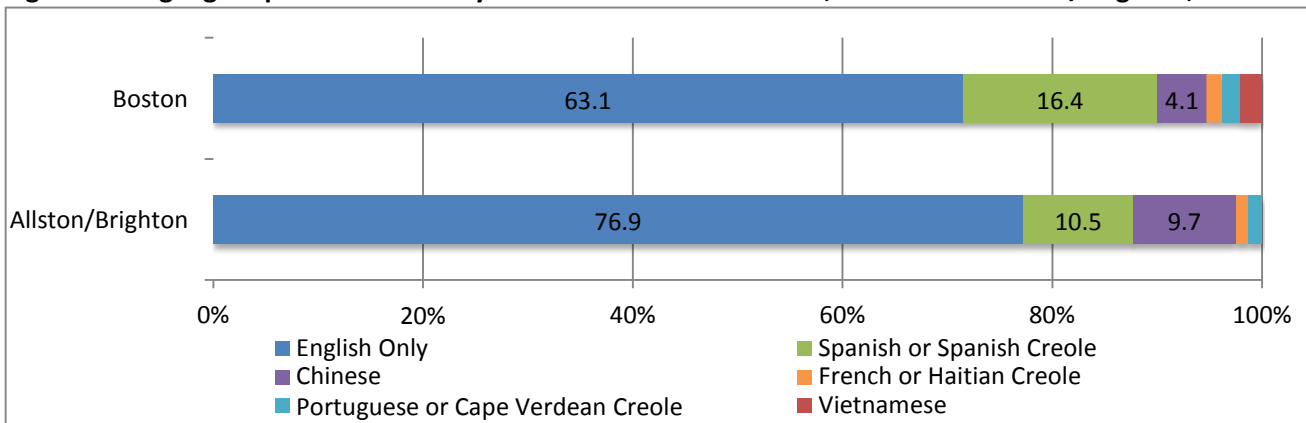
Figure 2: Population by Race and Ethnicity, Boston and Allston/Brighton, 2011-2015



DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

About 23.1% of Allston/Brighton residents over the age of 5 speak a language other than English at home, compared to 36.9% of residents of Boston (Figure 3). The most common languages spoken at home in Allston/Brighton are Spanish/Spanish Creole (10.5%) and Chinese (9.7%)

Figure 3: Languages Spoken at Home by Residents 5 Years and Over, Boston and Allston/Brighton, 2011-2015



DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

Income, Education, Employment

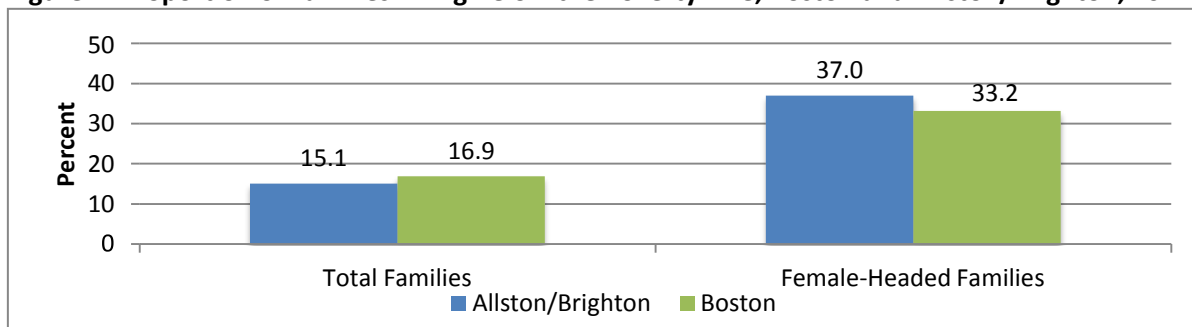
Overall education levels in Allston/Brighton are high, although declining enrollment and lower than average high school graduation rates are challenges. The median household income in Allston/Brighton is lower than the city of Boston. An influx of younger and wealthier residents is increasingly pricing some out of the community.

Respondents shared that Allston/Brighton has two primary income groups: 1) students and young professionals who are wealthier and 2) immigrants and longstanding residents who tend to be lower income. The impact of the large student population on the community varied by perspective. As one interviewee shared, *“the gap is widening between the people who are coming in and the people who have been here.”* The impact of students on the community, however, is not all negative. One respondent stated, *“the students drive our economy. If it wasn't for the students spending money, we might have a pawn shop or a petty loan store, but we don't.”*

Median household income in Allston was \$39,717 in 2015 and in Brighton it was \$50,110, both levels lower than the median household income for Boston (\$55,777).³ The unemployment rate in Allston/Brighton in 2011-2015 was 6%, lower than the rate for Boston overall (9%) but higher than the unemployment rate (4%) reported in the 2015 CHNA.⁴

Quantitative data also show that the proportion of Allston/Brighton families living in poverty was 15.1% in 2011-2015, a rate slightly lower than the city of Boston (Figure 4) and similar to the 2015 rate. The proportion of female-headed households in poverty in Allston/Brighton (37.0%) was higher than for the city (33.2%). In 2011-2015, approximately 21.8% of Allston/Brighton's children under the age of 18 were living in poverty, compared to 29.8% for the city of Boston overall.⁵

Figure 4: Proportion of Families Living Below the Poverty Line, Boston and Allston/Brighton, 2011-2015



DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

Allston/Brighton has various education options for the children and youth of the community. There is one public elementary school, two K-8 schools, and one public high school serving the community. There are also several private and parochial schools generally reported to be affordable and to draw students from throughout Boston. The growing number of college students and young professionals moving into the community has led to declining school enrollments, an issue that concerns public school educators and parents. As one parent focus group member shared, *“we were in Boston Public Schools, but we elected to move our kids to private schools*

³ DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015.

⁴ DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Health of Boston 2016-2017*

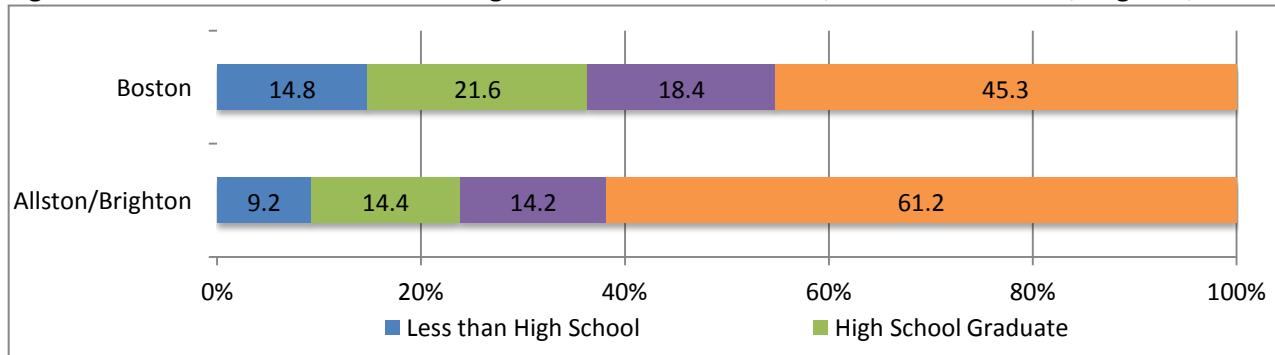
⁵ US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

because we found most of the kids in the schools weren't from the community and we wanted to raise them in a community setting."

Interview and focus group members had mixed perceptions about the quality of education in the community, with some reporting that the schools are very good and others sharing that they need improvement. Respondents reported partnerships between community institutions and schools are extensive. Two examples cited by respondents were Franciscan Children's school-based mental health program (the Children's Wellness Initiative) and youth development programming provided by West End House/Boys & Girls Club.

American Community Survey data indicate that residents of Allston/Brighton are generally well-educated, reflective of the large number of college students and young professionals (Figure 5). Over 60% of Allston/Brighton residents have a bachelor's degree or higher (2011-2015), compared to about 45% for Boston overall. A smaller proportion of Allston/Brighton residents did not complete high school, compared to residents from the City of Boston. These rates are similar to those reported in the 2015 CHNA.

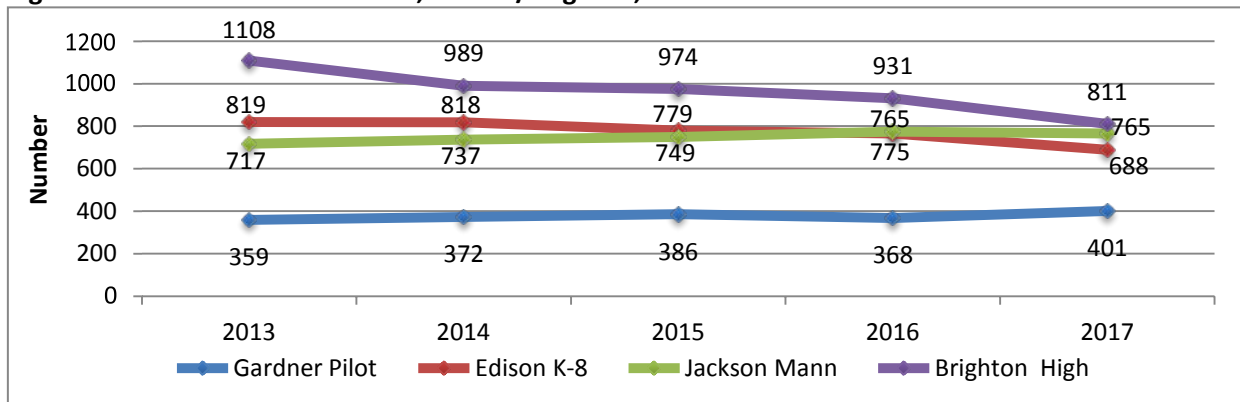
Figure 5: Educational Attainment Among Adults 25 Years and Older, Boston and Allston/Brighton, 2011-2015



DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

Over the past five years, enrollment rates at Brighton High School and Edison have declined, while those at Gardner Pilot Academy and Jackson Mann have increased (Figure 6).

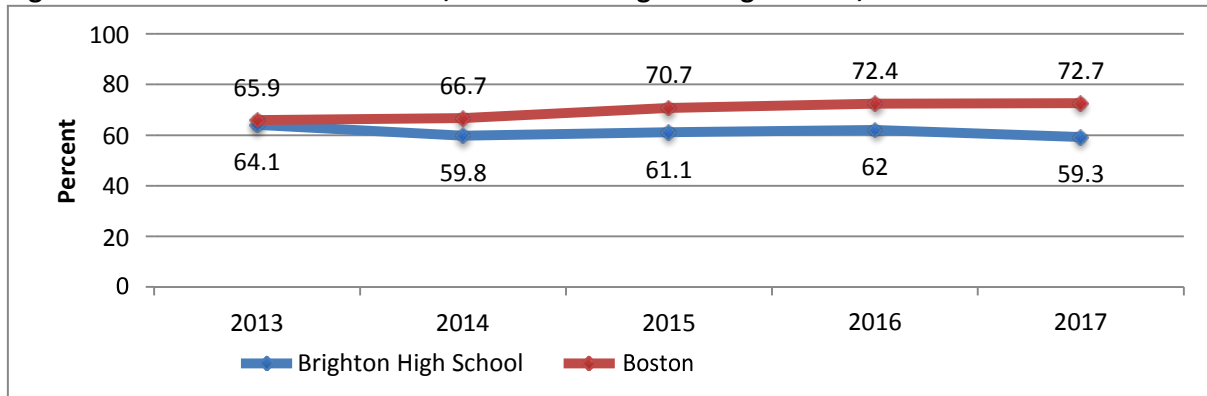
Figure 6: School Enrollment Rates, Allston/Brighton, 2013-2017



DATA SOURCE: Boston Public Schools, 2013-2017

The four-year graduation rate at Brighton High School declined between 2013 and 2017, while it rose for the city overall (Figure 7). In 2017, the graduation rate at Brighton High School was 59.3%, compared to 72.7% for Boston.

Figure 7: Four Year Graduation Rate, Boston and Brighton High School, 2013-2017



DATA SOURCE: Boston Public Schools, 2013-2017

Crime and Safety

Interviewees and focus group members did not mention violent or property crime as concerns in the community, although a few mentioned a rise in domestic violence.

The rate of nonviolent (property) crime in Allston/Brighton in 2017 was 1,563.8 per 100,000 residents and violent crime was 314.7 per 100,000 residents, lower than the rates for Boston of 2,101.1 per 100,000 and 652.6 per 100,000, respectively.⁶

Housing and Transportation

High housing costs in Allston/Brighton are a substantial challenge for the community, as lower income individuals and young immigrant families are being priced out. Population density and continuing development strain transportation resources.

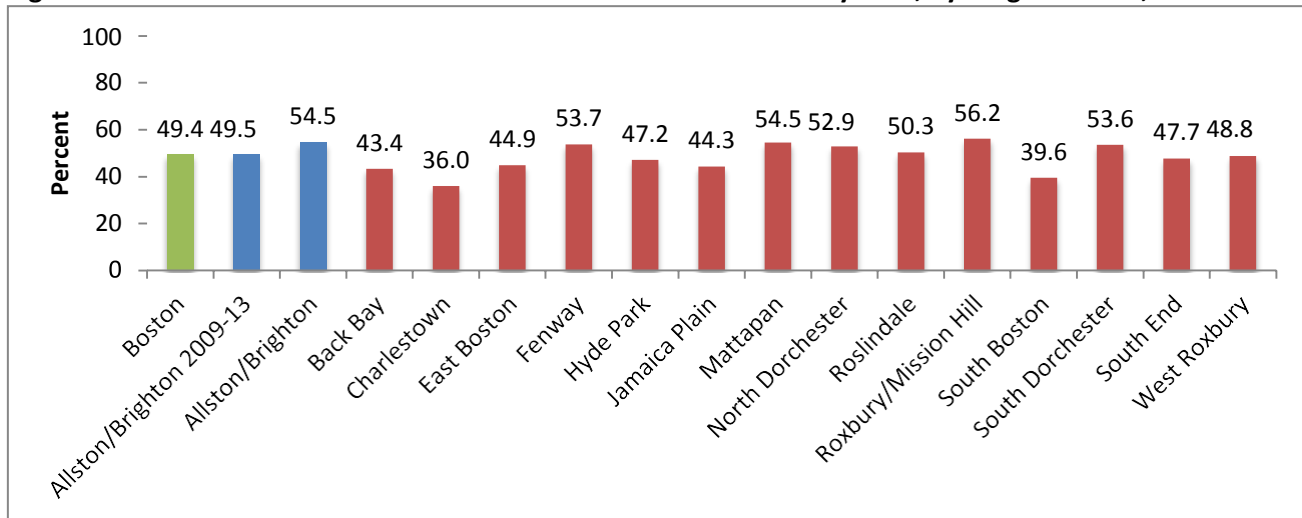
As in 2015, respondents mentioned that housing and transportation are challenges for the community. Almost every interviewee mentioned the rising cost of housing in Allston/Brighton. Focus group members reported that new housing is increasingly just one bedroom and not suitable for families. Respondents also reported that land purchases by the universities, as well as the higher rents that landlords can charge from students, are forcing long-term residents from the community and preventing new families from moving in. They shared stories of families being forced to move out when rents double, children having to leave their schools, overcrowding in existing housing, and rising homelessness. Respondents also observed that community members increasingly have to make choices about paying rent and paying for basic needs or healthcare. As one interviewee explained, *“we see our clients every day with eviction notices, with concerns about paying rent, paying utilities...the cost of living in the area is becoming very restrictive and repressive for many.”* On a broader level, as one interviewee

⁶ DATA SOURCE: Boston Police Department Crime Statistics, 2016 and 2017. Rates calculated per U.S. Census Bureau, American Community Survey 1-Year Estimates, 2016. NOTE: Violent crime includes homicide, rape, robbery, assault and simple assault; Nonviolent crime includes burglary, larceny – theft, and motor vehicle theft

explained, the growing number of students in the community reduces community stability and community engagement.

Quantitative data confirms what respondents stated: housing in Allston/Brighton is expensive. In 2011-2015, about 55% of renters in Allston/Brighton paid 30% or more of their household income toward monthly rent, a rate higher than many other neighborhoods and the city of Boston overall and a rate higher than in 2015 (Figure 8).

Figure 8: 30% or More Household Income Paid toward Gross Monthly Rent, by Neighborhood, 2011-2015



DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Health of Boston 2016-2017*

Although not mentioned as frequently as housing, many mentioned transportation challenges, as the infrastructure has not kept up with the growth of development in the community. In 2011-2015, 35.9% of Allston/Brighton households did not have a vehicle, a rate similar to Boston overall (35.2%).⁷ While public transportation options are available, the Green Line is not within walking distance of most housing, so residents must rely on the bus system, which is overcrowded and inconsistent. In 2015, 18.3% of Allston/Brighton workers 16 years and older took the bus to work, compared to 14.8% of workers in Boston overall.⁸ As one interviewee shared, “in certain pockets of Brighton, the bus line is not conducive to where people live. What takes 10 minutes by car can take 45 by bus.” A couple of respondents praised walkability in the community. While biking is an option, one person reported, the neighborhood layout can make that difficult.

⁷ DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

⁸ DATA SOURCE: US Census Bureau, American Community Survey, 2011-2015 as reported in *Boston in Context: Neighborhoods, 2011-2015 American Community Survey*

COMMUNITY HEALTH OUTCOMES AND BEHAVIORS

This section focuses on health issues and concerns that emerged during the Franciscan Children’s community health needs assessment (CHNA) process. It focuses specifically on those concerns related to children and their families, examines health outcomes, and examines lifestyle behaviors that contribute to or detract from good health. Where appropriate and available, community-level statistics are compared to city of Boston and to data reported in the 2015 CNHA.

Mental Health

As in 2015, children’s mental health was one of the most prominent concerns for the community served by Franciscan Children’s. Quantitative data indicate that Allston/Brighton residents experience higher rates of suicide and adult depression than Boston overall and the highest rate of mental health hospitalizations of all Boston neighborhoods.

Mental health was the most frequently cited health concern among children and youth in the Allston/Brighton community. Informants mentioned rising rates of anxiety and depression, which they attributed to a variety of factors. Parents shared concerns about exam pressure on students. As one parent stated, *“the whole exam culture is absolutely ludicrous. We are expecting fifth graders prepare for a test that will make or break their chances to get into college.”*

Additional factors affecting mental health include social media, unstable family situations, domestic violence, and parental incarceration. Numerous informants mentioned the trauma experienced by immigrant children and their families in this current political environment, including fear of deportation and family separation. Respondents also cited trauma associated with poverty.

“There’s trauma as immigrant families are trying to figure out how to keep themselves safe and together.”

-- Interview Participant

“Mental health is the biggest concern. A lot of kids are struggling silently with that. Stigma gets in the way.”

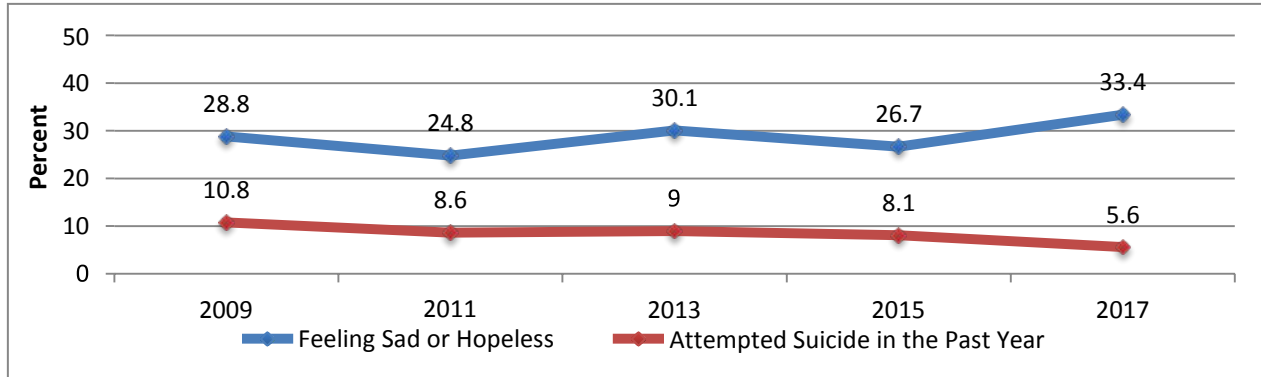
-- Interview Participant

Quantitative data about mental health outcomes for children and youth are not available at the neighborhood level, leading one interviewee to suggest that more should be done to better understand the scope of this issue in Allston/Brighton. This might be done in partnership with one of the many research universities in the community. Anecdotally, one community service provider observed that the number of children who have therapists has seemed to increase substantially over the past couple of years. School staff stated that they see a growing number of younger students struggling with mental health challenges.

Quantitative data about the mental health status of middle and high school students in the city of Boston show that mental health among students is a concern. About one quarter of Boston high school students reported feeling sad or hopeless for two weeks straight in 2015; this rate has increased between 2009 and 2017 (Figure 9). The proportion of students reporting that they had attempted suicide declined over this time period. Data about Boston middle school youth is only available for 2013. The 2013 data show that 20.7% of students

reported that they had seriously thought about killing themselves, and 8.2% reported that they had tried to do so.⁹

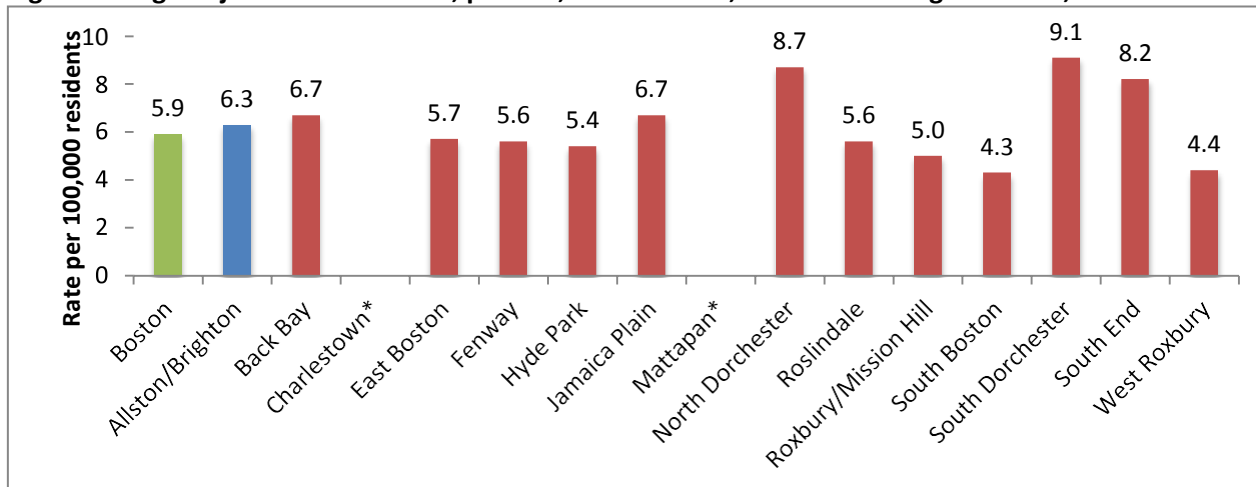
Figure 9: Boston High School Students Reporting Feeling Sad or Hopeless and Having Attempted Suicide, 2009-2017



Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), Boston, MA 2009, 2011, 2013, 2015 and 2017 Results. Results for Allston/Brighton are not available.

Data for the 2011-2015 time period reveal that the age-adjusted suicide rate (across the entire population) in Allston/Brighton was higher than the city overall (6.3 per 100,000 residents in Allston/Brighton and 5.9 per 100,000 for Boston overall) and higher than many other Boston neighborhoods (Figure 10).

Figure 10: Age-adjusted Suicide Rate, per 100,000 residents, Boston and Neighborhood, 2011-2015

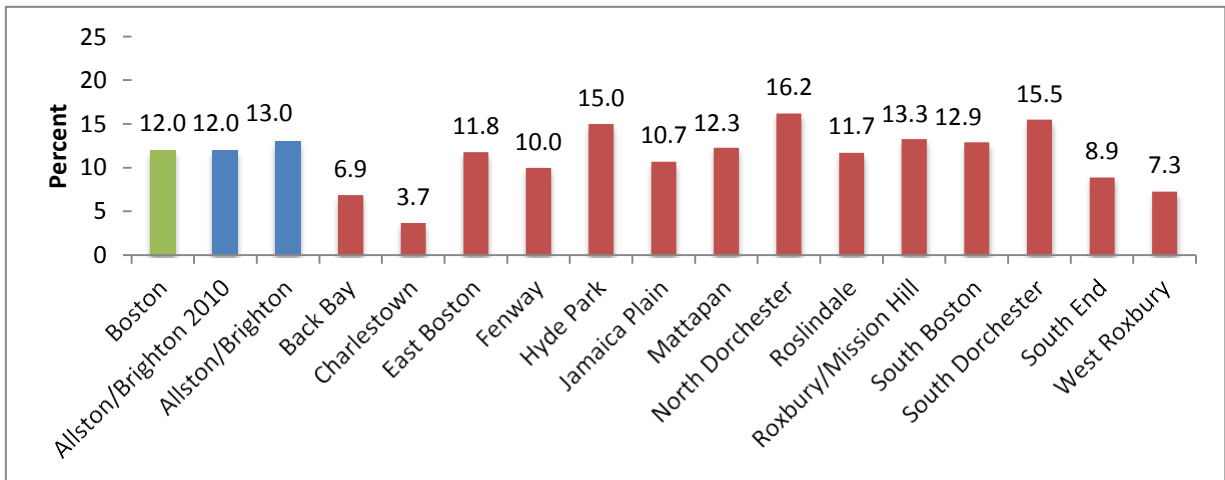


DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health, as reported in *Health of Boston 2016-2017* *Data for neighborhood could not be calculated due to low numbers.

Figure 11 shows the proportion of adults in Allston/Brighton who reported persistent sadness in 2013/2015 (aggregated due to sample size) and how this rate compares to Boston overall. In 2013/2015, one in seven adults in Allston/Brighton (13%) reported feeling persistently sad, a rate similar to that reported in the 2015 CHNA.

Figure 11: Percent of Adults Reporting Persistent Sadness, Boston and Neighborhood, 2013/2015

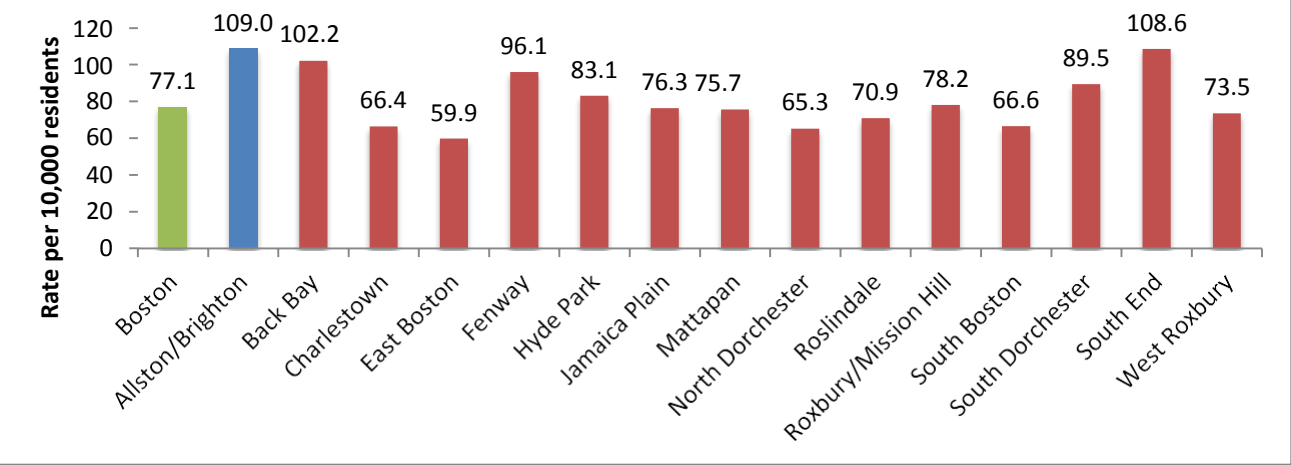
⁹ DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: Middle School Youth Risk Behavior Survey (YRBS), Boston, MA, 2013



DATA SOURCE: Boston Behavioral Risk Factor Survey (2013 and 2015), Boston Public Health Commission, as reported in *Health of Boston 2016-2017*

Quantitative data show that in 2015, the mental health hospitalization rate for Allston/Brighton was 109 per 10,000 residents, the highest rate among all the neighborhoods in Boston (Figure 12).

Figure 12: Mental Health Hospitalizations, per 10,000 residents, Boston and Neighborhood, 2015



DATA SOURCE: Acute hospital case-mix databases, Massachusetts Center for Health Information and Analysis, as reported in *Health of Boston 2016-2017*

Substance Use

Substance use was not as prevalent a theme in conversations as mental health and food access. However, there were concerns about marijuana use among students and a rise in vaping.

Most informants reported that opioid epidemic has not hit Allston/Brighton in the way it has affected other communities. They attributed this, in part, to the large student population who are not generally primary users of heroin, fentanyl and other opioids. Interviewees reported that alcohol abuse was more common among college-age students. Focus group members reported that they observed a decline in substance use over the years, which they attributed - in part - to the work of the local substance abuse task force.

A greater community concern is marijuana use among school-age students in the Allston/Brighton community. Those working in schools and community-based youth development organizations reported increased marijuana use among students in recent years, which they attributed to legalization reducing the perception of harm. They reported that students—as well as parents—are increasingly seeing marijuana use as “no big deal.” As one school staff member explained, “we are seeing more kids coming to school, even elementary school kids, smelling like weed. They are using it or their parents are using it.” Parent focus group members expressed frustration about this, such as one who said: “this is something our children are exposed to. People can spark up in the Brighton park at a community concert and I can’t do anything about it.”

“We are keeping our eyes on [marijuana use]. It is being normalized.”

-- Interview Participant

“Vaping in schools is happening.”

-- Parent Focus Group Participant

Vaping is also something those working with students are watching. Parents reported hearing from their children that vaping is becoming more prevalent in schools. As with marijuana, respondents shared that both students and their parents appear to lack knowledge about the harmful effects of vaping.

Quantitative data about substance misuse indicates that Allston/Brighton’s death rate of 21 per 100,000 residents is lower than many other neighborhoods, and substantially lower than the rate for Boston overall . The rate has remained roughly the same since reported in the last CHNA. Consistent with informants’ perspectives, unintentional opioid overdose mortality in Allston/Brighton is the lowest of all Boston neighborhoods and far lower than the average rate of 17 deaths per 100,000 residents for Boston overall.¹⁰

Obesity, Physical Activity and Nutrition

Nearly every respondent mentioned the lack of access to and the high cost of healthy food. Improper nutrition and a lack of physical activity is contributing to rising obesity among children and youth in the community.

As in 2015, respondents mentioned obesity among children and youth as a challenge for the community of Allston/Brighton. Parent focus group members and school staff interviewees reported that obesity among students is growing, attributable to poor food choices, overuse of media, and generally more sedentary lifestyles.

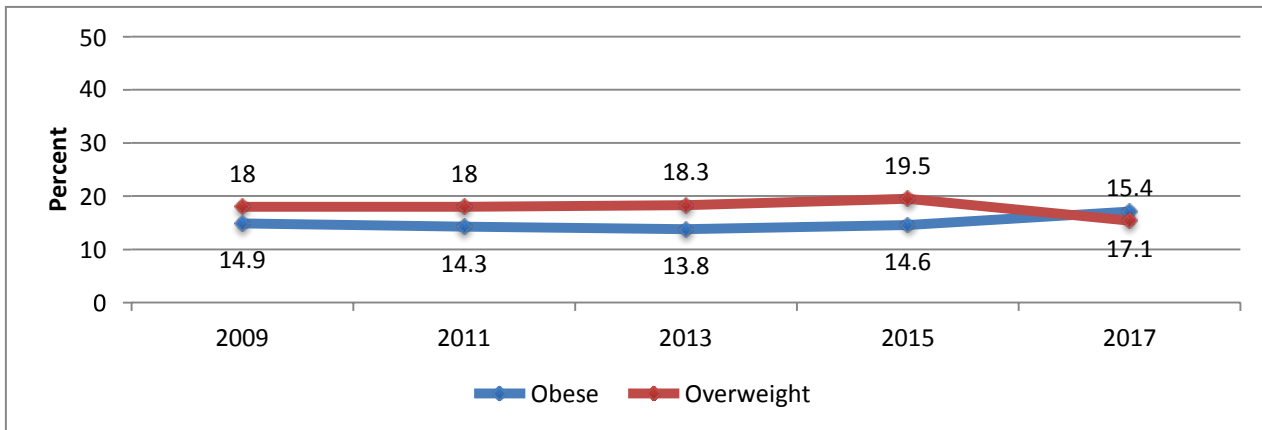
“We have a KFC and Burger King within a stone’s throw of each other. I see is that a lot of our families are going to the Burger Kings and the Dunkin’ Donuts during the day to get their food, as opposed to a healthy alternative.”

-- Interview Participant

Statistics about levels of obesity among the students of Allston/Brighton are not available. However, YRBS survey data for Boston high school students indicates that the proportion of youth who are overweight or obese has risen between 2009 and 2017 (Figure 13).

Figure 13: Obesity and Overweight Status Among Boston High School Students, 2009-2017

¹⁰ DATA SOURCE: Boston resident deaths, Massachusetts Department of Public Health, 2016 as reported in *Health of Boston 2016-2017*



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), Boston, MA 2009, 2011, 2013, 2015 and 2017 Results. Results for Allston/Brighton are not available.

Lack of access to healthy food/food insecurity was the most frequently mentioned health challenge for Allston/Brighton and a contributor to obesity; almost every respondent mentioned this as a concern. Barriers to accessing healthy food included both physical and economic challenges. Brighton in particular was singled out as a food desert. While the community has a summer farmer’s market, the only supermarket closed recently. Brighton residents must travel to Allston to access a supermarket. As one informant stated, *“families who can’t drive are spending a lot of time on public transportation to get to the grocery store, going more frequently, because it’s whatever you can carry on that trolley.”* Fast food outlets and convenience stores are prevalent. As one interviewee shared, *“you go into the 7-11 and there’s just not even a cucumber. There’s a lot of food but it’s all chips, ramen.”* One interviewee also observed that eateries in the community are focused on college students (tapas, sub shops), with few family restaurants.

Community members considered healthy food to be expensive. Local supermarkets have higher prices for groceries than outlying communities. As one parent shared, *“for me as a single parent, I buy whatever the bargain food there is and I make it stretch.”* Given the high cost of rent in the community, respondents reported, lower income families must often make choices about paying for housing and purchasing healthy food. Undocumented families, who cannot receive food benefits, are particularly at risk for food insecurity.

Respondents stated that a lack of knowledge about how to buy healthy food on a budget and how to prepare healthy food were barriers to healthy eating in the community. This was also seen as partially cultural, as one interviewee reported: *“the community is so diverse and a lot of families come from different backgrounds. There’s lots of rice and beans, which isn’t bad for you, but the vegetable thing seems to be a little taboo.”* Others mentioned the lack of community commitment to healthy eating. As one parent stated (with the agreement of several others), *“we have pasta or free hot dogs at every event that we have. The little league kickoff had chips, hot dogs, and pizza and not a vegetable in sight. As a community we don’t promote healthy eating.”* Another parent observed that there are no community gardens.

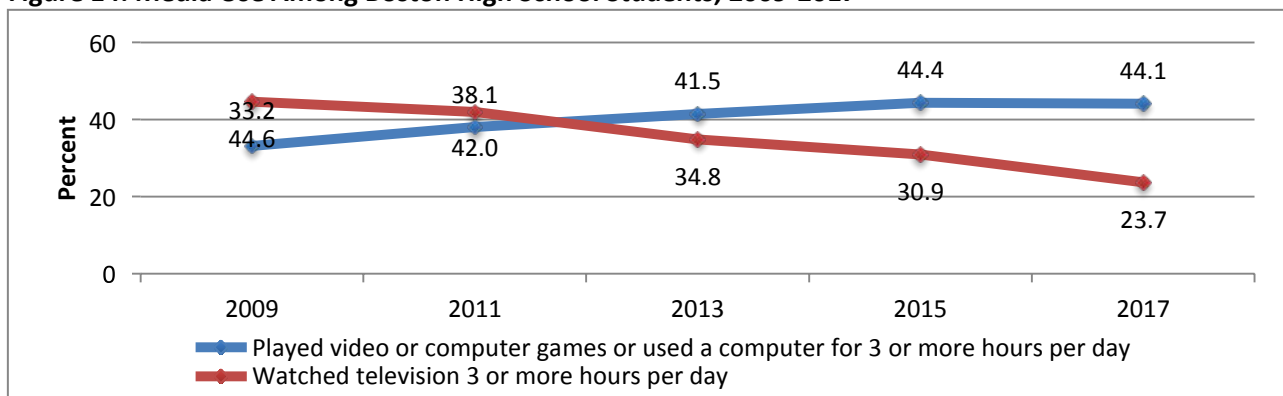
Data about the nutrition habits of Allston/Brighton children and youth are not available. The proportion of Boston high school students who report that they have eaten at least one serving of fruits or fruit juices and at least one serving of vegetables per day has remained roughly the same between 2009 and 2017; the proportion reporting that they drank at least one sugar-sweetened beverage over this time period has declined .

Interviewees reported that the Allston/Brighton community has numerous opportunities for physical activity, including playgrounds and the river and reservoir for walking. According to the City of Boston Parks and

Recreation Department, 19% of the Allston/Brighton community is open space, compared to 21% average for the city of Boston.¹¹ Informants noted that local organizations, such as the Oak Square YMCA, offer fitness programs to children and families. Parents praised the On the Right Track running program run by a local police officer as an effective approach to engaging youth in exercise. However, despite these options, informants shared that residents in the community are not as physically active as they could be.

Surveillance data about adults shows that 19.7% of adults in Allston/Brighton met CDC guidelines for physical activity in 2013/2015, compared to 21.4% for the city of Boston.¹² YRBS data indicate that in 2017 about 70% of high school students reported that they were not physically active for 60 minutes or more five or more days per week.¹³ This rate has remained the same for the past five years. Data about media use among high school students indicates that while fewer students watch TV now than they did eight years ago, use of computers for videos or games has increased (Figure 14). In 2013, 41.6% of middle school students reported that they watched 3 or more hours per day of television on an average school day and 41.4% reported that they used a computer for computer or video games.¹⁴ Data about Allston/Brighton are not available.

Figure 14: Media Use Among Boston High School Students, 2009-2017



DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), Boston, MA 2009, 2011, 2013, 2015 and 2017 Results. Results for Allston/Brighton are not available.

Oral Health

Lack of sufficient oral health services, especially for lower income residents, was identified as a concern in the Allston/Brighton community by focus group members and interviewees (discussed further in Access to Care section below). Little quantitative data are available about oral health status or use of dental services among children and youth. Data from the high school YRBS indicate that in 2015, 28.9% of Boston youth reported that they did not see a dentist for a check-up, exam, teeth cleaning, or other dental work during the 12 months prior to the survey.¹⁵ These data were not collected in prior years and are not collected in the Middle School YRBS.

Environmental Health

¹¹ DATA SOURCE: Parks and Recreation Department, City of Boston, 2017 as reported in *Health of Boston 2016-2017*

¹² DATA SOURCE: Boston Behavioral Risk Factor Survey (2013, 2015), Boston Public Health Commission as reported in *Health of Boston 2016-2017*.

¹³ DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), 2009, 2011, 2013, 2015 and 2017. Boston, MA, 2015

¹⁴ DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: Middle School Youth Risk Behavior Survey (YRBS), Boston, MA, 2013

¹⁵ DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), Boston, MA, 2015. Results for Allston/Brighton are not available.

Interviewees and focus group members did not share any health concerns related to the home environment.

Data indicate that the rate of children three and under with elevated blood lead levels in Boston was 21.6 per 1,000 compared to 19.0 per 1,000 for the state.¹⁶ This rate has steadily declined in Boston and the state. Second-hand smoke is an environmental health issue that can negatively affect children. Although data about second-hand smoke are not available for Allston/Brighton or Boston, the proportion of adults who smoked in 2013/2015 was higher in Allston/Brighton (20.4%) than in the city overall (17.3%).

Violence, Injury, and Trauma

Few respondents spoke about violence in the community. Some mentioned that domestic violence in the community is rising; parents expressed concerns about bullying among children and teens. As described earlier, informants report that trauma among children and youth, particularly those from immigrant families, is rising. Parent focus group members shared that bullying is prevalent, especially electronic bullying. Social media is a big influence according to parents. As one person shared, “kids are always comparing each other to everyone else in the school and this leads to bullying.”

YRBS data show that reported rates of electronic bullying and bullying on school property has been declining: in 2011, 10.8% of Boston high school students reported that they had been electronically bullied and 13.9% had been bullied on school property. In 2017, 9.2% had been electronically bullied and 10.6% had been bullied on school property.¹⁷ The proportion of high school students reporting sexual dating violence in 2017 was 10.3%, a rate that has remained the same over the past several years.¹⁸

Maternal and Child Health

Issues of maternal and infant health were not a focus in the group discussion or interviews. Birth outcomes in Allston/Brighton are more positive than for Boston overall. Vital statistics data show that infant mortality rate in 2006-2015 was 4.5 deaths per 1,000 live births in Allston-Brighton, compared to 5.9 infant deaths per 1,000 live births in Boston overall.¹⁹ The proportion of low birth weight and preterm births was lower in Allston/Brighton than in Boston in 2014-2015. Allston/Brighton rates have remained roughly the same since reported in the last CHNA. The teen birth rate in Boston in 2015 was 9.5 per 1,000 females ages 15-19, a rate similar to that for the state (9.4 per 1,000 females ages 15-19).²⁰ The teen birth rate in Boston has declined since 2005 when it was 28.6 per 1,000 females ages 15-19.

Figure 15: Preterm and Low Birth Weight Births, Allston/Brighton and Boston, 2014-2015

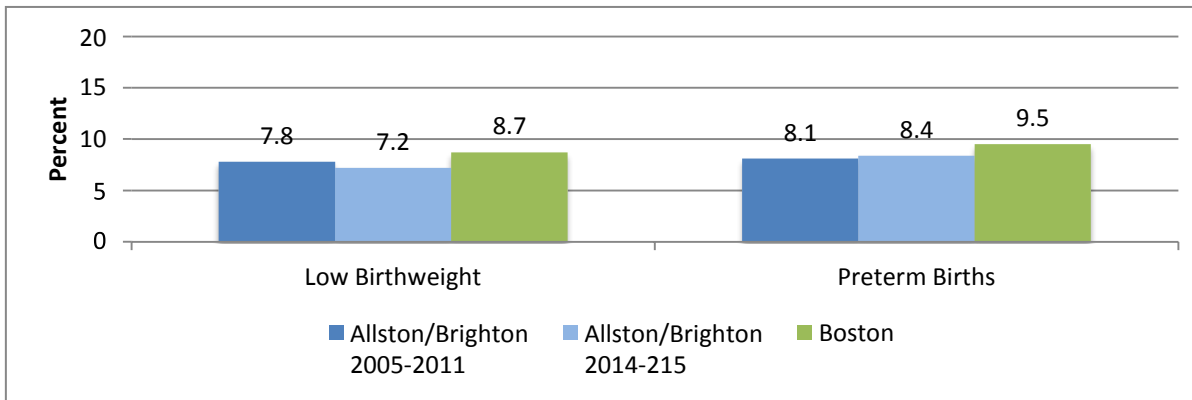
¹⁶ DATA SOURCE: Bureau of Environmental Health, Massachusetts Department of Public Health, 2011-2015

¹⁷ DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), Boston, MA 2011, 2013, 2015 and 2017 Results. 2009 data not available. Results for Allston/Brighton are not available.

¹⁸ DATA SOURCE: Centers for Disease Control and Prevention, Youth Online: High School Youth Risk Behavior Survey (YRBS), Boston, MA 2013, 2015 and 2017 Results. 2009 and 2011 data not available. Results for Allston/Brighton are not available.

¹⁹ DATA SOURCE: Massachusetts linked infant birth-infant death file, 2006-2015 as reported in *Health of Boston 2016-2017*.

²⁰ Massachusetts Department of Public Health as reported in *Massachusetts Births 2015*. Data for Allston/Brighton are not available.



DATA SOURCE: Boston resident live births, Massachusetts Department of Public Health as reported in *Health of Boston 2016-2017*

Sexual Health

Sexually transmitted diseases were not reported to be a concern in the Allston/Brighton community. Concerns about sexual health and sexually transmitted diseases (STDs) were not raised in discussions with focus group participants or interviewees. Data about STDs in the community show that rates are substantially lower in Allston/Brighton than in Boston overall.

ACCESS TO CARE

One key component of this CHNA was to explore residents’ ability to access primary, dental, mental, and specialty healthcare. Discussions about this were rich and uncovered varying perspectives on this issue.

Primary Care Services

Respondents considered primary care services as readily available in the Allston/Brighton community. However, hours are not always convenient for families, especially for emergency care.

When asked about where families in the community go for primary care, respondents shared that they most often go to Charles River Community Health Center and Franciscan Children’s. Some travel outside of Allston/Brighton, to Harvard Vanguard Watertown or Brookline. About half of focus group respondents reported that their children receive primary care from Franciscan Children’s. Additionally, families mentioned the convenience of school-based health clinics, such as the one at Jackson Mann School. In general, respondents reported that families in the Allston/Brighton community are able to access primary care for routine care, such as well child visits and vaccinations, regardless of their economic circumstances. Focus group members reported that they most often choose their primary care providers based on word-of-mouth from other parents. Cost and acceptance of insurances, especially for those with MassHealth Standard, was also reported to be a consideration.

“We’re doing a good job getting families into primary care.” – Interview Participant

While primary care services are accessible in Allston/Brighton, parent focus group members did report that the hours are not always convenient. Given work schedules, they suggested more evening and even weekend hours. Additionally, they noted that the community does not have an urgent care facility, which means that that families requiring care for urgent needs for their children must travel downtown or to Newton-Wellesley Hospital.

Mental Health Services

Mental health services are available in the community, but many respondents indicated that more are needed. Issues such as cost, insurance constraints, and stigma create barriers to access.

Respondents reported that residents access mental health and substance use services through Arbor Counseling and Italian Home for Children, as well as from private providers. There was little discussion about how families make decisions about which mental health services to seek. Most parents reported that they had not utilized these services, although one reported using Franciscan Children’s school-based counseling and appreciated the convenience of having this service in the school. Interviewees stated that recommendations by pediatricians and the ability to get a timely appointment were likely the key factors in deciding which provider to select

“I try to hook people up and it is challenging because appointments often do not happen right away—and that’s a problem if there is a critical need. They can’t access services quickly.” – Interview Participant

“Kids will hide mental health issues and sometimes other family members have mental health issues and this affects kids’ mental health.” – Interview Participant

However, respondents reported, existing services are insufficient to meet community needs. They shared that mental health services often have waitlists, creating challenges for those with emergent needs. The inability to access mental health services quickly can mean, according to one informant, that children and youth go to the hospital emergency room for care. One respondent shared that the community lacks mental health providers who can work with patients with more severe mental health concerns. Respondents mentioned the need for more services specifically for teens. Long hours and low pay for those working in mental health in the public sector contribute to high turnover in the field, according to one respondent. The school-based mental health services provided by Franciscan Children’s received praise from those who knew about these services. One respondent stated, *“I think the mental health in schools is a great thing. I think it’s the most amazing program ever.”* However, several respondents noted that there are too few such services in schools.

Insurance constrains access to mental health as well. For example, MassHealth Standard is not accepted by many mental health providers. Other insurances limit the number of mental health visits. As one parent focus group member stated, *“with insurance, you need to prove you’re in dire need in order to get a referral, which is not prevention. We need this before an emergency.”* Interviewees reported that accessing mental health services in languages other than English was challenging for immigrants due to limited bilingual providers and translation services. Fear of deportation is leading undocumented families not to seek any care. Finally, numerous informants mentioned stigma as a substantial barrier to accessing mental health services.

Pediatricians play an important role in identifying mental health concerns, especially in young children. However, as a couple of respondents explained, lack of pediatric training in mental health can lead to missed diagnoses in children that can lead to more significant problems later. As one interviewee explained, “overall, parents and pediatricians handling mental health or ADHD tend to say ‘it is something they will grow out of.’ This is a huge issue.” Respondents report that the community is working to address these needs. Mental health is a priority of the Allston/Brighton Health Collaborative (ABHC) and in Fall 2017, the mental wellness subcommittee of the ABHC conducted a motivational interview training to educate providers about how to discuss mental health with patients.

Oral Health Services

The Allston/Brighton community has some dental providers, but respondents indicated a need for more services, particularly those focused on pediatric dentistry. Respondents reported that the Allston/Brighton community lacks sufficient dental services, particularly for lower income residents. They stated that the community has private providers and Charles River Community Health has a dental program. Some parent focus group members reported that their children received oral health services from Franciscan Children’s. Cost and location are the primary considerations for parents when choosing a dental provider. However, one parent focus group member stated that she chose her dentist because both adult and children’s services are offered, enabling her to have her teeth cleaned during the same appointment as her children’s.

“Dental health care is a challenge for people to access.” – Interview Participant

“Dental care is more challenging. People are probably taking kids to the dentist, but what happens if they need work?”

Respondents reported that there are dental outreach programs, such as dental vans that visit schools, and these see many underserved children. However, the challenge is finding providers to treat children’s decay, especially for those who are lower income or do not have dental insurance. Respondents reported pediatric dentists are in short supply.

Parent focus group participants noted that dental care is costly, especially because many families do not have dental insurance. This creates a barrier to accessing dental care. Braces add additional cost, even if families have insurance. Parents additionally observed that some families may not practice routine dental care, either because dental visits are too expensive or because they do not think preventive measures are important. This can lead to more costly dental work later.

Physical, Occupational, and Speech Therapy

Few respondents were able to speak about sources of specialty care, although they believed these exist in the community. Interviewees were less certain about where and how families accessed care such as occupational, speech, or physical therapy. Parent focus group members reported that they have not needed these services. Interviewees shared that there are early supports and services programs for young children. Focus group members mentioned Marathon Sports for physical therapy for student athletes, and Brighton Marine as a source of care. Focus group respondents reported that they did not know Franciscan Children’s offered these services.

Barriers to Accessing Care

Barriers to accessing care for the residents of Allston/Brighton include cost, insurance limitations and time. Language barriers and fear of deportation create additional barriers to care for the community’s immigrants. Informants shared several barriers to accessing healthcare services, especially for lower income residents. The affordability of healthcare was mentioned most frequently as the barrier to accessing healthcare. Respondents cited the cost of health insurance as well as out-of-pocket costs such as co-pays, deductibles, and medication. Those without legal status in this country are unable to access any type of health insurance and must rely on care that is free or of reduced cost. Several respondents voiced concerns about the lack of services covered by MassHealth Standard.

“Cost is an issue. People pick and choose based on cost.” – Interview Participant

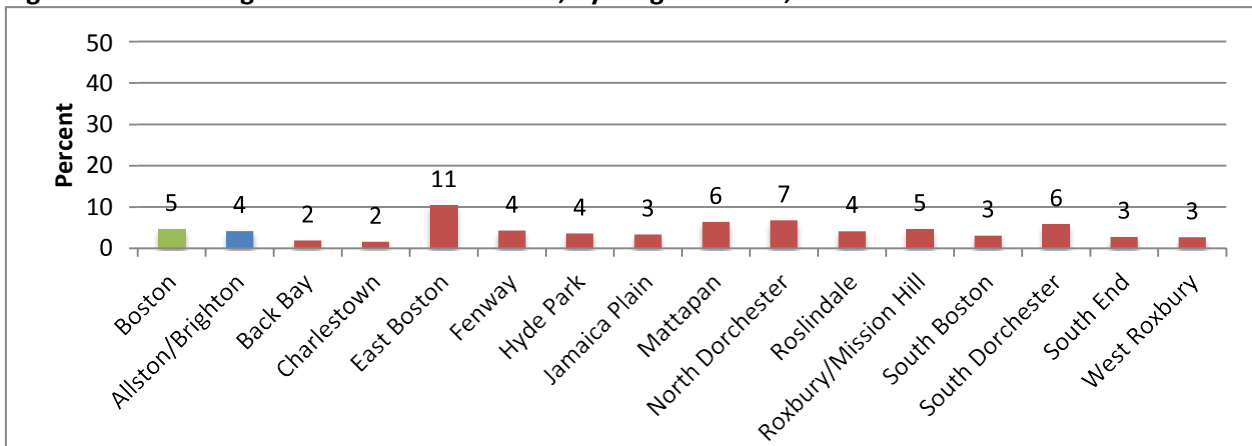
“Parents can navigate coming to food pantries and picking up diapers with the little English they have, but when it comes to the medical piece, they really need to understand it in their first language.” – Interview Participant

A couple of respondents cited time and attention to healthcare. School staff said that parents do not always keep up with their children’s appointments for activities like sports participation due to a lack of time.

For some families, language can be a barrier to care, according to respondents. Even booking appointments can be difficult for parents if scheduling staff do not speak multiple languages. As one interviewee described, *“those who don’t speak English as well as a primary language will choose to either forgo the treatment, or they’ll choose to go far away.”* This was particularly seen as a barrier for mental health services. For immigrant families, respondents shared, fear of institutions in the current political environment is contributing to reluctance to access healthcare. As one person shared, *“Anything that puts them in touch with institutions is tough. They are reluctant to fill out our school forms, forms that we see as nothing forms.”* A similar perspective was shared by another interviewee who worried about health implications: *“Their children may have legal status. They may be trying to figure out how to access healthcare for their child and feel safe, but certainly the parents are foregoing things like flu shots, or basic annual medical care.”*

Quantitative data indicate that about 4% of residents of Allston/Brighton did not have health insurance, a rate slightly lower than the city overall (Figure 16).

Figure 16: Percentage of Uninsured Residents, by Neighborhood, 2011-2015



DATA SOURCE: American Community Survey 2011-2015 as reported in *Boston Healthcare Access Report 2017*

Quantitative data about the availability of health providers is only available at the County level and thus caution should be taken when interpreting the following data (Table 1). These data indicate that there are more primary care, dental, and mental health providers per population in Suffolk County than in the state of Massachusetts overall.

Table 1. Ratios of Population to Provider, by County and State, 2015, 2016, 2017

	Primary Care Physician (2015) ¹	Dentist (2016) ²	Mental Health Provider (2017) ³
Suffolk County	670:1	510:1	140:1
Massachusetts	950:1	1,010:1	180:1

DATA SOURCE: County Health Rankings 2018²¹

COMMUNITY STRENGTHS AND ASSETS

Community-Based Resources and Programming

The Allston/Brighton community has substantial resources, including strong and well-networked community organizations, healthcare providers, and educational institutions and programs. Residents are engaged and civically minded.

Community Organizations

Interviewees and focus group members reported that strong community organizations are an asset to Allston/Brighton. These include organizations focused on public health, social service providers, schools, youth development organizations, trade organizations, and community development agencies. They also mentioned community coalitions such as the Allston/Brighton Health Collaborative, the Allston/Brighton Substance Use Task Force, and the Allston/Brighton Literacy Coalition. While a couple of respondents reported some duplication of services and, at times, competition, most reported that organizations in Allston/Brighton collaborate effectively.

“There are good resources in the community, we are resource rich.”

– Interview Participant

“The people really care about the community, they are very engaged and involved and are working on issues like development and food access, housing. They care about each other and the community.”

– Interview Participant

Healthcare Providers

Respondents described their community as rich in

²¹ American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2015; ² National Provider Identification file, Centers for Medicare and Medicaid Services, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2016; ³ National Provider Identification Registry, Centers for Medicare and Medicaid Services, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2017. Data for Boston and Allston/Brighton are not available.

health care resources, including Franciscan Children's, St. Elizabeth's Hospital, and Charles River Community Health as well as private providers. While they reported that more services were needed, they believed that those in the community provide high quality services.

Universities

Although respondents expressed concern about the strong university presence in the community relative to the impact on development and housing costs, they also saw universities as valuable community assets. They specifically mentioned the Harvard Ed Portal and the Boston College Neighborhood Center as strong community institutions.

Active and Engaged Community

Interviewees and focus group members also reported that community residents are very engaged in and committed to the community. The strong "sense of community" was mentioned frequently in conversations. They pointed to high turnout at community meetings. As one interviewee shared, *"people want to be in the community and people want to help."* One person mentioned strong and visible leadership in the community and community-based policing as assets. Another noted the engagement of local businesses. Focus group members observed, however, that the sense of community is waning a bit as the more transient college population grows.

Prevention Programs

The wide variety of community institutions and engaged community members has resulted in strong community programs to address health and the social determinants of health. Respondents provided numerous examples. Organizations tackling adult and childhood obesity include the YMCA, which provides a Livestrong program. St. Elizabeth's Hospital has a diabetes program. With support from the New Balance Foundation and in partnership with Boston Children's Hospital, the West Boys & Girls Club has an ongoing fitness and nutrition program providing wraparound services. Numerous parents praised the On the Right Track program for children and youth which focuses on running.

Interviewees also reported that community efforts are in place to help address food insecurity in Allston/Brighton. Food access is a priority of the Allston/Brighton Health Collaborative. The Oak Square Farmer's Market participates in the Massachusetts Health Incentives Program that enhances SNAP benefits for the purchase of healthy foods. St. Elizabeth's Hospital provides "veggie vouchers" to parents of children with diabetes. There are numerous food pantries in the community and they were reported to be heavily used. There are also food rescue organizations that gather and distribute unsold prepared food, baked goods, and produce. Informants also described several education programs in the community that teach about healthy food including Cooking Without a Kitchen program sponsored by the Allston/Brighton NOC, healthy living programs with Charlesview affordable housing, and the teen nutrition program at Franciscan Children's.

While the Allston/Brighton community has many opportunities, focus group members and interviewees alike reported that information about these services is challenging to access; it is available in different places (Facebook, listservs, flyers, etc.), but examining just one of these resources is incomplete. As one interviewee stated, *"Everyone has great opportunities, but we don't hear about it until after the fact."* Focus group members shared numerous examples of times when they heard too late about programming that would have benefitted their children. Those working in community-based organizations expressed frustration about not knowing enough about existing community programs to recommend to families. Respondents reported that a central resource for this information would benefit the community.

COMMUNITY SUGGESTIONS

When asked about needed programs and services, focus group members and interviewees provided several suggestions in the areas of mental health, primary and oral healthcare, and prevention. Because Allston/Brighton has such a strong network of community institutions and programs, they also suggested that information about these programs be more readily available in the community and that any new efforts build on existing efforts.

Mental Health

The need for expanded services and supports for mental health was mentioned in the focus group and almost every interview. Specific suggestions included:

- *More mental health services.* Respondents shared that more mental health services in the community were needed, especially those able to care for young children and teens. As one interviewee stated, *“There is a ton of unmet need, especially in the 0-2 and 0-4 populations. We make calls to a provider but we hear that they don't serve kids that young.”* Parent focus group members stated that there is a need for more mental health providers with expertise in adolescent issues, and that these should be separate from services for adults. Promoting existing mental health resources in the community, including those at Franciscan Children’s, would be beneficial. Focus group members and interviewees also noted that language accessibility for mental health services is critical.
- *Expanded school-based mental health services.* Respondents saw a need for expansion of school-based mental health programs like those offered by Franciscan Children’s. As one person stated, *“I think the mental health programs in schools is a great thing. If there's a possibility of expanding that, I think that would be key.”* A couple of respondents mentioned the need for services at Brighton High School. Parent focus group members stressed the importance of a non-stigmatizing, confidential approach to care. Several respondents suggested student education about mental health, particularly through peer-to-peer models.
- *Parent workshops on child development.* Parent focus group members and a few interviewees shared that parents need better education about the stages of child development so they can understand when mental health concerns are present. They suggested that workshops with experts on these issues sponsored by hospitals or schools. They acknowledged the challenges of engaging parents, especially those who are hard-to-reach. They suggested that any educational programming for parents has to be offered at convenient times, ideally with a meal and childcare. One interviewee also suggested providing a small incentive for attendance.
- *Pediatrician education and support.* As discussed earlier, pediatricians are increasingly called upon to identify and address the mental health needs of their patients, which they may feel ill equipped to do. As one interviewee stated, *“if pediatricians did a better job of identifying and giving information to parents, that would be helpful.”* Several respondents suggested the need for additional training and support for these providers.
- *Community education about mental health.* To overcome stigma associated with mental health issues and enhance awareness about mental health services, respondents suggested more community education, particularly to immigrant communities. Parent focus group members provided several suggestions for outreach, including flyers, social media, and directed outreach at public housing and public benefits agencies.

Primary and Oral Health

Respondents also mentioned a need for expanded health services in the community. Suggestions included:

- *Expanded hours for primary care.* Given the busyness of families and the lack of urgent care in the Allston/Brighton community, respondents suggested expanding the hours at Franciscan Children’s and Charles River Community Health to include more evening and weekend hours.
- *Expanded school-based health clinics.* Schools were viewed as a critical partner for healthcare because parents tend to trust principals, teachers, and school nurses. Respondents suggested expanding school-based health care. One interviewee specifically suggested opening a clinic at Brighton High School.
- *Expanded dental services.* While respondents report that excellent and accessible dental services exist in the community, they also perceived much unmet need, especially for affordable dental care for children.

Prevention Services and Education

Respondents noted that much of good health is connected to prevention and behavior change. They noted that while education programs exist in the community, there is a need for more. Suggestions included:

- *School-based prevention education.* In addition to mental health, respondents saw a need for more education in the schools about topics such as substance use (marijuana and vaping in particular) and healthy eating and physical activity. One interviewee suggested taking a comprehensive approach to educating students: *“we need to think about what prevention education looks like at each grade level. What does it look like to a first grader? To a second grader? To an eighth grader? Have it build.”* Parent education, about topics such as food allergies, vaccinations, and nutrition would be helpful.
- *Community education.* Respondents noted that several community-based programs about nutrition already exist but additional programming would be helpful on topics such as shopping for healthy food on a budget and cooking healthy food. Respondents were unsure about the extent to which community efforts reach immigrants in the current political climate. They stressed that any effort to reach immigrants needs to be done through trusted community institutions and in multiple languages. Parent focus group members saw a need for a community-based nutrition program for children with special needs. Expansion of existing physical activity programs for children and youth were also suggested.

Centralized Source of Information

Allston/Brighton residents are proud of the many organizations and programs that are available in the community. However, they shared that information about these is not always easily accessible. Parent focus group members expressed frustration that they often learned about community programs after their children aged out. Community organization representatives shared struggles to learn about available programs for their clients. In all, respondents saw a need for a centralized, comprehensive, and up-to-date information source in the community. Suggestions included a resource guide, a community website to which organizations could add their information, or a centrally-located drop-in center for such information. They noted that any information about community resources needs to be available in multiple languages.

Build on Existing Efforts

As described earlier, one of the key assets of the Allston/Brighton community is the existing infrastructure of organizations and networks addressing key community needs. These span community issues such as housing and transportation, mental health, substance use, and food. Respondents shared that the community has a history of partnership and urged Franciscan Children’s to connect to and build on existing work, including participating in local collaboratives. As one person stated, *“I think it goes a long way towards signaling that you have a commitment, that you do show up, that entities can reach out with partnership opportunities.”* Suggestions included engaging in the Allston/Brighton Health Collaborative and the Allston/Brighton Literacy Coalition as starting points.

Other

Although not prominent themes in discussions, a few other identified needs in the community include:

- *Childcare.* A couple of respondents reported that there is an unmet need for childcare in the community. One suggested a need for respite childcare when parents are experiencing a crisis.
- *Community-based clinics.* One respondent saw a need for more community-based, free health clinics for parents, especially those who face challenges accessing healthcare. As this person stated, “it’s just that big circle, supporting parents so they can take care of their kids. And I think parents typically undercut what they need... So I see that as a health concern.”

KEY THEMES AND CONCLUSIONS

Through a review of the secondary 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—many of which were themes identified in the 2015 community health needs assessment—emerged from this synthesis. These are described below.

- ***Certain social and economic factors are especially challenging for families in Allston/Brighton.*** As in 2015, the high cost of housing in the community and the implications of this for residents and long-term community stability are of substantial concern. Lack of affordable housing, which results in overcrowding or the departure of families from the community, are substantial concerns as the community demographics shift to young adults and fewer children. The implications of this for growing income inequality and declining school enrollment in the community are also of concern. The substantial challenges for immigrant families in the current political climate were noted, including their effect on mental health and access to healthcare. Allston/Brighton overall was perceived to be a safe neighborhood.
- ***Mental health was cited as the most pressing concern in the community, and a lack of sufficient services and awareness of the issue were noted as key challenges.*** As in 2015, mental health of children and youth is a prominent community concern. Issues such as anxiety and depression were identified. Trauma is of substantial concern. Respondents identified a need for more mental health services especially for young children and teens, as well as services that address emergency needs. Building on and expanding existing efforts such as school-based mental health services was suggested as was additional parent, community and pediatrician education. Related, although mentioned less often, are concerns about substance use in the community. Use of marijuana and vaping among students is increasing according to respondents and education about these issues was also seen as needed.
- ***Obesity is a community concern, attributable to lack of access to and the cost of healthy food and sedentary lifestyles.*** Participants stated that childhood obesity was a health concern in Allston/Brighton. Healthy food access, especially in Brighton, was mentioned as a concern. The high cost of food, especially in light of the high cost of housing in the area, strains many families. While there are opportunities for physical activity and Allston/Brighton was described as walkable, excessive use of media and lack of awareness of the importance of physical activity means many children and youth are not getting sufficient exercise. More education and programming related to healthy lifestyles, with deliberate outreach to underserved families, was recommended.
- ***The community has strong local institutions and programming yet information about these is hard to access.*** Allston/Brighton is fortunate to have strong and well-networked local institutions focused on public health, healthcare, social services, education, housing and youth and community development. Local

universities also offer programming. A challenge for residents is accessing comprehensive and up-to-date information about these. Attention to this was described as a community need.

- ***Healthcare services of various types are available in Allston/Brighton, yet accessibility can be challenging.*** Respondents noted that Allston/Brighton has primary care, dental, and mental health providers. However, accessing these, especially dental and mental health services, can be challenging. Cost, insurance constraints, time, and language barriers were all identified as barriers to accessing care. Expanded hours for primary care were suggested as were enhanced services for mental and dental health, especially for lower income residents.
- ***Allston/Brighton is a diverse community with engaged residents 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. There are strong local institutions, including coalitions, that are connected to and meet a variety of community needs and are collaborative. This is the infrastructure on which to build.

APPENDIX A

LIST OF ORGANIZATIONS INVOLVED IN INTERVIEWS

ABCD Allston-Brighton Neighborhood Opportunity Center
Allston Brighton Health Collaborative
Allston Brighton Substance Abuse Task Force
Boston Public Health Commission
Brighton Main Streets
Family Nurturing Center
Jackson Mann School
Presentation School Foundation
St. Elizabeth's Medical Center
St. Joseph's Preparatory High School
West End House (Boys & Girls Club, Allston)

APPENDIX B

PRIORITIZATION OF NEEDS IDENTIFIED IN 2018 CHNA

A multidisciplinary team at Franciscan Children’s examined the findings of the 2018 CHNA and worked to Prioritize areas where the institution could successfully engage and intervene. The prioritization of each item identified by the community stemmed from: 1) demonstrated need in the community as evidenced by CHNA findings; 2) the perceived impact that Franciscan Children’s involvement would have on this need; 3) the perceived feasibility of Franciscan Children’s involvement in addressing this need, including institutional expertise and resource allocation; and 4) the alignment with Franciscan Children’s mission and institutional strategic priorities.

Based upon this process and these criteria, the multidisciplinary team identified the following areas as priorities:

- Mental health for children and adolescents
- Primary care for children and adolescents
- Child wellness (e.g., nutrition, child development, physical activity)
- Community engagement with Allston/Brighton organizations

The other areas identified in the 2018 CHNA – income, education, employment, housing, domestic violence, substance use, and a centralized source of information – are areas that Franciscan Children’s did not make a priority due to a lower demonstrated need, less perceived impact and feasibility, and/or lack of alignment with Franciscan Children’s mission and institutional strategic priorities.

APPENDIX C

ACTIVITIES COMPLETED SINCE 2015 COMMUNITY HEALTH NEEDS ASSESSMENT

Activities Implemented to Address Community Needs Since 2015 CHNA	Description of Activity, Service and/or Program	Impact
Priority: Expand Access to Primary Care		
Expand and increase awareness of Franciscan’s primary care program so that children do not have to travel outside of Allston/Brighton	<p>Franciscan Children’s worked to increase awareness of the primary care services it offers to the community through outreach to the following organizations:</p> <ul style="list-style-type: none"> -Allston/Brighton Health Collaborative -Allston/Brighton Family Nurturing Center -Allston/Brighton YMCA -Mt. Auburn Hospital <p>Franciscan Children’s worked to increase awareness of the primary care services it offers to the community by participating in the following events:</p> <ul style="list-style-type: none"> -YMCA Healthy Kids Day -Boston Children’s Museum Healthy Kids Festival -Boston Police Child Safety Day -Oak Square Farmer’s Market <p>Franciscan Children’s also created regular blog posts about topics in family health and wellness.</p>	Since the 2015 Community Health Needs Assessment - from August 2015 to July 2018 - Franciscan Children’s has provided 20,686 visits through its primary care practice and has served 4,275 patients. Allston/Brighton residents represent 9,431 of these visits and 1,634 patients.
Established evening appointments for primary care	Primary care appointments are now offered on Tuesdays and Thursdays up until 7 pm.	Since November 2017 when primary care hours were extended to Tuesday and Thursday evenings, there have been 49 primary care evening appointments.
Priority: Expand Access to Mental Health Services		
Provided school-based mental health services through our Children’s Wellness Initiative program	Ongoing program that provides school-based mental health counseling and psychiatry services, combined with outreach, education, and prevention in 5 Boston Public Schools. As many as 4 of these schools are located in Allston/Brighton. The goal is to increase access to mental health services for families who would not be able to travel to Franciscan Children's for services, as well as build connections between schools and families and destigmatize accessing mental health services.	<p>FY15: Provided 8,193 sessions of mental health counseling/ psychiatric consultation to 300 students. Allston/Brighton residents represent 3,026 of these mental health counseling/ psychiatric consultation sessions and 105 students</p> <p>FY16: Provided 10,370 sessions of mental health counseling/ psychiatric consultation to 321 students. Allston/Brighton</p>

		<p>residents represent 3,787 of these mental health counseling/ psychiatric consultation sessions and 119 students</p> <p>FY17: Provided 11,820 sessions of mental health counseling/ psychiatric consultation to 340 students. Allston/Brighton residents represent 4,692 of these mental health counseling/ psychiatric consultation sessions and 140 students</p>
Created additional evening appointments in outpatient mental health	Now offer outpatient mental health appointments at least three days per week.	<p>FY15: 2,334 patient visits, 676 of them for patients living in Allston/Brighton</p> <p>FY16: 3,625 patient visits, 1,193 of them for patients living in Allston/Brighton</p> <p>FY17: 4,006 patient visits, 1,512 of them for patients living in Allston/Brighton</p> <p>Since extended hours were implemented in November 2017, there have been 186 evening patient visits.</p>
Integrated mental health into primary care	Now have a psychologist embedded into our primary care clinic, who is able to address mental health needs identified by pediatricians and nurse practitioners.	Ensures seamless connection to mental health services for those who come to Franciscan for primary care.
Provided sibling and parent support groups for families of the children receiving treatment on our inpatient psychiatric unit	This support group program was offered at no cost to the siblings and parents of children hospitalized for severe emotional disturbance.	413 parents/caregivers and 214 siblings served from December 2015-December 2017
Offered mental health first aid training	Mental health first aid teaches skills needed to reach out and provide initial help and support to a youth who may be developing a problem or experiencing a crisis. Reacting to the burgeoning pediatric mental health epidemic referenced in our last Community Health Needs Assessment, Franciscan Children's held a training onsite in FY17 - in partnership with Mental Health First Aid USA - for the Greater Boston community, families, and mental health professionals.	30 attendees for the FY17 training
Creation of the Kids Healthy Minds Initiative	This program was created in partnership with the Archdiocese of Boston to provide	To date, the program has worked to spread awareness of the warning

	<p>education to increase awareness about the youth mental health crisis. The audience is 288 parishes and 27 Catholic secondary schools across 144 cities/towns in eastern MA. The desired outcomes include:</p> <ul style="list-style-type: none"> -Improving early detection and treatment -Reducing stigma -Reaching a broad audience 	<p>signs of mental illness and available resources through outreach to bishops and clergy, an article in the Catholic newspaper <i>The Pilot</i>, an interview on Catholic TV, and through social media postings relating to mental health.</p>
Priority: Expand Services for Children with Special Health Care Needs and Autism		
Offered an adaptive soccer and baseball camp during the summer for children in the community with special health care needs	A week-long summer camp operated by Franciscan Children's that provides children in the community with special needs the opportunity to participate in sports and active recreation in a fun and safe environment.	<p>FY15: 126 participants for baseball, soccer, bike and skating and hockey programs</p> <p>FY16: 141 participants for baseball, soccer, bike and skating and hockey programs</p> <p>FY17: 194 participants for baseball, soccer, bike and skating and hockey programs</p>
Offered an adaptive skating and hockey program during the fall for children in the community with special health care needs	A 10-week program, running from September through December, operated by Franciscan Children's, providing children in the community with special needs the opportunity to participate in ice skating and hockey in a fun and safe environment.	
Offered an adaptive bike camp during the summer for children in the community with special health care needs	A week-long summer camp operated by Franciscan Children's providing children in the community with special needs the opportunity to participate in sports and active recreation in a fun and safe environment.	
Created a LEGO™ group for children on the autism spectrum	<p>Responding to our 2015 Community Health Needs Assessment, which identified a need for more services for children with autism, Franciscan Children's now offers hour-long LEGO™ -based social skills groups for children between the ages of 6 and 15. Groups are kept small, with 3-5 participants per group. Each group is run by a doctoral level psychologist and focuses on effectively communicating with others, sharing, turn taking, following directions, and other important interpersonal skills.</p>	Program has served 36 children since it began in Fall 2015.
Priority: Community Engagement		
Increased the number of languages offered through interpretive services by adopting Stratus as Franciscan's language interpreting platform. Stratus has video and phone capabilities.	Stratus provides qualified medical interpreters in 24 languages through its video functionality. Its telephonic interpretation services are available in over 200 languages.	Since Stratus was implemented in April 2018, there have been 273 over-the-phone encounters and 129 video encounters, increasing language access for our patients.

Hired two additional bilingual staff for Franciscan's outpatient registration area	These staff are fluent in Vietnamese and Cambodian.	Having bilingual staff in Franciscan's outpatient registration area enhances the patient experience and increases language access for families.
Sponsored the Oak Square Farmer's Market in Brighton in FY17	Oak Square is a seasonal outdoor market offering local produce, specialty foods, and crafts to residents of Oak Square and beyond.	Franciscan Children's provided information on our outpatient services and the importance of healthy lifestyles for families, raising awareness of this critical subject and the resources available.
Participated annually in the National Alliance for Mental Illness (NAMI) Walk	Franciscan Children's provided information on the prevalence of mental illness and the organization's mental health programming by exhibiting and participating in an annual walk dedicated to raising awareness and funds for the National Alliance on Mental Illness (NAMI).	Raised awareness on mental health and funding for the National Alliance on Mental Illness. As many as 50,000 individuals attend the NAMI Walk nationally.
Held car seat events for the community in 2016 and 2017	An annual community event at Franciscan Children's free to the public where certified car seat technicians check car seats for proper use, installation and fit, help install new car seats, and educate parents and families about proper car seat safety. Car seats are provided to families in need if their car seat is broken or they do not have one.	32 families served
Hosted Speak for Yourself Workshop for the community	A workshop for the community held by Franciscan's speech-language pathology department in FY17.	Event highlighted several adaptive and augmentative communication strategies and technology, as well as provided information and resources for 12 parents of children with complex communication needs.