



Franciscan Children's 2021 Community Health Needs Assessment: Executive Summary

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Submitted to:

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Background

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.

In 2021, 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 requirement for non-profit institutions put forth by the Internal Revenue Service (IRS). Franciscan hired Health Resources in Action (HRiA), a non-profit public health organization in Boston, Massachusetts specialized in CHNA development, to collect and analyze data and to develop the CHNA report. The 2021 Franciscan Children's CHNA was conducted to achieve the following goals:

- 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:
 - Mental and behavioral health
 - Oral health
 - Physical, occupational, and speech therapy
- Explore community strengths, resources, and gaps in services in order to guide future planning and programming efforts for Franciscan Children's
- Understand perceptions of – and explore ways to address – health and racial inequities in the Allston/Brighton neighborhood

While Franciscan Children's patients come from a variety of destinations, the hospital is located in the Allston/Brighton neighborhood of Boston, Massachusetts. Therefore, the community of focus for this CHNA is defined as the Allston/Brighton neighborhood.

Methods

In addition to examining health outcomes related to individual factors (e.g., genetic makeup and personal behaviors), this report aimed to capture the impact of social determinants of health within a community. In doing this, the assessment team was able to provide context about the multitude of factors that contribute to the health of a community. These included: social and economic factors (e.g., education, poverty, and housing), lifestyle behaviors (e.g., substance use, active living), and access to care (e.g., insurance coverage, barriers to care). It is also important to understand how underserved populations in a community are disproportionately affected by social determinants. This understanding was captured by employing a health equity lens while conducting activities related to the assessment. Specifically, the assessment team spent time engaging with interview participants either representing or identifying with various populations that are typically underrepresented in data collection, such as people with substance use disorder, youth and children, and people of color. Further, in all interviews, participants were asked to provide their perspectives on how conversations around racial injustice and health inequities have taken shape in the past year.

Specific to quantitative data, the assessment team reviewed existing data (e.g., demographics, vital statistics, public health surveillance, and self-reported health behaviors) from national, state, and local sources such as the U.S. Census, Massachusetts Department of Public Health, Boston Public Schools, and Boston Public Health Commission. While summary information and select figures are included in the body of the full report, more detailed tables and charts can be found in the Quantitative Data Appendix.

To gain a more comprehensive and current perspective of the community, a total of 14 qualitative interviews were conducted with Allston/Brighton parents and service providers familiar with the Allston/Brighton community. In selecting both resident and service providers, the assessment team engaged in a careful and deliberate process. In order to better understand how services at Franciscan Children's can reach more community members, the assessment team prioritized interviewing Allston/Brighton residents whose children had not received services at Franciscan Children's, though a small number of residents whose children had received services at Franciscan Children's were also interviewed. In deciding which key organizational stakeholders to interview, the assessment team aimed to interview service providers who could describe the needs of children and families in Allston/Brighton specifically from the social service, public health, housing/community development, mental/behavioral health, substance use, and early childhood development lenses.

It is also important to recognize that an assessment study is a snapshot in time. The 2021 Franciscan Children's CHNA occurred 13 months after the Governor of Massachusetts issued an emergency order to curtail the COVID-19 pandemic that included school closures, business closures, and limitations on gatherings. During the spring 2021, at the time of this CHNA, schools and businesses began to open up and vaccine rates increased, but the nation was still very much in the midst of the COVID-19 pandemic. Logistically, the pandemic impacted the feasibility of convening in-person discussions for the CHNA and the availability of key stakeholders and community members to participate in CHNA activities. To accommodate this shift in data collection logistics, the assessment team engaged in more creative approaches for recruitment and conducted all interviews virtually by telephone or video conference. In addition to COVID-19's impact on interview logistics, there was also a need to add questions asked of interview participants during conversations. Specifically, the assessment team inquired about needs, strengths, and concerns in the community before, during, and anticipated after the pandemic.

Findings

Community Social and Economic Context

- **Demographic Characteristics:** Allston/Brighton is a diverse community with a unique blend of families and college-aged individuals. According to the American Community Survey, the population of Allston/Brighton in 2019 was 67,479 residents, more than half of whom were adults aged 20-34. Children under age 18 represent 6.0% of the Allston population and 10.3% of the Brighton population. Regarding racial and ethnic diversity, more than one in three residents were people of color. In Allston and Brighton, Asian residents comprise the largest proportion (25.6% and 13.4%, respectively), followed by Hispanic or Latinx residents (12.4% and 12.7%, respectively). Nearly two in five residents speak a language other than English at home, with Spanish and Chinese being the most commonly spoken languages. Given the current national dialogue on racial injustice, residents acknowledged the diversity and openness in the neighborhood to learning more about racism, but some raised concerns about the authenticity of these conversations. Specifically, some residents questioned

whether conversations around racial equity and systemic racism will result in meaningful changes in the community.

- **Education, Income, and Employment:** Overall, education levels in Allston/Brighton are high, according to 2019 U.S. Census data. More than half of Allston/Brighton residents have received at least a bachelor's degree. Additionally, in 2019, the median household income in Allston was \$57,914 while the median income in Brighton in was \$78,416. Roughly one in ten Allston/Brighton families were living in poverty in 2019. When examined by neighborhood, 8.9% of Allston families and 10.6% of Brighton families were living in poverty. In both Allston and Brighton, these proportions were substantially higher in female-headed households (18.7% and 26.2%, respectively). In 2019, the unemployment rate in Allston was 5.0% while in Brighton, it was 3.5%. Between March 2020 and February 2021, the unemployment rate in Boston grew from 2.6% to 7.0%, according to Department of Labor data. While neighborhood-level unemployment data is not yet available for this time period, it is likely that the unemployment rate also increased in Allston/Brighton from March 2020 to March 2021, mirroring what happened in the city of Boston and Massachusetts.
- **Housing and Transportation:** Qualitative data collection revealed that high housing costs remain a concern among Allston/Brighton residents. Indeed, American Community Survey data show that among renters in Allston/Brighton, roughly half (48.9%) experienced housing burden in 2019. Roughly one in three homeowners (33.7%) experienced housing burden. Among residents and service providers interviewed, there is also substantial concern that the high cost of housing is causing immigrants and families to leave the Allston/Brighton in favor of less expensive communities. Similar to the previous assessment, interview participants viewed public transportation as a benefit in a city with a dense population. However, public transportation was also cited as a barrier to care for many families who do not own a vehicle and/or must rely on bus lines to travel.

Community Health Outcomes and Behaviors

- **Mental Health / Behavioral Health:** Like previous assessments, mental and behavioral health were a primary focus of data collection in this assessment. According to Youth Behavior Risk Surveys of Boston youth, in 2019, more than one in four (26.5%) Boston middle school students and more than one in three (35.0%) Boston high school students reported experiencing persistent sadness (*neighborhood-level student data not available*). Additionally, roughly one in ten Boston youth in middle and high school reported attempting suicide at least once. Residents and service providers interviewed in the assessment agreed that the statewide restrictions related to COVID-19 had a negative impact on the mental health of youth in Allston/Brighton. Specifically, depression, anxiety, stress, and trauma were named as adverse outcomes that disproportionately affected youth.
- **Substance Use:** Data from 2019 Youth Behavior Risk Surveys of Boston youth show that one in five (21.2%) Boston high school students reported current alcohol consumption. A similar proportion of Boston high school students reported using marijuana (22.6%). Among residents, substance use in Allston/Brighton was not a major concern. However, a handful of

service providers named alcohol consumption as a behavior that may have increased in the past year, largely driven by the pandemic-related closures.

- **Active Living and Community Safety:** Unlike the previous assessment, interviewees were not overly concerned about healthy eating and active living in Allston/Brighton, though diabetes and heart disease among older residents were briefly highlighted. Overall Allston/Brighton was viewed as a safe, welcoming community by interviewees, though perceived increases in crime and violence during the pandemic, were concerning to some, particularly domestic violence.

Health Care Access and Utilization

- **Mental Health:** Access to mental health services was a concern among residents and service providers. However, in discussions, both residents and service providers identified primary care providers as the first step in addressing mental health needs. As a result, challenges connecting to primary care providers, particularly due to long wait times, were viewed as challenges to accessing mental health services. In addition to this barrier, service providers and residents commented that a lack of trusting and consistent relationships with both mental health and primary care providers were concerns when accessing mental health services, particularly among immigrants and communities of color.
- **Oral Health:** While oral health services exist in the Allston/Brighton community, there was concern among most service providers and some residents that community members are not fully aware of service offerings, particularly the more affordable options. Factors contributing to residents' selection of an oral health provider included cost, insurance coverage, and child-friendly environments.
- **Physical, Occupational, and Speech Therapy:** Accessing physical, occupational, and speech therapy services were not named as concerns and few interviewees commented on access and barriers related to this topic area. Of those who discussed these services, there was consensus that residents primarily access these programs through primary care referrals.
- **Barriers to Accessing Care:** Interviews with residents and service providers revealed that, for many, barriers to primary, mental health, and dental care tend to overlap. Barriers included long wait times, cost, insufficient internet access (for virtual appointments), a lack of trust/transparency, a lack of knowledge of services (especially for mental health services), and transportation. Specific to transportation, barriers included both access and fear of contracting COVID-19 while using public transportation. While secondary data showed high percentages of health insurance coverage, barriers related to service coverage (e.g., dental surgery) persist in the community, particularly for those using MassHealth. Healthcare access was perceived to be even more challenging for families dealing with more complex medical and service needs.

Community Resources and Suggestions

- **Community Resources and Assets:** Allston/Brighton was viewed as a vibrant community surrounded by a variety of assets and resources, including primary/secondary schools,

universities, medical facilities, and community organizations. Beyond specific resources and assets, a strong sense of social cohesion was a widely praised attribute.

- **Community Suggestions:**
 - **Mental health:** Overall, resident and service provider interviewees suggested that stronger promotion of the existing mental health services in the community was needed. Specifically, service providers recommended expanding trauma-focused services, particularly those intended to serve young children, and offering substance misuse services to youth.
 - **Family supports:** Similar to mental health, both residents and service providers suggested greater promotion of the existing family support programs. Additionally, community organizations were encouraged to provide more funding and assistance to family advocacy programs in order to help them thrive and expand.
 - **Youth programming:** While Allston/Brighton was viewed as a community with sufficient access to parks and recreational activities for college-aged individuals, some residents noted that there are not enough services for young children and teens. These interviewees suggested providing more afterschool programs for kids and job readiness programs for teens.

Key Themes and Conclusions

After reviewing the secondary data, along with suggestions from the community discussions with service providers and parents in Allston/Brighton, several key themes arose and are outlined below.

- **Allston/Brighton has a strong sense of community.** Similar to the 2018 CHNA, a common theme that arose was the perception that Allston/Brighton is a vibrant and diverse community. Many residents viewed the community as one that has a neighborhood-feel while still being in Boston. All service providers interviewed commented on their several partnerships with other organizations in the community. Additionally, several residents interviewed were able to name organizations that provide essential services in the area.
- **Housing affordability remains an issue in the community.** As in 2015 and 2018, the combination of high housing costs and limited affordable housing stock remain a challenge in Allston/Brighton and the rest of Boston. Many residents pointed out that this issue has widespread impacts on the vitality of the Allston/Brighton neighborhood. Among both residents and service providers, the increasing housing costs were viewed as a primary factor driving out families and recent immigrants.
- **Long-term pandemic-related effects remain a challenge.** While the immediate impacts of the COVID-19 pandemic begin to wane, challenges such as employment, food insecurity and mental health continue to create barriers for many residents, particularly low-income residents. While data from this CHNA, along with previous CHNAs, indicate that these issues were present before the pandemic, most service providers pointed out that the issues

increased substantially during the COVID-19 lockdowns and closures. Many services were named as useful resources in addressing food insecurity, but gaps still remain.

- **Access to mental health care is a pressing concern in the community, particularly among children.** In addition to the mental health challenges faced prior to the pandemic, various traumas associated with the pandemic were viewed as exacerbating mental health concerns in the community. Specific to children, virtual schooling, isolation, and a general uncertainty regarding the pandemic were viewed by residents and service providers as contributors to poor mental health. While there are several mental health services/resources in the area, issues related to accessibility of these services, including language, cost, coverage, and wait times, can create barriers for residents.
- **Increased visibility of and access to oral health is needed in the community.** While there are some oral health resources in the community, there is a need for increased awareness of the resources. Additionally, both residents and service providers agree that there is a strong need for oral health services that are affordable, particularly for low-income residents.
- **There is a need for more education and family support in health care.** Given the frequent challenges associated with navigating the healthcare system, providing residents with family support could increase engagement, particularly in communities of color and immigrant communities. Definitions for “family support” varied in interviews. Broadly, residents tended to view family support as any services intended to increase patient engagement with the healthcare system while service providers tended to provide more specific examples, such as healthcare navigators and therapeutic mentors. Additionally, providing community members (e.g., parents, teachers, organization leaders) with education about the children served at Franciscan Children's can help the community understand the needs of parents and children engaged in care.