

Franciscan Children's Hospital

# 2024 Community Health Needs Assessment Report

July 2024



# Contents

- BACKGROUND .....4
  - Overview of Franciscan Children’s .....4
  - Purpose and Scope of the Franciscan Children’s Community Health Needs Assessment (CHNA) .....4
  - Definition of Community Served .....5
- METHODS .....5
  - Quantitative Data Collection .....6
  - Qualitative Data Collection .....6
  - Data Limitations .....7
- COMMUNITY SOCIAL AND ECONOMIC CONTEXT .....8
  - Population and Diversity .....8
  - Age Distribution .....9
  - Language and Foreign-Born Population ..... 11
  - Education ..... 12
  - Income, Poverty, and Employment .....13
    - Median household income .....13
    - Poverty .....14
    - Unemployment Rate .....16
  - Housing and Transportation ..... 17
- COMMUNITY HEALTH OUTCOMES AND BEHAVIORS .....19
  - Behavioral and Mental Health .....19
  - Violence ..... 23
  - Substance Misuse .....27
  - Healthy Eating / Active Living .....31
  - Sexual Health ..... 33
- HEALTH CARE ACCESS AND UTILIZATION ..... 33
  - Health Insurance Coverage in Children .....33
  - Access and Barriers to Health Care Services .....34
    - Access to Primary and Mental Health Care .....34



Access to Oral Health Services.....	36
COMMUNITY RESOURCES AND SUGGESTIONS .....	36
Community Resources and Assets .....	36
Community Suggestions.....	37
Mental Health .....	37
Youth Programs.....	38
Health and Dental Services.....	39
Support for Families .....	39
KEY THEMES AND CONCLUSIONS .....	41
PRIORITIES IDENTIFIED .....	43
APPENDIX.....	44
List of Organizations/Sectors Interviewed .....	44
FY21-FY23 Implementation Strategies .....	45



# BACKGROUND

## Overview of Franciscan Children’s

Since opening in 1949, Franciscan Children’s has become a premier, nationally recognized pediatric specialty care provider offering services critical to families in Boston and throughout the region. Franciscan Children’s is a health care institution dedicated to serving (i) medically complex children, (ii) children with behavioral health conditions requiring inpatient services, short-term residential, school-based, ambulatory and/or community-based services, (iii) children who need specialized dental services, including dental surgery under general anesthesia, and (iv) children with specialized educational needs due to their physical and/or cognitive condition. Franciscan Children’s is the only pediatric chronic disease and rehabilitation hospital in Massachusetts and one of the largest providers of pediatric behavioral health services in the state. It also operates the Kennedy Day School, a special education school for children with complex needs ages 3 to 22 years from more than 30 cities and towns throughout Massachusetts. Franciscan’s patients and students arrive from acute care hospitals, emergency departments, school systems, and other providers from across the Commonwealth and New England.

Located in the Allston/Brighton neighborhood of Boston, Franciscan Children’s is an integral institution to the city. In addition to serving children from many different neighborhoods in Boston across its various programs, Franciscan Children’s is an important employer in the community, with over 730 staff members. Franciscan Children’s also offers several community-based programs, including in Boston Public Schools, to meet the growing needs of children and families in the city. In addition, Franciscan Children’s routinely sponsors events in the local community, and is a frequent collaborator with other Boston-based organizations.

In July 2023, Franciscan Children’s formalized an institutional affiliation with Boston Children’s Hospital to address the growing pediatric behavioral health crisis and improve care for children with complex medical needs. Consistent with their complementary charitable missions, Franciscan and Boston Children’s are collaborating to expand access to compassionate, equitable, family-centered, and evidence-based care for children in Massachusetts and across New England.

## Purpose and Scope of the Franciscan Children’s Community Health Needs Assessment (CHNA)

In 2024, Franciscan Children’s conducted a community health needs assessment (CHNA) of the community it serves. The purpose of the CHNA was to:



- Collect and analyze empirical data about the current health status of children and families in the Allston/Brighton community for future health planning
- Identify the current health priorities among children and families, focusing specifically on pediatric health
- Fulfill the CHNA requirement for non-profit institutions put forth by the Internal Revenue Service (IRS). Franciscan retained 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 2024 CHNA builds off the work from the previous assessments conducted in 2018 and 2021. Priority areas identified in the 2021 CHNA included mental health for youth, marijuana and e-cigarette use among youth, child wellness (e.g., nutrition, obesity, physical activity), domestic violence, dismantling barriers to primary, mental, and oral health care for children and adolescents, expanding prevention education, centralization of information in the community, and continued engagement with Allston/Brighton institutions. Franciscan Children's and its partners developed and implemented a range of strategies to address these identified needs. These strategies can be found in the APPENDIX.

This report discusses the findings from the 2024 CHNA conducted March – May 2024.

## Definition of Community Served

While Franciscan Children's patients come from across New England, the institution 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. 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. Where possible, neighborhood-level data for Allston/Brighton are presented. Boston and Massachusetts data are also shown to provide more context and/or where neighborhood-level data are not available.

## METHODS

The following section describes the data collection activities, as well as the approaches used. This section also provides context about the overarching framework used to guide the assessment process.



## Quantitative Data Collection

To develop a comprehensive picture of the Allston/Brighton neighborhood, the assessment team reviewed existing data from national, state, and local sources. The types of data included demographics, vital statistics, public health surveillance, and self-reported health behaviors. Data sources included but were not limited to: the U.S. Census, Massachusetts Department of Public Health, Boston Public Schools, and Boston Public Health Commission, among others. Data analyses, such as significance testing, were conducted by the original data source (e.g., U.S. Census, Boston Public Health Commission). Much of the U.S. Census data derive from the American Community Survey, which is comprised of data from a sample of a given geographic area. Per the U.S. Census recommendations, HRIA used 5-year aggregated data (e.g., the 2018–2022 data combined) for these indicators to yield a large enough sample size to examine results by municipality and census tract.

## Qualitative Data Collection

In addition to quantitative data from the Allston/Brighton neighborhoods, the assessment team gathered qualitative information through interviews with leaders from organizations serving the Allston/Brighton community and youth living in Allston/Brighton. These conversations helped develop a more nuanced understanding of the perceptions of community strengths and assets, health concerns, and suggestions on what programming or services are most needed to address these concerns.

During March – May 2024, the planning team conducted 16 interviews with 19 providers serving Allston/Brighton and the Greater Boston area. The needs assessment also included one focus group with 12 Allston/Brighton youth. In selecting both youth and service providers, the assessment team engaged in a careful and deliberate process to ensure that 1) the community was properly engaged in the development of the CHNA, and 2) Franciscan Children’s can gain a clear understanding of the needs in the community from the CHNA.

### Interviews With Service Providers

This CHNA included 16 interviews with 19 Allston/Brighton service providers representing a range of sectors including public health, education, childcare, housing/community development, social services, and healthcare. The interviews explored participants’ perceptions of the community, priority health concerns, and suggestions for future programming and services to address perceived health issues. Interviewers used a semi-structured interview guide across all discussions to ensure consistency in the topics covered. Interviews were approximately 40–60 minutes in length. A list of the service providers interviewed can be found in the Appendix.

### Focus Group with Youth



One focusgroup was conducted with 12 Allston/Brighton youth who access services through the Jackson Mann Community Center. Similar to conversations with service providers, discussions with youth explored perceptions of the Allston/Brighton community, health concerns, and suggestions for how to address these concerns. More specifically, participants were asked to elaborate on their perceptions of the mental health needs among youth.

The focusgroup utilized a semi-structured interview guide and lasted approximately 75 minutes. All focusgroup participants received a stipend (\$50) for their time.

### Analyses

NVivo analysis software coded the qualitative information collected and analyzed the information collected thematically for main categories and sub-themes. The assessment team identified key themes that emerged across the qualitative data, as well as the unique issues noted for specific populations. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. Selected quotes – without personal identifying information – are included in the report to further illustrate points within topic areas.

## Data Limitations

As with all data collection efforts, there are some limitations related to the assessment's methods. Regarding surveillance systems, some indicators available on the city level could not be disaggregated to the neighborhood level due to the small population size of the Allston/Brighton neighborhood. Related, some neighborhood-level data is simply not available. Additionally, while quantitative data is available for health outcomes among youth, there is less information available about younger children. Finally, there is a time lag in data analyses for data surveillance systems. While this lag is not ideal, it is a challenge faced by health-related organizations and agencies across the state and nation.

Data based on self-reported information should be interpreted with caution, as 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, an unintentional error where participants may attempt to answer accurately but remember incorrectly.

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 small sample size. While efforts were made to talk to a diverse cross-section of individuals, it is not possible to confirm whether they reflect the composition of the region. Lastly, data were collected at one point in time and should not be interpreted as definitive.



# COMMUNITY SOCIAL AND ECONOMIC CONTEXT

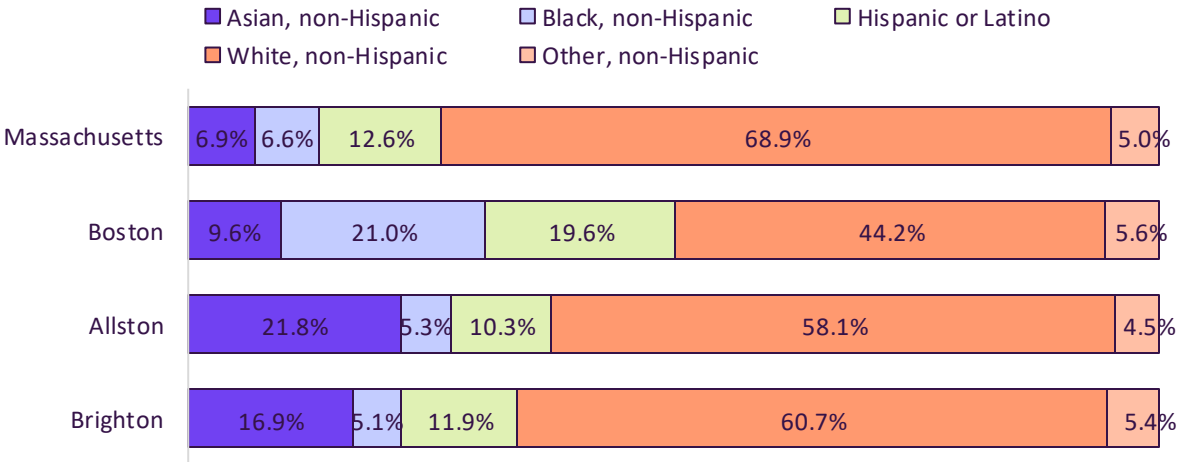
The following section provides an overview of the demographics of the Allston/Brighton neighborhood, including total population, racial/ethnic composition, age distribution, language, and income-related measures. Most of these measures are provided in relation to Boston and Massachusetts.

## Population and Diversity

According to the American Community Survey 2018-2022 aggregated estimate, the population of Allston/Brighton was 64,443, or 9.7% of Boston’s total population. While the populations in Massachusetts and Allston/Brighton increased from 2017 to 2022, the population in Boston has decreased in the same time period. See Quantitative Data Appendix for detailed data tables.

Data also indicate that Allston/Brighton has less racial and ethnic diversity than Boston but more than Massachusetts. In Allston/Brighton, 40.1% of residents are people of color, compared to 55.8% in Boston and 31.1% in Massachusetts (Figure 1). Asian residents comprise the largest subgroup in Allston/Brighton (21.8% and 16.9%, respectively), followed by Hispanic or Latino residents (10.3% and 11.9%, respectively). Compared to 2017, the percent of Asian and Black residents in Allston/Brighton has grown slightly while there was a small decline in Hispanic residents. See Quantitative Data Appendix for detailed data tables.

**Figure 1. Racial and Ethnic Distribution, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022  
 NOTE: Data labels <5% are not shown





Interview participants described Allston/Brighton as racially and ethnically diverse. They shared that the community has a large Asian and a growing Middle Eastern population. These groups, along with others from across the globe, contribute to the community’s rich cultural diversity. Interview participants described Allston/Brighton schools as having even greater racial and ethnic diversity than the community because they draw students from other Boston neighborhoods. Recently, the number of new immigrants from Central America, South America, and parts of the Caribbean has increased substantially in Allston/Brighton. Interviewees mentioned that newcomers face significant challenges, including finding employment and accessing housing and services, as well as poor health, malnutrition, and trauma. Educator interview participants noted that newcomer children are arriving at schools with substantial basic needs at home (e.g., proper housing, food access) as well as learning difficulties due to language barriers, literacy levels, and learning disabilities. Several interview participants stated that fear of deportation has made newcomer families reluctant to seek out services, leading to exploitation by employers and landlords and unaddressed medical, mental health, and educational issues.

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*“Newcomer families are nervous to seek health care; they are worried about having to disclose their immigration status.”*

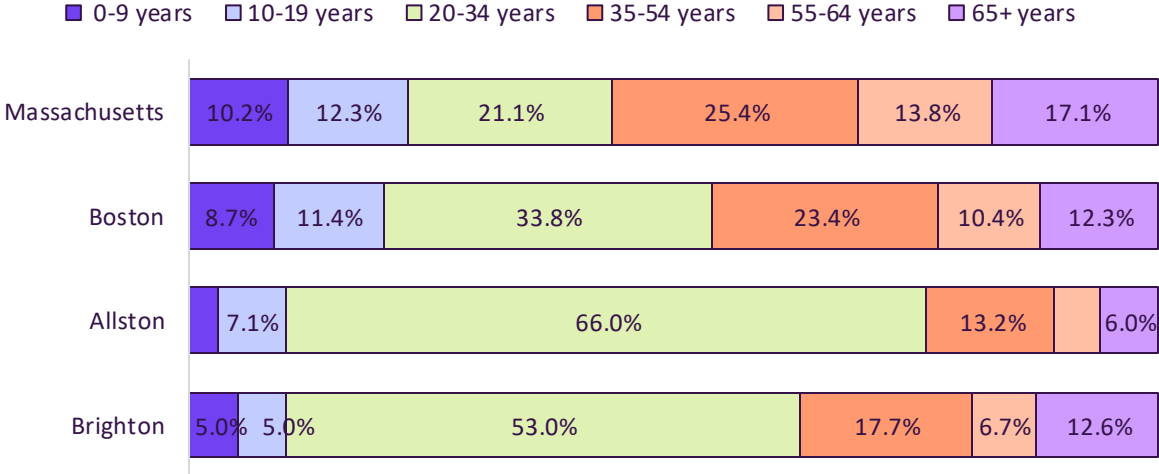
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## Age Distribution

Figure 2 shows the age distribution of the population in Massachusetts, Boston, Allston, and Brighton in 2022. Young people aged 20–34 comprise the highest percent of residents in Allston/Brighton (57.1%). Allston/Brighton has a smaller percentage of residents 0–9 years (4.3%) and 10–19 years of age (5.7%), compared to Boston and Massachusetts, which have roughly one in ten residents between ages 0–19 years. Compared to 2017, the proportion of residents aged 10–19 and 35–54 in Allston/Brighton years increased, while the percent of residents 0–9 and over 65 years decreased. See Quantitative Data Appendix for detailed data tables.



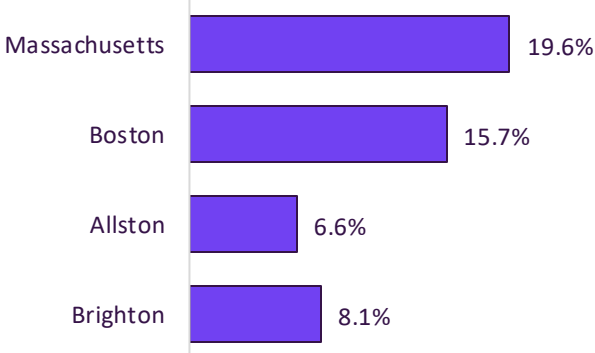
**Figure 2. Age Distribution, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022  
 NOTE: Data labels < 5% are not shown

Census Bureau data show that children under 18 years comprise 6.6% of Allston's residents and 8.1% of Brighton's residents, a smaller percentage than in Boston overall (15.7%) and in Massachusetts (19.6%) (Figure 3). Compared to 2017, this age group also comprises a smaller percentage of the population in Allston/Brighton (a decrease of 1.5 percentage points). See Quantitative Data Appendix for detailed data tables.

**Figure 3. Percent Population Under 18 years, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

Interviewees' observations about community age demographics mirror U.S. Census data. They described Allston/Brighton as a community with a large and vibrant young adult population comprised of students, young professionals, and young families. Consistent with quantitative data, interview



participants noted that the population in Allston is slightly younger than in Brighton, contributing to greater transiency in the community. They described Brighton as more family-oriented but noted this is changing as young families are priced out of the community or leave for neighborhoods with stronger school systems.

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*“Allston/Brighton is the most transient neighborhood in Boston, which is affecting local schools. Families can’t afford to stay in the neighborhood.”*

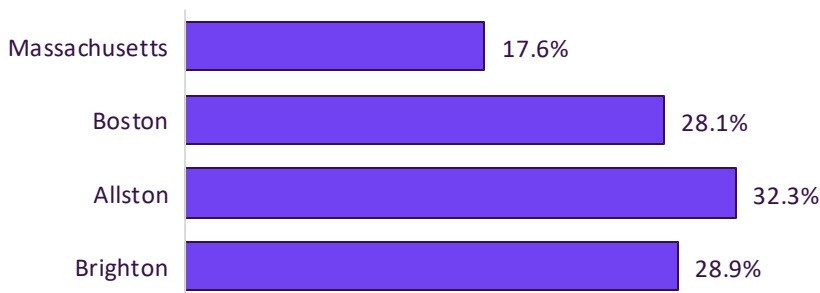
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## Language and Foreign-Born Population

In 2022, 37.9% of Allston residents and 35.8% of Brighton residents spoke a language other than English at home, which is similar to Boston (36%) but higher than Massachusetts overall where less than one in four (24.5%) residents reported speaking a language other than English at home. Census data for 2022 also show that 8.9% of Allston households and 12.4% of Brighton households reported limited English-speaking proficiency. Notably, the percent of limited English-speaking households was higher in Brighton than in Boston (11.2%) and Massachusetts (6%). See Quantitative Data Appendix for detailed data tables.

As language data suggests, the Allston/Brighton community has a sizable percent of foreign-born residents in 2022 (Figure 4). Nearly one in three Allston residents (32.3%) and over one in four Brighton residents (28.9%) reported being born outside of the United States. While these statistics are comparable to Boston (28.1%), they were larger compared to the state (17.6%).

**Figure 4. Percent Foreign Born Population in Massachusetts, Boston, Allston, and Brighton, 2018 - 2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022



## Education

Across Massachusetts, Boston, and Allston/Brighton, most residents have at least completed some college and/or attained an associate degree. In Allston, the percent of residents who have completed at least a bachelor's degree is higher than Boston overall and Massachusetts. In 2022, 71% of Brighton residents had a bachelor's degree or higher, compared to 53.4% for Allston and Boston, and 45.9% for Massachusetts. Similar to the age distribution data, these percents reflect the large college population in the area. For a detailed table, see Quantitative Data Appendix.

School quality and school system challenges in Allston/Brighton were frequently discussed among interview participants. More transient young professionals and the high cost of housing were attributed to declining enrollment in local schools. This has led to school closures and consolidations and resulted in community discontent with schools. The closure of St. Joseph Preparatory High School and the Jackson Mann K-8 School caused students to be moved to other schools, resulting in larger class sizes and stretched resources. At the high school level, fewer local students have resulted in more of the student body coming from communities outside of Allston/Brighton. One interview participant stated that only about two in five students at Brighton High School come from Brighton, with a very high proportion receiving free lunch and living in poverty. Interviewees pointed to other concerns within the school district, including frequent leadership turnover, elimination of courses, and discontinuation of programs that support school-to-career pathways, theater, and STEM. As one person observed, *“big companies are building labs and facilities in the neighborhood. Students can take occasional field trips there but don't have any science classes at their own school.”* In addition to these systemic challenges, interview participants reported that educators and other school staff face day-to-day challenges in addressing the behavioral and mental health challenges among students that have become more prevalent since the COVID-19 pandemic.

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*“Allston/Brighton attracts families with little kids up until elementary. Then, because of the local schools, the youth leave.”*

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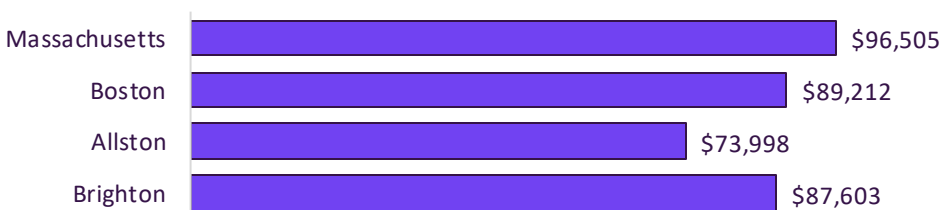
## Income, Poverty, and Employment

The following section provides data on the economic factors that contribute to a community's growth and wellbeing.

### Median household income

Data from the American Community Survey data (2018 -2022) show that the median annual household income in Allston/Brighton (\$73,998 and \$87,603, respectively) is lower than in Massachusetts (\$96,505) and Boston (\$89,212) (Figure 5). While all household incomes have increased since 2019, Massachusetts experienced the largest increase (\$96,505 vs. \$81,215) while Brighton experienced the smallest increase (\$87,603 vs. \$78,416).

**Figure 5. Median Annual Household Income, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**



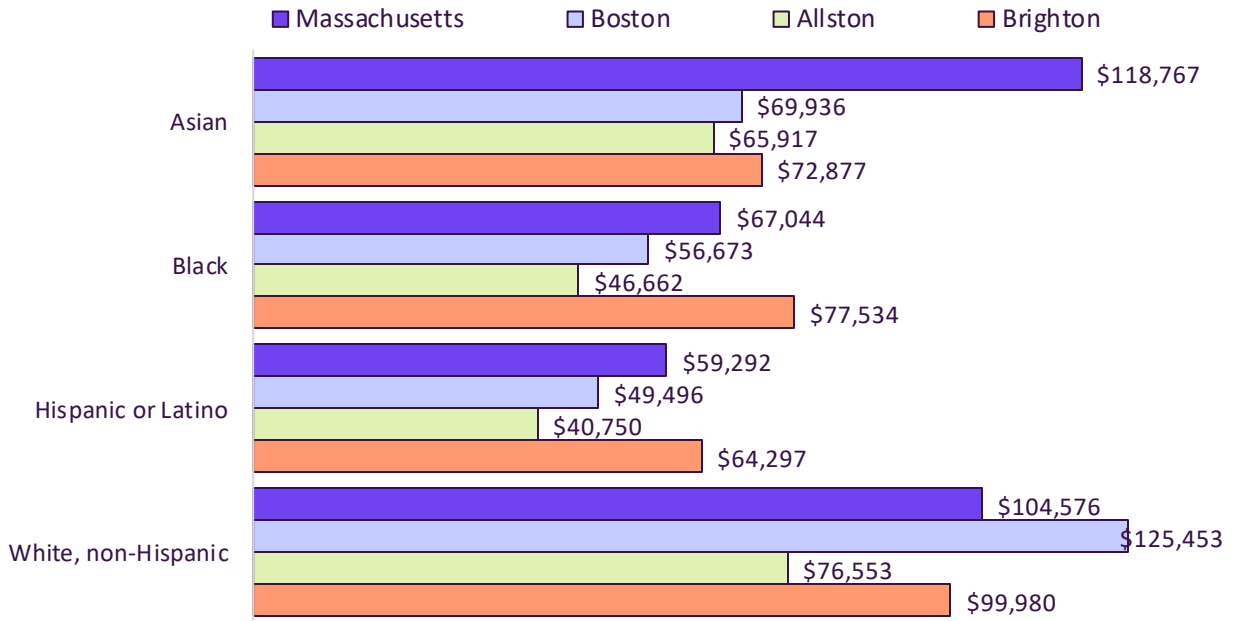
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

NOTE: Median household incomes for Allston were calculated by averaging data for ZCTA 02134 and ZCTA 02163

Across Allston/Brighton, Boston, and Massachusetts, Black residents and Hispanic or Latino residents have a lower median household income compared to Asian or White residents (Figure 6). White, non-Hispanic residents earned the highest incomes in Boston (\$125,453), Allston (\$76,553), and Brighton (\$99,980). By contrast, Hispanic or Latino residents earned the lowest incomes in all geographies. Similar distributions appear in 2019 data with White, non-Hispanic residents and Asian residents reporting higher incomes compared to Black, and Hispanic or Latino residents in 2019.



**Figure 6. Median Household Income, by Race/Ethnicity, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

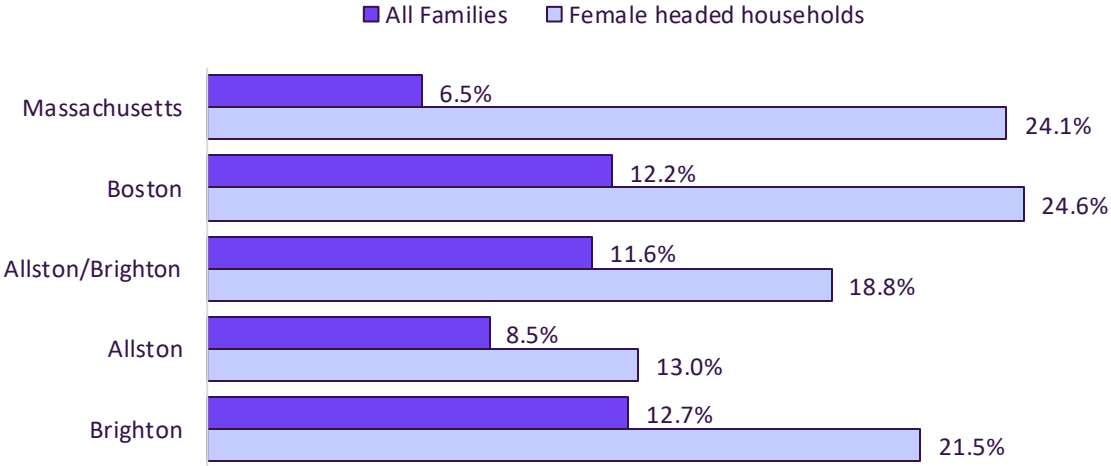
NOTE: Median household incomes for Allston were calculated by averaging data for ZCTA 02134 and ZCTA 02163

## Poverty

The proportion of families living below the poverty line in 2022 was 8.5% in Allston and 12.7% in Brighton (Figure 7). Both proportions are higher compared to the state, where approximately one in twenty (6.5%) families were living below the poverty line in 2022. Brighton’s percentage of families living in poverty was similar to Boston (12.2%). The percent of families living below the poverty line is much higher among female-headed households across all geographies. For example, in Brighton in 2022, roughly one in five (21.5%) of all female-headed households were living below the poverty line, which is comparable to the city (24.6%) and state (24.1%), but much higher compared to Allston (13%). These data are similar to 2017 and 2019 estimates where 22% - 33% of families living below the poverty line in the city and state were female-headed households.



**Figure 7. Percent Families Living Below the Poverty Line, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**

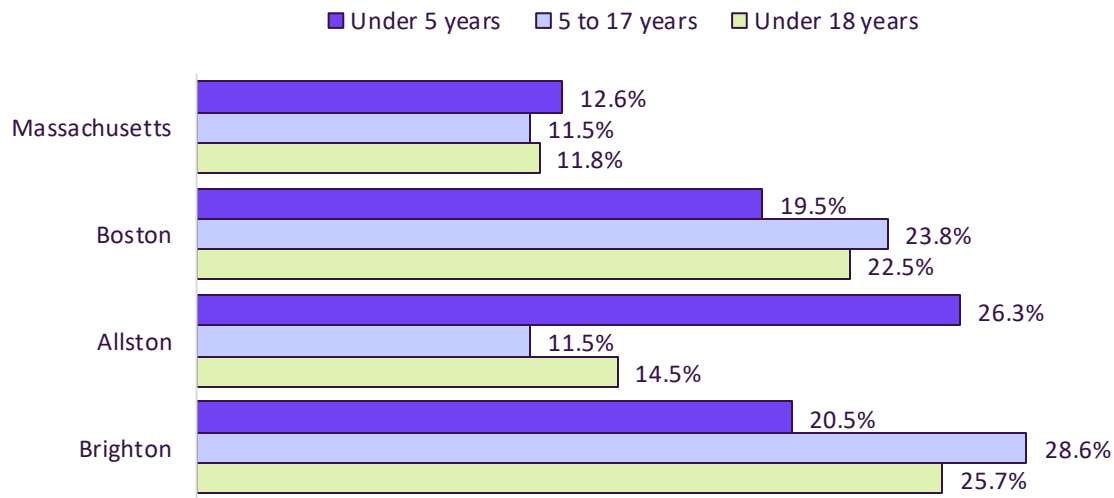


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

**Figure 8** shows the proportion of children living in poverty in 2022. The proportion of children under 18 living in poverty in Allston (14.5%) is higher than Massachusetts (11.8%) but lower than Boston (22.5%). The proportion of children under 18 living in poverty in Brighton (25.7%) is higher than in both Massachusetts and Boston. Notably, Allston has the highest proportion of children under 5 years living below the poverty line (26.3%) while Brighton (28.6%) has the highest proportion of children ages 5 to 17 living below the poverty line. Across all age groups, the proportions of children living in poverty experienced an increase between 2019 and 2022, a change that could be attributed to the pandemic, which resulted in decreased employment for many families. For example, in Allston/Brighton, the percentage of children under five years old living in poverty grew from 11.2% in 2019 to 21.5% in 2022. During that same period, the number of children between 5 and 17 years living in poverty grew from 20.1% to 23.5%. Finally, the number of children under 18 living in poverty grew from 17.1% to 22.8% (data not shown).



**Figure 8. Percent Children Living Below the Poverty Line, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**

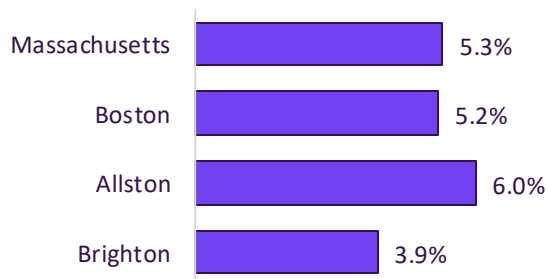


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

## Unemployment Rate

The unemployment rate in Allston in 2022 was 6%, higher than the rate for Boston (5.2%) and Massachusetts (5.3%). The unemployment rate in Brighton (3.9%) was lower than the city and state rates (**Figure 9**). Similar proportions are found in 2017, 2018, and 2019 data.

**Figure 9. Percent Population 16 Years and Over Unemployed, in Massachusetts, Boston, Allston, and Brighton, 2018-2022**



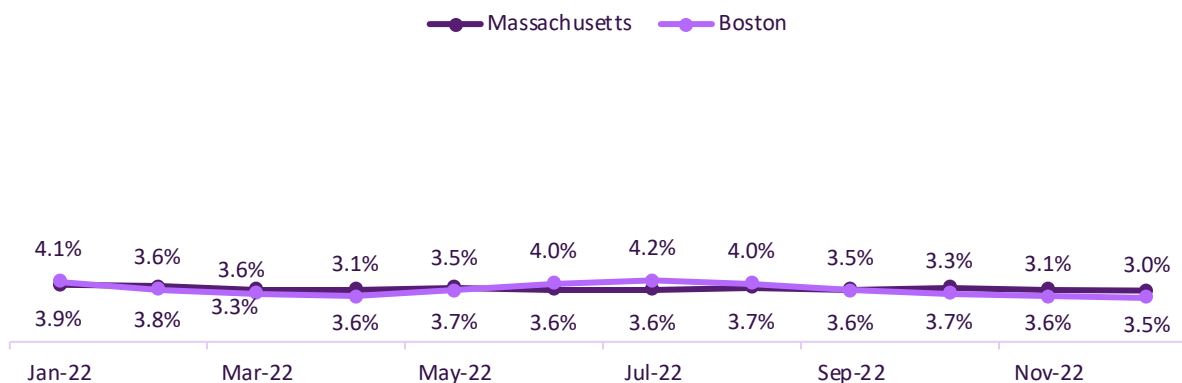
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

As shown in **Figure 10**, in 2022, the unemployment rate for the population 16 years and over hovered around 3-4% for both Boston and Massachusetts. In Boston, the unemployment rate peaked in July 2022 at 4.2%. Apart from a spike in unemployment at the height of the pandemic (April 2020 to June 2021), these data are largely reflective of previous data points for the city and state.





Figure 10. Percent Population 16 Years and Over Unemployed, in Massachusetts and Boston, 2022



DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2024

Economic conditions in Allston/Brighton were a topic of conversation in several interviews, as they were in the previous assessment. Reflections during the previous assessment focused on the economic hardships resulting from the COVID-19 pandemic. These same themes emerged in conversations for this CHNA. Families still struggle to pay for housing as rental costs continue to rise, and few affordable housing options are available. Many families have moved out of the community in search of affordable housing.

Interview participants also identified the high cost of food as a challenge for community residents. One person observed that young professionals are increasingly accessing food benefits. Community social service providers reported that they continue to struggle to meet residents’ basic needs for diapers and baby food, particularly for newcomers. As in 2021, lack of available and affordable childcare remains a significant challenge to local families. Interview participants attributed this to inflation, arduous early childhood licensing requirements in the state, and the closure of many family childcare programs.

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*“Allston/Brighton is starved for licensed childcare, especially infant and toddler care.”*

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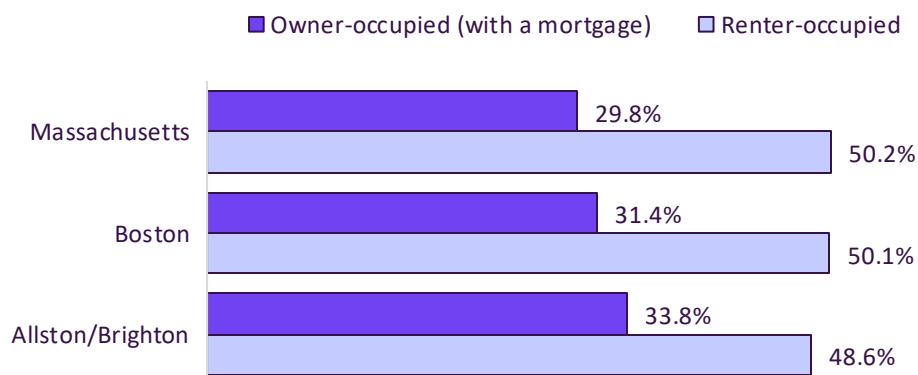
## Housing and Transportation

According to 2022 American Community Survey data, renters experienced a higher proportion of housing burden compared to homeowners. This means a larger percentage of renters spend 30% or more of their income on housing costs (**Figure 11**). In 2022, about half (48.6%) of renter-occupied households in Allston/Brighton paid 30% or more of their household income toward monthly rent. This



is similar to Boston (50.1%) and Massachusetts (50.2%). For owners with a mortgage, roughly one in three homeowners paid 30% or more of their household income toward monthly housing costs. Similar proportions are found in 2019 data.

**Figure 11. Percent Housing Units Where 30% or More of Income Spent on Monthly Housing Costs, by Housing Tenure, in Massachusetts, Boston and Allston/Brighton, 2018-2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018-2022

As in both 2018 and 2021 assessments, the high cost of housing was identified as a substantial community concern this year. Interview participants reported that rents continue to rise. Consistent with the quantitative data presented above, one person stated, *“housing prices are a significant burden because incomes have not increased at this same pace.”* The community has seen substantial housing development in recent years, but interview participants shared this development is predominantly high-end housing and out of reach for many residents. One person noted that these developments have encroached into local neighborhoods, tend to be less welcoming to families, and do not contribute to the community in a meaningful way. A consistent theme in conversations was the need for more affordable housing in the community. Existing affordable housing options, including Commonwealth Fidelis Housing and Faneuil Gardens Housing, are at capacity. One interview participant noted that the policy and economic landscape in the city and state makes expansion of affordable housing difficult.

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*“The high cost of living and issue of housing affordability have driven people to move out of the neighborhood.”*

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A couple of interview participants also expressed concern about the quality of housing in the community. One person working with newcomers stated that some families are experiencing bed bugs and cockroaches in their housing. Families are reluctant to bring up these issues for fear of



eviction. Another participant noted that there should be additional supportive housing available for extremely low-income residents or those in recovery.

In contrast to the 2021 assessment in which transportation was frequently mentioned as a community challenge, this topic did not come up in the 2024 interviews. Youth focus group participants noted that there are many transportation options, including the Massachusetts Bay Transportation Authority (MBTA), biking, and walking. A few interviewees shared that the MBTA can be challenging at times due to delayed schedules and maintenance issues. In 2022, 36.3% of Allston/Brighton households did not have a vehicle, a rate similar to Boston overall (33.7%) and higher than in Massachusetts (11.9%). Related, a smaller proportion of Allston/Brighton residents 16 years and over drove alone to work (25.9%) compared to Boston (35.1%) or Massachusetts (64.2%) (data not shown).

## COMMUNITY HEALTH OUTCOMES AND BEHAVIORS

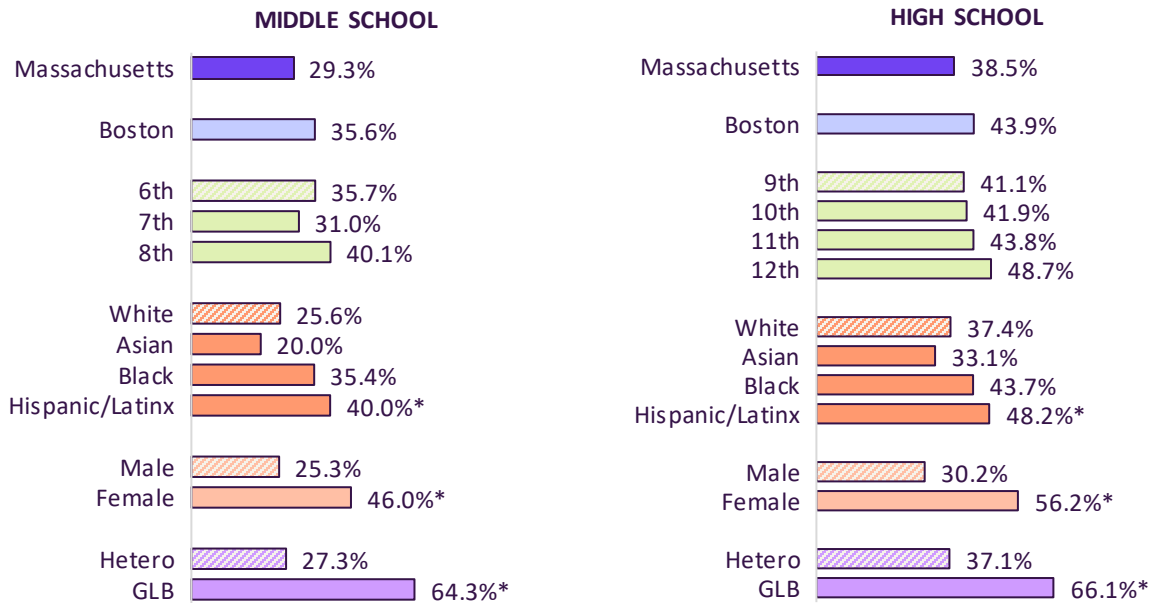
The following section provides data on health outcomes and concerns in the community, with particular attention paid to child and youth concerns. Where appropriate and available, community-level statistics are compared to state and city data. While the school data is not specific to Allston/Brighton, public schools in the neighborhood are part of the Boston Public School system, meaning the self-reported behaviors shown below capture the sentiments of Allston/Brighton students to an extent. Additionally, tables displaying the Youth Risk Behavior Surveys may show an asterisk (\*) next to some percentages. This indicates that any statistical significance testing performed provided a statistically significant result. Statistical significance testing was not performed for data displayed in other tables.

### Behavioral and Mental Health

In 2021, there were higher proportions of Boston middle and high school students reporting persistent sadness compared to the state overall (**Figure 12**). Among middle school students, these percentages were nearly twice as high for female students than for male students (46% vs 25.3%) and more than twice as high for gay, lesbian, or bisexual (GLB) students than for heterosexual students (64.3% vs 27.3%). Similarly, among high school students, these percentages were much higher among female students compared to male students (56.2% vs 30.2%) and GLB students compared to heterosexual students (66.1% vs. 37.1%).



**Figure 12. Percent Students Reporting Experiencing Persistent Sadness, Massachusetts (2021), and Boston and Selected Boston Indicators, (2021)**



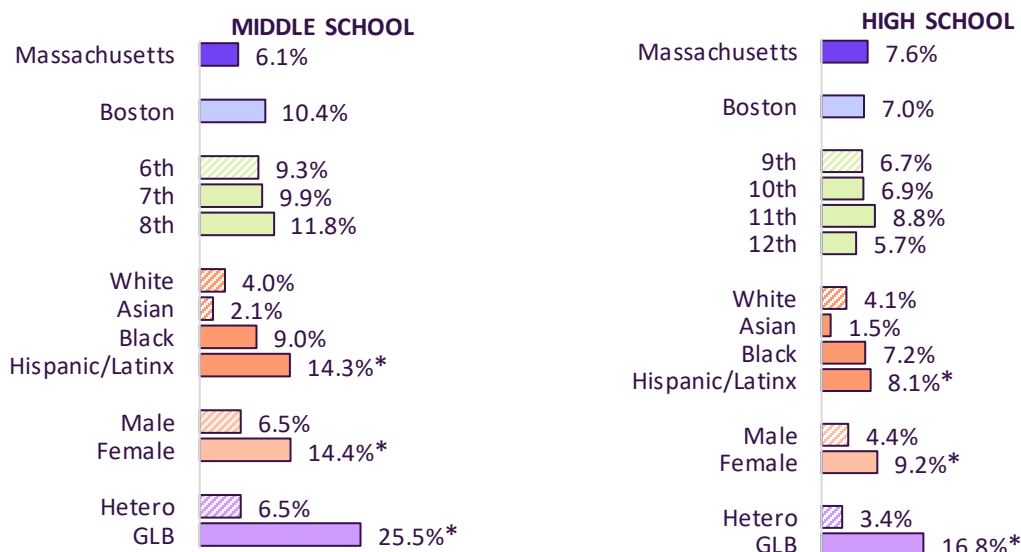
DATA SOURCE: Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021; Massachusetts Youth Risk Behavior Survey (YRBS), 2021

NOTE: Persistent sadness defined as being sad almost every day for 2 or more weeks in a row so that they stopped doing some usual activities one or more times during the 12 months before the survey; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

In 2021, about 1 in 10 (10.4%) middle school students in Boston reported attempting suicide, which is higher than in the state (6.1%) (Figure 13). Among Boston middle school students, rates of suicide attempts were higher among Black students (9%) and significantly higher among Hispanic/Latinx students (14.3%) compared to White students (4%). Rates were also higher among middle school female students compared to male students (14.4% vs 6.5%), and GLB students compared to heterosexual students (25.5% vs 6.5%). The proportion of high school students reporting attempting suicide in Boston was 7%, which is similar to the state (7.6%). Similar to the disparities noted for middle school students, rates of suicide attempts were higher for Black and Hispanic/Latinx high school students, female high school students, and GLB high school students.



**Figure 13. Percent Students Reporting Attempting Suicide, Massachusetts (2021), and Boston and Selected Boston Indicators (2021)**



DATA SOURCE: Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021; Massachusetts Youth Risk Behavior Survey (YRBS), 2021

NOTE: Data represent time frame of one or more times during the 12 months before the survey; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

According to 2021 data from the CHIA Acute Hospital Case Mix Database (Table 1), the mental health emergency department visit rate was 2.2 times higher for Black children ages 5-9 compared to White children of the same age (176.6 vs. 81.4). The rate was 3.1 times higher for Black children under 5 years compared to White children of the same age (13.4 vs. 4.4). Similarly, Latinx children under 5 years and ages 5-9 years experienced substantially larger rates as compared to White children.

**Table 1. Youth and Adolescent Mental Health Emergency Department Visits by Age and Race/Ethnicity, Boston, 2017-2021**

	Ages <5	Ages 5-9	Ages 10-14	Ages 15-17	Ages 18-19
Overall	8.7	126.2	340.0	538.3	274.4
Asian	NA	<b>27.3</b>	<b>122.2</b>	<b>201.6</b>	<b>86.7</b>
Black	<b>13.4</b>	<b>176.7</b>	<b>492.7</b>	<b>701.8</b>	<b>723.7</b>
Latinx	<b>9.3</b>	<b>122.1</b>	<b>310.2</b>	495.2	<b>410.6</b>
White	4.4	81.4	257.8	490.8	141.5

DATA SOURCE: Acute Hospital Case Mix Database, Massachusetts Center for Health Information and Analysis, 2017-2021, as cited by the Health of Boston Mental Health 2024 Report

NOTE: Notes: Bolded values denotes statistical significance when compared to reference group (White)



As in the 2018 and 2021 community health needs assessments, interview participants and youth focus group members identified mental health concerns among children and youth as a primary health concern in the community. Many pointed to the lingering effects of social isolation and home learning during the COVID-19 pandemic on the mental well-being of children and youth. One youth said during COVID *“You don’t talk to a lot of people, and you don’t feel right.”* Other interviewees echoed this sentiment, with one saying, *“everyone experienced COVID, but some of us experienced it in a disproportionate way.”* They stated that COVID has affected young people universally, from struggling students to those in advanced placement classes.

According to interview and focus group participants, social media has also had a negative influence on youth mental health, contributing to stress, anxiety, depression, and social disconnection. Interview participants who work with youth noted that excessive use of phones and social media has diminished the ability of young people to interact with peers in person and solve conflicts without an escalation to violence. One interviewee observed that the youth they work with have *“very little social ability as far as communicating.”* A youth focus group participant shared a similar perspective, saying *“a lot of people deal with their situations in their own way and don’t open up as much, and I feel like society has lost trust in each other.”*

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*“Young people are struggling to have authentic connections in person.”*

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The trauma resulting from exposure to violence—at home, in school, and through social media—has also influenced students’ mental health according to interview participants. As one educator observed, *“the triggers for some students that have experienced a lot of trauma can be dangerous.”* Interview participants stated that unaddressed mental health issues among children and youth have manifested themselves in self-harm, substance misuse, suicidal ideation, and interpersonal and community violence.

The lack of mental health services was a prominent theme in conversations, as in prior assessments. Some interview participants perceived a shortage of mental health providers for children and youth, particularly for those with less acute mental health needs. While some services exist through organizations such as Allston Brighton Mental Health Association, Charles River Community Health Center, Franciscan Children’s, and a few private providers, these were seen as insufficient to meet the high need. Interviewees acknowledged that while schools also provide some counseling support, staff are not trained to provide deeper therapeutic services and there are not enough social workers and counselors. Options for children and youth with special health care needs are even more challenging. One interviewee pointed out: *“you cannot just put these students in a program that was not designed*



for them. Unfortunately, this can result in students getting bounced around different schools.” Early intervention services are also lacking, with long delays in evaluation services.

Youth focus group participants shared several perspectives on school-based mental health services. A few noted that mental health is discussed more frequently in the community since the COVID-19 pandemic but still not as openly as they would like. Two youth reported that mental health issues are discussed in their health classes but additional services, such as support groups, are not offered in their schools. One youth stated that adults often misunderstand youth behavior, characterizing it as a phase of development— *“teens lash out”*—rather than a potential sign of mental health issues. When asked about available services, youth participants observed that mental health services tend to be more readily available when *“a situation happens,”* rather than preventatively. A few focus group participants expressed reluctance to confide in counselors, for fear of stigmatization and concerns about confidentiality. As one participant shared, *“if you [make] one wrong move, then they have to tell your parents, so you don’t know if it’s safe or not.”* Youth focus group participants stated that there are few mental health services or other supports for youth who are LGBTQ, neurodivergent, or in foster care.

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*“People have started talking about mental health issues in general, rather than solutions to help people who are actually going through it.”*

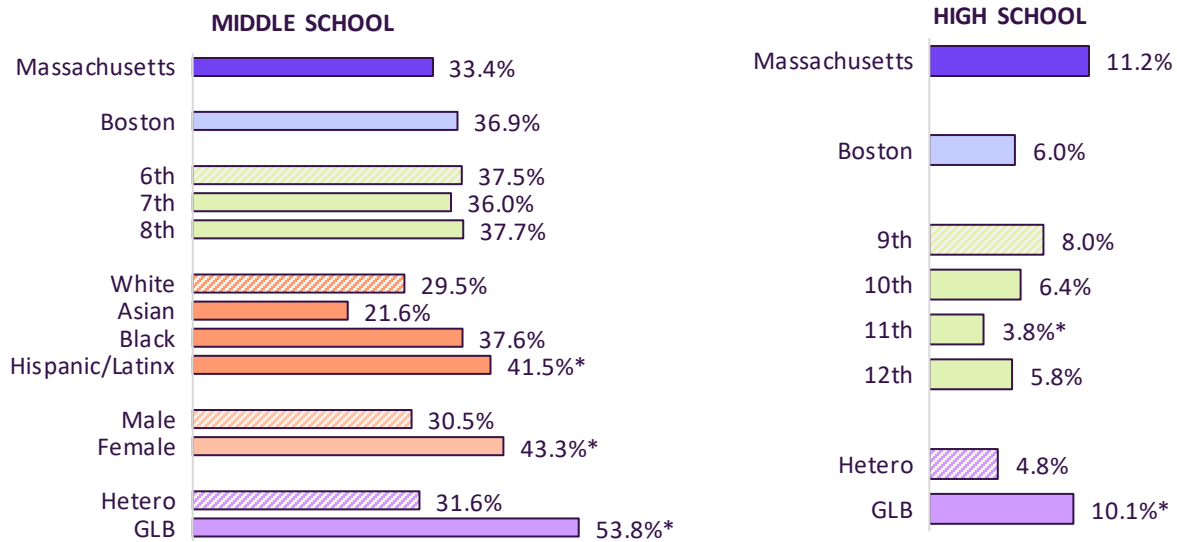
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## Violence

In 2021, 36.9% of Boston middle school students reported being bullied on school property. This is higher compared to middle school students in the state overall (33.4%) (Figure 14). Reports of bullying on school property were significantly higher among Hispanic/Latinx middle school students, female students, and GLB students compared to each of their respective counterparts. For high school students in Boston, 6% reported being bullied on school property, which is lower compared to the state (11.2%). Being bullied on school property was also significantly higher among GLB high school students (10.1%) than for heterosexual students (4.8%).



**Figure 14. Percent Students Reported Being Bullied on School Property, Massachusetts (2021), Boston and Selected Boston Indicators (2021)**



DATA SOURCE: Massachusetts Youth Risk Behavior Survey (YRBS), 2021; Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021

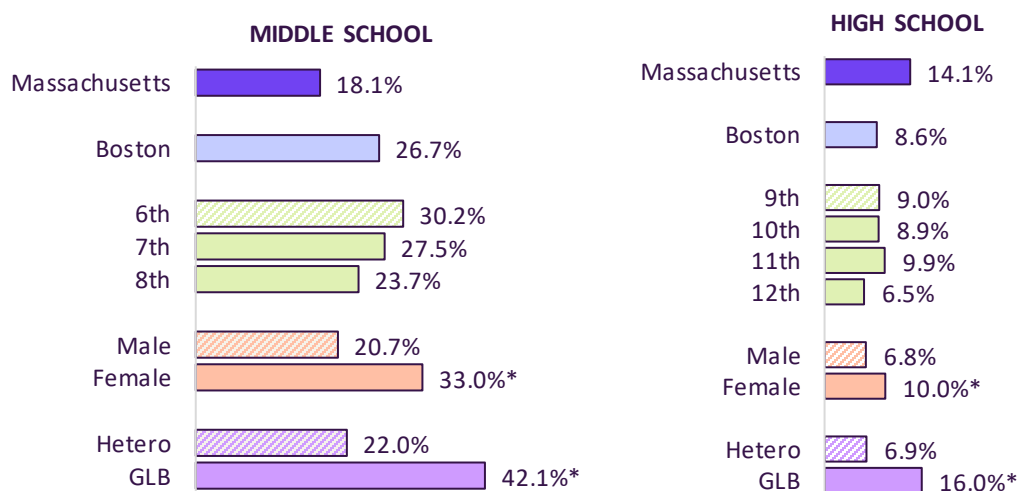
NOTE: Data represent time frame during the 12 months before the survey; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

**Figure 15** shows the proportions of middle school and high school students who reported being bullied electronically/cyberbullied. More than one in four (26.7%) Boston middle school students reported being electronically bullied in 2021, which is higher compared to middle school students in the state overall (18.1%). Among middle school students in Boston, being electronically bullied was significantly higher among female students than male students (33% vs 20.7%) and significantly higher among GLB students than heterosexual students (42.1% vs 22%). Overall, the percentage of high school students who reported being electronically bullied was lower than middle school students. However, among high school students reporting bullying, female students and GLB students still reported the behavior significantly more than their respective counterparts.





**Figure 15. Percent Students Reported Being Electronically Bullied, Massachusetts (2021), Boston and Selected Boston Indicators (2021)**

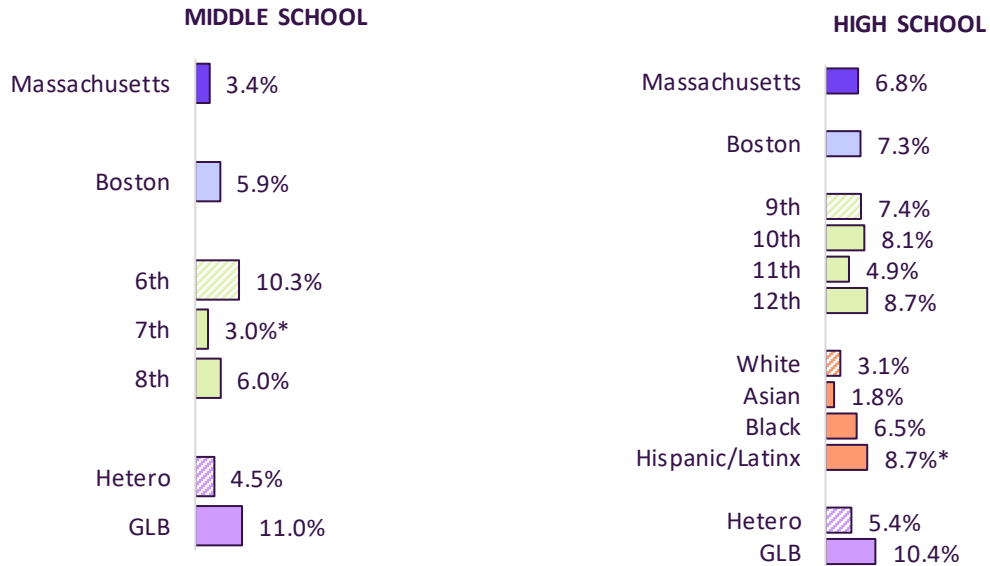


DATA SOURCE: Massachusetts Youth Risk Behavior Survey (YRBS), 2021; Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021  
 NOTE: Data represent time frame during the 12 months before the survey; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

In 2021, approximately one in twenty (5.9%) middle school students in Boston reported experiencing physical dating violence, which is higher than the state (3.4%) (Figure 16). Notably, one in ten (10.3%) students in grade 6 reported experiencing physical dating violence, which is higher compared to students in grades 7 and 8. The prevalence of high school students experiencing physical dating violence is similar in Boston (7.3%) and Massachusetts (6.8%). More Black, and Hispanic/Latinx high school students reported physical dating violence compared to their White counterparts. Finally, the prevalence of students experiencing physical dating violence was much higher among GLB students than their heterosexual peers for both middle and high school.



**Figure 16. Percent Students Reported Experiencing Physical Dating Violence, Massachusetts, Boston and Selected Boston Indicators (2021)**



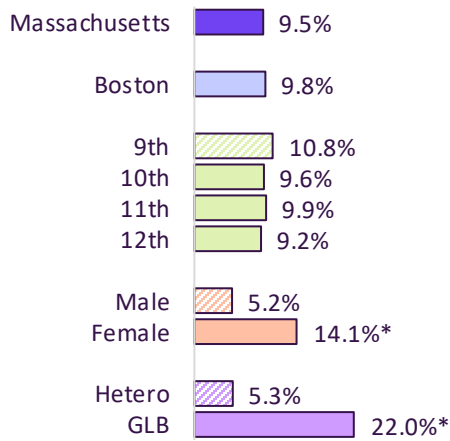
DATA SOURCE: Massachusetts Youth Risk Behavior Survey (YRBS), 2021; Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021

NOTE: Being physically hurt on purpose by someone they were dating or going out with one or more times during the 12 months before the survey, among students who dated or went out with someone during the 12 months before the survey; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

In 2021, 9.8% of Boston high school students and 9.5% of Massachusetts high school students reported experiencing sexual dating violence (Figure 17). Sexual dating violence was significantly more prevalent among female students (14.1%) compared to male students (5.2%), and more than four times as prevalent among GLB students (22%) compared to heterosexual students (5.3%).



**Figure 17. Percent High School Students Reported Experiencing Sexual Dating Violence, Massachusetts, Boston and Selected Boston Indicators (2021)**



DATA SOURCE: Massachusetts Youth Risk Behavior Survey (YRBS), 2021; Boston High School Youth Risk Behavior Survey (YRBS), 2021

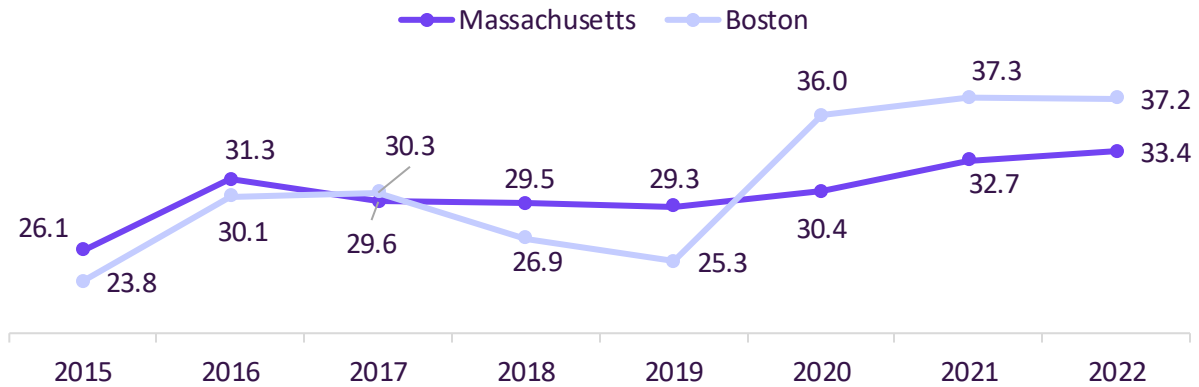
NOTE: Sexual dating violence defined as being forced by someone they were dating or going out with to do sexual things that they did not want to one or more times during the 12 months before the survey among students who dated or went out with someone during the 12 months before the survey; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05)

## Substance Misuse

Figure 18 shows opioid overdose deaths from all intents in Boston and Massachusetts between 2015 and 2022. Over this time period, the opioid overdose mortality rate has trended upwards for both Boston and Massachusetts overall. The opioid overdose mortality rate per 100,000 residents was 37.2 in Boston in 2022, which is slightly higher compared to the state (33.4 per 100,000).



**Figure 18. Opioid Overdose Mortality per 100,000 Residents, by Massachusetts and Boston, 2015-2022**



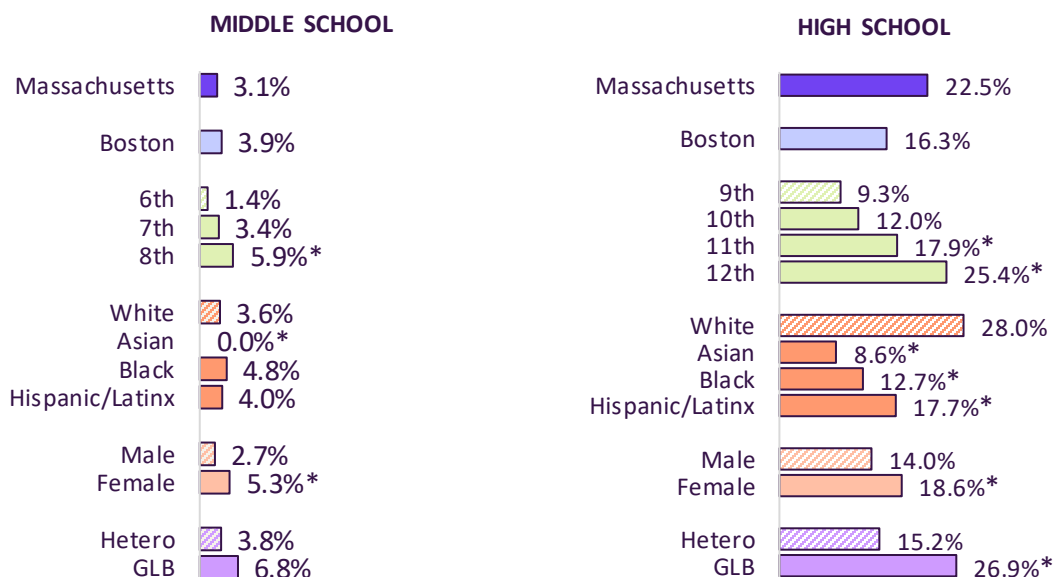
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2011-2015 to 2018-2022; Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2023

NOTE: Rates are calculated by HRiA based upon ACS total population estimates and should be considered as unofficial estimates only; Year represents year of death and geography represents city/town of residence for the decedent; Data updated as of 10/19/2023, and 2020 to 2022 death data are preliminary and subject to updates; Data displays causes of death from "all intents," meaning the data includes unintentional/undetermined deaths and suicide.

In 2021, 3.9% of middle school students in Boston reported current alcohol consumption, which is similar to middle school students in Massachusetts overall (3.1%) (Figure 19). Among middle school students in Boston, reporting current alcohol consumption was significantly higher among 8<sup>th</sup> grade students compared to 6<sup>th</sup> and 7<sup>th</sup> grade students. A significantly higher amount of middle school female students reported current alcohol consumption compared to male students (5.3% vs 2.7%). Among high school students, current alcohol consumption was higher overall but was less prevalent in Boston compared to the state (16.3% vs 22.5%). Statistically significant differences can be seen across all demographics examined among high school students reporting current alcohol consumption (e.g., grade, race/ethnicity, gender identity, and sexuality).



**Figure 19. Percent Students Reporting Current Alcohol Consumption, Massachusetts (2021), Boston and Selected Boston Indicators (2021)**



DATA SOURCE: Massachusetts Youth Risk Behavior Survey (YRBS), 2021; Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021

NOTE: Current is defined as one or more times in the past 30 days; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

In 2021, 7% of high school students in Boston reported current binge drinking, which is lower compared to the state overall (11.4%). Students in the 12th grade reported current binge drinking significantly more than ninth grade students (12.0% vs. 4.5%). Additionally, Asian, black, and Hispanic/Latinx students reported current binge drinking significantly less than white students. When examined by sexuality, GLB students reported current binge drinking significantly more than heterosexual students (14% vs 5.7%). See Quantitative Data Appendix for detailed data tables.

When reporting current marijuana use, high school students reported higher usage than middle school students. In 2021, 3% of middle school students reported current marijuana use which is similar to the state (2.5%). In the same year, 17.3% of Boston high school students reported current marijuana, a percentage that was similar to the state (16.6%). When examined by a grade, 12th grade students reported current marijuana use significantly more than ninth grade students (26.8% vs. 11.2%). Current marijuana use was also significantly higher among female students compared to male students (21.2% vs 13.2%) and among GLB students than heterosexual students (32.7% vs 13.6%). See Quantitative Data Appendix for detailed data tables.

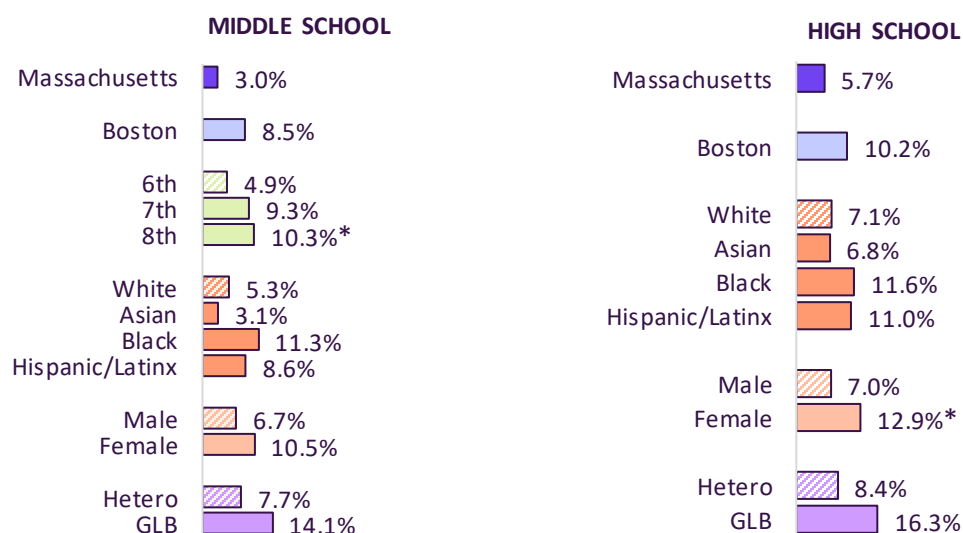
The percentage of middle school students reporting current electronic vapor product use was lower in Boston (6.8%) compared to the state (10.1%). However, when examined by grade, 8th grade students



reported current electronic vapor product use significantly more than 6th grade students (10.1% vs. 2.9%). Similarly, the percentage of middle school GLB students reporting current electronic vapor product use was significantly higher than heterosexual students (10.9% vs. 6.3%). Among high school students, similar patterns emerge across demographics examined though percentages are slightly higher. For example, the percentage of high school GLB students who reported current electronic vapor product use was significantly higher compared to heterosexual students (19.2% vs. 8.2%). See Quantitative Data Appendix for detailed data tables.

Figure 20 shows the middle and high school students who reported ever misusing prescription pain medicine. In 2021, 8.5% of middle school students in Boston reported ever misusing prescription pain medicine, which is higher compared to the state (3%). Prescription pain medicine misuse was reported significantly more among 8th grade students compared to 6th grade students (10.3% vs. 4.9%). Boston middle school students who identify as Black, female, or GLB reported ever misusing prescription pain medicine more than their respective counterparts though those percentages were not statistically significant. For Boston high school students, similar percentages of students reporting ever misusing prescription pain medicine are observed at the city and state level. The percentage of female students reporting ever misusing prescription pain medicine was significantly higher than male students (12.9% vs 7%). See Quantitative Data Appendix for detailed data tables.

**Figure 20. Percent Students Reporting Ever Misusing Prescription Pain Medicine, Massachusetts (2021), Boston and Selected Boston Indicators (2021)**



DATA SOURCE: Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021; Massachusetts Youth Risk Behavior Survey (YRBS), 2021  
 NOTE: For MA survey, misusing defined as not using their own prescription medicine; For Boston survey, misusing is defined as without a doctor's prescription or differently than how a doctor told them to use it; Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05)



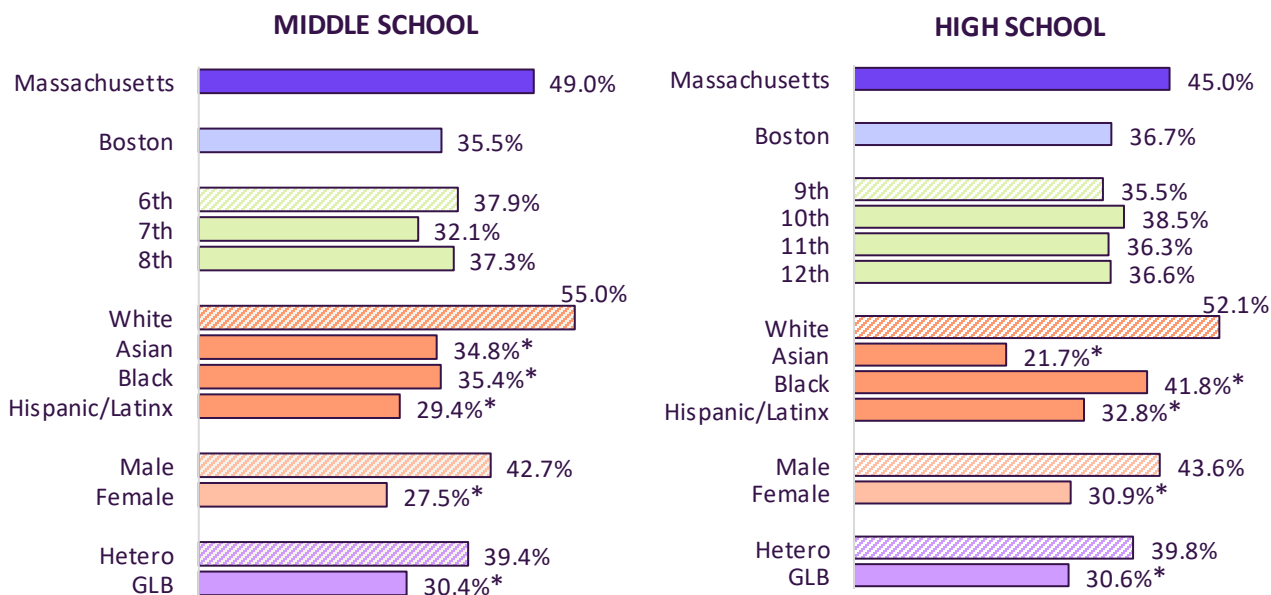
While substance misuse was not mentioned by many interview participants, a few individuals working in schools perceived an increased use of marijuana edibles among students. One stated, “edibles are harder to detect, and packaging looks like candy packages. Kids don’t realize the impact of marijuana on their brain development and academics.”

## Healthy Eating / Active Living

Data in this section is self-reported information published in 2021 through the Massachusetts Youth Risk Behavior Survey and the Boston High School Youth Risk Behavior Survey (YRBS). Data describing youth being overweight, obesity, nutrition, and screen time is detailed in the narrative below but has not been presented in charts in this report.

Figure 21 shows the middle school and high school students who reported at least 60 minutes of physical activity. In 2021, Boston middle and high school students reporting at least 60 minutes of physical activity on five or more days a week was lower compared to the state overall (35–37% vs 45–49%, respectively). Additionally, these rates were lower among female students compared to male students. When examined by sexuality, GLB students reported rates that were lower compared to their heterosexual peers.

**Figure 21. Percent Students Reporting at least 60 Minutes of Physical Activity on Five or More Days a Week, Boston and Selected Boston Indicators (2021)**



DATA SOURCE: Boston Middle and High School Youth Risk Behavior Survey (YRBS), 2021



NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (\*) denotes where estimate was significantly different compared to reference group within specific category ( $p < 0.05$ )

More than one in six (17.5%) Boston high school students reported being overweight in 2021, which is higher compared to the state (15.2%). The rate of students self-reporting being overweight was also higher among Hispanic/Latinx (22.2%) and Black (16.8%) students compared to White students (10.3%).

More than one in six (17.5%) Boston high school students reported obesity in 2021, which is higher than the state (13.6%). Additionally, the rate of self-reported obesity was also higher among Black (21.5%), and Hispanic/Latinx (19.8%) students compared to White students (11.7%).

Nearly seven in ten (69.9%) Boston high school students reported drinking soda weekly in 2021. Among Black students and Hispanic/Latinx students, the rate increases to 73.7% and 77.6% respectively, higher than their White (52.2%) and Asian (48.5%) peers.

In 2021, over 17% of Boston middle school students and over 22% of Boston high school students reported not eating breakfast on all 7 days of the week. Notably, rates were higher for Black and Hispanic/Latinx students than for White students and higher for GLB students than for heterosexual students.

Screen time is defined as time spent in front of a TV, computer, smart phone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media, not counting time spent doing schoolwork. More than seven in ten (72.1%) Boston middle school students reported spending 3+ hours per day on screen time while more than three in four (77.7%) Boston high school students reported the same behavior. When examined by sexuality, a significantly larger percentage of GLB students in middle school (83.9%) report spending 3+ hours on screen time compared to their heterosexual peers (69.4%).

Several interview participants reported that youth programming in the community has declined in recent years, which has further restricted opportunities for youth to interact with each other and adults in positive ways. According to interview participants, Allston/Brighton has few spaces outside of schools for children and teens to connect. One participant commented that a teen center at the Oak Square YMCA was underutilized and now serves as a temporary childcare space for YMCA members. A couple of interview participants shared that the Jackson Mann Community Center will be closing and moving to Brighton High School, which will leave Allston/Brighton as the only neighborhood in Boston without a community center. According to interview participants, youth participation in sports has also declined. Once thriving youth sports leagues in the community have waned or been canceled due to lack of youth participation, parent volunteers, and coaches. Further, a handful of participants commented on the limited offering of youth sports by Boston Public Schools and voiced frustration





that the only regulation-size gymnasium in the community is at New Balance and is meant for private use.

## Sexual Health

Data in this section is information published in 2021 and 2022 through the Massachusetts Youth Risk Behavior Survey, the Boston High School Youth Risk Behavior Survey (YRBS), and the Massachusetts Department of Public Health. Descriptive data on sex education, sexual activity, and incidence of sexually transmitted infections is detailed in the narrative below but has not been presented in charts in this report.

In 2021, 13.3% of middle school students and 54% of high school students in Boston reported learning about AIDS or HIV infections in school. Among high school students, a larger proportion of students in grades 11 and 12 reported learning about AIDS or HIV infections in school (61.7% and 70.5%, respectively).

In 2021, 17.5% of high school students in Boston reported current sexual activity, slightly lower compared to the state overall (18.6%). In 2022, the incidence of chlamydia in Boston was 879.9 per 100,000, more than two times the rate of incidence in Massachusetts (403.8 per 100,000). In the same year, the incidence of gonorrhea was 367.5 per 100,000 in Boston, also higher than the state overall (129.9 per 100,000).

Among discussion participants, sexual health was not a frequently mentioned topic. One person did perceive a need for more youth-oriented education on healthy relationships and prevention of intimate partner violence. Another noted the importance of a more robust sexual health education curricula, particularly for children with special health care or developmental needs.

## HEALTH CARE ACCESS AND UTILIZATION

### Health Insurance Coverage in Children

Approximately 98% of youth under 19 were insured in 2022 in Allston/Brighton, Boston, and Massachusetts (data not shown). Among insured children in Allston/Brighton, approximately 37% of those under 6 years of age had public insurance<sup>1</sup>, which is lower compared to the city and state overall

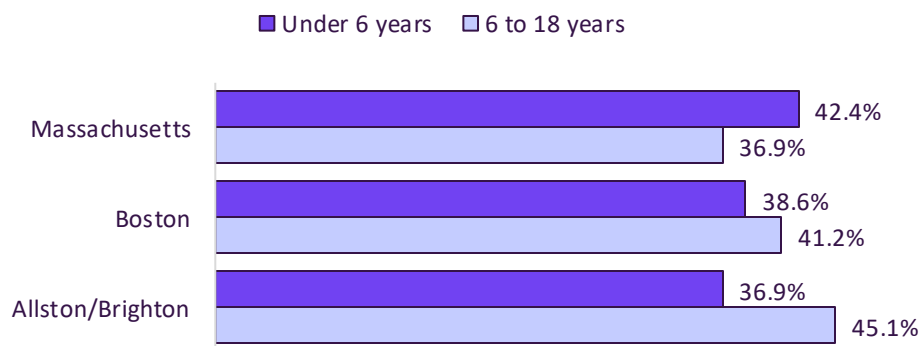
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<sup>1</sup>Public coverage includes Medicare, Medicaid, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and as well as care provided by the Department of Veterans Affairs (VA) and the military.



(38.6% and 42.4% respectively). Among insured children between the ages of 6 to 18, 45.1% had public insurance, which is higher compared to the city and state (41.2% and 36.9% respectively) (Figure 22).

**Figure 22. Percent Children with Public Insurance (among Insured), in Massachusetts, Boston and Allston/Brighton, 2018–2022**



DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2018–2022

NOTE: Public coverage includes Medicare, Medicaid, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and as well as care provided by the Department of Veterans Affairs (VA) and the military; In the state of Massachusetts, Medicaid, and the Children’s Health Insurance Program (CHIP) are combined into one program – MassHealth.

## Access and Barriers to Health Care Services

### Access to Primary and Mental Health Care

According to the County Health Rankings <sup>2</sup>, in 2021, the ratio of the population to primary care providers was 990 to 1 in Massachusetts and 640 to 1 in Suffolk County. Additionally, U.S. Census data from the American Community Survey indicate that in 2022, 10% of Allston/Brighton residents reported having a disability, slightly lower than both Boston (12%) and Massachusetts (11.9%). The most common disabilities among residents in Allston/Brighton were cognitive difficulty (5.4%), followed by ambulatory difficulty (4.2%), and independent living difficulties (4.1%).

Interview participants mentioned that while the community has many health care resources (e.g., hospitals, Charles River Community Health Center, and private providers), families still face challenges accessing healthcare. One person mentioned changes at Steward and St. Elizabeth’s Medical Center that have negatively affected health care provision in the neighborhood. Another interview participant noted that Franciscan Children’s was a consistent resource for primary care for kids before the program closed in 2019. Others stated that a lack of pediatricians and other providers in the

<sup>2</sup>DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018.



community has meant that families have to travel further distances to obtain care (e.g., Newton-Wellesley Hospital, Norwood, and Brookline).

Mental and behavioral health resources cited by participants included the behavioral health program at Charles River Community Health Center, private healthcare providers, Franciscan Children's program at Brighton High School, group counseling offered by Allston Brighton Mental Health Association, Boston Children's Hospital for early childhood mental health, and Brighton Marine. Despite identifying many resources in the area, participants still clarified that these resources are insufficient to address the full extent of community needs.

## Barriers to Primary and Mental Health Care

When thinking broadly about the needs of the population, several participants mentioned the lack of providers matching patient/family identities. As one participant stated, *"Providers do not speak the languages of the neighborhood population – Spanish, Portuguese, and French."* Another participant echoed this sentiment and added that for Allston/Brighton residents who do not speak English, the lack of multilingual providers can create challenges for families accessing care. A service provider familiar with the needs of newcomers noted that many of these families face language barriers enrolling in MassHealth because they do not have someone who speaks their language to help them.

A few other participants also highlighted the general disparity in mental health care access for lower income communities as compared to higher income communities. One interview participant, when discussing this issue said, *"[it is] trendy in higher income communities for everyone to have a therapist. That's not happening in lower income communities where [people] are being overmedicated, and the root causes aren't being addressed."* In elaborating on the consequences of an insufficient number of mental health providers in some communities, another interviewee noted that, in times of crisis, children and youth end up in hospital emergency rooms, which creates additional burdens on the healthcare system.

Further, while partnerships with other organizations, such as Franciscan Children's, bring additional mental health expertise into schools, educator interviewees reported that more school-based and wrap-around services outside of school are needed to better address the needs in the community.

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*"Schools need more mental health workers and support services."*

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## Access to Oral Health Services

According to the County Health Rankings<sup>3</sup>, in 2022, the ratio of the population to dentists was 910 to 1 in the state and 410 to 1 in the county.

Several interview participants discussed oral health services in Allston/Brighton, with many mentioning clinics and urgent care facilities in Brookline as additional locations where families seek oral health care. Participants also noted that many local families use Franciscan Children’s dental services. As one participant observed, *“Franciscan... is one of the only places families can go [for dental services].”* While the services offered by Franciscan Children’s were well-known among service providers, one interviewee suggested that more could be done to increase awareness among many families in the community.

## Barriers to Oral Health Services

Barriers to accessing dental care in the community included a lack of: appointment offerings outside of 8am–5pm, pediatric dentists, and dental providers of color and/or dental providers who speak a language other than English.

# COMMUNITY RESOURCES AND SUGGESTIONS

## Community Resources and Assets

Interview and focus group participants shared many positive aspects of living in Allston/Brighton, including a strong service infrastructure. As one person described, *“it’s a small community with many civic groups.”* Specific local resources cited included libraries, churches, schools, cultural amenities, outdoor spaces, entertainment spaces, a farmer’s market, and many non-profit organizations that meet the needs of those most vulnerable in the community. Specific to workforce assets, several participants saw the potential for greater economic growth with the new labs being built in the area. Further, a couple of interview participants viewed interns from local colleges as a valuable asset to local organizations.

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<sup>3</sup> DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, University of Wisconsin Population Health Institute, Robert Wood Johnson Foundation, 2018.



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*“The neighborhood is very inclusive. There are a lot of activities to do outside. There are a lot of yard sales, different parks, and people get together in the community.”*

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When thinking about cross-organizational collaboration, participants offered varied perspectives. Some described organizations as very collaborative, while others perceived substantial competition, especially for funding. A handful of interviewees working in the social sector suggested that families in the area experience challenges navigating the different organizations and services given the variety of organizations working in the community. These participants noted that at times it is even challenging for other organizational staff to navigate roles.

Perspectives on social cohesion among residents also varied. Some interview and focus group participants observed that residents have a strong connection to their neighborhood and care about their neighbors. For example, one interviewee stated there are *“many examples of the community supporting the people who need it.”* However, others commented on deteriorating social fabric, including declining participation in community activities such as youth sports programs and volunteering. One youth focus group member commented that while there are activities for individuals in Allston/Brighton, there are not enough activities that allow people to bond *“as a community.”* This person further elaborated, saying that while their family grew up in the area and used to live close to friends and family, *“things aren’t like that anymore.”*

## Community Suggestions

Interview and focus group participants shared several suggestions for how the community can work together to improve the health and well-being of all residents.

## Mental Health

As in 2018 and 2021, mental health was a frequently mentioned concern in 2024. Specific suggestions for improving mental health included:

- Strengthen school-based mental health services. Several interviewees recommended that more be done to ensure that schools are equipped to address mental health needs. They suggested more partnerships with mental health organizations to provide licensed clinicians and therapists to serve students. One person stated that these providers should be *“present in every school for all grades, even young children, to reach out and just talk with students.”* Another interviewee noted that some school-based mental health services that were previously funded through COVID relief funds will need to have other subsidization to be sustained. Youth focus group members recommended more school-based support groups to



enable students to connect and “*just hang out.*” An interviewee who works with young people observed that “*youth typically don’t respond well to programming with the words ‘mental health’ in the title*” and suggested programs be inviting and non-stigmatizing to fully reach students.

- Expand community-based mental health services. Both interview participants and youth focus group members saw a need for more mental health services in the community. They emphasized that these services and programs should be tailored to the community, linguistically accessible, and provided by people who look like community residents. A couple of interview participants also noted that after-hours mental health services and close coordination with school-based mental health providers should be strengthened to ensure wraparound care for students.
- Address stigma for special needs and other children and youth. A couple of interview participants noted that students who have special needs that impact learning also have very specific social emotional needs that are often not talked about or addressed. One suggested working with these students to “*help them find acceptance and pride in who they are.*”
- Supporting parents: Interviewees also suggested programs and educational outreach to support parents. Some also highlighted the importance of providing resources that help parents better adapt to their child’s changing needs as their child ages.

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*“[There is a] need to support educators in schools and meet youth where they’re at. Teachers aren’t equipped to support what youth are experiencing.”*

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## Youth Programs

As in the previous assessment, several interview participants and youth focus group members suggested that more youth programming is needed in the community.

- Expand programs that bring young people together. With the growing disconnection among young people, several interview and youth focus group participants suggested creating more youth sports and youth-oriented social activities. One youth advocated for general social groups for “*people with similar interests to have a set of friends and people to talk to.*” Related, an interviewee suggested partnerships with local youth-serving organizations such as the YMCA and West End House. Another interviewee recommended reaching out to the Allston Brighton Youth and Recreation Committee, a group of local parents working to address the decline in sports participation.



- Create more career programming. Interview participants also advocated for more programming to help young people establish solid pathways to college and careers, especially considering recent cuts to such programs in schools. Recommendations included support for youth summer employment and workforce development programming to train and support youth in finding jobs. Interviewees suggested partnering with others working on youth workforce development (e.g., West End House, local colleges, and the Harvard Ed Portal). One interview participant suggested working with Brighton High School staff and administration to support programs that help students with college applications, local scholarships, and overall college readiness.

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*“[We] need more activities to get kids out of houses and off computers post-pandemic. They are isolating themselves and it is sad. A generation of kids is being left behind.”*

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## Health and Dental Services

While not mentioned as frequently as other needed services, some suggestions for medical and dental services emerged.

- Enhance healthcare availability and access. A couple of interviewees described a need for more primary care providers and pediatricians, especially those from diverse backgrounds and who speak languages other than English. One person noted that existing services could offer evening hours to be more accessible to working parents. A couple of youth focus group members and one interview participant suggested more school-based health centers that could be important sources for sexual, physical, and mental health information and services.
- Expand dental services. A couple of interview participants also suggested that more dentists, particularly pediatric dentists, are needed. To ensure access for all community members, one person stated, *“[we] need a more diverse pipeline of oral health professionals to be able to serve BIPOC families.”*

## Support for Families

Interview and focus group participants also suggested increasing the resources available to reach struggling families and address upstream factors affecting health.

- Support services for newcomers. A theme across conversations was the need to continue to support new families in a variety of areas, including providing for basic needs, facilitating access to health insurance and health services, ESL/ELL classes, and helping parents to



navigate the school system. Potential partners include: the Massachusetts Alliance of Portuguese Speakers (MAPS), Centro Presente, Agencia ALPHA, and the Brazilian Women's Center.

- Increase information about and access to existing services. Both interviewees and youth focus group members saw a need for more readily accessible information about the many programs and services already available in Allston/Brighton. They suggested that information be provided in a variety of languages and formats. Youth noted that outreach through schools could be effective in reaching many families. A couple of interview participants noted that a centralized community-based information resource could benefit community members. One person suggested the need to create a community space to help people connect youth/families to care and resources in Allston/Brighton. Another participant suggested creating a family engagement/family services department to provide centralized community-based information. A third recommended that Boston Public Schools create a staff position with responsibility for connecting families to resources.
- Expand programs to address food insecurity. A couple of interview participants saw the potential to expand existing and effective food programs into Allston/Brighton schools and community spaces. Specifically, these participants named free food pantries, nutritional education, and shared kitchens as programs/services that could be expanded for families.
- Fund and work at multiple levels to expand affordable housing and childcare. Lack of affordable housing and childcare are two persistent challenges for Allston/Brighton residents. A couple of interview participants suggested stronger efforts to advance current policy and funding levers. This could include looking into the Acquisition Loan Fund, advocating for changes to Article 80, further investing in early childcare, and collaborating with local housing organizations to invest in affordable housing. Participants also suggested expanding the availability of homeownership classes to include multiple languages and supporting rental protections programs to help residents facing evictions.
- Services for special needs children. One interviewee recommended that more support for rehabilitative therapies (e.g., physical therapy, occupational therapy, speech therapy) is needed within schools. Another suggested the creation of a center of excellence for medical practices trying to care for people with different developmental abilities.
- Partner with existing institutions. Interview participants saw many opportunities for community organizations to partner and address community needs. In addition to specific partnerships identified elsewhere in these recommendations, participants suggested that more could be done to capitalize on the presence of colleges and universities by encouraging them to expand their medical resources as well as their internship programs in social work and healthcare. One interviewee suggested that stronger collaboration should be established with Boston Housing Authority's housing developments in the community (Commonwealth Fidelis





Housing and Faneuil Gardens Housing) in order to effectively reach some of the community's most vulnerable residents.

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*"[There is a] strong existing infrastructure that Allston/Brighton nonprofits already have and will serve as a good starting point – take advantage of this and don't reinvent the wheel. The people there really know their neighborhood."*

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## 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 is a diverse community with a large young adult population.** Allston/Brighton is a vibrant and diverse community, with many students and young professionals due to proximity to Boston's colleges and universities. Young people ages 20 -34 comprise over half of the population in both Allston and Brighton. Interview participants report that high housing costs prevent many young people from settling in the community more permanently. Over one third of community residents speak a language other than English at home. Recently, Allston/Brighton has seen an influx of new immigrants who face challenges finding employment and accessing housing and services.
- **The community has a strong service infrastructure.** Allston/Brighton's community institutions and strong social services and medical infrastructure are seen as substantial community assets. Strong partnerships exist among many of these institutions and interview participants saw continued opportunities for collaboration to address community needs particularly with public housing organizations, local colleges, and health care providers.
- **Housing affordability and lack of childcare remain significant community challenges.** As identified in prior assessments, high housing costs and limited affordable housing stock remain a significant challenge in Allston/Brighton. In 2022, about half of renter-occupied households paid 30% or more of their household income toward monthly rent. The community has seen substantial housing development in recent years. However, this is predominantly high-end housing and out of reach for many residents. Lack of affordable childcare options also make it difficult for young families to remain in the community.



- **Mental health issues among children and youth and access to mental health services are pressing community concerns.** Lingering effects of the social isolation brought on by the COVID-19 pandemic, along with heavy use of social media and exposure to violence, have negatively affected the well-being of children and youth. This has manifested itself in social disconnection as well as depression, anxiety, stress, and more serious mental health concerns. Over one-third of Boston middle and high school students reported experiencing persistent sadness in 2021. While there are several community-based and school-based mental health programs, more are needed, especially those that are language accessible and available after hours.
- **Increased youth programming is needed.** In response to growing social disconnection among young people, interview and youth focus group participants suggested creating more youth sports and social activities. More programming to help young people establish solid pathways to college and career is also needed, especially considering recent cuts to such programs in schools.
- **Expanded and accessible healthcare and dental services would benefit the community.** While the Allston/Brighton community is rich in healthcare resources, some identified a need for more family providers and pediatricians, especially those from diverse backgrounds and who speak other languages. Similarly, interview participants also highlighted a need for more pediatric dental providers and dental providers who are culturally and linguistically representative of the diverse community in Allston/Brighton.
- **There is a need for more programming to support struggling families and address the social determinants of health.** Interview participants provided a variety of suggestions to continue to support Allston/Brighton’s residents, including expanding food programs and working on policy and funding levers to address the need for affordable housing and childcare. With regard to newcomer families, interview participants also viewed continued support of this population - through access to basic needs, healthcare services, and language classes - as an important priority. Improved dissemination of existing services and programs to all residents was also suggested. To help address this challenge, some suggested that a centralized community-based information “hub” could benefit community members.



# PRIORITIES IDENTIFIED

Franciscan’s Executive Leadership Team reviewed the findings of the 2024 Community Health Needs Assessment and prioritized areas where the institution could successfully engage and intervene. The Franciscan team prioritized the areas identified based on: 1) demonstrated need in the community as evidenced by CHNA findings; 2) the expertise Franciscan Children’s has in the area identified; 3) the feasibility of Franciscan Children’s addressing this need and making an impact.

Franciscan’s executive leadership team identified the following as priorities:

- Mental health
- Workforce development
- Community engagement
- Dental care

Areas not selected did not meet the aforementioned criteria.



# APPENDIX

## List of Organizations/Sectors Interviewed

1. Allston/Brighton Health Collaborative
2. Allston/Brighton Prevention, Awareness, and Understanding Substances with Education and Support (PAUSES)
3. Atrius Health Equity Foundation
4. Boston Centers for Youth & Families Jackson Mann Community Center
5. Boston Green Academy
6. Boston Public Health Commission
7. Boston Teacher's Union
8. Boys and Girls Club of Boston
9. Brazilian Women's Group
10. Brazilian Worker's Center
11. Brighton High School
12. Brighton Main Streets
13. Brighton Marine
14. Brighton Neighbors United
15. Caritas Communities
16. Community resident / college professor
17. Family daycare provider in Allston/Brighton
18. Harvard Ed Portal
19. West End House



## FY21-FY23 Implementation Strategies

Below is an overview of the activities that Franciscan Children’s (FC) engaged in over the last three years (FY21, FY22, and FY23) in alignment with the 2021 CHNA Implementation Plan. All activities noted here either: 1) occurred in Allston/Brighton, 2) were open to Allston/Brighton residents, and/or 3) served Allston/Brighton residents.

Priority 1: Improve Access to Mental Health Services in Allston/Brighton		
2021 CHNA Goal	Activities implemented since 2021 CHNA and results	Years
Expansion of school-based, on-site, virtual, and community-based mental health programs	<ul style="list-style-type: none"> <li>FC expanded its school-based behavioral health program, the Children’s Wellness Initiative (CWI), from 9 to 20 school sites over the last three years, including 5 schools in Brighton. Through CWI, Franciscan provides counseling, psychiatry, case management, and parent/teacher consultation in underserved areas in Boston. The program serves almost 700 youth annually.</li> </ul>	FY21, FY22, FY23
	<ul style="list-style-type: none"> <li>CWI hired a mental health resource coordinator to provide virtual and phone check-ins to caregivers of children/youth in crisis, as well as make referrals to mental health services and supports. The resource coordinator served over 90 families from across the Boston metropolitan area, including Allston/Brighton.</li> </ul>	FY22, FY23
	<ul style="list-style-type: none"> <li>Franciscan’s outpatient behavioral health department provided individual, group, and family therapy to children and their caregivers, both through in-person and virtual modalities, treating over 370 patients annually. The department also expanded by 3 neuropsychologists over the last 3 years while growing and diversifying its training program.</li> </ul>	FY21, FY22, FY23
Continue to promote awareness of FC’s mental health services	<ul style="list-style-type: none"> <li>The outpatient behavioral health department conducted outreach to applied behavioral analysis centers, YMCAs, local practices, and community organizations, disseminating flyers on mental health services available and how to refer to FC for treatment.</li> </ul>	FY21, FY22, FY23



	<ul style="list-style-type: none"> <li>• <b>FC’s mental health clinicians spoke to the media</b> about various mental health topics, including the stress teenagers face, anxiety triggers, the COVID-19 pandemic, and other timely issues.</li> </ul>	FY21, FY22, FY23
Launch coordinated autism service for young children	<ul style="list-style-type: none"> <li>• <b>FC hired a neuropsychologist focused on assessing and treating children under age 5 with autism</b>, seeing ~200 patients in two years.</li> </ul>	FY22, FY23
Train staff in mental health programs in trauma informed care	<ul style="list-style-type: none"> <li>• <b>The hospital created a department of behavioral health training, including a director and three educators.</b> These talented educators have trained over 180 staff in FC’s behavioral health programs on a variety of topics, including engaging in non-violent crisis intervention, modeling trauma-informed principles, and other key topics.</li> </ul>	FY21, FY22, FY23
Explore further integration of mental health services and expansion of our continuum of care	<ul style="list-style-type: none"> <li>• <b>Franciscan Children’s and Boston Children’s Hospital formalized an institutional affiliation in July 2023</b> to further develop the behavioral continuum of care between both institutions, including outpatient and community-based services. Both institutions have been actively planning for a state-of-the-art new building on Franciscan’s campus that will facilitate expansion of care, including partial hospitalization, intensive outpatient, and ambulatory services for generalized and specialty patient populations.</li> </ul>	Planning for affiliation in FY21 and FY22, finalized in FY23



Priority 2: Improve Access to and Raise Awareness of Dental Services in Allston/Brighton		
2021 CHNA Goal	Activities implemented since 2021 CHNA and result	Years
Increase outreach through in-person and electronic channels to community groups	<ul style="list-style-type: none"> <li>• <b>Created dental e-newsletter</b> for outreach</li> <li>• Participated in the <b>Allston/Brighton Health Collaborative</b></li> <li>• Both efforts were beneficial for FC's community engagement</li> </ul>	FY22, FY23
Add two dental chairs to FC's existing dental clinic	<ul style="list-style-type: none"> <li>• <b>Added three chairs to FC's dental clinic and capabilities for nitrous oxide in all dental rooms.</b> Patients who have dental anxiety can now be managed in all rooms pharmacologically as needed with nitrous oxide.</li> <li>• <b>A/V features and dimmable lights incorporated into treatment rooms</b> to improve the environment of care for patients and families.</li> <li>• <b>Room layout improved</b> for increased patient privacy</li> </ul>	FY21, FY22, FY23
Explore offering additional services in our dental clinic and expanding to additional populations, particularly to ages 14+	<ul style="list-style-type: none"> <li>• <b>Increased access to services for children ages 14+ by adding two new providers</b> in addition to three new dental chairs described above</li> <li>• <b>Expanded diagnostic capabilities by acquiring new technology</b>, including handheld x-ray units, new sensors, and a digital scanner.</li> <li>• <b>Established clinical workgroup with Boston Children's</b> to plan for further service expansion in the community.</li> </ul>	FY22, FY23

