

Franciscan Children's Hospital

2024 Community Health Needs Assessment Report – Executive Summary

July 2024



Background

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.

In 2024, Franciscan Children’s conducted a community health needs assessment (CHNA) of the community it serves. Franciscan Children’s retained Health Resources in Action (HRIA), a non-profit public health organization in Boston, Massachusetts specializing in CHNA development, to collect and analyze data and to develop the CHNA report. The purpose of the 2024 CHNA was to:

- Collect and analyze empirical data about the current health status of children and families in the Allston/Brighton the 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)

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

Methods

This report captured a variety of factors that contribute to individual and population health, including individual factors (e.g., demographics and personal behaviors) and health outcomes related to the impact of social determinants of health. In doing so, the assessment provides context about the multitude of factors that contribute to the health of a community. Factors analyzed included: social and economic drivers, lifestyle behaviors, and access to care.

The assessment team reviewed existing data from national, state, and local sources such as the U.S. Census, Massachusetts Department of Public Health, Boston Public Schools, and Boston Public Health Commission. While summary information and select figures are included in the body of the full report, more detailed tables and charts can be found in the Quantitative Data Appendix.

To gain a more comprehensive and current perspective of the community, the assessment team conducted 16 interviews with 19 service providers serving Allston/Brighton and the greater Boston area. The assessment team conducted 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 thoroughly 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.

As with all data collection efforts, there are some limitations related to the assessment’s methods that should be acknowledged. It is important to recognize that an assessment is a snapshot in time. For quantitative data, time lags in data analyses for surveillance systems mean information is often 1-3 years older than the time of reporting. These are challenges faced by health-related organizations and agencies across the state and nation. Additionally, some neighborhood-level data cannot be disaggregated, is not available, and is limited among younger children. Data based on self-reported information should be interpreted with caution, as respondents may over or under-report behaviors and illnesses due to fear of stigma, misunderstanding the question being asked, and/or recall bias.

For qualitative data, results are not statistically representative of a larger population due to non-random recruiting techniques and small sample size. It is important to note that data should not be interpreted as definitive, as they were collected at one point in time.



Findings

Community Social and Economic Context

Demographic Characteristics: Allston/Brighton remains a diverse and unique community with a large young adult population. According to the American Community Survey, the population of Allston/Brighton in 2022 was 64,443 residents (down from 67,479 in 2019). More than half (57.1%) of the Allston/Brighton population represented adults aged 20–34. Children under age 0–9 years and 10–19 years represented 4.3% and 5.7% of the Allston/Brighton population respectively. Regarding racial and ethnic diversity, nearly two in five (40.1%) Allston/Brighton residents in 2022 were people of color. Specifically, Asian residents comprised the largest proportion (18.4%), followed by Hispanic or Latinx residents (11.4%). In 2022, more than one in three (36.5%) residents spoke a language other than English at home. Spanish and Chinese were the most commonly spoken languages, with about one in ten residents reporting one of those as their primary language at home.

Education, income, and employment: Education levels in Allston/Brighton remain high. According to 2022 U.S. Census data, more than half of Allston/Brighton residents have received at least a bachelor’s degree. Additionally, in 2022, the median household income in Allston was \$73,998, while the median income in Brighton was \$87,603. Roughly one in ten (11.6%) Allston/Brighton families were living in poverty in 2022. When examined by neighborhood, 8.5% of Allston families and 12.7% of Brighton families were living in poverty. In both Allston and Brighton, these proportions were substantially higher in female-headed households (13% and 21.5%, respectively). In 2022, the unemployment rate in Allston was 6.0% while in Brighton, it was 3.9%. According to the Department of Labor, Boston’s unemployment rate remained relatively constant – between 3.3% and 4.2% between January and November 2022.

Housing and transportation: As in the previous assessment, qualitative data collection revealed that high housing costs remain a concern among Allston/Brighton residents. Indeed, American Community Survey data show that among renters in Allston/Brighton, nearly half (48.6%) experienced housing cost burdens in 2022. Roughly one in three homeowners (33.8%) experienced housing cost burdens. Among service providers interviewed in 2024, there was a continued concern that the high cost of housing is causing families to leave Allston/Brighton in favor of less expensive communities. Transportation was not a frequently mentioned concern. Among interview participants who referenced public transportation, they generally viewed public transportation as a benefit in a city with a dense population.



Community Health Outcomes and Behaviors

Mental/Behavioral Health: Like previous assessments, youth mental and behavioral health were a primary focus in this assessment. According to 2021 Youth Behavior Risk Surveys, more than one in three (35.6%) Boston middle school students and more than two in five (43.9%) Boston high school students reported experiencing persistent sadness. Additionally, the survey data showed roughly one in ten (10.4%) Boston middle school students reported attempting suicide at least once. Service providers interviewed for this assessment agreed that there are residual effects of the statewide COVID-19 restrictions and the past several years have had a negative impact on the social development and mental health of youth in Allston/Brighton. Interviewees cited depression, anxiety, stress, and trauma as adverse outcomes that disproportionately affected youth. Notably, participants who perceived increases in crime and violence (and subsequent trauma) during the pandemic expressed concern for the negative impact on youth mental health.

Substance Use: Data from 2021 Boston Youth Behavior Risk Surveys show that one in six (16.3%) Boston high school students reported current alcohol consumption. A similar percentage of Boston high school students reported using marijuana (17.3%). About one in ten (10.2%) Boston high school students reported ever misusing prescription pain medicine. Among focusgroup and interview participants, substance use in Allston/Brighton was not a major concern. However, a handful of service providers noted an increase in edible marijuana use among middle and high school students.

Healthy Eating and Active Living: According to 2021 Youth Behavior Risk Surveys of Boston youth, more than one in six (17.2%) Boston middle school students and more than one in five (22.1%) Boston high school students reported not eating breakfast on all 7 days of the week. Additionally, nearly seven in ten (69.9%) Boston high school students reported drinking soda weekly in 2021. Related, more than one in six (17.5%) Boston high school students reported being overweight in 2021. A similar percentage (17.5%) reported obesity in the same year. Additionally, 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. Interviewees perceived a marked decrease in the availability of youth sports in the Allston/Brighton community in recent years, limiting opportunities for young people to interact. They also raised concerns about healthy eating and food security for families, noting that more families struggle to provide healthy and affordable food options since the pandemic.

Health Care Access and Utilization

Primary and Mental Health Care: In 2022, approximately 98% of youth under 19 had insurance coverage in Allston/Brighton, Boston, and Massachusetts. Among insured children in



Allston/Brighton, approximately 37% of those under 6 years of age had public insurance. Among insured children between the ages of 6 to 18, 45.1% had public insurance.

Oral health: According to County Health Rankings, 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. Notably, interviewees suggested stronger efforts to educate the community on available oral health providers in the area.

Barriers to accessing care: Interviewees mentioned that while many are insured in the state and the community has many health care resources, families still face barriers to accessing primary and mental health care. Interviewees attributed this to a variety of factors in the community that are limited, including pediatricians, youth mental health specialists, providers who reflect the diverse identities of residents (e.g., race/ethnicity and preferred language), and long wait times for appointments. They also referenced inconvenient appointment availability that has led to families traveling further distances to obtain care. Barriers to accessing dental care in the community were similar to the aforementioned section – limited pediatric providers, inconvenient appointment hours, and a lack of dental providers who reflect the diverse Allston/Brighton community.

Community Resources and Suggestions

Community Resources

Interview and focus group participants highlighted the strong service infrastructure in the Allston/Brighton community, including libraries, churches, schools, and non-profit organizations that serve those most vulnerable. Views on social cohesion varied, with some noting a strong neighborhood connection and others perceiving a decline. Similarly, opinions on cross-organizational collaboration differed, with some describing collaboration and others noting substantial competition for funding.

Suggestions for Community Improvement

Mental Health

- Strengthen school-based mental health services. Participants suggested forming partnerships with mental health organizations to provide licensed providers for students and creating non-stigmatizing mental health programs to effectively engage students. Interviewees also noted that school-based mental health services, previously funded through COVID relief dollars, will require additional subsidies for long-term sustainability. Further,



youth focus group members recommended more school-based support groups for students to socialize and connect.

- Expand community-based mental health services. Both interviewees and youth focus group participants emphasized the need for more tailored and linguistically accessible mental health services provided by individuals who reflect the demographics of the community. Participants also highlighted the importance of resources being available after typical business hours and enhanced coordination with school-based providers to ensure comprehensive care for students.
- Address stigma for special needs and other children and youth. Some interview participants highlighted the specific social emotional needs of students with learning-related special needs. They emphasized the importance of supporting these needs to help students find acceptance and pride in who they are.
- Increasing support for parents. Interviewees suggested providing programs and educational outreach to support parents, as well as resources to help them adapt to their children's changing needs as they grow.

Youth Programs

As in the previous assessment, several interview participants and youth focus group members referenced the need for more youth programming in the community.

- Expand programs that bring young people together. Interviewees suggested creating more youth sports and social activities to combat the growing disconnection among young people. There is a need to establish general social groups for people with similar interests, as well as to form partnerships with local youth-serving organizations.
- Create more college and career programming. Interview participants emphasized the need for increased programming to guide young people toward college and career paths, particularly in light of recent reductions in college and career readiness programs in schools. Suggestions included: financial support for youth summer employment, workforce development initiatives, and partnerships with local colleges and organizations.

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. Interview and focus group participants saw a need for more primary care providers and pediatricians, especially those from diverse backgrounds and those who speak languages other than English. To increase accessibility, participants



suggested expanding existing services to offer evening hours to accommodate working parents. Further, youth focus group participants specifically stressed the importance of school-based health services as sources for comprehensive health information.

- Expand dental services. A couple of interview participants highlighted the need for more dentists, particularly those specialized in pediatrics. To ensure access for all community members, interviewees suggested a more diverse pipeline of oral health professionals to serve BIPOC families.

Support for Families

- Support services for newcomers. Across many discussions, there was consensus about the importance of assisting new families in addressing needs such as housing and food, accessing healthcare and insurance, providing language classes, and supporting parents in navigating the education system.
- Increase information about, and access to, existing services. Both interviewees and youth focus group members stressed the importance of community outreach in multiple languages and formats. They proposed outreach through schools as an effective approach for reaching families. Interviewees also recommended a centralized community-based information resource to connect youth and families with healthcare and resources. Lastly, interviewees recommended establishing a dedicated family engagement staff position within Boston Public Schools to connect families to resources.
- Expand programs to address food insecurity. Some participants highlighted the potential to expand current successful food initiatives to Allston/Brighton schools and community spaces. Specifically, they suggested expanding free food pantries, nutritional education, and shared kitchens to better serve families.
- Fund and work at multiple levels to expand affordable housing and childcare. Lack of affordable housing and childcare are persistent challenges for residents of Allston/Brighton. Interview participants recommended stronger efforts to invest in early childcare, collaborate with local housing organizations, and advance current policy and funding levers.
- Services for special needs children. One interviewee recommended that more support for rehabilitative therapies (e.g., physical therapy, occupational therapy, speech therapy) within schools. Another suggested the creation of a center of excellence for medical practices caring for people with different developmental abilities.
- Partner with existing institutions. Participants commented on the potential for community organizations to form partnerships and address community needs. They suggested leveraging the resources of colleges and universities to expand medical resources and internship



programs, while also establishing stronger collaboration with housing developments to serve vulnerable residents effectively.

Key Themes and Conclusions

After reviewing the secondary data and with suggestions from the community discussions and interviews, several key themes emerged:

- **Allston/Brighton is a diverse community.** The Allston/Brighton community is diverse, with a large population of students and young professionals from nearby colleges and universities. High housing costs make it difficult for many young people to permanently settle in the area. Additionally, more than one in three residents speak a language other than English at home. Moreover, the community has recently experienced an increase in new immigrants who struggle to find employment, housing, and services.
- **Housing affordability and lack of childcare remain significant community challenges.** High housing costs and limited affordable housing stock in Allston/Brighton pose a significant challenge. In 2022, around half of renter-occupied households spent 30% or more of their income on monthly rent. Despite substantial housing development, most available housing is unaffordable for many residents. Additionally, the lack of affordable childcare options further complicates the situation for young families.
- **Mental health issues among children and youth and access to mental health services are pressing community concerns.** The lingering effects of social isolation from COVID-19, increased social media use, and exposure to violence have adversely impacted the wellbeing of younger populations. In 2021, more than one in three Boston middle and high school students reported persistent sadness. While there are existing community-based and school-based mental health programs, there is a need for more programs that are language accessible and available after hours.
- **Increased youth programming is needed.** In response to growing social disconnection among young people, there is a need for more youth-oriented activities. Additionally, participants suggested more programming to help youth establish solid pathways to college and careers.
- **Expanded and accessible healthcare and dental services would benefit the community.** The Allston/Brighton community has an array of healthcare resources, but there is a need for more family providers, pediatricians, and dental providers who are representative of the diverse backgrounds and languages spoken in the community.



- **There is a need for more programming to support struggling families and address the social determinants of health.** Improving the dissemination of existing services to all residents and creating a centralized community-based information "hub" was an emerging need for Allston/Brighton residents and service providers. Interview participants recommended expanding food programs and addressing the need for affordable housing and childcare through policy and funding to support the residents of Allston/Brighton.
- **The community has a strong service infrastructure.** Allston/Brighton institutions and strong social services and medical infrastructure are considered significant assets with potential for further collaboration to address community needs, particularly with public housing organizations, local colleges, and health care providers.

