

BRIGHAM HEALTH



**BRIGHAM AND WOMEN'S
Faulkner Hospital**

Community Health Needs Assessment: Preliminary Key Findings

Hyde Park, Jamaica Plain, Roslindale & West Roxbury



Boston CHNA-CHIP Collaborative

Spring 2019



What is the Boston CHNA Collaborative?

- Collaborative to conduct a joint, participatory community health needs assessment (CHNA) for Boston every 3 years
- Develop a collaborative community health improvement plan (CHIP) for Boston to address top priority issues and identify opportunities for shared investment
- Align implementation efforts and track individual organizational activities based on priority neighborhood needs
- Monitor and evaluate CHIP strategies for progress and impact
- Communicate process and results to organizational leadership, stakeholders, and the public

Collaborative Mission

To achieve sustainable positive change in the health of Boston by collaborating with communities, sharing knowledge, aligning resources, and addressing root causes of health inequities.

Collaborative Steering Committee Members

- Nancy Kasen, *Co-Chair*, Beth Israel Deaconess Medical Center
- Carl Sciortino, *Co-Chair*, Fenway Health
- Ayesha Cammaerts, Boston Children's Hospital
- Magnolia Contreras, Dana-Farber Cancer Institute
- Denise De Las Nueces, MD, Healthcare for the Homeless
- Sherry Dong, Tufts Medical Center
- Erin Duggan, Massachusetts Eye and Ear
- Jennifer Fleming, Boston Medical Center
- Ricky Guerra, Community Representative
- Daniel Joo, Uphams Corner Health Center
- Wanda McClain, Brigham and Women's Hospital
- Mary Ellen McIntyre, Mass League of Community Health Centers
- Jeanne Pinado, Madison Park Development Corporation
- Joan Quinlan, Massachusetts General Hospital
- Margaret Reid, Boston Public Health Commission
- Sarah Jimenez, Community Labor United
- Tracy Sylven, Brigham and Women's Faulkner Hospital
- Robert Torres, Urban Edge

CHNA Methods

- **Secondary Data**
 - Review of existing social, economic, and health data from surveillance systems and other sources
- **Interviews with organizational and community leaders across sectors (n=45 + 15 BWFH)**
 - Representatives from housing, transportation, faith community, education, public health, health care, organizations that work with specific populations, etc.
- **Focus groups with community members (n=13 groups)**
 - Deep-dive with community members not typically represented in these processes (e.g., LGBTQ youth, low-wage workers, family members affected by violence, specific immigrant populations, etc.)
 - Conducted in English, Spanish, Haitian Creole, and Chinese
- **Community survey (n=2,404 residents)**
 - Survey disseminated online and in hard copy by large network of organizations
 - In 7 languages (English, Spanish, Portuguese, Haitian Creole, Vietnamese, Arabic, and Chinese)

Demographics

***Our Priority Communities:
Hyde Park, Jamaica Plain, Roslindale
and West Roxbury***



Population

- Growth rates across neighborhoods vary. Hyde Park has experienced double digit increases in population over the past five years.
- There is substantial variation in age profiles across neighborhoods—West Roxbury, Hyde Park and Roslindale are neighborhoods that have some of the highest proportion of residents under age 18 while West Roxbury also has the highest proportion of residents over age 65.

Total Population, by Boston and BWFH Priority Neighborhood, 2008-2012 and 2013-2017

	2008-2012	2013-2017	% population change 2012 to 2017
Boston	619,662	669,158	8.0%
Hyde Park	29,219	33,084	13.2%
Jamaica Plain	36,866	39,435	7.0%
Roslindale	30,370	32,819	8.1%
West Roxbury	27,163	28,505	4.9%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2008-2012 and 2013-2017

Race and Diversity

- Boston is a diverse city with 23% of residents identifying as Black, 20% identifying as Latino, and nearly 10% identifying as Asian.
- Black residents comprise a larger portion of the population in Hyde Park (42%), with Latino (27%) making up the next largest group in the neighborhood.
- Nearly 38% of residents speak a language other than English at home, and those numbers are significantly higher for several neighborhoods, including Hyde Park and Roslindale, compared to Boston overall.

Table 3. Racial and Ethnic Distribution, by Boston and Priority Neighborhood, 2013-2017

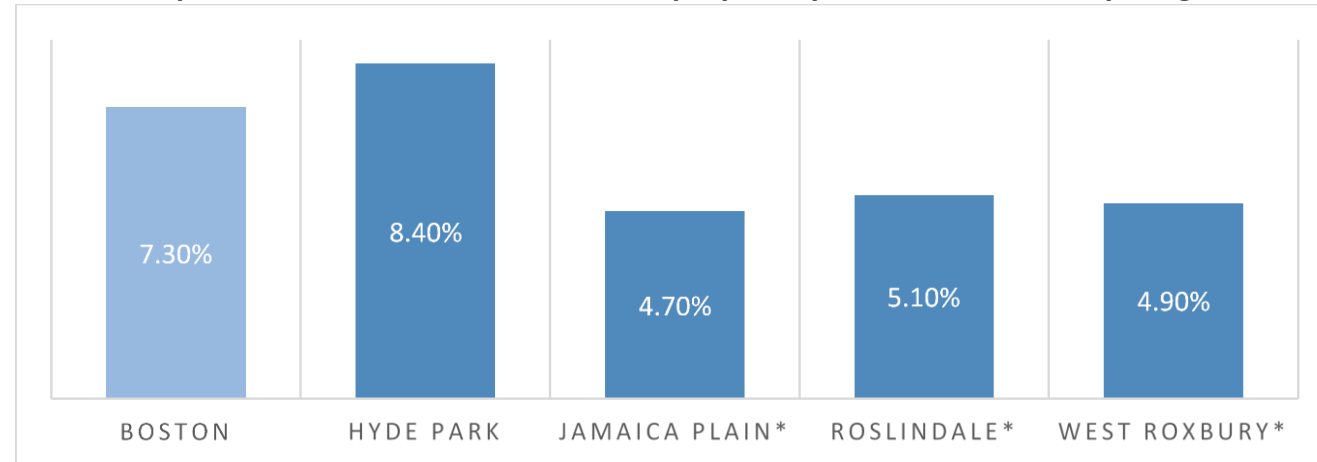
	Asian	Black	Latino	White	Other
Boston	9.4%	22.7%	19.4%	44.9%	3.6%
Hyde Park	2.1%	42.2%	27.1%	25.1%	3.4%
Jamaica Plain	6.7%	10.6%	21.8%	56.8%	4.0%
Roslindale	2.2%	21.4%	24.5%	48.9%	3.0%
West Roxbury	6.7%	5.6%	7.9%	77.8%	2.0%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2013-2017

Employment and Financial Security

- Unemployment rates are low but there are substantial differences in financial security across neighborhoods and racial and ethnic groups.
- Hyde Park's unemployment rate is higher than the Boston average.
- Financial insecurity was reported as a concern in the majority of focus groups and interviews, with participants reporting challenges meeting basic needs such as food, shelter, and medical care.

Percent Population 16 Years and Over Unemployed, by Boston and Priority Neighborhood, 2013-2017



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2013-2017

Food Insecurity

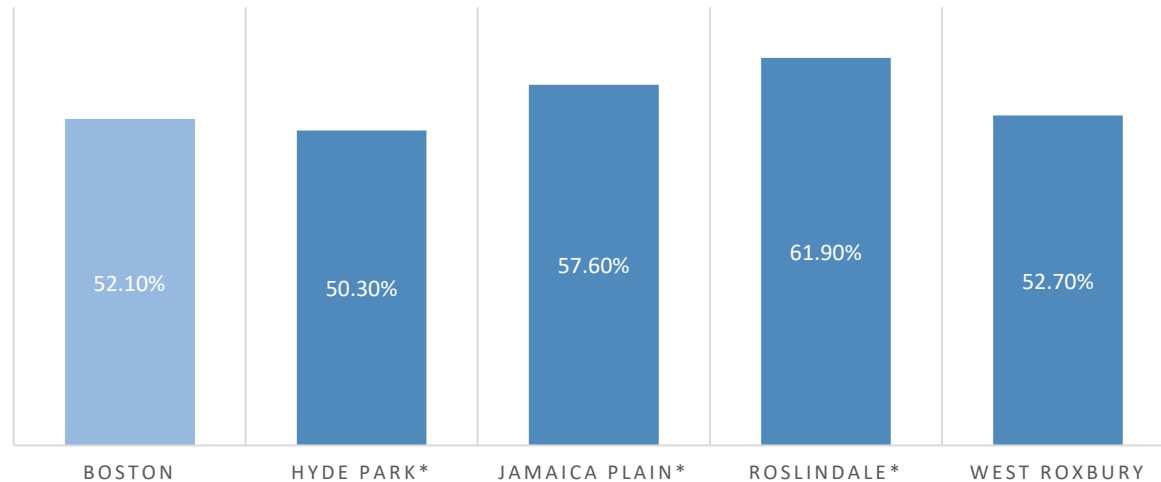
- Nearly 1 in 5 residents report being food insecure.
 - Black, Latino, and foreign-born residents are far more likely to report being food insecure.
- For BWH/BWFH Patients asked, over 20% consistently reported being food insecure

Neighborhood	SDOH Question	(+) Screens	Total Unique Screened	% Positive
Hyde Park	FOOD 01—WORRIED FOOD WOULD RUN OUT	72	270	26.7%
Hyde Park	FOOD 02—FOOD BOUGHT DIDN'T LAST	69	270	25.6%
Jamaica Plain	FOOD 01—WORRIED FOOD WOULD RUN OUT	68	269	25.3%
Jamaica Plain	FOOD 02—FOOD BOUGHT DIDN'T LAST	54	269	20.1%
Roslindale	FOOD 01—WORRIED FOOD WOULD RUN OUT	72	261	27.6%
Roslindale	FOOD 02—FOOD BOUGHT DIDN'T LAST	62	261	23.8%
West Roxbury	FOOD 01—WORRIED FOOD WOULD RUN OUT	22	93	23.7%
West Roxbury	FOOD 02—FOOD BOUGHT DIDN'T LAST	n <20	93	---

Housing

- Housing top of mind concern among nearly all CHNA participants.
 - More than half of renters are housing cost-burdened.
 - Estimated 6,188 Boston residents experienced homelessness in 2018.
- In Hyde Park (58%), Jamaica Plain (69%) and Roslindale (59%)—housing quality or affordability emerged as the top leading health concern.
- A higher proportion of residents in rental units in Roslindale (62%), Jamaica Plain (58%) and West Roxbury (53%) are cost-burden, spending at least 30% of their income on housing costs, compared to the Boston overall average.

Percent Housing Units Where 30% or More of Income Spent on Monthly Housing Costs, by Renter, by Boston and Priority Neighborhood, 2013-2017



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2013-2017



Chronic Disease

The impact of chronic diseases and their risk factors—especially diabetes and obesity—emerged as priority concern among residents.

More than half of Boston adults and a third of Boston Public high school students report being obese. The percentage of overweight adults in Hyde Park, West Roxbury and Roslindale is more prevalent than the Boston average.

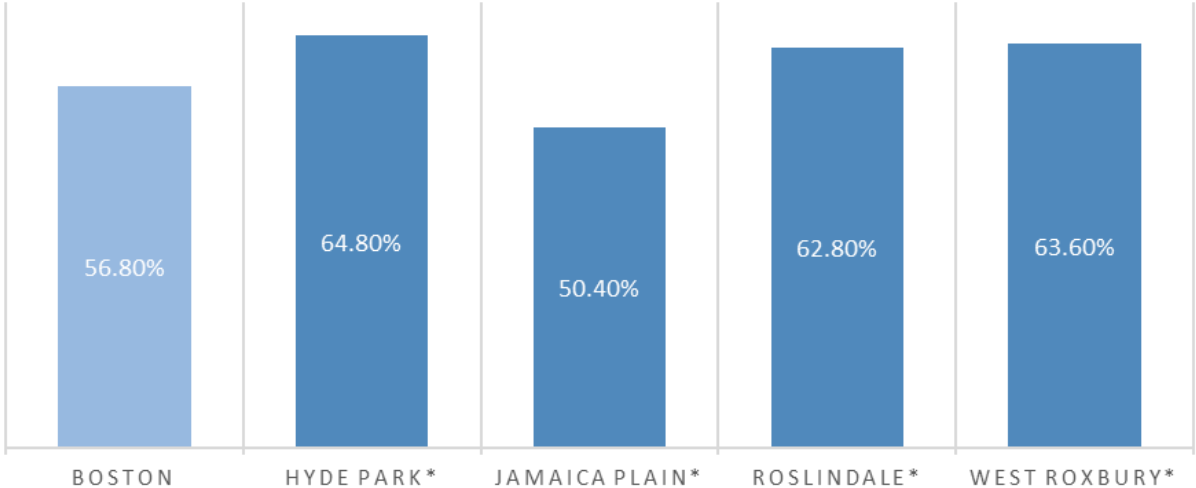
Literacy was cited as a contributor, as well as lack of access and affordability to fresh foods in this part of the City where transportation is sparse and grocery store are often difficult to get to. Also discussed, specifically in Hyde Park and Roslindale were the concern that cultural diets may be a contributing factor in poorer health.

Hyde Park's data showed that diabetes continues to be higher than the Boston average

Hyde Park, Roslindale and West Roxbury all reporting higher than average rates of hypertension; and all of our neighborhoods with higher heart disease mortality rates, with Hyde Park being significantly higher for heart disease and stroke.

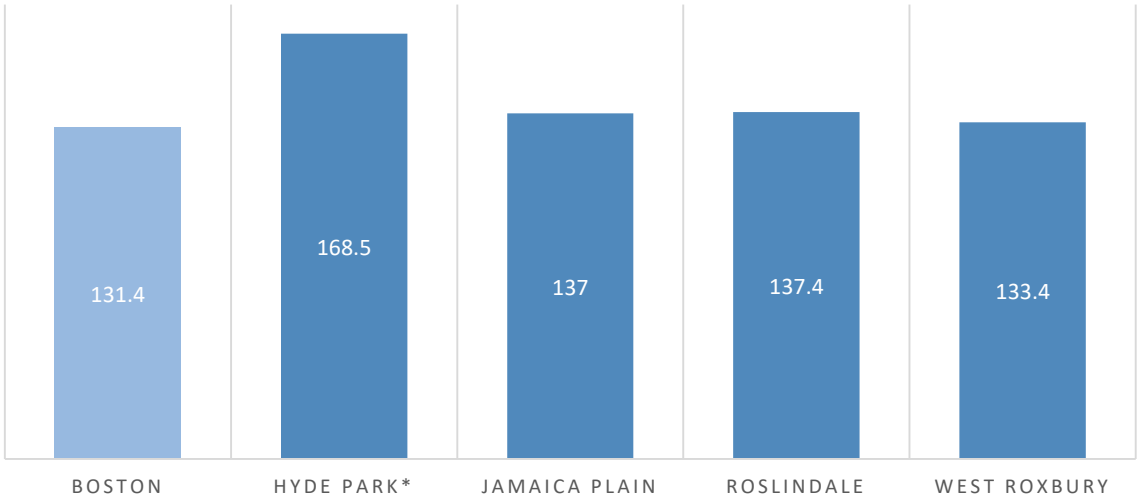
Chronic Disease
(continued)

Percent Adults Reporting Obesity or Overweight, by Boston and Priority Neighborhood, 2013, 2015, and 2017 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2013, 2015, and 2017 combined

Heart Disease Mortality Rate in Boston, by Neighborhood, Age-Specific Rate per 100,000 Residents, 2016-2017 Combined

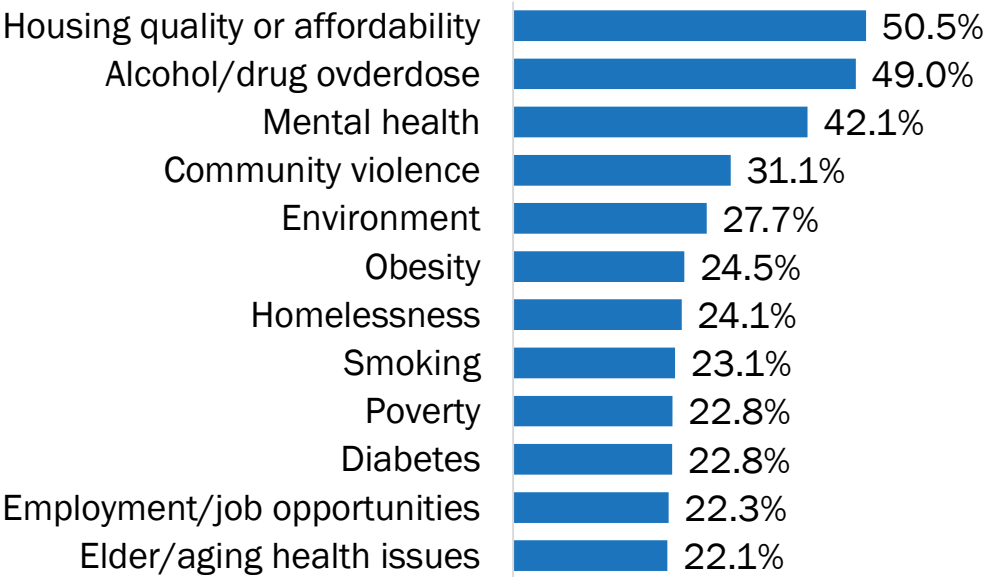


DATA SOURCE: Boston Public Health Commission, Boston resident deaths, 2016-2017 Combined

Community Perceptions of Health

- Survey respondents identified top community health concerns as:
 - Housing quality or affordability
 - Alcohol and drug abuse/overdose
 - Mental health
 - Community violence
 - Environmental issues (e.g., air quality, climate change)
 - Obesity/Chronic Disease

Percent Boston CHNA Survey Respondents Reporting Top Most Important Concerns In Their Community or Neighborhood That Affect Their Community's Health (N=2,053), 2019



DATA SOURCE: Boston CHNA Community Survey, 2019

Mental Health

- Stress, anxiety, and depression were the most frequently cited challenges.
- Nearly one-third of Boston public high school students reported feeling persistent sadness and this has grown substantially over the past few years.
- Barriers to services include stigma, available providers, and provider language/cultural competency
- Jamaica Plain reported a higher than Boston rate of suicide

Suicide Rate, by Priority Neighborhood, Age-Adjusted Rate per 100,000 Residents, 2012-2016 Combined

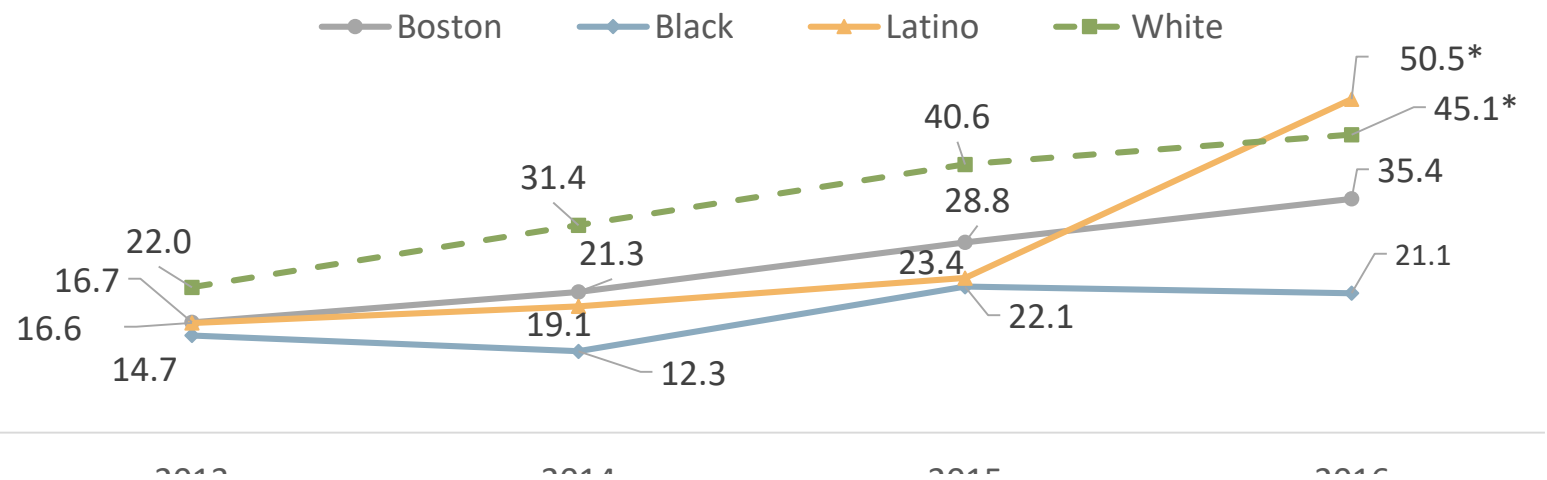


DATA SOURCE: Massachusetts Department of Public Health, Boston resident deaths, 2012-2016 combined

Substance Use

- Marijuana and opioids were considered concerns in many focus group and interview discussions.
 - Opioid overdose death rate increasing in Boston; highest among Latinos and Whites.
- Smoking and e-cigarette use among adults and youth have significantly decreased, but higher among LGBTQ youth and adults.
- Barriers to treatment cited were cost, availability, and cultural/language competency of services

Unintentional Opioid Overdose Mortality Rate, by Boston and Race/Ethnicity, Age-Adjusted Rate per 100,000 Residents 12 Years and Over, 2013-2016



DATA SOURCE: Massachusetts Department of Public Health, Boston resident deaths, 2013-2016



Priority Neighborhood Perceptions

- In Hyde Park (58%), Jamaica Plain (69%) and Roslindale (59%)—housing quality or affordability emerged as the top leading health concern
- Mental health & alcohol/drug abuse/addiction/overdose among the top five concerns for respondents in all three neighborhoods
- In Hyde Park, the health of elders and aging-related concerns was among the top five concerns
- In Hyde Park and Jamaica Plain, community violence also topped the list
- Hunger and food insecurity was a noteworthy mention in Hyde Park (22%), Jamaica Plain (24%) and Roslindale (30%)

**Percent Boston CHNA Survey
Respondents Reporting the Five Most
Important Factors That Define a
“Healthy Community,” by Selected
Neighborhoods, 2019**

	Hyde Park (N=86)	Jamaica Plain (N=179)	Roslindale (N=131)	West Roxbury (N=79)
Access to health care	41.9%	58.1%	55.0%	60.8%
Access to healthy food	47.7%	57.0%	49.6%	49.4%
Access to public transportation	73.3%	54.8%	55.0%	50.6%
Access to good jobs	44.2%	33.0%	33.6%	39.2%
Affordable housing	38.4%	72.6%	62.6%	49.4%
Access to good education	47.7%	50.3%	45.8%	44.3%
Arts and cultural events	47.7%	7.8%	13.7%	7.6%
Clean environment	37.2%	24.6%	34.4%	34.2%
Effective city services	30.2%	25.7%	37.4%	50.6%
Good roads/ infrastructure	29.1%	7.3%	8.4%	13.9%
Good sidewalks and trails	23.3%	8.4%	8.4%	13.9%
Healthy behaviors and lifestyles	1.2%	16.8%	21.4%	25.3%
Low death and disease rates	52.9%	8.9%	8.4%	10.1%
Low crime and low violence/safe neighborhoods	52.9%	43.6%	43.5%	53.2%
Low infant deaths	47.1%	5.6%	3.8%	7.6%
Low level of child abuse	30.6%	8.9%	6.1%	11.4%
Parks and recreation	61.2%	17.9%	23.7%	17.7%
Respect and inclusion for diverse members of the community	48.2%	33.5%	30.5%	38.0%
Strong community leadership	11.8%	5.0%	6.9%	12.7%
Strong sense of community	41.2%	19.6%	13.7%	26.6

DATA SOURCE: Boston CHNA Community Survey, 2019

Q & A



**Top Needs
Identified**

Employment & income/financial insecurity

Food insecurity/hunger

Housing affordability & quality

**Transportation & the built environment
(e.g., sidewalks, green space)**

Obesity, healthy eating, physical activity


Heart disease & diabetes

Mental health

Substance use

Community violence

**Interpersonal violence (e.g., domestic
violence, bullying, etc.)**



Priority
Selection
Criteria

- **Burden:** How much does this issue affect health in our neighborhoods?
- **Equity:** Will addressing this issue substantially benefit those most in need?
- **Impact:** Can working on this issue achieve both short-term and long-term change?
- **Feasibility:** Is it possible to address this issue given infrastructure, capacity, and resources?
- **Collaboration:** Are there existing groups across sectors willing to work together on this issue?



Input

1. Let's talk about the results. Was there anything new or surprising to you?
2. Thinking about the criteria presented today, what do you see as the top 2-4 issues that should be the focus?
 - What do you see as the most important – or innovative – actions that should be taken in each of these top 2- 4 issues?

Thank you!

For questions or more information, visit <http://www.bostonchna.org/> or contact: tsyiven@bwh.harvard.edu