BOSTON COMMUNITY HEALTH COLLABORATIVE

BOSTON COMMUNITY HEALTH NEEDS ASSESSMENT

2025

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LETTER TO THE COMMUNITY

Dear Fellow Boston Residents,

Our dream for Boston is to create a city where everyone has a fair and just opportunity to thrive and live a long and healthy life. Though we have made progress in our efforts to advance health equity and promote racial justice, significant disparities by race, ethnicity, neighborhood and economic status still exist throughout our city. The Community Health Needs Assessment (CHNA) is an important tool that informs the work we do to address these persistent gaps. We are eager to share the results of the latest CHNA which will help shape future programs and initiatives.

The CHNA report also highlights the crucial role of community input in improving our city. In years past, the CHNA has emphasized the inequities that exist in Boston, and the bright spots where institutional efforts have had a positive impact. This year's report uplifts resident voices and recognizes invaluable community partnerships that drive change.

The CHNA is an important step in the creation of the Community Health Improvement Plan (CHIP) which outlines actionable steps that can improve the overall health of our community. The 2022-2025 CHIP played a major role in shaping Boston's first population health equity agenda, **Live Long and Well***, which outlines our commitment to addressing causes of premature mortality throughout the city by engaging a full spectrum of public, private, and community stakeholders.

The CHNA is your voice, and we are listening. It is our work together that will continue to ensure that Boston is a healthy, thriving, and equitable city.

In partnership,

Bisola Ojikutu, MD MPH FIDSA
Commissioner of Public Health, City of Boston Executive
Director, Boston Public Health Commission

*To learn more about the *Live Long and Well Population Health Equity Agenda* and to read the full report visit **boston.gov/live-long**.

ACKNOWLEDGEMENTS

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CITY OF BOSTON

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Age Strong Commission
Boston Center for Youth and Families
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Boston Public Library
Boston Public Schools
City of Boston Planning Department
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Mayor's Office of Housing
Mayor's Office of Climate Resilience
Mayor's Office of Early Childhood
Mayor's Office of Economic Opportunity and Inclusion
Mayor's Office of Food Justice
Mayor's Office of Neighborhood Services

FOCUS GROUPS HOSTS AND SURVEY RECRUITMENT PARTNERS

The Community Health Needs Assessment would not have been possible without the contributions and support of the community and many individuals and organizations that supported data collection and analysis. We would like to acknowledge the work and contributions of the following individuals and organizations. Please excuse any misrepresentations or missing acknowledgments. We sincerely appreciate all your collaboration.

African Community Economic Development of New England (ACEDONE)
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Center to Support Immigrant Advancement - Equity Now and Beyond Coalition
Charles River Community Health
Codman Square Farmer's Market
Codman Square Neighborhood
Community Healing Project – East Boston
Community Servings
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Hyde Park Health and Wellness Center Steering Committee
Inquilinos Boricuas en Acción
Islamic Society of Boston Cultural Center
Jamaica Plain Neighborhood Development Services
Jewish Vocational Services
MA Association of Community Development Corporations
Mattapan Food and Fitness Coalition
Martha Elliot Health Center
Mission Hill Health Movement
NeighborHealth/East Boston Farmer's Market
Room to Grow
South Boston Neighborhood House
Somali Parents Advocacy Center for Education (SPACE)
St. Cecilia's Parish
The Family Van
True Alliance Center
Tufts CO-HERE
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Urban Edge
Women's Money Matters
YMCA of Greater Boston

Survey Raffle Community Partners:
Boston Children's Museum
Institute for Contemporary Art/Boston
Nubian Markets
Little Cocoa Bean Cafe

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CONFERENCE OF BOSTON TEACHING HOSPITALS
Thank you to Anna Esten and Patricia McMullin.

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Questions regarding the Boston Community Health Needs Assessment should be directed to bostonchna@bphc.org.

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EXECUTIVE SUMMARY

Background

The joint 2025 Boston Community Health Needs Assessment, or CHNA, was conducted by the Boston Community Health Collaborative (hereinafter "BCHC" or "the Collaborative"), a partnership of Boston health institutions, the Boston Public Health Commission, and community organizations. The Collaborative works to improve the health and well-being of Boston residents by aligning community health assessment requirements and improvement planning efforts. The 2025 Boston CHNA builds on previous citywide assessments and ongoing work related to the key current CHNA priority areas: mental and behavioral health, housing, economic mobility and inclusion, and accessing services. The CHNA report identifies community health needs, assets, resources, and strategies to support the health and well-being of all Boston residents. The CHNA serves as a foundational resource for policymakers and community leaders and informs ongoing community health improvement planning, priority setting, program and policy development, and collaboration.

Methods

The 2025 CHNA used a mixed methods approach to ensure that a diverse array of Boston residents, community organizations, and leaders were engaged.

The methods employed in the 2025 CHNA process included:

- **Boston CHNA Community Survey:** 1,866 responses collected and analyzed in a range of languages
- **Resident Focus Groups:** 62 residents engaged through eight focus groups conducted in a range of languages and across various identities
- **Sector-based Focus Groups:** 28 community partners engaged through five focus groups
- **Key Informant Interviews:** 13 systems experts/community leaders interviewed
- **Secondary Data Review:** Existing national, state, and city data sources reviewed
- **Review of Summaries of Parallel Data:** Additional interview, focus group, and survey summary data from parallel CHNA processes reviewed

What are areas of strength and progress related to community health in Boston?

Boston remains a richly diverse city. About two in ten Bostonians identify as Black (20.3%) and Latinx (18.9%) and one in ten identify as Asian (9.9%). More than a quarter of Boston residents (27.5%) were born outside of the United States and more than a third (35.2%) speak a language other than English at home.

Boston has maintained a high percentage of insured residents. In the 2019 Boston CHNA report, 3.9% of the Boston population overall was uninsured. In this 2025 Boston CHNA report, 3.0% is uninsured. In the United States, 8.5% of the population overall is uninsured.

Over time, there have been some improvements overall in the following health-related outcomes. However, it is important to note that across a majority of indicators, inequities persist. While progress has been made, it is vital to continue work to address these longstanding inequities.

- **Heart disease mortality has decreased significantly over time.** Heart disease mortality decreased from 114 deaths per 100,000 residents in 2019 to 95 deaths per 100,000 residents in 2023; this decrease is statistically significant.

- **Rates of emergency department visits for asthma have improved.** In the 2019 CHNA, the asthma-related emergency department visit rate was 101 visits per 10,000 residents. In this 2025 CHNA report, the asthma-related emergency department visit rate is much lower at 70 visits per 10,000 residents. Of note, in the 2019 CHNA, the rate was highest in Roxbury (205 visits per 10,000 residents) followed by Mattapan (180 visits per 10,000 residents); in the 2025 CHNA, the rate was lower in both neighborhoods (108 visits per 10,000 residents in Roxbury and 132 visits per 10,000 residents in Mattapan).

- **Rates of reported youth substance misuse and physical activity have improved.** The percentage of Boston high school youth reporting current alcohol consumption was 27% in the 2019 CHNA and is 18% in this 2025 CHNA. The percentage of high school youth reporting current marijuana use was 24% in the 2019 CHNA and is 19% in this 2025 CHNA. Between 2017 and 2023, the percentage of high school youth reporting engagement in regular physical activity increased from 30% to 37%.

- **Opioid overdose mortality has decreased**. Preliminary data shows that age-adjusted opioid overdose mortality rates decreased by 42% in 2024 compared to 2023, the lowest number of overdose deaths since 2015. This is notably higher than the 26% decline seen nationally from 2023 to 2024. Overall, Black and Latinx residents of Boston experienced a 62% and 52% decrease, respectively. Unintentional drug overdose is one of the leading causes of premature mortality in Boston. Trends in drug overdoses should continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

What are continuing and emerging challenges for community health in Boston?

- **There are substantial gaps in life expectancy by race/ethnicity and geography.** Life expectancy for Black residents has consistently remained lower compared to Asian, White, and Latinx residents and Boston overall. Data at the census tract level shows that the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract.

- **Rates of food insecurity are rising.** The percentage of Boston adults reporting that their food didn't last and reporting that they were hungry because they could not afford enough food increased significantly between 2015 and 2023. These rates are highest among Latinx residents: for example, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food.

- **Housing costs in Boston remain unaffordable for many residents.** Fifty percent of Boston renters are cost-burdened, meaning that they spend 30% or more of their household income on their housing. This percentage is similar to the 2019 CHNA report (52%) and remains high. Almost one in four (24%) of Boston renters are severely cost-burdened, meaning that they spend 50% or more of their household income on their housing. Housing affordability is still a top priority and a pressing issue for Boston residents.

- **Mental health concerns continue to impact Boston residents.** The percentage of Boston adults reporting persistent anxiety was 21% in the 2019 CHNA and is 26% in this 2025 CHNA. Rates of reported persistent anxiety are significantly higher among LGBTQ adults (39%) compared to non-LGBTQ adults (24%) and are notably high (53%) among people experiencing homelessness.

    - Among high school youth, rates of persistent sadness are significantly higher among LGB & Questioning youth compared to heterosexual youth. In the 2025 CHNA, 39% of Boston high school youth reported feeling sad or hopeless for more than two consecutive weeks, up from 30% in the 2019 CHNA.

- **Climate change is an ongoing and growing concern**. Temperatures in Massachusetts are rising and weather extremes exacerbate health vulnerabilities, especially for young children, pregnant individuals, older adults, individuals experiencing homelessness, and individuals with chronic disease or disabilities.

- **The inequities documented in this report reflect the cumulative and current challenges residents face resulting from historical and structural inequities across multiple systems.** Residents and stakeholders who participated in the assessment underscored that disparities are not due primarily to a lack of knowledge or individual behavioral choices but rather are the result of unequal access to resources and systems.

Community-Identified Concerns and Recommendations for Health Improvement

Throughout the CHNA process, community residents, leaders, service providers, and public health professionals provided their insight into challenges and opportunities to support the health of Boston communities. Analysis of data from key informant interviews, focus groups, and the community survey suggest that many of the priorities highlighted in previous CHNA processes persist and emerging challenges highlight the need for deeper collaboration and action across partners and sectors. Through a review of secondary data, community survey data, and feedback gathered from residents and stakeholders through interviews and focus groups, the following **key community health concerns** emerged:

- Similar to previous CHNA processes in Boston, **housing affordability** and **mental health/ substance misuse** rise to the top as key concerns. Housing concerns were raised in almost all interview and focus group discussions.

- **Economic insecurity**, and its impact specifically on mental health, emerges as a top concern. "*Economic insecurity and employment*" was ranked as the fourth most important concern in the most recent community survey, compared to a rank of eleventh in the 2019 CHNA community survey. The high cost of childcare remains a burden, especially for low-income families.

- **Access to affordable and healthy food** also emerges as a key concern. Rates of food insecurity are rising. Interview and focus group participants discussed numerous barriers to accessing and affording healthy foods in their communities.

- **Climate change** is an emerging key concern that will continue to impact Boston residents. Concerns related to growing anxiety among residents related to climate change were also raised.

- While a majority of Boston residents are insured and have a primary care provider, challenges related to **health care access** were also raised including structural challenges (waitlists/ wait times, provider turnover, etc.) and challenges related to engagement with health care providers or staff (e.g., lack of cultural humility).

Through the data gathered as part of this CHNA, **key recommendations for health improvement** also emerged. Expansion **of affordable housing** and **access to low-cost healthy foods**, followed by **access to good jobs and economic opportunities** and **access to health care**, were ranked as the top factors for improving quality of life and health of communities among community survey respondents overall. Interview and focus group participants shared suggestions for expansion of programs and services as well as policy and systems change across a range of issues; many suggestions focused on expansion of affordable housing, increased access to care, economic opportunities, and addressing climate change.

It is also important to note that some issues are particularly pressing within certain communities. For example, **concerns related to economic security were especially prevalent among Latinx and Spanish-speaking residents**. Spanish-speaking discussion participants shared concerns about employment, food security and SNAP benefits, and living paycheck-to-paycheck. "*Access to good jobs and economic opportunities*" was one of the top areas for improving quality of life and health ranked by Latinx community survey respondents.

Community safety and violence remain a concern for some communities. Overall, community survey respondents in this 2025 CHNA process ranked violence as the sixteenth concern affecting the community's health, compared to 2019 when it was the fourth highest concern. However, in the current survey, violence was ranked as a higher concern among Roxbury and Mattapan respondents. "*Lower crime and violence*" was ranked within the top 5 factors for improving quality of life and health among Black community survey respondents, Latinx respondents, and caregiver respondents.

How will this information be used to take action for health improvement?

Findings from the CHNA serve as a resource to policymakers and community leaders, and guide community health improvement planning, priority setting, and policy development. This report also informs partnering hospital and health systems' community health implementation strategies. Additionally, findings from the CHNA provide the foundation for moving data into action through the 2025-2028 Boston Community Health Improvement Plan (CHIP). A CHIP is a community-wide action plan to set priorities, coordinate and target resources, and align efforts to improve population health outcomes and advance health equity.

Data from community engagement efforts and secondary data analyzed in the Boston CHNA revealed key themes that are consistent across many Boston communities- factors that contribute to persistent health inequities, particularly in areas such as mental health, maternal and child health, chronic disease, cancer, and disparities in life expectancy. In May 2025, the BCHC Steering Committee and BCHC partner

network applied an upstream, social determinants of health lens to review the CHNA data and carry out a multi-step prioritization process. The resulting priorities reflect complex, systemic challenges and community conditions that require sustained, cross-sector collaboration and a strong commitment to working in partnership with communities to advance health equity and create meaningful, long-term change.

They are:

- Housing (affordability, quality, homelessness, etc.)
- Economic Mobility (including income inequality, employment)
- Access to Healthy Food/Food Security
- Access to Care

The 2025 Boston CHNA Report is aligned with the City of Boston's Live Long and Well Population Health Agenda to improve life expectancy and reduce racial and ethnic health disparities, highlighting key community-identified priorities to improve the health and well-being of Boston residents and promote healthier, longer, and thriving lives for all.

The Boston Community Health Collaborative will bring together community partners throughout the summer and fall of 2025 to co-develop measurable objectives and coordinated strategies that align efforts across organizations to address priority areas. Strategies will emphasize policy, systems, and environmental change approaches, as well as primary prevention, to create sustainable impact. To get involved, contact bostonchna@bphc.org.

INTRODUCTION AND BACKGROUND

OVERVIEW OF THE BOSTON COMMUNITY HEALTH COLLABORATIVE

This joint Boston Community Health Needs Assessment, or CHNA, was conducted by the Boston Community Health Collaborative, a partnership of Boston health institutions, the Boston Public Health Commission, and community organizations working to improve the health and well-being of Boston residents.

The Boston Community Health Collaborative (formerly the Boston CHNA-CHIP Collaborative) was formed in 2016 to align and deepen the impact of efforts to identify pressing community health needs and to leverage this shared understanding to develop strategies for improving the health and well-being of local communities.

This work comes together in two ways. First, the group works on a citywide health needs assessment. Then, the group develops and carries out a health improvement plan. Together, this group contributes to the health and well-being of Boston residents. The Boston Community Health Collaborative is guided by a Steering Committee which meets regularly to provide leadership and strategic direction. See the Acknowledgements above for a list of Steering Committee members and organizations.

Our Vision: A healthy Boston with strong communities, connected residents and organizations, coordinated initiatives, and where every individual has an equitable opportunity to live a healthy life.

Our 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.

PURPOSE AND GOALS OF THE JOINT BOSTON CHNA

The joint 2025 Boston CHNA is a coordinated effort to identify community health needs, assets, resources, and strategies to support the health and well-being of all Boston residents. The CHNA serves as a foundational resource for policymakers and community leaders and informs community health improvement planning, priority setting, program and policy development, and collaboration.

The joint CHNA is intended to support institutions in meeting regulatory requirements under the Affordable Care Act that require non-profit teaching hospitals to identify and prioritize the health needs of the communities they serve and develop strategies to address those needs. Federally Qualified Health Centers (FQHCs) are required to conduct a CHNA as part of their compliance with the Health Resources and Services Administration (HRSA) requirements. Additionally, undertaking a comprehensive CHNA is a core function of local health departments and a requirement for accreditation by the Public Health Accreditation Board. **Through collaboration, partner organizations build a shared understanding of the community's health needs and assets to inform community health improvement planning strategies.** The joint CHNA is conducted on a three-year cycle with the intention of building on previous processes to identify pressing community health priorities, implement strategies to improve health outcomes, and deepen the impact of these collective efforts.

The 2025 Boston CHNA is the third joint CHNA for the Boston Community Health Collaborative (the Collaborative) and builds upon previous joint CHNAs in 2019 and 2022 and ongoing work related to the key priority areas in the Collaborative's current community health improvement plan: mental and behavioral health, housing, economic mobility and inclusion, and accessing services.

The Boston Public Health Commission serves as the convener for the Boston Community Health Collaborative. During the development of the CHNA, **Steering Committee** members met regularly to oversee the process of data collection, analysis, interpretation, prioritization, and the dissemination of findings. The CHNA was also guided by a **Secondary Data Work Group**, which prioritized a set of indicators for inclusion in the CHNA, and a **Primary Data Work Group**, which outlined a consistent, inclusive, and robust community engagement strategy. The Collaborative engaged Health Resources in Action (HRiA), a non-profit public health organization, as a consultant partner to support data collection, analysis, synthesis, and to lead report production.

The goals of the CHNA are to:

- Systematically identify the health-related needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of Boston overall and its sub-populations within their social context,
- Ensure that historically marginalized and/or underserved community voices are actively engaged and elevated,
- Meet regulatory requirements for institutional stakeholders, organizations, and agencies (e.g., IRS requirements for non-profit hospitals, Public Health Accreditation Board for health departments), and
- Foster cross-sector collaboration for collective impact.

This report is intended to provide a broad overview of key health concerns and priorities within the community. Rather than providing an in-depth analysis of individual topics, the CHNA aims to highlight key findings, identified needs, existing strengths and assets, and opportunities for collective action to inform future planning and resource allocation. A list of existing reports and suggested reading that provide a comprehensive perspective on specific topic areas and population groups is included in Appendix A.

Findings from this report will guide the development of a Community Health Improvement Plan, which will establish goals, measurable objectives, and implementation strategies aimed at addressing top health priorities. In addition, partners will use the findings gathered through the assessment process to inform their institutional implementation plans, and other strategic initiatives to address priority health issues impacting the health and well-being of Boston residents.

Definition of Community Served

The 2025 Boston CHNA focused on the geographic area of the City of Boston. While Boston is a city of neighborhoods, CHNA data are presented for Boston overall and by different sub-populations where appropriate and available. This includes by neighborhood and by race/ethnicity, sex, LGBTQ identity, housing status, income, and other defining characteristics.

GUIDING FRAMEWORKS

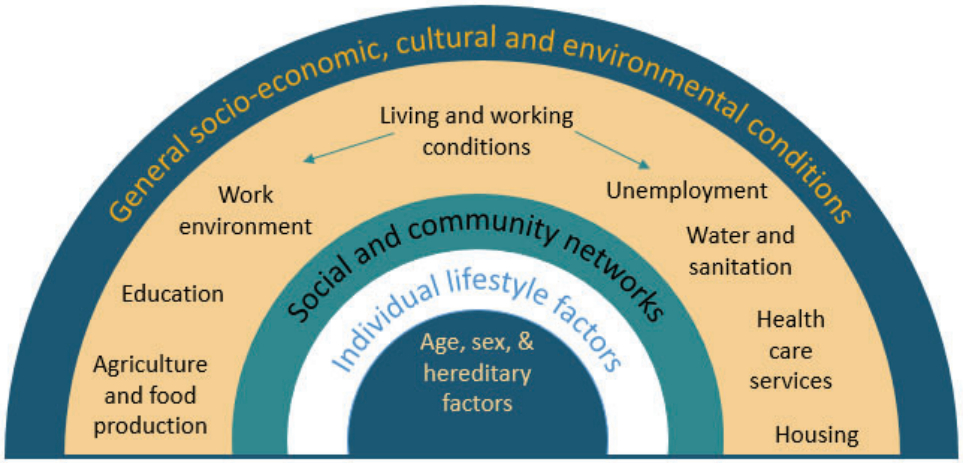
Mobilizing for Action through Planning and Partnerships Framework

To gain a comprehensive understanding of the health-related needs of Boston communities, the 2025 joint CHNA process was designed utilizing national best practice tools and guidance from the **Mobilizing for Action through Planning and Partnerships (MAPP 2.0)** framework, a community-engaged strategic planning framework developed by the National Association for County and City Health Officials and the Centers for Disease Control and Prevention. The MAPP framework provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action, emphasizing a systems focus, the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system.

Social Determinants of Health Framework

Ensuring a healthy population is about more than delivering quality health care to residents. The social determinants of health (SDOH) are the conditions where we live, work, and play that shape our health and well-being. Hereditary factors, genetics, individual behaviors, and health care access impact health outcomes, as do housing, education, environmental exposure, public safety, employment, and income. In the United States, racism plays a significant role in creating and perpetuating health inequities. It is important to understand how factors within our lived environments, combined with experiences within the individual and community context, differ by race. Figure 1 illustrates the social determinants of health, showing how individual lifestyle factors are shaped by non-medical factors such as employment status and educational opportunities.

Figure 1. Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

The 2025 CHNA process recognizes the critical role that the social determinants of health play in shaping population health outcomes and contributing to health inequities. The influences of race, ethnicity, income, and geography on health patterns are often intertwined. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are many of the root factors that drive the health inequities in the U.S. today. Working in partnership with community to understand the factors that enable or limit the opportunity for optimal health[1] is essential to identifying the root causes of disparate health outcomes and strategies to foster healthy, thriving communities.

METHODS

Primary and secondary data were collected and analyzed to guide the 2025 CHNA process. Primary data included a community health survey, community resident focus groups, sector-based focus groups with organizational partners and direct-service providers, and interviews with experts and leaders. Secondary data on health outcomes, healthy behaviors, and social determinants of health were drawn from national, state, and city sources.

APPROACH AND COMMUNITY ENGAGEMENT PROCESS

Primary and secondary data were collected and analyzed to guide the 2025 CHNA process. Building on the 2019 and 2022 CHNA processes, the Steering Committee, Primary Data Work Group, and Boston Public Health Commission's core project staff identified gaps in previous data collection efforts to develop an inclusive community outreach strategy. Data collection instruments were designed using an asset-based approach with feedback on accessibility and appropriateness provided by community partners with strong connections to underrepresented population cohorts. Throughout the CHNA process, community partners representing health care, public health, education, community development, social service, community-based organizations, and residents of Boston provided input to identify, understand, and contextualize health issues.

In planning for the CHNA, the Steering Committee identified communities with a high burden of health inequities and that had been underrepresented in previous CHNA processes to guide recruitment and outreach efforts. The communities of focus for this CHNA included: individuals experiencing homelessness or housing instability; immigrant and refugee new arrivals; LGBTQ+ individuals; individuals in substance use recovery; caregivers of children and youth, especially those with special health needs, individuals with disabilities, and older adults; older adults and young adults; and populations with a lower life expectancy. Throughout this report, the term "communities of focus" is used to describe these communities disproportionately impacted by health inequities and underrepresented in previous CHNAs.

DATA COLLECTION METHODS

The methods employed in the 2025 CHNA process included:

- **Boston CHNA Community Survey:** 1,866 responses collected and analyzed in a range of languages
- **Resident Focus Groups:** 62 residents engaged through eight focus groups
- **Sector-based Focus Groups:** 28 Community Partners engaged through five focus groups
- **Key Informant Interviews:** 13 Systems Experts/Community Leaders interviewed
- **Secondary Data Review:** Existing national, state, and city sources reviewed
- **Review of Summaries of Parallel Data:** Additional interview, focus group, and survey summary data from parallel processes reviewed

Please see Appendix B for a more detailed description of each method.

LIMITATIONS

As with all data collection efforts, several limitations should be acknowledged. Overall, data sources in this report use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity; different boundaries for neighborhoods). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups or at a more granular geographic level due to small sub-sample sizes. For the datasets used, it is not always possible to examine the intersectionality of identities. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups. Results from the community survey, interviews and focus groups used a convenience sample and therefore results are not necessarily generalizable. While this assessment aimed to engage a diverse cross-section of the community, not all underserved populations are fully represented in the data due to limitations in outreach, time, and resources. Additional details on the data collection methods and limitations may be found in Appendix B.

Additionally, most secondary data sources in this report are provided at the zip code level and not the census tract level. Some neighborhood borders in Boston do not match zip code borders exactly. In the secondary data included in this report, Chinatown is mostly included within the South End, Mission Hill is mostly included within Roxbury, and the Seaport is mostly included within South Boston, though portions of these neighborhoods (Chinatown, Mission Hill, and the Seaport) do fall within other zip codes and thus are included within other neighborhoods delineated within this report. For the CHNA survey, respondent data by some of these specific neighborhoods is presented when sample sizes are large enough. Please see Appendix B for more information on data limitations and see Appendix C for more information on data language and terminology.

Lastly, it is important to note that data collection for this CHNA took place during a period of transition in the federal government. Changes in leadership at the national level can reshape policy priorities, funding streams, and regulatory frameworks — factors that directly affect residents' health and well-being as well as local organizations' capacity to serve them. These shifts may also influence how comfortably individuals and groups engage in data collection processes. As federal policies continue to evolve, it remains essential to continue to understand the assets, challenges, and priorities of Boston's diverse communities, especially those experiencing a higher burden of health inequities.

POPULATION CHARACTERISTICS

Boston is the largest city in Massachusetts, and is a vibrant, young city with most residents under 45 years old. While the overall population in Boston remains relatively stable, some neighborhoods have seen substantial shifts in population. Additionally, Boston as a whole represents a diverse range of racial, ethnic, linguistic, and cultural identities.

TOTAL POPULATION AND POPULATION TRENDS

The most current figures from the 2019-2023 American Community Survey estimate that Boston has 663,972 residents (Table 1)[1]. East Boston, parts of Dorchester and Roxbury have the highest percentage of residents age 5 and older who speak a language other than English at home. Mattapan and parts of Dorchester have the highest proportion of children under 5 living in poverty.

Table 1. Selected Demographics, by Boston and Neighborhoods, 2019-2023

	Total population	% 65 years and over	% Age 5 and over speak a language other than English	% children under 5 years old in poverty
Boston	663,972	12.7%	35.2%	18.2%
Allston/Brighton	63,172	11.2%	34.4%	24.3%
Back Bay	53,738	15.8%	23.5%	2.8%
Charlestown	19,994	13.2%	18.2%	6.1%
Dorchester (02121, 02125)	61,367	12.2%	43.5%	33.2%
Dorchester (02122, 02124)	79,368	13.3%	35.2%	21.6%
East Boston	44,124	8.0%	58.7%	20.1%
Fenway	52,675	7.0%	36.7%	12.7%
Hyde Park	38,071	17.0%	41.6%	29.2%
Jamaica Plain	41,109	13.2%	29.2%	10.9%
Mattapan	25,313	15.1%	37.1%	34.0%
Roslindale	31,564	14.5%	32.0%	6.4%
Roxbury	42,099	12.5%	43.1%	21.7%
South Boston	43,200	9.4%	16.3%	15.8%
South End (includes Chinatown)	36,589	14.3%	42.3%	10.6%
West Roxbury	27,069	20.0%	25.0%	2.3%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

[1] According to the City of Boston Planning Department, disruptions from the 2020 Covid-19 pandemic and complexities in counting Boston's highly mobile young adult and student population have led to an undercount of Boston's population. For a more detailed analysis of Boston demographics and population projections, see: https://www.bostonplans.org/getattachment/67a636f4-0de7-44dd-a2f5-dc302cd9bc9e

According to the 2019-2023 American Community Survey, the majority of Boston residents (66.6%) are under the age of 45 (Figure 64), reflecting a generally young population.

- This trend is especially pronounced in the Fenway neighborhood, where over half (55.3%) of residents are between 18 and 24 years old. Similarly, adults aged 25 to 44 make up about half the population in Allston/Brighton (50.4%) and South Boston (54.2%).
- Hyde Park, Mattapan, and Dorchester have the highest percentage of residents under 18 years old.
- West Roxbury has the highest percentage of adults age 65 and older (20%).

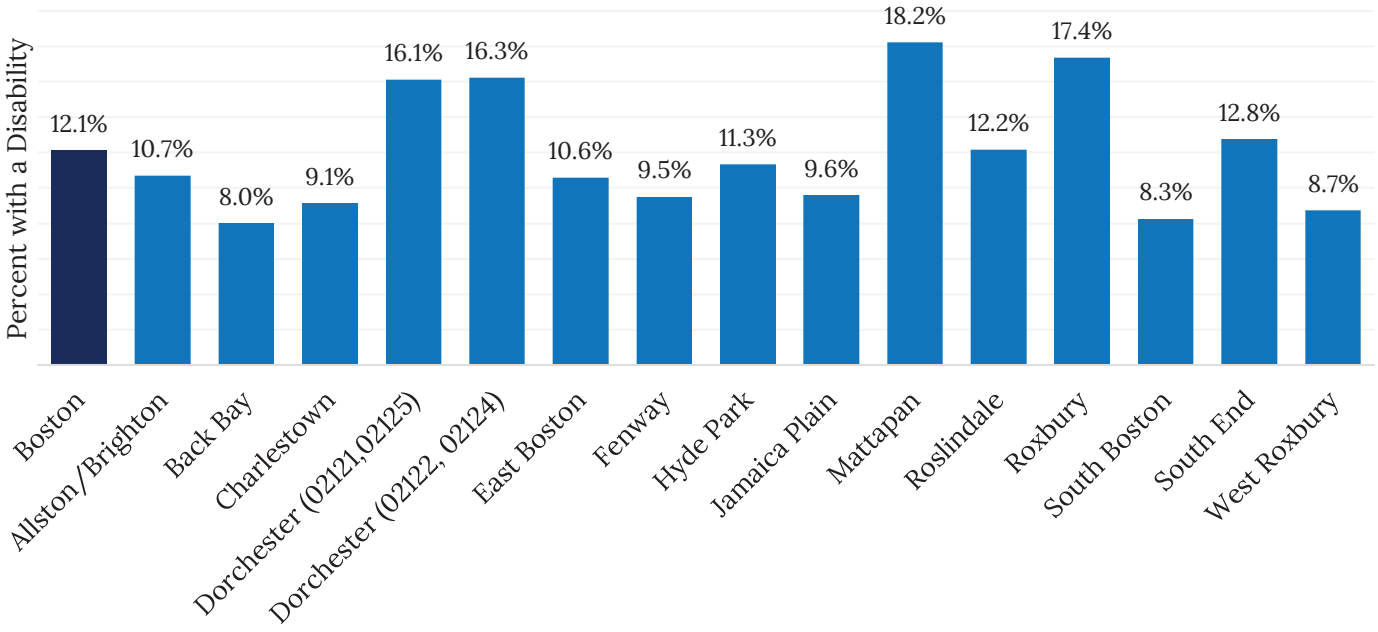
"The community I am in does a lot of activities and... things for kids for holidays and it's fun. It's a place you want to bring your children or live."

–Resident Focus Group Participant

An analysis by the Office of Early Childhood found that Boston's population of children and families is declining (see Appendix A). The report estimated that between 2017 and 2022, the population of children five years and under in Boston shrunk by 10%. Factors contributing to this decline cited in this report include housing availability and affordability, the high cost of living, immigration trends, the decline in the birth rate, and changing job markets.

American Community Survey data also show that approximately 12.1% of Boston's population has a disability, which is defined as having hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulty (Figure 2). Figure 2 shows that Mattapan, Roxbury and Dorchester have the highest percentage of residents with a disability compared to other Boston neighborhoods.

Figure 2. Percent Residents with a Disability, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: The ACS covers 6 types of disability and respondents who report anyone of the six disability types are considered to have a disability. The definitions are as follows: Hearing difficulty: deaf or having serious difficulty hearing (DEAR); Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses (DEYE); Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM); Ambulatory difficulty Having serious difficulty walking or climbing stairs (DPHY); Self-care difficulty: Having difficulty bathing or dressing (DDRS); Independent living difficulty Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).

RACIAL, ETHNIC, AND LANGUAGE DIVERSITY

Understanding the racial and ethnic composition of and languages spoken in a city provides critical context when addressing the overall needs of a community and informs focused efforts on key populations that have unique needs.

Racial and Ethnic Composition

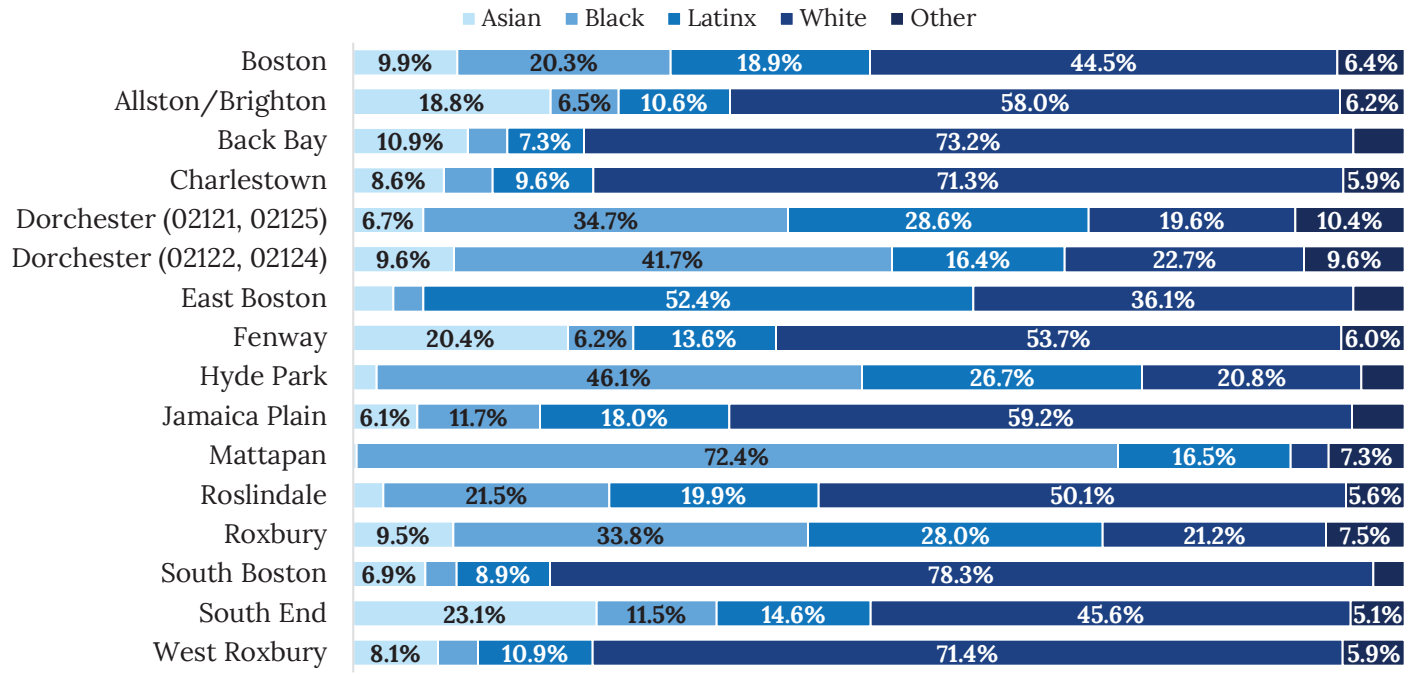
Boston's racial and ethnic composition reflects a richly diverse city (Figure 3). About four in ten Bostonians (44.5%) identify as White. About two in ten Bostonians identify as Black (20.3%) and Latinx (18.9%) and one in ten identify as Asian (9.9%). Additionally, 6.4% of residents identify as another race or ethnicity, including American Indian and Alaska Native (0.1%), Native Hawaiian and Other Pacific Islander (0.1%), some other race (1.0%), and two or more races (5.2%).

"One of the things we know about supporting folks from different communities and different cultural and historical and national backgrounds is that they're probably best supported... by people who are from their communities or who at least speak the language that they speak."

– Interview Participant

The South End neighborhood (which includes Chinatown given that data were analyzed by zip code) has the highest percentage of Asian residents (23.1%); Allston/Brighton and Fenway neighborhoods also have high percentages of Asian residents. Mattapan is home to the highest percentage of Black residents (72.4%); Dorchester, Hyde Park, and Roxbury also have high percentages of Black residents. More than half of East Boston residents (52.4%) identify as Latinx; Hyde Park, Roxbury, and parts of Dorchester also have high percentages of Latinx residents.

Figure 3. Racial and Ethnic Distribution, by Boston and Neighborhoods, 2019-2023

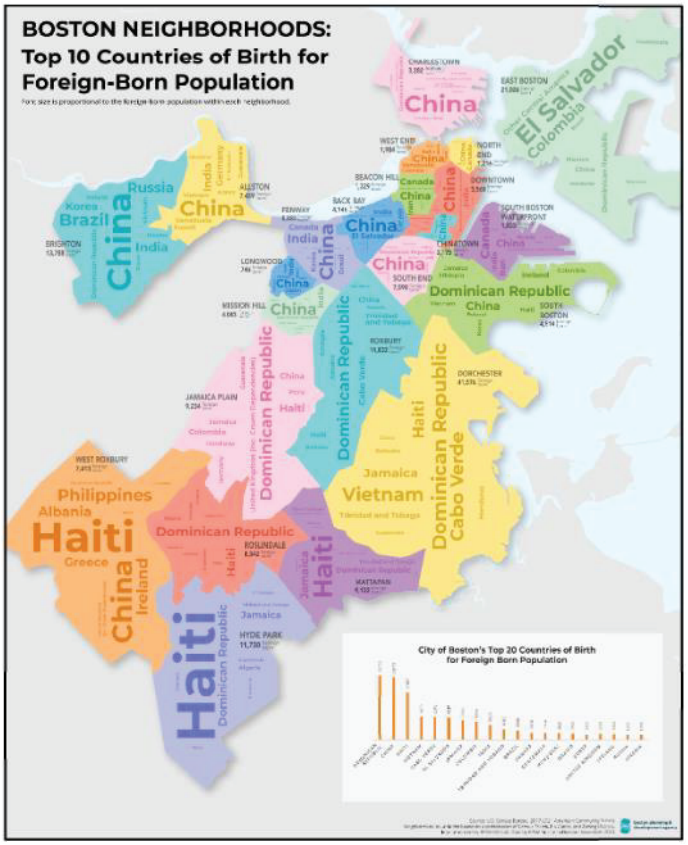


DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races; Data labels ≤5% not shown

More than a quarter of Boston residents (27.5%) were born outside of the United States (2019-2023 American Community Survey, data not shown). **As shown in the map here, the top countries of birth for Boston's foreign-born population overall are the Dominican Republic and China, but there is substantial variation by neighborhood.**

As shown in Table 1 above, more than a third of Boston residents (35.2%) speak a language other than English at home. This varies by neighborhood, with East Boston, parts of Dorchester, Roxbury, the South End, and Hyde Park having the highest proportions of residents who speak another language at home. **The top spoken languages in Boston other than English are Spanish (Latin American), Mandarin, Haitian Creole, Vietnamese, and Cabo Verdean Creole**[2]

While discussion participants viewed language diversity as an asset, some also noted that challenges around language barriers exist. Depending on the circumstances, some residents may have fears about calling attention to issues in the community, as one discussion participant notes in the quote below.



DATA SOURCE: City of Boston Planning Department. https://bpda.app.box.com/s/dld55n7ufuaq02m4h328nbwuo4mnvmwh

> ***"A lot of us are afraid to speak and think they don't have rights and don't understand what is going on due to language or cultural differences."***
>
> **– Resident Focus Group Participant**

Changes in federal actions and increased immigration enforcement came up in several focus group discussions and interviews. Concern about the loss of temporary protected immigration statuses for Haitian immigrants, job loss linked with fewer immigrant protections, and the threat of deportation and family separation for immigrant communities emerged amongst Haitian, Latinx, and Muslim focus group participants, some interview participants, and representatives of the climate justice, mental health, and community health worker sectors.

While Boston is a richly diverse city, key racial and ethnic disparities exist and were identified through the CHNA process. Discussion participants noted histories of racism and inequitable investment in Boston, which have shaped social conditions including access to healthy housing, nutrition, education, and health care. Where possible, this report presents data disaggregated by race/ethnicity and other population characteristics in order to understand the social and structural conditions affecting Boston residents' health and to inform efforts that support all residents in living healthy, thriving, and long lives.

COMMUNITY STRENGTHS AND ASSETS

OVERALL PERCEPTIONS OF STRENGTHS

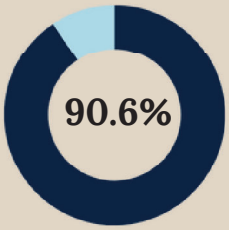
Focus group participants highlighted many strengths and assets of the city including its diversity, inclusiveness, community centers, recreational spaces, walkability, friendliness of neighbors, and resources for vulnerable populations (e.g., people experiencing homelessness or substance use disorder). These perceptions generally aligned with results from the community survey, where a majority of respondents agreed or strongly agreed with positive statements related to engagement, getting around, belonging, safety, and resources (Figure 66). For example, **a majority of respondents agreed or strongly agreed that: they can generally get to where they need to go within their community (82.5%), they feel they belong in their community (76.6%), and their community has safe outdoor places to be active (73.6%).**

"There are a lot of groups and organizations that help people...I like to support organizations in this area just like they support me. I feel like we support each other mutually."

– Resident Focus Group Participant

Strong Social Capital

Focus group participants described social capital as a strength in the community, specifically the tight-knit nature of their community, while interview participants often described Boston residents as "*strong*" and "*resilient*." Discussion participants specifically named the strength of parents, caregivers, Black men and boys, justice-involved individuals returning to the community, and people experiencing homelessness.



of survey respondents agreed or strongly agreed that all residents can make the community a better place to live.

When thinking about the specific spaces that facilitated connections with others, discussion participants mentioned community centers offering activities to bring residents together, gyms or recreational centers fostering connection with neighbors (e.g., basketball games, walking groups), and faith-based organizations.

"People are deeply connected to where they live and the organizations they engage with. There's a tremendous amount of pride and belonging.""

–Interview Participant

Data on voter participation, an indicator of civic engagement, shows that voter turnout rates in Boston for recent general elections varied, with 68% in November 2020 for the presidential election, 33% in November 2021 for the mayoral and city council elections, and 40% in November 2022 for statewide offices (Figure 67). The voter turnout rate differed across precincts. Precincts in West Roxbury, Roslindale, Jamaica Plain, and the eastern part of Dorchester consistently had the highest voter turnout rates, while precincts in the western part of Dorchester, Roxbury, and Fenway had the lowest voter turnout rates.

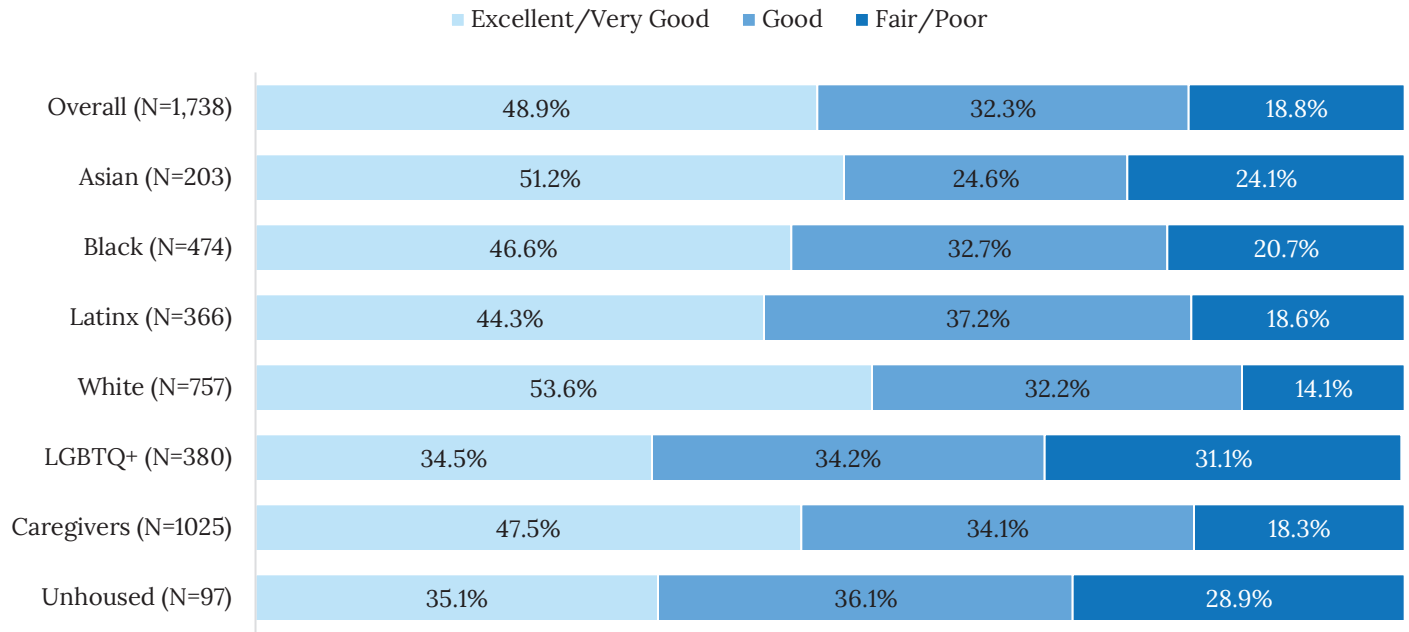
Discussion participants named Boston's network of community-based organizations and community-based health centers as assets in the community. Specifically, participants discussed supports for elders (e.g., day cares, companion services, elder services), food pantries, youth mentorship programs, centers that provide English language training or workforce development, general support groups, and agencies that refer residents to supportive services and programs (e.g., employment centers, and benefits offices). Interview participants underscored the spirit of collaboration and innovation across community-based institutions, noting several working groups (e.g., focused on extreme heat, early childhood) and partnerships (e.g., related to food, emergency/transportation, housing), with some interview participants citing the leadership of the BPHC and City of Boston in bringing organizations together.

> ***"A real asset for the city is the network of community health centers. It's unique for a large city."***
>
> **–Interview Participant**

POSITIVE PERCEPTIONS OF INDIVIDUAL HEALTH

Overall, a majority (81.2%) of survey respondents reported that in general their health was "excellent," "very good," or "good" (Figure 4). A higher percentage of White respondents (53.6%) reported that that in general their health was "excellent" or "very good" and a lower proportion of Latinx respondents (44.3%) reported "excellent" or "very good" health. Across all communities of focus included in the survey analysis, LGBTQ+ respondents and unhoused respondents were the least likely to rate their health as excellent or very good. Conversely, these groups were the most likely to rate their health as fair or poor.

Figure 4. Percent Survey Respondents Reporting That in General Their Health Is Excellent, Very Good, Good, Fair, or Poor, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

COMMUNITY PERCEPTIONS OF HEALTH

Housing, substance misuse, mental health and chronic stress, and economic insecurity remain key community health concerns and align with the previous Community Health Improvement Plan priority areas.

KEY COMMUNITY CONCERNS IMPACTING HEALTH

Understanding residents' perceptions of health provides insights into lived experiences and priorities for action. Community survey respondents were presented with a list of specific issues with the option to write in additional issues and were asked to mark the top five most important concerns in their community or neighborhood that affect their community's health the most.

"I didn't feel comfortable with the mental health specialist I found in Boston. I have to find a Mexican mental health provider, with whom it's easier for me to talk about my worries and stresses."

– Survey Respondent

Across all communities of focus and the diverse racial/ethnic groups, issues related to housing and/or substance misuse were ranked as the top concern (Table 2 and Table 3).

Overall, survey respondents ranked housing quality or affordability, followed by alcohol or substance misuse, mental health, economic insecurity, employment/job opportunities, and chronic stress as the top five most important concerns (Table 2). Additionally, substance use disorder, which is a clinical term, was ranked as the fifteenth most important concern.

There were differences in top health issues by sub-populations (Table 2 and Table 3) and by neighborhood.

- Diabetes was among the top 5 concerns among Black survey respondents.
- Unhoused survey respondents ranked homelessness, poverty, and substance use disorder among the top 5 concerns.
- Survey respondents who were born outside of the United States ranked homelessness and high blood pressure/ hypertension among the top 5 concerns.
- Respondents age 55+ ranked diabetes and elder/ aging challenges among the top 5 concerns.

Key Differences in Survey Respondents' Top Health Concerns, by Neighborhood

Housing, substance use, and mental health were among the top 3 concerns in most neighborhoods. Key differences were:

- **South End**: Homelessness among top 3 issues
- **Downtown/Chinatown**: Environment (like air quality, traffic, noise) among top 3 issues
- **Hyde Park**: Diabetes and high blood pressure/hypertension among top 3 issues
- **West Roxbury:** Elder/aging challenges were the top issue

These findings are consistent with a similar survey conducted as part of the 2019 Boston CHNA where respondents ranked the top 3 concerns as: housing quality and affordability, alcohol and drug use, and mental health. Of note, in the 2019 survey, employment/job opportunities were ranked as the 11th highest concern; in this CHNA's 2024 survey, economic concerns were ranked 4th overall. Also of note, in the 2019

survey, the fourth highest concern was community violence and in the 2024 survey, violence (which included domestic violence, gun violence, and physical violence/altercations) was ranked sixteenth overall although it was ranked more highly in specific neighborhoods such as Roxbury and Mattapan (see Table 11 for complete responses to this survey question).

Interview participants were also asked whether the 2022-25 BCHC CHIP priorities are still priorities impacting the health of the communities they serve. **Interviewees agreed that the previous community-identified priorities (Housing, Economic Mobility, Mental and Behavioral Health, and Access to Services) remained salient and further emphasized the importance of housing**. A few interview participants also shared that economic mobility feels difficult to achieve given the current day-to-day struggle for many residents to make ends meet; one interviewee suggested reframing this priority to "*economic security*."

> ***"You can probably put housing four times and then put everything else. Generally, they resonate still."***
>
> **– Interview Participant**

Table 2. Top Community Concerns Among Survey Respondents, by Race/Ethnicity, 2024

Rank	Overall N=1,737	Asian N=198	Black N=475	Latinx N=368	White N=757
1	Housing Quality or Affordability (39.8%)	Housing Quality or Affordability (36.4%)	Alcohol or substance misuse (41.3%)	Alcohol or substance misuse (45.9%)	Housing Quality or Affordability (47.0%)
2	Alcohol or substance misuse (37.0%)	Economic Insecurity, Employment (34.3%)	Housing Quality or Affordability (34.3%)	Housing Quality or Affordability (34.3%)	Mental Health (42.1%)
3	Mental Health (34.7%)	Alcohol or substance misuse (33.3%)	Economic Insecurity, Employment (33.9%)	Mental Health) (33.2%)	Economic Insecurity, Employment (33.0%)
4	Economic Insecurity, Employment (32.2%)	Mental Health (28.3%)	Mental Health (32.4%)	Economic Insecurity, Employment (31.0%)	Alcohol or substance misuse (31.8%)
5	Chronic Stress (25.1%)	Chronic Stress (22.7%)	Diabetes (31.2%)	Chronic Stress (26.6%)	Environment (30.0%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Table 3. Top Community Concerns Among Survey Respondents, by Population Characteristics, 2024

Rank	Overall N=1737	LGBTQ+ N=382	Caregiver N=1029	Unhoused N=96	Born Outside US N=419	Aged 55+ N=427
1	Housing Quality or Affordability (39.8%)	Housing Quality or Affordability (47.9%)	Alcohol or substance misuse (40.7%)	Alcohol or substance misuse (65.6%)	Alcohol or substance misuse (42.5%)	Housing Quality or Affordability (36.8%)
2	Alcohol or substance misuse (37.0%)	Mental Health (41.9%)	Housing Quality or Affordability (35.3%)	Homelessness (37.5%)	Housing Quality or Affordability (32.9%)	Alcohol or substance misuse (34.7%)
3	Mental Health (34.7%)	Economic Insecurity, Employment (38.2%)	Mental Health (34.7%)	Housing Quality or Affordability (36.5%)	Economic Insecurity, Employment (30.5%)	Elder/aging challenges (arthritis, falls, dementia) (32.8%)
4	Economic Insecurity, Employment (32.2%)	Alcohol or substance misuse (32.7%)	Economic Insecurity, Employment (32.7%)	Substance Use Disorder (33.3%)	Mental Health (25.5%)	Mental Health (29.5%)
5	Chronic Stress (25.1%)	Chronic Stress (26.7%)	Chronic Stress (25.0%)	Poverty (31.3%)	Homelessness (24.3%) High Blood Pressure (24.3%)	Diabetes (27.2%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

PERCEPTIONS OF A HEALTHY COMMUNITY

When asked to envision **attributes of a healthy community**, focus group participants described intergenerational communities, communities where members unite around shared experiences and identities, community members caring for each other, access to green space and activities or spaces that help to reduce stress and promote connection, a healthy and clean environment, access to educational and employment opportunities, multicultural programs and activities for families and young people, safety, and healthy families.

> ***"Families being healthy; having a good job; living in a good neighborhood; being safe."***
>
> **– Resident Focus Group Participant**

KEY FINDINGS IN THIS REPORT

The following sections of this report present key findings by topic area. Early findings from the CHNA survey were reviewed to identify emerging key concerns and priorities and to ensure they were included in the topic areas for this report. To make this report more concise and focused, additional topic areas were included when the BCHC determined that existing, reliable data was available, data could be used to drive collective action, and/or the topic aligned with a prevention orientation.

LIFE EXPECTANCY AND LEADING CAUSES OF DEATH

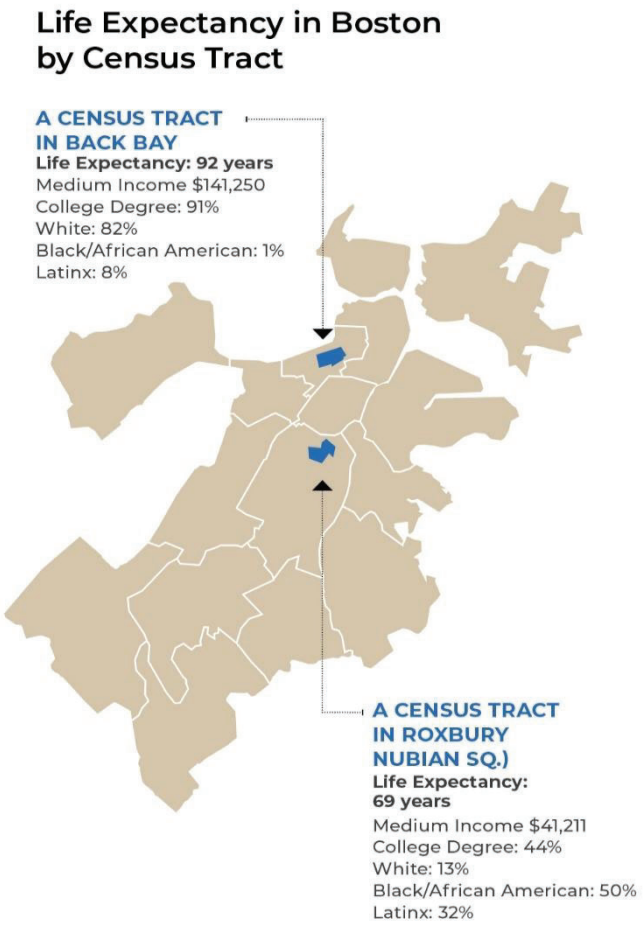
While life expectancy has improved since the height of the COVID-19 pandemic, deep inequities remain. There is a 23-year gap in life expectancy between two census tracts in Boston. There are also persistent inequities in mortality and premature mortality rates.

LIFE EXPECTANCY

In this report, life expectancy refers to the average estimated number of years a newborn can expect to live. Life expectancy and premature death (death before the age of 65) are key indicators of a population's overall health and well-being. Further, they are shaped by a range of factors including health care access, and social, economic, environmental (e.g., safe housing, air and water quality), and behavioral factors (e.g., nutrition and physical activity). Together, the two indicators can guide efforts to address chronic and preventable diseases and emerging public health challenges.

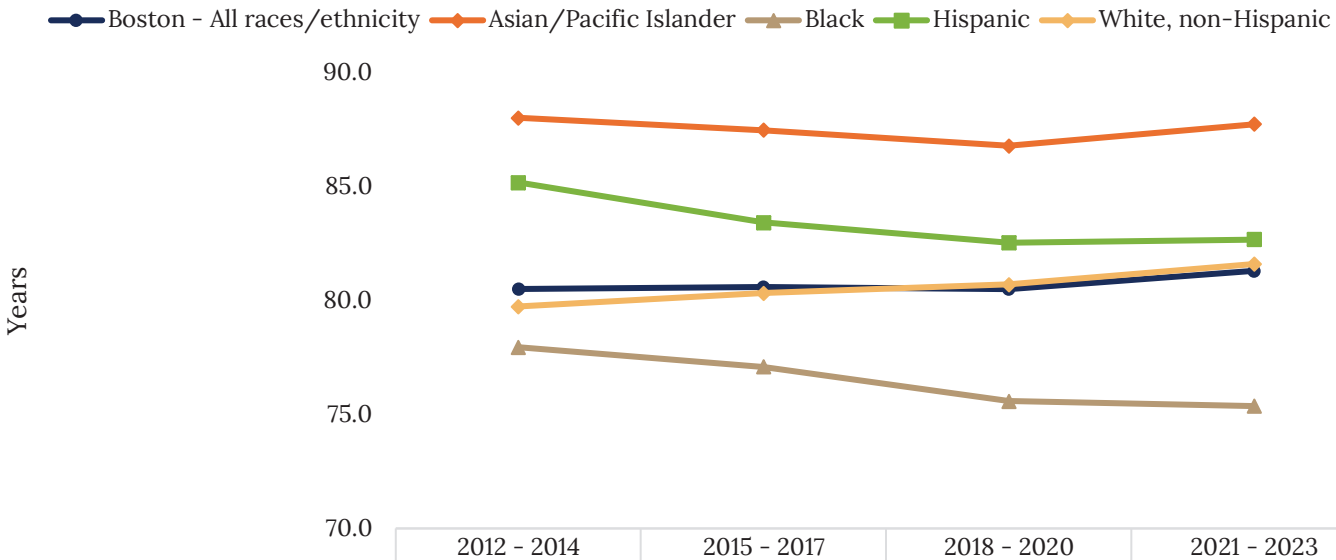
While life expectancy in Boston (82.1 years) is higher than the national average (78.4 years[3]) key inequities remain when rates are examined by race, ethnicity, and geography.

- Overall, life expectancy in Boston increased by 3.3 years from 2020 (78.8 years) to 2023 (82.1 years) (Figure 68).
- Black Boston residents experience the lowest life expectancy in Boston, at 75.6 years, compared to all other racial/ethnic groups. (Figure 68).
- Large inequities in life expectancy exist when examining the data at the census tract level. **As shown here, the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract.**
- When looking across Boston neighborhoods, life expectancy is highest in Back Bay, Fenway and the South End and lowest in Dorchester, Roxbury, and Mattapan (Figure 69).
- The life expectancy gap has persisted over time, with life expectancy for Black residents continuously remaining lower than White and Latinx residents from 2012-2023 (Figure 5).



DATA SOURCE: Boston Live Long and Well Agenda Report, 2025

Figure 5. Life Expectancy in Boston, Trends by Select Race and Ethnicity Group



	2012 - 2014	2015 - 2017	2018 - 2020	2021 - 2023
Boston - All races/ethnicity	80.5	80.6	80.5	81.3
Asian/Pacific Islander	88.0	87.5	86.8	87.7
Black	78.0	77.1	75.6	75.4
Hispanic	85.2	83.4	82.5	82.7
White, non-Hispanic	79.7	80.3	80.7	81.6

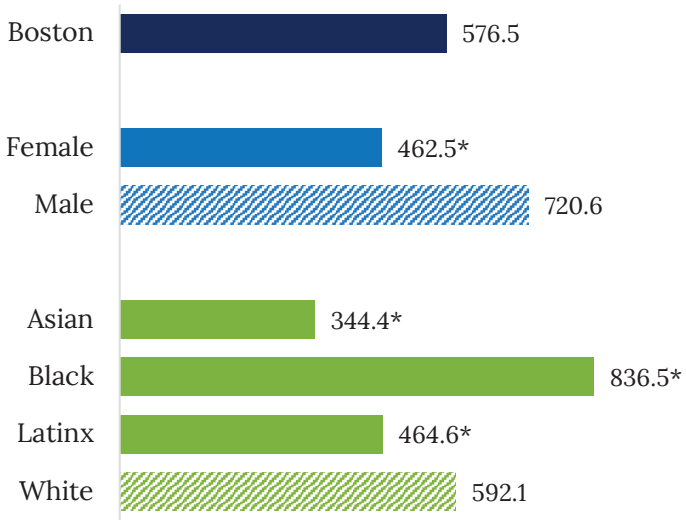
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

MORTALITY

There are significant inequities in Boston's mortality rate. The mortality rate is significantly higher among Black residents compared to White residents in Boston - almost one and half times higher- whereas Latinx and Asian residents have a significantly lower all-cause mortality rate compared to White residents (Figure 6). Mortality rates are significantly higher in parts of Dorchester, East Boston, Roxbury, and South Boston compared to Boston overall (Figure 70).

Significant inequities are also present in Boston's premature mortality rate (deaths to residents under age 65). The premature mortality rate is significantly higher among Black and Latinx residents compared to White residents and lower among Asian residents compared to White residents (Figure 71). While Latinx residents have a lower overall mortality rate in Boston compared to White residents, they are likely to die younger. Premature mortality rates are

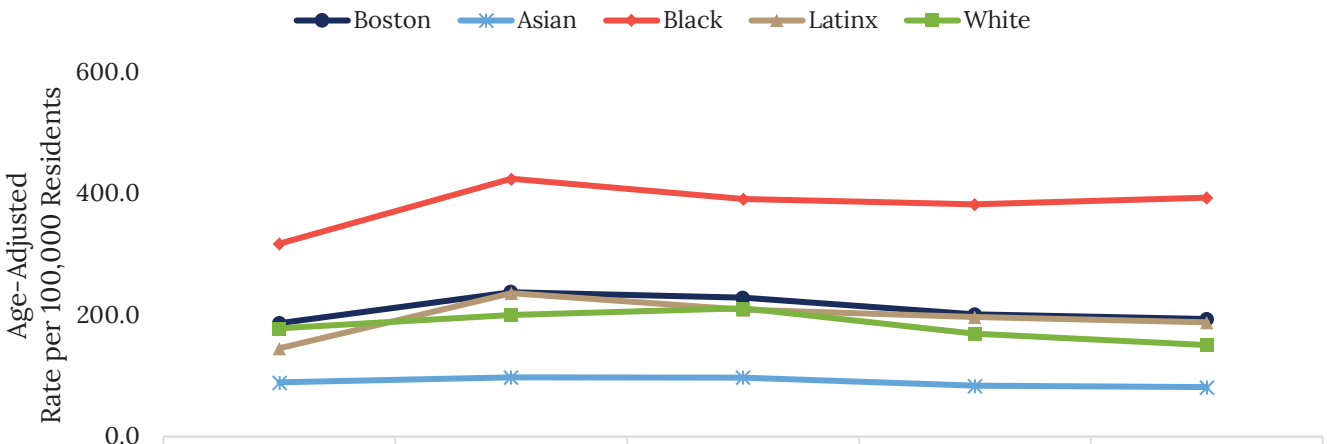
Figure 6. All-Cause Mortality, by Boston and Selected Sub-Populations, Age-Adjusted Rates per 100,000 Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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).

significantly higher in Dorchester, Mattapan, and Roxbury compared to Boston overall (Figure 72). While Boston's overall premature mortality rate has remained stable between 2019 and 2023, the rate has increased significantly for Black residents and decreased significantly for White residents (Figure 7).

Figure 7. Premature (Age<65 years) Mortality Rates Over Time by Race/Ethnicity, 2019-2023



	2019	2020	2021	2022	2023
Boston	187.2	238.3	228.9	201.4	193.7
Asian	89.3	97.8	97.4	83.6	81.7
Black	318.4	425.6	392.7	383.8	393.9
Latinx	145.8	236.7	209.6	197.7	188.9
White	178.2	201	211.8	169.9	151.1

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Premature mortality rates significantly increased among Black and Latinx residents and decreased among White residents between 2019-2023. Premature mortality rates in all other categories remained stable.

LEADING CAUSES OF DEATH

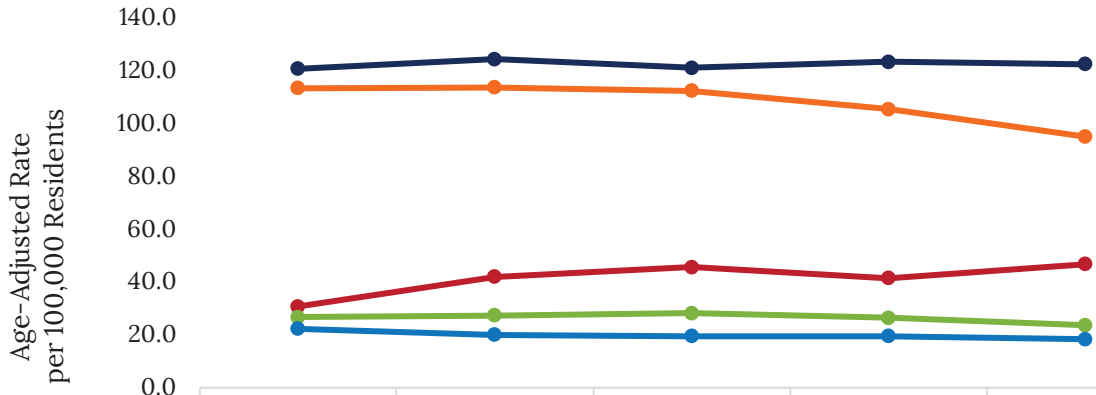
As shown in Figure 8, **the leading causes of death** in Boston in 2023 were cancer, heart disease, and unintentional overdose. Over time, between 2019 and 2023:

- Cancer mortality rates have remained stable.
- Heart disease mortality rates have declined, and
- Unintentional overdose mortality rates have increased.

The leading causes of **premature mortality** in 2023 were unintentional overdose, cancer, and heart disease (Figure 73). Over time, between 2019 and 2023, overdose premature mortality rates have increased while cancer and heart disease premature mortality rates have remained stable.

It should be noted that 2024 mortality and premature mortality data are not yet available. Preliminary 2024 opioid overdose mortality data is included in the Substance Use section below.

Figure 8. Leading Causes of Death in Boston, 2019-2023



	2019	2020	2021	2022	2023
1. Cancer	120.9	124.6	121.3	123.5	122.7
2. Heart disease	113.6	113.8	112.5	105.6	95.2
3. Unintentional Overdose	30.8	42.1	45.7	41.5	46.8
4. Cerebrovascular diseases	26.8	27.4	28.3	26.5	23.7
5. Chronic lower respiratory diseases	22.3	20.1	19.5	19.5	18.4

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Rates of Heart Disease significantly decreased between 2019 and 2023, and rates of Unintentional Overdose significantly increased between 2019 and 2023.

The leading causes of mortality and premature mortality differ by race/ethnicity. For example, as shown in Table 4, diabetes mellitus is among the top 5 leading causes of death for Asian and Black residents. Looking at premature mortality in Table 5, cancer is the leading cause of premature death for Asian residents, homicide is the fourth leading cause of premature death for Black residents, and suicide is the fourth leading cause of premature death for White residents.

Table 4. Leading Causes of Death, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2023

Rank	Boston	Asian	Black	Latinx	White
1	Cancer (122.7)	Cancer (113.7)	Cancer (161.2)	Cancer (89.8)	Cancer (126.8)
2	Heart disease (95.2)	Heart disease (55.8)	Heart disease (123.9)	Unintentional Overdose (51.2)	Heart disease (105.6)
3	Unintentional Overdose (46.8)	Cerebrovascular diseases (15.7†)	Unintentional Overdose (95.3)	Heart disease (73.5)	Unintentional Overdose (37.1)
4	Cerebrovascular diseases (23.7)	Nephrotic Diseases (11.6†)	Cerebrovascular disease (40.8)	Cerebrovascular disease (21.8)	Chronic lower respiratory disease (24.9)
5	Chronic lower respiratory diseases (18.4)	Diabetes mellitus (11.1†)	Diabetes mellitus (34.7)	Other accidents (18.2†)	Other accidents (20.7)

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Accidents does not include overdoses; NA denotes rates with n<5 and are not shown; Dagger (†) denotes rate based on a count of n<20.

Table 5. Leading Causes of Premature (Age<65 years) Death, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2021-2023 Combined

Rank	Boston	Asian	Black	Latinx	White
1	Unintentional Overdose (47.9)	Cancer (37.4)	Unintentional Overdose (80.4)	Unintentional Overdose (58.5)	Unintentional Overdose (43.4)
2	Cancer (36.4)	Heart Disease (12.0†)	Cancer (58.8)	Cancer (24.2)	Cancer (33.4)
3	Heart Disease (27.9)	Unintentional Overdose (7.6†)	Heart Disease (55.6)	Heart Disease (19.5)	Heart Disease (23.4)
4	Accidents (7.1)	COVID-19 (4.7†)	Homicide (20.9)	Accidents (9.0)	Suicide (7.6)
5	Diabetes Mellitus (7.1)	Suicide (2.0†)	Diabetes Mellitus (16.9)	COVID-19 (7.3)	Accidents (6.4)

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Accidents does not include overdoses; NA denotes rates with n<5 and are not shown; Dagger (†) denotes rate based on a count of n<20.

CLIMATE CHANGE AND PHYSICAL ENVIRONMENT

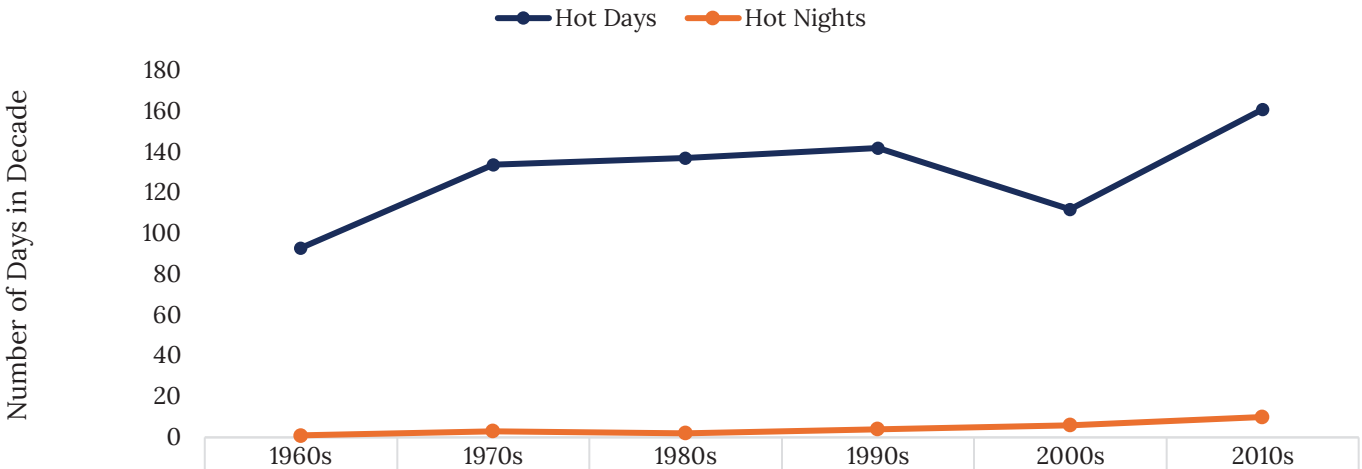
Climate change is impacting, and will continue to impact, the health and well-being of Boston residents and communities, particularly those at increased risk due to underlying health conditions, lack of access to resources, or already experiencing multiple environmental health stressors. Infants and young children, pregnant individuals, older adults, individuals experiencing homelessness, and individuals with chronic illnesses or disabilities are most vulnerable. The direct health impacts of climate change include periods of extreme heat and cold, extreme weather events, expanded season and range for vector-borne illnesses such as West Nile Virus and Lyme Disease, flooding and combined sewer overflows, and poor outdoor air quality contributing to asthma and other respiratory illnesses.

Secondary impacts of climate change on the health of Boston include contributing to food insecurity, strain on the healthcare system, and economic impacts. Centering equity in efforts to mitigate climate change, prepare for impacts of climate change, develop resilience, and recover from climate-driven events will be critical to ensuring efforts to address climate and health do not further deepen the vulnerability divide. While key findings are presented in this section, the intersections between the environment and health are present throughout various sections of this report.

CLIMATE CHANGE AND HEALTH

Temperatures in Massachusetts have increased by 3.5 degrees since 1900 and are projected to continue increasing.[4] Between the 1960s and the 2010s, the number of annual hot days (over 90 degrees Fahrenheit) and hot nights (over 78 degrees Fahrenheit) increased (Figure 9). The number of hot days and hot nights is projected to continue increasing over time. Periods of hot days where there is little or no cooling off at night are particularly dangerous for heat-related health effects.

Figure 9. Number of Hot Days and Number of Hot Nights, Boston, by Decade



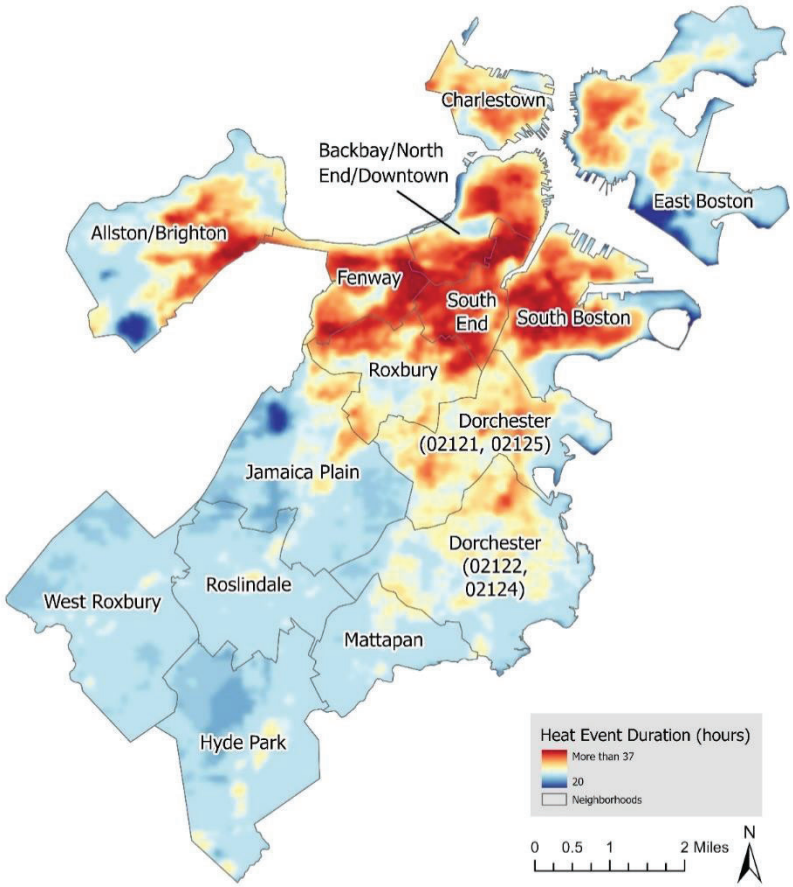
	1960s	1970s	1980s	1990s	2000s	2010s
Hot Days	93	134	137	142	112	161
Hot Nights	1	3	2	4	6	10

DATA SOURCE: City of Boston, Heat Resilience for Boston Solutions Report, 2022
NOTE: Hot days are days over 90 degrees Fahrenheit; hot nights are night over 78 degrees Fahrenheit.

When discussing climate change and health, discussion participants often discussed the impact of temperature extremes – very cold and very hot days – on housing, financial stability, and health. Impacts included, for example: increased utility costs (energy costs to heat and cool homes) and vulnerabilities of asking landlords to address the energy needs, the impacts of climate extremes on housing (e.g., heat, air conditioning, snow removal) and violence, including domestic violence, impacts of climate change on food systems, and concerns about children having safe learning environments. Additionally, a couple of participants mentioned the challenge of slow snow removal and addressing ice hazards by landlords or public services, which they noted create barriers to getting children to school. **While extreme heat impacts all of Boston, Figure 10 shows how some places are hotter for longer.** Areas experiencing disproportionately greater heat risk (with higher temperatures and extended heat wave conditions), include Chinatown, Uphams Corner, Four Corners, Fields Corner, and Jackson Square.[5]

> ***"I used to always use the air conditioning, but now I can't because the cost of electricity has gone up and the rent has gone up and I can't afford to use it."***
>
> **– Resident Focus Group Participant**

Figure 10. Heat Event Duration (Hours), Boston, 2022



DATA SOURCE: City of Boston, Heat Resilience for Boston Solutions Report, 2022
NOTES: A weeklong analysis period during July 18 to 24, 2019, was selected to produce this modeled air temperature map. The heat duration maps show the number of hours exceeding 95°F during the day or 75°F at night for areas across Boston during the modeled heat wave. Areas like Chinatown remain in high-heat conditions for 37 hours, with afternoon air temperatures climbing to 104 to 107°F and nighttime temperatures in much of the neighborhood over 90°F.

In terms of health impacts, participants discussed impacts of weather extremes on birth outcomes, efficacy of medications including for behavioral health, managing acute conditions, and anxiety about the climate crisis. **Discussion participants mentioned several populations vulnerable to the health impacts of temperature extremes**, including pregnant people, infants, young children (in general and at school), older adults, people experiencing homelessness, outdoor workers, and commuters.

Discussion participants also described how climate change affects educational equity in marginalized communities, exacerbating existing educational inequities by disrupting schooling through extreme weather events, displacement, and resource scarcity. These participants questioned whether Boston public schools are prepared for extreme weather events and noted that extreme temperatures affect health, development, and academic performance.

Some participants mentioned resources that offer relief on hot days, including cooling centers at libraries or hospitals, pools, and water parks and splash pads. However, some focus group participants noted that these resources are not easily accessible, citing issues such as distance, transportation barriers, unwelcoming environments, and a lack of accommodations for children with special healthcare needs. Among community survey respondents, only 60.1% agreed or strongly agreed that their community offers people places and options for staying cool during extreme heat.

Disproportionate Exposure to Extreme Heat

In a Heat Resilience Survey, 95% of Hispanic or Latinx respondents and 93% of Black or African American respondents said they "*always*" or "*sometimes*" feel too hot at home when it is very hot outside; 78% of White respondents indicated this (see City of Boston Heat Resilience Solutions for Boston Final Report).

One discussion participant described how inequities in experiences of extreme heat are a result of historic disinvestment and systemic racism:

> *"...the extreme heat is impacting communities of color more by design through decades of disinvestment."*

Participant suggestions for mitigating the health impacts of climate change included creating more "Resilience Hubs," expanding access to free "third spaces" where people can go to during extreme temperatures, increasing the number of cooling centers, tapping into state resources to improve cooling in homes (rented and owned), and investing in decarbonization efforts.

PHYSICAL ENVIRONMENT

As described above, many aspects of Boston's physical environment were named as community assets including convenience and walkability to local stores, availability of public transportation, and having numerous community health centers and recreational centers, green spaces, and playgrounds.

However, some discussion participants also noted negative aspects of the built environment, including traffic (unsafe intersections and traffic congestion), parking congestion and difficulty parking to load and unload a car, particularly for people with disabilities, pedestrian safety from traffic, sidewalks that are not accessible especially during winter months with snow coverage and ice, slow pace of snow removal and addressing ice on sidewalks, limited tree canopy or shade, and noise pollution. Some participants linked challenging neighborhood environments with historical redlining and ongoing disinvestments in communities.

> ***"If you're going to talk about built environment, it's really the long-term impacts of urban renewal and investment and disinvestment in certain neighborhood[s] as a result of redlining... That's where the built environment has shaped what people feel their choices are in the first place...."***
>
> **– Interview Participant**

"*Environment (like air quality, traffic, noise)*" was among the top five community health concerns for 7 of the 16 neighborhoods analyzed as part of the community health survey; 36.8% of Mission Hill survey respondents, 33.3% of Downtown/Chinatown survey respondents, and 32.1% of East Boston survey respondents indicated that the environment was a top concern in their community.

Air Quality

Table 6. Annual Estimated Pollution-Related Health Outcomes, Boston, 2022

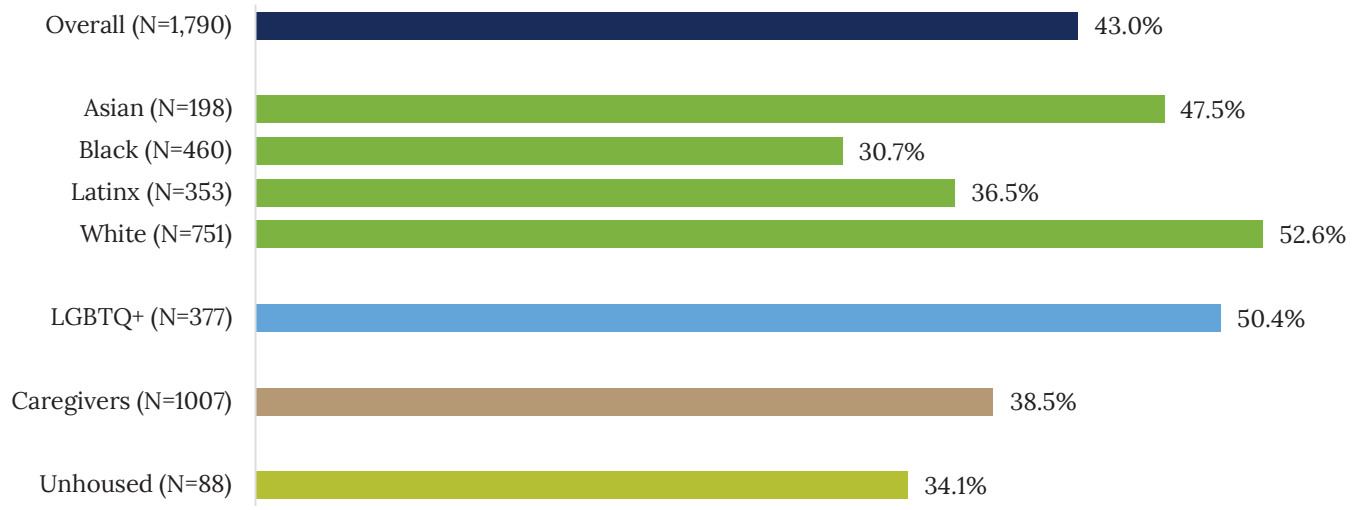
Health Outcome	Count
Pediatric Asthma Cases	1,840
Heart Disease Deaths	121
Cancer Deaths	176
Stroke Deaths	15
Low Birth Weight Cases	47
**Performance IQ Points Lost	217,136
**PIQ points lost per child	3.39

DATA SOURCE: Boston College MassCleanAir, , 2022
NOTE: *All estimates are based on annual air pollution predictions. **Performance IQ is a measure of intelligence related to problem solving skills.

Poor air quality and the impact on health, including asthma, was noted by some discussion participants. In 2022, the annual $PM_{2.5}$ (fine particulate matter) concentration in Boston was micrograms per cubic meter. As shown in Table 6, **air pollution has many impacts on health outcomes**. For example, in Boston approximately 176 people die due to cancers caused by air pollution every year.

Concerns about safety from violence, particularly when walking outside at night or on public transportation, as well as safety in open spaces and parks also emerged in some discussions. Perceptions of safety varied in community health survey responses; while 52.6% of White respondents agreed or strongly agreed that their community is safe from crime, only 30.7% of Black residents and 36.5% of Latinx residents agreed or strongly agreed with this statement (Figure 11).

Figure 11. Percent Survey Respondents Who Agreed or Strongly Agreed That Their Community Is Safe from Crime, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

SOCIAL AND ECONOMIC FACTORS: HOUSING

The lack of affordable housing in Boston emerged as a top concern among nearly all populations that engaged in this CHNA; concerns around housing quality and barriers to housing assistance were also key themes.

HOUSING BURDEN AND AFFORDABILITY

Affordable housing reduces homelessness and financial stress and strengthens local economies by enabling residents to live near employment, schools, and essential services. **Housing cost and the implications of high housing cost emerged as concerns across all populations engaged.** Lack of affordable housing and concerns about the general housing stock were discussed in nearly all qualitative discussions. Focus group participants across nearly all groups described Boston's current housing stock as expensive, unaffordable (and increasingly unaffordable), and hard to find.

Several discussion participants also noted rising housing costs as contributing to difficult decisions and trade-offs, such as needing to reduce utilities expenses, particularly during temperature extremes, as well as difficulty prioritizing other needs such as seeking medical care.

These sentiments are reflected in recent Census data:

- Half of Boston renters are cost-burdened[2] (Figure 13).
- Neighborhoods with the highest percentage of cost-burdened and severely cost-burdened[3] renters are Fenway and Mattapan. (Figure 74, Figure 75). Figure 12 below reflects this data, with Census tracts in both neighborhoods showing several areas with dark shading, indicating 65 – 80 % of households that are cost burdened. Importantly, the darker shading can be seen in several tracts in other neighborhoods including Hyde Park, Roslindale, Roxbury, and West Roxbury.
- Low-income households (having a household income of $75,000 or less) who rent are particularly burdened by housing costs: in Boston, 71.7% of low-income households are cost burdened – similar to Massachusetts overall (69.9%) (2019-2023 American Community Survey, data not shown).[6]

Changes Since Previous CHNAs

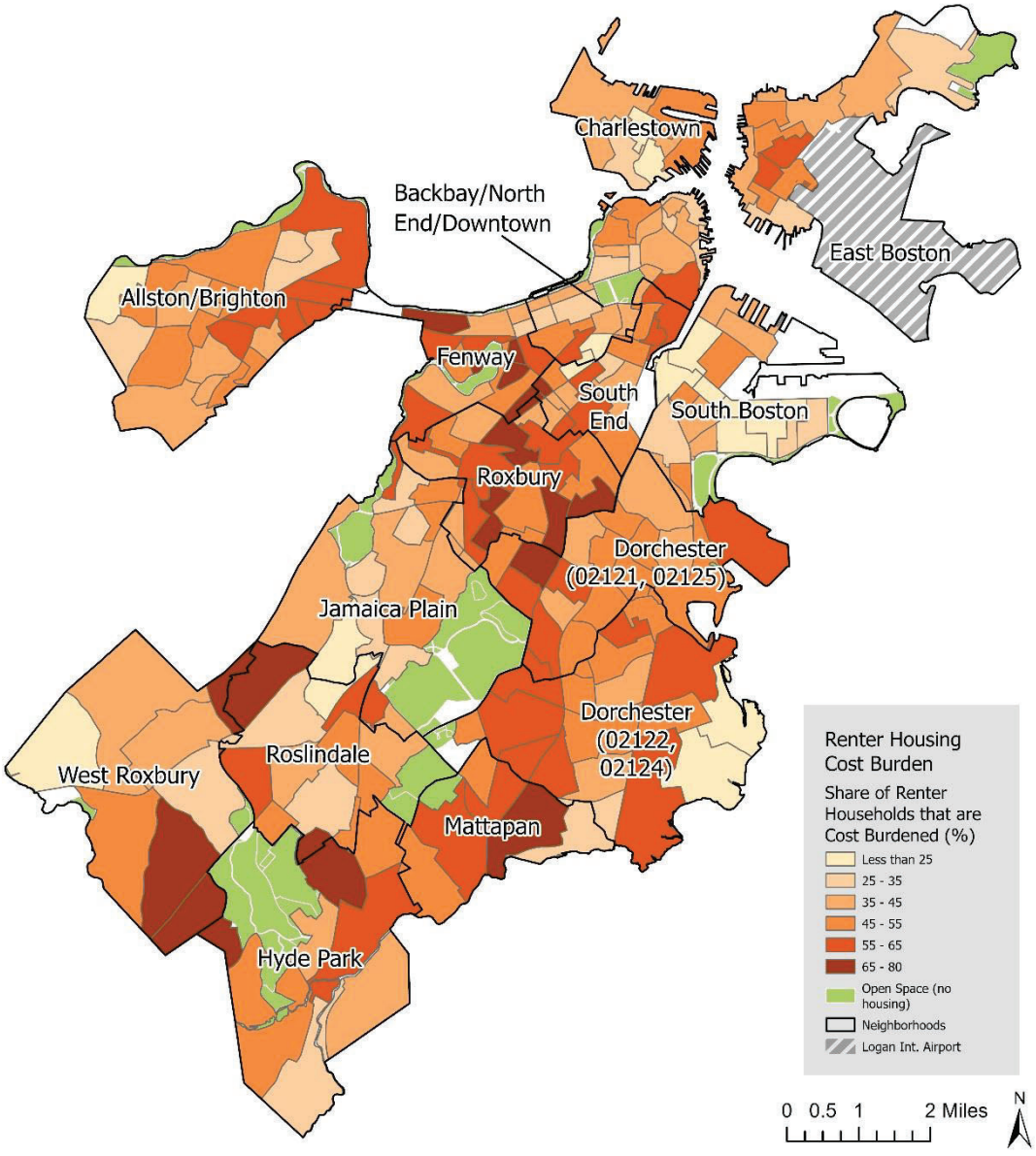
- The percentage of cost-burdened renters in Boston overall is only slightly lower (52.1% in 2019 CHNA and 50.2% in this 2025 CHNA).
- Some neighborhoods have seen increases in housing cost burden. For example, in Mattapan, 54.2% of renters were cost-burdened, as cited in the 2019 CHNA report, compared to 65.1% in the most recent data.

Comparison of Figure 13 and 2013-2017 Census data included in the 2019 Boston CHNA report

[2] Cost-burdened: households that spend 30% or more of their household income on housing costs

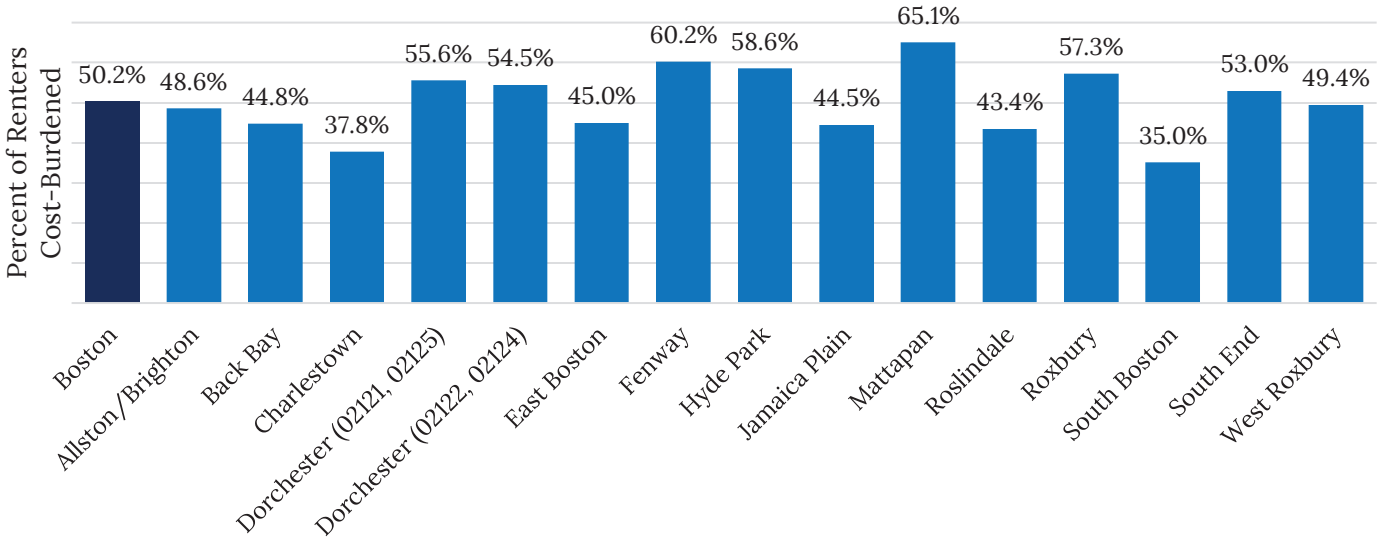
[3] Severely cost-burdened: households that spend 50% or more of their household income on housing costs

Figure 12. Percent of Renter Households that are Cost Burdened, by Boston Census Tract, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
DATA ANALYSIS: Boston Public Health Commission

Figure 13. Percent Renters Whose Housing Costs are 30% or More of their Household Income (Cost-Burdened), by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Some discussion participants also made an explicit connection between home ownership and wealth accumulation, noting that lower home ownership rates among marginalized groups limit access to generational wealth, economic stability, and community investment, reinforcing cycles of inequality in education, employment, and overall financial well-being. When thinking about the groups most affected by high housing costs and subsequently less likely to own a home, discussion participants identified several populations, including recent immigrants, communities of color (specifically the Haitian and Latinx community), families, older adults, and young working adults. Other groups noted as being disproportionately impacted by housing costs included transgender people, survivors of violence, people experiencing homelessness, formally incarcerated people, people with substance use disorder, and people with disabilities. Inequities in rates of homeownership are evident in the most recent (2023) American Community Survey data from the U.S Census: 35.4% of housing units in Boston are owner-occupied with more than two in five owned by White residents (43.6%). Asian and Black residents own similar proportions of housing units in Boston at 30.2% and 31.8%, respectively. Hispanic or Latino residents own the smallest proportion of housing units at 17.6% (Table 13).

Affordable Housing Emerged as a Priority on the Community Survey

- Among survey respondents overall, "*housing quality or affordability*" was ranked as the top concern and "*more affordable housing*" was ranked as the top factor that would improve the quality of life and health in their community.

"Young people had things easier before. It was easier to buy a house. Now there is so much debt that you couldn't even buy half a house."

– Resident Focus Group Participant

Approximately one in five Boston homeowners (22.1%) are low-income, a group particularly vulnerable to unexpected expenses, job loss, or economic downturns. The highest concentrations of low-income homeowners are found in Dorchester and Roxbury. (Figure 76).

"We need to solve this because people can't afford to live in their neighborhoods, even in the "worst parts" of Dorchester the rent is too expensive. How can families make this work when 60-70% is needed to pay their rent?"

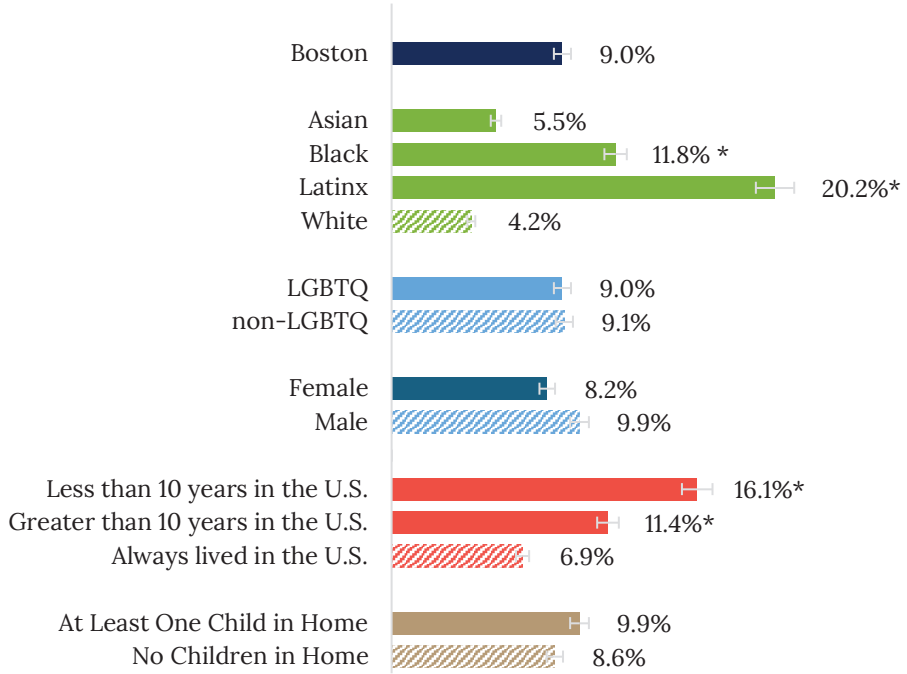
– Interview Participant

Several discussion participants noted that when people experience housing cost burden, they may be forced to leave their community in search of more affordable options. Further, some of these participants noted that the displacement can disrupt social networks, job stability, and access to essential services like health care and education. Combined data from the Boston Behavioral Risk Factor Surveillance System indicate that 9% of Boston residents were worried they would need to move in the next two months because of cost (Figure 14). This percentage varied across several demographics. For example, when examined by race/ethnicity, Asian and White adults were the least likely to worry about moving in the next two months because of cost. Alternatively, Latinx adults were significantly more worried about moving at 20.2%. Adults who had lived in the U.S. for less than 10 years were significantly more likely to worry about moving because of cost compared to adults who had always lived in the U.S. Adults with a disability (including serious difficulty concentrating, doing errands, and/ or walking or climbing stairs) were also significantly more likely to be worried they would need to move (Figure 15).

"Housing is the biggest barrier for folks who have been system-impacted. CORI is the biggest factor –they can't get a job and can't get housing sometimes when landlords run a background check."

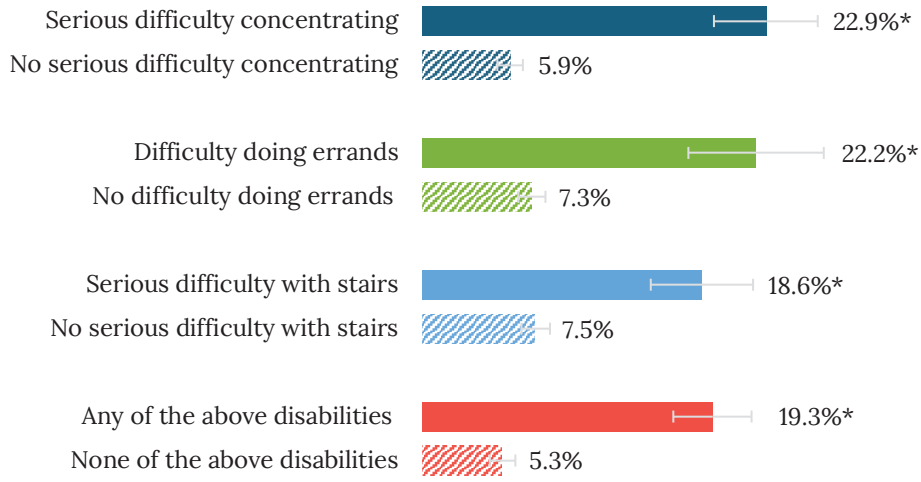
– Interview Participant

Figure 14. Percent Adults Reporting Worrying about Having to Move in the Next Two Months Because of Cost, by Boston and Selected Sub-Populations, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Error bars show 95% confidence interval

Figure 15. Percent Boston Adults Reporting Worrying about Having to Move in the Next Two Months Because of Cost, by Type of Disability, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Error bars show 95% confidence interval

HOUSING QUALITY AND FEARS OF MISTREATMENT

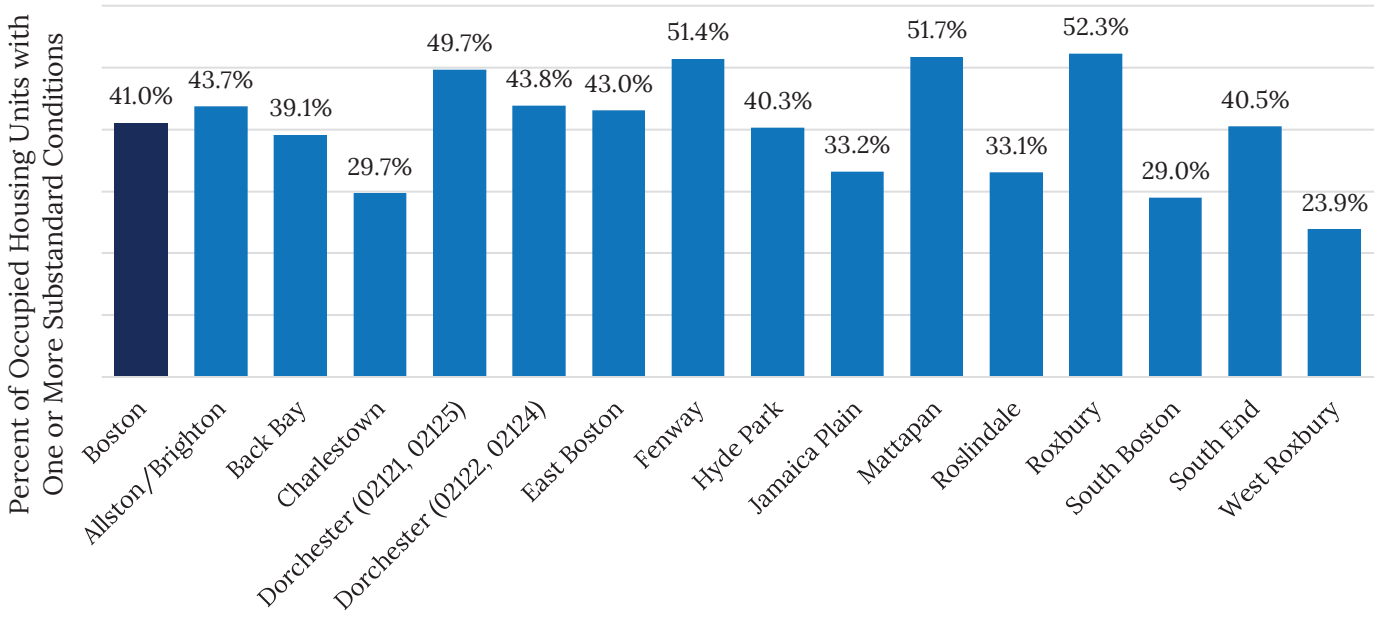
Focus group participants who rented, as well as a few interview participants, discussed unequal dynamics with landlords, including difficulty getting landlords to address housing safety concerns in a timely manner. These participants noted that **many people living in subsidized housing fear reporting safety concerns to their landlords because they worry about retaliation, including the risk of eviction.** Since affordable housing options are often limited, tenants may remain in unsafe/unhealthy living conditions rather than risk losing their home. These pressures can lead to prolonged exposure to hazards like lead, mold, pests, or structural issues, ultimately affecting their health and well-being.

> ***"These days, people are not wanting to push back if they are living in substandard housing out of fear of losing housing. This can lead into other health issues like cold and asthma."***
>
> **– Sector Focus Group Participant**

> ***"I'm always afraid that the landlord will kick me out when it's cold."***
>
> **– Resident Focus Group Participant**

Per American Community Survey data, two in five (41%) occupied housing units in Boston have one or more substandard housing conditions which could include limited plumbing or kitchen facilities, high occupancy rate, and large cost burden for the resident (Figure 16). These proportions are highest in Dorchester, Fenway, Mattapan, and Roxbury.

Figure 16. Percent Occupied Housing Units with One or More Substandard Conditions, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Substandard conditions are defined as one of the following: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

HOMELESSNESS AND GAPS IN HOUSING ASSISTANCE

Homelessness was ranked as one of the top five concerns among survey respondents from several neighborhoods, including the South End (41.0%), Fenway (28.5%), South Boston (24.0%) and Dorchester (22.7%) (Table 11). Without sufficient support, individuals and families facing financial hardship are at risk of eviction or unstable living conditions. Some discussion participants familiar with housing assistance programs described several barriers, including income thresholds and challenges communicating with/receiving support from emergency rental assistance agencies.

Interview participants noted that people experiencing homelessness are especially vulnerable to extreme weather and the impacts of climate change and highlighted a need for more shelters in general, but especially ones that are equipped to serve migrant families and transgender people.

Discussion participants also noted the connection between substance misuse, a lack of affordable housing, and homelessness (see Substance Use chapter). Of note, unhoused survey respondents ranked alcohol or substance misuse as the top concern in their community (65.6%) followed by homelessness (37.5%) and housing quality or affordability (36.5%) (Table 12). One interviewee also underscored that managing chronic health conditions while experiencing homelessness is incredibly challenging.

Shelter Access for Transgender People

LGBTQ+ focus group participants raised concerns about the **limited availability of homeless shelters that are safe and inclusive for transgender people**. This was also a key theme in the 2024 LGBTQ+ Health Assessment conducted by Boston Public Health Assessment (see Recommended Readings). Both data sources emphasized the need for gender-affirming accommodations, noting that transgender individuals often face discrimination, violence, and exclusion in traditional shelter settings. Providing **privacy, affirming environments, and trained staff** is essential to fostering safety, dignity, and mental well-being. As one participant shared:

> "*[It] would be nice to see more funding for trans organizations and even trans shelters, a lot of trans people don't feel safe going to run-of-the-mill shelters, it's hard to place gender nonconforming people.*"

SOCIAL AND ECONOMIC FACTORS: ECONOMIC MOBILITY

Economic mobility plays a critical role in shaping health outcomes, as the ability to improve one's financial situation over time directly influences access to resources that support health and well-being. Almost 17% of Boston residents are living in poverty and certain populations, including immigrants and residents with a disability, are disproportionately impacted by economic hardship. Economic insecurity and unequal access to wealth-generating opportunities such as homeownership were key themes shared by community survey respondents and discussion participants, who noted that the cost of living in Boston combined with low wages leads to stress and hardship.

INCOME AND FINANCIAL SECURITY

While discussion participants agreed that Boston has many resources related to education and employment, they also **emphasized that there is a high cost of living and few opportunities for economic mobility. This reality was characterized as stressful and directly connected to health and housing.** Some focus group participants also tied the high cost of living to income inequality and gentrification.

Changes Since Previous CHNAs

The proportion of community survey respondents who report they have trouble paying for housing and for food and groceries is higher in this current 2025 CHNA, compared to the 2019 CHNA.

In several focus group discussions, participants noted that low wages combined with high living costs and, at times, unanticipated expenses can create challenges in affording essentials (e.g., housing, utilities), requires making trade-offs, and can contribute to food insecurity (see Access to Healthy Food, Nutrition, and Physical Activity chapter). **In short, participants described a situation where they live "*day-to-day*" and paycheck-to-paycheck**. Participants including seniors, parents, and recent immigrants all commented on this challenge. Parents, in particular, described the difficult task of earning enough money while having a flexible schedule to care for their children.

"Not all the pieces for economic mobility are affordable. It's housing and now food and utilities—it's all those pieces that contribute to it and food security is one that is bubbling up to the top of needs for our community."

– Interview Participant

Discussion participants viewed economic security as intertwined with basic needs, such as health care, housing, utilities, and food **Among community survey respondents who reported having trouble paying for basic needs in the past 12 months, unhoused respondents, Black respondents, Latinx respondents, and caregivers consistently reported the highest burden (Table 7).**

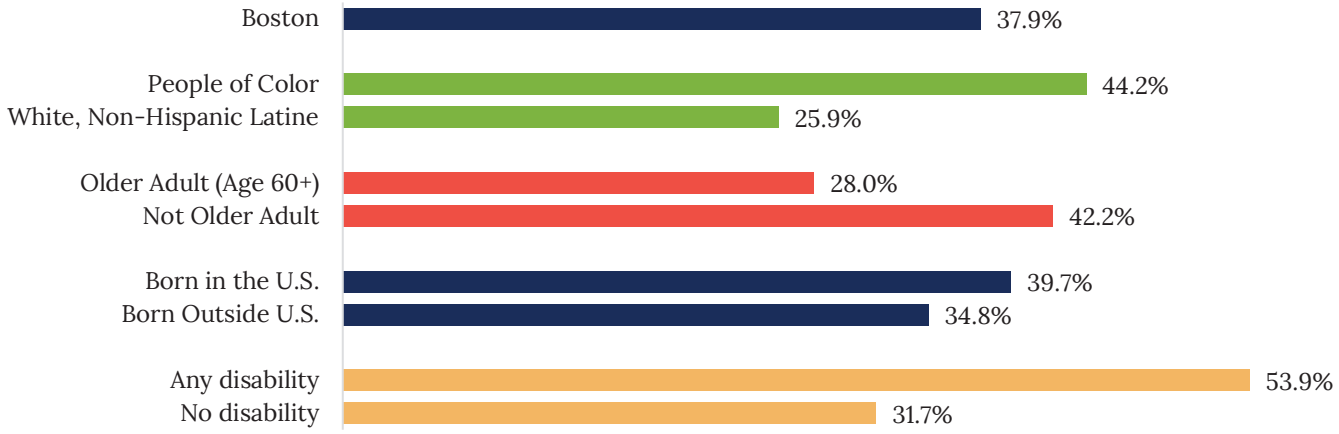
Table 7. Percent Survey Respondents Reporting Having Trouble Paying for Any of the Following in the Past 12 Months, 2024

Rank	Overall N=1,674	Asian N=200	Black N=471	Latinx N=360	White N=751	LGBTQ+ N=379	Caregiver N=993	Unhoused N=92
1	None of the above (38.5%)	None of the above (32.5%)	Housing (36.7%)	Housing (37.8%)	None of the above (51.0%)	None of the above (36.1%)	Housing (32.9%)	Housing (50.0%)
2	Housing (29.2%)	Housing (24.5%)	Food or groceries (35.5%)	Food or groceries (34.4%)	Housing (23.7%)	Housing (31.1%)	None of the above (31.8%)	Food or groceries (47.8%)
3	Food or groceries (26.5%)	Seasonal clothing (17.5%)	Utilities (30.6%)	None of the above (27.5%)	Food or groceries (22.1%)	Food or groceries (31.1%)	Food or groceries (29.9%)	Transportation (39.1%)
4	Utilities (19.2%)	Food or groceries (16.5%)	None of the above (26.3%)	Utilities (23.9%)	Health care (17.7%)	Health care (26.6%)	Utilities (22.0%)	Personal Care Items (34.8%)
5	Health care (17.3%)	Health care (16.0%)	Transportation (23.8%)	Transportation (22.8%)	Tuition/ Student Loans (15.3%)	Tuition/ Student Loans (19.3%) / Transportation (19.3%)	Transportation (18.4%)	Seasonal clothing (32.6%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Participant perceptions aligned with findings from the 2023 Massachusetts Community Health Equity Survey, which reported that nearly two in five Boston residents (37.9%) had difficulty affording basic needs in the past year (Figure 17). People of color, individuals under the age of 60, U.S.-born residents, and those living with disabilities were more likely to report this challenge compared to other groups.

Figure 17. Percent Adults from MA Community Health Equity Survey Who Had Trouble Paying for Any Basic Needs in the Past Year, by Boston and Selected Sub-Populations, 2023



DATA SOURCE: Massachusetts Department of Public Health, MA Community Health Equity Survey (CHES), 2023 Survey

Discussion participants also underscored the connection between economic security, stress, and mental health. For example, participants shared that struggling to pay bills and cover basic needs is stressful and contributes to feelings of depression. Additionally, longtime Boston residents pointed out that income inequality has worsened in recent years, with growing disparities between neighborhoods becoming increasingly noticeable. This perception is supported in the Census's American Community Survey data: in 2019-2023, Boston's median household income was $94,755 (Figure 18), but this figure varied substantially across neighborhoods. Roxbury reported the lowest median income at $47,921 followed by Fenway at $56,326, while South Boston (which also includes the main zip code for the Seaport district) had the highest at $162,257. Additionally, median household income is highest among White residents ($131,953) and lowest among Latinx residents ($53,873) (Figure 77).

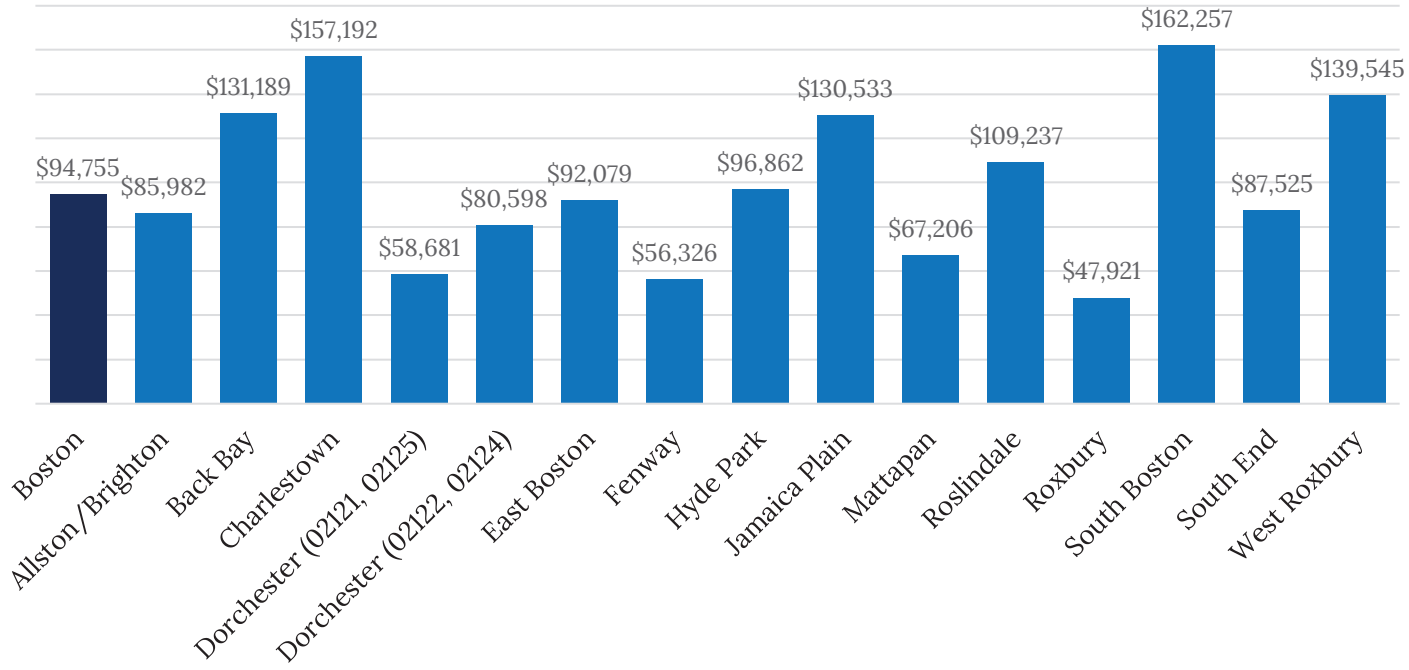
Neighborhood delineations can vary by source. While the figure below shows neighborhood defined by zip code, the City of Boston's Planning Department has examined data using alternative classifications for neighborhoods using census tract level estimates. That analysis shows that the neighborhoods with the lowest household income are Fenway ($47,500), Roxbury ($42,500), Mission Hill ($55,000), and Chinatown ($55,000).[7]

Linking Economic Security to Housing and Mental Health

"I feel like there is no middle class–you are either filthy rich or dirt poor. That's how Boston is and that's a shame because growing up, it wasn't that way around here. Now, I couldn't afford an apartment in Forest Hills unless I was a doctor or in some of those low-income housing buildings. If you are choosing between eating and a roof over your head that is not a good situation. I have been homeless for years and I can't afford housing. Being out there makes me stressed, depressed and lonely and so I use [drugs] to get those feelings away."

– Discussion Participant

Figure 18. Median Household Income, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

EMPLOYMENT

> ***"I think there's a tremendous amount we could be doing to help young people, newcomers, and a number of adults in the 25-35 range who may not have completed workforce pathways and credentials."***
>
> **– Interview Participant**

Well-paying jobs and stable employment are key factors that contribute to economic security. Among community survey respondents, "*economic insecurity and employment/ job opportunities*" was ranked the fourth most important concern in their community's health and "*access to good jobs and economic opportunities*" was rated the third most important factor for improving quality of life and health in their community. Of note, in the 2019 CHNA survey, employment and job opportunities were ranked lower (eleventh) among top community concerns.

Discussion participants described several barriers to employment, including English language fluency for immigrant communities, background checks for persons with a history of incarceration or involvement with the criminal justice system, and limited work experience for youth. Haitian- and Spanish-speaking focus group participants expressed concern about job loss and unemployment for themselves and others in their households. Spanish-speaking participants expressed specific concerns with increasing immigration enforcement actions and potential loss of jobs and legal protections around documentation status.

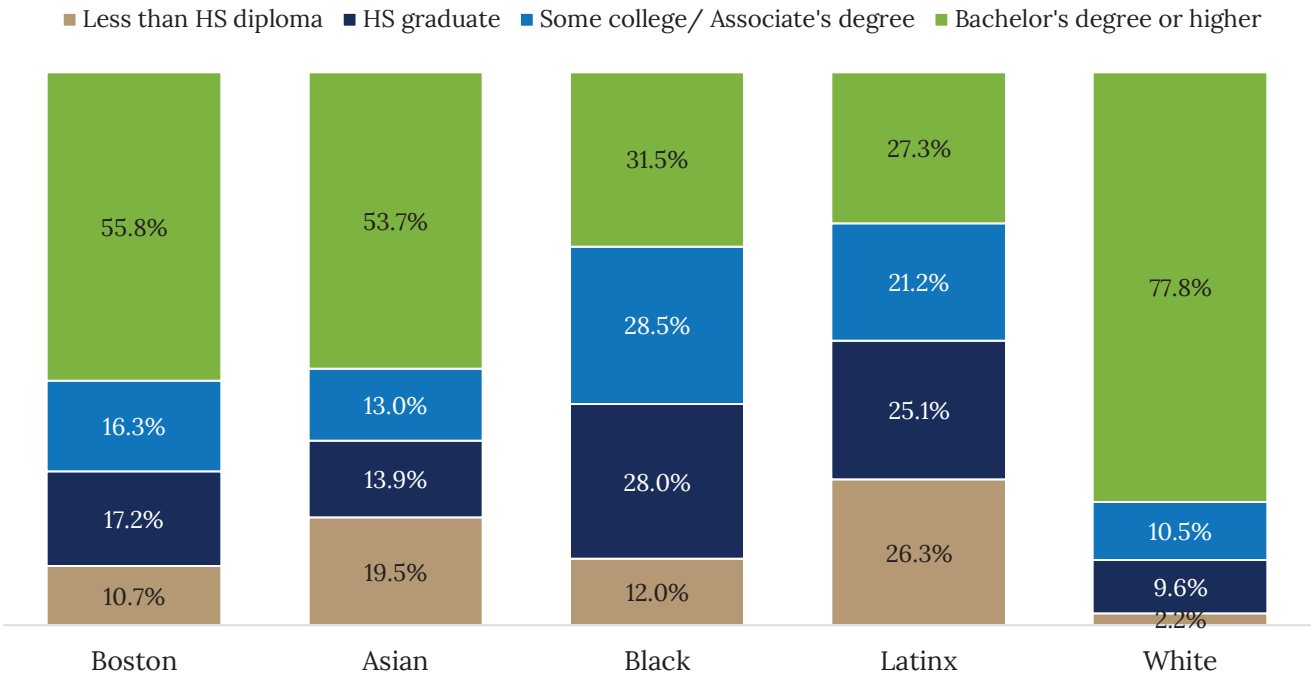
SOCIAL AND ECONOMIC FACTORS: ACCESS TO EDUCATION AND EDUCATIONAL ATTAINMENT

Access to affordable, high quality educational opportunities is a key building block for healthier communities. Safe and nurturing spaces for children to learn and grow can support their physical, social, and emotional development. Educational attainment is also associated with higher income, increased access to services, and improved health and well-being.[8] While discussion participants saw great potential in Boston's ability to educate residents, they also pointed out many challenges around cost, availability, and equity.

EDUCATIONAL ATTAINMENT

Overall, Boston is a highly educated city with over half of adults (55.8%) ages 25 years old or older holding a college degree or more. This percentage is higher than in the 2019 CHNA, when 48.2% of Boston residents aged 25 years or older had a bachelor's degree or higher. However, there are stark differences by race/ethnicity and neighborhood. In Back Bay, 80.8% of residents over 25 years old have a bachelor's degree or higher compared to 24.3% of Mattapan residents (Table 14). Over three quarters of White residents (77.8%) hold a college degree, while just over one quarter of Hispanic or Latino residents do (27.3%) (Figure 19). There are also differences in educational attainment by gender; these gender gaps are particularly pronounced for Black men and women. A recent report by Boston Indicators, Boys and Men in Greater Boston, indicates that while 54% of Black women aged 25 to 34 years have at least a bachelor's degree, only one in three Black men (34%) in the same age range have at least a bachelor's degree.[9]

Figure 19. Educational Attainment of Population Over 25 Years Old, by Boston and Race/Ethnicity, 2023



DATA SOURCE: U.S. Census, American Community Survey 1-Year Estimates, 2023
NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx

EARLY CHILDHOOD

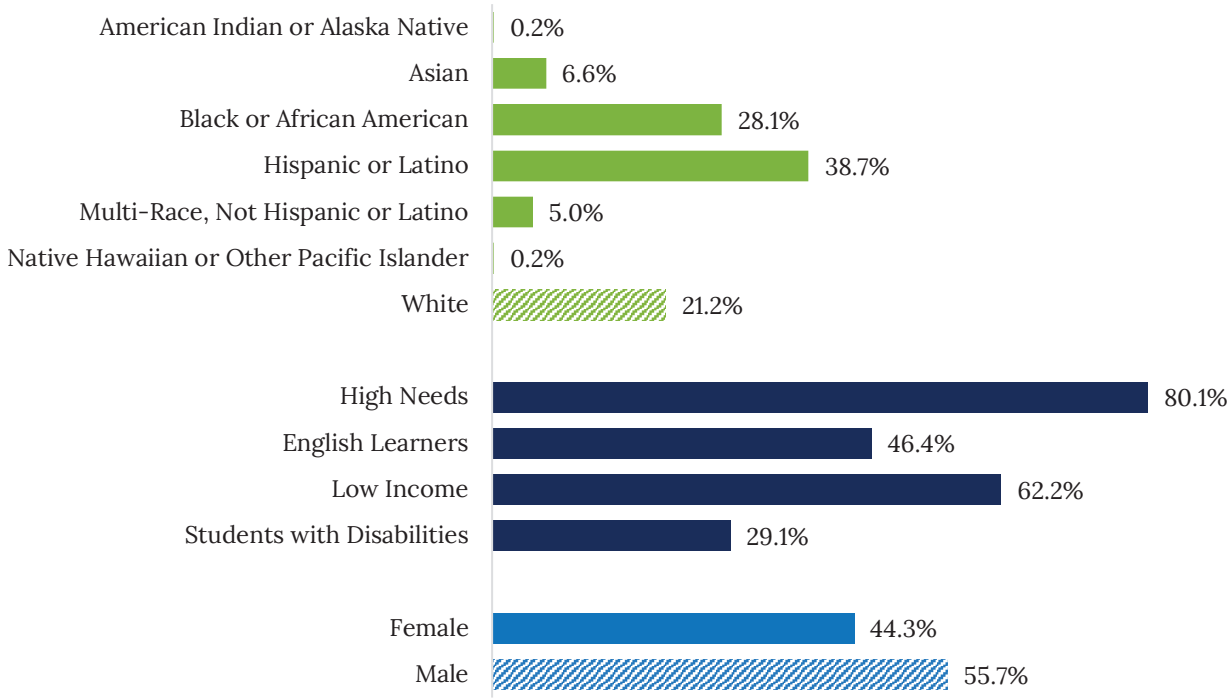
Multiple discussion participants underscored the importance of low-income families having better access to daycare and preschool for young children, noting that childcare enables parents to work and prepares children for public education. In a recent report from the Office of Early Childhood in Boston, in 2024 an estimated 71% of children aged 0-2 years did not have access to formal early education and care. While the number of childcare providers and seats has increased over the last five years, the cost of childcare remains a high burden for many families, especially low-income families. According to the Economic Policy Institute, Massachusetts ranks 2nd out of 50 states for the **most expensive** infant care.[10]

"Low-income families are struggling to access free or affordable early education and childcare. This leads to a parent not being able to work or children that can't access pre-K."

– Interview Participant

Relatedly, when families cannot afford to have a parent stay at home to provide childcare, they are more likely to seek early education programs, making pre-K a critical support for working families. Figure 20 shows the proportion of students enrolled in pre-kindergarten in Boston, which includes Boston public schools, community-based organizations, independent schools, and family childcare programs. When examined by race, Black or African American students and Hispanic or Latino students were most likely to be enrolled in Boston pre-kindergarten (28.1% and 38.7%, respectively). When examined by more specific characteristics, students with high needs were also most likely to be enrolled in pre-kindergarten (80.1%).

Figure 20. Percent and Number of Boston Students Enrolled in Pre-Kindergarten, by Selected Sub-Populations, 2024-2025



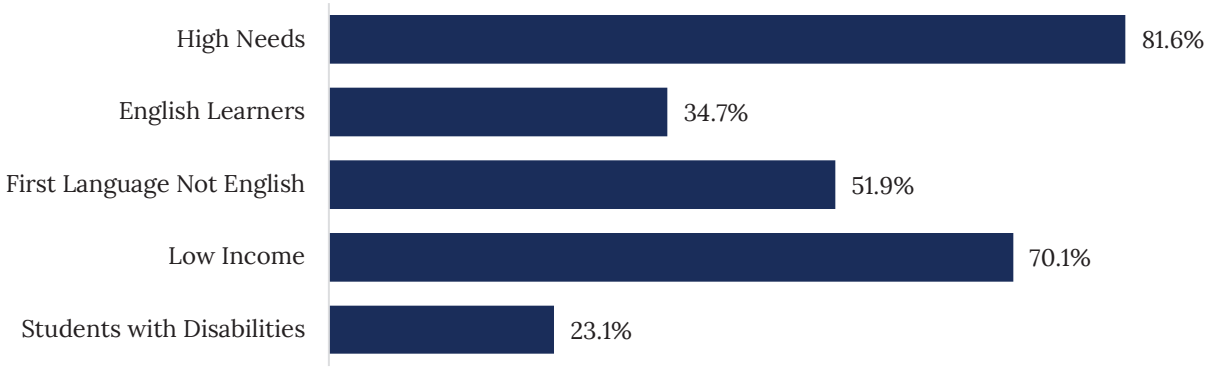
DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2024-2025
NOTE: Per DESE, in 2025, a student is included in the High Needs group if he or she is designated as either Low Income, English Learner or Former English Learner, or a Student with Disabilities.

SCHOOL-AGE STUDENTS

Discussion participants shared mixed sentiments about the public education system in Boston. Some described the school system as well-resourced, particularly as it relates to providing meals for low-income students. Others expressed concern about the ability of the public education system to provide access to quality education for all students, given the high needs of Boston Public School (BPS) students. Further, these participants also questioned whether BPS has the required resources to fully prepare graduates for higher education and employment opportunities.

Recent state data indicate that **the needs among Boston public school students are substantial,** with seven in ten students designated as low-income (Figure 21). Further, roughly one in three students were designated as English learners while more than half did not speak English as a first language. Additionally, more than one in five students were designated as having a disability.

Figure 21. Percent Boston Public School Students Enrolled, by Selected Sub-Populations, 2024-2025



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2024-2025
NOTE: Per DESE, in 2025, a student is included in the High Needs group if he or she is designated as either Low Income, English Learner or Former English Learner, or a Student with Disabilities.

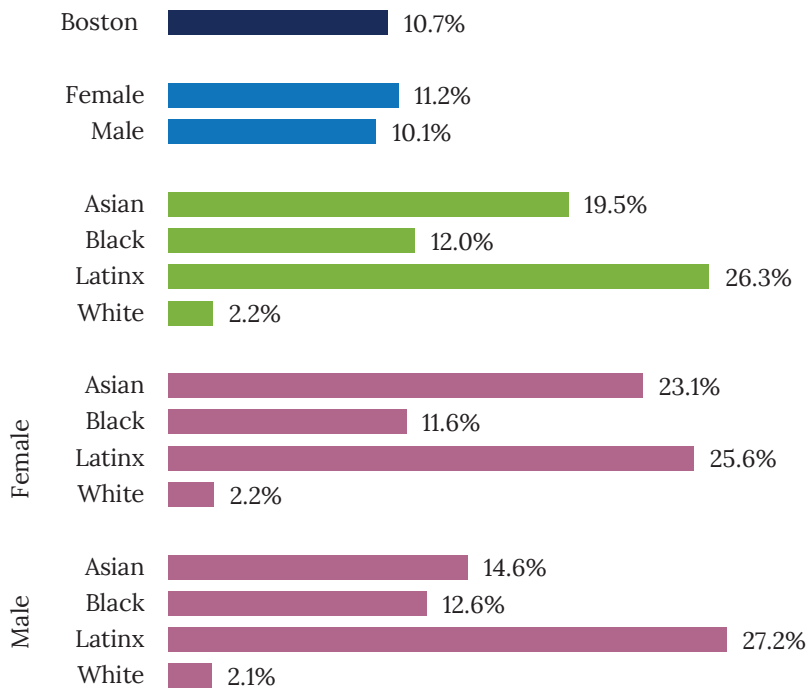
HIGHER EDUCATION AND JOB TRAINING

Concerns around economic mobility that were referenced in the Economic Mobility Chapter also extend to concerns around college and other training opportunities. **A handful of discussion participants noted that the high cost of college, as well as difficulty accessing job training programs, prevent some residents from being viable candidates in what they described as a competitive job market**. Low-income community members were seen as the most at risk of being unprepared to enter the workforce given deficits in education access.

> ***"We need to ensure that this current generation will have a future. Many parents can't afford to pay for college for their children. There needs to be more assistance for low-income families to send their kids to good colleges so that they can get ahead in life."***
>
> **– Resident Focus Group Participant**

While the previous section examined educational status by race/ethnicity, the graph below provides a deeper dive into those Boston residents with less than a high school education, the group most challenged in employment opportunities. According to 2023 American Community Survey data, 11% of Boston residents had attained less than a high school education (Figure 22). The proportion of residents without a high school education is highest among Latinx and Asian residents overall and among Latinx men and women. By neighborhood, East Boston, Roxbury, and Dorchester have the highest proportion of residents who do not have a high school diploma (Table 14). Also of note, 15.1% of community health survey respondents indicated that in the last 12 months, they had trouble paying for tuition or student loans (Table 16).

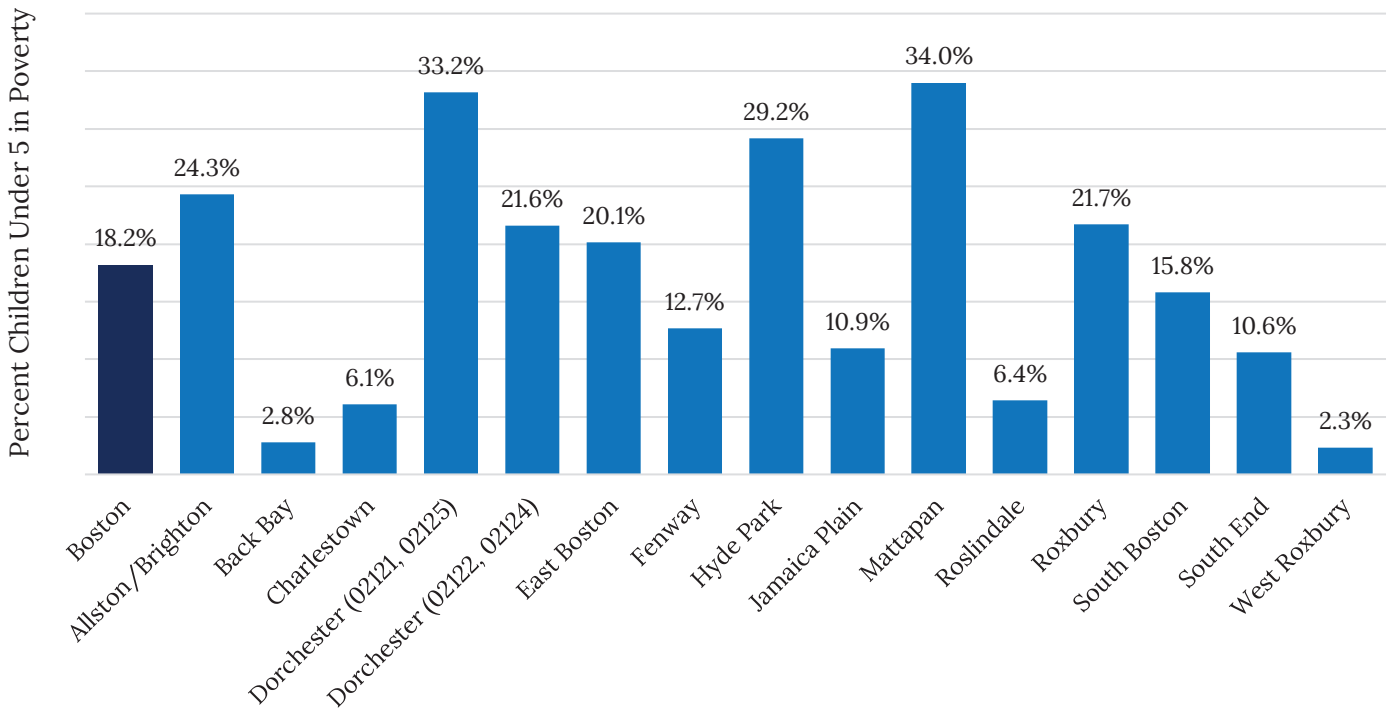
Figure 22. Percent Residents Over 25 Years Old with Less Than High School Education, by Boston and Selected Sub-Populations, 2023



DATA SOURCE: U.S. Census, American Community Survey 1-Year Estimates, 2023
NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx

A few interview participants also **connected adult education to childhood poverty,** noting that adequate education and training play a crucial role in breaking the cycle of child poverty by providing parents with skills and qualifications that lead to better job opportunities. This, in turn, can improve financial stability. Looking at the data, in 2023, nearly one in five Boston children under five years old were living in poverty (18.2%) (Figure 23). Percentages were highest in Dorchester (33.2%), Hyde Park (29.2%), and Mattapan (34%).

Figure 23. Percent Children Under 5 Years Old in Poverty, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

SOCIAL AND ECONOMIC FACTORS: TRANSPORTATION

Affordable and reliable transportation is essential for accessing jobs, schools, health care, and other vital services. Public transportation is an asset in the community, though there are access barriers for older adults and residents with mobility disabilities and costs associated with transportation in general are at times a challenge.

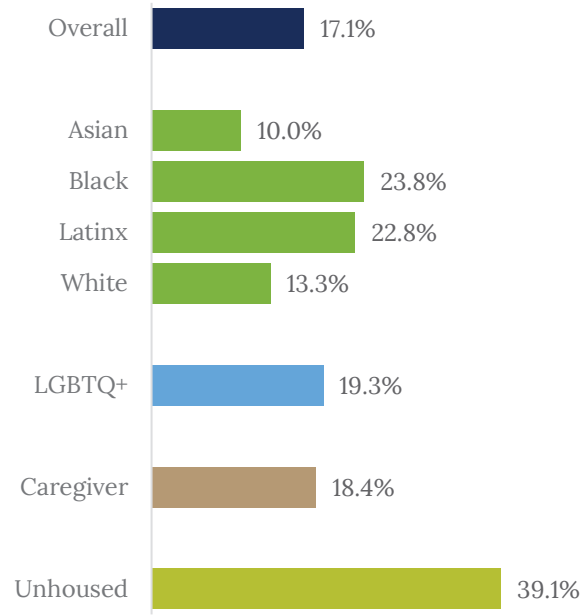
Some discussion participants described their communities as convenient to get around and walkable, while other participants described transportation barriers. While roadways, traffic, and construction were frequently mentioned as bothersome, public transportation was discussed the most frequently. **Public transportation in Boston was described as "convenient" but also "not perfect"** given how often it can break down, safety concerns, and the areas of Boston where public transport does not exist or is difficult to access.

"Transportation is an issue, especially if you need to travel outside of your neighborhood and rely on the T."

– Interview Participant

The cost of transportation also emerged as a challenge for some discussion participants and was described as another bill that must be paid, contributing to the challenges of living paycheck-to-paycheck described earlier. While public transit fares were generally perceived as affordable, costs related to owning a vehicle (e.g., gas, parking, car payments) were not. This is echoed in the community survey, where 17.1% of community survey respondents reported having trouble paying for transportation (e.g., car payments, gas, and public transit) in the past 12 months (Figure 24). When examined by race/ethnicity, Black and Latinx respondents reported this burden the most (23.8% and 22.8%, respectively).

Figure 24. Percent Survey Respondents Reporting Having Trouble Paying for Transportation in the Past 12 Months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

"[Kids with disabilities] can't take the buses... and it is expensive to drive kids around the city to bring them to different schools."

– Resident Focus Group Participant

Regardless of demographic, discussion participants tended to name similar factors that help and hinder accessing transportation in Boston (see callout bubble). Some participants also mentioned transportation as it relates to accessing green space, noting that the need to use multiple modes of transit to access green space in the city was frustrating at times.

In focus groups, seniors and people with mobility disabilities cited additional transportation barriers such as navigating a crowded sidewalk or contending with transit riders who do not give up their seat on public transportation. For a couple of participants who relied on *The Ride* (transportation service) for medical appointments, they cited sometimes negative attitudes from drivers and lack of flexibility around timing as additional challenges. Seniors specifically mentioned fears and safety concerns about using public transit, worrying that their physical frailty may make them potential targets for crime or harassment.

What Helps Boston Residents Access Transportation?

- Convenience/easy to access trains and buses
- Transportation services for seniors
- Social workers arranging transportation to/from medical appointments
- Friends/family providing rides

What Prevents Boston Residents from Accessing Transportation?

- Unaffordable and unreliable public transit
- Limited flexibility with scheduling accessible transportation services
- Infrequent bus stops
- Cleanliness and safety concerns

CHRONIC DISEASE

Many chronic conditions – including cancer, heart disease, and diabetes – are drivers of premature mortality rates, impact quality of life, and are associated with costs for individuals and the health care system. This chapter highlights key inequities in chronic disease. Comprehensive data and information on chronic diseases is available in the Health of Boston Reports.

Obesity and diabetes were commonly mentioned chronic health conditions among focus group participants.

- Cardiovascular health was discussed as a concern among seniors, fathers, Spanish-speaking participants, and Muslim parents.
- Asthma and/or allergies emerged as a concern for seniors, fathers, Muslim parents, and representatives of the climate justice sector who noted the impact of extreme heat.
- Chronic disability and mobility disability emerged as a health concern for several focus group participants, including seniors, persons with mobility disabilities, and trans and non-binary adults.
- Interview participants also identified persons who were previously incarcerated and people experiencing houselessness as particularly vulnerable to chronic conditions.

"In fact, your hypertension, high blood pressure, everything comes from the lack of health care when you were incarcerated. The unmet health conditions that go ignored for years, and then by the time you're released, the little problem became a huge problem."

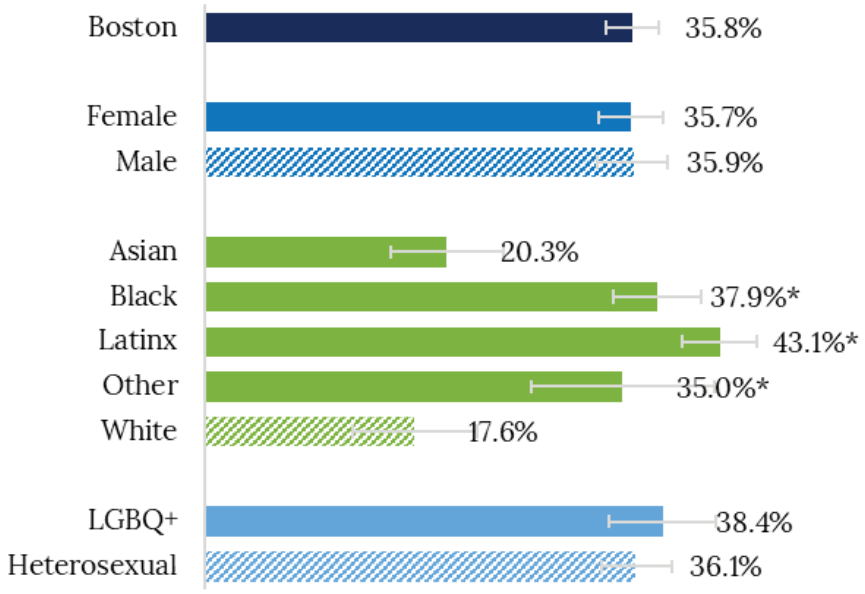
– Interview Participant

OBESITY

Obesity is a prevalent and costly chronic condition that can increase risk for type 2 diabetes, heart disease, stroke, and other chronic diseases. **Focus group participants frequently mentioned obesity as a pressing physical health concern in their communities.** Several participants discussed obesity in the context of limited access to healthy foods and insufficient opportunities to engage in physical activity; these and other risk factors for obesity are discussed in the following sub-sections.

In Boston, nearly 36% of youth and 59% of adults were overweight or obese (2019, 2021, and 2023 combined data). The prevalence of overweight and obesity varied widely across sociodemographic groups with notable racial, ethnic, and socioeconomic disparities present. Among youth, Black, Latinx, and youth reporting other racial or ethnic identifies were significantly more likely to be overweight or obese than white youth (Figure 25).

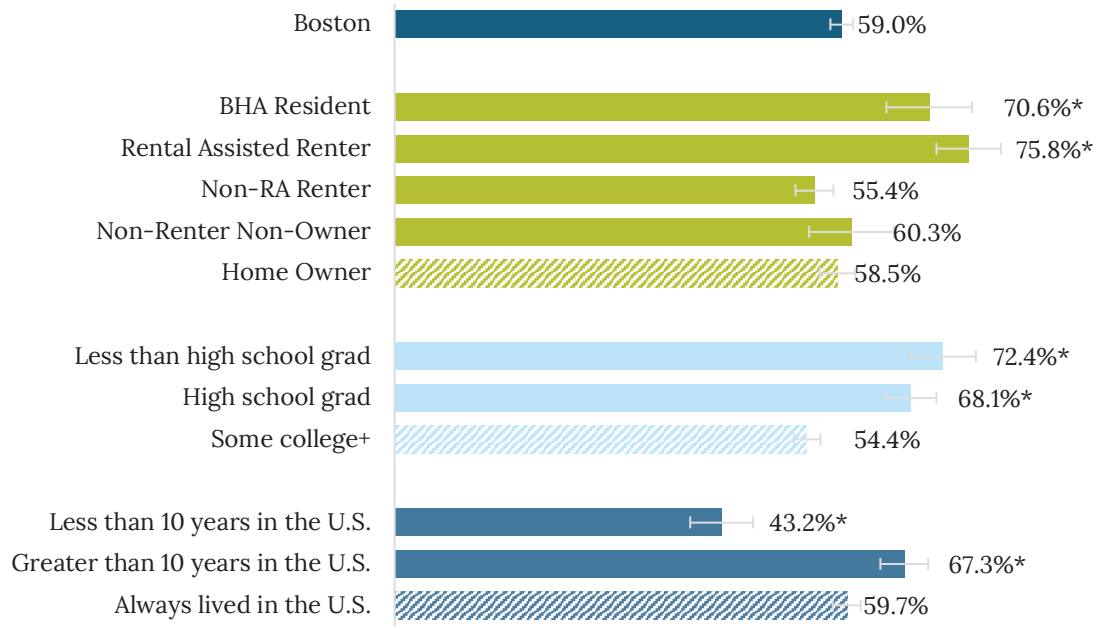
Figure 25. Percent High School Youth Reporting Overweight or Obese (BMI percent >85), by Boston and Selected Sub-Populations 2019, 2021, and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
NOTE: For children and teens, BMI is interpreted using sex-specific BMI-for-age percentiles. BMI is over 85% on the growth chart for their age and sex. Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$). LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Similarly, the percentage of adults reporting overweight or obesity was significantly higher among Black and Latinx adults compared to white adults (Figure 78). Additionally, as shown in the following graph, rates of overweight or obesity are higher among Boston Housing Authority (BHA) residents and rental assisted renters compared to homeowners, and among adults who have completed a high school degree or less compared to those who have completed at least some college (Figure 26). Further, compared to Boston overall, the percentage of adults reporting overweight or obesity was significantly higher in Dorchester, East Boston, Hyde Park, and Mattapan (Figure 79).

Figure 26. Percent Adults Reporting Overweight or Obesity, by Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as adults with BMI>25; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

HEART DISEASE AND STROKE

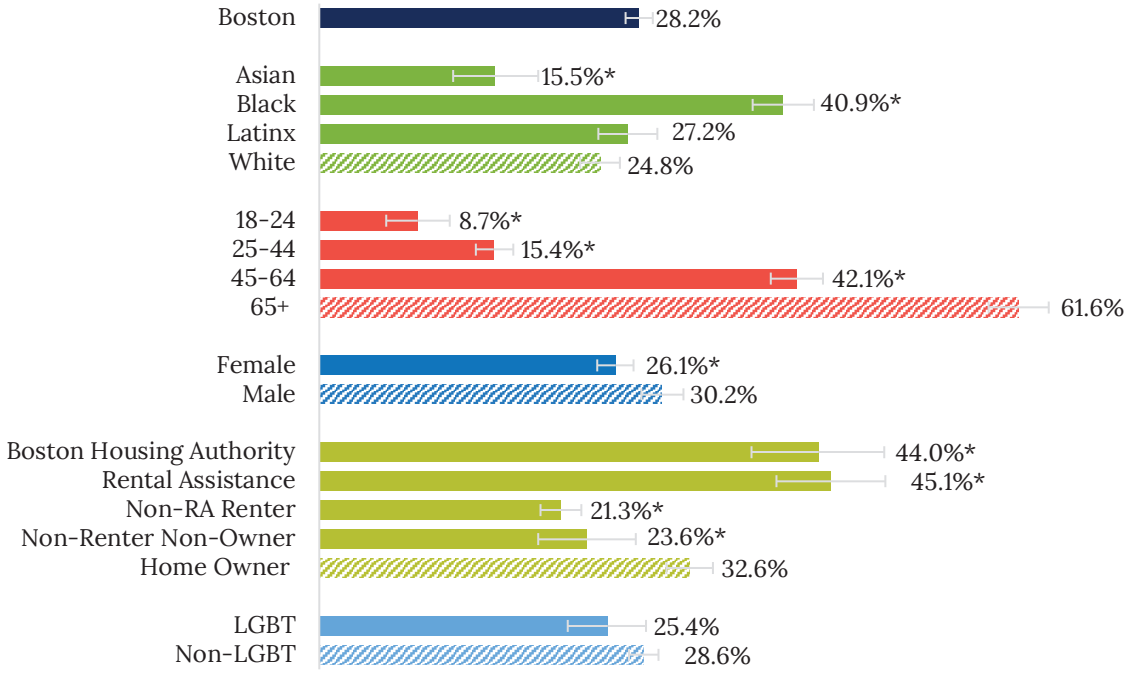
Hypertension, or high blood pressure, is the biggest risk factor for heart disease and stroke. Many factors contribute to high blood pressure, including not just individual lifestyle choices but also structural racism and its impact on access to health care, healthy foods, and safe places for physical activity, as well as everyday experiences of racism which contribute to chronic stress.

- Figure 27 shows that rates of hypertension are significantly higher among Black residents compared to White residents, and also significantly higher among Boston Housing Authority (BHA) residents and rental assisted renters compared to homeowners.
- Figure 28 shows that rates of hypertension are highest in Mattapan and Dorchester.

"My dad lives in Roxbury and in the last five years he changed pharmacies four times because they keep closing and if he didn't have me to help navigate that he wouldn't have a pharmacy."

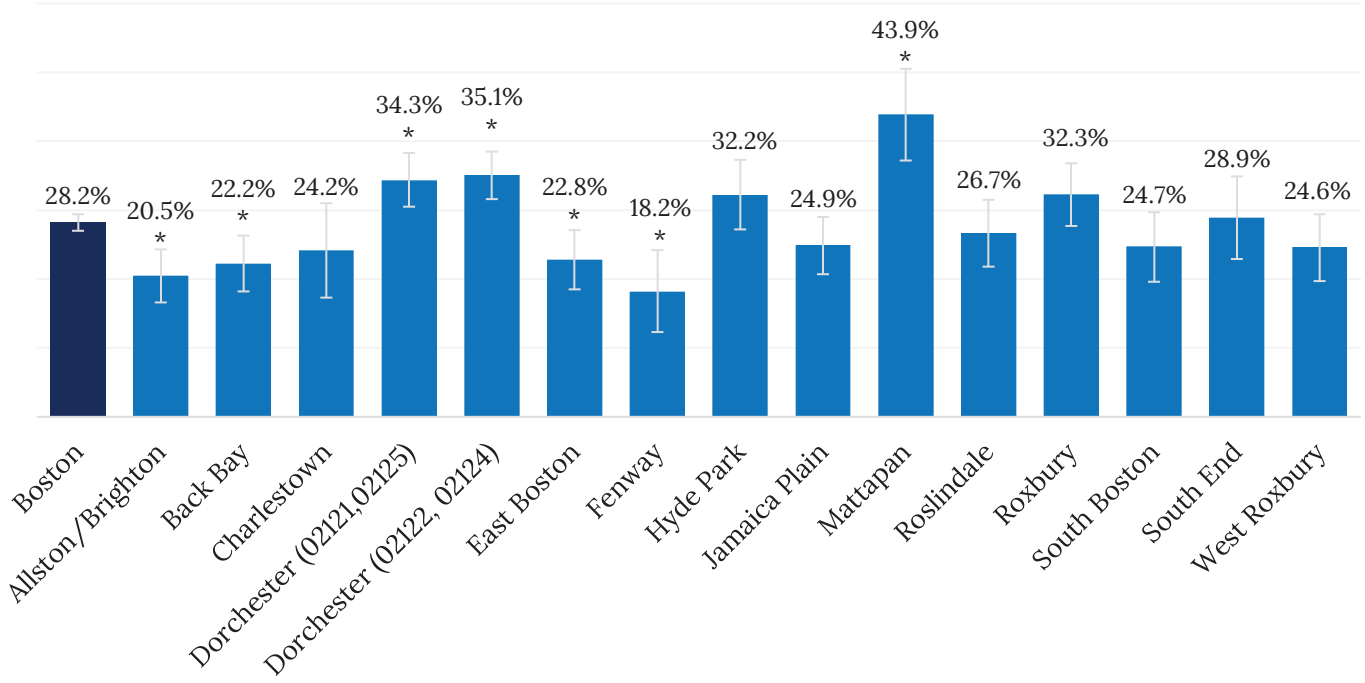
– Interview Participant

Figure 27. Percent Adults Reporting Hypertension, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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); Error bars show 95% confidence interval.

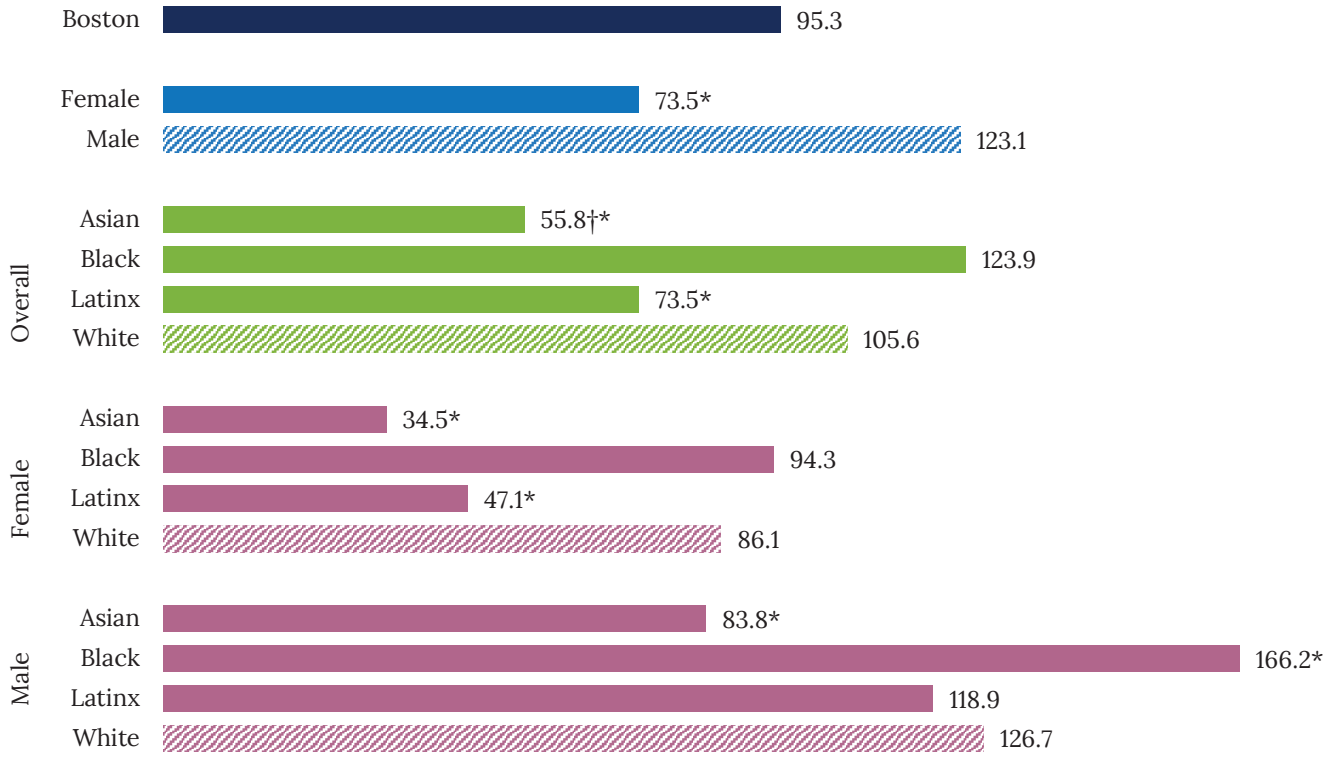
Figure 28. Percent Adults Reporting Hypertension, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Error bars show 95% confidence interval.

Heart disease mortality rates have declined significantly between 2019 and 2023, while heart disease premature mortality rates have remained stable (Table 17, Table 18). While mortality rates have declined, inequities persist. Heart disease hospitalization rates are significantly higher among Black residents compared to White residents (Figure 80). Heart disease mortality rates are higher among Black residents overall compared to White residents (Figure 29). This disparity is especially large among men: the heart disease mortality rate in 2023 was 166.2 deaths per 100,000 Black men compared to 126.7 deaths per 100,000 White men.

Figure 29. Heart Disease Mortality, by Boston and Selected Sub-Populations, Age Adjusted Rates per 100,000 Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Dagger (†) denotes rate based on a count of $n<20$; Error bars show 95% confidence interval.

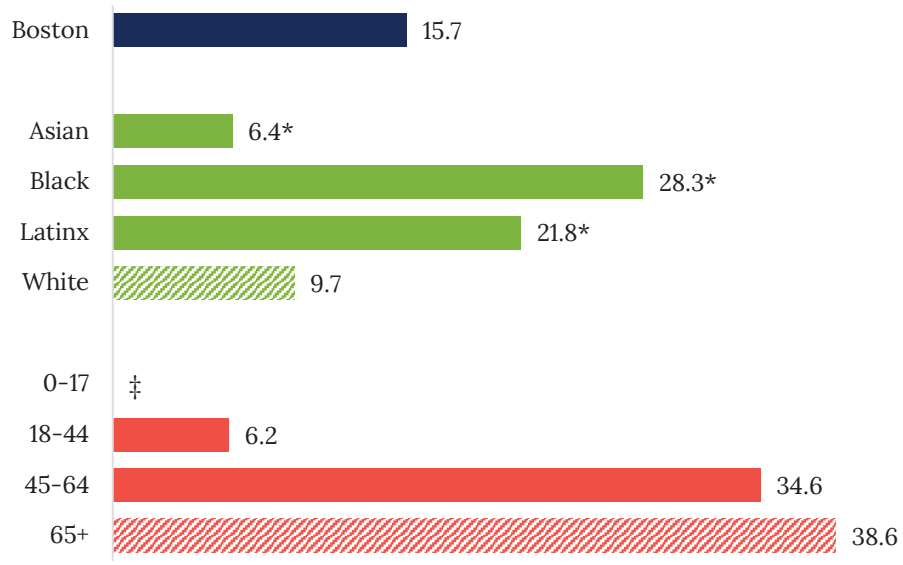
DIABETES

Access to healthy foods, physical activity opportunities, and appropriate medications are essential for effective management of diabetes and for preventing hospitalizations. In 2023, there were 15.7 diabetes-

related hospitalizations per 10,000 Boston residents. **Inequities in diabetes-related hospitalizations reflect inequities in access to healthy foods:**

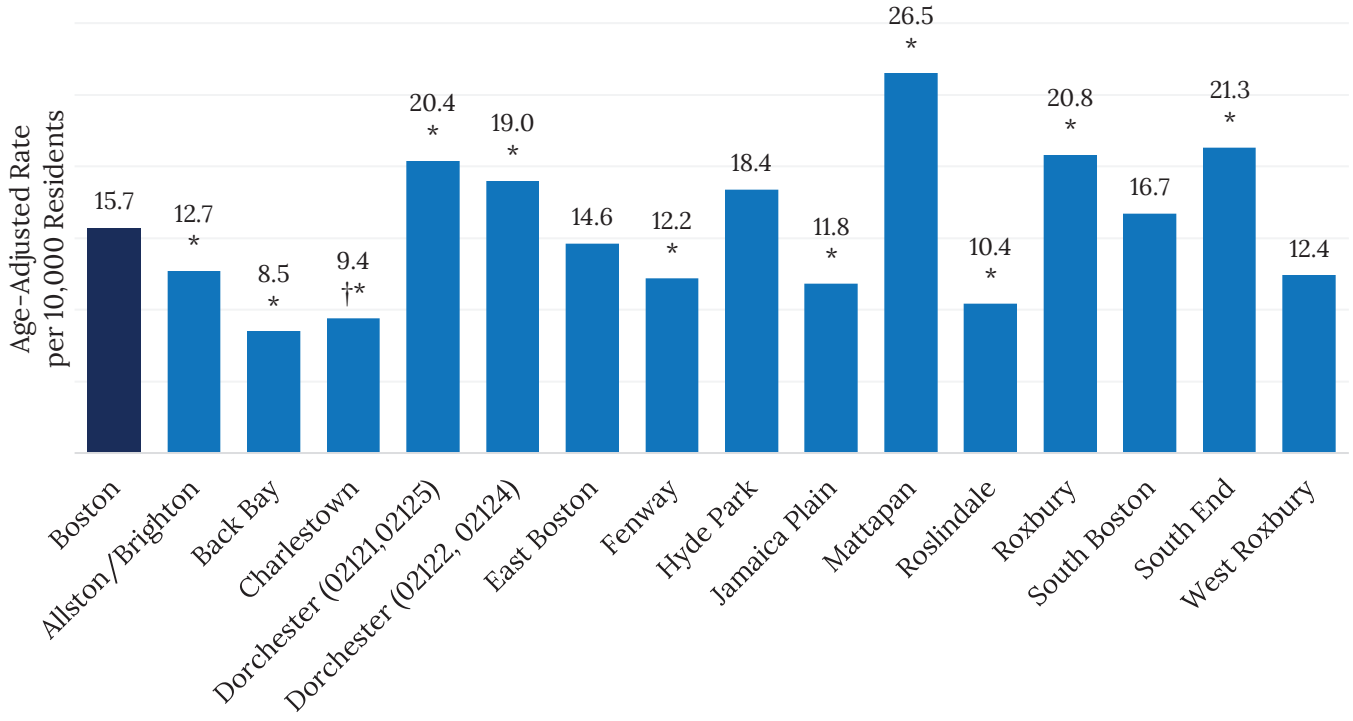
- Rates of diabetes-related hospitalization were significantly higher among Black and Latinx residents (Figure 30). As described further below, Black and Latinx residents also report higher rates of food insecurity, which may can contribute to challenges affording healthy food.
- The diabetes hospitalization rate was significantly higher in Mattapan, the South End, Roxbury and Dorchester compared to the rest of Boston (Figure 31). Residents of Mattapan, Roxbury and Dorchester also report a significantly lower ability to purchase healthy foods in their neighborhoods compared to Boston overall.

Figure 30. Diabetes Hospitalization, by Boston and Selected Sub-Populations, Age-Adjusted rates per 10,000 Residents, 2023



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$). Double dagger (‡) denotes count $n<5$.

Figure 31. Diabetes Hospitalization, by Boston and Neighborhoods, 2023



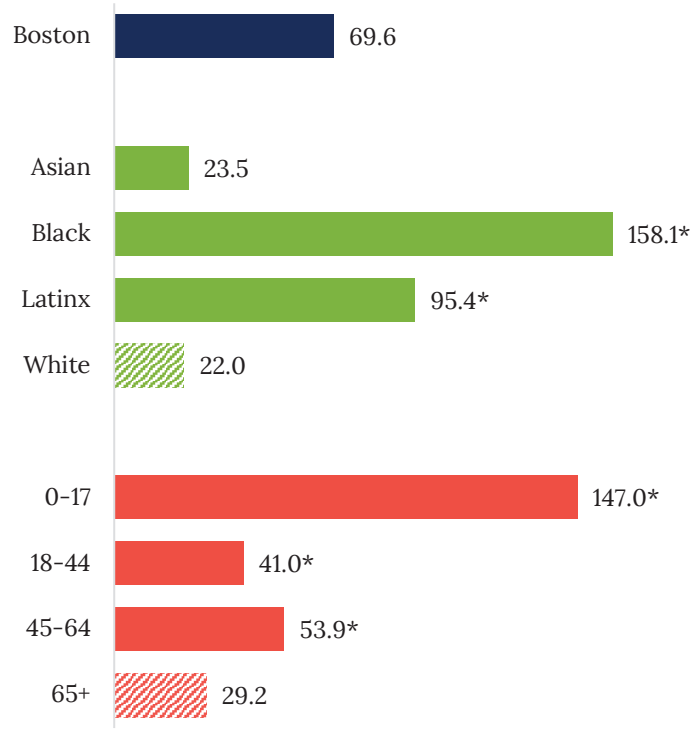
DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$). Dagger (†) denotes rate based on a count of n<20.

ASTHMA

Many triggers can exacerbate asthma including indoor allergens (e.g., dust and mold) and outdoor irritants (e.g., smoke and pollution), both of which can lead to emergency department (ED) visits. As described further in the Climate Change and Physical Environment chapter, communities of color are disproportionately exposed to heat, and hot, humid weather is a common asthma trigger.[11]

- As shown in Figure 32, the asthma ED visit rate was significantly higher among Black and Latinx residents compared to White residents.
- The ED visit rate is highest among ages 0-17 compared to other age groups (Figure 32).
- The ED visits rate was also significantly higher in Dorchester, Hyde Park, Mattapan and Roxbury (Figure 33).
- **Disparities in ED visits rates are particularly stark for Mattapan residents (132.4 asthma ED visits per 10,000 residents), whose rates are almost double those for Boston residents overall (69.6 asthma ED visits per 10,000 residents).**
- While inequities persist, it is important to note that **rates of emergency department visits for asthma have improved compared to previous CHNA reports.** In the 2019 CHNA, the asthma-related emergency department visit rate was 101 visits per 10,000 residents. As shown here, the asthma-related emergency department visit rate is much lower at 70 visits per 10,000 residents.

Figure 32. Asthma Emergency Department Visits, by Boston and Selected Sub-Populations, Age-Adjusted Rates per 10,000 Residents, 2023

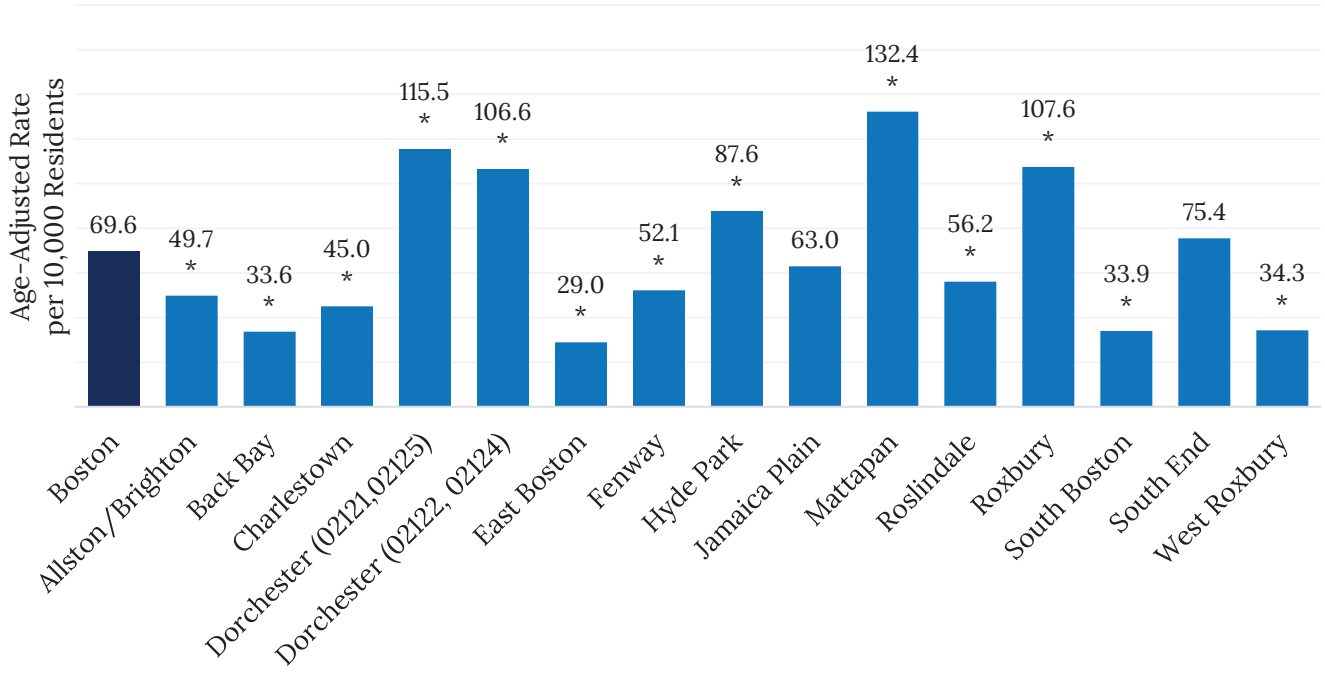


DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$)

"We also see more mold and moisture due to extreme precipitation changes, and [this] is something that slips under the radar as something [we] don't think of as climate issues and affects those who are already vulnerable such as [those who have] asthma..."

– Sector Focus Group Participant

Figure 33. Asthma Emergency Department Visits, by Boston and Neighborhood, 2023



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

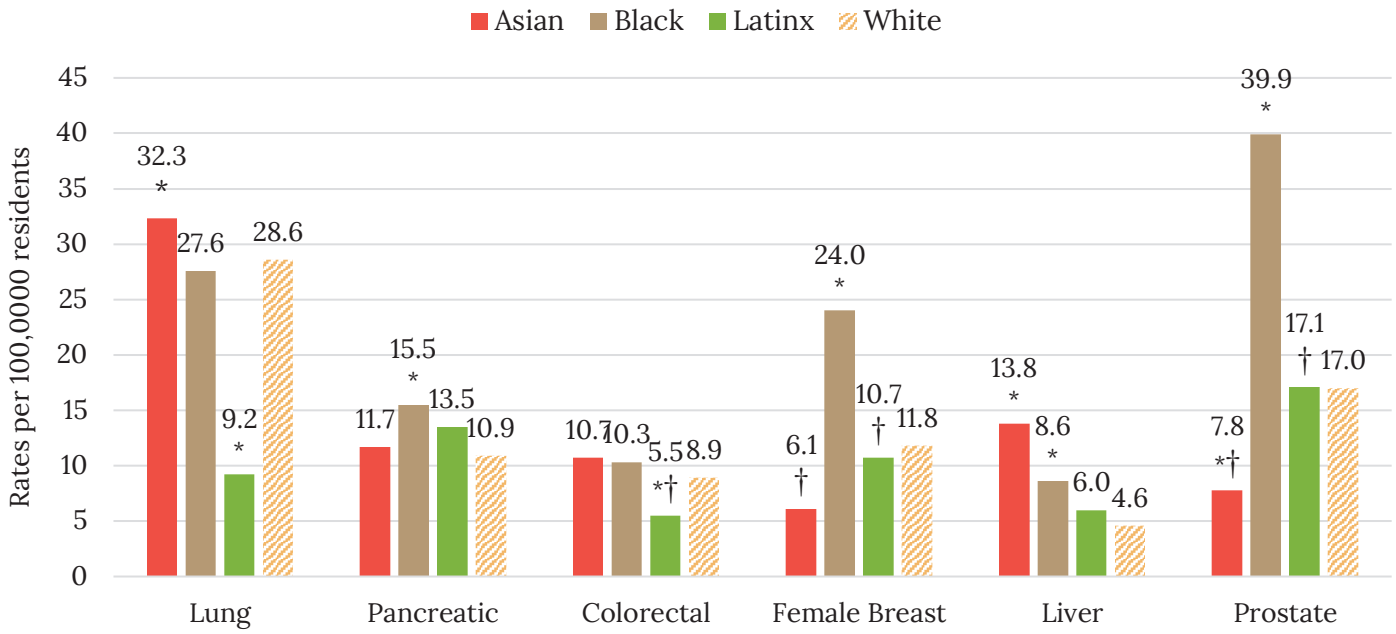
CANCER

Cancer is a leading cause of death in Boston. The combined 2017-2021 age-adjusted rate of cancer incidence in Boston is 425.6 cases per 100,000 residents[12], compared to 437.2 cases per 100,000 residents for Massachusetts overall[13]. While cancer mortality rates and premature cancer mortality rates have remained stable over time, recent data highlights inequities in cancer mortality and premature mortality by racial and ethnic groups.

CANCER MORTALITY

Cancer mortality rates and premature cancer mortality rates have remained stable over time (Figure 81). The leading types of cancer mortality are included in Figure 34. As shown in this Figure, the lung and liver cancer mortality rates are significantly higher for Asian residents compared to White residents while the prostate cancer mortality rate is significantly lower for Asian residents compared to White residents. Rates of pancreatic, female breast, liver, and prostate cancer mortality are significantly higher for Black residents compared to White residents. **The female breast cancer mortality rate and the prostate cancer mortality rate are both strikingly high for Black residents: the rates for Black residents are more than twice the rates for White residents**. Lastly, the lung and colorectal cancer mortality rates are significantly lower for Latinx residents compared to White residents.

Figure 34. Age-Adjusted Cancer Mortality Rates by Race/Ethnicity for Top Six Leading Types of Cancer Deaths, 2021-2023 combined

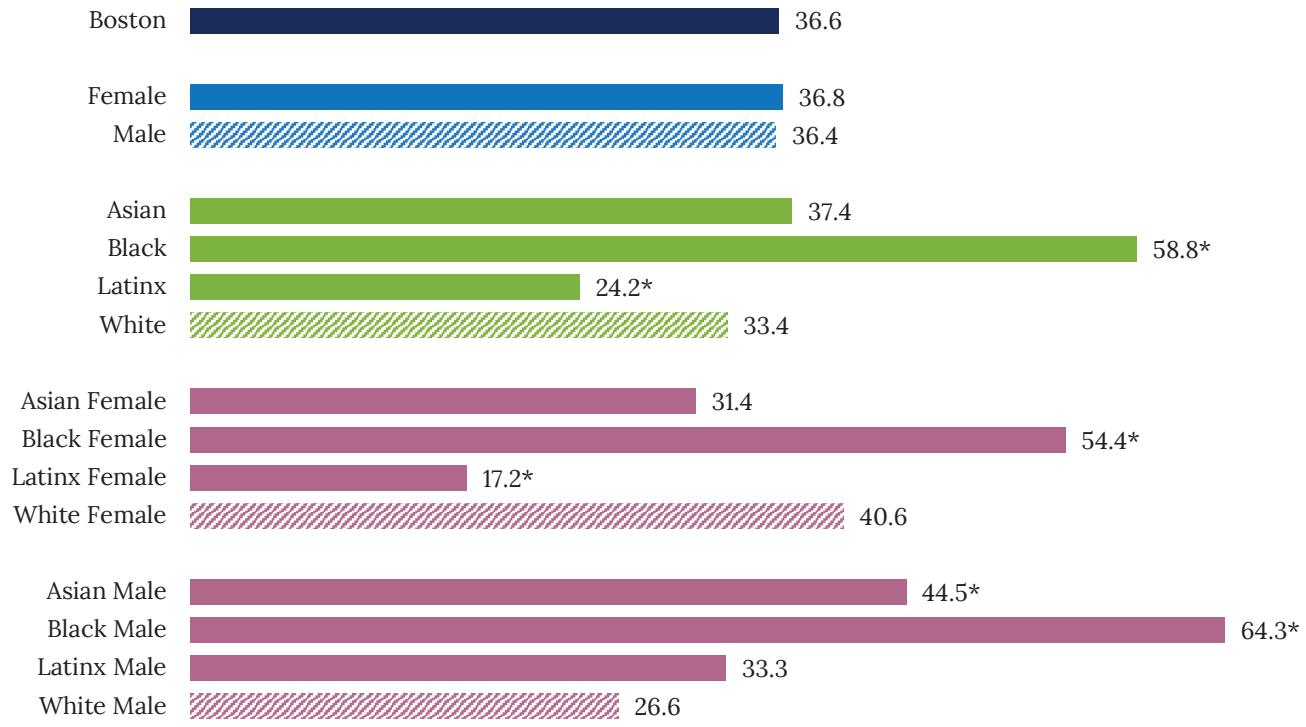


DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Dagger (†) denotes rate based on a count of $n<20$.

Measuring how cancer contributes to premature mortality can help guide community health planning by focusing attention on access to care, socioeconomic factors, and early detection. Focusing specifically on premature mortality from cancer:

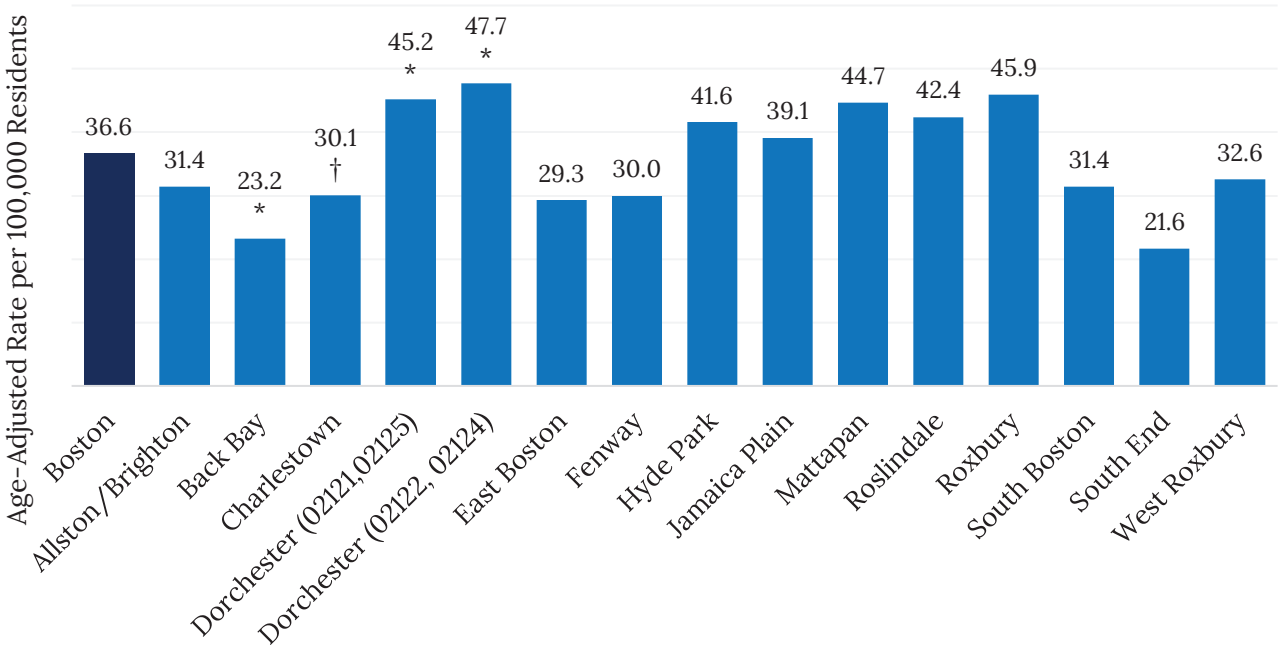
- Rates of premature cancer mortality are significantly higher for Black residents overall compared to White residents (Figure 35).
- For men, rates of premature cancer deaths are significantly higher among Asian and Black men compared to White men.
- **While Black women report high rates of screenings for breast cancer (Figure 37), their rates of premature cancer deaths are significantly higher compared to White women.**
- Premature cancer death rates are significantly higher in Dorchester compared to Boston overall (Figure 36).

Figure 35. Premature (Age<65 years) Cancer Mortality, by Boston and Selected Sub-Populations, Age-Adjusted Rate per 100,000 Residents, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$).

Figure 36. Premature (Age<65 years) Cancer Mortality, by Boston and Neighborhood, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of n<20.

CANCER SCREENING

Cancer screenings play a critical role in improving the health of a community by enabling the early detection of cancer and increasing the chances of successful treatment and survival. Individuals who receive care regularly are more likely to receive recommended preventive services including cancer screenings, which can help find cancers early when they are most treatable. While this report does not delve deeply into specific types of cancer, in 2021, the leading type of cancer mortality in Boston was lung cancer, followed by pancreatic, prostate, colorectal, and breast.[14]

Approximately three quarters of women 40 to 74 years of age across Boston (76.6%) reported receiving a mammogram in the past two years (Figure 37). While mammography rates do not differ by race/ethnicity, it is important to note that disparities in diagnostic follow-up following abnormal breast screening is documented in the literature; for example, one study found that the wait time for Black women to obtain a tissue

Mammography Recommendations

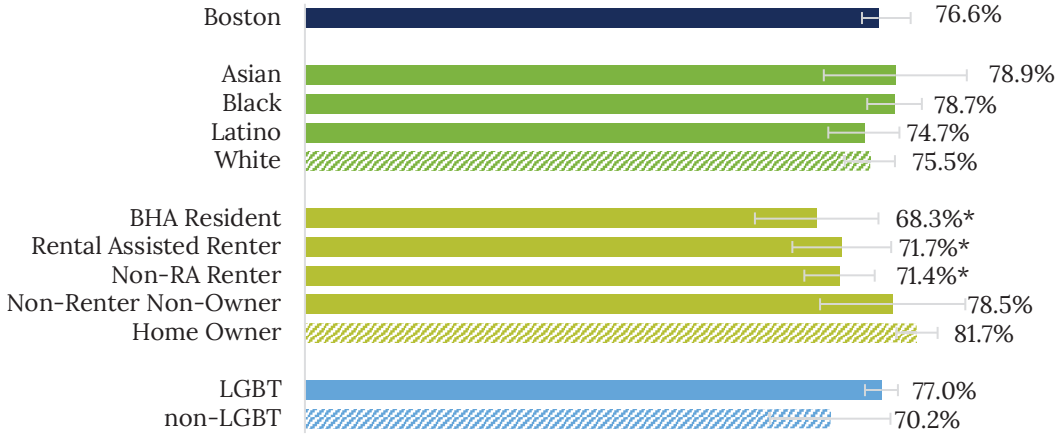
In 2024, the United States Preventive Services Task Force (USPTF) issued new recommendations that advise women at average risk to start regular mammograms at 40 years old. Regular mammograms (between the ages of 40 to 74) play an important role in finding breast cancer early, when it's easier to treat.

Colorectal Screening Recommendations

The United States Preventive Services Task Force recommends screening for colorectal cancer in all adults age 45 to 75 years old at average risk. The American Cancer Society National Colorectal Cancer Roundtable encourages communities to reach a screening rate of 80% and higher by working with health systems, community health centers, public health and others to increase awareness.

diagnosis was 1.75 times as long as the wait for White women.[15] Comparisons of rates cannot be made to previous CHNAs given the change in mammography age recommendations in 2024.

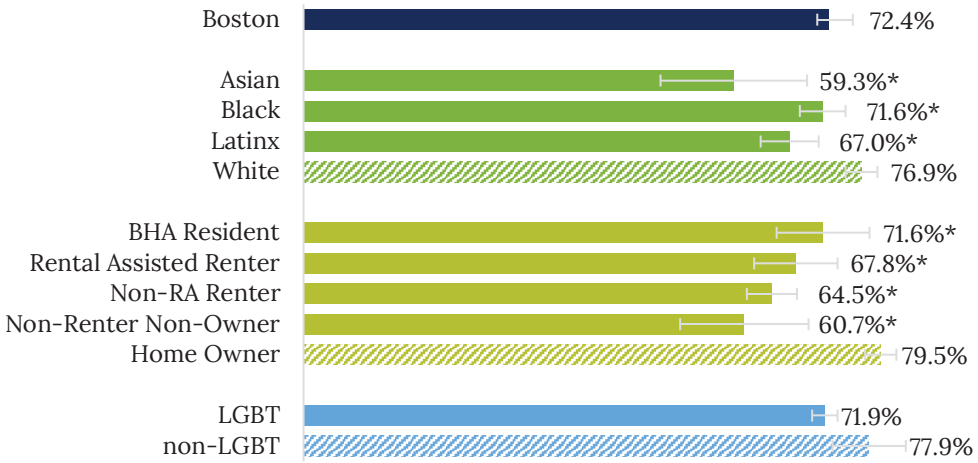
Figure 37. Percent Women Aged 40-74 Reporting Having a Mammogram in the Past Two Years, by Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

In 2019-2023, almost three quarters of Boston adults aged 50-75 reported ever receiving a colonoscopy or sigmoidoscopy (Figure 38). **In addition to colonoscopies, there are several additional alternative types of screenings for colon cancer. Health care providers can provide guidance on the best screening options for patients.** Compared to White adults, a significantly lower proportion of Black (71.6%), Latinx (67.0%), and Asian adults (59.3%) reported receiving colon cancer screening.

Figure 38. Percent Adults Aged 50-75 Reporting Ever Having Had a Colonoscopy/Sigmoidoscopy, by Selected Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

Cancer screening was not discussed frequently in interviews and focus groups, though it was raised in discussions with fathers and Spanish-speaking participants. Some participants described using mobile mammogram screening services and benefiting from screening reminders from primary care providers. Participants also noted the importance of preventive care for incarcerated individuals, difficulties finding accessible mammograms for individuals with disabilities, language barriers, and generally a fear of what the cancer screenings will find.

Survey respondents were asked specifically to share **ideas for encouraging more people to get routine screenings**. Many suggestions focused on the health care system in general. Respondents also suggested offering screenings in public spaces (e.g., libraries, waiting rooms, workplaces, hairdressers, gyms, childcare centers, churches), sending community health workers to community events, and expanding mobile programs that go to neighborhoods. Other ideas were to provide more education, including on the risks of not detecting cancer early, the "*hard truths*" about cancer, and the fact that screening "*can save your life*"; offering psychological support; media campaigns that make cancer personal, tell stories, and feature people that "*look like people in the neighborhood*"; public transportation signage; outreach in multiple languages; and messaging from providers, celebrities, influencers, and the Mayor. Respondents noted the importance of creating trauma-informed spaces and safe spaces for transgender and intersex people and ensuring follow-up after screenings. Lastly, respondents suggested offering incentives (coffee, $5 pharmacy coupons, etc.) and noted that the COVID-19 vaccination efforts could serve as a model.

Community Recommendations to Improve Cancer Screenings

Many survey respondents suggested structural changes to health care that would facilitate access to cancer screening: making it easier to get a primary care provider, offering walk-in appointments, providing screenings that are free, providing transportation and paid time off from work, making scheduling easy and appointments readily available, and offering weekend and evening hours. As one survey respondent shared:

> *"PCPs are in a shortage and even with insurance, I can't find a PCP that will see me within a few months. I think it's important to not assume people aren't getting screenings because they don't know the benefits, but we need to look at the systems that hinder their ability."*

ACCESS TO HEALTHY FOOD, NUTRITION, AND PHYSICAL ACTIVITY

Boston residents emphasized the importance of healthy eating and physical activity for preventing chronic disease and improving overall health and well-being. Yet, many reported an abundance of low-cost, highly processed foods and insufficient opportunities for physical activity in their neighborhoods. Suggestions for improvement include increasing access to fresh, affordable foods and culturally relevant, inexpensive opportunities for physical activity.

ACCESS TO HEALTHY FOOD

"The food that is the cheapest is all processed. It's not healthy...I can't even tell you how much money I spent on health food options that were healthy. And it's kind of disgusting that in order to eat healthy, you have to be broke."

– Resident Focus Group Participant

Many participants discussed the importance of eating healthy foods, reducing processed foods, and limiting fat and sugar intake. At the same time, **participants described numerous barriers to accessing and affording healthy foods in their communities**. This was particularly concerning for people with fixed incomes (e.g., seniors) and people receiving state assistance/benefits.

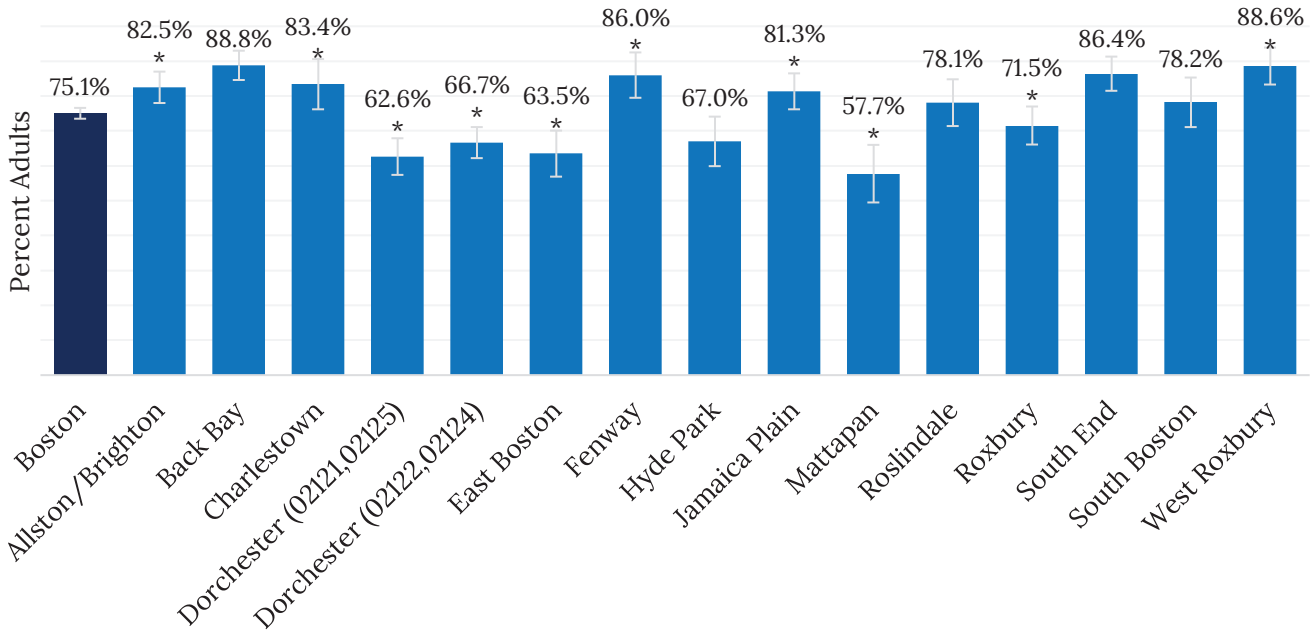
Participants reported living in neighborhoods with a high prevalence of processed foods and low availability of fresh foods. Fresh foods, including fruits and vegetables, milk, eggs, and meat, were described as expensive and difficult to access using public transportation, particularly for older adults. One participant discussed how the need to go outside of one's community to access healthy food can disrupt important social relationships and connections.

"When you don't have healthy food options, eating less healthy foods will have a long-term impact on your health and lead to problems whether it's diabetes or other health risks."

– Interview Participant

Survey respondents ranked access to low-cost healthy foods second overall in the list of top factors to improve quality of life and health in their communities (Table 20), and many participants discussed the importance of increasing access to fresh food in their communities. More than 75% of Boston adults reported that it was easy to purchase healthy foods in their neighborhoods (Figure 39). This percentage was significantly lower among residents of Dorchester, East Boston, Mattapan, and Roxbury (Figure 39). Percentages were also significantly lower among Black and Latinx residents compared to White residents. Similarly, percentages were lower among Boston Housing Authority (BHA) residents, renters, and non-renters/non-owners when compared to homeowners (Figure 82).

Figure 39. Percent Adults Reporting Easy to Purchase Healthy Foods in their Neighborhoods, by Boston and Neighborhoods, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

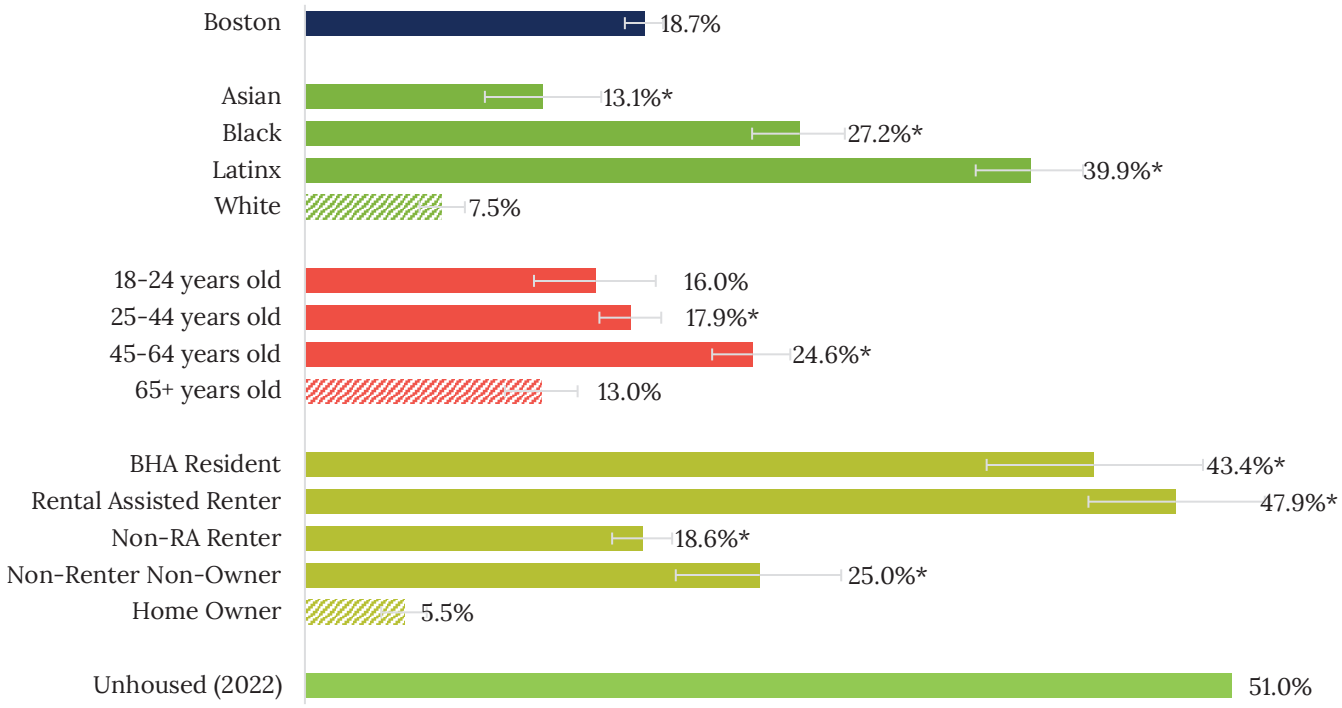
A few participants discussed the root causes and upstream factors that shape neighborhood food environments. One participant discussed how the effects of historical redlining practices, which led to decades of disinvestment in Black neighborhoods and other communities of color, can still be seen today in the form of inequitable access to healthy food environments.[16] Another participant described the need to build a regional food system that is resilient to the impacts of climate change and can ensure ongoing access to "nutritious, culturally relevant, and affordable" foods.

Food Security

Food security, or access to enough food for an active, healthy lifestyle, is a complex condition associated with higher risk for multiple chronic diseases and poorer mental health outcomes, including anxiety and depression. **Nearly 19% of adult Boston residents reported that, within the last 12 months, the food they bought did not last and they did not have money to get more** (Boston Behavioral Risk Factor Surveillance System, 2019, 2021, and 2023 combined). Percentages were significantly higher among Latinx, Black, and Asian residents compared to White residents, residents aged 25-44 and 45-64 compared to residents ≥65 years old, and Boston Housing Authority (BHA) residents, renters, and non-renters/non-owners compared to homeowners (Figure 40). Percentages were also significantly higher among residents of Dorchester, East Boston, Mattapan, and Roxbury (Figure 83). Notably, 51% of unhoused Boston residents reported that, within the last 12 months, the food they bought did not last and they did not have money to get more (Health of Boston Survey of People Experiencing Homelessness, 2022).

> ***"One of my kids used to always take three snacks to school and now I have to tell her to only take one."***
>
> **– Resident Focus Group Participant**

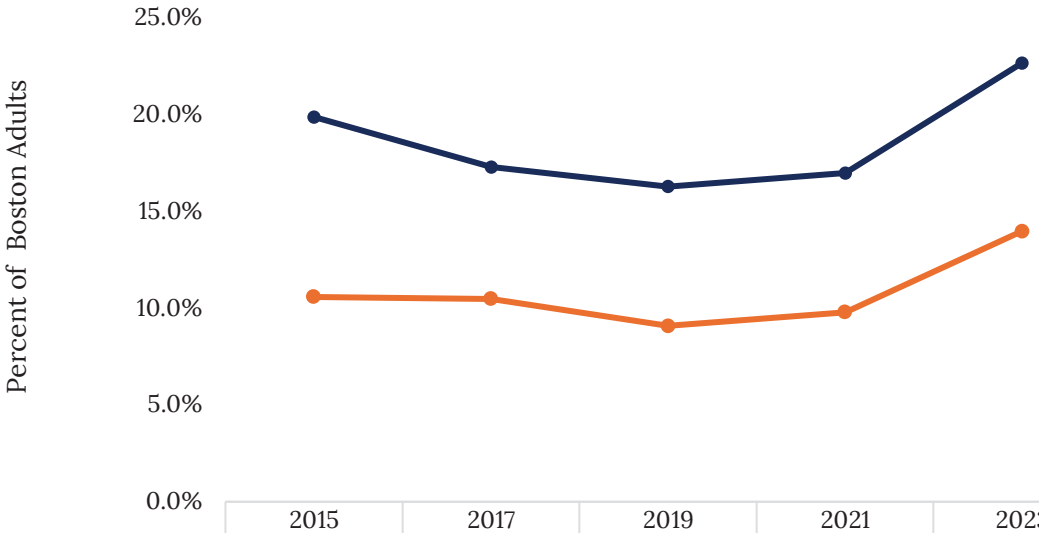
Figure 40. Percent Adults Reporting that Food Didn't Last in the Past Year, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

As shown in Figure 41, rates of food insecurity are increasing significantly over time. The percentage of Boston adults reporting their food didn't last and reporting that they were hungry because they could not afford enough food has increased significantly between 2015 and 2023. Rates of adults reporting that their food didn't last are highest among Latinx adults, among whom rates have increased significantly from 36.9% in 2015 to 47.1% in 2023 (Figure 84, Figure 86). Additionally, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food (Figure 85). Between 2021 and 2023, the percentage of Boston adults reporting it was easy to purchase healthy foods in their neighborhoods has decreased significantly, from 78.3% to 71.8% (Figure 86).

Figure 41. Percent Adults Reporting Food Didn't Last and Hunger, by Boston Over Time, 2015-2023

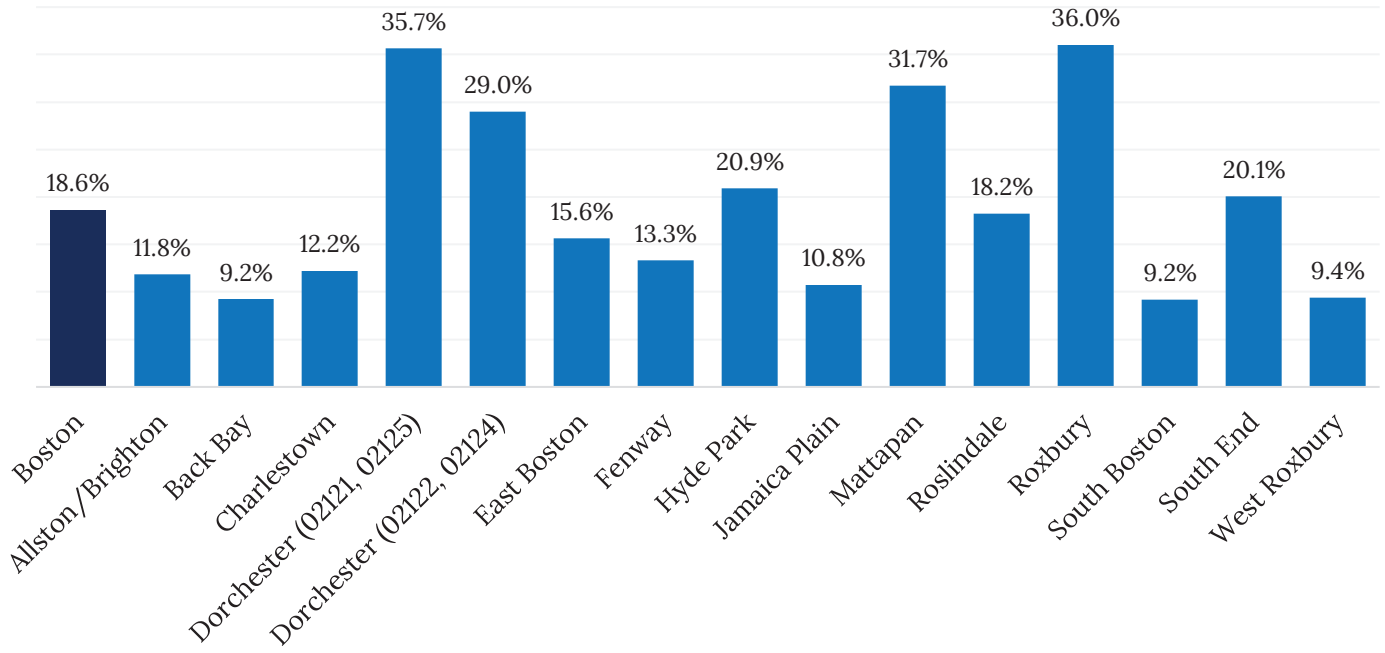


	2015	2017	2019	2021	2023
Bought Food that Didn't Last and Had No Money to Get More	19.9%	17.3%	16.3%	17.0%	22.7%
Hungry but Not Eating because They Couldn't Afford Enough Food	10.6%	10.5%	9.1%	9.8%	14.0%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Percentage for food not lasting and hungry significantly increased between 2015 and 2023; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

The Supplemental Nutrition Assistance Program (SNAP; formerly food stamps) and other food assistance programs like the National School Lunch Program, are the federal government's primary strategies to address food insecurity and increase access to healthy foods. Overall, nearly 19% of Boston households receive SNAP benefits, with higher percentages in Dorchester, Hyde Park, Mattapan, Roxbury, and South End (Figure 42). Further, compared to White residents (8.4%), a higher percentage of Asian (18.7%), Black (35.3%), Latinx (34.9%), and residents reporting other racial or ethnic identities (39.6%) receive SNAP benefits (Figure 87).

Figure 42. Percent Households Receiving SNAP Benefits, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

"I used to get $60/month in Food Stamps, and I would use it all on all of the basics—healthy fruits and vegetables—but now I only receive $20. With $20 I can only buy 3 things and then there's nothing left."

– Resident Focus Group Participant

Many participants described challenges affording the amount and types of food needed to feed themselves and their families. Participants frequently discussed food affordability in the context of paying for other necessities like housing, utilities, transportation, and childcare. One participant explicitly described the stress of choosing between "eating" and a "roof over your head." Spanish-speaking focus group participants also shared how SNAP benefit reductions have impacted their ability to buy healthier foods, such as fruits and vegetables. In addition to SNAP, several participants discussed the importance of school meal programs but expressed concern regarding children's food access outside of school hours. In general, accessing healthy foods was seen as particularly challenging in the context of inflation and rising food prices.

Participants described several community resources designed to address food insecurity, including non-profit organizations, food pantries, and support from neighbors and other community members. While participants discussed the importance of food pantries, they also shared several challenges, including stigma associated with using food pantries, the need for culturally relevant foods, and concerns that pantries will not be able to keep up with increasing demand. One participant also discussed the importance of taking a localized approach to addressing food insecurity that meets each community's unique needs.

"We take care of each other…I go to the store for somebody three times a week because they are in their 80s and they can't get around as easily."

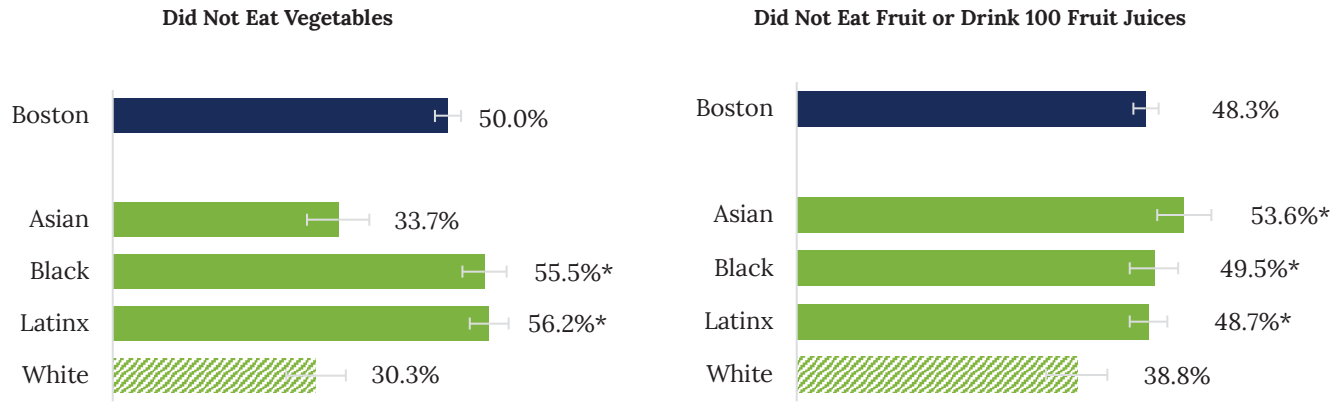
– Resident Focus Group Participant

NUTRITION

Eating a healthy diet is critical for maintaining a healthy weight and preventing chronic disease. Data from the Youth Risk Behavior Survey suggest that many Boston youth are not consuming recommended amounts of vegetables or fruits (2019, 2021, and 2023 combined data). Key findings include:

- Approximately half of Boston Public School (BPS) high school students reported they do not eat vegetables at least once per day and almost half reported they do not eat fruit or drink 100% fruit juice at least once per day (Figure 43).
- Compared to White students, Latinx and Black students were significantly more likely to report not eating vegetables, and Latinx, Black, and Asian students were significantly more likely to report not eating fruit or drinking 100% fruit juice.

Figure 43. Percent High School Students Reporting They Did Not Eat Vegetables 1+ Times Per Day and Did Not Eat Fruit or Drink 100% Fruit Juices 1+ Times Per Day, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$)

PHYSICAL ACTIVITY

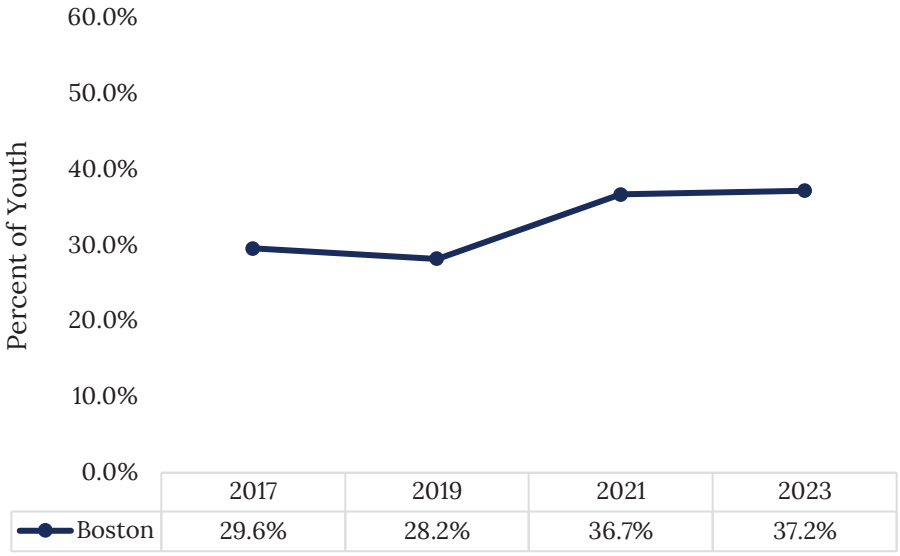
Engaging in adequate physical activity can reduce risk for numerous chronic conditions and improve overall health and well-being. **Focus group participants discussed the importance of physical activity for staying healthy and described various types of physical activity in which they engage.** Many participants, especially older adults, shared that they stay active by going on walks either with friends, in formal walking groups, or alone. Other participants reported going to the gym and attending dance and exercise classes at local community centers. Some participants, particularly older adults, described social support from friends and family as an important facilitator of physical activity. Several older adults also discussed how staying "active" and "busy" can improve mental health.

Youth focus group participants discussed playing sports and running, but also observed that screen time (e.g., social media, video games) has replaced physical activity for many people their age. In 2023, 37.2% of Boston youth reported engaging in regular physical activity, defined as at least 60 minutes per day on five or more of the preceding seven days. This represents a more than 25% increase from 2017 when only 29.6% of youth reported engaging in regular physical activity (Figure 44).

"A lot of people our age stay home and are on our phones...on social media [and playing] video games and not getting outside much at all."

– Resident Focus Group Participant

Figure 44. Percent Boston Youth Reporting Engagement in Regular Physical Activity, 2017-2023

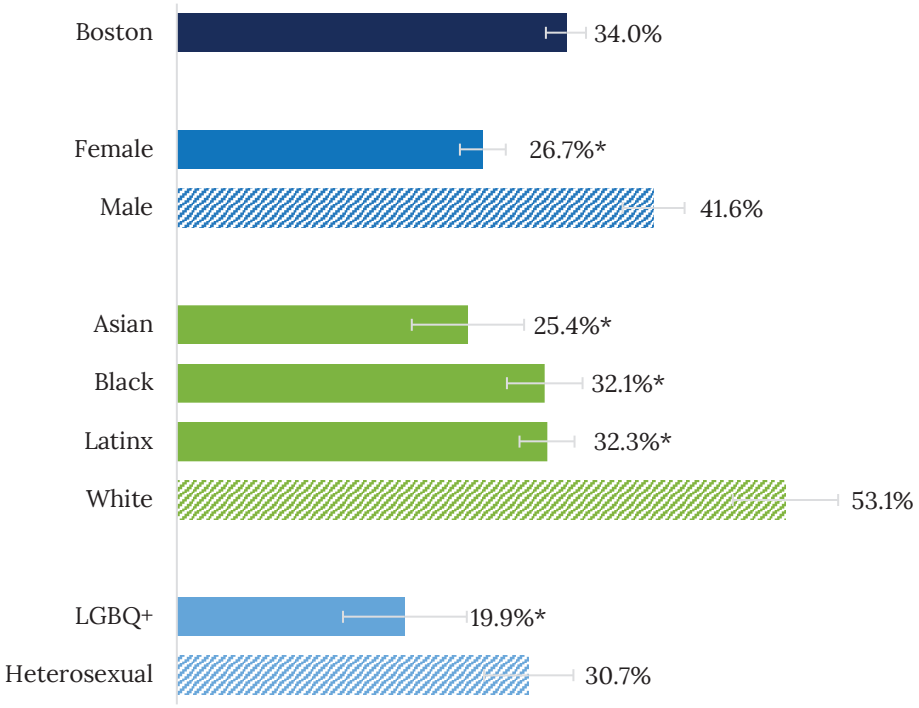


	2017	2019	2021	2023
Boston	29.6%	28.2%	36.7%	37.2%

DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2017-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Despite this improvement, there were notable demographic disparities. The percentage of youth reporting engagement in regular physical activity was significantly lower among female youth compared to male youth and among Asian, Black, and Latinx youth compared to White youth, and significantly higher among heterosexual youth compared to LGBT youth (Figure 45).

Figure 45. Percent Youth Reporting Engagement in Regular Physical Activity, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$). LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Focus group participants reported numerous barriers to engaging in physical activity including neighborhood safety, financial constraints, time constraints, and limited availability of places to exercise in their community (e.g., parks, gyms). Participants expressed interest in using gyms but described them as expensive and shared that opening hours do not always align with work schedules or childcare needs. Some participants reported that it is hard to find time to go to the gym, and that, in general, it can be hard to find the energy and motivation to go to exercise especially when there is "*a lot going on in life*" that can make it "*hard to take time out for yourself.*"

Safe and Culturally Appropriate Spaces for Play and Exercise

In focus groups, **Somali parents of children with disabilities** discussed the importance of safe, inclusive, and culturally appropriate spaces for play and exercise, including:

- Specialized play areas, particularly swimming pools.
- Gyms where Muslim women can comfortably exercise.

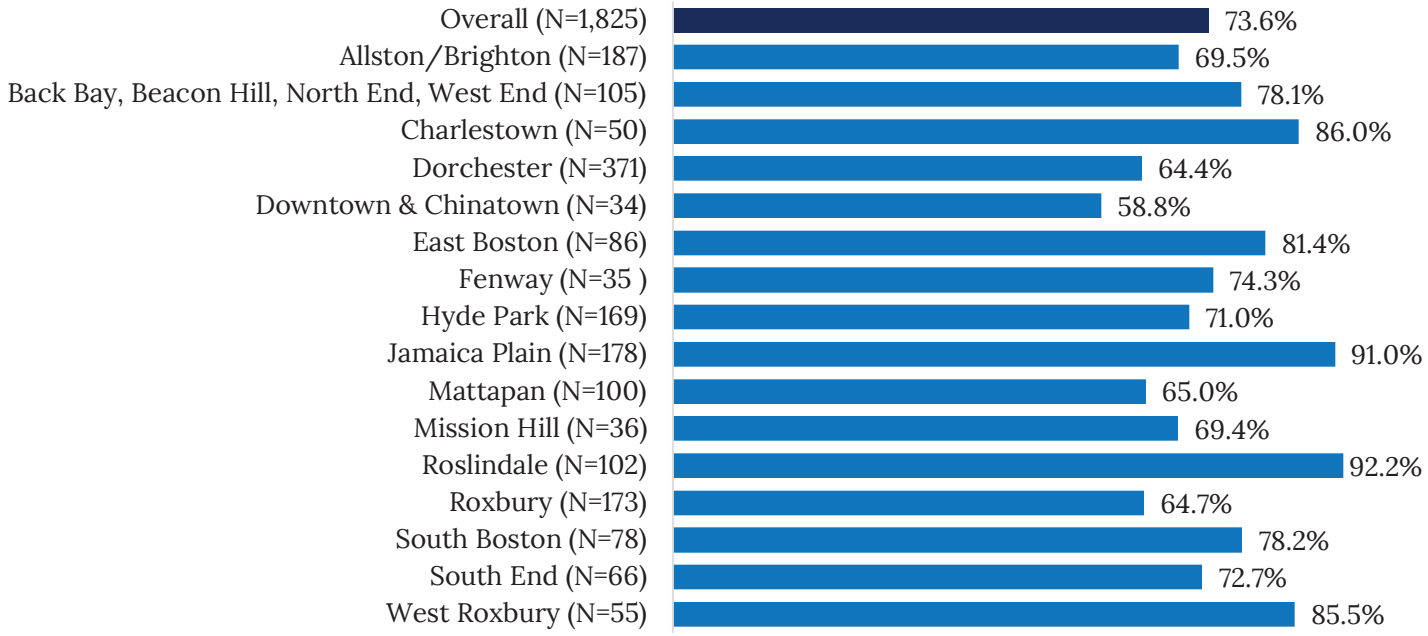
"[Our kids] need the same resources that other kids need, and I don't feel comfortable bringing them to [the] same places as other kids such as swimming [pools], since we are Muslim and need to be covered."

Overall, nearly 74% of survey respondents agreed or strongly agreed that their community has safe outdoor places to be active. However, this percentage varied across neighborhoods, with the lowest percentages reported in Downtown & Chinatown, Dorchester, Roxbury, and Mattapan (Figure 46). Percentages were also lower among Asian, Black, and Latinx residents, caregivers, and people who are unhoused (Figure 66).

"Apart from cost, daycare is also an issue. Even if you want to work out, you need someone who can take care of your kids.... There's actually a gym here that's free, but then you still need someone to watch your kids."

– Resident Focus Group Participant

Figure 46. Percent Survey Respondents Who Agreed or Strongly Agreed That Their Community has Safe Outdoor Places to be Active, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

HEALTH CARE ACCESS AND UTILIZATION

Most Boston residents have health insurance, but health care access barriers remain. Key suggestions for improving access include co-locating services, lowering costs, ensuring safe and respectful interactions, and expanding availability of appointments and primary care providers, particularly to increase routine cancer screening.

USE OF HEALTH CARE SERVICES

> ***"Black men have the lowest life expectancy in Boston. That ties into seeing [a] primary care doctor, getting routine checkups."***
>
> **– Interview Participant**

Access to health care services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. **Many focus group participants discussed the importance of seeing primary care providers and specialists**. Data from the bi-annual Boston Behavioral Risk Factor Surveillance Survey show that in Boston overall, almost half (48.8%) of residents report that their usual place for health care is a doctor's office, and roughly one in five receive usual care at a public health clinic or community health center (Table 8). More than one in four Latinx (26.7%) and Black (26.1%) residents report their usual place of care is a public health clinic or community health center, whereas a majority (64.3%) of White residents report a doctor's office as their usual place of care. Additionally, more than one in ten Latinx residents (14.4%) and Black residents (11.2%) report using an emergency department as their usual place for health care.

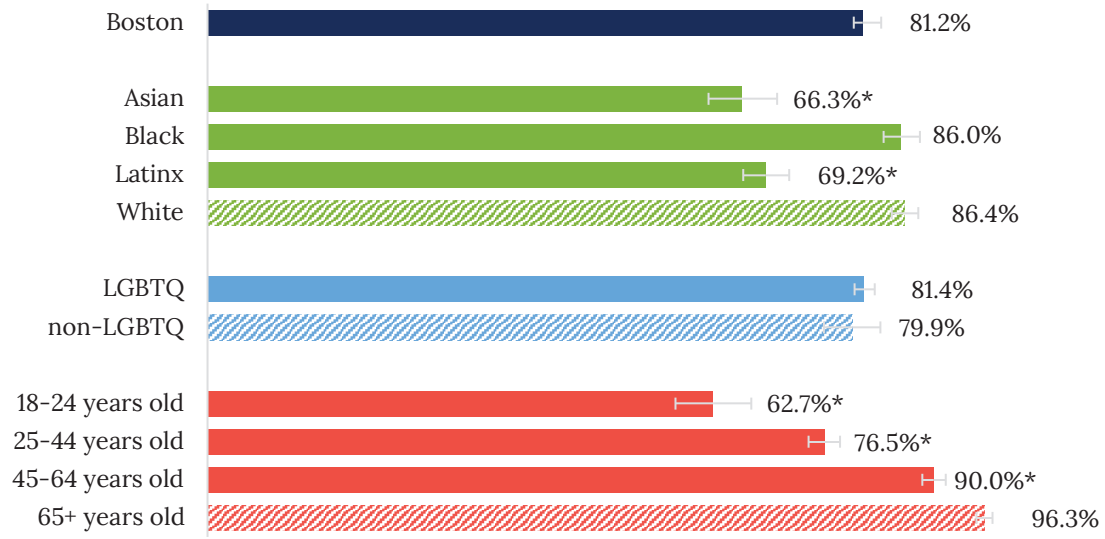
Table 8. Percent Adults Reporting Their Usual Place for Health Care, by Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined

	Boston	Asian	Black	Latinx	White	LGBTQ	Non-LGBTQ
Public Health Clinic or Community Health Center	18.0%	19.7%	26.1%	26.7%	10.3%	17.8%	19.2%
A Doctor's Office	48.8%	41.8%	31.0%	34.7%	64.3%	48.4%	51.3%
A Hospital Outpatient Department	9.0%	9.5%	16.1%	7.1%	6.2%	9.4%	6.6%
A Hospital Emergency Department	6.7%	4.7%	11.2%	14.4%	2.1%	6.9%	5.6%
Urgent Care Center	7.7%	7.2%	7.4%	5.6%	8.9%	7.6%	8.5%
Other	4.0%	9.7%	3.5%	4.9%	2.7%	4.1%	3.7%
No Usual Place	5.8%	7.5%	4.7%	6.7%	5.4%	5.9%	5.2%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Use of primary care can reduce emergency department visits. **Data from the Boston Behavioral Risk Factor Surveillance Survey show that 81.2% of Boston residents overall have a primary care provider (Figure 47). This percentage has remained relatively steady over the past several years**. However, Asian and Latinx residents were significantly less likely than White residents to report they have a primary care provider.

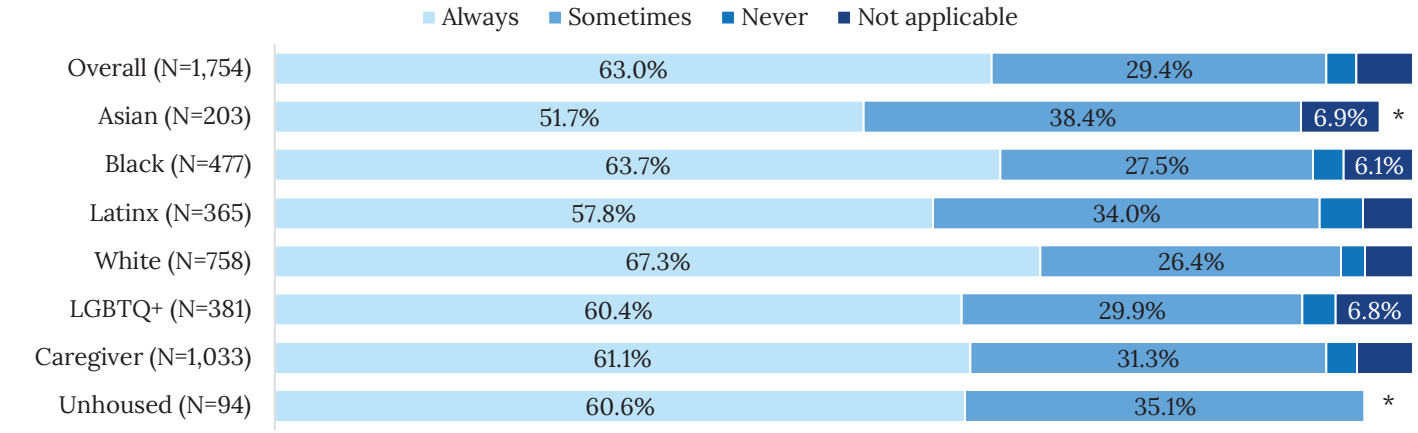
Figure 47. Percent Adults Reporting Having a Primary Care Provider, by Boston and Selected Sub-Populations, 2019, 2021, and 2023



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTES: 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); Error bars show 95% confidence interval.

Survey respondents also provided information on utilization of health care. Among survey respondents overall, 38.0% indicated that they would need to travel outside of their community to access high quality hospitals, doctors, or clinics (Figure 88, Figure 89). Of note, this percentage was highest among those who lived in Hyde Park (66.9%) and Roslindale (50.5%) compared to other neighborhoods. A majority of survey respondents indicated that they were always able to get medical care when they needed to in the past year, although this percentage was lowest among Asian and Latinx respondents (Figure 48).

Figure 48. Percent Survey Respondents Reporting Able to Get Medical Care When They Needed to in the Past 12 months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024
Notes: Data labels ≤5% not shown; Asterisk (*) indicates data are suppressed due to small cell size (n<10).

HEALTH INSURANCE

Very few Boston residents are uninsured. According to American Community Survey 2019-2023 estimates, 3.0% of the overall population in Boston were uninsured (Figure 90). Across neighborhoods, uninsurance rates were highest among East Boston (5.6%) and Roxbury (5.5%) residents.

Despite high rates of insurance, in several discussions, insurance-related issues emerged as barriers to accessing health care, including under-insurance, finding a provider who accepts MassHealth (including dental providers), ineligibility for services, difficulty navigating insurance and health care systems, confusing medical bills, high co-pays or out-of-pocket expenses, changes to eligibility for public insurance following a change in job or income, and, for some, lack of insurance.

> ***"Sometimes when you try to connect the dots with a patient and their insurance, it does not always make sense... that is an infrastructure issue. It can be hard to know what patients have received in the past and what they can have covered in the future."***
>
> **– Sector Focus Group Participant**

HEALTH CARE ACCESS

In addition to insurance-related challenges, discussion participants described specific barriers to accessing health care services. These included structural challenges, such as waitlists and long wait times to see a provider, changes in their provider or care team, the inaccessibility of primary care providers to see patients between preventive visits to address emerging or acute health issues, and the closure of pharmacies. A couple of interview participants discussed efforts to improve reimbursement models to ensure that residents can access health care services, including innovative models of health care delivery in community settings. Some discussion participants also noted immigrant communities' barriers to accessing health care, including eligibility for services and language barriers to accessing care. A few interview participants shared concerns about the impact of immigration enforcement efforts on community-based health care and the potential for current immigration enforcement efforts to suppress health care utilization for immigrants.

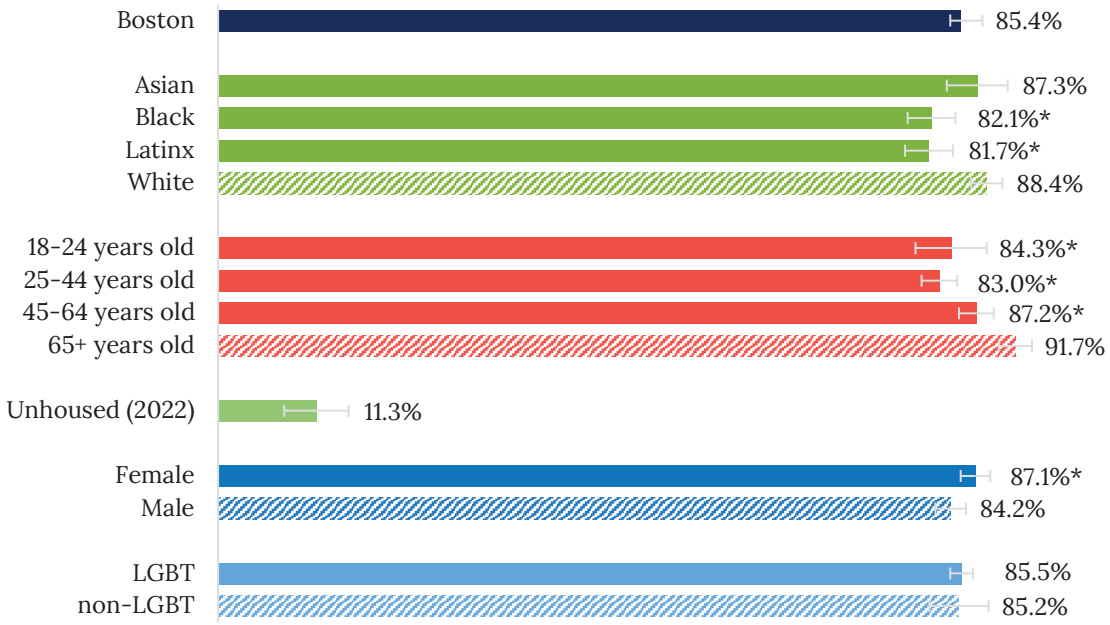
Discussion participants also described barriers to care related specifically to engagement with health care providers or staff. These barriers included: feeling uncomfortable, providers not listening to patients, and providers lacking cultural humility towards racially minoritized groups, Black men, immigrants, people with disabilities, transgender patients, and queer communities. For example, discussion participants noted the challenges of finding providers who are adequately educated to engage with transgender and non-binary patients and who do not misgender patients. Several focus group participants with disabilities shared frustrations and personal stories about lack of accessibility in a variety of care spaces, such as doctor's offices and hospitals.

> ***"I think doctors... assume things and don't listen. I went to the ER, and they told me I was throwing up because of anxiety and my PCP called and said no you have an infection and need antibiotics."***
>
> **–Resident Focus Group Participant**

Data from the Boston Behavioral Risk Factor Surveillance Survey show that in Boston overall, 85.4% of adults trust their doctor's judgement on their medical care (Figure 49). However, Black and Latinx

residents were significantly less likely than White residents to report they trust their doctor's judgements.

Figure 49. Percent Adults Reporting Trusting Their Doctor's Judgments on Their Medical Care, by Boston and Selected Sub-Populations (2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System (2021,2023), Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTES: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Community survey respondents were presented with a list of statements and were asked to mark all that would help them, or their family get the health care they need. Survey respondents ranked "Being able to get many services at the same location or practice" (53.1%), "Evening or weekend appointments" (45.5%), "More appointments available" (39.8%), "Lower out of pocket cost for services" (37.7%), and "Health care providers who make me feel safe and respected" (37.2%) as the top facilitators for helping them or their family get needed health care (Table 9). **Across all sub-populations, co-location of services was the top ranked facilitator.**

Table 9. Top Facilitators That Would Help Survey Respondent or Their Family Get the Care They Need, 2024

Rank	Overall N=1,752	Asian N=202	Black N=483	Latinx N=364	White N=758
1	Being able to get many services at the same location or practice (53.1%)	Being able to get many services at the same location or practice (57.4%)	Being able to get many services at the same location or practice (54.2%)	Being able to get many services at the same location or practice (50.3%)	Being able to get many services at the same location or practice (51.8%)
2	Evening or weekend appointments (45.5%)	Evening or weekend appointments (40.1%)	Evening or weekend appointments (44.7%)	Evening or weekend appointments (41.8%)	Evening or weekend appointments (50.8%)
3	More appointments available (39.8%)	Clear prices for services (39.1%)	Health care providers who make me feel safe and respected (43.5%)	Lower out of pocket cost for services (35.7%)	More appointments available (45.3%)
4	Lower out of pocket cost for services (37.7%)	Lower out of pocket cost for services (37.6%)	Lower out of pocket cost for services (42.7%)	Health care providers who make me feel safe and respected (35.2%)	Health care providers who make me feel safe and respected (36.1%)
5	Health care providers who make me feel safe and respected (37.2%)	More appointments available (36.1%)	More appointments available (37.7%)	More appointments available (34.9%)	Lower out of pocket cost for services (35.6%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024
Notes: Asterisk (*) indicates data are suppressed due to small cell size (n<10).

MENTAL HEALTH AND CHRONIC STRESS

In this report, behavioral and mental health are detailed in separate sections. However, it is important to recognize that the two are deeply interconnected and influence one another in significant ways. Mental health and chronic stress are impacted by a myriad of social, economic, behavioral, and individual factors. These factors are a top priority to improve the health of Boston communities overall and, specifically, youth, LGBTQ+ residents, immigrants, and caregivers.

EXPERIENCE OF MENTAL HEALTH NEEDS AND CHRONIC STRESS

Mental health is shaped by a person's traits, behaviors, life experiences, and circumstances. It is also influenced by social and economic conditions, such as prolonged exposure to racism, discrimination, oppression, or exclusion. These conditions can cause ongoing stress, further exacerbating negative mental health outcomes and adversely impacting the day-to-day lives of individuals.

Changes Since Previous CHNAs

Rates of adults reporting **persistent anxiety and receiving treatment for depression are higher** in this current 2025 CHNA compared to the 2019 CHNA.

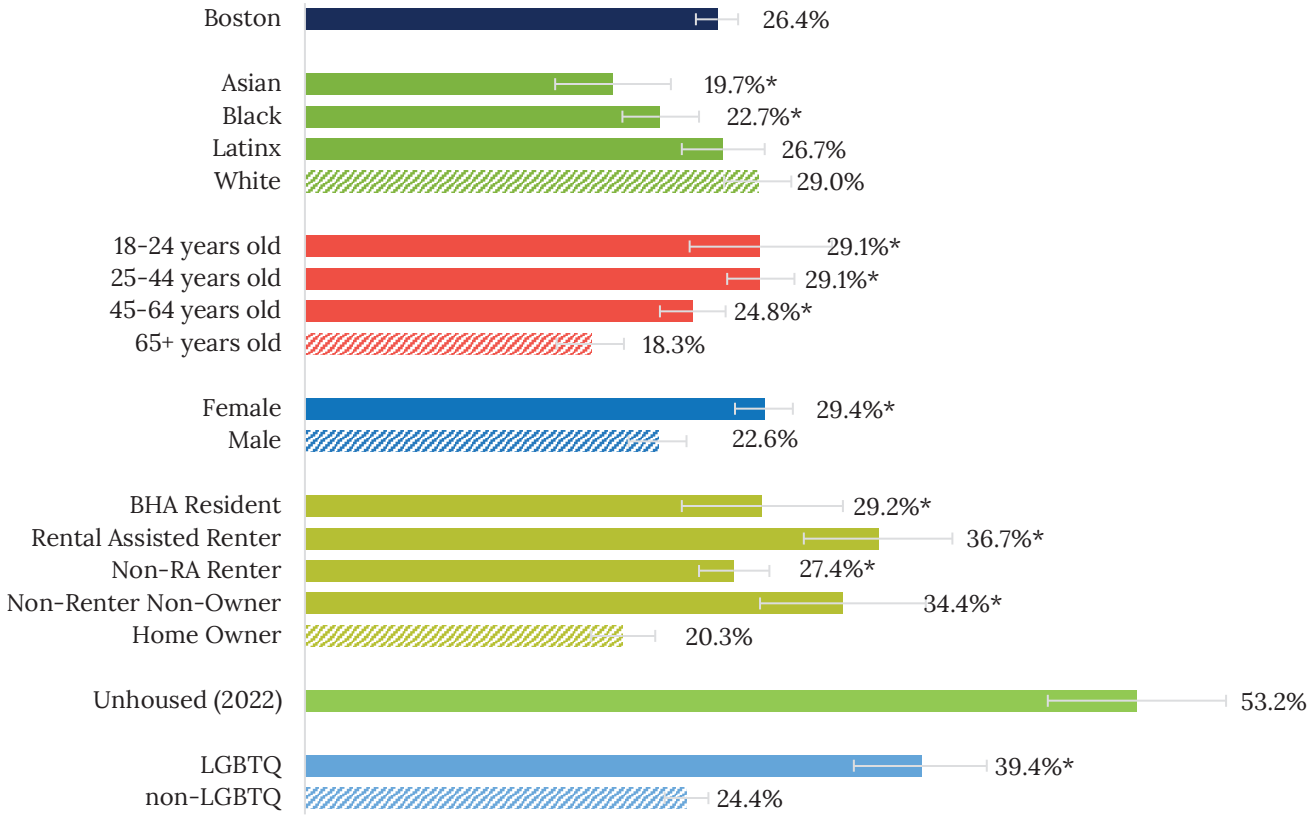
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2024.

Additionally, the connection between emotional well-being and physical health is well-documented. As described earlier, **mental health and chronic stress were top concerns among community health survey respondents overall and for most communities of focus (Table 2, Community Perceptions of Health chapter). These topics also came up in a majority of discussions**, specifically concerns related to high levels of chronic stress, conditions such as anxiety and depression, and gaps in access to mental health providers.

Approximately one in four Boston adults reported experiencing persistent anxiety (Figure 50). The percentage of those reporting persistent anxiety was significantly lower for Asian and Black residents and significantly higher for female residents, younger age groups, non-homeowners, and LGBTQ residents in the city. Of note, more than half (53.2%) of unhoused adults report experiencing persistent anxiety. Overall, 22.2% of Boston adults report receiving treatment for depression (Figure 91).

Similar trends are seen in this data on depression treatment, with significantly lower rates of treatment among Asian, Black, and Latinx residents and significantly higher rates of treatment among younger adults, female residents, and LGBTQ residents. These differences may reflect cultural context and diversity in how mental health is perceived, discussed, and managed across communities, including varying levels of stigma, access, and trust in the healthcare system.

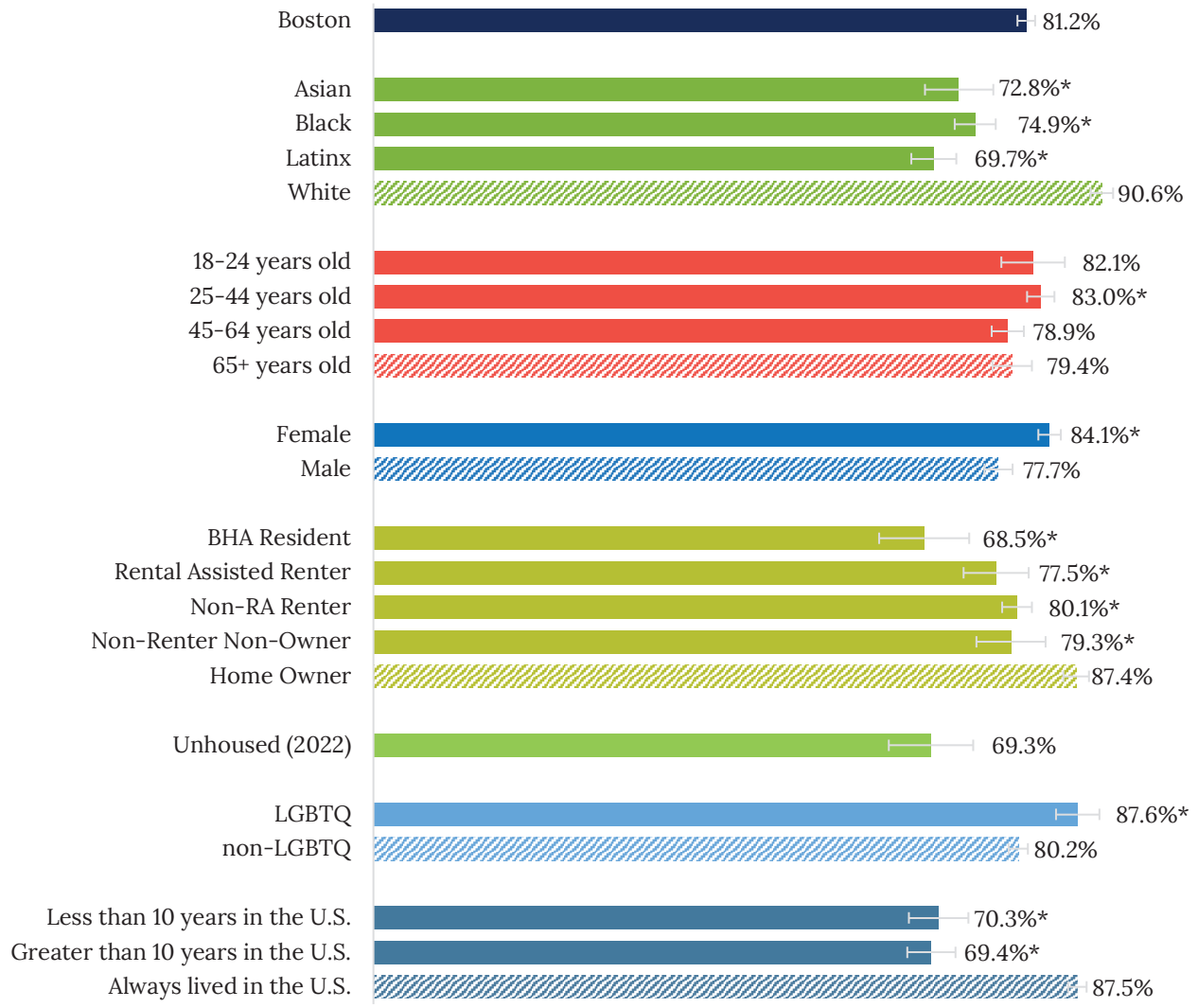
Figure 50. Percent Adults Reporting Persistent Anxiety, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Persistent anxiety is defined as feeling worried, tense, or anxious for more than 15 days within 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 ($p < 0.05$); Error bars show 95% confidence interval.

Discussion participants cited several factors as supporting their mental health, including social support from family and friends, prayer, self-care, and therapy. Overall, most Boston adults (81.2%) reported having someone they could count on in their lives (Figure 51).

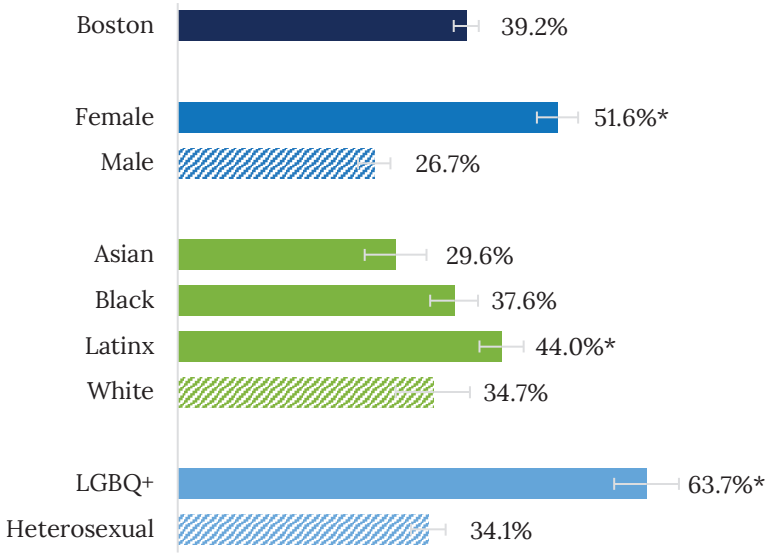
Figure 51. Percent Adults Reporting Having Someone They Could Count On, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as being able to count on anyone to provide emotional support such as talking over problems or helping you make a difficult decision; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where group estimate was significantly different compared to the comparison group ($p < 0.05$); Error bars show 95% confidence interval.

Among youth, more than a third (39.2%) reported feeling sad or hopeless for more than two weeks straight (Figure 52). This is higher than the 2019 CHNA, where 30% of Boston high school youth reported feeling sad or hopeless for more than two consecutive weeks. Rates of feeling sad or hopeless were significantly higher for female youth, Latinx youth, and LGB and Questioning youth. Youth discussion participants shared that it was hard for them to talk with their parents or family and that they did not have other trusted adults (e.g., teachers, mentors) with whom they could confide. They noted the importance of providing access to therapy – which would keep their discussions in confidence.

Figure 52. Percent High School Youth Reporting Feeling Sad or Hopeless for More than Two Week Straight, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$). LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Youth Mental Health

Among youth reporting feeling sad, empty, hopeless, angry or anxious, 17.1% reported that they mostly or always get the help they need (Figure 92). Youth focus group participants discussed barriers to confiding in trusted adults and being vulnerable enough to share their emotions. For example, as one youth focus group participant shared:

> *"People see the online people having the best lives and want to be like that too even if they have to* ***hide they are not like that on the inside****."*

"In the midst of a mental health crisis affecting all ages - but especially in the pediatric behavioral health world - and hearing from patients the extent climate anxiety is factoring into their behavioral health situations is something we don't think about as much yet, but it is starting to be a factor for kids."

– Sector Focus Group Participant

FACTORS CONTRIBUTING TO MENTAL HEALTH NEEDS AND CHRONIC STRESS

Throughout their day-to-day lives, people encounter a variety of individual, interpersonal, and societal factors that can positively or negatively impact their mental health and stress levels. **Discussion participants described many challenging experiences that contribute to stress, many of which related to other topic areas in this report.** Experiences included living paycheck to paycheck and facing economic instability, loss of loved ones, isolation during the COVID-19 pandemic, isolation for seniors and persons with disabilities, interpersonal interactions, being away from family, the influence of shifting federal policies, climate anxiety, intergenerational traumas, housing, and incarceration and associated family separation.

LGBTQ+ Experience of Trauma and ACEs

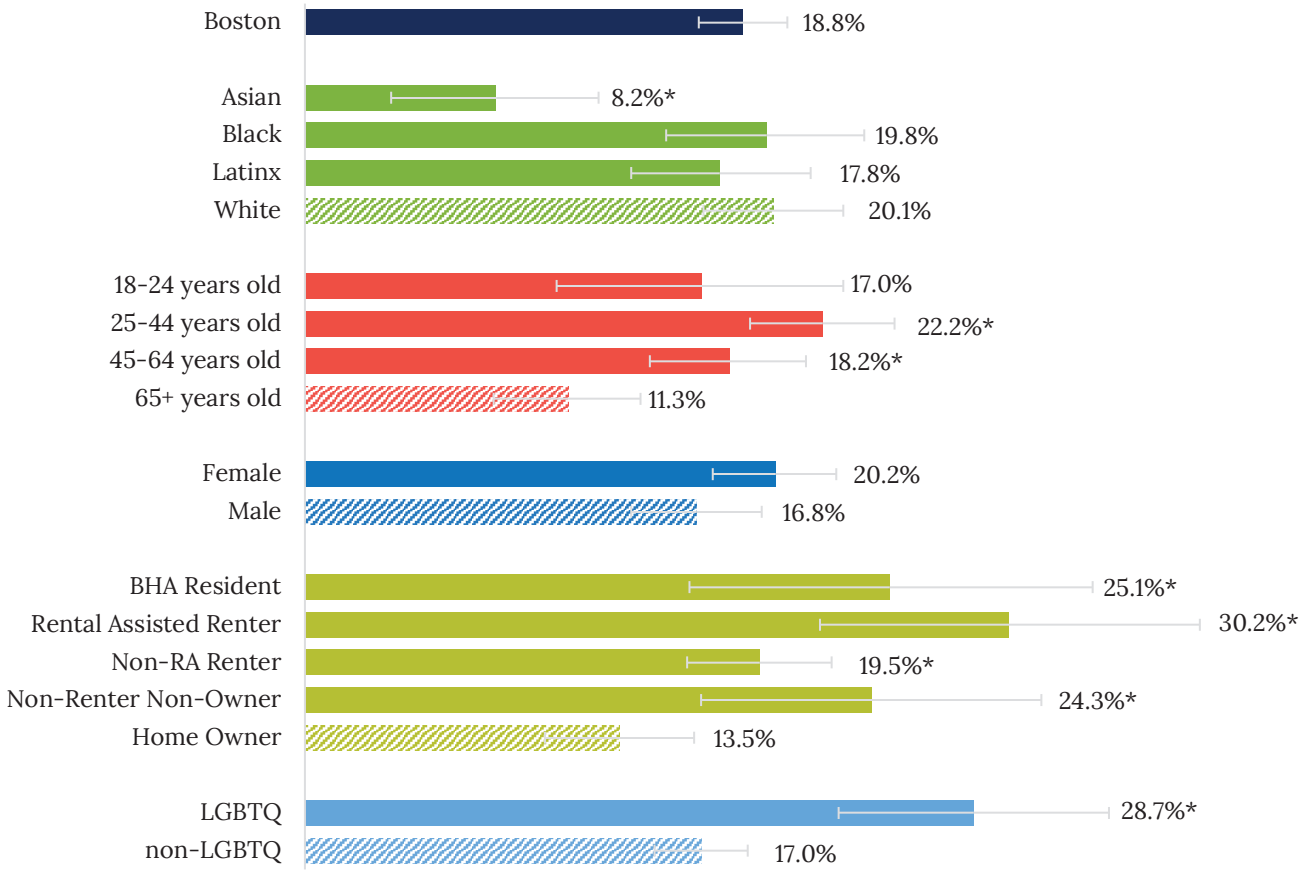
Only about a third of LGBTQ+ survey respondents (34.6%) reported excellent or very good mental health. A significantly higher percentage of LGBTQ+ residents (28.7%) reported experiencing a traumatic event compared to non-LGBTQ+ adults in Boston.

This community also reported ACEs at significantly higher percentages on the Boston BRFSS. About 4 in 10 (40.1%) reported living with a parent or caregiver who was depressed, mentally ill, or suicidal. Over a quarter reported living with a parent or caregiver with substance use issues (27.6%) or who slapped, hit, kicked, punched, or beat each other up (26.3%) (Figure 93, Figure 94, Figure 96).

Among specific populations, youth named cyberbullying on social media and difficult interactions with peers as sources of stress. Discussion participants also noted that the mental health among immigrant communities was impacted by the current immigration enforcement efforts in the United States. About a quarter (25.5%) of community health survey respondents born outside of the United States noted mental health as a top concern in their community (Table 2, Community Perceptions of Health chapter).

Experiences of trauma contribute to physical and emotional well-being. About 2 in 10 adults in Boston (18.8%) report experiencing a traumatic event (Figure 53). Adverse childhood events (ACEs) can also impact mental health in adulthood. Among adults in Boston, about 2 of every 10 individuals reported living with a parent(s) or caregiver(s) who: was depressed, mentally ill, or suicidal; had substance use issues; or slapped, hit, kicked, punched, or beat each other up. A smaller percentage of adults (8.3%) reported living with someone who had served time or was sentenced to serve time in a prison, jail, or other correctional facility (Figure 95).

Figure 53. Percent Adults Reporting Experiencing a Traumatic Event, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Experiencing a traumatic event defined as exposed to a harmful or life-threatening event or events that are currently having negative effects on mental, physical, social, emotional, or spiritual well-being; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Discussion participants also noted caregiving as an experience that can contribute to stress and mental health needs. More than 1 in 4 adults living in Boston (27.9%) provide care to a child, person with a disability, older adult, or someone else (Figure 97). Of these caregivers, 3 in 4 (75%) report feeling overwhelmed by their caregiving duties "Sometimes", "Usually", or "Always" (Figure 98). Among survey respondents who were caregivers, top concerns for their community's health included mental health (34.7%) and chronic stress (25.0%) (Table 2).

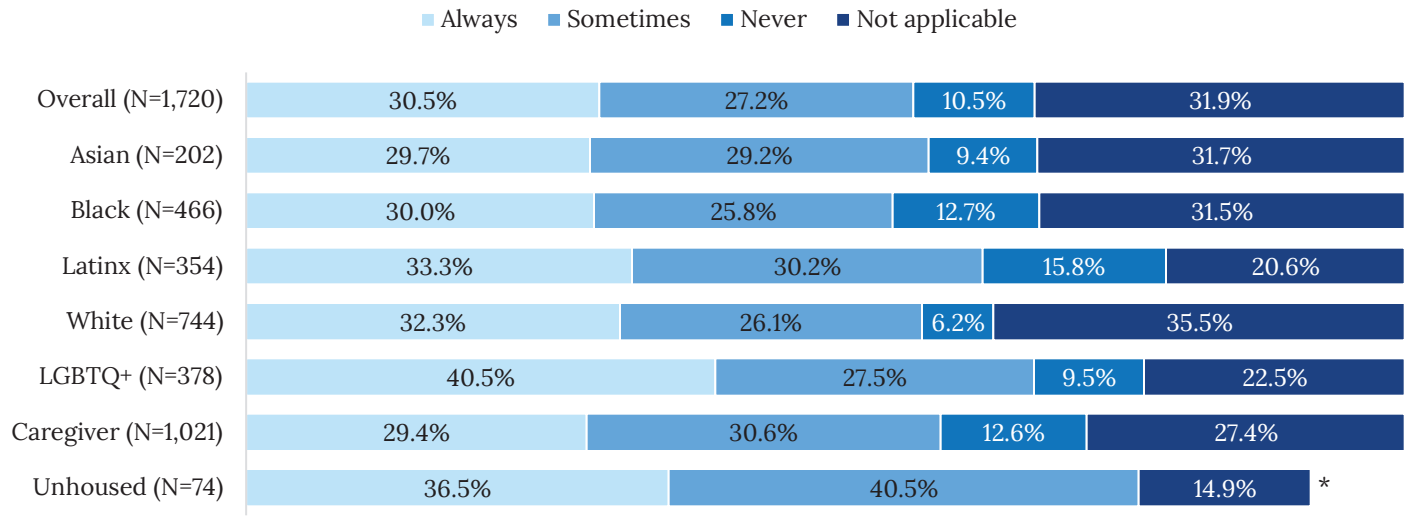
ACCESS TO MENTAL HEALTH CARE

> ***"We Chinese are more conservative... You won't tell people your dirty laundry. I do not know about the Americans."***
>
> **– Resident Focus Group Participant**

Access to high quality mental health care and services is important for residents to be able to manage mental health needs and chronic stress. Almost three quarters of adults in Boston (72.8%) report they are willing to seek therapy (Figure 99); however, **multiple barriers to accessing mental health care pose a challenge to residents.** Discussion participants described barriers, including stigma around mental health generally and in certain communities or cultures, challenges accessing providers and those who accept their insurance, long waitlists, limited mental health providers who have appropriate training and practices regarding cultural humility, and difficulty finding a provider who they can trust to keep confidence. Additionally, participants noted that challenges in accessing and navigating the health care system contributed to stress. Spanish-speaking discussion participants specifically noted concerns about health care access for children with special healthcare needs, particularly children with autism.

Less than one third of survey respondents (30.5%) reported "always" being able to get the mental health care they needed in the past 12 months (Figure 54).

Figure 54. Percent Survey Respondents Reporting the Able to Get Mental Health Care When They Needed To In the Past 12 months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024
NOTES: Asterisk (*) indicates data are suppressed due to small cell size (n<10).

Discussion participants shared some ideas on how to improve access to mental health care, including more comprehensive models (i.e., integrated care versus medical models, and community-based and led programming). In talking about these types of solutions, participants highlighted the importance of solidarity and intentionality of all entities involved, particularly those with funding that can be infused into the community to support mental health and well-being and empower those living in the community.

"Fostering community based and community led programming... The community in Boston is ready to serve and support one another.

– Sector Focus Group Participant

SUBSTANCE USE

Issues related to behavioral health continue to emerge as a top concern among Boston residents. Specifically, the importance of addressing substance misuse - while recognizing the co-occurrence of substance misuse and mental health issues – is a critical need, particularly for Boston youth.

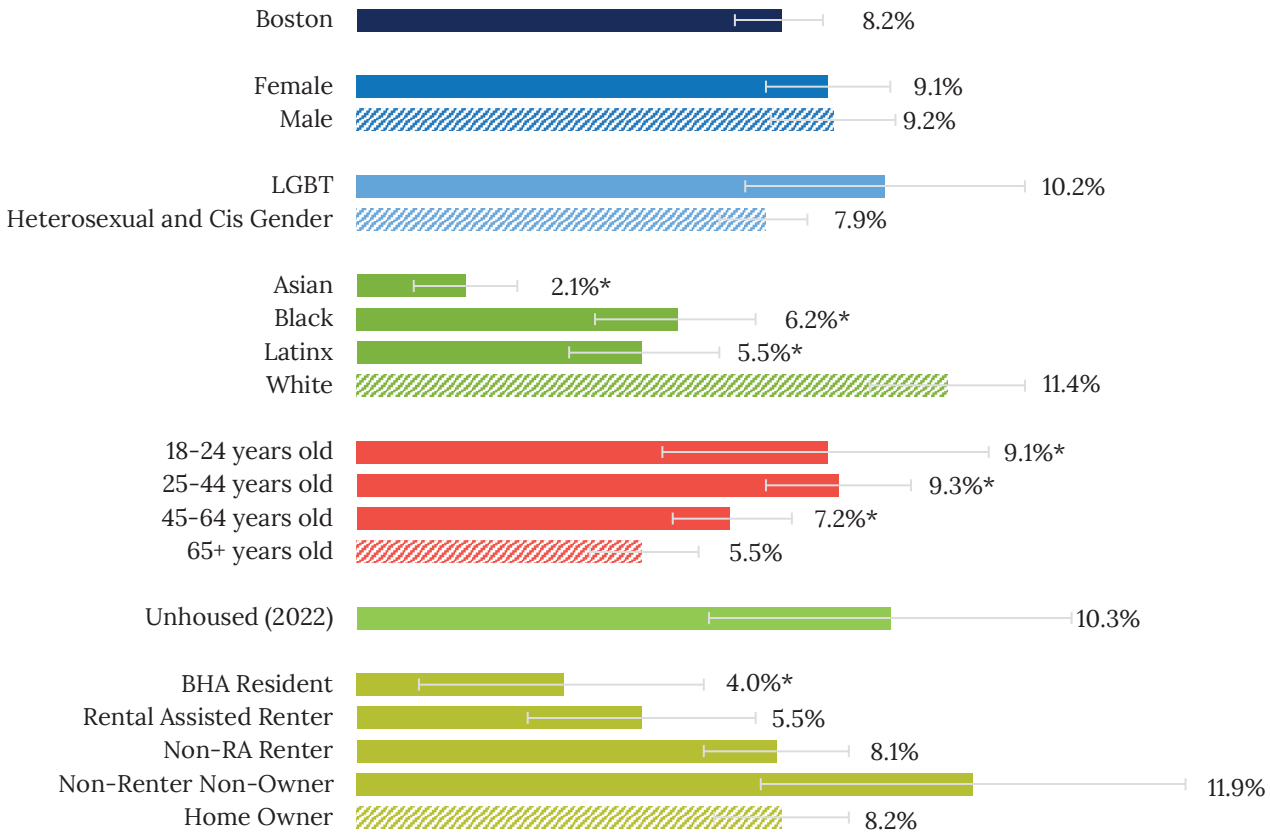
ALCOHOL AND OTHER SUBSTANCES

Behavioral health came up in several focus group and interview discussions, with many participants specifically citing substance misuse among youth and adults, visible drug use, and drug paraphernalia in public spaces as issues. Alcohol or substance misuse was identified as among the top five health concerns by survey respondents, overall and for all communities of focus (Table 2). This concern was also identified as a top priority across almost all Boston neighborhoods; it was the most often selected concern among survey respondents in nine of the sixteen neighborhoods (Table 11). Separately, substance use disorder, which is a clinical term, was ranked as the fifteenth most important concern overall and was identified as a top five concern among survey respondents who were unhoused.

Alcohol Use

Excessive drinking is a risk factor for many different health outcomes, including alcohol poisoning, hypertension, heart attacks, sexually transmitted infections, sudden infant death syndrome, suicide, interpersonal violence, and vehicle crashes.[17] Less than 1 in 10 adults (8.2%) in Boston report they are heavy drinkers (Figure 55). Younger age groups reported significantly higher percentages of heavy drinking compared to those 65 years or older. Compared to White residents, Asian, Black, and Latinx residents reported significantly lower rates of heavy drinking. Compared to Boston overall, the percentage for Hyde Park (12.7%) was significantly higher (Figure 100).

Figure 55. Percent Adults Reporting Heavy Drinking, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)

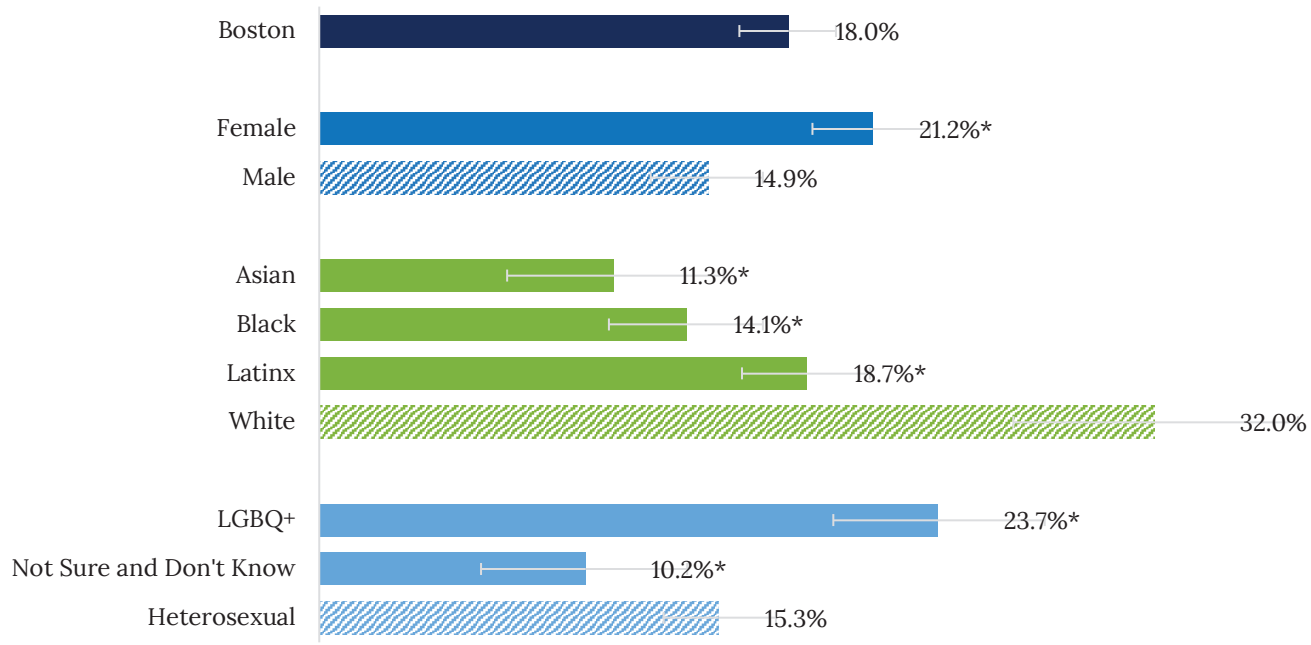


DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Heavy drinking defined as 8 or more drinks per week for women and 15 or more drinks per week for men; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

About 2 in 10 young people in Boston (18.0%) report current alcohol use (Figure 56). Some specific findings around youth include:

- A significantly higher percentage of female youth reported current alcohol use compared to males; more LGB youth reported current alcohol use compared to heterosexual youth.
- Fewer youth who identify as Asian, Black, or Latinx reported current alcohol use compared to youth who identify as White; a lower percentage of young people who are unsure about their sexual orientation reported current alcohol use compared to heterosexual youth.
- Of note, the percentage of Boston high school youth reporting current alcohol consumption was 27% in the 2019 CHNA and is lower, at 18%, in this 2025 CHNA.

Figure 56. Percent High School Youth Reporting Current Alcohol Use, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Error bars show 95% confidence interval. LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Marijuana and Vaping

About 2 in 10 adults (21.9%) and youth (19.1%) in Boston report current marijuana use (Figure 101, Figure 102). Among youth, a significantly higher percentage of females compared to males report current marijuana use; the percentage of females was significantly lower compared to males among adults. **Of note, the percentage of high school youth reporting current marijuana use was 24% in the 2019 CHNA and is now lower, at 19%, in this 2025 CHNA**. Adults in the Allston/Brighton neighborhood had a significantly higher percentage (29.1%) of those reporting current marijuana use; Charlestown adults reported a significantly lower percentage (15.1%) (Figure 103).

As shown in Figure 57, fewer than 1 in 10 (7.7%) Boston adults report vaping regularly, meaning that they use nicotine vaping products or e-cigarettes every day or some days. Rates of reported vaping are significantly higher among

Co-occurrence of Substance Use and Mental Health/Other Stressors

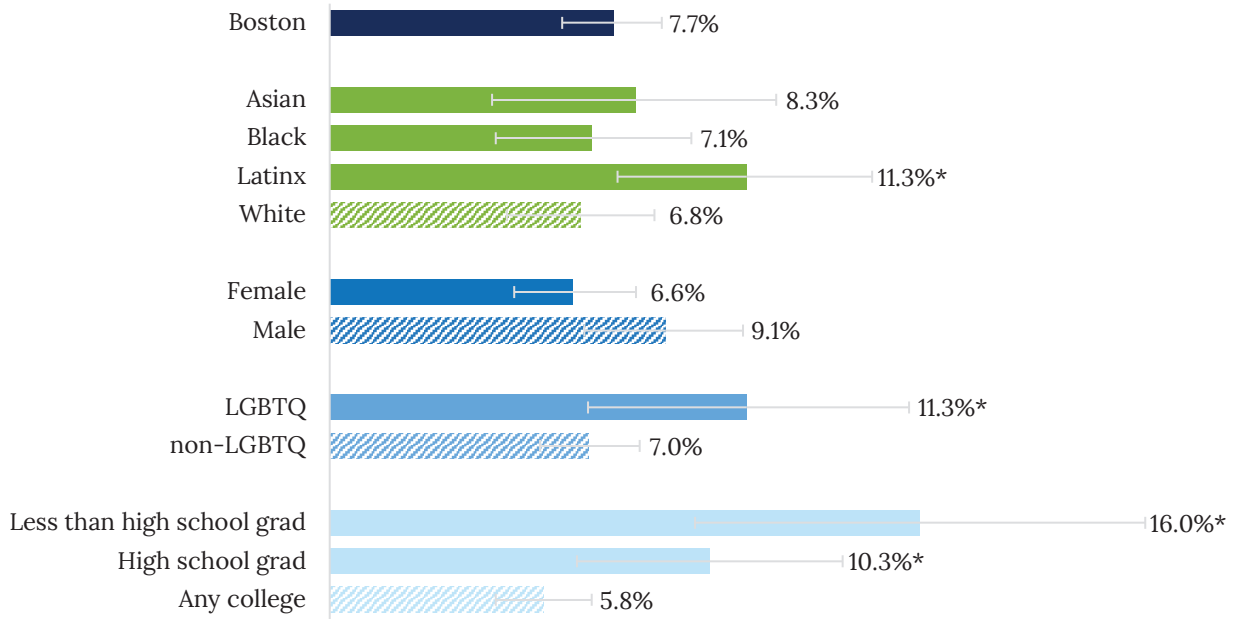
Discussion participants brought up the compounding challenges of substance misuse and mental health concerns, particularly for youth using substances to cope with life stressors and mental health conditions.

> *"I know kids at my school suffer from depression from loads of work and what doesn't help is the nicotine addiction that they have and resort to after having a stressful day at school that is affecting the youth in my community."*

> *"We have youth vaping and using drugs as coping mechanisms that are dealing with traumas, whether it's through their socioeconomic status, neighborhoods that are plagued by violence, lost loved ones to COVID."*

Latinx adults compared to White adults, LGBTQ adults compared to non-LGBTQ adults, and adults with a high school education or less than a high school education compared to adults with any college education.

Figure 57. Percent Adults Reporting Vaping Regularly, by Boston and Selected Demographics, 2023



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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); Error bars show 95% confidence interval.

Other Substances

Discussion participants expressed that public drug use is an issue for their community, particularly as it related to feeling safe in their neighborhood and concern about the safety of their children. Specific concerns named included those about seeing signs of drug use in public (e.g., needles or pipes at bus stops), as well as parents and caregivers worrying about their children being solicited to buy and/or sell drugs when out in their neighborhoods.

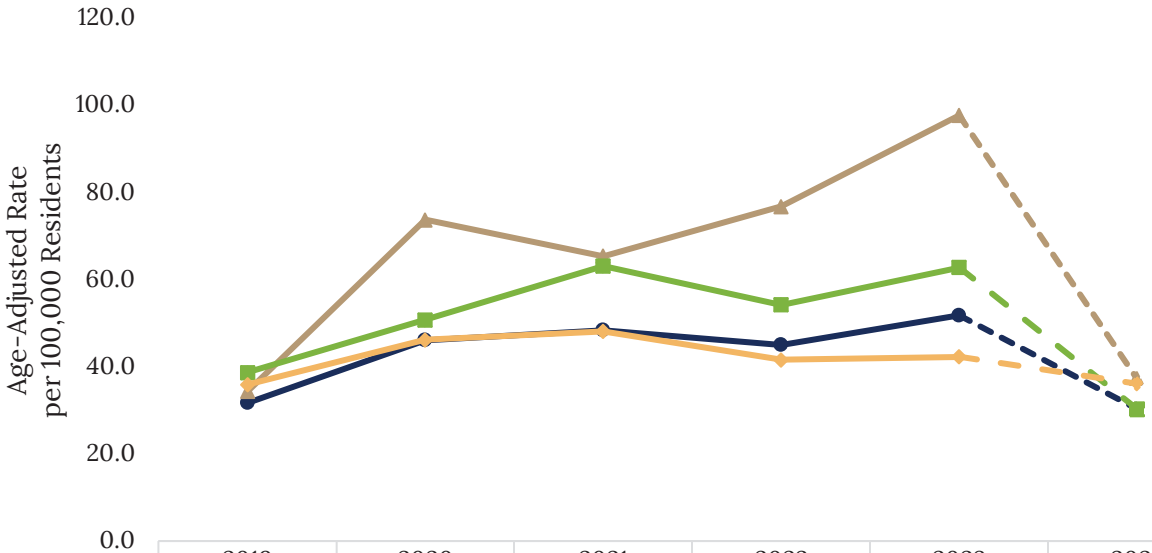
Opioid overdose mortality has decreased. Preliminary data in Figure 58 shows that age-adjusted opioid overdose mortality rates decreased by 42% in 2024 compared to 2023, the lowest number of overdose deaths since 2015. This is notably higher than the 26% decline seen nationally from 2023 to 2024[18]. Overall, Black and Latinx residents of Boston experienced a 62% and 52% decrease, respectively.

Unintentional drug overdose is one of the leading causes of premature mortality in Boston. Trends in drug overdoses will continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

As shown in Figure 104, between 2019 and 2023, overdose mortality rates associated with opioids and cocaine, including fentanyl, steadily increased and the rate for benzo mortality remained relatively consistent across these years. Compared to Boston overall, opioid and cocaine (including fentanyl) mortality rates were significantly higher in the following neighborhoods: Dorchester, Mattapan, Roxbury,

and South End (Figure 105, Figure 106). Please note that, besides opioids, 2024 mortality data for these substances is not yet available.

Figure 58. Age-Adjusted Opioid Overdose Mortality by Race/Ethnicity and Year, 2019-2024



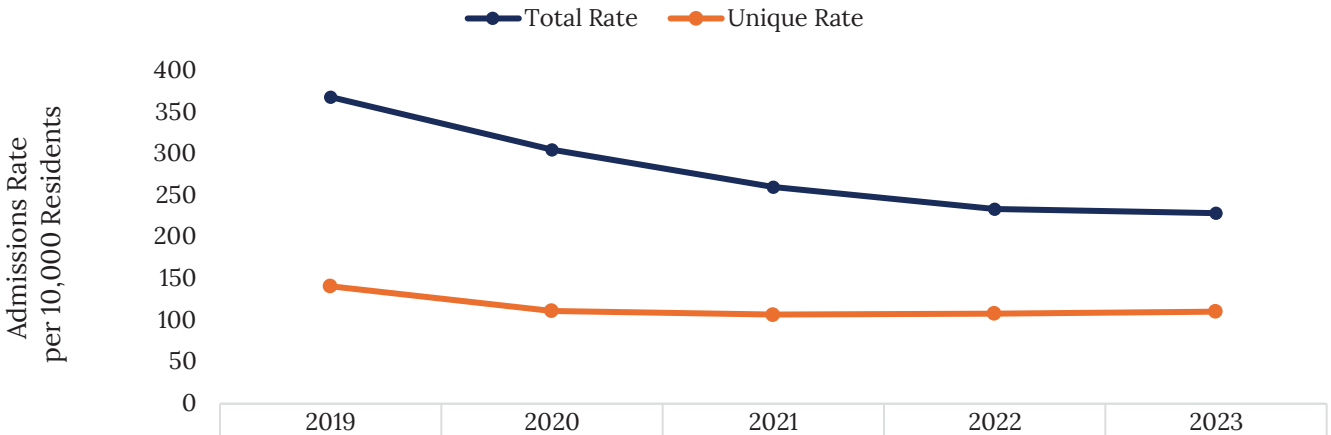
	2019	2020	2021	2022	2023	2024
Boston	31.7	46.1	48.4	45	51.8	30.3
Black	34.3	73.7	65.4	76.8	97.7	37.2
Latinx	38.7	50.8	63.1	54.2	62.8	30.3
White	35.9	46.2	48.1	41.6	42.3	36.1

DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health, 2019-2024
NOTE: 2024 data is preliminary, as indicated with dotted lines.

SERVICES AND TREATMENT

The need to establish more treatment programs for women and dual diagnosis programs to address the co-occurrence of substance misuse and mental health was supported by secondary data and discussions with community members and stakeholders. The rates of substance use treatment admissions have been declining over time since 2019 (Figure 59). In 2023, there were a total of 229.1 admissions per 10,000 individuals for substance use treatment; these treatments were provided to a total of 111.0 unique admissions per 10,000 individuals. The most noted substance, as either a primary, secondary, or tertiary substance, was alcohol followed by cocaine and heroin (Table 19).

Figure 59. All Treatment (Total and Unique) Admissions Rates, By Boston Over Time, Rate per 10,000 Residents, 2019-2023



	2019	2020	2021	2022	2023
Total Rate	368.7	305.3	260.3	234.4	229.1
Unique Rate	141.2	111.5	107.2	108.4	111.0

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Admissions Rates for both Total and Unique Admissions decreased from 2019-2023

There were significant differences in total treatment admissions by race and ethnicity (Figure 60). There were higher admission rates among Black residents for alcohol (167.8 per 10,000) and cocaine (104.8 per 10,000) compared to White residents. Latinx and Asian residents had significantly lower admission rates of all substances compared to White residents. White residents had higher treatment admission rates for heroin and other opioids.

Dual Diagnosis Treatment Programs

Aligning with other themes of co-occurrence of substance misuse and mental health, some discussion participants emphasized the positive impact of dual diagnosis treatment programs and called for more to be established. These participants noted that the few programs that do exist are closing.

> *"All detoxes and treatment should be dual diagnosis programs. Because we all have some trauma."*

> *"Getting real therapy while in treatment that was amazing and that is needed."*

Substance Use Treatment for Women

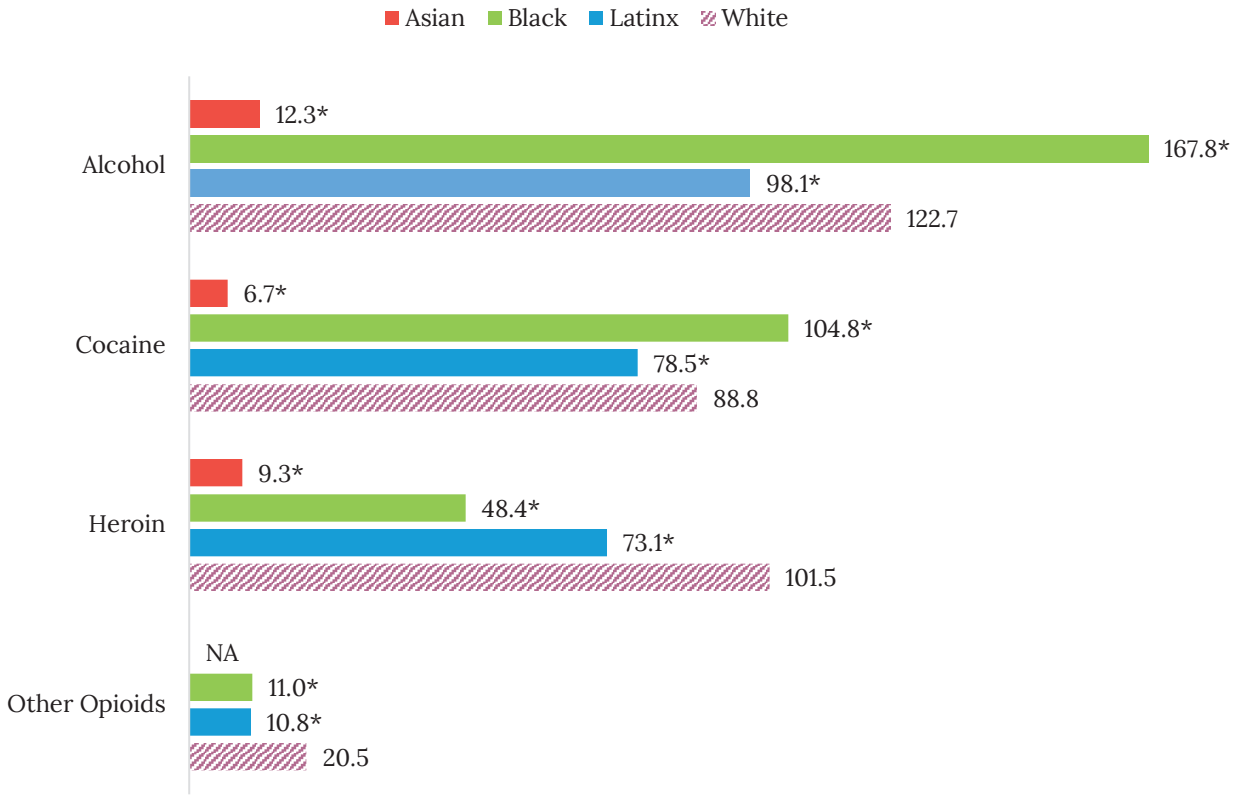
The total admission rate was significant lower for females (93.8 per 10,000) compared to males (380.1 per 10,000). Multiple discussion participants raised the need for more substance misuse treatment programs for women in Boston.

> *"We need women's substance use treatment in the city."*

> *"There isn't enough anything for women in the city"*

> *"This place is one of three where women can go in Mass. And even here there are two floors of men and one for women."*

Figure 60. Substance Use Treatment Total Admissions Rates, Boston, by Race/Ethnicity, Rate per 10,000 Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$).

MATERNAL AND CHILD HEALTH

Recent reports have highlighted numerous, persistent racial inequities in maternal, infant, and child health.[19,20,21,22] Inequities are also reflected in data on preterm births, low birthweight births, and infant mortality.

MATERNAL AND CHILD HEALTH

Some discussion participants highlighted **the importance of maternal and child health,** emphasizing the following key points:

- The importance of *children's access to nutritious meals* both during and outside of the school day, emphasizing that schools often serve as a critical food source for low-income students.
- Concerns from parents about their *child's safety at school*, particularly regarding exposure to violence and the risk of being targeted by drug dealers.
- Concerns about birth outcomes and the need to *build a community birth infrastructure*.
- The well-being of pregnant people, infants, and young children in the context of *climate-related weather events* that can strain their health.

While issues specifically related to maternal and child health were not ranked highly by survey respondents or discussed frequently, related and interconnected factors such as chronic stress, chronic disease, economic security, and housing that contribute to maternal and child health outcomes were named as top concerns.

Cost of Childcare

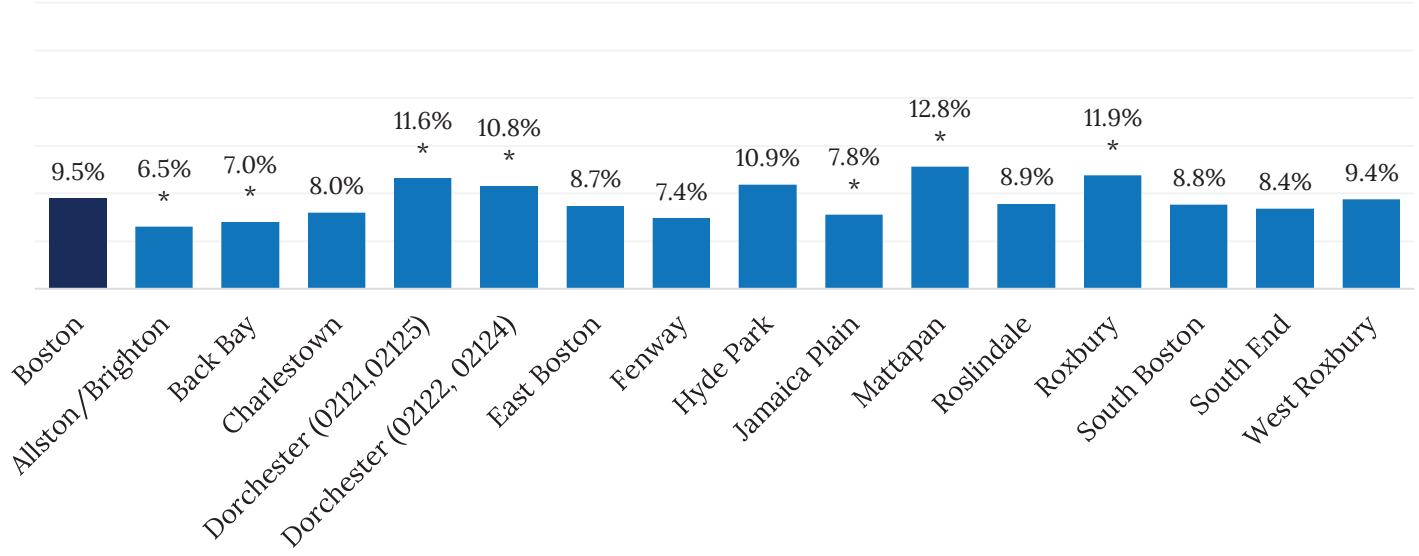
A recent Supply and Demand report from the Office of Early Childhood[8] described the high cost of childcare and estimated that in 2024, 71% of children aged birth to two years did not have access to formal early education and care. CHNA discussion participants also voiced concern about the cost of childcare for infant and young children:

> *"I think about families needing infrastructure and support for childcare for infants and toddlers. Much of it is not affordable."*

BIRTH OUTCOMES

The percentage of preterm births in Boston overall has remained steady between 2019 and 2023. Almost 1 in 10 births in Boston are preterm (Figure 61). A significantly higher proportion of Black and Latinx births are preterm births (13.4% and 9.8%, respectively) compared to White births (7.3%) (Figure 107). Preterm birth rates are highest in Mattapan, Roxbury, Dorchester, and Hyde Park (Figure 61).

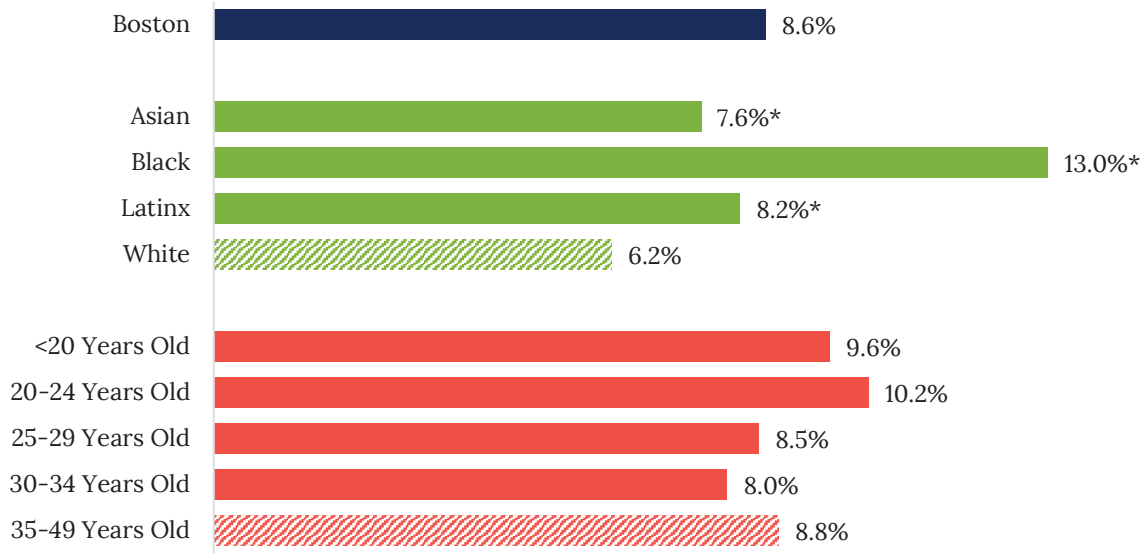
Figure 61. Percent Preterm Births, by Boston and Neighborhoods, 2021-2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2019-2023; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Differences in preterm birth outcomes are similar to low birthweight births. A significantly higher percentage of Black, Latinx, and Asian births are low birthweight births (Figure 62). This disparity is particularly striking when comparing Black low birthweight births (13.0%) to White low birthweight births (6.2%). Dorchester, Mattapan, and Roxbury had the highest proportion of low birthweight births (Figure 108).

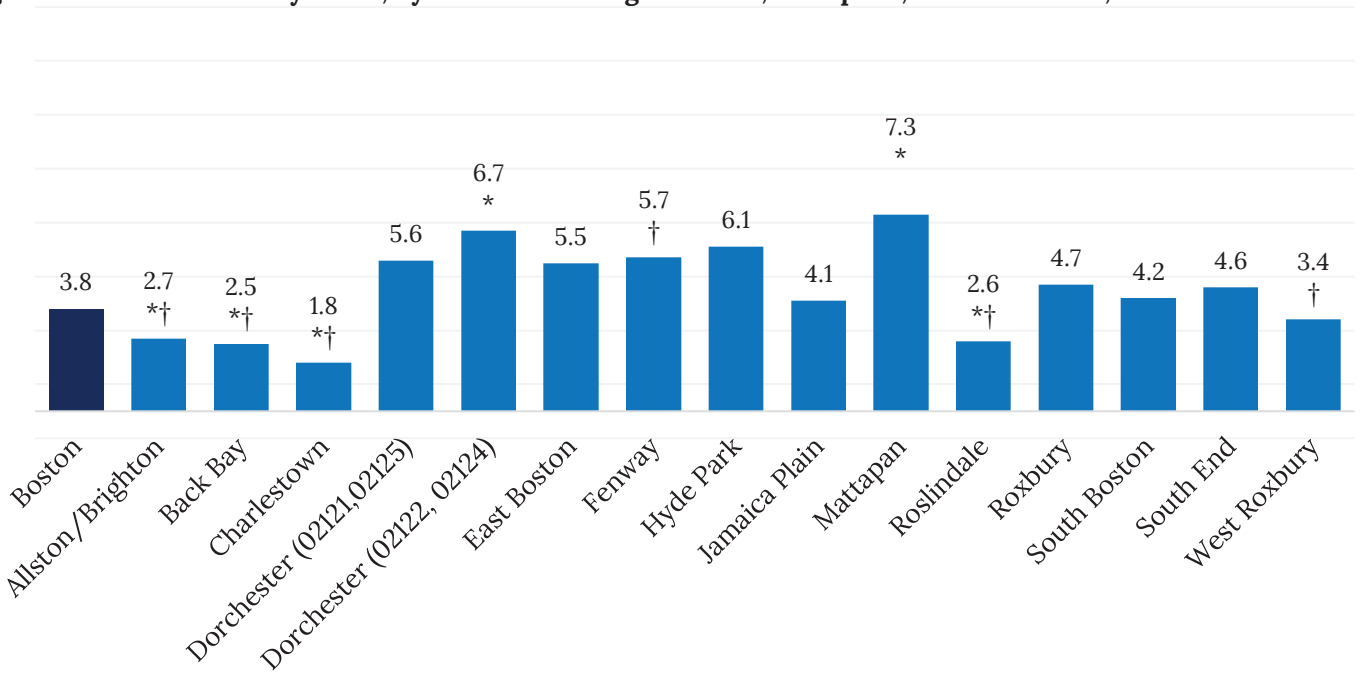
Figure 62. Percent Low Birthweight Births, by Boston and Selected Sub-Populations, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

Overall, infant mortality rates in Boston remained low from 2019 to 2023, with the rate in 2023 being 3.8 deaths per 1,000 live births. This is lower than the national rate, which was 5.6 per 1,000 live births in 2022. While the rate in Boston is relatively low overall, infant mortality rates in Mattapan and parts of Dorchester are significantly higher (Figure 63). When examined by race/ethnicity, Black infants in Boston have a significantly higher rate of infant mortality (8.0 per 1,000 live births) compared to White infants (Figure 109).

Figure 63. Infant Mortality Rates, by Boston and Neighborhood, Rate per 1,000 Live Births, 2013-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2013-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2013-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of $n<20$.

COMMUNITY VISION AND SUGGESTIONS FOR THE FUTURE

Participants shared suggestions for expansion of programs and services as well as policy and systems change across a range of issues; many suggestions focused on improved housing, increased access to health care, economic opportunities, and addressing climate change.

VISION FOR SUPPORTING HEALTHY COMMUNITIES

Expansion of affordable housing was ranked as the top factor for improving quality of life and health of communities by community survey respondents overall and by a majority of respondents from specific communities of focus (Table 10). Access to good jobs and economic opportunities, access to low-cost healthy foods, and access to health care were also ranked highly overall and among many communities of focus. "*Lower crime and violence*" was ranked within the top 5 factors among Black and Latinx respondents and respondents who are caregivers. "*Access to mental health care*" was ranked within the top 5 factors among LGBTQ and unhoused respondents and respondents aged 55+.

Table 10. Top 5 Factors That Would Improve the Quality of Life and Health of Their Community, by Communities of Focus, 2024

All survey respondents	**Asian respondents**	**Black respondents**	**Latinx respondents**
1. More affordable housing 2. Access to low-cost healthy foods 3. Access to good jobs and economic opportunities 4. Access to health care 5. Access to reliable public transportation	1. Access to health care 2. More affordable housing 3. Access to low-cost healthy foods 4. Access to good jobs and economic opportunities 5. Access to reliable public transportation	1. More affordable housing 2. Access to good jobs and economic opportunities 3. Access to low-cost healthy foods 4. Access to health care 5. Lower crime and violence	1. More affordable housing* 1. Access to good jobs and economic opportunities* 3. Access to low-cost healthy foods 4. Access to health care 5. Lower crime and violence
White respondents	**LGBTQ respondents**	**Caregiver respondents**	**Unhoused respondents**
1. More affordable housing 2. Access to low-cost healthy foods 3. Access to reliable public transportation 4. Access to health care 5. Access to good jobs and economic opportunities	1. More affordable housing 2. Access to low-cost healthy foods 3. Access to reliable public transportation 4. Access to health care 5. Access to mental health care	1. More affordable housing 2. Access to low-cost healthy foods 3. Access to good jobs and economic opportunities 4. Access to health care 5. Lower crime and violence	1. Access to good jobs and economic opportunities 2. More affordable housing 3. Access to health care 4. Access to mental health care 5. Access to low-cost healthy foods* 5. Lower crime and violence*

Respondents Born Outside U.S.	**Respondents Aged 55+**
1. Access to good jobs and economic opportunities 2. Access to low-cost healthy foods 3. More affordable housing 4. Access to health care 5. Lower crime and violence	1. More affordable housing 2. Access to low-cost healthy foods 3. Access to health care 4. Lower crime and violence 5. Access to good jobs and economic opportunities* 5. Access to mental health care*

DATA SOURCE: Boston Community Health Assessment Survey, 2024
NOTE: Asterisk (*) indicates tied rankings

EXPANSION OF AND COLLABORATION ACROSS PROGRAMS AND SERVICES

Discussion participants recommended increasing activities and services available to communities, including: play spaces for children, youth mentorship, recreational activities for youth that include a socioemotional component (e.g. boxing, yoga), programs to support career development and job training (e.g., electrician, mechanic, medicine), cultural activities to bring communities together, increased access to food assistance, welcome centers for immigrants, in-language assistance with housing and utilities, organizations that offer a third space where people can feel like they belong, spaces for providing childcare, diabetes support, and substance use treatment services and facilities that are specific to women. Additionally, some focus group participants cited the importance of raising residents' and organizations' awareness of existing resources.

> ***"The struggle is always organizations that have spaces to just hang out and create community... third spaces are difficult to find."***
>
> **– Resident Focus Group Participant**

While noting a general spirit of collaboration across organizations in the Boston area, several interview participants and sector representatives recommended creating infrastructure and funding to support deepening partnerships across organizations. A concern about limited resources in neighborhoods including Mission Hill was noted, leading to a strain on community organizations and a need for partnerships.

POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

Several interview participants and sector representatives and some focus group participants recommended areas for addressing policy, systems, and environmental factors, with a focus on addressing upstream factors to improve quality of life and access to resources for low-income communities and communities of color. These recommendations included:

> ***"There's an opportunity for our systems to embed more community voice and put it at the center of decision making..."***
>
> **– Interview Participant**

- Prioritize community voice
- Expand access to affordable housing, low barrier housing,[23] supportive housing, first-time homebuyer programming, and eviction prevention programming
- Remove barriers to housing for persons who were formerly incarcerated
- Convert vacant properties for residential or commercial use
- Invest in Community Land Trusts
- Build resilient food systems that are prepared for climate impacts and aging farmers
- Improve economic security and consider a universal basic income
- Reform primary care payment structures
- Improve reliability of public transportation
- Strengthen community safety
- Create more green spaces
- Expand indoor cooling infrastructures and decarbonization strategies to reduce climate impacts
- Provide training and job opportunities for underrepresented populations, which can diversify the health care field
- Build up physical infrastructure to expand childcare spaces and systemic infrastructure to expand and strengthen skills of childcare workforce[24]

Sector-based focus groups included organizational partners and direct service providers working within specific fields of expertise. The table below highlights specific ideas and promising practices shared.

Sector-based focus group	Spotlight: Key idea or promising practice shared by participants
Climate Justice	Build on existing work to **create a citywide or regional climate Resilience Hub or Network** that includes community-based organizations, community health centers, and hospitals. Focus not only on physical infrastructure like cooling centers, food supply, and pharmacy restocking during extreme weather, but also think intentionally about building social infrastructure and third spaces. *"When we think of responding to climate change often around cooling centers and sea walls but lot of data showing the biggest predictor of how well a community responds to disaster are social networks and social ties…"*
Community Health Workers (CHWs)	Build CHW connections with colleagues and contacts in other fields, to ultimately expand the types of resources that CHWs can connect patients to. CHWs provide support around a wide range of social determinants of health; **investing in efforts to expand their formal and informal networks** will strengthen their ability to address a wide range of needs. *"When my world opens up, patient outcomes improve. I don't just do housing… we do a lot."*
Economic Mobility	**Invest in childcare and childcare workers**. The intersection between childcare and economic mobility "*is crucial*" especially for women. *"Without the investment, we will continue to see gendered and racial segregation in the work people get."*
Housing	**Include community land trusts in the conversation around affordable housing**. Land trusts aim to ensure that housing is permanently affordable and also promote collective ownership and power. *"There's a whole network [of land trusts] that works together in thinking about collective ownership and power of space and land."*
Mental Health	Promising practices for diversifying mental health clinicians in the field include **local social work programs that offer specific training and funding for candidates of color**. *"Creating more of a track for candidates of color and Latinx MSW candidates to get specific training and funding for their education so there are more diverse clinicians coming into the field."*

KEY THEMES AND CONCLUSIONS

This section highlights key themes related to changes over time and implications for planning.

What are areas of strength and progress related to community health in Boston?

Boston continues to have many community assets, including its diversity, inclusiveness, social capital, friendliness of neighbors, community centers, recreational spaces, walkability, and resources for populations with the most acute needs (e.g., people who are experiencing homelessness or have substance use disorder). Community-based organizations and community health centers continue to provide key services throughout the city.

In Boston, while inequities remain, key improvements include:

- **Heart disease mortality has decreased significantly over time.** Heart disease mortality decreased from 114 deaths per 100,000 residents in 2019 to 95 deaths per 100,000 residents in 2023; this decrease is statistically significant.

- **Rates of emergency department visits for asthma have improved.** In the 2019 CHNA, the asthma-related emergency department visit rate was 101 visits per 10,000 residents. In this 2025 CHNA report, the asthma-related emergency department visit rate is much lower at 70 visits per 10,000 residents. Of note, in the 2019 CHNA, the rate was highest in Roxbury (205 visits per 10,000 residents) followed by Mattapan (180 visits per 10,000 residents); in the 2025 CHNA, the rate was lower in both neighborhoods (108 visits per 10,000 residents in Roxbury and 132 visits per 10,000 residents in Mattapan).

- **Rates of reported youth substance misuse and physical activity have improved.** The percentage of Boston high school youth reporting current alcohol consumption was 27% in the 2019 CHNA and is 18% in this 2025 CHNA. The percentage of high school youth reporting current marijuana use was 24% in the 2019 CHNA and is 19% in this 2025 CHNA. Between 2017 and 2023, the percentage of high school youth reporting engagement in regular physical activity increased from 30% to 37%.

- **Opioid overdose mortality has decreased**. Preliminary data shows that age-adjusted opioid overdose mortality rates decreased by 42% in 2024 compared to 2023, the lowest number of overdose deaths since 2015. This is notably higher than the 26% decline seen nationally from 2023 to 2024.[25] Overall, Black and Latinx residents of Boston experienced a 62% and 52% decrease, respectively. Unintentional drug overdose is one of the leading causes of premature mortality in Boston. Trends in drug overdoses should continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

What are continuing and emerging challenges for community health in Boston?

- **There are substantial gaps in life expectancy by race/ethnicity and geography.** Life expectancy for Black residents has consistently remained lower compared to Asian, White, and Latinx residents and Boston overall. Data at the census tract level shows that the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract.

- **Rates of food insecurity are rising.** The percentage of Boston adults reporting that their food didn't last and reporting that they were hungry because they could not afford enough food increased significantly between 2015 and 2023. These rates are highest among Latinx residents: for example, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food.

- **Housing costs in Boston remain unaffordable for many residents.** Fifty percent of Boston renters are cost-burdened, meaning that they spend 30% or more of their household income on their housing. This percentage is similar to the 2019 CHNA report (52%) and remains high. Almost one in four (24%) of Boston renters are severely cost-burdened, meaning that they spend 50% or more of their household income on their housing. Housing affordability is still a top priority and a pressing issue for Boston residents.

- **Mental health concerns continue to impact Boston residents.** The percentage of Boston adults reporting persistent anxiety was 21% in the 2019 CHNA and is 26% in this 2025 CHNA. Rates of reported persistent anxiety are significantly higher among LGBTQ adults (39%) compared to non-LGBTQ adults (24%) and are notably high (53%) among people experiencing homelessness.

    - Among high school youth, rates of persistent sadness are significantly higher among LGB & Questioning youth compared to heterosexual youth. In the 2025 CHNA, 39% of Boston high school youth reported feeling sad or hopeless for more than two consecutive weeks, up from 30% in the 2019 CHNA.

- **Climate change is an ongoing and growing concern**. Temperatures in Massachusetts are rising and weather extremes exacerbate health vulnerabilities, especially for young children, pregnant individuals, older adults, individuals experiencing homelessness, and individuals with chronic disease or disabilities.

- **The inequities documented in this report reflect the cumulative and current challenges residents face resulting from historical and structural inequities across multiple systems.** Residents and stakeholders who participated in the assessment underscored that disparities are not due primarily to a lack of knowledge or individual behavioral choices but rather are the result of unequal access to resources and systems.

Community-Identified Concerns and Recommendations for Health Improvement

Throughout the CHNA process, community residents, leaders, service providers, and public health professionals provided their insight into the challenges and opportunities to support the health of Boston communities. Analysis of data from key informant interviews, focus groups, and the community survey suggest that many of the priorities highlighted in previous CHNA processes persist and emerging challenges highlight the need for deeper collaboration and action across partners and sectors. Through a review of secondary data, community survey data, and feedback gathered from residents and stakeholders through interviews and focus groups, the following **key community health concerns** emerged:

- Similar to previous CHNA processes in Boston, **housing affordability** and **mental health/ substance misuse** rise to the top as key concerns. Housing concerns were raised in almost all interviews and focus group discussions.

- **Economic insecurity**, and its impact specifically on mental health, emerges as a top concern. "*Economic insecurity and employment*" was ranked as the fourth most important concern in the most recent community survey, compared to a rank of eleventh in the 2019 CHNA community survey. The high cost of childcare remains a burden, especially for low-income families.

- **Access to affordable and healthy food** also emerges as a key concern. Rates of food insecurity are rising. Interview and focus group participants discussed numerous barriers to accessing and affording healthy foods in their communities.

- **Climate change** is an emerging key concern that will continue to impact Boston residents. Concerns related to growing anxiety among residents related to climate change were also raised.

- While a majority of Boston residents are insured and have a primary care provider, challenges related to **health care access** were also raised including structural challenges (waitlists/ wait times, provider turnover, etc.) and challenges related to engagement with health care providers or staff (e.g., lack of cultural humility).

Through the data gathered as part of this CHNA, **key recommendations for health improvement** also emerged. Expansion **of affordable housing** and **access to low-cost healthy foods**, followed by **access to good jobs and economic opportunities** and **access to health care**, were ranked as the top factors for improving quality of life and health of communities among community survey respondents overall. Interview and focus group participants shared suggestions for expansion of programs and services as well as policy and systems change across a range of issues; many suggestions focused on expansion of affordable housing, increased access to care, economic opportunities, and addressing climate change.

What are key concerns for specific communities?

Concerns related to economic security were especially prevalent among Latinx and Spanish-speaking residents. Two in ten Latinx adults are worried they will need to move in the next two months due to cost. Rates of food insecurity are highest among Latinx residents. Spanish-speaking discussion participants shared concerns about employment, food security and SNAP benefits, and living paycheck-to-paycheck. "*Access to good jobs and economic opportunities*" was one of the top areas for improving quality of life and health ranked by Latinx community survey respondents.

Community safety and violence remain a concern for some communities. Overall, community survey respondents ranked violence as the sixteenth concern. However, in the 2024 survey, violence was ranked as a higher concern by Roxbury and Mattapan respondents. "*Lower crime and violence*" was ranked within the top 5 factors for improving quality of life and health among Black community survey respondents, Latinx respondents, and caregiver respondents. Homicide is the fourth leading cause of premature deaths among Black residents. A few Chinese-speaking discussion participants described community safety concerns in Chinatown (e.g., hate crimes) particularly for older adults.

Mental health is an important issue for LGBTQ communities. "*Access to mental health care*" was a top factor that LGBTQ community survey respondents indicated would improve quality of life and health. Among LGBTQ adults, almost 2 in 5 experience persistent anxiety and among LGBTQ youth, about 3 in 5 experience persistent sadness. Expanding access to mental health care and spaces to build community were suggestions for supporting the LGBTQ community. A need for culturally responsive health care (that does not misgender patients) and shelters that welcome transgender people were also noted.

While Black and Latinx communities bear a disproportionate burden of many chronic diseases and conditions, some key differences are also notable for other communities. **Asian men** experience significantly higher rates of cancer premature mortality compared to White men and a significantly lower proportion of **Asian adults** report receiving a colonoscopy compared to White adults. Rates of heavy drinking among adults and current alcohol use among youth are highest among **White residents**.

Fear and worry related to increased federal actions around immigration was a prominent concern among many Haitian, Muslim, and Latinx focus group participants. Participants voiced concerns about the loss of temporary protected immigration statuses, job loss linked with fewer immigrant protections, and the threat of deportation and family separation. Interview participants familiar with the needs of immigrant communities worried that increased federal surveillance and scrutiny would prevent residents from accessing care and services in a timely manner, if at all.

How do these issues intersect and perpetuate inequities in health outcomes?

The CHNA data clearly reveal unequal access to housing, health care, health-supporting built environments, education, and opportunities in the City and their impact on health.

Institutional racism, economic inequality, discriminatory policies, and the historical oppression of specific groups are root causes of unequal access to these social determinants of health.
Inequities in access to social determinants of health include:
• The median household income in Boston continues to be lowest among Latinx and Black households. The racial wealth gap in Boston is well-documented. • The neighborhoods with the lowest median household income are Roxbury, Fenway, parts of Dorchester, and Mattapan. Parts of Dorchester, Mattapan, and Hyde Park have the highest percentage of children living in poverty. • Housing cost burden is highest in Mattapan, Fenway, Hyde Park, Roxbury, Dorchester, and the South End. • Significantly more Black and Latinx adults in Boston are worried they will need to move in the next two months because of cost. • It is hardest to purchase healthy foods in Dorchester, East Boston, Mattapan, and Roxbury.

Inequities in access to health care include:

- A high percentage of Boston residents are insured. However, the percentage of Latinx and Asian adults who have a primary care provider is lower than Black and White adults.
- CHNA discussion participants shared challenges related to the health care system (waitlists, etc.) as well as engagement with providers (not feeling listened to, etc.). "*Health care providers who make me feel safe and respected*" was one of the top three suggestions for improving access to health care among Black survey respondents.
- Almost 7 in 10 Hyde Park survey respondents indicated that they would need to travel outside of their community to access high quality hospitals, doctors, or clinics.

These inequities in social determinants of health and access to care contribute to the disparities seen in burden of chronic disease and chronic conditions which include:

- The percentage of youth experiencing persistent sadness is highest among Latinx youth.
- The prevalence of youth and also adults who are overweight or obese is highest among Latinx and Black youth.
- Rates of premature cancer mortality, hypertension, asthma emergency department visits, and diabetes hospitalizations are significantly higher among Black residents.
- Rates of chronic diseases are higher among residents of neighborhoods with more limited access to social and economic opportunities. For example, rates of hypertension, diabetes hospitalizations, and asthma emergency department visits are highest in Mattapan – and significantly higher in Mattapan compared to Boston overall. Mattapan is also home to the highest percentage of Black residents.

The issues highlighted in this report are deeply intertwined and reflect the cumulative and current challenges residents face resulting from historical and structural inequities across multiple systems. These inequities contribute to stark disparities in premature mortality, which are highest among Black and Latinx residents and in neighborhoods such as Dorchester, Mattapan, and Roxbury. Addressing these persistent inequities is essential to building healthier, thriving communities in Boston.

PRIORITIZATION PROCESS AND NEXT STEPS

Findings from the CHNA serve as a resource to policymakers and community leaders, and guide community health improvement planning, priority setting, and policy development. This report also informs partnering hospital and health systems' community health implementation strategies. Additionally, findings from the CHNA provide the foundation for putting data into action through the 2025-2028 Boston Community Health Improvement Plan (CHIP). A CHIP is a community-wide action plan to set priorities, coordinate and target resources, and align efforts to improve population health outcomes and advance health equity.

Prioritization allows community organizations, coalitions and institutions to target and align resources, leverage efforts, and focus on achievable objectives and strategies for addressing priority needs. In May 2025, the BCHC Steering Committee and BCHC partner network applied an upstream, social determinants of health lens to review the CHNA data and carry out a multi-step prioritization process. This section describes the approach and outcomes of the prioritization process. The resulting priorities reflect complex, systemic challenges and community conditions that require sustained, cross-sector collaboration and a strong commitment to working in partnership with communities to advance health equity and create meaningful, long-term change.

CRITERIA FOR PRIORITIZATION

Criteria were selected to assess the magnitude of community issues and their impact on the most underserved population groups. The criteria are below.

Prioritization Criteria

- **Burden/Impact**: How much does this issue affect our community? Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/ accessibility?
- **Equity**: Will addressing this issue substantially benefit those most in need? Does this issue address the root causes of inequities?
- **Feasibility**: Is it possible to take steps to address this issue given current infrastructure, capacity, and political will?
- **Collaboration/Engagement**: Are there existing groups across sectors already working on or willing to work on this issue together? How important is this issue to the community (based on qualitative data etc.)?
- **Urgency/Opportunity Costs**: Does this issue require immediate action? Will not acting on it now negatively impact the ability to act on it later?

Key Issues for Prioritization

Data from community engagement efforts and secondary data analyzed in the Boston CHNA revealed key themes that are consistent across many Boston communities- factors that contribute to persistent health inequities. Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from secondary data, sixteen key issues were identified (listed below alphabetical order):

- Access to Health Care
- Access to Healthy Food / Food Security
- Access to Physical Activity Opportunities

- Cancer
- Chronic Disease (including diabetes, heart disease, obesity, asthma, etc.)
- Climate Change (extreme heat and cold, etc.)
- Early Education and Care
- Economic mobility (including income inequality, employment)
- Education (including public schools, post-secondary education)
- Housing (affordability, quality, homelessness, etc.)
- Maternal and Child Health
- Mental Health and Chronic Stress
- Physical Environment (traffic, noise, air quality, fit etc.)
- Substance Use
- Transportation
- Violence

PRIORITIZATION PROCESS

The prioritization process for the development of new priorities for the 2025-2028 Community Health Improvement Plan was multi-stepped and aimed to be inclusive, participatory, and data driven and to build upon the 2019 and 2022 Community Health Needs Assessment and Improvement Planning processes.

Step 1: Data-Informed Voting via a Steering Committee Prioritization Meeting

On May 7, 2025, a 90-minute in-person prioritization meeting was held with the BCHC Steering Committee with the goal of narrowing the sixteen key issues to approximately ten issues. During the meeting, attendees heard a brief data presentation on the key findings from the Boston CHNA. Steering Committee members were asked to discuss how the findings reflected what they see in the communities they work or engage with, what was surprising or missing from the key themes, and what they saw as top issues for future collaborative efforts and investment. Steering Committee members also reviewed the Prioritization Criteria. At the end of the meeting, based on the Prioritization Criteria, Steering Committee members used a dot-voting process to vote for up to seven of the sixteen key issues identified from the CHNA data. Voting narrowed the sixteen key issues down to eleven top issues as follows:

	Priority Area	Votes
1.	Housing (affordability, quality, homelessness, etc.)	11
2.	Access to Healthy Food / Food Security	10
3.	Chronic Disease (including diabetes, heart disease, obesity, asthma, etc.)	9
4.	Access to Health Care	9
5.	Mental Health and Chronic Stress	9
6.	Economic Mobility (including income inequality, employment)	8
7.	Early Education and Care	7
8.	Maternal and Child Health	6
9.	Substance Use	5
10.	Cancer	5
11.	Climate Change (extreme heat and cold, etc.)	5

Step 2: Data-Informed Voting via a Community Prioritization Meeting

On May 28, 2025, a two and half hour in-person prioritization meeting was held with community partners with the goal of narrowing the eleven key issues to four priorities. During the meeting, attendees heard and discussed a brief data presentation on the key findings from the Boston CHNA. Community partners also reviewed the Prioritization Criteria. At the end of the meeting, based on the Prioritization Criteria, community partners used a dot-voting process to vote for up to four of the eleven key issues identified from the CHNA data. Approximately 45 community partners representing a range of sectors and coalitions voted during this prioritization meeting. Voting narrowed the eleven key issues down to four priorities as follows:

	Priority Area	Votes
1.	**Housing (affordability, quality, homelessness, etc.)**	**35**
2.	**Economic Mobility (including income inequality, employment)**	**30**
3.	**Access to Healthy Food / Food Security**	**29**
4.	**Access to Health Care**	**17**
5.	Mental Health and Chronic Stress	12
6.	Climate Change (extreme heat and cold, etc.)	11
7.	Chronic Disease (including diabetes, heart disease, obesity, asthma, etc.)	6
8.	Early Education and Care	5
9.	Substance Use	3
10.	Cancer	2
11.	Maternal and Child Health	2

Step 3: Review and Finalization of Priorities

On May 30, 2025, the BCHC Steering Committee reviewed the prioritized areas from the community prioritization meeting and also discussed key take-aways from that meeting. Through a facilitated discussion, Steering Committee members decided to broaden “Access to Health Care” to “Access to Care” to be inclusive of community-based care.

Priorities Selected for Planning

Recognizing that health inequities identified through the CHNA process are driven largely by systemic and structural challenges related to the community-identified priorities highlighted throughout the CHNA and prioritization process, the CHIP planning process will emphasize policy, systems, and environmental change approaches, as well as primary prevention, to build healthier communities. The BCHC Steering Committee finalized the following four priorities which will lay the groundwork for the 2025-28 Community Health Improvement Plan:

- Housing (affordability, quality, homelessness, etc.)
- Economic Mobility (including income inequality, employment)
- Healthy Food Access and Food Security
- Access to Care

The 2025 Boston CHNA Report is aligned with the City of Boston’s Live Long and Well Population Health Agenda to improve life expectancy and reduce racial and ethnic health disparities, highlighting key community-identified priorities to improve the health and well-being of Boston residents and promote healthier, longer, and thriving lives for all.

The Boston Community Health Collaborative will bring together community partners throughout the summer and fall of 2025 to co-develop measurable objectives and coordinated strategies that align efforts across organizations to address priority areas. Strategies will emphasize policy, systems, and environmental change approaches, as well as primary prevention, to create sustainable impact. To get involved, contact bostonchna@bphc.org.

APPENDICES

Appendix A. Recommended Readings

#	Report Name	Organization(s)
1	A City for Families: Addressing the Child Care Gaps in Boston	City of Boston Office of Early Childhood Birth to Eight Collaborative Data Committee
2	Heat Resilience Solutions for Boston	City of Boston
3	Boys and Men in Greater Boston: Challenges in Education, Employment and Health	Boston Indicators, American Institute for Boys and Men
4	Homelessness in Greater Boston: Trends in the Context of Our Broader Housing Crisis	Boston Indicators
5	Global Greater Boston: Immigrants in a Changing Region	Boston Indicators, Immigrant Research Initiative
11	Advancing LGBTQ+ Health Equity in Boston	Boston Public Health Commission
12	Boston Opioid Settlements Community Engagement Report	Boston Public Health Commission
13	City of Boston Food Recovery Assessment	City of Boston Office of Food Justice (OFJ), Vital Cxns and Seed Change Strategies
14	Franciscan Children's Community Health Needs Assessment - 2024	Franciscan Children's Hospital
15	Weaving Well-being: A New Paradigm for Mental Health and Wellness	Leah Zallman Center for Immigrant Health Research and City of Boston Office of Immigrant Advancement
16	Elevating Voices of Overdose Survivors Living on the Street	Boston Public Health Commission, Institute for Community Health, Boston Medical Center, Boston University School of Public Health, University of California San Diego
17	Allston-Brighton Needs Assessment	Allston-Brighton Community Development Corporation, Archipelago Strategies Group, City of Boston Planning Department, Utile Design, Rivera Consulting Inc.
18	Health of Boston 2023 Provisional Mortality and Life Expectancy Report	Boston Public Health Commission
19	Health of Boston 2023 Diabetes Report	Boston Public Health Commission
20	Health of Boston 2023 Heart Disease Report	Boston Public Health Commission
21	Health of Boston 2023 Asthma Report	Boston Public Health Commission
22	Health of Boston 2023 Cancer Report	Boston Public Health Commission
23	Health of Boston 2023 Maternal and Infant Health Report	Boston Public Health Commission
24	Health of Boston 2023 Mental Health Report	Boston Public Health Commission
25	Health of Boston 2023 Community Assets Report	Boston Public Health Commission
26	Health of Boston 2023 Substance Use and Disorders Report	Boston Public Health Commission

27	Health of Boston 2023 Access to Care Report	Boston Public Health Commission
28	We Thought You'd Never Ask!: Learning from Boston's Black Community What Supports its Health, Resilience & Wellbeing	Fenway Health, Boston Black COVID-19 Coalition
29	Boston's Multilingual Populations	City of Boston Planning Department and Office of Communications and Language Access
30	Dorchester Health Planning Working Group Final Report	Dorchester Health Planning Working Group
31	Action for Boston Community Development Community Needs Assessment	Massachusetts Association for Community Action and Action for Boston Community Development
32	Building AAPI Power: A Profile of AAPI Communities in Greater Boston	Boston Indicators
33	Massachusetts Healthy Aging Data Report: Highlights from 2025	UMASS Boston Gerontology Institute, Point32Health Foundation

Appendix B. Data Collection Methods, Analyses and Limitations

SECONDARY DATA: REVIEW OF EXISTING SECONDARY DATA, REPORTS, AND ANALYSES

Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps guide where primary data collection can dive deeper or fill in gaps.

Criteria for Prioritizing Secondary Data Indicators for Inclusion in 2025 Boston CHNA Report:

Whether the indicators can:

1) help drive collective action,
2) have a prevention orientation,
3) are not duplicative of other recent and easily accessible reports, and
4) have high quality, available data that, where possible, can be disaggregated by race/ethnicity and geography

Secondary data for this CHNA were gathered to understand health outcomes, health behaviors, and social determinants of health. Existing data were drawn from national, state, and city sources, including the Boston Behavioral Risk Factor Surveillance Survey (BBRFSS), Youth Risk Behavior Survey (YRBS), the Massachusetts Department of Public Health Community Health Equity Survey (CHES), the U.S. Census American Community Survey (ACS), vital records, and the Acute Hospital Case Mix Database from the Center for Health Information and Analysis. The Secondary Data Work Group provided input to prioritize the list of indicators included in this 2025 CHNA by considering the following criteria: whether the indicators can help drive collective action, have a prevention orientation, and are not duplicative of other recent and easily accessible reports.

All secondary data on birth and death records, BBRFSS, YRBS, and Acute Hospital Case Mix were analyzed by the Research and Evaluation Office of the Boston Public Health Commission. Other data were analyzed by the organizations cited in the data source. Analyses are presented as frequencies (percentages) and rates throughout the report. Data from the surveillance systems, such as the BBRFSS and YRBS, are presented with confidence intervals (or error bars in the figures), where possible. When statistical significance testing was conducted, it is noted in figures or in text. Specifically, when the word "significantly" is used in the text it connotes statistical significance ($p<0.05$). Additional information on confidence intervals and significance testing can be found in the Reporting Notes in this section.

Review and Crosswalk of Recent Reports and Assessments

The following recent reports and assessments provide detailed data on specific topics, populations, and/or geographies and were also reviewed to inform this CHNA process: Advancing LGBTQ+ Equity in Boston, Boston Opioid Settlement Community Engagement Report, City of Boston Food Recovery Assessment, Franciscan Children's CHNA, Youth Speaks Boston, Weaving Well-being: A New Paradigm for Mental Health and Wellness, Elevating Voices of Overdose Survivors Living on the Street, Allston-Brighton Needs Assessment, and Food Access in Allston-Brighton (see Appendix A). Key themes from these recent and related reports and assessments were summarized to understand alignment with emerging themes from this process.

PRIMARY DATA COLLECTION

Primary data are new data collected specifically for the CHNA. Primary data were collected using four different methods: key informant interviews, community resident focus groups, sector-based focus groups with organizational partners and direct-service providers, and a community health survey.

Boston CHNA Community Survey

The Boston CHNA Community Survey aimed to collect information about Boston residents' perceptions of community strengths, priority health issues, and access to care and vital resources contributing to health and well-being. The Boston CHNA survey was offered between September 2024 and January 2025 to individuals ages 14 and up living in Boston. The anonymous survey was made available online and in paper format in English and eight languages in addition to English (Arabic, Cape Verdean Creole, Haitian Creole, Portuguese, Spanish, Simplified Chinese, Somali, and Vietnamese). The survey instrument is included in Appendix F.

The intention of the survey was to complement existing surveys including the Massachusetts Community Health Equity Survey (CHES), and the Boston Behavioral Risk Factor Surveillance Survey (BBRFSS) to guide community health planning efforts. Boston Public Health Commission community health planning staff drafted a survey based on a review of the 2019 Boston CHNA Survey and a review of existing survey tools and public health best practices and standards for community health assessment survey development.[4] An updated version of the survey was drafted with feedback from Primary Data Work Group members, charged with outlining a consistent, inclusive, and robust community engagement strategy and providing input into the development of instruments and methodologies for the Boston CHNA process.

Outreach was conducted through various means, including in-person outreach, email distribution, social media and online survey promotion. Building on previous processes, the Boston Community Health Collaborative leveraged a large, existing network of community partners who distributed the survey in online and paper formats. In addition, targeted outreach and paper survey distribution were conducted at 43 community events and locations, including farmer's markets, health fairs, block parties, public libraries, food pantries, and community meetings. Promotional flyers were distributed in all nine survey languages.

The final survey tool included 28 questions. The final sample of the CHNA Community Survey comprises 1,866 respondents who were Boston residents. Data on survey respondent characteristics including neighborhood of residence, race, ethnicity, age, caregiver status, and other demographic characteristics can be found in Appendix G. In this report, people who completed the survey are referred to as "respondents" (whereas those who were part of focus groups and interviews are referred to as "participants" for distinction).

[4] Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Framework. 2024. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Analyses

Frequencies were calculated for each survey question. Data were suppressed where response total was less than 10 respondents. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question and varied by question. Additionally, denominators excluded respondents who selected "prefer not to answer/don't know" where applicable. For questions that allowed for multiple responses (i.e., questions that asked respondents to check all that apply), the denominator was out of the total number of respondents who selected at least one response option for the question. Stratified analyses were conducted for select questions by specific sub-groups that had large enough sample sizes. Responses by neighborhood were presented for neighborhoods that had 30 or more respondents to the survey; when possible, some neighborhoods were combined for analyses due to small sample size.

Review of Concurrent CHNA Surveys

Beth Israel Lahey Health (BILH) conducted a concurrent community health survey with questions that were intentionally aligned with the BCHC community health survey. BILH shared a summary of survey findings for specific neighborhoods that were included in their service area and are also part of Boston and therefore relevant for this assessment process: Fenway/Back Bay, Roxbury, Mission Hill, Dorchester, and Allston/Brighton. Findings on key health issues and suggestions for improvement were reviewed from this BILH survey to understand alignment with survey findings from the Boston CHNA community survey. Similarly, Tufts Medical Center also conducted a community health survey and shared findings with BPHC for review of alignment.

Qualitative Discussions: Focus Groups and Interviews

Community Resident Focus Groups

Eight focus groups were conducted with specific communities of focus from December 2024 through February 2025. Tufts Medical Center made introductions and connections for some of these groups. Focus groups were conducted in person (90-minutes) and virtually (60-90 minutes) and aimed to delve deeply into community needs, strengths, and opportunities for the future. Focus groups were conducted with the following population groups:

- South Boston mothers (in Spanish)
- Chinese older adults (in Cantonese)
- Residents in active substance use recovery
- New immigrants and/or English language learners
- Residents who live in Boston Housing Authority housing
- Somali parents of children with special healthcare needs (in Somali)
- Fathers and men of color
- Refugee youth

A total of 62 community residents participated in focus groups. Almost all focus group participants (54 of 62) completed an optional demographic survey. Participants represented nine neighborhoods across the city. Nearly half of focus group participants identified as Black or African American (44%), more than a third of participants identified as Hispanic or Latino (38%), roughly one fifth of participants identified as Asian (19%), and 12% identified as White. The majority of participants identified as female (67%); 33% identified as male. Most participants (60%) were between 25 – 54 years old. Additional data on focus group participant characteristics can be found in Appendix E. Eight community and social service

organizations located throughout Boston assisted with recruiting participants and/or hosting focus groups.

Beth Israel Deaconess Medical Center (BIDMC) and New England Baptist Hospital (NEBH) also shared notes from nine focus groups that were conducted with 90 community residents from the following population groups as part of parallel assessment processes:

- Newly arrived families from Haiti (in Haitian-Creole)
- Youth
- Older adults (two groups, one in Spanish and one in English)
- Cape Verdean residents (in Cape Verdean Creole)
- Transgender and non-binary adults
- Adults living with disabilities
- Families living in affordable housing in Mission Hill and Roxbury.

Sector-Based Focus Groups
Five sector-based focus groups were conducted with 28 organizational partners and direct service providers. The sectors and topic areas for these groups were: Climate Justice, Housing, Community Health Workers, Mental/Behavioral Health, and Economic Mobility. These discussions aimed to focus in particular on community needs, assets, and promising practices or recommendations for action.

Key Informant Interviews
A total of eleven key informant interviews were completed with 13 individuals (two interviews included 2 participants) between January and March 2025. Interviews were 45-60 minute semi-structured discussions that engaged organizational and community leaders. Discussions explored interviewees' experiences of addressing community needs, recommendations for priority areas of focus, and suggestions for policy and structural changes. Sectors represented in these interviews included: public health, health care, emergency medical services (EMS), food justice, housing, education and early childhood, social services and anti-poverty, and organizations that work with specific populations such as justice-involved individuals, men of color, and birthing people. See Appendix D for a list of key informant interviewees.

BIDMC and NEBH also shared summaries of interviews (BIDMC summary included 15 interviews and NEBH summary included 14 interviews) that were conducted as part of parallel assessment processes.

Analyses
The collected qualitative information was coded and analyzed to identify main categories and sub-themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. BIDMC and NEBH focus group notes were analyzed with Boston CHNA focus group notes; BIDMC and NEBH interview summaries were also reviewed to confirm findings and identify any new salient information. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas. Please note: copies of the qualitative guides are available upon request, at bostonchna@bphc.org.

LIMITATIONS

As with all data collection efforts, several limitations should be acknowledged. Each data source for the secondary data has its own set of limitations. Overall, for the data in this report it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity; different boundaries for neighborhoods). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups or at a more granular geographic level due to small sub-sample sizes. For example, secondary data combines Chinatown and South End together in analyses and subsumes Mission Hill residents primarily into Roxbury data. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

It is also important to recognize that this report relies on data from the American Community Survey and the U.S. Census. It is well recognized that census data undercounts Boston's population, due in part to the COVID-19 pandemic as well as Boston's mobile young adult population. Given this undercount, the City of Boston Planning Department has produced alternate population estimates, which are available at the census tract level here.[26] More detailed demographic trends can be accessed at the Planning Department's webpage here.

It should also be noted that for the datasets used, it is not always possible to examine data in a more granular way or to examine the intersectionality of identities. For example, data are examined by race/ethnicity and by neighborhood, but the sample sizes are not large enough to look at data by race/ethnicity within neighborhood in many cases. Additionally, while data are examined by major categories of races and ethnicities (e.g., White, Black, Latino, Asian), it is not possible for many of these data sources to examine data of sub-population groups within these categories (e.g., Chinese descent, Vietnamese descent). Please contact the Boston Public Health Commission Research and Evaluation Office for further consideration of custom health data analysis of specific Boston resident sub-population groups. Please be advised that 2023 mortality data are preliminary and subject to change.

While strong efforts were made to conduct outreach across the City with a deeper dive within neighborhoods and population groups who are disproportionately impacted by health inequities, the community survey used a convenience sample. Because a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this, results cannot necessarily be generalized to the larger population.

Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. This report should be considered a snapshot of the current time. The findings in this report can be built upon through future data collection efforts.

Appendix C. A Note on Data and Language

Note on Language and Data

Throughout the report, data and comparisons are presented using broad categories based on a narrow range of options for self-identification in population-based surveys. We recognize the importance of disaggregating data by population characteristics, including race, ethnicity, gender, and sexual identity to inform policy, practices, and programs to improve health outcomes and to track progress towards health equity. Where available, indicators have been disaggregated. However, our ability to report is also limited by how various surveys collect self-reported racial and ethnic data. Additionally, small survey sample size and case numbers limit the ability to identify and describe health disparities for certain groups. The terms used to denote racial, ethnic, gender and sexual identity categories may differ throughout the report depending on what is used within the secondary data sources.

- Data from Boston Behavioral Risk Factor Surveillance Survey (BBRFSS), Youth Risk Behavior Survey (YRBS), Acute Hospital Case Mix Database from the Center for Health Information and Analysis, and other data analyzed by Boston Public Health Commission, Center for Public Health Sciences and Innovation presents Latinx data alongside non-Latinx racial groups (e.g., non-Latinx Black). Hispanic and/or Latinx people can be of any race. In this report, data for persons of Hispanic and/or Latin descent are described as Latinx and presented alongside non-Latinx racial groups. Boston-specific data by race and Latinx ethnicity is presented for non-Latinx Asian residents, non-Latinx Black residents, non-Latinx White residents, and Latinx residents of any race.

- Except when noted otherwise, American Community Survey data reported by race and ethnicity includes self-reported race and ethnicity without reassigning individuals to a single category. This means that if someone identifies as both Latinx and Black, they will be included in both the Latinx category and the Black category rather than being placed into only one group.

- The Community Health Survey categorizes individuals based on their self-reported race and ethnicity without reassigning them to a single group. Similarly, this means that if someone identifies as both Latinx and Black, they will be included in both the Latinx category and the Black category rather than being placed into only one group.

- The term “residents” is used to denote all people living in the city of Boston, regardless of legal or housing status. This report also uses the terms “unhoused people” and “people experiencing homelessness” interchangeably. The term “people experiencing homelessness” is generally used in the narrative, while “unhoused” is used in secondary data sources and survey visualizations.

In some data sources, White residents are identified as the reference group for racial/ethnic group comparisons and for sex-based comparisons, males are identified as the reference group. Neighborhood comparisons involved assessing the difference between a given neighborhood’s rate and the rate for the rest of Boston (those residents not living in the specified neighborhood). These comparisons are considered more accurate than comparisons to Boston overall. For additional information regarding the analytical methods used within this report, please contact the Boston Public Health Commission Population Health and Research Office at populationhealth@bphc.org.

Social Determinants of Health

As defined by the U.S. Department of Health and Human Services, social determinants of health (SDOH) are "*the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks*."[27] The SDOH as defined in this report consists of five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment (e.g., housing, transportation), and social and community context.

Appendix D. Key Informant Interview Participants

- Sandra Aronson, Community Engagement and Partnerships Manager, Mayor's Office of Food Justice
- Nashira Baril, Founder and Executive Director, Neighborhood Birth Center
- Mary Bovenzi, Director of Chronic Disease Prevention and Control Division, Boston Public Health Commission
- Ayesha Cammaerts, Executive Director, Boston Opportunity Agenda
- Sharon Scott Chandler, President and CEO, Action for Boston Community Development
- Leslie Credle, Founder and Executive Director, Justice 4 Housing
- Renee Crichlow, Chief Medical Officer, Codman Square Health Center
- Dr. Denise De Las Nueces, Chief Medical Officer, Boston Healthcare for the Homeless
- Frank Farrow, Executive Director, Mayor's Office for Black Male Advancement
- PJ McCann, Deputy Commissioner for Policy and Planning, Boston Public Health Commission
- Laura Segal, Chief of Staff, Boston Emergency Medical Servies
- Emma Tobin, Executive Director, Family Nurturing Center
- Aliza Wasserman, Director, Mayor's Office of Food Justice

Appendix E. Focus Group Participant Characteristics

A total of 62 community residents participated in community resident focus groups. Almost all focus group participants (54 of 62) completed an optional demographic survey.

	n	%
Neighborhood (N=54)		
Allston/Brighton	<5*	-
Back Bay	0	0.0%
Beacon Hill	0	0.0%
Charlestown	<5*	-
Chinatown	8	14.5%
Dorchester	10	18.1%
Downtown	0	0.0%
East Boston	0	0.0%
Fenway	0	0.0%
Hyde Park	0	0.0%
Mattapan	5	9.1%
Mission Hill	0	0.0%
North End	0	0.0%
Jamaica Plain	<5*	-
Roslindale	0	0.0%
Roxbury	13	23.6%
South Boston	10	18.1%
South End	<5*	-
West End	0	0.0%
West Roxbury	0	0.0%
Other[1]	<5*	-
Age (N=50)		
14 -18	7	12.7%
19 - 24	<5*	-
25 – 34	9	16.4%
35 – 44	11	20%
45 – 54	10	18.1%
55 – 64	<5*	-
65 – 74	<5*	-
75 – 84	6	10.9%
85+	<5*	-
I prefer not to answer	0	0.0%
Identify as Hispanic or Latino (N=48)		
Yes	18	32.7%
No	27	49.1%
Prefer not to answer	<5*	-
Racial Identity (N=52)		
Asian, Asian American, South Asian, Southeast Asian, East Asian	10	18.1%
Black, African American, African	24	43.6%
Indigenous, Native American, American Indian, Alaskan Native	<5*	-
Middle Eastern or North African	0	0.0%
Multiracial	<5*	-
Native American or Alaskan Native	0	0.0%
Native Hawaiian Pacific Islander	0	0.0%
White	6	10.9%
Other[1]	<5*	-
I prefer not to answer	0	0.0%
My race is not listed[1]	11	20%
Ancestry (N=44)		
Arab/ Middle Eastern	0	0.0%
Afro-Caribbean	<5*	-
Brazilian	<5*	-
Cape Verdean	<5*	-
Chinese	9	16.4%
Colombian	<5*	-
Dominican	7	12.7%
Haitian	<5*	-
Jamaican	<5*	-
Puerto Rican	8	14.5%
Salvadoran	0	0.0%
Vietnamese	0	0.0%
Don't know	<5*	-
Other[1]	16	29.1%
Gender Identity (N=51)		
Woman	34	61.8%
Man	17	30.9%
Nonbinary, Genderqueer, not exclusively male or female	0	0.0%
Questioning	0	0.0%
Transgender Man	0	0.0%
Transgender Woman	0	0.0%
Prefer to self-describe	0	0.0%
I do not understand what this question is asking	0	0.0%
I prefer not to answer	0	0.0%
Highest School Year Completed (N=51)		
Less than high school	12	21.8%
Some high school (no diploma)	11	20%
High school or GED	13	23.6%
Some college (no degree)	5	9.1%
Vocational, trade, or technical program	<5*	-
Associate degree (for example, AA, AS)	0	0.0%
Bachelor's degree (for example, BA, BS, AB)	<5*	-
Graduate degree (for example, master's, professional, doctorate)	<5*	-

*Cells with less than 5 participants were suppressed. [1]For all response options allowing participants to specify details of their demographics, participants were not required to provide specifics. Participants who responded "My race is not listed" noted that they identified their race as Hispanic or Latino. Participants who responded "Other" for Ancestry named African, American, Irish, Italian, and Costa Rican.

Appendix F. Boston 2024 Community Health Assessment Survey

Boston 2024 Community Health Assessment Survey

SECTION 1. Introduction

This community health survey is supported by the Boston Community Health Collaborative. The Collaborative is a partnership that includes non-profit teaching hospitals, community health centers, public health, and other Boston community partners.

Our goal is to understand the health needs of the community members we serve. Your responses will help set health goals and funding to develop and support programs to improve the health of Boston residents. Please complete this survey by **December 1, 2024,** to ensure your voice is heard and included in shaping the health of Boston.

This survey is voluntary. No personal identifiable information will be collected. We expect this survey will take 7-10 minutes to complete. At the end of the survey, you will find information on how you can enter a raffle for a chance to win one of two $100 grocery gift cards or local family-friendly experiences (like museum passes, etc.).

This survey is intended **for residents of Boston age 14 and above.** Thank you for participating in this survey and supporting your community. If you have questions about the survey or need an alternative format, please email bostonchna@bphc.org.

SECTION 2. About Your Community

In this survey, "community" refers to the primary area in the city of Boston where you live.

1. **What is the zip code for your home address?** _____

2. **What neighborhood of Boston do you live in now? (Please check one.)**

☐ Allston/Brighton	☐ Dorchester	☐ Jamaica Plain	☐ South Boston
☐ Back Bay	☐ Downtown	☐ Mattapan	☐ South End
		☐ Mission Hill	
☐ Beacon Hill	☐ East Boston	☐ North End	☐ West End
☐ Charlestown	☐ Fenway	☐ Roslindale	☐ West Roxbury

☐ Chinatown ☐ Hyde Park ☐ Roxbury ☐ Other: _____

3. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Agree	Agree	Neither Agree/ Disagree	Disagree	Strongly Disagree	Don't Know
I feel that I belong in my community.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the quality of life in my community. (Think about health care, raising children, houses of worship, getting older, job opportunities, safety, and support.)	☐	☐	☐	☐	☐	☐
My community is a good place to raise children. (Think about things like schools, daycare, after-school programs, and places to play.)	☐	☐	☐	☐	☐	☐
My community is a good place to grow old. (Think about things like green space, accessible transportation, healthcare, and social support.)	☐	☐	☐	☐	☐	☐
My community has access to resource. (Think about organizations, agencies, healthcare, food, etc.).	☐	☐	☐	☐	☐	☐
My community is safe from crime.	☐	☐	☐	☐	☐	☐
I can generally get to where I need to go in my community	☐	☐	☐	☐	☐	☐
My community has housing that is safe and of good quality.	☐	☐	☐	☐	☐	☐
My community offers people places and options for staying cool during extreme heat.	☐	☐	☐	☐	☐	☐
My community has safe outdoor places to be active. (Think about parks, playgrounds, clean sidewalks, and outdoor spaces.)	☐	☐	☐	☐	☐	☐
I believe that all residents, including myself, can make	☐	☐	☐	☐	☐	☐

the community a better place to live.						

4. Please read the list below. Which do you believe are the 5 most important factors that would improve the quality of life and health of your community? Please select up to 5 items from the list below.

☐ Access to cultural and arts events.	☐ Good roads and infrastructure.
☐ Access to continuing education opportunities.	☐ Lower crime and violence.
☐ Access to pharmacies.	☐ More affordable childcare.
☐ Access to good jobs and economic opportunities.	☐ More affordable housing.
☐ Access to health care.	☐ More community gathering spaces.
☐ Access to mental health care.	☐ More inclusion for diverse members of the community.
☐ Access to low-cost healthy foods.	☐ Opportunities for healthy cooking programs and supports.
☐ Access to reliable public transportation.	☐ Opportunities for disaster and emergency preparedness.
☐ Accessible sidewalks.	☐ Opportunities for free or low-cost exercise classes.
☐ Better schools.	☐ Stronger sense of community.
☐ Clean environment (air and water quality.)	☐ None of the above.
☐ Effective city services (water, trash, fire department, and police services.)	☐ Other: _____

SECTION 3: Health and Access to Care

5. Please check the response that best describes how much you agree or disagree with each statement about your access to health care in your community.

In the past 12 months, how often were you able to get medical care when you needed to? (*Choose only one.)*

☐ Always	☐ Sometimes	☐ Never	☐ Not applicable

In the past 12 months, how often were you able to get mental health care when you needed to? (*Choose only one.)*

☐ Always	☐ Sometimes	☐ Never	☐ Not applicable

6. Would you say that in general your health is excellent, very good, good, fair, or poor?

❑ Excellent	❑ Very Good	❑ Good	❑ Fair	❑ Poor	❑ Prefer not to answer

7. **Would you say that in general your mental health is excellent, very good, good, fair, or poor?**

❑ Excellent	❑ Very Good	❑ Good	❑ Fair	❑ Poor	❑ Prefer not to answer

8. **Routine cancer screenings are important to find cancer early. This is when cancer is most treatable. Please suggest how we can encourage more people to get routine cancer screenings.**

_____

_____

_____

9. **What would help you or your family get the health care you need? (*Check all that apply.)***

☐ Being able to get many services at the same location or practice.	☐ Health care provider who specializes in the care I need.	☐ Support with accessing my basic needs (applying for SNAP benefits, referrals to community resources, etc.)
☐ Childcare or elder care.	☐ Help with understanding or coordinating my care, such as finding services, filling out paperwork, using insurance, and scheduling appointments.	☐ Support with applying for health coverage.
☐ Clear prices for services.	☐ Lower out of pocket cost for services.	☐ Transportation to appointments.
☐ Evening or weekend appointments.	☐ More appointments available.	☐ Virtual/Telehealth appointments.
☐ Health care providers or interpreters who speak my primary language.	☐ Paid time off work (sick time.)	☐ I do not feel safe or welcome accessing health care.
☐ Health care providers who make me feel safe and respected.	☐ Services closer to where I live.	☐ Other, please specify: _____.

10. **What kind of place, if any, do you usually call or go to when you are sick or when you need advice about your health?**

☐ A doctor's or nurse's office.	☐ No usual place.
☐ A hospital emergency room.	☐ Student clinic or health center.
☐ A public health clinic or community health center.	☐ Urgent Care Provider.
☐ I do not access routine health care.	☐ Other, please specify: _____.
☐ Mobile health van or pop-up screening clinic.	

11. Do you feel that you have access to quality health care in your local community, or do you think you would need to travel outside your community to access high-quality hospitals, doctors, or clinics?

☐ Have access in the local community.	☐ Would need to travel outside community.

12. Please read the list below. What are the top <u>5 most important</u> concerns in your community or neighborhood that affect your community's health the most? (Please check up to 5.)

☐ Alcohol or substance misuse	☐ Heart disease and stroke	☐ Sexual violence
☐ Asthma	☐ Heat-Related Illness	☐ Sexually transmitted infections (STIs)
☐ Autism	☐ Hunger/food insecurity	☐ Substance Use Disorder
☐ Cancer	☐ Housing Quality or Affordability	☐ Suicide
☐ Chronic Stress	☐ Homelessness	☐ Teenage pregnancy
☐ High blood Pressure/Hypertension	☐ Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.)	☐ Tobacco or Nicotine Use (Cigarettes, vaping, etc.)
☐ Diabetes	☐ Obesity	☐ Trauma
☐ Domestic violence	☐ Pregnancy Complications or Reproductive Health Issues	☐ Violence (domestic violence, gun violence, physical violence/altercations, etc.)
☐ Economic Insecurity, Employment/Job Opportunities	☐ Poor Diet	☐ Youth use of social media
☐ Elder/aging challenges (*arthritis, falls, dementia*.)	☐ Poverty	☐ Youth mental health
☐ Environment (like air quality, traffic, noise.)	☐ Racism, Prejudice, or Discrimination	☐ Other (please specify): _____.

SECTION 4: About You

Boston residents come from very diverse backgrounds. The following questions help us better understand how people of diverse identities and life experiences may have similar or different experiences in the community.

We encourage you to fill out as many questions as you feel comfortable with so we can identify if any specific groups are experiencing challenges more frequently than others and work in partnership with communities to address these challenges.

<u>All responses to the survey are confidential.</u> Please choose the terms that best describe you.

13. What is your age?

- ☐ 14 -18
- ☐ 19 - 24
- ☐ 25 - 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ 75 – 84
- ☐ 85+
- ☐ I prefer not to answer.

14. Are you a parent, guardian, or caregiver for any of the following? (Select all that apply.)

- ☐ Child
- ☐ Adult
- ☐ Elder
- ☐ Person with disabilities
- ☐ I prefer not to answer
- ☐ Other (please specify): _____
- ☐ None of the above

15. Are you a veteran of the U.S. Armed Forces (or former military status, Army, Navy, Air Forces, Marine Corps, Coast Guard)?

- ☐ Yes, I am a veteran.
- ☐ No, I am not a veteran.
- ☐ Prefer not to answer.

16. Were you born in the United States?

- ☐ Yes (IF YES, SKIP TO QUESTION 18.)
- ☐ No (IF NO, CONTINUE TO QUESTION 17.)
- ☐ I prefer not to answer.

17. If No, how long have you lived in the United States?

- ☐ Less than one year.
- ☐ 1 to 3 years.
- ☐ 4 to 6 years.
- ☐ More than 6 years, but not my whole life.
- ☐ I have always lived in the U.S.
- ☐ Prefer not to answer.

18. What is the highest grade or school year you have finished?

- ☐ Less than high school
- ☐ Some high school (no diploma.)
- ☐ High school or GED
- ☐ Some college (no diploma.)
- ☐ Vocational, trade, or technical program
- ☐ Associate degree (for example, AA, AS.)
- ☐ Bachelor's degree (for example, BA, BS, AB.)
- ☐ Graduate degree (for example, master's, professional, doctorate.)
- ☐ Other (please specify: _____
- ☐ Prefer not to answer.

19. In the <u>past 12 months</u>, did you have trouble paying for any of the following? *Select all that apply*.

☐ Childcare	☐ Tuition/Student Loans
☐ Food or groceries	☐ Technology (computer, phone, internet.)
☐ Formula or baby food	☐ Transportation (car payment, gas, public transit.)
☐ Health care (appointments, medicine, insurance.)	☐ Utilities (electricity, water, gas.)
☐ Housing (rent, mortgage, taxes, insurance.)	☐ Seasonal clothing (winter coats, gloves, hats.)
☐ Mental Health Care (Copays, Session costs, etc.)	☐ None of the above
☐ Personal Care Items (shampoo, toothpaste, feminine products.)	☐ Other (specify: _____.)
☐ School Supplies	

20. What language(s) do you MAINLY speak at home? (Please check all that apply.)

- ☐ Arabic
- ☐ Cantonese
- ☐ Portuguese
- ☐ Russian

- ☐ Cabo Verdean Creole
- ☐ English
- ☐ Haitian Creole
- ☐ French
- ☐ Mandarin
- ☐ Somali
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other (please specify:_____.
- ☐ Prefer not to answer.

21. What is your current employment status?

☐ Employed full-time (40 hours or more per week.)	☐ Unable to work.
☐ Employed part-time (Less than 40 hours per week.)	☐ Retired.
☐ Self-employed (Full- or part-time.)	☐ Student.
☐ Full-time caregiver or stay at home parent.	☐ Other (please specify: _____.
☐ Out of work.	☐ Prefer not to answer.

22. What is your annual household income from all sources (e.g., income earned, alimony received, etc.)?

- ☐ Less then $25,000
- ☐ $25,000- $49,999
- ☐ $50,000- $74,999
- ☐ $75,000-$99,999
- ☐ $100,000- $149,999
- ☐ $150,000 or more
- ☐ Prefer not to answer.

23. Do you identify as a person with a disability?

- ☐ Yes.
- ☐ No.
- ☐ Prefer not to answer.

24. What best describes your current <u>living arrangement?</u> (Please check one.)

☐ Living in a house/apartment that I own.	☐ Living in a shelter or transitional housing program.
☐ Living in a house/apartment that I rent.	☐ Living in my car, on the streets, or another place not meant for people to sleep in.
☐ Living in a room that I rent.	☐ Other.
☐ Staying with friends or family.	☐ Prefer not to answer.
☐ Living in a hotel or motel that the government pays for.	

25. Please describe your race and/or ethnicity? *Select all that apply*.

a. Are you:

- ☐ Hispanic or Latinx/a/o
- ☐ Not Hispanic or Latinx/a/o?
- ☐ Prefer not to answer

b. What racial group describes you? *Select all that apply*.

- ☐ Asian, Asian American, South Asian, Southeast Asian, East Asian.
- ☐ Black, African American, African.
- ☐ Indigenous, Native American, American Indian, Alaskan Native.
- ☐ Middle Eastern or North African.
- ☐ Multiracial.
- ☐ Native American or Alaskan Native.
- ☐ Native Hawaiian Pacific Islander.
- ☐ White.
- ☐ Other.
- ☐ I prefer not to answer.
- ☐ My race is not listed (please specify): _____.)

c. Which of the following, if any, ancestries do you identify with? *Please select all that apply.*

- ☐ Arab/Middle Eastern
- ☐ Afro-Caribbean
- ☐ Brazilian
- ☐ Cape Verdean
- ☐ Chinese
- ☐ Colombian
- ☐ Dominican
- ☐ Haitian
- ☐ Jamaican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Vietnamese
- ☐ Don't know
- ☐ Other: _____

26. What is your sexual orientation?

- ☐ Asexual
- ☐ Bisexual and/or Pansexual
- ☐ Gay or Lesbian
- ☐ Straight (Heterosexual)
- ☐ Queer
- ☐ Questioning/Unsure
- ☐ Prefer to self-describe (specify: _____.)
- ☐ I do not understand what this question is asking
- ☐ I prefer not to answer

27. What is your current gender identity?

- ☐ Woman
- ☐ Man
- ☐ Nonbinary, Genderqueer, not exclusively male or female
- ☐ Questioning
- ☐ Transgender Man
- ☐ Transgender Woman
- ☐ Prefer to self-describe (specify: _____.)
- ☐ I do not understand what this question is asking
- ☐ I prefer not to answer
- ☐ Prefer to Self-Describe: _____.

28. What additional thoughts and experiences would you like to share about your health and the health of your community?

_____

_____

_____

_____

_____

_____

This concludes our survey. Thank you for your time! We greatly appreciate your participation.

Participants who complete this survey are eligible to enter a raffle for one of two $100 grocery gift cards or local family-friendly experiences! If you would like to be considered for the raffle, please fill out the information below.

NAME: _____

EMAIL: _____

PHONE: _____

**Your name and information will not be connected to the responses on your survey. Raffle winners will be asked to verify their identify prior to retrieving their prize. **

Return by mail: ATTN: Tibrine da Fonseca
Boston Public Health Commission
1010 Massachusetts Avenue
2nd Floor Mail Room
Boston, MA 02118

Appendix G. Boston CHNA Community Survey Respondent Characteristics

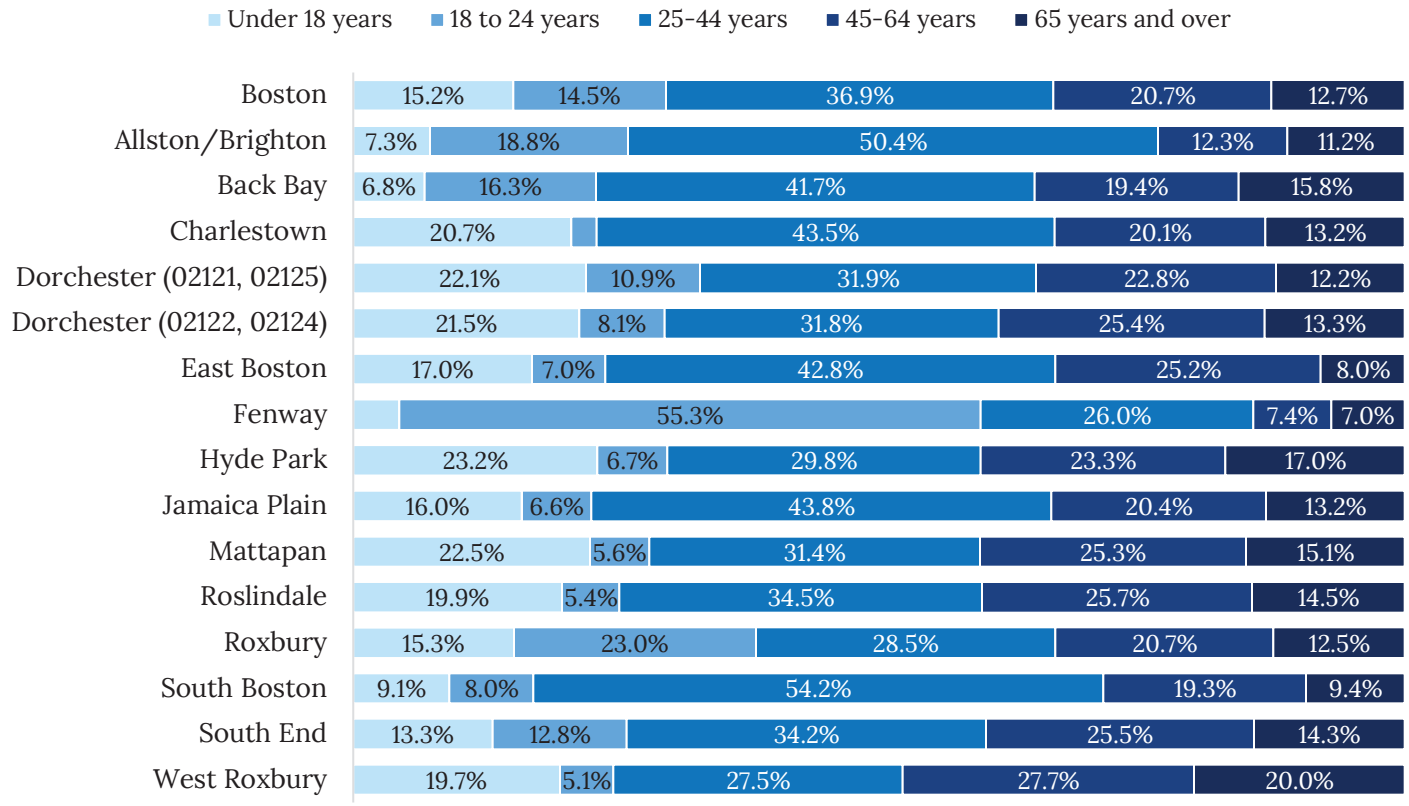
	n	%
Neighborhood (N=1866)		
Allston/Brighton	188	10.1%
Back Bay, Beacon Hill, North End, West End	106	5.7%
Charlestown	51	2.7%
Dorchester	383	20.5%
Downtown/Chinatown	34	1.8%
East Boston	87	4.7%
Fenway	36	1.9%
Hyde Park	173	9.3%
Jamaica Plain	179	9.6%
Mattapan	104	5.6%
Mission Hill	40	2.1%
Roslindale	104	5.6%
Roxbury	179	9.6%
South Boston	80	4.3%
South End	66	3.5%
West Roxbury	56	3.0%
Age Group (N=1726)		
14-18	108	6.3%
19-24	178	10.3%
25-34	414	24.0%
35-44	382	22.1%
45-54	207	12.0%
55-64	184	10.7%
65-74	176	10.2%
75-84	60	3.5%
85+	17	1.0%
Born Outside of U.S. (N=1690)		
Yes	437	25.9%
No	1253	74.1%
Caregiver Status (N=1682)		
Any Type of Caregiver	1042	62.0%
Not a Caregiver	640	38.0%

	n	%
Gender Identity (N=1657)		
Man	381	23.0%
Woman	1152	69.5%
Nonbinary, Genderqueer, Not exclusively male or female	88	5.3%
Questioning	-	-
Transgender Man	16	1.0%
Transgender Woman	-	-
Other	-	-
I prefer not to answer	36	2.2%
I do not understand what this question is asking	-	-
Hispanic or Latinx (N=1537)		
Yes	368	23.9%
No	1169	76.1%
LGBTQ+ (N=1412)		
Yes	383	27.1%
No	1029	72.9%
Race (N=1514)		
Asian, Asian American, South Asian, Southeast Asian, East Asian	204	13.5%
Black, African American, African	485	32.0%
Indigenous, Native American, American Indian, Alaskan Native	34	2.2%
White	762	50.3%
Multiracial	88	5.8%
Other	101	6.7%
Unhoused (N=1690)		
Yes	99	5.9%
No	1591	94.1%

Appendix H. Additional Data

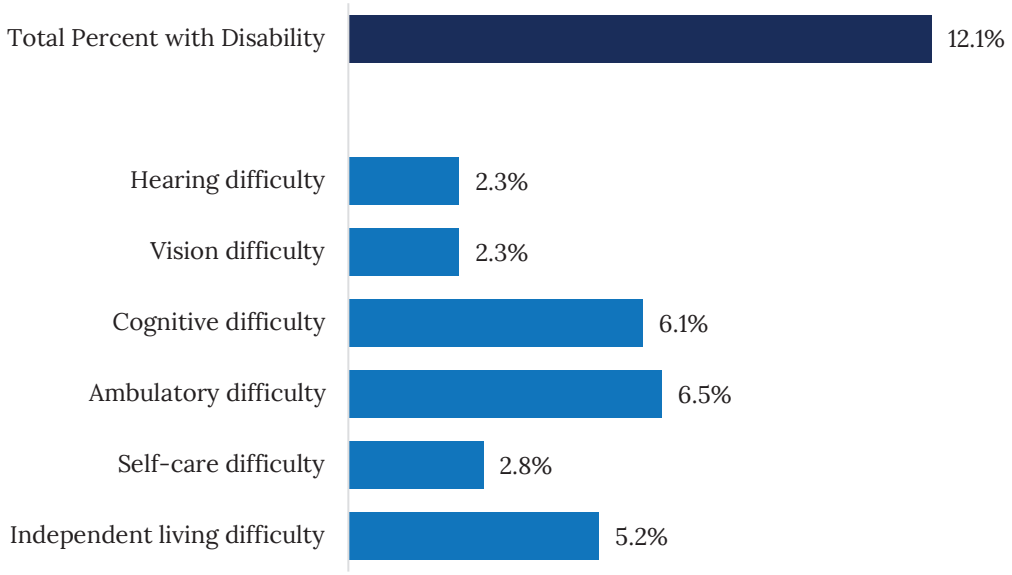
Population Characteristics

Figure 64. Age Distribution, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Data labels ≤5% not shown.

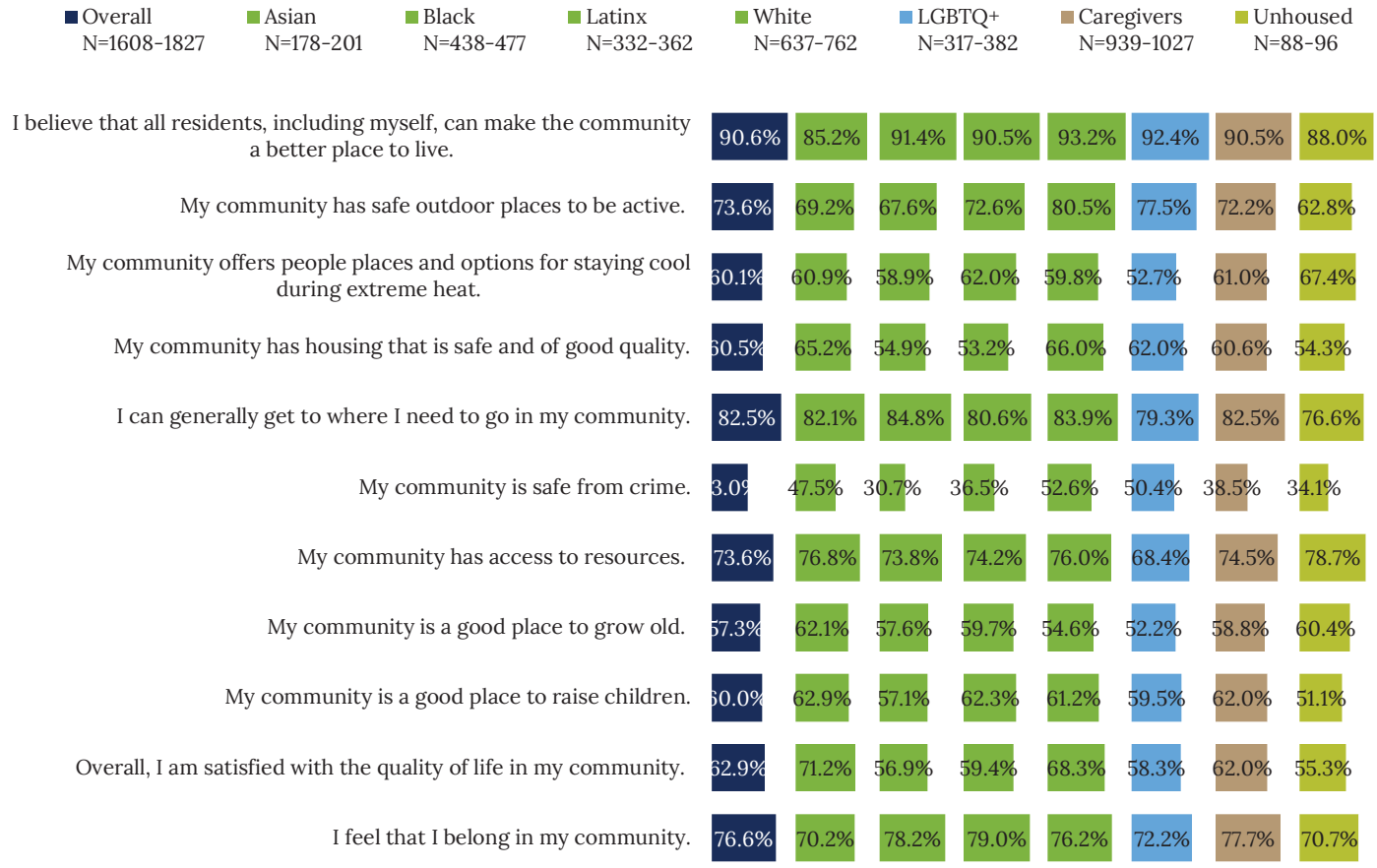
Figure 65. Percent Boston Residents with a Disability, Total and by Type of Disability, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: The ACS covers 6 types of disability and respondents who report anyone of the six disability types are considered to have a disability. The definitions are as follows: Hearing difficulty: deaf or having serious difficulty hearing (DEAR); Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses (DEYE); Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM); Ambulatory difficulty Having serious difficulty walking or climbing stairs (DPHY); Self-care difficulty: Having difficulty bathing or dressing (DDRS); Independent living difficulty Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).

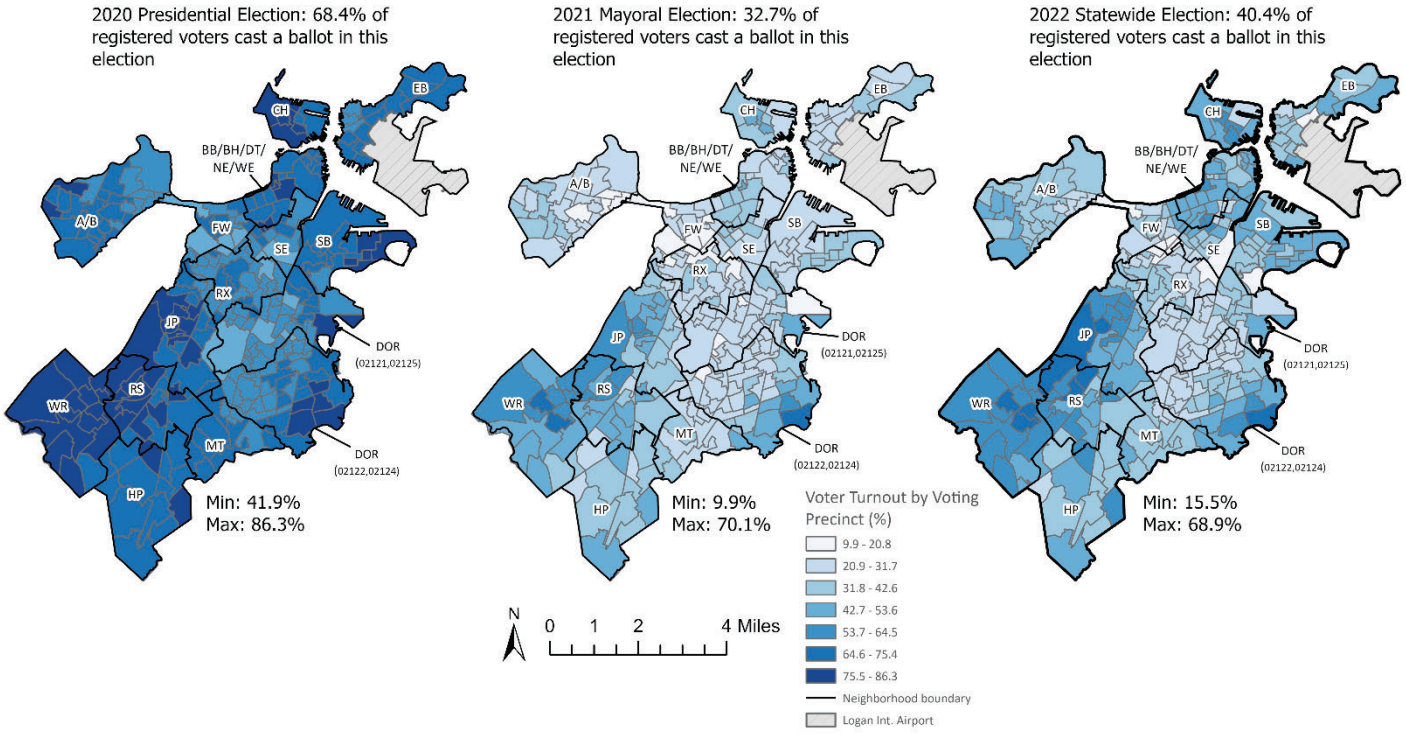
Community Strengths and Assets

Figure 66. Percent Survey Respondents Reporting That They Strongly Agree or Agree With the Following Statements, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

Figure 67. Voter Turnout by Election Type and Voting Precinct, 2020, 2021, 2022



NOTE: "SE" includes the South End and Chinatown. Percentages are determined by dividing the total number of ballots cast by the total number of registered voters in each precinct.
DATA SOURCE: City of Boston, Election Department

Community Perceptions of Health

Table 11. Percent Survey Respondents Reporting the Following Issues as the One of the 5 Most Important Concerns in Their Community's Health the Most, by Boston and Neighborhoods, 2024

	Overall N=1,737	Allston/Brighton N=175	Back Bay, Beacon Hill, North End, West End N=100	Charlestown N=51	Dorchester N=344	Downtown/ Chinatown N=33	East Boston N=81	Fenway N=35	Hyde Park N=157	Jamaica Plain N=173	Mattapan N=98	Mission Hill N=38	Roslindale N=99	Roxbury N=166	South Boston N=75	South End N=61	West Roxbury N=51
Housing Quality or Affordability	**39.8%**	**58.9%**	**30.0%**	**39.2%**	**35.5%**	**36.4%**	**39.5%**	**42.9%**	**26.8%**	**55.5%**	**32.7%**	**50.0%**	**40.4%**	**36.7%**	**34.7%**	**39.3%**	**33.3%**
Alcohol or substance misuse	**37.0%**	21.7%	**34.0%**	**52.9%**	**44.5%**	**33.3%**	**40.7%**	*	26.1%	**28.9%**	**43.9%**	**31.6%**	21.2%	**49.4%**	**46.7%**	**57.4%**	**35.3%**
Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.)	**34.7%**	**42.3%**	19.0%	**37.3%**	**36.3%**	*	23.5%	**48.6%**	**35.0%**	**44.5%**	**28.6%**	**44.7%**	**35.4%**	**29.5%**	**29.3%**	**37.7%**	**29.4%**
Economic Insecurity, Employment/Job Opportunities	**32.2%**	**44.0%**	17.0%	*	**35.2%**	*	**29.6%**	**28.6%**	**30.6%**	**39.3%**	**39.8%**	**36.8%**	**34.3%**	**27.7%**	22.7%	23.0%	**25.5%**
Chronic Stress	**25.1%**	**25.7%**	**23.0%**	*	20.3%	*	18.5%	**37.1%**	**26.8%**	**29.5%**	**29.6%**	**31.6%**	**28.3%**	27.1%	**30.7%**	23.0%	**25.5%**
Environment (like air quality, traffic, noise)	22.6%	**30.9%**	**27.0%**	**21.6%**	16.0%	**33.3%**	**32.1%**	**31.4%**	21.7%	27.2%	14.3%	**36.8%**	16.2%	17.5%	20.0%	27.9%	21.6%
Homelessness	20.9%	20.6%	22.0%	*	**22.7%**	*	14.8%	**28.6%**	10.8%	24.9%	16.3%	*	18.2%	27.1%	**24.0%**	**41.0%**	*
Diabetes	18.7%	6.3%	*	*	19.2%	*	**25.9%**	*	**33.8%**	8.1%	29.6%	*	**23.2%**	**27.7%**	18.7%	*	23.5%

Poverty	17.6%	19.4%	13.0%	*	19.2%	*	**25.9%**	*	17.8%	19.7%	22.4%	*	11.1%	18.1%	17.3%	*	*
Elder/aging challenges (arthritis, falls, dementia)	17.1%	18.3%	**26.0%**	*	13.4%	*	*	*	22.9%	14.5%	15.3%	*	22.2%	9.6%	17.3%	19.7%	**39.2%**
Racism, Prejudice, or Discrimination	17.1%	14.9%	11.0%	*	15.7%	*	13.6%	*	22.3%	25.4%	19.4%	*	17.2%	18.1%	*	21.3%	*
Hunger/food insecurity	16.9%	22.3%	*	19.6%	15.1%	*	21.0%	*	12.7%	27.7%	14.3%	*	16.2%	19.3%	*	16.4%	21.6%
High Blood Pressure/Hypertension	15.2%	7.4%	11.0%	*	17.4%	*	17.3%	*	**33.8%**	*	19.4%	*	*	19.3%	13.3%	*	*
Cancer	14.0%	6.9%	*	*	15.4%	*	23.5%	0.0%	15.9%	9.8%	19.4%	*	11.1%	16.3%	20.0%	*	21.6%
Substance Use Disorder	13.8%	14.9%	12.0%	*	14.2%	*	14.8%	*	8.9%	11.6%	11.2%	*	10.1%	16.3%	17.3%	**34.4%**	*
Violence (domestic violence, gun violence, physical violence/altercations, etc.)	13.3%	7.4%	*	*	18.0%	*	*	*	12.1%	10.4%	20.4%	*	*	23.5%	16.0%	*	*
Asthma	11.5%	6.3%	*	**23.5%**	15.4%	*	14.8%	*	14.0%	5.8%	18.4%	*	15.2%	11.4%	*	*	*
Domestic violence	10.6%	*	*	*	15.7%	*	18.5%	*	7.6%	*	18.4%	*	*	14.5%	16.0%	*	*
Obesity	10.6%	6.3%	*	*	10.5%	*	*	*	14.6%	9.8%	16.3%	*	14.1%	10.2%	*	*	*
Youth mental health	10.4%	9.1%	*	*	12.8%	*	*	*	10.8%	11.6%	11.2%	*	*	10.2%	*	*	*
Poor Diet	9.7%	8.0%	*	*	7.8%	*	*	*	12.1%	7.5%	13.3%	*	12.1%	13.9%	*	*	*
Tobacco or Nicotine Use (Cigarettes, vaping, etc.)	9.0%	7.4%	14.0%	*	7.8%	*	*	*	*	*	10.2%	*	*	9.6%	13.3%	16.4%	*
Heart disease and stroke	8.5%	*	*	*	7.8%	*	*	*	14.0%	6.4%	13.3%	*	*	10.8%	*	*	*
Trauma	7.3%	5.7%	*	0.0%	9.9%	*	*	*	10.2%	8.7%	11.2%	0.0%	*	8.4%	*	*	*
Youth use of social media	7.3%	*	*	*	8.1%	*	*	*	7.6%	*	*	*	14.1%	*	*	*	*
Autism	5.9%	*	*	*	7.0%	0.0%	*	*	*	*	*	*	*	7.2%	*	*	*
Other	3.8%	6.3%	*	*	2.9%	0.0%	*	*	*	*	*	*	11.1%	*	*	*	0.0%
Sexual violence (Intimate Partner Violence/ Human Trafficking)	3.5%	*	*	*	3.2%	*	*	*	*	*	*	*	*	*	*	*	*
Sexually transmitted infections (STIs)	2.5%	0.0%	*	0.0%	*	*	*	*	*	0.0%	*	*	*	*	*	*	0.0%

Suicide	2.3%	*	*	*	3.5%	*	*	*	*	*	*	*	*	*	*	0.0%	*
Heat-Related Illness	2.0%	*	*	*	*	*	*	0.0%	*	*	*	0.0%	*	*	*	*	*
Pregnancy Complications or Reproductive Health Issues	1.7%	*	0.0%	*	*	*	0.0%	*	*	*	0.0%	0.0%	*	*	0.0%	*	*
Teenage pregnancy	1.4%	0.0%	0.0%	0.0%	*	0.0%	*	0.0%	*	0.0%	*	0.0%	*	*	*	*	*
COVID & Long COVID	1.1%	*	*	0.0%	*	0.0%	0.0%	*	0.0%	*	0.0%	*	0.0%	0.0%	0.0%	0.0%	*

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Table 12. Percent Survey Respondents Reporting the Following Issues as the One of the 5 Most Important Concerns in Their Community's Health the Most, 2024

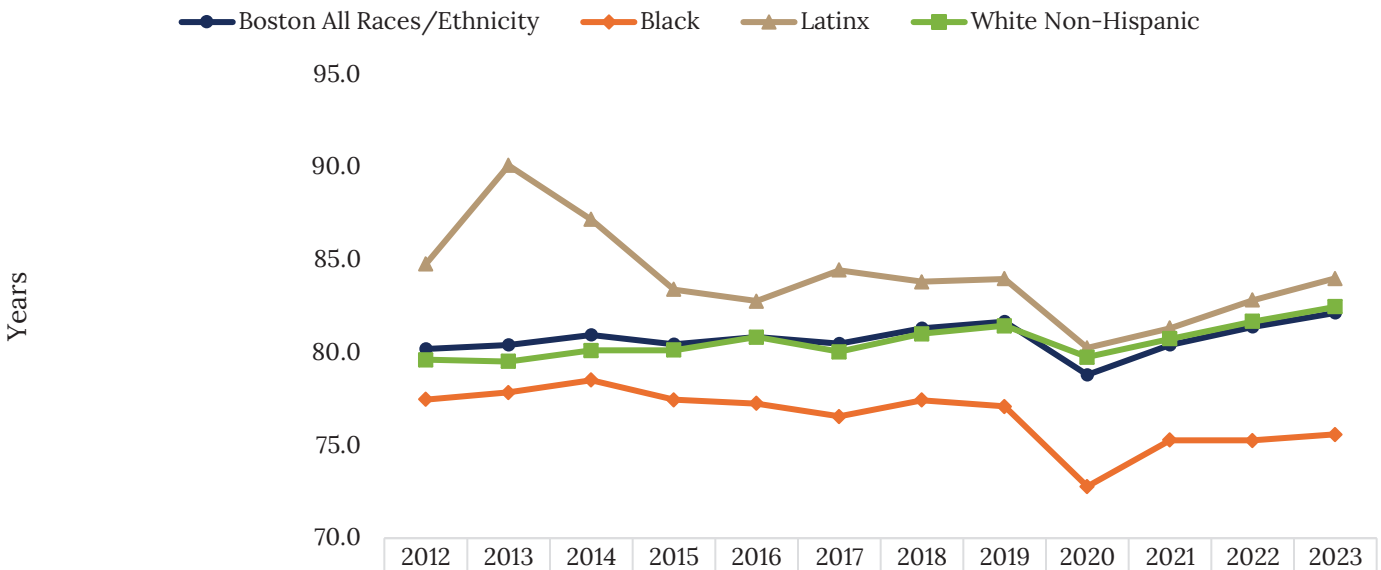
	Overall N=1,737	Asian N=198	Black N=475	Latinx N=368	White N=757	LGBTQ+ N=382	Caregiver N=1,029	Unhoused N=96	Born Outside US N=419	Aged 55+ N=427
Housing Quality or Affordability	39.8%	36.4%	34.3%	37.0%	47.0%	47.9%	35.3%	36.5%	32.9%	36.8%
Alcohol or substance misuse	37.0%	33.3%	41.3%	45.9%	31.8%	32.7%	40.7%	65.6%	42.5%	34.7%
Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.)	34.7%	28.3%	32.4%	33.2%	42.1%	41.9%	34.7%	29.2%	25.5%	29.5%
Economic Insecurity, Employment/Job Opportunities	32.2%	34.3%	33.9%	31.0%	33.0%	38.2%	32.7%	22.9%	30.5%	23.4%
Chronic Stress	25.1%	22.7%	24.0%	26.6%	26.7%	26.7%	25.0%	17.7%	22.4%	19.2%
Environment (like air quality, traffic, noise)	22.6%	21.7%	13.7%	18.2%	30.0%	24.6%	19.9%	*	15.3%	20.6%
Homelessness	20.9%	21.7%	22.3%	20.4%	21.5%	26.2%	19.2%	37.5%	24.3%	16.6%
Diabetes	18.7%	12.6%	31.2%	19.6%	10.3%	10.5%	22.2%	22.9%	23.2%	27.2%
Poverty	17.6%	16.7%	18.9%	18.5%	18.1%	20.4%	17.5%	31.3%	17.4%	13.6%
Elder/aging challenges (arthritis, falls, dementia)	17.1%	17.2%	13.5%	10.6%	20.2%	17.3%	16.2%	11.5%	11.9%	32.8%
Racism, Prejudice, or Discrimination	17.1%	16.2%	17.1%	16.0%	17.4%	22.3%	16.2%	14.6%	16.5%	14.5%
Hunger/food insecurity	16.9%	12.6%	15.6%	16.6%	18.8%	21.5%	14.8%	24.0%	16.2%	16.6%
High Blood Pressure/Hypertension	15.2%	9.6%	26.3%	15.2%	7.9%	8.9%	17.1%	19.8%	24.3%	24.4%
Cancer	14.0%	8.1%	16.8%	15.8%	11.1%	10.5%	17.1%	20.8%	14.1%	18.3%
Substance Use Disorder	13.8%	10.1%	11.8%	12.8%	17.8%	14.1%	12.6%	33.3%	11.7%	13.3%
Violence (domestic violence, gun violence, physical violence/altercations, etc.)	13.3%	11.1%	14.3%	16.0%	11.5%	8.6%	14.2%	19.8%	12.9%	12.6%
Asthma	11.5%	10.6%	16.4%	17.1%	7.8%	7.6%	13.5%	12.5%	9.5%	10.3%
Domestic violence	10.6%	8.6%	14.3%	14.9%	6.6%	10.7%	13.2%	21.9%	9.5%	6.6%
Obesity	10.6%	8.6%	12.8%	9.0%	9.6%	7.3%	10.5%	*	10.0%	14.1%
Youth mental health	10.4%	8.6%	11.4%	10.6%	10.0%	8.9%	11.3%	18.8%	9.1%	9.1%
Poor Diet	9.7%	9.1%	10.9%	7.3%	10.0%	8.9%	9.0%	16.7%	10.7%	8.9%
Tobacco or Nicotine Use (Cigarettes, vaping, etc.)	9.0%	15.7%	11.4%	7.9%	7.0%	6.0%	8.4%	16.7%	14.8%	9.6%
Heart disease and stroke	8.5%	*	11.4%	7.3%	7.1%	4.7%	8.2%	14.6%	9.1%	13.1%
Trauma	7.3%	*	9.5%	7.9%	7.3%	10.2%	7.1%	15.6%	4.5%	6.1%

Youth use of social media	7.3%	8.6%	8.0%	7.6%	6.3%	2.6%	8.3%	12.5%	8.1%	5.9%
Autism	5.9%	6.1%	7.2%	9.0%	3.2%	5.2%	8.2%	*	6.0%	3.7%
Other	3.8%	*	2.1%	2.7%	5.0%	4.7%	3.5%	*	4.1%	4.4%
Sexual violence (Intimate Partner Violence/ Human Trafficking)	3.5%	*	2.7%	6.0%	3.2%	3.7%	4.3%	11.5%	3.8%	*
Sexually transmitted infections (STIs)	2.5%	*	3.8%	4.3%	*	*	3.2%	*	3.1%	*
Suicide	2.3%	*	3.2%	3.3%	1.8%	2.6%	2.1%	*	*	2.6%
Heat-Related Illness	2.0%	*	*	*	2.1%	*	2.4%	*	*	2.3%
Pregnancy Complications or Reproductive Health Issues	1.7%	*	*	3.0%	1.6%	*	1.9%	*	2.4%	*
Teenage pregnancy	1.4%	*	2.7%	*	*	*	1.7%	*	2.9%	*
COVID & Long COVID	1.1%	0.0%	*	*	2.0%	2.9%	*	0.0%	*	*

DATA SOURCE: Boston Community Health Assessment Survey, 2024; Yellow text indicates top 5 concern.
Notes: Asterisk (*) indicates data are suppressed due to small cell size (n<10). Some response options included additional information on the survey instrument: Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.); Environment (like air quality, traffic, noise); Elder/aging challenges (arthritis, falls, dementia); Violence (domestic violence, gun violence, physical violence/altercations, etc.); Tobacco or Nicotine Use (Cigarettes, vaping, etc.); Sexual violence (Intimate Partner Violence/ Human Trafficking). Among the respondents that selected "Other (please specify)," write-in responses included: emphasis of response options (e.g., affordable housing, making ends meet, healthy food access); concerns about health care consolidation, closures and access (Steward, Carney Hospital, need for Hyde Park community health center); closure of pharmacies; request for more COVID-19 testing and protections (e.g., masks); need for culturally competent mental health providers; stress of parents; traffic and pedestrian safety; rats; and air pollution and air quality.

Life Expectancy and Leading Causes of Death

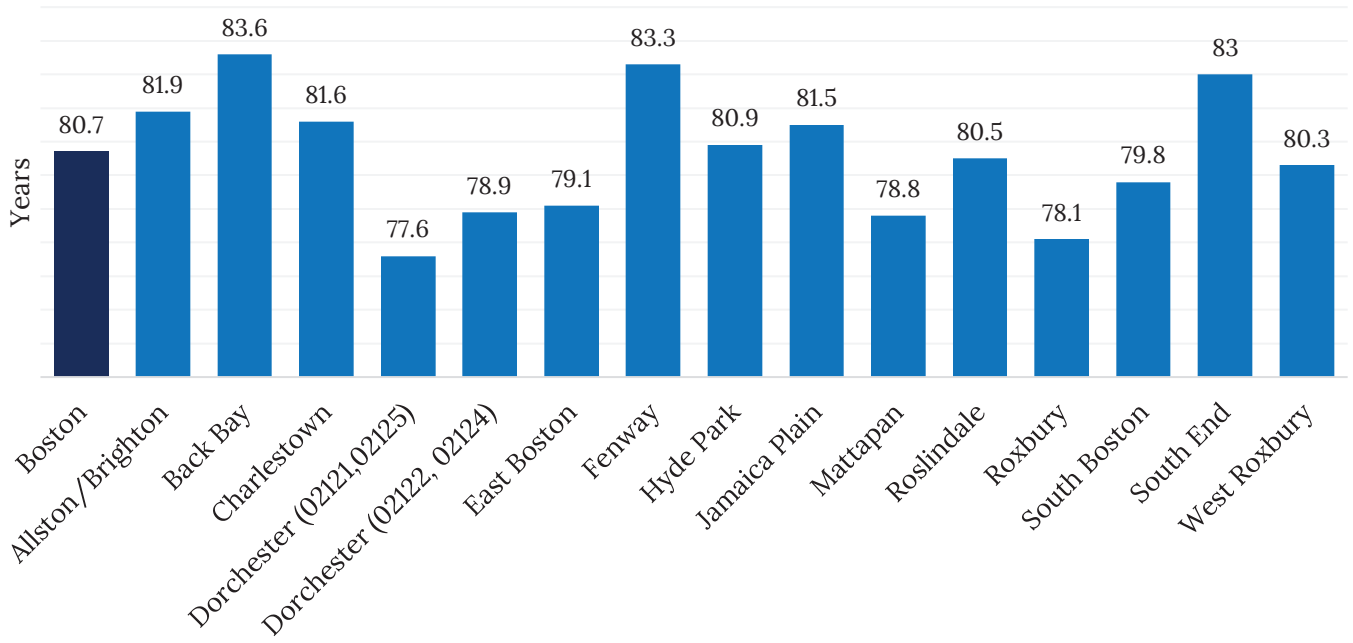
Figure 68. Life Expectancy, Trends by Selected Race/Ethnicities, 2012-2023



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Boston All Races/Ethnicity	80.2	80.4	81.0	80.4	80.9	80.5	81.3	81.7	78.8	80.4	81.4	82.1
Black	77.5	77.9	78.5	77.5	77.3	76.6	77.4	77.1	72.8	75.3	75.3	75.6
Latinx	84.8	90.1	87.2	83.4	82.8	84.5	83.8	84.0	80.3	81.3	82.8	84.0
White Non-Hispanic	79.6	79.5	80.1	80.1	80.8	80.0	81.0	81.4	79.8	80.7	81.7	82.5

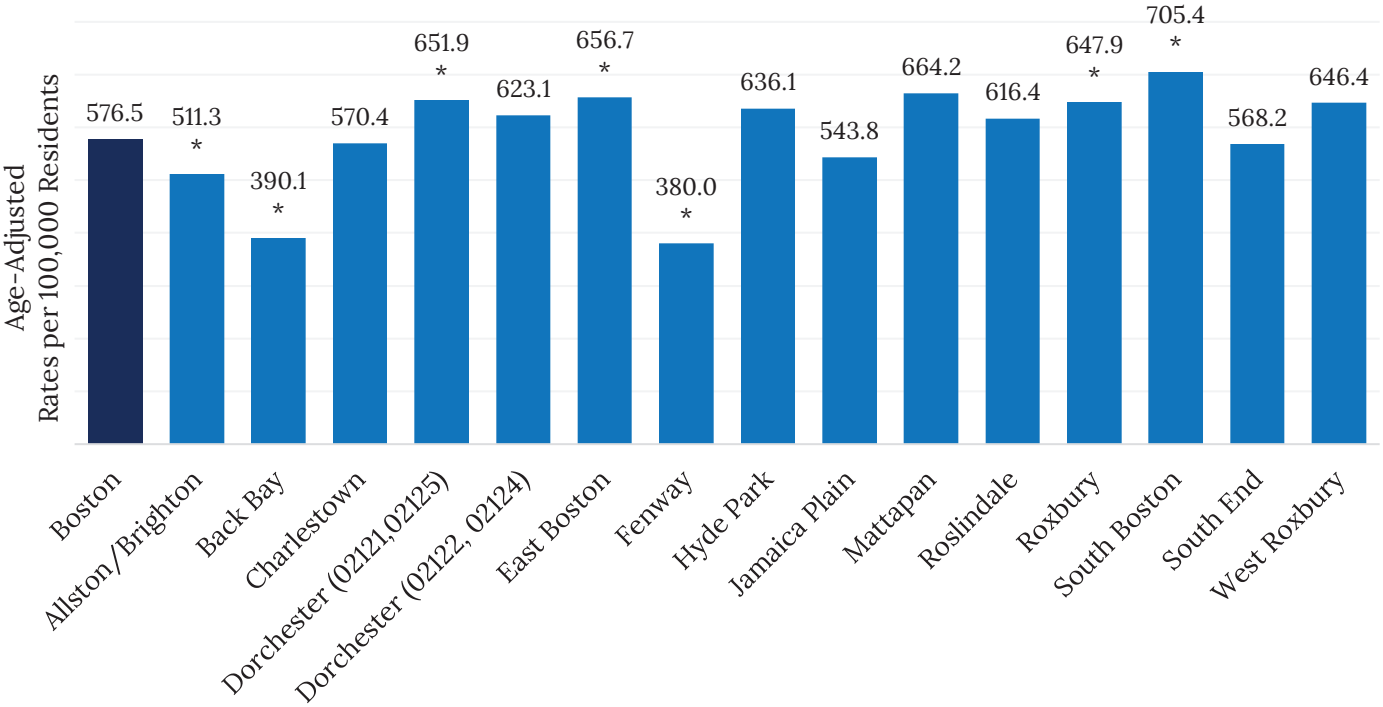
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Figure 69. Average Life Expectancy, by Boston and Neighborhoods, 2017-2023



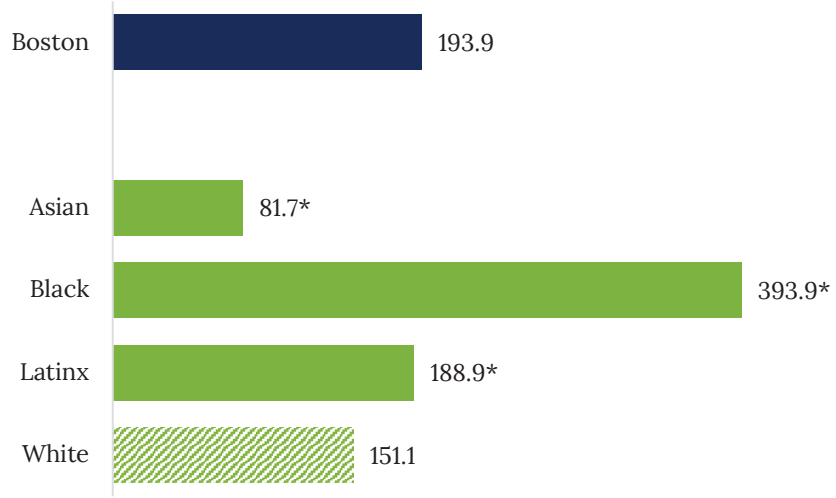
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Figure 70. All Cause Mortality Rates, by Boston and Neighborhoods, 2023



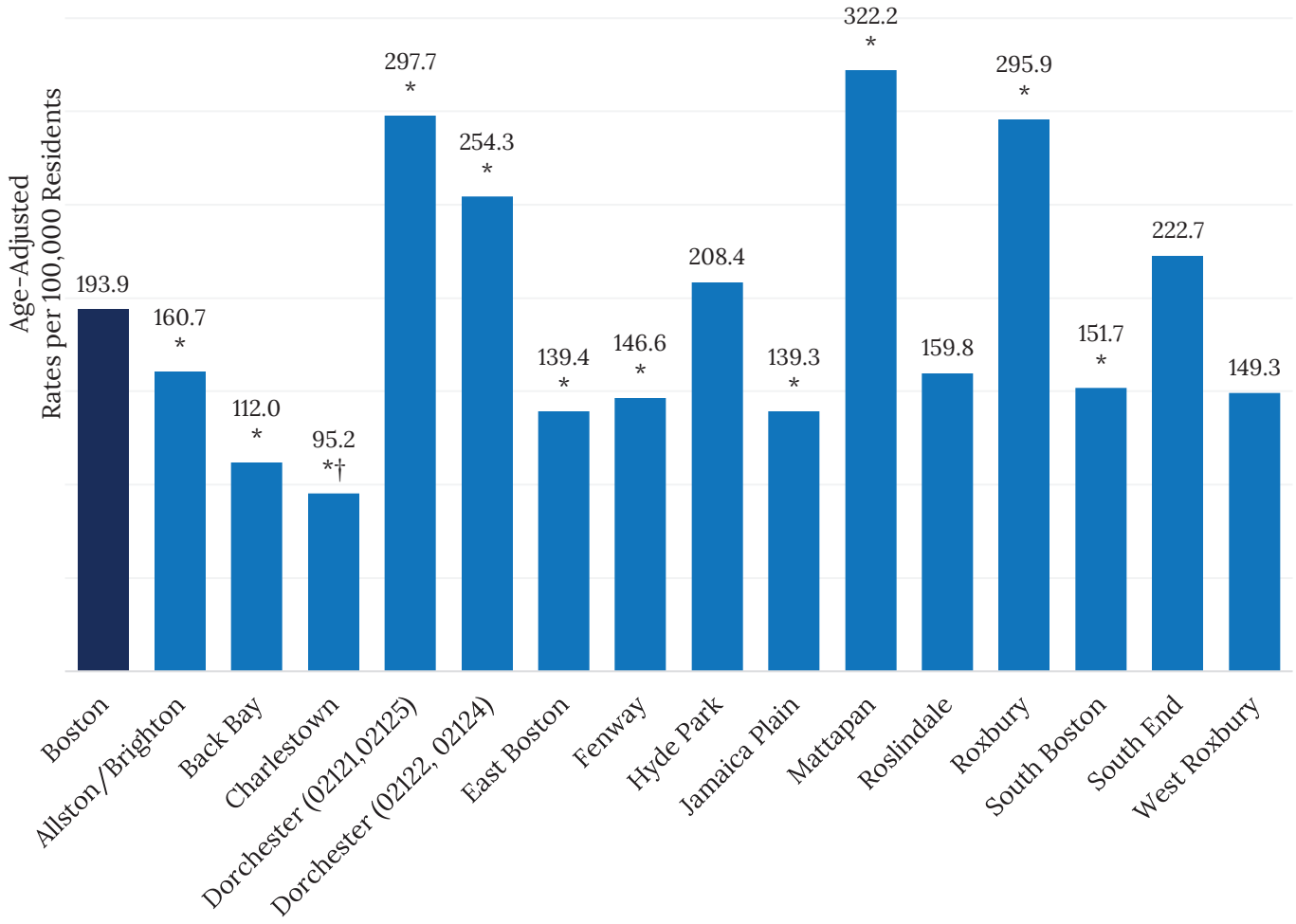
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Figure 71. Premature (Age<65 years) Mortality Rates, by Boston and Selected Sub-Populations, Age-Adjusted per 100,000 Residents, 2023



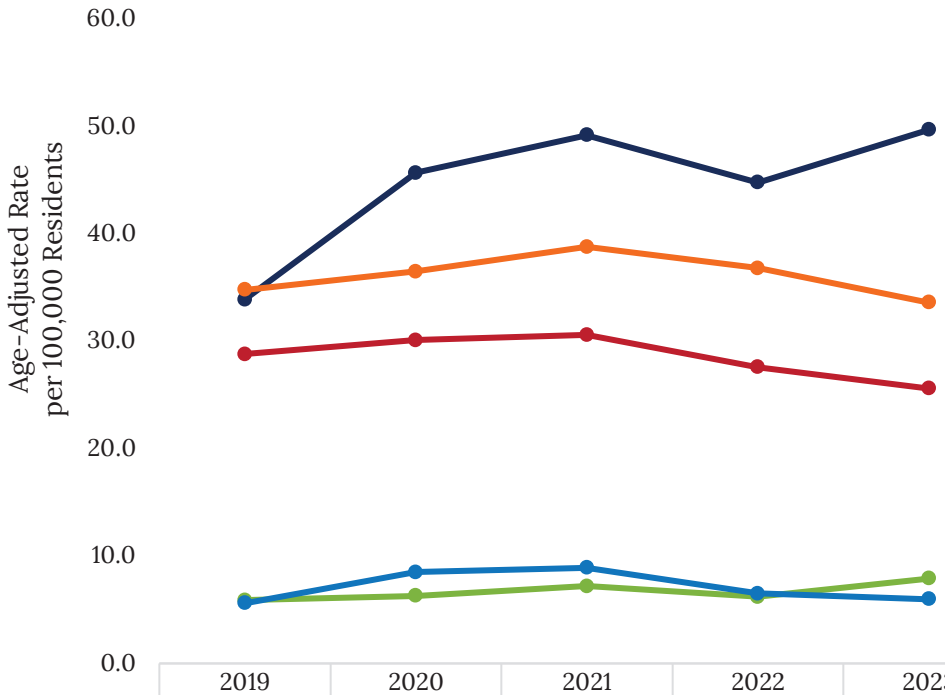
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

Figure 72. Premature (Age<65 years) Mortality Rates, by Boston and Neighborhoods, 2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of n<20.

Figure 73. Leading Causes of Premature (Age<65 years) Death of 2023, by Boston Over Time, 2019-2023

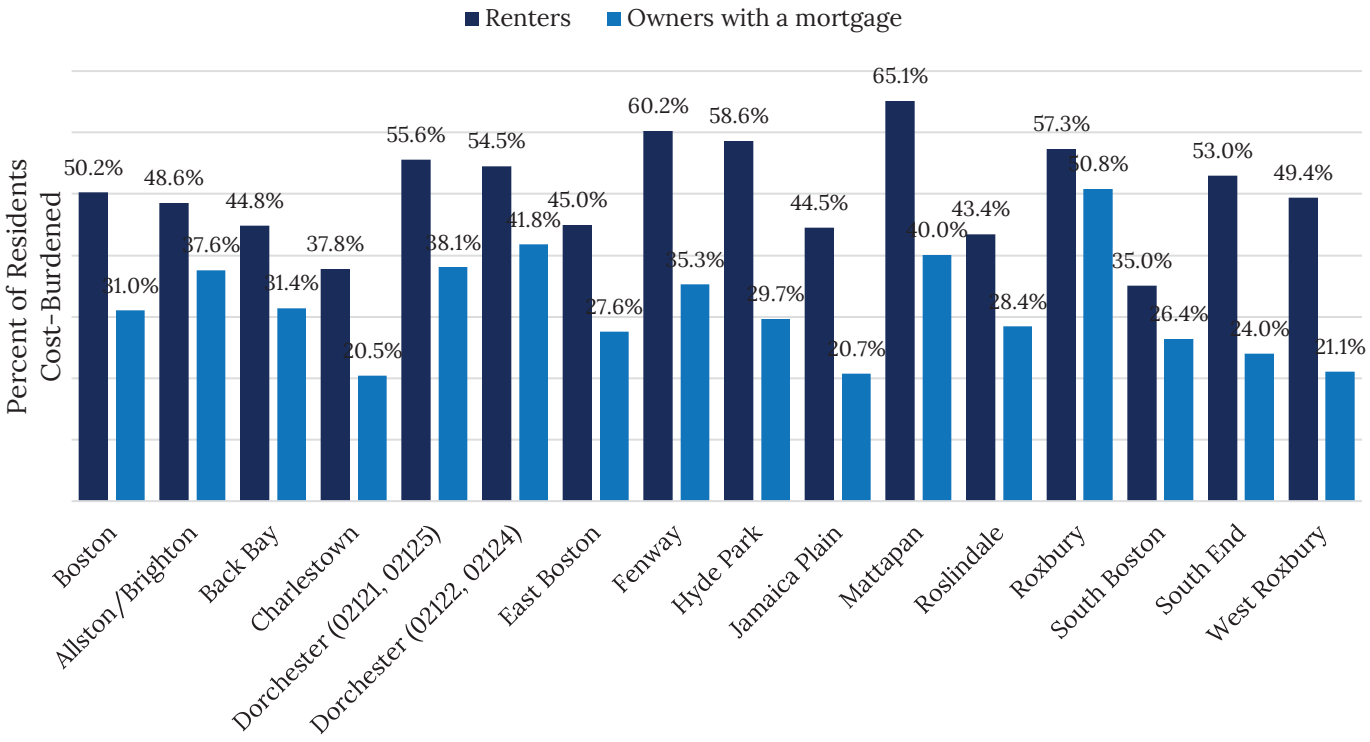


	2019	2020	2021	2022	2023
1. Overdose	33.9	45.7	49.2	44.8	49.7
2. Cancer	34.8	36.5	38.8	36.8	33.6
3. Heart disease	28.8	30.1	30.6	27.6	25.6
4. Accidents	5.9	6.3	7.2	6.2	7.9
5. Diabetes mellitus	5.6	8.5	8.9	6.5	6.0

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Rank is based on age-adjusted rate per 100,000 residents; Rates of Overdose significantly increased between 2019 and 2023

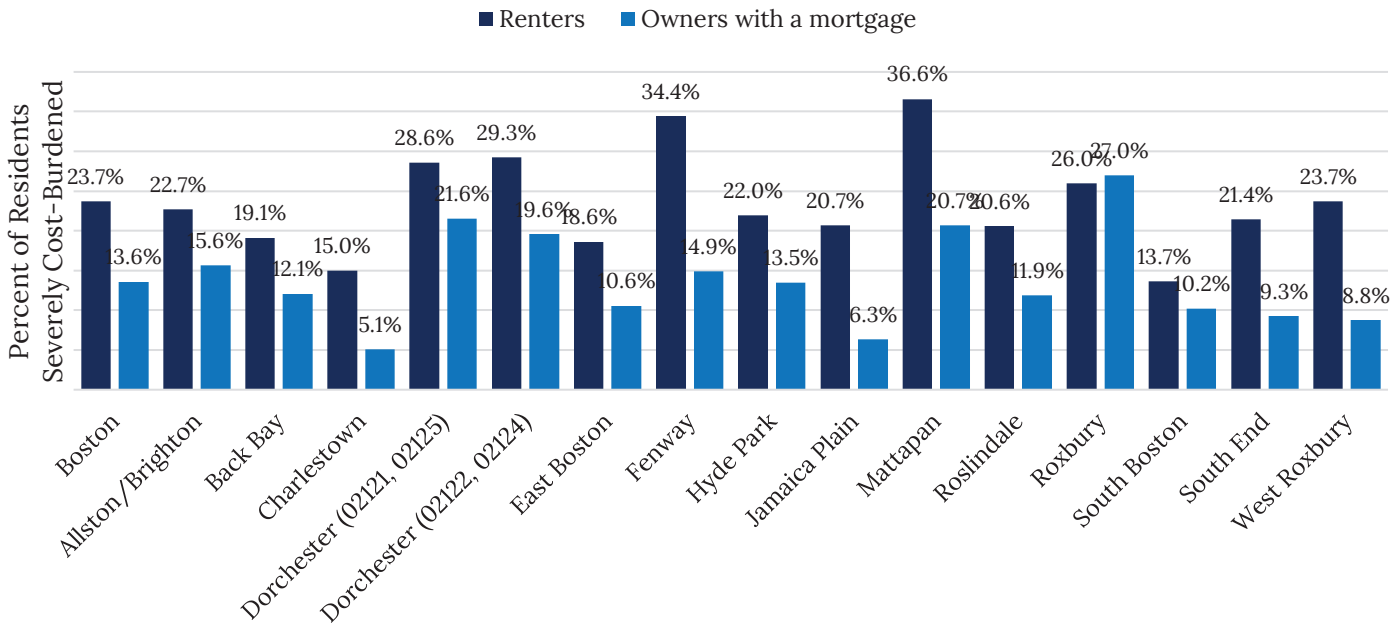
Social and Economic Factors

Figure 74. Percent Residents Whose Housing Costs are 30% or More of their Household Income (Cost-Burdened), by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Figure 75. Percent Residents Whose Housing Costs are 50% or More of their Household Income (Severely Cost-Burdened), by Boston and Neighborhoods, 2019-2023



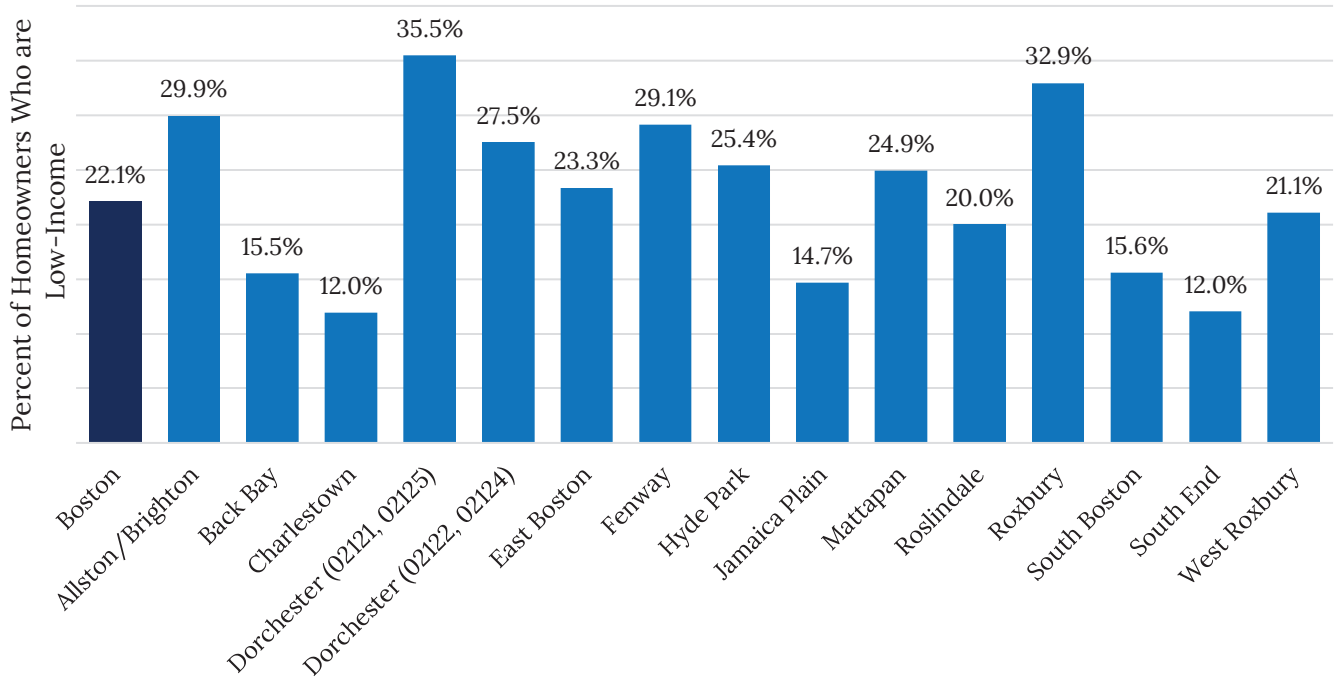
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Table 13. Percent Owner-Occupied Housing Units by Race/Ethnicity of Homeowner, by Boston and Neighborhoods, 2019-2023

	Percent of Housing Units Owner-Occupied	Asian	Black	Latinx	White	Two or More Races
Boston	35.4%	30.2%	31.8%	17.6%	43.6%	23.2%
Allston/Brighton	19.1%	27.8%	14.8%	8.7%	18.5%	14.4%
Back Bay	30.5%	20.1%	8.9%	18.0%	35.3%	13.5%
Charlestown	49.6%	32.4%	15.7%	22.4%	55.2%	57.4%
Dorchester (02121, 02125)	30.0%	34.3%	32.5%	10.7%	44.0%	18.9%
Dorchester (02122, 02124)	42.5%	48.3%	37.4%	22.7%	59.2%	33.4%
East Boston	28.6%	44.8%	17.0%	13.0%	41.3%	14.3%
Fenway	11.9%	8.5%	2.5%	1.7%	16.4%	5.6%
Hyde Park	53.4%	94.4%	47.8%	34.9%	76.8%	45.0%
Jamaica Plain	45.6%	34.2%	22.1%	26.9%	55.5%	26.3%
Mattapan	41.8%	47.5%	41.6%	29.2%	76.7%	41.4%
Roslindale	57.0%	73.7%	35.9%	37.5%	68.9%	52.0%
Roxbury	21.0%	20.6%	25.3%	8.0%	25.0%	15.4%
South Boston	40.6%	50.1%	16.8%	14.0%	43.8%	12.6%
South End	30.7%	19.0%	8.2%	10.0%	48.5%	19.9%
West Roxbury	71.0%	88.0%	15.9%	55.1%	74.5%	51.9%

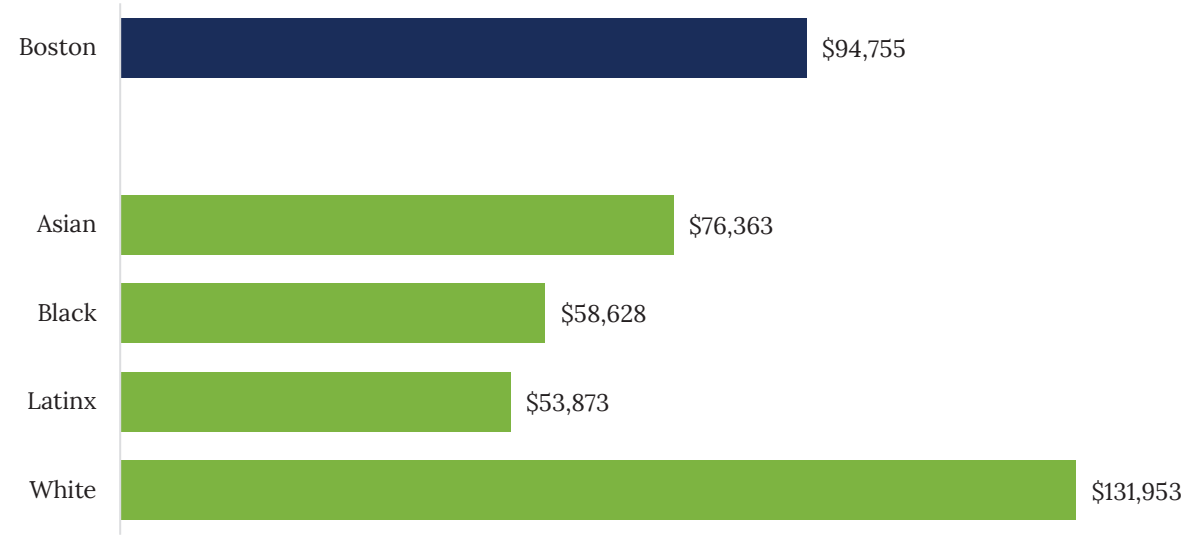
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: White refers to White, non-Latinx

Figure 76. Percent Homeowners Who Are Low-Income, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Low-income homeowners are defined as those whose yearly income is less than $75,000.

Figure 77. Median Household Income, by Boston and Race/Ethnicity, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: White refers to White, non-Latinx

Table 14. Educational Attainment of Population Over 25 Years Old, by Boston and Neighborhoods, 2019-2023

	Less than High School	High school graduate (includes equivalence) or higher	Bachelor's degree or higher
Boston	11.1%	88.9%	54.1%
Allston/Brighton	5.9%	94.1%	72.9%
Back Bay	4.0%	96.0%	80.8%
Charlestown	5.7%	94.3%	71.4%
Dorchester (02121, 02125)	18.2%	81.8%	32.7%
Dorchester (02122, 02124)	16.1%	83.9%	33.1%
East Boston	22.6%	77.4%	38.2%
Fenway	6.3%	93.7%	74.9%
Hyde Park	11.7%	88.3%	32.5%
Jamaica Plain	6.1%	93.9%	72.6%
Mattapan	12.6%	87.4%	24.3%
Roslindale	10.7%	89.3%	51.9%
Roxbury	19.8%	80.2%	33.9%
South Boston	3.9%	96.1%	72.6%
South End	14.0%	86.0%	57.9%
West Roxbury	4.8%	95.2%	64.2%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Table 15. Percent Population with a High School Graduate or Higher (Including Equivalent), by Race and Ethnicity, 2019-2023

	Asian	Black	Latinx	White	Two or More Races
Boston	80.9%	86.4%	72.8%	97.6%	77.3%
Allston/Brighton	87.6%	96.1%	82.0%	98.4%	92.0%
Back Bay	81.3%	88.0%	90.7%	98.9%	96.9%
Charlestown	77.0%	72.4%	79.8%	98.7%	93.3%
Dorchester (02121, 02125)	80.2%	87.5%	64.7%	95.5%	69.0%
Dorchester (02122, 02124)	56.8%	86.4%	75.4%	96.2%	75.8%
East Boston	90.4%	96.9%	60.6%	93.8%	61.6%
Fenway	87.5%	89.9%	84.2%	98.9%	86.9%
Hyde Park	90.6%	86.7%	83.9%	95.4%	84.5%
Jamaica Plain	96.7%	84.8%	77.0%	98.8%	84.9%
Mattapan	100.0%	87.5%	82.4%	96.4%	86.9%
Roslindale	93.4%	81.3%	75.1%	96.8%	83.5%
Roxbury	80.8%	81.6%	69.7%	94.0%	75.4%
South Boston	88.6%	94.0%	80.8%	98.1%	83.1%
South End	70.3%	84.7%	69.7%	98.3%	83.2%
West Roxbury	97.6%	86.7%	82.8%	97.1%	95.0%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: White refers to White, non-Latinx.

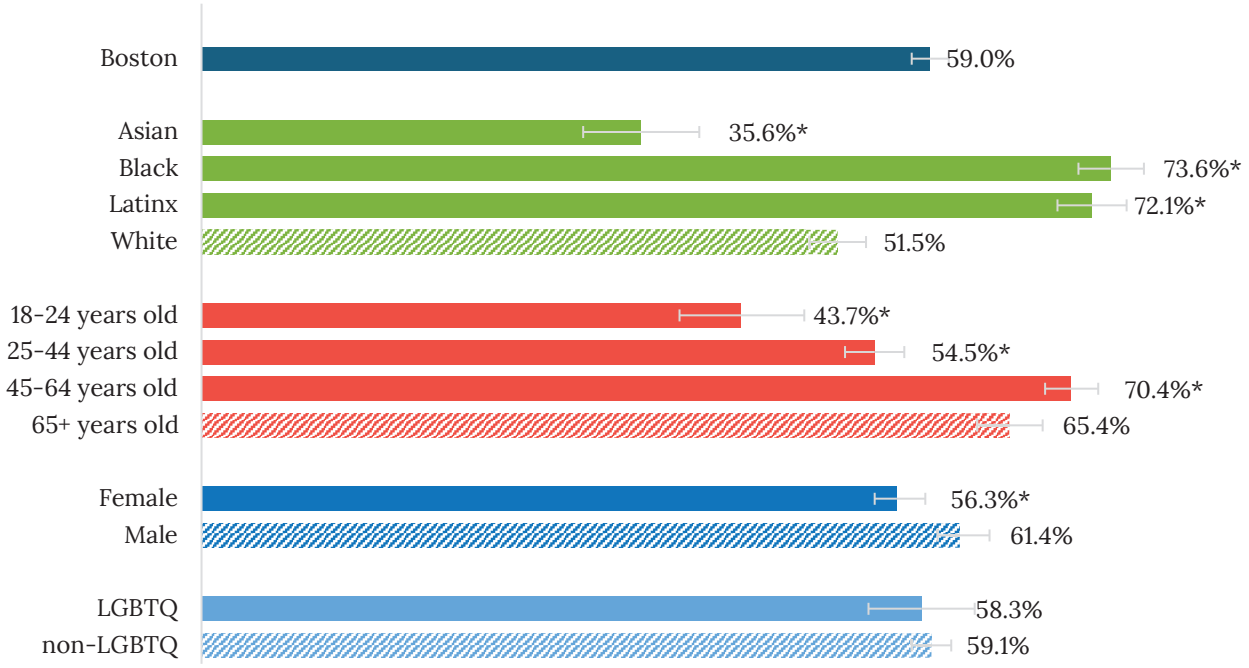
Table 16. Percent Survey Respondents Reporting Having Trouble Paying For Any of the Following in the Past 12 Months, 2024

	Overall N=1,674	Asian N=200	Black N=471	Latinx N=360	White N=751	LGBTQ+ N=379	Caregiver N=993	Unhoused N=92
None of the above	**38.5%**	**32.5%**	**26.3%**	**27.5%**	**51.0%**	**36.1%**	**31.8%**	7.6%
Housing (rent, mortgage, taxes, insurance)	**29.2%**	**24.5%**	**36.7%**	**37.8%**	**23.7%**	**31.1%**	**32.9%**	**50.0%**
Food or groceries	**26.5%**	**16.5%**	**35.5%**	**34.4%**	**22.1%**	**31.1%**	**29.9%**	**47.8%**
Utilities (electricity, water, gas)	**19.2%**	8.5%	**30.6%**	**23.9%**	12.6%	17.9%	**22.0%**	19.6%
Health care (appointments, medicine, insurance)	**17.3%**	**16.0%**	17.8%	19.2%	**17.7%**	**26.6%**	15.9%	19.6%
Transportation (car payment, gas, public transit)	17.1%	10.0%	**23.8%**	**22.8%**	13.3%	**19.3%**	**18.4%**	**39.1%**
Tuition/Student Loans	15.1%	13.0%	18.0%	15.3%	**15.3%**	**19.3%**	15.5%	12.0%
Seasonal clothing (winter coats, gloves, hats)	13.4%	**17.5%**	16.3%	19.7%	8.1%	11.6%	15.5%	**32.6%**
Dental Care	13.0%	12.0%	12.3%	16.9%	11.5%	17.4%	14.1%	10.9%
Personal Care Items (shampoo, toothpaste, feminine products)	11.5%	5.0%	15.5%	18.1%	9.3%	14.2%	12.4%	**34.8%**
Technology (computer, phone, internet)	10.8%	8.5%	11.9%	15.3%	8.9%	11.9%	12.4%	22.8%
Mental Health Care (Copays, Session costs, etc.)	9.3%	9.0%	7.6%	9.7%	9.6%	17.9%	9.0%	*
Childcare	5.4%	8.5%	6.4%	6.9%	4.9%	5.0%	9.0%	*
School Supplies	4.2%	*	7.4%	8.9%	2.3%	4.5%	6.1%	*
Other	2.7%	*	2.8%	*	3.3%	2.6%	2.1%	*
Formula or baby food	1.7%	*	*	3.1%	1.3%	*	2.7%	*

DATA SOURCE: Boston Community Health Assessment Survey, 2024

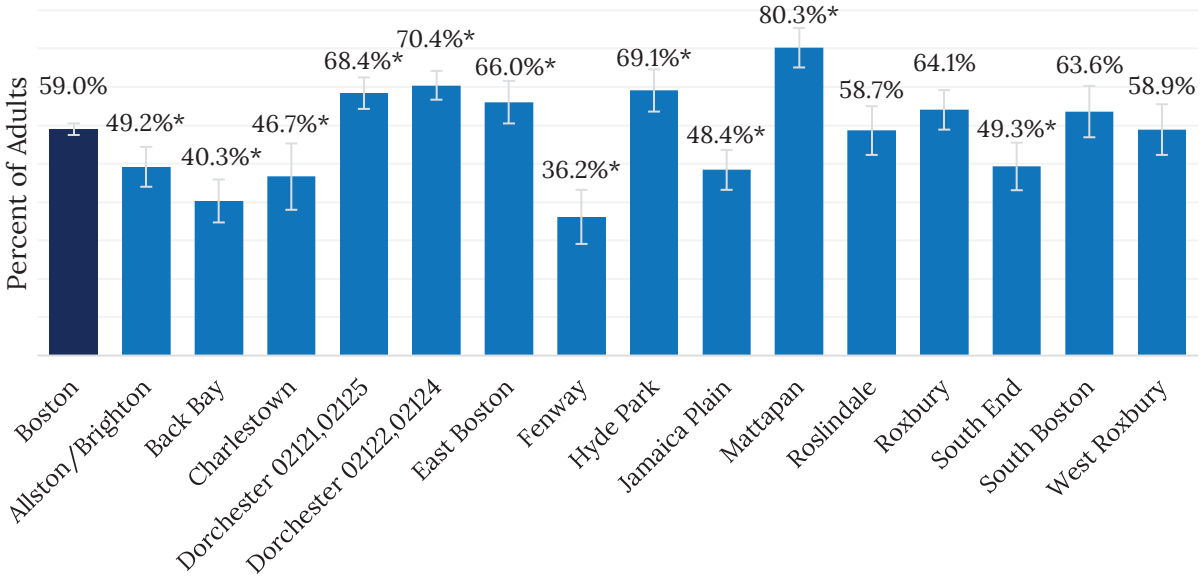
Chronic Disease

Figure 78. Percent Adults Reporting Overweight or Obesity, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as adults with BMI>25; 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 79. Percent of Adults Reporting Overweight or Obesity, by Neighborhood, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as adults with BMI>25; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05).

Table 17. Heart Disease Mortality Rate Over Time, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2019-2023

Year	Boston	Asian	Black	Latinx	White
2019	113.6	60.3	141.4	71.6	127
2020	113.8	59.7	163.6	78.6	119.8
2021	112.5	68.2	139.6	81.3	121.4
2022	105.6	52.9	143.9	67.3	117.7
2023	95.2	55.8	123.9	73.5	105.6
Trend	Decreased	Stable	Stable	Stable	Decreased

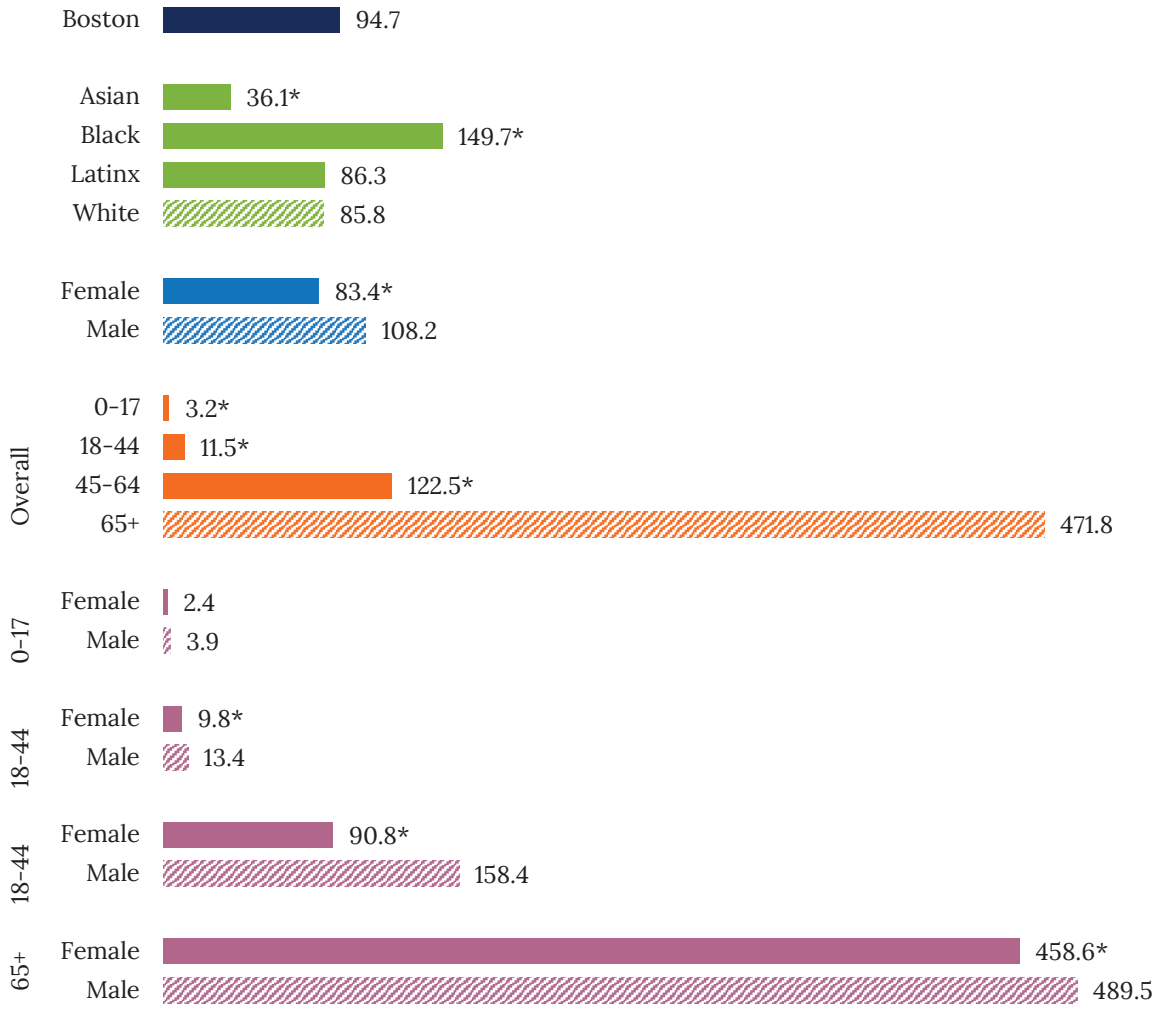
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Sub-Populations that experienced a significant change over time are noted

Table 18. Heart Disease Premature (<65 years) Mortality Over Time, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2019-2023

Year	Boston	Asian	Black	Latinx	White
2019	28.8	10.2†	54.1	20.3	25.8
2020	30.1	14.3†	59	19.7	27.4
2021	30.6	10.9†	59.1	19.6	28
2022	27.6	12.1†	54	20.4	22.1
2023	25.6	12.9†	52.4	18.4	20
Trend	Stable	Stable	Stable	Stable	Stable

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2020-2024
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Dagger (†) denotes rates based on n<20, interpret with caution; Sub-Populations that experienced a significant change over time are noted.

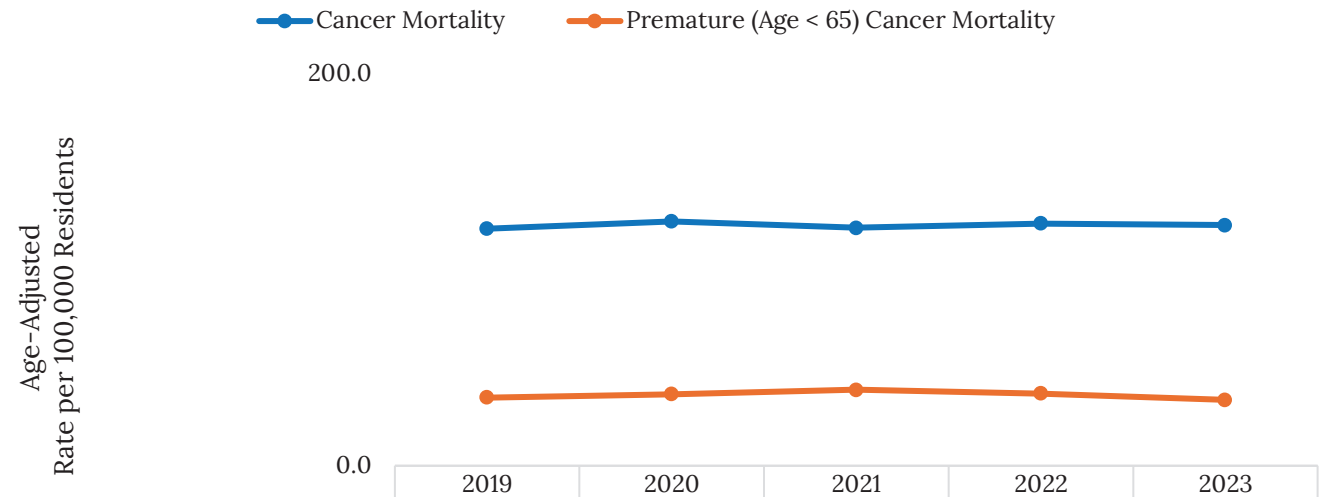
Figure 80. Heart Disease Hospitalizations, by Boston and Selected Sub-Populations, Age-Adjusted Rate per 10,000 Residents, 2023



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$)

Cancer

Figure 81. Cancer and Premature (Age 65+) Cancer Mortality Rates, by Boston Over Time, 2019-2023

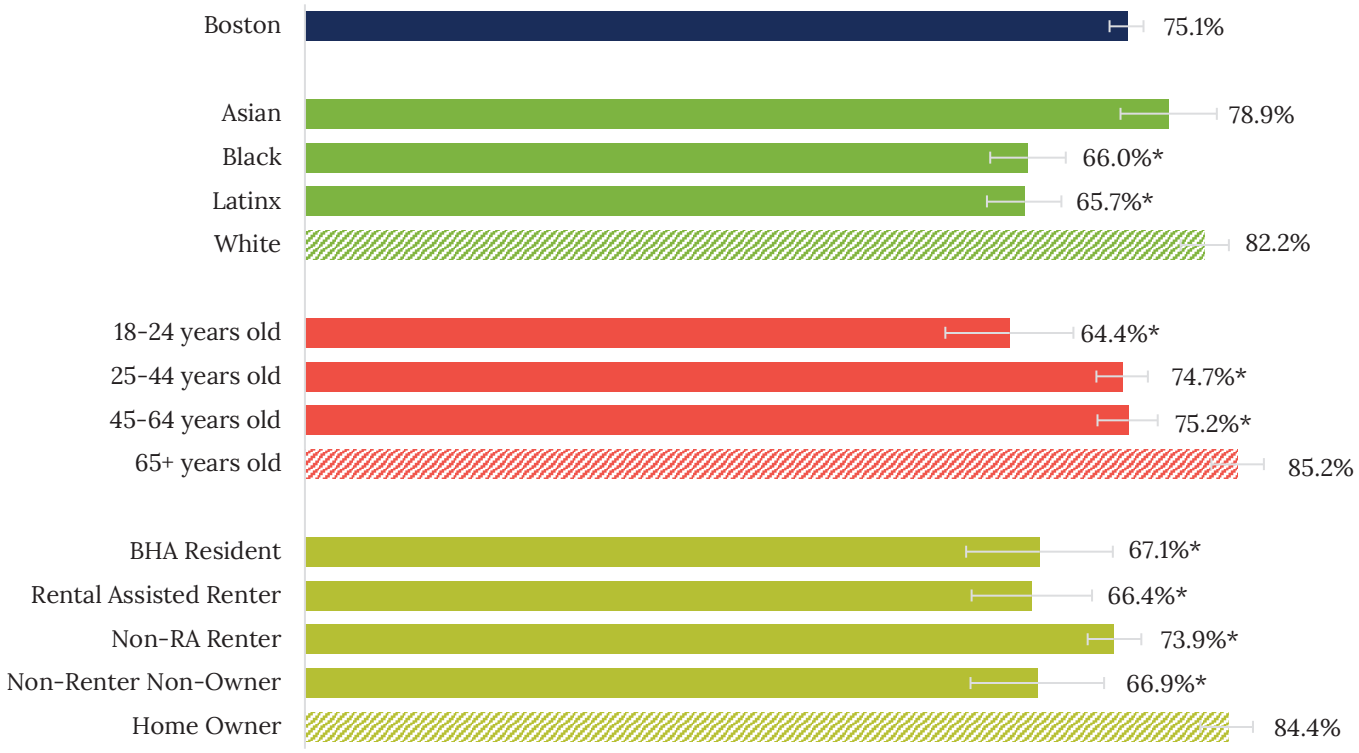


	2019	2020	2021	2022	2023
Cancer Mortality	120.9	124.6	121.3	123.5	122.7
Premature (Age < 65) Cancer Mortality	34.8	36.5	38.8	36.8	33.6

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2024
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

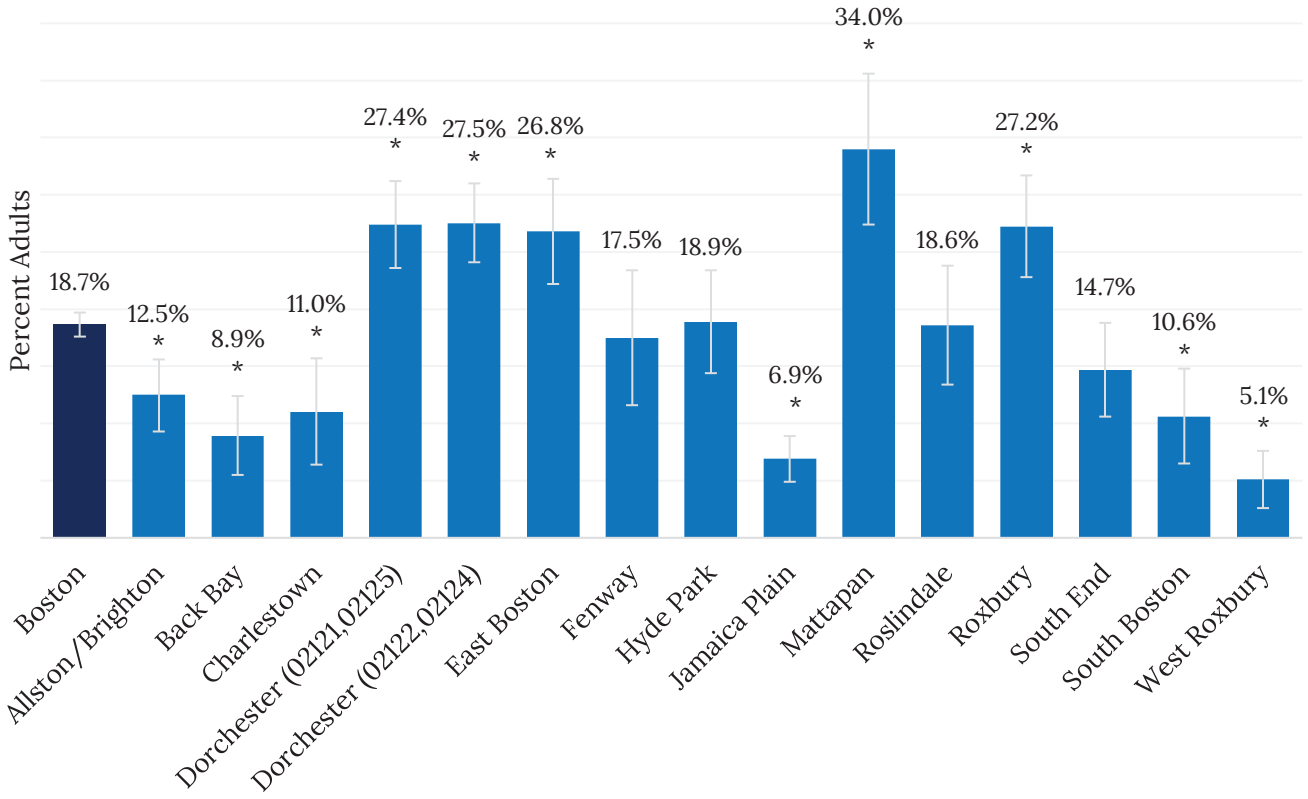
Access to Healthy Food, Nutrition, and Physical Activity

Figure 82. Percent Adults Reporting Easy to Purchase Healthy Foods in their Neighborhoods, by Boston and Selected Sub-Populations, 2021 and 2023 Combined



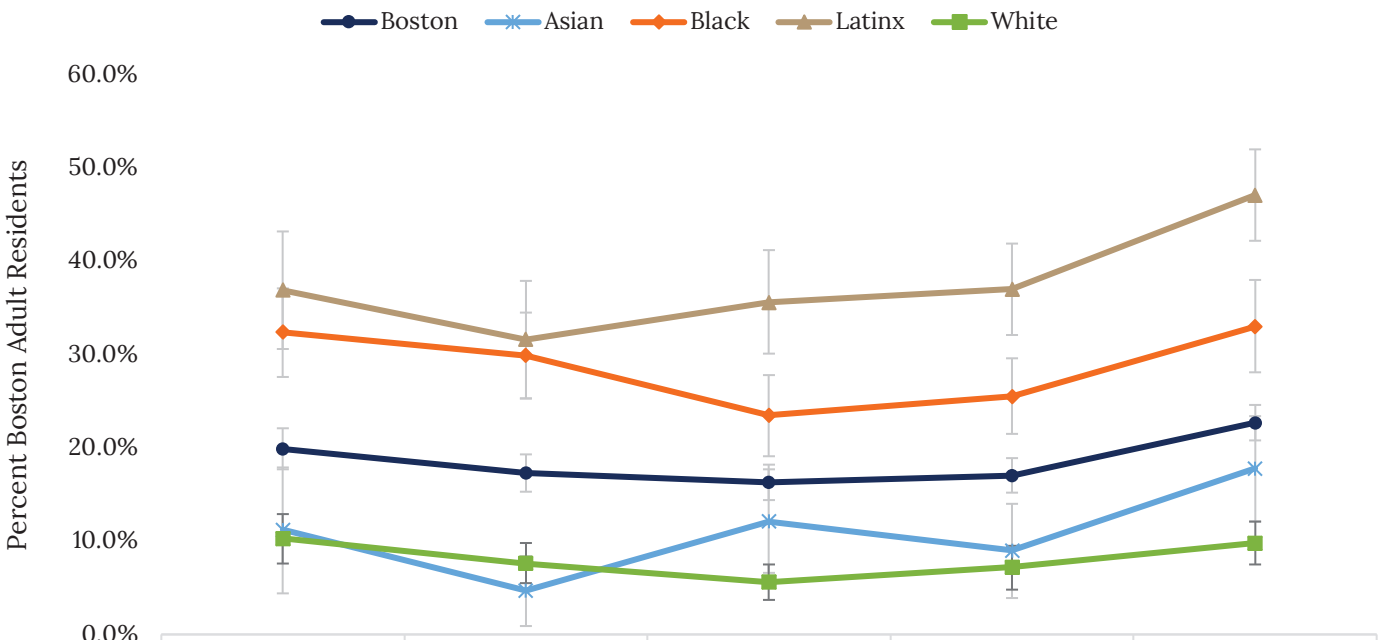
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 83. Percent Adults Reporting that Food Didn't Last in the Past Year, by Boston and Neighborhood, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

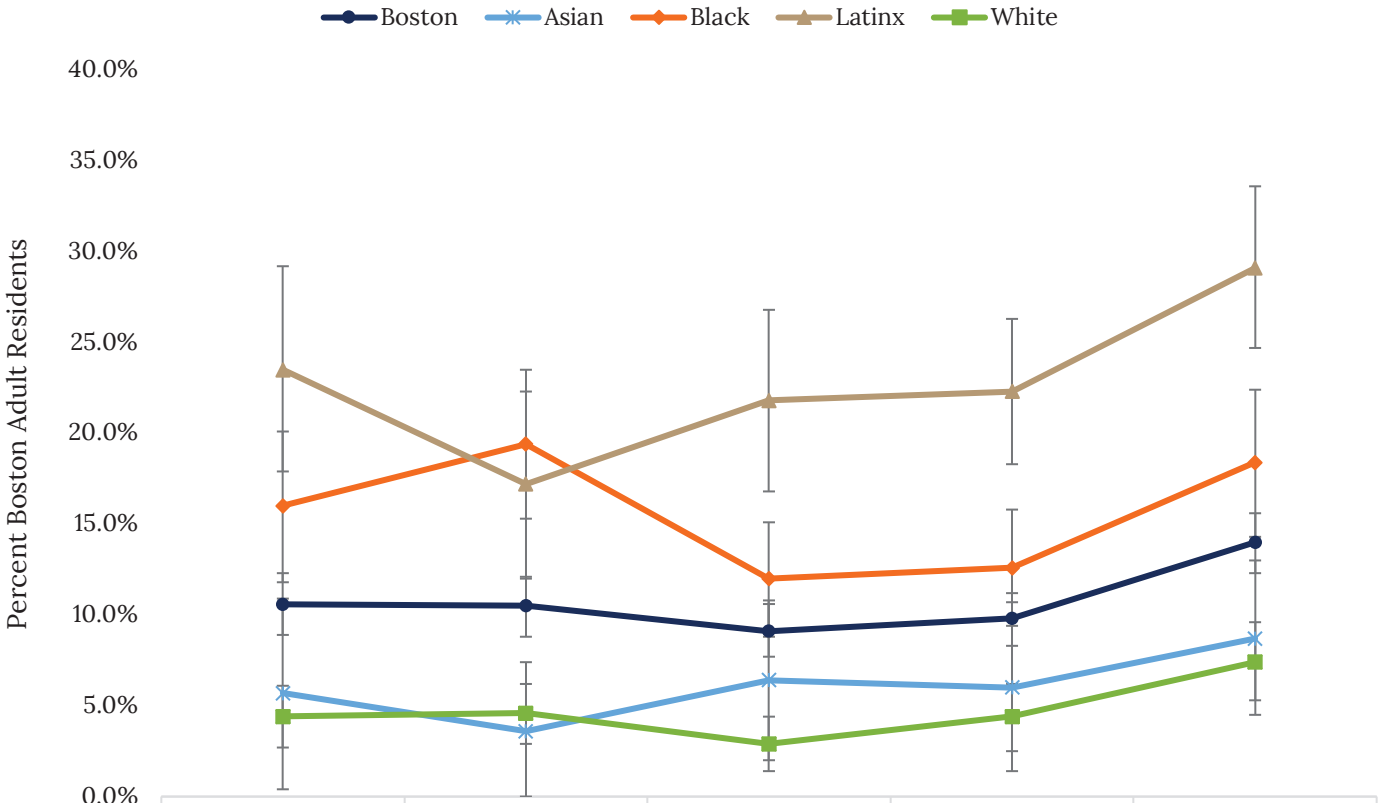
Figure 84. Percent Adults Reporting Buying Food that Didn't Last and Having No Money to Get More, by Boston and Race/Ethnicity Over Time, 2015-2023



	2015	2017	2019	2021	2023
Boston	19.9%	17.3%	16.3%	17.0%	22.7%
Asian	11.2%	4.7%	12.1%	9.0%	17.8%
Black	32.4%	29.9%	23.5%	25.5%	33.0%
Latinx	36.9%	31.6%	35.6%	37.0%	47.1%
White	10.3%	7.6%	5.6%	7.2%	9.8%

DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2015,2017,2019,2021,2023), Boston Public Health Commission
DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission
NOTE: For Boston and Latinx, the percent of Boston adult residents who reported buying food that didn't last and having no money to get more increased from 2015 to 2023; Error bars show 95% confidence interval.

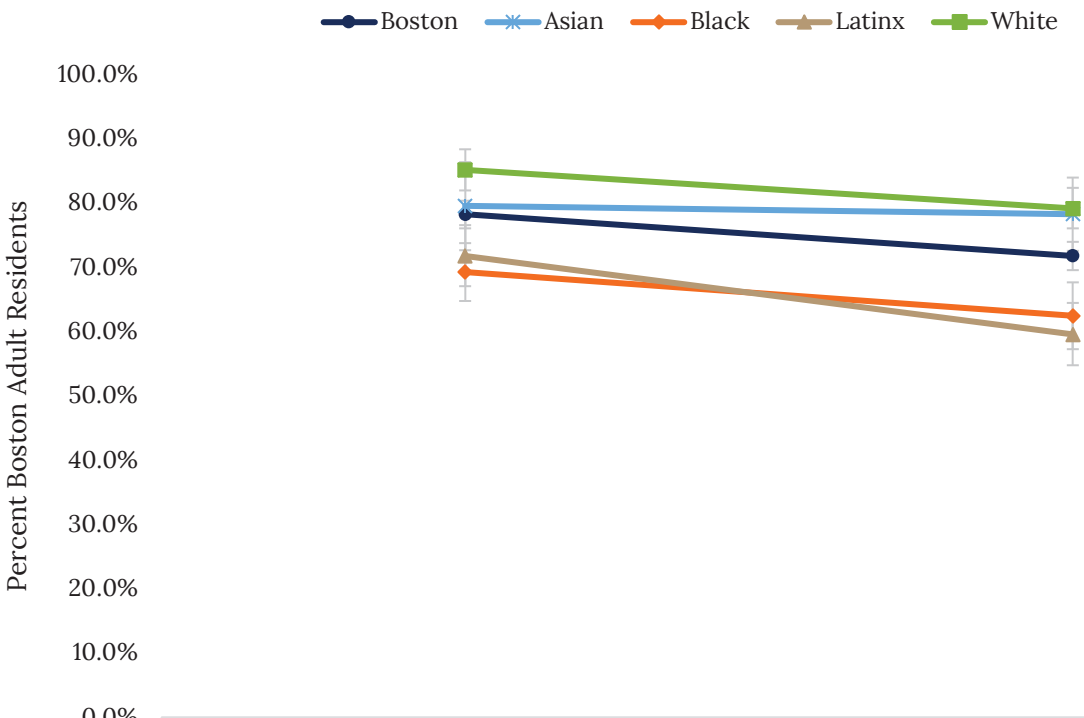
Figure 85. Boston Adult Residents Who Reported Being Hungry but Not Eating because They Couldn't Afford Enough Food, Over Time by Boston and Race/Ethnicity, 2015-2023



	2015	2017	2019	2021	2023
Boston	10.6%	10.5%	9.1%	9.8%	14.0%
Asian	5.7%	3.6%	6.4%	6.0%	8.7%
Black	16.0%	19.4%	12.0%	12.6%	18.4%
Latinx	23.5%	17.2%	21.8%	22.3%	29.1%
White	4.4%	4.6%	2.9%	4.4%	7.4%

DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2015,2017,2019,2021,2023), Boston Public Health Commission
DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission
NOTE: For Boston, the percent of Boston adult residents who reported buying food that didn't last and having no money to get more increased from 2015 to 2023; Error bars show 95% confidence interval.

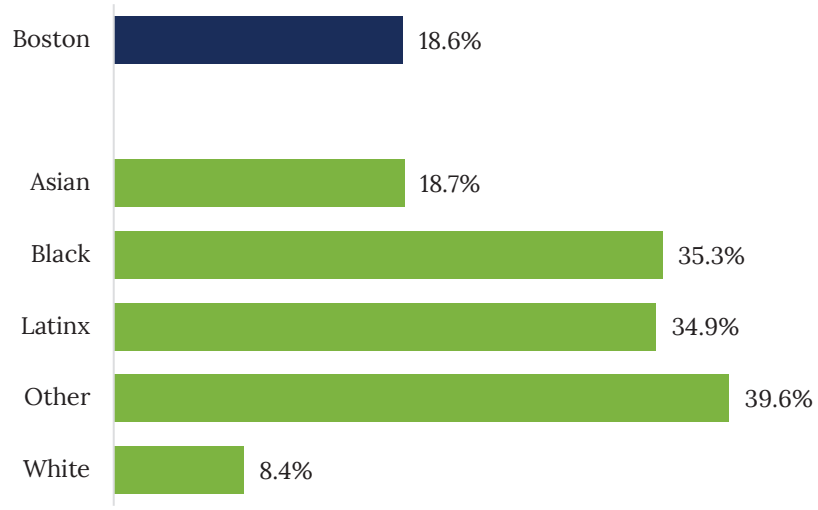
Figure 86. Percent Adults Reporting It was Easy to Purchase Healthy Foods in Their Neighborhoods, by Boston and Race/Ethnicity Over Time, 2021-2023



	2021	2023
Boston	78.3%	71.8%
Asian	79.6%	78.3%
Black	69.3%	62.5%
Latinx	71.8%	59.6%
White	85.2%	79.2%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2021 and 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: For Boston and Latinx, the percent of Boston adult residents who reported that it was easy to purchase healthy foods in their neighborhood decreased from 2021 to 2023; Error bars show 95% confidence interval.

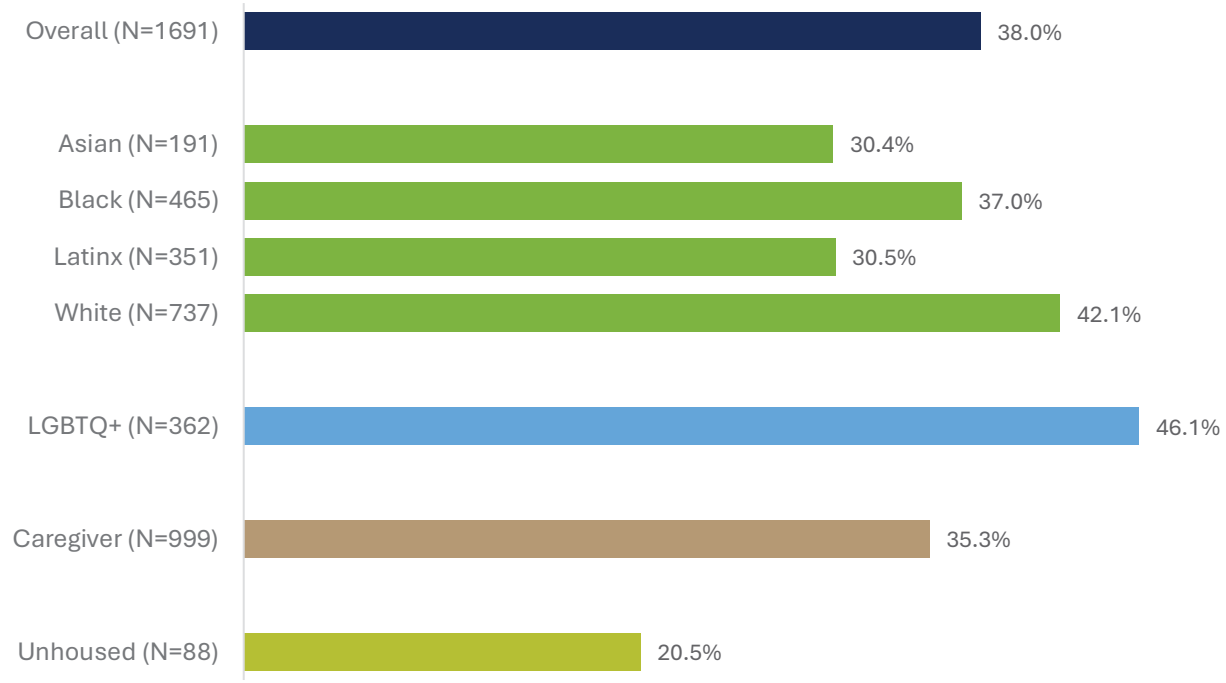
Figure 87. Percent Households Receiving SNAP, by Boston and Race/Ethnicity, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

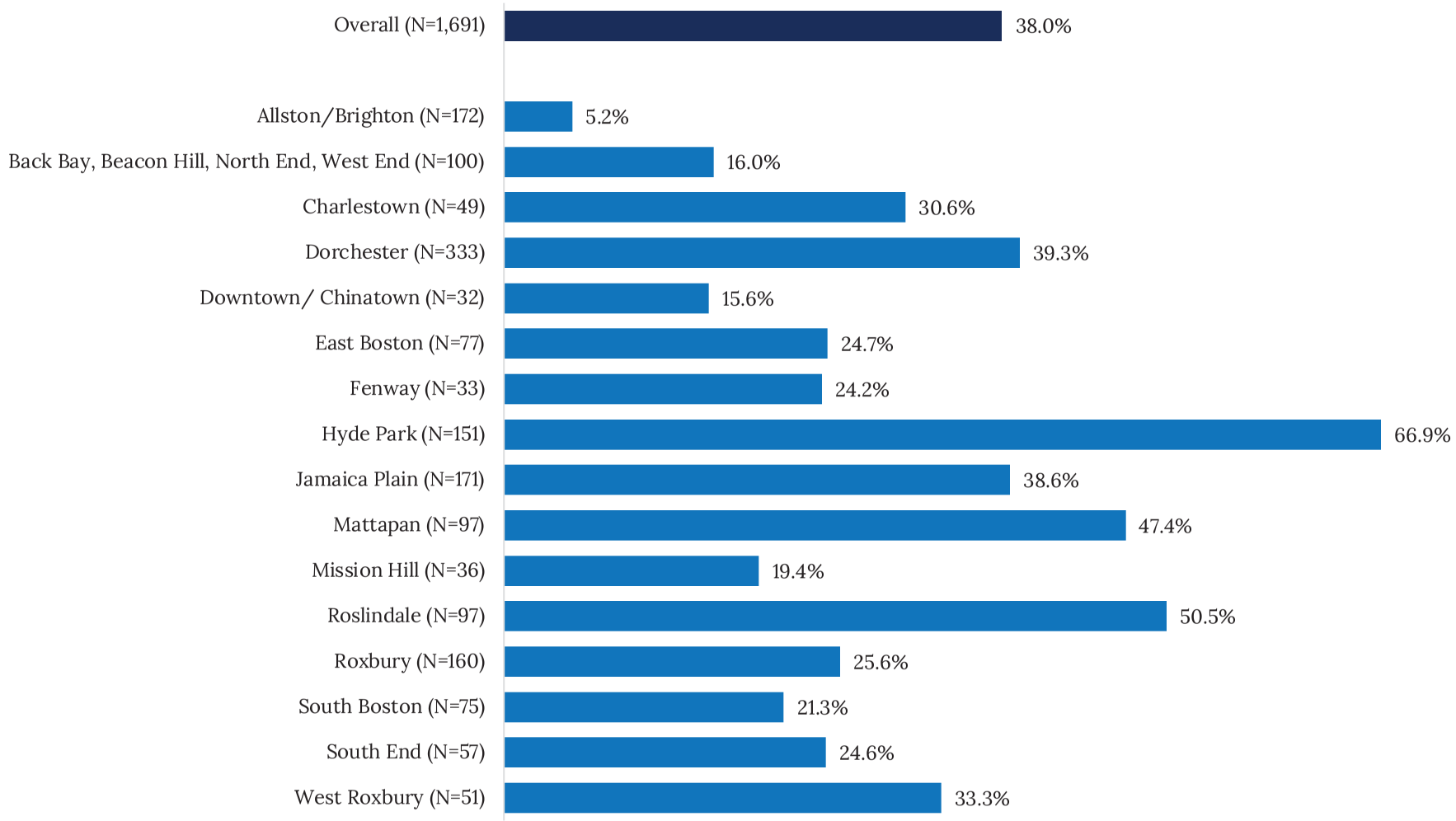
Health Care Access and Utilization

Figure 88. Percent Survey Reporting They Would Need to Travel Outside Their Community to Access High-Quality Hospitals, Doctors, or Clinics, 2024



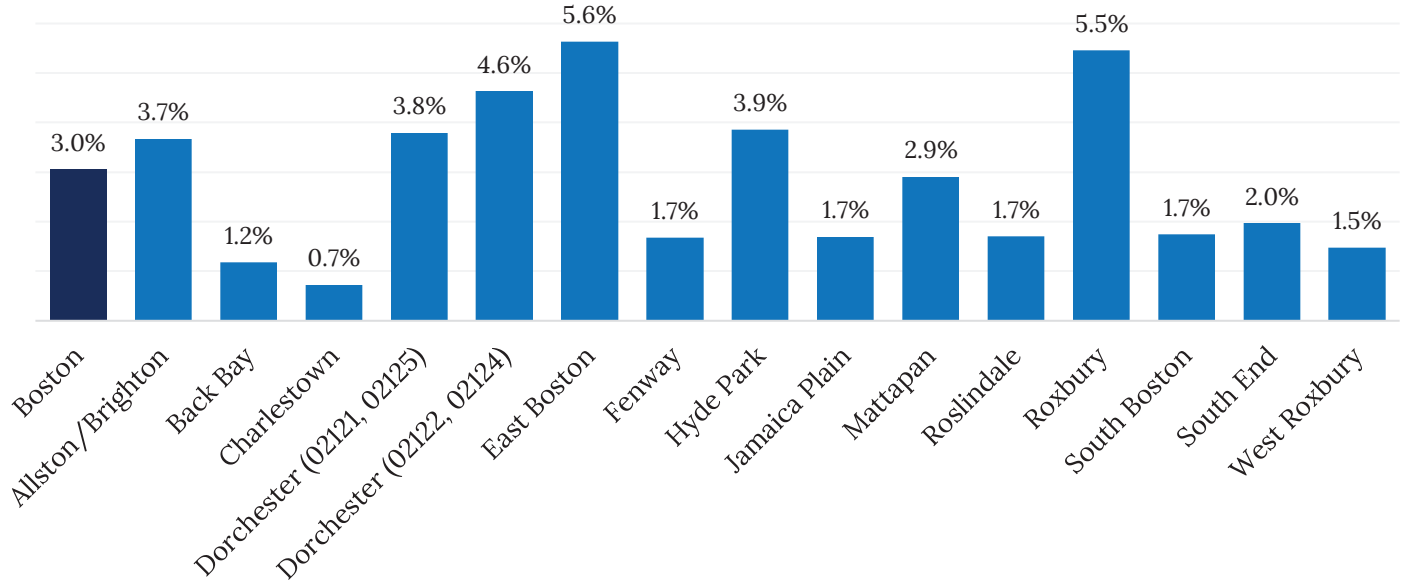
DATA SOURCE: Boston Community Health Assessment Survey, 2024

Figure 89. Percent Survey Respondents Reporting They Would Need to Travel Outside Their Community to Access High-Quality Hospitals, Doctors, or Clinics by Neighborhood, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

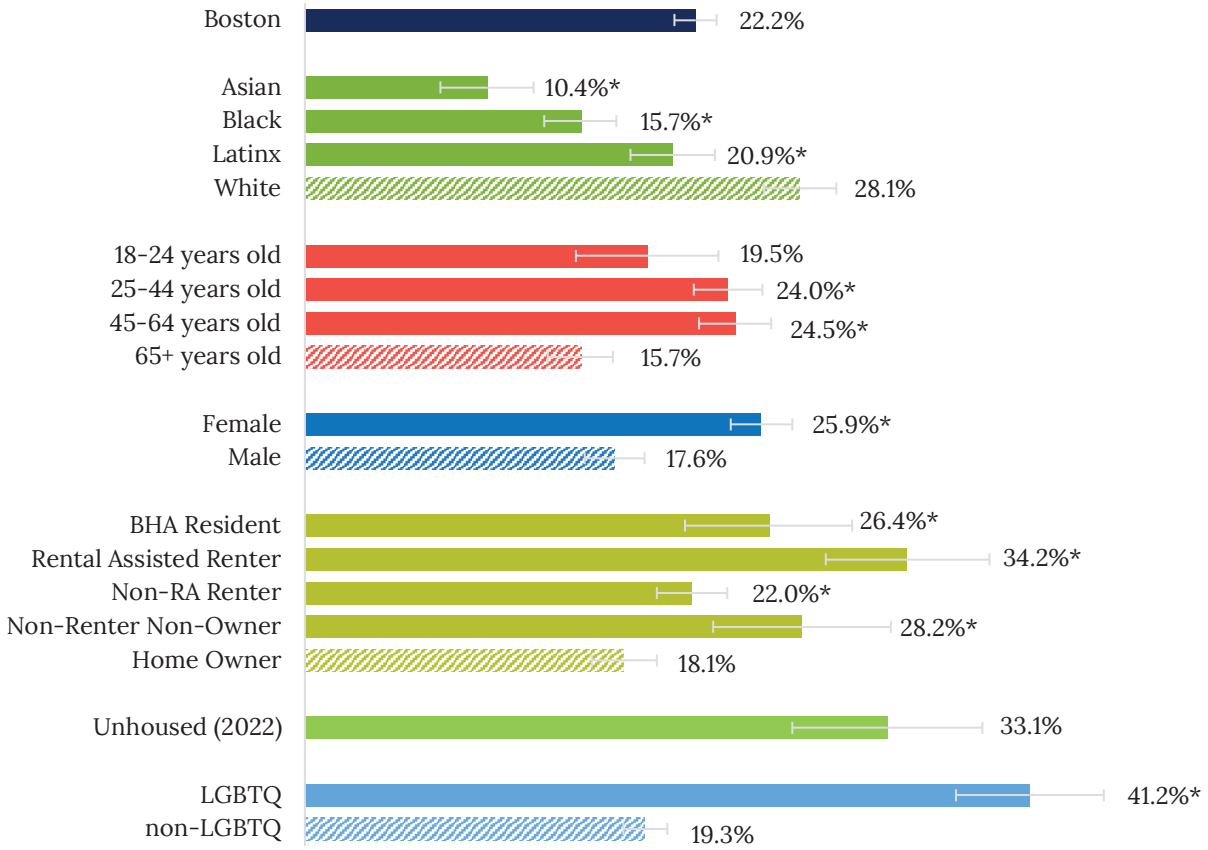
Figure 90. Percent Population Uninsured, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

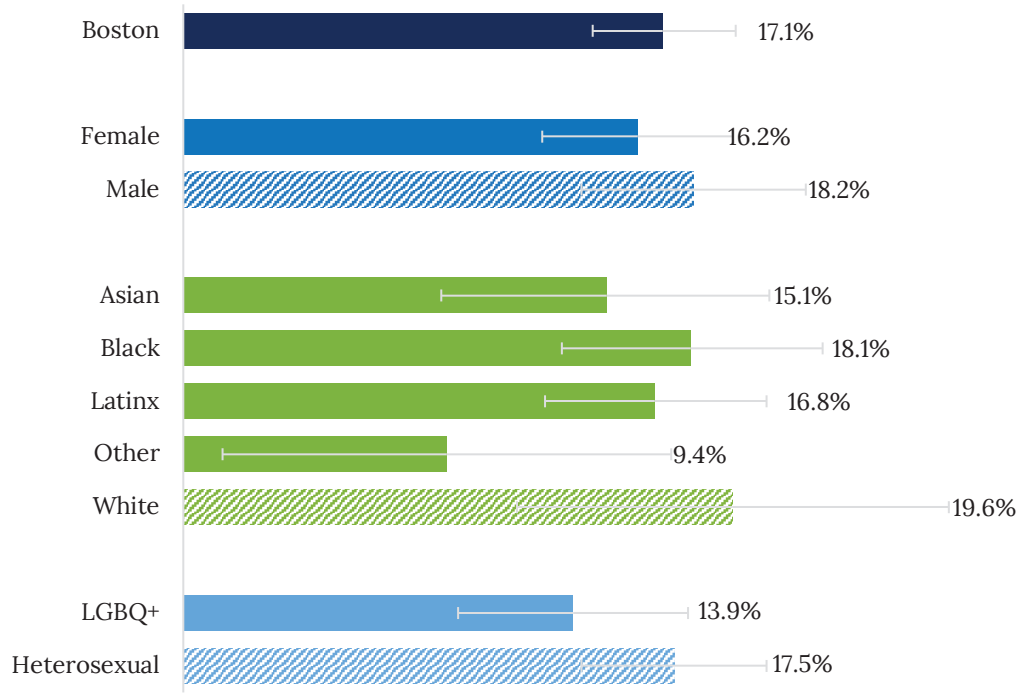
Mental Health and Chronic Stress

Figure 91. Percent Adults Reporting Receiving Treatment for Depression, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



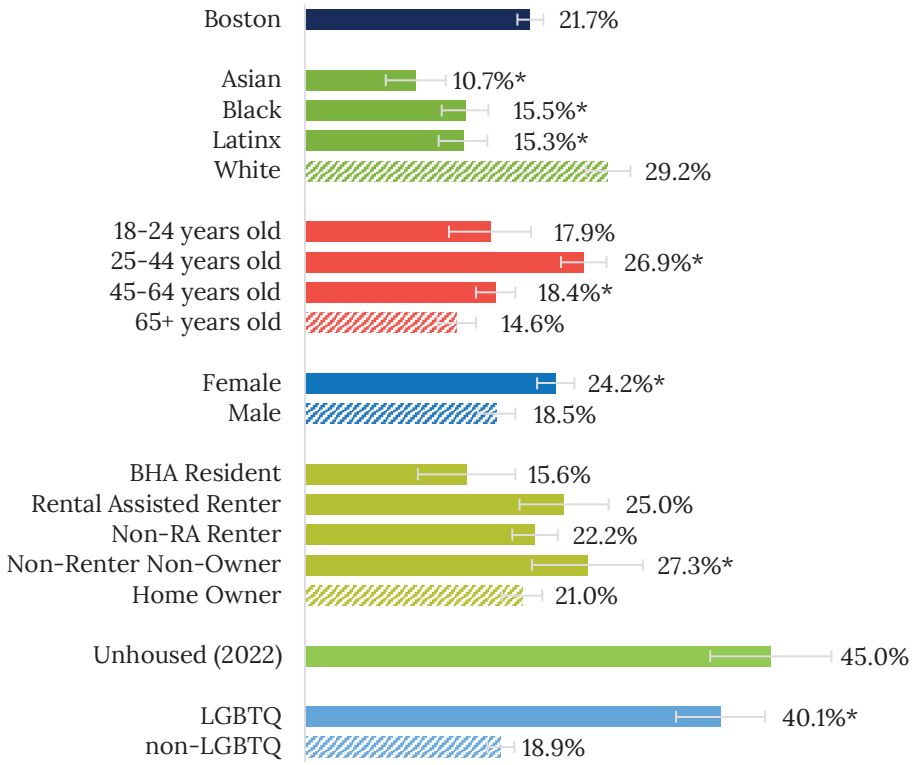
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Receiving treatment is defined as received professional counseling or any kind of treatment, including medication, for sadness or depression in the past year; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 92. Percent Youth Reporting That They Mostly or Always Get the Kind of Help They Need, by Boston and Selected Sub-Populations, 2021



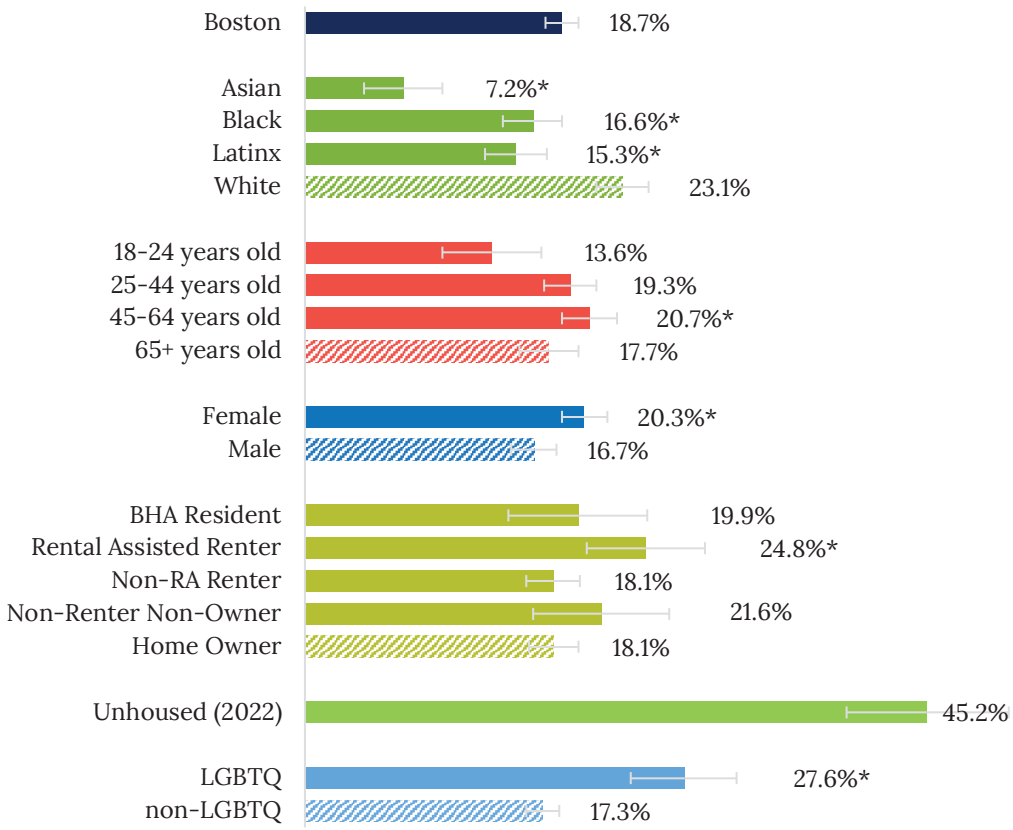
DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2021
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as youth reporting that they mostly or always get the kind of help they need of those reporting feeling sad, empty, hopeless, angry or anxious; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$). LGBQ+ and Heterosexual contains data from 2021 and 2023 only due to change in survey question format.

Figure 93. Percent Boston Adults Reporting Ever Living with a Parent or Caregiver Who was Depressed, Mentally Ill, or Suicidal, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



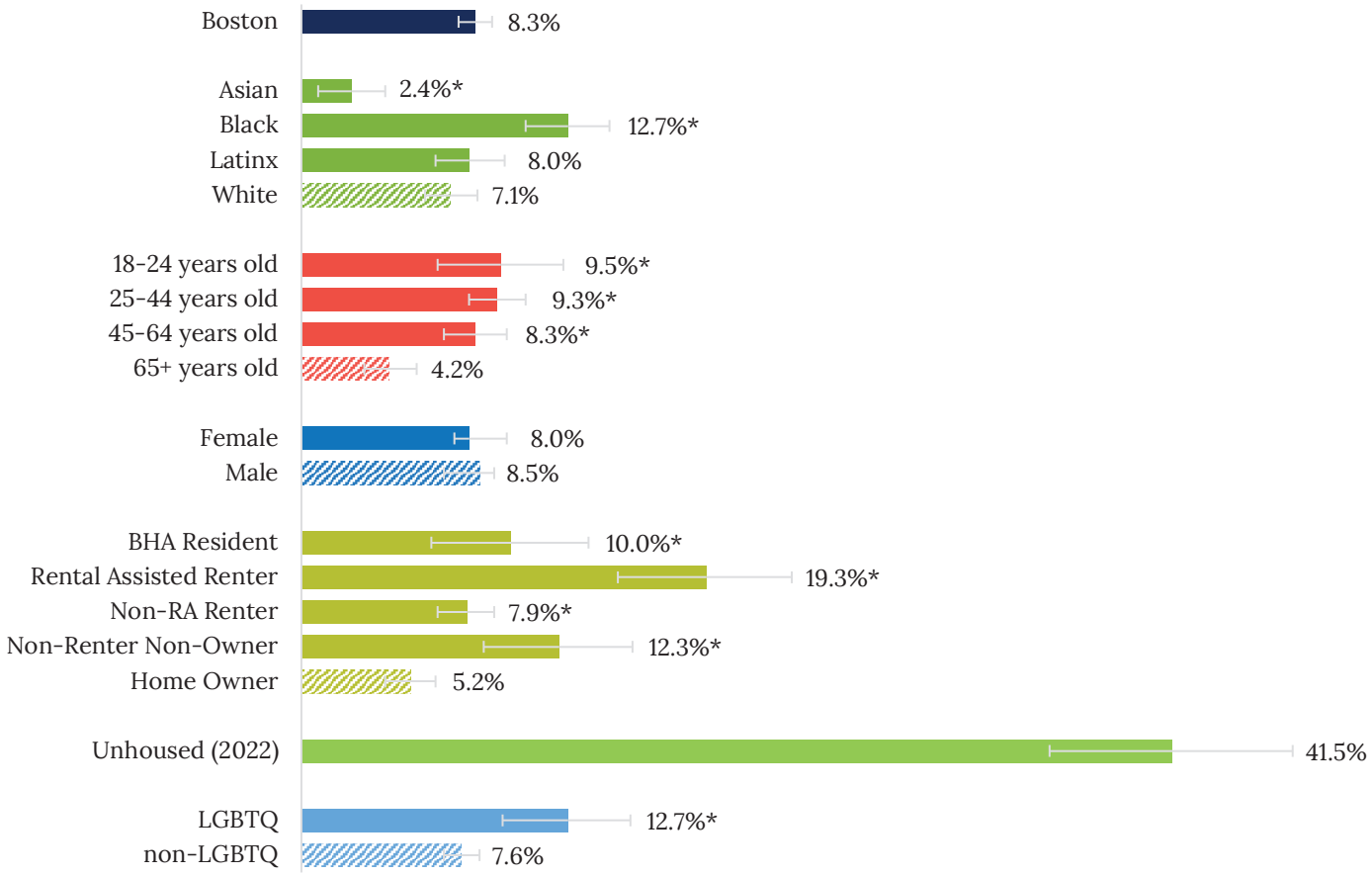
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 94. Percent Adults Reporting Ever Living with a Parent or Caregiver with Substance Use Issues, by Boston and Selected Sub-=Populations, 2019, 2021 and 2023 Combined



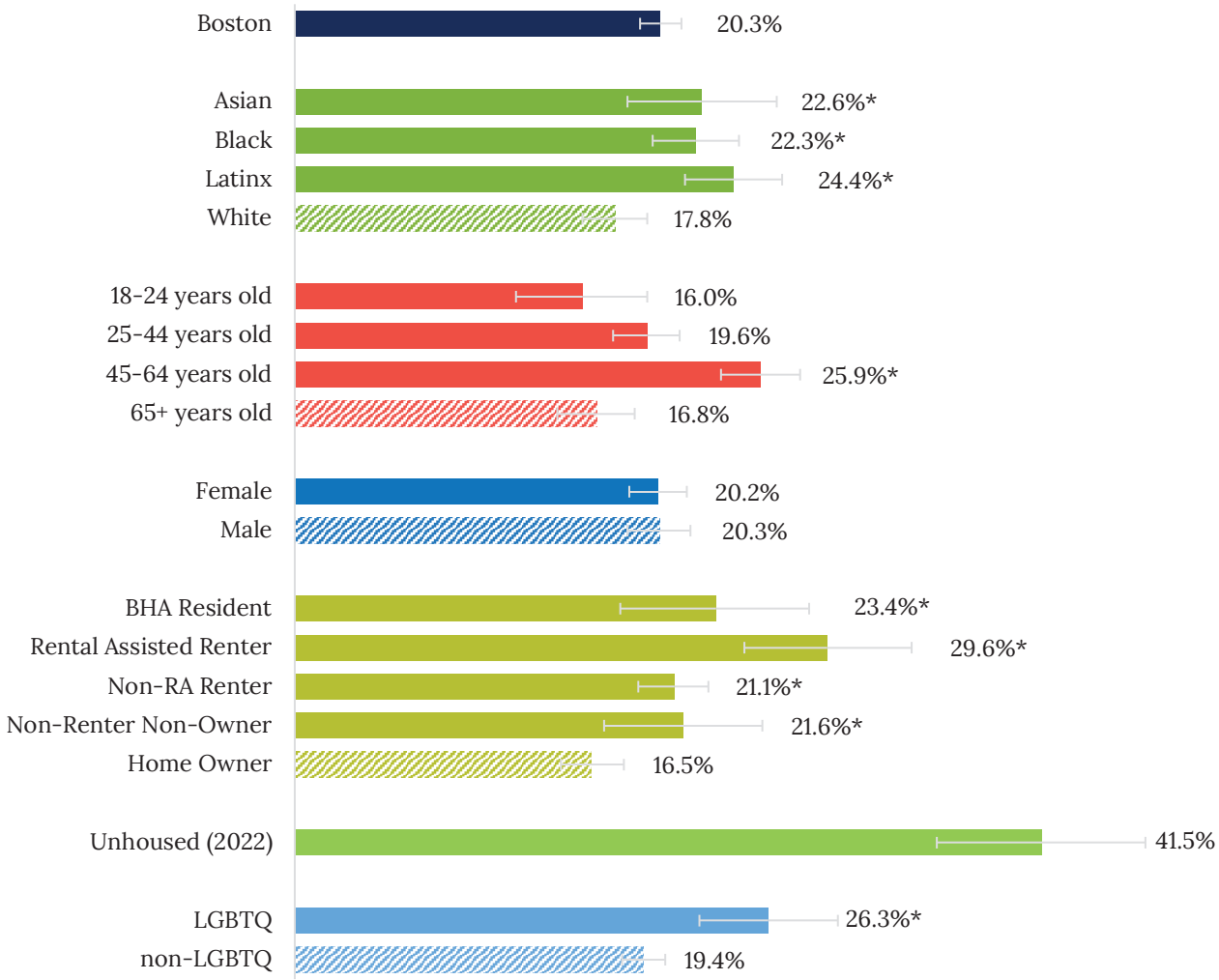
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Substance use issues defined as problem drinker or alcoholic or used illegal street drugs or abused prescription medications; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 95. Percent Adults Reporting Ever Living with Anyone Who had Served Time or was Sentenced to Serve Time in a Prison, Jail, or Other Correctional Facility, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



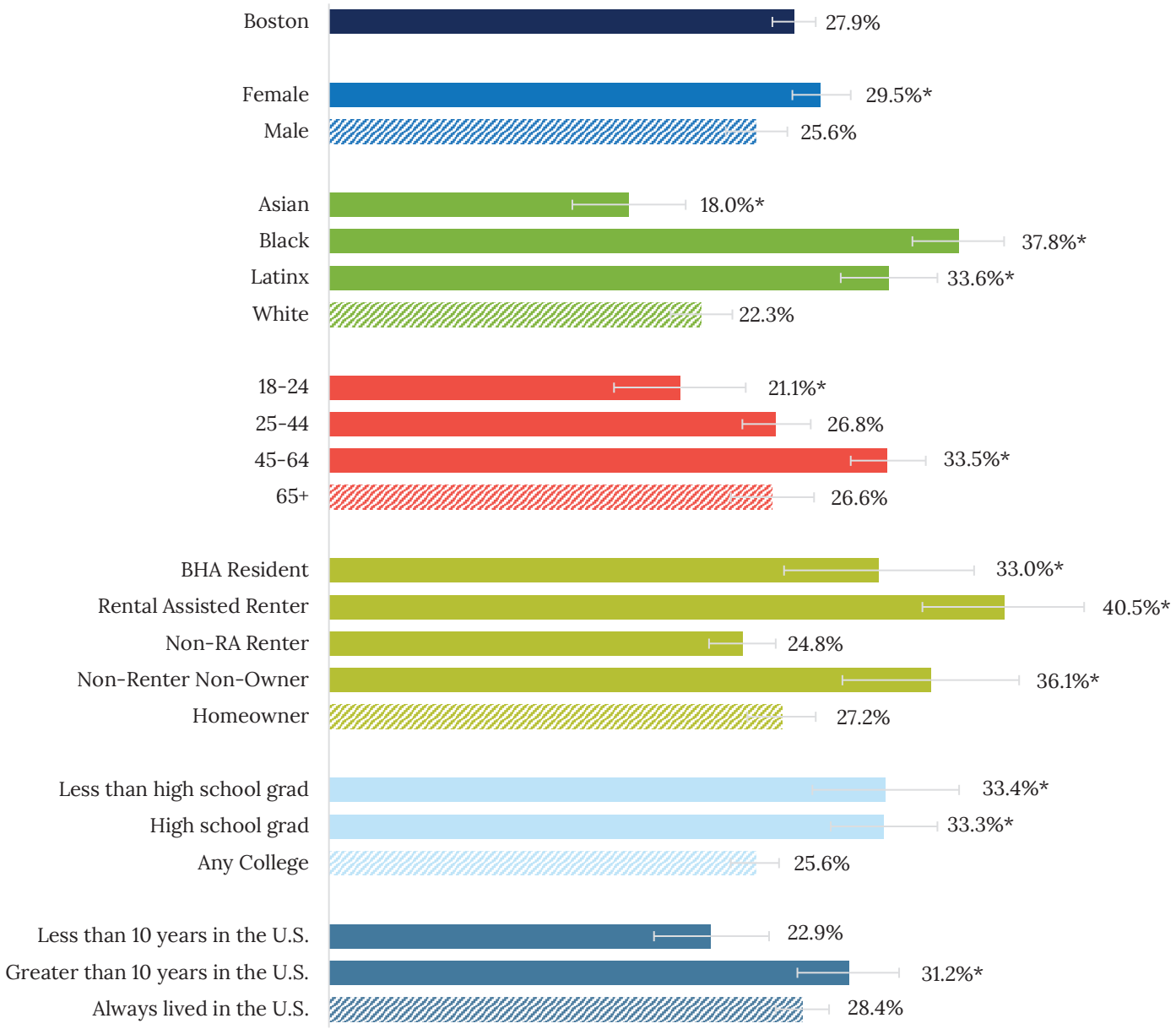
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 96. Percent Adults Reporting Ever Living with Parents or Adults in the Home Who Slapped, Hit, Kicked, Punched or Beat Each Other Up, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



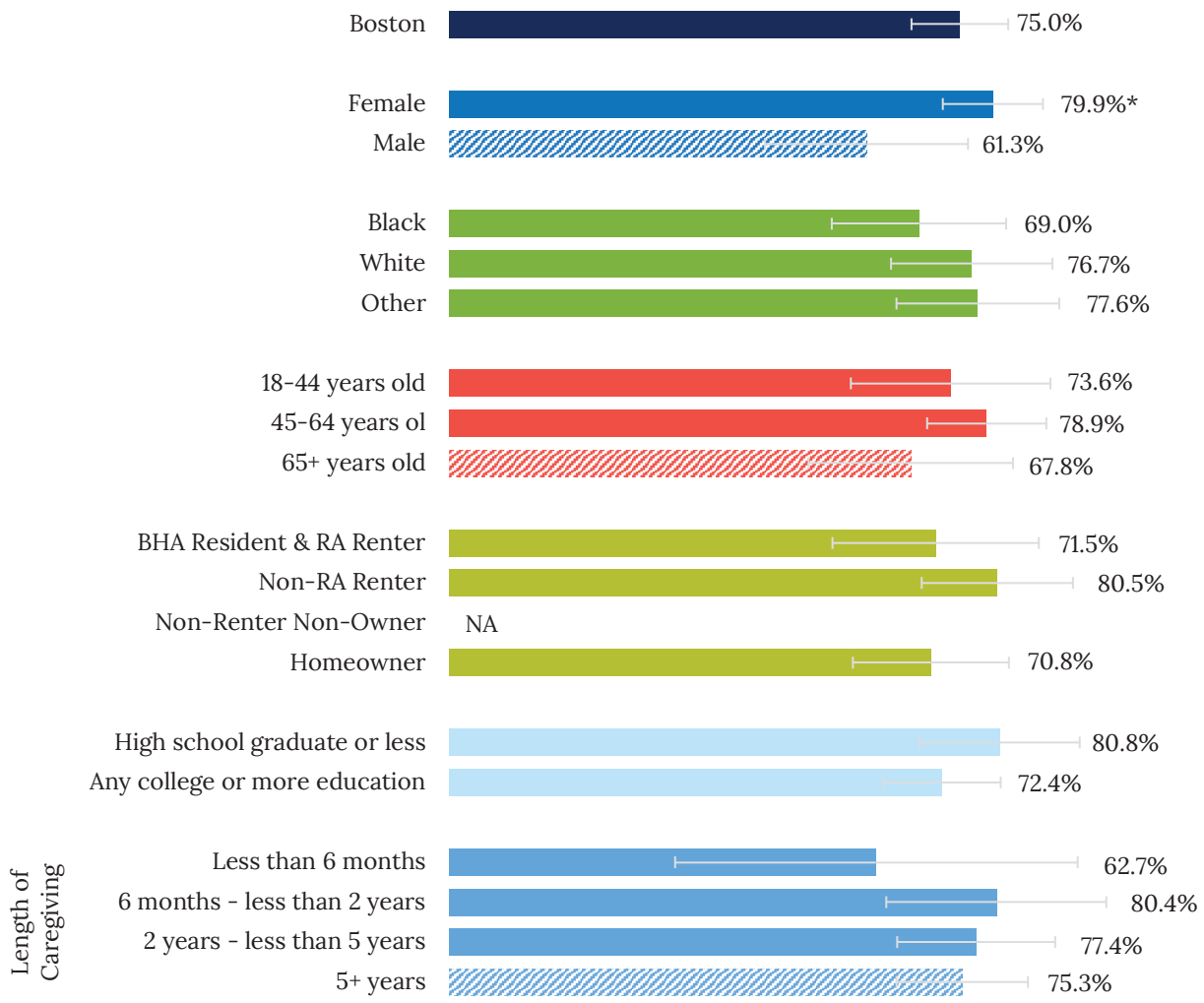
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 97. Percent Adults Who Provide Care, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



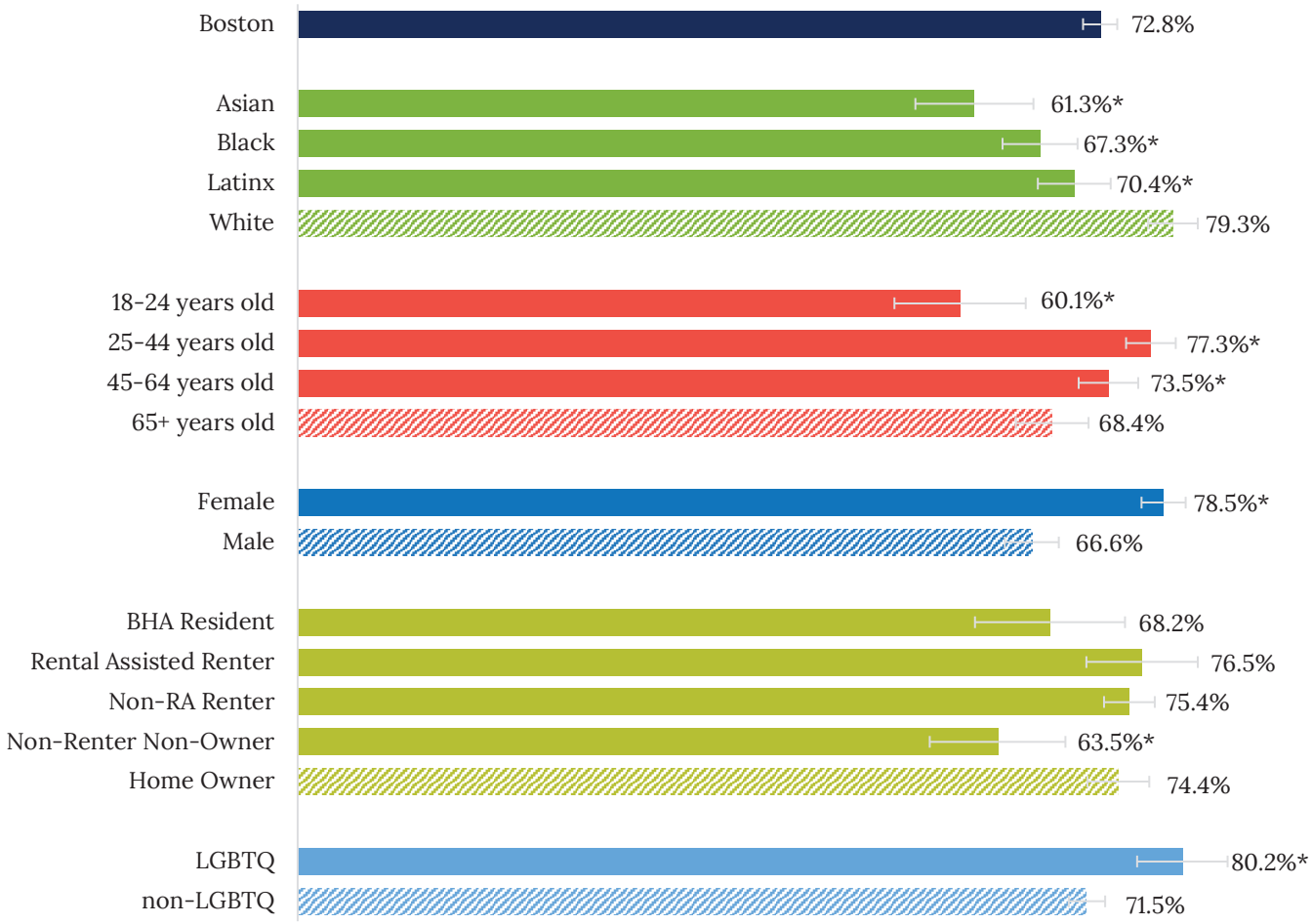
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 98. Percent Caregivers Reporting Feeling Sometimes, Usually, or Always Overwhelmed by Their Caregiving Duties, by Boston Selected Sub-Populations, 2023



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, Caregiver Callback Survey, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: NA denotes small sample size and data are not shown; 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); Error bars show 95% confidence interval.

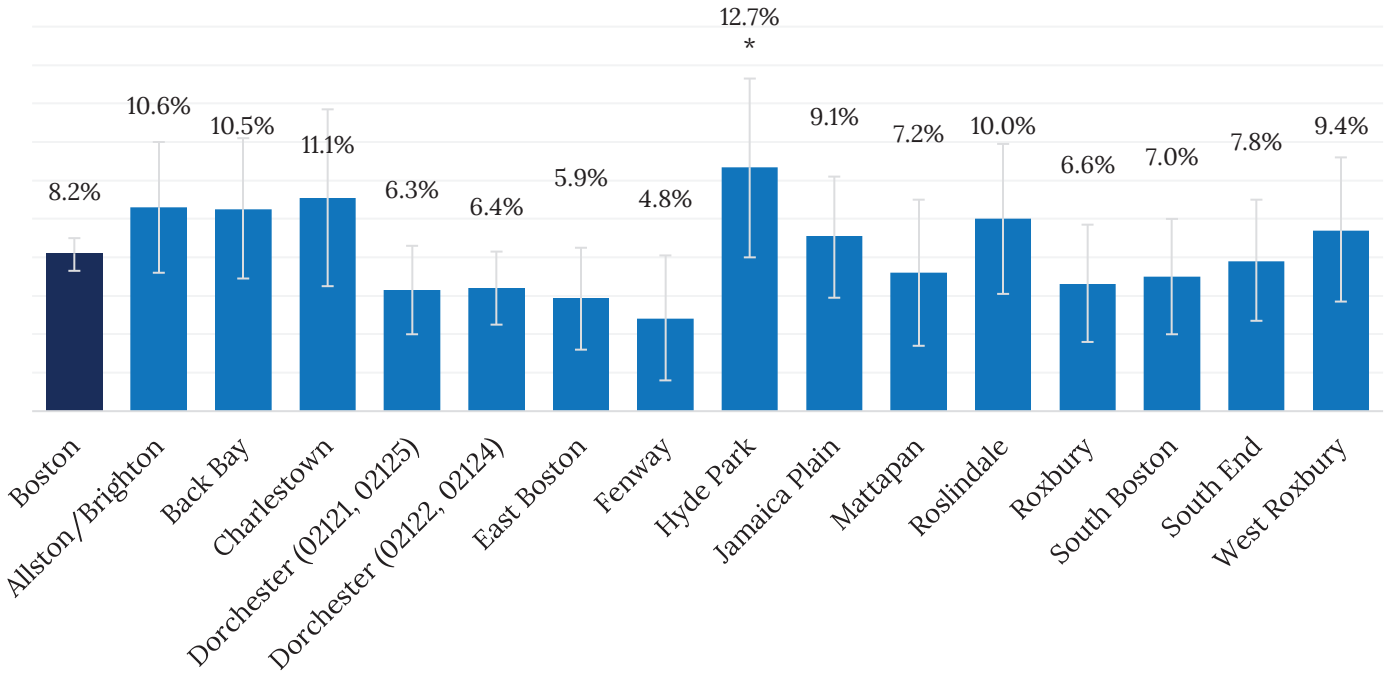
Figure 99. Percent Adults Reporting Willing to Seek Therapy, by Boston and Selected Sub-Populations, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Willing to seek therapy defined as likely or very likely to consult with a mental health professional or therapist if they had an emotional crisis or need; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

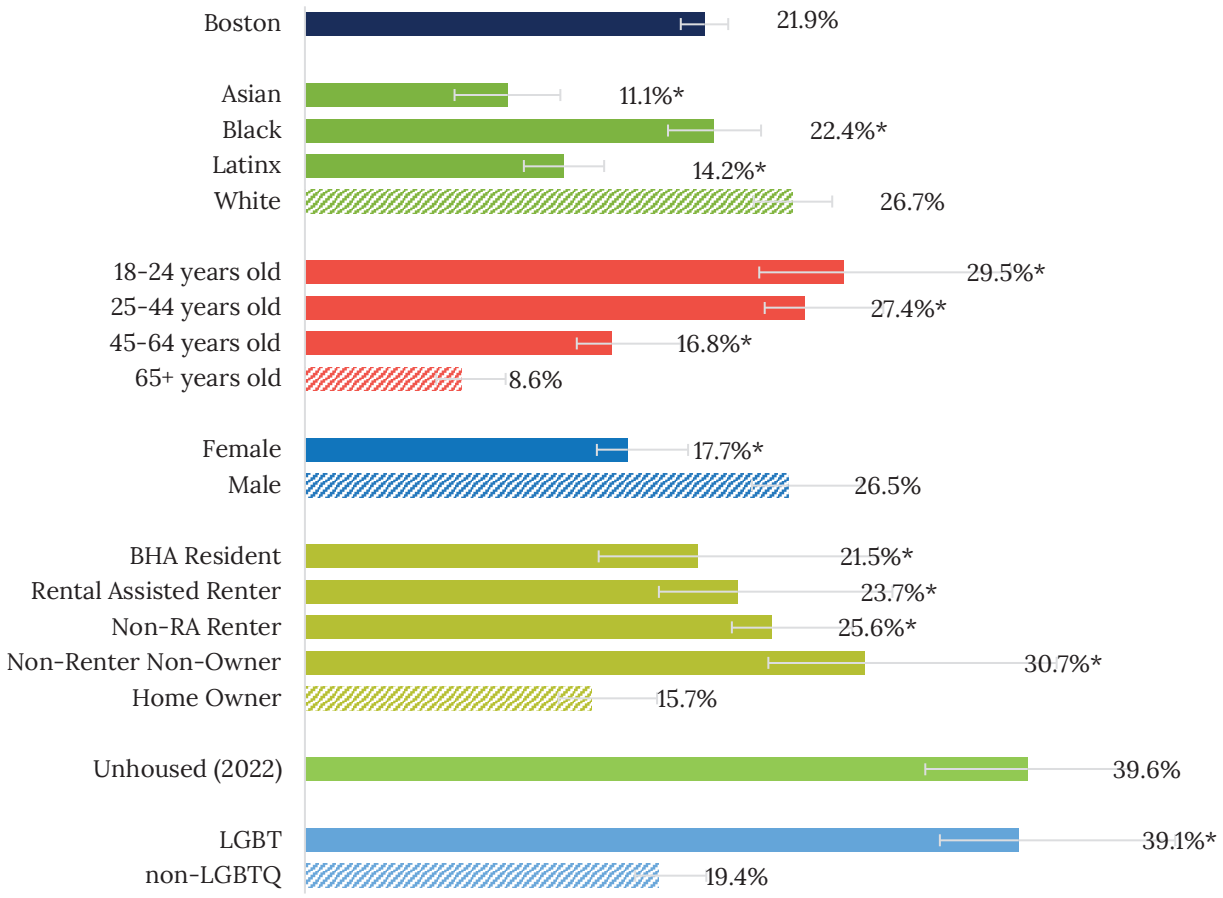
Behavioral Health and Substance Use

Figure 100. Percent Adults Reporting Heavy Drinking, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined



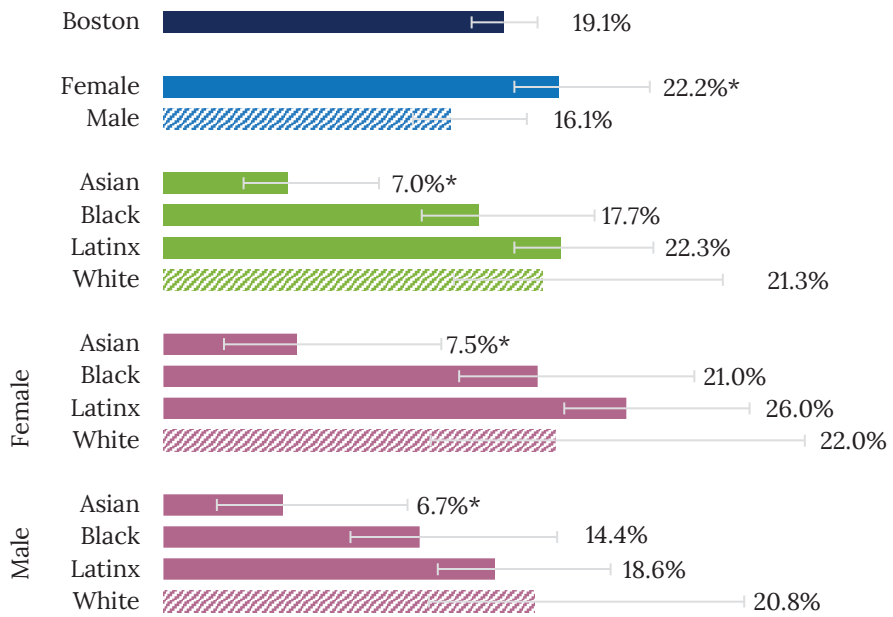
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Heavy drinking defined as 8 or more drinks per week for women and 15 or more drinks per week for men; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 101. Percent Adults Reporting Current Marijuana Use, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



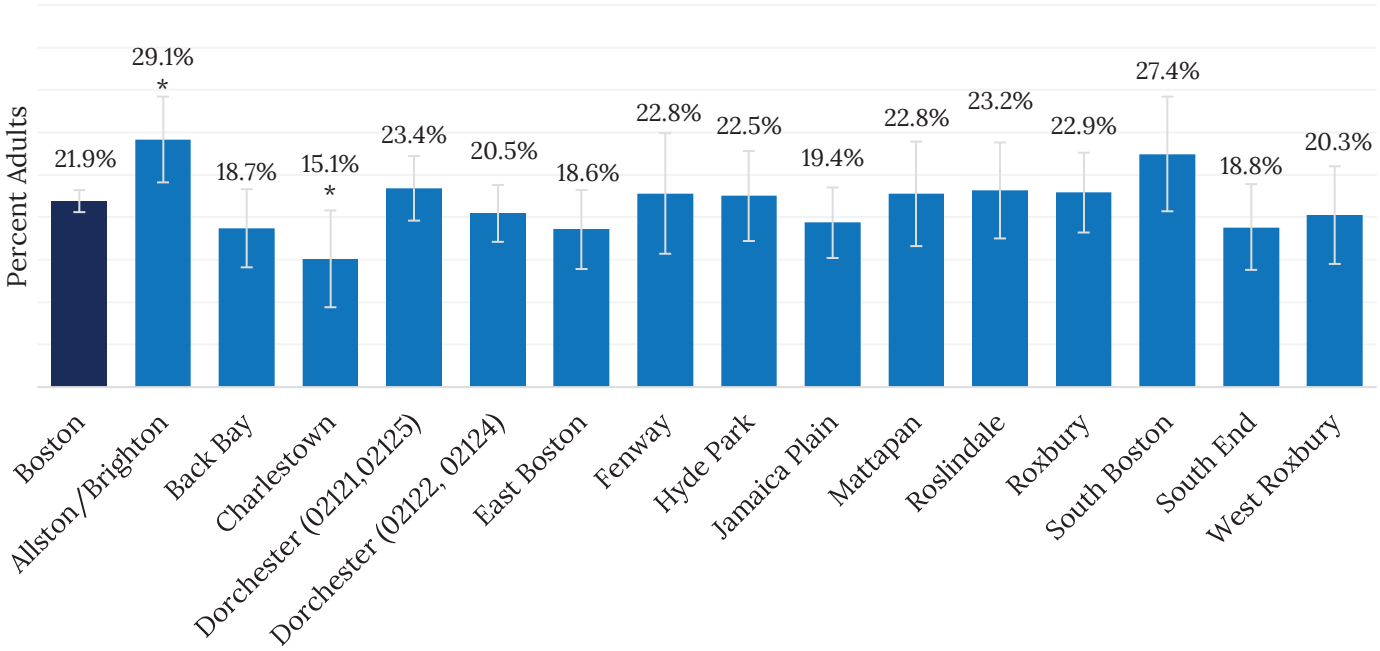
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Current marijuana use defined as marijuana use in the past 30 days; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 102. Percent Youth Reporting Current Marijuana Use, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



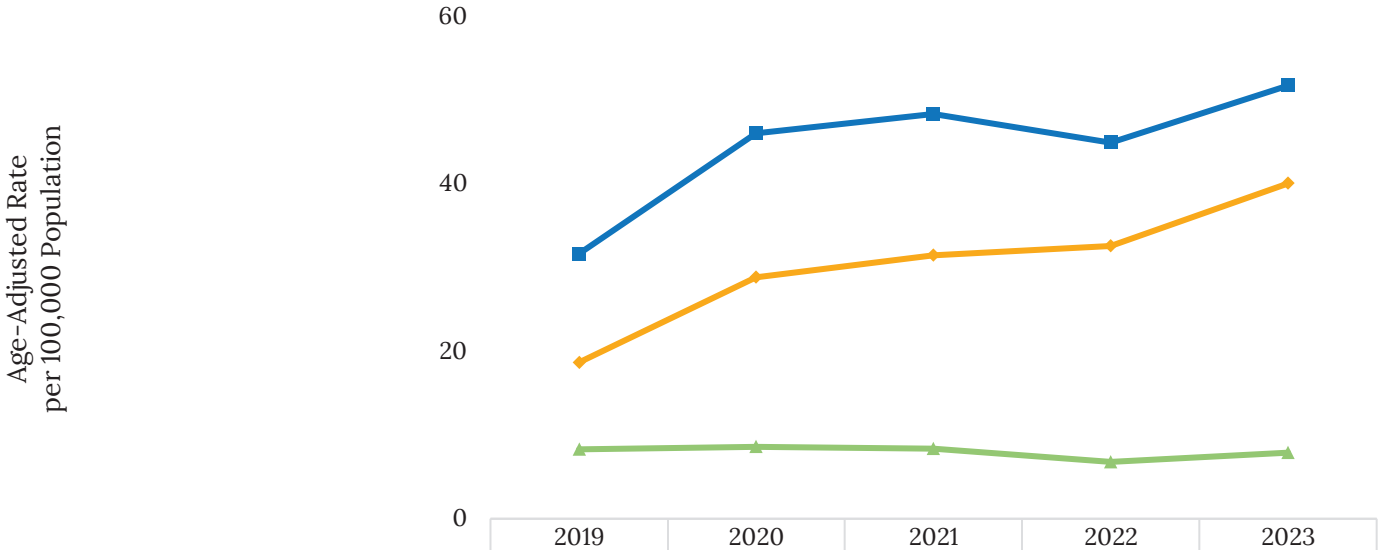
DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Figure 103. Percent Adults Reporting Current Marijuana Use, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Current marijuana use defined as marijuana use in the past 30 days. Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Error bars show 95% confidence interval.

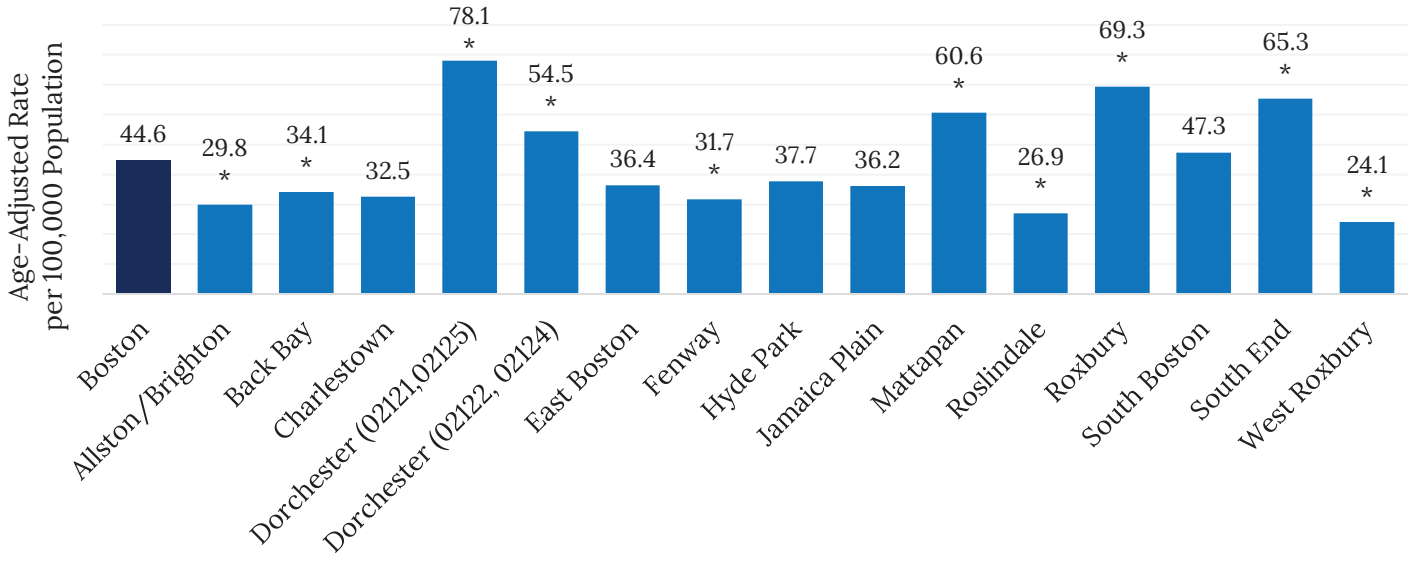
Figure 104. Overdose Mortality Rate by Drug Type, by Boston Over Time, 2019-2023



	2019	2020	2021	2022	2023
Opioid Mortality (Including Fentanyl)	31.7	46.1	48.4	45.0	51.8
Cocaine Mortality (Inlcuding Fentanyl)	18.7	28.9	31.5	32.6	40.1
Benzo Mortality (Including Fentanyl)	8.3	8.6	8.4	6.8	7.9

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: There was no significant change over time for "Benzo Mortality (Including Fentanyl)." **There was significant increase over time for "Opioid Mortality (Including Fentanyl)" and (+41.8%), Cocaine Mortality (Including Fentanyl)" (+85.3%).** Overdose mortality includes all manner and intent, including unintentional, suicide, homicide, and undetermined intent.

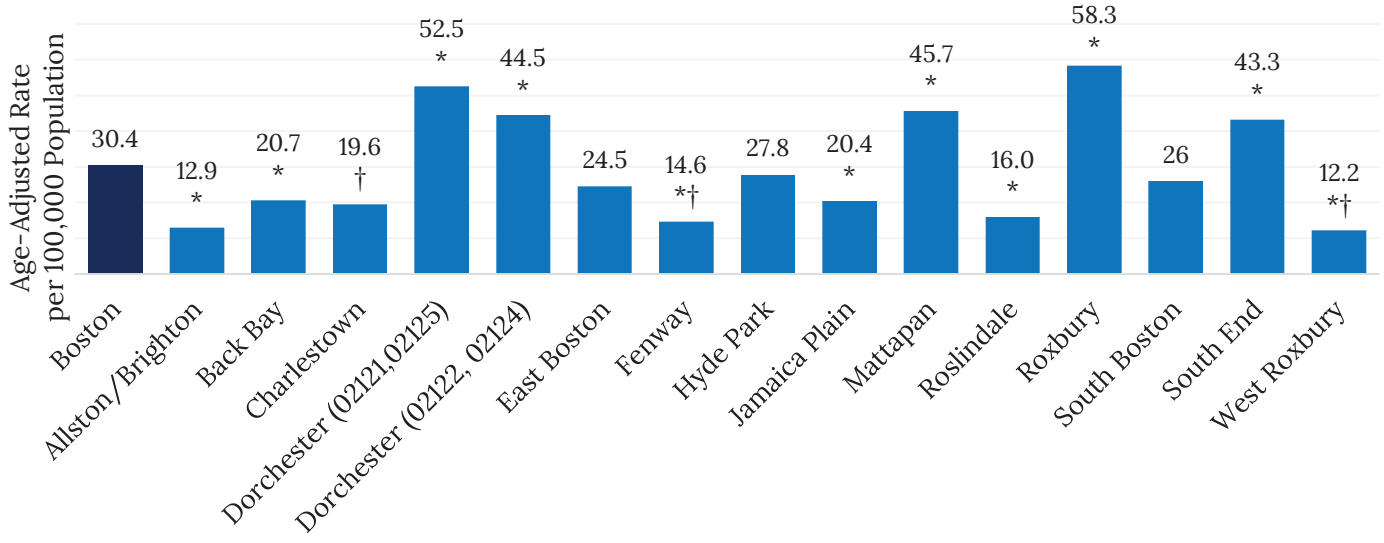
Figure 105. Opioid (Including Fentanyl) Overdose Mortality, by Boston and Neighborhoods, 2019-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023 Combined

DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Figure 106. Cocaine (Including Fentanyl) Overdose Mortality, by Neighborhood, 2019-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes where estimates with n<20.

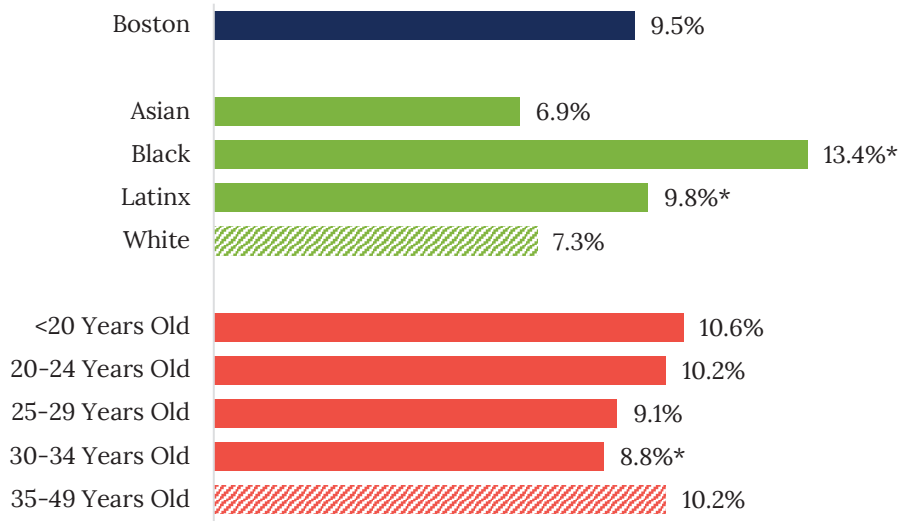
Table 19. Treatment Admissions Rate, Boston by Primary Substance, Rate per 10,000 Residents, 2023

	Total	Unique
Overall	229.1	111.0
Alcohol	112.3	60.0
Cocaine	81.2	47.1
Heroin	71.8	42.1
Marijuana	19.8	16.7
Other Opioids	13.7	11.4
Methamphetamines	12.3	8.0
Benzodiazepines	25.5	12.5

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

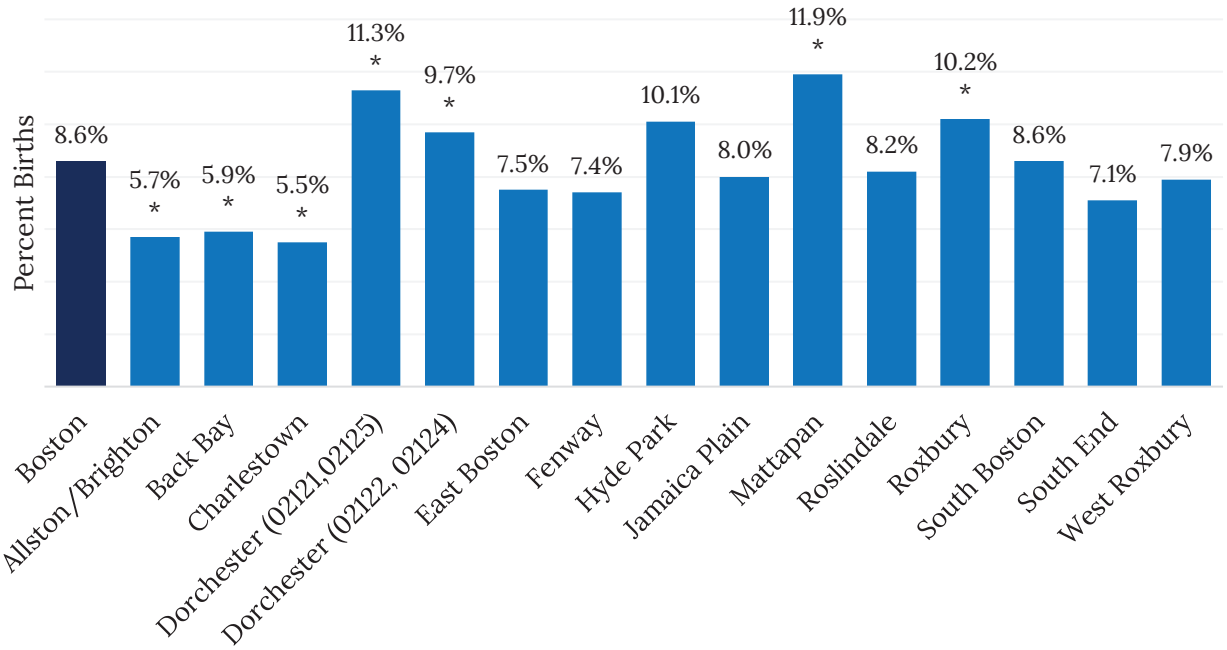
Maternal and Child Health

Figure 107. Percent Births that were Preterm, by Boston and Selected Sub-Populations, 2021-2023



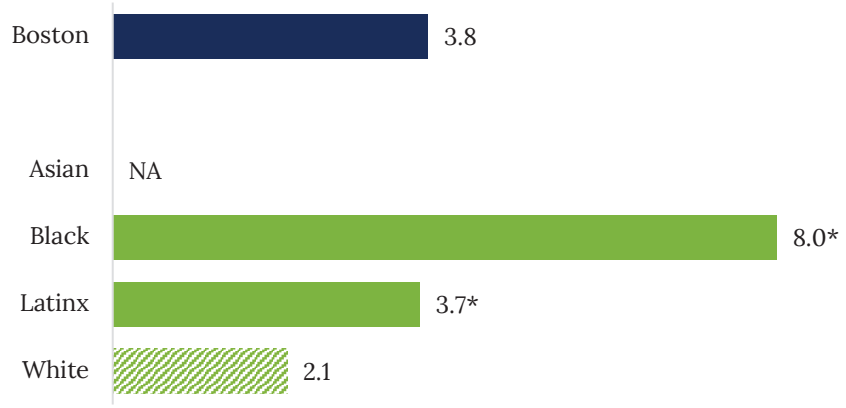
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2019-2023; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Figure 108. Percent Low Birthweight Births, by Boston and Neighborhoods, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05).

Figure 109. Infant Mortality Rates per 1,000 Live Births, by Boston and Selected Indicators, 2020-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2020-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2020-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: NA denotes rate not shown due to count of n<5; 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).

Community Vision and Suggestions for the Future

Table 20. Percent Survey Respondents Reporting the Following Statements as the One of the 5 Most Important Factors That Would Improve the Quality of Life and Health of Their Community, by Boston and Selected Sub-Populations, 2024

	Overall N=1,847	Asian N=199	Black N=481	Latinx N=365	White N=761	LGBTQ+ N=382	Caregiver N=1034	Unhoused N=96	Born Outside US N=423	Aged 55+ N=423
More affordable housing	**49.6%**	**37.7%**	**49.1%**	**47.7%**	**55.6%**	**58.1%**	**46.2%**	**47.9%**	**40.4%**	**45.2%**
Access to low-cost healthy foods	**42.9%**	**35.7%**	**46.4%**	**46.6%**	**43.0%**	**49.7%**	**42.1%**	**37.5%**	**42.8%**	**36.9%**
Access to good jobs and economic opportunities	**36.9%**	**32.2%**	**47.2%**	**47.7%**	**29.2%**	30.4%	**41.1%**	**49.0%**	**43.0%**	**29.1%**
Access to health care	**35.6%**	**38.7%**	**40.1%**	**39.7%**	**33.4%**	**34.0%**	**36.5%**	**43.8%**	**37.4%**	**36.2%**
Access to reliable public transportation	**30.6%**	**31.7%**	21.8%	25.5%	**39.2%**	**35.6%**	26.7%	26.0%	26.7%	28.1%
Access to mental health care	29.2%	15.1%	32.6%	**36.2%**	29.0%	**31.4%**	31.0%	**41.7%**	27.4%	**29.1%**
Lower crime and violence	28.9%	27.6%	**36.2%**	34.2%	22.7%	17.8%	**32.3%**	**37.5%**	**31.2%**	**31.4%**
Better schools	23.9%	20.6%	26.6%	24.9%	20.6%	13.6%	29.0%	18.8%	26.7%	21.3%
Access to ongoing education opportunities	23.0%	21.6%	29.1%	27.7%	17.2%	21.7%	25.5%	34.4%	27.4%	19.1%
Clean environment (air and water quality)	22.3%	30.7%	18.5%	20.8%	23.1%	22.5%	22.5%	27.1%	23.6%	20.3%
Access to cultural and arts events	18.9%	23.1%	19.5%	18.1%	15.0%	18.6%	19.1%	13.5%	27.7%	19.4%
More affordable childcare	18.1%	10.6%	19.3%	16.2%	20.4%	16.5%	20.4%	15.6%	13.5%	16.3%
Good roads and infrastructure	16.7%	15.1%	16.2%	13.4%	18.3%	16.0%	15.8%	17.7%	15.4%	21.7%
Access to pharmacies	16.5%	17.1%	18.9%	20.3%	11.8%	15.7%	17.2%	24.0%	18.7%	18.9%
Opportunities for free or low-cost exercise classes	13.4%	13.6%	14.6%	11.2%	12.7%	13.4%	12.8%	15.6%	15.1%	16.1%
Effective city services (water, trash, fire department, and police services)	12.8%	16.6%	11.0%	9.3%	12.9%	12.3%	12.5%	17.7%	12.5%	16.1%
Stronger sense of community	12.5%	7.5%	13.1%	12.9%	13.8%	14.4%	11.8%	11.5%	12.3%	13.7%

More community gathering spaces	12.4%	13.6%	8.9%	6.0%	16.6%	20.2%	10.5%	*	9.0%	14.4%
More inclusion for diverse members of the community	11.0%	6.5%	11.0%	7.7%	14.1%	14.9%	9.0%	*	8.3%	12.8%
Accessible sidewalks	10.3%	9.5%	5.6%	7.1%	13.8%	12.0%	7.9%	12.5%	9.2%	14.4%
Other	6.1%	*	4.0%	3.6%	9.5%	7.6%	6.1%	*	3.5%	9.9%
Opportunities for healthy cooking programs and supports	6.7%	6.0%	9.1%	6.6%	4.5%	5.5%	7.6%	16.7%	9.9%	8.3%
Opportunities for disaster and emergency preparedness	6.3%	*	6.7%	9.3%	5.8%	5.8%	7.2%	11.5%	9.9%	8.3%
None of the above	0.8%	0.0%	*	*	*	0.0%	1.2%	0.0%	*	*
COVID & Long COVID	0.7%	*	0.0%	*	*	*	*	0.0%	*	0.0%

DATA SOURCE: Boston Community Health Assessment Survey, 2024
Notes: Asterisk (*) indicates data are suppressed due to low response (n<10).

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LETTER TO THE COMMUNITY

Dear Fellow Boston Residents,

Our dream for Boston is to create a city where everyone has a fair and just opportunity to thrive and live a long and healthy life. Though we have made progress in our efforts to advance health equity and promote racial justice, significant disparities by race, ethnicity, neighborhood and economic status still exist throughout our city. The Community Health Needs Assessment (CHNA) is an important tool that informs the work we do to address these persistent gaps. We are eager to share the results of the latest CHNA which will help shape future programs and initiatives.

The CHNA report also highlights the crucial role of community input in improving our city. In years past, the CHNA has emphasized the inequities that exist in Boston, and the bright spots where institutional efforts have had a positive impact. This year's report uplifts resident voices and recognizes invaluable community partnerships that drive change.

The CHNA is an important step in the creation of the Community Health Improvement Plan (CHIP) which outlines actionable steps that can improve the overall health of our community. The 2022-2025 CHIP played a major role in shaping Boston's first population health equity agenda, **Live Long and Well***, which outlines our commitment to addressing causes of premature mortality throughout the city by engaging a full spectrum of public, private, and community stakeholders.

The CHNA is your voice, and we are listening. It is our work together that will continue to ensure that Boston is a healthy, thriving, and equitable city.

In partnership,

Bisola Ojikutu, MD MPH FIDSA
Commissioner of Public Health, City of Boston Executive
Director, Boston Public Health Commission

*To learn more about the *Live Long and Well Population Health Equity Agenda* and to read the full report visit **boston.gov/live-long**.

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Mayor's Office of Housing
Mayor's Office of Climate Resilience
Mayor's Office of Early Childhood
Mayor's Office of Economic Opportunity and Inclusion
Mayor's Office of Food Justice
Mayor's Office of Neighborhood Services

FOCUS GROUPS HOSTS AND SURVEY RECRUITMENT PARTNERS

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Center to Support Immigrant Advancement - Equity Now and Beyond Coalition
Charles River Community Health
Codman Square Farmer's Market
Codman Square Neighborhood
Community Healing Project – East Boston
Community Servings
DeeDee's Cry
Development Corporation
Edgewater Neighborhood Association
Emmanuel Gospel Center
English for New Bostonians
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Gina Benjamin
Greater Boston Golden Age Center
The Haitian Mental Health Network
Harvard Medical School
Hebrew Senior Life
Hyde Park Health and Wellness Center Steering Committee
Inquilinos Boricuas en Acción
Islamic Society of Boston Cultural Center
Jamaica Plain Neighborhood Development Services
Jewish Vocational Services
MA Association of Community Development Corporations
Mattapan Food and Fitness Coalition
Martha Elliot Health Center
Mission Hill Health Movement
NeighborHealth/East Boston Farmer's Market
Room to Grow
South Boston Neighborhood House
Somali Parents Advocacy Center for Education (SPACE)
St. Cecilia's Parish
The Family Van
True Alliance Center
Tufts CO-HERE
University of Massachusetts – Boston, Mauricio Gastón Institute for Latino Community Development and Public Policy
Urban Edge
Women's Money Matters
YMCA of Greater Boston

Survey Raffle Community Partners:
Boston Children's Museum
Institute for Contemporary Art/Boston
Nubian Markets
Little Cocoa Bean Cafe

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CONFERENCE OF BOSTON TEACHING HOSPITALS
Thank you to Anna Esten and Patricia McMullin.

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Questions regarding the Boston Community Health Needs Assessment should be directed to bostonchna@bphc.org.

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EXECUTIVE SUMMARY

Background

The joint 2025 Boston Community Health Needs Assessment, or CHNA, was conducted by the Boston Community Health Collaborative (hereinafter "BCHC" or "the Collaborative"), a partnership of Boston health institutions, the Boston Public Health Commission, and community organizations. The Collaborative works to improve the health and well-being of Boston residents by aligning community health assessment requirements and improvement planning efforts. The 2025 Boston CHNA builds on previous citywide assessments and ongoing work related to the key current CHNA priority areas: mental and behavioral health, housing, economic mobility and inclusion, and accessing services. The CHNA report identifies community health needs, assets, resources, and strategies to support the health and well-being of all Boston residents. The CHNA serves as a foundational resource for policymakers and community leaders and informs ongoing community health improvement planning, priority setting, program and policy development, and collaboration.

Methods

The 2025 CHNA used a mixed methods approach to ensure that a diverse array of Boston residents, community organizations, and leaders were engaged.

The methods employed in the 2025 CHNA process included:

- **Boston CHNA Community Survey:** 1,866 responses collected and analyzed in a range of languages
- **Resident Focus Groups:** 62 residents engaged through eight focus groups conducted in a range of languages and across various identities
- **Sector-based Focus Groups:** 28 community partners engaged through five focus groups
- **Key Informant Interviews:** 13 systems experts/community leaders interviewed
- **Secondary Data Review:** Existing national, state, and city data sources reviewed
- **Review of Summaries of Parallel Data:** Additional interview, focus group, and survey summary data from parallel CHNA processes reviewed

What are areas of strength and progress related to community health in Boston?

Boston remains a richly diverse city. About two in ten Bostonians identify as Black (20.3%) and Latinx (18.9%) and one in ten identify as Asian (9.9%). More than a quarter of Boston residents (27.5%) were born outside of the United States and more than a third (35.2%) speak a language other than English at home.

Boston has maintained a high percentage of insured residents. In the 2019 Boston CHNA report, 3.9% of the Boston population overall was uninsured. In this 2025 Boston CHNA report, 3.0% is uninsured. In the United States, 8.5% of the population overall is uninsured.

Over time, there have been some improvements overall in the following health-related outcomes. However, it is important to note that across a majority of indicators, inequities persist. While progress has been made, it is vital to continue work to address these longstanding inequities.

- **Heart disease mortality has decreased significantly over time.** Heart disease mortality decreased from 114 deaths per 100,000 residents in 2019 to 95 deaths per 100,000 residents in 2023; this decrease is statistically significant.

- **Rates of emergency department visits for asthma have improved.** In the 2019 CHNA, the asthma-related emergency department visit rate was 101 visits per 10,000 residents. In this 2025 CHNA report, the asthma-related emergency department visit rate is much lower at 70 visits per 10,000 residents. Of note, in the 2019 CHNA, the rate was highest in Roxbury (205 visits per 10,000 residents) followed by Mattapan (180 visits per 10,000 residents); in the 2025 CHNA, the rate was lower in both neighborhoods (108 visits per 10,000 residents in Roxbury and 132 visits per 10,000 residents in Mattapan).

- **Rates of reported youth substance misuse and physical activity have improved.** The percentage of Boston high school youth reporting current alcohol consumption was 27% in the 2019 CHNA and is 18% in this 2025 CHNA. The percentage of high school youth reporting current marijuana use was 24% in the 2019 CHNA and is 19% in this 2025 CHNA. Between 2017 and 2023, the percentage of high school youth reporting engagement in regular physical activity increased from 30% to 37%.

- **Opioid overdose mortality has decreased**. Preliminary data shows that age-adjusted opioid overdose mortality rates decreased by 42% in 2024 compared to 2023, the lowest number of overdose deaths since 2015. This is notably higher than the 26% decline seen nationally from 2023 to 2024. Overall, Black and Latinx residents of Boston experienced a 62% and 52% decrease, respectively. Unintentional drug overdose is one of the leading causes of premature mortality in Boston. Trends in drug overdoses should continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

What are continuing and emerging challenges for community health in Boston?

- **There are substantial gaps in life expectancy by race/ethnicity and geography.** Life expectancy for Black residents has consistently remained lower compared to Asian, White, and Latinx residents and Boston overall. Data at the census tract level shows that the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract.

- **Rates of food insecurity are rising.** The percentage of Boston adults reporting that their food didn't last and reporting that they were hungry because they could not afford enough food increased significantly between 2015 and 2023. These rates are highest among Latinx residents: for example, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food.

- **Housing costs in Boston remain unaffordable for many residents.** Fifty percent of Boston renters are cost-burdened, meaning that they spend 30% or more of their household income on their housing. This percentage is similar to the 2019 CHNA report (52%) and remains high. Almost one in four (24%) of Boston renters are severely cost-burdened, meaning that they spend 50% or more of their household income on their housing. Housing affordability is still a top priority and a pressing issue for Boston residents.

- **Mental health concerns continue to impact Boston residents.** The percentage of Boston adults reporting persistent anxiety was 21% in the 2019 CHNA and is 26% in this 2025 CHNA. Rates of reported persistent anxiety are significantly higher among LGBTQ adults (39%) compared to non-LGBTQ adults (24%) and are notably high (53%) among people experiencing homelessness.

    - Among high school youth, rates of persistent sadness are significantly higher among LGB & Questioning youth compared to heterosexual youth. In the 2025 CHNA, 39% of Boston high school youth reported feeling sad or hopeless for more than two consecutive weeks, up from 30% in the 2019 CHNA.

- **Climate change is an ongoing and growing concern**. Temperatures in Massachusetts are rising and weather extremes exacerbate health vulnerabilities, especially for young children, pregnant individuals, older adults, individuals experiencing homelessness, and individuals with chronic disease or disabilities.

- **The inequities documented in this report reflect the cumulative and current challenges residents face resulting from historical and structural inequities across multiple systems.** Residents and stakeholders who participated in the assessment underscored that disparities are not due primarily to a lack of knowledge or individual behavioral choices but rather are the result of unequal access to resources and systems.

Community-Identified Concerns and Recommendations for Health Improvement

Throughout the CHNA process, community residents, leaders, service providers, and public health professionals provided their insight into challenges and opportunities to support the health of Boston communities. Analysis of data from key informant interviews, focus groups, and the community survey suggest that many of the priorities highlighted in previous CHNA processes persist and emerging challenges highlight the need for deeper collaboration and action across partners and sectors. Through a review of secondary data, community survey data, and feedback gathered from residents and stakeholders through interviews and focus groups, the following **key community health concerns** emerged:

- Similar to previous CHNA processes in Boston, **housing affordability** and **mental health/ substance misuse** rise to the top as key concerns. Housing concerns were raised in almost all interview and focus group discussions.

- **Economic insecurity**, and its impact specifically on mental health, emerges as a top concern. "*Economic insecurity and employment*" was ranked as the fourth most important concern in the most recent community survey, compared to a rank of eleventh in the 2019 CHNA community survey. The high cost of childcare remains a burden, especially for low-income families.

- **Access to affordable and healthy food** also emerges as a key concern. Rates of food insecurity are rising. Interview and focus group participants discussed numerous barriers to accessing and affording healthy foods in their communities.

- **Climate change** is an emerging key concern that will continue to impact Boston residents. Concerns related to growing anxiety among residents related to climate change were also raised.

- While a majority of Boston residents are insured and have a primary care provider, challenges related to **health care access** were also raised including structural challenges (waitlists/ wait times, provider turnover, etc.) and challenges related to engagement with health care providers or staff (e.g., lack of cultural humility).

Through the data gathered as part of this CHNA, **key recommendations for health improvement** also emerged. Expansion **of affordable housing** and **access to low-cost healthy foods**, followed by **access to good jobs and economic opportunities** and **access to health care**, were ranked as the top factors for improving quality of life and health of communities among community survey respondents overall. Interview and focus group participants shared suggestions for expansion of programs and services as well as policy and systems change across a range of issues; many suggestions focused on expansion of affordable housing, increased access to care, economic opportunities, and addressing climate change.

It is also important to note that some issues are particularly pressing within certain communities. For example, **concerns related to economic security were especially prevalent among Latinx and Spanish-speaking residents**. Spanish-speaking discussion participants shared concerns about employment, food security and SNAP benefits, and living paycheck-to-paycheck. "*Access to good jobs and economic opportunities*" was one of the top areas for improving quality of life and health ranked by Latinx community survey respondents.

Community safety and violence remain a concern for some communities. Overall, community survey respondents in this 2025 CHNA process ranked violence as the sixteenth concern affecting the community's health, compared to 2019 when it was the fourth highest concern. However, in the current survey, violence was ranked as a higher concern among Roxbury and Mattapan respondents. "*Lower crime and violence*" was ranked within the top 5 factors for improving quality of life and health among Black community survey respondents, Latinx respondents, and caregiver respondents.

How will this information be used to take action for health improvement?

Findings from the CHNA serve as a resource to policymakers and community leaders, and guide community health improvement planning, priority setting, and policy development. This report also informs partnering hospital and health systems' community health implementation strategies. Additionally, findings from the CHNA provide the foundation for moving data into action through the 2025-2028 Boston Community Health Improvement Plan (CHIP). A CHIP is a community-wide action plan to set priorities, coordinate and target resources, and align efforts to improve population health outcomes and advance health equity.

Data from community engagement efforts and secondary data analyzed in the Boston CHNA revealed key themes that are consistent across many Boston communities- factors that contribute to persistent health inequities, particularly in areas such as mental health, maternal and child health, chronic disease, cancer, and disparities in life expectancy. In May 2025, the BCHC Steering Committee and BCHC partner

network applied an upstream, social determinants of health lens to review the CHNA data and carry out a multi-step prioritization process. The resulting priorities reflect complex, systemic challenges and community conditions that require sustained, cross-sector collaboration and a strong commitment to working in partnership with communities to advance health equity and create meaningful, long-term change.

They are:

- Housing (affordability, quality, homelessness, etc.)
- Economic Mobility (including income inequality, employment)
- Access to Healthy Food/Food Security
- Access to Care

The 2025 Boston CHNA Report is aligned with the City of Boston's Live Long and Well Population Health Agenda to improve life expectancy and reduce racial and ethnic health disparities, highlighting key community-identified priorities to improve the health and well-being of Boston residents and promote healthier, longer, and thriving lives for all.

The Boston Community Health Collaborative will bring together community partners throughout the summer and fall of 2025 to co-develop measurable objectives and coordinated strategies that align efforts across organizations to address priority areas. Strategies will emphasize policy, systems, and environmental change approaches, as well as primary prevention, to create sustainable impact. To get involved, contact bostonchna@bphc.org.

INTRODUCTION AND BACKGROUND

OVERVIEW OF THE BOSTON COMMUNITY HEALTH COLLABORATIVE

This joint Boston Community Health Needs Assessment, or CHNA, was conducted by the Boston Community Health Collaborative, a partnership of Boston health institutions, the Boston Public Health Commission, and community organizations working to improve the health and well-being of Boston residents.

The Boston Community Health Collaborative (formerly the Boston CHNA-CHIP Collaborative) was formed in 2016 to align and deepen the impact of efforts to identify pressing community health needs and to leverage this shared understanding to develop strategies for improving the health and well-being of local communities.

This work comes together in two ways. First, the group works on a citywide health needs assessment. Then, the group develops and carries out a health improvement plan. Together, this group contributes to the health and well-being of Boston residents. The Boston Community Health Collaborative is guided by a Steering Committee which meets regularly to provide leadership and strategic direction. See the Acknowledgements above for a list of Steering Committee members and organizations.

Our Vision: A healthy Boston with strong communities, connected residents and organizations, coordinated initiatives, and where every individual has an equitable opportunity to live a healthy life.

Our 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.

PURPOSE AND GOALS OF THE JOINT BOSTON CHNA

The joint 2025 Boston CHNA is a coordinated effort to identify community health needs, assets, resources, and strategies to support the health and well-being of all Boston residents. The CHNA serves as a foundational resource for policymakers and community leaders and informs community health improvement planning, priority setting, program and policy development, and collaboration.

The joint CHNA is intended to support institutions in meeting regulatory requirements under the Affordable Care Act that require non-profit teaching hospitals to identify and prioritize the health needs of the communities they serve and develop strategies to address those needs. Federally Qualified Health Centers (FQHCs) are required to conduct a CHNA as part of their compliance with the Health Resources and Services Administration (HRSA) requirements. Additionally, undertaking a comprehensive CHNA is a core function of local health departments and a requirement for accreditation by the Public Health Accreditation Board. **Through collaboration, partner organizations build a shared understanding of the community's health needs and assets to inform community health improvement planning strategies.** The joint CHNA is conducted on a three-year cycle with the intention of building on previous processes to identify pressing community health priorities, implement strategies to improve health outcomes, and deepen the impact of these collective efforts.

The 2025 Boston CHNA is the third joint CHNA for the Boston Community Health Collaborative (the Collaborative) and builds upon previous joint CHNAs in 2019 and 2022 and ongoing work related to the key priority areas in the Collaborative's current community health improvement plan: mental and behavioral health, housing, economic mobility and inclusion, and accessing services.

The Boston Public Health Commission serves as the convener for the Boston Community Health Collaborative. During the development of the CHNA, **Steering Committee** members met regularly to oversee the process of data collection, analysis, interpretation, prioritization, and the dissemination of findings. The CHNA was also guided by a **Secondary Data Work Group**, which prioritized a set of indicators for inclusion in the CHNA, and a **Primary Data Work Group**, which outlined a consistent, inclusive, and robust community engagement strategy. The Collaborative engaged Health Resources in Action (HRiA), a non-profit public health organization, as a consultant partner to support data collection, analysis, synthesis, and to lead report production.

The goals of the CHNA are to:

- Systematically identify the health-related needs, strengths, and resources of the community to inform future planning,
- Understand the current health status of Boston overall and its sub-populations within their social context,
- Ensure that historically marginalized and/or underserved community voices are actively engaged and elevated,
- Meet regulatory requirements for institutional stakeholders, organizations, and agencies (e.g., IRS requirements for non-profit hospitals, Public Health Accreditation Board for health departments), and
- Foster cross-sector collaboration for collective impact.

This report is intended to provide a broad overview of key health concerns and priorities within the community. Rather than providing an in-depth analysis of individual topics, the CHNA aims to highlight key findings, identified needs, existing strengths and assets, and opportunities for collective action to inform future planning and resource allocation. A list of existing reports and suggested reading that provide a comprehensive perspective on specific topic areas and population groups is included in Appendix A.

Findings from this report will guide the development of a Community Health Improvement Plan, which will establish goals, measurable objectives, and implementation strategies aimed at addressing top health priorities. In addition, partners will use the findings gathered through the assessment process to inform their institutional implementation plans, and other strategic initiatives to address priority health issues impacting the health and well-being of Boston residents.

Definition of Community Served

The 2025 Boston CHNA focused on the geographic area of the City of Boston. While Boston is a city of neighborhoods, CHNA data are presented for Boston overall and by different sub-populations where appropriate and available. This includes by neighborhood and by race/ethnicity, sex, LGBTQ identity, housing status, income, and other defining characteristics.

GUIDING FRAMEWORKS

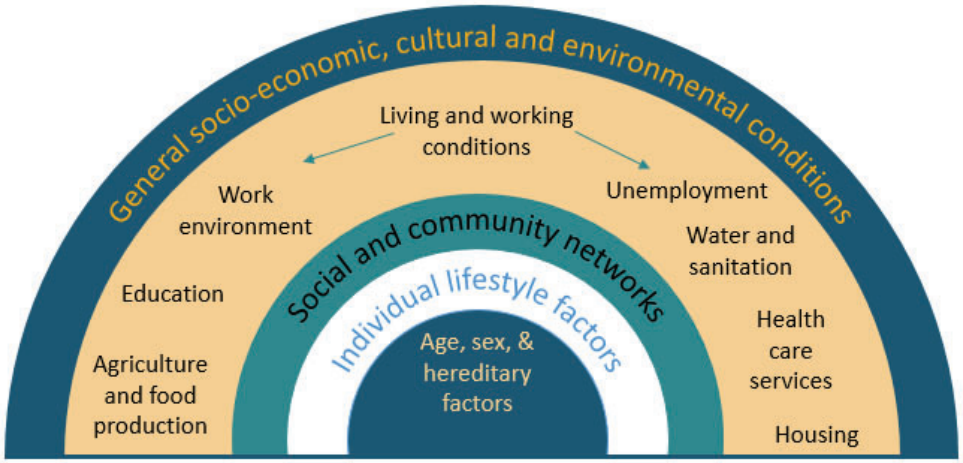
Mobilizing for Action through Planning and Partnerships Framework

To gain a comprehensive understanding of the health-related needs of Boston communities, the 2025 joint CHNA process was designed utilizing national best practice tools and guidance from the **Mobilizing for Action through Planning and Partnerships (MAPP 2.0)** framework, a community-engaged strategic planning framework developed by the National Association for County and City Health Officials and the Centers for Disease Control and Prevention. The MAPP framework provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action, emphasizing a systems focus, the importance of community engagement, partnership development, and the dynamic interplay of factors and forces within the public health system.

Social Determinants of Health Framework

Ensuring a healthy population is about more than delivering quality health care to residents. The social determinants of health (SDOH) are the conditions where we live, work, and play that shape our health and well-being. Hereditary factors, genetics, individual behaviors, and health care access impact health outcomes, as do housing, education, environmental exposure, public safety, employment, and income. In the United States, racism plays a significant role in creating and perpetuating health inequities. It is important to understand how factors within our lived environments, combined with experiences within the individual and community context, differ by race. Figure 1 illustrates the social determinants of health, showing how individual lifestyle factors are shaped by non-medical factors such as employment status and educational opportunities.

Figure 1. Social Determinants of Health Framework



SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

The 2025 CHNA process recognizes the critical role that the social determinants of health play in shaping population health outcomes and contributing to health inequities. The influences of race, ethnicity, income, and geography on health patterns are often intertwined. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are many of the root factors that drive the health inequities in the U.S. today. Working in partnership with community to understand the factors that enable or limit the opportunity for optimal health[1] is essential to identifying the root causes of disparate health outcomes and strategies to foster healthy, thriving communities.

METHODS

Primary and secondary data were collected and analyzed to guide the 2025 CHNA process. Primary data included a community health survey, community resident focus groups, sector-based focus groups with organizational partners and direct-service providers, and interviews with experts and leaders. Secondary data on health outcomes, healthy behaviors, and social determinants of health were drawn from national, state, and city sources.

APPROACH AND COMMUNITY ENGAGEMENT PROCESS

Primary and secondary data were collected and analyzed to guide the 2025 CHNA process. Building on the 2019 and 2022 CHNA processes, the Steering Committee, Primary Data Work Group, and Boston Public Health Commission's core project staff identified gaps in previous data collection efforts to develop an inclusive community outreach strategy. Data collection instruments were designed using an asset-based approach with feedback on accessibility and appropriateness provided by community partners with strong connections to underrepresented population cohorts. Throughout the CHNA process, community partners representing health care, public health, education, community development, social service, community-based organizations, and residents of Boston provided input to identify, understand, and contextualize health issues.

In planning for the CHNA, the Steering Committee identified communities with a high burden of health inequities and that had been underrepresented in previous CHNA processes to guide recruitment and outreach efforts. The communities of focus for this CHNA included: individuals experiencing homelessness or housing instability; immigrant and refugee new arrivals; LGBTQ+ individuals; individuals in substance use recovery; caregivers of children and youth, especially those with special health needs, individuals with disabilities, and older adults; older adults and young adults; and populations with a lower life expectancy. Throughout this report, the term "communities of focus" is used to describe these communities disproportionately impacted by health inequities and underrepresented in previous CHNAs.

DATA COLLECTION METHODS

The methods employed in the 2025 CHNA process included:

- **Boston CHNA Community Survey:** 1,866 responses collected and analyzed in a range of languages
- **Resident Focus Groups:** 62 residents engaged through eight focus groups
- **Sector-based Focus Groups:** 28 Community Partners engaged through five focus groups
- **Key Informant Interviews:** 13 Systems Experts/Community Leaders interviewed
- **Secondary Data Review:** Existing national, state, and city sources reviewed
- **Review of Summaries of Parallel Data:** Additional interview, focus group, and survey summary data from parallel processes reviewed

Please see Appendix B for a more detailed description of each method.

LIMITATIONS

As with all data collection efforts, several limitations should be acknowledged. Overall, data sources in this report use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity; different boundaries for neighborhoods). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups or at a more granular geographic level due to small sub-sample sizes. For the datasets used, it is not always possible to examine the intersectionality of identities. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups. Results from the community survey, interviews and focus groups used a convenience sample and therefore results are not necessarily generalizable. While this assessment aimed to engage a diverse cross-section of the community, not all underserved populations are fully represented in the data due to limitations in outreach, time, and resources. Additional details on the data collection methods and limitations may be found in Appendix B.

Additionally, most secondary data sources in this report are provided at the zip code level and not the census tract level. Some neighborhood borders in Boston do not match zip code borders exactly. In the secondary data included in this report, Chinatown is mostly included within the South End, Mission Hill is mostly included within Roxbury, and the Seaport is mostly included within South Boston, though portions of these neighborhoods (Chinatown, Mission Hill, and the Seaport) do fall within other zip codes and thus are included within other neighborhoods delineated within this report. For the CHNA survey, respondent data by some of these specific neighborhoods is presented when sample sizes are large enough. Please see Appendix B for more information on data limitations and see Appendix C for more information on data language and terminology.

Lastly, it is important to note that data collection for this CHNA took place during a period of transition in the federal government. Changes in leadership at the national level can reshape policy priorities, funding streams, and regulatory frameworks — factors that directly affect residents' health and well-being as well as local organizations' capacity to serve them. These shifts may also influence how comfortably individuals and groups engage in data collection processes. As federal policies continue to evolve, it remains essential to continue to understand the assets, challenges, and priorities of Boston's diverse communities, especially those experiencing a higher burden of health inequities.

POPULATION CHARACTERISTICS

Boston is the largest city in Massachusetts, and is a vibrant, young city with most residents under 45 years old. While the overall population in Boston remains relatively stable, some neighborhoods have seen substantial shifts in population. Additionally, Boston as a whole represents a diverse range of racial, ethnic, linguistic, and cultural identities.

TOTAL POPULATION AND POPULATION TRENDS

The most current figures from the 2019-2023 American Community Survey estimate that Boston has 663,972 residents (Table 1)[1]. East Boston, parts of Dorchester and Roxbury have the highest percentage of residents age 5 and older who speak a language other than English at home. Mattapan and parts of Dorchester have the highest proportion of children under 5 living in poverty.

Table 1. Selected Demographics, by Boston and Neighborhoods, 2019-2023

	Total population	% 65 years and over	% Age 5 and over speak a language other than English	% children under 5 years old in poverty
Boston	663,972	12.7%	35.2%	18.2%
Allston/Brighton	63,172	11.2%	34.4%	24.3%
Back Bay	53,738	15.8%	23.5%	2.8%
Charlestown	19,994	13.2%	18.2%	6.1%
Dorchester (02121, 02125)	61,367	12.2%	43.5%	33.2%
Dorchester (02122, 02124)	79,368	13.3%	35.2%	21.6%
East Boston	44,124	8.0%	58.7%	20.1%
Fenway	52,675	7.0%	36.7%	12.7%
Hyde Park	38,071	17.0%	41.6%	29.2%
Jamaica Plain	41,109	13.2%	29.2%	10.9%
Mattapan	25,313	15.1%	37.1%	34.0%
Roslindale	31,564	14.5%	32.0%	6.4%
Roxbury	42,099	12.5%	43.1%	21.7%
South Boston	43,200	9.4%	16.3%	15.8%
South End (includes Chinatown)	36,589	14.3%	42.3%	10.6%
West Roxbury	27,069	20.0%	25.0%	2.3%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

[1] According to the City of Boston Planning Department, disruptions from the 2020 Covid-19 pandemic and complexities in counting Boston's highly mobile young adult and student population have led to an undercount of Boston's population. For a more detailed analysis of Boston demographics and population projections, see: https://www.bostonplans.org/getattachment/67a636f4-0de7-44dd-a2f5-dc302cd9bc9e

According to the 2019-2023 American Community Survey, the majority of Boston residents (66.6%) are under the age of 45 (Figure 64), reflecting a generally young population.

- This trend is especially pronounced in the Fenway neighborhood, where over half (55.3%) of residents are between 18 and 24 years old. Similarly, adults aged 25 to 44 make up about half the population in Allston/Brighton (50.4%) and South Boston (54.2%).
- Hyde Park, Mattapan, and Dorchester have the highest percentage of residents under 18 years old.
- West Roxbury has the highest percentage of adults age 65 and older (20%).

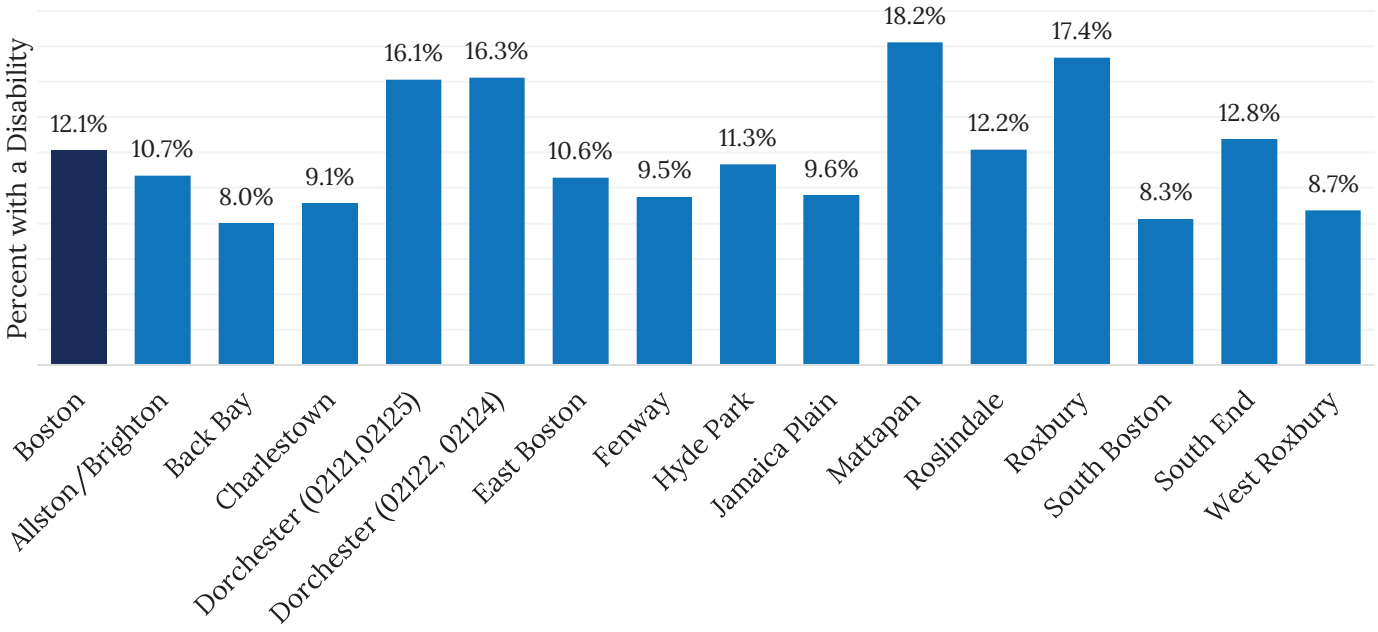
"The community I am in does a lot of activities and... things for kids for holidays and it's fun. It's a place you want to bring your children or live."

–Resident Focus Group Participant

An analysis by the Office of Early Childhood found that Boston's population of children and families is declining (see Appendix A). The report estimated that between 2017 and 2022, the population of children five years and under in Boston shrunk by 10%. Factors contributing to this decline cited in this report include housing availability and affordability, the high cost of living, immigration trends, the decline in the birth rate, and changing job markets.

American Community Survey data also show that approximately 12.1% of Boston's population has a disability, which is defined as having hearing, vision, cognitive, ambulatory, self-care, and/or independent living difficulty (Figure 2). Figure 2 shows that Mattapan, Roxbury and Dorchester have the highest percentage of residents with a disability compared to other Boston neighborhoods.

Figure 2. Percent Residents with a Disability, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: The ACS covers 6 types of disability and respondents who report anyone of the six disability types are considered to have a disability. The definitions are as follows: Hearing difficulty: deaf or having serious difficulty hearing (DEAR); Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses (DEYE); Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM); Ambulatory difficulty Having serious difficulty walking or climbing stairs (DPHY); Self-care difficulty: Having difficulty bathing or dressing (DDRS); Independent living difficulty Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).

RACIAL, ETHNIC, AND LANGUAGE DIVERSITY

Understanding the racial and ethnic composition of and languages spoken in a city provides critical context when addressing the overall needs of a community and informs focused efforts on key populations that have unique needs.

Racial and Ethnic Composition

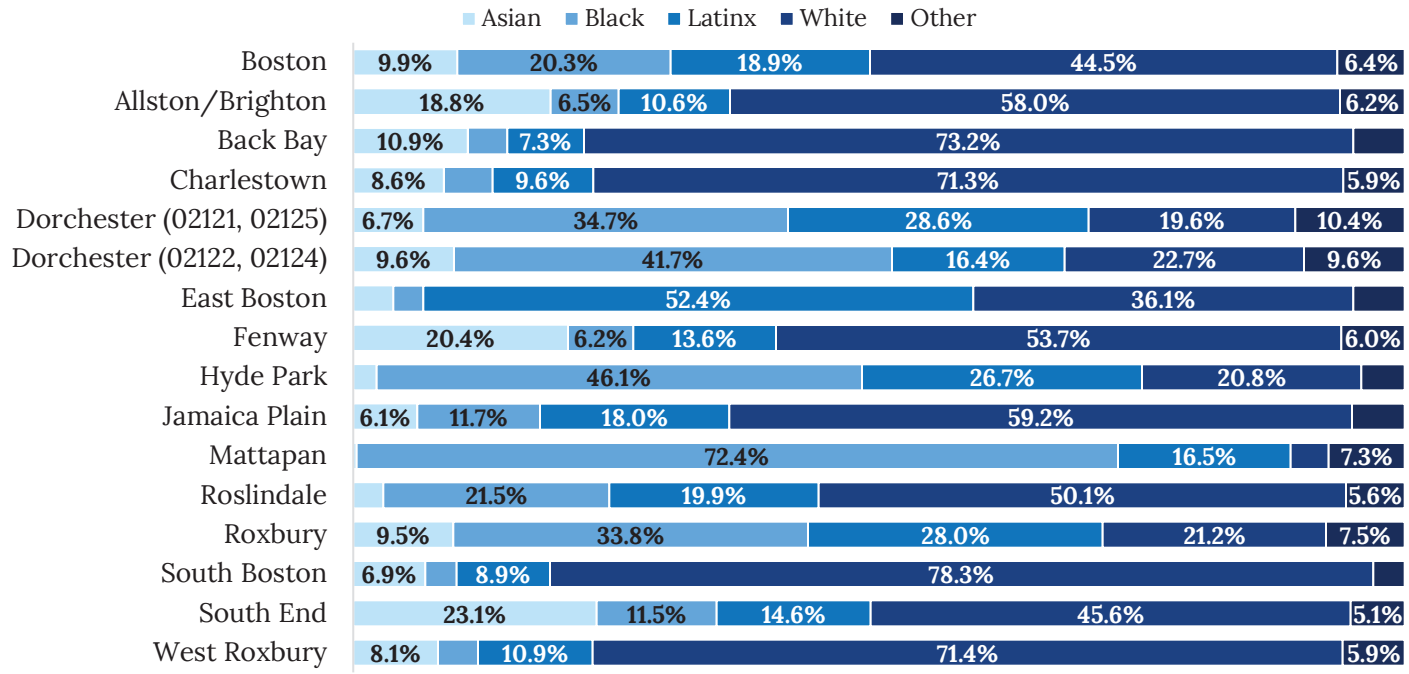
Boston's racial and ethnic composition reflects a richly diverse city (Figure 3). About four in ten Bostonians (44.5%) identify as White. About two in ten Bostonians identify as Black (20.3%) and Latinx (18.9%) and one in ten identify as Asian (9.9%). Additionally, 6.4% of residents identify as another race or ethnicity, including American Indian and Alaska Native (0.1%), Native Hawaiian and Other Pacific Islander (0.1%), some other race (1.0%), and two or more races (5.2%).

"One of the things we know about supporting folks from different communities and different cultural and historical and national backgrounds is that they're probably best supported... by people who are from their communities or who at least speak the language that they speak."

– Interview Participant

The South End neighborhood (which includes Chinatown given that data were analyzed by zip code) has the highest percentage of Asian residents (23.1%); Allston/Brighton and Fenway neighborhoods also have high percentages of Asian residents. Mattapan is home to the highest percentage of Black residents (72.4%); Dorchester, Hyde Park, and Roxbury also have high percentages of Black residents. More than half of East Boston residents (52.4%) identify as Latinx; Hyde Park, Roxbury, and parts of Dorchester also have high percentages of Latinx residents.

Figure 3. Racial and Ethnic Distribution, by Boston and Neighborhoods, 2019-2023

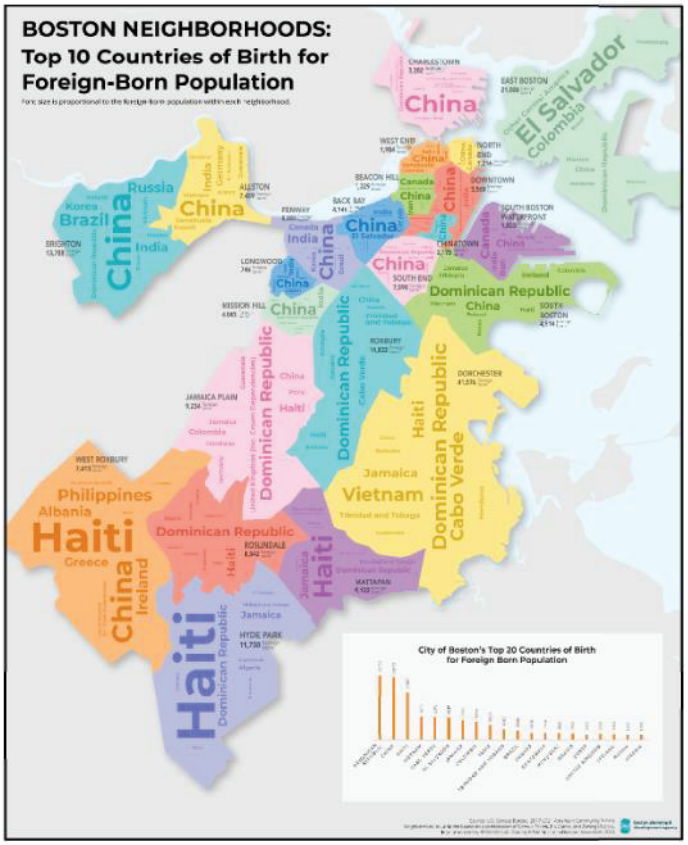


DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races; Data labels ≤5% not shown

More than a quarter of Boston residents (27.5%) were born outside of the United States (2019-2023 American Community Survey, data not shown). **As shown in the map here, the top countries of birth for Boston's foreign-born population overall are the Dominican Republic and China, but there is substantial variation by neighborhood.**

As shown in Table 1 above, more than a third of Boston residents (35.2%) speak a language other than English at home. This varies by neighborhood, with East Boston, parts of Dorchester, Roxbury, the South End, and Hyde Park having the highest proportions of residents who speak another language at home. **The top spoken languages in Boston other than English are Spanish (Latin American), Mandarin, Haitian Creole, Vietnamese, and Cabo Verdean Creole**[2]

While discussion participants viewed language diversity as an asset, some also noted that challenges around language barriers exist. Depending on the circumstances, some residents may have fears about calling attention to issues in the community, as one discussion participant notes in the quote below.



DATA SOURCE: City of Boston Planning Department. https://bpda.app.box.com/s/dld55n7ufuaq02m4h328nbwuo4mnvmwh

> ***"A lot of us are afraid to speak and think they don't have rights and don't understand what is going on due to language or cultural differences."***
>
> **– Resident Focus Group Participant**

Changes in federal actions and increased immigration enforcement came up in several focus group discussions and interviews. Concern about the loss of temporary protected immigration statuses for Haitian immigrants, job loss linked with fewer immigrant protections, and the threat of deportation and family separation for immigrant communities emerged amongst Haitian, Latinx, and Muslim focus group participants, some interview participants, and representatives of the climate justice, mental health, and community health worker sectors.

While Boston is a richly diverse city, key racial and ethnic disparities exist and were identified through the CHNA process. Discussion participants noted histories of racism and inequitable investment in Boston, which have shaped social conditions including access to healthy housing, nutrition, education, and health care. Where possible, this report presents data disaggregated by race/ethnicity and other population characteristics in order to understand the social and structural conditions affecting Boston residents' health and to inform efforts that support all residents in living healthy, thriving, and long lives.

COMMUNITY STRENGTHS AND ASSETS

OVERALL PERCEPTIONS OF STRENGTHS

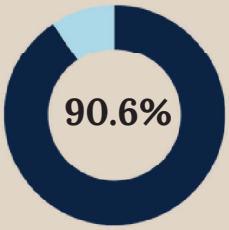
Focus group participants highlighted many strengths and assets of the city including its diversity, inclusiveness, community centers, recreational spaces, walkability, friendliness of neighbors, and resources for vulnerable populations (e.g., people experiencing homelessness or substance use disorder). These perceptions generally aligned with results from the community survey, where a majority of respondents agreed or strongly agreed with positive statements related to engagement, getting around, belonging, safety, and resources (Figure 66). For example, **a majority of respondents agreed or strongly agreed that: they can generally get to where they need to go within their community (82.5%), they feel they belong in their community (76.6%), and their community has safe outdoor places to be active (73.6%).**

"There are a lot of groups and organizations that help people...I like to support organizations in this area just like they support me. I feel like we support each other mutually."

– Resident Focus Group Participant

Strong Social Capital

Focus group participants described social capital as a strength in the community, specifically the tight-knit nature of their community, while interview participants often described Boston residents as "*strong*" and "*resilient*." Discussion participants specifically named the strength of parents, caregivers, Black men and boys, justice-involved individuals returning to the community, and people experiencing homelessness.



of survey respondents agreed or strongly agreed that all residents can make the community a better place to live.

When thinking about the specific spaces that facilitated connections with others, discussion participants mentioned community centers offering activities to bring residents together, gyms or recreational centers fostering connection with neighbors (e.g., basketball games, walking groups), and faith-based organizations.

"People are deeply connected to where they live and the organizations they engage with. There's a tremendous amount of pride and belonging.""

–Interview Participant

Data on voter participation, an indicator of civic engagement, shows that voter turnout rates in Boston for recent general elections varied, with 68% in November 2020 for the presidential election, 33% in November 2021 for the mayoral and city council elections, and 40% in November 2022 for statewide offices (Figure 67). The voter turnout rate differed across precincts. Precincts in West Roxbury, Roslindale, Jamaica Plain, and the eastern part of Dorchester consistently had the highest voter turnout rates, while precincts in the western part of Dorchester, Roxbury, and Fenway had the lowest voter turnout rates.

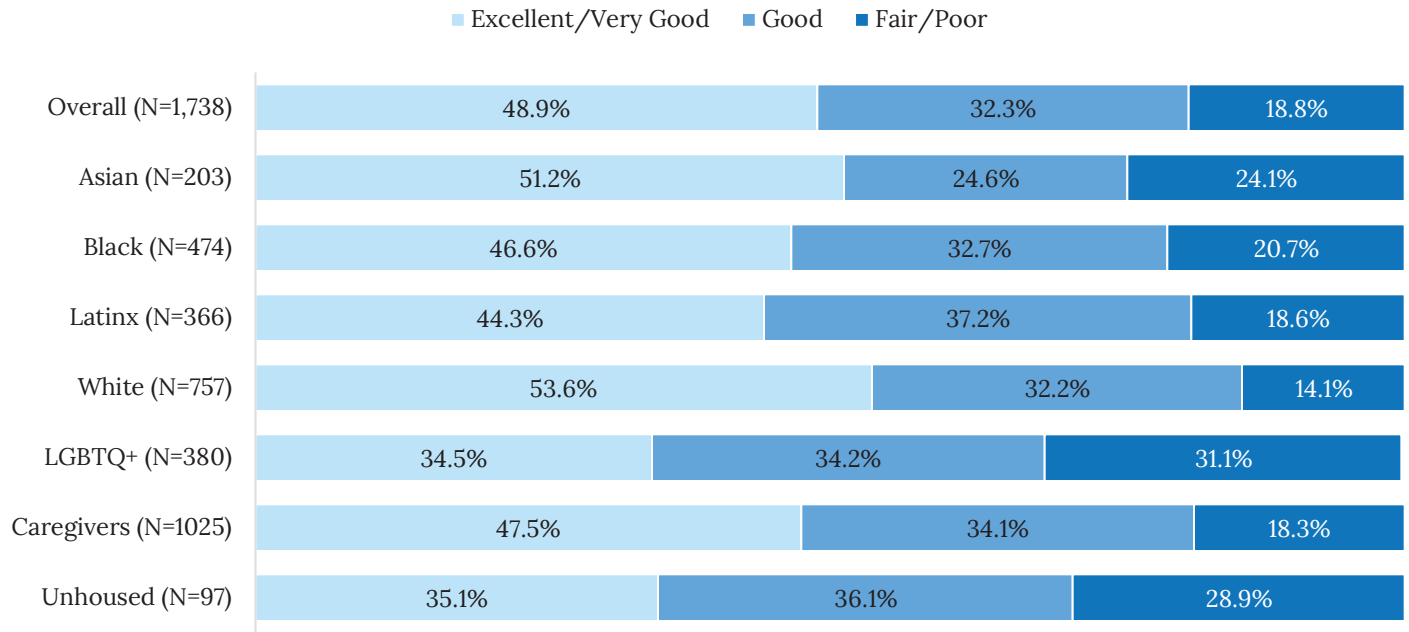
Discussion participants named Boston's network of community-based organizations and community-based health centers as assets in the community. Specifically, participants discussed supports for elders (e.g., day cares, companion services, elder services), food pantries, youth mentorship programs, centers that provide English language training or workforce development, general support groups, and agencies that refer residents to supportive services and programs (e.g., employment centers, and benefits offices). Interview participants underscored the spirit of collaboration and innovation across community-based institutions, noting several working groups (e.g., focused on extreme heat, early childhood) and partnerships (e.g., related to food, emergency/transportation, housing), with some interview participants citing the leadership of the BPHC and City of Boston in bringing organizations together.

> ***"A real asset for the city is the network of community health centers. It's unique for a large city."***
>
> **–Interview Participant**

POSITIVE PERCEPTIONS OF INDIVIDUAL HEALTH

Overall, a majority (81.2%) of survey respondents reported that in general their health was "excellent," "very good," or "good" (Figure 4). A higher percentage of White respondents (53.6%) reported that that in general their health was "excellent" or "very good" and a lower proportion of Latinx respondents (44.3%) reported "excellent" or "very good" health. Across all communities of focus included in the survey analysis, LGBTQ+ respondents and unhoused respondents were the least likely to rate their health as excellent or very good. Conversely, these groups were the most likely to rate their health as fair or poor.

Figure 4. Percent Survey Respondents Reporting That in General Their Health Is Excellent, Very Good, Good, Fair, or Poor, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

COMMUNITY PERCEPTIONS OF HEALTH

Housing, substance misuse, mental health and chronic stress, and economic insecurity remain key community health concerns and align with the previous Community Health Improvement Plan priority areas.

KEY COMMUNITY CONCERNS IMPACTING HEALTH

Understanding residents' perceptions of health provides insights into lived experiences and priorities for action. Community survey respondents were presented with a list of specific issues with the option to write in additional issues and were asked to mark the top five most important concerns in their community or neighborhood that affect their community's health the most.

"I didn't feel comfortable with the mental health specialist I found in Boston. I have to find a Mexican mental health provider, with whom it's easier for me to talk about my worries and stresses."

– Survey Respondent

Across all communities of focus and the diverse racial/ethnic groups, issues related to housing and/or substance misuse were ranked as the top concern (Table 2 and Table 3).

Overall, survey respondents ranked housing quality or affordability, followed by alcohol or substance misuse, mental health, economic insecurity, employment/job opportunities, and chronic stress as the top five most important concerns (Table 2). Additionally, substance use disorder, which is a clinical term, was ranked as the fifteenth most important concern.

There were differences in top health issues by sub-populations (Table 2 and Table 3) and by neighborhood.

- Diabetes was among the top 5 concerns among Black survey respondents.
- Unhoused survey respondents ranked homelessness, poverty, and substance use disorder among the top 5 concerns.
- Survey respondents who were born outside of the United States ranked homelessness and high blood pressure/ hypertension among the top 5 concerns.
- Respondents age 55+ ranked diabetes and elder/ aging challenges among the top 5 concerns.

Key Differences in Survey Respondents' Top Health Concerns, by Neighborhood

Housing, substance use, and mental health were among the top 3 concerns in most neighborhoods. Key differences were:

- **South End**: Homelessness among top 3 issues
- **Downtown/Chinatown**: Environment (like air quality, traffic, noise) among top 3 issues
- **Hyde Park**: Diabetes and high blood pressure/hypertension among top 3 issues
- **West Roxbury:** Elder/aging challenges were the top issue

These findings are consistent with a similar survey conducted as part of the 2019 Boston CHNA where respondents ranked the top 3 concerns as: housing quality and affordability, alcohol and drug use, and mental health. Of note, in the 2019 survey, employment/job opportunities were ranked as the 11th highest concern; in this CHNA's 2024 survey, economic concerns were ranked 4th overall. Also of note, in the 2019

survey, the fourth highest concern was community violence and in the 2024 survey, violence (which included domestic violence, gun violence, and physical violence/altercations) was ranked sixteenth overall although it was ranked more highly in specific neighborhoods such as Roxbury and Mattapan (see Table 11 for complete responses to this survey question).

Interview participants were also asked whether the 2022-25 BCHC CHIP priorities are still priorities impacting the health of the communities they serve. **Interviewees agreed that the previous community-identified priorities (Housing, Economic Mobility, Mental and Behavioral Health, and Access to Services) remained salient and further emphasized the importance of housing**. A few interview participants also shared that economic mobility feels difficult to achieve given the current day-to-day struggle for many residents to make ends meet; one interviewee suggested reframing this priority to "*economic security*."

> ***"You can probably put housing four times and then put everything else. Generally, they resonate still."***
>
> **– Interview Participant**

Table 2. Top Community Concerns Among Survey Respondents, by Race/Ethnicity, 2024

Rank	Overall N=1,737	Asian N=198	Black N=475	Latinx N=368	White N=757
1	Housing Quality or Affordability (39.8%)	Housing Quality or Affordability (36.4%)	Alcohol or substance misuse (41.3%)	Alcohol or substance misuse (45.9%)	Housing Quality or Affordability (47.0%)
2	Alcohol or substance misuse (37.0%)	Economic Insecurity, Employment (34.3%)	Housing Quality or Affordability (34.3%)	Housing Quality or Affordability (34.3%)	Mental Health (42.1%)
3	Mental Health (34.7%)	Alcohol or substance misuse (33.3%)	Economic Insecurity, Employment (33.9%)	Mental Health) (33.2%)	Economic Insecurity, Employment (33.0%)
4	Economic Insecurity, Employment (32.2%)	Mental Health (28.3%)	Mental Health (32.4%)	Economic Insecurity, Employment (31.0%)	Alcohol or substance misuse (31.8%)
5	Chronic Stress (25.1%)	Chronic Stress (22.7%)	Diabetes (31.2%)	Chronic Stress (26.6%)	Environment (30.0%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Table 3. Top Community Concerns Among Survey Respondents, by Population Characteristics, 2024

Rank	Overall N=1737	LGBTQ+ N=382	Caregiver N=1029	Unhoused N=96	Born Outside US N=419	Aged 55+ N=427
1	Housing Quality or Affordability (39.8%)	Housing Quality or Affordability (47.9%)	Alcohol or substance misuse (40.7%)	Alcohol or substance misuse (65.6%)	Alcohol or substance misuse (42.5%)	Housing Quality or Affordability (36.8%)
2	Alcohol or substance misuse (37.0%)	Mental Health (41.9%)	Housing Quality or Affordability (35.3%)	Homelessness (37.5%)	Housing Quality or Affordability (32.9%)	Alcohol or substance misuse (34.7%)
3	Mental Health (34.7%)	Economic Insecurity, Employment (38.2%)	Mental Health (34.7%)	Housing Quality or Affordability (36.5%)	Economic Insecurity, Employment (30.5%)	Elder/aging challenges (arthritis, falls, dementia) (32.8%)
4	Economic Insecurity, Employment (32.2%)	Alcohol or substance misuse (32.7%)	Economic Insecurity, Employment (32.7%)	Substance Use Disorder (33.3%)	Mental Health (25.5%)	Mental Health (29.5%)
5	Chronic Stress (25.1%)	Chronic Stress (26.7%)	Chronic Stress (25.0%)	Poverty (31.3%)	Homelessness (24.3%) High Blood Pressure (24.3%)	Diabetes (27.2%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

PERCEPTIONS OF A HEALTHY COMMUNITY

When asked to envision **attributes of a healthy community**, focus group participants described intergenerational communities, communities where members unite around shared experiences and identities, community members caring for each other, access to green space and activities or spaces that help to reduce stress and promote connection, a healthy and clean environment, access to educational and employment opportunities, multicultural programs and activities for families and young people, safety, and healthy families.

> ***"Families being healthy; having a good job; living in a good neighborhood; being safe."***
>
> **– Resident Focus Group Participant**

KEY FINDINGS IN THIS REPORT

The following sections of this report present key findings by topic area. Early findings from the CHNA survey were reviewed to identify emerging key concerns and priorities and to ensure they were included in the topic areas for this report. To make this report more concise and focused, additional topic areas were included when the BCHC determined that existing, reliable data was available, data could be used to drive collective action, and/or the topic aligned with a prevention orientation.

LIFE EXPECTANCY AND LEADING CAUSES OF DEATH

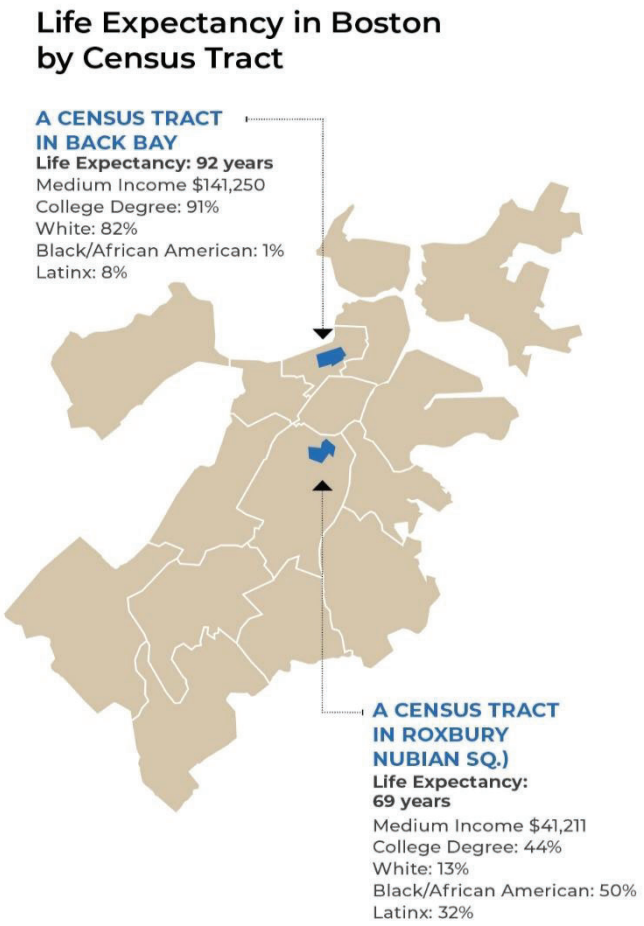
While life expectancy has improved since the height of the COVID-19 pandemic, deep inequities remain. There is a 23-year gap in life expectancy between two census tracts in Boston. There are also persistent inequities in mortality and premature mortality rates.

LIFE EXPECTANCY

In this report, life expectancy refers to the average estimated number of years a newborn can expect to live. Life expectancy and premature death (death before the age of 65) are key indicators of a population's overall health and well-being. Further, they are shaped by a range of factors including health care access, and social, economic, environmental (e.g., safe housing, air and water quality), and behavioral factors (e.g., nutrition and physical activity). Together, the two indicators can guide efforts to address chronic and preventable diseases and emerging public health challenges.

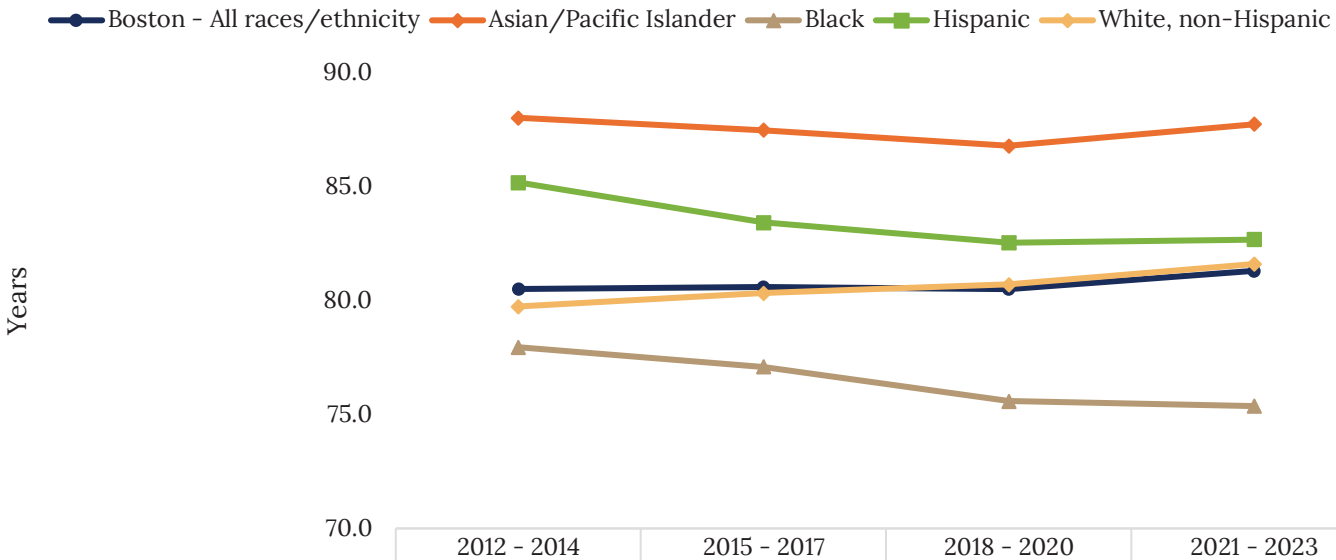
While life expectancy in Boston (82.1 years) is higher than the national average (78.4 years[3]) key inequities remain when rates are examined by race, ethnicity, and geography.

- Overall, life expectancy in Boston increased by 3.3 years from 2020 (78.8 years) to 2023 (82.1 years) (Figure 68).
- Black Boston residents experience the lowest life expectancy in Boston, at 75.6 years, compared to all other racial/ethnic groups. (Figure 68).
- Large inequities in life expectancy exist when examining the data at the census tract level. **As shown here, the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract.**
- When looking across Boston neighborhoods, life expectancy is highest in Back Bay, Fenway and the South End and lowest in Dorchester, Roxbury, and Mattapan (Figure 69).
- The life expectancy gap has persisted over time, with life expectancy for Black residents continuously remaining lower than White and Latinx residents from 2012-2023 (Figure 5).



DATA SOURCE: Boston Live Long and Well Agenda Report, 2025

Figure 5. Life Expectancy in Boston, Trends by Select Race and Ethnicity Group



	2012 - 2014	2015 - 2017	2018 - 2020	2021 - 2023
Boston - All races/ethnicity	80.5	80.6	80.5	81.3
Asian/Pacific Islander	88.0	87.5	86.8	87.7
Black	78.0	77.1	75.6	75.4
Hispanic	85.2	83.4	82.5	82.7
White, non-Hispanic	79.7	80.3	80.7	81.6

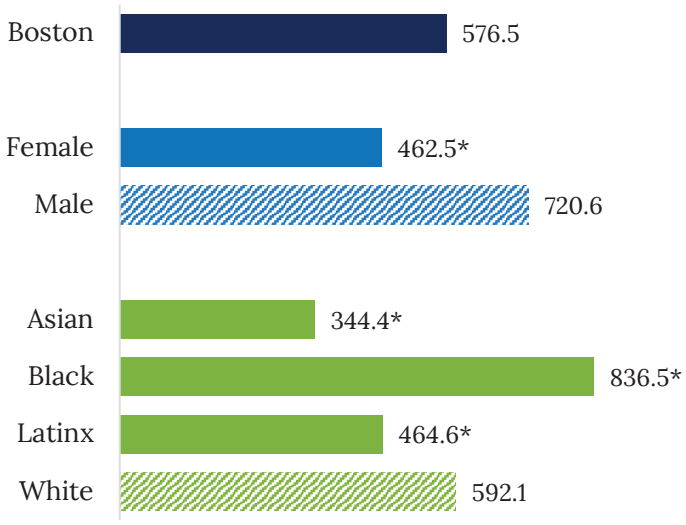
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

MORTALITY

There are significant inequities in Boston's mortality rate. The mortality rate is significantly higher among Black residents compared to White residents in Boston - almost one and half times higher- whereas Latinx and Asian residents have a significantly lower all-cause mortality rate compared to White residents (Figure 6). Mortality rates are significantly higher in parts of Dorchester, East Boston, Roxbury, and South Boston compared to Boston overall (Figure 70).

Significant inequities are also present in Boston's premature mortality rate (deaths to residents under age 65). The premature mortality rate is significantly higher among Black and Latinx residents compared to White residents and lower among Asian residents compared to White residents (Figure 71). While Latinx residents have a lower overall mortality rate in Boston compared to White residents, they are likely to die younger. Premature mortality rates are

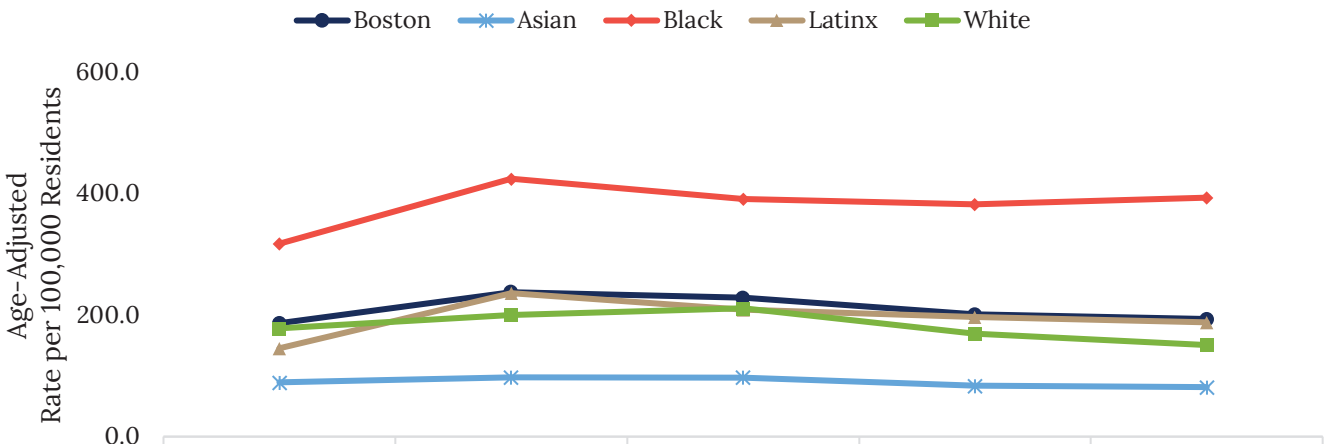
Figure 6. All-Cause Mortality, by Boston and Selected Sub-Populations, Age-Adjusted Rates per 100,000 Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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).

significantly higher in Dorchester, Mattapan, and Roxbury compared to Boston overall (Figure 72). While Boston's overall premature mortality rate has remained stable between 2019 and 2023, the rate has increased significantly for Black residents and decreased significantly for White residents (Figure 7).

Figure 7. Premature (Age<65 years) Mortality Rates Over Time by Race/Ethnicity, 2019-2023



	2019	2020	2021	2022	2023
Boston	187.2	238.3	228.9	201.4	193.7
Asian	89.3	97.8	97.4	83.6	81.7
Black	318.4	425.6	392.7	383.8	393.9
Latinx	145.8	236.7	209.6	197.7	188.9
White	178.2	201	211.8	169.9	151.1

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Premature mortality rates significantly increased among Black and Latinx residents and decreased among White residents between 2019-2023. Premature mortality rates in all other categories remained stable.

LEADING CAUSES OF DEATH

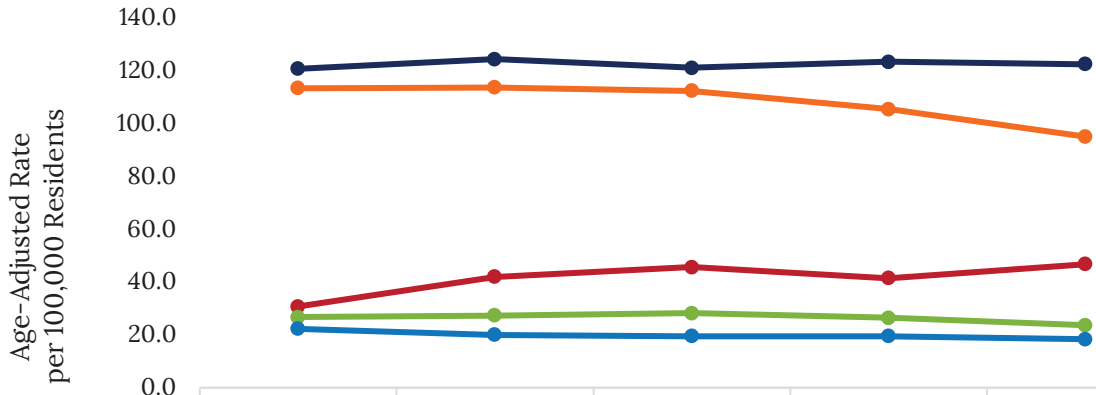
As shown in Figure 8, **the leading causes of death** in Boston in 2023 were cancer, heart disease, and unintentional overdose. Over time, between 2019 and 2023:

- Cancer mortality rates have remained stable.
- Heart disease mortality rates have declined, and
- Unintentional overdose mortality rates have increased.

The leading causes of **premature mortality** in 2023 were unintentional overdose, cancer, and heart disease (Figure 73). Over time, between 2019 and 2023, overdose premature mortality rates have increased while cancer and heart disease premature mortality rates have remained stable.

It should be noted that 2024 mortality and premature mortality data are not yet available. Preliminary 2024 opioid overdose mortality data is included in the Substance Use section below.

Figure 8. Leading Causes of Death in Boston, 2019-2023



	2019	2020	2021	2022	2023
1. Cancer	120.9	124.6	121.3	123.5	122.7
2. Heart disease	113.6	113.8	112.5	105.6	95.2
3. Unintentional Overdose	30.8	42.1	45.7	41.5	46.8
4. Cerebrovascular diseases	26.8	27.4	28.3	26.5	23.7
5. Chronic lower respiratory diseases	22.3	20.1	19.5	19.5	18.4

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Rates of Heart Disease significantly decreased between 2019 and 2023, and rates of Unintentional Overdose significantly increased between 2019 and 2023.

The leading causes of mortality and premature mortality differ by race/ethnicity. For example, as shown in Table 4, diabetes mellitus is among the top 5 leading causes of death for Asian and Black residents. Looking at premature mortality in Table 5, cancer is the leading cause of premature death for Asian residents, homicide is the fourth leading cause of premature death for Black residents, and suicide is the fourth leading cause of premature death for White residents.

Table 4. Leading Causes of Death, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2023

Rank	Boston	Asian	Black	Latinx	White
1	Cancer (122.7)	Cancer (113.7)	Cancer (161.2)	Cancer (89.8)	Cancer (126.8)
2	Heart disease (95.2)	Heart disease (55.8)	Heart disease (123.9)	Unintentional Overdose (51.2)	Heart disease (105.6)
3	Unintentional Overdose (46.8)	Cerebrovascular diseases (15.7†)	Unintentional Overdose (95.3)	Heart disease (73.5)	Unintentional Overdose (37.1)
4	Cerebrovascular diseases (23.7)	Nephrotic Diseases (11.6†)	Cerebrovascular disease (40.8)	Cerebrovascular disease (21.8)	Chronic lower respiratory disease (24.9)
5	Chronic lower respiratory diseases (18.4)	Diabetes mellitus (11.1†)	Diabetes mellitus (34.7)	Other accidents (18.2†)	Other accidents (20.7)

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Accidents does not include overdoses; NA denotes rates with n<5 and are not shown; Dagger (†) denotes rate based on a count of n<20. Rank is based on the number of deaths; Age-adjusted rates are presented in parantheses.

Table 5. Leading Causes of Premature (Age<65 years) Death, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2021-2023 Combined

Rank	Boston	Asian	Black	Latinx	White
1	Unintentional Overdose (47.9)	Cancer (37.4)	Unintentional Overdose (80.4)	Unintentional Overdose (58.5)	Unintentional Overdose (43.4)
2	Cancer (36.4)	Heart Disease (12.0†)	Cancer (58.8)	Cancer (24.2)	Cancer (33.4)
3	Heart Disease (27.9)	Unintentional Overdose (7.6†)	Heart Disease (55.6)	Heart Disease (19.5)	Heart Disease (23.4)
4	Accidents (7.1)	COVID-19 (4.7†)	Homicide (20.9)	Accidents (9.0)	Suicide (7.6)
5	Diabetes Mellitus (7.1)	Suicide (2.0†)	Diabetes Mellitus (16.9)	COVID-19 (7.3)	Accidents (6.4)

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Accidents does not include overdoses; NA denotes rates with n<5 and are not shown; Dagger (†) denotes rate based on a count of n<20.

CLIMATE CHANGE AND PHYSICAL ENVIRONMENT

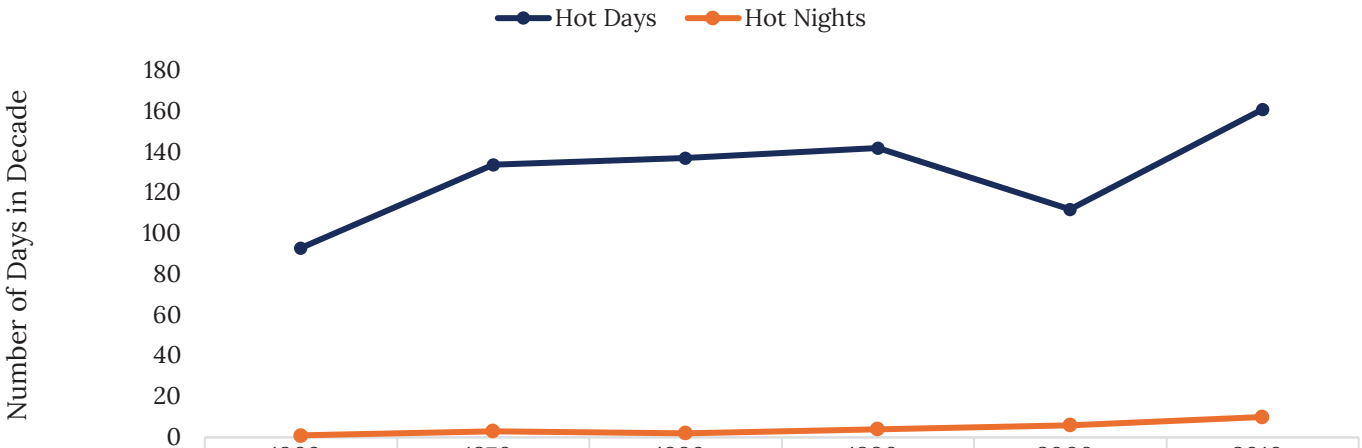
Climate change is impacting, and will continue to impact, the health and well-being of Boston residents and communities, particularly those at increased risk due to underlying health conditions, lack of access to resources, or already experiencing multiple environmental health stressors. Infants and young children, pregnant individuals, older adults, individuals experiencing homelessness, and individuals with chronic illnesses or disabilities are most vulnerable. The direct health impacts of climate change include periods of extreme heat and cold, extreme weather events, expanded season and range for vector-borne illnesses such as West Nile Virus and Lyme Disease, flooding and combined sewer overflows, and poor outdoor air quality contributing to asthma and other respiratory illnesses.

Secondary impacts of climate change on the health of Boston include contributing to food insecurity, strain on the healthcare system, and economic impacts. Centering equity in efforts to mitigate climate change, prepare for impacts of climate change, develop resilience, and recover from climate-driven events will be critical to ensuring efforts to address climate and health do not further deepen the vulnerability divide. While key findings are presented in this section, the intersections between the environment and health are present throughout various sections of this report.

CLIMATE CHANGE AND HEALTH

Temperatures in Massachusetts have increased by 3.5 degrees since 1900 and are projected to continue increasing.[4] Between the 1960s and the 2010s, the number of annual hot days (over 90 degrees Fahrenheit) and hot nights (over 78 degrees Fahrenheit) increased (Figure 9). The number of hot days and hot nights is projected to continue increasing over time. Periods of hot days where there is little or no cooling off at night are particularly dangerous for heat-related health effects.

Figure 9. Number of Hot Days and Number of Hot Nights, Boston, by Decade



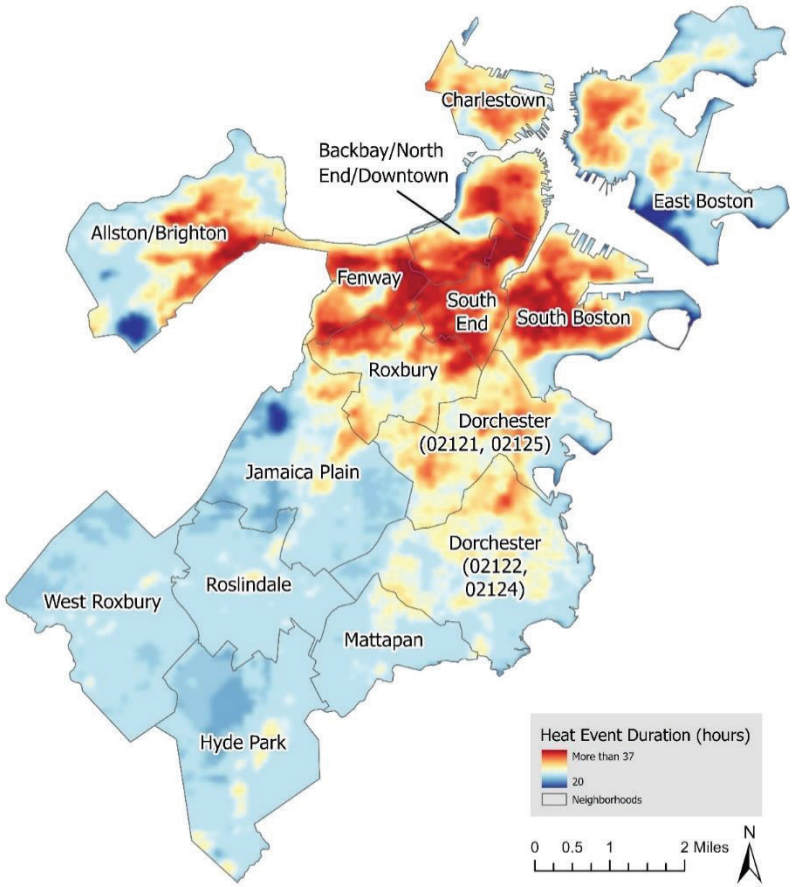
	1960s	1970s	1980s	1990s	2000s	2010s
Hot Days	93	134	137	142	112	161
Hot Nights	1	3	2	4	6	10

DATA SOURCE: City of Boston, Heat Resilience for Boston Solutions Report, 2022
NOTE: Hot days are days over 90 degrees Fahrenheit; hot nights are night over 78 degrees Fahrenheit.

When discussing climate change and health, discussion participants often discussed the impact of temperature extremes – very cold and very hot days – on housing, financial stability, and health. Impacts included, for example: increased utility costs (energy costs to heat and cool homes) and vulnerabilities of asking landlords to address the energy needs, the impacts of climate extremes on housing (e.g., heat, air conditioning, snow removal) and violence, including domestic violence, impacts of climate change on food systems, and concerns about children having safe learning environments. Additionally, a couple of participants mentioned the challenge of slow snow removal and addressing ice hazards by landlords or public services, which they noted create barriers to getting children to school. **While extreme heat impacts all of Boston, Figure 10 shows how some places are hotter for longer.** Areas experiencing disproportionately greater heat risk (with higher temperatures and extended heat wave conditions), include Chinatown, Uphams Corner, Four Corners, Fields Corner, and Jackson Square.[5]

> ***"I used to always use the air conditioning, but now I can't because the cost of electricity has gone up and the rent has gone up and I can't afford to use it."***
>
> **– Resident Focus Group Participant**

Figure 10. Heat Event Duration (Hours), Boston, 2022



DATA SOURCE: City of Boston, Heat Resilience for Boston Solutions Report, 2022
NOTES: A weeklong analysis period during July 18 to 24, 2019, was selected to produce this modeled air temperature map. The heat duration maps show the number of hours exceeding 95°F during the day or 75°F at night for areas across Boston during the modeled heat wave. Areas like Chinatown remain in high-heat conditions for 37 hours, with afternoon air temperatures climbing to 104 to 107°F and nighttime temperatures in much of the neighborhood over 90°F.

In terms of health impacts, participants discussed impacts of weather extremes on birth outcomes, efficacy of medications including for behavioral health, managing acute conditions, and anxiety about the climate crisis. **Discussion participants mentioned several populations vulnerable to the health impacts of temperature extremes**, including pregnant people, infants, young children (in general and at school), older adults, people experiencing homelessness, outdoor workers, and commuters.

Discussion participants also described how climate change affects educational equity in marginalized communities, exacerbating existing educational inequities by disrupting schooling through extreme weather events, displacement, and resource scarcity. These participants questioned whether Boston public schools are prepared for extreme weather events and noted that extreme temperatures affect health, development, and academic performance.

Some participants mentioned resources that offer relief on hot days, including cooling centers at libraries or hospitals, pools, and water parks and splash pads. However, some focus group participants noted that these resources are not easily accessible, citing issues such as distance, transportation barriers, unwelcoming environments, and a lack of accommodations for children with special healthcare needs. Among community survey respondents, only 60.1% agreed or strongly agreed that their community offers people places and options for staying cool during extreme heat.

Disproportionate Exposure to Extreme Heat

In a Heat Resilience Survey, 95% of Hispanic or Latinx respondents and 93% of Black or African American respondents said they "*always*" or "*sometimes*" feel too hot at home when it is very hot outside; 78% of White respondents indicated this (see City of Boston Heat Resilience Solutions for Boston Final Report).

One discussion participant described how inequities in experiences of extreme heat are a result of historic disinvestment and systemic racism:

> *"...the extreme heat is impacting communities of color more by design through decades of disinvestment."*

Participant suggestions for mitigating the health impacts of climate change included creating more "Resilience Hubs," expanding access to free "third spaces" where people can go to during extreme temperatures, increasing the number of cooling centers, tapping into state resources to improve cooling in homes (rented and owned), and investing in decarbonization efforts.

PHYSICAL ENVIRONMENT

As described above, many aspects of Boston's physical environment were named as community assets including convenience and walkability to local stores, availability of public transportation, and having numerous community health centers and recreational centers, green spaces, and playgrounds.

However, some discussion participants also noted negative aspects of the built environment, including traffic (unsafe intersections and traffic congestion), parking congestion and difficulty parking to load and unload a car, particularly for people with disabilities, pedestrian safety from traffic, sidewalks that are not accessible especially during winter months with snow coverage and ice, slow pace of snow removal and addressing ice on sidewalks, limited tree canopy or shade, and noise pollution. Some participants linked challenging neighborhood environments with historical redlining and ongoing disinvestments in communities.

> ***"If you're going to talk about built environment, it's really the long-term impacts of urban renewal and investment and disinvestment in certain neighborhood[s] as a result of redlining... That's where the built environment has shaped what people feel their choices are in the first place...."***
>
> **– Interview Participant**

"*Environment (like air quality, traffic, noise)*" was among the top five community health concerns for 7 of the 16 neighborhoods analyzed as part of the community health survey; 36.8% of Mission Hill survey respondents, 33.3% of Downtown/Chinatown survey respondents, and 32.1% of East Boston survey respondents indicated that the environment was a top concern in their community.

Air Quality

Table 6. Annual Estimated Pollution-Related Health Outcomes, Boston, 2022

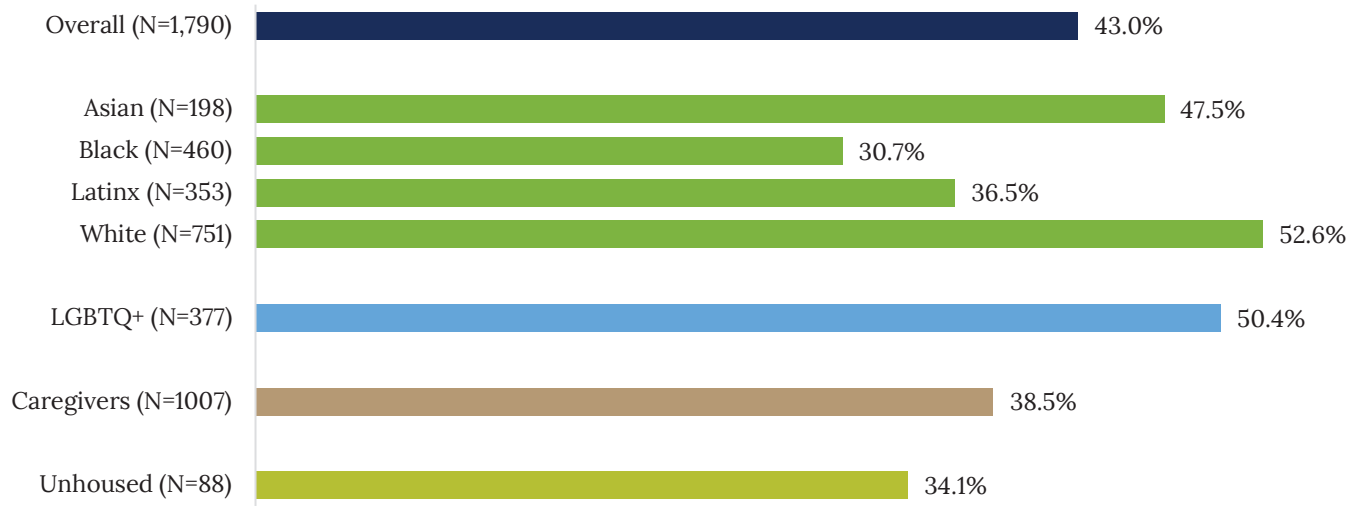
Health Outcome	Count
Pediatric Asthma Cases	1,840
Heart Disease Deaths	121
Cancer Deaths	176
Stroke Deaths	15
Low Birth Weight Cases	47
**Performance IQ Points Lost	217,136
**PIQ points lost per child	3.39

DATA SOURCE: Boston College MassCleanAir, , 2022
NOTE: *All estimates are based on annual air pollution predictions. **Performance IQ is a measure of intelligence related to problem solving skills.

Poor air quality and the impact on health, including asthma, was noted by some discussion participants. In 2022, the annual $PM_{2.5}$ (fine particulate matter) concentration in Boston was micrograms per cubic meter. As shown in Table 6, **air pollution has many impacts on health outcomes**. For example, in Boston approximately 176 people die due to cancers caused by air pollution every year.

Concerns about safety from violence, particularly when walking outside at night or on public transportation, as well as safety in open spaces and parks also emerged in some discussions. Perceptions of safety varied in community health survey responses; while 52.6% of White respondents agreed or strongly agreed that their community is safe from crime, only 30.7% of Black residents and 36.5% of Latinx residents agreed or strongly agreed with this statement (Figure 11).

Figure 11. Percent Survey Respondents Who Agreed or Strongly Agreed That Their Community Is Safe from Crime, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

SOCIAL AND ECONOMIC FACTORS: HOUSING

The lack of affordable housing in Boston emerged as a top concern among nearly all populations that engaged in this CHNA; concerns around housing quality and barriers to housing assistance were also key themes.

HOUSING BURDEN AND AFFORDABILITY

Affordable housing reduces homelessness and financial stress and strengthens local economies by enabling residents to live near employment, schools, and essential services. **Housing cost and the implications of high housing cost emerged as concerns across all populations engaged.** Lack of affordable housing and concerns about the general housing stock were discussed in nearly all qualitative discussions. Focus group participants across nearly all groups described Boston's current housing stock as expensive, unaffordable (and increasingly unaffordable), and hard to find.

Several discussion participants also noted rising housing costs as contributing to difficult decisions and trade-offs, such as needing to reduce utilities expenses, particularly during temperature extremes, as well as difficulty prioritizing other needs such as seeking medical care.

These sentiments are reflected in recent Census data:

- Half of Boston renters are cost-burdened[2] (Figure 13).
- Neighborhoods with the highest percentage of cost-burdened and severely cost-burdened[3] renters are Fenway and Mattapan. (Figure 74, Figure 75). Figure 12 below reflects this data, with Census tracts in both neighborhoods showing several areas with dark shading, indicating 65 – 80 % of households that are cost burdened. Importantly, the darker shading can be seen in several tracts in other neighborhoods including Hyde Park, Roslindale, Roxbury, and West Roxbury.
- Low-income households (having a household income of $75,000 or less) who rent are particularly burdened by housing costs: in Boston, 71.7% of low-income households are cost burdened – similar to Massachusetts overall (69.9%) (2019-2023 American Community Survey, data not shown).[6]

Changes Since Previous CHNAs

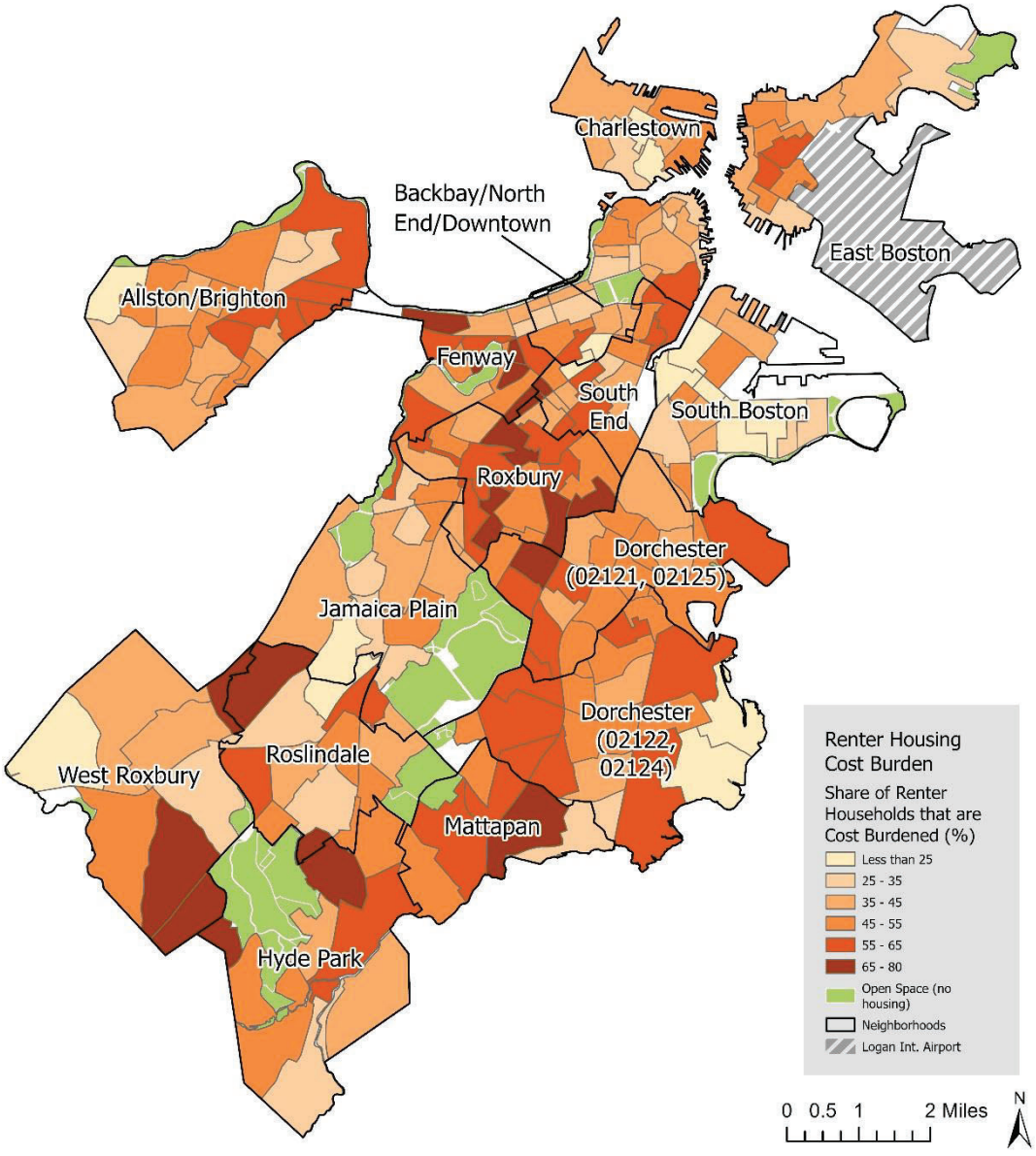
- The percentage of cost-burdened renters in Boston overall is only slightly lower (52.1% in 2019 CHNA and 50.2% in this 2025 CHNA).
- Some neighborhoods have seen increases in housing cost burden. For example, in Mattapan, 54.2% of renters were cost-burdened, as cited in the 2019 CHNA report, compared to 65.1% in the most recent data.

Comparison of Figure 13 and 2013-2017 Census data included in the 2019 Boston CHNA report

[2] Cost-burdened: households that spend 30% or more of their household income on housing costs

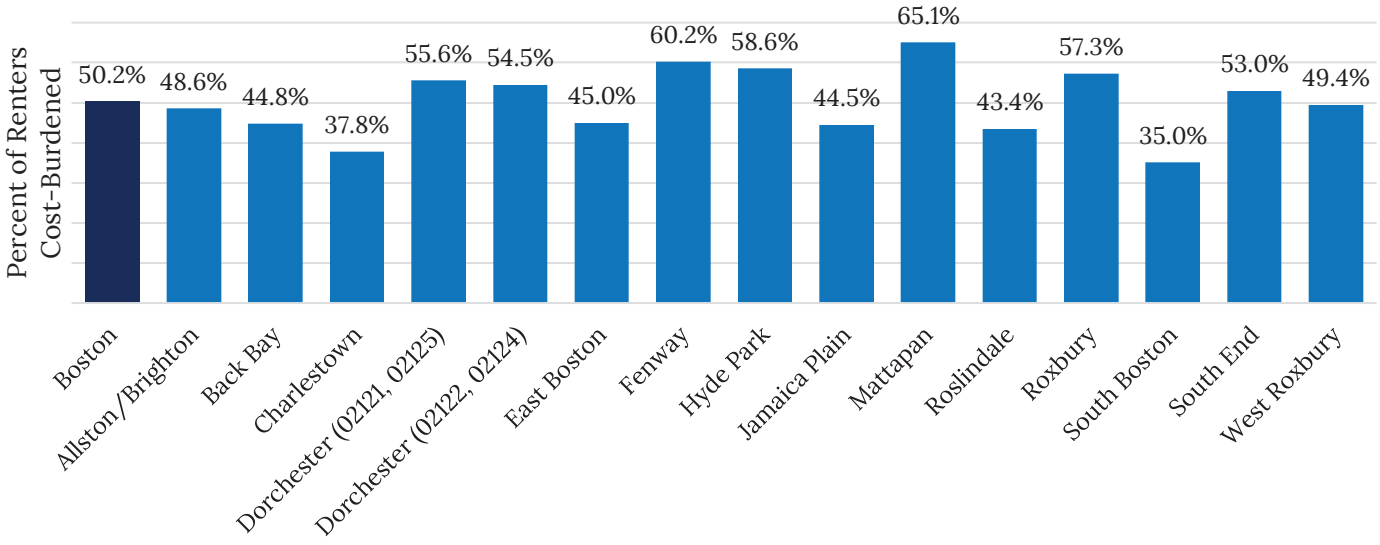
[3] Severely cost-burdened: households that spend 50% or more of their household income on housing costs

Figure 12. Percent of Renter Households that are Cost Burdened, by Boston Census Tract, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
DATA ANALYSIS: Boston Public Health Commission

Figure 13. Percent Renters Whose Housing Costs are 30% or More of their Household Income (Cost-Burdened), by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Some discussion participants also made an explicit connection between home ownership and wealth accumulation, noting that lower home ownership rates among marginalized groups limit access to generational wealth, economic stability, and community investment, reinforcing cycles of inequality in education, employment, and overall financial well-being. When thinking about the groups most affected by high housing costs and subsequently less likely to own a home, discussion participants identified several populations, including recent immigrants, communities of color (specifically the Haitian and Latinx community), families, older adults, and young working adults. Other groups noted as being disproportionately impacted by housing costs included transgender people, survivors of violence, people experiencing homelessness, formally incarcerated people, people with substance use disorder, and people with disabilities. Inequities in rates of homeownership are evident in the most recent (2023) American Community Survey data from the U.S Census: 35.4% of housing units in Boston are owner-occupied with more than two in five owned by White residents (43.6%). Asian and Black residents own similar proportions of housing units in Boston at 30.2% and 31.8%, respectively. Hispanic or Latino residents own the smallest proportion of housing units at 17.6% (Table 13).

Affordable Housing Emerged as a Priority on the Community Survey

- Among survey respondents overall, "*housing quality or affordability*" was ranked as the top concern and "*more affordable housing*" was ranked as the top factor that would improve the quality of life and health in their community.

"Young people had things easier before. It was easier to buy a house. Now there is so much debt that you couldn't even buy half a house."

– Resident Focus Group Participant

Approximately one in five Boston homeowners (22.1%) are low-income, a group particularly vulnerable to unexpected expenses, job loss, or economic downturns. The highest concentrations of low-income homeowners are found in Dorchester and Roxbury. (Figure 76).

"We need to solve this because people can't afford to live in their neighborhoods, even in the "worst parts" of Dorchester the rent is too expensive. How can families make this work when 60-70% is needed to pay their rent?"

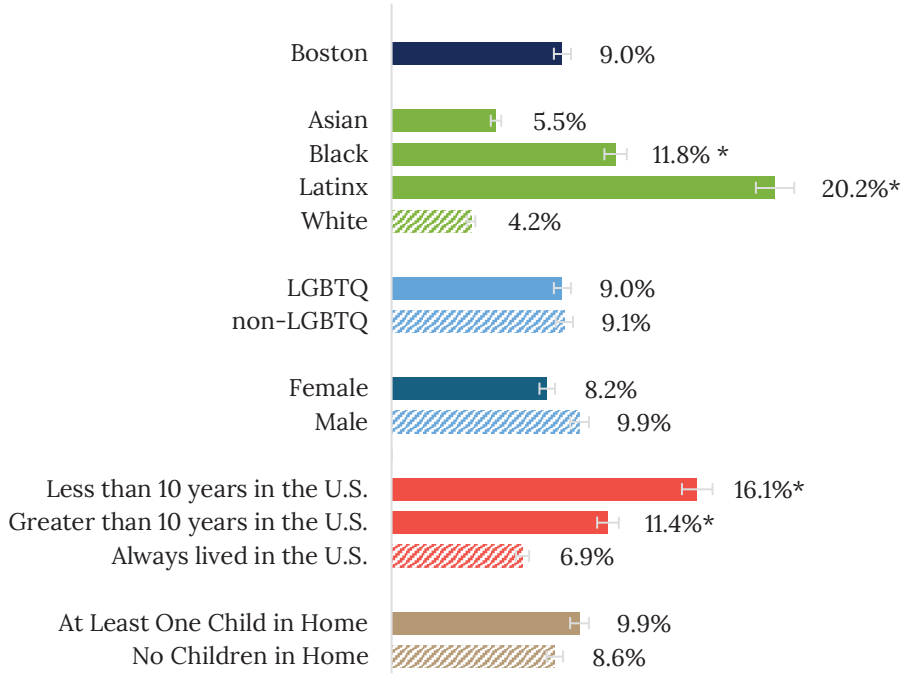
– Interview Participant

Several discussion participants noted that when people experience housing cost burden, they may be forced to leave their community in search of more affordable options. Further, some of these participants noted that the displacement can disrupt social networks, job stability, and access to essential services like health care and education. Combined data from the Boston Behavioral Risk Factor Surveillance System indicate that 9% of Boston residents were worried they would need to move in the next two months because of cost (Figure 14). This percentage varied across several demographics. For example, when examined by race/ethnicity, Asian and White adults were the least likely to worry about moving in the next two months because of cost. Alternatively, Latinx adults were significantly more worried about moving at 20.2%. Adults who had lived in the U.S. for less than 10 years were significantly more likely to worry about moving because of cost compared to adults who had always lived in the U.S. Adults with a disability (including serious difficulty concentrating, doing errands, and/ or walking or climbing stairs) were also significantly more likely to be worried they would need to move (Figure 15).

"Housing is the biggest barrier for folks who have been system-impacted. CORI is the biggest factor –they can't get a job and can't get housing sometimes when landlords run a background check."

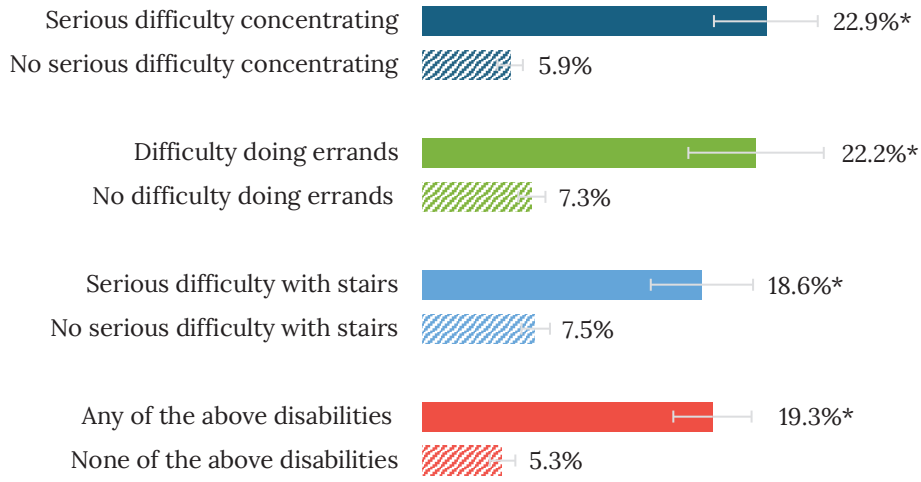
– Interview Participant

Figure 14. Percent Adults Reporting Worrying about Having to Move in the Next Two Months Because of Cost, by Boston and Selected Sub-Populations, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Error bars show 95% confidence interval

Figure 15. Percent Boston Adults Reporting Worrying about Having to Move in the Next Two Months Because of Cost, by Type of Disability, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Error bars show 95% confidence interval

HOUSING QUALITY AND FEARS OF MISTREATMENT

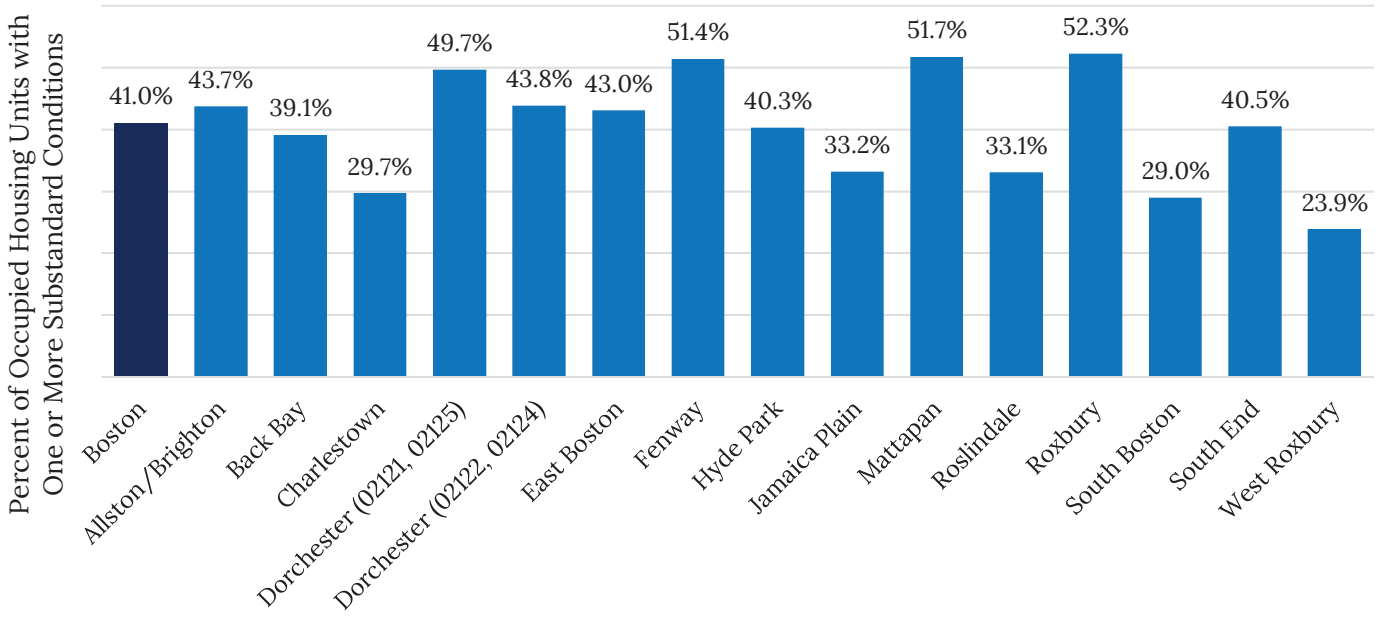
Focus group participants who rented, as well as a few interview participants, discussed unequal dynamics with landlords, including difficulty getting landlords to address housing safety concerns in a timely manner. These participants noted that **many people living in subsidized housing fear reporting safety concerns to their landlords because they worry about retaliation, including the risk of eviction.** Since affordable housing options are often limited, tenants may remain in unsafe/unhealthy living conditions rather than risk losing their home. These pressures can lead to prolonged exposure to hazards like lead, mold, pests, or structural issues, ultimately affecting their health and well-being.

> ***"These days, people are not wanting to push back if they are living in substandard housing out of fear of losing housing. This can lead into other health issues like cold and asthma."***
>
> **– Sector Focus Group Participant**

> ***"I'm always afraid that the landlord will kick me out when it's cold."***
>
> **– Resident Focus Group Participant**

Per American Community Survey data, two in five (41%) occupied housing units in Boston have one or more substandard housing conditions which could include limited plumbing or kitchen facilities, high occupancy rate, and large cost burden for the resident (Figure 16). These proportions are highest in Dorchester, Fenway, Mattapan, and Roxbury.

Figure 16. Percent Occupied Housing Units with One or More Substandard Conditions, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Substandard conditions are defined as one of the following: 1) lacking complete plumbing facilities, 2) lacking complete kitchen facilities, 3) with 1 or more occupants per room, 4) selected monthly owner costs as a percentage of household income greater than 30%, and 5) gross rent as a percentage of household income greater than 30%.

HOMELESSNESS AND GAPS IN HOUSING ASSISTANCE

Homelessness was ranked as one of the top five concerns among survey respondents from several neighborhoods, including the South End (41.0%), Fenway (28.5%), South Boston (24.0%) and Dorchester (22.7%) (Table 11). Without sufficient support, individuals and families facing financial hardship are at risk of eviction or unstable living conditions. Some discussion participants familiar with housing assistance programs described several barriers, including income thresholds and challenges communicating with/receiving support from emergency rental assistance agencies.

Interview participants noted that people experiencing homelessness are especially vulnerable to extreme weather and the impacts of climate change and highlighted a need for more shelters in general, but especially ones that are equipped to serve migrant families and transgender people.

Discussion participants also noted the connection between substance misuse, a lack of affordable housing, and homelessness (see Substance Use chapter). Of note, unhoused survey respondents ranked alcohol or substance misuse as the top concern in their community (65.6%) followed by homelessness (37.5%) and housing quality or affordability (36.5%) (Table 12). One interviewee also underscored that managing chronic health conditions while experiencing homelessness is incredibly challenging.

Shelter Access for Transgender People

LGBTQ+ focus group participants raised concerns about the **limited availability of homeless shelters that are safe and inclusive for transgender people**. This was also a key theme in the 2024 LGBTQ+ Health Assessment conducted by Boston Public Health Assessment (see Recommended Readings). Both data sources emphasized the need for gender-affirming accommodations, noting that transgender individuals often face discrimination, violence, and exclusion in traditional shelter settings. Providing **privacy, affirming environments, and trained staff** is essential to fostering safety, dignity, and mental well-being. As one participant shared:

> "*[It] would be nice to see more funding for trans organizations and even trans shelters, a lot of trans people don't feel safe going to run-of-the-mill shelters, it's hard to place gender nonconforming people.*"

SOCIAL AND ECONOMIC FACTORS: ECONOMIC MOBILITY

Economic mobility plays a critical role in shaping health outcomes, as the ability to improve one's financial situation over time directly influences access to resources that support health and well-being. Almost 17% of Boston residents are living in poverty and certain populations, including immigrants and residents with a disability, are disproportionately impacted by economic hardship. Economic insecurity and unequal access to wealth-generating opportunities such as homeownership were key themes shared by community survey respondents and discussion participants, who noted that the cost of living in Boston combined with low wages leads to stress and hardship.

INCOME AND FINANCIAL SECURITY

While discussion participants agreed that Boston has many resources related to education and employment, they also **emphasized that there is a high cost of living and few opportunities for economic mobility. This reality was characterized as stressful and directly connected to health and housing.** Some focus group participants also tied the high cost of living to income inequality and gentrification.

Changes Since Previous CHNAs

The proportion of community survey respondents who report they have trouble paying for housing and for food and groceries is higher in this current 2025 CHNA, compared to the 2019 CHNA.

In several focus group discussions, participants noted that low wages combined with high living costs and, at times, unanticipated expenses can create challenges in affording essentials (e.g., housing, utilities), requires making trade-offs, and can contribute to food insecurity (see Access to Healthy Food, Nutrition, and Physical Activity chapter). **In short, participants described a situation where they live "*day-to-day*" and paycheck-to-paycheck**. Participants including seniors, parents, and recent immigrants all commented on this challenge. Parents, in particular, described the difficult task of earning enough money while having a flexible schedule to care for their children.

"Not all the pieces for economic mobility are affordable. It's housing and now food and utilities—it's all those pieces that contribute to it and food security is one that is bubbling up to the top of needs for our community."

– Interview Participant

Discussion participants viewed economic security as intertwined with basic needs, such as health care, housing, utilities, and food **Among community survey respondents who reported having trouble paying for basic needs in the past 12 months, unhoused respondents, Black respondents, Latinx respondents, and caregivers consistently reported the highest burden (Table 7).**

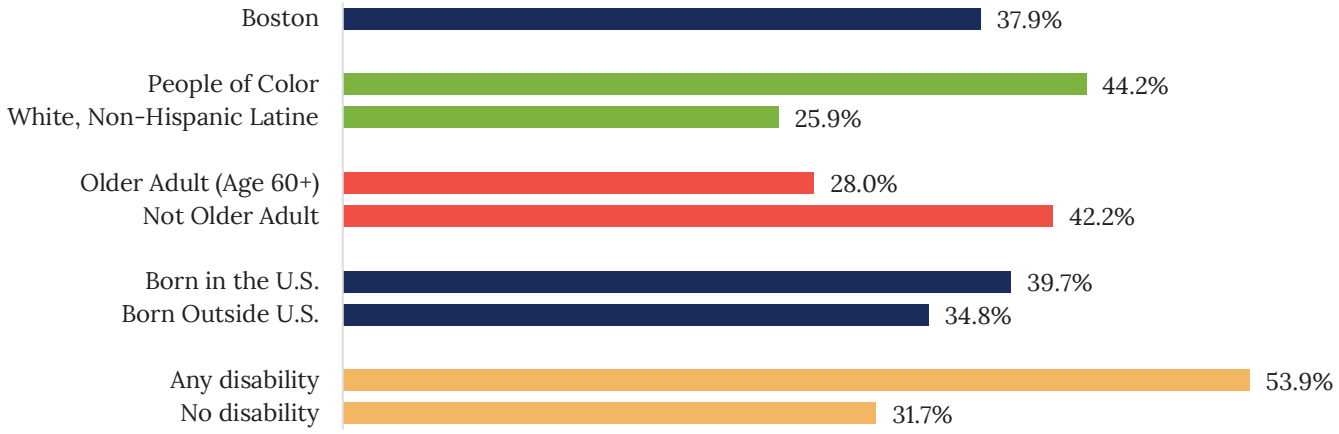
Table 7. Percent Survey Respondents Reporting Having Trouble Paying for Any of the Following in the Past 12 Months, 2024

Rank	Overall N=1,674	Asian N=200	Black N=471	Latinx N=360	White N=751	LGBTQ+ N=379	Caregiver N=993	Unhoused N=92
1	None of the above (38.5%)	None of the above (32.5%)	Housing (36.7%)	Housing (37.8%)	None of the above (51.0%)	None of the above (36.1%)	Housing (32.9%)	Housing (50.0%)
2	Housing (29.2%)	Housing (24.5%)	Food or groceries (35.5%)	Food or groceries (34.4%)	Housing (23.7%)	Housing (31.1%)	None of the above (31.8%)	Food or groceries (47.8%)
3	Food or groceries (26.5%)	Seasonal clothing (17.5%)	Utilities (30.6%)	None of the above (27.5%)	Food or groceries (22.1%)	Food or groceries (31.1%)	Food or groceries (29.9%)	Transportation (39.1%)
4	Utilities (19.2%)	Food or groceries (16.5%)	None of the above (26.3%)	Utilities (23.9%)	Health care (17.7%)	Health care (26.6%)	Utilities (22.0%)	Personal Care Items (34.8%)
5	Health care (17.3%)	Health care (16.0%)	Transportation (23.8%)	Transportation (22.8%)	Tuition/ Student Loans (15.3%)	Tuition/ Student Loans (19.3%) / Transportation (19.3%)	Transportation (18.4%)	Seasonal clothing (32.6%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Participant perceptions aligned with findings from the 2023 Massachusetts Community Health Equity Survey, which reported that nearly two in five Boston residents (37.9%) had difficulty affording basic needs in the past year (Figure 17). People of color, individuals under the age of 60, U.S.-born residents, and those living with disabilities were more likely to report this challenge compared to other groups.

Figure 17. Percent Adults from MA Community Health Equity Survey Who Had Trouble Paying for Any Basic Needs in the Past Year, by Boston and Selected Sub-Populations, 2023



DATA SOURCE: Massachusetts Department of Public Health, MA Community Health Equity Survey (CHES), 2023 Survey

Discussion participants also underscored the connection between economic security, stress, and mental health. For example, participants shared that struggling to pay bills and cover basic needs is stressful and contributes to feelings of depression. Additionally, longtime Boston residents pointed out that income inequality has worsened in recent years, with growing disparities between neighborhoods becoming increasingly noticeable. This perception is supported in the Census's American Community Survey data: in 2019-2023, Boston's median household income was $94,755 (Figure 18), but this figure varied substantially across neighborhoods. Roxbury reported the lowest median income at $47,921 followed by Fenway at $56,326, while South Boston (which also includes the main zip code for the Seaport district) had the highest at $162,257. Additionally, median household income is highest among White residents ($131,953) and lowest among Latinx residents ($53,873) (Figure 77).

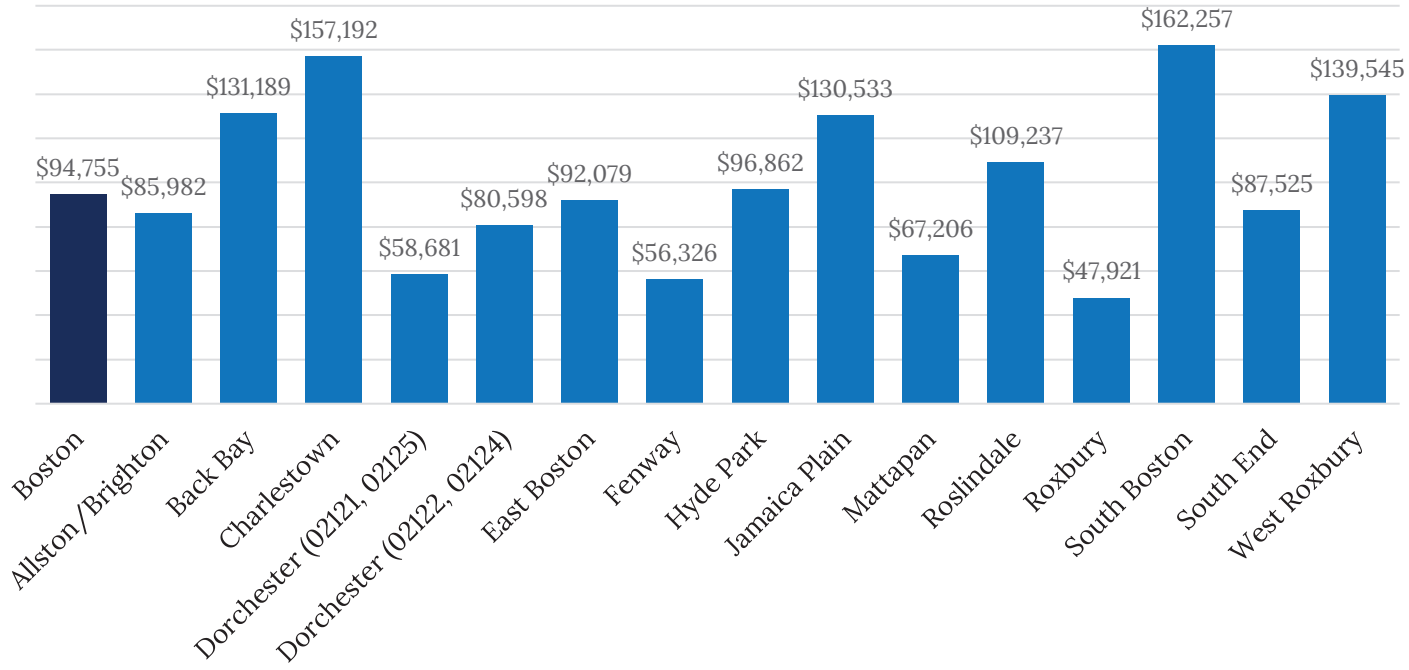
Neighborhood delineations can vary by source. While the figure below shows neighborhood defined by zip code, the City of Boston's Planning Department has examined data using alternative classifications for neighborhoods using census tract level estimates. That analysis shows that the neighborhoods with the lowest household income are Fenway ($47,500), Roxbury ($42,500), Mission Hill ($55,000), and Chinatown ($55,000).[7]

Linking Economic Security to Housing and Mental Health

"I feel like there is no middle class–you are either filthy rich or dirt poor. That's how Boston is and that's a shame because growing up, it wasn't that way around here. Now, I couldn't afford an apartment in Forest Hills unless I was a doctor or in some of those low-income housing buildings. If you are choosing between eating and a roof over your head that is not a good situation. I have been homeless for years and I can't afford housing. Being out there makes me stressed, depressed and lonely and so I use [drugs] to get those feelings away."

– Discussion Participant

Figure 18. Median Household Income, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

EMPLOYMENT

> ***"I think there's a tremendous amount we could be doing to help young people, newcomers, and a number of adults in the 25-35 range who may not have completed workforce pathways and credentials."***
>
> **– Interview Participant**

Well-paying jobs and stable employment are key factors that contribute to economic security. Among community survey respondents, "*economic insecurity and employment/ job opportunities*" was ranked the fourth most important concern in their community's health and "*access to good jobs and economic opportunities*" was rated the third most important factor for improving quality of life and health in their community. Of note, in the 2019 CHNA survey, employment and job opportunities were ranked lower (eleventh) among top community concerns.

Discussion participants described several barriers to employment, including English language fluency for immigrant communities, background checks for persons with a history of incarceration or involvement with the criminal justice system, and limited work experience for youth. Haitian- and Spanish-speaking focus group participants expressed concern about job loss and unemployment for themselves and others in their households. Spanish-speaking participants expressed specific concerns with increasing immigration enforcement actions and potential loss of jobs and legal protections around documentation status.

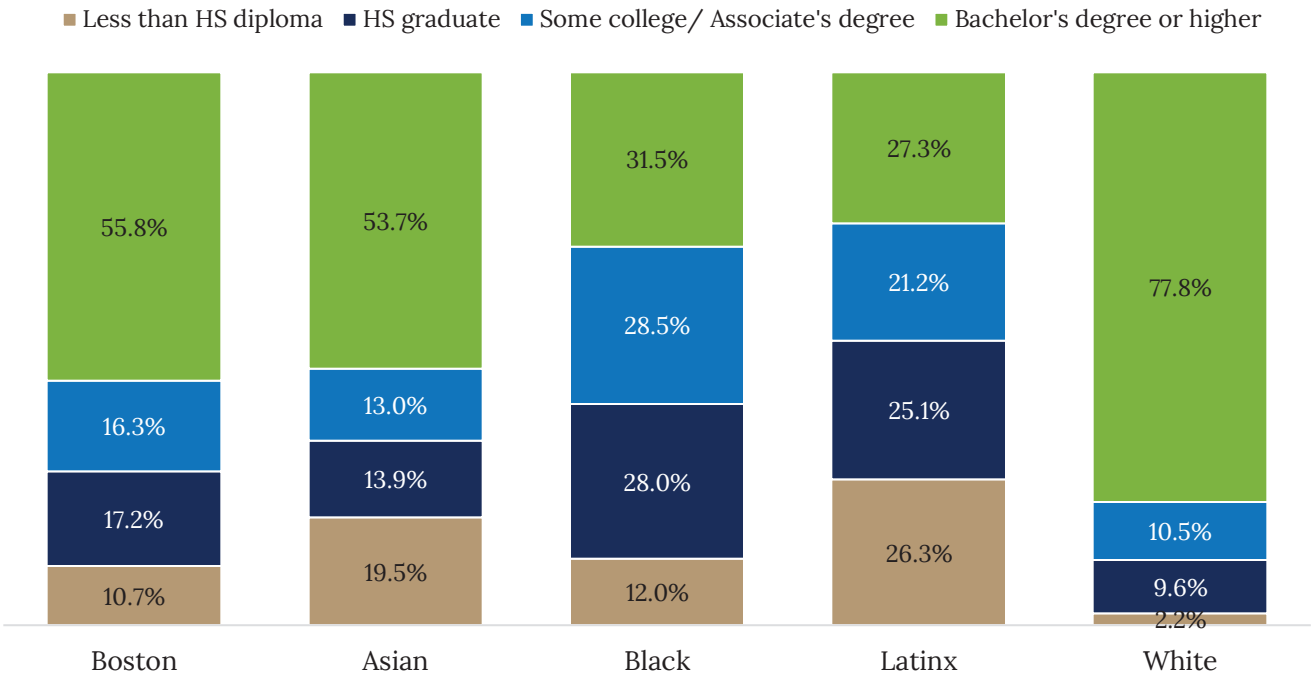
SOCIAL AND ECONOMIC FACTORS: ACCESS TO EDUCATION AND EDUCATIONAL ATTAINMENT

Access to affordable, high quality educational opportunities is a key building block for healthier communities. Safe and nurturing spaces for children to learn and grow can support their physical, social, and emotional development. Educational attainment is also associated with higher income, increased access to services, and improved health and well-being.[8] While discussion participants saw great potential in Boston's ability to educate residents, they also pointed out many challenges around cost, availability, and equity.

EDUCATIONAL ATTAINMENT

Overall, Boston is a highly educated city with over half of adults (55.8%) ages 25 years old or older holding a college degree or more. This percentage is higher than in the 2019 CHNA, when 48.2% of Boston residents aged 25 years or older had a bachelor's degree or higher. However, there are stark differences by race/ethnicity and neighborhood. In Back Bay, 80.8% of residents over 25 years old have a bachelor's degree or higher compared to 24.3% of Mattapan residents (Table 14). Over three quarters of White residents (77.8%) hold a college degree, while just over one quarter of Hispanic or Latino residents do (27.3%) (Figure 19). There are also differences in educational attainment by gender; these gender gaps are particularly pronounced for Black men and women. A recent report by Boston Indicators, Boys and Men in Greater Boston, indicates that while 54% of Black women aged 25 to 34 years have at least a bachelor's degree, only one in three Black men (34%) in the same age range have at least a bachelor's degree.[9]

Figure 19. Educational Attainment of Population Over 25 Years Old, by Boston and Race/Ethnicity, 2023



DATA SOURCE: U.S. Census, American Community Survey 1-Year Estimates, 2023
NOTE: Latinx includes residents who identify as Latinx regardless of race, and racial categories include residents who do not identify as Latinx.

EARLY CHILDHOOD

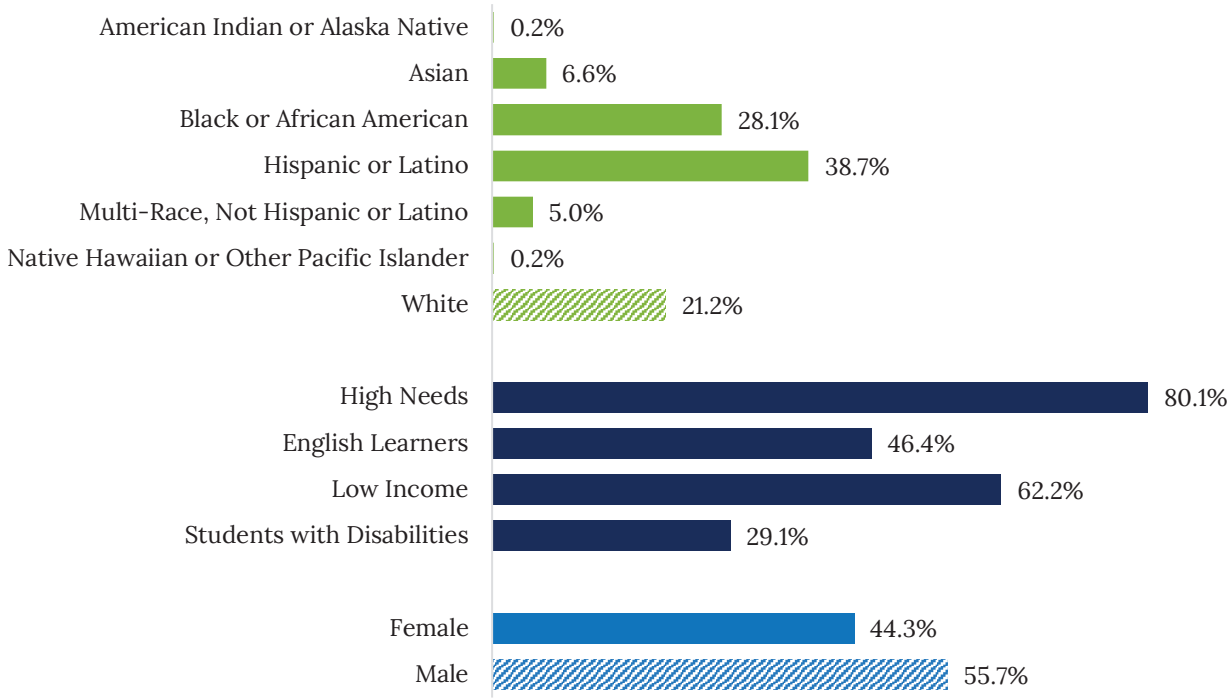
Multiple discussion participants underscored the importance of low-income families having better access to daycare and preschool for young children, noting that childcare enables parents to work and prepares children for public education. In a recent report from the Office of Early Childhood in Boston, in 2024 an estimated 71% of children aged 0-2 years did not have access to formal early education and care. While the number of childcare providers and seats has increased over the last five years, the cost of childcare remains a high burden for many families, especially low-income families. According to the Economic Policy Institute, Massachusetts ranks 2nd out of 50 states for the **most expensive** infant care.[10]

"Low-income families are struggling to access free or affordable early education and childcare. This leads to a parent not being able to work or children that can't access pre-K."

– Interview Participant

Relatedly, when families cannot afford to have a parent stay at home to provide childcare, they are more likely to seek early education programs, making pre-K a critical support for working families. Figure 20 shows the proportion of students enrolled in pre-kindergarten in Boston, which includes Boston public schools, community-based organizations, independent schools, and family childcare programs. When examined by race, Black or African American students and Hispanic or Latino students were most likely to be enrolled in Boston pre-kindergarten (28.1% and 38.7%, respectively). When examined by more specific characteristics, students with high needs were also most likely to be enrolled in pre-kindergarten (80.1%).

Figure 20. Percent and Number of Boston Students Enrolled in Pre-Kindergarten, by Selected Sub-Populations, 2024-2025



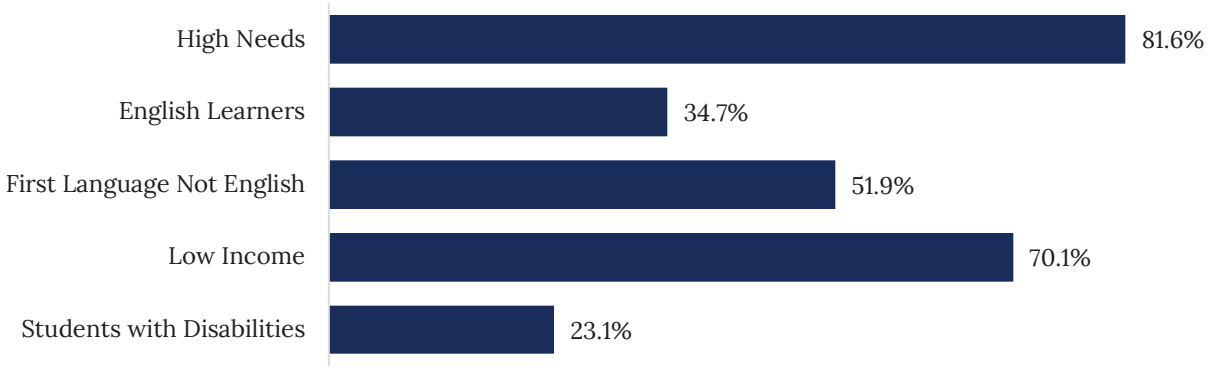
DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2024-2025
NOTE: Per DESE, in 2025, a student is included in the High Needs group if he or she is designated as either Low Income, English Learner or Former English Learner, or a Student with Disabilities.

SCHOOL-AGE STUDENTS

Discussion participants shared mixed sentiments about the public education system in Boston. Some described the school system as well-resourced, particularly as it relates to providing meals for low-income students. Others expressed concern about the ability of the public education system to provide access to quality education for all students, given the high needs of Boston Public School (BPS) students. Further, these participants also questioned whether BPS has the required resources to fully prepare graduates for higher education and employment opportunities.

Recent state data indicate that **the needs among Boston public school students are substantial,** with seven in ten students designated as low-income (Figure 21). Further, roughly one in three students were designated as English learners while more than half did not speak English as a first language. Additionally, more than one in five students were designated as having a disability.

Figure 21. Percent Boston Public School Students Enrolled, by Selected Sub-Populations, 2024-2025



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, 2024-2025
NOTE: Per DESE, in 2025, a student is included in the High Needs group if he or she is designated as either Low Income, English Learner or Former English Learner, or a Student with Disabilities.

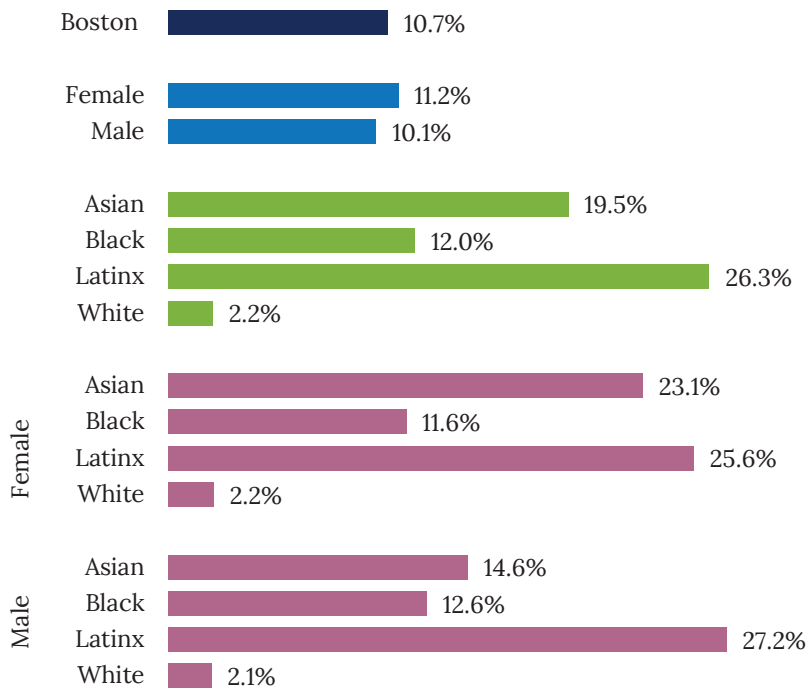
HIGHER EDUCATION AND JOB TRAINING

Concerns around economic mobility that were referenced in the Economic Mobility Chapter also extend to concerns around college and other training opportunities. **A handful of discussion participants noted that the high cost of college, as well as difficulty accessing job training programs, prevent some residents from being viable candidates in what they described as a competitive job market**. Low-income community members were seen as the most at risk of being unprepared to enter the workforce given deficits in education access.

> ***"We need to ensure that this current generation will have a future. Many parents can't afford to pay for college for their children. There needs to be more assistance for low-income families to send their kids to good colleges so that they can get ahead in life."***
>
> **– Resident Focus Group Participant**

While the previous section examined educational status by race/ethnicity, the graph below provides a deeper dive into those Boston residents with less than a high school education, the group most challenged in employment opportunities. According to 2023 American Community Survey data, 11% of Boston residents had attained less than a high school education (Figure 22). The proportion of residents without a high school education is highest among Latinx and Asian residents overall and among Latinx men and women. By neighborhood, East Boston, Roxbury, and Dorchester have the highest proportion of residents who do not have a high school diploma (Table 14). Also of note, 15.1% of community health survey respondents indicated that in the last 12 months, they had trouble paying for tuition or student loans (Table 16).

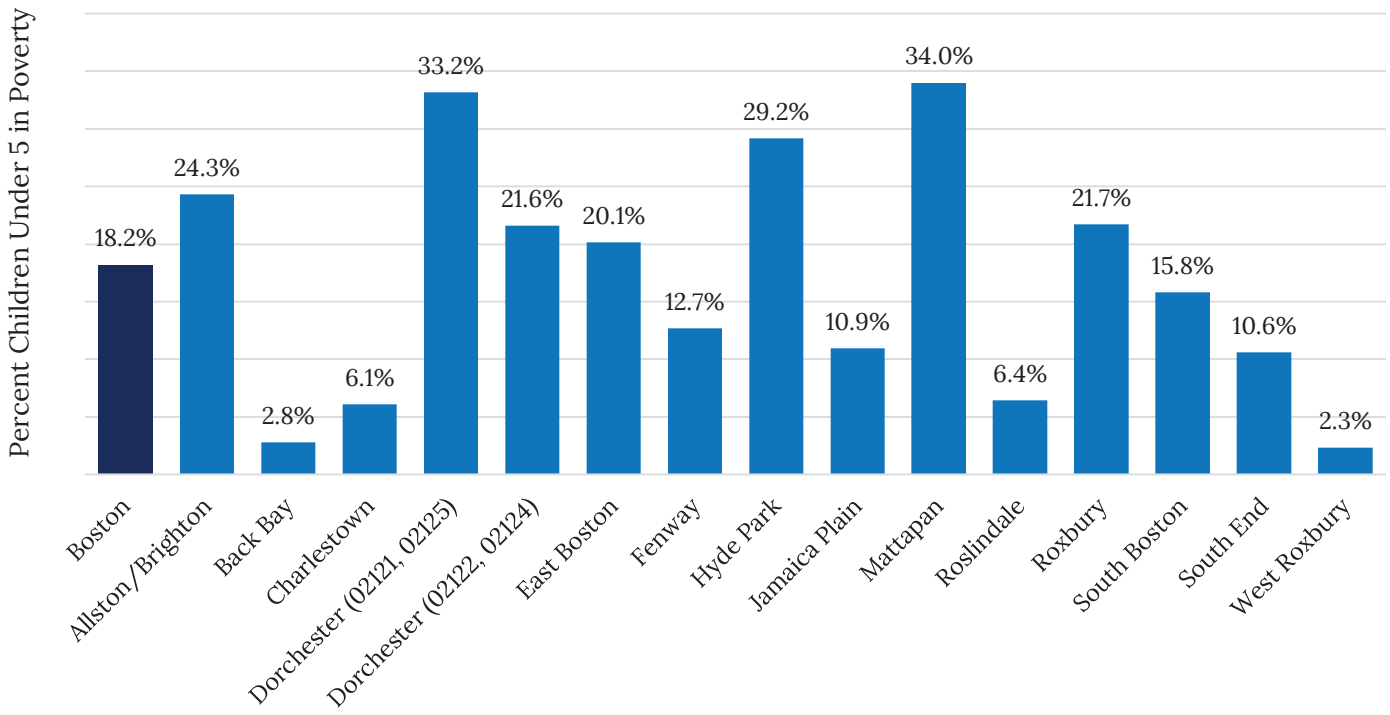
Figure 22. Percent Residents Over 25 Years Old with Less Than High School Education, by Boston and Selected Sub-Populations, 2023



DATA SOURCE: U.S. Census, American Community Survey 1-Year Estimates, 2023
NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx

A few interview participants also **connected adult education to childhood poverty,** noting that adequate education and training play a crucial role in breaking the cycle of child poverty by providing parents with skills and qualifications that lead to better job opportunities. This, in turn, can improve financial stability. Looking at the data, in 2023, nearly one in five Boston children under five years old were living in poverty (18.2%) (Figure 23). Percentages were highest in Dorchester (33.2%), Hyde Park (29.2%), and Mattapan (34%).

Figure 23. Percent Children Under 5 Years Old in Poverty, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

SOCIAL AND ECONOMIC FACTORS: TRANSPORTATION

Affordable and reliable transportation is essential for accessing jobs, schools, health care, and other vital services. Public transportation is an asset in the community, though there are access barriers for older adults and residents with mobility disabilities and costs associated with transportation in general are at times a challenge.

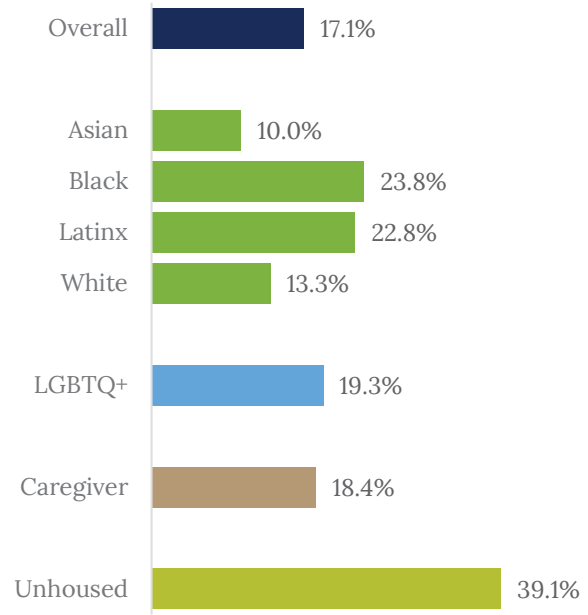
Some discussion participants described their communities as convenient to get around and walkable, while other participants described transportation barriers. While roadways, traffic, and construction were frequently mentioned as bothersome, public transportation was discussed the most frequently. **Public transportation in Boston was described as "convenient" but also "not perfect"** given how often it can break down, safety concerns, and the areas of Boston where public transport does not exist or is difficult to access.

"Transportation is an issue, especially if you need to travel outside of your neighborhood and rely on the T."

– Interview Participant

The cost of transportation also emerged as a challenge for some discussion participants and was described as another bill that must be paid, contributing to the challenges of living paycheck-to-paycheck described earlier. While public transit fares were generally perceived as affordable, costs related to owning a vehicle (e.g., gas, parking, car payments) were not. This is echoed in the community survey, where 17.1% of community survey respondents reported having trouble paying for transportation (e.g., car payments, gas, and public transit) in the past 12 months (Figure 24). When examined by race/ethnicity, Black and Latinx respondents reported this burden the most (23.8% and 22.8%, respectively).

Figure 24. Percent Survey Respondents Reporting Having Trouble Paying for Transportation in the Past 12 Months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

"[Kids with disabilities] can't take the buses... and it is expensive to drive kids around the city to bring them to different schools."

– Resident Focus Group Participant

Regardless of demographic, discussion participants tended to name similar factors that help and hinder accessing transportation in Boston (see callout bubble). Some participants also mentioned transportation as it relates to accessing green space, noting that the need to use multiple modes of transit to access green space in the city was frustrating at times.

In focus groups, seniors and people with mobility disabilities cited additional transportation barriers such as navigating a crowded sidewalk or contending with transit riders who do not give up their seat on public transportation. For a couple of participants who relied on *The Ride* (transportation service) for medical appointments, they cited sometimes negative attitudes from drivers and lack of flexibility around timing as additional challenges. Seniors specifically mentioned fears and safety concerns about using public transit, worrying that their physical frailty may make them potential targets for crime or harassment.

What Helps Boston Residents Access Transportation?

- Convenience/easy to access trains and buses
- Transportation services for seniors
- Social workers arranging transportation to/from medical appointments
- Friends/family providing rides

What Prevents Boston Residents from Accessing Transportation?

- Unaffordable and unreliable public transit
- Limited flexibility with scheduling accessible transportation services
- Infrequent bus stops
- Cleanliness and safety concerns

CHRONIC DISEASE

Many chronic conditions – including cancer, heart disease, and diabetes – are drivers of premature mortality rates, impact quality of life, and are associated with costs for individuals and the health care system. This chapter highlights key inequities in chronic disease. Comprehensive data and information on chronic diseases is available in the Health of Boston Reports.

Obesity and diabetes were commonly mentioned chronic health conditions among focus group participants.

- Cardiovascular health was discussed as a concern among seniors, fathers, Spanish-speaking participants, and Muslim parents.
- Asthma and/or allergies emerged as a concern for seniors, fathers, Muslim parents, and representatives of the climate justice sector who noted the impact of extreme heat.
- Chronic disability and mobility disability emerged as a health concern for several focus group participants, including seniors, persons with mobility disabilities, and trans and non-binary adults.
- Interview participants also identified persons who were previously incarcerated and people experiencing houselessness as particularly vulnerable to chronic conditions.

"In fact, your hypertension, high blood pressure, everything comes from the lack of health care when you were incarcerated. The unmet health conditions that go ignored for years, and then by the time you're released, the little problem became a huge problem."

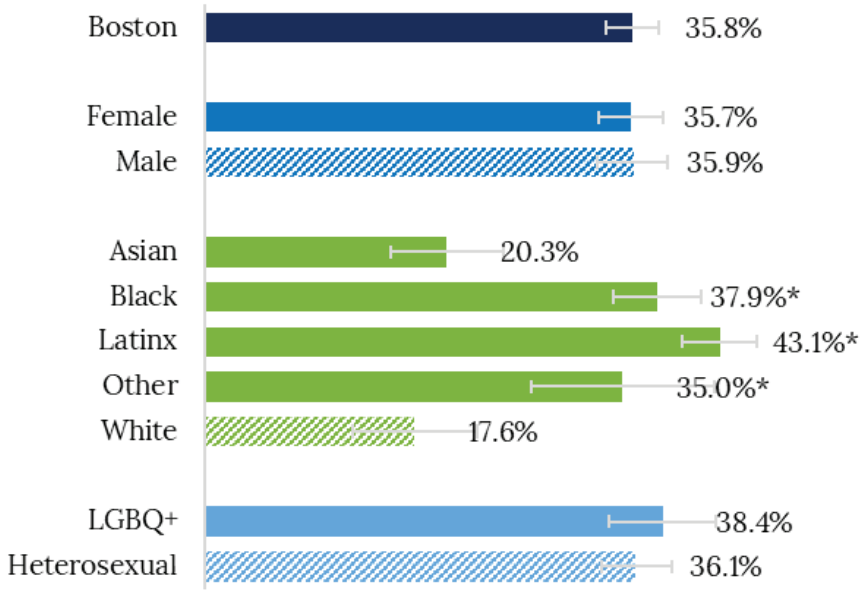
– Interview Participant

OBESITY

Obesity is a prevalent and costly chronic condition that can increase risk for type 2 diabetes, heart disease, stroke, and other chronic diseases. **Focus group participants frequently mentioned obesity as a pressing physical health concern in their communities.** Several participants discussed obesity in the context of limited access to healthy foods and insufficient opportunities to engage in physical activity; these and other risk factors for obesity are discussed in the following sub-sections.

In Boston, nearly 36% of youth and 59% of adults were overweight or obese (2019, 2021, and 2023 combined data). The prevalence of overweight and obesity varied widely across sociodemographic groups with notable racial, ethnic, and socioeconomic disparities present. Among youth, Black, Latinx, and youth reporting other racial or ethnic identifies were significantly more likely to be overweight or obese than white youth (Figure 25).

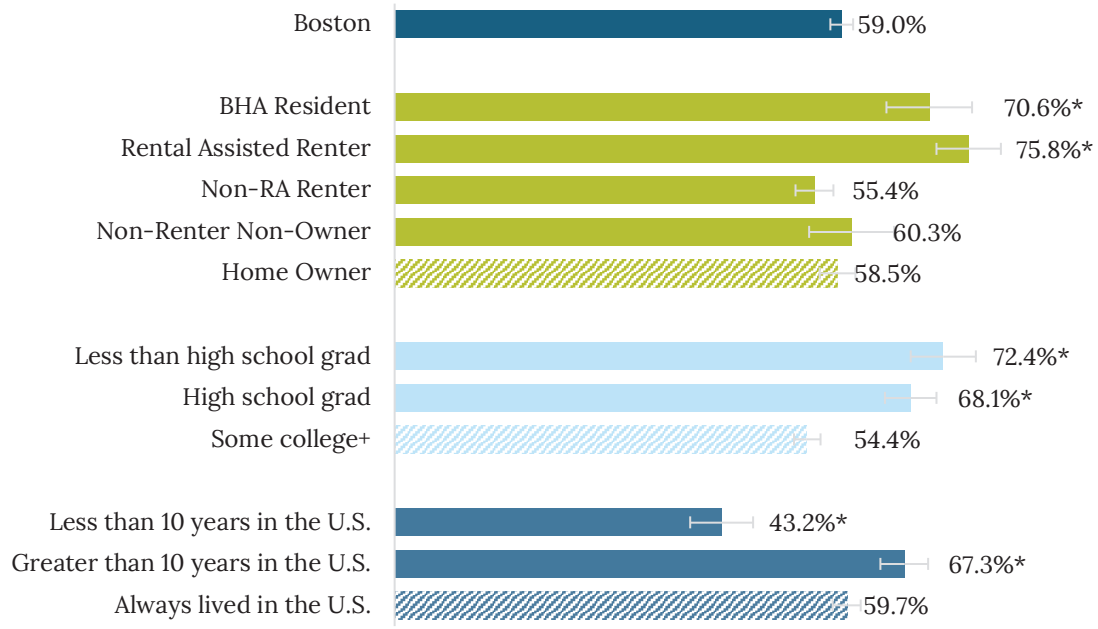
Figure 25. Percent High School Youth Reporting Overweight or Obese (BMI percent >85), by Boston and Selected Sub-Populations 2019, 2021, and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
NOTE: For children and teens, BMI is interpreted using sex-specific BMI-for-age percentiles. BMI is over 85% on the growth chart for their age and sex. Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$). LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Similarly, the percentage of adults reporting overweight or obesity was significantly higher among Black and Latinx adults compared to white adults (Figure 78). Additionally, as shown in the following graph, rates of overweight or obesity are higher among Boston Housing Authority (BHA) residents and rental assisted renters compared to homeowners, and among adults who have completed a high school degree or less compared to those who have completed at least some college (Figure 26). Further, compared to Boston overall, the percentage of adults reporting overweight or obesity was significantly higher in Dorchester, East Boston, Hyde Park, and Mattapan (Figure 79).

Figure 26. Percent Adults Reporting Overweight or Obesity, by Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as adults with BMI>25; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

HEART DISEASE AND STROKE

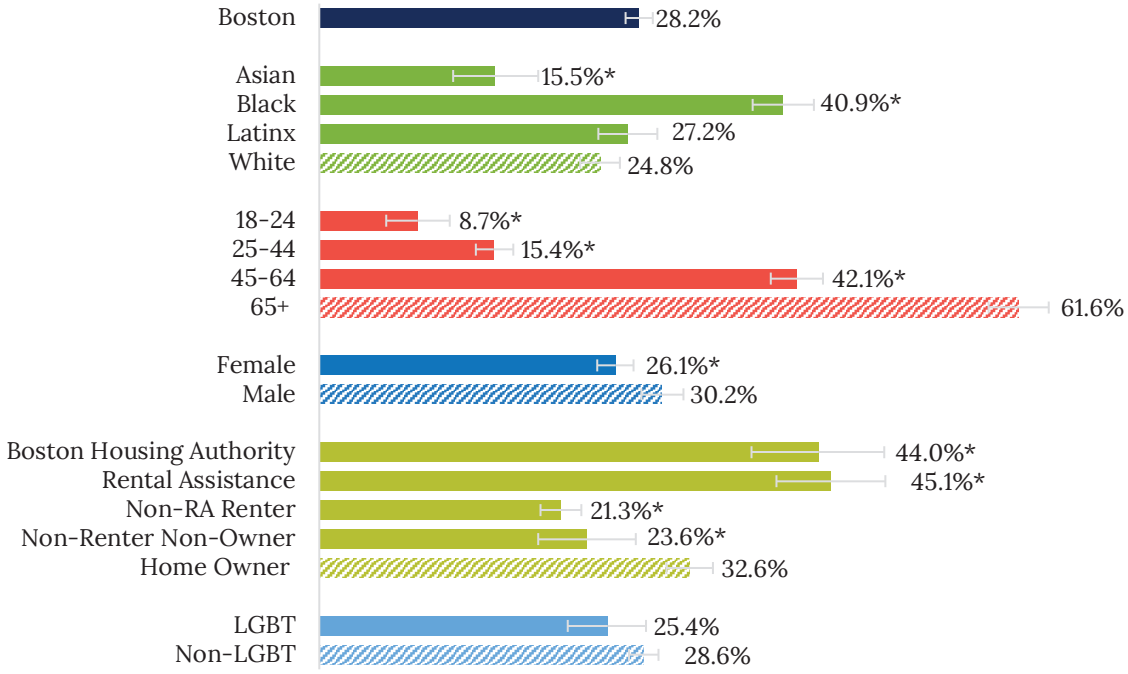
Hypertension, or high blood pressure, is the biggest risk factor for heart disease and stroke. Many factors contribute to high blood pressure, including not just individual lifestyle choices but also structural racism and its impact on access to health care, healthy foods, and safe places for physical activity, as well as everyday experiences of racism which contribute to chronic stress.

- Figure 27 shows that rates of hypertension are significantly higher among Black residents compared to White residents, and also significantly higher among Boston Housing Authority (BHA) residents and rental assisted renters compared to homeowners.
- Figure 28 shows that rates of hypertension are highest in Mattapan and Dorchester.

"My dad lives in Roxbury and in the last five years he changed pharmacies four times because they keep closing and if he didn't have me to help navigate that he wouldn't have a pharmacy."

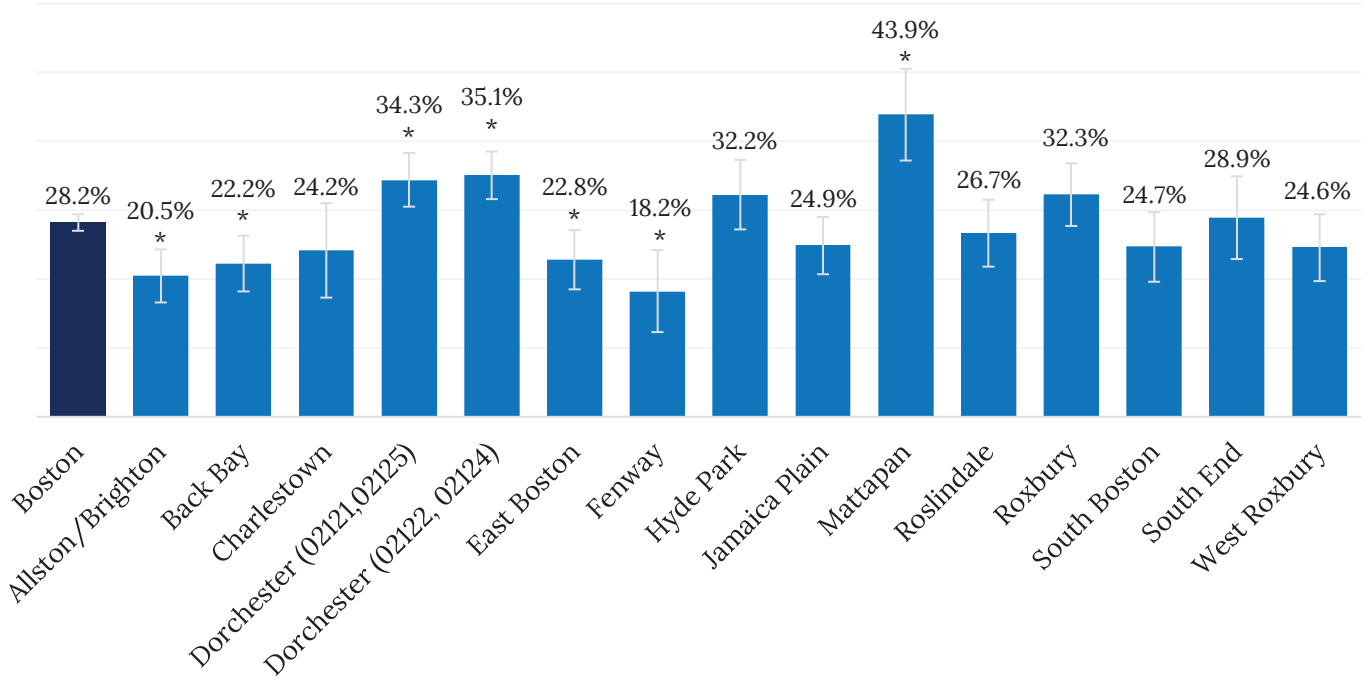
– Interview Participant

Figure 27. Percent Adults Reporting Hypertension, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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); Error bars show 95% confidence interval.

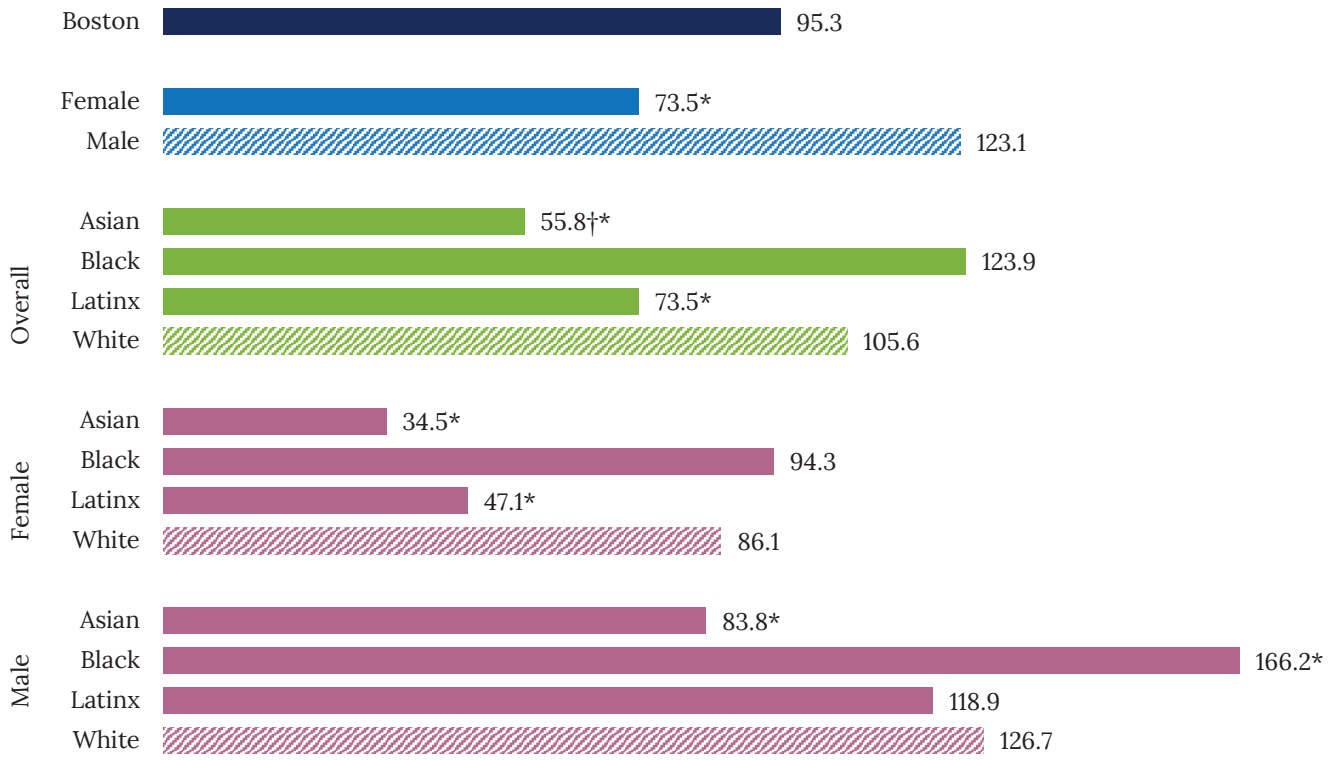
Figure 28. Percent Adults Reporting Hypertension, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Error bars show 95% confidence interval.

Heart disease mortality rates have declined significantly between 2019 and 2023, while heart disease premature mortality rates have remained stable (Table 17, Table 18). While mortality rates have declined, inequities persist. Heart disease hospitalization rates are significantly higher among Black residents compared to White residents (Figure 80). Heart disease mortality rates are higher among Black residents overall compared to White residents (Figure 29). This disparity is especially large among men: the heart disease mortality rate in 2023 was 166.2 deaths per 100,000 Black men compared to 126.7 deaths per 100,000 White men.

Figure 29. Heart Disease Mortality, by Boston and Selected Sub-Populations, Age Adjusted Rates per 100,000 Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Dagger (†) denotes rate based on a count of $n<20$; Error bars show 95% confidence interval.

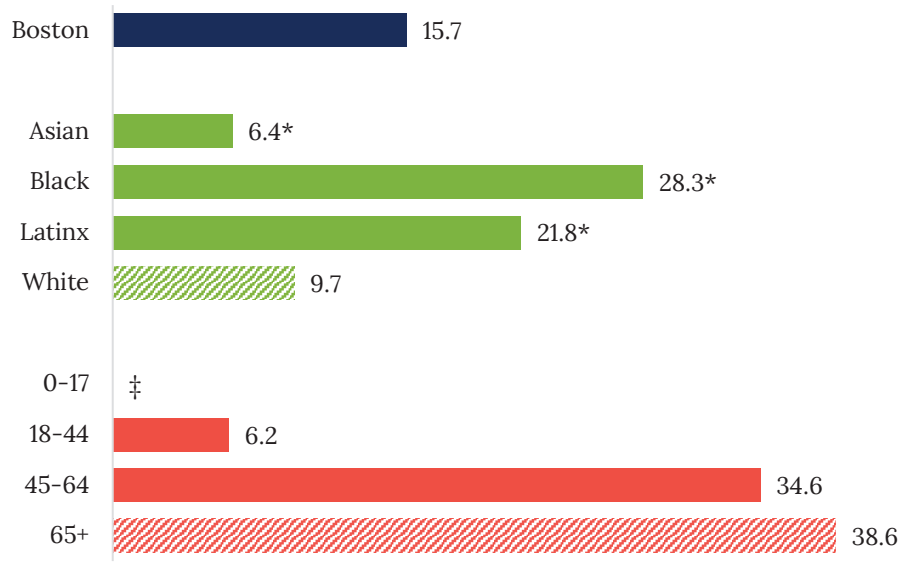
DIABETES

Access to healthy foods, physical activity opportunities, and appropriate medications are essential for effective management of diabetes and for preventing hospitalizations. In 2023, there were 15.7 diabetes-

related hospitalizations per 10,000 Boston residents. **Inequities in diabetes-related hospitalizations reflect inequities in access to healthy foods:**

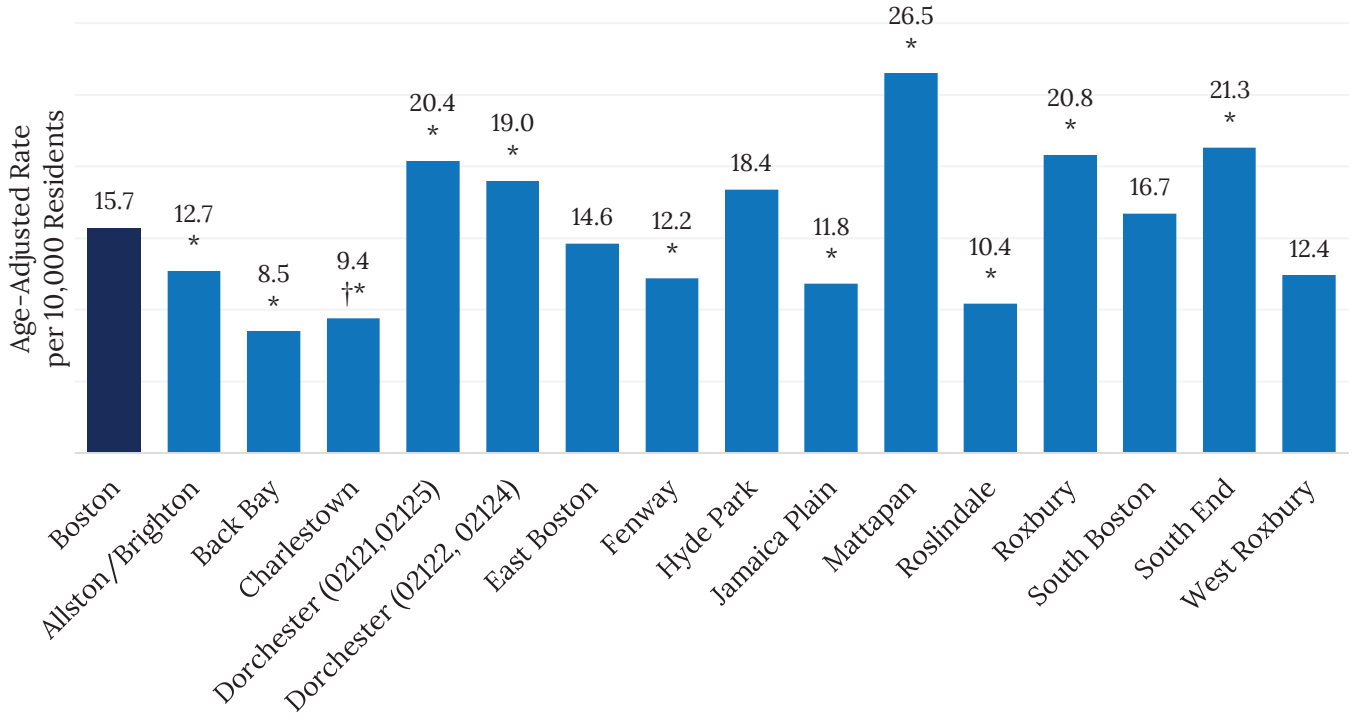
- Rates of diabetes-related hospitalization were significantly higher among Black and Latinx residents (Figure 30). As described further below, Black and Latinx residents also report higher rates of food insecurity, which may can contribute to challenges affording healthy food.
- The diabetes hospitalization rate was significantly higher in Mattapan, the South End, Roxbury and Dorchester compared to the rest of Boston (Figure 31). Residents of Mattapan, Roxbury and Dorchester also report a significantly lower ability to purchase healthy foods in their neighborhoods compared to Boston overall.

Figure 30. Diabetes Hospitalization, by Boston and Selected Sub-Populations, Age-Adjusted rates per 10,000 Residents, 2023



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$). Double dagger (‡) denotes count $n<5$.

Figure 31. Diabetes Hospitalization, by Boston and Neighborhoods, 2023



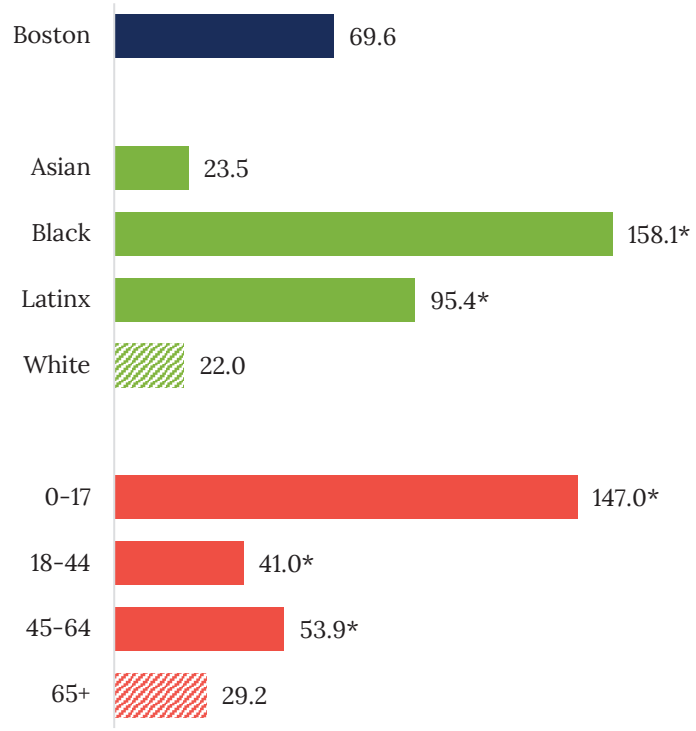
DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$). Dagger (†) denotes rate based on a count of n<20.

ASTHMA

Many triggers can exacerbate asthma including indoor allergens (e.g., dust and mold) and outdoor irritants (e.g., smoke and pollution), both of which can lead to emergency department (ED) visits. As described further in the Climate Change and Physical Environment chapter, communities of color are disproportionately exposed to heat, and hot, humid weather is a common asthma trigger.[11]

- As shown in Figure 32, the asthma ED visit rate was significantly higher among Black and Latinx residents compared to White residents.
- The ED visit rate is highest among ages 0-17 compared to other age groups (Figure 32).
- The ED visits rate was also significantly higher in Dorchester, Hyde Park, Mattapan and Roxbury (Figure 33).
- **Disparities in ED visits rates are particularly stark for Mattapan residents (132.4 asthma ED visits per 10,000 residents), whose rates are almost double those for Boston residents overall (69.6 asthma ED visits per 10,000 residents).**
- While inequities persist, it is important to note that **rates of emergency department visits for asthma have improved compared to previous CHNA reports.** In the 2019 CHNA, the asthma-related emergency department visit rate was 101 visits per 10,000 residents. As shown here, the asthma-related emergency department visit rate is much lower at 70 visits per 10,000 residents.

Figure 32. Asthma Emergency Department Visits, by Boston and Selected Sub-Populations, Age-Adjusted Rates per 10,000 Residents, 2023

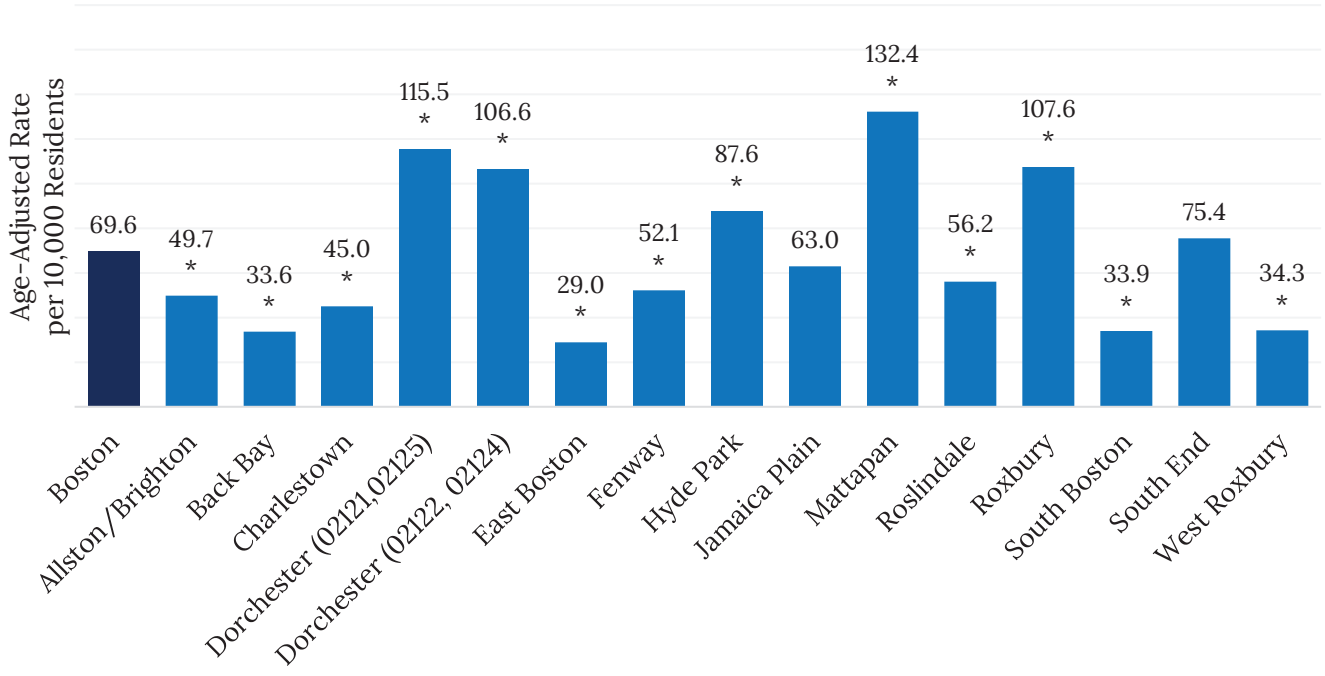


DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$)

"We also see more mold and moisture due to extreme precipitation changes, and [this] is something that slips under the radar as something [we] don't think of as climate issues and affects those who are already vulnerable such as [those who have] asthma..."

– Sector Focus Group Participant

Figure 33. Asthma Emergency Department Visits, by Boston and Neighborhood, 2023



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

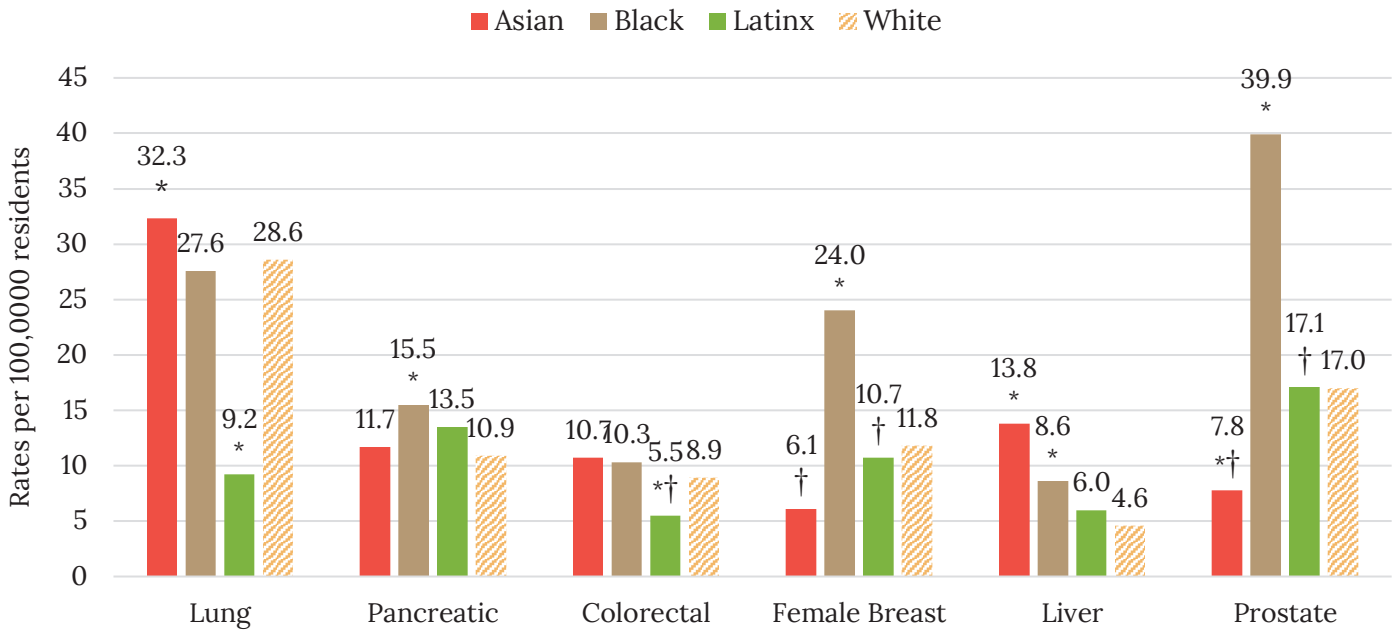
CANCER

Cancer is a leading cause of death in Boston. The combined 2017-2021 age-adjusted rate of cancer incidence in Boston is 425.6 cases per 100,000 residents[12], compared to 437.2 cases per 100,000 residents for Massachusetts overall[13]. While cancer mortality rates and premature cancer mortality rates have remained stable over time, recent data highlights inequities in cancer mortality and premature mortality by racial and ethnic groups.

CANCER MORTALITY

Cancer mortality rates and premature cancer mortality rates have remained stable over time (Figure 81). The leading types of cancer mortality are included in Figure 34. As shown in this Figure, the lung and liver cancer mortality rates are significantly higher for Asian residents compared to White residents while the prostate cancer mortality rate is significantly lower for Asian residents compared to White residents. Rates of pancreatic, female breast, liver, and prostate cancer mortality are significantly higher for Black residents compared to White residents. **The female breast cancer mortality rate and the prostate cancer mortality rate are both strikingly high for Black residents: the rates for Black residents are more than twice the rates for White residents**. Lastly, the lung and colorectal cancer mortality rates are significantly lower for Latinx residents compared to White residents.

Figure 34. Age-Adjusted Cancer Mortality Rates by Race/Ethnicity for Top Six Leading Types of Cancer Deaths, 2021-2023 combined

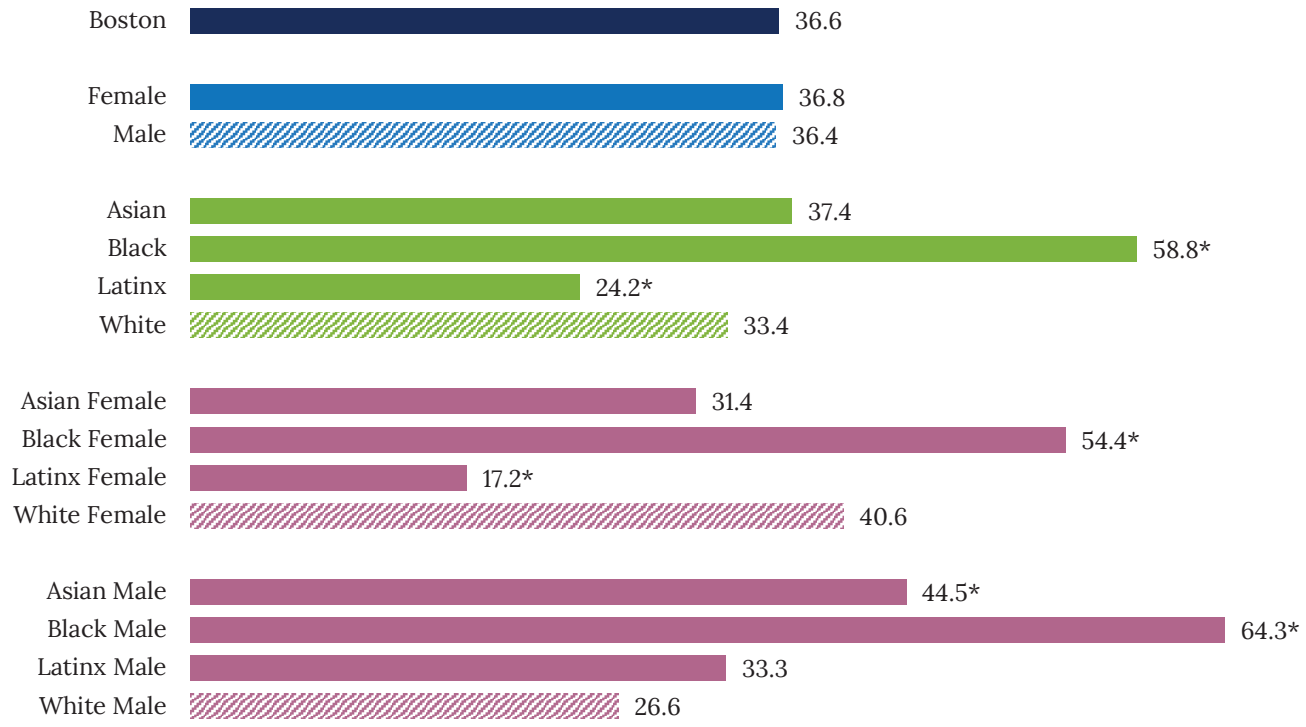


DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Dagger (†) denotes rate based on a count of $n<20$.

Measuring how cancer contributes to premature mortality can help guide community health planning by focusing attention on access to care, socioeconomic factors, and early detection. Focusing specifically on premature mortality from cancer:

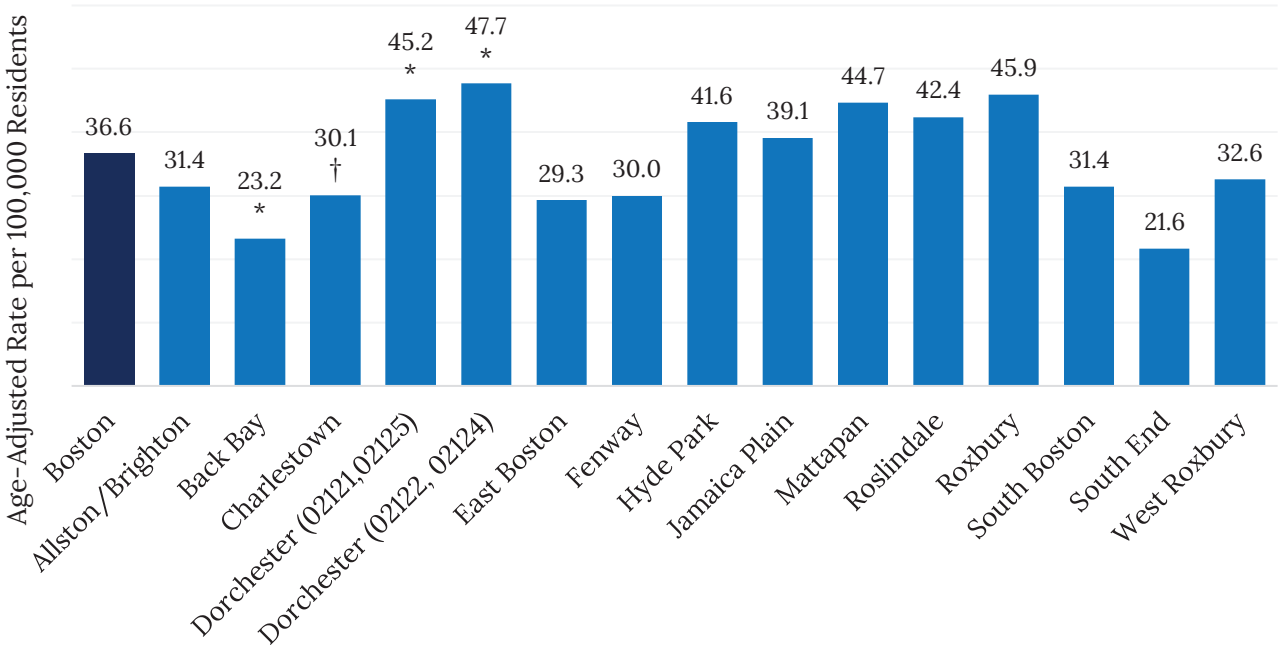
- Rates of premature cancer mortality are significantly higher for Black residents overall compared to White residents (Figure 35).
- For men, rates of premature cancer deaths are significantly higher among Asian and Black men compared to White men.
- **While Black women report high rates of screenings for breast cancer (Figure 37), their rates of premature cancer deaths are significantly higher compared to White women.**
- Premature cancer death rates are significantly higher in Dorchester compared to Boston overall (Figure 36).

Figure 35. Premature (Age<65 years) Cancer Mortality, by Boston and Selected Sub-Populations, Age-Adjusted Rate per 100,000 Residents, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$).

Figure 36. Premature (Age<65 years) Cancer Mortality, by Boston and Neighborhood, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of n<20.

CANCER SCREENING

Cancer screenings play a critical role in improving the health of a community by enabling the early detection of cancer and increasing the chances of successful treatment and survival. Individuals who receive care regularly are more likely to receive recommended preventive services including cancer screenings, which can help find cancers early when they are most treatable. While this report does not delve deeply into specific types of cancer, in 2021, the leading type of cancer mortality in Boston was lung cancer, followed by pancreatic, prostate, colorectal, and breast.[14]

Approximately three quarters of women 40 to 74 years of age across Boston (76.6%) reported receiving a mammogram in the past two years (Figure 37). While mammography rates do not differ by race/ethnicity, it is important to note that disparities in diagnostic follow-up following abnormal breast screening is documented in the literature; for example, one study found that the wait time for Black women to obtain a tissue

Mammography Recommendations

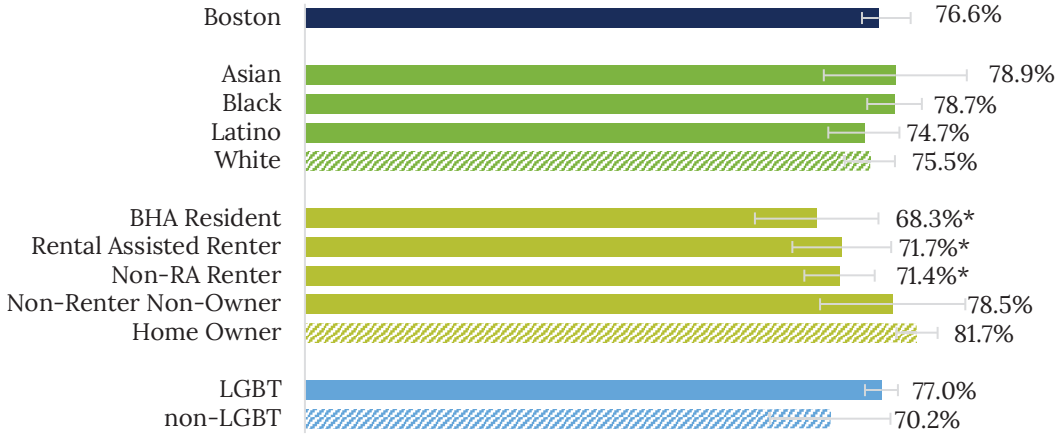
In 2024, the United States Preventive Services Task Force (USPTF) issued new recommendations that advise women at average risk to start regular mammograms at 40 years old. Regular mammograms (between the ages of 40 to 74) play an important role in finding breast cancer early, when it's easier to treat.

Colorectal Screening Recommendations

The United States Preventive Services Task Force recommends screening for colorectal cancer in all adults age 45 to 75 years old at average risk. The American Cancer Society National Colorectal Cancer Roundtable encourages communities to reach a screening rate of 80% and higher by working with health systems, community health centers, public health and others to increase awareness.

diagnosis was 1.75 times as long as the wait for White women.[15] Comparisons of rates cannot be made to previous CHNAs given the change in mammography age recommendations in 2024.

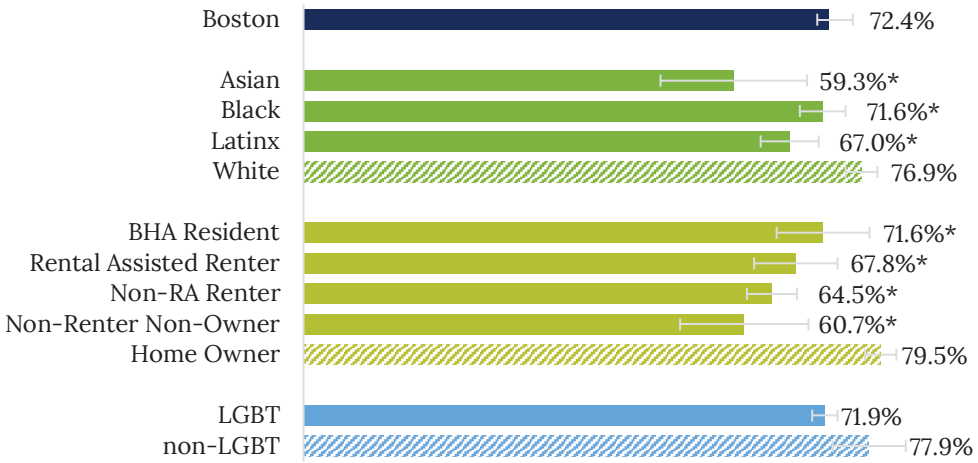
Figure 37. Percent Women Aged 40-74 Reporting Having a Mammogram in the Past Two Years, by Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

In 2019-2023, almost three quarters of Boston adults aged 50-75 reported ever receiving a colonoscopy or sigmoidoscopy (Figure 38). **In addition to colonoscopies, there are several additional alternative types of screenings for colon cancer. Health care providers can provide guidance on the best screening options for patients.** Compared to White adults, a significantly lower proportion of Black (71.6%), Latinx (67.0%), and Asian adults (59.3%) reported receiving colon cancer screening.

Figure 38. Percent Adults Aged 50-75 Reporting Ever Having Had a Colonoscopy/Sigmoidoscopy, by Selected Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

Cancer screening was not discussed frequently in interviews and focus groups, though it was raised in discussions with fathers and Spanish-speaking participants. Some participants described using mobile mammogram screening services and benefiting from screening reminders from primary care providers. Participants also noted the importance of preventive care for incarcerated individuals, difficulties finding accessible mammograms for individuals with disabilities, language barriers, and generally a fear of what the cancer screenings will find.

Survey respondents were asked specifically to share **ideas for encouraging more people to get routine screenings**. Many suggestions focused on the health care system in general. Respondents also suggested offering screenings in public spaces (e.g., libraries, waiting rooms, workplaces, hairdressers, gyms, childcare centers, churches), sending community health workers to community events, and expanding mobile programs that go to neighborhoods. Other ideas were to provide more education, including on the risks of not detecting cancer early, the "*hard truths*" about cancer, and the fact that screening "*can save your life*"; offering psychological support; media campaigns that make cancer personal, tell stories, and feature people that "*look like people in the neighborhood*"; public transportation signage; outreach in multiple languages; and messaging from providers, celebrities, influencers, and the Mayor. Respondents noted the importance of creating trauma-informed spaces and safe spaces for transgender and intersex people and ensuring follow-up after screenings. Lastly, respondents suggested offering incentives (coffee, $5 pharmacy coupons, etc.) and noted that the COVID-19 vaccination efforts could serve as a model.

Community Recommendations to Improve Cancer Screenings

Many survey respondents suggested structural changes to health care that would facilitate access to cancer screening: making it easier to get a primary care provider, offering walk-in appointments, providing screenings that are free, providing transportation and paid time off from work, making scheduling easy and appointments readily available, and offering weekend and evening hours. As one survey respondent shared:

> *"PCPs are in a shortage and even with insurance, I can't find a PCP that will see me within a few months. I think it's important to not assume people aren't getting screenings because they don't know the benefits, but we need to look at the systems that hinder their ability."*

ACCESS TO HEALTHY FOOD, NUTRITION, AND PHYSICAL ACTIVITY

Boston residents emphasized the importance of healthy eating and physical activity for preventing chronic disease and improving overall health and well-being. Yet, many reported an abundance of low-cost, highly processed foods and insufficient opportunities for physical activity in their neighborhoods. Suggestions for improvement include increasing access to fresh, affordable foods and culturally relevant, inexpensive opportunities for physical activity.

ACCESS TO HEALTHY FOOD

"The food that is the cheapest is all processed. It's not healthy...I can't even tell you how much money I spent on health food options that were healthy. And it's kind of disgusting that in order to eat healthy, you have to be broke."

– Resident Focus Group Participant

Many participants discussed the importance of eating healthy foods, reducing processed foods, and limiting fat and sugar intake. At the same time, **participants described numerous barriers to accessing and affording healthy foods in their communities**. This was particularly concerning for people with fixed incomes (e.g., seniors) and people receiving state assistance/benefits.

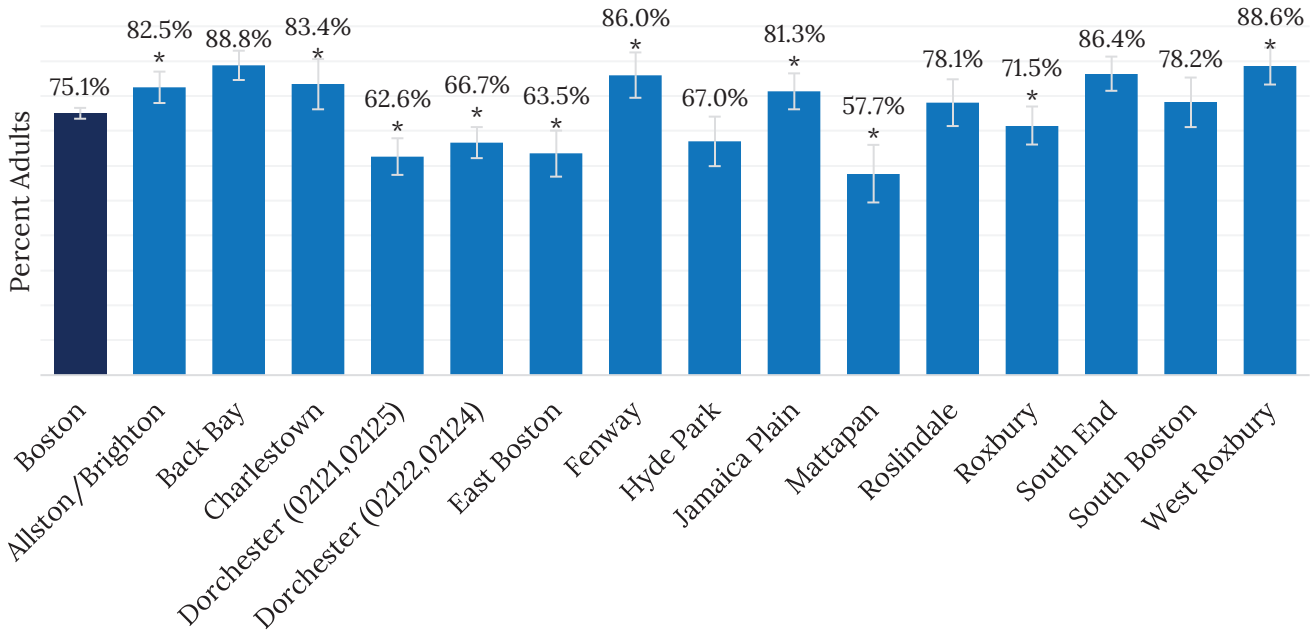
Participants reported living in neighborhoods with a high prevalence of processed foods and low availability of fresh foods. Fresh foods, including fruits and vegetables, milk, eggs, and meat, were described as expensive and difficult to access using public transportation, particularly for older adults. One participant discussed how the need to go outside of one's community to access healthy food can disrupt important social relationships and connections.

"When you don't have healthy food options, eating less healthy foods will have a long-term impact on your health and lead to problems whether it's diabetes or other health risks."

– Interview Participant

Survey respondents ranked access to low-cost healthy foods second overall in the list of top factors to improve quality of life and health in their communities (Table 20), and many participants discussed the importance of increasing access to fresh food in their communities. More than 75% of Boston adults reported that it was easy to purchase healthy foods in their neighborhoods (Figure 39). This percentage was significantly lower among residents of Dorchester, East Boston, Mattapan, and Roxbury (Figure 39). Percentages were also significantly lower among Black and Latinx residents compared to White residents. Similarly, percentages were lower among Boston Housing Authority (BHA) residents, renters, and non-renters/non-owners when compared to homeowners (Figure 82).

Figure 39. Percent Adults Reporting Easy to Purchase Healthy Foods in their Neighborhoods, by Boston and Neighborhoods, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

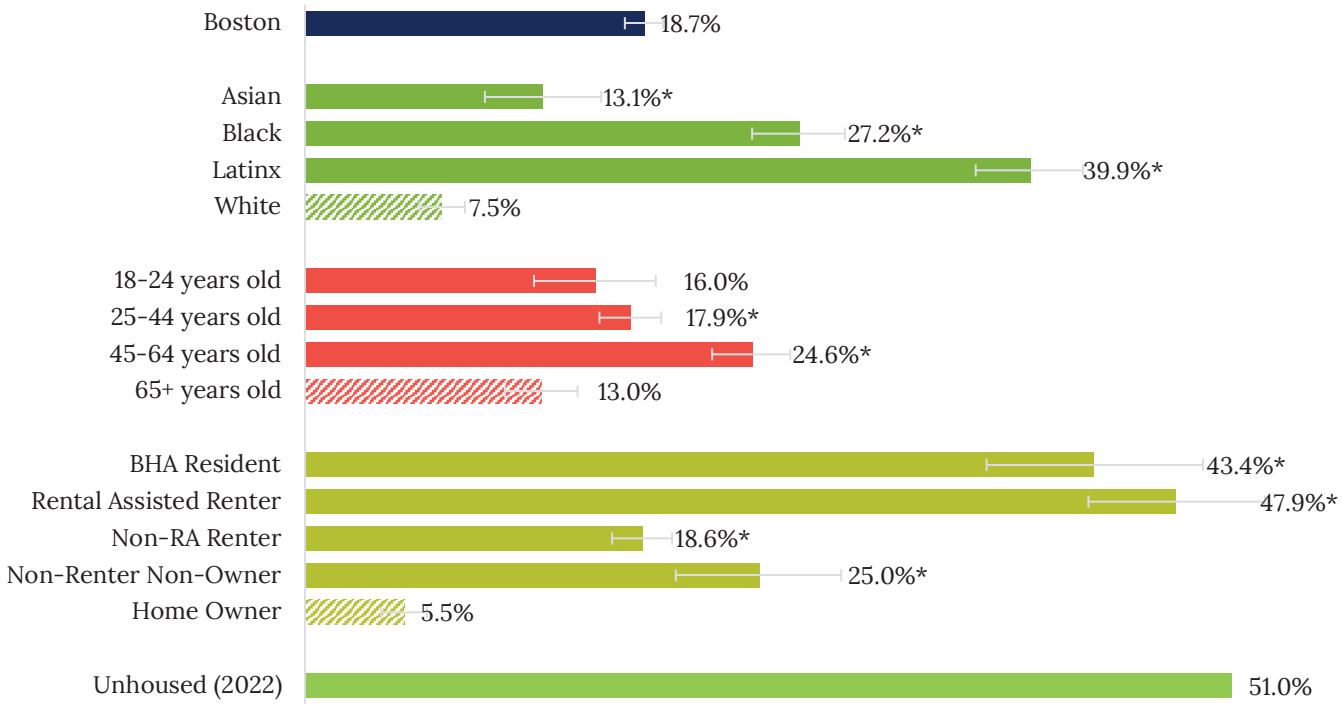
A few participants discussed the root causes and upstream factors that shape neighborhood food environments. One participant discussed how the effects of historical redlining practices, which led to decades of disinvestment in Black neighborhoods and other communities of color, can still be seen today in the form of inequitable access to healthy food environments.[16] Another participant described the need to build a regional food system that is resilient to the impacts of climate change and can ensure ongoing access to "nutritious, culturally relevant, and affordable" foods.

Food Security

Food security, or access to enough food for an active, healthy lifestyle, is a complex condition associated with higher risk for multiple chronic diseases and poorer mental health outcomes, including anxiety and depression. **Nearly 19% of adult Boston residents reported that, within the last 12 months, the food they bought did not last and they did not have money to get more** (Boston Behavioral Risk Factor Surveillance System, 2019, 2021, and 2023 combined). Percentages were significantly higher among Latinx, Black, and Asian residents compared to White residents, residents aged 25-44 and 45-64 compared to residents ≥65 years old, and Boston Housing Authority (BHA) residents, renters, and non-renters/non-owners compared to homeowners (Figure 40). Percentages were also significantly higher among residents of Dorchester, East Boston, Mattapan, and Roxbury (Figure 83). Notably, 51% of unhoused Boston residents reported that, within the last 12 months, the food they bought did not last and they did not have money to get more (Health of Boston Survey of People Experiencing Homelessness, 2022).

> ***"One of my kids used to always take three snacks to school and now I have to tell her to only take one."***
>
> **– Resident Focus Group Participant**

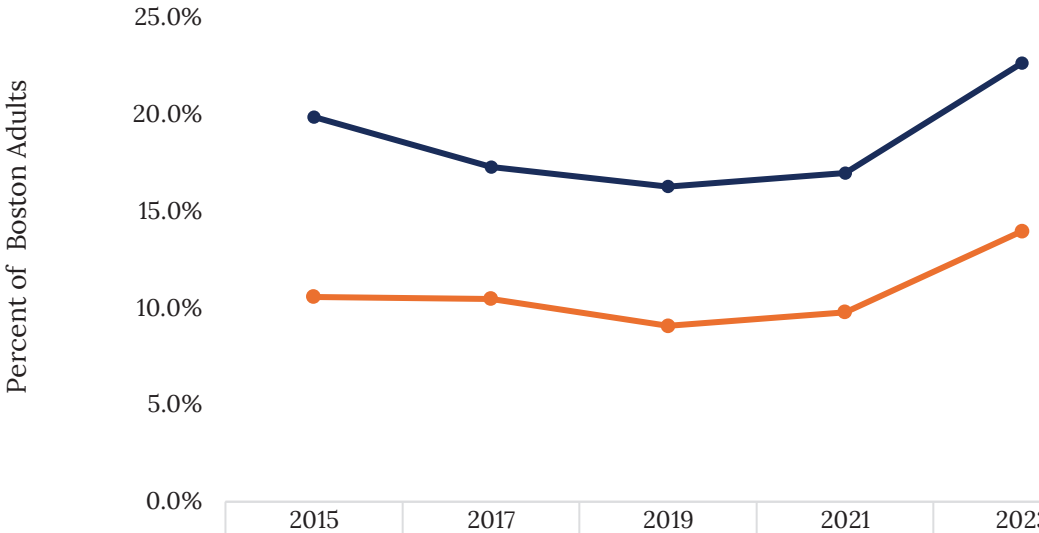
Figure 40. Percent Adults Reporting that Food Didn't Last in the Past Year, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

As shown in Figure 41, rates of food insecurity are increasing significantly over time. The percentage of Boston adults reporting their food didn't last and reporting that they were hungry because they could not afford enough food has increased significantly between 2015 and 2023. Rates of adults reporting that their food didn't last are highest among Latinx adults, among whom rates have increased significantly from 36.9% in 2015 to 47.1% in 2023 (Figure 84, Figure 86). Additionally, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food (Figure 85). Between 2021 and 2023, the percentage of Boston adults reporting it was easy to purchase healthy foods in their neighborhoods has decreased significantly, from 78.3% to 71.8% (Figure 86).

Figure 41. Percent Adults Reporting Food Didn't Last and Hunger, by Boston Over Time, 2015-2023

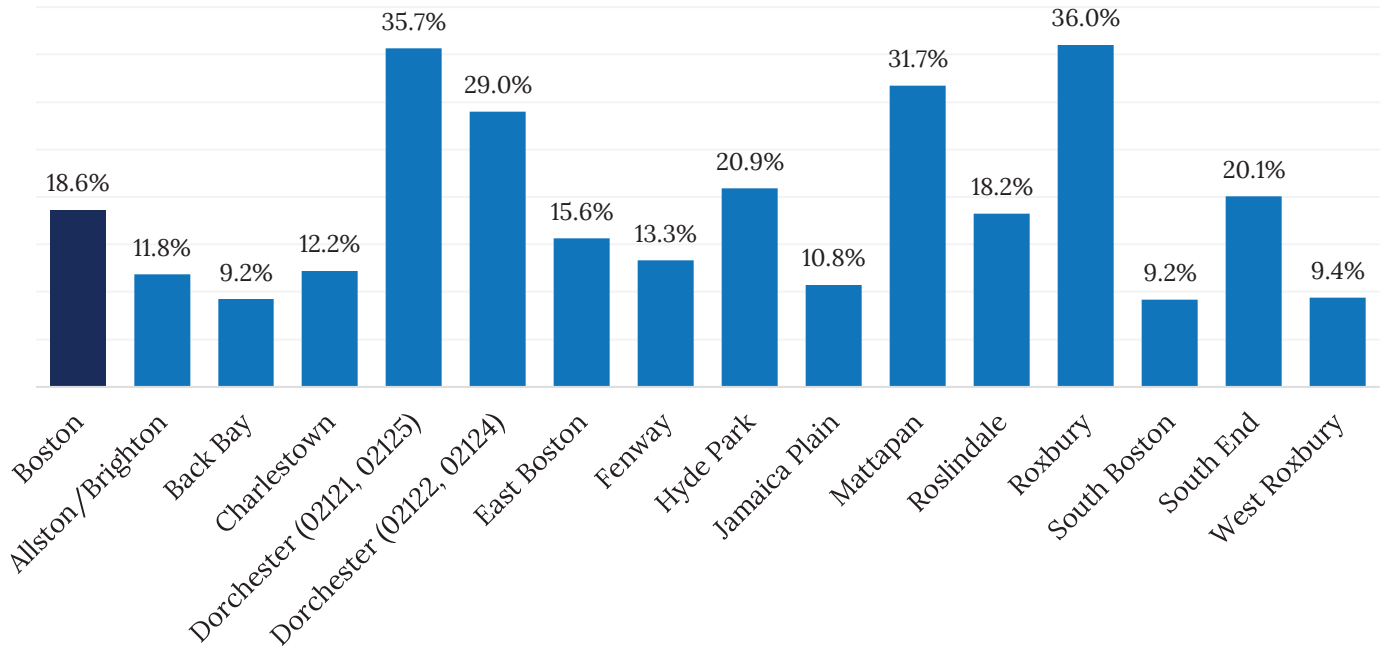


	2015	2017	2019	2021	2023
Bought Food that Didn't Last and Had No Money to Get More	19.9%	17.3%	16.3%	17.0%	22.7%
Hungry but Not Eating because They Couldn't Afford Enough Food	10.6%	10.5%	9.1%	9.8%	14.0%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Percentage for food not lasting and hungry significantly increased between 2015 and 2023; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

The Supplemental Nutrition Assistance Program (SNAP; formerly food stamps) and other food assistance programs like the National School Lunch Program, are the federal government's primary strategies to address food insecurity and increase access to healthy foods. Overall, nearly 19% of Boston households receive SNAP benefits, with higher percentages in Dorchester, Hyde Park, Mattapan, Roxbury, and South End (Figure 42). Further, compared to White residents (8.4%), a higher percentage of Asian (18.7%), Black (35.3%), Latinx (34.9%), and residents reporting other racial or ethnic identities (39.6%) receive SNAP benefits (Figure 87).

Figure 42. Percent Households Receiving SNAP Benefits, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

"I used to get $60/month in Food Stamps, and I would use it all on all of the basics—healthy fruits and vegetables—but now I only receive $20. With $20 I can only buy 3 things and then there's nothing left."

– Resident Focus Group Participant

Many participants described challenges affording the amount and types of food needed to feed themselves and their families. Participants frequently discussed food affordability in the context of paying for other necessities like housing, utilities, transportation, and childcare. One participant explicitly described the stress of choosing between "eating" and a "roof over your head." Spanish-speaking focus group participants also shared how SNAP benefit reductions have impacted their ability to buy healthier foods, such as fruits and vegetables. In addition to SNAP, several participants discussed the importance of school meal programs but expressed concern regarding children's food access outside of school hours. In general, accessing healthy foods was seen as particularly challenging in the context of inflation and rising food prices.

Participants described several community resources designed to address food insecurity, including non-profit organizations, food pantries, and support from neighbors and other community members. While participants discussed the importance of food pantries, they also shared several challenges, including stigma associated with using food pantries, the need for culturally relevant foods, and concerns that pantries will not be able to keep up with increasing demand. One participant also discussed the importance of taking a localized approach to addressing food insecurity that meets each community's unique needs.

"We take care of each other…I go to the store for somebody three times a week because they are in their 80s and they can't get around as easily."

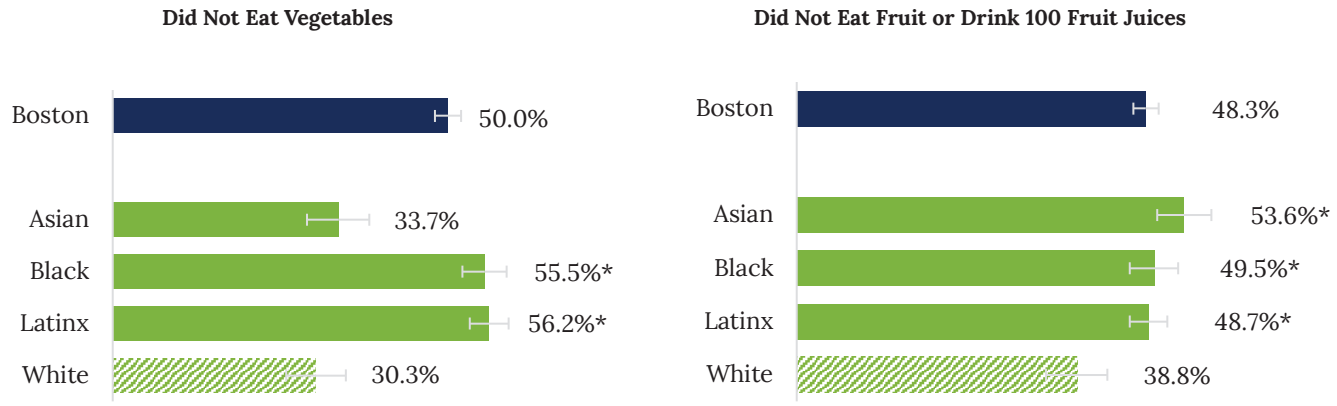
– Resident Focus Group Participant

NUTRITION

Eating a healthy diet is critical for maintaining a healthy weight and preventing chronic disease. Data from the Youth Risk Behavior Survey suggest that many Boston youth are not consuming recommended amounts of vegetables or fruits (2019, 2021, and 2023 combined data). Key findings include:

- Approximately half of Boston Public School (BPS) high school students reported they do not eat vegetables at least once per day and almost half reported they do not eat fruit or drink 100% fruit juice at least once per day (Figure 43).
- Compared to White students, Latinx and Black students were significantly more likely to report not eating vegetables, and Latinx, Black, and Asian students were significantly more likely to report not eating fruit or drinking 100% fruit juice.

Figure 43. Percent High School Students Reporting They Did Not Eat Vegetables 1+ Times Per Day and Did Not Eat Fruit or Drink 100% Fruit Juices 1+ Times Per Day, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$)

PHYSICAL ACTIVITY

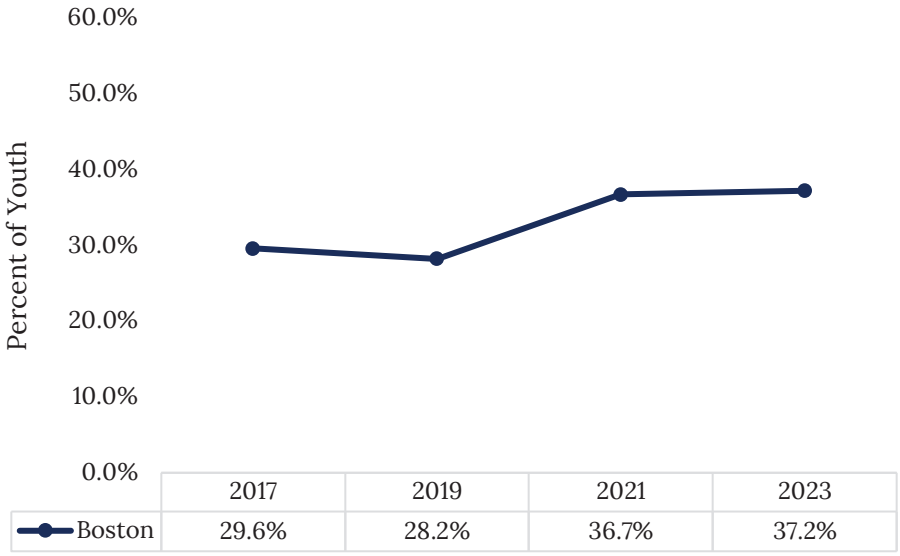
Engaging in adequate physical activity can reduce risk for numerous chronic conditions and improve overall health and well-being. **Focus group participants discussed the importance of physical activity for staying healthy and described various types of physical activity in which they engage.** Many participants, especially older adults, shared that they stay active by going on walks either with friends, in formal walking groups, or alone. Other participants reported going to the gym and attending dance and exercise classes at local community centers. Some participants, particularly older adults, described social support from friends and family as an important facilitator of physical activity. Several older adults also discussed how staying "active" and "busy" can improve mental health.

Youth focus group participants discussed playing sports and running, but also observed that screen time (e.g., social media, video games) has replaced physical activity for many people their age. In 2023, 37.2% of Boston youth reported engaging in regular physical activity, defined as at least 60 minutes per day on five or more of the preceding seven days. This represents a more than 25% increase from 2017 when only 29.6% of youth reported engaging in regular physical activity (Figure 44).

"A lot of people our age stay home and are on our phones...on social media [and playing] video games and not getting outside much at all."

– Resident Focus Group Participant

Figure 44. Percent Boston Youth Reporting Engagement in Regular Physical Activity, 2017-2023

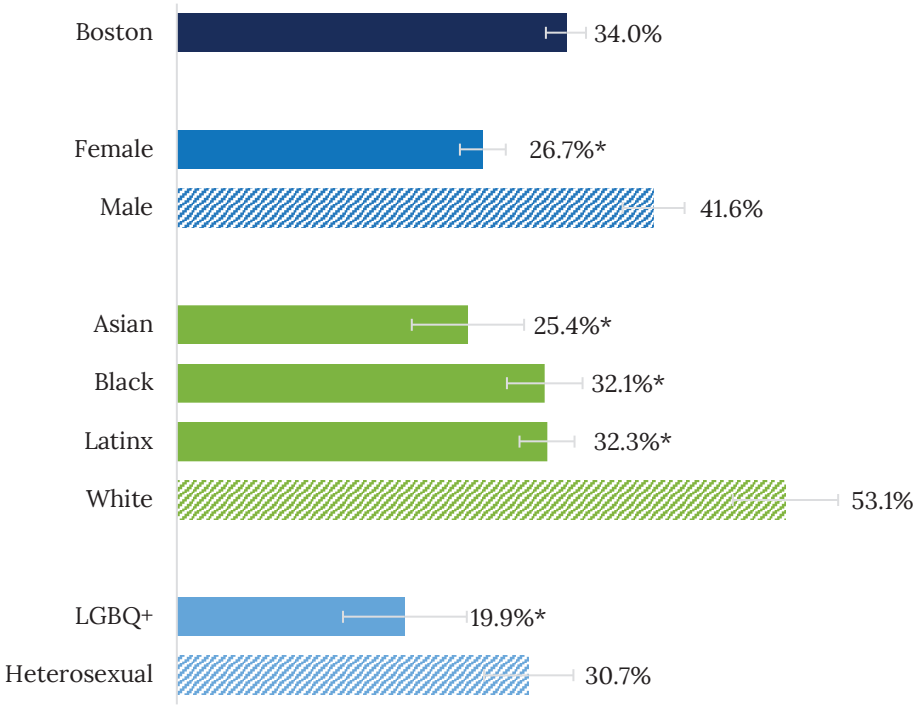


	2017	2019	2021	2023
Boston	29.6%	28.2%	36.7%	37.2%

DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2017-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Despite this improvement, there were notable demographic disparities. The percentage of youth reporting engagement in regular physical activity was significantly lower among female youth compared to male youth and among Asian, Black, and Latinx youth compared to White youth, and significantly higher among heterosexual youth compared to LGBT youth (Figure 45).

Figure 45. Percent Youth Reporting Engagement in Regular Physical Activity, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$). LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Focus group participants reported numerous barriers to engaging in physical activity including neighborhood safety, financial constraints, time constraints, and limited availability of places to exercise in their community (e.g., parks, gyms). Participants expressed interest in using gyms but described them as expensive and shared that opening hours do not always align with work schedules or childcare needs. Some participants reported that it is hard to find time to go to the gym, and that, in general, it can be hard to find the energy and motivation to go to exercise especially when there is "*a lot going on in life*" that can make it "*hard to take time out for yourself.*"

Safe and Culturally Appropriate Spaces for Play and Exercise

In focus groups, **Somali parents of children with disabilities** discussed the importance of safe, inclusive, and culturally appropriate spaces for play and exercise, including:

- Specialized play areas, particularly swimming pools.
- Gyms where Muslim women can comfortably exercise.

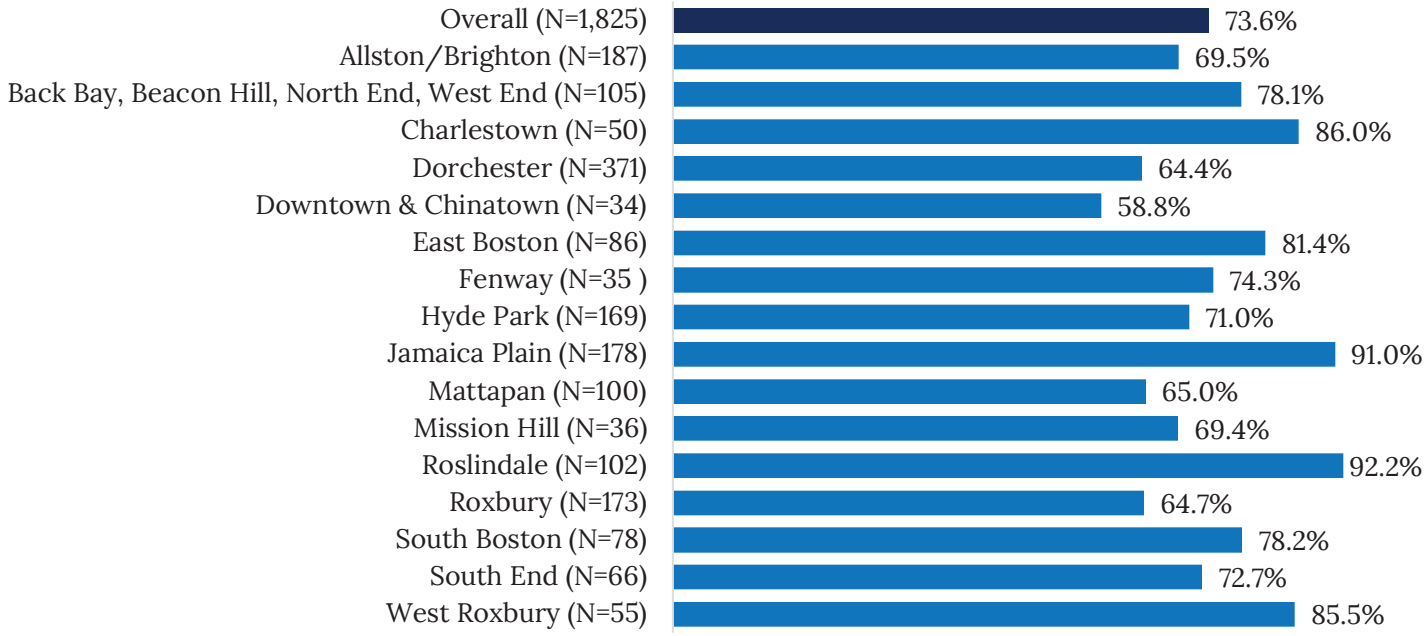
"[Our kids] need the same resources that other kids need, and I don't feel comfortable bringing them to [the] same places as other kids such as swimming [pools], since we are Muslim and need to be covered."

Overall, nearly 74% of survey respondents agreed or strongly agreed that their community has safe outdoor places to be active. However, this percentage varied across neighborhoods, with the lowest percentages reported in Downtown & Chinatown, Dorchester, Roxbury, and Mattapan (Figure 46). Percentages were also lower among Asian, Black, and Latinx residents, caregivers, and people who are unhoused (Figure 66).

"Apart from cost, daycare is also an issue. Even if you want to work out, you need someone who can take care of your kids.... There's actually a gym here that's free, but then you still need someone to watch your kids."

– Resident Focus Group Participant

Figure 46. Percent Survey Respondents Who Agreed or Strongly Agreed That Their Community has Safe Outdoor Places to be Active, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

HEALTH CARE ACCESS AND UTILIZATION

Most Boston residents have health insurance, but health care access barriers remain. Key suggestions for improving access include co-locating services, lowering costs, ensuring safe and respectful interactions, and expanding availability of appointments and primary care providers, particularly to increase routine cancer screening.

USE OF HEALTH CARE SERVICES

> ***"Black men have the lowest life expectancy in Boston. That ties into seeing [a] primary care doctor, getting routine checkups."***
>
> **– Interview Participant**

Access to health care services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. **Many focus group participants discussed the importance of seeing primary care providers and specialists**. Data from the bi-annual Boston Behavioral Risk Factor Surveillance Survey show that in Boston overall, almost half (48.8%) of residents report that their usual place for health care is a doctor's office, and roughly one in five receive usual care at a public health clinic or community health center (Table 8). More than one in four Latinx (26.7%) and Black (26.1%) residents report their usual place of care is a public health clinic or community health center, whereas a majority (64.3%) of White residents report a doctor's office as their usual place of care. Additionally, more than one in ten Latinx residents (14.4%) and Black residents (11.2%) report using an emergency department as their usual place for health care.

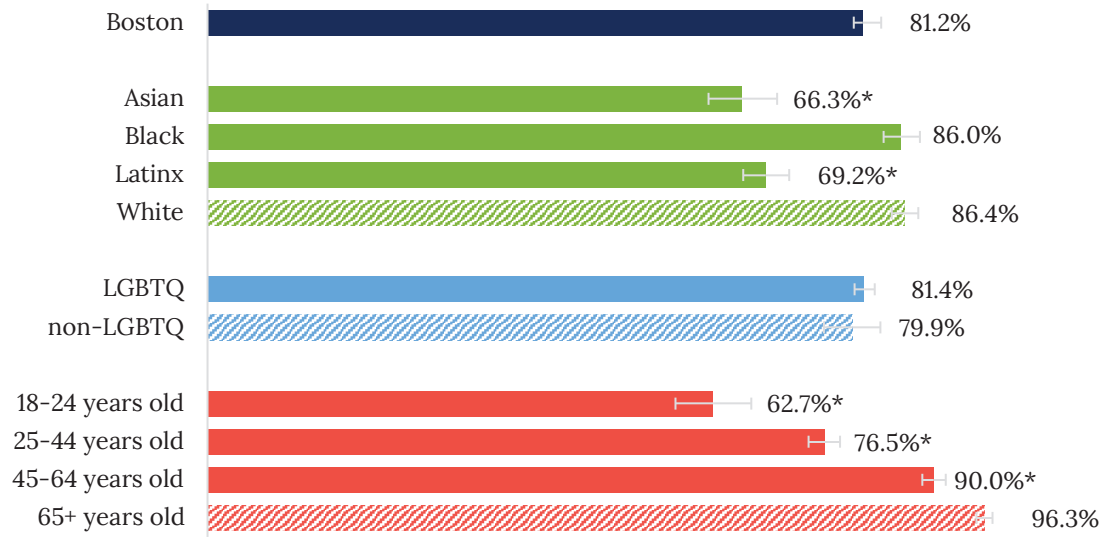
Table 8. Percent Adults Reporting Their Usual Place for Health Care, by Boston and Selected Sub-Populations, 2019, 2021, and 2023 Combined

	Boston	Asian	Black	Latinx	White	LGBTQ	Non-LGBTQ
Public Health Clinic or Community Health Center	18.0%	19.7%	26.1%	26.7%	10.3%	17.8%	19.2%
A Doctor's Office	48.8%	41.8%	31.0%	34.7%	64.3%	48.4%	51.3%
A Hospital Outpatient Department	9.0%	9.5%	16.1%	7.1%	6.2%	9.4%	6.6%
A Hospital Emergency Department	6.7%	4.7%	11.2%	14.4%	2.1%	6.9%	5.6%
Urgent Care Center	7.7%	7.2%	7.4%	5.6%	8.9%	7.6%	8.5%
Other	4.0%	9.7%	3.5%	4.9%	2.7%	4.1%	3.7%
No Usual Place	5.8%	7.5%	4.7%	6.7%	5.4%	5.9%	5.2%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Use of primary care can reduce emergency department visits. **Data from the Boston Behavioral Risk Factor Surveillance Survey show that 81.2% of Boston residents overall have a primary care provider (Figure 47). This percentage has remained relatively steady over the past several years**. However, Asian and Latinx residents were significantly less likely than White residents to report they have a primary care provider.

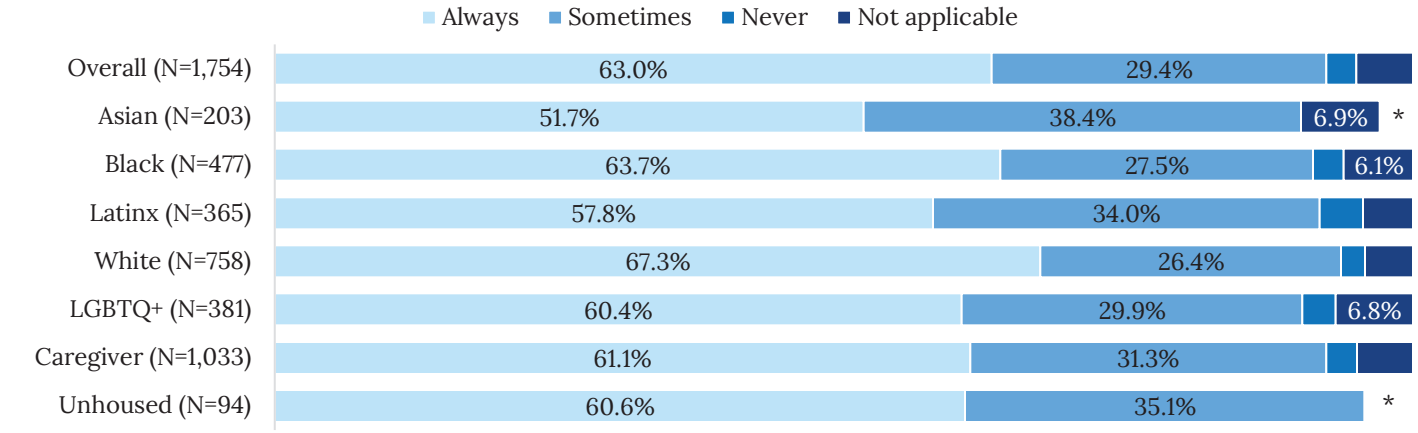
Figure 47. Percent Adults Reporting Having a Primary Care Provider, by Boston and Selected Sub-Populations, 2019, 2021, and 2023



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTES: 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); Error bars show 95% confidence interval.

Survey respondents also provided information on utilization of health care. Among survey respondents overall, 38.0% indicated that they would need to travel outside of their community to access high quality hospitals, doctors, or clinics (Figure 88, Figure 89). Of note, this percentage was highest among those who lived in Hyde Park (66.9%) and Roslindale (50.5%) compared to other neighborhoods. A majority of survey respondents indicated that they were always able to get medical care when they needed to in the past year, although this percentage was lowest among Asian and Latinx respondents (Figure 48).

Figure 48. Percent Survey Respondents Reporting Able to Get Medical Care When They Needed to in the Past 12 months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024
Notes: Data labels ≤5% not shown; Asterisk (*) indicates data are suppressed due to small cell size (n<10).

HEALTH INSURANCE

Very few Boston residents are uninsured. According to American Community Survey 2019-2023 estimates, 3.0% of the overall population in Boston were uninsured (Figure 90). Across neighborhoods, uninsurance rates were highest among East Boston (5.6%) and Roxbury (5.5%) residents.

Despite high rates of insurance, in several discussions, insurance-related issues emerged as barriers to accessing health care, including under-insurance, finding a provider who accepts MassHealth (including dental providers), ineligibility for services, difficulty navigating insurance and health care systems, confusing medical bills, high co-pays or out-of-pocket expenses, changes to eligibility for public insurance following a change in job or income, and, for some, lack of insurance.

> ***"Sometimes when you try to connect the dots with a patient and their insurance, it does not always make sense... that is an infrastructure issue. It can be hard to know what patients have received in the past and what they can have covered in the future."***
>
> **– Sector Focus Group Participant**

HEALTH CARE ACCESS

In addition to insurance-related challenges, discussion participants described specific barriers to accessing health care services. These included structural challenges, such as waitlists and long wait times to see a provider, changes in their provider or care team, the inaccessibility of primary care providers to see patients between preventive visits to address emerging or acute health issues, and the closure of pharmacies. A couple of interview participants discussed efforts to improve reimbursement models to ensure that residents can access health care services, including innovative models of health care delivery in community settings. Some discussion participants also noted immigrant communities' barriers to accessing health care, including eligibility for services and language barriers to accessing care. A few interview participants shared concerns about the impact of immigration enforcement efforts on community-based health care and the potential for current immigration enforcement efforts to suppress health care utilization for immigrants.

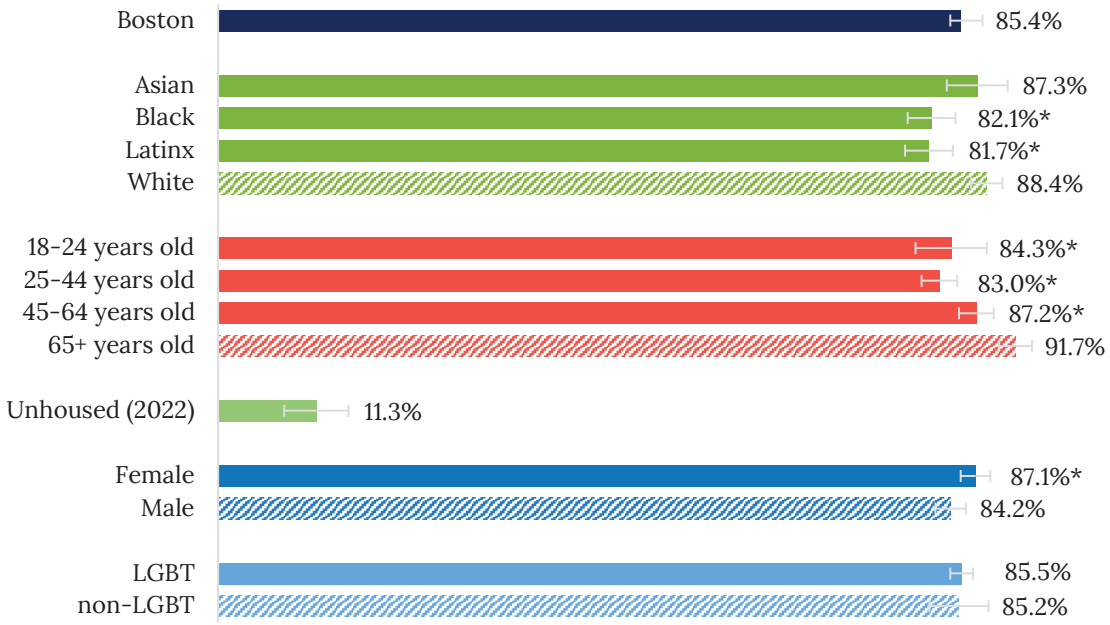
Discussion participants also described barriers to care related specifically to engagement with health care providers or staff. These barriers included: feeling uncomfortable, providers not listening to patients, and providers lacking cultural humility towards racially minoritized groups, Black men, immigrants, people with disabilities, transgender patients, and queer communities. For example, discussion participants noted the challenges of finding providers who are adequately educated to engage with transgender and non-binary patients and who do not misgender patients. Several focus group participants with disabilities shared frustrations and personal stories about lack of accessibility in a variety of care spaces, such as doctor's offices and hospitals.

> ***"I think doctors... assume things and don't listen. I went to the ER, and they told me I was throwing up because of anxiety and my PCP called and said no you have an infection and need antibiotics."***
>
> **–Resident Focus Group Participant**

Data from the Boston Behavioral Risk Factor Surveillance Survey show that in Boston overall, 85.4% of adults trust their doctor's judgement on their medical care (Figure 49). However, Black and Latinx

residents were significantly less likely than White residents to report they trust their doctor's judgements.

Figure 49. Percent Adults Reporting Trusting Their Doctor's Judgments on Their Medical Care, by Boston and Selected Sub-Populations (2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System (2021,2023), Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTES: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Community survey respondents were presented with a list of statements and were asked to mark all that would help them, or their family get the health care they need. Survey respondents ranked "Being able to get many services at the same location or practice" (53.1%), "Evening or weekend appointments" (45.5%), "More appointments available" (39.8%), "Lower out of pocket cost for services" (37.7%), and "Health care providers who make me feel safe and respected" (37.2%) as the top facilitators for helping them or their family get needed health care (Table 9). **Across all sub-populations, co-location of services was the top ranked facilitator.**

Table 9. Top Facilitators That Would Help Survey Respondent or Their Family Get the Care They Need, 2024

Rank	Overall N=1,752	Asian N=202	Black N=483	Latinx N=364	White N=758
1	Being able to get many services at the same location or practice (53.1%)	Being able to get many services at the same location or practice (57.4%)	Being able to get many services at the same location or practice (54.2%)	Being able to get many services at the same location or practice (50.3%)	Being able to get many services at the same location or practice (51.8%)
2	Evening or weekend appointments (45.5%)	Evening or weekend appointments (40.1%)	Evening or weekend appointments (44.7%)	Evening or weekend appointments (41.8%)	Evening or weekend appointments (50.8%)
3	More appointments available (39.8%)	Clear prices for services (39.1%)	Health care providers who make me feel safe and respected (43.5%)	Lower out of pocket cost for services (35.7%)	More appointments available (45.3%)
4	Lower out of pocket cost for services (37.7%)	Lower out of pocket cost for services (37.6%)	Lower out of pocket cost for services (42.7%)	Health care providers who make me feel safe and respected (35.2%)	Health care providers who make me feel safe and respected (36.1%)
5	Health care providers who make me feel safe and respected (37.2%)	More appointments available (36.1%)	More appointments available (37.7%)	More appointments available (34.9%)	Lower out of pocket cost for services (35.6%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024
Notes: Asterisk (*) indicates data are suppressed due to small cell size (n<10).

MENTAL HEALTH AND CHRONIC STRESS

In this report, behavioral and mental health are detailed in separate sections. However, it is important to recognize that the two are deeply interconnected and influence one another in significant ways. Mental health and chronic stress are impacted by a myriad of social, economic, behavioral, and individual factors. These factors are a top priority to improve the health of Boston communities overall and, specifically, youth, LGBTQ+ residents, immigrants, and caregivers.

EXPERIENCE OF MENTAL HEALTH NEEDS AND CHRONIC STRESS

Mental health is shaped by a person's traits, behaviors, life experiences, and circumstances. It is also influenced by social and economic conditions, such as prolonged exposure to racism, discrimination, oppression, or exclusion. These conditions can cause ongoing stress, further exacerbating negative mental health outcomes and adversely impacting the day-to-day lives of individuals.

Changes Since Previous CHNAs

Rates of adults reporting **persistent anxiety and receiving treatment for depression are higher** in this current 2025 CHNA compared to the 2019 CHNA.

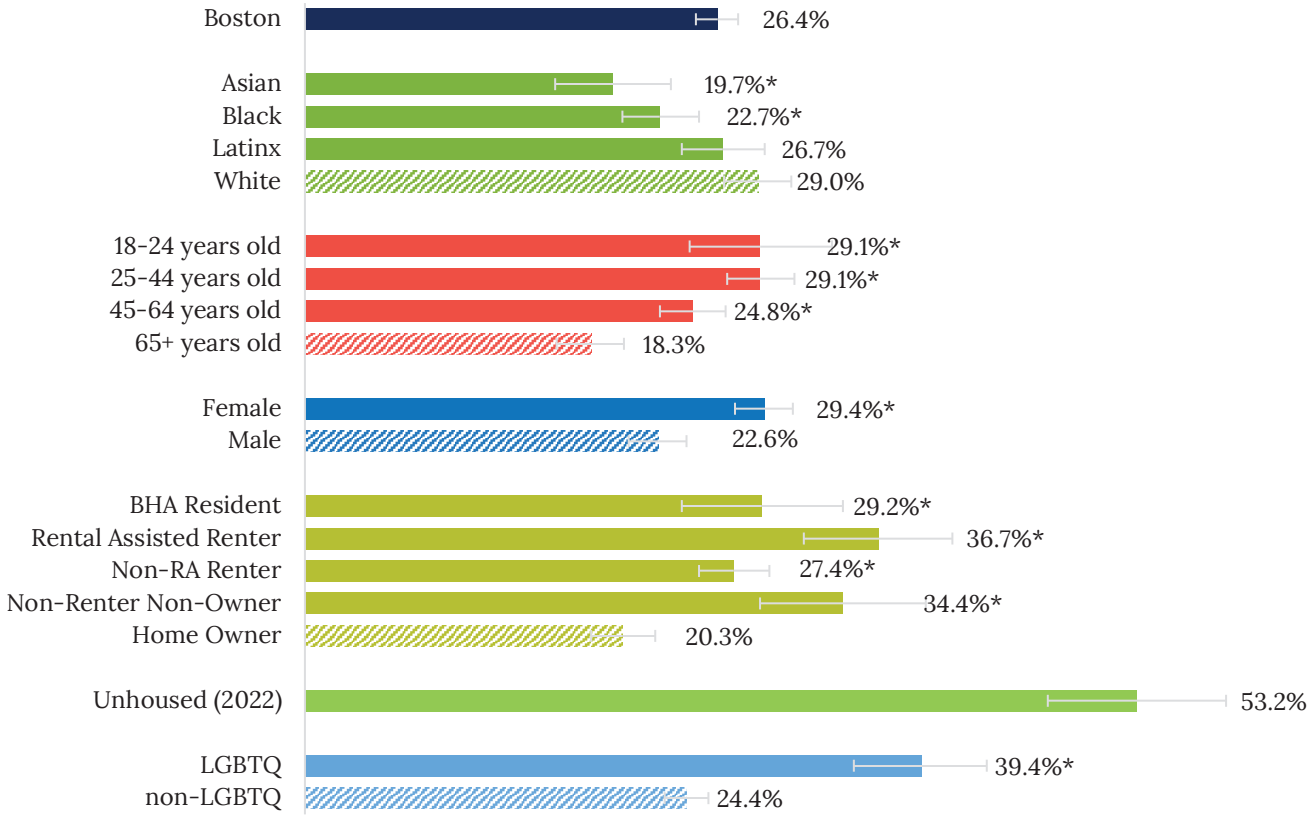
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2024.

Additionally, the connection between emotional well-being and physical health is well-documented. As described earlier, **mental health and chronic stress were top concerns among community health survey respondents overall and for most communities of focus (Table 2, Community Perceptions of Health chapter). These topics also came up in a majority of discussions**, specifically concerns related to high levels of chronic stress, conditions such as anxiety and depression, and gaps in access to mental health providers.

Approximately one in four Boston adults reported experiencing persistent anxiety (Figure 50). The percentage of those reporting persistent anxiety was significantly lower for Asian and Black residents and significantly higher for female residents, younger age groups, non-homeowners, and LGBTQ residents in the city. Of note, more than half (53.2%) of unhoused adults report experiencing persistent anxiety. Overall, 22.2% of Boston adults report receiving treatment for depression (Figure 91).

Similar trends are seen in this data on depression treatment, with significantly lower rates of treatment among Asian, Black, and Latinx residents and significantly higher rates of treatment among younger adults, female residents, and LGBTQ residents. These differences may reflect cultural context and diversity in how mental health is perceived, discussed, and managed across communities, including varying levels of stigma, access, and trust in the healthcare system.

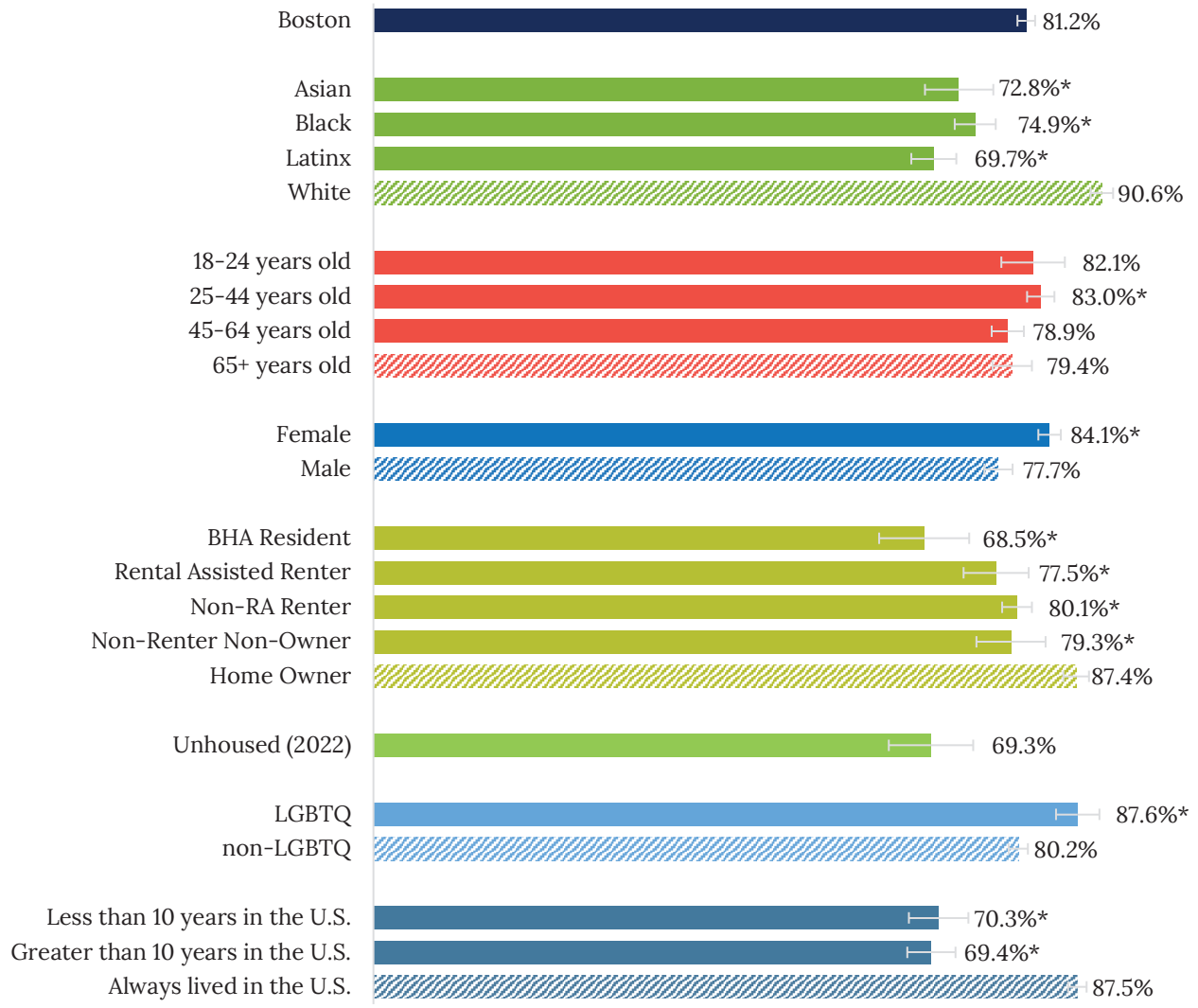
Figure 50. Percent Adults Reporting Persistent Anxiety, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Persistent anxiety is defined as feeling worried, tense, or anxious for more than 15 days within 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 ($p < 0.05$); Error bars show 95% confidence interval.

Discussion participants cited several factors as supporting their mental health, including social support from family and friends, prayer, self-care, and therapy. Overall, most Boston adults (81.2%) reported having someone they could count on in their lives (Figure 51).

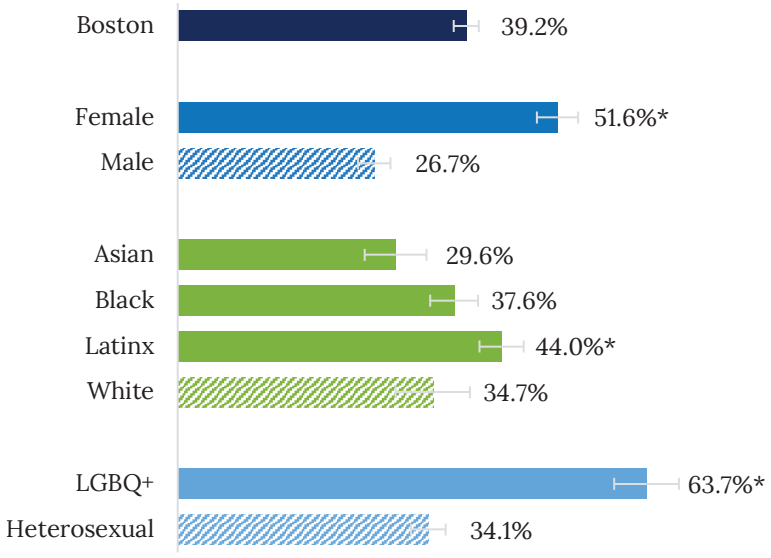
Figure 51. Percent Adults Reporting Having Someone They Could Count On, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as being able to count on anyone to provide emotional support such as talking over problems or helping you make a difficult decision; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where group estimate was significantly different compared to the comparison group ($p < 0.05$); Error bars show 95% confidence interval.

Among youth, more than a third (39.2%) reported feeling sad or hopeless for more than two weeks straight (Figure 52). This is higher than the 2019 CHNA, where 30% of Boston high school youth reported feeling sad or hopeless for more than two consecutive weeks. Rates of feeling sad or hopeless were significantly higher for female youth, Latinx youth, and LGB and Questioning youth. Youth discussion participants shared that it was hard for them to talk with their parents or family and that they did not have other trusted adults (e.g., teachers, mentors) with whom they could confide. They noted the importance of providing access to therapy – which would keep their discussions in confidence.

Figure 52. Percent High School Youth Reporting Feeling Sad or Hopeless for More than Two Week Straight, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$). LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Youth Mental Health

Among youth reporting feeling sad, empty, hopeless, angry or anxious, 17.1% reported that they mostly or always get the help they need (Figure 92). Youth focus group participants discussed barriers to confiding in trusted adults and being vulnerable enough to share their emotions. For example, as one youth focus group participant shared:

> *"People see the online people having the best lives and want to be like that too even if they have to* ***hide they are not like that on the inside****."*

"In the midst of a mental health crisis affecting all ages - but especially in the pediatric behavioral health world - and hearing from patients the extent climate anxiety is factoring into their behavioral health situations is something we don't think about as much yet, but it is starting to be a factor for kids."

– Sector Focus Group Participant

FACTORS CONTRIBUTING TO MENTAL HEALTH NEEDS AND CHRONIC STRESS

Throughout their day-to-day lives, people encounter a variety of individual, interpersonal, and societal factors that can positively or negatively impact their mental health and stress levels. **Discussion participants described many challenging experiences that contribute to stress, many of which related to other topic areas in this report.** Experiences included living paycheck to paycheck and facing economic instability, loss of loved ones, isolation during the COVID-19 pandemic, isolation for seniors and persons with disabilities, interpersonal interactions, being away from family, the influence of shifting federal policies, climate anxiety, intergenerational traumas, housing, and incarceration and associated family separation.

LGBTQ+ Experience of Trauma and ACEs

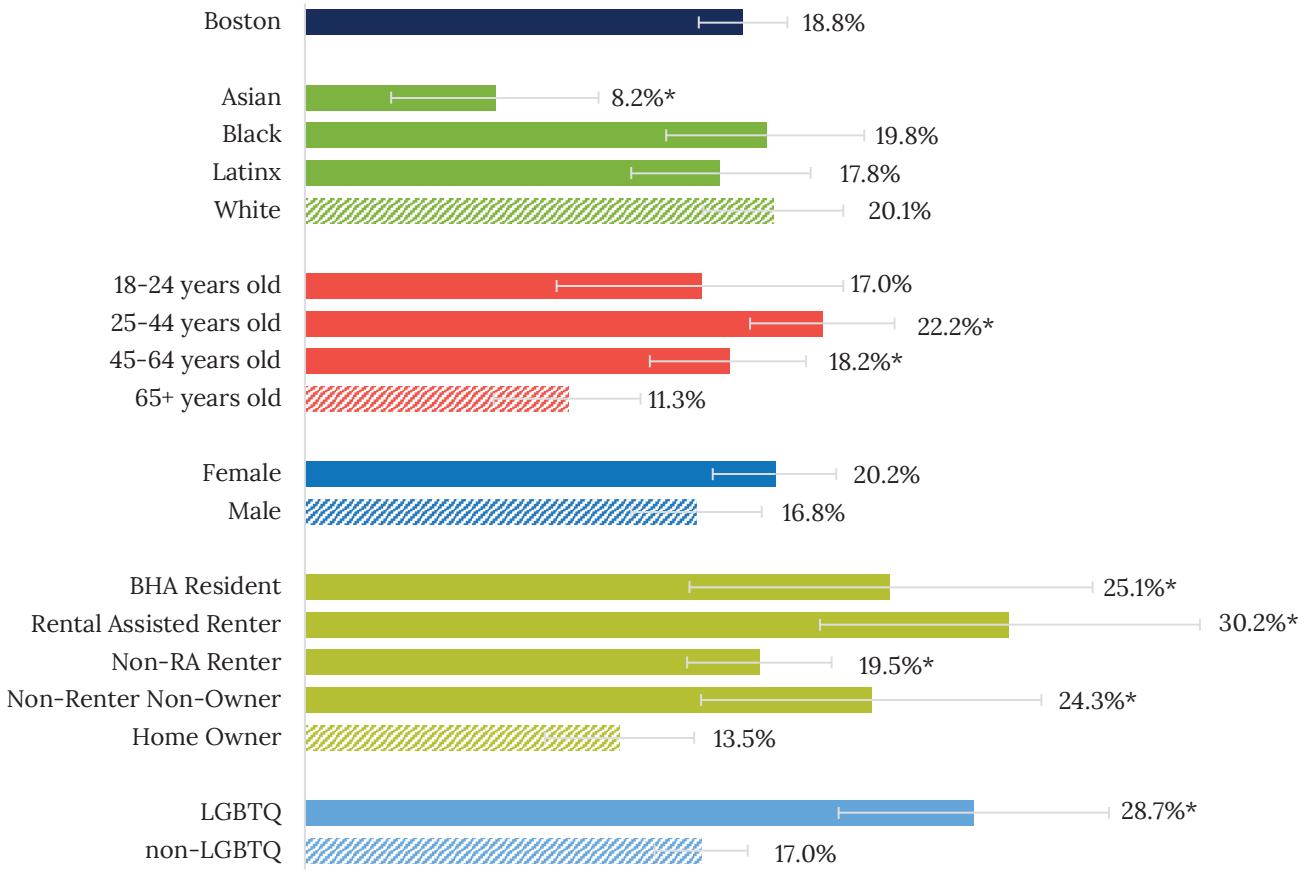
Only about a third of LGBTQ+ survey respondents (34.6%) reported excellent or very good mental health. A significantly higher percentage of LGBTQ+ residents (28.7%) reported experiencing a traumatic event compared to non-LGBTQ+ adults in Boston.

This community also reported ACEs at significantly higher percentages on the Boston BRFSS. About 4 in 10 (40.1%) reported living with a parent or caregiver who was depressed, mentally ill, or suicidal. Over a quarter reported living with a parent or caregiver with substance use issues (27.6%) or who slapped, hit, kicked, punched, or beat each other up (26.3%) (Figure 93, Figure 94, Figure 96).

Among specific populations, youth named cyberbullying on social media and difficult interactions with peers as sources of stress. Discussion participants also noted that the mental health among immigrant communities was impacted by the current immigration enforcement efforts in the United States. About a quarter (25.5%) of community health survey respondents born outside of the United States noted mental health as a top concern in their community (Table 2, Community Perceptions of Health chapter).

Experiences of trauma contribute to physical and emotional well-being. About 2 in 10 adults in Boston (18.8%) report experiencing a traumatic event (Figure 53). Adverse childhood events (ACEs) can also impact mental health in adulthood. Among adults in Boston, about 2 of every 10 individuals reported living with a parent(s) or caregiver(s) who: was depressed, mentally ill, or suicidal; had substance use issues; or slapped, hit, kicked, punched, or beat each other up. A smaller percentage of adults (8.3%) reported living with someone who had served time or was sentenced to serve time in a prison, jail, or other correctional facility (Figure 95).

Figure 53. Percent Adults Reporting Experiencing a Traumatic Event, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Experiencing a traumatic event defined as exposed to a harmful or life-threatening event or events that are currently having negative effects on mental, physical, social, emotional, or spiritual well-being; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Discussion participants also noted caregiving as an experience that can contribute to stress and mental health needs. More than 1 in 4 adults living in Boston (27.9%) provide care to a child, person with a disability, older adult, or someone else (Figure 97). Of these caregivers, 3 in 4 (75%) report feeling overwhelmed by their caregiving duties "Sometimes", "Usually", or "Always" (Figure 98). Among survey respondents who were caregivers, top concerns for their community's health included mental health (34.7%) and chronic stress (25.0%) (Table 2).

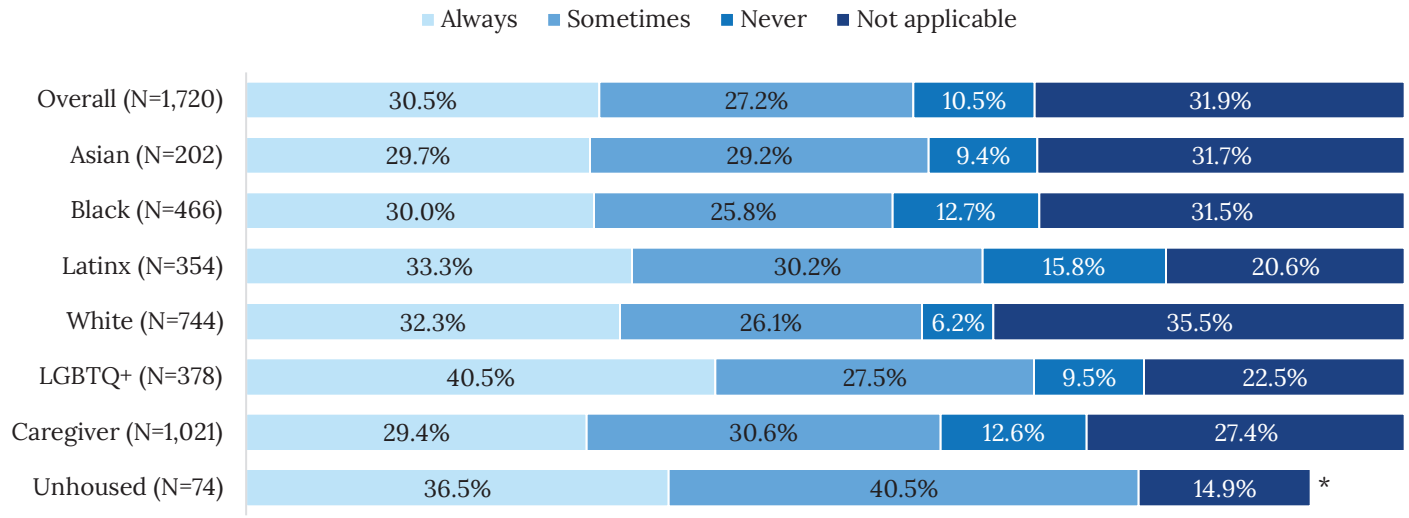
ACCESS TO MENTAL HEALTH CARE

> ***"We Chinese are more conservative... You won't tell people your dirty laundry. I do not know about the Americans."***
>
> **– Resident Focus Group Participant**

Access to high quality mental health care and services is important for residents to be able to manage mental health needs and chronic stress. Almost three quarters of adults in Boston (72.8%) report they are willing to seek therapy (Figure 99); however, **multiple barriers to accessing mental health care pose a challenge to residents.** Discussion participants described barriers, including stigma around mental health generally and in certain communities or cultures, challenges accessing providers and those who accept their insurance, long waitlists, limited mental health providers who have appropriate training and practices regarding cultural humility, and difficulty finding a provider who they can trust to keep confidence. Additionally, participants noted that challenges in accessing and navigating the health care system contributed to stress. Spanish-speaking discussion participants specifically noted concerns about health care access for children with special healthcare needs, particularly children with autism.

Less than one third of survey respondents (30.5%) reported "always" being able to get the mental health care they needed in the past 12 months (Figure 54).

Figure 54. Percent Survey Respondents Reporting the Able to Get Mental Health Care When They Needed To In the Past 12 months, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024
NOTES: Asterisk (*) indicates data are suppressed due to small cell size (n<10).

Discussion participants shared some ideas on how to improve access to mental health care, including more comprehensive models (i.e., integrated care versus medical models, and community-based and led programming). In talking about these types of solutions, participants highlighted the importance of solidarity and intentionality of all entities involved, particularly those with funding that can be infused into the community to support mental health and well-being and empower those living in the community.

"Fostering community based and community led programming... The community in Boston is ready to serve and support one another.

– Sector Focus Group Participant

SUBSTANCE USE

Issues related to behavioral health continue to emerge as a top concern among Boston residents. Specifically, the importance of addressing substance misuse - while recognizing the co-occurrence of substance misuse and mental health issues – is a critical need, particularly for Boston youth.

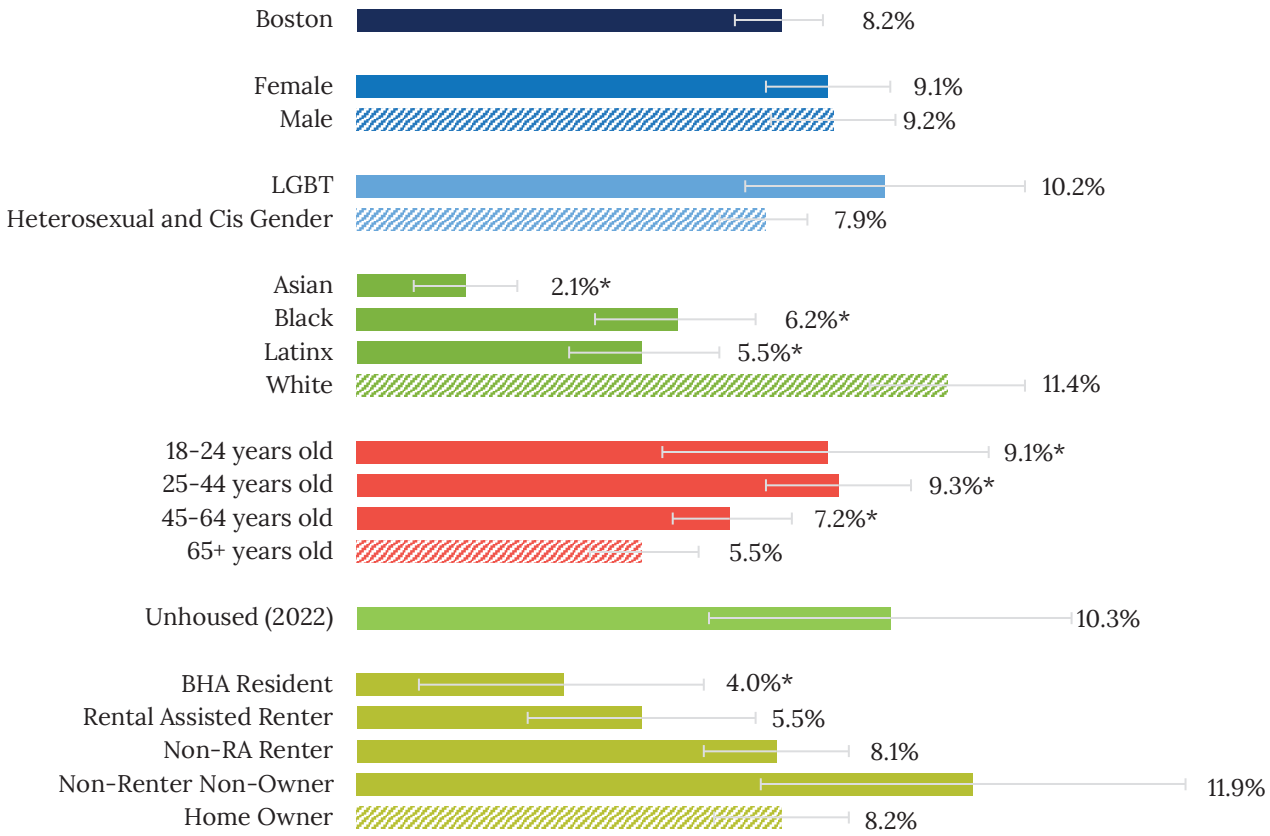
ALCOHOL AND OTHER SUBSTANCES

Behavioral health came up in several focus group and interview discussions, with many participants specifically citing substance misuse among youth and adults, visible drug use, and drug paraphernalia in public spaces as issues. Alcohol or substance misuse was identified as among the top five health concerns by survey respondents, overall and for all communities of focus (Table 2). This concern was also identified as a top priority across almost all Boston neighborhoods; it was the most often selected concern among survey respondents in nine of the sixteen neighborhoods (Table 11). Separately, substance use disorder, which is a clinical term, was ranked as the fifteenth most important concern overall and was identified as a top five concern among survey respondents who were unhoused.

Alcohol Use

Excessive drinking is a risk factor for many different health outcomes, including alcohol poisoning, hypertension, heart attacks, sexually transmitted infections, sudden infant death syndrome, suicide, interpersonal violence, and vehicle crashes.[17] Less than 1 in 10 adults (8.2%) in Boston report they are heavy drinkers (Figure 55). Younger age groups reported significantly higher percentages of heavy drinking compared to those 65 years or older. Compared to White residents, Asian, Black, and Latinx residents reported significantly lower rates of heavy drinking. Compared to Boston overall, the percentage for Hyde Park (12.7%) was significantly higher (Figure 100).

Figure 55. Percent Adults Reporting Heavy Drinking, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)

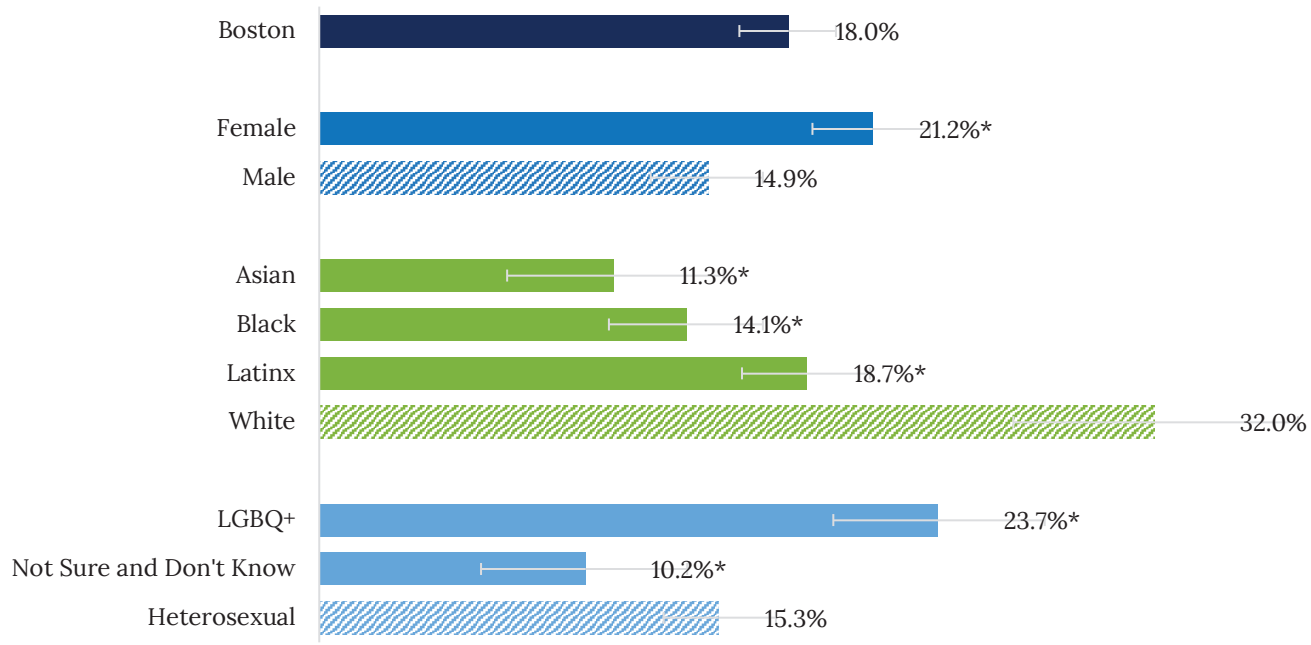


DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Heavy drinking defined as 8 or more drinks per week for women and 15 or more drinks per week for men; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

About 2 in 10 young people in Boston (18.0%) report current alcohol use (Figure 56). Some specific findings around youth include:

- A significantly higher percentage of female youth reported current alcohol use compared to males; more LGB youth reported current alcohol use compared to heterosexual youth.
- Fewer youth who identify as Asian, Black, or Latinx reported current alcohol use compared to youth who identify as White; a lower percentage of young people who are unsure about their sexual orientation reported current alcohol use compared to heterosexual youth.
- Of note, the percentage of Boston high school youth reporting current alcohol consumption was 27% in the 2019 CHNA and is lower, at 18%, in this 2025 CHNA.

Figure 56. Percent High School Youth Reporting Current Alcohol Use, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$); Error bars show 95% confidence interval. LGBQ+ and Heterosexual contain data from 2021 and 2023 only due to change in survey question format.

Marijuana and Vaping

About 2 in 10 adults (21.9%) and youth (19.1%) in Boston report current marijuana use (Figure 101, Figure 102). Among youth, a significantly higher percentage of females compared to males report current marijuana use; the percentage of females was significantly lower compared to males among adults. **Of note, the percentage of high school youth reporting current marijuana use was 24% in the 2019 CHNA and is now lower, at 19%, in this 2025 CHNA**. Adults in the Allston/Brighton neighborhood had a significantly higher percentage (29.1%) of those reporting current marijuana use; Charlestown adults reported a significantly lower percentage (15.1%) (Figure 103).

As shown in Figure 57, fewer than 1 in 10 (7.7%) Boston adults report vaping regularly, meaning that they use nicotine vaping products or e-cigarettes every day or some days. Rates of reported vaping are significantly higher among

Co-occurrence of Substance Use and Mental Health/Other Stressors

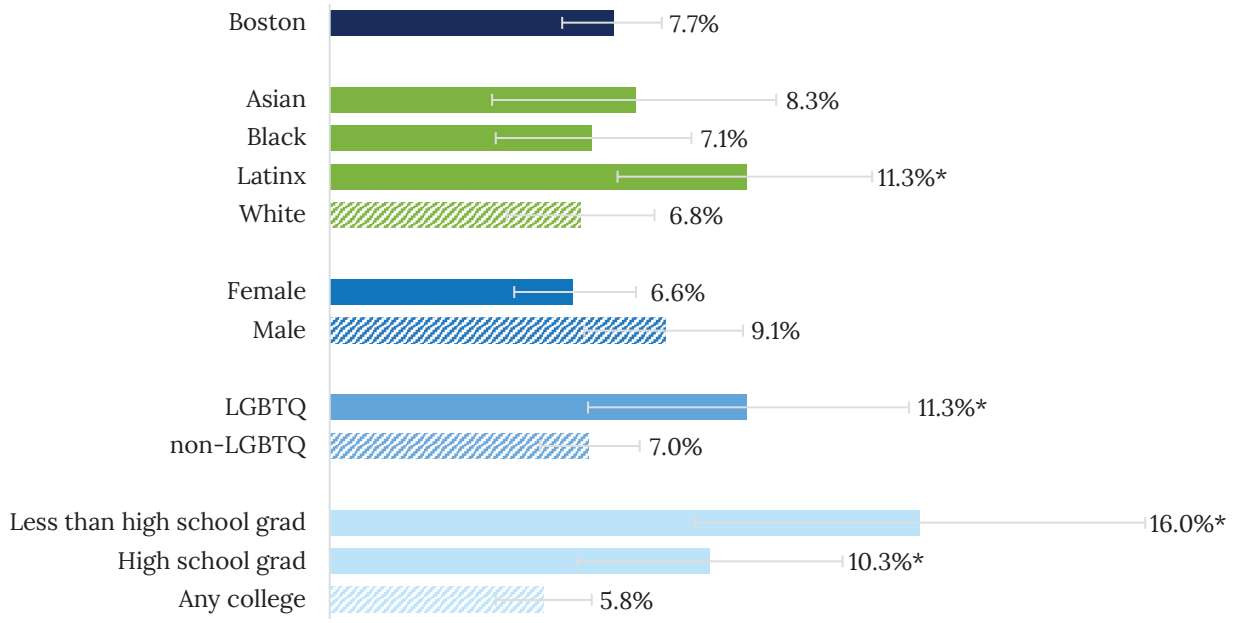
Discussion participants brought up the compounding challenges of substance misuse and mental health concerns, particularly for youth using substances to cope with life stressors and mental health conditions.

> *"I know kids at my school suffer from depression from loads of work and what doesn't help is the nicotine addiction that they have and resort to after having a stressful day at school that is affecting the youth in my community."*

> *"We have youth vaping and using drugs as coping mechanisms that are dealing with traumas, whether it's through their socioeconomic status, neighborhoods that are plagued by violence, lost loved ones to COVID."*

Latinx adults compared to White adults, LGBTQ adults compared to non-LGBTQ adults, and adults with a high school education or less than a high school education compared to adults with any college education.

Figure 57. Percent Adults Reporting Vaping Regularly, by Boston and Selected Demographics, 2023



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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); Error bars show 95% confidence interval.

Other Substances

Discussion participants expressed that public drug use is an issue for their community, particularly as it related to feeling safe in their neighborhood and concern about the safety of their children. Specific concerns named included those about seeing signs of drug use in public (e.g., needles or pipes at bus stops), as well as parents and caregivers worrying about their children being solicited to buy and/or sell drugs when out in their neighborhoods.

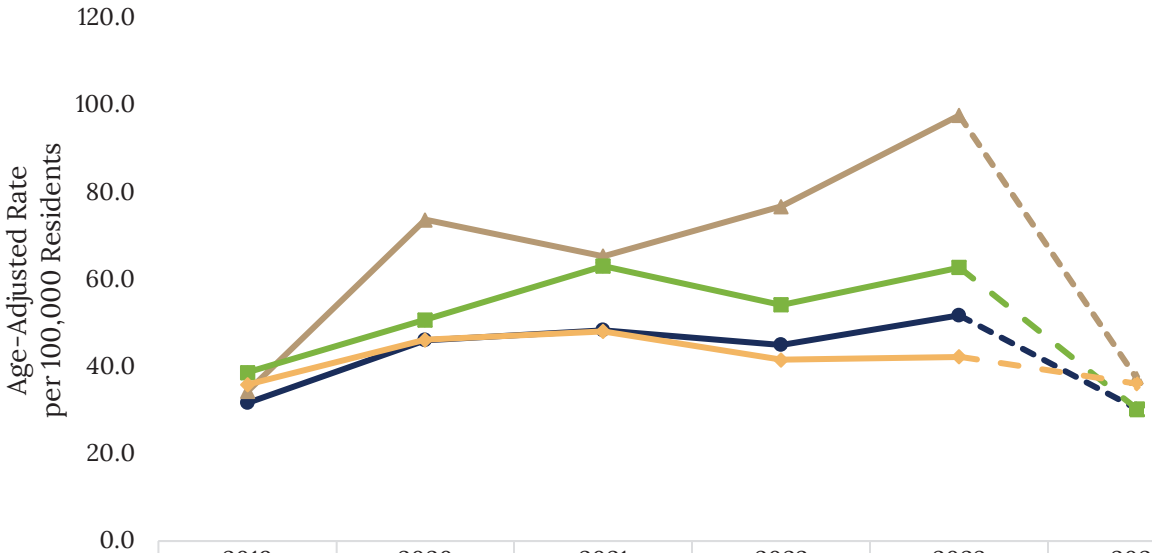
Opioid overdose mortality has decreased. Preliminary data in Figure 58 shows that age-adjusted opioid overdose mortality rates decreased by 42% in 2024 compared to 2023, the lowest number of overdose deaths since 2015. This is notably higher than the 26% decline seen nationally from 2023 to 2024[18]. Overall, Black and Latinx residents of Boston experienced a 62% and 52% decrease, respectively.

Unintentional drug overdose is one of the leading causes of premature mortality in Boston. Trends in drug overdoses will continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

As shown in Figure 104, between 2019 and 2023, overdose mortality rates associated with opioids and cocaine, including fentanyl, steadily increased and the rate for benzo mortality remained relatively consistent across these years. Compared to Boston overall, opioid and cocaine (including fentanyl) mortality rates were significantly higher in the following neighborhoods: Dorchester, Mattapan, Roxbury,

and South End (Figure 105, Figure 106). Please note that, besides opioids, 2024 mortality data for these substances is not yet available.

Figure 58. Age-Adjusted Opioid Overdose Mortality by Race/Ethnicity and Year, 2019-2024



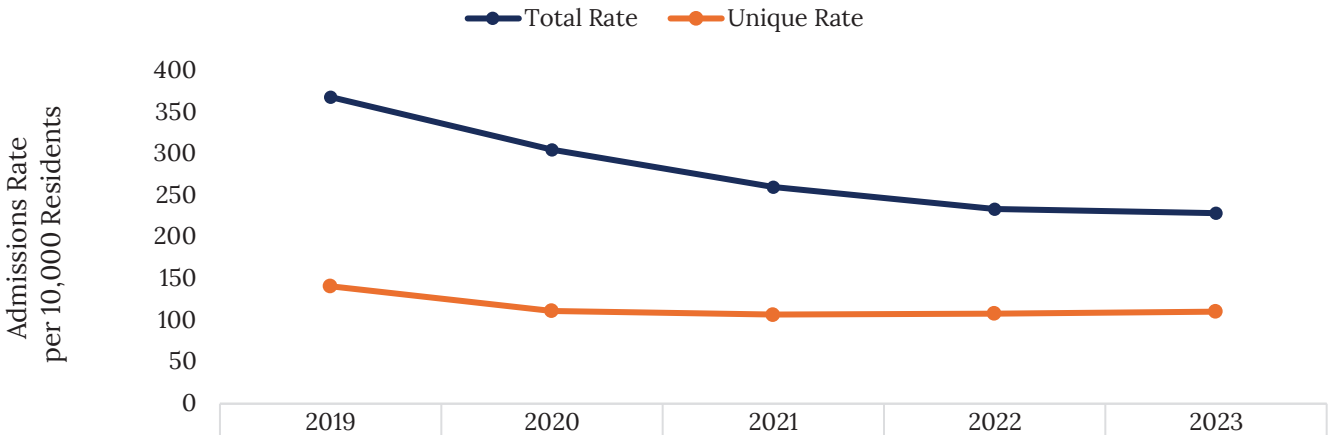
	2019	2020	2021	2022	2023	2024
Boston	31.7	46.1	48.4	45	51.8	30.3
Black	34.3	73.7	65.4	76.8	97.7	37.2
Latinx	38.7	50.8	63.1	54.2	62.8	30.3
White	35.9	46.2	48.1	41.6	42.3	36.1

DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health, 2019-2024
NOTE: 2024 data is preliminary, as indicated with dotted lines.

SERVICES AND TREATMENT

The need to establish more treatment programs for women and dual diagnosis programs to address the co-occurrence of substance misuse and mental health was supported by secondary data and discussions with community members and stakeholders. The rates of substance use treatment admissions have been declining over time since 2019 (Figure 59). In 2023, there were a total of 229.1 admissions per 10,000 individuals for substance use treatment; these treatments were provided to a total of 111.0 unique admissions per 10,000 individuals. The most noted substance, as either a primary, secondary, or tertiary substance, was alcohol followed by cocaine and heroin (Table 19).

Figure 59. All Treatment (Total and Unique) Admissions Rates, By Boston Over Time, Rate per 10,000 Residents, 2019-2023



	2019	2020	2021	2022	2023
Total Rate	368.7	305.3	260.3	234.4	229.1
Unique Rate	141.2	111.5	107.2	108.4	111.0

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Admissions Rates for both Total and Unique Admissions decreased from 2019-2023

There were significant differences in total treatment admissions by race and ethnicity (Figure 60). There were higher admission rates among Black residents for alcohol (167.8 per 10,000) and cocaine (104.8 per 10,000) compared to White residents. Latinx and Asian residents had significantly lower admission rates of all substances compared to White residents. White residents had higher treatment admission rates for heroin and other opioids.

Dual Diagnosis Treatment Programs

Aligning with other themes of co-occurrence of substance misuse and mental health, some discussion participants emphasized the positive impact of dual diagnosis treatment programs and called for more to be established. These participants noted that the few programs that do exist are closing.

> *"All detoxes and treatment should be dual diagnosis programs. Because we all have some trauma."*

> *"Getting real therapy while in treatment that was amazing and that is needed."*

Substance Use Treatment for Women

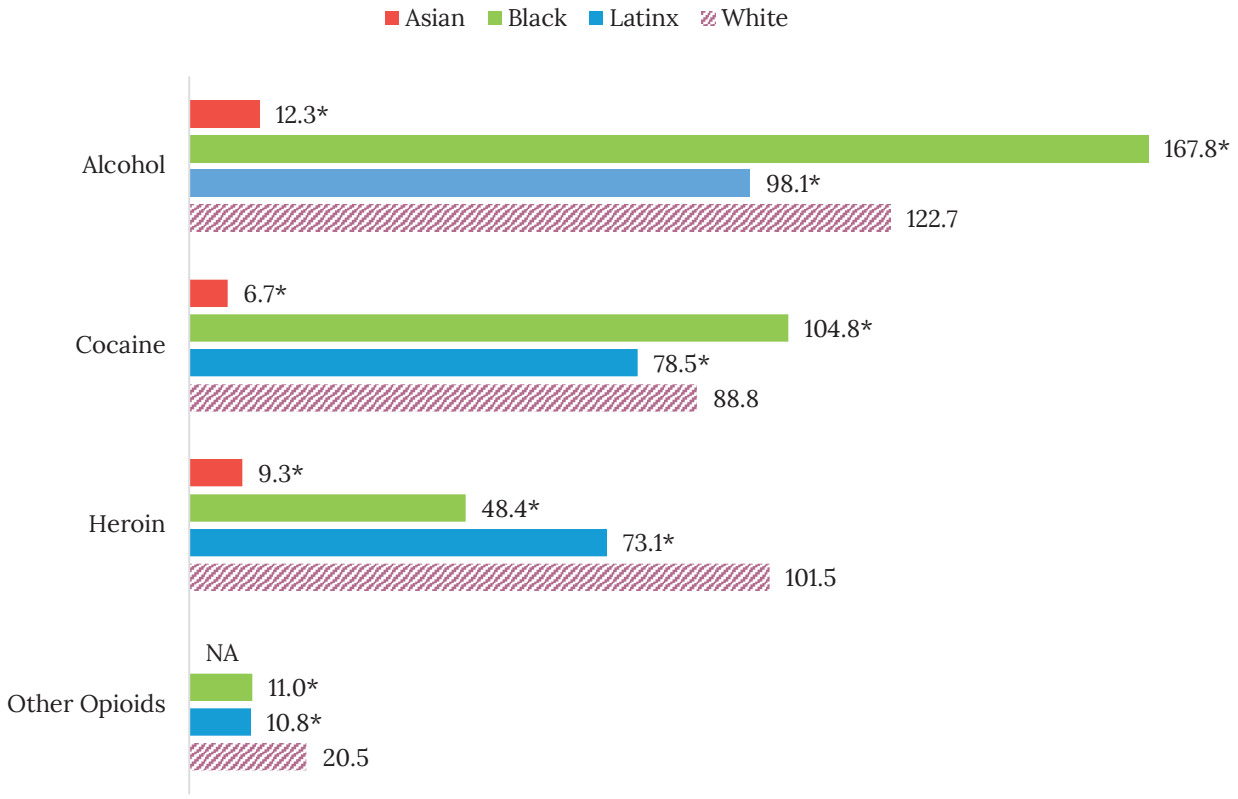
The total admission rate was significant lower for females (93.8 per 10,000) compared to males (380.1 per 10,000). Multiple discussion participants raised the need for more substance misuse treatment programs for women in Boston.

> *"We need women's substance use treatment in the city."*

> *"There isn't enough anything for women in the city"*

> *"This place is one of three where women can go in Mass. And even here there are two floors of men and one for women."*

Figure 60. Substance Use Treatment Total Admissions Rates, Boston, by Race/Ethnicity, Rate per 10,000 Residents, 2023



DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$).

MATERNAL AND CHILD HEALTH

Recent reports have highlighted numerous, persistent racial inequities in maternal, infant, and child health.[19,20,21,22] Inequities are also reflected in data on preterm births, low birthweight births, and infant mortality.

MATERNAL AND CHILD HEALTH

Some discussion participants highlighted **the importance of maternal and child health,** emphasizing the following key points:

- The importance of *children's access to nutritious meals* both during and outside of the school day, emphasizing that schools often serve as a critical food source for low-income students.
- Concerns from parents about their *child's safety at school*, particularly regarding exposure to violence and the risk of being targeted by drug dealers.
- Concerns about birth outcomes and the need to *build a community birth infrastructure*.
- The well-being of pregnant people, infants, and young children in the context of *climate-related weather events* that can strain their health.

While issues specifically related to maternal and child health were not ranked highly by survey respondents or discussed frequently, related and interconnected factors such as chronic stress, chronic disease, economic security, and housing that contribute to maternal and child health outcomes were named as top concerns.

Cost of Childcare

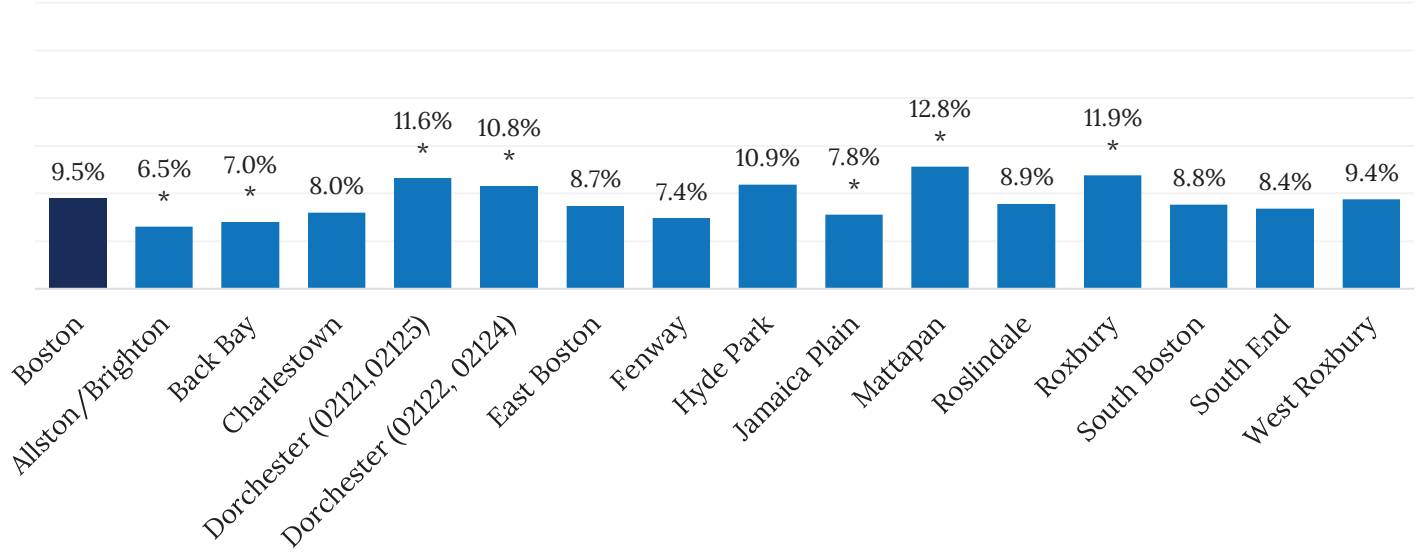
A recent Supply and Demand report from the Office of Early Childhood[8] described the high cost of childcare and estimated that in 2024, 71% of children aged birth to two years did not have access to formal early education and care. CHNA discussion participants also voiced concern about the cost of childcare for infant and young children:

> *"I think about families needing infrastructure and support for childcare for infants and toddlers. Much of it is not affordable."*

BIRTH OUTCOMES

The percentage of preterm births in Boston overall has remained steady between 2019 and 2023. Almost 1 in 10 births in Boston are preterm (Figure 61). A significantly higher proportion of Black and Latinx births are preterm births (13.4% and 9.8%, respectively) compared to White births (7.3%) (Figure 107). Preterm birth rates are highest in Mattapan, Roxbury, Dorchester, and Hyde Park (Figure 61).

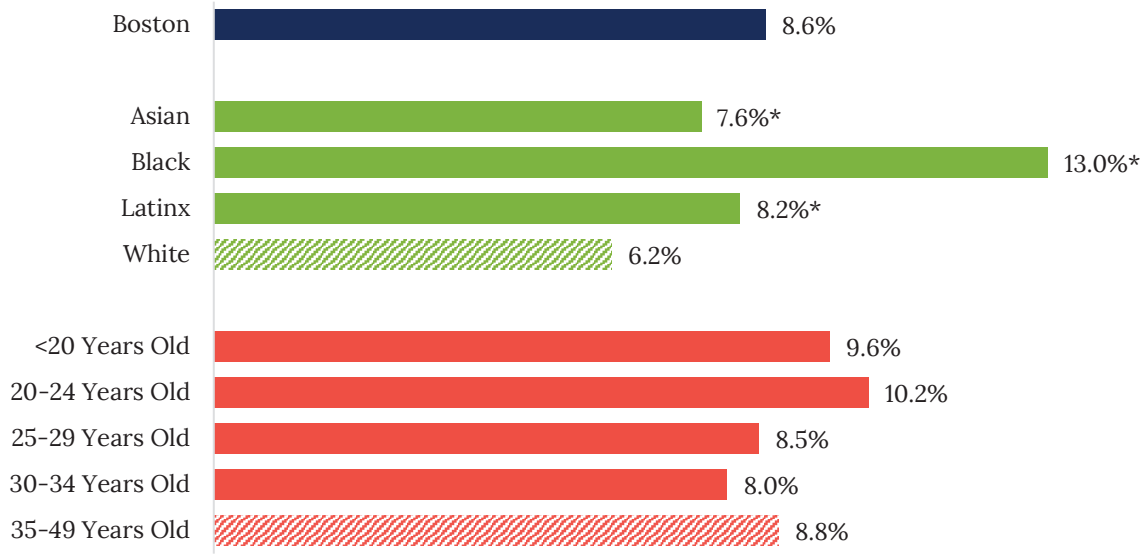
Figure 61. Percent Preterm Births, by Boston and Neighborhoods, 2021-2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2019-2023; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Differences in preterm birth outcomes are similar to low birthweight births. A significantly higher percentage of Black, Latinx, and Asian births are low birthweight births (Figure 62). This disparity is particularly striking when comparing Black low birthweight births (13.0%) to White low birthweight births (6.2%). Dorchester, Mattapan, and Roxbury had the highest proportion of low birthweight births (Figure 108).

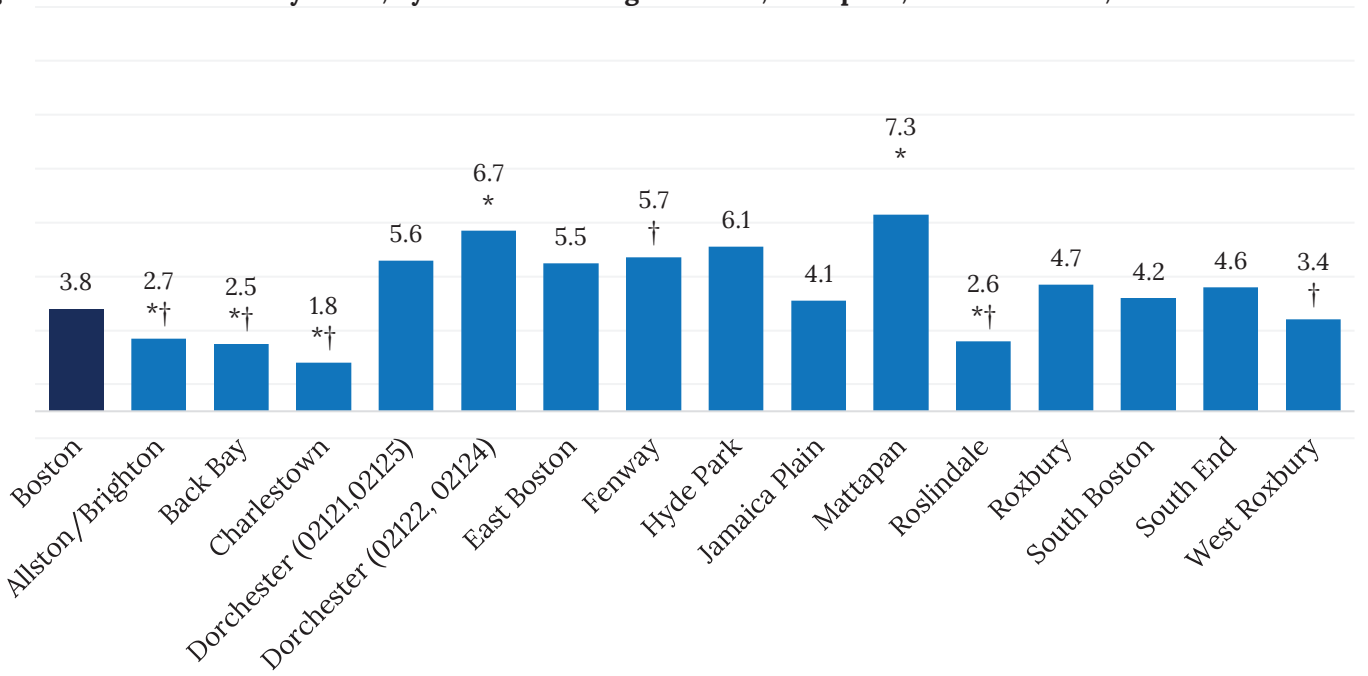
Figure 62. Percent Low Birthweight Births, by Boston and Selected Sub-Populations, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

Overall, infant mortality rates in Boston remained low from 2019 to 2023, with the rate in 2023 being 3.8 deaths per 1,000 live births. This is lower than the national rate, which was 5.6 per 1,000 live births in 2022. While the rate in Boston is relatively low overall, infant mortality rates in Mattapan and parts of Dorchester are significantly higher (Figure 63). When examined by race/ethnicity, Black infants in Boston have a significantly higher rate of infant mortality (8.0 per 1,000 live births) compared to White infants (Figure 109).

Figure 63. Infant Mortality Rates, by Boston and Neighborhood, Rate per 1,000 Live Births, 2013-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2013-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2013-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of $n<20$.

COMMUNITY VISION AND SUGGESTIONS FOR THE FUTURE

Participants shared suggestions for expansion of programs and services as well as policy and systems change across a range of issues; many suggestions focused on improved housing, increased access to health care, economic opportunities, and addressing climate change.

VISION FOR SUPPORTING HEALTHY COMMUNITIES

Expansion of affordable housing was ranked as the top factor for improving quality of life and health of communities by community survey respondents overall and by a majority of respondents from specific communities of focus (Table 10). Access to good jobs and economic opportunities, access to low-cost healthy foods, and access to health care were also ranked highly overall and among many communities of focus. "*Lower crime and violence*" was ranked within the top 5 factors among Black and Latinx respondents and respondents who are caregivers. "*Access to mental health care*" was ranked within the top 5 factors among LGBTQ and unhoused respondents and respondents aged 55+.

Table 10. Top 5 Factors That Would Improve the Quality of Life and Health of Their Community, by Communities of Focus, 2024

All survey respondents	**Asian respondents**	**Black respondents**	**Latinx respondents**
1. More affordable housing 2. Access to low-cost healthy foods 3. Access to good jobs and economic opportunities 4. Access to health care 5. Access to reliable public transportation	1. Access to health care 2. More affordable housing 3. Access to low-cost healthy foods 4. Access to good jobs and economic opportunities 5. Access to reliable public transportation	1. More affordable housing 2. Access to good jobs and economic opportunities 3. Access to low-cost healthy foods 4. Access to health care 5. Lower crime and violence	1. More affordable housing* 1. Access to good jobs and economic opportunities* 3. Access to low-cost healthy foods 4. Access to health care 5. Lower crime and violence
White respondents	**LGBTQ respondents**	**Caregiver respondents**	**Unhoused respondents**
1. More affordable housing 2. Access to low-cost healthy foods 3. Access to reliable public transportation 4. Access to health care 5. Access to good jobs and economic opportunities	1. More affordable housing 2. Access to low-cost healthy foods 3. Access to reliable public transportation 4. Access to health care 5. Access to mental health care	1. More affordable housing 2. Access to low-cost healthy foods 3. Access to good jobs and economic opportunities 4. Access to health care 5. Lower crime and violence	1. Access to good jobs and economic opportunities 2. More affordable housing 3. Access to health care 4. Access to mental health care 5. Access to low-cost healthy foods* 5. Lower crime and violence*

Respondents Born Outside U.S.	**Respondents Aged 55+**
1. Access to good jobs and economic opportunities 2. Access to low-cost healthy foods 3. More affordable housing 4. Access to health care 5. Lower crime and violence	1. More affordable housing 2. Access to low-cost healthy foods 3. Access to health care 4. Lower crime and violence 5. Access to good jobs and economic opportunities* 5. Access to mental health care*

DATA SOURCE: Boston Community Health Assessment Survey, 2024
NOTE: Asterisk (*) indicates tied rankings

EXPANSION OF AND COLLABORATION ACROSS PROGRAMS AND SERVICES

Discussion participants recommended increasing activities and services available to communities, including: play spaces for children, youth mentorship, recreational activities for youth that include a socioemotional component (e.g. boxing, yoga), programs to support career development and job training (e.g., electrician, mechanic, medicine), cultural activities to bring communities together, increased access to food assistance, welcome centers for immigrants, in-language assistance with housing and utilities, organizations that offer a third space where people can feel like they belong, spaces for providing childcare, diabetes support, and substance use treatment services and facilities that are specific to women. Additionally, some focus group participants cited the importance of raising residents' and organizations' awareness of existing resources.

> ***"The struggle is always organizations that have spaces to just hang out and create community... third spaces are difficult to find."***
>
> **– Resident Focus Group Participant**

While noting a general spirit of collaboration across organizations in the Boston area, several interview participants and sector representatives recommended creating infrastructure and funding to support deepening partnerships across organizations. A concern about limited resources in neighborhoods including Mission Hill was noted, leading to a strain on community organizations and a need for partnerships.

POLICY, SYSTEMS AND ENVIRONMENTAL CHANGE

Several interview participants and sector representatives and some focus group participants recommended areas for addressing policy, systems, and environmental factors, with a focus on addressing upstream factors to improve quality of life and access to resources for low-income communities and communities of color. These recommendations included:

> ***"There's an opportunity for our systems to embed more community voice and put it at the center of decision making..."***
>
> **– Interview Participant**

- Prioritize community voice
- Expand access to affordable housing, low barrier housing,[23] supportive housing, first-time homebuyer programming, and eviction prevention programming
- Remove barriers to housing for persons who were formerly incarcerated
- Convert vacant properties for residential or commercial use
- Invest in Community Land Trusts
- Build resilient food systems that are prepared for climate impacts and aging farmers
- Improve economic security and consider a universal basic income
- Reform primary care payment structures
- Improve reliability of public transportation
- Strengthen community safety
- Create more green spaces
- Expand indoor cooling infrastructures and decarbonization strategies to reduce climate impacts
- Provide training and job opportunities for underrepresented populations, which can diversify the health care field
- Build up physical infrastructure to expand childcare spaces and systemic infrastructure to expand and strengthen skills of childcare workforce[24]

Sector-based focus groups included organizational partners and direct service providers working within specific fields of expertise. The table below highlights specific ideas and promising practices shared.

Sector-based focus group	Spotlight: Key idea or promising practice shared by participants
Climate Justice	Build on existing work to **create a citywide or regional climate Resilience Hub or Network** that includes community-based organizations, community health centers, and hospitals. Focus not only on physical infrastructure like cooling centers, food supply, and pharmacy restocking during extreme weather, but also think intentionally about building social infrastructure and third spaces. *"When we think of responding to climate change often around cooling centers and sea walls but lot of data showing the biggest predictor of how well a community responds to disaster are social networks and social ties…"*
Community Health Workers (CHWs)	Build CHW connections with colleagues and contacts in other fields, to ultimately expand the types of resources that CHWs can connect patients to. CHWs provide support around a wide range of social determinants of health; **investing in efforts to expand their formal and informal networks** will strengthen their ability to address a wide range of needs. *"When my world opens up, patient outcomes improve. I don't just do housing… we do a lot."*
Economic Mobility	**Invest in childcare and childcare workers**. The intersection between childcare and economic mobility "*is crucial*" especially for women. *"Without the investment, we will continue to see gendered and racial segregation in the work people get."*
Housing	**Include community land trusts in the conversation around affordable housing**. Land trusts aim to ensure that housing is permanently affordable and also promote collective ownership and power. *"There's a whole network [of land trusts] that works together in thinking about collective ownership and power of space and land."*
Mental Health	Promising practices for diversifying mental health clinicians in the field include **local social work programs that offer specific training and funding for candidates of color**. *"Creating more of a track for candidates of color and Latinx MSW candidates to get specific training and funding for their education so there are more diverse clinicians coming into the field."*

KEY THEMES AND CONCLUSIONS

This section highlights key themes related to changes over time and implications for planning.

What are areas of strength and progress related to community health in Boston?

Boston continues to have many community assets, including its diversity, inclusiveness, social capital, friendliness of neighbors, community centers, recreational spaces, walkability, and resources for populations with the most acute needs (e.g., people who are experiencing homelessness or have substance use disorder). Community-based organizations and community health centers continue to provide key services throughout the city.

In Boston, while inequities remain, key improvements include:

- **Heart disease mortality has decreased significantly over time.** Heart disease mortality decreased from 114 deaths per 100,000 residents in 2019 to 95 deaths per 100,000 residents in 2023; this decrease is statistically significant.

- **Rates of emergency department visits for asthma have improved.** In the 2019 CHNA, the asthma-related emergency department visit rate was 101 visits per 10,000 residents. In this 2025 CHNA report, the asthma-related emergency department visit rate is much lower at 70 visits per 10,000 residents. Of note, in the 2019 CHNA, the rate was highest in Roxbury (205 visits per 10,000 residents) followed by Mattapan (180 visits per 10,000 residents); in the 2025 CHNA, the rate was lower in both neighborhoods (108 visits per 10,000 residents in Roxbury and 132 visits per 10,000 residents in Mattapan).

- **Rates of reported youth substance misuse and physical activity have improved.** The percentage of Boston high school youth reporting current alcohol consumption was 27% in the 2019 CHNA and is 18% in this 2025 CHNA. The percentage of high school youth reporting current marijuana use was 24% in the 2019 CHNA and is 19% in this 2025 CHNA. Between 2017 and 2023, the percentage of high school youth reporting engagement in regular physical activity increased from 30% to 37%.

- **Opioid overdose mortality has decreased**. Preliminary data shows that age-adjusted opioid overdose mortality rates decreased by 42% in 2024 compared to 2023, the lowest number of overdose deaths since 2015. This is notably higher than the 26% decline seen nationally from 2023 to 2024.[25] Overall, Black and Latinx residents of Boston experienced a 62% and 52% decrease, respectively. Unintentional drug overdose is one of the leading causes of premature mortality in Boston. Trends in drug overdoses should continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

What are continuing and emerging challenges for community health in Boston?

- **There are substantial gaps in life expectancy by race/ethnicity and geography.** Life expectancy for Black residents has consistently remained lower compared to Asian, White, and Latinx residents and Boston overall. Data at the census tract level shows that the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract.

- **Rates of food insecurity are rising.** The percentage of Boston adults reporting that their food didn't last and reporting that they were hungry because they could not afford enough food increased significantly between 2015 and 2023. These rates are highest among Latinx residents: for example, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food.

- **Housing costs in Boston remain unaffordable for many residents.** Fifty percent of Boston renters are cost-burdened, meaning that they spend 30% or more of their household income on their housing. This percentage is similar to the 2019 CHNA report (52%) and remains high. Almost one in four (24%) of Boston renters are severely cost-burdened, meaning that they spend 50% or more of their household income on their housing. Housing affordability is still a top priority and a pressing issue for Boston residents.

- **Mental health concerns continue to impact Boston residents.** The percentage of Boston adults reporting persistent anxiety was 21% in the 2019 CHNA and is 26% in this 2025 CHNA. Rates of reported persistent anxiety are significantly higher among LGBTQ adults (39%) compared to non-LGBTQ adults (24%) and are notably high (53%) among people experiencing homelessness.

    - Among high school youth, rates of persistent sadness are significantly higher among LGB & Questioning youth compared to heterosexual youth. In the 2025 CHNA, 39% of Boston high school youth reported feeling sad or hopeless for more than two consecutive weeks, up from 30% in the 2019 CHNA.

- **Climate change is an ongoing and growing concern**. Temperatures in Massachusetts are rising and weather extremes exacerbate health vulnerabilities, especially for young children, pregnant individuals, older adults, individuals experiencing homelessness, and individuals with chronic disease or disabilities.

- **The inequities documented in this report reflect the cumulative and current challenges residents face resulting from historical and structural inequities across multiple systems.** Residents and stakeholders who participated in the assessment underscored that disparities are not due primarily to a lack of knowledge or individual behavioral choices but rather are the result of unequal access to resources and systems.

Community-Identified Concerns and Recommendations for Health Improvement

Throughout the CHNA process, community residents, leaders, service providers, and public health professionals provided their insight into the challenges and opportunities to support the health of Boston communities. Analysis of data from key informant interviews, focus groups, and the community survey suggest that many of the priorities highlighted in previous CHNA processes persist and emerging challenges highlight the need for deeper collaboration and action across partners and sectors. Through a review of secondary data, community survey data, and feedback gathered from residents and stakeholders through interviews and focus groups, the following **key community health concerns** emerged:

- Similar to previous CHNA processes in Boston, **housing affordability** and **mental health/ substance misuse** rise to the top as key concerns. Housing concerns were raised in almost all interviews and focus group discussions.

- **Economic insecurity**, and its impact specifically on mental health, emerges as a top concern. "*Economic insecurity and employment*" was ranked as the fourth most important concern in the most recent community survey, compared to a rank of eleventh in the 2019 CHNA community survey. The high cost of childcare remains a burden, especially for low-income families.

- **Access to affordable and healthy food** also emerges as a key concern. Rates of food insecurity are rising. Interview and focus group participants discussed numerous barriers to accessing and affording healthy foods in their communities.

- **Climate change** is an emerging key concern that will continue to impact Boston residents. Concerns related to growing anxiety among residents related to climate change were also raised.

- While a majority of Boston residents are insured and have a primary care provider, challenges related to **health care access** were also raised including structural challenges (waitlists/ wait times, provider turnover, etc.) and challenges related to engagement with health care providers or staff (e.g., lack of cultural humility).

Through the data gathered as part of this CHNA, **key recommendations for health improvement** also emerged. Expansion **of affordable housing** and **access to low-cost healthy foods**, followed by **access to good jobs and economic opportunities** and **access to health care**, were ranked as the top factors for improving quality of life and health of communities among community survey respondents overall. Interview and focus group participants shared suggestions for expansion of programs and services as well as policy and systems change across a range of issues; many suggestions focused on expansion of affordable housing, increased access to care, economic opportunities, and addressing climate change.

What are key concerns for specific communities?

Concerns related to economic security were especially prevalent among Latinx and Spanish-speaking residents. Two in ten Latinx adults are worried they will need to move in the next two months due to cost. Rates of food insecurity are highest among Latinx residents. Spanish-speaking discussion participants shared concerns about employment, food security and SNAP benefits, and living paycheck-to-paycheck. "*Access to good jobs and economic opportunities*" was one of the top areas for improving quality of life and health ranked by Latinx community survey respondents.

Community safety and violence remain a concern for some communities. Overall, community survey respondents ranked violence as the sixteenth concern. However, in the 2024 survey, violence was ranked as a higher concern by Roxbury and Mattapan respondents. "*Lower crime and violence*" was ranked within the top 5 factors for improving quality of life and health among Black community survey respondents, Latinx respondents, and caregiver respondents. Homicide is the fourth leading cause of premature deaths among Black residents. A few Chinese-speaking discussion participants described community safety concerns in Chinatown (e.g., hate crimes) particularly for older adults.

Mental health is an important issue for LGBTQ communities. "*Access to mental health care*" was a top factor that LGBTQ community survey respondents indicated would improve quality of life and health. Among LGBTQ adults, almost 2 in 5 experience persistent anxiety and among LGBTQ youth, about 3 in 5 experience persistent sadness. Expanding access to mental health care and spaces to build community were suggestions for supporting the LGBTQ community. A need for culturally responsive health care (that does not misgender patients) and shelters that welcome transgender people were also noted.

While Black and Latinx communities bear a disproportionate burden of many chronic diseases and conditions, some key differences are also notable for other communities. **Asian men** experience significantly higher rates of cancer premature mortality compared to White men and a significantly lower proportion of **Asian adults** report receiving a colonoscopy compared to White adults. Rates of heavy drinking among adults and current alcohol use among youth are highest among **White residents**.

Fear and worry related to increased federal actions around immigration was a prominent concern among many Haitian, Muslim, and Latinx focus group participants. Participants voiced concerns about the loss of temporary protected immigration statuses, job loss linked with fewer immigrant protections, and the threat of deportation and family separation. Interview participants familiar with the needs of immigrant communities worried that increased federal surveillance and scrutiny would prevent residents from accessing care and services in a timely manner, if at all.

How do these issues intersect and perpetuate inequities in health outcomes?

The CHNA data clearly reveal unequal access to housing, health care, health-supporting built environments, education, and opportunities in the City and their impact on health.

Institutional racism, economic inequality, discriminatory policies, and the historical oppression of specific groups are root causes of unequal access to these social determinants of health.
Inequities in access to social determinants of health include:
• The median household income in Boston continues to be lowest among Latinx and Black households. The racial wealth gap in Boston is well-documented. • The neighborhoods with the lowest median household income are Roxbury, Fenway, parts of Dorchester, and Mattapan. Parts of Dorchester, Mattapan, and Hyde Park have the highest percentage of children living in poverty. • Housing cost burden is highest in Mattapan, Fenway, Hyde Park, Roxbury, Dorchester, and the South End. • Significantly more Black and Latinx adults in Boston are worried they will need to move in the next two months because of cost. • It is hardest to purchase healthy foods in Dorchester, East Boston, Mattapan, and Roxbury.

Inequities in access to health care include:

- A high percentage of Boston residents are insured. However, the percentage of Latinx and Asian adults who have a primary care provider is lower than Black and White adults.
- CHNA discussion participants shared challenges related to the health care system (waitlists, etc.) as well as engagement with providers (not feeling listened to, etc.). "*Health care providers who make me feel safe and respected*" was one of the top three suggestions for improving access to health care among Black survey respondents.
- Almost 7 in 10 Hyde Park survey respondents indicated that they would need to travel outside of their community to access high quality hospitals, doctors, or clinics.

These inequities in social determinants of health and access to care contribute to the disparities seen in burden of chronic disease and chronic conditions which include:

- The percentage of youth experiencing persistent sadness is highest among Latinx youth.
- The prevalence of youth and also adults who are overweight or obese is highest among Latinx and Black youth.
- Rates of premature cancer mortality, hypertension, asthma emergency department visits, and diabetes hospitalizations are significantly higher among Black residents.
- Rates of chronic diseases are higher among residents of neighborhoods with more limited access to social and economic opportunities. For example, rates of hypertension, diabetes hospitalizations, and asthma emergency department visits are highest in Mattapan – and significantly higher in Mattapan compared to Boston overall. Mattapan is also home to the highest percentage of Black residents.

The issues highlighted in this report are deeply intertwined and reflect the cumulative and current challenges residents face resulting from historical and structural inequities across multiple systems. These inequities contribute to stark disparities in premature mortality, which are highest among Black and Latinx residents and in neighborhoods such as Dorchester, Mattapan, and Roxbury. Addressing these persistent inequities is essential to building healthier, thriving communities in Boston.

PRIORITIZATION PROCESS AND NEXT STEPS

Findings from the CHNA serve as a resource to policymakers and community leaders, and guide community health improvement planning, priority setting, and policy development. This report also informs partnering hospital and health systems' community health implementation strategies. Additionally, findings from the CHNA provide the foundation for putting data into action through the 2025-2028 Boston Community Health Improvement Plan (CHIP). A CHIP is a community-wide action plan to set priorities, coordinate and target resources, and align efforts to improve population health outcomes and advance health equity.

Prioritization allows community organizations, coalitions and institutions to target and align resources, leverage efforts, and focus on achievable objectives and strategies for addressing priority needs. In May 2025, the BCHC Steering Committee and BCHC partner network applied an upstream, social determinants of health lens to review the CHNA data and carry out a multi-step prioritization process. This section describes the approach and outcomes of the prioritization process. The resulting priorities reflect complex, systemic challenges and community conditions that require sustained, cross-sector collaboration and a strong commitment to working in partnership with communities to advance health equity and create meaningful, long-term change.

CRITERIA FOR PRIORITIZATION

Criteria were selected to assess the magnitude of community issues and their impact on the most underserved population groups. The criteria are below.

Prioritization Criteria

- **Burden/Impact**: How much does this issue affect our community? Can working on this issue achieve both short-term and long-term changes? Is there an opportunity to enhance access/ accessibility?
- **Equity**: Will addressing this issue substantially benefit those most in need? Does this issue address the root causes of inequities?
- **Feasibility**: Is it possible to take steps to address this issue given current infrastructure, capacity, and political will?
- **Collaboration/Engagement**: Are there existing groups across sectors already working on or willing to work on this issue together? How important is this issue to the community (based on qualitative data etc.)?
- **Urgency/Opportunity Costs**: Does this issue require immediate action? Will not acting on it now negatively impact the ability to act on it later?

Key Issues for Prioritization

Data from community engagement efforts and secondary data analyzed in the Boston CHNA revealed key themes that are consistent across many Boston communities- factors that contribute to persistent health inequities. Based on responses gathered from key informant interviews, focus group participants, and community survey respondents, as well as social, economic, and health data from secondary data, sixteen key issues were identified (listed below alphabetical order):

- Access to Health Care
- Access to Healthy Food / Food Security
- Access to Physical Activity Opportunities

- Cancer
- Chronic Disease (including diabetes, heart disease, obesity, asthma, etc.)
- Climate Change (extreme heat and cold, etc.)
- Early Education and Care
- Economic mobility (including income inequality, employment)
- Education (including public schools, post-secondary education)
- Housing (affordability, quality, homelessness, etc.)
- Maternal and Child Health
- Mental Health and Chronic Stress
- Physical Environment (traffic, noise, air quality, fit etc.)
- Substance Use
- Transportation
- Violence

PRIORITIZATION PROCESS

The prioritization process for the development of new priorities for the 2025-2028 Community Health Improvement Plan was multi-stepped and aimed to be inclusive, participatory, and data driven and to build upon the 2019 and 2022 Community Health Needs Assessment and Improvement Planning processes.

Step 1: Data-Informed Voting via a Steering Committee Prioritization Meeting

On May 7, 2025, a 90-minute in-person prioritization meeting was held with the BCHC Steering Committee with the goal of narrowing the sixteen key issues to approximately ten issues. During the meeting, attendees heard a brief data presentation on the key findings from the Boston CHNA. Steering Committee members were asked to discuss how the findings reflected what they see in the communities they work or engage with, what was surprising or missing from the key themes, and what they saw as top issues for future collaborative efforts and investment. Steering Committee members also reviewed the Prioritization Criteria. At the end of the meeting, based on the Prioritization Criteria, Steering Committee members used a dot-voting process to vote for up to seven of the sixteen key issues identified from the CHNA data. Voting narrowed the sixteen key issues down to eleven top issues as follows:

	Priority Area	Votes
1.	Housing (affordability, quality, homelessness, etc.)	11
2.	Access to Healthy Food / Food Security	10
3.	Chronic Disease (including diabetes, heart disease, obesity, asthma, etc.)	9
4.	Access to Health Care	9
5.	Mental Health and Chronic Stress	9
6.	Economic Mobility (including income inequality, employment)	8
7.	Early Education and Care	7
8.	Maternal and Child Health	6
9.	Substance Use	5
10.	Cancer	5
11.	Climate Change (extreme heat and cold, etc.)	5

Step 2: Data-Informed Voting via a Community Prioritization Meeting

On May 28, 2025, a two and half hour in-person prioritization meeting was held with community partners with the goal of narrowing the eleven key issues to four priorities. During the meeting, attendees heard and discussed a brief data presentation on the key findings from the Boston CHNA. Community partners also reviewed the Prioritization Criteria. At the end of the meeting, based on the Prioritization Criteria, community partners used a dot-voting process to vote for up to four of the eleven key issues identified from the CHNA data. Approximately 45 community partners representing a range of sectors and coalitions voted during this prioritization meeting. Voting narrowed the eleven key issues down to four priorities as follows:

	Priority Area	Votes
1.	**Housing (affordability, quality, homelessness, etc.)**	**35**
2.	**Economic Mobility (including income inequality, employment)**	**30**
3.	**Access to Healthy Food / Food Security**	**29**
4.	**Access to Health Care**	**17**
5.	Mental Health and Chronic Stress	12
6.	Climate Change (extreme heat and cold, etc.)	11
7.	Chronic Disease (including diabetes, heart disease, obesity, asthma, etc.)	6
8.	Early Education and Care	5
9.	Substance Use	3
10.	Cancer	2
11.	Maternal and Child Health	2

Step 3: Review and Finalization of Priorities

On May 30, 2025, the BCHC Steering Committee reviewed the prioritized areas from the community prioritization meeting and also discussed key take-aways from that meeting. Through a facilitated discussion, Steering Committee members decided to broaden “Access to Health Care” to “Access to Care” to be inclusive of community-based care.

Priorities Selected for Planning

Recognizing that health inequities identified through the CHNA process are driven largely by systemic and structural challenges related to the community-identified priorities highlighted throughout the CHNA and prioritization process, the CHIP planning process will emphasize policy, systems, and environmental change approaches, as well as primary prevention, to build healthier communities. The BCHC Steering Committee finalized the following four priorities which will lay the groundwork for the 2025-28 Community Health Improvement Plan:

- Housing (affordability, quality, homelessness, etc.)
- Economic Mobility (including income inequality, employment)
- Healthy Food Access and Food Security
- Access to Care

The 2025 Boston CHNA Report is aligned with the City of Boston’s Live Long and Well Population Health Agenda to improve life expectancy and reduce racial and ethnic health disparities, highlighting key community-identified priorities to improve the health and well-being of Boston residents and promote healthier, longer, and thriving lives for all.

The Boston Community Health Collaborative will bring together community partners throughout the summer and fall of 2025 to co-develop measurable objectives and coordinated strategies that align efforts across organizations to address priority areas. Strategies will emphasize policy, systems, and environmental change approaches, as well as primary prevention, to create sustainable impact. To get involved, contact bostonchna@bphc.org.

APPENDICES

Appendix A. Recommended Readings

#	Report Name	Organization(s)
1	A City for Families: Addressing the Child Care Gaps in Boston	City of Boston Office of Early Childhood Birth to Eight Collaborative Data Committee
2	Heat Resilience Solutions for Boston	City of Boston
3	Boys and Men in Greater Boston: Challenges in Education, Employment and Health	Boston Indicators, American Institute for Boys and Men
4	Homelessness in Greater Boston: Trends in the Context of Our Broader Housing Crisis	Boston Indicators
5	Global Greater Boston: Immigrants in a Changing Region	Boston Indicators, Immigrant Research Initiative
11	Advancing LGBTQ+ Health Equity in Boston	Boston Public Health Commission
12	Boston Opioid Settlements Community Engagement Report	Boston Public Health Commission
13	City of Boston Food Recovery Assessment	City of Boston Office of Food Justice (OFJ), Vital Cxns and Seed Change Strategies
14	Franciscan Children's Community Health Needs Assessment - 2024	Franciscan Children's Hospital
15	Weaving Well-being: A New Paradigm for Mental Health and Wellness	Leah Zallman Center for Immigrant Health Research and City of Boston Office of Immigrant Advancement
16	Elevating Voices of Overdose Survivors Living on the Street	Boston Public Health Commission, Institute for Community Health, Boston Medical Center, Boston University School of Public Health, University of California San Diego
17	Allston-Brighton Needs Assessment	Allston-Brighton Community Development Corporation, Archipelago Strategies Group, City of Boston Planning Department, Utile Design, Rivera Consulting Inc.
18	Health of Boston 2023 Provisional Mortality and Life Expectancy Report	Boston Public Health Commission
19	Health of Boston 2023 Diabetes Report	Boston Public Health Commission
20	Health of Boston 2023 Heart Disease Report	Boston Public Health Commission
21	Health of Boston 2023 Asthma Report	Boston Public Health Commission
22	Health of Boston 2023 Cancer Report	Boston Public Health Commission
23	Health of Boston 2023 Maternal and Infant Health Report	Boston Public Health Commission
24	Health of Boston 2023 Mental Health Report	Boston Public Health Commission
25	Health of Boston 2023 Community Assets Report	Boston Public Health Commission
26	Health of Boston 2023 Substance Use and Disorders Report	Boston Public Health Commission

27	Health of Boston 2023 Access to Care Report	Boston Public Health Commission
28	We Thought You'd Never Ask!: Learning from Boston's Black Community What Supports its Health, Resilience & Wellbeing	Fenway Health, Boston Black COVID-19 Coalition
29	Boston's Multilingual Populations	City of Boston Planning Department and Office of Communications and Language Access
30	Dorchester Health Planning Working Group Final Report	Dorchester Health Planning Working Group
31	Action for Boston Community Development Community Needs Assessment	Massachusetts Association for Community Action and Action for Boston Community Development
32	Building AAPI Power: A Profile of AAPI Communities in Greater Boston	Boston Indicators
33	Massachusetts Healthy Aging Data Report: Highlights from 2025	UMASS Boston Gerontology Institute, Point32Health Foundation

Appendix B. Data Collection Methods, Analyses and Limitations

SECONDARY DATA: REVIEW OF EXISTING SECONDARY DATA, REPORTS, AND ANALYSES

Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps guide where primary data collection can dive deeper or fill in gaps.

Criteria for Prioritizing Secondary Data Indicators for Inclusion in 2025 Boston CHNA Report:

Whether the indicators can:

1) help drive collective action,
2) have a prevention orientation,
3) are not duplicative of other recent and easily accessible reports, and
4) have high quality, available data that, where possible, can be disaggregated by race/ethnicity and geography

Secondary data for this CHNA were gathered to understand health outcomes, health behaviors, and social determinants of health. Existing data were drawn from national, state, and city sources, including the Boston Behavioral Risk Factor Surveillance Survey (BBRFSS), Youth Risk Behavior Survey (YRBS), the Massachusetts Department of Public Health Community Health Equity Survey (CHES), the U.S. Census American Community Survey (ACS), vital records, and the Acute Hospital Case Mix Database from the Center for Health Information and Analysis. The Secondary Data Work Group provided input to prioritize the list of indicators included in this 2025 CHNA by considering the following criteria: whether the indicators can help drive collective action, have a prevention orientation, and are not duplicative of other recent and easily accessible reports.

All secondary data on birth and death records, BBRFSS, YRBS, and Acute Hospital Case Mix were analyzed by the Research and Evaluation Office of the Boston Public Health Commission. Other data were analyzed by the organizations cited in the data source. Analyses are presented as frequencies (percentages) and rates throughout the report. Data from the surveillance systems, such as the BBRFSS and YRBS, are presented with confidence intervals (or error bars in the figures), where possible. When statistical significance testing was conducted, it is noted in figures or in text. Specifically, when the word "significantly" is used in the text it connotes statistical significance ($p<0.05$). Additional information on confidence intervals and significance testing can be found in the Reporting Notes in this section.

Review and Crosswalk of Recent Reports and Assessments

The following recent reports and assessments provide detailed data on specific topics, populations, and/or geographies and were also reviewed to inform this CHNA process: Advancing LGBTQ+ Equity in Boston, Boston Opioid Settlement Community Engagement Report, City of Boston Food Recovery Assessment, Franciscan Children's CHNA, Youth Speaks Boston, Weaving Well-being: A New Paradigm for Mental Health and Wellness, Elevating Voices of Overdose Survivors Living on the Street, Allston-Brighton Needs Assessment, and Food Access in Allston-Brighton (see Appendix A). Key themes from these recent and related reports and assessments were summarized to understand alignment with emerging themes from this process.

PRIMARY DATA COLLECTION

Primary data are new data collected specifically for the CHNA. Primary data were collected using four different methods: key informant interviews, community resident focus groups, sector-based focus groups with organizational partners and direct-service providers, and a community health survey.

Boston CHNA Community Survey

The Boston CHNA Community Survey aimed to collect information about Boston residents' perceptions of community strengths, priority health issues, and access to care and vital resources contributing to health and well-being. The Boston CHNA survey was offered between September 2024 and January 2025 to individuals ages 14 and up living in Boston. The anonymous survey was made available online and in paper format in English and eight languages in addition to English (Arabic, Cape Verdean Creole, Haitian Creole, Portuguese, Spanish, Simplified Chinese, Somali, and Vietnamese). The survey instrument is included in Appendix F.

The intention of the survey was to complement existing surveys including the Massachusetts Community Health Equity Survey (CHES), and the Boston Behavioral Risk Factor Surveillance Survey (BBRFSS) to guide community health planning efforts. Boston Public Health Commission community health planning staff drafted a survey based on a review of the 2019 Boston CHNA Survey and a review of existing survey tools and public health best practices and standards for community health assessment survey development.[4] An updated version of the survey was drafted with feedback from Primary Data Work Group members, charged with outlining a consistent, inclusive, and robust community engagement strategy and providing input into the development of instruments and methodologies for the Boston CHNA process.

Outreach was conducted through various means, including in-person outreach, email distribution, social media and online survey promotion. Building on previous processes, the Boston Community Health Collaborative leveraged a large, existing network of community partners who distributed the survey in online and paper formats. In addition, targeted outreach and paper survey distribution were conducted at 43 community events and locations, including farmer's markets, health fairs, block parties, public libraries, food pantries, and community meetings. Promotional flyers were distributed in all nine survey languages.

The final survey tool included 28 questions. The final sample of the CHNA Community Survey comprises 1,866 respondents who were Boston residents. Data on survey respondent characteristics including neighborhood of residence, race, ethnicity, age, caregiver status, and other demographic characteristics can be found in Appendix G. In this report, people who completed the survey are referred to as "respondents" (whereas those who were part of focus groups and interviews are referred to as "participants" for distinction).

[4] Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 Framework. 2024. https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp

Analyses

Frequencies were calculated for each survey question. Data were suppressed where response total was less than 10 respondents. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question and varied by question. Additionally, denominators excluded respondents who selected "prefer not to answer/don't know" where applicable. For questions that allowed for multiple responses (i.e., questions that asked respondents to check all that apply), the denominator was out of the total number of respondents who selected at least one response option for the question. Stratified analyses were conducted for select questions by specific sub-groups that had large enough sample sizes. Responses by neighborhood were presented for neighborhoods that had 30 or more respondents to the survey; when possible, some neighborhoods were combined for analyses due to small sample size.

Review of Concurrent CHNA Surveys

Beth Israel Lahey Health (BILH) conducted a concurrent community health survey with questions that were intentionally aligned with the BCHC community health survey. BILH shared a summary of survey findings for specific neighborhoods that were included in their service area and are also part of Boston and therefore relevant for this assessment process: Fenway/Back Bay, Roxbury, Mission Hill, Dorchester, and Allston/Brighton. Findings on key health issues and suggestions for improvement were reviewed from this BILH survey to understand alignment with survey findings from the Boston CHNA community survey. Similarly, Tufts Medical Center also conducted a community health survey and shared findings with BPHC for review of alignment.

Qualitative Discussions: Focus Groups and Interviews

Community Resident Focus Groups

Eight focus groups were conducted with specific communities of focus from December 2024 through February 2025. Tufts Medical Center made introductions and connections for some of these groups. Focus groups were conducted in person (90-minutes) and virtually (60-90 minutes) and aimed to delve deeply into community needs, strengths, and opportunities for the future. Focus groups were conducted with the following population groups:

- South Boston mothers (in Spanish)
- Chinese older adults (in Cantonese)
- Residents in active substance use recovery
- New immigrants and/or English language learners
- Residents who live in Boston Housing Authority housing
- Somali parents of children with special healthcare needs (in Somali)
- Fathers and men of color
- Refugee youth

A total of 62 community residents participated in focus groups. Almost all focus group participants (54 of 62) completed an optional demographic survey. Participants represented nine neighborhoods across the city. Nearly half of focus group participants identified as Black or African American (44%), more than a third of participants identified as Hispanic or Latino (38%), roughly one fifth of participants identified as Asian (19%), and 12% identified as White. The majority of participants identified as female (67%); 33% identified as male. Most participants (60%) were between 25 – 54 years old. Additional data on focus group participant characteristics can be found in Appendix E. Eight community and social service

organizations located throughout Boston assisted with recruiting participants and/or hosting focus groups.

Beth Israel Deaconess Medical Center (BIDMC) and New England Baptist Hospital (NEBH) also shared notes from nine focus groups that were conducted with 90 community residents from the following population groups as part of parallel assessment processes:

- Newly arrived families from Haiti (in Haitian-Creole)
- Youth
- Older adults (two groups, one in Spanish and one in English)
- Cape Verdean residents (in Cape Verdean Creole)
- Transgender and non-binary adults
- Adults living with disabilities
- Families living in affordable housing in Mission Hill and Roxbury.

Sector-Based Focus Groups
Five sector-based focus groups were conducted with 28 organizational partners and direct service providers. The sectors and topic areas for these groups were: Climate Justice, Housing, Community Health Workers, Mental/Behavioral Health, and Economic Mobility. These discussions aimed to focus in particular on community needs, assets, and promising practices or recommendations for action.

Key Informant Interviews
A total of eleven key informant interviews were completed with 13 individuals (two interviews included 2 participants) between January and March 2025. Interviews were 45-60 minute semi-structured discussions that engaged organizational and community leaders. Discussions explored interviewees' experiences of addressing community needs, recommendations for priority areas of focus, and suggestions for policy and structural changes. Sectors represented in these interviews included: public health, health care, emergency medical services (EMS), food justice, housing, education and early childhood, social services and anti-poverty, and organizations that work with specific populations such as justice-involved individuals, men of color, and birthing people. See Appendix D for a list of key informant interviewees.

BIDMC and NEBH also shared summaries of interviews (BIDMC summary included 15 interviews and NEBH summary included 14 interviews) that were conducted as part of parallel assessment processes.

Analyses
The collected qualitative information was coded and analyzed to identify main categories and sub-themes that emerged across all groups and interviews as well as the unique issues that were noted for specific populations. The frequency and intensity of discussions on a specific topic were the key indicators used for extracting the main themes. BIDMC and NEBH focus group notes were analyzed with Boston CHNA focus group notes; BIDMC and NEBH interview summaries were also reviewed to confirm findings and identify any new salient information. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas. Please note: copies of the qualitative guides are available upon request, at bostonchna@bphc.org.

LIMITATIONS

As with all data collection efforts, several limitations should be acknowledged. Each data source for the secondary data has its own set of limitations. Overall, for the data in this report it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity; different boundaries for neighborhoods). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups or at a more granular geographic level due to small sub-sample sizes. For example, secondary data combines Chinatown and South End together in analyses and subsumes Mission Hill residents primarily into Roxbury data. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

It is also important to recognize that this report relies on data from the American Community Survey and the U.S. Census. It is well recognized that census data undercounts Boston's population, due in part to the COVID-19 pandemic as well as Boston's mobile young adult population. Given this undercount, the City of Boston Planning Department has produced alternate population estimates, which are available at the census tract level here.[26] More detailed demographic trends can be accessed at the Planning Department's webpage here.

It should also be noted that for the datasets used, it is not always possible to examine data in a more granular way or to examine the intersectionality of identities. For example, data are examined by race/ethnicity and by neighborhood, but the sample sizes are not large enough to look at data by race/ethnicity within neighborhood in many cases. Additionally, while data are examined by major categories of races and ethnicities (e.g., White, Black, Latino, Asian), it is not possible for many of these data sources to examine data of sub-population groups within these categories (e.g., Chinese descent, Vietnamese descent). Please contact the Boston Public Health Commission Research and Evaluation Office for further consideration of custom health data analysis of specific Boston resident sub-population groups. Please be advised that 2023 mortality data are preliminary and subject to change.

While strong efforts were made to conduct outreach across the City with a deeper dive within neighborhoods and population groups who are disproportionately impacted by health inequities, the community survey used a convenience sample. Because a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this, results cannot necessarily be generalized to the larger population.

Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. This report should be considered a snapshot of the current time. The findings in this report can be built upon through future data collection efforts.

Appendix C. A Note on Data and Language

Note on Language and Data

Throughout the report, data and comparisons are presented using broad categories based on a narrow range of options for self-identification in population-based surveys. We recognize the importance of disaggregating data by population characteristics, including race, ethnicity, gender, and sexual identity to inform policy, practices, and programs to improve health outcomes and to track progress towards health equity. Where available, indicators have been disaggregated. However, our ability to report is also limited by how various surveys collect self-reported racial and ethnic data. Additionally, small survey sample size and case numbers limit the ability to identify and describe health disparities for certain groups. The terms used to denote racial, ethnic, gender and sexual identity categories may differ throughout the report depending on what is used within the secondary data sources.

- Data from Boston Behavioral Risk Factor Surveillance Survey (BBRFSS), Youth Risk Behavior Survey (YRBS), Acute Hospital Case Mix Database from the Center for Health Information and Analysis, and other data analyzed by Boston Public Health Commission, Center for Public Health Sciences and Innovation presents Latinx data alongside non-Latinx racial groups (e.g., non-Latinx Black). Hispanic and/or Latinx people can be of any race. In this report, data for persons of Hispanic and/or Latin descent are described as Latinx and presented alongside non-Latinx racial groups. Boston-specific data by race and Latinx ethnicity is presented for non-Latinx Asian residents, non-Latinx Black residents, non-Latinx White residents, and Latinx residents of any race.

- Except when noted otherwise, American Community Survey data reported by race and ethnicity includes self-reported race and ethnicity without reassigning individuals to a single category. This means that if someone identifies as both Latinx and Black, they will be included in both the Latinx category and the Black category rather than being placed into only one group.

- The Community Health Survey categorizes individuals based on their self-reported race and ethnicity without reassigning them to a single group. Similarly, this means that if someone identifies as both Latinx and Black, they will be included in both the Latinx category and the Black category rather than being placed into only one group.

- The term “residents” is used to denote all people living in the city of Boston, regardless of legal or housing status. This report also uses the terms “unhoused people” and “people experiencing homelessness” interchangeably. The term “people experiencing homelessness” is generally used in the narrative, while “unhoused” is used in secondary data sources and survey visualizations.

In some data sources, White residents are identified as the reference group for racial/ethnic group comparisons and for sex-based comparisons, males are identified as the reference group. Neighborhood comparisons involved assessing the difference between a given neighborhood’s rate and the rate for the rest of Boston (those residents not living in the specified neighborhood). These comparisons are considered more accurate than comparisons to Boston overall. For additional information regarding the analytical methods used within this report, please contact the Boston Public Health Commission Population Health and Research Office at populationhealth@bphc.org.

Social Determinants of Health

As defined by the U.S. Department of Health and Human Services, social determinants of health (SDOH) are "*the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks*."[27] The SDOH as defined in this report consists of five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment (e.g., housing, transportation), and social and community context.

Appendix D. Key Informant Interview Participants

- Sandra Aronson, Community Engagement and Partnerships Manager, Mayor's Office of Food Justice
- Nashira Baril, Founder and Executive Director, Neighborhood Birth Center
- Mary Bovenzi, Director of Chronic Disease Prevention and Control Division, Boston Public Health Commission
- Ayesha Cammaerts, Executive Director, Boston Opportunity Agenda
- Sharon Scott Chandler, President and CEO, Action for Boston Community Development
- Leslie Credle, Founder and Executive Director, Justice 4 Housing
- Renee Crichlow, Chief Medical Officer, Codman Square Health Center
- Dr. Denise De Las Nueces, Chief Medical Officer, Boston Healthcare for the Homeless
- Frank Farrow, Executive Director, Mayor's Office for Black Male Advancement
- PJ McCann, Deputy Commissioner for Policy and Planning, Boston Public Health Commission
- Laura Segal, Chief of Staff, Boston Emergency Medical Servies
- Emma Tobin, Executive Director, Family Nurturing Center
- Aliza Wasserman, Director, Mayor's Office of Food Justice

Appendix E. Focus Group Participant Characteristics

A total of 62 community residents participated in community resident focus groups. Almost all focus group participants (54 of 62) completed an optional demographic survey.

	n	%
Neighborhood (N=54)		
Allston/Brighton	<5*	-
Back Bay	0	0.0%
Beacon Hill	0	0.0%
Charlestown	<5*	-
Chinatown	8	14.5%
Dorchester	10	18.1%
Downtown	0	0.0%
East Boston	0	0.0%
Fenway	0	0.0%
Hyde Park	0	0.0%
Mattapan	5	9.1%
Mission Hill	0	0.0%
North End	0	0.0%
Jamaica Plain	<5*	-
Roslindale	0	0.0%
Roxbury	13	23.6%
South Boston	10	18.1%
South End	<5*	-
West End	0	0.0%
West Roxbury	0	0.0%
Other[1]	<5*	-
Age (N=50)		
14 -18	7	12.7%
19 - 24	<5*	-
25 – 34	9	16.4%
35 – 44	11	20%
45 – 54	10	18.1%
55 – 64	<5*	-
65 – 74	<5*	-
75 – 84	6	10.9%
85+	<5*	-
I prefer not to answer	0	0.0%
Identify as Hispanic or Latino (N=48)		
Yes	18	32.7%
No	27	49.1%
Prefer not to answer	<5*	-
Racial Identity (N=52)		
Asian, Asian American, South Asian, Southeast Asian, East Asian	10	18.1%
Black, African American, African	24	43.6%
Indigenous, Native American, American Indian, Alaskan Native	<5*	-
Middle Eastern or North African	0	0.0%
Multiracial	<5*	-
Native American or Alaskan Native	0	0.0%
Native Hawaiian Pacific Islander	0	0.0%
White	6	10.9%
Other[1]	<5*	-
I prefer not to answer	0	0.0%
My race is not listed[1]	11	20%
Ancestry (N=44)		
Arab/ Middle Eastern	0	0.0%
Afro-Caribbean	<5*	-
Brazilian	<5*	-
Cape Verdean	<5*	-
Chinese	9	16.4%
Colombian	<5*	-
Dominican	7	12.7%
Haitian	<5*	-
Jamaican	<5*	-
Puerto Rican	8	14.5%
Salvadoran	0	0.0%
Vietnamese	0	0.0%
Don't know	<5*	-
Other[1]	16	29.1%
Gender Identity (N=51)		
Woman	34	61.8%
Man	17	30.9%
Nonbinary, Genderqueer, not exclusively male or female	0	0.0%
Questioning	0	0.0%
Transgender Man	0	0.0%
Transgender Woman	0	0.0%
Prefer to self-describe	0	0.0%
I do not understand what this question is asking	0	0.0%
I prefer not to answer	0	0.0%
Highest School Year Completed (N=51)		
Less than high school	12	21.8%
Some high school (no diploma)	11	20%
High school or GED	13	23.6%
Some college (no degree)	5	9.1%
Vocational, trade, or technical program	<5*	-
Associate degree (for example, AA, AS)	0	0.0%
Bachelor's degree (for example, BA, BS, AB)	<5*	-
Graduate degree (for example, master's, professional, doctorate)	<5*	-

*Cells with less than 5 participants were suppressed. [1]For all response options allowing participants to specify details of their demographics, participants were not required to provide specifics. Participants who responded "My race is not listed" noted that they identified their race as Hispanic or Latino. Participants who responded "Other" for Ancestry named African, American, Irish, Italian, and Costa Rican.

Appendix F. Boston 2024 Community Health Assessment Survey

Boston 2024 Community Health Assessment Survey

SECTION 1. Introduction

This community health survey is supported by the Boston Community Health Collaborative. The Collaborative is a partnership that includes non-profit teaching hospitals, community health centers, public health, and other Boston community partners.

Our goal is to understand the health needs of the community members we serve. Your responses will help set health goals and funding to develop and support programs to improve the health of Boston residents. Please complete this survey by **December 1, 2024,** to ensure your voice is heard and included in shaping the health of Boston.

This survey is voluntary. No personal identifiable information will be collected. We expect this survey will take 7-10 minutes to complete. At the end of the survey, you will find information on how you can enter a raffle for a chance to win one of two $100 grocery gift cards or local family-friendly experiences (like museum passes, etc.).

This survey is intended **for residents of Boston age 14 and above.** Thank you for participating in this survey and supporting your community. If you have questions about the survey or need an alternative format, please email bostonchna@bphc.org.

SECTION 2. About Your Community

In this survey, "community" refers to the primary area in the city of Boston where you live.

1. **What is the zip code for your home address?** _____

2. **What neighborhood of Boston do you live in now? (Please check one.)**

☐ Allston/Brighton	☐ Dorchester	☐ Jamaica Plain	☐ South Boston
☐ Back Bay	☐ Downtown	☐ Mattapan	☐ South End
		☐ Mission Hill	
☐ Beacon Hill	☐ East Boston	☐ North End	☐ West End
☐ Charlestown	☐ Fenway	☐ Roslindale	☐ West Roxbury

☐ Chinatown ☐ Hyde Park ☐ Roxbury ☐ Other: _____

3. Please check the response that best describes how much you agree or disagree with each statement about your community.

	Strongly Agree	Agree	Neither Agree/ Disagree	Disagree	Strongly Disagree	Don't Know
I feel that I belong in my community.	☐	☐	☐	☐	☐	☐
Overall, I am satisfied with the quality of life in my community. (Think about health care, raising children, houses of worship, getting older, job opportunities, safety, and support.)	☐	☐	☐	☐	☐	☐
My community is a good place to raise children. (Think about things like schools, daycare, after-school programs, and places to play.)	☐	☐	☐	☐	☐	☐
My community is a good place to grow old. (Think about things like green space, accessible transportation, healthcare, and social support.)	☐	☐	☐	☐	☐	☐
My community has access to resource. (Think about organizations, agencies, healthcare, food, etc.).	☐	☐	☐	☐	☐	☐
My community is safe from crime.	☐	☐	☐	☐	☐	☐
I can generally get to where I need to go in my community	☐	☐	☐	☐	☐	☐
My community has housing that is safe and of good quality.	☐	☐	☐	☐	☐	☐
My community offers people places and options for staying cool during extreme heat.	☐	☐	☐	☐	☐	☐
My community has safe outdoor places to be active. (Think about parks, playgrounds, clean sidewalks, and outdoor spaces.)	☐	☐	☐	☐	☐	☐
I believe that all residents, including myself, can make	☐	☐	☐	☐	☐	☐

the community a better place to live.						

4. Please read the list below. Which do you believe are the 5 most important factors that would improve the quality of life and health of your community? Please select up to 5 items from the list below.

☐ Access to cultural and arts events.	☐ Good roads and infrastructure.
☐ Access to continuing education opportunities.	☐ Lower crime and violence.
☐ Access to pharmacies.	☐ More affordable childcare.
☐ Access to good jobs and economic opportunities.	☐ More affordable housing.
☐ Access to health care.	☐ More community gathering spaces.
☐ Access to mental health care.	☐ More inclusion for diverse members of the community.
☐ Access to low-cost healthy foods.	☐ Opportunities for healthy cooking programs and supports.
☐ Access to reliable public transportation.	☐ Opportunities for disaster and emergency preparedness.
☐ Accessible sidewalks.	☐ Opportunities for free or low-cost exercise classes.
☐ Better schools.	☐ Stronger sense of community.
☐ Clean environment (air and water quality.)	☐ None of the above.
☐ Effective city services (water, trash, fire department, and police services.)	☐ Other: _____

SECTION 3: Health and Access to Care

5. Please check the response that best describes how much you agree or disagree with each statement about your access to health care in your community.

In the past 12 months, how often were you able to get medical care when you needed to? (*Choose only one.)*

☐ Always	☐ Sometimes	☐ Never	☐ Not applicable

In the past 12 months, how often were you able to get mental health care when you needed to? (*Choose only one.)*

☐ Always	☐ Sometimes	☐ Never	☐ Not applicable

6. Would you say that in general your health is excellent, very good, good, fair, or poor?

❑ Excellent	❑ Very Good	❑ Good	❑ Fair	❑ Poor	❑ Prefer not to answer

7. **Would you say that in general your mental health is excellent, very good, good, fair, or poor?**

❑ Excellent	❑ Very Good	❑ Good	❑ Fair	❑ Poor	❑ Prefer not to answer

8. **Routine cancer screenings are important to find cancer early. This is when cancer is most treatable. Please suggest how we can encourage more people to get routine cancer screenings.**

_____

_____

_____

9. **What would help you or your family get the health care you need? (*Check all that apply.)***

☐ Being able to get many services at the same location or practice.	☐ Health care provider who specializes in the care I need.	☐ Support with accessing my basic needs (applying for SNAP benefits, referrals to community resources, etc.)
☐ Childcare or elder care.	☐ Help with understanding or coordinating my care, such as finding services, filling out paperwork, using insurance, and scheduling appointments.	☐ Support with applying for health coverage.
☐ Clear prices for services.	☐ Lower out of pocket cost for services.	☐ Transportation to appointments.
☐ Evening or weekend appointments.	☐ More appointments available.	☐ Virtual/Telehealth appointments.
☐ Health care providers or interpreters who speak my primary language.	☐ Paid time off work (sick time.)	☐ I do not feel safe or welcome accessing health care.
☐ Health care providers who make me feel safe and respected.	☐ Services closer to where I live.	☐ Other, please specify: _____.

10. **What kind of place, if any, do you usually call or go to when you are sick or when you need advice about your health?**

☐ A doctor's or nurse's office.	☐ No usual place.
☐ A hospital emergency room.	☐ Student clinic or health center.
☐ A public health clinic or community health center.	☐ Urgent Care Provider.
☐ I do not access routine health care.	☐ Other, please specify: _____.
☐ Mobile health van or pop-up screening clinic.	

11. Do you feel that you have access to quality health care in your local community, or do you think you would need to travel outside your community to access high-quality hospitals, doctors, or clinics?

☐ Have access in the local community.	☐ Would need to travel outside community.

12. Please read the list below. What are the top <u>5 most important</u> concerns in your community or neighborhood that affect your community's health the most? (Please check up to 5.)

☐ Alcohol or substance misuse	☐ Heart disease and stroke	☐ Sexual violence
☐ Asthma	☐ Heat-Related Illness	☐ Sexually transmitted infections (STIs)
☐ Autism	☐ Hunger/food insecurity	☐ Substance Use Disorder
☐ Cancer	☐ Housing Quality or Affordability	☐ Suicide
☐ Chronic Stress	☐ Homelessness	☐ Teenage pregnancy
☐ High blood Pressure/Hypertension	☐ Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.)	☐ Tobacco or Nicotine Use (Cigarettes, vaping, etc.)
☐ Diabetes	☐ Obesity	☐ Trauma
☐ Domestic violence	☐ Pregnancy Complications or Reproductive Health Issues	☐ Violence (domestic violence, gun violence, physical violence/altercations, etc.)
☐ Economic Insecurity, Employment/Job Opportunities	☐ Poor Diet	☐ Youth use of social media
☐ Elder/aging challenges (*arthritis, falls, dementia*.)	☐ Poverty	☐ Youth mental health
☐ Environment (like air quality, traffic, noise.)	☐ Racism, Prejudice, or Discrimination	☐ Other (please specify): _____.

SECTION 4: About You

Boston residents come from very diverse backgrounds. The following questions help us better understand how people of diverse identities and life experiences may have similar or different experiences in the community.

We encourage you to fill out as many questions as you feel comfortable with so we can identify if any specific groups are experiencing challenges more frequently than others and work in partnership with communities to address these challenges.

<u>All responses to the survey are confidential.</u> Please choose the terms that best describe you.

13. What is your age?

- ☐ 14 -18
- ☐ 19 - 24
- ☐ 25 - 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74
- ☐ 75 – 84
- ☐ 85+
- ☐ I prefer not to answer.

14. Are you a parent, guardian, or caregiver for any of the following? (Select all that apply.)

- ☐ Child
- ☐ Adult
- ☐ Elder
- ☐ Person with disabilities
- ☐ I prefer not to answer
- ☐ Other (please specify): _____
- ☐ None of the above

15. Are you a veteran of the U.S. Armed Forces (or former military status, Army, Navy, Air Forces, Marine Corps, Coast Guard)?

- ☐ Yes, I am a veteran.
- ☐ No, I am not a veteran.
- ☐ Prefer not to answer.

16. Were you born in the United States?

- ☐ Yes (IF YES, SKIP TO QUESTION 18.)
- ☐ No (IF NO, CONTINUE TO QUESTION 17.)
- ☐ I prefer not to answer.

17. If No, how long have you lived in the United States?

- ☐ Less than one year.
- ☐ 1 to 3 years.
- ☐ 4 to 6 years.
- ☐ More than 6 years, but not my whole life.
- ☐ I have always lived in the U.S.
- ☐ Prefer not to answer.

18. What is the highest grade or school year you have finished?

- ☐ Less than high school
- ☐ Some high school (no diploma.)
- ☐ High school or GED
- ☐ Some college (no diploma.)
- ☐ Vocational, trade, or technical program
- ☐ Associate degree (for example, AA, AS.)
- ☐ Bachelor's degree (for example, BA, BS, AB.)
- ☐ Graduate degree (for example, master's, professional, doctorate.)
- ☐ Other (please specify: _____
- ☐ Prefer not to answer.

19. In the <u>past 12 months</u>, did you have trouble paying for any of the following? *Select all that apply*.

☐ Childcare	☐ Tuition/Student Loans
☐ Food or groceries	☐ Technology (computer, phone, internet.)
☐ Formula or baby food	☐ Transportation (car payment, gas, public transit.)
☐ Health care (appointments, medicine, insurance.)	☐ Utilities (electricity, water, gas.)
☐ Housing (rent, mortgage, taxes, insurance.)	☐ Seasonal clothing (winter coats, gloves, hats.)
☐ Mental Health Care (Copays, Session costs, etc.)	☐ None of the above
☐ Personal Care Items (shampoo, toothpaste, feminine products.)	☐ Other (specify: _____.)
☐ School Supplies	

20. What language(s) do you MAINLY speak at home? (Please check all that apply.)

- ☐ Arabic
- ☐ Cantonese
- ☐ Portuguese
- ☐ Russian

- ☐ Cabo Verdean Creole
- ☐ English
- ☐ Haitian Creole
- ☐ French
- ☐ Mandarin
- ☐ Somali
- ☐ Spanish
- ☐ Vietnamese
- ☐ Other (please specify:_____.
- ☐ Prefer not to answer.

21. What is your current employment status?

☐ Employed full-time (40 hours or more per week.)	☐ Unable to work.
☐ Employed part-time (Less than 40 hours per week.)	☐ Retired.
☐ Self-employed (Full- or part-time.)	☐ Student.
☐ Full-time caregiver or stay at home parent.	☐ Other (please specify: _____.
☐ Out of work.	☐ Prefer not to answer.

22. What is your annual household income from all sources (e.g., income earned, alimony received, etc.)?

- ☐ Less then $25,000
- ☐ $25,000- $49,999
- ☐ $50,000- $74,999
- ☐ $75,000-$99,999
- ☐ $100,000- $149,999
- ☐ $150,000 or more
- ☐ Prefer not to answer.

23. Do you identify as a person with a disability?

- ☐ Yes.
- ☐ No.
- ☐ Prefer not to answer.

24. What best describes your current <u>living arrangement?</u> (Please check one.)

☐ Living in a house/apartment that I own.	☐ Living in a shelter or transitional housing program.
☐ Living in a house/apartment that I rent.	☐ Living in my car, on the streets, or another place not meant for people to sleep in.
☐ Living in a room that I rent.	☐ Other.
☐ Staying with friends or family.	☐ Prefer not to answer.
☐ Living in a hotel or motel that the government pays for.	

25. Please describe your race and/or ethnicity? *Select all that apply*.

a. Are you:

- ☐ Hispanic or Latinx/a/o
- ☐ Not Hispanic or Latinx/a/o?
- ☐ Prefer not to answer

b. What racial group describes you? *Select all that apply*.

- ☐ Asian, Asian American, South Asian, Southeast Asian, East Asian.
- ☐ Black, African American, African.
- ☐ Indigenous, Native American, American Indian, Alaskan Native.
- ☐ Middle Eastern or North African.
- ☐ Multiracial.
- ☐ Native American or Alaskan Native.
- ☐ Native Hawaiian Pacific Islander.
- ☐ White.
- ☐ Other.
- ☐ I prefer not to answer.
- ☐ My race is not listed (please specify): _____.)

c. Which of the following, if any, ancestries do you identify with? *Please select all that apply.*

- ☐ Arab/Middle Eastern
- ☐ Afro-Caribbean
- ☐ Brazilian
- ☐ Cape Verdean
- ☐ Chinese
- ☐ Colombian
- ☐ Dominican
- ☐ Haitian
- ☐ Jamaican
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Vietnamese
- ☐ Don't know
- ☐ Other: _____

26. What is your sexual orientation?

- ☐ Asexual
- ☐ Bisexual and/or Pansexual
- ☐ Gay or Lesbian
- ☐ Straight (Heterosexual)
- ☐ Queer
- ☐ Questioning/Unsure
- ☐ Prefer to self-describe (specify: _____.)
- ☐ I do not understand what this question is asking
- ☐ I prefer not to answer

27. What is your current gender identity?

- ☐ Woman
- ☐ Man
- ☐ Nonbinary, Genderqueer, not exclusively male or female
- ☐ Questioning
- ☐ Transgender Man
- ☐ Transgender Woman
- ☐ Prefer to self-describe (specify: _____.)
- ☐ I do not understand what this question is asking
- ☐ I prefer not to answer
- ☐ Prefer to Self-Describe: _____.

28. What additional thoughts and experiences would you like to share about your health and the health of your community?

_____

_____

_____

_____

_____

_____

This concludes our survey. Thank you for your time! We greatly appreciate your participation.

Participants who complete this survey are eligible to enter a raffle for one of two $100 grocery gift cards or local family-friendly experiences! If you would like to be considered for the raffle, please fill out the information below.

NAME: _____

EMAIL: _____

PHONE: _____

**Your name and information will not be connected to the responses on your survey. Raffle winners will be asked to verify their identify prior to retrieving their prize. **

Return by mail: ATTN: Tibrine da Fonseca
Boston Public Health Commission
1010 Massachusetts Avenue
2nd Floor Mail Room
Boston, MA 02118

Appendix G. Boston CHNA Community Survey Respondent Characteristics

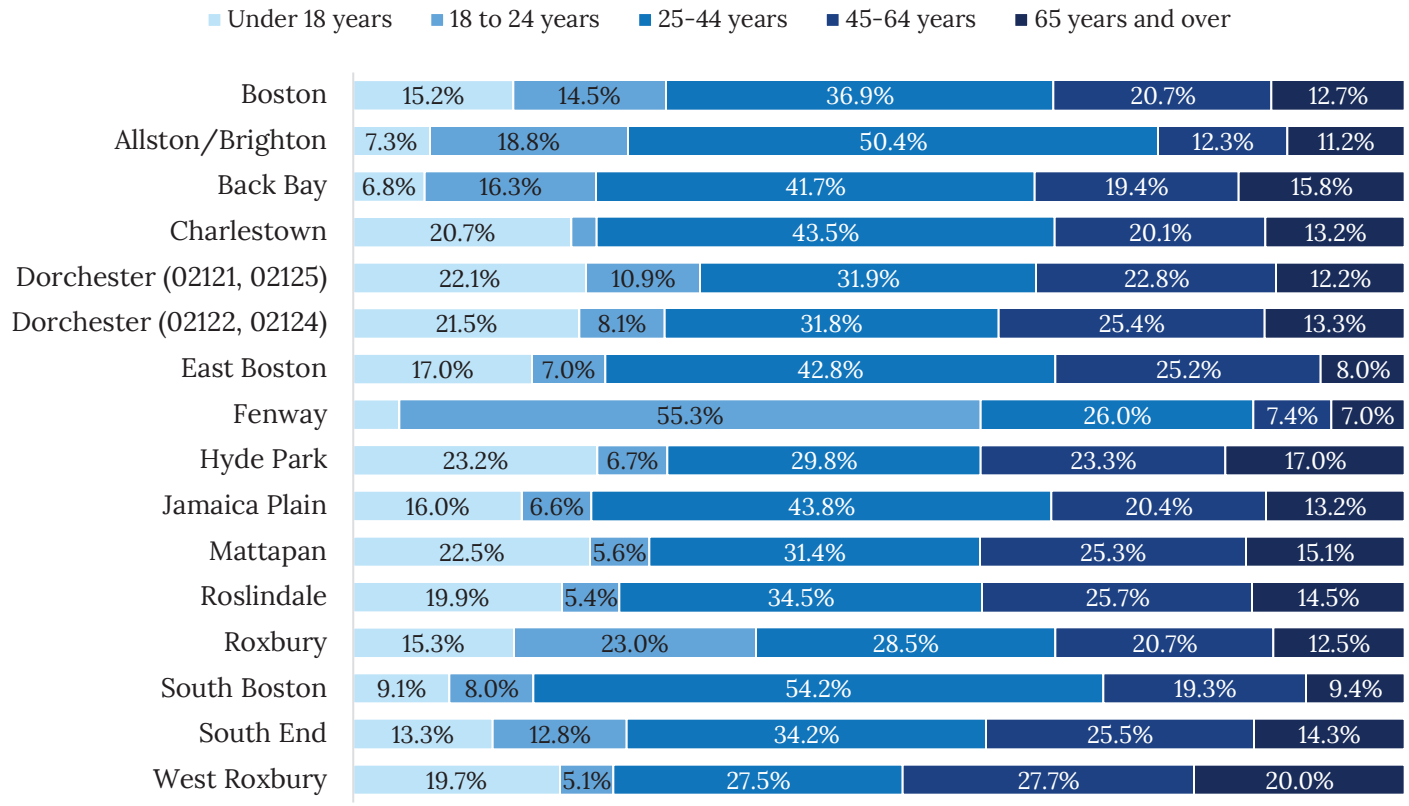
	n	%
Neighborhood (N=1866)		
Allston/Brighton	188	10.1%
Back Bay, Beacon Hill, North End, West End	106	5.7%
Charlestown	51	2.7%
Dorchester	383	20.5%
Downtown/Chinatown	34	1.8%
East Boston	87	4.7%
Fenway	36	1.9%
Hyde Park	173	9.3%
Jamaica Plain	179	9.6%
Mattapan	104	5.6%
Mission Hill	40	2.1%
Roslindale	104	5.6%
Roxbury	179	9.6%
South Boston	80	4.3%
South End	66	3.5%
West Roxbury	56	3.0%
Age Group (N=1726)		
14-18	108	6.3%
19-24	178	10.3%
25-34	414	24.0%
35-44	382	22.1%
45-54	207	12.0%
55-64	184	10.7%
65-74	176	10.2%
75-84	60	3.5%
85+	17	1.0%
Born Outside of U.S. (N=1690)		
Yes	437	25.9%
No	1253	74.1%
Caregiver Status (N=1682)		
Any Type of Caregiver	1042	62.0%
Not a Caregiver	640	38.0%

	n	%
Gender Identity (N=1657)		
Man	381	23.0%
Woman	1152	69.5%
Nonbinary, Genderqueer, Not exclusively male or female	88	5.3%
Questioning	-	-
Transgender Man	16	1.0%
Transgender Woman	-	-
Other	-	-
I prefer not to answer	36	2.2%
I do not understand what this question is asking	-	-
Hispanic or Latinx (N=1537)		
Yes	368	23.9%
No	1169	76.1%
LGBTQ+ (N=1412)		
Yes	383	27.1%
No	1029	72.9%
Race (N=1514)		
Asian, Asian American, South Asian, Southeast Asian, East Asian	204	13.5%
Black, African American, African	485	32.0%
Indigenous, Native American, American Indian, Alaskan Native	34	2.2%
White	762	50.3%
Multiracial	88	5.8%
Other	101	6.7%
Unhoused (N=1690)		
Yes	99	5.9%
No	1591	94.1%

Appendix H. Additional Data

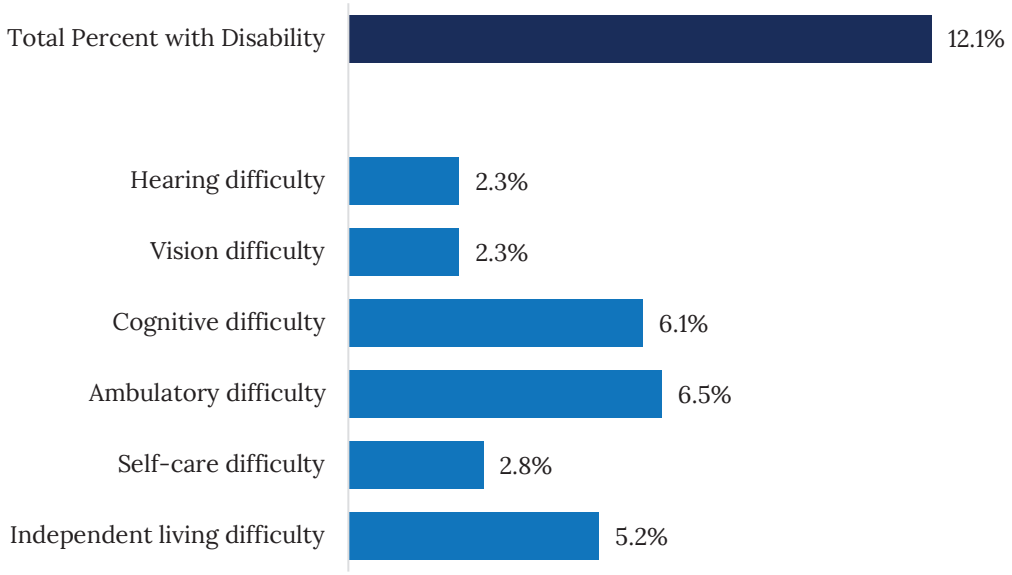
Population Characteristics

Figure 64. Age Distribution, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Data labels ≤5% not shown.

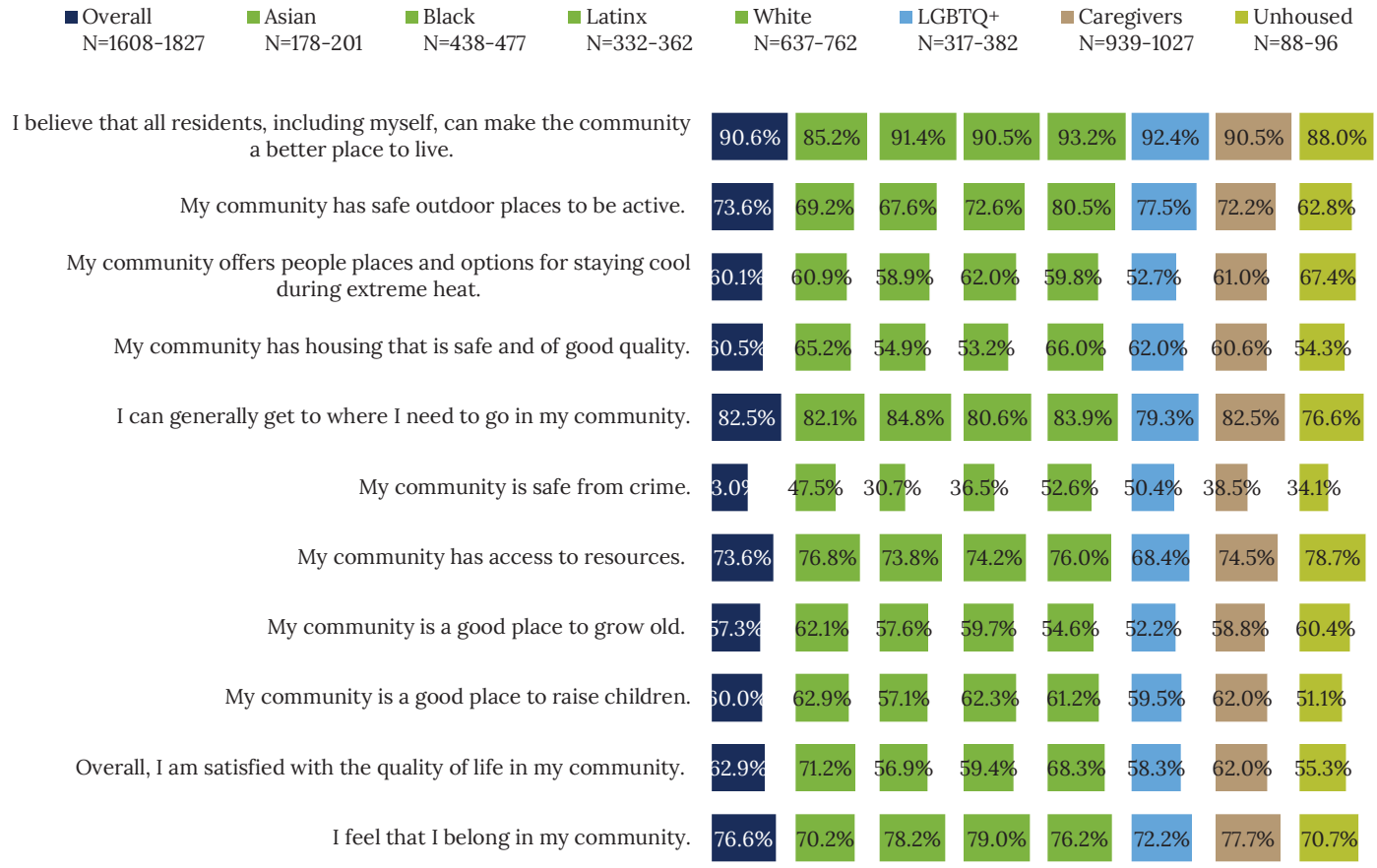
Figure 65. Percent Boston Residents with a Disability, Total and by Type of Disability, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: The ACS covers 6 types of disability and respondents who report anyone of the six disability types are considered to have a disability. The definitions are as follows: Hearing difficulty: deaf or having serious difficulty hearing (DEAR); Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses (DEYE); Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM); Ambulatory difficulty Having serious difficulty walking or climbing stairs (DPHY); Self-care difficulty: Having difficulty bathing or dressing (DDRS); Independent living difficulty Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or shopping (DOUT).

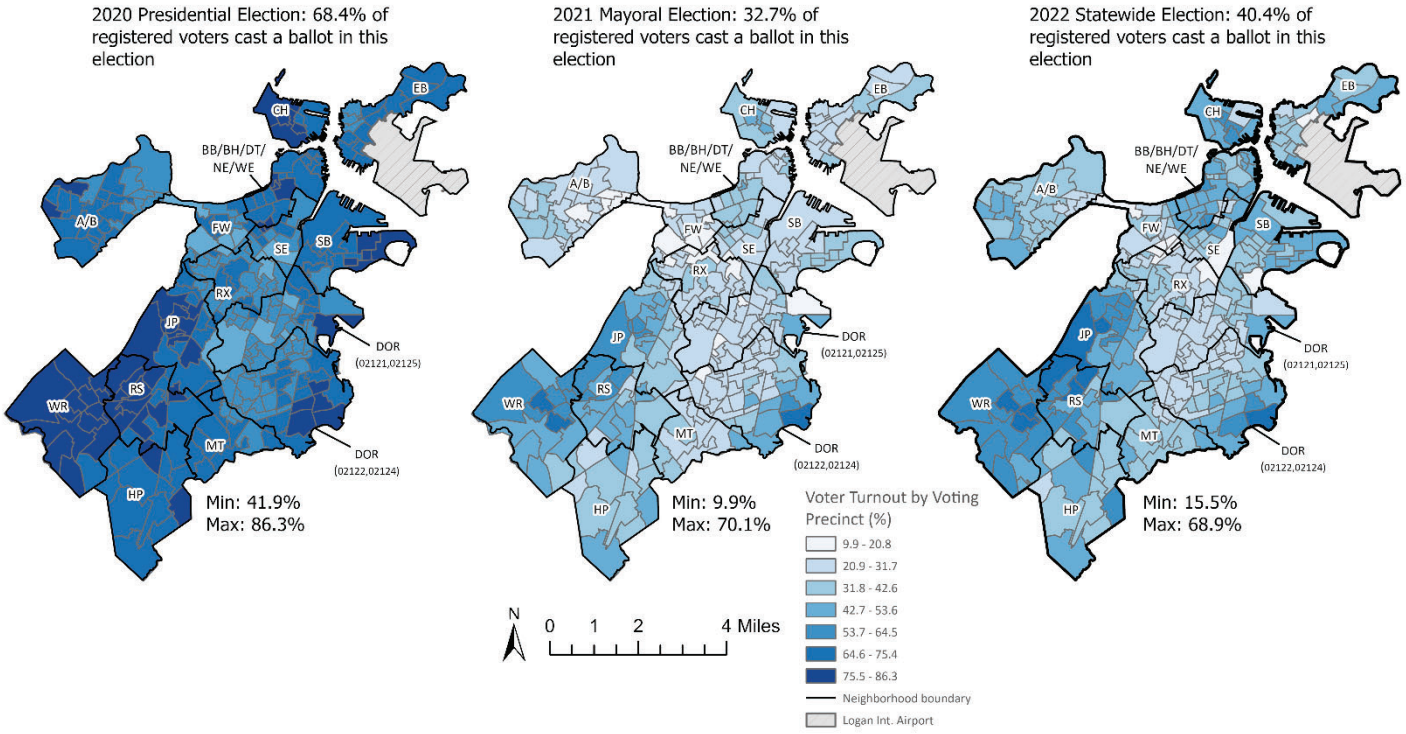
Community Strengths and Assets

Figure 66. Percent Survey Respondents Reporting That They Strongly Agree or Agree With the Following Statements, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

Figure 67. Voter Turnout by Election Type and Voting Precinct, 2020, 2021, 2022



NOTE: "SE" includes the South End and Chinatown. Percentages are determined by dividing the total number of ballots cast by the total number of registered voters in each precinct.
DATA SOURCE: City of Boston, Election Department

Community Perceptions of Health

Table 11. Percent Survey Respondents Reporting the Following Issues as the One of the 5 Most Important Concerns in Their Community's Health the Most, by Boston and Neighborhoods, 2024

	Overall N=1,737	Allston/Brighton N=175	Back Bay, Beacon Hill, North End, West End N=100	Charlestown N=51	Dorchester N=344	Downtown/ Chinatown N=33	East Boston N=81	Fenway N=35	Hyde Park N=157	Jamaica Plain N=173	Mattapan N=98	Mission Hill N=38	Roslindale N=99	Roxbury N=166	South Boston N=75	South End N=61	West Roxbury N=51
Housing Quality or Affordability	**39.8%**	**58.9%**	**30.0%**	**39.2%**	**35.5%**	**36.4%**	**39.5%**	**42.9%**	**26.8%**	**55.5%**	**32.7%**	**50.0%**	**40.4%**	**36.7%**	**34.7%**	**39.3%**	**33.3%**
Alcohol or substance misuse	**37.0%**	21.7%	**34.0%**	**52.9%**	**44.5%**	**33.3%**	**40.7%**	*	26.1%	**28.9%**	**43.9%**	**31.6%**	21.2%	**49.4%**	**46.7%**	**57.4%**	**35.3%**
Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.)	**34.7%**	**42.3%**	19.0%	**37.3%**	**36.3%**	*	23.5%	**48.6%**	**35.0%**	**44.5%**	**28.6%**	**44.7%**	**35.4%**	**29.5%**	**29.3%**	**37.7%**	**29.4%**
Economic Insecurity, Employment/Job Opportunities	**32.2%**	**44.0%**	17.0%	*	**35.2%**	*	**29.6%**	**28.6%**	**30.6%**	**39.3%**	**39.8%**	**36.8%**	**34.3%**	**27.7%**	22.7%	23.0%	**25.5%**
Chronic Stress	**25.1%**	**25.7%**	**23.0%**	*	20.3%	*	18.5%	**37.1%**	**26.8%**	**29.5%**	**29.6%**	**31.6%**	**28.3%**	27.1%	**30.7%**	23.0%	**25.5%**
Environment (like air quality, traffic, noise)	22.6%	**30.9%**	**27.0%**	**21.6%**	16.0%	**33.3%**	**32.1%**	**31.4%**	21.7%	27.2%	14.3%	**36.8%**	16.2%	17.5%	20.0%	27.9%	21.6%
Homelessness	20.9%	20.6%	22.0%	*	**22.7%**	*	14.8%	**28.6%**	10.8%	24.9%	16.3%	*	18.2%	27.1%	**24.0%**	**41.0%**	*
Diabetes	18.7%	6.3%	*	*	19.2%	*	**25.9%**	*	**33.8%**	8.1%	29.6%	*	**23.2%**	**27.7%**	18.7%	*	23.5%

Poverty	17.6%	19.4%	13.0%	*	19.2%	*	**25.9%**	*	17.8%	19.7%	22.4%	*	11.1%	18.1%	17.3%	*	*
Elder/aging challenges (arthritis, falls, dementia)	17.1%	18.3%	**26.0%**	*	13.4%	*	*	*	22.9%	14.5%	15.3%	*	22.2%	9.6%	17.3%	19.7%	**39.2%**
Racism, Prejudice, or Discrimination	17.1%	14.9%	11.0%	*	15.7%	*	13.6%	*	22.3%	25.4%	19.4%	*	17.2%	18.1%	*	21.3%	*
Hunger/food insecurity	16.9%	22.3%	*	19.6%	15.1%	*	21.0%	*	12.7%	27.7%	14.3%	*	16.2%	19.3%	*	16.4%	21.6%
High Blood Pressure/Hypertension	15.2%	7.4%	11.0%	*	17.4%	*	17.3%	*	**33.8%**	*	19.4%	*	*	19.3%	13.3%	*	*
Cancer	14.0%	6.9%	*	*	15.4%	*	23.5%	0.0%	15.9%	9.8%	19.4%	*	11.1%	16.3%	20.0%	*	21.6%
Substance Use Disorder	13.8%	14.9%	12.0%	*	14.2%	*	14.8%	*	8.9%	11.6%	11.2%	*	10.1%	16.3%	17.3%	**34.4%**	*
Violence (domestic violence, gun violence, physical violence/altercations, etc.)	13.3%	7.4%	*	*	18.0%	*	*	*	12.1%	10.4%	20.4%	*	*	23.5%	16.0%	*	*
Asthma	11.5%	6.3%	*	**23.5%**	15.4%	*	14.8%	*	14.0%	5.8%	18.4%	*	15.2%	11.4%	*	*	*
Domestic violence	10.6%	*	*	*	15.7%	*	18.5%	*	7.6%	*	18.4%	*	*	14.5%	16.0%	*	*
Obesity	10.6%	6.3%	*	*	10.5%	*	*	*	14.6%	9.8%	16.3%	*	14.1%	10.2%	*	*	*
Youth mental health	10.4%	9.1%	*	*	12.8%	*	*	*	10.8%	11.6%	11.2%	*	*	10.2%	*	*	*
Poor Diet	9.7%	8.0%	*	*	7.8%	*	*	*	12.1%	7.5%	13.3%	*	12.1%	13.9%	*	*	*
Tobacco or Nicotine Use (Cigarettes, vaping, etc.)	9.0%	7.4%	14.0%	*	7.8%	*	*	*	*	*	10.2%	*	*	9.6%	13.3%	16.4%	*
Heart disease and stroke	8.5%	*	*	*	7.8%	*	*	*	14.0%	6.4%	13.3%	*	*	10.8%	*	*	*
Trauma	7.3%	5.7%	*	0.0%	9.9%	*	*	*	10.2%	8.7%	11.2%	0.0%	*	8.4%	*	*	*
Youth use of social media	7.3%	*	*	*	8.1%	*	*	*	7.6%	*	*	*	14.1%	*	*	*	*
Autism	5.9%	*	*	*	7.0%	0.0%	*	*	*	*	*	*	*	7.2%	*	*	*
Other	3.8%	6.3%	*	*	2.9%	0.0%	*	*	*	*	*	*	11.1%	*	*	*	0.0%
Sexual violence (Intimate Partner Violence/ Human Trafficking)	3.5%	*	*	*	3.2%	*	*	*	*	*	*	*	*	*	*	*	*
Sexually transmitted infections (STIs)	2.5%	0.0%	*	0.0%	*	*	*	*	*	0.0%	*	*	*	*	*	*	0.0%

Suicide	2.3%	*	*	*	3.5%	*	*	*	*	*	*	*	*	*	*	0.0%	*
Heat-Related Illness	2.0%	*	*	*	*	*	*	0.0%	*	*	*	0.0%	*	*	*	*	*
Pregnancy Complications or Reproductive Health Issues	1.7%	*	0.0%	*	*	*	0.0%	*	*	*	0.0%	0.0%	*	*	0.0%	*	*
Teenage pregnancy	1.4%	0.0%	0.0%	0.0%	*	0.0%	*	0.0%	*	0.0%	*	0.0%	*	*	*	*	*
COVID & Long COVID	1.1%	*	*	0.0%	*	0.0%	0.0%	*	0.0%	*	0.0%	*	0.0%	0.0%	0.0%	0.0%	*

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Table 12. Percent Survey Respondents Reporting the Following Issues as the One of the 5 Most Important Concerns in Their Community's Health the Most, 2024

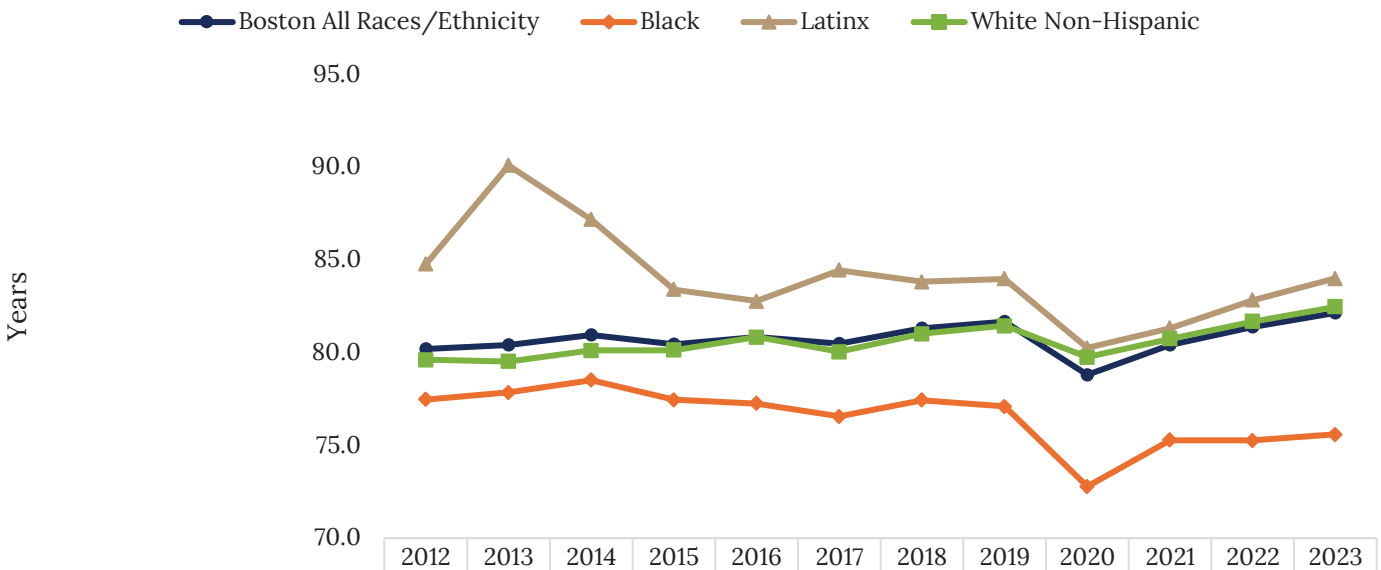
	Overall N=1,737	Asian N=198	Black N=475	Latinx N=368	White N=757	LGBTQ+ N=382	Caregiver N=1,029	Unhoused N=96	Born Outside US N=419	Aged 55+ N=427
Housing Quality or Affordability	39.8%	36.4%	34.3%	37.0%	47.0%	47.9%	35.3%	36.5%	32.9%	36.8%
Alcohol or substance misuse	37.0%	33.3%	41.3%	45.9%	31.8%	32.7%	40.7%	65.6%	42.5%	34.7%
Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.)	34.7%	28.3%	32.4%	33.2%	42.1%	41.9%	34.7%	29.2%	25.5%	29.5%
Economic Insecurity, Employment/Job Opportunities	32.2%	34.3%	33.9%	31.0%	33.0%	38.2%	32.7%	22.9%	30.5%	23.4%
Chronic Stress	25.1%	22.7%	24.0%	26.6%	26.7%	26.7%	25.0%	17.7%	22.4%	19.2%
Environment (like air quality, traffic, noise)	22.6%	21.7%	13.7%	18.2%	30.0%	24.6%	19.9%	*	15.3%	20.6%
Homelessness	20.9%	21.7%	22.3%	20.4%	21.5%	26.2%	19.2%	37.5%	24.3%	16.6%
Diabetes	18.7%	12.6%	31.2%	19.6%	10.3%	10.5%	22.2%	22.9%	23.2%	27.2%
Poverty	17.6%	16.7%	18.9%	18.5%	18.1%	20.4%	17.5%	31.3%	17.4%	13.6%
Elder/aging challenges (arthritis, falls, dementia)	17.1%	17.2%	13.5%	10.6%	20.2%	17.3%	16.2%	11.5%	11.9%	32.8%
Racism, Prejudice, or Discrimination	17.1%	16.2%	17.1%	16.0%	17.4%	22.3%	16.2%	14.6%	16.5%	14.5%
Hunger/food insecurity	16.9%	12.6%	15.6%	16.6%	18.8%	21.5%	14.8%	24.0%	16.2%	16.6%
High Blood Pressure/Hypertension	15.2%	9.6%	26.3%	15.2%	7.9%	8.9%	17.1%	19.8%	24.3%	24.4%
Cancer	14.0%	8.1%	16.8%	15.8%	11.1%	10.5%	17.1%	20.8%	14.1%	18.3%
Substance Use Disorder	13.8%	10.1%	11.8%	12.8%	17.8%	14.1%	12.6%	33.3%	11.7%	13.3%
Violence (domestic violence, gun violence, physical violence/altercations, etc.)	13.3%	11.1%	14.3%	16.0%	11.5%	8.6%	14.2%	19.8%	12.9%	12.6%
Asthma	11.5%	10.6%	16.4%	17.1%	7.8%	7.6%	13.5%	12.5%	9.5%	10.3%
Domestic violence	10.6%	8.6%	14.3%	14.9%	6.6%	10.7%	13.2%	21.9%	9.5%	6.6%
Obesity	10.6%	8.6%	12.8%	9.0%	9.6%	7.3%	10.5%	*	10.0%	14.1%
Youth mental health	10.4%	8.6%	11.4%	10.6%	10.0%	8.9%	11.3%	18.8%	9.1%	9.1%
Poor Diet	9.7%	9.1%	10.9%	7.3%	10.0%	8.9%	9.0%	16.7%	10.7%	8.9%
Tobacco or Nicotine Use (Cigarettes, vaping, etc.)	9.0%	15.7%	11.4%	7.9%	7.0%	6.0%	8.4%	16.7%	14.8%	9.6%
Heart disease and stroke	8.5%	*	11.4%	7.3%	7.1%	4.7%	8.2%	14.6%	9.1%	13.1%
Trauma	7.3%	*	9.5%	7.9%	7.3%	10.2%	7.1%	15.6%	4.5%	6.1%

Youth use of social media	7.3%	8.6%	8.0%	7.6%	6.3%	2.6%	8.3%	12.5%	8.1%	5.9%
Autism	5.9%	6.1%	7.2%	9.0%	3.2%	5.2%	8.2%	*	6.0%	3.7%
Other	3.8%	*	2.1%	2.7%	5.0%	4.7%	3.5%	*	4.1%	4.4%
Sexual violence (Intimate Partner Violence/ Human Trafficking)	3.5%	*	2.7%	6.0%	3.2%	3.7%	4.3%	11.5%	3.8%	*
Sexually transmitted infections (STIs)	2.5%	*	3.8%	4.3%	*	*	3.2%	*	3.1%	*
Suicide	2.3%	*	3.2%	3.3%	1.8%	2.6%	2.1%	*	*	2.6%
Heat-Related Illness	2.0%	*	*	*	2.1%	*	2.4%	*	*	2.3%
Pregnancy Complications or Reproductive Health Issues	1.7%	*	*	3.0%	1.6%	*	1.9%	*	2.4%	*
Teenage pregnancy	1.4%	*	2.7%	*	*	*	1.7%	*	2.9%	*
COVID & Long COVID	1.1%	0.0%	*	*	2.0%	2.9%	*	0.0%	*	*

DATA SOURCE: Boston Community Health Assessment Survey, 2024; Yellow text indicates top 5 concern.
Notes: Asterisk (*) indicates data are suppressed due to small cell size (n<10). Some response options included additional information on the survey instrument: Mental Health (Anxiety, Depression, Post-traumatic stress disorder, bipolar disorder, etc.); Environment (like air quality, traffic, noise); Elder/aging challenges (arthritis, falls, dementia); Violence (domestic violence, gun violence, physical violence/altercations, etc.); Tobacco or Nicotine Use (Cigarettes, vaping, etc.); Sexual violence (Intimate Partner Violence/ Human Trafficking). Among the respondents that selected "Other (please specify)," write-in responses included: emphasis of response options (e.g., affordable housing, making ends meet, healthy food access); concerns about health care consolidation, closures and access (Steward, Carney Hospital, need for Hyde Park community health center); closure of pharmacies; request for more COVID-19 testing and protections (e.g., masks); need for culturally competent mental health providers; stress of parents; traffic and pedestrian safety; rats; and air pollution and air quality.

Life Expectancy and Leading Causes of Death

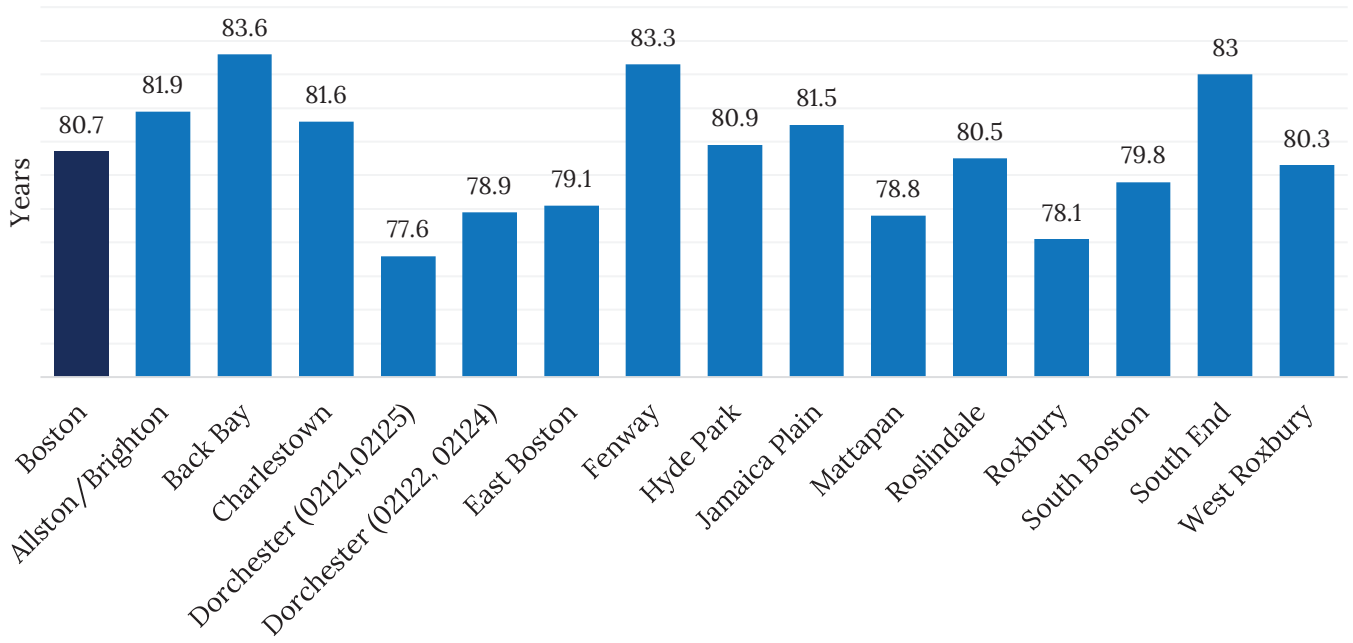
Figure 68. Life Expectancy, Trends by Selected Race/Ethnicities, 2012-2023



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Boston All Races/Ethnicity	80.2	80.4	81.0	80.4	80.9	80.5	81.3	81.7	78.8	80.4	81.4	82.1
Black	77.5	77.9	78.5	77.5	77.3	76.6	77.4	77.1	72.8	75.3	75.3	75.6
Latinx	84.8	90.1	87.2	83.4	82.8	84.5	83.8	84.0	80.3	81.3	82.8	84.0
White Non-Hispanic	79.6	79.5	80.1	80.1	80.8	80.0	81.0	81.4	79.8	80.7	81.7	82.5

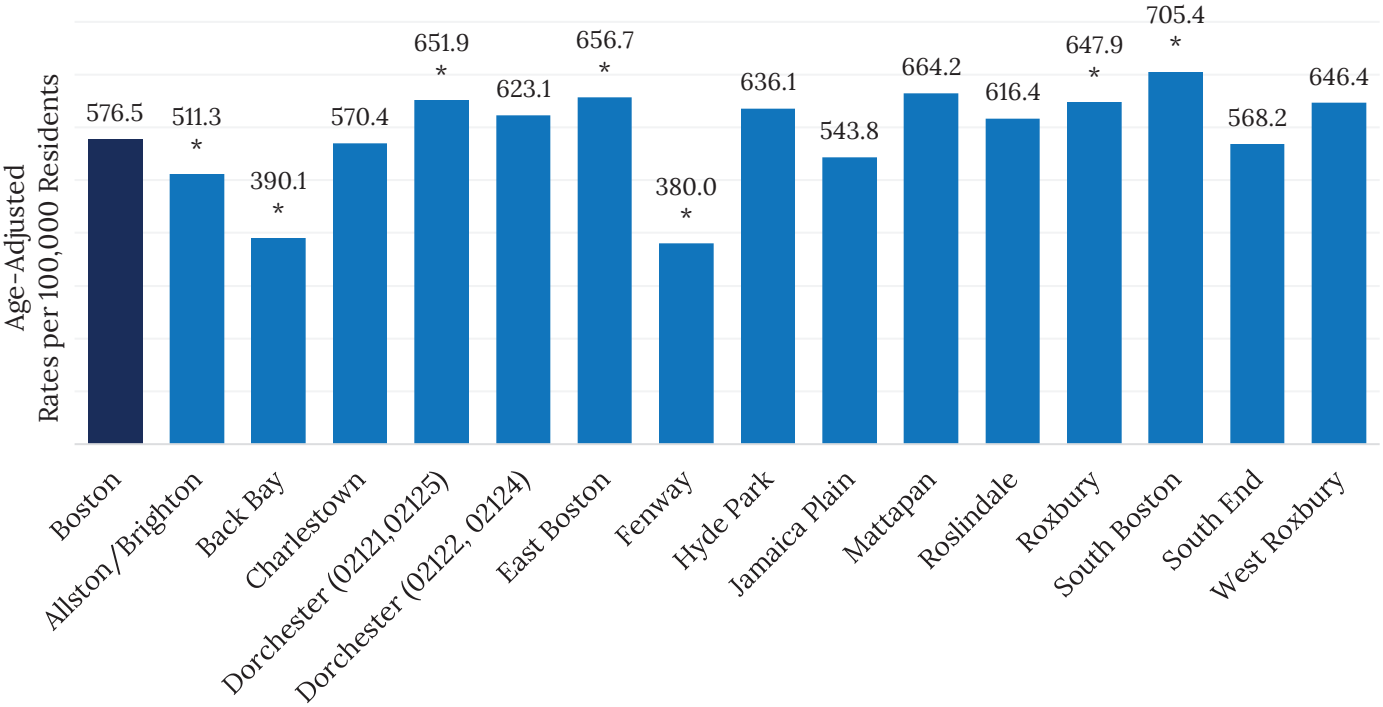
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Figure 69. Average Life Expectancy, by Boston and Neighborhoods, 2017-2023



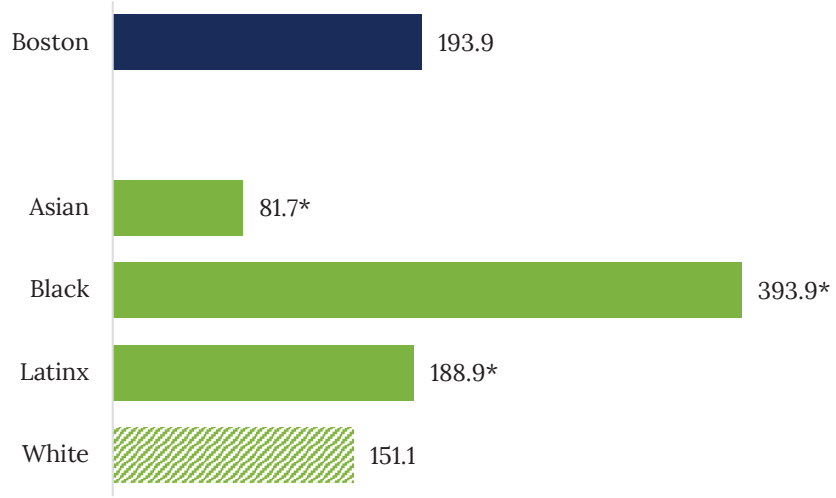
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

Figure 70. All Cause Mortality Rates, by Boston and Neighborhoods, 2023



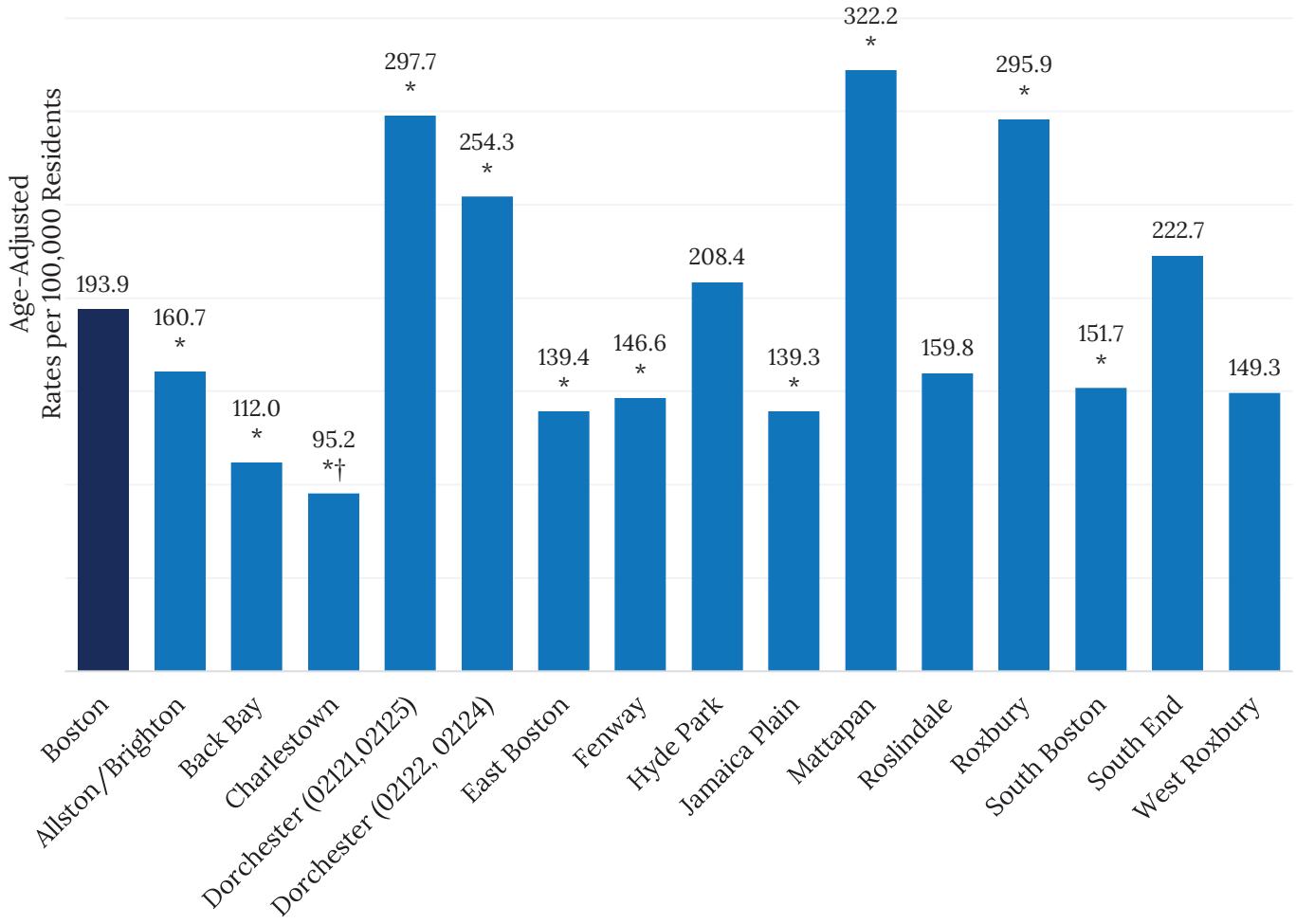
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Figure 71. Premature (Age<65 years) Mortality Rates, by Boston and Selected Sub-Populations, Age-Adjusted per 100,000 Residents, 2023



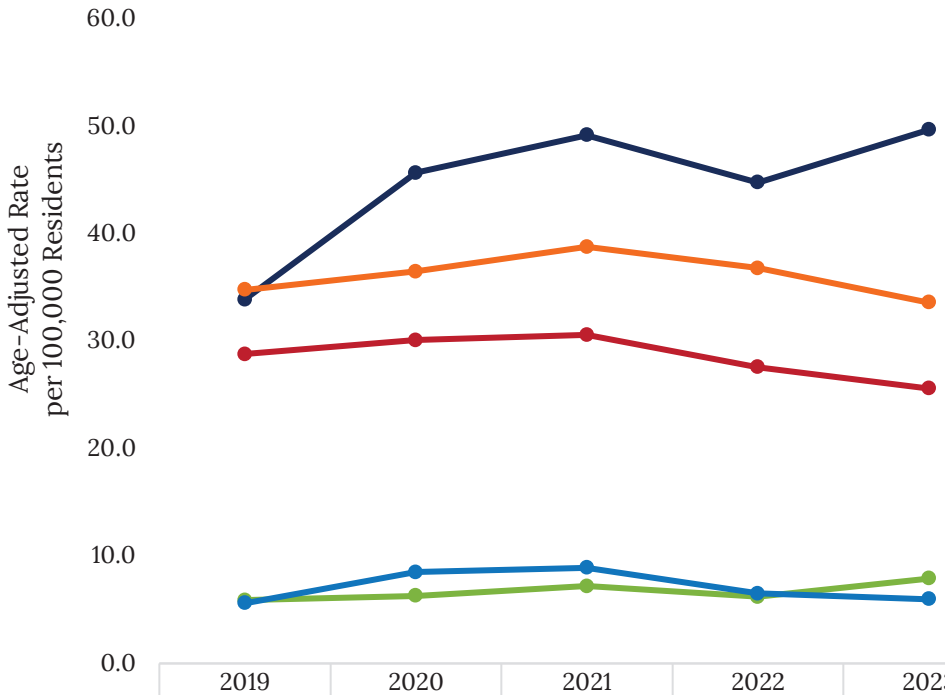
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$).

Figure 72. Premature (Age<65 years) Mortality Rates, by Boston and Neighborhoods, 2023



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes rate based on a count of n<20.

Figure 73. Leading Causes of Premature (Age<65 years) Death of 2023, by Boston Over Time, 2019-2023

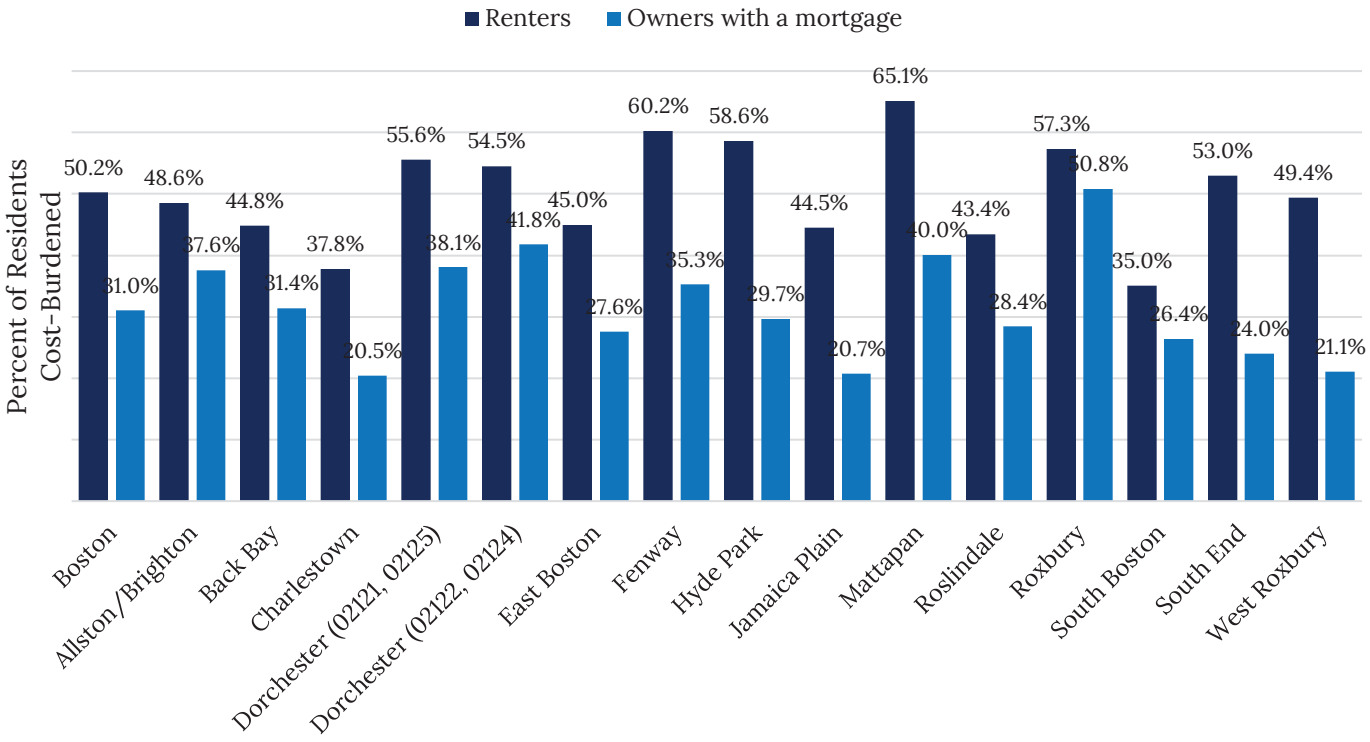


	2019	2020	2021	2022	2023
1. Overdose	33.9	45.7	49.2	44.8	49.7
2. Cancer	34.8	36.5	38.8	36.8	33.6
3. Heart disease	28.8	30.1	30.6	27.6	25.6
4. Accidents	5.9	6.3	7.2	6.2	7.9
5. Diabetes mellitus	5.6	8.5	8.9	6.5	6.0

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Rank is based on age-adjusted rate per 100,000 residents; Rates of Overdose significantly increased between 2019 and 2023

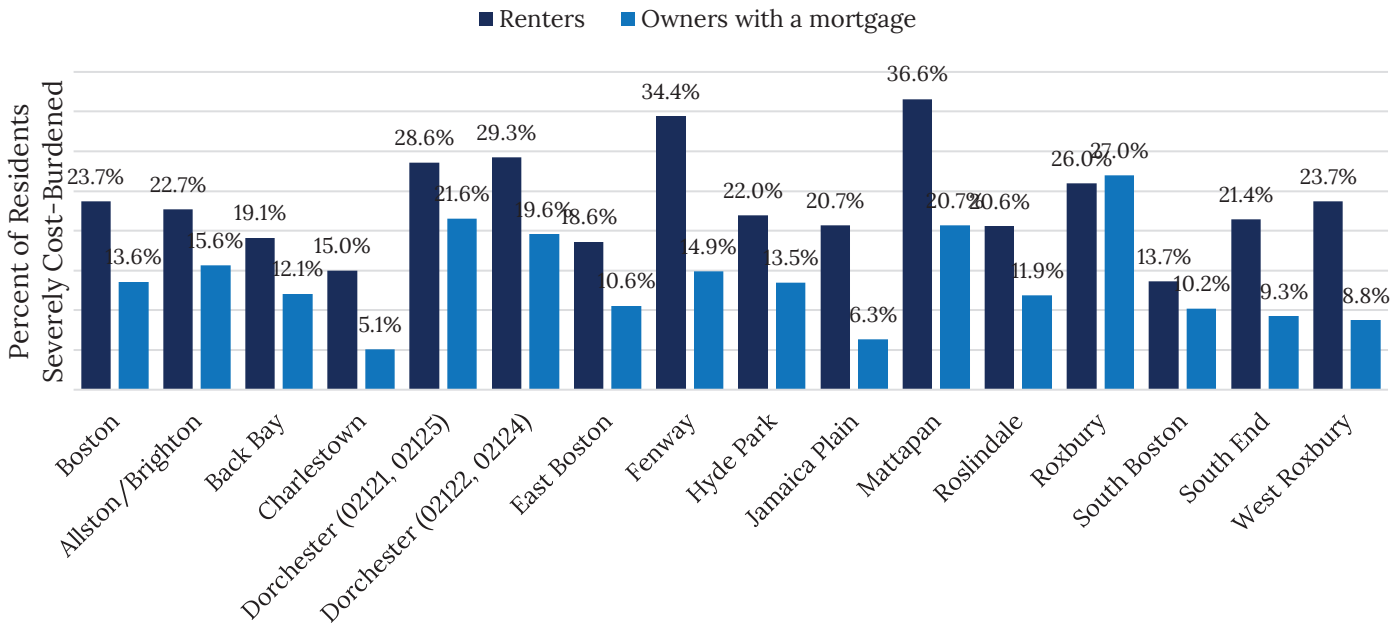
Social and Economic Factors

Figure 74. Percent Residents Whose Housing Costs are 30% or More of their Household Income (Cost-Burdened), by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Figure 75. Percent Residents Whose Housing Costs are 50% or More of their Household Income (Severely Cost-Burdened), by Boston and Neighborhoods, 2019-2023



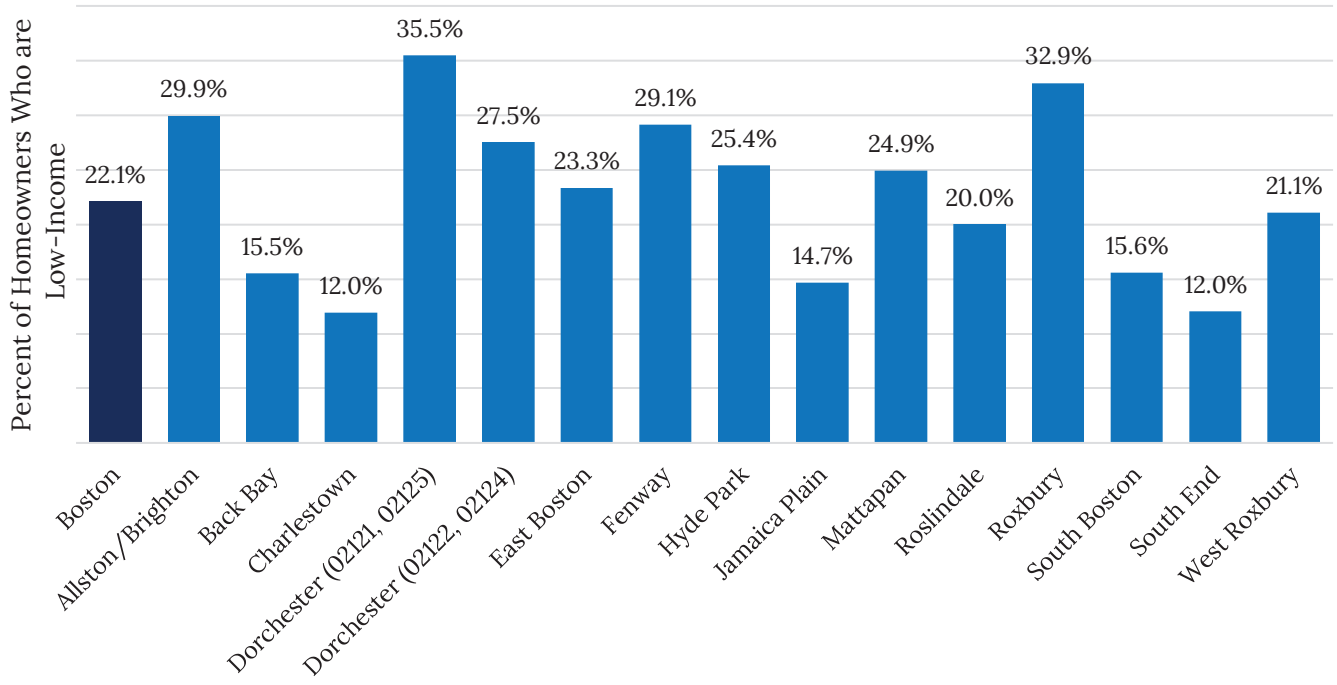
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Table 13. Percent Owner-Occupied Housing Units by Race/Ethnicity of Homeowner, by Boston and Neighborhoods, 2019-2023

	Percent of Housing Units Owner-Occupied	Asian	Black	Latinx	White	Two or More Races
Boston	35.4%	30.2%	31.8%	17.6%	43.6%	23.2%
Allston/Brighton	19.1%	27.8%	14.8%	8.7%	18.5%	14.4%
Back Bay	30.5%	20.1%	8.9%	18.0%	35.3%	13.5%
Charlestown	49.6%	32.4%	15.7%	22.4%	55.2%	57.4%
Dorchester (02121, 02125)	30.0%	34.3%	32.5%	10.7%	44.0%	18.9%
Dorchester (02122, 02124)	42.5%	48.3%	37.4%	22.7%	59.2%	33.4%
East Boston	28.6%	44.8%	17.0%	13.0%	41.3%	14.3%
Fenway	11.9%	8.5%	2.5%	1.7%	16.4%	5.6%
Hyde Park	53.4%	94.4%	47.8%	34.9%	76.8%	45.0%
Jamaica Plain	45.6%	34.2%	22.1%	26.9%	55.5%	26.3%
Mattapan	41.8%	47.5%	41.6%	29.2%	76.7%	41.4%
Roslindale	57.0%	73.7%	35.9%	37.5%	68.9%	52.0%
Roxbury	21.0%	20.6%	25.3%	8.0%	25.0%	15.4%
South Boston	40.6%	50.1%	16.8%	14.0%	43.8%	12.6%
South End	30.7%	19.0%	8.2%	10.0%	48.5%	19.9%
West Roxbury	71.0%	88.0%	15.9%	55.1%	74.5%	51.9%

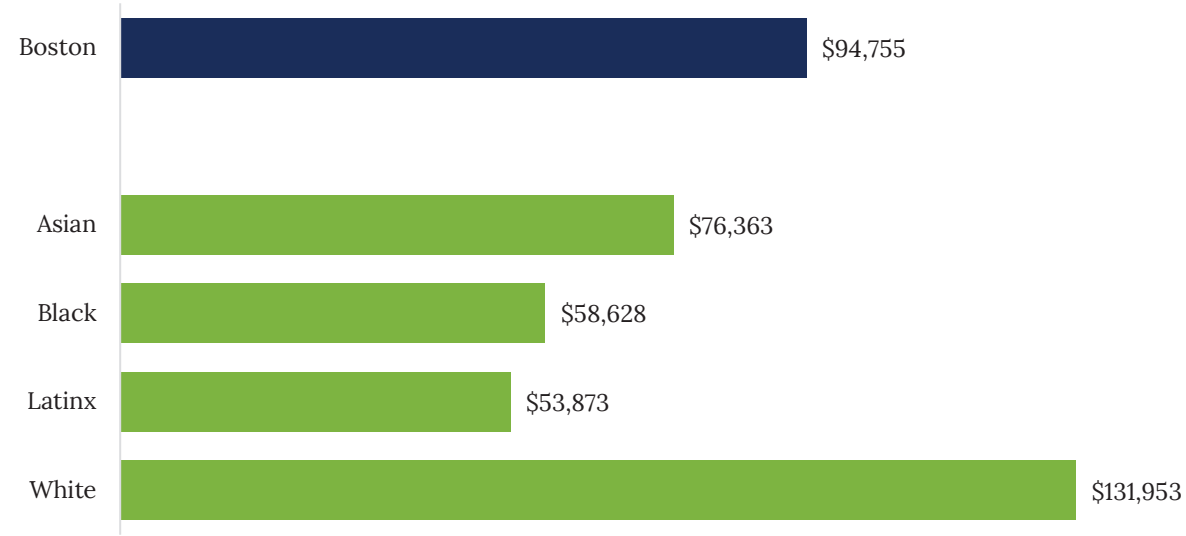
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: White refers to White, non-Latinx

Figure 76. Percent Homeowners Who Are Low-Income, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Low-income homeowners are defined as those whose yearly income is less than $75,000.

Figure 77. Median Household Income, by Boston and Race/Ethnicity, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: White refers to White, non-Latinx

Table 14. Educational Attainment of Population Over 25 Years Old, by Boston and Neighborhoods, 2019-2023

	Less than High School	High school graduate (includes equivalence) or higher	Bachelor's degree or higher
Boston	11.1%	88.9%	54.1%
Allston/Brighton	5.9%	94.1%	72.9%
Back Bay	4.0%	96.0%	80.8%
Charlestown	5.7%	94.3%	71.4%
Dorchester (02121, 02125)	18.2%	81.8%	32.7%
Dorchester (02122, 02124)	16.1%	83.9%	33.1%
East Boston	22.6%	77.4%	38.2%
Fenway	6.3%	93.7%	74.9%
Hyde Park	11.7%	88.3%	32.5%
Jamaica Plain	6.1%	93.9%	72.6%
Mattapan	12.6%	87.4%	24.3%
Roslindale	10.7%	89.3%	51.9%
Roxbury	19.8%	80.2%	33.9%
South Boston	3.9%	96.1%	72.6%
South End	14.0%	86.0%	57.9%
West Roxbury	4.8%	95.2%	64.2%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Table 15. Percent Population with a High School Graduate or Higher (Including Equivalent), by Race and Ethnicity, 2019-2023

	Asian	Black	Latinx	White	Two or More Races
Boston	80.9%	86.4%	72.8%	97.6%	77.3%
Allston/Brighton	87.6%	96.1%	82.0%	98.4%	92.0%
Back Bay	81.3%	88.0%	90.7%	98.9%	96.9%
Charlestown	77.0%	72.4%	79.8%	98.7%	93.3%
Dorchester (02121, 02125)	80.2%	87.5%	64.7%	95.5%	69.0%
Dorchester (02122, 02124)	56.8%	86.4%	75.4%	96.2%	75.8%
East Boston	90.4%	96.9%	60.6%	93.8%	61.6%
Fenway	87.5%	89.9%	84.2%	98.9%	86.9%
Hyde Park	90.6%	86.7%	83.9%	95.4%	84.5%
Jamaica Plain	96.7%	84.8%	77.0%	98.8%	84.9%
Mattapan	100.0%	87.5%	82.4%	96.4%	86.9%
Roslindale	93.4%	81.3%	75.1%	96.8%	83.5%
Roxbury	80.8%	81.6%	69.7%	94.0%	75.4%
South Boston	88.6%	94.0%	80.8%	98.1%	83.1%
South End	70.3%	84.7%	69.7%	98.3%	83.2%
West Roxbury	97.6%	86.7%	82.8%	97.1%	95.0%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: White refers to White, non-Latinx.

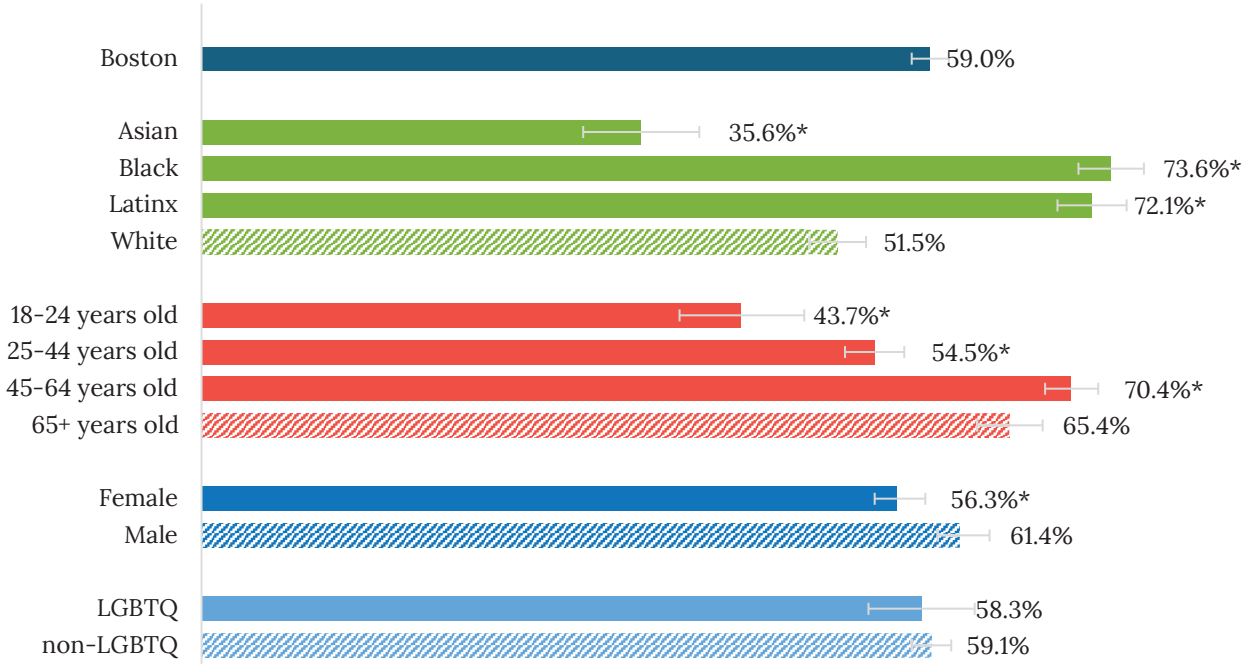
Table 16. Percent Survey Respondents Reporting Having Trouble Paying For Any of the Following in the Past 12 Months, 2024

	Overall N=1,674	Asian N=200	Black N=471	Latinx N=360	White N=751	LGBTQ+ N=379	Caregiver N=993	Unhoused N=92
None of the above	**38.5%**	**32.5%**	**26.3%**	**27.5%**	**51.0%**	**36.1%**	**31.8%**	7.6%
Housing (rent, mortgage, taxes, insurance)	**29.2%**	**24.5%**	**36.7%**	**37.8%**	**23.7%**	**31.1%**	**32.9%**	**50.0%**
Food or groceries	**26.5%**	**16.5%**	**35.5%**	**34.4%**	**22.1%**	**31.1%**	**29.9%**	**47.8%**
Utilities (electricity, water, gas)	**19.2%**	8.5%	**30.6%**	**23.9%**	12.6%	17.9%	**22.0%**	19.6%
Health care (appointments, medicine, insurance)	**17.3%**	**16.0%**	17.8%	19.2%	**17.7%**	**26.6%**	15.9%	19.6%
Transportation (car payment, gas, public transit)	17.1%	10.0%	**23.8%**	**22.8%**	13.3%	**19.3%**	**18.4%**	**39.1%**
Tuition/Student Loans	15.1%	13.0%	18.0%	15.3%	**15.3%**	**19.3%**	15.5%	12.0%
Seasonal clothing (winter coats, gloves, hats)	13.4%	**17.5%**	16.3%	19.7%	8.1%	11.6%	15.5%	**32.6%**
Dental Care	13.0%	12.0%	12.3%	16.9%	11.5%	17.4%	14.1%	10.9%
Personal Care Items (shampoo, toothpaste, feminine products)	11.5%	5.0%	15.5%	18.1%	9.3%	14.2%	12.4%	**34.8%**
Technology (computer, phone, internet)	10.8%	8.5%	11.9%	15.3%	8.9%	11.9%	12.4%	22.8%
Mental Health Care (Copays, Session costs, etc.)	9.3%	9.0%	7.6%	9.7%	9.6%	17.9%	9.0%	*
Childcare	5.4%	8.5%	6.4%	6.9%	4.9%	5.0%	9.0%	*
School Supplies	4.2%	*	7.4%	8.9%	2.3%	4.5%	6.1%	*
Other	2.7%	*	2.8%	*	3.3%	2.6%	2.1%	*
Formula or baby food	1.7%	*	*	3.1%	1.3%	*	2.7%	*

DATA SOURCE: Boston Community Health Assessment Survey, 2024

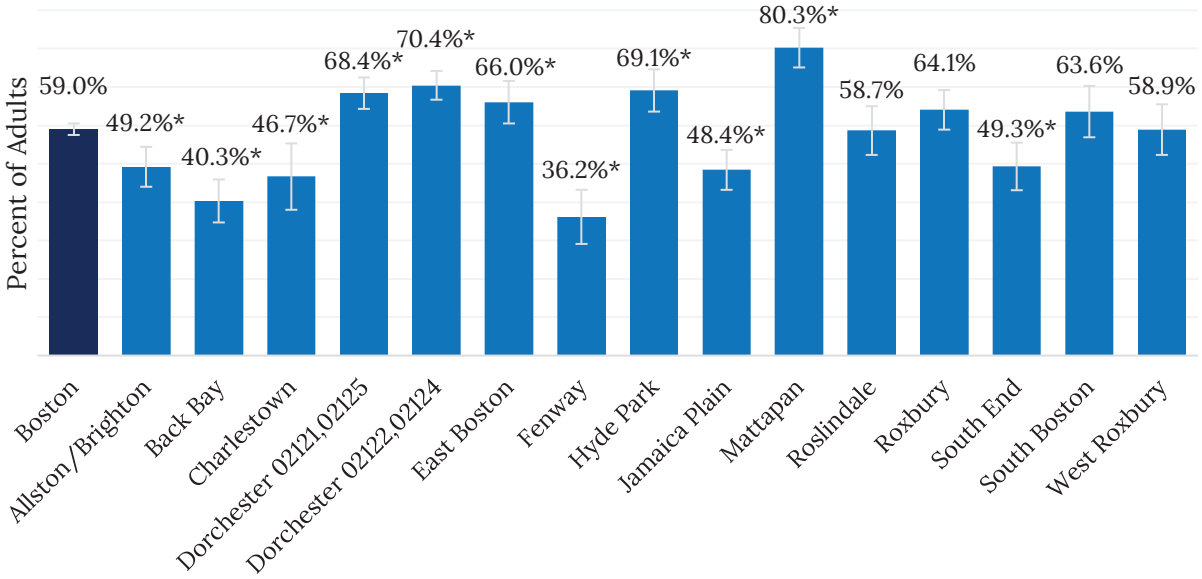
Chronic Disease

Figure 78. Percent Adults Reporting Overweight or Obesity, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as adults with BMI>25; 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 79. Percent of Adults Reporting Overweight or Obesity, by Neighborhood, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as adults with BMI>25; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05).

Table 17. Heart Disease Mortality Rate Over Time, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2019-2023

Year	Boston	Asian	Black	Latinx	White
2019	113.6	60.3	141.4	71.6	127
2020	113.8	59.7	163.6	78.6	119.8
2021	112.5	68.2	139.6	81.3	121.4
2022	105.6	52.9	143.9	67.3	117.7
2023	95.2	55.8	123.9	73.5	105.6
Trend	Decreased	Stable	Stable	Stable	Decreased

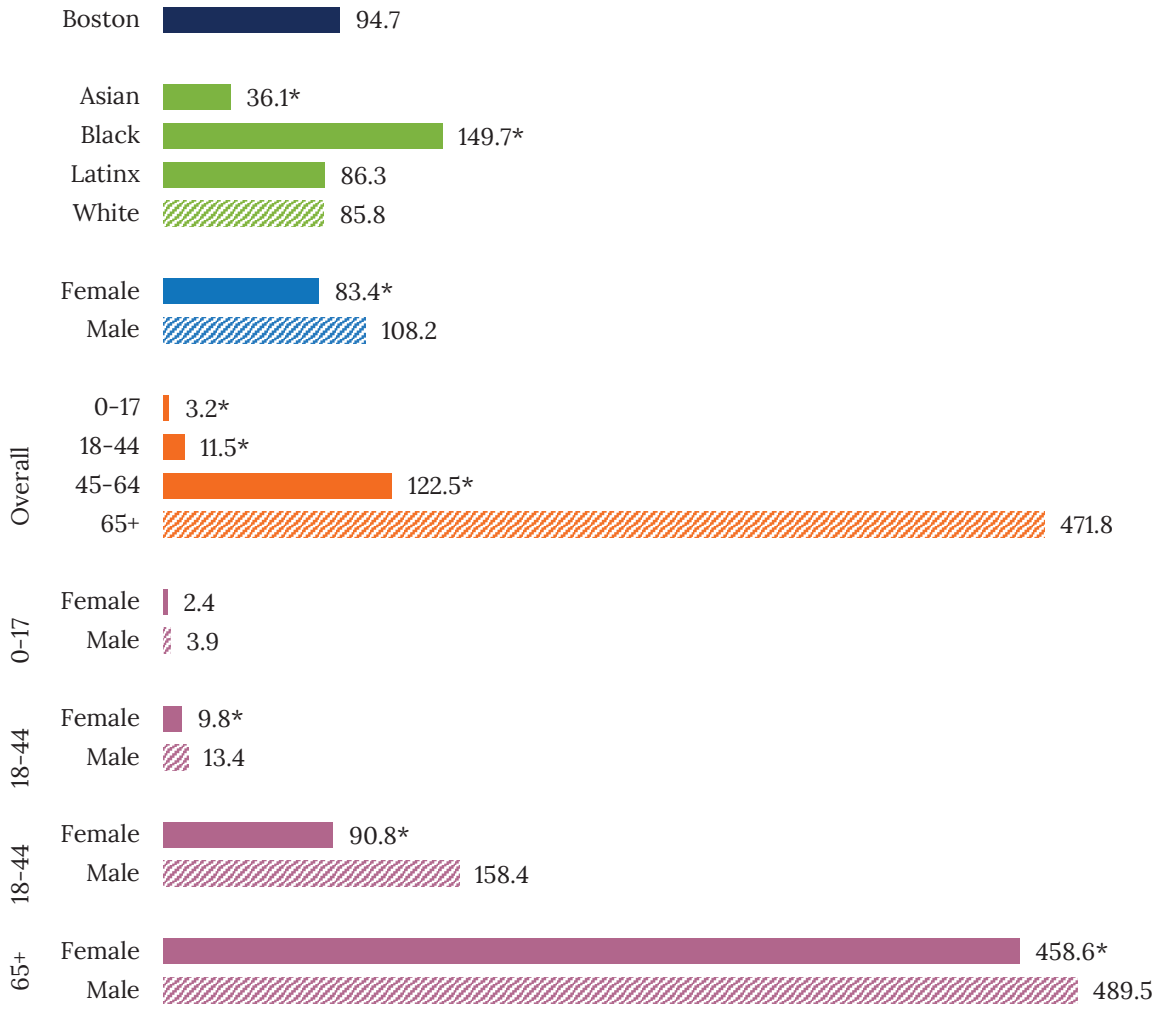
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Sub-Populations that experienced a significant change over time are noted

Table 18. Heart Disease Premature (<65 years) Mortality Over Time, by Boston and Race/Ethnicity, Age-Adjusted per 100,000 Residents, 2019-2023

Year	Boston	Asian	Black	Latinx	White
2019	28.8	10.2†	54.1	20.3	25.8
2020	30.1	14.3†	59	19.7	27.4
2021	30.6	10.9†	59.1	19.6	28
2022	27.6	12.1†	54	20.4	22.1
2023	25.6	12.9†	52.4	18.4	20
Trend	Stable	Stable	Stable	Stable	Stable

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2020-2024
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Dagger (†) denotes rates based on n<20, interpret with caution; Sub-Populations that experienced a significant change over time are noted.

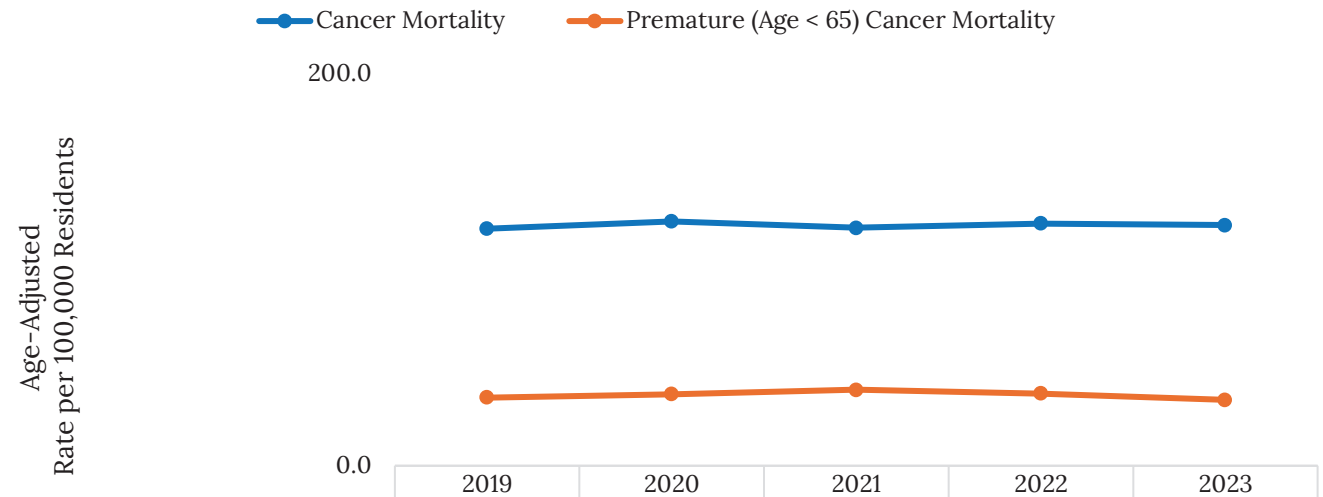
Figure 80. Heart Disease Hospitalizations, by Boston and Selected Sub-Populations, Age-Adjusted Rate per 10,000 Residents, 2023



DATA SOURCE: Massachusetts Center for Health Information and Analysis, Acute Hospital Case Mix Database, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
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 ($p < 0.05$)

Cancer

Figure 81. Cancer and Premature (Age 65+) Cancer Mortality Rates, by Boston Over Time, 2019-2023

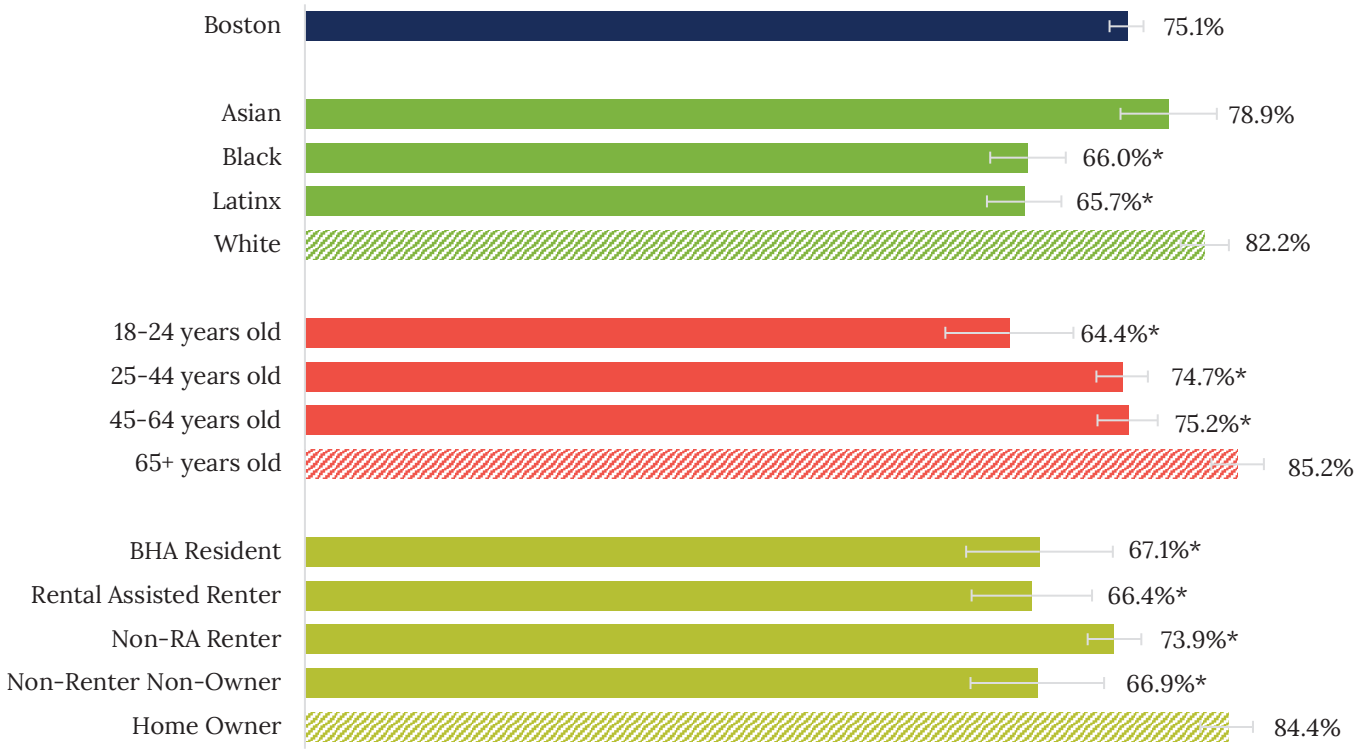


	2019	2020	2021	2022	2023
Cancer Mortality	120.9	124.6	121.3	123.5	122.7
Premature (Age < 65) Cancer Mortality	34.8	36.5	38.8	36.8	33.6

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2024
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

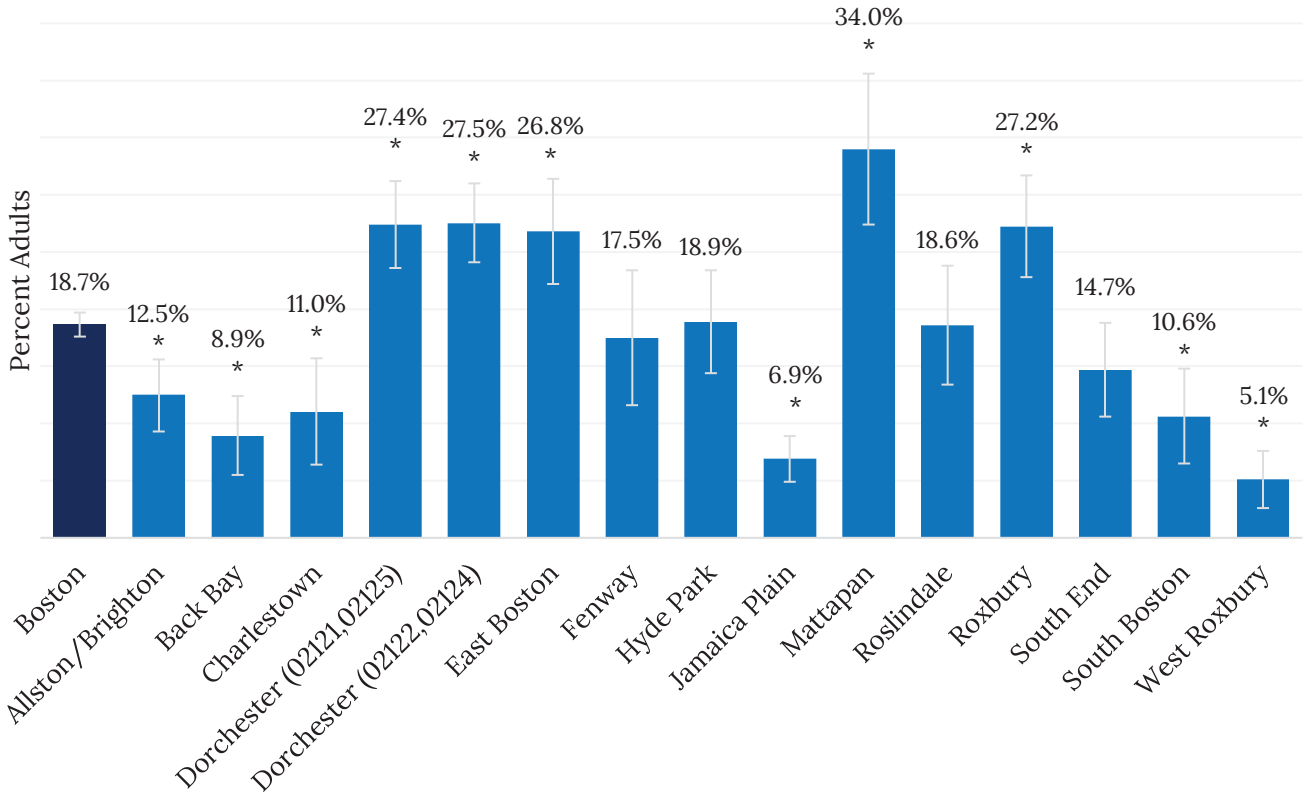
Access to Healthy Food, Nutrition, and Physical Activity

Figure 82. Percent Adults Reporting Easy to Purchase Healthy Foods in their Neighborhoods, by Boston and Selected Sub-Populations, 2021 and 2023 Combined



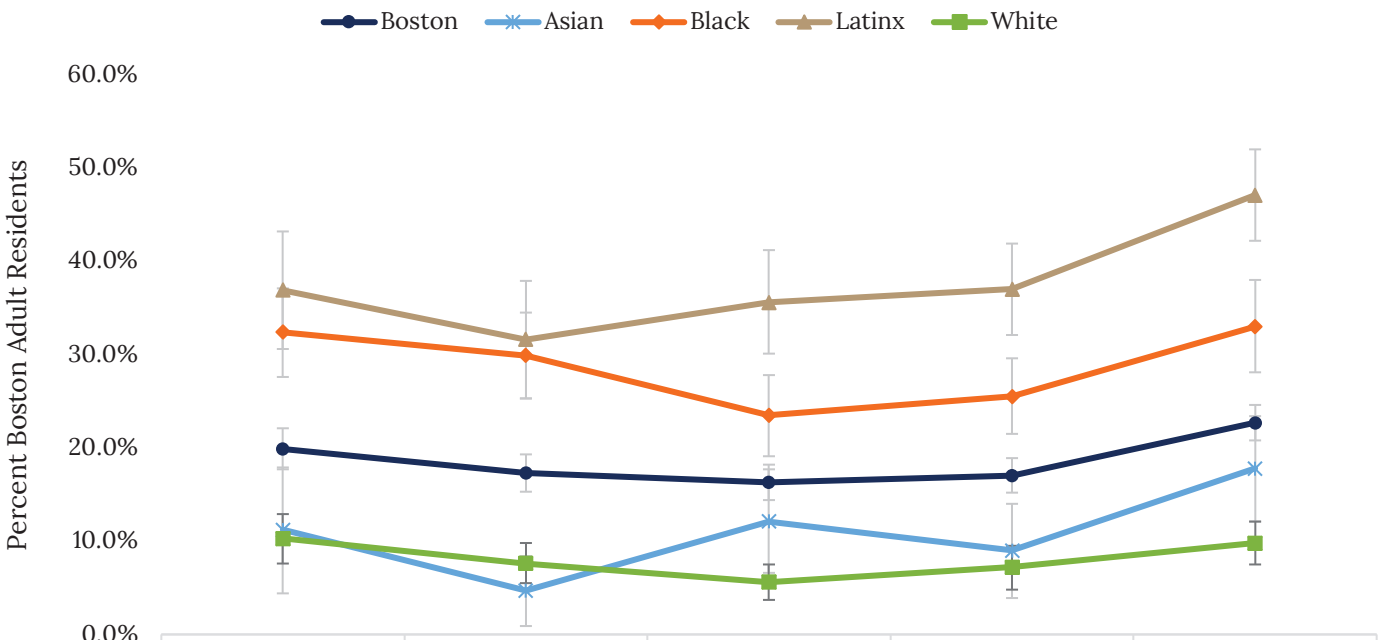
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 83. Percent Adults Reporting that Food Didn't Last in the Past Year, by Boston and Neighborhood, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

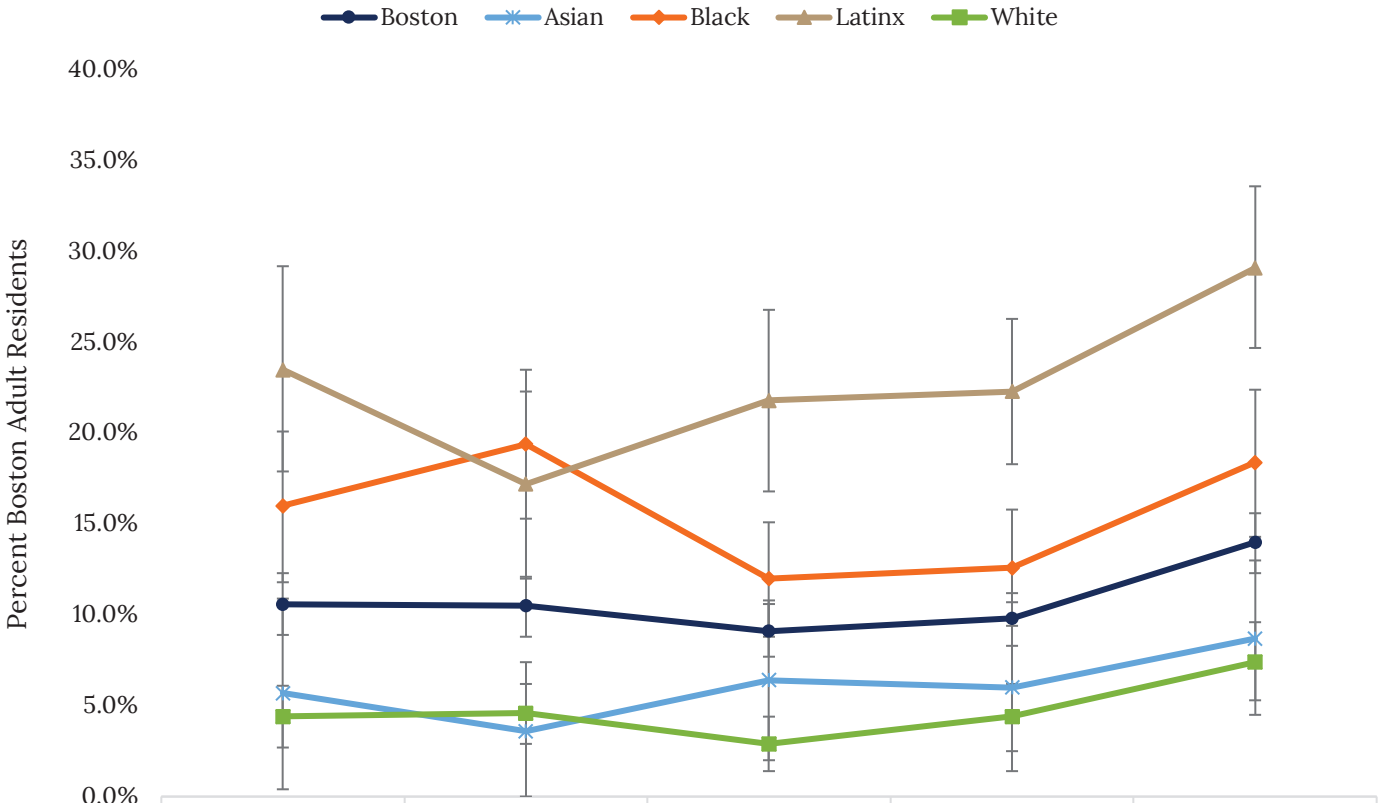
Figure 84. Percent Adults Reporting Buying Food that Didn't Last and Having No Money to Get More, by Boston and Race/Ethnicity Over Time, 2015-2023



	2015	2017	2019	2021	2023
Boston	19.9%	17.3%	16.3%	17.0%	22.7%
Asian	11.2%	4.7%	12.1%	9.0%	17.8%
Black	32.4%	29.9%	23.5%	25.5%	33.0%
Latinx	36.9%	31.6%	35.6%	37.0%	47.1%
White	10.3%	7.6%	5.6%	7.2%	9.8%

DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2015,2017,2019,2021,2023), Boston Public Health Commission
DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission
NOTE: For Boston and Latinx, the percent of Boston adult residents who reported buying food that didn't last and having no money to get more increased from 2015 to 2023; Error bars show 95% confidence interval.

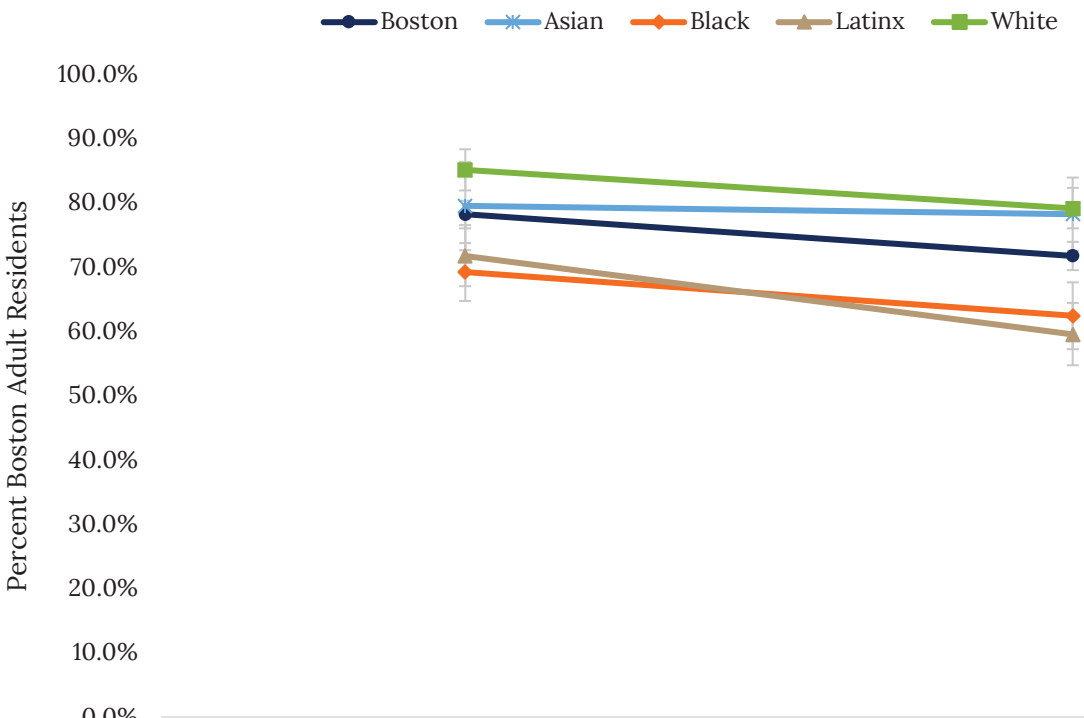
Figure 85. Boston Adult Residents Who Reported Being Hungry but Not Eating because They Couldn't Afford Enough Food, Over Time by Boston and Race/Ethnicity, 2015-2023



	2015	2017	2019	2021	2023
Boston	10.6%	10.5%	9.1%	9.8%	14.0%
Asian	5.7%	3.6%	6.4%	6.0%	8.7%
Black	16.0%	19.4%	12.0%	12.6%	18.4%
Latinx	23.5%	17.2%	21.8%	22.3%	29.1%
White	4.4%	4.6%	2.9%	4.4%	7.4%

DATA SOURCE: Boston Behavioral Risk Factor Surveillance System (2015,2017,2019,2021,2023), Boston Public Health Commission
DATA ANALYSIS: Research and Evaluation Office, Boston Public Health Commission
NOTE: For Boston, the percent of Boston adult residents who reported buying food that didn't last and having no money to get more increased from 2015 to 2023; Error bars show 95% confidence interval.

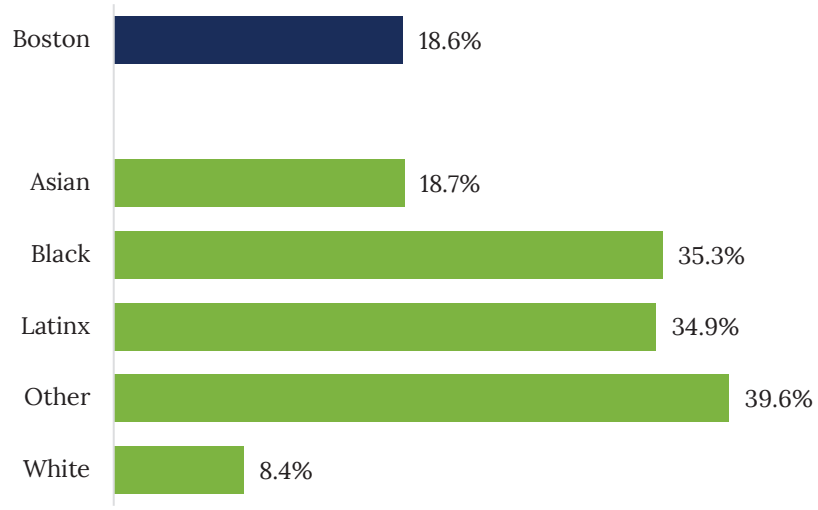
Figure 86. Percent Adults Reporting It was Easy to Purchase Healthy Foods in Their Neighborhoods, by Boston and Race/Ethnicity Over Time, 2021-2023



	2021	2023
Boston	78.3%	71.8%
Asian	79.6%	78.3%
Black	69.3%	62.5%
Latinx	71.8%	59.6%
White	85.2%	79.2%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2021 and 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: For Boston and Latinx, the percent of Boston adult residents who reported that it was easy to purchase healthy foods in their neighborhood decreased from 2021 to 2023; Error bars show 95% confidence interval.

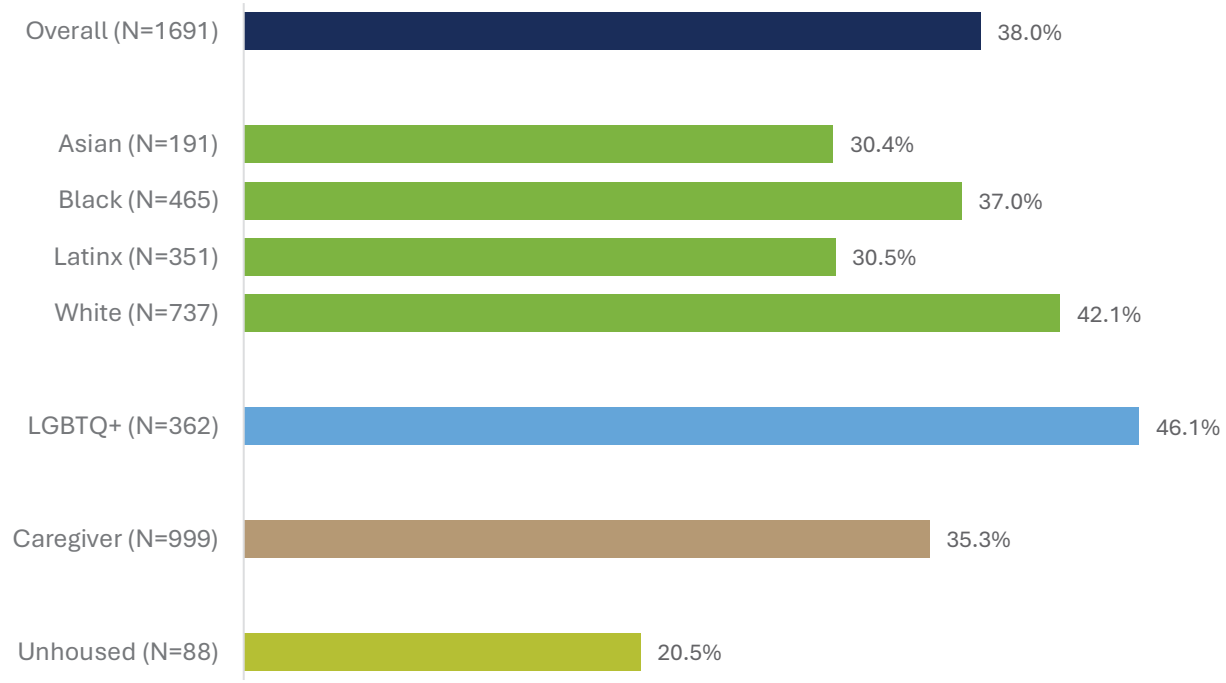
Figure 87. Percent Households Receiving SNAP, by Boston and Race/Ethnicity, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

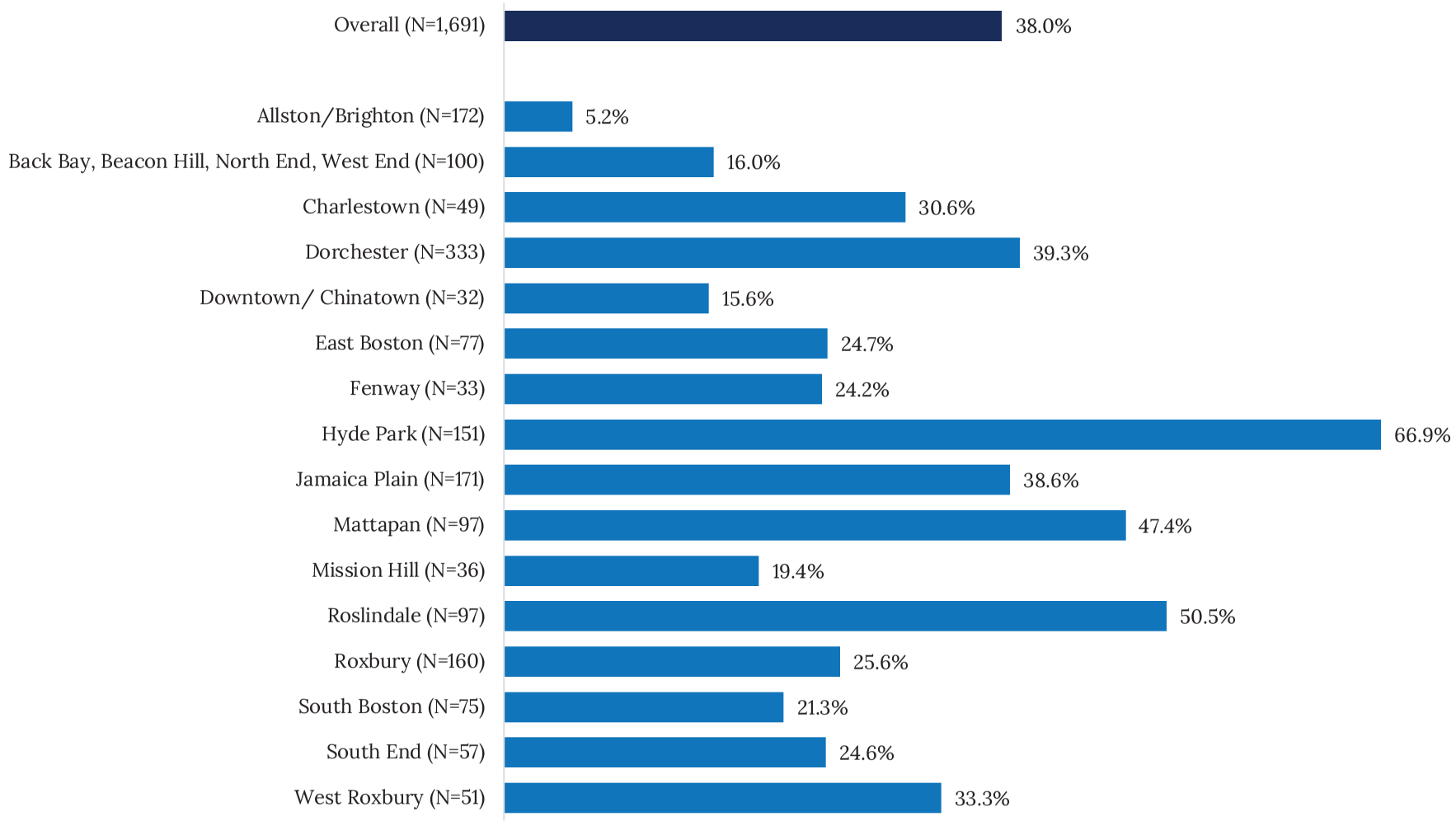
Health Care Access and Utilization

Figure 88. Percent Survey Reporting They Would Need to Travel Outside Their Community to Access High-Quality Hospitals, Doctors, or Clinics, 2024



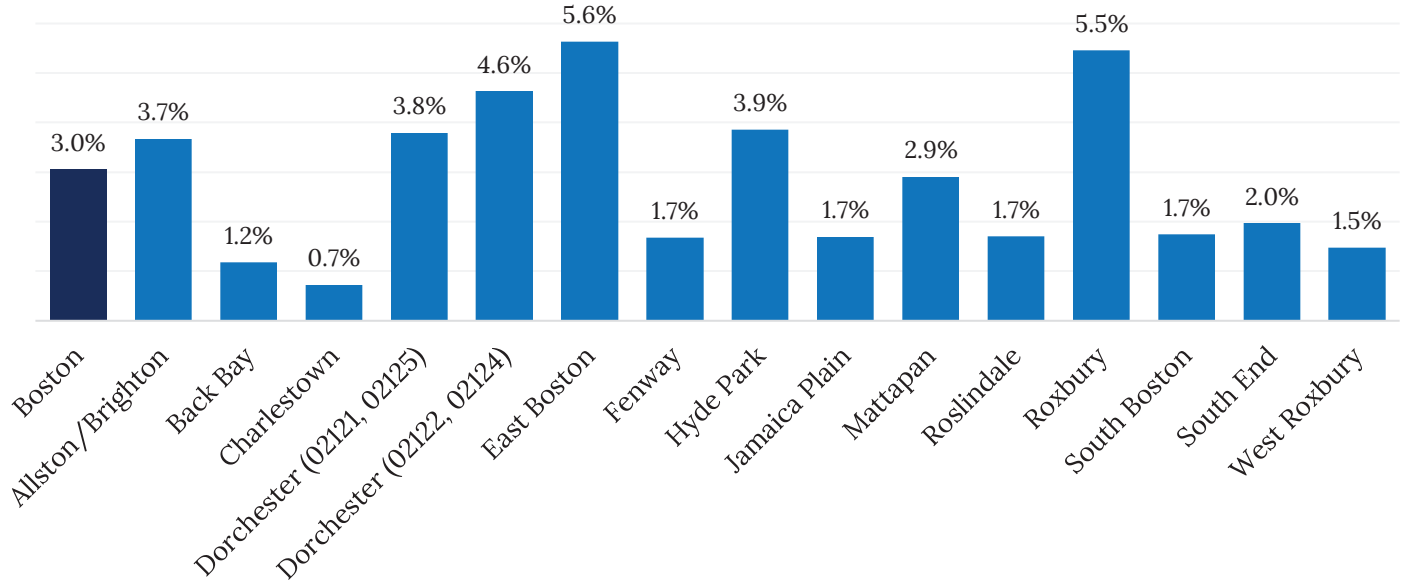
DATA SOURCE: Boston Community Health Assessment Survey, 2024

Figure 89. Percent Survey Respondents Reporting They Would Need to Travel Outside Their Community to Access High-Quality Hospitals, Doctors, or Clinics by Neighborhood, 2024



DATA SOURCE: Boston Community Health Assessment Survey, 2024

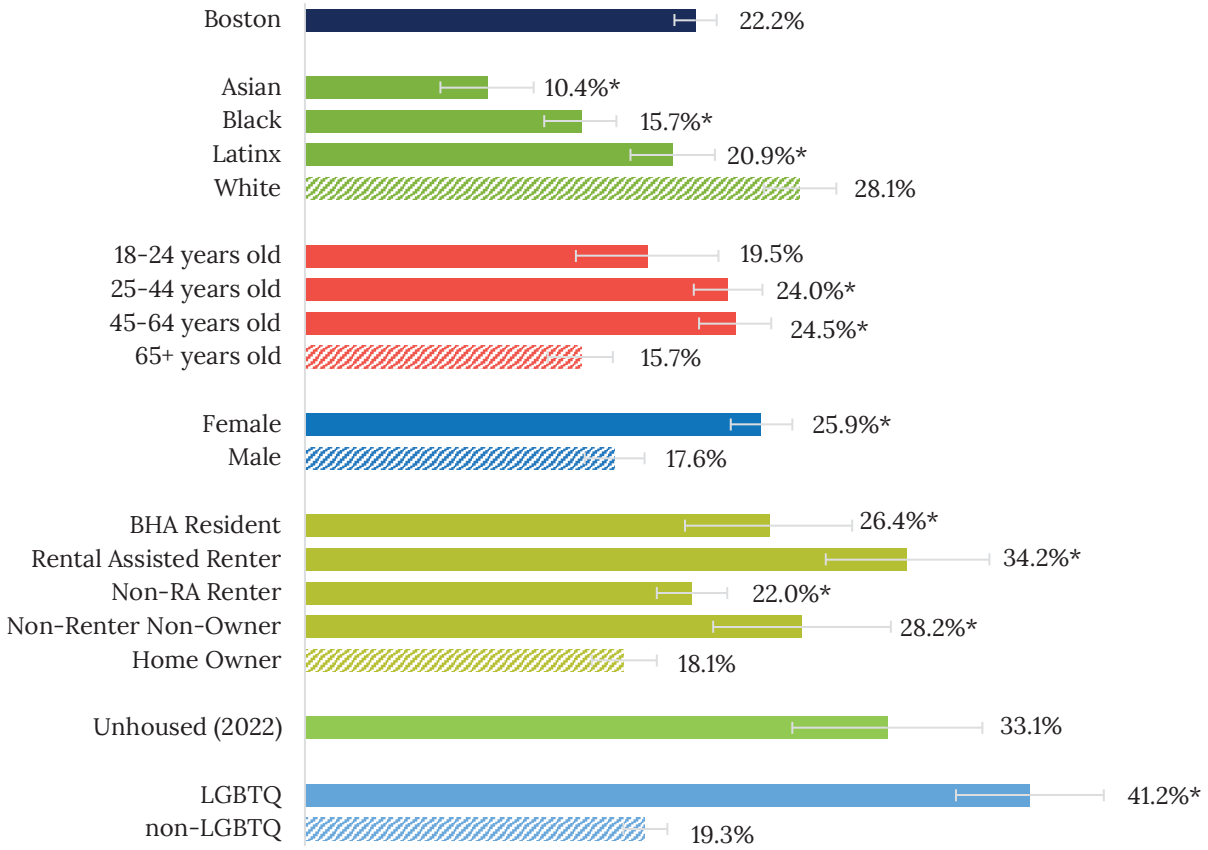
Figure 90. Percent Population Uninsured, by Boston and Neighborhoods, 2019-2023



DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

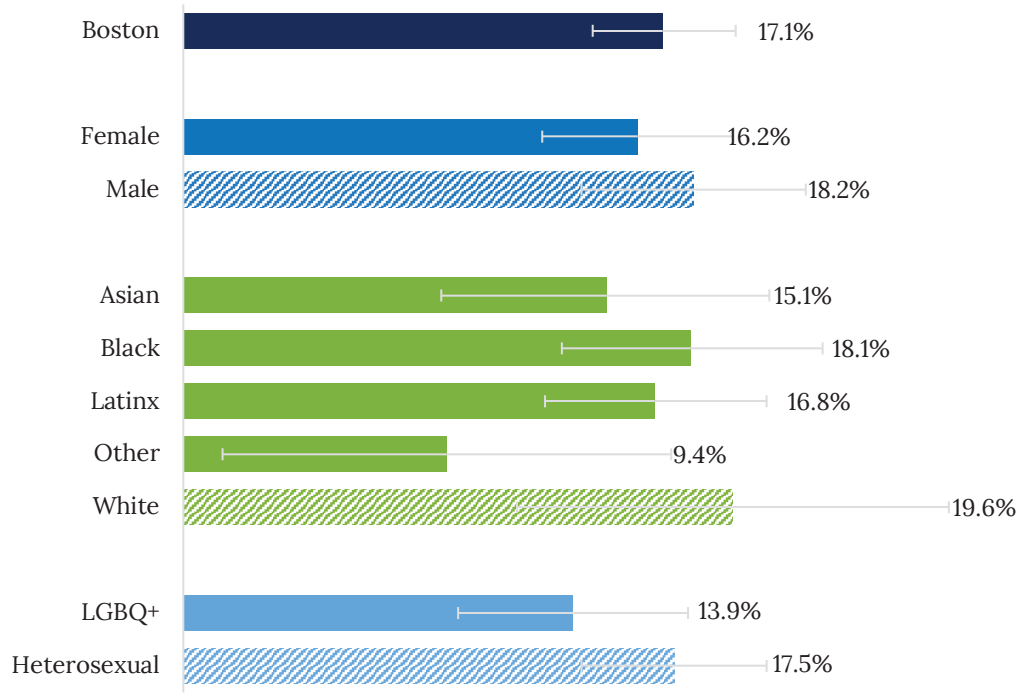
Mental Health and Chronic Stress

Figure 91. Percent Adults Reporting Receiving Treatment for Depression, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



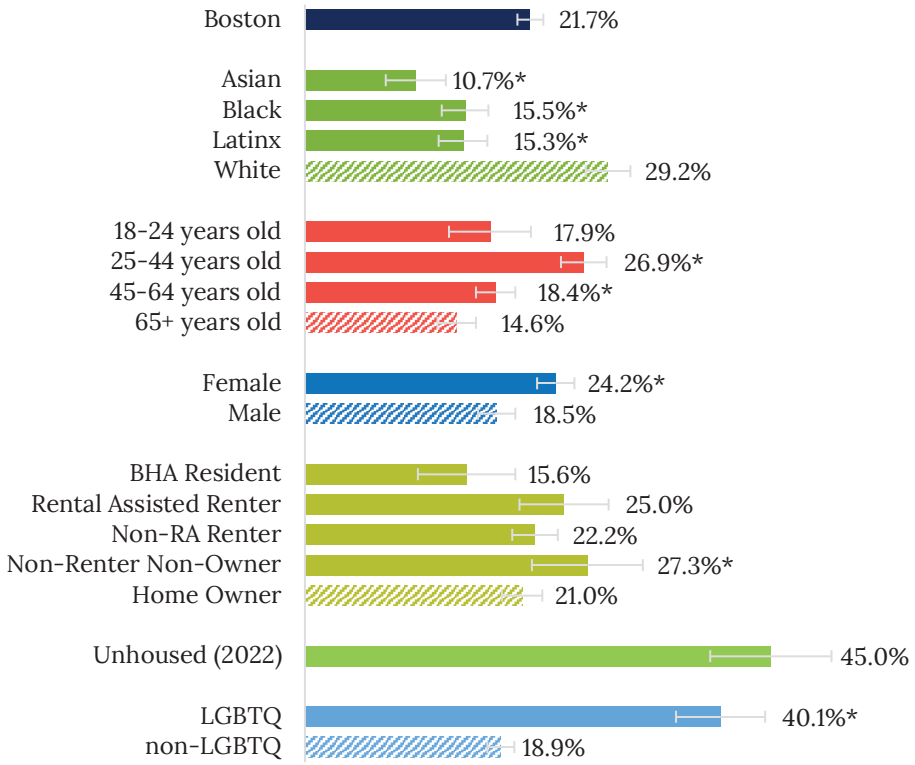
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Receiving treatment is defined as received professional counseling or any kind of treatment, including medication, for sadness or depression in the past year; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 92. Percent Youth Reporting That They Mostly or Always Get the Kind of Help They Need, by Boston and Selected Sub-Populations, 2021



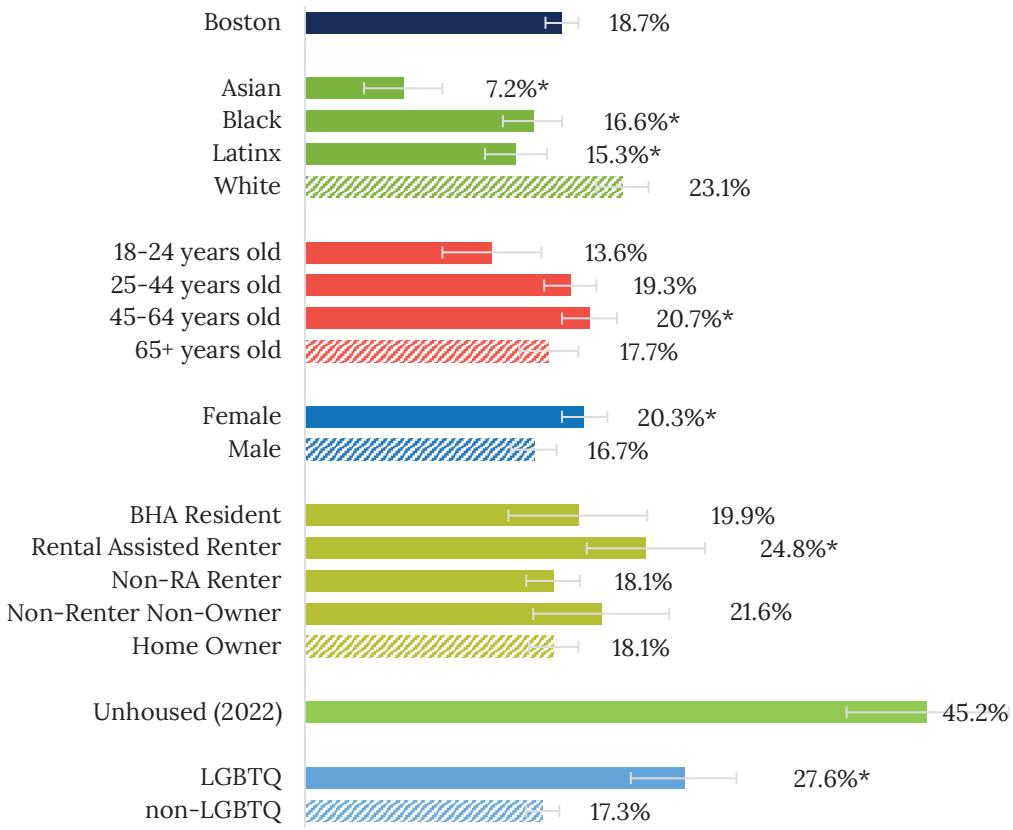
DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2021
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Defined as youth reporting that they mostly or always get the kind of help they need of those reporting feeling sad, empty, hopeless, angry or anxious; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$). LGBQ+ and Heterosexual contains data from 2021 and 2023 only due to change in survey question format.

Figure 93. Percent Boston Adults Reporting Ever Living with a Parent or Caregiver Who was Depressed, Mentally Ill, or Suicidal, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



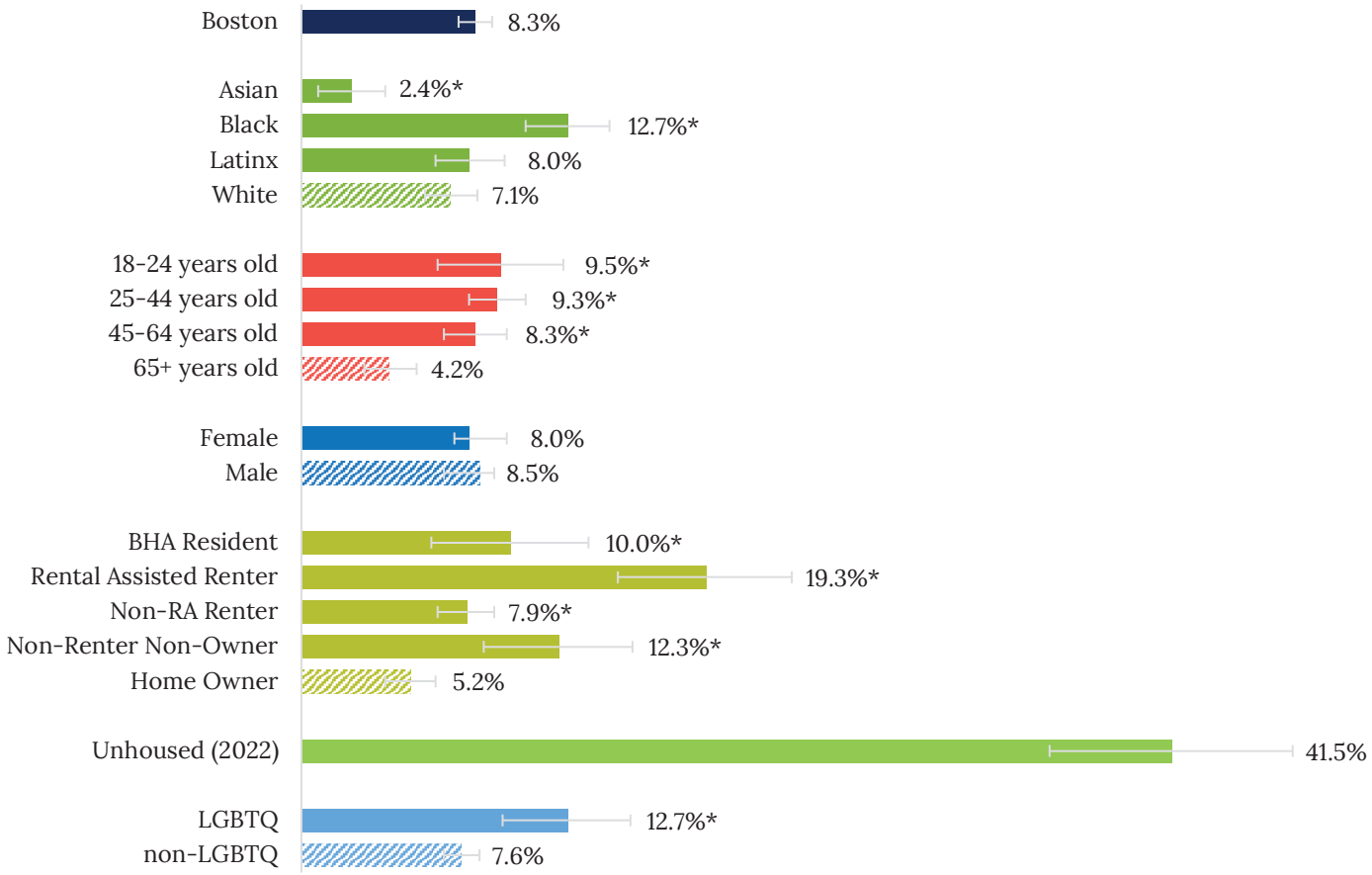
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 94. Percent Adults Reporting Ever Living with a Parent or Caregiver with Substance Use Issues, by Boston and Selected Sub-=Populations, 2019, 2021 and 2023 Combined



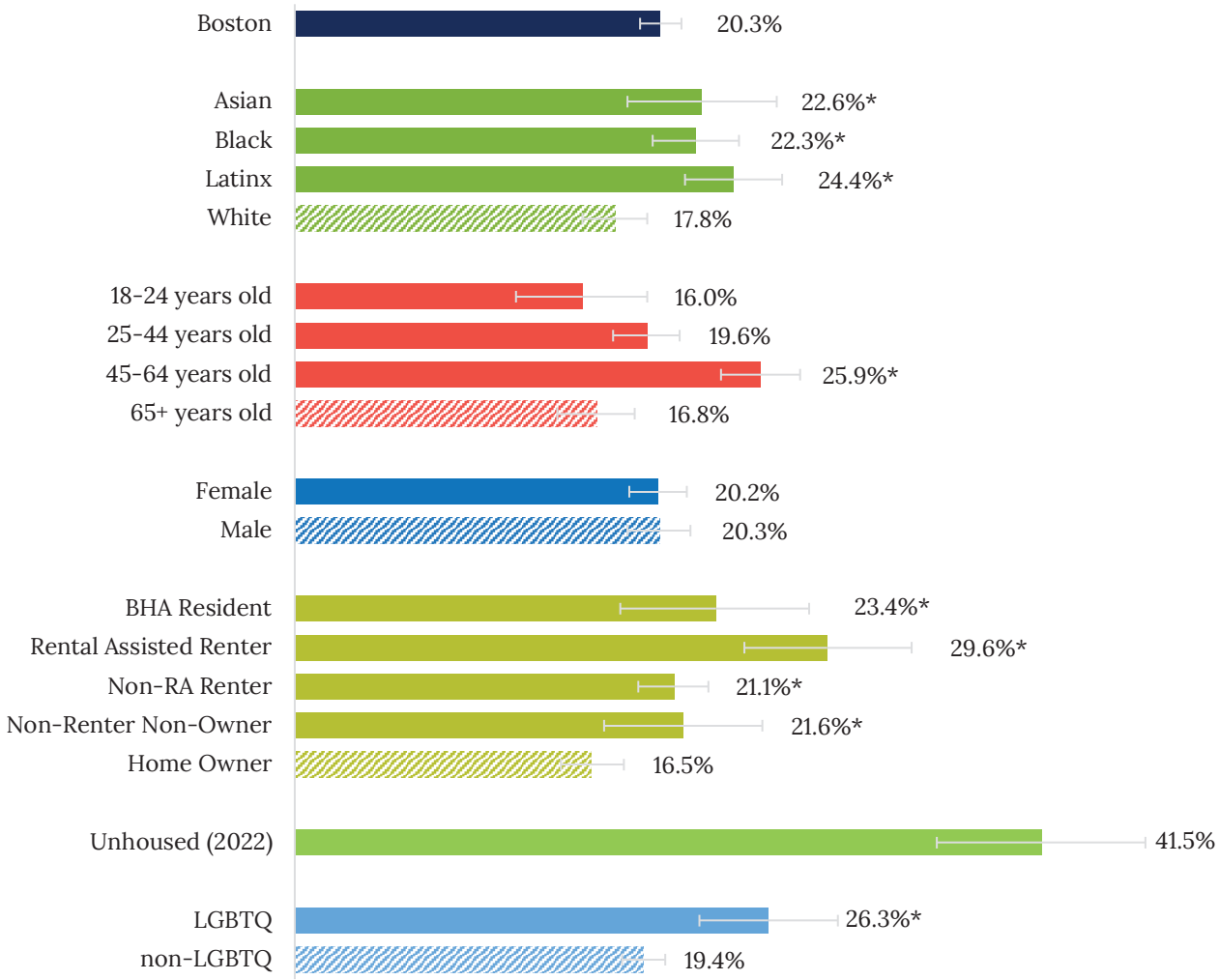
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Substance use issues defined as problem drinker or alcoholic or used illegal street drugs or abused prescription medications; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 95. Percent Adults Reporting Ever Living with Anyone Who had Served Time or was Sentenced to Serve Time in a Prison, Jail, or Other Correctional Facility, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



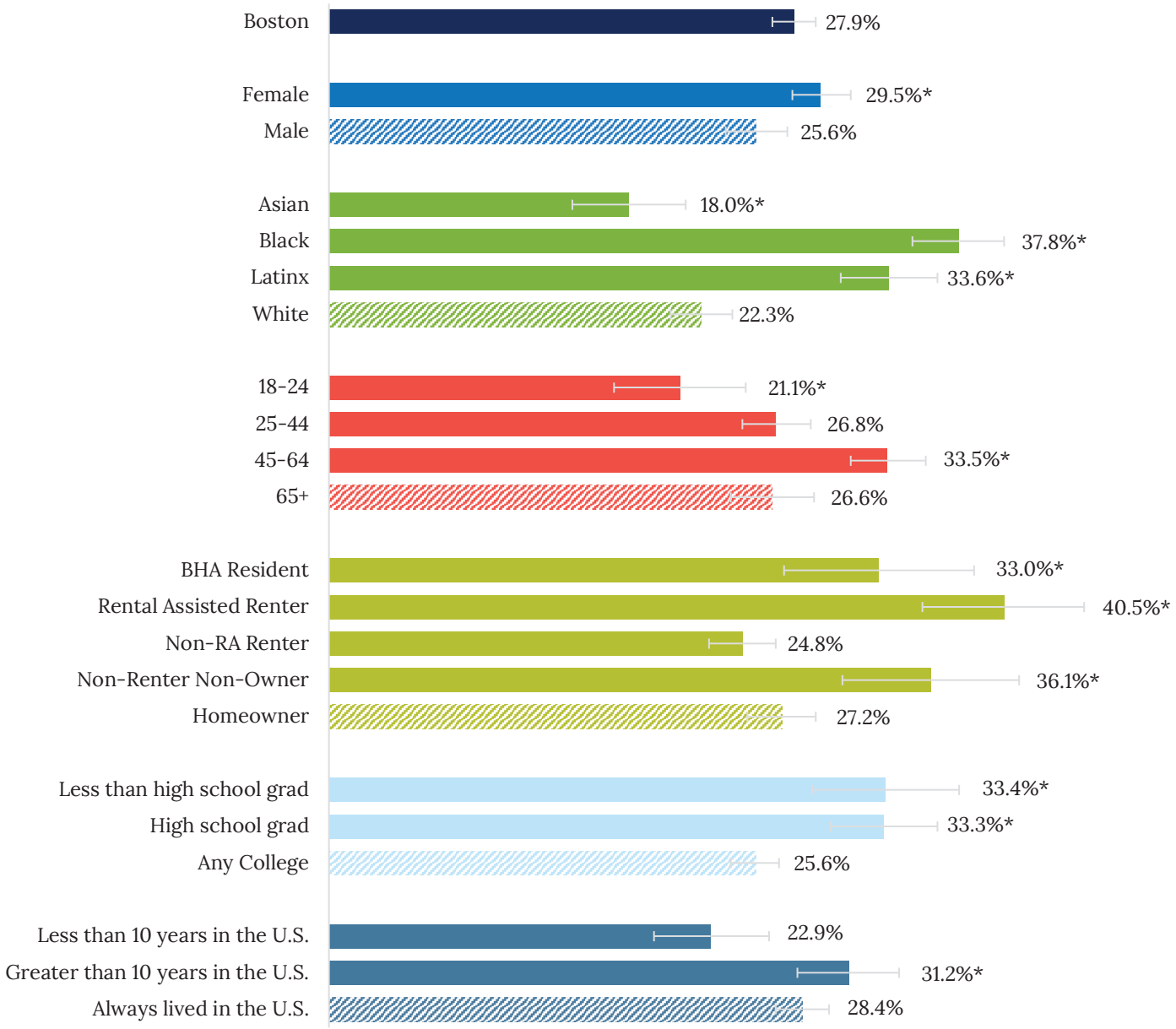
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 96. Percent Adults Reporting Ever Living with Parents or Adults in the Home Who Slapped, Hit, Kicked, Punched or Beat Each Other Up, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



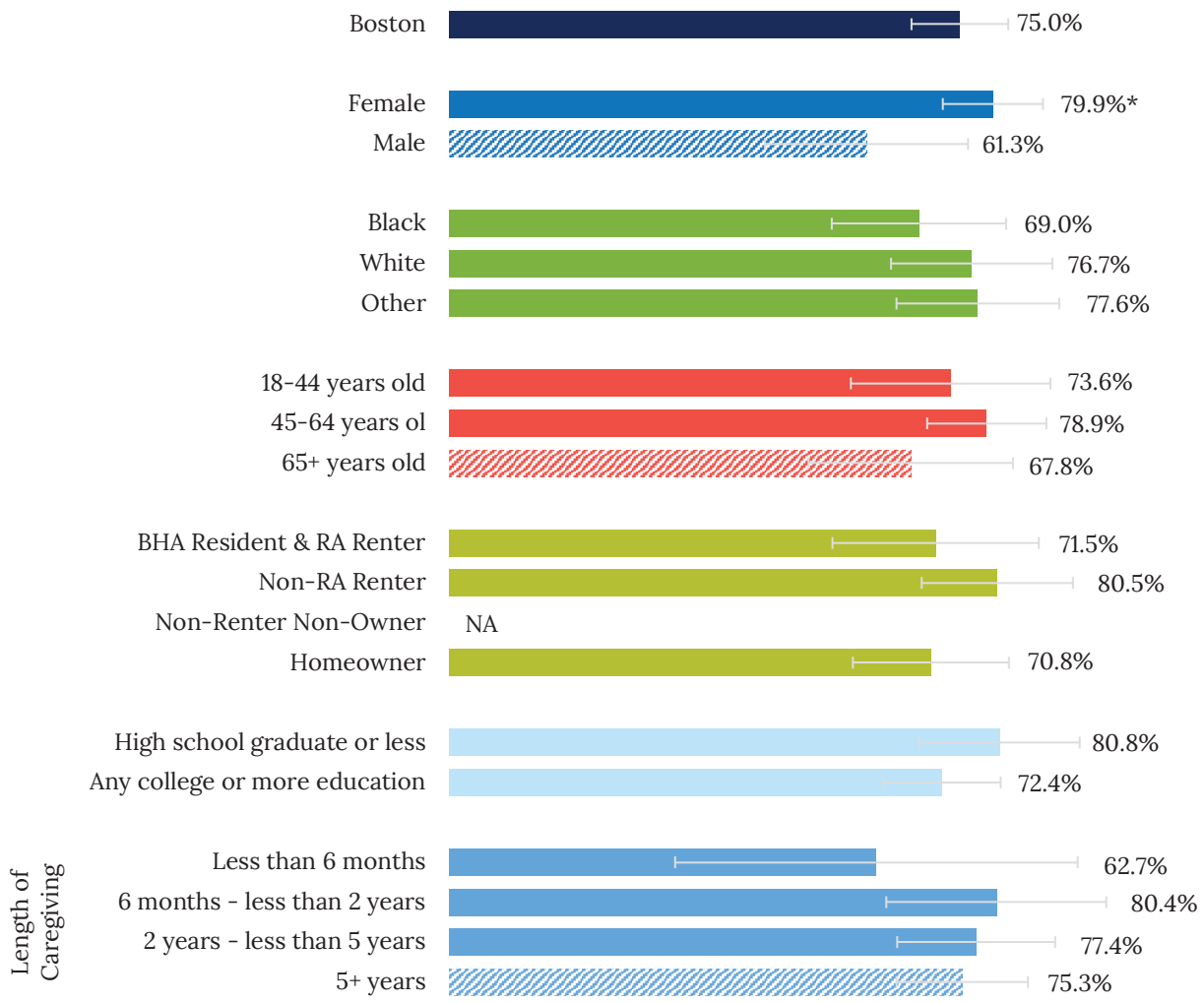
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 97. Percent Adults Who Provide Care, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



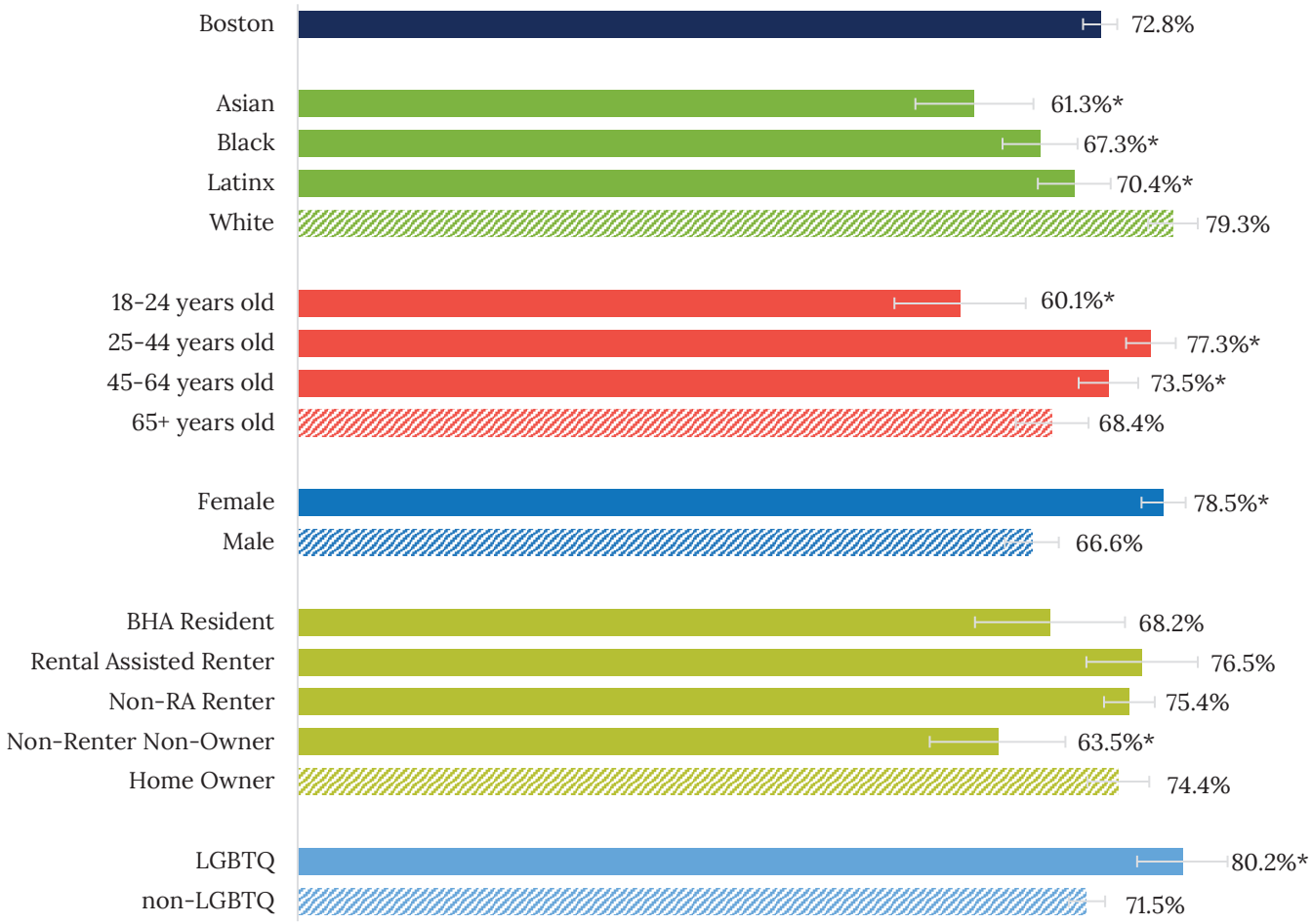
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 98. Percent Caregivers Reporting Feeling Sometimes, Usually, or Always Overwhelmed by Their Caregiving Duties, by Boston Selected Sub-Populations, 2023



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, Caregiver Callback Survey, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: NA denotes small sample size and data are not shown; 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); Error bars show 95% confidence interval.

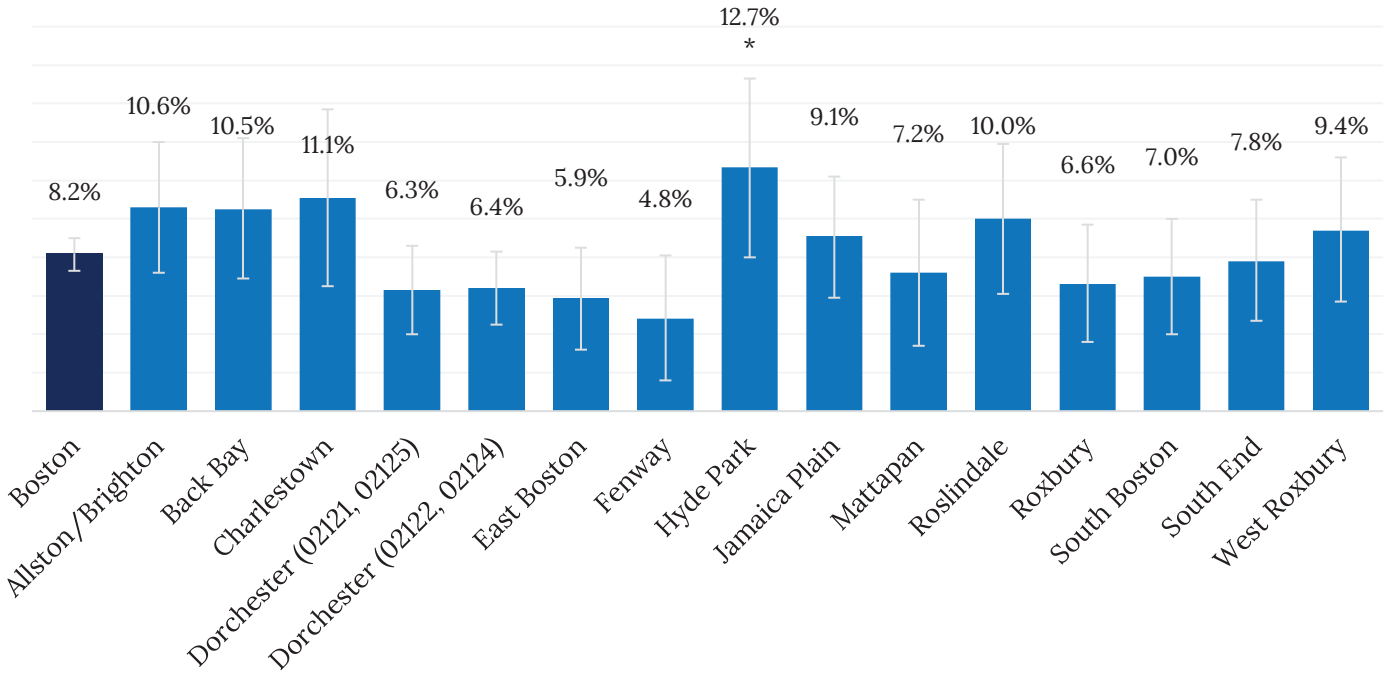
Figure 99. Percent Adults Reporting Willing to Seek Therapy, by Boston and Selected Sub-Populations, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Willing to seek therapy defined as likely or very likely to consult with a mental health professional or therapist if they had an emotional crisis or need; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

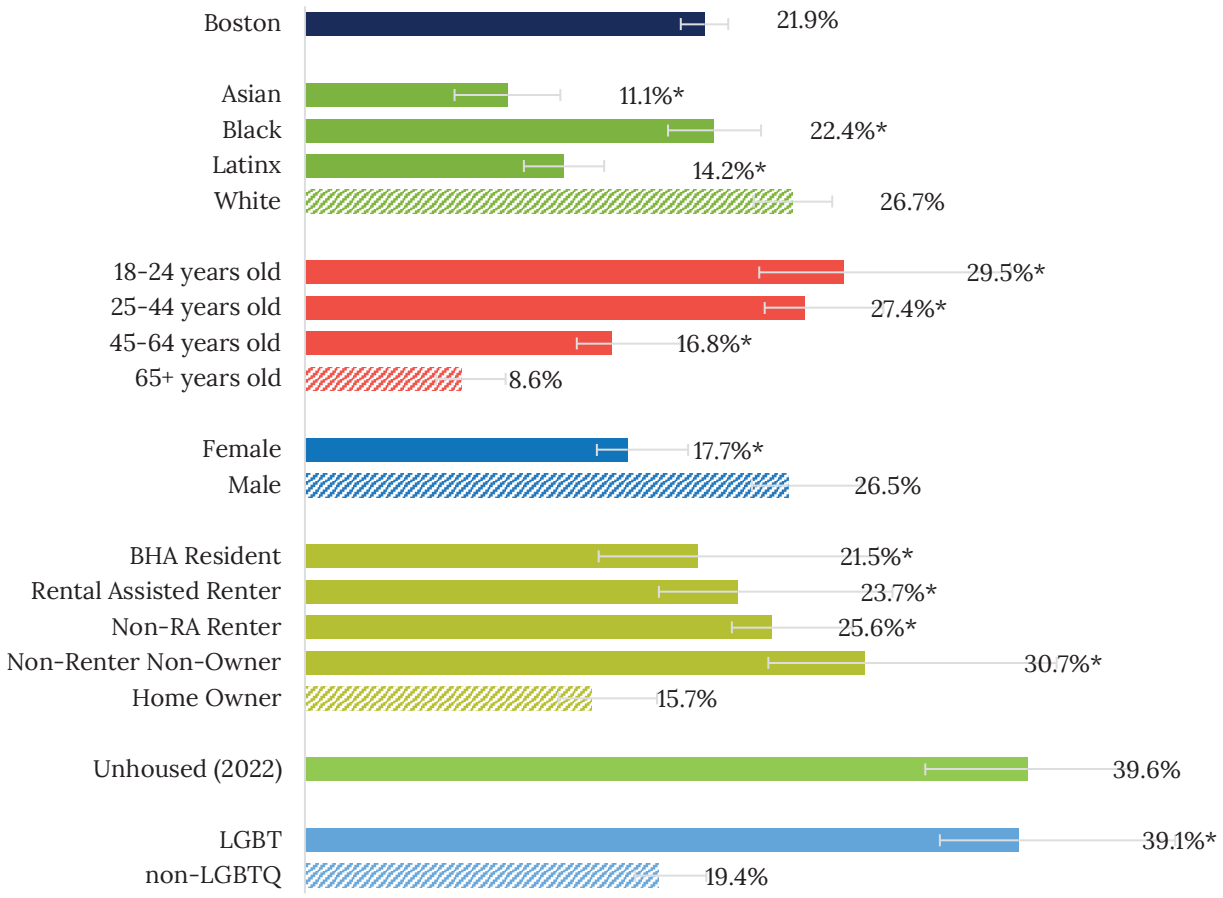
Behavioral Health and Substance Use

Figure 100. Percent Adults Reporting Heavy Drinking, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined



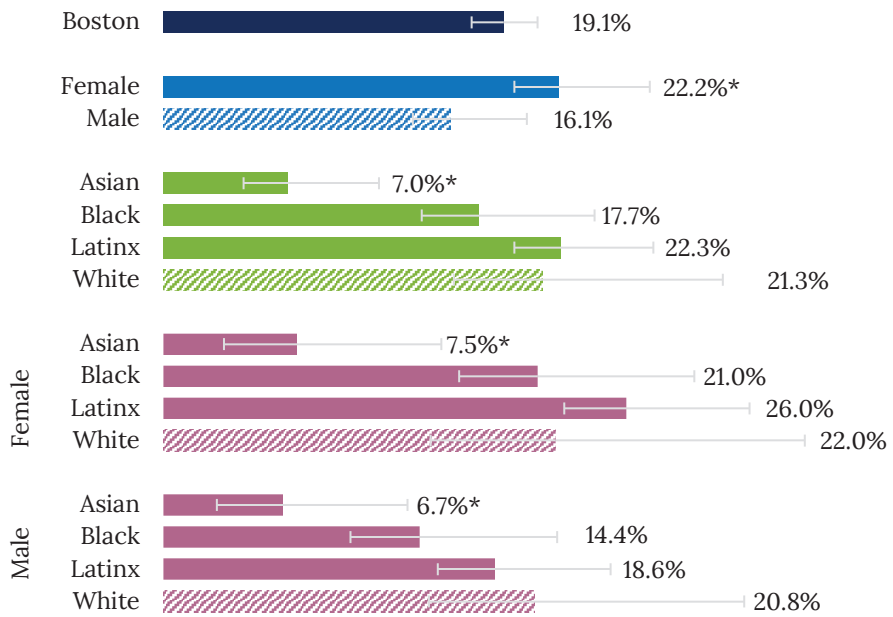
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Heavy drinking defined as 8 or more drinks per week for women and 15 or more drinks per week for men; Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Error bars show 95% confidence interval.

Figure 101. Percent Adults Reporting Current Marijuana Use, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)



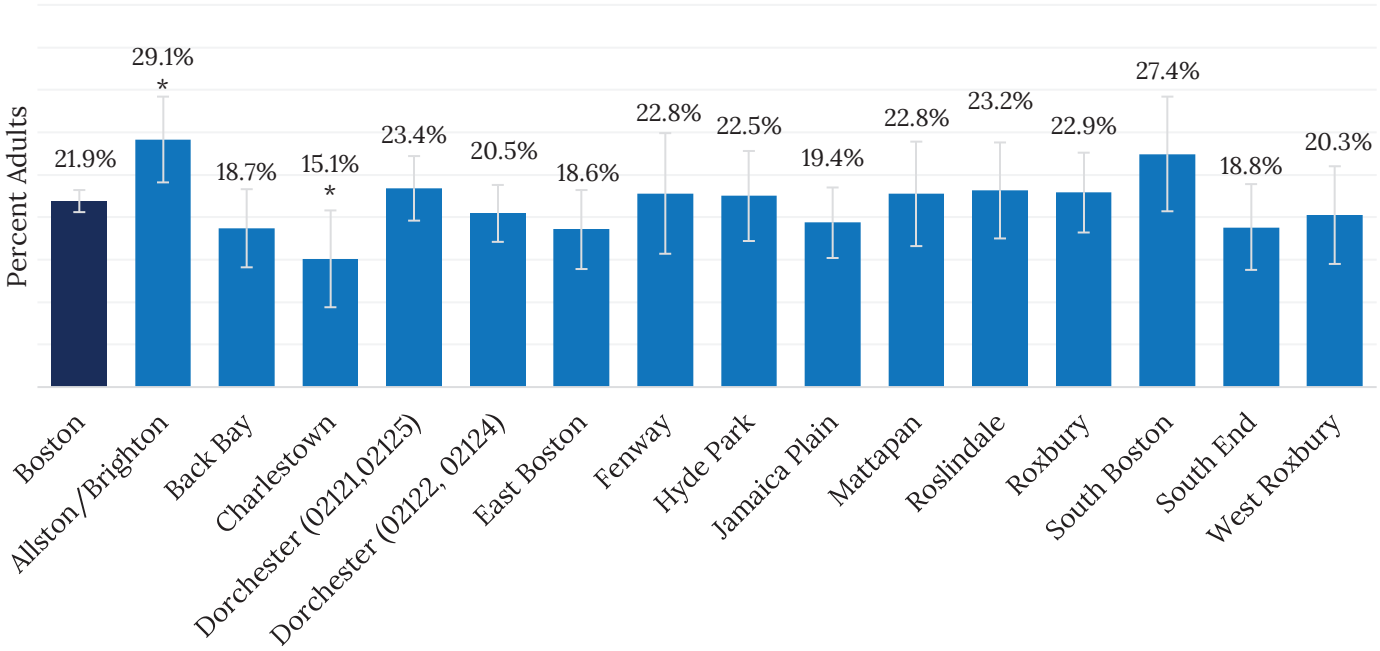
DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Current marijuana use defined as marijuana use in the past 30 days; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category ($p < 0.05$); Error bars show 95% confidence interval.

Figure 102. Percent Youth Reporting Current Marijuana Use, by Boston and Selected Sub-Populations, 2019, 2021 and 2023 Combined



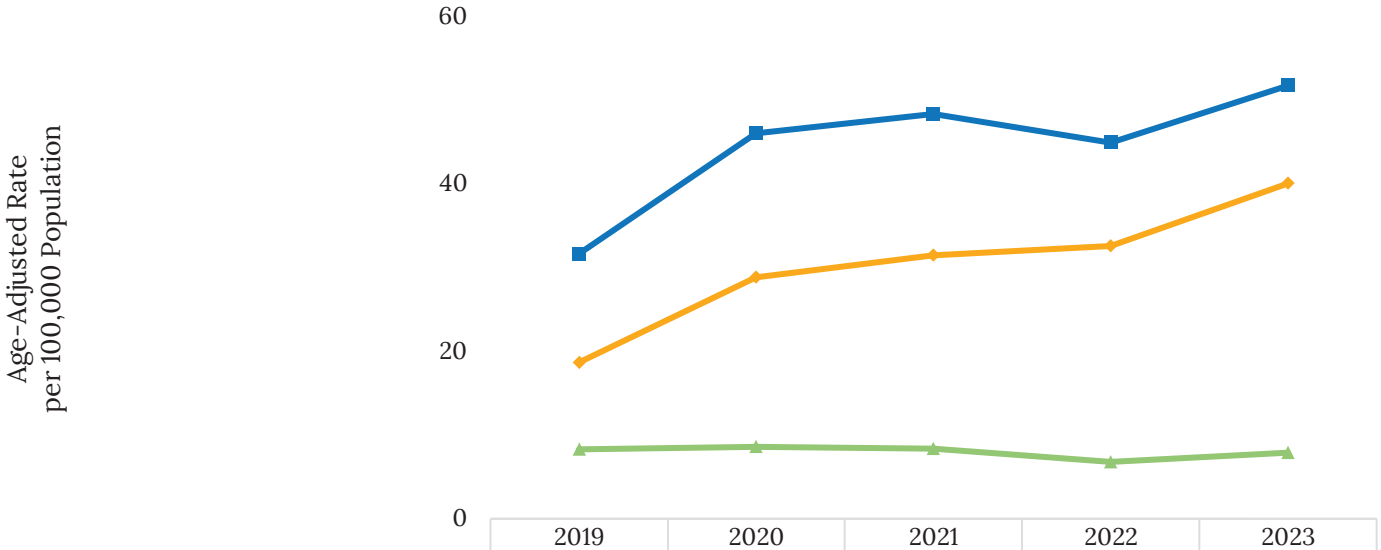
DATA SOURCE: Centers for Disease Control and Prevention and Boston Public Schools, Youth Risk Behavior Survey, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Figure 103. Percent Adults Reporting Current Marijuana Use, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined



DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Current marijuana use defined as marijuana use in the past 30 days. Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Error bars show 95% confidence interval.

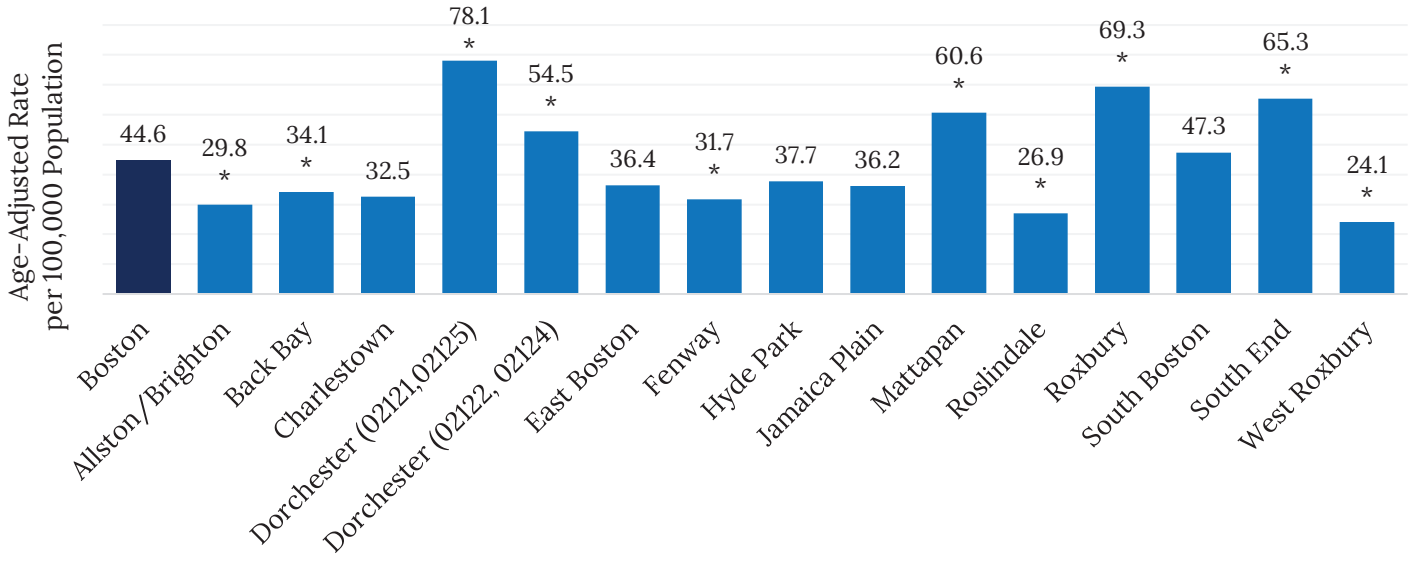
Figure 104. Overdose Mortality Rate by Drug Type, by Boston Over Time, 2019-2023



	2019	2020	2021	2022	2023
Opioid Mortality (Including Fentanyl)	31.7	46.1	48.4	45.0	51.8
Cocaine Mortality (Inlcuding Fentanyl)	18.7	28.9	31.5	32.6	40.1
Benzo Mortality (Including Fentanyl)	8.3	8.6	8.4	6.8	7.9

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: There was no significant change over time for "Benzo Mortality (Including Fentanyl)." **There was significant increase over time for "Opioid Mortality (Including Fentanyl)" and (+41.8%), Cocaine Mortality (Including Fentanyl)" (+85.3%).** Overdose mortality includes all manner and intent, including unintentional, suicide, homicide, and undetermined intent.

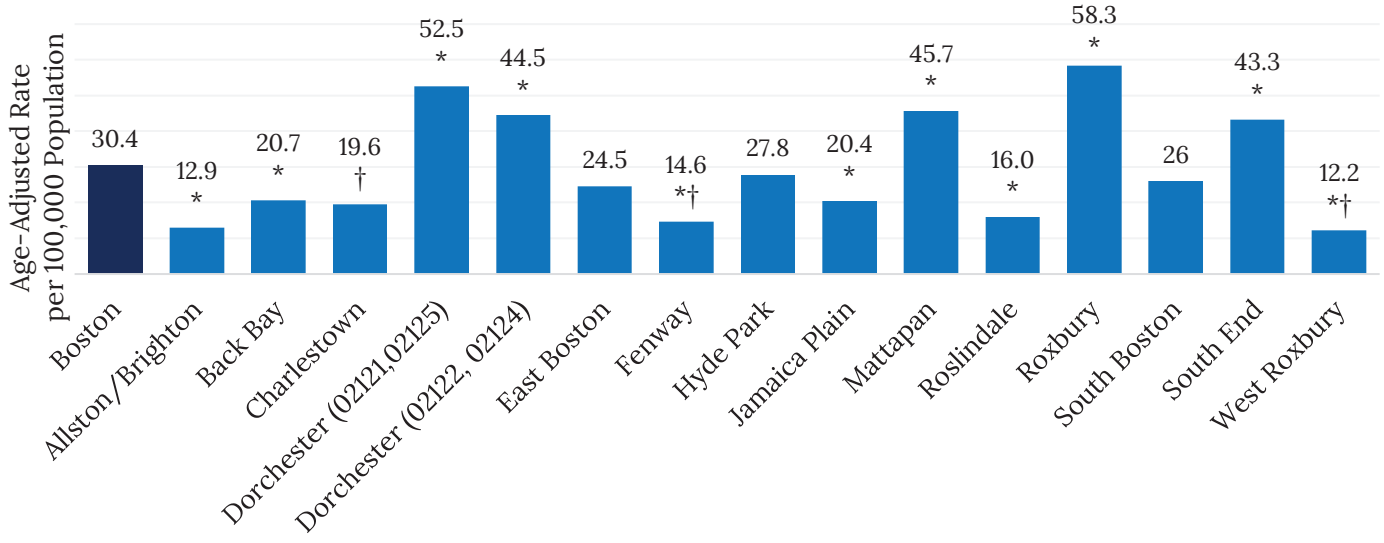
Figure 105. Opioid (Including Fentanyl) Overdose Mortality, by Boston and Neighborhoods, 2019-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023 Combined

DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$).

Figure 106. Cocaine (Including Fentanyl) Overdose Mortality, by Neighborhood, 2019-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2019-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston ($p < 0.05$); Dagger (†) denotes where estimates with n<20.

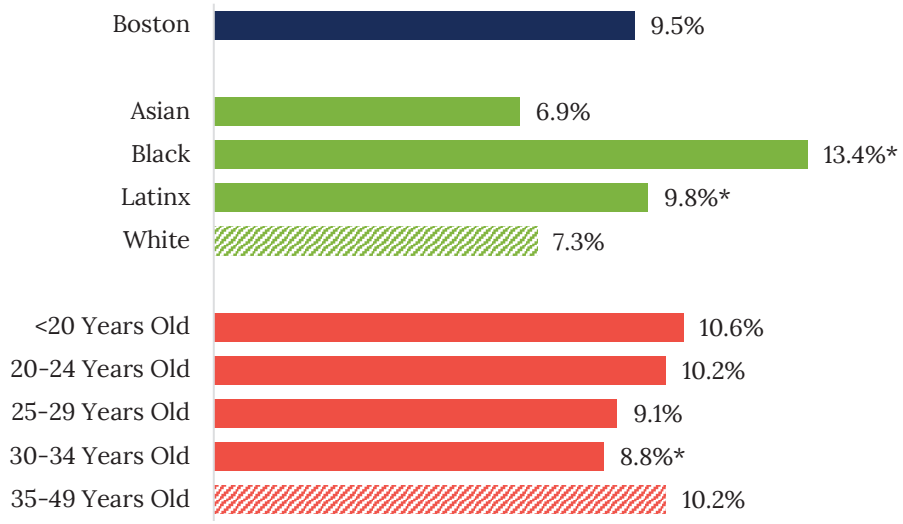
Table 19. Treatment Admissions Rate, Boston by Primary Substance, Rate per 10,000 Residents, 2023

	Total	Unique
Overall	229.1	111.0
Alcohol	112.3	60.0
Cocaine	81.2	47.1
Heroin	71.8	42.1
Marijuana	19.8	16.7
Other Opioids	13.7	11.4
Methamphetamines	12.3	8.0
Benzodiazepines	25.5	12.5

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Abuse Services, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation

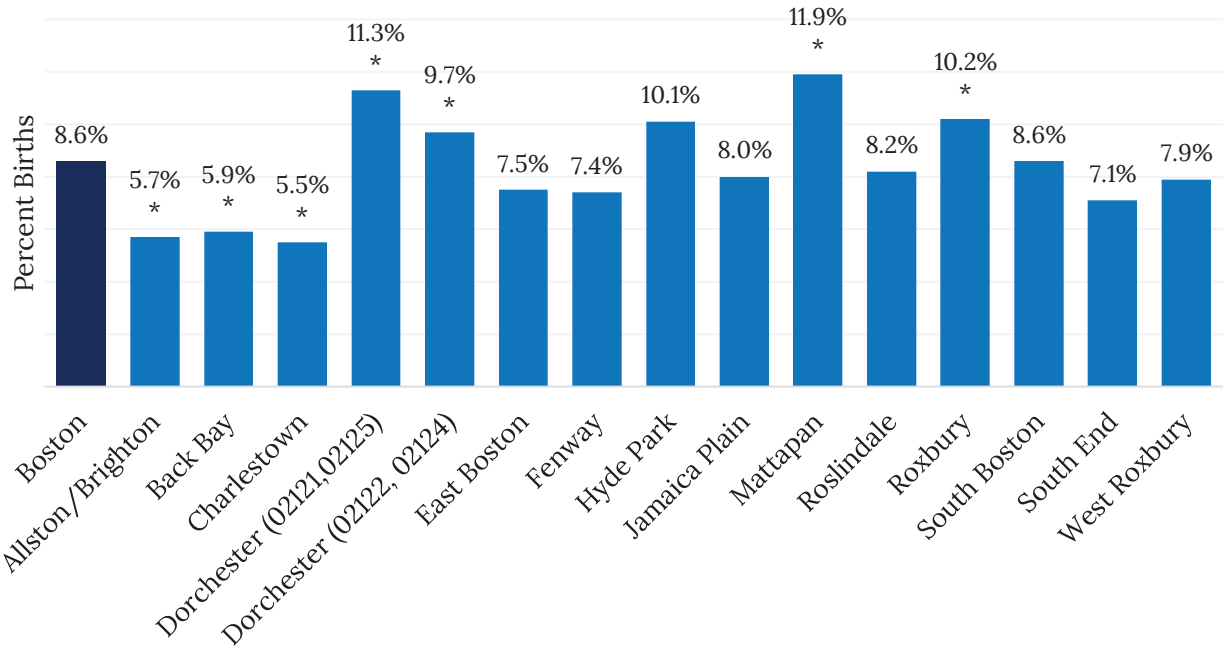
Maternal and Child Health

Figure 107. Percent Births that were Preterm, by Boston and Selected Sub-Populations, 2021-2023



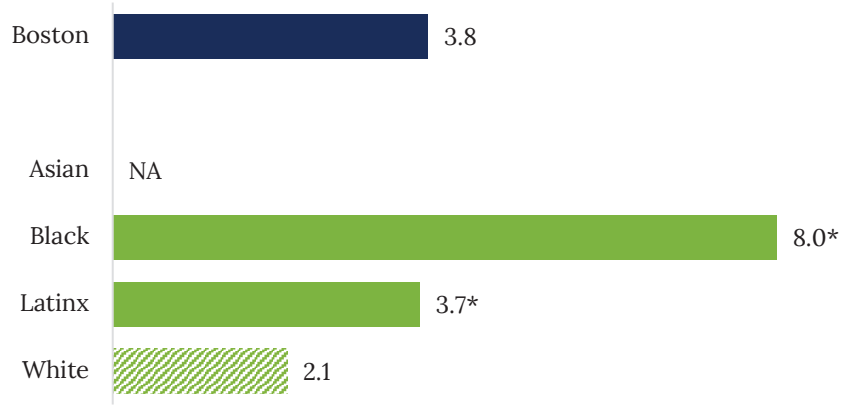
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2019-2023; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Figure 108. Percent Low Birthweight Births, by Boston and Neighborhoods, 2021-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2021-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05).

Figure 109. Infant Mortality Rates per 1,000 Live Births, by Boston and Selected Indicators, 2020-2023 Combined



DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2020-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2020-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: NA denotes rate not shown due to count of n<5; 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).

Community Vision and Suggestions for the Future

Table 20. Percent Survey Respondents Reporting the Following Statements as the One of the 5 Most Important Factors That Would Improve the Quality of Life and Health of Their Community, by Boston and Selected Sub-Populations, 2024

	Overall N=1,847	Asian N=199	Black N=481	Latinx N=365	White N=761	LGBTQ+ N=382	Caregiver N=1034	Unhoused N=96	Born Outside US N=423	Aged 55+ N=423
More affordable housing	**49.6%**	**37.7%**	**49.1%**	**47.7%**	**55.6%**	**58.1%**	**46.2%**	**47.9%**	**40.4%**	**45.2%**
Access to low-cost healthy foods	**42.9%**	**35.7%**	**46.4%**	**46.6%**	**43.0%**	**49.7%**	**42.1%**	**37.5%**	**42.8%**	**36.9%**
Access to good jobs and economic opportunities	**36.9%**	**32.2%**	**47.2%**	**47.7%**	**29.2%**	30.4%	**41.1%**	**49.0%**	**43.0%**	**29.1%**
Access to health care	**35.6%**	**38.7%**	**40.1%**	**39.7%**	**33.4%**	**34.0%**	**36.5%**	**43.8%**	**37.4%**	**36.2%**
Access to reliable public transportation	**30.6%**	**31.7%**	21.8%	25.5%	**39.2%**	**35.6%**	26.7%	26.0%	26.7%	28.1%
Access to mental health care	29.2%	15.1%	32.6%	**36.2%**	29.0%	**31.4%**	31.0%	**41.7%**	27.4%	**29.1%**
Lower crime and violence	28.9%	27.6%	**36.2%**	34.2%	22.7%	17.8%	**32.3%**	**37.5%**	**31.2%**	**31.4%**
Better schools	23.9%	20.6%	26.6%	24.9%	20.6%	13.6%	29.0%	18.8%	26.7%	21.3%
Access to ongoing education opportunities	23.0%	21.6%	29.1%	27.7%	17.2%	21.7%	25.5%	34.4%	27.4%	19.1%
Clean environment (air and water quality)	22.3%	30.7%	18.5%	20.8%	23.1%	22.5%	22.5%	27.1%	23.6%	20.3%
Access to cultural and arts events	18.9%	23.1%	19.5%	18.1%	15.0%	18.6%	19.1%	13.5%	27.7%	19.4%
More affordable childcare	18.1%	10.6%	19.3%	16.2%	20.4%	16.5%	20.4%	15.6%	13.5%	16.3%
Good roads and infrastructure	16.7%	15.1%	16.2%	13.4%	18.3%	16.0%	15.8%	17.7%	15.4%	21.7%
Access to pharmacies	16.5%	17.1%	18.9%	20.3%	11.8%	15.7%	17.2%	24.0%	18.7%	18.9%
Opportunities for free or low-cost exercise classes	13.4%	13.6%	14.6%	11.2%	12.7%	13.4%	12.8%	15.6%	15.1%	16.1%
Effective city services (water, trash, fire department, and police services)	12.8%	16.6%	11.0%	9.3%	12.9%	12.3%	12.5%	17.7%	12.5%	16.1%
Stronger sense of community	12.5%	7.5%	13.1%	12.9%	13.8%	14.4%	11.8%	11.5%	12.3%	13.7%

More community gathering spaces	12.4%	13.6%	8.9%	6.0%	16.6%	20.2%	10.5%	*	9.0%	14.4%
More inclusion for diverse members of the community	11.0%	6.5%	11.0%	7.7%	14.1%	14.9%	9.0%	*	8.3%	12.8%
Accessible sidewalks	10.3%	9.5%	5.6%	7.1%	13.8%	12.0%	7.9%	12.5%	9.2%	14.4%
Other	6.1%	*	4.0%	3.6%	9.5%	7.6%	6.1%	*	3.5%	9.9%
Opportunities for healthy cooking programs and supports	6.7%	6.0%	9.1%	6.6%	4.5%	5.5%	7.6%	16.7%	9.9%	8.3%
Opportunities for disaster and emergency preparedness	6.3%	*	6.7%	9.3%	5.8%	5.8%	7.2%	11.5%	9.9%	8.3%
None of the above	0.8%	0.0%	*	*	*	0.0%	1.2%	0.0%	*	*
COVID & Long COVID	0.7%	*	0.0%	*	*	*	*	0.0%	*	0.0%

DATA SOURCE: Boston Community Health Assessment Survey, 2024
Notes: Asterisk (*) indicates data are suppressed due to low response (n<10).

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