



BOSTON COMMUNITY HEALTH IMPROVEMENT PLAN

2025 - 2028



 BOSTON COMMUNITY
HEALTH COLLABORATIVE

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Everyone in Boston has access to resources and opportunities to build generational wealth and succeed in their chosen path to economic stability and mobility.

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Everyone in Boston has a home that brings peace of mind and ability to thrive.

Access to Healthy & Affordable Foods

Everyone in Boston has easy and dignified access to enough culturally relevant, affordable, and nutritious food and related resources in their community.

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Everyone in Boston has access to welcoming, supportive, connected, affordable health and mental health care when and where they need it.

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Dear Fellow Boston Residents,

Our vision for Boston is a city where every person has the opportunity to live a long and healthy life. The strengths, resilience, and leadership of Boston's communities have driven real progress in advancing health equity. At the same time, deep disparities continue to affect many neighborhoods and communities. Understanding those conditions, working in partnership with local communities, and aligning partners across sector is essential to improving the health and well-being of our city.

I am pleased to share with you the 2025-2028 Boston Community Health Improvement Plan (CHIP). The CHIP reflects extensive engagement with community leaders, organizations, and residents, and a review of public health trends gathered through the [2025 Boston Community Health Needs Assessment](#) process. Every three years, the Boston Community Health Collaborative (BCHC) identifies the factors that shape health across the city, documents inequalities among neighborhoods, and highlights the strengths and resources that already exist to support community well-being. Building on the findings of the CHNA, the CHIP outlines shared priorities and goals, strengthens connections, and identifies coordinated actions that organizations across Boston will take to support the health and wellbeing of all residents and communities.

The Boston Public Health Commission is proud to co-lead this process and support the BCHC, because the CHIP is more than a planning document. Carried out by a network of community organizations, health care systems, advocacy groups, municipal agencies, and resident leaders who are committed to working towards common goals, the CHIP provides a collective plan for Boston. It directly supports our mission to advance health equity

and improve outcomes for our communities facing the greatest barriers. It helps to shape how we align programs, direct resources, and guide how we respond to the root causes of premature mortality, disease, and unequal opportunity.

The Community Health Improvement Plan is aligned with our city's efforts to close life expectancy gaps through the Live Long and Well Population Health Equity Agenda. The priorities that emerged from the most recent CHNA focus on the community conditions that shape key population health challenges, and in alignment with LLW, the CHIP highlights upstream approaches that contribute to lowering chronic disease burden, improving maternal and infant health, strengthening mental health supports, and advancing the social and economic conditions that allow all Boston residents to live longer and healthier lives

With this roadmap, I invite residents and community organizations who share a vision of a healthy Boston through working together to improve health outcomes, reduce inequities, and strengthening the systems and conditions that support health and well-being to join this effort. Achieving our goals will require deepened collaboration and commitments. I encourage you to share the CHNA report and this plan with your communities as we work together to create a healthier and more equitable city, where everyone can live long and well.

In partnership,

Bisola Ojikutu, MD MPH FIDSA

Commissioner of Public Health, City of Boston
Executive Director, Boston Public Health Commission



EXECUTIVE SUMMARY

Where and how we live, learn, work, and play shapes health, health equity, and well-being across Boston. Building a shared understanding of these conditions helps align priorities and guide coordinated action that can deepen impact and advance equity citywide.

The Boston Community Health Collaborative (BCHC or “the Collaborative”), led a comprehensive, citywide community health assessment and improvement planning effort to strengthen the health of Boston residents. This effort unfolded through two connected phases:

- A **Community Health Needs Assessment** (CHNA) to identify key health needs, strengths, and opportunities to support community health in Boston
- A **Community Health Improvement Plan** (CHIP) is a community-driven framework that articulates a shared vision for a healthier, more equitable Boston. It provides a common direction for coordinated, cross-sector action across the city.

The 2025-2028 Boston Community Health Improvement Plan was developed between May and December 2025, and is grounded in findings from the 2025 CHNA. These findings reflect community voices from multiple data sources, including responses from the Boston CHNA community survey, interviews and focus groups, and a review of local, state, and national datasets on health, social, and economic conditions.

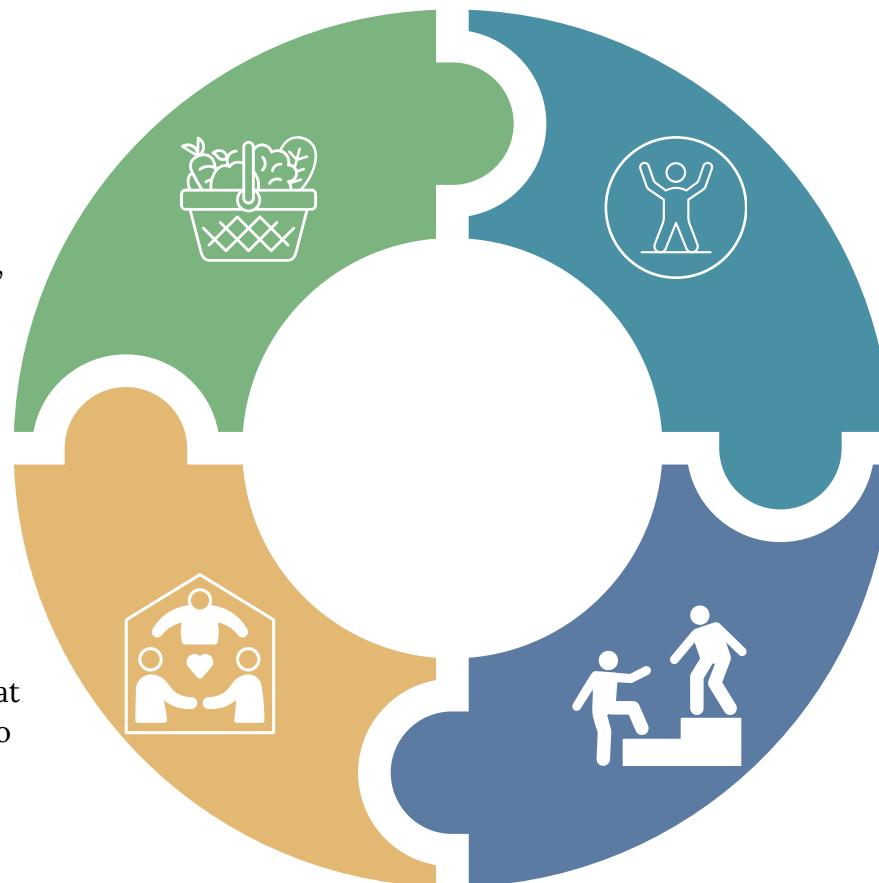
To develop a shared vision and move priorities to action, the BCHC engaged community partners throughout the planning process. After discussing key challenges and opportunities and reviewing key findings from the CHNA, the Collaborative identified the following four priority areas for action.

While no single plan can address every challenge facing Boston, the elevation of these priority areas signals a shared commitment to work in alignment and take action toward healthier, more resilient communities.



CHIP PRIORITY AREAS

Guided by community voice, local data, and partner expertise, the Community Health Improvement Plan centers on the following priority areas:



Access to Healthy and Affordable Foods

Everyone has easy and dignified access to enough culturally relevant, affordable, and nutritious food and related resources in their community.

Access to Care

Everyone has access to welcoming, supportive, connected, affordable health and mental health care when and where they need it.

Housing

Everyone in Boston has a home that brings peace of mind and ability to thrive.

Economic Mobility & Opportunity

Everyone in Boston has access to resources and opportunities to build generational wealth and succeed in their chosen path to economic stability and mobility.

ACKNOWLEDGEMENTS

The Boston Community Health Collaborative is grateful to the many individuals and organizations that contributed their time, expertise and resources to the development of the Boston Community Health Improvement Plan. 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.

- Age Strong Commission
- Allston-Brighton Health Collaborative
- Asian Women for Health
- Beth Israel Lahey Health* – Represented by Beth Israel Deaconess Medical Center and New England Baptist Hospital
- Boston Children's Hospital*
- Boston Community Health Collaborative Community Representatives*: Vivien Morris and Ricky Guerra
- Boston Housing Authority
- Boston Medical Center*
- Boston Opportunity Agenda
- Boston Tenant Coalition
- Boys and Girls Club of Boston
- City of Boston Environment Department
- Community Servings
- Dana-Farber Cancer Institute*
- Fenway Community Development Corporation
- Fenway Health*
- Harvard Catalyst Community Engagement Program
- Health Care Without Harm
- Health Leads
- Jamaica Plain Neighborhood Development Corporation
- Madison Park Development Corporation*
- Mass General Brigham* – Represented by Brigham and Women's Faulkner Hospital, Brigham and Women's Hospital, Massachusetts General Hospital, and Massachusetts Eye and Ear
- Massachusetts League of Community Health Centers*
- Massachusetts Association of Community Development Corporations
- Mattapan Food and Fitness
- Mayor's Equity and Inclusion Cabinet
- Mayor's Office of Climate Resilience
- Mayor's Office of Economic Opportunity and Inclusion
- Mayor's Office of Food Justice

- Mayor's Office of Housing
- Mayor's Office of Youth Engagement and Advancement
- Mission Hill Health Movement
- Mothers for Justice and Equality
- NeighborHealth*
- Project Bread
- Rosie's Place
- Somali Parents Advocacy Center for Education (SPACE)
- The Family Van
- Tufts Medicine – Represented by Tufts Medical Center*
- Urban Edge*
- Vital CxNs

*Boston Community Health Collaborative Steering Committee Member

Boston Public Health Commission Staff and Leadership

for their partnership with strategy alignment to their existing plans and department priorities and report production.

Boston Community Health Collaborative Project Team:

- Krystal Garcia, Director of Policy, Boston Public Health Commission
- Tibrine da Fonseca, Project Director – Boston Community Health Collaborative, Boston Public Health Commission

Students: Nickayla Davis, Selena Davis, Ikechukwuka (Chuka) Nwokolo

Meeting Venues: The Civic Pavilion, The Great Hall at Codman Square Health Center, Josephine A. Fiorentino Community Center

Staff at Health Resources in Action

Health Resources in Action was contracted as a consultant partner to support with guiding the planning process and with report development.



INTRODUCTION

This joint Boston Community Health Improvement Plan (CHIP) was developed by the Boston Community Health Collaborative, a citywide partnership of Boston health institutions, public health, community organizations and resident leaders working together to align data, resources, and strategies to improve the health and well-being of Boston communities.

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.

Our Values

Equity and Inclusion, Data Driven, Innovation, Integrity, Partnership



ORGANIZATIONAL STRUCTURE

Boston Community Health Collaborative Steering Committee

The Boston Community Health Improvement Plan is guided by a Steering Committee made up of individuals from organizations from across sectors. They provide strategic direction and oversight of the CHIP, including reviewing the CHNA findings and identifying plan priorities and supporting the development of plan components.

Central Coordinator and Convener- Boston Public Health Commission

Boston Public Health Commission serves as the convening agency for the Collaborative, bringing together the various organizations and partners to improve the health and wellbeing of Boston communities. As the city's local health department, BPHC also provides data, expertise, and strategic guidance that support shared goals. BPHC participates in the CHIP as an Implementation Partner and Steering Committee member.

CHIP Implementation and Community Partners

CHIP Implementation Partners work alongside organizations across the city to advance CHIP strategies in a coordinated way that supports healthy, thriving communities.

CHIP Community partners actively shape the planning process by sharing essential insights on priority areas and helping to champion the CHIP's vision within their communities and networks.



Source: The Local Public Health System, Mobilizing for Action through Planning and Partnerships 2.0 , NACCHO.

CHIP PURPOSE, APPROACH, AND FRAMEWORK

What is a Community Health Improvement Plan (CHIP)?

A CHIP is created through a community-wide, collaborative planning process that engages partners and organizations to develop, support, and implement a framework for action.

The plan is intended to serve as a dynamic vision for the health of the community and a framework for action for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement. The plan is also designed to be flexible and dynamic, using data and metrics to track progress and refine strategies over time.

The CHIP is a direct response to findings from the [2025 Community Health Needs Assessment \(CHNA\)](#). The CHNA reviewed existing local, state, and federal data sources and gathered community input from over 1,900 community members and partners about key health trends, the social and environmental factors shaping health and well-being, promising solutions and opportunities to build on community strengths to support the health of Boston communities.

How to Use the CHIP?

The CHIP invites organizations from across the local public health system including community organizations, neighborhood and faith-based groups, businesses, funders, government agencies, academic institutions, and more to take action for healthier, more equitable communities.

As we move into implementation, partners are invited to review the CHIP's priorities and goals, identify where their strengths and ongoing efforts align, and join in advancing the strategies by contributing to one or more specific actions or championing a priority area.

This CHIP is designed to:

- Identify shared priorities for action to improve community health.
- Inform the development of implementation plans, policies, and coordinated actions by member organizations.
- Guide funders and partners in aligning resources toward community-identified priorities and promising practices.
- Advance policies and systems change.
- Promote a Health in All Policies approach to addressing complex public health challenges.



Source: Community Health Improvement Cycle, Health Resources in Action

CROSS-CUTTING GUIDING APPROACH

Convening partners around shared goals to drive collective action.

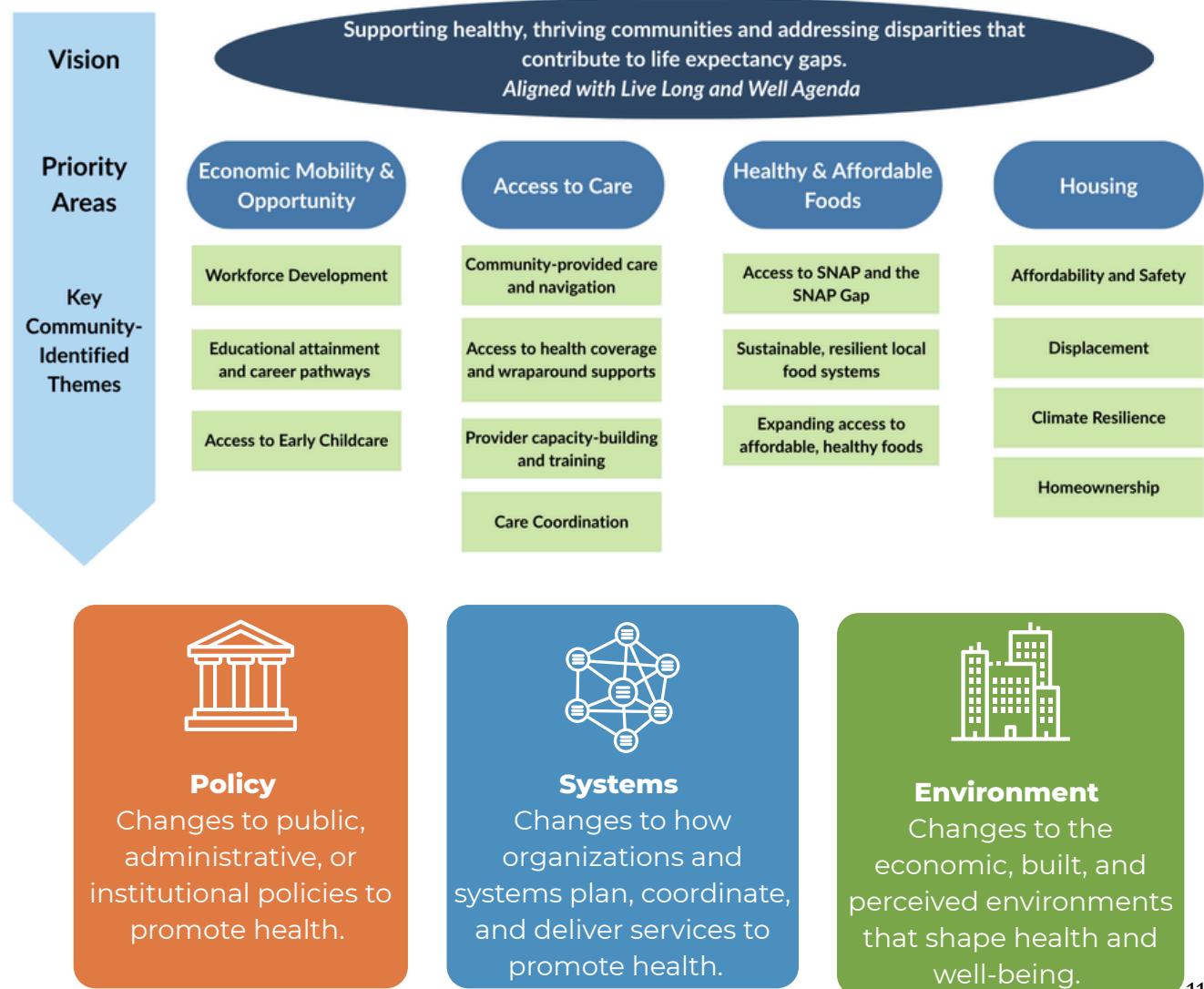
Supporting policy, systems, and environment change.

Leveraging Boston's rich local data and community knowledge.

Strengthening a coordinated ecosystem of navigation, outreach, and wraparound supports.

Building on community strengths to expand economic opportunity.

BOSTON COMMUNITY HEALTH IMPROVEMENT PLAN FRAMEWORK



STRATEGIC ALIGNMENTS

A CHIP is most effective when it is connected to the broader work already happening across the community.

This CHIP was developed to align with existing citywide plans, guiding documents, and initiatives working to support the health and wellbeing of Boston, including the Boston Public Health Commission's 2024-2027 Strategic Plan. The CHIP builds on the recommendations and actions of complementary planning processes and frameworks to reinforce shared goals, strengthen coordination across sectors, and advance collective efforts towards healthier, more equitable outcomes. It aims to align synergistically with related key population-wide initiatives such as:

Live Long and Well Agenda

The Live Long and Well Agenda is Boston's population health equity framework to improve life expectancy and reduce persistent health inequities across the city. The agenda guides citywide efforts to promote healthier, longer lives for Boston residents by focusing efforts on the leading factors influencing life expectancy in Boston, including cancer and chronic disease, cardiometabolic health, maternal and infant health, mental health, and the social and economic conditions that shape opportunities for health. The framework helps anchor Boston's public health work, including the CHIP, in the broader goal of ensuring that every resident, regardless of race or ethnicity, neighborhood, or income, has the opportunity to live a long, healthy, and fulfilling life.

A Place to Thrive: Anti-Displacement Action Plan (2025)

Developed by the City of Boston with the support of the Planning Advisory Council, the plan serves as a roadmap for the City of Boston's work to confront residential, commercial, and cultural displacement.

Pathways to Possibility: A Ten Year Roadmap to Expand Economic Mobility in Massachusetts (2025)

The report by the Massachusetts Special Legislative Commission to Study Poverty presents a comprehensive roadmap to reduce poverty and expand opportunity in the Commonwealth.

Advancing Health Equity in Massachusetts (AHEM)

A statewide initiative led by the Massachusetts Executive Office of Health and Human Services, focused on reducing premature, preventable deaths by aligning efforts across sectors and expanding effective community-informed strategies in communities facing the greatest health inequities.

PRIORITIZATION



Identifying Strategic Issues: Prioritization Criteria

Boston Community Health Collaborative Steering Committee members and partner organizations considered the following factors in the prioritization process:

- Burden/Impact
- Equity
- Feasibility
- Collaboration/Engagement
- Urgency/Opportunity Costs

See Appendix A for full definitions of criteria.

Prioritization ensures resources are aligned and targeted to focus efforts on achievable goals and strategies.

The Boston Community Health Collaborative undertook a multi-step collaborative prioritization process to review findings and community-identified priorities outlined in the 2025 CHNA and solicit community input on CHIP priorities. The priority areas represent pressing health challenges identified by community members, supported by data documenting persistent inequities, and affirmed by community partners as areas with strong momentum for coordinated action and collaboration.

The following steps were taken to identify the priority areas for the CHIP:

- The Steering Committee met in early May 2025 to review the assessment findings and provide initial guidance on prioritization. They considered the issues identified in the CHNA and rated those key issues against criteria to narrow down the list of 16 potential priorities to 11.
- Those 11 priorities were presented at a convening of community partners who considered the list of 11 and followed a similar process as the Steering Committee to identify 4 preliminary areas of focus for the CHIP.
- The Steering Committee met again to review, finalize and confirm the priority areas. Priorities and an overview of the CHNA process were presented to the Boston Board of Health in June 2025. From July to October, CHIP community partners met through a series of workshops and strategy discussions, beginning with a CHIP Kick Off, to identify opportunities to impact the priority areas and develop goals, objectives, and strategies.



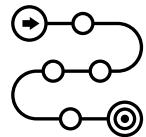
STRUCTURE OF THE PLAN



Goals are broad statements about the future state that CHIP partners would like to build towards over the long term.



Objectives outline goal-related outcomes in specific and measurable terms. Objectives are narrow, precise, tangible, and concrete.



Strategies are a series of actions or approaches implemented to achieve the objective.



Performance Measures are used to track progress towards an objective. These measures help assess whether specific actions are contributing to a desired outcome within a priority area and support continuous learning and improvement.

Note: Performance Indicators are in development.



Headline Indicators are select population-level metrics identified to monitor long-term trends and community conditions. These indicators provide a common reference point for partners and are complemented by more specific strategy-level performance measures used during implementation.



ECONOMIC MOBILITY & OPPORTUNITY

Goal: Everyone in Boston has access to resources and opportunities to build generational wealth and succeed in their chosen path to economic stability and mobility.

Key Themes: Workforce Development, Educational Attainment and Career Pathways, Access to Early Child Care

Why this matters

“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, 2025 Boston CHNA

Economic stability and mobility are essential foundations for health.

When households have reliable income, affordable living conditions, and opportunities to build wealth, they are better able to access housing, nutritious food, health care, and education – all key drivers of long-term wellbeing. Participants in the 2025 Community Health Needs Assessment discussed the high cost of living and limited wage growth as key barriers to health and well-being, contributing to chronic stress, food and housing insecurity, and other conditions that undermine health. According to the U.S. Census Bureau’s American Community Survey (ACS) 5-year estimates (2019–2023), **nearly one in five Boston children under age five lived in poverty**, with rates 1.5 to nearly 2 times higher in **Mattapan, Hyde Park, and Dorchester**.

Advancing economic stability and expanding opportunities for mobility is a key priority for improving population health and reducing inequities. By strengthening pathways to financial security, supporting local workforce and economic opportunities, Boston can help create the conditions for all residents to live healthier and more stable lives.

Objectives and Strategies

Increase enrollment in and completion rates for existing workforce development programs that address employment shortages in key sectors (health care, public health, childcare and early education).

Objective 1

- A. Promote and expand workforce development programs in key sectors by identifying gaps and strengthening entry-level training and apprenticeship opportunities.
- B. Strengthen early career exposure, mentorship, and paid learning experiences that support youth, especially those from underrepresented communities, in exploring health, public health, and childcare and early education careers.
- C. Advocate for policies that expand and diversify pathways into health care and public health careers, and support roles that improve access, equity, and community health.

Strengthen cross-sector collaboration and invest in place-based initiatives that increase financial security and economic mobility to address upstream drivers of health inequities.

Objective 2

- A. Strengthen cross-sector partnerships among health systems, community-based organizations, philanthropy, public agencies, and residents to advance place-based initiatives that promote economic mobility and long-term health.
- B. Support coordination across programs that address interconnected upstream drivers of health, including housing stability, food security, transportation, childcare, and employment barriers, to improve residents' economic well-being.
- C. Strengthen data sharing, shared measurement, and community voice in planning and implementation of place-based economic mobility initiatives.

Increase access to capital, training, and business development opportunities that enable local entrepreneurs and small businesses to start, sustain, and grow successful enterprises.

Objective 3

- A. Coordinate resources to help local entrepreneurs access capital, technical assistance, and business development programs.
- B. Promote and connect residents, emerging entrepreneurs, and small business owners to culturally and linguistically accessible existing resources such as financial coaching, business planning assistance, and training programs.

Promote access to comprehensive, high-quality, affordable early childhood care that meets the needs of families and supports early development.

Objective 4

- A. Strengthen alignments with existing City and statewide policies and promising models to expand access to early childhood care, especially for infants and toddlers.
- B. Collaborate with community and early education partners and strengthen neighborhood-level coordination to increase awareness of childcare resources and supports.
- C. Strengthen pathways for residents to launch or grow childcare businesses by expanding access to trainings, technical assistance, and startup supports.
- D. Strengthen cross-sector partnerships to leverage existing childcare supply and demand data to identify gaps and inform coordinated action.



ACCESS TO HEALTHY, AFFORDABLE FOOD

Goal: Everyone has easy and dignified access to enough culturally relevant, affordable, and nutritious food and related resources in their community.

Key Themes: Access to Nutrition Supports; Sustainable, Resilient Local Food Systems; Leveraging Local Data to Guide Action

Why this matters

“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.” – Focus Group Participant, 2025 Boston CHNA

Eating a balanced diet with fruits, vegetables, whole grains, and lean proteins is essential for preventing chronic diseases and supporting overall health. Ensuring access to healthy, affordable food and supporting sustainable local food systems benefits individuals, families, and their communities.

Food insecurity is rising in Boston. **Between 2019 and 2023, the percent of adults reporting that their food didn't last and they had no money to buy more rose from 16.3% to 22.7%** (Boston Behavioral Risk Factor Surveillance System, 2019, 2023, 2023 Combined). Boston CHNA participants emphasized strengthening equitable access to nutrition programs such as SNAP, WIC, and the Healthy Incentives Program (HIP), noting that these policies not only improve food access but also support economic stability for households. Participants also underscored the need to invest in climate-resilient food systems to protect and sustain healthy food access in the long term.

Strategies in this priority area focus on protecting and expanding access to nutrition assistance, increasing the availability of healthy food across neighborhoods, strengthening cross-sector and community-led partnerships, and building on opportunities to leverage food security data to guide action. Together, these efforts seek to better align policy, systems, and community-based action to strengthen Boston's food system and support access to affordable, culturally relevant, and nutritious food that promotes health, dignity, and long-term stability for all Boston residents.

Priority Area: Access to Affordable and Healthy Food

Objectives and Strategies



Objective 1

Protect and increase dignified access to nutrition assistance programs to reach more populations in need.

- A. Identify barriers and advance policy and systems changes that maintain or expand equitable access to nutritional programs such as SNAP, WIC, and participation in universal free school meals.
- B. Expand and strengthen efforts to increase enrollment in nutrition assistance programs and participation in universal school meals through culturally relevant, accessible, and dignified pathways.

Objective 2

Increase the number of places and times people can obtain nutritious food.

- A. Strengthen outreach and communication about food access resources across sectors and through diverse communication methods.
- B. Support community health workers, patient navigators, and other frontline staff in helping residents connect with nutrition resources and related wraparound supports.
- C. Collaborate with city, state, nonprofit partners and community members to identify underserved areas and support efforts to expand the reach of SNAP and Healthy Incentives Program (HIP)-authorized retailers, mobile markets, and pop-up food access points.
- D. Strengthen and sustain Food as Medicine programs, including produce prescriptions, food pharmacies, and medically tailored meals, through collaboration across community organizations, health care partners, and public health to improve coordination, accessibility, and equitable health outcomes.
- E. Improve city-wide coordination for food storage, distribution, and logistics by leveraging community food networks.

Objective 3

Strengthen cross-sector community partnerships and engage in existing state-level coalitions to advance a sustainable and nutritious food system.

- A. Identify and actively engage in local and state coalitions and networks that focus on food access, nutrition equity, and sustainable food systems to strengthen collective impact.
- B. Support community-led initiatives that integrate food access with environmental sustainability.

Objective 4

Enhance the collection, use and coordination of food security data and metrics in Boston to inform equitable and community-driven solutions.

- A. Collaborate across sectors to collect and leverage Social Determinant of Health screening data.
- B. Partner with organizations and residents to collect and analyze food security data to align measures, share findings, elevate community insights and identify trends that inform equitable, coordinated action.



ACCESS TO CARE

Goal: Everyone has access to welcoming, supportive, connected, affordable health and mental health care when and where they need it.

Key Themes: Community-provided care and navigation, access to health coverage and wraparound supports, provider capacity-building and training, care coordination

Why this matters

“Fostering community based and community led programming... The community in Boston is ready to serve and support one another.” – Sector Focus Group, 2025 Boston CHNA

Access to health care is essential for staying healthy, preventing disease, and detecting illnesses early through regular check ups and screenings. The Boston CHNA process underscored that Boston has a strong health infrastructure, high levels of health coverage, and a robust network of community health centers and organizations that support residents in navigating and accessing care. The majority (97%) of Boston residents report having health coverage and 80% report having a primary care provider. These high levels of coverage and primary care connection are important assets that help support residents' ability to stay healthy. Community members emphasized the importance of building on these assets as a way to improve access, strengthen care navigation, and ensure that services are culturally responsive and grounded in community needs.

Yet, despite these strengths, not everyone can access affordable care when and where they need it. CHNA participants highlighted persistent challenges including complex or confusing medical bills, managing out-of-pocket costs, or difficulties maintaining health coverage. Access to mental health services and substance use treatment remain especially challenging, with long wait times and limited availability. Among respondents in the 2024 Boston CHNA Survey, only 30.5% reported always being able to get the mental health care they needed in the past 12 months.

Maintaining health coverage and strengthening access to affordable, timely, and welcoming care were identified as key priorities essential to ensuring that all Boston residents can benefit fully from the city's strong health infrastructure and achieve their best possible health.

Objectives and Strategies

Increase supports that make it easier for residents to access and navigate health care, while reducing administrative burden.

- A. Strengthen and coordinate patient navigation programs in clinical and community settings to improve access to coverage, transportation, and social services.
- B. Strengthen partnerships between schools, families, health resource centers, and school-based health centers to increase awareness and use of preventive and primary care services.
- C. Increase outreach and education about public and subsidized health insurance and support residents to apply for coverage and navigate plan eligibility and selection, in partnership with trusted community channels to prevent gaps in coverage.
- D. Provide health literacy workshops that educate and empower residents to better understand and navigate health and mental health care coverage and the health system to make informed decisions about their health.

Expand equitable access to preventive and primary care services through community-based, data-driven approaches.

- A. Expand culturally appropriate delivery of mobile health care services in neighborhoods that are disproportionately impacted by health inequities.
- B. Advocate for sustained investment in community-based care infrastructure to ensure accessible and equitable services. 
- C. Increase screening rates for cancer and chronic diseases in leading areas of mortality through evidence-based, data-driven interventions. .

Increase and integrate comprehensive community-led mental health and substance use models.

- A. Build community capacity to respond to mental and behavioral health needs by expanding access to task sharing approaches and related trainings, and by identifying gaps in training resources.
- B. Increase access to mental health screenings in community settings by partnering with mobile health providers, community health centers, and trusted local organizations to offer low-barrier, culturally responsive screening and referral services.
- C. Strengthen cross-sector coordination among outreach teams, treatment providers, housing partners, and community-based organizations to improve wraparound services and continuity of care for individuals with substance use disorder, especially those experiencing homelessness.



HOUSING

Goal: Everyone in Boston has a home that brings peace of mind and ability to thrive.

Key Themes: Affordability and Safety, Displacement, Climate Resilience, Homeownership

Why this matters

“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, 2025 Boston CHNA

Health starts at home. Where we live shapes every part of our lives – from the air we breathe to the stress we carry. Research shows that housing instability and poor housing conditions (including the presence of mold, lead, and overcrowding) can contribute to negative physical and mental health outcomes. The 2025 Boston Community Health Needs Assessment (CHNA) highlights that people experiencing housing instability and homelessness face serious health risks and significant barriers to managing physical and behavioral health conditions due to the lack of stable housing. Access to affordable, safe, healthy housing is foundational to healthy, thriving communities.

Access to affordable, safe, and healthy housing emerged as a top priority for Boston residents through the CHNA process. Participants in the Boston CHNA Survey ranked housing quality and affordability as the most important factor for improving community health and as the top concern impacting their community’s health. Quantitative data also underscores this urgency; data analyzed for the 2025 CHNA showed that more than half of Boston residents (50.2%) and 71% of low-income families are cost burdened, spending more than 30% of their household income on housing.²

The strategies in this Community Health Improvement Plan (CHIP) focus on improving housing conditions and strengthening housing stability by expanding access to affordable, safe, and healthy housing and preventing displacement. By aligning housing, health, and community-based efforts, these strategies aim to reduce housing-related stress, support economic mobility, and create pathways to long-term stability, including opportunities for wealth-building and homeownership. Together, these efforts support residents in remaining housed and rooted in their communities and advance healthier neighborhoods across Boston.

Priority Area: Housing

Objectives and Strategies



Policy Action

Strengthen pathways to, and protection of, homeownership to support housing stability and economic mobility, and to prevent displacement.

Objective 1

- A. Improve pathways to stable homeownership by coordinating and promoting accessible, multilingual housing resources, including rights education and information on homeownership and affordable rental programs.
- B. Sustain and expand homeownership and tenant rights education by partnering with local economic mobility programs to increase housing stability and wealth-building opportunities.

Increase resources for the preservation and production of housing stock that is affordable, healthy, and safe.

Objective 2

- A. Identify and advocate for mechanisms that moderate rent increases and support landlords in maintaining affordable rental options. 
- B. Continue to invest in and sustain cross-sector partnerships that reduce displacement and preserve affordability.
- C. Strengthen cross-sector coalitions that advocate for improved housing quality and safety across Boston and neighboring communities.
- D. Advance healthy housing initiatives that address asthma and other housing-related health conditions through provider education, home-based education, case management, and environmental remediation supports.

Increase resources and supports to preserve and improve housing conditions that are healthy, safe, and resilient to climate impacts.

Objective 3

- A. Support efforts to connect small and mid-sized landlords to existing funding and technical assistance that support climate-resilient, healthy housing improvements.
- B. Sustain housing and energy initiatives (weatherization, efficiency improvements, clean-energy credit programs) for low- and moderate-income residents.

Increase the number of residents who access existing programs and services that support housing stability and safety.

Objective 4

- A. Invest in flexible cash assistance, training, tenant engagement, and advocacy to reduce the number of low and moderate income families experiencing housing insecurity or homelessness.
- B. Strengthen cross-sector coordination and mobilization of financial supports, housing resources, and social services that improve housing stability for residents.
- C. Advocate for increased resources that expand access to low-barrier housing, shelter, and stabilization supports. 

THE WORK AHEAD: IMPLEMENTATION, CONTINUOUS MONITORING, AND IMPROVEMENT

Across Boston, community members, organizations, health systems, and city agencies share a common goal: creating and supporting the conditions for every resident to live a long, healthy, and thriving life. Through the CHIP process, community partners consistently emphasized the importance of working together through aligning efforts, building trust, and coordinating action across neighborhoods and sectors. This collective action approach is central to how the Boston Community Health Collaborative will advance the CHIP's vision across the city.

To support this work, the Boston Community Health Collaborative will bring partners together regularly to learn from one another and put shared goals to action. Subcommittees made up of CHIP Implementation and Community Partners will meet throughout the year to coordinate activities, develop shared approaches, and track progress.

Each year, the Collaborative will review progress and assess where strategies may need to evolve. Community insights, new data, and changing needs will guide updates to ensure the CHIP remains a living plan that responds to Boston's realities. The strategies in this plan build on the strengths and assets of organizations and communities across the city—recognizing that many efforts are already underway and that meaningful change happens when we link and strengthen what is working.

By staying connected, aligning our efforts, and lifting up community leadership, Boston can make measurable, lasting progress toward healthier futures for all.



Community Organizations and Representatives

YMCA of Greater Boston

Kathryn Saunders

Urban Edge

Emilio Dorcely

Madison Park Development Corporation

Intiya Ambrogi-Isaza

Community Representatives

Ricky Guerra

Vivien Morris

Health Systems

Beth Israel Lahey Health

Nancy Kasen

Beth Israel Deaconess Medical Center and New England Baptist Hospital

Boston Medical Center

Thea James

Boston Children's Hospital

Shari Nethersole

Dana-Farber Cancer Institute

Magnolia Contreras*

Mass General Brigham

Tracy Sylven and Tavinder Phull

Brigham and Women's Faulkner Hospital, Brigham and Women's Hospital, Massachusetts General Hospital, Massachusetts Eye and Ear

Tufts Medicine

Sherry Dong, Tufts Medical Center

Community Health Centers

Fenway Health

Adrianna Boulin

NeighborHealth

Mimi Gardner

Massachusetts League of Community Health Centers

Mary Ellen McIntyre*

Public Health

Catherine Fine

Krystal Garcia

*Indicates Co-Chair of Steering Committee



Boston Community Health Collaborative Steering Committee members meet to review 2025 Boston CHNA Data to inform planning.

ECONOMIC MOBILITY AND OPPORTUNITY	HOUSING	ACCESS TO AFFORDABLE AND HEALTHY FOOD	ACCESS TO CARE
<ul style="list-style-type: none"> Percent of Child Poverty Early Child Care and Education Supply and Demand Share of adults ages 25 to 54 who are employed Median Household Income High School Graduation Rate 	<ul style="list-style-type: none"> Housing Cost Burden Eviction Filing and Execution Rates Residential Displacement Risk Percent of households living in overcrowded conditions Homeownership Rate 	<ul style="list-style-type: none"> Percent of households experiencing food insecurity in the past year Participation rate in SNAP among eligible households Charitable Local Food Assistance Program Use Trends Percent of adults consuming sugar-sweetened beverages more than once a day Percent of youth consuming fruits/vegetables per week Percent of residents in high-poverty census tracts with low access to food resources Percent of residents living in neighborhoods with limited access to healthy food and a high density of unhealthy options 	<ul style="list-style-type: none"> Percent of adults with health coverage Uninsured count and rate Percent of adults with a usual source of care Percent of adults with a gap in health coverage over the last 12 months Percent of residents living in neighborhoods with limited or low pharmacy availability Percent of residents living with medical debt Percent of adults reporting delayed care or medical bill hardship due to cost Substance Use Treatment Total Admissions Rates Percent of Adults Reporting Having Someone They Could Count On Percent Youth Reporting That They Mostly Always Get the Kind of Help They Need

PRIORITIZATION CRITERIA DEFINITIONS	
Burden/ Impact	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Will addressing this issue substantially benefit those most in need?• Does this issue address the root causes of inequities?
Feasibility	<ul style="list-style-type: none">• Is it possible to take steps to address this issue given current infrastructure, capacity, and political will?
Collaboration/ Engagement	<ul style="list-style-type: none">• 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 CHNA data)
Urgency/ Opportunity Costs	<ul style="list-style-type: none">• Does this issue require immediate action?• Will not acting on it now negatively impact the ability to act on it later?



Source: Planning Process, HRiA

CHIP Planning Sessions

Following the multi-part prioritization process described in the report, forty (40) Steering Committee members and CHIP Community Partners were invited to participate in Planning Sessions to co-create the CHIP components. Participants represented a range of sectors including health care, academia, community-based organizations, and governmental agencies with experience and expertise relevant to the four priority areas. Two half-day in-person planning sessions were held on September 18, 2025 at the City Pavillion in Boston and September 25, 2025 at the Josephine A. Fiorentino Community Center in Allston. The sessions were structured in both large and small group formats to develop the CHIP components (goals, objectives, potential performance measures, strategies, and partners & resources). The sessions were facilitated by HRiA and included opportunities for cross-priority feedback and refinement of each of the core elements of the CHIP.

CHIP Report

Following the in-person planning sessions, HRiA consultants reviewed the draft output from the workgroups and edited the plan components for clarity and consistency across the plan. These components were shared electronically for a round of feedback in October where participants were asked to apply their subject matter expertise, knowledge and lived experience in providing feedback on the draft strategies developed for the objectives in each priority area of the CHIP. With HRiA's support, BPHC refined the final CHIP components, incorporating feedback as appropriate.

Appendix: References

1. As defined by the Health Resources in Action, Strategic Planning Department, 2013.
2. U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023. <https://www.census.gov/programs-surveys/acs/data.html>
3. Boston Public Health Commission (BPHC). Health Statistics. Boston Behavioral Risk Factor Surveillance System, 2019, 2021, and 2023 Combined



**TO LEARN MORE OR GET INVOLVED IN THE
BOSTON COMMUNITY HEALTH COLLABORATIVE:**

Email: bostonchna@bphc.org

Web: boston.gov/bphc-bostonchna



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