

# Behavioral Health for Black Elderly Bostonians: A Landscape Analysis

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GENED 1093



**Harvard College**  
**Program in General Education**  
Explore. Expand. Engage.



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# Background

# Motivation



There is an **urgent need** to address disparities in Black elderly Bostonian populations' access to mental health services.

To do so, we need to understand what mental health resources are **currently available** to Black elderly Bostonians, and where the **gaps** are.



## Landscape analysis



# Project Description

## Elder Health Care Disparities Coalition (EHCDC):



### Mission

The mission of the Elder Health Care Disparities Coalition (EHCDC) is to achieve the highest quality of life for Elders of African descent through educational forums and informational programs to enhance their mind, body, spirit and economic security in Metropolitan Boston.

### Organization Summary

Elder Health Care Disparities Coalition (EHCDC) is a 501(c)(3) non-profit organization established in 2002. EHCDC is addressing Isolation and access to healthcare services in its post pandemic programming focus. Its mantra is *Information for Action* which it presents through expert partnerships in the health care, academic, community and other sectors. These responses are focused on the concerns expressed by the Coalition Associates.

**Ronald H. Lammy, President/CEO**

# Project Description

**Goal:** Conduct a full **landscape analysis** of the current range of **mental and behavioral health resources** available to **Black Bostonians**, particularly **elders**

1. Identify behavioral health resources serving **Black** Bostonians **aged 55+**

- Investigate specific **proportions** of patients served that are Black and elderly

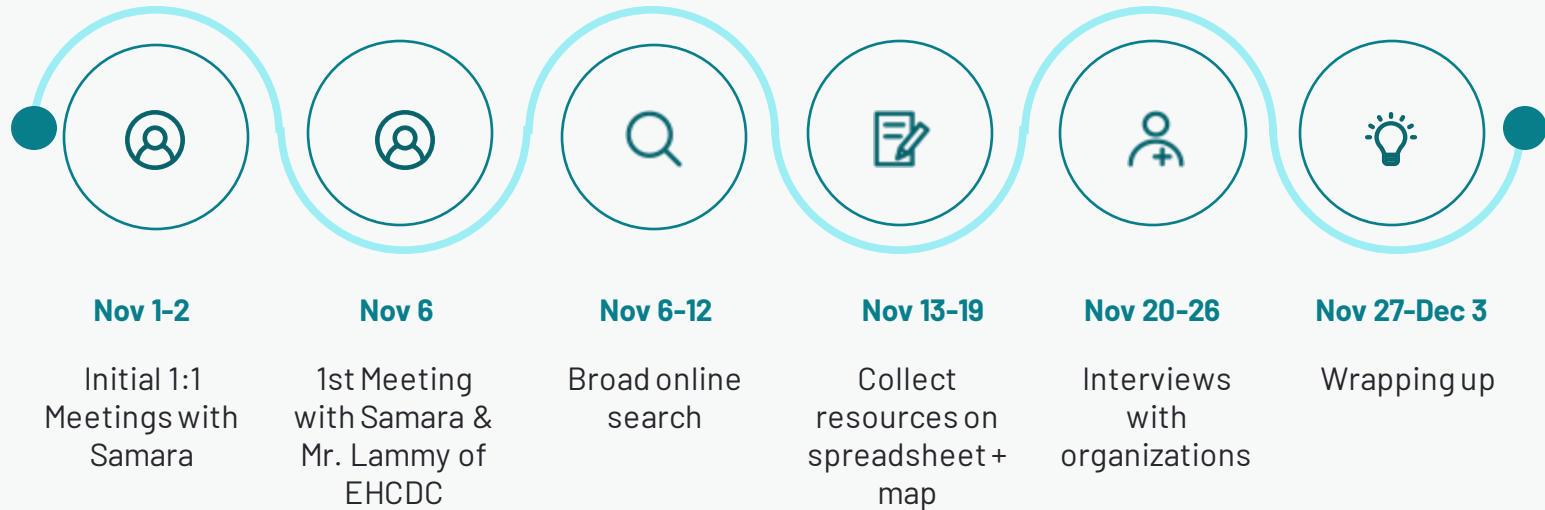
2. Look for **gaps** in available services

- Who is not being served by existing resources?

02

# Methods

# Landscape Analysis Timeline



\*Weekly meetings with Samara + Mr. Lammy



# Broad Online Search

Started with organizations that compiled resources specific to elderly and specific to Black populations in Boston (Age Strong Commission, etc.)

Looked at Medicaid providers and geriatric psychology providers to see where clinical care is provided

Expanded search to include behavioral health resources that is provided in conjunction with housing or home care services

# Interviews Conducted

- **Virginia Pratt**, Elderly Mental Health Outreach Team (EMHOT), Ethos
- **Cassie Cramer**, Project Director, Older Adult Behavioral Health Network, MAMH
- **Julie Burkley**, Director of Programs, FriendshipWorks
- **(Email) Wolk Center for Memory Health**, Hebrew Senior Life

03

# Findings

# Notable Disparities in Mental Health Care for Black Bostonians

25.9%

Of **Black** Boston adults said they **could not count on anyone** to provide them with **emotional support** (compared to **9.6%** of white adults)

67.4%

Of **Black** Boston adults reported they would **seek therapy** during an emotional crisis (compared to **79.7%** of white adults)

66%

Of Boston adults age 65+ reported they would **seek therapy** during an emotional crisis (compared to **78.4%** of adults aged 25–44)

In 2021, Black Bostonians had a **74.1% higher rate of ED visits** per 10,000 residents for any mental health disorder compared to White Bostonians

The number of mental health providers is **insufficient**, despite the need

3.9%

Of **geriatric psychiatrists** in the U.S. are **Black**

38

**Geriatric psychiatrists** in MA (December 2018)

1.2M

Massachusetts residents aged 65+ (2020)

**32,000**

Elderly people served by 1 psychiatrist in MA, on average

Difficult to find Boston-specific numbers, up-to-date data is lacking

18%

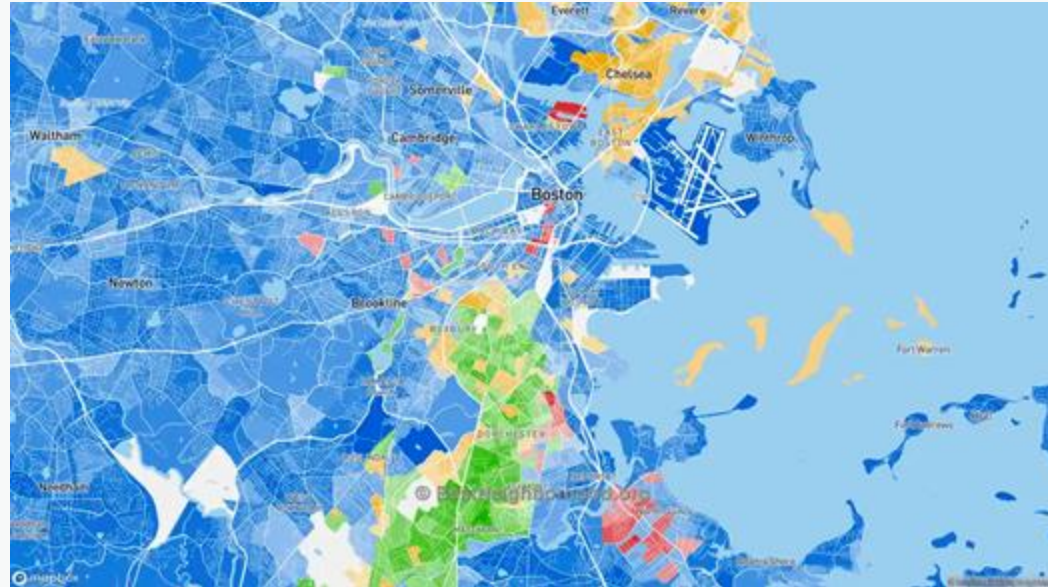
People **aged 60+** in **Boston** (2022)

25%

Of Boston seniors are **Black** (2018)

# Persistent Sadness Among Adults by Neighborhood in Descending Order

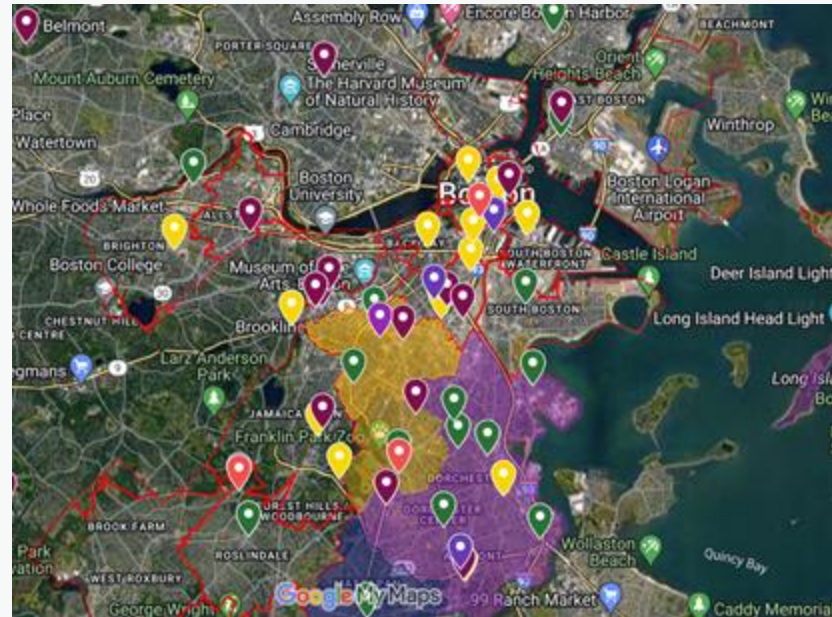
Charlestown, 02129
<b>Mattapan, 02126</b>
Allston/Brighton, 02134, 02135, 02163
<b>Roxbury, 02119, 02120</b>
<b>Dorchester, 02122, 02124</b>
Roslindale, 02131
East Boston, 02128
<b>Dorchester, 02121, 02125</b>
Hyde Park, 02136
South End, 02111, 02118
Jamaica Plain, 02130
Fenway, 02115, 02215
South Boston, 02127, 02210
West Roxbury, 02132
Back Bay, Downtown, Beacon Hill, North End, West End, 02108-02110, 02113-02114, 02116, 02199



\*Green areas = majority race Black

## Available Services: Overall

- **58** services with physical locations in Boston
- Types:
  - Community health centers,
  - Behavioral health / substance abuse clinics/hospitals
  - Non-clinical services,
  - Senior homes
  - Other clinical services



## Available Services by Area

Mattapan's services offering are lower:  
**Smaller area/web search limits**

- **Focused** on zip codes
  - 02126 - Mattapan (83.9% Black or African American)
  - 02124, 02125, 02122 - Dorchester (58.9% Black or African American)
  - 02121, 02119, 02120- Roxbury (70.5% Black or African American)
- **Mattapan**
  - **1** community health center
- **Dorchester**
  - **6** community health centers
  - **2** other clinical services
  - **1** behavioral/substance use clinic
- **Roxbury**
  - **3** community health centers
  - **1** behavioral/substance use clinic
  - **1** non clinical service



## 3 Entry Points for Elder Services in Boston

**1**

### **Central Boston Elder Services**

2315 Washington St, Boston, MA 02119

**2**

### **Boston Senior Home Care**

89 South St Suite #501, Boston, MA 02111

**3**

### **Ethos**

555 Amory Street, Jamaica Plain, MA 02130

# Demographic Breakdown of EMHOT Clients

8.9%

of residents in those cities and towns that EMHOTs serve were Black

before Oct 2022

9.6%

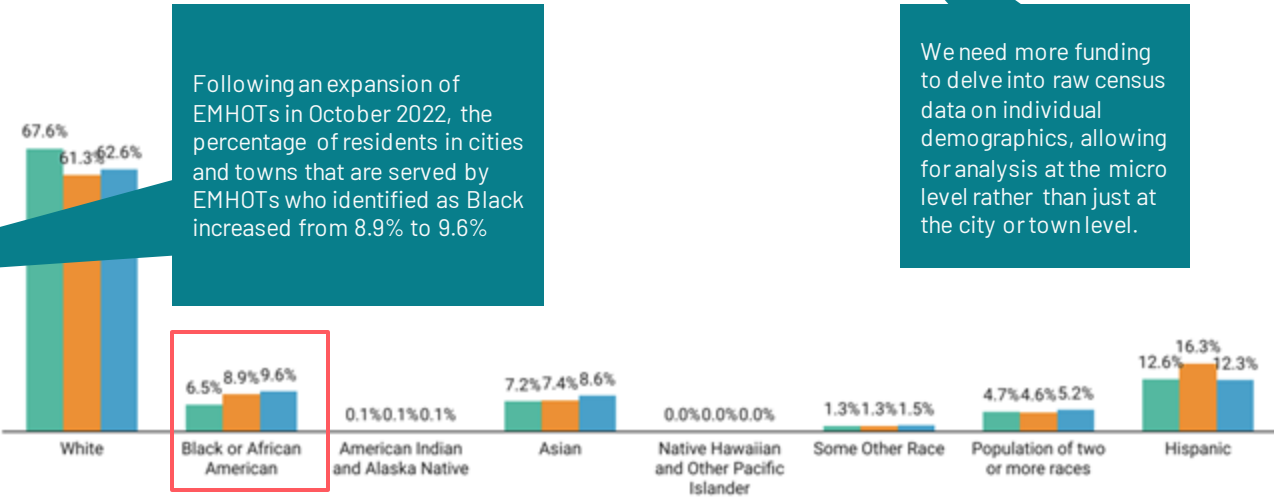
of residents in those cities and towns that EMHOTs serve were Black

after Oct 2022

## Race and Ethnicity of Adults (18 Years or Older) of All Cities and Towns in Massachusetts Compared to the Race and Ethnicity of Cities and Towns Served by EMHOTs

Data Source: Census Bureau 2020 Data

■ All Cities and Towns in MA ■ Cities and Towns Served by EMHOTs (Pre-October 2022) ■ Cities and Towns Served by EMHOTs (October 2022)



Following an expansion of EMHOTs in October 2022, the percentage of residents in cities and towns that are served by EMHOTs who identified as Black increased from 8.9% to 9.6%

We need more funding to delve into raw census data on individual demographics, allowing for analysis at the micro level rather than just at the city or town level.

Fig 1 Source: Lina Stoylar, Senior Policy and Program Research Associate at MAMH

# Gaps in the Existing Landscape

In total **3.7% of people** under 65 are uninsured. This means that most elderly patients are connected with insurance but struggle with accessibility (2017-2021)

**18,000 seniors (60+)**, live in “linguistically isolated” households in which all members age 14 and older have limited English proficiency (2014)

>16,000 Boston seniors live in households with annual incomes **under \$12,500**



## Overlooked by Established Medical Systems

Elderly Black people who are not already connected to established medical systems. Wariness of engaging with government programs/Language or cultural barrier ([2018](#))



## Barriers to Accessing Care

Lack of information, limited mobility, financial challenges, fragmentation and dispersion of medical institutions, lack of cultural humility



## Cultural / Age-Specific Humility

Very few geriatric mental health specialists, especially those that are able to serve Black populations



## Available Services

Lack of affordable home-based care, lack of options for those without stable housing

# What drives these gaps?



**Structural + Historical Racism**



**Internalized Stigma**

Other thoughts? Please put your ideas in the chat!

## Available resources are limited...

**Little demographic information** was available, potentially due to HIPAA privacy protections, a lack of information or data collected, or resource constraints in collecting and publicizing this information.

Available data relating to demographics of geriatric mental health specialists is **outdated** or **not publicly available**. More data must be collected.



04

Next Steps

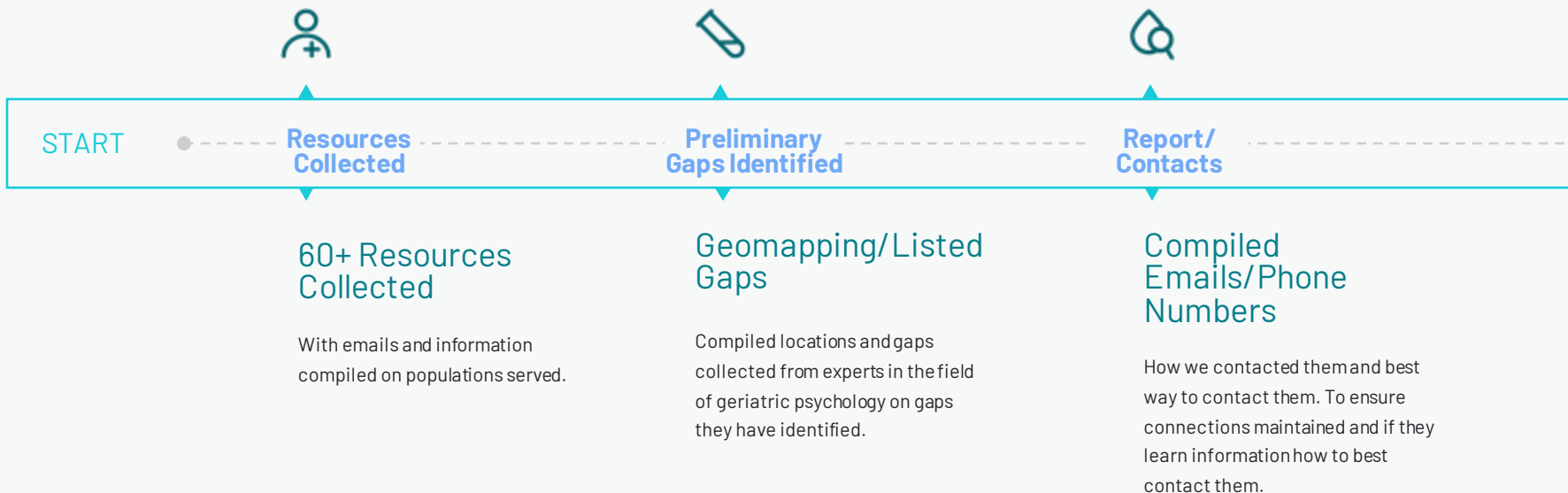
## DISCUSSION

# Limitations of our Methodology



- **Resources left out**
  - Organizations without capacity to respond/collect information
  - Organizations without web presence and connections with larger organizations
- **Verification of Populations Served**
  - Verbal verifications
  - Website analyzation

## Where did we leave off?





# What are the next steps?



Explore Landscape  
Further

## Community

More resources should be found and identified. More interviews with resources identified can help with getting specific sources that the internet does not reveal



Addressing  
Gaps

## Who is best equipped?

Gaps identified by us and in the future need to be addressed. Can services be offered to existing organizations to apply for grants on their behalf? Can programs be implemented to provide change



Conducting  
Regular Update

## Identifying Change

Demographics need to be collected systematically to gauge the landscape of behavioral health resources and their efficacy to ensure gaps are filled.

END

# Acknowledgements

Thank you...

- **Samara Grossman**, Director of Center for Behavioral Health and Wellness, Boston Public Health Commission
- **Ronald H. Lammy**, President/CEO of Elder Health Care Disparities Coalition
- Our interviewees
- **Dr. Susana Orrego Villegas**, Teaching Fellow, GENED 1093

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Thank you