Boston Community Health Collaborative Partner Network Meeting

Thursday, October 22nd, 2026
Anna Mae Cole Center, Jamaica Plain

BOSTON PUBLIC HEALTH COMMISSION | BOSTON COMMUNITY HEALTH COLLABORATIVE



Find Your CHIP Connections!

Which community health priorities are you working to support?

- Economic Mobility & Opportunity
- Healthy & Affordable Foods
- Housing
- Access to Care



Your Name

Your Organization

(example nametag)

1. **Pick a sticker** for each CHIP community priority area your work connects with.
2. **Add them to your nametag.**
3. **Meet someone new!** Build your CHIP network connections.

Meeting Agenda

Boston Community Health Collaborative Partner Network Meeting

- Welcome and Introductions
- Keynote Address, Dr. Bisola Ojikutu
- Recognition of Service, Dr. Thea James
- Community Health Briefing: Protecting Health Insurance Coverage in Boston
- Boston Community Health Collaborative Updates and Opportunities to Get Involved
- Community Health Improvement Plan (CHIP) in Action
- Networking Activity and Wrap Up

Our Vision and Mission

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.

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.

Keynote Address

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



Commitment to Close Life Expectancy Gaps by Place and by Race by 2035
And
Improve Quality of Life for All

Lead with data

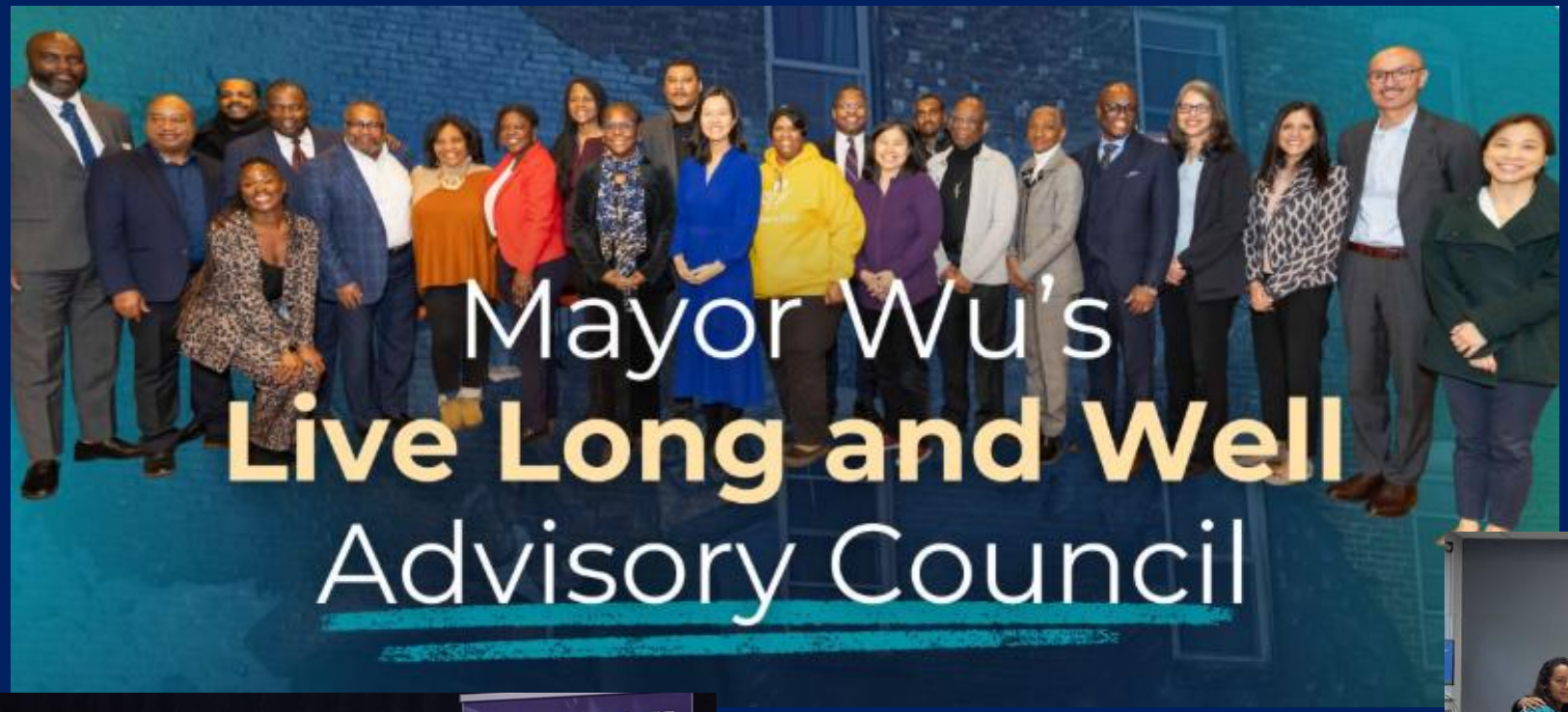
Focus on social drivers of health and systems change

Support place-based strategies to address local needs

Share decision-making power with communities

Invest collaboratively

Strengthen partnerships and establish shared goals


Mayor Wu's
Live Long and Well
Advisory Council




Advancing Health Equity in Partnership with Community:
Innovations, Insights, and Impact


BOSTON
PUBLIC
HEALTH



Today's FOUR Partnership ASKs

❖**Consider** how your organization's priorities and investments connect with the **CHIP** and ***Live Long and Well***.

❖**Identify** where your work advances shared community priorities and where closer coordination could add value.

❖**Participate** in BCHC work groups, connect with neighborhood coalitions, and coordinate resources, knowledge, and investment around common goals

❖**Look beyond** the outcomes of your individual programs to understand the impact of our shared work

BOSTON PUBLIC HEALTH COMMISSION

Boston Public Health Commission is giving

$3.3 million

to support community health centers.

As a result of federal laws thousands of MA residents risk losing health insurance coverage. BPHC's investment will help CHCs continue to care for them.



Black Men's Health Initiative RFP

$1,000,000

Deadline to apply: Friday, October 30th

- $1,000,000 annually to qualified organizations working to address health inequities affecting Black men

- BPHC anticipates awarding **up to four** qualified vendors, with each selected organization eligible to receive **up to $250,000** for the one-year performance period of March 1, 2027, through February 28, 2028.

- BPHC seeks proposals that align with cross-cutting priority themes identified through community engagement and the Black Men's Health Activation Summit:

    - Strengthening Systems, Equity, Access, and Economic Mobility
    - Advancing Prevention, Wellness, and Holistic Health
    - Centering "Behavior & Health" in Behavioral Health
    - Building Community, Strengthening Connection, and Mobilizing Collective Action



LLW Strategy: Population-based Investments

SPHERE Partnership Update

SPHERE: Strengthening Public Health-Academic Partnerships for Education, Research and Equity

Model: Local institutions working together to improve health outcomes, innovation and train future public health leaders

Partners: 30+ institutions with shared interests in advancing health equity, engagement and empowerment.

- ***Inaugural Boston Public Health Commission Grand Rounds 10/29/26***





Recognizing the Leadership and Service of

Dr. Thea James

Vice President of Mission and Associate Chief Medical Officer at Boston Medical Center;
Founding BCHC Steering Committee Member

With gratitude for her extraordinary commitment to advancing health equity and building community power in Boston.



“When you see data that shows a poor outcome, traditionally what you’re taught is to go into a room and try to solve the problem with the experts,” she said. “But you can’t solve the problem without the subjects of the data being in the conversation.”

- Boston Globe 2024

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- Boston Globe 2024

"Engagement is the lowest hanging fruit on a path to trust and transformation."

- Tedx Talk 2020

BOSTON PUBLIC HEALTH COMMISSION

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- Boston Globe 2024

"Engagement is the lowest hanging fruit on a path to trust and transformation."

- Tedx Talk 2020

"We gather here today, not in spite of pressure, but because of it, because pressure reveals what matters."

- EQTY, 2025

BOSTON PUBLIC HEALTH COMMISSION

Community Health Briefing: Protecting Health Insurance Coverage

PJ McCann
Deputy Commissioner for Policy and Planning
Boston Public Health Commission

OB3 Impacts

- One Big Beautiful Bill Act (OB3), signed in July 2025, constitutes the largest cut to Medicaid in its history resulting in 10M newly uninsured nationally; Congressional Budget Office estimates cuts to Medicaid and CHIP of $990 billion over 10 years, fiscal impact to Massachusetts estimated at $3.5 billion annually
  - Medicaid eligibility changes, lost coverage, and shifting costs of care to safety net programs funded by state
  - Limitations on health plan taxes that fund vaccines and Medicaid
  - Limits on provider tax that funds safety net and safety net hospitals
  - Limits on payments to support hospitals, nursing facilities, academic medical centers
- Changes to Health Connector coverage, Medicare, and Supplemental Nutrition Assistance Program
- October 1, 2026: Eliminated eligibility for some immigration statuses (refugees, parolees, asylees, certain victims of abuse and trafficking)
- January 1, 2027: Community service/work requirements imposed on MassHealth members for first time, renewals required every six months
  - Requires documentation of 80 hours per month of work, training, education, community service, or a combination, or household income of $580 per month

Work Requirement Scope

Covered by Work Requirement	Not Covered by Work Requirement
• Adults 19-64 • Income eligible for MassHealth • 138% of federal poverty level, ~$22k/yr for an individual • No dependent children under age 14 • Not disabled • Not pregnant or less than 12 months postpartum	• Children under 19 • Enrolled in Medicare Part A or B • People with disabilities and caregivers • Medical frailty: serious medical condition that prevents member from working, requires individual determination • Parents and caregivers of children 13 and younger • Pregnant or within 12 months postpartum • People already meeting SNAP or TAFDC work requirements • Incarcerated and recently incarcerated

MassHealth Screener: www.mass.gov/masshealthmemberchanges

Impact on Boston Residents

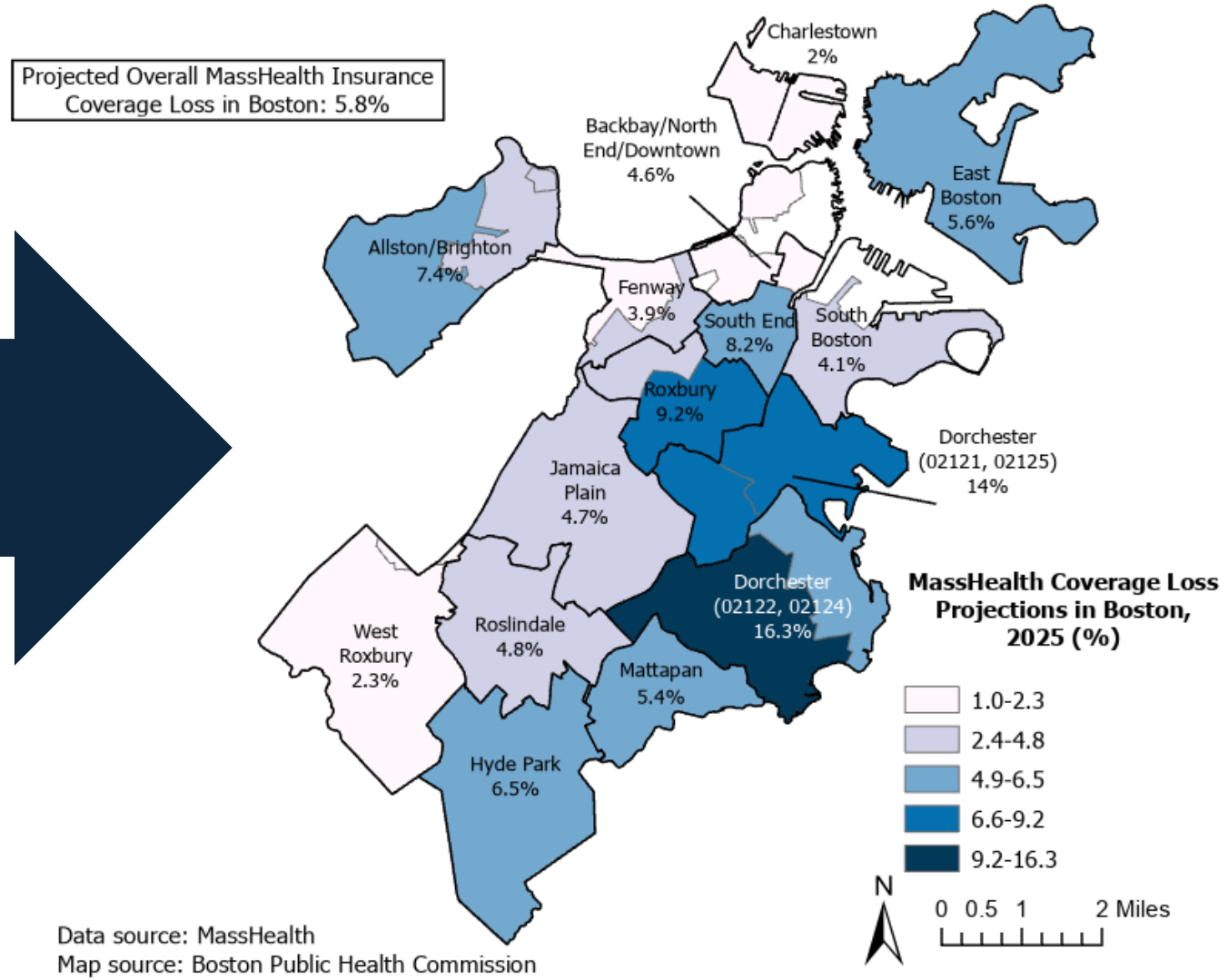
About **41%** of Boston residents (287,377) are currently **Mass Health enrollees**



MassHealth projects that **39,270** Boston residents are at risk of losing their benefits due to **work requirements alone**

Projections provided by MassHealth, revised September 2026

Zip codes with the highest projected numbers of impacted residents are in Dorchester, Roxbury, and the South End



Strategies for Mitigating Coverage Loss

1. Strengthening screening, eligibility verification, enrollment assistance, and case management for complex cases through Mayor's Health Line
2. Training community partners to build capacity to inform and refer residents
3. Convening and coordinating response across City agencies and partners serving at-risk residents
4. Increasing focused, neighborhood-based outreach and hosting community enrollment events
5. Developing multilingual, plain-language materials that explain complex changes in accessible terms; disseminating through a broad range of media platforms and audiences
6. Funding health centers to support keeping people connected to care
7. Leveraging new and existing data to drive outreach and policy
8. Advocating for policy change to reduce and mitigate impact

How Residents Connect with MHL

617-534-5050
Mon-Fri, 9am-5pm
1010 Massachusetts Ave. 2nd Floor
Boston, MA 02118
mayorshealthline@bphc.org
Boston.gov/mayors-health-line

- Appointments preferred, walk-ins welcome.
- Assistance over the phone and virtually.
- Staff speak English, Spanish, Cape Verdean Creole, Haitian Creole and Portuguese. MHL has access to the language line for additional languages.



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Other Resources for Boston Residents

Enrollment Assistors at hospitals, health centers, and community-based organizations across the city: https://my.mahealthconnector.org/enrollment-assisters

City of Boston Age Strong Advocates are Certified Application Counselors (CACs) and SHINE counselors who help Boston residents 55+ navigate MassHealth, Medicare, and other benefits by phone at 617-635-4366

- **MassHealth and Health Care For All supported outreach partners**:
  - ACEDONE
  - Agencia Alpha
  - Brazilian Workers Center
  - Chinese Progressive Association
  - IFSI
  - La Alianza Hispana
  - Next Leadership Development
  - St. Francis House
  - ABCD
  - True Alliance Center, Inc.
  - Disability Policy Consortium
  - Mass Senior Action Council
  - Brazilian Women's Group
  - Authentic Caribbean Foundation

BOSTON PUBLIC HEALTH COMMISSION

- 5 Minute Break -

Support the Massachusetts Community Health Equity Survey





Let's create the future we want

Take the survey

When you take the MA Community Health Equity Survey, your experiences and ideas help guide decisions about your community. The survey is available in 11 languages, easy to take, and anonymous.

Take the survey now at mass.gov/HealthSurvey

DPH This survey is part of the Community Health Equity Initiative of the Massachusetts Department of Public Health

CH601-EN

Community Health Improvement Plan (CHIP) Updates

Where we are, and where we are headed

Tibrine da Fonseca
Project Director – Community Health Assessment and Improvement Planning
Boston Public Health Commission

Boston Community Health Collaborative

Multi-sector collaborative of Boston health institutions, community organizations, residents, and the Boston Public Health Commission working to improve the health of Bostonians through aligning community health assessment and improvement planning efforts.

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.

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.

Leadership:

Beth Israel Lahey Health

Beth Israel Deaconess Medical Center

Boston Children's Hospital

Boston Medical Center

Community Residents, Vivien Morris and Ricky Guerra

Dana-Farber Cancer Institute

Fenway Health

Madison Park Development Corporation

Mass General Brigham

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

Massachusetts League of Community Health Centers

NeighborHealth

South Boston Community Health Center

Tufts Medical Center

Urban Edge

YMCA of Greater Boston

Central Coordinator: Boston Public Health Commission

WHAT MAKES A HEALTHY AND THRIVING BOSTON?

Boston CHNA Data Sources



Community Health Survey

Open to all residents of Boston age 14 and up.

Surveillance and Place-Based Secondary Health Data

Available local, state, and federal data that monitors disease trends, self-reported health outcomes, census data, etc.

Key Informant Interviews

Discussions with Systems Experts and Community Leaders

Complementary Assessment and Report Review

Literature review of assessments and reports with community engagement components conducted within last two years.

Focus Groups

Group Discussion with population cohorts with a higher burden of health inequities and with organizational partners in key sectors (housing, economic mobility, climate justice, community health workers, mental and behavioral health).

Data Partnerships

Partnerships with city departments conducting community assessment processes to share high-level findings with one another.

BOSTON PUBLIC HEALTH COMMISSION | BOSTON COMMUNITY HEALTH COLLABORATIVE

Boston Community Health Collaborative Community Outreach

Fall 2024 – Spring 2025

- Collected **1,866** Community Priority Survey Responses
- Hosted **13** Focus Groups Engaging 90 Residents and Org Partners
- Over **40** Community Events Attended

Spring 2025

- Hosted **1 Public Webinar** of CHNA Findings
- Hosted **1 Webinar** to BPHC Staff
- Hosted **1 Community Prioritization Meeting**

Summer 2025

- **6 Community Data Walks** of CHNA Data (local libraries, health centers, community partner events)
- CHIP Planning Launch

Fall 2025

- **Over 60** organizational partners and public health practitioners provided input on CHIP strategies











What is the CHIP & Why It Matters

- A 3-year **community-driven roadmap** aligning cross-sector partners around shared health priorities.
- Builds directly from the 2025 CHNA, grounding CHIP in **community voice and data.**
- Focuses on **community-identified priorities,** and structural drivers of health inequities.
- **Supports coordination** across organizations, identify opportunities for deeper collaboration.

Framework for Action

Informs development of community health plans, policies, and coordinated actions

Shared Priorities

Advance Policies and Systems Change

Guide funders and community partners in aligning resources

Promote a Health in All Policies Approach

CHIP PRIORITY AREAS

Access to Healthy and Affordable Foods

Advancing a coordinated food system and stable nutrition supports



Access to Care

Strengthening pathways to care, coverage, community support

Housing

Increasing Access to Safe, Stable, Healthy Affordable Homes

Economic Mobility & Opportunity

Supporting Pathways to stability, good jobs, and wealth-building

BOSTON COMMUNITY HEALTH IMPROVEMENT PLAN FRAMEWORK

Vision

Supporting healthy, thriving communities and addressing disparities that contribute to life expectancy gaps.
Aligned with Live Long and Well Agenda

Priority Areas

Economic Mobility & Opportunity	Access to Care	Healthy & Affordable Foods	Housing
Key Community-Identified Themes			
Workforce Development	Community-provided care and navigation	Access to SNAP and the SNAP Gap	Affordability and Safety
Educational attainment and career pathways	Access to health coverage and wraparound supports	Sustainable, resilient local food systems	Displacement
Access to Early Childcare	Provider capacity-building and training	Expanding access to affordable, healthy foods	Climate Resilience
	Care Coordination		Homeownership

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Opportunities to CHIP In!

How organizations can contribute to CHIP planning & action for healthier, thriving communities.

- **Align Programs –** Consider aligning programs, grant applications, and collaborations with CHIP priorities and strategies.
- **Collaborate with Partners –** Consider joining a CHIP priority area work group to plan together with cross-sector partners and highlight ways that your organization is contributing to strategies.
- **Identify Gaps –** Help identify gaps or areas where additional collaboration and resources are needed.
- **Support Collective Impact –** Identify opportunities to align on measurement of impact metrics, to demonstrate collective impact.





Get Involved! CHIP Work Groups



Economic Mobility & Opportunity - Small Business & Entrepreneurship

3rd Monday of the Month at 12pm (virtual)
Next meeting on Monday, November 16th from 12pm - 1pm



Access to Care - Screening and Outreach

3rd Wednesday of the Month at 12pm (virtual)
Next meeting on Wednesday, November 18th from 9:30am - 11am



Access to Care - Community-Based Mental Health Care

3rd Wednesday of the Month at 9:30am (virtual)
Next meeting on Wednesday, November 18th from 9:30am - 11am



Housing

3rd Thursday of every other month at 12pm (virtual)
Next meeting on November 19th from 12pm - 1pm



Access to Healthy and Affordable Foods

Boston Food and Nutrition Security Data Learning Collaborative
Not Yet Launched

Interested in Learning More?

Take the CHIP Partner Interest Survey!

Contact bostonchna@bphc.org

Read our reports at https://boston.gov/bphc-bostonchna

The CHIP in Action

Sharing Session


Dana-Farber Cancer Institute
Mammography Van






WE CAN
MAKE
SNAP




Every Child Shines


THE FAMILY VAN
SERVICES


PROTECT SNAP
PROTECT FAMILIES
PREVENT HUNGER
SNAP SAVES LIVES
SNAP SAVES LIVES


bps_eats
Boston Public Schools
Instagram
bps_eats WE LOVE SCHOOL FOOD
#FreeMeals #EatWithUs #Food&NutritionServices




Families
Children
Joy
Hope
Large
Respect
Engagement
Safety
Leadership
Empowerment
Connection
Power
Advocacy
Family
Community
Connection
Flexibility
Rest as S.T.
Enthusiasm




LOAD
LAUNDRY N DRY
WWW.LOADZLAUNDRY.COM

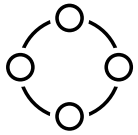

HEART
GIANT

CHIP In Action Share Out

- **CHNA/CHIP Alignment:** How has the data from the Boston CHNA and the strategies in the CHIP helped inform your work?

- **The CHIP in Action:** What initiative(s) are you most excited about, that are helping to advance community priorities?

CHIP In Action Share Out



Community Organizations

East Boston Social Centers

Jamaica Plain Neighborhood Development Center



Healthcare

Mass General Brigham

Fenway Health



City Government

Mayor’s Office of Economic Opportunity and Inclusion

Mayor’s Office of Housing Stability

The CHIP in Action

Mayor’s Office of Economic Opportunity and Inclusion

October 2026

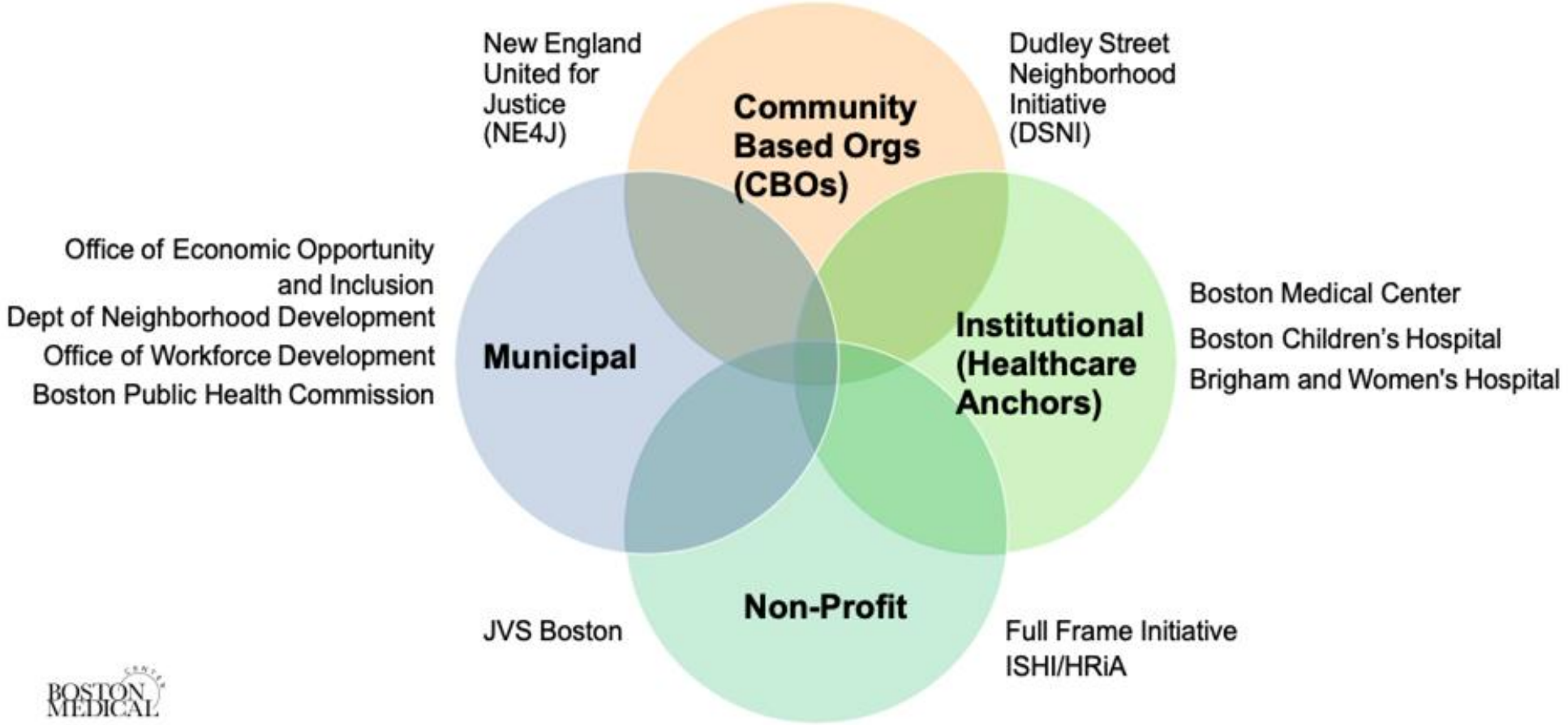
ECONOMIC STABILITY AS A HEALTH INTERVENTION

Advancing Small Business Stability & Economic Mobility

BOS COLLABORATIVE

Building the Foundation for Systems Change

BOS Collaborative represents an evolving movement that integrates multiple partners across different sectors & scales to best suit the needs of the community



BOSTON MEDICAL

SHARED PRIORITIES

Ownership Of Space

Asset Building

Small Business Preservation

CHIP IN ACTION | ECONOMIC MOBILITY & OPPORTUNITY

Strengthening Businesses Can Improve the Economic Conditions that Shape Health

Priority Area: Economic Mobility & Opportunity

Objective 2

A. Cross-sector partnerships for place-based economic mobility
C. Data sharing, shared measurement & community voice

Objective 3

A. Coordinated access to capital & business support
B. Financial coaching, planning & training

BOSTON PUBLIC HEALTH COMMISSION
BOSTON COMMUNITY HEALTH COLLABORATIVE

PEOPLE

Stable businesses support

Jobs | Wages | Careers

Household Security

- income stability
- financial resilience
- transferable asset building

PLACE

Stable businesses help keep economic activity rooted in neighborhoods

Jobs | Spending | Services | Safety

Stronger Neighborhood Economic Conditions

Neighborhood socioeconomic conditions are associated with health and longevity.

Sources: Boston Community Health Collaborative (BCHC). Boston Community Health Improvement Plan (CHIP), 2025–2028, p. 16. View Report

COMMERCIAL ACQUISITION ASSISTANCE PROGRAM

Turning Commercial Ownership into a Pathway to Wealth

CAAP supports eligible businesses that want to purchase commercial space they occupy or plan to occupy.

Readiness

- ✓ Review business finances and goals
- ✓ Assess whether ownership is realistic
- ✓ Prepare for lender conversations

Coordination

- ✓ Coordinate banks, CDFIs, & partners
- ✓ Build a workable financing package
- ✓ Supports the path toward closing

Capital

- ✓ Helps address down payment barriers
- ✓ Address debt-capacity gaps
- ✓ May help close underwriting gaps



WHY SMALL BUSINESSES MATTER

Small Businesses Anchor Neighborhood Economies, Yet Face Structural Barriers

01 | WHY THEY MATTER



127k

jobs supported

→ INCOME



62%

of spending at businesses in priority Main Street districts comes from local residents.

→ LOCAL WELTH

02 | THE CHALLENGE



200+

business support organizations

YET...



2 in 3

*surveyed businesses concerned with **displacement within 5 years.***

Support Remains Fragmented

Sources: City of Boston (CoB), Anti-Displacement Action Plan: Laying the Foundation, 2023; UMass Donahue Institute (UMDI), Supporting Diverse Small Business Owners in Boston, 2024; CoB, Strengthening the Heartbeat of Boston, 2024; CoB, Main Streets Profile, 2026.

INVEST BOSTON

From Fragmented to a System That Connects, Learns & Responds

GOAL | Drive systems change by integrating business support into a coordinated platform that advances economic mobility and neighborhood stability.

WHO WE'RE TARGETING

Focus where barriers are greatest:

- Businesses facing **economic barriers + displacement risk**
- Place priority: **Roxbury, Dorchester, Mattapan, East Boston + Hyde Park**

OUR APPROACH

Drive systems change:

1. **Shared Front Door:** Navigation, readiness, referrals, and outcome tracking.
2. **Catalytic capital:** Leverage existing financing to close persistent capital gaps.

PHASED IMPLEMENTATION

1. **Coordination**
   Shared profiles, navigation, referrals
2. **Improve Outcomes**
   Expand partners, improve matching, measure results
3. **Proactive Intelligence**
   Consent-based data integrations, hybrid advisory services

The CHIP in Action

Mayor’s Office of Housing – Office of Housing Stability



EVICTION PREVENTION ACTION PLAN

CHIP in Action: Boston Community Health Collaborative Partner Network Meeting

Mayor's Office of Housing · Office of Housing Stability · October 22, 2026

WHO WE ARE

The Office of Housing Stability

Our mission is to prevent displacement and promote housing stability for Boston residents at risk of eviction.

Citywide leadership

Sets policy and strategy to reduce evictions citywide

Front door for residents

Answers questions and connects residents to help

Partner coordination

Funds legal aid, providers, and emergency assistance

Direct crisis support

Guides tenants and landlords through eviction crises

OHS leads implementation of Boston's Eviction Prevention Action Plan.

THE ACTION PLAN

A citywide strategy to prevent evictions

Aligning programs, policies, and partnerships so Boston residents can stay in their homes.

BUILT ON

1,505
tenant survey responses

1,259
landlord and property manager responses

45,000+
Notices to Quit reviewed

20+
organizations engaged through 7 Steering Committee sessions

3 strategies, 9 actions, focused on:

Preventing displacement
before a case reaches housing court

Targeting resources
to the neighborhoods where evictions are concentrated

Working together
with landlords, legal services, and housing providers

Using data
to drive accountability and measure progress

THE DATA

Evictions are concentrated, and often start small

Ten years of Housing Court data show clear, predictable patterns.

18,400

eviction executions, 2015–2025

Up 28% since 2023 alone

~1/3

of executions in three ZIP codes

02119 (Roxbury), 02121 and 02124 (Dorchester), over the past five years

$4,320

median judgment, private market (2024)

$2,471 in income-restricted housing

Most cases stem from rent arrears, often just a few months' rent. Reaching households earlier costs less and keeps more people housed.

Source: Eastern Division Housing Court records, 2015–2025 · BCHC Partner Network Meeting · October 22, 2026

CONNECTING TO THE CHIP

Developed in parallel, pointing the same way

Built from different data, the two plans reached the same conclusions.

CHIP · HOUSING · OBJECTIVE 4

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

→

ACTION PLAN · STRATEGY 2

Strengthen tenant access to resources. Better-coordinated financial assistance, one resource guide, clearer paths to services.

CHIP · ECONOMIC MOBILITY · OBJECTIVE 2

"Strengthen cross-sector collaboration and invest in place-based initiatives that increase financial security and economic mobility…"

→

ACTION PLAN · STRATEGY 3

Target interventions where risk is highest. A neighborhood pilot, with data directing resources.

A shared measure: eviction filing and execution rates are a CHIP Housing headline indicator, and the same court data the Action Plan is built on.

WORK IN ACTION

A place-based model that starts at the notice

One building, one team, working upstream before a case reaches housing court.

1

Focus

Start in one building where notices to quit are concentrated

2

Stabilize

Clear arrears up to a threshold, with a payment plan for the rest

3

Build

Pair case management with financial coaching

4

Sustain

A match on completion, while management pauses new notices

Why upstream

Before court, arrears are smaller and options are wider

How we'll measure it

Payment plan completion, coaching engagement, household stability

What's next

An RFP for a provider to lead the pilot, coming next year

WHAT'S NEXT

From plan to implementation

The research is done. The next few months move the plan into practice.

DONE
Research & Steering Committee

DONE
Public comment
Closed Sept. 18

NEXT
What We Heard
In the next few weeks

NEXT
Final plan launch
Late fall / early winter

THEN
Implementation
2027 and beyond

Early implementation priorities

Place-based pilot
RFP for a provider to lead it

Earlier outreach
Reaching households after a Notice to Quit

Easier-to-find help
A single resource guide and coordinated assistance

OPPORTUNITIES TO COLLABORATE

Where health partners fit

You often see households before a case ever reaches court.

Ask earlier

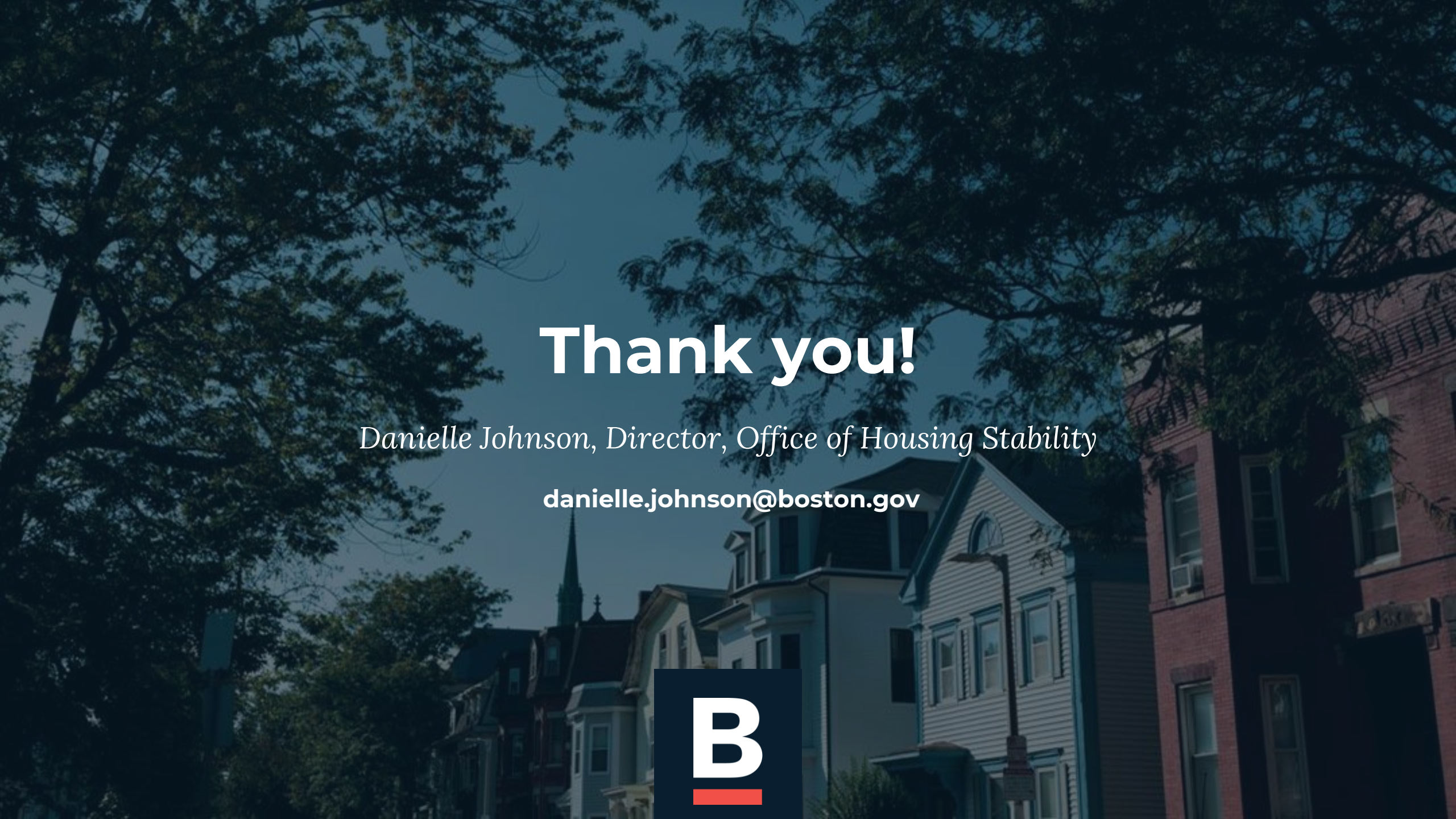
Treat a notice to quit as a health risk. Ask patients and clients about housing notices and connect them to help before a case is filed.

Work in place

Bring housing stability into place-based work in the neighborhoods where evictions are concentrated.

Measure together

Eviction filings and executions are a shared CHIP indicator. Let's track progress, and what's working, side by side.



Thank you!

Danielle Johnson, Director, Office of Housing Stability

danielle.johnson@boston.gov

The CHIP in Action

Jamaica Plain Neighborhood Development Corporation

JPNDC BY THE NUMBERS



MISSION

To transform the lives and amplify the voices of Boston residents and beyond who have been excluded from prosperity by racial and economic inequities.

We develop affordable housing that allows people to thrive, provide services that help people build on their strengths, and organize people to pursue the changes they desire.

VISION

Based in Jamaica Plain, we envision an equitable and inclusive Boston and beyond in which all people have access to secure housing, economic prosperity, safe and vibrant neighborhoods, political power, and opportunities to fulfill their potential.

1000
affordable rental units in our portfolio

125
affordable homeownership units in our portfolio

110
childcare providers in our network

700
children served by our network

300
new family engagement “families”

400
hours of small business techical assistance



2500-3000
people served a year

October 22, 2026

JPNDC

BOSTON'S COMMUNITY HEALTH IMPROVEMENT PLAN ALIGNMENT

PRIORITY AREA: ECONOMIC MOBILITY AND OPPORTUNITY

Objective 1A, 2B, 2C

PRIORITY AREA: FOOD

Objective 2A, 2B, 2C, 2D

PRIORITY AREA: HOUSING

Objective 1A, 1B, 4A, 4B, 4C



EARLY INTERVENTION FOR LONG-TERM HOUSING STABILITY

Strategy A: Expand Resident Services & Provide Emergency Aid
1) expand our existing Resident Advocacy, Mobility, and Wellness Pathways (RAMWP) program to increase our programmatic capacity (i.e., hiring social workers for case management) and
2) provide direct emergency aid

Strategy B: Add Resident Services to New Homes & Acquisitions
1) adding RAMWP to three properties, increasing our ability to provide tenant stabilization services and to prepare RAMWP clients for homeownership;
2) purchase two triple-deckers in Boston with rent-to-own and a option to purchase, at lower than market value and provide RAMWP to prepare folks for homeownership

Strategy C: Training, Technical Assistance, and Partnership
1) disseminate strategies 1 & 2 through training, technical assistance in partnership with the Mel King Institute, and
2) multi-year, hands-on partnership with two CDCs

Strategy B Homes





RAMWP is not traditional resident services. *We have served 307 families with emergency stabilization support, ongoing mental and behavioral health support referrals, benefits navigation, financial coaching, job and career coaching, and more thanks to our community partners.*

JPNDC

TOGETHER WE THRIVE: DORCHESTER & ROXBURY

JAMAICA PLAIN NEIGHBORHOOD DEVELOPMENT CORPORATION

- Economic mobility coaching
- Job training & education fund
- Matched savings
- Wellness & Wallets leadership
- **JPNDC brings extensive financial coaching and economic justice expertise**

UPHAM'S COMMUNITY CARE

On-the-Go community outreach events

- Upham's community outreach van at rotating sites
- a nurse and enrollment specialist will do basic health screenings (i.e., blood pressure checks) and insurance enrollment
- **UCC brings 55 years of community-led healthcare and healthcare navigation expertise**

COLLABORATION GOALS

- Coordinated referrals across partners
- Shared data and participant management
- Trusted, community-based entry points
- Supports adapt as family needs change
- Partners share accountability

DORCHESTER FOOD CO-OP

- Meal support with ease of mind
- Subject matter expertise
- **DFC is a trusted neighborhood community power builder that will ensure participants are connected to stable, nutritious food sources as they improve their finances**

OUTCOMES

- Expanded coalition membership
- Community Advisory Board
- Economic mobility policy & local advocacy
- Community voice, decision-making, accountability

TWT
TOGETHER we THRIVE
OUR WALLETS, OUR WELLNESS

JPNDC

THANK YOU!

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East Boston Social Centers

East Boston Social Centers

CHIP in Action










Every Child Shines Action Teams

29 member organizations across:

- Early Care & Education
- Family Support
- Home-Based Early Childhood Educators



Economic Mobility & Opportunity Objective 4:

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

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Early Care & Education Action Team

Harbor City School

Boston Family Engagement Network

the YMCA

Head Start

NSCS North Suffolk Community Services

dante alighieri MONTESSORI SCHOOL

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Family Support Action Team

FRIENDS of the CHILDREN Boston

NeighborHealth FORMERLY EAST BOSTON NEIGHBORHOOD HEALTH CENTER

FAMILIES FIRST

UNIONCAPITAL

Family Resource Centers

UMANA ACADEMY

Boston Family Engagement Network

The Basics BOSTON

WIC

NOAH Neighborhood of Affordable Housing, Inc.

Home-Based Early Childhood Educators Action Team

Little Bears

Little Eastie Daycare

Los Pitufos Family Child Care

Little Steps Daycare

Mis Pequeñas Estrellas

Tia Sol Daycare

Little Sun's Family Child Care Center

Little Angel G Family Child Care

La Vaca Lola Family Child Care

Little Steps Child Care Center

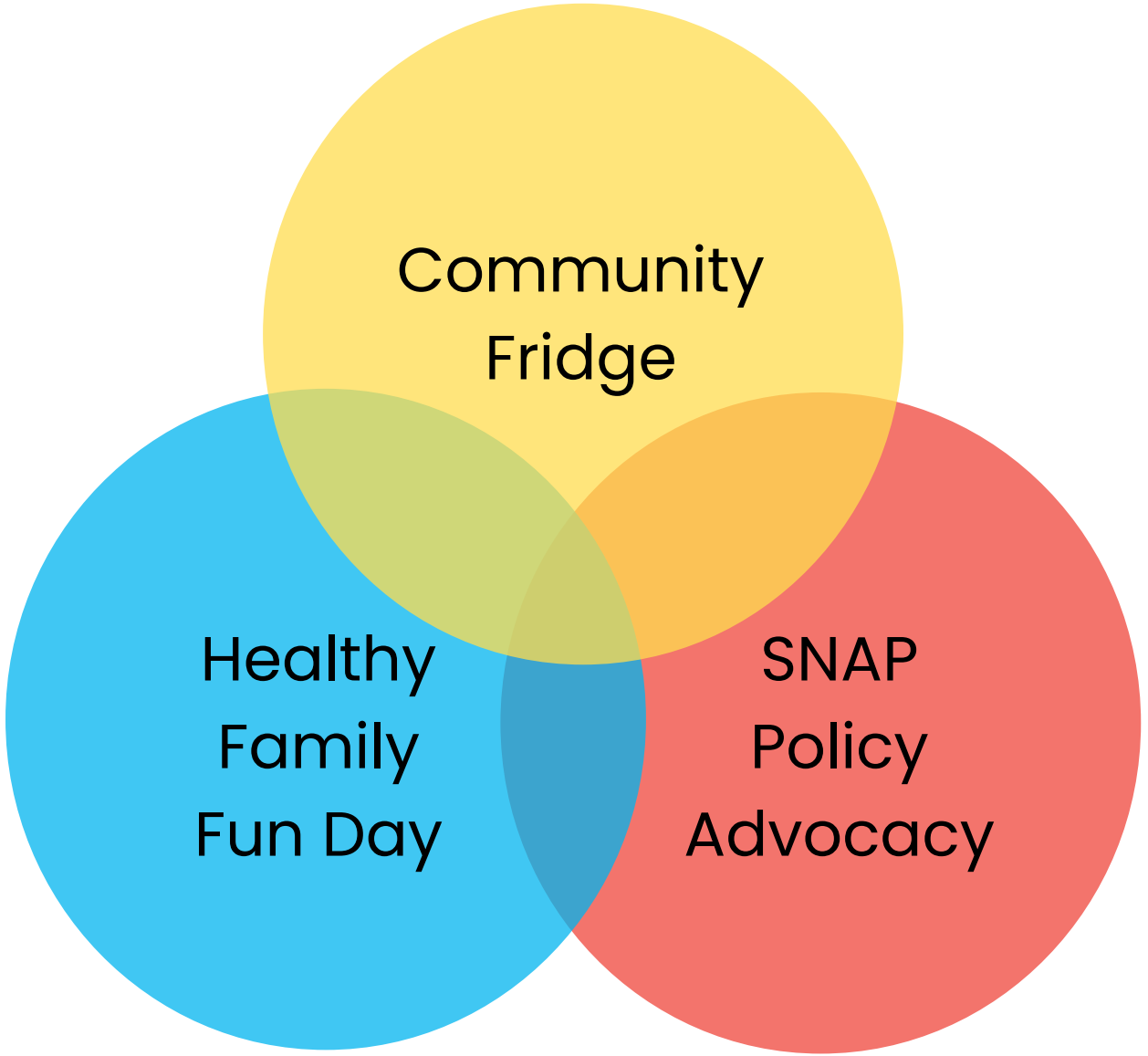
Little Wonders

The Action Teams have accomplished over 60 action items since 2024!

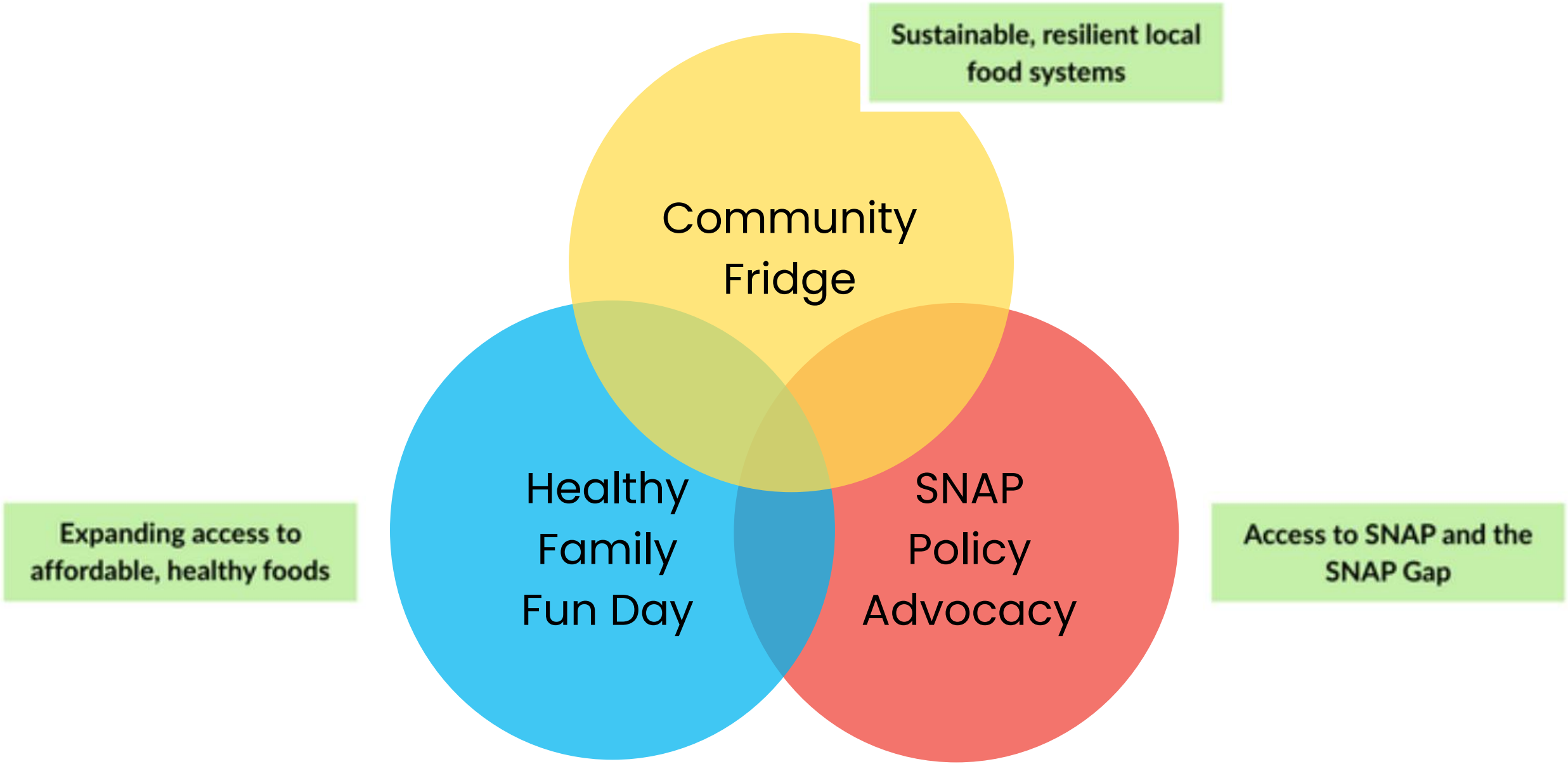
Highlights Include:

- Created a Multilingual Early Education and Care Program Directory with 28 sites
- Organizing child development workshops
- Pack and delivered 90 bags with food & hygiene items to 15 early childhood programs & schools

East Boston Social Centers



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Social Centers



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Expanding access to affordable, healthy foods

Healthy Family Fun Day

East Boston Social Centers











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Sustainable, resilient local food systems

Community Fridge

East Boston Social Centers

NeighborHealth

East Boston Social Centers

the YMCA



MLCS
Maverick Landing Community Services

EAST BOSTON COMMUNITY SOUP KITCHEN

SKANSKA

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Access to SNAP and the SNAP Gap

SNAP Policy Advocacy

East Boston Social Centers



East Boston Social Centers



Thank You!

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Mass General Brigham

Mass General Brigham

Mass General Brigham CHI Corps

October 2026

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Mass General Brigham Community Health Needs Assessment Priorities

GOAL: Achieve **measurable improvements in premature mortality and life expectancy** in communities served by MGB

Health Priorities

- **Heart Disease and Diabetes**
- **Substance Use Disorder**
- **Cancer**
- **Maternal-Child Health**

Social Risk Priorities

- **Housing**
- **Economic Growth and Opportunity**
- **Healthy Food and Food Security**
- **Access to Care and Services** *(including mental and behavioral health)*

Emerging Needs

- Immigrant Health
- Access to Health Insurance & Social Supports
- Extreme Heat & Climate Vulnerability

Community Health Improvement Corps

Advancing Health Equity in Boston and Surrounding Communities

Purpose

- Directly informed by the 2025 Community Health Needs Assessments and local health data focused on the conditions that drive premature mortality and shorter life expectancy
- Build a skilled CHW/Community Health Specialist community embedded workforce to deliver culturally responsive outreach, education and screening in targeted communities

Focus Areas

- Cardiometabolic awareness, screening and follow-up
- Colorectal cancer screening, navigation and prevention education

Community Engagement

- Corps will connect directly with residents in communities to provide resources, education, and support for preventative health
- Leverage existing clinical-community programs and partnerships in layered/tiered model
- Improve access to care, strengthen coordination with primary care, and create more consistent pathways to better health outcomes.

Impact Goals

- Reduce mortality by increasing early detection and education on Hypertension & Colorectal Cancer Screening
- Improve Hypertension Control





CHI Corps Team

Community Health Improvement Corps



Priya Sarin Gupta, MD, MPH

Senior Medical Director, Clinical-Community Programs



Anna Leslie, MPH

Senior Program Manager, Community Health Initiatives



Glendaly Pena-Soto, MPH

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CHI Specialist, Jamaica Plain



Sonia Rosa

CHI Specialist, Chelsea, Lynn



Marie Shabaka

CHI Specialist, Hyde Park



Tsz yan (Joey) Wong

CHI Specialist, Mission Hill

In Process

RN Care Coordinator, Clinical-Community Programs

CHI Data Snapshot of Services

August-September 2026 | 393 encounters across community sites (Source: CHI patient rosters)

333
Unique patients (August – September)

31%
Uncontrolled blood pressure

9
Accepted a FIT test

3
Accepted a colonoscopy

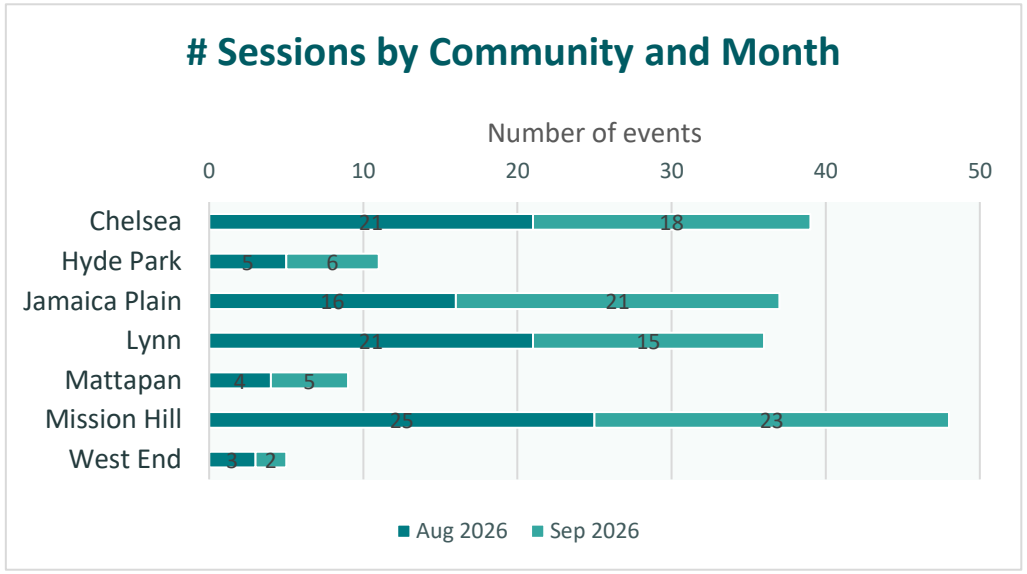
Who we served

Age
Average Age = 59
Median Age = 62

Gender	#	%
Female	252	76%
Male	80	24%
Total	332	100%

Ethnicity	#	%
Hispanic	164	49%
Not Hispanic	156	47%
Not Provided	13	4%
Total	333	100%

Race	#	%
American Indian or Alaska Native	1	0%
Asian	25	8%
Black or African American	107	32%
Race not listed	123	37%
White	49	15%
Declined/Unavailable	28	8%
Total	**333**	**100%**



For the purposes of this analysis, zip codes 02115 and 02120 were used for Mission Hill

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Fenway Health



Thank you!