APPENDICES

APPENDIX A.

Community-Based Organization Outreach Survey

SURVEY GOALS

- Introduce the Atrius Health Equity Foundation to community-based organizations (CBOs) across Eastern Massachusetts.
- Gather input from leaders of CBOs across Eastern Massachusetts on:
  - What factors, issues, and populations are most important to address the life expectancy gap; and
  - How the Foundation can best support CBOs in closing the life expectancy gap in their communities.

Photo by Christin Hume on Unsplash

SURVEY DESIGN AND ADMINISTRATION

- Brief, 11 question survey programmed online (Qualtrics) and open from July 24 – September 5, 2023.
- Survey only offered in English, with requests for translation available in Spanish, Haitian Creole, Portuguese, Chinese, and Khmer. No requests were received.
- Anonymous and voluntary participation, no questions were required.
- Disseminated through the Foundation Newsletter, Social Media, and outreach for and at Community Listening Sessions.

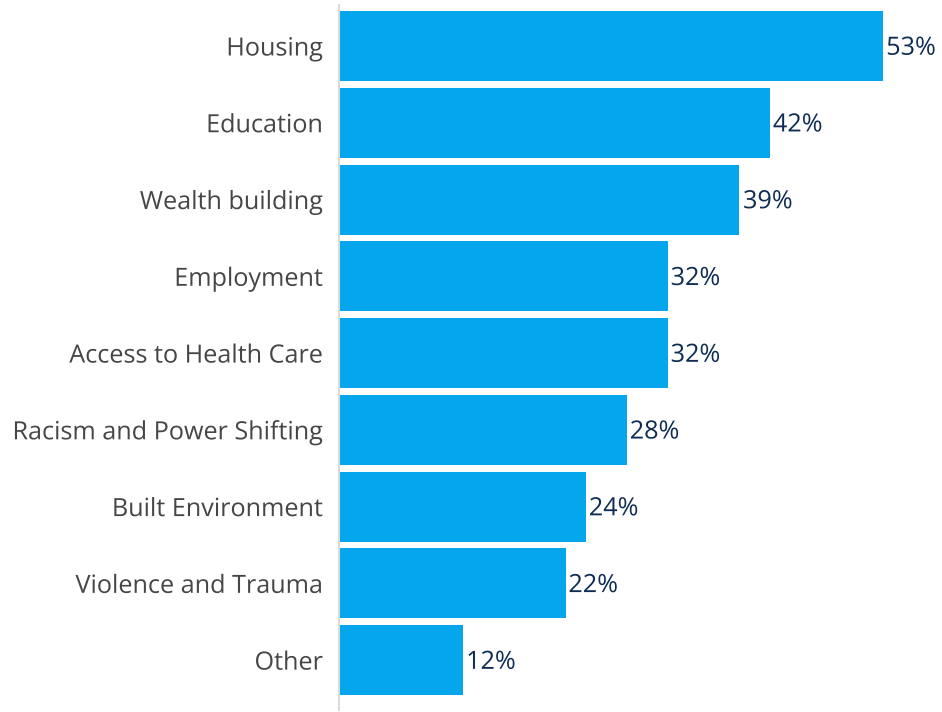
SURVEY REACH

- 92 individuals responded to at least one question in the survey.
- The majority of respondents (90%) identified a region, county and/or town in Eastern Massachusetts as their service area.
- There was a lot of variety in what issue areas respondents work: many work in the areas of housing (14), education (14), and behavioral health (13).
- The majority of respondents (67%) work in organizations with less than 50 staff.

APPENDIX A.

Community-Based Organization Outreach Survey

What factors are most important to address the life expectancy gap? (n=90)



"**Affordable housing** is key to succeeding in a community—once you're housed ***better health, education, work*** become more achievable."

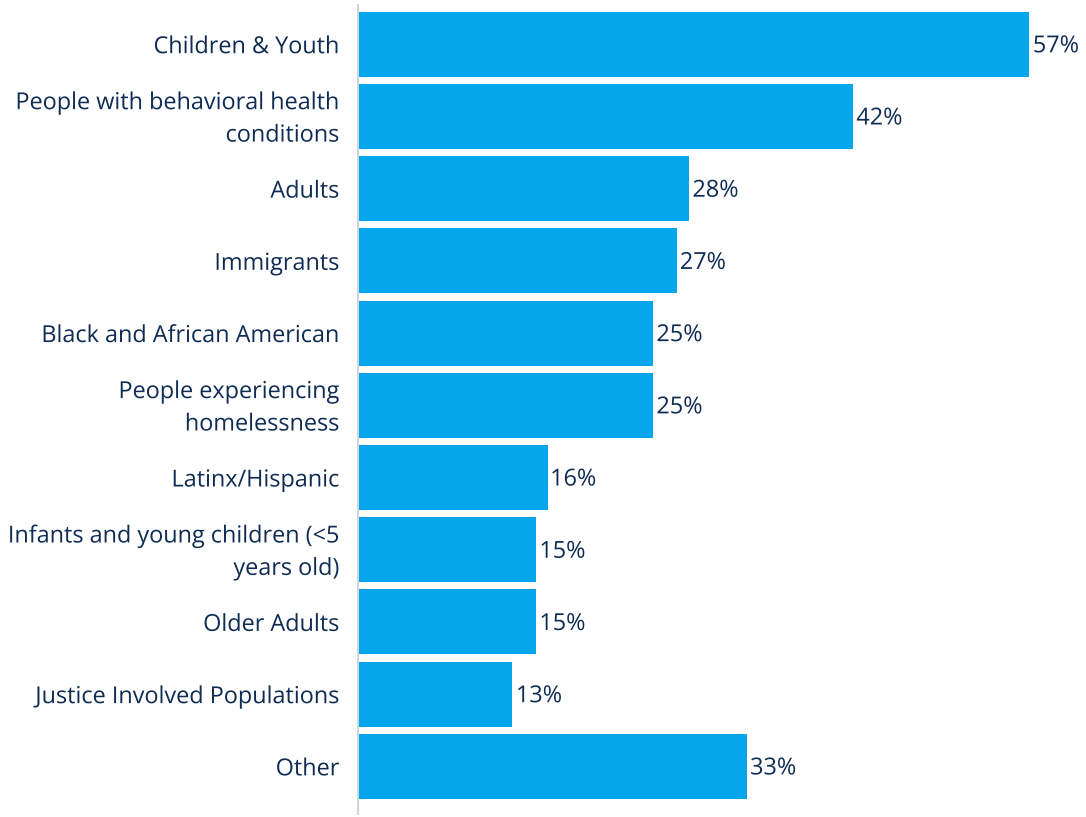
"**Education** is the long-term solution, but **limited housing and health care options can compromise the ability to participate** in education."

"The impact of **racism and citizenship** status are significant factors in opportunities to ***meet basic needs and support well-being***."

APPENDIX A.

Community-Based Organization Outreach Survey

What populations are most important to address the life expectancy gap? (n=89)



"To address historic and systemic inequities, take a generational, long-term approach. Invest in **youth**."

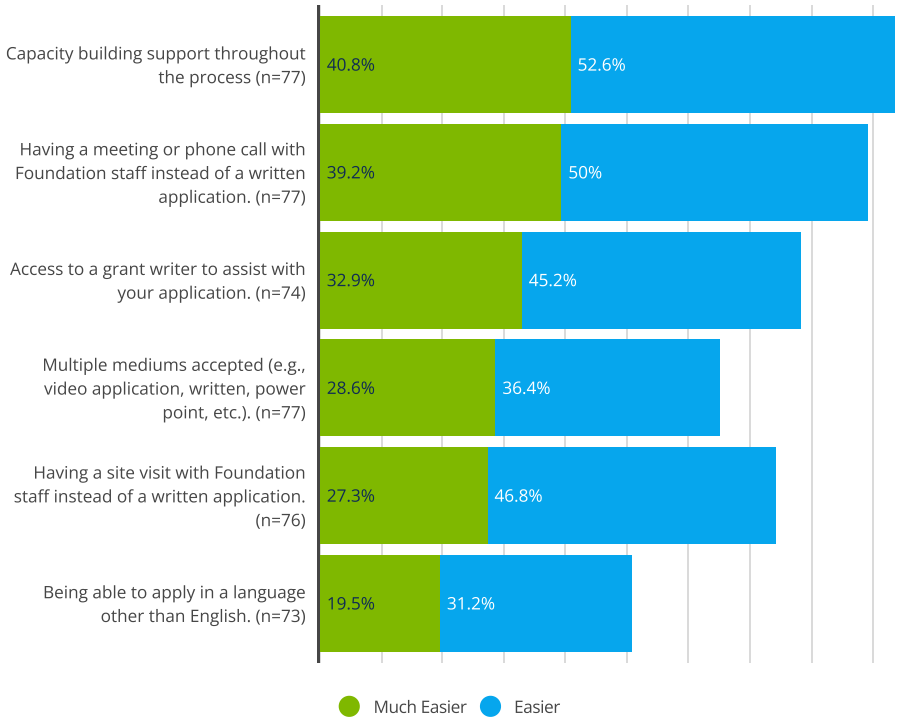
"**BIPOC communities** includes every category within the list that are disproportionately disadvantaged."

APPENDIX A.

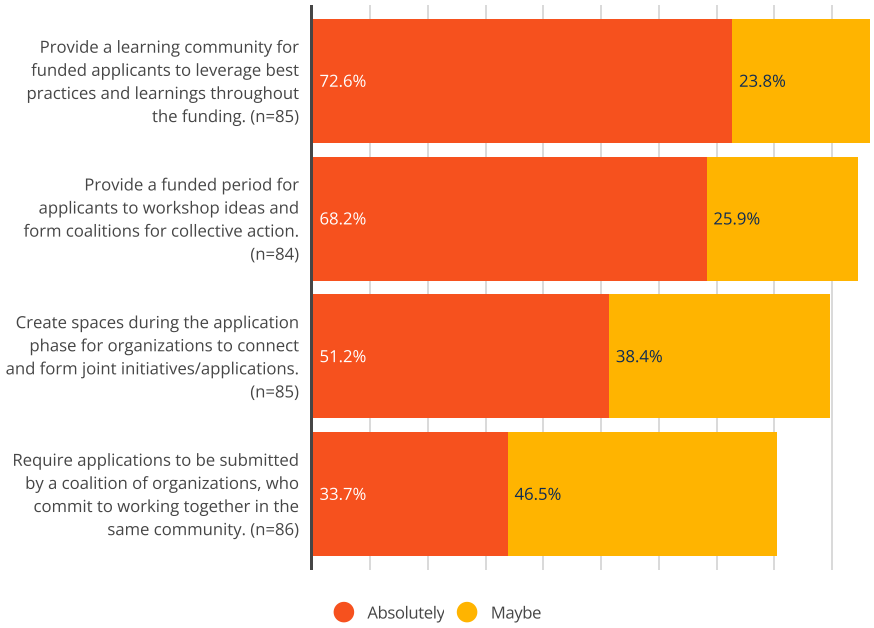
Community-Based Organization Outreach Survey

How can the Foundation best support CBOs in closing the life expectancy gap in their communities?

What supports and/or structures would make applying for Atrius Health Equity Foundation grants easier:



To promote coordinated, collective action at the community level we should:



APPENDIX A.

Community-Based Organization Outreach Survey

DURING THE **APPLICATION PHASE/ FUNDING DESIGN**:

- Share who is and is not **eligible** for funding and what are the funding **priorities**
- Provide **unrestricted support** and **flexibility** in the funding
- Provide **long-term funding** support
- Provide **technical assistance** to assist applicants in forming clear goals, evaluation, etc.

DURING THE **FUNDING CYCLE**:

- Be **flexible**
- Provide **technical assistance**
  - To build capacity (especially for small non-profits) in administrative functions (bookkeeping, accounting, tax prep, legal services, HR, etc.)
  - Data collection and analysis

APPENDIX B.

Community Health Needs Assessments

A community health needs assessment (CHNA) is a way to identify and analyze the health needs of a specific community. Through data collection, engagement, and analysis, it informs the development of strategies to address these needs and improve community health. Under the Affordable Care Act, nonprofit hospitals are required to conduct CHNAs once every three years. CHNAs we consulted during our engagement process include:

Boston CHNA-CHIP Collaborative
http://bostonchna.org/wp-content/uploads/2022/07/BCCC-CHNA-Report_062922.pdf

Cambridge Health Alliance
https://www.challiance.org/community-health/community-health-data-and-reports/community-health-data-and-reports

Cape Cod Healthcare
https://www.capecodhealth.org/about/caring-for-our-community/community-health-needs-assessment-implementation-plans/

Greater Lawrence Community Health Needs Assessment
https://reports.mysidewalk.com/fce4aec136

Greater Lowell Community Health Needs Assessment
https://www.lowellgeneral.org/news-and-media/publications/greater-lowell-community-health-needs-assessment/2022-greater-lowell-community-health-needs-assessment

Saint Anne's Hospital
https://www.saintanneshospital.org/newsroom/2022-05-24/saint-annes-hospital-study-reveals-growing-community-health

Salem Hospital
https://salem.massgeneralbrigham.org/commitment_to_community

Southcoast Hospital
https://www.southcoast.org/community-benefits/community-benefits-reporting/

APPENDIX C.

Community Profiles

Introduction and Context

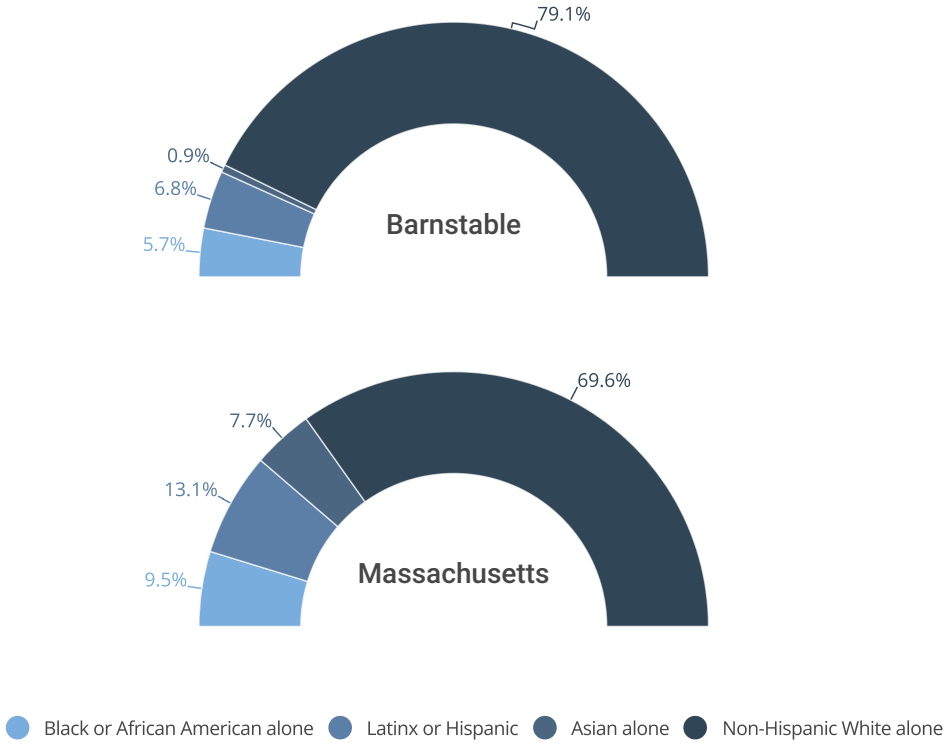
The following community summaries are meant to serve as an example of primary and secondary data collected as part of the Atrius Health Equity Foundation's Community Engagement Sessions in Summer 2023. They are meant to serve as a tool for discussion and are not an exhaustive list of data.

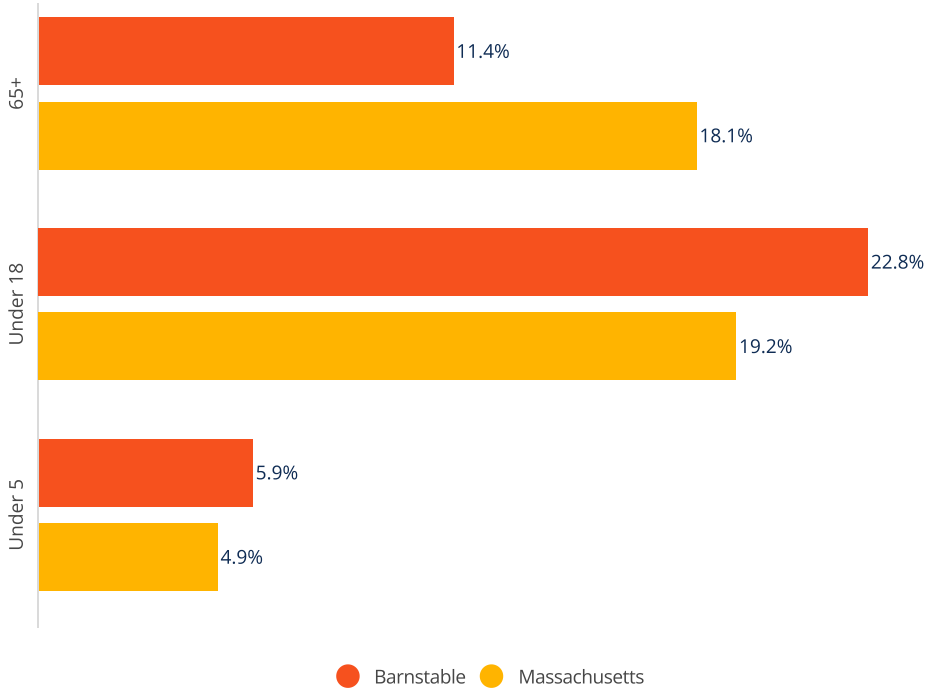
APPENDIX C.

Community Profile: Selected Data for Barnstable

Barnstable Demographic Profile

- In 2020 the total population of Barnstable was **48,916.**
- Barnstable has about **half the proportion** of Hispanic/ Latinx residents (6.8%) and Black or African American residents (5.7%) compared to Massachusetts as a whole (13.1% and 9.5%).
- It also has a **slightly younger population** than the state average with residents under 18 years old of 22.8% vs. 19.2%, respectively.



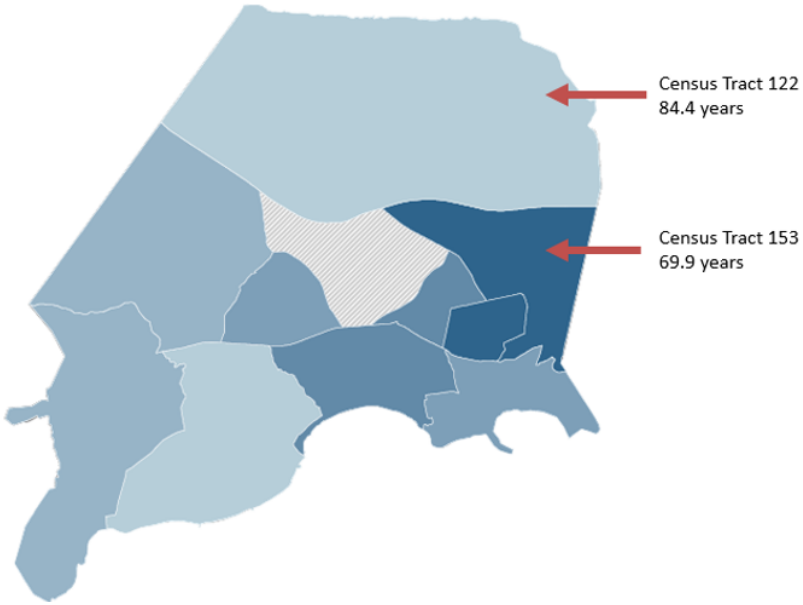


APPENDIX C.

Community Profile: Selected Data for Barnstable

Life Expectancy Data

- The average life expectancy in Barnstable is **80.0 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 153, the life expectancy is **69.9 years**, and in Census Tract 122 is **84.4 years**, with a **difference of 14.5 years** based on residence.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020

Barnstable Socioeconomic Profile

		Barnstable	MA
Economic Well Being	Unemployment rate as of March 2023*	5.2%	3.5%
	Median household income between 2017-2021	$82,816	$89,026
	Poverty Level	7.9%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	37.2%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	39.6%	45.2%

*Seasonally Adjusted

DATA SOURCES: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

"A long-term solution would be working on supporting young people and adults with more access to skill-based programs, vocations, etc. programs to be more at the table when negotiating a wage—I know through experience there is a huge disparity between a school employee here and a school employee in Boston."

Community Engagement Session Participant

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Barnstable

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Barnstable Community Assets

- Strong sense of **community** and **mutual help**.
- **Interfaith and church communities** active in support.
- Local **networking groups**.
- **'People of Action'** community engagement team collaborating with local resources.
- **Engagement Teams:** Collaboration between local providers and police departments. Groups like People of Action that are community initiated.
- **Community Services:** Food pantries, public education, public transportation, Narcan trainings, and more.
- **Local Healthcare** including Cape Cod Healthcare, tribal services, health centers.

Root Causes to Health Inequities

- Epidemic of **housing insufficiency**.
- Connection between housing stability, transportation, and education disruption.
- **Relapse rates** among the unhoused.
- Different nuances in homelessness definitions (e.g. living in non-traditional spaces).
- **Impact of language** and the terms used to refer to people.
- **Issues around seasonal income** inconsistencies.
- **Transportation:** Inconsistent transportation links that amplify other issues.
- **Wage vs Living Cost Disparity:** Insufficient wages in relation to living and housing costs.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Barnstable

Recommendations and Solutions

- **Multi-Year Funding:** Offers stability and encourages project longevity; include larger grants with clear expectations; include funding for planning and capital costs.
- **Embed Equity:** Via a community advisory board, low-burden application processes, and relevant data resources.
- **Community Engagement:** Broaden the funding communications to include non-traditional health spaces; focus on residents instead of tourists.
- **Support Grassroots:** Recognize and combine efforts of grassroots organizations.
- **Clear Communication:** Articulate the foundation's mission, strategy, and operational methods to foster trust and enthusiasm.
- **Expand on Promising Initiatives:** For example, the THRIVE program (monthly subsidies for childcare workers and those helping people with disabilities); navigators and recovery coaches assisting reintegration post-incarceration.
- **Leverage funding for:** More case managers; access to organic and unprocessed foods; increase/expand shelter system and increase affordable housing; more mental health services.

> "There is a strong vibe of 'help each other out'—I see lots of interfaith and church communities getting involved in getting people access to services, and even local networking Facebook groups—you see a lot of that 'in it together' energy that is a strong area for the Cape."
>
> **Community Engagement Session Participant**

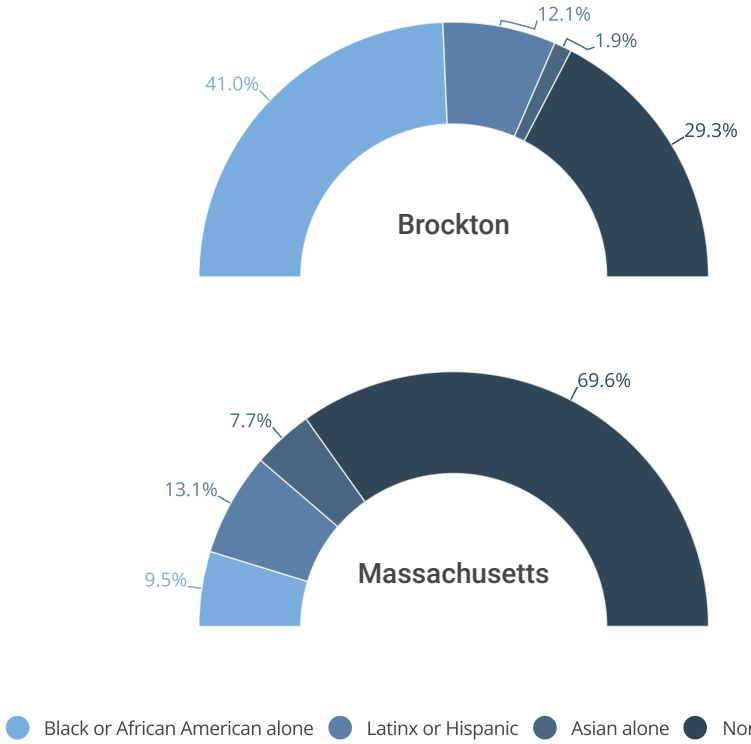
> "There is so much connected to what the stability of a home can provide; especially in this area where you don't have things like transportation; it all feeds into other things, even disrupting education if you lose your housing."
>
> **Community Listening Session Participant**

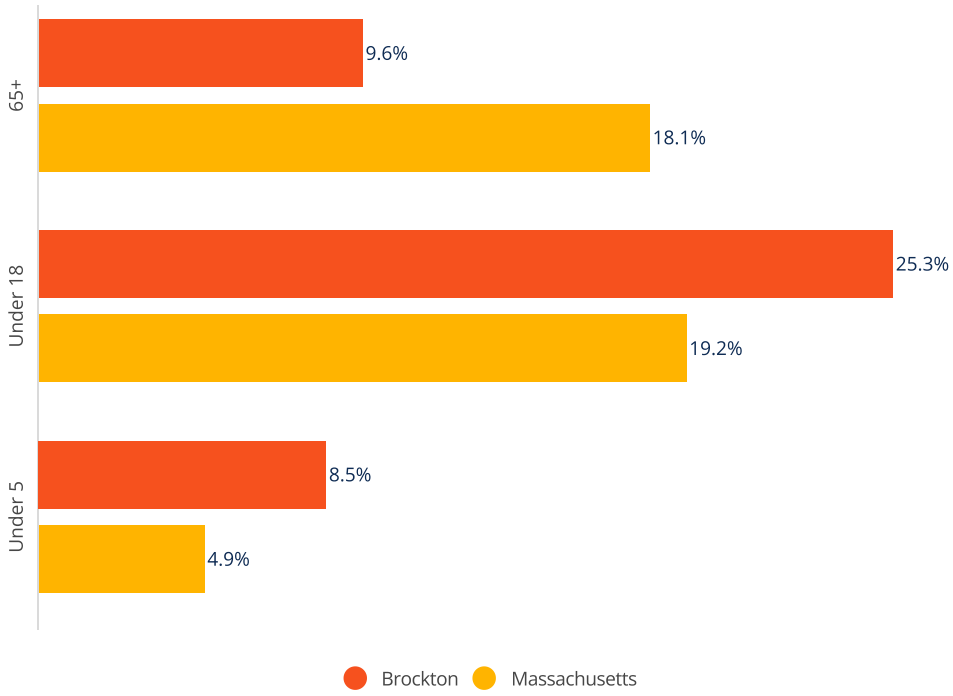
APPENDIX C.

Community Profile: Selected Data for Brockton

Brockton Demographic Profile

- In 2020 the total population of Brockton was **105,643.**
- Brockton has **four times the proportion of Black and African American** residents compared to Massachusetts as a whole (41.0% vs. 9.5%, respectively).
- It also has a **slightly younger population** than the state average with residents under 18 years old of 25.3% vs. 19.2%, respectively.





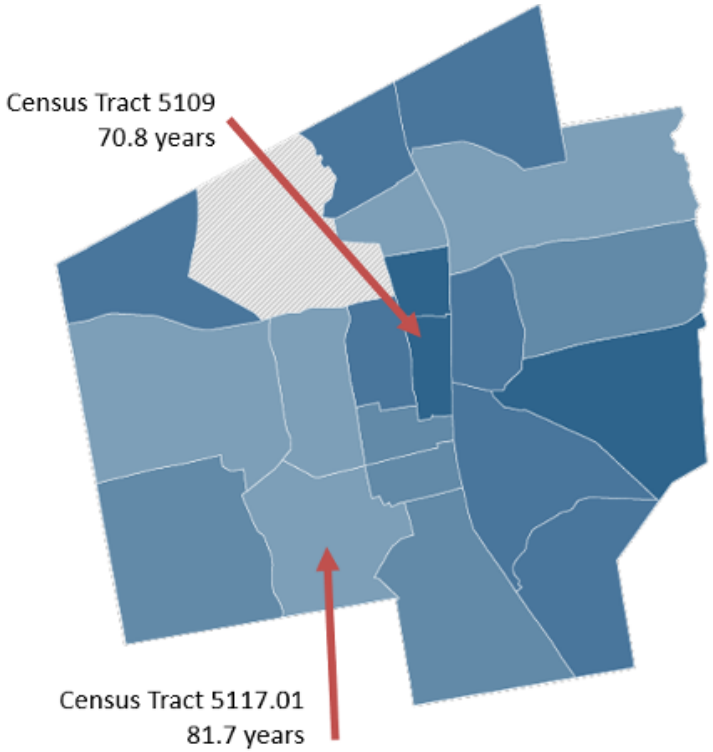
DATA SOURCES: U.S. Census Bureau, United States Census, 2020 and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

APPENDIX C.

Community Profile: Selected Data for Brockton

Life Expectancy Data

- The average life expectancy in Brockton is **78.2 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 5109.0, the life expectancy is **70.8 years**, and in Census Tract 5117.01 is **81.7 years**, with a **difference of 10.9 years** based on residence.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

Brockton Socioeconomic Profile

		Brockton	MA
Economic Well Being	Unemployment rate as of March 2023*	5.2%	3.5%
	Median household income between 2017-2021	$68,067	$89,026
	Poverty Level	11.5%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	52.8%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	20.1%	45.2%

*Seasonally Adjusted

DATA SOURCES: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

> "It's really important to think about education because when people come here, there are lots who come here with basic education. And they cannot find a way to continue the same education they got before coming here. They just go to work, and they're in another field, and we can say we've lost this kind of quality education or work that they could be doing."
>
> **Community Engagement Session Participant**

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Brockton

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Brockton Community Assets

- **Education:** Availability of free ESL courses and community colleges to empower residents.
- **Diversity:** Organizations like Brockton Workers Alliance and Choices 4 Teens play pivotal roles in upholding cultural richness.
- **Transportation:** Well-connected through public and commuter rails, easing accessibility.
- **Medical Care:** Existing healthcare facilities, though improvements are recommended.
- **Support Systems:** Presence of food pantries, churches, and the value added by the immigrant community.

Root Causes to Health Inequities

- **Education Gap:** An evident lack of culturally relevant education tailored to the diverse population.
- **Service Inaccessibility:** Limited services tailored to address unique cultural needs, especially for youth.
- **Socioeconomic Concerns:** Barriers in quality education access, prevalent crime, low employment wages, and the push-out effect of gentrification in major cities.
- **Leadership Disparity:** A pronounced dominance of white leadership and educators who may not resonate with the diverse community's needs.
- **Infrastructure Limitations:** Scarcity of affordable housing, and low civic participation evident from low voter turnout.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Brockton

Recommendations and Solutions

- **Holistic Education:** Prioritize investment in culturally relevant education and integration systems for migrants to maximize their potential.
- **Infrastructure:** Invest in safe, rent-controlled housing and improved public transportation.
- **Wage Structures:** Advocate and support the implementation of living wages.
- **Community Centers:** Establish teen and community centers to foster a sense of unity, belonging, and shared purpose.
- **Support for Grassroots Movements:** Financially back small local organizations that are in tune with the community's needs.
- **Healthcare:** Channel funds to improve healthcare accessibility and reduce waiting times.
- **Networking:** Promote the creation of spaces where organizations can collaborate, share ideas, and build collective strength.

> "I wonder if there's correlation between those in leadership and the gap that may be present in the appropriate education that is not aligning with diversity—a gap in understanding what information they need and what is accessible to them—we think of language and translation, but rather if there is understanding in regard to their cultural background."
>
> **Community Engagement Session Participant**

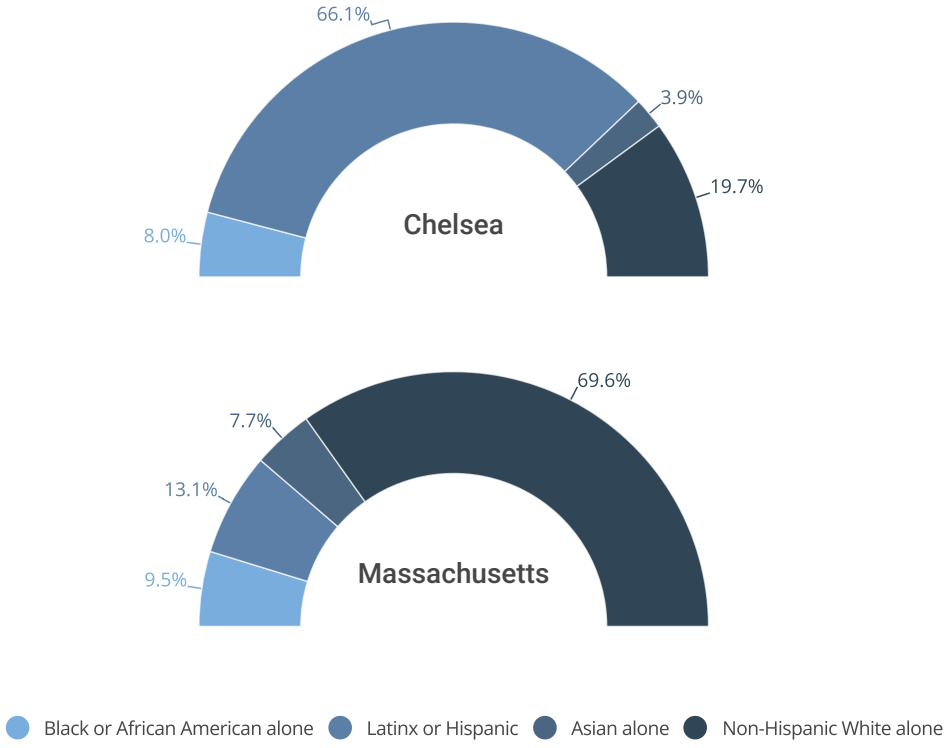
> "…I am grateful for organizations that are looking to make deep change. But part of Brockton is that its advantage is also its disadvantage. We come together through crisis, but it's very rare that organizations here are being proactive and looking to create systemic, deep change on something like public health or mental health—it's always a response to something."

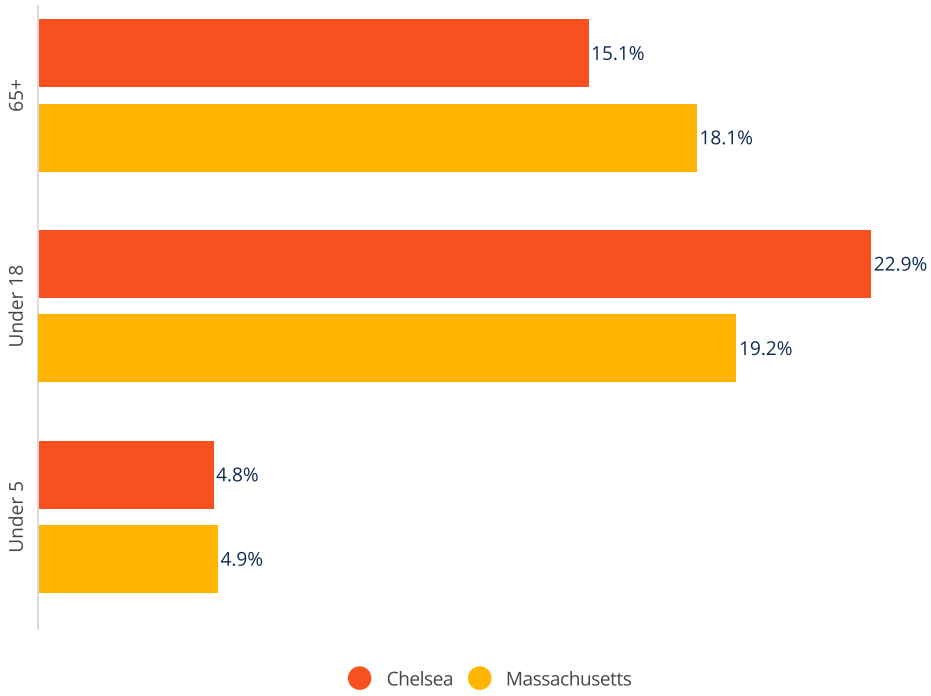
APPENDIX C.

Community Profile: Selected Data for Chelsea

Chelsea Demographic Profile

- In 2020 the total population of Chelsea was **40,787.**
- Chelsea has **five times the proportion of Hispanic/ Latinx residents** compared to Massachusetts as a whole (66.1% vs. 13.1%).
- It also has a **slightly younger population** than the state average with residents under 18 years old of 22.9% vs. 19.2%, respectively.



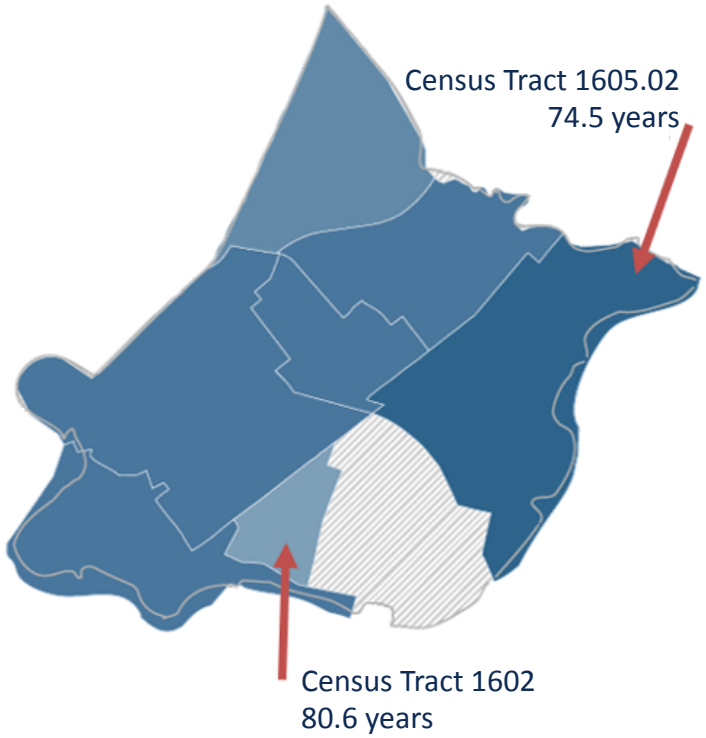


APPENDIX C.

Community Profile: Selected Data for Chelsea

Life Expectancy Data

- The average life expectancy in Chelsea is **77.1 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 1605.02, the life expectancy is **74.5 years** and in Census Tract 1602.0 is **80.6 years**.
- There is a **difference of 6.1 years** based on residence within Chelsea.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

Chelsea Socioeconomic Profile

		Chelsea	MA
Economic Well Being	Unemployment rate as of March 2023*	5.2%	3.5%
	Median household income between 2017-2021	$64,782	$89,026
	Poverty Level	22.5%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	57.0%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	20.8%	45.2%

*Seasonally Adjusted

DATA SOURCES: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

"We must remain on the cutting edge because we have a transient community [in Chelsea]; it changes. Be mindful when initiatives are put in place, be mindful of what the community is, and where it's headed. Adapt accordingly."

Community Engagement Session Participant

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Chelsea

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Chelsea Community Assets

- **Resiliency and Community Response**: Chelsea is a small city with big challenges. Community-based organizations have strengthened after COVID. Investment in Chelsea leads to positive results. There's a strong history of addressing challenges effectively.
- **Local Leadership Reflects the Community They Serve**. There's a growing political will that came from grassroots efforts and involves diversity in leadership representation.
- **Chelsea is a Hub with Strong Community Collaboration**, task forces, small businesses, effective nonprofits, health centers, hospitals, and a strong affordable housing pipeline.
- **The City has a Tight-knit Community**, small-town feel, industry that hires locally, green spaces, and public housing.

Root Causes to Health Inequities

- **Housing Costs and Instability**: Many residents are paying over 50% of their income for housing, leading to homelessness, lack of available housing, and gentrification.
- **Trauma**: Violence, immigration issues, and generational problems lead to trauma and emotional challenges.
- **Poverty, Disparities, Discrimination, Lack of Living Wage Jobs**, language barriers, and educational level contribute to challenges.
- **Mental Health Stigma, Cultural Perceptions**, health awareness, and isolation impact mental well-being.
- **Immigration Status** affects access to education, economic opportunities, and benefits.
- **Access to Healthcare**, especially the cost and equity in services, is a concern.
- **Environmental Causes** like pollution contribute to challenges.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Chelsea

Recommendations and Solutions

- **Services:** Job training, afterschool programs, internships, parenting classes, language support, behavioral health services, support for older adults, navigators, and community leadership opportunities.
- **Prevention over Intervention:** Focus on a 10-year plan, adapt to community changes, unique tailored approaches, affordable housing, clean energy, walkability, and direct investment rather than food lines.
- **Grantmaking:** Micro funding for informal groups, unrestricted funding, involving the community in funding decisions, and financial support for education.
- **Grant Application:** Simplify application processes, offer practical support, and flexible applications.
- **Focus on Burdened Areas:** Address disparities by focusing on underserved areas and including communities with lower life expectancies.
- **Equity in Funding Decisions:** Support micro-funding, multi-year grants, community organizing, equity assessments, scholarships for undocumented individuals, and creating jobs for intervention.
- **Encourage Equitable Community Engagement**, consider burden, involve the community in RFP processes, and avoid funding only the loudest voices.

"I like how people reflected that community-based orgs have strengthened themselves after COVID, like La Colaborativa—they're established now. I think if you invest in Chelsea, you're going to get good results. We're good at attracting resources"

Community Engagement Session Participant

"We need implementation funding; we know what residents want and need."

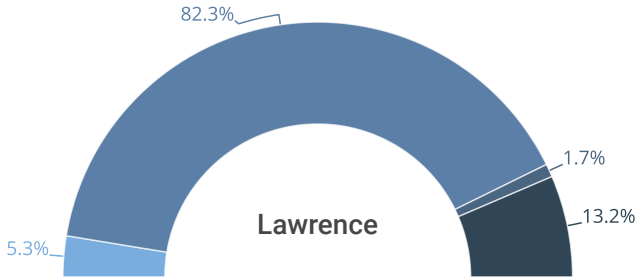
Community Engagement Session Participant

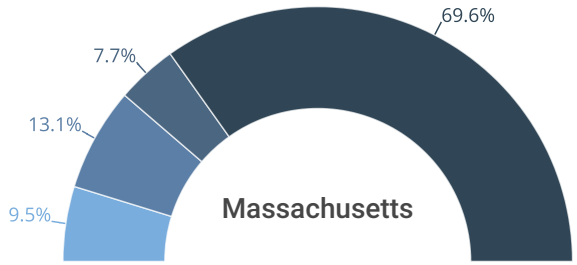
APPENDIX C.

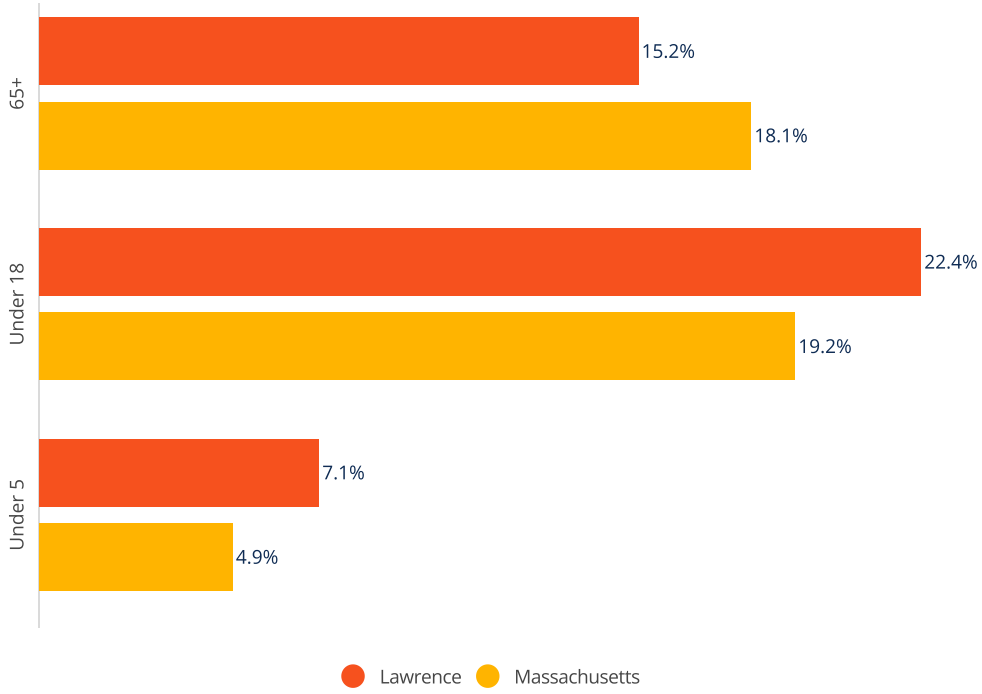
Community Profile: Selected Data for Lawrence

Lawrence Demographic Profile

- In 2020 the total population of Lawrence was **89,143.**
- Lawrence has **over 6 times the proportion of Hispanic/Latinx residents** compared to Massachusetts as a whole (82.3% vs. 13.1%).
- It also has a **slightly younger population** than the state average with under 18 years old of 22.4% vs. 19.2%, respectively.







Black or African American alone · Latinx or Hispanic · Asian alone · Non-Hispanic White alone

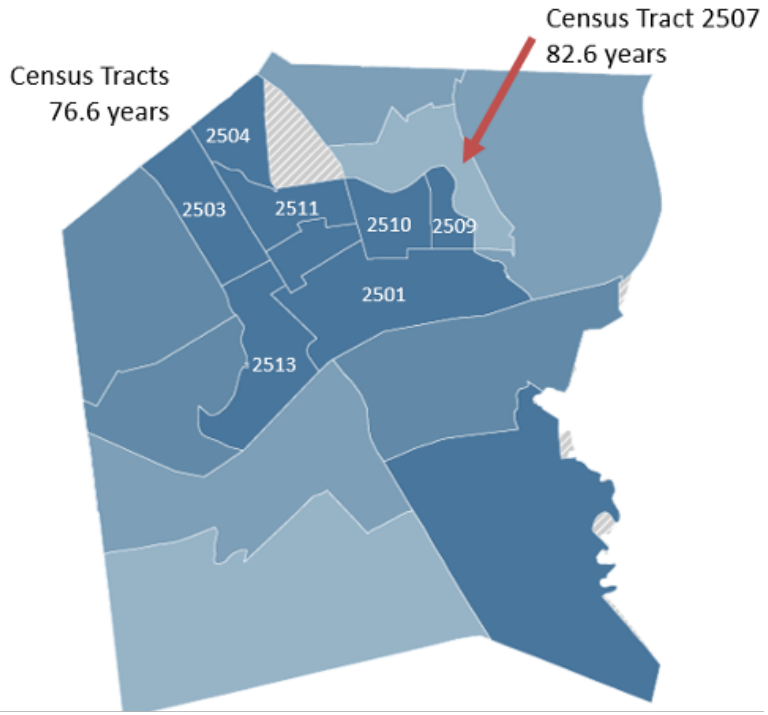
DATA SOURCES: U.S. Census Bureau, United States Census, 2020 and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

APPENDIX C.

Community Profile: Selected Data for Lawrence

Life Expectancy Data

- The average life expectancy in Lawrence is **79.4 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 2501, 2503, 2504, 2509-2511, & 2513, the life expectancy is **76.6 years**, and in Census Tract 2507 is **82.6 years**.
- There is a **difference of 6 years** based on residence within Lawrence.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

Lawrence Socioeconomic Profile

		Lawrence	MA
Economic Well Being	Unemployment rate as of March 2023*	7.0%	3.5%
	Median household income between 2017-2021	$47,542	$89,026
	Poverty Level	19.2%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	57.7%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	13.5%	45.2%

*Seasonally Adjusted

DATA SOURCES: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

> "It's about policy and practice. [Funders] can't just fund interventions at the practice level, we need to work on the policy conditions that create those problems—policies come into play all the time that are intended to have anti-racist effects, but because there is not a corresponding investment in practice, it does not go as far as you would wish."
>
> **Community Engagement Session Participant**

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lawrence

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Lawrence Community Assets

- **Collaboration and Partnerships** are strong, with existing networks that can be tapped into for collective impact.
- **Deep Commitment to Change**, a sense of shared culture, and a rich history.
- **Access to Educational and Health Institutions**, a community college, and community health centers.
- A young population, parks, and a river, making it an attractive place to live and work.
- **Willingness Among Elected Officials to Engage** with the community and influence civic infrastructure.

Root Causes to Health Inequities

- **Poverty**
- **Lack of Affordable Housing**/Adequate housing
- **Disconnects Within the Labor Market**, including transfer of credentials and job readiness/preparation
- Lack of **Generational Wealth**
- Lack of **Civic Engagement**
- Lack of **Educational Support**
- **Racism**
- **Unemployment**
- **Cultural/Linguistic Barriers** to care
- **Gentrification**
- Lack of extended **Extracurricular Activities**
- Lack of **Childcare**
- School **Absenteeism**
- Immigration Status
- Resource availability/distribution

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lawrence

Recommendations and Solutions

- **Dismantle Systemic Racism**: Prioritize efforts to address systemic racism within the community, seeking equitable opportunities and outcomes for all residents.
- **Building Generational Wealth**: Develop strategies to help families build and pass on wealth, reducing the wealth gap over time.
- **Increase Access to Mental Health Services**: Expand access to mental health services, recognizing the critical role mental health plays in overall well-being.
- **Higher Living Wage**: Advocate for policies that ensure a higher living wage for workers, promoting economic stability.
- **Rent Regulation**: Explore rent regulation measures to make housing more affordable and stable for residents.
- **Education—Early Graduation**: Focus on early graduation strategies to empower students and enhance educational attainment.
- **Affordable Housing**: Invest in affordable housing initiatives to address homelessness and housing instability.
- **Increase Civic Engagement**: Encourage community members to become more engaged in civic activities, fostering a sense of ownership in community development.

> "Many of the struggles [in Lawrence] have to do with employment, rooted in education –what does long term funding of education look like—how do we prepare parents as soon as children enter preschool; what does educational attainment at the end of each grade really look like? "
>
> **Community Engagement Session Participant**

> "Funding for implementation [is critical]. Grants come in but the vast majority of them are to start a program, which requires them to create something, and then there's no follow up when grant is done."
>
> **Community Engagement Session Participant**

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lawrence

- **Independent Living Skills**: Equip residents, especially young adults, with independent living skills to enhance self-sufficiency.
- **Access to Pre-K Education**: Expand access to pre-kindergarten education to prepare children for success in school.
- **Mental Health Campaigns in Schools**: Launch mental health campaigns within schools to address mental health challenges early.
- **Improving the Built Environment**: Enhance the physical environment, making it conducive to healthier lifestyles.
- **Transportation**: Improve transportation options to ensure that residents can access essential services and opportunities.
- **Invest in ESOL**: Support programs for English for Speakers of Other Languages to address language barriers.
- **Multigenerational Support for Students**: Create or strengthen programs that provide support for both students and their parents to ensure academic success.
- **Access to Credit Repair**: Offer resources for credit repair to improve financial stability.
- **Support for Special Needs Populations**: Provide tailored support for individuals with special needs to ensure inclusivity.
- **Micro-credentials/Open Access to Employment**: Promote pathways to employment that don't require traditional four-year degrees, opening opportunities for more residents.

"I would prefer to see a venture capital approach, where you pick programs that are most successful, then follow up with funding from Atrius and also partner organizations and choose to sustain the funding for them"

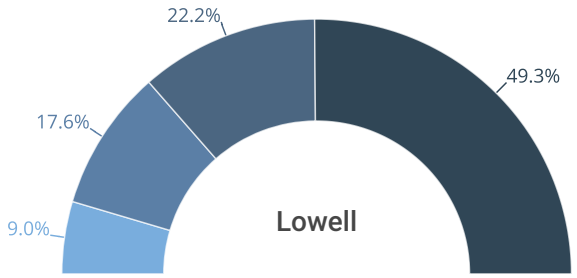
Community Engagement Session Participant

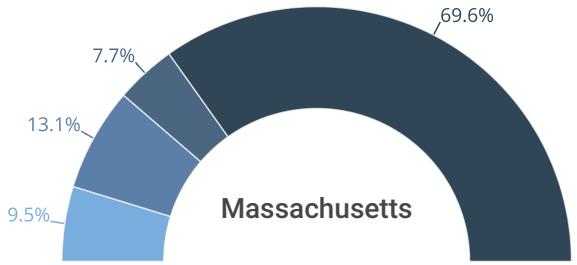
APPENDIX C.

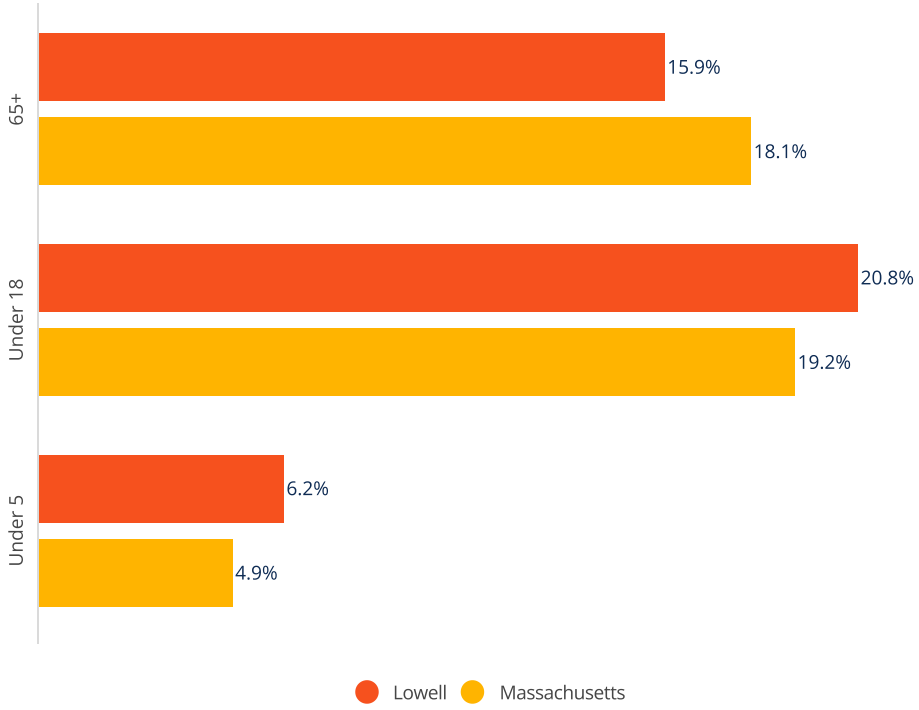
Community Profile: Selected Data for Lowell

Lowell Demographic Profile

- In 2020 the total population of Lowell was **115,554.**
- Lowell has almost **triple the proportion of Asian residents** compared to Massachusetts as a whole (22.2% vs. 7.7%).
- It also has a **slightly younger population** than the state average with residents under 18 years old of 20.8% vs. 19.2%.







Black or African American alone · Latinx or Hispanic · Asian alone · Non-Hispanic White alone

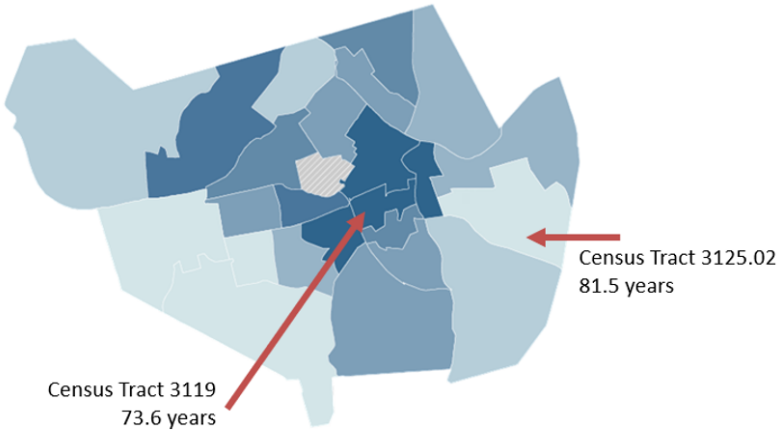
DATA SOURCES: U.S. Census Bureau, United States Census, 2020 and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

APPENDIX C.

Community Profile: Selected Data for Lowell

Life Expectancy Data

- The average life expectancy in Lowell is **75.9 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 3119, the life expectancy is **73.6 years**, and in Census Tract 3125.02 is **81.5 years**.
- There is a **difference of 7.9 years** based on residence within Lowell.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

Lowell Socioeconomic Profile

		Lowell	MA
Economic Well Being	Unemployment rate as of March 2023*	4.4%	3.5%
	Median household income between 2017-2021	$64,489	$89,026
	Poverty Level	17.5%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	50.1%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	27.4%	45.2%

*Seasonally Adjusted

DATA SOURCES: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

"In addition to financial support, technical support is needed from the foundation, to make it more of a relationship between the foundation and the grantee, like a partnership instead of the usual dynamic."

Community Engagement Session Participant

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lowell

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Lowell Community Assets

- **Diverse Organizations**: Lowell boasts a range of assets, including healthcare facilities like Lowell General Hospital, nonprofits, faith-based organizations, advocacy groups, and educational institutions like UMass Lowell and Middlesex Community College.
- **Cultural Diversity**
- **Community Mobilization**
- **Youth Programs and Engagement**: Youth programs and engagement opportunities exist, including summer programs and UTEC. Engaging young people in health initiatives can be particularly impactful.
- **Advocacy and Task Forces**: The Greater Lowell Health Alliance (GLHA) and task forces were noted as existing structures for addressing health issues.

Root Causes to Health Inequities

- **Wealth Gap**: Economic inequality can affect access to healthcare, nutritious food, safe housing, and other essential resources.
- **Racism and White Supremacy**: These systemic issues can lead to unequal access to healthcare, education, employment opportunities, and more, disproportionately affecting marginalized communities.
- **Political Disenfranchisement**: Lack of political representation and influence created limited political power, which can hinder efforts to address community health issues effectively.
- **Limited Access and Justice**: Limited access to information and services in languages spoken by diverse community members can impact health outcomes.
- **Educational Disparities**: Inadequate access to quality education can limit future opportunities and overall well-being.
- **Lack of Social Mobility**: Limited opportunities for economic and social advancement can contribute to health inequities.
- **Mental Health Needs**: Participants mentioned mental health needs—particularly generational trauma, as a root cause, indicating that inadequate access to mental health services and support can impact community well-being.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lowell

- **Old Housing Stock**: The condition of housing stock in the area was identified as a potential health concern, especially if housing is in poor condition or not adequately maintained.
- **Lack of Industry**: Economic factors, such as the absence of diverse industries, can limit employment opportunities and economic stability.
- **Food Access**: Food-related challenges, including transportation access, cost, and cultural connections to food, can impact community health.
- **Cost of Higher Education**: The high cost of higher education was mentioned as a barrier to educational attainment and social mobility.
- **Wages Not Keeping Up with Cost of Living**: Wages may not adequately support the cost of living in the community, impacting overall financial well-being.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lowell

Recommendations and Solutions

- **Collaboration and Breaking Down Silos**: Encourage collaboration among organizations and work to break down silos that can hinder effective solutions to community health challenges.
- **Affordable Housing**: Consider investments in housing solutions to improve community health.
- **Education Access**: Support initiatives aimed at reducing educational disparities.
- **Cultural Proficiency and Language Services**: Prioritize cultural proficiency within organizations and ensure universal language services to enhance healthcare access.
- **Equitable Investments**: Equitable funding distribution, especially for initiatives that require significant financial resources to make a substantial impact.
- **Political and Governmental Change:** Exploring changes to the city's form of government and advocating for policy changes were identified as potential solutions to address root causes.
- **Flexible Funding**: Provide unrestricted, low-barrier funding to address immediate poverty and housing needs.
- **Support for Mental Health and Addiction**: Invest in mental health, addiction services, and substance use disorder beds.

> "Try not to pit communities against each other to get this funding; find a way to work with cities and towns. Fund long term, large dollar, flexible funds that can cover admin and capital."
>
> **Community Engagement Session Participant**

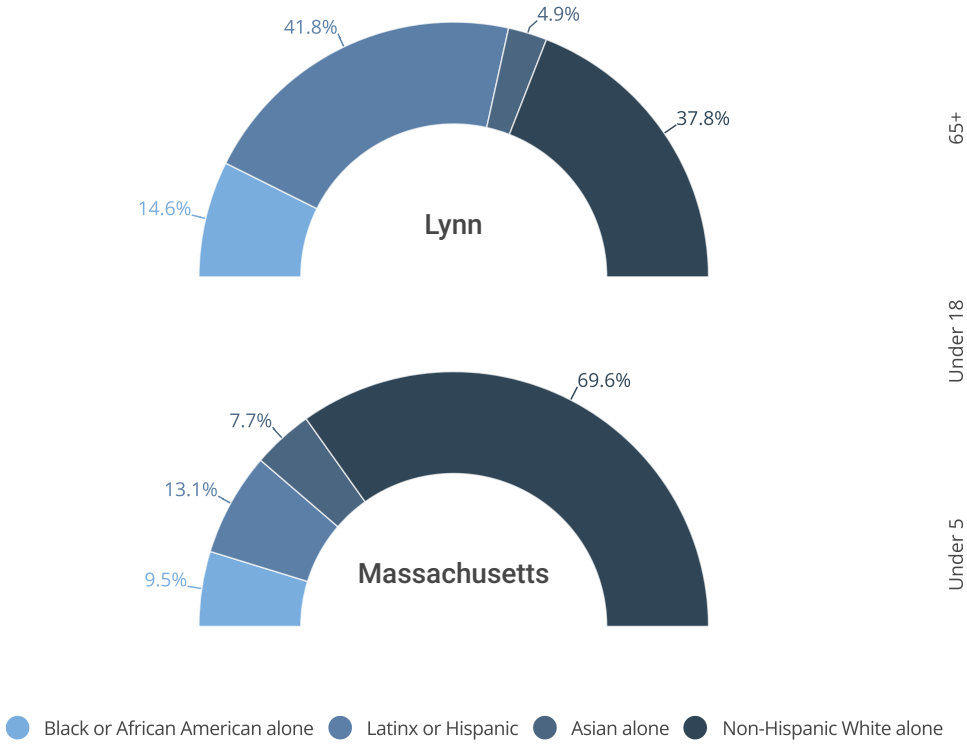
> "Make sure things are data informed and explicitly tied to the life expectancy goal—and look at the intersection of data points to really get a clear picture of what needs to be tackled."
>
> **Community Engagement Session Participant**

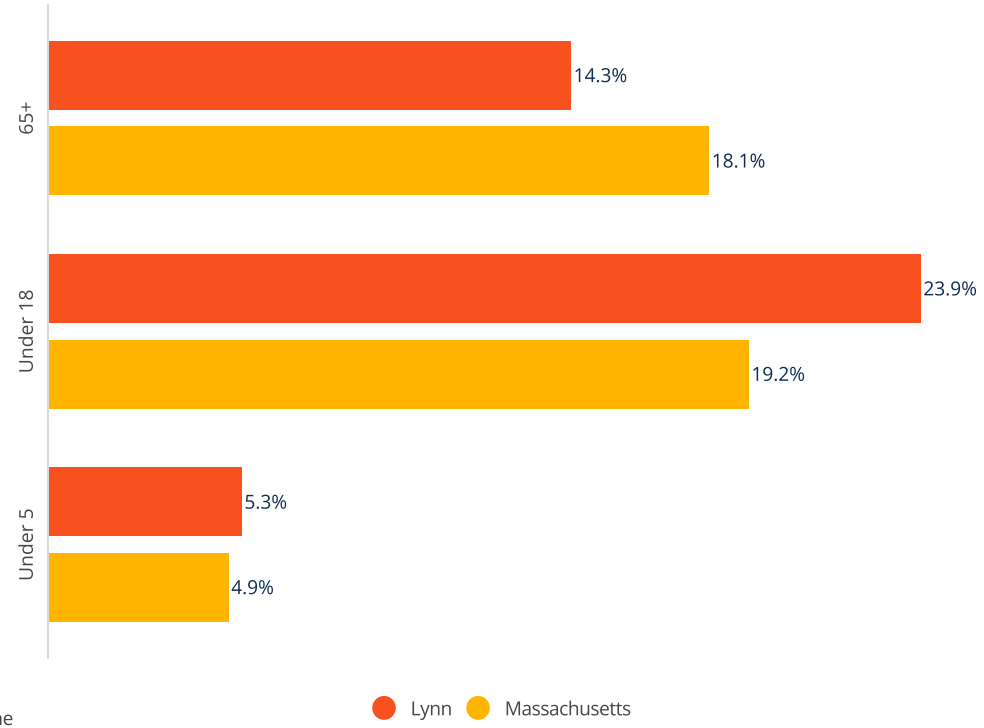
APPENDIX C.

Community Profile: Selected Data for Lynn

Lynn Demographic Profile

- In 2020 the total population of Lynn was **101,253.**
- Lynn has **more than three times Hispanic/Latinx residents** compared to Massachusetts as a whole (41.8% vs. 13.1%).
- It also has a **slightly younger population** than the state average with residents under 18 years old of 23.9% vs. 19.2%, respectively.





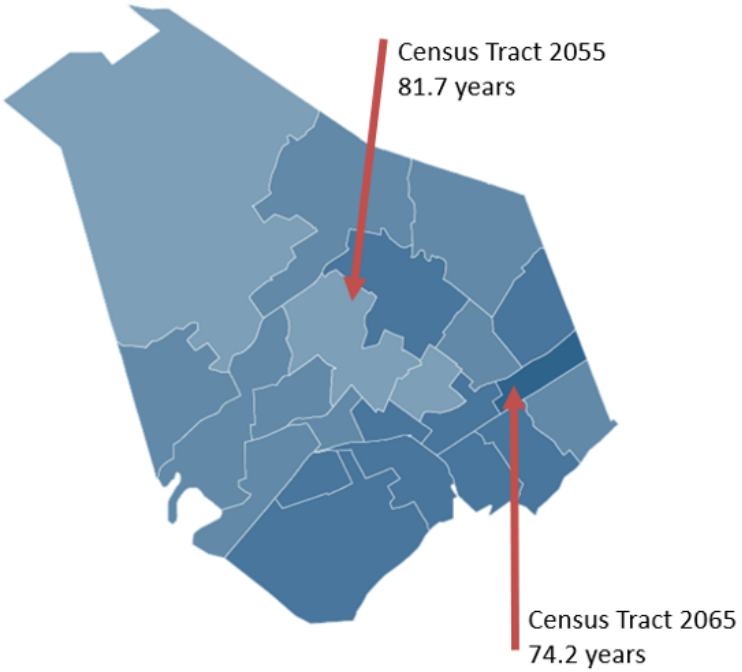
DATA SOURCES: U.S. Census Bureau, United States Census, 2020 and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

APPENDIX C.

Community Profile: Selected Data for Lynn

Life Expectancy Data

- The average life expectancy in Lynn is **78.4 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 2065, the life expectancy is **74.2 years**, and in Census Tract 2055 is **81.7 years**.
- There is a **difference of 7.5 years** based on residence within Lynn.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

Lynn Socioeconomic Profile

		Lynn	MA
Economic Well Being	Unemployment rate as of March 2023*	4.5%	3.5%
	Median household income between 2017-2021	$63,992	$89,026
	Poverty Level	14.9%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	58.8%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	21.0%	45.2%

*Seasonally Adjusted

DATA SOURCES: U.S. Bureau of Labor Statistics, Federal Reserve Bank of St. Louis and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

"Collaboration is our strength; no one organization can solve all our issues alone."

Community Listening Session Participant

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lynn

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Lynn Community Assets

- **Space**: Open spaces, beaches, and parks.
- **Preventative care**: Access to a health center and 24/7 mental health services.
- **Services**: Availability of a community college, hydroponic center, nonprofits, homeless shelters, food resources, advocacy organizations, and aging services.
- **People**: Engaged youth, collaborative spirit within the community, the presence of groups like the New Lynn Coalition and task forces.
- **Transportation**: Commuter rail, boat, bike trails, and buses.
- **Nonprofits**: Strong network of nonprofits and social services; opportunity to invest in project to understand the magnitude of nonprofits in Lynn.

Specific initiatives named that can be strengthened in Lynn:

- **Lynn Vocational Technical Institute**: One of few vocational schools that's non-regional, strictly for Lynn residents. Big opportunity to utilize that space for workforce development.
- **Opportunity for funder** to sustain investments made through ARPA, including food insecurity, housing, as well as other investments in workforce development made by quasi-governmental agencies like Commonwealth Corporation.
- **Lynn created an affordable trust fund that was seeded with $3 million**; a co-investment in that to leverage funding could be transformational in terms of wealth building.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lynn

Root Causes to Health Inequities

- **Isolation**: Community members feeling disconnected.
- **Long Seeded Issues**: Generational impact on health and well-being.
- **Limited Resources** available to individuals and families.
- **History of Inequity**: Long-standing disparities and systemic issues.
- **Mobility**: Challenges related to disability and access.
- **Unequal Access**: Disparities in power, opportunity, wealth, and education across various areas including food, housing, workforce, and healthcare.
- **Language Barriers**: Hindrance to effective communication and access to services.
- **Environmental Conditions**: Impact of environmental factors on health.
- **Social Emotional Learning (SEL)**: The importance of emotional well-being.
- **Machismo**: Patriarchal cultural norms.
- **Over Policing**: Disproportionate targeting of vulnerable populations.
- **Racism and Colorism**: Contributing factors to poverty and inequality.
- **Inadequate Housing**: Overcrowding and unhealthy living conditions; majority city of renters and housing stock is old.

"Any good workforce development initiative or effort in Lynn is going to require deep focus on wrap around services. "

Key Informant Interview

"An asset-based approach taps into our community's strengths."

Community Engagement Session Participant

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Lynn

Recommendations and Solutions

- **Education**: Offer bilingual services, foster community development, and promote social emotional learning. Focus on funding education efforts, especially for youth. Focus on priority industries that include life sciences and clean energy; leverage funding investments that have been made in workforce development in vocational schools.
- **Income**: Address income disparities.
- **Community-wide Approach**: Build coalitions and partnerships. Advocate for technical assistance to reach underserved groups.
- **Youth Engagement**: Empower and develop skills in young community members.
- **Healthcare**: Ensure access to quality behavioral healthcare, multi-lingual healthcare services, trauma treatment and prevention, and improved school-based mental healthcare.
- **Governmental Involvement**: Involve residents in decision-making and planning, enhance government awareness and engagement, address environmental issues, and explore alternatives to traditional policing.
- **Emphasize Collaboration** among organizations to address diverse needs.
- **Infrastructure**: Invest in high-quality infrastructure, affordable housing, and improved transportation.
- **Address Disparities in Grant Success**: Support initiatives with flexible funding. Consider a mix of broad and focused funding based on data.
- **Encourage Inter-agency Collaboration** and multi-year funding.
- **Promote a Whole-person Approach** to investments.
- **Encourage Community-driven Allocation** of funds.
- **Fund Innovative Ideas**.
- **Provide Resources for Planning and Capital Investments:** offer funds for equipment.

"Multi-year funding encourages sustained impact. "

Community Engagement Session Participant

"Funding should directly benefit those with the shortest life expectancies."

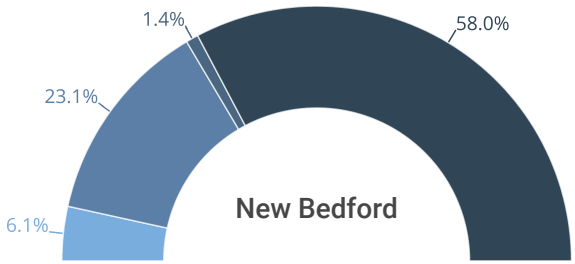
Community Engagement Session Participant

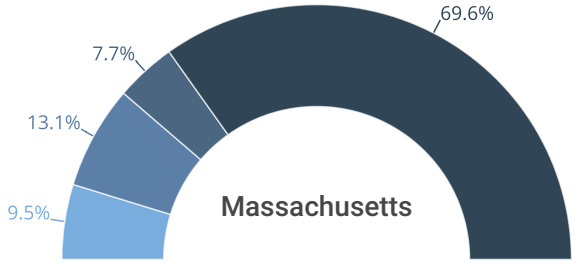
APPENDIX C.

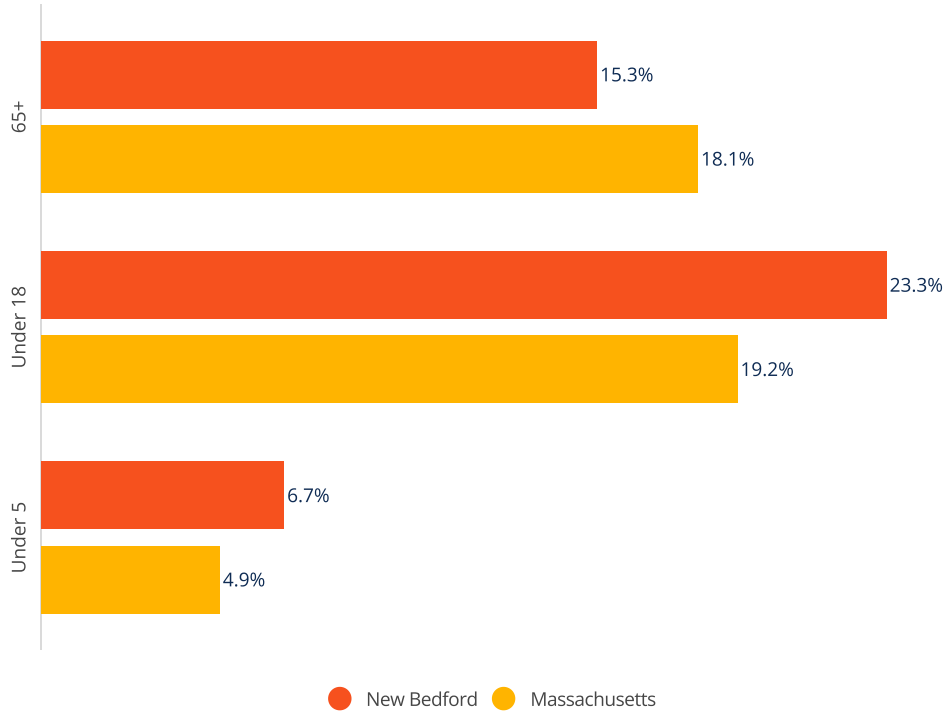
Community Profile: Selected Data for New Bedford

New Bedford Demographic Profile

- In 2020 the total population of New Bedford was **101,079.**
- New Bedford has almost **twice the proportion of Hispanic/Latinx residents** compared to Massachusetts as a whole (23.1% vs. 13.1%).
- It also has a **slightly younger population** than the state average with residents under 18 years old of 23.3% vs. 19.2%, respectively.







Black or African American alone · Latinx or Hispanic · Asian alone · Non-Hispanic White alone

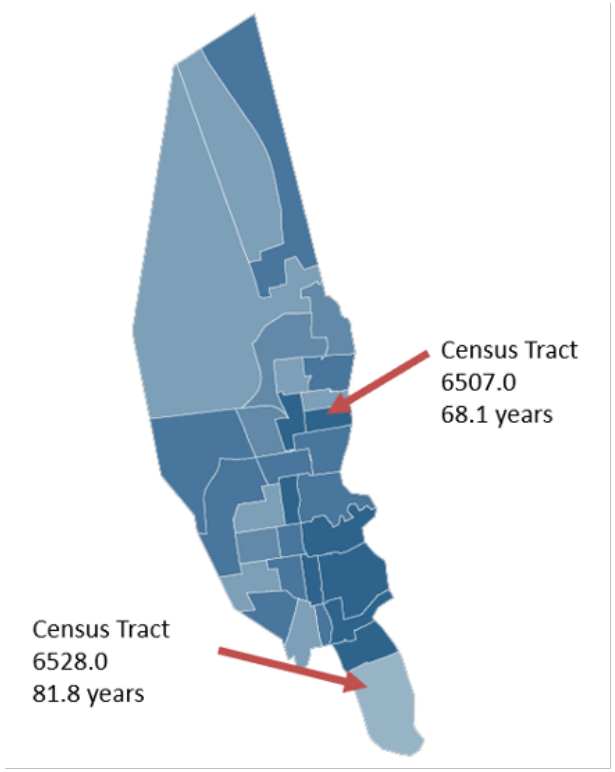
DATA SOURCES: U.S. Census Bureau, United States Census, 2020 and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

APPENDIX C.

Community Profile: Selected Data for New Bedford

Life Expectancy Data

- The average life expectancy in New Bedford is **77.1 years**, compared to **80.7 years** across Massachusetts as a whole.
- In Census Tract 6507.0, the life expectancy is **68.1 years**, and in Census Tract 6528.0 is **81.8 years**.
- There is a **difference of 13.7 years** based on residence within New Bedford.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020.

New Bedford Socioeconomic Profile

		New Bedford	MA
Economic Well Being	Unemployment rate as of March 2023*	5.1%	3.5%
	Median household income between 2017-2021	$50,581	$89,026
	Poverty Level	18.7%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	45.6%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	17.0%	45.2%

*Seasonally Adjusted

DATA SOURCES: Local Area Unemployment Statistics, U.S. Bureau of Labor Statistics, March 2023 and U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

> "New Bedford is known as a land of a million nonprofits. You have to bring in people from the community. Bring them in to talk about why these challenges are happening in the community, who is driving these challenges: housing, jobs, etc."
>
> **Community Engagement Session Participant**

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from New Bedford

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

New Bedford Community Assets

- **Community Health Workers (CHWs)**: Showcase the role of CHWs and outreach workers as assets to bridge gaps and provide culturally sensitive care.
- **Community Engagement**: Highlight the eagerness of community members to be actively engaged in addressing health disparities. This willingness to participate is an asset.
- **Asset Mapping**: Stress the importance of identifying existing strengths and assets within the community that can be leveraged in health equity initiatives.

Root Causes to Health Inequities

- **Systemic Racism, Inequality, and Economic Challenges**.
- **Trust** within the community and with external organizations.
- **Access to Healthcare**, particularly the lack of free healthcare.
- **Fragmented Healthcare Systems** and the need for greater accountability from government and cities.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from New Bedford

Recommendations and Solutions

- **Collaborative Initiatives**: Emphasize the need for collaborative initiatives that break down silos and involve multiple stakeholders, including healthcare providers, government, and community organizations.
- **Immediate Need**: Focus particularly in the most inequitable census tracts.
- **Trust-Building**: Highlight the importance of patient trust-building, recognizing that trust takes time to develop and is a crucial foundation for meaningful partnerships.
- **Community-Led Initiatives**: Stress the significance of investing in community assets and supporting initiatives that are already working well within the community.
- **Community Involvement**: Highlight the need for meaningful community involvement throughout all stages of health equity initiatives. Community members should be active participants in decision-making processes.
- **Eliminating Silos**: Eliminate funding silos and allow funding to align with community needs, rather than predetermined categories.
- **Relational Approach**: Encourage a relational approach rather than a transactional one, emphasizing the importance of creating spaces for healing and authentic engagement with the community.
- **Cultural Competency**: Note the importance of recruiting healthcare professionals who reflect the community's diversity and providing language justice to ensure accessibility.

"We don't do enough asset mapping…so many SDOH…root causes. All this work feeds into life expectancy, it's so broad. Thinking about [the] originality of New Bedford organizations and all of us have a role to play, with accountability. I think there's space to invest from an asset-lens. "

Community Engagement Session Participant

"We are [the] movement. Seeing who is here today gives me hope. It'll take time but we are on our way."

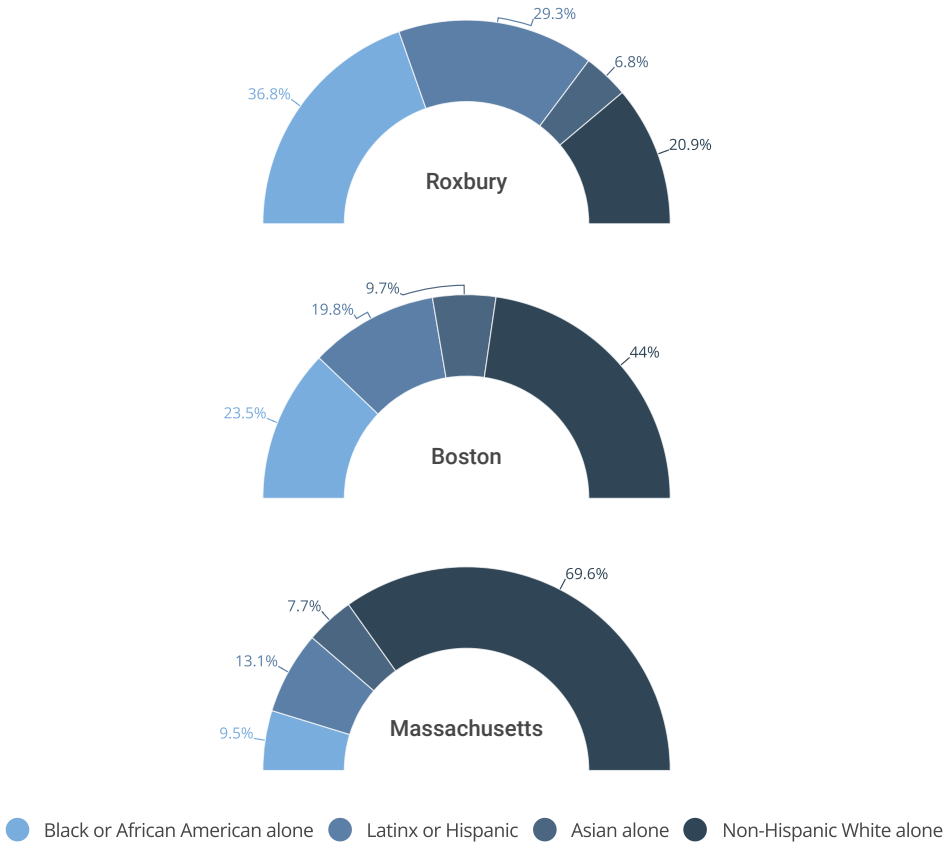
Community Engagement Session Participant

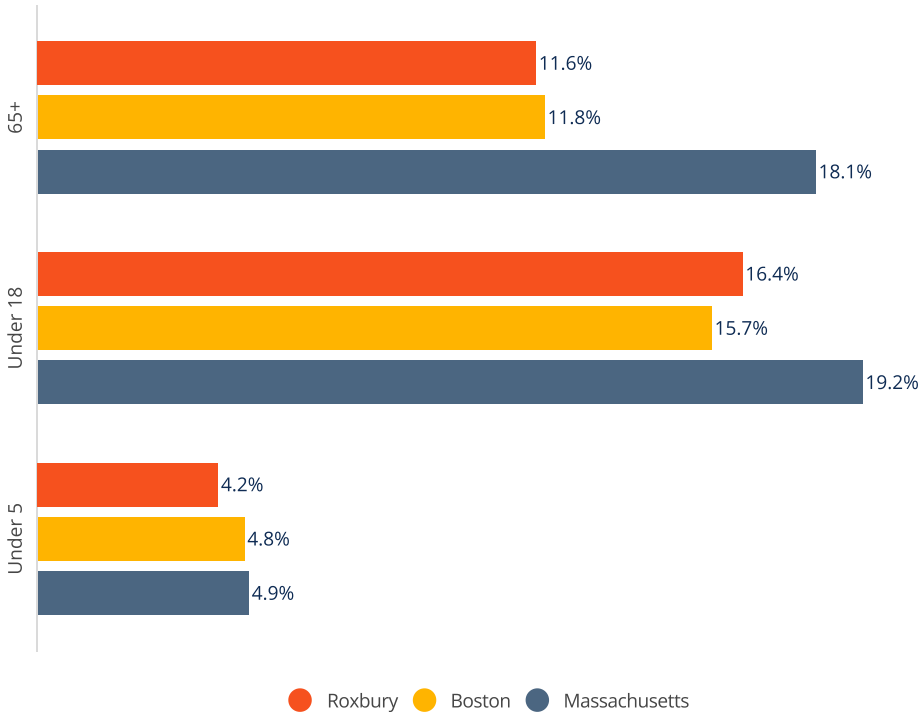
APPENDIX C.

Community Profile: Selected Data for Roxbury

Roxbury Demographic Profile

- Between 2017-2021, the total population of Roxbury was 43,389.
- Roxbury has **almost four times the proportion of Black residents** compared to Massachusetts as a whole (36.8% vs. 9.5%).
- It also has **more than double the Hispanic/Latinx population** compared to the state overall (29.3% vs 13.1%).
- Roxbury has a **lower proportion of older adults** ages 65+ compared to the state average (11.6% vs. 18.1%, respectively).





DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

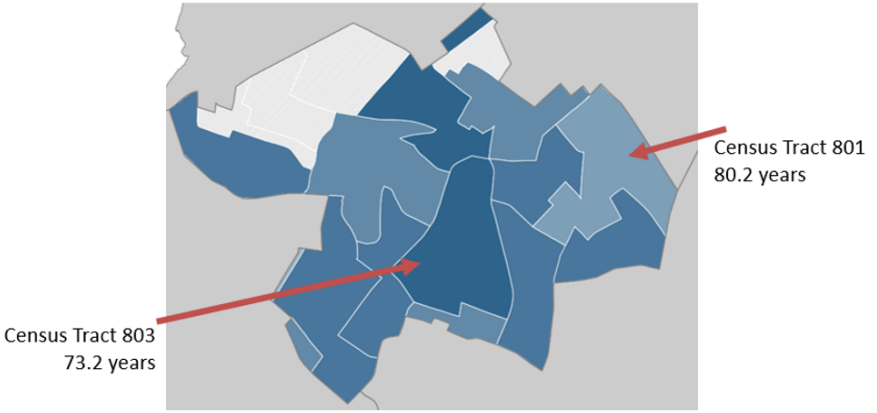
NOTE: Roxbury was defined as zip codes 02119 and 02120.

APPENDIX C.

Community Profile: Selected Data for Roxbury

Life Expectancy Data

- The average life expectancy in Roxbury is **76.8 years**, compared to **79.8 years** in Boston and 80.7 years in across Massachusetts overall.
- In Census Tract 803, the life expectancy is **73.2 years**.



DATA SOURCE: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. 2020; For more updated data, please see Health of Boston 2023, The Provisional Mortality and Life Expectancy Report, Boston Public Health Commission

NOTE: Roxbury was defined as zip codes 02119 and 02120.

Roxbury Socioeconomic Profile

		Roxbury	Boston	MA
Economic Well Being	Unemployment rate 2017-2021	6.7%	6.9%	5.4%
	Median household income between 2017-2021	$34,987 in zip code 02119 and $50,728 in 02120	$81,744	$89,026
	Poverty Level	32.4%	17.6%	10.4%
Housing	Renters that are cost burdened (30% of income or more spent on housing)	57.8%	49.2%	49.4%
Education	Bachelors degree or higher (25 yrs or older)	33.3%	52.1%	45.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

NOTE: Roxbury was defined as zip codes 02119 and 02120.

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Roxbury

Background

In addition to quantitative data, qualitative data were collected via community engagement sessions and key informant interviews. Below is a summary of key topics and themes discussed.

Roxbury Community Assets

COMMUNITY-BASED ASSETS:

- **Centrally Located**
- **Emphasize the Existing Assets** in the Roxbury community, including healthcare centers like Dimock Health Center, educational institutions, cultural organizations, local business, and youth spaces.
- **Leveraging These Assets** as part of the broader strategy to improve community well-being.

COMMUNITY ORGANIZATIONS AND LEADERSHIP:

- Highlight the presence of community organizations, Community Development Corporations, and youth programs that are actively engaged in addressing local challenges.
- Emphasize the value of partnering with these organizations to drive positive change.

SPECIFIC ASSETS NAMED:

Franklin Park, Dimock Health Center, Roxbury Branch Library, Teen Empowerment, Boston Public Schools/ Bolling Building, Madison Park, Community Development Corporations (Madison Park, Nuestra Comunidad, Urban Edge, Dudley Street Neighborhood Initiative, etc.), Hibernian Hall, Burns Building, Barber shops, Beauty Salons, Roxbury Boys and Girls Club, Haley House, Roxbury YMCA, Roxbury Community College, Youth Sports Programs, Local Organizing, Businesses, Universities/ Colleges

> "When building generational shifts, [funders] need to stick around to sustain the change and [the] community."
>
> **Community Engagement Session Participant**

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Roxbury

Root Causes to Health Inequities

- **Media Depiction/Narrative of Roxbury**: Negative portrayals in the media and the way Roxbury is depicted can influence perceptions and access to resources.
- **History of Disparities**: Historical factors, including past inequalities and injustices, continue to impact health outcomes today.
- **Urban Renewal**: The process of urban renewal, including redevelopment and gentrification, has had implications for housing, employment, and community well-being.
- **Hospitals' Roles in Health Disparities**: The healthcare system, including hospitals, was identified as having a role in perpetuating health disparities. The expansion of various institutions may have had unintended consequences on community well-being.
- **Distribution of Power/Influence**: Disparities in the distribution of power and influence in the community were highlighted as a significant root cause.
- **Inadequate Housing — Income Threshold/Policy**: Challenges related to housing affordability and policies affecting income were identified.
- **Gender Inequality**: Gender disparities, particularly in maternal health, were highlighted.
- **Kindergarten Readiness/Education**: Disparities in early education and kindergarten readiness affect long-term health outcomes.
- **Pollution/Environment**: Environmental factors contribute to health disparities.
- **Impacts of CORI**: Individuals with CORI (Criminal Offender Record Information) records face unique challenges, such as limited access to economic, educational, and housing opportunities.

> "It will be important to think about how the community is changing and the grassroots voices that don't have the ability to write in complex grant-writing language."
>
> **Community Engagement Session Participant**

APPENDIX C.

Community Profile: Community Engagement Session and Key Informant Themes from Roxbury

Recommendations and Solutions

CENTERING COMMUNITY VOICES, MANAGING EXPECTATIONS:

- **Amplify** grassroots voices and involving the community in decision-making processes; involve youth in these decisions.
- **Simplify** grant application processes and engage with organizations closest to the issues. Showcase the call for disrupting traditional philanthropic norms and making the grant application process more accessible to grassroots organizations.
- **Be transparent and clear** about how funding decisions will be made and develop clear expectations for the types of fundings that will go out.

ADDRESSING ROOT CAUSES:

- Highlight the root causes identified during the session, including systemic issues like distribution of power, education gaps, and access to healthcare.
- Support and fund comprehensive strategies that address these root causes.

INVESTING IN HEALTH AND WELL-BEING:

- **Invest** in public health initiatives, such as chronic disease screenings in non-traditional places and public health mobilization, such as barbers, salons, youth spaces.
- **Showcase the Potential for Partnerships** with existing organizations to scale successful initiatives.

WEALTH BUILDING AND ECONOMIC DEVELOPMENT:

- Support and fund initiatives that promote **wealth building and homeownership** in underserved communities; consider multi-generational approaches.
- **Promote Mixed-Income Housing Projects** and other wealth building programs that will impact more than one generation in the home.

> "Many of the decisions that impact life expectancy are not made in Roxbury but carried out here. "
>
> **Community Engagement Session Participant**

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