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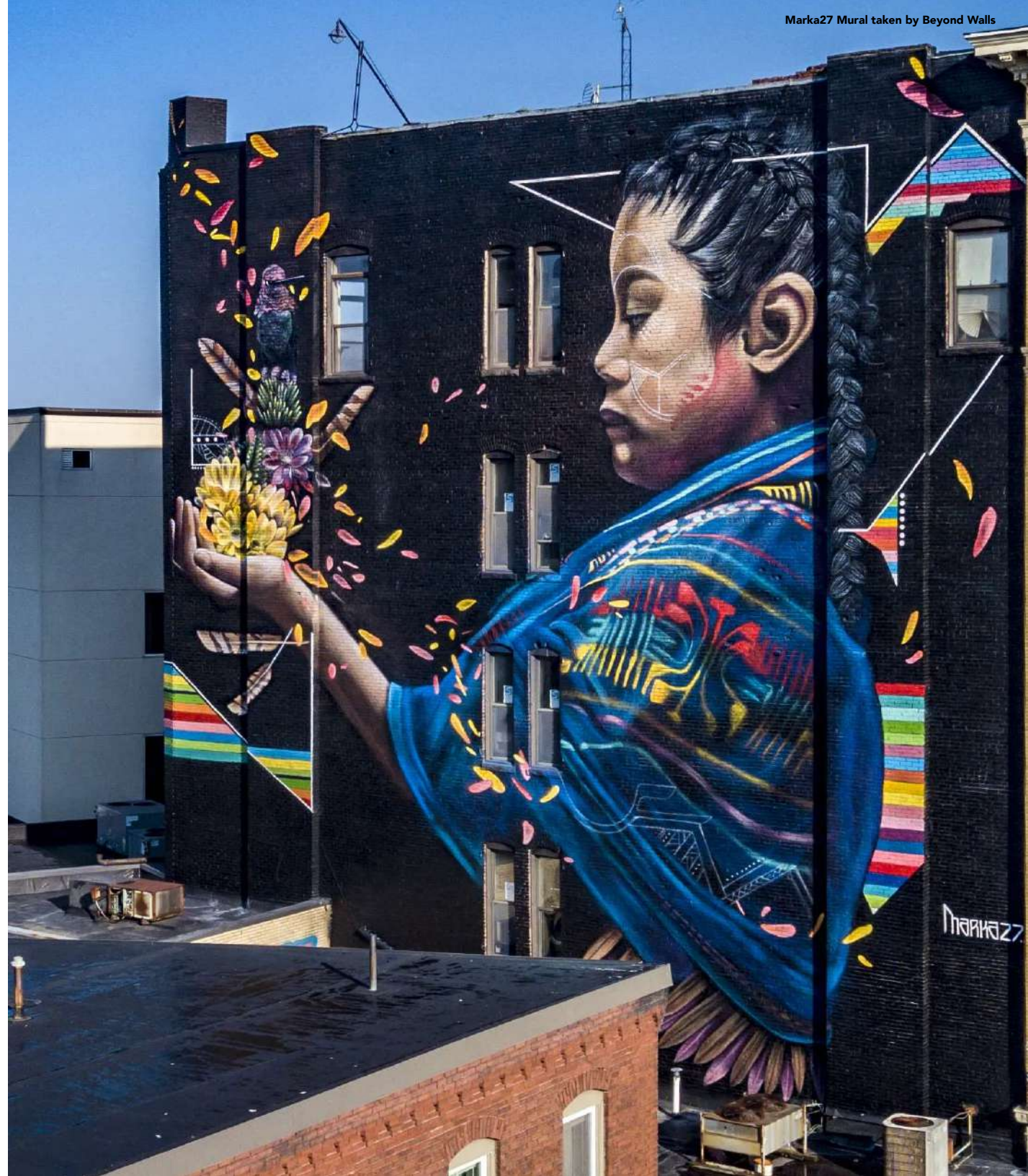
# Closing the Life Expectancy Gap in Eastern Massachusetts

Insights from  
Community  
Engagement

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NOVEMBER 2023

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## ACKNOWLEDGEMENTS

The Foundation thanks everyone who participated in the engagement process; Health Resources in Action for designing, facilitating and analyzing data from the community engagement process; and Catherine Headen for designing this report.

# EXECUTIVE SUMMARY



Photography by EmVision Productions

## **Across Eastern Massachusetts, structural inequities have created vastly divergent life expectancy across communities, with differences as high as 25 years.**

At the Atrius Health Equity Foundation, we aim to close this gap by partnering with community-based organizations, including community health centers, to address the root causes of poor health.

To inform our grantmaking, we conducted community engagement sessions across eight communities that are impacted by low life expectancy or high premature mortality and that differed in geography and socio-demographics (Barnstable, Brockton, Chelsea, Lawrence, Lowell, Lynn, New Bedford, and Roxbury in Boston).

We supplemented these community sessions with key informant interviews, a survey, and a virtual open house to obtain information from across Eastern Massachusetts.

Across these different conversations, economic mobility, education, housing, and access to health and mental health services consistently emerged as important root causes and solutions to the life expectancy gap.

Respondents also provided consistent and important feedback about how funders could better support communities to improve longevity, by decreasing barriers to funding, trusting in community, and providing flexible and sustained funds.

Life expectancy matters: it is a matter of life or death, literally. Reversing harmful practices and patterns will require going both deep and broad: addressing social determinants of health; pursuing simultaneous, multisectoral interventions; providing accessible, multi-year, and flexible funding; and supporting power-building within communities to drive change.

While the challenges are large and complex, we are eager to work with partners to extend the benefits of longevity across our region.

# WHY WE DID THIS WORK

## What happens to a community when we lose people too soon?

We lose the fabric of our communities: individual futures, family legacies, generational wealth, and communal wisdom.

At the Atrius Health Equity Foundation, our mission is to close the gap in life expectancy across Eastern Massachusetts by working with communities to solve fundamental challenges.

Across Eastern Massachusetts, life expectancy varies dramatically, with a 25-year difference between the longest-lived and the shortest-lived neighborhoods. These inequities are the result of decades of disinvestment that have cut short too many lives.

In investing in communities with the lowest life expectancies, we aim to address the causes of poor health, rooted in inequity and poverty. We plan to concentrate our funding in large-scale grants to advance meaningful progress. In the summer of 2023, with Health Resources in Action, we held community engagement sessions across the region to introduce ourselves to key partners; identify root causes, community assets and solutions that can help close the life expectancy gap; and uncover strategies to better embed equity into our funding approach.

We supplemented in person community engagement sessions in eight communities with a survey of community-based organizations, a virtual open house, and key informant interviews. More details can be found in “Community Engagement Approach and Findings.”



Photo by Rod Long on Unsplash

# WHAT WE LEARNED

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THROUGH OUR ENGAGEMENT WITH COMMUNITIES, WE REFLECTED DEEPLY ON THE FOLLOWING CHALLENGES AND OPPORTUNITIES.

## 1. Life expectancy matters.

Across our one-on-one, virtual, and group conversations, we confronted what it means when a community does not have the same life expectancy.

For some participants, the data on life expectancy at the neighborhood level was new and eye-opening. For others, the data corroborated what they already suspected. Seeing the stark disparities in one's own community felt "heavy"; a burden that is not easy to carry, but one that also galvanizes action.

Community leaders noted how life expectancy is a useful frame because it captures so many different factors, like an ocean that is fed by many different streams.

The challenge is that it can take time to see shifts in life expectancy, and community members emphasized the importance of having clear and measurable outcomes, alongside flexible and long-term funding pathways.



# WHAT WE LEARNED

## 2. Communities identified social determinants of health priorities (particularly housing, education, and economic mobility), consistent with other assessments.



Across our community engagement settings, we heard consistently about economic challenges, the desire for better educational opportunities, and the need for housing.

Communities also frequently identified access to health care, particularly for behavioral health, as a challenge.

Poverty was noted as a root cause of poor health, including some more insidious and less frequently acknowledged effects, summarized in one meeting as the “poverty of time”: a deeply regressive system maintained through segregation in which those with fewer resources must expend more time and energy to survive; for example, working more hours, commuting longer distances, expending more time to secure housing, and facing more difficulty finding childcare.

The social determinants of health that often surfaced across our community engagement settings were largely consistent with those from other reports, including Community Health Needs Assessments from across the region (a list of reports we consulted is found in [Appendix B](#)).

A common theme was that the inequities that were laid bare during the pandemic have not gone away, and in fact have worsened.

# WHAT WE LEARNED

## **3. The pandemic response has forged valuable collaborations across health and social service organizations, but in many places, long-term funding to sustain those collaborations is uncertain.**

Through our community engagement, we learned about and were immersed in a vibrant ecosystem of health and social service organizations.

Across communities, we noted variation in the richness and culture of the non-profit sector, and observed how in some places, local funders contribute to the cohesiveness of the ecosystem through convening, coordination, funding support and technical assistance.

Many organizations came together in response to the COVID-19 pandemic, establishing formal and informal collaborations and relationships.

There continue to be important “tables” in communities that enable organizations to share information and nurture partnerships.

American Recovery Plan Act (ARPA) funds are vital sources of support to individuals, organizations and collaborations within cities and towns. With funds ending in 2026, there is a funding cliff that threatens the network of community services and the people they serve.



Photo by Brian Wangenheim on Unsplash

## WHAT WE LEARNED

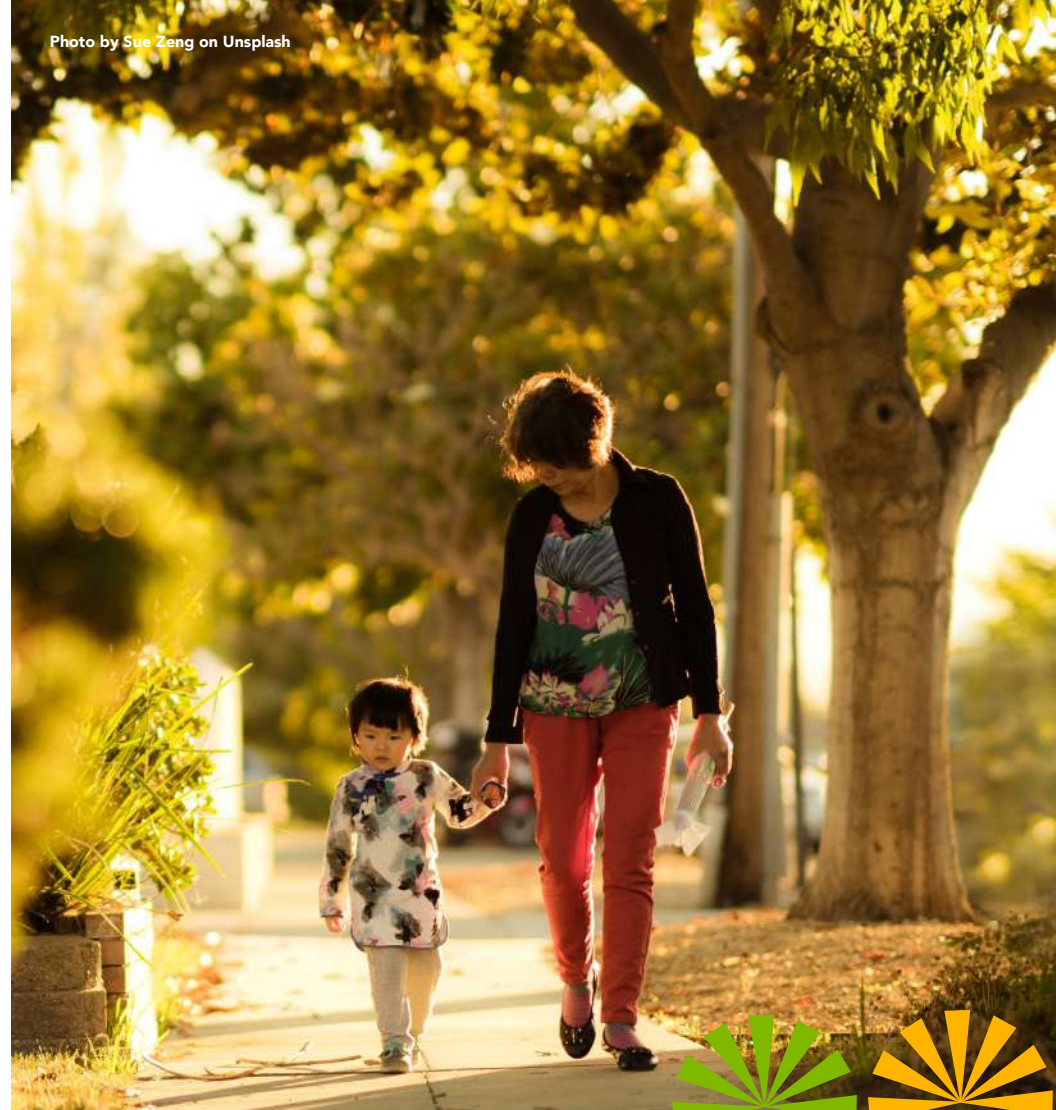
### 4. To impact life expectancy, a single intervention is not enough.

Community conversations reinforced that the factors influencing lifespan are manifold, and that intervening in only one dimension is not enough.

Proposed solutions touched on opportunities across the lifespan, the multiple social and economic factors that determine health, and the gaps in the health care system.

For maximum effect, funders and policymakers will need to seek ripple effects: ways to amplify impact and achieve lift across the community.

Photo by Sue Zeng on Unsplash



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

**Community Engagement Session Participant**  
Lynn



# WHAT WE LEARNED

## 5. Traditional philanthropic practices are a barrier to progress.



While philanthropy has made strides to be more trust-based, traditional philanthropic practices are at odds with community preferences.

Community-based organizations shared how typical grantmaking processes, including time-consuming applications, small grants, burdensome reporting, and funding restrictions, can detract from their work in the community itself.

Participants shared suggestions for low-barrier application processes, assistance in completing applications, and a desire for multi-year, flexible funding.

# WHAT WE LEARNED

## 6. Communities note the need for organizing and policy change.

Community leaders identified community organizing and policy change as important avenues for impact.

Across the communities that we engaged with, we observed differences in whether people of color and other historically marginalized communities felt they had power and voice.

In some places, political structures and other powerful institutions were seen as good allies and responsive to the community.

In other places, those same structures and institutions were described as not representative of and disconnected from the community.

To make effective investments, we will need to understand existing power dynamics in order to support policy change effectively. In communities without responsive institutions, organizations may need more funding to organize and build power within their communities.

“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 place 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**  
Lawrence

# WHAT WE LEARNED

## 7. Action is needed today from all of us.



Photo by Aaron Burden on Unsplash

Finally, and most importantly, we left our community conversations with a strong sense of urgency.

The burden of chronic illness and the impact on a community of losing loved ones before their time are deeply felt.

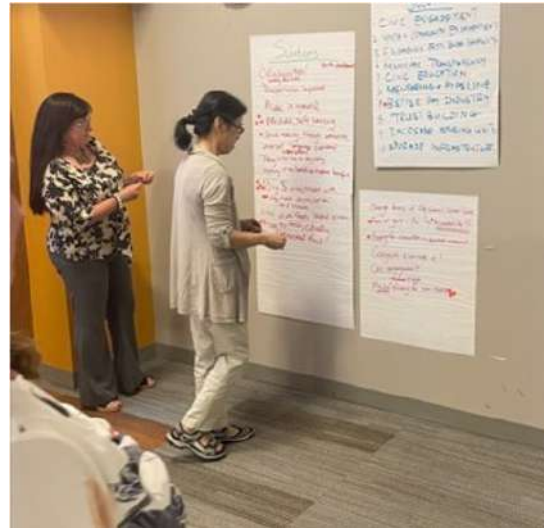
So are the daily struggles of making ends meet, which wear down people's well-being and health.

While the problems may be large and complex, the fact that no single person can fix everything should encourage us **all** to do something.

**The opportunity to speak with community leaders across Eastern Massachusetts about the life expectancy gap was inspiring and motivating. We look forward to partnering with leaders across the region and across all sectors, to work to ensure that all communities have the benefit of longevity and health.**



# APPROACH AND FINDINGS



## Approach

From June to September 2023, we partnered with Health Resources in Action to facilitate community engagement sessions in eight communities chosen based on data on low life expectancy and premature mortality, demographic diversity, and geographic diversity (Barnstable, Brockton, Chelsea, Lawrence, Lowell, Lynn, New Bedford, and Roxbury in Boston).

In these meetings, we engaged 112 participants from across sectors, such as community-based organizations (CBOs), health care, government, education, and philanthropy.

We designed our sessions to be interactive, solutions-oriented discussions that served various learning styles.

We supplemented group discussions with key informant interviews, an online survey online (92 respondents), and a virtual, interactive open house, to obtain input from community leaders across Eastern Massachusetts.

# Findings

## DEMOGRAPHICS

The eight communities were purposefully selected for socio-demographic and geographic variation (Table 1).

Average life expectancy varied but all eight communities face challenges of longevity, whether they are reflected in life expectancy statistics (average or neighborhood specific), COVID mortality, or premature mortality.

In terms of racial and ethnic diversity, Lowell has a large Asian-American population, Brockton and Roxbury have large Black populations, and Chelsea and Lawrence are majority Latinx populations. Brockton had the largest percentage of residents under 18, while Roxbury had the lowest.

**TABLE 1. DEMOGRAPHIC PROFILES OF COMMUNITIES PARTICIPATING IN ENGAGEMENT SESSIONS**

Overview	Population <sup>1</sup>	Age (% under 18) <sup>2</sup>	Average Life Expectancy, years <sup>3</sup>	Median Household Income, \$ <sup>4</sup>	Largest Racial and Ethnic Minority Group(s), % <sup>5</sup>	Education, % <sup>6</sup>
Statewide	6,981,974	19.2	80.7	89,026	Latinx (13.1) Black (9.5)	45.2
Barnstable	48,916	22.8	80.0	82,816	Latinx (6.8) Black (5.7)	39.6
Brockton	105,643	25.3	78.2	68,067	Black (41.0)	20.1
Chelsea	40,787	22.9	77.1	64,782	Latinx (66.1)	20.8
Lawrence	89,143	22.4	79.4	47,542	Latinx (82.3)	13.5
Lowell	115,554	20.8	75.9	64,489	Asian (22.2) Latinx (17.6)	27.4
Lynn	101,253	23.9	78.4	63,992	Latinx (41.8)	21.0
New Bedford	101,079	23.3	77.1	50,581	Latinx (23.1)	17.0
Roxbury	43,389	16.4	76.8	34,987 in zip code 02119 and 50,728 in 02120	Black (36.8) Latinx (29.3)	33.3

<sup>1</sup> U.S. Census, 2020.

<sup>2</sup> U.S. Census Bureau, American Community Survey 5-Year Estimates, 2017-2021

<sup>3</sup> Calculated using 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 and U.S. Census, 2020.

<sup>4</sup> U.S. Census Bureau, American Community Survey (ACS), 2017-2021. Data provided in 2021 dollars.

<sup>5</sup> U.S. Census Bureau, American Community Survey (ACS), 2017-2021.

<sup>6</sup> U.S. Census Bureau, American Community Survey (ACS), 2017-2021. This is the percent of individuals age 25+ with a bachelor's degree or higher.

## SOLUTIONS



Photo by OPPO Find X5 Pro on Unsplash

## Economic Stability and Wealth Building Are Key Drivers of Health and Well-Being

Participants noted the need for living wages and wage structures that ensure economic stability for workers.

Similarly, they emphasized wealth-building and the need for initiatives promoting generational wealth, home ownership in underserved communities, and reducing the wealth gap.

Other solutions included recognizing and financially backing grassroots organizations and local movements as well as considering micro-funding and funding for innovative grassroots initiatives (like seed funding).

## SOLUTIONS

# Education and Training Are Key for Individual and Community Success

We heard the need for holistic education. Specifically, this included prioritizing investment in education, especially culturally relevant education and integration systems, early graduation strategies, and English for Speakers of Other Languages (ESOL) programs.

Similarly, participants recommended education-related solutions such as job training, afterschool programs, and internships.

Workforce development was an important matter, with participants seeking more funding across the state from quasi-governmental agencies, like the Commonwealth Corporation, that are investing in vocational schools, and more support for workforce pipelines, particularly for the behavioral health workforce.

Lastly, participants noted the value of innovative educational approaches, such as loan forgiveness and legal support for underserved students (for example, to address immigration status or CORI status).



“Many of the struggles have to do with employment, rooted in education.”

**Community Engagement Session Participant**  
Lawrence



## SOLUTIONS

# Affordable Housing and Public Infrastructure Are Core, Daily Needs

Numerous communities called for investments in housing initiatives to address homelessness, housing instability and inadequate and unaffordable housing, and as a way to build generational wealth.

Survey respondents also identified housing as the most important root cause to address.

Additionally, community engagement session participants noted the need to invest in infrastructure, with specific mentions of public transportation and improved transportation options.



“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**  
Barnstable



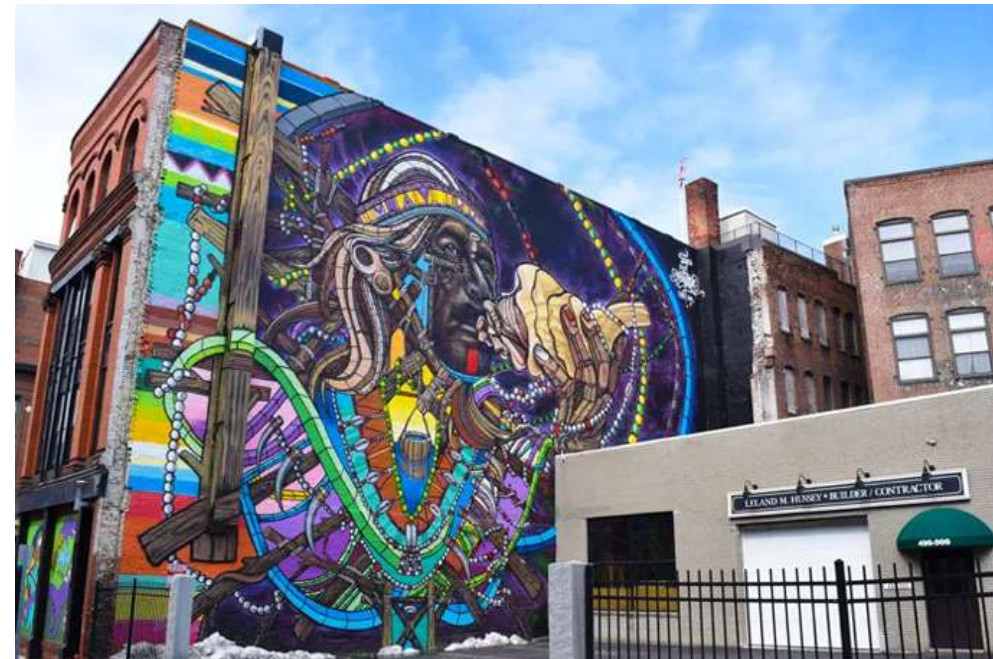
## SOLUTIONS

# Communities Desire Better Access to Health and Mental Wellness Services

Community stakeholders stressed a focus on healthcare access, waiting times, and quality, with access solutions including multilingual healthcare services and trauma treatment.

Moreover, there was a recurring theme of expanding mental health services, launching mental health campaigns in schools, and addressing addiction.

The Call of the Conch by Don Rimx (@donrimx)



# CONSIDERATIONS FOR GRANTMAKING

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## COMMUNITY ENGAGEMENT

Amplify grassroots voices and involving the community, including youth, in decision-making processes. This theme was consistent across communities, with a clear call to prioritize the voices of those most impacted.

## COLLABORATION & COLLECTIVE IMPACT

Emphasize inter-agency collaboration and coalitions, in order to break down silos and to ensure holistic approaches to community needs that move beyond health entities.

## TAILORED SUPPORT

Consider support for groups with less formal training in grant writing or management, prioritizing groups with marginalized identities (e.g. young people, indigenous populations, those with disabilities, immigrants).

## CLEAR LIFE EXPECTANCY GOALS

Define transparent metrics and outcomes.

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## Communities Identified Clear Ways to Ensure Equity and Accessibility

- ✓ **Embed Equity** in opportunities and outcomes, especially in funding decisions. Specific examples included use of community advisory boards, involving the community in RFP processes, and avoiding funding only the loudest voices.
- ✓ **Low-Burden Application Process**, including simple guidelines for reporting.
- ✓ **Multi-Year Funding** to offer stability and encourage project longevity.
- ✓ **Flexible Funding** for unrestricted, low-barrier funding for various needs, such as planning time and capital costs, and realistic timelines for spending down funds.
- ✓ **Trust-Building** is essential to working with and within communities.
- ✓ **Clear Communication** and transparency in funding decisions, organizational missions, and strategies.
- ✓ **Leverage Investments** to sustain initiatives funded by federal and state relief, such as the American Rescue Plan Act, community block development grants, and land trusts.

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

Community Engagement Session Participant  
Chelsea

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

Community Engagement Session Participant  
Lowell

"When building generational shifts, [funders] need to stick around long enough to sustain the change and [the] community."

Community Engagement Session Participant  
Roxbury

# SPECIAL CONSIDERATIONS



Our community engagement activities provided us with insights into the opportunities and challenges to close the life expectancy gap across Eastern Massachusetts.

In reflecting upon the data collected for this effort, there are some important limitations and considerations that are important to keep in mind.

Qualitative discussion uses small sample sizes and non-random sampling methods, the latter of which is an important approach to incorporating the perspectives of communities who are typically underserved.

The selection of communities was based on those with the lowest life expectancy across Massachusetts, which, while providing a lens into more vulnerable populations, does not offer a comprehensive view of the Eastern state's diverse needs and issues. The chosen method relied more on representativeness, targeting specific concerns, rather than an all-encompassing review.



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