Mass General Brigham
Mass Eye and Ear

2025

Community Health Needs Assessment

Letter from the Chief Community Health & Health Equity Officer

Mass General Brigham is a leading integrated healthcare system anchored by two world-renowned academic medical centers (AMCs) —Massachusetts General Hospital and Brigham and Women's Hospital. Alongside these flagship institutions, the system includes specialty hospitals that expand its depth of expertise: McLean Hospital for psychiatry and neuroscience, Spaulding Rehabilitation Hospital for rehabilitation medicine, and Mass Eye and Ear for ophthalmology and otolaryngology. These hospitals, together with high-quality community hospitals such as Newton-Wellesley and Salem, are deeply connected to the mission of Mass General Brigham —advancing patient care, research, medical education and community.

Our community health mission is to achieve meaningful improvements in health outcomes that increase life expectancy, reduce premature mortality, and enhance quality of life in the communities we serve. This report reflects a vital step in that ongoing commitment.

At our specialty hospitals, our mission extends beyond delivering advanced clinical care. We are committed to understanding and addressing the broader needs of the communities we serve. We recognize that true health and well-being are shaped not only by medical treatment, but also by access, education, and the social and economic conditions that influence daily life. Community engagement and strong partnerships are also central to this work and essential for advancing equity and improving outcomes.

The Community Health Needs Assessment (CHNA) process was guided by principles of health equity, community engagement, and data-driven collaboration. Across the MGB system, thousands of individuals across the communities we serve—including residents, community leaders, service providers, and public health stakeholders—shared their perspectives through surveys, focus groups, and interviews. Their insights and aspirations shaped this CHNA, which are more than just reports: they are roadmaps for action for our hospitals and our system. They call on us to deepen our commitment to equity, strengthen partnerships, and deliver care that is responsive, accessible, and inclusive. Above all, it reinforces that building healthier communities is a shared responsibility—one we pursue most effectively when we work together.

Elsie M. Taveras, MD, MPH
Chief Community Health and Health Equity Officer
Mass General Brigham

Table of Contents

I. Background

Massachusetts Eye and Ear (Mass Eye and Ear) is a specialty hospital within the Mass General Brigham Healthcare System and is dedicated to excellence in the care of disorders that affect the eye, ear, nose, throat, and adjacent regions of the head and neck. Like most non-profit hospitals, Mass Eye and Ear conducts triennial community health needs assessments (CHNA) to identify priority communities, vulnerable populations, and health concerns, and to inform three-year community health improvement plans. In the summer of 2025, Mass Eye and Ear's Community Advisory Board embarked on its 2025 CHNA.

Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate to:

- Identify health-related needs in the community, as well as community strengths and resources;
- Describe issues that affect the community overall, as well as concerns for certain sub-populations; and
- Provide data useful to the hospital and others for planning and developing programs and initiatives.

II. Methods

A. Definition of priority community and populations

Mass Eye and Ear defines community for the purpose of the needs assessment to include communities ***within the Route 128/95 belt***, including ***Boston*** and **Mission Hill**. We further identify ***older adults*** (age 65+) and ***children*** (under age 18) and ***people who are homeless*** as priority populations within our targeted geographic area.

Our location: The hospital sits in Boston, therefore having an impact on those who live, work, and commute near the hospital's location. The 800 Huntington Avenue facility, located in Mission Hill, has an impact on this neighborhood of Boston in particular.

Our patients: Patients visit Mass Eye and Ear from all over the world, however the CHNA focuses on those living in Massachusetts. Although our patients come from 347 of the Commonwealth's 351 cities and towns, 65.7% of Mass Eye and Ear patients come from three neighboring counties (Middlesex, Suffolk, and Essex). The Route ***128/95 beltway*** cuts through Middlesex and Essex counties and includes within it all of Suffolk County, as well as the top 10 communities in which our patients reside. These ten communities, including ***Boston***, are home to 39.2% of Mass Eye and Ear patients. ***Older adults***, age 65 and over, and ***children*** (under age 18) comprise 37.8% and 8.4%, respectively, of Mass Eye and Ear's patients. Within the top 10 communities in which patients reside, between 9.5% and 19.1% are age 65 and over and between 13.1% and 24.3% are under the age of 18. (See Appendices A and B for patient and Census data).

Our target area and populations: By focusing on the geographic area within the 128/95 belt, Mass Eye and Ear will target communities that are home to individuals who are more likely to face disparities that impact their access to care, SDOH, and health outcomes, including residents with lower incomes and racial and ethnic minorities and those who are homeless.

- A 2024 analysis[i] using U.S. Census five-year population estimates identified "The 50 Poorest Neighborhoods in Massachusetts" based upon income levels, unemployment rates, and other factors (e.g., number of employers and business environment, earning potential, graduation rates). Thirteen of the 43 towns and cities on the list are within the 128/95 belt. Additionally, seven Boston neighborhoods were on the list (all in the top 20). While not on the top 50 list, Mission Hill has a poverty rate of 37% compared to Boston overall at 18% (See Appendix C).
- Based on the most recent Census,10 of the 25 most racially and ethnically diverse communities in Massachusetts are located within the 128/95 belt, ranging from 39.6% of the population of Waltham to 79.8% in Chelsea. [ii]
- As of July 2025, 35,393 residents and 18,591 households are unhoused in Massachusetts. The largest concentration of unhoused residents are within the hospital's target area, specifically in Boston.[iii]

Additionally, problems with hearing, vision, and balance create particular risks to the safety and wellbeing of older adults while vision and hearing problems put children's development and academic performance at risk. Therefore, older adults and children are high priority populations within our target communities.

Therefore, we reaffirm our priority area and populations as defined above and will continue to work in and with residents to address the health needs and disparities.

B. Data Sources

The 2025 CHNA relied upon the following data sources:

- **Patient Data:** De-identified data for a sample of 166,761 patients who sought care at Mass Eye and Ear between March 1, 2024 – February 28, 2025 were analyzed to inform selection of the hospital's target community and vulnerable populations. (See Appendix A)
- **U.S. Census Data:** The most recently available U.S. Census and American Community Survey data were used to understand the demographics of communities in which the largest proportion of Mass Eye and Ear patients live. (See Appendix B)
- **Mission Hill Data:** Derived from secondary data from the Boston Public Health Commission and Boston Planning and Development Agency, demographic and descriptive information on Mission Hill were reviewed to inform the identification of priority communities. (See Appendix C)
- **Healthy People 2030**: Secondary data from local and state public health sources are not available on health conditions addressed by Mass Eye and Ear. However, the U.S. Centers for Disease Control and Prevention's Healthy People 2030 objectives offered insight into community health needs related to vision, hearing, balance, taste, smell, and oral and pharyngeal cancers and health insurance access. (See Appendix D)
- **Key Informant Interviews:** Eleven internal (n=5) and external (n=6) stakeholders who have expertise and experience with specific populations and/or health issues participated in telephone interviews of up to 60-minutes in length and using a semi-structured interview guide to understand community health needs and opportunities to address them. Interview data were reviewed for common and divergent themes about the major community health issues. (See Appendix E)

C. Role of the Community Advisory Board

The Mass Eye and Ear Community Advisory Board (CAB) is comprised of seven community

leaders who work with and/or represent populations at-risk for disparities in health outcomes, SDOH, and access to care as well as eleven internal leaders of areas that address the needs of low-income patients, including clinical conditions, insurance and financial concerns, interpreter services, transportation needs, and other social services. A draft list of CAB members is available in Appendix F. The CAB met on Tuesday, September 9 to review the assessment data, affirm the hospital's target community and populations, determine the priorities to be addressed in the hospital's next Community Health Improvement, and approve the CHNA.

III. Assessment Findings

Because limited secondary data exist to help identify health-related needs within Mass Eye and Ear's priority communities and populations, the CHNA relied upon Healthy People 2030 (HP2030), a national initiative aimed at improving the health and well-being of Americans over the next decade, to provide insights into issues Mass Eye and Ear can address given its areas of clinical focus and expertise. According to HP2030, Mass Eye and Ear should focus its efforts to improve community health by concentrating on ***hearing and vision loss, balance problems, and head and neck cancers.*** The identified needs include ***screenings; referrals to specialists and the provision of follow-up care, rehabilitative services, and assistive devices.*** Additionally, HP2030 identified ***access to health insurance*** as an important issue for improving community health (See Appendix D).

The assessment also included primary data derived from key informant interviews with internal and external leaders who have expertise and experience with the low-income and diverse populations, including children and older adults. The interviews indicated that the primary needs that Mass Eye and Ear should address involve ***hearing and vision, balance, and head and neck cancers***. The interviewees identified ***health education, screenings, and follow-up care and assistive devices*** as the primary needs related to these conditions. Additionally, they explained that access to care is impeded by ***lack/insufficient insurance coverage, transportation, linguistic barriers, lack of trust in/understanding of the health system and difficulty navigating it***. (See Appendix E).

IV. Conclusions

Figure 1 below summarizes the CHNA conclusions regarding the target communities and populations, primary health concerns and related needs, barriers to care, and opportunities to address the needs and barriers.

Figure 1. Conclusions from 2025 CHNA

Target communities	With the 128/95 belt, including Boston and Mission Hill
Target populations	Children (under 18); older adults (65+); persons of color and low income individuals, including those who are homeless
Health concerns	Vision, hearing, balance, head and neck cancers
Health needs	screenings; referrals to specialists and follow-up care, rehabilitative services, and assistive devices
Barriers to care	lack/insufficient insurance coverage, transportation, linguistic barriers, lack of trust in/understanding of the health system and difficulty navigating it.

Needs to address health concerns and barriers to care	coordination/navigation of the health system; assistance with health insurance/coverage; health education/information; translations/interpreters; transportation support

At its September 9, 2025 meeting, the CAB were asked to discuss the findings and conclusions from the CHNA and consider the following priorities and objectives for the hospital's next CHIP (See Figure 2).

Figure 2. Mass Eye and Ear 2025 CHNA priorities

Priorities	Objectives
Health priorities	Improve the health of community members, especially: • Hearing • Vision • Balance • Head and neck cancers
Improving access to care	Increase access to resources that improve access to care, including: • Insurance/coverage for services • Transportation • Health literacy • System Navigation • Translation/Interpreter services

V. References

[i] Flynn, Elizabeth (2024). The 50 Poorest Neighborhoods in Massachusetts: Economic Challenges Revealed. Access at https://moneyinc.com/the-50-poorest-neighborhoods-in-massachusetts/

[ii] Massachusetts Secretary of State, Massachusetts 2020 Census, Town and City Sortable Rankings available at https://www.sec.state.ma.us/census2020/index.html

[iii] The Rehousing Data Collective Public Dashboard (updated through July 30, 2025) accessed at https://www.mass.gov/info-details/the-rehousing-data-collective-public-dashboard

VI. Appendices

Appendix A
Mass Eye and Ear Patient Data

Data for All Patients

Age – all patients (n=166761)

Range	**0 to 114**
Mean	53.2
Mode	68

Sex – all patients (n=166761)

Female	**93640**	**56.2%**
Male	73098	43.8%
Other	3	0.0%
Unknown	20	0.0%

Counties – all patients (n=166761)

Middlesex	**47320**	**28.4%**
Suffolk	42778	25.7%
Norfolk	23431	14.1%
Essex	19273	11.6%
Plymouth	10695	6.4%
Worcester	7581	4.5%
Bristol	6820	4.1%
Barnstable	4316	2.6%
Hampden	1680	1.0%
Hampshire	962	0.6%
Berkshire	722	0.4%
Dukes	480	0.3%
Franklin	467	0.3%
Nantucket	236	0.1%

Mass Eye and Ear patients come from 347 different communities across Massachusetts; 65446 (39.2%) of patients reside in 10 communities.

Top 10 communities for all patients (n=65446)

Boston**	**35312**	**21.2%**
Cambridge	6105	3.7%
Newton	5107	3.1%
Revere*	3463	2.1%
Somerville*	3163	1.9%
Lynn*	2904	1.7%

Chelsea*	2587	1.6%
Malden*	2457	1.5%
Medford*	2190	1.3%
Everett*	2158	1.3%
TOTAL of top 10	65446	39.2%

* Among the top 50 poorest neighborhoods in MA.
**7 Boston neighborhoods among 60 poorest in MA.

Neighborhoods of Boston patients only (n=35312)

Neighborhoods	# of patients	% by neighborhood
Dorchester*	5765	16.3%
Back Bay	2973	8.4%
Jamaica Plain	2953	8.4%
East Boston*	2355	6.7%
Roxbury*	2164	6.1%
Beacon Hill	2005	5.7%
South Boston*	1982	5.6%
Hyde Park*	1873	5.3%
Roslindale	1859	5.3%
Brighton	1811	5.1%
Charlestown	1758	5.0%
West Roxbury	1605	4.5%
South End	1311	3.7%
Mattapan*	1181	3.3%
Downtown	699	2.0%
Fenway	650	1.8%
Allston	626	1.8%
Unknown	584	1.7%
North End	396	1.1%
Chinatown	388	1.1%
Mission Hill	368	1.0%
Chestnut Hill	6	0.0%
Total for Boston:	35312	100.0%

*6 (plus the South End) are listed among 50 poorest neighborhoods in MA.

Mass Eye and Ear patients speak 99 total languages (language for 1936 unknown); the top 10 are spoken by 162273 (97.3%) of patients.

Top 10 languages (n= 162273)

English	**145047**	**87.0%**
Spanish	10612	6.4%
Portuguese-Brazilian	1750	1.0%

Haitian Creole	1364	0.8%
Chinese-Mandarin	825	0.5%
Russian	650	0.4%
Chinese-Cantonese	639	0.4%
Arabic	544	0.3%
Cape Verdean Creole	448	0.3%
Vietnamese	394	0.2%
TOTAL of top 10	162273	97.3%

Using insurance status or type as a proxy for income, 27392 (16.4%) of patients could be described as low-income, although the actual percentage is probably higher.

Payers – all patients (n=166761)

Blue Cross Blue Shield	**35504**	**21.3%**
Commercial	34499	20.7%
Medicare	34010	20.4%
MGB Health Plan	20920	12.5%
Self-Pay*	18937	11.4%
Harvard Pilgrim	9954	6.0%
Medicaid*	7802	4.7%
Tufts Health Plan	3903	2.3%
Free Care*	653	0.4%
Other Government	362	0.2%
Workers Comp / Motor Vehicle	149	0.1%
International	68	0.0%

*proxy for low-income

Race – all patients (n=166761)

White	**111992**	**67.2%**
Unknown	24407	14.6%
Black or African American	16979	10.2%
Asian	11843	7.1%
More than one race	1121	0.7%
American Indian or Alaska Native	275	0.2%
Native Hawaiian or other Pacific Islander	144	0.1%

Ethnicity – all patients (n=166761)

Not Hispanic	**133810**	**80.2%**
Hispanic	20887	12.5%
Unavailable	12064	7.2%

Data on Children (Under 18) - The 13956 patients under 18 represent 8.4% of all patients

Age – Under 18 (13956)

Range	**0 to 17**
Mean	6.72
Mode	2

Age by group (13956)

Infants (<1)	**884**	**6.3%**
Toddlers (1 to 2)	2655	19.0%
Pre-school aged (3 to 5)	3305	23.7%
Elementary school aged (6 to 10)	3746	26.8%
Middle school aged (11-13)	1348	9.7%
High school aged (14-17)	2018	14.5%

Sex – all children (n=13956)

Female	**6013**	**43.1%**
Male	7941	56.9%
Other	0	0.0%
Unknown	2	0.0%

Counties – all children (n=13956)

Middlesex	**4176**	**29.9%**
Suffolk	2852	20.4%
Essex	2566	18.4%
Norfolk	1750	12.5%
Plymouth	904	6.5%
Worcester	647	4.6%
Bristol	582	4.2%
Barnstable	156	1.1%
Hampden	109	0.8%
Dukes	72	0.5%
Nantucket	43	0.3%
Hampshire	36	0.3%
Franklin	33	0.2%
Berkshire	30	0.2%

Mass Eye and Ear's pediatric patients come from 317 different communities across Massachusetts. 5047 (36.2%) live in the following 10 communities:

Top 10 communities (n=5047)

Boston	**1799**	**12.9%**
Lynn	513	3.7%

Chelsea	451	3.2%
Revere	447	3.2%
Everett	391	2.8%
Cambridge	351	2.5%
Newton	314	2.2%
Malden	274	2.0%
Somerville	266	1.9%
Lawrence	241	1.7%
TOTAL of top 10	5047	36.2%

Pediatric patients speak 44 total languages (language unknown for 195); The top 10 languages are spoken by 13633 (97.7%) of pediatric patients.

Top 10 languages (n=13633)

English	**11773**	**84.4%**
Spanish	1206	8.6%
Portuguese-Brazilian	432	3.1%
Haitian Creole	89	0.6%
Arabic	63	0.5%
Chinese-Mandarin	27	0.2%
Cape Verdean Creole	16	0.1%
Vietnamese	12	0.1%
Russian	10	0.1%
Chinese-Cantonese	5	0.0%
TOTAL of top 10	13633	97.7%

Using insurance status or type as a proxy for income, 2279 (16.3%) of pediatrics patients could be described as low-income, although the actual percentage is probably higher.

Insurance – all children (n=13956)

Blue Cross Blue Shield	**3813**	**27.3%**
MGB Health Plan	3256	23.3%
Commercial	3245	23.3%
Self-Pay*	1247	8.9%
Harvard Pilgrim	1122	8.0%
Medicaid*	1024	7.3%
Tufts Health Plan	155	1.1%
Other Government	79	0.6%
Free Care*	8	0.1%
International	7	0.1%

*proxy for low income

Race – all children (n=13956)

White	**8131**	**58.3%**

Unknown	3626	26.0%
Black or African American	1059	7.6%
Asian	715	5.1%
More than one race	376	2.7%
American Indian or Alaska Native	35	0.3%
Native Hawaiian or other Pacific Islander	14	0.1%

Ethnicity – all children (n=13956)

Not Hispanic	**9255**	**66.3%**
Hispanic	2795	20.0%
Unavailable	1906	13.7%

Data on Older Adults (65+) - The 62955 patients 65+ represent 37.8% of all patients

Age – all 65+ (n=62955)

Range	**65 to 114**
Mean	75.01
Mode	68

Age group – all 65+ (n=62955)

65 to 84	**55769**	**88.6%**
85 to 99	7104	11.3%
100+	82	0.1%

Sex – all 65+ (n=62955)

Female	**36035**	**57.2%**
Male	26915	42.8%
Other	0	0.0%
Unknown	5	0.0%

Counties – all 65+ (62955)

Middlesex	**17412**	**27.7%**
Suffolk	15421	24.5%
Norfolk	9275	14.7%
Essex	7021	11.2%
Plymouth	4268	6.8%
Worcester	2709	4.3%
Barnstable	2527	4.0%
Bristol	2460	3.9%
Hampden	619	1.0%
Hampshire	434	0.7%
Berkshire	327	0.5%
Dukes	225	0.4%
Franklin	190	0.3%

Nantucket	67	0.1%

Mass Eye and Ear's patients 65+ come from 302 different communities across Massachusetts – 24593 (39.1%) come from 10 communities.

Top 10 communities – 65+ (n=24593)

Boston	**12915**	**20.5%**
Newton	2351	16.8%
Cambridge	2194	15.7%
Brookline	1549	11.1%
Quincy	1229	8.8%
Revere	1111	8.0%
Somerville	914	6.5%
Malden	797	5.7%
Lynn	768	5.5%
Medford	765	5.5%
TOTAL of top 10	24593	39.1%

Mass Eye and Ear's patients 65+ speak 85 total languages (language unknown for 689); the top 10 are spoken by 60921 (96.8%) of patients 65+.

Top 10 languages – 65+ (n=60921)

English	**53754**	**85.4%**
Spanish	3873	6.2%
Haitian Creole	647	1.0%
Chinese-Cantonese	584	0.9%
Russian	549	0.9%
Chinese-Mandarin	546	0.9%
Portuguese-Brazilian	295	0.5%
Cape Verdean Creole	228	0.4%
Arabic	225	0.4%
Vietnamese	220	0.3%
TOTAL of top 10	60921	96.8%

Using insurance status or type as a proxy for income, 6488 (10.3%) of patients 65+ could be described as low-income, although the actual percentage is probably higher.

Payer – all 65+ (n=62955)

Medicare	**31117**	**49.4%**
Commercial	11937	19.0%
Blue Cross Blue Shield	6798	10.8%
Self-Pay*	4567	7.3%
Tufts Health Plan	2866	4.6%
MGB Health Plan	2261	3.6%
Medicaid*	1798	2.9%

Harvard Pilgrim	1430	2.3%
Free Care*	123	0.2%
Worker's Comp /Motor Vehicle	23	0.0%
Other Government	20	0.0%
International	15	0.0%

*proxy for low-income

Race - all 65+ (n=62955)

White	**46839**	**74.4%**
Unknown	6765	10.7%
Black or African American	5717	9.1%
Asian	3393	5.4%
More than one race	119	0.2%
American Indian or Alaska Native	85	0.1%
Native Hawaiian or other Pacific Islander	37	0.1%

Ethnicity – all 65+ (n=62955)

Not Hispanic	**53578**	**85.1%**
Hispanic	5002	7.9%
Unavailable	4375	6.9%

Appendix B

Census Data for communities with largest proportion of Mass Eye and Ear patients

	Population estimates 2023	Under 18	65+	White only	Non-white or multi-racial	Hispanic/ Latino	Foreign-born (2019-2023)	Language other than English spoken at home persons 5 years (2019-2023)	High school grads 25+ (2019-2023)	BA or higher age 25+ (2019-2023)	Persons in poverty
Massachusetts	70001399	19.2%	18.5%	79.0%	21.0%	13.5%	17.7%	24.8%	91.4%	46.6%	10.4%
Boston	653833	15.2%	12.7%	47.8%	52.2%	18.9%	27.5%	35.2%	88.9%	54.1%	16.9%
Cambridge	118214	12.3%	12.2%	57.5%	42.5%	9.0%	28.8%	34.2%	95.7%	80.2%	12.4%
Newton	88415	20.8%	19.1%	71.1%	28.9%	4.8%	23.5%	27.5%	97.3%	80.7%	4.7%
Revere	57954	20.2%	15.4%	56.4%	43.6%	38.6%	43.5%	56.6%	82.8%	24.7%	12.4%
Somerville	80407	10.4%	9.5%	69.5%	30.5%	11.4%	24.8%	28.8%	93.0%	68.0%	10.1%
Lynn	101241	24.3%	13.9%	44.6%	55.4%	42.5%	35.7%	51.3%	78.4%	23.3%	13.7%
Chelsea	38319	24.5%	11.2%	26.9%	73.1%	65.0%	45.3%	70.4%	69.1%	22.0%	20.6%
Malden	65133	18.0%	13.2%	44.4%	55.6%	8.1%	40.8%	49.1%	87.5%	44.9%	13.3%
Medford	58744	13.1%	15.8%	69.4%	30.6%	8.9%	24.2%	30.0%	92.7%	57.6%	8.2%
Everett	50318	22.0%	10.9%	42.6%	57.4%	31.3%	45.5%	62.9%	79.9%	23.5%	15.4%
Brookline (65+ community)	NA	19.3%	54.0%	67.7%	32.3%	6.0%	27.5%	30.4%	97.4%	85.0%	9.8%
Quincy (65+ community)	101597	15.0%	49.8%	55.6%	44.4%	5.8%	32.7%	38.3%	90.0%	48.6%	11.4%
Lawrence (<18 community)	88172	26.9%	50.7%	22.5%	77.5%	82.3%	43.7%	78.5%	72.8%	16.4%	18.2%

Appendix C
Mission Hill

Overview
Mission Hill (originally known as Parker Hill) is a compact, roughly one-square-mile neighborhood in Boston, situated between Roxbury, Jamaica Plain, Fenway-Kenmore, and Brookline. Mission Hill features an eclectic mix of architectural styles—historic triple-deckers, brick row houses, Queen Anne-style brownstones, and landmark single-family homes clustered in the Mission Hill Triangle Historic District. The winding, steep streets add charm and deliver stunning views, particularly from hilltop greenspaces. Mission Hill is celebrated as one of Boston's most racially and culturally diverse neighborhoods and about 53% of the residents are aged 20–34, giving the area a lively, youthful energy.

The neighborhood lies adjacent to the Longwood Medical and Academic Area, hosting major healthcare and academic institutions including Brigham and Women's Hospital, with healthcare professionals, faculty and students forming a large segment of the local population.
"Mission Hill" as a neighborhood doesn't map cleanly to a census tract. Different datasets key to different geographies (tracts vs. ZIP codes vs. neighborhoods), making a tract-perfect "Mission Hill" slice hard to assemble, therefore limiting Mission Hill specific data.

Population Characteristics
- **Total Population:** 19,000
- **Race/Ethnicity:** 39% White, 24% Asian, 18% Latinx, 13% Black, 5% Other
- **Age:** 20-34 years: 54% vs. 38% in Boston
- **Foreign-born not U.S. Citizens:** 17% vs. 13% in Boston
- **Foreign-born Naturalized U.S. Citizens:** 13% vs. 14% in Boston

Socioeconomic Indicators
- **Median Household Income:** $59,050 vs. $94,734 in Boston
- **Poverty Rate:** 37% vs.18% in Boston
- **Educational Attainment:**
  - High School Grad or Higher: 18%, same as Boston
  - Bachelor's Degree or Higher: 25% vs. 28% in Boston
- **Owner Occupied Units:** 10% vs. 33% in Boston
- **Renter Occupied Units:** 86% vs. 60% in Boston

Sources

1. **Boston Public Health Commission & Boston Community Health Collaborative**. (2025, June 10). Boston Community Health Needs Assessment 2025: Final Report. Boston Public Health Commission. Retrieved from: https://www.boston.gov/sites/default/files/file/2025/06/2025%20Boston%20CHNA%20Final%20Report.pdf
2. **Boston Planning & Development Agency**, Boston in Context: Neighborhoods. Boston's Population by Neighborhoods as of January 1, 2025. https://www.bostonplans.org/getattachment/45b1d52a-e762-42a4-b81d-d52072bfda61

Appendix D
Healthy People 2030 Objectives

Category	Objectives relevant to Mass Eye and Ear's Clinical Specialties	Status
Balance	Increase the proportion of adults with dizziness or balance problems who have been referred to a specialist — HOSCD-11	Baseline*
Balance	Reduce the rate of emergency department visits due to falls among older adults — OA-03	Baseline*
Hearing	Increase the proportion of newborns who get screened for hearing loss by age 1 month — HOSCD-01	Little/no detectable change
Hearing	Increase the proportion of infants who didn't pass their hearing screening who get evaluated for hearing loss by age 3 months — HOSCD-02	Little/no detectable change
Hearing	Increase the proportion of infants with hearing loss who get intervention services by age 6 months — HOSCD-03	Getting worse
Hearing	Reduce new cases of work-related hearing loss — OSH-06	Target met or exceeded
Hearing	Reduce ear infections in children — HOSCD-04	Baseline*
Hearing	Increase the proportion of adults with hearing loss who use a hearing aid — HOSCD-07	Baseline*
Hearing	Increase the proportion of adults who have had a hearing exam in the past 5 years — HOSCD-06	Baseline*
Hearing	Increase the proportion of adults who use hearing protection devices around loud sounds — HOSCD-08	Baseline*
Hearing	Reduce the proportion of adults who have hearing loss due to noise exposure — HOSCD-09	Baseline*
Hearing	Increase the proportion of adults with tinnitus that started in the past 5 years who have seen a specialist — HOSCD-10	Baseline*
Vision	Increase the proportion of adults with diabetes who have a yearly eye exam — D-04	Little/no detectable change
Vision	Reduce vision loss in children and adolescents — V-03	Getting worse
Vision	Increase the proportion of children aged 3 to 5 years who get vision screening — V-01	Baseline
Vision	Increase the proportion of adults who have had a comprehensive eye exam in the last 2 years — V-02	Baseline
Vision	Reduce vision loss from diabetic retinopathy — V-04	Baseline
Vision	Reduce vision loss from glaucoma — V-05	Baseline
Vision	Reduce vision loss from untreated cataracts — V-06	Baseline
Vision	Reduce vision loss from age-related macular degeneration — V-07	Baseline
Vision	Increase the use of vision rehab services by people with vision loss — V-08	Baseline
Vision	Increase the use of assistive and adaptive devices by people with vision loss — V-09	Baseline

Vision	Reduce vision loss from refractive errors — V-D01	Developmental*
Vision	Increase the number of states and DC that track eye health and access to eye care — V-D02	Developmental*
Vision	Increase access to vision services in community health centers — V-R01	Research*
Vision	Understand factors that impact use of protective eyewear in occupational and recreational settings — V-R02	Research*
Vision	Understand the impacts of screen time on eye development and vision loss — V-R03	Research*
Smell/taste	Increase the proportion of adults with smell or taste disorders who discuss the problem with a provider — HOSCD-12	Developmental*
Cancer	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage – OH-07	Baseline
Insurance	Increase the proportion of people with health insurance — AHS-01	Improving

Source: https://odphp.health.gov/healthypeople
*Developmental and Research objectives aren't yet part of the Core 2030 objectives because neither yet have reliable baseline data.

- **Baseline:** No data beyond the initial baseline data, so we don't know if we've made progress.
- **Target met or exceeded:** We've achieved the target we set at the beginning of the decade.
- **Improving:** We're making progress toward meeting our target.
- **Little or no detectable change:** We haven't made progress or lost ground.
- **Getting worse:** We're further from meeting our target than we were at the beginning of the decade.

Appendix E

Summary of Key Informant Interviews to Inform the Mass Eye and Ear 2025 Community Health Needs Assessment

I. Introduction and methodology

To inform Mass Eye and Ear's 2025 Community Health Needs Assessment (CHNA), a series of key informant interviews were conducted with six community partners who work with underserved populations in academic, recreational, and housing programs. Consistent with Mass Eye and Ear's previous Community Health Improvement Plans (CHIP), the initiatives focus on two audiences, children and older adults, who are increased risk due to problems with the clinical issues addressed by Mass Eye and Ear. Unaddressed vision and hearing issues can put children's academic and social development at risk, which can a have long-term impact on their earning potential and emotional and physical health. When older adults face issues with hearing, vision, balance, and head and neck cancers, they can become isolated, face risks to their safety, and experience poor physical and mental health. These programs also serve individuals that often face barriers to care and poorer health outcomes, specifically racially/ethnically and linguistically diverse populations and those with lower incomes.

Four of the organizations are partners in existing collaborations with Mass Eye and Ear (Roxbury Tenants of Harvard, Camp Harbor View, Trinity School, and Neighborhood House Charter School), whereas the others are potential new partners (Maria Sanchez House and Hebrew SeniorLife). Five internal interviews were also conducted with leaders who oversee services within Mass Eye and Ear that are extended into the community through such collaborations. A semi-structured interview guide was created for the project to explore the health concerns and related needs in the community, as well as barriers to care. The interviews were conducted by phone by an outside consultant. Data from the interviews were analyzed for common and divergent themes. The interview participants are listed in table below.

Community Partners	**Interview Participants**
Roxbury Tenants of Harvard	Karen Gately, Executive Director
Camp Harbor View	Jill Martin, Camp Director
Trinity School	Kaylee Caswell, RN or Carolann DeLuca-Killinger, RN
Neighborhood House Charter School	Rosemarie McLaughlin, RN
Maria Sanchez House	Chantal Castro
Hebrew Senior Life	Kate Urman, Wellness Coordinator
Internal Partners	
Optometry Support	Amy Watts, OD, Director of Optometry
Technician Support (OPH)	Tuyen Nguyen, Director of Clinical Operations, OPH
Financial Services	Jennifer Farmer, Sr. Manager of Clinic Ops
Audiology Support	Sarah Marshall, Audiologist
OHNS Leadership	Greg Randolph, MD, FACS

II. Findings

The target audiences served by the community partners include children, primarily racial/ethnic minorities from lower-income families and older adults from diverse community, many of whom are low-income and who have limited proficiency in English. The housing programs also serve

adults under 65 who are culturally diverse and low-income. The programs are located in Brockton and Boston, including Mission Hill and Dorchester. The hospital staff involved in the interviews provide clinical care related to vision, hearing, head and neck cancers, as well as assisting patients with insurance access and interpreter services.

The interviews identified a range of health-related needs among the populations in the communities served, including obesity, diabetes, hypertension, and asthma, as well as mental health concerns. Older adults often face isolation, depression, and a lack of connection to the broader community. Youth, especially teens, experience similar struggles that can result in falling behind at school. Food insecurity was identified as a critical need; seniors often lack access to nutritious meals, and families run out of food stamps before the end of the month. The interviewees identified a number of clinical issues that fall within the clinical expertise of Mass Eye and Ear, including concerns related to vision and hearing for children and adults, as well as balance and head and neck cancers for older adults.

Among older adults in particular, many are affected by age-related hearing and vision issues, and experience challenges with balance. Many have never been screened for head and neck cancers. Those dependent on wheelchairs, canes, or walkers have compounded challenges accessing services. Many are non-English speaking or have very limited proficiency in English. It is common for older adults to have trouble understanding the health care system, identifying appropriate care, and accessing services. Even those with insurance often find their coverage inadequate, especially for hearing aids.

Among children, the interviewees reported that most families lack awareness about the importance of routine screenings for hearing and vision and rely on the schools to know about and provide the screenings their children require. However, schools often lack adequate staffing and struggle to complete all state-mandated health screenings. When screened, there is often a lack of follow-up by families to access needed services and assistive devices for their children. Parents/caregivers either do not receive the notices (which are generally to be delivered by their children) or they don't understand the importance of seeking follow-up care and/or how to access it. Consequently, students' vision and hearing-related needs go unaddressed year after year. The schools routinely receive transfer and international students, many of whom arrive without English language skills or physical health records, making it difficult to assess and continue their care. While most school children speak English, their parents and caregivers may have limited English proficiency and require translations and interpreter services. Many families face insurance challenges and financial constraints (e.g., uninsured, under-insured, limited funds for co-pays or prescriptions).

In summary, the populations generally lack access to basic screening services and many lack information about the clinical issues addressed by Mass Eye and Ear and the importance of regular screenings. For those with identified problems, many need assistance accessing follow-up care and assistive devices, including eye glasses and hearing aids. Multiple barriers to care were identified, including:

- Lack of connection to, understanding of, and trust in health care
- Difficulty navigating the health system, particularly to access follow-up care after screenings, and accessing and using technology to schedule care or access telehealth
- Transportation exacerbated by isolation and mobility issues
- Costs of care, no or insufficient insurance coverage, especially for assistive devices
- Linguistic barriers

Appendix F

Mass Eye and Ear Community Advisory Board Members

Erin Duggan Lynch
Tracy Sylven
Nessa Regan
Hope Kenefick
Jennifer Farmer
Gregory Randolph, MD
Amy Watts, OD
Elizabeth Noyes, MD
Chantel Castro
Sarah Marshall
Karen Gately
Jill Martin
Tuyen Nguyen
Rosemarie McLaughlin
Kate Urman
Kaylee Caswell
Carolann DeLuca-Killinger
Nicole Primeau

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Mass Eye and Ear