Mass General Brigham

2025
Community Health Needs Assessment

Letter from the Chief Community Health & Health Equity Officer

On behalf of Mass General Brigham, I am proud to share with you the 2025 Community Health Needs Assessment (CHNA) Report, a comprehensive summary of the voices, experiences, health-related data and priorities of residents across Boston and North Suffolk Communities. Our mission at Mass General Brigham is to achieve measurable improvements in health outcomes that contribute to premature mortality and shorter life expectancy in the communities we serve. This report represents an important step in that ongoing commitment.

For the first time, a single report has been created to reflect the work of two Community Health Needs Assessment (CHNA) collaboratives, bringing together the voices of Boston neighborhoods and the North Suffolk communities of Chelsea, Revere, and Winthrop. Under the leadership of Mass General Brigham, three Boston hospitals—Massachusetts General Hospital, Brigham and Women's Hospital and Brigham and Women's Faulkner Hospital—collaborated to produce one unified report for the region.

The CHNA process was guided by the principles of community engagement, data-driven insights, and collaboration. We engaged with thousands of individuals in Boston and North Suffolk including residents, community leaders, service providers, and public health stakeholders who participated in surveys, focus groups, and interviews, sharing their insights and aspirations for healthier neighborhoods.

Key findings in the report highlight persistent variations in health outcomes across neighborhoods, driven by chronic disease prevalence, access to services, and non-medical, but health-critical social and structural determinants of health. These findings reinforce the need to focus on improving health outcomes through a social risk-informed framework that will support progress in quality of life, life expectancy, and premature mortality.

As we move into the next phase—developing the Community Health Improvement Plan (CHIP)—Mass General Brigham is committed to working together with local residents and organizations to turn these findings into measurable, sustainable change.

We thank every person who contributed to this assessment and look forward to deepening our partnerships as we work toward a healthier region for all.

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Chief Community Health and Health Equity Officer
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I. Overview

Mass General Hospital, Brigham and Women's Hospital, and Brigham and Women's Faulkner Hospital—part of the Mass General Brigham (MGB) system—are members of the [Boston Community Health Collaborative](#) (The Collaborative or BCHC). Through this Collaborative, we participated in the 2025 Boston Community Health Needs Assessment (CHNA). This effort was conducted in partnership with other Boston health institutions, the Boston Public Health Commission, and community organizations.

Additionally, through Mass General Hospital, we participated in the North Suffolk CHNA Collaborative, which helped inform our service area communities of Chelsea, Revere and Winthrop. This North Suffolk Collaborative is a group of hospitals and providers with overlapping service areas in the North Suffolk region. Members align efforts to share data, coordinate data review, conduct focus groups and interviews to better understand community needs.

Through our involvement in both Collaboratives, as well as our own primary and secondary data assessment and analysis within MGB, we have gathered strong health data, facilitated robust discussions and received wide-reaching input from community partners, residents, and internal and external stakeholders. This comprehensive process ensured a rich and accurate representation of our community defined health-related needs.

Our aim is to achieve measurable improvements in health outcomes that contribute to premature mortality and shorter life expectancy in the communities we serve. Addressing leading causes of premature death and large variations in outcomes—such as cardiometabolic disease, cancer, opioid overdoses and maternal health—requires more than clinical interventions, it must include solutions that target the health-related social risks and root causes driving these conditions. An integrated, social risk-informed strategy that addresses both medical and social needs is a more impactful model and essential to narrowing gaps in premature mortality and life expectancy, and building healthier, more resilient communities.

For this reason, Mass General Hospital, Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital will define our CHNA priorities as follows:

1. Broad Landscape of Health

Through our CHNA process, we heard overarching concerns that are deeply interconnected with morbidity and the broader landscape of social determinants of health. Residents facing persistent hardship from a variety of factors often endure higher levels of chronic disease, as well as significant barriers to accessing care and sustaining healthy behaviors. These themes will be interwoven into our work, understanding that without considering these facets of individuals' lives, we cannot improve health and well-being.

In their day-to-day lives, individuals encounter a variety of personal, interpersonal, and societal factors that can positively or negatively impact their mental health and stress levels. Participants in focus group discussions described many challenging experiences that contribute to chronic stress, many of which are closely connected to other topic areas in this report. Experiences included living paycheck to paycheck and facing economic instability, loss of loved ones, isolation for seniors and persons with disabilities, interpersonal interactions, being away from family, the influence of shifting federal policies, cyber-bullying, climate anxiety,

intergenerational traumas, unstable housing, and incarceration and associated family separation. The themes we explicitly identified are the following, recognizing there are many factors that contribute to each.

      1.1 Life Expectancy, Premature Mortality and Quality of Life
      1.2 Mental Health/Chronic Stress/Isolation

2. Health Priorities

Large gaps in premature mortality and life expectancy exist across Boston neighborhoods. While there have been some improvements in health outcomes over time, certain communities and populations continue to experience disproportionately high rates of mortality from preventable causes. Consistent with the conclusions found in the Boston Public Health Commission and the City of Boston's Live Long and Well report (the first citywide population health equity agenda), the following health priorities will be a focus:

      2.1 Cardiometabolic Disease
      2.2 Cancer
      2.3 Substance Use Disorders/Misuse
      2.4 Maternal Health

3. Social Risk/Social Determinants of Health (SDOH)

Social determinants of health and social risk mitigation play a critical role in shaping the health of our residents. Neighborhoods with concentrated poverty, limited transportation and under resourced infrastructure often experience higher rates of chronic disease and premature death. To help address these disparities from the root cause, we will focus on the following SDOH priorities:

      3.1 Housing
      3.2 Access to Healthy Food/Food Security
      3.3 Access to Care and Services
      3.4 Economic Growth and Opportunity

4. Emerging Needs

In addition to the named priority areas, we acknowledge that the public health landscape is continually evolving, bringing forth emerging needs that may require a "pause and pivot' to allow for strategic planning and rapid response. Those emerging needs include:

      4.1 Extreme Heat and Climate Vulnerability
      4.2 Immigrant Health
      4.3 Access to Health Insurance and Social Support Services

Like all CHNAs, the 2025 CHNA fulfills the IRS Section H/Form 990 mandate and the Community Benefit Reporting Guidelines of the Massachusetts Attorney General (MA AGO) 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.

As also required, a description of our investments in community health, actions taken since the last CHNA, and outcomes related to our work can be found in reports submitted annually to the MA AGO available at: https://www.mass.gov/non-profit-hospital-and-hmo-community-benefits.

II. Methods

The 2025 CHNA used a mixed methods approach to ensure that a diverse array of Boston and North Suffolk residents, community organizations, and leaders were engaged.

The methods employed in the 2025 CHNA process included:
- **Boston CHNA Community Survey:** 1,866 responses collected and analyzed in a range of languages
- **MGB Survey:** 2,328 survey responses from several communities (available in multiple languages)
- **North Suffolk CHNA Collaborative Survey:** 1,093 surveys in Chelsea, Revere and Winthrop
- **Resident Focus Groups:** 62 residents engaged through eight focus groups conducted in a range of languages and across various identities in Boston. 4 focus groups in North Suffolk.
- **Sector-based Focus Groups:** 28 community partners engaged through five focus groups
- **Key Informant Interviews:** 13 systems experts/community leaders interviewed in Boston and seven in North Suffolk.
- **Secondary Data Review:** Existing national, state, and city data sources reviewed in both Boston and North Suffolk.
- **Review of Summaries of Parallel Data:** Additional interview, focus group, and survey summary data from parallel CHNA processes reviewed

Table 2. Top Community Concerns Among Survey Respondents, by Race/Ethnicity, 2024

Rank	Overall N=1,737	Asian N=198	Black N=475	Latinx N=368	White N=757
1	Housing Quality or Affordability (39.8%)	Housing Quality or Affordability (36.4%)	Alcohol or substance misuse (41.3%)	Alcohol or substance misuse (45.9%)	Housing Quality or Affordability (47.0%)
2	Alcohol or substance misuse (37.0%)	Economic Insecurity, Employment (34.3%)	Housing Quality or Affordability (34.3%)	Housing Quality or Affordability (34.3%)	Mental Health (42.1%)
3	Mental Health (34.7%)	Alcohol or substance misuse (33.3%)	Economic Insecurity, Employment (33.9%)	Mental Health) (33.2%)	Economic Insecurity, Employment (33.0%)
4	Economic Insecurity, Employment (32.2%)	Mental Health (28.3%)	Mental Health (32.4%)	Economic Insecurity, Employment (31.0%)	Alcohol or substance misuse (31.8%)
5	Chronic Stress (25.1%)	Chronic Stress (22.7%)	Diabetes (31.2%)	Chronic Stress (26.6%)	Environment (30.0%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Table 2 (p. 14). 2025 Boston CHNA-Final Report_6.27.25.pdf

III. Criteria for Prioritization

The following criteria were selected to assess the magnitude of community issues and their impact on the most underserved population groups. The criteria are as follows:
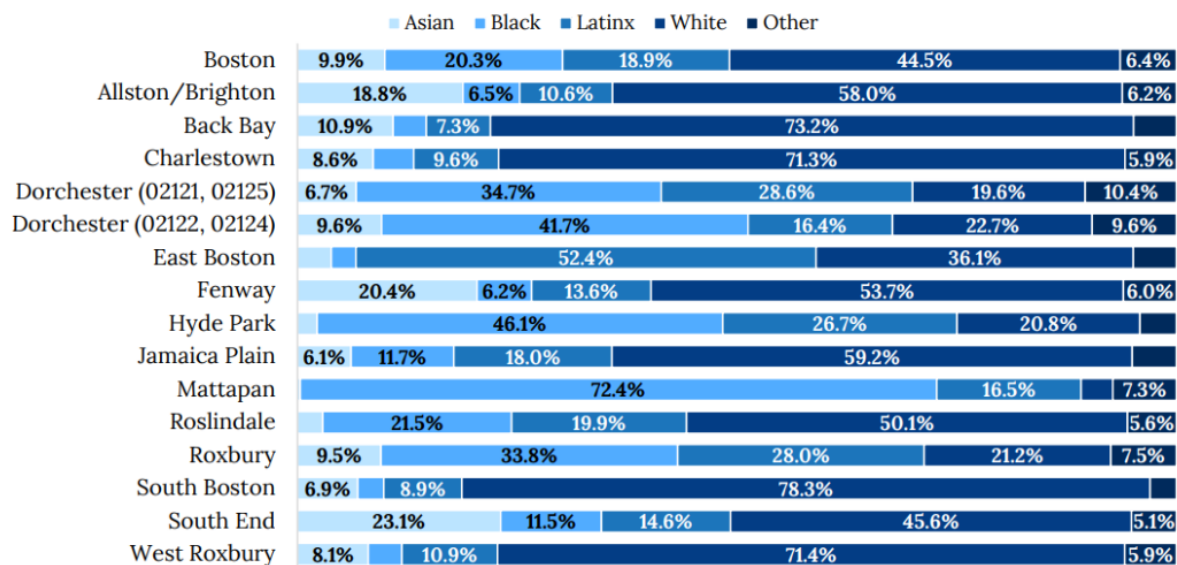
Burden/Impact	How much does this issue affect our community?
	Can working on this issue achieve both short-term and long-term changes?
	Is there an opportunity to enhance access/ accessibility?
Equity	Will addressing this issue substantially benefit those most in need?
	Does this issue address the root causes of inequities?
Feasibility	Is it possible to take steps to address this issue given current infrastructure, capacity, and political will?
Collaboration/ Engagement	Are there existing groups across sectors already working on or willing to work on this issue together?
	How important is this issue to the community? (based on qualitative data etc.)
Urgency/ Opportunity Costs	Does this issue require immediate action?
	Will not acting on it now negatively impact the ability to act on it later?
Resources/ Capacity	Does MGB have the capacity and resources to sufficiently address this issue?

The following overview of data is for Boston. For an overview of the communities in North Suffolk please visit the Mass General Hospital chapter of this report (p. 28) or visit the full North Suffolk Integrated Community Health Needs Assessment .

IV. Population Overview

Boston remains a richly diverse city. About two in ten Bostonians identify as Black (20.3%) and Latinx (18.9%) and one in ten identify as Asian (9.9%). More than a quarter of Boston residents (27.5%) were born outside of the United States and more than a third (35.2%) speak a language other than English at home.

Figure 3. Racial and Ethnic Distribution, by Boston and Neighborhoods, 2019-2023

Legend: ■ Asian ■ Black ■ Latinx ■ White ■ Other

Neighborhood	Asian	Black	Latinx	White	Other
Boston	9.9%	20.3%	18.9%	44.5%	6.4%
Allston/Brighton	18.8%	6.5%	10.6%	58.0%	6.2%
Back Bay	10.9%	7.3%		73.2%	
Charlestown	8.6%	9.6%		71.3%	5.9%
Dorchester (02121, 02125)	6.7%	34.7%	28.6%	19.6%	10.4%
Dorchester (02122, 02124)	9.6%	41.7%	16.4%	22.7%	9.6%
East Boston			52.4%	36.1%	
Fenway	20.4%	6.2%	13.6%	53.7%	6.0%
Hyde Park		46.1%	26.7%	20.8%	
Jamaica Plain	6.1%	11.7%	18.0%	59.2%	
Mattapan		72.4%	16.5%		7.3%
Roslindale		21.5%	19.9%	50.1%	5.6%
Roxbury	9.5%	33.8%	28.0%	21.2%	7.5%
South Boston	6.9%	8.9%		78.3%	
South End	23.1%	11.5%	14.6%	45.6%	5.1%
West Roxbury	8.1%	10.9%		71.4%	5.9%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
NOTE: Latinx includes residents who identify as Latinx regardless of race and racial categories include residents who do not identify as Latinx; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, some other race, and two or more races; Data labels ≤5% not shown

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 3 (p. 8). 2025 Boston CHNA-Final Report_6.27.25.pdf

BOSTON NEIGHBORHOODS:
Top 10 Countries of Birth for Foreign-Born Population
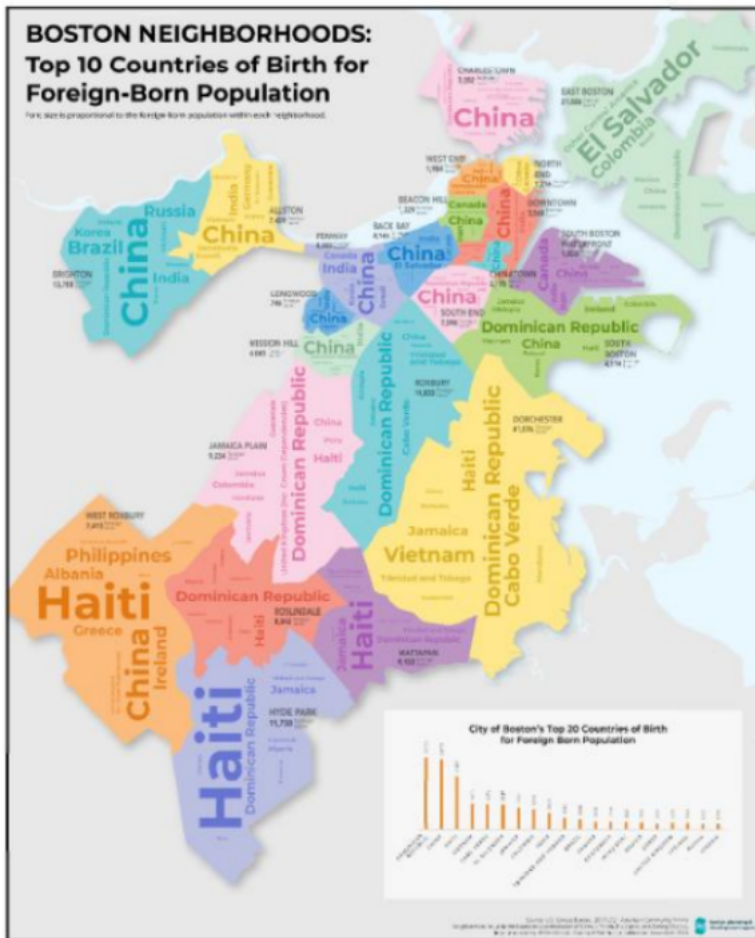
DATA SOURCE: City of Boston Planning Department.
https://bpda.app.box.com/s/dld55n7ufuaq02m4h328nbwuo4m
nvmwh

More than a quarter of Boston residents (27.5%) were born outside of the United States. As shown in the map here, the top countries of birth for Boston's foreign-born population overall are the Dominican Republic and China, but there is substantial variation by neighborhood. More than a third of Boston residents (35.2%) speak a language other than English at home. This varies by neighborhood, with East Boston, parts of Dorchester, Roxbury, the South End, and Hyde Park having the highest proportions of residents who speak another language at home. The top spoken languages in Boston other than English are Spanish (Latin American), Mandarin, Haitian Creole, Vietnamese, and Cabo Verdean Creole. While discussion participants viewed language diversity as an asset, some also noted that challenges around language barriers exist. Depending on the circumstances, some residents may have fears about calling attention to issues in the community.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. (p. 9). 2025 Boston CHNA-Final Report_6.27.25.pdf

V. Priorities

1.Broad Landscape of Health

1.1 Life Expectancy and Premature Mortality
There are substantial gaps in life expectancy and premature mortality by race/ethnicity and geography. Life expectancy for Black residents has consistently remained lower compared to Asian, White, and Latinx residents and Boston overall. While life expectancy in Boston (82.1 years) is higher than the national average (78.4 years) key inequities remain when rates are examined by race, ethnicity, and geography. Black Boston residents experience the lowest life expectancy in Boston, at 75.6 years, compared to all other racial/ethnic groups.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 68 (p. 133). 2025 Boston CHNA-Final Report_6.27.25.pdf

Large inequities in life expectancy exist when examining the data at the census tract level. For example, the life expectancy for a resident in one Back Bay census tract is 92 years compared to 69 years for a resident in a Roxbury census tract. When looking across Boston neighborhoods, life expectancy is highest in Back Bay, Fenway and the South End and lowest in Dorchester, Roxbury, and Mattapan (Figure 69).

Figure 69. Average Life Expectancy, by Boston and Neighborhoods, 2017-2023
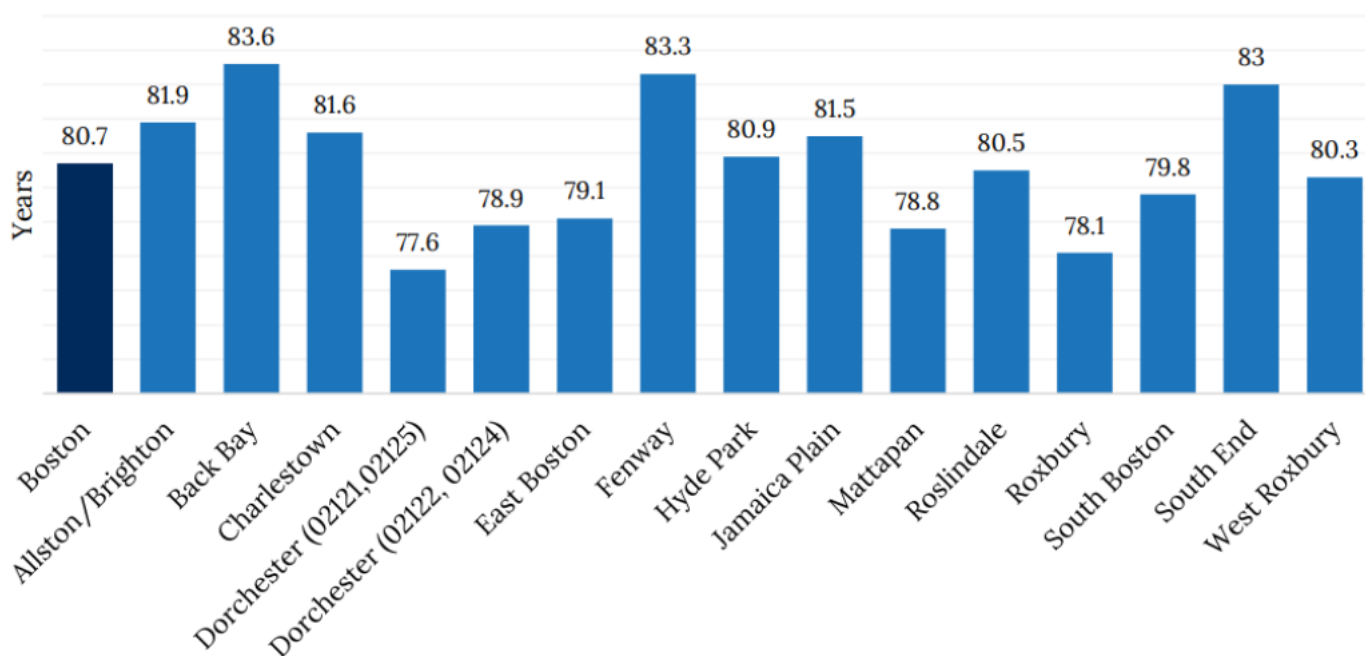
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2012-2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
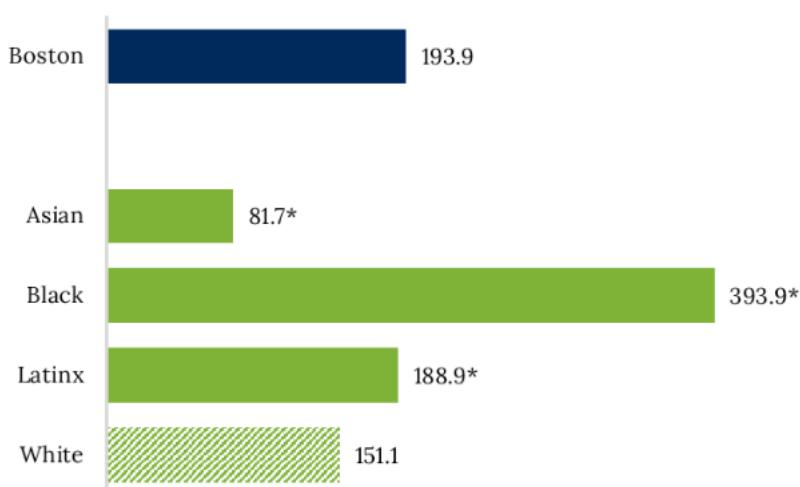
Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 69 (p. 134). 2025 Boston CHNA-Final Report_6.27.25.pdf

The premature mortality rate is significantly higher among Black and Latinx residents compared to White residents and lower among Asian residents compared to White residents (Figure 71). While Latinx residents have a lower overall mortality rate in Boston compared to

White residents, they are likely to die younger. Premature mortality rates are significantly higher in Dorchester, Mattapan and Roxbury compared to Boston overall. While Boston's overall premature mortality rate has remained stable between 2019 and 2023, the rate has increased significantly for Black residents and decreased significantly for White residents.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 7 (p. 18). 2025 Boston CHNA-Final Report_6.27.25.pdf

Figure 71. Premature (Age<65 years) Mortality Rates, by Boston and Selected Sub-Populations, Age-Adjusted per 100,000 Residents, 2023

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 71 (p. 135). 2025 Boston CHNA-Final Report_6.27.25.pdf

From a public health perspective, quality of life in Boston is shaped by a complex interplay of social, economic, and environmental factors that contribute to overall well-being. While Boston offers access to world-class healthcare institutions, higher education, and public transportation, disparities in income, housing affordability, and access to healthy food and green space persist across neighborhoods. Residents in certain communities often face greater health burdens due to systemic inequities, including limited access to preventive care and safe recreational environments. Mental health, social connectedness, and exposure to violence or environmental stressors further influence quality of life.

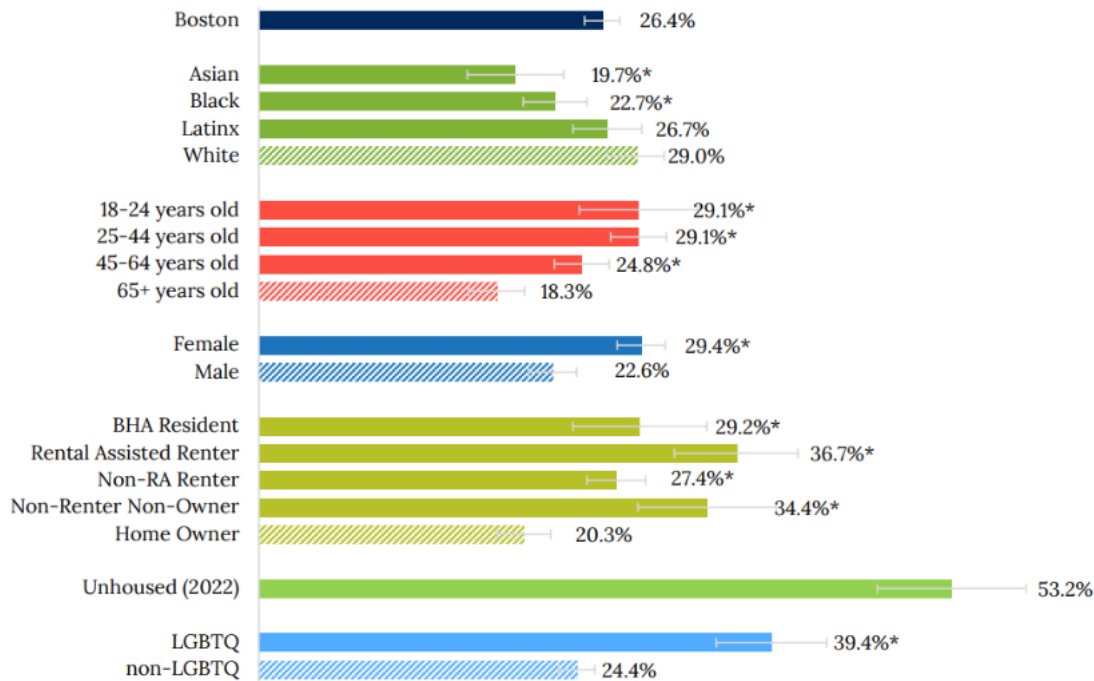## 1.2 Mental Health/Chronic Stress/Isolation
Mental Health continues to be a concern among residents. Mental health is shaped by a person's traits, behaviors, life experiences, and circumstances. It is also influenced by social and economic conditions, such as prolonged exposure to racism, discrimination,

oppression, or exclusion. These conditions can cause ongoing stress, further exacerbating negative mental health outcomes and adversely impacting the day-to-day lives of individuals.

Additionally, the connection between emotional wellbeing and physical health is well-documented. Mental health and chronic stress were top concerns among Boston community health survey respondents overall and for most communities of focus. These topics also came up in a majority of discussions and in the MGB Survey. Specifically, concerns related to high levels of chronic stress, conditions such as anxiety and depression, and gaps in access to mental health providers were noted. Approximately one in four Boston adults reported experiencing persistent anxiety (Figure 50). Trends are seen in the data on depression treatment, with significantly lower rates of treatment among Asian, Black, and Latinx residents and significantly higher rates of treatment among younger adults, female residents, and LGBTQ residents. These differences may reflect cultural context and diversity in how mental health is perceived, discussed, and managed across communities, including varying levels of stigma, access, and trust in the healthcare system.

Isolation in Boston presents a significant public health concern, particularly in the wake of the COVID-19 pandemic, which amplified existing disparities in social connection and mental health. Many residents—especially seniors, immigrants, low-income individuals, and those with disabilities—experience chronic social isolation due to barriers such as limited mobility, language access challenges, housing instability, and insufficient community infrastructure. This lack of connection contributes to poorer health outcomes, including increased risks of depression, anxiety, and chronic disease.

Figure 50. Percent Adults Reporting Persistent Anxiety, by Boston and Selected Sub-Populations (2019, 2021 and 2023 Combined) and Unhoused Population (2022)

Boston — 26.4%

Asian — 19.7%*
Black — 22.7%*
Latinx — 26.7%
White — 29.0%

18-24 years old — 29.1%*
25-44 years old — 29.1%*
45-64 years old — 24.8%*
65+ years old — 18.3%

Female — 29.4%*
Male — 22.6%

BHA Resident — 29.2%*
Rental Assisted Renter — 36.7%*
Non-RA Renter — 27.4%*
Non-Renter Non-Owner — 34.4%*
Home Owner — 20.3%

Unhoused (2022) — 53.2%

LGBTQ — 39.4%*
non-LGBTQ — 24.4%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined; Health of Boston Survey of People Experiencing Homelessness, 2022
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Persistent anxiety is defined as feeling worried, tense, or anxious for more than 15 days within the past 30 days; Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 50 (p. 73). 2025 Boston CHNA-Final Report_6.27.25.pdf
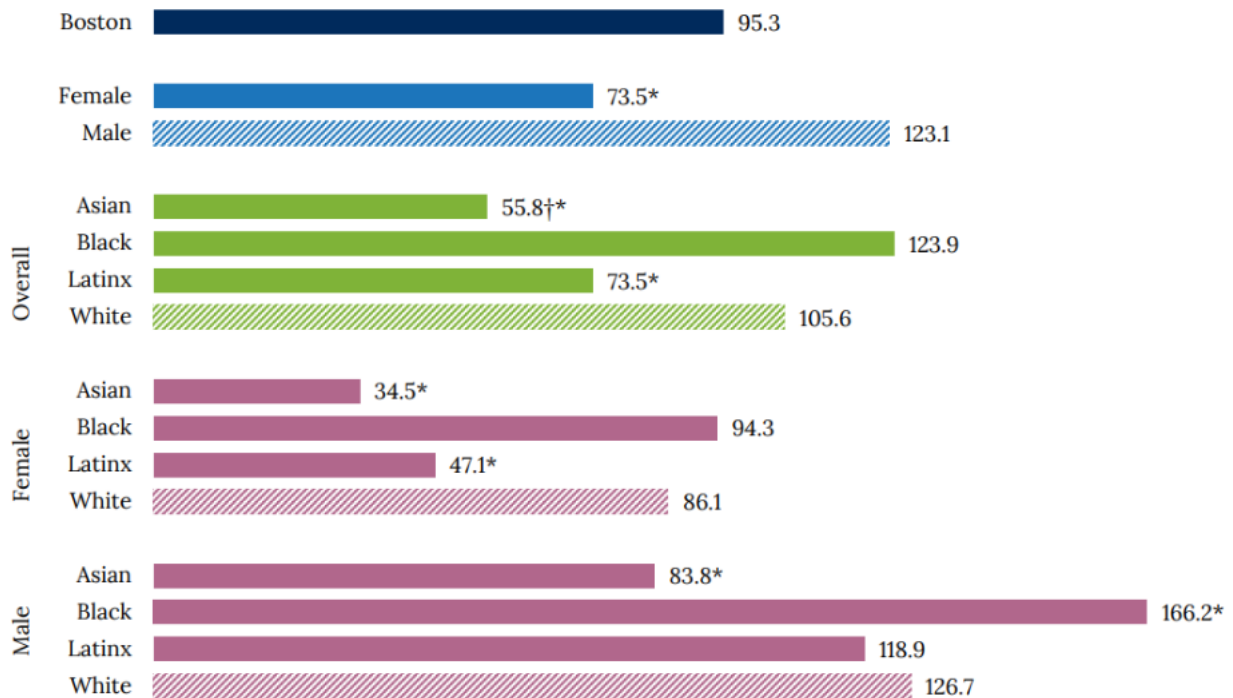
2. Health Priorities

2.1 Cardiometabolic Disease
Cardiometabolic conditions, including heart disease, diabetes and related disorders are among the leading causes of premature mortality in Boston. Hypertension, or high blood pressure, is the biggest risk factor for heart disease and stroke. Many factors contribute to high blood pressure, including not just individual lifestyle choices but also structural racism and its impact on access to health care, healthy foods, and safe places for physical activity, as well as everyday experiences of racism which contribute to chronic stress.

Over time, there have been some improvements overall in the following health-related outcomes. However, it is important to note that across a majority of indicators, longstanding inequities persist.

Figure 29. Heart Disease Mortality, by Boston and Selected Sub-Populations, Age Adjusted Rates per 100,000 Residents, 2023

		Rate
	Boston	95.3
	Female	73.5*
	Male	123.1
Overall	Asian	55.8†*
Overall	Black	123.9
Overall	Latinx	73.5*
Overall	White	105.6
Female	Asian	34.5*
Female	Black	94.3
Female	Latinx	47.1*
Female	White	86.1
Male	Asian	83.8*
Male	Black	166.2*
Male	Latinx	118.9
Male	White	126.7

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Dagger (†) denotes rate based on a count of n<20; Error bars show 95% confidence interval.
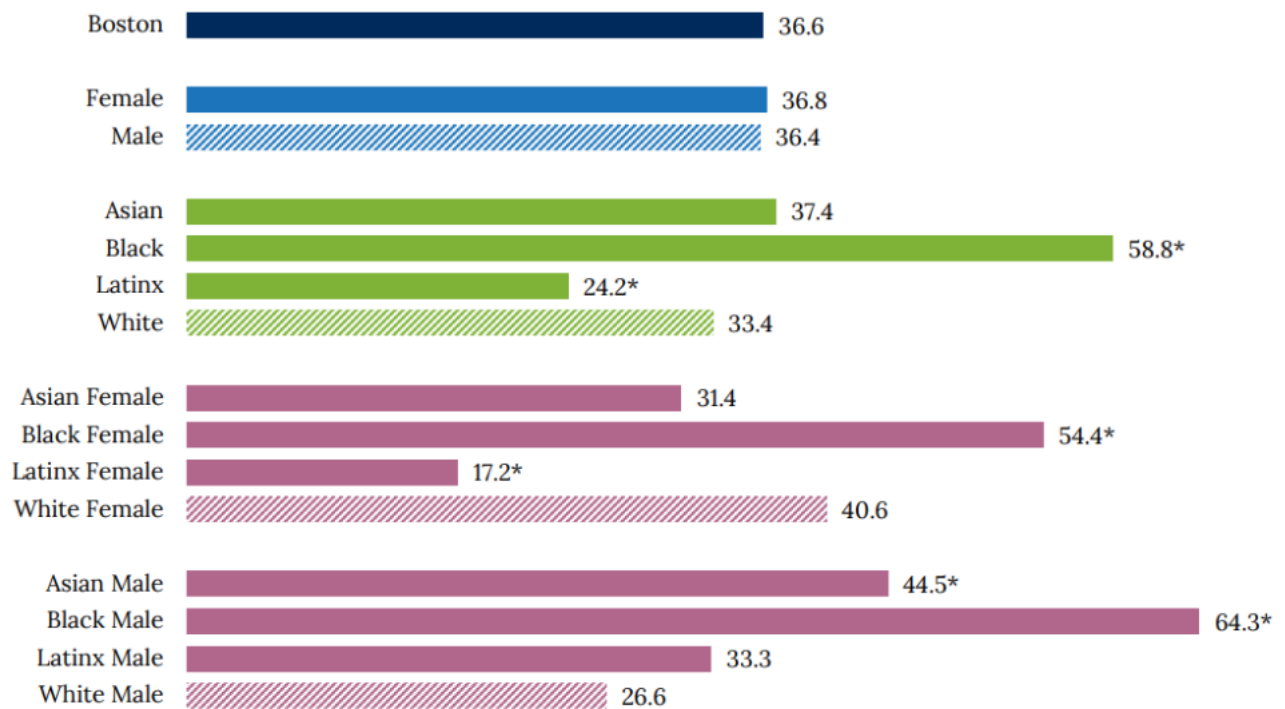
Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 29 (p. 48). 2025 Boston CHNA-Final Report_6.27.25.pdf

2.2 Cancer

Cancer is a leading cause of death in Boston. While cancer mortality rates and premature cancer mortality rates have remained stable over time, recent data highlights inequities in cancer mortality and premature mortality by racial, ethnic groups and neighborhoods. In 2021, Black men experienced the highest overall cancer mortality rate. Colon cancer mortality is particularly notable with mortality among Black men nearly double that of white men. Neighborhood-level inequities further compound the issue. Low-income and predominantly Black neighborhoods face significantly higher premature mortality and lower access to screening.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 35 (p. 54). 2025 Boston CHNA-Final Report_6.27.25.pdf

Figure 35. Premature (Age<65 years) Cancer Mortality, by Boston and Selected Sub-Populations, Age-Adjusted Rate per 100,000 Residents, 2021-2023 Combined

Group	Rate
Boston	36.6
Female	36.8
Male	36.4
Asian	37.4
Black	58.8*
Latinx	24.2*
White	33.4
Asian Female	31.4
Black Female	54.4*
Latinx Female	17.2*
White Female	40.6
Asian Male	44.5*
Black Male	64.3*
Latinx Male	33.3
White Male	26.6

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2021-2023 Combined
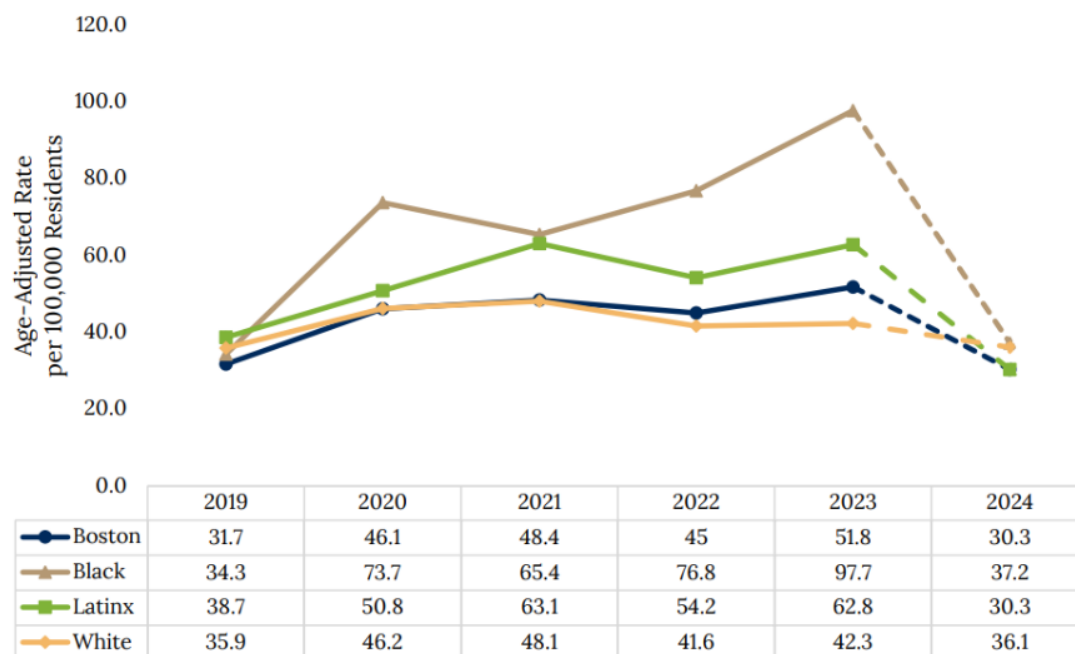DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Bars with pattern indicate reference group for its specific category; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05).

2.3 Substance Use Disorder

Despite the mortality rates decreasing, unintentional drug overdose is still one of the leading causes of premature mortality in Boston. Substance use disorder, especially opioid misuse, has long been a leading cause of premature death in Boston with serious racial and neighborhood disparities. In 2023, the city experienced record high opioid-related overdose deaths and while encouraging that in 2024 those deaths declined sharply, Black and Latinx individuals account for 46% of those deaths (and only 40% of the population). Trends in drug overdoses will continue to be monitored to assess their impact on community health and to inform future public health interventions, including continued dedicated outreach, harm reduction methods, residential treatment programs, and more.

Figure 58. Age-Adjusted Opioid Overdose Mortality by Race/Ethnicity and Year, 2019-2024

	2019	2020	2021	2022	2023	2024
Boston	31.7	46.1	48.4	45	51.8	30.3
Black	34.3	73.7	65.4	76.8	97.7	37.2
Latinx	38.7	50.8	63.1	54.2	62.8	30.3
White	35.9	46.2	48.1	41.6	42.3	36.1

DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health, 2019-2024
NOTE: 2024 data is preliminary, as indicated with dotted lines.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 58 (p. 84). 2025 Boston CHNA-Final Report_6.27.25.pdf

2.4 Maternal Health
There are persistent racial inequities in maternal, infant, and child health. These inequities are reflected in data on preterm births, low birthweight births, and infant mortality

While issues specifically related to maternal and child health were not ranked highly by survey respondents or discussed frequently, related and interconnected factors such as chronic stress, chronic disease, economic security, and housing that contribute to maternal and child health outcomes were named as top concerns.

Overall, infant mortality rates in Boston remained low from 2019 to 2023, with the rate in 2023 being 3.8 deaths per 1,000 live births. This is lower than the national rate, which was 5.6 per 1,000 live births in 2022. While the rate in Boston is relatively low overall, infant mortality rates in Mattapan and parts of Dorchester are significantly higher (Figure 63). When examined by race/ethnicity, Black infants in Boston have a significantly higher rate of infant mortality (8.0 per 1,000 live births) compared to White infants (Boston Community Health Needs Assessment. Figure 109 (p. 172). 2025 Boston CHNA-Final Report_6.27.25.pdf

Figure 63. Infant Mortality Rates, by Boston and Neighborhood, Rate per 1,000 Live Births, 2013-2023 Combined
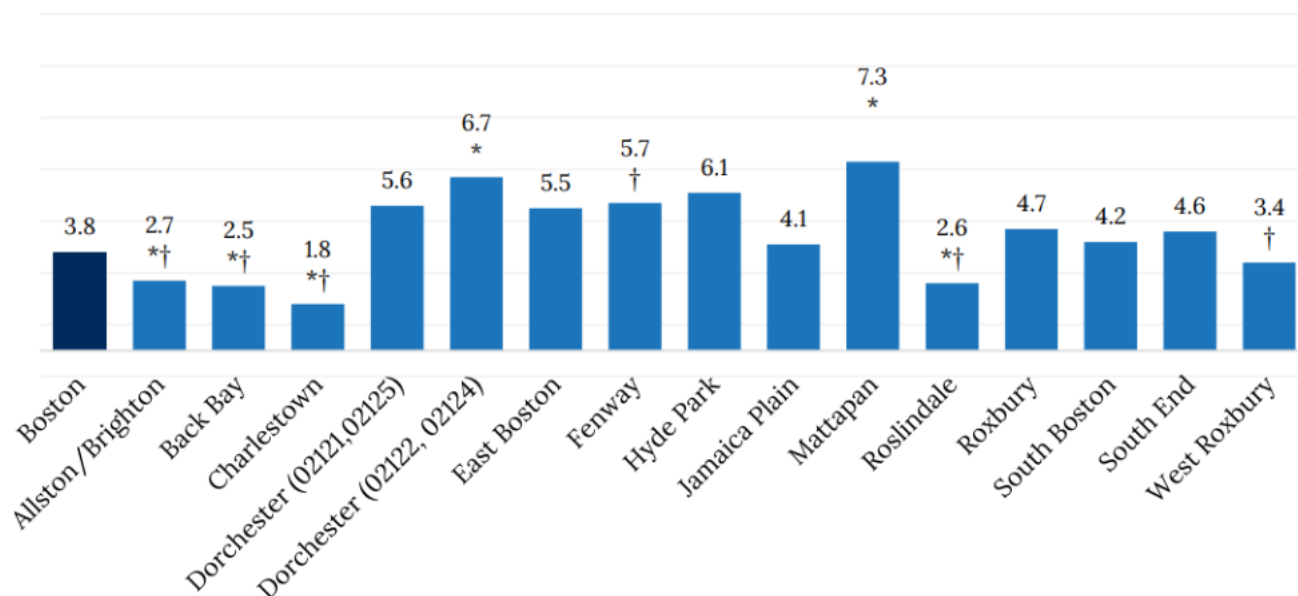
DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Live Births, 2013-2023 Combined; Massachusetts Department of Public Health, Boston Resident Deaths, 2013-2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Dagger (†) denotes rate based on a count of n<20.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 63 (p. 89). 2025 Boston CHNA-Final Report_6.27.25.pdf

3. Social Determinants of Health/Social Risk Mitigation

Throughout the CHNA process, community residents, leaders, service providers, and public health professionals provided their insight into challenges and opportunities to support the health of Boston communities. Analysis of data from key informant interviews, focus groups, and the community survey suggest that many of the priorities highlighted in previous CHNA processes persist and emerging challenges highlight the need for deeper collaboration and action across partners and sectors. These key community health concerns were identified through a review of secondary data, community survey data, and feedback gathered from residents and stakeholders through interviews and focus groups.

Table 7. Percent Survey Respondents Reporting Having Trouble Paying for Any of the Following in the Past 12 Months, 2024

Rank	Overall N=1,674	Asian N=200	Black N=471	Latinx N=360	White N=751	LGBTQ+ N=379	Caregiver N=993	Unhoused N=92
1	None of the above (38.5%)	None of the above (32.5%)	Housing (36.7%)	Housing (37.8%)	None of the above (51.0%)	None of the above (36.1%)	Housing (32.9%)	Housing (50.0%)
2	Housing (29.2%)	Housing (24.5%)	Food or groceries (35.5%)	Food or groceries (34.4%)	Housing (23.7%)	Housing (31.1%)	None of the above (31.8%)	Food or groceries (47.8%)
3	Food or groceries (26.5%)	Seasonal clothing (17.5%)	Utilities (30.6%)	None of the above (27.5%)	Food or groceries (22.1%)	Food or groceries (31.1%)	Food or groceries (29.9%)	Transportation (39.1%)
4	Utilities (19.2%)	Food or groceries (16.5%)	None of the above (26.3%)	Utilities (23.9%)	Health care (17.7%)	Health care (26.6%)	Utilities (22.0%)	Personal Care Items (34.8%)
5	Health care (17.3%)	Health care (16.0%)	Transportation (23.8%)	Transportation (22.8%)	Tuition/ Student Loans (15.3%)	Tuition/ Student Loans (19.3%) / Transportation (19.3%)	Transportation (18.4%)	Seasonal clothing (32.6%)

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Table 7 (p. 34). 2025 Boston CHNA-Final Report_6.27.25.pdf

3.1 Housing
Housing costs in Boston remain unaffordable for many residents.
Focus group participants across nearly all groups described Boston's current housing stock as expensive, unaffordable, and hard to find. Several discussion participants also noted rising housing costs as contributing to difficult decisions and trade-offs, such as needing to reduce utilities expenses, particularly during temperature extremes, as well as difficulty prioritizing other needs such as seeking medical care.

Fifty percent of Boston renters are cost-burdened, meaning that they spend 30% or more of their household income on their housing. This percentage is similar to the 2019 CHNA report (52%) and remains high. Almost one in four (24%) of Boston renters are severely cost-burdened, meaning that they spend 50% or more of their household income on their housing. Housing affordability is still a top priority and a pressing issue for Boston residents.

Affordable housing reduces homelessness and financial stress and strengthens local economies by enabling residents to live near employment, schools, and essential services. Housing cost and the implications of high housing cost emerged as concerns across all populations engaged. Lack of affordable housing and concerns about the general housing stock were discussed in nearly all qualitative discussions.

Figure 13. Percent Renters Whose Housing Costs are 30% or More of their Household Income (Cost-Burdened), by Boston and Neighborhoods, 2019-2023
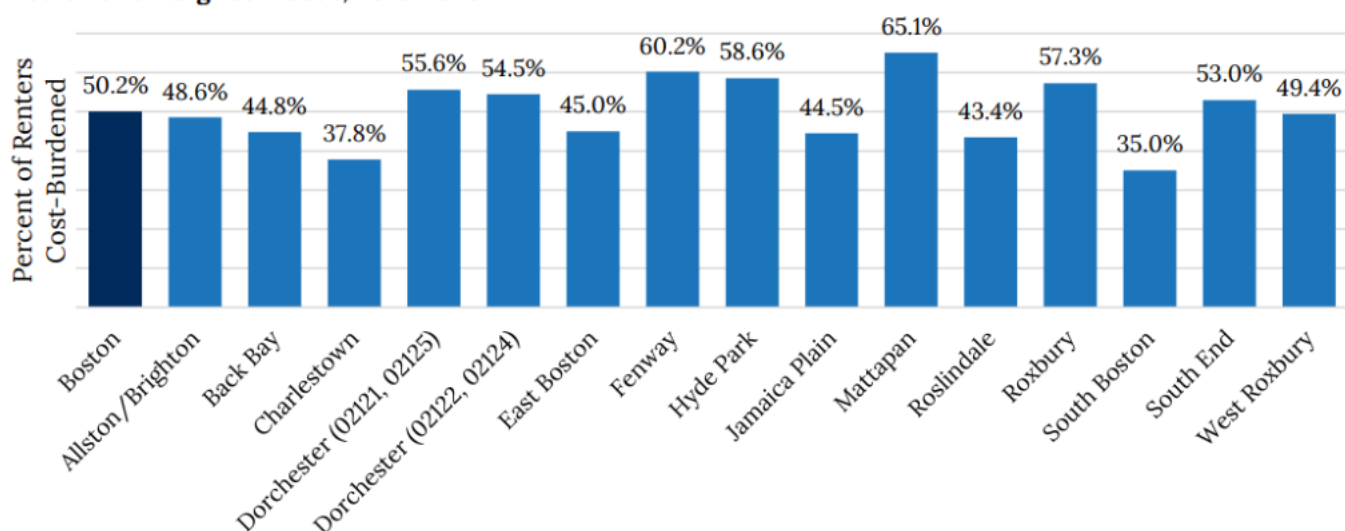
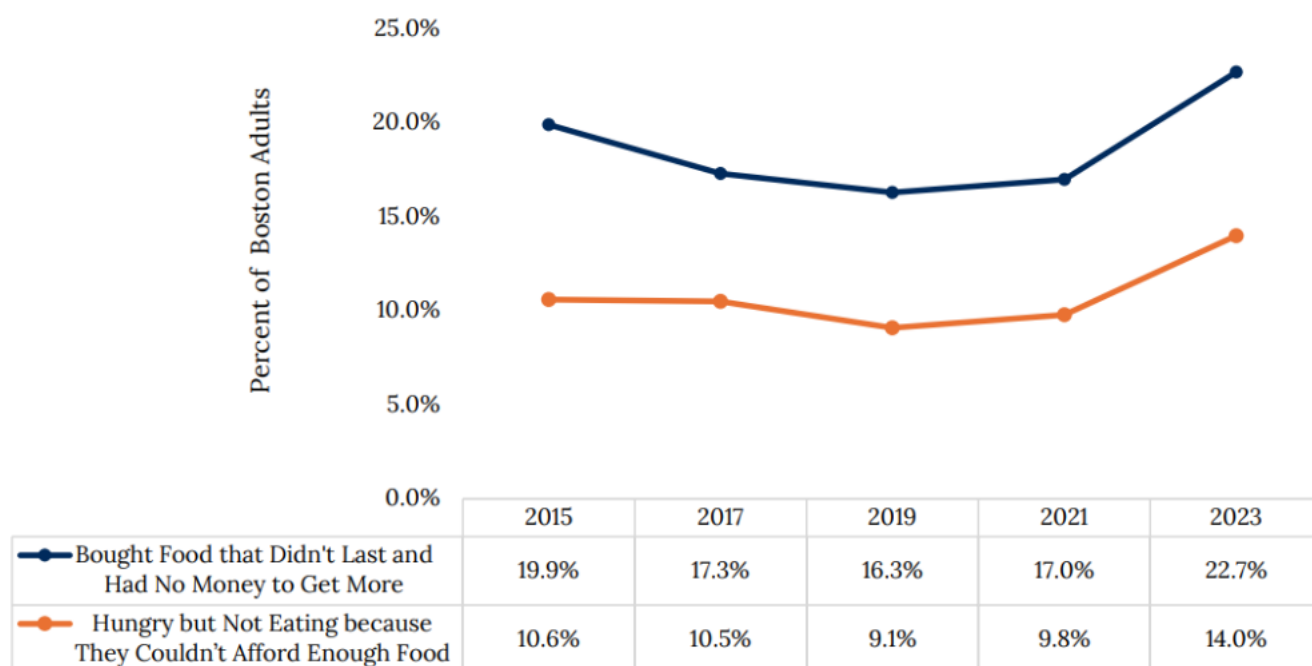DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 13 (p. 28). 2025 Boston CHNA-Final Report_6.27.25.pdf

3.2 Access to Healthy Food/Food Security

Food insecurity rates are on the rise. Food security, or access to enough food, is a complex condition associated with higher risk for multiple chronic diseases and poorer mental health outcomes, including anxiety and depression. Nearly 19% of adult Boston residents reported that, within the last 12 months, the food they bought did not last and they did not have money to get more (Boston Behavioral Risk Factor Surveillance System, 2019, 2021, and 2023 combined). Percentages were significantly higher among Latinx, Black, and Asian residents compared to White residents. These rates are highest among Latinx residents: for example, in 2023, almost 3 in 10 Latinx residents (29.1%) reported being hungry but not eating because they couldn't afford enough food.

Additionally, participants reported living in neighborhoods with a high prevalence of processed foods and low availability of fresh foods. Fresh foods, including fruits and vegetables, milk, eggs, and meat, were described as expensive and difficult to access using public transportation, particularly for older adults. One participant discussed how the need to go outside of one's community to access healthy food can disrupt important social relationships and connections.

Figure 41. Percent Adults Reporting Food Didn't Last and Hunger, by Boston Over Time, 2015-2023

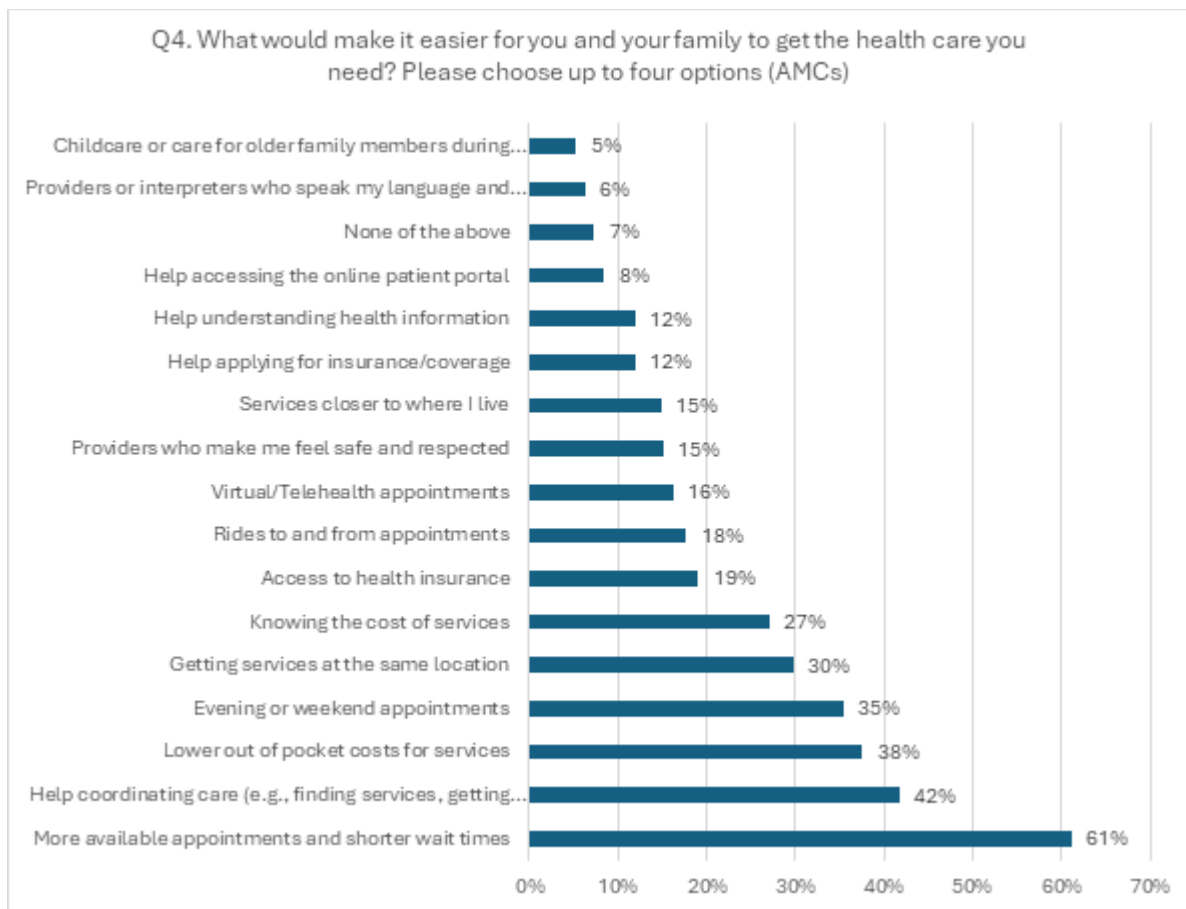|	2015	2017	2019	2021	2023
Bought Food that Didn't Last and Had No Money to Get More	19.9%	17.3%	16.3%	17.0%	22.7%
Hungry but Not Eating because They Couldn't Afford Enough Food	10.6%	10.5%	9.1%	9.8%	14.0%

DATA SOURCE: Boston Public Health Commission: Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Percentage for food not lasting and hungry significantly increased between 2015 and 2023; Asterisk (*) denotes where estimate was significantly different compared to reference group within specific category (p <0.05); Error bars show 95% confidence interval.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 41 (p. 61). 2025 Boston CHNA-Final Report_6.27.25.pdf

3.3 Access to Care and Services

3.3a Access to Health Care
While most Boston residents are insured and have a primary care provider, challenges related to health care access were raised. Discussion participants described specific barriers to accessing health care services, including structural challenges with providers, such as waitlists and long wait times to see a provider, changes in their provider or care team, provider turnover and challenges related to engagement with health care providers or staff (e.g., lack of cultural humility). Additionally, they cited insurance barriers, the inaccessibility of primary care providers to see patients between preventive visits to address emerging or acute health issues, and the closure of pharmacies.

Q4. What would make it easier for you and your family to get the health care you need? Please choose up to four options (AMCs)

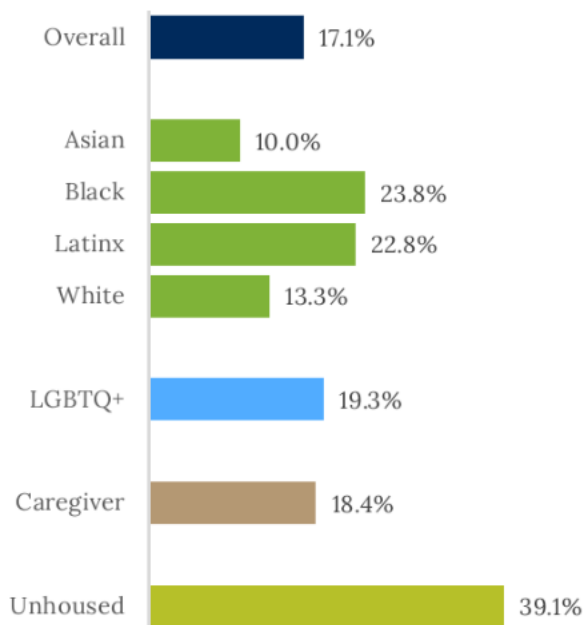| Option	Percentage
Childcare or care for older family members during...	5%
Providers or interpreters who speak my language and...	6%
None of the above	7%
Help accessing the online patient portal	8%
Help understanding health information	12%
Help applying for insurance/coverage	12%
Services closer to where I live	15%
Providers who make me feel safe and respected	15%
Virtual/Telehealth appointments	16%
Rides to and from appointments	18%
Access to health insurance	19%
Knowing the cost of services	27%
Getting services at the same location	30%
Evening or weekend appointments	35%
Lower out of pocket costs for services	38%
Help coordinating care (e.g., finding services, getting...	42%
More available appointments and shorter wait times	61%

There are concerns about the impact of immigration enforcement efforts on community-based health care and the potential for current immigration enforcement efforts to suppress health care utilization for immigrants. Additionally, barriers to care related specifically to engagement with health care providers or staff were discussed. These barriers included: feeling uncomfortable, providers not listening to patients, and providers lacking cultural humility towards racially minoritized groups, Black men, immigrants, people with disabilities, transgender patients, and queer communities.

Source: Mass General Brigham Community Survey 2025

3.3b Access to Transportation
Affordable and reliable transportation is essential for accessing jobs, schools, health care, and other vital services. Public transportation is an asset in the community, though there are access barriers for older adults and residents with mobility disabilities and costs associated with transportation in general are at times a challenge. Some discussion participants described their communities as convenient to get around and walkable, while other participants described transportation barriers. While roadways, traffic, and construction were frequently mentioned as bothersome, public transportation was discussed the most frequently. Public transportation in Boston was described as "convenient" but also "not perfect" given how often it can break down, safety concerns, and the areas of Boston where public transport does not exist or is difficult to access.

Figure 24. Percent Survey Respondents Reporting Having Trouble Paying for Transportation in the Past 12 Months, 2024

Category	Percent
Overall	17.1%
Asian	10.0%
Black	23.8%
Latinx	22.8%
White	13.3%
LGBTQ+	19.3%
Caregiver	18.4%
Unhoused	39.1%

DATA SOURCE: Boston Community Health Assessment Survey, 2024

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 24 (p. 42). 2025 Boston CHNA-Final Report_6.27.25.pdf

3.4 Economic Growth and Opportunity

Economic mobility plays a critical role in shaping health outcomes, as the ability to improve one's financial situation over time directly influences access to resources that support health and well-being. Almost 17% of Boston residents are living in poverty and certain populations, including immigrants and residents with a disability, are disproportionately impacted by economic hardship. Economic insecurity and unequal access to wealth-generating opportunities such as homeownership were key themes shared by community survey respondents and discussion participants, who noted that the cost of living in Boston combined with low wages leads to stress and hardship.

In several focus group discussions, participants noted that low wages combined with high living costs and, at times, unanticipated expenses can create challenges in affording essentials (e.g., housing, utilities), requires making trade-offs. In short, participants described a situation where they live "day-to-day" and paycheck-to-paycheck. Participants including seniors, parents, and recent immigrants all commented on this challenge. Parents described the difficult task of earning enough money while having a flexible schedule to care for their children. Discussion participants viewed economic security as intertwined with basic needs, such as health care, housing, utilities, and food.

Among community survey respondents who reported having trouble paying for basic needs in the past 12 months, unhoused respondents, Black respondents, Latinx respondents, and caregivers consistently reported the highest burden (Table 7, shown above on p.17).

4. Emerging Needs

Boston is confronting a rapidly evolving set of public health challenges. Our ability to stay closely connected to the community and engaged in conversation with community-based organizations, residents and public health will be essential in our response.

4.1 Climate Change

Climate change is already harming health through several pathways, especially for those who are most vulnerable. In Massachusetts, rising temperatures are leading to hotter and more humid days, which are happening more frequently and lasting longer. Poor air quality can occur from increases in wildfire smoke and heat driving higher pollutant levels. These threats can cause disease, worsen existing health conditions, increase hospitalizations, and limit access to care or essential services during high-risk events— with growing implications for quality of life and life expectancy.

Extreme heat and poor air quality disproportionately impact certain populations, such as young children, older adults, pregnant women, people experiencing homelessness, those with disabilities, individuals with chronic illnesses like cardiometabolic disease, and residents of low-income communities.

This year's CHNA includes a dedicated focus on climate-related health risks, with an emphasis on extreme heat and poor air quality. These threats were prioritized not only because of their growing impact, but also because they are areas where local health systems and public agencies are taking action. By better understanding how different communities experience heat and poor air quality—and what needs and barriers exist to receiving timely support—we can identify more effective, equitable strategies that address both medical needs and interconnected social factors. These coordinated interventions can reduce risks, improve health outcomes, strengthen preparedness, and build long-term community resilience.
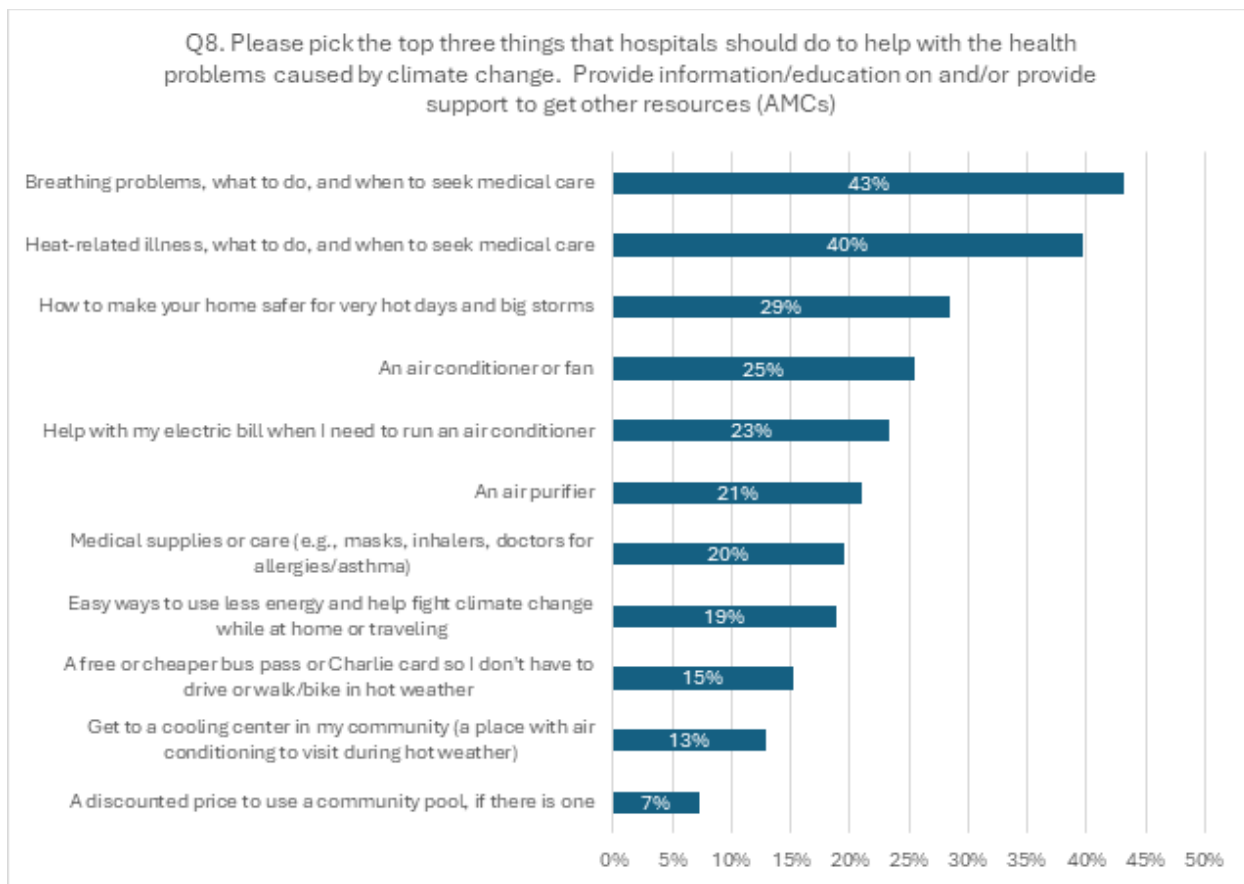

Figure 10. Heat Event Duration (Hours), Boston, 2022
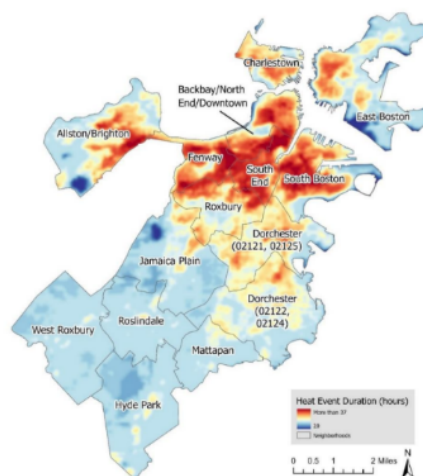
DATA SOURCE: City of Boston, Heat Resilience for Boston Solutions Report, 2022
NOTES: A weeklong analysis period during July 18 to 24, 2019, was selected to produce this modeled air temperature map. The heat duration maps show the number of hours exceeding 95°F during the day or 75°F at night for areas across Boston during the modeled heat wave. Areas like Chinatown remain in high-heat conditions for 37 hours, with afternoon air temperatures climbing to 104 to 107°F and nighttime temperatures in much of the neighborhood over 90°F.

Source: Boston Community Health Collaborative. (2025). Boston Community Health Needs Assessment. Figure 10 (p. 22). 2025 Boston CHNA-Final Report_6.27.25.pdf

Q8. Please pick the top three things that hospitals should do to help with the health problems caused by climate change. Provide information/education on and/or provide support to get other resources (AMCs)

Category	Percentage
Breathing problems, what to do, and when to seek medical care	43%
Heat-related illness, what to do, and when to seek medical care	40%
How to make your home safer for very hot days and big storms	29%
An air conditioner or fan	25%
Help with my electric bill when I need to run an air conditioner	23%
An air purifier	21%
Medical supplies or care (e.g., masks, inhalers, doctors for allergies/asthma)	20%
Easy ways to use less energy and help fight climate change while at home or traveling	19%
A free or cheaper bus pass or Charlie card so I don't have to drive or walk/bike in hot weather	15%
Get to a cooling center in my community (a place with air conditioning to visit during hot weather)	13%
A discounted price to use a community pool, if there is one	7%

Source: Mass General Brigham Community Survey 2025

4.2 Immigrant Health

Immigrant health concerns encompass a wide range of challenges that can arise for this vulnerable population. Immigrants face issues limited access to care, language barriers and socioeconomic disadvantages. Common issues can include higher rates of infectious diseases, occupational hazards, and mental health conditions like stress, anxiety, and depression. Additionally, discrimination, legal status, and fear of deportation can further discourage individuals from seeking timely medical care or social services in their community. Addressing immigrant health concerns requires culturally competent healthcare, accessible services, and policies that reduce inequities to ensure better health outcomes for these populations.

4.3 Access to Health Insurance and Social Support Services

The passage of the "One Big Beautiful Bill Act" will have profound impacts on healthcare access. It is estimated that there will be an increase of 200,000 (estimate by the State of MA) in the number of uninsured in MA, compared to 117,000 currently uninsured. There is also an expected $1.7B decrease in annual federal Medicaid funding for MA when the law is fully implemented (estimate by the State of MA). Changes to the SNAP program are estimated to result in the State needing to provide an additional $53-60M per year to administer the program, with 175,000 current recipients at risk of losing some or all their SNAP benefits (MLRI Reconciliation Analysis).

VI. Informing the Community Health Improvement Plan (CHIP)

Findings from the CHNA serve as a resource and guide to community health improvement planning and priority setting. The findings provide the foundation for moving data into action through the 2025-2028 Community Health Improvement Plan (CHIP). A CHIP is an action plan to set priorities, coordinate and target resources, and align efforts to improve population health outcomes for all.

The variations in health outcomes documented in this report reflect the cumulative and current challenges residents face resulting from historical and structural barriers across multiple systems. Residents and stakeholders who participated in the assessment underscored that disparities are not due primarily to a lack of knowledge or individual behavioral choices but rather are the result of unequal access to resources and systems.

VII. Hospital Chapters

1. Massachusetts General Hospital

Introduction and Background
Massachusetts General Hospital (MGH), located in the West End neighborhood of Boston, is the original and largest teaching hospital of Harvard Medical School. Founded in 1811, MGH is the third oldest general hospital in the United States and currently has a capacity of 1,045 beds. Together with Brigham and Women's Hospital, MGH is a founding member of Mass General Brigham, the largest healthcare provider in Massachusetts.

MGH has long understood that the role and responsibility of the hospital is to attend to the needs of all, especially those for whom health care access is a challenge. We recognize, though, that while health care access is necessary, it alone is not enough to achieve optimal health. Systemic, social, and economic factors—such as affordable housing, equitable employment opportunities, quality education, access to healthy and affordable food, and racism and discrimination—play critical roles in overall health.   Addressing these broader issues is essential to advancing health equity and improving outcomes across the communities we serve.

Since 1995, MGH has partnered with neighboring communities to pursue a shared vision of safe, healthy, and thriving neighborhoods. These efforts are guided by participatory and collaborative Community Health Needs Assessments (CHNAs) in Boston and North Suffolk, which inform the hospital's priorities and strategies.

For more information and access to the full Boston and North Suffolk CHNA reports, please visit:
- [Boston Community Health Collaborative | Boston.gov](#)
- [North Suffolk Integrated Community Health Needs Assessment](#)

Community Advisory Board
MGH has established a Community Advisory Board (CAB) to guide its community health efforts. Informed by the community benefit guidelines of the Massachusetts Attorney General (AG) and the Department of Public Health (DPH), the CAB brings together a diverse group of community leaders from multiple sectors.

The CAB plays a critical role in helping MGH identify community health priorities and strategies, ensuring that programs and initiatives are aligned with and responsive to the needs of the communities served by MGH.

Interpreter Services
MGH provides in-person/staff interpreter services for 12 different languages, including American Sign Language (ASL). Additionally, vendor services provide over the phone (OPI) and video (VRI) interpreters for over 200 languages.

In FY24, in-person/staff conducted 83,346 interpreted encounters and vendor services conducted 303,853 interpreted encounters. Spanish, Portuguese, and Haitian Creole were the top three languages requested for interpretation services in FY24.

Priority Communities
MGH's primary service areas include all neighborhoods in Boston, as well as the North Suffolk communities of Chelsea, Revere and Winthrop.
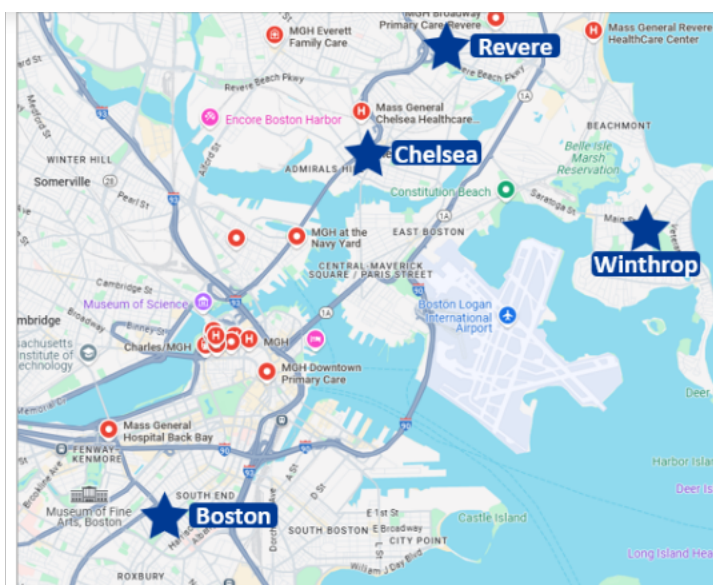
Target Population and Characteristics
MGH focuses its community health efforts within Suffolk County, which includes Boston, Chelsea, Revere, and Winthrop. This diverse region has a combined population of 768,425. Depending on the priority area, MGH will concentrate efforts within certain populations or neighborhoods as needed.

Understanding the racial, ethnic, and language profiles of Suffolk County residents can help us better understand the health status of residents in part because of the systemic and structural factors that contribute to inequities. Across these communities, differences among race/ethnicity, foreign-born status, and languages can be seen.

Racial and Ethnic Distribution, US Census Bureau, American Community Survey, 2019-2023							
	American	Asian	Black	Hispanic/	Native	Two or	White

	Indian & Alaska Native			Latino	Hawaiian & Other Pacific Islander	More Races	
Boston	0.1%	9.9%	21.5%	18.9%	0.1%	5.2%	44.5%
Chelsea	0%	2.9%	7.0%	65.0%	0%	50.9%	19.5%
Revere	0%	4.2%	4.9%	38.6%	0%	20.6%	48.0%
Winthrop	1.9%	1.7%	3.4%	19.8%	0%	7.1%	71.0%

Key Findings from Priority Communities

Chelsea and Revere have a much higher foreign-born population than the state overall.

Population Born Outside the U.S.

Data Source: US Census Bureau, American Community Survey. 2019-23.
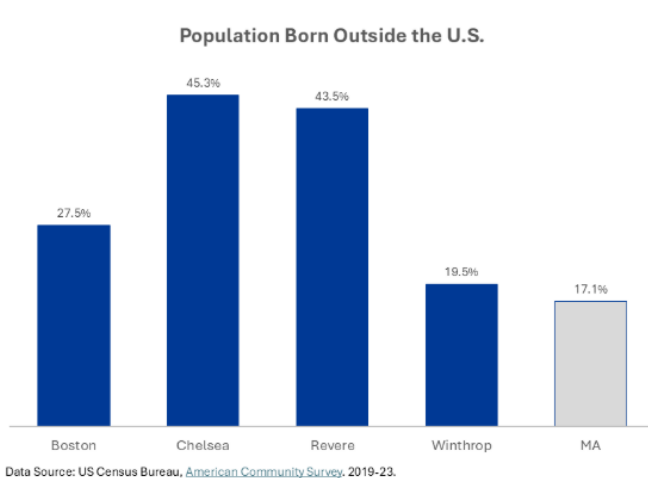
The majority of Chelsea and Revere residents speak a language other than English at home. When looking deeper into those that speak a language other than English, 15.5% of Boston, 42.7% of Chelsea, 32.1% of Revere, and 8.4% of Winthrop residents speak less than "very well," compared with 9.7% statewide.

Language Spoke at Home and English Proficiency (Population Age 5+)

Data Source: US Census Bureau, American Community Survey. 2019-23.
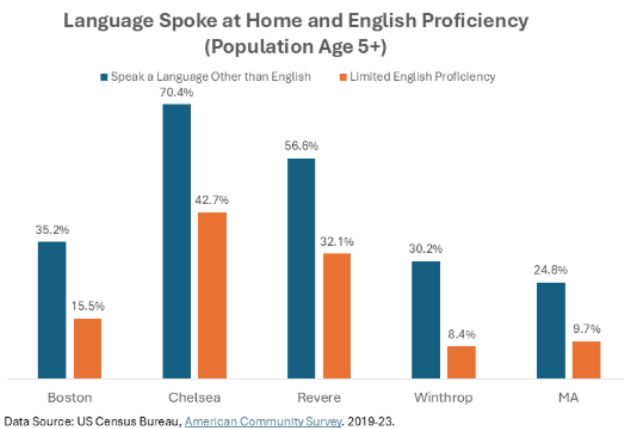
Education

Educational opportunities in prior assessments have been discussed as they relate to accessing quality jobs. Twenty-nine percent of Boston residents, 62% of Chelsea, 53% of Revere, and 31%

of Winthrop residents have equal to or less than a high school education, compared to 32% statewide. Across Suffolk County, the 2023 high school graduation rate varied in which 81% of Boston, 64% of Chelsea, 82% of Revere, and 92% of Winthrop students graduate, compared to 89% statewide.

Data Source: US Census Bureau, American Community Survey. 2019-23.
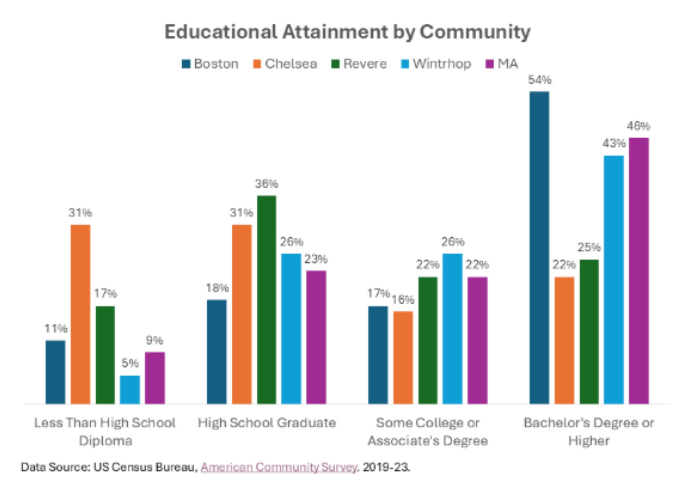
Poverty

Almost 17% of Boston, 21% of Chelsea, 12% of Revere, and 7% of Winthrop residents live in poverty, compared to 10% statewide. Boston's median household income is $94,755, Chelsea's is $72,220, Revere's is $81,121, and Winthrop's is $106,357, compared to $101,341 statewide.

Chelsea's poverty rate remains the highest among these communities (20.6%), nearly double the statewide average. Its household income ($72K) is notably lower than Boston's and Winthrop's.

Poverty Rate and Median Household Income, US Census Bureau, American Community Survey, 2019-2023		
	Poverty Rate	Median Household Income
Boston	16.9%	$94,755
Chelsea	20.6%	$72,220
Revere	12.4%	$81,121
Winthrop	7.1%	$106,357
MA	10.0%	$101,341

Data Source: U.S. Census, American Community Survey 5-Year Estimates, 2019–2023.

Chronic Disease & Health Conditions

Diabetes, hypertension, and obesity are key cardiometabolic indicators, as they significantly increase the risk of cardiovascular disease, stroke, and type 2 diabetes.

Chelsea, Revere, and Winthrop all report higher rates of these conditions compared to Boston. Among these communities, Chelsea reports the highest prevalence of both obesity (34.2%) and diabetes (14.0%), while Winthrop has the highest rate of hypertension at 39.4%.

Prevalence of Diabetes, Hypertension, and Obesity, Massachusetts Department of Public Health, 2023			
	Diabetes	Hypertension	Obesity
Boston	10.6%	29.1%	27.0%
Chelsea	14.0%	35.6%	34.2%
Revere	13.5%	37.8%	33.4%
Winthrop	12.3%	39.4%	32.5%
MA	11.4%	36.9%	31.0%

Data Source: Massachusetts Department of Public Health, Massachusetts Department of Public Health. 2023.

Regional Collaborations

Within Suffolk County there are two collaboratives — made up of hospitals, community-based organizations, city and town officials, and resident leaders — to conduct needs assessments and implementation plans for both Boston and North Suffolk (Revere, Chelsea and Winthrop).

In each collaborative, participants engaged community organizations, local officials, schools, health care providers, businesses, faith communities, and community residents, in an approximately year-long process, about the unique local conditions to better understand the health issues that most affect communities and the assets available to address them.

The results from the Boston Community Health Needs Assessment (CHNA) are reviewed at the beginning of this report. The full Boston CHNA is available at: Boston Community Health Collaborative | Boston.gov

North Suffolk CHNA

Methods

To understand the health and well-being of North Suffolk communities, a mixed methods approach was used, which emphasizes how social, economic, and environmental factors shape health outcomes. Between October 2024 and May 2025, data was gathered in three main ways:

- Community Survey: A survey was distributed online and in person in five languages, reaching 1,093 respondents who live and/or work in Chelsea, Revere, and Winthrop. In partnership with Cambridge Health Alliance, Beth Israel Lahey Health, and the City of Winthrop, four distinct but aligned surveys were administered. Questions were not identical across all versions, and some were only asked in specific surveys. For this report, we used combined responses when questions were consistent across surveys, and limited analysis to the NSPHC survey data when questions varied to ensure clarity and comparability. Sample sizes (N) are noted throughout the report and reflect the number of respondents who received each question.
- Focus Groups & Interviews: We conducted 4 focus groups and 7 key informant interviews with residents, youth, seniors, local leaders, and service providers.
- Secondary Data Review: We also analyzed existing data from the U.S. Census, MA Department of Public Health, and other public sources to track trends in health, housing, income, education, and more.

Top Priorities

- **Affordability and Condition of Housing:** Residents uniformly emphasized that securing

affordable, safe housing is a top concern. Rising rents often outpace wages, forcing families into overcrowded apartments or multiple jobs. Interviewees pointed to investor-owned properties driving up costs, limited stock for first-time buyers, and ongoing threats of displacement as factors that fuel chronic stress, especially among lower income and immigrant households.

- **Behavioral and Mental Health:** Access to mental health care is one of the most pressing needs across North Suffolk. Residents described difficulties finding available providers, and a lack of culturally and linguistically appropriate services. Many spoke of persistent stress, anxiety, depression, and unresolved trauma especially among youth, immigrant families, and caregivers balancing economic pressures.
- **Access to Health Care:** Navigating the healthcare system in North Suffolk feels like traversing a maze for many residents. Even those with insurance often find themselves waiting weeks for appointments, struggling to communicate with providers, or unsure where to turn, especially if they face language barriers or worry about their immigration status. This confusion and frustration leave families delaying care until emergencies arise.
- **Environmental Health:** Residents experience environmental health challenges as both overt and subtle threats to their wellbeing. Many spoke of breathing "dirty air" from traffic, industry, and the airport, noticing mold and poor ventilation inside aging homes, and feeling unsafe in local parks. Extreme heat and flooding exacerbated by limited green space heighten anxiety, especially among families and youth who lack cool, clean places to gather.
- **Economic Stability and Mobility:** Residents repeatedly described the strain of working long hours for low pay, with limited time and resources to care for their health. Many shared that cost of living increases, especially for housing and food, are outpacing their income. Childcare, transportation, and work schedules were also identified as major obstacles to getting ahead.

For more information and access to the full North Suffolk CHNA report, please visit: [North Suffolk Integrated Community Health Needs Assessment](#)

Health Centers

MGH offers comprehensive primary care for children, adolescents, adults and seniors from convenient neighborhood locations in Charlestown, Chelsea, and Revere.

Charlestown Community Health Center has been serving the Charlestown community since 1968, offering high-quality, comprehensive care—including adult and pediatric primary care, behavioral health, and a wide range of specialty services. In addition to clinical care, MGH Charlestown is committed to advancing health equity and addressing social determinants of health through close partnerships with local organizations, schools, and the recovery community. The health center serves approximately 10,000 patients annually and conducts over 44,000 visits each year across its primary care, behavioral health, pediatrics, and specialty services.

Chelsea Community Health Center provides high-quality medical care for the entire family—including primary and urgent care, laboratory testing, and specialty services—all in one convenient location. Serving Chelsea and surrounding communities for 53 years, the center is committed to reducing barriers to care such as language, ethnicity, and financial challenges. In addition to clinical services, MGH Chelsea actively supports community health through outreach programs and partnerships that promote public health and wellness. In 2024, the health center

served 33,000 patients.

Revere Community Health Center provides personalized primary care for children, teens, adults, and seniors. Opened in 1981 as part of Massachusetts General Hospital's commitment to accessible care, the center also offers a range of medical specialties on site. The award-winning facility at 300 Ocean Avenue serves as a trusted community resource, with strong local partnerships, teen-focused services, health screenings, and community events. MGH Revere also features a plant-based food pantry and teaching kitchen, which offers nutrition classes to patients. In FY24, there were 91,995 health center visits.

Additional Communities

MGH has licensed facilities in four towns north and west of Boston – Concord, Danvers, Newton, and Waltham. Each community has a local health care provider that must also conduct its own CHNA.

Concord

The town of Concord has a population of 18,266 that is served by Emerson Health, a 179-bed institution located in Concord with more than 300 primary care physicians and specialists that serve 300,000 people in 25 towns. Mass General has a satellite Cancer Center at Emerson Hospital. In 2024, Emerson Health conducted a CHNA that prioritized the following community health needs:

1. Financial Stability
2. Healthcare Access
3. Mental Health

For more information and full access to the **Emerson Health CHNA** report, please visit: [Community Health Needs Assessment (CHNA) - Emerson Health.](#)

Danvers

The town of Danvers of over 27,500 residents is a primary service community for Salem Hospital, a member of Mass General Brigham and the largest medical provider on the North Shore. Salem Hospital has ambulatory care sites and offices throughout the service area. The Mass General/North Shore Medical Center for Outpatient Care is located in Danvers and offers day surgery, comprehensive cancer services, primary care, and specialty care.

For more information and full access to the **Salem Hospital CHNA** report, please visit: [Commitment to Community | Salem Hospital | Mass General Brigham.](#)

Newton

Newton is in the service area of Newton-Wellesley Hospital, a 273-bed comprehensive medical center affiliated with Mass General Brigham. Cancer is the leading cause of death in Newton. Breast, colorectal, and lung cancer are the most common cancers in the area. Mass General Cancer Center has a joint program with Newton-Wellesley Hospital that brings together experienced cancer specialists, leading-edge technology, and the latest treatment options for Newton-area residents for care in a facility located right at Newton-Wellesley Hospital.

For more information and full access to the **Newton-Wellesley Hospital CHNA** report, please visit: [Community Health Assessment – Newton-Wellesley Hospital.](#)

Waltham

Waltham is also in the service area of Newton-Wellesley Hospital, a 273-bed comprehensive medical center affiliated with Mass General Brigham. Newton-Wellesley's CHNA included Waltham. Mass General also has a large ambulatory care facility in Waltham, offering primary and specialty care.

Waltham stands out for its demographic diversity. In the 2023–2024 school year, 64% of Waltham School District students represented racial/ethnic minority groups, reflecting greater racial/ethnic diversity than public school districts across Massachusetts (47%). Waltham School District had almost double the proportion of Hispanic (47.5%) students enrolled than the state (25.1%).

For more information and full access to the **Newton-Wellesley Hospital CHNA** report, please visit: [Community Health Assessment – Newton-Wellesley Hospital.](#)

To learn more about the individual neighborhoods and communities MGH serves, see the community profile pages:

2. Brigham and Women's Hospital

Introduction and Background

Founding member of Mass General Brigham, Brigham and Women's Hospital (BWH) is a teaching affiliate of Harvard Medical School and is dedicated to educating and training the next generation of health care professionals. BWH's main campus sits in the Mission Hill neighborhood of Boston.

With more than 800+ inpatient beds, approximately 50,000 inpatient stays, and 2.25 million outpatient encounters annually, Brigham and Women's Hospital's physicians provide expert care in virtually every medical and surgical specialty to patients locally, regionally, and around the world.

An international leader in basic, clinical and translational research, Brigham and Women's Hospital has nearly 5,000 scientists, including physician-investigators, renowned biomedical researchers, and faculty supported by nearly $700 million in funding.

The Brigham's medical preeminence dates to 1832, and now, with 20,000 employees, that rich history is the foundation for its commitment to research, innovation, and community.

Brigham and Women's Hospital (BWH) has a long-standing commitment to improving health outcomes for patients, families, employees, and community members. For more than thirty years, BWH has been partnering with community health centers, schools, community-based organizations, businesses, and government agencies to understand and address the social

factors impacting the health and well-being of community members. Through program delivery, research, and community investments, BWH works at the community, family, and individual levels to maximize the conditions for improving community health.

These efforts are guided by participation in the Boston Community Health Collaborative, which conducted the 2025 Community Health Needs Assessment. The Boston Community Health Collaborative aims to understand community health needs, strengths, and priorities. This work comes together in two ways: first, the group works on a citywide health needs assessment; second, the group develops and carries out a health improvement plan. Together, the Collaborative contributes to the health and well-being of Boston residents.

For more information and access to the full Boston report, please visit: [Boston Community Health Collaborative | Boston.gov](#)

Community Advisory Board
BWH has established a Community Advisory Board (CAB) to guide its community health efforts. Informed by the community benefit guidelines of the Massachusetts Attorney General (AG) and the Department of Public Health (DPH), the CAB brings together a diverse group of community leaders from multiple sectors.

The CAB plays a critical role in helping BWH identify community health priorities and strategies, ensuring that programs and initiatives are aligned with and responsive to the needs of the communities BWH serves.

Interpreter Services
BWH provides face-to-face interpreter services for 30 different languages, including American Sign Language (ASL). In FY2024, a total of 247,705 interpreter requests were made and completed. Spanish, Haitian Creole, and Arabic were the top three languages requested for interpretation services in FY24.

BWH Priority Communities
BWH's priority communities include Dorchester, Jamaica Plain, Mattapan, Mission Hill, and Roxbury. These Boston neighborhoods are the focus of the CHNA-CHIP due to their proximity to the hospital, as well as the disproportionate variations in health outcomes faced by residents in these communities compared to Boston overall.
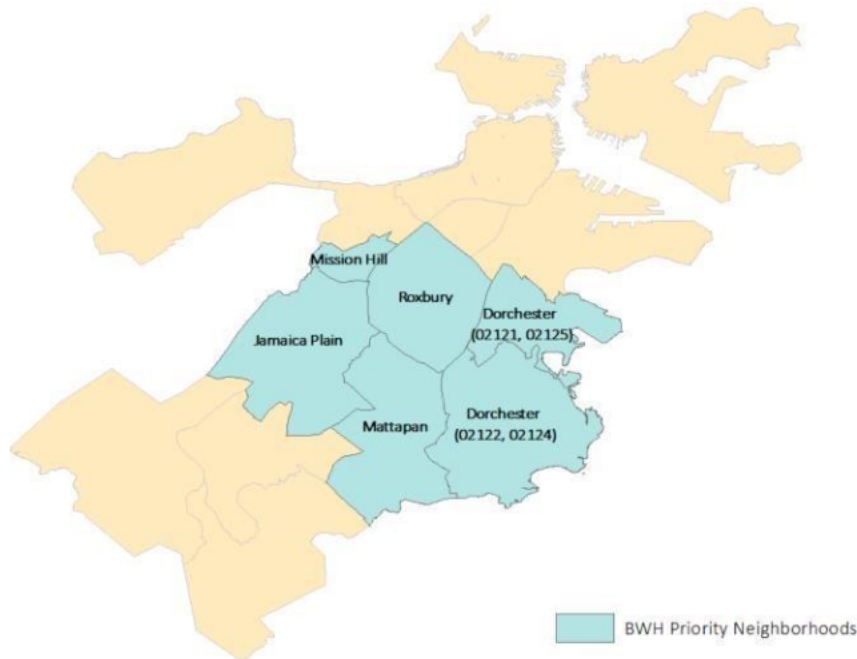
Key Findings from Priority Communities

Poverty

A few interview participants also connected adult education to childhood poverty, noting that adequate education and training play a crucial role in breaking the cycle of child poverty by providing parents with skills and qualifications that lead to better job opportunities. This, in turn, can improve financial stability. Looking at the data, in 2023, nearly one in five Boston children under five years old were living in poverty (18.2%) (Figure 23). Percentages were highest in Dorchester (33.2%), Hyde Park (29.2%), and Mattapan (34%).

Figure 23. Percent Children Under 5 Years Old in Poverty, by Boston and Neighborhoods, 2019-2023
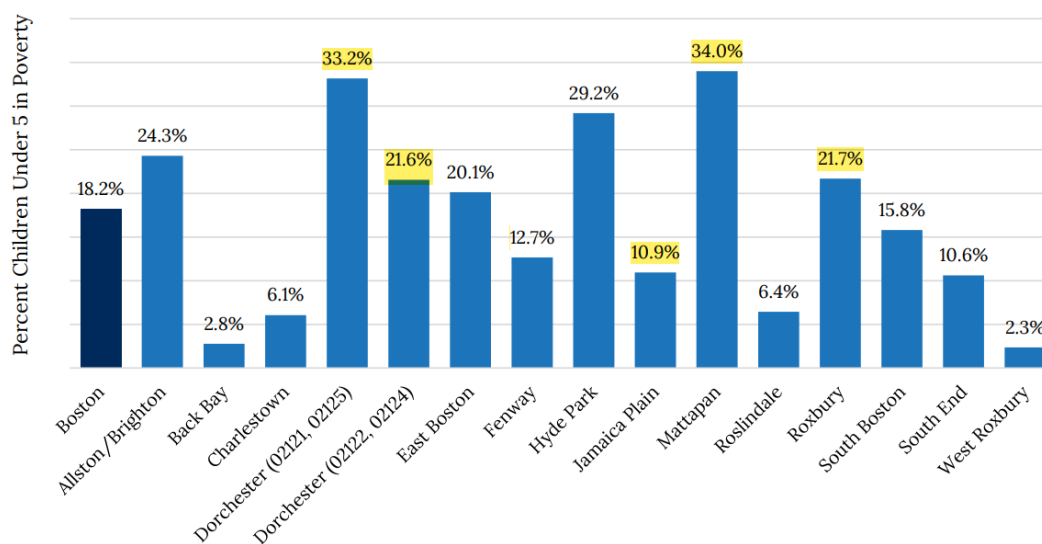
DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023

Cost-Burdened Housing
Housing cost and the implications of high housing cost emerged as concerns across all populations engaged. Lack of affordable housing and concerns about the general housing stock were discussed in nearly all qualitative discussions. Focus group participants across nearly all groups described Boston's current housing stock as expensive, unaffordable (and increasingly unaffordable), and hard to find. Several discussion participants also noted rising housing costs as contributing to difficult decisions and trade-offs, such as needing to reduce utilities expenses, particularly during temperature extremes, as well as difficulty prioritizing other needs such as seeking medical care.

These sentiments are reflected in recent Census data:
- Half of Boston renters are cost-burdened.
- Neighborhoods with the highest percentage of cost-burdened and severely cost-burdened renters are Fenway and Mattapan.

Figure 13. Percent Renters Whose Housing Costs are 30% or More of their Household Income (Cost-Burdened), by Boston and Neighborhoods, 2019-2023

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019-2023
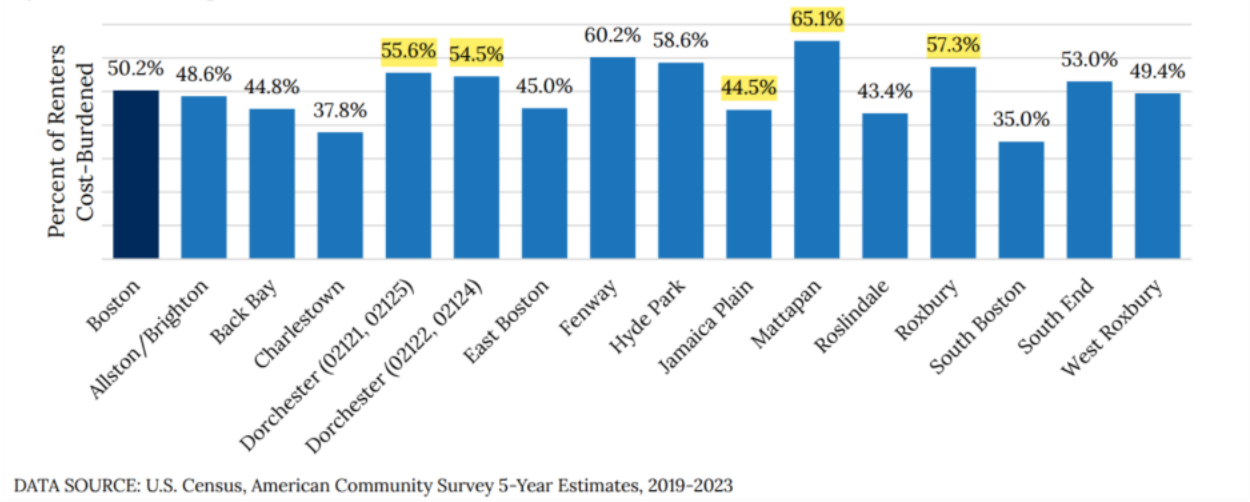
Hypertension
Hypertension, or high blood pressure, is the biggest risk factor for heart disease and stroke. Many factors contribute to high blood pressure, including not just individual lifestyle choices but also structural racism and its impact on access to health care, healthy foods, and safe places for physical activity, as well as everyday experiences of racism which contribute to chronic stress.

Figure 28 shows that rates of hypertension are highest in Mattapan and Dorchester.

Figure 28. Percent Adults Reporting Hypertension, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined
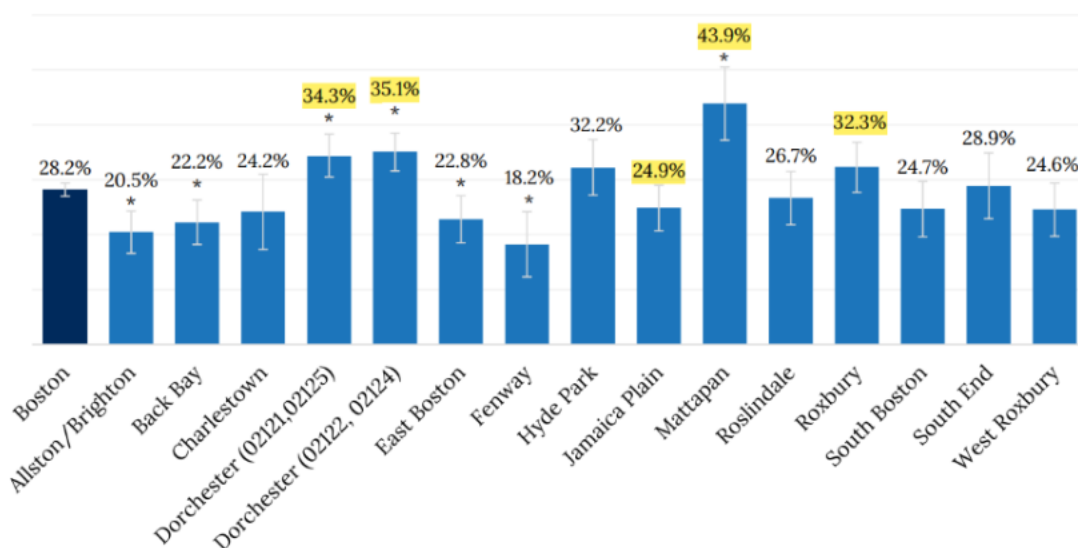
DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
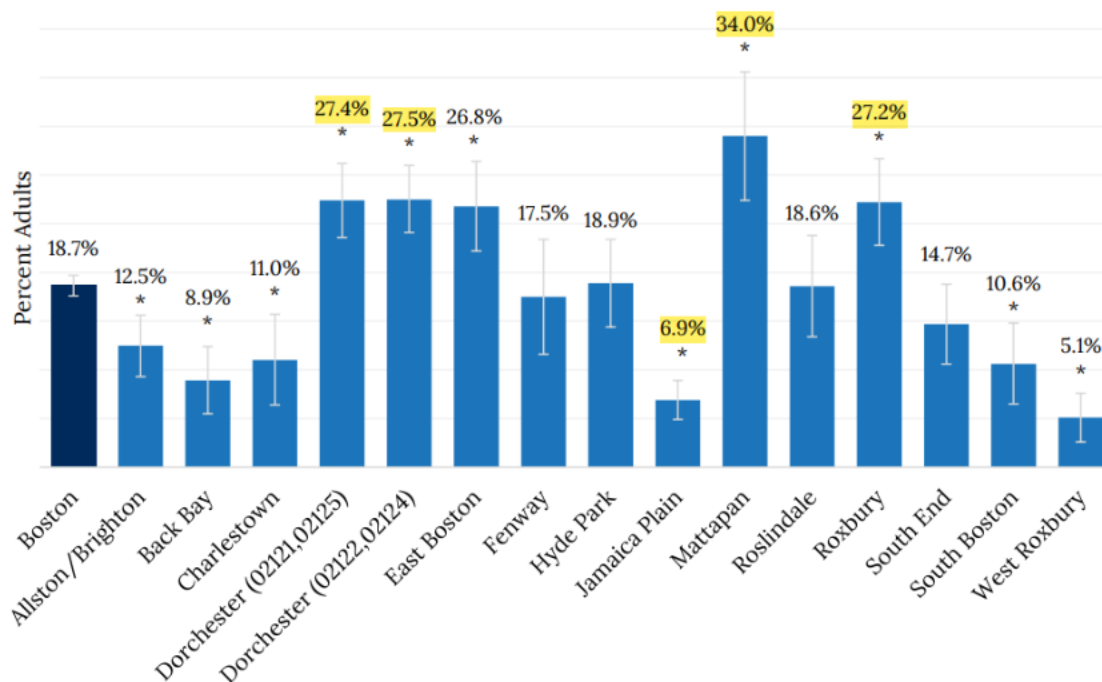DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Error bars show 95% confidence interval.

Food Insecurity
Food security, or access to enough food for an active, healthy lifestyle, is a complex condition associated with higher risk for multiple chronic diseases and poorer mental health outcomes, including anxiety and depression. Nearly 19% of adult Boston residents reported that, within the last 12 months, the food they bought did not last and they did not have money to get more (Boston Behavioral Risk Factor Surveillance System, 2019, 2021, and 2023 combined). Percentages were also significantly higher among residents of Dorchester, East Boston, Mattapan, and Roxbury (Figure 83).

Figure 83. Percent Adults Reporting that Food Didn't Last in the Past Year, by Boston and Neighborhood, 2019, 2021 and 2023 Combined

DATA SOURCE: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2019, 2021 and 2023 Combined
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
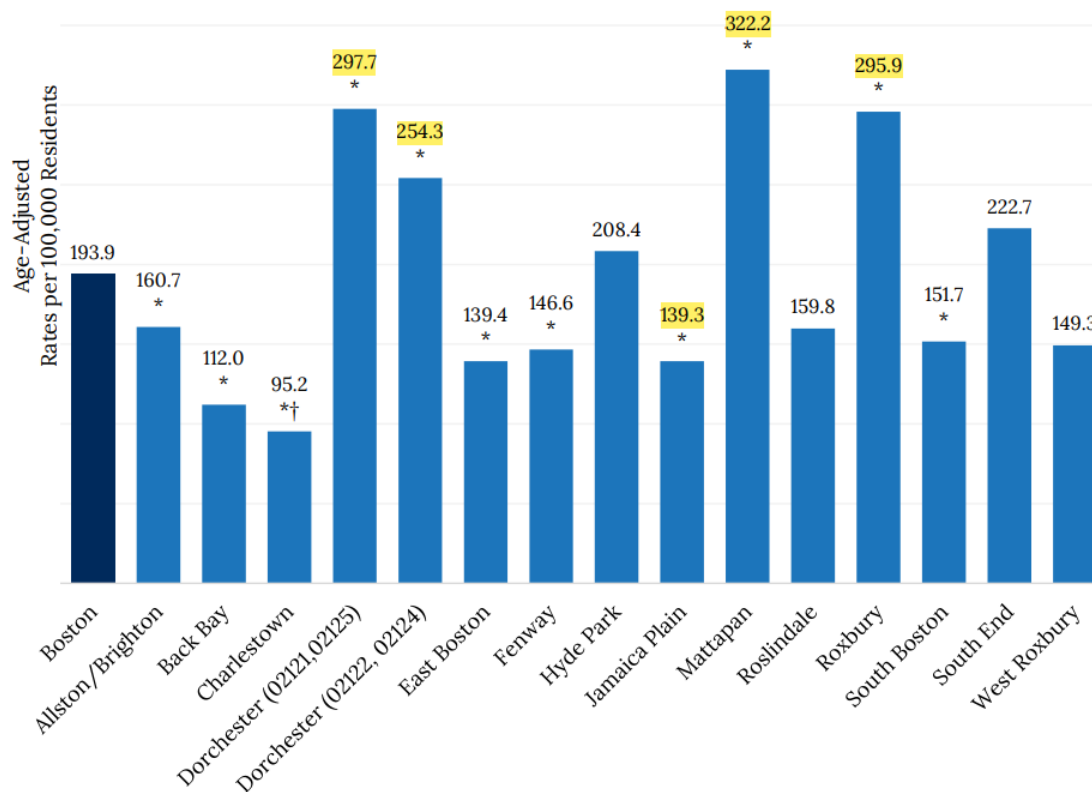NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Error bars show 95% confidence interval.

Premature Mortality

In this report, life expectancy refers to the average estimated number of years a newborn can expect to live. Life expectancy and premature death (death before the age of 65) are key indicators of a population's overall health and well-being. Further, they are shaped by a range of factors including health care access, and social, economic, environmental (e.g., safe housing, air and water quality), and behavioral factors (e.g., nutrition and physical activity). Together, the two indicators can guide efforts to address chronic and preventable diseases and emerging public health challenges.

Significant inequities are present in Boston's premature mortality rate (deaths to residents under age 65). Premature mortality rates are significantly higher in Dorchester, Mattapan, and Roxbury compared to Boston overall (Figure 72).

Figure 72. Premature (Age<65 years) Mortality Rates, by Boston and Neighborhoods, 2023

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2023
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Dagger (†) denotes rate based on a count of n<20.

Health Centers

Southern Jamaica Plain Community Health Center (SJPCHC) is a community health center licensed by Brigham and Women's Hospital. SJPCHC's mission is to provide personal, high quality health care with compassion and respect for a diverse community. In FY24, 7,993 patients completed 40,128 in-person and virtual visits (including Health Promotion participation) with 70% in-person & 30% virtual. The health center has a laboratory on-site and an 88% bilingual staff (91 members) of nurses, medical assistants, administrative staff, providers, and other staff providing services and supporting the work of medical services. It has certified Financial/Application Counselors supporting patients and community members with applying for insurance coverage via MassHealth or the MA Health Connector. SJPCHC augments its medical and mental health services with health education, case management, screening programs (blood pressure, diabetes, mammography, cholesterol), and a Health

Promotion Center wellness space that provides exercise, health education, support groups, food distribution and other programming to patients and members of the community. In addition, SJPCHC has a long history of providing substance abuse treatment services to patients, families, and the community. Health center staff also work collaboratively with residents of the local South Street public housing development to promote the health of public housing residents. The health center continues to host the Boston Public Health Commission's Jamaica

Plain Community Healing Response Network (formally known as Jamaica Plain Neighborhood Trauma Team).

Brookside Community Health Center is the second health care center licensed by Brigham and Women's Hospital. This location provides multidisciplinary, comprehensive care, including primary care, adult, pediatric, and family medicine; obstetrics and gynecology; dentistry and oral surgery; nutrition and WIC; and behavioral health and social services.

Brookside also provides community health programs such as an urban garden integrated with nutrition education, free tax services for eligible patients, participation in the Neighborhood Trauma Team with SJPCHC, and a weekly on-site mobile food market in partnership with the YMCA, among others.

Each year, more than 11,000 patients from Jamaica Plain and the city of Boston use these services, producing more than 69,000 visits to Brookside each year. The health center's services are provided by a bilingual English/Spanish medical and professional staff.

Brookside is a teaching site for Harvard Medical School, Mass General Institute of Nursing, Harvard Dental School, Boston University Dental School, as well as other Boston area health care professional programs.

Additional Locations
In addition to focusing on the five priority neighborhoods located in Boston, BWH also serves members of three communities where the hospital operates licensed sites, including Chestnut Hill, West Bridgewater, and Foxborough. While all communities, including these three, face health challenges, the data indicate that the concerns faced by BWH priority neighborhoods in Boston are greater and thus, they are the primary focus of this report.

Brigham and Women's MRI in West Bridgewater offers radiological services by board-certified radiologists. In addition, the Brigham and Women's Vascular and Vein Center in West Bridgewater specializes in the treatment of varicose veins.

The Mass General Brigham Healthcare Center in Chestnut Hill is just 15 minutes from Brigham and Women's Hospital and Faulkner Hospital. Our physicians are on the staff of Brigham and Women's Hospital and provide the same high-quality care that is delivered at the main campus and other Brigham and Women's locations. When inpatient care is required, patients are admitted to Brigham and Women's Hospital or Faulkner Hospital.

The Mass General Brigham Healthcare Center in Chestnut Hill is also home to the [Gretchen S. and Edward A. Fish Center for Women's Health](#)

Brigham and Women's/Mass General Health Care Center in Foxborough provides primary care and specialty services, including cardiology, dermatology, general and gastrointestinal surgery, orthopedic surgery, pain management, plastic surgery, rehabilitation, sports medicine, diagnostic radiology, and lab services.

Due to the large footprint of the Foxborough facility, we conducted additional engagement to ensure we thoroughly understand the needs of this community.

On July 8, 2025, an outside facilitator led a focus group to inform a community health needs

assessment with representatives from various Foxborough organizations, including the Council on Aging, schools, public health, police, housing, fire department, and food pantry. The meeting aimed to identify community needs, barriers to health and wellness, and potential opportunities for improvement, with participants agreeing to speak anonymously. Findings from the focus group are included in the Foxborough community profile page.

To learn more about the individual neighborhoods and communities BWH serves, see the community profile pages:

3. Brigham and Women's Faulkner Hospital

Introduction and Background
Brigham and Women's Faulkner Hospital (BWFH) is a 171-bed non-profit community teaching hospital located in Jamaica Plain, just over 3 miles from the Longwood medical area, and across the street from the Arnold Arboretum. Founded in 1900, BWFH has a long history of meeting the health care needs of the residents of southwest Boston and surrounding suburbs. The original "Faulkner Hospital" opened in 1903, contained 26 beds, and had a capacity of 30 patients in its first year. In 2012, Brigham and Women's Hospital and Faulkner Hospital officially merged, and the hospital was renamed "Brigham and Women's Faulkner Hospital".

The U.S. News Media & World Report's 2025-2026 Best Hospitals rankings listed Brigham and Women's Faulkner Hospital as a top 10 hospital in the Boston Metro area and Massachusetts. The hospital is ranked as "high performing" in the following clinical specialties: Diabetes & Endocrinology, Geriatrics, and Orthopedics. The hospital was also recognized as high performing for treatment in nine procedures and conditions: chronic obstructive pulmonary disease (COPD), diabetes, heart arrhythmia, heart failure, hip replacement, kidney failure, knee replacement, pneumonia, and prostate cancer surgery.

BWFH is also one of just four hospitals in the world to hold Magnet with Distinction and the first in Massachusetts. The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes.

BWFH has a long-standing commitment to improving health outcomes for patients, families, employees, and community members. For more than thirty years, BWFH has been partnering with community health centers, schools, community-based organizations, businesses, and government agencies to understand and address the social factors impacting the health and well-being of community members.

These efforts are guided by a participatory and collaborative Community Health Needs Assessment (CHNA) in Boston, which informs the hospital's priorities and strategies.
For more information and access to the full Boston report, please visit: [Boston Community](#)

[Health Collaborative | Boston.gov](#)

Community Advisory Board
BWFH has established a Community Advisory Board (CAB) to guide its community health efforts. Informed by the community benefit guidelines of the Massachusetts Attorney General (AG) and the Department of Public Health (DPH), the CAB brings together a diverse group of community leaders from multiple sectors.

The CAB plays a critical role in helping BWFH identify community health priorities and strategies, ensuring that programs and initiatives are aligned with and responsive to the needs of the communities BWFH serves.

Interpreter Services
BWFH provides interpreter services for many different languages, both in-person and virtual. Virtual services include Interpreters on Wheels (IOW) and LanguageLine Solutions for when in-person interpreting is not available. In FY24, BWFH recorded 40,941 interpreter encounters, and of those, in-person/staff conducted 6,294. Spanish, Haitian Creole, and Russian were the top three languages requested for interpretation services.

BWFH Priority Communities
BWFH priority neighborhoods are Jamaica Plain (where the hospital campus sits), Roslindale, Hyde Park, and West Roxbury. These Boston neighborhoods are the focus of the BWFH CHNA due to their proximity to the hospital, as well as the patient population that BWFH serves, which is significantly from these four neighborhoods. In FY24 BWFH served approximately 53,739 people. Of these patients, 33% came from those four priority neighborhoods.
- Hyde Park – 8%
- Jamaica Plain – 7%
- Roslindale – 10%
- West Roxbury – 8%

Source: Brigham and Women's Faulkner Hospital

Key Findings from Priority Communities
BWFH efforts are focused on four Southwest Boston neighborhoods. This diverse area has a combined population of approximately 137,813. Depending on the priority area, BWFH will concentrate efforts within certain populations or neighborhoods as needed. Across the four communities there are some key issues that stand out in relation to Boston and the other neighborhoods.

Aging Population
The population is an older one compared to the other neighborhoods in Boston – West Roxbury and Hyde Park are number one and two with the highest percentage of their population at 65 years and over.

	Total population	% 65 years and over
Boston	663,972	12.7%
Allston/Brighton	63,172	11.2%
Back Bay	53,738	15.8%
Charlestown	19,994	13.2%
Dorchester (02121, 02125)	61,367	12.2%
Dorchester (02122, 02124)	79,368	13.3%
East Boston	44,124	8.0%
Fenway	52,675	7.0%
Hyde Park	38,071	17.0%
Jamaica Plain	41,109	13.2%
Mattapan	25,313	15.1%
Roslindale	31,564	14.5%
Roxbury	42,099	12.5%
South Boston	43,200	9.4%
South End (includes Chinatown)	36,589	14.3%
West Roxbury	27,069	20.0%

DATA SOURCE: U.S. Census, American Community Survey 5-Year Estimates, 2019–2023

Cancer

Cancer is a leading cause of death in Boston. The combined 2017-2021 age-adjusted rate of cancer incidence in Boston is 425.6 cases per 100,000 residents, compared to 437.2 cases per 100,000 residents for Massachusetts overall. While cancer mortality rates and premature cancer mortality rates have remained stable over time, recent data highlights inequities in cancer mortality and premature mortality by racial and ethnic groups. In the four BWFH neighborhoods, three (Hyde Park, Jamaica Plain, and Roslindale) have premature cancer mortality rates higher than the city of Boston.

Figure 36. Premature (Age<65 years) Cancer Mortality, by Boston and Neighborhood, 2021-2023 Combined
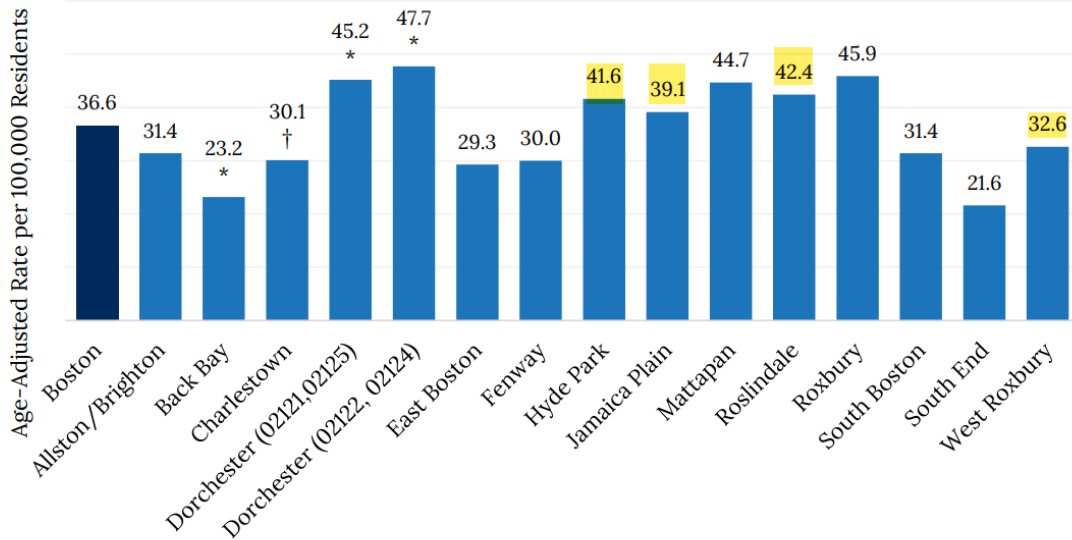
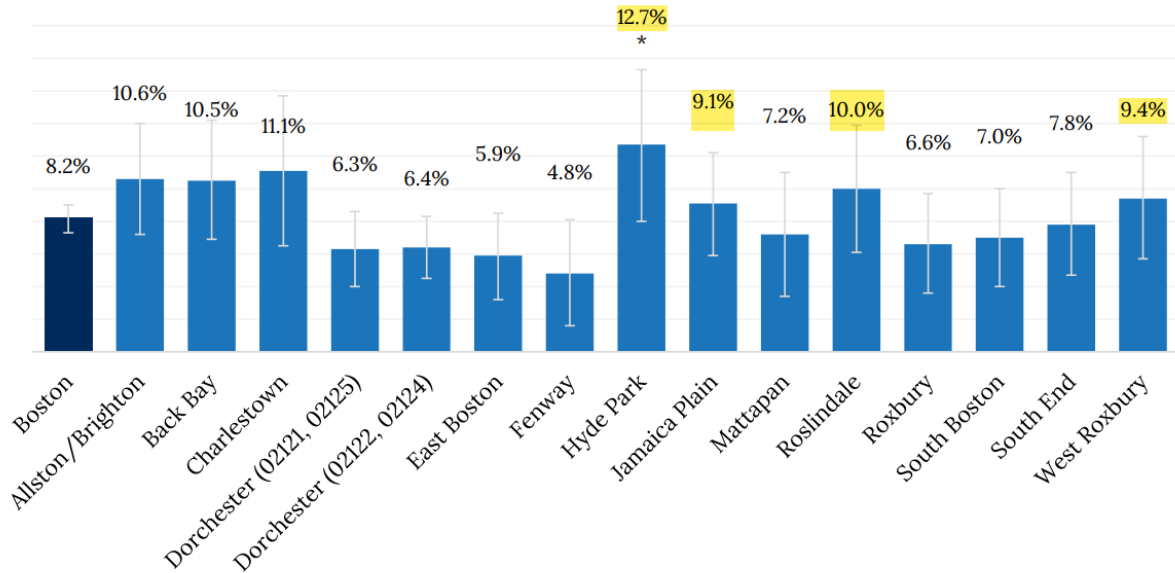DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths
DATA ANALYSIS: Boston Public Health Commission, Center for Public Health Sciences and Innovation
NOTE: Asterisk (*) denotes where neighborhood estimate was significantly different compared to the rest of Boston (p < 0.05); Dagger (†) denotes rate based on a count of n<20.

Alcohol Use
Excessive drinking is a risk factor for many different health outcomes, including alcohol poisoning, hypertension, heart attacks, sexually transmitted infections, sudden infant death syndrome, suicide, interpersonal violence, and vehicle crashes. Compared to Boston overall, the percentage for Hyde Park (12.7%) was significantly higher. Jamaica Plain, Roslindale, and West Roxbury percentages were also higher than the Boston rate.

Figure 100. Percent Adults Reporting Heavy Drinking, by Boston and Neighborhoods, 2019, 2021 and 2023 Combined

To learn more about the individual neighborhoods BWFH serves, see the community profile pages:

VIII. Community Profile Pages

Charlestown

Overview

Charlestown is Boston's oldest neighborhood, founded in 1628, located just north of downtown across the Charles River. Known for its colonial roots, waterfront views, and tight-knit feel, Charlestown today blends deep history with modern urban development.

MGH Charlestown Community Health Center offers comprehensive primary care for children, adolescents, adults and seniors from a convenient neighborhood location.

Population Characteristics

- **Total Population:** 19,994
- **Race/Ethnicity:** 71% White, 10% Hispanic, 9% Asian, 6% Other, 5% Black
- **Age:**
  - Under 18: 21% vs. 15% in Boston
  - 65+: 13%, same as Boston
- **Foreign-Born:** 13% vs. 28% in Boston
- **Speak a Language Other than English:** 18% vs. 35% in Boston
- **Life Expectancy:** 81.6 years vs. 80.7 years in Boston
- **Premature Mortality:** 95.2 per 100,000 vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators

- **Median Household Income:** $157,192 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty**: 2% vs. 18% in Boston
- **Educational Attainment:**
  - High School Grad or Higher: 94% vs. 89% in Boston
  - Bachelor's Degree or Higher: 71% vs. 54% in Boston
- **Homeownership Rate:** 50% vs. 35% in Boston
- **Cost-Burdened Renters:** 38% vs. 50% in Boston

Chronic Disease & Health Conditions

- **Hypertension:** 24% vs. 28% in Boston
- **Overweight or Obesity:** 47% vs. 59% in Boston
- **Premature (Age <65) Cancer Mortality:** 30.1 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health

- **Infant Mortality Rate:** 1.8 deaths per 1,000 live births vs. 3.8 deaths per 1,000 live births in Boston
- **Low Birthweight Births:** 6% vs. 9% in Boston
- **Preterm Births:** 6% vs. 10% in Boston

Mental Health & Substance Use

- **Opioid Mortality:** 32.5 per 100,000 vs. 44.6 per 100,000 in Boston
- **Percent Adults Reporting Heavy Drinking:** 11% vs. 8% in Boston

Access

- **Healthcare Access:** 31% of survey respondents reported that they would need to travel outside their community to access high-quality hospitals, doctors, or clinics vs. 38% in Boston
- **Food Insecurity:** 11% of adults reported that food didn't last in the past year vs. 19% in Boston

Source:

Boston Public Health Commission & Boston Community Health Collaborative. (2025, June 10). *Boston Community Health Needs Assessment 2025: Final report*. Boston Public Health Commission.

Chelsea

Overview

Chelsea is a compact, densely populated coastal city in Suffolk County, located just north of Boston and covering only 2.2 square miles. As a historic gateway city, Chelsea is home to a highly diverse, multilingual, and largely immigrant population, making it one of Massachusetts' most culturally vibrant urban communities. MGH Chelsea Community Health Center offers patients one convenient location close to home that provides expert medical services for the whole family, including primary and urgent care, laboratory testing and specialty services.

Population Characteristics
- **Total Population:** 39,460
- **Race/Ethnicity:** 65% Hispanic, 20% White, 7% Black, 3% Asian
- **Age:**
  o Under 18: 25% vs. 20% in MA
  o 65+: 11% vs. 17% in MA
- **Foreign-Born:** 45% vs. 17% in MA
- **Speak a Language Other than English:** 70% vs. 25% in MA
- **Life Expectancy**: 78.0 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $72,220 vs. $101,341 in MA
- **Poverty Rate:** 21% vs. 10% in MA
- **Educational Attainment:**
  o High school grad or higher: 69% vs. 91% in MA
  o Bachelor's degree or higher: 22% vs. 47% in MA
- **Homeownership Rate:** 29% vs. 63% in MA
- **Housing Cost-Burdened:** 54% vs. 33% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 36% vs. 37% in MA
- **Obesity:** 34% vs. 31% in MA
- **Cancer Incidence**: 405.7 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 4 deaths per 1,000 live births, same as MA
- **Low Birthweight Births:** 8.3% vs. 7.6% in MA

Mental Health & Substance Use
- **Drug Overdose:** 41.1 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 20% vs.19% in MA

Access
- **Food Insecurity:** 28% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Chestnut Hill

Overview

Chestnut Hill is an upscale village located about 6 miles west of downtown Boston. It spans

parts of Newton, Brookline, and Boston, unified by ZIP code 02467. Known for Boston College, high-end residential areas, and the scenic Chestnut Hill Reservoir and Olmsted-designed green spaces like Hammond Pond and Heartbreak Hill Park. Limited data is available for this community.

Population Characteristics
- **Total Population:** 22,325
- **Race/Ethnicity:** 68% White, 17% Asian, 6% Hispanic, 3% Black
- **Age:**
  - Under 18: 18% vs. 20% in MA
  - 65+: 17% vs. 17% in MA
- **Foreign-Born:** 11% vs. 17% in MA
- **Life Expectancy**: 83.6 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $173,854 vs. $101,341 in MA
- **Poverty Rate:** 6% vs. 10% in MA
- **Educational Attainment:**
  - High School Grad or Higher: 99% vs. 91% in MA
  - Bachelor's Degree or Higher: 83% vs. 47% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 26% vs. 37% in MA
- **Obesity:** 18% vs. 31% in MA
- **Cancer Prevalence**: 7% vs. 6% in Boston

Mental Health & Substance Use
- **Binge Drinking:** 20% vs.19% in MA

Environmental and Structural Factors
- **Food Insecurity:** 7% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Concord

Overview

Concord is a historic town in Middlesex County, located about 20 miles west of Boston. Known for its rich American Revolutionary history, literary heritage, and preserved village centers,

Concord offers a blend of historic charm, open space, and abundant community resources in a suburban setting. Emerson Health, a 179-bed institution, is located in Concord with more than 300 primary care physicians and specialists that serve 300,000 people in 25 towns. Mass General has a satellite Cancer Center at Emerson Hospital.

Population Characteristics
- **Total Population:** 18,266
- **Race/Ethnicity:** 81% White, 5% Asian, 5% Hispanic, 2% Black
- **Age:**
  - Under 18: 27% vs. 20% in MA
  - 65+: 21% vs. 17% in MA
- **Foreign-Born:** 11% vs. 17% in MA
- **Speak a Language Other than English:** 13% vs. 25% in MA
- **Life Expectancy**: 81.5 years vs. 80.6 in MA

Socioeconomic Indicators
- **Median Household Income:** $212,315 vs. $101,341 in MA
- **Poverty Rate:** 3% vs. 10% in MA
- **Educational Attainment:**
  - High school grad or higher: 96% vs. 91% in MA
  - Bachelor's degree or higher: 79% vs. 47% in MA
- **Homeownership Rate:** 79% vs. 63% in MA
- **Housing Cost-Burdened:** 25% vs. 33% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 32% vs. 37% in MA
- **Obesity:** 19% vs. 31% in MA
- **Cancer Incidence:** 414.5 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 3 deaths per 1,000 live births vs. 4 deaths per 1,000 live births in MA
- **Low Birthweight Births:** 7% vs. 8% in MA

Mental Health & Substance Use
- **Drug Overdose:** 23.1 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 17% vs.19% in MA

Access
- **Food Insecurity:** 5% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Danvers

Overview
Danvers is a suburban town in Essex County, situated about 17 miles north of Boston along the Danvers River. Originally known as Salem Village—the site of the infamous 1692 witch trials—Danvers is now recognized for its historic charm, a variety of local businesses, and its diverse

residential neighborhoods. Danvers is in the service area of Salem Hospital, a member of Mass General Brigham and the largest medical provider on the North Shore. The Mass General/North Shore Medical Center for Outpatient Care is located in Danvers and offers day surgery, comprehensive cancer services, primary care, and specialty care.

Population Characteristics
- **Total Population:** 27, 924
- **Race/Ethnicity:** 88% White, 5% Hispanic, 3% Black, 2% Asian
- **Age:**
  - Under 18: 17% vs. 20% in MA
  - 65+: 22% vs. 17% in MA
- **Foreign-Born:** 9% vs. 17% in MA
- **Speak a Language Other than English:** 12% vs. 25% in MA
- **Life Expectancy**: 80.9 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $117,072 vs. $101,341 in MA
- **Poverty Rate:** 5% vs. 10% in MA
- **Educational Attainment:**
  - High school grad or higher: 95% vs. 91% in MA
  - Bachelor's degree or higher: 47%, same as MA
- **Homeownership Rate:** 69% vs. 63% in MA
- **Housing Cost-Burdened:** 31% vs. 33% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 40% vs. 37% in MA
- **Obesity:** 34% vs. 31% in MA
- **Cancer Incidence:** 432.5 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 4 deaths per 1,000 live births, same as MA
- **Low Birthweight Births:** 7% vs. 8% in MA

Mental Health & Substance Use
- **Drug Overdose:** 35.9 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 18% vs.19% in MA

Access
- **Food Insecurity:** 8% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Dorchester

Overview

Dorchester is Boston's largest and most populous neighborhood, located in the southern section of the city. Known for its rich cultural diversity and deep-rooted history, Dorchester is home to a wide range of communities, including longstanding Irish American, African American, Cape Verdean, Caribbean, Vietnamese, and other immigrant populations. The neighborhood

features a mix of residential, commercial, and open spaces, with historic sites, community centers, and vibrant commercial corridors such as Fields Corner, Codman Square, and Grove Hall. Dorchester contains four zip codes: 02121, 02125, 02122, and 02124.

Population Characteristics
- **Total Population**: 123,056, about 17% of Boston's total population
- **Race/Ethnicity:**
  - 02121 and 02125: 34% Black, 29% Latinx, 20% White, 10% Other, 7% Asian
  - 02122 and 02124: 42% Black, 23% White, 16% Latinx, 10% Asian, 10% Other
- **Age:**
  - Under 18:
    - 02121 and 02125: 22%
    - 02122 and 02124: 21%
    - vs.15% in Boston
  - 65+:
    - 02121 and 02125: 12%
    - 02122 and 02124: 13%
    - vs. 13% in Boston
- **Foreign-Born:** 34% vs. 28% in Boston
- **Speak a Language Other Than English:**
  - 02121 and 02125: 44%
  - 02122 and 02124: 35%
  - vs. 35% in Boston
- **Life Expectancy**:
  - 02121 and 02125: 77.6 years
  - 02122 and 02124: 78.9 years
  - vs. 80.7 years in Boston
- **Premature Mortality**:
  - 02121 and 02125: 297.7 per 100,000
  - 02122 and 02124: 254.3 per 100,000
  - vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income**:
  - 02121 and 02125: $58,681
  - 02122 and 02124: $80,598
  - vs. $94,755 in Boston
- **Children Under 5 Living in Poverty**:
  - 02121 and 02125: 33%
  - 02122 and 02124: 22%
  - vs. 18% in Boston
- **Educational Attainment**:
  - High school grad or higher:
    - 02121 and 02125: 82%
    - 02122 and 02124: 84%
    - vs. 89% in Boston
  - Bachelor's degree or higher:
    - 02121 and 02125: 33%
    - 02122 and 02124: 33%
    - vs. 54% in Boston
- **Homeownership Rate**:
  - 02121 and 02125: 30%

- 02122 and 02124: 43%
- vs. 35% in Boston
- **Cost-Burdened Renters**:
  - 02121 and 02125: 56%
  - 02122 and 02124: 55%
  - vs. 50% in Boston

Chronic Disease & Health Conditions
- **Hypertension**:
  - 02121 and 02125: 34%
  - 02122 and 02124: 35%, second highest across all Boston neighborhoods
  - vs. 28% in Boston
- **Overweight or Obesity:**
  - 02121 and 02125: 68%
  - 02122 and 02124: 70%, second highest across all Boston neighborhoods
  - vs. 60% in Boston
- **Premature (Age <65) Cancer Mortality:**
  - 02121 and 02125: 45%
  - 02122 and 02124: 48%, highest across all Boston neighborhoods
  - vs. 37% in Boston

Maternal and Child Health
- **Infant Mortality Rate**:
  - 02121 and 02125: 5.6 deaths per 1,000 live births
  - 02122 and 02124: 6.7 deaths per 1,000 live births, second highest across all Boston neighborhoods
  - vs. 3.8 deaths per 1,000 live births in Boston
- **Low Birthweight Births:**
  - 02121 and 02125: 11%
  - 02122 and 02124: 10%
  - vs. 9% in Boston

Mental Health & Substance Use
- **Opioid Overdose Mortality:**
  - 02121 and 02125: 78.1 per 100,000, highest across all Boston neighborhoods
  - 02122 and 02124: 54.5 per 100,000
  - vs 44.6 per 100,000 in Boston

Access
- **Food Insecurity**:
  - 02121 and 02125: 27% of residents reported that food didn't last in the past year
  - 02122 and 02124: 28% of residents reported that food didn't last in the past year, second highest across all Boston neighborhoods
  - vs. 18% 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

Foxborough

Overview

Foxborough is a suburban town in Norfolk County, Massachusetts, located about 22 miles southwest of Boston. Best known as the home of Gillette Stadium and Patriot Place, Foxborough blends small-town character with regional entertainment and economic activity. The community features a mix of families and professionals, with a strong public school system and access to healthcare through the Brigham and Women's/Mass General facility. The town is predominantly White, but increasing diversity is reflected in small yet growing Asian, Black, and Hispanic/Latino populations.

Population Characteristics

Total Population: 18,516
Race/Ethnicity: 77% White, 7% Asian, 7% Black, 4% Hispanic
Median Age: 43.4
Speak a Language Other than English: 16% vs. 25% in MA
Life Expectancy: 82.3 years vs. 80.6 years in MA

Socioeconomic Indicators

Median Household Income: $108,559 vs. $101,341 in MA
Seniors Over 65 Living in Poverty: 8%
Educational Attainment:
High school grad or higher: 97% vs. 91% in MA
Bachelor's degree or higher: 58% vs. 47% in MA
Homeownership Rate: 73% vs. 63% in MA
Housing Cost-Burdened: 34% vs. 33% in MA

Chronic Disease & Health Conditions

Hypertension: 39% vs. 37% in MA
Obesity: 31%, same as MA
Cancer Incidence: 455.7 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health

Infant Mortality Rate: 3 deaths per 1,000 live births vs. 4 deaths per 1,000 live births in MA
Low Birthweight Births: 7% vs. 8% in MA

Mental Health & Substance Use

Drug Overdose Mortality: 24.5 per 100,000 vs. 34.9 per 100,000 in MA
Binge Drinking: 20% vs.19% in MA

Access

Food Insecurity: 8% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
US Census Bureau, American Community Survey (ACS), 2019-2023.
Massachusetts Department of Public Health. 2023.
Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
NIH State Cancer Profiles. 2017-21.
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Hyde Park

Overview
Hyde Park is Boston's southernmost neighborhood and has a suburban feel, lower-density housing, and strong neighborhood identity. It borders Milton and Dedham and is characterized by residential streets, local businesses, and green space, including the Neponset River, Stony Brook Reservation, and George Wright Golf Course. While it is relatively quieter and less densely populated than other Boston neighborhoods, Hyde Park is home to a racially and economically diverse population with increasing concerns around affordability, aging infrastructure, and limited public transit access.

Population Characteristics
- **Total Population:** 38,071

- **Race/Ethnicity**: 46% Black, 27% Latinx, 21% White, 6% Other
- **Age:**
  - Under 18: 23% vs. 15% in Boston
  - 65+: 17% vs 13% in Boston, second highest across all Boston neighborhoods
- **Foreign-Born:** 31% vs 28% in Boston
- **Speak a Language Other Than English:** 42% vs. 35% in Boston
- **Life Expectancy:** 80.9 years vs. 80.7 years in Boston
- **Premature Mortality:** 208.4 per 100,000 residents vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income:** $96,862 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty**: 29% vs. 18% in Boston
- **Educational Attainment:**
  - High School Grad or Higher: 88% vs. 89% in Boston
  - Bachelor's Degree or Higher: 33% vs. 54% in Boston, lowest across all Boston neighborhoods
- **Homeownership Rate:** 53% vs. 35% in Boston
- **Cost-Burdened Renters**: 59% vs. 50% in Boston,

Chronic Disease & Health Conditions
- **Hypertension:** 32% vs. 28% in Boston
- **Overweight and Obesity:** 61% vs. 59% in Boston
- **Premature (Age <65) Cancer Mortality:** 41.6 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health
- **Infant Mortality Rate:** 6.1 deaths per 1,000 live births vs. 3.8 deaths per 1,000 live births in Boston
- **Low Birthweight Births:** 10% vs 9% in Boston

Mental Health & Substance Use
- **Percent Adults Reporting Heavy Drinking:** 13% vs. 8% in Boston, highest across all Boston neighborhoods

Access
- **Healthcare Access:** 67% of survey respondents reported that they would need to travel outside their community to access high-quality hospitals, doctors, or clinics vs. 38% in Boston, by far the highest across all Boston neighborhoods
- **Food Insecurity:** 19% of adults reported that food didn't last in the past year vs. 19% in Boston

Source
Boston CHNA

Jamaica Plain

Overview
Jamaica Plain (JP) is a diverse and vibrant neighborhood located in the southwest section of Boston. Historically a streetcar suburb, the neighborhood blends urban convenience with access to green space, including the Emerald Necklace parks, Jamaica Pond, and the Arnold Arboretum. Jamaica Plain has a strong tradition of civic activism and community organizing, with numerous local nonprofits, arts organizations, and neighborhood associations. The area is also known for its mix of historic homes, independent businesses, and a thriving arts and food scene, making it one of Boston's most engaged and eclectic communities. Brigham and Women's Hospital has two licensed community health centers in this neighborhood, Southern Jamaica Plain Community Health Center and Brookside Community Health Center. Brigham and Women's Faulkner Hospital is also located in Jamaica Plain.

Population Characteristics
- **Total Population:** 41,109
- **Race/Ethnicity:** 54% White, 21% Latinx, 11% Black, 8% Asian, 6% Other
- **Age:**
  - Under 18: 16% vs. 15% in Boston
  - 65+: 13%, same as Boston
- **Foreign-Born:** 22% vs. 28% in Boston
- **Speak a Language Other Than English:** 29% vs. 35% in Boston
- **Life Expectancy:** 81.5 years vs. 80.7 years in Boston
- **Premature Mortality:** 139.3 per 100,000 vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income:** $130,533 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty:** 11% vs. 18% in Boston
- **Educational Attainment:**
  - High School Grad or Higher: 94% vs. 89% in Boston
  - Bachelor's Degree or Higher: 73% vs. 54% in Boston
- **Homeownership Rate:** 45% vs. 35% in Boston
- **Cost-Burdened Renters:** 45% vs. 50% in Boston

Chronic Disease & Health Conditions
- **Hypertension:** 25% vs. 28% in Boston
- **Overweight or Obesity:** 48% vs. 59% in Boston
- **Premature (Age <65) Cancer Mortality:** 39.1 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health
- **Infant Mortality Rate:** 4.1 deaths per 1,000 live births vs. 3.8 deaths per 1,000 live births in Boston
- **Low Birthweight Births:** 8% vs. 9% in Boston

Mental Health & Substance Use
- **Percent Adults Reporting Heavy Drinking:** 9% vs. 8% in Boston
- **Opioid Overdose Mortality:** 36.2 per 100,000 vs. 44.6 per 100,000 in Boston

Access
- **Food Insecurity:** 7% of residents reported that food didn't last in the past year vs. 19% in Boston

Sources
Same as Dorchester

Mattapan

Overview

Mattapan is located in the southern section of Boston and is known for its strong sense of community and cultural vibrancy. Historically a center for Jewish families in the early 20th century, today Mattapan is home to a large Black and Caribbean population, including a significant Haitian community. The neighborhood features green spaces such as the Neponset River Greenway, and community institutions that support family life and neighborhood resilience.

Population Characteristics
- **Total Population:** 25,313
- **Race/Ethnicity:** 72% Black, 17% Latinx, 11% Other
- **Age:**
  - Under 18: 22% vs. 15% in Boston

o   65+: 15% vs. 13% in Boston
- **Speak a Language Other Than English:** 37% vs. 35% in Boston
- **Life Expectancy:** 78.8 years vs. 80.7 years in Boston
- **Premature Mortality:** 322.2 per 100,000 vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income:** $67,206 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty:** 34% vs. 18% in Boston
- **Educational Attainment:**
  o   High School Grad or Higher: 87% vs. 89% in Boston
  o   Bachelor's Degree or Higher: 24% vs. 54% in Boston
- **Homeownership Rate:** 42% vs. 35% in Boston
- **Cost-Burdened Renters:** 65% vs. 50% in Boston, highest across all Boston neighborhoods

Chronic Disease & Health Conditions
- **Hypertension:** 44% vs. 28% in Boston, highest across all Boston neighborhoods
- **Overweight or Obesity:** 80% vs. 59% in Boston, highest across all Boston neighborhoods
- **Premature (Age <65) Cancer Mortality:** 44.7 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health
- **Infant Mortality Rate:** 7.3 deaths per 1,000 live births vs. 3.8 deaths per 1,000 live births in Boston, highest across all Boston neighborhoods
- **Low Birthweight Births:** 12% vs. 9% in Boston

Mental Health & Substance Use
- **Opioid Mortality:** 60.6 per 100,000 vs. 44.6 per 100,000 in Boston

Access
- **Food Insecurity:** 34% of residents reported that food didn't last in the past year vs. 19% in Boston, highest across all Boston neighborhoods

Sources
Same as Dorchester

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

Newton

Overview

Newton is an affluent, highly educated, and diverse suburban city about 6 miles west of Boston. Known for top-rated schools, abundant green spaces, and strong civic infrastructure, offering suburban appeal with convenient access to the city. Newton is in the service area of Newton-Wellesley Hospital, a 273-bed comprehensive medical center affiliated with Mass General Brigham. Mass General Cancer Center has a joint program with Newton-Wellesley Hospital that brings together experienced cancer specialists, leading-edge technology, and the latest treatment options for Newton-area residents for care in a facility located right at Newton-Wellesley Hospital.

Population Characteristics
- **Total Population:** 88,504
- **Race/Ethnicity:** 70% White, 17% Asian, 5% Hispanic, 3% Black
- **Age:**
  - Under 18: 21% vs. 20% in MA

- o 65+: 19% vs. 17% in MA
- **Foreign-Born:** 24% vs. 17% in MA
- **Speak a Language Other than English:** 25%, same as MA
- **Life Expectancy**: 85.1 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $185,154 vs. $101,341 in MA
- **Poverty Rate:** 6% vs. 10% in MA
- **Educational Attainment:**
  - o High School Grad or Higher: 98% vs. 91% in MA
  - o Bachelor's Degree or Higher: 82% vs. 47% in MA
- **Homeownership Rate:** 71% vs. 63% in MA
- **Housing Cost-Burdened:** 28% vs. 33% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 32% vs. 37% in MA
- **Obesity:** 20% vs. 31% in MA
- **Cancer**: 413.9 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 3 deaths per 1,000 live births vs. 4 deaths per 1,000 live births in MA
- **Low Birthweight Births:** 7% vs. 8% in MA

Mental Health & Substance Use
- **Drug Overdose:** 23.1 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 17% vs.19% in MA

Environmental and Structural Factors
- **Food Insecurity:** 5% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Revere

Overview

Revere is a coastal city in Suffolk County, located about 5 miles northeast of Boston. Known for Revere Beach—America's first public beach—the city blends historical significance with a diverse population and a mix of urban and suburban living. Revere features growing commercial areas and maintains a strong sense of community and cultural heritage. MGH Revere Community Health Center offers primary and specialty care for children, teens, adults and seniors from a convenient neighborhood location.

Population Characteristics
- **Total Population:** 59,933
- **Race/Ethnicity:** 48% White, 39% Hispanic, 5% Black, 4% Asian
- **Age**:
  - Under 18: 20%, same as MA
  - 65+: 15% vs. 17% in MA
- **Foreign-Born:** 44% vs. 17% in MA
- **Speak a Language Other than English:** 57% vs. 25% in MA

- **Life Expectancy**: 79.9 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $81,121 vs. $101,341 in MA
- **Poverty Rate:** 12% vs. 10% in MA
- **Educational Attainment:**
  - High School Grad or Higher: 83% vs. 91% in MA
  - Bachelor's Degree or Higher: 25% vs. 47% in MA
- **Homeownership Rate:** 50% vs. 63% in MA
- **Housing Cost-Burdened:** 45% vs. 33% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 38% vs. 37% in MA
- **Obesity:** 33% vs. 31% in MA
- **Cancer**: 404.9 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 4 deaths per 1,000 live births, same as MA
- **Low Birthweight Births:** 8.3%, same as MA

Mental Health & Substance Use
- **Drug Overdose:** 41.1 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 20% vs.19% in MA

Environmental and Structural Factors
- **Food Insecurity:** 19% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Roslindale

Overview
Roslindale (often called "Rozzie") is a diverse, family-oriented neighborhood in southwest Boston. It borders Jamaica Plain, West Roxbury, and Hyde Park and features a mix of tree-lined residential streets, small businesses, and green space. Roslindale Square is the neighborhood's commercial and cultural center, known for its farmer's market, restaurants, and strong sense of community. The neighborhood has seen increasing housing demand and some gentrification, especially among younger residents and families priced out of Jamaica Plain.

Population Characteristics
- **Total Population:** 31,564
- **Race/Ethnicity:** 50% White, 22% Black, 20% Latinx, 6% Other, 3% Asian
- **Age:**
  - Under 18: 20% vs. 15% in Boston
  - 65+: 15% vs. 13% in Boston
- **Foreign-born Residents:** 26% vs. 28% in Boston
- **Speak a Language Other Than English:** 32% vs. 35% in Boston
- **Life Expectancy:** 80.5 years vs. 80.7 years in Boston

- **Premature Mortality:** 159.8 per 100,000 vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income:** $109,237 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty**: 6.4% vs. 18% in Boston
- **Educational Attainment:**
  - High School Grad or Higher: 89%, same as Boston
  - Bachelor's Degree or Higher: 52% vs 54% in Boston
- **Homeownership Rate:** 57% vs. 35% in Boston
- **Cost-Burdened Renters:** 43% vs. 50% in Boston

Chronic Disease & Health Conditions
- **Hypertension:** 27% vs. 28% in Boston
- **Obesity:** 59%, same as Boston
- **Premature (Age <65) Cancer Mortality:** 42.4 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health
- **Infant Mortality Rate:** 2.6 deaths per 1,000 live births vs. 3.8 per 1,000 live births in Boston
- **Low Birthweight Births:** 8% vs. 9% in Boston

Mental Health & Substance Use
- **Percent Adults Reporting Heavy Drinking:** 10% vs. 8% in Boston

Access
- **Healthcare Access:** 51% of survey respondents reported that they would need to travel outside their community to access high-quality hospitals, doctors, or clinics vs. 38% in Boston, and second highest among Boston neighborhoods
- **Food Insecurity:** 19% of residents reported that food didn't last in the past year, same as Boston

Source
Boston CHNA

Roxbury

Overview

Roxbury is a historic Boston neighborhood located just south of downtown. Once a hub for Boston's Black population and civil rights activism, Roxbury continues to be a cultural and civic center with a strong sense of identity and community. The neighborhood is home to many long-standing African American families as well as growing Latinx and immigrant populations. Roxbury features a mix of residential areas, cultural institutions, and community spaces, and has been a focal point for health equity and urban revitalization efforts.

Population Characteristics
- **Total Population:** 42,099
- **Race and Ethnic Distribution:** 34% Black, 28% Latinx, 21% White, 10% Asian, 8% Other
- **Age:**
  - Under 18: 15%, same as Boston
  - 65+: 12% vs. 13% in Boston
- **Foreign-Born:** 35% vs. 28% in Boston
- **Speak a Language Other Than English:** 43% vs. 35% in Boston
- **Life Expectancy:** 78.1 years vs. 80.7 years in Boston
- **Premature Mortality Rate:** 295.9 per 100,000 vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income:** $47,972 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty:** 22% vs. 18% in Boston
- **Educational Attainment:**
  - High School Grad or Higher: 80% vs. 89% in Boston
  - Bachelor's Degree or Higher: 34% vs. 54% in Boston
- **Homeownership Rate**: 21% vs. 35% in Boston
- **Cost-Burdened Renters:** 57% vs. 50% in Boston

Chronic Disease & Health Conditions
- **Hypertension:** 32% vs. 28% in Boston
- **Overweight or Obesity:** 64% vs. 59% in Boston
- **Premature (Age <65) Cancer Mortality:** 45.9 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health
- **Infant Mortality Rate:** 4.7 deaths per 1,000 live births vs. 3.8 deaths per 1,000 live births in Boston, the highest across Boston neighborhoods
- **Low Birthweight Births:** 10% vs. 9% in Boston

Mental Health & Substance Use
- **Opioid Mortality:** 69.3 per 100,000 vs. 44.6 per 100,000 in Boston
- **Cocaine Overdose Including Fentanyl:** 58.3 per 100,000 vs. 30.4 per 100,000 in Boston

Access
- **Food Insecurity:** 27% of residents reported that food didn't last in the past year vs. 19% 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

Waltham

Overview

Waltham is a vibrant city in Middlesex County, located about 10 miles west of Boston. With academic anchors like Brandeis University and Bentley University, and a lively downtown, the city blends educational institutions, corporate employers, parks, and historic neighborhoods. Waltham is in the service area of Newton-Wellesley Hospital, a 273-bed comprehensive medical center affiliated with Mass General Brigham. Mass General also has a large ambulatory care facility in Waltham, offering primary and specialty care.

Population Characteristics
- **Total Population:** 64,723
- **Race/Ethnicity:** 58% White, 18% Hispanic, 13% Asian, 7% Black
- **Age:**
  - Under 18: 13% vs. 20% in MA
  - 65+: 15% vs. 17% in MA
- **Foreign-Born:** 27% vs. 17% in MA
- **Speak a Language Other than English:** 32% vs. 25% in MA
- **Life Expectancy**: 82.8 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $116,560 vs. $101,341 in MA

- **Poverty Rate:** 9% vs. 10% in MA
- **Educational Attainment:**
  - High School Grad or Higher: 93% vs. 91% in MA
  - Bachelor's Degree or Higher: 56% vs. 47% in MA
- **Homeownership Rate:** 49% vs. 63% in MA
- **Housing Cost-Burdened:** 33%, same as MA

Chronic Disease & Health Conditions
- **Hypertension:** 30% vs. 37% in MA
- **Obesity:** 31%, same as MA
- **Cancer Incidence**: 414.5 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 3 deaths per 1,000 live births vs. 4 deaths per 1,000 live births in MA
- **Low Birthweight Births:** 7% vs. 8% in MA

Mental Health & Substance Use
- **Drug Overdose:** 23.1 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 19%, same as MA

Access
- **Food Insecurity:** 11%, same as MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

West Bridgewater

Overview

West Bridgewater is a town located in Plymouth County, about 40 minutes south of Boston. It offers a mix of residential living with some commercial and industrial areas and retains a rural character with active farms and historic sites. The town is known for its working farms, antique shops, and the historic War Memorial Park.

Population Characteristics
- **Total Population:** 7,682
- **Race/Ethnicity:** 90% White 2% Black, 2% Hispanic, 1% Asian
- **Median Age:** 41.1
- **Speak a Language Other Than English:** 8% vs. 25% in MA

Socioeconomic Indicators
- **Median Household Income:** $124,483 vs. $101,341 in MA
- **Poverty Rate:** 5% vs. 10% in MA
- **Educational Attainment:**
  - High School Grad or Higher: 96% vs. 92% in MA
  - Bachelor's Degree or Higher: 43% vs. 47% in MA
- **Homeownership Rate:** 84% vs. 63% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 36% vs. 37% in MA

- **Overweight or Obesity:** 31%, same as MA
- **Cancer Incidence:** 480.5 per 100,000 vs. 437.2 per 100,000 in MA

Sources
1. MA Health Data Tool, Community Reports Tool – Massachusetts Health Data Tool
2. U.S. Census Bureau (2023). *American Community Survey 5-year estimates.* Retrieved from *Census Reporter Profile page for West Bridgewater town, Plymouth County, MA* http://censusreporter.org/profiles/06000US2502375260-west-bridgewater-town-plymouth-county-ma/
3. https://usafacts.org/answers/what-is-the-homeownership-rate/state/massachusetts/
4. https://www.wbfoodpantry.com/aboutus

West Roxbury

Overview

West Roxbury is a predominantly residential neighborhood in southwest Boston known for its suburban character, tree-lined streets, and high homeownership rates. It borders Brookline, Dedham, and Roslindale and is often viewed as one of Boston's more affluent and stable neighborhoods. West Roxbury is characterized by single-family homes, strong civic associations, and a large senior population. The neighborhood has relatively low-density housing and is one of the least racially diverse parts of the city.

Population Characteristics
- **Total Population:** 27,069
- **Race/Ethnicity:** 71% White, 11% Latinx, 8% Asian, 6% Other, 4% Black
- **Age:**
  - Under 18: 20% vs. 15% in Boston
  - 65+: 20% vs. 13% in Boston, highest across all Boston neighborhoods
- **Foreign-Born:** 27% vs. 28% in Boston
- **Speak a Language Other Than English:** 25% vs. 35% in Boston
- **Life Expectancy:** 80.3 years vs. 80.7 years in Boston
- **Premature Mortality:** 149.3 per 100,000 vs. 193.9 per 100,000 in Boston

Socioeconomic Indicators
- **Median Household Income:** $139,545 vs. $94,755 in Boston
- **Children Under 5 Living in Poverty**: 2% vs. 18% in Boston

- **Educational Attainment:**
  - High School Grad or Higher: 95% vs. 89% in Boston
  - Bachelor's Degree or Higher: 64% vs. 54% in Boston
- **Homeownership Rate:** 71% vs. 35% in Boston
- **Cost-Burdened Renters:** 49% vs. 50% in Boston

Chronic Disease & Health Conditions
- **Hypertension:** 25% vs. 28% in Boston
- **Obesity:** 59%, same as Boston
- **Premature (Age <65) Cancer Mortality:** 32.6 per 100,000 vs. 36.6 per 100,000 in Boston

Maternal and Child Health
- **Infant Mortality Rate:** 3.4 deaths per 1,000 live births vs. 3.8 deaths per 1,000 live births in Boston
- **Low-Birthweight Births:** 8% vs. 9% in Boston

Mental Health & Substance Use
- **Percent Adults Reporting Heavy Drinking:** 9% vs. 8% in Boston

Access
- **Healthcare Access**: 33% of survey respondents reported that they would need to travel outside their community to access high-quality hospitals, doctors, or clinics vs. 38% in Boston
- **Food Insecurity:** 5% of residents reported that food didn't last in the past year vs. 19% in Boston

Source
Boston CHNA

Winthrop

Overview

Winthrop is a coastal town in Suffolk County, situated on a small peninsula at the edge of Boston Harbor. Connected by bridge to East Boston and Revere, Winthrop occupies less than 2 square miles but is known for its dense population. It is often described as a coastal suburban enclave with a strong local identity and well-preserved historic architecture.

Population Characteristics
- **Total Population:** 18,807
- **Race/Ethnicity:** 71% White, 20% Hispanic, 3% Black, 2% Asian
- **Age**:
  - Under 18: 19% vs. 20% in MA
  - 65+: 20% vs. 17% in MA
- **Foreign-Born:** 20% vs. 17% in MA
- **Speak a Language Other than English:** 30% vs. 25% in MA
- **Life Expectancy**: 78.5 years vs. 80.6 years in MA

Socioeconomic Indicators
- **Median Household Income:** $106,357 vs. $101,341 in MA
- **Poverty Rate:** 7% vs. 10% in MA
- **Educational Attainment:**
  - High School Grad or Higher: 95% vs. 91% in MA
  - Bachelor's Degree or Higher: 43% vs. 47% in MA
- **Homeownership Rate:** 56% vs. 63% in MA

- **Housing Cost-Burdened:** 26% vs. 33% in MA

Chronic Disease & Health Conditions
- **Hypertension:** 39% vs. 37% in MA
- **Obesity:** 33% vs. 31% in MA
- **Cancer Incidence**: 404.7 per 100,000 vs. 437.2 per 100,000 in MA

Maternal and Child Health
- **Infant Mortality Rate:** 4 deaths per 1,000 live births, same as MA
- **Low Birthweight:** 8.3% vs. 7.6% in MA

Mental Health & Substance Use
- **Drug Overdose:** 41.1 per 100,000 vs. 34.9 per 100,000 in MA
- **Binge Drinking:** 21% vs.19% in MA

Access
- **Food Insecurity:** 9% vs. 11% in MA

Sources
Massachusetts Population Health Information Tool (PHIT):
- US Census Bureau, American Community Survey (ACS), 2019-2023.
- Massachusetts Department of Public Health. 2023.
- Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project. 2010-15.
- NIH State Cancer Profiles. 2017-21.
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.