



Boston Children's Hospital
Office of Community Health



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Progress Together



Boston Children's Collaboration for Community Health

2021 Annual Report

December 2021

Boston Children's Hospital
Office of Community Health

Prepared by Mathematica

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Dear friends,

For almost two years now, health care providers, schools, community-based organizations, and other partners have responded to both a global pandemic and a renewed focus around racial justice. They have been united in a common goal to ensure that children and families are supported and have the resources needed during this unprecedented time. Despite extraordinary efforts and the best intentions, we know that many children and families have continued to struggle and face barriers to living a happy and healthy life.

When Boston Children's first launched the Collaboration for Community Health in 2018, we never could have anticipated the additional challenges that children, families, and our community partners would experience. Boston Children's established the Collaboration as a new channel to further extend its commitment to the community and support community partners in addressing the social determinants of health. At Boston Children's, we have come to value and appreciate even more the partners in our Collaboration—a strong network of community-based organizations, public agencies, higher education organizations, and others who are committed to advancing the health and well-being of children and families in our communities.

In this report, we are pleased to present the progress made:

- More than 34,000 children, youth, parents, and providers have been reached by the Collaboration, the majority of whom identify as a person of color;
- A robust response to the COVID-19 crisis through support to our funded partners to pivot and adapt their existing programs and services and new funding opportunities to respond to acute community needs; and
- Contributions of the Collaboration to catalyzing systemic changes that influence inequities in the social determinants of children's health.

We are committed to ensuring that every child has the opportunity to thrive where they live, where they learn, and in their families. We look forward to continued partnership and growth in the years to come.

Shari Nethersole, M.D.
Vice President for Community Health
Boston Children's Hospital

Executive Summary

Boston Children's community mission is to improve the health and well-being of children and families in the local community. Within this wider mission, Boston Children's Collaboration for Community Health (the "Collaboration") was launched in the summer of 2018 with a goal to improve child and family health and well-being.

The Collaboration advances this goal through eight equity-focused strategic initiatives designed to address disparities in the social determinants of children's health, including housing, food access, economic opportunity, education, and neighborhood environment. Within each strategic initiative, the Collaboration works through partnerships with community-based organizations, public agencies, academic institutions, and collaborations (funded partners).

Through August 2021, the Collaboration's work had reached more than 34,000 children, families, residents, and providers across 22 Boston neighborhoods. The holistic set of activities implemented by funded partners work interconnectedly to address inequities at the systems level, including through the following ways:

- Organizing and mobilizing a broad set of actors to advance policies and create demand for greater investments in the social determinants of children's health;
- Connecting and coordinating various organizations and groups across food, housing, and education ecosystems to advance a shared agenda and adopt new child-centered practices; and
- Creating and expanding innovative programs and services that meet children, youth, and families where they are and when they need them, and that reflect and celebrate who they are.

This work has contributed to changes in three broad domains that influence the determinants of child health and well-being: enabling systems and infrastructure, child-centered programs and services, and equitable communities.



Enabling systems and infrastructure

Families of all income levels and backgrounds need access to systems and infrastructure that promote family stability and enable children and their caregivers to achieve mental and physical well-being. Funded partners work has addressed disparities in access to affordable housing infrastructure and the availability of quality services across sectors:

- **Increased access to affordable housing** by raising \$4.5 million for the preservation of rowhouses in Chinatown, securing 219 affordable housing units for Boston Public School student families experiencing homelessness, and facilitating 62 low-interest rate loans for Black and Latino families. (Family Housing Stability Initiative)
- **Reduced barriers to youth mental health** through more than 300 trainings conducted for mental health providers on evidence-based, child-friendly practices and integrating mental health services into 7 community health centers across the state. (Mental Health Initiative)



Child-centered programs and services

Children and families need access to programs and services that influence and promote child health and development. Funded partners worked to address disparities around the availability, quality, and affordability of these critical services:

- **Increased access to physical activity services among Black and Latino children and youth** by providing 284 youth with outdoor sports programs, 410 families with family physical fitness programs, and over 6,500 Boston Public School students with in-school virtual physical activity sessions during COVID. (Healthy Living Initiative)
- **Improved quality of early education programs** by advancing the professional development and early education skills of 782 early childhood educators and 664 providers who work with young children. (Birth to Five Initiative)
- **Reduced barriers to educational and career success for 472 Black and Latino youth** in Boston through holistic education and career coaching services from high school through employment retention. (Youth Support Systems Initiative)



Equitable communities

Improving child well-being requires that communities where children grow have the physical resources and the social capital to address the social, economic, and cultural factors that influence children’s health. Funded partners worked to build community power and leadership and address disparities in the built environment:

- **Improved access to healthy food for an estimated 380,000 adults and 90,000 children** through 38 healthy food retail projects in underserved areas of Massachusetts. These projects created 284 new food retail jobs. (Healthy Living Initiative)
- **Built parental leadership of over 60 parents in early education and care programs** by involving parents as key stakeholders in programs that has resulted in parent leaders now engaging other parents in evidence-based care giving principles. (Birth to Five Initiative)
- **Supported low-income renters to use their power to collectively bargain leases and prevent evictions** through community outreach to nearly 10,000 households on housing justice issues and support to 13 tenant associations. (Family Housing Stability Initiative)

Short- and medium- term changes within these three broad domains of change are the steppingstones that ultimately advance the Collaboration’s community mission. In the short span of three years, funded partners’ efforts to address disparities in social determinants of children’s health around enabling systems and infrastructure, child-centered programs, and equitable communities, have contributed to positive changes in the health and well-being of children, youth, families, and caregivers.



Changes among children, youth, families and caregivers

Funded partners have advanced children’s health and well-being in several meaningful ways:

- **Over 2,700 parents, families, and caregivers reached through child-centered programs and services** where parents built the knowledge and skills to improve their engagement in young children’s development. Increased parental engagement is linked to improved social-emotional learning and better child

health outcomes among young children. (Birth to Five Initiative)

- **Over 2,000 young children screened for developmental and social-emotional progress** using standardized screening tools to ensure that developmental concerns are identified early on and that children are connected to appropriate resources (Birth to Five Initiative). Early intervention contributes to improved health outcomes and school readiness.
- **Youth supported through 34 youth-led and youth-focused events** took positive actions to address the impacts of trauma in their own lives while helping other youth do the same. Addressing this trauma is critical to building their confidence and helping them feel a sense of agency over their lives and well-being. (Community Trauma Response)

Looking ahead to 2022, the Collaboration envisions more opportunities to continue to broaden and deepen its community mission through the eight equity-focused strategic initiatives. One key opportunity is the transition to new rounds of three-year funding for six of the Collaboration’s strategic initiatives. As some funded partners transition to a second round of funding, this provides them the opportunity to build on their accomplishments in the first three years and deepen their impact in the communities in which they work. At the same time the Collaboration will work to broaden its impact by bringing on new funded partners to address emerging issues within each initiative.

This includes an increased focus on mental health within the strategic initiatives, understanding mental health as an issue that directly affects the health and well-being of children, youth, families, and caregivers, but also the community organizations and workforce that support them.

The Collaboration also envisions changes in how it works, from improved flexibility and responsiveness in the support the Collaboration provides to its funded partners to a more intentional focus on creating systems change through investments focused on structural drivers of health. The Collaboration also endeavors to create a sharper focus on populations served, both in terms of socio-demographics of populations and organization leaders to better center health equity in the Collaboration’s work.

Acknowledgments

Boston Children's is thankful for all of the funded partners and for their tireless efforts to improve the health and well-being of families in their local communities. Thank for your fighting for more equitable access to resources and opportunities and for being at the forefront of supporting so many children and families, especially during these unprecedented times. We have learned from you and are grateful for your feedback, diligence, and partnership as we all work towards our common goal of improved child health.

Boston Children's would also like to thank our evaluation partner, Mathematica, for their guidance and expertise in measuring and sharing the impact of the Collaboration and our funded partners.

A special thank you to the members of [Boston Children's Board Committee for Community Health](#) and our [Community Advisory Board](#) whose support and leadership is critical to the success of the Collaboration. We also want to recognize the members of our [Strategic Funding Committee](#) and [Community Advisory Group](#) members for prioritizing health for all children and leading us throughout the early stages of the planning process.

I. Introduction

Boston Children's Hospital is dedicated to improving and advancing the health and well-being of children around the world through its life-changing work in clinical care, research, medical education, and community health.

The hospital strives to create a culture where all patients, families, clinicians, researchers, staff, and communities feel empowered and supported. The institution is committed to working together to support health equity and promote anti-racist practices. In August 2020, Boston Children's shared its formal Declaration on Equity, Diversity and Inclusivity that serves as the guiding compass in this effort.

Community Mission

Boston Children's community mission is to improve the health and well-being of children and families in the local community. The Office of Community Health oversees the Boston Children's community mission and coordinates community benefit efforts throughout the institution. The Office of Community Health brings together hospital and community resources to address health disparities, improve health outcomes, and promote health equity.

Collaboration for Community Health

Since its launch in the summer of 2018, the Boston Children's Collaboration for Community Health (the Collaboration) has advanced eight equity-focused strategic initiatives collectively aimed at improving child and family health and well-being.

Each initiative takes on core factors identified by community members as barriers to children's health. These factors move beyond those centered within the health care delivery system to encompass those upstream, such as housing, food access, economic opportunity, education, and neighborhood environment. These social determinants of health affect children's and families' ability to achieve optimal health and access health care.

Each initiative advances the community mission through partnerships with community-based organizations, public agencies, academic institutions, and collaborations. These funded partners range from large child and family service agencies to small grassroots organizations; the majority are Boston-based organizations. Exhibit 1 provides more information about the Collaboration's strategic initiatives and funded partners.

Collaboration partnership highlights

Over the past year, the Collaboration has engaged in multiple strategic partnerships.



Deepened partnerships with **53 Funded partners** in eight equity-focused strategic initiatives



Supported **four Children's Health Equity Collaboratives** to move from planning to action in four neighborhoods in Boston












Engaged with the **Innovative Stable Housing Initiative**, a collaborative funding effort with the Boston Medical Center and Brigham and Women's Hospital to keep over 150 community residents in their homes



Engaged 138 organizations through the **2020 Census Education and Outreach (8)** and the **Boston Childcare Support Initiative (130)**: rapid-cycle funding opportunities that supported organization's efforts to address urgent and acute priorities among community residents

Exhibit 1. Collaboration initiatives, goals, and programmatic approaches

Initiative	Strategic goal	Common programmatic approaches	Funded partners
 Birth to Five Child Health and Development	Set children ages birth to five years on a high trajectory for success in school and life	<ul style="list-style-type: none"> • Train early childhood educators and providers in evidence-based practices • Build caregivers' parenting skills and confidence • Screen for concerns with children's social-emotional development 	Boston Basics & Families First Boston Children's Museum Boston Chinatown Neighborhood Center Family Nurturing Center First Teacher Urban College of Boston United Way of Massachusetts Bay Jamaica Plain Neighborhood Development Corporation Massachusetts Society for the Prevention of Cruelty to Children Raising a Reader MA, Inc. The Community Builders Boston Public Schools Department of Early Childhood
 Healthy Living	Improve resources and opportunities for the adoption of healthy living in communities experiencing inequities in health	<ul style="list-style-type: none"> • Engage children and families in physical activity • Educate caregivers about healthy eating • Distribute free meals and produce to families 	CommonWheels Bicycle Collective Haley House Massachusetts Public Health Association Mattapan Food and Fitness Coalition Mayor's Office of Food Access Playworks New England Sociedad Latina Boston Centers for Youth and Families & Northeastern University Waltham Boys & Girls Club Youth Enrichment Services, Inc.
 Family Housing Stability	Promote affordable, safe, and quality housing for children and families in priority neighborhoods	<ul style="list-style-type: none"> • Engage residents as advocates for stable and affordable housing • Provide unstably housed families with case assistance and financial support 	Boston Housing Authority & Homestart Boston's Higher Ground Massachusetts Affordable Housing Alliance City Life/Vida Urbana MassHousing Chinese Progressive Association & Chinatown Community Land Trust
 Family Economic Stability and Opportunity	Foster improved family economic stability and opportunity	<ul style="list-style-type: none"> • Provide services to improve vocational skills, employment, or education • Support caregivers' financial literacy 	Family Independence Initiative Jamaica Plain Neighborhood Development Corporation
 Mental Health Systems	Improve accessible, culturally responsive systems of mental and behavioral health care	<ul style="list-style-type: none"> • Expand and diversify the mental and behavioral health workforce • Reduce systems-level barriers to accessing mental health care among children and youth 	East Boston Neighborhood Health Center & East Boston High School Simmons University School of Social Work UMass Boston (BIRCh Center) The Boston Alliance of LGBTQ Youth Children's Services of Roxbury The Dimock Center William James College
 Youth Support Systems	Support youth-centered and engaged programming and services to promote healthy youth development	<ul style="list-style-type: none"> • Support youth college readiness and employment • Promote youth leadership and development 	Boston Private Industry Council HopeWell Peer Health Exchange West End House
 Community Trauma Response	Promote healing and resilience in youth, families, and communities who have experienced trauma	<ul style="list-style-type: none"> • Train community-based organizations in trauma-informed practices • Create opportunities for community voice, empowerment, and healing 	Cambridge Family & Children Services Madison Park Development Corporation Project RIGHT The Community Builders in partnership with Clark University
 Children's Health Equity Collaboratives	Foster collaboration and cohesion in communities disproportionately impacted by inequities in health	<ul style="list-style-type: none"> • Center leadership and power in communities to address the social determinants of child health • Increase coordination among service providers and address service gaps 	Resilient Families Surround-Care School Community Coalition Crossroads: Healthy Families, Resilient Fields Corner Nubian Neighborhood Network Living Safely in Jackson Square The Grove Hall Collaborative HEART CARES ACES Initiative
 Special Initiatives	Support public health policy and address acute community needs	<ul style="list-style-type: none"> • Advocate for children's health legislation • Encourage hard-to-reach families to complete the census • Support childcare centers during the COVID-19 pandemic 	Health Care for All Children's Mental Health Campaign 2020 Census Education and Outreach awardees Boston Childcare Support Initiative awardees Remote Learning support awardees Outdoor Activity awardees

Wider Context of the Collaboration

Over the course of the past year, the Collaboration, its funded partners, and focal communities have faced extensive social and economic challenges due to the COVID-19 pandemic and increased momentum for racial justice (Exhibit 2). This context highlights both the opportunities and challenges that the Collaboration has faced during this first grant cycle.

Opportunities to innovate included expansion of technology and associated skills as a means to deliver services, engagement of new communities, and strengthening and development of partnerships to coordinate and consolidate resources.ⁱⁱⁱ Challenges have included disruption to staff capacity to engage in project delivery, increased community social needs, re-traumatization of community members, and continued mistrust in government authorities.

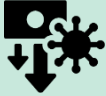



“We make sure that our staff who are doing outreach are especially aware of current events like police brutality and engaged in anti-racist practice first to ensure they understand how to approach a situation or engage with others who may not yet be engaged.”

-BAGLY

Funded partners readily responded to these opportunities and challenges. They helped families apply for employment and unemployment benefits, distributed groceries, connected community members to mental telehealth, and made house calls to families impacted by violence, among many other activities.

This report documents progress, achievements, and lessons from the Collaboration’s implementation amid very challenging conditions. Viewing the evidence through this lens will support deeper insights about the Collaboration’s impact.

Exhibit 2. Context of the Collaboration^{i ii}

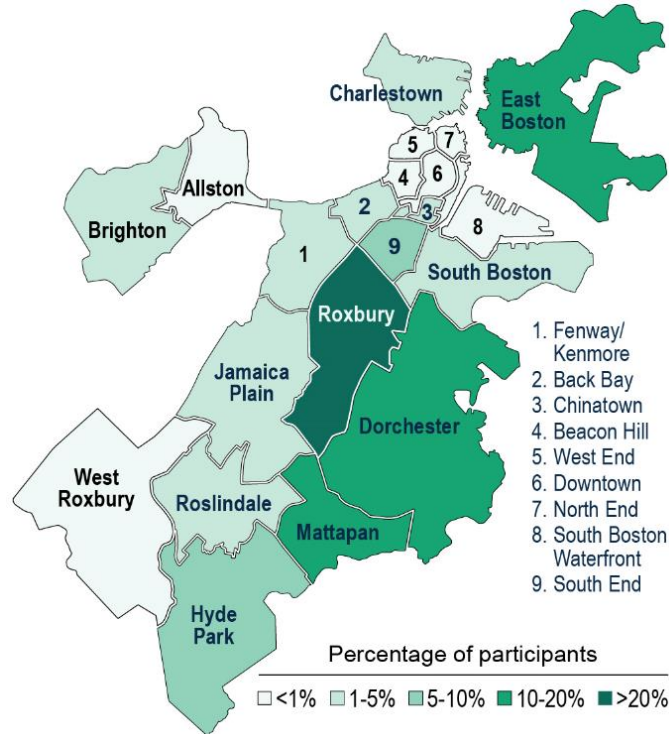
	<p>During COVID, food insecurity and unemployment have disproportionately impacted communities of color hardest hit by the pandemic in Massachusetts</p> <ul style="list-style-type: none"> • Food insecurity increased by 14 percent among Black residents in comparison to 7 percent among White residents • Residents in Hyde Park, Mattapan, and Lower Roxbury reported significantly more income loss than residents in affluent Boston neighborhoods
	<p>Residents of Boston contended with quickly reversing housing policies in one month alone</p> <ul style="list-style-type: none"> • August 3, 2021: Housing eviction moratorium extended to October 2021 by federal government • August 26, 2021: Extension overturned by Supreme Court • August 31, 2021: Eviction moratorium effective in City of Boston
	<p>The pandemic severely disrupted Boston’s childcare infrastructure and capacity</p> <ul style="list-style-type: none"> • From February 2020 to February 2021: 40% decrease in the number of eligible children receiving Early Intervention services • As of March 2021: 13% of licensed childcare programs permanently lost
	<p>The Massachusetts rate of fatal police violence is four times higher among Black non-Hispanics than White non-Hispanics</p>

Collaboration's Reach Through 2021

Through August 2021 the Collaboration has reached more than **34,000 children, families, residents, and providers** across 22 Boston neighborhoods and 12 other cities and towns across the state.

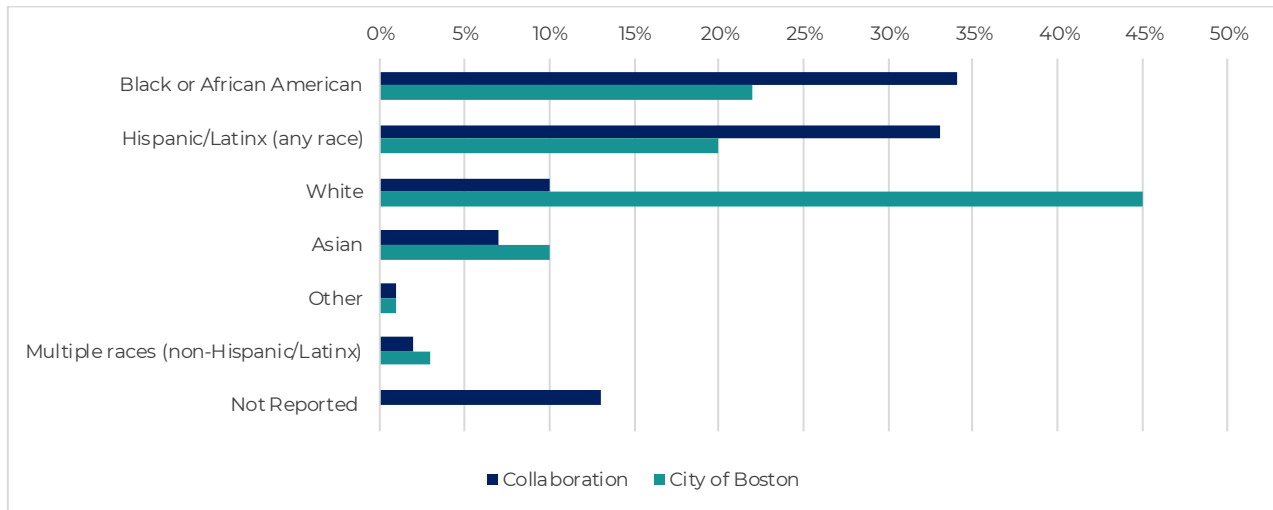
The Collaboration identified seven priority neighborhoods with the highest concentration of children who live in poverty in the city to focus its efforts. These neighborhoods are also those with the highest percentages of Black and Latino families who experience inequities in the social determinants of children's health (Exhibit 3).

Exhibit 3a. Percentage of Collaboration participants by neighborhood (2018–2021)



Note: Includes participants with Boston zip codes only.

Exhibit 3b. Percentage of Collaboration participants by race/ethnicity (2018–2021) compared to City of Boston race/ethnicity



Source: <https://www.bphc.org/whatwedo/childrens-health/boston-child-health-study/Pages/Boston-Child-Health-Study.aspx>

Note: Excludes race/ethnicities which accounted for <0.5 %.

Collaboration Theory of Change

The Collaboration’s Theory of Change posits that improving the health and well-being of children and families requires addressing inequities in the social determinants of children’s health (Exhibit 5). The activities of funded partners within the equity-focused strategic initiatives represent the **Collective Inputs** designed to address these inequities.

The holistic set of funded partner activities work interconnectedly to drive systemic changes along three **Levers of Change**. The *policy, advocacy, and knowledge building lever* focuses on making or influencing policies and securing investments that advance child’s health, ranging from legislative policy and advocacy to community power building.

Investments in the *systems change and cross-sector coordination lever* ensure that efforts are aligned across a wide array of ecosystem actors—from food to housing to education—to create the enabling conditions for policies and investments to be implemented as intended. These in turn support efforts in the *programs and services lever* to create new programs and expand delivery of existing programs and services to impacted communities.

Progress within these three levers in turn addresses inequities in the social determinants of children’s health within three broad **Change Domains**. *Enabling systems and infrastructure* addresses disparities in access among families of all income-levels and backgrounds to systems and

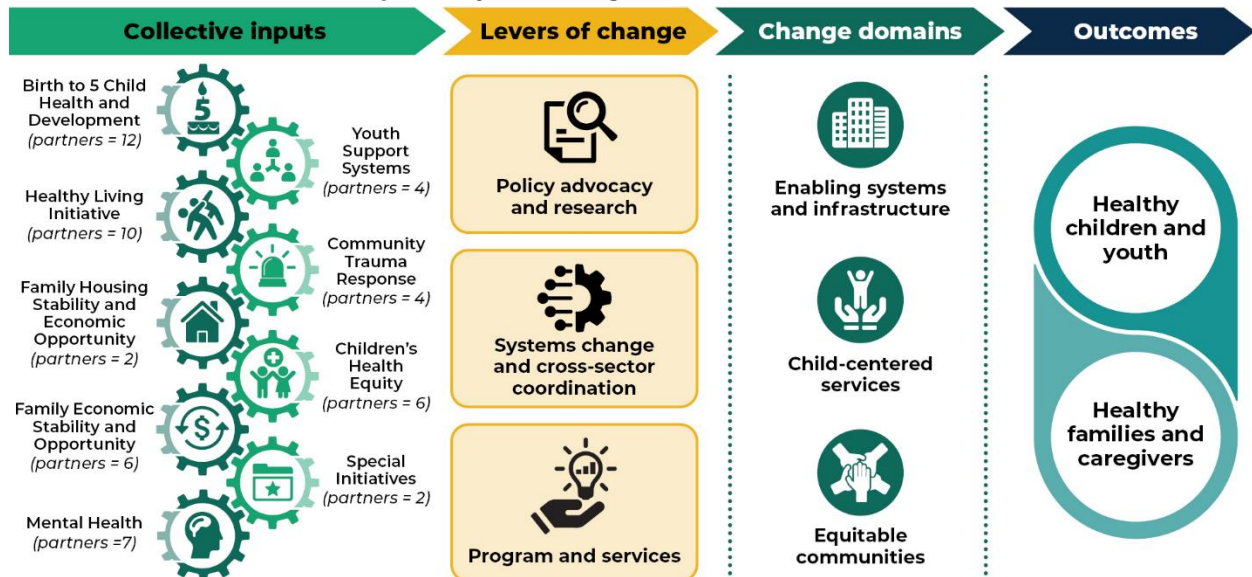
infrastructure that promote family stability and enable children and their caregivers to achieve mental and physical wellbeing. Funded partners’ efforts work to catalyze changes such as the adoption of new policies and practices among cross-sector actors to extend culturally and linguistically responsive services and increased public and private investment in affordable housing.

Addressing issues in systems and infrastructure provide the necessary conditions to enable funded partners’ efforts to address disparities in the availability, quality, and affordability of *child-centered programs and services* that influence and promote child health and development. These span from improving access to high-quality early education and care to expanding career pathways for youth.

Funded partners’ efforts in *equitable communities* address the social, economic, and cultural factors that influence health in children’s community and neighborhood environments. This includes building community capacity and leadership to address the social determinants of children’s health as well as addressing changes in the built environment such as improving access to healthy food infrastructure.

By addressing these disparities in the social determinants of children’s health, the Collaboration contributes to **Health Outcomes**. Catalyzing changes in these three change domains helps to ensure that children and youth and their families and caregivers have the power and resources they need to ultimately improve their health and well-being.

Exhibit 5. The Collaboration’s pathways to change



Note: The initiative areas were determined through the community listening sessions and advisory groups at the very beginning of the Collaboration.

CBO = community-based organization.

About This Report

As part of a wider approach to evaluation and learning (Exhibit 6), the Collaboration seeks to understand its contributions to change along the impact pathways outlined in the theory of change. This requires a detailed understanding of the specific work of funded partners within the Collaboration's strategic initiatives.

This report focuses on presenting these contributions since 2018. In this report you will find the following:

- The contributions of the Collaboration toward improving child and family health and well-being and equitable communities (Section 2)
- A brief reflection on key changes and an outlook for the next year (Section 3)

This report focuses on the contributions of the Collaboration to key changes as outlined in the theory of change. More detailed information on the progress that funded partner organizations have made in advancing the three main levers within the theory of change is included in Appendix A.

Data and methods

This report synthesizes findings from several data sources to provide a comprehensive view of progress and outcomes. Descriptive quantitative data are based on semiannual monitoring data reported by funded partners and administrative data from Boston Children's related to staffing, funding, and service locations.

Mathematica, the Collaboration's evaluation partner, conducted thematic analyses with qualitative data on funded partners' activities and accomplishments

based on interviews with funded partner staff, notes from quarterly check-ins with Boston Children's staff, and narrative responses on progress and challenges submitted as a part of funded partner semiannual reporting.

Exhibit 6. Collaboration evaluation and learning approach

The Collaboration periodically brings together funded partner organizations to learn and share from one another. Over the last 18 months, the Collaboration partnered with

- Health Care for All and the Children's Mental Health Campaign to provide support on policy and advocacy, including webinars on messaging and building relationships with policymakers;
- Mathematica to provide a webinar on best practices for collecting race and ethnicity data and tailored evaluation consultation for new and continuing funded partner organizations; and
- Health Resources in Action to design and facilitate a virtual convening in December 2020 with funded partner organizations to connect and share strategies around advancing racial equity and responding to increased basic needs among children, youth, and families amid reinvigorated calls for racial justice and the COVID-19 pandemic. ▲

II. Moving the Needle: Contributions Toward Improving Child and Family Health and Well-Being and Equitable Communities

Keeping the community mission, the wider context of the Collaboration’s work and its reach in mind, this section presents the Collaboration’s main accomplishments in addressing the social determinants of children’s health and advancing the health and well-being of children, youth, families, and caregivers over the past three years.





Funded partners’ work has contributed to changes in three broad domains that influence child health and well-being (as outlined in the theory of change): enabling systems and infrastructure, child-centered services, and equitable communities (Exhibit 7).

The positive effects of the Collaboration on the health and well-being of children, youth, families, and caregivers are mediated through these change

domains. For example, the work of funded partners to increase parental leadership in early education and care (within the *equitable communities change domain*) contributes to outcomes around increased parent engagement in social-emotional development.

This section begins by presenting the contributions of funded partners within these three domains of change. Each sub-section highlights a selection of specific changes within the domain aligned to the Collaboration’s strategic initiatives. These were identified by the Collaboration as a priority for the first three years of the grant. For each of these priorities, we first present the external context and its relevance to the work of the Collaboration, followed by a description of how the work of funded partners is contributing to change.

This is followed by a final sub-section presenting the contributions of funded partners’ efforts within these three change domains to improved outcomes among children, youth, families, and caregivers.

Exhibit 7. Change Domains and Outcomes		
Change domain	Definition	Priority changes within domain
 Enabling systems and infrastructure	Changes in the critical elements of systems and policies serving children, youth, and families	<ul style="list-style-type: none"> Increasing access to affordable housing Expanding access to linguistic and culturally responsive mental health services
 Child-centered services	Changes in the availability, quality, and affordability of proven or promising programs that influence and promote child health and development	<ul style="list-style-type: none"> Increasing the use of physical activity programs Improving access to career pathways Improving access to high-quality early education and care
 Equitable communities	Changes in critical elements of children’s community or neighborhood environment	<ul style="list-style-type: none"> Improving access to healthy food Increasing parental leadership in early education and care Increasing civic participation and building community power to advance housing justice
Outcome	Definition	Priority changes
 Healthy children, youth, families, and caregivers	Improved health and well-being of children and youth and their families and caregivers	<ul style="list-style-type: none"> Parent’s engagement in children’s social-emotional development Progress toward children’s school readiness Youth adoption of healthy behaviors



Enabling systems and infrastructure

The Collaboration envisions systems and infrastructure in Boston that meet the needs of all children and families, regardless of income or background. Funded partners in the Birth to Five, Family Housing Stability, Healthy Living, and Mental Health Systems initiatives advanced key changes in this broader domain, including:

- Increasing access to affordable housing and
- Expanding linguistically and culturally responsive mental health services for children and youth in schools and communities

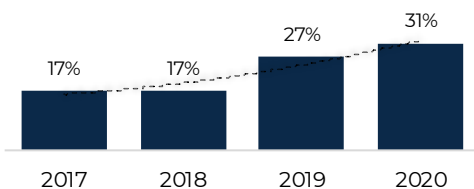
Increasing Access to Affordable Housing

Boston’s population growth is outstripping its housing supply—by 2030 an additional 53,029 people will need housing, 21 percent of whom will require affordable low-income housing. ⁴

The City of Boston has an urgent need to create housing for different income levels, reinvest in public housing stock, and retain existing affordable housing. The COVID-19 pandemic beginning December 2019 has exacerbated these needs, with 78 percent of filed evictions occurring in areas with majority Black, Indigenous, People of Color residents prior to the statewide eviction moratorium in April 2020.⁵ Several funded partners, including [Chinese Progressive Association \(CPA\)](#) and [City Life/Vida Urbana \(CL/VU\)](#), worked in coalition to win—and preserve—this moratorium, one of the strongest in the country.

In addition to extending the moratorium, the City of Boston has addressed this crisis by funding the creation and preservation of affordable housing units, launching a new rental voucher program, and providing of mortgage assistance for first-time homeowners. As a result, the number of income-restricted housing units was up 24 percent in 2020 compared to 2019 (1,023 vs. 838 units), comprising 31 percent of all housing units permitted (Exhibit 8).⁶

Exhibit 8. Share of Net New Housing in Boston that is Income Restricted



Collaboration-funded partners within the Family Housing Stability Initiative have made substantial contributions to this change by increasing investments in quality, affordable housing and increasing wealth accumulation among marginalized communities.

Over the grant period, **CPA** and **CL/VU** have contributed to the creation or preservation of 55 units of permanent affordable housing through nonprofit purchases. CPA has worked with Chinatown Community Land Trust to secure over \$4.5M in funds for the preservation of affordable rowhouses in Chinatown over the last three years.

Additionally, funded partners have been involved in notable administrative and legislative policy actions. For example, CPA conducted a robust community visioning process with the Boston Planning and Development Agency to develop the 2020 Chinatown Masterplan, which sets forth building 1,000 affordable units in Chinatown over the next 10 years.

“Eviction is both a cause and a further driver of negative health impacts on these families. Boston Children’s investment is really intervening to stabilize families, prevent poor outcomes, and save money in the long run.”

—City Life/Vida Urbana

Collectively, funded partners report that **919 families participating in their programs achieved positive housing outcomes since the start of the grant**. This includes outcomes from the [Innovative Stable Housing Initiative \(ISHI\)](#), which contributed a total of **\$284,488** directly to families requesting cash assistance to achieve housing stability.

Funded partner highlights



\$4.5 million raised for preservation of rowhouses by Chinatown Community Land Trust and Chinese Progressive Association



219 affordable housing units secured for Boston Public School student families experiencing homelessness by Higher Ground



62 low-interest rate loans closed with enhanced down-payment assistance to Black and Latino families by the Massachusetts Affordable Housing Alliance

Expanding Access to Linguistically and Culturally Responsive Mental Health Services for Children and Youth

Youth of color experience a higher mental health burden resulting from social and systemic inequities that increase the risk of family instability, adverse childhood experiences, and exposure to stress.⁷ Increasing access to behavioral health supports can help mitigate the effects of these risk factors.

Almost 16 percent of youth in Massachusetts reported depressive symptoms in 2019.⁸ The COVID-19 pandemic has been particularly detrimental to youth mental health. Massachusetts school districts in communities with higher rates of poverty face barriers to high-quality behavioral health service delivery due, in part, to workforce shortages and inequitable resource allocation.⁹ Relative to the recommended staff-to-student ratios, Massachusetts public schools are currently under-resourced in the number of School Social Worker/Adjustment Counselor, School Counselor, and School Psychologist positions. Boston specifically was identified as a School District with high economic

need and limited access to school-based professional support personnel.

Funded partners have made several contributions to addressing youth mental health by improving the uptake of evidence-based, child-friendly practices among mental health providers.

MSPCC along with their partner MassAIMH collaborated to strengthen and professionalize the field of infant and early childhood mental health by implementing a formal endorsement process that defines and certifies the skills of diverse providers. Since the start of the grant, MSPCC has created 13 equity-based protocols and disseminated 308 trainings on evidence-based practices.

“By improving these systems we’re allowing folks in health centers to get not only as good, but in some ways even better team-based behavioral healthcare than money can buy—it’s a chief motivator for me and it will increase in equity.” —The Dimock Center

Other funded partners focused on improving the integration of behavioral health into community and school health centers serving marginalized communities. **The Dimock Center** engaged 7 community health centers serving primarily low-income, minority communities across the state in a learning collaborative to gain operational skills specific to successful integration of behavioral health care. Three of these organizations showed an increase of at least \$75,000 in revenue, suggesting their financial sustainability as patient-centered medical homes for youth. Similarly, **UMass BIRCh** has connected with over 200 stakeholders in the state’s school community—such as the Children’s Behavioral Health Council, Boston Public Schools, and Child and Family Services—to identify under-resourced school districts and promote shared learning of evidence-based approaches through webinars, virtual meetings, and resource dissemination.

Funded partner highlights



3 state contracts from The Children’s Trust, MassHealth, and Department of Mental Health were created to support formal endorsement of diverse child mental health professionals by Massachusetts Society for the Prevention of Cruelty to Children (MSPCC); one-third of professionals endorsed identified as people of color.



7 community health centers engaged in a learning collaborative to enhance operational sustainability of primary care and behavioral health integration hosted by The Dimock Center



7 resource maps and 22 social network analyses completed to inform underresourced school districts on school mental health professional development partnerships by the BIRCh Center at UMass



Child-centered programs and services

The Collaboration has invested in expanding children and families' access to programs and services that influence and promote child health and development. Funded partners accomplish this goal by increasing the availability, quality, and affordability of early childhood, physical activity, and education and career services. Funded partners' efforts specifically contributed to the following changes within this broader domain:

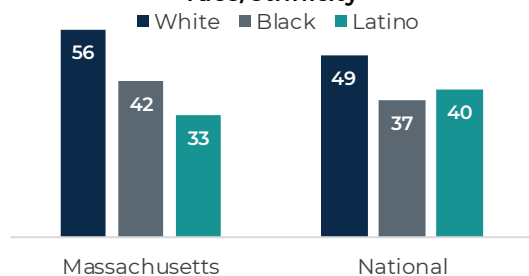
- Increasing the use of physical activity services
- Improving youth access to career pathways
- Improving access to high-quality early education and care

Increasing Use of Physical Activity Services Among Black and Latino Children and Youth

Participation in active play and recreation is a critical part of healthy development for children and youth, but social and environmental factors can limit youth's access to these opportunities.

Although 48 percent of Massachusetts middle school students were physically active five or more days per week in 2019 (compared to 44 percent nationally), disparities in physical activity by race and ethnicity in Massachusetts are significant and surpass the disparities seen nationwide (Exhibit 9).

Exhibit 9. Percentage of middle school students active five days/week by location and race/ethnicity



Opportunities for youth to engage in physical activity—such as sports leagues, in-school programming, and active transportation—are limited by social, economic, and environmental factors. Positive interventions can boost engagement in physical activity by providing culturally relevant activities in the right settings.

Collaboration funded partners within the Healthy Living Initiative have contributed to addressing access to physical activity services among Black and Latino children and youth in Boston.

Funded partners have raised awareness of services through targeted outreach to under-resourced communities and provided engaging, evidence-based

opportunities for physical activity. Funded partners removed barriers to participation by meeting families where they are, partnering with housing developments, schools, and community centers to provide services on-site.

Playworks' advocacy and coalition building led the Boston Public School District to shift its code of conduct to state that recess cannot be taken away due to disciplinary reasons—a policy that disproportionately affected Black and Latino youth.

Since 2018, 7,633 children and youth have been engaged in physical activity programs supported by the Collaboration, with approximately 79 percent identifying as Black or Latino. These programs offer structured physical activity several days a week, increasing the number of youth who meet the benchmark of 60 minutes of physical activity five or more days each week.

Funded partner highlights (2018–2021)



Mattapan Food and Fitness Coalition: 6,000+ miles walked by residents through Healthy Walking Challenges



Youth Enrichment Services: 284 youth engaged in outdoor sports-based programs (85% non-White youth)



Boston Centers for Youth and Families: 410 families participated in Family Gym, a free drop-in program for families with children ages 3–8 (47% non-White participants)



Playworks: 6,568 Boston Public School students benefited from virtual class game time and recess activities (91% non-White students)



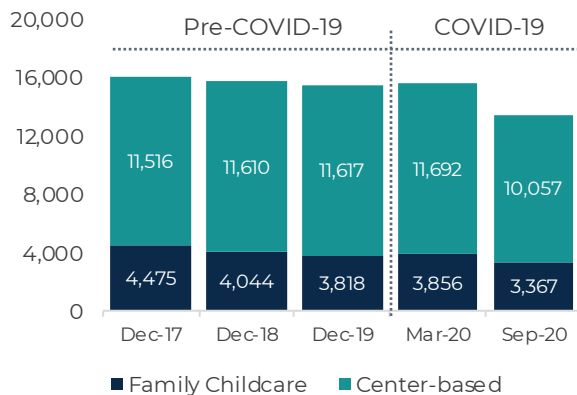
Waltham Boys and Girls Club: 126 youth were physically active on-site three to five days/week

Improving Access to High-Quality Early Education and Care

The long-term health, educational, and career benefits of high-quality early education and childcare are well documented; nevertheless, there are known gaps in quality and access to these programs in Boston.¹⁰ Addressing these gaps requires improving the quality of existing programs, increasing the number of programs, increasing the demand from families, and ensuring that these services are affordable.

A [2019 report](#) by The Boston Foundation indicated that 40 percent of the total early education seats in Boston were considered “high quality,” with quality gaps varying by neighborhood. Furthermore, the number of available licensed childcare seats in Boston has been declining over time, a trend that was exacerbated by the COVID-19 pandemic (Exhibit 10). The neighborhoods with the greatest loss in the number of seats for children ages 0 to 5 included Allston/Brighton, Dorchester, East Boston, Hyde Park, Roslindale, and Roxbury.¹¹

Exhibit 10. Number of licensed childcare seats in Boston



Source: <https://www.tbf.org/-/media/boa/early-ed-census-2020-pt-1-202011.pdf?la=en>

Funded partners are working to improve the quality of early education programs, ensure that existing programs can remain open, and equip parents and other providers who work with young children with knowledge and skills around healthy childhood development.

As a result of the funded partners working through the Collaboration, more than 782 early childhood educators have received training on a variety of topics to promote healthy child development, such as social-emotional learning and how to integrate

health and nutrition concepts in their classroom. An additional 664 providers who work with young children, such as health care providers and librarians, received trainings on integrating childhood development and caregiving best practices in their interactions with families.

As a result of these activities, educators completed coursework on child physical and mental health, made progress toward higher education and

“We were able to develop and train early educators in social-emotional learning and integrate the best practices of BCNC [Boston Chinatown Neighborhood Center] Family Services to our organization’s childcare programs.”

—BCNC

licensure, and gained business skills to ensure the financial viability of their programs, all of which support the long-term goal of increased availability of high-quality childcare seats.

Providers outside of the early education sector reported that they had more confidence teaching social-emotional development concepts to families and talked about these concepts with parents. Furthermore, providers from diverse sectors received training and formal endorsement as infant and early childhood mental health professionals, equipping them with tools to support their work and formally recognizing their expertise in this area.

Funded partner highlights (2018–2021)





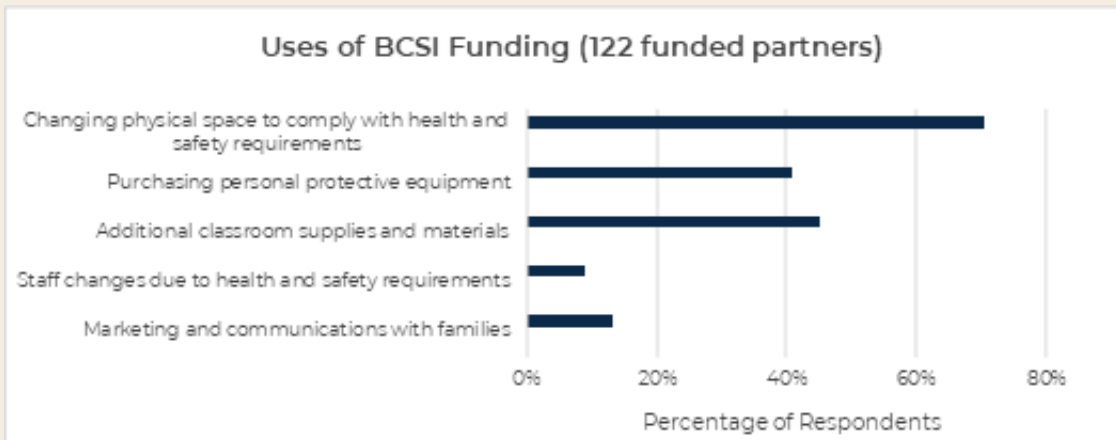
-  **JPNDC:** 18 providers advance in their professional development (e.g., certification, higher education) (100% non-white providers)
-  **Boston Basics:** 74 staff members reported increased use of The Basics (evidence-based caregiving principles) when communicating with parents out of 150 responding to the survey
-  **MSPCC:** 64 endorsed as Infant and Early Childhood Mental Health professionals (about one-third non-White professionals)
-  **The Community Builders:** 55 children in the Healthy, Wealthy, and Wise program were enrolled in early education

Exhibit 11. Maintaining existing services: Responding to the Boston childcare crisis

Before the COVID-19 pandemic hit, the Collaboration was working to address longstanding gaps in access to and use of high-quality early education and childcare programs through increased access to free or reduced-cost higher education and professional development credits, paid leadership training opportunities, and free workshops around young children’s healthy physical and emotional development for providers and parents. To support access to high-quality childcare programs in communities hardest hit by the COVID-19 pandemic, the Collaboration, with support from the Eastern Bank Foundation and Commonwealth Children’s Fund, supported 130 family and center-based childcare centers primarily in the neighborhoods of Dorchester, Mattapan, Hyde Park, East Boston and Roxbury, through the Boston Children Support Initiative (BCSI). More than 90 percent of the organizations were led by a person of color and all were led by women.

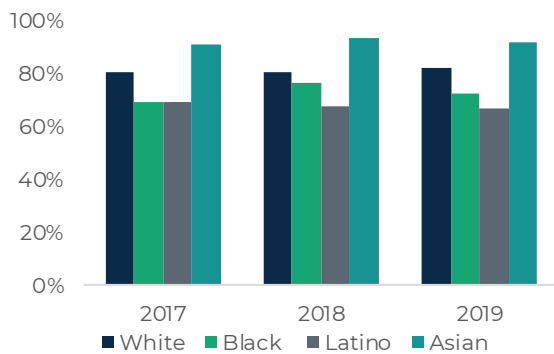


Increasing Youth Access to Career Pathways

The transition from high school to a career pathway is critical for youth to achieve their potential

Boston Public Schools set students up for success, boasting one of the highest urban four-year graduation rates in the nation (75.4 percent) and consistently sending more than two-thirds of graduates (69 percent) to secondary education.¹² Notably, these graduation rates vary significantly across racial and ethnic groups, with Black and Latino students having the lowest graduation rates (Exhibit 12).¹³

Exhibit 12. Four-year graduation rate for Boston Public Schools students



Whether graduating high school, pursuing higher education, or entering the workforce, youth need a network of supports to set and achieve their goals. But as is reflected above, not all youth have the same opportunities to thrive.

In the last three years, the Youth Support Systems Initiative has contributed to breaking down these barriers to educational and career success for Boston youth.

Since 2018, funded partners have engaged 472 primarily Black and Latino youth (54 percent and 31 percent, respectively) in holistic education and career programs. Coaches in these programs support youth as they graduate high school, pursue postsecondary education, secure internships and job training opportunities, and find and retain employment. For instance, **West End House** helped 156 students graduate from high school since the start of the grant, while also helping them navigate college applications and financial aid. After graduation, youth then transition to West End House’s College and Career Success program.

In addition to education and career coaching, youth receive one-on-one stabilization services, including mental health referrals and financial resources. Funded partners have also focused on building communities of support among youth in their programs. During the social isolation of the COVID-19 pandemic, these interventions became increasingly essential.

“Through connections youth have made during [virtual group] sessions, they have built friendships and begun holding each other accountable to their education and employment goals.”

—HopeWell

Funded partner highlights (2018–2021)



HopeWell: 39 youth aging out of foster care set educational and employment goals; 20 secured employment or completed a postsecondary program



Boston Private Industry Council: 18 youth received referrals to programs or employment; 18 youth secured employment



West End House: 129 youth are on track for college completion; 64 have earned postsecondary degrees



Equitable communities

Improving child well-being requires that the communities where children grow have the physical resources and the social capital to support their well-being. Promoting equitable communities is a key step along the pathway of addressing the social, economic, and cultural factors that influence health. In this section, we describe how funded partners' efforts contributed to the following changes within this broader domain:

- Improving access to healthy food
- Increasing parental leadership in early education and care
- Increasing civic participation and building community power to advance housing justice

Improving Access to Healthy Food

According to the USDA Food Access Research Atlas, the City of Boston has 32 low-income census tracts¹⁴ (representing approximately 117,000 residents) where a significant portion of the population lives farther than one-half mile from the nearest supermarket.

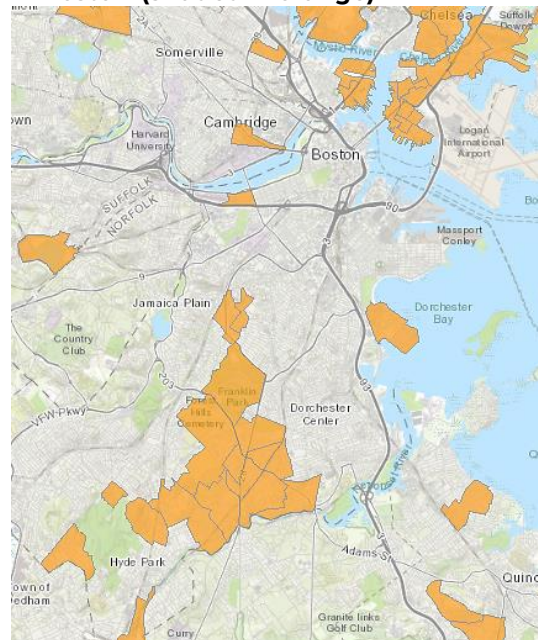
These low-income, low-access areas in Boston are concentrated in Dorchester, Mattapan, Hyde Park, Charlestown, and East Boston (Exhibit 13). In Massachusetts as a whole, nearly one in four census tracts (24 percent) fit the definition of low-income and low-access.¹⁵

Funded partners within the Healthy Living Initiative are directly contributing to improving access to healthy food for low-income residents in Massachusetts.

The [Massachusetts Food Trust Program \(MFTP\)](#) accomplishes this through expanding healthy food retail to an estimated 380,000 adults and 90,000 children through 38 new or expanded healthy food retail projects in underserved areas of Massachusetts. MFTP intentionally solicits proposals from people of color, who historically have had greater barriers to small business ownership and wealth building; as a result, 42 percent of these retail projects are owned or operated by people of color. Additionally, these projects—which include farm stands, mobile markets, corner stores, and

independent grocery stores—have created 284 new food retail jobs.

Exhibit 13. Low-income, low-access census tracts in Boston (shaded in orange)



Of course, proximity to healthy food retailers does not eliminate food insecurity for families with economic hardship. During the COVID-19 pandemic in 2020, food insecurity among households with children jumped from 9 percent to 19 percent in Massachusetts.¹⁶

Funded partners have made herculean efforts to bridge the food access gap in Boston during the pandemic, not only those already carrying out this work through the Healthy Living Initiative, but as a collective effort across funded partners. Funded partners, including [Haley House](#) and the [Mayor's Office of Food Access](#), provided more than 3 million meals to Boston families since 2018.

Funded partner highlights (2018–2021)

Haley House: 12 youth ambassadors and junior farmers helped grow and distribute more than 4,533 pounds of produce from Thornton Street Farm

Mayor's Office of Food Access: Funded 89 organizations to provide free summer and after-school meals through Boston Eats

Waltham Boys & Girls Club: Provided 211 youth with healthy dinners three to five days each week. (80% non-White youth)

Increasing Parental Leadership in Early Education and Care

Engaging with parents as experts and leaders in early education and care programs can improve child outcomes.

Research suggests that building parental leadership can ensure that programs meet the needs of families, resulting in greater opportunities for children and the promotion of knowledge and skill development for parents. This ultimately strengthens communities by creating dialogue and collective action around improving childhood outcomes.¹⁷

Consistent with a community power-building approach, funded partners within the Birth to Five Initiative have made substantial progress in promoting parental leadership by involving parents as key stakeholders in their programs.

In turn, these parent leaders are now out in the community reaching even more parents through parent outreach, resource sharing, and engagement. For instance, six funded partners engaged and trained more than 60 parents in roles such as “parent leaders” and “parent ambassadors.” These parent leaders then developed content for or facilitated programming for other parents. [Boston Basics](#) and [Families First](#) both engaged with parents to share resources with other families in their networks, which they believe will build “more inclusive communities where all parents can participate in local systems that are vital for their children’s success.” [Family Nurturing Center \(FNC\)’s](#) project completely re-envisioned the role of the parents in their work—elevating them from volunteers with minimal input to critical members of their staffing team. These efforts support the long-term goals of making these resources more accessible for families and to increase demand for these resources by ensuring they are responsive to parents’ needs.

Funded partners’ efforts to increase parental leadership have affected change in three additional areas: centering equity, increasing community connectedness, and increasing career opportunities for parents, all of which can move the needle along the pathway towards child well-being.

Centering equity. Elevating the voice of parents has been central to promoting equity. Funded partners have worked to ensure that their parent leaders are reflective of the communities with whom they engage. [Raising a Reader](#) recruited ambassadors that are reflective of the communities they are working in

and are using data and dialogue to continue increasing the representativeness of their ambassador program. At [First Teacher](#), their model is centered around recognizing parents’ expertise as their child’s first teacher and “advocating for Black and Brown parents’ voices to be leading the conversations about issues that directly impact them.”

Increasing community connectedness. Elevating parents into leadership positions has increased community engagement. The workshops and other programming “led by parents, for parents” provided opportunities for families to connect and support each other, despite the physical distancing requirements of the pandemic. At the end of the grant, [Family Nurturing Center](#) described how the parent leaders worked tirelessly in their communities, especially with the onset of the pandemic, which has resulted in increased community engagement. Parents in the [First Teacher](#) movement described being part of a “supportive and freeing” community and a community that validates them as a good parent.

“With so much isolation, pent up emotions, and tiredness . . . your programs have given us a welcoming, warm, relaxed outlet and reminded us that we still belong to a community that cares so deeply about each other.”

—Parent in the First Teacher movement

Career opportunities for parents. [FNC](#) and [First Teacher](#) moved from not only incorporating families’ perspectives but to also paying parents to step into leadership positions and give them access to meaningful employment opportunities. Parents working with Family Nurturing Center made progress in their career track either by being promoted within the organization or by using their skill set to leverage a new position outside of the organization.

Funded partner highlights (2018–2021)



Family Nurturing Center: 41 parent-leadership team members made progress in their career



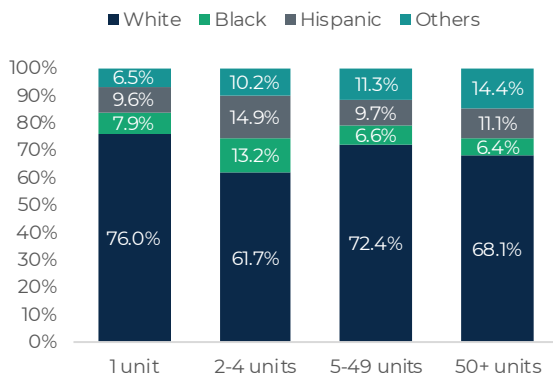
Boston Basics: Parent leaders led 38 parent cafés on evidence-based care giving principles ([The Basics](#))

Increasing Civic Participation and Building Community Power to Advance Housing Justice

The ongoing COVID-19 pandemic and the concomitant racial violence of 2020 have highlighted and worsened the system-driven disparities and inequities oppressing people of color. Decades of inequitable housing policy and practice are one form of enduring systemic discrimination.

For instance, evidence suggests that brokers show racial bias when screening potential renters. A 2020 Boston area study found that brokers only followed up with a sample of Black applicants 62 percent of the time compared with 92 percent of White applicants.¹⁸ Across the United States, a larger share of small unit landlords (owning two to four unit buildings) are Black (13 percent), and Latino (15 percent) and these landlords earn less income than single unit or large multifamily buildings (Exhibit 14).¹⁹

Exhibit 14. Landlords' race and ethnicity by building size, 2018



Existing housing and power inequalities have been exacerbated during the pandemic, with COVID-19 disproportionately impacting people of color and workers in lower-wage sectors.²⁰

Increasing equity in systems requires increasing equity in power. Supporting Black and Latino

renters' civic participation can begin to increase community power and address systemic housing inequities through policy and political change.

Funded partners within the Family Housing Stability Initiative have made substantial contributions to building tenant power through outreach, mobilization, and leadership development around housing issues.

In the last three years, **CL/VU** has reached nearly 1,900 residents to raise community awareness of Boston's housing displacement crisis and engage community members in solutions. CL/VU also supported the development of 21 tenant associations, who have engaged in 95 collective actions to bring their landlords to the negotiating table. Tenant associations won a total of 30 collectively bargained leases, covering 246 units. Similarly, **CPA** has engaged 185 residents in tenant organizing meetings to prevent evictions and rent hikes.

"This project has begun to institutionalize Tenant Association organizing locally as a structure which shifts the balance of power between low-income BIPOC tenants and absentee landlords/real estate corporations. As a result, Black and Brown families who are disproportionately impacted by displacement are able to access their rights and remain in their homes."

—City Life/Vida Urbana

Overall, through these two projects, 780 residents have engaged in advocacy efforts for affordable housing through activities including participating in hearings, mailing postcards, canvassing their neighborhood, and contacting their public officials. Many of these residents have taken on leadership roles or completed advanced organizing trainings. In addition to the collective actions brought forth and collectively bargained leases secured, additional outcomes from resident organizing and advocacy likely require time to manifest and subsequently report.



Healthy children, youth, families, and caregivers

In the previous sections, we described how funded partners are working to improve systems and infrastructure, services, and communities. These short- and medium-term changes are the steppingstones that ultimately lead to the outcome of improved health and well-being of children and their families. In just three years, funded partners' efforts are already contributing to changes in these areas:

- Parents' engagement in children's social-emotional development
- Progress toward children's school readiness
- Youth adoption of healthy behaviors

Parent's Engagement in Children's Social-Emotional Development

Parental engagement in young children's development can improve children's school readiness, promote social-emotional learning, and ultimately improve child outcomes. Funded partners are creating opportunities for parents to engage in and support their children's development.

Effective parent engagement opportunities are an important tool for closing the school readiness gap for communities that experience barriers to accessing high-quality early education.²¹ The share of children ages 3 to 4 not enrolled in school in Massachusetts has hovered around 40 percent over the past 10 years, highlighting the importance of additional community programs that promote young children's development and prepare them for school (KIDS COUNT, 2008–2019 data).

Funded partners have made substantial progress engaging families in programming where parents learned about the importance of social-emotional learning and receive the tools and supports needed to promote social-emotional learning at home.

Funded partner highlights (2018–2021)



Families First: 143 parents graduated from the Power of Parenting program



Boston Children's Museum: 1,132 families attended school readiness programs with activities focused on social-emotional learning and motor skills (16% *multilingual families*)



Raising a Reader: 1,459 parents attended reading workshops



The Community Builders: 93 parents attending early education coaching and 158 parents receiving parenting skills training

For example, family engagement opportunities included sharing of social-emotional learning best strategies, understanding of child developmental milestones, the importance of play, and how to support children's mental health. Funded partners provided families with books, craft supplies, social-emotional learning activities, and kits to promote fine motor skills.

Parent Voices

"[I learned] how to guide kids through different emotions and encourage them to express their emotions."

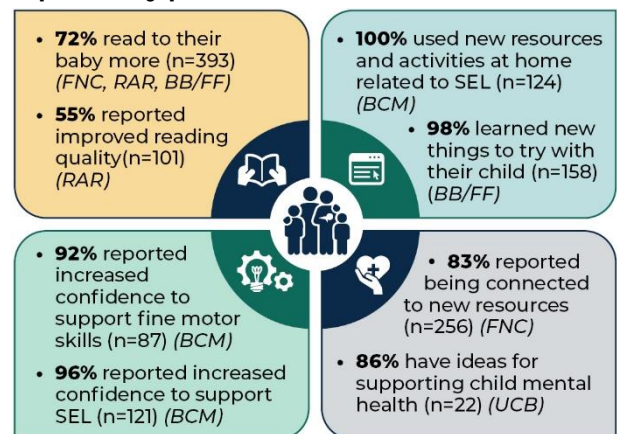
—Parent, Boston Children's Museum

"[I learned] how much 20 minutes [of reading] per day means to a child's education."

—Parent, First Teacher

After engaging in these opportunities, parents reported that they have gained skills, knowledge, and confidence in their parenting abilities. Parents have also reported increased frequency of applying these new parenting behaviors at home (Exhibit 15).

Exhibit 15. New parenting skills and behaviors reported by parents



Note: FNC = Family Nurturing Center; RAR = Raising a Reader; BB/FF = Boston Basics/Family First; BCM = Boston Children's Museum; and UCB = Urban College of Boston

Progress Toward Children’s School Readiness

The first five years of life are a time of tremendous physical, social, and emotional growth for a child. Quality early education, community engagement programs, and parent engagement at home can optimize children’s development during this time.

A 2019 assessment of early literacy among kindergartners in Boston Public Schools indicated that 57.6 percent of kindergartners met the benchmark for having “the necessary early learning skills.” Disparities existed by race/ethnicity, economic status, and language, with non-white students, students from economically disadvantaged backgrounds, and English language learners scoring lower than their peers.²²

Funded partners are working to increase the quality of early education, ensure families are connected to early education, and increase opportunities for parents to promote early learning at home.

Additionally, funded partners are promoting the use of standardized age-appropriate developmental screenings to ensure that developmental concerns are identified early and that children are connected to appropriate resources. Several funded partners focused on increasing use of the Ages and Stages Questionnaire (ASQ) to screen children for developmental and social-emotional progress. For example, [Boston Chinatown Neighborhood Center](#) and [Jamaica Plain Neighborhood Development Corporation](#) both monitored the percentage of children that had been screened and then made referrals based on screening results. In all, funded partners and families conducted more than 2,000 ASQ screenings over the course of the grant.

Parents whose children have participated in Collaboration programs have provided anecdotal examples of improvements that they have witnessed in their children:

- Families connected to early education programs through [The Community Builders](#) noticed that they have seen **growth and development** in their children.
- Parents that participated in [Boston Chinatown Neighborhood Center’s](#) parenting journey described children’s willingness to **share feelings** with parents.
- Parents that participated in [First Teacher](#) programming described watching their children **play with other children** and **expressing confidence**.

Youth Adoption of Healthy Behaviors

Youth that understand the environmental factors that impact their health are better equipped to identify their own needs and seek resources to address them. With this foundational knowledge, youth can engage in co-constructing their environment; this builds their confidence and helps them feel a sense of agency over their lives and well-being.

Within the Community Trauma Initiative, youth took positive actions to address the impacts of trauma in their own lives while helping other youth do the same.

[Madison Park Development Corporation \(MPDC\)](#) and [Project Right](#) held 34 youth-led and youth-focused events about community trauma. Through these events, youth shared their personal experiences with trauma and recommendations for other youth coping with trauma. Funded partners also supported youth in taking positive actions to address trauma in their lives, including seeking out mental health services and building connections with trusted adults.

Participants in youth-focused events on trauma reported



Increased knowledge of available mental health resources (MPDC),



Improved comfort reaching out about mental health issues (MPDC), and



Increased understanding about the impacts of trauma (MPDC & Project Right).

Youth have adopted leadership roles in addressing the social determinants of health in their communities within the Healthy Living Initiative as well. [Mattapan Food and Fitness Coalition](#) and [Haley House](#) hired a total of 33 youth leaders to conduct biking workshops, operate a community farm, and lead produce distribution. [Waltham Boys & Girls Club](#) trained 51 youth leaders to lead peer outreach and focus groups related to physical activity, recreation, and food access. Youth leaders report gaining confidence in their own skills and feeling a sense of influence and belonging in their communities.

III. Conclusions and Looking to 2022

During a year of unprecedented societal changes, several important insights have emerged related to the work of the Collaboration.

A strong affirmation of the Collaboration’s strategic focus to address disparities in the social determinants of children’s health.

The eight strategic initiatives of the Collaboration were identified through a robust community engagement process in 2016-17 in order to address disparities in the social determinants of health identified by communities. The COVID-19 pandemic has only worked to exacerbate these disparities. As the prominence of these issues has now been raised at the city, state, and national levels, this reinforces that the Collaboration is working in the right strategic areas to advance children’s health.

An opportunity to deepen relationships with organizations working at the grassroots level to further their community-driven goals.

Funded partners demonstrated tremendous resiliency and creativity in adapting their services to meet the changing needs of their clients and communities. The Collaboration used this as an opportunity to solidify their relationships with funded partners and ensuring they had the resources they needed to adapt and pivot, including support for keeping services going throughout the pandemic.

The strategic role the Collaboration plays in catalyzing systems change among other hospitals and system actors.

The COVID response also allowed the Collaboration to develop more strategic partnerships with other hospitals and partners in the area and lead a more coordinated response for community engagement in areas including housing, economic mobility and mental health. This has

solidified the leadership role that the Collaboration is playing in addressing disparities in the social determinants of children’s health at the systems level.

Looking ahead to 2022, the Collaboration envisions more opportunities to continue to broaden and deepen relationships within its strategic focus. One key opportunity is the transition to new rounds of three-year funding for six of the Collaboration’s strategic initiatives. These include key shifts in how the Collaboration works and with whom it:

How the Collaboration works:

- Improved flexibility and responsiveness in the support provided by the Collaboration to funded partners, including more general operating support for funded partners, providing space for partners to drive interactions and relationships, and support to more collective approaches to learning.
- Intentional focus on creating systems change, including more investments focused on structural drivers of health, including support to affordable housing and minority business enterprises.

With whom the Collaboration works:




- A sharper focus on populations served, both in terms of socio-demographics of population and organization leaders to better center health equity in the Collaboration’s work.
- An increased focus on mental health, including an understanding of mental health as an issue that directly affects the health and well-being of children, youth, families, and caregivers, but also the community organizations and workforce that support them.

APPENDIX A. Progress in Advancing the Levers of Change

The Collaboration is focused on improving the health and well-being of children and families and advancing equitable communities through Policy, Advocacy, and Knowledge Building; Systems Change and Cross Sector Coordination; and Programs and Services (Exhibit A.1).

This appendix highlights the key achievements of funded partner organizations for each of these approaches.

Exhibit A.1 The Collaboration’s Efforts to Advance the Levers of Change

Lever of change	How the Collaboration is advancing this lever
 <p>Policy, advocacy, and knowledge building</p>	<p>Funded partners have connected, organized, and mobilized a broad set of actors, including youth, families, communities, and decision makers, to increase public understanding of child health, advance policies, and create demand for greater investments in the social determinants of children’s health.</p>
 <p>Systems change and cross-sector coordination</p>	<p>To ensure all children and families have fair and equitable access to the opportunities and resources afforded by systems that shape their well-being, funded partners have connected and mobilized stakeholders across food, housing, and education ecosystems to advance a shared agenda and adopt new child-centered practices.</p>
 <p>Programs and services</p>	<p>Children, youth, and families deserve high quality programs and services that meet them where they are, when they need them, and that reflect and celebrate who they are. Funded partners have created and expanded innovative programs and services by nurturing partnerships and integrating new practices within the community.</p>

Policy, Advocacy, and Knowledge Building

The work of funded partners in this lever is designed to increase public understanding of child health, advance policies, and create demand for greater investments in the social determinants of health. The Collaboration has adopted the Power Prism advocacy framework to explain the approaches that funded partners are taking to achieve policy change. Exhibit A.2 provides highlights of activities within this framework; the remainder of this section describes how this work collectively came together to help further the Collaboration's goals.

Funded partners conducted research and data collection to build the evidence base on children's health issues and solicit community input on solutions. This research was a critical input to funded partners' work to deliver systems change within their communities. The **UMB BIRCh Project** produced research briefs outlining the geographic disparities in the availability of school and

community-based mental health resources and services by school districts across Massachusetts and convened a School-Based Advisory Board of behavioral health providers to better coordinate and prioritize collective actions to address these disparities. This effort led to more equitable distribution of grant funds to help under-resourced school districts expand access to mental health services.

Funded partner organizations built resident leadership and power, amplifying the voices of children, youth and families impacted by housing insecurity. **City Life / Vida Urbana** and the **Chinese Progressive Association** in partnership with the **Chinatown Community Land Trust** organized tenants across Jamaica Plain, Roxbury, Mattapan, Hyde Park, and Chinatown and hosted public actions calling for the creation and preservation of affordable, quality family housing. Through these actions, funded partners and resident leaders won one of the strongest tenant eviction protections in the United States during the height of the COVID-19 crisis in spring 2020 and secured increases in public funding to acquire affordable housing.

Exhibit A.2. Highlights of funded partner progress within the policy, advocacy, and knowledge building lever of change

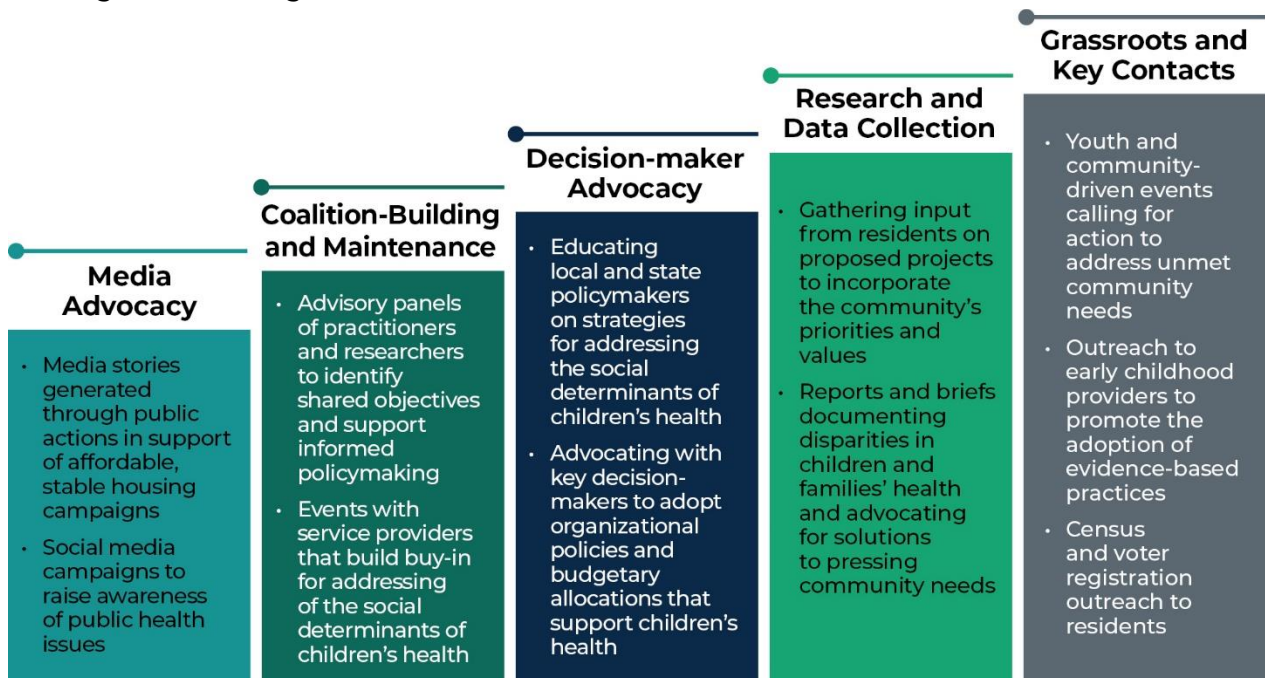


Exhibit A.3. Highlights of Policy, Advocacy, and Knowledge Building by Power Prism (2018–2021)



- **92 media stories** generated by City Life/Vida Urbana through resident organizing, presentations, and public actions for affordable housing and tenant protections



- **40 school-based behavioral health leaders** participating in School-Based Advisory Board organized by the BIRCh Project
- **16 organizations** provided City Life/Vida Urbana with input on developing a Housing Stabilization Fund to support nonprofit purchases of affordable housing



- **178 advocacy actions** led by the Massachusetts Public Health Association to support state funding for the Massachusetts Food Trust Program
- **159 decision-makers** – including legislators, Accountable Care Organizations, and MassHealth staff – educated by Health Care for All about targeted children’s health issues



- **13 research briefs and resource maps** produced by the BIRCh Project on the availability of school and community-based mental health resources across Massachusetts
- **1,043 surveys** collected and **82 community members** engaged in advisory groups by CHEq collaboratives during their program design phase



- **163 public actions** led by Chinese Progressive Association and City Life/Vida Urbana calling for the creation and preservation of affordable, quality family housing in Boston
- **302 housing rights trainings** held by City Life/Vida Urbana and **186 one-on-one sessions** held by Chinese Progressive Association
- **702 census forms** completed through outreach to hard-to-reach individuals through the Census 2020 initiative

Systems Change and Cross-Sector Coordination

Within this lever, funded partners connected and mobilized stakeholders across community-based organizations, public agencies, and other service providers to advance a shared agenda and adopt new child-centered practices. Funded partners worked to build strategic partnerships with organizations across sectors to ensure that families had equitable access to needed child-centered services. Once those partnerships were established, investments in professional development, collaborative programming, and referral systems contributed to increasing the availability of quality services across sectors (Exhibit A.4).

New and expanded partnerships allowed funded partners to extend child-centered services across sectors. For example, partnerships with schools, housing developments, and community centers enabled funded partners to provide opportunities for physical activity and healthy meals in settings convenient for children and caregivers. Within the Children’s Health Equity (CHEq) initiative, organizations formed place-based partnerships to drive neighborhood and systemic change on key social determinants of health and strengthen neighborhood cohesion.

Funded partner organizations in the Community Trauma Response and Birth to Five initiatives focused on **cross-sector professional development** to strengthen and improve the ecosystem of community-based programs providing high-quality, trauma-informed, cultural and linguistically responsive services to children, youth, and families. To support children and families in more person-centered, culturally responsive ways, funded partners trained staff in community-based organizations on delivering trauma-informed care and invested in trainings on evidence-based practices for their own staff. Birth to Five–funded partners provided professional development opportunities to providers in other sectors that serve young children (for example, health care) to improve their capacity to center social-emotional development in their interactions with children and families.

Work to improve the larger child and family health system through **cross-sector linkages** better connected under-resourced populations with needed family-focused services that are often underused because of lack of intensive outreach for marginalized populations. Collaborations within the CHEq initiative are pushing local service providers to adopt common referral forms and creating maps of existing service providers to assist residents in accessing resources.

Exhibit A.4. Funded partners working within the systems change and cross-sector coordination level of change (2018–2021)

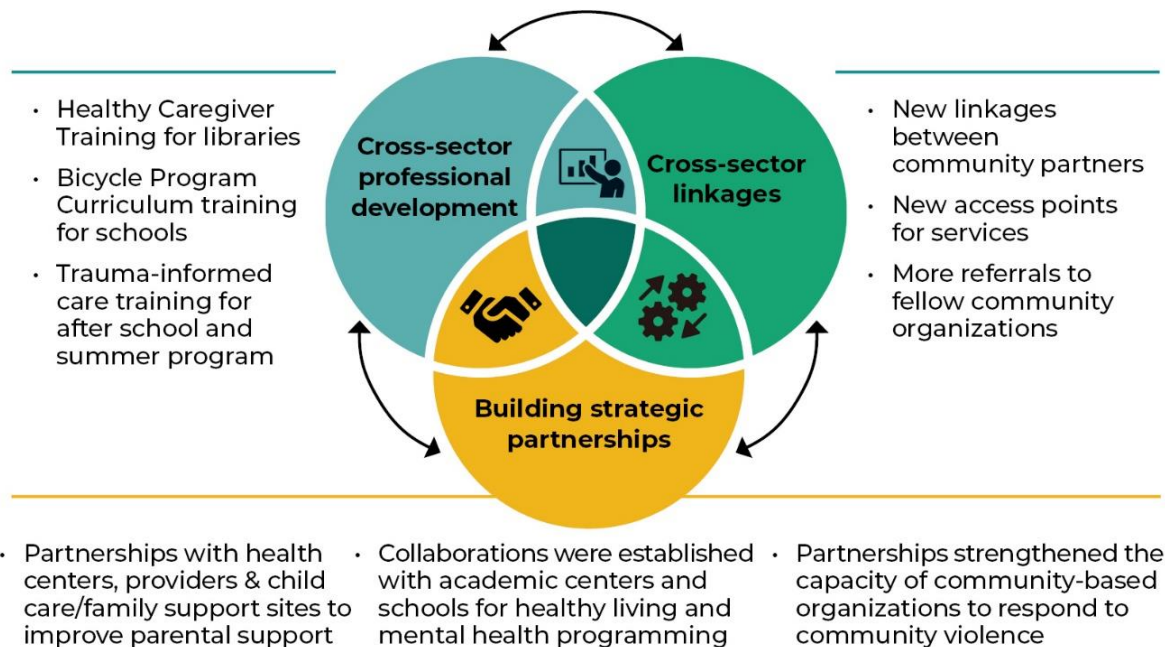


Exhibit A.5. Highlights of Systems Change and Cross-sector coordination work (2018–2021)

298 partnerships formed across funded partners



- Boston Basics and Families First partnered up to engage 32 health/community sites in learning healthy caregiver practices for early childhood
- YES! partnered with 46 schools to connect youth to outdoor adventure programs
- CL/VU held 21 meetings with nonprofit partners to strategize and support nonprofit purchases of affordable housing
- The BIRCH Center at UMass Boston has engaged with 90 partners in 2021, including school districts, child and family services, and other organizations to understand gaps in youth mental health services
- Resilient Families partnered with 20 community partner and schools to support parents connecting to social services

72 linkages created between social service and community-based organizations



- UpTogether outreached with 50 social service organizations to connect families to their asset-based family economic stability program
- Crossroads Fields Corner completed 22 inter-organizational referrals for families in need of services to support family health and well-being in the face of community trauma

68 trainings tailored to empowering family, staff, and community residents in child, youth, and family health



- Madison Park trained 26 summer and afterschool program staff in trauma-informed care
- The Community Builders recruited and trained 5 Health Champions to promote health and wellness in their communities

Exhibit A.6. Collective Impact Approaches to Children’s Health Equity

The Children’s Health Equity (CHEq) initiative funds place-based coalitions that seek to advance child health in Boston neighborhoods. The Collaboration funded four cross-sector coalitions to implement community-driven solutions to children’s health. Highlights from the early stages of implementation include:

- Coalitions formed community advisory groups to identify community needs and generate solutions for their collective impact projects.
- Coalitions are creating shared referral networks across organizations in their neighborhoods to increase completed referrals and use of existing resources.
- Resilient Families Surround-Care School Community Coalition launched a Tech-Equity pilot, which helps families navigate their child’s remote learning platforms and reduces the accessibility gap exposed by COVID-19.
- Crossroads: Healthy Families, Resilient Fields Corner and Living Safely in Jackson Square developed resource maps for Jackson Square and Fields Corner, which help community members identify programs and services.

For more information on funded CHEq projects, visit [our website](#).

Creating and Expanding Programs and Services

Funded partner work in this area focused on reducing inequities in the availability and quality of programs and services related to the social determinants of health. These include programs such as career coaching to promote economic mobility, new opportunities for community leadership to improve the social environment, and professional development to improve the quality of early childhood education and mental health services. Exhibit A.7 shows how funded partners created or expanded programs and services, organized by social determinants of health domains.²³

Funded partners created new programs and services, expanded services to new areas or populations, and improved the quality of existing programs and services. These activities directly paved the way for the Collaboration’s desired outcomes around improving access to child-centered services and improving child health.

For instance, funded partners developed new courses for early educators that are available in English,

Spanish, and Mandarin to contribute to increased access to linguistically appropriate services; expanded tenancy preservation programs to expand access to affordable housing; and provided behavior change supports for parents to improve social-emotional development of children.

“This grant expanded our Cape Verdean Bilingual Outreach staff capacity which has significantly increased our capacity to respond to incidents of violence and provide immediate trauma support to an underserved community.”

—Project Right

Several funded partners (particularly in the Birth to Five Initiative) also trained program staff on early education best practices and concepts to improve the quality of existing services, such as training staff on social-emotional development concepts and helping staff obtain state licensing. These activities directly contributed to increasing the quality of existing services for children, youth, parents, and families.

Exhibit A.7. Funded partner programs and services, by social determinant of health domain

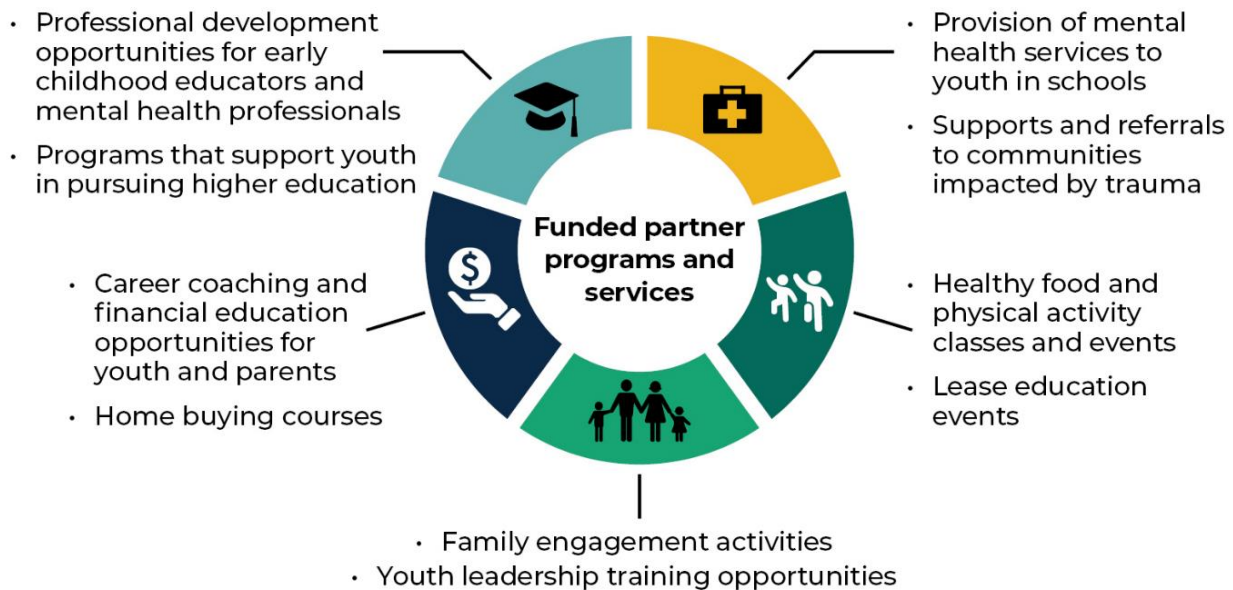


Exhibit A.8. Highlights of Program and Services Provided, by SDOH Domain (2018–2021)



- **102** referrals to financial support
- **97** career pathway coaching sessions
- **81** homebuying classes held
- **18** employers accepting internship referrals



- **259** coaching sessions on the importance of early education
- **262** school readiness skill-building opportunities for families
- **4,132** hours of professional development
- **130** registrations for new coursework
- **37** presentations on recognizing complex trauma



- **726** Welcome Baby home visits
- **40** school-based health center tours
- **75** one-on-one discussions on trauma



- **15** Power of Parenting workshop series completed
- **30** playdates offered
- **538** hours of parent/child activities



- **89** meal sites with greater capacity to distribute meals
- **326** health eating classes or demonstrations

Endnotes

ⁱ Sources: Calef and Schuster 2021, GBD 2019 Police Violence US Subnational Collaborators 2021

ⁱⁱ <https://cssh.northeastern.edu/bari/wp-content/uploads/sites/30/2020/12/NSF-Report-3-Economic-Impact.pdf>

ⁱⁱⁱ <https://www.mathematica.org/download-media?MediaItemId=%7B2A039CAB-E102-4031-BA3B-2BC29AF15F41%7D>

⁴ https://www.boston.gov/sites/default/files/embed/h/housing_a_changing_city-boston_2030_full_plan.pdf

⁵ https://www.clvu.org/boston_evictions_report_2020

⁶

<https://www.boston.gov/sites/default/files/file/2021/06/Annual%20Report%202020.pdf>

⁷ <https://www.apa.org/about/policy/child-adolescent-mental-behavioral-health>

⁸

https://www.samhsa.gov/data/sites/default/files/reports/rpt32838/Massachusetts-BH-Barometer_Volume6.pdf

⁹ BIRCh Project “Development and implementation of the Massachusetts technical assistance center for school-based behavioral health.”

¹⁰ <https://assets.aecf.org/m/resourcedoc/AECF-TheFirstEightYearsKCpolicyreport-2013.pdf>;
<https://www.healthaffairs.org/doi/10.1377/hpb20190325.519221/full/>

¹¹ <https://www.tbf.org/-/media/boa/early-ed-census-2020-pt-1-202011.pdf?la=en>

¹² Boston Opportunity Agenda Report Card, 2021.

Available at <https://www.bostonopportunityagenda.org/-/media/boa/boa-report-card-202105.pdf>

¹³ <https://www.bostonpublicschools.org/Page/694>

¹⁴ As classified by the USDA Economic Research Service.

¹⁵ For rural areas, low access is defined as 10 miles.

¹⁶ https://www.bostonindicators.org/reports/report-website-pages/covid_indicators-x2/2020/october/food-insecurity

¹⁷ <https://www.annenberginstitute.org/sites/default/files/capturingtherippleeffectreportweb.pdf>

¹⁸ <https://www.mass.gov/doc/analysis-of-impediments-to-fair-housing-choice-2019/download>

¹⁹ <https://www.urban.org/urban-wire/owners-and-renters-62-million-units-small-buildings-are-particularly-vulnerable-during-pandemic>

²⁰ <https://www.tbf.org/news-and-insights/reports/2020/july/greater-boston-housing-report-card-2020-race-equity-covid>

²¹ <https://www.rwjf.org/en/library/research/2017/02/parent-engagement-practices-improve-outcomes-for-preschool-child.html>

²² <https://files.eric.ed.gov/fulltext/ED613767.pdf>

²³ <https://www.childrenshospital.org/community-health/collaboration-for-community-health>