



BRIGHAM AND  
WOMEN'S HOSPITAL



WHAT MATTERS FOR HEALTH: A COMMUNITY  
HEALTH PLANNING REPORT  
APRIL 2015

## ACKNOWLEDGEMENT

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- Cathy O'Connor, formerly of the Massachusetts Department of Public Health

Most of all, we express our thanks to the hundreds of community members that participated in the process and played the game. Thank you for sharing with us what matters for the health of your neighborhoods.

## CITATION

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All are welcome to use our findings to inform future practice and create healthier, equitable communities. Please use the following citation:

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## Introduction

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This report summarizes the results of an innovative community planning process supported by Brigham and Women’s Hospital, Center for Community Health and Health Equity. Through the use of an online game called What Matters For Health (<https://communityplanit.org/healthmatters>), we sought to obtain broad and diverse input from local residents in five Boston neighborhoods on programs, services, and policies that they believe are important to health and well-being. The five priority neighborhoods for Brigham and Women’s Hospital are Dorchester, Jamaica Plain, Mattapan, Mission Hill, and Roxbury. The input obtained from the game and a final community forum will be used to inform decisions about a grant-making initiative that Brigham and Women’s Hospital will launch in 2016 to advance health and racial equity in their priority neighborhoods. The grant-making initiative is made possible by the approval of determination of need (DoN) applications for two of the hospital’s capital works projects. Consistent with the policies and procedures of the Massachusetts Department of Public Health, funds from the capital works projects were allocated for Community Health Initiative (CHI) efforts. The CHI is “intended to foster collaborations between applicant institutions, local public health authorities, and community-based partners to improve the health status of vulnerable populations and to build community capacity to promote social determinants of good health.”<sup>1</sup>

As part of the CHI, a DoN planning group was formed to support the development and implementation of the grant initiative. A list of DoN planning group members can be found in Appendix A. In May 2014, following a competitive selection process, the Institute for Community Health (ICH) and the Engagement Lab at Emerson College were contracted to engage residents in the five neighborhoods to prioritize issues that emerged from previous community health assessments. Table 1 provides an overview of these community health issues.

**Table 1: Community Health Issues**

Chronic disease prevention and community health (including efforts to reduce obesity)
Healthy aging
Improving birth outcomes
Mental health (including strengthening community resilience)
Youth and workforce development
Violence intervention and prevention
Racial equity

Although each issue is recognized as important for community health, the planning group recommended concentrating on a select number of areas to enable greater impact. Rather than decide on the priority areas themselves, the DoN planning group recommended engaging residents of the priority neighborhoods and asking for their input on what matters most to the health of their neighborhoods.

This report highlights key findings from the input that was provided from people who live and work in the priority neighborhoods. In the section below, we provide a brief overview of the methods used in this planning process, which included an online game and final community forum. We then provide an overview of what we learned about what matters to the health of individuals, their neighborhoods, and the City of Boston and key recommendations for making Boston a healthier, more racially equitable place to live. Following this section, we present a summary of key ideas and recommendations that players have for addressing each of the community health issues listed in Table 1. Drawing on participant input, we conclude the report with recommendations for priority

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<sup>1</sup> For more information about the Determination of Need program, go to: <http://www.mass.gov/eohhs/gov/departments/dph/programs/admin/ohpp/don/>

community health issues along with a high level summary of participant-generated strategies for improvement in each area.

## Our approach

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Similar in many ways to the conduct of community health assessments and community health improvement plans, urban planners are often prompted by federal or state mandate to solicit input from “the public” on planning needs and designs at various stages, from visioning to capital improvements. This typically happens at community meetings or forums, which are poorly attended, with limited representation from the heterogeneous communities impacted by planning decisions. Traditional planning processes also often rely on key informant interviews conducted with select community leaders who are asked to perform the impossible task of representing the voices of many. It was this very general problem that first motivated the Engagement Lab at Emerson College to develop a community engagement game – Community PlanIt – as a strategy to expand opportunities for residents and other stakeholders to provide input in planning processes. In the current planning process, ICH worked in collaboration with the Engagement Lab to develop content for the Community PlanIt platform as a means of understanding and prioritizing the community health issues outlined in Table 1. This was the first time that the Community PlanIt game platform had been used for community health planning.

## Description of the game and finale event

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Community PlanIt/What Matters for Health was an online, multiplayer game that took place over a three-week period in autumn 2014. Each week focused on a different theme, or “mission”. Mission One focused on perceptions of personal health and factors that influence players’ well-being. Missions Two and Three focused on the players’ perceptions of the health of their neighborhoods and the City of Boston, respectively. In all three missions, players contributed ideas about what would make their environments healthier as well as programs, services and other assets that are currently available to promote well-being.



In each mission, players were asked to complete challenges that prompted players to answer questions, contribute media, or solve problems based upon their personal values and experiences. Once players completed a challenge, they were able to see how other players responded. Although players could only complete challenges associated with each mission during the week that a mission was in live play, all responses were visible and players could interact with other players’ responses throughout the game.

Players earned coins (points) by completing challenges and interacting with others through ‘comment’ and ‘like’ features built into the game. Coins functioned to rank players’ performance in the game and also served as currency to spend on “local causes”—real world ideas or solutions for community health improvement that players generated. Distinct from the larger grant-making initiative that will launch in

2016, Brigham and Women’s Hospital contributed \$3,000 to support these time-limited, local projects. Leader boards, badges, and weekly e-mails to players all fostered competition that encouraged game play. At the end of the game, the top three local causes (determined by most player points attributed to them) were awarded \$1,000 for implementation (Table 2).

At the conclusion of game play, participants and non-participants were invited to an interactive forum where the project team synthesized and presented game input to participants. Small group discussions were used to further deepen the level of input provided during the game and to obtain input on how to prioritize the community health issues (Table 1). The event ended in a round-robin report back from each small group discussion. Common recommendations were identified from the small group reports.

**Table 2: Local cause winners**

**Reducing Food Insecurity among Dorchester Residents**

Neponset Health Center, a nonprofit community health center in Dorchester, will be awarded \$1,000 to support the growing need for food and other services offered through their food pantry program. The pantry’s utilization rate has more than doubled since 2010. Funding will be used to purchase food and pay for Greater Boston Food Bank delivery costs. A portion of the funding will also go towards expansion of food cards for patients at the health center who need emergency food supplies on a one-time basis.

**Bringing Farm Fresh Affordable Healthy Food into our Neighborhood**

The Dorchester Community Food Coop is building a community- and worker-owned retail food market in the Bowdoin Geneva neighborhood of Dorchester. Their mission is to provide access to local, fresh, affordable, food and to foster economic opportunity for the residents of Dorchester and the surrounding neighborhoods of Roxbury and Mattapan. Funds from the cause will be used to support the expansion of the Fresh Fridays, an initiative that provides nutritious, affordable meals for local residents and access to farm fresh foods through the farmer’s market.

**Meals with Meaning**

Hawthorne Youth and Community Center, Inc. is a grassroots community based organization that offers 5-18 year olds access *Meals With Meaning* is an intergenerational program that will give seniors opportunities to share three nutritious meals and develop friendships with youth, engage in exercise, and acquire resources and information for healthier living.

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## Who participated?

### *DoN Planning Group*

The content for the game (i.e., missions, challenge and trivia questions, and marketing materials) was developed in collaboration with members of the DoN planning group. There were several meetings at the beginning of the project designed to learn more about what was important to learn through the planning process. Staff at ICH and the Engagement Lab then drafted materials that were reviewed and commented on by planning group members. Once the game was complete, the planning group provided input on what information from the game is most important and strategies for presenting information to diverse audiences that may be interested in the information. Planning group members were also critical to efforts to get the word out about the game. They sent information through their respective networks and actively encouraged game play prior to and throughout the three-week game.

### Online game players

Four hundred eighty-eight people played the game during the three-week period (September 29 – October 12, 2014), sharing over 8,000 comments. Upon registering to play the game, participants were asked to answer a few questions about themselves, including their stake in the game (resident of a priority neighborhood, community provider, volunteer, outside observer, etc.), age, gender, race/ethnicity, education, and income. There were also a few questions about prior experience participating in a community planning process. Completing these questions was optional. Approximately one-third of all players opted not to provide this information. We therefore have some limitations in our reporting of who participated.

**Table 3: Neighborhood Residency of Players (n=488)**

Neighborhood	n/(%)
Dorchester	79 (16%)
Jamaica Plain	71 (15%)
Mattapan	39 (8%)
Mission Hill	24 (5%)
Roxbury	48 (11%)
Other	88 (15%)
Missing information	142 (29%)

Fifty-five percent of players were residents of the five priority neighborhoods or areas adjacent to these neighborhoods. Approximately 15% of participants identified as being outside of the priority neighborhood, with some indicating in their player profiles that they were playing the game because they had interests in the priority neighborhoods through their work or were interested in the approach and wanted to observe game play. We were

unable to identify the neighborhood of residence for approximately one-third of the players because they did not provide a zip code or choose any stake for the game.

Table 4 summarizes the demographics of people who played the online game. Providing demographic information was optional; nearly one-third of participants provided no information about themselves. Of those who did provide information, the majority (74%) were female. Players were racially and ethnically diverse, with 45% identifying as White, nearly 30% as Black/African American, nearly 15% as Hispanic/Latino, and 6% as Asian. Comparing residents of the target neighborhoods to all players, target neighborhood residents were more likely to be Black/African American (37%) and less likely to be White (39%). The median age of players was 32, with the majority between the ages of 25 and 54 years of age (56%). Age of players ranged from 13 to 74. There were 27 players 18-years-old or younger and 20 players older than 64. The majority of players also reported having a college degree (74% with a bachelor's degree or higher), although this percentage was lower for players who lived in the target neighborhoods (69%).

**Table 4: Demographics of game players**

Demographic Characteristics	Target Neighborhood	
	Residents	All Players
<i>Gender (n=270)</i>	n (%)	n (%)
Female	139 (70.6%)	200 (74.1%)
Male	58 (29.4%)	70 (25.9%)
<i>Race/Ethnicity (n=254)</i>		
White	71 (38.8%)	114 (44.9%)
Black or African American	68 (37.2%)	75 (29.5%)
Hispanic/Latino/Spanish	29 (15.9%)	37 (14.6%)
Asian	6 (3.3%)	16 (6.3%)
Other	5 (2.8%)	8 (3.2%)

Demographic Characteristics	Target Neighborhood	
	Residents	All Players
Multiracial	4 (2.2%)	4 (1.6%)
<i>Age Range (n=275)</i>		
Younger than 25	51 (25.4%)	70 (25.5%)
25 to 54 years old	108 (53.7%)	153 (55.6%)
55 or older	42 (20.9%)	52 (18.9%)
<i>Highest degree achieved (n=266)</i>		
Bachelor's Degree or Higher	134 (69.1%)	197 (74.1%)
Less than a Bachelor's degree	60 (30.9%)	69 (25.9%)
<i>Living Situation(n=243)</i>		
Rent	91 (51.4%)	135 (55.6%)
Own	82 (46.3%)	101 (41.6%)
Dorm/Campus housing	4 (2.3%)	7 (2.9%)

In addition to these characteristics, we learned that more than half (56%) of players who completed their participant profile had never taken part in a community planning process. When asked about reasons for playing the game, 40% reported they wanted to learn more about local community issues and 32% wanted to share ideas about how to make their neighborhoods healthier places to live.

### *Community forum*

In addition to the 488 individuals who provided input through the game, 35 individuals (not including members of the advisory board or key personnel) participated in a final community forum, held approximately six weeks after the game ended. The majority of these individuals had not played the game, thus representing new input into the community planning process.

## How did we analyze the information?

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ICH was primarily responsible for analyzing and synthesizing the input obtained through the game and the community forum. All of the information that was provided by game participants was exported to an Excel document. For each of the closed-ended questions, the responses were analyzed using SAS 9.2, a statistical analysis software. Player responses were reviewed in total and then by player characteristics, including neighborhood affiliation, gender, race/ethnicity, and age. Any differences by player characteristics were noted by the lead analyst. All open-ended questions were imported into Dedoose 5.0.11, an online qualitative data management software<sup>2</sup>. The open-ended input was reviewed by the ICH team. The team created a general set of codes (or categories) that helped to identify major themes and areas of interest and used the codebook to categorize all of the information provided by participants. Once all of the information was coded, the team analyzed responses in total and then by neighborhood affiliation in order to identify major themes. The remainder of this report provides an overview of what we learned through this analysis.

<sup>2</sup> Dedoose Version 5.0.11, web application for managing, analyzing, and presenting qualitative and mixed method research data (2014). Los Angeles, CA: SocioCultural Research Consultants, LLC ([www.dedoose.com](http://www.dedoose.com))

## What did we learn?

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### Game Missions

In each of the three missions of the game, participants were asked to identify priorities for improving their own health (Mission 1), the health of their neighborhoods (Mission 2), and the health of the city of Boston (Mission 3). Although there were some differences across each mission, there were a number of themes that repeatedly appeared in participant responses. The 13 themes that appeared consistently across missions are represented in the image below. The size of the words represents the frequency with which the theme was noted. For example, information and ideas about physical activity and fitness were most commonly contributed by participants, followed by healthy eating and mental health. Other themes, such as social connections and access and affordability frequently accompanied comments or ideas about health priorities, sometimes serving as recommendations, qualities, or characteristics that are important to consider.



#### *Mission 1: Personal Priorities*

In Mission 1, participants were asked several questions designed to understand what they thought was important to their personal health and well-being. When participants were asked what they would like to improve about their health, the following themes came up in order of frequency, beginning with the most common:

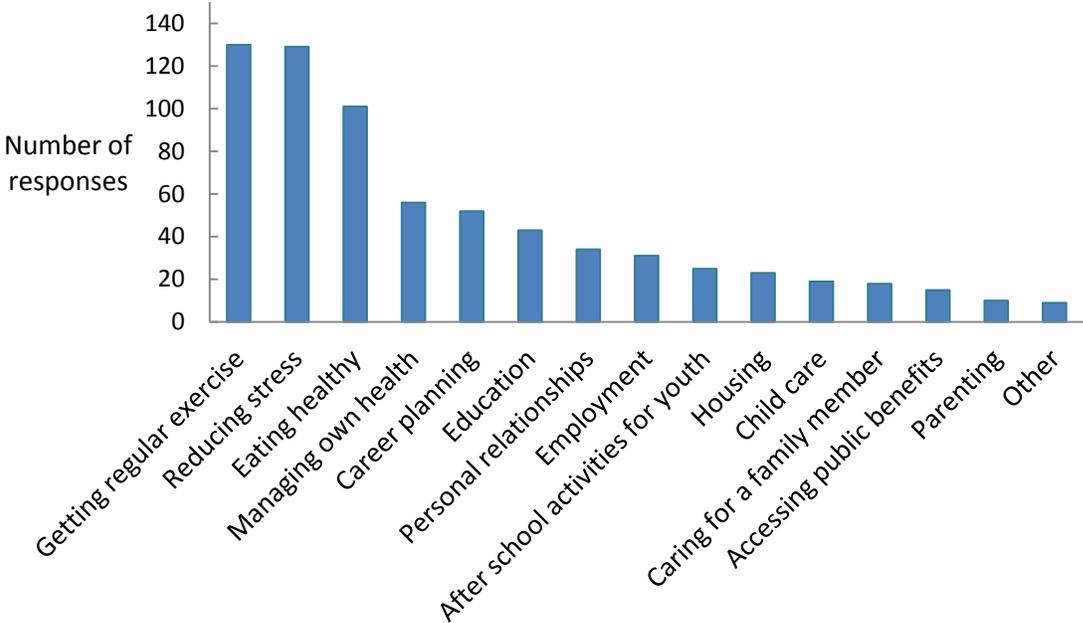
**Table 5: Personal Health Priorities: What would help improve your health?**

Themes and Key Recommendations	Player Comments
<p><b>Physical Fitness and Exercise</b></p> <ul style="list-style-type: none"> <li>Affordable activities or options</li> <li>Family friendly or inclusive activities</li> <li>Support with motivation, encouragement, and finding work-life balance</li> </ul>	<p><i>"I would love to go to the gym and work out everyday again. More time and energy would help me accomplish this, also going with a friend helps with motivation."</i></p> <p><i>"I would love to lose weight and go to the gym more often. What can help is money to go to the gym, time to exercise without worrying about what I'm not doing and a gym that is easily accessible."</i></p> <p><i>"I would like to decrease any chance I have of having heart problems, and I can do that by having a well balanced diet and exercising."</i></p>
<p><b>Healthy Eating</b></p> <ul style="list-style-type: none"> <li>Access to healthy, affordable fruits and vegetables closer to home</li> <li>Support learning how to eat healthy given life circumstances</li> </ul>	<p><i>"I would try to make better eating choices more often. I often find myself going for the cheaper food that isn't always the best for you. I think that providing fresh fruit and veggies at a reasonable price would help make me improve this aspect."</i></p> <p><i>"I would like to eat healthier meals. Because I live alone, I find that I snack often, whereas when I am with my family, I eat 3 balanced meals a day and rarely snack. Maybe if I decided to cook and eat meals with friends, I would find myself eating healthier meals."</i></p> <p><i>"I would like to get better at avoiding "emotional eating" (unhealthy foods). Preventing myself from getting to that stress level would help."</i></p>
<p><b>Management of Stress and Improvement of Mental Health</b></p> <ul style="list-style-type: none"> <li>Support establishing and sticking to regular exercise routines</li> <li>Comprehensive services that allow working parents or parents with small children to get exercise</li> <li>Increase community connections and supports</li> </ul>	<p><i>"I think stress is the biggest thing. I can't find the time for regular exercise, which I know will reduce the stress level."</i></p> <p><i>"I would like to improve my stress and reduce the risk for health issues due to it by taking time out of my week to de-stress, either by visiting the Boston museum of fine art, or taking walks through the city."</i></p> <p><i>"Making time for myself to address both physical and mental health. One thing that would help would be if I had free childcare so I could take a low cost yoga class!"</i></p>
<p><b>Sleep</b></p> <ul style="list-style-type: none"> <li>Support or coaching to help reduce major life stressors</li> <li>Support or coaching to improve work-life balance</li> </ul>	<p><i>"I would like to sleep better. Learning how to let go of stress would help me."</i></p> <p><i>"I would like to worry less. I might do this if I slept better. Less iphone time and stability in my life would help."</i></p> <p><i>"I'd like to exercise every day, but am frequently not feeling up to it. I think it has a lot to do with not getting restful sleep due to anxiety/insomnia."</i></p>

Themes and Key Recommendations	Player Comments
<b>Management of Health Conditions</b> <ul style="list-style-type: none"> <li>• Ensure access to health benefits</li> <li>• Quality housing focused on maintaining healthy environments</li> </ul>	<p><i>“One thing that I would like to improve about my health is asthma. Living in a good environment and having a good health care insurance that can offer me anything I need could help me to improve my health.”</i></p> <p><i>“Lower blood pressure.”</i></p>
<b>Other themes:</b> Work-life balance         Focus on Preventative Health	<p><i>“I would love to love to find more balance between my work, family, and personal time. My work and family are often priorities - and both are really important. But it is always a goal to find more time to take care of myself by exercising and doing things that help reduce stress.”</i></p> <p><i>“One thing about my health I would like to improve is my overall awareness and education about the illnesses that affect my age group and ethnicity. I believe what would help me make that improvement is information! As long as I have access to it I can learn what I can do to prevent certain health issues in the future.”</i></p>

These themes were supported in a later question asked in Mission 1 regarding areas of their lives in which participants most needed help. Participants were provided with a list of 14 areas, ranging from employment and career planning to managing their own health and the health of loved ones. Participants could identify as many areas as they wanted. Figure 1 provides an overview of what participants identified.

**Figure 1: In what areas of your life do you need the most help? (N=231)**



Among participants in the priority neighborhoods who answered this question (n=124), support with exercise, eating healthier and reducing stress were in the top three choices in every neighborhood. Support with education was also a top priority among participants from Dorchester and Mattapan and assistance with employment for participants from Mission Hill.

When provided with a list of activities that promote health and prevent chronic health problems and asked which is the hardest to do, participant responses echoed the themes above. Getting regular exercise was most commonly identified, with 47% of respondents noting that this is hard for them to do. Eating healthy foods was a close second, noted by 31% of participants. Other activities, such as getting recommended health screenings, regular visits with primary care provider, and refraining from activities like smoking received fewer nominations (7-9%).

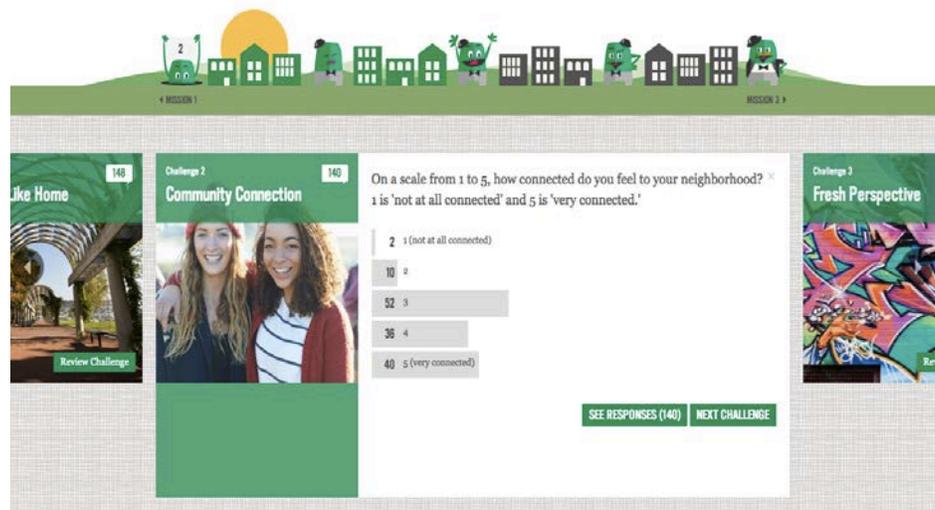
Participants provided a number of recommendations for improving their health and the health of their families. Given the significant overlap between individual and neighborhood priorities, these recommendations for improvement are listed in the discussion of neighborhood priorities below (Table 6). It is worth noting, however, that a number of people connected different priorities together in their recommendations for health improvement. For example, to promote physical fitness and exercise, many people noted that having affordable activities that include families and/or build social connections within a neighborhood would be desirable. Likewise, many attributed stress and mental health concerns to their lack of regular physical exercise. Figuring out how to address these issues will likely have a ripple effect on social and emotional health.

### *Mission 2: Neighborhood Priorities*

During Mission 2, participants were asked to focus on the health of their neighborhoods. Specifically, we asked them to identify what they liked about their neighborhoods, how connected they feel to their neighborhoods, and what would make them healthier places to live for their families. Several questions were also aimed at identifying programs and services they would either recommend or would like to see where they live. Many of the same themes from Mission 1 were shared by participants in Mission 2.

Participants generally described a great amount of pride in their neighborhoods. When asked about common misperceptions about their neighborhoods, nearly all participants indicated that people think their neighborhoods are either unsafe or not family friendly. However, many commented that despite these perceptions, they believe their neighborhood to be full of wonderful people who care for one another and are working hard to build connections and supports. Slightly more than half (56%) of people in the priority neighborhoods reported that they felt a strong or very strong connection to their neighborhoods and about a third (33%) reported they felt somewhat

#### **Question from Mission 2: How connected do you feel to your neighborhood?**



connected. Only about 11% reported they felt little to no connection. Together, players provided a sense of a strong connection to and investment in their neighborhoods and a desire to make them healthier places to live for all.

When asked what would make their neighborhoods healthier places to live for the diverse residents that live and work there, participants provided a range of responses that were distilled into several themes. These themes are presented below in Table 6 along with an overview of key recommendations.

**Table 6: Recommendations for Making Neighborhoods Healthier**

Opportunities that Promote Physical Activity	Access to Healthy, Affordable Food	Improvements in the Built Environment	Activities that Promote Social Connections	Improve Public Safety	Increase Availability of Affordable Housing
Free/affordable gyms and fitness classes	Increase availability of affordable fruits and vegetables in neighborhoods	Create complete streets to support physical activity (sidewalks, bike lanes)	Create opportunities for residents to volunteer and be involved in their neighborhoods	Fix street lights and ensure adequate lighting in all neighborhoods	Plan for and reduce negative consequences of gentrification
Family friendly fitness activities	Increase healthy food options at local restaurants	Create more parks and green spaces for kids to play and all to exercise	Focus on multi-generational activities	Reduce violent and other types of crime	Create housing policies that protect income and racial/ethnic diversity of neighborhoods
Create recreational activities for colder months	Increase the number of farmers' markets in neighborhoods	Clean up neighborhoods; campaign to reduce trash	Strengthen connections within and between neighborhoods	Improve relationships with law enforcement	Educate people about housing benefits they may be eligible for
Change social norms to promote a culture of health	Build community gardens and encourage involvement	Reduce traffic congestion	Celebrate cultural heritage and diversity		Create incentives to keep young families in our neighborhoods

These priorities did not vary significantly across target neighborhoods. All participants reported a desire for activities that strengthen social relationships within and across neighborhoods and the development of safe, affordable options for physical activity. Access to affordable, healthy foods was more commonly reported among participants from Mattapan, Mission Hill, Dorchester, and Roxbury. Participants from Jamaica Plain and Roxbury were more likely to focus on safety, especially reducing traffic, and creating safe bike lanes.

### Mission 3: City Priorities

In Mission 3, participants were asked a series of questions about their experiences living in the City of Boston. These questions included ideas about what would make the city a healthier place to live, perceptions of racial equity across the city, and recommendations for improving racial equity. There was significant overlap between recommendations at the neighborhood and city levels with respect to improving health. Table 7 below provides an overview of key themes that emerged from participant responses. In addition to creating opportunities for free or affordable physical fitness and access to healthier food options, participants also recommended the following (listed from left to right in order of frequency of recommendation):

### Scene from Mission 3: Priorities for the City of Boston



**Table 7: Recommendations for Making Boston a Healthier City for All**

Make Improvements in the Built Environment	Improve Public Transportation	Ensure Affordable Housing	Improve Educational Opportunities	Improve Safety and Prevent Violence in All Communities
Increase walkability of all areas of the city by fixing sidewalks or ensuring that they exist	Create more bus routes in areas not close to train lines	Focus on reducing neighborhood segregation	Ensure equity in quality of public education across the city	Understand root causes of violent crime in neighborhoods of color and work to address root causes
Create more bike lanes to promote alternative transportation	Increase the reliability of public transportation, particularly buses	Support the development of quality low and middle income housing options in all neighborhoods	Expand college readiness support services	Improve community-police relationships
Reduce traffic congestion	Extend the hours of bus service	Create more housing for homeless populations	Enhance education through arts-based programming	Increase nighttime safety by fixing/installing street lights
Develop spaces to promote community connections (e.g., community gardens)	Improve the cleanliness of T stations		Provide wrap around support services for children and families who are struggling with school	Support the development of after school activities that get youth engaged in their communities and futures

Although the majority of participants reported that they travel to other neighborhoods within the city on a regular basis, there was a general feeling that many city services were not as good as they could be for residents in the priority neighborhoods. One exception is in healthcare delivery. Participants expressed very high levels of satisfaction with their current health care services, with many noting that their primary care providers are trusted sources of information and guidance. A few participants did note frustration with their health insurance coverage, but made a distinction between insurance coverage and primary care services.

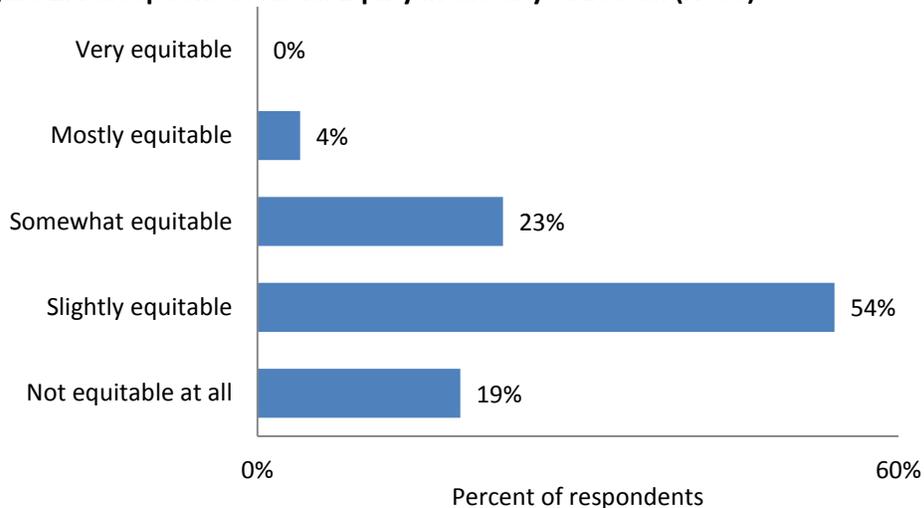
## Key Community Health Issues

We turn now to specific input provided about each of the community health issues that were outlined at the beginning of the report (Table 1). Across each mission, a combination of character-based scenarios, open-ended, and closed-ended questions were developed for each community health issue. Participants were asked to describe how common certain community health issues are in their neighborhoods and provide recommendations for improvement.

### Racial Equity

Racial equity was defined in the game as an environment in which one's racial identity does not determine his/her health status, income, education, or length of life. Although issues surrounding racial equity were communicated by participants in earlier parts of the game, the end of Mission 3 had two specific questions regarding perceptions of racial equity in the City of Boston. The first asked the extent to which participants believed that Boston is racially equitable. The second asked participants to identify strategies to make the City of Boston a more racially equitable place to live. These ideas are presented below.

**Figure 2: Perceptions of Racial Equity in the City of Boston (N=99)**



Nearly three-quarters of participants indicated that they do not believe the City of Boston is a racially equitable place to live (Figure 2). These perceptions did not vary based on neighborhood affiliation, racial/ethnic characteristics, or other demographic information.

In the final question of the game, participants were asked their opinions about what would make Boston a more racially equitable place to live. Participants contributed a broad range of ideas, some of which were similar to ideas that were contributed in response to questions about improving the health of

neighborhoods and the city at large. Participant recommendations were categorized into five main themes and are presented below along with specific strategies (Table 8).

**Table 8: Recommendations for Improving Racial Equity in the City of Boston**

Create Opportunities for Open Dialogue about Racial Equity	Identify and Implement Policies that Promote Racial Equity	Focus on Poverty and Income Inequality	Improve Public Education	Ensure All People Live in Safe, Healthy Neighborhoods
Facilitate forums across the city to talk about race-related experiences and discrimination	Create a citywide commission on racial equity	Invest in work force development opportunities for low income populations	Shift investment in public education to schools/ neighborhoods that need it most	Improve relationships with local police
Integrate curriculum in classrooms so that youth begin talking about race and reconciliation at a young age	Use a Social Determinants of Health lens in all city policies	Provide access to quality, affordable housing	Return to neighborhood schools; children should be able to get quality education in their own neighborhoods	Focus on core issues underlying violence, especially gun violence, within neighborhoods of color
Educate people about social determinants of health	Set goals for equity in every area of life (e.g., health, education) and hold elected officials accountable for achieving goals	Ensure that all people, regardless of income, language, family size, or other characteristics are able to take part	Invest in opportunities for students to be exposed to new opportunities	Ensure access to asset focused programs and services to support individuals in all stages of life
Develop activities or opportunities to change social norms around race and racial stereotypes	Increase the number of people of color in leadership positions	Invest in developing support services by and for people who live within local neighborhoods		Improve the quality of the infrastructure that is in place in neighborhoods of color (e.g., focus on clean streets, fixing street lights, improving street safety)

Participants made multiple recommendations that were interrelated and echoed themes that were discussed in personal and neighborhood priorities. In addition to making recommendations at the level of policies and institutions, people recognized the need for people of different racial, ethnic, and income levels to come together as equals.

*“We need more opportunities for people of different backgrounds to interact with each other on a regular basis, like as neighbors, in work, in schools, etc., not just in economic transactions. This applies especially to white people, who often spend days or weeks interacting in substantive ways only with people who look like them. Our community garden is good example - it is a place with people from every continent, with seven different languages spoken, with people of every socioeconomic status and color, and often with greater expertise held by those who have the least formal education. Such experiences can be eye openers.”*

Creating such opportunities may help lay a stronger foundation for future work on issues that are socially and politically sensitive.

### Chronic Disease

There were several different types of challenges that focused on strategies for helping people manage or prevent chronic diseases. Some were direct questions with closed-ended responses (e.g., “What would be the most effective way to reduce the rates of chronic disease in your neighborhood?”). We also provided participants

with two character scenarios depicting struggles with chronic disease.

One was a middle-aged man with high blood pressure who was struggling to follow his doctor’s recommendations for lifestyle changes (see scenario above). The second was an immigrant mother concerned about her son’s recent weight gain and unhealthy diet.

#### Question from Mission 1: Supports needed to manage chronic disease



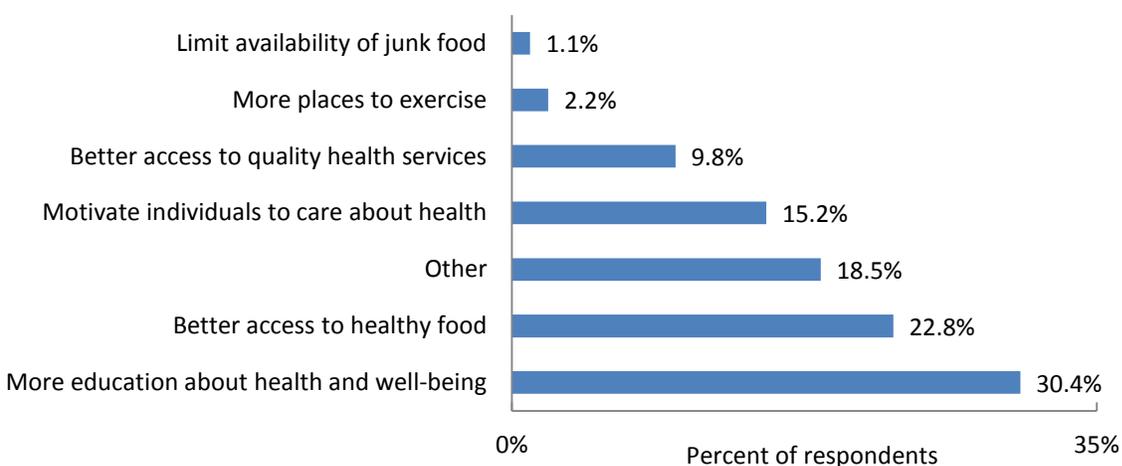
BIO | QUESTION

Manuel is a 49 year old Dominican man who lives in your neighborhood. Manuel is married and has three school-aged children. He is an MBTA bus driver and works the first shift in the morning. His wife is a medical assistant at a nearby hospital and works the night shift four times a week. Manuel takes care of the kids during the evening when his wife is at work. Six months ago he had a minor heart attack. While in the hospital Manuel learned that he has high blood pressure, which increases risk of heart attacks. In addition to prescribing medication, his doctor told him he can maintain healthy blood pressure by exercising regularly, eating a healthy diet, and reducing his stress. Manuel is having a difficult time following these recommendations in his daily life.

[To the question](#)

When asked directly, nearly 30% reported that more education about health and prevention would be helpful to reduce chronic diseases, followed by access to healthy food (see Figure 3 below). Nearly one-fifth of participants selected an “other” option for this question. In the open comments section, the majority of recommendations focused on the link between chronic diseases and poverty or income inequalities. As one participant noted, “*If economic disparities – chronic inter-generational and newcomer poverty – are not addressed as a major factor that leads to chronic disease, then we really can’t address these other components (referring to the response choices) effectively.*”

**Figure 3: What would help reduce chronic diseases in local neighborhoods? (N=92)**



Responses to the character scenarios provided two differing perspectives on how to help prevent or manage chronic diseases. For the immigrant mother struggling with her son's weight gain, and risk for obesity, the overwhelming majority of participants recommended she speak to her primary care provider about the issue. Many participants noted the importance of having a provider who can communicate in her native language (Vietnamese) and provided recommendations for health centers with such capacity. Some participants also recommended getting her son involved in recreational activities, such as soccer or fitness clubs offered at the local YMCA.

Recommendations for helping a middle aged man make recommended lifestyle changes to lower his blood pressure while continuing to juggle work and family responsibilities yielded a variety of different responses. In general, there were three types of recommendations. The most common set of recommendations focused on helping this man learn how to incorporate changes into his life. Supports included family friendly recreational activities that would help him get the exercise he needs and coaching for healthier eating. A second type of recommendation was the creation of recreational opportunities for men with affordable child care provided. A third, less common recommendation, was for the individual to find the motivation he needed to take care of himself. Very few recommendations focused on clinical care, with the exception of a few who noted that meeting with a nutritionist may be helpful for him and his family.

### *Mental Health*

Throughout the game, mental health issues and concerns were raised in a number of different questions. Some questions directly prompted participants to think about mental health supports or services that would be most useful in the aftermath of a tragic event. However, participants also highlighted personal struggles with mental health in more subtle ways, particularly in Mission 1, which focused on individual health and well-being. As noted in the section on personal priorities, managing stress and anxiety were two of the most commonly noted areas that people struggle with in their lives. Although not always specified, stress often resulted from struggles with balancing work, family life, and personal time. While exercising and eating healthy were often noted as being useful in reducing stress, many reported not having the time or resources to do these things regularly.

*"I am fairly financially secure, but between all my other commitments, I find it difficult to stay on top of all the financial maintenance that comes with owning a house. Even managing the sheer number of envelopes that come in from the bank telling me what I owe and how much this fee or that tax has changed in the last quarter is overwhelming... bill-paying is probably the most constant source of stress for me and I have a newborn in the house!"*

A few participants also noted specifically that they faced challenges managing or meeting their responsibilities on a day-to-day basis, especially financial responsibilities. Even those who reported feeling financially secure reported struggling to stay on top of things. This type of stress may be challenging to address through programs and services, but may be important to incorporate into assessments of interest and need among priority populations.

The theme of mental health also came up in relation to questions focusing on healthy aging and tragic events that occur within neighborhoods. The main themes in both of these community health issues focused on the need to build strong support networks at the individual and neighborhood levels to help people cope in the face of adversity or change. Few participants focused on clinical mental health supports except in cases where daily functioning is disrupted (such as in the aftermath of a tragic event) and expert support may be needed. In general, the recommendations focused on building community connections and supports.

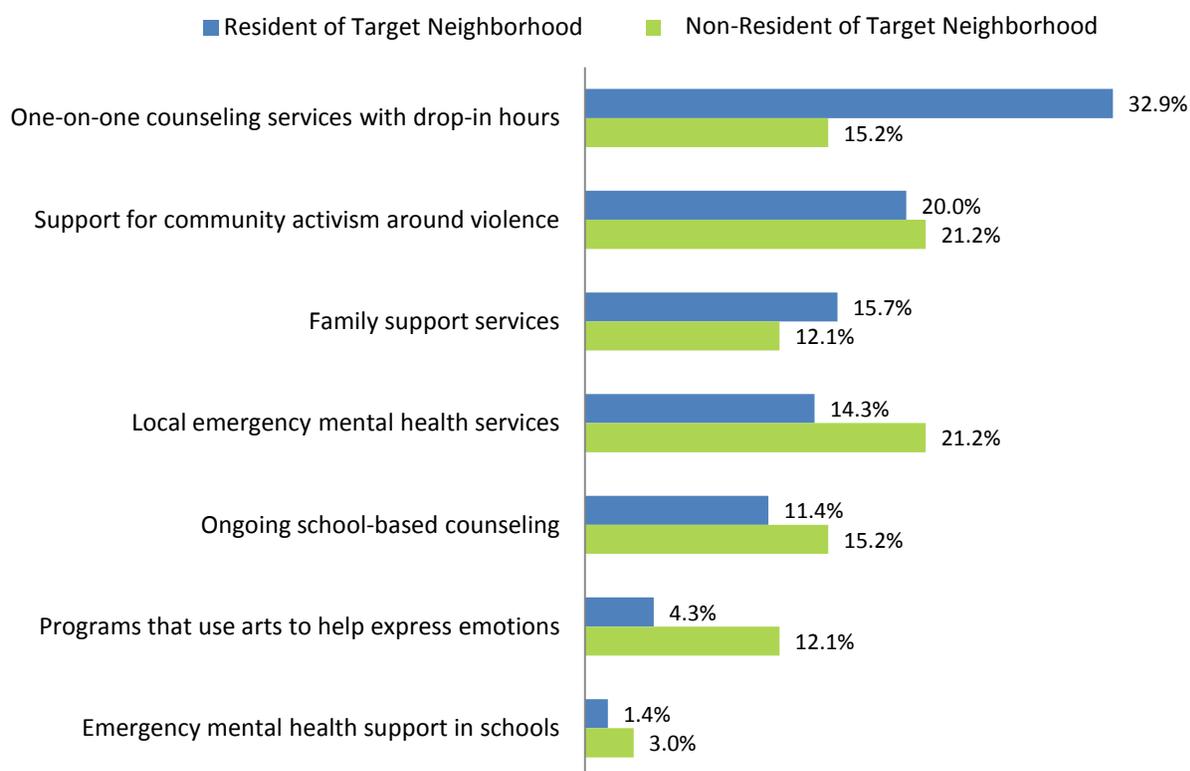
### Violence Prevention and Intervention

Like other community health issues, experiences with and recommendations for violence prevention and intervention experiences were elicited through a mix of open- and closed-ended questions. Many participants commented on addressing violence within their communities and the City of Boston as top priorities. Some made specific reference to gun violence and advocated for better gun control efforts. Others expressed more general concern with feeling safe (for themselves and their families).

*“The violence also just needs to stop. We have to stop killing one another. Blacks and Latinos are disproportionately affected in Boston and so many other cities. It is hard on a whole community when lives are taken by gun or other types of violence. We need to understand why it happens and work on the very core issues that underlie violence.”*

When asked directly about programs and services that participants thought would be helpful in the aftermath of a tragic event in their community, participants suggested a mix of clinical and non-clinical resources and services. Figure 4 highlights participant recommendations from a list of possible resources.

**Figure 4: Programs or Services for People in Your Neighborhood Coping with Tragic Events (N=108)**



Among residents of the priority neighborhoods, one-third of participants indicated that having one-on-one counseling offered on a drop-in basis would be helpful in their neighborhoods. One-fifth of participants also indicated that programs and services that support or facilitate community activism around violence prevention would be helpful in their neighborhoods. Thus, participants indicated the need for both individual and community-based services to help deal with crisis and tragedy.

In the comments section for the question about resources that would be helpful for residents after a tragic event, some participants highlighted the importance of understanding cultural differences in how mental health issues or concerns are understood. More traditional forms of mental health support, such as one-on-one therapy, may not be appealing to some cultural groups. A few people also raised concerns about access to mental health services, including long wait times for appointments and insurance coverage. Although recognized as a top priority, efforts to build community-based mental health supports in the priority neighborhoods will need to start with a good understanding of available resources and community preferences for programs and services.

*"My first instinct has never been to seek out a therapist or any other sort of mental health counseling because of my culture as a Nigerian, so something like art and other forms of expressing that don't scream "mental health" would be ideal and appealing to me."*

### Healthy Aging

There were two questions in the game that asked directly about strategies to promote healthy aging among seniors within the priority neighborhoods. One was a character

scenario based on a multi-generational family including an elderly father/grandfather, his adult daughter, and her two sons. The scenario depicted growing concern from the adult daughter about changes in father's regular routines and emotional state. When asked how common participants thought this scenario might be in their neighborhood, the overwhelming majority reported that they thought it was very common. Participants provided a mix of recommendations for the adult daughter. These recommendations fall into three main categories:

connecting with primary care, encouraging social connection, and finding resources for transportation and care. Participants often touched on at least two of these categories in their responses. The first step for many participants was to contact the father's primary care provider to assess any physical health issues that may be impacting him. Provided there are no health concerns, most then went on to recommend finding ways to help the man connect to other people in the neighborhood who are his age. There was overwhelming support for creating opportunities for social connection and interaction. Along with spaces to meet and congregate, participants also recommended paying attention to resources that may be needed to transport seniors and ensure that they are well cared for while out of the home.

Some participants also recognized the need for more family-based supports that would help the adult daughter, his primary caretaker, and her sons understand how best to meet the needs of their aging family member as well as meet the ongoing needs of the family.

#### Question from Mission 2: What resources are available for elderly residents?



The screenshot shows a challenge interface. At the top, it says 'Challenge 10' and 'Seniors Connecting' with a '91' response count. Below is a photo of an elderly man smiling. The question text asks: 'Where in your neighborhood are there opportunities for elderly residents to feel engaged and connected to the community? If you can't think of a place, describe a place that you think would be beneficial for elderly residents.' At the bottom right, there are two buttons: 'SEE RESPONSES (91)' and 'NEXT CHALLENGE'.

*"I think a lot seniors can feel this way. I think it would be helpful for Gloria's family to have someone to speak to who understands their situation and knows the resources in the community. It would be good if the family felt they had others they could talk too so they would not feel isolated."*

*"I think that it should be a place where seniors feel connected to others, valued and where they feel welcomed (culturally, linguistically and in the warmth others show them). No or low cost and transportation available to participate. Also a place where people are treated as individuals with different wants and needs and histories. Access to nice outdoor space would be great during good weather too!"*

Participants were also asked an open-ended question regarding places in their neighborhood where seniors in their community are able to connect with others. The majority of people who responded to this question noted senior centers in their neighborhoods that are good places for seniors to connect with one another and engage in activities. Libraries and community gardens were also noted as places for connection. A few participants also recommended multi-generational programs and services, such as afterschool mentorship or tutoring or gardening or cooking workshops. The intention is to create opportunities for people within the neighborhood to connect in a meaningful way and learn from one another.

### *Birth Outcomes*

There was one question in the game that asked about strategies for improving birth outcomes within the priority neighborhoods. We used a character scenario depicting a young couple who just found out that they are pregnant for the first time. Participants were asked what they would recommend to the couple to ensure the delivery of a healthy baby. Nearly every participant who answered this question recommended talking with their primary care provider about how to maintain health during pregnancy. A few participants also noted programs like WIC that may be useful if there are concerns with access to healthy, nutritious foods or other resources. A few participants also noted that there are some excellent parenting classes available throughout the city. Some of them, however, are quite expensive and not accessible for everyone.

### *Youth and Workforce Development*

The connection between poverty and poor health outcomes is widely recognized by public health professionals in the United States and elsewhere. Participants in the game and final community forum also made connections between the community health issues of interest and poverty. The call for a focus on youth and workforce development came not only through direct questioning about approaches and resources that would be important in local neighborhoods, but also in response to a number of other questions, such as perceptions of what would make neighborhoods and the city of Boston healthier places to live, approaches to violence prevention, and racial equity.

In the analysis of all comments that were related to youth and workforce development, there were a number of themes that emerged across players. If we think about development along a continuum, players made direct and indirect links between opportunities to learn, grow, and thrive as youth, and

*"Young people need to know their voices matter and the importance of their participation in their neighborhoods."*

active participation in the workforce as adults. For example, a number of players noted that successful engagement in the workforce as adults is related to engagement in high quality education and social supports as youth. Players also repeatedly emphasized the importance of programs and services that help youth and adults connect in a meaningful way to their

communities. Providing opportunities to get involved in making local neighborhoods better may lay the foundation for future success as adults who are contributing to the betterment of themselves, their families, and their communities.

In the analysis of all questions that focused on youth and workforce development, five main themes emerged (Table 9). In the reporting of these themes, we thought about development along an age continuum. For many participants, focusing on youth and investing in opportunities for their growth and development will help lay a strong foundation for success as an adult. Securing a well-paying job that helps individuals meet their responsibilities is one important indicator of success.

**Table 9: Recommendations for Youth and Workforce Development**

Invest in Quality Education	Exposure to Career Options	Expand Employment Opportunities	Strengthen System of Supports	Create Opportunities for Civic Engagement
<b>Youth</b>				
Increase the quality of every public school in Boston; Quality of education should not depend on where you live or if you are in an exam school	Work with local companies, agencies, institutions to develop internship programs for high school students	Invest in the expansion of summer jobs programs for high school students	Invest in programs that provide mentorship to youth; participants noted need for young adult and multi-generational mentorship	Prevent youth from dropping out of school; Examine truancy, suspension and expulsion policies and work with youth at risk of dropping out
Commit to support youth setting <i>and achieving</i> educational goals	Support career/ job fairs in local high schools	Provide age appropriate job training programs	Develop meaningful after school programs for middle and high school students, e.g., arts, community volunteer options	Assess and change public policies that impact education and employment
Increase the availability of college readiness activities, including career guidance, financial planning, finding the right college, etc.	Develop opportunities for youth to volunteer in the city to strengthen social networks and relationships	Provide wrap around support to youth who are employed so that they have successful experiences	Focus on racial healing and reconciliation at young ages	Create after school programs that give youth the experience of having their voices heard and their actions making a difference
<b>Adults</b>				
Increase access to financial supports to return to college (or attend for the first time)	Support career guidance and counseling for working and parenting adults	Provide incentives for companies to hire residents of Boston	Offer career and employment counseling services in collaboration with support services for families	Support living wage employment policies
Explore feasibility of offering online education with wrap around support services	Offer career guidance services that provide counseling on how to obtain skills/education in up and coming fields/jobs			Invest in the development of local business opportunities
	Include financial literacy planning in career/job counseling services			

A handful of participants clearly expressed their opinions throughout the game regarding connections between an investment in young people in their neighborhoods and many of the other community health issues identified by the DoN advisory group and players themselves. The quote to the right highlights these interconnections, focusing in this case on long term health outcomes (i.e., life expectancy) and youth development efforts.

*“Life expectancy factors include access to safe streets—there is a clear discrepancy [across neighborhoods] as well. Safer streets means the City paying for more youth workers and getting guns off the streets of lower income neighborhoods, It also means figuring out how to get city and private sector money to support creative after school programs for “at risk” youth.”*

*“I think the best programs for youth give the youth real responsibilities and leadership development while building skills. There are a number of great programs out there: the Food Project, Mass COSH youth program, Project Hip Hop, Artists for Humanity, ACE, etc. all these programs give youth a safe place to spend time after school and in the summers, and build real skills and a sense of community.”*

It should be noted that participants also highlighted a number of programs within and across their neighborhoods that they felt were good models for youth and workforce development.

## Player Recommendations for Priority Areas

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A primary goal of this project was to gather input from a broad range of players to help prioritize community health issues that had been identified through Brigham and Women’s Hospital’s prior planning processes. There is no question that each of the community health issues are important to the residents of the priority neighborhoods and worthy of focus. However, there were several recurring themes that appeared throughout the game and across players that provide some indication of participant priorities.

In the figure on the following page, we present an overview of what the consultants recommend as priority areas based on input provided by *What Matters for Health* game players and participants in the final community forum. In general, the recommendations include a primary focus on three community health issues – chronic disease, mental health, and youth and workforce development. There were two recurring themes that appeared in participant responses throughout the game. These were a call for building social connections and cohesion within and across Boston neighborhoods and addressing racial inequities that have impacted the health of individuals, neighborhoods, and the city as a whole. Given these recurring themes, we recommend that all funded projects include an emphasis on building social cohesion and improving racial equity.

## What Matters for Health: Player Priorities for Community Health Improvement

Community Health Issues	Themes From Game Players	Strategies	
<b>Chronic Disease</b>	<b>Changes in the Built Environment</b>	Improve condition and safety of sidewalks to encourage walking/running	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Create opportunities for open dialogue about racial equity</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Identify and implement policies that promote racial equity</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Focus on poverty and income inequality</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Improve public education</div> <div style="border: 1px solid black; padding: 5px;">Ensure all people live in safe, healthy neighborhoods</div>
		Create more bike friendly streets	
		Improve lighting in neighborhoods to increase safety	
	<b>Access to Healthy Foods</b>	Increase availability of healthy foods, fruits and vegetables	
		Improve options for healthy meals in local restaurants	
		Support community gardens	
	<b>Opportunities for Physical Fitness and Exercise</b>	Increase options for free/ affordable fitness activities	
		Create family friendly fitness or recreational activities	
		Social support to stay motivated and accountable for fitness goals	
<b>Mental Health</b>	<b>Manage and Reduce Stress</b>	Teach meditation and mindfulness practices	
		Creative strategies to promote work-life balance	
		Improve income security	
		Reduce violent crime in neighborhoods	
	<b>Strengthen Social Connections</b>	Create opportunities for people of all ages to engage in individual and community improvement activities	
		Develop community spaces for people to congregate (e.g., community gardens, block parties)	
	<b>Accessible Mental Health Support</b>	Provide alternatives to traditional therapy, (e.g., expressive arts)	
		Clinical mental health support with drop-in hours	
	<b>Workforce and Youth Development</b>	<b>Invest in Quality Education</b>	Increase the quality of teachers and administration in every public school
Invest in college preparation services			
<b>Expand Employment Options</b>		Provide career guidance and development services	
		Create opportunities for exposure to career options	
		Focus on city policies that promote preferential hiring for Boston residents	
<b>Strengthen System of Supports for People of Color</b>		Offer career and employment services in collaboration with other individual/family supports	
		Focus on changing social perceptions of people of color and neighborhoods	
<b>Create Opportunities for Civic Engagement</b>		Develop after school programs that encourage youth to be change agents	
		When developing activities, leverage opportunities for multi-generational engagement	

The first priority area – Chronic Disease Prevention – was not directly identified as a priority by participants in the planning process. Rather, the selection of this community health issue was based on the overwhelming call for more resources, services, and support for physical activity, healthy eating, and stress management. These three areas are essential for chronic disease prevention. Participants highlighted a broad range of challenges in each of these areas, ranging from individual schedules and competing priorities to lack of accessible, affordable resources to challenges posed by the environments in which they live. It should be noted that very few players reported a lack of knowledge or awareness about the importance of engaging in these prevention areas. Rather, participants called for programs, services, and advocacy efforts that would help individuals and families consistently engage in activities that, in the long run, will help prevent many chronic diseases.

The second priority area – Mental Health – was selected because it was connected to the recommendations that players made in response to many different focus areas, including healthy aging, violence prevention, and racial equity. The emphasis among players was on strengthening social connections among individuals and neighborhoods. Although some participants noted that clinical mental health services (e.g., one-on-one counseling) would be important in certain circumstances, the majority of comments related to creating opportunities to connect with people within and across neighborhoods and build networks of support for individuals and families.

The third priority area – Youth and Workforce Development – also seemed to be a foundational priority among participants. Players made clear connections between physical and financial health and well-being throughout the game, but particularly in relation to questions focused on their neighborhoods and the City of Boston. Participants called for programs and services that provided the young people in their neighborhoods with opportunities get involved in their communities, learn how to be active leaders and advocate for changes they believe are important, and to be exposed to the broad range of careers. Participants also noted that a focus on youth development services may also help prevent violence within neighborhoods and improve an overall sense of safety. Participants tied access to quality public education and other educational services (e.g., college readiness activities) to both youth and workforce development. While an investment in youth development programs and services may be viewed as a prevention strategy for health outcomes, adults living in the priority neighborhoods are more likely to need intervention services. Suggested services included career guidance and counseling, access to financial supports to go back to school to gain the skills needed for higher paying jobs, and the development of employment opportunities within their neighborhoods. Participants noted the importance of developing services include both individual (e.g., mentorship, coaching) and family supports (e.g., child care, care for elderly family members).

## Conclusions

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The Community PlanIt game platform was successful in gathering input from a diverse range of individuals who live, work, and care about the neighborhoods of Dorchester, Jamaica Plain, Mattapan, Mission Hill, and Roxbury. With more than half of all game participants reporting that they had no prior experience participating in a community planning process, we feel confident that an online game platform can be a way to engage a broader array of people than more traditional focus group or one-on-one interview methods. However, it is important to note that the game platform was not successful in engaging all residents across all neighborhoods. For example, we believe that some of the voices missing from this planning process include older adults (ages 75 and above) and individuals for whom

English is not a comfortable language to communicate. We also did not engage as many young people as we anticipated. There were extensive efforts to reach these populations, including translating the game content into Spanish and ensuring the use of Google Translate for those who prefer communicating in another language. We relied on the networks of Brigham and Women's Hospital and the DoN planning group members to get the word out to youth, seniors, and the many other diverse populations who live and work in the priority neighborhoods. Relying on these networks had some success. However, given the novel approach, a lack of familiarity with the approach may have deterred some community members from spreading the word thoroughly through their networks.

Despite its limitations, we found the online game to be an innovative way of gathering input from community members and understanding their priorities. Through direct and indirect questioning, we were able to clearly discern priorities for health improvement at the level of individuals, neighborhoods, and the city as a whole. We have also been able to gather contact information for nearly 900 people who registered to play the game. This contact information will be valuable as Brigham and Women's Hospital and the DoN planning group make decisions about the upcoming grant-making initiative and want to share these decisions with local residents. Although the online game is complete, we hope that the game content and engagement strategies allow for ongoing discussion and future action.

## Appendix A: DoN Planning Group Organizations

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Organizations
Brigham and Women's Hospital, Center for Community Health and Health Equity
Boston Alliance for Community Health
Boston Public Health Commission
Massachusetts Department of Public Health
Ten Tax Payers Group



BRIGHAM AND  
WOMEN'S HOSPITAL

