

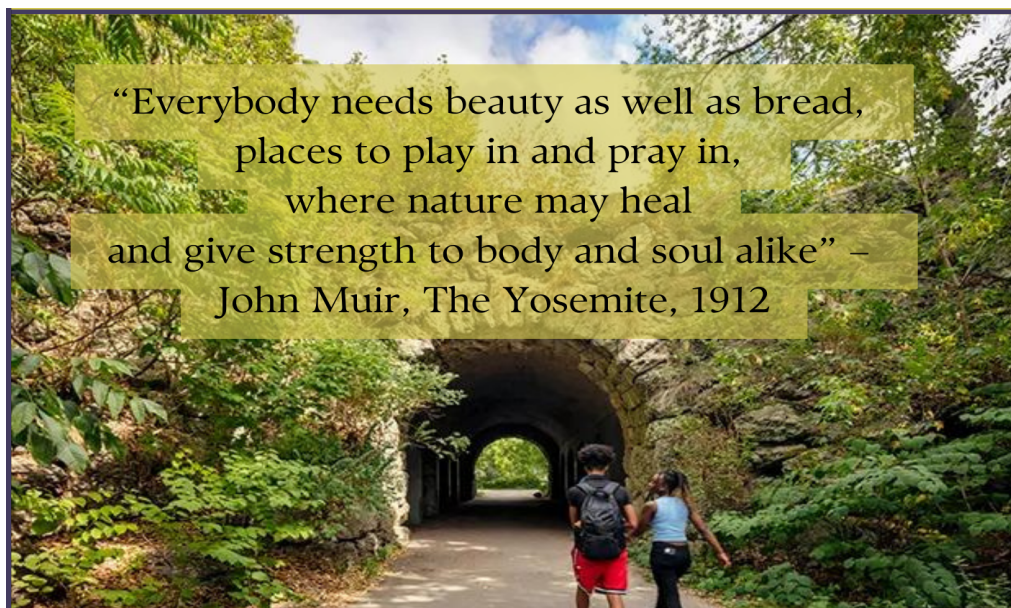


Franklin Park Community Health Needs Assessment

2023

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Executive Summary

This project sought to identify assets and challenges experienced by Franklin Park visitors and individuals who live in neighborhoods surrounding the park.

Through systematic primary and secondary data collection and analysis, and collaboration with local neighborhood organizations and community members, authors of this report worked together to identify common themes and establish priority areas for future Franklin Park initiatives. We also developed several key strategies and objectives, with the goal of contributing towards a more welcoming, inclusive Franklin Park that is able to be enjoyed by all of its many thousands of annual visitors.

The idea for this project was first conceptualized by members of the Franklin Park Coalition and Community Health Sciences faculty members at BUSPH. In the midst of the opioid epidemic, housing crisis, reduction of housing services in Boston, interest in the creation of a CHNA was established as a way to learn more about the experiences and attitudes of individuals who are most impacted by these issues.

This report is intended to contribute to the understanding of the assets and challenges experienced by Franklin Park visitors and individuals who live in neighborhoods surrounding the park. While we hope this project contributes to this goal, it is important to emphasize that this report is in no way entirely representative of all community perspectives on these issues. We encourage readers of this report to read the Limitations section of this report thoroughly, and think critically about voices that are not represented.

Key Findings

Following data collection, synthesis, and collaboration, we find:

1. Safety to be a major concern for residents living near Franklin Park
2. Patients seeking services at the Lemuel Shattuck Hospital and residents living near Franklin Park experience needs that are unmet by existing healthcare services, and the broader system of social services and support
3. Multiple physical improvements to Franklin Park have been identified and readily agreed upon by neighborhood residents
4. Currently, there is a limited sense of community between residents living near Franklin Park and the health and human services providers who work at the Lemuel Shattuck Hospital—however, there are multiple opportunities for community building

Acknowledgements

The compilation of this CHNA was a collaborative effort, involving the care, time, openness and knowledge of so many who love and visit Franklin Park. We, the authors, are grateful to all who have shared their perspectives with us throughout this project, including:

- Christine Poff of the Franklin Park Coalition, who met regularly with our team and helped guide our work.
- The 11 key informants who volunteered their time and knowledge.

This work was completed in Spring and Summer 2023 as a part of Boston University's School of Public Health class SB820: Assessment and Planning for Health Promotion. The viewpoints expressed in this report, except as otherwise noted, are those of the student assessors, based on the research methodology described, and do not necessarily represent the viewpoints of the Franklin Park Coalition, the Shattuck Hospital, or Boston University.

It is important to note that the findings included in this report reflect compromises made across contributors. All authors listed are comfortable with major conclusions, but may not necessarily endorse with every statement included in this final report.

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Introduction

This Franklin Park Community Health Needs Assessment (CHNA) was an exercise conducted by Boston University School of Public Health (BUSPH) graduate students as part of the SB820, Assessment and Planning for Health Promotion course in the Spring of 2023. Dr. Jonathan Jay, an assistant professor of Community Health Sciences at BUSPH, and Naomi Gross, teaching assistant, provided students with guidance, mentorship, supervision throughout the duration of the process.

Community Health Needs Assessment

A Community Health Needs Assessment (CHNA) seeks to identify the needs and current resources of a community through systematic data collection and analysis. The results are shared with stakeholders and typically accompany a set of health priorities to be addressed by future programmatic initiatives. CHNAs often use a range of data collection methods to arrive at findings, including focus groups, surveys, individual interviews, environmental analysis, and analysis of secondary health data. Of the utmost importance, CHNA reports must center community perspectives, and include many opportunities for community members to provide input.

The goals of the Franklin Park CHNA are to:

- Understand the health-related strengths and challenges experienced by Franklin Park visitors and local community members
- Evaluate features of the community environment that support or diminish health of Franklin Park visitors and local community members
- Identify community-related concerns, priorities, values, aspirations, and visions for Franklin Park
- Outline priority areas of action to make Franklin Park a more accessible, safe place for visitors to enjoy time in nature

Community Health Improvement Plan

A Community Health Improvement Plan (CHIP) is a long-term plan to address the identified health needs of a community. Often, a CHIP is based on the results of a CHNA, which seeks to identify health-related needs and strengths of a community. CHIPs aim to respond to CHNA findings, and create a shared framework for future community health and growth.

As a vision for the health of the community, the sample Community Health Improvement Plan provided at the end of this report introduces a framework that can be used to leverage resources, engage partners, and identify priorities and strategies for community health improvement in Franklin Park and surrounding neighborhoods.

Background

Franklin Park is the largest public park in the City of Boston. Designed by legendary architect Frederick Law Olmsted in 1890, today, the park provides vital access to greenspace for residents of some of Boston's largest neighborhoods, including Roxbury, Dorchester, Jamaica Plain, Mattapan, and Roslindale.^{1,2,3} Each year, the park hosts a number of events that encourage time in nature, physical activity, and community engagement, including kite and bike festivals, half marathon runs, free summer programming for kids, bird walks, and music events.^{4,5}

Franklin Park has played a central role in community activism and local social change efforts for decades. During the Black Civil Rights Movement in the 1960s, Franklin Park was the landmark destination for political organizing, hosting Black Panther Party meetings, school walk-outs, a rally to honor the memory of Martin Luther King, Jr., and the Mothers for Adequate Welfare demonstrations, which protested cutbacks to social services.⁶ Five decades later, this legacy continued in 2020, when Black Lives Matter activists gathered at the park to denounce police brutality.^{6,7,8,9}

Alongside political activism in the park, neighborhood residents have been dedicated stewards of the public greenspace. Elma Lewis, a Roxbury community activist, visionary arts leader, and teacher,¹⁰ coordinated the first community cleanup of Franklin Park in 1969 and spent her own \$60,000 to care for the park.⁶ She later helped to develop Franklin Park into a cultural destination for the performing arts, building a stage and planning free nightly summer performances featuring famous musicians like Odetta and Duke Ellington.¹⁰ Today, Elma Lewis's legacy of advocacy for community performance arts, social justice, and ecological well-being lives on through the local residents who dedicate time and energy towards improving and preserving the "Crown Jewel" that is Franklin Park.

Franklin Park Coalition

The Franklin Park Coalition is a volunteer, non-profit organization dedicated to encouraging local community residents to work and play at Franklin Park, Boston's largest green space. Members of the coalition strive to engage park visitors through advocacy, community-led programming, and park restoration work. Each year, the Coalition also organizes several signature events, including the spring Kite and Bike festival, the Thanksgiving Turkey Trot, and a summer performing arts series. The Coalition was formed in 1974, inspired by Elma Lewis's dedicated leadership in community organizing in the park.^{6,11}

Lemuel Shattuck Hospital

The Lemuel Shattuck Hospital provides acute, inpatient, and ambulatory healthcare services to patients who are typically underserved by our healthcare systems. Built in 1954, the Shattuck sits on land which was originally part of Olmsted's Franklin Park, but passed from the City of Boston to the Massachusetts Department of Public Health in the late 1940s.¹²

Today, the hospital follows in the footsteps of its namesake, Lemuel Shattuck, a visionary leader, teacher, and architect of the American public health system.¹³ Care offered at the Shattuck Hospital fills a critical gap in Massachusetts' healthcare landscape, including its Living and Recovering Community program, a residential program which offers case management support, substance use stabilization, primary care, education, and transitional housing to patients living with HIV/AIDS. The Community Substance Abuse Center, also on its campus, provides methadone treatment and primary care to patients living with substance use disorder.¹⁴ Especially valuable is the collaboration between the hospital, the Department of Correction, and the Massachusetts Department of Mental Health, which enables patients who are state/county inmates and those who live with severe mental illness to access healthcare.¹⁵ Care provided at the Shattuck is also strengthened by its relationships with Boston-based institutions, including St. Elizabeth's Medical Center and Tufts University School of Medicine, ensuring patients receive care that is high quality and aligned with the latest advancements in medicine.¹⁶

The Future of Shattuck Hospital

In December 2021, the Commonwealth Care Alliance, a health insurance payor, in partnership with the Commonwealth of Massachusetts and the City of Boston, piloted the Shattuck Cottages program, a 20-unit transitional housing program on the Shattuck campus.¹⁷ In addition to safe housing, residents of the Cottages have access to Shattuck clinicians, including recovery coaches, nurses, psychiatrists, primary care, and social services navigators, with the goal of supporting participants in finding stable, permanent housing and employment. The program is coordinated in collaboration between the Shattuck Hospital and Pine Street Inn, Boston's leading provider of housing, shelter, and street outreach to unhoused residents.¹⁷ The Shattuck Cottages are one of Boston's six new low-threshold transitional shelter and housing sites established as part of an initiative to increase supportive housing services in the city. These new sites have lower barriers to entry than traditional shelters, and provide much-needed support for individuals who experience substance use disorder.¹⁸

Recently, government officials have announced two significant, upcoming changes to the Shattuck campus. First, much of the hospital beds and much of its medical services at Shattuck will move to Boston Medical Center by 2025, with the exception of housing, mental health, and substance use disorder services.¹⁹ Second, the state plans to build 405 units of supportive housing on the Shattuck campus. The proposal, led by a team at Boston Medical Center, consists of 200 permanent supportive housing units, 205 supportive housing units for families, 120 emergency housing beds, and 326 treatment beds. However, in December 2023, the Healey administration began re-negotiations with Boston Medical Center, as they feared the original plans would be too costly and too large of a project to manage, and the future of the project continues to be in flux.²³

Conceptual Framework: Social Determinants of Health

Our assessment was guided by the Social Ecological Model, which illuminates the influence of societal and community-level factors on individual-level health outcomes.²⁰ These higher-level

influences are often referred to as social determinants of health. We identified the social determinants below as highly relevant to our assessment.

Redlining and Disinvestment

Throughout the history of the United States, countless policies have perpetuated structural racism, including more than a century of disinvestment and intentionally harmful policy decisions related to housing.^{21,22} Especially relevant to neighborhoods surrounding Franklin Park is the practice of “redlining”, a process which began in 1933. Through the redlining process, the federal government created a series of maps for mortgage lenders in which neighborhoods with large communities of color were designated as “undesirable” places to live and “hazardous investment areas”.²² This included the neighborhoods surrounding Franklin Park, including Roxbury, Dorchester, and Jamaica Plain.²¹

Redlining not only made mortgages and homeownership less accessible for people of color, and specifically for Black Americans, but led to a systemic lack of investment in Boston’s majority-Black neighborhoods, including those surrounding the park. For example, in the 1960s, the City of Boston failed to spend the nearly \$1.5 million earmarked for Franklin Park beautification⁶ and instead designated the park as a site for industrial waste dumping.⁷

Today, disinvestment and structural racism continue to impact Black and Brown families in Boston today through the lost opportunity of intergenerational wealth accumulation from homeownership that benefited many Boston-area White families.²¹ This is perhaps best documented by the 2015 report by the Federal Reserve Bank of Boston, which found the median net worth for White households in Greater Boston to be \$250,000, but only \$8 for Black families and \$0 for families of Dominican origin.²⁴ As access to financial resources is a key indicator of health outcomes, a growing body of research clearly demonstrates current residents of historically redlined neighborhoods are at higher risk of serious health outcomes such as asthma or preterm birth, and have less access to opportunities for economic mobility.

Housing Crisis

Across the United States, the demand for housing has outpaced housing supply, creating record-high costs, especially for renters in major metropolitan areas.²⁵ A high demand for housing creates disparities in accessing affordable housing. Often, residents who get priced out of more expensive neighborhoods move to neighborhoods that have been historically disinvested in. When this happens on a large scale, rents and property values in these lower income neighborhoods, changing the neighborhood’s character and culture, and pricing out long term residents.²⁶

The need for investment in affordable housing is dire and continues to grow. In Boston, many Boston residents who find and secure housing still spend more than 30% of their income on rent, despite the city continuing to issue building permits for new housing.²⁷ The problem at hand is an issue of volume: Estimates from the state government project Massachusetts will need to build 200,000 additional housing units by 2030, at least 15% of which will need to be for

“extremely” low-income residents. Without further and significant investment, access to the affordable housing Boston residents so desperately need will not improve.²⁸

Opioid Epidemic

Overdose rates have risen steadily in Massachusetts and Boston since 2010. From 2018 to 2021 alone, the drug-related overdose death rates for all drugs and all intents rose from 31.8 to 46.0 deaths per 100,000 residents for Suffolk County.²⁹ In 2021, 2,301 people died of drug overdose in Massachusetts, making drug overdoses the leading cause of death for state residents.³¹ From January to March of 2023 alone, Boston reported 654 opioid-related EMS incidents.²⁸ The majority of overdoses are due to opioid use, primarily fentanyl, and are expected to continue to rise with the addition of xylazine increasingly found in the drug supply.³⁰

Opioid-related deaths vary by gender, race, and ethnicity, with American Indian and Hispanic/Latine men at the highest risk of overdose.³¹ Recently however, non-Hispanic Black residents in Boston have experienced increased risk of opioid-related overdoses. From 2018 to 2021, the opioid-related overdose death rate more than doubled for Black non-Hispanic residents, rising from 15.9 deaths to 36.4 deaths per 100,000 population. In 2020, for the first time in recent years, the opioid-related overdose death rate was higher for Black non-Hispanic residents than White non-Hispanic and Hispanic residents (37.5 deaths vs. 33.8 deaths vs. 35.4 deaths per 100,000 population).^{29,31}

To reduce mortality and health risks associated with substance use disorder, public health leaders have advocated for local governments to use a harm reduction approach to services. Harm reduction is a community-driven, evidence-based approach to empower people who use drugs (PWUD) with the education and support needed to make self-directed decisions about their own health.³² Encompassing prevention, risk reduction, and health promotion, harm reduction emphasizes the importance of offering accessible mental health and substance use disorder treatments and engaging directly with PWUD to prevent overdose and community infectious disease transmission. Harm reduction strategies, such as naloxone distribution, syringe service programs, and evidence-based substance use disorder treatment have been shown to be effective at preventing rates of death, injury, infectious disease, and overdose among PWUD.³²

“Mass and Cass”

The intersection of Massachusetts Avenue and Melnea Cass Boulevard, also known as “Mass and Cass”, has become the center of the opioid epidemic and housing crisis in Boston.^{33,34} Located on the border of the South End and Roxbury neighborhoods, due to the continued lack of adequate support and resources, unhoused individuals have been living outside in and around at this intersection, often in tents or temporary structures. Many unhoused people living at Mass and Cass also experience substance use disorder, and reports of open substance use, appearing under the influence of substances, and drug trafficking have been documented frequently in the area.³⁵

The City of Boston has identified Mass and Cass as a major public health concern. Substance use disorder outreach and services are conducted by several providers in the Mass and Cass area, including Boston Medical Center, Boston Center for the Homeless, and AHOPE, among others. Together, these service providers employ harm reduction strategies to reduce risk of mortality and infectious disease spread, while connecting PWUD to other resources.^{36,37}

In May of 2022, Boston Mayor Michelle Wu released a plan to address the intersecting issues of homelessness and substance use, including efforts to increase harm reduction and housing services, and organize a more effective outreach and response program in coordination with 10 City departments.³⁸ Since the release of this plan, the City has forcibly removed individuals living at Mass and Cass several times, including most recently in October 2023.^{38,39}

While many of the unhoused individuals were able to be placed in temporary shelters, without investment in affordable housing and increased harm reduction services, removing tents is not a sustainable, long-term solution to the opioid epidemic and housing crisis in Boston. Even worse, data has shown these “sweeps” conducted by police can have chilling effects on harm reduction practices, such as drug checking, an overdose prevention strategy in which PWUD can check the contents of their substances. Although removing tents may be seen as improving public safety, the CDC recommends against clearing tent encampments due to the risk of disrupting access to medical care and substance use disorder services.^{40,41}

Methods

We consulted primary and secondary data sources in the creation of this CHNA report, including:

Walking Surveys

In February 2023, each student conducted an individual walking survey.¹ The goal of these surveys was to identify elements within the built environment, including park features, transportation, infrastructure, and community services. After the surveys were completed, we then synthesized this data into key environmental assets and challenges experienced at the intersection of the Shattuck Campus and Franklin Park. If unable to visit Franklin Park in person, students completed a walking survey virtually using Google Street View.

As a class, students also visited Franklin Park in April 2023 to participate in a walking tour, facilitated by a member of the Franklin Park Coalition. Although no formal data collection occurred during this visit, students were able to revisit the park with another “set of eyes”, and confirm or correct past observations.

Key Informant Perspectives

Key informant perspectives were collected through opinions expressed publicly, either in news media or in community meetings, and via semi-structured key informant interviews. Key informant interviews are in-depth, qualitative interviews, conducted with the goal of gathering information from individuals with firsthand knowledge about the community of interest.² Over the course of the semester and over the summer, students conducted 11 semi-structured interviews with community leaders, public health professionals, and personnel from programs operating at Shattuck Hospital. Further information about these interviews, including our themes and key findings, are detailed in the Key Informant Interviews section of this report.

Secondary Data

We used data from publically available sources to inform report findings. Specific data sources are explained in further detail in each sub-section.

To determine the characteristics of our community, we consulted three major data sources: ParkServe by Trust for Public Land, Health of Boston Survey of People Experiencing Homelessness by Boston Public Health Commission, and US Census Bureau.^{3,4,5} Within these datasets, we isolated household income and race and ethnicity as key variables of interest.

We also consulted the 2022 Unhoused and Uncounted: Health of Boston Survey of People Experiencing Homelessness study. **The results of this landmark survey, conducted by Boston Public Health Commission, were used as a proxy for those who receive housing**

and substance use services at Shattuck Campus.^{4,6,7} Although Shattuck Campus services are not exclusively for people experiencing homelessness, meeting the health needs of the unhoused population in Boston is one key focus of these programs.

Limitations

It is important to recognize our limitations as authors of this report. One semester of investigation does not compare to the comprehensive knowledge and lived experiences of the diverse communities surrounding Franklin Park, with roots going back multiple generations. As students compared to long-term residents, we also did not experience the impact of substance use and violence during the 1980s and 1990s on the park or its surrounding communities, nor do we fully understand the significance of the park in community identity or pride.^{1,2} Although we were able to hear the perspectives from community-based stakeholders during this process, our report does not capture all the voices of community members who visit, cherish, and care for Franklin Park.

Missing Voices

Secondly, we were not able to interview residents of the Shattuck Cottages and PWUD while compiling this report. As students completing this report during a class, we did not have the training, knowledge, or time necessary to appropriately and ethically interview PWUD—considered a “vulnerable” population in public health and social science research.

We feel this missing perspective is notable. As stated throughout the report, PWUD experience some of the most acute threats to health and safety of any population in Boston. In the midst of an opioid epidemic and overdose crisis, evidence-based harm reduction strategies are still stigmatized, and adequate supportive services are not prioritized.

We believe this report would have been strengthened by the addition of perspectives by PWUD and receive substance use disorder services at the Shattuck Hospital. And, we feel the information gathered through reviewing city-level data, key informant interviews, and current literature is helpful in providing a snapshot of current community assets and challenges, while providing a guiding vision for the future.

As public health students, we believe access to accurate health information, such as what is documented in this report, is essential to expanding knowledge, breaking down assumptions, and creating a healthier lived reality in our communities.

Findings

A CHNA report identifies the health needs of a particular community. In this report, we define the “community” as individuals who make use of the park the most frequently. This includes residents living within a 10-minute walk of Franklin Park, as well as individuals who participate in services on the Shattuck campus. Our decision to include both of these populations in our assessment was twofold: 1.) to identify needs that honor the experiences of all populations, and 2.) to make recommendations that may advance an inclusive view of community health and safety.

Population Characteristics

The first population considered in this CHNA are individuals living within a 10-minute walk of Franklin Park. As of 2021, this population consisted of 34,283 individuals residing in the Dorchester, Roxbury, Jamaica Plain, Mattapan, and Roslindale neighborhoods of Boston.¹ Data for this population was obtained from ParkServe, through the Trust for Public Land, as well as PolicyMap, which uses data from the American Community Survey.

The second population considered in this CHNA are individuals who participate in services on the Shattuck Campus. Unfortunately, demographic data related to this population was not available to authors of this report. As a proxy, we used data from a 2021 Boston Public Health Commission Survey, which collected information from 300 unhoused residents near the Mass and Cass intersection.²

For both populations, the general population of Boston was used as a comparison group, using US Census Bureau data.³

Race/Ethnicity

A majority of residents living in the neighborhoods surrounding Franklin Park identify non-Hispanic Black (45%) or Hispanic/Latine (37%) (Table 1 and Figure 1).¹ Just 11% of Franklin Park-area residents identify as non-Hispanic White¹ compared to 44% in Boston overall.³ These numbers reflect a high concentration of People of Color in the Dorchester, Roxbury, Jamaica Plain, and Roslindale neighborhoods of Boston (see Table 1 and Figure 1). **Notably, the communities directly to the east of the park (the Dorchester and Roxbury neighborhoods) comprise a higher proportion of non-Hispanic Black or Hispanic/Latine compared to communities west of the park** (see Figure 1).

We found the proportion of people who identify as Hispanic/Latine to be roughly equivalent between the unhoused population (21%) and the general population of Boston (20%)³ (see Table 1 and Figure 3). However, among the unhoused population in Boston, 32% identify as non-Hispanic Black, compared to 19% in Boston overall.² This indicates that non-Hispanic Black individuals are overrepresented among the unhoused population in Boston, meaning that **the**

burden of homelessness falls disproportionately upon Boston’s non-Hispanic Black community.

Race and ethnicity of Boston residents, by neighborhood and housing status

Race/Ethnicity	Overall Boston Population	FP Residential Population	Unhoused Boston Population
Non-Hispanic White	43.7%	11.3%	33.0%
Non-Hispanic Black	19.2%	45.4%	32.0%
Hispanic/Latine (All Races)	20.5%	37.2%	21.0%
Non-Hispanic Other	16.6%	6.2%	13.0%

Table 1. Race and ethnicity of the overall Boston population, the Franklin Park residential population, and the unhoused population in Boston^{1,2,3}

People of Color residing within a 10-minute walk from Franklin Park



Figure 1. Proportion of People of Color (%) who reside within a 10-minute walk from Franklin Park⁴

Race and ethnicity of Franklin Park residential community, compared to overall Boston population

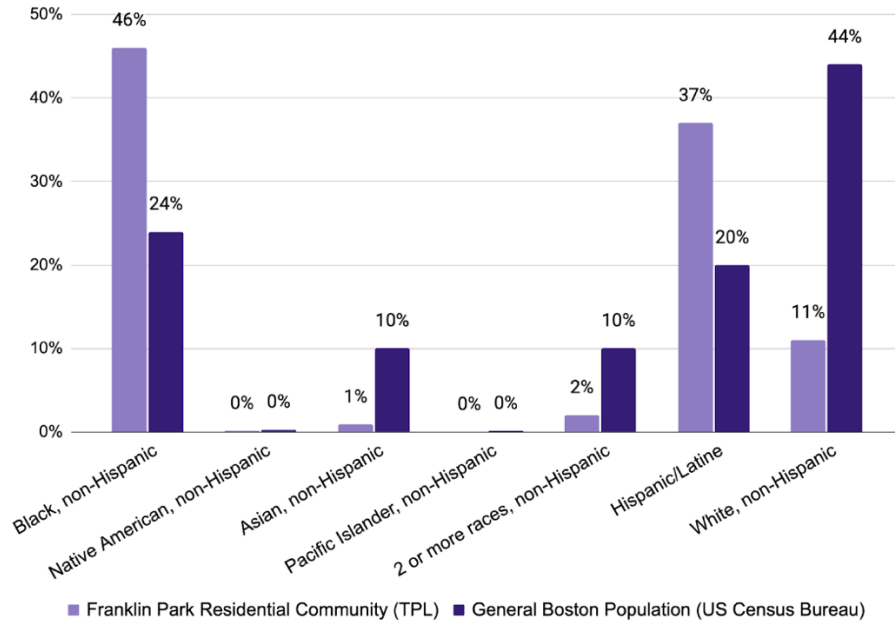


Figure 2. Race and Ethnicity of Franklin Park Residential Community Compared to General Boston Population in 2021 ^{1,3}

Race and ethnicity of unhoused Boston residents, compared to overall Boston population

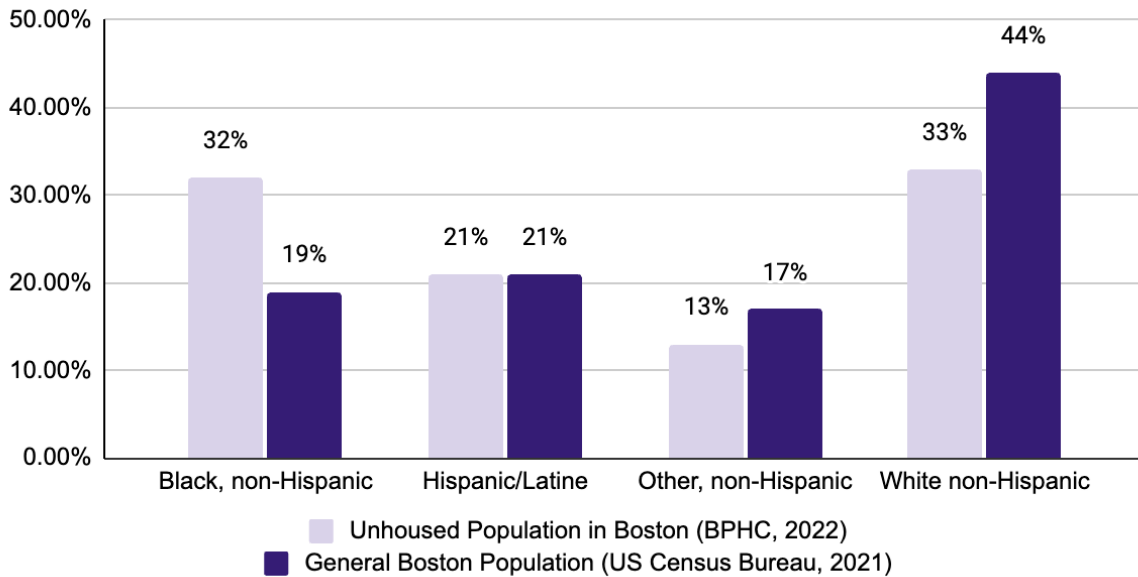


Figure 3. Race and Ethnicity of Unhoused Population in Boston in 2022² Compared to General Boston Population in 2021 ³

Educational Attainment

Unhoused people are much less likely than the general Boston population to have obtained a high school degree or higher. For example, 66% of the unhoused Boston population do not have a high school diploma—double that of the general Boston population (see Table 2).^{2,3} Low educational attainment is associated with higher levels of unemployment and lower income levels.^{10,11} **The relationship between education attainment and earning potential may serve to put people with low educational attainment at a higher risk for experiencing homelessness.**

When comparing the levels of educational attainment among people living within a 10-minute walking distance of Franklin Park, a geographic correlation becomes evident. **Neighborhoods located to the east of Franklin Park have both a: 1.) Higher proportion of Hispanic/Latine and non-Hispanic black residents and a 2.) Lower proportion of residents who have received a high school degree or higher** (see Table 1 and Figure 5). This trend demonstrates a potential disparity in levels of educational attainment, unemployment, and income among racial and ethnic minority residents surrounding Franklin Park.

Educational attainment of overall Boston population, compared to unhoused Boston residents

Educational Attainment		
	Overall Boston Population	Unhoused Boston Population
Some HS or HS Graduate	30.7%	66.0%
At Least Some College	69.3%	35.0%

Table 2. Highest level of educational attainment of the overall Boston population and the unhoused population in Boston ^{2,3}

Proportion of adults who have completed high school or more, among Franklin Park residential community members

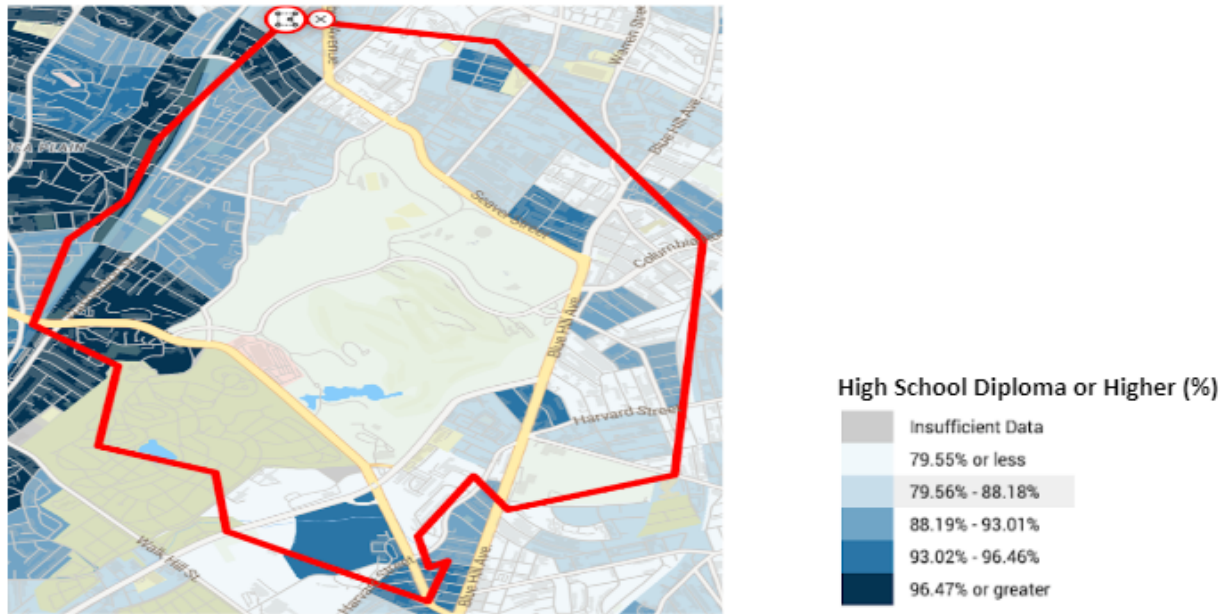


Figure 5. Percentage of adults with a high school diploma or more living near Franklin Park ¹

Income

The majority of households (68%) living within a 10-minute walk of Franklin Park are categorized as low-income.¹ The percentage of low-income households are also higher in the neighborhoods situated to the east of the park compared to those to the west (see Figure 2), **indicating that the lack of financial and educational opportunities may be concentrated in majority Hispanic/Latine and non-Hispanic Black neighborhoods.**

Among people who were unhoused, 15% reported no income, and 44% reported an income of less than \$750 per month (see Table 2).² The length of time being unhoused varied, with 27% reporting less than 1 year, 25% reporting 1 to 2 years, 31% reporting 3 to 9 years, and 17% reporting 10 or more years (see Table 2).² By contrast, the median household income in Boston for the general population in 2021 was \$81,744.³ **It is evident that an income disparity exists between the general Boston population compared to both Franklin Park residents and unhoused people in Boston.**

Estimated median income of households within a 10-minute walk of Franklin Park

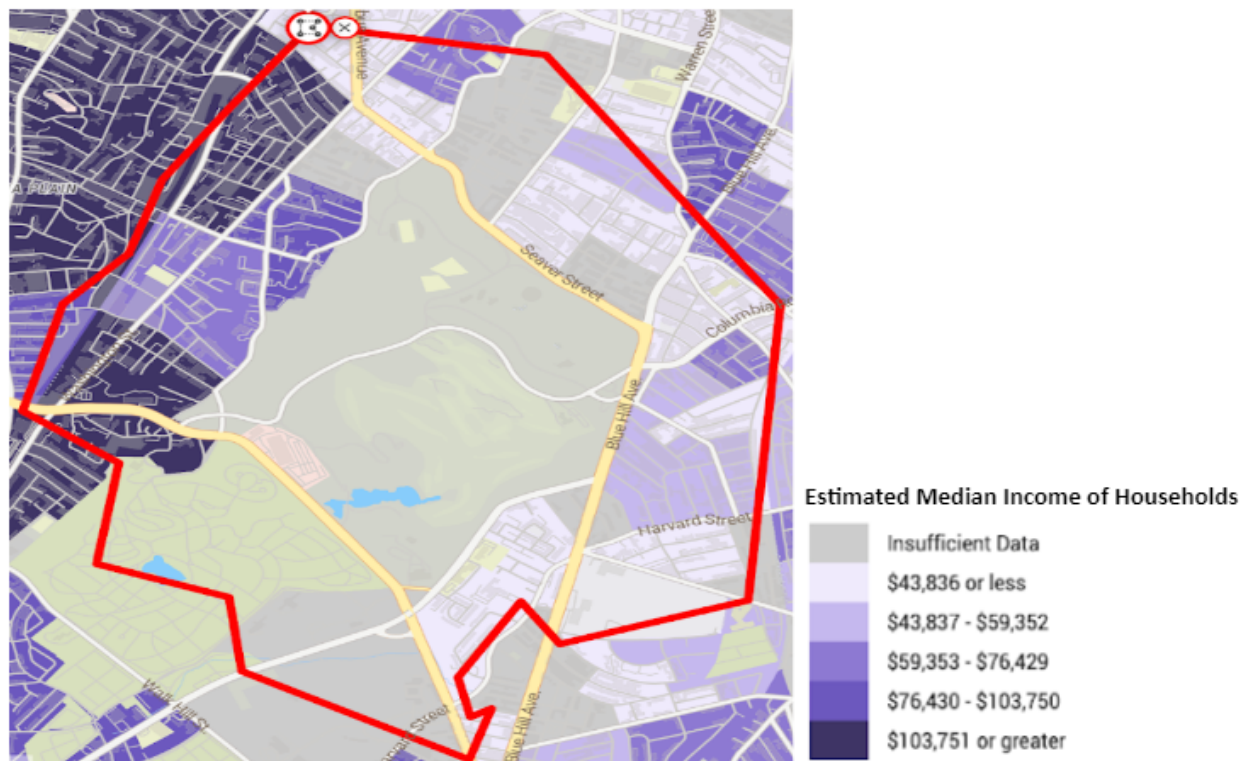


Figure 4. Estimated median income of households within a 10-minute walk from Franklin Park, 2017-2021⁵

Age

Only a small proportion (12%) of Franklin Park-area residents are over the age of 65.¹ Most of the population living within a 10-minute walk of Franklin Park are adults ages 21 and 64 years old. About a quarter of the population (27%) is under the age of 19, as demonstrated in Figure 6 and 7.¹ The concentration of individuals under age 65 living near Franklin Park is similar to the Boston population as a whole.¹

Among those experiencing homelessness, 30% are over the age of 55,² compared to only 12% of the general Boston population³ (see Figures 8 and 9). There was no data available on unhoused individuals under age 18.²

About 1 in 10 people living near Franklin Park and Boston are over 65 (11.9% and 11.8%), while about 3 in 10 people who are unhoused in Boston are over age 55 (30%).² Though the age categories are not aligned between datasets, across available, comparative data, the prevalence of homelessness increases with age in Boston. **The burden of homelessness falls**

¹ Note: Figure 6 depicts the rates of adults over age 65 within a 10-minute walking distance of Franklin Park, but a “high” concentration of this age group within an area is based on a 25% threshold.⁷

disproportionately on those over age 55, even though older adults make up a small proportion of the Boston and Franklin Park populations as a whole.

Proportion of adult population age 65 and older in Franklin Park residential neighborhoods

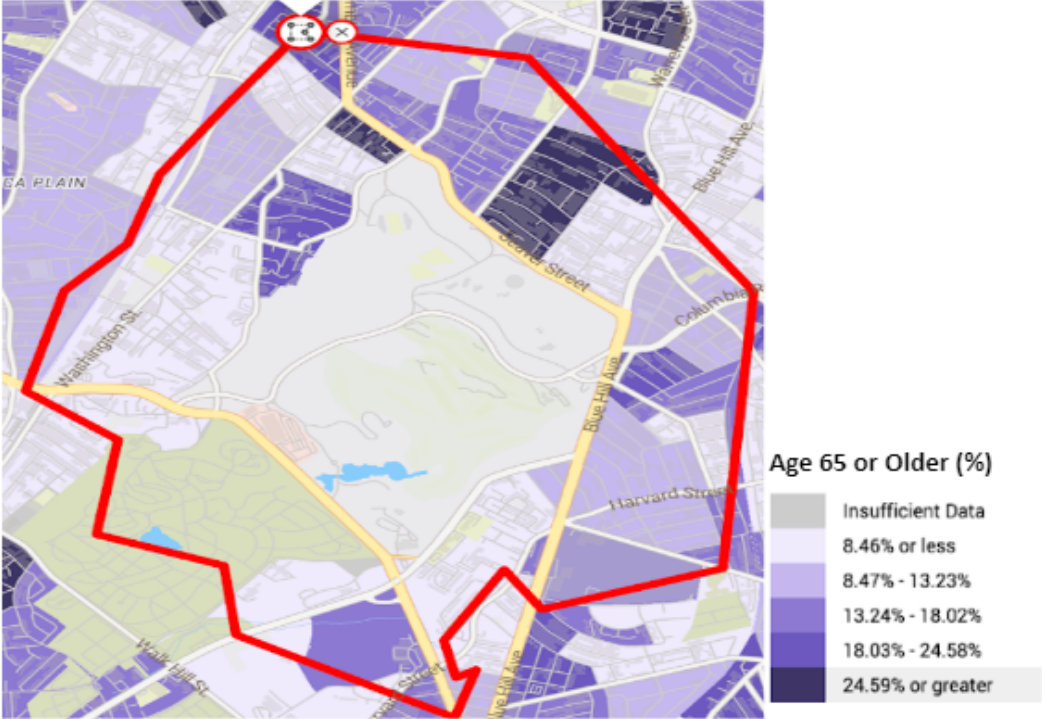


Figure 6. Rates of adults age 65 and older (%) who reside around Franklin Park⁷

Ages of individuals who reside within a 10-minute walk of Franklin Park

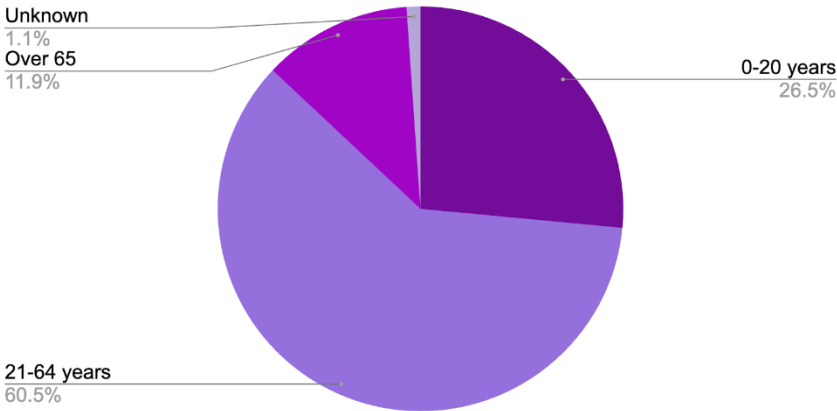


Figure 7. Age of Those Who Reside Within a 10-Minute Walk of Franklin Park in 2021¹

Age of Boston residents, overall

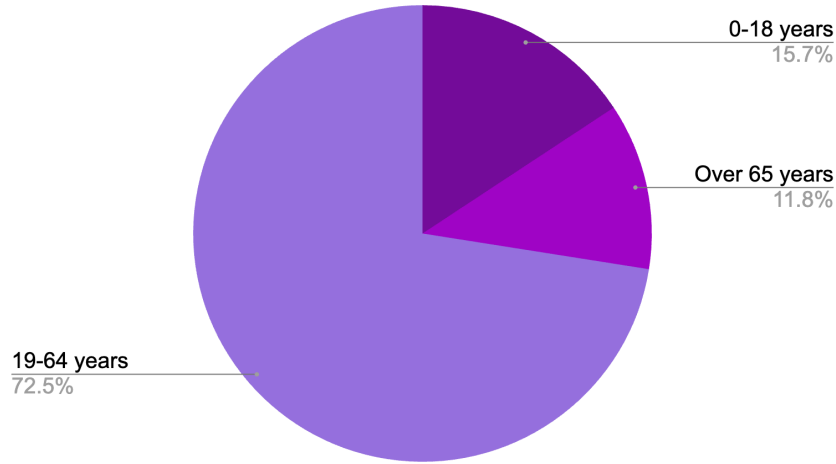


Figure 8. Age of Boston Residents in 2021³

Age of unhoused Boston residents

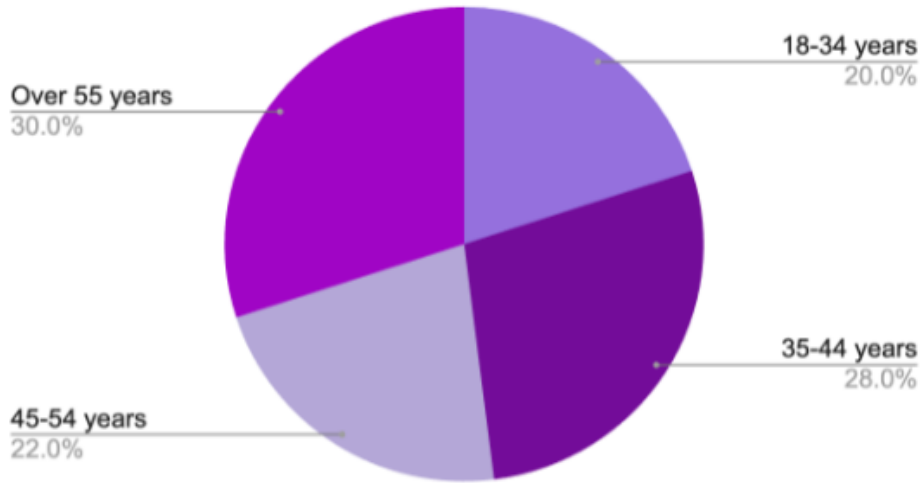


Figure 9. Age of People Who Were Unhoused in Boston in 2022²

Population Trends

Finding 1. The majority of residents living within a 10-minute walk of Franklin Park are People of Color, which is higher than the proportion of People of Color in Boston as a whole. Furthermore, the burden of homelessness in Boston is placed disproportionately on People of Color.

86% of Franklin Park-area residents are People of Color¹ and the neighborhoods comprising POC-majority residents are located on the east side of the park. Though 49% of Boston residents are People of Color,³ non-Hispanic White people represent 66% of the unhoused

population,² revealing that People of Color are experiencing a higher burden of homelessness in the city.

These demographics are important to consider when making decisions about Franklin Park and services the Shattuck Hospital currently offers (i.e. supportive housing services). As decisions regarding housing services (and their accessibility) have the potential to help or harm participants, ensuring that these programs are offered in a way that empowers People of Color is vital in addressing this disparity.

Finding 2. The majority of households within a 10-minute walk of Franklin Park are categorized as low-income and earn well below the Boston median household income.

Over two-thirds (68%) of Franklin Park-area households are categorized as low-income compared to 18% of the overall Boston population.^{1,3} A majority of Franklin Park residents make well under the median household income for the city of Boston (\$81,744).⁶ Furthermore, among unhoused individuals in Boston, 15% report no income and 44% report less than \$750 per month, far below the federal poverty level.^{2,5}

In order to ensure Franklin Park's financial accessibility, it is important to consider the financial realities of people who live near Franklin Park when looking to make changes to offered services and programs.

Finding 3. A higher proportion of low-income households and adult residents with lower educational attainment in the surrounding Franklin Park area reside in majority-POC neighborhoods, compared to majority-White neighborhoods.

The overlap in concentration of residents of color and low income households are situated to the east of the park, mainly the Dorchester and Roxbury neighborhoods. This same geographic pattern exists with low educational attainment: lower proportions of adults who have received a high school diploma or more are concentrated to the east of the park. The overlap in these demographic points reiterates that many Franklin Park residents are POC, low-income, and/or of low-educational attainment and that decisions regarding the park may disproportionately impact already marginalized communities.

This finding also presents an opportunity for investment: resources and improvements to the park should be concentrated in the east side of the park.

Finding 4. While the age composition of Franklin Park and Boston are similar, the burden of homelessness/houselessness is placed on older adults.

The population of Franklin Park residents by age composition is reflective of the Boston population as a whole. For example, the proportion of the population over the age of 65 years is nearly the same in Franklin Park as it is in Boston, 11.8% and 11.9% respectively.

However, the burden of homelessness/houselessness skews older than the general population—the unhoused population in Boston is predominantly composed of older adults with 30% being over the age of 55 and 22% being 45-54 years of age. This is key when considering

the services that are offered at the Shattuck Campus and who the recipients of such services are. Housing and human services within the Franklin Park area should be age sensitive and accustomed to the unique needs (i.e., medical, social, physical, etc.) of older adults experiencing homelessness.

Environmental Scan

The role of the physical environment on community health cannot be overstated. Environmental factors are key quality of life determinants, and there is significant public health literature demonstrating the connection between a person’s environment and social, physical, and mental health.¹

In an effort to understand how the natural and built environment impact the health of local residents and park visitors, we completed a thorough environmental scan of Franklin Park and surrounding neighborhoods.¹ Qualitative data from key informant interviews, and secondary data from ParkServe by Trust for Public Land also helped to bolster our environmental findings.

Throughout the analysis, we focused largely on greenspace itself, noting aspects of accessibility, opportunities for physical activities, and community service options. We also analyzed the infrastructure, making note of roads and sidewalks within and around the park, transportation options to and throughout the park, and the general appearance of all areas.

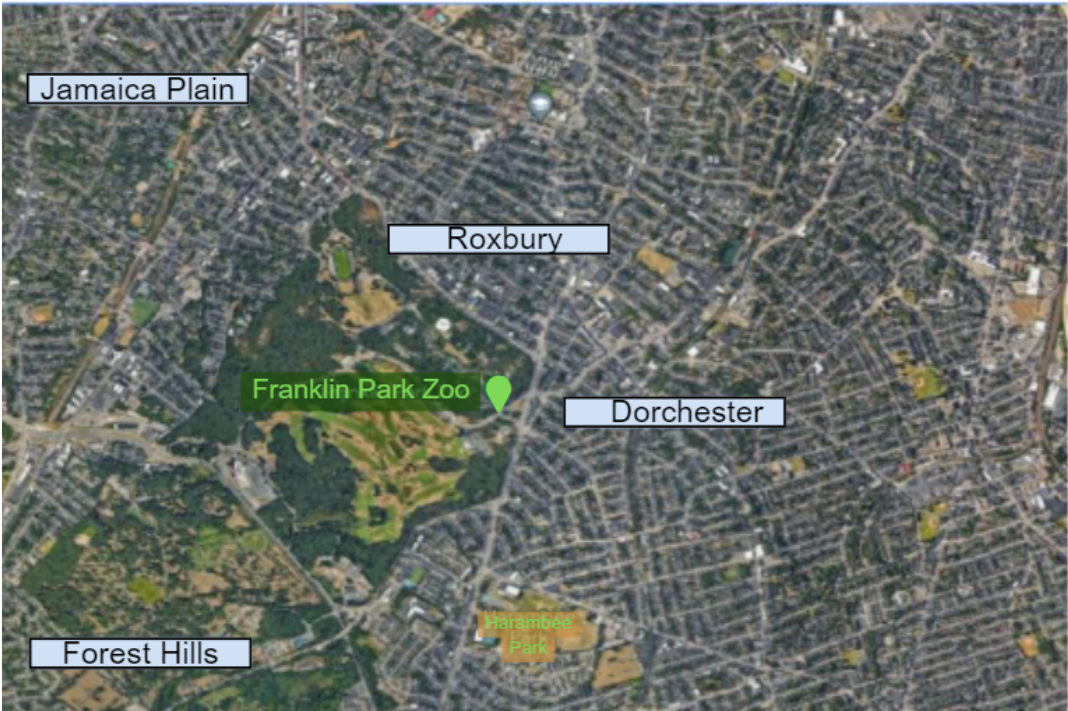


Figure 10. Map of the Franklin Park Area

Environmental Assets

Franklin Park, as a green space, is a vital resource to the communities in the surrounding areas. The Franklin Park service area includes the neighborhoods of Roxbury, Dorchester, Jamaica Plain, Mattapan, and Roslindale (see Figure 1). Over 34,200 individuals live within a 10-minute walk from the park,² and for many of these residents, there are no other greenspaces within the same distance that offer the amenities of Franklin Park. There are many health

benefits of living near a park, including reduced stress and increased physical activity, among others.³ Additionally, there are also environmental benefits of parks, including reduced air and water pollution and urban heat,³ which could provide health benefits indirectly.

Despite these benefits, access to parks is limited across the U.S., and low-income and communities of color are disproportionately affected.³ In Boston, all residents live within a 10-minute walk of a park that is publicly accessible,^{4,5} but there are still opportunities to improve equity as it relates to park space. Individuals who live in neighborhoods where residents are predominantly people of color have 12% less park space compared to those in neighborhoods that are predominantly White.⁴ Relatedly, individuals who live in low-income neighborhoods have 19% less park space compared to those in high-income neighborhoods.⁴ Besides Franklin Park, the majority of large park spaces in Boston are located in the north and the west, and are more difficult to access by the residents of Roxbury and Dorchester in the south and east.

Franklin Park serves as a valuable resource for community building and social cohesion. Franklin Park has historically been and continues to be an important social gathering space.

Over the course of its history, the Park has played an important function in racial justice movements, hosting a number of events calling for social change. Franklin Park also hosts a variety of community events and activities, including exercise classes, the Kite & Bike Festival, the Thanksgiving Turkey Trot, and Early Morning Bird Walks, among others.⁶ Events at the park are important opportunities to increase social cohesion among the communities in the surrounding area and to attract new and diverse park users from across the city.

The picnic area in particular is an important space for community building. Key informants noted that many cultural celebrations are held in this space. Moreover, the picnic area's proximity to the road makes it accessible to a variety of park users, including those coming from afar, those who may have limited mobility, residents of the surrounding neighborhoods, and individuals who receive services at and/or live on the Shattuck campus.

The availability of Bluebikes increases accessibility to Franklin Park for those who are able to utilize the service. Bluebikes, a prominent bike-share program that has stations throughout the city of Boston, allows people to travel on two wheels even if they do not own a bike themselves. The docking stations at the park make it a convenient way to get there, as well as to explore the area. This is further aided by the many bike-friendly paths throughout the park. Having bikes at the park allows users to not only get to the park easier but also to explore the park in a new way that they may otherwise be unable to do. It is important to note that Bluebikes are not accessible to everyone, as they are operated primarily by Smartphone devices and require credit card payments.

One key informant noted that **Boston 311 is an effective and efficient means of having at discarded needles cleaned up at the park.** 311 is a number that individuals can call to report non-emergency issues in Boston.⁷ It is also available as a mobile application.⁷ Importantly, the

311 service was noted as both an asset and a challenge. The key informant reported that the city is not as efficient at picking up other types of trash in the park as they are with needles.

Environmental Challenges

Franklin Park is not easily accessible by public transportation. Public transportation is a major way that community members access places and services throughout Boston, with about 1.3 million people taking the MBTA each week.⁹ Unfortunately, there are limited options when it comes to accessing Franklin Park. The Orange Line of the MBTA runs from Oak Grove to Forest Hills, and is the only MBTA line in close proximity to Franklin Park, yet it is still a 15 minute walk from the nearest station to the park and Shattuck Campus. The orange line is also one of the most underfunded lines within the MBTA system, resulting in trains that are often delayed or canceled all-together.¹⁰

There are a couple bus lines in the area, but bus schedules are irregular, and only run along the main road that dissects Franklin Park. While the transportation options available have the potential to become an asset, the limiting nature of their service currently pose a challenge to potential park users, and may limit their ability to visit and utilize the park, as well as services provided at the Shattuck.

The poor condition of sidewalks and paths hinders access to and within the park. It was identified through multiple means that many sidewalks in Franklin Park are cracked, broken, and in general disrepair, making walking, biking, or using a wheelchair or assistive device very difficult. The natural dirt and gravel paths were also identified as not well-maintained and often overgrown. There is also a consistent lack of signage and maps throughout the park, which influences accessibility and makes the area more confusing for park users.

Sanitation and trash accumulation also impact park visitorship. Highlighted among the environmental assessments and key informant interviews specifically, the presence and accumulation of trash and discarded materials throughout the park was identified as a prominent challenge to be addressed.

Data collectors were provided with a multitude of photos and evidence of trash in Franklin Park, especially around the Shattuck Campus area. Waste such as food and drink containers, discarded clothes, syringe cap remnants, syringes, and other miscellaneous wastes were identified, often in highly visible areas.

Through on-site community walkthroughs, a key informant highlighted specific areas that often accumulate trash and pose sanitation risks. Secluded spaces around the Shattuck Campus, especially in wooded areas, are not as routinely cleaned as more high traffic areas such as playgrounds, the zoo, and the golf course, and with less foot traffic trash may accumulate more frequently. Furthermore, this informant also noted several times that there are few trash cans and disposal bins, especially those in acceptable working condition, in the areas of Franklin Park that experience the most trash accumulation.

Among neighborhood residents, a reduced sense of safety may be hindering use of Franklin Park. The absence of adequate and consistent lighting within the park poses a risk to safety, which can discourage people from accessing certain areas of the park and drive perceptions that Franklin Park may be unsafe. Circuit Drive, the main paved road that bisects Franklin Park, is of particular concern, with lamps that are spaced out, with some that are broken or out of commission. The bus stops in particular lack adequate lighting that would help users that rely on public transportation feel more safe coming to and leaving the park.

There is an evident lack of crosswalks and safe crossing points along the major paved roads through Franklin Park. One key informant in particular outlined several areas along Circuit Drive that would benefit from having a crosswalk, in order to make sure that park users can cross the busy road safely. There are also areas around the Shattuck Campus that do not have crosswalks or a designated area for pedestrians to cross roads.

As highlighted above as an accessibility concern, **the lack of signage and navigation tools within Franklin Park could impact the safety of community members**, as they may get lost while walking one of the many trails. Not being able to safely navigate through and use every asset that Franklin Park offers is a major challenge.

The dense wooded areas, many of which surround the Shattuck Campus, pose potential safety-related challenges as well. While the vast area of greenspace is a major asset to the community not just surrounding Franklin Park but for Boston overall, informants also noted concerns about potential illicit activities that may take place in denser areas that attract less foot traffic, which affects the overall safety of the park and can definitely deter potential park users.

A final safety-related concern—identified through environmental assessments and interviews—was the **absent or intermittent presence of 24-hour emergency call buttons/stations throughout Franklin Park.** The easily recognizable blue light stations allow park users 24-hour access to emergency services, namely police, if they feel unsafe while visiting Franklin Park.

A majority of the research evaluating the effectiveness of blue light systems has taken place on college campuses. Among college students, data shows mixed findings, with students finding the technology outdated and using the systems less frequently than when the technology was first debuted.¹⁰ However, some reports still demonstrate these systems are connected to reduced crime rates, and many students still support this kind of technology on campuses.¹¹ While a college campus is not a public park, these findings can be considered when evaluating whether installing these systems may or may not reduce crime and improve feelings of safety among park visitors.^{10,11}

Community Health

Understanding a community’s perception of their own health needs is a critical first step in designing and implementing effective public health programs to improve health outcomes. Because Franklin Park is used by both residents living in the surrounding neighborhoods and by individuals receiving services at Shattuck Hospital, the health needs of both populations are important to consider.

Findings in this section were identified using data from key informant interviews; studies conducted by several government agencies and departments, including Boston Public Health Commission, National Survey on Drug Use and Health, Substance Abuse and Mental Health Services Administration, Massachusetts Department of Health, among others; and peer-reviewed journal articles found during literature review. By synthesizing this data by neighborhood and across unhoused populations living in Boston, we identified there were several shared perceptions of community health needs.

Data sources used for Community Health section, by Type

PRIORITY COMMUNITIES	MAIN DATA SOURCE	SUPPLEMENTARY DATA SOURCES		
Neighborhoods near Franklin Park (Roxbury, Jamaica Plain, and Dorchester)	Boston CHNA-CHIP Collaborative	Substance Abuse and Mental Health Services Administration	Centers for Disease Control and Prevention	Massachusetts Department of Public Health
	2019 Community Health Needs Assessment	National Survey of Drug Use and Health	National Vital Statistics System, Mortality	Opioid-related overdose deaths, all intents, MA residents
People experiencing homelessness in Boston	<i>Boston Public Health Commission</i>	<i>Boston Healthcare for the Homeless</i>		
	<i>The Health of Boston Survey of People Experiencing Homelessness</i>	<i>Drug Overdose Mortality Among People Experiencing Homelessness</i>		

Table 3. Data sources used to approximate the health of people at the intersection of Franklin Park and Shattuck Campus.

Health concerns reported by Boston CHNA Survey respondents, by neighborhood

	Dorchester (n=470)	Jamaica Plain (n=177)	Roxbury (n=154)
1	Alcohol/drug use	Housing quality or affordability	Alcohol/drug use
2	Community violence	Mental Health	Housing quality or affordability
3	Housing quality or affordability	Alcohol/drug use	Mental Health
4	Mental Health	Community violence	Community Violence
5	Diabetes	Poverty	Homelessness
5 (Tied)	Homelessness		

Table 4. Top Five Concerns of Boston CHNA Survey Respondents Reported in Their Community or Neighborhood That Affect Their Community’s Health, by Neighborhoods (2019)

Chronic Disease

Roxbury and Dorchester have a higher prevalence of chronic diseases compared to Boston as a whole. From 2013 to 2017, a larger proportion of adults living in Roxbury (30%) and Dorchester (north 30%; south, 30%) reported hypertension diagnoses compared to Boston’s population as a whole (25%).¹ Similarly, a higher percentage of adults reported a diagnosis of diabetes in Roxbury (14%), and Dorchester (north 30%; south 13%), compared to rates in Boston overall. In contrast, a significantly lower percentage of adults in Jamaica Plain reported diagnoses of hypertension (20%) and diabetes (5%) compared to Boston overall.

Adults reporting chronic disease diagnosis, by Boston neighborhood

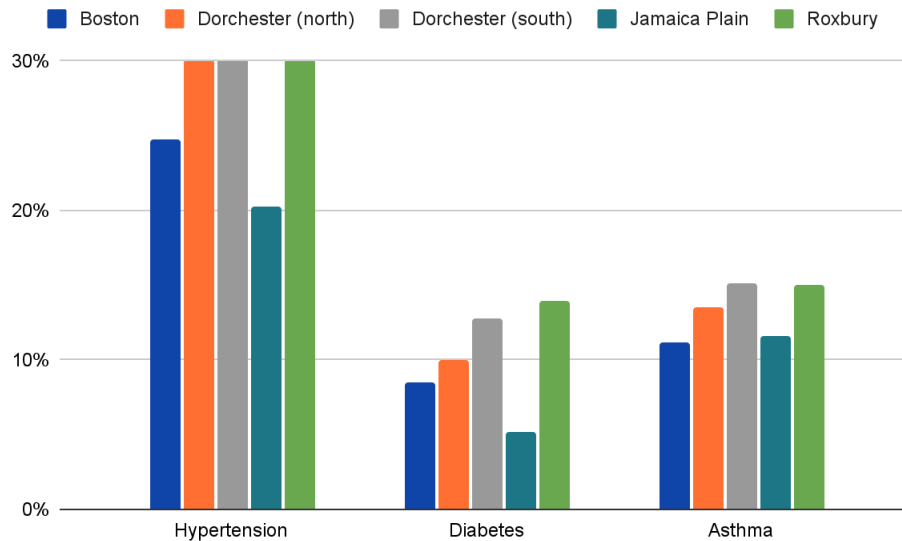


Figure 10. Percentage of Adults Reporting Having Chronic Diseases, by Neighborhood (2013, 2015, and 2017 Combined)

Overall, unhoused adults experience a greater rate of chronic disease conditions, including hypertension, diabetes, and asthma, compared to housed adults in Boston.

Unhoused residents of Boston face a higher prevalence of hypertension than housed residents.² According to the 2022 Health and Homelessness survey, the percentage of unhoused adults in Boston who have ever been told by a doctor, nurse, or other health professionals that they have high blood pressure (43%) was higher compared to the percentage of Boston-housed adults who have ever been told by a doctor, nurse, or other health professionals that they have high blood pressure (26%).² This rate was similarly higher for unhoused adults who have ever been told by a health care professional that they have had asthma (20%) or diabetes (12%) compared to housed adults (20%, 8%, respectively) in Boston.

Managing chronic health conditions may be particularly difficult for people experiencing homelessness due to the lack of consistent medication, safe places to store medication, difficulty accessing or paying for healthcare services, difficulty paying for nutritious or consistent food, and co-occurring mental health conditions or substance use disorders.²⁷ These challenges may exacerbate the already higher burden of chronic diseases among people experiencing homelessness.

Boston adults reporting chronic disease diagnoses, by housing status

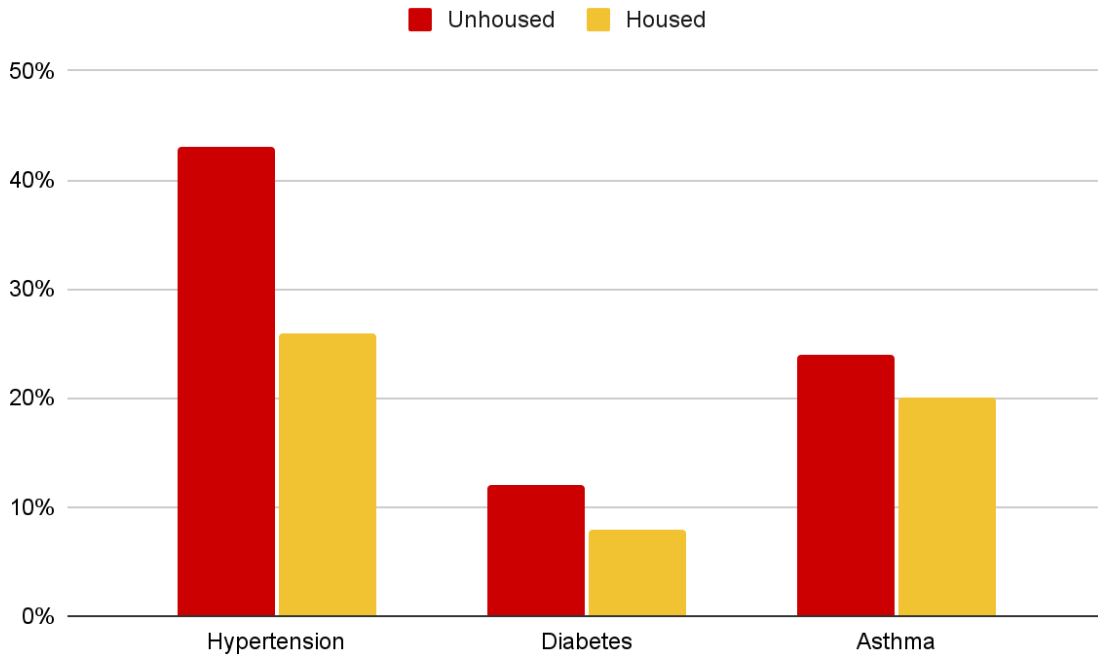


Figure 11. Percent Unhoused vs. Housed Adults Percent Reporting Having Chronic Diseases (2022)

Mental Health

Communities surrounding Franklin Park have similar or slightly higher rates of negative mental health symptoms compared to rates across Boston overall. As shown in Figure 1, significantly more residents in Roxbury reported feelings of persistent anxiety^{2a} compared to Boston residents (24.9% vs. 21.3%).¹ Persistent anxiety rates were similar for residents in Dorchester (all zip codes), Jamaica Plain, and Boston overall. Compared to all Boston residents, LGBTQ+ individuals, those earning less than \$25,000 a year, and those not employed were significantly more likely to report feelings of persistent anxiety. For symptoms related to depression, a higher number of residents in Dorchester (all zip codes) and Roxbury reported feelings of persistent sadness^{3b} compared to Boston residents as a whole.¹ Among Boston residents generally, individuals who are Black, Latine, LGBTQ+, and making less than \$50,000 a year are significantly more likely to report feelings of persistent sadness.

Despite this, **the percentage of adults receiving treatment for depression in the past year was significantly lower for Black Boston residents compared to White Boston residents.**¹ This disparity in treatment usage highlights the need for existing treatment services to better

^{2a} Persistent anxiety is defined as feeling worried, tense, or anxious, for more than 14-15 days within the past 30 days.¹⁻²

^{3b} Persistent sadness is defined as feeling sad, blue, or depressed for more than 14-15 days within the past 30 days.¹⁻²

support Black residents, who make up the largest racial/ethnic proportion of the population within a 10-minute walk of Franklin Park.

Unhoused adults in Boston typically experience worse mental health outcomes compared to housed adults in Boston. Among unhoused adults in Boston, 47% report experiencing feelings of persistent anxiety compared to 18% of housed Boston adults.² For unhoused adults who are unsheltered, the proportion of adults reporting persistent anxiety rose to 66%. When looking at symptoms of depression, 54% of unhoused adults in Boston report experiencing feelings of persistent sadness, compared to only 28% of housed Boston adults.² An even higher number (62%) of unhoused adults who specifically reside unsheltered report feelings of persistent sadness. Accordingly, a higher percentage of unhoused adults in Boston received professional counseling or any kind of treatment for sadness or depression compared to housed adults in Boston (33% vs. 22%). Nonetheless, racial disparities among unhoused individuals are evident, with a lower proportion of Black unhoused adults participating in treatment for sadness or depression compared to White unhoused adults. Notably, these disparities mirror racial disparities in mental health treatment in the neighborhoods surrounding Franklin Park.

Boston adults who experience persistent sadness and anxiety, by neighborhood

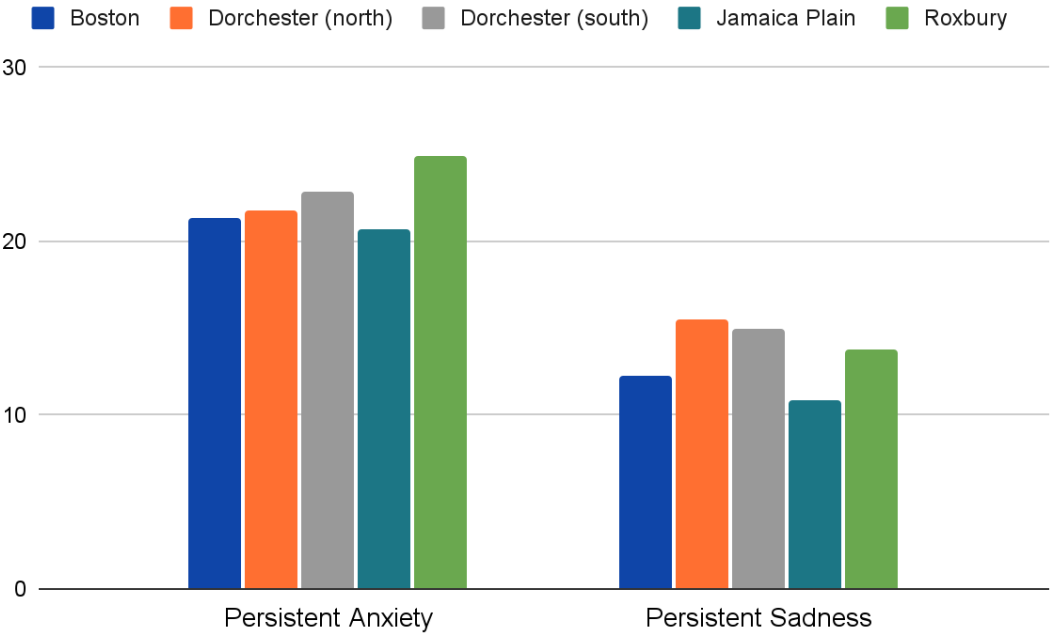


Figure 12. Percentage of Adults Reporting Persistent Sadness and Anxiety, by Neighborhood, (2013, 2015, and 2017 Combined)

Substance Use

People experiencing homelessness have higher rates of substance use and higher overdose mortality rates compared to housed residents in Boston. The 2021 National

Survey on Drug Use and Health estimates 11.6% of adults in Massachusetts experienced an alcohol use disorder, and 17.8% of adults in Massachusetts experienced a substance use disorder in the past year.³ In the US, approximately 17% of people experiencing homelessness chronically use substances, which rises to 25% for unsheltered people experiencing homelessness.⁷ Additionally, 20 to 50% of people experiencing homelessness have a co-occurring mental health condition and substance use disorder.⁷ In Boston, unhoused adults report excessive alcohol consumption at rates similar to housed adults but used marijuana at higher rates compared to housed adults.² Furthermore, 63% of unhoused adults in Boston report having used substances beyond alcohol in the past 30 days, 36% of which used injection as the delivery method. Injecting drugs can carry significant health risks, including an increased risk of bacterial, viral, and other infections (e.g., Hepatitis B); skin and soft tissue infections at injection sites; and other injection-related injuries.⁸

While neighborhood-specific overdose death rates are not publicly available, overdose death rates may be higher in the communities surrounding Franklin Park because of their greater proportion of residents of color, who have higher overdose death rates compared to Boston's population overall.

Data demonstrates overdoses disproportionately impact unhoused adults, especially unsheltered unhoused adults, compared to housed adults in Boston. In 2022, 17% of unhoused adults in Boston reported experiencing a non-fatal opioid overdose in the past 12 months.² From 2003 to 2018, unhoused adults experienced a fatal all drugs overdose rate of 278.9 deaths per 100,000 person-years, whereas the fatal all drugs overdose rate in the same time period for housed adults in Massachusetts was only 23.2 deaths per 100,000 person-years.⁵ During this time, the drug overdose mortality rate increased 81% for unhoused adults in Boston and was **12 times higher, compared to housed adults in Massachusetts**. In 2022, **drug overdoses accounted for 1 in 4 deaths among unhoused adults in Boston**.

Given the disproportionate risk of death from drug overdose, it is vital that people experiencing homelessness receive adequate and timely treatment to prevent death from overdose. Of the unhoused adults in Boston who reported experiencing a non-fatal opioid overdose in the past year, 80% reported visiting an emergency room and 84% reported receiving Narcan, a drug that can reverse the effects of an opioid overdose, during their most recent overdose.² **The significant rise in overdose rates and the drastically higher rates of overdose mortality among people experiencing homelessness indicate an urgent crisis that needs to be addressed.**

Opioid-related overdose rates among Massachusetts residents, by race and ethnicity

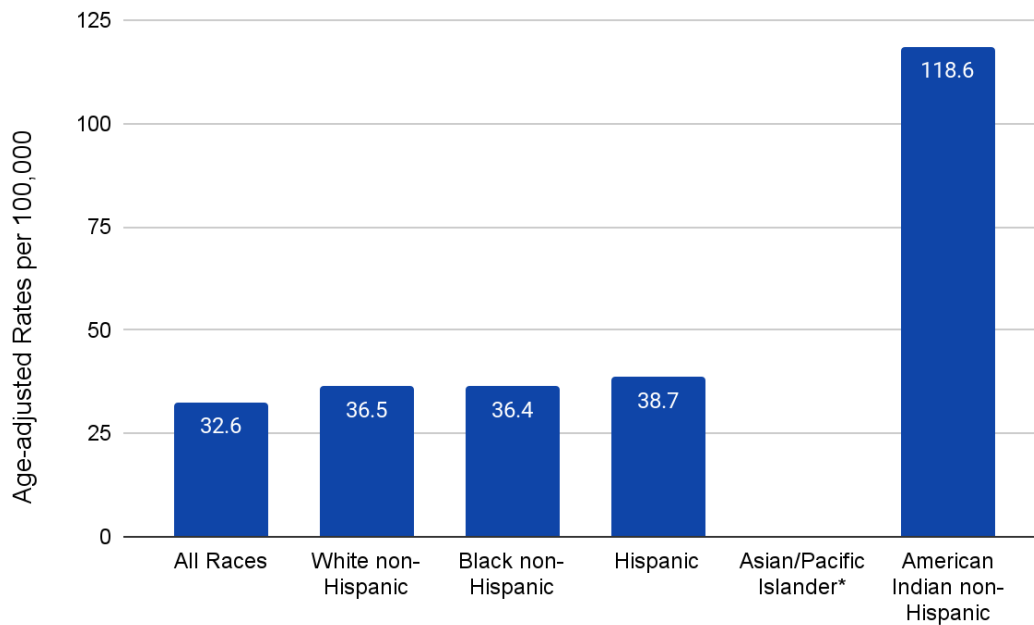


Figure 13. Massachusetts Confirmed Opioid-Related Overdose Rates, by Race and Ethnicity (2021)

Harm Reduction

General awareness of harm reduction as a concept has increased as the opioid epidemic continues to affect thousands of people every year. Throughout our key informant interviews, many described potential harm reduction strategies that could be employed in Franklin Park to decrease drug use and rates of substance use disorder. While we see this as a strength, as public health students, we find it important to differentiate between strategies that are and are not evidence-based.

For example, the use of blue lights meant to deter injection drug use has increased in popularity in recent years, particularly for businesses across the country.¹⁰⁻¹⁶ During our walking tour of the park, installing blue lights as a harm reduction strategy was mentioned as a way to decrease drug use in and around Franklin Park.

However, research does not support the effectiveness of blue lights as a deterrent to injection drug use. The two most recent studies evaluating blue lights are from 2010¹⁷ and 2013¹⁸. It is worth noting that both of these studies were qualitative studies, and interviewed people who currently or formerly used injection drugs at the time of data collection.¹⁷⁻¹⁸ Importantly, **neither study found a connection between installing blue lights and deterring or discouraging injection drug use.**

This was largely because the majority of participants in the 2010 study expressed confidence that they would likely still be able to inject under blue lights or, already have experience with

injecting under blue lights and have therefore developed strategies to inject under such conditions.¹⁷⁻¹⁸ Furthermore, **research suggests the use of blue lights could potentially jeopardize health because blue lights do make it harder to see veins, but do not necessarily deter injection drug use.**¹⁷⁻¹⁸ Therefore, a number of potentially negative health consequences may result from attempting to inject under blue lights, including inflicting damage to the person's injection site (such as by incidentally damaging an artery or nerve),¹⁷⁻¹⁸ selecting a less safe injection site (such as the groin),¹⁷ using other items that would make the injection less safe (such as injecting based off of a mirror's reflection),¹⁷ and increasing the risk of transmitting blood-borne viruses (by having a peer assist with injection, which could lead to the sharing of injection materials and/or "unhygienic physical contact").¹⁷ Although more research on the effectiveness of blue lights is needed, the existing data suggests installing **blue lights could lead to the physical harm of people who use injection drugs, without reducing drug use.**

Instead of installing blue lights, which would not necessarily reduce drug use and may create additional health risks for PWUD, syringe drop boxes could be installed around Franklin Park as an evidence-based strategy to reduce health consequences associated with drug use.

Syringe drop boxes are free-standing containers where used needles can be placed for disposal.²⁰ Research has examined the utility of syringe drop boxes installed in non-park, urban environments identified to have high injection drug use.²⁰⁻²¹ Collectively, this research has found that despite skepticism, after their installation, community members reported seeing fewer needles discarded on the street.^{20, 21}

Though these studies have focused on non-park urban areas, findings may still be translatable to Franklin Park given this work was conducted in areas with high injection drug use. From key informant interviews, community members have observed active injection drug use in Franklin Park. Additionally, previous data examining the geospatial distribution of discarded needles in Boston has identified Roxbury as a hotspot where discarded needles have been concentrated.²² Discarded needles have been such a high concern that one community member felt compelled to create the website, "Boston Heatmaps", a forum where community members can post location information of found needles throughout the park.¹⁹

Discarded needles and drug use in Franklin Park are of great health and safety concern for the community living near and surrounding Franklin Park. **Current data from both community reports and street evaluations suggest that syringe drop boxes, not the installation of blue lights, would result in fewer improperly discarded syringes.**

Community Violence and Safety

Reported rates of feeling unsafe and experiencing violence are high in neighborhoods surrounding Franklin Park, which may impact people's comfort in visiting the park. As demonstrated in Figure 3, residents in the following respective neighborhoods perceived their safety in their own neighborhoods. Dorchester (north) to be the most unsafe, followed by Roxbury, Dorchester (south), and Jamaica Plain within the neighborhoods within proximity of

Franklin Park.¹ However, Boston residents reported experiencing physical or sexual violence in the adult lifetime are similar across these neighborhoods. As shown in Figure 4, Dorchester reported 15.3% (north) and 16% (south) of adults reporting experiencing violence in adult lifetime, Roxbury reported 12.9%, and Jamaica Plain at 17.1%.¹ Despite the Jamaica Plain residents' similar rates of experiencing violence, the proportion of residents reporting their neighborhood unsafe was significantly lower than all other communities.

While it is difficult to determine which neighborhood unhoused adults reside in during these reports, it is important to acknowledge that unhoused adults experience high rates of physical and sexual violence. According to the Health and Homelessness survey, in 2022, 62% of unhoused adults in Boston reported having experienced physical violence, and 19% of unhoused adults in Boston reported having experienced sexual violence since turning 18 years old.² Within the past 12 months, it was reported that 30% of unhoused adults in Boston experienced physical violence, and 7% of unhoused adults in Boston reported having experienced sexual violence. Unhoused adults appear to have higher rates of lifetime experiences of violence as compared to residents in neighborhoods surrounding Franklin Park.

The importance of violence and safety is relevant to the park and community because it is a great asset for local communities to be connected. **If community members do not feel safe in their neighborhoods or the park, they may decrease or stop their usage of the Franklin Park, which would reduce demonstrated benefits associated with visiting greenspaces.** Additionally, residents have raised concerns about the park's safety with regards to discarded needles, which are a result of the overdose crisis in Boston. The safe syringe disposal is one example of a community solution to improve the park's safety.

Boston adults who report feeling unsafe in their community, by neighborhood

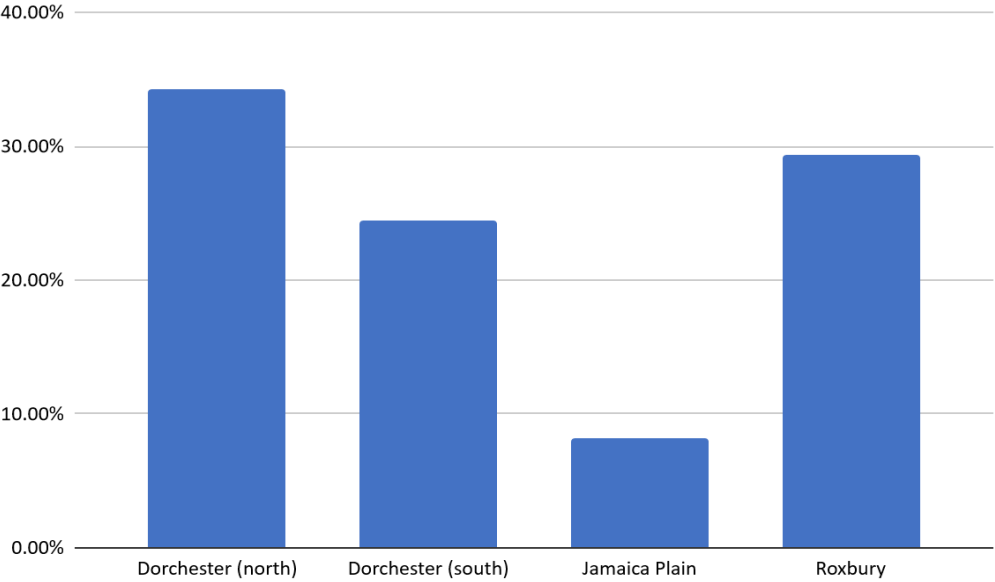


Figure 14. Percent Adults Reporting Their Neighborhood Unsafe, by Neighborhood (2017 and 2019 Combined)

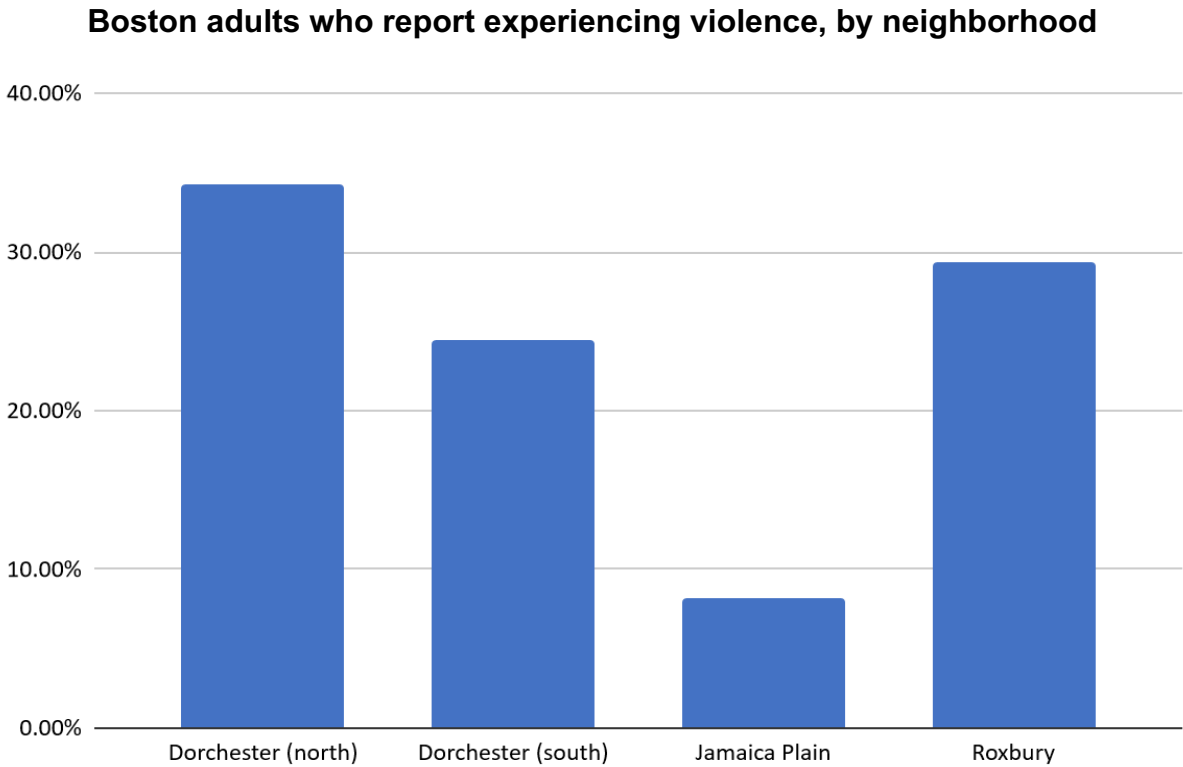


Figure 15. Percent Adults Reporting Experiencing Violence in Adult Lifetime, by Neighborhood (2015, 2017, and 2019 Combined)

Housing

Homelessness has long been a public health concern in the United States. Considering the top five most important community health concerns from Table 1, it is important to acknowledge how health and housing are interconnected. 26% of adults experiencing homelessness in Boston reported a medical condition, mental health condition, or substance use as the main reason they are without a permanent or stable home.² Additionally, 8% of unhoused adults in Boston reported the main reason they were without a home was because of domestic violence or threats to health and safety. Furthermore, the all-cause mortality rate for people experiencing unsheltered homelessness in Boston is nearly 3 times greater than people experiencing sheltered homelessness and almost 10 times greater than the housed Massachusetts population.²⁸ **The relationship between health and homelessness is bidirectional, as people with chronic health conditions are more likely to experience homelessness, but also experiencing homelessness increases risk of morbidity from chronic health conditions and mortality overall.**

Key Informant Interview Themes

Key informant interviews were vital in collecting information from individuals with lived, personal experiences related to Franklin Park and Shattuck Hospital.

We conducted key informant interviews in two distinct phases. First, in April 2023, students conducted six semi-structured interviews with leaders of local neighborhood organizations (n=5) and public health professionals (n=1). In this phase, key informants were recruited using convenience sampling techniques. All interview moderators used the same interview guide to structure the conversation (See Appendix) and interviews were conducted over Zoom and in-person over the course of 30 to 60 minutes. Notes from each interview were then summarized and five common themes were identified collaboratively as a group.

After the completion of the first six interviews, as a class, we decided our findings were missing the perspectives of three key stakeholder groups: residents of the Shattuck Cottages, PWUD, and Shattuck Hospital staff. As noted in the Limitations section of this report, we did not have the training, knowledge, or time necessary to appropriately and ethically interview PWUD or residents of the Cottages.

We did however have the opportunity to interview Shattuck Hospital staff. From June through August 2023, a class member conducted five additional semi-structured key informant interviews. These key informants represented a range of service providers at the Shattuck campus, some of whom worked in administration (n=3) and others with clinical-facing roles (n=2). In this phase of the project, key informants were recruited through a combination of purposive and snowball sampling techniques. An interview guide was created using the previous guide as a model. Interviews were conducted over Zoom, phone, and in-person, and lasted between 30-60 minutes each.

After the completion of the second round of interviews, notes were incorporated into five themes. During the final compilation of this report, the ten total identified themes across both phases of interviews were synthesized into the final six findings.

Themes

Theme 1: Neighborhood residents' perceptions about the Shattuck campus are shaped by historical events regarding drug use and homelessness.

Interviews with key informants revealed the ways in which previous experiences with drug use and homelessness in Franklin Park have shaped current concerns and priorities. Several interviewees expressed concern that Franklin Park would return to how the park was experienced in the 1970s and 1980s, when there were higher rates of open drug use. Previous experiences of children encountering drug use paraphernalia in the park and community were cited multiple times. Additionally, many mentioned concern about the Shattuck Hospital services in connection to Mass and Cass, and feared escalation of violence, discarded syringes, tents,

and public drug use, into and near Franklin Park. The association between open drug use and feeling unsafe, especially when the area is used frequently by children was commonly expressed. The intensity of these feelings seems to be connected with the past experiences of neighborhood residents living near Franklin Park, as they often referenced historic situations with drug use and homelessness when discussing current concerns.

However, we were also told that these feelings of fear and unsafety have misplaced blame onto Shattuck Hospital and have contributed to misinformation about its programs. Multiple Shattuck interviewees felt frustrated towards residents' critical attitudes towards Shattuck Cottages and Pine Street Inn programs, which have shown to be effective in promoting the transition to stable, safe housing. They also cited feeling it was "unfair" all discarded needles found in Franklin Park were blamed on Shattuck Hospital patients.

Theme 2: Some neighborhood residents feel that the presence of the Shattuck Hospital disrupts the ability to fully immerse in nature.

Among neighborhood residents, there was a consensus that Franklin Park and the Shattuck Hospital have two distinct purposes, and therefore do not complement one another. Of those we spoke with, many viewed Franklin Park exclusively as a space for outdoor recreation, gathering with friends and family, and celebrating community events. In contrast, Shattuck campus was viewed as a healthcare facility that provides services to patients.

Interviewees described the function of Franklin Park as critical to the health and well-being of the residential neighborhoods surrounding it. Given the limited green spaces in the area, Franklin Park is viewed as a precious public space that must be preserved for people to enjoy, especially children. One informant described the park as a "central location where people [who] may or may not have the ability to hike or walk" in their neighborhoods can seek solitude from the negative environmental factors they may face at home. Another mentioned the limited green space in the residential neighborhoods saying, "We can't live in a concrete jungle." Many respondents reported that Franklin Park serves as a space to escape from some of the harmful environmental and structural factors present where they live, and felt that the Shattuck's presence within the park disrupted people's ability to fully immerse in nature.

Theme 3: There is a lack of community cohesion between individuals receiving services on the Shattuck campus and residents living near Franklin Park.

Throughout the interview process, it became evident that neighborhood organization leaders and residents do not view the Shattuck campus and Franklin Park as part of the same community. One interviewee mentioned: "I never thought the residents of the cottages or Shattuck as members of the broader Franklin Park community." That same interviewee went on to explain that they held this view because of the temporary nature of the services, and because residents of Shattuck campus are not seen as "park users" or "park goers", but rather, as people receiving public health services. This idea interacts with Theme 2, as the purposes of the two locations, and thus the people they serve, are separate.

Additionally, some informants felt that service providers at Shattuck Hospital do not attempt to engage with the Franklin Park community, and therefore do not act like part of the community. In one informant's words, service providers at Shattuck are "inwardly focused" and need to make a greater effort to engage with Franklin Park community members given their geographical proximity.

However, it was revealed that **many Shattuck Hospital clinicians and staff are not familiar with the Franklin Park Coalition, or other formal community organizations based in or near the park.** Among those we spoke with, some interviewees had heard of the Coalition, but most were unfamiliar with the group's goals, programming, and outreach. When Shattuck-affiliated interviewees learned about the Coalition's events and opportunities for community engagement, all expressed interest in becoming involved to bridge gaps between neighborhood perspectives.

Theme 4: Neighborhood residents perceive homelessness and substance use as serving individuals from outside the community.

Among those we interviewed, many felt the Shattuck Hospital's services did not align with the health needs experienced by residents. Informants feel the current services offered at the Shattuck (ex. mental health services, substance use disorder services, transitional housing services, HIV/AIDS education) are resources intended for visitors of the Hospital, and do not align with the health needs and disparities neighborhood residents experience (asthma, exacerbated as a result of increased traffic pollution; cardiovascular disease; and stroke). One interviewee expressed particular frustration that the Shattuck campus did not provide services to address chronic disease, as rates for these types of illnesses, are higher in neighborhoods surrounding the park compared to Boston rates as a whole. In the view of many we spoke with, the only resources at the Shattuck Hospital available to community members are access to lavatories (due to a lack of public restrooms in Franklin Park) and the daycare center.

From the Shattuck perspective, many campus staff we interviewed emphasized that the hospital not only provides care to individuals living near Mass and Cass, but also to those who are unhoused and living in or around Franklin Park. Additionally, one key informant argued that providing housing and stability services directly benefits the neighborhood's economy, as once patients find work and stable housing, they will look for employment opportunities with local businesses.

Theme 5: A lack of clarity regarding the future of the Shattuck Hospital Campus, the Cottages, and Franklin Park has fueled feelings of fear and uncertainty among residents of surrounding neighborhoods.

During interviews, a recurrent theme was fear and worry about the unknown future of the Shattuck Campus. One respondent voiced concern about not knowing what the new changes to Shattuck Hospital will look like, and how services will be implemented once other Shattuck

Hospital services are relocated, especially with regards to the Shattuck Cottages program. There was also concern about how the long-term implementation and maintenance of the Shattuck Cottages program will look and affect the surrounding park.

This worry was coupled with frustration about the lack of clarity and transparent, timely communication from the Shattuck campus and state government regarding decision making and potentially scaling up. Neighborhood informants voiced that they would value more communication and acknowledgment from service providers and program developers from Shattuck Hospital during the process of visioning and long-term implementation, with some describing service providers seeming very “inwardly focused” or “in denial” of the program’s relationship with the Franklin Park.

Theme 6: Respondents report a lack of investment and efficient maintenance regarding the land of Franklin Park, especially around the Shattuck Hospital.

The most dominant theme of our conversations with key informants was surrounding the need for increased investment and maintenance throughout Franklin Park. Many interviewees reported that the park needs improvements to the physical infrastructure of the park, including updated entranceways, ecological preservation, and crosswalks for pedestrians walking along Circuit Drive. Informants also mentioned that Franklin Park is difficult to access via public transportation, with the nearest MBTA train station approximately a 20-minute walk away, depending on the park entrance used. While a bus does go through the park on Circuit Drive, stops within the park are sparse, and are not lit, sheltered, or wheelchair accessible.

Informants also desire certain infrastructure at the park that is not currently available. One informant cited the need for more active recreational spaces such as playgrounds and picnic areas, as picnic areas fill up quickly and are in high demand. Informants believed that by investing in the maintenance and infrastructure of the park – whether in regular clean-ups, public bathrooms, and lighting – the park will become more accessible to their neighborhoods and communities.

Shattuck Campus respondents shared these views. Many interviewees also emphasized prioritizing the safety of Shattuck Hospital patients in Franklin Park. According to several key informants we spoke with, the park plays a role in improving patients’ well being and physical health. Many of Shattuck’s patients will pass through the park to reach their health services, so having a safe route will allow accessibility to the campus. Additionally, allowing the clients to safely and comfortably use the park will increase their interest in outdoor activities, which had been listed earlier in the report to be beneficial to their health.

Key informants noted two major current challenges in need of community investment to boost community safety. First, many of the individuals we spoke with expressed a need for additional lighting in the park, especially for pedestrians walking at night. Secondly, drug-related refuse was a major concern among all informants we spoke with. Largely, the needle debris clean up effort made by the City of Boston was not seen as adequate among those we spoke with, and

many expressed a need for increased trash and needle clean up by the city's 3-1-1 services. With the increase in needle debris, some interviewees expressed interest in the installation of sharp disposal boxes to help clean up the park. One informant mentioned that for the patients in recovery, viewing needle debris and substance use could trigger a relapse.

Sample Community Health Improvement Plan

After a thorough analysis of secondary and primary data, we selected overarching priorities of the community at the intersection of Franklin Park and Shattuck Campus collectively as a class.

A major overarching finding of our needs assessment was a deep love for the park. The beauty of the green space, opportunity for wellness it provides, and desire to improve its accessibility were common threads throughout all of our conversations with residents and Shattuck clinicians and staff. Additionally, it was evident residents desire increased transparency surrounding decision-making within Franklin Park, specifically regarding the future plans for the Shattuck Hospital campus. An opportunity to enhance rapport between Franklin Park area residents and the Shattuck Hospital was also clear, despite the sentiment that the two communities are distinctly separate entities.

We recognize the complexity surrounding decision-making for the beloved space of Franklin Park as a whole. To help navigate such intricacies, we engaged in a visioning exercise to articulate a sample community health improvement plan (CHIP). This visioning exercise imagined the creation of a hypothetical coalition, the Franklin Park-Shattuck Organization Collaborative (FPSOC). Below each section, we also provide suggestions for how such an organization could address the identified priority areas through goals, objectives, and strategies.

Priority Area One: Safety

Safety was a common theme across all key informant interviews. The community representatives we spoke with expressed that the Shattuck Campus services' proximity to Franklin Park has impacted their perceptions of safety within the park and broader community. We found:

The presence of used needles and other drug paraphernalia poses a threat to the perception of Franklin Park as a safe place, particularly for children. Key informants reported drug paraphernalia, such as used needles and orange caps, are widely visible at certain areas of Franklin Park, primarily at the Shattuck Campus and Franklin Park interface. One key informant expressed that the drug paraphernalia makes them feel uncomfortable bringing their grandkids to the park to play out of fear that the children will accidentally get hurt. While there are regular Boston Parks Department cleanups occurring, the frequent presence of drug paraphernalia remains a top concern among the representatives we spoke with.

As a result, many community members expressed a need for more monitoring and park maintenance. Some key informants have expressed a need for more maintenance personnel to identify park areas needing cleanup. Among individuals who share this belief, it is thought that additional park maintenance staff might help contribute to improved perceptions of overall park safety, which would ease fears that Franklin Park is unsafe, and could increase the number of annual visitors to the park.

Perceptions of park safety may improve by increasing and repairing lighting in Franklin Park. Currently, there are gaps in the quality and amount of lighting within Franklin Park. Throughout the park, there are several stretches of land that do not have any lighting, while other stretches have lights in place, but are of inadequate quality. Key informants expressed that the lack of adequate lighting has been a key issue in fostering a sense of safety for many park goers, especially when navigating the park after dusk. Therefore, a large component of increasing the perception of park safety stems from improving lighting throughout the park.

Priority Area 1: Safety

Goal: Improve park infrastructure and maintenance to address park users' perceived sense of safety, including needle disposal, lighting, and park maintenance staff

- **Objective 1.1:** Analyze areas of high needle discard density in Franklin Park and install sharps collection boxes in those areas within the next three months.
 - **Strategy 1.1.1:** Utilize community-based participatory mapping and existing hotspot data in tandem to determine areas of high needle and other drug paraphernalia density
 - **Strategy 1.1.2:** Assess commercial sharps collection box options and prioritize partnering with organizations that offer professional hazardous waste disposal

- **Objective 1.2:** Evaluate the current state of lighting in Franklin Park and prioritize the installation of new light fixtures and repair of existing light fixtures within the next 12 months
 - **Strategy 1.2.1:** Conduct a walking tour to audit the current state of lighting fixtures in Franklin Park
 - **Strategy 1.2.2:** Utilize 3-1-1 data to identify areas where lighting has been an a reported issue by community members
 - **Strategy 1.2.3:** Secure solar-powered lighting options to improve lighting in the park

- **Objective 1.3:** Allocate funds to hire three full-time park maintenance staff within the next 12 months
 - **Strategy 1.3.1:** Analyze the current Boston Parks Department budget and evaluate whether there is room for funds to be allocated towards more park maintenance staffing
 - **Strategy 1.3.2:** Develop a job description for the park maintenance staff position and publicize posting to the Greater Boston community

Priority Area Two: Access to Services

Lack of access to Shattuck-based health resources and general healthcare was a major theme throughout the research and interview process. While it is clear that the Shattuck hospital offers much needed resources for those experiencing homelessness, mental health, and/or substance use disorder, many residents expressed that the hospital does not address local health needs of the surrounding community. We found:

Lack of needle disposal and safe substance use sites are a concern among community residents. Key informants mentioned concerns of the community around needle disposal in the park and safe substance use. In the words of one informant, “if Shattuck can create safe use sites, I support it if it means less people will be using drugs in the park.” Harm reduction strategies, such as sharp collection boxes and safe use sites, are well supported in the literature.⁴ These initiatives can provide access to safe spaces and practices for substance use, as well as discouraging drug use and littering within Franklin Park.

Among individuals we spoke with, one informant reported that support for harm reduction strategies is present within the neighborhoods surrounding Franklin Park. Community organizations, such as AHOPE, offer opportunities for collaboration with their already-established sharps collection team who oversee installation of sharps boxes in designated areas. On the Shattuck campus, there is currently no designated space for substance use, which may be contributing to the prevalence of drug use in the park. Opening an overdose prevention site and sharps collection would alleviate this need, as well as reduce the occurrence of overdose and injury.

Community members experience barriers when accessing Shattuck services. Throughout the research and interview process, we found the process of entry to care at the Shattuck to be difficult to access through the current referral system. Currently, when contact is made with an individual who would benefit from Shattuck services, the referral request must first go through a representative from the city’s Coordinated Response Team, who will then contact the Pine Street Inn to send one of their team members. Coordination of care is especially difficult for a population that is highly transient and hard to keep in consistent contact.

Access to care needs to be considered from the perspectives of those seeking services at the Shattuck Hospital, as well as residents of the surrounding communities of Franklin Park. Streamlining the referral requests directly through the Shattuck Hospital would make it a simpler process for anyone looking to access services.

Community members experience health needs that are unmet by the current healthcare system. The Shattuck provides specialized services that are tailored to specific subgroups of the population, and may not include the general population of the nearby neighborhoods. Primary health needs that were identified for Dorchester, Roxbury, Mattapan, and Jamaica Plain included mental health and substance use, violence and safety, and chronic disease. Community outreach and collaboration is needed to identify and shape health initiatives that would improve general health resources.

Priority Area 2: Access to Services
Goal: Expand access to needed services including needs related to safe use of substances and general health needs.
- Objective 2.1: Install 15 sharps collection boxes throughout Franklin Park within 6 months

- **Strategy 2.1.1:** Partner with AHOPE sharps team to oversee installation and disposal
- **Strategy 2.1.2:** Advocacy for changes in the park at the city level

- **Objective 2.2:** Open 1 overdose prevention site on The Shattuck campus within 1 year
 - **Strategy 2.2.1:** Advocacy for changes on the Shattuck campus at the state level
 - **Strategy 2.2.2:** Utilize community support to strengthen advocacy efforts

- **Objective 2.3:** Increase coordination of entry to care for anyone seeking services
 - **Strategy 2.3.1:** Collaborate with Mayor's office to streamline service requests directly to Shattuck
 - **Strategy 2.3.2:** Conduct community outreach to identify and shape health initiatives for residents in surrounding communities

Priority Area Three: Park Access

Franklin Park was identified as an essential community resource across all key informant interviews and throughout the research process. Access to the park is, therefore, vital in preserving the park's status as a valuable resource to the surrounding communities. We found:

Road traffic can pose accessibility challenges. A number of major roads run adjacent to and through Franklin Park. These roads connect various communities, and thus often have notable amounts of cars on them throughout the day. High vehicle traffic on these roadways can present difficulties to those attempting to access the park on foot. Due to the location of the roads around the edge of the park, as well as Circuit Drive, which runs through the park proper, it is almost inevitable that pedestrians seeking to access Franklin Park will have to cross one or more of these roads. Despite this, there is an overall lack of well-defined, protected crosswalks on walking routes to and within the park.

Disability-centered improvements are needed to enable greater accessibility. There is a lack of clearly identified disability access needs with regards to Franklin Park. The park is a community gathering space; it is important to ensure that the park is as accessible as possible to all members of the community. One key informant identified Franklin Park as a "central location where people that may or may not have the ability to hike or walk [in their own neighborhoods]." As previously mentioned, the lack of safe crosswalks presents additional difficulty to community members with disabilities. Additionally, any of the previously mentioned potential safety issues in the park could also be barriers to access for park users with disabilities, preventing them from using the park to its fullest potential.

Limited public transit infrastructure could impede park access. Despite being the largest public park in the City of Boston, there is no dedicated MBTA subway stop located in Franklin Park. Public transportation access to the park is primarily via buses. However, our walking survey of the park indicated that many of the bus stops around the park have limited/no seating, no places to shelter from inclement weather, and are not clearly marked or defined. This limits

accessibility to those who may not be able to stand for long periods of time and families with children, and generally limits the practical usability of buses for commuting to and around the park.

Priority Area 3: Park Access

Goal: Preserve Franklin Park's status as a vital community resource and central gathering space by ensuring that all potential park users can safely access the park.

- **Objective 3.1:** By December 2024, identify major crossing points/areas of high pedestrian traffic, and implement safe, protected crosswalks with flashing lights at 100% of identified locations.
 - **Strategy 3.1.1:** Conduct a walking survey of the roads surrounding and passing through Franklin Park to identify major areas of pedestrian traffic which would benefit from the addition of crosswalks.
 - **Strategy 3.1.2:** Conduct one (1) or more surveys of park users in the park to identify their means of commuting to the park and ascertain challenges faced by those who commuted to the park on foot.
 - **Strategy 3.1.3:** Establish a working partnership between the Franklin Park-Shattuck Collaborative and the Boston Department of Public Works to facilitate the installation of flashing lights and/or streetlights at existing crosswalks leading to the park if not already present, and construct new crosswalks with flashing lights and/or streetlights at identified areas of high pedestrian traffic.

- **Objective 3.2:** Identify and address disability access needs in Franklin Park by December 2024.
 - **Strategy 3.2.1:** Conduct a walking/driving survey of Franklin Park in conjunction with members of the disability community in order to identify any areas where disability access could be improved.
 - **Strategy 3.2.2:** Implement an online, comment-based, feedback system where individual park users can report any access challenges they encounter to the Franklin Park-Shattuck Collaborative, and place QR codes in various areas of the park for individuals to access and utilize the feedback system; create a paper version of the feedback system and place a drop box for comments in the community clubhouse for individuals who do not wish to or cannot utilize the online feedback system.

- **Objective 3.3:** Identify means by which public transit (namely the MBTA) can better serve potential park users seeking to access Franklin Park Via public transit by December 2024.
 - **Strategy 3.3.1:** Partner with the MBTA to conduct a survey of communities surrounding Franklin Park (akin to MBTA Systemwide surveys that have been previously conducted) to identify the most acute public transit needs.
 - **Strategy 3.3.2:** In partnership with the MBTA, ensure that bus service to the park remains frequent and regular throughout the day, even on weekends and holidays.
 - **Strategy 3.3.3:** Partner with the MBTA and Boston DPW to improve seating, shelter, and signage at bus stops around the park.
 - **Strategy 3.3.4:** Assess the feasibility and desire for a shuttle connecting various areas

of the park, with the aim of making the park more accessible/navigable and reducing vehicular traffic in and around the park.

Priority Area Four: Community Cohesion

After conducting key informant interviews, it is evident that many local residents and neighborhood organizations do not consider Shattuck campus users as a part of the Franklin Park community. In the words of one key informant, “I don’t view the Shattuck folks as a part of the community. I don’t believe people just passing through have the right to have a say in what happens here at the Park.” As public health students, we believe recognizing the health needs of both residents living in the neighborhoods surrounding Franklin Park as well as those of the individuals receiving care and services at the Shattuck Hospital is necessary to building a healthy community. We found:

The Shattuck Hospital fills a critical gap in Boston’s healthcare landscape. Built by the state of Massachusetts in 1954 and funded by tax dollars, the Shattuck Hospital provides essential care for patients who may not otherwise be able to access healthcare, including those who are incarcerated and/or in state care, and those with multiple diagnoses.^{1,2} Care provided at the Shattuck is strengthened by its relationships with Boston-based institutions, including St. Elizabeth’s Medical Center and Tufts University School of Medicine, ensuring patients receive care that is high quality and aligned with the latest advancements in medicine. At the Shattuck Hospital, clinicians practice their vocation, while patients receive care and services, illustrating the multi-purpose, multi-use nature of Franklin Park.¹ In the near future, much of the services provided at the Shattuck Hospital campus will move to Boston Medical Center, away from Franklin Park; however, a subset of services will remain, including the Cottages at Shattuck, a transitional housing program managed by the Collaborative Care Alliance. As long as healthcare services are offered at the Shattuck site, we believe embracing the value the Shattuck Hospital brings to Boston is foundational to increasing cohesion between these groups.

Systemic racism and events experienced in the past can impact community building. As noted by several key informants, residents of the neighborhoods surrounding Franklin Park did not vote for the Shattuck Hospital to be located in their community. As described earlier in our assessment, there is a demonstrated lack of greenspace in the neighborhoods surrounding Franklin Park. For local residents, the park is a valuable neighborhood asset not only because of its size, but because it is the only greenspace many residents can easily access and regularly use. As a result, many in the community view the Shattuck campus as taking up a valuable and limited public resource.

This sentiment is furthered by a shared belief that the mental and physical health needs of nearby residents are not being adequately met. As previously mentioned, key informants spoke of the high prevalence of mental health challenges, asthma, and chronic disease(s) within the

community, but do not feel the healthcare offered by the Shattuck is tailored to these needs, nor is the care accessible. As a result, many local residents feel distanced from an institution that does not address the community’s perceived health concerns, and yet was placed in their community without a vote of endorsement while taking away valuable greenspace.

Limited access to public greenspaces and health services in the neighborhoods surrounding Franklin Park is consistent with other planning policies that disproportionately affect the health and wellbeing of communities of color. In cities across the United States, features of the built environment that can contribute negatively to health outcomes, such as presence of liquor stores and interstate highways, are disproportionately located in communities of color.^{3,4} In contrast, resources that enhance quality of life, such as greenspace, employment and career opportunities, and high-quality healthcare are overwhelmingly more available and accessible to individuals who have access to capital and resources.⁵ This reality applies to the neighborhoods that border Franklin Park, including Roxbury, Dorchester, and areas of Jamaica Plain, and is the result of harmful, discriminatory policies like redlining, and its impact on zoning laws, and access to homeownership, capital, and political power.⁵

Second, many key informants spoke of a Franklin Park from decades past that experienced high levels of violence in the late 1980s and early 1990s. Throughout this time period, drug trafficking and gang activity escalated in neighborhoods surrounding Franklin Park, including Roxbury, Dorchester, and nearby Mattapan, and led to an increase in violence. For example, from 1987 to its peak in 1990, the juvenile handgun homicide rate in Boston tripled, from 22 individuals in 1987 to 73 in 1990, with many of these deaths occurring in neighborhoods near the park.⁶

The memories many local residents have of substance use and violence in the park may impact their feelings towards substance use disorder treatment provided at the Shattuck Hospital. In the words of one key informant, “the park was not a nice place when I was growing up. I don’t want to see it return to that state.” Although practices of harm reduction could help to reduce health and safety concerns associated with drug use, many in the community may associate drug use with violence, based on historical experiences. This in turn also contributes to feelings of division between local residents and campus service users.⁷ Holding space for these community experiences while acknowledging the Shattuck Hospital’s presence and use of the park land is necessary to build a strong, inclusive community of Franklin Park advocates and visitors.

Priority Area 4: Community Cohesion
<p>Goal: Within one year, create regular opportunities for Shattuck campus service users, providers, and other Franklin Park visitors to engage with one another and acknowledge shared use of the park.</p> <ul style="list-style-type: none">- Objective 4.1: Create Franklin Park-Shattuck Campus Collaborative (FPSCC), comprising elected neighborhood representatives and service providers who will remain working on the

Shattuck campus after the bulk of services move to Boston Medical Center. *Further detail is provided in the following section.*

- **Strategy 4.1.1:** Establish quarterly meetings between state and local governments, neighborhood organizations, and Shattuck campus service users to discuss concerns, upcoming events, and initiatives.

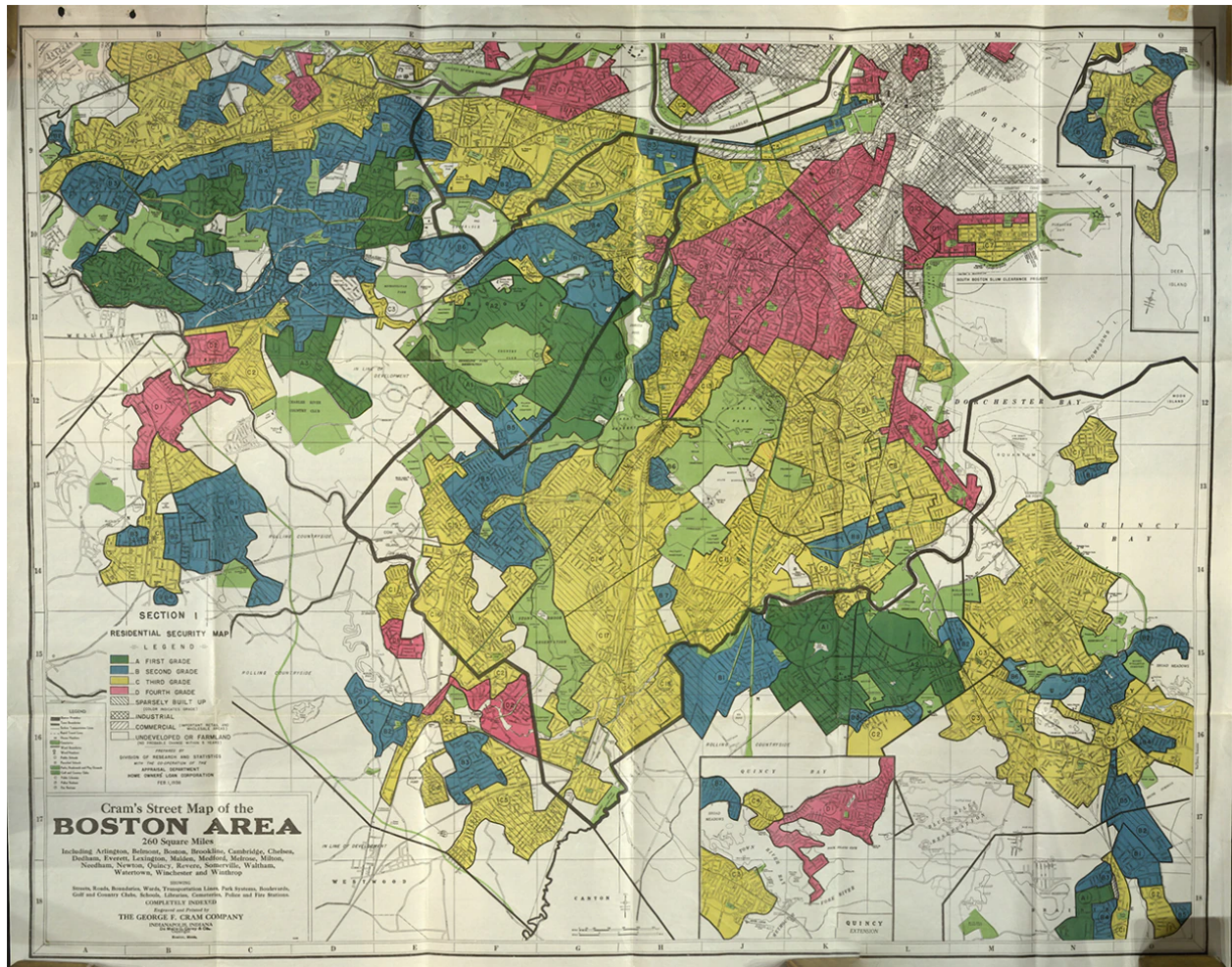
- **Objective 4.2:** Create monthly meetings and events that are specifically designed to facilitate community building between Shattuck campus users, the Franklin Park Coalition, and members of the Jamaica Plain, Roxbury, and Dorchester neighborhoods
 - **Strategy 4.2.1:** Create a calendar of existing and new events and disseminate to Shattuck campus users, providers, other Franklin Park visitors, and residents of Jamaica Plain, Roxbury, and Dorchester
 - **Strategy 4.2.2:** Recruit members of the FPSCC to post flyers and conduct outreach to encourage members from across Franklin Park's community of visitors to attend and engage in community building events
 - **Strategy 4.2.3:** Conduct demographic surveys of event attendees, compile report of findings after one year

Conclusion

Our report further emphasizes the importance of Franklin Park to local residents who rely on the park to spend time in nature, play with their children, and promote health and wellness activities. Findings from our report also underscore the challenges of addressing seemingly different or conflicting needs in a shared space. In the sample CHIP, we imagined a new organizational structure, the FPSCC, to facilitate cooperation between service providers remaining at the area of the current Shattuck campus, and neighborhoods surrounding Franklin Park.

Franklin Park and the services provided at the Shattuck campus are both essential public health resources. Meaningful investment is needed and overdue in order to preserve these valuable services. Harm reduction strategies are beneficial both to those who use them and to nearby residents and park users in general. In addition to meaningful investment and harm reduction measures, additional community health measures are warranted to ensure the health needs of communities surrounding Franklin Park are adequately addressed. Despite the outwardly disparate needs of residents of neighborhoods surrounding Franklin Park and people seeking services at the Shattuck campus, cooperation is possible, and an important component of preserving Franklin Park as a welcoming, healthy, and safe space for all who visit

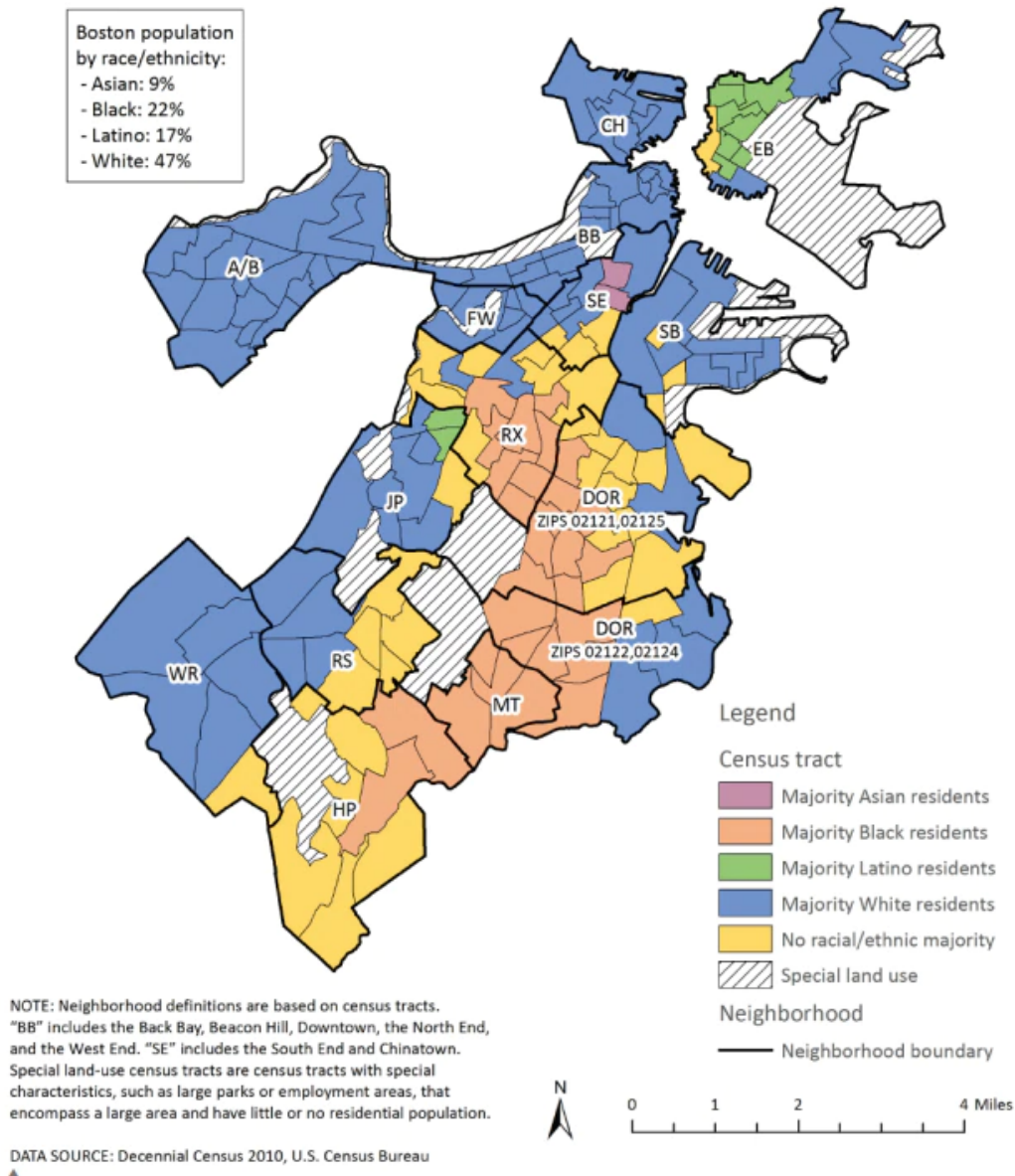
Appendix 1



Redlining Map of Boston as drawn by the Home Owners' Loan Corporation in the 1930s. Throughout this process, neighborhoods were designated green for “desirable,” blue for “still desirable,” yellow for “definitely declining,” and red for “hazardous”. As demonstrated, all neighborhoods surrounding Franklin Park at the time this map was created were given a “definitely declining” or “hazardous” rating, which made mortgages less accessible for residents and impacted the infrastructure developed in the neighborhood.¹

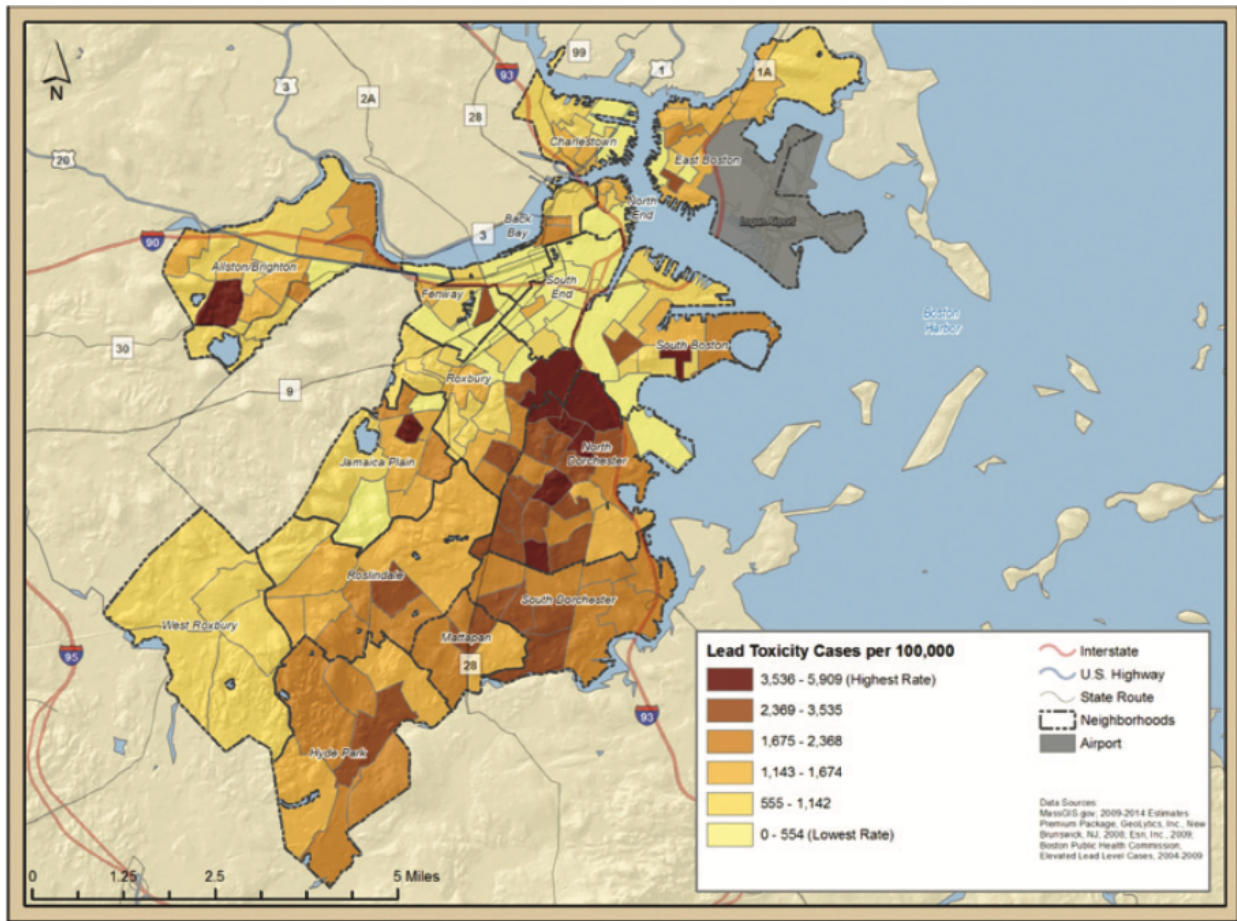
Appendix 2

Figure 1.7 Majority Racial/Ethnic Group by Census Tract, Boston, 2010



Boston neighborhoods by race/ethnicity based on 2010 Boston census data. As demonstrated, with the exception of the southwest corner of the park, most of the neighborhoods surrounding Franklin Park are majority-Black or racially and ethnically diverse. It is worth comparing this map to Figure 1, and to consider the ways in which the neighborhoods today may have been impacted by the redlining policies of the 1930s.²

Appendix 3



Rate of Elevated Blood Lead Levels in Children by Census Tract, Boston, 2004-2008. It is well documented that communities of color in Boston, such as those surrounding Franklin Park, experience health disparities compared to White residents. As demonstrated by this map, some of these disparities are environmental in nature and can lead to a wide range of health impacts. ³

Appendix 4

Key Informant Interview Guide, 2023

Interviewer: Faculty and students from BU School of Public Health are conducting an assessment to identify unmet health and safety needs for people who use Franklin Park and people who utilize services on the Shattuck Hospital Campus. To inform this assessment, we are seeking to interview individuals who are:

- Neighborhood Organization representatives from the areas surrounding Franklin Park; or
- Providers of homelessness-related services in Boston.

These interviews will cover topics including greenspace access, safety, community engagement, healthcare access, and others. Interviews will last 30-60 minutes and be conducted in-person and via Zoom. Although we are unable to provide monetary compensation, the information we learn in these interviews will help us identify gaps and generate recommendations for how the Franklin Park Coalition can begin to address them. Information that you provide us may be included in our report, but we will not refer to you by name—for example, we might say, “One [neighborhood organization representative/service provider] said...”

Questions for neighborhood organizations:

1. Could you please start by introducing yourself, and describe your organization, and role?
2. How would you describe your neighborhood/your community?
Probe: Could you describe the needs of the community that you serve? (*probe: housing, health, security*)
3. What do you believe are the greatest assets of Franklin Park for you and your neighborhood?
4. What examples of change of the environment and atmosphere of Franklin Park, if any, have you noticed in the past few years? Why do you think those have occurred?
5. What supports and services, not in place, would be most beneficial to you and your community right now?
6. Describe the process of how you might address issues that arise in Franklin Park.
 1. Probes:
What official channels do you go through to raise a park issue to the city?
Are there other more effective ways to address park issues?
What are some challenges to this process of addressing issues in the park?

What are your perceptions of the Shattuck cottages?

To what extent do you believe residents and service-utilizers at the Shattuck Campus are included in the Franklin Park community? What are some suggestions that may improve this?

What would you like to see present from the Shattuck cottages and other homelessness services in the area to make their implementation meet the needs of the community you represent?

How have neighborhood perceptions surrounding substance use changed in recent years?

How would you describe police interactions with the people in your community?

Probe: What are your perceptions of the various police presences in and around Franklin Park (including Boston City Police, park rangers, and state police)?

Is there anything we didn't ask that you wish we had, or anything that you'd like to add?

Questions for service providers:

1. What are your roles and responsibilities in providing services related to homelessness?
2. How does location of services impact a patient's ability to access them/health outcomes?

Probe: How does proximity to services to where patients are staying impact their health?

3. From your experience, how are services on the Shattuck campus serving the unhoused community in Boston? What would improve the current services?
4. How did the COVID-19 pandemic affect your funding sources, resource allocation, and the wellbeing of people you serve?
5. What do your partnerships with other departments and organizations look like? How does this strengthen your service delivery, or present challenges to what you are able to provide?
6. How are people experiencing homelessness using Franklin Park/using parks, in general?
7. From your observations, how does access to Franklin Park (or outdoor greenspace) affect the health and wellbeing of clients in interim or supportive housing programs or patients receiving substance use services or treatment?

Probe: What kind of programming would you like to see Franklin Park, or other parks offer that would include or be designed for the populations you serve?

8. What types of services do you provide the Franklin Park area population and how does the community view your role? Does that perception impact or conflict with the services you are able to provide?
9. What suggestions would you have for fostering a sense of community among Franklin Park users and Shattuck Campus users?
10. Could you describe the benefits and/or drawbacks of locating wrap-around services in a few neighborhoods/locations?
11. How does the city of Boston's tent and encampment ban impact your clients? How has this policy changed people's health and access to services and stability?
12. How do you see the local and state government addressing homelessness from a long-term perspective? Are there partnerships set up for individuals living at the cottages to be placed in permanent housing?
13. How does the role of policing and criminalization impact people who are seeking substance use or harm reduction services at the Shattuck?
14. Is there anything we didn't ask that you wish we had, or anything that you'd like to add?

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