

We are the partners of the Healthy Neighborhoods Study (HNS), a community-based Participatory Action Research longitudinal study of the effect of neighborhoods on the health and wellbeing of residents in nine urban communities in metro-Boston. HNS provides critical information on residents' experiences on the ground in their communities, and what matters most for health where they live. We offer data, insights, and recommendations from communities in HNS to guide decision-makers and communities as they work together to respond to the threat and impact of COVID-19 in ways that equitably and effectively meet the needs of vulnerable populations and places.

Our data shows how entire neighborhoods face systematic barriers to adopting widespread social distancing and in-home care that contribute to place-based vulnerability as well. Place-based disparities in health, wealth, housing security, neighborhood amenities, public infrastructure and climate readiness make entire communities more vulnerable to COVID-19 and have serious population-level health and economic consequences.

Since 2015, we have surveyed over 3,000 residents. 4% of people reported living in transient housing (shelter or half-way house); 6% live in public housing and 62% are renters. In total, 37% rely on some type of housing assistance, which means they cannot afford to be without income or have income limited. 33% were born outside the US, 44% earn less than \$1,250 per month. This diverse sample, inclusive of people living in senior homes, helps us better understand how COVID-19 risk and protection policies will impact vulnerable communities.

Healthy Neighborhood Study | Data highlights

Higher Exposure to Risk:

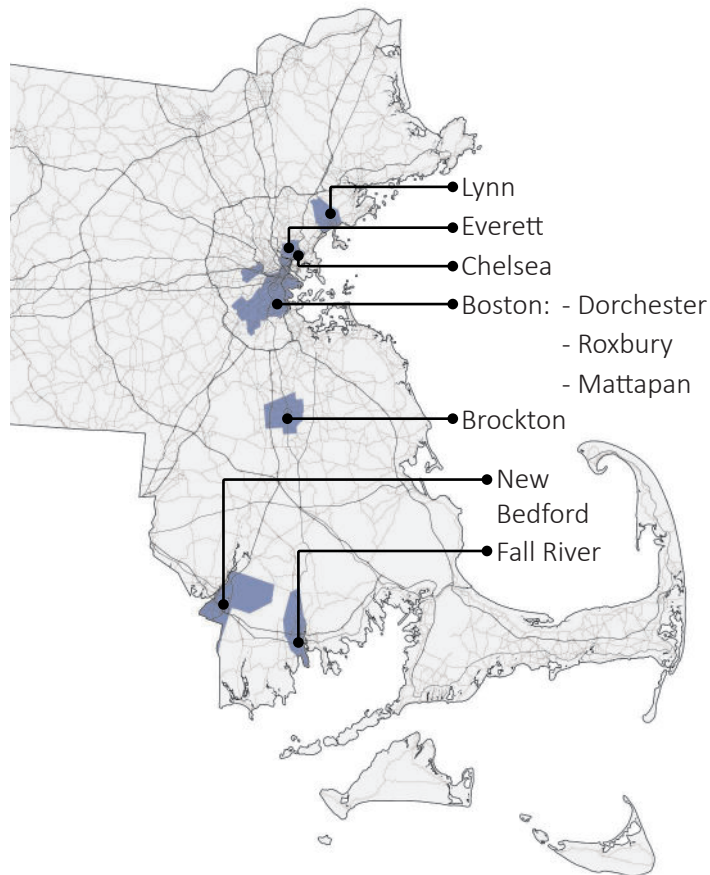
- 23% report poor (4%) or fair (19%) health
- 18% report living with nearly constant stress or nervousness.
- 60% of respondents use public transportation.

Employment and Financial Insecurity:

- 59% of respondents find it hard to cover expenses
- 62% report that they came up short paying bills at some point in the past 5 years. To compensate 10% didn't buy food, and 12% worked more.
- 21% went hungry in the past month.

Limited access to care:

- 7% report not having health insurance.
- Only 40% go to a doctor's office when they are sick.
- 27% do not have anyone they could count on to take care of them if they were confined to bed.



Partner Organizations: Massasoit Community College | Codman Square Neighborhood Development Corporation | Alternatives for Community and Environment | Everett Community Health Partnership/Joint Committee for Children's Health Care in Everett | GreenRoots | Lynn United for Change | Mattapan Food and Fitness Coalition | Voices for a Healthy Southcoast/Southcoast YMCA | Greater Fall River Partners for a Healthier Community | Conservation Law Foundation | Massachusetts Institute of Technology Department of Urban Studies and Planning.

Healthy Neighborhood Study | COVID-19 Recommendations

Barriers

- Some don't have this option
- Inability to work and care for children who are out of school
- Reduced income or unemployment
- If working, use of public transportation

- Paid sick leave and expanded unemployment benefits are crucial public health measures in our communities
- Increase the frequency of buses and trains to thin out density on these vehicles and protect people and communities who rely on it for work and are unable to work from home.



Stock up on supplies

Barriers

- People who are already short on income can't afford it
- Food bank- standing in line increases exposure
- No meal plan for children out of school

Strategies

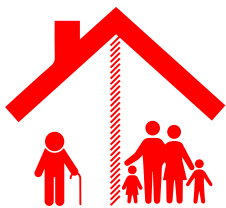
- Provide nutritional support for households as workers are forced to cut back on work hours.
- Contribute resources to community organizations facilitating food access.



Barriers

- Lack financial resources to keep a reliable supply of medicine and food
- Lack of social or family support for care needs
- Coping with the financial and health risks created is harder for people already struggling with high levels of stress.
- Crowded homes pose risks to all household members
- People experiencing homelessness, addiction and mental health challenges

- Provide community organizations with the financial and informational resources to support ailing community members can mitigate the spread of the virus, while ensuring essential care to those who need it.
- One example is a community led errand system for quarantined families.



Elderly: Self isolate

Barriers

- Coping with illness or disruption will be much harder for low income elderly.
- For some, the only care option may be to move in with a family member, putting them at a higher risk of the virus due to overcrowding.

Strategies

- Work with seniors to develop programs that:
- Provide care for older adults with underlying health conditions and ongoing medical needs who are self-isolating in their homes.
 - Care for older adults who have contracted the virus with no viable care option at home.

Barriers

- People without health care insurance, or without a primary care provider, will not know how to protect or care for themselves
- Traditional channels of communication are disrupted.

- Public officials must provide clear instructions for getting medical care for people who do not have a primary care provider
- Communicate through trusted community hubs and networks such as through community organizations, clinics, and shelters.