CHA Regional Wellbeing Report:
A Community Health Needs Assessment

Executive Summary

The Cambridge Health Alliance (CHA) is pleased to present the 2022 CHA Regional Wellbeing Report: A Community Health Needs Assessment (CHNA). The complete report is available for download on our website here. This extended Executive Summary provides a high-level overview of the background, methods, key findings, and priorities, as well as links to the complete appendices.

Background

CHA has a long history of working alongside communities to improve community health and wellbeing. The way in which CHA does this is through a Wellbeing Assessment and Improvement Process. This includes a *Community Health Needs Assessment (CHNA),* which is a process to analyze community needs and strengths and identify priorities for improvement, and a *Community Health Implementation Strategy (IS)*, which is a set of goals, objectives, and activities to address the needs identified during the CHNA.

This report is the product of a collaborative process that centered community voices to examine the strengths and challenges of CHA service area communities, with the purpose of taking action to positively change the factors that influence individual and community health. The report focuses on what emerged from the Community Health Needs Assessment process – the community conditions that influence people's wellbeing. A community's natural and built environment, economic and educational environment, and civic and social environment all affect the physical and mental health of community members. The assessment incorporates equity principles, acknowledging that health and illness are not solely a result of individual choices or characteristics, but rather a result of inequity in systems and resources.

Image Source: American Hospital Association, Association for Community Health Improvement (ACHI), Community Health Assessment Toolkit.

For the 2022 assessment, CHA came together with several health systems and municipal public health partners who planned to conduct comprehensive CHNAs. We aligned data collection tools and analytic approaches, recognizing that our overlapping service areas created an opportunity to

coordinate, rather than duplicate, efforts. The 2022 assessment represents CHA's effort to unify all service area communities into the same three-year CHNA/IS cycle. **This report includes in-depth assessment results for the communities of Everett, Malden, Medford, and Somerville.** Results for Chelsea, Revere, and Winthrop are presented in the **2022 North Suffolk Public Health Collaborative (NSPHC) CHNA Report** (Appendix D). The **2020 City of Cambridge Community Health Assessment** provides the most recent results for Cambridge (Appendix D).

Medford & Somerville
- Community Advisory Board (CAB)
- Beth Israel Lahey Health (BILH) – Mount Auburn Hospital
- Tisch College Community Research Center

Cambridge Public Health Dept completed an assessment in 2020.

Chelsea, Revere & Winthrop
- North Suffolk Public Health Collaborative Steering Committee
- Beth Israel Lahey Health (BILH) and Mass General Brigham (MGB)
- Metropolitan Area Planning Council (MAPC)

Everett & Malden
- Community Advisory Board (CAB)
- Mass General Brigham (MGB)

Process and Methods

The design of the assessment was informed by a conceptual framework called the Tool for Health and Resilience in Vulnerable Environments (THRIVE).[1] THRIVE identifies three domains of community conditions that are influenced by structural drivers. The three domains – People, Place, and Equitable Opportunity – include factors that research and experience have shown are associated with health and wellbeing outcomes.

Tool for Health and Resilience in Vulnerable Environments (THRIVE) Model

PEOPLE | Social and Cultural Environment
- Social networks and trust
- Participation for common good
- Norms and culture

PLACE | Natural and Built Environment
- Look, feel, and safety
- Parks and open space
- Getting around
- Housing
- Air, water, and soil
- Arts and cultural expression
- What's sold and how it's promoted

**EQUITABLE OPPORTUNITY | Economic and Educational Environment**
- Living wages and local wealth
- Education
- Access to resources and services*

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[1] Prevention Institute. (n.d.). *THRIVE: Tool for Health & Resilience in Vulnerable Environments.* https://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments

We used an approach called Participatory Action Research (PAR) as part of this assessment. PAR emphasizes community participation and leadership in designing research questions, conducting data collection and analysis, and taking action informed by the results. Community Advisory Board (CAB) members (Appendix A) were also key to the design and implementation of the assessment process.

We conducted a community survey, focus groups, and one-on-one interviews to engage and listen directly to community members. Secondary data was drawn from over 40 national, state, regional, and municipal sources. The CHA team conducted initial analyses to identify themes from focus groups and interviews, calculate statistics from primary survey data, and compile statistics from secondary data. These analyses were conducted with an equity lens to identify trends that may vary based on the experiences of different communities. Key findings were shared iteratively with CAB members and community groups to collaboratively analyze and make sense of the data.
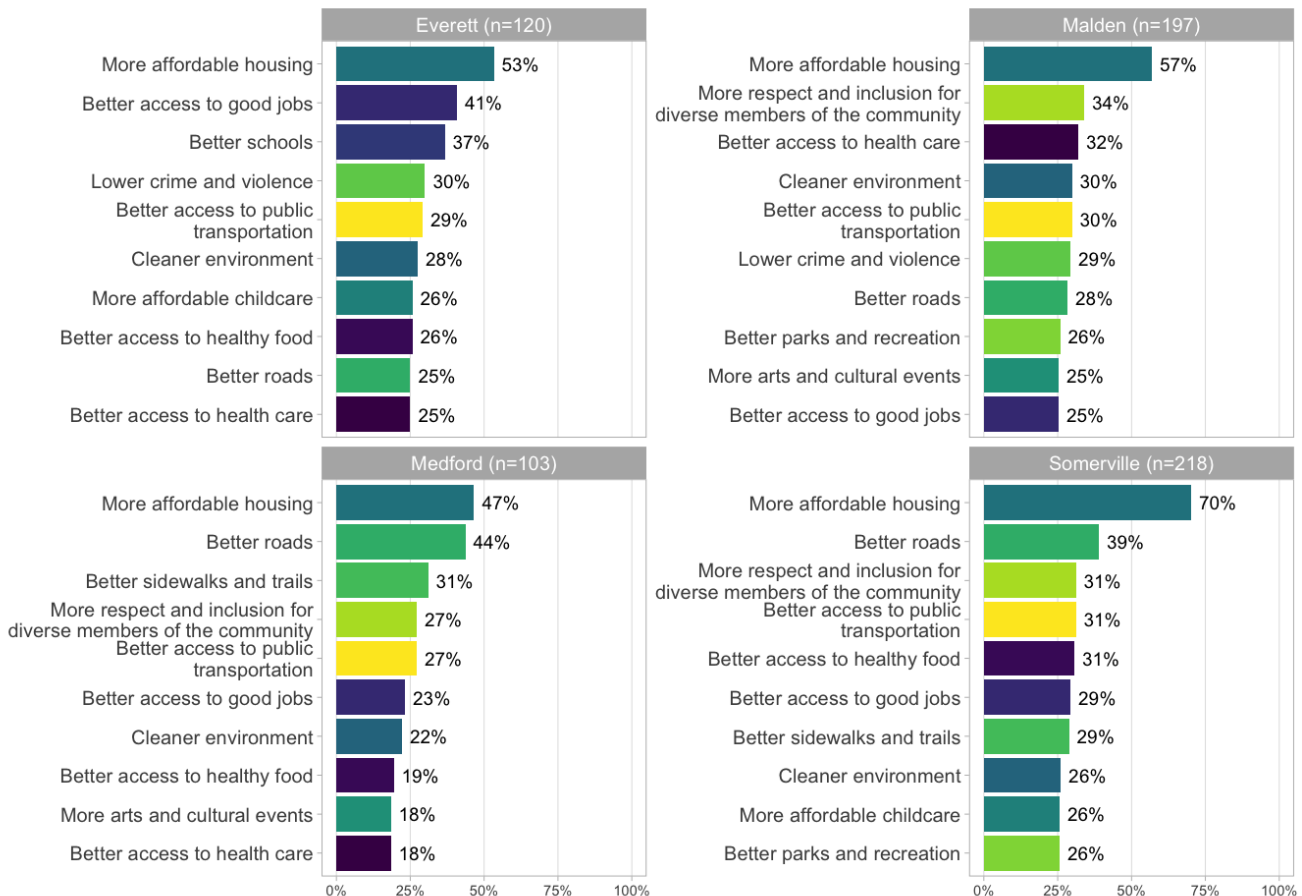
Community Engagement in Primary Data Collection
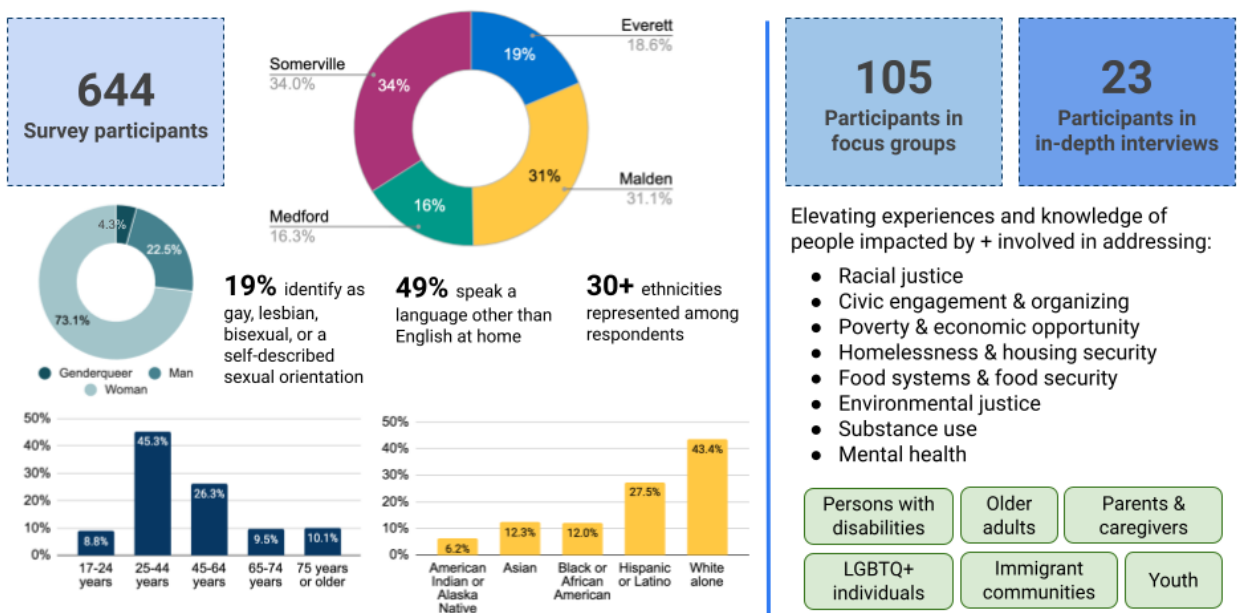
Notes: The Community Wellbeing Survey was administered from October–December 2021. Interviews and focus groups were conducted from October 2021–February 2022. In addition to participation from Everett, Malden, Medford, and Somerville community members, the North Suffolk Public Health Collaborative engaged participants from Chelsea, Revere, and Winthrop, whose contributions are included in the 2022 NSPHC CHNA Report.

For further details related to the background, process, and methods for the assessment, please see the Appendix.

Key Findings: Strengths and Challenges

Our communities and institutions have many strengths. Overall, the people who participated in the assessment feel a sense of belonging in their communities. They tend to agree their communities are good places to live, grow, and age. However, people voice concerns rooted in systemic challenges facing our world, nation, and local communities, like the erosion of social connectedness and trust, barriers to accessing resources and opportunities, and structural inequity present in institutional policy and practice. These challenges show up in ways that have consequences for health, mental health, and wellbeing. The impacts of inequity are pronounced for groups that are structurally marginalized from power and privilege, including youth, older adults, immigrants, persons with disabilities, gender expansive individuals, language communities other than English, and people of racial and ethnic groups impacted by structural racism. Despite the challenges, including in the context of COVID-19, participants emphasized that we can work to address these concerns by building on our strengths.

Data Point | Participants in the CHA Community Wellbeing Survey were asked to identify the most important things to improve in their community. Among Everett, Malden, Medford, and Somerville participants, **more affordable housing was the top priority for improvement.** Other top priorities included transportation infrastructure, access to quality jobs, schools, and health care, and respect and inclusion for diverse community members. Many other areas emerged among the 10 most common priorities in each community, as displayed in these charts.

Everett (n=120)

More affordable housing	53%
Better access to good jobs	41%
Better schools	37%
Lower crime and violence	30%
Better access to public transportation	29%
Cleaner environment	28%
More affordable childcare	26%
Better access to healthy food	26%
Better roads	25%
Better access to health care	25%

Malden (n=197)

More affordable housing	57%
More respect and inclusion for diverse members of the community	34%
Better access to health care	32%
Cleaner environment	30%
Better access to public transportation	30%
Lower crime and violence	29%
Better roads	28%
Better parks and recreation	26%
More arts and cultural events	25%
Better access to good jobs	25%

Medford (n=103)

More affordable housing	47%
Better roads	44%
Better sidewalks and trails	31%
More respect and inclusion for diverse members of the community	27%
Better access to public transportation	27%
Better access to good jobs	23%
Cleaner environment	22%
Better access to healthy food	19%
More arts and cultural events	18%
Better access to health care	18%

Somerville (n=218)

More affordable housing	70%
Better roads	39%
More respect and inclusion for diverse members of the community	31%
Better access to public transportation	31%
Better access to healthy food	31%
Better access to good jobs	29%
Better sidewalks and trails	29%
Cleaner environment	26%
More affordable childcare	26%
Better parks and recreation	26%

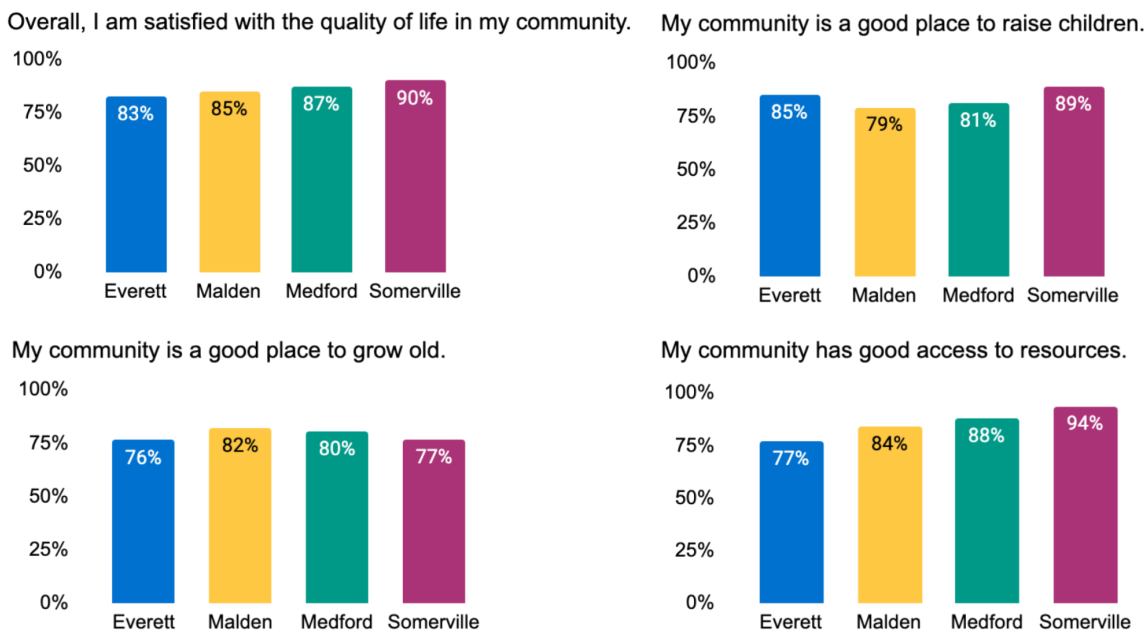*Data Source:* CHA Community Wellbeing Survey 2021.

These top priorities for improvement reflect the perspectives of those who participated in the survey, and are not necessarily representative of the total population. **The purpose of the survey was to elevate the experiences of people closest to the impact of social, economic, racial, and health inequities in our communities.** Indeed, the people who participated in the survey included more people of color, more immigrants, more people who speak languages other than English, and more disabled persons relative to the populations of each municipality.[2] While not generalizable, the survey participants' priorities echo the priorities that emerged throughout the assessment process from complementary secondary data sources, and provide a foundation for the Key Findings.

These nine Key Findings are presented in the order in which they are discussed in-depth in the Results section of the report. The order is not intended to imply order of importance or priority.

Key Finding #1 | The communities have strong social networks, community organizing skills, cultures of civic engagement, and support for getting involved in policy advocacy.

These strengths have grown and been heavily utilized during the COVID-19 pandemic and in solidarity with movements for racial justice, immigrant rights, reproductive rights, and violence prevention. Intentionally investing in these strengths is a leverage point for systemic change.

Data Point | Most participants in the Community Wellbeing Survey reported satisfaction with several indicators of community wellbeing, such as quality of life, raising children, growing old, and accessing resources. These are strengths to build on.

Data Source: CHA Community Wellbeing Survey 2021

Notes: Percentages include participants who selected Agree or Strongly Agree, excluding those who selected Don't Know.

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[2] U.S. Census Bureau, American Community Survey (ACS) 2015-2019 5-Year Estimates are used for population comparisons. For detailed statistics on survey participants, see the Community Wellbeing Survey Frequency Tables available in Appendix F.

Key Finding #2 | Assessment participants believe that those who are closest to the impact of inequity must be at the center of how decisions are made, how systems operate, and how resources are allocated.

Deep and long-term changes in culture and systems are required in order to advance health equity and justice. Changes in institutional and government processes and structures are possible, and are already being demonstrated in each of the communities.

Key Finding #3 | There is a need for safe, culturally responsive spaces for healing and collective care.

The intersecting crises of racism, political discord, violence, and COVID-19 raise growing concerns about impacts on the mental health and wellbeing of community members. While access to mental health care is an essential need, this challenge cannot be the responsibility of therapists alone to solve. Participants reflected on how collective care means not only creating intentional spaces and resource centers for people to come together, but imagining systems that ensure safety from violence and discrimination, that foster belonging and healing, and that promote public spaces that equitably reflect the priorities and preferences of diverse communities. As defined by the Ugandan feminist organization Raising Voices, "Collective care is seeing others' well-being as a shared responsibility of the group."[3]

Key Finding #4 | Environmental justice is needed to advance health equity in our communities.

Environmental justice was a common thread tying together concerns related to climate change, air and water quality, land use, food systems, and transportation. There are strong community organizations and experts dedicated to addressing these issues in our communities, particularly regarding climate resilience and food security. Still, inequities within and between communities in terms of awareness of climate change preparedness, exposure to pollution and environmental hazards, experiences of hunger and food insecurity, and access to safe, reliable transportation emphasize the importance of systems approaches, collaboration, and community engagement and leadership.

Key Finding #5 | Equitable access to affordable, safe, high quality housing is a significant concern.

Across all communities, participants in the Community Wellbeing Survey identified more affordable housing as the most common priority for improvement. This trend remained fairly consistent regardless of age group, racial group, ethnicity, language, or immigration history. The cost of housing takes up large proportions of families' income, particularly among lower-income households and in neighborhoods with higher concentrations of residents who are people of color. The risk of eviction is a growing worry as COVID-era moratoria and financial assistance programs expire. The housing stock in our communities is among the oldest in the state of Massachusetts, increasing the risk of

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[3] Billing, L. et al. (2022). *Creating and maintaining a culture of self and collective care at Raising Voices*. Sexual Violence Research Initiative: Pretoria, South Africa. https://raisingvoices.org/resources/culture-of-self-and-collective-care-at-raising-voices/

maintenance-related safety and quality issues, and of exposure to toxins like lead. Housing concerns are rooted in structural issues. Among these concerns include the history of racial residential segregation, discriminatory housing policies, and the financialization of real estate (i.e. the treatment of housing primarily as a financial asset rather than a human right; an example being the acquisition of housing by financial firms to generate profit).[4] Policy and program solutions to strengthen housing security are being developed and implemented in our communities, and are a high priority to continue investing in.

Key Finding #6 | Poverty, income inequality, and wealth inequality continue to burden members of the community, exacerbated by the economic consequence of the COVID-19 pandemic.

In most of our communities, the proportion of residents living below the federal poverty level is higher relative to the Massachusetts statewide average. Further, residents of color are more likely than White residents to live below the federal poverty level. Over time, the proportion of residents living below poverty has declined slightly or stayed the same, even as median family and household income has increased, suggesting the gap between low-income and high-income households has widened. Good jobs with living wages and benefits, as well as safe working conditions, are not equitably accessible within or between communities. Structural barriers to economic mobility and intergenerational wealth creation are significant concerns.

Key Finding #7 | Economic and social support for families and caregivers is insufficient.

Caregiving directly impacts, and is impacted by, employment, economic security, and social connectedness. Participants noted a need for caregiving solutions that promote community-level resilience and capacity for collective care, emphasizing the lack of systems and supports that enable people to give and receive the care they need across their life courses and circumstances. Since the COVID-19 pandemic, parents, care workers, and caretakers – especially women and the Hispanic or Latino community – have been heavily impacted by job loss and reduced hours, adding more financial strain to existing stressors.

Key Finding #8 | People face multi-faceted barriers to accessing information and resources related to health care, education, social services, economic opportunities, and other essential systems.

Accessing essential information and resources often requires navigating multiple complicated systems, and there is insufficient support for people who could benefit from guidance. Although resources for navigating systems do exist, greater attention to language, culture, stigma, disability, and technology is needed to ensure equitable access. In addition to the important role of system navigation, participants in the assessment emphasized how simplifying application processes, streamlining eligibility criteria, and integrating strategies between organizations and service providers could reduce complexity in the first place. Designing systems in collaboration with the people who use them is key to equitably increasing accessibility. Beyond system design, other major barriers include

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[4] United Nations Human Rights Office of the High Commissioner (OHCHR). (n.d.). *Financialization of housing*. https://www.ohchr.org/en/special-procedures/sr-housing/financialization-housing

the costs of services, limited transportation options to physically access services, traumatic experiences of discrimination and harm, and limited availability in the supply of services and resources.

Key Finding #9 | Health inequities within and between communities are significant concerns. As the consequences of the COVID-19 pandemic continue to emerge, there are risks that inequities will grow.

Of the selected health outcomes reviewed for the assessment, we found that the burden of disease is especially concerning for several adverse health outcomes, including heart disease, diabetes, asthma, pre-term and low birthweight births, sexually transmitted infections, opioid overdoses, mental health crises, and COVID-19. Inequities in each of these health outcomes are strongly influenced by the social determinants of health explored in this report. While mortality is a lagging indicator, it is also a telling one. In each of the communities, all-cause mortality rates increased from 2019 to 2020, and at the state level, mortality increased most sharply among communities of color. These trends are attributed directly and indirectly to COVID-19, and the ways the pandemic has exacerbated the impacts of underlying inequities.
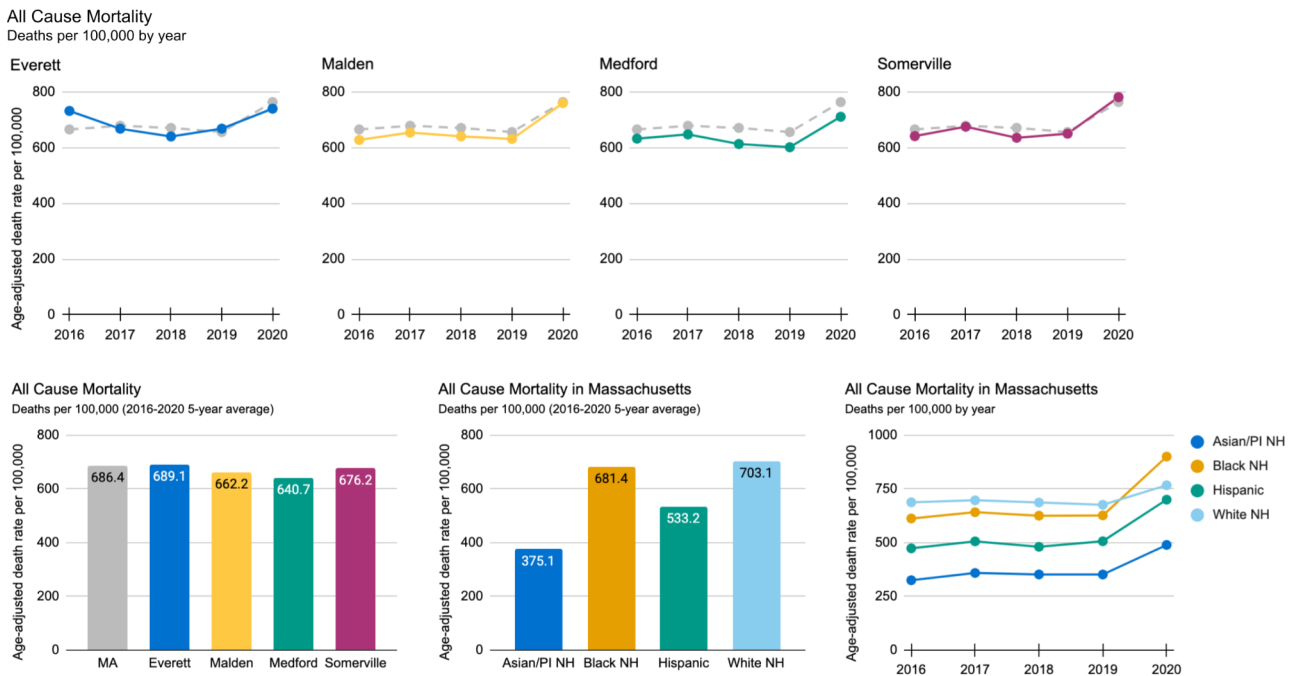
Data Source: Massachusetts Registry of Vital Records and Statistics, Selected Causes of Death, 2016-2020.

Notes: In each line chart by community, a gray dotted line represents the age-adjusted rate for the state of Massachusetts. Mortality rates by racial/ethnic group are not available at the municipal level due to small numbers. Mortality rates at the state level are not available for racial/ethnic groups other than those identified in these charts due to small numbers.

Priorities for Collaborative Action

A Community Health Needs Assessment includes the exploration and analysis of a great deal of data, resulting in many findings of importance to the community. In order to build on strengths and channel limited resources equitably and strategically, we must make choices about how to prioritize efforts to improve community health. CHA and our Community Advisory Boards (CABs) engaged in a participatory and iterative process to prioritize the key issues that emerged from this assessment, and developed a set of Priorities for Collaborative Action.[5] In collaboration with the CABs and other partners, plans of action to address the priorities will be created during the Implementation Strategy planning phase of this process in Fall 2022–Winter 2023. The Implementation Strategy will guide collaborative action over the next three years.

The priorities are intended to be broad enough to be relevant across the communities of Everett, Malden, Medford, and Somerville, and to allow for the development of community-specific strategies. In addition to community health topics of concern, both CABs prioritized systemic equity issues that cut across multiple domains. Therefore, the CHA team synthesized the assessment findings and the results of the CAB prioritization process into **four priority focus areas** and **three equity principles.** The priority focus areas define *what* will be addressed during the Implementation Strategy process, and the equity principles will guide *how* these focus areas will be addressed.

Priorities for Collaborative Action

Implementation Strategy planning will focus on developing or supporting policies, programs, and practices that foster and promote three equity principles in four focus areas to improve the conditions that impact the health of the communities that CHA serves.

Equity Principles

In advancing policies, programs, and practices, we will ensure our strategies embody these three equity principles and apply them in practice.

Language justice

We will apply a language justice lens in all our efforts. While many definitions of language justice exist, we consider the definition offered by Communities Creating Healthy Environments (CCHE): "*Valuing language justice means recognizing the social and political dimensions of language and language access, while working to dismantle language barriers, equalize power dynamics, and build strong communities for social and racial justice*."[6] The assessment process highlighted the critical importance of language justice in order to promote health equity.

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[5] For more information about the prioritization process, please see Appendix I.

[6] Arguelles, P., Williams, S., Hemley-Bronstein, A. (n.d.) *Language Justice Toolkit: Multilingual Strategies for Community Organizing*. Communities Creating Healthy Environments. https://www.thepraxisproject.org/resource/2012/languagejustice

Inclusion of under-represented voices in leadership and decision-making

In the development, implementation, and evaluation of strategies, we recognize the importance of centering the voices, leadership, and decision-making power of people who are directly impacted by the issues any given strategy aims to address. As emphasized throughout this assessment, such voices are frequently under-represented in these processes. We will intentionally shift power through the application of this equity principle.

Environments that acknowledge unique stressors of diverse communities to promote collective care

We will design strategies that embody elements of collective care. As discussed throughout this assessment, collective care has many definitions. One that offers a frame for this equity principle states: "*Care is our individual and common ability to provide the political, social, material, and emotional conditions that allow for the vast majority of people and living creatures on this planet to thrive —along with the planet itself*."[7] As we co-develop strategies and plans of action, we will consider how our efforts can best foster caring environments. This means considering the stressors that impact diverse communities, and intentionally designing systems that promote collective care and ability to thrive.

Focus Areas

The four focus areas will be addressed through regional and/or community-specific strategies. The partners and coalitions with which CHA is engaged offer existing expertise, strategic efforts, and leadership in many of these focus areas. CHA's contributions as a healthcare and community health institution in addressing these focus areas will vary, as will its role in leading, facilitating, partnering, or supporting strategies.

Affordable, Stable, and Safe Housing

Our priority is to ensure that all people, especially those closest to the impact of historical and present-day housing discrimination, can thrive physically, mentally, and socially in healthy housing. Through programs, policies, and systems approaches, this means addressing concerns such as affordability, stability and anti-displacement, safety, accessibility (e.g. for older adults and persons with disabilities), as well as homelessness and transitions to stable housing.

Equitable Economies

Our priority is to ensure that all people have the economic resources and support they need to thrive through all stages of life. We recognize the impact of economic systems that exploit lower-income communities and communities of color for purposes that do not reflect their own priorities. Through programs, policies, and systems approaches, this means addressing concerns related to sustainable food systems, local jobs with living wages and benefits, healthy working conditions, and caregiving systems.

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[7] Rottenberg, C. and Segal, L. (n.d.) *What is Care?* The Care Collective. https://www.gold.ac.uk/goldsmiths-press/features/what-is-care/ For further reading, see *The Care Manifesto: The Politics of Interdependence,* published September 2020.

Equity and access to care, services and information

Our priority is to ensure that people receive the care, services, and information they need, regardless of who they are, how much money they have, or what neighborhood they live in. This priority encompasses healthcare (including mental healthcare) as well as other essential services and information, such as education, economic development opportunities, financial supports, legal services and advocacy, and more. This means addressing elements such as costs, cultural and linguistic barriers, navigation of systems, referral systems, adequate staffing, transportation, digital access, quality, disability, and other aspects of accessibility.

Climate health and justice

Our priority is to ensure that our communities are resilient to the impacts of climate change, and that our efforts promote environmental justice and mitigate further contributions to climate change. This means addressing concerns related to air quality, water quality, and climate change preparedness. We recognize the health impacts of climate change and exposure to environmental hazards are disproportionately shouldered by low-income communities and communities of color. Strategies to address this priority must be developed with an equity lens.

Next Steps

During Fall 2022–Winter 2023, CHA will develop an Implementation Strategy (IS) in collaboration with Community Advisory Board members, stakeholders, and community residents. The Implementation Strategy will outline next steps to address the prioritized health needs from the assessment. The Implementation Strategy development process will culminate with an initial set of goals, objectives, and strategies within each priority focus area, using the equity principles as a guide. A final Implementation Strategy report will follow.

For more information

Please visit the Cambridge Health Alliance website here to download the complete 2022 CHA Regional Wellbeing Report and access supporting materials, including Community Data Profiles, detailed data collection methods and tools, data visualizations, and more.

Appendices

Appendix A   [Community Advisory Board Membership](#)

Appendix B   [Organizations Involved in Primary Data Collection & Analysis](#)

Appendix C   [CHA Regional Wellbeing Assessment & Improvement Framework](#)

Appendix D   Complementary CHNA Reports in CHA Primary Service Area

[City of Cambridge Community Health Assessment (2020)](#)
[North Suffolk Community Health Needs Assessment (2022)](#)

Appendix E   [Data Collection Methods and Tools](#)

Includes the CHA Community Wellbeing Survey, the focus group and interview guides used during the assessment, the complete primary data collection and analysis protocol, and the list of secondary data sources.

Appendix F   [Primary Data Results](#)

Includes the complete results of the CHA Community Wellbeing Survey, provided as a set of frequency tables; and the results of focus groups and interviews, provided as qualitative themes reports.

Appendix G   [Secondary Data Results](#)

Includes Community Data Profiles for each of the eight communities in CHA's primary service area, as well as a consolidated data book in spreadsheet format.

In addition, the **CHA Health Improvement Team Tableau Public** site provides data visualizations for selected topics: https://bit.ly/CHA-Community-Health-Tableau-Public

Appendix H   [Summary Products](#)

Includes two-page overviews of assessment findings and slide decks containing primary and secondary data findings, for Everett & Malden and for Medford & Somerville.

Appendix I   [Prioritization Process](#)

Appendix A: Community Advisory Board Membership

Everett & Malden Community Advisory Board (CAB)

Edwin Argueta, La Comunidad, Inc. + One Everett

Deirdre (Dee) Campbell, MA Senior Action Council + Friends of Fellsmere Heights

Karen Colón Hayes, Malden City Council

Peg Crowe, Malden YWCA

Rev. Myrlande DesRosiers, Everett Haitian Community Center

Erin Deveney, City of Everett, Mayor's Office

Peter Finn, City of Malden, Health Department

Sabrina Firicano, City of Everett, Health Department

Josee Genty, Everett Healthy Neighborhood Study

Samantha Lambert, Everett Community Growers

Matt Lattanzi, City of Everett, Department of Planning and Development

Jaime Lederer, Cambridge Health Alliance

Marcia Manong, Bread of Life

Lenka McNally, Everett Community Growers

Caitlin Middaugh, Mystic Valley YMCA

Shawn Middleton, Mystic Valley Elder Services

Antoinette Octave Blanchard, City of Everett, Health Department

Liliana Patino, Eliot Family Resource Center

Lucy Pineda, Latinos Unidos en Massachusetts (LUMA)

Alex Pratt, City of Malden, Office of Strategic Planning and Community Development

Jodaelle Racine, Everett Haitian Community Center

Lauren Reid, Mystic Valley Elder Services

Heather Van Orman, Housing Families, Inc.

Cathy Viveiros, Joint Committee for Children's Healthcare in Everett

Rana Wehbe, City of Everett, Health Department

Julie Ann Whitson, Everett Public Schools

Medford & Somerville Community Advisory Board (CAB)

Anna Bury, City of Medford, Office of Prevention and Outreach

Winki Chan, The Welcome Project

Virginia Chomitz, Tufts University School of Medicine

Nomi Davidson, Somerville Public Schools / Somerville Family Learning Collaborative

Mary DeCourcey, Mount Auburn Hospital

Eileen Dern, MelroseWakefield Healthcare / TuftsMedicine

Alissa Ebel, City of Somerville, Office of Food Access and Healthy Communities

Nicole Eigbrett, Community Action Agency of Somerville (CAAS)

Sharmy Ertilien, Medford resident

Annie Fowler, Somerville-Cambridge Elder Services

Penelope Funiole, City of Medford, Office of Prevention and Outreach

Doug Kress, City of Somerville, Department of Health and Human Services

Mike Libby, Somerville Homeless Coalition

MaryAnn O'Connor, City of Medford, Health Department

Emily Reckard-Mota, Community Researcher

Lisa Robinson, City of Somerville, Office of Food Access and Healthy Communities

Laura Rotolo, Medford resident and civil rights advocate

Maria Lourdes Silva, Community Researcher

Appendix B: Organizations Involved in Data Collection & Analysis

American Association for Arab Women

Bread of Life

City of Everett

City of Malden

City of Somerville Department of Health & Human Services

City of Somerville Offices of: American Rescue Plan Act; Food Access & Healthy Communities; Housing Stability; Immigrant Affairs/SomerViva; Sustainability & Environment

Community Action Agency of Somerville (CAAS)

Eliot Family Resource Center

Everett Community Aid Network (ECAN)

Everett Community Growers

Everett Haitian Community Center

Groundwork Somerville

Healthy Neighborhood Study

Housing Families, Inc.

Joint Committee for Children's Healthcare in Everett

Just A Start

La Comunidad, Inc.

Latinos Unidos en Massachusetts (LUMA)

MA Alliance of Portuguese Speakers (MAPS)

MA Senior Action Council

Malden Housing Authority

Malden Neighbors Helping Neighbors

Malden Public Schools

Malden Senior Center

Malden Warming Center

Malden's Promise

MaldenCORE

Medford Adult Day Health Center

Medford Food Security Taskforce

Medford Health Department

Medford Health Matters

Medford Human Rights Commission

Medford Mass in Motion

Mutual Aid Medford & Somerville (MAMAS)

Mystic Housing Development

Mystic Valley ABCD

Mystic Valley Elder Services

Mystic Valley YMCA

One Everett Coalition

Project Soup

Sanctuary United Church of Christ

Somerville Center for Adult Learning & Education (SCALE)

Somerville Community Corporation (SCC)

Somerville Family Learning Collaborative

Somerville Homeless Coalition

Somerville Public Schools

Somerville Renters Group (CAAS)

Somerville-Cambridge Elder Services

TEASA

The Growing Center

The Welcome Project

YWCA of Malden