

GenUnity
ACTIVATING EVERYDAY LEADERS

Making Inroads to Health Equity in the Greater Boston Area

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The Greater Boston Area [is home](#) to some of the world's most renowned medical schools, hospitals, and innovators in pharmaceuticals and biotechnology.

Boston boasts over 20 hospitals, including Massachusetts General Hospital (MGH), Brigham and Women's Hospital (BWH), Dana-Farber Cancer Institute, and Boston Children's Hospital. It's also home to Moderna, one of the first creators of a Covid-19 vaccine, as well as nearly 1,000 biotech companies.

Yet, in the shadow of these very institutions, the residents of Boston face stark health inequities that result in poor health outcomes — particularly in historically marginalized communities. These residents pay the price of these disparities with their health — and, ultimately, their lives. For instance, [life expectancy in Back Bay](#) — with a population that's 82 percent white — is 92 years, while in Roxbury, where residents are mostly Black and Hispanic, it's just 69. That means a child born today in Roxbury can expect to live, on average, 23 years fewer than a child born in Back Bay.

In Boston, residents separated by two stops on the Orange Line have a life expectancy gap of 23 years.

Health inequity in Boston also extends to maternal health, with the most significant disparities experienced by [Black women](#). According to a [report](#) by the Massachusetts Department of Public Health, the disparities in maternal morbidity between Black and white women actually grew between 2011 and 2020, with Black women facing 2.3 times higher risk. Among Black mothers, there were 146 complications per 10,000 deliveries, compared to just 63 among white women.

How can it be that residents of a city with such a high concentration of world-class healthcare facilities face such poor health outcomes? To understand why these inequities persist and how each of us can get involved, we must understand how our health systems have evolved, build on our bright spots, and leverage our collective power to drive change.

The Inequities in Greater Boston

In Boston, a two-mile difference in where you live can mean a 23-year difference in life expectancy.

	Back Bay	Roxbury
Racial demographics makeup	82% white	87% POC
Life expectancy	Nearly 92 years	Just under 69 years
Median household income	\$141,250	\$42,211

While many Bostonians are affected by health disparities, they are more pronounced among marginalized communities.

The disparities in maternal morbidity between Black and white women grew between 2011 and 2020, with Black women facing **2.3 times higher risk**.

From 2017 to 2021, Black residents in Boston experienced a **37.3% increase in premature mortality rate** — the highest of any racial group.

In Massachusetts, COVID-19 mortality rates were up to **3 times higher** for Black and Hispanic residents of all ages compared to white residents.

Sources:

- <https://www.wbur.org/news/2023/05/11/boston-life-expectancy-gap-back-bay-roxbury>
- <https://www.mass.gov/doc/an-assessment-of-severe-maternal-morbidity-in-massachusetts-2011-2020/download>
- <https://mahealthyagingcollaborative.org/boston-public-health-commission-report-highlights-disparities-in-life-expectancy-between-city-neighborhoods/>
- <https://www.bu.edu/sph/news/articles/2022/racial-disparities-in-mass-covid-deaths-are-widest-among-younger-adults/>

The Boston Healthcare Landscape: An Overview

While analyzing the whole health system is beyond the scope of this white paper, we chose to highlight three evolutions in our health systems that affect whether all Bostonians can live full, healthy lives. They include:

- Access and affordability
- Social determinants of health
- Mental and behavioral health

This white paper will focus on examining these cross-cutting issues, identifying bright spots, and elevating potential solutions to improve health equity in the Boston area.



Access and Affordability

Access to and affordability of healthcare is one of the most long-standing issues in healthcare nationally and within Boston. A [2016 report](#) by the Commonwealth Fund found that US adults are “far more likely than those in other countries to go without needed care because of costs.” Consequently, they’re more likely to report poor health and emotional distress.

In Boston, racial and geographic segregation have historically excluded certain residents and created barriers to accessing care, especially for low-income communities of color. For example, [East Boston](#) represents 16 percent of the population, but is home to more than 55 percent of the city’s Latine community. The island neighborhood is physically separated from the rest of the city, and residents had to travel for up to two hours to access treatment until the [East Boston Neighborhood Health Center](#) opened in the late 1960s to improve access.

Since then, the debate around access to quality care has [evolved](#) from physical access to a focus on access to necessary services and culturally-competent care. This has highlighted some common barriers preventing individuals from accessing the required care. These barriers, though succinctly presented, carry profound implications for the health and well-being of the community:

- Language barriers: More than half of non-native English-speaking patients in Boston [report](#) a lack of access to interpreters and translated materials.



- Transportation challenges: In 2019, no-show rates at the Boston Medical Center pediatric hematology clinic were [25 percent](#) — twice the national average — with 56 percent of caregivers reporting transportation insecurity. After BMC introduced the Uber Health service for patients, no-shows decreased by 8.5 percent in just 12 weeks.

Amongst them, perhaps the most commonly noted barrier is affordability and its close cousin, insurance coverage. Like the example of the East Boston Neighborhood Health Center, Massachusetts has historically been a pioneer in this space. In 2006, the introduction of Romneycare — the precursor to Obamacare — by then-Governor Mitt Romney created near-universal health insurance coverage — improving healthcare affordability for more low-income families and people of color across Massachusetts.

However, since then, a [2015 study](#) revealed that the rates of preventable hospitalizations among Black and Hispanic communities remained as high as before Romneycare's introduction. The study's authors suggested that increasing access to insurance alone cannot address deeper problems in the healthcare system. They cited out-of-pocket costs for doctor visits and medications and other socioeconomic factors (such as language barriers and transportation insecurity). More recently, a 2023 report by the Blue Cross Blue Shield Massachusetts Foundation found that [four out of five people in Massachusetts](#) who don't have health insurance say it's because they can't afford it — even with Obamacare in place.

Across the board, costs in Boston are soaring, with regulators [warning](#) in 2023 that "healthcare prices are spiraling out of control." While Massachusetts has one of the lowest uninsured rates in the US, even among those with insurance, [41 percent](#) still struggle to access care due to high costs.

Cost-burdened patients often end up at safety net hospitals like Boston Medical Center, whose mission is to provide care to all individuals, regardless of their ability to pay. However, safety net hospitals recognize that addressing affordability is only one piece of the puzzle. As [Dr. Thea James](#), a leader in the health equity sphere, points out, “The traditional mission of safety net hospitals has been charity, providing the best healthcare for all individuals, regardless of their ability to pay.”

Highlighting that safety net hospitals alone cannot completely resolve this instability, she adds, “The focus has been on vulnerable populations that are low-income, uninsured, and other upstream circumstances that manifest downstream as poor health, poor health outcomes, and repeated high-cost interventions that fail to break cycles of perpetual health instability.” Addressing this instability requires a “shift in the mission of safety net healthcare from charity to equity.”

Takeaway: Boston and Massachusetts have historically been innovators in expanding access and affordability, but care remains out of reach for many.

Social Determinants of Health

The limitations of expanded access and affordability in improving health outcomes have elevated the focus on social determinants of health, the non-medical factors that influence a person’s health outcomes.

As members of the [Alliance for Community Health Integration](#) note, “Healthcare quality and access contributes only about 20 percent to health outcomes. Most of what drives health is social and economic factors — access to stable housing, exposure to violence, income, educational opportunities, access to healthy food, and more. It is these so-called ‘social determinants of health’ that most impact health outcomes — and that drive the racial, income, and neighborhood inequities that plague our city.”

According to the [Massachusetts Department of Public Health](#), these social and economic barriers to healthcare can be grouped into six areas:

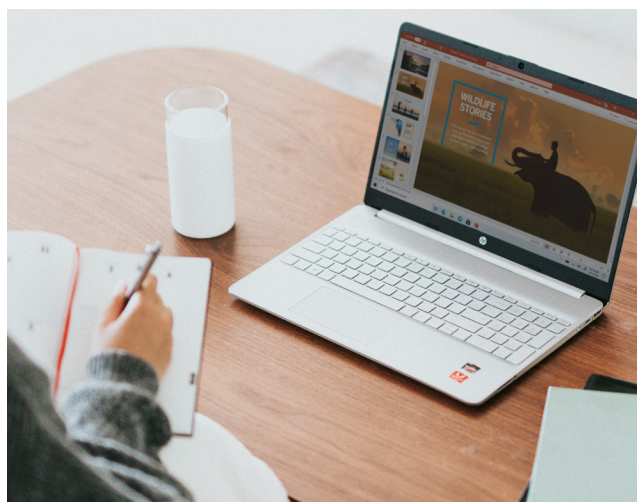
- 1. Built environment**
- 2. Education**
- 3. Employment**
- 4. Housing**
- 5. Violence**
- 6. Social environment**

These social determinants often intersect, perpetuating and exacerbating health disparities. For example, [food insecurity](#) and a lack of access to [affordable housing](#) can contribute to chronic disease and mental health issues and create barriers to accessing healthcare. As Le Tran, GenUnity's Program Recruitment Manager, puts it poignantly:



Healthier homes lead to healthier people.

— Le Tran, Program Recruitment Manager at GenUnity



In Boston, residents face health disparities associated with various social determinants of health. Consider this: [during the pandemic](#), areas marked by higher poverty levels, reduced income, limited insurance coverage, and elevated unemployment rates experienced a higher incidence of COVID-19. This underscores the profound impact of these social determinants on the health and well-being of Bostonians.

Takeaway: Improving health outcomes for Bostonians means addressing problems in the multiple spheres that influence the social determinants of health. This will require coordination across issues and institutions that have been historically siloed.

Mental and Behavioral Health

Recently, our common conception of health has evolved from treating physical ailments to thinking about holistic health, namely mental and behavioral health. However, in this space, we see similar patterns of inequity tied to access, affordability, and social determinants of health.

In Boston, the need for mental and behavioral healthcare is outstripping accessible supply. According to the 2022 [Boston Community Health Needs Assessment](#), “barriers to accessing mental health care include a limited number of mental health providers, financial barriers, a lack of culturally appropriate and linguistically congruent care, and stigma surrounding mental health care.”

[Fifty percent of Boston residents](#) must wait more than a month to see a psychiatrist. The issue is compounded by the fact that [many insurers](#) do not cover mental and behavioral health care as they should. Even individuals with insurance struggle to access care due to the low number of psychiatrists in Massachusetts who accept MassHealth or private insurance.

Back in May 2023, Andrew Dreyfus, then-president and CEO of Blue Cross Blue Shield of Massachusetts, a prominent health insurance provider, [underscored the gravity of the situation](#), stating, “We’re taking action to support our members at a time when the need for mental health services has never been greater. Research by our Foundation shows that many people who need mental health care struggle to find it, so we’re working hard to expand our network and help members find effective, affordable, convenient care when they need it.”

The influence of social determinants further compounds the strain on mental health resources. Factors such as housing insecurity, economic instability, and the challenges posed by social distancing measures have contributed significantly to the surge in mental health issues.

Per the 2022 Community Health Needs Assessment, “Mental health was a key issue pre-pandemic, and the impact of the pandemic only heightened that concern, particularly for children, youth, and caregivers. According to the COVID-19 Health Equity Survey, during the pandemic, 16.8% of Boston adults reported experiencing persistent sadness, and 21.9% reported persistent anxiety during the pandemic for more than half of the days in the past two weeks.” The result is that the need for mental and behavioral health care has surged since the pandemic, with [one in three Bostonians](#) over 19 years old reporting needing care for themselves or a close relative.

Takeaway: There is an urgent mental health crisis that is mirroring and reinforcing the inequities in other health systems.

The Intersections in Boston's Healthcare System

Across these three systems, common themes that underscore the depth of the health disparities emerge. First, individual residents, especially the most marginalized, bear the brunt of stark inequities in health outcomes in the length and quality of their lives. Moreover, Boston has made progress, especially on access and insurance coverage, yet inequities persist.

These inequitable outcomes are the result of systems set up to produce them, i.e., health disparities are rooted in interconnected systems from physical health care, social determinants, and mental health. For example, safety net hospitals and their staff are overcapacity trying to treat existing health inequities. Doctors, nurses, and patients are seeing how social determinants impact health outcomes but lack the time, space, and resources to inform and coordinate changes in the intersecting fields of housing, food, and environment.



Meanwhile, squeezed providers lack the space, time, and resources to talk about how the system isn't working for them and their patients. This manifests in a lack of understanding — individual providers are often seen as beneficiaries of the system because of the high salaries and prestige they enjoy, but some doctors also feel unsupported in addressing these issues.

The system isn't built for ongoing relationships, and while attempts are made to create spaces for conversation, these conversations don't build on one another. This lack of space leads to a feeling of disconnect on both sides — and a sense of powerlessness to confront the changes needed.

These systems are also the product of choices. By stepping back and examining these choices, we can start to move past surface-level narratives and deeply understand how change happens and the role each of us might play. While there's no silver bullet to solving these issues, these themes help us reclaim our agency to make a difference. In the following sections, we highlight innovators who are doing just that and talk about GenUnity's role in accelerating impact too.

Illuminating the Path to Health Equity

In the face of daunting health inequities in the Greater Boston Area, there are bright spots that illuminate the path toward progress and meaningful change. These organizations and individuals are making a tangible difference in the lives of Bostonians, working passionately to create a more equitable healthcare landscape. Here are some of the remarkable solutions and stories of hope that stand out in the health equity space:

Boston Community Pediatrics (BCP)

Led by [Dr. Robyn Riseberg](#), Boston Community Pediatrics ([BCP](#)) is [rewriting the narrative](#) of pediatric care in Massachusetts. As the state's first nonprofit pediatric private practice, BCP is pioneering a new approach to healthcare. Their mission is clear: eliminate barriers to care and provide comprehensive, high-quality, and culturally competent medical care for Boston's most vulnerable children, regardless of insurance coverage or ability to pay.

BCP also recognizes the profound influence of social determinants of health and takes action by offering at-home support through telehealth, addressing food security, and assisting families in finding stable housing.



Blue Cross Blue Shield of Massachusetts

[Blue Cross Blue Shield of Massachusetts](#) is a leading health insurer in Massachusetts. It's also a leader in the fight for health equity. In 2021, the organization made history by becoming the first health plan in the industry to [integrate equity criteria](#) into their payment models. Building on this success, in 2022, they achieved another significant milestone by establishing payment agreements that incentivize Massachusetts healthcare providers [to reduce disparities](#) in care based on race and ethnicity.

The new payment models are designed to address how systemic racism contributes to health disparities. For example, one of the payment models rewards healthcare providers for [increasing the rate of colorectal cancer screenings](#) among patients of color, who have higher incidence rates of colorectal cancer compared to white patients.

Blue Cross Blue Shield of Massachusetts's commitment to health equity is an example of how health insurers can lead in creating a more equitable healthcare system. The organization's new payment models are a significant step forward in the fight against health disparities, and they have the potential to inspire other health insurers to follow suit.

Massachusetts League of Community Health Centers

This member-driven organization is [a powerful advocate](#) for population health equity in the Greater Boston Area. They provide crucial leadership and support to community health centers, empowering them to deliver accessible, quality, comprehensive, and community-responsive healthcare.

Representing 52 community health centers in Massachusetts that provide care to [over a million people](#), including many who are uninsured or underinsured, the organization works to advance health equity by:

- Advocating for policies that support community health centers & the people they serve
- Providing training and technical assistance to community health centers
- Providing networking and collaboration opportunities for community health centers
- Raising awareness of the importance of community health centers & the people they serve

Michael Curry, the organization's chief executive, is known for always being the "[equity voice in the room](#)."



Health Equity Accelerator

The [Health Equity Accelerator](#) at Boston Medical Center (BMC) was launched in 2021 to address racial health disparities. Led by Dr. Thea James and Dr. Elena Mendez-Escobar, it focuses on reducing disparities in five clinical areas: pregnancy, infectious diseases, cancer, chronic conditions, and behavioral health. The Accelerator seeks to identify root causes, implement interventions, and track progress.

Additionally, it aims to create a more equitable healthcare system by diversifying the workforce, increasing cultural competency, reducing implicit bias, and addressing social determinants of health.

Though in its early stages, the Accelerator has shown promise, particularly in improving pregnancy outcomes for Black and Latinx patients. It's also [developing tools](#) for assessing and addressing racial disparities in healthcare systems. This initiative is vital in combating systemic racism and can potentially enhance healthcare outcomes for all, regardless of race or ethnicity.

We Got Us

We Got Us is a student-led grassroots coalition in Boston that is committed to combating racism in communities through increasing access to equitable healthcare, community-centered health education, and direct healing initiatives.

Founded in 2021 by a group of college and health professions students working to address COVID-19-related inequities, We Got Us has since made deliberate adjustments to ensure the sustainability of its model, pivoting to expand its services to encompass other health disparities.

The coalition is committed to alleviating health disparities in Boston by actively engaging the community and empowering individuals to assume control over their health and well-being. For example, the organization offers empowerment sessions that provide participants with the knowledge and skills they need to advocate for their health and a youth program that builds unity in tackling Boston's health disparities. In addition to its programs and initiatives, We Got Us provides resources, such as health policy briefs, to make accurate health information accessible to everyone.

CommUnity Cares Health

Led by Keona J. Wynne, [CommUnity Cares](#) is on a mission to empower the Black Community with essential medical education and healthcare access through festivals and events. The organization is committed to bridging the Black-White life expectancy gap and recognizing the vital role everyone plays in closing disparities that pave the way for communal prosperity, growth, and self-sustainability.

CommUnity Cares takes a multi-faceted approach to make healthcare more accessible and less intimidating. For instance, it directly addresses common barriers such as existing power dynamics, financial burdens, and negative associations that often deter individuals from seeking medical care. The organization also actively promotes the facilitators that underscore the importance of primary care as a powerful tool for establishing enduring, preventive healthcare.



Health Equity Compact

[A coalition of leaders](#), including Michael Curry and Dr. Thea James, has joined forces under the Health Equity Compact. Their mission is to “realize bold statewide policy and institutional practice changes that center racial justice and health equity.” Leveraging their lived experience and expertise, they are driving initiatives that prioritize payment and delivery reform, coverage and access, and social determinants of health.

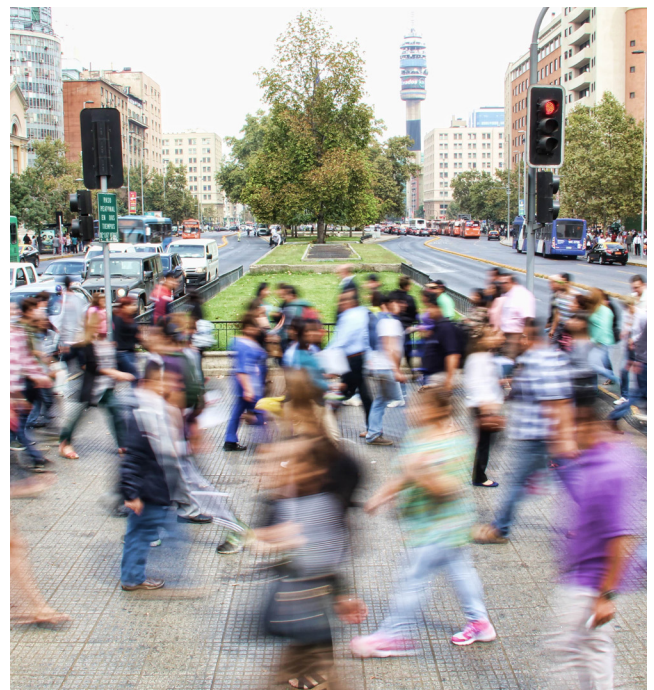
Members of the Health Equity Compact recently rallied [to support a comprehensive health equity bill](#) that addresses racial disparities in healthcare. The bill includes provisions like creating an executive office of equity, reducing medication costs for chronic conditions that disproportionately affect marginalized communities, and expanding MassHealth coverage for all, regardless of immigration status.

Everyday Community Partners and Members

Within the heart of Boston’s communities are countless everyday community partners and members doing critical direct service work — from providing critical services to being patient advocates for family members.

For example, one of GenUnity’s community partners, who is a nurse, has become a patient advocate for her father and is on the front lines of change. Their dedication and resilience are integral to the collective effort to advance health equity.

These solutions and success stories provide hope and exemplify what can be achieved through innovation, determination, and unwavering commitment to health equity. As we move forward, it’s these stories and initiatives that ignite our passion to collaborate and build a Boston where every resident can lead a full, healthy life. These stories also drive GenUnity in its mission to accelerate this transformative impact and the collaborative efforts shaping the future of health equity in the Greater Boston Area.



GenUnity's Contribution

Addressing the multifaceted challenges of health disparities in Boston is a complex task. It calls for innovative and collaborative solutions to bridge the gaps and reshape the healthcare landscape toward equity.

On an individual level, this entails overcoming the feeling of being overwhelmed by current systems and recognizing your capacity to make meaningful change. As a collective, it involves delving deeper into the inner workings of these complex systems, building trust-based relationships that enable innovative collaborations, and identifying points of leverage where actions can be most effective.

GenUnity, through its Health Equity program, takes on this task by convening residents from diverse backgrounds — including those directly impacted by health inequities, hospitals, health insurers, life science companies, governments, and nonprofits — who share a common commitment to advancing health equity.

During this 10-week program, a diverse group of Bostonians engages with fellow members and local leaders to examine our health systems, surface new ideas, and build the individual and collective power to realize more equitable health outcomes.

Why Join the Program?

- 
Build lasting relationships with 50 everyday leaders committed to health equity.
- 
Connect with health experts, from patients to policymakers.
- 
Strengthen your understanding of our health systems and capacity to drive change.

1. Bridging Divides and Fostering Collaboration

The roots of our health disparities are deeply embedded in systemic issues. We believe that addressing them requires the proactive collaboration of all stakeholders.

Central to our approach is bringing together individuals from all walks of life. Our members represent a broad spectrum of the community, transcending traditional boundaries that often divide us, including class, age, educational background, race, profession, and more.



2. Facilitating Meaningful Engagement

We create space for genuine engagement between our members and community partners. These partnerships allow diverse, equitable cross-sections of the community to engage in open and honest dialogues. By fostering these connections, we enable organizations to meet with a broader and more diverse audience than they might otherwise have the capacity to reach.

Through these coordinated efforts, we develop a holistic learning experience that yields richer insights and perspectives that reflect the community's unique needs.

3. GenUnity as a Hub for Change

GenUnity doesn't just bring together individuals and organizations; we create a network of change-makers and innovators in the health equity space. Our facilitation practices ensure that both partner organizations and program members are active participants in crucial discussions, fostering an environment where they are equal contributors rather than just service providers or resource holders.

As Michelle Nadow, CEO of Dothouse Health, aptly noted after participating in the program, "GenUnity's approach to small group conversations was refreshing and allowed us to come into the space ready to have an honest conversation among peers."

Real Impact in the Health Equity Space

The Health Equity program has inspired stories of real-life impact, making a difference in the lives of our members, partners, and community. Here are a few shining examples:

- Through the program, [Nneka Hall](#) opened doors for collaboration and professional growth as a maternal health advocate. She met and learned about mission-aligned partners like DotHouse Health and has accelerated her impact in addressing Boston's "persistent racial [inequities in maternal health](#) outcomes."
- Alex Connor, a 2022 Health Equity cohort member and program facilitator who also works at Blue Cross Blue Shields of Massachusetts, [is driving change](#) on the "innovation team closing gaps in access to culturally competent behavioral healthcare." His work embodies the program's mission of empowering everyday people to champion health equity initiatives.

The program is not just a forum for discussion; it's a catalyst for change. And with every step we take, we move closer to our vision of a healthier, more equitable community.

About the GenUnity Health Equity Program

GenUnity's 10-week Health Equity program brings together a community of 50 diverse residents who share a passion for health equity. During the program, participants explore the complexities of Boston's health disparities, develop innovative solutions, and acquire the skills to effect meaningful change, both at the individual and organizational levels.

Upon successful program completion, participants become [Andrew Dreyfus Community Leadership Fellows](#) within GenUnity's Lifetime Community of Practice. This community links participants with hundreds of GenUnity members across our various programs, providing continuous support to advance health equity in the workplace and community.

To learn more and apply, visit the [Health Equity Program](#) page.



Useful Resources

Community Partner Websites:

Boston Community Pediatrics (BCP):
<https://www.bostoncommunitypediatrics.org/>

Blue Cross Blue Shields of Massachusetts
<https://www.bluecrossma.org/>

The Massachusetts League of Community Health Centers
<https://www.massleague.org/About/MissionAndRole.php>

Health Equity Accelerator
<https://www.bmc.org/health-equity-accelerator>

We Got Us
<https://www.wegotusproject.org/about-we-got-us>

Community Cares Health
<https://www.communitycareshealth.com/>

Health Equity Compact
<https://healthequitycompact.org/>

Other Useful Resources:

How GenUnity Transformed Everyday Residents into Health Equity Change Agents
<https://www.genunity.org/case-studies/health-equity>

How GenUnity Helped Blue Cross Blue Shield of Massachusetts Advance Health Equity
<https://www.genunity.org/case-studies/blue-cross-blue-shield>

Social Determinants of Health
<https://www.mass.gov/guides/social-determinants-of-health>

Reports:

2022 Boston Community Health Needs Assessment:
http://bostonchna.org/wp-content/uploads/2022/07/BCCC-CHNA-Report_062922.pdf

An Assessment of Severe Maternal Morbidity in Massachusetts: 2011-2020
<https://www.mass.gov/doc/an-assessment-of-severe-maternal-morbidity-in-massachusetts-2011-2020/download>

In New Survey of 11 Countries, U.S. Adults Still Struggle with Access to and Affordability of Health Care
<https://www.commonwealthfund.org/publications/journal-article/2016/nov/new-survey-11-countries-us-adults-still-struggle-access-and>

Patients may face barriers due to race, ethnicity and language at hospital discharge
<https://www.massgeneral.org/news/press-release/patients-may-face-barriers-due-to-race-ethnicity-and-language-at-hospital-discharge>