**Community Health Equity Initiative (CHEI)**​

​

Community Health Equity Survey 2023 ​

Overview and Early Key Findings​

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HISTORY OF CHEI

INEQUITIES FROM THE COVID-19 PANDEMIC​

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The COVID-19 pandemic continues to have a devastating impact on the health of Massachusetts residents and has made worse many inequities that existed before the pandemic. ​

NEEDS HIGHLIGHTED BY THE PANDEMIC​

​

​

**TIMELY DATA**​

on emerging health topics and social and structural drivers of health​

​

​

​

**MEANINGFUL ENGAGEMENT**​

of community and government partners to better identify needs and coordinate public health response​

​

​

**VOICES AND EXPERIENCES OF RESIDENTS**​

particularly those hidden or underrepresented in existing data systems​

​

​

**DATA & ACTION CHANNELS**​

through partnership building and better connections with public health programs & policies​

**COVID-19 COMMUNITY IMPACT SURVEY (CCIS)**​

**Goal of CCIS 2020**​

To better understand how communities have been disproportionately impacted by the pandemic, including health, social, and economic impacts.​

* CCIS online survey administered between Sept- Nov 2020.​
* Available in 11 languages​
* Received 33,000+ adult responses and 3,000+ youth responses​

Recruitment strategies developed for communities of focus, including:​

* People of color​
* LGBTQ+ individuals​
* People with disabilities​
* Essential workers​
* People experiencing housing instability​
* Older adults​
* Residents in areas hardest hit by COVID-19​

Used a mixed-methods approach that included focus groups and open-ended questions to capture previously unknown needs and barriers​

**CCIS KEY SUCCESSES**​

Coordination during public health action requires relationship-building, planning, and communication​

CCIS helped to identify and fill important data gaps along the continuum of downstream health outcomes to upstream determinants of health​

CCIS helped to mobilize partners and networks across DPH throughout the survey process. ​

CCIS was a key data source that informed policy and practice change with community partners, DPH, and other state agencies. ​

CCIS helped to strengthen trust in communities through authentic engagement and partnership with various priority communities​

**CHEI MODEL: FOUNDATIONAL PILLARS**​

CHEI promotes the health of Massachusetts residents and reduces health inequities through a ​

**Health Equity Data and Response System.**​

This public health system is built upon **Three Foundational Pillars:**​

**CHEI COMMUNITY ENGAGEMENT PRACTICE**​

Community Engagement Goals and Commitments​

Fostering collaboration with DPH, sister agency, and community partners​

Prioritizing communities that are most impacted by health inequities​

Engaging with and deferring to partners throughout all stages of CHEI​

Promoting accessibility and cultural appropriateness within the CHEI Health Equity Data System​

Supporting partners in using CHEI data to implement changes to advance health equity. ​

​

Increasing visibility of the health equity data and data & action frameworks.​

**CHEI COMMUNITY ENGAGEMENT PRACTICE**​

Strategies to Meet Goals for Engagement​

* Hold **Listening Sessions**with DPH, state agency, and community partners to identify data gaps and prioritize survey topics. ​
* Convene **DPH Advisory Groups**of subject matter experts from across the various Bureaus and Offices of DPH. ​
* Establish a **Community Engagement Advisory Council** comprising residents and organizations reflective of CHES communities of focus to build relationships, trust, and bidirectional channels for collaboration with community partners. ​
* Conduct **Direct Partner Outreach** to DPH, sister agency, and community partners from the existing CCIS/CHEI partner network. ​
* Provide partners with **Resources and Capacity-building Support**in the form of mini-grants, participation stipends, and technical assistance to participate in all stages of the CHES process. ​
* Hold **Collaborative Data Analysis Sessions**to ensure that data analysis is responsive to partner needs and inclusive of community context.​

**CHEI DATA & ACTION**​

Using Results to Drive Change & Advance Equity​

Work with partners to identify pathways for public health action ​

Make data resources and findings publicly available​

​

Incorporate Data & Action focus into CHEI Health Equity Data System​

​

Provide capacity-building support through the regional data & action support team​

​
Engage partners in Collaborative Data Analysis process​

​

Support DPH programs and initiatives in using CHEI data to inform action​

**CHEI DATA & ACTION**​

Ways CHEI Can Support DPH Programs and Initiatives​

* **Needs Assessment:**Using CHEI data to better identify and quantify needs within communities and connect those needs with social drivers of health.​
* **Prioritization:**Using findings and recommendations from CHEI to help set new priorities or strengthen the evidence base for existing priorities for programs and initiatives. ​
* **Root Cause Framing:** Using the CHEI Health Inequities Framework (Figure 1) to help programs identify and focus on mid and upstream drivers of health inequities.​
* **Community Engagement and Data & Action Frameworks:**Sharing frameworks and lessons learned from the CHEI community engagement and data & action frameworks with partners so they can incorporate strategies and best practices in their work. ​
* **Resource Allocation:**Helping programs use CHEI data and other data sources to inform allocation of limited resources using an equity lens. ​
* **Securing Resources & Funding:** Using CHEI data and findings to inform and strengthen grant applications and other funding opportunities. ​
* **Policy and Advocacy:** Using CHEI findings and recommendations developed in collaboration with community partners to better advocate for and bring about policy and systems change. ​

**CHEI HEALTH EQUITY DATA SYSTEM**​

Key Attributes of the CHEI Health Equity Data System ​

​

​
**Mixed Methods Approach:**​
Collecting quantitative and qualitative data through the **Community Health Equity Survey**and **CHEI Community Evaluators**​

​

​
**Equity Focus:** ​
Collecting data along the **health inequity pathway**, including root causes of health inequity​

​

​
**Centering Community:**​
Focusing on **communities that are often underrepresented**in public health data​

​

​

**Actionability and Timeliness:**​
Gathering data on **current public health priority areas**to identify need and potential areas for **public health action**​

**CHEI HEALTH EQUITY DATA SYSTEM**​

Primary Data Sources of the Health Equity Data System​

**Community Health Equity Survey (CHES)**​
Population-based survey to gather data along the health inequity pathway, better understand the most pressing needs facing Massachusetts residents, and help DPH, sister agencies and communities change conditions that get in the way of health. ​

**CHEI Community Evaluators**​
In collaboration with Tufts Interdisciplinary Evaluation Research (TIER), CHEI community evaluators use a community-based participatory research approach to conduct qualitative evaluation projects on topics that are important to them and their communities. ​

**CHEI Health Inequities Framework**​

**Interconnected Systems**​

Address interconnected systems and policies, including global forces and governmental policies, at the macro level. ​

**Policies & Environment**​

Address policies and environments to change these unjust systems *ex: housing policies, land trusts, etc.*​

**Increased Risk**​

Mitigate impact of increased risk caused by these unjust systems *ex: supportive housing, new development, stabilization initiatives*​

**Health-Related Social Needs**​

Address immediate health related social needs caused by these unjust systems ​

*ex: air conditioner vouchers*​

Systems and Structures

* Racism
	+ Internalized
	+ Interpersonal
	+ Institutional
	+ Structural
* Sexism
* Ableism
* Heterosexism
* Classism
* Other systems of oppression
* Social Status
	+ Race
	+ Gender
	+ Age
	+ Sexual Orientation
	+ Disability

Upstream/Midstream

* Social status opportunities
	+ Education
	+ Employment
	+ Economic stability
* Societal resources
	+ Housing
	+ Technology
	+ Social support
	+ Transportation
	+ Health resources
* Exposures
	+ Environmental
	+ Discrimination
	+ Violence

Downstream

Health outcomes

* Chronic conditions
* Disability
* Mental health
* Substance use
* Long COVID

**Community Health Equity Survey (CHES) 2023**​

**CHES 2023 PRINCIPLES AND COMMITMENTS**​

**Gathering Data Along the Health Inequity Pathway**​

**Commitment:**​

* Collecting data to connect downstream health outcomes to midstream, upstream and groundwater determinants of health​

**Center Communities with Lived Experiences of Inequities**​

**Commitments:**​

* Explicitly naming Communities of Focus and engaging them in all stages of CHEI​
* Partnering with residents and organizations to make decisions around survey content and dissemination strategies​
* Make available flexible mini-grant dollars to support survey outreach​
* Increase accessibility of the survey through translation of materials in 10 most spoken non-English languages and ASL

**Connecting Quantitative and Qualitative Data**​**Commitments:**​

* Include open-ended response options for select survey questions to allow respondents to share their experiences and add important context to their responses​
* Connect CHES results to the Community Evaluator-led qualitative research projects

**Prioritizing Timely and Actionable Data**​

**Commitments:**​

* Work with community, DPH, and state agency partners during survey development to identify data needs and prioritize actionable data​
* Create opportunities for collaborative data analysis to help make meaning of data collected and support the development of recommended actions. ​
* Share information back to the community by making results publicly available​
* Provide data and capacity-building support to partners

**CHES 2023 METHODOLOGY OVERVIEW**​

* CHES is an innovative, community-based survey administered to **residents aged 14 and older**​
* Utilizes a **non-probability quota sampling** methodology ​
* Sample goals were set for Communities of Focus to ensure representation and sufficient sample sizes for granular and intersectional analyses.​
* Non-random sampling with community outreach strategies to meet sample goals.​
* **Sample weights** were created using propensity score model weights to better align the survey sample to statewide race &  ethnicity, gender, age, and education distribution.​
* Data collection was open from **July 31 through October 31, 2023**. ​

**CHES 2023 SURVEY INSTRUMENT**​

* **Online Survey**​
* REDCap browser-based platform​
* Accessible through phone, tablet, computer ​

​

* **Available in 11 most common languages spoken in MA**​
* ASL version made available in 2024​

​

* **Paper Survey Option**​
* Available to partners to increase accessibility to geographies and populations where online surveys may be challenging to access. ​

**CHEI 2023 COMMUNITIES OF FOCUS**​

**Centering communities that are often underrepresented in data systems and**​
**most impacted by health inequities**​

* Older adults (age 60+)​
* Parents and caregivers of children and youth with special health care needs​
* Parents under 25​
* People identifying as LGBTQ+​
* People of color(including, American Indian/Alaska Native, Asian American/ Pacific Islanders, Black, and Hispanic/ Latino/a/e residents) ​
* People whose primary language is not English​
* People with disabilities​
* People with immigration experience​
* Pregnant people and parents of young children​
* Rural residents​
* Veterans​
* Youth and young adults (age 14-24)​

**CHES 2023 SURVEY TOPICS**​

**NEIGHBORHOOD**​

Climate, transportation, safety ​

**COVID-19 EXPERIENCES**​

Vaccination, ​

long COVID​

**INFORMATION SOURCES**​

Trusted news sources​

**EDUCATION**​

Barriers, supports, childcare ​

**BASIC NEEDS**​

Housing, access to goods, services ​

**ACCESS TO HEALTHCARE**​

Healthcare needs, types of care, barriers, telehealth​

**EMPLOYMENT**​

Changes in employment, paid leave, work from home​

**MENTAL HEALTH**​

Mental health symptoms, isolation​

**SUBSTANCE USE**​

Substance use, resource needs​

**SAFETY  & SOCIAL CONTEXT**​

Intimate partner violence, discrimination, social support ​

**DEMOGRAPHICS**​

Age, gender, race, ethnicity, sexual orientation, disability status, education​

**CHES 2023 SURVEY DEVELOPMENT STAGES**​

* Identify communities and topics of focus​
	+ - Identified through
			* Literature reviews
			* DPH Listening Sessions
			* DPH Advisory Group Meetings
			* External Listening SEssions
* Create framework for survey item selection​
* Collaborate with partners on item development & selection​
* Develop list of resources to embed in survey​

Draft reviewed by:

* DPH Advisory Groups
* DPH CHEI partners
* Community Engagement Advisory Committee
* External Partner Orgs
* Build survey in online survey platform
* Pilot survey with Community Engagement Advisory Committee​
	+ - Pilot process collects feedback on:
			* REDCap (online survey platform)
			* Language translations
			* Question literacy/clarity
			* Survey length
* Revise​
* Develop paper survey administration materials​

**CHES 2023 ENGAGEMENT STRATEGIES**​

**Listening Sessions**​

* Held 6 listening sessions for DPH partners and 2 listening sessions for community partners to identify data gaps and prioritize survey topics.​
* **DPH Bureaus and Offices represented:**​
* BCHAP, BEH, BFHN, BIDLS, BSAS, OHE, OLRH, OPEM, OPH​
* **Community participants included:**​
* Advocacy groups, hospitals, school districts, community action agencies, tribal health organizations, municipal governments, community development corporations, immigration support centers, and more.​
* **Discussion topics:**​
* What information do you want to know about your community that you can’t get somewhere else?​
* How could this data inform your work? (E.g., organizational goals, resource allocation, advocacy)​
* How can we make this survey accessible and comfortable for your community to participate?​
* **Results:**​
* Partner feedback used to inform question development and prioritization for the first draft of the survey.​

**DPH Advisory Groups**​

* Convened advisory groups of subject matter experts from across the various DPH Bureaus and Offices to provide content knowledge and survey guidance.
* **Purpose:**​
* To establish a channel to seek input on survey content from subject matter experts at DPH.​
* **Structure:**​
* 8 total advisory groups focused on CHES survey topics: ​
	+ Healthcare Access
	+ Experiences with COVID-19
	+ Basic Needs
	+ Mental Health
	+ Neighborhood and Built Environment
	+ Employment
	+ Education
	+ Safety and Social Context
* **Results:**​
* Input used to prioritize topics and survey constructs for inclusion on survey​.​
* Advisory group members reviewed & provided feedback on survey questions and response options​.​
* Members pilot tested survey and provided feedback on length, usability, and wording.​

**Community Engagement Advisory Council (CEAC)**​

* Established to build relationships and establish a channel for bidirectional collaboration with community partners. The CEAC was tasked with piloting the survey and providing feedback. ​
* **Structure:**​
* ~35 members attended five 1.5-hour meetings from April to November 2023 and reviewed survey materials outside of meetings (compensation provided).​
* Committee members included the below partners from across MA:​
	+ Community action agencies
	+ Immigration support providers
	+ Tribal health providers
	+ Health service providers
	+ Community development corporations
* **Results:**​
* Feedback and direction on survey content was incorporated into CHES to the maximum extent possible.​
* Suggestions ensured that wording was appropriate and accessible to community members.​
* Co-created strategies for recruitment of residents in communities of focus.​

 Survey Promotion and Outreach Strategies Included:​

**Trusted Community Partner Outreach**​

* Over 200 partners mobilized their networks to promote the survey ​
* Strategies including social media, radio, newsletters, and in-person outreach​

**Flexible Community**​ **Mini-grants**​

Community partners received funds to support direct survey outreach, including: ​

* Staff time for recruitment/survey administration​
* Stipends to survey respondents​

​

**Survey Promotion Toolkits**​

* Flyers, emails, social media posts, templates, & virtual backgrounds were prepared and piloted with partners​
* Available in 11 languages​

​

**Paid & Earned Media**​

* DPH’s press release led to coverage within local and statewide news organizations ​
* Paid media included local newspapers, radio, digital ad buys, and TikTok videos​

**CHES 2023 RECRUITMENT STRATEGIES**​

Survey Promotion Toolkits Available to Help Partners Promote CHES 2023​

[**Survey Promotion Toolkits**](https://www.mass.gov/info-details/community-health-equity-survey-promotion-toolkit-english)​

Available in 11 languages​

* Flyers & Posters​
* Key Talking Points​
* Social Media Content​
* Email Templates​
* Virtual Meeting Backgrounds​

**CHES 2023 RECRUITMENT STRATEGIES**​

Paid and Earned Media Strategies to Promote CHES 2023​

[**DPH Press Release**](https://www.mass.gov/news/department-of-public-health-launches-statewide-survey-to-improve-community-health)published at survey launch​

**Earned Media Coverage** from local and statewide news media outlets, including:​

* **WGBH:** [Community health survey aimed at addressing inequities in Massachusetts](https://www.wgbh.org/news/health/2023-08-09/community-health-survey-aimed-at-addressing-inequities-in-massachusetts)​
* **WCVB:** [Massachusetts Department of Public Health circulating Community Health Equity Survey](https://www.wcvb.com/article/massachusetts-department-of-public-health-community-health-equity-survey/44759898)​
* **WJAR:** [Massachusetts Department of Public Health launches survey to improve community health](https://turnto10.com/news/local/massachusetts-department-public-health-survey-improve-resources-statewide-affordable-housing-healthcare-food-voices-commissioner)​
* **Boston Herald:** [Massachusetts Department of Public Health wants residents to fill out survey ‘to improve the health of people’](https://www.bostonherald.com/2023/08/07/massachusetts-department-of-public-health-wants-residents-to-fill-out-survey-to-improve-the-health-of-people/)​
* **El Planeta:** [Una encuesta que ayudará a mejorar la salud de las personas en Massachusetts ya está disponible](https://elplaneta.com/2023/08/08/salud/una-encuesta-que-ayudara-a-mejorar-la-salud-de-las-personas-en-massachusetts-ya-esta-disponible/)​
* **Western Mass News:** [Mass DPH seeking input on community health challenges](https://www.westernmassnews.com/2023/08/07/mass-dph-seeking-input-community-health-challenges/)​
* **Charleston Patriot Bridge:** [Department of Public Health Launches Statewide Survey To Improve Community Health](https://charlestownbridge.com/2023/08/17/department-of-public-health-launches-statewide-survey-to-improve-community-health/)​

**Paid Media Strategies**​

**Ad Buys in Local Newspapers**​

**TikTok**​**Video Ads**​

**CHES 2023 SAMPLE GOAL DEVELOPMENT**​

**Sample goals**were developed for each Community of Focus to: ​

​

* Promote representation from communities often underrepresented in public health data​
* Ensure adequate power for granular and intersectional analyses​
* Inform survey dissemination and recruitment strategies​

Community of Focus sample goals included the following **Respondent Characteristics**:​

* **Age**​
* **Race/ethnicity**​
* **Disability**​
* **Pregnancy/post-partum**​
* **Parenthood**​
* **Immigration**​
* **Sexual orientation**​
* **Gender**​
* **Transgender experience**​
* **Preferred language**​
* **Geography**​
* **Veteran status**​

**Criteria** used to establish sample goals included:​

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* Estimated effect sizes for key CHES outcomes and predictors ​
* DPH Confidentiality Procedures’ reporting and confidentiality guidelines ​
* MA population estimates (American Community Survey 2022) ​

**CHES 2023 SAMPLE GOAL ACHIEVEMENTS**​

CHES engagement & dissemination strategies were effective in reaching nearly all CHES sample goals.​ **Overall Participation**exceeded CHES 2023 sample goal by **65%.**​

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Sampling goals were exceeded for nearly all Communities of Focus, including:​

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* **American Indian/Alaska Native, Asian American & Pacific Islander, Black**, and **Hispanic/Latine-o-a**groups​
* Overall, **residents of color**represented a greater proportion of participants in CHES 2023 compared to CCIS 2020 (29.7% vs. 18.7%)​
* **Youth**, age 14-17 (n=2,070)​
* **All  people with disability groups**​
* **Pregnant and postpartum people** (n= 307)​
* **Foreign-born residents**(n**=**2,800)​
* **LGBTQA+ residents** (n=2962)​
* **Transgender and/or nonbinary residents**(n=676)​
* **Rural residents**(n= 3023) ​

**CHES 2023 EARLY KEY FINDINGS**​

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The following section highlights key findings from early analyses conducted from CHES 2023 data. ​

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**Goals for this section:**​

* **Explore Data** across the various **CHES 2023 Topics.**​
* **Highlight Inequities**in downstream health outcomes and key drivers of health across the **Communities of Focus**. ​
* Provide examples of how CHES data will be used to **Support Public Health Action**.​
* **Preview Upcoming CHEI Data and Communication Products**to be released in 2024. ​

Findings in this section are a small subset of those that will be highlighted in upcoming topic and population spotlights. The spotlights will showcase more granular and intersectional analyses from Collaborative Data Analysis sessions conducted with internal and community partners.​

**HEALTH OUTCOMES AND BEHAVIORS**​

**Mental Health**​

**Psychological Distress 1**

Overall, **17.3% of adults** and **26.6% of youth** reported very high psychological distress in the past month.   ​

**26.4% of parents of a child/youth with a disability or special health need (CYSHN)** reported very high psychological distress in the past month.​

**Youth with a self-care/independent living disability** were **3.6 times as likely**to report very high psychological distress compared to youth without a disability (64.7%\* vs. 17.8%).​

**Suicidal Ideation**​

Overall, **7.4% of adults** and **14.6% of youth** reported past year suicidal ideation.​

**Adults with transgender experience** were **6.4 times as likely** to report suicidal ideation compared to adults without transgender experience (40.3%\* vs 6.3%).​

**18.5%\* of youth living in a rural area** (level 2) reported past year suicidal ideation, **1.3 times** the percentage of youth living in urban areas.​

1.CHES includes a 5-point version of the Kessler Psychological Distress Scale to measure psychological distress. ​ \*Difference is statistically significant at p. < .05.

**HEALTH OUTCOMES AND BEHAVIORS**​

**COVID-19**​

**Long COVID1**

Overall, **22% of adults** reported ever having Long COVID. ​

**26.2%\*** of adults living in**rural (level 2) areas**reported ever having Long COVID, compared to 21.1% of adults living in urban areas.​

**Female respondents** were **1.4\* times** as likely and **non-binary adult respondents** were **twice as likely**to report ever having Long COVID as compared to male respondents. ​

**21.1%** of **White adults**, **29.6%**of **Hispanic or Latine-o-a adults**, and **36.5%** of adults identifying as **American Indian/Alaska Native adults**reported ever having Long COVID.​

**COVID-19 Vaccinations**​

**58%\* of Black adults**and **51.3%\* of Hispanic adults**reported receiving a COVID-19 vaccination or booster in the past 12 months compared to 69.8% of White adults. ​

Upcoming data releases will dive deeper into vaccine motivations and barriers and preferred vaccine locations for different communities of focus. ​

* 1. The question to capture Long COVID included in CHES 2023 was adapted from the Behavioral Risk Factor Surveillance Survey (BRFSS) and the California Health Interview Survey (CHIS).​ ​ \*Difference is statistically significant at p. < .05.

**SOCIETAL RESOURCES**​

**Housing**​

Overall, **19.4% of adults** reported being worried about paying for housing.​

**Over 1 in 3 adults of transgender experience** reported being worried about paying for housing (36.6%\*), about twice the rate compared to adults without transgender experience.​

Adults who identified as **Hispanic/Latine-o-a**were ​

**twice as likely**to report being worried about paying for housing compared to White adults (33.6%\* vs 17.0%).  ​

The upcoming **CHES 2023 Housing Spotlight**will highlight findings from additional housing-related indicators such as current living situation (including those that reported having no steady place to live), reasons for housing instability, and experience of housing problems such as mold, noise, and pests.​

​ \*Difference is statistically significant at p. < .05.

**SOCIETAL RESOURCES**​

**Technology Access**​

Overall, **3% of adults** reported not having internet access and **9.3% of adults** reported having poor internet access. ​

**Adults living in rural areas** (rural level 1) were **1.5 times as likely**to report having poor internet access compared to adults living in urban areas (12.3%**\*** vs 8.4%).​

**Adults 75 and older** were **1.7 times as likely** to report not having internet access compared to adults 74 and younger (5%\* vs. 2.9%). ​

**Youth who prefer to speak a language other than English** were  **4.0\* times as likely**to report having no internet where they live compared to those youth who prefer to speak English.

​ \*Difference is statistically significant at p. < .05.

**SOCIETAL RESOURCES**​

**Transportation**​

Overall, **7% of adults** reported not being able to get where they need to go safely, comfortably, and easily and **12.6% of adults** reported having trouble paying for transportation related costs. ​

**Adults identifying as American Indian or Alaska Native**were **1.5 times as likely** to report trouble paying for transportation related costs compared to White adults (16.8%\* vs 11.4%). ​

**Adults with transgender experience** were **2.6 times as likely** to report they are not able to get where they need to go safely, comfortably, and easily compared to those without transgender experience (16.9%\* vs 6.6%).​  ​

​ \*Difference is statistically significant at p. < .05.

**SOCIETAL RESOURCES**​

**Health Care & Access**​

**Unmet Health Care Needs**​

Overall, **15.2% of adults** reported having an unmet health care need in the past year and **14.8%** reported having trouble paying for health care related costs. ​

**Adults who identify as Middle Eastern or North African**were **2.3 times as likely** to report having an unmet health care need in the past year compared to white adults (31.3%\* vs. 13.6%). ​

**Youth who prefer to speak a language other than English** were **nearly twice as likely** to report an unmet mental health care need (27.3%\* vs. 14.9% English). ​

​ \*Difference is statistically significant at p. < .05.

**MATERNAL & REPRODUCTIVE HEALTH**​

**Mental Health Outcomes**​

**37.3%\*  of pregnant or postpartum adults** reported high or very high psychological distress\* in the past month compared to 30.9% non-pregnant/postpartum adults.​

**Pregnant or postpartum adults** were **1.3 times as likely** to report feeling usually or always isolated compared to non-pregnant/postpartum adults(16.8%\* vs 12.7%).​

**Maternal & Reproductive Healthcare Access**​

Overall, **7.7% of adults** reported it would be ‘very hard’ to schedule and get an appointment for an abortion if they or someone they knew needed one. ​

Compared to US-born respondents, **adults born in a country other than the U.S**were **4 times as likely** to report that it would be ‘very hard’ to schedule or get an appointment for an abortion (22.9%\* vs. 5.7%). ​

**1 out of 5 pregnant or postpartum adults**reported trouble paying for healthcare (21.8%\* vs. 15.0% non-pregnant/postpartum adults). ​

**Housing Resources**​

**Pregnant or postpartum adults** were **2.2 as likely to**report worry over losing or the lack of steady housing compared to non-pregnant/postpartum adults (20.8%\* vs. 9.5%).​

**52.2%\*  of pregnant or postpartum adults** reported issues with their housing including lead paint/pipes, pests, mold/water leaks, noise, and overcrowding, vs. 36.6% non-pregnant/postpartum adults.​

\*CHES includes a 5-point version of the Kessler Psychological Distress Scale to measure psychological distress.​ ​ \*Difference is statistically significant at p. < .05.

**SOCIAL STATUS OPPORTUNITIES**​

**Education**​

**Youth who identify as bisexual or pansexual** were **4.8\* times as likely** to report educational challenges due to not feeling safe at school in the past year compared to their straight peers.  ​

**22% of youth born outside of the US** reported they benefited from school programs to reduce bullying, violence, or racism, compared to 18.9% of youth born in the US.1  ​

**Employment**​

Overall,**20.9% of respondents** reported having multiple jobs and **75.3%** reported having paid sick leave at work.​

**27.8%\* of Black respondents** reported having multiple jobs compared to 19.7% of White respondents. Among those with **transgender experience**, **27.4%\***reported having multiple jobs compared to 20.6% of respondents without transgender experience. ​

**57.7%\* of Hispanic/Latine-o-a** respondents reported having paid sick leave at work compared to 78.1% of White respondents. Among those who were born outside of the US, 62.2% reported having paid sick leave at work.  ​

\*Difference is statistically significant at p. < .05. 1. p = 0.2989

**SOCIAL STATUS OPPORTUNITIES**​

**Economic Stability**​

Overall, **35.2% of adults** reported having trouble paying for at least one basic need, including housing, transportation, food or groceries, health care, and childcare. ​

Overall, **16.5% of adults** reported not having enough money at the end of the month.​

Among **adults who reported having a mental health disability**, **74.3%** have trouble paying for at least one basic need, **53.6%** reported applying for or receiving economic assistance and **46.5%** reported that they do not have enough money at the end of the month. ​

**48.4%\* of American Indian or Alaskan Native adults**, **55.9%\* of Black adults**, and **55.5%\* of Hispanic or Latine-o-a adults** reported having trouble paying for at least one basic need compared to 31.0% of White adults.​

\*Difference is statistically significant at p. < .05.

**HEALTH-RELATED EXPOSURES**​

**Environmental Exposures**​

**Over two-thirds of adults** (67.2%) reported experiencing some form of climate-related impact in the past 5 years, including flooding, extreme temperatures, and being unable to work due to the weather. ​

**76.7%\* of adults living in rural areas** reported experiencing some form of climate related impact in the past 5 years compared to 65.2% of adults living in urban areas. ​

Adults who identify as **Middle Eastern or North African** were **1.3 times as likely**to report feeling unwell in the past five years due to poor air quality, heat or allergies compared to White adults (50.2%\* vs. 39.8%).​

**Youth living in rural areas** (rural level 2) were **1.2 times** as likely to report feeling unwell in the past five years due to poor air quality, heat, or allergies compared to youth living in urban areas (29.1% vs. 24%).​1

\*Difference is statistically significant at p. < .05. 1. p = 0.1525.

**HEALTH-RELATED EXPOSURES**​

 Discrimination

Overall, **18% of adult respondents** and **19.6% of youth respondents** reported experiencing some form of discrimination in the past year.​

**Black adults**were **twice as likely** to report experiencing some form of discrimination in the past year compared to White respondents (30.4%\* vs 15.3%). **33.9% of American Indian / Alaska Native** **respondents** and **31.4% of** **Middle Eastern or North African adults** reported experiencing some form of discrimination in the past year. ​

**Youth who identify as non-binary** were **3.7\* times as likely**to report past year discrimination compared to their female peers.  ​

\*Difference is statistically significant at p. < .05.

**HEALTH-RELATED EXPOSURES**​

**Violence**

**Intimate Partner Violence**​

Overall, **29.7% of adults** reported ever experiencing intimate partner violence (IPV) (**4.5%** in the past year).​

**Adults who were pregnant or postpartum** were **nearly three times as likely** to report IPV in the past year, compared to 4.3% of females overall (12.5% vs 4.3%).​

Among **adults who identify as** **queer**, **53.8%** reported ever experiencing IPV.​

**Sexual Violence**​

Overall, **21% of adults** reported ever experiencing sexual violence (**1.4%** in the past year).​

Among **adults who identify as** **queer**, **55.9%** reported ever experiencing sexual violence.​

**Neighborhood Violence**​

Overall, **12.5% of adults** reported experiencing neighborhood violence somewhat or very often. ​

**Black adults** were **4.1 times as likely**to report experiencing neighborhood violence somewhat or very often as compared to White adults (33.9%\* vs. 8.2%). ​

\*Difference is statistically significant at p. < .05. 1. p = 0.1525.

**CHES 2023 SUPPORTING DATA & ACTION**​

* **CHEI Regional Data & Action Providers**are available to provide data & action support to community partner, including providing customized local & regional data and data & action capacity-building support.​
* Current Providers: Metropolitan Area Planning Council, Public Health Institute of Western MA, and Coalition for Healthier Greater Worcester​
* CHES 2023 data can be used to support the work of the **Department of Public Health**.​
* CHEI team will work to support programs and initiatives across DPH in using CHES findings and recommendations for policy and practice change. ​
* CHEI can be used to inform DPH-wide initiatives and priority areas, including Vaccine Equity Initiative, Advancing Health Equity in Massachusetts, emergency preparedness, climate justice, reproductive health access, and others. ​

CHES 2023 Questionnaire Topics

|  |  |  |
| --- | --- | --- |
| **DEMOGRAPHICS**​ | **ADULT**​ | **YOUTH**​ |
| Age​ | X​ | X​ |
| Residence (city/town) ​ | X​ | X​ |
| Education​ | X​ | X​ |
| Race/ethnicity​ | X​ | X​ |
| Disability ​ | X​ | X​ |
| Sexual Orientation​ | X​ | X​ |
| Gender ​ | X​ | X​ |
| Transgender Experience​ | X​ | X​ |
| Parent/Primary Caregiver ​ | X​ | X​ |
| Parent/Primary Caregiver of Child w/Special Health Care Need ​ | X​ | X​ |
| Caregiver of Adult ​ | X​ |  ​ |
| Incarceration History ​ | X​ |  ​ |
| Veteran Status​ | X​ |  ​ |
| Preferred Language ​ | X​ | X​ |
| English Proficiency ​ | X​ | X​ |
| Country of Birth​ | X​ | X​ |
| **BASIC NEEDS**​ | **ADULT**​ | **YOUTH**​ |
| Difficulty Paying for Basic Needs​ | X​ |  ​ |
| Applied for/Received Benefits​ | X​ |  ​ |
| Economic Security *(including food security)*​ | X​ |  X​ |
| Internet Access​ | X​ | X​ |
| Housing Stability ​ | X​ | X​ |
| **NEIGHBORHOOD & BUILT ENVIRONMENT**​ | **ADULT**​ | **YOUTH**​ |
| Problems w/Housing ​ | X​ | X​ |
| Neighborhood Accessibility/Transportation ​ | X​ | X​ |
| Neighborhood Violence ​ | X​ | X​ |
| Climate Change Impacts​ | X​ | X​ |
| SAFETY & SOCIAL CONTEXT​ | ADULT​ | YOUTH​ |
| Social Support (questions differ for adults/youth)​ | X​ | X​ |
| Family Responsibilities ​ |  ​ | X​ |
| Intimate Partner Violence ​ | X​ | X​ |
| Household Violence ​ |  ​ | X​ |
| Sexual Violence ​ | X​ | X​ |
| Discrimination ​ | X​ | X​ |
| EMPLOYMENT ​ | ADULT​ | YOUTH​ |
| Employment Status​ | X​ |  ​ |
| Past-Year Employment​ |  ​ | X​ |
| Multiple Jobs​ | X​ |  ​ |
| Industry/Occupation ​ | X​ | X​ |
| Employment Change & Reason ​ | X​ |  ​ |
| Telework status ​ | X​ |  ​ |
| Paid Sick Leave (access, likelihood of using, reason) ​ | X​ |  ​ |
| HEALTHCARE ACCESS​ | ADULT​ | YOUTH​ |
| Health Insurance Type​ | X​ |  ​ |
| Usual Source of Health Care​ | X​ | X​ |
| Chronic Conditions ​ | X​ | X​ |
| Pregnancy Status​ | X​ | X​ |
| Health Care Type Needed, Accessed or Delayed  ​​ | X​ | X​ |
| Abortion Access ​ | X​ | X​ |
| Telehealth Use​ | X​ |  ​ |
| EDUCATION​ | ADULT​ | YOUTH​ |
| Homeschool Status ​ |  ​ | X​ |
| Challenges to Learning​ | ​ | X ​ |
| Support at School​ | ​ | X ​ |
| Harassment by School Staff​ | ​ | X​ |
| Sex Ed/Health Class (participation, class topics)  ​ | ​ | X​ |

|  |  |  |
| --- | --- | --- |
| **PARENTS**​ | **ADULT**​ | **YOUTH**​ |
| # Children/Youth w/Special Health Care Need (CYSHCN)​ | X​ | X​ |
| Disability & Age of CYSHCN​ | X​ | X​ |
| Provider & CYSHCN​ | X​ | X​ |
| Access to Regular Childcare ​ | X​ | X​ |
| Delayed MH care for child​ | X​ | X​ |
| **MENTAL HEALTH**​ | **ADULT**​ | **YOUTH**​ |
| Psychological Distress (K-5) ​ | X​ | X​ |
| Social Isolation ​ | X​ | X​ |
| Poor MH Days (Past-Month) ​ | X​ |  ​ |
| Sad/Hopeless 2 weeks (Past-Year) ​ |  ​ | X​ |
| Suicidal Ideation & Attempt​ | X​ | X​ |
| **SUBSTANCE USE**​ | **ADULT**​ | **YOUTH**​ |
| Substance Use by Type​ | X​ | X​ |
| Substance Use Resource by Type *(accessed & preferred)* ​ | X​ | X​ |
| Substance Use Resource Setting *(preferred)* ​ | X​ | X​ |
| **COVID-19 EXPERIENCES**​ | **ADULT**​ | **YOUTH**​ |
| Past-Year COVID Vaccine *(status, motivation, hesitancy)*  ​ | X​ |  ​ |
| Preferred COVID Vaccine Location ​ | X​ | X​ |
| Long COVID & Treatment Access​ | X​ |  ​ |
| Death of Caregiver or Family Member to COVID ​ |  ​ | X​ |
| **INFORMATION SOURCES**​ | **ADULT**​ | **YOUTH**​ |
| Usual Information Sources​ | X​ | X​ |

2023 CHES Adult Sample (n=16206)

|  |  |  |
| --- | --- | --- |
| **PARENTS**​ | **ADULT**​ | **YOUTH**​ |
| # Children/Youth w/Special Health Care Need (CYSHCN)​ | X​ | X​ |
| Disability & Age of CYSHCN​ | X​ | X​ |
| Provider & CYSHCN​ | X​ | X​ |
| Access to Regular Childcare ​ | X​ | X​ |
| Delayed MH care for child​ | X​ | X​ |
| **MENTAL HEALTH**​ | **ADULT**​ | **YOUTH**​ |
| Psychological Distress (K-5) ​ | X​ | X​ |
| Social Isolation ​ | X​ | X​ |
| Poor MH Days (Past-Month) ​ | X​ |  ​ |
| Sad/Hopeless 2 weeks (Past-Year) ​ |  ​ | X​ |
| Suicidal Ideation & Attempt​ | X​ | X​ |
| **SUBSTANCE USE**​ | **ADULT**​ | **YOUTH**​ |
| Substance Use by Type​ | X​ | X​ |
| Substance Use Resource by Type *(accessed & preferred)* ​ | X​ | X​ |
| Substance Use Resource Setting *(preferred)* ​ | X​ | X​ |
| **COVID-19 EXPERIENCES**​ | **ADULT**​ | **YOUTH**​ |
| Past-Year COVID Vaccine *(status, motivation, hesitancy)*  ​ | X​ |  ​ |
| Preferred COVID Vaccine Location ​ | X​ | X​ |
| Long COVID & Treatment Access​ | X​ |  ​ |
| Death of Caregiver or Family Member to COVID ​ |  ​ | X​ |
| **INFORMATION SOURCES**​ | **ADULT**​ | **YOUTH**​ |
| Usual Information Sources​ | X​ | X​ |
| PARENTS​ | ADULT​ | YOUTH​ |
| # Children/Youth w/Special Health Care Need (CYSHCN)​ | X​ | X​ |
| Disability & Age of CYSHCN​ | X​ | X​ |
| Provider & CYSHCN​ | X​ | X​ |
| Access to Regular Childcare ​ | X​ | X​ |
| Delayed MH care for child​ | X​ | X​ |
| MENTAL HEALTH ​ | ADULT​ | YOUTH​ |
| Psychological Distress (K-5) ​ | X​ | X​ |
| Social Isolation ​ | X​ | X​ |
| Poor MH Days (Past-Month) ​ | X​ |  ​ |
| Sad/Hopeless 2 weeks (Past-Year) ​ |  ​ | X​ |
| Suicidal Ideation & Attempt​ | X​ | X​ |
| SUBSTANCE USE​ | ADULT​ | YOUTH​ |
| Substance Use by Type​ | X​ | X​ |
| Substance Use Resource by Type (accessed & preferred) ​ | X​ | X​ |
| Substance Use Resource Setting (preferred) ​ | X​ | X​ |
| COVID-19 EXPERIENCES​ | ADULT​ | YOUTH​ |
| Past-Year COVID Vaccine (status, motivation, hesitancy)  ​ | X​ |  ​ |
| Preferred COVID Vaccine Location ​ | X​ | X​ |
| Long COVID & Treatment Access​ | X​ |  ​ |
| Death of Caregiver or Family Member to COVID ​ |  ​ | X​ |
| INFORMATION SOURCES​ | ADULT​ | YOUTH​ |
| Usual Information Sources​ | X​ | X​ |

nH/nL = non-Hispanic/non-Latinx; ​​

American Indian/Alaska Native includes respondents who identify as Hispanic/Latine​

Questioning/undecided/non-binary gender identity includes respondents identifying as non-binary, genderqueer, not exclusively male or female, and questioning/unsure of their gender identity​

**2023 CHES YOUTH SAMPLE (n=2070)**​

|  |  |  |  |
| --- | --- | --- | --- |
| ​ | **Demographics**​ | **Freq.**​ | **Percent**​ |
| **Age**​ | 14-17​ | 2070​ | 100.00​ |
| **Race/ Ethnicity**​ | Am Indian/Alaska Native​ | 39​ | 1.97​ |
| Asian/Pacific Islander, nH/nL ​ | 125​ | 6.31​ |
| Black, nH/nL​ | 191​ | 9.64​ |
| Hispanic or Latine/a/o​ | 406​ | 20.48​ |
| Middle Eastern/North African​ | 44​ | 2.22​ |
| White, nH/nL​ | 1091​ | 55.05​ |
| Multiracial, nH/nL​ | 80​ | 4.04​ |
| Other, nH/nL​ | 6​ | 0.30​ |
| **Gender**​ | Woman, girl, female​ | 1189​ | 57.86​ |
| Man, boy, male​ | 708​ | 34.45​ |
| Nonbinary​ | 77​ | 3.75​ |
| Questioning/undecided​ | 21​ | 1.02​ |
| Prefer not to answer​ | 54​ | 2.63​ |
| **Transgender  Identity**​​ | Of transgender experience​ | 92​ | 4.49​ |
| Not of transgender experience​ | 1823​ | 88.93​ |
| Not sure​ | 48​ | 2.34​ |
| Don’t Understand/Prefer not to answer​ | 87​ | 4.24​ |
| **Sexual Orientation**​ | Asexual​ | 54​ | 2.62​ |
| Bisexual/Pansexual​ | 251​ | 12.17​ |
| Gay/Lesbian​ | 80​ | 3.88​ |
| Heterosexual​ | 1424​ | 69.03​ |
| Queer​ | 40​ | 1.94​ |
| Questioning​ | 47​ | 2.28​ |
| Other​ | 11​ | 0.53​ |
| Don’t Understand/Prefer not to answer​ | 156​ | 0.82​ |
| **Demographics ​** | Freq.​ | Percent​ |
| **14-17​** | 2070​ | 100.00​ |
| **Am Indian/Alaska Native​** | 39​ | 1.97​ |
| **Asian/Pacific Islander, nH/nL ​** | 125​ | 6.31​ |
| **Black, nH/nL​** | 191​ | 9.64​ |
| **Hispanic or Latine/a/o​** | 406​ | 20.48​ |
| **Middle Eastern/North African​** | 44​ | 2.22​ |
| **White, nH/nL​** | 1091​ | 55.05​ |
| **Multiracial, nH/nL​** | 80​ | 4.04​ |
| **Other, nH/nL​** | 6​ | 0.30​ |
| **Woman, girl, female​** | 1189​ | 57.86​ |
| **Man, boy, male​** | 708​ | 34.45​ |
| **Nonbinary​** | 77​ | 3.75​ |
| **Questioning/undecided​** | 21​ | 1.02​ |
| **Prefer not to answer​** | 54​ | 2.63​ |
| **Of transgender experience​** | 92​ | 4.49​ |
| **Not of transgender experience​** | 1823​ | 88.93​ |
| **Not sure​** | 48​ | 2.34​ |
| **Don’t Understand/Prefer not to answer​** | 87​ | 4.24​ |
| **Asexual​** | 54​ | 2.62​ |
| **Bisexual/Pansexual​** | 251​ | 12.17​ |
| **Gay/Lesbian​** | 80​ | 3.88​ |
| **Heterosexual​** | 1424​ | 69.03​ |
| **Queer​** | 40​ | 1.94​ |
| **Questioning​** | 47​ | 2.28​ |
| **Other​** | 11​ | 0.53​ |
| **Don’t Understand/Prefer not to answer​** | 156​ | 0.82​ |

nH/nL = non-Hispanic/non-Latinx; ​American Indian/Alaska Native includes respondents who identify as Hispanic/Latine​

Questioning/undecided/non-binary gender identity includes respondents identifying as non-binary, genderqueer, not exclusively male or female, and questioning/unsure of their gender identity​

**2023 CHES TOTAL SAMPLE (N=18276)**​

|  |  |  |  |
| --- | --- | --- | --- |
| ​ | **Demographics**​ | **Freq.**​ | **Percent**​ |
| **Age**​ | 14-17​ | 2070​ | 11.33​ |
| 18-24​ | 1164​ | 6.37​ |
| 25-34​ | 2128​ | 11.64​ |
| 35-44​ | 2837​ | 15.52​ |
| 45-64​ | 5853​ | 32.03​ |
| 65-74​ | 2994​ | 16.38​ |
| 75+​ | 1230​ | 6.73​ |
| **Race/ Ethnicity**​ | Am Indian/Alaska Native​ | 385​ | 2.23​ |
| Asian/Pacific Islander, nH/nL ​ | 1043​ | 6.03​ |
| Black, nH/nL​ | 1218​ | 7.04​ |
| Hispanic or Latine/a/o​ | 1912​ | 11.06​ |
| Middle Eastern/North African​ | 161​ | 0.93​ |
| White, nH/nL​ | 12159​ | 70.30​ |
| Multiracial, nH/nL​ | 308​ | 1.78​ |
| Other, nH/nL​ | 109​ | 0.63​ |
| **Gender**​ | Woman, girl, female​ | 11611​ | 72.63​ |
| Man, boy, male​ | 3395​ | 21.24​ |
| Nonbinary​ | 380​ | 2.38​ |
| Prefer not to answer​ | 442​ | 2.76​ |
| Questioning/undecided​ | 58​ | .036​ |
| Other​ | 7​ | 0.04​ |
| **Transgender  Identity**​​ | Of transgender experience​ | 365​ | 2.30​ |
| Not of transgender experience​ | 14680​ | 92.60​ |
| Not sure​ | 115​ | 0.73​ |
| Don’t Understand/Prefer not to answer​ | 693​ | 4.37​ |
| **Demographics ​** | Freq.​ | Percent​ |
| **Asexual​** | 332​ | 2.07​ |
| **Bisexual/Pansexual​** | 890​ | 5.54​ |
| **Gay/Lesbian​** | 714​ | 4.44​ |
| **Heterosexual​** | 12223​ | 76.06​ |
| **Queer​** | 401​ | 2.50​ |
| **Questioning​** | 108​ | 0.67​ |
| **Other​** | 34​ | 0.21​ |
| **Don’t Understand/Prefer not to answer​** | 1368​ | 8.51​ |
| **Blind/With vision impairment​** | 443​ | 2.51​ |
| **Cognitive disability​** | 1614​ | 9.13​ |
| **Deaf/Hard of hearing​** | 725​ | 4.10​ |
| **Learning/Intellectual disability​** | 396​ | 2.24​ |
| **Mental health disability​** | 954​ | 5.40​ |
| **Mobility disability​** | 1113​ | 6.29​ |
| **Self-care/Independent living disability​** | 939​ | 5.31​ |
| **Other disability ​** | 1437​ | 8.13​ |
| **No disability ​** | 12765​ | 72.19​ |
| **Prefer not to answer​** | 578​ | 3.27​ |
| **Less than HS​** | 809​ | 5.08​ |
| **High school or GED​** | 1281​ | 8.05​ |
| **Trade /Vocational​** | 490​ | 3.08​ |
| **Some college​** | 1624​ | 10.20​ |
| **Associates degree​** | 1267​ | 7.96​ |
| **Bachelor's degree​** | 4325​ | 27.17​ |
| **Graduate degree​** | 5886​ | 36.97​ |
| **Other​** | 238​ | 1.49​ |
| **English​** | 2027​ | 97.92​ |
| **Other​** | 43​ | 2.08​ |

nH/nL = non-Hispanic/non-Latinx; ​​

American Indian/Alaska Native includes respondents who identify as Hispanic/Latine​

Questioning/undecided/non-binary gender identity includes respondents identifying as non-binary, genderqueer, not exclusively male or female, and questioning/unsure of their gender identity​

**CHEI Community Engagement Advisory Committee (CEAC)**​

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:​

* [Allston Brighton Health Collaborative](https://abhealthcollaborative.org/)  [Asian Task Force Against Domestic Violence (ATASK)](https://www.atask.org/) ​
* [Authentic Caribbean Foundation](https://www.authenticcaribbeanfoundation.org/) ​
* [Black Literacy and Arts Collaborative](https://www.theblacproject.org/) ​
* [Boston Children's Hospital Office of Community Health](https://www.childrenshospital.org/community-health) ​
* [Cambodian Mutual Assistance Association](https://www.cmaalowell.org/wp/) ​
* [Casa Project of Worcester County](https://www.thecasaproject.org/) ​
* [Health Equity Partnership of North Central Massachusetts (CHNA 9)](https://chna9.org/) ​
* [DEAF, Inc.](https://www.deafinconline.org/)​
* [Dignity Alliance Massachusetts](https://dignityalliancema.org/) ​
* [Disability Policy Consortium](https://www.dpcma.org/)​
* [Greater Lawrence Community Action Council](https://www.glcac.org/) ​
* [Haitian Community Partners](https://www.hcpfoundation.org/) ​
* [Immigrants’ Assistance Center](https://immigrantsassistancecenter.org/) ​
* [Justice 4 Housing](https://justice4housing.org/) ​
* [Massachusetts Alliance of Portuguese Speakers](https://maps-inc.org/) ​
* [Massachusetts Councils on Aging](https://mcoaonline.com/) ​
* [Massachusetts Association of Community Development Corporations](https://www.macdc.org/) ​
* [Multicultural AIDS Coalition](https://www.mac-boston.org/) ​
* [New American Association of Massachusetts](https://naamass.org/) ​
* [New England Rural Health Association](https://www.nerha.org/)​
* [North American Indian Center of Boston](http://www.naicob.org/) ​
* [Ohketeau Cultural Center](https://www.ohketeau.org/) ​
* [Outer Cape Health Services](https://www.outercape.org/) ​
* [PureSpark](https://yourpurespark.com/) ​
* [Quaboag Hills Substance Use Alliance](https://qhsua.org/) ​
* [Revitalize CDC](https://www.revitalizecdc.com/) ​
* [Somali Parents Advocacy Center for Education](https://spacema.org/)​
* [Springfield Family Resource Center](https://www.gandaracenter.org/springfield-family-resource-center) ​
* [Springfield Mass in Motion](https://www.springfield-ma.gov/hhs/mass-in-motion-2) ​
* [Stavros](https://www.stavros.org/) ​
* [YMCA of Greater Boston](https://ymcaboston.org/) ​

**CHES Survey Dissemination Mini-Grantees**​

Many groups that were critical in the success of this effort and gave important input on the development and deployment of the survey:​

* The Arc of Massachusetts​
* Authentic Caribbean Foundation Inc.​
* Berkshire Area Health Education Center, Inc​
* Black Autism Coalition​
* Boston Chinatown Neighborhood Center​
* Boston Lesbigay Urban Foundation​
* Brazilian Women’s Group​
* Breaktime United,  Inc.​
* Cambiando el mundo de personas con Discapacidades​
* Cambodian Mutual Assistance Association of Greater Lowell, Inc.​
* The Care Center​
* Centro Comunitario de Trabajadores​
* Chappaquiddick Tribe of The Wampanoag Indian Nation Corporation​
* Chappaquiddick Wampanoag Tribe​
* CHD's Big Brothers Big Sisters of Hampshire County​
* Chelsea Black Community​
* Coalition for a Healthy Greater Worcester​
* Community Action Agency of Somerville​
* Community Action Pioneer Valley​
* Community Economic Development Center​
* Developmental Evaluation and Adjustment Facilities, Inc. (DEAF, Inc.)​
* Disability Policy Consortium​
* Dominican Development Center​
* Enlace de Familias de Holyoke/ Holyoke Family Network Inc.​
* Fishing Partnership Support Services​
* Greater Fall River RE-CREATION​
* Haitian Community Partners Foundation​
* ​
* Health Equity Partnership of North Central MA (CHNA9)​
* Health Imperatives​
* Herring Pond Wampanoag Tribe​
* Hilltown CDC​
* Immigrants' Assistance Center​
* Islamic Society of Boston​
* JAHAN Women and Youth Intercultural,  Inc​
* Justice For Housing Inc​
* La Colaborativa​
* Latinas413​
* Latino Education Institute​
* Latinx In Action​
* Lawrence Prospera​
* LEO Inc.​
* LGBT Asylum Task Force​
* Making Opportunity Count​
* Mary Lyon Foundation​
* Massachusetts Alliance of Portuguese Speakers (MAPS)​
* Montague Catholic Social Ministries​
* Mystic Valley YMCA​
* Native American Lifelines​
* New American Association of MA​
* Nipmuc Nation Tribal Council​
* North Quabbin Community Coalition​
* Ohketeau Cultural Center​
* Open Sky – Safe Homes Program​
* Outer Cape Health Services​
* Out at Home - The Home for Little Wanderers​
* Out MetroWest​
* Out Now​
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* Partners for Youth with Disabilities​
* Pioneer Valley Workers Center​
* PureSpark​
* Quaboag Valley Community Development Corporation​
* Quincy Asian Resources, Inc. (QARI)​
* Roca Inc.​
* Saheli​
* Somali Parents Advocacy Center for Education (SPACE)​
* Somerville Public Schools - Somerville Family Learning Collaborative​
* Southeast Asian Coalition of Central MA​
* Tan Chingfen Graduate School of Nursing at UMass Chan Medical School​
* Tapestry Health Systems, Inc.​
* The Association of Haitian Women in Boston​
* The Care Center​
* The Vietnamese American Civic Association​
* Uhai for Health Inc​
* Vietnamese American Initiative for Development (VietAID)​
* Vim Berkshires​
* Voices of The Community​
* Volunteers in Medicine​
* Waltham Partnership for Youth​
* Wampanoag Tribe of Gay Head (Aquinnah)​
* WestMass ElderCare,  Inc.​
* We Thrive, Inc.​
* Wildflower Alliance (under the umbrella of the Western Mass Training Consortium)​
* Youth on Fire​
* YWCA Central Massachusetts​