Community Engagement for SUD Equity in Boston Community Health Centers

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BACKGROUND

Disparities and Need: The 2022 opioid-involved overdose mortality rates* in Massachusetts were highest among American Indian non-Hispanic individuals (104 per 100,000), followed by Black non-Hispanic (53 per 100,000), and Hispanic (46 per 100,000) individuals—all higher than the mortality rate among White individuals (33 per 100,000). Similar trends were observed in Boston.** A community needs assessment conducted by the Institute for Community Health (ICH) and the Massachusetts League of Community Health Centers (Mass League) found that lack of trust, poor experiences of care, and lack of awareness of SUD services drive under-engagement in treatment among these communities.

Intervention: To address these disparities, Mass General Brigham (MGB) funded the Mass League to support Boston community health centers (CHCs) in expanding substance use treatment and recovery services among Black, Latine, and Native and tribal-identifying people using three strategies: A) integrating community engagement practices, B) expanding equitable substance use services, and C) promoting diversity, equity, inclusion, and belonging site-wide. Cohort 1 (n=5 CHCs) launched implementation in May 2023 and Cohort 2 (n=2 CHCs) launched in May 2024. ICH serves as the grant's external evaluator. This poster highlights key Year 2 (May 2025–April 2026) evaluation findings for *Strategy A: integrating community engagement practices*.

Notes: *Source: Massachusetts Department of Public Health. (2026). *Massachusetts 2024 opioid-involved overdose report: Data, trends, and action*. https://www.mass.gov/doc/massachusetts-2024-opioid-involved-overdose-report-0/download; **Source: Massachusetts Department of Public Health. (2025). Boston OD2A Data Dashboard: https://www.boston.gov/departments/boston-public-health-commission/boston-overdose-data-action-od2a; ***Cohort 1 CHCs: Boston Healthcare for the Homeless Program, Codman Square Health Center, Harvard Street Neighborhood Health Center, NeighborHealth, Mattapan Community Health Center; Cohort 2 CHCs: DotHouse Health, Upham's Corner Health Center

EVALUATION METHODS

Data Collection Tools

A mixed-methods evaluation design tracked program implementation and outcome measures, including primary data collection and administrative data reporting:

- Programmatic assessments and tracking logs: CHC staff completed assessments and logs at varying intervals (monthly, quarterly, and annually). Tools tracked quantitative and qualitative implementation and outcome data, such as community engagement staff (CES) outreach activities, community engagement practices, partnership development, and perceived impacts. ICH reviewed completed assessments and followed-up with staff on any data quality questions and concerns.
- Interviews: ICH facilitated semi-structured individual and group interviews with key CHC stakeholders. Discussions focused on grant implementation challenges and successes and were recorded and transcribed.

Analysis

An iterative, overarching evaluation framework was developed to shape data triangulation and synthesize findings across sources:

- Quantitative analysis: Descriptive statistics of key quantitative data were generated using SAS. A select group of check-all-that-apply metrics were scored and compared longitudinally.
- Qualitative analysis: Framework Analysis was used to review qualitative data from assessments, logs, and interviews to generate a codebook and draft summaries by code. Summaries were reviewed to identify themes across data sources.

Note: Data reported includes data collected in Year 2 (May 2025–April 2026)

Findings

Strengthening relationships with community organizations and leaders

During Year 2, CHCs worked to connect and partner with community organizations and leaders:

- Direct outreach activities: Out of the 969 outreach activities conducted by CES during Year 2, 351 (36%) included attending an event with another organization, and 174 (18%) included organizing an event in the community.
- Organizations serving priority populations: Several CHCs reported working with CBOs that serve individuals with SUD who are exiting incarceration. They also established working relationships with CBOs serving Native- and tribal-identifying communities, as well as pregnant and parenting women.

Increasing the presence of CHCs' SUD services in the community

During Year 2, CHCs utilized several strategies to increase awareness of their SUD services within their target communities:

- Direct community engagement: Conducted outreach and organized community-focused events to educate priority populations about available SUD services.
- Community-based programming: Several CHCs implemented SUD programming in community settings, including school-based early SUD interventions and naloxone distribution and training.
- Marketing: Several CHCs reported increased marketing of their services in the community, including hiring an outside marketing company, advertising their center on the radio, and distributing center brochures.

Adoption of center-wide community engagement best practices

Community engagement metrics	Types of activities	Metric Score**	
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Community engagement strategies and practices	Visting CBOs, hosting CBO events at CHC, co-hosting events with CBOs, providing services in community based settings	51.8	69.6
Internal patient and community SUD service education practices	Posted materials about SUD services throughout the health center, SUD services listed on CHC website	53.6	75.0
External patient and community SUD service education practices	Types of CHC service advertisements	26.5	44.9
Patient/community feedback practices	Types of community patient survey and feedback received by CHC	16.7	23.8
Outreach to priority populations	Number of priority populations targeted by CHC outreach activities	32.1	64.3

Notes: *Source: Annual Capacity Assessment (n=7 CHCs); **_Scoring_: Each metric included a list of associated activities or best practices (indicators). Scores were calculated by dividing the total number of selected indicators by the total possible indicators across all centers; ***Pre (Earliest timepoint): Cohort 1: May 2023 – April 2024, Cohort 2: May 2024 – April 2025; ****Post (_Most recent timepoint_): Cohorts 1 & 2: May 2025 – April 2026

Staff views on preliminary community engagement impacts

Qualitative reporting highlighted preliminary improvements in the connection between CHCs and their communities:

- Perceived increase in awareness of CHC services: Staff reported observing an increase in community members accessing SUD services. They attributed this to their centers efforts to increase their community's awareness of SUD services.
- Increased presence in the community: Staff described becoming more recognized, familiar faces at community events.
- Greater responsiveness to community needs: Staff reported adapting SUD service offerings based on community feedback, including creating support groups.

REFLECTIONS AND CONSIDERATIONS

- Within Year 2, CHCs made notable progress in developing relationships with community organizations and leaders, as well as increasing the presence of their SUD services in their communities.
- The increase in community engagement activities over time highlights that CHCs have begun to institutionalize community engagement practices.
- While the data are self-reported and preliminary, staff familiar with both the grant objectives and CHC SUD service implementation have observed an improvement in the connection between CHCs and the communities they serve.

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