
Stronger Together: Total Wellness for Elders

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**BOSTON
PUBLIC
HEALTH
COMMISSION**



Elder HealthCare Disparities Coalition



Charles Street AME Church



School of Public Health
Center for Trauma & Mental

TABLE OF CONTENTS

01

Team

04

Methods

02

Background

05

Results

03

Sessions

06

Conclusion

TEAM



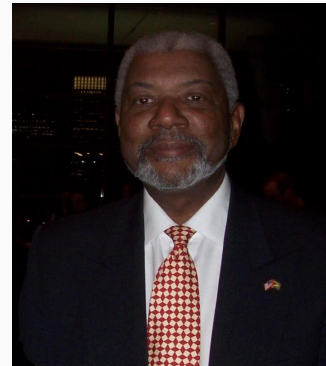
Samara Grossman, MSW, LICSW is Director of the Center for Behavioral Health and Wellness at the Boston Public Health Commission, a trauma-informed clinician, researcher, and Robert Wood Johnson Clinical Scholar dedicated to advancing mental health equity and justice.

A former Clinical Social Worker at Brigham and Women's Hospital, Samara brings over a decade of experience integrating equity-focused, trauma-informed care into medical and community settings across Boston.



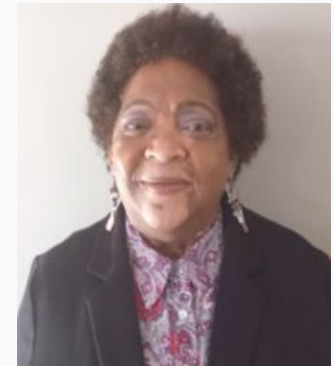
Dr. Lucy Lomas, MD is a board-certified OB-GYN, TEDx speaker, and founder of LUCY Holistic Healthcare, with 17+ years of experience in women's health, wellness, and preventive care.

A champion for health equity and birth justice, Dr. Lomas serves as Chair of the NAACP Boston Health Committee and is passionate about creating empowering, culturally grounded spaces where women can honor their health.



Mr. Ronald H. Lammy is President & CEO of the Elder Health Care Disparities Coalition, a seasoned leader with experience across the commercial, non-profit, and public sectors, dedicated to advancing total wellness for elders.

He holds a BA in Economics from Columbia University and a Leaders in Health Certificate from Harvard School of Public Health, bringing both strategic vision and academic rigor to his mission-driven work.



Ms. René Manigault is an administrative professional with years of experience across Boston's financial and healthcare institutions. She is known for her excellence, integrity, and ability to bring vision into effective, well-organized programs. Now serving as the Director of Senior Ministry Programs at The Historic Charles Street A.M.E. Church, she helps lead a Senior Wellness Program, creating a collaborative, welcoming space where older adults are heard, connected, and meaningfully engaged.

BACKGROUND

The Problem — Health Inequity in Boston's Black Communities

Health Disparities

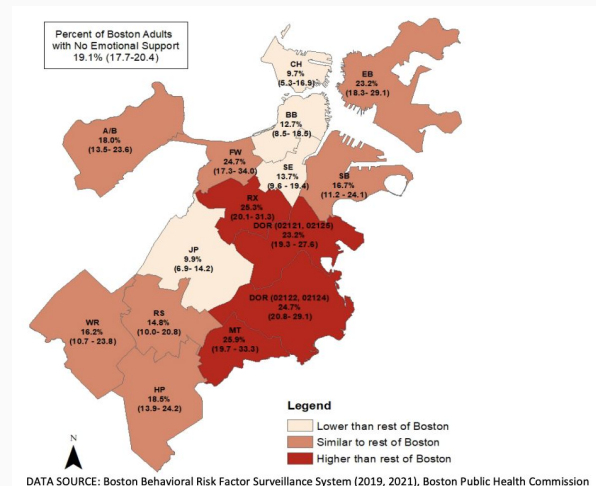
- 23-year life expectancy gap: Roxbury (68.8 yrs) vs. Back Bay (91.6 yrs) (*BPHC, 2023*)
- Hypertension reaches 40% in Mattapan and 30.6% in Roxbury (*BPHC, 2023*)
- Black adults have a diabetes prevalence of 14.6% vs. 4.7% among white adults (*BPHC, 2023*)
- Premature mortality is more than 2x higher in Dorchester and Roxbury than Back Bay (*BPHC, 2023*)

Mental Health & Social Isolation

- 1 in 4 adults in Roxbury and Mattapan report having no one for emotional support (*BPHC, 2024*)
- Black adults are less likely to seek therapy in a crisis (67.4%) vs. White adults (79.7%) (*BPHC, 2024*)
- Black adults have double the emergency department visit rates for mental health disorders (*BPHC, 2024*)



Source: BPHC Health of Boston Mortality Report, 2023



The Root Causes — Structural Racism & The Equity Gap

Structural Racism & Disinvestment

- Roxbury and Mattapan explicitly redlined in the 1930s, creating lasting gaps in wealth, housing, and healthcare infrastructure (*Harvard School of Public Health, 2025*)
- Mattapan has only 5 healthcare facilities vs. 42 in Back Bay (*BPHC Access to Care, 2024*)
- Over half of residents in Roxbury and Mattapan neighborhoods are MassHealth enrollees (*BPHC, 2024*)

The Social Prescribing Gap

- “A means for trusted individuals in clinical and community settings to identify that a person has non-medical, health-related social needs and to subsequently connect them to non-clinical supports and services within the community by co-producing a social prescription—a non-medical prescription—to improve health and well-being and to strengthen community connections.” (*Lancet Public Health, 2025*)
- Social prescribing (describe social prescribing in one point) is expanding nationally, with 23 programs identified across the U.S. between 2022–2024 (*Lancet Public Health, 2025*)
- Equitable implementation of social prescribing in urban Black communities remains limited — existing programs have not adequately addressed racial and cultural barriers (*Behavioral Health Justice, 2024*)
- Black-Focused Social Prescribing models centered on Afrocentric principles are emerging but remain rare (*Ramirez et al., 2024*)

OBJECTIVES



Our aim

A 12-week pilot program designed to promote holistic wellness and non-medical tools for Black elders in Roxbury, Dorchester, and Mattapan, rooted in Afrocentric values, grounded in Social Prescribing principles, and delivered through a trusted community institution.



The goal

- Deliver health education, nutrition, fitness, mental health, and stress-reduction workshops
- Engage elders in art, storytelling, and intergenerational healing practices
- Build a replicable, culturally grounded Social Prescribing model for Boston and beyond
- EHDC introduced Social Prescribing features for adoption and recommended the UCLA Scale measurement tool

What success looks like



Individual

- Reduced isolation and loneliness
- Improved mental health and wellbeing
- Increased health literacy
- Better mobility and nutrition



Community

- Stronger cultural networks
- Intergenerational connection and healing
- Expanded access to care
- Peer support and belonging



Systemic

- A scalable, equity-driven Social Prescribing model
- Aligned with Boston's Live Long Well initiative
- Replicable across Boston neighborhoods
- A national model for Afrocentric Social Prescribing

SESSIONS CONDUCTED

February

2 sessions

Feb 10
Brain Health & Embodiment Through Dance
Dr. Karen Abdool & Coach Chef

Feb 17
Sacred Circle of Breath & Belonging
Dr. Gayl Crumswaby

Feb 24
Cancelled — snowstorm

March

5 sessions

Mar 3
Art Therapy — Art & Soul
Art and Soul Clinic

Mar 10
Framework for Healthy Eating & Aging
Nutrition & wellness education

Mar 17
Heart Health & Knowing Your Numbers
Cardiovascular health & community

Mar 24
Mental Health & Embodied Healing
Mental health & chair pilates

Mar 31
Self-Massage, Relaxation & Power of Touch
Wellness through touch as we age

April

3 sessions

Apr 7
Alternative Treatment Modalities
Acupuncture & sound healing · Small Steps Clinic

Apr 14
Health & Hormonal Changes as We Age
Reproductive health & aging well

Apr 21
Holistic Health & Qualitative Interviews
Closing focus group & evaluation

Final

METHODS - *Data Collection*

Participants

- 20–23 Black elders from Roxbury, Dorchester, and Mattapan
- Hosted at Charles Street AME Church over 12 weeks

Quantitative Measures

- UCLA Loneliness Scale: administered at first and last session of participants to measure changes in levels of loneliness and isolation.
- Post-session surveys measuring health knowledge, sense of connection, and commitment to behavior change

Qualitative Measures

- Closing focus group discussion exploring community connection, health changes, and cultural relevance

METHODS - *Data Analysis*

Quantitative

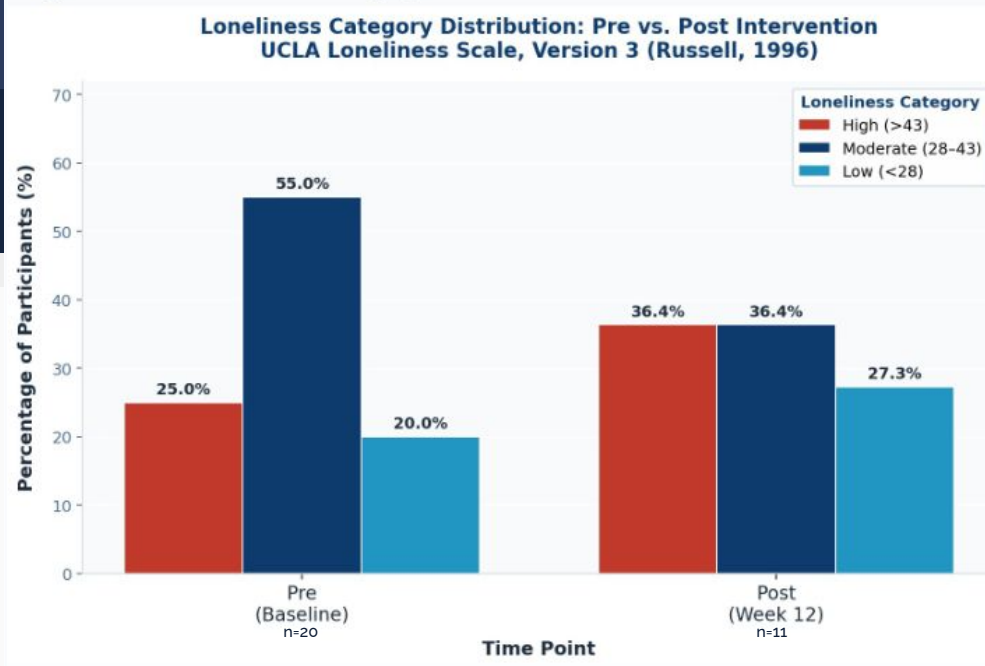
- UCLA - 20 item self-report
- All data digitized using Qualtrics
- Descriptive statistics (mean, SD, min/max, frequencies) performed on SAS
- Loneliness categories: Low (<28), moderate (28-43), high (>43)

Qualitative

- Self report post session surveys
- 20 minute focus group discussion
- Thematic analysis using NVivo
- Deductive coding approach using codebook and interview guide (new codes added as needed)

RESULTS - UCLA Loneliness Scale

Figure 1: Pre vs. Post Loneliness Category Distribution



- Pre n=20, mean = 36.95, SD = 11.02
- Post n=11, mean = 36.36, SD = 13.49
- P value = 0.897 (not significant)
- However, it is important to note that the sample size reduction by 50% leads to non-significant p value
- However, an overall positive trend can be observed with low levels of loneliness increasing from 20% to 27% post intervention
- Moderate levels of loneliness reduced from 55% to 35%
- Supported by qualitative data (next slide)

Figure 1: Pre and post UCLA scales results

RESULTS - Post Session Survey

- Participants consistently agreed the program was beneficial, every item scored above 4.3 out of 5, indicating strong and uniform impact across all dimensions
- The highest-rated item was desire to continue group activities (M = 4.60), suggesting the program successfully built a sense of community that participants want to sustain beyond the 12 weeks
- Storytelling and shared experience were powerful, participants felt more connected (M = 4.45) and more confident in managing their own health (M = 4.42), two core goals of the program
- High agreement across all 5 items signals impact across **connection, health literacy, and self-efficacy**

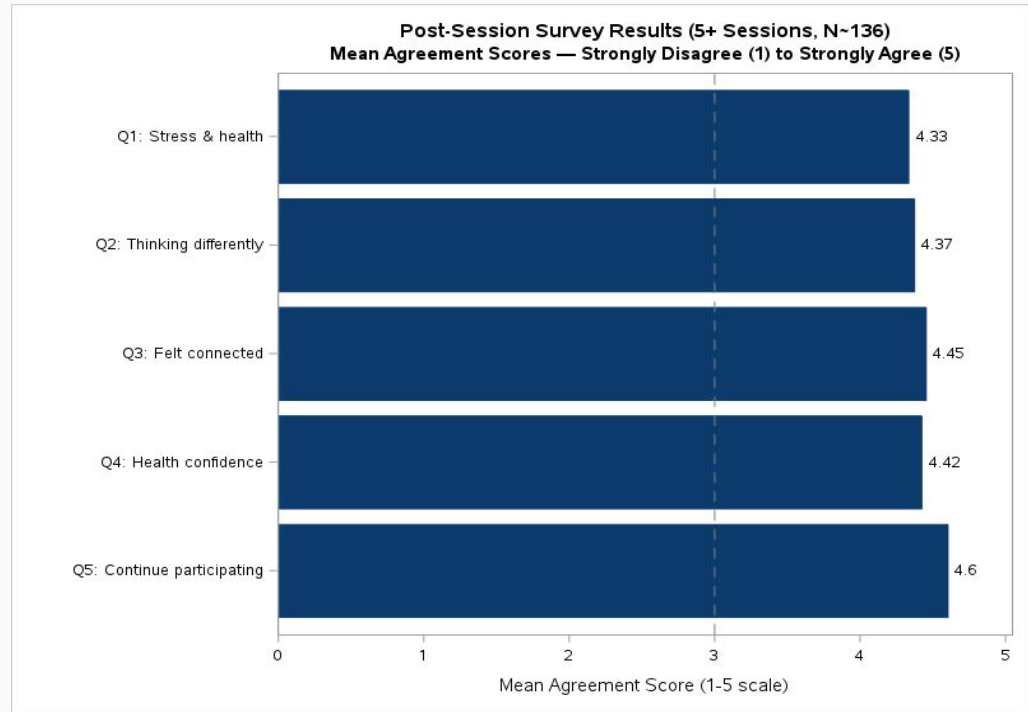


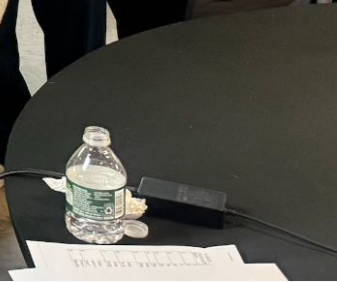
Figure 2: Results from Post-Session Survey representing mean scores



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RESULTS - Qualitative Continued

Cultural Representation

- Culturally representative presenters and speakers built immediate trust and connection among participants
- Seeing Black doctors and facilitators was powerful, many participants had never experienced that in a healthcare setting

'To me it felt good. I didn't know that there was that many Black people out there, Black seniors, other people that I've never met before so it felt good.' - participant

Program Impact

- Participants collectively expressed the program helped them connect with community, become more physically active, and incorporate new wellness practices into their daily routines
- Coming each week created anticipation, inspiration, and a sense of purpose, participants looked forward to it

'I felt that coming every week with the group, looking at different opinions and different topics and everything. I was looking forward to inspire me. So that helped me a lot.' - participant

MOVING FORWARD

- Boston needs more culturally tailored wellness programs that create spaces for Black elders to come together, share experiences, and build community, this pilot proves the demand is real and the need is urgent.
- As social prescribing expands statewide, Black elders must be not only included but centered as leaders. This pilot demonstrates that when innovation meets community, it reaches the people who need it most
- Future programs must actively address the stigma surrounding loneliness and mental health among Black elders: creating safe and culturally grounded spaces for these conversations
- Intergenerational connection is critical, Black elders hold cultural knowledge, wisdom, and lived experience that younger generations cannot afford to lose

'it's encouraging to get you out too and meet people and know that there are people that maybe have same issues that you might have too.' - participant

'They need to listen to us. They need to support us. They need to learn from our wisdom. Our experience. Because if they don't, the younger generation would not know about culture.' - participant

CONCLUSION

- Preliminary findings confirm significant unmet need, as participants entered with moderate to high levels of loneliness
- Strong program engagement across sessions, with mean agreement scores of 4.33–4.60 out of 5
- Participants reported feeling more connected, more confident in their health, and motivated to continue
- Qualitative findings reveal that community, dialogue, and culturally grounded programming reduce stigma and normalize shared experiences
- Stronger Together: Total Wellness for Elders demonstrates that when wellness programs are built within trusted community spaces and reflect participants' lived experiences and identity, they are both meaningful and effective
- As social prescribing expands statewide, Black elders must be intentionally included, not as afterthoughts, but as leaders shaping these approaches

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Thank you!

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FELLOWS

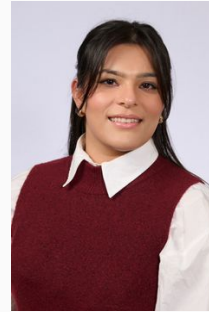


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Thank you!

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