Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Community Health Needs Assessment 2022

TuftsMedicine
MelroseWakefield Hospital

Prepared in collaboration with Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital by the Institute for Community Health

INSTITUTE FOR COMMUNITY HEALTH

Contents

MelroseWakefield Hospital and Lawrence Memorial Hospital 2022 Community Health Needs Assessment

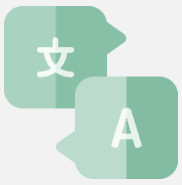
Demographics[1]

311,996

Population of community benefits service area*

23.8%

Population born outside of the United States



30.1%

Residents speaking a language other than English at home

$65,528 / $132,731

Lowest (Everett) / highest (Reading) median income

Health Priorities

- **Access to healthcare**
- **Chronic disease**
- **Disaster readiness and emergency preparation**
- **Housing stability and homelessness**
- **Infectious disease**
- **Mental health and mental illness**
- **Preventable injuries and poisonings**
- **Substance use disorders**
- **Violence and trauma**

Top Social Concerns[2]

- Education
- Employment
- Housing stability and homelessness
- Poverty
- Social isolation

Top Health Concerns[2]

- Access to healthcare
- COVID-19
- Mental health
- Substance use disorders

Community Health Needs Assessment 2022 Methods

Secondary Data Review
Census
MA DPH
Local sources

Community Survey
518 respondents
Administered online
Available in 9 languages

Key Stakeholder Survey
13 respondents
Administered online

Community Focus Groups
3 focus groups
Conducted on Zoom

Executive Summary

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital is a comprehensive system of community hospitals, outpatient centers, primary care and specialty physicians, and visiting nurse and hospice programs serving north suburban Boston. The system has 9 communities designated in its community benefits service area: Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and Wakefield.

The system undertook a Community Health Needs Assessment (CHNA) between November 2021 and August 2022, a key process to identify the needs and priorities of the diverse communities that it serves. The CHNA was conducted using a mixed-methods approach in order to form a robust understanding of the needs and patterns in the communities. The methods used included: key stakeholder surveys, a community survey, three community focus groups, and the collection and analysis of secondary quantitative data. These findings were then used to prioritize the health concerns across the community benefits service area.

While concentrating on key health priorities, Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital also articulated a focus on addressing social determinants of health as well as supporting vulnerable populations in order to advance health equity throughout the service area. Community survey respondents and key stakeholders identified housing instability and homelessness, social isolation, and education as top social concerns affecting the community benefits service area. Key stakeholders also cited housing as a top social concern, as well as poverty and employment. Key stakeholders also identified Black, Indigenous, and People of Color (BIPOC), low-income populations, and new immigrants as vulnerable populations of focus for the system.

While the system has conducted numerous CHNAs, this is the first CHNA conducted in the midst of the ongoing COVID-19 pandemic, which has had profound impacts on our communities at the individual, family, neighborhood, and even global level. While the pandemic created new needs and concerns for our communities, it also exposed gaps in the safety net that have existed for a long time, particularly for marginalized groups including youth, the elderly, low-income residents, non-English speakers, and Black, Indigenous, and People of Color (BIPOC). These impacts were noted throughout the CHNA process by community members and partners and are reflected throughout this report and the priorities that it sets forward.

With this focus in mind, the health priorities for Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital are as follows. (Please note that the priorities are in alphabetical order).

- Access to health care
- Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease
- Disaster readiness and emergency preparedness, including COVID-19 response
- Housing stability and homelessness
- Infectious disease
- Mental illness and mental health
- Preventable injuries and poisonings
- Substance use disorders
- Violence and trauma

The nine towns that make up Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital's community benefits service area have many resources and assets to strengthen community health. Stakeholders cited a sense of community, access to resources, diversity, and schools and education as the top strengths of the system's community benefits service area. The system also participates in a variety of broad-based community coalitions and initiatives that work towards addressing the specific and general health needs in the nine cities and towns. Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital is proud to be a part of this community and aims to use its resources to build on community strengths to collaboratively address health priorities and concerns.

Infographic data sources:

(1) Demographics source on infographic: *US Census Bureau, American Community Survey 2015-2019 estimates*
(2) Top health and social concerns were drawn from results of community and stakeholder surveys.

Background

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital undertook their triennial Community Health Needs Assessment (CHNA) between November 2021 and August 2022. The system's goals for the CHNA included:

- Identifying major health concerns and vulnerable populations in their service area
- Identifying unmet needs and gaps in service
- Gathering recommendations for programs and partnerships to address those needs and gaps
- Defining priority focus areas for programming to improve population health and meet the priorities set by the MA Attorney General, the MA Department of Public Health for Community Health Improvement projects (CHI), and the IRS
- Identifying opportunities to reduce health disparities and structural racism

This report provides detailed insight into the health status of the nine communities in the Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital community benefits service area, the 2022 community health priorities, and opportunities for optimizing the health of the system's patient panel as well as all others who live in the service area communities.

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Overview

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital comprise a comprehensive system of community hospitals, outpatient centers, primary care and specialty physicians, and community programs serving north suburban Boston. The system is committed to its mission to provide quality care for its communities and achieve clinical excellence for the patients it serves. On January 1, 2017, MelroseWakefield Healthcare became the third founding member of Wellforce, a collaboration of academic medical and community health care providers in Massachusetts that includes Circle Health in Lowell and Tufts Medical Center in Boston. In 2018, the Home Health Foundation joined the Wellforce System. In March 2022, MelroseWakefield Healthcare's parent organization, Wellforce, Inc., changed its name to Tufts Medicine. MelroseWakefield Healthcare will be known as Tufts Medicine Melrose Wakefield Hospital and Lawrence Memorial Hospital. The Tufts Medicine name was selected to better reflect the system's shared identity, its close relationship with Tufts University and its School of Medicine, its commitment to unite the best of both academic and community health care and deliver a complete connected care experience when, where and how consumers want it.

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital includes MelroseWakefield Hospital in Melrose, Lawrence Memorial Hospital of Medford, the Shields Ambulatory Surgical Center in Medford (a joint venture), the Breast Health Center in Stoneham, the Center for Radiation Oncology in Stoneham, MelroseWakefield Healthcare Medical Center in Reading, Tufts Medical Center Community Care Physician Group, The Lawrence Memorial/Regis College Nursing and Radiography Programs, an Urgent Care site, and extensive community-based programs and services.

The Massachusetts Department of Public Health (DPH) has designated MelroseWakefield Hospital as a Primary Stroke Service hospital, ready to provide emergency diagnostic and therapeutic services 24 hours a day, seven days a week, to acute stroke patients. MelroseWakefield Hospital is also designated a "Baby Friendly" hospital as of 2019, a program of the World Health Organization (WHO) and United Nations Children's Fund (UNICEF). Baby-Friendly birthing facilities create environments for parents and infants to get the best start in life from the very beginning, supporting breastfeeding and best practice infant care strategies. The system's Community Services division oversees programs that impact both medical and social determinants of health, supported by a mix of federal, state, and private funding. These include:

- Aging in Balance Elder Outreach
- Community Health Education
- Community Services
- Healthy Families Program and Massachusetts Home Visiting Initiative
- North Suburban Child and Family Resource Network
- North Suburban Women, Infants, and Children (WIC) Nutrition Program

Contributors and Collaborating Organizations

To conduct this CHNA, Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Community Benefits staff collaborated with the Institute for Community Health (ICH), a nonprofit consulting organization in Malden, Massachusetts. ICH provides assessment and planning, participatory evaluation, applied research, and data services to help healthcare institutions, government agencies, and community-based organizations improve their services and maximize program impact. ICH's role was to co-lead the needs assessment process, including designing data collection instruments, compiling secondary data, triangulating the data and creating the report.

The Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Community Benefits Advisory Council (CBAC), comprised of community representatives, stakeholders, and health system leadership, also played a critical role in guiding the CHNA process by reviewing preliminary data, providing feedback, and participating in the prioritization process. ICH staff gave a presentation to the CBAC on Thursday June 16th 2022 to garner feedback as the CHNA process was in progress. Health system leadership also provided ongoing updates to the group throughout the 10-month process.

Various groups, individuals, and advisors, including those with public health expertise and local community knowledge, were brought in as needed throughout the CHNA process, and input was also incorporated from Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital's Patient/Family Advisory Council and Diversity, Equity and Inclusion (DEI) Committee, the Perinatal Advisory Council, department-level committees for OB/GYN and Pediatrics and the Tufts Medicine Center for DEI. Key leaders with knowledge of behavioral health, substance use disorder (SUD), chronic disease, and the impact of social determinants of health were also included in the outreach plan.

Broad representation of community interests was a key component of the assessment, with community resident and stakeholder input gathered through a community survey, key stakeholder surveys, focus groups, and community listening sessions.

Please see Appendix A for a complete list of collaborators.

Methods

Community health is determined by a variety of factors, including conditions within our social and physical environment such as poverty, educational attainment, immigration status, social support, neighborhood safety, housing availability, transportation, and the built environment. This Community Health Needs Assessment reviews both traditional health indicators as well as social and environmental factors that create community health and that can contribute to health disparities.

This assessment utilized a mixed-methods approach that includes primary data collected from community stakeholders and community residents as well as existing secondary data. There were four main components: 1) gathering and review of secondary data; 2) key stakeholder surveys; 3) community focus groups and 4) a community survey. Data from all four components was triangulated in order to form a more robust understanding of the needs and patterns in the communities. These findings were used to prioritize the health concerns, a process described in the 2022 Health priorities section of this report.

Indicators Reviewed

Data indicators reviewed for each community include:

- **Demographic indicators** from the U.S. Census such as total population, age, race/ethnicity, and country of origin.
- **Socioeconomic indicators** from the U.S. Census and other sources, including educational attainment, income, poverty, unemployment, housing tenure, housing cost burden, affordable housing availability, food insecurity, and crime rates.
- **Education data**, including public school enrollment (including special populations) and graduation rates from the MA Department of Elementary and Secondary Education.
- **Youth risk behaviors** related to self-reported substance use and mental health amongst public high school students, using local school health/ Youth Risk Behavior Survey (YRBS) data for those schools that conduct them.

- **Health outcomes** for each community, including cancer mortality; emergency department (ED) visits, hospitalizations and mortality for cardiovascular disease, respiratory disease, diabetes, substance use, mental health, and injuries and poisonings; and infectious disease incidence. All data was obtained from the MA Department of Public Health, and individual town rates were compared to rates for the state of Massachusetts as a whole.

Data presented in this assessment reflect the entire population of all nine towns in the community benefits service area, not just those individuals who receive care from Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital. This includes residents of the nine towns that receive medical care from physician practices and urgent care facilities outside the catchment area (such as in Boston), as well as from other regional providers, including Beth Israel Lahey Health and Cambridge Health Alliance.

Secondary Data Analysis

Data from each community was compared to the state of Massachusetts. Percent differences were calculated for each indicator and those with a percent difference larger than 5% (e.g. a mortality rate 6% higher than the state) were flagged. In some cases, indicators were instead flagged for concern if they were more than 5% lower than the state—for example lower median household income.

These comparisons provide some perspective as to how the community is doing relative to the state (a commonly used standard for benchmarking). ICH also calculated rates for the Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital community benefits service area as a whole when feasible and used charts and graphs to depict how the nine service area towns compare to each other.

Primary Data

Key stakeholder survey

Figure 1: Towns represented by key stakeholder participants

	Count (%)
Everett	5 (38%)
Malden	12 (92%)
Medford	3 (23%)
Melrose	2 (15%)
North Reading	1 (8%)
Reading	1 (8%)
Saugus	1 (8%)
Stoneham	2 (15%)
Wakefield	2 (15%)
Most familiar with the region as a whole	2 (15%)

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital and ICH designed the stakeholder survey to collect information on assets and needs from stakeholders who are familiar with one or more towns in the community benefits service area. The survey also gathered information on how well the health system has responded to community needs since the last CHNA, and how it could better support the service area. Community Benefits staff sent the survey via Qualtrics to 25 individuals identified as key stakeholders, ensuring that they represented a range of sectors to cover all the Executive Office of Health and Human Services (EOHHS), Massachusetts Department of Public Health and Social Determinants of Health priorities and there was at least one person who was able to speak about each town. (See survey tool in Appendix C). A total of 13 stakeholders completed the survey between February and March 2022. Survey responses were downloaded from Qualtrics and reviewed by ICH staff to identify themes.

Community survey

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital and ICH created a survey to collect information from community members about community needs and assets, personal health status and healthy behaviors, and health care utilization, as well as demographic information. (See survey tool in Appendix D).

The survey was hosted as an anonymous electronic link in Qualtrics by Community Benefits staff. The survey was available in 9 languages, including English, Spanish, Haitian Creole, Italian, Simple Chinese, Traditional Chinese, Vietnamese, Arabic, and Portuguese. The survey link, as well as a flier advertising the survey, were emailed to 535+ individuals including community partners, coalition leaders, chambers of commerce members, school officials, emergency responders, government agencies, veteran's associations, rotaries, Kiwanis organizations, councils on aging, housing authorities, community health network area 15, libraries and religious organizations. The survey was also sent internally to select Tufts Medicine staff, and the survey link was shared online via the Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital website and social media pages.

Survey data was collected between January and March 2002. 549 individuals started the survey. Those who indicated they did not live or work in the community benefits service area were thanked for their time and were not able to continue the survey. 518 individuals went on to take the survey. Community Benefits staff downloaded survey results from Qualtrics for ICH to review for key findings and trends to include in the CHNA report. The figures below summarize key demographics of community survey participants.

Figure 2: **Demographics of community survey participants**

Race/ethnicity (N=352)	%
White	83.5.%
Asian/Pacific Islander	6.0%
Black/African American	3.7%
Hispanic/Latino	2.6%
American Indian/Alaska	1.4%
Middle Eastern/North African	0.3%
Prefer to self-describe	0.9%
Gender (N=352)	**%**
Female	79.5%
Male	17.6%
Born in the US (N=353)	
Yes	90.9%
No	8.2%

Age (N=355)	%
Under 18	0.3%
18-24	1.1%
25-34	11.3%
35-44	22.5%
45-54	16.9%
55-64	26.2%
65-74	13.5%
75+	6.5%
Languages spoken (N=350)	**%**
English	95.7%
Spanish	3.1%
Chinese (Cantonese or Mandarin)	2.9%
Other languages	3.4%

Focus groups

Three focus groups with a total of 25 participants were held between March and June 2022 with community members from the community benefits service area. Focus groups were held virtually via Zoom.

Each group included participants who represented a different age group, including adults, elders, and staff who work for youth-serving organizations. Participants came from several of the different cities and towns in the system's service area. The youth-serving organizations focus group participants were recruited from a list of over 100 individuals who work with youth in the service area. Elder focus group participants were solicited via Mystic Valley Elder Services, local senior centers, Councils on Aging and participants in the health system's Aging in Balance program. The adult focus group was held during a Malden Chamber of Commerce meeting, after other attempts at recruiting across multiple communities proved unsuccessful. All participants were given a $25 gift card to thank them for their time and participation in the focus groups.

518

Community Surveys

13

Key Stakeholder Surveys

3

Focus groups

Ensuring Input from Medically Underserved, Low Income and Minority Populations

In order to ensure input was gathered from medically underserved, low income and minority populations in the needs assessment, the community surveys were translated from English into the seven most common languages in the service area. About 15% of respondents were non-White, 9% spoke a language other than English at home, 8% had not lived in the US their whole life, 13% had a household income less $50,000 per year, and for 12% the highest level of education completed was less than college.

Focus groups were conducted with elders and adults with a variety of backgrounds, demographics, ages, religions, races and ethnicities.

Surveys and a focus group were also conducted with stakeholders who work for organizations that serve medically underserved, low income, and minority populations.

In addition, two Listening Sessions were held to share back the data and solicit community input on the health priorities and inform the CHIP. In order to allow as many people as

possible to attend, the sessions were held during the day and in the evening remotely via Zoom. Interpretation and a gift card raffle was offered to participants.

Limitations

This assessment purposefully incorporated different types of data to allow for triangulation between them, thereby enhancing the strength and quality of the findings. However, we note the following limitations of our data sources and assessment process that should be considered when reviewing findings.

Secondary data

The main limitations encountered through our secondary data review include:

- Old data, due to reporting and analysis lags at the MA Department of Public Health (DPH) and other agencies, and delays in 2020 ACS estimates. This is particularly relevant this year as nearly all of the secondary data in this report reflects the status of the communities prior to the COVID-19 pandemic
- Lack of sources for publicly available data for some important topic areas related to health such as cancer incidence, and cancer mortality rates for specific cancer types.
- Available rates for some indicators included only one year of data, vs. the preferred presentation of multi-year aggregate rates
- Inability to calculate community benefits service area rates for the health outcomes data due to limitations of data obtained from MA DPH and the Census
- No ability to break MA DPH data down by age groups or by race
- While information on youth risk behaviors was publicly available for many of the communities, not all towns collect data from their youth, or share it publicly. Also, even for the communities that do typically conduct youth health surveys, many have not done so since before the COVID-19 pandemic.

Key stakeholder survey

Although efforts were made to gain input from individuals that could speak to the 9 different community benefits towns, and different sectors and populations, some towns, sectors and populations ended up over-sampled while others were under-sampled. Additionally, the stakeholder survey data described here represents only the perspectives of the individuals that participated, and may not provide a complete picture of community needs and assets in each community. These results therefore, cannot necessarily be generalized to the community benefits service area as a whole, or to any particular town within the service area.

Community surveys

As with the stakeholder survey, the community survey data described here represent only the perspectives of the individuals that participated, and do not necessarily provide a complete

picture of community needs and assets, or the health of individuals in each community. These results therefore cannot necessarily be generalized to the community benefits service area as a whole, or to any particular town within the service area. Additionally, although attempts were made to gather information from a broad cross-section of community members, certain subgroups (e.g. women) ended up over-sampled and others (e.g. people of races other than white, people not born in the US) were under-sampled.

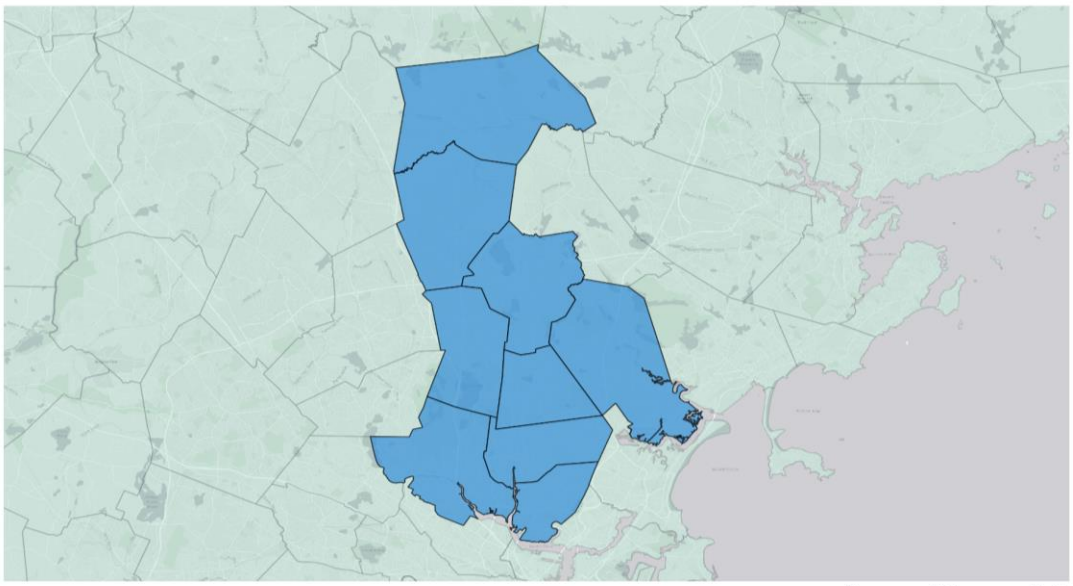
The information gathered also relied on self-report from respondents, which may be subject to inconsistencies or inaccuracies, a limitation in all self-report methodology. In addition, respondents were not required to answer any questions on the survey except which city they live in; therefore, not all respondents answered all questions.

Finally, this community survey was distributed at a time when several other health systems that serve the same communities were completing their CHNAs and associated community surveys. This may have led to survey fatigue and affected response rates. Capacity and timeline constraints limited greater collaboration among different health systems on their respective CHNA processes.

Focus groups

The focus group data described here represent the perspectives of the 25 individuals that participated, and do not necessarily provide a complete picture of community needs, assets, or perspectives in each community.

Community Benefits Service Area



Sources: https://felix.rohrba.ch/en/2016/awesome-basemap-layer-for-your-qgis-project/
MassGIS. (2022). MassGIS Data: Municipalities [shapefile] https://www.mass.gov/info-

The Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital community benefits service area consists of Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and Wakefield. Everett, Malden, Medford, North Reading, Reading, Saugus, and Stoneham also have other healthcare systems serving their communities. Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital collaborates with these other health systems to share data and to provide community benefits programming without duplication, as appropriate.

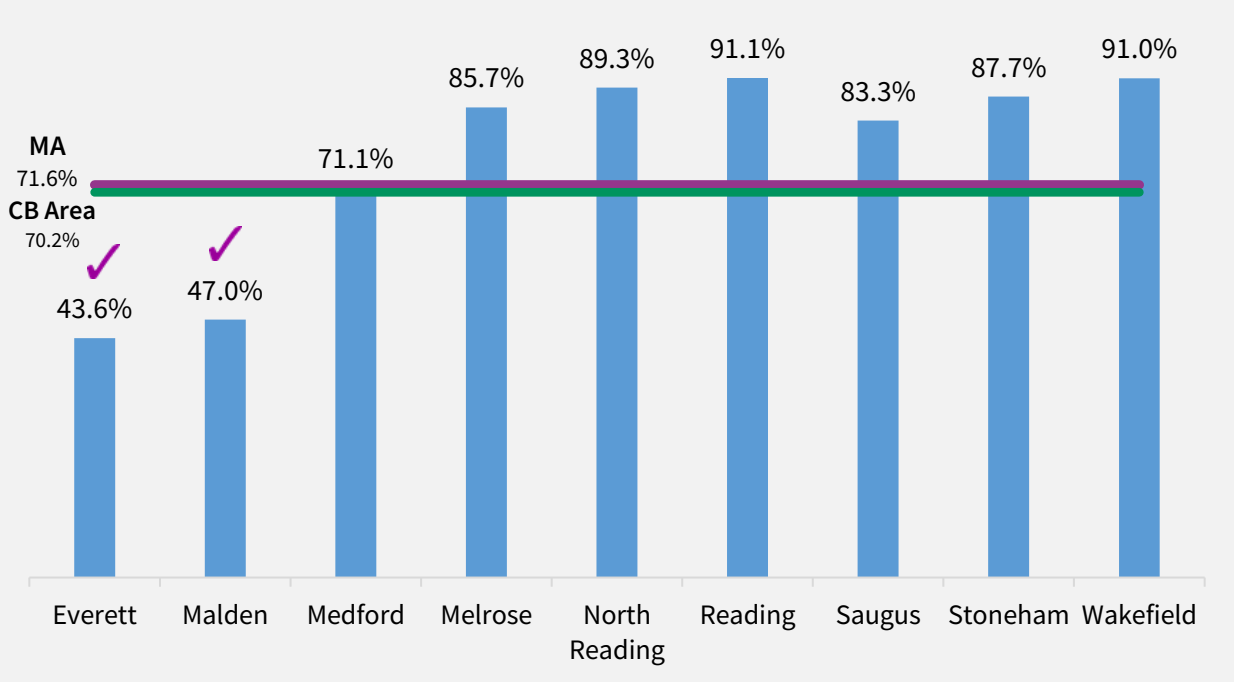
The community benefits service area has remained the same since 2013. The service area was determined based on the locations of the properties operated by the health system and the patients served. Malden, Medford, Melrose, Reading, Saugus, Stoneham, and Wakefield are all locations of Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital properties. Two other cities and towns closely aligned with the properties, Everett and North Reading, were also included in the service area.

The Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital community benefits nine-community service area covers 71.7 square miles, with a total population of 311,996. Size and population density vary by community, with Malden and Medford having the largest populations at 60,984 and 57,637 respectively, and North Reading the smallest, at 15,581. Over half of the residents in the catchment area live in Everett, Malden or Medford.

Race/ethnicity

Compared to Massachusetts as a whole, the community benefits service area has a smaller Hispanic population (9%, compared to 11.8% in MA) and larger populations of Asian residents (9.4%, compared to 6.6% in MA) and Black/African-American residents (8.5%, compared to 6.9% in MA). (Figure 2) However, breaking it down by community, more variation is observed. Malden has the highest percentage of people describing themselves as Asian (22.5%) and Everett has the highest percentages of people identifying as Hispanic (28.3%) and Black/African-American (16.5%). Distributions for all towns can be found in the community profiles (see Appendix G).

Figure 3: Percentage of population identifying as Non-Hispanic White

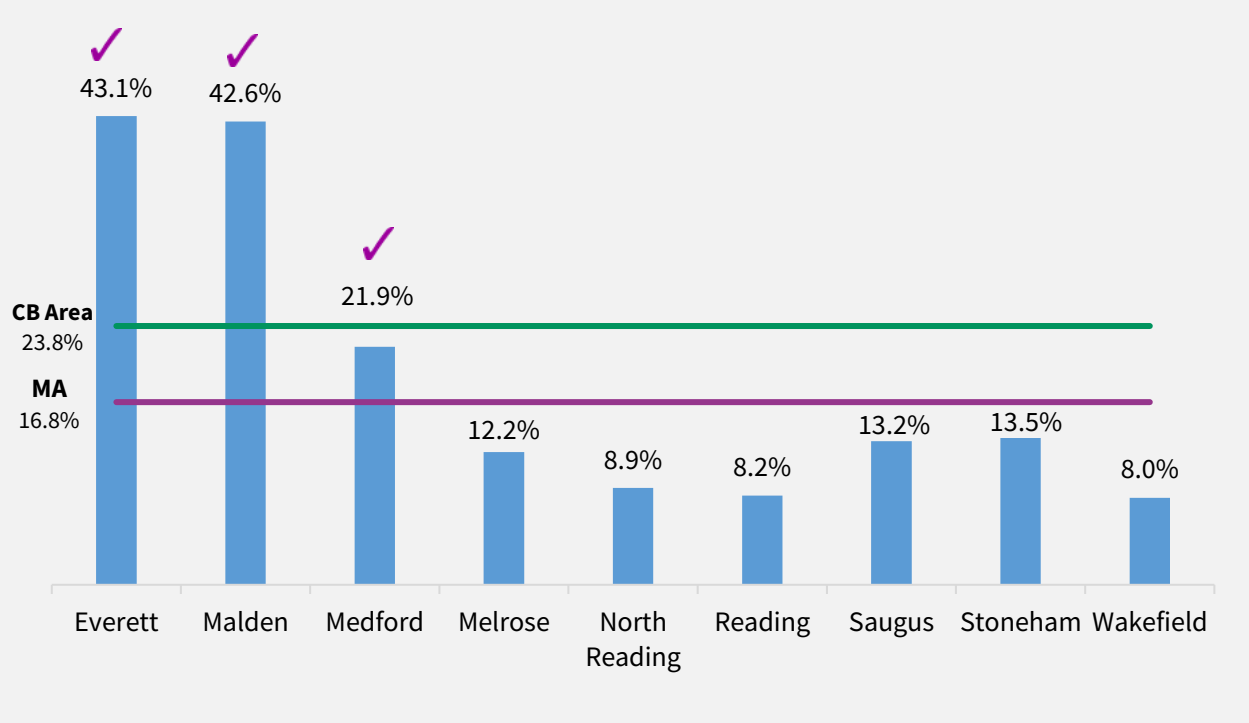


Source: US Census Bureau, American Community Survey 2015-2019 estimates
Checkmarks indicate community rates with a 5% or more difference **below** the state rate.

Population born outside of the United States

The community benefits service area has a higher proportion of residents born outside of the United States compared to the state of Massachusetts as a whole: 24% compared to 17% statewide. Within the service area, the rates vary from a high of 43% in Malden and Everett to a low of 8% in Reading (see Figure 4). Looking at the three towns with the highest percentages of foreign-born residents, Everett, Malden and Medford, the largest percentage in Everett come from the Americas (32% of the total population), the largest in Malden comes from Asia (19% of the total population), and in Medford the percentages from the Americas and Asia are about equal (9% and 8% respectively). Distributions for all towns can be found in the community profiles (see Appendix G).

Figure 4: Percentage of population born outside of the United States



Source: US Census Bureau, American Community Survey 2015-2019 estimates

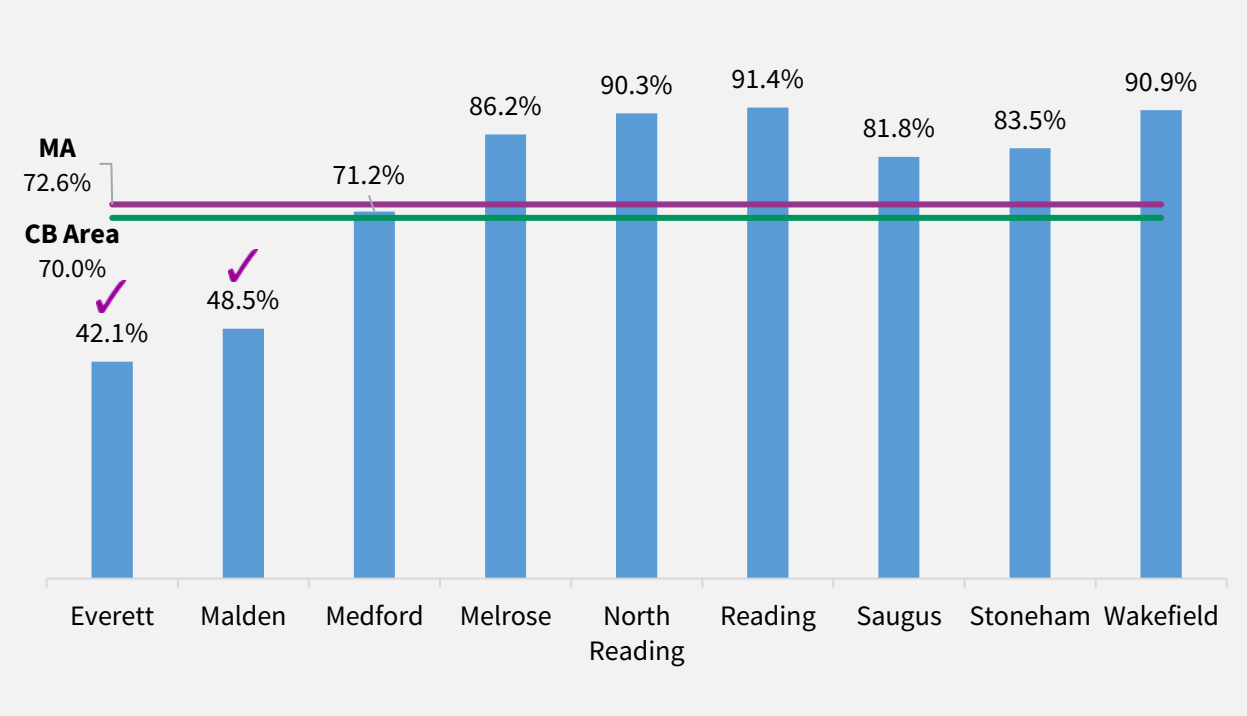
✓ Checkmarks indicate community rates with a 5% or more difference **above** the state rate.

Languages spoken

The community benefits service area also has a slightly lower proportion of residents who speak only English at home: 70% compared to 72.6% statewide. Within the service area, the rates vary from a high of 91.4% in Reading to as low as 42.1% in Everett (see Figure 5).

Looking at the three towns with the lowest rates of English-only speakers, the non-English language groups most frequently spoken in Everett are other Indo-European languages (29%) followed by Spanish (22%); in Malden other Indo-European languages (20%) and Asian and Pacific Islander languages (19%); in Medford other Indo-European languages (16%). (See the community profiles in Appendix G for the data for all 9 towns).

Figure 5: Percentage of population who only speaks English at home



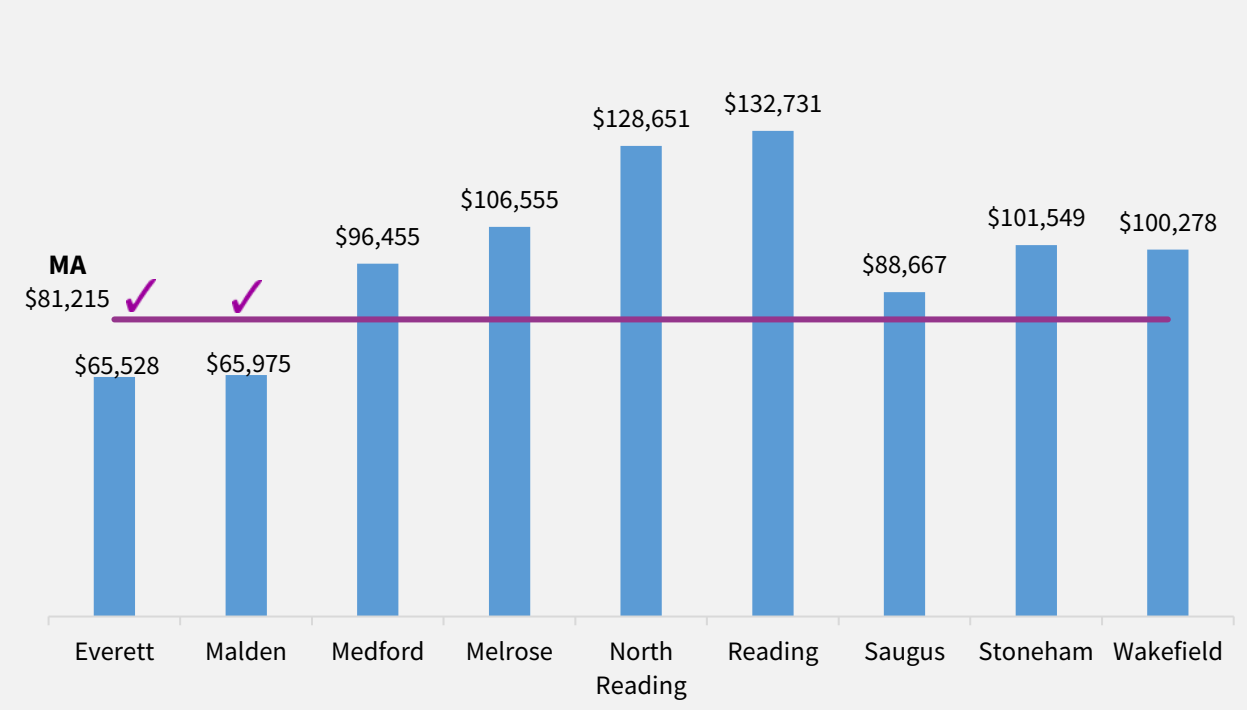
Source: US Census Bureau, American Community Survey 2015-2019 estimates

✓ Checkmarks indicate community rates with a 5% or more difference **below** the state rate.

Income and poverty

Income levels in the community benefits service area exhibit wide variation. Reading has the highest median income at $132,731, and Everett the lowest at $65,528. Besides Everett and Malden, all communities have a median income higher than the state's. See Figure 6 below.

Figure 6: Median household income



Source: US Census Bureau, American Community Survey 2015-2019 estimates

✓ Checkmarks indicate community rates with a 5% or more difference **below** the state rate

There are notable differences in the rates of poverty throughout the service area with Everett and Malden having the highest rates. For most of the communities poverty rates for children under 18, adults over age 65, and families are lower than MA (see Figure 7 below). Saugus is closer to the state on all three measures than the other communities are, and Everett and Malden have higher rates on all three poverty measures than the state as a whole.

Figure 7: Poverty rates among selected populations

	Population under 18 living below poverty level	Population 65 and older living below poverty level	Families living below poverty level
Everett	19.0% ✓	9.5% ✓	10.9% ✓
Malden	20.7% ✓	20.2% ✓	12.0% ✓
Melrose	3.2%	6.7%	1.8%
Medford	7.3%	5.2%	3.8%
North Reading	2.3%	2.8%	2.0%
Reading	2.8%	4.7%	2.0%
Saugus	8.1%	9.1%	7.1%
Stoneham	3.3%	6.7%	2.6%
Wakefield	8.1%	3.1%	2.1%
MA Rate	**12.2%**	**8.9%**	**7.0%**

Source: U.S. Census Bureau American Community Survey 2019 5-Year Estimates

✓ Checkmarks indicate community rates with a 5% or more difference **above** the state rate

Educational attainment

The community benefits service area as a whole has educational attainment rates similar to Massachusetts. However, the individual communities present more variation (see Figure 8). Within the service area, Everett and Malden have the highest percentages of residents with less than a high school degree. Everett and Saugus have the highest percentages of residents with a high school degree or some college. They also have the lowest percentages of residents with a bachelor's degree or other advanced degrees. Melrose and Reading have the highest percentages of residents with a bachelor's degree or higher.

Figure 8: **Educational attainment for population 25 years and older**

	Less than high school graduate[1]	High school graduate[2]	Associate's degree	Some college	Bachelor's degree	Graduate/ Advanced degree
Everett	18.0%✓	36.0%✓	6.4%	19.6%✓	12.9%	7.1%
Malden	12.8%✓	26.5%✓	5.9%	15.8%	23.1%	15.9%
Melrose	4.1%	14.7%	7.0%	12.6%	30.2%✓	31.4%✓
Medford	7.1%	20.3%	5.6%	13.1%	26.6%✓	27.2%✓
N. Reading	3.6%	23.1%	10.2%	12.1%	29.6%✓	21.4%✓
Reading	2.5%	14.5%	6.3%	12.2%	33.5%✓	30.9%✓
Saugus	8.2%	36.7%✓	8.2%	18.2%✓	19.2%	9.6%
Stoneham	4.6%	25.4%✓	8.1%	15.6%	28.1%✓	18.2%
Wakefield	5.5%	20.9%	9.3%	13.1%	29.7%✓	21.5%✓
CB Area Rate	**8.7%**	**24.8%**	**7.0%**	**15.0%**	**24.7%**	**19.7%**
MA Rate	**9.2%**	**24.0%**	**7.6%**	**15.4%**	**24.1%**	**19.6%**

Source: U.S. Census Bureau American Community Survey 2019 5-Year Estimates

✓ Checkmarks indicate a 5% or more difference **above** the state rate

[1] Less than high school includes: Less than 9th grade, No diploma; 9th through 12th grades, No diploma.

[2] High school graduate includes high school diploma and equivalent credentials.

Public schools

Everett and Malden have the highest proportions of students whose first language is not English, students who have limited English proficiency, and low -income students. North Reading, Reading, and Wakefield have very few students whose first language is not English or who have limited English proficiency. (See Figure 9 below).

Figure 9: Selected student populations

	First language not English	Limited English proficiency	Low income
Everett	68%✓	31%✓	74.4%✓
Malden	57.2%✓	18.3%✓	65.2%✓
Melrose	14.2%	5.4%	16.7%
Medford	26.8%✓	10.4%	40.5%
N. Reading	2.1%	0.6%	12.2%
Reading	2.8%	1.1%	11.6%
Saugus	23.2%	8.5%	46.9%✓
Stoneham	12.3%	3.4%	25.0%
Wakefield	6.6%	2.6%	18.3%
MA Rate	**23.9%**	**11.0%**	**43.8%**

Source: MA Department of Elementary and Secondary Education (2021–2022)

✓ Checkmarks indicate a 5% or more difference **above** the state rate

Looking at graduation and drop-out rates, variation within the service area ranges from a graduation rate high of 99.1 %in North Reading and 98.1% in Wakefield, to a low of 76% and 78.1% in Everett and Malden, respectively. Dropout rates range from a high of 4% in Everett to a low of 0% in Reading. Everett, Malden, Medford and Wakefield have the lowest rates of graduates attending college, and North Reading and Stoneham have the highest (see Figure 10 below).

Figure 10: **Public school 4-year graduation , dropout and college attendance rates**

	Graduation rate	Drop-out rates	Graduates attending 2-year college/ university	Graduates attending 4-year college/ university
Everett	76.0%	4.0%✓	13.4%	58.3%
Malden	78.1%	3.4%✓	13.7%	58.3%
Melrose	95.5%✓	0.3%	0.8%	72.9%✓
Medford	88.8%	1.1%	13.7%	58.3%
N. Reading	99.1%✓	0.3%	3.2%	86.7%✓
Reading	96.8%✓	0.0%	5.7%	79.5%✓
Saugus	87.7%	2.5%✓	14.2%	64.9%✓
Stoneham	95.7%✓	0.6%	6.9%	79.9%✓
Wakefield	98.1%✓	0.7%	13.4%	58.3%
MA Rate	**89.0%**	**1.6%**	**14.0%**	**58.3%**

Source: MA Department of Elementary and Secondary Education (2021–2022)

✓ Checkmarks indicate a 5% or more difference **above** the state rate

2019 CHNA Priorities and the Impact of Actions Taken to Address Them

2020-2022 Community Benefits Accomplishments

In 2019, Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital identified 11 community health priorities to address over the next 3 years

The 2020-2022 Community Health Implementation Plan (CHIP) defined a three-year range of programs undertaken by Tufts Medicine Melrose Wakefield Hospital and Lawrence Memorial Hospital to provide interventions (evidence-informed where possible) targeting the identified health priorities. These efforts were designed to reach targeted populations and geographic areas, and the community-at-large. The FY2020–2022 community benefits implementation plan aligned activities to specific health concerns, to ideally address both the Massachusetts Attorney General and IRS guidelines for community benefits. Some initiatives were led solely by Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital, although the system made collaboration a priority, wherever possible, to engage local stakeholders and residents and ensure their critical feedback informed its efforts. The 2020–2022 implementation plan included input from residents reflecting broad community concerns, input from officials with public health expertise, and feedback from representatives of medically underserved, low-income and minority populations.

As required by IRS guidelines, the CHIP included a list of programs developed to address the needs identified, including the goals and measures for the programs and the overall budget for implementation. This inventory of programs and services was available to the community, and all projects identified by the CHIP were ultimately approved collectively by the hospital's governing body. As new health needs emerged, or were identified as critical within the catchment area, the CHIP was amended. In addition, if programs could no longer be offered or needed to be offered remotely, the CHIP was amended to address these issues. One amendment was made on September 17, 2020 and the amendment is listed on the health system website and in paper at nine community locations.

Other programs that benefit the community, but are either not delineated in the Attorney General's Community Benefits Guidelines, or allowable under federal regulations, were not

formally included in the CHIP or reported annually to either the MA Attorney General or as part of the IRS Form 990 filing.

Strategies implemented

The strategies outlined below were implemented to address the 2019 CHNA priorities.

Access to healthcare

- Assist families with access to family assistance programs such as those through WIC and Healthy Families Program and Massachusetts Home Visiting Initiative (HF/MHVI)
- Assist several thousand residents annually with applications or re-applications for health insurance, as well as consultations related to health coverage and other related social issues impacting health
- Continue to work with local schools and colleges to promote the education and training of professional health care workers, especially diverse candidates
- Ensure programs and services address and increase access to the social factors that impact health
- Host a Mobile Food Market monthly in partnership with the Greater Boston Food Bank and area volunteers
- Participate on local boards of directors for agencies serving the underserved

Chronic disease

Strategies to reduce cancer

- Continue to promote the ongoing health of patients in recovery
- Continue to promote vaccines as a prevention strategy for human papillomavirus (HPV)
- Offer Baby Cafes in three local sites as a prevention tool
- Offer opportunities for cancer patients and their families to receive support to address the challenges of living with the disease
- Promote healthy living and green technology such as low energy lights and electric car plug-in stations as root cause prevention measures
- Provide a variety of screenings according to the American Cancer Association standards; screening will be done in partnership with Tufts Medical Center
- Through a collaborative effort, provide chronic disease self-management programming, and resources and referrals to Live Strong Programs at local YMCAs

Strategies to reduce cardiovascular disease

- Continue to offer cardiac maintenance programs in partnership with the Melrose YMCA
- Continue to train the community to recognize and respond quickly to the signs of stroke
- Offer heart healthy education to community residents

- Provide Emergency Medical Technician (EMT) training focused on stroke and cardiovascular disease education
- Train high school students in a train-the-trainer CPR model, preparing them to train their families and friends

Strategies to reduce diabetes

- Offer monthly support groups to area residents with diabetes
- Offer Overeaters Anonymous groups space for their local meetings
- Provide diabetes education throughout the region, including comprehensive diabetes education for newly diagnosed and long term diabetics and their families and friends
- Through a collaborative effort, provide chronic disease self-management programs, and resources and referrals to pre-diabetes prevention programs at local YMCAs

Strategies to reduce respiratory disease

- Continue to promote vaccines as a prevention strategy for adults, elders, and children
- Provide programs to address COPD, chronic asthma and bronchitis
- Provide resources for long-term smokers to be able to successfully quit
- Support the regional tobacco coalitions to address vaping, e-cigarettes, and other tobacco products at a policy level

Disaster readiness and emergency preparation

- Act as a resource to the community during emergencies or acts of terror
- Continue to oversee regional support for local EMS
- Offer blood drives in partnership with the American Red Cross to ensure local blood supply is available during emergencies and for regular needs
- Plan for heat and cold emergencies with local health departments and EMS
- Provide support to Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital communities preparing for seasonal flu
- Sponsor seven community teams to provide support to local communities and bring back information from stakeholders/residents on emerging community needs
- Support the Malden Warming Center with supplies and materials

Housing stability and homelessness

- Convene annual necessities drives for veterans, children, and low-income residents
- Provide lightly-used children's clothing and equipment, parenting education, and resources and referrals to families in need through the Mothers Helping Mothers Closet
- Support equitable housing advocacy in the MWHC service area and across the state
- Support local initiatives addressing housing stability and homelessness through task force participation such as through Bread of Life and collaboration with Housing Families
- Support the Malden Warming Center with supplies and materials

Infectious disease

- Conduct ongoing medical education programs, available for community members to participate in free of charge
- Continue to address emerging diseases through disaster readiness and emergency planning efforts
- Produce Health Minute YouTube videos in collaboration with Wakefield Cable Access TV
- Promote handwashing for community members and employees across the system
- Promote screening. education and vaccination for Hepatitis B and HPV through employed physician offices
- Provide support to local flu clinics
- Refer patients/residents to the Cambridge Health Alliance for screening, education and treatment for TB, HIV and AIDS

Mental health and mental illness

- Continue to integrate behavioral health needs into primary and chronic disease models of care, including MWHC community-based programming and coalition efforts (HF/MHVI, North Suburban Child and Family Resource Network) as well as with external partners, to support individuals and families impacted by behavioral health challenges
- Continue to work with partners on court diversion programs
- Convene a community coalition to address community behavioral health needs
- Offer programming to reduce elder isolation
- Offer school-based strategies to reduce anxiety and toxic stress and build resilience in youth
- Offer sliding scale supplemental support for individuals unable to afford mental health services
- Offer the “Savvy Caregiver Program”
- Provide a variety of support programs for elders, children, and adults suffering after the loss of a family member or friend in partnership with the Home Health Foundation
- Reduce the stigma of mental illness through education, advocacy, and support to families and the community at large

Preventable injuries and poisonings

- Continue to offer the Concussive Injury Prevention Program for school-age children
- Maintain sports medicine trainers in local high schools at a reduced fee to help reduce sports injuries
- Offer a new falls prevention program such as “A Matter of Balance” for elders
- Promote CPR, First Aid, and Safe Sitter babysitting training programs in the community
- Provide education and training for residents with chronic back problems and risk of further injury

Social determinants of health

Strategies to address multiple social determinants of health

- Increase enrollment in government programs such as WIC Nutrition Program, Child and Adult Care Food Program, School Meals, Summer Meals, and commodity distribution
- Maintain the standards for a Baby Friendly designation at MWH, the birthing facility of MWHC
- Mentor colleagues on food distribution strategies
- Participate as members on the Food Security Task Force of the Greater Boston Food Bank (GBFB)
- Participate on local boards of directors for agencies serving the underserved
- Partner with Tufts Medical Center Community Care and the Wellforce Accountable Care Organization in addressing systems change through "Mobilizing Healthcare for a Hunger Free MA", allowing MWHC to build an electronic medical record (EMR) tool to screen for food insecurity in patients and develop ways to enhance food access
- Promote policy development through partnerships such as Food is Medicine Massachusetts which is striving for a hunger-free MA in 2028
- Promote registration in government sponsored food programs through Mass in Motion local food plans to address the SNAP GAP
- Support the GBFB, Malden YMCA, the Hunger Network and Malden Bread of Life to raise funds and develop strategies such as school and college food pantries, a food pantry with a workforce development component in Medford, and Breakfast after the Bell program to build a more extensive infrastructure for food access in Everett, Malden, and Medford

Strategies to address poverty

- Assist families with access to family assistance programs such as those through WIC, HF/MHVI, the Wellforce Accountable Care Organization (ACO), and the New England Quality Alliance (NEQA)- funded Behavioral Health Integration Program (BHIP)
- Assist residents with applications or re-applications for health insurance, as well as consultations related to health coverage and related financial challenges and issues
- Convene annual necessities drives for veterans, children, and low-income residents
- Provide lightly-used children's clothing and equipment, parenting education, and resources and referrals to families in need at the Mothers Helping Mothers Closet. This should allow families additional resources for food and other necessities
- Provide nutrition education and vouchers to low-income eligible recipients through the WIC program

Strategies to address employment

- Continue to support the workforce development program through the Asian American Civic Association

- Post open positions on diverse websites and through diverse groups such as the Malden Immigrant Learning Center
- Support the new jobs program offered through ABCD

Strategies to address food access

- Host a Mobile Food Market monthly in partnership with the Greater Boston Food Bank (GBFB) and area volunteers
- Support the development of a food access program for students on the Lawrence Memorial Hospital/Regis campus
- Work with the Everett, Malden and Medford YMCA and the GBFB to bring a new type of food pantry to this area

Strategies to address education

- Continue to work with local schools and colleges to promote the education and training of professional health care workers, especially diverse candidates
- Mentor high school students to expose them to and encourage interest in the health professions
- Support programming through the North Suburban Child and Family Resource Network focused on literacy and family engagement prior to school-age

Substance use disorders

- Continue to offer programming such as HF/MHVI and Grandparents Raising Grandchildren in Harmony
- Focus on advocacy and policy changes across local and state networks
- Host the Middlesex County District Attorney's regional Eastern Middlesex Opioid Task Force*
- Provide medication assisted treatment (MAT) in primary care through both a one-to-one and group model
- Provide space to an Alcoholics Anonymous (AA) support group in a handicapped accessible location*
- Provide support to local and regional substance abuse prevention coalitions and support programs
- Support Malden Court programs for decriminalization
- Support regional tobacco prevention efforts

Violence and trauma

- Facilitate bi-annual round table on domestic violence and intimate partner violence and provide other trainings to employees and community members
- Offer office space in-kind to Portal to Hope

*At the time of this publication, these programs are temporary paused due to the Covid-19 pandemic. Once safe to do so, this programs will resume.

- Provide space to Melrose Alliance Against Violence for monthly group for domestic violence survivors*
- Support local initiatives addressing domestic violence through board and task force participation

Vulnerable populations

Working to mitigate disparities for vulnerable populations is an important focus for Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital. Providing support to vulnerable populations is prioritized in all of their community benefits work. Therefore, there were not specific strategies for this priority area; strategies targeted to vulnerable populations were interwoven throughout each of the other ten priority areas.

COVID-19 Response

In addition to efforts to address the 2019 health priorities, the Community Benefits team also helped to meet community needs during the COVID-19 pandemic.

Vaccine response in the community

The system supported and promoted vaccine efforts not only in the hospital system but within the community. Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital supported Wellforce's (now known as Tufts Medicine) Vaccine Hesitancy Campaign.

- Delivered vaccine education to more than 25 organizations serving vulnerable populations
- Provided education with Cambridge Health Alliance through Zoom for the City of Medford
- Supported the Greater Malden Asian American Community Coalition providing vaccine outreach in the community
- Worked with the local Board of Health Directors for vaccine distribution to the most vulnerable, some examples include registration/transport for Medford elders; provided vaccinators to Malden health clinics and offered multiple vaccine clinics at a Malden Church serving the Haitian community, providing over 100 vaccines.

Providing basic necessities to vulnerable populations

- **Free Pop-Up Clothing Closet:** The North Suburban Women, Infants and Children (WIC) Nutrition Program has offered a lightly-used clothing and baby care closet for families in need. During the pandemic, the closet became a delivery service in collaboration with community partners to serve more than 50 families monthly.

*At the time of this publication, these programs are temporary paused due to the Covid-19 pandemic. Once safe to do so, this programs will resume.

- **Mobile Food Market:** With the physical distancing requirements of COVID 19, the Market was no longer able to operate as a fresh air distribution site for food, we developed a new service model - packing bags of ten to twelve non-perishable food and hard produce which we began delivering to individuals and agencies in the community. Since April 2020, we have partnered with local housing sites, Senior Centers, local Head Start sites, immigrant service agencies, faith-based organizations, and many others to deliver an average of 600 bags of nutritious food each month.
- **Collected cloth masks, gloves, and other donated** items for use in the hospitals and outside offices.
- **Provided all educational programs** to the community on Zoom and without charge including Safe at Home, Safe Sitter, Childbirth Education, Baby Care Basics, Breastfeeding Basics, and many others.

Addressing mental health challenges during the pandemic

In 2020, Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital and other community health providers saw an immense increase for the need of mental health services as the pandemic continued to rage on disrupting community members' employment, connectedness, health and wellbeing as a whole. In response, the system rose to meet the needs of the community by offering additional resources, education, programming and support.

- **Mystic Valley Regional Behavioral Health Coalition Workshops:** Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital is part of the Mystic Valley Regional Behavioral Health Coalition and supported three mental health education workshops during FY21 focused on supporting mental and behavioral health during the pandemic.
- **Behavioral Health Community Phone Line**: MWHC Behavioral Health Services offers free education regarding mental health services and triage to community members over the phone and in person. In FY21, the behavioral health community phone line served 2,880 people, almost double the number of people served pre-pandemic.
- **Aging in Balance Elder Outreach Program:** This program offered 28 educational programs in FY21, serving 248 people. The classes consist of interactive approaches to learning that help older adults proactively address chronic disease, pain, and the progressive impacts of aging on the body and mind (i.e., loss of sleep, cognitive issues, risks of falls). New programming addressed the mental health needs older adults were facing during the pandemic such as isolation, changes to routine and uncertainty.
- **DoN Community Health Initiative Grants focusing on behavioral health, mental health and mental illness:** FY21 marked the first year of Community Health Initiative grants funded by a joint venture with Shields Surgery Center Medford under the Determination of Need Program from the Department of Public Health. The system awarded $120,000 in grants to eight Massachusetts-based non-profit organizations and municipalities with detailed approaches to improve the health of their

communities through meaningful and sustainable change. Through community-centered policy, systems, and environmental change approaches, the grants help provide resources to engage residents and enhance the quality of access to health care in Massachusetts.

2022 Health Priorities

	Access to healthcare
	Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease
	Disaster readiness and emergency preparation, including COVID-19 response
	Housing stability and homelessness
	Infectious disease
	Mental health and mental illness
	Preventable injuries and poisonings
	Substance use disorders
	Violence and trauma

*All programming focuses on the impacts of social determinants of health and strives for health equity especially as it applies to vulnerable populations.
**The above priorities are listed in alphabetical order not by order of importance

The 2022 health priorities were determined based on:

- Identified needs and gaps in services across the service area (triangulated from the secondary data, stakeholder survey, focus groups and community survey)
- Existing assets and strengths of the service area
- Capacity of Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital to address needs, and realize meaningful and/or sustainable changes;
- Impact on reducing health disparities
- Organizational priorities identified through conversations with health system leadership, key community stakeholders and civic leaders
- The priorities identified through the 2019 CHNA
- Priority areas designated by the MA Department of Public Health (DPH) and the MA Attorney General's Office
- Efforts to avoid duplication of services of other providers and agencies already in place throughout the service area.

Before beginning the CHNA, Community Benefits staff conducted a thorough review of the websites and relevant documents (including the CHNA, Implementation Strategy and Community Benefits reports) of other local healthcare systems, including Beth Israel Lahey Health, the Cambridge Health Alliance, Mount Auburn Hospital, MA General Hospital (MGH) and the North Suffolk Coalition. Throughout the needs assessment process, ICH reviewed and discussed results from each data collection phase with Community Benefits leadership. In June 2022, all CHNA results were shared with the Community Benefits Advisory Council (CBAC) and Patient Family Advisory Council (PFAC). The CBAC and PFAC were asked to share their input on which topics should be considered for the 2022 priorities, and whether they should be listed in rank order. From this discussion ICH drew up a preliminary list of 2022 priorities, in alphabetical order, and then met with Community Benefits leadership to produce a finalized list.

In August 2022, Community Benefits staff conducted two listening sessions with community residents and stakeholders. The listening sessions were held remotely via Zoom. The sessions were used to share the data collected through the assessment process, and gather additional community input on community needs, concerns and priorities. After completion of the listening sessions Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Community Benefits and ICH staff used the community feedback to finalize the list of health concerns, with approval from MWHC leadership.

Focus on Social Determinants of Health and Vulnerable Populations

The secondary data and community feedback collected throughout the CHNA process has consistently emphasized the importance of addressing social determinants of health, such as poverty, housing, education, food security, and employment, and of supporting vulnerable populations in the system's community benefits service area.

Indeed, community survey respondents and key stakeholders identified housing and housing instability, social isolation, and education as top social concerns affecting the community benefits service area. Key stakeholders also mentioned housing stability and homelessness as a top social concern, as well as poverty and employment, and identified Black, Indigenous, and People of Color (BIPOC), low-income populations, and new immigrants as vulnerable populations of focus for the system. Secondary data reviewed for the CHNA also shows that poverty, food insecurity and housing cost burden are persistent issues affecting community health in the service area. Finally, the COVID-19 pandemic has also exacerbated existing health inequities; contributed to social isolation; and disproportionately impacted the wellbeing of BIPOC and low -income communities in the community benefits service area.

Top social concerns

(community and stakeholder surveys)

Education

Employment

Housing stability and homelessness

Poverty

Social isolation

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital focuses on these social determinants of health and vulnerable populations in the community benefits service area throughout the 2022 CHNA health priorities, and the strategies developed to address them. The system aims to provide support to its communities and strengthen its commitment to advancing health equity and anti-racism across the communities it serves.

Health Priorities

Health priorities for the 2022 Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Community Health Needs Assessment are described below in alphabetical order. Priorities are presented with supporting data from secondary data review, community and stakeholder surveys, and community focus groups.

Access to healthcare

Access to healthcare emerged as a priority in the community and stakeholder surveys, as well as the focus groups. Overall, community survey respondents seemed to have good access to healthcare themselves. 90% of respondents said they have someone they think of as their personal doctor, and all respondents reported having health insurance, although 6.9% reported that their coverage didn't meet all of their needs. When asked their top three health concerns in their community, access to care was the fourth most commonly reported concern amongst survey respondents. Community survey results also showed that 16.5% of respondents felt that a lack of available appointments made it difficult for them to access care.

Focus group participants also raised access to care as a priority, particularly in the focus group with older adults. Participants voiced concerns over primary care doctors retiring, access to the COVID-19 vaccine, and wanting more reminders and opportunities for wellness checks for seniors. Transportation was also raised as an issue for many reasons, including getting to and from doctor's appointments. The stakeholder survey emphasized access to care as a concern. Stakeholders ranked access to care as the third biggest health concern in their community (tied with diabetes and obesity). Facilitating access to care, including addressing barriers such as language, transportation, housing and food insecurity, was identified by stakeholders as the number one area of Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital community benefits programming in need of improvement.

Everett and Malden

have the highest rates of individuals **without health insurance coverage** in the community benefits service area.

Census data on healthcare coverage also supports community concerns around access to healthcare. The community benefits services area has a slightly higher percentage of people who don't have health insurance coverage (3.2%) than does the state as a whole (2.7%). As shown in Figure 11 below, although many of the communities have percentages below the state rate, Everett and Malden are notably above it.

Figure 11: **Percentage of the population without health insurance coverage**

Everett	6.9% ✓
Malden	4.3% ✓
Melrose	1.4%
Medford	2.5%
N. Reading	1.4%
Reading	0.9%
Saugus	3.6% ✓
Stoneham	1.9%
Wakefield	2.1%
CB System	**3.2%**
MA Rate	**2.7%**

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

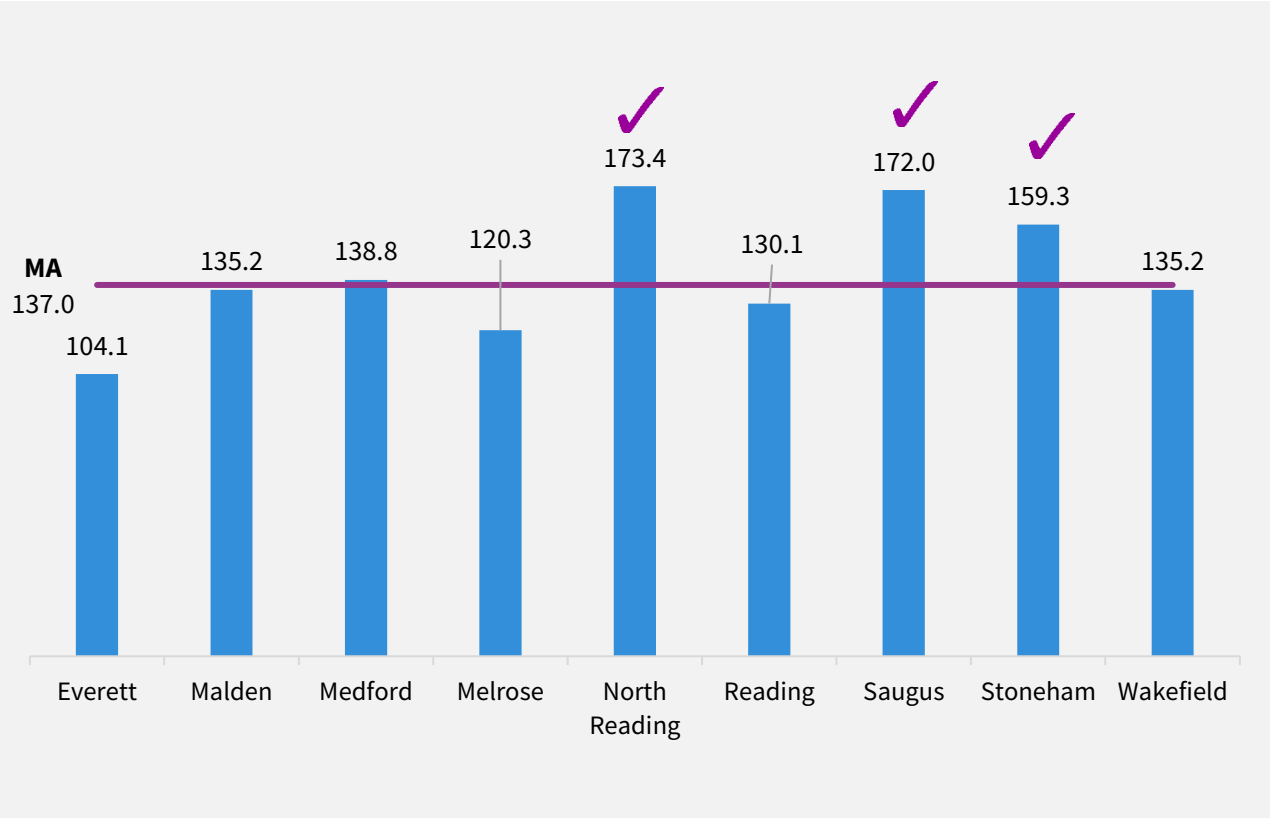
✓ Checkmarks indicate a 5% or more difference **above** the state rate

Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease

Chronic disease continues to be a priority for the community benefits service area, including cancer, cardiovascular disease, diabetes, and respiratory disease. Results from both the community survey and stakeholder survey reflect this concern. When asked to rank their top 3 community health concerns from 16 possible options, obesity, cancer, and heart disease emerged as the fifth, sixth, and seventh biggest concerns among community survey respondents. Health behaviors reported by community survey respondents that are associated with chronic diseases also support this as a continued priority. 35.8% of community survey respondents reported ever being told they were overweight, 26.1% reported having high blood pressure, 21.9% reported having high cholesterol, and 9.7% reported being told they have diabetes. Of community survey respondents, 21.1% also report that they never or rarely exercise at least 30 minutes per day 3 days a week. Stakeholder survey results show that diabetes and obesity tied with access to care as the third biggest health concern in the CB service area among respondents.

Secondary data that was available on cancer mortality rates shows that three towns –Saugus, Stoneham, and North Reading – have cancer mortality rates higher than the state with a difference more than 5%. Medford also has a slightly higher rate of cancer mortality than the state. Figure 12 below depicts all cancer mortality. Unfortunately, we were not able to obtain mortality rates for different types of cancer and or age-adjusted incidence rates (the number of new cancer cases) at the town level, which limits our understanding of the prevalence and fatality of cancer in the community benefits service area.

Figure 12: Cancer mortality rates



Source: MA Department of Public Health, Registry of Vital Records and Statistics, 2020 age-adjusted rates per 100,000

✓ Checkmarks indicate a 5% or more difference **above** the state rate

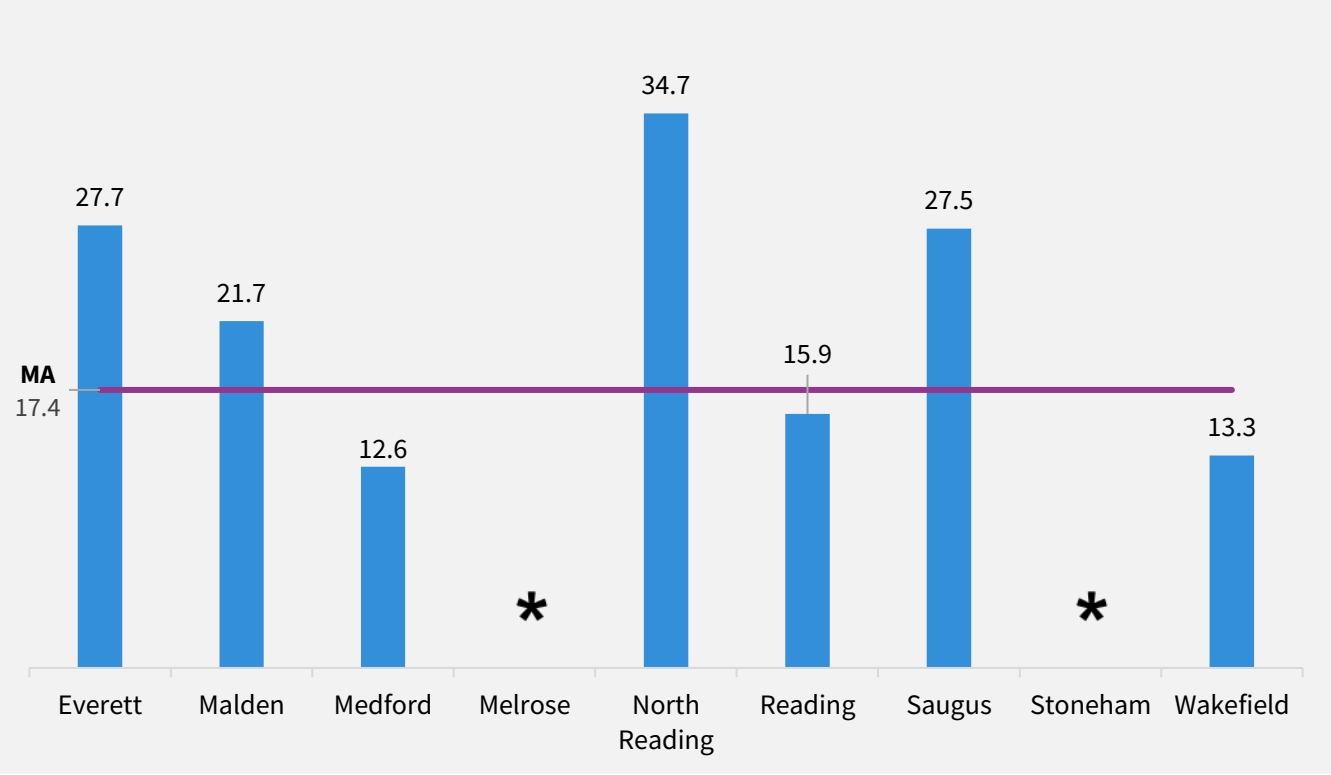
Secondary data on health outcomes for cardiovascular disease and diabetes in several communities also support this priority. Overall, 6 out of the 9 communities in the community benefits service area have higher rates than the state for indicators related to one or both of these diseases. As shown in Figure 14 below, heart disease hospitalizations in Everett, Saugus, and Stoneham are higher than the state with a difference of 5% or more. Heart disease mortality is highest in Melrose at a rate of 147.8, compared to the state rate of 127.9. Saugus also has a heart disease mortality rate higher than the state, but the difference is below 5%.

6 out of 9

Communities in the service area have higher rates than the state on measures of **cardiovascular disease** or **diabetes**

Figure 14 shows that compared to the state, diabetes hospitalizations are higher in Everett. Figure 13 shows that diabetes mortality is higher than the state in Everett, Malden, North Reading, and Saugus. Due to small counts, diabetes mortality rates were suppressed for Melrose and Stoneham.

Figure 13: Diabetes mortality rates



Source: MA Department of Public Health, Registry of Vital Records, 2020, age-adjusted rates per 100,000

✓ Checkmarks indicate a 5% or more difference **above** the state rate

*Asterisk indicates that rate was not presented due to small counts (N<5)

Figure 14: **Cardiovascular disease and diabetes mortality and hospitalization rates**

	Heart disease hospitalization	Heart disease mortality	Diabetes hospitalization	Diabetes Mortality	Stroke Hospitalization
Everett	1339.7 ✓	123.0	194.6 ✓	27.7 ✓	198.1
Malden	1228.7	115.5	155.5	21.7 ✓	201.2
Melrose	1131.3	147.8 ✓	114.4	*	158.5
Medford	1190.9	111.8	148.4	12.6	188.0
N. Reading	963.6	118.0	72.3	34.7 ✓	144.4
Reading	1007.3	99.0	64.2	15.9	157.7
Saugus	1270.2 ✓	133.1	141.0	27.5 ✓	193.0
Stoneham	1238.2 ✓	120.9	115.3	*	189.4
Wakefield	1003.8	82.0	71.9	13.3	154.9
MA Rate	**1177.7**	**127.9**	**171.7**	**17.4**	**193.1**

Source: Massachusetts Acute Hospital Case Mix Database, Registry of Vital Records and Statistics, 2020, *age-adjusted rates per 100,000*

✓ Checkmarks indicate a 5% or more difference **above** the state rate

* Asterisk indicates rate was suppressed due to low counts (N<5)

Finally, respiratory diseases are also a concern within the community benefits service area, as shown in health outcomes data for asthma hospitalizations and ED visits, and COPD-related hospitalizations. As shown in Figure 15 below, Everett and Malden have higher rates than the state across all five respiratory indicators. Saugus and Stoneham also have higher rates of hospitalizations for respiratory conditions – asthma and COPD respectively.

Figure 15: **Respiratory illness related hospitalization and emergency department visit rates**

	Asthma hospitalizations	Asthma ED visits	COPD-related hospitalizations
Everett	100.1 ✓	796.8 ✓	220.2 ✓
Malden	97.9 ✓	560.4 ✓	182.5 ✓
Melrose	51.7	354.1	145.5
Medford	68.5	402.6	162.1
N. Reading	78.9	208.6	106.0
Reading	43.8	172.2	99.5
Saugus	87.1	466.8	183.5 ✓
Stoneham	89.7 ✓	294.1	153.6
Wakefield	56.8	237.9	137.3
MA Rate	**87.1**	**548.4**	**176.8**

Source: Massachusetts Acute Hospital Case Mix Database 2020, *age-adjusted rates per 100,000*

✓ Checkmarks indicate a 5% or more difference **above** the state rate

Disaster readiness and emergency preparation, including COVID-19 response

Disaster and emergency planning remain an ongoing and renewed priority for the health system in 2022, particularly responding to the ongoing disruption and states of emergency caused by the COVID-19 pandemic. Indeed, the pandemic has deeply changed the way that residents feel about their communities, their priorities, their health, and exposed gaps in the existing networks of care and resources, especially for those in marginalized groups including youth, the elderly, low-income people, non-English speakers, and Black, Indigenous and People of Color (BIPOC).

COVID-19 also emerged as a top community health concern in both the key stakeholder and the community surveys. 54% of key stakeholder respondents and 30% of community respondents ranked it as a top health concern. Factors exacerbated by COVID-19, such as mental health and social

COVID-19 was ranked as a top health concern by community survey respondents and key stakeholders

isolation, also emerged during focus groups with youth serving agencies and older adults. Older adults also expressed concern about accessing the COVID-19 vaccine during focus groups.

Limited data on the impacts of COVID-19 at the town level prevents a more in-depth understanding of the impact of the pandemic in the community benefits service area. However, the Massachusetts Department of Health's preliminary results of their COVID-19 Community Impact Survey (CCIS) conducted in 2021 provides additional insight into impacts of the pandemic at the state level across different aspects of community health.

- **Mental health:** 1 in 3 (33%) of adult respondents reported poor mental health over 15 of the last 30 days at the time of the survey. This was three times higher in adults who also reported poor mental health on the 2019 Massachusetts BRFSS.
- **Substance use:** 41% of respondents who used substances in the last 30 days reported that their use increased compared to before the pandemic. Respondents who were part of the LGBTQ+ community, Black, Hispanic, and multi-racial were more likely to report increased substance use.
- **Housing:** 34% of respondents reported that they were worried about housing or utility expenses, and 18% were worried about having to move for any reason. The CCIS identified that housing was related to other COVID-19 related resource needs, with those reporting worries about housing also more likely to report concerns about access to food and groceries, healthcare, and technology.
- **Food insecurity:** More than 1 in 4 (28%) of respondents indicated they were worried about getting food or groceries in the coming weeks at the time of the survey.
- **Support for families:** Nearly 1 in 5 parents reported being worried about getting childcare. Parents in Massachusetts were also 35% more likely to be worried about expenses, 35% more likely to lose their jobs or take a leave, 50% more likely to be worried about housing, and were more likely to report delaying healthcare treatment. Parents were also more likely to report 15 or more days of poor mental health in the last 30.
- **Racism and discrimination:** 23% of Asian respondents, 24% of Black respondents, and 12% of Hispanic/Latinx respondents reported feeling like they had been discriminated against because of their race or ethnicity during the pandemic (CCIS). 25% of Asian respondents experienced discrimination by being wrongly accused of carrying COVID-19 infection. Respondents who reported higher percentages of feelings of discrimination were also more likely to be at higher risk for complications of COVID-19 and to worry about meeting their basic needs and were 75% less likely to have access to healthcare.

In addition to responding to the impacts of COVID-19, disaster readiness and emergency preparation for events such as natural disasters, future pandemics, and other unexpected events, such as acts of terror, also remains a priority, given the location of Tufts Medicine MelroseWakefield Hospital and Lawrence Hospital's campuses in the Metropolitan Boston

area. Maintaining a coordinated and engaged central emergency response is essential to meeting the requirements of addressing several of the health system's health priorities, including substance use disorders, behavioral health, and infectious disease. The health system is not necessarily the leading agency in the deployment and implementation of resources, but sees itself as a convener. This has historically been achieved through regional representation on EMS leadership, local medical direction, and ongoing disaster drills and planning that incorporate other aspects under Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital, including its VNA and Hospice and affiliated physician practices.

Housing stability and homelessness

Housing stability and homelessness was a repeatedly cited major area of concern in the community benefits service area. 69% of stakeholders identified housing stability/homelessness as a top social issue that affects the service area. On the community survey, 46% of respondents identified more affordable housing as one of the top three things they would like to improve about their community and 45% identified housing stability/homelessness as a top three social issue of concern in the community. Housing stability and homelessness was also the most frequently chosen social concern among both community and stakeholder survey respondents and was most frequently ranked first. 60% of community survey respondents also indicated "not at all true" when asked whether housing was affordable in their community.

Participants in all three focus groups also shared concerns about housing stability and affordability. Youth-serving agency staff and adult focus group participants both cited housing insecurity and affordability as top social issues they were concerned about. Elder participants echoed these concerns and specifically mentioned the need for different types of housing, such as more family-friendly housing and more affordable rental options.

60%

of community survey respondents indicated "not at all true" when asked whether housing was affordable in their community

Concerns about housing affordability and the availability of affordable housing are also supported by data from the Census and the MA Department of Housing and Community Development. Renter occupied units are concentrated in Everett, Malden and Medford, and Everett and Malden both have higher rates of housing burden among renters as compared to the state (defined as households paying more than 30% of their income on housing costs). Everett, Malden and Saugus also demonstrated a higher-than-the-state housing cost burden among households with mortgages. Only 7.7% of housing units in the community benefits

services area communities as a whole are classified as part of subsidized housing inventory, as compared to 10.1% for Massachusetts as a whole.[5]

Figure 16: Owners vs. renters and housing cost burden

	% of renters	% of owners	% spending more than 30% of income on mortgage	% spending more than 30% of income on rent
Everett	61.4% ✓	38.6%	48.2% ✓	54.4% ✓
Malden	59.0% ✓	41.0%	35.9% ✓	54.1% ✓
Melrose	34.2%	65.8% ✓	24.3%	46.5%
Medford	43.8% ✓	56.2%	31.0%	38.4%
N. Reading	12.3%	87.7% ✓	26.2%	45.8%
Reading	15.9%	84.1% ✓	24.0%	46.9%
Saugus	19.4%	80.6% ✓	35.8% ✓	48.1%
Stoneham	34.6%	65.4% ✓	22.8%	38.0%
Wakefield	25.5%	74.5% ✓	28.7%	36.9%
MW Rate	**38.2%**	**57.1%**	**35.3%**	**45.9%**
MA Rate	**37.8%**	**62.2%**	**29.5%**	**48.9%**

Source: U.S. Census Bureau American Community Survey 2019 5-Year Estimates

✓ Checkmarks indicate a 5% or more difference **above** the state rate

Infectious disease

Mitigating infectious diseases other than COVID-19 remains a priority for Tufts Medicine Melrose Wakefield Hospital and Lawrence Memorial Hospital. Secondary data from the Department of Public Health on HIV/AIDS shows that 3 out of the 9 communities have incidence rates that are higher than the state, and DPH data on tuberculosis (TB) incidence

[5] Department of Housing and Community Development Chapter 40B Subsidized Housing Inventory (SHI) as of December 21, 2020. https://www.mass.gov/doc/subsidized-housing-inventory/download

shows that 5 communities have rates higher than the state. (Everett, Malden, and Saugus are the three communities that have rates of both HIV/AIDS and TB that are higher than the state)

Figure 17: Infectious disease incidence

	HIV/AIDS incidence	TB incidence
Everett	19.9 ✓	6.5 ✓
Malden	14.2 ✓	13.6 ✓
Melrose	*	3.6 ✓
Medford	7.4	3.8 ✓
N. Reading	0.0	*
Reading	0.0	0.8
Saugus	10.5 ✓	3.5 ✓
Stoneham	*	0.9
Wakefield	*	2.2
MA Rate	**8.5**	**2.6**

Source: Massachusetts Acute Hospital Case Mix Database, Registry of Vital Records and Statistics,2020; Age-adjusted rates per 100,000 people (HIV), Rates per 100,000 people (TB). ✓ Checkmarks indicate a 5% or more difference **above** the state rate

* Asterisk indicates rate was suppressed due to low counts (N<5)

Mental health and mental illness

Mental health was described as a top health concern during community data collection. 85% of key stakeholders and 68% of community survey respondents identified mental health as one of their top community health concerns. Anxiety and depression were both among the most commonly reported health conditions in the community survey, with 34% of respondents indicating experiencing anxiety and 23% experiencing depression. Mental health was also mentioned as a top health concern in all three community focus groups. Elder and youth-serving agency focus groups in particular elaborated on health and social concerns that impact mental health among different groups, such as social isolation among elders, the COVID-19 pandemic, and the mental health challenges faced by LGBTQ+ youth.

68%

Community survey respondents indicated mental health as a top community health concern

31%

of community survey respondents would like to see better access to mental health services

Mental health services were noted by community survey respondents as an important need and existing gap in the community benefits service area. While 40% reported having ever received mental healthcare, 31% indicated 'better access to mental health services' as something they would like to change about their community; and 27% answered 'not at all true' to 'The healthcare available in my community meets people's mental health needs.'

Secondary data available via the MA Department of Public Health on mental disorder-related emergency department visits in the service area communities provides support for community concerns around mental health and mental illness. Given the available data, Everett, Malden and Saugus all have higher rates than the state, as shown in Figure 18. However, these rates include mental, behavioral, and neurodevelopmental disorders as well as other degenerative diseases of the nervous system, and so do not give a fully accurate understanding of mental health and mental illness.

Figure 18: Mental disorder related emergency department visit rates

	Mental disorder-related ED visits
Everett	3028.6 ✓
Malden	3013.6 ✓
Melrose	1673.2
Medford	2426.8
N. Reading	1379.1
Reading	1207.4
Saugus	2977.1 ✓
Stoneham	2201.8
Wakefield	2194.6
MA Rate	**2807.7**

Sources: Massachusetts Department of Public Health, Massachusetts Acute Hospital Case Mix Database, 2016-2019, Age adjusted rates per 100,000 people.

✓ Checkmarks indicate a 5% or more difference **above** the state rate

Preventable injuries and poisonings

A few respondents in the community and stakeholder surveys included preventable injuries and poisonings as a top community health concern. Participants in the elder focus groups also mentioned an accessible built environment as a key social concern. Indeed, injuries and falls become an issue related to housing, as older adults need to have affordable housing that is also safe for them to navigate, and access to transportation, as they are no longer able to drive themselves or walk long distances.

Medford, Saugus, Stoneham, and Wakefield have higher poisoning mortality rates than the state

Secondary data on injury and poisoning emergency department visits and poisoning mortality in the community benefits service area also supports the community concerns described above. Everett and Saugus have higher rates of poisoning emergency department visits than the state, and Everett also has higher rates of all injury ED visits, as depicted in Figure 19 below. Medford, Saugus, Stoneham and Wakefield all have poisoning mortality rates that are 5% or higher difference from the state.

Figure 19: **Injury and poisoning emergency department visit and mortality rates**

	All injury ED visits	All poisoning ED visits	All poisoning mortality
Everett	964.2 ✓	30.1 ✓	35.6
Malden	750	24	34.5
Melrose	693.5	12.1	*
Medford	623.3	17.3	15.2 ✓
N. Reading	457.2	12.7	*
Reading	479	9.6	*
Saugus	847.4	29.9 ✓	59.7 ✓
Stoneham	714.3	18.4	47.9 ✓
Wakefield	668.8	9.1	20.1 ✓
MA Rate	**825.1**	**24.2**	**35.2**

Sources: Massachusetts Outpatient Emergency Department Discharge Database FY2016–FY2020, Center for Health Information and Analysis (CHIA), MA Department of Public Health, Registry of Vital Records and Statistics (2020); Age-adjusted rates per 10,000 people (injury and poisoning ED visits); Age-adjusted per 100,000 people (all poisoning mortality)

✓ Checkmarks indicate a 5% or more difference **above** the state rate

* Asterisk indicates rate was suppressed due to low counts (N<5)

Substance use disorders

Substance use emerged as a major concern across data collected from key stakeholders and community members in the community benefits service area. 35% of key stakeholder survey respondents and 57% of community survey respondents indicated substance use as one of their top 3 community health concerns. Alcohol use, overdose and addiction were mentioned as health concerns by participants in the adult and youth-serving agencies focus groups.

Data on health behaviors from the community survey also supports concerns shared by survey and focus group respondents, particularly around alcohol use. Almost one third (33%) of community survey respondents also indicated that they have an alcoholic drink 4+ times per week sometimes or often. 7% also smoke cigarettes or vape 'sometimes or often' and 14% use marijuana 'sometimes or often.' Data from the MA Department of Public Health also shows discrepancies in substance use mortality, emergency department visits, and hospitalizations among towns in the community benefits service area. Figure 20 shows Everett and Saugus having much higher rates than the state in substance use mortality and emergency department visits. Opioid-related and substance-related mortality are also higher than the state rate in Saugus and Stoneham.

57%

Community survey respondents indicated that substance use disorders are a top health concern

Finally, data on youth substance misuse was only available from those towns in the community benefits service area who have somewhat recently completed a youth health survey. The data that is available for individual towns is presented in Appendix E as part of the community profiles.

Figure 20: **Substance use-related ED visit and mortality rates**

	Drug overdose ED visits	Alcohol-related mortality	Opioid-related mortality	Substance-related mortality
Everett	298.1 ✓	*	28.9	28.9
Malden	237.4	0	25.9	28.6
Melrose	128.3	0	26.9	26.9
Medford	174.6	0	11.3	12.5
N. Reading	157.5	0	34.9	34.9
Reading	113.6	0	20.0	20.0
Saugus	310.6 ✓	0	41.6	41.6
Stoneham	223.7	0	33.9	41.5
Wakefield	214.1	0	30.6	43.3
MA Rate	**257.4**	**0.7**	**30.8**	**32.9**

Sources: MA Outpatient Emergency Department Discharge Database, Center for Health Information and Analysis (CHIA), 2016–2020 (Drug overdose ED visits), 2020 (alcohol mortality), 2018 (opioid and substance use mortality); Age-adjusted rates per 100,000 people

✓ Checkmarks indicate a 5% or more difference **above** the state rate

* Asterisk indicates rate was suppressed due to low counts (N<5)

Violence and trauma

Twenty-three percent (23%) of key stakeholder respondents identified access to domestic and interpersonal violence services as one of the top 3 health-related concerns in their community, and 12% mentioned domestic violence as one of their top 3 social concerns. When asked to rank their top 3 safety concerns, community survey respondents most frequently selected bullying (39%), discrimination based on race (35%) and vandalism (33%). Drug trafficking (29%) and domestic violence (25%) followed closely. Secondary data on violent crime rates, found below in Figure 21, shows that Everett is higher than the state.

Figure 21: **Violent crime rates**

	Violent crime rate
Everett	519.0 ✓
Malden	267.0
Melrose	114.0
Medford	202.0
N. Reading	102.0
Reading	12.0
Saugus	254.0
Stoneham	145.0
Wakefield	136.0
MW Rate	**228.9**
MA Rate	**328.0**

Source: FBI UCR 2019 Crime in the United States; Rate per 100,000 people

✓ Checkmarks indicate a 5% or more difference **above** the state rate

Service Area Strengths and Assets

In seeking to improve and support community health, it is important to assess not only community needs but also community assets. This process can help identify gaps in resources, reduce duplication of services, and identify areas of strength and existing collaborations to expand upon. Across the community benefits service area, a variety of community programs, services, and resources exist to address various health concerns. See Appendix F for a full list of existing community resources that can address the health needs identified through this CHNA.

Community Strengths and Assets

Community and stakeholder surveys, as well as community focus groups, provided insight into what service area members consider to be the greatest strengths and assets. Respondents in both surveys were asked to choose the top three strengths and assets in the service area towns with which they were familiar. They were given a list of options (12 for stakeholders, 15 for community members) plus the opportunity to write in additional responses. Community survey respondents were also asked to respond to questions regarding the community's economic and educational environment; healthcare environment; social and cultural environment; and natural and built environment. Meanwhile, youth, elder, and adult focus group participants were asked to comment on their community's greatest strengths, and their visions for its future.

The following strengths and assets emerged as themes across these three data sources:

Sense of community

Participants across the key stakeholder survey, community survey, and focus groups noted a sense of community as a top asset. In the community survey, 38% responded "true" to "the community is perceived as a good place to settle down and raise children;" and 36% to "people care about improving our community." 41% of participants in the key stakeholder survey also ranked "people are proud of their community and care about improving it" as a top strength. Meanwhile, both youth and adult focus group participants commented on high levels of engagement and involvement in the communities, and said that their greatest assets are their residents and the presence of a strong sense of community.

Access to community resources

Community survey respondents, as well as key stakeholders and elder focus group participants, noted the presence of strong community institutions, as well as the resources available in the community to care for and support its residents through different organizations and agencies.

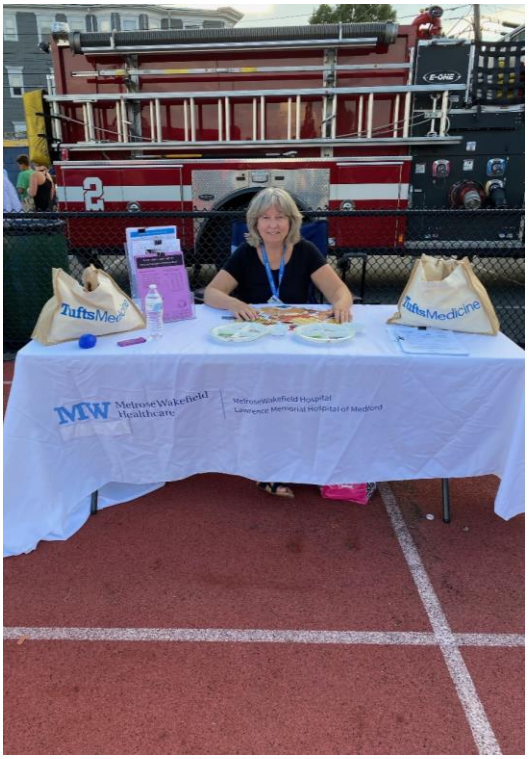
Diversity of community residents

Diversity was an asset mentioned by adult focus group participants, as well as community survey and key stakeholder survey respondents: 62% of key stakeholders responding to the survey noted that community members are diverse; 29% community survey respondents selected "my community has people of many races and cultures" as one of the top 3 things they like best about their community.

Schools and education

Youth and adult focus group participants commented that schools in the community, as well as the resources and programs they provide, are top assets in the community. Community survey respondents also noted education as a strength, as 51% responded "true" when asked whether children in the community receive a high-quality education.

Strengths of Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital in the Community



Key stakeholders participating in the survey were asked to identify areas in which they think Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital community programming is the strongest, both in their community and at a regional level. Respondents were given a list of 11 options, plus an option to write in other areas that were unlisted. The most commonly checked responses were behavioral health, COVID-19, and supporting vulnerable populations (23.5%, or 4 / 17 respondents each).

Key stakeholders also commented on what the system does that is helpful to them or to the community. Several respondents mentioned their support with WIC, food distribution, and other community -based programming, while others commended their participation in community and grassroots level meetings and coalitions, as well as regional efforts to improve community health.

Appendix A: Contributing Organizations

Organizations contributing to the assessment

Action for Boston Community Development (ABCD)

American Cancer Society

American Diabetes Association

American Heart Association

American Lung Association

American Red Cross

Asian American Civic Association

Baby Café USA

Baby Friendly America

Boys and Girls Clubs of Middlesex County

Bread of Life

Bridge Recovery Center

Burbank YMCA of Reading

Cambridge Health Alliance

Catholic Charities

Children's Trust of Massachusetts

Chinese Culture Connection

Community Family Human Services Inc.

Community Health Network Area 15 & 16

Community Servings Inc.

Criterion Early Intervention

Cross Cultural Communications Inc.

Customized Communication Inc.

Doucet's Remodeling

East Boston Neighborhood Health Center

Elder Services of Merrimack Valley

Eliot Community Human Services

EMARC

Everett CFCE Grant Program

Families First

Friends of Fellsmere Heights

Friends of Middlesex Fells Reservation

Friends of Oak Grove

The Greater Boston Food Bank

Greater Boston Stage Company (Stoneham Theatre)

Health Care for All

Health Care Without Harm

Housing Families Inc.

Immigrant Learning Center of Malden

Institute for Community Health (ICH)

Jewish Family and Children's Services

Joint Committee for Children's Health Care in Everett (JCCHCE)

Local arts councils

Local boards of health

Local chambers of commerce

Local civic groups (Rotary, Kiwanis)

Local councils on aging

Local early intervention (EI) /Head Start programs

Local faith-based organizations

Lowell Community Health Center

MA Executive Office of Elder Affairs

MA Health Policy Commission

Malden Early Learning Center (CFCE)

Malden Homelessness Task Force

Mystic Valley YMCA

Massachusetts Departments of:

Children and Families (DCF)

Conservation and Recreation (DCR)

Early Education and Care (EEC)

Public Health (DPH)

Transitional Assistance (DTA)

Massachusetts Hospital Association

Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)

Mass in Motion (Everett, Malden, Medford, Melrose/Wakefield)

Medford Family Network (CFCE)

Medford Health Matters

Medford Substance Abuse Task Force

Melrose Alliance Against Violence

Melrose Community Coalition

Melrose Family YMCA

Melrose Human Rights Commission

Melrose Substance Abuse Prevention Coalition

Metropolitan Area Planning Council

Middlesex County District Attorney

Mystic Market

Mystic Valley Elder Services

Mystic Valley Public Health Coalition

Mystic Valley Tobacco and Alcohol Program (MVTAP)

Mystic Valley YMCA

Northeastern University

North Shore Elder Services

Oak Grove Improvement Organization

Philips Lifeline

Portal to Hope

Reading Coalition Against Substance Abuse (RCASA)

Reading Response

Regional EMS providers

Regis College

RESPOND Inc.

Salvation Army

Scalabrini Center

The Sharewood Project

South Bay Mental Health Center

Stoneham Alliance Against Violence

Substance Abuse Prevention Collaborative (SAPC)

Tailored for Success

Tri-City Homelessness Task Force

Tri-City Hunger Network

Tufts Medical Center

Tufts Medical Center Community Care

Tufts Medicine at Home

Tufts University

Wakefield Alliance Against Violence

WAKE-UP: Wakefield Unified Prevention

West Medford Community Center

Winchester Hospital/Lahey Health

YouthHarbors @ JRI

YWCA of Malden

Zonta Clubs of Malden and Medford Zoo New England – Stone Zoo

Appendix B: Secondary Data Sources

The following publicly available secondary data indicators were reviewed as part of the 2022 CHNA process.

Data Source	Year(s)	Data Indicator(s) Reviewed
US Census Bureau American Community Survey (ACS)	2015 - 2019 (5-Year Estimates)	Total Population number Population Density (Population Per Sq. Mile) Age group breakdowns (% of population under 5 years old; under 19 years old; 20 to 34 years old; 35 to 64 years old; over 65 years old) Race/Ethnicity breakdowns (% of population identifying as Asian – non-Hispanic; Black/African American – non-Hispanic; Hispanic; Some other race – non-Hispanic; White – non-Hispanic) Continent of origin of foreign-born population (% of population born in Africa; Americas; Asia; Europe) Languages spoken at home (% of population who speaks English only; Spanish; Other Indo-European language; Asian and Pacific Islander languages; Other languages) Highest educational attainment for the population 25 years old and over (less than high school; high school; some college; bachelor's degree; graduate/advanced degree) Income (median household income; median per capita income) Poverty status (% of children under 18 living below poverty level; families living below poverty level; population 65+ living below poverty level) Healthcare access (% of population with no health insurance coverage) Unemployment rate Housing units status (% of owner occupied housing units; renter occupied) % of households with housing costs of more than 30% of income (with a mortgage, without a mortgage, and gross rent) % of households with children under 18 utilizing SNAP
FBI Uniform Crime Report	2019	Violent crime rates, per 100,000 (violent crimes; property crimes)

Massachusetts Department of Housing and Community Development (DHCD)	2017	Number of housing units classified as Subsidized Housing Inventory (SHI)
The Greater Boston Food Bank. FY 2021 Closing the Meal Gap in Eastern Massachusetts	2021	Food insecurity rate
Food Bank of Western Massachusetts	2020	% of population eligible for SNAP who are not accessing financial benefits (SNAP gap)
Massachusetts Department of Elementary and Secondary Education (DESE)	2020-2021 2021 - 2022	Number of enrolled students (2021-2022) Special populations (% of students first language not English; limited English proficient) (2021-2022) Public school graduation and drop-out rates (% of students graduating in 4 years; students dropping out) (2020-2021)
2019 Health and Risk Behaviors of Massachusetts Youth Report	2019	Self-reported local high school rates of: Substance use (% of students reporting ever used alcohol; ever used marijuana) Mental health (% of students experiencing depression in last 12 months; seriously considering suicide in last 12 months; attempted suicide in last 12 months; was bullied at school in last 12 months)
Local Youth Risk Behavior Surveys or Communities that Care Surveys where available (Everett 2018-2019; Malden 2017-2018; Medford 2017; Melrose 2021; North Reading 2021)	Various Years	Self-reported local high school rates of: Substance use (% of students reporting ever used alcohol; ever used marijuana; ever used prescription opioids) Mental health (% of students experiencing depression in last 12 months; seriously considering suicide in last 12 months; attempted suicide in last 12 months; was bullied at school in last 12 months)
Massachusetts Department of Public Health (MDPH)	Various Years	(see below)

Massachusetts Department of Public Health, Registry of Vital Records and Statistics. April 2022. Death Records, 2018-2020.	2018 - 2020 (grouped)	Age-adjusted rates per 100,000 for: • Cancer mortality (all cancers) • Heart disease mortality • Diabetes mortality • Mental disorder related mortality • Alcohol-related mortality • Substance use-related mortality • Opioid use-related mortality • All injury and poisoning mortality • Premature mortality Mother & Infant health indicators: • Low birth weight, percent of births • Inadequacy of prenatal care, percent of births • Birth rates, age-specific per 1,000 (teens aged 15-19)
Massachusetts Department of Public Health, Massachusetts Acute Hospital Case Mix Database. 2016-2019 Aggregates.	2016-2019 (grouped)	Age-adjusted rates per 100,000 for: • Heart disease hospitalizations • Cerebrovascular disease (stroke) hospitalizations • Diabetes-related hospitalizations • COPD-related hospitalizations • Asthma-related ED visits • Asthma-related hospitalizations • Mental disorder related ED visits • Mental disorder related hospitalizations • Total drug overdoses ED visits • All injury and poisoning ED visits
Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences	2020	Crude rates per 100,000 for: • Tuberculosis incidence
Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, HIV/AIDS Surveillance Program	2020	Age-adjusted rate per 100,000 for: • HIV/AIDS incidence

Appendix C: Key Stakeholder Survey

Thank you very much for taking the time to fill out this survey. MelroseWakefield Healthcare (MWHC) is conducting a needs assessment to better understand the communities they serve, and you have been identified as a stakeholder who can provide information on issues of health and wellbeing in MWHC communities. This survey should take 5-10 minutes to complete.

What you have to tell us is very important. Please be candid with your responses; we want to hear your honest opinions, positive and negative.

MWHC is hosting this survey and has engaged the Institute for Community Health (ICH) to review the results. MWHC will download the survey data to share with ICH, and ICH will be reviewing and analyzing your responses. Your individual answers will be kept confidential and ICH will not include identifying information in our final report. Results will be reported for all survey respondents as a whole—we won't produce reports on individual respondents.

Background

1) **Below is a list of the nine towns MWHC supports through its community programs. Please check those towns you are able to provide information about, given your familiarity with their strengths and needs. (Check all that apply)**
   - ❑ Everett
   - ❑ Malden
   - ❑ Medford
   - ❑ Melrose
   - ❑ N. Reading
   - ❑ Reading
   - ❑ Saugus
   - ❑ Stoneham
   - ❑ Wakefield
   - ❑ Most familiar with the region as a whole

Community Assets and Needs

Thinking about the communities that you selected above, please respond to the following questions:

2) **What do you consider to be the top three assets and strengths of the communities with which you are familiar? (Please choose 3)**
   - ❑ A well connected and functional transportation system
   - ❑ Community members are welcoming to everyone
   - ❑ High levels of trust between the community and the local government
   - ❑ People are proud of their community and care about improving it

- ❑ Residents have access to different resources from organizations and agencies working for the community (For example, churches, housing organizations, advocacy groups, food kitchens and bodegas, emergency housing shelters, clinics, counseling centers, others)
- ❑ Shared perspectives of what a healthy community should be like
- ❑ Strong local economy and employment opportunities
- ❑ Talented community members engaged in working for their community, such as local leaders
- ❑ The community is perceived as a good place to settle down and raise children
- ❑ The community members are diverse (i.e. in terms of age, race, ethnicity, migration status)
- ❑ The presence of strong community institutions such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments
- ❑ There are plentiful open/green spaces
- ❑ Other, please explain: _____

3) What are the top three health-related issues that concern you most in those communities?

(Please choose 3)

- ❑ Access to health care
- ❑ Access to domestic violence/intimate partner violence services
- ❑ Cancer
- ❑ COVID-19
- ❑ Dental problems
- ❑ Diabetes
- ❑ Heart disease and stroke
- ❑ Infectious disease other than COVID-19 (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Mental health
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Reproductive health
- ❑ Respiratory disease (e.g. asthma, COPD)
- ❑ Substance use
- ❑ Tobacco product use, including cigarettes, e-cigarettes and vaping
- ❑ Other, please explain: _____

4) What do you think are the top three social issues that affect the communities you selected above?
(Please choose 3)

- ❑ Access to good quality food
- ❑ Crime
- ❑ Disaster readiness and emergency preparation
- ❑ Domestic and interpersonal violence, including stalking
- ❑ Education

- ❑ Employment
- ❑ Environmental health including safe water and air
- ❑ Housing stability/homelessness
- ❑ Lack of quality childcare services
- ❑ Lack of quality eldercare services
- ❑ Poverty
- ❑ Racism and discrimination
- ❑ Social isolation
- ❑ Transportation
- ❑ Other, please explain*:* _____

5) Which three populations do you think are most affected by the social issues you selected in question 5? (Please choose 3)

- ❑ Black, Indigenous, and People of Color (BIPOC)
- ❑ Families with young children
- ❑ Foreign born residents
- ❑ Intimate partner and domestic violence survivors- including stalking victims
- ❑ LGBTQ population
- ❑ Low-income populations
- ❑ New immigrants
- ❑ Older adults (65+)
- ❑ People experiencing homelessness
- ❑ People with disabilities
- ❑ Residents with substance use disorder (SUD)
- ❑ Teens
- ❑ Veterans
- ❑ Young adults (19-24)
- ❑ Other, please explain:_____

7) Is there anything MWHC could do to address the concerns and issues you noted above in questions 4, 5 and 6?

Perspectives on MelroseWakefield Healthcare Community Programs

8) Please indicate the extent to which you agree or disagree with the following statements about MWHC community program staff and how they work with their nine CB communities:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree

MWHC is proactive in responding to community needs and problems	❑	❑	❑	❑	❑
I am likely to ask MWHC for help when there are issues that need addressing in the communities they serve	❑	❑	❑	❑	❑
MWHC is currently doing a good job addressing the health concerns of its communities	❑	❑	❑	❑	❑
I find it valuable when MWHC staff have a seat at the table of community groups/coalitions/initiatives	❑	❑	❑	❑	❑
I feel comfortable discussing the needs and problems in my community with MWHC staff	❑	❑	❑	❑	❑

9) A) Which areas of MWHC's community programming do you think are the strongest, both in the communities with which you are familiar and on a regional level? (Check all that apply)

- ❑ Behavioral/mental health
- ❑ Chronic disease, including cancer, diabetes and heart disease
- ❑ COVID-19
- ❑ Disaster readiness and emergency preparation
- ❑ Facilitating access to care, including addressing barriers due to language, transportation, housing and food insecurity
- ❑ Infectious disease other than COVID-19 (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Respiratory disease
- ❑ Substance use
- ❑ Supporting vulnerable populations
- ❑ Other, please explain: _____

B) What do you see as MWHC community programming areas that could use improvement? (Check all that apply)

- ❑ Behavioral/mental health
- ❑ Chronic disease, including cancer, diabetes and heart disease
- ❑ COVID-19
- ❑ Disaster readiness and emergency preparation

- ❑ Facilitating access to care, including addressing barriers due to language, transportation, housing and food insecurity
- ❑ Infectious disease other than COVID-19 (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Respiratory disease
- ❑ Substance use
- ❑ Supporting vulnerable populations
- ❑ Other, please explain: _____

C) What does MWHC do that is helpful to you or your community?

10) What is something you think MWHC doesn't know about the communities you work with that it should know?

Appendix D: Community Survey

MelroseWakefield Healthcare Community Health Survey 2022

MelroseWakefield Healthcare is conducting a community health needs assessment to learn about the health and social issues that matter most to people in our communities. The purpose of this survey is to hear directly from community members like you. Your voice will help us prioritize community health and health equity needs over the next three years.

- This survey is anonymous.
- This survey will take about 20 minutes to complete.
- If you do not feel comfortable answering a question, you can skip it.
- Taking this survey will not affect any services you receive now or may need/want in the future.
- This survey is being shared widely. Please complete it only once.
- If you have any questions about this survey, please contact Barbara Kaufman at BKaufman@melrosewakefield.org.
- Once you complete the survey, you will have the option to enter a raffle for a gift card.

First, some questions to learn more about your individual experiences.

1) Which of the following communities do you live or work in?

- ❑ Everett
- ❑ Malden
- ❑ Medford
- ❑ Melrose
- ❑ North Reading
- ❑ Reading
- ❑ Saugus
- ❑ Stoneham
- ❑ Wakefield
- ❑ I do not live or work in any of these communities

The community you choose in question #1 is the one you should think about when we ask you questions about 'your community'. If you chose more than one, please think about the community you spend the most time in.

2) How many years have you lived or worked in this community?

- ❑ Less than 1 year
- ❑ 1-5 years
- ❑ 6-10 years
- ❑ Over 10 years but not all my life
- ❑ All my life

3) To what extent do you feel each of the following statements are true?

A) Natural and built environment

	Not at all true	Somewhat true	True	I don't know
There are safe, clean parks and open/green spaces in my community.				
The streets, air, water, and buildings in my community are clean and safe.				
My community looks and feels inviting.				
Housing in my community is safe and good quality.				
People in my community have access to reliable renter assistance or homeownership programs.				
People have access to reliable transportation in my community.				
In my community, we generally promote health and safety.				
During extreme heat, community members have access to options for staying cool.				
My community is prepared to protect ourselves during climate disasters, such as flash flooding, hurricanes, or blizzards.				

B) Economic and educational environment

	Not at all true	Somewhat true	True	I don't know
People have access to local investment opportunities, such as owning homes or businesses, in my community.				
People in my community have access to good local jobs with living wages and benefits.				
Housing is affordable in my community.				
Children in my community receive a high quality education.				
My community has high quality after-school programs available.				

C) Healthcare environment

	Not at all true	Somewhat true	True	I don't know
The health care available to my community meets people's *physical health* needs.				
The health care available to my community meets people's *mental health* needs.				

D) Social and cultural environment

	Not at all true	True	Somewhat true	I don't know
People in my community have opportunities to participate in arts and cultural expression.				

In my community, people help and look out for each other.				
People work together to improve my community.				
I have opportunities to improve my community & make my voice heard.				
My community is accepting of diversity (race/ethnicity, gender, age, religion, disability, sexual orientation, etc).				
I feel like I belong in my community.				
My community is a good place to raise children.				
My community is a good place to grow old.				
Overall, I am satisfied with the quality of life in my community.				

4) What do you like BEST about your community? Please select and rank your <u>top 3</u> items from the list below.

_____ A well connected and functional transportation system
_____ Community members are welcoming to everyone
_____ High levels of trust between the community and the local government
_____ My community has people of many races and cultures
_____ People are proud of our community
_____ People care about improving our community
_____ People speak my language
_____ Residents have access to resources from organizations and agencies working for the community (E.g. churches, housing organizations, advocacy groups, food kitchens and bodegas, emergency housing shelters, clinics, counseling centers)
_____Strong local economy and employment
_____Talented community members are engaged in working for their community, such as local leaders and other people who 'get things done'
_____The community is perceived as a good place to settle down and raise children
_____The presence of strong community institutions such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments
_____There are lots of community events and activities held throughout the year
_____There are plentiful open/ green spaces

_____There are plentiful ways to meet people, such as through clubs and other associations

_____Other (please explain): _____

5) **What are the most important things you WOULD LIKE TO IMPROVE about your community? Please select and rank your <u>top 3</u> items from the list below**

.

_____Better access to health care
_____Better access to mental health services
_____Better access to recovery services
_____Better access to domestic violence services
_____Better access to healthy food
_____Better access to public transportation
_____Better access to good jobs
_____Better schools
_____Better access to internet
_____Better preparedness for extreme weather (like extreme cold, heat waves and floods)
_____Cleaner environment
_____More affordable housing
_____More affordable childcare
_____More arts and cultural events
_____More effective city services (like water, trash, fire and police services)
_____Better roads and transit infrastructure
_____Better sidewalks and trails
_____Less crime and violence
_____Better parks and recreation opportunities
_____More respect and inclusion for diverse members of the community
_____Stronger community leadership
_____Stronger sense of community
_____Other, please explain:
_____

6) **What do you think are the top SAFETY ISSUES in your community? Please select and rank your <u>top 3</u> items from the list below.**

_____Bullying
_____Discrimination based on class or income
_____Discrimination based on sexism or gender
_____Discrimination based on immigration status
_____Discrimination based on race
_____Discrimination based on sexuality
_____Domestic violence
_____Drug trafficking
_____Gang activity
_____Human trafficking
_____Sexual assault/rape
_____Street harassment
_____Theft
_____Unsafe/illegal gun ownership
_____Vandalism
_____ Other, please explain:
_____

7) What do you think are the top HEALTH CONCERNS in your community? Please select and rank your <u>top 3</u> items from the list below.

__Access to health care
_____Access to domestic violence/intimate partner violence services
_____Cancer
_____COVID-19
_____Dental problems
_____Diabetes
_____Heart disease and stroke
_____Infectious disease other than COVID-9 (e.g. HIV/AIDS, TB, emerging diseases)
_____Mental health, including depression and suicidal ideation
_____Obesity
_____Preventable injuries and poisonings
_____Reproductive health
_____Respiratory disease (e.g. asthma, COPD)
_____Substance use
_____Tobacco product use, including cigarettes, e-cigarettes and vaping
_____Other, please explain:

_____

8) What do you think are the top SOCIAL ISSUES in your community? Please select and rank your <u>top 3 items</u> from the list below.

_____Crime
_____Disaster readiness and emergency preparation
_____Domestic and interpersonal violence including stalking
_____Education
_____Employment
_____Environmental health including safe water and air
_____Housing stability/homelessness
_____Lack of access to good quality food
_____Lack of quality childcare services
_____Lack of quality eldercare services
_____Poverty
_____Racism and discrimination
_____Social isolation
_____Transportation
_____Other, please explain:

_____

9) A) We are interested in knowing how you are treated in your community. In the table below, please indicate how often these things happen to you in your day to day life.

	Never	Rarely	Sometimes	Often
You are treated with less courtesy or respect than other people.				
You receive poorer service than other people at restaurants or stores.				

You are threatened or harassed.				
You are denied a promotion, not hired, or fired for unfair reasons.				
You are treated unfairly by the police.				
Landlords or realtors refuse to rent or sell you an apartment or house for unfair reasons.				
Healthcare providers treat you disrespectfully, or provide poor care in comparison to other people.				

B) If any of the above experiences have happened to you, what do you think is the main reason?

- ❑ Your ancestry or national origins
- ❑ Your gender
- ❑ Your race
- ❑ Your age
- ❑ Your religion
- ❑ Your height
- ❑ Your weight
- ❑ Some other aspect of your physical appearance i.
- ❑ Your sexual orientation
- ❑ Your education or income level
- ❑ Some other reason (please describe:

_____

10) To what extent do you feel the following statements are true for you?

	Not at all true	Sometimes true	True	I don't know
I have stable, safe housing				
I have affordable access to nutritious food				
My income is enough to cover my regular living costs				

I have a reasonable and reliable way to get where I need to go (e.g. a car, bike, bus, train, ride service etc.)				

11) How would you rate your overall health?

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

12) Have you ever been told you had any of the following conditions? If so, check all that apply:

- ❑ Anxiety
- ❑ Arthritis
- ❑ Asthma
- ❑ Cancer
- ❑ Depression
- ❑ Diabetes
- ❑ Heart disease
- ❑ High blood pressure
- ❑ High cholesterol
- ❑ Overweight
- ❑ Other chronic condition (please explain): _____

13) Please let us know how often you do the things described below.

	Never or Rarely	Sometimes	Often
I exercise 30 minutes or more at least 3 days per week			
I eat at least 5 servings of fruit and/or vegetables daily			
I smoke cigarettes, electronic cigarettes and/or vape nicotine			
I use drugs (not including marijuana) that were not prescribed to me			
I use marijuana			
I have a drink containing alcohol 4 or more times a week			
I have been harmed or felt afraid of my current partner			

14) Do you have one person you think of as your personal doctor or health care provider?

- ❑ Yes
- ❑ No
- ❑ Not sure

15) Do you currently have health insurance/coverage?

- ❑ Yes, and it generally covers my health care needs
- ❑ Yes, but it doesn't cover my health care needs (Please explain: _____)
- ❑ No

16) When was the most recent time you received the following services?

	Within the last year	1-2 years ago	More than two years ago	I have never used this	N/A
Had a preventative health visit/routine physical exam					
Had a dental exam					
Had your blood pressure checked					
Received a flu vaccine					
Received a COVID vaccine					
Received mental health care					
Received substance use disorder care					
	Within the last year	1-2 years ago	More than two years ago	I have never used this	N/A
Had a prostate exam					
Had a pelvic exam					

Had a mammogram					

17) In general, do any of the following issues make it difficult for you to stay healthy and to receive the heath care that you need? Check all that apply.

- ❑ Costs are too high
- ❑ I don't have insurance
- ❑ It is difficult to understand how the healthcare system works
- ❑ There is too much paperwork to fill out
- ❑ Lack of available appointments when I need to see a health care provider
- ❑ I cannot get an appointment with a doctor or staff who speak my language
- ❑ I do not feel welcome or respected by the doctor or staff
- ❑ I can't take time off of work
- ❑ Health offices are not open during the days/times I need them to be
- ❑ I don't have transportation to get where I need to go
- ❑ I'm too busy caring for children and/or elders
- ❑ Other, please explain _____
- ❑ None of the above issues are true for me

18) What could MelroseWakefield Healthcare do to help you or your family improve your health?

The following questions help us to better understand how people of diverse identities and life experiences may have similar or different experiences in the community. You may skip or leave blank any questions that you prefer not to answer.

19) What is your age?

- ❑ Under 18
- ❑ 18-24
- ❑ 25-34
- ❑ 35-44
- ❑ 45-54
- ❑ 55-64
- ❑ 65-74
- ❑ 75-84
- ❑ 85 or older
- ❑ Prefer not to answer

20) What gender do you identify with?

- ❑ Male
- ❑ Female
- ❑ Transgender
- ❑ Genderqueer or gender non-conforming
- ❑ Prefer to self-describe: _____

❑ Prefer not to answer

21) What is your race/ethnicity? *Please check all that apply.*

❑ American Indian/Native American
❑ Asian/Pacific Islander
❑ Black/African American
❑ Hispanic/Latinx
❑ Middle Eastern/North African
❑ White
❑ Prefer to self-describe: _____
❑ Prefer not to answer

22) What are the main languages you speak at home? *Please check all that apply.*

❑ Arabic
❑ Cantonese
❑ Cape Verdean Creole
❑ French
❑ Haitian Creole
❑ Italian
❑ Portuguese
❑ Mandarin
❑ Spanish
❑ Vietnamese
❑ Other (please explain) _____
❑ Prefer not to answer

23) A) Were you born in the United States?

❑ Yes ❑ No ❑ Prefer not to answer

B) If no, how long have you lived in the US?

❑ Less than 1 year
❑ 1-3 years
❑ 4-6 years
❑ 7-10 years
❑ More than 10 years
❑ Prefer not to answer

24) What is your annual household income?

❑ Less than $20,000
❑ $20,000 to $34,999
❑ $35,000 to $49,999
❑ $50,000 to $74,999
❑ $75,000 to $99,999
❑ $100,000 to $149,999
❑ $150,000 to $199,999
❑ $200,000 or more
❑ Prefer not to answer

25) How many people live in your household (including yourself)?

_____ children (0-18 year olds) _____ seniors (65+ year olds)

_____ adults (19-64 year olds)

26) What is the highest level of school you completed?

❑ 8th grade or less

- ❑ High school/ secondary school or GED
- ❑ College or professional school
- ❑ Post-graduate degree
- ❑ Other (please explain): _____
- ❑ Prefer not to answer

27) What is your current employment status? ***Please check all that apply.***

- ❑ Employed full-time
- ❑ Employed part-time or seasonal work
- ❑ Self-employed (full or part time)
- ❑ Stay at home parent
- ❑ Unemployed
- ❑ Retired
- ❑ Student
- ❑ Unable to work for health reasons
- ❑ Other (please explain) _____
- ❑ Prefer not to answer

28) Do you identify as a person with a disability?

- ❑ Yes
- ❑ No
- ❑ Prefer not to answer

Thank you very much for your time!

Thank you for taking the survey! If you would like to enter a raffle for a gift card, please click the link below. It will bring you to a separate form that will not connect your contact information with your responses to this survey in any way.

Appendix E: Focus Group Guide

Hi, my name is XX. I work for Melrose Wakefield Healthcare and we're conducting a community assessment to better understand the needs and strengths of the communities we serve, as well as health equity issues in the service area.

There are no right or wrong answers to my questions, we just want to learn your thoughts and opinions. You don't have to answer any questions you don't want to. If any of the questions aren't clear, please tell me, and I can make it easier to understand.

After all of our focus groups have been completed, we will be writing a summary report of the general themes that have come up during the discussion. We will not include any names or identifying information. All names and responses will remain confidential, and nothing that you say here will be connected directly to you in our report. .

In addition to taking notes, we are also planning to record the focus group conversation. This will help us in case we miss anything in our notes. We will delete the recording as soon as we are done putting together the report. Is it OK if we record?

Background:

First, we'll go around the room and please tell us your name, what community you live/work in, and how long you've lived/worked there.

Just a little background on why we are here today and how this information will be used.

Every 3 years MelroseWakefield Healthcare conducts a Community Health Needs Assessment to learn about the community's most pressing health needs and concerns. We are committed to reducing health disparities through strategies that address these needs and concerns. In order to accomplish this, we need to hear from you, our community.

We will use the data we collect through focus groups like this, and interviews, surveys and public health data, to begin the process of identifying and prioritizing the needs of the communities we serve. This results in an extensive report and ultimately an implementation plan that guides our internal and community programs at MelroseWakefield Healthcare for the next 3 years, until the next community health needs assessment.

You will receive a handout today to help you think about some of the different aspects of your community when considering its strengths, concerns and needs during our discussion today.

Questions:

1. **What do you consider to be your community's most important strengths and assets?**

2. **What do you consider to be the biggest health concerns in your community?**
    - What do you consider to be the most prevalent chronic diseases or conditions in your community? (*For example: diabetes, certain types of cancer, heart disease, depression, anxiety, substance use disorder/addiction, etc.)*
    - Do the residents of your community have access to high quality and affordable health care that meets their needs?
    - If not, what are the biggest barriers people experience to being healthy and/or receiving the care they need?
    - Are there certain populations in your community that encounter these health concerns and/or barriers more than others? If so, who? (For ex. *the elderly, youth, people with disabilities, immigrants, non/limited English speakers, the LGBTQ community, people with low incomes, etc*.)

3. **What are the top 2-3 social issues that you are most concerned about in your community? For example, do you have concerns related to education, food access, housing, violence, etc?**
    - What do you think are the gaps in services and programs to address these issues?

The following list will be used to design a handout to facilitate a discussion about community concerns related to SDOH. Participants will be given the handout prior to the focus group discussion.

- ***Food security and access:*** *Are residents of your community able to access the food that they need? Are there healthy and affordable choices in your community?*

- ***Income:*** *Are there enough job and career development opportunities in your community that offer living wages and good benefits? Are residents in your community able to pay for medicines, utilities and other living expenses?*

- ***Care-taking:*** *Are residents of your community able to afford needed childcare, elder care or care for a disabled family member? Do they experience lost wages due to providing the care themselves?*

- ***Education*****:** *Do all residents of your community have the opportunity to attend high quality, affordable, and accessible schools and education and training programs?*

- ***Arts and culture:*** *Are there accessible opportunities for residents to participate in the arts and cultural expression, especially those that reflect and value diverse backgrounds?*

- ***Housing:*** *Do all residents of your community have access to high quality, safe and affordable housing options?*

- ***Transportation:*** *Do all residents of your community have options for traveling around that are safe, reliable, accessible and affordable to everyone?*

- ***Community environment:*** *Does your community feel safe? Is it welcoming to people of different cultures?*

- ***Natural environment:*** *How would you describe the air, water, and soil in your community? Are there any issues with pollution, toxicity, etc? Are there enough parks, green spaces, and open areas in your community? Are they available and accessible to everyone?*

- Are there populations in your community that are most affected by these issues? If yes, which ones? *(Populations might include the elderly, youth, people with disabilities, immigrants, non/limited English speakers, the LGBTQ community, people with low incomes, etc).*

4. **When you think about your community 3 years from now, what is your vision of how your community could be healthy and vibrant?**

- What do you see as the next steps in helping this vision become reality? Who would need to be involved in making these changes in your community?
- At the beginning of our discussion, we talked about a number of strengths or assets in the community. How can we build on or tap into these strengths to move us towards a healthier community?

Appendix F: List of Resources to Meet Health Needs

Access to healthcare	
1. Cambridge Health Alliance, Everett and Malden	2. Cross Cultural Communications and other contracted providers
3. East Boston Neighborhood Health Center	4. Healthcare for All
5. Joint Committee for Children's Health Care in Everett (JCCHCE)	6. Lahey Health
7. Massachusetts General Hospital, Everett	8. Sharewood Project
9. South Cove Health Center	
Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease	
1. American Cancer Society	2. American Diabetes Association
3. American Heart Association	4. American Lung Association
5. Local Mass in Motions	6. Merrimack Valley Elder Services
7. Mystic Valley Elder Services	
Disaster readiness and emergency preparation, including COVID-19 response	
1. American Red Cross	2. Local police, fire, and EMS
3. The Salvation Army	
Housing stability and homelessness	
1. Action for Boston Community Development (ABCD)	2. Centerboard, Melrose
3. Many cities and towns now have social services imbedded in their health departments	4. Mobile Homeless Outreach at ABCD
5. Eliot Community Human Services, Inc.	6. Housing Families, Inc.
7. Housing, Health and Hunger Advocates	8. Local housing authorities both federal and state
Mental illness and mental health	
1. Eliot Community Human Services, Inc.	2. DCS Mental Health Inc.
3. Local senior centers	4. Local public schools
5. National Alliance on Mental Illness	6. Middlesex Recovery
7. Riverside Outpatient Center	8. Personal Growth and Family Center
9. Solutions for Living	10. Riverway Counseling Associates
11. Wayside Counseling Medford	12. South Bay Mental Health
13. Arbour Counseling Services	
Infectious Disease	
1. Cambridge Health Alliance (HIV/AIDS and Cambridge TB Clinic)	2. Local boards of health
Preventable injuries and poisonings	
1. Mass211	2. Mystic Valley Elder Services
3. Poison Control	4. Safe Sitter® and Safe at Home

Social determinants of health: poverty, education, employment and food access	
1. Asian American Civic Association	2. Bread of Life
3. Criterion Early Intervention	4. Dept of Transitional Assistance (SNAP)
5. Greater Boston Food Bank	6. Immigrant Learning Center of Malden
7. Local congregate meal sites	8. Local food pantries
9. Local private and public schools	10. Local transportation agencies
11. Tailored for Success	12. The Career Place
13. Tri-City Hunger Network	

Substance use disorders	
1. Al-anon	2. Alcoholics and Narcotics Anonymous
3. Club 24 Malden	4. District Attorney's Eastern Middlesex Opioid Task Force
5. Eliot Community Human Services, Inc., Addiction and Substance Use Recovery Services	6. Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)
7. Mystic Valley Public Health Coalition	8. Mystic Valley Tobacco and Alcohol Program (MVTAP)
9. Substance Abuse Prevention Coalitions in Malden, Reading, Stoneham and Wakefield	10. The NEST (Jewish Family & Children's Services)
11. Bridge Recovery Center	12. Arbour Counseling Services

Violence and trauma	
1. Intimate Partner Violence Project	2. Local alliances against violence (Melrose, Stoneham, Wakefield)
3. Local police	4. Portal to Hope
5. RESPOND, Inc	

Vulnerable populations	
1. Action for Boston Community Development (Mystic Valley Opportunity Center)	2. Asian American Civic Association
3. Baby Café USA	4. Baby Friendly America
5. Chinese Culture Connection	6. Communitas
7. Community Family Human Services, Inc	8. Criterion Early Intervention
9. Dept of Children and Families	10. Immigrant and Refugee Ministry
11. Jewish Family and Children's Services	12. La Comunidad
13. La Leche League	14. Local boys and girls clubs
15. Local CFCE programs	16. Local councils on aging
17. Local faith-based organizations	18. Local private and public schools
19. Local YMCAs	20. Malden YWCA
21. Malden's Promise and Malden CORE	22. Medford Health Matters
23. Melrose Family Room	24. MIRA (MA Immigrant and Refugee Advocacy Organization)
25. Mystic Valley and Merrimack Valley Elder Services	26. Mystic Valley Elder Servicess
27. North Reading Youth Services	28. Northeast Arc
29. Parents of Tots	30. Philips Lifeline
31. The Community Family Adult Day Health	32. The HUB, Medford
33. The Immigrant Learning Center in Malden	34. Veterans Organizations
35. Zonta Clubs of Malden and Medford	

Other resources	
1. 211 (211.org)	2. FindHelp
3. Children’s Trust (childrenstrustma.org)	4. HelpSteps (helpsteps.com)
5. Zip Milk (zipmilk.org)	

Appendix E: Community Profiles

Methods

Data indicators reviewed for each community include social determinants of health and demographic indicators such as total population, gender, age, race/ethnicity, and country of origin, as well as educational attainment, income, poverty, unemployment and crime rates. Public school enrollment and graduation rates were examined by community. Health outcomes were examined for each community and in comparison to the state of Massachusetts. These included mortality, emergency department (ED) visits, hospitalizations, infectious disease incidence and infant and maternal health indicators.

Data Methods

Data were examined by comparing each community to the state of Massachusetts. Percent differences were calculated for each indicator and those with a percent difference of more than 5% (e.g. 5% higher mortality) were flagged for discussion. These comparisons provide the community and stakeholders some perspective as to how the community is doing relative to the state (which is normally used as the standard for benchmarking).

Interpreting the Community Data Profile

The community data profile itself does not prioritize any health problems or concerns; rather it informs the needs assessment process and provides the data necessary for community members and stakeholders to discuss their community's health, identify gaps, generate additional information and ultimately to prioritize the health needs of the community. The three-paged versions of the profiles provide more detailed town-level data, while the one page versions are designed for quick reference.

Limitations

The Institute for Community Health strives to include all available data in the community data profiles. Data profiles may be limited by the unavailability of some important topic areas related to health (e.g. cancer incidence), and data may not be as current as we would like due to reporting lags at MA Department of Public Health and other sources.

Everett, MA

46,118
Population

Social Determinants of Health

$65,258 *MA: $81,215*
Median household income

11% *MA: 7%*
Families living below poverty

18% *MA: 9%*
Population with less than a high school degree

11% ***MA: 10%***
Food insecurity rate

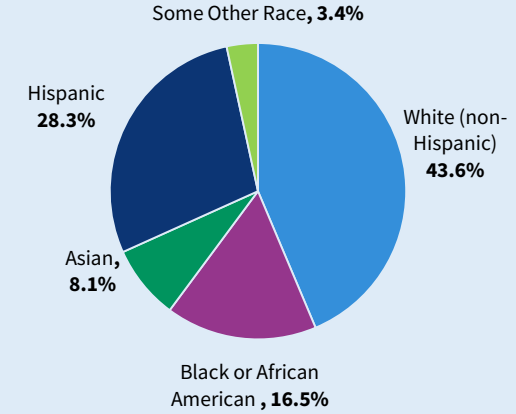
Health Outcomes

Everett's rates had a 5% or more difference above MA rates for the following indicators:

- **Diabetes** hospitalizations and mortality
- **Heart disease hospitalization**
- **Stroke** hospitalizations
- **Asthma** hospitalizations and emergency department visits
- **COPD** hospitalizations,
- **Drug overdose** emergency department visits
- **Mental disorder** emergency department visits
- Percent of **youth experiencing depression** in the last 12 months

Who Lives Here?

Race and Ethnicity



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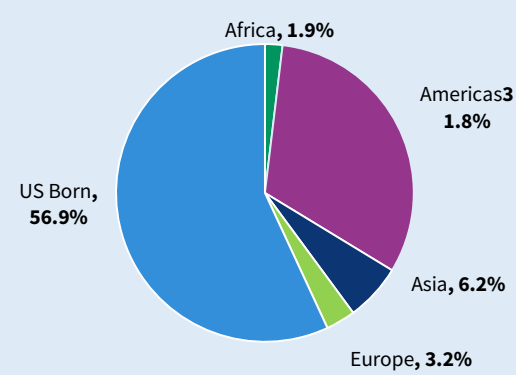

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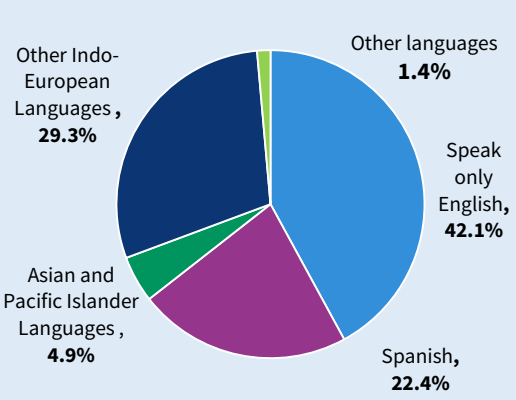


Malden, MA

60,984
Population

Social Determinants of Health

$65,975 *MA: $81,215*
Median household income

12.0% *MA: 7.0%*
Families living below poverty

12.8% *MA: 9.2%*
Population with less than a high school degree

13% *MA: 10%*
Food insecurity rate

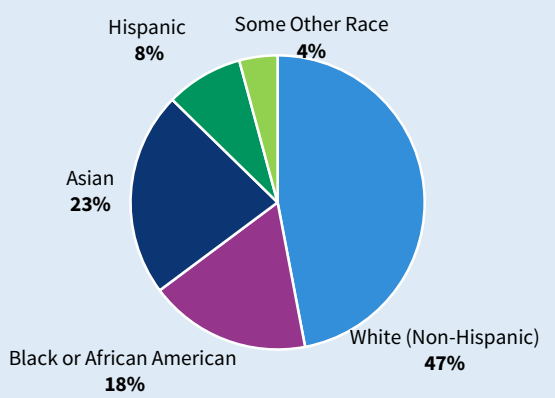
Health Outcomes

Malden's rates had a 5% or more difference above MA rates for the following indicators:

- **Diabetes** mortality
- **Asthma** hospitalizations
- **Mental disorder** emergency department visits
- Percent of **youth experiencing depression** in the last 12 months
- **HIV and AIDS** incidence
- **Tuberculosis** incidence

Who Lives Here?

Race and Ethnicity



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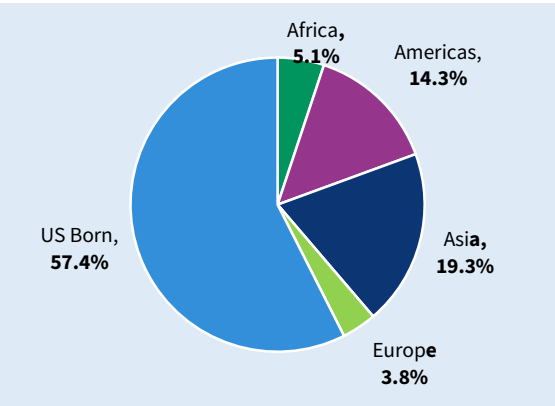

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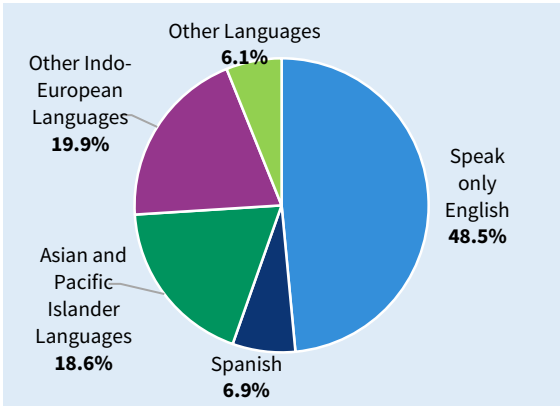


Medford, MA

57,637
Population

Social Determinants of Health

$96,445 *MA: $81,215*
Median household income

3.8% *MA: 7.0%*
Families living below poverty

27.2% *MA: 19.6%*
Population with a graduate/advanced degree

9% *MA: 10.0%*
Food insecurity rate

Health Outcomes

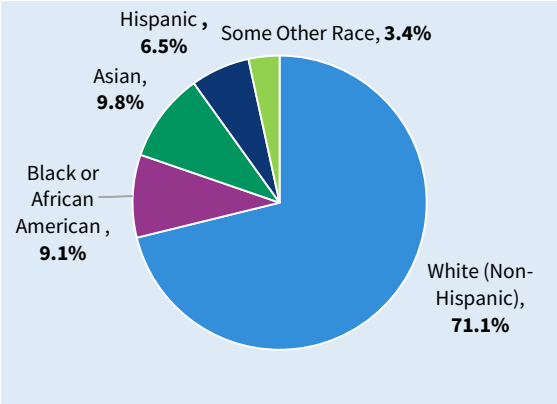
Medford's rates had a 5% or more difference above MA rates for the following indicators:

- **Tuberculosis** incidence

**Recent youth depression data was not available for Medford.*

Who Lives Here?

Race and Ethnicity



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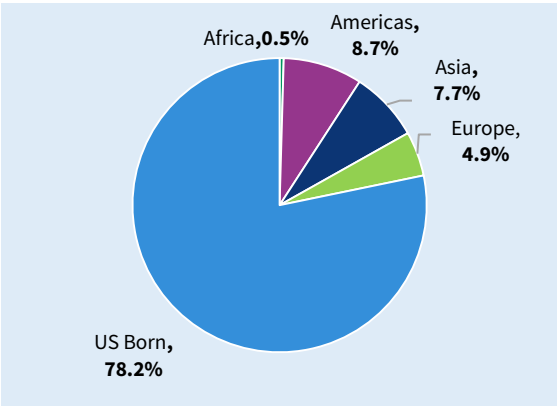

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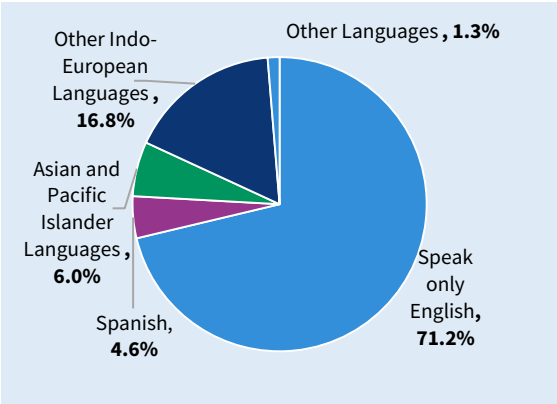


Melrose, MA

28,113
Population

Social Determinants of Health

$106,955 *MA: $81,215*
Median household income

1.8% *MA: 7.0%*
Families living below poverty

61.6% *MA: 44.4%*
Population with a Bachelor's degree or higher

8.1% *MA: 10.0%*
Food insecurity rate

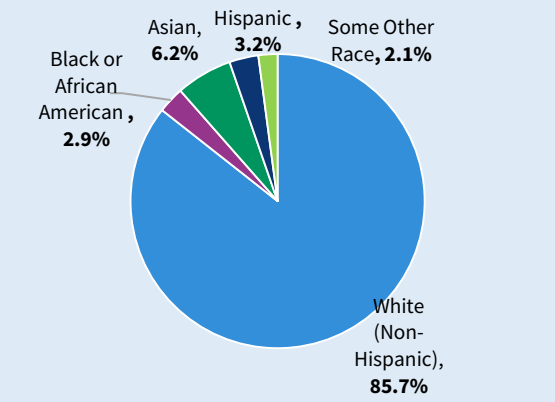
Health Outcomes

Melrose's rates had a 5% or more difference above MA rates for the following indicators:

- **Heart disease** mortality
- **Tuberculosis** incidence

Who Lives Here?

Race and Ethnicity



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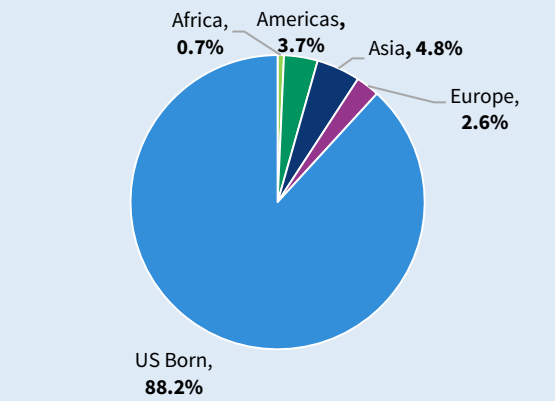

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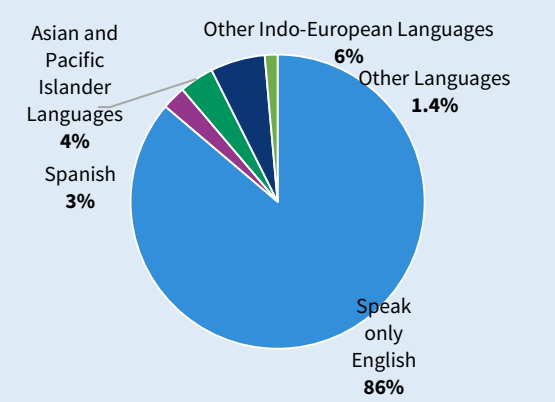


North Reading, MA

15,581
Population

Social Determinants of Health

$128,651 *MA: $81,215*
Median household income

2.0% *MA: 7.0%*
Families living below poverty

51.0% *MA: 43.7%*
Population with a Bachelor's degree or higher

6.0% *MA: 10.0%*
Food insecurity rate

Health Outcomes

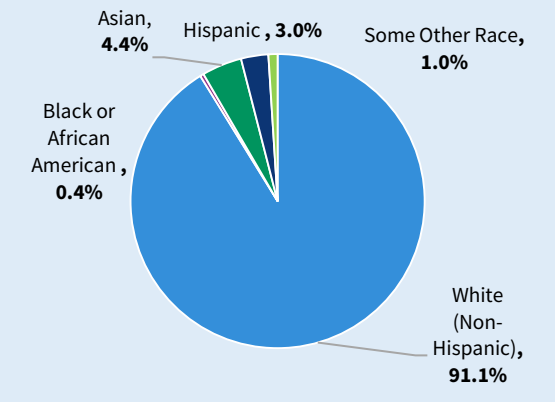
North Reading's rates had a 5% or more difference above MA rates for the following indicators:

- **Diabetes** mortality
- **Cancer** mortality
- **Opioid related** mortality
- **Substance use related** mortality

**Recent youth depression data was not available for North Reading.*

Who Lives Here?

Race and Ethnicity



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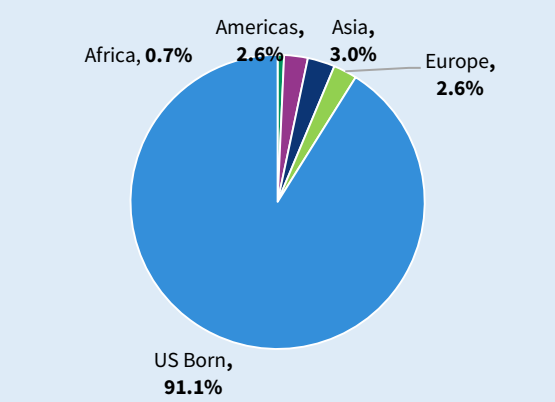

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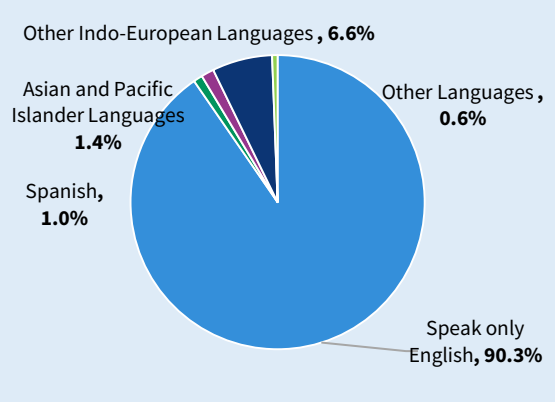


Reading, MA

25,132
Population

Social Determinants of Health

$132,731 *MA: $81,215*
Median household income

2.0% *MA: 7.0%*
Families living below poverty

64.4% *MA: 43.7%*
Population with a Bachelor's degree or higher

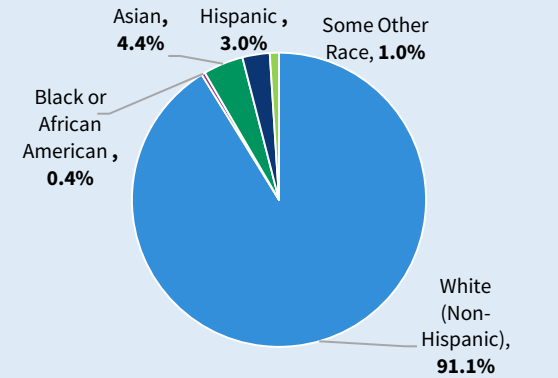
6.0% *MA: 10.0%*
Food insecurity rate

Health Outcomes

Of the selected health outcomes indicators, Reading did not have any rates with a 5% or higher difference from the state.

Who Lives Here?

Race and Ethnicity



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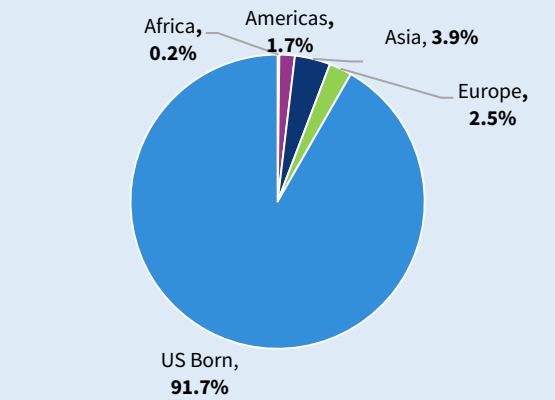

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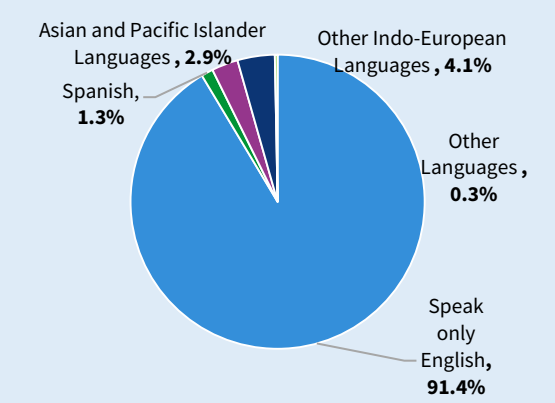


Saugus, MA

28,215
Population

Social Determinants of Health

$88,667 *MA: $81,215*
Median household income

7% *MA: 7.0%*
Families living below poverty

53.8% *MA: 43.7%*
Population with a Bachelor's degree or higher

10.0% *MA: 10.0%*
Food insecurity rate

Health Outcomes

Saugus's rates had a 5% or more difference above MA rates for the following indicators:

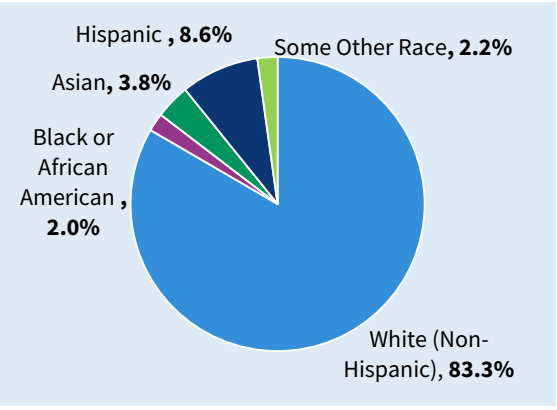
- **Heart disease** hospitalizations
- **Diabetes** mortality
- **Cancer** mortality
- **Drug overdose** emergency department visits
- **Opioid** related emergency department visits
- **Substance use** related mortality
- **Mental disorder** emergency department visits
- **Tuberculosis** Incidence
- **HIV and AIDS** incidence
- **All-poisoning** mortality*

Recent youth depression data was not available for Saugus

*represents ICD-10 codes X40-X49, Y10-Y19-X60-X69, X85-X90

Who Lives Here?

Race and Ethnicity



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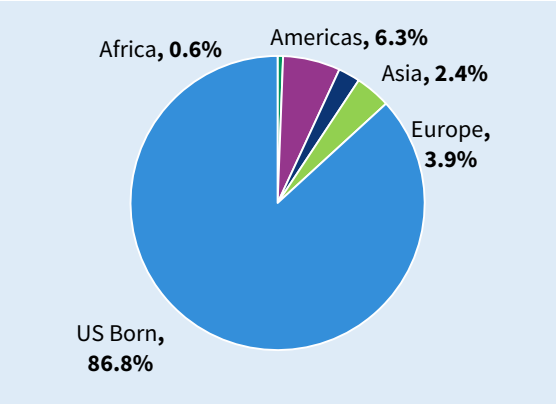

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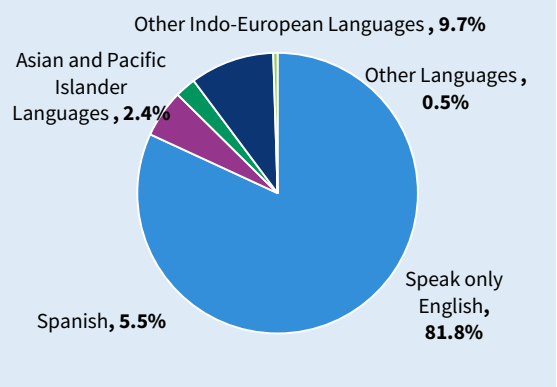


Stoneham, MA

23,223
Population

Social Determinants of Health

$101,549 *MA: $81,215*
Median household income

2.6% *MA: 7.0%*
Families living below poverty

46.3% *MA: 43.7%*
Population with a Bachelor's degree or higher

9.0% *MA: 10.0%*
Food insecurity rate

Health Outcomes

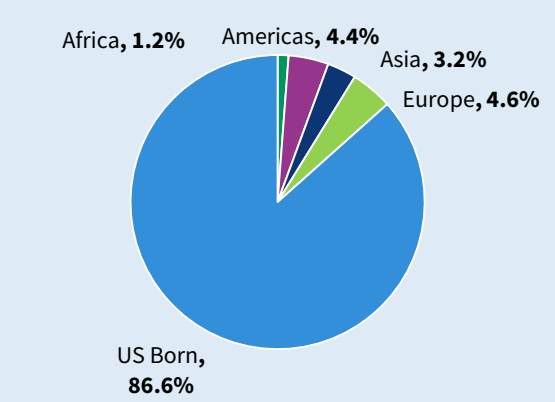
Stoneham's rates had a 5% or more difference above MA rates for the following indicators:

- **Heart disease** hospitalizations
- **Cancer** mortality
- **Opioid** related mortality
- **Substance use** related mortality
- **All-poisoning** mortality*

*represents ICD-10 codes X40-X49, Y10-Y19-X60-X69, X85-X90

Who Lives Here?

Race and Ethnicity



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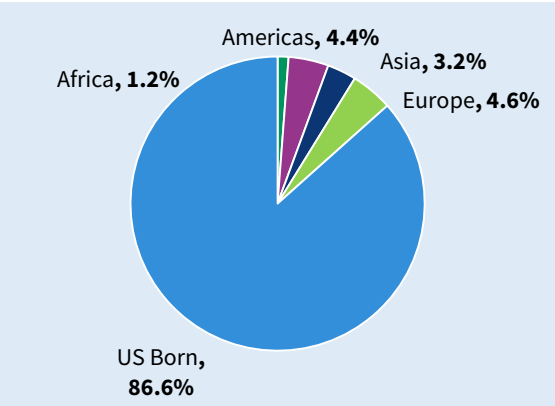

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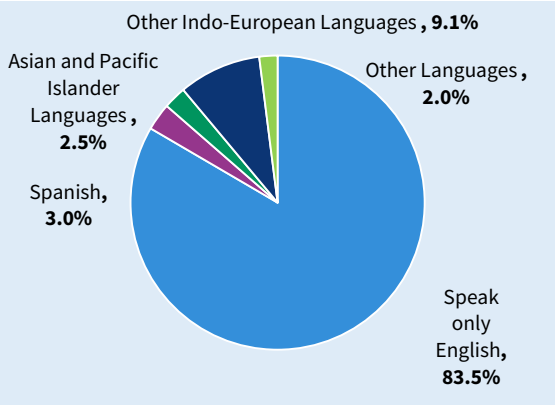


Wakefield, MA

26,993
Population

Social Determinants of Health

$100,278 *MA: $81,215*
Median household income

2.1% *MA: 7.0%*
Families living below poverty

51.2% *MA: 43.7%*
Population with a Bachelor's degree or higher

8.0% *MA: 10.0%*
Population spending more than 30% on mortgage

Health Outcomes

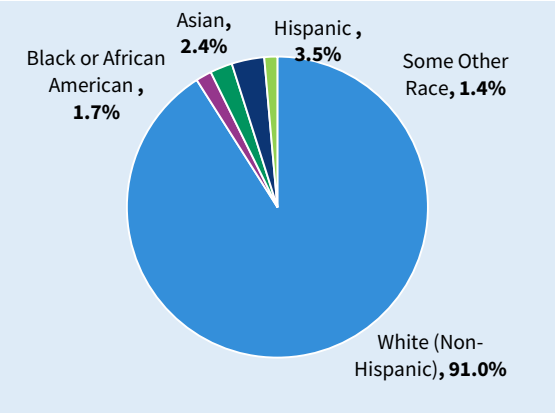
Wakefield's rates had a 5% or more difference above MA rates for the following indicators:

- **Substance use** related mortality
- **All-poisoning** mortality*

*represents ICD-10 codes X40-X49, Y10-Y19-X60-X69, X85-X90

Who Lives Here?

Race and Ethnicity



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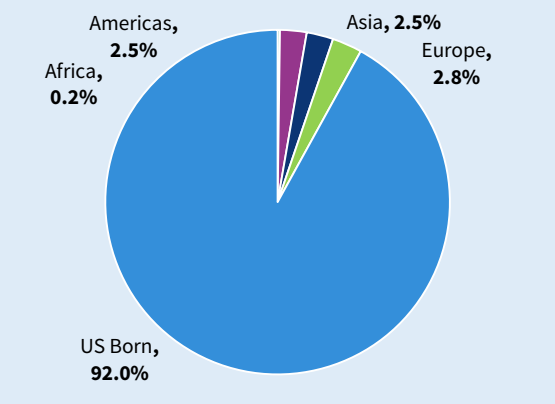

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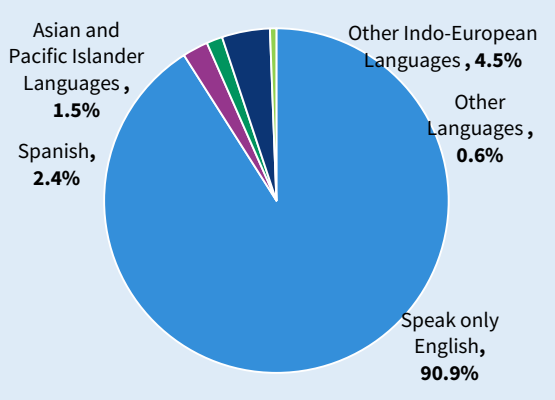

References

ACS, 2019. 5 year estimates. Tables B19013,DP03, S1501. Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates

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Greater Boston Food Bank 2021 Project Food Insecurity Rates (2021)

Malden Student Health Survey, 2017-2018 (Institute for Community Health)
Massachusetts Department of Public Health, Registry of Vital Records and Statistics. April 2022. Death Records, 2018-2020. (Mortality Data) DPH. Massachusetts Accute Hospital Case Mix Database. 2016-2019 (Hospitalization data)

MA Outpatient Emergency Department Discharge Database, Center for Health Information and Analysis (CHIA). 2016-2020 (Overdose ED visits) Massachusetts Department of Public Health, Registry of Vital Records and Statistics. April 2022. Death Records, 2018-2020. (Mortality data)

2021 Middlesex Youth Behavioral Survey Report - Melrose, 2021 (John Snow Inc and Lahey Health)

MA 2019 Statewide YRBS survey via CDC -
https://nccd.cdc.gov/youithonline/app/Results.aspx?LID=MA

North Reading Core Measurement Report, 2021 (North Reading Community Impact Team)

2021 Middlesex Youth Behavioral Survey Report - Reading, 2021 (John Snow Inc and Lahey Health)

2021 Middlesex Youth Behavioral Survey Report - Wakefield, 2021 (John Snow Inc and Lahey Health)

2021 Middlesex Youth Behavioral Survey Report - Stoneham, 2021 (John Snow Inc and Lahey Health)

ICD 10 Code Descriptions

X40-X49: Accidental poisoning by and exposure to noxious substance

Appendix E: One-pager

X10-X19: Poisoning of undetermined intent

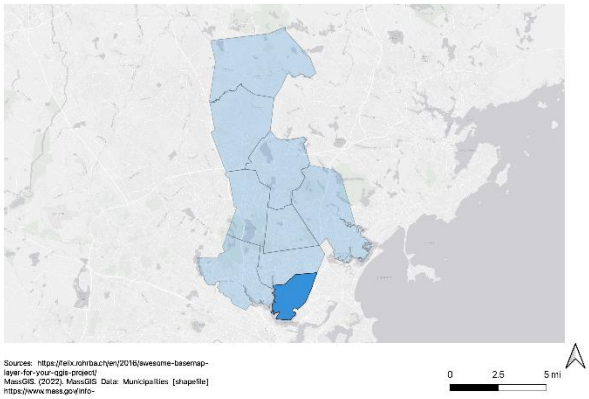
X60-69: Self-inflicted poisoning

X85-X90: Assault by drugs, biological substance, corrosives, pesticides, gases and vapors, or other chemical/noxious substance

Source: https://icd.who.int/browse10/2019/en#/X85-Y09

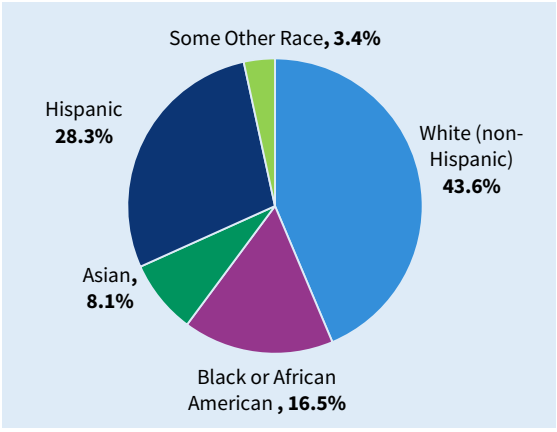
Everett, MA

46,118
Population



Who Lives Here?

Race and Ethnicity



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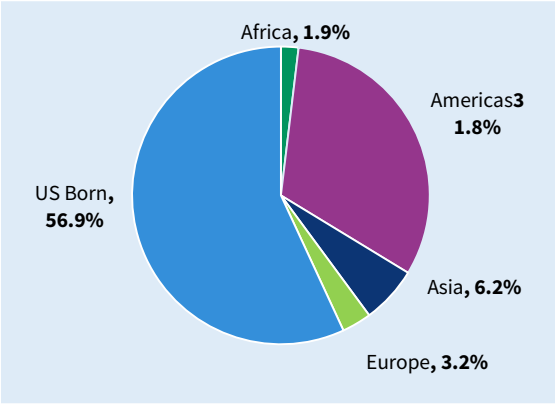
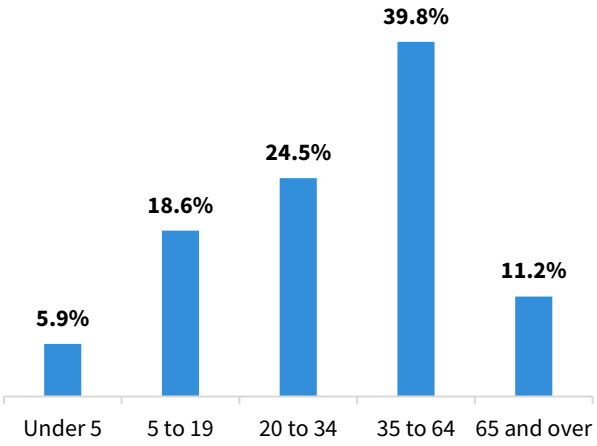


Gender

49%
Male

51%
Female

Age Distribution



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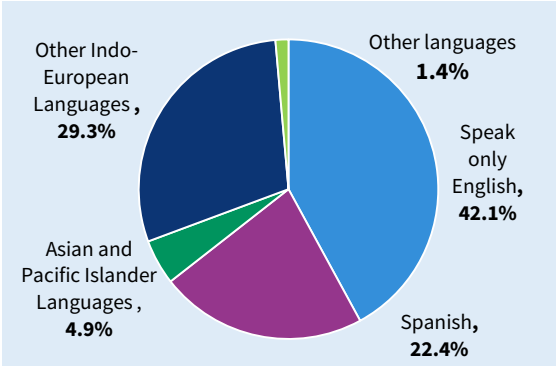


Social Determinants of Health

Food Insecurity

11%
Food insecurity rate
MA:10%

26.5%
Families with children <18 utilizing SNAP
MA:15.9%

54%
SNAP Gap
MA:44%

Economics, Education and Housing

$65,258 *MA: $81,215*
Median household income

10.9% *MA: 7.0%*
Families living below poverty

6.9% *MA: 2.7%*
Population without health insurance

18.2% *MA: 9.2%*
Population with less than a high school degree

54.5% *MA: 19.0%*
Renters spending more than 30% on rent

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

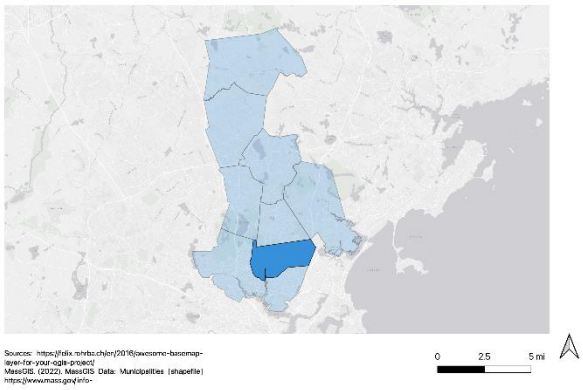
	Everett	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1339.7 ✓	**1177.7**
Diabetes Hospitalizations	194.6 ✓	**171.7**
Stroke Hospitalizations	198.1	**193.1**
Asthma Hospitalizations	100.1 ✓	**87.1**
Asthma Emergency Department Visits	796.8 ✓	**548.4**

COPD-related hospitalizations	220.2 ✓	**176.8**
Heart disease mortality	123.0	**127.9**
Diabetes mortality	27.7 ✓	**17.4**
Cancer mortality	104	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	298.1 ✓	**257.4**
Alcohol-related mortality	*	**0.7**
Opioid-related mortality	28.9	**30.8**
Substance-related mortality	28.9	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	3028.6 ✓	**2807.7**
Youth Health Outcomes		
Youth experiencing depression in the last 12 months	40.4% ✓	**33.8%**
Lifetime alcohol use	44.2%	*
Current alcohol use	17.1 %	**29.8%**
Lifetime marijuana use	28.6%	**41.9%**
Current marijuana use	16.1%	**26.0%**

**Indicates a missing or suppressed value*

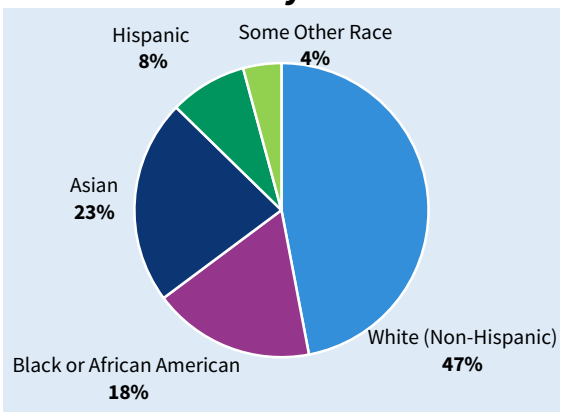
Malden, MA

60,984
Population



Who Lives Here?

Race and Ethnicity

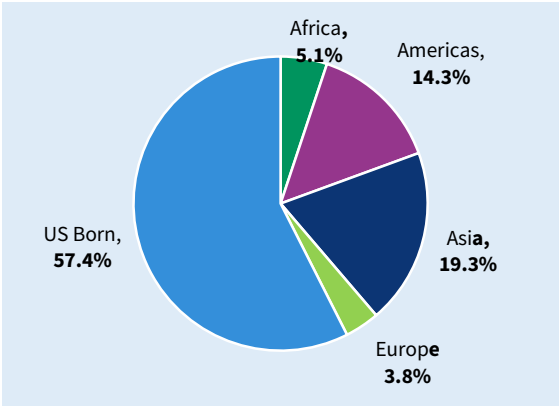


Gender

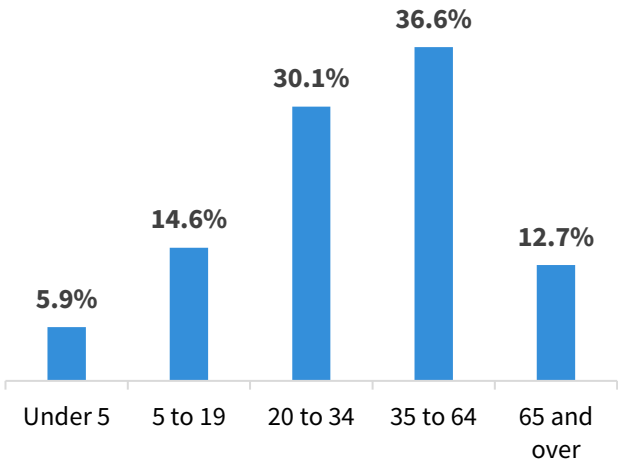
49%
Male

51%
Female

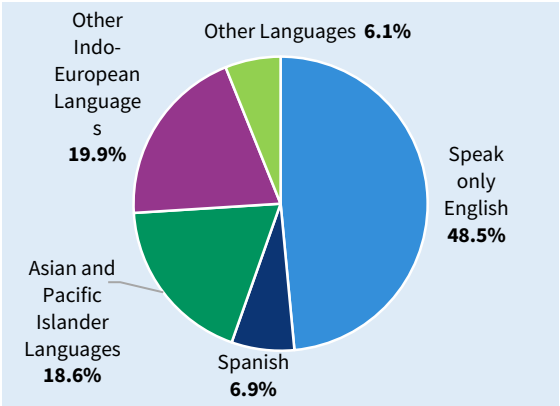
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

13%
Food insecurity rate
MA:10%

18.8%
Families with children <18 utilizing SNAP
MA:15.9%

52%
SNAP Gap
MA:44%

Economics, Education and Housing

$65,975 *MA: $81,215*
Median household income

12.0% *MA: 7.0%*
Families living below poverty

4.3% *MA: 2.7%*
Population without health insurance

12.8% *MA: 9.2%*
Population with less than a high school degree

54.1% *MA: 19.0%*
Renters spending more than 30% on rent

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

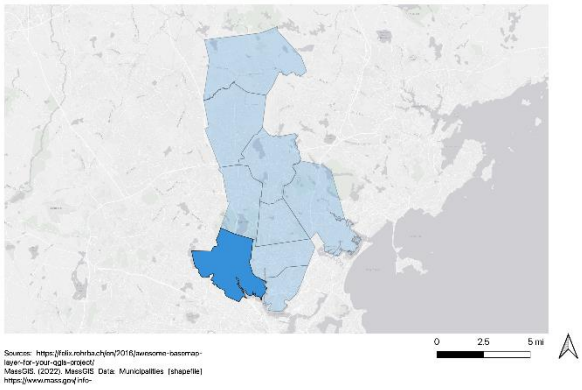
	Malden	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1228.7	**1177.7**
Diabetes Hospitalizations	155.5	**171.7**
Stroke Hospitalizations	201.2	**193.1**
Asthma Hospitalizations	97.9 ✓	**87.1**

Asthma Emergency Department Visits	560.4	**548.4**
COPD-related hospitalizations	182.5	**176.8**
Heart disease mortality	115.5	**127.9**
Diabetes mortality	21.7 ✓	**17.4**
Cancer mortality	135.2	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	237.4	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	25.9	**30.8**
Substance-related mortality	28.6	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	3013.6 ✓	**2807.7**
Youth Health Outcomes		
Youth experiencing depression in the last 12 months	28%	**33.8%**
Lifetime alcohol use	40%	*
Current alcohol use	13%	**29.8%**
Lifetime marijuana use	22%	**41.9%**
Current marijuana use	10%	**26.0%**

**Indicates a missing or suppressed value*

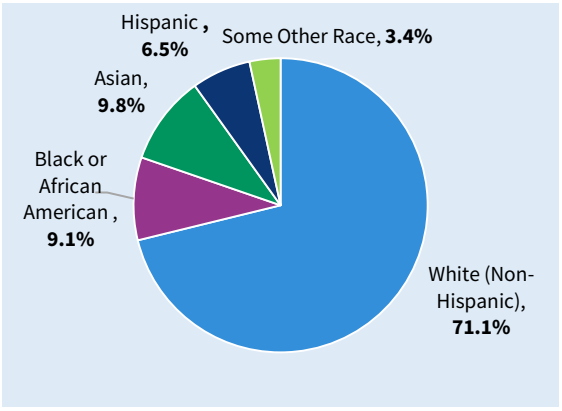
Medford, MA

57,637
Population



Who Lives Here?

Race and Ethnicity

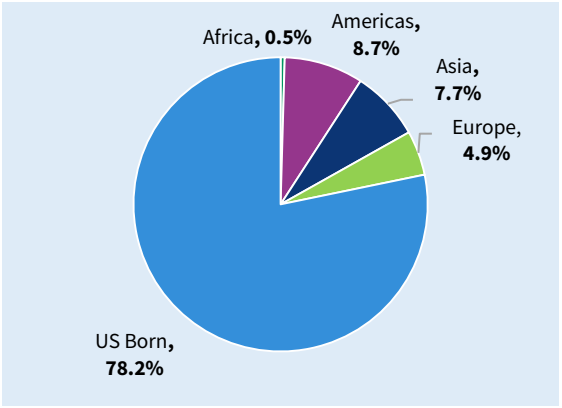


Gender

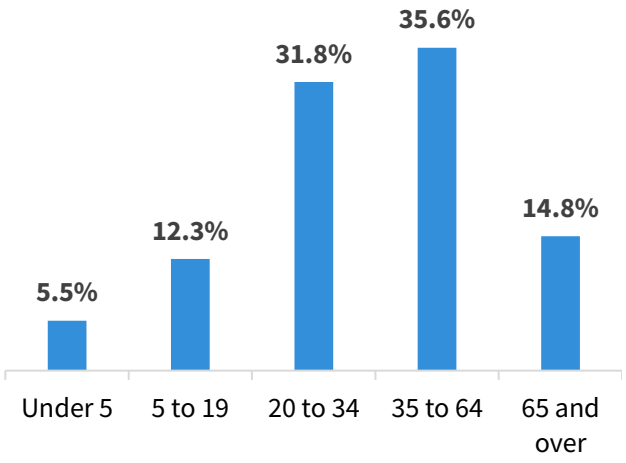
49%
Male

51%
Female

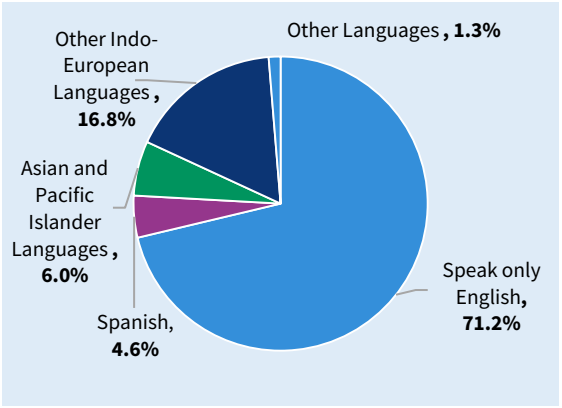
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

9%
Food insecurity rate
MA:10%

9%
Families with children <18 utilizing SNAP
MA:15.9%

55%
SNAP Gap
MA:44%

Economics, Education and Housing

$96,445 *MA: $81,215*
Median household income

3.8% *MA: 7.0%*
Families living below poverty

2.5% *MA: 2.7%*
Population without health insurance

27.2% *MA: 19.6%*
Population with a graduate/advanced degree

38.4% *MA: 19.0%*
Renters spending more than 30% on rent

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

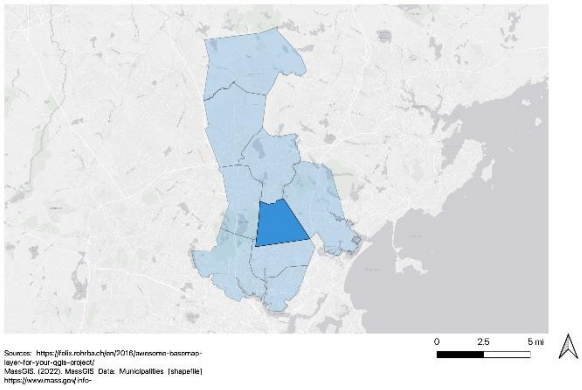
	Medford	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1190.9	**1177.7**
Diabetes Hospitalizations	148.4	**171.7**
Stroke Hospitalizations	188.0	**193.1**
Asthma Hospitalizations	68.5	**87.1**

Asthma Emergency Department Visits	402.6	**548.4**
COPD-related hospitalizations	162.1	**176.8**
Heart disease mortality	111.8	**127.9**
Diabetes mortality	12.6	**17.4**
Cancer mortality	138.8	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	174.6	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	11.3	**30.8**
Substance-related mortality	12.5	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	69.5	**2807.7**

**Indicates a missing or suppressed value*

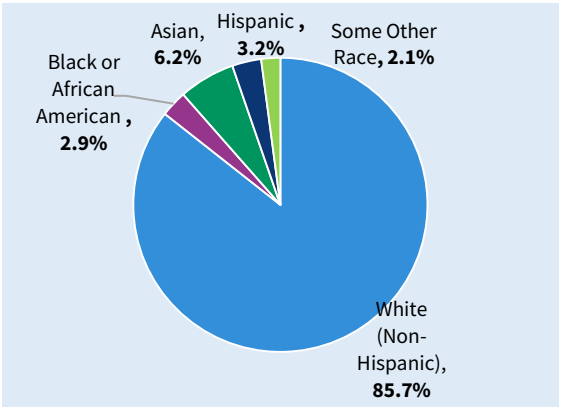
Melrose, MA

28,113
Population



Who Lives Here?

Race and Ethnicity

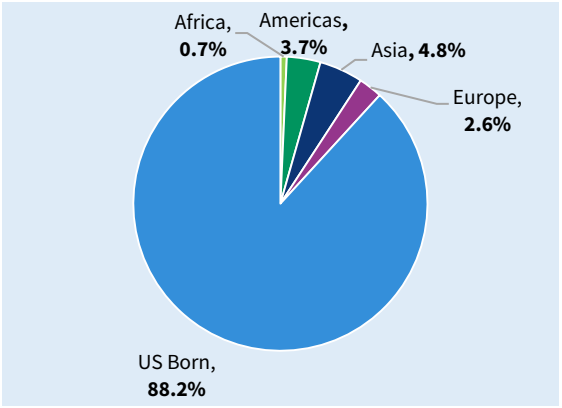


Gender

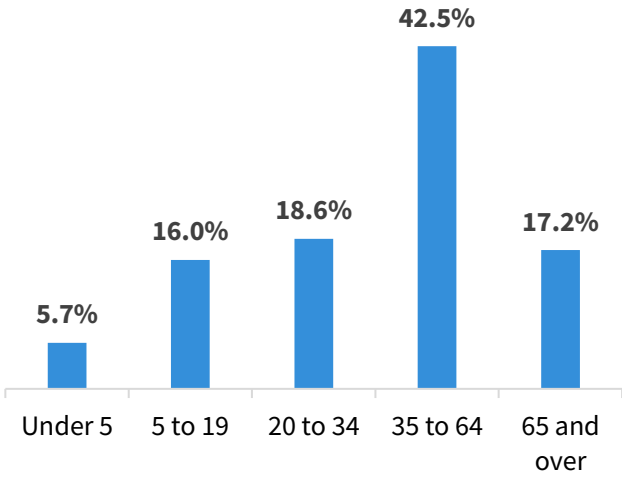
46%
Male

54%
Female

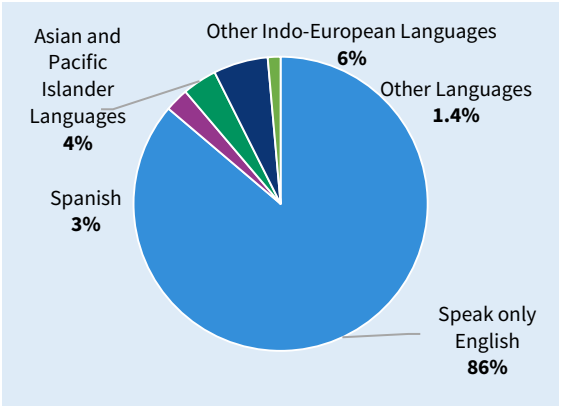
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

8.1%
Food insecurity rate
MA:10%

1.8%
Families with children <18 utilizing SNAP
MA:15.9%

54%
SNAP Gap
MA:44%

Economics, Education and Housing

$106,955 *MA: $81,215*
Median household income

1.8% *MA: 7.0%*
Families living below poverty

1.4% *MA: 2.7%*
Population without health insurance

61.6% *MA: 44.4%*
Population with a Bachelor's degree or higher

54.5% *MA: 29.5%*
Population paying more than 30% of income on a mortgage

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

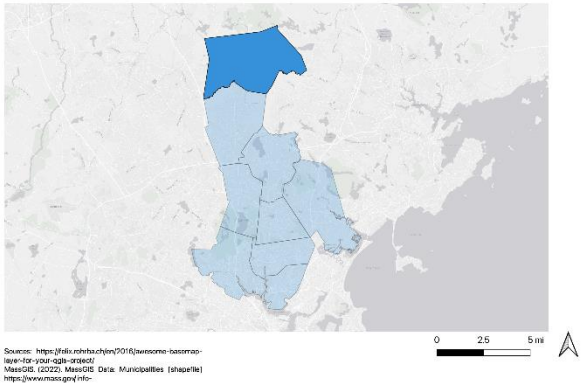
	Melrose	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1131.3	**1177.7**
Diabetes Hospitalizations	114.4	**171.7**
Stroke Hospitalizations	158.5	**193.1**
Asthma Hospitalizations	51.7	**87.1**

Asthma Emergency Department Visits	354.1	**548.4**
COPD-related hospitalizations	145.5	**176.8**
Heart disease mortality	147.8 ✓	**127.9**
Diabetes mortality	*	**17.4**
Cancer mortality	120.3	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	128.3	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	26.9	**30.8**
Substance-related mortality	26.9	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	1673.2	**2807.7**
Youth Health Outcomes		
Youth experiencing depression in the last 12 months	27%	**33.8%**
Lifetime alcohol use	*	*
Current alcohol use	25%	**29.8%**
Lifetime marijuana use	*	**41.9%**
Current marijuana use	13%	**26.0%**

**Indicates a missing or suppressed value*

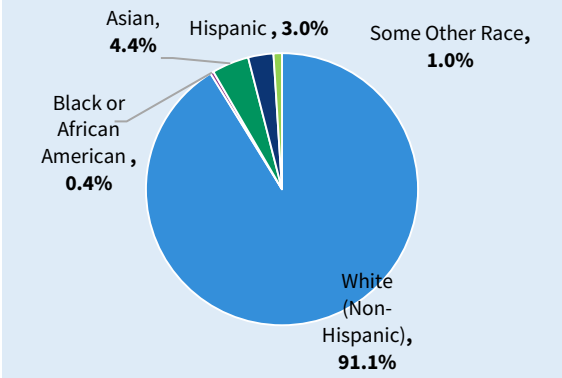
North Reading, MA

15,581
Population



Who Lives Here?

Race and Ethnicity

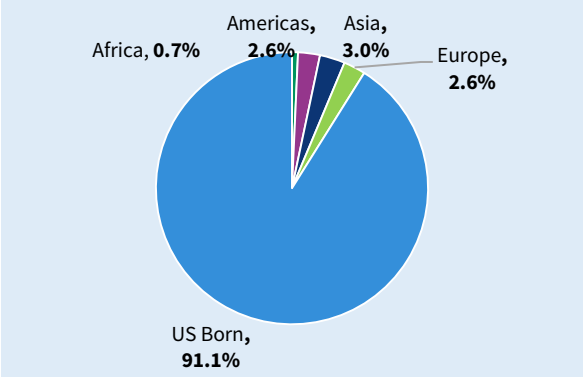


Gender

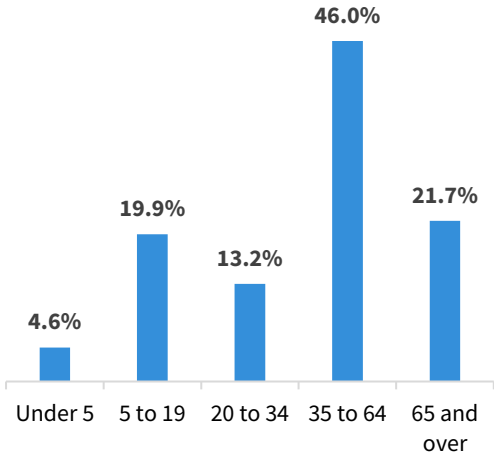
51%
Male

49%
Female

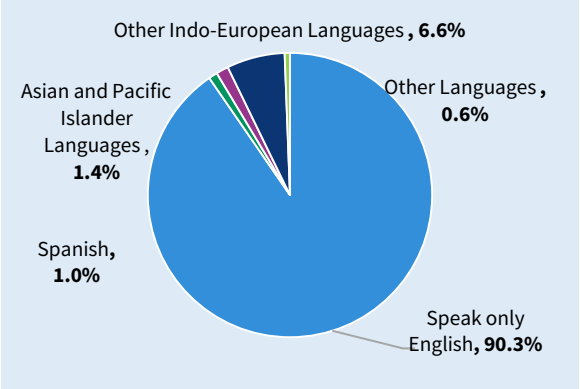
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

6%
Food insecurity rate
MA:10%

1.7%
Families with children <18 utilizing SNAP
MA:15.9%

60%
SNAP Gap
MA:44%

Economics, Education and Housing

$128,651 *MA: $81,215*
Median household income

2.0% *MA: 7.0%*
Families living below poverty

1.4% *MA: 2.7%*
Population without health insurance

51.0% *MA: 43.7%*
Population with a Bachelor's degree or higher

54.5% *MA: 26.2%*
Population spending more than 30% of income on mortgage

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

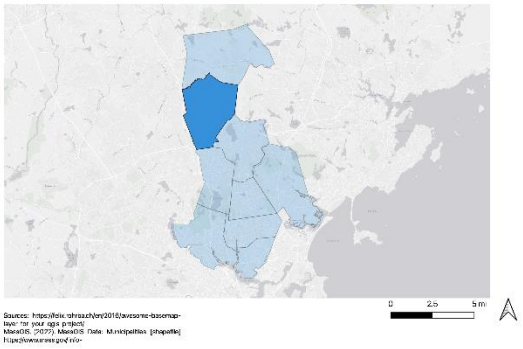
	North Reading	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	963.6	**1177.7**
Diabetes Hospitalizations	72.3	**171.7**
Stroke Hospitalizations	144.4	**193.1**
Asthma Hospitalizations	78.9	**87.1**

Asthma Emergency Department Visits	208.6	**548.4**
COPD-related hospitalizations	106	**176.8**
Heart disease mortality	118	**127.9**
Diabetes mortality	34.7 ✓	**17.4**
Cancer mortality	173.4 ✓	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	157.5	**257.4**
Alcohol-related mortality	34.9	**0.7**
Opioid-related mortality	34.9 ✓	**30.8**
Substance-related mortality	34.9 ✓	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	1379.1	**2807.7**

**Indicates a missing or suppressed value*

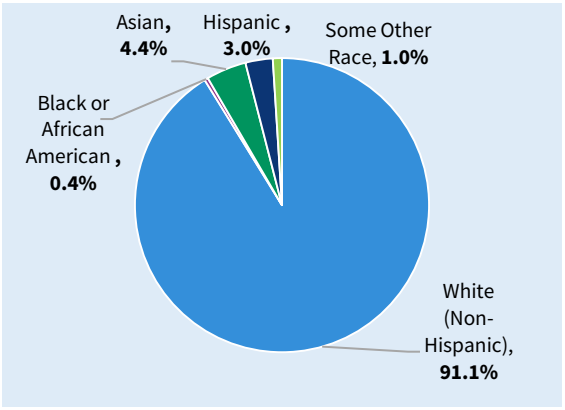
Reading, MA

25,132
Population



Who Lives Here?

Race and Ethnicity

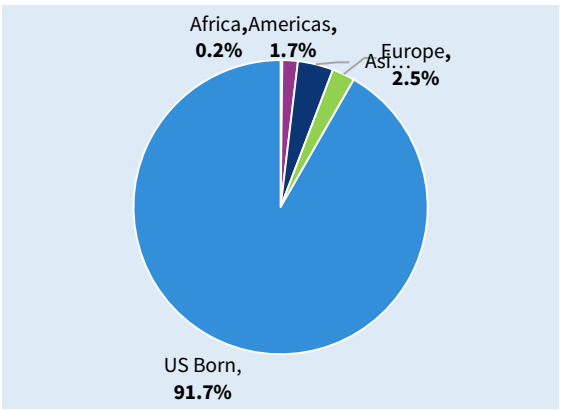


Gender

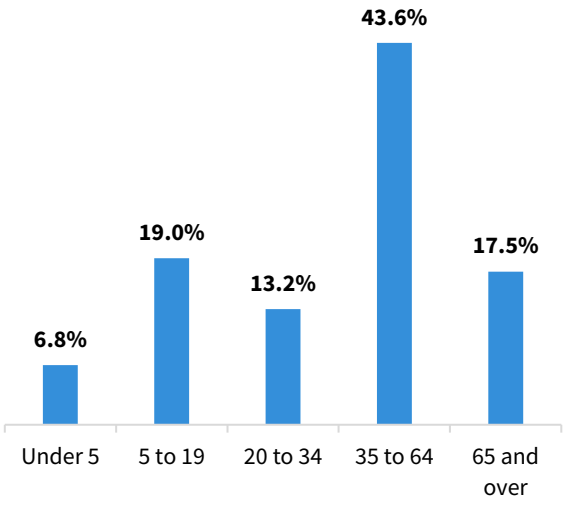
49%
Male

51%
Female

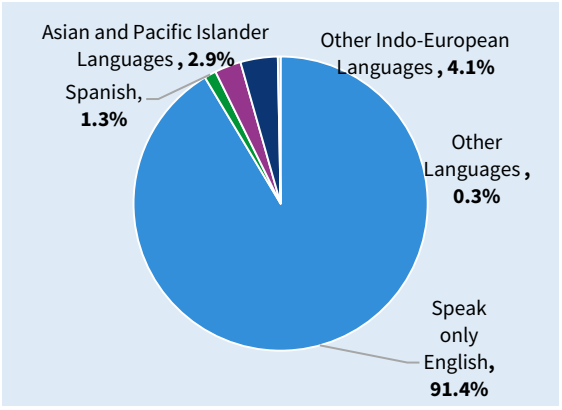
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

6%
Food insecurity rate
MA:10%

3.3%
Families with children <18 utilizing SNAP
MA:15.9%

57%
SNAP Gap
MA:44%

Economics, Education and Housing

$132,731 *MA: $81,215*
Median household income

2.0% *MA: 7.0%*
Families living below poverty

0.9% *MA: 2.7%*
Population without health insurance

64.4% *MA: 43.7%*
Population with a Bachelor's degree or higher

24.0% *MA: 29.5%*
Population paying more than 30% of income on mortgage

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

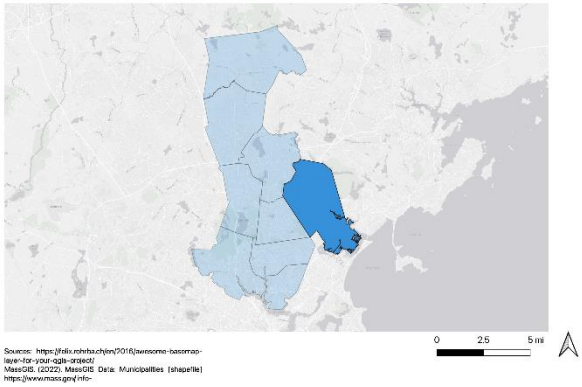
	Reading	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1007.3	**1177.7**
Diabetes Hospitalizations	64.2	**171.7**
Stroke Hospitalizations	157.7	**193.1**
Asthma Hospitalizations	43.8	**87.1**

Asthma Emergency Department Visits	172.2	**548.4**
COPD-related hospitalizations	99.5	**176.8**
Heart disease mortality	99.0	**127.9**
Diabetes mortality	15.9	**17.4**
Cancer mortality	130.3	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	113.6	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	20.0	**30.8**
Substance-related mortality	20.0	**32.9**
Mental disorder-related Emergency Department Visits	1379.1	**2807.7**
Youth Health Outcomes		
Youth experiencing depression in the last 12 months	26.%	**33.8%**
Lifetime alcohol use	*	*
Current alcohol use	24%	**29.8%**
Lifetime marijuana use	*	**41.9%**
Current marijuana use	13%	**26.0%**

**Indicates a missing or suppressed rate*

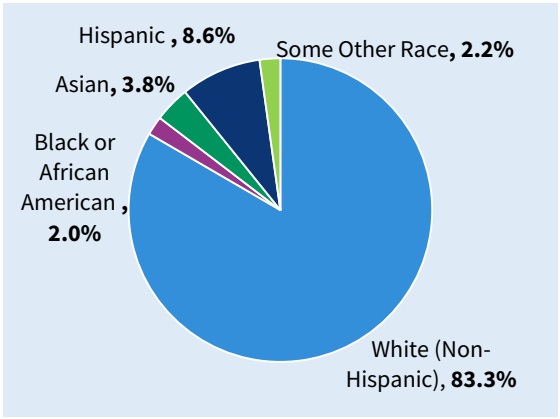
Saugus, MA

28,215
Population



Who Lives Here?

Race and Ethnicity

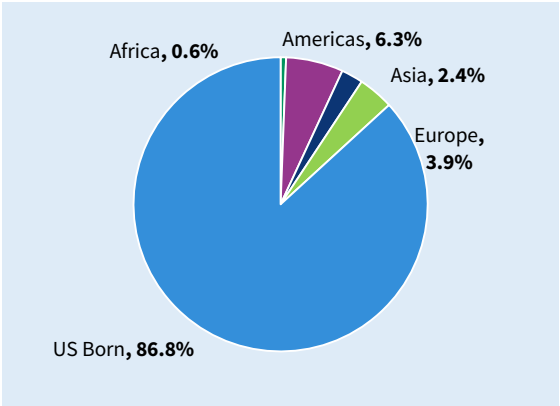


Gender

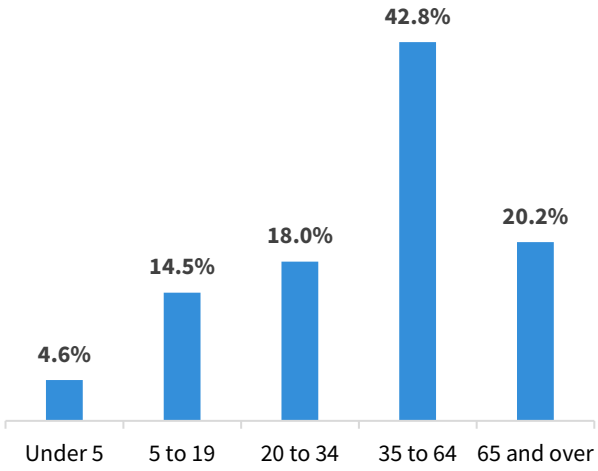
49%
Male

51%
Female

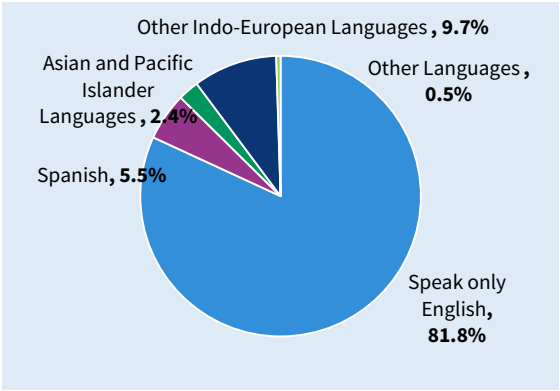
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

10%
Food insecurity rate
MA:10%

13.8%
Families with children <18 utilizing SNAP
MA:15.9%

55%
SNAP Gap
MA:44%

Economics, Education and Housing

$88,667 *MA: $81,215*
Median household income

7% *MA: 7.0%*
Families living below poverty

3.6% *MA: 2.7%*
Population without health insurance

53.8% *MA: 43.7%*
Population with a Bachelor's degree or higher

35.8% *MA: 29.5%*
Population spending more than 30% on mortgage

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

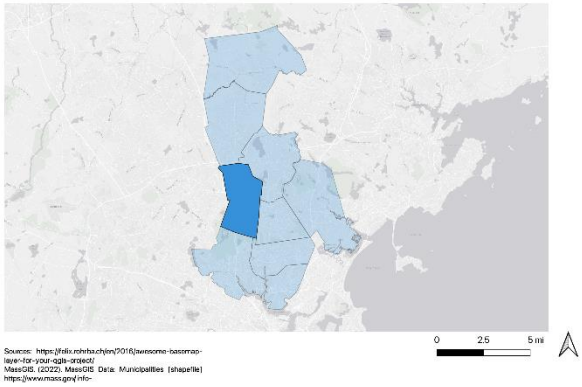
	Saugus	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1270.2 ✓	**1177.7**
Diabetes Hospitalizations	141.0	**171.7**
Stroke Hospitalizations	193.0	**193.1**
Asthma Hospitalizations	87.1	**87.1**

Asthma Emergency Department Visits	466.8	**548.4**
COPD-related hospitalizations	183.5	**176.8**
Heart disease mortality	133.1	**127.9**
Diabetes mortality	27.5 ✓	**17.4**
Cancer mortality	172.0 ✓	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	310.6 ✓	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	41.6 ✓	**30.8**
Substance-related mortality	41.6 ✓	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	2977.1 ✓	**2807.7**

**Indicates a missing or suppressed rate*

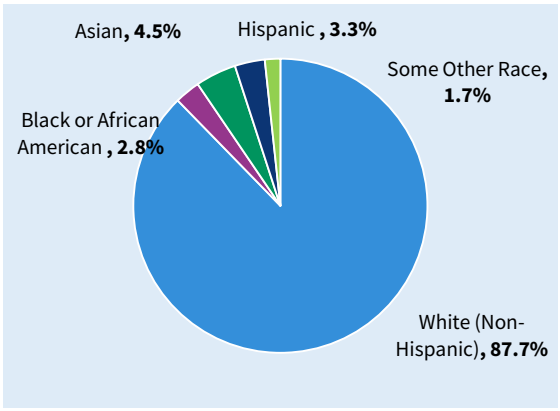
Stoneham, MA

23,223
Population



Who Lives Here?

Race and Ethnicity

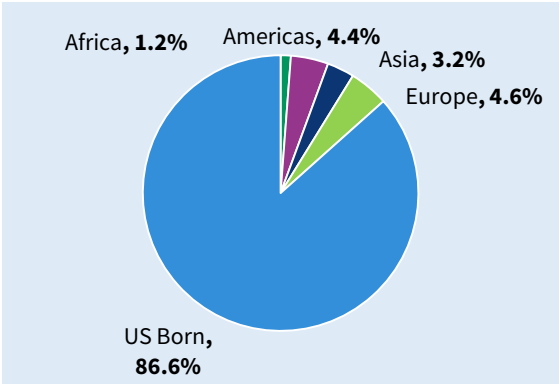


Gender

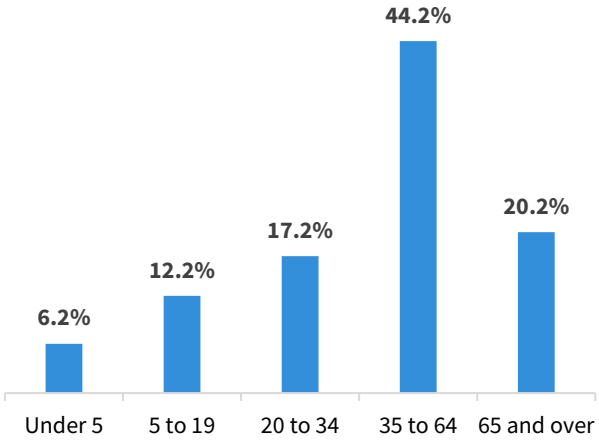
50%
Male

50%
Female

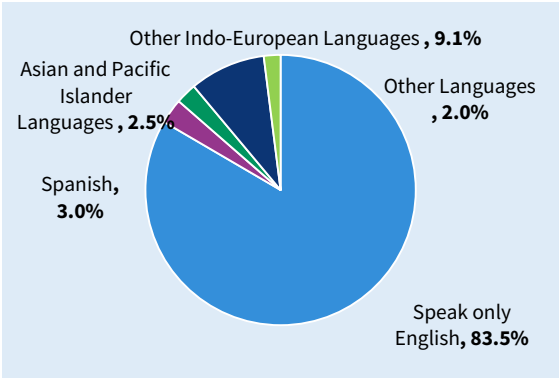
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

9%
Food insecurity rate
MA:10%

5.8%
Families with children <18 utilizing SNAP
MA:15.9%

55%
SNAP Gap
MA:44%

Economics, Education and Housing

$101,549 *MA: $81,215*
Median household income

2.6% *MA: 7.0%*
Families living below poverty

1.9% *MA: 2.7%*
Population without health insurance

46.3% *MA: 43.7%*
Population with a Bachelor's degree or higher

22.8% *MA: 29.5%*
Population spending more than 30% on mortgage

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

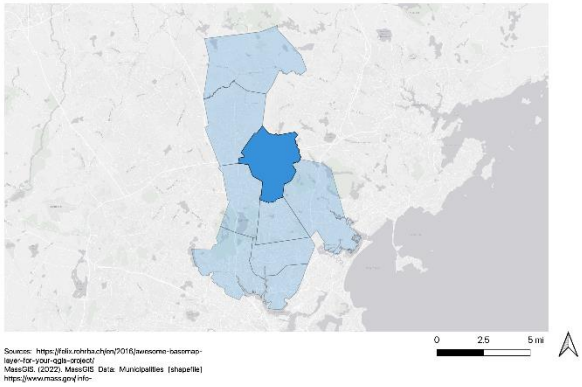
	Stoneham	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1238.2 ✓	**1177.7**
Diabetes Hospitalizations	115.3	**171.7**
Stroke Hospitalizations	189.4	**193.1**
Asthma Hospitalizations	89.7	**87.1**

Asthma Emergency Department Visits	294.1	**548.4**
COPD-related hospitalizations	153.6	**176.8**
Heart disease mortality	120.9	**127.9**
Diabetes mortality	*	**17.4**
Cancer mortality	159.3	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	223.7	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	41.5 ✓	**30.9**
Substance-related mortality	41.5 ✓	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	2201.8	**2807.7**
Youth Health Outcomes		
Youth experiencing depression in the last 12 months	31.0%	**33.8%**
Lifetime alcohol use	*	*
Current alcohol use	31.0%	**29.8%**
Lifetime marijuana use	*	**41.9%**
Current marijuana use	20.0%	**26.0%**

** Indicates missing or suppressed value*

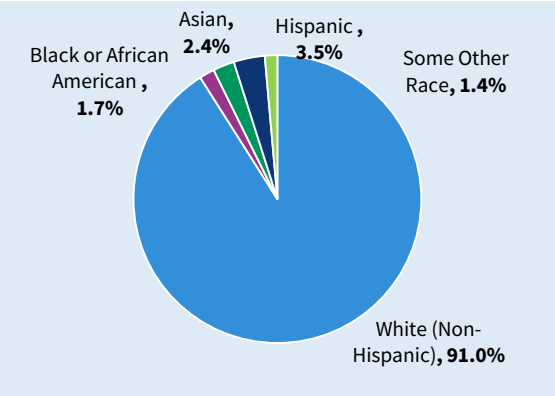
Wakefield, MA

26,993
Population



Who Lives Here?

Race and Ethnicity

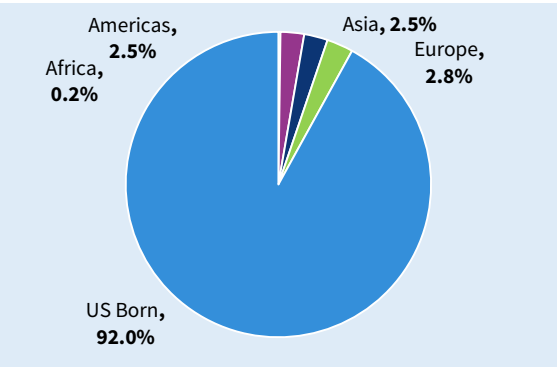


Gender

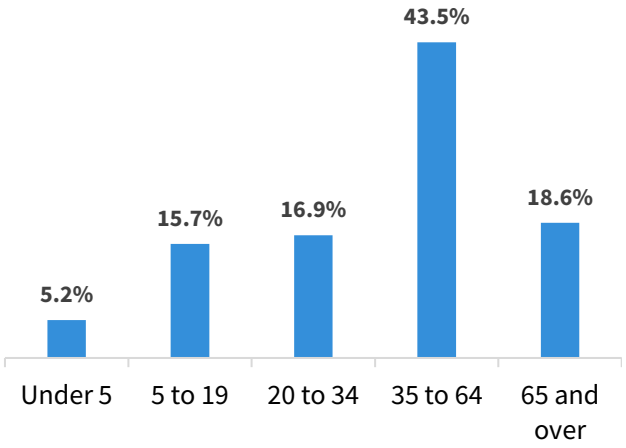
48%
Male

52%
Female

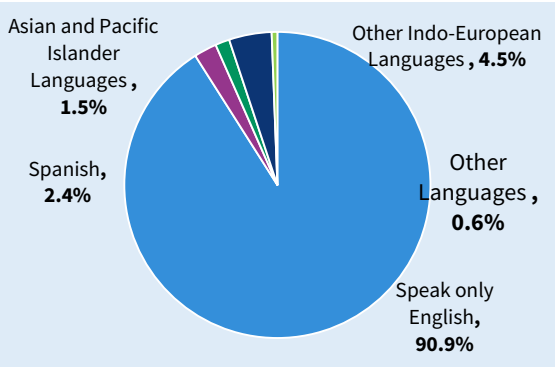
Continent of Origin



Age Distribution



Languages Spoken



Social Determinants of Health

Food Insecurity

8%
Food insecurity rate
MA:10%

3.8%
Families with children <18 utilizing SNAP
MA:15.9%

55%
SNAP Gap
MA:44%

Economics, Education and Housing

$100,278 *MA: $81,215*
Median household income

2.1% *MA: 7.0%*
Families living below poverty

2.1% *MA: 2.7%*
Population without health insurance

51.2% *MA: 43.7%*
Population with a Bachelor's degree or higher

28.7% *MA: 29.5%*
Population spending more than 30% on mortgage

Health Outcomes

✓ Checkmarks indicate a 5% or more difference above the state rate

	Wakefield	MA
Chronic Disease (Rates per 100,000)		
Heart Disease Hospitalizations	1003.8	**1177.7**
Diabetes Hospitalizations	71.9	**171.7**
Stroke Hospitalizations	154.9	**193.1**
Asthma Hospitalizations	56.8	**87.1**

Asthma Emergency Department Visits	237.9	**548.4**
COPD-related hospitalizations	137.3	**176.8**
Heart disease mortality	82.0	**127.9**
Diabetes mortality	13.3	**17.4**
Cancer mortality	135.2	137
Substance use (Rates per 100,000)		
Drug overdose Emergency Department Visits	214.1	**257.4**
Alcohol-related mortality	0	**0.7**
Opioid-related mortality	30.6	**30.8**
Substance-related mortality	43.3 ✓	**32.9**
Mental health (Rates per 100,000)		
Mental disorder-related Emergency Department Visits	2194.6	**2807.7**
Youth Health Outcomes		
Youth experiencing depression in the last 12 months	30%	**33.8%**
Lifetime alcohol use	*	*
Current alcohol use	26%	**29.8%**
Lifetime marijuana use	*	**41.9%**
Current marijuana use	16%	**26.0%**

** Indicates missing or suppressed value*

References

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Malden Student Health Survey, 2017-2018 (Institute for Community Health)
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2021 Middlesex Youth Behavioral Survey Report - Stoneham, 2021 (John Snow Inc and Lahey Health)