Tufts Medicine MelroseWakefield Hospital Community Health Needs Assessment 2025

Tufts Medicine
MelroseWakefield Hospital

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

INSTITUTE FOR COMMUNITY HEALTH

Contents

Tufts Medicine MelroseWakefield Hospital
2025 Community Health Needs Assessment

Demographics[1]

323,246
Population of community benefits service area

25.4%
Population born outside of the United States

32.6%
Residents speaking a language other than English at home

$79,658 / $163,725
Lowest (Everett) / highest (Reading) median income

Health Priorities

- **Access to healthcare**
- **Behavioral health, including mental health + substance use**
- **Chronic disease prevention and management**
- **Disaster readiness and emergency preparation, including climate change**
- **Housing stability and homelessness**
- **Income, poverty and food insecurity**
- **Preventable injuries and safety**
- **Violence and trauma**

Top Social Concerns[2]

- Education
- Housing stability and homelessness
- Poverty
- Social isolation
- Youth use of social media

Top Health Concerns[2]

- Access to healthcare
- Aging-related issues
- Mental health
- Substance misuse

Community Health Needs Assessment 2025 Methods

Secondary Data Review
US Census
MA DPH
Local sources

Community Survey
326 respondents
Administered online
Available in 8 languages

Key Stakeholder Survey
10 respondents
Administered online

Community Focus Groups
10 focus groups
Conducted in-person

Executive summary

Tufts Medicine MelroseWakefield Hospital (MelroseWakefield) and Lawrence Memorial Hospital (Lawrence Memorial) provide a broad range of inpatient and outpatient services to communities north of Boston. Together, they serve Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and Wakefield. MelroseWakefield Hospital in Melrose offers emergency care, Level III Trauma Services, cardiac services, maternity care with a Level II Special Care Nursery, surgical specialties and advanced imaging. Lawrence Memorial Hospital in Medford provides urgent care, radiology, primary care, sleep medicine, inpatient mental health services and specialty care including a diabetes clinic.

The hospital undertook a Community Health Needs Assessment (CHNA) between September 2024 and June 2025 to identify the needs and priorities of the 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 included a key stakeholder survey, a community survey, ten community focus groups and the collection and analysis of secondary quantitative data. MelroseWakefield then used the findings to prioritize the health concerns across the community benefits service area.

Based on CHNA findings, the 2025 health priorities for MelroseWakefield are:

- Access to healthcare
- Behavioral health, including mental health + substance abuse
- Chronic disease prevention and management
- Disaster readiness and emergency preparedness, including climate change
- Housing stability and homelessness
- Income, poverty and food insecurity
- Preventable injuries and safety
- Violence and trauma

(Please note that the priorities are in alphabetical order).

While focused on key health needs, MelroseWakefield also emphasizes addressing social determinants of health and supporting vulnerable populations to improve health across the service area. **Community and stakeholder survey respondents identified education, housing instability and homelessness, poverty and youth use of social media as top social concerns affecting the region.** Survey respondents also cited

adolescents, seniors and people with low income as vulnerable populations of concern. LGBTQIA+ youth, especially transgender youth, are an additional population of concern. The nine towns that make up MelroseWakefield's community benefits service area are rich in resources that support and strengthen community health. **Stakeholders identified access to community resources, a strong sense of community and inclusion of many groups of people as top service area assets.** MelroseWakefield actively participates in a range of community coalitions and initiatives focused on meeting both specific and broad health needs across the area. The hospital is proud to be part of this vibrant community and is committed to leveraging its resources to build on local strengths and address health priorities.

Infographic data sources:

(1) Demographics source on infographic: *US Census Bureau, American Community Survey 2019-2023 estimates*
(2) Top health and social concerns were drawn from results of community and stakeholder surveys.

Background

Tufts Medicine MelroseWakefield Hospital (MelroseWakefield) and Lawrence Memorial Hospital (Lawrence Memorial) undertook their Community Health Needs Assessment (CHNA) between September 2024 and June 2025. The hospital'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 Massachusetts Attorney General, the Massachusetts Department of Public Health for Community Health Improvement projects (CHI) and the IRS**
- **Identifying opportunities to reduce health disparities**

This report provides detailed insight into the health status of the nine communities in the MelroseWakefield community benefits service area, the 2025 community health priorities and opportunities for optimizing the health of the patient panel as well as all others who live in the service area communities.

Tufts Medicine MelroseWakefield Hospital overview

We are a member of Tufts Medicine, a leading integrated health system bringing together the best of academic and community healthcare to deliver exceptional, connected and accessible care to consumers across Massachusetts.

MelroseWakefield Hospital and Lawrence Memorial Hospital form a coordinated network of hospitals, physician practices and community-based services providing care for communities throughout north suburban Boston. We provide a range of clinical care and services for the continuum of care.

In addition to extensive community-based programs and services, the network includes:

- MelroseWakefield Hospital in Melrose
- Lawrence Memorial Hospital of Medford
- Shields Ambulatory Surgical Center in Medford (a joint venture)

- The Breast Health Center in Stoneham
- The Center for Radiation Oncology in Stoneham
- The Medical Center in Reading
- Tufts Medical Center Community Care Physician Group
- The Lawrence Memorial/Regis College Radiology Program
- Urgent Care
- Care at Home

MelroseWakefield is a recognized community leader in stroke care, holding a Primary Stroke Service designation from the Massachusetts Department of Public Health. It is one of Healthgrades' Top 100 Hospitals for Stroke Care and previously received the Paul Coverdell National Acute Stroke Program Defect-Free Care Award. Additionally, the hospital has earned a Get With The Guidelines—Stroke SilverPlus award from the American Heart Association, highlighting its dedication to ensuring stroke patients receive the highest standard of treatment.

Further demonstrating its commitment to maternal and infant health, MelroseWakefield Hospital was re-designated as a "Baby-Friendly" hospital in fiscal year 2024. This designation, a program of the World Health Organization and the United Nations Children's Fund, acknowledges hospitals that create environments that support breastfeeding and best-practice infant-care strategies, ensuring new mothers and their families receive optimal care.

In the fall 2023 assessment period, MelroseWakefield earned a "Grade A" rating from The Leapfrog Group. This recognition reflects our commitment to patient safety, infection prevention and reducing medical errors. In January 2024, MelroseWakefield achieved designation as a Level III Trauma Center by the American College of Surgeons. This designation affirms the hospital's ability to provide timely, high-quality emergency care with a dedicated team of trauma physicians, nurses and other professionals available to assess and treat

patients immediately upon arrival. By strengthening access to trauma care in the region, this designation enhances survival and recovery outcomes for severely injured patients.

MelroseWakefield's Community Services division oversees programs that impact both medical and social determinants of health and are supported by a mix of federal, state, hospital and private funding. These programs include the following:

- Aging in Balance – Senior Outreach Program
- Community Health Education
- Healthy Families Program and Massachusetts Home Visiting Initiative
- North Suburban Child and Family Resource Network in partnership with the Wakefield Public Schools
- North Suburban Women, Infants and Children (WIC) Nutrition Program
- Integrated programs and services across the health system.

Contributors and collaborating organizations

To conduct this CHNA, MelroseWakefield Community Services 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 training and technical assistance 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 MelroseWakefield 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 April 17, 2025, to garner feedback as the CHNA process was in progress. Hospital 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 MelroseWakefield's Patient/Family Advisory Council and department-level committees for OB/GYN and the Tufts Medicine Center on Engagement and Belonging. Key leaders with knowledge of behavioral health,

substance use disorder, 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

A wide range of factors, including social and physical conditions such as poverty, education level, immigration status, social support networks, neighborhood safety, housing availability, transportation and the built environment influences community health. This CHNA examines traditional health indicators as well as the social and environmental factors that shape community health and 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. ICH triangulated data from all four components in order to form a robust understanding of the needs and patterns in the communities. These findings help prioritize the health concerns, a process described in the 2025 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 number of violent crimes.
- **Education data,** including public school enrollment (including special populations) and graduation rates from the Massachusetts Department of Elementary and Secondary Education.

- **Youth risk behaviors** related to substance use, mental health and safety and violence amongst public high school students, using school health/Youth Risk Behavior Survey (YRBS) self-reported data for those towns that conduct the survey and shared their data.
- **Health outcomes** for each community, including cancer and infectious disease incidence, prevalence of substance use and mental health conditions and chronic diseases such as heart disease, diabetes, obesity and asthma. ICH obtained all data from the Massachusetts Department of Public Health and compared individual town rates to rates for the state as a whole.

Data presented in this assessment reflect the population of all nine towns in the community benefits service area, not just those individuals who receive care from MelroseWakefield. This includes residents of the nine towns who 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

ICH compared data from each community to the state of Massachusetts and calculated percent differences for each indicator. Those with a percent difference larger than 5% were flagged. 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 MelroseWakefield's 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

MelroseWakefield 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 insights into how effectively the health system has responded to community needs since the last CHNA, as well as how it could better support the service area moving forward. To ensure a comprehensive response, MelroseWakefield Community Benefits staff distributed the survey via SurveyMonkey to 33 key stakeholders. These individuals represent a range of sectors, ensuring coverage of all priorities set by the Executive Office of Health and Human Services (EOHHS) and the Massachusetts Department of Public Health. Additionally, at least one respondent from each town was included, ensuring local representation across the service area. (See survey tool in Appendix C). Ten stakeholders completed the survey between October and December 2024. ICH analyzed the responses to identify themes.

Figure 1: Towns represented by key stakeholder participants*

Town	Count (%)
Everett	3 (30%)
Malden	5 (50%)
Medford	3 (20%)
Melrose	2 (20%)
North Reading	1 (10%)
Reading	1 (10%)
Saugus	1 (10%)
Stoneham	1 (10%)
Wakefield	2 (20%)
Most familiar with the region as a whole	1 (10%)

*The count and % represents the number of respondents who selected each town. Respondents could select more than one town.

Community survey

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

The survey was set up as an anonymous electronic link in REDCap. It was available in eight languages, including English, Spanish, Haitian Creole, Italian, Simple Chinese, Vietnamese, Arabic and Portuguese. MelroseWakefield staff emailed an invitation to complete the survey to 800+ individuals, including community partners that serve vulnerable populations, senior centers, and religious organizations, distribution groups that are part of coalitions, school committees and boards and public health commissions and asked them to share it with their clients, partners, families and friends.

Additionally, they sent the survey to MelroseWakefield staff and physicians and the survey link was shared on social media. Paper surveys and flyers with a QR code were also available at both MelroseWakefield and Lawrence Memorial Hospitals as well as physician offices and at four community events.

Surveys data was collected between September and December 2024. Three hundred and seventy two 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. Three hundred and twenty six people took the survey, although not everyone answered all the questions. One community survey participant, selected at random, won a raffle for a $100 Visa gift card. ICH downloaded survey results from REDCap and analyzed the responses for key findings and trends to include in the CHNA report. Figure 2 summarizes key demographics of community survey participants.

Figure 2: Demographics of community survey participants

Race/ethnicity (N=251)	%
White	71.6%
Asian/Pacific Islander	8.3%
Hispanic/Latino	4.6%
Black/African American	4.3%
Middle Eastern/North African	1.9%
American Indian/Alaska Native	0.4%
Two or more races	2.4%
Prefer to self-describe	0.4%
Prefer not to answer	6.3%

Languages spoken *(N=245)	%
English	86.1%
Spanish	4.9%
Chinese (Cantonese or Mandarin)	4.1%
Other languages	17.6%
Prefer not to answer	4.1%

**Total exceeds 100% due to respondents selecting multiple options*

Age (N=245)	%
Under 18	1.2%
18-24	3.3%
25-34	13.5%
35-44	18.0%
45-54	20.4%
55-64	23.3%
65-74	11.8%
75+	6.9%
Prefer not to answer	1.6%

Gender (N=237)	%
Female	82.3%
Male	14.8%
Prefer not to answer	2.9%

Born in the US (N=251)	%
Yes	84.1%
No	14.3%
Prefer not to answer	1.6%

Focus groups

MelroseWakefield Community Benefits staff conducted or co-conducted five in-person focus groups with 56 participants between September and December 2024. Two of the five focus groups were co-conducted with Beth Israel Lahey Winchester Hospital. Additionally, Cambridge Health Alliance conducted five in-person focus groups with 34 participants that included community members from the MelroseWakefield community benefits service area. They shared their data with MelroseWakefield Community Benefits staff and findings have been incorporated into this report.

Each focus group included participants who represented a different age group, including adults, seniors and staff who work for youth-serving organizations. Participants represented all of the cities and towns in the system's service area. They were recruited via community-based organizations who set up focus groups with individuals they serve.

326
Community Surveys

10
Key Stakeholder Surveys

10
Focus groups

Ensuring input from medically underserved, low income and marginal populations

MelroseWakefield staff had the community surveys translated from English into the seven most common other languages in the service area to ensure medically underserved, low income and marginal populations were able to participate. About 20% of survey respondents were non-white, 14% spoke a language other than English at home, 14% had not lived in the US their whole life, 14% had a household income less than $50,000 per year and 17% had not completed college.

The focus groups were conducted with youth, adults and seniors with a variety of backgrounds, ages, religions, races and ethnicities. The stakeholder survey and one focus group were conducted with people who work for organizations that serve medically underserved, low income and marginal populations. In addition, MelroseWakefield hosted listening sessions to share back the data, solicit community input on the health priorities and inform the Community Health Implementation Plan

(CHIP). Zoom sessions were held, once during the day and the other in the evening, to allow as many people as possible to attend. Interpreters were offered upon request.

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, the following limitations of our data sources and assessment process should be considered when reviewing findings.

Secondary data

The main limitations encountered through our secondary data review include:

- Lack of sources for publicly available data for some important topic areas related to health such as chronic disease, injuries, maternal and infant health and infectious disease
- Inconsistency in years available
- 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 data limitations
- No ability to break Massachusetts DPH data down by age groups or by race
- While information on youth risk behaviors was available for many of the communities, not all towns collect data from their youth or share it publicly

Key stakeholder survey

Although MelroseWakefield staff made efforts to gather input from individuals who could represent the nine different community benefit towns, as well as a variety of sectors and populations, the final sample ended up with some towns, sectors and populations over-sampled while others were under-sampled. Additionally, the stakeholder survey data presented here reflects only the perspectives of those who participated and may not fully capture the needs and assets of each community. As such, these results cannot be directly generalized to the community benefits service area as a whole or to any specific town within the 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

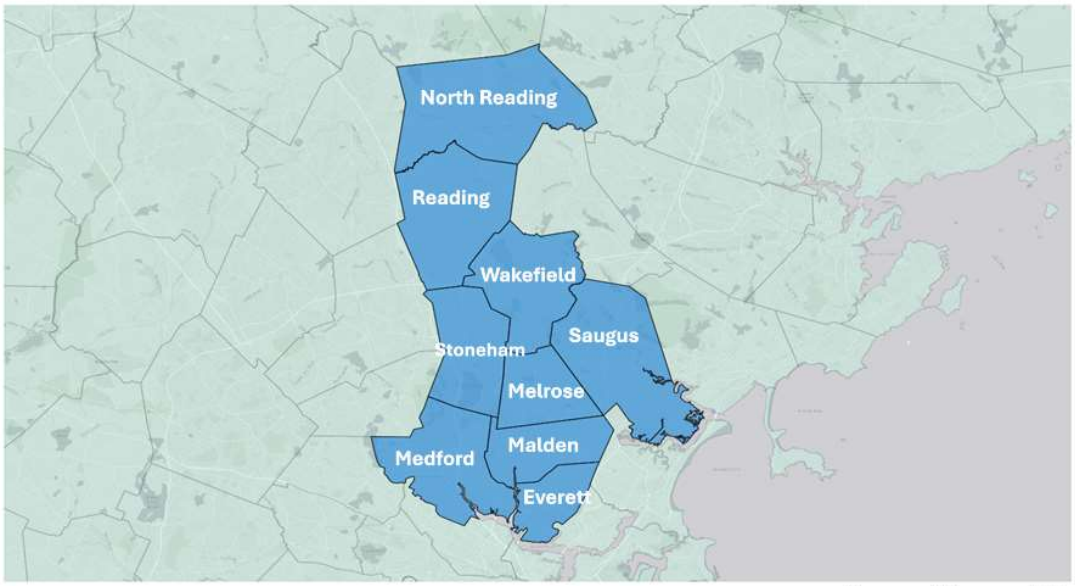
community. These results therefore cannot necessarily be generalized to the community benefits service area as a whole or to any particular town within the service area. Additionally, although attempts were made to gather information from a broad cross-section of community members, certain subgroups (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 were most familiar with; 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 90 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-

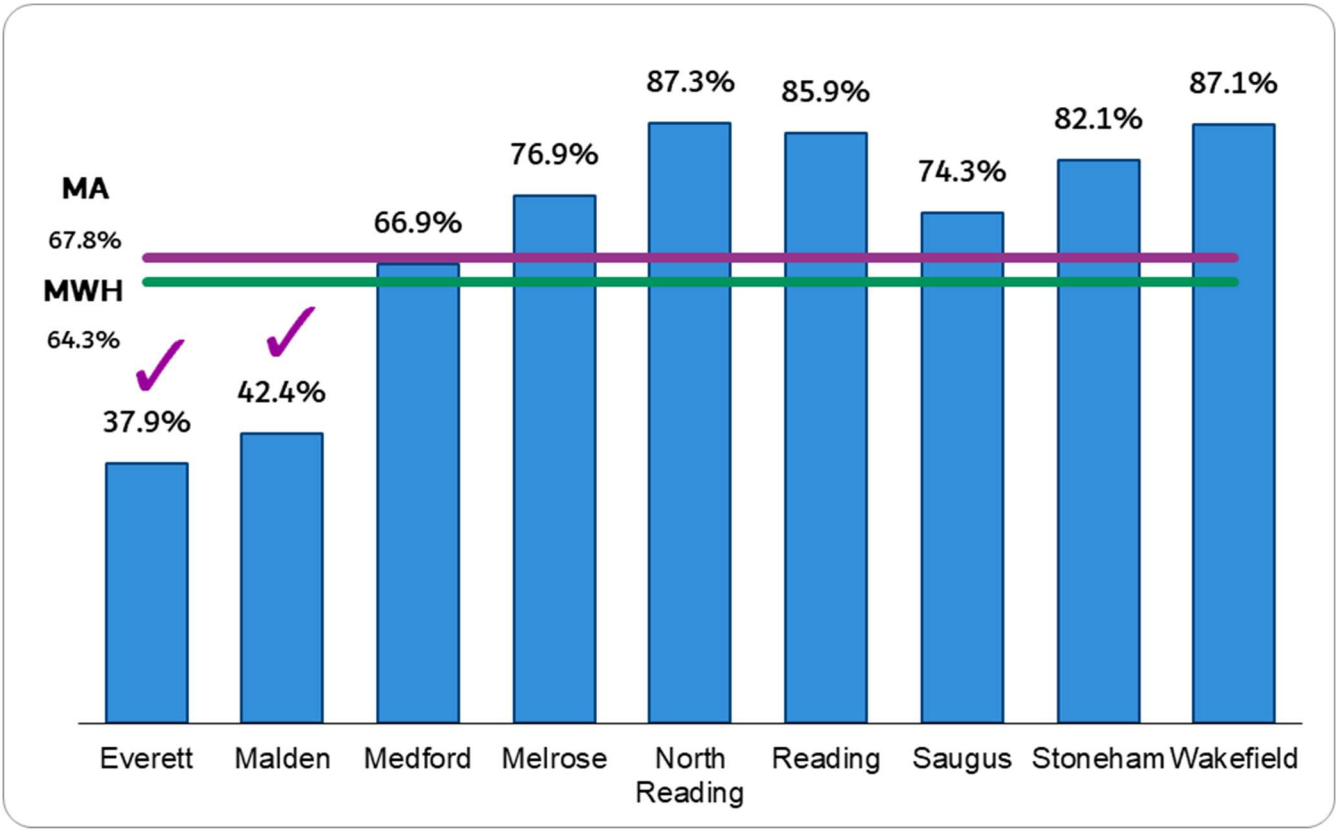
The MelroseWakefield community benefits service area consists of Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham and Wakefield. All communities except Melrose and Wakefield are also served by other healthcare systems. MelroseWakefield collaborates with these other health systems to share data and 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 hospital and the patients served. MelroseWakefield and Lawrence Memorial have properties in Malden, Medford, Melrose, Reading, Saugus, Stoneham and Wakefield. Two other cities and towns closely aligned with the properties, Everett and North Reading, were also included in the service area.

The MelroseWakefield community benefits community service area covers 71.7 square miles, with a total population of 323,246. Size and population density vary by community, with Malden and Medford having the largest populations at 65,509 and 59,062 respectively and North Reading the smallest, at 15,634. 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 (10.7%, compared to 12.9% in Massachusetts), a larger population of Asian residents (12%, compared to 7% in Massachusetts) and a similar population of Black/African-American residents (6.4%, compared to 6.5% in Massachusetts). However, breaking it down by community, more variation is observed. Malden has the highest percentage of people describing themselves as Asian (28.6%) and Everett has the highest percentages of people identifying as Hispanic (31.3%) and Black/African-American (11.6%). Distributions for all towns can be found in the community profiles (see Appendix G).

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



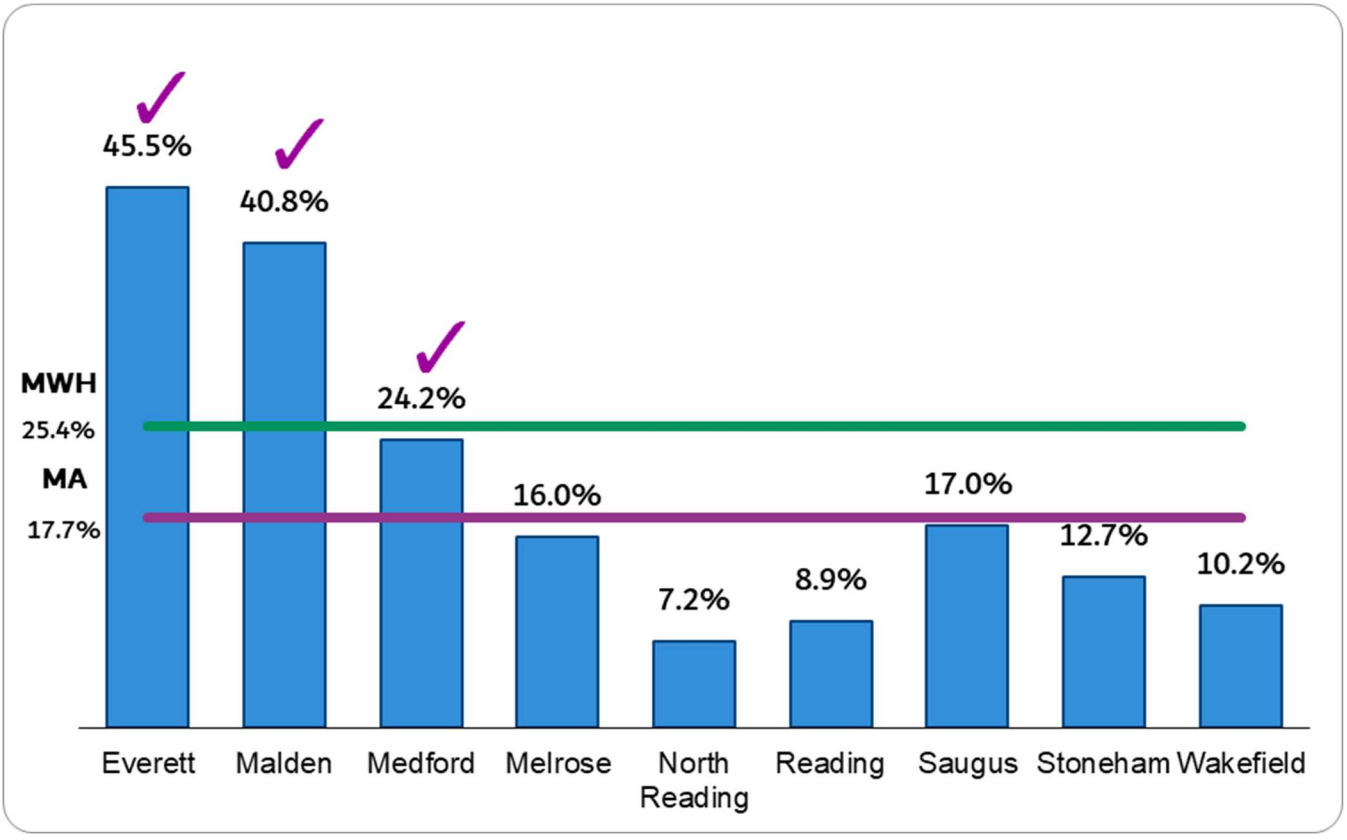
Source: *US Census Bureau, American Community Survey 2019-2023 estimates*

✓ *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: 25.4% locally compared to 17.7% statewide. Across service area towns, the rates vary from a high of 45.5% in Everett to a low of 7.2% in North 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 (34.1% of the total population), the largest in Malden comes from Asia (20.7% of the total population) and in Medford the percentages from Asia and the Americas are similar (10.1% and 7.6% 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



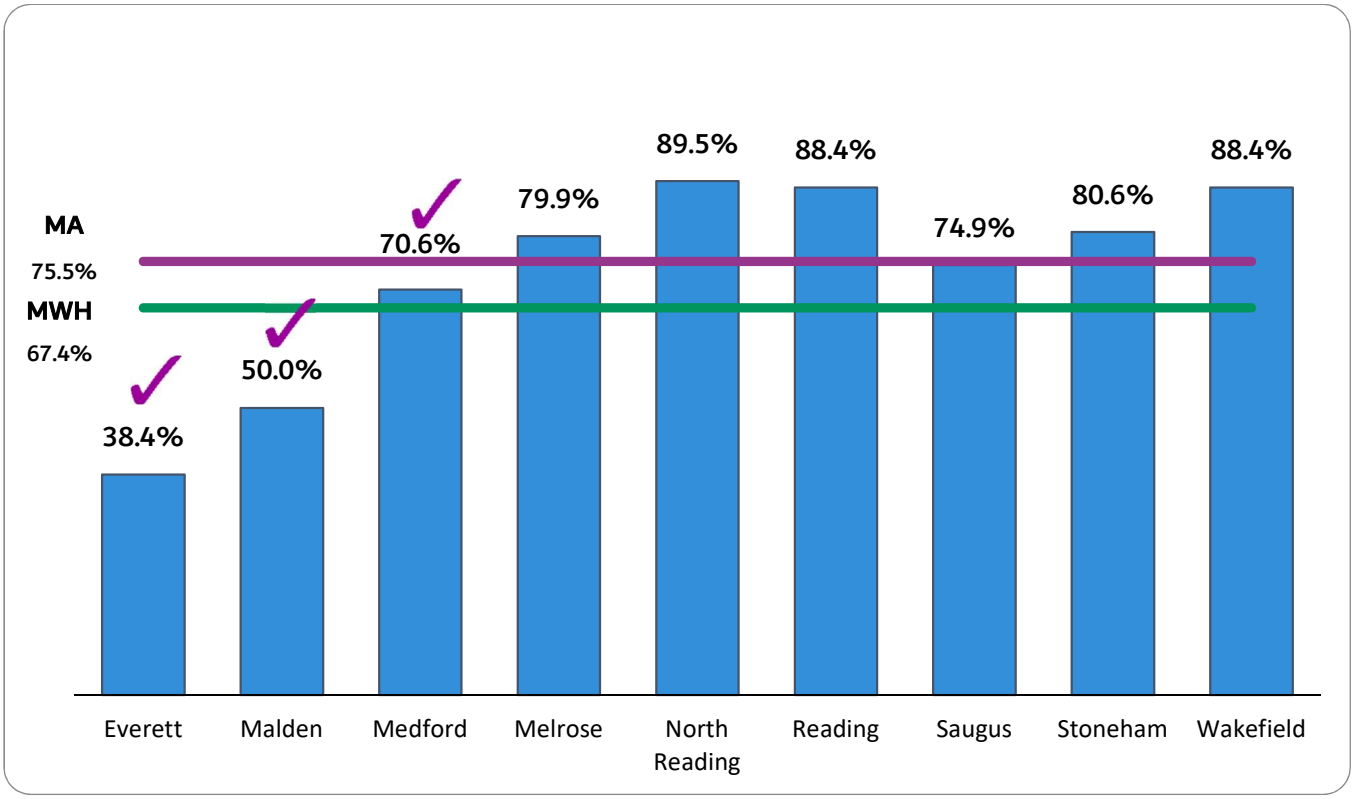
Source: *US Census Bureau, American Community Survey 2019-2023 estimates*

✓ *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: 67.4%, compared to 75.5% statewide. Within the service area, the rates vary from a high of 89.5% in North Reading to as low as 38.4% 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 (30.2%) followed by Spanish (24%); in Malden, other Indo-European languages (19.9%) and Asian and Pacific Islander languages (19.6%); and, in Medford, other Indo-European languages (15.8%). (See the community profiles in Appendix G for the data for all nine towns).

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



Source: *US Census Bureau, American Community Survey 2019-2023 estimates*

✓ *Checkmarks indicate community rates with a 5% or more difference **below** 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 6). Within the service area, Everett, Malden and Saugus have the highest percentages of residents with less than a high school degree. Everett and Saugus have the highest percentages of residents with no more than a high school degree and the lowest percentages of residents with a bachelor's degree or other advanced degrees. Reading and Melrose have the highest percentage of residents with bachelor's degrees or higher.

Figure 6: Educational attainment for population 25 years and older

	Less than high school graduate[1]	High school graduate[2]	Some college[3], or associate's degree	Bachelor's degree	Graduate/ Advanced degree
Everett	20.1% ✓	35.0% ✓	21.4%	16.2%	7.3%
Malden	12.5% ✓	23.6%	18.9%	26.2%	18.7%
Medford	7.3%	18.5%	16.6%	30.3% ✓	27.3% ✓
Melrose	5.0%	17.7%	15.3%	33.7% ✓	28.3% ✓
N. Reading	3.1%	20.1%	21.2%	33.2% ✓	22.3%
Reading	3.8%	15.8%	15.3%	34.3% ✓	30.8% ✓
Saugus	9.2% ✓	33.9%	25.4% ✓	18.9%	12.5%
Stoneham	4.1%	23.5%	18.4%	31.7% ✓	22.3%
Wakefield	4.2%	21.0%	17.8%	31.9% ✓	25.1% ✓
MelroseWakefield Service Area Rate	**9.2%**	**23.7%**	**18.8%**	**27.4%**	**20.9%**
Massachusetts Rate	**8.6%**	**22.8%**	**21.9%**	**25.3%**	**21.4%**

Source: *U.S. Census Bureau, American Community Survey 2019-2023 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.
[3] Some college includes some college, no degree.

Public school students

Everett and Malden have the highest percentages of students whose first language is not English, students with limited English proficiency and low-income students. Saugus and Medford also have higher percentages of students who first language is not English compared to the state. Additionally, Medford also a higher percentage of students whose first language is not English, while Saugus has a higher percentage of students who are low income. North Reading, Reading and Wakefield have the lowest percentages of students whose first language is not English or who have limited English proficiency. (See Figure 7 below).

Figure 7: Selected student populations

	First language not English	Limited English proficiency	Low income
Everett	73.1% ✓	41.7% ✓	71.5% ✓
Malden	59.4% ✓	25.9% ✓	60.7% ✓
Medford	29.5% ✓	14.1% ✓	38.2%
Melrose	14.8%	4.8%	15.7%
N. Reading	3.4%	1.1%	11.0%
Reading	3.8%	1.9%	10.8%
Saugus	31.1% ✓	13.0%	46.6% ✓
Stoneham	13.2%	4.6%	22.4%
Wakefield	4.0%	3.2%	17.2%
Massachusetts Rate	**26.0%**	**13.1%**	**42.2%**

Source: *Massachusetts Department of Elementary and Secondary Education (2023–2024)*

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

Dropout rates range from a high of 4.8% in Everett to a low of 0% in North Reading. Everett, Malden, Medford and Saugus have the lowest rates of graduates attending college and Melrose, Reading and North Reading have the highest (see Figure 8 below).

Figure 8: Drop-out and college attendance rates

	Drop-out rate	Graduates attending college/ university
Everett	4.8% ✓	44.8% ✓
Malden	3.0% ✓	52.7% ✓
Medford	1.9%	58.5% ✓
Melrose	0.8%	84.5%
N. Reading	0.0%	82.3%
Reading	0.3%	84.5%
Saugus	1.6%	59.0% ✓
Stoneham	1.1%	78.2%
Wakefield	0.7%	77.2%
Massachusetts Rate	**2.1%**	**63.2%**

Source: *Massachusetts Department of Elementary and Secondary Education (2022–2023)*

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

2022 priorities, action and impact

2023-2025 community benefits accomplishments

The 2023-2025 Community Health Implementation Plan (CHIP) defined a three-year range of programs undertaken by MelroseWakefield to provide interventions (evidence-based and/or 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 FY2023–2025 CHIP 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 MelroseWakefield, although the system made collaboration a priority wherever possible to engage local stakeholders and residents and ensure their critical feedback informed its efforts. The 2023–2025 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 marginal populations.

In 2022, MelroseWakefield and Lawrence Memorial identified nine community health priorities to address over the next three years

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 the hospital's governing body ultimately approved all projects identified by the CHIP. 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.

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 the Massachusetts Attorney General or as part of the IRS Form 990 filing.

Strategies implemented

MelroseWakefield implemented the strategies outlined below to address the 2022 CHNA priorities.

Access to healthcare

- Assisted families with access to family assistance programs such as those through WIC and Healthy Families Program and Massachusetts Home Visiting Initiative (HF/MHVI)
- Assisted 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
- Continued to work with local schools and colleges to promote the education and training of professional healthcare workers
- Ensured programs and services address and increase access to the social factors that impact health
- Hosted a monthly mobile food market in partnership with the Greater Boston Food Bank and local volunteers

- Offered interpreter services
- Participated on local boards of directors for agencies serving the underserved
- Provided transportation from a medical appointment via taxi and UberHealth

Chronic disease

Strategies to reduce cancer and support residents living with cancer

- Continued to promote the ongoing health of patients living with cancer
- Continued to promote vaccines as a prevention strategy for human papillomavirus (HPV)
- Offered Baby Cafes in-person and remotely as a prevention tool
- Offered opportunities for cancer patients and their families to receive support to address the challenges of living with the disease
- Promoted healthy living and green technology such as low energy lights and electric car plug-in stations as root cause prevention measures

- Provided 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, provided chronic disease self-management programming and resources and referrals to Live Strong Programs at local YMCAs
- Provided individualized colon cancer screening methods
- Offered screening for lung cancer in high-risk patients

Strategies to reduce cardiovascular disease and support residents living with cardiovascular disease

- Continued to offer cardiac rehabilitation programs
- Continued to train the community to recognize and respond quickly to the signs of stroke
- Offered heart healthy education to community residents
- Provided Emergency Medical Technician (EMT) training focused on stroke and cardiovascular disease education
- Offered low-cost CPR training to community residents

Strategies to reduce diabetes and support residents living with diabetes

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

Strategies to reduce respiratory disease and support residents living with respiratory disease

- Continued to promote vaccines as a prevention strategy for adults, seniors and children
- MelroseWakefield was the first hospital to sign onto the Nicotine Free Generation bills in six local communities
- Provided programs to address COPD, chronic asthma and bronchitis
- Provided resources for long-term smokers to be able to successfully quit

- Supported the regional tobacco coalitions to address vaping, e-cigarettes and other tobacco products at a policy level

Disaster readiness and emergency preparation, including COVID-19 response

- Acted as a resource to the community during emergencies or acts of terror
- Continued to oversee regional support for local EMS
- Planned for heat and cold emergencies with local health departments and EMS
- Provided support to MelroseWakefield communities preparing for seasonal flu, RSV virus and COVID-19
- Provided support to local communities and obtained information from stakeholders/residents on emerging community needs

Housing stability and homelessness

- Convened annual necessities drives for veterans, children and low-income residents
- Provided lightly used children's clothing and equipment, parenting education and resources and referrals to families in need through the Mothers Helping Mothers Closet
- Supported housing advocacy in the hospital system's service area and across the state
- Supported local initiatives addressing housing stability and homelessness through task force participation such as through Bread of Life, Action for Boston Community Development (ABCD) and collaboration with Housing Families
- Supported the Malden Warming Center with supplies, materials, medication, education and blood pressure monitoring and Ask a Nurse clinics

Infectious disease

- Conducted ongoing medical education programs, available for community members to participate in free of charge
- Continued to address emerging diseases through disaster readiness and emergency planning efforts
- Produced health blogs and podcasts addressing health concerns
- Promoted handwashing for community members and employees across the system
- Promoted screening. education and vaccination for Hepatitis B and HPV through employed physician offices
- Provided support to local flu clinics
- Referred patients/residents to the Cambridge Health Alliance for screening, education and treatment for tuberculosis

Mental health and mental illness

- Began development of a 144-bed behavioral health hospital through a joint venture with Acadia Health, which is set to open in late 2025
- Continued to integrate behavioral health needs into primary and chronic disease models of care, including MelroseWakefield 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
- Convened a community coalition to address community behavioral health needs
- Offered programming to reduce senior isolation
- Offered school-based strategies to reduce anxiety and toxic stress and build resilience in youth
- Offered sliding scale supplemental support for individuals unable to afford mental health services
- Offered the "Savvy Caregiver Program"
- Provided a variety of support programs for seniors, children and adults suffering after the loss of a family member or friend in partnership with Tufts Medicine Care at Home
- Reduced the stigma of mental illness through education, advocacy and support to families and the community at large

Preventable injuries and poisonings

- Maintained sports medicine trainers in local high schools at a reduced fee to help reduce sports injuries
- Offered falls prevention programs such as "A Matter of Balance" for seniors
- Promoted CPR, first aid and Safe Sitter babysitting training programs in the community
- Provided education and training for residents with chronic back problems and risk of further injury

Substance use disorders

- Attended the Middlesex County District Attorney's regional Eastern Middlesex Opioid Task Force

- Continued to offer programming such as HF/MHVI and Grandparents Raising Grandchildren
- Focused on advocacy and policy changes across local and state networks
- Provided medication assisted treatment (MAT) in primary care
- Provided support to local and regional substance abuse prevention coalitions and support programs
- Supported regional tobacco prevention efforts

Violence and trauma

- Facilitated a bi-annual round table on domestic violence and intimate partner violence and provided other trainings to employees and community members
- Offered office space in-kind to Portal to Hope
- Supported local initiatives addressing domestic violence through board and task force participation

2025 health priorities

	Access to healthcare
	Behavioral health, including mental health + substance abuse
	Chronic disease prevention and management
	Disaster readiness and emergency preparation, including climate change
	Housing stability and homelessness
	Income, poverty and food insecurity
	Preventable injuries and safety
	Violence and trauma

-All programming considers the impacts of social determinants of health and aims to promote inclusive access to care, particularly for vulnerable populations.
-The above priorities are listed in alphabetical order, not by order of importance

The 2025 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 MelroseWakefield 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 2022 CHNA
- Priority areas designated by the Massachusetts Department of Public Health (DPH) and the Massachusetts Attorney General's Office
- Efforts to avoid duplication of services other providers and agencies already offer throughout the service area.

Before beginning the CHNA, Community Services 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, Mass General Brigham Hospitals (MGB) and the North Suffolk Coalition. In addition, MelroseWakefield actively participated in the CHNA Regional Coalition, which includes these and other regional partners. Through regular meetings, members shared data, coordinated outreach efforts and aligned resource collection strategies to ensure that data was gathered efficiently and effectively across the region. Throughout the needs assessment process, ICH reviewed and discussed results from each data collection phase with Community Services leadership. In April 2025, all CHNA results were shared with the Community Benefits Advisory Council (CBAC) and in May 2025 at two listening sessions with community residents and stakeholders. Attendees were asked to share their input on the concerns in their communities and which topics should be considered for the 2025 priorities. From this discussion, ICH drew up a preliminary list of 2025 priorities, in alphabetical order and then met with Community Services leadership to produce a finalized list, which was approved by the MelroseWakefield Board of Trustees in July 2025.

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.

Top social concerns

(community and stakeholder surveys)

Education

Housing stability and homelessness

Poverty

Youth use of social media

Community and stakeholder survey respondents identified education, housing instability and homelessness, poverty and youth use of social media as top social concerns affecting the community benefits service area. Survey respondents and focus group participants identified adolescents, seniors and people with low income as vulnerable populations of concern. LGBTQIA+ youth, especially transgender youth, are an additional population of concern. 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.

MelroseWakefield focuses on these social determinants of health and vulnerable populations in the community benefits service area through the 2025 CHNA health priorities and the strategies developed to address them. The hospital aims to support its communities and further its commitment to inclusive care across all the populations it serves.

Health priorities

Health priorities for the 2025 MelroseWakefield CHNA are described below in alphabetical order. Supporting data from secondary data review, community and stakeholder surveys and community focus groups is included for each priority whenever available.

Access to healthcare

Access to healthcare emerged as a priority in the community and stakeholder surveys, as well as the focus groups. When asked their top three health concerns in their community, access to care was the second most commonly reported concern amongst community survey respondents and the third most common concern for stakeholders. Stakeholders also identified facilitating access to care, including addressing barriers such as language, transportation, housing and food insecurity, as the third highest area of MelroseWakefield community benefits programming in need of improvement.

32.5%
of community survey respondents said that their **health insurance plan is not affordable to them**

A majority (88%) of community survey respondents reported having someone they consider their personal doctor or healthcare provider, but 32.5% reported that their insurance plan is not affordable to them and 28% indicated it does not meet all their health needs. Community survey results also showed that 37% of respondents felt that a lack of available appointments made it difficult for them to access care and 25% had trouble accessing or paying for healthcare services, including appointments, medicines or insurance, in the past 12 months.

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 do not have health insurance coverage (3.7%) than does the state as a whole (2.6%). As shown in Figure 9 below, although many of the communities have percentages below the state rate, Everett, Malden and Medford are notably above it.

Figure 9: Percentage of the population without health insurance coverage

Everett	7.6% ✓
Malden	5.6% ✓
Medford	3.4% ✓
Melrose	1.1%
N. Reading	0.7%
Reading	2.0%
Saugus	2.1%
Stoneham	1.6%
Wakefield	2.4%
MelroseWakefield Service Area Rate	**3.7%**
Massachusetts Rate	**2.6%**

***Source**: US Census Bureau, American Community Survey 2019-2023 estimates*

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

Transportation is also an important indicator to examine when considering access to healthcare. North Reading, Reading, Stoneham and Saugus all have poor AllTransit performance scores, a measure of public transit available locally, compared to the other towns in the service area. Looking at the average distance to a Massachusetts Department of Public Health Bureau of Substance Addiction Service (BSAS) provider, North Reading, Stoneham and Wakefield are all more than 5% above the state average of 17 miles.

Figure 10: Transportation indicators

	AllTransit performance score	Average distance travelled to a BSAS provider
Everett	8.2	15
Malden	8.2	11
Medford	8.2	16
Melrose	7.5	16
N. Reading	0.0 ✓	19 ✓
Reading	3.4 ✓	17
Saugus	4.4	17
Stoneham	4.0 ✓	21 ✓
Wakefield	6.4	21 ✓
Massachusetts Rate	**4.5**	**17**

Measure: *AllTransit Performance Scores (values from 0 to 10) is a weighted sum of transit connectivity, access to land area and jobs, frequency of service and the percent of commuters who use transit to travel to work, where the higher the number the better the transit service. Average distance travelled to a BSAS provider in miles.*

Sources: *AllTransit Performance Scores – Center for Neighborhood Technology 2024, AllTransit™*
Average distance travelled to a BSAS provider – Massachusetts Bureau of Substance Addiction Services Dashboard

✓ *Checkmarks indicate community rates with a 5% or more difference **below** (AllTransit performance score) or **above** (average distance travelled to a BSAS provider) the state rate.*

Focus group participants also raised access to care as a priority. Youth participants brought up the lack of access to care and services for immigrant groups and the challenges of finding transportation when you are too young to drive. Seniors also highlighted the challenges of finding transportation to get to doctor's appointments. Adult participants in multiple focus groups raised concerns about finding available medical providers, including specialists and behavioral health providers. They noted it can take months to find a provider taking new patients. They also brought up challenges around health insurance, sharing concerns about inadequate coverage, confusion around what is covered and feeling that insurance systems are too complicated.

Behavioral health, including mental health + substance use

Mental health and substance use were described as top health concerns in the community data collection. Ninety percent of key stakeholders and 62.5% of community survey respondents identified mental health as one of their top three community health concerns. 70% of key stakeholders and 46% of community survey respondents identified substance misuse as a top three health concern. Additionally, community survey data showed that youth use of social media was the second highest (38%) social issue of concern and 28% of community survey respondents identified tobacco product use as one of their top community health concerns.

63%

of community survey respondents and

90%

of key stakeholders indicated mental health as a top community health concern

Anxiety and depression were both among the most commonly reported health conditions in the community survey, with 39% of respondents indicating having experienced anxiety and 29% depression. Community survey respondents noted mental health services as an important need and existing gap in the community benefits service area. While 53% 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 statement 'The healthcare available in my community meets people's mental health needs.'

Data on health behaviors shows that a quarter (26%) of the respondents had an alcoholic drink 4 or more times a week. Fourteen percent used marijuana, 3% used other drugs and 8% used tobacco products sometimes or often.

46%

of community survey respondents and

70%

of key stakeholders indicated that substance misuse is a top health concern

Mental health was also mentioned as a top health concern in the community focus groups, and participants elaborated on the health and social challenges that impact mental health. Youth participants talked about having difficulty balancing all their obligations and not have sufficient guidance counselors. They also raised concerns about bullying and peer pressure and the impact of social media. They would like to see more formal peer-to-peer support

networks. Adult participants talked about dealing with a lot of stress and not being able to find an available therapist. Seniors discussed social isolation, which has been exacerbated by the shift towards virtual interaction.

Secondary data available via the Massachusetts Department of Public Health provides support for community concerns around mental health and mental illness. Close to a quarter of adults in all MelroseWakefield service area towns report experiencing depression and Everett and Medford have rates with a 5% or more difference above the state rate. Everett also a rate with a 5% or more difference above the state rate for adults with poor mental health.

Figure 11: Adult mental health indicators

	Adults 18+ with depression	Adults 18+ with poor mental health
Everett	25.7% ✓	19.4% ✓
Malden	22.6%	16.2%
Medford	24.6% ✓	15.8%
Melrose	23.7%	13.6%
N. Reading	24.0%	13.4%
Reading	23.4%	12.8%
Saugus	23.2%	16.0%
Stoneham	24.0%	14.3%
Wakefield	24.3%	13.9%
Massachusetts Rate	**23.4%**	**15.8%**

Measure: *Crude percentages of depression and poor mental health*
Sources: *Depression and poor mental health - Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.*
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Although local rates of depression among high school students were lower than the state, at least 1/5 of students in each town reported experiencing depression in the last 12 months. Stoneham has the highest rate, at 29%. Youth Health Survey data also shows that 15% of Stoneham high school students seriously considered suicide in the last 12 months (Figure 12).

Figure 12: High school student mental health indicators

	Experiencing depression in the last 12 months	Seriously considered suicide in the last 12 months
Melrose	21.7%	10.0%
Reading	23.6%	11.8%
Stoneham	29.0%	15.0 ✓
Wakefield	21.8%	12.5%
Massachusetts Rate	**34.3%**	**12.7%**

***Source**: Melrose, Reading, Stoneham and Wakefield Public Schools Youth Health Surveys, 2023; Massachusetts Youth Health Survey, 2023*
YHS data was not available for Everett, Malden, Medford, N. Reading and Saugus.
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Bullying can affect mental health. Figure 13 shows the percentages of high school students that have experienced bullying at school and cyberbullying in the past 12 months. Although the local rates are all lower than the state, they are still notable, with 10-15% of students experiencing bullying at school and 8-9% experiencing cyberbullying. Reading has the highest rates of bullying.

Figure 13: Percentage of high school students who have experienced bullying

	Experienced bullying at school in the past 12 months	Experienced cyberbullying in the past 12 months
Melrose	11.0%	8.0%
Reading	15.0%	9.0%
Stoneham	12.0%	8.0%
Wakefield	10.0%	8.0%
Massachusetts Rate	**15.9%**	**15.3%**

***Source**: Melrose, Reading, Stoneham and Wakefield Public Schools Youth Health Surveys, 2023; Massachusetts Youth Health Survey, 2023*
YHS data was not available for Everett, Malden, Medford, N. Reading and Saugus.
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Figure 14 shows substance use-related emergency department and mortality data from the Massachusetts Department of Public Health. Everett is a notable community of concern here, with rates for all four indicators having a 5% or more difference above the state rates and also notably higher rates than the other MelroseWakefield communities. Opioid-related mortality was also higher than the state rate in North Reading and Saugus.

Figure 14: Substance use-related ER visit and mortality rates

	Any substance-related ER visits	Alcohol-related mortality	Opioid-related mortality	Any substance-related mortality
Everett	1994.4 ✓	45.5 ✓	51.0 ✓	84.0 ✓
Malden	1348.1	22.5	27.9	51.5
Medford	1302.3	14.3	21.2	36.0
Melrose	1280.0	19.5	*	29.0
N. Reading	610.6	*	35.6 ✓	41.2
Reading	520.9	*	*	*
Saugus	1445.3	*	40.9 ✓	50.0
Stoneham	1096.5	*	*	21.0
Wakefield	1103.7	24.5	20.9	45.2
Massachusetts Rate	**1619,2**	**28.9**	**31.0**	**58.2**

***Measure**: Age-adjusted rates per 100,000 people*
***Source**: Massachusetts Department of Public Health, Massachusetts Bureau of Substance Addiction Services (BSAS) Dashboard; Jul 2023-Jun 2024 (Any substance related ER visits), Jan 2023-Dec 2023 (alcohol, opioid and substance related mortality)*
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*
** Indicates rate was suppressed due to low counts (N<5)*

Lifetime alcohol use among high school students is generally high among the towns that shared their Youth Health Survey data. Stoneham stands out as having rates with a 5% or more difference above the state rate for lifetime alcohol, current alcohol and current marijuana use (Figure 15).

Figure 15: High school student substance use indicators

	Lifetime alcohol use	Current (30 day) alcohol use	Lifetime marijuana use	Current (30 day) marijuana use
Medford	25.6%	9.9%	11.3%	6.1%
Melrose	36.8%	19.5%	15.4%	9.5%
Reading	40.4%	21.9	20.5%	11.9%
Stoneham	47.0% ✓	32.0% ✓	28.0%	21.0 ✓
Wakefield	38.4%	17.6%	19.0%	11.0%
Massachusetts Rate	**40.5%**	**22.1%**	**29.9%**	**16.8%**

***Source**: Medford High Schools Communities that Care Survey, 2023; Melrose, Reading, Stoneham and Wakefield Public Schools Youth Health Surveys, 2023; Massachusetts Youth Health Survey, 2023*
YHS data was not available for Everett, Malden, N. Reading and Saugus.
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

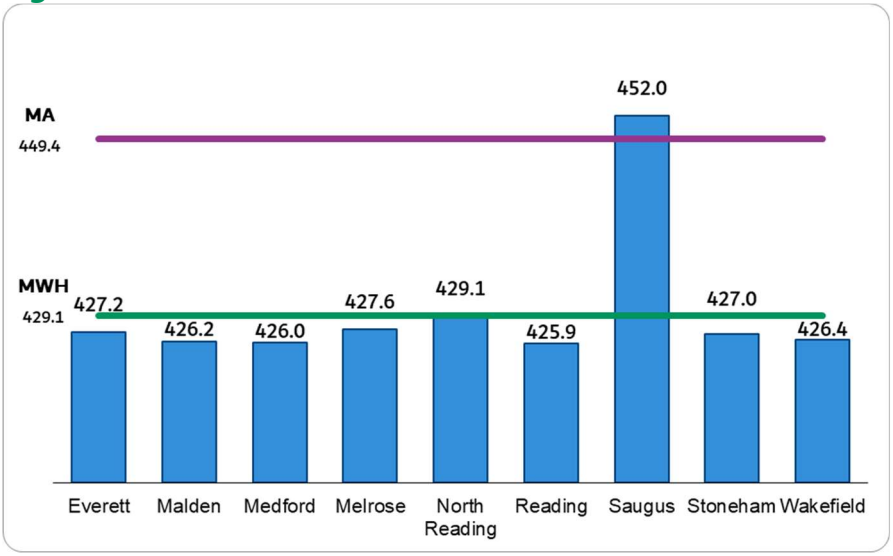
Gambling is also a concern for both youth and adults, especially given the casino located in Everett.

Chronic disease prevention and management

Preventing and managing chronic disease continues to be a priority for the community benefits service area, with a focus on cancer, cardiovascular disease, diabetes and respiratory disease. Results from both the community and stakeholder surveys 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, seventh and eighth biggest concerns among community survey respondents. Health behaviors reported by community survey respondents that are associated with chronic disease also support this as a continued priority. Thirty seven percent of community survey respondents reported they have been told by a healthcare provider that they were overweight, 30% reported high blood pressure, 21.5% reported high cholesterol and 11% reported being told they have diabetes. Twenty five percent of community survey respondents also report that they never or rarely exercise at least 30 minutes per day 3 days a week.

Figure 16 depicts cancer incidence (new cases occurring at any site in the body). The data, from 2016-2020, shows that Saugus had a rate higher than the state and the other MelroseWakefield towns. Unfortunately, more recent cancer incidence or mortality rate data at the town level was not available, which limits our understanding of cancer in the community benefits service area.

Figure 16: Cancer incidence rates



***Measure**: Age-adjusted rate per 100,000 people.*
***Source**: National Cancer Institute, state cancer profiles, 2016-20.*
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Secondary data on prevalence (proportion of the population that has the condition) of chronic disease also support this priority. Data was available for heart disease, diabetes and asthma. Notably, compared to the state, Saugus has a high prevalence of all three chronic disease indicators, as shown in figure 17 below. Including Saugus, six out of the nine communities in the service area have higher rates of asthma prevalence compared to the state, with a difference of 5% or more. In addition to Saugus, Everett, Malden and Stoneham also have a high prevalence of diabetes compared to the state.

Saugus
has a higher prevalence of **heart disease**, **diabetes**, **obesity** and **asthma** than the state.

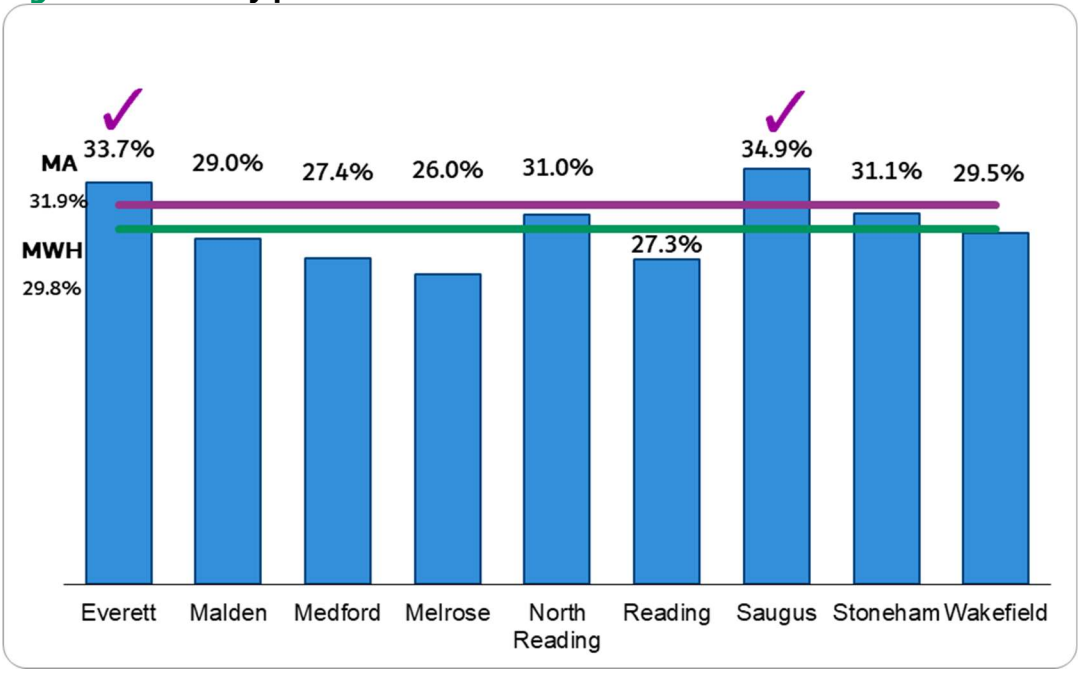
Figure 17: Chronic disease prevalence

	Heart disease	Diabetes	Asthma
Everett	6.0%	13.5% ✓	7.8%
Malden	5.4%	13.2% ✓	8.4%
Medford	5.1%	10.9%	9.5%
Melrose	5.6%	11.1%	10.8% ✓
N. Reading	5.5%	10.3%	9.9% ✓
Reading	6.0%	11.7%	11.4% ✓
Saugus	7.6% ✓	14.5% ✓	10.6% ✓
Stoneham	6.4%	12.7% ✓	11.1% ✓
Wakefield	5.9%	10.8%	11.8% ✓
Massachusetts Rate	**6.6%**	**11.7%**	**9.4%**

***Measure**: Heart disease – Crude percentage of self-reported data*
Diabetes, Obesity, Asthma – Age-adjusted percentages from Electronic Health Record data
***Sources**: Heart disease – Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal, 2022.*
Diabetes, Obesity, Asthma – Massachusetts Department of Public Health, 2023.
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Obesity is linked to numerous chronic diseases. Overall, the community benefits service area has a high obesity prevalence of 29.8%. Saugus (34.9%) and Everett (33.7%) have the highest prevalence of obesity, with a 5% or more difference above the state rate of 31.9%.

Figure 18: Obesity prevalence



***Measure**: Age-adjusted percentages from Electronic Health Record data*
***Sources**: Massachusetts Department of Public Health, 2023.*
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

HIV can also be viewed as a chronic disease as it can be managed with long-term treatment. Secondary data from the Massachusetts Department of Public Health shows that two out of the nine communities (Everett and Malden) have HIV diagnosis rates that are 5% of more above the state rate. See figure 19 below. It should be noted that these communities have access to local and Boston-based healthcare providers that specialize in HIV care.

Figure 19: HIV diagnosis rate

	HIV diagnosis rate
Everett	14.3 ✓
Malden	14.6 ✓
Medford	6.1
Melrose	*
N. Reading	*
Reading	*
Saugus	*
Stoneham	*
Wakefield	*
Massachusetts Rate	**6.8**

***Measure**: Rates per 100,000 people*
***Sources**: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2021-23*
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*
** Indicates rate was suppressed due to low counts (N<5).*

Disaster readiness and emergency preparation, including climate change

Disaster and emergency planning remain an ongoing priority for the health system in 2025, with the additional concern of planning for climate change added this year. In the community survey results, 19% of respondents chose disaster readiness and emergency preparedness as a top social issue.

Planning for disease epidemics is an important part of emergency preparation. Nine percent of community survey respondents said they last received the flu vaccine and 21% the COVID vaccine more than 2 years ago. Five point five percent said they had never received the flu vaccine and 4% had never received the COVID vaccine. In one of the community focus groups, participants noted that they feel like diseases such as COVID, RSV and the flu seem to be more prevalent now.

The COVID-19 case rate for the period from June 30th 2024 to June 7th 2025 is 5% or more above the state rate in 4 of the 9 communities. Stoneham has the highest case rate of 1325.1 per 100,000 people, compared to 897.4 statewide.

Figure 20: COVID-19 case rate

	COVID-19 case rate
Everett	933.3
Malden	772.7
Medford	796.2
Melrose	838.4
N. Reading	977.2 ✓
Reading	913.1
Saugus	985.4 ✓
Stoneham	1325.1 ✓
Wakefield	952.4 ✓
Massachusetts Rate	**897.4**

***Measure**: Rates per 100,000 people; this season includes data from June 30, 2024 to June 7, 2025*
***Sources**: COVID-19 Dashboard; Data provided by the Bureau of Infectious Disease and Laboratory Sciences and the Registry of Vital Records and Statistics; created by the Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, Division of Surveillance, Analytics and Informatics.*
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Youth and adult participants in community focus groups highlighted concerns about the health impacts of climate change on their communities. They raised concerns about the increased number of heat waves, particularly for residents who cannot afford or do not have access to air conditioning. Participants also shared experiences of climate anxiety and expressed the need for more community support and infrastructure to respond to natural disasters and public health emergencies. These findings highlight the importance of continued investment in emergency planning, climate resilience and public awareness.

Housing stability and homelessness

Housing stability and homelessness was a repeatedly cited major area of concern in the community benefits service area. Six out of 10 stakeholders identified housing stability/homelessness as a top social issue. One stakeholder noted *"Emergency Assistance family shelter rules are changing and becoming more restrictive. The housing crisis is continuing to deepen with shelter limits, low rental housing vacancy and high cost of housing. Safe, affordable, accessible housing is a foundational building block for health and well-being and more partners and resources are needed to meet this moment"*.

On the community survey, 61% of respondents identified affordable housing as one of the top three things they would like to improve about their community. Fifty two point five percent identified housing stability/homelessness as a top three social issue of concern, making it the most frequently chosen social concern among the community survey respondents. Thirty one point five percent of survey respondents indicated that they had trouble accessing or paying for housing (rent, mortgage, taxes) in the last month and 16% indicated "not at all true" when asked whether housing was affordable in their community.

61%

of community survey respondents identified affordable housing as a top area in need of improvement in their community

Participants in many of the community focus groups shared concerns about housing stability and affordability. Participants in all the adult focus groups brought up the difficulty of finding affordable housing, noting that people who grew up in the area are having to move away to find an affordable place to live or are living paycheck to paycheck. Participants also noted that concerns about housing create stress that affects physical and mental health. When asked about their vision for the future, participants wished there was more support to keep housing costs affordable, including utilities and more homeless shelters.

Concerns about housing affordability are also supported by data from the Census. Renter occupied units are concentrated in Everett, Malden and Medford and Everett has a higher rate of housing burden among renters as compared to the state (defined as households paying more than 30% of their income on housing costs). Everett, Medford and Saugus also demonstrated a higher-than-the-state housing cost burden among home-owners. Only 7.5% of housing units in the community benefits services area are classified as part of subsidized housing inventory, as compared to 9.7% for

Massachusetts as a whole.[4] Within the service area, Reading has the highest percentage of housing classified as subsidized housing inventory (9.8%) followed by North Reading (9.4%), while Everett (4.5%) and Stoneham (4.9%) have the lowest.

Figure 21: Owners vs. renters and housing cost burden

	% of renters	% of owners	% spending more than 30% of income on rent	% spending more than 30% of income on monthly owner costs
Everett	63.5% ✓	36.5%	56.8% ✓	37.5% ✓
Malden	57.9% ✓	42.1%	50.7%	27.4%
Medford	46.9% ✓	53.1%	42.4%	28.3% ✓
Melrose	32.2%	67.8% ✓	47.7%	23.3%
N. Reading	16.2%	83.8% ✓	68.7% ✓	27.3%
Reading	16.9%	83.1% ✓	27.5%	21.6%
Saugus	26.1%	73.9% ✓	52.6%	35.2% ✓
Stoneham	28.9%	71.1% ✓	43.4%	21.5%
Wakefield	29.6%	70.4% ✓	44.2%	25.7%
MelroseWakefield Rate	**41.7%**	**58.3%**	**48.8%**	**27.5%**
Massachusetts Rate	**62.6%**	**62.6%**	**51.0%**	**26.3%**

***Source**: US Census Bureau, American Community Survey 2019-2023 estimates*

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

[4]Executive Office of Housing and Livable Communities Chapter 40B Subsidized Housing Inventory (SHI) as of June 29, 2023. https://www.mass.gov/doc/subsidized-housing-inventory-2/download

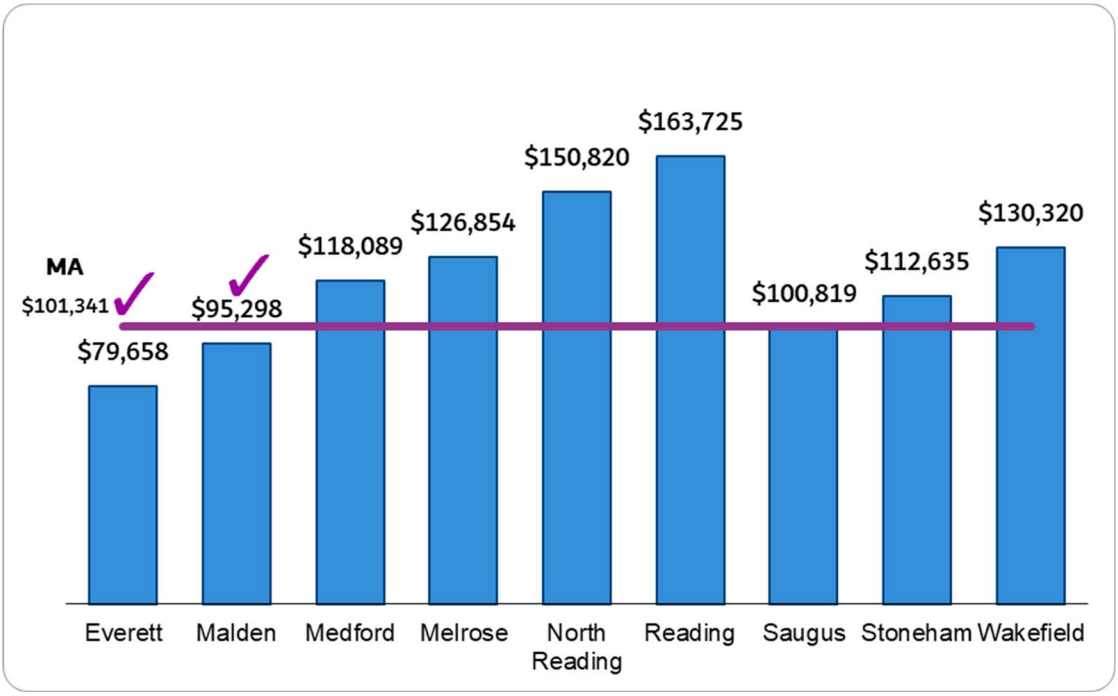
Income, poverty and food insecurity

Community and stakeholder survey respondents shared concerns about income, poverty and food insecurity in their communities. Sixty percent of stakeholders chose poverty as a top social issue of concern (tied with housing stability and homelessness as the most frequently chosen issues) and 8 out of 10 survey respondents indicated people with low incomes are one of the top populations most affected by social issues. Community survey respondents raised similar concerns, with 26% choosing employment and 21% poverty as top social issues. Additionally, 15% selected 'not at all true' when asked whether there is access to local investment opportunities in their community and 13% said it is 'not at all true' that there is access to good local jobs with living wages and benefits. Twenty four percent also indicated that they had trouble accessing or paying for food or groceries in the past year.

Many adult and senior focus group participants brought up financial barriers, highlighting the high cost of living. Participants raised concerns about being able to afford caretaking, accessing affordable, healthy food and the financial barrier to engaging in activities to improve their health, like a gym membership. This is in addition to the concerns they raised about affordable housing, discussed above. Seniors also noted the challenge of living on a fixed income. They expressed an interest in more support to reduce poverty, including programs designed to decrease the cost of living, support for housing and utilities, affordable food programs and job training to create pathways out of poverty.

Secondary data on income and poverty in the community benefits service area exhibit wide variation. Reading has the highest median income at $163,725 and Everett the lowest at $79,528. All communities in the community benefit service area except Everett, Malden and Saugus have a median income higher than the Massachusetts median income. See Figure 22 below.

Figure 22: Median household income



Source: *US Census Bureau, American Community Survey 2019-2023 estimates*
✓ *Checkmarks indicate community rates with a 5% or more difference* ***below*** *the state rate.*

As shown in Figure 23 below, 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 Massachusetts. Saugus has a higher rate of poverty among adults over the age of 65 compared to the state rate and Everett and Malden have higher rates than the state on all three poverty measures.

Figure 23: 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	15.4% ✓	13.6% ✓	14.5% ✓
Malden	13.3% ✓	17.1% ✓	9.0% ✓
Medford	7.0%	10.6%	3.0%
Melrose	2.5%	6.8%	2.1%
N. Reading	0.7%	3.4%	1.2%
Reading	0.5%	5.3%	1.8%
Saugus	5.1%	11.0% ✓	5.3%
Stoneham	3.3%	9.5%	3.8%
Wakefield	4.3%	6.0%	3.3%
Massachusetts Rate	**11.8%**	**10.2%**	**6.6%**

Source: U.S. Census Bureau, American Community Survey 2019-2023 5-Year Estimates

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

Data indicators on food access across the community benefits services area (Figure 24) further emphasize this priority. Five of the 9 communities have a food insecurity rate of 20% or higher, with Malden the highest at 40%. Malden and Everett both have rates 5% or more above the state rate for households with children utilizing SNAP. The SNAP gap, which refers to the proportion of people who are eligible for SNAP benefits but are not accessing those benefits, is higher than the state-wide SNAP Gap of 47% in all communities within the community benefits service area.

Figure 24: Food insecurity indicators

	Food insecurity rate	Households with children <18 using SNAP	SNAP Gap
Everett	35.0%	31.4% ✓	63.0% ✓
Malden	40.0% ✓	27.5% ✓	58.0% ✓
Medford	21.0%	11.3%	60.0% ✓
Melrose	17.0%	3.3%	60.0% ✓
N. Reading	17.0%	4.3%	64.0% ✓
Reading	10.0%	1.2%	62.0% ✓
Saugus	20.0%	11.7%	57.0% ✓
Stoneham	21.0%	14.3%	60.0% ✓
Wakefield	18.0%	5.2%	58.0% ✓
MelroseWakefield Rate	*	**12.2%**	**60.3%** ✓
Massachusetts Rate	**34.0%**	**19.7%**	**47.0%**

Sources: *U.S. Census Bureau American Community Survey 2019-2023 5-Year Estimates, Greater Boston Food Bank, Food Bank of Western Massachusetts*

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

** Asterisk indicates that rate is unavailable*

Preventable injuries and safety

Unintentional injury death rate data is available by county. Eight of the nine communities are in Middlesex County, which has a crude rate of 49.3 per 100,000 people, lower than the Massachusetts rate of 63.3. Saugus is in Essex County, which has an unintentional injury death rate slightly higher than the state (65.5) but which doesn't meet the threshold of having a 5% or higher difference above the state rate.

Injury prevention is particularly important for vulnerable populations such as older adults, children and individuals with limited mobility or access to safe environments. These injuries can occur in the home, at work or in public spaces and often intersect with other health and safety concerns, including housing quality, transportation infrastructure and emergency preparedness.

A report pulled from MelroseWakefield's Emergency Department noted falls, motor vehicle crashes and sports injuries as the top three mechanisms of injury in the past year.

Maintaining a focus on injury prevention and safety is key to ensuring residents can live safely and independently in their communities.

Violence and trauma

Twenty eight point five percent of community survey respondents selected crime as one of their communities' top three social issues, making it the fourth most common response. Three percent of the respondents reported being harmed or feeling afraid of their current partner, sometimes or often. Three out of ten stakeholder survey respondents chose crime as a top social issue. Secondary data on violent crime rates (Figure 25) shows that Everett has the highest rate (353.84 per 100,000 people) among the 9 towns and is more than 5% higher than the state violent crime rate of 279.16 per 100,000 people. Reading has the lowest violent crime rate.

Figure 25: Violent crime rate

	Violent crime rate
Everett	353.84 ✓
Malden	231.76
Medford	169.89
Melrose	138.02
N. Reading	115.33
Reading	23.87
Saugus	216.64
Stoneham	106.41
Wakefield	106.72
MelroseWakefield Rate	**187.66**
Massachusetts Rate	**279.16**

Measure: *Rate per 100,000 people*
Source: *Massachusetts Crime Statistics, 2023*
Includes murder, sex offenses and aggravated assault
✓ *Checkmarks indicate a 5% or more difference **above** the state rate*

Figure 26 shows violence and trauma indicators among youth. The towns that reported Youth Health Survey data all have higher lifetime sexual violence than the state, with Stoneham having a rate with more than a 5% difference above the Massachusetts rate (13% vs 7.4%). Three to six percent of students in each town experienced dating violence through physical assault in the last 12 months and 4-8% experienced dating violence through sexual assault in the last 12 months.

Figure 26: High school student violence indicators

	Lifetime sexual violence	Experienced dating violence through physical assault	Experienced dating violence through sexual assault
Melrose	11.0%	3.0%	4.0%
Reading	11.0%	3.0%	5.0%
Stoneham	13.0% ✓	6.0%	8.0%
Wakefield	12.0%	6.0%	8.0%
Massachusetts Rate	**7.4%**	**8.3%**	**15.1%**

***Source**: Melrose, Reading, Stoneham and Wakefield Public Schools Youth Health Surveys, 2023; Massachusetts Youth Health Survey, 2023*
YHS data was not available for Everett, Malden, Medford, N. Reading and Saugus.
✓ *Checkmarks indicate community rates with a 5% or more difference **above** the state rate*

Ensuring that communities are safe and that residents have support in both preventing violence and coping with situations that do happen is an important aspect of ensuring healthy and livable communities.

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

The community and stakeholder surveys, as well as the community focus groups, provided insight into what service area residents and stakeholders consider to be the greatest strengths and assets. The community survey asked respondents to identify what they liked best about their communities. They were given a list of 15 options, plus the opportunity to write in a response and asked to select up to five items. They 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. The stakeholder survey asked respondents to choose the top three assets and strengths of the communities with which they were familiar from a list of 16 options, with the opportunity to write in additional responses. Youth, senior 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:

Access to community resources

The highest number of respondents selected 'residents have access to resources from organizations and agencies working for the communities' as a top asset in both the community survey (44% of respondents) and the stakeholder survey (80% of respondents). This was also a common theme from the focus groups across all populations. Focus group participants identified community

spaces such as youth centers, senior centers, churches and community-based organizations and programs as key community assets. They also highlighted the availability of resources and support for seniors and low-income populations.

Sense of community

Survey and focus group participants highlighted the sense of community found across the MelroseWakefield service area. In the stakeholder survey, 60% of respondents indicated that a top asset is that people 'care about improving our community', 30% said that people are proud of their community and 30% identified that there are talented community members engaged in working for their communities. In the community survey, 43% of respondents indicated that one of the top things they like best about their community is that the community is perceived as a good place to settle down and raise children or age gracefully and 37% indicated that people care about improving the community. Additionally, adult focus group participants noted their communities were welcoming, supportive and resilient.

Inclusion of community residents

Inclusion of many different groups of people was a top asset identified in both surveys and by adult focus group participants. Forty three percent of community survey respondents selected 'my community has people of many races and cultures' as one of the top five things they like best about their communities. Thirty percent of stakeholder survey respondents identified 'community members come from many different backgrounds' as a top asset.

Strengths of MelroseWakefield in the community

Key stakeholders participating in the survey were asked to identify areas in which they think MelroseWakefield community programming is the strongest, both in their community and at a regional level. Respondents were given a list of ten options, plus an option to write in other areas that were unlisted. The most commonly indicated responses were chronic disease, including cancer, diabetes and heart disease, and supporting vulnerable populations (56% or 5/9 respondents each). Behavioral/mental health and facilitating access to care, including addressing barriers due to language,

transportation, housing and food insecurity were also identified by nearly half of respondents (44% or 4/9 respondents each).

Key stakeholders also commented on ways MelroseWakefield is helpful to them or to their community. Several respondents mentioned the way MelroseWakefield collaborates, such as with local organizations to connect people to resources. Others commended their support for WIC, food and clothing distribution, work on vaping among teens and the importance of access to urgent care through Lawrence Memorial Hospital.

This report has been designed using resources from Flaticon.com

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

Children's Trust of Massachusetts

Chinese Culture Connection

Communitas

Community Servings Inc

Criterion Early Intervention

Cross Cultural Communications Inc

Eliot Community Human Services

Everett CFCE Grant Program

Faith-based organizations

Friends of Middlesex Fells Reservation

Greater Malden Asian American Community Coalition

The Greater Boston Food Bank

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 Service

Joint Committee for Children's Health Care in Everett

Local arts councils

Local boards of health

Local chambers of commerce

Local civic groups (Rotary, Kiwanis)

Local councils on aging

Local early intervention (EI) programs

Lowell Community Health Center

Malden Homelessness Task Force

Malden Opioid Task Force

Massachusetts Department of:

- Children and Families (DCF)
- Conservation and Recreation (DCR)

Early Education and Care (EEC)

Public Health (MDPH)

Transitional Assistance (DTA)

Massachusetts Executive Office of Elder Affairs

Massachusetts Health Policy Commission

Massachusetts Hospital Association

Medford Family Network (CFCE)

Medford Health Matters

Medford HUB

Melrose Alliance Against Violence

Melrose Community Coalition

Melrose Family YMCA

Metropolitan Area Planning Council

Middlesex County District Attorney

Mystic Valley Elder Services

Mystic Valley Public Health Coalition

Mystic Valley Regional Behavioral Health Coalition

Mystic Valley Tobacco Program

Mystic YMCA and Mystic Market

NAMI

Portal to Hope

Reading Coalition Against Substance Abuse (RCASA)

Regional emergency medical services (EMS) providers

Regis College/Lawrence Memorial

RESPOND Inc.

Riverside Community Care

Stoneham Alliance Against Violence

Tri-City Hunger Network

Tufts Medical Center

Tufts Medical Center Community Care

Tufts Medicine Care at Home

Tufts University and Tufts University School of Medicine

Wakefield Alliance Against Violence

WAKE-UP: Wakefield Unified Prevention

West Medford Community Center

Winchester Hospital/BI Lahey Health

Zonta Clubs of Malden and Medford

Appendix B: Secondary data sources

The following publicly available secondary data indicators were reviewed as part of the 2025 CHNA process.

Data Source	Year(s)	Data Indicator(s) Reviewed
US Census Bureau American Community Survey (ACS)	2019 - 2023 (5-Year Estimates)	Total population number 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 % of households with children under 18 utilizing SNAP
Massachusetts Crime Statistics, Massachusetts Executive Office of Elder Affairs	2023	Violent crime rate

Massachusetts Health Policy Commission Executive Office of Public Safety and Security		
Massachusetts Department of Housing and Community Development (DHCD)	2023	% of housing units classified as Subsidized Housing Inventory (SHI)
The Greater Boston Food Bank. FY 2024 Closing the Meal Gap in Eastern Massachusetts	2024	Food insecurity rate
Food Bank of Western Massachusetts	2023	% of population eligible for SNAP who are not accessing financial benefits (SNAP gap)
Center for Neighborhood Technology, AllTransit™	2024	Transit performance score (0-10)
Massachusetts Department of Elementary and Secondary Education (DESE)	2023-2024 2024-2025	Number of enrolled students (2024-2025) Special populations (% of students first language not English; % English language learner, % low income) (2023-2024) Public school graduation and drop-out rates (% of students graduating in 4 years; students dropping out, % graduates attending 2-year and 4-year college/university) (2023-2024)
Medford High Schools Communities that Care Survey	2023	Lifetime and current (30 day) alcohol use Lifetime and current (30 day) marijuana use
Youth Health Surveys -Melrose Public Schools -Reading Public Schools -Stoneham Public Schools -Wakefield Public Schools -Massachusetts Youth Risk Behavior Survey	2023	Lifetime and current (30 day) alcohol use Lifetime and current (30 day) marijuana use Experiencing depression in the last 12 months Seriously considered suicide in last 12 months Experienced bullying at school in the past 12 months Experienced cyber-bullying at school in the past 12 months Lifetime sexual violence Experience dating violence through physical assault Experience dating violence through sexual assault
National Cancer Institute, State Cancer Profiles	2016-20	All cancers incidence rate per 100,000
Center for Disease Control and Prevention, Behavioral Risk Factor Surveillance System	2022	Crude percentages of: • Heart disease prevalence • Diabetes prevalence • Obesity prevalence

		• Asthma prevalence • Adults 18+ with depression • Adults 18+ with poor mental health
Massachusetts Bureau of Substance Addiction Services Dashboard	2023-2024 (grouped)	Age-adjusted rates per 100,000 for: • Opioid-related mortality • Alcohol-related mortality • Substance related ER deaths • Substance related ER visits Individuals admitted to BSAS services (crude rate per 100,000) Average distance traveled to BSAS provider
Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences	2021-2023 2024-2025	Average annual rate per 100,000 for: • HIV diagnosis rate • COVID-19 case rate

Appendix C: Key stakeholder survey

Thank you very much for taking the time to fill out this survey. Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital (MelroseWakefield) are 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 MelroseWakefield communities. This survey should take 5 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.

MelroseWakefield is hosting this survey and has engaged the Institute for Community Health (ICH) to review the results. MelroseWakefield 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 MelroseWakefield 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
   - ❑ People care about improving our community

- ❑ People speak my language
- ❑ 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 and other people who 'get things done'
- ❑ The community is perceived as a good place to settle down and raise children or age gracefully
- ❑ The community members come from many different backgrounds (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
- ❑ There are lots of community events and activities held throughout the year
- ❑ There are plentiful ways to meet people, such as through clubs and other associations
- ❑ Other (please specify) _____

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

- ❑ Access to healthcare (including cost)
- ❑ Access to domestic violence/intimate partner violence services
- ❑ Aging problems (including arthritis, falls, hearing/vision loss)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ COVID-19
- ❑ Dental problems
- ❑ Diabetes
- ❑ Heart/lung disease and stroke
- ❑ Infectious disease other than COVID-19 (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Mental health, including depression, suicidal ideation, dementias
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Reproductive/sexual health
- ❑ Respiratory disease (e.g. asthma, COPD)
- ❑ Substance use
- ❑ Tobacco product use, including cigarettes, e-cigarettes and vaping
- ❑ Other (please specify) _____

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

- ❑ 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
- ❑ Youth use of social media
- ❑ Other (please specify) _____

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

- ❑ Infants/toddlers
- ❑ Youth age 6-12
- ❑ Adolescents
- ❑ Young adults (20-26)
- ❑ Elder/seniors
- ❑ Pregnant/postpartum people
- ❑ People with chronic health issues
- ❑ People with disabilities
- ❑ People who are homeless
- ❑ People who don't speak English
- ❑ People with low incomes
- ❑ Men
- ❑ Women
- ❑ LGBTQA+
- ❑ Black/African American people
- ❑ Latino/Hispanic people
- ❑ Asian/Asian American people
- ❑ Indigenous/Native Americans
- ❑ Recent Immigrants
- ❑ People who were incarcerated

6) Is there anything MelroseWakefield could do to address the concerns and issues you noted above in questions 3, 4 and 5?

Perspectives on Community Programs

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

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

8) Which areas of MelroseWakefield'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)

- ❑ Preventable injuries and poisonings
- ❑ Substance use
- ❑ Supporting vulnerable populations
- ❑ Violence and trauma
- ❑ Other (please specify) _____

9) What do you see as MelroseWakefield 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)
- ❑ Preventable injuries and poisonings
- ❑ Substance use
- ❑ Supporting vulnerable populations
- ❑ Violence and trauma
- ❑ Other (please specify) _____

10) What does MelroseWakefield do that is helpful to you or your community?

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

Thank you for your time!

Appendix D: Community survey

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital Community Health Needs Assessment Survey 2025

Please select your preferred language to complete the survey:

❑ English
❑ Español
❑ Kreyòl ayisyen
❑ Italiano
❑ Português
❑ Tiếng Việt
❑ 中人
❑ العربية

Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital are 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 needs over the next three years.

- This survey will take about 10-15 minutes to complete.
- If you do not feel comfortable answering a question, you can skip it.
- The survey is anonymous. Your answers are private and will not be shared in any way that can identify you.
- 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 Barbara.Kaufman@tuftsmedicine.org.
- Once you complete the survey, you will have the option to enter a raffle for a $100 gift card.

YOUR COMMUNITY

1) **Which of the following communities do you spend most of your time in?**
   - ❑ Everett
   - ❑ Malden
   - ❑ Medford
   - ❑ Melrose
   - ❑ North Reading
   - ❑ Reading
   - ❑ Saugus
   - ❑ Stoneham
   - ❑ Wakefield
   - ❑ I do not spend time in any of these communities

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

	Not at all true	Somewhat true	True	I don't know
Housing in my community is safe, affordable and good quality.	❑	❑	❑	❑
People have access to reliable transportation in my community.	❑	❑	❑	❑
My community is prepared to protect ourselves during climate disasters, such as flash flooding, hurricanes or blizzards.	❑	❑	❑	❑
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.	❑	❑	❑	❑
Children in my community receive a high quality education.	❑	❑	❑	❑
My community is accepting of differences (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.	❑	❑	❑	❑

3) **What do you like BEST about your community? Please select up to 5 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 or age gracefully
- ❑ 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): _____

4) **What are the most important things you WOULD LIKE TO IMPROVE about your community? Please select up to 5 items from the list below.**

- ❑ Better access to healthcare
- ❑ 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
- ❑ Better sidewalks and trails
- ❑ Less crime and violence
- ❑ Better parks and recreation
- ❑ More respect and inclusion for members of the community
- ❑ Safer roads
- ❑ Stronger community leadership
- ❑ Stronger sense of community
- ❑ Other, please explain:

_____

5) What do you think are the top HEALTH CONCERNS in your community? Please select up to 5 items from the list below.

- ❑ Access to healthcare (including cost)
- ❑ Access to domestic violence/intimate partner violence services
- ❑ Aging problems (including arthritis, falls, hearing/vision loss)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ COVID-19
- ❑ Dental problems
- ❑ Diabetes
- ❑ Heart/lung disease and stroke
- ❑ Infectious disease other than COVID-19 (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Mental health, including depression, suicidal ideation, dementias
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Reproductive/sexual health
- ❑ Respiratory disease (e.g. asthma, COPD)
- ❑ Substance misuse
- ❑ Tobacco product use, including cigarettes, e-cigarettes and vaping
- ❑ Other, please explain:

_____

6) What do you think are the top SOCIAL ISSUES in your community? Please select up to 5 items 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
- ❑ Youth use of social media
- ❑ Other, please explain:

_____

7) **From the list below, choose up to 5 groups of people that you are especially concerned about or want your community to focus on.**

- ❑ Infants/toddlers
- ❑ Youth age 6-12
- ❑ Adolescents
- ❑ Young Adults (20-26)
- ❑ Elders/seniors
- ❑ Pregnant/postpartum people
- ❑ People with chronic health issues
- ❑ People with disabilities
- ❑ People who are homeless
- ❑ People who don't speak English
- ❑ People with low incomes
- ❑ Black/African American people
- ❑ Men
- ❑ Women
- ❑ LGBTQA+
- ❑ Latino/Hispanic people
- ❑ Asian/Asian American people
- ❑ Indigenous/Native Americans
- ❑ Recent Immigrants
- ❑ People who were incarcerated

8) **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.	❑	❑	❑	❑
People treat you or talk to you in ways that seem unfair or based on a stereotype about you.	❑	❑	❑	❑

B) If any of the above experiences have happened to you, what do you think are the main reasons? Select all that apply

- ❑ Your disability
- ❑ Your ancestry or national origins
- ❑ Your sex
- ❑ Your race or ethnic group identify
- ❑ Your age
- ❑ Your religion
- ❑ Your height
- ❑ Your weight or body size
- ❑ Your sexual orientation
- ❑ Your education or income level
- ❑ Your language
- ❑ Some other reason (please describe): _____
- ❑ I don't know
- ❑ I prefer not to answer

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

	Not at all true	Sometimes true	Mostly or always true	I don't know
I have stable, safe housing	❑	❑	❑	❑
I have affordable access to nutritious food	❑	❑	❑	❑
I am able to pay my bills on time	❑	❑	❑	❑
I have a reasonable and reliable way to get where I need to go (e.g. a car, bike, bus, train, ride service etc.)	❑	❑	❑	❑
I have a strong support network (family, friends, community groups)	❑	❑	❑	❑

YOUR HEALTH

10) How would you rate your overall health?

❑ Excellent ❑ Good ❑ Poor
❑ Very Good ❑ Fair

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

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

12) 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	❑	❑	❑

HEALTHCARE ACCESS

13) Do you have one person you think of as your personal doctor or healthcare provider?

- ❑ Yes
- ❑ No
- ❑ Not sure

14) Where do you primarily receive your routine healthcare? Please choose one.

- ❑ A doctor's or nurse's office
- ❑ A public health clinic or community health center
- ❑ Urgent care provider
- ❑ A hospital emergency room
- ❑ No usual place
- ❑ Other, please specify: _____

15) Please indicate how much you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know
Healthcare in my community meets my physical health needs.	❑	❑	❑	❑	❑
Healthcare in my community meets my mental health needs.	❑	❑	❑	❑	❑
My insurance plan is affordable to me.	❑	❑	❑	❑	❑
My insurance covers the healthcare I need.	❑	❑	❑	❑	❑
I am able to get the help I need to navigate the healthcare system.	❑	❑	❑	❑	❑

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

	Within the last year	1-2 years ago	More than two years ago	Never
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 healthcare	❑	❑	❑	❑
Received substance use care	❑	❑	❑	❑

B. When was the most recent time you received the following services?

	Within the last year	1-2 years ago	More than two years ago	Never	Not applicable
Had a prostate exam	❑	❑	❑	❑	❑
Had a pelvic exam	❑	❑	❑	❑	❑
Had a breast screening	❑	❑	❑	❑	❑
Had a colon cancer screening	❑	❑	❑	❑	❑
Had a vision screening	❑	❑	❑	❑	

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.

- ❑ Could not afford cost
- ❑ I don't have insurance
- ❑ I can't understand/navigate the healthcare system
- ❑ There is too much paperwork to fill out
- ❑ Could not get an appointment when needed
- ❑ No providers or staff speak my language
- ❑ I do not feel welcome or respected by the doctor or staff
- ❑ I can't take time off from work
- ❑ Health offices hours do not fit my schedule
- ❑ I could not get transportation

- ❑ I'm too busy caring for children and/or elders
- ❑ Scared or embarrassed to visit a doctor
- ❑ Other, please explain _____
- ❑ None of the above issues are true for me

18) Did you have trouble accessing or paying for any of the following services in the past 12 months? If yes, check all that apply.

- ❑ Caregiving services (for children or adults)
- ❑ Diapers
- ❑ Food or groceries
- ❑ Formula or baby food
- ❑ Healthcare (appointments, medicine, insurance)
- ❑ Housing (rent, mortgage, taxes)
- ❑ Leisure or recreation
- ❑ Personal care necessities (menstrual products, toothpaste, soap)
- ❑ School, education or training (for children or adults)
- ❑ Technology (computer, phone, internet)
- ❑ Transportation (car payment, gas, public transit)
- ❑ Utilities (electricity, water, gas)
- ❑ Other _____
- ❑ None of the above

19) What could Tufts Medicine MelroseWakefield Hospital and Lawrence Memorial Hospital do to help you or your family improve your health?

ABOUT YOU

The following questions help us to better understand how people of different 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.

20) 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

21) What gender do you identify with?

- ❑ Female, Woman
- ❑ Male, Man
- ❑ Non binary, Gender queer, not exclusively male or female
- ❑ I use a different term (specify): _____
- ❑ I don't understand what this question is asking
- ❑ Prefer not to answer

22) 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

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

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

24) 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

25) 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

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 (full or part time)
- ❑ Unable to work for health reasons
- ❑ Other (please explain) _____
- ❑ Prefer not to answer

28) What is your current housing situation?

- ❑ Rent my home
- ❑ Own my home (with or without a mortgage)
- ❑ Live with parent or other caretakers who pay for my housing
- ❑ Live with my family or roommates and share costs
- ❑ Live in a shelter, hallway house or other temporary housing
- ❑ Live in senior housing or assisted living
- ❑ I do not currently have permanent housing
- ❑ Other (specify:_____)

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

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

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

MelroseWakefield Healthcare CHNA Focus Group Guide

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

Shortly, I'm going to be asking you a few questions. There are no right or wrong answers to the 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 let me know and I can make it easier to understand.

After all 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.

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

Every 3 years MelroseWakefield 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 for MelroseWakefield for the next 3 years, until the next community health needs assessment.

Today is an opportunity for all of you to be heard. To use your voice to help uncover the disparities that exist and to offer suggestions toward how to respond to them.

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? *(8 minutes)*

(Some topics if participants get stuck for ideas: transportation system, levels of trust between community and the local government, people speak my language, access to resources, safeness, green spaces).

2. What do you consider to be the biggest health concerns in your community? (12 minutes)

(Let participants answer and ask these follow-up questions as appropriate)

- 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 healthcare 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*? (15 minutes)* *(Let participants answer and ask these follow-up questions as appropriate)*

- What do you think are the gaps in services and programs to address these issues?
    - 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 different 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? (10 minutes)

(Let participants answer and ask these follow-up questions as appropriate)

- 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?

BILH Focus Group Guide

Name of group:
Hospital:
Date/time and location:
Facilitator(s):
Note taker(s):
Language(s):

Instructions:

- This focus group guide is specifically designed for focus group facilitators and note-takers and should not be distributed to participants. It is a comprehensive tool that will equip you with the necessary knowledge and skills to effectively carry out your roles in the focus group process.
- As a **facilitator**, your role is to guide the conversation so that everyone can share their opinions. This requires you to manage time carefully, create an environment where people feel safe to share and manage group dynamics.
    - Participants are not required to share their names. If participants want to introduce themselves, they can.
    - Use pauses and prompts to encourage participants to reflect on their experiences. For example: "Can you more about that?" "Can you give me an example?" "Why do you think that happened?"
    - While all participants are not required to answer each question, you may want to prompt quieter individuals to provide their opinions. If they have not yet shared, you may ask specific people – "Is there anything you'd like to share about this?"
    - You may have individuals that dominate the conversation. It is appropriate to thank them for their contributions but encourage them to give time for others to share. For example, you may say, "Thank you for sharing your experiences. Since we have limited time together, I want to make sure we allow other people to share their thoughts."
- As a **notetaker**, your role is to document the discussion. This requires you to listen carefully, to document key themes from the discussion and to summarize appropriately.
    - Do not associate people's names with their comments. You can say, "One participant shared X. Two other participants agreed."
    - Responses such as "I don't know" are still important to document.
    - At the end of the focus group, notetakers should take the time to review and edit their notes. The notetaker should share the notes with the facilitator to review them and ensure accuracy.

- After focus group notes have been reviewed and finalized, notes should be emailed to Madison_Maclean@jsi.com

Opening Script

- Thank you for participating in this discussion about community health. We are grateful to [Focus group host] for helping to pull people together and for allowing the use of this space. Before we get started, I am going to tell you a bit more about the purpose of this meeting and then we'll discuss some ground rules.
- My name is [Facilitator name] and I will be leading the discussion today. I am also joined by [any co-facilitators] who will be helping me and [notetaker] who will be taking notes as we talk.
- Every three years, [name of Hospital] conducts a community health needs assessment to understand the factors that affect health in the community. The information we collect today will be used by the Hospital and their partners to create a report about community health. We will share the final report back with the community in the Fall of 2025.
- We will not be sharing your name – you can introduce yourself if you'd like, but it is not necessary. When we share notes back with the Hospital, we will keep your identify and the specific things you share private. We ask that you all keep today's talk confidential as well. We hope you'll feel comfortable to discuss your honest opinions and experiences. After the session, we would like to share notes with you so that you can be sure that our notes accurately captured your thoughts. After your review, if there is something you want removed from the notes or if you'd like us to change something you contributed, we are happy to do so.
- Lets talk about some ground rules.
    - **We encourage everyone to listen and share in equal measure.** We want to be sure everyone here has a chance to share. The discussion today will last about an hour. Because we have a short amount of time together, I may steer the group to specific topics. We want to hear from everyone, so if you're contributing a lot, I may ask that you pause so that we can hear from others. If you haven't had the chance to talk, I may call on you to ask if you have anything to contribute.
    - **It's important that we respect other people's thoughts and experiences.** Someone may share an experience that does not match your own and that's ok.
    - **Since we have a short amount of time together, it's important that we keep the conversation focused on the topic at hand.** Please do not have side conversations and please also try to stay off your phone, unless it is an emergency.
    - **Are there any other ground rules people would like to establish before we get started?**

- Are there any questions before we begin?

Question 1

We want to start by talking about physical health. Physical health is about how well your body works. It includes being free from illnesses or injuries, having enough energy for daily activities and feeling strong and healthy overall.

a. Think about yourself, your family and your loved ones. What sort of things do you and the people you know do to stay physically healthy?
b. What stops you from being as physically healthy as you'd like to be?

Summarize: Based on what you shared, it sounds like [list to 3-4 themes] have the biggest impact on your physical health. Is that correct or do we want to add some more?

Question 2

Now lets talk about mental health. Mental health is about how you think and feel. It includes your emotions, mood and how you handle stress, as well as your overall sense of well-being and happiness.

a. Think about yourself, your family and your loved ones. What sort of things do you and the people you know do to stay mentally healthy?
b. What stops you from being as mentally healthy as you'd like to be?

Summarize: Based on what you shared, it sounds like [list to 3-4 themes] have the biggest impact on your mental health. Is that correct or do we want to add some more?

Question 3

We know that health and wellness are heavily impacted by peoples ability to access the things they need to live comfortably – access to housing that is affordable, access to transportation, access to food and living in a community that feels safe and welcoming. These are sometimes called the "social factors that impact health." What social factors are most problematic in your community?

a. Are there certain segments of the community (by geography, language, age, etc.) that struggle to get their needs met more than others?
b. What sorts of barriers do they face in getting the resources they need?

Summarize:

- It sounds like people struggle with [list top social factors/social determinants]. Is this a good summary or are there other factors you'd like to add to this list?

- It sounds like [list segments of the population identified] may struggle to get their needs met, due to things like [list reasons why]. Are there other populations or barriers you'd like to add to this list?

Question 4

I want to ask about community health resources – the services and places in the community that help people to stay healthy. This includes a whole range of places and organizations – like doctors offices and clinics, schools, senior centers, parks, multi-service centers, etc.

a. Tell me about the resources in your community – which organizations and places help people to stay physically and mentally healthy and get the basic things they need (e.g., housing, food, transportation, etc.)?
b. What kind of resources are <u>not</u> available in your community, but you'd like them to be?

Summarize: It sounds like some of the key community resources include [list top responses]. I also heard that you'd like to see more [list resource needs]. Did I miss anything?

Question 5

- Is there anything we did not ask you about, that you were hoping to discuss today?
- Are there community health issues in your community that we didn't identify?
- Are there any other types of resources or supports you'd like to see available in your community?

Thank you

Thank you so much for participating in our discussion today. This information will be used to help ensure that Hospitals are using their resources to help residents get the services they need.

After we leave today, we will clean up notes from the discussion and would like to share them back with you, so that you can be sure that we captured your thoughts accurately. If you'd like to receive a copy of the notes, please be sure you wrote your email address on the sign-in sheet.

We also have $25 gift cards for you, as a small token of our appreciation for the time you took to participate. [*If emailing, let them know they will receive it via email. If giving in person, be sure you check off each person who received a gift card, for our records*].

Cambridge Health Alliance

Regional Wellbeing Assessment 2024-2025

FOCUS GROUP GUIDE

Please complete this section for each focus group

Date:	Start Time:	End time:
Group Name and Location:		
Number of participants:		
Facilitator Name:	Note-taker Name:	
Were gift cards distributed? If yes, how many?		
Did all participants agree to audio recording?	Was the sign-in sheet completed?	
Were demographics sheets distributed + collected?		
Did anything unusual occur during this focus group? (Interruptions, etc.)		

Opening Script (5 minutes)

Thank you for participating in this discussion on health in your community. [If applicable: We are grateful to _____ for hosting us in this space.] I'm going to review some information about the purpose and ground rules for the discussion, then we'll begin.

My name is [Facilitator name] and I will be leading the discussion today. I am also joined by [any co-facilitators] who will be helping me and [notetaker] who will be taking notes as we talk.

Cambridge Health Alliance is conducting a Wellbeing Assessment to explore the community health strengths and challenges that matter most to people in our communities. We are carrying out a community survey, interviews and focus groups like today's and looking at existing data. The purpose of today's conversation is to hear your thoughts about what affects health in your community and what the priorities should be. The results of this assessment will be shared back with the community in Spring 2025 and will help CHA, our partner organizations and community members to better work together to improve health and wellbeing. Our hope is to collaborate on updating our existing plans and strategies in response to community priorities in the first half of 2025 and start carrying out those plans next summer.

Let's talk about some ground rules for today's discussion:

- **We encourage everyone to listen and share in equal measure.** We want to be sure everyone here has the chance to share. If you're contributing a lot, I may ask that you make space so that we can hear from others. If you haven't had the chance to talk, I may create space and invite you to share your thoughts.
- **We ask that we all respect other people's thoughts and experiences.** Someone may share an experience that does not match your own and that's ok.
- **Since we only have about an hour and a half together, it's important that we keep the conversation focused on the topic at hand.** I will guide the discussion to ensure we cover all the topics. Please do not have side conversations and please also try to stay off your phone, unless it is an emergency.
- **CHA will keep your identity and what you share private.** We will be taking notes during the focus group, but your names will not be linked with your responses. We will not share the names of the people who participate in today's focus group. When we report the results of the assessment, we will remove any identifying information from any quotes or themes.
- **We ask that you all keep today's talk confidential as well.** This means you will not share what we talked about today or who was here. We hope this helps everyone to feel comfortable to discuss your honest opinions and experiences.
- **Are there any other ground rules people would like to establish before we get started?**
- **If virtual:** So that we can all hear each other, please mute your audio when you are not speaking. If you have any questions or need any technology assistance,

please feel free to let us know. You can unmute yourself or use the chat if you need any help.

Consent Script (5 minutes)

With your permission, we would like to audio record the focus group to help ensure we get your thoughts right and obtain quotes for our final report. No one besides our project staff will have access to these recordings and we will destroy them after our report is written. Does everyone agree to the audio recording?

- Yes [if yes, proceed to record]
- No [if anyone in the group says no, do not proceed to record]

Thank you. Let's begin.

Section 1: Community Perceptions (15 minutes)

1. To get started, let's talk about what we mean by community health and wellbeing. We can think about health broadly, including our mental, emotional and physical health and also the health of our environment, our society, our workplaces and schools and other institutions. When you think about community health and wellbeing, what comes to mind for you?

2. What are some of the things that help you and your community to be healthy?

3. What are some of the things that make it hard for you and your community to be healthy?

Section 2: Exploring Focus Areas (45 minutes)

Introduce and ask participants to go more in depth about the focus areas. Use probing questions to encourage reflection, such as: "Why do you think that may be? Could you say more about that? Can you share an example?" Encourage participation with questions such as: "Have others had similar or different experiences to what (person) just shared?".

In the last Wellbeing Assessment in 2022, there were four focus areas that rose to the top as community priorities. We're going to talk about each of these. I'm interested in hearing about your experiences with each of these topics and how they impact your and your community's health.

The first topic is Housing, which includes affordability, stability and safety.

1. When you think about your experiences, what are some examples of how Housing impacts your and your community's health?
2. How has your housing situation changed in the last few years, for better or for worse?
3. What support or resources have you turned to?

The second topic is called Fair Economies. We defined this to include money, jobs, food systems and caregiving.

1. When you think about your experiences, what are some examples of how money, jobs, food or caregiving impacts your and your community's health?
2. How has your situation changed in the last few years, for better or for worse?
3. What support or resources have you turned to?

The third topic is Access. This means that everyone should have access to the care, services and information they need in order to thrive.

1. When you think about your experiences, what are some examples of how access to care, services or information impacts your and your community's health?
2. How has access to care, services and information changed in the last few years, for better or for worse?
3. What support or resources have you turned to?

The fourth topic is Climate Health and Environmental Justice. This means all people should have clean air, clean water and protection from impacts of climate change, such as extreme heat.

1. When you think about your experiences, what are some examples of how the climate and environment impacts your and your community's health?
2. How have the climate and environment changed in the last few years, for better or for worse?
3. What support or resources have you turned to?

Section 3: Solutions (15 minutes)

1. Thinking about all of these topics, what are the most important actions or changes you would like to see happen in the next 3 years?

2. What are the strengths of your community that could help make these actions or changes happen?

Final Remarks and Closing (5 minutes)

Thank you for participating in this discussion. We will be sharing initial findings back with the community later this fall and interpreting the results together. From there, we will identify ways that we can work to improve health and wellbeing, in partnership with community members and leaders. Your opinions play a key role in this process and we appreciate your participation.

If in person: Please see me before you leave so that we may provide you with a $30 Market Basket card to help show our appreciation for your involvement. Please complete the sign-in sheet to indicate that you received a gift card. I will also ask you to complete a brief demographic survey that asks you a few questions about yourself and your background.

If virtual: I am going to put 2 links in the chat. First, a form where you can enter your address so we can mail you a $30 grocery gift card to Market Basket or email you an e-gift card where you can choose from a variety of vendors, to help show our appreciation for your involvement. Next, a form that asks you a few questions about yourself and your background.

If the Wellbeing Survey is still open: Invite participants to take the survey if they have not already! If in person, provide flyers/postcards and/or hard-copy surveys (see toolkit). If virtual, have the URL ready to share: www.surveymonkey.com/r/cha-wellbeing

Appendix F: List of resources to meet health needs

Access to healthcare	
1. Beth Israel Lahey Health Winchester Hospital	2. Cambridge Health Alliance, Everett and Malden
3. Cross Cultural Communications and other contracted providers	4. East Boston Neighborhood Health Center
5. Health Care for All	6. Joint Committee for Children's Health Care in Everett (JCCHCE)
7. Local transportation Agencies	8. Massachusetts General Hospital, Everett
9. Sharewood Project	10. South Cove Health Center
Behavioral health	
1. Al-Anon	2. Alcoholics and Narcotics Anonymous
3. Bridge Recovery Center	4. Club 24 Malden
5. Community health behavioral centers	6. DCS Mental Health Inc.
7. District Attorney's Eastern Middlesex opioid task force	8. Elliot Community Human Services Inc.
9. Local public schools	10. Local senior centers
11. Middlesex Recovery	12. Mystic Valley Regional Behavioral Health Coalition
13. Mystic Valley Tobacco and Alcohol Program (MVTAP)	14. National Alliance on Mental Illness
15. Personal Growth and Family Center	16. Riverside Outpatient Center
17. Riverside Counseling Associates	18. Substance Abuse Prevention Coalitions in Malden, Reading, Stoneham and Wakefield
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. Cambridge Health Alliance (HIV/AIDS and Cambridge TB Clinic)	6. Local boards of health
7. Mystic Valley Elder Services	
Disaster readiness and emergency preparation, including climate change	
1. American Red Cross	2. Local police, fire and EMS
Housing stability and homelessness	
1. Action for Boston Community Development (ABCD)	2. Centerboard, Melrose
3. Eliot Community Human Services, Inc.	4. Housing Families, Inc.
5. Local housing authorities both federal and state	6. Local sober homes
7. Many cities and towns now have social services imbedded in their health departments	8. Mobile Homeless Outreach at ABCD

9.	Woman's Residence at Malden YWCA		
Income and poverty			
1.	Bread of Life	2.	Dept of Transitional Assistance (SNAP)
3.	Greater Boston Food Bank	4.	Local congregate meal sites
5.	Local food pantries	6.	Mystic Market
7.	Tri-City Hunger Network	8.	The Career Place
Preventable injuries			
1.	Athletic trainers in public schools	2.	Mass211
3.	Mystic Valley Elder Services	4.	Poison Control
5.	Safe Sitter® and Safe at Home		
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.	Eliot Family Resource Center
11.	Everett Haitian Community Center	12.	Greater Malden Asian American Community Coalition
13.	Immigrant Learning Center of Malden	14.	Jewish Family and Children's Services
15.	La Comunidad	16.	La Leche League
17.	Local boys and girls clubs	18.	Local CFCE programs
19.	Local councils on aging	20.	Local faith-based organizations
21.	Local private and public schools	22.	Local YMCAs
23.	Malden YWCA	24.	Medford Health Matters
25.	Melrose Family Room	26.	Merrimack Valley Elder Services
27.	Mystic Valley Elder Services	28.	Northeast Arc
29.	North Reading Youth Services	30.	Parents of Tots
31.	The HUB, Medford	32.	The Immigrant Learning Center in Malden
33.	Veterans organizations	34.	Zonta Clubs of Malden and Medford
Other resources			
1.	211 (211.org)	2.	Children's Trust (childrenstrustma.org)
3.	FindHelp	4.	Local private and public schools
5.	HelpSteps (helpsteps.com)	6.	Zip Milk (zipmilk.org)

Appendix G: Community profiles

Methods

Data indicators reviewed for each community include social determinants of health and demographic indicators such as total population, race/ethnicity, country of origin and languages spoken. Health outcomes were examined for each community and in comparison to the state of Massachusetts. These included chronic disease prevalence, behavioral health outcomes such as mortality, emergency room (ER) visits and infectious disease incidence.

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 prioritize the health needs of the community.

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. hospitalizations) and data may not be as current as we would like due to reporting lags at the Massachusetts Department of Public Health and other sources.

Everett, Massachusetts

49,236
Population

Social Determinants of Health

$79,658 *Massachusetts: $101,341*
Median household income

14.5% *Massachusetts: 6.6%*
Families living below poverty

20% *Massachusetts: 8.6%*
Population with less than a high school degree

35% *Massachusetts: 34%*
Food insecurity rate

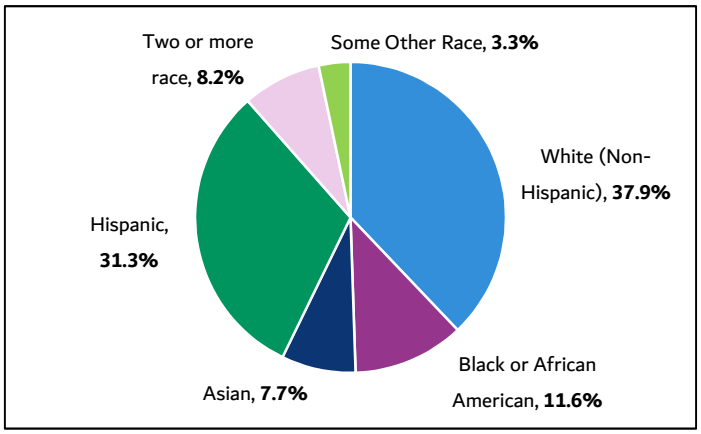
Health Outcomes

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

- **Alcohol-related** mortality
- **Depression** prevalence
- **Diabetes** prevalence
- **HIV** diagnosis
- **Obesity** prevalence
- **Opioid-related** mortality
- **Poor mental health** prevalence
- **Substance use-related** ER visits and mortality

Who Lives Here?

Race and Ethnicity



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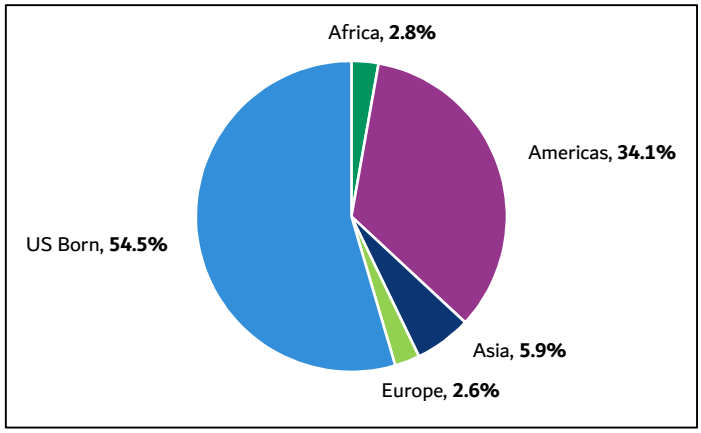

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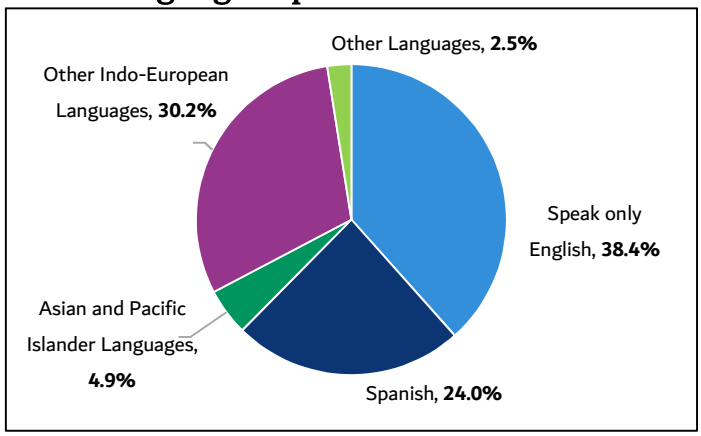


Malden, Massachusetts

65,509
Population

Social Determinants of Health

$95,298 *Massachusetts: $101,341*
Median household income

9% *Massachusetts: 6.6%*
Families living below poverty

12.5% *Massachusetts: 8.6%*
Population with less than a high school degree

40% *Massachusetts: 34%*
Food insecurity rate

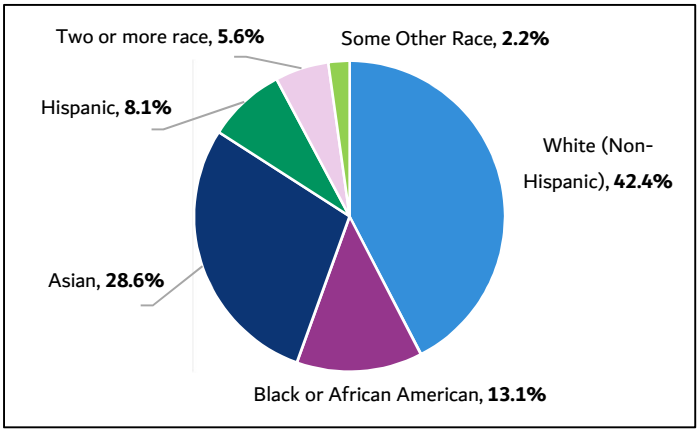
Health Outcomes

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

- **Diabetes** prevalence
- **HIV** diagnosis

Who Lives Here?

Race and Ethnicity



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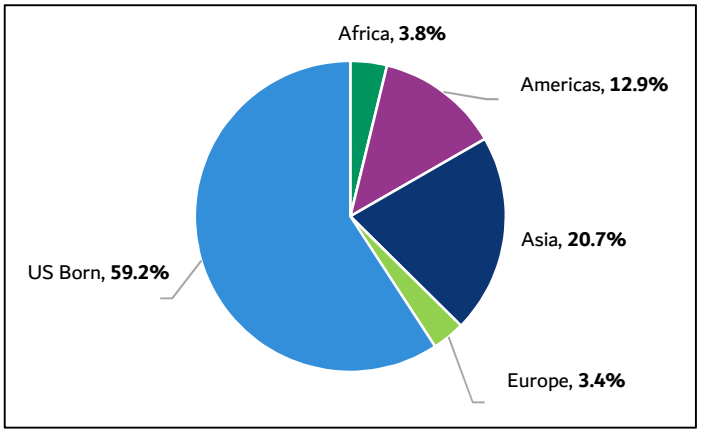

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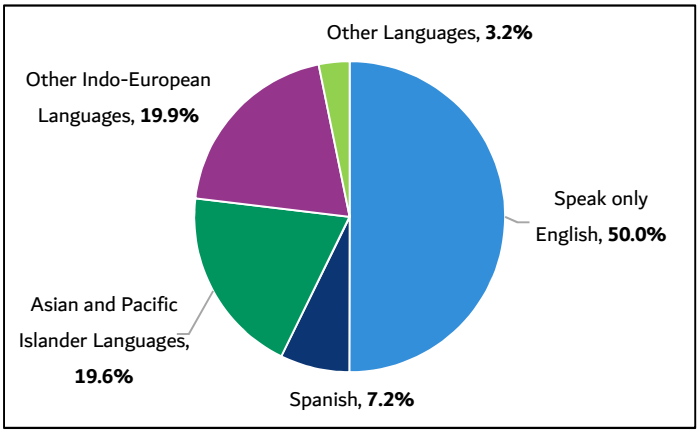


Medford, Massachusetts

59,062
Population

Social Determinants of Health

$118,089 *Massachusetts: $101,341*
Median household income

3% *Massachusetts: 6.6%*
Families living below poverty

7.3% *Massachusetts: 8.6%*
Population with less than a high school degree

21% *Massachusetts: 34%*
Food insecurity rate

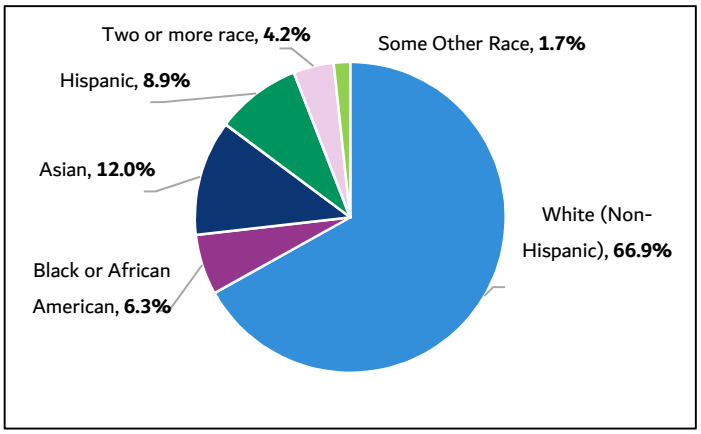
Health Outcomes

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

- **Depression** prevalence

Who Lives Here?

Race and Ethnicity



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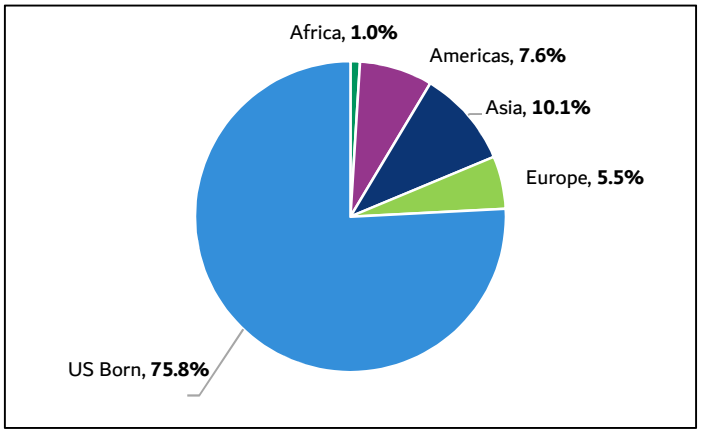

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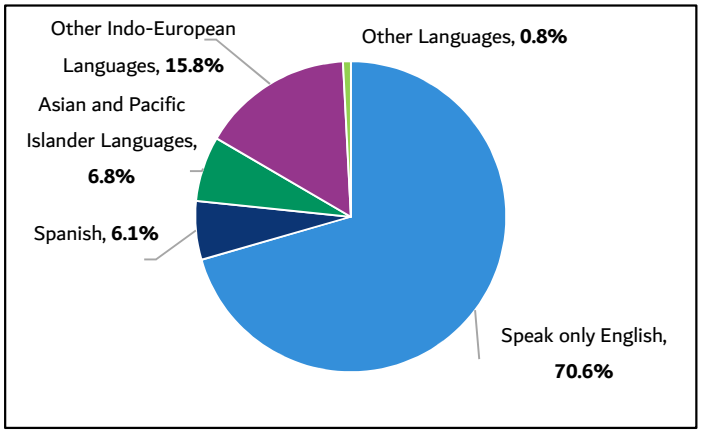


Melrose, Massachusetts

29,488
Population

Social Determinants of Health

$126,854 *Massachusetts: $101,341*
Median household income

2.1% *Massachusetts: 6.6%*
Families living below poverty

5% *Massachusetts: 8.6%*
Population with less than a high school degree

17% *Massachusetts: 34%*
Food insecurity rate

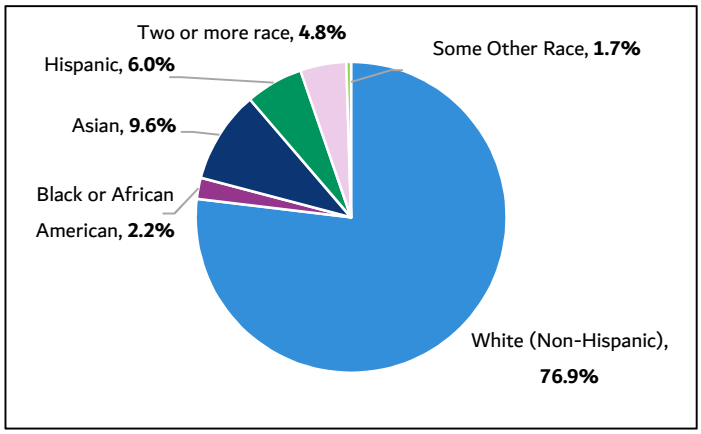
Health Outcomes

Melrose rates had a 5% or more difference above Massachusetts rates for the following indicators:

- **Asthma** prevalence

Who Lives Here?

Race and Ethnicity



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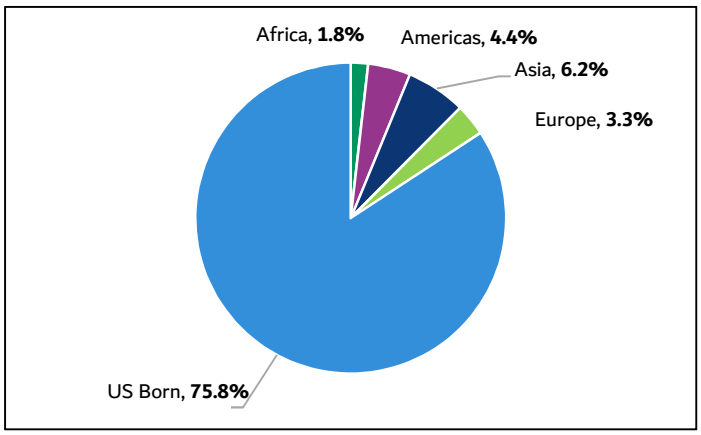

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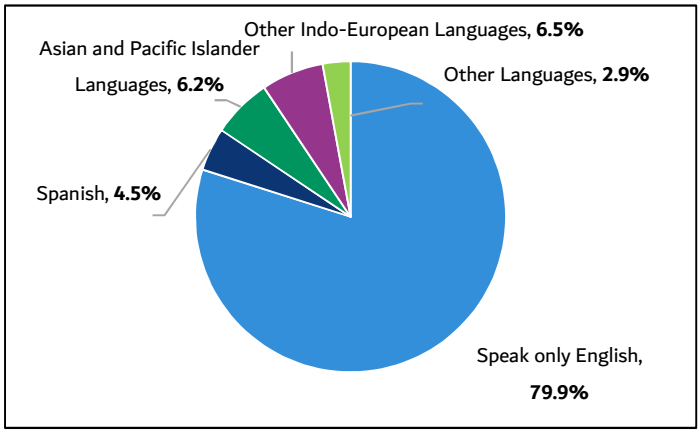


North Reading, Massachusetts

15,634
Population

Social Determinants of Health

$150,820 *Massachusetts: $101,341*
Median household income

1.2% *Massachusetts: 6.6%*
Families living below poverty

3.1% *Massachusetts: 8.6%*
Population with less than a high school degree

17% *Massachusetts: 34%*
Food insecurity rate

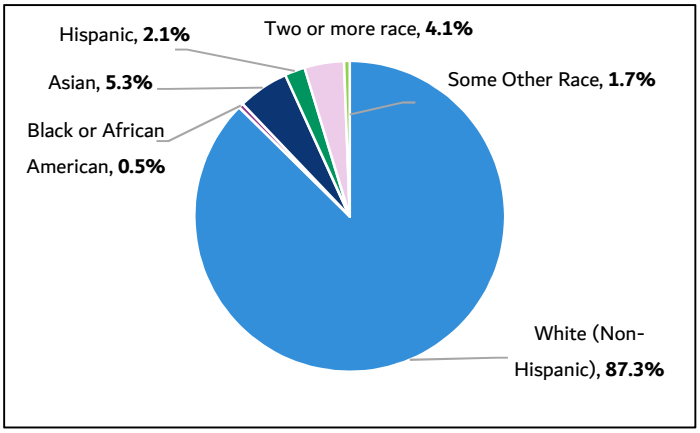
Health Outcomes

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

- **Asthma** prevalence
- **COVID-19** case rate
- **Opioid-related** mortality

Who Lives Here?

Race and Ethnicity



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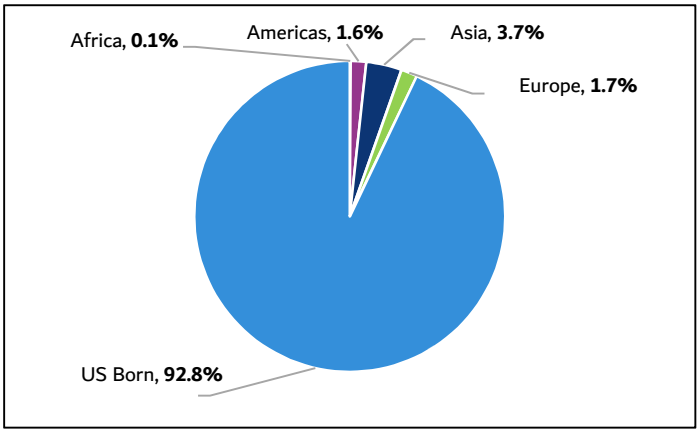

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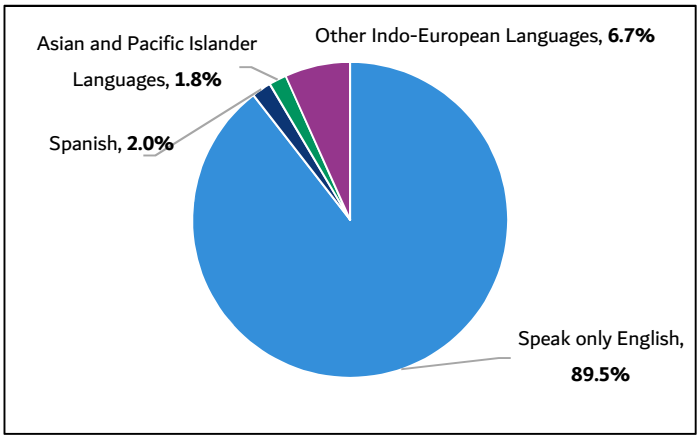


Reading, Massachusetts

25,448
Population

Social Determinants of Health

$163,725 *Massachusetts: $101,341*
Median household income

1.8% *Massachusetts: 6.6%*
Families living below poverty

3.8% *Massachusetts: 8.6%*
Population with less than a high school degree

10% *Massachusetts: 34%*
Food insecurity rate

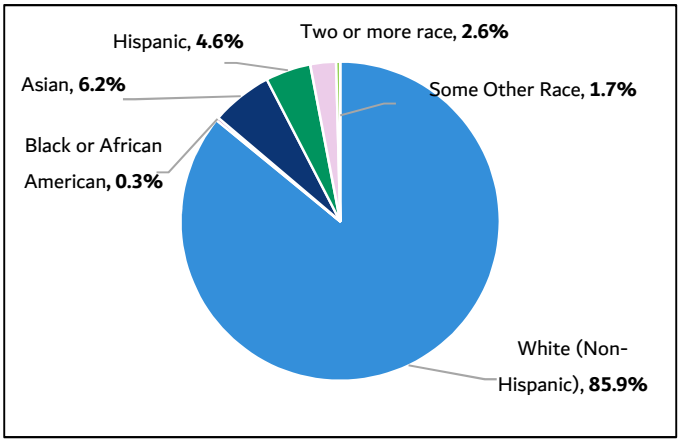
Health Outcomes

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

- **Asthma** prevalence

Who Lives Here?

Race and Ethnicity



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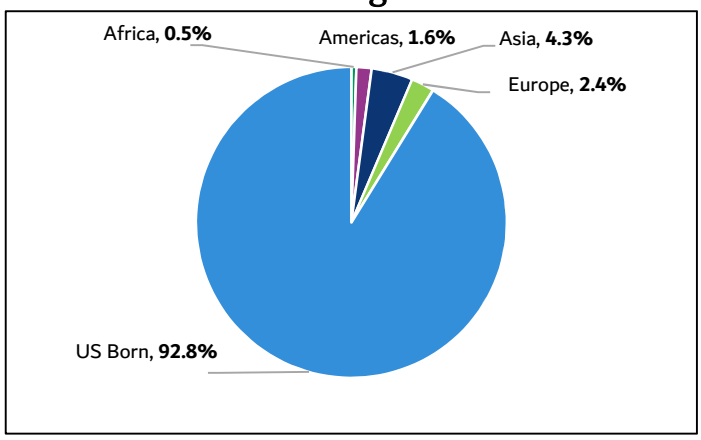

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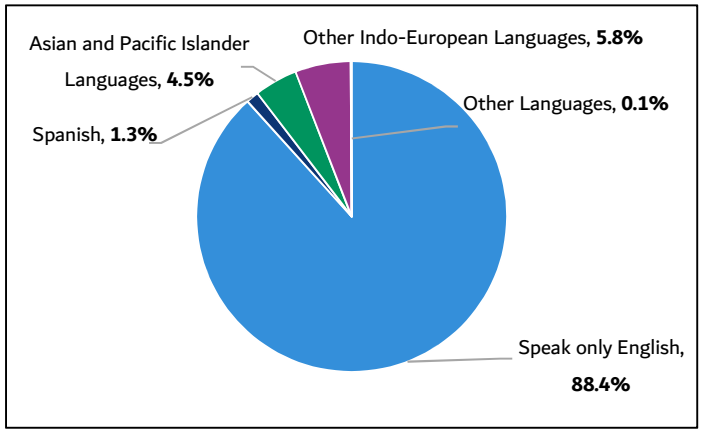


Saugus, Massachusetts

28,599
Population

Social Determinants of Health

$100,819 *Massachusetts: $101,341*
Median household income

5.3% *Massachusetts: 6.6%*
Families living below poverty

9.2% *Massachusetts: 8.6%*
Population with less than a high school degree

20% *Massachusetts: 34%*
Food insecurity rate

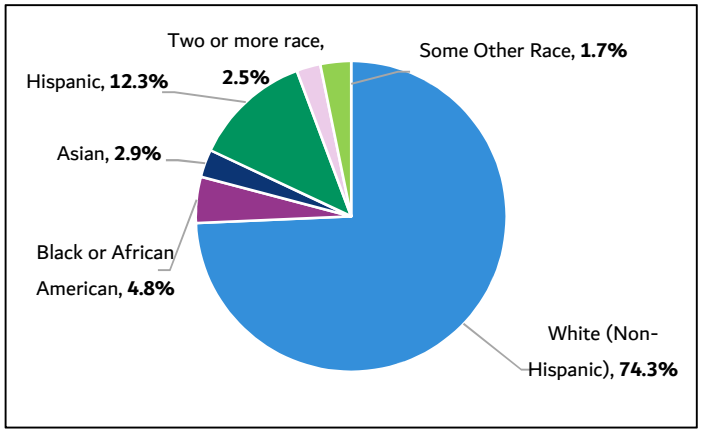
Health Outcomes

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

- **Asthma** prevalence
- **COVID-19** case rate
- **Diabetes** prevalence
- **Heart disease** prevalence
- **Obesity** prevalence
- **Opioid-related** mortality

Who Lives Here?

Race and Ethnicity



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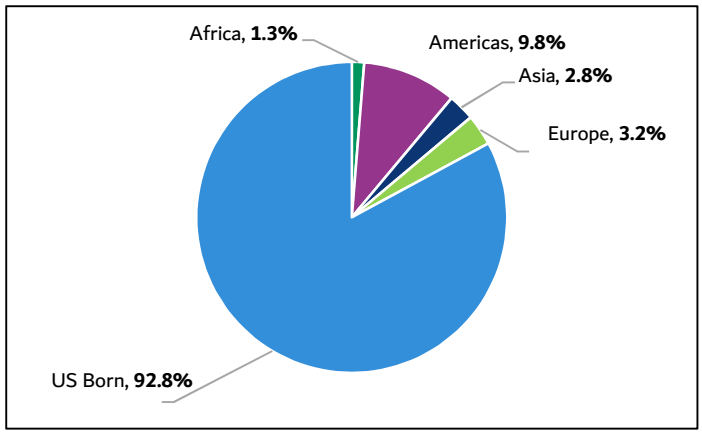

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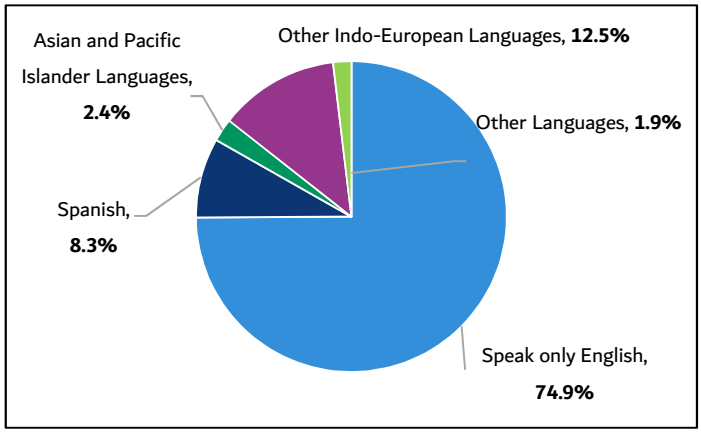


Stoneham, Massachusetts

22,986
Population

Social Determinants of Health

$112,635 *Massachusetts: $101,341*
Median household income

3.8% *Massachusetts: 6.6%*
Families living below poverty

4.1% *Massachusetts: 8.6%*
Population with less than a high school degree

21% *Massachusetts: 34%*
Food insecurity rate

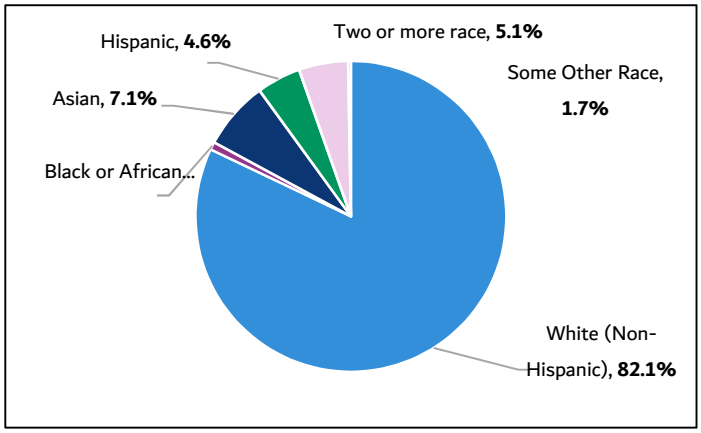
Health Outcomes

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

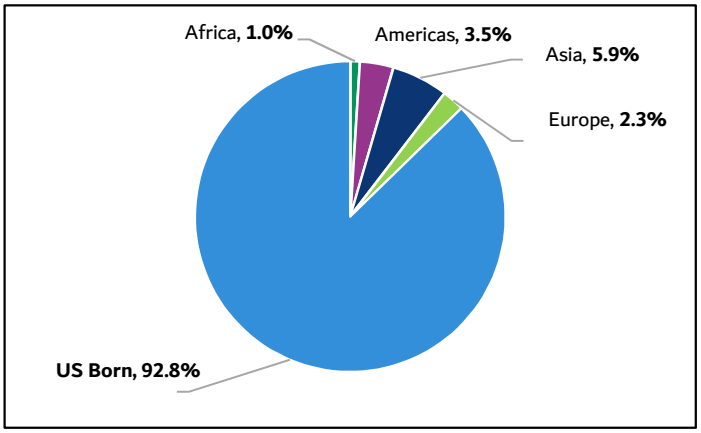
- **Asthma** prevalence
- **COVID-19** case rate
- **Diabetes** prevalence
- **Youth suicidal ideation** rate
- **Youth lifetime and current (30-day) alcohol use; current marijuana use**

Who Lives Here?

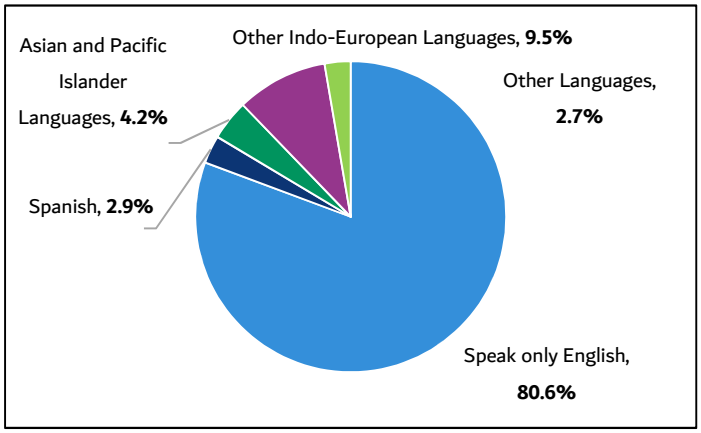
Race and Ethnicity



Continent of Origin



Languages Spoken



Wakefield, Massachusetts

27,284
Population

Social Determinants of Health

$130,320 *Massachusetts: $101,341*
Median household income

3.3% *Massachusetts: 6.6%*
Families living below poverty

4.2% *Massachusetts: 8.6%*
Population with less than a high school degree

18% *Massachusetts: 34%*
Food insecurity rate

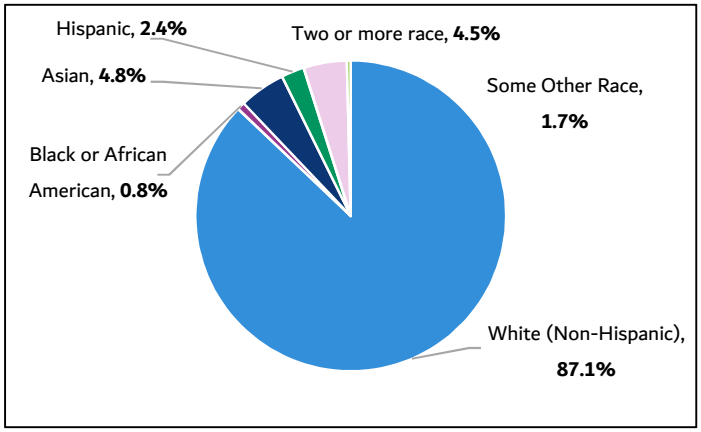
Health Outcomes

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

- **Asthma** prevalence
- **COVID-19** case rate

Who Lives Here?

Race and Ethnicity



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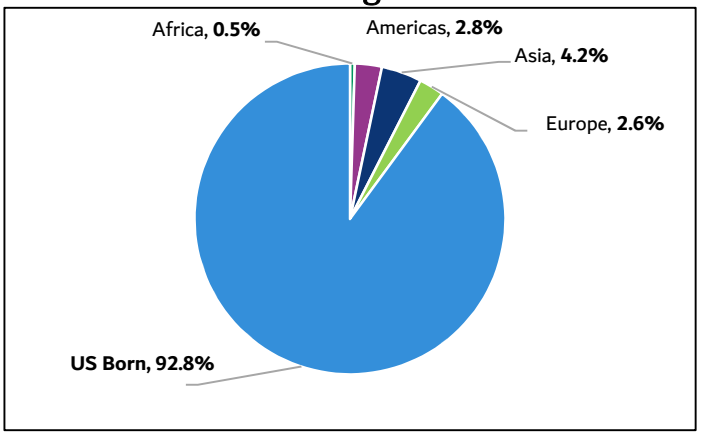

Languages Spoken