Mass General Brigham
Partners Ambulatory Care – Westborough Service Area Community Health Needs Assessment

October 3, 2020

Mass General Brigham

Health Resources in Action
Advancing Public Health and Medical Research

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EXECUTIVE SUMMARY

Introduction

Mass General Brigham Incorporated (formerly Partners HealthCare) is a not-for-profit, integrated health care system that was formed in 1994 by an affiliation between The Brigham Medical Center, Inc. (now known as Brigham Health) and The Massachusetts General Hospital. Mass General Brigham ('System') currently operates two tertiary hospitals, six community acute care hospitals, and one acute care specialty hospital in Massachusetts; one community acute care hospital in Southern New Hampshire; one facility providing inpatient and outpatient mental health services; and three facilities providing inpatient and outpatient services in rehabilitation medicine and long-term care.

To fulfill Mass General Brigham's four-part mission of patient care, research, education and community, the organization has affirmed a system-wide strategy that is grounded in the excellence of Mass General Brigham's two academic medical centers, focused on improved patient outcomes and experience, and supported by its historical and ongoing commitment to digital health and data analytics, population health, ambulatory care and insurance risk management. Developing community-based care centers that offer primary and behavioral health care, as well as specialty and surgical services also are a component of Mass General Brigham's mission.

Accordingly, the System is seeking ways to expand care options in more suburban settings, including in the Westborough service area. This potential expansion will require Mass General Brigham to fully understand the range of needs (related to health and the social determinants of health) within the Westborough service area, including the communities of: Berlin, Bolton, Grafton, Northborough, North Grafton, Shrewsbury, Upton, Westborough, Framingham, Ashland, Hopkinton, Hudson, Marlborough, Milford, and Southborough.

This community health needs assessment (CHNA or Assessment) aims to gain a greater understanding of the issues that residents within the Westborough service area face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This CHNA report provides the results from a mixed methods study aimed at identifying the most pressing social, economic, and health issues in the service area. The specific goals of this CHNA are to:

- Systematically identify the health-related needs, strengths, and resources of the service area to inform future planning,
- Understand the current health status of residents within the service area, as well as sub-populations within their social context, and
- Engage the community to help determine community needs and social determinant of health needs.

Context

This CHNA was conducted during an unprecedented time, due to the COVID-19 novel coronavirus (COVID-19) pandemic and the national movement for racial justice. The COVID-19 pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process, as well as topics and concerns that residents raised in focus groups and key informant interviews. A wave of national protests for racial equity also coincided with the timeline of the CHNA and impacted the content of this report, as well as data collection processes, including the design of data collection instruments and the input that was shared during focus groups, key informant interviews, and through survey responses.

Methods

The 2020 Westborough service area CHNA aims to identify the community needs and strengths through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels— from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g.,

access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)—which have an impact on the community's health.

To identify the health needs of the service area, challenges to addressing these needs, current strengths and assets, and opportunities for action, the assessment process included: synthesizing existing data on social, economic, and health indicators in the Westborough service area; conducting a community priorities survey with 159 residents (in multiple languages, including: English, Spanish, Portuguese, and Chinese); facilitating 8 virtual focus groups with specific populations of interest (e.g. parents of school-age children; residents seeking essential services; residents who are immigrants; and youth); and conducting 12 key informant interviews with key stakeholders in the community. In addition, data collected for the 2019 MetroWest Community Health Assessment (CHA)—an extensive process that engaged 22 communities in the Westborough service area— were also used for this report, including data from the MetroWest Adolescent Health Surveys.

Findings
The following provides a brief overview of key findings that emerged from this assessment:

Population Characteristics
- **Demographics:** Like the Commonwealth overall, all towns in the Westborough service area experienced population growth between 2014-2018; the largest growth occurred in Hopkinton (12.5%) and Berlin (8.9%). In 2014-2018, the racial and ethnic population distributions varied widely across towns. For example, in Framingham, Marlborough, Milford, Shrewsbury and Westborough, more than one in every four residents identified as non-White. In contrast, the overwhelming majority of residents in Berlin (96%), Bolton (92%), Hudson (88%), and Northborough (84%) identified as White in 2014-2018. Quantitative data show varying levels of the foreign-born population across the service area. In 2014-2018, the foreign-born population ranged from 5.8% in Bolton to 28.4% in Framingham, compared to 16.5% in Massachusetts overall.[1]

> *"[Framingham] is a very diverse community…I see a lot of different people, hear languages of all kinds when I'm walking down the street."* – Youth focus group participant

Community Social and Economic Environment
- **Community Perceptions of Need.** Westborough Community Priorities Survey respondents were asked about a series of issues that affected them or their families currently and/or prior to the start of the coronavirus pandemic. The two most common issues reported via the survey and qualitative discussions were mental health (49.1%), followed by financial insecurity (44.4%). In regard to mental health, assessment participants described added stressors in recent months due to the pandemic, though noted that these concerns have always been present, just exacerbated by the current crisis. Concerns related to older adults and youth were frequently discussed across discussions.

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[1] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013 and 2014-2018.
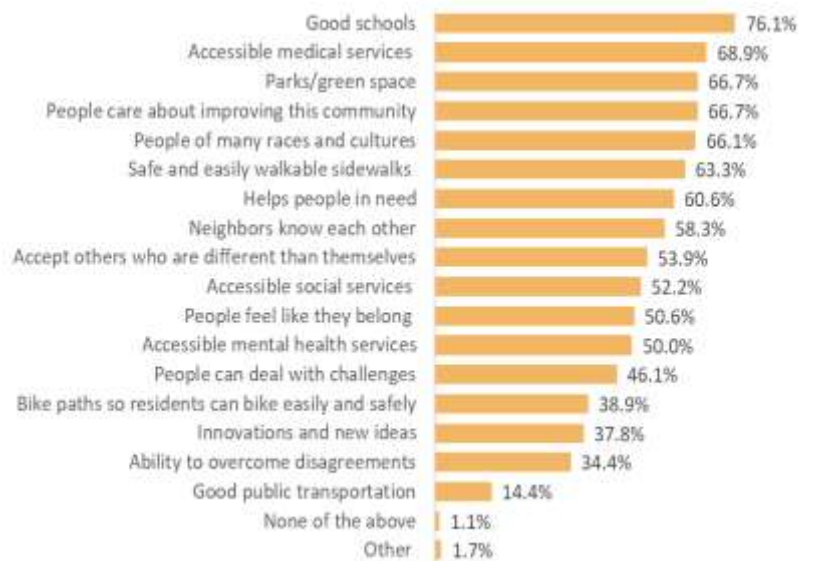
- **Community Assets.** The Westborough service area has numerous strengths according to assessment participants. Westborough Community Priorities Survey respondents cited good schools (76.1%), accessible medical services (68.9%), parks/green space (66.7%), people who care about improving the community (66.7%) and having people of many races and cultures (66.1%) as key strengths of their community.

- **Income and Financial Security.** In the Westborough service area, socioeconomic factors vary by town. For example, the median annual household income in 2014-2018 ranged from just over $79,000 in Framingham and Marlborough to $166,156 in Hopkinton. All towns in the area had median incomes above the state average.

  Nonetheless, many of the towns in this service area still have residents experiencing poverty, with incomes at or below 200% of the Federal Poverty Level (FPL), notably Framingham (23.6%), Milford (19.4%) and Marlborough (18.9%).[2] Financial insecurity was reported as a priority concern in the majority of focus groups and interviews, with participants indicating that COVID-19 has exacerbated long-standing issues of equity. According to responses from the Westborough Community Priorities Survey, one in three respondents reported that their financial situation had gotten worse since the onset of the pandemic.

- **Employment and Workforce.** The impact of the COVID-19 pandemic and resulting economic shutdown in many sectors are reflected in unemployment data from towns in the area around Westborough with unemployment rates continuing to increase from April 2020 to June 2020 in all towns except Hudson. Economic uncertainty due to

Percent of CHNA Community Priorities Survey Respondents Reporting Strengths of Their Community, 2020 (N=180)

Strength	Percent
Good schools	76.1%
Accessible medical services	68.9%
Parks/green space	66.7%
People care about improving this community	66.7%
People of many races and cultures	66.1%
Safe and easily walkable sidewalks	63.3%
Helps people in need	60.6%
Neighbors know each other	58.3%
Accept others who are different than themselves	53.9%
Accessible social services	52.2%
People feel like they belong	50.6%
Accessible mental health services	50.0%
People can deal with challenges	46.1%
Bike paths so residents can bike easily and safely	38.9%
Innovations and new ideas	37.8%
Ability to overcome disagreements	34.4%
Good public transportation	14.4%
None of the above	1.1%
Other	1.7%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Percent Population 16 Years and Over Unemployed, in Massachusetts and by Town, 2019-2020
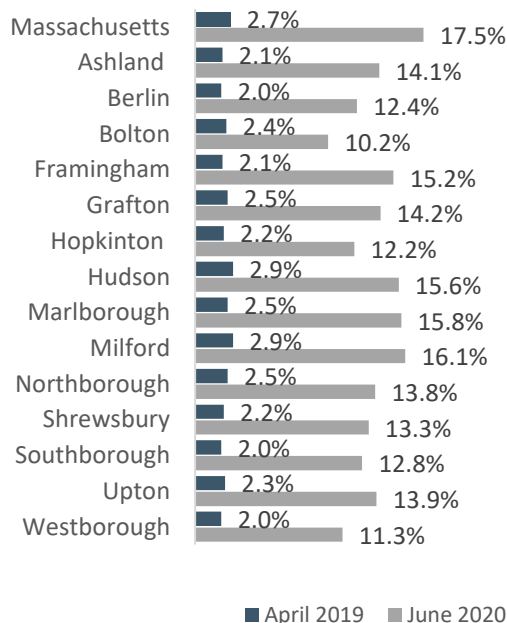
Town	April 2019	June 2020
Massachusetts	2.7%	17.5%
Ashland	2.1%	14.1%
Berlin	2.0%	12.4%
Bolton	2.4%	10.2%
Framingham	2.1%	15.2%
Grafton	2.5%	14.2%
Hopkinton	2.2%	12.2%
Hudson	2.9%	15.6%
Marlborough	2.5%	15.8%
Milford	2.9%	16.1%
Northborough	2.5%	13.8%
Shrewsbury	2.2%	13.3%
Southborough	2.0%	12.8%
Upton	2.3%	13.9%
Westborough	2.0%	11.3%

■ April 2019 ■ June 2020

DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2019-2020.
NOTE: Data are not seasonally adjusted; June 2020 data are preliminary and subject to revision.

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[2] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

loss of employment was discussed in all interviews with community stakeholders as well as in focus groups with residents seeking essential services. Participants shared experiences of struggling to meet basic needs, such as housing and accessing healthy food. Lack of employment opportunities was described as especially difficult for young people, seniors, and immigrants. Multiple interviewees from social service agencies described the challenges of retaining staff due to inadequate compensation, an issue that disproportionately affects employees of color.

- **Education.** Focus group participants described the educational system as an asset of the Westborough service area, describing a highly sought-after school system. In the Westborough region, Bolton (31.4%), Hopkinton (31.8%), and Westborough (31.2%) had the largest proportions of residents age 25 and over with a graduate or professional degree in 2014-2018.[3] In terms of education and COVID-19, assessment participants discussed concerns with the re-opening of schools. Many participants noted challenges for both students and parents of coping with uncertainty about the school year.

- **Housing.** The high and rising cost of housing in the Westborough service area was a frequent theme that emerged from qualitative discussions. Participants expressed concern for seniors and "middle class" residents that are struggling to afford the cost of living. In most of the towns around Westborough, owner-occupied units are more common than in the state overall. Median monthly housing costs for owner-occupied households with a mortgage ranged from $1,966 in Milford to $3,222 in Bolton. Many of the towns around Westborough spend more than 30% of their income on housing costs; in Bolton, 68.4% of renters are considered housing insecure.[4] Given the high cost of housing and limited affordable options, residents in these areas are often forced to live in tight quarters and overcrowded conditions, making them more vulnerable to COVID-19.

- **Transportation.** Transportation was identified as one of the top day-to-day concern for many residents who participated in the assessment. Youth focus group participants, immigrants, and residents seeking essential services expressed concern about the timeliness and accessibility of public transportation, especially for essential workers and for young people. In 2014-2018, 70.2% of people in Massachusetts over age 16 commuted to work alone in a vehicle. In 2014-2018, renter-occupied households were more likely to have no vehicle available to them.[5]

  > *"Public transportation is needed in a way that people can access their daily work lives"*
  > – Key informant interview

- **Crime and Violence.** Assessment participants generally described the Westborough service area as a safe place to live and work. However, some interviewees were concerned that cases of domestic violence and neglect would worsen during the pandemic. Data from the MetroWest Adolescent Health Surveys show that the percent of high school and middle school students reporting violent behaviors in MetroWest has been trending down since 2012. Though physical violence seems to be declining, in 2012-2018, between one third and one quarter of MetroWest middle school students reported being victims of bullying.

- **Discrimination and Racism.** Perceptions related to discrimination and racism varied throughout qualitative discussions. Focus group participants who identified as people of color mentioned incidences of being discriminated against due to their race or nationality. The Westborough Community Priorities Survey supports these findings. More than 59% of survey respondents reported that they or their family were affected by discrimination in the past six months. Similarly, more than half of respondents indicated

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[3] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.
[4] Ibid.
[5] Ibid.

being affected by discrimination because of their ethnicity, ancestry, or country of origin; and 33.3% reported it was due to their gender.

Community Health Issues

- **Chronic Diseases and Related Risk Factors.** Assessment participants did not cite specific chronic diseases as pressing concerns in their communities, with the exception of a few focus group participants who discussed obesity, cardiovascular disease, and cancer. Cognitive issues, including Alzheimer's disease and dementia, also were noted as a concern for the growing senior community. Though quantitative data show that the proportion of residents who are overweight and obese in the Westborough service area often exceeds the state average of 59%. By town, the percent of adults reporting obesity or overweight ranged from 49.7% in Bolton to 64.2% in Milford.[6]

- **Mental Health.** When asked to identify health issues of greatest concern in the community, the majority of focus group participants and interviewees mentioned mental health. Stress, anxiety, depression, and isolation were the most frequently cited challenges for residents in the Westborough service area, with these individuals describing how COVID-19 has exacerbated mental health issues in the community. These issues were noted as particularly problematic for young people, seniors, those who identify as LGBTQ, and immigrants. Focus group participants who were parents also discussed the importance of digital wellness—which refers to preventative measures aimed at regulating and improving the healthy use of technology, especially in light of COVID-19.

> *"When you have underlying mental health challenges, it's only going to be that much worse by being isolated from the people you love."* – Key informant interview

- **Substance Use.** Participants expressed some concerns about substance use in the Westborough service area, though it was not a key theme discussed in most groups. This perspective on substance use differs from findings from previous assessments in the region, where substance use was ranked as the greatest health concern by community health respondents in 2016 and 2019. Specific types of substance use mentioned as concerns by participants included: alcoholism, vaping, and misuse of prescription medication. While secondary data show cigarette use decreasing among youth, vaping use has substantially increased since 2014, with 18.4% of MetroWest high school students reporting active use in 2014, versus 28.1% in 2018.[7]

- **Communicable Disease.** Interview and focus group participants shared concerns about the ongoing spread and impact of COVID-19. In general, participants reported community compliance with masks and social distancing. Though, several focus group participants did express frustration at improper use of masks and large gatherings. Most often, participants shared the challenges of stay-at-home mandates and closures brought on by the pandemic, especially for those with school-age children. COVID-19 was often discussed in terms of economic instability and increased mental health concerns. Interestingly, assessment participants also reported positive aspects from the pandemic, most notably concern towards neighbors, more time with family, and the expansion of the use of technology, including telehealth. As of August 12, 2020, there were 1,642

> *"COVID has been such a perfect storm of awful things. It has exposed the real weaknesses in our community."* – Key informant interview

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[6] Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.
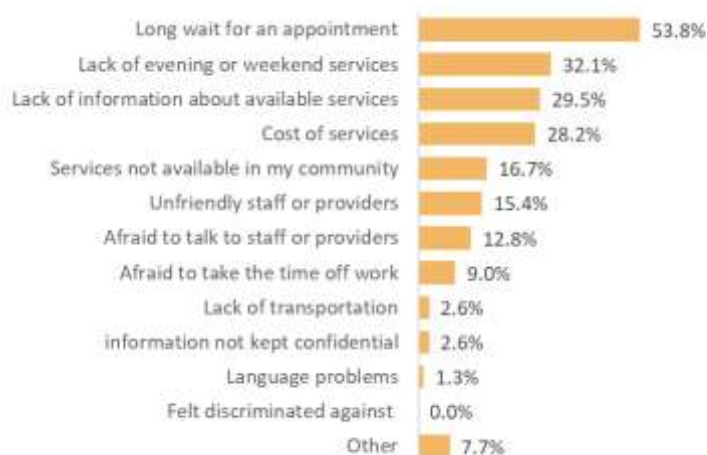[7] MetroWest Adolescent Health Surveys, 2014 & 2018.

cases of COVID-19 per 100,000 population in Massachusetts. By town, the rates of coronavirus per 100,000 population ranged from 221 in Bolton to 2,705 in Marlborough.[8]

Access to Services

- **Access to Healthcare Services.** The Westborough service area is in close proximity to healthcare resources and a high proportion of residents have health insurance. However, interview and focus group participants discussed a number of barriers to accessing health care services in the Westborough service area, including the high cost of healthcare; fear of seeking services; and challenges navigating the system. Participants also shared healthcare concerns specific to seniors, namely related to accessing specialty and geriatric services.

Overall, 45.4% of Westborough Community Priorities Survey respondents reported barriers to accessing medical, mental health, or social services in the past six months. Among respondents reporting at least one barrier, the most common barriers were long wait times for appointments (53.8%), lack of evening or weekend services (32.1%), lack of information about available services (29.5%), and cost of services (28.2%). These findings align with the top barriers identified in the 2019 MetroWest Community Health Assessment (CHA). While few Westborough Community Priorities Survey respondents had insurance issues, focus group participants commonly discussed the challenges of being underinsured and unable to pay co-pays and deductibles.

Percent of CHNA Community Priorities Survey Respondents Reporting Barriers to Accessing Medical, Mental Health or Social Services in the Past Six Months, among Respondents Reporting at Least One Barrier, 2020 (N=78)

Barrier	Percent
Long wait for an appointment	53.8%
Lack of evening or weekend services	32.1%
Lack of information about available services	29.5%
Cost of services	28.2%
Services not available in my community	16.7%
Unfriendly staff or providers	15.4%
Afraid to talk to staff or providers	12.8%
Afraid to take the time off work	9.0%
Lack of transportation	2.6%
information not kept confidential	2.6%
Language problems	1.3%
Felt discriminated against	0.0%
Other	7.7%

DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.
NOTE: the question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

- **Access to Social Services or Other Essential Services.** When asked about challenges to accessing social or other essential services, participants spoke in terms of challenges during the COVID-19 pandemic, reporting many services being curtailed at the height of the pandemic. The most frequently described challenge related to seeking essential services was access to food and childcare. Key informant interviews explained how residents have now begun prioritizing basic needs over other essentials like telephone and internet, which limits their ability to stay employed, and connected to healthcare, social services, and education. In addition, interviewees noted the need to offer more culturally sensitive services for immigrants and LGBTQ community residents. Interviewees also reported limited capacity amongst health and social services providers to serve non-English speakers.

Community Vision for the Future

- **Top Issues for Action.** Westborough Community Priorities Survey respondents were asked to consider the most important issues in their communities to take action on in the next few years. Respondents were asked to consider the importance of these issues in regard to Concern, Equity, Effectiveness, and Feasibility

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[8] Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2020.

and to select the five most important issues for action. Taken together, the top five issues of concern were (1) Coronavirus/COVID-19 testing and/or the possibility of a new outbreak, (2) Mental health issues, (3) Financial insecurity/unemployment/lack of job opportunities (4) Transportation issues, and (5) Addressing systemic racism/racial injustice. These survey results align closely with key themes that arose from qualitative discussions.

Suggestions for Future Programs, Services, and Initiatives

- **Mental Health.** Increasing access to mental health services was overwhelmingly identified by focus group participants and interviewees as a top issue to address in the Westborough service area. Assessment participants envisioned a community where mental health services were readily available, culturally sensitive, and affordable. Investments would be made for more mental health supports in elementary and middle school, as well as for seniors experiencing isolation. There would be increased support and advocacy efforts to increase reimbursement rates for mental health providers. These suggestions mirror similar findings from the 2019 MetroWest Community Health Assessment.

- **Economic and Employment Opportunities.** Following mental health services, expanding economic opportunities—especially for youth and for low income workers—was suggested as a priority area for investment by many assessment participants. In terms of youth, suggestions were made to expand enrichment programs that included paid opportunities to gain relevant professional experience. Specific suggestions were made to expand the limited number of employment opportunities through programs like MassHire. In addition, it was suggested that more financial resources be invested in education and job training for low income workers and essential employees.

- **Access to Basic Needs Including Healthy Food.** Increased supports for navigating the health and social service landscape were suggested by several assessment participants – namely for those who were seeking essential services and parents. As previously discussed, accessing healthy food was a frequent concern raised by interviewees and focus group participants alike. Suggestions were made to expand food services and modernize systems that currently limit the capacity for community-based groups to address the magnitude of needs. For example, multiple key informants expressed the desire for an automated system that can be used at food pantries.

> *"Our food pantries in the area need to have delivery systems. That would begin to level the playing field. Why can't someone who is poor have food brought to their house the way I do from Wegman's or Instacart?*
> – Key informant interview

- **Transportation.** Similar to findings from the 2019 MetroWest CHA, transportation was identified as a priority concern in the Westborough service area. Assessment participants suggested exploring creative solutions to long-standing transportation issues that have been adopted in cities across the state. For example, it was suggested that investments in the built environment—better sidewalks, more bike trails, and investments in community programs, such as bicycle shares and electronic scooters be added to the community in order to mitigate issues with reliable public transportation.

- **Housing.** Access to affordable housing was among the most commonly mentioned issues in the qualitative discussions and Westborough Community Priorities Survey findings. Not only are housing options limited for low to moderate income individuals, but there are many community members who are in nontraditional homes without leases. Suggestions were made to increase legal protections for tenants who may be in these at-will tenancy agreements. Residents also expressed a desire for more affordable housing for seniors that could facilitate the growing population's ability to age in place.

- **Racial Justice.** Several participants also shared a vision related to diversity and equity, with focus group participants noting the importance of recognizing that systemic racism and structural inequities are what drive the health and economic disparities in their communities. In terms of the social determinants, assessment participants suggested prioritizing racial justice in the follow areas: 1) access to healthy and culturally appropriate food 2) economic and employment opportunities, and 3) healthy housing.

- **Improved Services for Youth and Seniors.** Lastly, programming for youth and for seniors was frequently raised during interview and focus group discussions. Many assessment participants expressed limited enrichment opportunities for young people, especially for teens aged 13-19. One participant summarized, "*It's what I call the lost ages—after the age of 11 or 12, these kids have nothing. By that age, they think teens should be working and there's no program for them. We need more youth-led programs where the intention is to speak with you and have them lead.*" In terms of seniors, residents suggested more programming related to social connections and access to technology.

Key Themes and Conclusions

Through a review of the secondary social, economic, and epidemiological data, a community survey, and discussions with community residents and stakeholders, this assessment report examines the current health status of the Westborough service area during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis:

- **Overall, the Westborough service area was reported as a highly educated, high-income community, however, there are pockets of vulnerable populations across the region—particularly youth, immigrants, and older adults.** Findings from this assessment show that some residents in the Westborough service area are struggling with basic needs including access to food, shelter, and childcare. Interview participants discussed a collaborative network of community-based organizations working to alleviate some of these immediate needs, but many indicated a need for more support and coordination to address the magnitude of the situation.

- **Some residents are struggling with lack of employment and economic opportunities, especially in light of COVID-19.** During the pandemic, unemployment rates shot up across the service area, particularly Milford (16.1%), Marlborough (15.8%), Hudson (15.8%) Framingham (15.2%).[9] Young people, immigrant communities, and non-English speaking communities who are more likely to work as essential workers were identified as facing unique challenges related to social and economic factors. More resources for career transitions and job training, technology, and language classes were identified as critical to addressing these issues.

- **Housing affordability and transportation continue to be concerns in the Westborough service area.** Housing affordability was identified as a pressing concern, particularly for seniors and "*middle class*" residents. Many renters across the area, especially in towns, such as Bolton (68.4%) and Hopkinton (52.1%), are spending more than 30% of their income on housing costs.[10] Tenancy-at-will situations—or agreements between tenants and landlords, where there is no formal contract, negatively impacts already-vulnerable residents, such as undocumented immigrants and seniors. In terms of public transportation, suggestions to invest in alternate modes of transportation, such as bicycle share programs and incentives to reduce single-occupancy vehicles were shared by focus group participants.

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[9] U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2019-2020.
[10] U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

- **As happening at the national level, conversations about racial justice and policing have been taking place in the Westborough service area.** Perceptions related to discrimination and racism varied throughout qualitative discussions. Addressing systemic racism was a theme that emerged across interviews, focus groups, and the community survey. Community leaders that were interviewed for the assessment described their commitment to addressing racial injustice and systemic oppression. Westborough Community Priorities Survey respondents ranked 'Addressing Systemic Racism/Racial Justice' as the 4th highest priority for action in the next few years.

- **Rates of obesity/overweight were higher in the majority of Westborough service area towns than the state overall.** Between 2012-2014, the percent of adults reporting obesity or overweight in Massachusetts was 59.0%. By town, the percent of adults reporting obesity or overweight ranged from 49.7% in Bolton to 64.2% in Milford.[11] Approximately one in every three Westborough Community Priorities Survey respondents reported overweight/obesity (34.3%) as an issue that has impacted them in the last 6 months, however, it did not rise up as a key theme from qualitative discussions.

- **Across all methods, the majority of assessment participants identified mental health as a priority health concern.** Stress, anxiety, depression, and isolation were the most frequently cited challenges among the Westborough service area, with residents describing how COVID-19 has exacerbated mental health issues in the community. Young people and seniors were identified as the populations most impacted by mental health challenges in the Westborough service area. Quantitative data from the MetroWest Adolescent Health Surveys show that the number of high school students that reported their lives have been "very stressful" has steadily increased from 28.9% in 2012 to 36% in 2018.[12]

- **Proximity of health care services was noted as a key strength of the Westborough service area by community survey respondents, but access to those services is a challenge for some residents.** Respondents to the Westborough Community Priorities Survey ranked 'accessible medical services' as the second strongest asset of the region (68.9%). However, themes that emerged from qualitative discussions highlight barriers that still persist for some residents, including being underinsured, challenges for non-English speakers, navigating services, and lack of culturally sensitive approaches to care. In addition, the Westborough service area could benefit from additional services for the growing senior population to help facilitate aging in place.

Priority Needs of the Community

Community Prioritization Meeting

Data and themes from the CHNA report were presented to service area residents and stakeholders at a virtual community prioritization meeting in September 2020. Prioritization allows organizations to target and align resources, leverage efforts, and focus on achievable strategies and goals for addressing priority needs. Through a systematic, engaged approach that is informed by data, priorities are identified through an iterative process to focus planning efforts. The following four criteria were used to guide prioritization discussions and voting processes:
- Concern
- Equity
- Effectiveness
- Feasibility

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[11] Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.

[12] MetroWest Adolescent Health Surveys, 2012 & 2018.

Meeting participants voted for up to three of the eight priorities identified from the data and based on the specific prioritization criteria. Voting identified Mental Health (71%) as the most commonly endorsed community priority, followed by Systemic Racism and Racial Injustice (57%), Financial Insecurity/Unemployment (43%), and Housing (43%).

Community Advisory Board Meeting
The goal of this meeting was for CAB members to review the CHNA findings for the service area and amalgamate that information with the input provided from the community prioritization meeting, to refine and narrow the list of priorities in alignment with the social determinants of health. To determine priorities for the CHNA, CAB members were asked to consider the same prioritization criteria (Concern, Equity, Effectiveness, and Feasibility) that were used by the community members during the remote prioritization meeting and come to a consensus about priorities for future action. Ultimately, the CAB identified four priorities to consider for future action:

- Mental health
- Access to services
- Systemic racism & racial injustice
- Housing

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INTRODUCTION

Mass General Brigham (formerly Partners HealthCare, 'the System') is a not-for-profit, integrated health care system that was formed in 1994 by an affiliation between The Brigham Medical Center, Inc. (now known as Brigham Health) and The Massachusetts General Hospital. Mass General Brigham currently operates two tertiary hospitals, six community acute care hospitals, and one acute care specialty hospital in Massachusetts; one community acute care hospital in Southern New Hampshire; one facility providing inpatient and outpatient mental health services; and three facilities providing inpatient and outpatient services in rehabilitation medicine and long-term care. Mass General Brigham also operates physician organizations and practices, a home health agency, nursing homes and a graduate level program for health professionals. Mass General Brigham is a non-university-based, nonprofit private medical research enterprise and its academic medical centers are principal teaching affiliates of the medical and dental schools of Harvard University. Mass General Brigham provides its services to patients primarily from the Greater Boston area and eastern Massachusetts, as well as New England and beyond. Additionally, Mass General Brigham operates a licensed, not-for-profit managed care organization that provides health insurance products to the MassHealth Program (Medicaid), ConnectorCare (a series of health insurance plans for adults who meet income and other eligibility requirements) and commercial populations.

To fulfill Mass General Brigham's four-part mission of patient care; research education; and community, the organization has affirmed a system-wide strategy that is grounded in the excellence of Mass General Brigham's two academic medical centers, focused on improved patient outcomes and experience, and supported by its historical and ongoing commitment to digital health and data analytics; population health; ambulatory care; and insurance risk management. Implementation of this strategy relies on a series of synergistic priorities that include:

i. improving health outcomes across the full continuum of care with an emphasis on the development by Mass General Brigham's academic medical centers of multidisciplinary centers of excellence for tertiary and quaternary care;

ii. enhancing the patient experience, particularly for primary care and behavioral health care, by developing community-based health care settings that improve access and ease of navigation for patients;

iii. reducing the total cost of health care by developing delivery models that focus on value while simultaneously improving outcomes; and

iv. investing in research and innovations that meaningfully improve the diagnosis and treatment of all forms of human illness.

Developing community-based care centers that offer primary and behavioral health care, as well as specialty and surgical services meet the second component of Mass General Brigham's mission.

Accordingly, the System is seeking ways to expand care options in more suburban settings, including in the Westborough area. This potential expansion will require Mass General Brigham to fully understand the range of needs (related to health and the social determinants of health) within the Westborough service area, including the communities of: Berlin, Bolton, Grafton, Northborough, North Grafton, Shrewsbury, Upton, Westborough, Framingham, Ashland, Hopkinton, Hudson, Marlborough, Milford, and Southborough. The Westborough service area is shown in Figure 1.

Figure 1. Focused Westborough Service Area Map
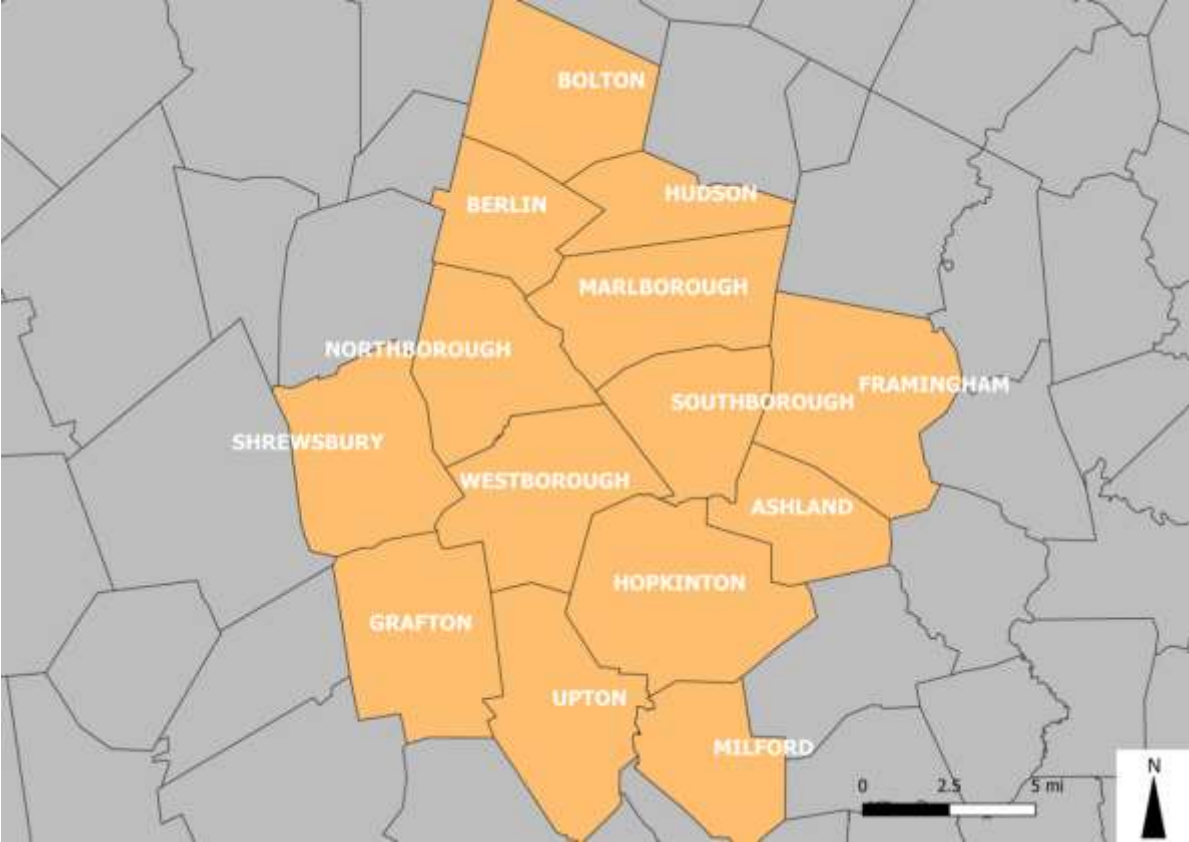
Purpose and Scope of the Community Health Needs Assessment
This community health needs assessment (CHNA or Assessment) aims to gain a greater understanding of the issues that community residents face, how those issues are currently being addressed, and where there are gaps and opportunities to address these issues in the future. This report presents findings from the 2020 Westborough service area needs assessment processes, which were conducted between March-August 2020, and informed discussions about key community issues and concerns in the service area.

The specific goals of this CHNA are to:
- Systematically identify the health-related needs, strengths, and resources of the community to inform future planning;
- Understand the current health status of the service area overall and its sub-populations within their social context; and
- Engage the community to help determine community needs and social determinant of health needs.

Priority social determinants of health areas include the social environment, built environment, employment, education, housing, and violence and trauma.

CONTEXT FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT

This CHNA was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice. This context had a significant impact on the assessment approach and content.

COVID-19 Pandemic
The novel coronavirus (COVID-19) pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process and topics, as well as concerns that participants put forth during discussions in focus groups and interviews. On February 1, 2020, the first confirmed case of COVID-19 in Massachusetts was announced, and on March 15, 2020, the Governor of Massachusetts issued an emergency order announcing emergency actions to address COVID-19 including school closures, business closures, and limitations on gatherings. Data collection planning (e.g., finalizing methodology, developing data collection instruments) occurred at the beginning of this state-wide shutdown. Logistically, the pandemic impacted the feasibility of convening in-person groups for the CHNA (advisory bodies, focus groups, etc.) and the availability of key stakeholders and community members to participate in CHNA activities, given their focus on addressing immediate needs. Consequently, all data collection was shifted to a virtual setting (e.g., telephone or video focus groups and an online survey), and engagement of residents and stakeholders was challenging. (A more detailed description of this engagement process may be found in the Methods section, and COVID-19 data specific to this service area is provided in the Infectious and Communicable Disease section of this report.)

Substantively, during the CHNA process, COVID-19 was and remains a primary health concern for communities and also has exacerbated underlying inequities and social needs. The pandemic brought to light both the capabilities and gaps in the healthcare system, the public health infrastructure, and social service networks. In this context, an assessment of the community's strengths and needs, and in particular the social determinants of health, is both critically important and logistically challenging. Where possible, CHNA participants were asked to reflect on health and social issues beyond those directly related to COVID-19, yet the pandemic's short-term and long-term impacts remained at the forefront of many conversations. This CHNA should be considered a snapshot in time; consistent with public health best practices, the community can continue to be engaged to understand how identified issues may evolve and what new issues or concerns may emerge over time.

National Movement for Racial Justice
A wave of national protests for racial equity – sparked by the killing of George Floyd, Ahmaud Arbery, Breonna Taylor, Tony McDade, and many others – also coincided with the timeline of the CHNA. As part of a movement for racial justice, national attention was focused on how racism is embedded in every system and structure of our country, including housing, education, employment, and healthcare. This context impacted the content of the CHNA, including the design of data collection instruments and the input that was shared during interviews and focus groups, as well as through survey responses. While racism and oppression have persisted in this country for over 400 years, it is important to acknowledge the recent focus on these issues in late spring 2020 in the form of protests and dialogues, locally and nationally, as context for this assessment.

METHODS
The following section details how data for the CHNA were compiled and analyzed, as well as the broader lens used to guide this process.

Social Determinants of Health Framework
While this CHNA aimed to be comprehensive, its data collection approach focused on the social and economic upstream issues that affect a community's health.

Upstream Approaches to Health
Having a healthy population is about more than delivering quality health care to residents. Where a person lives, learns, works, and plays all have an enormous impact on health. Health is not only affected by people's genes and lifestyle behaviors, but by upstream factors such as employment status, quality of housing stock, and economic policies. Figure 2 provides a visual representation of these relationships, demonstrating how individual lifestyle factors, which are closest to health outcomes, are influenced by more upstream factors, such as employment status and educational opportunities.

Figure 2. Social Determinants of Health Framework
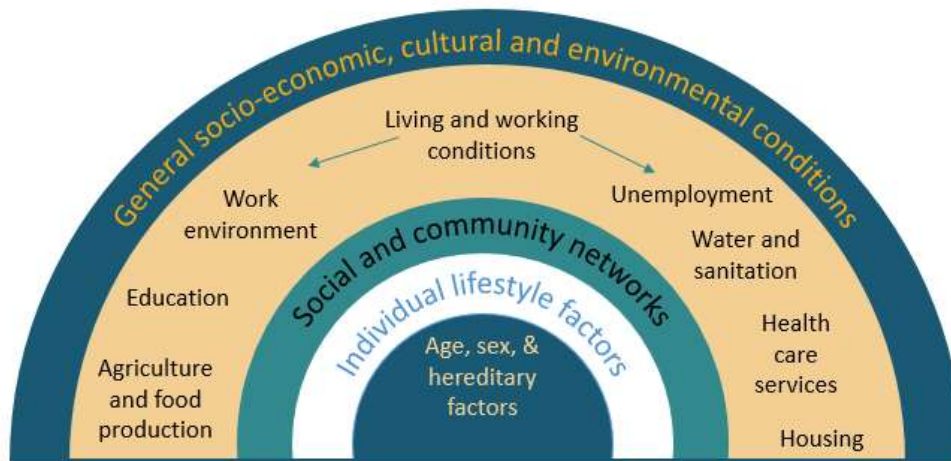
SOURCE: World Health Organization, Commission on the Social Determinants of Health, Towards a Conceptual Framework for Analysis and Action on the Social Determinants of Health, 2005.

The data to which we have access is often a snapshot in time, but the people represented by that data have lived their lives in ways that are constrained and enabled by economic circumstances, social context, and government policies. To this end, much of this report is dedicated to discussing the social, economic, and community context in which residents live. Mass General Brigham seeks to understand the current health status of residents and the multitude of factors that influence health to enable the identification of priorities for community health planning, existing strengths and assets upon which to build, and areas for further collaboration and coordination.

Health Equity Lens
The influences of race, ethnicity, income, and geography on health patterns are often intertwined. In the United States, social, economic, and political processes ascribe social status based on race and ethnicity, which may influence opportunities for educational and occupational advancement and housing options, two factors that profoundly affect health. Institutional racism, economic inequality, discriminatory policies, and historical oppression of specific groups are a few of the factors that drive health inequities in the U.S.

In the present report, health patterns for the Westborough CHNA service area are described overall, as well as areas of need for particular population groups. Understanding factors that contribute to health patterns for these populations can facilitate the identification of data-informed and evidence-based strategies to provide all residents with the opportunity to live a healthy life.

Approach and Community Engagement Process
The CHNA aimed to engage agencies, organizations, and community residents through different avenues. The CHNA process was guided by a regional Community Advisory Board (CAB). Mass General Brigham hired Health

Resources in Action (HRiA), a non-profit public health organization, as a consultant partner to facilitate the CHNA process, collect and analyze data, and develop the CHNA report.

Community Engagement
Community engagement is described further below under the primary data collection methods. It should be noted that, due to the COVID-19 pandemic, the community engagement for this CHNA occurred virtually. Additionally, while the CHNA aimed to engage a cross-section of individuals and to be inclusive of traditionally under-represented communities, due to the pandemic and competing priorities, community-based organizations had limited time to assist with outreach and community members had constraints on their own time for participation. Nevertheless, by engaging the community through multiple methods and in multiple languages, this CHNA aims to describe community strengths and needs during this unique time.

Community Advisory Board Engagement
As noted, a CAB provided oversight, input, and support throughout the CHNA process. The CAB was regional in focus and oversaw the work for this CHNA, as well as two other co-occurring CHNAs (taking place in the greater Woburn area and greater Westwood area). CAB members included representation from both regional groups and residents of the primary service area. The fifteen CAB members represent municipalities; the education, housing, social service, planning and transportation sectors; the private sector; community health centers; and community-based organizations. See Appendix A: Community Advisory Board Members for a full list of CAB members.

The CAB was engaged throughout the CHNA process. This engagement included meeting three times (in March to provide input on the CHNA methods and timeline; in June to hear updates on the CHNA process and to discuss virtual engagement, survey dissemination, and community outreach; and in September to discuss identified priorities) and providing regular input through email correspondence and telephonic discussions. CAB input included advising on key informant interviewees and focus group segments, identifying local data sources and communication outlets for the CHNA community health survey, and providing connections to community organizations to support data collection and outreach efforts. Additionally, the members of the CAB participated in the community prioritization meetings (see below for more information).

Secondary Data: Review of Existing Secondary Data
Secondary data are data that have already been collected for another purpose. Examining secondary data helps us to understand trends, provide a baseline, and identify differences by sub-groups. It also helps in guiding where primary data collection can dive deeper or fill in gaps.

Secondary data, including information and statistics, for this CHNA were drawn from a variety of sources, including the U.S. Census American Community Survey (ACS), the U.S. Department of Labor Bureau of Labor Statistics, the Federal Bureau of Investigation Uniform Crime Reports, the MA Department of Elementary and Secondary Education, the MA Center for Health Information and Analysis (CHIA) database, and a number of other agencies and organizations. Secondary data were analyzed by the agencies that collected or received the data. Data are typically presented as frequencies (%) or rates per 100,000 population. It should be noted that when the narrative makes comparisons between towns or with MA overall, these are lay comparisons and *not* statistically significant differences.

It should also be noted that for most social and economic indicators, the U.S. Census American Community Survey (ACS) 5-year (2014-2018) aggregate datasets were used over the one-year datasets, since many of the towns in the service area are smaller in population size. Since the ACS uses a probability sampling technique, using the five-year aggregate dataset over the one-year data provides a larger sample size and more precision in its estimates.

In addition, data collected for the 2019 MetroWest Community Health Assessment (MetroWest CHA)—an extensive process that engaged 22 communities in the Westborough service area—were also incorporated into this report, including data from the MetroWest Adolescent Health Surveys. The MetroWest CHA's service area geography overlapped with much of the Westborough service area. The MetroWest CHA was a collaborative effort led by an advisory committee comprised of a range of organizations and partners working all across the region from September 2018 – June 2019. Similar to the Westborough service area CHNA, the MetroWest CHA aimed to identify the health-related needs and strengths of the area using a participatory approach. Methods that were used for the assessment included an online community survey that engaged nearly 800 individuals; eight focus groups with approximately 84 residents; and nine key informant interviews with key community stakeholders.

Primary Data Collection
Primary data are new data collected specifically for the purpose of the CHNA. Goals of the CHNA primary data were: 1) to determine perceptions of the strengths and needs within the service area, and identify sub-populations most affected; 2) to explore how these issues can be addressed in the future; and 3) to identify the gaps, challenges, and opportunities for addressing community needs more effectively. Primary data were collected using three different methods for this CHNA: key informant interviews, focus groups, and a community survey.

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews
A total of 12 key informant interviews were completed with 14 individuals by phone. Interviews were 45-60-minute, semi-structured discussions that engaged institutional, organizational, and community leaders, as well as front-line staff across sectors. Discussions explored interviewees' experiences of addressing community needs and priorities for future alignment, coordination, and expansion of services, initiatives, and policies. Interviewees were asked to share their perceptions of needs both prior to and following the start of the COVID-19 pandemic. Sectors represented in these interviews included: health and human services; boards of health; nonprofit networks; youth-serving organizations; senior services; and community development. See Appendix B for the list of individuals that participated in the key informant interviews and Appendix C for a copy of the interview guide.

Focus Groups
The proposed focus group methodology for this CHNA changed during the pandemic. Rather than conducting traditional in-person focus groups of approximately eight participants each, more focus groups were conducted than originally planned, but with fewer participants in each discussion and virtually. Due to the COVID-19 pandemic, focus groups were conducted via a video conference platform or by telephone, to accommodate participants who did not have reliable internet access and/or were not familiar with video conferencing technology. Focus groups were intentionally limited in regard to the number of participants to facilitate conversation and full participation in a virtual environment, especially since the moderator could not pick up on non-verbal cues as easily.

A total of 17 community residents participated in eight virtual focus groups (telephone or video) conducted with specific populations of interest: parents of school-age children; residents seeking essential services (e.g., food assistance, housing assistance, etc.); residents who are immigrants; LGBTQ+ identifying youth; and youth who identify as residents of color. Focus groups were 60-minute, semi-structured conversations and aimed to delve deeply into the community's needs, strengths, and opportunities for the future and to gather feedback on priorities for action. Focus group participants were asked to share their perceptions of needs both prior to and following the start of the COVID-19 pandemic. Please see Appendix D: Focus Group Guide for the focus group facilitator's guide.

All groups were conducted in English. Efforts were made to conduct two focus groups in Spanish, but there were challenges with recruitment and participation due to the pandemic. Several groups were recruited for and scheduled, but participants did not attend.

Throughout this report, service area residents and key stakeholders who participated in key informant interviews and focus groups are referred to as study 'participants.'

Analyses
The collected qualitative information was coded using NVivo qualitative data analysis software and then analyzed thematically by data analysts for main categories and sub-themes. Analysts identified key themes that emerged across all groups and interviews, as well as the unique issues that were noted for specific populations. Throughout the qualitative findings included in this report, the term "participants" is used to refer to key informant interview and focus group participants. Unique issues that emerged among a group of participants are specified as such. Frequency and intensity of discussions on a specific topic were key indicators used for extracting main themes. While differences between towns and neighborhoods are noted where appropriate, analyses emphasized findings common across the Westborough service area. Selected paraphrased quotes—without personal identifying information—are presented in the narrative of this report to further illustrate points within topic areas.

Community Priorities Survey
A community priorities survey was developed and administered over six weeks from early July through mid-August 2020. The survey focused on identifying issues that had a direct impact on survey respondents, perceptions of community strengths, and important issues for community action. Given the unprecedented time, survey respondents were asked to identify current issues and concerns, as well as issues and concerns that were present around the holiday season (approximately six months ago prior to the start of the COVID-19 pandemic in the United States). The survey was administered online in four languages (English, Spanish, Portuguese, and Chinese). Please see Appendix E: Survey Instrument for the English-language version of the survey.

Extensive outreach was conducted with assistance from CAB members and organizations and through social media outreach to obtain survey responses. The survey was disseminated via email to known distribution lists of residents, as well as to individuals who attended earlier community engagement sessions for this process. Several paid Facebook ads were displayed in targeted geographic locations within the service area in all four languages to promote the survey. Additionally, several postings were run via Twitter, LinkedIn, and Facebook. Email dissemination outreach was also sent to over 50 different community-based organizations, which included local food pantries, immigrant service agencies, community centers, libraries, local news outlets, and other groups.

The final sample of the community priorities survey comprised 159 respondents who were residents of the Westborough service area. Appendix F: Additional Survey Data provides a table with the demographic composition of survey respondents. Overall, the majority of respondents were predominantly non-Hispanic White (73.9%), female (74.8%), heterosexual (93.1%), and with high socioeconomic status (Appendix F: Additional Survey Data). Throughout this report, service area residents who participated in Community Priorities Survey are referred to as survey 'respondents.'

Analyses
Frequencies were calculated for each survey question. Not all respondents answered every question; therefore, denominators in analyses reflect the number of total responses for each question, which varied by question. Additionally, denominators excluded respondents who selected "prefer not to answer/don't know."

For questions that allowed for multiple responses (i.e., questions that asked respondents to check all that apply), the denominator was out of the total number of respondents who selected at least one response option for the question. Stratified analyses were conducted for select questions by specific sub-groups that had large enough sample sizes (at least 30 respondents).

Data Limitations
As with all data collection efforts, there are several limitations that should be acknowledged. Numerous secondary data sources were drawn upon in creating this report and each source has its own set of limitations. Overall, it should be noted that different data sources use different ways of measuring similar variables (e.g., different questions to identify race/ethnicity). There may be a time lag for many data sources from the time of data collection to data availability. Some data are not available by specific population groups (e.g., race/ethnicity) or at a more granular geographic level (e.g., town or municipality) due to small sub-sample sizes. In some cases, data from multiple years may have been aggregated to allow for data estimates at a more granular level or among specific groups.

With many organizations and residents focused on the pandemic and its effects, community engagement and timely response to data collection requests were challenging. While extensive outreach was conducted, the overall response was not as large as expected based on previous assessment studies. Additionally, with its online administration method, the community survey used a convenience sample. Since a convenience sample is a type of non-probability sampling, there is potential selection bias in who participated or was asked to participate in the survey. Due to this potential bias, results cannot necessarily be generalized to the larger population. Similarly, while interviews and focus groups provide valuable insights and important in-depth context, due to their non-random sampling methods and small sample sizes, results are not necessarily generalizable. Due to COVID-19, focus groups and interviews were also conducted virtually, and therefore, while both video conference and telephonic options were offered, some residents who lack reliable access to the internet and/or cell phones may have experienced difficulty participating. Lastly, for the primary data collection, it should be noted that while efforts were made to engage residents through qualitative and survey data collection, given the context of the pandemic, the capacity of community organizations to assist with outreach and community members to participate was limited. This report should be considered a snapshot of an unprecedented time, and the findings in this report can be built upon through future data collection efforts.

POPULATION CHARACTERISTICS

Population Overview
The Westborough service area is divided into towns of various sizes. By population size, the largest towns in the area are Framingham, Marlborough, and Shrewsbury (Table 1). Similar to the Commonwealth overall, all towns in this region experienced population growth between 2007-2013 and 2014-2018. The largest population growth occurred in Hopkinton (12.5%) and Berlin (8.9%) (Figure 3).

Table 1. Total Population, in Massachusetts and by Town, 2009-2013 and 2014-2018

	2009-2013	2014-2018
Massachusetts	6,605,058	6,830,193
Ashland	16,792	17,576
Berlin	2,886	3,144
Bolton	4,967	5,236
Framingham	69,288	71,649
Grafton	17,895	18,624
Hopkinton	15,271	17,178
Hudson	19,263	19,868
Marlborough	38,842	39,776
Milford	28,109	28,789
Northborough	14,529	14,985
Shrewsbury	35,849	37,037
Southborough	9,807	10,074
Upton	7,574	7,835
Westborough	18,371	18,982

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013 and 2014-2018.

Figure 3. Percent Change in Population, in Massachusetts and by Town, 2009-2013 and 2014-2018
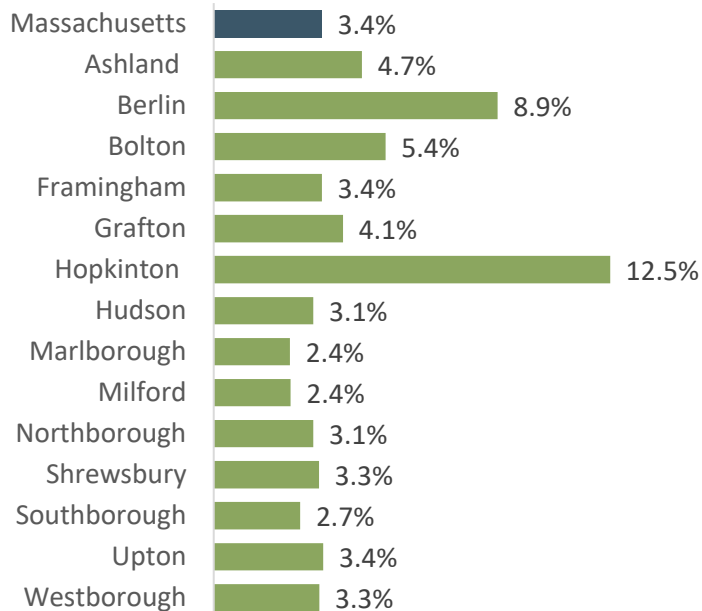
Town	Percent Change
Massachusetts	3.4%
Ashland	4.7%
Berlin	8.9%
Bolton	5.4%
Framingham	3.4%
Grafton	4.1%
Hopkinton	12.5%
Hudson	3.1%
Marlborough	2.4%
Milford	2.4%
Northborough	3.1%
Shrewsbury	3.3%
Southborough	2.7%
Upton	3.4%
Westborough	3.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2009-2013 and 2014-2018.

More than 25% of residents in Bolton, Hopkinton, Southborough, Upton, and Westborough were under the age of 18 in 2014-2018 (Figure 4). The largest populations over age 65 were in Berlin (21.0%) and Hudson (17.8%).

Figure 4. Age Distribution, in Massachusetts and by Town, 2014-2018

Town	Under 18 years	18-24 years	25-44 years	45-64 years	65+ years
Massachusetts	20.2%	10.3%	26.3%	27.4%	15.8%
Ashland	23.0%	6.4%	26.6%	29.1%	14.8%
Berlin	20.3%	7.4%	18.8%	32.5%	21.0%
Bolton	28.1%	6.1%	18.4%	34.4%	12.9%
Framingham	19.4%	8.8%	29.1%	27.5%	15.2%
Grafton	24.2%	5.6%	25.9%	30.8%	13.6%
Hopkinton	26.9%	5.0%	24.6%	32.5%	11.0%
Hudson	18.9%	7.6%	26.0%	29.7%	17.8%
Marlborough	19.9%	8.0%	28.7%	29.4%	14.1%
Milford	23.0%	6.9%	27.9%	27.1%	15.1%
Northborough	23.4%	7.2%	21.9%	31.8%	15.7%
Shrewsbury	23.8%	8.3%	23.3%	28.6%	16.1%
Southborough	26.7%	7.5%	18.6%	33.3%	13.9%
Upton	26.3%	5.0%	24.3%	32.0%	12.4%
Westborough	26.5%	4.7%	27.0%	28.4%	13.5%

■ Under 18 years ■ 18-24 years ■ 25-44 years ■ 45-64 years ■ 65+ years

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Racial, Ethnic, and Language Diversity

> *"[Framingham] is a very diverse community…I see a lot of different people, hear languages of all kinds when I'm walking down the street."* – Youth focus group participant

> *"[Hopkinton] is a predominately White town, and it's not very integrated. I would like to see us all part of the community."* – Focus group participant

Racial and Ethnic Composition
Residents engaged in the assessment described varying levels of diversity in their towns, with some describing high levels of racial and ethnic diversity, and others describing more homogenous, predominately White communities. The secondary data support these findings. In 2014-2018, the racial and ethnic population distributions varied widely across towns in the Westborough service area. For example, in Framingham, Marlborough, Milford, Shrewsbury and Westborough, more than one in every four residents identify as non-White. In contrast, for the same time period, the overwhelming majority of residents in Berlin (96%), Bolton (92%), Hudson (88%), and Northborough (84%) identified as White in. Framingham had the largest Hispanic/Latino populations (16%); Framingham and Upton had the largest non-Hispanic Black populations (6%); and Westborough and Shrewsbury had the largest non-Hispanic Asian populations (24% and 19% respectively) (Table 2).

Table 2. Racial and Ethnic Distribution, in Massachusetts and by Town, 2014-2018

	Asian, non-Hispanic	Black, non-Hispanic	White, non-Hispanic	Other, non-Hispanic	Hispanic/ Latino
Massachusetts	6.4%	6.8%	72.2%	3.0%	11.6%
Ashland	10.3%	2.5%	78.1%	2.1%	7.1%
Berlin	1.7%	0.5%	96.4%	0.7%	0.7%
Bolton	4.3%	0.3%	92.2%	1.2%	1.9%
Framingham	8.3%	6.1%	64.8%	5.0%	15.8%
Grafton	7.8%	4.5%	77.5%	3.5%	6.7%
Hopkinton	9.7%	1.7%	83.9%	2.0%	2.6%
Hudson	2.5%	1.3%	88.0%	1.9%	6.4%
Marlborough	5.9%	3.0%	72.5%	4.7%	14.0%
Milford	2.8%	2.2%	77.0%	4.4%	13.5%
Northborough	8.0%	2.4%	83.7%	2.9%	3.1%
Shrewsbury	18.5%	3.3%	69.3%	3.5%	5.4%
Southborough	13.0%	1.5%	80.6%	1.8%	3.0%
Upton	3.1%	6.3%	81.5%	4.7%	4.4%
Westborough	23.9%	2.7%	66.2%	2.0%	5.3%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.
NOTE: Hispanic/Latino includes residents who identify as Hispanic/Latino regardless of race and racial categories. Other includes non-Hispanic/Latino residents who identify as American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some other race, and Two or more races.

Language Diversity

Among Massachusetts residents over age five, 23.6% reported speaking a language other than English at home in 2014-2018 (Figure 5). Language diversity varies widely throughout the Westborough service area, as indicated in the secondary data and supported in qualitative discussions. For example, the proportion of residents who reported speaking a language other than English at home was close to 40% in Framingham, while in Berlin and Bolton, it was only 6.2%. The most commonly spoken languages other than English in the Westborough service area are other Indo-European languages (e.g., Portuguese, Italian, etc.); Spanish; and Chinese. In Framingham, Russian, Polish, or other Slavic languages account for 5% of the population who speak another language.

Figure 5. Percent Population 5 Years and Over Who Speak a Language Other Than English, in Massachusetts and by Town, 2014-2018

Town	Percent
Massachusetts	23.6%
Ashland	25.6%
Berlin	6.2%
Bolton	6.2%
Framingham	39.5%
Grafton	18.3%
Hopkinton	11.7%
Hudson	24.4%
Marlborough	33.2%
Milford	28.3%
Northborough	14.7%
Shrewsbury	28.8%
Southborough	17.0%
Upton	7.8%
Westborough	29.6%
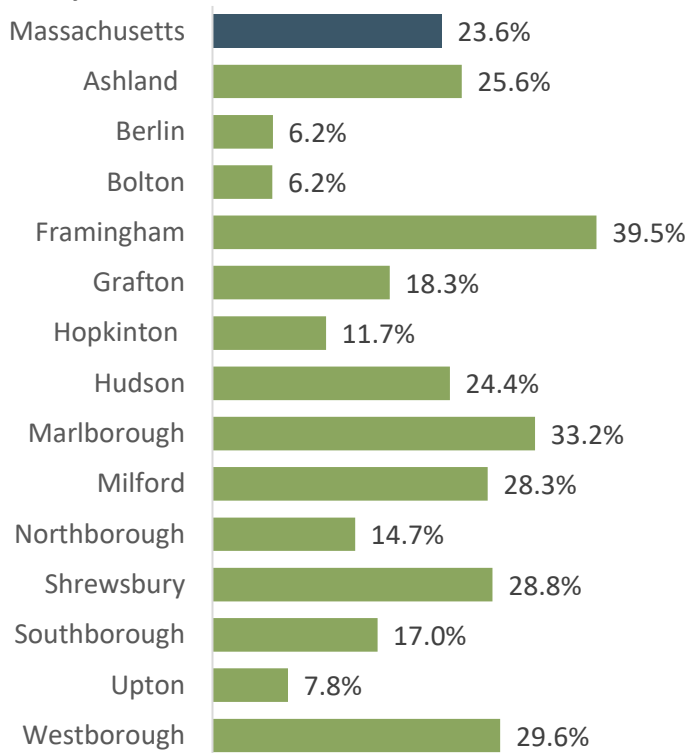
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Language diversity is even more prevalent in public schools in the Westborough service area. In 2020, over half of public-school students in Marlborough did not speak English as their first language (52%). Similarly, more than one in three students in Framingham (47.2%), Milford (38.3%), and Shrewsbury (36.0%) spoke another language other than English at home (Figure 6). Focus groups with residents seeking essential services discussed increasing linguistic diversity in schools. One resident from Hudson shared, "*I've seen a larger population of first-generation immigrants in [Hudson]. I'm a teacher and we've had a lot more ELL [English language learners]."* Quantitative data support these findings. In 2014-2018, one in every four students in the Hudson public schools did not speak English as their first language (Figure 6). In Framingham and Marlborough public schools, a quarter of public-school students are enrolled as English language learners, compared to 10.8% statewide (Figure 7).

Figure 6. Percent Public School Students whose First Language is Not English, in Massachusetts and by School District, 2020
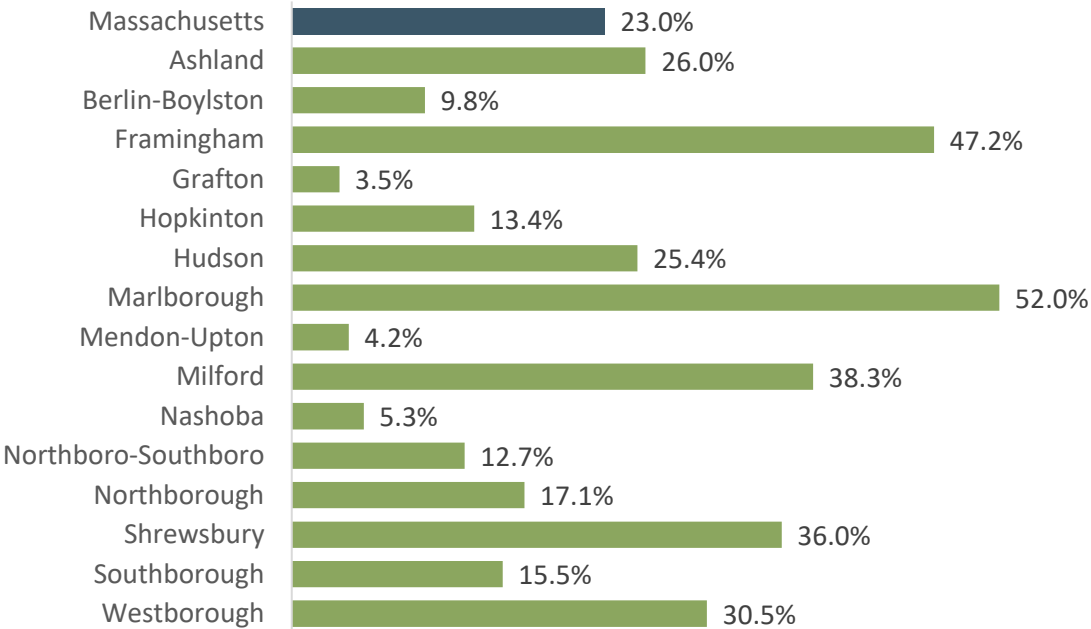
District	Percent
Massachusetts	23.0%
Ashland	26.0%
Berlin-Boylston	9.8%
Framingham	47.2%
Grafton	3.5%
Hopkinton	13.4%
Hudson	25.4%
Marlborough	52.0%
Mendon-Upton	4.2%
Milford	38.3%
Nashoba	5.3%
Northboro-Southboro	12.7%
Northborough	17.1%
Shrewsbury	36.0%
Southborough	15.5%
Westborough	30.5%

DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, Selected Populations, 2020.
NOTE: Northboro-Southboro school district includes towns of Northborough and Southborough; Nashoba school district includes town of Bolton (in Westborough service area CHNA), as well as Lancaster and Stow (not in Westborough service area CHNA); Years represent school years (e.g., 2020 represents school year 2019-2020); First Language not English indicates the percent of enrollment whose first language is a language other than English.

Figure 7. Percent Public School Students Enrolled English Language Learner, in Massachusetts and by School District, 2020
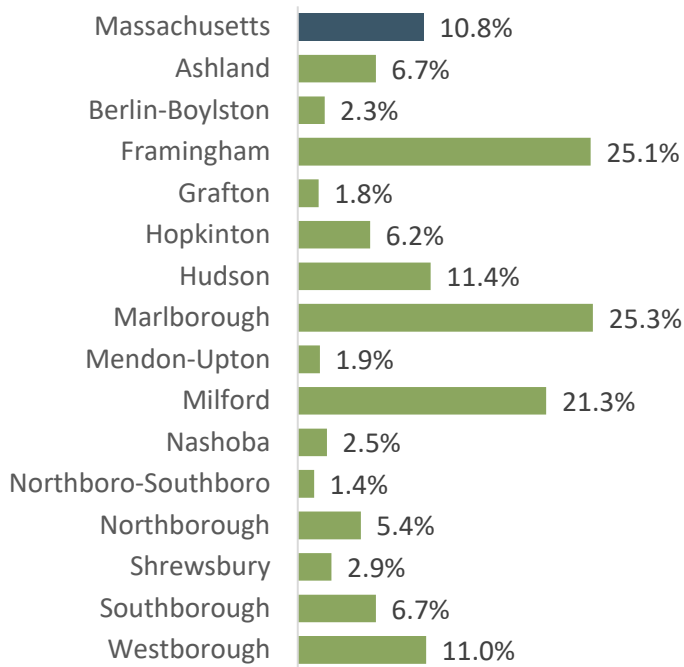
District	Percent
Massachusetts	10.8%
Ashland	6.7%
Berlin-Boylston	2.3%
Framingham	25.1%
Grafton	1.8%
Hopkinton	6.2%
Hudson	11.4%
Marlborough	25.3%
Mendon-Upton	1.9%
Milford	21.3%
Nashoba	2.5%
Northboro-Southboro	1.4%
Northborough	5.4%
Shrewsbury	2.9%
Southborough	6.7%
Westborough	11.0%

DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, Selected Populations, 2020.
NOTE: Northboro-Southboro school district includes towns of Northborough and Southborough; Nashoba school district includes town of Bolton (in Westborough service area CHNA), as well as Lancaster and Stow (not in Westborough service area CHNA); Years represent school years (e.g., 2020 represents school year 2019-2020); English Learners indicate the percent of students enrolled in the district who are English learners, defined as a student whose first language is a language other than English who is unable to perform ordinary classroom work in English (http://profiles.doe.mass.edu/help/data.aspx?section=students#selectedpop).

Foreign-born Population
Key informant and focus group participants described a robust immigrant community in the Westborough service area, particularly in areas such as Framingham and Marlborough. Residents from these towns most frequently reported a perceived increase in the South Asian and Hispanic/Latino communities, with one focus group participant sharing, *"There's a lot of cultures here in Marlborough and it's growing, mostly Brazilian with also a big South Asian community as well."* Another interviewee agreed and shared, *"Framingham in particular has been welcoming to immigrants since the start. There's a large Brazilian and Central American community here."* Of all the towns in the Westborough service area, Framingham and Marlborough had the largest percent of Brazilian immigrants (31.3% and 32.7%, respectively); and Westborough and Shrewsbury had the largest percent of immigrants from India. (41.9% and 37.9%, respectively).

Quantitative data show varying levels of the foreign-born population across the service area. In 2014-2018, the foreign-born population ranged from 5.8% in Bolton to 28.4% in Framingham, compared to 16.5% in Massachusetts overall (Figure 8). The towns with the lowest proportion of residents born outside the United States were Bolton (5.8%), Berlin (6.1%), and Upton (6.3%).

Figure 8. Percent Foreign Born Population, in Massachusetts and by Town, 2014-2018

Location	Percent
Massachusetts	16.5%
Ashland	21.3%
Berlin	6.1%
Bolton	5.8%
Framingham	28.4%
Grafton	12.4%
Hopkinton	10.4%
Hudson	16.9%
Marlborough	24.3%
Milford	16.0%
Northborough	12.6%
Shrewsbury	23.2%
Southborough	16.2%
Upton	6.3%
Westborough	27.2%
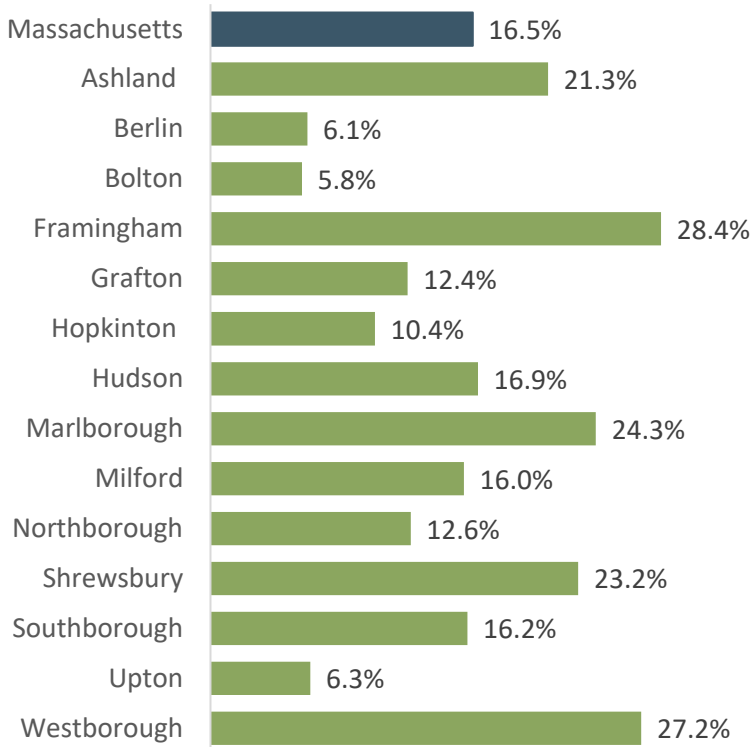
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Assessment participants described immigrants as residents with high levels of resilience and strong values. One interviewee summarized, *"The [immigrant] community is resilient. People here have faced adversity in their countries and continue to face it here. They continually find ways to adjust and cope and make a way forward and adapt to relatively strange and uncomfortable situations."*

COMMUNITY SOCIAL AND ECONOMIC ENVIRONMENT

Community Perceptions of Need

Understanding community residents' perception of priority issues is a critical step in the community health needs assessment process that facilitates insights into lived experiences, as well as facilitators and barriers to addressing concerns. The section below discusses the priorities identified by assessment participants based on the community survey, interviews, and focus groups.

Top Issues Affecting the Community

> *"For all social determinants of health…there are huge disparities that manifest into physical and mental health [issues]. Because of the underlying disparity and equity issues, things have been severely exacerbated by the pandemic."* – Key informant interview

Westborough Community Priorities Survey respondents were asked about a series of issues or problems that affected them or their families currently and/or prior to the start of the coronavirus pandemic. The two most common issues reported via the survey and qualitative discussions were mental health (49.1%), followed by financial insecurity (44.4%) (Figure 10). In regard to mental health, assessment participants described added stressors in recent months due to the pandemic; however, participants noted these concerns have always been present, and now are exacerbated by the current crisis. One interviewee summarized, *"COVID-19 has exposed the tip of the iceberg that we've [been seeing] around mental health and stressors."* Similarly, financial insecurity was a key theme across groups of residents seeking essential services, with participants sharing the challenges of maintaining well-paying jobs and meeting basic needs. Immigrants and seniors were described as especially vulnerable to financial insecurity. "*Economic uncertainty was always an issue to begin with* [pre COVID-19], *but now a lot of people have been laid off from work. They might have been working jobs that don't have emergency leave. It's not unique to the immigrant population, but they're overrepresented in this group."*

Approximately one in every three Westborough Community Priorities Survey respondents reported overweight/obesity (34.3%) as an issue that has impacted them in the last 6 months, however, it was not determined to be a key theme based on qualitative discussions. Moreover, although concerns related to older adults was listed as the fourth priority among survey respondents at 34.1%, this topic was frequently discussed across interviewees and focus group participants (Figure 9). Among respondents, 24.0% reported their family was personally affected by the coronavirus/COVID-19 and 15.7% reported being affected by some form of discrimination. Appendix F provides data on the details of responses on whether these were issues now, six months ago, or at both times. Westborough Community Priorities Survey respondents indicated that several issues such as mental health, financial insecurity, and concern for older adults are issues now but were not prior to the onset of the COVID-19 pandemic.

Interestingly, only 11.1% of Westborough Community Priorities Survey respondents identified alcohol and drug use as an issue currently affecting them. However, in the 2016 and 2019 MetroWest CHAs substance use was identified as the greatest health concern for the service area. Additionally, substance use was not identified as a key concern in focus groups, either, with the exception of focus groups with parents.

Figure 9. Percent of CHNA Community Priorities Survey Respondents Reporting Being Affected Currently and/or 6 months ago by Issues, by Type of Issue, 2020

Issue	Percent
Mental health issues (N=175)	49.1%
Financial insecurity (N=178)	44.4%
Overweight/obesity (N=175)	34.3%
Concerns related to older adults (N=173)	34.1%
Chronic or long-term diseases (N=172)	32.0%
Coronavirus/COVID-19 (N=171)	24.0%
Cannot be active due to lack of sidewalks or parks (N=173)	20.2%
Discrimination (N=172)	15.7%
Problems getting workforce training (N=173)	15.0%
Concerns related to children (N=174)	14.4%
Concerns around housing (N=173)	12.1%
Alcohol and drug use (N=172)	11.1%
Accessing health or social services (N=173)	10.4%
Lack of access to affordable healthy food (N=172)	9.9%
Other infectious diseases (N=171)	8.8%
Community violence (N=172)	8.7%
Lack of transportation (N=172)	8.1%
Domestic violence (N=171)	1.8%
Other issue (N=96)	5.2%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Different demographic groups in the Westborough service area indicated varying issues that affected them or their families in the past six months. For example, among respondents with a bachelor's degree or higher, the most commonly reported issues were mental health, financial insecurity, concerns about older adults, overweigh/obesity, and chronic diseases (Figure 10). Conversely, there was a lower proportion of respondents with less than a bachelor's degree who reported mental health as a priority concern, placing overweight/obesity as a higher priority; and they reported being affected by Coronavirus/COVID-19 and did not list concerns about older adults among their top five issues. By race, People of Color reported discrimination and lack of sidewalks or parks among their top five issues, which did not appear among other groups. It should be noted that racial/ethnic groups were categorized in these two groups due to small sample sizes among specific racial/ethnic groups (e.g. Black respondents, Latino respondents).

Figure 10. Percent of CHNA Community Priorities Survey Respondents Reporting Being Affected Currently and/or 6 months ago by Issues, by Selected Demographics, 2020

	Less than College(N=31)	College or More (N=126)	White, non-Hispanic (N=125)	People of Color (POC) (N=33)
1	Financial insecurity (54.8%)	Mental health issues (50.4%)	Mental health issues (48.0%)	Financial insecurity (51.5%)
2	Overweight/obesity (51.6%)	Financial insecurity (44.0%)	Financial insecurity (44.4%)	Discrimination (50.0%) (tied)
3	Chronic or long-term diseases (43.3%)	Concerns related to older adults (33.9%)	Concerns related to older adults (33.9%)	Mental health issues (50.0%) (tied)
4	Mental health issues (41.9%)	Overweight/obesity (29.3%)	Chronic or long-term diseases (33.3%)	Overweight/obesity (39.4%)
5	Coronavirus/COVID-19 (29.0%)	Chronic or long-term diseases (28.9%)	Overweight/obesity (32.8%)	Cannot be active due to lack of sidewalks or parks (34.4%)

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Community Assets

> *"There's a level of resiliency here that people have. It's the desire to keep their families together and functioning…to provide the best possible life for themselves or their families. Their commitment to their kids."* – Key informant interview

> *"Our direct neighborhood is very caring. People are always open to help each other. They'll drive your kids if you're running late. They help with the snow."* – Focus group participant

The Westborough service area has numerous strengths according to focus group and interview participants, as well as Westborough Community Priorities Survey respondents. Towns in the service area were described as generous, collaborative, and being centrally located. The most frequently cited community strength discussed in focus groups and interviews was strong educational school systems, followed by outdoor space, and substantial cultural diversity. These findings are aligned with themes identified in the 2019 MetroWest CHA. The broad access and availability of services was described as a strength of the Westborough service area. One assessment participant summarized, "*One of our strengths is that we're centrally located. We have access to medical facilities all over the place. It's a 40-minute shot to Boston; a 10-minute shot up to UMASS trauma. No matter what people need it's not too far.*" Additionally, faith organizations and nonprofit organizations were identified by multiple key informants as a strength in the area, notating collaborative partnerships and nimble organizations.

Quantitative data support these findings. Respondents to the PAC Westborough CHNA survey were asked about their perceptions of the strengths of their communities. The most common responses were good schools (76.1%), accessible medical services (68.9%), parks/green space (66.7%), people who care about improving the community (66.7%) and having people of many races and cultures (66.1%) (Figure 11). Only 1.1% of respondents reported none of the above, and 1.7% other.

Figure 11. Percent of CHNA Community Priorities Survey Respondents Reporting Strengths of Their Community, 2020 (N=180)

Category	Percent
Good schools	76.1%
Accessible medical services	68.9%
Parks/green space	66.7%
People care about improving this community	66.7%
People of many races and cultures	66.1%
Safe and easily walkable sidewalks	63.3%
Helps people in need	60.6%
Neighbors know each other	58.3%
Accept others who are different than themselves	53.9%
Accessible social services	52.2%
People feel like they belong	50.6%
Accessible mental health services	50.0%
People can deal with challenges	46.1%
Bike paths so residents can bike easily and safely	38.9%
Innovations and new ideas	37.8%
Ability to overcome disagreements	34.4%
Good public transportation	14.4%
None of the above	1.1%
Other	1.7%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
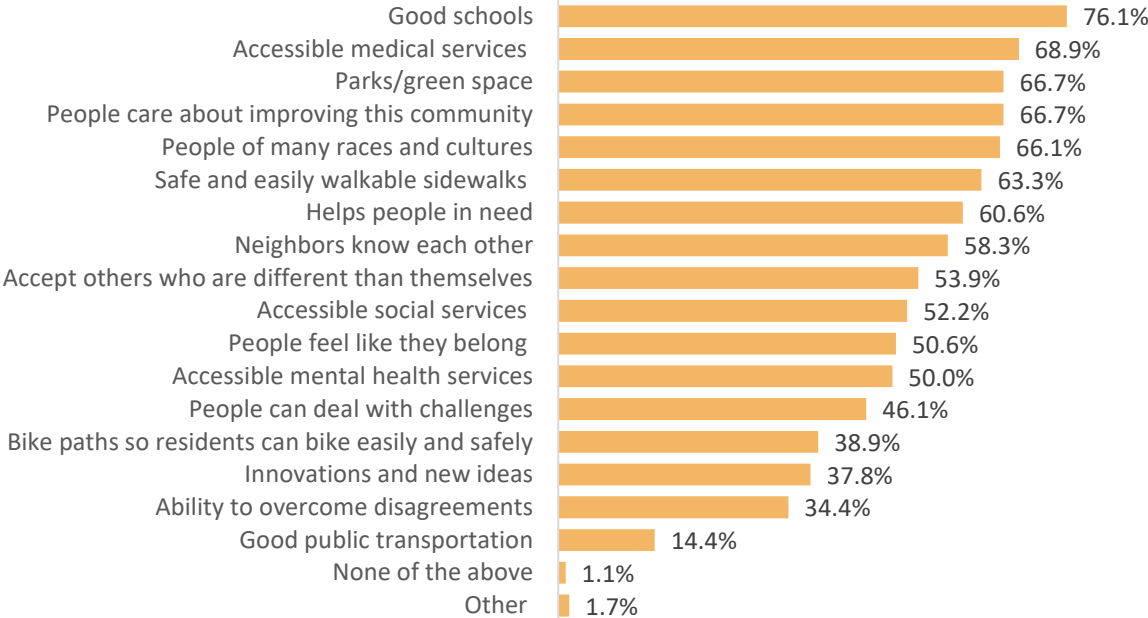DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

The top five community strengths listed varied by demographic group, as described below in (Figure 12). Among respondents over the age of 65, for example, the top priorities included: neighbors help people in need, neighbors know each other, and people feel that they belong. People of color more commonly reported parks/and green space, people of many races and cultures, safe and easily walkable sidewalks within the top five community strengths.

Figure 12. Percent of CHNA Community Priorities Survey Respondents Reporting Strengths of Their Community, by Selected Demographics, 2020

	Under 65 Years (N=125)	65 Years or Over (N=34)	White, non-Hispanic (N=125)	People of Color (POC) (N=33)
1	Good schools (77.6%)	Good schools (88.2%)	Good schools (81.6%)	Parks/green space (75.8%)
2	Parks/green space (72.0%)	Accessible medical services (76.5%) (tied)	Accessible medical services (76.0%)	People of many races and cultures (69.7%)
3	Accessible medical services (69.6%)	Helps people in need (76.5%) (tied)	People care about improving this community (73.6%)	Good schools (66.7%)
4	People of many races and cultures (68.8%)	People care about improving this community (76.5%) (tied)	Parks/green space (69.9%)	Safe and easily walkable sidewalks (60.6%)
5	People care about improving this community (68.0%)	Neighbors know each other (73.5%) (tied)	People of many races and cultures (69.9%)	People care about improving this community (57.6%)
Tie		People feel like they belong (73.5%) (tied)		

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Income and Financial Security

> *"You realize how razor thin people's lives are. One thing runs off the rails can really send an entire family into chaos."* – Key informant interviewee

As discussed in the *Community Perceptions of Need* section, financial insecurity was reported as a priority concern in the majority of focus groups and interviews, with participants indicating that the COVID-19 pandemic has exacerbated long-standing issues of inequity. According to responses from the Westborough service area community survey, one in three respondents reported that their financial situation had gotten worse since the onset of the pandemic. Income inequality was often discussed among interview participants, one sharing, "*Like a lot of other cities, Framingham has a divide – you can pretty much see the line: across the railroad tracks – it's more impoverished…lots of immigrants. On the north side – it's Whiter, affluent, larger houses. You can clearly see the north-south divide. The disparity is huge.*" Seniors were described as a population especially vulnerable to financial insecurity, with one participant sharing: "*In terms of older adults – people are living longer. But their financial planning didn't take them past 90 years old, and now they're 95. So now they don't have the funds to access the right supports at the time it's needed most.*"

In the Westborough service area, socioeconomic factors vary by town. For example, the median annual household income in 2014-2018 ranged from just over $79,000 in Framingham and Marlborough to $166,156 in Hopkinton (Figure 13). All towns in the area had median incomes above the state average. Even so, many of

the towns in this area still have residents experiencing poverty, with incomes at or below 200% of the Federal Poverty Level (FPL). Given the high cost of living in the Greater Boston Area and the low federal poverty line, individuals with household incomes at even 200% of the FPL are at the extreme end of financial insecurity. The federal poverty line changes by household size, consequently in 2020, 200% FPL was the equivalent of an annual household income of $25,520 for an individual and $52,400 for a family of four. Framingham (23.6%) had the largest number of residents in poverty, followed by Milford (19.4%) and Marlborough (18.9%) (Figure 14). Similar patterns existed for families living below 200% of the FPL in 2014-2018.

Compared to their White counterparts, there is a higher proportion of communities of color in the Westborough service area living in poverty. For example, more than half of Black residents in Bolton reported living below the poverty line in 2014-2018, despite accounting for less than 1% of the town's population. This pattern is similar in the majority of towns in the Westborough service area. The highest proportion of Asians living in poverty was in Northborough (8.3%), of non-Hispanic Blacks was in Bolton (55.6%), and of Hispanics/Latinos was in Milford (24.2%) (Table 3).

Figure 13. Median Household Income, in Massachusetts and by Town, 2014-2018

Town	Median Household Income
Massachusetts	$77,378
Ashland	$121,406
Berlin	$104,063
Bolton	$155,093
Framingham	$79,136
Grafton	$102,737
Hopkinton	$166,156
Hudson	$87,806
Marlborough	$79,228
Milford	$82,129
Northborough	$113,608
Shrewsbury	$105,959
Southborough	$145,079
Upton	$124,856
Westborough	$108,767
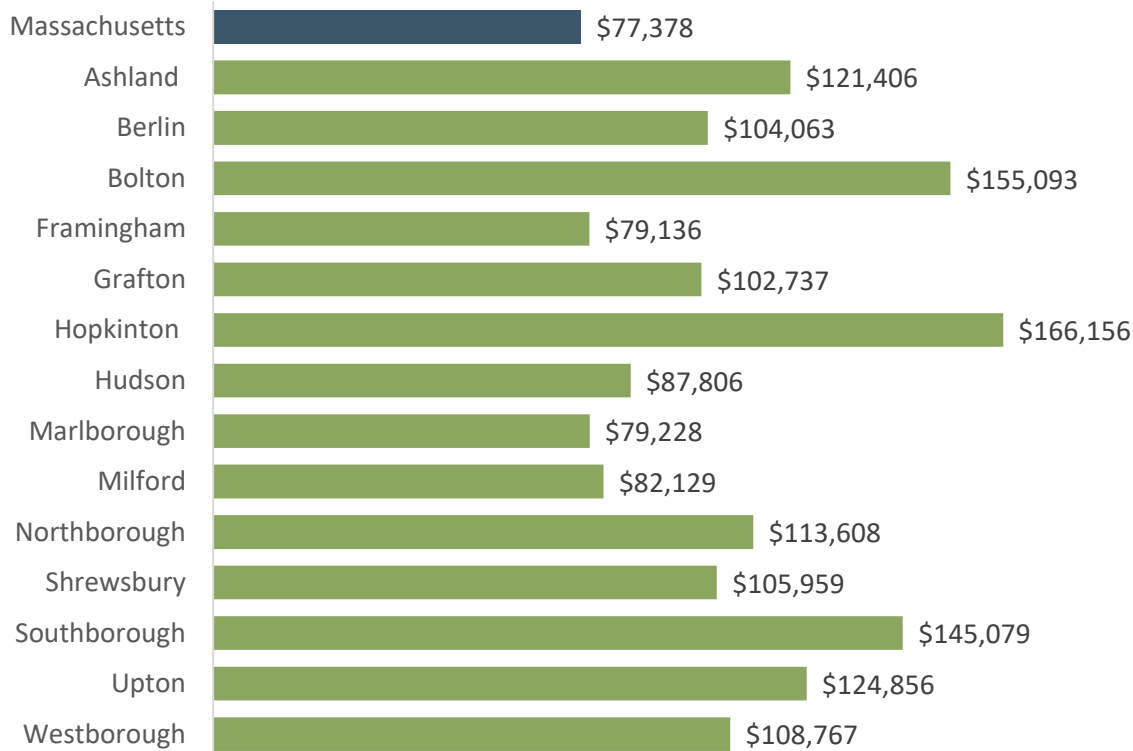
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Figure 14. Percent Population Living Below 200% of Poverty Level, in Massachusetts and by Town, 2014-2018

Location	Percent
Massachusetts	23.2%
Ashland	10.1%
Berlin	14.2%
Bolton	4.4%
Framingham	23.6%
Grafton	12.3%
Hopkinton	6.5%
Hudson	12.8%
Marlborough	18.9%
Milford	19.4%
Northborough	7.0%
Shrewsbury	10.2%
Southborough	7.9%
Upton	9.2%
Westborough	11.5%
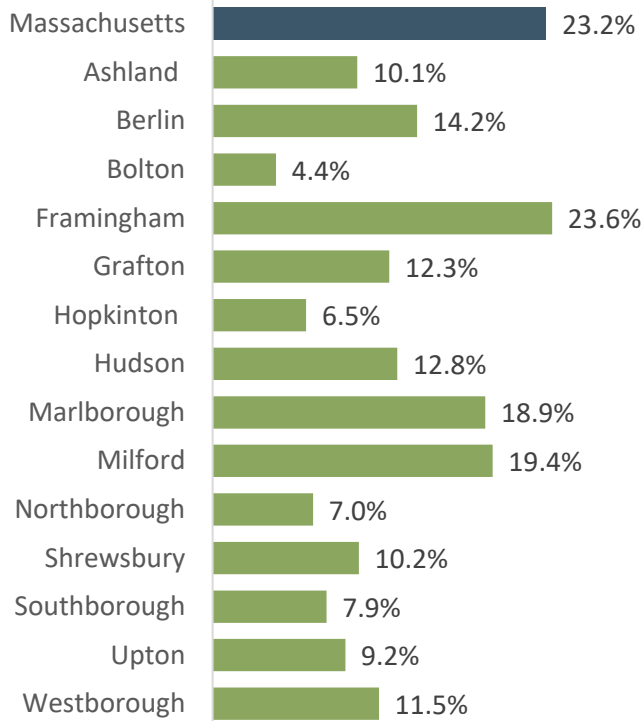
DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Table 3. Percent Population Living Below Poverty Level (100% FPL), by Race/Ethnicity, in Massachusetts and by Town, 2014-2018

	Asian	Black	Other	White, Non-Hispanic	Hispanic/ Latino
Massachusetts	13.8%	19.7%	22.8%	7.1%	26.6%
Ashland	3.6%	19.3%	2.1%	3.3%	2.4%
Berlin	0.0%	0.0%	0.0%	4.3%	4.5%
Bolton	4.4%	55.6%	2.2%	1.1%	2.0%
Framingham	7.0%	23.5%	13.5%	7.1%	17.5%
Grafton	5.1%	7.3%	3.5%	4.4%	4.0%
Hopkinton	0.1%	3.3%	13.9%	2.1%	17.2%
Hudson	6.1%	31.2%	3.5%	5.6%	5.3%
Marlborough	6.7%	3.4%	9.8%	6.0%	8.5%
Milford	4.2%	10.9%	23.0%	5.6%	24.2%
Northborough	8.3%	1.7%	1.5%	1.6%	0.7%
Shrewsbury	5.2%	14.3%	6.9%	3.4%	7.9%
Southborough	3.1%	35.9%	7.7%	2.9%	10.7%
Upton	0.0%	0.6%	5.2%	3.6%	4.3%
Westborough	4.5%	3.9%	15.1%	3.9%	3.8%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.
NOTE: Asian, Black and Other racial categories include residents who identify as Hispanic/Latino; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some other race, and Two or more races; White, Non-Hispanic category includes residents who do not identify as Hispanic/Latino; Hispanic/Latino includes residents who identify as Hispanic/Latino regardless of race.

According to the Massachusetts Department of Elementary and Secondary Education, 32.8% of public school students in Massachusetts were economically disadvantaged during the 2019-2020 school year (Figure 15; see footer for definition). In the Westborough region, proportions varied by town, ranging from around 40% in Framingham, Marlborough, and Milford to less than 7% in Hopkinton, Northboro-Southboro, and Southborough school districts.

Figure 15. Percent Public School Students Economically Disadvantaged, in Massachusetts and by School District, 2020
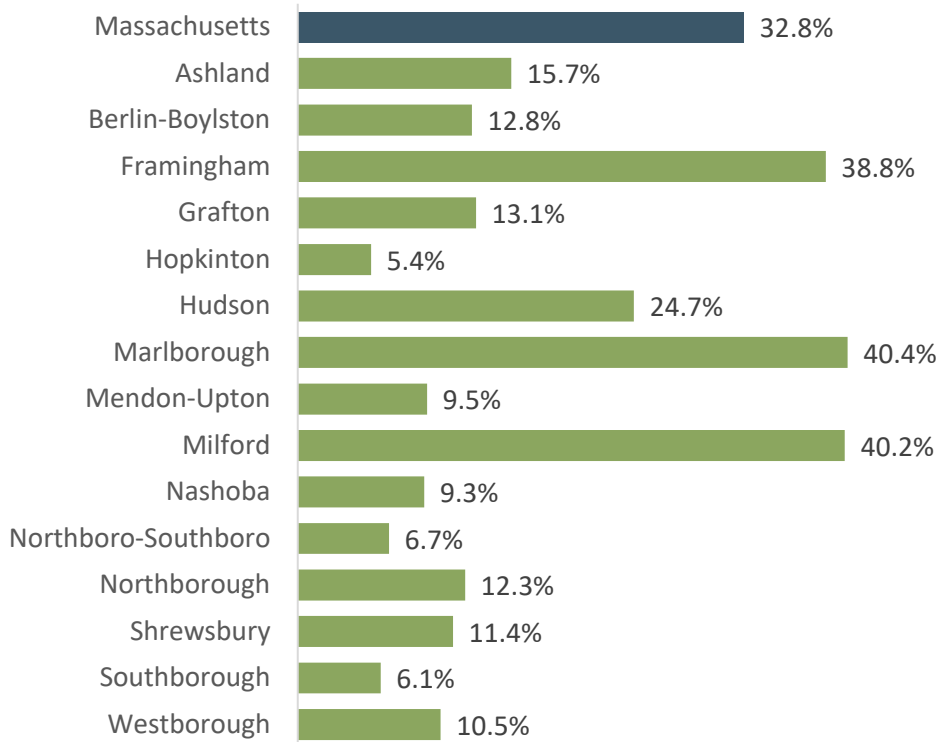
District	Percent
Massachusetts	32.8%
Ashland	15.7%
Berlin-Boylston	12.8%
Framingham	38.8%
Grafton	13.1%
Hopkinton	5.4%
Hudson	24.7%
Marlborough	40.4%
Mendon-Upton	9.5%
Milford	40.2%
Nashoba	9.3%
Northboro-Southboro	6.7%
Northborough	12.3%
Shrewsbury	11.4%
Southborough	6.1%
Westborough	10.5%

DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, Selected Populations, 2020.
NOTE: Northboro-Southboro school district includes the high school for the towns of Northborough and Southborough; Nashoba school district includes town of Bolton (in Westborough service area CHNA) as well as Lancaster and Stow (not in Westborough service area CHNA); Years represent school years (e.g., 2020 represents school year 2019-2020); Economically disadvantaged is determined based on a student's participation in one or more of the following state-administered programs: the Supplemental Nutrition Assistance Program (SNAP), the Transitional Assistance for Families with Dependent Children (TAFDC), the Department of Children and Families' (DCF) foster care program, and MassHealth (Medicaid).

Employment and Workforce

"A lot of youth depend on their jobs to help out with their families, and since things have been closed, we haven't been able to work." – Youth focus group participant

"Many social service providers on the frontline—the majority who are people of color—are also financially unstable and have to work multiple jobs to make ends meet." – Key Informant Interview

"Lost jobs are a huge problem here. It's very hard to get a job, most of the time [undocumented immigrants] can only get a job between landscaping or housecleaning because they don't ask for papers. But with the coronavirus, everything has changed." – Key Informant Interview
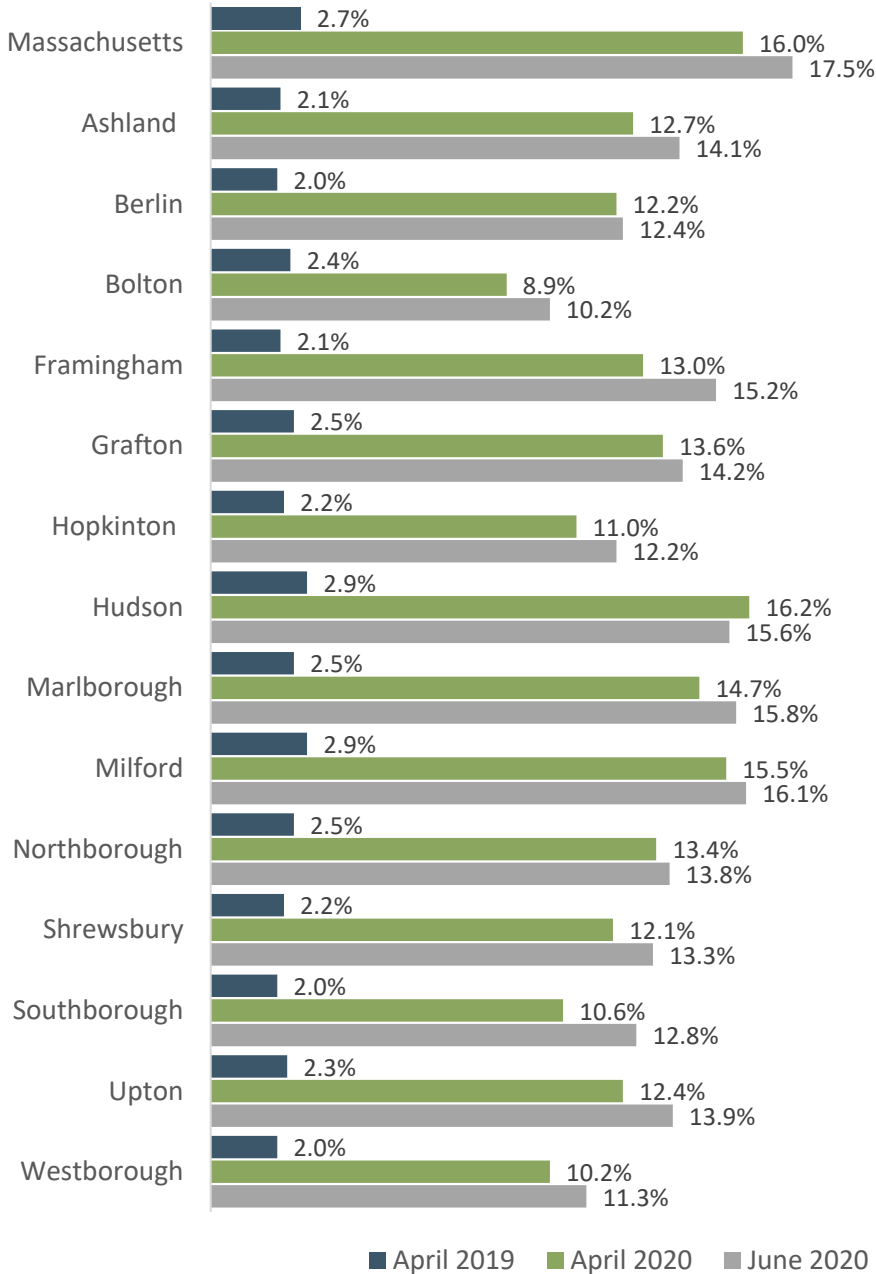
Economic uncertainty due to loss of employment was discussed in focus groups with residents seeking essential services and across all interviews. Participants shared experiences of struggling to meet basic needs, such as housing and accessing healthy food. Lack of employment opportunities was described as especially difficult for young people, seniors, and immigrants. As one youth focus group participant described, *"It's difficult because people my age [20] want to be getting jobs but the only places you can get them are in retail and that's where people are not wearing masks. So, if you want to work, you're signing up to be an essential worker."* Access to meaningful employment for young people, especially teenagers and young adults, was identified as a critical gap to address in multiple conversations.

Assessment participants also shared their perspectives on how COVID-19 has disproportionately impacted vulnerable groups, such as undocumented immigrants, sharing, *"At the beginning of COVID, we were seeing a whole underground of [undocumented] people who were housekeepers and factory workers and landscapers who did not have access to any of the stimulus money. They were not in the position to be waiting for a check."*

Multiple interviewees from social service agencies described the challenges of retaining staff, particularly employees of color, because of the inability to offer adequate compensation. Due to low pay, they are struggling to make ends meet and need to balance multiple jobs. One interviewee summarized, *"We don't have adequate funding to pay our essential workers a living wage. Most of our staff have 2-3 jobs. The staff employed at human service organizations also are economically disadvantaged—many of them are people of color—and are disproportionately affected by COVID-19 because of their race and socioeconomic status."*

The impact of the COVID-19 pandemic and resulting economic shutdown in many sectors is reflected in unemployment data from towns in the area around Westborough, between April 2019 and June 2020 (Figure 16). Unemployment rates continued to increase from April 2020 to June 2020 in all towns except Hudson. In April 2019, Massachusetts as a whole, and each city or town in the area had unemployment rates under 3%. However, during the pandemic, unemployment rates increased to 17.5% statewide in June 2020, with similar patterns in the majority of towns in the service area, particularly Milford (16.1%), Marlborough (15.8%), Hudson (15.8%) Framingham (15.2%).

Figure 16. Percent Population 16 Years and Over Unemployed, in Massachusetts and by Town, 2019-2020

Town	April 2019	April 2020	June 2020
Massachusetts	2.7%	16.0%	17.5%
Ashland	2.1%	12.7%	14.1%
Berlin	2.0%	12.2%	12.4%
Bolton	2.4%	8.9%	10.2%
Framingham	2.1%	13.0%	15.2%
Grafton	2.5%	13.6%	14.2%
Hopkinton	2.2%	11.0%	12.2%
Hudson	2.9%	16.2%	15.6%
Marlborough	2.5%	14.7%	15.8%
Milford	2.9%	15.5%	16.1%
Northborough	2.5%	13.4%	13.8%
Shrewsbury	2.2%	12.1%	13.3%
Southborough	2.0%	10.6%	12.8%
Upton	2.3%	12.4%	13.9%
Westborough	2.0%	10.2%	11.3%

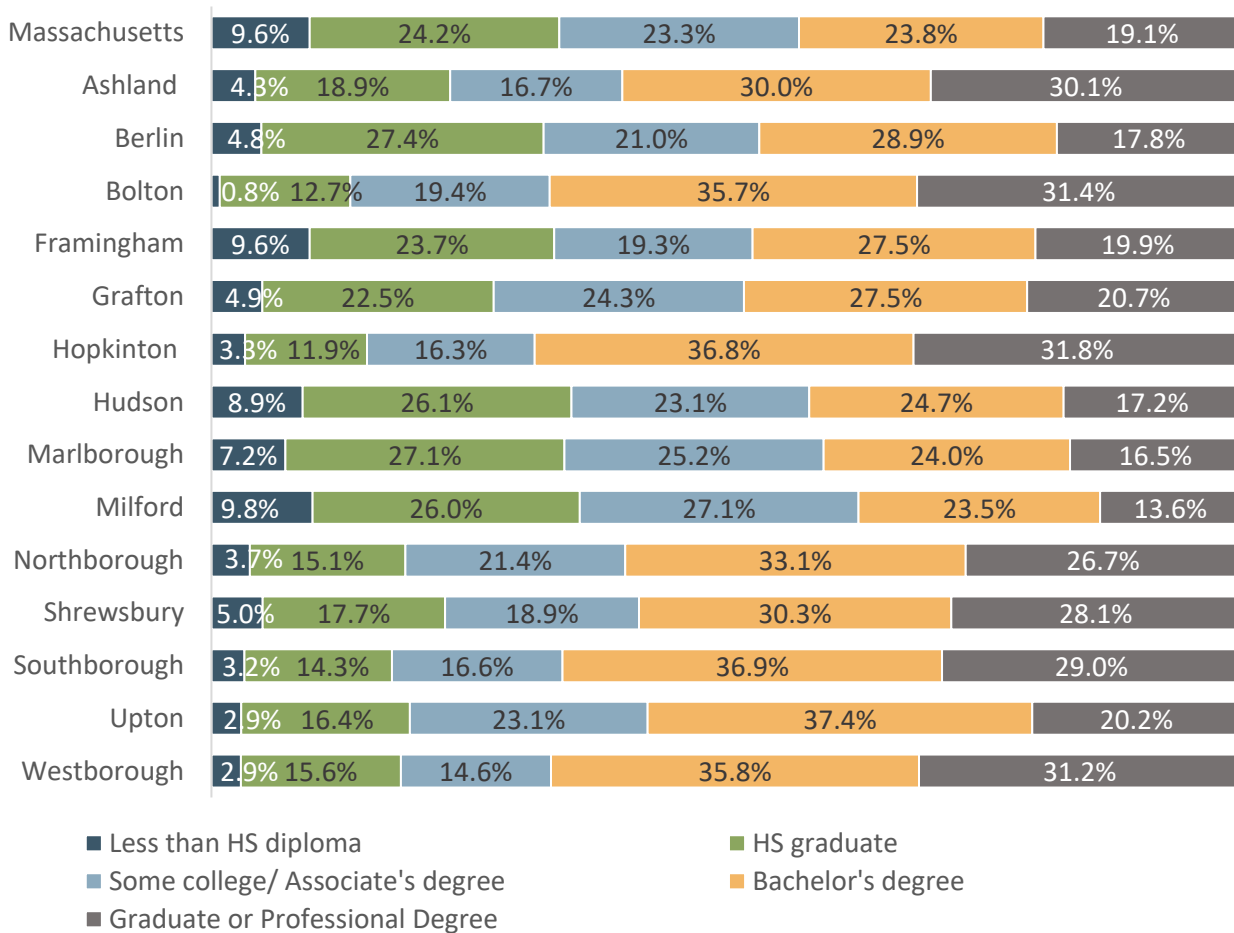■ April 2019 ■ April 2020 ■ June 2020

DATA SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics, 2019-2020.
NOTE: Data are not seasonally adjusted; June 2020 data are preliminary and subject to revision.

Education

Educational attainment is another important measure of socioeconomic position that may reveal additional nuances about populations, in parallel to measures of income, wealth, and poverty. Massachusetts stands out as a state with an exceptionally high proportion of residents with college, graduate, and professional degrees (42.9% in 2014-2018; Figure 17). In the Westborough region, from 2014-2018, Bolton (31.4%), Hopkinton (31.8%), and Westborough (31.2%) had the largest number of residents age 25 and over with a graduate or professional degree. Berlin, Framingham, Hudson, Marlborough, and Milford had the largest populations with a high school diploma or less. Focus group participants who were parents, as well as those who were immigrants, described the education system as an asset of these communities. One shared, "*We have a ton of different school choices and they all offer different programs.*" Other focus group participants agreed that education was a strength of their community but perceived that the high demand was burdening the school system, sharing "*People are flocking here for the education. The schools are really good and well-ranked, but they're already bursting at the seams even though the buildings are brand new.*"

Figure 17. Educational Attainment for Population 25 Years and Over, in Massachusetts and by Town, 2014-2018

Town	Less than HS diploma	HS graduate	Some college/ Associate's degree	Bachelor's degree	Graduate or Professional Degree
Massachusetts	9.6%	24.2%	23.3%	23.8%	19.1%
Ashland	4.3%	18.9%	16.7%	30.0%	30.1%
Berlin	4.8%	27.4%	21.0%	28.9%	17.8%
Bolton	0.8%	12.7%	19.4%	35.7%	31.4%
Framingham	9.6%	23.7%	19.3%	27.5%	19.9%
Grafton	4.9%	22.5%	24.3%	27.5%	20.7%
Hopkinton	3.3%	11.9%	16.3%	36.8%	31.8%
Hudson	8.9%	26.1%	23.1%	24.7%	17.2%
Marlborough	7.2%	27.1%	25.2%	24.0%	16.5%
Milford	9.8%	26.0%	27.1%	23.5%	13.6%
Northborough	3.7%	15.1%	21.4%	33.1%	26.7%
Shrewsbury	5.0%	17.7%	18.9%	30.3%	28.1%
Southborough	3.2%	14.3%	16.6%	36.9%	29.0%
Upton	2.9%	16.4%	23.1%	37.4%	20.2%
Westborough	2.9%	15.6%	14.6%	35.8%	31.2%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

While there is an increased incidence of higher educational levels in the region, it still varies by race/ethnicity. Table 4 shows the proportion of residents over the age of 25 with a bachelor's degree or higher by race and ethnicity between 2014-2018. In Bolton, 66.5% of non-Hispanic Whites had a bachelor's degree or higher, compared to 39.0% in Milford. In Northborough, 89.7% of non-Hispanic Black residents over age 25 had a bachelor's degree or higher, compared to 23.6% in Grafton.

Table 4. Percent Population 25 Years and Over with Bachelor's Degree or Higher, in Massachusetts and by Town, by Race/Ethnicity, 2014-2018

	Asian	Black	Other	White, Non-Hispanic	Hispanic/ Latino
Massachusetts	60.2%	25.6%	20.8%	46.0%	18.8%
Ashland	83.8%	50.5%	53.2%	57.8%	56.5%
Berlin	72.4%	0.0%	50.0%	46.4%	41.7%
Bolton	77.6%	66.7%	100.0%	66.5%	53.5%
Framingham	68.3%	28.8%	18.3%	52.7%	20.0%
Grafton	69.7%	23.6%	21.1%	49.3%	26.1%
Hopkinton	99.3%	60.5%	44.0%	66.0%	35.1%
Hudson	61.8%	36.4%	29.1%	42.8%	18.9%
Marlborough	83.3%	50.2%	23.7%	40.5%	26.5%
Milford	79.4%	30.8%	12.1%	39.0%	11.9%
Northborough	78.4%	89.7%	48.0%	57.7%	43.9%
Shrewsbury	73.8%	65.9%	42.3%	55.4%	39.2%
Southborough	72.7%	77.6%	57.3%	65.0%	48.8%
Upton	74.3%	99.1%	42.0%	54.1%	44.3%
Westborough	87.8%	74.8%	43.1%	62.6%	21.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.
NOTE: Asian, Black and Other racial categories include residents who identify as Hispanic/Latino; Other includes American Indian and Alaska Native, Native Hawaiian and Other Pacific Islander, Some other race, and Two or more races; White, Non-Hispanic category includes residents who do not identify as Hispanic/Latino; Hispanic/Latino includes residents who identify as Hispanic/Latino regardless of race.

In terms of education and COVID-19, assessment participants discussed concerns with the re-opening of schools. Many participants noted challenges for both students and parents coping with uncertainty about the school year. One parent shared, "*Remote learning is impossible if you have [multiple] kids. Hopkinton is going to a hybrid version of school, but there are still a lot of issues. My son's attention space is not good to just stare at a screen and try to stay focused.*" Children in need of special education services and early intervention were described as especially vulnerable during this uncertain time.

Housing

> "*They should do something about housing. The elderly housing in town, a lot of it is old and run down. Those are people we should be taking care of as well.*" – Focus group participant

> "*I've been trying to look into housing vouchers. I was told it's a three year wait to get into anything. I live in a town where there are three [affordable] units and the same people have been living there for 17 years and are obviously not going to leave.*" – Focus group participant
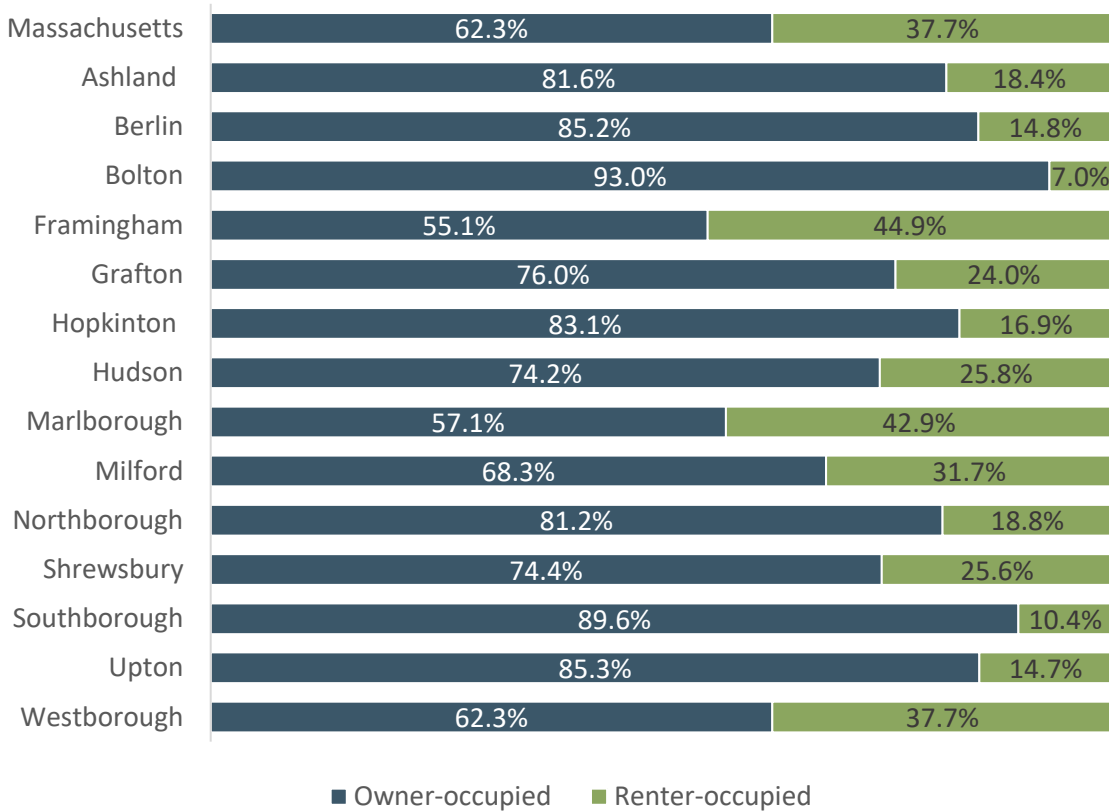
Safe and affordable housing is integral to the daily lives, health, and well-being of a community. The high and rising cost of housing in the Westborough service area was a frequent theme to emerge from qualitative discussions. Participants expressed concern for seniors and "middle class" residents that are struggling to afford the price of living in the Westborough service area. One focus group participant shared, "*There's not enough affordable housing for seniors in the MetroWest area. For an older adult who is also say—an immigrant as well—it's tough for them because there's not a lot of [affordable housing] options around. You have to maintain your home with less cash and rely on local nonprofits to help.*"

Participants also noted that affordable housing in the Westborough area is limited and wait lists for subsidized housing are long. One interview participant explained, "*New apartment complexes are being developed in South Framingham, basically gentrification happening right in front of them. The cost of living there is not what they can afford. Even what's considered affordable units is not what they can pay.*" Given the high cost of housing and limited affordable options, residents in these areas are often forced to live in tight quarters and overcrowded conditions, making them more vulnerable to COVID-19.

Interviewees reported that immigrants are currently at-risk of being housing insecure because of tenancy-at-will situations—or agreements between tenants and landlords where there is no formal contract specifying the length of time during which the tenancy will take place. One interview participant explained, "*[Most of our COVID- 19] cases in Framingham are in the immigrant community because they live in tight quarters. Those tenants are at will and that situation does not afford eviction protection. They pay high rates and then are being legally fleeced because they sign an agreement but they're being taken advantage of.*" Another interviewee added, "*We have a fair number of people who do not live in traditional places with a lease. They're in a room in a house with a landlord who didn't give them a lease, and so they come home one day, and their locks are changed…their stuff is gone. And they're unable to have any recourse for that.*"

In Massachusetts, 62.3% of housing units were owner-occupied versus 37.7% renter-occupied (Figure 18). In most of the towns around Westborough, owner-occupied units were more common than in the state overall, for example 93.0% in Bolton and 89.6% in Southborough. The exceptions were Framingham (55.1%), Marlborough (57.1%), and Westborough (62.3%).

Figure 18. Percent of Housing Units Owner- or Renter-Occupied, in Massachusetts and by Town, 2014-2018

Town	Owner-occupied	Renter-occupied
Massachusetts	62.3%	37.7%
Ashland	81.6%	18.4%
Berlin	85.2%	14.8%
Bolton	93.0%	7.0%
Framingham	55.1%	44.9%
Grafton	76.0%	24.0%
Hopkinton	83.1%	16.9%
Hudson	74.2%	25.8%
Marlborough	57.1%	42.9%
Milford	68.3%	31.7%
Northborough	81.2%	18.8%
Shrewsbury	74.4%	25.6%
Southborough	89.6%	10.4%
Upton	85.3%	14.7%
Westborough	62.3%	37.7%

■ Owner-occupied ■ Renter-occupied

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

The average percent of income spent on housing costs is an important measure of an area's availability of affordable housing. It is recommended that households spend no more than 30% of their incomes on housing costs, in order to avoid cost burdens. In the Commonwealth overall, 30.7% of owner-occupied households with a mortgage and 50% of all renters in Massachusetts reported spending spend more than 30% of their income on housing costs (Figure 19). Many of the towns around Westborough are similar in regard to owner-occupied units, with a range of 16.0% in Shrewsbury to 38.5% in Berlin. In Bolton, 68.4% of renters are considered housing insecure and spend more than 30% of their income on housing.

Median monthly housing costs for owner-occupied households with a mortgage ranged from $1,966 in Milford to $3,222 in Bolton (Figure 20). Median monthly housing costs for renter-occupied households in 2014-2018 ranged from $849 in Upton to $1,740 in Hopkinton (Figure 21).

Figure 19. Percent Housing Units Where 30% or More of Income Spent on Monthly Housing Costs, by Housing Tenure, in Massachusetts and by Town, 2014-2018
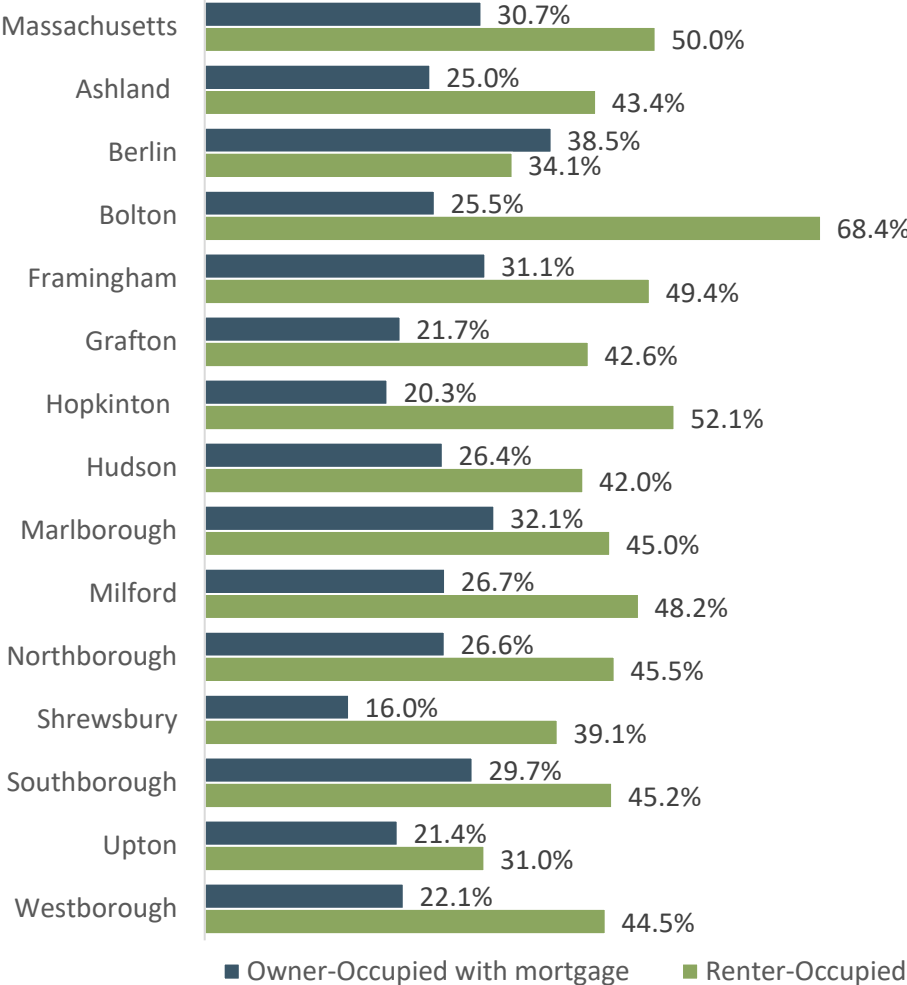
Town	Owner-Occupied with mortgage	Renter-Occupied
Massachusetts	30.7%	50.0%
Ashland	25.0%	43.4%
Berlin	38.5%	34.1%
Bolton	25.5%	68.4%
Framingham	31.1%	49.4%
Grafton	21.7%	42.6%
Hopkinton	20.3%	52.1%
Hudson	26.4%	42.0%
Marlborough	32.1%	45.0%
Milford	26.7%	48.2%
Northborough	26.6%	45.5%
Shrewsbury	16.0%	39.1%
Southborough	29.7%	45.2%
Upton	21.4%	31.0%
Westborough	22.1%	44.5%

■ Owner-Occupied with mortgage   ■ Renter-Occupied

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Figure 20. Median Monthly Housing Costs for Owner-Occupied Households with a Mortgage, in Massachusetts and by Town, 2014-2018
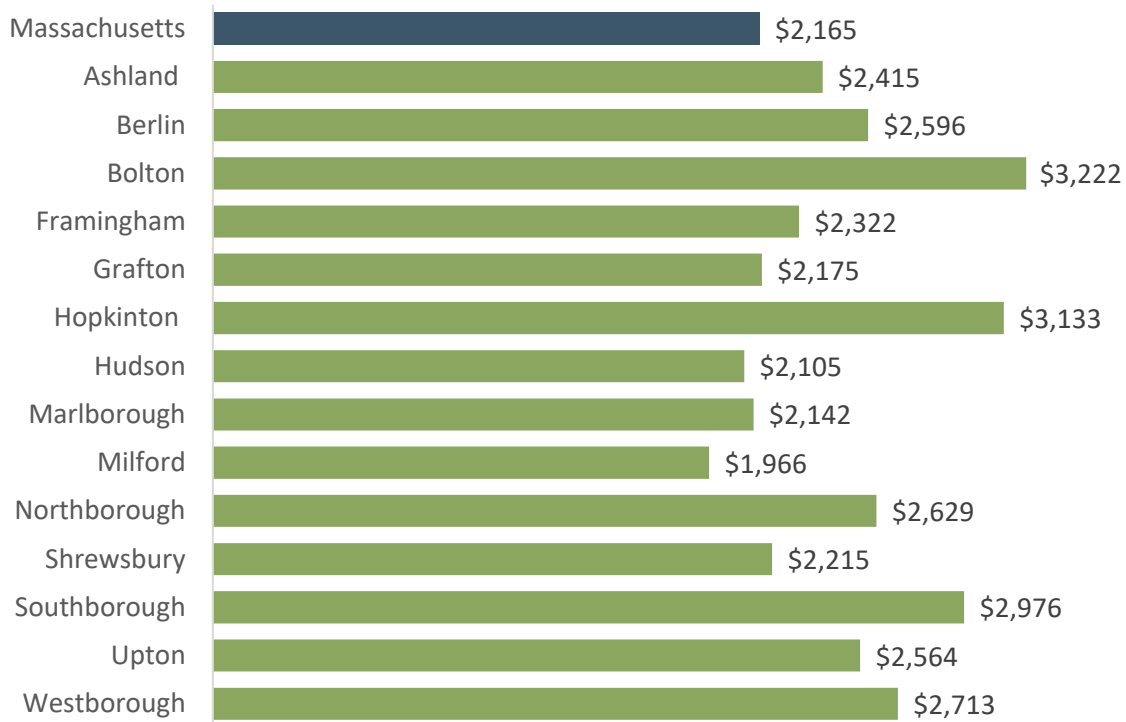
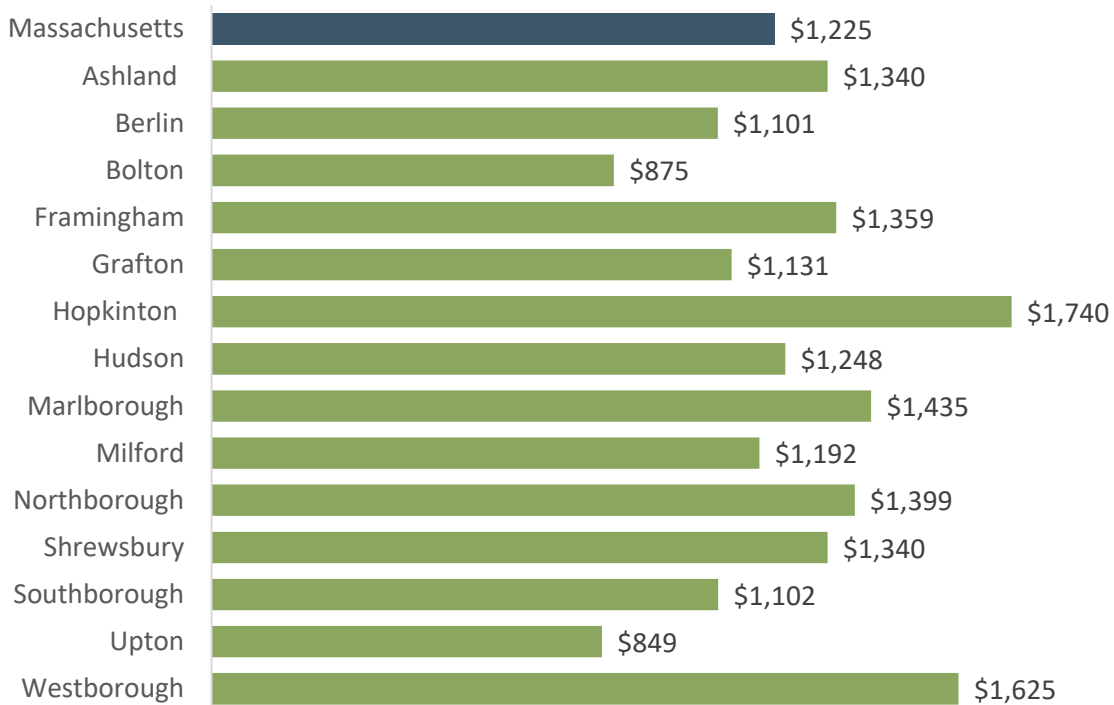| Town	Median Monthly Housing Cost
Massachusetts	$2,165
Ashland	$2,415
Berlin	$2,596
Bolton	$3,222
Framingham	$2,322
Grafton	$2,175
Hopkinton	$3,133
Hudson	$2,105
Marlborough	$2,142
Milford	$1,966
Northborough	$2,629
Shrewsbury	$2,215
Southborough	$2,976
Upton	$2,564
Westborough	$2,713

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Figure 21. Median Monthly Housing Costs for Renter-Occupied Households, in Massachusetts and by Town, 2014-2018

Town	Median Monthly Housing Cost
Massachusetts	$1,225
Ashland	$1,340
Berlin	$1,101
Bolton	$875
Framingham	$1,359
Grafton	$1,131
Hopkinton	$1,740
Hudson	$1,248
Marlborough	$1,435
Milford	$1,192
Northborough	$1,399
Shrewsbury	$1,340
Southborough	$1,102
Upton	$849
Westborough	$1,625

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Transportation

> *"Public transportation is needed in a way that people can access their daily work lives"* – Key informant interview
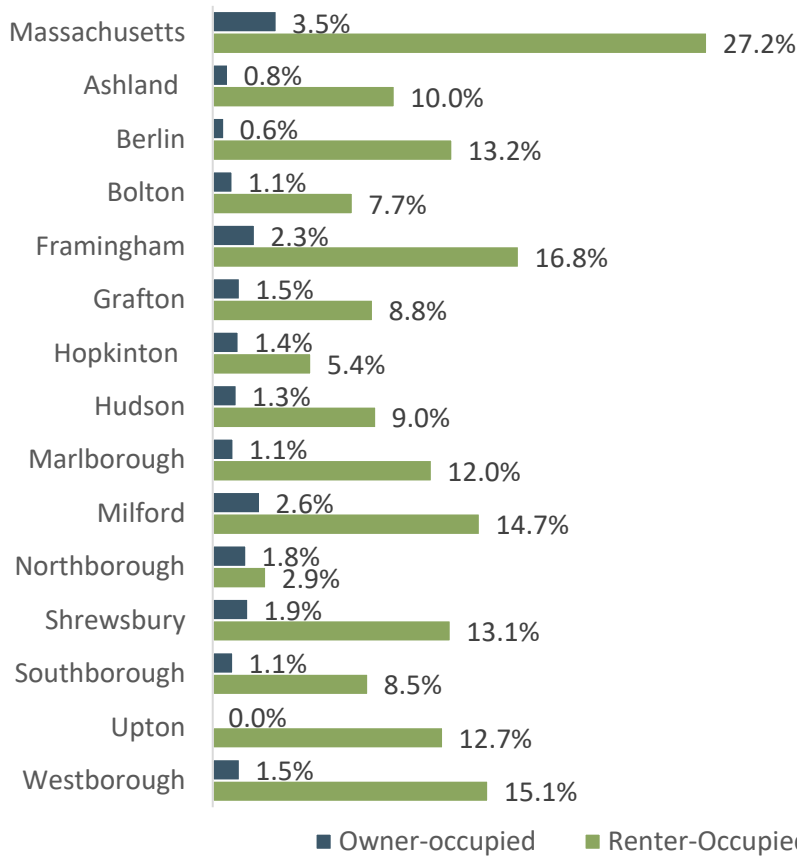
> *"People in Framingham need to revamp the busses. We need them every 15 minutes. We need stable transportation and to merge routes."* – Key informant interview

Mirroring findings from the 2019 MetroWest CHA, transportation was identified as one of the top day-to-day concerns for many residents who participated in the assessment. Youth focus group participants, immigrants, and residents seeking essential services expressed concern about the timeliness and accessibility of public transportation, especially for those who were essential workers and for young people. One youth focus group participant explained, "*If you're going someplace, you have to take [multiple] buses just to get there. There's not a lot of stops and the buses pass by once in a blue moon. When I have to get to work at the 3 but the bus only comes at 1 or 4pm, so I either have to leave 2 hours earlier or be late.*" Residents suggested considering creative solutions to transportation challenges, such as investing in bicycle share programs, electronic scooters, and alternatives to single-occupancy vehicles.

According to the Census Bureau's American Community Survey, in 2014-2018, 70.2% of people in Massachusetts over age 16 commuted to work alone in a vehicle. In the Westborough service area, this figure ranges from 66.1% in Westborough to 85.3% in Berlin. Public transportation was most commonly used in Westborough. In 2014-2018 the average time spent commuting to work for residents in the Westborough service area ranged from 29.2 minutes in Hudson to 37.6 and 37.8 minutes in Hopkinton and Bolton, respectively.

In 2014-2018, renter-occupied households were more likely to have no vehicle available to them, across towns in the Westborough service area. In the towns of Westborough and Framingham, over 15% of households with renters did not have a vehicle (Figure 22). Across the region, very few owner-occupied households did not have access to a vehicle.

Figure 22. Percent Households with No Vehicles Available, by Housing Tenure, in Massachusetts and by Town, 2014-2018

Town	Owner-occupied	Renter-Occupied
Massachusetts	3.5%	27.2%
Ashland	0.8%	10.0%
Berlin	0.6%	13.2%
Bolton	1.1%	7.7%
Framingham	2.3%	16.8%
Grafton	1.5%	8.8%
Hopkinton	1.4%	5.4%
Hudson	1.3%	9.0%
Marlborough	1.1%	12.0%
Milford	2.6%	14.7%
Northborough	1.8%	2.9%
Shrewsbury	1.9%	13.1%
Southborough	1.1%	8.5%
Upton	0.0%	12.7%
Westborough	1.5%	15.1%

■ Owner-occupied   ■ Renter-Occupied

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Built Environment

> *"The atmosphere here is peaceful… it's beautiful here. It feels safe when I'm walking at night." – Focus group participant*

> *"Most of our communities aren't connected by sidewalks and people drive too fast so we don't let our kids ride their bikes." – Focus group participant*

Many Westborough Community Priorities Survey respondents and focus groups participants described access to green space as an asset to their community, describing ample access to parks and recreational activities. However, this perspective differed from youth focus group participants and some residents from Westborough, Northborough, and Hopkinton who reported the need for more bicycle and hiking trails. One shared, "*I wish we had bike trails. There's one in Marlborough but it's too far for me to access. There's some hiking trails but it's not safe to go biking there.*" The figure below shows an open space map of the service area that identifies all of the bike trails around Westborough (Figure 23).

Figure 23. Open Space Map
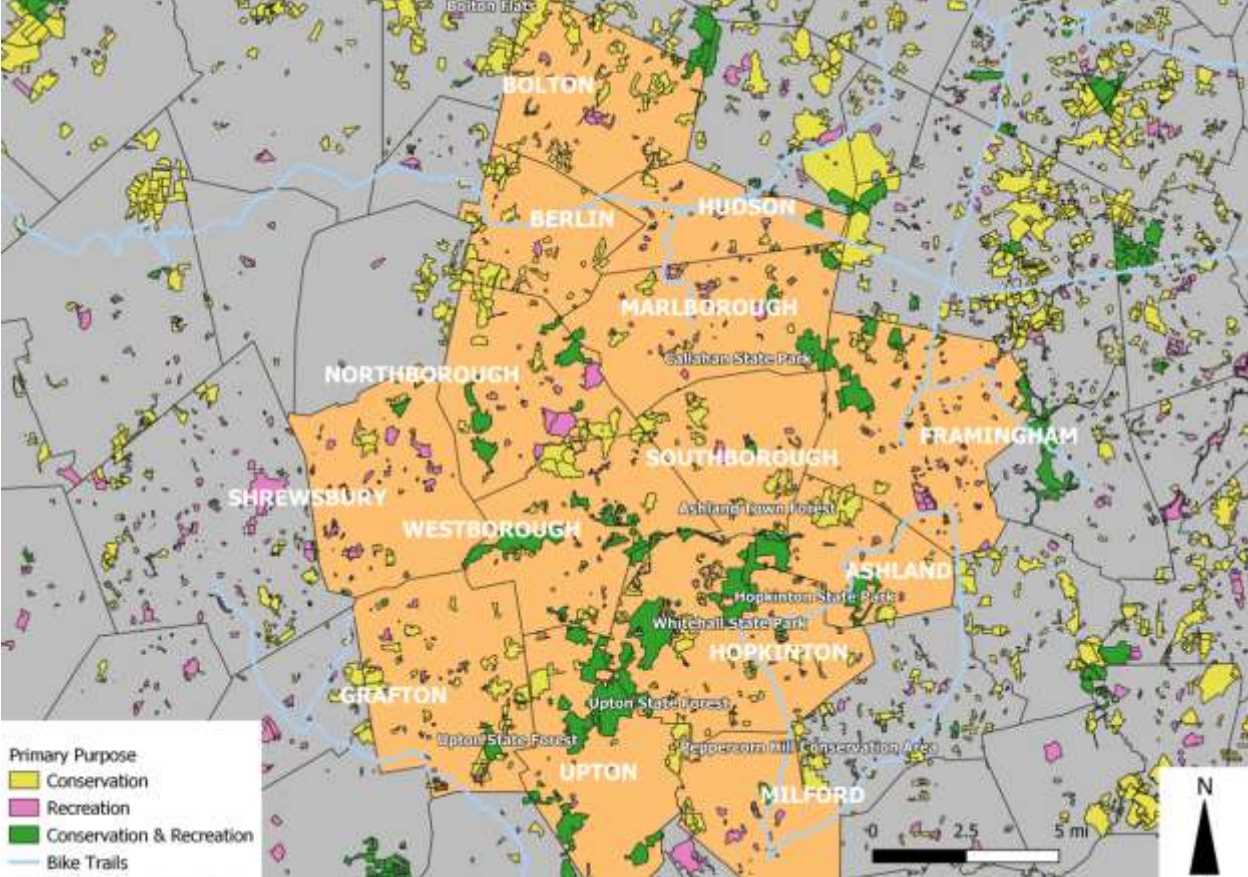
DATA SOURCE: Massachusetts Bureau of Geographic Information (MassGIS), Executive Office of Energy and Environmental Affairs, 2020.

Figure 24 and Figure 25 provide maps of the density of retail food outlets and fast food restaurants throughout the service area. Several communities, Framingham and Marlborough, have the highest density of retail food outlets, which are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry, as well as the most density of retail fast food outlets.

Figure 24. Retail Food Outlets, Rate per 100,000 population, by Census Tract, 2017
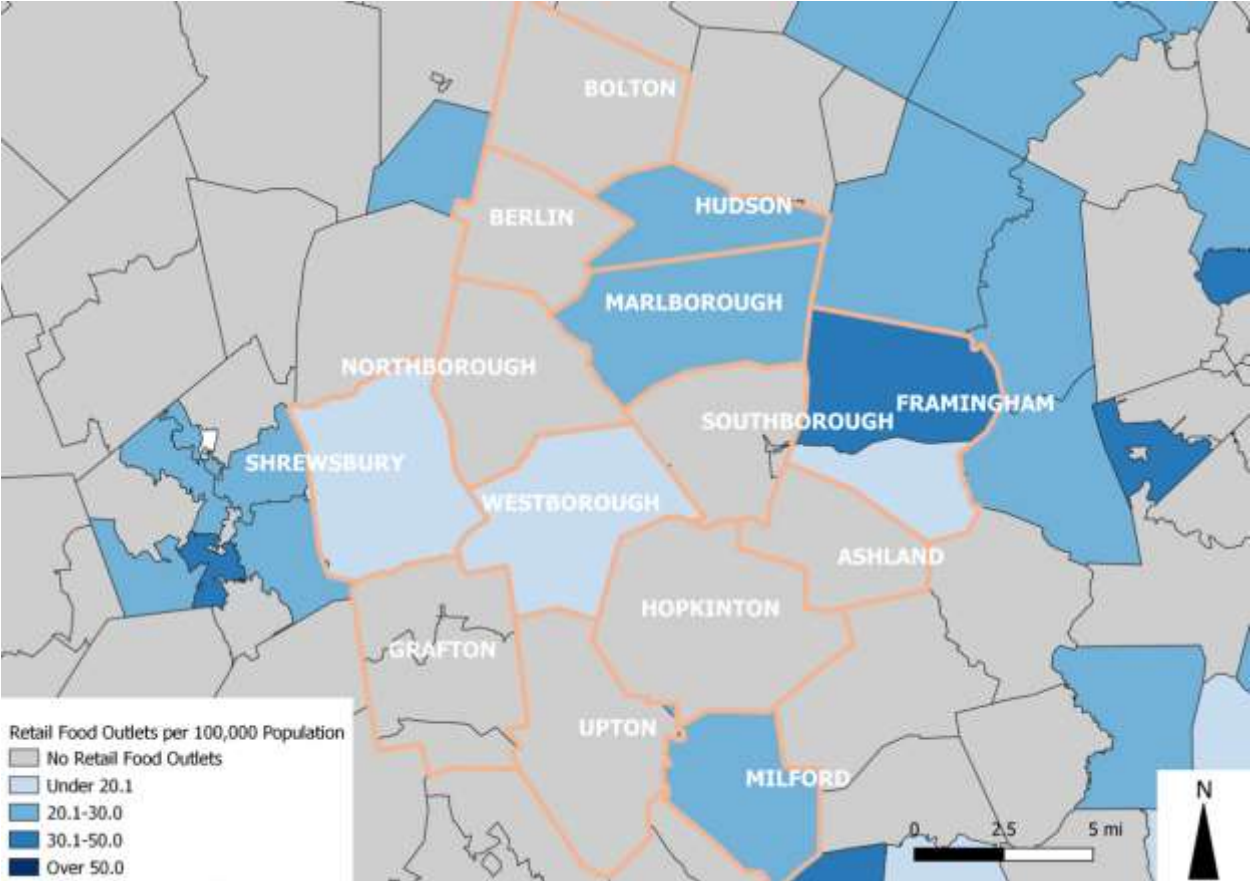
DATA SOURCE: U.S. Census Bureau, County Business Patterns, as cited by Community Commons, 2017.
NOTE: Retail food outlets are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry.

Figure 25. Fast Food Restaurants, Rate per 10,000, by Census Tract 2017
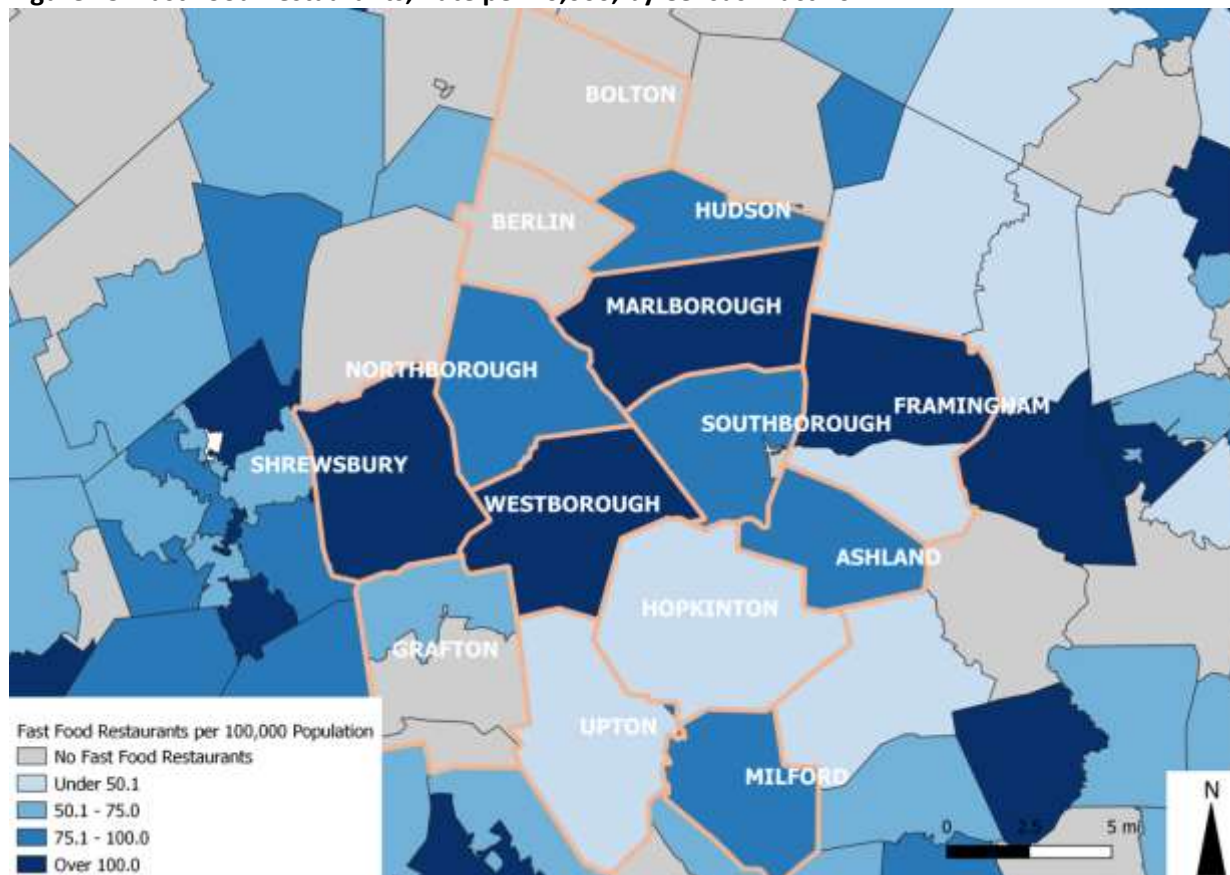
DATA SOURCE: U.S. Census Bureau, County Business Patterns, as cited by Community Commons, 2017.

Crime and Violence

> *"In terms of physical safety, I feel safe here [in Framingham]. I've never been cat-called. When there's petty crime, everyone makes a big deal out of it." – Focus group participant*
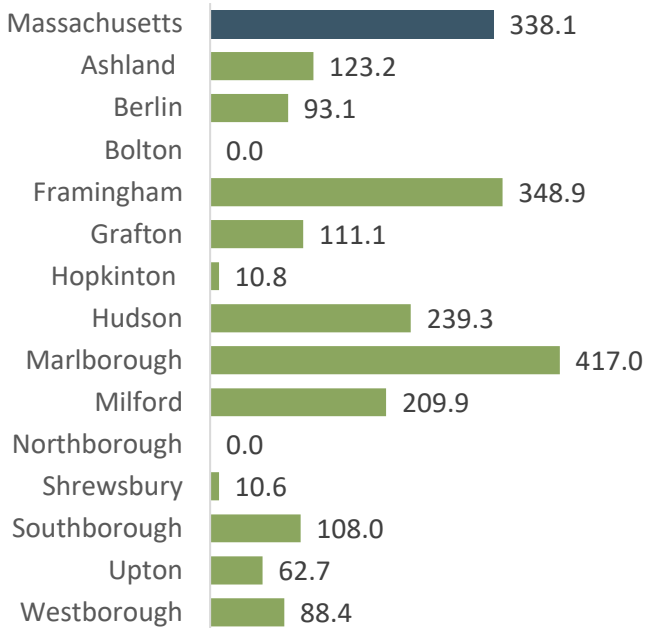
> *"Public safety is a concern; [immigrant] residents don't perceive law enforcement as a protector. That, combined with the rhetoric at the federal level about immigrant issues…ICE raids…they don't see them as a friendly entity" – Focus group participant*

Assessment participants generally described the Westborough service area as a safe place to live and work. However, several key informants described concerns that cases of domestic violence and neglect would worsen during the pandemic. One shared, "*We think there's more domestic abuse. There's a lot going on now with the lack of trust with police. We're really concerned that things are happening at home and they're not calling police because they're afraid of them.*" No secondary data related to domestic violence were available at the local level. However, Jane Doe Inc.—the statewide coalition against sexual and domestic violence— reports that as of December 15, 2019, there were 24 domestic violence homicide incidents, resulting in 28 domestic violence victims and 7 perpetrator suicides or death across Massachusetts (data not shown).

In 2018, rates of violent crime (i.e. murder, rape, robbery, aggravated assault) varied strikingly across the towns around Westborough. Framingham (348.9) and Marlborough (417.0) both had rates higher than the state average of 338.1 incidents per 100,000 residents (Figure 26). Property crime (i.e. burglary, larceny, and auto theft) is much more common than violent crime. In 2018 in the area around Westborough, property

crime was most common in Marlborough (1,138.5 per 100,000 residents), Framingham (1,130.9), and Berlin (1,024.2) (Figure 27). In 2018, burglary was most common in Westborough (197.6 per 100,000 population; and larceny was most common in Marlborough (943.8).
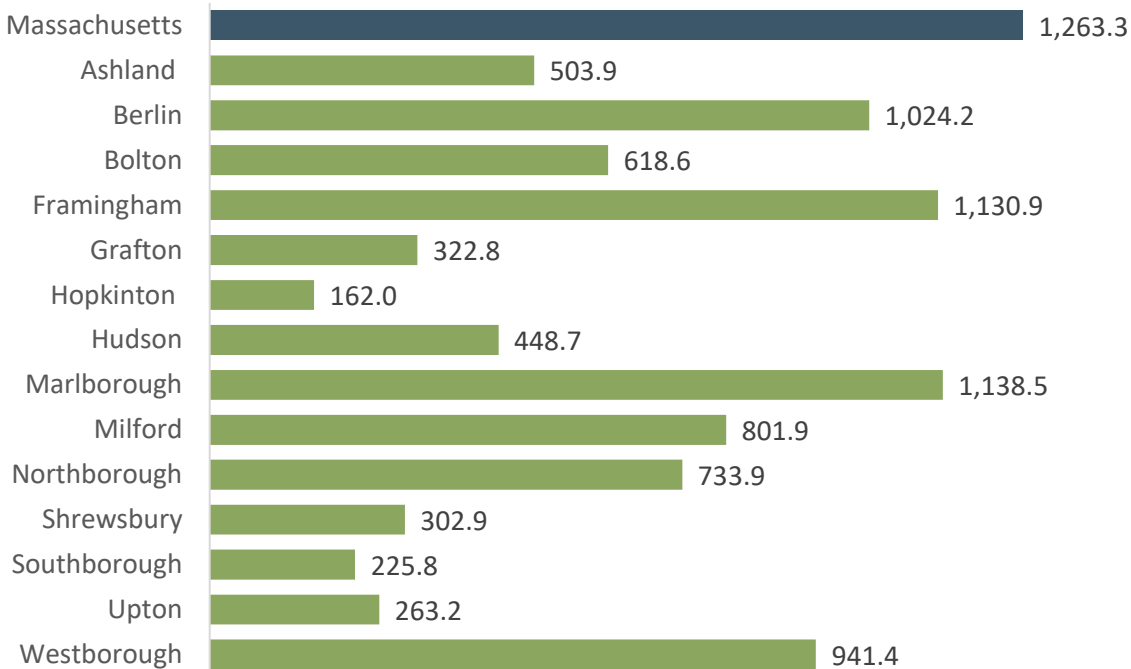
Figure 26. Violent Crime, Rate per 100,000 Population, in Massachusetts and by Town, 2018

Town	Rate
Massachusetts	338.1
Ashland	123.2
Berlin	93.1
Bolton	0.0
Framingham	348.9
Grafton	111.1
Hopkinton	10.8
Hudson	239.3
Marlborough	417.0
Milford	209.9
Northborough	0.0
Shrewsbury	10.6
Southborough	108.0
Upton	62.7
Westborough	88.4

DATA SOURCE: Federal Bureau of Investigation, Uniform Crime Reports, Offenses Known to Law Enforcement, 2018.
NOTE: Violent crime includes murder, rape, robbery, and aggravated assault.

Figure 27. Property Crime, Rate per 100,000 Population, in Massachusetts, by Town, 2018

| Town	Rate
Massachusetts	1,263.3
Ashland	503.9
Berlin	1,024.2
Bolton	618.6
Framingham	1,130.9
Grafton	322.8
Hopkinton	162.0
Hudson	448.7
Marlborough	1,138.5
Milford	801.9
Northborough	733.9
Shrewsbury	302.9
Southborough	225.8
Upton	263.2
Westborough	941.4

DATA SOURCE: Federal Bureau of Investigation, Uniform Crime Reports, Offenses Known to Law Enforcement, 2018.
NOTE: Property crime includes commercial burglary, residential burglary, other burglary, larceny from motor vehicle, other larceny, and auto theft.
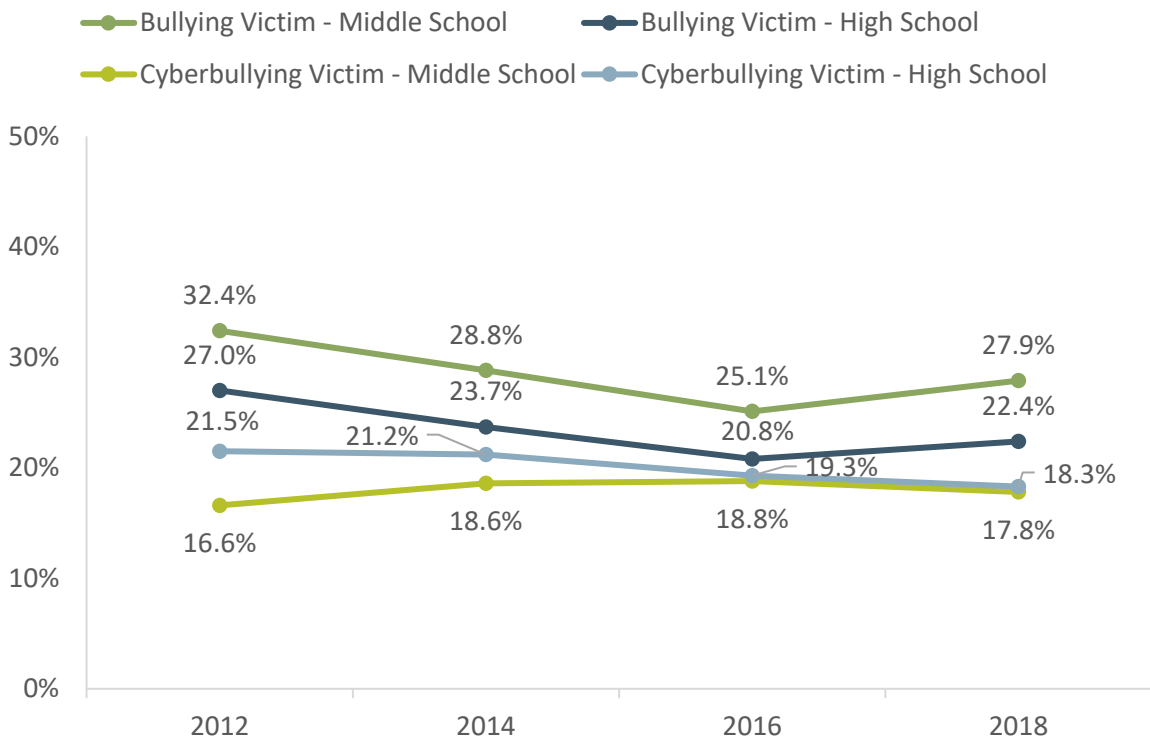
Data from the MetroWest Adolescent Health Surveys show that the percent of high school and middle school students reporting violent behaviors in the MetroWest region has been trending down since 2012 (Figure 28). Though physical violence seems to be declining, in 2012-2018, between one third and one quarter of MetroWest middle school students reported being victims of bullying (Figure 29). The prevalence of bullying was consistently lower among high school students. Prevalence of cyber-bullying was below 22% for both Middle and High School students.

Figure 28. Percent of High School and Middle School Students Reporting Violent Behaviors, MetroWest Region, 2012-2018
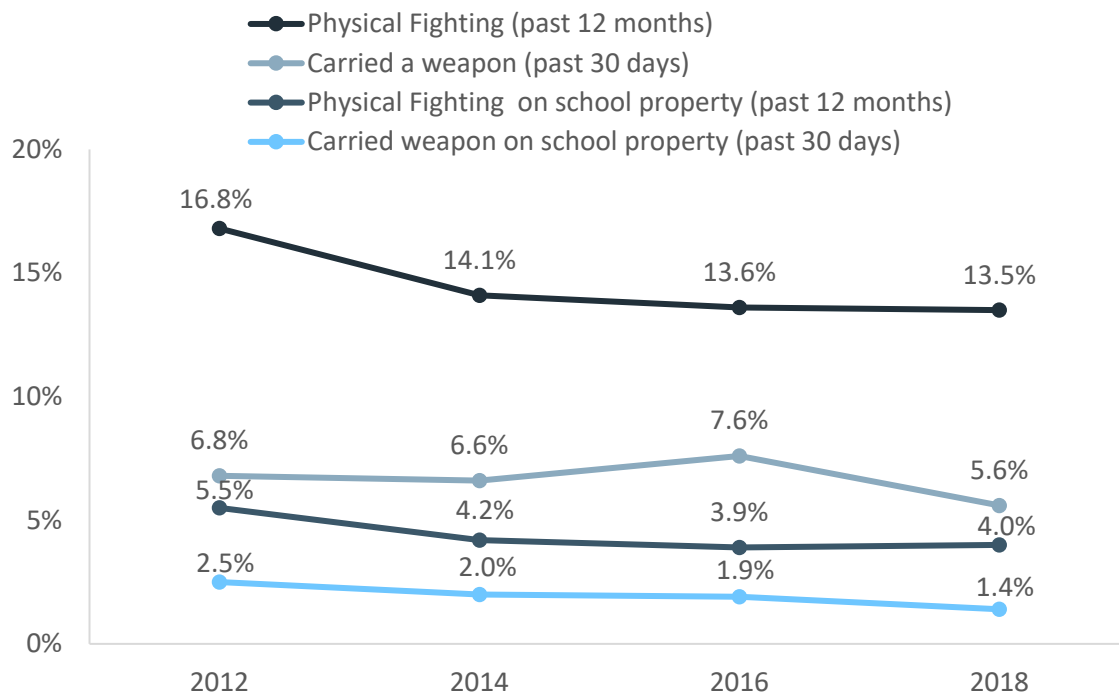
DATA SOURCE: MetroWest Adolescent Health Surveys, 2012, 2014, 2016 & 2018.

Figure 29. Percent of High School and Middle School Students Reporting Bullying, MetroWest Region, 2012-2018

Legend:
- Bullying Victim - Middle School
- Bullying Victim - High School
- Cyberbullying Victim - Middle School
- Cyberbullying Victim - High School

Data labels:
- 32.4%, 28.8%, 25.1%, 27.9%
- 27.0%, 23.7%, 20.8%, 22.4%
- 21.5%, 21.2%, 19.3%, 18.3%
- 16.6%, 18.6%, 18.8%, 17.8%

Years: 2012, 2014, 2016, 2018

Discrimination and Racism

"We need a lot of education and time to introspect and do the work. What is happening in the world with Black Lives Matter is an opportunity to do that work and being more open and accepting of everyone in our community." – Focus group participant

"When I'm at the [store] at the mall with my friends—all of us people of color—we're followed. When I was there, one of my friends wanted to try something on and he was stopped and checked." – Focus group participant
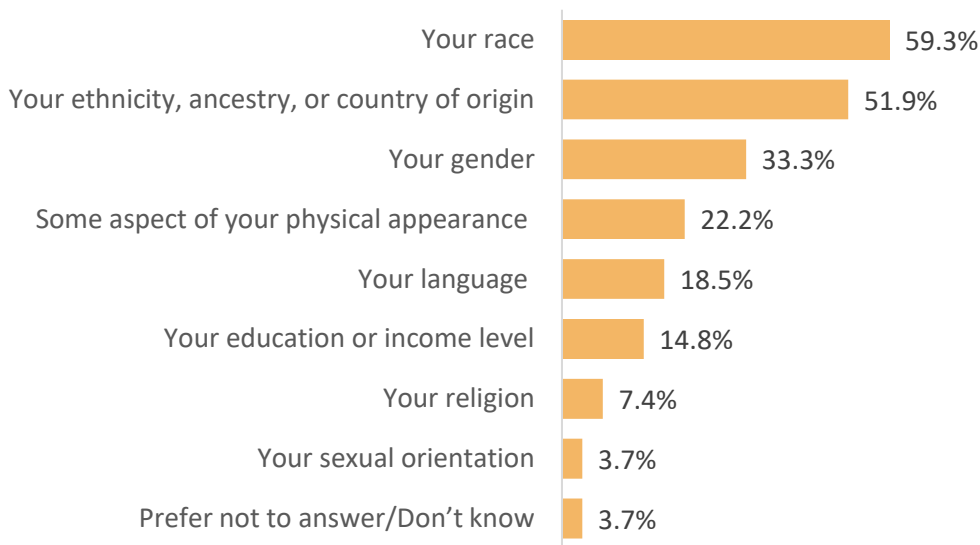
Participants reported that similar to the national dialogue—more emphasis on racial justice has been occurring in the Westborough service area. Perceptions related to discrimination and racism varied throughout qualitative discussions. Focus group participants who identified as people of color mentioned incidences of being discriminated against because of their race or nationality. For example, a young person shared, "*I don't know if it's a string of bad luck, but I see a lot of discrimination against me and my mom. We're both immigrants, and English isn't our first language. She speaks with an accent, and we speak Spanish together, and people automatically assume things about us.*" Other participants validated the experience and added that residents may not identify with the terms "discrimination" and "racism." *"A lot of people don't call it discrimination and racism…they'll say they've been treated poorly. They won't outwardly say the word bias, but they'd say they're being looked at."*

The assessment survey supports these findings. Among the Westborough Community Priorities Survey respondents reporting that they themselves or their family members experienced discrimination in the past six months (15.7% of total sample), more than 59% of community survey respondents reported themselves or

their family being affected by discrimination in the past six months. Similarly, more than half of respondents indicated being affected by discrimination because of their ethnicity, ancestry, or country of origin; and 33.3% reported it was due to their gender (Figure 30).

As at the national level, conversations about racial justice and policing have been taking place in the Westborough service area. Multiple assessment participants described vigils or protests in their communities in response to the killing of Black Americans at the hands of police. A few pointed to tensions around police sentiments and the Black Lives Matter movement. Community leaders interviewed for the assessment described their commitment to addressing racial injustice and systemic racism. One shared, "*Everything we do moving forward will be focused on an anti-racism agenda. For any entity that wants to expand to our community, we'll be asking "tell us what you're thinking about anti-racism, and what is your internal and external agenda for the community."*

Figure 30: Percent of CHNA Community Priorities Survey Respondents Reporting Being Currently and/or 6 months ago Affected by Issues, among Respondents Reporting Discrimination as an Issue, 2020 (N=27)

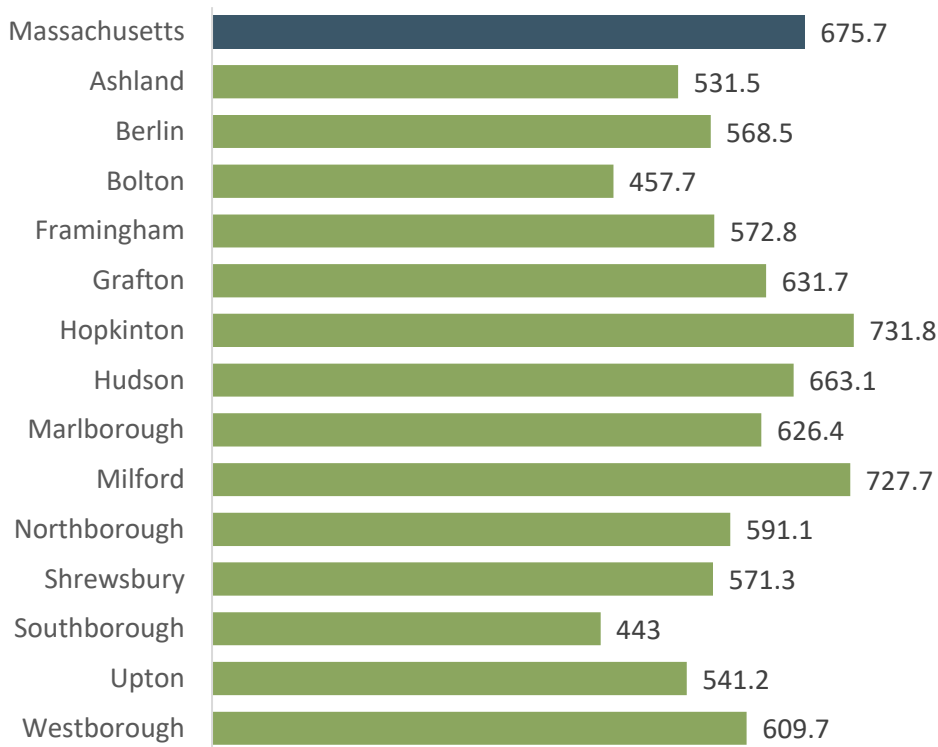| Issue	Percent
Your race	59.3%
Your ethnicity, ancestry, or country of origin	51.9%
Your gender	33.3%
Some aspect of your physical appearance	22.2%
Your language	18.5%
Your education or income level	14.8%
Your religion	7.4%
Your sexual orientation	3.7%
Prefer not to answer/Don't know	3.7%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

COMMUNITY HEALTH ISSUES

Overall Mortality

Mortality rates help to measure the burden and impact of disease on a population, while premature mortality data (deaths before age 65 years old) provide a picture of preventable deaths and point to areas where additional health and public health interventions may be warranted. Age-adjusted mortality rates per 100,000 residents varied between towns in the Westborough service area in 2017, from lows of 443.0 in Southborough and 457.7 in Bolton, to highs of 727.7 in Milford and 731.8 in Hopkinton (Figure 31).

Figure 31. Overall Mortality, Age-Adjusted Rate per 100,000 Population, in Massachusetts and by Town, 2017

Town	Rate
Massachusetts	675.7
Ashland	531.5
Berlin	568.5
Bolton	457.7
Framingham	572.8
Grafton	631.7
Hopkinton	731.8
Hudson	663.1
Marlborough	626.4
Milford	727.7
Northborough	591.1
Shrewsbury	571.3
Southborough	443
Upton	541.2
Westborough	609.7

DATA SOURCE: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2017.

For age-adjusted premature mortality in 2017, the lowest rates were in Berlin (116.0 per 100,000), Southborough (119.5 per 100,000), and Upton (152.2 per 100,000); and the highest rates were in Milford (288.8 per 100,000), Marlborough (256.4 per 100,000), and Hudson (253.3 per 100,000), (Figure 32).

Figure 32. Premature Mortality, Age-Adjusted Rate per 100,000 Population, in Massachusetts and by Town, 2017
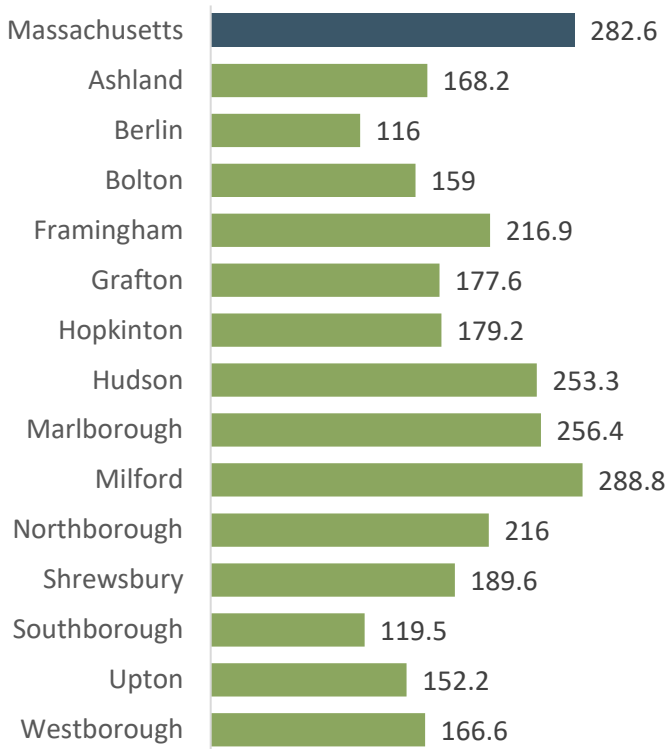
Town	Rate
Massachusetts	282.6
Ashland	168.2
Berlin	116
Bolton	159
Framingham	216.9
Grafton	177.6
Hopkinton	179.2
Hudson	253.3
Marlborough	256.4
Milford	288.8
Northborough	216
Shrewsbury	189.6
Southborough	119.5
Upton	152.2
Westborough	166.6

DATA SOURCE: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2017.

Chronic Diseases and Related Risk Factors

> *"Cardiovascular disease and underlying illnesses exacerbate the severity of COVID-19 infections. A lot of residents—especially Hispanic residents—tend to have the disease longer and have more complications.* – Key informant interviewee

> *"We started seeing an increase of Brazilian women who clean houses be diagnosed with lung cancer because of exposure to cleaning agents."* – Key informant interviewee
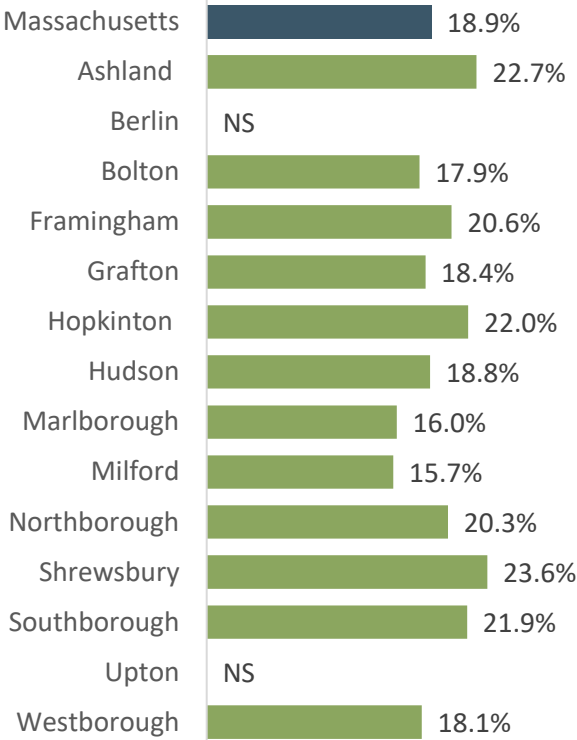
Assessment participants did not cite specific chronic diseases as pressing concerns in their communities, with the exception of a few focus group participants who discussed obesity, cardiovascular disease, and cancer. Cognitive issues including Alzheimer's disease and dementia were also noted as a concern for the growing senior community. One interviewee summarized, "*We have a growing senior community and as they age will need substantial supports. We are already seeing a lot of issues with aging like dementia and other memory loss impairments at the ages of 85 and up. Whether it's mild or huge it takes a toll on older adults.*"

Overweight and Obesity
In 2012-2014, the percent of adults reporting obesity or overweight in Massachusetts was 59.0%. By town, the percent of adults reporting obesity or overweight ranged from 49.7% in Bolton to 64.2% in Milford (

Figure 34). The percent of adults consuming five or more fruits and vegetables daily in Massachusetts was 18.9% in 2011-2015. By town, the percent of adults consuming 5 or more fruits and vegetables daily ranged from 15.7% in Milford to 23.6% in Shrewsbury (Figure 33). Overweight and obesity was mentioned by a few assessment participants who were parents, especially as it related to childhood obesity and COVID-19. One focus group participant shared, *"I worry about the kids who aren't able to play sports anymore because of COVID and the impact it will have on the kids' health and childhood obesity."*
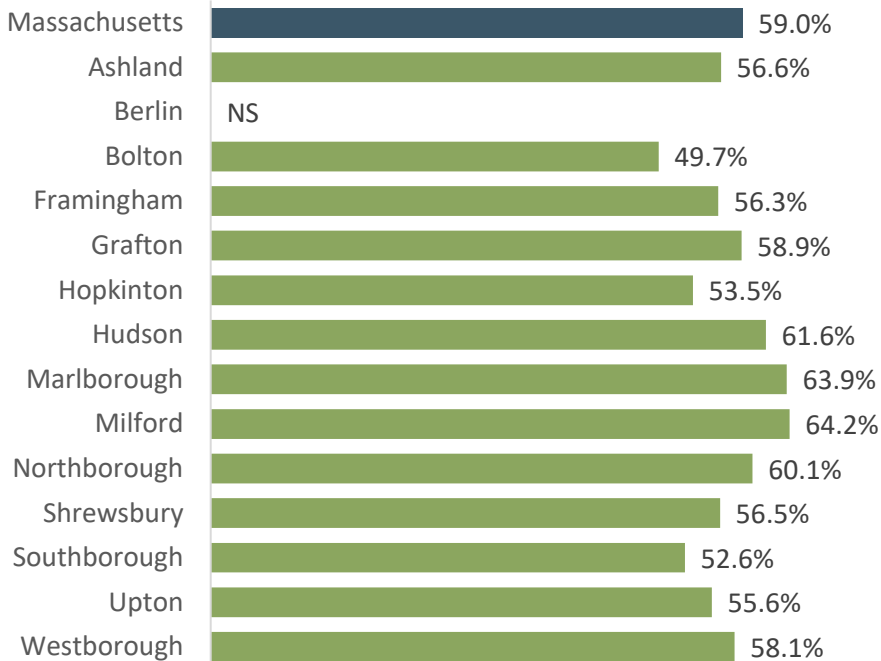
Figure 33. Percent Adults Consuming Five or More Fruits and Vegetables Daily, in Massachusetts and by Town, 2011-2015

Town	Percent
Massachusetts	18.9%
Ashland	22.7%
Berlin	NS
Bolton	17.9%
Framingham	20.6%
Grafton	18.4%
Hopkinton	22.0%
Hudson	18.8%
Marlborough	16.0%
Milford	15.7%
Northborough	20.3%
Shrewsbury	23.6%
Southborough	21.9%
Upton	NS
Westborough	18.1%

DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2011-2015.
NOTE: Data are aggregated based on multiple years including 2011, 2013, 2015; NS = Data not shown due to insufficient sample size.

Figure 34. Percent Adults Reporting Obesity or Overweight, in Massachusetts and by Town, 2012-2014

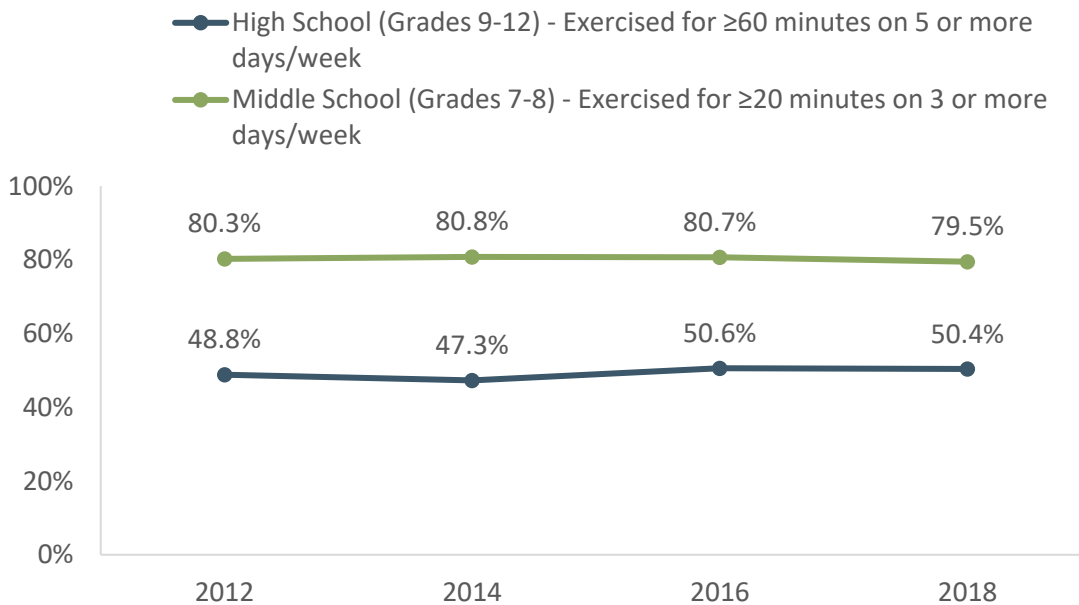| Town	Percent
Massachusetts	59.0%
Ashland	56.6%
Berlin	NS
Bolton	49.7%
Framingham	56.3%
Grafton	58.9%
Hopkinton	53.5%
Hudson	61.6%
Marlborough	63.9%
Milford	64.2%
Northborough	60.1%
Shrewsbury	56.5%
Southborough	52.6%
Upton	55.6%
Westborough	58.1%

DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.

NOTE: Data are aggregated based on multiple years including 2012-2014; NS = Data not shown due to insufficient sample size.

Among public school students in the MetroWest region, about 80% of middle school students were achieving at least 20 minutes of exercise on 3 or more days per week between 2012 and 2018 (Figure 35). For high school students, the physical activity target is higher (at least 60 minutes on 5 or more days per week). About half of students achieved this target between 2012 and 2018.

Figure 35. Percent of Students Reporting Physical Activity, MetroWest Region, 2012-2018

High School (Grades 9-12) - Exercised for ≥60 minutes on 5 or more days/week

Middle School (Grades 7-8) - Exercised for ≥20 minutes on 3 or more days/week

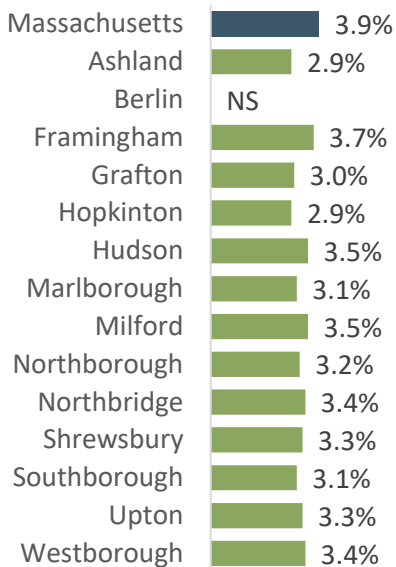| Year	Middle School	High School
2012	80.3%	48.8%
2014	80.8%	47.3%
2016	80.7%	50.6%
2018	79.5%	50.4%

DATA SOURCE: MetroWest Adolescent Health Surveys, 2012, 2014, 2016 & 2018.

Heart Disease

While focus group and interview participants mentioned issues related to obesity and healthy eating, they did not discuss any specific chronic conditions such as heart disease, cancer, or diabetes as significant issues of concern. However, cancer and heart disease are still considered the top two leading causes of death in the Westborough service area. In 2012-2014, the percent of adults reporting angina or coronary heart disease (CHD) in Massachusetts was 3.9%. By town, the percent of adults reporting angina or CHD ranged from 2.9% in Ashland and Hopkinton to 3.7% in Framingham (Figure 36).

Figure 36. Percent Adults Reporting Angina or Coronary Heart Disease (CHD), in Massachusetts and by Town, 2012-2014

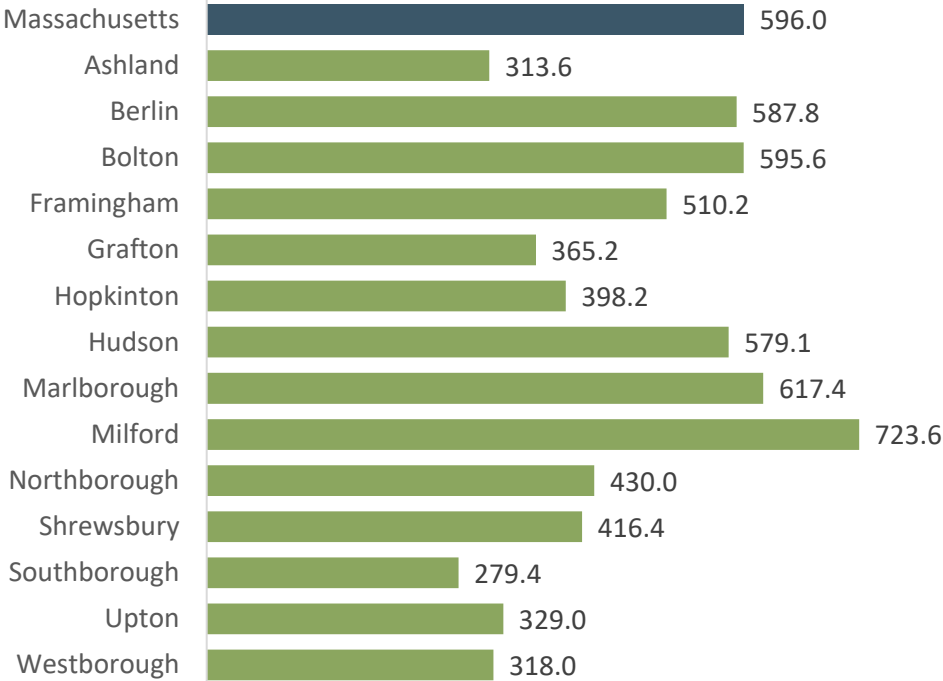| Location	Percent
Massachusetts	3.9%
Ashland	2.9%
Berlin	NS
Framingham	3.7%
Grafton	3.0%
Hopkinton	2.9%
Hudson	3.5%
Marlborough	3.1%
Milford	3.5%
Northborough	3.2%
Northbridge	3.4%
Shrewsbury	3.3%
Southborough	3.1%
Upton	3.3%
Westborough	3.4%

DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.
NOTE: Data are aggregated based on multiple years; NS = Data not shown due to insufficient sample size.

In 2014, the age-adjusted rate per 100,000 population of heart disease emergency department visits was 596.0 in Massachusetts. By town, the age-adjusted rate of heart disease emergency department visits ranged from 279.4 per 100,000 population in Southborough to 723.6 per 100,000 population in Milford (Figure 37).
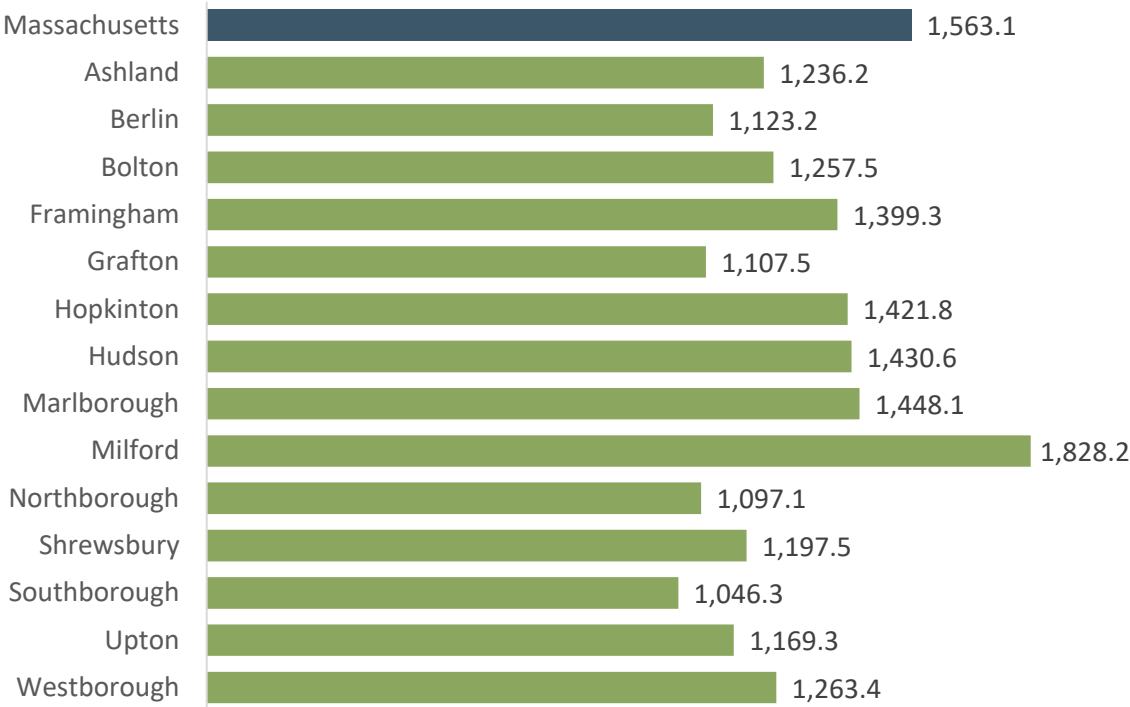
Figure 37. Heart Disease Emergency Department Visits, Age-Adjusted Rate per 100,000 Residents, in Massachusetts and by Town, 2014

Town	Rate
Massachusetts	596.0
Ashland	313.6
Berlin	587.8
Bolton	595.6
Framingham	510.2
Grafton	365.2
Hopkinton	398.2
Hudson	579.1
Marlborough	617.4
Milford	723.6
Northborough	430.0
Shrewsbury	416.4
Southborough	279.4
Upton	329.0
Westborough	318.0

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.

In 2014, the age-adjusted rate per 100,000 population of heart disease hospitalizations was 1,563.1 in Massachusetts. By town, the age-adjusted rate of heart disease hospitalizations ranged from 1,046.3 per 100,000 population in Southborough to 1,828.2 per 100,000 population in Milford (Figure 38).

Figure 38. Heart Disease Hospitalizations, Age-Adjusted Rate per 100,000 Residents, in Massachusetts and by Town, 2014
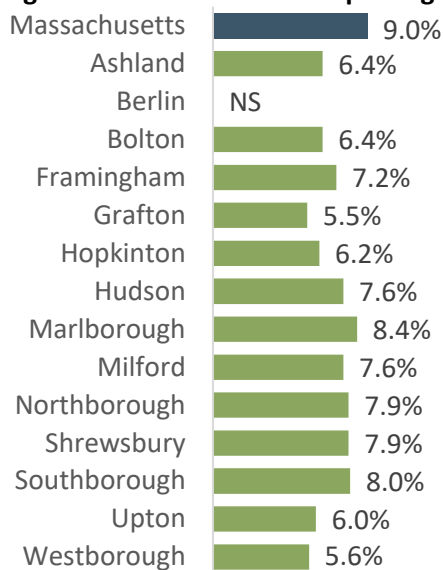
Town	Rate
Massachusetts	1,563.1
Ashland	1,236.2
Berlin	1,123.2
Bolton	1,257.5
Framingham	1,399.3
Grafton	1,107.5
Hopkinton	1,421.8
Hudson	1,430.6
Marlborough	1,448.1
Milford	1,828.2
Northborough	1,097.1
Shrewsbury	1,197.5
Southborough	1,046.3
Upton	1,169.3
Westborough	1,263.4

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.

In 2012-2014, the percent of adults reporting diabetes in Massachusetts was 9.0%. By town, the percent of adults reporting diabetes ranged from 5.5% in Grafton to 8.4% in Marlborough (Figure 39).

Figure 39. Percent Adults Reporting Diabetes, in Massachusetts and by Town, 2012-2014

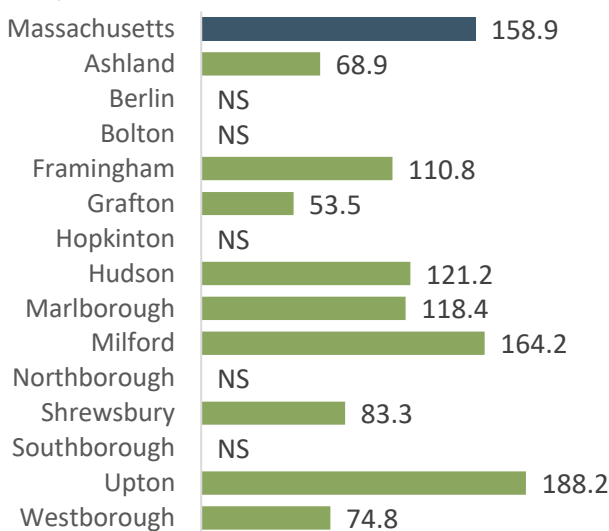| Town	Percent
Massachusetts	9.0%
Ashland	6.4%
Berlin	NS
Bolton	6.4%
Framingham	7.2%
Grafton	5.5%
Hopkinton	6.2%
Hudson	7.6%
Marlborough	8.4%
Milford	7.6%
Northborough	7.9%
Shrewsbury	7.9%
Southborough	8.0%
Upton	6.0%
Westborough	5.6%

DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.
NOTE: Data are aggregated based on multiple years including 2012-2014; NS = Data not shown due to insufficient sample size.

In 2014, the age-adjusted rate of diabetes hospitalizations per 100,000 population was 158.9 in Massachusetts. By town, the age-adjusted rate of diabetes hospitalizations ranged from 53.5 per 100,000 population in Grafton to 188.2 per 100,000 population in Upton. Data for several towns are not reported due to insufficient sample size (Figure 40).

Figure 40. Diabetes Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

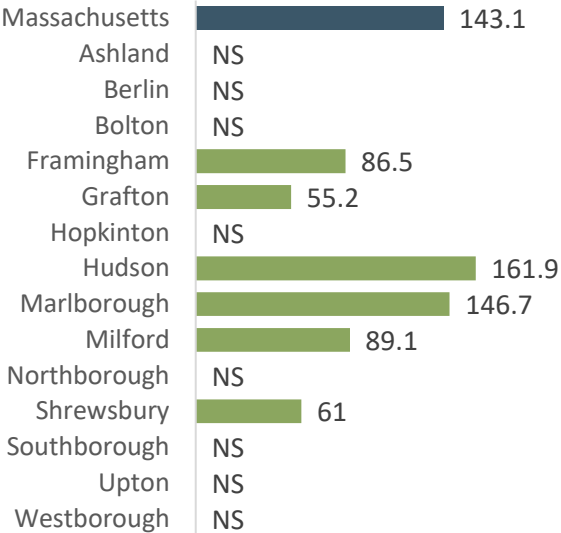| Town	Rate
Massachusetts	158.9
Ashland	68.9
Berlin	NS
Bolton	NS
Framingham	110.8
Grafton	53.5
Hopkinton	NS
Hudson	121.2
Marlborough	118.4
Milford	164.2
Northborough	NS
Shrewsbury	83.3
Southborough	NS
Upton	188.2
Westborough	74.8

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.
NOTE: NS = Data not shown due to insufficient sample size.

In 2014, the age-adjusted rate of diabetes emergency department visits per 100,000 population was 143.1 in Massachusetts. By town, the age-adjusted rate of diabetes emergency department visits ranged from 55.2 per 100,000 population in Grafton to 161.9 per 100,000 population in Hudson. Data for several towns were not reported due to insufficient sample size (Figure 41).

Figure 41. Diabetes Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

Town	Rate
Massachusetts	143.1
Ashland	NS
Berlin	NS
Bolton	NS
Framingham	86.5
Grafton	55.2
Hopkinton	NS
Hudson	161.9
Marlborough	146.7
Milford	89.1
Northborough	NS
Shrewsbury	61
Southborough	NS
Upton	NS
Westborough	NS

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.
NOTE: NS = Data not shown due to insufficient sample size.

Cancer
Cancer continues to be the leading cause of death in Massachusetts. In 2009-2013, by town, standardized incidence ratios (SIR) for breast cancer in females ranged from 88 (Milford) to 120 (Upton). These ratios indicate that the incidence of breast cancer in females was 12% lower in Milford and 20% higher in Upton than expected based on standardized rates for the state of Massachusetts (expected rate is 100). The incidence of prostate cancer in males ranged from 27% lower than expected in Ashland (SIR 73) to 20% higher than expected in Milford (SIR 120). The incidence of lung and bronchus cancer ranged from 43% lower than expected in Bolton (SIR 57) to 16% higher than expected in Billerica (SIR 116). The incidence of colorectal cancer ranged from 29% lower than expected in Upton (SIR 72) to 16% higher than expected in Grafton (SIR 116) (Table 5).

Table 5. Cancer Standardized Incidence Ratios for Leading Cancer Types, 2009-2013

	Breast Cancer (female)	Prostate (male)	Lung and Bronchus	Colorectal
Ashland	96	73	114	100
Berlin	94	81	97	87
Bolton	110	133	57	93
Framingham	97	90	97	103
Grafton	114	103	116	98
Hudson	95	108	86	132
Marlborough	90	105	88	128
Milford	88	120	105	104
Northborough	114	95	63	83
Shrewsbury	101	105	93	77
Southborough	111	106	91	90
Upton	120	78	94	72
Westborough	113	91	85	102

DATA SOURCE: Massachusetts Department of Public Health, Massachusetts Cancer Registry, 2009-2013.

In a few interviews, the concern around cancer was mentioned specifically related to poor working conditions. It was perceived that there was an increase of lung cancer in domestic workers due to the harsh chemicals in the cleaning products. One interviewee explained, "*We started seeing an increase of Brazilian women who clean houses get cancer because of exposure to cleaning agents. Cleaning agents were designed for 1-time use…they have ammonia; but if you're using it all day, there's accumulation in your lungs.*"

Behavioral Health

> "*Social distancing is hard – it's hard to talk to your friends. It kind of makes you crazy. Having your phone is helpful, but it's not the same.*" – Youth focus group participant
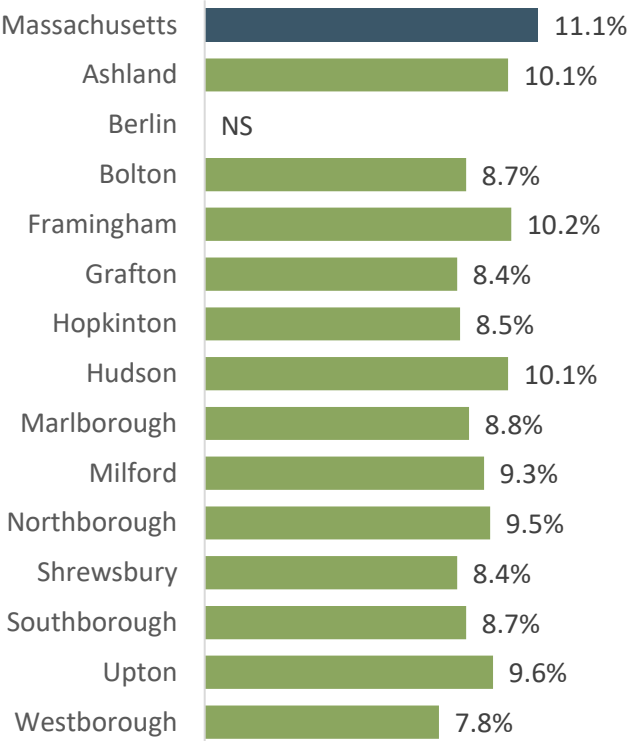
> "*When you have underlying mental health challenge, it's only going to be that much worse by being isolated from the people you love. – Key Informant interview*

Mental Health
Similar to key findings from the 2019 MetroWest CHA, when asked to identify health issues of greatest concern in the community, the majority of focus group participants and interviewees mentioned mental health. Stress, anxiety, depression, and isolation were the most frequently cited challenges among the Westborough service area, with residents describing how COVID-19 has exacerbated mental health issues in the community. These

issues were noted as particularly problematic for young people, seniors, those who identified as LGBTQ, and immigrants. As described in the *Top Issues Affecting the Community* section, concern for mental health was the leading health issue reported by Westborough Community Priorities Survey respondents. However, between 2012-2014, the percent of adults reporting 15 or more days of poor mental health in the last month was lower in the Westborough service area than the state overall. By town, the percent of adults reporting 15 or more days of poor mental health in the last month ranged from 7.8% in Westborough to 10.2% in Framingham, compared to 11.1% in Massachusetts (Figure 42).

Figure 42. Percent of Adults Reporting 15 or More Days of Poor Mental Health in the Last Month, in Massachusetts and by Town, 2012-2014

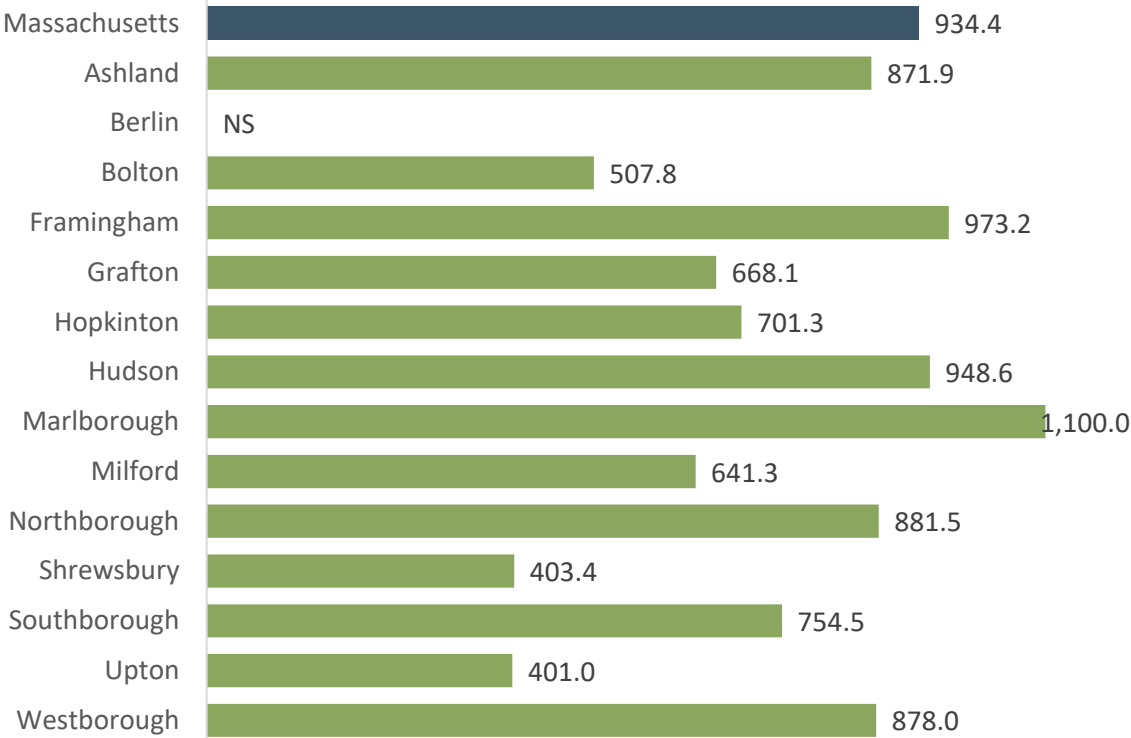| Town	Percent
Massachusetts	11.1%
Ashland	10.1%
Berlin	NS
Bolton	8.7%
Framingham	10.2%
Grafton	8.4%
Hopkinton	8.5%
Hudson	10.1%
Marlborough	8.8%
Milford	9.3%
Northborough	9.5%
Shrewsbury	8.4%
Southborough	8.7%
Upton	9.6%
Westborough	7.8%

DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.
NOTE: Data are aggregated based on multiple years; NS = Data not shown due to insufficient sample size.

Similarly, mental health hospitalizations in the area were slightly lower than the state overall, except in Marlborough. In 2014, the age-adjusted rate of mental health hospitalizations per 100,000 population was 934.4 in Massachusetts. By town, the age-adjusted rate of mental health emergency department visits ranged from 401.0 per 100,000 population in Upton to 1,100.0 per 100,000 population in Marlborough (Figure 43).

Figure 43. Mental Health Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

Town	Rate
Massachusetts	934.4
Ashland	871.9
Berlin	NS
Bolton	507.8
Framingham	973.2
Grafton	668.1
Hopkinton	701.3
Hudson	948.6
Marlborough	1,100.0
Milford	641.3
Northborough	881.5
Shrewsbury	403.4
Southborough	754.5
Upton	401.0
Westborough	878.0

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.
NOTE: NS = Data not shown due to insufficient sample size.

In focus group and interview discussions, mental health concerns among youth were mentioned frequently. Those youth from more affluent communities described "*achievement anxiety*" among youth due to high-pressure environments. Residents from these areas described a culture of competition that negatively impacts young people. One shared "*There's this 'keeping up with the Jones' mentality in Hopkinton…an appearance to keep up with.*" Another parent agreed and added, *"My high schoolers are overwhelmed- getting panic attacks about all of the events and activities. Most families I know are in a large amount of activities like sports, arts, enrichment classes, scouting. There's very little downtime for kids. So when the pandemic hit, you can imagine how drastic the shift was."* This is supported by quantitative data gathered even before the pandemic. Youth participating in the MetroWest Adolescent Health Surveys who report that their lives have been "very stressful" has steadily increased since 2012, from 28.9% to 36% in 2018 (Figure 44).

Figure 44. Percent of Students Reporting Life as "Very Stressful" in the Past 30 Days, MetroWest Region, 2012-2018
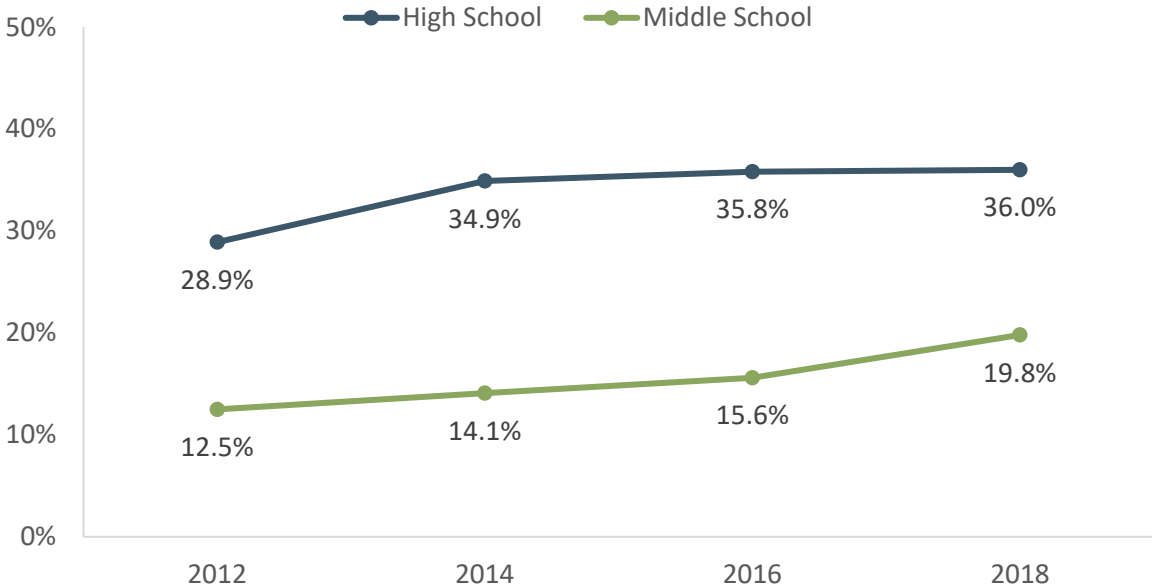
DATA SOURCE: MetroWest Adolescent Health Surveys, 2012, 2014, 2016 & 2018.

In 2012, 12.8% of middle school and 19.7% of high school students in MetroWest reported depressive symptoms in the past 30 days. In 2018, prevalence was 14.3% and 19.7%, respectively. Riskier behaviors, such as self-injury among youth, also are a concern. In 2012, 7.8% of middle school and 15.6% of high school students in MetroWest reported engaging in intentional self-injurious behaviors in the past 12 months (Figure 45). In 2018, prevalence was 9.7% and 13.5%, respectively. Statewide, self-injury was reported by 14.5% of high school students and 16.8% of middle school students in 2017. Findings from the 2018 MetroWest Adolescent Health Surveys reveal disparate mental health findings for a number of sub-groups. Specifically, the report notes that "females continue to report depressive symptoms and self-injury around twice as much as males" (in 2018, self-injury was reported by 19% of females and 8% of males). Additionally, LGBTQ youth report elevated levels of mental health problems. Compared with heterosexual cisgender youth, these youth are more than 2.5 times as likely to report depressive symptoms (41% vs. 16%) and more than three times as likely to report self-injury (35% vs. 10%), seriously considering suicide (32% vs. 10%), and attempting suicide (10% vs. 3%)." These data are validated by experiences shared by focus group participants. For example, one LGBTQ identifying youth shared, "*The suicide rate is high. I've had 9 close friends of mine commit suicide and I'm only 19 years old. They were all LGBTQ.*"

Figure 45. Percent of Students Reporting Self-Injury in the Past 12 Months, MetroWest Region, 2012-2018
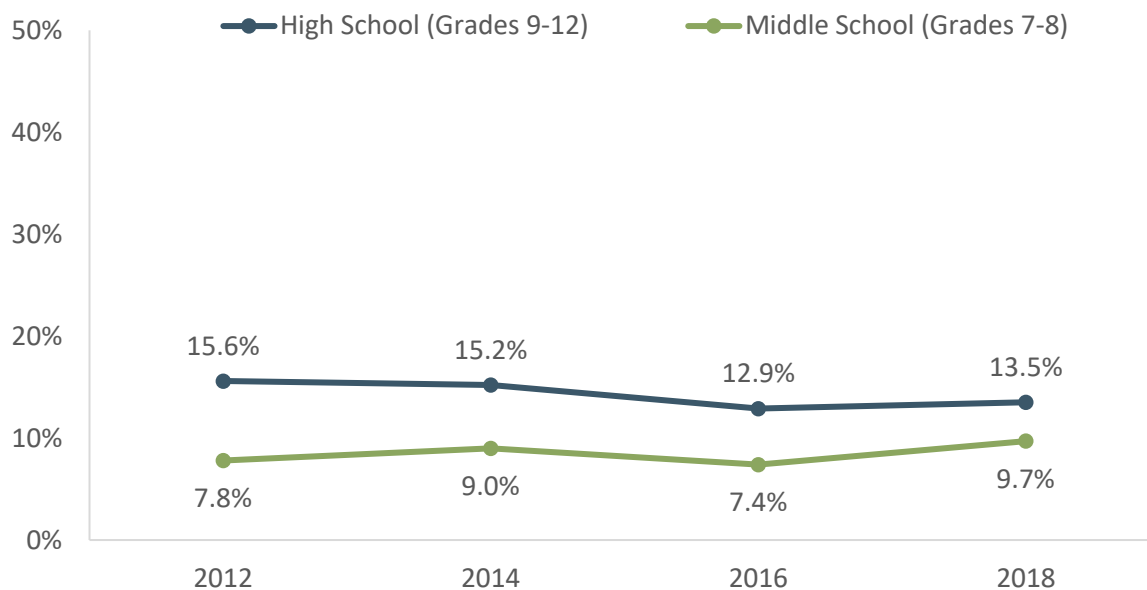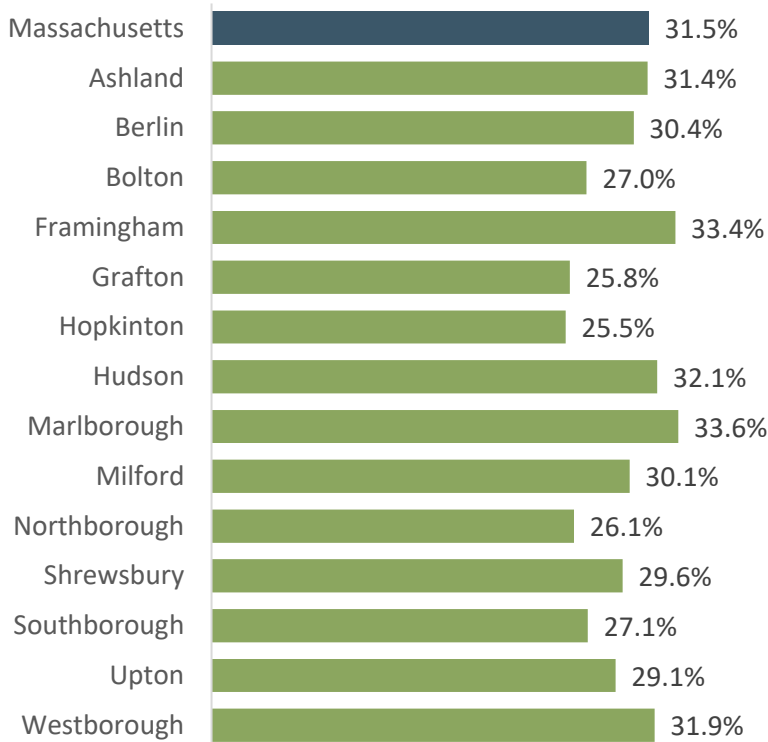

DATA SOURCE: MetroWest Adolescent Health Surveys, 2012, 2014, 2016 & 2018.

Many focus group and interview participants discussed how their concerns around youth mental health are exacerbated with the pandemic. Those with school-age children shared the challenges of remote learning and the stress that comes with the uncertainty of the coming school year. Participants shared that these challenges further increase when there is more than one child in the household. Many worried about the long-term impact of the pandemic and lack of socialization on the community's children and youth.

Focus group participants who were parents also discussed the importance of digital wellness—which refers to preventative measures aimed at regulating and improving the healthy use of technology, especially in light of COVID-19. One focus group participant shared, "*Technology and digital wellness is a major problem. Kids are getting smart phones when they are really young. They have free access to the internet, and they are getting addicted to the devices.*" Another parent agreed and added, "*The digital world makes everything harder. Kids are more distracted, and they are constantly comparing themselves to others on [social media].*"

In regard to older adults, social isolation was described as a concern, especially in light of COVID-19. These findings support quantitative data presented in (Figure 46) that show that in 2018, more than one in four adults 65 years or older reported experiencing depression.

Figure 46. Percent of Adults Aged 65 years or older with Depression, in Massachusetts and by Town, 2018

Location	Percent
Massachusetts	31.5%
Ashland	31.4%
Berlin	30.4%
Bolton	27.0%
Framingham	33.4%
Grafton	25.8%
Hopkinton	25.5%
Hudson	32.1%
Marlborough	33.6%
Milford	30.1%
Northborough	26.1%
Shrewsbury	29.6%
Southborough	27.1%
Upton	29.1%
Westborough	31.9%

DATA SOURCE: Tufts Health Plan, Massachusetts Healthy Aging Data Report, 2018.

Trauma was also discussed among interview and focus group participants in regard to mental health. Participants described caregivers as a group that have experienced high levels of trauma during the pandemic, with one sharing, "*There's a degree of trauma associated with caregivers throughout the pandemic. I can't tell you how many people we have die in residential services. For essential workers, our residential staff, ER staff, and health care providers, there's a grief associated with the number of people lost in our community.*"

Systemic issues to adequately address mental health concerns in the community were discussed by multiple key informants. Mental health workforce challenges included low reimbursement for mental health services, which makes it difficult for provider organizations to recruit and retain qualified staff. One participant summarized, "*There are funding structures in place that are not adequate, and it makes it hard for social service agencies to have ready access to highly trained clinicians. If you have a rate that is not sufficient, then you can't pay people as much as you would like, and there's always [financial] losses for the agency.*"
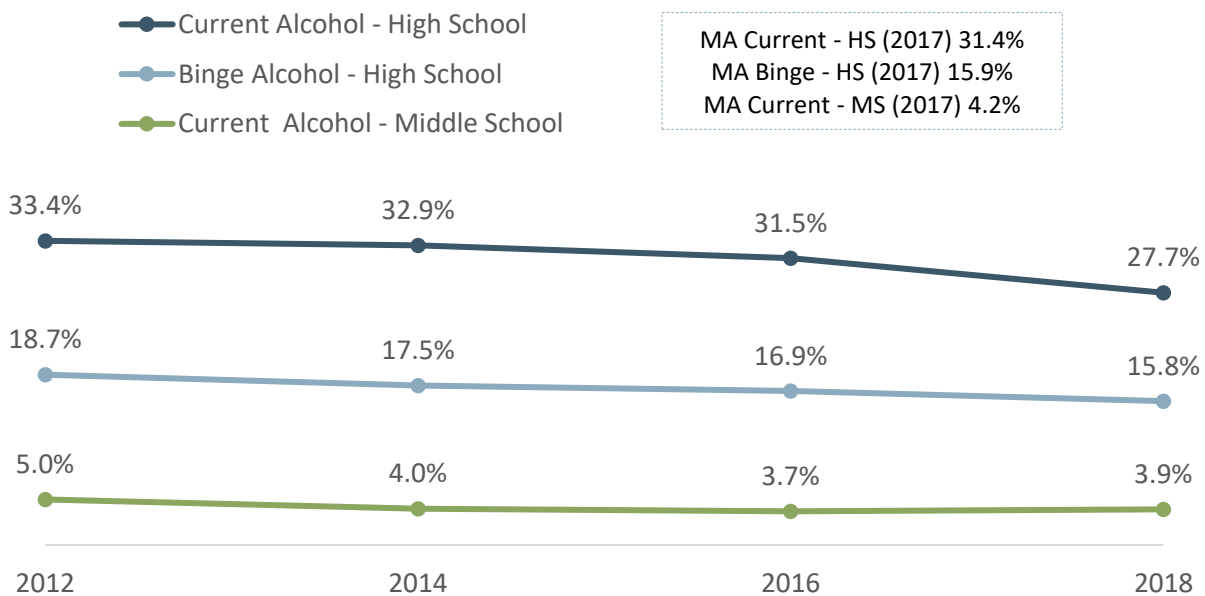
Substance Use
Participants expressed some concerns about substance use in the Westborough service area, though it was not a key theme discussed in most groups. This result differs from findings from the 2016 and 2019 MetroWest CHA, where substance use was ranked as the greatest health concern by community health respondents in 2016 and 2019. Specific types of substance use mentioned as concerns by participants included: alcoholism, vaping, and misuse of prescription medication. One focus group participant who was a parent shared, "*Alcohol is always an issue here because it's the most accessible. I think the way that parents are coping with that stress*

is alcohol. I think that it's a big problem in suburbia and I think the kids feel that." Underage drinking was also discussed as a concern, though quantitative data show that the percent of students reporting alcohol use in the MetroWest area has decreased since 2012 (Figure 48). Similar to state trends, prescription drug misuse has steadily decreased among high school students in the area from 8.8% in 2012 to 4.8% in 2018 (Figure 47).

Opioids were discussed by a few assessment participants who reported that use is more prevalent in rural areas. There were perceptions that Marijuana use has been normalized and about it being a "gateway drug" for youth. In 2012, 2.4% of middle school and 21.5% of high school students reported current marijuana use, highlighting this developmental stage as a key point of marijuana initiation. Though youth focus group participants did not identify Marijuana as a concern and more frequently discussed electronic cigarettes as an issue in their communities. Quantitative data support these findings. While secondary data show cigarette use decreasing among youth, vaping use has substantially increased since 2014, with 18.4% of MetroWest high school students reporting active use in 2014, versus 28.1% in 2018 (Figure 48).

Figure 47. Percent of Students Reporting Alcohol Use, MetroWest Region, 2012-2018

Legend:
- Current Alcohol - High School
- Binge Alcohol - High School
- Current Alcohol - Middle School

MA Current - HS (2017) 31.4%
MA Binge - HS (2017) 15.9%
MA Current - MS (2017) 4.2%

Current Alcohol - High School: 33.4% (2012), 32.9% (2014), 31.5% (2016), 27.7% (2018)
Binge Alcohol - High School: 18.7% (2012), 17.5% (2014), 16.9% (2016), 15.8% (2018)
Current Alcohol - Middle School: 5.0% (2012), 4.0% (2014), 3.7% (2016), 3.9% (2018)

DATA SOURCE: MetroWest Adolescent Health Surveys, 2012, 2014, 2016 & 2018.

Figure 48. Percent of High School Students (Grades 9-12) Reporting Vaping/Using E-Cigarettes, MetroWest Region, 2014-2018
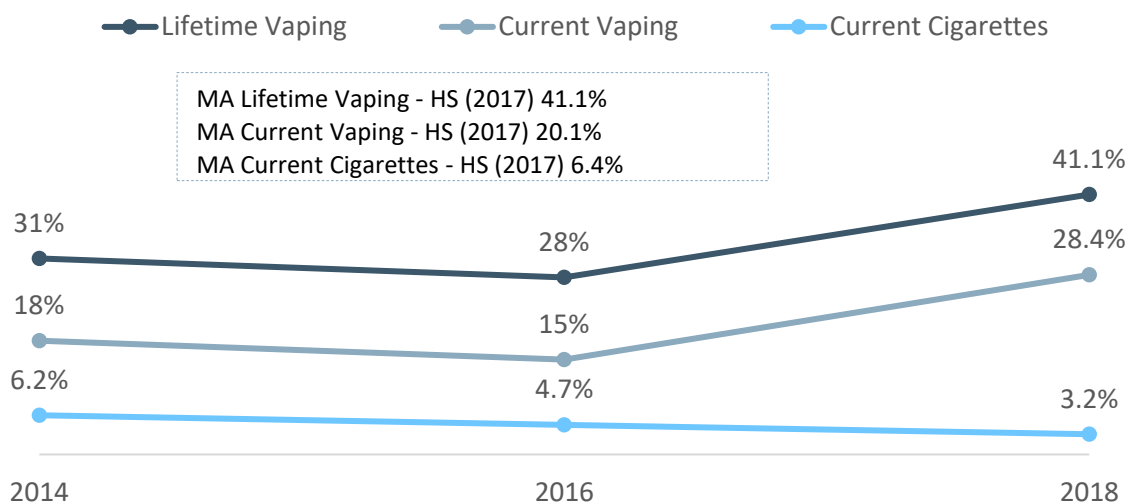
DATA SOURCE: MetroWest Adolescent Health Surveys, 2014, 2016 & 2018.

While concern about opioids was mentioned among some assessment participants, data indicate that there have been several opioid overdose related deaths in the region in some towns. From 2014-2019, Massachusetts had around 2,000 opioid-related overdose death each year, with the fewest deaths in 2014 (1,365) and the most deaths in 2016 (2,094). By town, Framingham, Marlborough, and Hudson had the largest number of opioid overdose related deaths in the region (Table 6).

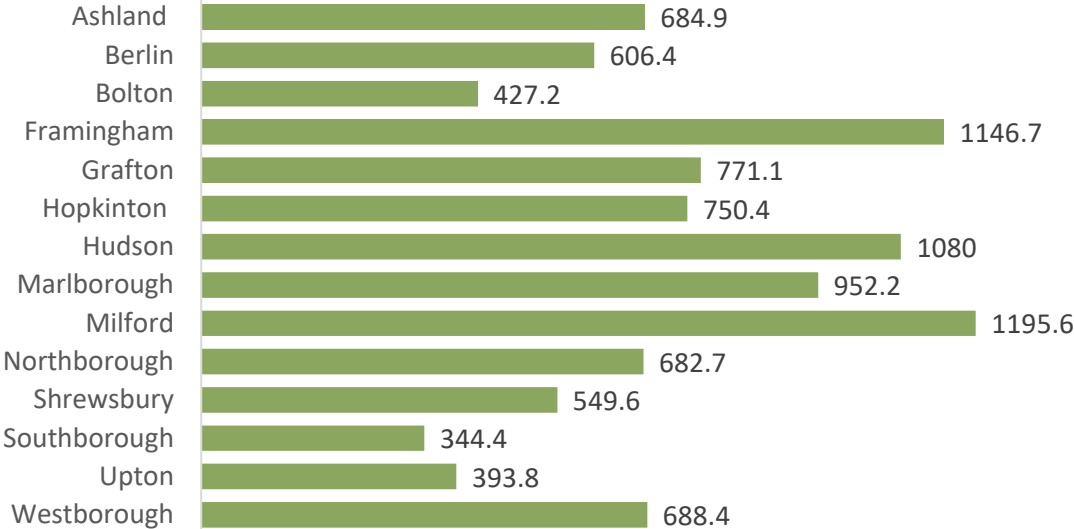**Table 6. Count of Opioid-Related Overdose Deaths, Massachusetts and by Town, 2014-2019**

	2014	2015	2016	2017	2018	2019
Massachusetts	1,365	1,747	2,094	1,977	2,005	1,972
Ashland	1	4	4	4	2	3
Berlin	0	1	0	0	0	1
Bolton	0	2	1	0	1	0
Framingham	11	12	18	8	20	20
Grafton	2	2	1	0	3	6
Hopkinton	3	4	0	3	3	1
Hudson	1	6	3	4	6	7
Marlborough	9	8	4	4	14	8
Milford	4	3	12	6	6	4
Northborough	0	0	3	2	1	1
Shrewsbury	1	2	7	8	7	5
Southborough	1	0	1	0	1	2
Upton	0	0	2	1	2	2
Westborough	1	3	4	3	6	1

DATA SOURCE: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, Number of Opioid-Related Overdose Deaths All Intents by City/Town, 2013-2019 (updated January 2020)
NOTE: Please note that 2017-2019 death data are preliminary and subject to updates. Case reviews of deaths are evaluated and updated on an ongoing basis. A large number of death certificates have yet to be assigned final cause of death codes. The information presented in this city/town table only includes confirmed cases.

Concerns about whether there is adequate treatment available for substance use was mentioned. Figure 49 shows the rate of Bureau of Substance Addiction Services Enrollments in 2016-2017 for the region. These rates ranged from 344.4 per 100,000 population in Southborough to 1,195.6 per 100,000 population in Milford, with high substance use addiction service enrollment rates in Framingham and Hudson as well.

Figure 49. Bureau of Substance Addiction Services Enrollments, Rate per 100,000 population, by Town, 2016-2017
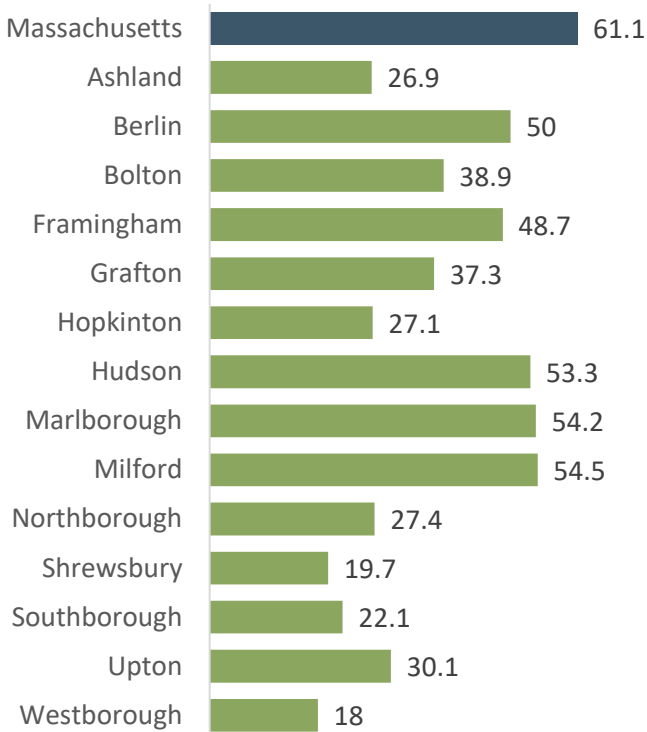
Town	Rate per 100,000
Ashland	684.9
Berlin	606.4
Bolton	427.2
Framingham	1146.7
Grafton	771.1
Hopkinton	750.4
Hudson	1080
Marlborough	952.2
Milford	1195.6
Northborough	682.7
Shrewsbury	549.6
Southborough	344.4
Upton	393.8
Westborough	688.4

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Substance Addiction Services, 2016-2017.

Environmental Health

Asthma

Environmental health issues were not mentioned in the focus group or interview discussions. However, in Massachusetts, approximately 10% of adults have asthma. In 2016, Massachusetts had an age-adjusted rate of 61.1 asthma-related visits to the emergency room per 100,000 population. The rates in towns and neighborhoods ranged from 18.0 visits per 100,000 (Westborough) to 54.5 visits per 100,000 (Milford) (Figure 50).
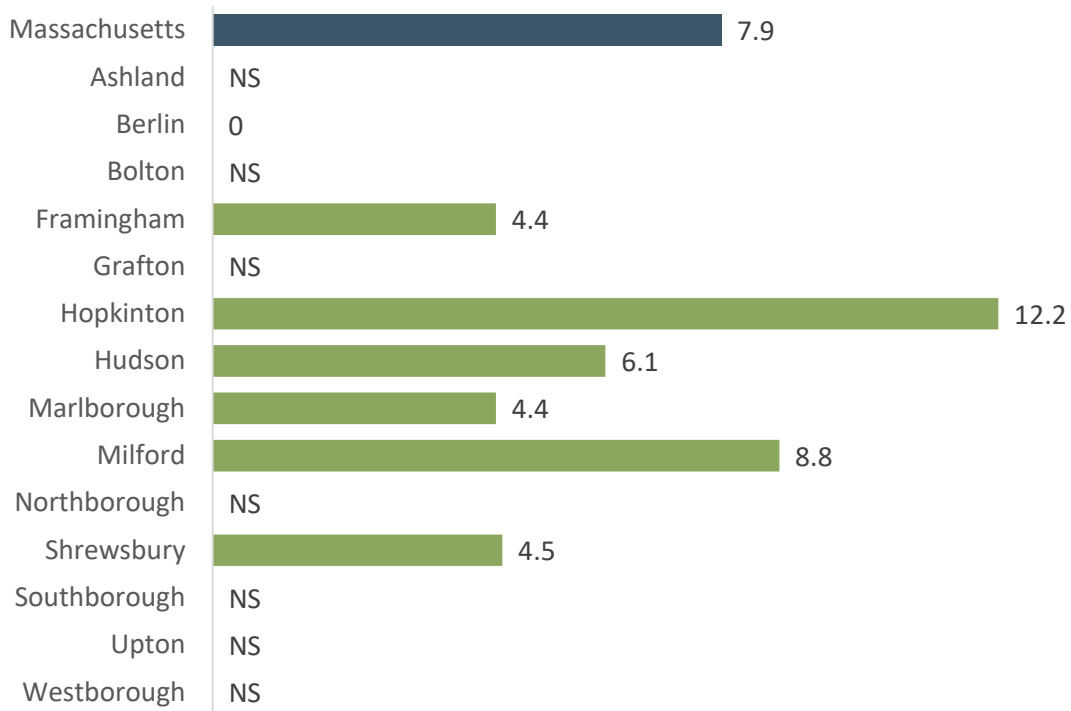
Figure 50. Asthma Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2016

Town	Rate
Massachusetts	61.1
Ashland	26.9
Berlin	50
Bolton	38.9
Framingham	48.7
Grafton	37.3
Hopkinton	27.1
Hudson	53.3
Marlborough	54.2
Milford	54.5
Northborough	27.4
Shrewsbury	19.7
Southborough	22.1
Upton	30.1
Westborough	18

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2016.

In 2016, Massachusetts had an age-adjusted rate of 7.9 asthma hospitalizations per 100,000 population. The rates in towns and neighborhoods ranged from 0.0 hospitalizations per 100,000 (Berlin) to 12.2 visits per 100,000 (Hopkinton). Data from several towns are not presented due to insufficient sample size (Figure 51).

Figure 51. Asthma Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2016
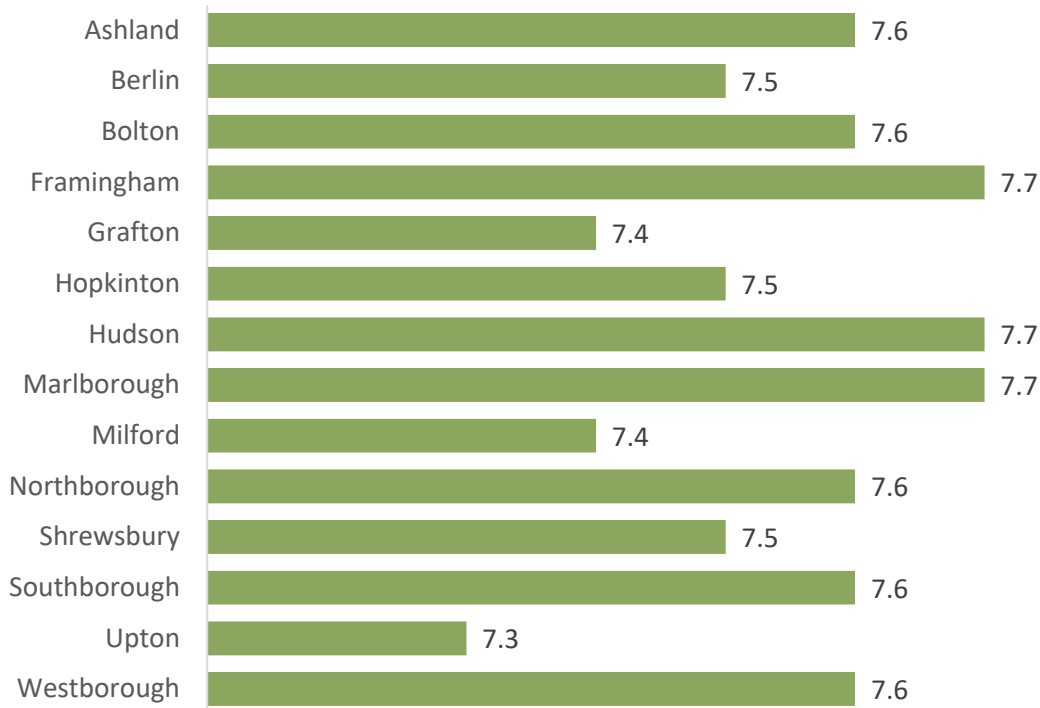
Town	Rate
Massachusetts	7.9
Ashland	NS
Berlin	0
Bolton	NS
Framingham	4.4
Grafton	NS
Hopkinton	12.2
Hudson	6.1
Marlborough	4.4
Milford	8.8
Northborough	NS
Shrewsbury	4.5
Southborough	NS
Upton	NS
Westborough	NS

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2016.
NOTE: NS = Data not shown due to insufficient sample size.

Air Quality

Fine particulate matter (PM)2.5 is an air pollutant that is a concern for people's health when there are high levels in the air. PM2.5 are tiny particles in the air that reduce visibility and cause the air to appear hazy when levels are elevated. The long-term standard (annual average) for safety is 12 micrograms/cubic meter. All towns in the area are under that threshold. In 2014, the annual average PM2.5 concentrations were around 7.6 for most towns, ranging from 7.3 micrograms/cubic meter in Upton to 7.7 micrograms/cubic meter in Framingham, Hudson, and Marlborough (Figure 52).
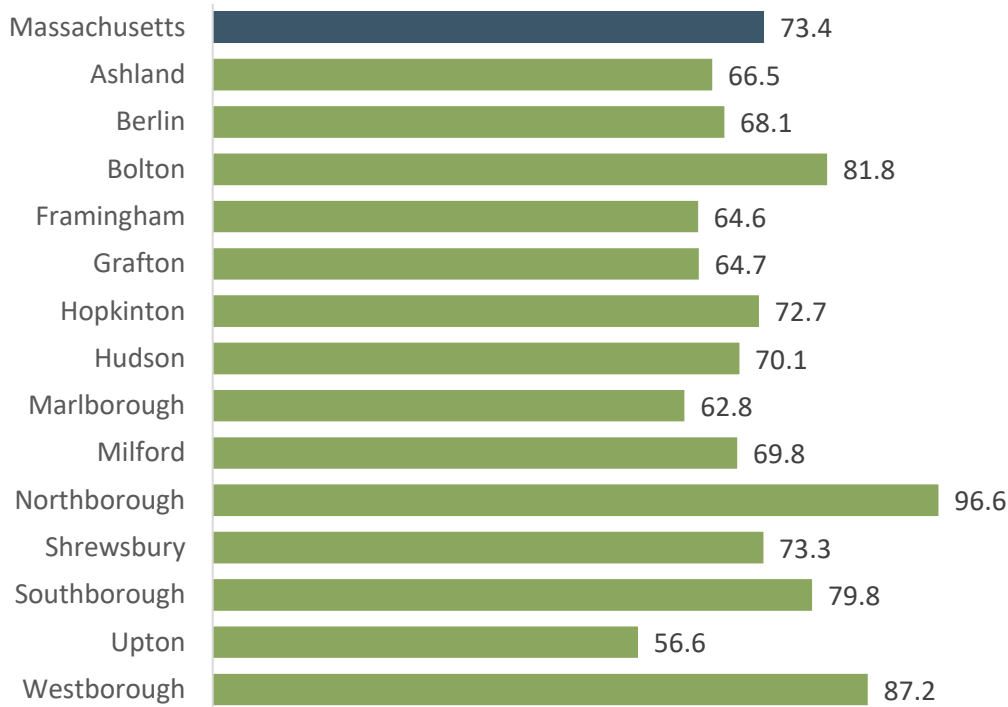
Figure 52. Air Quality Modeled Data Annual Average PM2.5 Concentrations (micrograms/cubic meter), by Towns, 2014

Town	PM2.5
Ashland	7.6
Berlin	7.5
Bolton	7.6
Framingham	7.7
Grafton	7.4
Hopkinton	7.5
Hudson	7.7
Marlborough	7.7
Milford	7.4
Northborough	7.6
Shrewsbury	7.5
Southborough	7.6
Upton	7.3
Westborough	7.6

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Environmental Health, 2014.
NOTE: Air Quality is a localized measure, therefore statewide estimates are not available.

In 2013-2017, 73.4% of children aged 9-47 months were screened for lead poisoning in Massachusetts. By town, percentages of screened children ranged from 56.6% in Upton to 96.6% in Northborough (Figure 55).

Figure 53. Percent of Children 9-47 Months Screened for Lead Poisoning, in Massachusetts and by Town, 2013-2017

Location	Percent
Massachusetts	73.4
Ashland	66.5
Berlin	68.1
Bolton	81.8
Framingham	64.6
Grafton	64.7
Hopkinton	72.7
Hudson	70.1
Marlborough	62.8
Milford	69.8
Northborough	96.6
Shrewsbury	73.3
Southborough	79.8
Upton	56.6
Westborough	87.2

DATA: Massachusetts Department of Public Health, Bureau of Environmental Health, Childhood Lead Poisoning Prevention Program, 2013-2017.

Among participants in the MetroWest Adolescent Surveys in 2014, 6.2% reported current cigarette use, 18.0% reported current vaping (e-cigarette use), and 31.0% reported ever vaping in their lives (Figure 48). In 2018, prevalence was 3.2%, 28.4%, and 41.1%, respectively.

Infectious and Communicable Disease

> *"COVID has been such a perfect storm of awful things. It has exposed the real weaknesses in our community." – Key Informant Interview*

> *"People say COVID has exposed a fracture. But the leg is not fractured, the leg doesn't even exist." – Key Informant interview*
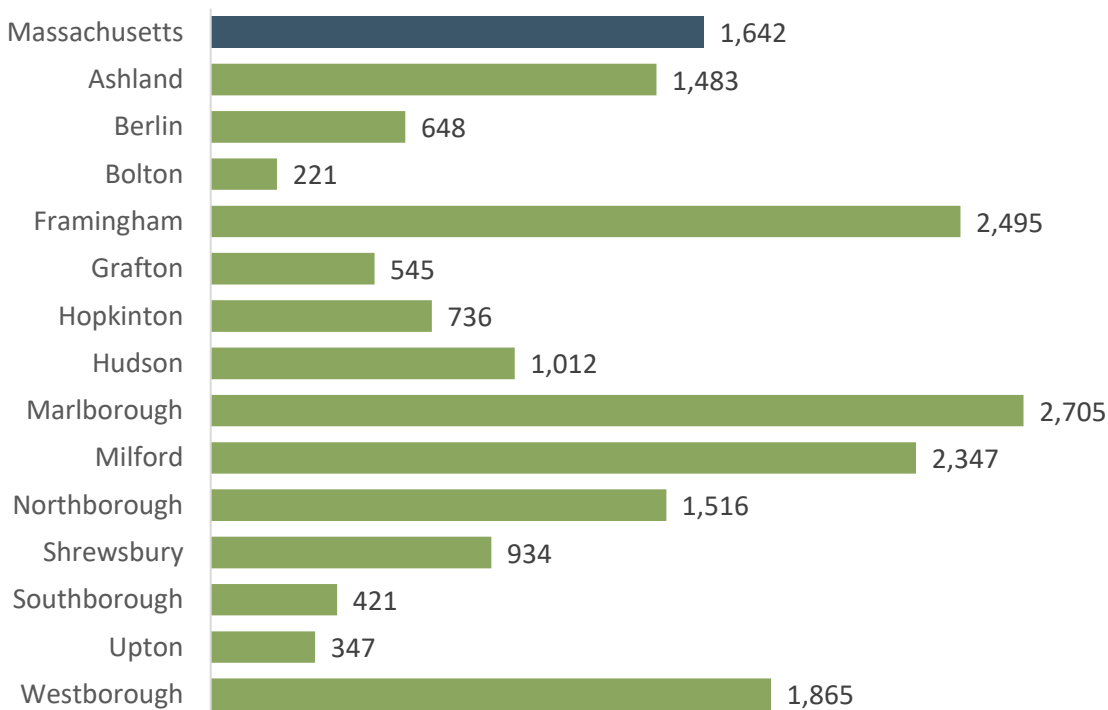
COVID-19
Interview and focus group participants shared concerns about the ongoing spread and impact of COVID-19. In general, participants reported community compliance with masks and social distancing. One young person shared in a focus group, *"As a community, people seem to be very conscientious about following health guidelines and doing what they can do to protect themselves and that makes me feel very safe."* Though, several focus group participants did express frustration at improper use of masks and large gatherings. One Hopkinton parent shared, *"I still see a good number of people not following social distancing. We have a state*

park in our town and the parking lot is packed full. Even on social media, I see parents posting that masks are a conspiracy. If they don't believe, it impacts everyone…basically sinking the whole ship."

Most often, participants shared the challenges of stay-at-home mandates and closures brought on by the pandemic, especially for those with school-age children. As previously mentioned, COVID-19 was often discussed in terms of economic instability and increased mental health concerns. Interestingly, assessment participants also reported positive aspects from the pandemic, most notably concern towards neighbors, more time with family, and the expansion of the use of technology, including telehealth. One focus group participant shared, *"The pandemic has made my life easier since things are online now. I can now go to events and that has opened up my access to things. My disabled friends have also highlighted that to me."*

As of August 12, 2020, there were 1,642 cases of COVID-19 per 100,000 population in Massachusetts. By town, the rates of coronavirus per 100,000 population ranged from 221 in Bolton to 2,705 in Marlborough (Figure 54).

Figure 54. Coronavirus (COVID-19) Case Rate per 100,000 Population, in Massachusetts and by Town, as of August 12, 2020

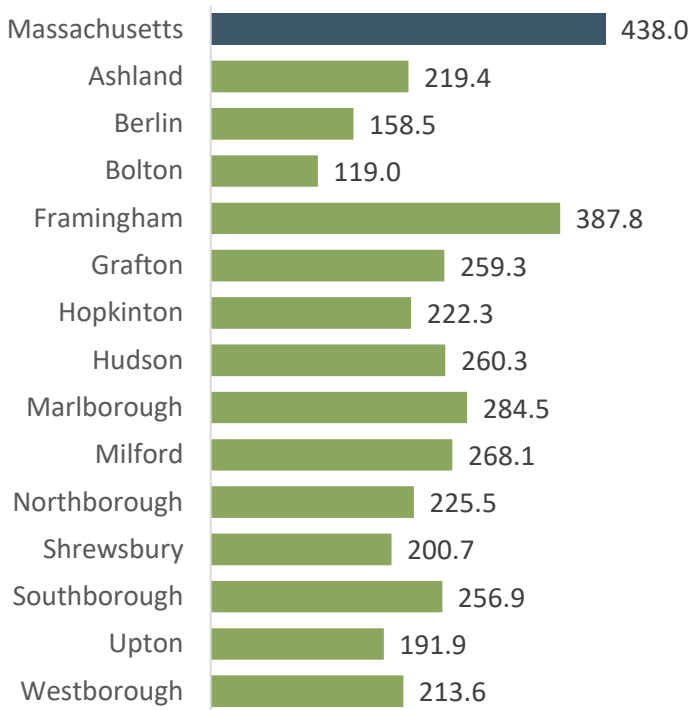| Town	Rate
Massachusetts	1,642
Ashland	1,483
Berlin	648
Bolton	221
Framingham	2,495
Grafton	545
Hopkinton	736
Hudson	1,012
Marlborough	2,705
Milford	2,347
Northborough	1,516
Shrewsbury	934
Southborough	421
Upton	347
Westborough	1,865

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2020.

Sexual Health and Sexually Transmitted Diseases

Sexual health and sexually transmitted diseases were not brought up as concerns by focus group and interview participants. Rates of many of these conditions were lower in the region than Massachusetts overall. In 2018, there were 438 cases of chlamydia per 100,000 population in Massachusetts. By town, the rates of chlamydia per 100,000 population ranged from 119.0 in Bolton to 387.8 in Framingham (Figure 55).
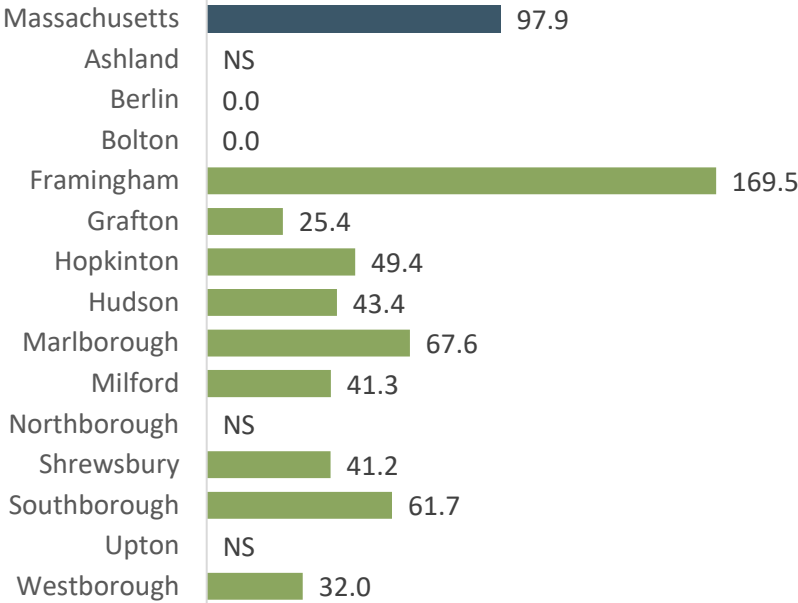
Figure 55. Chlamydia Cases, Crude Rate per 100,000 population, in Massachusetts and by Town, 2018

Town	Rate
Massachusetts	438.0
Ashland	219.4
Berlin	158.5
Bolton	119.0
Framingham	387.8
Grafton	259.3
Hopkinton	222.3
Hudson	260.3
Marlborough	284.5
Milford	268.1
Northborough	225.5
Shrewsbury	200.7
Southborough	256.9
Upton	191.9
Westborough	213.6

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2018.

In 2018, there were 97.9 cases of hepatitis C per 100,000 population in Massachusetts. By town, the rates of hepatitis C per 100,000 population ranged from 0.0 in Berlin and Bolton to 169.5 in Framingham. Data from several towns are not presented due to insufficient sample size (Figure 56).

Figure 56. Hepatitis C Cases, Crude Rate per 100,000 population, in Massachusetts and by Town, 2018

Town	Rate
Massachusetts	97.9
Ashland	NS
Berlin	0.0
Bolton	0.0
Framingham	169.5
Grafton	25.4
Hopkinton	49.4
Hudson	43.4
Marlborough	67.6
Milford	41.3
Northborough	NS
Shrewsbury	41.2
Southborough	61.7
Upton	NS
Westborough	32.0

DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2018.
NOTE: NS = Data not shown due to insufficient sample size.

Risky sexual behaviors are still reported by many teens. Among respondents to the MetroWest Adolescent Surveys, between 22-27% reported ever engaging in sexual intercourse in the years 2012 to 2018, with slightly lower prevalence of intercourse in the past three months (Figure 57). During this time period, only 62-66% reported using condoms at last intercourse.

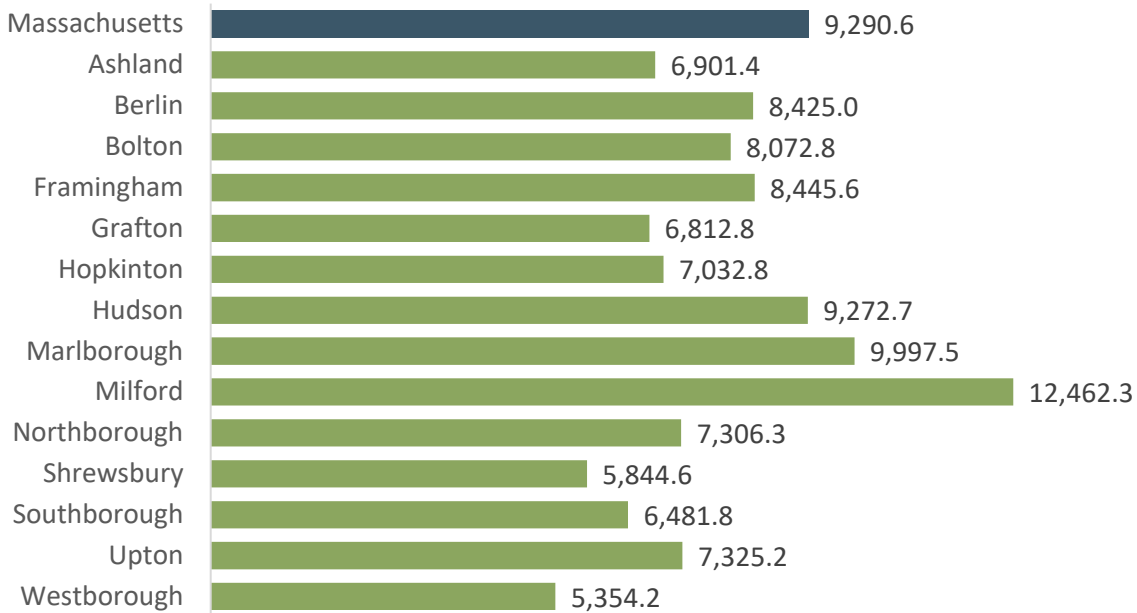**Figure 57. Percent of High School Students (Grades 9-12) Reporting Sexual Activity and Condom Use, MetroWest Region, 2012-2018**
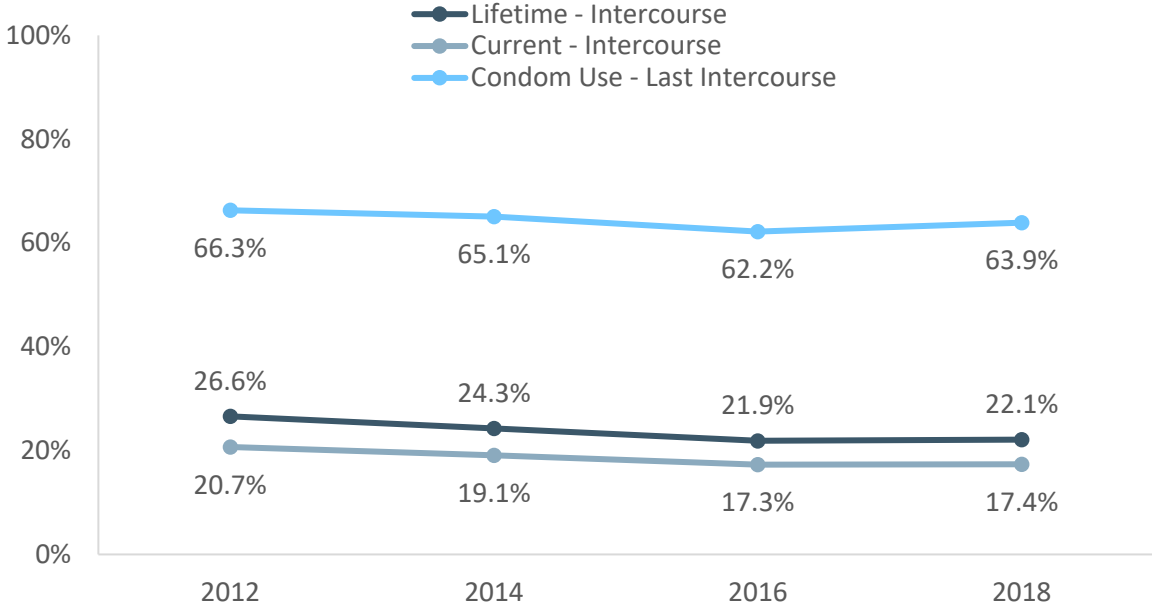
DATA SOURCE: MetroWest Adolescent Health Surveys, 2012, 2014, 2016 & 2018.

Injury

In 2014, there were 9,290.6 unintentional injury emergency department visits per 100,000 in Massachusetts. By town, unintentional injury emergency department visits ranged from 5,354.2 (Westborough) to 12,462.3 (Milford) per 100,000 population (Figure 58).
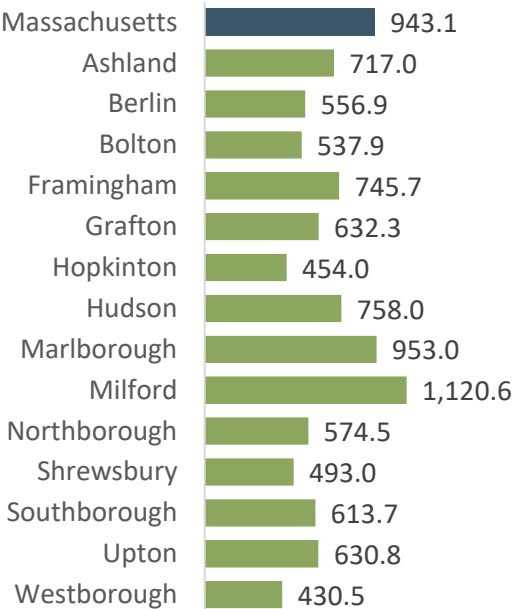
Figure 58. Unintentional Injury Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

Town	Rate
Massachusetts	9,290.6
Ashland	6,901.4
Berlin	8,425.0
Bolton	8,072.8
Framingham	8,445.6
Grafton	6,812.8
Hopkinton	7,032.8
Hudson	9,272.7
Marlborough	9,997.5
Milford	12,462.3
Northborough	7,306.3
Shrewsbury	5,844.6
Southborough	6,481.8
Upton	7,325.2
Westborough	5,354.2

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014

In 2014, there were 943.1 motor vehicle accidents where occupants were injured per 100,000 in Massachusetts. By town, accidents ranged from 430.5 per 100,000 population in Westborough to 1,120.6 per 100,000 population in Milford (Figure 59).
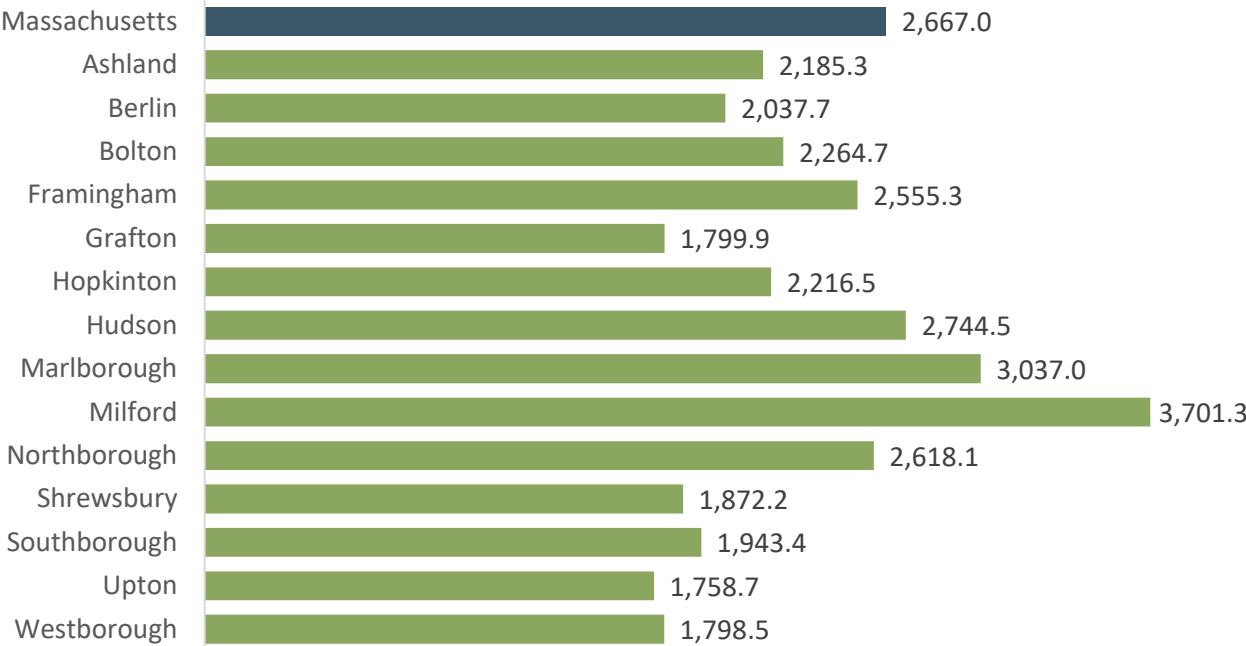
Figure 59. Motor Vehicle Accidents where Occupants are Injured, Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

Location	Rate
Massachusetts	943.1
Ashland	717.0
Berlin	556.9
Bolton	537.9
Framingham	745.7
Grafton	632.3
Hopkinton	454.0
Hudson	758.0
Marlborough	953.0
Milford	1,120.6
Northborough	574.5
Shrewsbury	493.0
Southborough	613.7
Upton	630.8
Westborough	430.5

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014

Falls are a particular concern of injury among the senior population. In 2014, the age-adjusted rate per 100,000 population of emergency department visits due to a fall was 2,667.0 in Massachusetts. By town, the age-adjusted rate per 100,000 population of fall emergency department visits ranged from 1,758.7 in Upton to 3,701.3 in Milford (Figure 60).

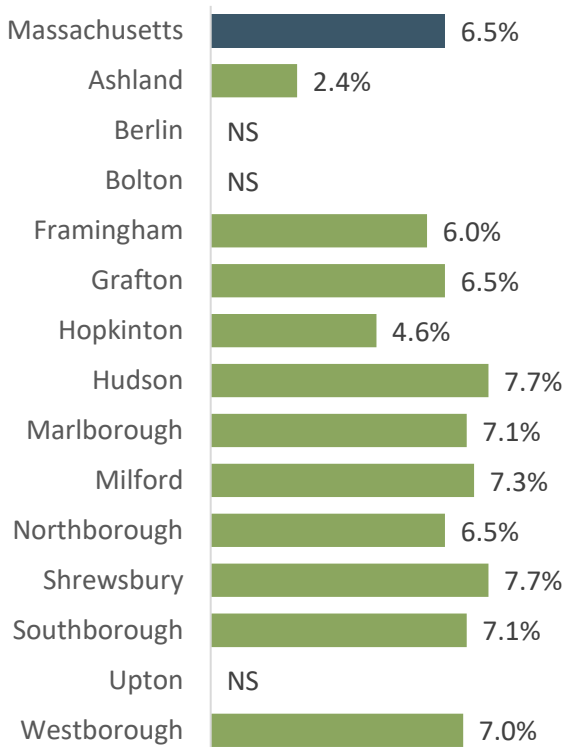**Figure 60. Falls Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014**

Town	Rate
Massachusetts	2,667.0
Ashland	2,185.3
Berlin	2,037.7
Bolton	2,264.7
Framingham	2,555.3
Grafton	1,799.9
Hopkinton	2,216.5
Hudson	2,744.5
Marlborough	3,037.0
Milford	3,701.3
Northborough	2,618.1
Shrewsbury	1,872.2
Southborough	1,943.4
Upton	1,758.7
Westborough	1,798.5

DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014

Maternal and Infant Health and Early Childhood

As discussed earlier in the report, parents in focus groups and interviews described their concerns about their struggles of caring for children during the pandemic. However, issues specifically related to pregnancy and newborns were not mentioned. In looking at a key indicator, several towns in the region have slightly higher preterm birth rates than in Massachusetts overall, a potential risk factor for newborns and children. In 2015, the percent of preterm births in Massachusetts was 6.5%. By town, preterm births ranged from 2.4% in Ashland to 7.7% in Hudson and Shrewsbury (Figure 61).

Figure 61. Percent Preterm Births, in Massachusetts and by Town, 2015

Town	Percent
Massachusetts	6.5%
Ashland	2.4%
Berlin	NS
Bolton	NS
Framingham	6.0%
Grafton	6.5%
Hopkinton	4.6%
Hudson	7.7%
Marlborough	7.1%
Milford	7.3%
Northborough	6.5%
Shrewsbury	7.7%
Southborough	7.1%
Upton	NS
Westborough	7.0%

DATA SOURCE: Massachusetts Department of Public Health, Registry of Vital Records and Statistics.
NOTE: Preterm birth is defined as being born before 37 weeks of gestation; NS = Data not shown due to insufficient sample size.

ACCESS TO SERVICES

Access to Healthcare Services

Access to healthcare services is important for promoting and maintaining health, preventing and managing disease, and reducing the chance of premature death. The Westborough service area is in close proximity to healthcare resources and a high proportion of residents have health insurance. This coincides with Westborough Community Priorities Survey findings that show access to medical services was reported as the second highest asset by respondents, second only to good schools. However, barriers to accessing healthcare still exist, with some interview and focus group participants—namely those from Hudson and Marlborough— who discussed limited options for healthcare within the Westborough service area and the need to travel outside of their community to access services. This was especially true for specialty and geriatric services. Agencies that depend on volunteers to accompany seniors to specialty appointments in larger cities, such as Boston, are facing large challenges. One interviewee summarized, "*Something that's a huge need in MetroWest is the lack of specialties. Specialty care is in Boston, so if a senior has to go to an appointment and requests a navigator it can be a full day for a volunteer.*"

Data show that the ratio of population per healthcare provider in in Middlesex County is lower than the state overall. In 2017-2019, Massachusetts overall had one primary care provider per 970 people, whereas Middlesex County had one primary care provider for every 800 people and one for every 1,010 people in Worcester County (Table 7). Figure 62 shows a visual representation of hospitals and community health centers across the service area.

Table 7. Ratio of Population per Health Care Provider, in Massachusetts and by County, 2017-2019

	Primary Care Physicians (2017)	Dentists (2018)	Mental Health Provider (2019)
Massachusetts	970	970	160
Middlesex County	800	1,020	170
Worcester County	1,010	1,350	200

DATA SOURCE: American Medical Association, Area Health Resource File, as reported by County Health Rankings, 2017-2018; Centers for Medicare & Medicaid Services, National Provider Information Registry, as reported by County Health Rankings, 2019.

Figure 62. Hospitals and Community Health Centers
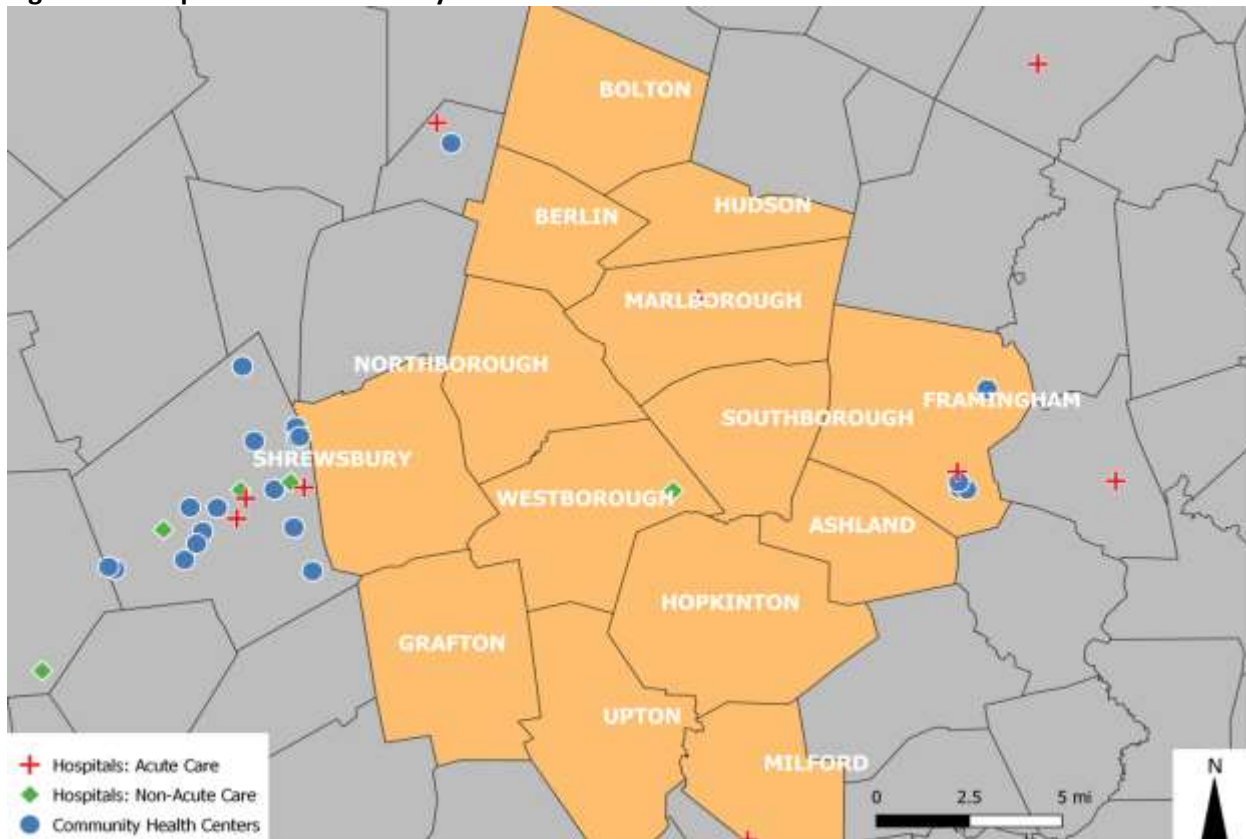
DATA SOURCE: Massachusetts Bureau of Geographic Information (MassGIS), Department of Mental Health (DMH) & Massachusetts Department of Public Health: Bureau of Environmental Health GIS Program League of Community Health Centers, Office of Medical Services, Center for Health Information and Analysis, 2019.

Overall**,** 45.4% of Westborough Community Priorities Survey respondents reported experiencing at least one barrier to accessing medical, mental health, or social services in the past six months. Among respondents reporting at least one barrier, the most common barriers were long waits for appointments (53.8%), lack of evening or weekend services (32.1%), lack of information about available services (29.5%), and cost of services (28.2%) (Figure 63). These findings align with the top barriers identified in the 2019 MetroWest CHA.
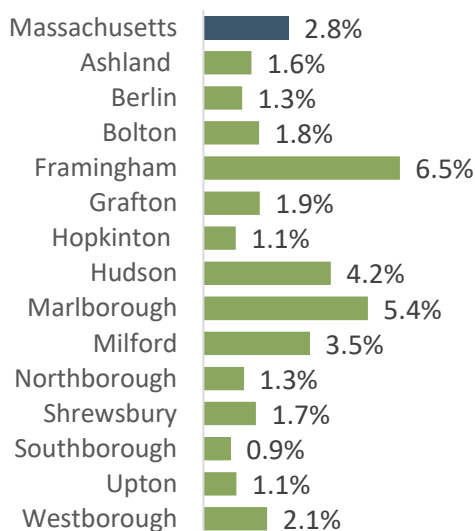
Figure 63. Percent of CHNA Community Priorities Survey Respondents Reporting Barriers to Accessing Medical, Mental Health or Social Services in the Past Six Months, among Respondents Reporting at Least One Barrier (N=78)
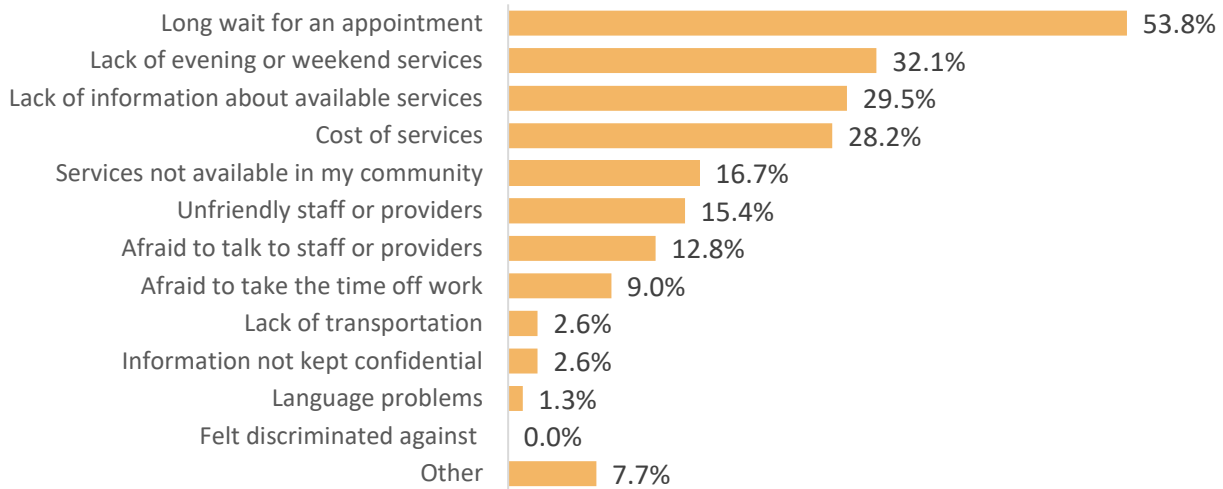
Barrier	Percent
Long wait for an appointment	53.8%
Lack of evening or weekend services	32.1%
Lack of information about available services	29.5%
Cost of services	28.2%
Services not available in my community	16.7%
Unfriendly staff or providers	15.4%
Afraid to talk to staff or providers	12.8%
Afraid to take the time off work	9.0%
Lack of transportation	2.6%
Information not kept confidential	2.6%
Language problems	1.3%
Felt discriminated against	0.0%
Other	7.7%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

While few Westborough Community Priorities Survey respondents had insurance issues, Census data indicate that health insurance coverage is still an issue for some residents, although this varies by town. The percent of the population with no health insurance ranges from 0.9% in Southborough to 6.5% in Framingham (Figure 64). Focus group participants who were seeking essential services most commonly discussed the challenges of being underinsured and being unable to pay co-pays and deductibles, or not being able to find a provider who accepts public insurance. This is especially true for residents on MassHealth. One interviewee explained, *"We have a local community health center at capacity, and we don't have another entity that is part of the MassHealth ACO. For people on MassHealth, there is no other option but to travel away from the area to seek care or don't have direct primary care access."*

Figure 64. Percent Population with No Health Insurance, in Massachusetts and by Town, 2014-2018

Location	Percent
Massachusetts	2.8%
Ashland	1.6%
Berlin	1.3%
Bolton	1.8%
Framingham	6.5%
Grafton	1.9%
Hopkinton	1.1%
Hudson	4.2%
Marlborough	5.4%
Milford	3.5%
Northborough	1.3%
Shrewsbury	1.7%
Southborough	0.9%
Upton	1.1%
Westborough	2.1%

DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

Access to Social Services or Other Essential Services

>*"We have to crack the issue of getting quality food to the people who need it."* – Key informant interviewee

When asked about challenges to accessing social or other essential services, participants spoke in terms of challenges during the COVID-19 pandemic, reporting many services being curtailed at the height of the pandemic. The most frequently described challenge related to seeking essential services was access to food and childcare. One interviewee summarized, *"After the pandemic, residents became worried about food. Our agency didn't do that before, but now we've had to create an emergency food bank. We've been working on food access since April and have made thousands of food bags for residents since then."*

Key informant interviewees explained how residents have now started prioritizing basic needs over other essentials needs, e.g. telephone and internet, which limits their ability to stay employed, and connected to healthcare, social services, and education. One interviewee shared *"What we've begun to see over the last two weeks is that there is no phone in the household. People have used their resources for food and shelter and these other things are secondary in terms of what they're dealing with. The phone becomes the obstacle with really being able to communicate with families."*

In addition, interviewees noted the need to offer more culturally sensitive services. For example, in regard to food access, one interviewee shared, *"We have a large immigrant population and there's a misalignment with the food that's delivered to them. Providing culturally appropriate food has been a challenge and we don't have it. We get caught between the mindset of 'any kind of food is good because it's food' versus giving out a product that actually makes sense."* Key informant interviews also discussed limited resources at community-based organizations and social service agencies for linguistic services. One summarized, *"There isn't anyone on staff for the Spanish and Portuguese speaking families to let them know about social distancing, about masks, and a lot of our materials are in English. There's just a lack of funding to translate."*

Childcare was another frequent theme that arose from qualitative discussions. Focus group participants in parent groups expressed a need for more affordable childcare options, especially in light of COVID-19 and for residents of lower socioeconomic status. One focus group participant summarized, *"If your kids are at home, you have to be too. How can I do my job at the same time with no childcare? It's really difficult to find affordable childcare that is readily accessible."*

COMMUNITY VISION FOR THE FUTURE

Community Perceptions for Action

>*"Mental health is the starting point to everything else. We [as a community] need to advocate for more mental health resources."* — Focus group participant

>*"We need a realistic approach to affordable housing. When you're on disability like I am—unless you have some sort of assistance—it's hard to afford. I may have to leave here."* — Focus group participant
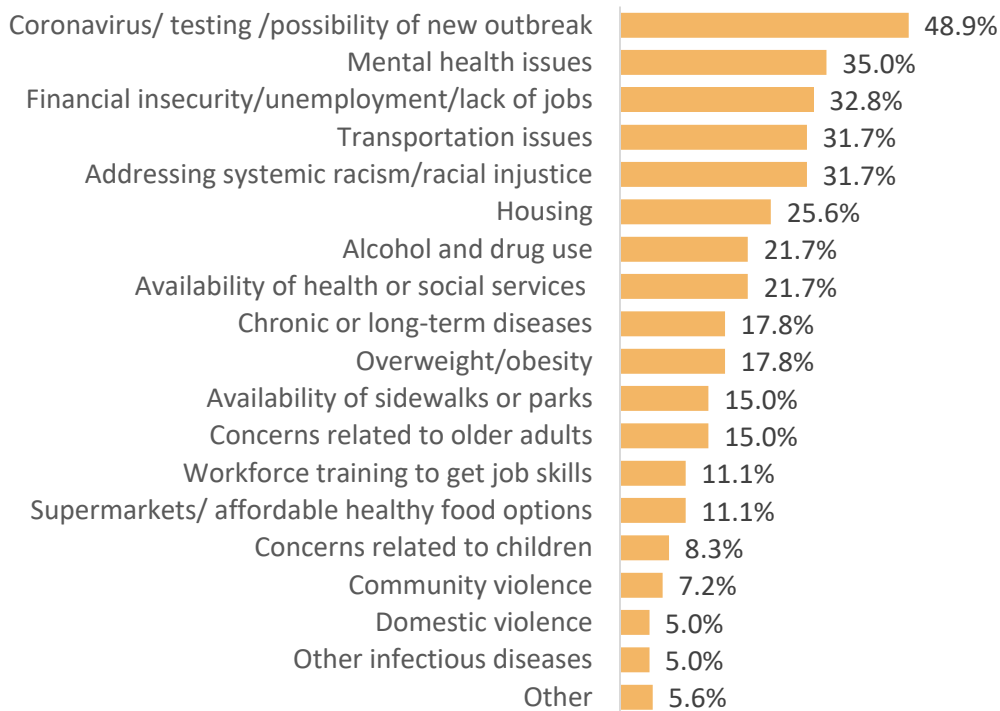
Focus group and interview participants were asked for their suggestions for addressing identified needs and their vision for the future. The following section summarizes and presents these recommendations for future consideration.

Westborough Community Priorities Survey respondents were asked to consider the most important issues in their communities to take action on in the next few years. Respondents were asked to consider the importance of these issues in regard to Concern, Equity, Effectiveness, and Feasibility (see Appendix E for more information) and to select the five most important issues for action. Taken together, the top five issues of concern were (1) coronavirus/COVID-19 testing and/or the possibility of a new outbreak, (2) mental health issues, (3) financial insecurity/unemployment/lack of job opportunities (4) transportation issues, and (5) addressing systemic racism/racial injustice (Figure 65). Notably, although COVID-19 was the most commonly noted issue to take action on, less than half of respondents rated the virus in their top five priority areas. In separate analyses, People of Color and respondents with less than a bachelor's degree included alcohol and drug use among their top five priorities; however, it should be noted that respondents comprised small samples.

These Westborough Community Priorities Survey results align closely with key themes that arose from qualitative discussions. When asked what residents identified as their top priorities, increasing access to mental health and expanding economic and employment opportunities were the most frequently discussed. Differing from survey priorities, access to basic needs, including healthy food was a key theme in qualitative discussions. Though similar to key findings in the 2019 MetroWest CHA, housing and transportation challenges emerged across methods as top issues for action. Among most of these discussions, addressing racial injustice and systemic oppression was a cross-cutting and overarching focus discussed in the majority of these domains.

Figure 65: Percent of CHNA Community Priorities Survey Respondents Reporting Most Important Issues for Action in the Next Few Years in Their Community, 2020 (N=180)

Issue	Percent
Coronavirus/ testing /possibility of new outbreak	48.9%
Mental health issues	35.0%
Financial insecurity/unemployment/lack of jobs	32.8%
Transportation issues	31.7%
Addressing systemic racism/racial injustice	31.7%
Housing	25.6%
Alcohol and drug use	21.7%
Availability of health or social services	21.7%
Chronic or long-term diseases	17.8%
Overweight/obesity	17.8%
Availability of sidewalks or parks	15.0%
Concerns related to older adults	15.0%
Workforce training to get job skills	11.1%
Supermarkets/ affordable healthy food options	11.1%
Concerns related to children	8.3%
Community violence	7.2%
Domestic violence	5.0%
Other infectious diseases	5.0%
Other	5.6%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Suggestions for Future Programs, Services, and Initiatives
Interviewees and focus group participants were asked about their vision for the next five years, including suggestions for future programs and services. Several suggestions emerged, though most frequently discussed were suggestions related to increasing access to mental health and expanding economic and employment opportunities. Following those two priorities, other suggestions emerged related to access to basic needs, transportation, housing, and racial justice.

Mental Health
Increasing access to mental health services was overwhelmingly identified by focus group participants and interviewees as a top issue to address in the Westborough service area. Assessment participants envisioned a community where mental health services were readily available, culturally sensitive, and affordable. Investments would be made in more mental health supports in elementary and middle school, as well as for seniors experiencing isolation. There would be increased support and advocacy efforts to increase reimbursement rates for mental health providers. These suggestions mirror similar findings from the 2019 MetroWest CHA.

Economic and Employment Opportunities
Following mental health services, expanding economic opportunities—especially for youth and for low income workers—was suggested as a priority area for investment by many assessment participants. In terms of youth, suggestions were made to expand enrichment programs that included paid opportunities to gain relevant professional experience. Specific suggestions were made to expand the limited number of employment opportunities through programs like MassHire. In addition, it was suggested that more financial resources be invested in education and job training for low income workers and essential employees.

Access to Basic Needs Including Healthy Food
Increased supports for navigating health and social service landscapes were suggested by several assessment participants, namely those who were seeking essential services and parents. As previously mentioned, accessing healthy food was a frequent concern raised by interviewees and focus group participants alike. Suggestions were made to expand food services and modernize systems that currently limit capacity, so community-based groups may address the magnitude of needs. For example, multiple key informants expressed the desire for an automated system that can be used at food pantries. One summarized, _"Our food pantries in the area need to have delivery systems. That would begin to level the playing field. Why can't someone who is poor or in need have food brought to their house the way I do from Wegman's or Instacart? Instead they have to wait hours in line or hours in a parking lot. How many things would that solve in the sense of a dignity standpoint, from an equity standpoint…an efficiency standpoint?"_

Transportation
Similar to findings from the 2019 MetroWest CHA, transportation was identified as a priority concern in the Westborough service area. Assessment participants suggested exploring creative solutions to long-standing transportation issues that have been adopted in cities across the state. For example, it was suggested that investments in the built environment—better sidewalks, more bike trails, and investments in community programs, such as bicycle shares and electronic scooters be added to the community in order to mitigate issues with reliable public transportation.

Housing
Access to affordable housing was among the most commonly discussed issues in qualitative discussions and Westborough Community Priorities Survey findings. Not only are housing options limited for low to moderate income individuals, but there are many community members who are in nontraditional homes without leases. Suggestions were made to increase legal protections for tenants who may be in these at-will tenancy agreements. Residents also expressed a desire for more affordable housing for seniors that could facilitate the

growing population's ability to age in place. One interviewee explained, "*There's an increased demand [for housing] as people remain in the community and age in place. It's expensive to live in MetroWest and there's not a lot of options. Seniors have to maintain their homes with less cash.*" In terms of COVID-19, residents expressed concern about the lingering economic impact of the pandemic on housing affordability, foreclosures, and homelessness.

Racial Justice

Several assessment participants also shared a vision related to diversity and equity, with focus group participants noting the importance of recognizing that systemic racism and structural inequities are what drive health and economic disparities in their communities. Interviewees discussed the commitment of community-based groups in the Westborough service area to center racial justice initiatives. One explained, "*Everything we do moving forward will be focused on an anti-racism agenda. For any entity that wants to expand to our community, we'll be asking "tell us what you're thinking about anti-racism, and what is your internal and external agenda for the community."* In terms of the social determinants of health, assessment participants suggested prioritizing racial justice in the follow areas: 1) access to healthy and culturally appropriate food; 2) economic and employment opportunities; and 3) healthy housing.

Improved Services for Youth and Seniors

Lastly, programming for youth and seniors were frequently raised during interview and focus group discussions. Many assessment participants expressed limited enrichment opportunities for young people, especially for teens aged 13-19. One participant summarized, "*It's what I call the lost ages—after the age of 11 or 12 these kids have nothing. By that age, they think teens should be working and there's no program for them. We need more youth-led programs where the intention is to speak with you and have them lead.*" In terms of seniors, residents suggested more programming related to social connections and access to technology.

KEY THEMES AND CONCLUSIONS

Through a review of the secondary social, economic, and epidemiological data; a community survey; and discussions with community residents and stakeholders, this assessment report examines the current health status of the Westborough service area during an unprecedented time given the COVID-19 pandemic and the national movement for racial justice. Several overarching themes emerged from this synthesis:

- **Overall, the Westborough service area was reported as a highly educated, high-income community; however, there are pockets of vulnerable populations across the region—particularly youth, immigrants, and older adults.** Findings from this assessment show that some residents in the Westborough service area are struggling with basic needs including access to food, shelter, and childcare. Interview participants discussed a collaborative network of community-based organizations working to alleviate some of these immediate needs, but many indicated a need for more support and coordination to address the magnitude of the situation. Across the service area, residents in Framingham (23.6%) had the largest number of residents in poverty, followed by Milford (19.4%) and Marlborough (18.9%).

- **Some residents are struggling with lack of employment and economic opportunities, especially in light of COVID-19.** In April 2019, Massachusetts as a whole, and each city or town in the area had unemployment rates under 3%. However, during the pandemic, unemployment rates increased to 17.5% statewide in June 2020, with similar patterns in the majority of towns in the service area, particularly Milford (16.1%), Marlborough (15.8%), Hudson (15.8%), and Framingham (15.2%). Young people, immigrant communities, and non-English speaking communities who are more likely to work as essential workers were identified as facing unique challenges related to social and economic factors. More resources for career transitions and job training, technology, and language classes were identified as critical to addressing these issues.

- **Housing affordability and transportation continue to be concerns in the Westborough service area.** Consistent with findings from the 2019 MetroWest CHA, housing affordability was identified as a pressing concern, particularly for seniors and "*middle class*" residents. Many renters across the area, especially in towns, such as Bolton (68.4%) and Hopkinton (52.1%), are spending more than 30% of their income on housing costs. Tenancy-at-will situations—or agreements between tenants and landlords where there is no formal contract specifying the length of time during which the tenancy will take place – negatively impact already-vulnerable residents, such as undocumented immigrants and seniors. In terms of public transportation, participants described limited options that are often unreliable and cumbersome. Suggestions to invest in alternate modes of transportation, such as bicycle share programs and incentives to reduce single-occupancy vehicles.

- **Similar to ongoing events on the national level, conversations about racial justice and policing have been taking place in the Westborough service area.** Perceptions related to discrimination and racism varied throughout qualitative discussions. Addressing systemic racism was a theme that emerged across interviews, focus groups, and the community survey. Community leaders interviewed for the assessment described their commitment to addressing racial injustice and systemic oppression. Westborough Community Priorities Survey respondents ranked "Addressing Systemic Racism/Racial Justice" as the 4th highest priority for action in the next few years.

- **Across all data collection methods, the majority of assessment participants identified mental health as a priority health concern.** Stress, anxiety, depression, and isolation were the most frequently cited challenges among the Westborough service area, with residents describing how COVID-19 has exacerbated mental health issues in the community. Young people and seniors were identified as the populations most impacted by mental health challenges in the Westborough service area. Quantitative data from the MetroWest Adolescent Health Surveys show that the amount of high school students that reported their lives have been "Very stressful" has steadily increased from 28.9% in 2012 to 36% in 2018.

- **Rates of obesity/overweight were higher in the majority of Westborough service area towns than the state overall.** In 2012-2014, the percent of adults reporting obesity or overweight in Massachusetts was 59.0%. By town, the percent of adults reporting obesity or overweight ranged from 49.7% in Bolton to 64.2% in Milford. Approximately one in every three Westborough Community Priorities Survey respondents reported overweight/obesity (34.3%) as an issue that has impacted them in the last 6 months, however, it did not rise up as a key theme from qualitative discussions.

- **Proximity of health care services was noted as a key strength of the Westborough service area by community survey respondents, but access to those services is a challenge for some residents.** Westborough Community Priorities Survey respondents ranked 'accessible medical services' as the second strongest asset of the region (68.9%). However, themes that emerged from qualitative discussions highlight barriers that still persist for some participants, including being underinsured; limited linguistic access; navigating services; and lack of culturally sensitive approaches to care. In addition, the Westborough service area could benefit from additional services for the growing senior population to help facilitate aging in place.

COMMUNITY PRIORITIES FOR ACTION

Prioritization allows organizations to target and align resources, leverage efforts, and focus on achievable strategies and goals for addressing priority needs. Through a systematic, engaged approach that is informed by data, priorities are identified through an iterative process to focus planning efforts. This section describes the process and outcomes of the Westborough-area CHNA prioritization process.

Criteria for Prioritization
When embarking on a prioritization process, using set criteria assists in providing parameters for selection. The following four criteria were used to guide prioritization discussions and voting processes with community members from the Westborough service area, as well as the Community Advisory Board who provided oversight of the CHNA.

Prioritization Criteria

> **Westborough Service Area – Prioritization Process**
>
> **Assessment Study – Primary and Secondary Data Collection**
> - Synthesized data on social, economic, and health issues
> - CHNA participants identified areas of concern and priority via key informant interviews, focus groups, and the Community Priorities Survey
>
> **Virtual Community Prioritization Meeting**
> - Presented study findings and voted on priorities using selected criteria
>
> **Community Advisory Board Meeting**
> - Regional community leaders discussed study findings and community prioritization meeting results, refined and approved priorities

- **Concern:** How much does this issue affect our community? How urgent is this issue? How much does this issue impact people's lives?
- **Equity:** Will addressing this issue substantially benefit those most in need? Does this issue address the root causes of inequities?
- **Effectiveness:** Can we make a difference if we work on this issue? Can working on this issue achieve both short-term and long-term change?
- **Feasibility:** Can we do it? Is it possible to address this issue in our community given the infrastructure, capacity, and community commitment?

Process Prioritization
The prioritization process was multifaceted and aimed to be inclusive, participatory, and data-driven.

Step 1: Input from Community Members and Stakeholders via Primary Data Collection
During each step of the primary data collection phase of the CHNA, study participants were asked for input on the top priorities for action in their communities based on the prioritization criteria. Key informant interviewees and focus group participants were asked about the most pressing concerns in their communities, as well as the three highest priority issues for future action and investment (Appendices C and D). Community Priorities Survey respondents also were asked to select up to five of the most important issues for future action on in their communities (Appendix E).

Based on data gathered from key informant interviews, focus group participants, and community survey respondents, eight major priorities were identified for the Westborough service area:

- Coronavirus/COVID-19 *(specifically related to testing, transmission, disease mitigation, etc.)*
- Mental Health
- Financial Insecurity/Unemployment
- Transportation
- Systemic Racism and Racial Injustice
- Housing
- Alcohol/Substance Use
- Access to Services (e.g. healthcare, food, childcare)

Step 2: Data-Informed Voting via a Community Prioritization Meeting
The next step of the prioritization process included presenting quantitative and qualitative data from the data collection phases to community members and stakeholders in a larger forum. On, September 3, 2020, a one-hour virtual community meeting was held for the Westborough service area, so residents and stakeholders could discuss and vote on community priorities. In order to obtain as much feedback as possible on the priorities, outreach was conducted with key informant interviewees, focus group participants, staff from organizations involved in focus group recruitment and survey administration and local Boards of Health. Various forms of outreach were employed to reach residents and stakeholders, including email and telephonic outreach, as well as social media posts.

During the remote prioritization meeting, attendees heard a brief data presentation on the key findings for the Westborough service area. Next, meeting participants were divided into small groups to discuss the data and offer their own perspectives and expertise on the various priorities. Meeting participants then shared information from their discussions with the full group.

At the end of the meeting, using the Zoom polling feature, meeting participants voted for up to three of the eight priorities identified from the data and based on the specific prioritization criteria (Concern, Equity, Effectiveness, and Feasibility). Participants were asked to identify any additional priorities that they thought were missing from the data-derived list using the Chat feature of Zoom. A total of seven community members voted during the Community Prioritization Meeting.

As seen in Figure 66, voting identified Mental Health (71%) as the most commonly endorsed community priority, followed by Systemic Racism and Racial Injustice (57%), Financial Insecurity/Unemployment (43%), and Housing (43%).

Figure 66: Westborough Prioritization Meeting, Zoom Poll Results, September 3, 2020

Priority	Result
Coronavirus / COVID-19 (specifically related to testing, transmission, disease mitigation, etc.)	(0/7) 0%
Mental Health	(5/7) 71%
Financial Insecurity / Unemployment	(3/7) 43%
Transportation	(0/7) 0%
Systemic Racism and Racial Injustice	(4/7) 57%
Housing	(3/7) 43%
Alcohol / Substance Use	(1/7) 14%
Access to Services (e.g., healthcare, food, childcare)	(4/7) 57%
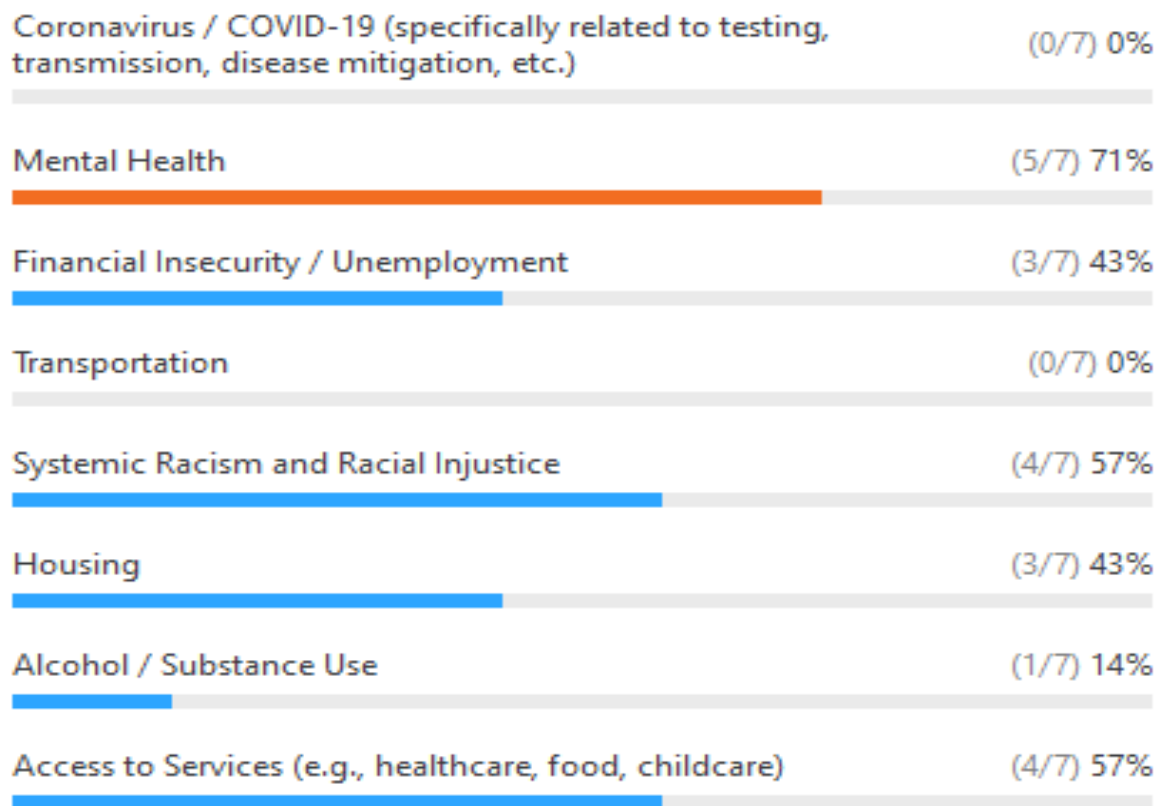
NOTE: Poll allowed for up to three responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Prioritization Meeting, 2020.

Step 3: Prioritization Refinement via Community Advisory Board Meeting
On September 9, 2020, the Partners Ambulatory Care – Community Advisory Board, who is charged with providing oversight of the CHNA process, met virtually to discuss the CHNA findings and community prioritization meeting output for the Westborough service area. The goal of this meeting was for CAB members to review the CHNA findings for the Westborough service area and amalgamate that information with the input provided from the community prioritization meeting, to refine and narrow the list of priorities in alignment with the social determinants of health.

In the meeting, CAB members were presented with information on community priorities that emerged from the CHNA, the community priorities survey, and the community prioritization meeting, together these prioritization steps revealed the following five priorities for the Westborough service area:
- Mental health
- Access to services
- Systemic racism & racial injustice
- Housing
- Financial insecurity

To determine priorities for the CHNA, CAB members were asked to consider the same prioritization criteria (Concern, Equity, Effectiveness, and Feasibility) that were used by the community members during the remote prioritization meeting and come to a consensus about priorities for future action. Much of the CAB's discussion focused on the inter-connectedness of the priorities and the difficulty in identifying a narrow area of focus given the need to address root causes of inequity in the social determinants of health. CAB members noted the importance of focusing on systemic racism and racial injustice given the demographics of the Westborough service area (the majority of residents identify as White). CAB members also discussed that a focus on housing could assist in addressing some of the other concerns related to financial insecurity, mental health, and systemic racism. Ultimately, the CAB retained four priorities to consider for future action:

- Mental health
- Access to services
- Systemic racism & racial injustice
- Housing

Financial Insecurity and Unemployment were eliminated from the list of priorities for action as these social determinants of health were determined to be embedded within other priority areas. Given the highly mutable state of current affairs, and the ability to further refine these priorities for future action, consensus among the CAB was to keep the list of priorities broader and then refine these issues at a later stage.

APPENDICES
Appendix A: Community Advisory Board Members

Name	Organization	Position
Amy Schectman	2Life Communities	President and CEO
Ann Houston	Opportunity Communities	CEO
Charles Desmond	Inversant	CEO
Charles Murphy	Montachusett Veterans Outreach Center	Executive Director
Cheryl Sbarra	Massachusetts Association of Health Boards	Senior Staff Attorney and Director of Policy and Law
Danna Mauch	Massachusetts Association for Mental Health	President and CEO
Dianne Kuzia Hills	My Brother's Table	Executive Director
Joseph D. Feaster, Jr.	Urban League of Eastern Massachusetts	Board Chairman
Laura Van Zandt	REACH (domestic violence prevention and services)	Executive Director
Mary Skelton Roberts	Barr Foundation	Co-Director of Climate
Milagros Abreu	The Latino Health Insurance Program, Inc.	Founder and Executive Director
Monica Tibbits-Nutt	128 Business Council / Fiscal Management and Control Board overseeing the MBTA	Executive Director / Vice Chair
Peter Koutoujian	Middlesex Sherriff's Office	Middlesex Sheriff

| Rebecca Gallo | MetroWest Health Foundation | Senior Program Officer |
| Stephen J. Kerrigan | Edward M. Kennedy Community Health Center | President and CEO |

Appendix B: Key Informant Interviewees

Name	Organization	Position
Alma DeManche	Executive Director	Westborough Senior Center
Andrea Salzman	Vice President for Community Services	Wayside Youth and Family
Anna Cross	Director	MetroWest Nonprofit Network
Christie Vaillancourt	Director	Hudson Board of Health
Diane Gould	CEO	Advocates
Jim Cuddy	CEO	South Middlesex Opportunity Council
Liliane Costa	Executive Director	Brazilian American Center
Lino Covarrubias	CEO	Jewish Family Services of MetroWest
Liz Garrigan-Bylery	Director	MetroWest Worker Center
Margie Rosario	Community Organizer	Community Voices Project
Sam Wong	Director	Framingham Board of Health

Appendix C: Key Informant Interview Guide

Goals of the Key Informant Interview
- To determine perceptions of the strengths and needs of these communities, and identify sub-populations most affected
- To explore how these issues can be addressed in the future
- To identify the gaps, challenges, and opportunities for addressing community needs more effectively

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 [NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A <u>GUIDE</u>, BUT NOT A SCRIPT.]

I.   BACKGROUND (5 MINUTES)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today. I hope you and your family are fine during these uncertain times.

- A few months ago, Partners HealthCare began undertaking a comprehensive community health assessment effort to gain a greater understanding of the health of community residents, how health needs are currently being addressed, and whether there might be opportunities to address these issues more effectively. The data from this assessment will inform the priorities for future investments into the community in the next several years on the upstream factors that affect health.

- We recognize this is a unique time we are in. Given the coronavirus crisis, an assessment of the community's needs and strengths is even more important. The pandemic has brought to light both the capabilities and the gaps in our healthcare system, public health infrastructure, and social services networks.

- As part of the community health assessment process, we are conducting interviews with leaders in the community and focus groups with residents to understand different people's perspectives on these issues. We greatly appreciate your feedback, insight, and honesty. The findings from these conversations will inform decisions around future investments to improve the community's health.

- Our interview will last about 30-40 minutes. After all of the data gathering is completed, we will be writing a summary report of the general themes that have emerged during the discussions. We will not include any names or identifying information. All names and responses will remain confidential. Nothing sensitive that you say here will be connected directly to you in our report.

- Do you have any questions before we begin?

II.   INTRODUCTION (5 MINUTES)

Could tell me a bit about your organization/agency? [TAILOR PROBES DEPENDING ON AGENCY OR IF COMMUNITY LEADER NOT AFFILIATED WITH ORGANIZATION]

a. [PROBE ON ORGANIZATION: What is your organization's mission/services? What communities do you work in? Who are the main clients/audiences?]

   i. Prior to the pandemic, what were some of the biggest challenges your organization faced in conducting your work in the community?
   ii. During the pandemic, what are some of the biggest challenges your organization has faced in conducting your work in the community? What new challenges do you anticipate going forward?

b. Do you currently partner with any other organizations or institutions in your work? Have there been any changes in these partnerships in light of the pandemic and its economic consequences?

III.   COMMUNITY PERCEPTIONS AND SOCIAL/ECONOMIC FACTORS (15-20 MINUTES)

How would you describe the community served by your organization/ that you serve? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)

c. How have you seen the community change over the last several years?

d. What do you consider to be the community's strongest assets/strengths?

For the following questions, please consider issues and concerns your community had BEFORE the pandemic, issues RELATED TO the pandemic, and issues and concerns you anticipate will arise as a result of the pandemic and its economic consequences.

e. What are some of its biggest concerns/issues in general? What challenges do residents face in their day-to-day lives? [PROBE ON, IF NOT YET MENTIONED: transportation; affordable housing; discrimination; financial stress; food security; violence; employment; cultural understanding; language access; impacts of environmental problems and climate change, etc.) REPEAT QUESTIONS FOR DIFFERENT ISSUES]

   i. What population groups (geography, age, race/ethnicity, immigration status, gender, income/education, etc.) do you see as being most affected by these issues?

   ii. How has [ISSUE] affected their daily lives?

2. What do you think are the most pressing health concerns in the community/among the residents you work with? Why? [PROBE ON SPECIFICS. PROBE FOR HEALTH ISSUES NOT DIRECTLY RELATED TO COVID-19, OR ISSUES THAT HAVE CHANGED BECAUSE OF COVID-19]

a. How has [HEALTH ISSUE] affected the residents you work with? [PROBE FOR DETAILS: IN WHAT WAY? CAN YOU PROVIDE SOME EXAMPLES?]

   i. From your experience, what are peoples' biggest challenges to addressing [THIS ISSUE]?

   ii. To what extent, do you see [BARRIER] to addressing this issue among the residents you work with/your organization serves?

    [PROBE ON BARRIERS BROUGHT UP/MOST APPROPRIATE FOR POPULATION GROUP: Cost or economic hardship, transportation, stigma, attitudes towards seeking services, built environment, availability/access to resources or services, knowledge of existing resources/services, social support, discrimination, insurance coverage, etc.]

3. What are current or emerging trends that could have an impact on the public health system or the community? Has anything become apparent due to the Coronavirus pandemic?

IV. *TAILORED SECTION* **- SPECIFIC QUESTIONS ON PARTICULAR ISSUES, DEPENDING ON WHO THE INTERVIEWEE IS. SELECT QUESTIONS TAILORED TO INDIVIDUAL EXPERTISE AND ASK A FEW QUESTIONS IF NOT YET BROUGHT UP. (5-10 MINUTES)**

For Interviewees Working in Housing and Transportation
For the following questions, please consider issues your community had BEFORE the pandemic, issues RELATED TO the pandemic, and issues and concerns you anticipate will arise as a result of the pandemic and its economic consequences.
- What barriers do you see residents experiencing around accessing affordable and healthy housing? How about with transportation?
- What has been working well in the city to improve access to healthy, affordable housing? How about related to transportation? What has been challenging or not working well? Where are their opportunities for improvement or innovation?
- Are there any approaches to improving housing or transportation access that you think will have to change in light of the pandemic, social distancing, and economic impacts?

For Interviewees Working in Financial Instability, Employment, and Workforce Development
- In the wake of the pandemic and expected ongoing social distancing measures, what challenges are residents facing regarding hiring, employment, or job security?
- Thinking back to the time before the pandemic, what were the needs in this community around workforce development? What was previously needed to improve residents' employability? What training or resources were needed?
- Now that the pandemic and social distancing measures have changed so much about the economy and employment options, what are the NEW needs in this community around workforce development? What is NOW needed to improve residents' employability? What training or resources are needed to adapt to this new reality?

For Interviewees Working with Communities where Immigration and/or Discrimination is a Concern
For the following questions, please consider issues your community had BEFORE the pandemic, issues RELATED TO the pandemic, and issues and concerns you anticipate will arise as a result of the pandemic and its economic consequences.
- What are some of the specific challenges around immigration issues or discrimination that your communities face? How has this changed since the pandemic?
- What should health care and social service providers consider when treating health and other issues in diverse populations? How can institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)

For Interviewees Working with Seniors/Older Adults

I expect that the past weeks and months have been very difficult, considering the work you do. Thank you again for providing your unique perspective to this important work.

- Could you describe the emerging issues the population you work with faces as a result of the pandemic? What do you anticipate will be the longer-term needs?
- Are there particular structural, institutional, or policy-related barriers that have affected seniors in this region before the pandemic – and now?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

For Interviewees Working in the Areas of Violence, Trauma, and Safety

[For interviewees working on domestic violence:] I expect that the past weeks and months have been very difficult, considering the work you do. Thank you again for providing your unique perspective to this important work.

- Could you describe the emerging issues that the population you work with faces as a result of the pandemic, social distancing, and economic crisis? What do you anticipate will be the longer term needs?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- In the wake of the pandemic, and expected ongoing social distancing measures, what challenges are community members facing regarding domestic or interpersonal violence?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

For Interviewees Working in the Areas of Substance Use or Mental Health

I expect that the past weeks and months have been very difficult, considering the work you do. Thank you again for providing your unique perspective to this important work.

- Could you describe the emerging issues the population you work with faces as a result of the pandemic, social distancing, and economic crisis? What do you anticipate will be the longer term needs?
- Are there particular structural, institutional, or policy-related barriers that have affected the communities you work with in this region before the pandemic – and now?
- In the wake of the pandemic, and expected ongoing social distancing measures, what challenges are community members facing regarding substance use or mental health?
- What are your major concerns for the future? What has been going "right" that could be built on going forward?

V.   VISION FOR THE FUTURE (10-15 MINUTES)

4. I'd like you to think ahead about the future of your community. When you think about the community 3 years from now, what would you like to see? What's your vision?

    a. What do you see as the next steps in helping this vision become reality?

    b. We talked about a number of strengths or assets in the community. [MENTION POTENTIAL STRENGTHS- Community resilience, diversity, number of organization/services available, community engagement, etc.] How can we build on or tap into these strengths to move us towards a healthier community?

5. As you think about your vision, what do you think needs to be in place to support sustainable change?

    a.   How do we move forward with lasting change across <u>organizations and systems</u>?

    b.   Where do you see yourself or your organization in this?

6. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive this funding?

VI.   CLOSING (5 MINUTES)

Thank you so much for your time and sharing your opinions. This is a very difficult time for everyone, and your perspective about the communities you work with will be a great help in determining how to improve the systems that affect the health of this population. Before we end the discussion, is there anything that you wanted to add that you didn't get a chance to bring up earlier?

Thank you again. Your feedback is valuable, and we greatly appreciate your time and for sharing your opinion.

Appendix D: Focus Group Guide

Health Resources in Action
Partners Ambulatory Care (PAC) Mass General Brigham CHNAs
Westborough, Westwood, and Woburn Service Areas
General Focus Group Guide

> Goals of the focus group:
> - To determine perceptions of the strengths and needs of the community
> - To explore how these issues can be addressed in the future
> - To identify the gaps, challenges, and opportunities for addressing community needs more effectively

I. BACKGROUND (10 minutes)

- Hello, my name is _____, and I work for Health Resources in Action, a non-profit public health organization in Boston. Thank you for taking the time to talk with me today. I hope you and your families are fine during these uncertain times.

- This discussion will last about 60 minutes. [DEPENDING ON FORMAT OF FOCUS GROUP] Please turn on your video, if possible, so that we can all see each other speaking. As a reminder, please keep yourself on MUTE until you want to speak.

NORMALLY, WE WOULD BE DOING THIS IN-PERSON AS A GROUP.
- We're going to be having a focus group today. Has anyone here been part of a focus group before? You are here because we want to hear your opinions. I want everyone to know there are no right or wrong answers during our discussion. We want to know your opinions, and those opinions might differ. This is fine. Please feel free to share your opinions, both positive and negative.

- A few months ago, Partners HealthCare began undertaking a comprehensive community health assessment effort to gain a greater understanding of the health of residents and how the community's needs are currently being addressed. As part of this process, we are having discussions like these around the region with a wide range of people - community members, government officials, leaders in the faith community, health care and social service providers, and staff from a range of community organizations. We are interested in hearing people's feedback on the strengths and needs of the community and suggestions for the future.

- We recognize this is a unique time we are in. Given the coronavirus crisis, an assessment of the community's needs and strengths is even more important. The pandemic has brought to light both the capabilities and the gaps in our healthcare system, public health infrastructure, and social services networks.

- We will be conducting several of these discussion groups around the area. After all of the groups are done, we will be writing a summary report of the general opinions that have come up. In that report, we might provide some general information on what we discussed tonight, but I will not include any names or identifying information. Your responses will be strictly confidential. In the report, nothing you say here will be connected to your name.

- We plan to audio record these conversations just to ensure we have captured the main points of the discussion in case there are any interruptions in the note-taking. No one but the analysts at Health

Resources in Action, who are writing the report, will be listening to the audio recordings. Does anyone have any concerns with me turning the recorder on now?

- Any questions before we begin our introductions and discussion?

II. INTRODUCTIONS (10 minutes)

Now, first let's spend a little time getting to know one another. When I call your name, please unmute yourself and tell us: 1) Your first name; 2) what city or town you live in; and 3) something about yourself you'd like to share– such as how many children you have or what activities you like to do for fun. [AFTER ALL PARTICIPANTS INTRODUCE THEMSELVES, MODERATOR TO ANSWER INTRO QUESTIONS]

III. COMMUNITY ASSETS AND CONCERNS

1. Today, we're going to be talking a lot about the community that you live in. How would you describe your community?

For the following questions, we will be discussing the strengths and concerns in your community, both prior to the coronavirus pandemic, and now. To begin with, please think back to a time before the pandemic – for example, in December during the holiday season.

2. Thinking about a few months before the coronavirus pandemic -- If someone was thinking about moving into your community, what would you have said are some of its <u>biggest strengths about your community - or the most positive things</u> about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

    a. What would you have said were the <u>biggest problems or concerns</u> in your community back then – a few months before the pandemic? [PROBE ON ISSUES IF NEEDED – HEALTH, ECONOMIC, SOCIAL, SAFETY, ETC.]

3. What do you think were the most pressing <u>*health*</u> concerns in your community back in December?

    a. How did these health issues affect your community? In what way?

    b. What <u>specific population groups</u> were most at-risk for these issues?

Next, please think about the same issues, now, in the midst of the pandemic, and moving forward. RIGHT NOW….

4. What do you think are the <u>biggest strengths about your community? What are the most positive things</u> about it? Are they different than before? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]

5. What do you think are the <u>biggest concerns</u> in your community now? Are they different than before?

6. What do you think are the most pressing <u>*health*</u> concerns in your community now? How are they different?

7. Social isolation, anxiety, concerned about going out

a. How do these health issues affect your community? In what way?

  i. What are the biggest barriers or challenges that people have to seeking services for these issues?

b. What <u>specific population groups</u> are most at-risk for these issues?

IV. PERCEPTIONS OF HEALTH ISSUES, HEALTH CARE AND BARRIERS

What are the top three issues that were mentioned? It would be good to discuss issues that have arisen during the current health crisis, as well as issues that were big concerns before, that are ongoing or may return. (If needed, identify together or vote on top 3 issues.) Let's talk about some of the issues.

8. Do you agree with this list? Is there anything missing?

9. Traffic, affordable housing, accessing heath, technology – internet issues, transportation, navigating MassHealth, childcare, don't feel comfortable going out

10. What do you see as some of the biggest barriers or challenges to addressing these issues?

11. What do you think the community should do to address these issues? [PROBE SPECIFICALLY ON WHAT THAT WOULD LOOK LIKE AND WHO WOULD BE INVOLVED TO MAKE THAT HAPPEN]

V. SPECIFIC PROBES FOR DISTINCT POPULATION GROUPS (10 minutes)

For Groups Where Housing and Transportation are a Concern
For the following questions, please consider issues your community had BEFORE the pandemic, issues RELATED TO the pandemic, and issues and concerns you anticipate will arise as a result of the pandemic and its economic consequences.
- How much of an issue is affordable housing in your community? How has it impacted your day-to-day life?
- What barriers do residents (or you) experience around accessing affordable and healthy housing? How hard is it to find housing that is appropriate for you/your family?
- How much of an issue is accessing transportation? How has it impacted your day-to-day life?
- Are there any approaches to improving housing or transportation access that you think will have to change in light of the pandemic, social distancing, and economic impacts?

For Groups Where Financial Instability, Employment & Workforce are a Concern
- Thinking back to the time before the pandemic (for example, during the holiday season), what challenges were residents (or you) facing back then regarding hiring, employment, or job security?
  - [PROBE FOR THOSE WHERE ENGLISH ISN'T PRIMARY LANGUAGE]- How much do your language skills limit the type of job you can get?
- Now that the pandemic and social distancing measures have changed so much about the economy and employment options, what are the NEW needs in this community around employment? What is NOW needed to improve residents' employability?
- When people or families that you know are dealing with financial hardship, what are some of the issues that are most weighing on them? How do they deal with that?
- What resources or support do residents (or you) need to address financial hardship?

For Groups Where Immigration and Discrimination are Concerns

For the following questions, please consider issues your community had BEFORE the pandemic, issues RELATED TO the pandemic, and issues and concerns you anticipate will arise as a result of the pandemic and its economic consequences.

- Have you ever felt discriminated against because of your race, ethnicity, language, or where you were born? What specifically?
    - Have you encountered this when trying to seek specific services (e.g., housing, healthcare, employment, education)?
- What are some of the specific challenges that your community faces related to immigration issues or discrimination? How has this changed since the pandemic?
- What should health care providers consider when treating health issues in diverse populations? How can health care institutions best respond to the needs of diverse groups? (e.g. religious, racial/ethnic, etc.)

VI. VISION OF COMMUNITY HEALTH IMPROVEMENT AND INVOLVEMENT

12. I'd like you to think ahead about the future of your community. When you think about the community 3-5 years from now, what would you like to see?   What is your vision for the future?

    a.   What do you think needs to happen in the community to make this vision a reality?

    b.   Who should be involved in this effort?

13. We talked about a lot of issues today, if you had to narrow down the list to 3 or so issues – thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change: What do you think are the 3 highest priority issues for future action? If there were greater investments made in your community, what 3 issues should receive funding?

VII. CLOSING

Thank you so much for your time. This is a very difficult time for everyone, and your perspective about the communities you live in will be a great help in determining how to improve the systems that affect the health of this population.

That's it for my questions. Is there anything else that you would like to mention that we didn't discuss today? Thank you again. Have a good afternoon. [TALK ABOUT NEXT STEPS OF THE PROCESS, SPECIFICALLY HOW PARTICIPANTS CAN GET INVOLVED FURTHER OR RECEIVE THE FINAL REPORT OR SUMMARY OF THE REPORT.]

Appendix E: Survey Instrument
Updated – June 15, 2020

Partners Ambulatory Care (PAC) Mass General Brigham CHNAs
- Community Priorities Survey

Unformatted version of the online survey

To complete the survey in Spanish, please use the drop-down menu above to select your language.
To complete the survey in Portuguese, please use the drop-down menu above to select your language.
To complete the survey in Mandarin, please use the drop-down menu above to select your language.

Being a healthy community is about more than delivering quality health care to residents. Where you live, learn, work, and play all have an enormous impact on your health.

Partners HealthCare is hoping to get a better understanding of the health of residents in your community—including all the factors that affect a community's health—and which community needs are most important to address. Please take this survey to provide feedback. It should take no more than 5-10 minutes. Filling out the survey is voluntary, and your responses are anonymous. You will not be asked your name, address, or any other information that can identify you.

This study has been underway for several months, starting before the coronavirus spread in the U.S. We recognize this is a unique time we are in. With the coronavirus crisis, understanding the community's needs and strengths has become even more important. This survey will be asking you about your concerns now, as well as several months ago.

Thank you for your time and participation. At the end of this survey is an opportunity to enter a raffle for a $200 Amazon gift card. Thank you for your feedback to improve your community's health.

1. What zip code do you live in? _____

2. We recognize this is a unique time we are in. We would like to understand what issues have **personally affected you and your family** now and 6 months ago – around the time of the holiday season. For each issue, please check if the issue was something that affected you or your family personally now and/or 6 months ago - or has not affected you or your family at either time period. You can check any that apply.

	Currently affects me or my family.	**Affected me or my family 6 months ago**	**Does not affect me or my family now nor 6 months ago.**
Financial insecurity/unemployment/lack of job opportunities	O	O	O
Problems getting workforce training to get job skills	O	O	O
Concerns around housing (such as finding affordable housing, fear of	O	O	O

eviction, overcrowding, housing quality)			
Problems getting to places because of lack of transportation	O	O	O
Cannot be active/get exercise because of lack of sidewalks or parks	O	O	O
Hard to eat well because of lack of supermarkets/lack of healthy food options I can afford	O	O	O
Fear of safety in the community/community violence (gangs, robberies. etc.)	O	O	O
Fear of safety at home/domestic violence (spouse or partner abuse, child abuse)	O	O	O
Discrimination because of my race, ethnicity, gender, language, sexual orientation, country of origin, etc.	O	O	O
Mental health issues (such as depression, anxiety, etc.)	O	O	O
Alcohol and drug (marijuana, heroin, opioids, etc.) use	O	O	O
Chronic or long-term diseases (like cancer, diabetes, heart disease, stroke, etc.)	O	O	O
Overweight/obesity	O	O	O
Coronavirus/COVID-19	O	O	O
Other infectious diseases (like pneumonia, flu, etc.)	O	O	O
Concerns related to older adults (dementia/Alzheimer's, falls, etc.)	O	O	O
Concerns related to children (premature birth, developmental delays, ADHD, etc.)	O	O	O
Problems getting the health or social services I need because they are not available in my community	O	O	O
Other: _____	O	O	O

2a - If you or your family felt discriminated against recently or in the last 6 months, what do you think are the main reasons for these experiences? (Please check all that apply.)

- o Your race
- o Your ethnicity, ancestry, or country of origin
- o Your language
- o Your gender
- o Your sexual orientation
- o Your religion

- Your education or income level
- Some aspect of your physical appearance (e.g., height, weight, disability, etc.)
- Prefer not to answer/Don't know

3. **Either now or in the past 6 months, have any of these factors made it <u>harder</u> for you to get the medical, mental health, or social services (like housing, food, job training, etc.) you have needed? (Please check all that apply.)**

- Services not available in my community
- Lack of information/ I don't know what services are available or where to go
- Lack of transportation
- Cost of services
- Lack of evening or weekend services
- Unfriendly staff or providers
- Felt discriminated against because of my race, ethnicity, gender, language, sexual orientation, country of origin, etc.
- Afraid to ask questions or talk to staff or providers
- Afraid if I take the time off to get services, I'll lose my job
- Long wait for an appointment
- My information is not kept confidential
- Language problems/could not communicate with staff or provider
- None of the above
- Other (Please specify) _____

4. **Now we'd like to ask you about your community overall. Your community can be your town, your neighborhood, the group of people you care about, etc. What do you see as the overall <u>strengths</u> of your community? (Please check all that apply.)**

- My community has medical services to address physical health conditions that people can access.
- My community has mental health services that people can access.
- My community has social services (e.g. food, job training, etc.) that people can access.
- My community has good schools.
- My community has good public transportation.
- My community has enough parks/green space.
- My community has sidewalks so residents can take a walk easily and safely.
- My community has bike paths so residents can bike easily and safely.
- My community helps people in need.
- Neighbors know each other in this community.
- People care about improving this community.
- People feel like they belong in this community.
- My community has people of many races and cultures.
- People can deal with challenges in this community.
- When people have disagreements, they are able to resolve their differences and determine a path forward.
- There are innovations and new ideas in this community.
- People accept others who are different than themselves in this community.
- None of the above.
- Other (Please specify) _____

5. Please think about the most important issues in your community for <u>taking action</u>. Consider the following when thinking about these issues:

- **Concern:** *How much does this issue affect our community? How urgent is this issue? How much does this issue impact people's lives?*
- **Equity:** *Will addressing this issue substantially benefit those most in need? Does this issue address the root causes of inequities?*
- **Effectiveness:** *Can we make a difference if we work on this issue? Can working on this issue achieve both short-term and long-term change?*
- **Feasibility:** *Can we do it? Is it possible to address this issue in our community given the infrastructure, capacity, and community commitment?*

Given these questions, **what are the top 5 most important issues for action in your community <u>in the next few years</u>?** (Please check 5.)

Financial insecurity/unemployment/lack of job opportunities	O
Workforce training to get job skills	O
Housing (such as finding affordable housing, fear of eviction, overcrowding, housing quality)	O
Transportation issues	O
Availability of sidewalks or parks	O
Availability of supermarkets/healthy food options people can afford	O
Safety in the community/community violence (gangs, robberies. etc.)	O
Safety in people's homes/domestic violence (spouse or partner abuse, child abuse)	O
Addressing systemic racism/racial injustice	O
Mental health issues (such as depression, anxiety, etc.)	O
Alcohol and drug use (marijuana, heroin, opioids, etc.)	O
Chronic or long-term diseases (like cancer, diabetes, heart disease, stroke, etc.)	O
Overweight/obesity	O
Coronavirus/COVID-19 testing and/or the possibility of a new outbreak	O
Other infectious diseases (like pneumonia, flu, etc.)	O
Concerns related to older adults (dementia/Alzheimer's, falls, etc.)	O
Concerns related to children (premature birth, developmental delays, ADHD, etc.)	O
Availability of health or social services in the community	O
Other (please specify): _____	O

It is helpful to get an understanding of who is answering this survey to ensure we get a cross-section of perspectives. Please answer the following questions, which are anonymous.

6. What category best describes your age?

    o   Under 18 years old
    o   18-29 years old
    o   30-49 years old
    o   50-64 years old
    o   65-74 years old
    o   75 years old or older

7. What is your current sex or gender identity?

    o   Male
    o   Female
    o   Transgender Male
    o   Transgender Female
    o   Additional Gender Category: _____

8. What is your sexual orientation?

    o   Straight/heterosexual
    o   Gay or lesbian
    o   Bisexual
    o   Prefer to self describe:_____
9. How would you describe your ethnic/racial/cultural background? (Please check all that apply.)

    o   African American/Black
    o   American Indian/Native American
    o   East Asian /Pacific Islander (e.g. Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa)
    o   South Asian (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal)
    o   White
    o   Hispanic/Latino(a)
    o   Middle Eastern/North African
    o   Other (please specify) _____

10. What is the primary language(s) spoken in your home? (Please check all that apply.)

    o   English
    o   Spanish
    o   Portuguese/Cape Verdean Creole
    o   Chinese (including Mandarin and Cantonese)
    o   French or Haitian Creole
    o   Russian
    o   Hindi
    o   Arabic
    o   Other (Please specify) _____

11. Were you born in the United States?

- o Yes (automatic skip pattern to Q13)
- o No (automatic skip pattern to Q12)
- o Prefer not to answer (automatic skip pattern to Q13)

12. If no, how long have you lived in the United States?

- o Less than 1 year
- o 1 year to less than 3 years
- o 3 years to less than 5 years
- o 5 years to less than 10 years
- o 10 years to less than 15 years
- o 15 years to less than 20 years
- o 20 years or more
- o Prefer not to answer

13. What is the highest level of education that you have completed?

- o Primary or middle school
- o Some high school
- o High school graduate or GED
- o Some college
- o Associate or technical degree/certificate
- o College graduate
- o Graduate or professional degree

14. What is your current employment status? (Please check all that apply)

- o Employed full-time
- o Employed part-time
- o Not employed and currently looking for work
- o Student
- o Retired
- o Stay-at-home parent / significant other
- o Unable to work

15. Has your financial situation gotten worse, improved, or stayed the same since coronavirus/COVID-19?

- o Gotten worse
- o Has improved
- o Has stayed the same

16. What was your total household income before taxes during the past 12 months?

   o   Less than $25,000
   o $25,000 to $34,999
   o $35,000 to $49,999
   o $50,000 to $74,999
   o $75,000 to $99,999
   o $100,000 to $149,999
   o $150,000 to $199,999
   o $200,000 or more
   o   I don't know or don't want to say

This concludes our survey. Thank you for your time. We greatly appreciate your participation. Participants who complete this survey are eligible to enter a raffle for a $200 Amazon gift card. You will be automatically redirected to a form after this survey to enter the raffle. Your name and information will not be connected to the responses on your survey.

Appendix F: Additional Survey Data

Table 8. CHNA Community Priorities Survey Respondent Characteristics

	Number	%
Age		
Under 18 years old	1	0.6%
18-29 years old	8	5.0%
30-49 years old	58	36.5%
50-64 years old	58	36.5%
65-74 years old	20	12.6%
75 years old or older	14	8.8%
Sex or Gender Identity		
Male	40	25.2%
Female	119	74.8%
Sexual Orientation		
Straight/heterosexual	148	93.1%
Gay or lesbian	3	1.9%
Bisexual	4	2.5%
Prefer to self-describe	4	2.5%
Ethnic/racial/cultural background*		
African American/Black	4	2.2%
American Indian/Native American	2	1.1%
East Asian /Pacific Islander	6	3.3%
South Asian	6	3.3%
White	133	73.9%
Hispanic/Latino(a)	14	7.8%
Middle Eastern/North African	2	1.1%
Other	2	1.1%
Primary language(s) spoken at home*		
English	154	85.6%
Spanish	7	3.9%
Portuguese/Cape Verdean Creole	4	2.2%
Chinese (including Mandarin and Cantonese)	0	0.0%
French or Haitian Creole	0	0.0%
Russian	0	0.0%
Hindi	1	0.6%
Arabic	0	0.0%
Other	2	1.1%
Born in the United States		
Yes	129	82.2%
No	27	17.2%
Prefer not to answer	1	0.6%
Length of time living in the United States		

	Number	%
Less than 1 year	0	0.0%
1 year to less than 3 years	0	0.0%
3 years to less than 5 years	0	0.0%
5 years to less than 10 years	1	3.7%
10 years to less than 15 years	2	7.4%
15 years to less than 20 years	3	11.1%
20 years or more	21	77.8%
Prefer not to answer	0	0.0%
Highest level of education		
Primary or middle school	0	0.0%
Some high school	1	0.6%
High school graduate or GED	3	1.9%
Some college	15	9.6%
Associate or technical degree/certificate	12	7.6%
College graduate	63	40.1%
Graduate or professional degree	63	40.1%
Current employment status*		
Employed full-time	80	44.4%
Employed part-time	28	15.6%
Not employed and currently looking for work	12	6.7%
Student	3	1.7%
Retired	36	20.0%
Stay-at-home parent / significant other	3	1.7%
Unable to work	3	1.7%
Total household income in last 12 months		
Less than $25,000	6	3.9%
$25,000 to $34,999	8	5.2%
$35,000 to $49,999	8	5.2%
$50,000 to $74,999	10	6.5%
$75,000 to $99,999	23	14.8%
$100,000 to $149,999	37	23.9%
$150,000 to $199,999	18	11.6%
$200,000 or more	25	16.1%
I don't know or don't want to say	20	12.9%

NOTE: Asterisk (*) indicates the question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%; Double asterisk (**) indicates that the question includes only those who specified not being born in the United States.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Percent of CHNA Community Priorities Survey Respondents Reporting Being Affected Currently and/or 6 months ago by Issues, by Type of Issue, 2020

	Number	Affected Currently Only	Affected 6 Months Ago Only	Affect Both Currently and 6 Months Ago	Never Affected
Accessing health or social services	173	8.1%	0.6%	1.7%	89.6%
Alcohol and drug use	172	7.6%	1.7%	1.7%	89.0%
Cannot be active due to lack of sidewalks or parks	173	11.6%	5.8%	2.9%	79.8%
Chronic or long-term diseases	172	22.1%	3.5%	6.4%	68.0%
Community violence	172	8.7%	0.0%	0.0%	91.3%
Concerns around housing	173	8.7%	2.9%	0.6%	87.9%
Concerns related to children	174	8.6%	1.2%	4.6%	85.6%
Concerns related to older adults	173	22.5%	3.5%	8.1%	65.9%
Coronavirus/COVID-19	171	19.3%	4.1%	0.6%	76.0%
Discrimination	172	6.4%	3.5%	5.8%	84.3%
Domestic violence	171	0.6%	1.2%	0.0%	98.3%
Financial insecurity	178	32.6%	6.2%	5.6%	55.6%
Lack of access to affordable healthy food	172	8.1%	0.6%	1.2%	90.1%
Lack of transportation	172	5.8%	1.2%	1.2%	91.9%
Mental health issues	175	28.6%	9.1%	11.4%	50.9%
Other infectious diseases	171	2.9%	5.9%	0.0%	91.2%
Overweight/obesity	175	24.6%	1.1%	8.6%	65.7%
Problems getting workforce training	173	12.1%	2.3%	0.6%	85.0%
Other issue	96	4.2%	1.0%	0.0%	94.8%

NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.