

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

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EXECUTIVE SUMMARY

Introduction

Mass General Brigham (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 Westwood 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 Westwood service area, including the communities of: Canton; Dedham; Dover; Hyde Park (Boston); Medfield; Needham; Norwood; Walpole; West Roxbury (Boston); and Westwood.

This community health needs assessment ('CHNA' or 'Assessment') aims to gain a greater understanding of the issues that residents within the Westwood 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 Westwood 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 novel coronavirus (COVID-19) pandemic and the national movement for racial justice. The pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process, as well as topics and concerns that participants 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 community survey responses.

Methods

The 2020 Westwood 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 Westwood 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 service area; conducting a community survey with 481 respondents (in multiple languages, including: English, Spanish, Portuguese, and Chinese); conducting 8 virtual focus groups with 27 participants and 10 key informant interviews with 12 individuals representing a variety of organizations, such as local non-profits including those serving youth and seniors, local health departments, and town administrators and services.

Due to COVID-19, it should be noted that while efforts were made to engage residents through virtual qualitative and survey data collection, the capacity of community organizations to assist with outreach and the capacity of 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.

Findings

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

Population Characteristics

- **Demographics.** The area around Westwood is divided into towns of various sizes, as well as neighborhoods of the City of Boston. Over the past several years, all towns and neighborhoods in the Westwood service area have experienced population growth.¹ Notable demographic differences exist by race/ethnicity, foreign-born residents, and language in the Westwood service area. For example, within the Westwood service area, the Hyde Park neighborhood of Boston has the highest proportion of non-Hispanic Black (42.6%) and Hispanic/Latino (27.1%) residents, while Medfield has the highest proportion of non-Hispanic white (91.3%) residents. In the Westwood service area, there is variation in the population’s age-distribution. Dedham (19.2%), West Roxbury (19.1%), and Westwood (18.9%) had the highest proportion of residents over 65 years old.²

Community Social and Economic Environment

- **Community Perceptions of Need:** The most common issues that impacted Westwood Community Priorities Survey respondents in the Westwood service area (either currently, 6 months ago, or at both timepoints) include mental health (49.8%), overweight/obesity (44.7%), and financial insecurity (43.3%). These survey findings generally align with qualitative data collected during interviews and focus groups, where some participants also identified affordable housing, transportation, the COVID-19 pandemic, and discrimination as key issues for their communities.
- **Community Assets:** Respondents to the Westwood Community Priorities Survey most commonly selected safe/walkable sidewalks (70.3%), good schools (66.3%), parks/green space (66.1%), and

¹ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

² Ibid.

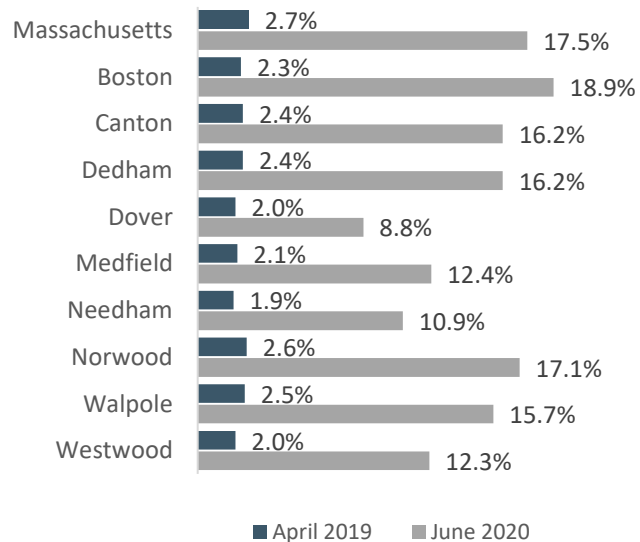
people who care about improving the community (63.2%) as assets of their communities. Interview and focus group participants also cited excellent educational opportunities, support for seniors, as well as community pride and engagement as strengths.

“There were people right on the edge that have been pushed over due to the pandemic.” – Focus group participant

- Income and Financial Security:** In general, focus group and interview participants described the Westwood service area communities as affluent. However, participants noted that there are certain populations, particularly seniors and young families, that face financial insecurity especially in light of the economic impact of the COVID-19 pandemic. Within the area around Westwood, the median annual household income in 2014-2018 ranged from \$64,784 in Hyde Park to \$224,784 in Dover. One in three Westwood community survey respondents reported that their financial situation had gotten worse since the onset of the pandemic.

- Employment and Workforce:** While unemployment rates in the Westwood service area have historically been low, qualitative, and quantitative data indicate that employment status has been impacted by the COVID-19 pandemic. During the pandemic, unemployment rates increased from 2.7% in the state overall in April 2019 to 17.5% statewide in June 2020. Boston, Canton, Dedham, Norwood, and Walpole all have unemployment rates over 15%. Many focus group and interview participants described job loss and/or reduction of employments hours in their communities, and noted that young people, Spanish speakers, and parents in need of childcare may be particularly vulnerable to job loss.

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



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:** While there is some variation, in general, residents of the Westwood service area have high levels of educational attainment (ranging from 10.5% of Hyde Park residents to 49.9% of Dover residents having a graduate or professional degree). Many focus group and interview participants viewed the school systems as strong assets in the Westwood service area, though many participants raised concerns about education in the context of the COVID-19 pandemic.

- **Housing:** Housing affordability was noted as a concern in most of the interviews and focus groups, where participants described high housing prices, limited affordable housing options, and ongoing development as priority issues. Many participants reported that the area is not affordable for young adults, single parents, or seniors. Quantitative data also show that many households face high housing costs: the percentage of owner-occupied households with a mortgage that spend more than 30% of their income on housing costs ranges from 23.8% in Medfield to 38.5% in Hyde Park.³

“There’s very limited affordable housing for seniors. You have to be low income or super high income, that middle part is a problem.” – Key informant interviewee

“A lot of the industry that lower income workers work in are located on Route 1... [so] people have to walk across Route 1... because [there is] no transportation from residential areas.” – Key informant interviewee

- **Transportation:** Perceptions of transportation access differed among communities in the Westwood service area. In some communities, such as Hyde Park, participants described public transportation as an asset of the community. However, many participants outside of Boston described transportation as a major concern and noted specific challenges for low-wage workers, seniors, and students. Participants in these communities noted that public transportation is limited and, while there are some taxi voucher programs, vans, and The Ride, these transit options are still limited and/or irregular.

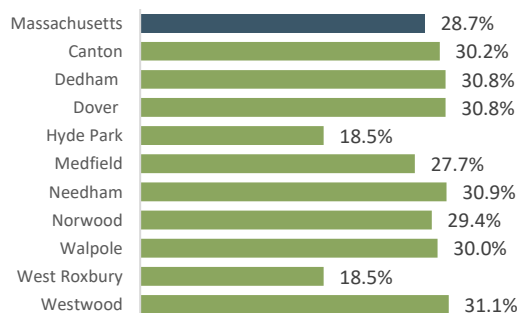
- **Built Environment:** Many participants described access to green and recreational space as an asset in the communities of the Westwood service area. However, overdevelopment was raised as a concern by participants who described apartments, luxury condominiums, and large houses being built in the area. Several communities, such as West Roxbury, Hyde Park, and Norwood have a high density of retail food outlets compared to other communities across the state.
- **Crime and Violence:** Crime and violence were not common concerns raised by interview and focus group participants; the Westwood area was described overall as safe. When compared to the state, rates of property crime are lower for many towns in the Westwood service area, but higher for Dedham; Hyde Park; and West Roxbury. A few interviewees expressed concern about domestic violence, particularly during the pandemic.
- **Discrimination and Racism:** Some CHNA participants shared individual experiences of discrimination based on their race, ethnicity, or language, and others noted the need to examine their privilege. Some interview and focus group participants suggested there was a critical need to form coalitions to tackle racial injustice. Among Westwood Community Priorities Survey respondents, addressing systemic racism was ranked fourth among the most important issues for future action, and 16.2% of community survey respondents reported experiencing discrimination currently and/or 6 months ago.

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

Community Health Issues

- **Overall Mortality:** Age-adjusted mortality rates per 100,000 population varied across the Westwood area in 2017, from a low of 467.4 in Westwood to highs of 670.6 in Canton and 683.2 in Norwood.⁴
- **Chronic Diseases and Related Risk Factors:** In general, rates of chronic disease in the Westwood service area are similar to the state overall. While interview and focus group participants did not cite specific chronic diseases as pressing concerns in their communities, a high proportion (44.7%) of Westwood Community Priorities Survey respondents indicated that “overweight/obesity” is an issue affecting their communities. In 2012-2014, the prevalence of overweight or obesity in Massachusetts was 59.0%; most towns in the area around Westwood had a similar prevalence, ranging from 50.2% in Westwood to highs of 64.8% in Hyde Park (2013-2017 data).
- **Mental Health:** Mental health was raised as a pressing concern in many interviews and focus groups. Participants noted that mental health conditions are present throughout the community, “[f]rom the kids to the seniors,” and in particular, noted high levels of anxiety among youth and isolation among seniors as key concerns. Participants shared the perception that mental health issues have become even more pressing during the COVID-19 pandemic, and again, described challenges for children and youth (specific concerns included the impact of the pandemic on development for younger children and depression for youth and young adults) and for seniors. Some participants also noted that mental health services are limited.
- **Alcohol/Substance Use:** Participants expressed some concerns about substance use in the Westwood service area. Specific types of substance use mentioned as concerns by participants included: alcoholism, vaping and in particular use of Juul e-cigarettes, and access to “pills” and “minor drugs.” Opioid-related overdose deaths were very rare in the towns around Westwood in 2014-2019, with only Dedham in 2016 and Walpole in 2018 reporting 10 or more opioid-related overdose deaths. Some participants noted that the COVID-19 pandemic had exacerbated substance misuse.
- **Environmental Health:** Only a few interview and focus group participants shared concerns related to environmental health. While in general in 2016-2017, asthma emergency department visit rates in the Westwood service area were lower than the rate for the state (61.1 visits per 100,000 population), the rate was substantially higher for Hyde Park (122.3 per 100,000 population).⁵

Percent of Adults Aged 65 years or Older with Depression, in Massachusetts, by Town and Boston Neighborhood, 2018



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

⁴ Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2017.

⁵ Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2016; CHIA, Boston Public Health Commission, 2016-2017 Combined.

- **Infectious and Communicable Disease:** Given that the CHNA was conducted at the start of the COVID-19 pandemic, many participants shared concerns about the ongoing spread and impact of COVID-19 and about access to accurate testing. COVID-19 concerns were ranked first by Westwood Community Priorities Survey respondents among the most important issues for future action. Through mid-August 2020, the COVID-19 case rate in Massachusetts was 1,642 cases per 100,000 population. The case rate varied across the Westwood service area, with the highest case rate occurring in Hyde Park (3,302 per 100,000 population) and the lowest case rate occurring in Dover (359 per 100,000 population).⁶
- **Injury:** Interview and focus group participants did not mention injuries as a prominent issue of concern for their communities. Rates of emergency department visits, motor vehicle accidents, and hospitalizations due to falls are, in general, fairly similar among these communities when compared to the state.
- **Maternal and Infant Health:** While, as described above under, “mental health,” concerns about child development in the context of COVID-19 and social distancing were raised, in general, participants did not discuss maternal and infant health in detail during interview and focus group discussions. Maternal health data show a range of outcomes related to maternal health indicators in the area. For example, the percent of preterm births spanned from 4.1% Needham to 14.3% in Hyde Park according to the Massachusetts Department of Public Health Registry of Vital Records and Statistics.

Access to Services

- **General Access:** Overall, 51.1% of Westwood Community Priorities Survey respondents reported experiencing barriers to accessing medical, mental health, or social services in the past six months. Of those who had barriers, long wait times for appointments, lack of information on available services, and limited weekend and evening service options were the top barriers cited.
- **Healthcare Services:** Most participants described available local options for care, though some expressed a preference for traveling into Boston for care and others expressed a desire for more local care options. Participants described specific challenges related to accessing care, including difficulty finding providers that accept Medicaid (MassHealth) and the lack of mental health providers. Participants also stated that the COVID-19 pandemic has caused some residents to delay seeking care, and that while telehealth has expanded access for many patients, it is limited or not available for others.
- **Social and Essential Services:** Interview and focus group participants described available services for seniors and, in the context of the pandemic, food pantries. Some participants described a need to improve communication about existing services, to provide additional services for seniors, and to expand access to technology including wireless internet. Across the greater Westwood area, there was variation in participants’ perceptions of senior services; even in towns with robust senior services, participants noted the need for additional support for local Councils on Aging and other senior services.

“When I transitioned to MassHealth, I tried to find a [local] provider, but I couldn’t find anything. I’m pregnant, and I have to go all the way to Boston to get services.” –Focus group participant

⁶ Massachusetts Department of Public Health, Bureau of Infectious Diseases and Laboratory Sciences, 2020; Boston Public Health Commission (BPHC), Communicable Disease Control Division, 2020.

Community Perceptions of Issues for Action

Westwood Community Priorities Survey respondents were asked to select the top five issues for future action on the survey and most frequently reported were: (1) Coronavirus/COVID-19 testing and/or the possibility of a new outbreak, (2) mental health issues, (3) housing, (4) addressing systemic racism/racial injustice, and (5) financial insecurity/unemployment/lack of job opportunities. Many of these issues align with the themes from the qualitative data collection, where transportation was also mentioned as critical concern for action.

Suggestions for Future Programs, Services, and Initiatives

Interview and focus group participants were asked to share suggestions for specific programs, services, and initiatives for action. Specifically, many residents discussed their suggestions in relation to transportation and behavioral health when asked. In terms of transportation, a few participants shared suggestions around developing local public transportation as well as “*on demand transportation for seniors to medical appointments*” through a public-provider partnership that could also provide transportation for commuters at the beginning and end of the day. When making recommendations related to behavioral health, in addition to noting a need for additional mental health services, one participant stressed the need to “*focus on the protective factors*”. Lastly, some participants shared a vision for the future of their communities more broadly, which included improved access to services, equitable communities, and thriving residents.

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 examined the current health status of the Westwood 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:

- **There are many assets in the greater Westwood community, including high-quality schools, support for families and seniors, access to parks and green space, and overall cohesion and engagement among community members.** Many CHNA participants described the Westwood area as family-oriented, and identified schools as well as services for seniors, particularly Councils on Aging, as strengths. Many community survey respondents rated walkability and green space as assets. Both survey respondents and interview and focus group participants also described community pride and support, and noted that, especially during the COVID-19 pandemic, community residents engage with and care for each other.
- **While greater Westwood overall is affluent, some communities within the area face financial insecurity, especially in the context of the economic impact of the COVID-19 pandemic.** Prior to the pandemic, there was great variation in income across the area, with median annual household income ranging from about \$65,000 in Hyde Park to \$225,000 in Dover just a few miles away. However, income is not equally distributed across populations; additionally, assessment participants noted that the pandemic has exacerbated the financial insecurity of residents and the inequities between them. Nearly 43% of Westwood community survey respondents indicated that they or their families are impacted by financial insecurity. Unemployment rates have increased recently, likely due to the pandemic, and focus group and interview participants were concerned about this rising unemployment, particularly for Spanish speakers, service workers, young families, and seniors.

- **Housing affordability was identified as a pressing concern, particularly for young adults, single parents, and seniors.** Housing affordability was noted as a concern in most of the interviews and focus groups, where participants described high housing prices, limited affordable housing options, and ongoing development as priority issues. Quantitative data show that many owner-occupied households in the area (ranging from 23.8% in Medfield to 38.5% in Hyde Park) are cost-burdened (spending more than 30% of their income on housing costs). Given the high cost of housing and the lack of affordable housing options, participants noted that some families are living in crowded or doubled-up situations in order to afford rent. Additionally, in the context of the COVID-19 pandemic, some participants expressed concerns about an increase in homelessness as a result of rising unemployment.
- **Transportation was a concern for some communities, particularly for certain populations including low-wage workers, seniors, and students.** Perceptions of transportation access differed among communities in the greater Westwood area. In some communities, such as Hyde Park, participants described public transportation as an asset of the community. Pre-COVID data from the Census showed that 25.3% of Hyde Park residents and 17.3% and 17.1% of residents in Westwood and West Roxbury, respectively, took public transportation to work. However, many interview and focus group participants who live further outside of Boston described transportation as a major concern and noted specific challenges for low-wage workers, seniors, students, and residents that do not own a vehicle.
- **Some community members have experienced or recognized discrimination in their communities and prioritized addressing racial injustice.** Some assessment participants discussed facing discrimination themselves. Overall, 16.2% of Westwood community survey respondents reported experiencing discrimination in the past six months; among these respondents, 68.5% reported this was due to their race and nearly 49.3% reported this was due to their ethnicity or country of origin. A few focus group participants discussed being on the receiving end of anti-immigrant sentiments or hearing about discrimination in schools. Assessment participants noted that examining privilege and addressing systemic racism as a community is critical. While participants described how some conversations are happening, they also noted that there is more work to be done around taking action to address racial injustice.
- **Mental health, especially for youth and seniors and in the context of the pandemic, was a pressing concern among many community residents.** Mental health issues were the top concern that Westwood community survey respondents reported had personally affected them in the past six months, with nearly 50% of respondents noting it has affected them. Quantitative data gathered prior to the COVID-19 pandemic indicate that, across the service area, 8.7% - 10.4% of adults reported having 15 or more days in the last month during which they experienced poor mental health. Focus group participants and interviewees stated that COVID-19 exacerbated mental health issues in the community, particularly among seniors, who already tend to be socially isolated. Additionally, participants with school-age children were specifically concerned about the pandemic's effect on the development and socialization of younger children and contribution to depression among youth and young adults.
- **Substance use was also a concern, though perceptions varied by type of substance.** Substance use, particularly issues related to alcoholism, vaping and e-cigarettes, and some drugs, were noted as a concern by some focus group and interview participants. Some participants also noted that the stress of the pandemic may exacerbate substance use. However, some participants stated that

opiate and heroin use were less of a concern in the Westwood area compared to other parts of the state. In the Westwood community survey, 22.2% of respondents included alcohol and substance use as one of their top 5 community priorities for action.

- **Concerns remain about COVID-19 spread and access to testing.** Among Westwood community survey respondents, 27.3% indicated that they or their families have been directly impacted by COVID-19 in the last 6 months. Focus group and interview participants expressed concern about the accuracy and availability of COVID testing and about disease transmission due to a lack of consistent social distancing and wearing of masks. However, most of the concerns shared by assessment participants related to the COVID-19 pandemic focused on the effects it had on other aspects of residents' lives. These specific concerns included: the effect on mental health among parents, seniors, and youth; the impact on youth development; and the impact on financial insecurity and concerns about the current and cascading effects on the economy – particularly for low wage workers.
- **Many healthcare and social services are available in the area, but there is opportunity for improving access to and communication about local options.** Interview and focus group participants described available services including local healthcare options, programming for seniors and, in the context of the pandemic, food pantries. However, challenges to accessing services included difficulty finding providers that accept Medicaid (MassHealth), lack of mental health providers, limited telehealth access, and a need for additional community-wide communication about existing services.

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

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 (45%), Housing (45%), Systemic Racism and Racial Injustice (45%), and Issues Related to Older Adults (45%) as tied for the most commonly endorsed community priorities.

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, 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 five priorities to consider for future action:

- Mental health
- Housing
- Systemic racism & racial injustice
- Issues related to older adults
- Transportation

Mass General Brigham Partners Ambulatory Care - Westwood Service Area Community Health Needs Assessment

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), Connector Care (a series of health insurance plans for adults who meet income and other eligibility requirements) and commercial populations.

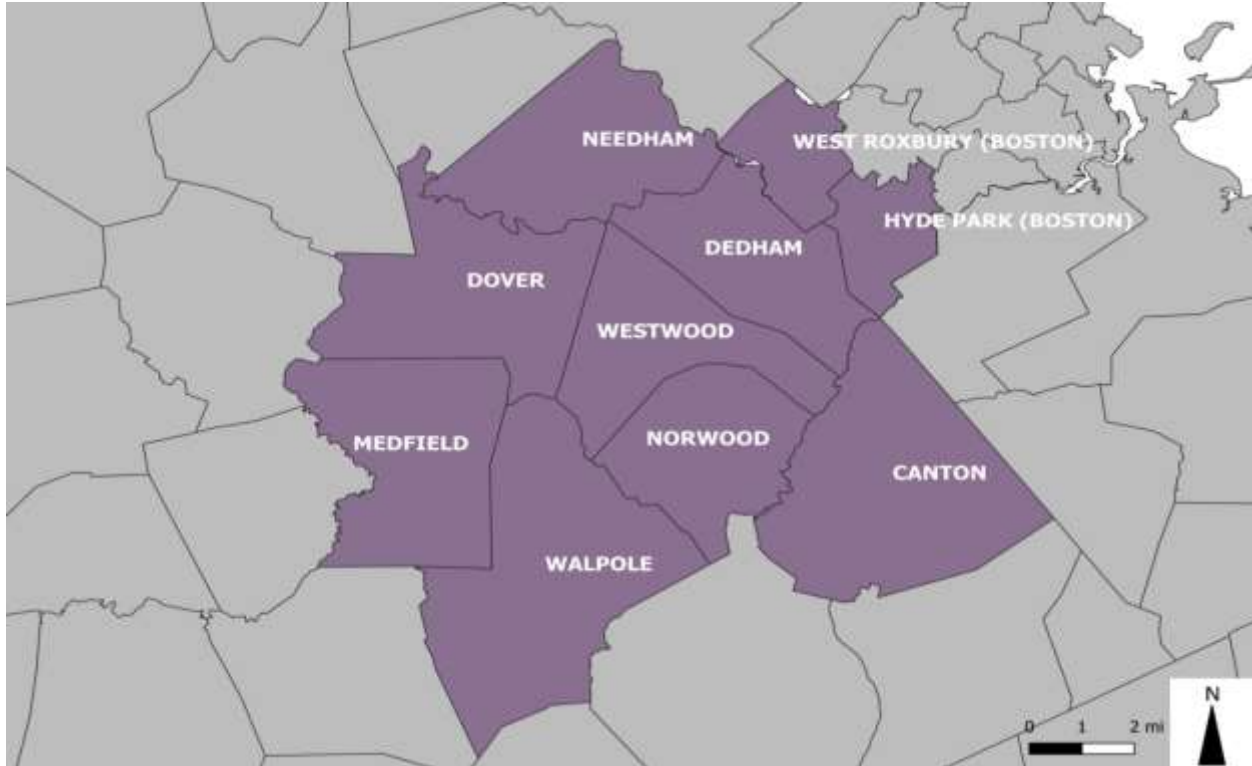
To fulfill Mass General Brigham’s four-part mission of patient care; research; education; and community, the organization has affirmed a system-wide strategy that is grounded in the excellence of Mass General Brigham’s two academic medical centers, focused on improved patient outcomes and experience, 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 Westwood 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 Westwood service area, including the communities of: Canton; Dedham; Dover; Hyde Park (Boston); Medfield; Needham; Norwood; Walpole; West Roxbury (Boston); and Westwood. The Westwood service area is shown in Figure 1 below.

Figure 1. Focused Westwood 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 various 2020 Westwood service area needs assessment processes, which were conducted between March-August 2020, and will inform discussions about key community issues and concerns in this 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 process.

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 disease 2019 (COVID-19) pandemic coincided with the activities of this assessment and impacted both the CHNA data collection process and topics and concerns that participants put forth during discussion 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 and 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, exacerbating 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 and through Westwood Community Priorities 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.

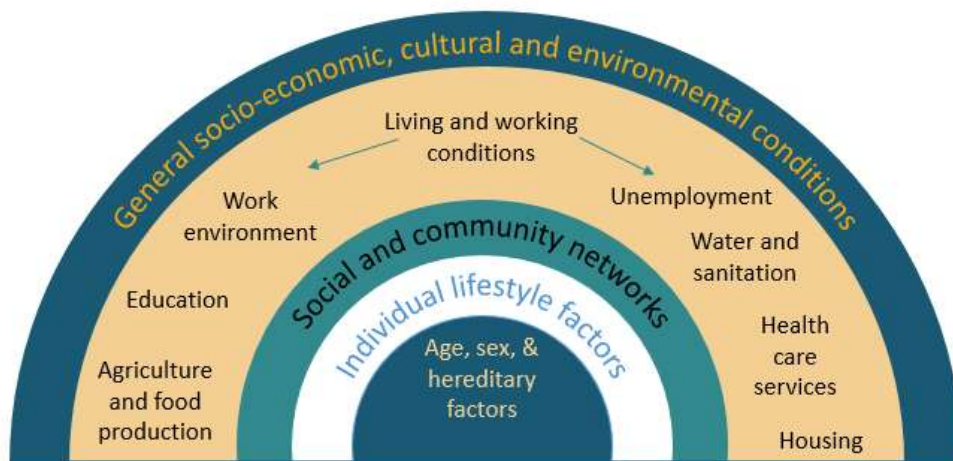
Social Determinants of Health Framework

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 healthcare 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 Westwood 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 (CAB) Engagement

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 (in the Woburn service area and Westborough service 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 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 be apprised on the CHNA process and to discuss virtual engagement, survey dissemination, and community outreach; and in September to finalize 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 survey, and providing connections to community organizations to support data collection and outreach efforts. Additionally, members of the CAB participated in the community prioritization meetings.

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.

Additionally, because the Westwood service area includes two specific neighborhoods in Boston—West Roxbury and Hyde Park—data sources may differ for these geographies than the towns in the rest of the service area. In some instances, neighborhood-specific data are not available and data for Boston overall are provided using the same data source as the other towns. In other instances, neighborhood-specific data are available from the same data sources. In a few instances, neighborhood-level data are available, but from different data sources for these neighborhoods. In these instances, the neighborhoods are listed at the end of the graph and differentiated with gray bars to note the data source difference since results cannot be directly compared.

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 of these communities, 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 priorities survey.

Qualitative Discussion: Key Informant Interviews and Focus Groups

Key Informant Interviews

A total of 10 key informant interviews were completed with 12 individuals by phone. Interviews were 45-60-minute semi-structured discussions that engaged institutional, organizational, and community leaders and 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: local non-profits, including those serving youth and seniors; local health departments; and town administrators and services. See Appendix B for the list of key informant interviewees and Appendix C for the key informant facilitator 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 number to help 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 27 community residents participated in eight virtual focus groups (telephone or video) conducted with specific populations of interest: seniors (ages 60+), parents of school-age children, residents seeking essential services (e.g., food assistance, housing assistance, etc.), and Spanish-speaking residents (with group discussion in Spanish). 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.

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 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 Westwood 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 for the English-language version of the survey.

Extensive outreach was conducted with assistance from CAB members and organizations and through social media to obtain survey responses. The survey was disseminated via email to known distribution lists of residents, as well as to individuals who had attended earlier community engagement sessions for this process. Two paid Facebook ads were displayed in targeted geographic locations within the service area in all 4 languages to promote the survey. Additionally, several postings were run via Twitter, LinkedIn, and Facebook. Email dissemination requests were 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 Westwood Community Priorities Survey comprised 481 respondents who were residents of the Westwood service area. Appendix F provides a table with the demographic composition of survey respondents. Overall, the majority of respondents were 50-64 years of age (40.9%), white (71.9%), female (79.1%), and primarily spoke English at home (85.2%). 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. A number of secondary data sources were drawn upon in creating this report and each 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. Because 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 also were conducted virtually, and therefore, while both video conference and telephonic options were offered, some residents who lack reliable access to internet and/or cell phones may have experienced difficulty participating. Lastly, for 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 the capacity of 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

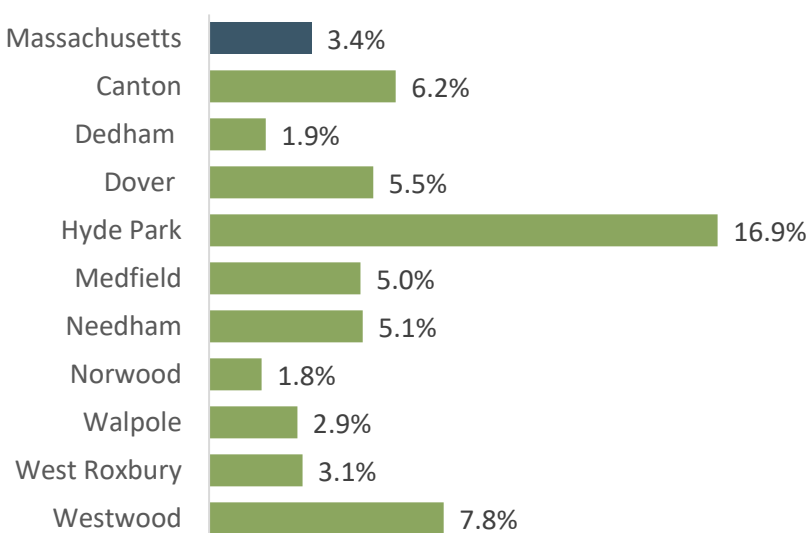
The Westwood service area is divided into towns of various sizes, as well as neighborhoods of the City of Boston. By population size, the largest towns in the service area are Needham, Norwood, and the Hyde Park and West Roxbury neighborhoods of Boston (Table 1). Like the Commonwealth overall, all towns in this region experienced population growth between 2009-2013 and 2014-2018. The largest population growth during this period occurred in Hyde Park (16.9%), Westwood (7.8%), and Canton (6.2%) (Figure 3).

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

	2009-2013	2014-2018
Massachusetts	6,605,058	6,830,193
Canton	21,781	23,134
Dedham	24,906	25,377
Dover	5,677	5,987
Hyde Park	29,271	34,223
Medfield	12,136	12,748
Needham	29,240	30,735
Norwood	28,698	29,201
Walpole	24,360	25,075
West Roxbury	27,628	28,487
Westwood	14,714	15,863

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

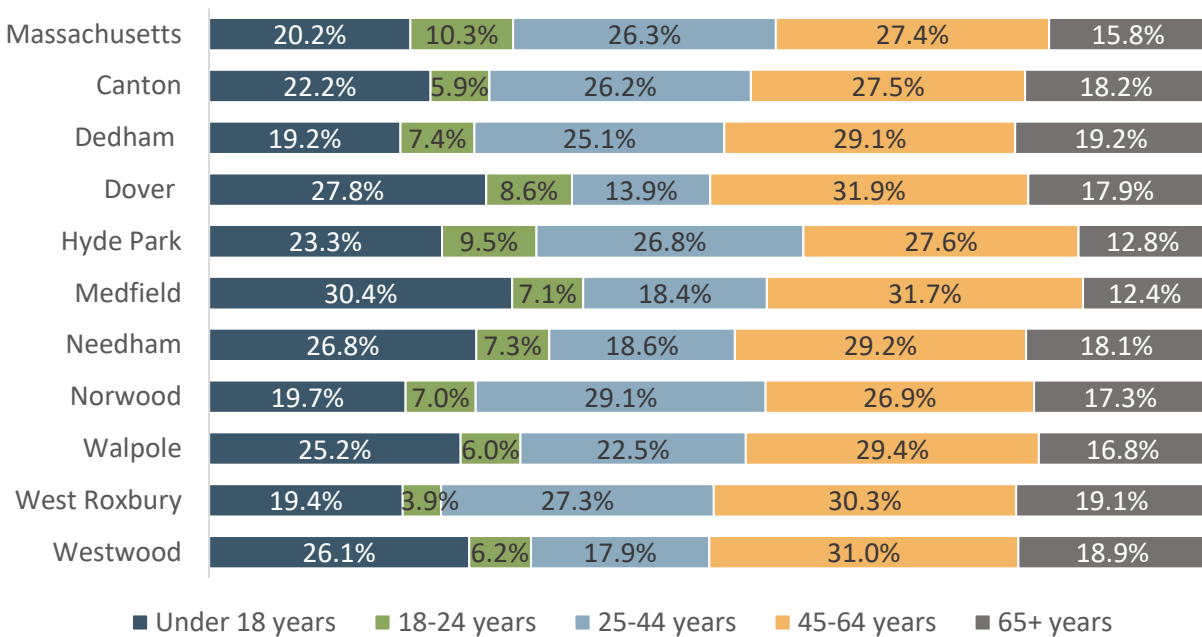
Figure 3. Percent Change in Population, in Massachusetts, by Town, and Boston Neighborhood, 2009-2013 and 2014-2018



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

For Massachusetts as a whole in 2014-2018, about 20% of the population was under 18 years-old, about 10% was between 18-24, just over a quarter were 25-44 years and 45-64 years-old, respectively, and over 15% was 65 or older (Figure 4). Towns in the Westwood service area varied in the age-distribution of their population in 2014-2018. For example, in Medfield, over 30% of the population was under age 18, with a lower than average population of residents between 18 and 44 years. This age distribution, and similar ones in Dover, Needham, and Westwood, suggest these towns are largely populated by families with school-aged children. In contrast, Hyde Park has a larger population of 18-44-year-olds and fewer elderly, while Dedham and West Roxbury have larger proportions of residents over 65 years-old than average.

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



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

Racial, Ethnic, and Language Diversity

Notable demographic differences are also apparent by race/ethnicity, foreign-born residents, and language in the Westwood service area. The Hyde Park neighborhood of Boston stands out with a much larger population of non-Hispanic Black and Hispanic/Latino residents than other towns in this area (Table 2). Dover (9.8%), Needham (8.6%) and Westwood (8.2%) have larger Asian populations than average, and very small proportions of non-Hispanic Black residents. Besides Hyde Park, Dedham (9.2%) and West Roxbury (7.5%) have the largest Hispanic/Latino populations in the area.

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

	Asian, Non-Hispanic	Black, Non-Hispanic	Hispanic/Latino	White, Non-Hispanic	Other, Non-Hispanic
Massachusetts	6.4%	6.8%	11.6%	72.2%	3.0%
Canton	7.4%	6.6%	3.9%	79.7%	2.4%
Dedham	3.0%	7.6%	9.2%	77.5%	2.7%
Dover	9.8%	1.5%	3.8%	81.9%	2.9%
Hyde Park	1.8%	42.6%	27.1%	25.4%	3.9%
Medfield	4.8%	0.9%	2.1%	91.3%	0.9%
Needham	8.6%	3.1%	3.0%	82.9%	2.3%
Norwood	6.7%	6.0%	6.9%	78.6%	1.8%
Walpole	4.2%	2.7%	5.4%	85.3%	2.3%
West Roxbury	6.9%	6.7%	7.5%	76.8%	2.1%
Westwood	8.2%	0.7%	2.3%	86.0%	2.7%

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.

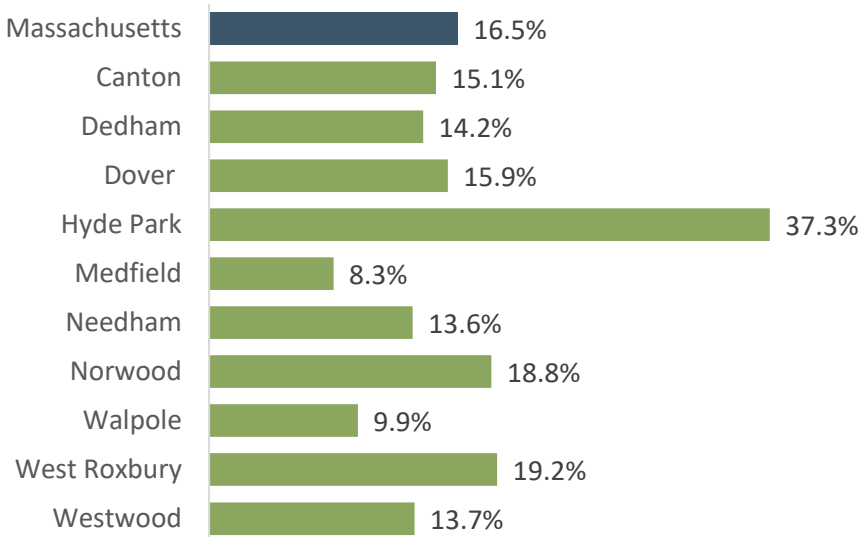
In Massachusetts overall, 16.5% of the population was born outside of the United States in 2014-2018 (Figure 5). Of this population, the largest proportion was born in China at 9.7%, followed by the Dominican Republic (7.7%), India (6.2%), Brazil (6.1%) and Haiti (4.9%). The proportion of the population born outside the United States was only half in Medfield (8.3%) and over twice the state average in Hyde Park (37.3%).⁷

Areas with the highest proportions of the population born outside of the United States include Hyde Park (37.3%), West Roxbury (19.2%), Norwood (18.8%), Dover (15.9%), and Canton (15.1%). In Hyde Park, the largest proportion of the population born outside of the United States was born in Haiti (39.2%) (*data not shown*). In West Roxbury, Dover and Canton, the highest proportion of individuals born outside the United States were born in China (inclusive of Hong Kong and Taiwan) (19.2%, 14.2% and 13.3%, respectively). In Norwood, the highest proportion of the foreign-born population was born in India (20.0%).⁸

⁷ U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

⁸ Ibid.

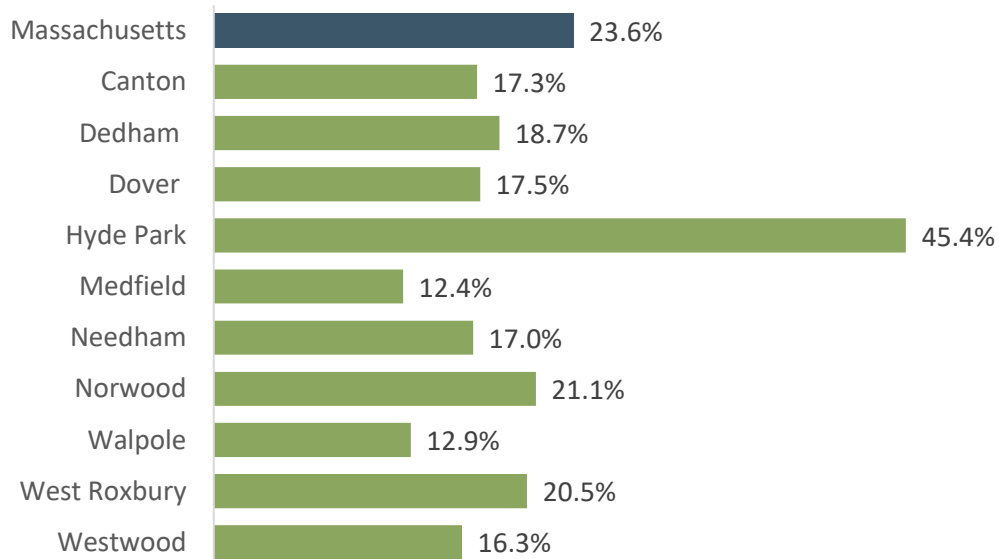
Figure 5. Percent Foreign Born Population, in Massachusetts, by Town, and Boston Neighborhood, 2014-2018



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

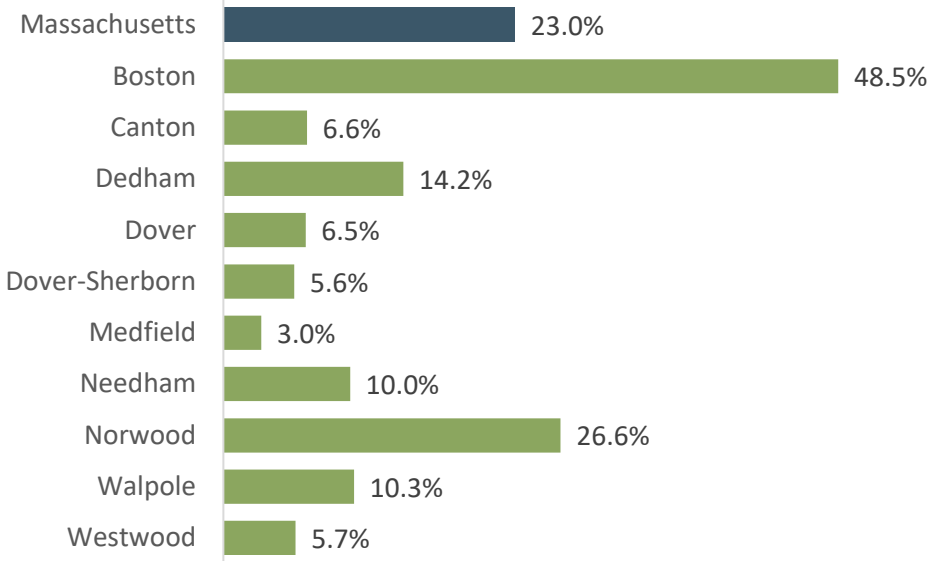
Among Massachusetts residents over age five, 23.6% reported speaking a language other than English at home in 2014-2018 (Figure 6). In Hyde Park, the number of residents that report speaking another language at home is almost twice that of the state, while under 13% do in Medfield and Walpole. The most commonly spoken languages among these residents were Spanish; the Census category of “Other Indo-European languages” (which likely is mainly comprised of Portuguese speakers); French or Haitian Creole; and Chinese. Among public school children in the region, 26.6% of those in Norwood and 14.2% of those in Dedham report that their first language is not English (Figure 7).

Figure 6. Percent Population 5 Years and Over Who Speak a Language Other Than English, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Figure 7. Percent Public School Students whose First Language is Not English, in Massachusetts and by School District, 2020



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, Selected Populations, 2020.

NOTE: 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.

COMMUNITY SOCIAL AND ECONOMIC ENVIRONMENT

Community Perceptions of Need

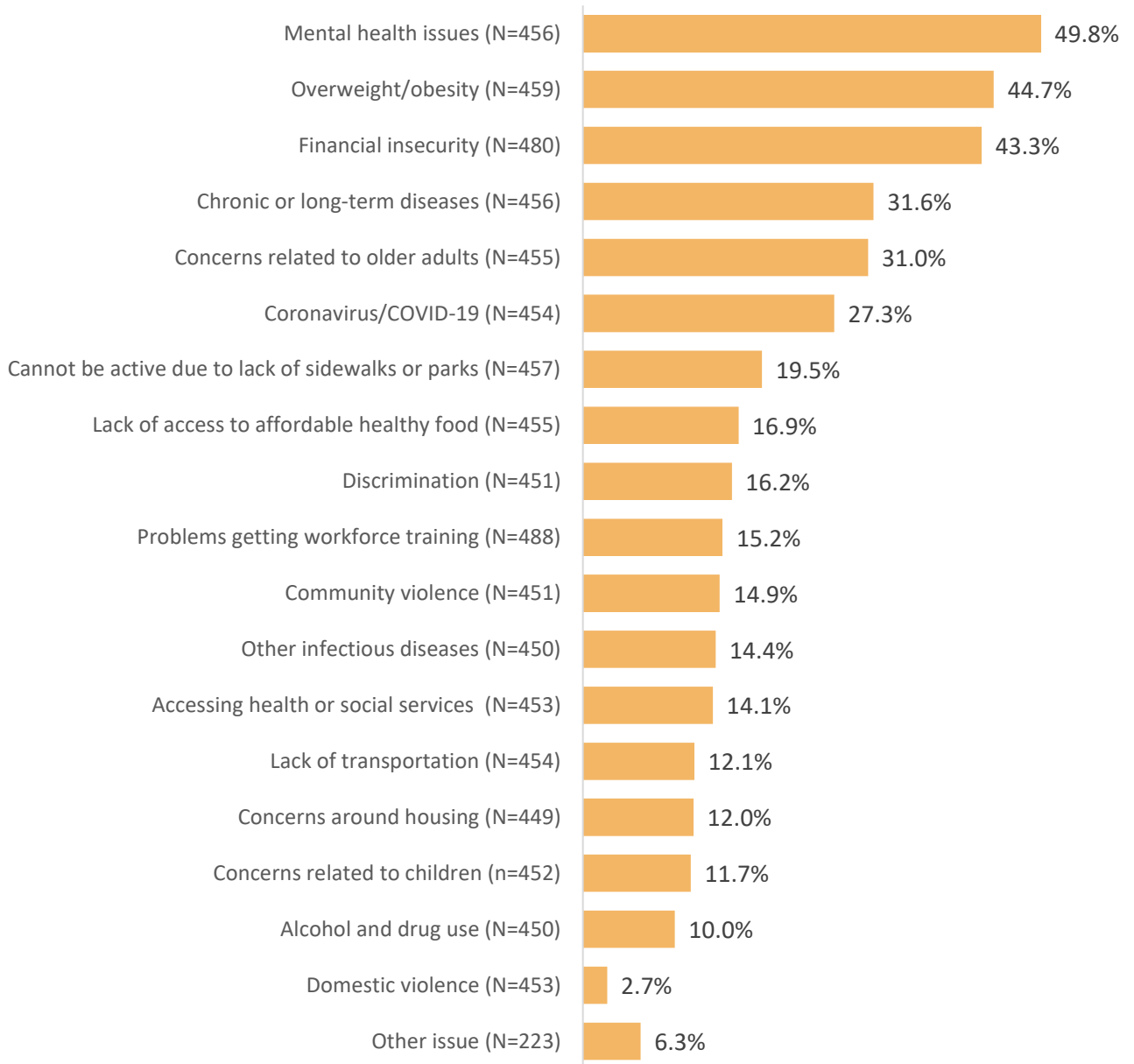
Understanding community residents’ perception of priority issues is a critical step in the community health needs assessment process. This task provides insights into lived experiences, as well as facilitators and barriers to addressing concerns. The section below discusses the top issues identified by assessment participants from the Westwood Community Priorities Survey, interviews, and focus groups.

Top Issues Affecting the Community

“Our community is known to be fairly affluent, but there are small pockets of people that are struggling or people that have been affluent and now are struggling for whatever reason, we’re definitely seeing that with the pandemic.” – Key informant interviewee

Westwood Community Priorities Survey respondents were asked about a series of issues or problems that currently and/or prior to the start of the novel coronavirus pandemic affected them or their families. The most common issues that respondents were affected by (either currently, 6 months ago, or at both timepoints) include mental health (49.8%), overweight/obesity (44.7%), and financial insecurity (43.3%) (Figure 8). Over one quarter of respondents reported their family was personally affected by the novel coronavirus/COVID-19 and 16.2% reported being affected by some form of discrimination.

Figure 8. Percent of CHNA Community Priorities Survey Respondents Reporting Being Affected Currently and/or 6 months ago by Issues, by Type of Issue, 2020



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.

APPENDIX F: ADDITIONAL SURVEY DATA shows how the issues or problems affecting respondents or their families 6 months ago varied compared to what was affecting them currently. Respondents appeared to indicate that issues related to mental health, overweight/obesity, financial insecurity, concerns related to older adults, and COVID-19 were much more likely to affect them now, but not necessarily six months ago. These survey findings generally align with qualitative data collected during interviews and focus groups. As summarized in more detail below, many interview and focus group participants identified community needs related to mental health, financial insecurity, and the COVID-19

pandemic, and some participants also identified concerns related to discrimination and racism. Interview and focus group participants also noted that transportation and affordable housing are key issues for their communities, although only about 12% of Westwood Community Priorities Survey respondents prioritized these issues.

In the Westwood service area, there was variation among different demographic groups of Westwood Community Priorities Survey respondents around the issues that impacted them or their families over the past six months. Among non-Hispanic Black survey respondents, discrimination was the most common response (78.1%), and it was third most common among non-Black People of Color (48.7%) (Figure 9). It should be noted that racial/ethnic groups were categorized in these three groups due to small sample sizes among specific racial/ethnic groups (e.g. Latino respondents, Asian respondents).

Discrimination was not among the top five concerns that non-Hispanic Whites or their families had experienced in the past six months. Only non-Hispanic Whites reported that Coronavirus/COVID-19 was not one of the top five issues that had affected them or their families recently.

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

	White, Non-Hispanic (N=341)	Black, Non-Hispanic (N=33)	People of Color, Non-Black (N=42)
1	Mental health issues (49.1%)	Discrimination (78.1%)	Financial insecurity (61.9%)
2	Overweight/obesity (44.3%)	Financial insecurity (63.6%)	Mental health issues (60.0%)
3	Financial insecurity (38.7%)	Overweight/obesity (62.5%)	Discrimination (48.7%)
4	Concerns related to older adults (30.5%) (tied)	Mental health issues (54.8%)	Overweight/obesity (46.3%)
5	Chronic or long-term diseases (30.5%) (tied)	Coronavirus/COVID-19 (50.0%)	Coronavirus/COVID-19 (40.0%)

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

“Canton has a really good school system. They are not just doing well in academics; there’s unity inside the schools too... The sense of community.” – Focus group participant

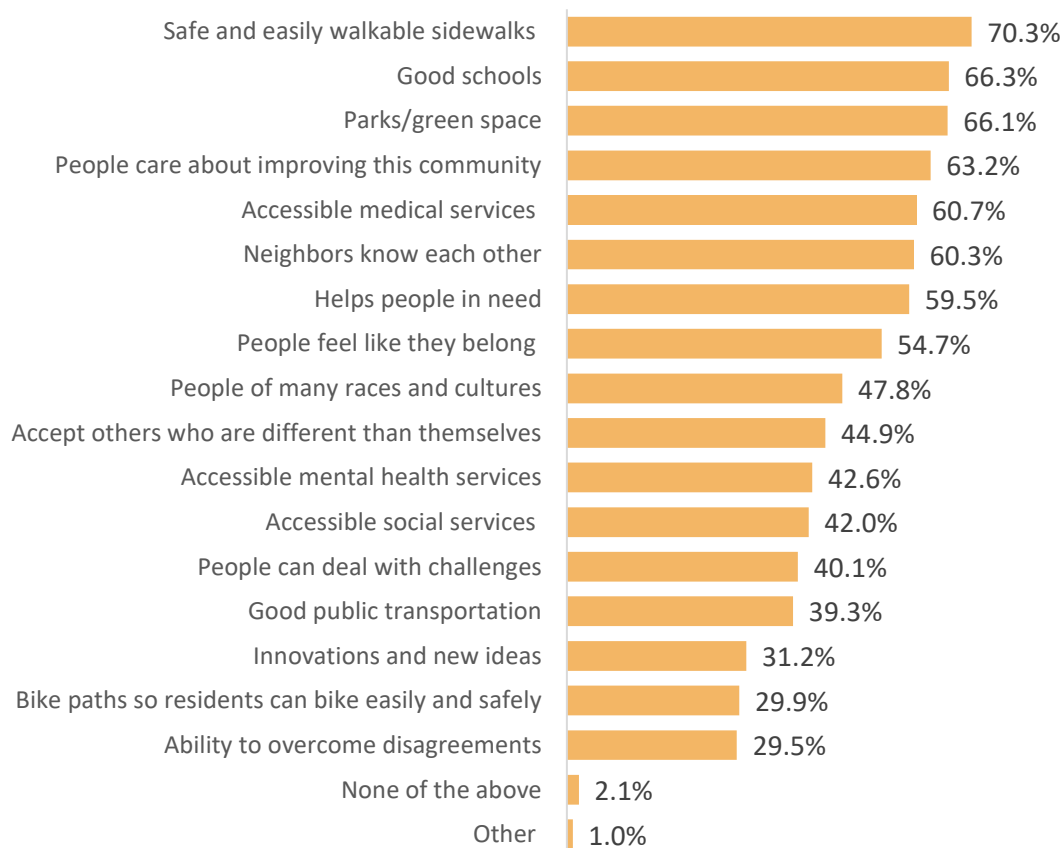
“Hyde Park has a huge community – we all come together when people are in need.” – Focus group participant

An understanding of community assets, including resources and services, can help identify strengths that may be leveraged or built upon to address community needs. Focus group and interview participants identified many strengths of the Westwood service area. Participants noted that many of the towns and neighborhoods in this area are “family-oriented” and provide excellent educational opportunities for students. Additionally, many participants described these communities as places

where “*the elderly are really cared for,*” and in particular noted strong local Councils on Aging that provide supports for seniors. Participants also described the Westwood service area as a safe and quiet area that feels like a “*small town,*” but is still close enough to commute into the City of Boston. Many residents also noted the diversity of their communities as a strength. For example, one participant described Norwood as a “*diverse town*” that is inclusive of immigrant populations, and another participant cited Norwood’s diversity in regard to race and income. Lastly, many participants noted that residents take pride in their communities and care for and support each other; for example, one participant noted that in Hyde Park, “*we all come together when people are in need.*” Participants also stated that the COVID-19 pandemic has highlighted this community cohesion and engagement. One interviewee elaborated on this sentiment by describing that: during the pandemic, the “*community stood up a food pantry in a matter of months... [which] speaks to the pride of the community; if [the food pantry runs] out of food they give a grocery store gift certificate to people in need, purely based on donations, no one walks away empty-handed.*”

Respondents to the Westwood Community Priorities Survey also were asked about their perceptions of the strengths of their communities. The most common responses were safe/walkable sidewalks (70.3%), good schools (66.3%), parks/green space (66.1%), and people who care about improving the community (63.2%) (Figure 10). Only 2.1% of respondents reported none of the above.

Figure 10. Percent of CHNA Community Priorities Survey Respondents Reporting Strengths of Their Community, 2020 (N=481)



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 selected by community respondents varied by demographic group. Among most sub-groups, safe sidewalks, good schools, and parks/green space were among the top five community strengths (Figure 11). Non-Hispanic Whites included “people caring about improving their community” and “neighbors knowing each other” among the top five strengths. Non-Hispanic Blacks listed that there were “people of many races and colors” as one of the top five strengths, as well as accessibility of medical services.

Figure 11. Percent of CHNA Community Priorities Survey Respondents Reporting Strengths of Their Community, by Selected Demographics, 2020

	White, Non-Hispanic (N=341)	Black, Non-Hispanic (N=33)	People of Color, Non-Black (N=42)
1	Safe and easily walkable sidewalks (76.5%)	People of many races and cultures (75.8%)	Safe and easily walkable sidewalks (69.0%)
2	Good schools (74.5%)	Safe and easily walkable sidewalks (69.7%)	Parks/green space (59.5%)
3	Parks/green space (73.9%)	Good schools (63.6%)	Good schools (57.1%)
4	People care about improving this community (70.7%)	Accessible medical services (57.6%) (tied)	Accessible medical services (52.4%)
5	Neighbors know each other (69.8%)	Good public transportation (57.6%) (tied)	People care about improving this community (52.4%)
T i e		Parks/green space (57.6%) (tied)	

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

Income and Financial Security

“Our community has a reputation as being affluent but has pockets of hidden poverty; you find people through schools or the senior center.” – Key informant interviewee

“There were people right on the edge that have been pushed over due to the pandemic.” – Key informant interviewee

While the Westwood service area is largely affluent, some communities within the area face financial insecurity, especially in the context of the economic impact of the COVID-19 pandemic. Focus group and interview participants described the Westwood service area in general as an affluent area. However, participants noted that there are certain populations, particularly seniors and young families, that face financial insecurity even within these largely wealthy towns and neighborhoods. In particular, participants expressed concern for seniors, especially those on fixed incomes. As one focus group participant elaborated, *“Seniors – a lot of seniors – some are struggling financially. As are many of the families in town and I’m talking pre-COVID.”* Some participants who had experience accessing medical services also noted challenges navigating different types of assistance, which may have varied thresholds for qualification and misaligned incentives. For example, one focus group participant noted that *“we were told that we had to go through our 401k before getting help. It was like make yourself as*

poor as you can so we can get you through the next three days but then you will be poor again. There are so many programs that contradict other programs that you almost get punished for using them.”

Participants were concerned about their income levels and financial security, given the impact of the pandemic to date, the cut in COVID-19 unemployment insurance relief benefits (\$600/week), and the anticipated ongoing impact of the virus through at least the fall. As one focus group participant described, *“There’s been pay cuts, financial difficulties that people have been facing. Financial and employment stresses are real.”* As shown in Figure 12 below, a third (33.3%) of Westwood Community Priorities Survey respondents indicated that their financial situation has gotten worse since the onset of the COVID-19 pandemic.

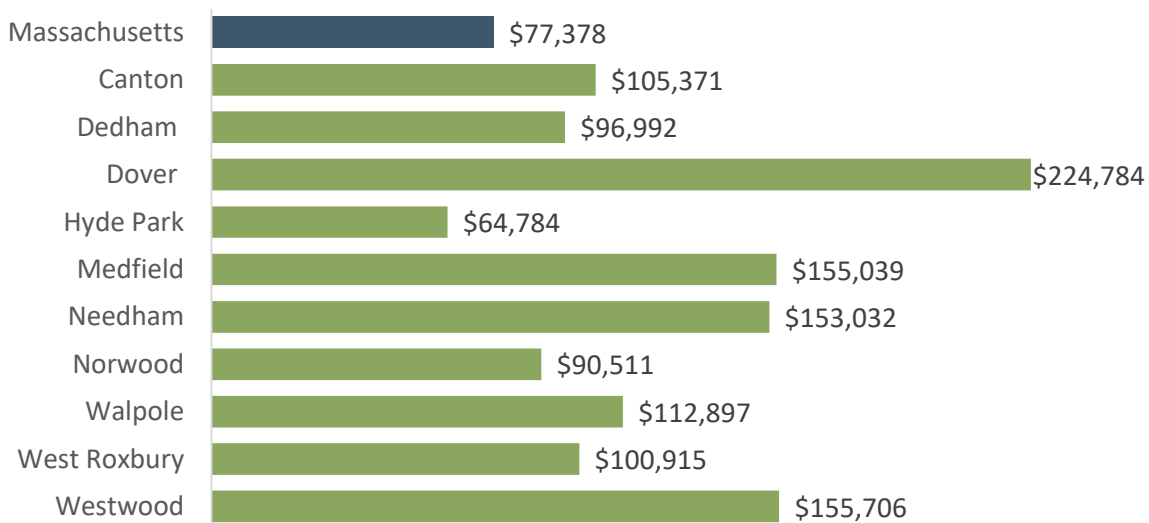
Figure 12. Percent CHNA Survey Respondents Indicating Whether Their Financial Situation Has Gotten Worse, Has Improved, or Stayed the Same Due to Coronavirus/COVID-19 (N=418)



DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Within the Westwood service area, socioeconomic factors vary between towns. For example, the median annual household income in 2014-2018 ranged from \$64,784 in Hyde Park to \$224,784 just 10 miles away in Dover (Figure 13). Westwood, Medfield, and Needham also had median household incomes over \$150,000. On average and as reflected in the qualitative data, this area is quite wealthy, relative to the Commonwealth as a whole.

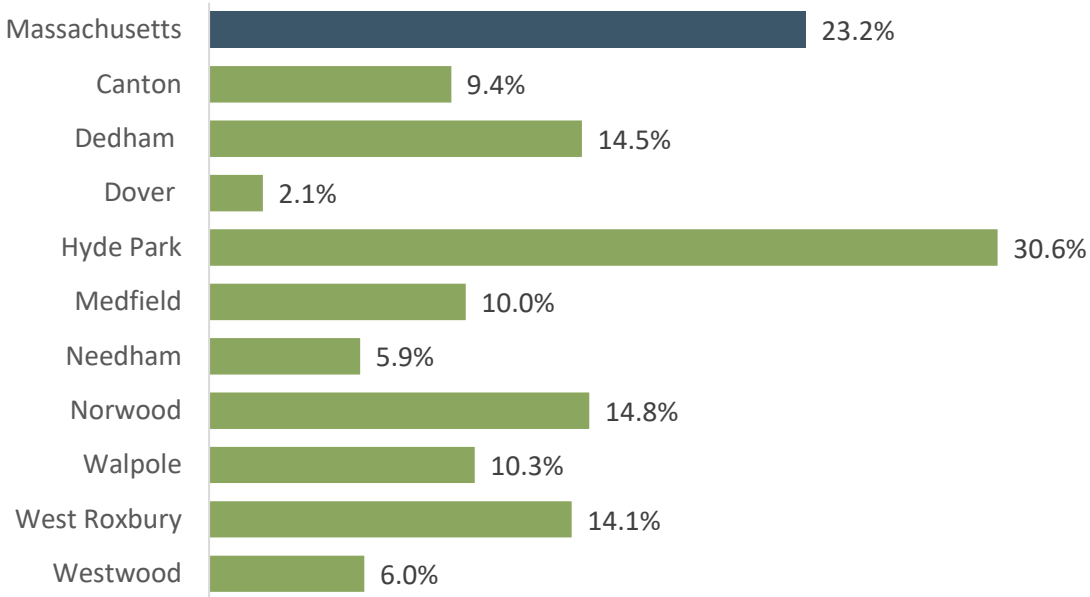
Figure 13. Median Household Income in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Nonetheless, as interview and focus group participants also described, 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, so 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. Again, Hyde Park had the largest number of residents in poverty (30.6%). But Norwood (14.8%), Dedham (14.5%), and West Roxbury (14.1%) also had substantial populations (Figure 14).

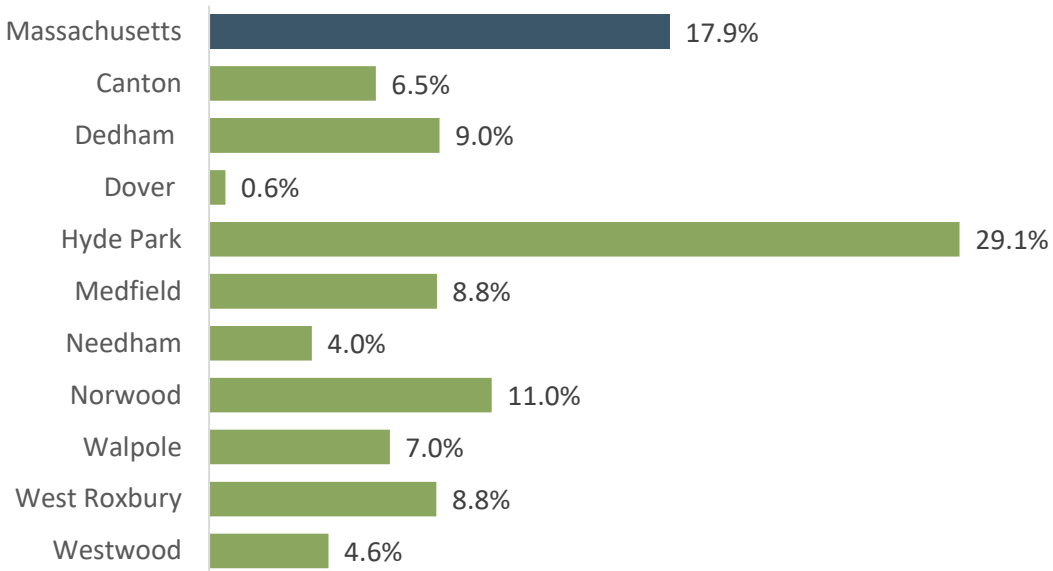
Figure 14. Percent Population Living Below 200% of Poverty Level, in Massachusetts, by Town, and Boston Neighborhood, 2014-2018



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

Figure 15 illustrates that much of this poverty affects children and families, not just single individuals. An almost equal number of families in Hyde Park (29.1%) were experiencing poverty in 2014-2018 when compared to the number of individual residents in poverty (30.6%; Figure 14). In other towns, the prevalence of poverty was lower among families, but still substantial in Norwood, Dedham, Medfield, and West Roxbury.

Figure 15. Percent Families Living Below 200% of Poverty Level, in Massachusetts, by Town, and Boston Neighborhood, 2014-2018



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

Focusing on the poorest residents living in poverty – those with incomes at or below 100% of the FPL – patterns vary substantially by race/ethnicity. For example, over 20% of Hispanic/Latino residents of Hyde Park and Norwood are experiencing extreme poverty, compared to only 5.2% of Hispanics/Latinos in Westwood and 4.3% in Dedham (Table 3). Likewise, 26.6% of Black residents in Norwood and 36.4% of those in Medfield had incomes below the FPL in 2014-2018, but only 11.5% of Black residents in Dedham.

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

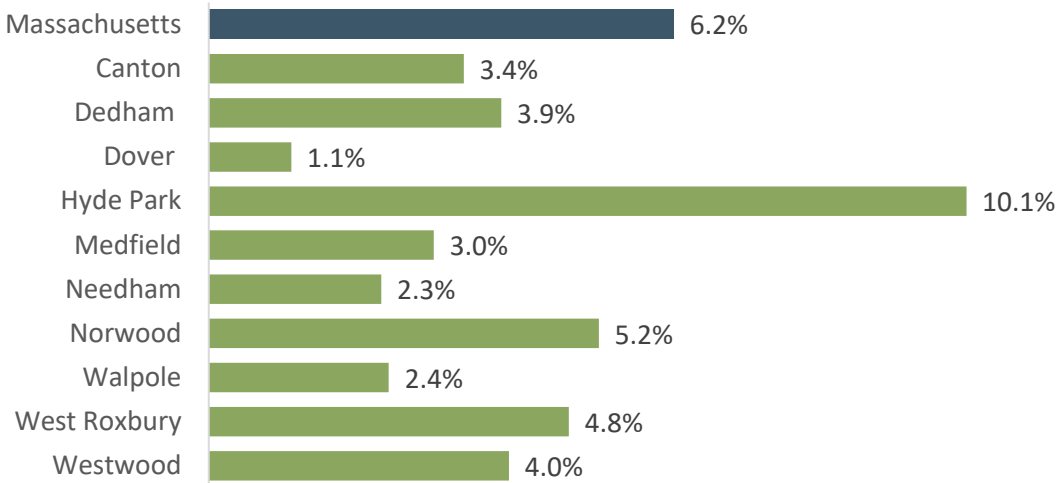
	Asian	Black	Other	White, Non-Hispanic	Hispanic/Latino
Massachusetts	13.8%	19.7%	22.8%	7.1%	26.6%
Boston	29.9%	23.6%	30.8%	11.7%	31.3%
Canton	0.1%	13.6%	14.6%	4.4%	9.2%
Dedham	4.1%	11.5%	1.3%	4.2%	4.3%
Dover	0.0%	0.0%	0.0%	0.9%	6.1%
Hyde Park	18.1%	14.2%	25.9%	6.7%	23.8%
Medfield	1.8%	36.4%	0.0%	3.1%	0.0%
Needham	6.8%	14.1%	1.8%	1.8%	0.7%
Norwood	0.4%	26.6%	15.0%	6.7%	22.4%
Walpole	0.0%	14.4%	8.0%	4.2%	1.2%
West Roxbury	0.7%	3.3%	10.2%	6.4%	9.1%
Westwood	3.3%	16.5%	3.8%	2.2%	5.2%

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.

Supplemental Security Income (SSI) is provided to adults and children with disabilities and limited income and resources, as well as to people over 65 years-old with limited wealth and resources. Figure 16 shows that one in 10 households in Hyde Park receive SSI, compared to only 2.4% in Walpole, 2.3% in Needham, and 1.1% in Dover. These differences reflect both the differing age and wealth distributions of residents in the service area towns.

Figure 16. Percent Households Receiving Supplemental Security Income in Past 12 months, in Massachusetts, by Town and Boston Neighborhood, 2014-2018

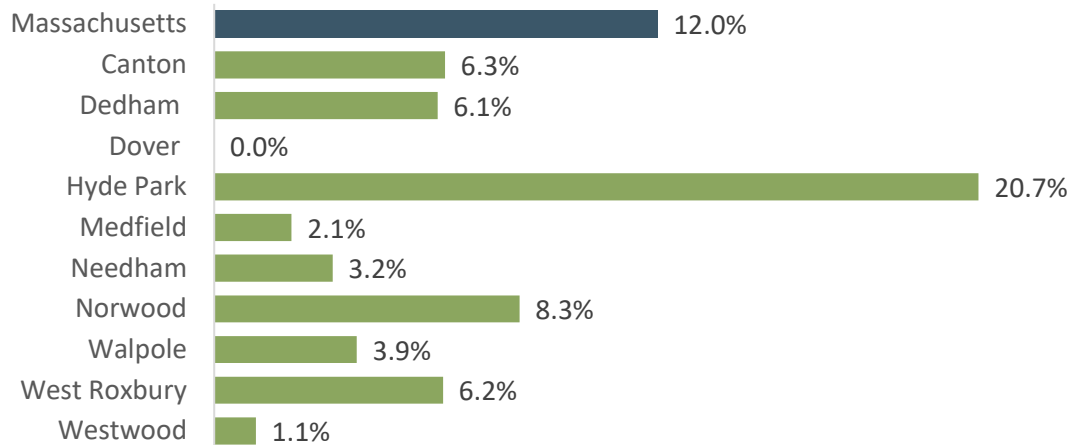


DATA SOURCE: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018.

In particular, many interview and focus group participants expressed concern about food insecurity in the Westwood service area. Interview participants who run food pantries and home-delivered meal programs described a notable increase in use of their services during the pandemic. As one interviewee remarked when describing the increase in food insecurity due to COVID-19: *“There were people right on the edge that have been pushed over due to the pandemic.”* Again, participants highlighted seniors, as well as families, who may have been relying on schools for their children’s meals, as particularly vulnerable groups.

In Massachusetts overall, 12.0% of households received food stamps or Supplemental Nutrition Assistance Program (SNAP) benefits in 2014-2018 (Figure 17). This ranged from 0.0% of Dover households and 1.1% of Westwood households to 20.7% of households in the Hyde Park neighborhood of Boston.

Figure 17. Percent Households Receiving Food Stamps/SNAP Benefits, in Massachusetts, by Town and Boston Neighborhoods, 2014-2018



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

Within towns, the proportion of households receiving SNAP benefits also varied by race/ethnicity. In Massachusetts as a whole, 36.3% of Hispanic/Latino households receive food stamps, compared to only 7.9% of non-Hispanic White households, with Asian, Black, and Other race households falling in between (Table 4). Patterns of SNAP benefits by racial/ethnic group were inconsistent across area towns, likely due to the large variation in baseline racial/ethnic demographics of these towns, as previously described. For example, in Dedham, over one-quarter of Asian households received food stamps, compared to only 0.9% in Canton and 0.0% in Norwood. Not only does this highlight the persistent racial segregation in housing in this area, but also the diversity of socioeconomic statuses within such broadly defined racial groups as “Asian.”

Table 4. Percent Households Receiving Food Stamps/SNAP Benefits, by Race/Ethnicity, in Massachusetts, by Town and Boston Neighborhoods, 2014-2018

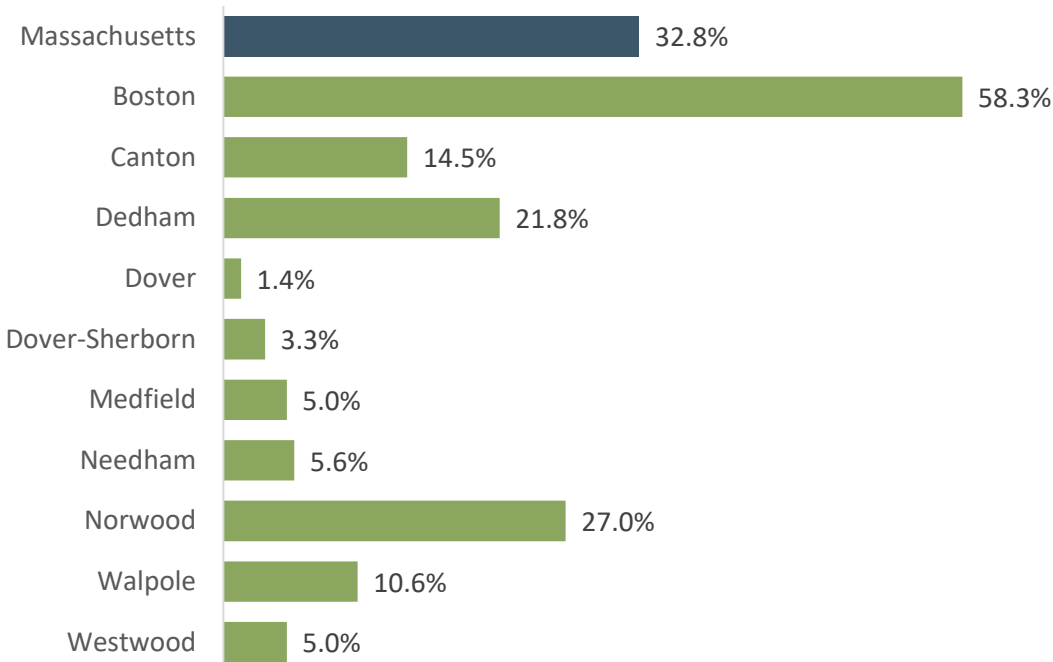
	Asian	Black	Other	White, Non-Hispanic	Hispanic/Latino
Massachusetts	11.5%	27.3%	32.2%	7.9%	36.3%
Canton	0.9%	18.9%	8.4%	5.8%	0.0%
Dedham	0.0%	8.5%	6.5%	5.8%	7.5%
Dover	0.0%	0.0%	0.0%	0.0%	0.0%
Hyde Park	26.4%	20.4%	37.6%	9.1%	36.7%
Medfield	0.0%	29.4%	0.0%	2.0%	0.0%
Needham	2.1%	17.8%	0.0%	2.9%	0.0%
Norwood	0.0%	22.7%	13.0%	7.6%	25.4%
Walpole	5.3%	26.2%	0.0%	3.4%	3.7%
West Roxbury	2.6%	1.3%	20.8%	6.5%	9.7%
Westwood	0.0%	0.0%	0.0%	1.3%	0.0%

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 18; see citation for definition). In the Westwood service area, town disparities are again apparent. Students in Norwood (27.0%) and Dedham (21.8%) were more likely to be economically disadvantaged than their counterparts in Dover (1.4%), Dover-Sherborn (3.3%), Medfield (5.0%) and Westwood (5.0%). Nearly six in ten Boston Public School students (which includes all students, not just those in Hyde Park and West Roxbury since student data are not available by neighborhood) are considered economically disadvantaged.

Figure 18. Percent Public School Students Economically Disadvantaged, in Massachusetts and by School District, 2020



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, Selected Populations, 2020.

NOTE: 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

“The essential workers are getting paid so much less than people who work from home... It’s like our lives are less important, but they give us this term ‘essential’?” – Focus group participant

“So many people that I know don’t have a job anymore. They had to look for other jobs but there are none, especially if you don’t speak English fluently.” – Focus group participant

While unemployment rates in the Westwood service area have historically been low, employment status has been impacted by the COVID-19 pandemic, as reflected in both the qualitative and quantitative

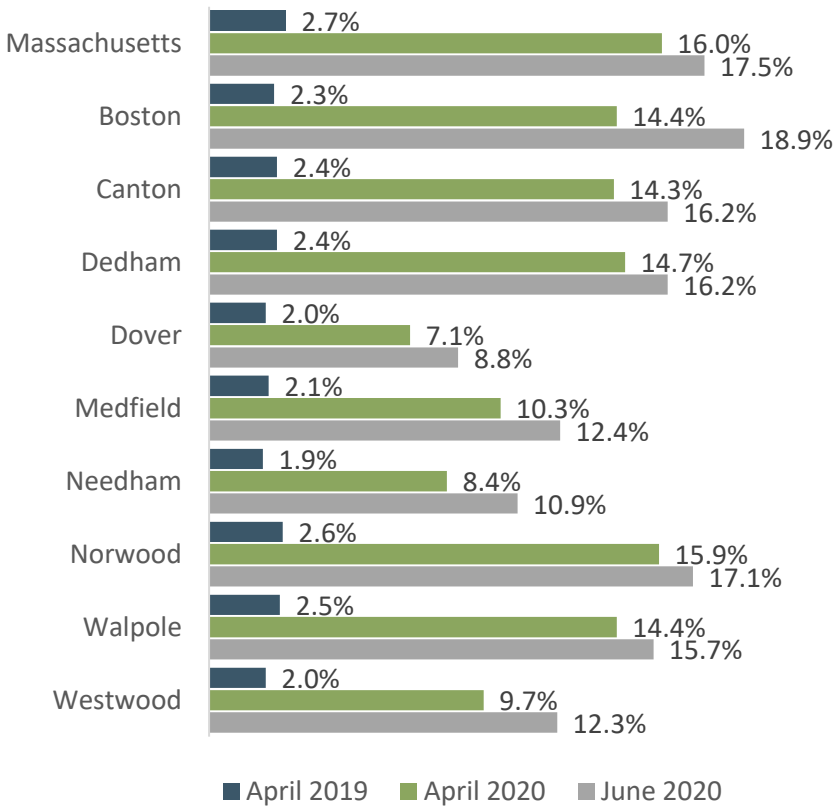
data. Many focus group and interview participants shared their perspectives on how COVID-19 has impacted employment in the Westwood service area. Participants noted that some community members have experienced job loss and others had their employment hours reduced, both of which impact financial security. As one focus group participant described, *“In my job, they cut my hours to half and that really affected me financially. No one is prepared to lose half of their wages overnight.”*

Some focus group participants suggested that virtual trainings or skill-building sessions be developed for community members who have lost jobs and may even need to consider a career change. Participants also expressed concern for essential workers, naming cashiers and restaurant workers in particular, and noted that these essential workers are often paid low wages even while they are risking their lives. For example, one focus group participant stated: *“The essential workers are getting paid so much less than people who work from home... It’s like our lives are less important but they give us this term ‘essential’?”*

Participants also shared the perspective that certain populations, including young people, Spanish speakers, and parents in need of childcare, may be particularly vulnerable to job loss. One focus group participant described the importance of youth employment to the financial security of a household as follows: *“Lots of teenagers help their families with finances and if they don’t have that help, they can sink quickly.”* Participants also noted that finding employment can be particularly challenging for community members who do not speak English fluently. For example, one focus group participant stated that: *“So many people that I know don’t have a job anymore. They had to look for other jobs but there are none, especially if you don’t speak English fluently.”* Lastly, many participants noted that when schools and daycares are closed, parents are unable to return to work in-person and also face challenges working remotely. Some participants stated that colleagues or community members have left the workforce due to a lack of childcare during the pandemic. One focus group participant described the situation as follows: *“The majority of Latinos can’t work from home, and who is supposed to take care of their children? They can’t decide if it’s better to have school from home because they need to work.”*

The impact of the coronavirus pandemic and resulting economic shutdown in many sectors are reflected in unemployment data from towns in the area around Westwood, between April 2019 and April 2020. Unemployment rates continued to increase from April 2020 to June 2020. In 2019, Massachusetts as a whole, and each city or town in the service area had unemployment rates under 3%, and in one case (Needham), under 2% (Figure 19). However, during the pandemic, unemployment rates increased significantly to 16.0% statewide in April, with similar (e.g. Norwood, 15.9%) or lower (e.g. Needham, 8.4%) rates in the Westwood service area. As with other measures, Dover, Needham, and Westwood appear to be faring better than other towns during this economic crisis.

Figure 19. Percent Population 16 Years and Over Unemployed, in Massachusetts and by Town, 2019-2020



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

“School district definitely – that’s why we moved here.” – Focus group participant

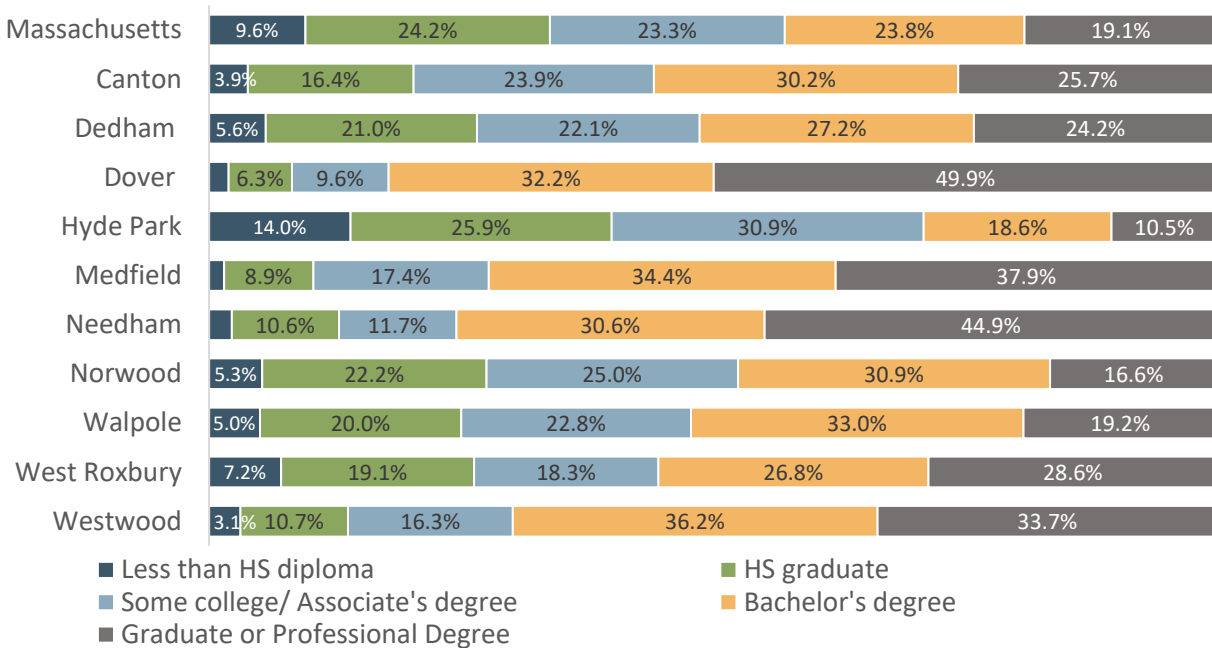
“[I’m] worried about the learning aspect for next school year – from a developmental and social aspect of it.” – Focus group participant

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. As described above, many focus group and interview participants viewed the school systems as strong assets in the Westwood service area. Some participants cited the area’s school systems, and the opportunities they offer for students, as a reason that they moved to or remained in these communities. In addition to strong academics, some participants also noted that the school systems foster a sense of community and, in the words of one participant, *“really focus on a student as a whole person... [and want] to develop social and emotional skills.”* However, some participants pointed to a lack of diversity within these communities and within the school system, and one participant noted that some families come to these communities *“for the schooling and then they leave.”*

Concerns about education in the context of the COVID-19 pandemic were raised by many participants. Many participants noted the challenges for both parents and students alike coping with the uncertainty of what the school systems will look like for the 2020-2021 school year. Participants expressed concerns about the challenges of social distancing if students return to in-person education, with one noting that *“They aren’t going to be wearing masks how they should”*. However, participants also expressed concerns about the challenges of virtual learning and social and emotional development if students participate in online learning, with one parent noting that *“[I’m] worried about the learning aspect for next school year – from a developmental and social aspect of it.”* Participants in particular expressed concern for students who may have underlying health conditions and for students who have special needs, such as autism.

Echoing perceptions of area school systems in the Westwood service area, Massachusetts stands out as a state with an exceptionally high proportion of residents with college, graduate, and professional degrees (42.9%; Figure 20). In the Westwood service area, Dover (49.9%), Needham (44.9%), and Medfield (37.9%) had the largest proportions of residents with a graduate or professional degree in 2014-2018. In contrast, Hyde Park (25.9%), Norwood (22.2%), Dedham (21.0%), and Walpole (20.0%), had the highest proportions of residents with no more than a High School diploma among those 25 years and older.

Figure 20. Educational Attainment for Population 25 Years and Over, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Table 5 illustrates additional patterns in educational attainment across towns, by race/ethnicity. For some towns, interpretation is limited given the small number of residents by race in certain educational brackets. Other findings reveal considerable variations among different demographic groups, for example 7.4% of non-Hispanic White residents of Hyde Park over age 25 did not have a High School diploma in 2014-2018, compared with only 1.4% in Dover and 1.2% in Medfield. In Norwood, only 3.7% of Asian residents did not graduate High School, compared to 23.7% in Hyde Park. In Walpole and West Roxbury, about 30% of Hispanics/Latinos did not graduate High School, compared to only 5.2% in Canton. Again, these data illustrate the striking socioeconomic variation within broad categorizations of race/ethnicity in this region.

Table 5: Percent Population 25 Years and Over with Less than High School Diploma, in Massachusetts, by Town and Boston Neighborhood, 2014-2018

	Asian	Black	Other	White, Non-Hispanic	Hispanic/Latino
Massachusetts	14.9%	14.8%	27.4%	6.2%	30.0%
Canton	6.7%	8.1%	7.2%	3.3%	5.2%
Dedham	0.5%	5.8%	8.5%	4.9%	15.2%
Dover	7.1%	0.0%	0.0%	1.4%	0.0%
Hyde Park	23.7%	15.2%	21.5%	7.4%	20.3%
Medfield	6.1%	0.0%	0.0%	1.2%	4.2%
Needham	6.0%	1.1%	4.6%	1.9%	1.0%
Norwood	3.7%	10.6%	6.7%	4.5%	12.9%
Walpole	10.0%	3.2%	32.4%	3.6%	28.3%
West Roxbury	6.2%	7.5%	21.3%	5.6%	30.8%
Westwood	5.8%	0.0%	11.9%	2.6%	15.2%

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 contrast, Table 6 shows the percent population over age 25 with a bachelor’s degree or higher by race/ethnicity in the Westwood service area in 2014-2018. Wide variation is again apparent, with over 90% of Asians in Dover and over 80% of Asians in Norwood and Walpole having a bachelor’s degree or higher, compared to only 39.9% of those in Hyde Park and 65.9% of those in West Roxbury. In Dover 81.6% and in Needham 76.5% of non-Hispanic Whites have a bachelor’s degree or higher, compared to 45.7% of Whites in Norwood and 52.2% of Whites in Walpole. In Medfield and Walpole, less than 20% of Black residents have a bachelor’s degree or higher, compared to 47.3% in Needham and 56.2% in Canton.

Table 6: Percent Population 25 Years and Over with Bachelor's Degree or Higher, in Massachusetts, by Town and Boston Neighborhood, 2014-2018

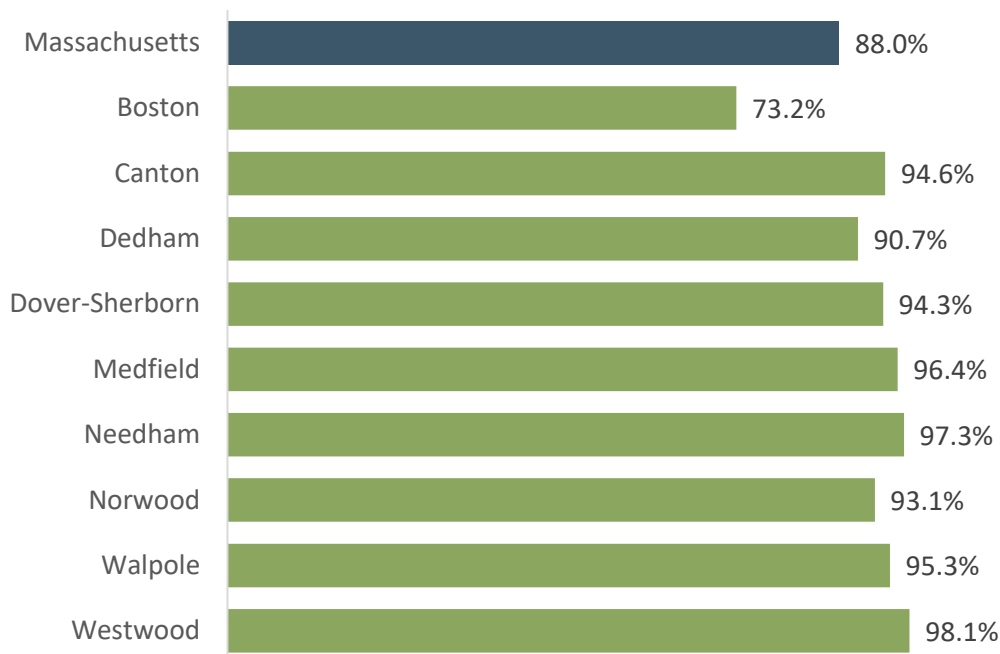
	Asian	Black	Other	White, Non-Hispanic	Hispanic /Latino
Massachusetts	60.2%	25.6%	20.8%	46.0%	18.8%
Canton	79.6%	56.2%	42.6%	54.2%	35.8%
Dedham	71.8%	32.9%	36.3%	54.3%	31.6%
Dover	90.3%	100.0%	100.0%	81.6%	68.4%
Hyde Park	39.9%	26.2%	19.9%	39.5%	19.2%
Medfield	74.9%	17.6%	100.0%	72.2%	77.6%
Needham	75.2%	47.3%	57.3%	76.5%	63.0%
Norwood	80.2%	36.8%	45.8%	45.7%	42.3%
Walpole	80.5%	18.5%	41.4%	52.2%	37.5%
West Roxbury	65.9%	37.4%	49.7%	57.2%	33.2%
Westwood	72.8%	100.0%	53.8%	69.8%	47.0%

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.

Among current public high school students in 2019, graduation rates were high across the region, ranging from 90.7% in Dedham to 98.1% in Westwood (Figure 21). Graduation rates were lower for Boston Public School students overall (73.2%) which is not specific to the two Boston neighborhoods in this service area (*neighborhood data unavailable*).

Figure 21. Graduation Rate among Public High School Students, in Massachusetts and by School District, 2019



DATA SOURCE: Massachusetts Department of Elementary and Secondary Education, School and District Profiles, Cohort 2019 Graduation Rates, 2019.

Housing

“You can afford to live here, but only if two parents are working... Single parents couldn’t afford to live here.” – Focus group participant

“There’s very limited affordable housing for seniors. You have to be low income or super high income, that middle part is a problem.” – Key informant interview participant

“I’m sure that a lot of people are on the verge of homelessness.” – Focus group participant

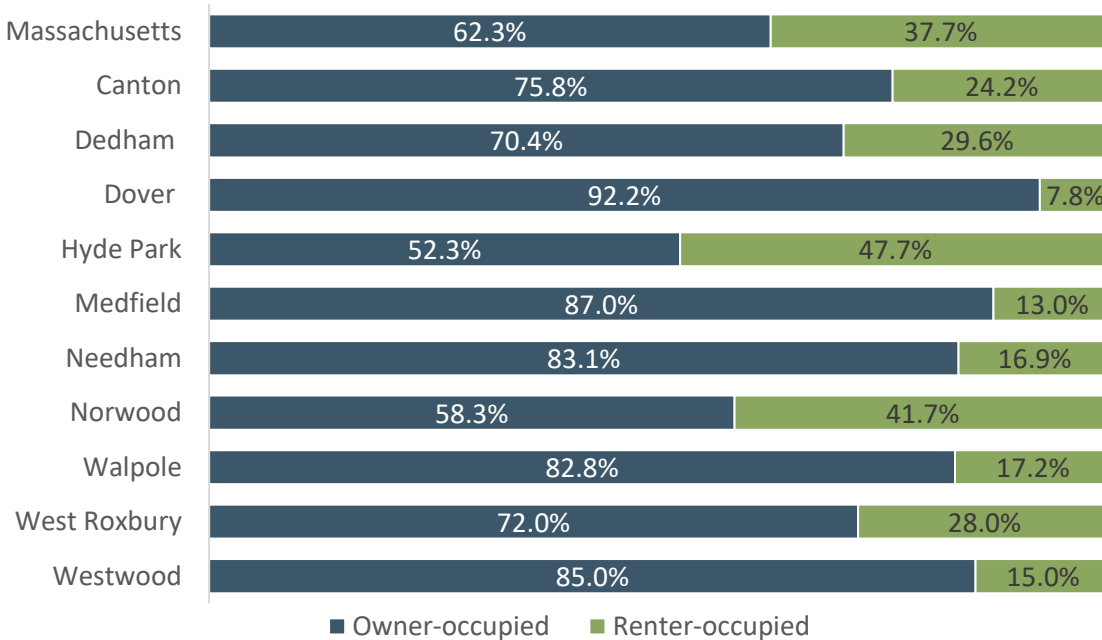
Housing affordability in the Westwood service area was raised as a concern in most of the interviews and focus groups. Many participants described an extremely high cost of housing in the Westwood service area and noted that high housing prices apply to both homeowners with mortgages and renters. Participants expressed concern for the “middle class” that “*make very good money [but] are living paycheck to paycheck because it’s so expensive*” to live in these communities. Many participants stated that the area is not affordable for young adults, single parents, or seniors. For example, when describing Hyde Park, one focus group participant stated that “*Single parents couldn’t afford to live here.*” Participants noted that recent housing developments, such as condominiums and apartment complexes,

have made these areas even more unaffordable (see “Built Environment” below for more information on development in these areas).

Participants also stated that affordable housing in these communities is very limited, and that wait lists are very long for the affordable housing that does exist. As one participant described, “Needham doesn’t have a lot of affordable housing and the [wait] list is very long.” Given the high cost of housing and the lack of affordable housing options, participants noted that some families are living in crowded or doubled-up situations in order to afford rent. Additionally, in the context of the COVID-19 pandemic, some participants expressed concerns about an increase in homelessness as a result of rising unemployment. For example, one focus group participant stated: “I’m sure that a lot of people are on the verge of homelessness.”

In Massachusetts, 62.3% of housing units are owner-occupied versus 37.7% renter-occupied (Figure 22). In most of the towns around Westwood, owner-occupied units are more common than in the state overall, for example 92.2% of housing units in Dover and 87.0% of housing units in Medfield are owner-occupied. The exceptions to this statistic are Hyde Park and Norwood, where 52.3% and 58.3% of housing units are owner-occupied, respectively.

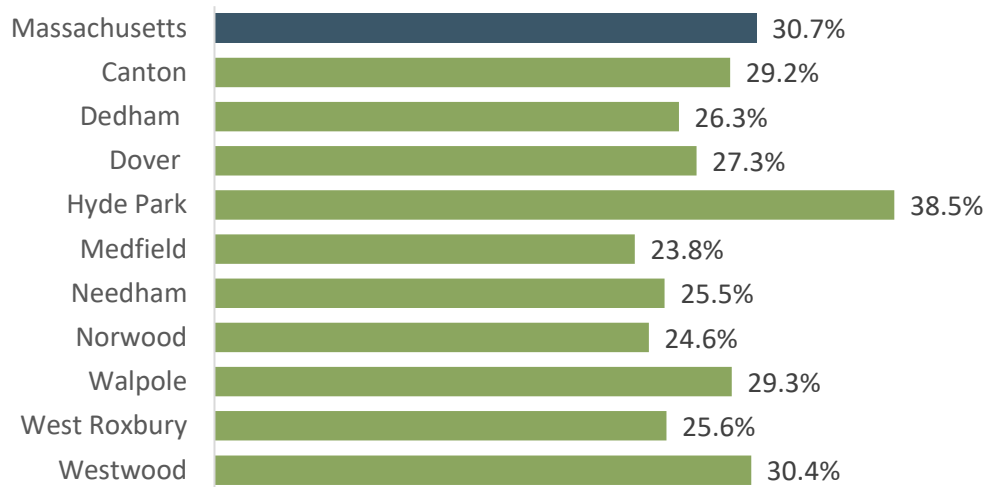
Figure 22. Percent of Housing Units Owner- or Renter-Occupied, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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 spend more than 30% of their income on housing costs (Figure 23). Many of the towns around Westwood are similar, with a range of 23.8% in Medfield to 38.5% in Hyde Park.

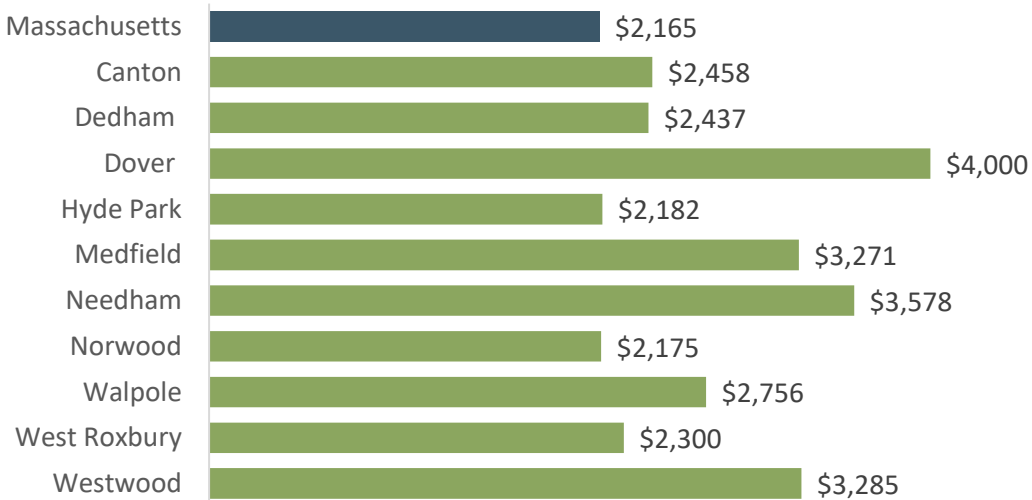
Figure 23. Percent Housing Units Where 30% or More of Income Spent on Monthly Housing Costs, by Owner-Occupied Household with a Mortgage, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Cost burden may not be associated with housing affordability in especially wealthy areas. For example Dover (27.3%) and Dedham (26.3%) have similar proportions of owner-occupied units spending over 30% of their income on housing, even though median housing costs are much higher in Dover (\$4,000/month) than Dedham (\$2,437/month) (Figure 24).

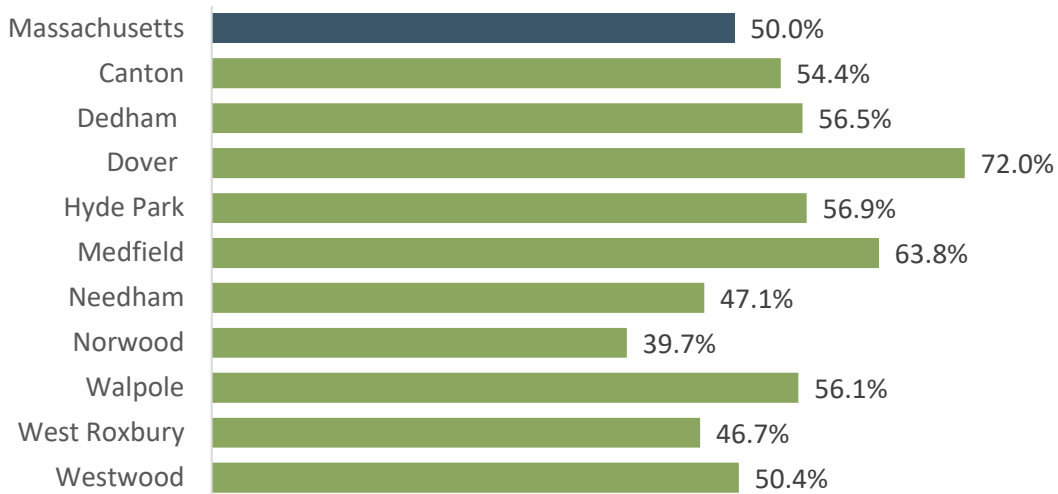
Figure 24. Median Monthly Housing Costs for Owner-Occupied Households with a Mortgage, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

In comparison, more renters tend to spend more than 30% of their income on housing costs compared to homeowners, even though their median monthly housing costs are lower. In the Westwood service area, 72.0% of rental units in Dover and 63.8% of rental units in Medfield were occupied by residents who spent over 30% of their income on housing costs (Figure 25). In Norwood, this was only 39.7%.

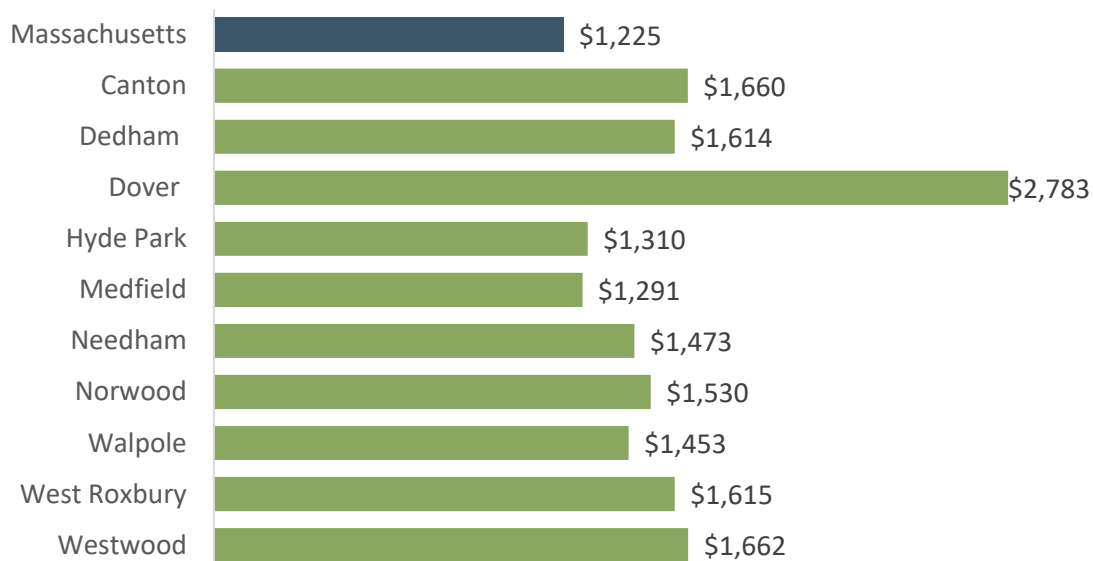
Figure 25. Percent Housing Units Where 30% or More of Income Spent on Monthly Housing Costs, by Renter, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Median housing costs for rental units did not vary as much across the region in 2014-2018 compared with owner-occupied costs, with a range of \$1,291 in Medfield to \$2,783 in Dover.

Figure 26. Median Monthly Housing Costs for Renter-Occupied Households, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

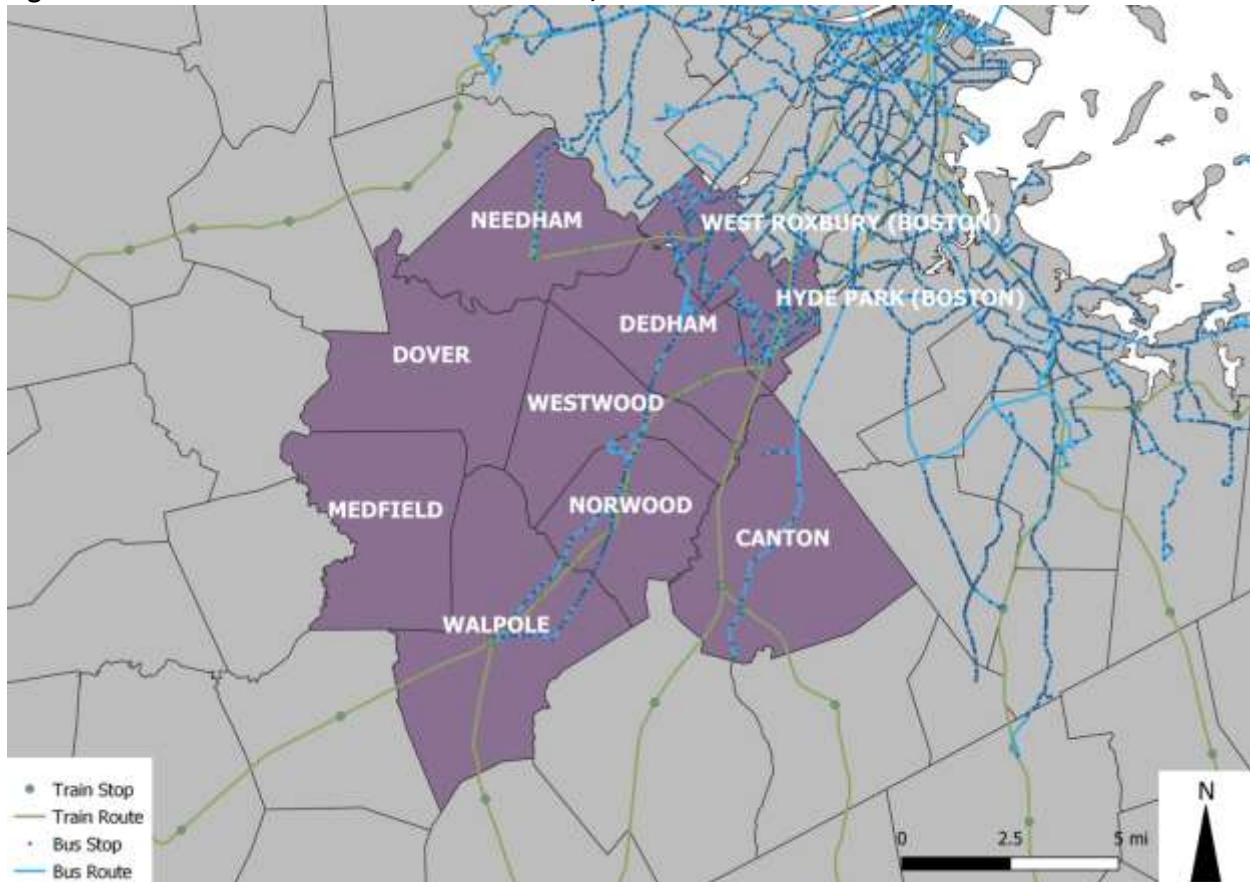
Transportation

“A lot of the industries that lower income workers work in are located on Route 1... [so] people have to walk across Route 1... because [there is] no transportation from residential areas.” – Key informant interviewee

“if you don’t have a vehicle then you’re not getting around Needham.” – Focus group participant

Perceptions of transportation access differed among communities in the Westwood service area. In some communities, such as Hyde Park, participants described public transportation as an asset of the community. For example, one participant stated that *“one of the things that I like the best of living in Hyde Park is that there’s a lot of access to transportation, like the bus routes.”* However, many participants described transportation as a major concern for towns in the Westwood service area. Participants noted that public transportation is limited and, while there are some taxi voucher programs, vans, and The Ride, these transit options are still limited and/or irregular. While many of the communities in the Westwood service area have a commuter rail or bus stop, participants were concerned about the *“first mile, last mile”* and how residents could get to these transit stops. As one participant described: *“if you don’t have a vehicle then you’re not getting around Needham.”*

Figure 27. MBTA Commuter Rail and Bus Routes, 2020



DATA SOURCE: Massachusetts Bureau of Geographic Information (MassGIS), Central Transportation Planning Staff (CTPS) of the Boston Region Metropolitan Planning Organization (MPO), 2020.

Participants described specific transportation concerns, as well as concerns for certain populations including low-wage workers, seniors, and students. For example, in Norwood, participants noted that “Route 1 divides the town” and that “A lot of the industries that lower income workers work in are located on Route 1... [so] people have to walk across Route 1... because [there is] no transportation from residential areas.” Some participants also noted that transportation for students is needed, with one interviewee stating that the community needs “transportation for students; that’s been a hurdle.” Lastly, transportation for seniors was a common concern, with participants describing a need for additional on demand transportation to medical appointments (including in Boston), as well as transportation for seniors to do social activities.

In 2014-2018, 70.2% of people in Massachusetts over age 16 commuted to work alone in a vehicle (Table 7). In Westwood service area, this ranged from 61.2% in the Hyde Park neighborhood of Boston to 74.7% in Walpole and 74.6% in Norwood. Commuting by public transportation was most common in Hyde Park (25.3%), Westwood (17.3%), and West Roxbury (17.1%).

Table 7. Means of Transportation to Work for Population 16 Years and Over, in Massachusetts, by Town and Boston Neighborhood, 2014-2018

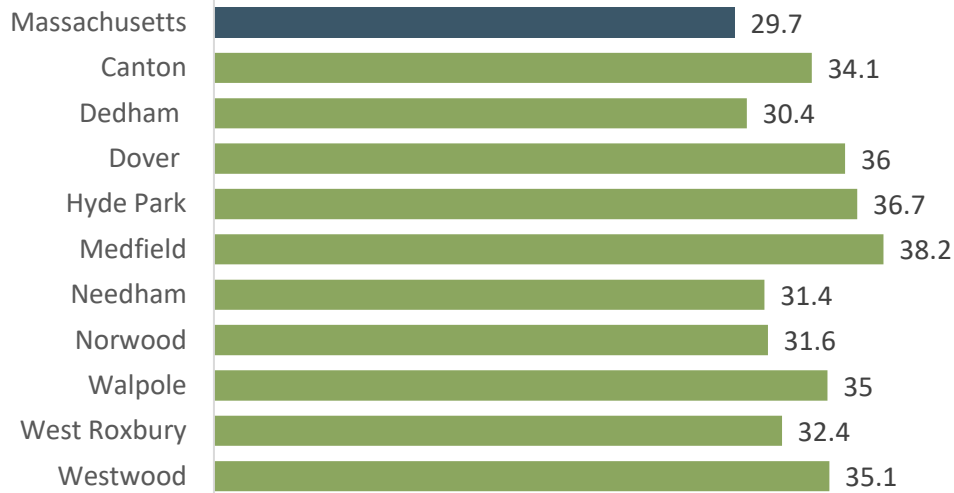
	Car, truck, or van - alone	Car, truck, or van - carpool	Public transportation	Other
Massachusetts	70.2%	7.5%	10.2%	2.1%
Norfolk County	67.9%	7.2%	14.4%	1.6%
Suffolk County	40.7%	6.7%	32.5%	3.6%
Boston	38.8%	5.9%	33.4%	3.8%
Canton	73.1%	7.2%	13.1%	0.3%
Dedham	71.6%	7.2%	11.2%	1.6%
Dover	68.4%	7.6%	9.2%	0.4%
Hyde Park	61.2%	8.3%	25.3%	0.9%
Medfield	68.3%	8.3%	9.3%	0.8%
Needham	70.4%	5.6%	11.7%	1.4%
Norwood	74.6%	7.3%	10.5%	1.2%
Walpole	74.7%	6.5%	10.7%	1.5%
West Roxbury	67.9%	6.9%	17.1%	2.0%
Westwood	66.1%	5.6%	17.3%	0.4%

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

NOTE: Other includes "worked at home" category, taxicabs, motorcycle, bicycle, and other means.

All towns in the area around Westwood had a slightly longer commute time than the Massachusetts average of 29.7 minutes (Figure 28). Commute time from Medfield was the longest, at 38.2 minutes, on average, while commute time from Dedham was shortest at 30.4 minutes.

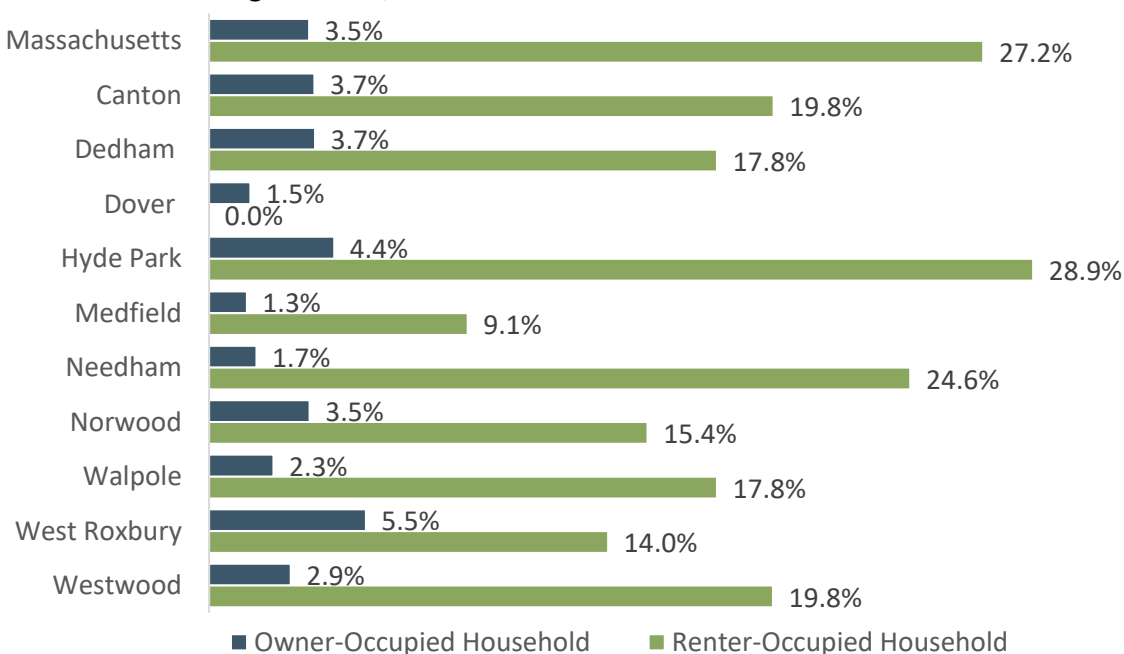
Figure 28. Mean Travel Time to Work (in Minutes), in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

In 2014-2018, renter-occupied households were more likely to have no vehicle available to them, across towns in the Westwood service area. In Hyde Park and Needham, approximately one quarter of households with renters did not have a vehicle (Figure 29).

Figure 29. Percent Households with No Vehicles Available, by Housing Tenure, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Built Environment

“There is a fair amount of shopping and grocery stores. Whole foods, Wegmans, Target. But there are also the small mom and pop stores too.” – Focus group participant

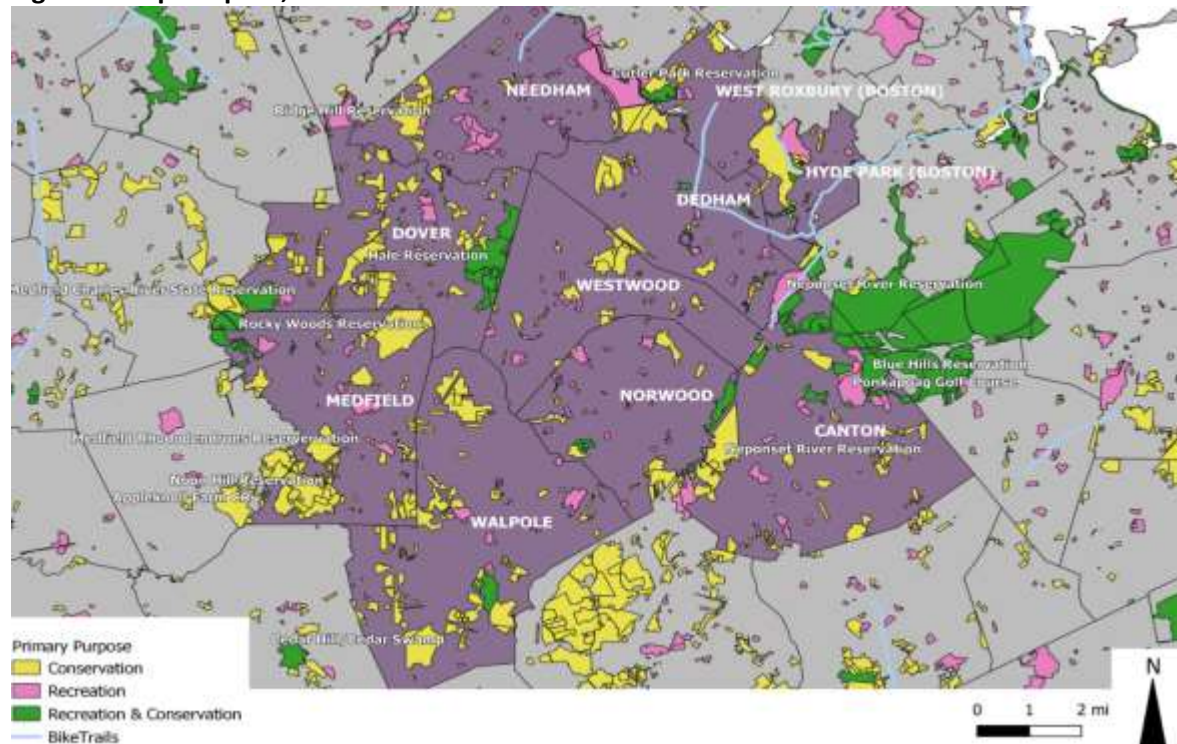
“Canton has a lot of green space and outdoor spaces. Places to bring kids or yourself to go hiking or biking.” – Focus group participant

“They’re putting in all of these apartments – what will that bring? Will it overflow the school systems? Will it increase traffic?” – Focus group participant

“Housing is controversial for many reasons. Structural racism, it’s NIMBY [not in my backyard], it’s all that.” – Key informant interviewee

Many participants described access to green and recreational space as an asset to the communities of the Westwood service area. This perspective was shared by community members who described their towns as “suburban” or “rural”, as well as participants who lived in Boston neighborhoods, such as Hyde Park, “a small town in the middle of the city.” Some participants also noted that, during the COVID-19 pandemic, they saw more residents biking and walking; other participants stated that outdoor recreation can be challenging, particularly for seniors or for residents who have trouble wearing masks. When discussing the built environment, one participant also noted that this area has “a fair amount of shopping and grocery stores.” Figure 30 below illustrates recreational space, conservation space, and bike trails in the Westwood service area.

Figure 30. Open Space, Westwood Service Area 2020

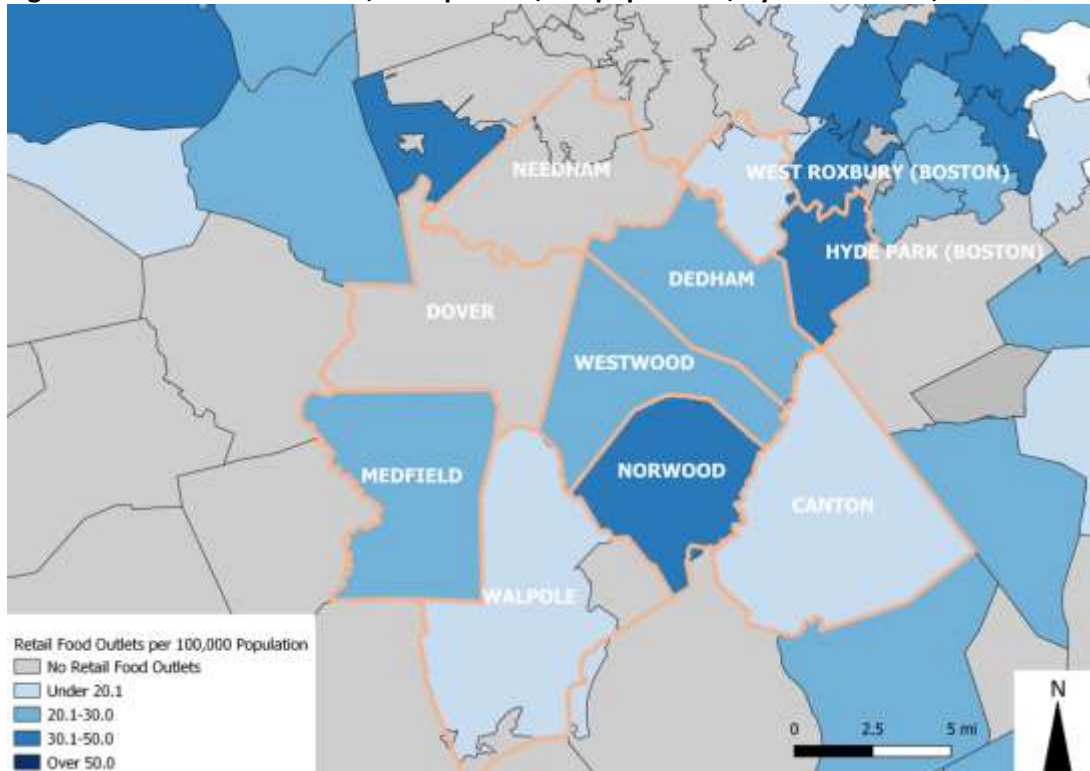


DATA SOURCE: Massachusetts Bureau of Geographic Information (MassGIS), Executive Office of Energy and Environmental Affairs, 2020.

Overdevelopment was raised as a concern by many participants. These participants described apartments, luxury condominiums, and large houses being built in the area. For example, one participant noted that: the “*small houses in town, instead of getting redone, they are getting torn down and then big complexes go up.*” Participants raised questions about how this development would impact the green space in their towns and neighborhoods, as well as whether an influx of new residents would impact the school system. For example, one participant asked: “*They’re putting in all of these apartments – what will that bring? Will it overflow the school systems? Will it increase traffic?*” When discussing concerns about development some participants also raised concerns about discrimination, with one participant noting that “*Housing is controversial for many reasons. Structural racism, it’s NIMBY [Not in my Backyard], it’s all that*” and another participant sharing that “*people are very clear about their ideas about building apartments and what kind of people that brings or what type of students will that bring.*”

Figure 31 and Figure 32 show maps of the Westwood service area for the density of retail food outlets and fast food restaurants in the area. Several communities, such as West Roxbury, Hyde Park, and Norwood 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. Canton and Walpole have the least density of retail food outlets. However, many of the same communities, including Canton and Dedham, also have high rates of fast food restaurants.

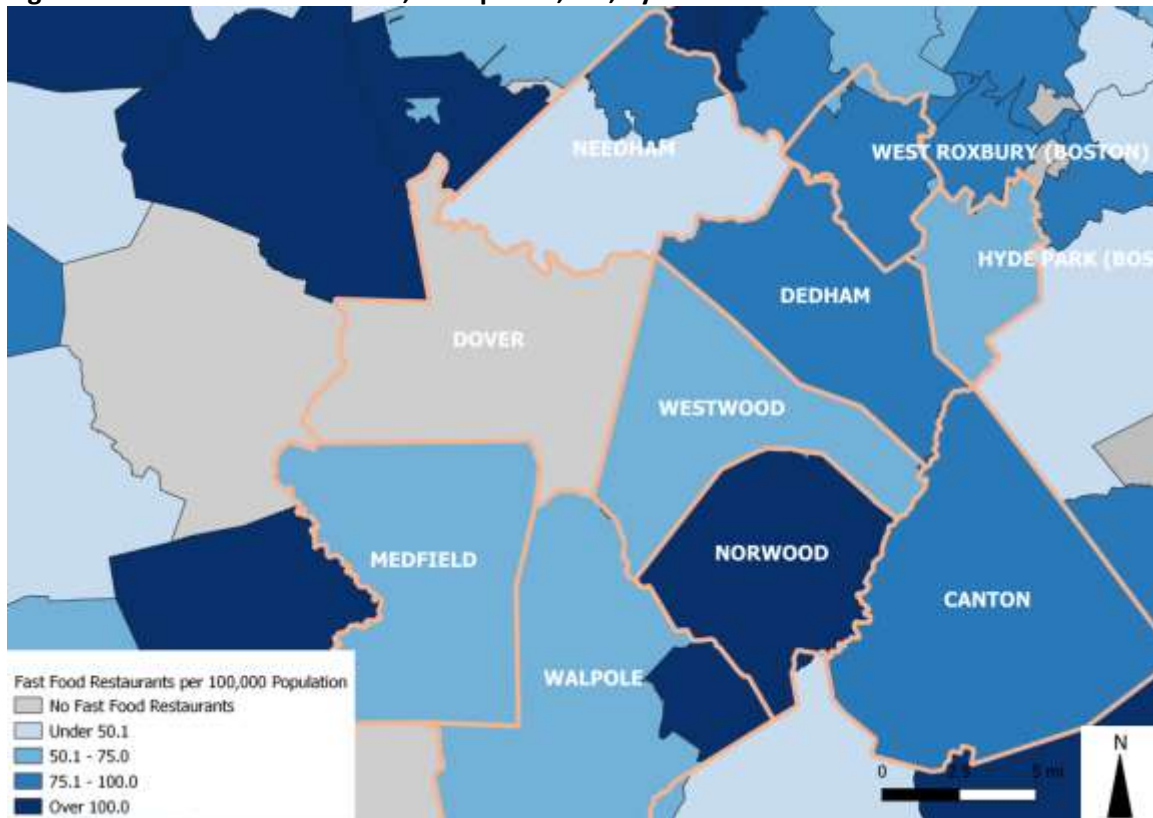
Figure 31. Retail Food Outlets, Rate per 100,000 population, by Census Tract, 2017



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 32. 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

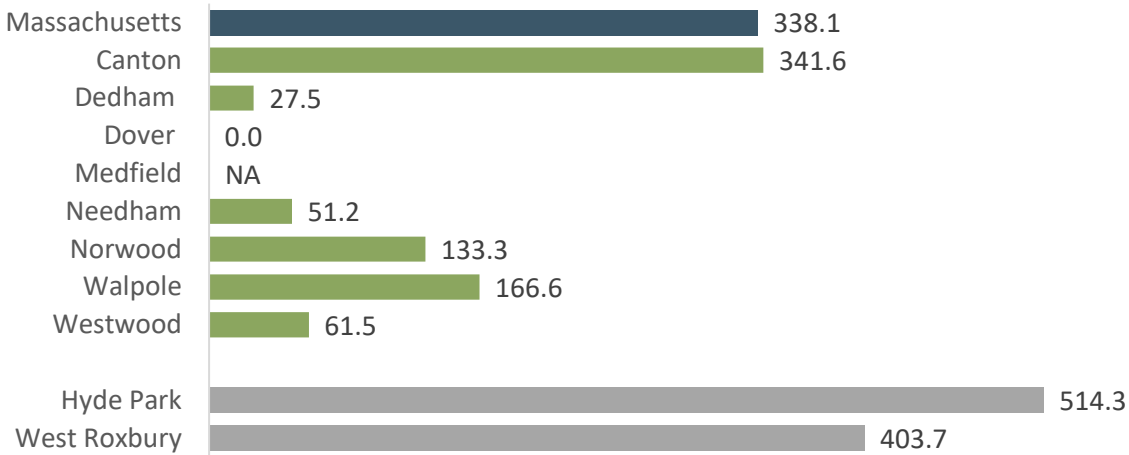
"The safety in the area is very welcoming. I really like that." – Focus group participant

"We've seen with COVID a slight increase in domestic violence issues – people are stressed economically, socially." – Key informant interviewee

Crime and violence were not common concerns raised by interview and focus group participants. The Westwood service area was generally described as safe. One participant noted that, compared to other neighborhoods in Boston, *"Hyde Park is safe,"* but noted that rents are higher in the area compared to other neighborhoods that may have higher levels of crime, but are also more affordable. A few interviewees did express concern about domestic violence, particularly during the pandemic. For example, one interviewee noted that *"We've seen with COVID a slight increase in domestic violence issues – people are stressed economically, socially."*

In 2018, rates of violent crime (i.e. murder, rape, robbery, aggravated assault) varied strikingly across the towns within the Westwood service area. Canton was near the state average, with 341.6 incidents of violent crime per 100,000 population (Figure 33). Dedham, Dover, Medfield, Needham, and Westwood all had fewer than 100 incidents per 100,000. Hyde Park (514.3) and West Roxbury (403.7) had higher violent crime rates than the state average. (It should be noted that data for Hyde Park and West Roxbury are from a different data source given that the areas are neighborhoods of Boston.)

Figure 33. Violent Crime, Rate per 100,000 Population, in Massachusetts, by Town and Boston Neighborhood, 2018



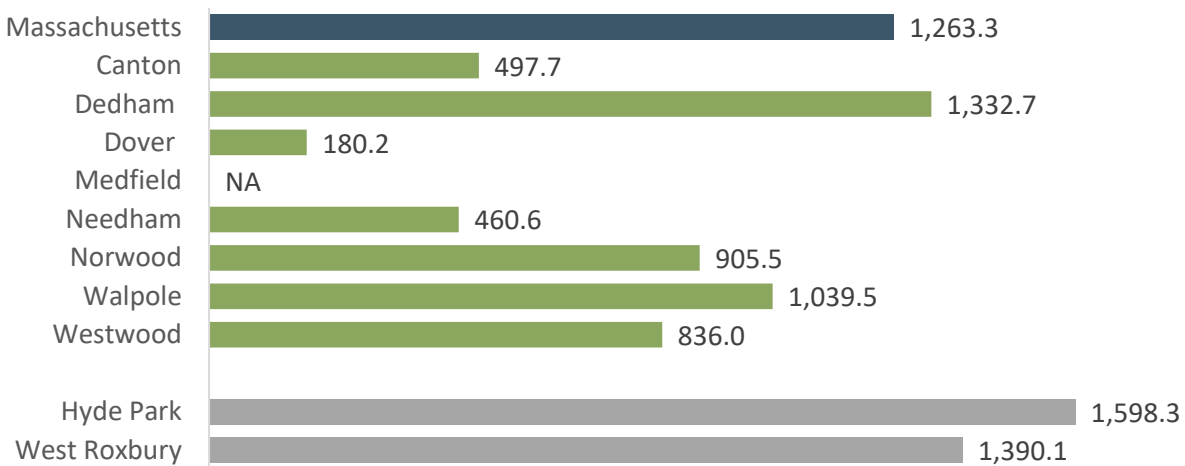
DATA SOURCE: for MA and Towns: Federal Bureau of Investigation, Uniform Crime Reports, Offenses Known to Law Enforcement, 2018.

* for Boston neighborhoods: Boston Police Department, Crime Statistics, Part One Crime Data by District 12-31-2018, 2018.

NOTE: Violent crime includes murder, rape, robbery, and aggravated assault.

Property crime (i.e. burglary, larceny, and auto theft) is much more common than violent crime. In 2018 in the Westwood service area, property crime was most common in Hyde Park (1598.3 per 100,000 population), West Roxbury (1390.1), and Dedham (1332.7) (Figure 34).

Figure 34. Property Crime, Rate per 100,000 Population, in Massachusetts, by Town and Boston Neighborhood, 2018



DATA SOURCE: for MA and Towns: Federal Bureau of Investigation, Uniform Crime Reports, Offenses Known to Law Enforcement, 2018.

* for Boston neighborhoods: Boston Police Department, Crime Statistics, Part One Crime Data by District 12-31-2018, 2018.

NOTE: Property crime includes commercial burglary, residential burglary, other burglary, larceny from motor vehicle, other larceny, and auto theft.

Discrimination and Racism

“They [White residents] are good people, they’re not burning crosses, but they have no idea that their White privilege has given them all that’s available to them.” – Key informant interviewee

“Because I have kids in high school, I know there are slurs that go on the wall. Even though it is a mixed town- [the kids in the METCO program] are treated different than the residents themselves.” – Focus group participant

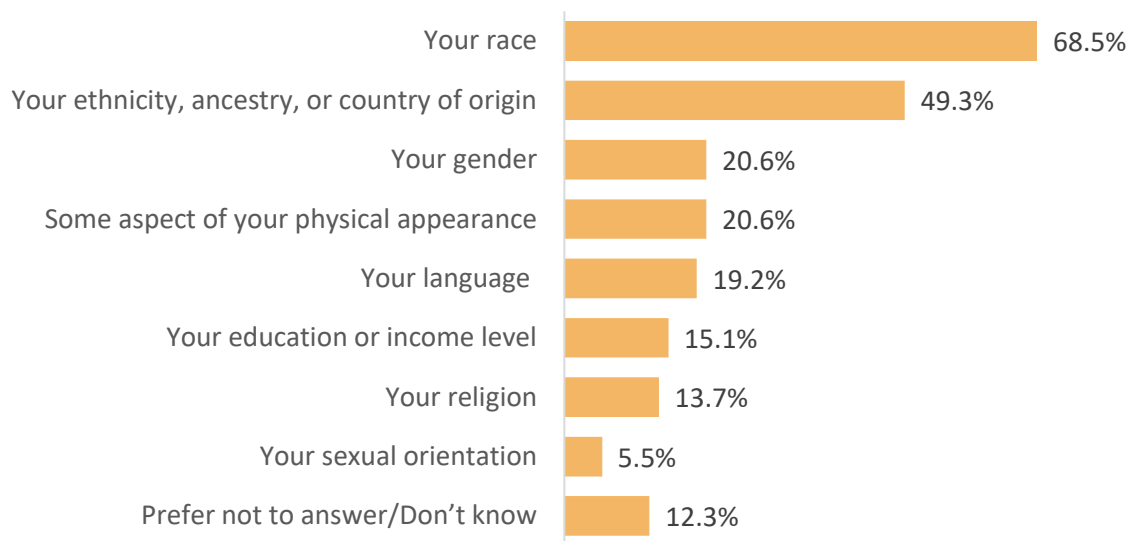
“People are so rude, ‘Why don’t you speak English well?’ Communication breaks and you feel so bad because you can’t communicate.” – Focus group participant

Many participants described the Westwood service area as an area that primarily includes “White, affluent” suburbs. As one parent participant shared: “When we were looking at all the preschools websites, there were only blond hair and blue eyes. At first, I didn’t notice but my six-year-old said, ‘How come there is no one like me on the website?’”. In addition to concerns about discrimination in the context of development described above, some participants noted that, in some of these communities, White residents may not be aware of their privileges. For example, one participant shared that in these communities: “They’re good people, they’re not burning crosses, but they have no idea that their White privilege has given them all that’s available to them.” Other participants described experiences of racism

due to their race and language. For example, one participant shared that: *“Because I have kids in high school, [I know] there are slurs that go on the wall. Even though it is a mixed town- [the kids in the METCO program] are treated different than the residents themselves.”* Another participant noted that: *“people are so rude, ‘Why don’t you speak English well?’. Communication breaks and you feel so bad because you can’t communicate.”* Many participants described vigils or protests held in their communities in response to the Black Lives Matter movement, and a few participants suggested that community coalitions be formed to take action around inequities and social justice.

Among the Westwood Community Priorities Survey respondents reporting that they themselves or their family members experienced discrimination in the past six months (16.2% of total sample), 68.5% of these respondents reported this was due to their race; 49.3% indicated it was due to their ethnicity, ancestry, or country of origin; and about 20% each reported it was due to their gender, physical appearance, or language spoken (Figure 35).

Figure 35. Percent of CHNA Community Priorities Survey Respondents Reporting Main Reasons for Discrimination, among Respondents Reporting Discrimination as an Issue, 2020 (N=73)



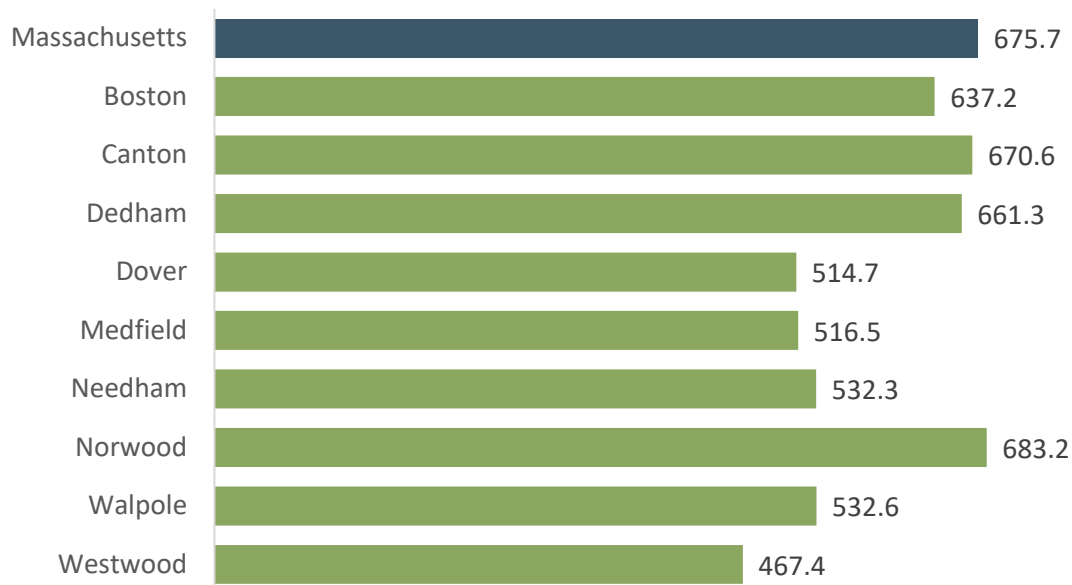
NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.
 DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

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 population varied between towns in the Westwood area in 2017, from a low of 467.4 in Westwood to highs of 670.6 in Canton and 683.2 in Norwood (Figure 36). Only Norwood had a higher mortality rate than the Commonwealth as a whole.

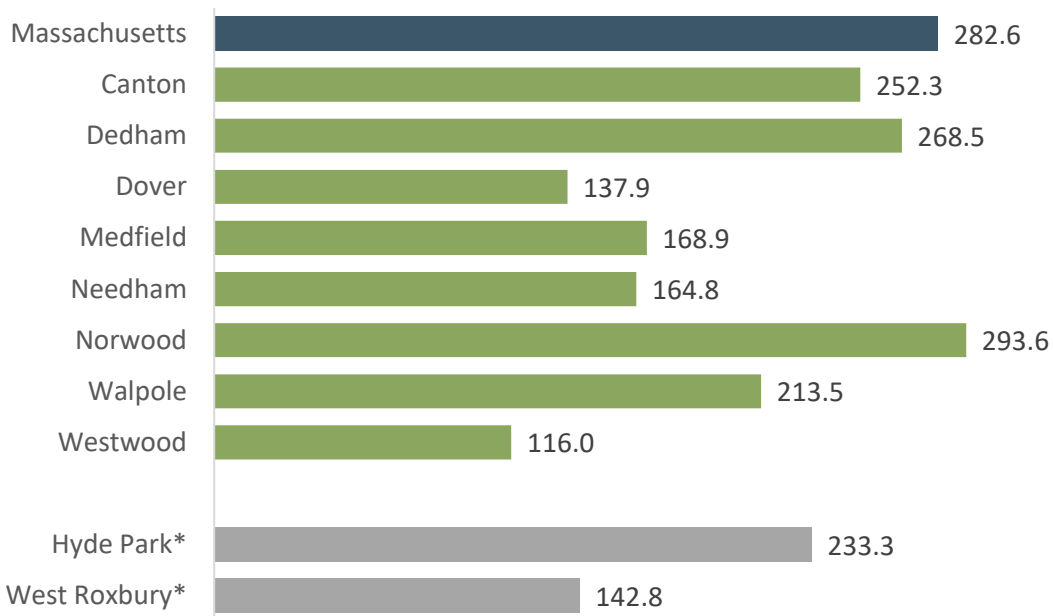
Figure 36. Overall Mortality, Age-Adjusted Rate per 100,000 Population, in Massachusetts and by Town, 2017



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

Age-adjusted premature mortality rates (deaths before age 65) in 2017 (and 2014-2016 for Boston neighborhoods) followed similar patterns (Figure 37). The lowest rates were in Westwood (116.0 per 100,000 population) and Dover (137.9), and the highest rates were in Dedham (268.5) and Norwood (293.6).

Figure 37. Premature Mortality, Age-Adjusted Rate per 100,000 Population, in Massachusetts, by Town (2017) and Boston Neighborhood (2014-2016 combined)



DATA SOURCE: for MA and Towns: Massachusetts Department of Public Health, Registry of Vital Records and Statistics (2017).

* for Boston neighborhoods: Massachusetts Department of Public Health, Registry of Vital Records and Statistics (2014-2016 combined). Analysis for Boston neighborhoods done by Boston Public Health Commission, Research and Evaluation Office.

Chronic Diseases and Related Risk Factors

“We’re pretty aligned with the state, not higher than the state...” – Key informant interviewee

“I don’t think of one illness. We could talk about arthritis, diabetes... but it’s when they accumulate that there’s an issue.” – Key informant interviewee

“It’s the combination of Alzheimer’s plus other illnesses compounding their health and wellness.”
– Key informant interviewee

In general, rates of chronic disease in the Westwood service area are similar to the state overall. While interview and focus group participants did not cite specific chronic diseases as pressing concerns in their communities, as shown above, a high proportion (44.7%) of Westwood Community Priorities Survey respondents indicated that “overweight/obesity” is an issue affecting them or their family. One interview participant noted that chronic disease rates in the area are similar to those statewide or slightly higher, given the senior population in the area: *“...we’re pretty aligned with the state, not higher*

than the state, same with our cancer rates. We do have heart disease, cardiovascular disease, rates a little higher for us. We have an older population...”.

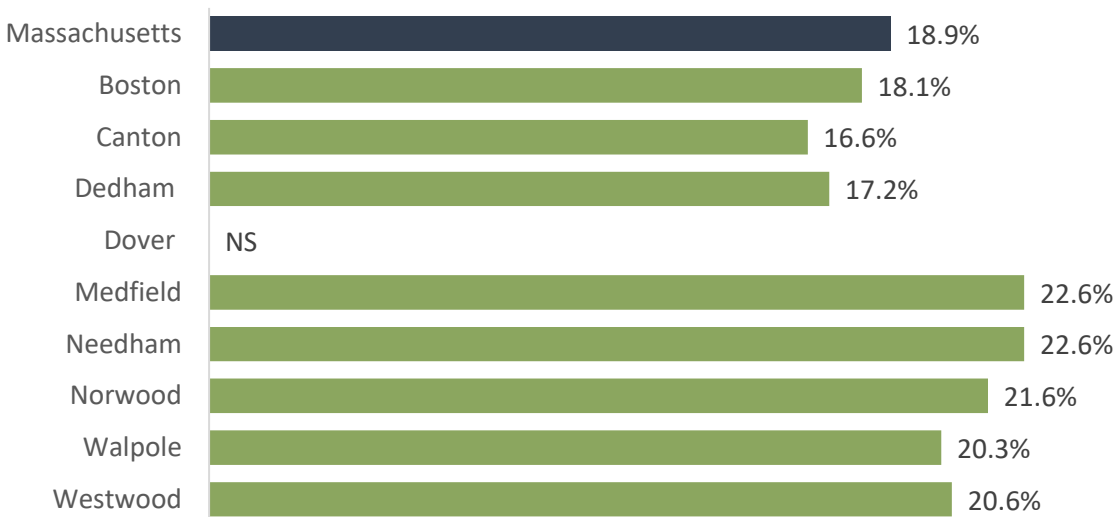
While participants did not frequently raise concerns about individual chronic diseases, some participants noted that comorbidities are a concern for their community, especially for seniors. As one participant described, “I don’t think of one illness. We could talk about arthritis, diabetes... but it’s when they accumulate then there’s an issue.” Some participants also expressed concern that during the COVID-19 pandemic, chronic diseases may not be appropriately managed given concerns about visiting health care facilities. For example, one participant stated that, “I worry that people are not keeping up with their chronic conditions.”

Alzheimer’s disease and other dementias also were noted as a concern in the Westwood service area, particularly when they co-occur with other chronic conditions. When speaking about the senior population, one participant stated that “it’s the combination of Alzheimer’s plus other illnesses compounding their health and wellness.” Other participants shared the perception of seeing an increase in community members with memory concerns, and also pointed to the need to support caregivers and families of persons living with dementia.

Overweight and Obesity

In 2011-2015, 18.9% of adults in Massachusetts reported consuming five or more fruits and vegetables every day (Figure 38). Percentages of this statistic were slightly lower in Boston overall, and in Canton, as well as Dedham, and higher in the other towns in the Westwood service area. However, none of the towns within the Westwood service area have greater than one quarter of the population report fruit and vegetable consumption in-line with these national guidelines.

Figure 38. Percent Adults Consuming Five or More Fruits and Vegetables Daily, in Massachusetts and by Town, 2011-2015



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.

In 2012-2014, the prevalence of overweight or obesity in Massachusetts was 59.0% (Figure 39). Most towns in Westwood service area had similar prevalence, ranging from highs of 64.8% in Hyde Park and 63.6% in West Roxbury (2013-2017 data), to 50.2% in Westwood and 50.6% in Medfield.

Figure 39. Percent Adults Reporting Obesity or Overweight, in Massachusetts and by Town (2012-2014) and Boston Neighborhood (2013-2017)



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

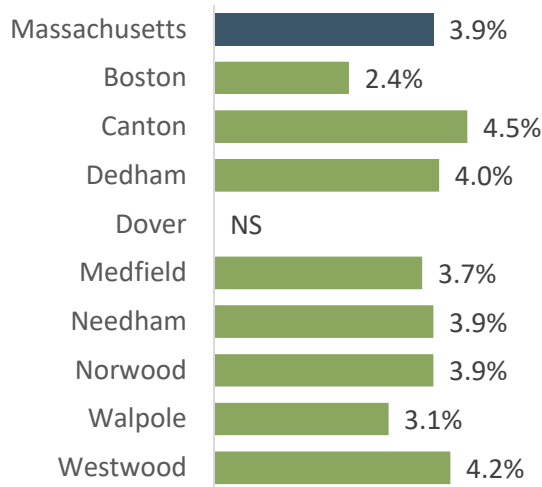
* for Boston Neighborhoods: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2013, 2015, and 2017.

NOTE: Data are aggregated based on multiple years; including 2012-2014 for MA and Towns and 2013, 2015 and 2017 for Boston neighborhoods. NS = Data not shown due to insufficient sample size.

Heart Disease

In 2012-2014, 3.9% of adults in Massachusetts reported having angina or coronary heart disease (Figure 40). Again, prevalence in the Westwood service area spanned this statewide estimate, ranging from 2.4% in Boston to 4.5% in Canton.

Figure 40. Percent Adults Reporting Angina or Coronary Heart Disease (CHD), in Massachusetts and by Town, 2012-2014

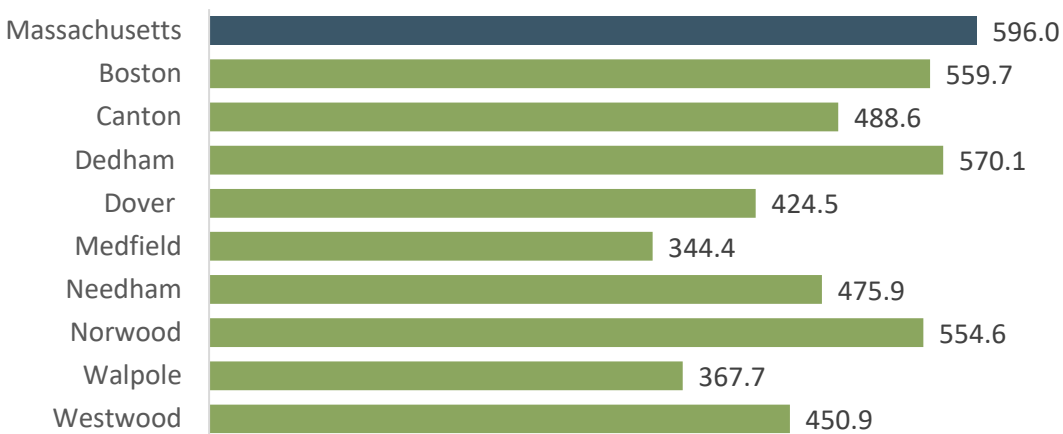


DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.

NOTE: Data are aggregated based on multiple years.

Age-adjusted rates of emergency department visits for heart disease also varied across towns in 2014. Dedham reported 570.1 visits per 100,000 residents, while Medfield only reported 344.4 visits (Figure 41).

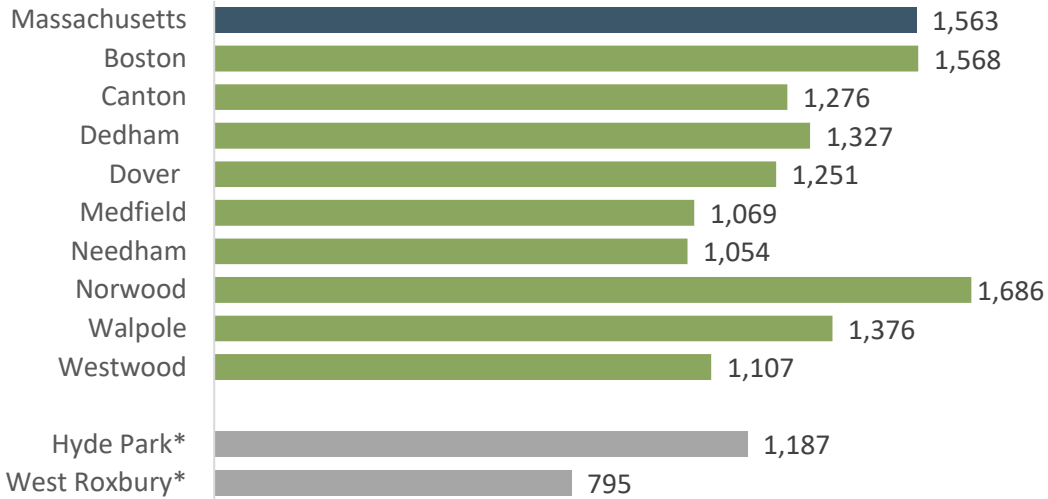
Figure 41. Heart Disease Emergency Department Visits, Age-Adjusted Rate per 100,000 Residents, in Massachusetts and by Town, 2014



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

Age-adjusted rates of hospitalizations for heart disease in 2016-2017 followed a somewhat different pattern. There were 1,686 hospitalizations per 100,000 residents of Norwood. However, there were 795 heart disease hospitalizations per 100,000 residents in West Roxbury, although this neighborhood data is slightly more recent than the other town-level data (Figure 42).

Figure 42. Heart Disease Hospitalizations, Age-Adjusted Rate per 100,000 Residents, in Massachusetts and by Town (2014) and Boston Neighborhood (2016-2017 combined)



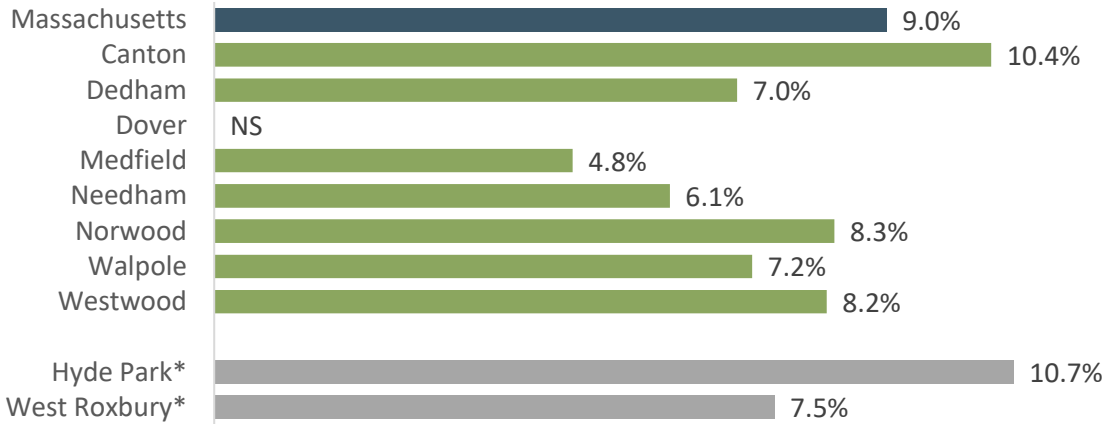
DATA SOURCE: for MA and Towns: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.

* for Boston Neighborhoods: CHIA, Boston Public Health Commission, 2016-2017 Combined.

Diabetes

Prevalence of diabetes among adults varied across the towns near Westwood in 2012-2014. The highest prevalence of this chronic condition was in Hyde Park (10.7%; 2013-2017 data) and Canton (10.4%) (Figure 43).

Figure 43. Percent Adults Reporting Diabetes, in Massachusetts and by Town (2012-2014) and Boston Neighborhood (2013-2017)



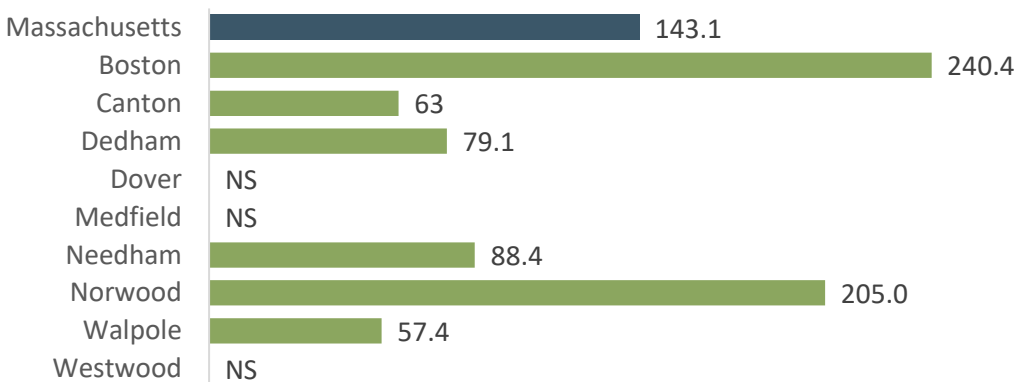
DATA SOURCE: for MA and Towns: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.

* for Boston Neighborhoods: Boston Public Health Commission, Boston Behavioral Risk Factor Surveillance System, 2013, 2015, and 2017.

NOTE: Data are aggregated based on multiple years; including 2012-2014 for MA and Towns and 2013, 2015 and 2017 for Boston neighborhoods. NS = Data not shown due to insufficient sample size.

Age-adjusted rates of emergency department visits were notably high in Norwood (205.0 per 100,000 residents) in 2014, exceeding the State's rate of 143.1 (Figure 44). Boston's rate was also high, but data were not available by specific neighborhoods.

Figure 44. Diabetes Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

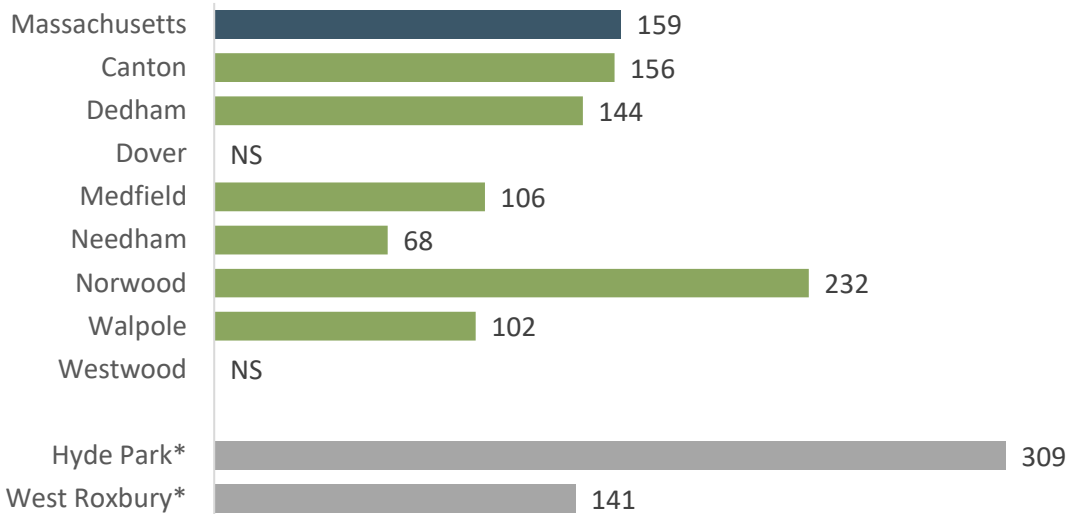


DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.

NOTE: NS = Data not shown due to insufficient sample size.

Age-adjusted hospitalizations for diabetes were highest in Hyde Park (309 per 100,000 population; 2016-2017 data) and Norwood (232 per 100,000; 2014 data) (Figure 45).

Figure 45. Diabetes Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town (2014) and Boston Neighborhood (2016-2017 combined)



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

* for Boston Neighborhoods: CHIA, Boston Public Health Commission, 2016-2017 Combined.

NOTE: NS = Data not shown due to insufficient sample size.

Cancer

Standardized Incidence Ratios (SIR) for cancer are calculated to compare local incidence rates with the expected rate for the Commonwealth overall, set at 100. In 2009-2013 in the Westwood area, the SIR for breast cancer was highest in Westwood (134), indicating the incidence of breast cancer was 34% higher than expected for a town in Massachusetts. For other cancers, the highest SIRs were 140 in Medfield for prostate cancer, 112 in Norwood for lung and bronchial cancer, and 131 in Westwood for colorectal cancer (Table 8).

Table 8. Cancer Standardized Incidence Ratios for Leading Cancer Types, 2009-2013

	Breast Cancer (female)	Prostate (male)	Lung and Bronchus	Colorectal
Boston	93	120	100	107
Canton	97	100	102	98
Dedham	119	98	107	72
Dover	111	112	62	86
Medfield	107	140	59	105
Needham	117	121	64	83
Norwood	99	88	112	126
Walpole	127	132	86	112
Westwood	134	112	90	131

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

Behavioral Health

Mental Health

“Westwood has great schools, but it’s also high pressure.” – Focus group participant

“Youth are being faced with isolation especially [children in] Prek-5th grade... they are missing out on a lot of social interactions that are important for development.” – Key informant interviewee

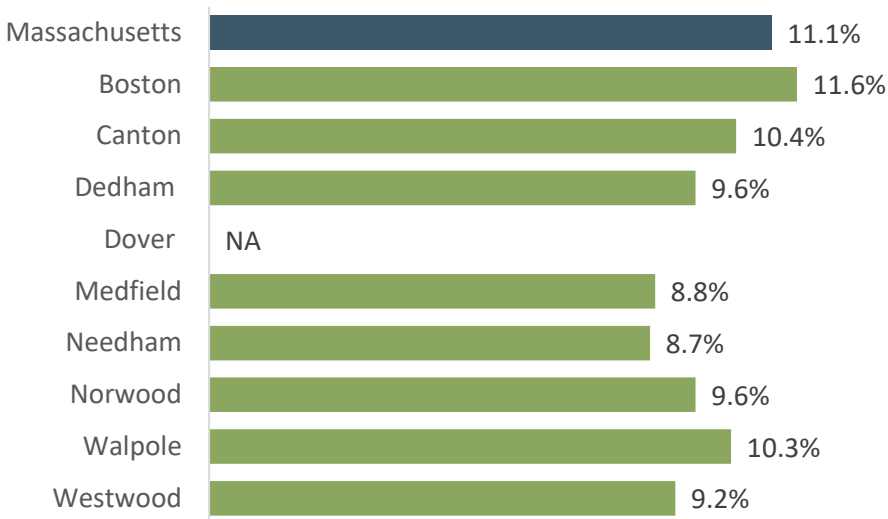
“An issue that will only get bigger during pandemic is isolation. It’s always an issue for our older citizens.” – Key informant interviewee

While rates of self-reported poor mental health days in Westwood service area are similar to the state overall, mental health was raised as a pressing concern in many interviews and focus groups. Participants noted that mental health conditions are present throughout the community, *“from the kids to the seniors.”* Participants described the anxiety and pressure that exists in general for community members, noting that *“one of the reasons they have the money”* to live in this area is that they *“are driven,”* which *“puts stress on marriages, teenagers, themselves...”*. Participants often described mental health concerns for specific populations: youth and seniors. Participants described anxiety, including *“achievement anxiety,”* among youth due to a high-pressure environment. For example, as one participant described, *“Westwood has great schools but it’s also high pressure.”* Bullying, and cyber-bullying also were specifically noted by some as concerns for youth in the area. Among seniors, participants described isolation and depression as pressing concerns. Some participants viewed mental health treatment in the area as limited, while others expressed the view that stigma is the main barrier that prevents individuals from seeking care.

Many participants expressed concern about the impact that the COVID-19 pandemic would have on mental health. Participants frequently discussed concerns related to youth, including depression and social isolation, and some noted that if youth have experienced previous trauma and related mental health concerns these would be exacerbated in the context of the pandemic. Participants noted that youth may be thinking *“about things they normally wouldn’t because they’re just at home, lots of depression and things can come up.”* Additionally, and especially for elementary school aged children and younger, participants shared concerns related to child development in the context of COVID-19. As one participant stated: *“Youth are being faced with isolation especially [children in] Prek-5th grade... they are missing out on a lot of social interactions that are important for development.”* Some participants also noted that parents are worried and stressed, and that kids understand and can be impacted by their parents’ mental health. Another population that was described as particularly vulnerable to mental health issues during the pandemic was seniors, which is described in more detail in the subsequent section.

In 2012-2014, there was minor variation across the Westwood service area in the proportion of adults reporting 15 or more days of poor mental health in the past month. The highest proportion of adults reporting 15 or more days of poor mental health in the past month was in Canton (10.4%) and the lowest was in Needham (8.7%) (Figure 46). Data for Boston were not available by specific neighborhoods.

Figure 46. Percent of Adults Reporting 15 or More Days of Poor Mental Health in the Last Month, in Massachusetts and by Town, 2012-2014

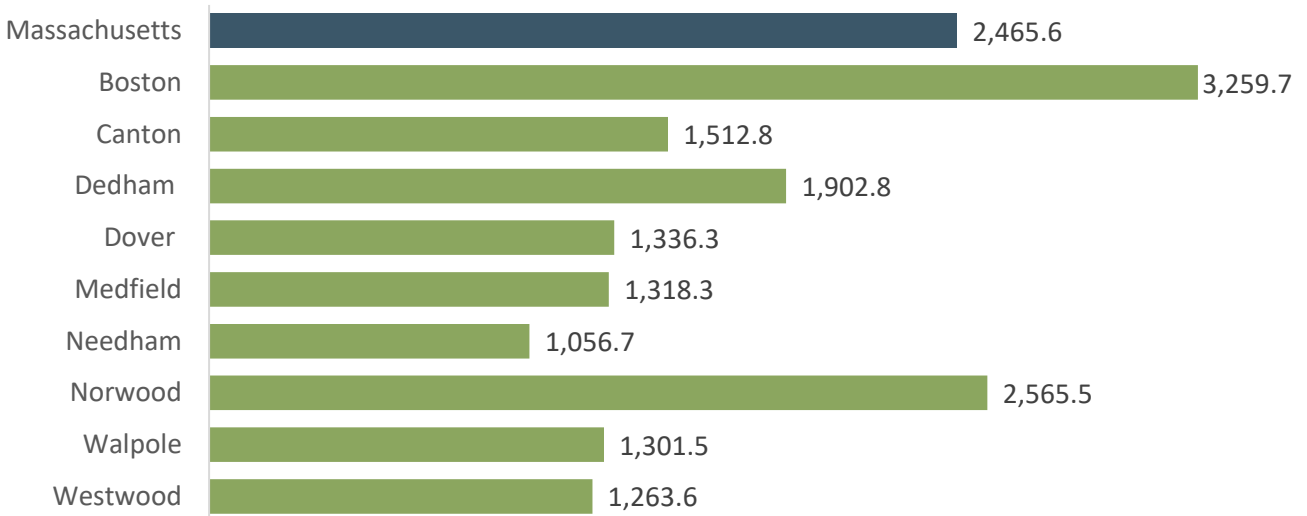


DATA SOURCE: Massachusetts Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS) Small Area Estimates, 2012-2014.

NOTE: Data are aggregated based on multiple years.

Age-adjusted emergency department visits for mental health followed a different pattern in 2014. Norwood reported 2,565.5 visits per 100,000 residents, compared to only 1,056.7 in Needham (Figure 47).

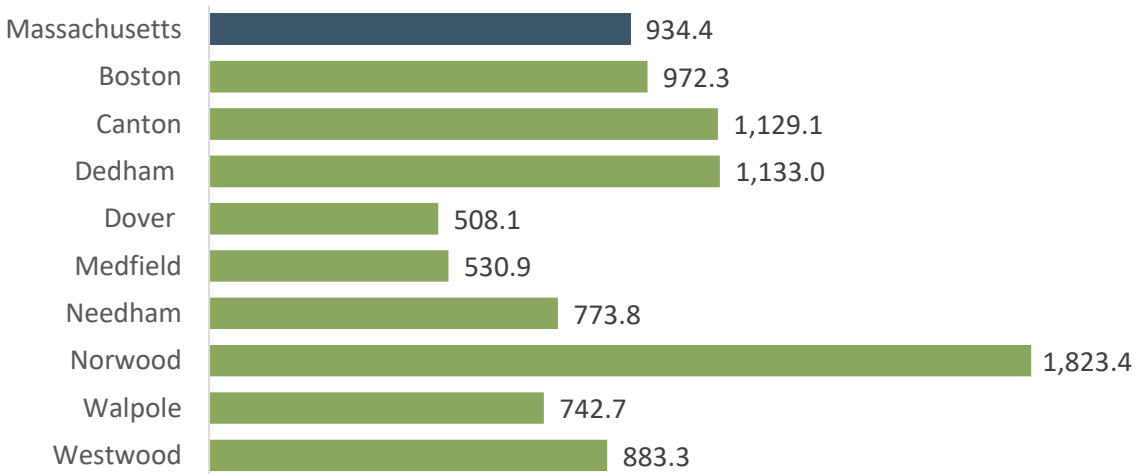
Figure 47. Mental Health Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014



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

Age-adjusted hospitalizations for mental health were also relatively high in Norwood in 2014 (1,823.4 per 100,000 residents) (Figure 48). Canton and Dedham also had rates that appeared to be above the state average.

Figure 48. Mental Health Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014



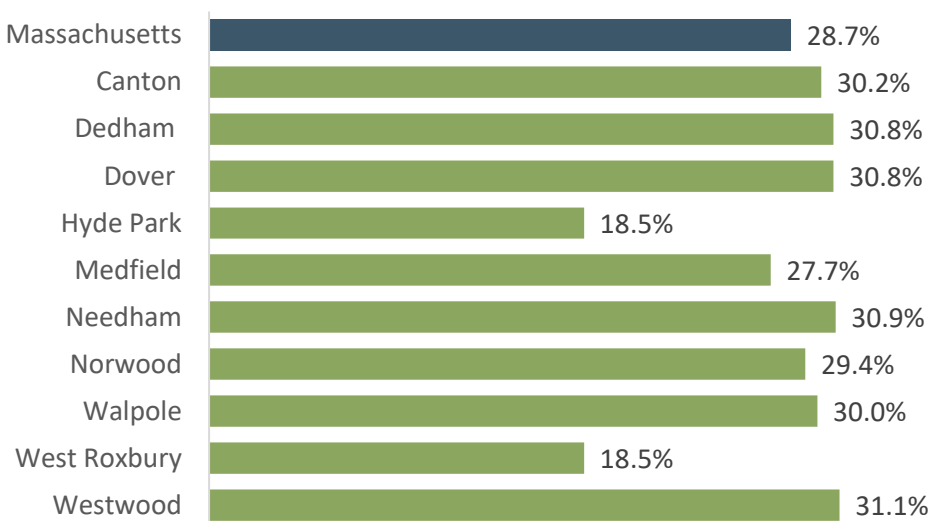
DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.

Mental Health among Seniors

Many participants noted that isolation can be a concern community-wide, but that seniors in particular are isolated especially during the pandemic and that this isolation can lead to a variety of mental health issues. As one participant explained: *“An issue that will only get bigger during pandemic is isolation. [It’s] always an issue for our older citizens. We are a typical suburban community, you can be in your house, you don’t necessarily know your neighbors, you can struggle without anyone being aware.”*

Secondary data indicate that many seniors were struggling with mental health even before the pandemic. In 2018, almost one in three Massachusetts seniors 65+ years old reported having depression (Figure 49). Prevalence was similar in most towns around Westwood, with the exception of Hyde Park and West Roxbury, where only 18.5% of seniors reported having depression.

Figure 49. Percent of Adults Aged 65 years or Older with Depression, in Massachusetts, by Town and Boston Neighborhood, 2018



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

Substance Use

“There’s definitely lots of drugs, not heroin, but all the other kinds of pills and things like that... When you have money, have access to buying things.” – Key informant interviewee

“I wasn’t a big drinker before COVID but once it started, I was drinking more.” – Focus group participant

Participants expressed some concerns about substance use in the Westwood service area. Specific types of substance use mentioned as concerns by participants included: alcoholism, vaping and in particular use of Juul e-cigarettes, and access to *“pills”* and *“minor drugs.”* A few participants noted that opiate use, including heroin has not been a large concern in the area, with one participant explaining: *“Opioids have not been so severe here; there have been no deaths in past years.”* This perception of limited opiate use is reflected in the secondary data below. As one participant summarized: *“There’s definitely lots of drugs, not heroin, but all the other kinds of pills and things like that... When you have money, have*

access to buying things.” Some participants also expressed concern about how the COVID-19 pandemic may be impacting substance use for community members. One focus group participant, for example, shared that *“I wasn’t a big drinker before COVID but once it started, I was drinking more.”* One participant shared that there may be misperceptions about substance use during COVID-19 and noted the importance of messaging accurate information to the community.

Opioid-related overdose deaths were very rare in the towns around Westwood in 2014-2019, with only Dedham in 2016 and Walpole in 2018 reporting 10 or more deaths (Table 9).

Table 9. Count of Opioid-Related Overdose Deaths, Massachusetts and by Town, 2014-2019

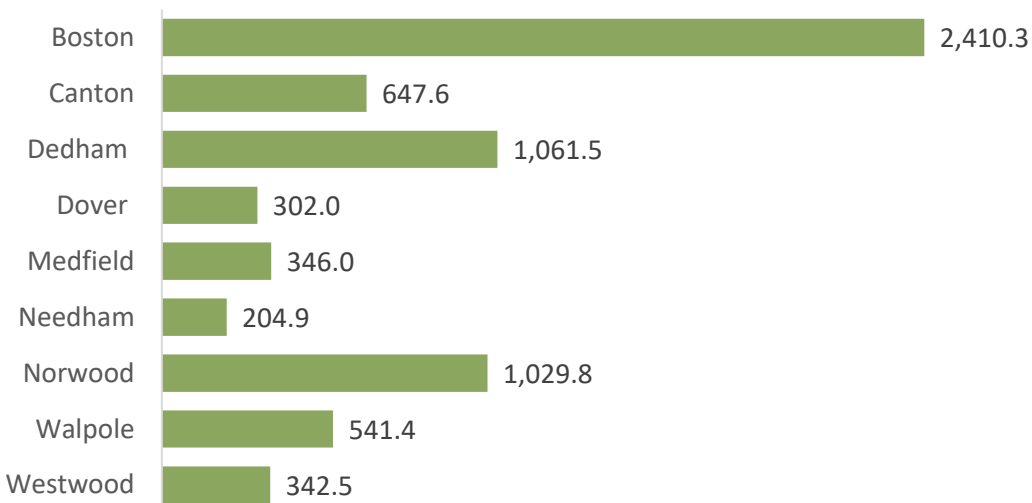
	2014	2015	2016	2017	2018	2019
Massachusetts	1,365	1,747	2,094	1,977	2,005	1,972
Boston	108	155	195	200	182	165
Canton	4	6	6	9	4	0
Dedham	4	5	11	3	5	3
Dover	0	0	0	1	0	1
Medfield	0	0	1	0	2	0
Needham	0	1	1	1	2	1
Norwood	5	7	6	8	6	5
Walpole	1	4	7	4	10	5
Westwood	2	1	5	0	0	0

DATA SOURCE: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, Number of Opioid-Related Overdose Deaths All Intentions by City/Town, 2013-2019 (updated April 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.

In 2016-2017, there was variation in the rate of enrollment for substance addiction services in the towns around Westwood. Boston had by far the most enrollments, but data were not available by specific neighborhood. The highest rates were in Dedham (1,061.5 enrollments per 100,000 residents) and Norwood (1,029.8 enrollments) (Figure 50).

Figure 50. Bureau of Substance Addiction Services Enrollments, Rate per 100,000 population, by Town, 2016-2017



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

Environmental Health

“There are people who have concerns [about toxic contaminants in the soil when they are] growing gardens in their backyards or playing in their yards.” – Focus group participant

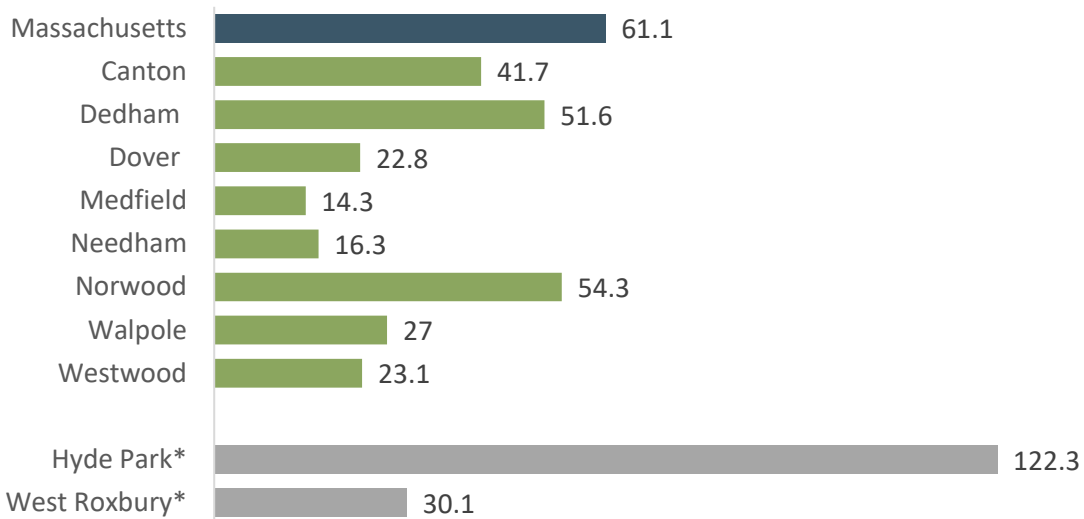
“Hyde Park is very old – a lot of magnesium was dumped in our neighborhood.” – Focus group participant

Only a few interview and focus group participants shared concerns related to environmental health. One participant noted that there are contaminants in the streams and soil in the area, describing this contamination as follows: *“There was a stream behind our house that the movie Erin Brockovich is about. One of my neighbors just passed away from the contaminants. There are people who have concerns about growing gardens in their backyards or playing in their yards.”* Another participant noted that their neighborhood is very old, and that *“a lot of magnesium was dumped”* in the area. However, in general, environmental health issues were not raised often by participants.

Asthma

In 2016, (Boston neighborhoods have combined 2016-2017 data), 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 122.3 visits per 100,000 (Hyde Park) and 54.3 visits per 100,000 (Norwood) to 14.3 visits per 100,000 (Medfield) (Figure 51).

Figure 51. Asthma Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town (2016) and Boston Neighborhood (2016-2017 combined)

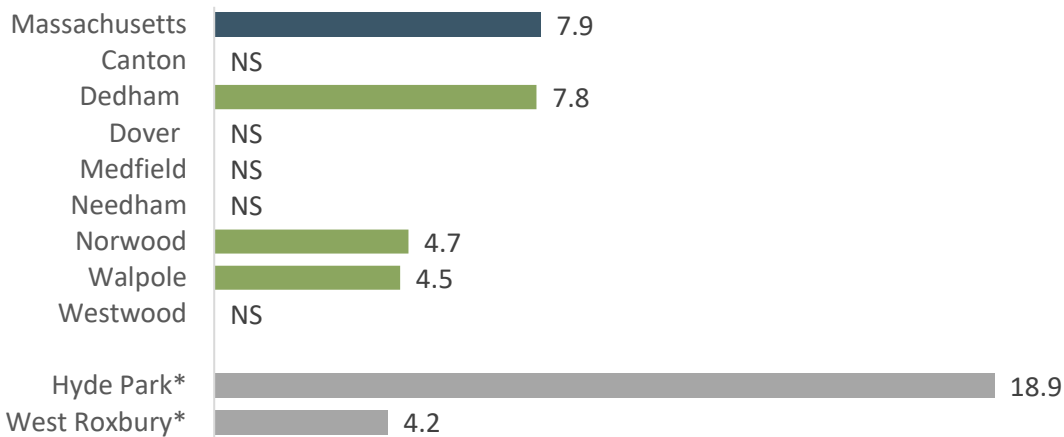


DATA SOURCE: for MA and Towns: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2016.

* for Boston Neighborhoods: CHIA, Boston Public Health Commission, 2016-2017 Combined.

In 2016, (Boston neighborhoods had combined 2016-2017 data), Massachusetts had an age-adjusted rate of 7.9 asthma hospitalizations per 100,000 population. The rates in towns and neighborhoods within the Westwood service area ranged from 18.9 hospitalizations per 100,000 (Hyde Park) and 7.8 hospitalizations per 100,000 (Dedham) to 4.2 visits per 100,000 (West Roxbury). Data from several towns are not present due to insufficient sample size (Figure 52).

Figure 52. Asthma Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town (2016) and Boston Neighborhood (2016-2017 combined)



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

* for Boston Neighborhoods: CHIA, Boston Public Health Commission, 2016-2017 Combined.

NOTE: NS = Data not shown due to insufficient sample size.

Air Quality

Fine particulate matter (PM2.5) is an air pollutant that is a concern for people's health when levels in air are high. 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 were under that threshold. Data indicate that annual average PM2.5 concentrations for the area were around 7.4 for most towns, ranging from 7.8 micrograms/cubic meter in Boston to 7.2 micrograms/cubic meter in Canton (Figure 53).

Figure 53. Air Quality Modeled Data Annual Average PM2.5 Concentrations (micrograms/cubic meter), by Town, 2014



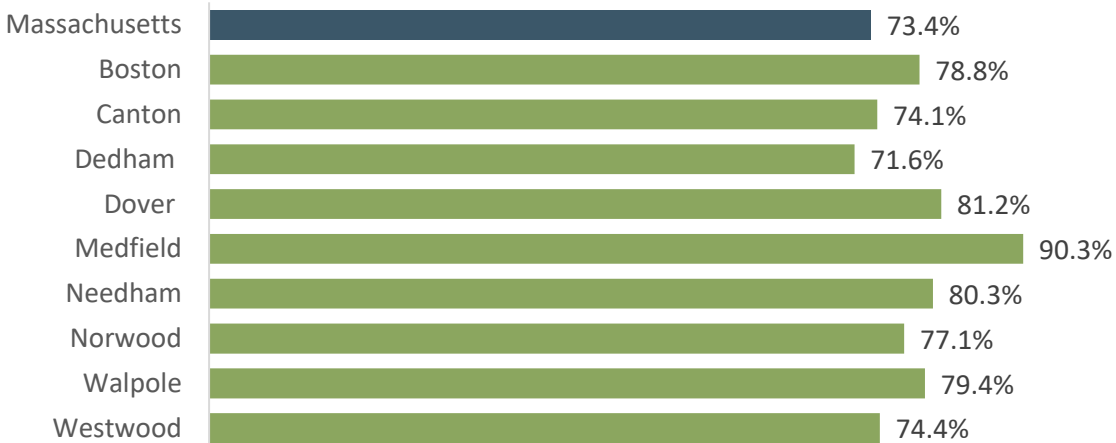
DATA SOURCE: Massachusetts Department of Public Health, Bureau of Environmental Health, 2014.

NOTE: Air Quality is a localized measure, therefore statewide estimates are not available.

Lead

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 71.6% in Dedham to 90.3% in Medfield (Figure 54).

Figure 54. Percent of Children 9-47 Months Screened for Lead Poisoning, in Massachusetts and by Town, 2013-2017



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

Infectious and Communicable Disease

COVID-19

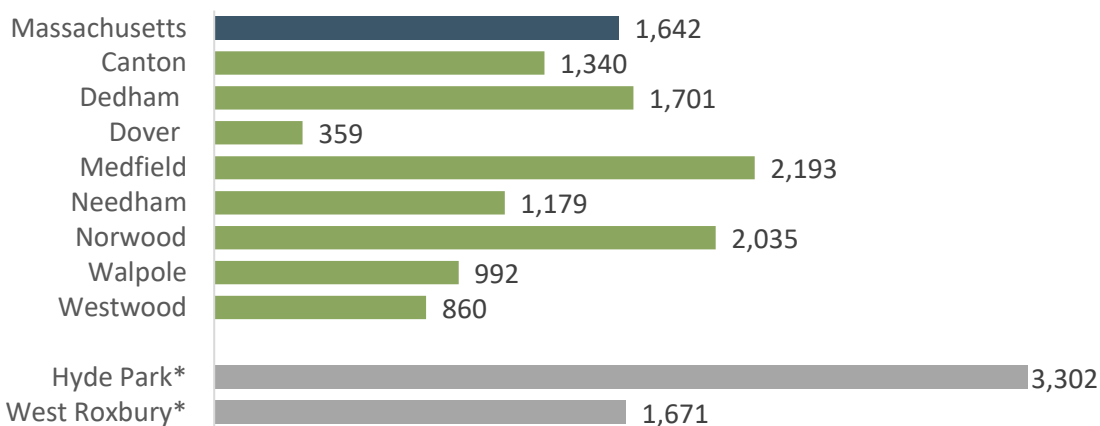
“One of the biggest issues was not being able to be tested... If we could have had the ability to test everyone it would have been greatly beneficial.” – Key informant interviewee

“In our community, there are a lot more low-wage workers when [you] look at [COVID-19] cases.” – Key informant interviewee

Interview and focus group participants shared concerns about the ongoing spread and impact of COVID-19. Some participants described frustration that residents were not following social distancing and mask-wearing recommendations and that there were no mechanisms for enforcing these recommended measures to prevent the spread of COVID-19. Many participants also shared concerns about access to testing (including whether free testing was available) and the accuracy of testing. Participants also noted that COVID-19 has disproportionately affected certain communities and populations including low-wage workers and immigrants. One interviewee who had done contact tracing and described speaking with *“one family, immigrants, non-English speaking, multi-generational family in a two-bedroom apartment”* and seeing *“how [the] virus spread within households, [because they] didn’t have [the] luxury of owning a house and being able to... isolate themselves.”* Another interviewee shared that *“[i]n our community, there are a lot more low-wage workers when [you] look at [COVID-19] cases.”*

Through mid-August 2020, the COVID-19 case rate in MA was 1,642 cases per 100,000 population. The case rate varied across the Westwood service area, with the highest case rate occurring in Hyde Park (3,302 per 100,000 population) and the lowest case rate occurring in Dover (359 per 100,000 population).

Figure 55. Coronavirus (COVID-19) Case Rate per 100,000 Population, in Massachusetts, by Town and Boston Neighborhoods, as of mid-August 2020



DATA SOURCE: Massachusetts Department of Public Health, 2020.

* for Boston neighborhoods: Boston Public Health Commission (BPHC), Communicable Disease Control Division, 2020.

NOTE: Data for MA and towns as of August 12, 2020. Data for Boston neighborhoods as of August 6, 2020.

Vector-Borne Infectious Diseases

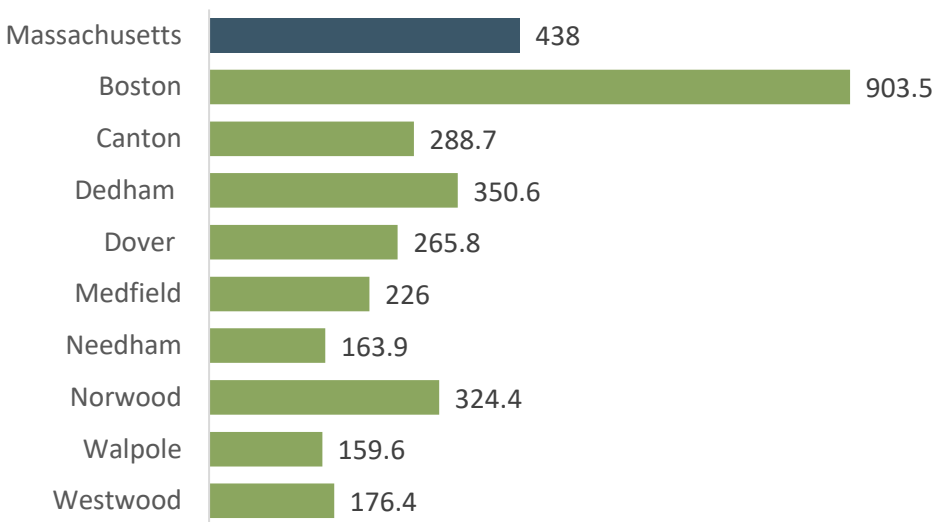
Some focus group participants described Lyme disease as a concern in their communities and one participant expressed worry about “Triple E” or Eastern Equine Encephalitis. Participants noted that Lyme disease has affected people that they know personally, with one participant sharing that “Lyme disease is a huge concern. We have so many ticks and the more people I talk to the more people I know are affected by Lyme disease.” In 2019, the Massachusetts Department of Public Health reported that the rate of Emergency Department visits due to tick-borne diseases was 6.6 per 10,000 population in Norfolk County and 1.6 per 10,000 population in Suffolk County.⁹

Sexual Health and Sexually Transmitted Diseases

Sexual health concerns were not raised frequently by interview or focus group participants. One focus group participant did share that “Sexual education is lacking” and noted a need for more sexual education resources in schools. However, this topic was not raised in other interviews or focus groups.

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 159.6 in Walpole to 903.5 in Boston (Figure 56).

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

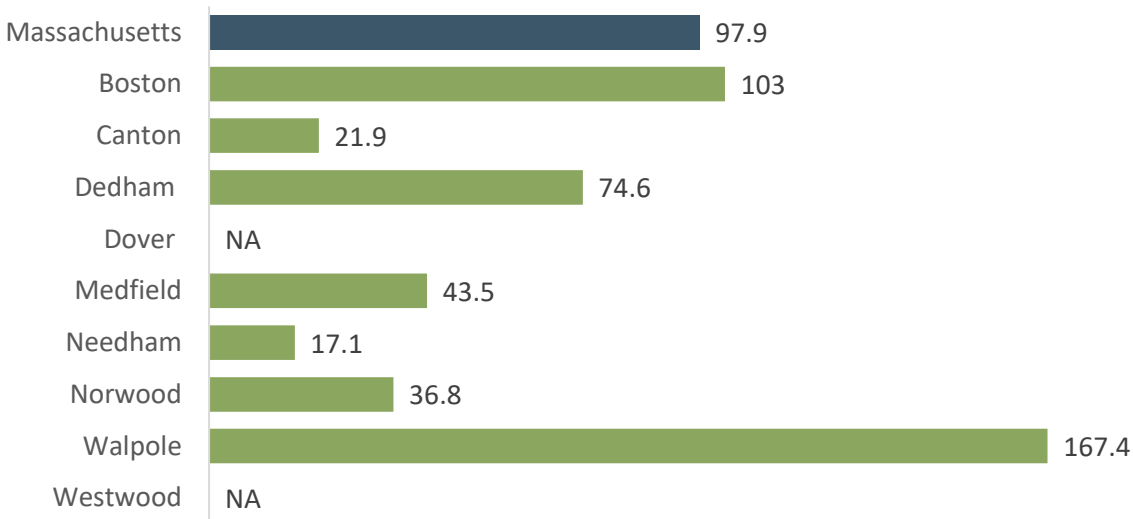


DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2018.

⁹ Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2019.

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 17.1 in Needham to 167.4 in Walpole (Figure 57).

Figure 57. Hepatitis C Cases, Crude Rate per 100,000 population, in Massachusetts and by Town, 2018

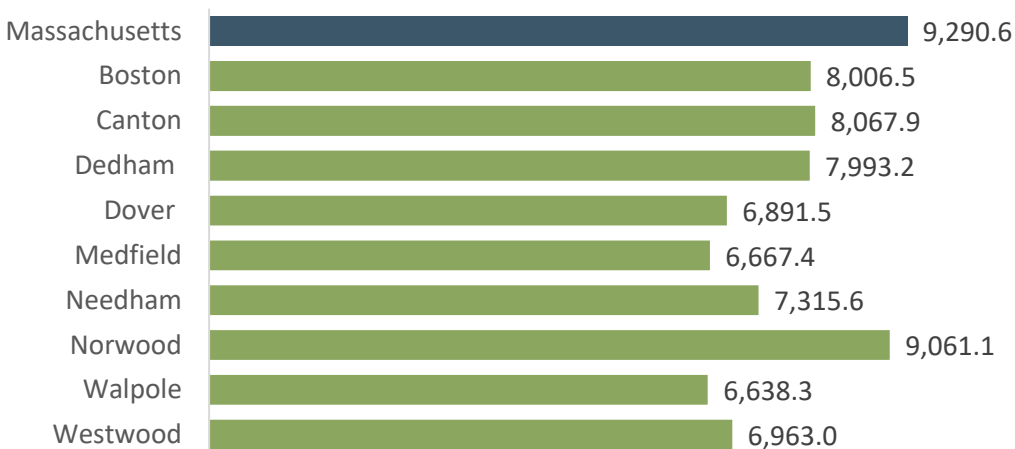


DATA SOURCE: Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, 2018.

Injury

Interview and focus group participants did not raise injury as a concern for their communities. 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 6,638.3 (Walpole) to 9,061.1 (Norwood) per 100,000 population (Figure 58).

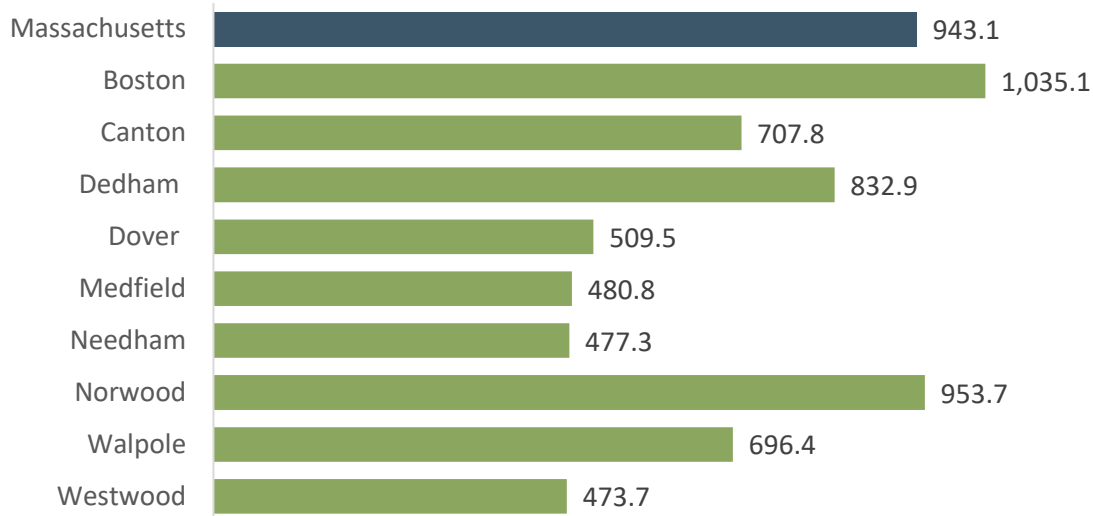
Figure 58. Unintentional Injury Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014



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 473.7 per 100,000 population in Westwood to 1,035.1 per 100,000 population in Boston (Figure 59).

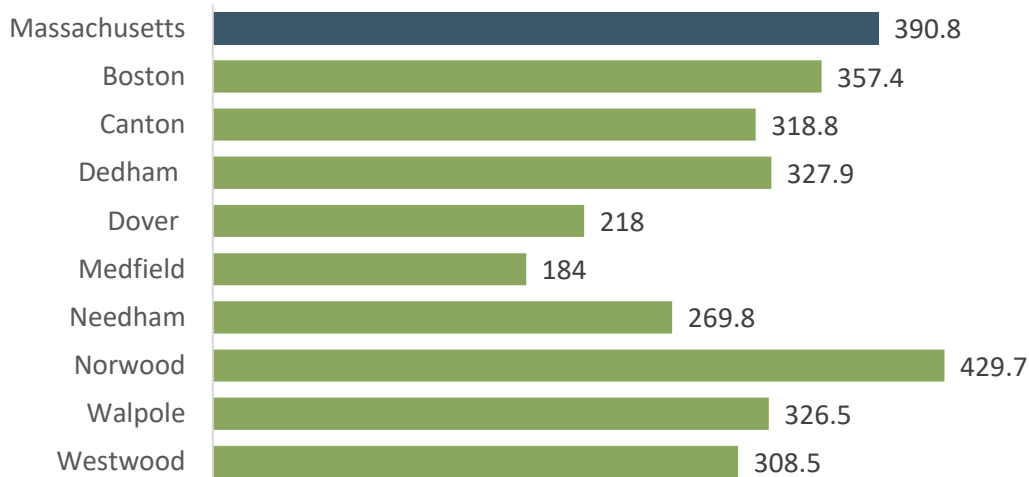
Figure 59. Motor Vehicle Accidents where Occupants are Injured, Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014



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 hospitalizations due to a fall was 390.8 in Massachusetts. By town, the age-adjusted rate per 100,000 population of fall hospitalizations ranged from 184 in Medfield to 429.7 in Norwood (Figure 60).

Figure 60. Falls Hospitalizations, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014



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 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 1,942.0 in Walpole to 2,589.4 in Norwood (Figure 61).

Figure 61. Falls Emergency Department Visits, Age-Adjusted Rate per 100,000 population, in Massachusetts and by Town, 2014

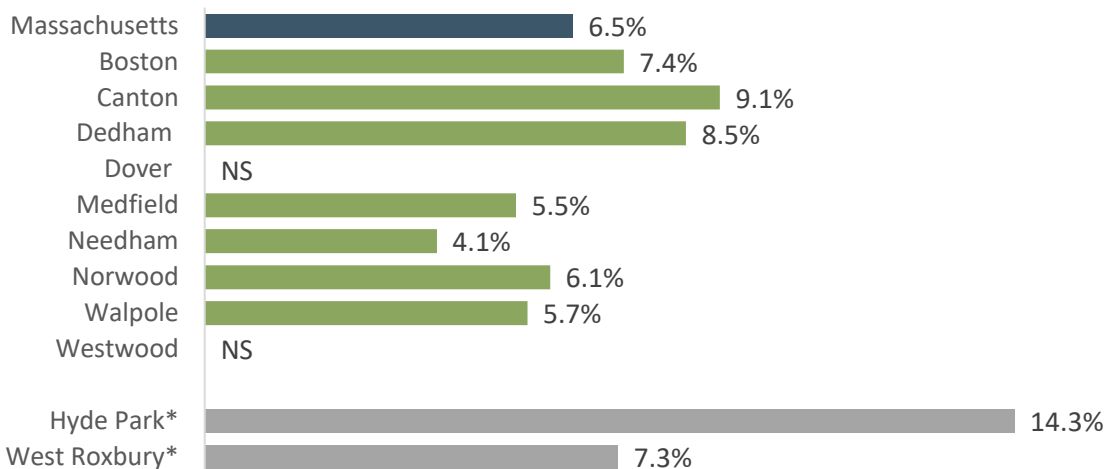


DATA SOURCE: Massachusetts Department of Public Health, Center for Health Information and Analysis (CHIA), 2014.

Maternal and Infant Health

While, as described above under “mental health,” concerns about child development in the context of COVID-19 and social distancing were raised, in general participants did not discuss maternal and infant health in detail. In 2015, the percent of preterm births in Massachusetts was 6.5%. By town, preterm births ranged from 4.1% Needham to 9.1% in Canton and 14.3% in Hyde Park (Boston Neighborhood data is from 2017) (Figure 62).

Figure 62. Percent Preterm Births, in Massachusetts and by Town (2015) and Boston Neighborhood (2017)



DATA SOURCE: for MA and Towns: Massachusetts Department of Public Health, Registry of Vital Records and Statistics, 2015.

* for Boston neighborhoods: MDPH, Boston Public Health Commission, Boston Resident Live Births, 2017.

NOTE: Preterm birth is defined as being born before 37 weeks of gestation.

ACCESS TO SERVICES

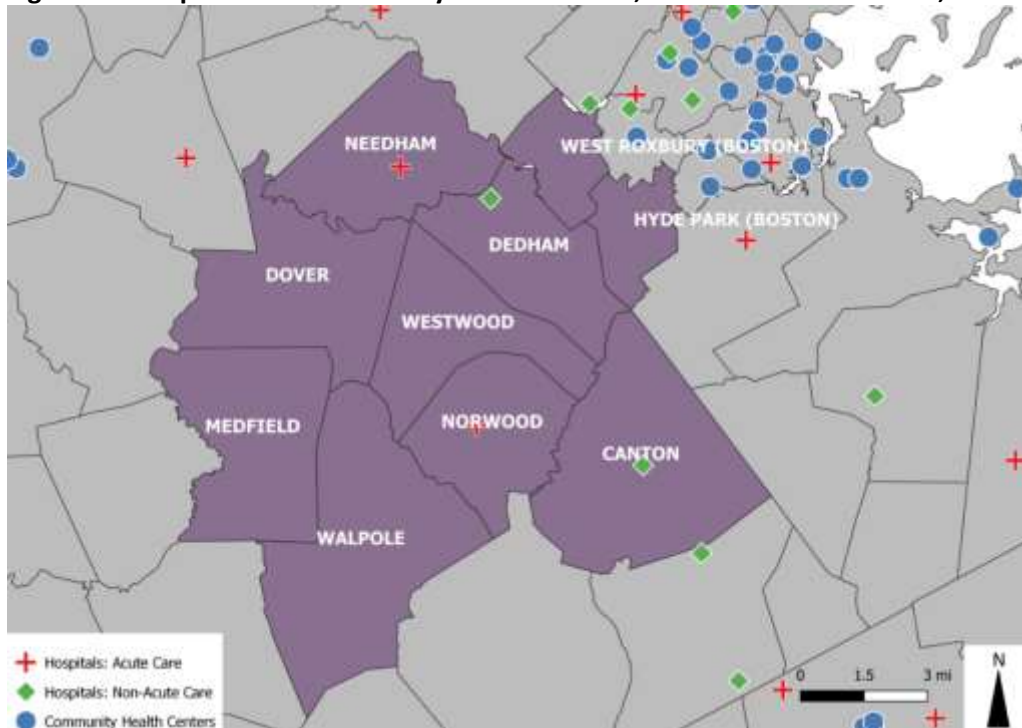
Access to Healthcare Services

“When I transitioned to MassHealth, I tried to find a provider in Walpole, but I couldn’t find anything. I’m pregnant, and I have to go all the way to Boston to get services.” – Focus group participant

“We have a lot of older people in town that don’t have access to the computer and can’t connect with their doctors through the computer.” – Focus group participant

As noted earlier, 60.7% of Westwood Community Priorities Survey respondents indicated that being close to medical services was a strength of their community. As shown in Figure 63, there are a few acute and non-acute hospitals in the Westwood service area and numerous healthcare services in close proximity of the area in Greater Boston. County-level data also indicate that there are more per capita providers in the service area than in Massachusetts overall. Table 10 shows the ratio of population per provider (for this indicator, a lower population number indicates more providers per capita.) In 2017-2019, Massachusetts had 1 primary care provider per 970 people, whereas Norfolk County had 1 for every 790 people, and Suffolk County had 1 for every 670 people. Massachusetts had 1 dentist per 970 people, Norfolk County had 1 dentist for every 820 people, and Suffolk County had 1 dentist for every 480 people. Massachusetts had 1 mental health provider per 160 people, Norfolk County had 1 mental health provider for every 160 people, and Suffolk County had 1 mental health provider for every 120 people.

Figure 63. Hospitals and Community Health Centers, Westwood Service Area, 2019



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.

Table 10. 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	1:970	160
Norfolk County	790	820	160
Suffolk County	670	480	120

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.

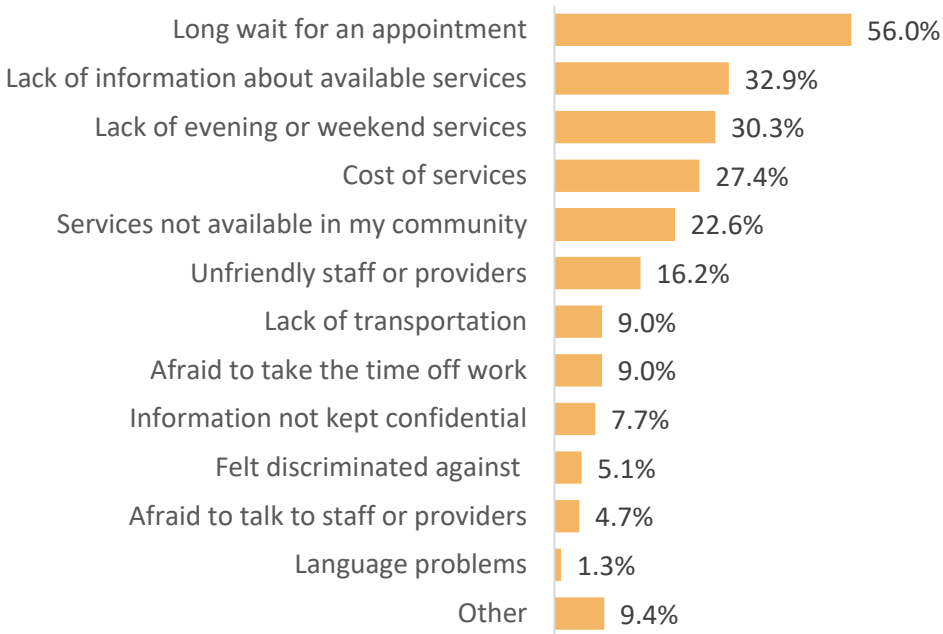
When discussing local healthcare services, in general, most participants described available local options for care, though some participants expressed a preference for traveling into Boston for care and others expressed a desire for more local care options. For example, one participant shared: *“I would like to see the mental health or maybe a surgical center. It makes life so much easier to drive three miles than to drive into Boston.”* Participants did describe some specific challenges related to access including the difficulty of finding providers that accept Medicaid (MassHealth) and the lack of mental health providers. When explaining the challenges of finding providers that accept MassHealth insurance, one participant shared that *“When I transitioned to MassHealth, I tried to find a provider in Walpole, but I couldn’t find anything. I’m pregnant and I have to go all the way to Boston to get services.”* Many participants also stated that there are not enough mental health services in the Westwood service area.

Participants also shared perspectives on the ways in which the COVID-19 pandemic has impacted access to and the use of healthcare services. In general, many participants noted that COVID-19 has caused residents to delay seeking care, especially in-person care, and stated that *“Everything related to health care, people are pausing.”* One participant familiar with the local emergency medical services (EMS) work further echoed this observation by noting that: during the pandemic, *“the call volume has gone down 25-30% but [the] acuity of issue[s] has gone up as people have waited to seek care.”* Some participants also expressed concern about the home health care workforce. Participants noted that with recent restrictions on immigration, they worried about the availability of home care workers to meet the demand in the area. Another issue related to home care described by a few participants was medication management for seniors. As one participant shared: *“Medication management is a big issue... We noticed during COVID, people who needed to get their INR [international normalized ratio] levels checked [for a number of reasons, including because they are on blood thinners] and then all the sudden couldn’t do that.”*

Many participants noted the increase in telehealth during the pandemic. Participants indicated that telehealth is appropriate for some, but not all medical issues, and expressed concern that seniors in particular may lack access to telehealth due to limited technology literacy, as well as lack of access to devices and/or the internet. As one participant described, *“We have a lot of older people in town that don’t have access to the computer and can’t connect with their doctors through the computer.”*

When Westwood Community Priorities Survey respondents were asked which barriers, they experienced when accessing services, 51.1% reported experiencing barriers to accessing medical, mental health, or social services in the past six months. Among these respondents, the most common barriers were long waits for appointments (56.0%), lack of information about available services (32.9%), lack of evening or weekend services (30.3%), and cost of services (27.4%) (Figure 64).

Figure 64. 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=234)

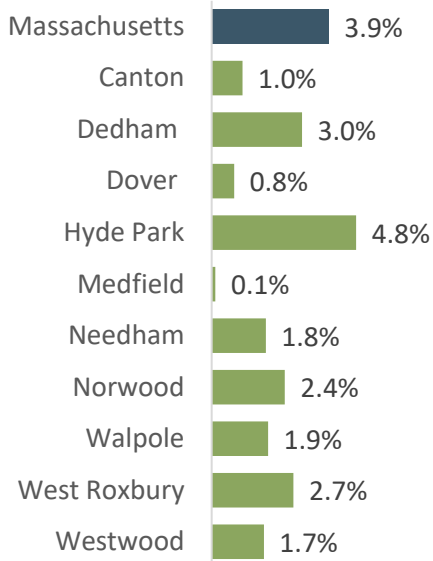


NOTE: Question in the survey allowed for multiple responses; therefore, percentages may not add up to 100%.

DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

While having no health insurance was not mentioned in the Westwood Community Priorities Survey or focus group/interview discussions as a significant barrier to care among residents, secondary data indicate that uninsured rates are low overall but do vary by community. In 2014-2018, the percent of adults with no health insurance in Massachusetts was 3.9%. By town, the percent of the population with no health insurance ranged from 0.1% in Medfield to 4.8% in Hyde Park (Figure 65).

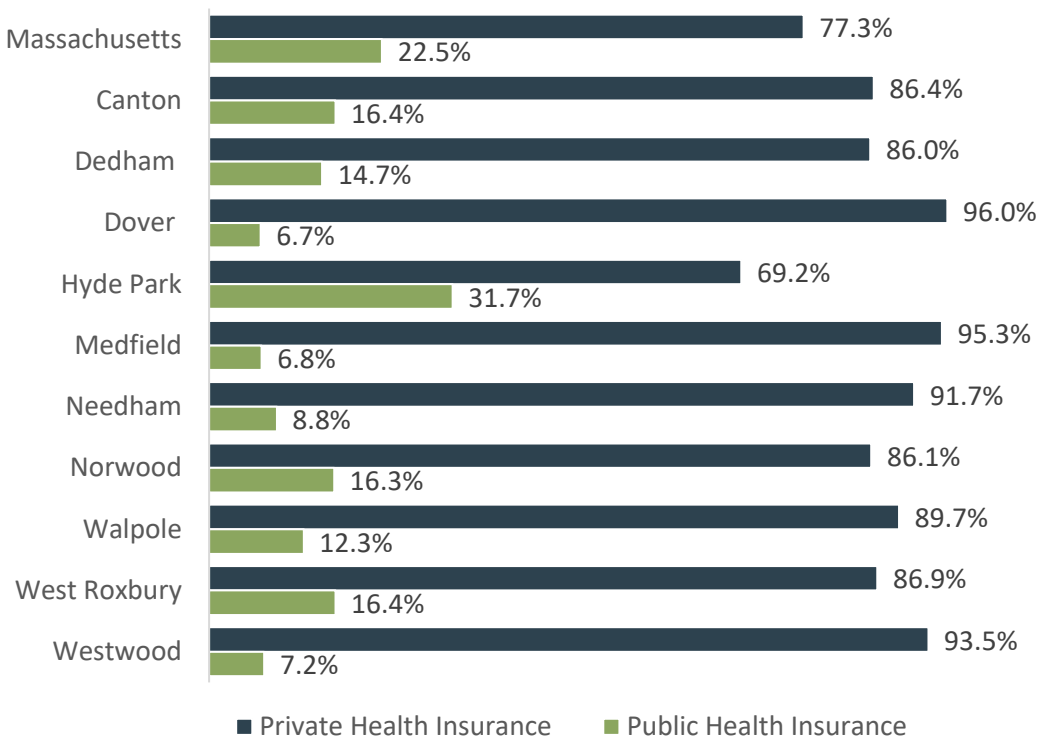
Figure 65. Percent Population 18 Years or Over with No Health Insurance, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

In 2014-2018, the percent of adults with private health insurance in Massachusetts was 77.3%. By town, the percent of the population with private health insurance ranged from 69.2% in Hyde Park to 96.0% in Dover (Figure 66). In 2014-2018, the percent of adults with public health insurance in Massachusetts was 22.5%. By town, the percent of the population with public health insurance ranged from 6.7% in Dover to 31.7% in Hyde Park (Figure 66).

Figure 66. Percent Population 18 Years or Over with Health Insurance, by Type, in Massachusetts, by Town and Boston Neighborhood, 2014-2018



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

Access to Social Services or Other Essential Services

“People aren’t always aware of the resources, and it’s hard to access the information.” – Focus group participant

“Now what we need is support for us to help our seniors during COVID. We still have programming, but we don’t charge anything. We have no income stream.” – Key informant interviewee

Interview and focus group participants described availability of some social and essential services in the area, such as services for seniors, and in the context of the pandemic, food pantries. However, some participants described a need to improve communication about existing services and to ensure that information is shared with the community widely. As one participant described, *“People aren’t always aware of the resources, and it’s hard to access the information.”* Additionally, one participant noted that some of the communities in the Westwood service area are *“stuck in the middle,”* meaning that they *“have needs for additional social services but not the volume that brings the services to the community.”*

Programming for seniors and access to technology were two types of services raised frequently during interview and focus group discussions. Across the Westwood service area, there was variation in participants' perceptions of senior services, with participants in some towns and neighborhoods expressing they were *"disappointed"* in the availability of these services while participants in other geographies noted senior services were excellent. However, even in towns with robust senior services, participants noted the need for additional support for local Councils on Aging and other senior supports. For example, one participant from an organization that provides services for seniors stated that *"Now what we need is support for us to help our seniors during COVID. We still have programming, but we don't charge anything. We have no income stream."* Lastly, some participants raised the issues of technology access for seniors, low-income housing residents, and others living in these communities. Participants pointed out the importance of technology for access to information and social connection and noted that some residents do not own devices or have access to wireless internet.

COMMUNITY PERCEPTIONS AND VISION FOR THE FUTURE

Community Perceptions of Top Issues for Action

"Definitely transportation... If you improve that I think it will have a ripple effect on so many other things. Better opportunities for not just surviving but thriving, better mental health, etc." – Key informant interviewee

"I would also say perhaps a program that can help people who aren't at the bottom but in the middle... I would say broadly, but also more housing. Like what's the point of having a roof over your head if you're starving underneath it?" – Focus group participant

"Mental health awareness and acceptance." – Key informant interviewee

Interview and focus group participants were asked to share their perceptions of the highest priority issues for future action in their communities, thinking about what would make the most impact, who is most affected by the issues, and how realistic it is to make change. Housing, transportation, and mental health were discussed frequently as high priority issues in the communities in the Westwood service area. Some participants prioritized transportation generally, while others specified that expanding transportation access was important specifically for seniors, for youth, and for transportation to medical appointments. As one interviewee shared, *"If you improve [transportation] I think it will have a ripple effect on so many other things. Better opportunities for not just surviving but thriving, better mental health, etc."* Another issue prioritized by many participants was affordable housing, including for seniors. Participants stressed the importance of affordability; as one focus group participant shared, *"I would also say perhaps a program that can help people who aren't at the bottom but in the middle... They make just a dollar above the poverty line but they're really struggling.... I would say broadly, but also more housing. Like what's the point of having a roof over your head if you're starving underneath it?"* Mental health was another issue that many participants cited as a high priority for action. Priorities within the issue of mental health included access to mental health services and providers locally, as well as mental health promotion or *"Mental health awareness and acceptance."*

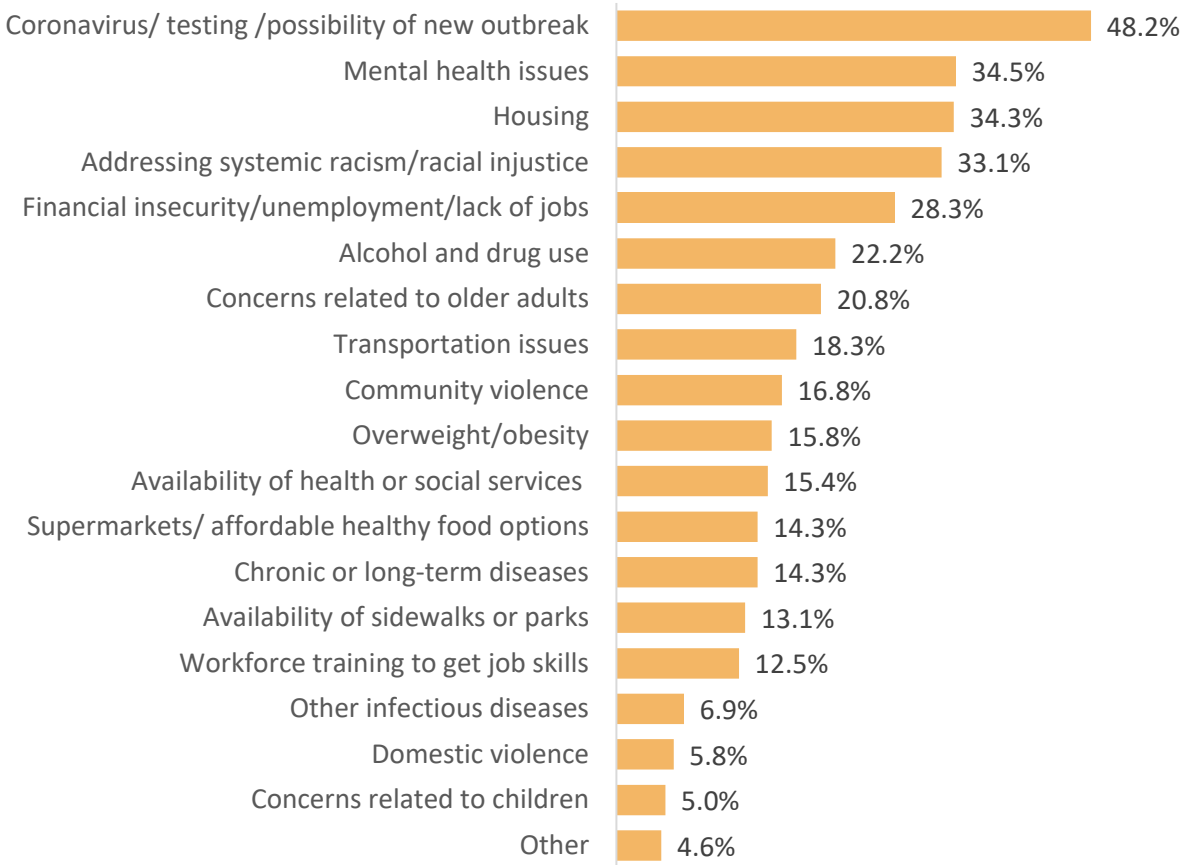
Participants also shared priorities for future action that were specific to the context of the COVID-19 pandemic. These priorities included: ensuring for the needs of seniors are met and addressing issues of isolation for seniors; supporting children and parents as they transition to online learning and providing

opportunities for social interaction that supports social and emotional development; and preparing for future pandemics. For example, as one key informant interviewee shared, *“Youth are being faced with isolation, especially [children in] Prek-5th grade. This group needs engagement from an education standpoint and social engagement.”*

Some additional priority issues were raised by a few participants and included: access to childcare; aging issues; internet access; diversity; and community connectedness. A few participants described a need for more affordable childcare options, during the pandemic as well as more broadly, to support working parents. For example, one focus group participant shared that *“I’m a teacher for a Montessori school and I can’t even afford to send my daughter to my school if I wanted to.”* A few participants also described aging issues as high priorities for action, including aging health issues and *“retrofitting to help people age in place.”* A few participants also prioritized access to the internet across the community, and *“not just in the single-family households.”* A few focus group participants stated that *“diversity”* was a priority and noted the lack of diversity in some communities and institutions such as the school system. Lastly, some focus group participants prioritized activities that would increase community connection and community enrichment. For example, one focus group participant suggested developing a *“community center,”* whereas another focus group participant more generally suggested *“More closeness to communities. More activities on the weekend that are free to make neighbors feel closer.”*

Westwood Community Priorities Survey respondents also 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 survey instrument) and to select the five most important issues for action. Considering these criteria, 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) housing, (4) addressing systemic racism/racial injustice, and (5) financial insecurity/unemployment/lack of job opportunities (Figure 67). Many of these top issues align with the themes from the qualitative data collection.

Figure 67. Percent of CHNA Community Priorities Survey Respondents Reporting Most Important Issues for Action in the Next Few Years in Their Community, 2020 (N=481)



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

In sociodemographic sub-groups defined by educational attainment and race/ethnicity, all groups except non-Hispanic Blacks most commonly reported issues related to coronavirus/COVID-19 as the top priority (Figure 68). As a group, non-Hispanic Blacks ranked housing, financial insecurity, and workforce training as being higher priorities for action; they did not list addressing systemic racism as one of the top five priorities. In contrast, addressing systemic racism was one of the top five priorities for respondents with a bachelor’s degree or higher, non-Hispanic Whites, and non-Black People of Color. Alcohol and drug use emerged as a top priority only among those with less than a bachelor’s degree.

Figure 68. Percent of CHNA Community Priorities Survey Respondents Reporting Most Important Issues for Action in the Next Few Years in Their Community, by Selected Demographics 2020

	Less than College (N=118)	College or More (N=299)	White, Non-Hispanic (N=341)	Black, Non-Hispanic (N=33)	People of Color, Non-Black (N=42)
1	Coronavirus/testing /possibility of new outbreak (46.6%)	Coronavirus/testing /possibility of new outbreak (58.9%)	Coronavirus/testing /possibility of new outbreak (56.9%)	Housing (63.6%)	Coronavirus/testing /possibility of new outbreak (54.8%)
2	Housing (44.1%)	Addressing systemic racism/racial injustice (44.5%)	Mental health issues (41.3%)	Financial insecurity/unemployment/lack of jobs (51.5%)	Financial insecurity/unemployment/lack of jobs (42.9%)
3	Financial insecurity/unemployment/lack of jobs (38.1%)	Mental health issues (41.8%)	Housing (37.2%)	Workforce training to get job skills (42.4%)	Housing (38.1%)
4	Mental health issues (34.7%)	Housing (37.5%)	Addressing systemic racism/racial injustice (37.0%)	Coronavirus/testing /possibility of new outbreak (39.4%)	Addressing systemic racism/racial injustice (35.7%) (tied)
5	Alcohol and drug use (30.5%)	Financial insecurity/unemployment/lack of jobs (29.8%)	Financial insecurity/unemployment/lack of jobs (29.0%)	Community violence (30.3%) (tied)	Mental health issues (35.7%) (tied)
T i e				Mental health issues (30.3%) (tied)	

NOTE: Question in the survey allowed for up to five responses; therefore, percentages may not add up to 100%.

DATA SOURCE: PAC CHNA Community Priorities Survey, 2020.

Suggestions for Future Programs, Services, and Initiatives

“On demand transportation for seniors for medical appointments.” – Key informant interviewee

“Incorporate check-ins for mental health with children – maybe at school.” – Focus group participant

“I would love to see people thriving.” – Key informant interviewee

Interview and focus group participants were asked to share suggestions for specific programs, services, and initiatives for action. Many participants specifically discussed services in relation to transportation and behavioral health. In terms of transportation, a few participants shared suggestions around developing local public transportation as well as *“on demand transportation for seniors to medical appointments”* through a public-private partnership that could provide transportation for commuters at the beginning and end of the day and *“medical and social transportation for residents around town”* during the daytime. When making recommendations related to behavioral health, in addition to noting a need for additional mental health services, one participant stressed the need to *“focus on the protective factors”* and to work on *“better mental health promotion and reducing the stigma.”* Another participant suggested *“incorporating check ins for mental health with children – maybe at school.”*

Participants also shared a vision for the future of their communities more broadly. Participants included in this vision improved access to services including *“help reducing barriers - funding, language, physical barriers, there’s not a provider in town that takes MassHealth.”* A few participants also shared a vision related to diversity and equity, with one participant stating that they would like to see that *“we’ve been able to ensure equity across communities, to be able to ensure access for all.”* Ultimately, one participant summarized the vision for the future as follows: *“I would love to see people thriving.”*

KEY THEMES AND CONCLUSIONS

This community health needs assessment for the Westwood service area provides a summary of community needs, strengths, and resources based on a review of existing data, a community survey, and discussions with community residents and key informants. This assessment was conducted during an unprecedented time, given the COVID-19 pandemic and the national movement for racial justice; findings in this report can be used to inform future planning and can be built upon through future data collection efforts. The following overarching themes emerged from this synthesis and include many upstream factors:

- **There are many assets in the Westwood service area, including high-quality schools, support for families and seniors, access to parks and green space, and overall cohesion and engagement among community members.** Many CHNA participants described the Westwood service area generally as family-oriented, and identified schools, as well as services for seniors, particularly Councils on Aging, as strengths. Many Westwood Community Priorities Survey respondents rated walkability and green space as assets. Both community survey respondents and interview and focus group participants also described community pride and support, and noted that, especially during the COVID-19 pandemic, community residents engage with and care for each other.
- **While the Westwood service area overall is affluent, some communities within the area face financial insecurity, especially in the context of the economic impact of the COVID-19 pandemic.** Across the Westwood service area, there is variation in income; in 2014-2018, median annual household income ranged from \$64,784 in Hyde Park to \$224,784 just 10 miles away in Dover. Key informant and focus group participants noted that, while the area has high levels of wealth, there are residents within these communities who struggle to make ends meet. Participants expressed financial insecurity concerns particularly for seniors and for residents in general in the context of COVID-19 given that unemployment rates have increased. It was noted that young people, Spanish

speakers, and parents in need of childcare may be particularly vulnerable to job loss. Many participants also noted a recent increase in food insecurity. “Financial insecurity” was one of the top issues that Westwood Community Priorities Survey respondents selected as currently affecting and/or affecting their community six months ago.

- **Housing affordability was identified as a pressing concern, particularly for young adults, single parents, and seniors.** Many participants described an extremely high cost of housing in the Westwood service area and noted that high housing prices apply to both homeowners with mortgages and renters. Participants expressed concern for the “middle class” that “*make very good money [but] are living paycheck to paycheck because it’s so expensive*” to live in these communities. Quantitative data also show that many households face high housing costs: the percentage of owner-occupied households with a mortgage that spend more than 30% of their income on housing costs ranges from 23.8% in Medfield to 38.5% in Hyde Park. Participants reported that affordable housing options are limited and many expressed concerns about housing development, including luxury condominiums and large houses being built in the area.
- **Transportation is a concern for some communities, particularly for certain populations including low-wage workers, seniors, and students.** While some participants described access to public transportation as an asset (for example, in Hyde Park), many participants noted that transportation is a key concern for community residents in the Westwood service area. Public transportation options beyond commuter rail stops in general were viewed as limited, and participants expressed a desire for expanded transit options especially for low-wage workers, students, and seniors.
- **Some community members have experienced or recognized discrimination in their communities and prioritized addressing racial injustice.** Some CHNA participants shared individual experiences of discrimination based on their race, ethnicity, or language, and others noted the need to examine privilege. Some interview and focus group participants suggested forming coalitions to take action around racial injustice, and addressing systemic racism was ranked fourth by Westwood Community Priorities Survey respondents among the most important issues for future action.
- **Mental health, especially for youth and seniors and in the context of the pandemic, was a pressing concern among many community residents.** Mental health issues were the top concern that Westwood community survey respondents reported had personally affected them in the past six months, with nearly 50% of respondents noting it has affected them. Quantitative data gathered prior to the COVID-19 pandemic indicate that, across the service area, 8.7% - 10.4% of adults reported having 15 or more days in the last month during which they experienced poor mental health. Focus group participants and interviewees stated that COVID-19 exacerbated mental health issues in the community, particularly among seniors, who already tend to be socially isolated. Additionally, participants with school-age children were specifically concerned about the pandemic’s effect on the development and socialization of younger children and contribution to depression among youth and young adults.
- **Substance use was also a concern, though perceptions varied by type of substance.** Substance use, particularly issues related to alcoholism, vaping and e-cigarettes, and some drugs, were noted as a concern by some focus group and interview participants. Some participants also noted that the stress of the pandemic may exacerbate substance use. However, some participants stated that opiate and heroin use were less of a concern in the Westwood area compared to other parts of the

state. In the Westwood community survey, 22.2% of respondents included alcohol and substance use as one of their top 5 community priorities for action.

- **Concerns remain about COVID-19 spread and access to testing.** Many CHNA participants commented on the ways in which the COVID-19 pandemic has impacted aspects of day-to-day life as described above, including financial security, employment, food security, housing, and mental health. Additionally, participants shared concerns about the ongoing spread and impact of COVID-19 and about access to accurate testing. COVID-19 concerns were ranked first by Westwood Community Priorities Survey respondents among the most important issues for future action.
- **Many healthcare and social services are available in the area, but there is opportunity for improving access to and communication about local options.** Interview and focus group participants described available services including local healthcare options, programming for seniors and, in the context of the pandemic, food pantries. However, challenges to accessing services included difficulty finding providers that accept Medicaid (MassHealth), lack of mental health providers, limited telehealth access, and a need for additional community-wide communication about existing services.

PRIORITY NEEDS OF THE COMMUNITY

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 Westwood-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 Westwood service area, as well as the Community Advisory Board who provided oversight of the CHNA.

Westwood 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

Prioritization Criteria

- **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 when considering 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). Westwood 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 Westwood Community Priorities Survey respondents, eight major priorities were identified for the Westwood service area:

- Coronavirus/ COVID-19 (*specifically related to testing, transmission, disease mitigation, etc.*)
- Mental Health
- Housing
- Systemic Racism and Racial Injustice
- Financial Insecurity/ Unemployment
- Alcohol/Substance Use
- Issues related to Older Adults
- Transportation

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 2, 2020, a one-hour virtual community meeting was held for the Westwood 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 directors. Various forms of outreach were employed to reach residents and stakeholders, including email and telephonic outreach, as well as social media posts.

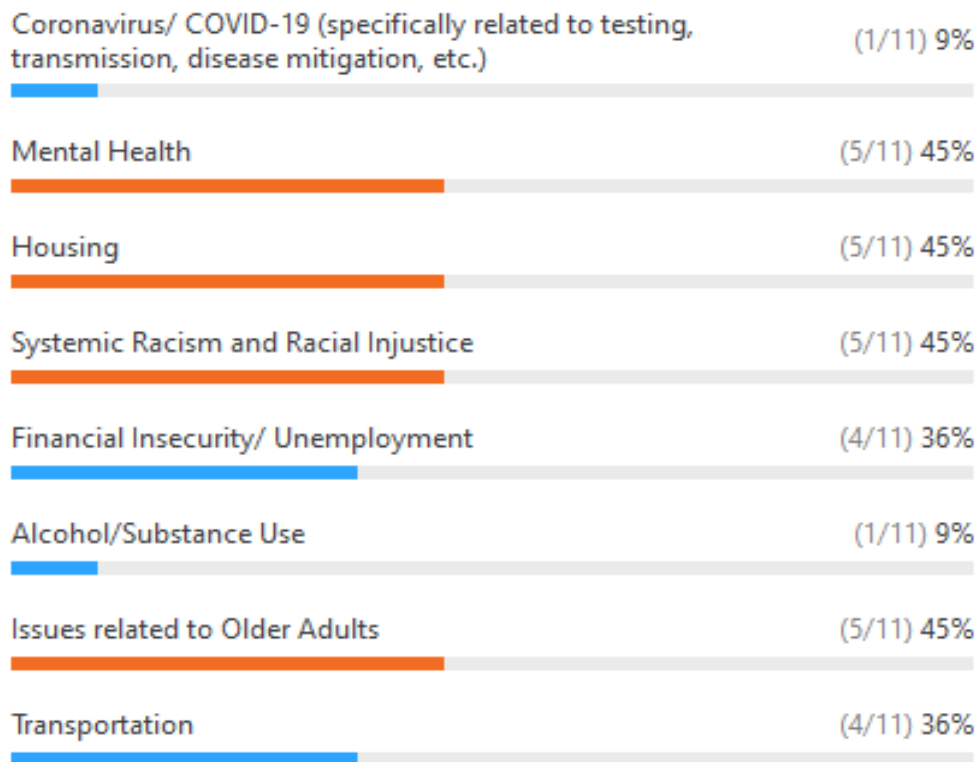
During the remote prioritization meeting, attendees heard a brief data presentation on the key findings for the Westwood service area. Next, meeting participants were divided into small groups to discuss the data and offer their own perspectives and expertise on the various priorities. Meeting participants 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, 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 11 community members voted during the Community Prioritization Meeting.

As seen in Figure 69, voting identified Mental Health (45%), Housing (45%), Systemic Racism and Racial Injustice (45%), and Issues Related to Older Adults (45%) as tied for the most commonly endorsed community priorities.

Figure 69: Westwood Prioritization Meeting, Zoom Poll Results, September 2, 2020



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 Westwood service area. The goal of this meeting was for CAB members to review the CHNA findings for the Westwood 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 Westwood Community Priorities Survey, and the community prioritization meeting, together these prioritization steps revealed the following six priorities for the Westwood service area:

- Mental health
- Housing
- Systemic racism & racial injustice

- Issues related to older adults
- Financial insecurity
- Transportation

To determine priorities for the CHNA, CAB members were asked to consider the same prioritization criteria (Concern, Equity, Effectiveness, 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 Westwood 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, older adults, and systemic racism. Ultimately, the CAB retained five priorities to consider for future action:

- Mental health
- Housing
- Systemic racism & racial injustice
- Issues related to older adults
- Transportation

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.

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.	Executive Director
Monica Tibbits-Nutt	128 Business Council / Fiscal Management and Control Board overseeing the MBTA	Executive Director/Vice Chair
Peter Koutoujian	Middlesex Sheriff'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	Position	Organization
Aubrey Ciol	Program Director	Impact Norwood
Chris Colman	Town Administrator	Town of Westwood
Jared Orsini	Director	Westwood Board of Health
John Deckers	Fire Chief	Westwood Fire Department
Katherine Touafek	Director	School to Career Partnerships
Lina Arena-DeRosa	Executive Director	Westwood Council on Aging
Mary Jean McDermott	Executive Director	Sharon Elder Services
Nora Loughnane	Director, Economic Development Committee	Town of Westwood
Sandra Robinson	Executive Director	Needham Community Council, Inc.
Sigalle Reiss	Superintendent/ Director	Norwood Health Department
Tiffany McCarthy	Public Health Nurse	Town of Westwood
Tom O'Rourke	President/CEO	Neponset River Regional Chamber

APPENDIX C: KEY INFORMANT INTERVIEW GUIDE

Health Resources in Action
Partners Ambulatory Care (PAC) Mass General Brigham CHNAs
Westborough, Westwood, and Woburn Service Areas
Key Informant Interview Guide
Guide – May 19, 2020

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

[NOTE: THE QUESTIONS IN THE INTERVIEW GUIDE ARE INTENDED TO SERVE AS A GUIDE, 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)

1. Can you 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)

2. How would you describe the community served by your organization/ that you serve? (NOTE THAT WE ARE DEFINING COMMUNITY BROADLY – NOT NECESSARILY GEOGRAPHICALLY BASED)
 - a. How have you seen the community change over the last several years?
 - b. 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.

- c. 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?
3. 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.]

4. 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 the 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)

5. 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?
6. 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 organizations and systems?
 - b. Where do you see yourself or your organization in this?
7. 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 biggest strengths about your community - or the most positive things about it? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
 - a. What would you have said were the biggest problems or concerns 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 health concerns in your community back in December?
 - a. How did these health issues affect your community? In what way?
 - b. What specific population groups 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 biggest strengths about your community? What are the most positive things about it? Are they different than before? [PROBE ON COMMUNITY AND ORGANIZATIONAL ASSETS/STRENGTHS]
5. What do you think are the biggest concerns in your community now? Are they different than before?

6. What do you think are the most pressing health 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 specific population groups 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 health, 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

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 <u>6 months ago</u>	Does <u>not</u> affect me or my family now nor 6 months ago.
Financial insecurity/unemployment/lack of job opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problems getting workforce training to get job skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Concerns around housing (such as finding affordable housing, fear of eviction, overcrowding, housing quality)	0	0	0
Problems getting to places because of lack of transportation	0	0	0
Cannot be active/get exercise because of lack of sidewalks or parks	0	0	0
Hard to eat well because of lack of supermarkets/lack of healthy food options I can afford	0	0	0
Fear of safety in the community/community violence (gangs, robberies, etc.)	0	0	0
Fear of safety at home/domestic violence (spouse or partner abuse, child abuse)	0	0	0
Discrimination because of my race, ethnicity, gender, language, sexual orientation, country of origin, etc.	0	0	0
Mental health issues (such as depression, anxiety, etc.)	0	0	0
Alcohol and drug (marijuana, heroin, opioids, etc.) use	0	0	0
Chronic or long-term diseases (like cancer, diabetes, heart disease, stroke, etc.)	0	0	0
Overweight/obesity	0	0	0
Coronavirus/COVID-19	0	0	0
Other infectious diseases (like pneumonia, flu, etc.)	0	0	0
Concerns related to older adults (dementia/Alzheimer's, falls, etc.)	0	0	0
Concerns related to children (premature birth, developmental delays, ADHD, etc.)	0	0	0
Problems getting the health or social services I need because they are not available in my community	0	0	0
Other: _____	0	0	0

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.)

- Your race
- Your ethnicity, ancestry, or country of origin

- Your language
- Your gender
- Your sexual orientation
- 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 harder 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 strengths 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 taking action. 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 in the next few years?** (Please check 5.)

Financial insecurity/unemployment/lack of job opportunities	○
Workforce training to get job skills	○
Housing (such as finding affordable housing, fear of eviction, overcrowding, housing quality)	○
Transportation issues	○
Availability of sidewalks or parks	○
Availability of supermarkets/healthy food options people can afford	○

Safety in the community/community violence (gangs, robberies. etc.)	0
Safety in people's homes/domestic violence (spouse or partner abuse, child abuse)	0
Addressing systemic racism/racial injustice	0
Mental health issues (such as depression, anxiety, etc.)	0
Alcohol and drug use (marijuana, heroin, opioids, etc.)	0
Chronic or long-term diseases (like cancer, diabetes, heart disease, stroke, etc.)	0
Overweight/obesity	0
Coronavirus/COVID-19 testing and/or the possibility of a new outbreak	0
Other infectious diseases (like pneumonia, flu, etc.)	0
Concerns related to older adults (dementia/Alzheimer's, falls, etc.)	0
Concerns related to children (premature birth, developmental delays, ADHD, etc.)	0
Availability of health or social services in the community	0
Other (please specify): _____	0

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?

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

7. What is your current sex or gender identity?

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

8. What is your sexual orientation?

- Straight/heterosexual
- Gay or lesbian
- Bisexual
- Prefer to self-describe: _____

9. How would you describe your ethnic/racial/cultural background? (Please check all that apply.)

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

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

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

11. Were you born in the United States?

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

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

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

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

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

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

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

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

- Gotten worse
- Has improved
- Has stayed the same

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

- Less than \$25,000
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- 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

Appendix Table 1: CHNA Community Priorities Survey Respondent Characteristics

	Number	%
Age		
Under 18 years old	0	0.0%
18-29 years old	19	4.5%
30-49 years old	135	32.1%
50-64 years old	172	40.9%
65-74 years old	84	20.0%
75 years old or older	11	2.6%
Sex or Gender Identity		
Male	87	20.7%
Female	332	79.1%
Transgender Male	1	0.2%
Sexual Orientation		
Straight/heterosexual	396	95.2%
Gay or lesbian	8	1.9%
Bisexual	7	1.7%
Prefer to self-describe	5	1.2%
Ethnic/racial/cultural background*		
African American/Black	35	7.28%
American Indian/Native American	2	0.42%
East Asian /Pacific Islander (e.g. Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa)	12	2.49%
South Asian (e.g., India, Pakistan, Bangladesh, Sri Lanka, Nepal)	1	0.21%
White	346	71.93%
Hispanic/Latino(a)	20	4.16%
Middle Eastern/North African	2	0.42%
Other	5	1.04%
Primary language(s) spoken at home*		
English	410	85.2%
Spanish	10	2.1%
Portuguese/Cape Verdean Creole	1	0.2%
Chinese (including Mandarin and Cantonese)	2	0.4%
French or Haitian Creole	6	1.3%
Russian	1	0.2%
Hindi	0	0.0%
Arabic	1	0.2%
Other (Please specify)	5	1.0%
Born in the United States		
Yes	390	93.5%

	Number	%
No	25	6.0%
Prefer not to answer	2	0.5%
Length of time living in the United States? **		
Less than 1 year	0	0.0%
1 year to less than 3 years	2	8.0%
3 years to less than 5 years	0	0.0%
5 years to less than 10 years	1	4.0%
10 years to less than 15 years	1	4.0%
15 years to less than 20 years	0	0.0%
20 years or more	20	80.0%
Prefer not to answer	1	4.0%
Highest level of education		
Primary or middle school	0	0.0%
Some high school	1	0.2%
High school graduate or GED	26	6.2%
Some college	60	14.4%
Associate or technical degree/certificate	31	7.4%
College graduate	159	38.1%
Graduate or professional degree	140	33.6%
Current employment status*		
Employed full-time	200	41.6%
Employed part-time	80	16.6%
Not employed and currently looking for work	30	6.2%
Student	7	1.5%
Retired	75	15.6%
Stay-at-home parent / significant other	29	6.0%
Unable to work	18	3.7%
Total household income in last 12 months		
Less than \$25,000	17	4.1%
\$25,000 to \$34,999	24	5.8%
\$35,000 to \$49,999	29	7.0%
\$50,000 to \$74,999	48	11.6%
\$75,000 to \$99,999	56	13.5%
\$100,000 to \$149,999	77	18.6%
\$150,000 to \$199,999	40	9.7%
\$200,000 or more	55	13.3%
I don't know or don't want to say	68	16.4%

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.

Appendix Table 2: 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	453	8.6%	4.0%	1.6%	85.9%
Alcohol and drug use	450	6.4%	2.0%	1.6%	90.0%
Cannot be active due to lack of sidewalks or parks	457	12.0%	5.0%	2.4%	80.5%
Chronic or long-term diseases	456	19.3%	4.4%	7.9%	68.4%
Community violence	451	10.0%	3.3%	1.6%	85.1%
Concerns around housing	449	7.4%	3.1%	1.6%	88.0%
Concerns related to children	452	8.0%	1.6%	2.2%	88.3%
Concerns related to older adults	455	19.8%	5.3%	5.9%	69.0%
Coronavirus/COVID-19	454	19.8%	5.5%	2.0%	72.7%
Discrimination	451	11.3%	2.0%	2.9%	83.8%
Domestic violence	453	1.3%	0.9%	0.4%	97.4%
Financial insecurity	480	29.2%	8.3%	5.8%	56.7%
Lack of access to affordable healthy food	455	9.2%	5.9%	1.8%	83.1%
Lack of transportation	454	6.6%	4.4%	1.1%	87.9%
Mental health issues	456	32.0%	7.5%	10.3%	50.2%
Other infectious diseases	450	3.1%	10.7%	0.7%	85.6%
Overweight/obesity	459	31.2%	5.0%	8.5%	55.3%
Problems getting workforce training	488	11.6%	2.5%	1.1%	84.8%
Other issue	223	4.0%	0.5%	1.8%	93.7%

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.