MW Melrose Wakefield Healthcare



Community Health Needs Assessment 2019

Prepared in collaboration with MelroseWakefield Healthcare by the Institute for Community Health

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Executive Summary

MelroseWakefield Healthcare (MWHC) undertook a **Community Health Needs Assessment (CHNA)** between January and August 2019. The CHNA was conducted using a mixed-methods approach in order to form a robust understanding of the needs and patterns in the communities served. The methods used included: **key stakeholder surveys and interviews** conducted with community stakeholders; a **community survey**; and the **collection and analysis of secondary quantitative data**. These findings were then used to **prioritize** the health concerns.

MelroseWakefield Healthcare, Inc., formally known as Hallmark Health System, Inc., is a comprehensive system of community hospitals, outpatient centers, primary care and specialty physicians, and visiting nurse and hospice programs serving north suburban Boston. MelroseWakefield Healthcare encompasses MelroseWakefield Hospital in Melrose, Lawrence Memorial Hospital of Medford, urgent care locations in Reading and Medford, a Breast Health Center in Stoneham, Center for Radiation Oncology in Stoneham, a Medical Center in Reading, Tufts Medical Center Community Care, Hallmark Health Visiting Nurse Association and Hospice, the Lawrence Memorial/Regis College Nursing and Radiography Programs and a variety of community-based programs and services.

MWHC has designated nine towns as their community benefits service area: **Everett, Malden, Medford, Melrose, North Reading, Saugus, Stoneham and Wakefield.**

COMMUNITY DEMOGRAPHICS

The population of the MWHC community benefits service area is approximately 310,450 people. Compared to Massachusetts as a whole, the area has a **smaller Hispanic population**; **larger populations of Asian and Black/African American residents**; a **larger foreign-born population**; and a population in which **fewer people speak English at home**.

In the MWHC community benefits service area, the **household median income is higher** ($78,192) than in MA as a whole ($74,167). Poverty rates for the service area (6.7%) were lower than the state (7.8%). This was also true for childhood poverty and senior poverty.

HEALTH PRIORITIES

The following list of primary **health priorities** was generated through the 2019 CHNA process, based on a synthesis of the qualitative (community surveys, and stakeholder interviews and surveys) and quantitative data collected and analyzed.

- **Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease** arose as a concern in the community surveys in the context of lifestyle contributors such as unhealthy diets, lack of exercise, and obesity. Additionally, half of both community survey and stakeholder survey respondents identified chronic disease as a top priority area. All cancer mortality is a concern for five of MWHC's communities. Medford and Stoneham stand out as having higher mortality rates than the state for four of the five types of cancer examined for this report. Everett has a higher rate of cardiovascular-related mortality than the state and Malden, Everett, Saugus, Wakefield and Medford have higher diabetes-related mortality rates. Chronic ischemic heart disease and lung cancer are the 2nd and 3rd highest causes of death, respectively, in the service area.

- **Housing stability and homelessness** arose repeatedly through our surveys and interviews as a major area of concern in the MWHC community benefits service area. In particular, stakeholders mentioned their concern with the high housing cost burden, especially for residents of Everett and Malden, and the lack of affordable housing availability. Everett and Malden have the highest percentages of renter-occupied units as well as the highest percentages of households experiencing housing cost burden.
- **Mental illness and mental health** was identified by both community survey respondents and key stakeholders as a top concern. Looking at the community survey results, thirty-one percent (31%) of respondents said they had been told they had anxiety and 21% have been told they have depression. Six of the nine service area communities have higher mental-disorder related mortality than the state.
- **Social determinants of health: poverty, education, employment and food access** Community survey respondents and key stakeholders identified the top social issues in their community as education, employment, food insecurity, and poverty. Everett and Malden have notably lower median household incomes than the state, and higher percentages of families, children under 18 and people 65 and older living below the poverty level. Malden, Medford and Everett all have food insecurity rates higher than the state.
- **Substance use disorders** emerged as a major concern across all types of data**.** Opioid-related mortality is a particular problem for the MWHC Community Benefits service area, with six out of nine towns having higher rates than the state. Everett and Saugus have particularly concerning substance use indicators. Community survey respondents identified substance use disorders as their 2nd highest area of concern and community stakeholders also identified it as a top concern.
- Identifying **vulnerable populations** that are most at risk for experiencing health disparities is an important priority for MelroseWakefield Healthcare. Key vulnerable populations identified by stakeholders include **older adults, immigrants**, and **people living in poverty,** particularly those experiencing homelessness or housing insecurity. **Children and families,** particularly very low income families, working families not eligible for benefits, and adolescents were also mentioned frequently. Individuals with substance use disorder were also a population of concern.

Additional priorities identified include: **access to healthcare; disaster readiness and emergency preparation; infectious disease; preventable injuries and poisonings; and violence and trauma**.

EXISTING RESOURCES AND ASSETS

The nine towns that make up MelroseWakefield Healthcare's Community Benefits service area are supported by many resources and assets. Stakeholders cited the **diverse populations** of the communities, the **many collaborations between different sectors,** and the **involvement of local government in supporting community well-being** as some of the greatest strengths of the service area. MelroseWakefield Healthcare participates in a variety of broad-based community coalitions and initiatives that work towards **addressing the specific and general health needs in the nine cities and towns**.

MelroseWakefield Healthcare

2019 Community Health Needs Assessment

Demographics

There are about **310,450** people living in the MWHC community benefits service area

23.6% of the population was born outside the US

29.7% of residents speak a language other than English at home

$124,750 is the highest median household income (North Reading)

$57,254 is the lowest median household income (Everett)

Health issues and priorities

Dementia, chronic ischemic heart disease and lung cancer are the top causes of death in the MWHC service area

MelroseWakefield Healthcare Community Health Priorities

- Access to health care
- Chronic disease with a focus on cancer, cardiovascular disease, diabetes, and respiratory disease
- Disaster readiness and emergency preparation
- Housing stability and homelessness
- Infectious disease
- Mental illness and mental health
- Preventable injuries and poisonings
- Social determinants of health: poverty, education, employment and food access
- Substance use disorders
- Violence and trauma
- Vulnerable populations

Top health concerns (community survey and stakeholder data)

- Mental health
- Substance use
- Chronic disease (including cancer, diabetes, heart disease)
- Access to care

Top community needs (community survey and stakeholder data)

- Housing stability
- Employment
- Education
- Transportation

Most vulnerable groups (Stakeholder data)

- Older adults
- Immigrants
- People living in poverty
- Children and families
- People with substance use disorder

Community health needs assessment 2019 methods

Secondary Data Review	Community Survey	Key Stakeholder Survey	Key Stakeholder Interviews
Census MA DPH Local sources	670 respondents Online and on paper Available in 9 languages	10 respondents Administered online	8 interviews Completed by phone

PART 1: Background

MelroseWakefield Healthcare (MWHC) undertook their third Community Health Needs Assessment (CHNA) between January and August 2019. MWHC's goals for the CHNA included:

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

MelroseWakefield Healthcare Community Benefits Service Area Towns

Everett
Malden
Medford
Melrose
North Reading
Reading
Saugus
Stoneham
Wakefield

This report provides detailed insight into the health status of the nine communities in the MWHC community benefits service area, the 2019 community health priorities, and opportunities for optimizing the health of MWHC's patient panel as well as all others who live in the service area communities.

MelroseWakefield Healthcare Overview

MelroseWakefield Healthcare, Inc., formerly known as Hallmark Health System, Inc., is a comprehensive system of community hospitals, outpatient centers, primary care and specialty physicians, and visiting nurse and hospice programs serving north suburban Boston. MelroseWakefield Healthcare (MWHC) is committed to its mission to provide quality care for its communities and achieve clinical excellence for the patients it serves.

On January 1, 2017, **MelroseWakefield Healthcare became the third founding member of Wellforce**, a collaboration of academic, medical, and community health care providers in Massachusetts that also includes Circle Health in Lowell, Tufts Medical Center in Boston, and the Home Health Care Foundation.

Today, MelroseWakefield Healthcare encompasses **MelroseWakefield Hospital** in Melrose, **Lawrence Memorial Hospital** of Medford, **urgent care locations** in Reading and Medford, **Breast Health Center** in Stoneham**, Center for Radiation Oncology** in Stoneham, a **Medical Center** in Reading, **Tufts Medical Center Community Care**, **Hallmark Health Visiting Nurse Association and Hospice**, the **Lawrence Memorial/Regis College Nursing and Radiography Programs**, and a **variety of community-based programs and services.**

The Massachusetts Department of Public Health (DPH) has designated MelroseWakefield Hospital as a **Primary Stroke Service hospital**, ready to provide emergency diagnostic and therapeutic services 24 hours a day, seven days a week, to acute stroke patients. MelroseWakefield Hospital is also designated a **"Baby Friendly"** hospital, a program of the

World Health Organization (WHO) and United Nations Children's Fund (UNICEF). Baby-Friendly birthing facilities create environments for parents and infants to get the best start in life from the very beginning, supporting breastfeeding and best practice infant care strategies. MelroseWakefield Healthcare's **Community Services** division oversees programs that impact both medical and social determinants of health, supported by a mix of federal, state, and private funding. These include:

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

Contributors/Collaborating Organizations

To conduct this CHNA, **MelroseWakefield Healthcare (MWHC) Community Benefits staff** partnered with the **Institute for Community Health (ICH)**, a nonprofit consulting organization in Malden, Massachusetts. ICH provides assessment and planning, participatory evaluation, applied research, and data services to help healthcare institutions, government agencies, and community-based organizations improve their services and maximize program impact. ICH's role was to co-lead the needs assessment process with MWHC, including collecting, analyzing, and reporting on the data.



The **MelroseWakefield Healthcare Community Benefits Advisory Council**, comprised of community representatives, stakeholders, and MWHC leadership, also played a critical role in guiding the CHNA process by reviewing preliminary data, providing feedback, and participating in the prioritization process. ICH staff gave a presentation to the Advisory Council on Thursday June 20th to garner and incorporate feedback as the CHNA process was in progress. MWHC Leadership provided ongoing updates to the Council throughout the 8-month process.

Various **groups, individuals, and advisors, including those with public health expertise and local community knowledge,** were brought in as needed throughout the CHNA process, and input was also incorporated from MelroseWakefield Healthcare's Community Teams, the MelroseWakefield Healthcare's Patient/Family Advisory Council, MelroseWakefield Healthcare's Diversity Committee, Perinatal Advisory Council, and MWHC department-level committees for OB/GYN and Pediatrics. Key leaders with knowledge of behavioral health, Substance Use Disorder (SUD), chronic disease, and the impact of social determinants of health were also included in our outreach plan.

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

Please see Appendix A for a complete list of collaborators.

PART 2: Methods

Community health is determined by a variety of factors, including conditions within our social and physical environment such as poverty, educational attainment, immigration status, social support, neighborhood safety, housing availability, and the built environment. Given this, the MWHC Community Health Needs Assessment was conducted with the viewpoint that it is important to examine not only traditional health indicators, but also social factors that contribute to health disparities.



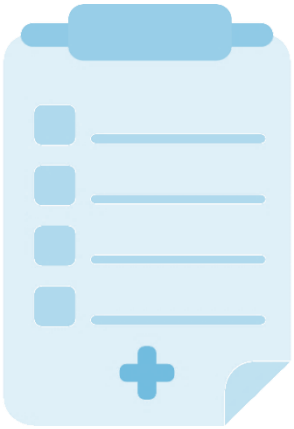
Mixed-Methods Approach

This assessment utilized a **mixed-methods approach** that includes **primary data collected from community stakeholders and community residents** as well as **existing secondary data**. There were three main components: 1) gathering and review of secondary data; 2) key stakeholder interviews and surveys, and 3) a community survey. Data from all three components was triangulated in order to form a more robust understanding of the needs and patterns in the communities. These findings were used to **prioritize** the health concerns, a process described more fully in section 5.

Secondary Data

Indicators Reviewed

Data indicators reviewed for each community include **demographic and socioeconomic indicators** such as total population, age, race/ethnicity, and country of origin, as well as educational attainment, income, poverty, unemployment, housing status and crime rates. **Public school enrollment** (including special populations) **and graduation rates** were examined by community. **Youth risk behaviors** related to self-reported substance use and mental health amongst public high school students were also examined using local Youth Risk Behavior Survey (YRBS) or Communities that Care Survey data for those communities that collected such data and made it available publicly. **Health outcomes** were examined for each community and compared to rates for the state of Massachusetts. These included cancer mortality; emergency department (ED) visits, hospitalizations and mortality for cardiovascular disease, respiratory disease, diabetes, substance use, mental health, and injuries and poisonings; infectious disease incidence; maternal and child health indicators, and top causes of death.



Note that data presented in this assessment reflects the entire population of all nine towns, not just those individuals who receive care from MelroseWakefield Healthcare. This includes

residents of the nine towns that receive medical care from physician practices and urgent care facilities outside the catchment area (such as in Boston), as well as from other regional providers, including Beth Israel Lahey Health and Cambridge Health Alliance.

Secondary Data Analysis

Data were examined by **comparing each community to the state of Massachusetts**. Percent differences were calculated for each indicator and those with a percent difference larger than 5% (e.g. a mortality rate 6% higher than the state) were flagged. (In some cases indicators were instead flagged for concern if they were more than 5% lower than the state—for example lower median household income). These comparisons provide some perspective as to how the community is doing relative to the state (a commonly used standard for benchmarking). ICH also calculated rates for the MWHC community benefits service area as a whole when feasible (primarily when using census data) and used charts and graphs to depict how the nine service area towns compare to each other.

Other Local Secondary Data

Other **local secondary data collected and examined** included food insecurity data provided by the Greater Boston Food Bank; housing data from the Greater Boston Housing Report Card and the MA Department of Housing and Community Development; McKinney-Vento data on the number of homeless students from local public school systems; transit scores from the AllTransit website; and clean water data from the MA Water Resource Authority.

For a complete list of indicators and data sources, please see Appendix B.

Key Stakeholder Interviews and Surveys

Feedback was collected from key stakeholders through interviews and surveys. Both approaches were designed to gather information on community assets and needs and perspectives on MWHC community programs.

Key Stakeholder Interviews

Key stakeholders from ten organizations in the MWHC community benefits service area were contacted for **interviews**. Stakeholders were selected based on their familiarity with one or more of the service area communities and their experience with one or more of the MA Department of Public Health (DPH) health priorities and focus areas. Eight people agreed to participate. Institute for Community Health staff conducted the interviews, which took 30-45 minutes each.

Figure 1: Characteristics of the 22 people participating in the key stakeholder interviews and surveys

MWHC service area towns with which they were familiar*

Everett	8
Malden	10
Medford	8
Melrose	5
N. Reading	3
Reading	4
Saugus	1
Stoneham	3
Wakefield	5
Most familiar with the region as a whole	3

MA DPH health priority/focus area represented

Built environment	1
Chronic disease	1
Education	7
Employment	1
Housing stability and homelessness	2
Mental illness and mental health	1
Social environment/ food insecurity	3
Substance use disorder	1
Violence and trauma	1

Number of years in current position *(interviewees only)*

Four or less	2
Five-nine	1
Ten-fourteen	2
Fifteen-nineteen	1
More than twenty	2

**Many respondents had familiarity with more than one town*

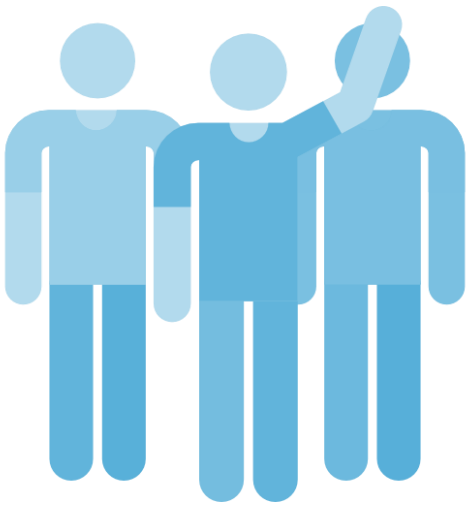
Interviews were conducted between March 18th and July 5 2019. (See interview tool in Appendix E. Full report of results available upon request to MelroseWakefield Community Services staff). The data was compiled by ICH staff and discussed with MWHC Community Services staff to identify relevant themes.

Key Stakeholder Surveys

Surveys were sent by ICH staff via Survey Monkey to 15 individuals selected by MWHC as **key stakeholders**. (See survey tool in Appendix C and results in Appendix D). Stakeholders each represented one or more of the communities in MWHC's 9 town community benefits service area. A total of 10 stakeholders completed the surveys between February 25th and March 29th 2019. Survey responses were analyzed by ICH staff to tabulate results and identify themes.

Community Surveys

The **community surveys** were designed to collect information from community members about health status, healthy behaviors, health care utilization, and community needs, as well as demographic information. (See survey tool in Appendix F and results in Appendix G).



The **survey was set up in the Redcap electronic survey application**, and was distributed in English through email and Constant Contact to over 400 individuals including community partners, coalition leaders, chambers of commerce members, school officials, elected officials, emergency responders (EMT, fire, police), government agencies, veterans associations, rotaries, Kiwanis organizations, councils on aging, housing authorities, community health network areas (CHNAs 15 and 16), libraries, and internally to MelroseWakefield Healthcare employees. Recipients were asked to complete the survey and to share the survey link and attached flyer with colleagues, groups, friends and family in their community. Reminder emails to complete the survey were sent out via Constant Contact.

Hard copies of the survey were distributed in the 8 primary languages spoken in MWHC's community benefits service area (Arabic, Chinese, English, Haitian Creole, Italian, Portuguese, Spanish, and Vietnamese) at drop box locations in each of the communities served. Locations included the Everett Family Resource Center, Malden Senior Community Center, Medford City Hall, Medford Family Network, Lawrence Memorial Hospital of Medford, Medford Senior Center, Melrose Library, Melrose-Wakefield Hospital, North Reading library, Reading YMCA, Saugus library, Saugus Senior Center, Stoneham Boys and Girls Club, Wakefield Boys and Girls Club and Wakefield Town Hall. Surveys were also distributed at the Mobile Food Market in Malden, a Medford Hub meeting, Reading Health Center and Reading Urgent Care. All paper surveys were collected by MWHC staff and manually entered into the online Redcap survey.

Hard copies of the survey were also available to print on the MWHC website in the 8 languages, and the website also listed the 15 community drop box sites where a survey could be obtained and/or dropped off. Fifty non-English surveys were returned, including 39 in Chinese, 5 in Vietnamese, 3 in Spanish, 1 in Portuguese, 1 in Arabic and 1 in Haitian Creole.

Survey data was collected between March 27th and April 22nd 2019, Seven hundred fifty-eight (758) individuals answered one or more survey questions. The data was cleaned to include only surveys where at least one demographic question and at least two health questions were answered—66 surveys were excluded through this step. Surveys from respondents who did not live or work in any of the nine community benefits service area communities or eight other towns with a MWHC clinic location were also excluded (another 22). **Six hundred and seventy (670) surveys were included in the final results**. The data was analyzed by Institute for Community Health staff using statistical software to determine frequencies to multiple choice questions. Qualitative data was analyzed to identify key themes.

Ensuring Input from Medically Underserved, Low Income and Minority Populations

In order to ensure input was gathered from medically underserved, low income and minority populations, as described above, the surveys were translated from English into the seven most common languages in the service area, and distributed at 18 locations in the community, selected based on the demographics served by those sites. Distribution sites included MWHC's Mobile Market, South Cove Health Center in Malden, local community partners serving the previously mentioned populations such as Cambridge Health Alliance (the local safety-net hospital system), Action for Boston Community Development (the local poverty agency), Mystic Valley Elder Services, The Joint Committee for Children's Health Care in Everett, the local YMCAs, the Malden YWCA, senior centers, faith-based organizations, libraries, recreation centers through the cities and towns, and many others. Incentives for completion were offered, in the form of entry into a raffle to win gift cards. Full survey results can be found in Appendix D: 22.5% of respondents were non-White, 10% spoke a language other than English at home, 19% had not lived in the US their whole life, 34% had a household income less $50,000 per year, and for 23% the highest level of education completed was less than college.

Interviews and surveys were also conducted with stakeholders serving medically underserved, low income, and minority populations. It is estimated that more than 1,000 people, including those who are medically underserved, low-income or minorities, were contacted and asked to support the survey and stakeholder process.

In addition, six Listening Sessions were held to share back the data and solicit community input on MWHC's priorities. In order to allow as many people as possible to attend, the sessions were held at a variety of times and in community-based locations. At each session, food was provided, translators were made available, and child and elder care were offered. We collaborated with Beth Israel/Lahey Health, Massachusetts General Hospital, and the Cambridge Health Alliance on the Listening Sessions.

Limitations

This assessment purposefully incorporated different types of data to allow for triangulation between them, thereby enhancing the strength and quality of the findings. However, it should be noted that limitations exist, and are inherent to any needs assessment process.

Secondary Data Review

The Institute for Community Health strove to include all relevant available data in the secondary data review process. The MA Department of Public Health (DPH) data reporting system has changed since the previous CHNA report was completed three years ago, and the new system, the MA Population Health Information Tool (PHIT), was just starting to roll out at the time this report was written, with more limited data available than the previous MassCHIP system.

Main limitations encountered through our secondary data review include:

- **Old data**, due to reporting and analysis lags at the MA Department of Public Health (DPH) and other agencies
- Lack of sources for publically available data for some **important topic areas** related to health such as cancer incidence and top causes of hospitalization
- Available rates for some indicators included **only one year of data**, vs. the preferred presentation of multi-year rates
- **Inability to calculate MWHC community benefits service area rates** for the health outcomes data due to limitations of data obtained from MA DPH
- **No ability to break MA DPH data down by age groups or by race**
- While information on youth risk behaviors was publicly available for many of the communities, **not all towns collect data from their youth, or share it publicly**.

Stakeholder Interviews and Surveys

The stakeholder data described here **represent only the perspectives of the individuals and agencies that participated**, and do not necessarily provide a complete picture of community needs, assets, or perspectives on MWHC in each community. These results therefore cannot necessarily be generalized to the MWHC community benefits service area as a whole, or to any particular town within the service area.

Community Surveys

The information provided by the 670 survey respondents only represents their perspectives and may not entirely reflect or provide a complete picture of the health behaviors, concerns, and needs of community members across the towns of interest. Additionally, although attempts were made to gather information from a broad cross-section of community members, certain subgroups (e.g. women) ended up over-sampled and others (e.g. Latinos) were slightly under-sampled. Similarly, certain communities in the nine-community catchment area (notably Malden and Melrose) had high numbers of respondents and thus also ended up somewhat over-represented in survey results, while other communities with fewer respondents (notably Reading and Stoneham) ended up somewhat under-represented. Also, although surveys were available in hard copy and on the MWHC website in eight languages, due to limited resources the electronic survey was only available in English. Given these limitations, the survey results **therefore cannot necessarily be generalized to the MWHC community benefits service area as a whole, or to individual**

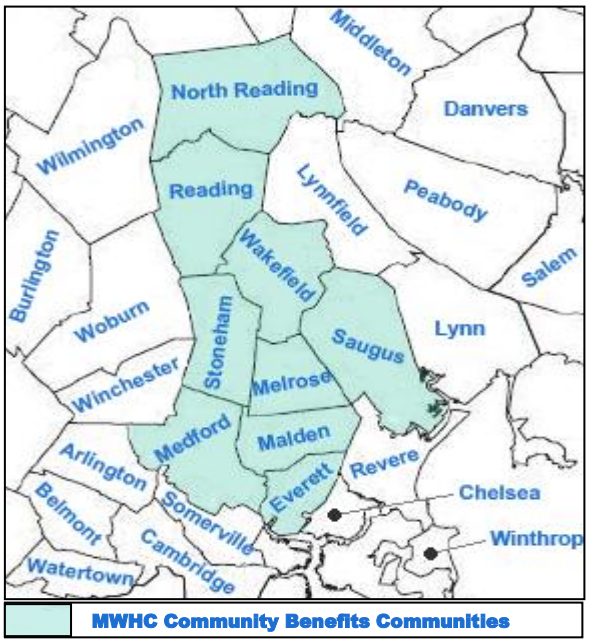
towns.

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

PART 3: MelroseWakefield Healthcare Community Benefits Service Area

Definition of Community Benefits Service Area

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



The MWHC community benefits service area has remained the same since 2013. The service area was determined based on the locations of the properties operated by the health system and also the patients served. Malden, Medford, Melrose, Reading, Saugus, Stoneham, and Wakefield are all locations of MWHC properties. Two other cities and towns closely aligned with the properties, Everett and North Reading, were selected as well. During their regular meetings of 10/10/18 and 12/20/18, the MWHC Community Benefits Advisory Council discussed the community benefits service area and agreed to keep the service area consistent by continuing to serve those 9 communities for the 2019 CHNA and 2020-2022 CHIP.

Demographics

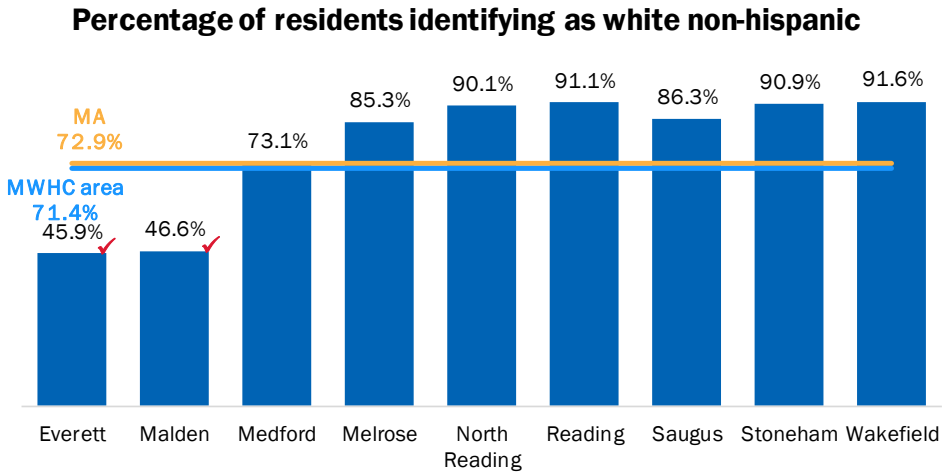
The MWHC community benefits nine-community service area covers 71.7 square miles, with a **total population of 310,450**. Size and population density vary by community, with Malden and Medford having the largest populations at 61,212 and 57,700 respectively, and North Reading the smallest, at 15,598. Everett is the most densely populated community at 13,199.9 people per square mile, and North Reading the least densely populated at 1,187.1people per square mile. Every community is more densely populated than the state as a whole (870.4 people per square mile). Over half of the residents in the catchment area live in Everett, Malden or Medford.

Race/Ethnicity

Compared to Massachusetts as a whole, the MWHC community benefits service area has a **smaller Hispanic population** (8%, compared to 11%in MA) and **larger populations of Asian residents** (9%, compared to 6% in MA) and **Black/African-American residents** (9%, compared to 7% in MA). However, breaking it down by community, more variation is observed. Malden has the highest rate of people describing themselves as Asian (24%, compared to a MA rate of 6%), and Everett has the highest rates of people identifying as Hispanic (23%, versus the

MA rate of 11%) and Black/African-American (19%, versus a MA rate of 6%) (see Figure 2 below). Distributions for other towns are in each of the community profiles (see Appendix I).

Figure 2:



Malden Demographics

- Asian: 23.6%
- Black: 16.3%
- Hispanic: 9.3%
- Other: 4.1%
- White: 46.6%

Everett Demographics

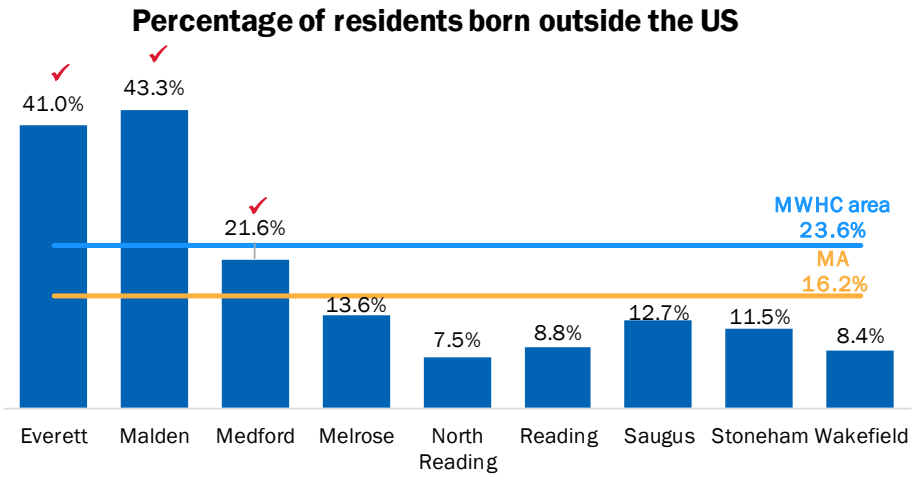
- Asian: 6.5%
- Black: 19.3%
- Hispanic: 22.9%
- Other: 5.4%
- White: 45.9%

Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% lower than the state rate

Foreign-Born Residents

The MWHC community benefits service area has a **higher population of foreign-born residents** compared to the state of Massachusetts as a whole: 24% compared to 16% statewide. Within the service area, the rates vary from a high of 43% in Malden to a low of 7.5% in North Reading (see Figure 3).

Figure 3:



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Continent of origin of foreign-born Everett residents

- Africa: 7.6%
- **Americas: 73.1%**
- Asia: 11.1%
- Europe: 8.2%

Continent of origin of foreign-born Malden residents

- Africa: 10.5%
- Americas: 34.0%
- **Asia: 46.5%**
- Europe: 8.9%

Continent of origin of foreign-born Medford residents

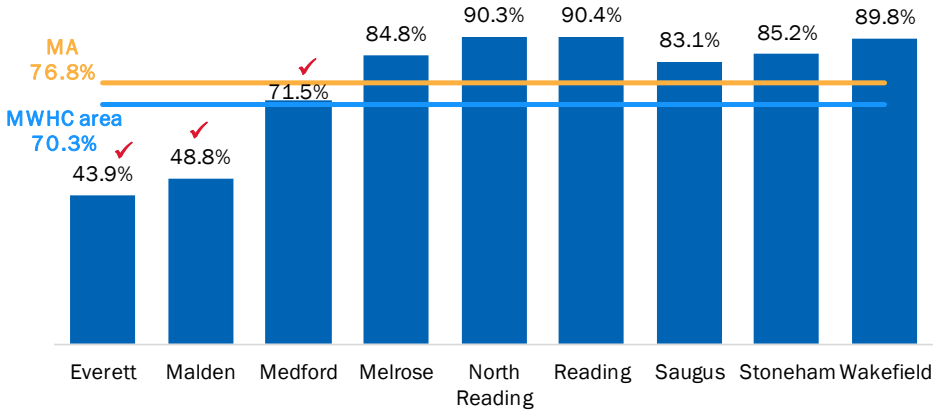
- Africa: 4.1%
- Americas: 34.7%
- **Asia: 35.9%**
- Europe: 24.8%

Languages Spoken

The MWHC community benefits service area also has a **lower population of residents who speak only English at home**: 70% compared to 77% statewide. Within the service area, the rates vary from a high of 90% in Reading and North Reading to as low as 44% in Everett (see Figure 4).

Figure 4:

Percentage of residents who only speak English at home



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% lower than the state rate

Languages other than English spoken in Malden

- Spanish: 7.9%
- Indo-European languages: 17.9%
- **Asian and Pacific Islander languages: 19.1%**
- Other: 6.3%

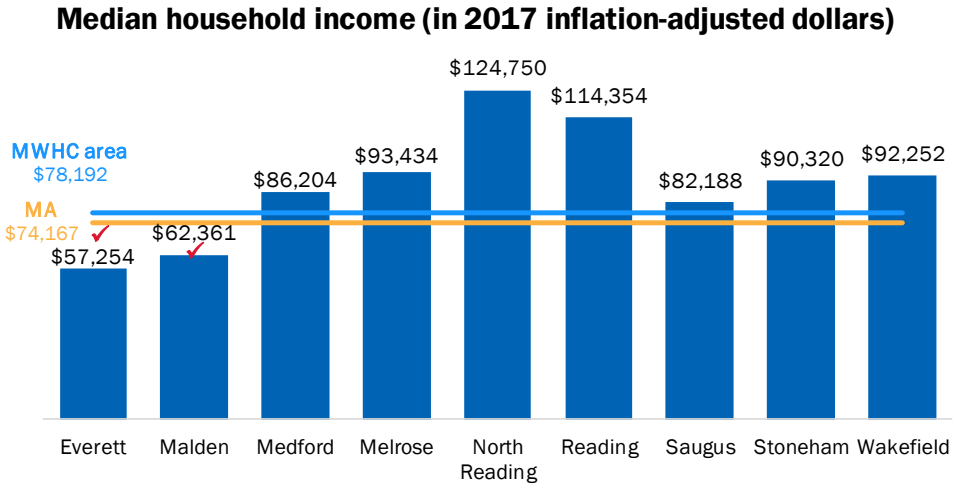
Languages other than English spoken in Everett

- Spanish: 19.7%
- **Indo-European languages: 29.9%**
- Asian and Pacific Islander languages: 3.9%
- Other: 2.6%

Income and Poverty

Income levels in the community benefits service area exhibit wide variation. Although the total service area has a slightly higher median income than the state ($78,192 versus $74,192 statewide), this conceals **variations between a high median income of $124,750 in North Reading and a low of $57,254 in Everett**, see Figure 5 below.

Figure 5:



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% lower than the state rate

Within the overall MWHC community benefits service area, **poverty rates for adults over age 65 are similar** to MA and **lower for families and children under age 18** (see Figure 6 below). However, there are significant differences in the rates of poverty throughout the service area with Everett and Malden having the highest rates, followed by Saugus and Medford.

Figure 6:
Poverty rate, by subgroups

MA	MWHC service area	Everett	Malden	Medford	Melrose	North Reading	Reading	Saugus	Stoneham	Wakefield
Child and Adolescent Poverty: % of residents under 18 living under poverty level										
14.6%	11.1%	20.7%✓	19.2%✓	9.1%	4.9%	2.4%	3.5%	11.9%	3.5%	3.5%
Senior Poverty: % of residents over 65 living under poverty level										
9.0%	9.2%	8.9%	17.6%✓	9.3%	5.5%	4.8%	4.6%	9.0%	7.6%	7.2%
Family Poverty: % of families living under poverty level										
7.8%	6.7%	12.9%✓	12.7%✓	5.8%	2.7%	2.2%	2.0%	6.2%	2.9%	1.9%

Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
Note: ✓ Checkmark indicates that the community rate is more than 5% higher than the state rate; the darker the shade the higher the number

Crime

The **violent and property crime rates for all towns within the MWHC community benefits service area are lower than the state.** However, the rates are very variable across the towns (see Figure 7). Violent crime rates ranged from 8 per 100,000 residents in Reading, up to 207 per 100,000 residents in Malden. Property crimes rates ranged from 65 per 100,000 residents in North Reading, to 780 per 100,000 residents in Malden.

Figure 7:
Crime rates

MA	MWHC service area	Everett	Malden	Medford	Melrose	North Reading	Reading	Saugus	Stoneham	Wakefield
Violent crime rate per 100,000 residents										
358.0	72.6	157.0	207.0	88.0	23.0	24.0	8.0	73.0	27.0	46.0
Property crime rate per 100,000 residents										
1,437.0	379.4	662.0	780.0	663.0	216.0	65.0	157.0	478.0	199.0	195.0

Source: FBI Uniform Crime Report, 2017. Offenses Known to Law Enforcement by State and by Massachusetts communities
Note: ✓ Checkmark indicates that the community rate is more than 5% higher than the state rate; the darker the shade the higher the number

Educational Attainment

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

Figure 8:
Educational attainment of residents aged 25 years old and over

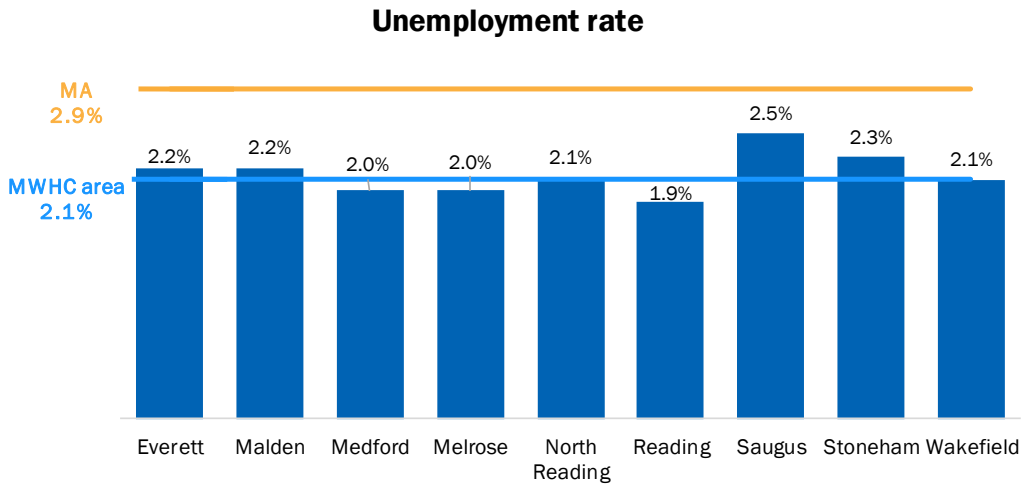
MA	MWHC service area	Everett	Malden	Medford	Melrose	North Reading	Reading	Saugus	Stoneham	Wakefield
% of residents with less than a high school degree										
9.7%	9.6%	20.1%	13.5%	7.7%	5.6%	2.5%	2.9%	9.4%	5.7%	6.6%
% of residents with high school graduate degree or completed some college										
60.3%	48.5%	60.3%✓	51.3%	42.7%	39.4%	45.2%	35.0%	64.1%✓	49.5%	42.6%
% of residents with a bachelor's degree or other advanced degrees										
42.1%	41.9%	19.6%	35.2%	49.6%✓	54.9%✓	52.4%✓	62.0%✓	26.5%	44.9%	50.7%✓

Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
Note: ✓ Checkmark indicates that the community rate is more than 5% higher than the state rate; the darker the shade the higher the number

Unemployment

In the MWHC service area, **unemployment is below the Massachusetts rate.** All communities are below the state rate (see Figure 9).

Figure 9:



Source: US Department of Labor, Bureau of Labor Statistics, BLS Data Finder. April 2019

✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Public School Demographics

Everett and Malden have the highest proportions of students whose first language is not English and who have limited English proficiency. North Reading, Reading and Wakefield have very few students in these categories (see Figure 10 below).

Figure 10:

Percentage of students with first language not English and limited English proficiency

MA	MWHC service area	Everett	Malden	Medford	Melrose	North Reading	Reading	Saugus	Stoneham	Wakefield
First language not English										
20.9%	28.5%	64.4%✓	55.2%✓	23.6%	11.1%	1.3%	1.3%	16.0%	12.3%	4.2%
Limited English proficiency										
10.2%	10.1%	20.3%✓	20.2%✓	10.6%	4.3%	0.8%	0.8%	5.8%	3.5%	1.8%

Source: Massachusetts Department of Elementary and Secondary Education. School District Profiles, Selected Populations 2017

Note: ✓ Checkmark indicates that the community rate is more than 5% higher than the state rate; the darker the shade the higher the number

The **high school 4-year graduation and drop-out rates in the overall community benefits service area are close to the rates of the state** as a whole. Variation within the service area ranges from a graduation rate high of 98%in Melrose, Reading and North Reading, to a low of 78% and 83% in Everett and Malden, respectively. Dropout rates range from a high of 12% in Everett to a low of less than 1% in Melrose, Wakefield, and North Reading (see Figure 11 below).

Figure 11:
School district 4-year graduation and dropout rate

MA	MWHC service area	Everett	Malden	Medford	Melrose	North Reading	Reading	Saugus	Stoneham	Wakefield
Graduation rates										
88.3%	89.3%	77.5%✓	83.3%✓	89.7%	97.6%	97.9%	97.9%	89.2%	93.4%	95.4%
Drop-out rates										
4.9%	4.9%	11.8%✓	6.7%✓	4.5%	0.8%	0.5%	1.1%	5.7%✓	3.8%	0.8%

Source: Massachusetts Department of Elementary and Secondary Education. School District Profiles, Cohort 2017 Graduation Rates
Note (Graduation rate): ✓ Checkmark indicates that the community rate is more than 5% lower than the state rate; the darker the shade the lower the number
Note (Drop-out rate): ✓ Checkmark indicates that the community rate is more than 5% lower than the state rate; the darker the shade the lower the number

PART 4: 2016 MWHC CHNA Priorities and the Impact of Actions Taken to Address Them

In 2016, MWHC's Community Health Needs Assessment identified the following priorities:

- Substance use disorders
- Behavioral health
- Cancer
- Cardiovascular disease
- Diabetes
- Infectious disease
- Access to care including barriers due to language, transportation, housing and food insecurity
- Vulnerable populations

In 2016 MelroseWakefield Healthcare identified thirteen community health priorities to address over the next three years

The secondary health priorities identified were:

- Preventable injuries and poisonings
- Respiratory disease
- Obesity
- Violence and sexual assault prevention
- Disaster readiness and emergency preparation

MWHC Community Benefits Accomplishments Addressing 2016 Priorities

The **2017-2019 Community Health Implementation Plan** (CHIP) defined a three year range of programs undertaken by MelroseWakefield Healthcare to provide interventions (evidence-based where possible) targeting the identified health priorities. These efforts were designed to reach both targeted populations and geographic areas, and the community-at-large. In many instances, the CHIP programs **aligned closely with core service lines** of MelroseWakefield Healthcare. Programs **addressed statewide health priorities** while also addressing identified needs of **local high priority populations**. The CHIP also reflected **the need to streamline services to best align limited resources** and **take into account the available services and offerings of other institutions**, including proximity to tertiary medical centers in Boston, community based health systems (such as Beth Israel Lahey Health including Winchester Hospital), safety net hospital systems (Cambridge Health Alliance), federally qualified health centers (East Boston Neighborhood Health Center) and other providers offering services in the region.



As required by IRS guidelines, the CHIP **included a list of programs developed to address the needs identified**, including the goals and measures for the programs and the overall budget for implementation.

This inventory of programs and services was available to the community, and all projects identified by the CHIP were ultimately approved collectively by the hospital's governing body. As new health needs emerged, or were identified as critical within the catchment area, the CHIP was amended to add programs that addressed these needs or remove programs that were no longer active. Other programs that benefit the community, but are either not delineated in the Attorney General's Community Benefits Guidelines, or allowable under federal regulations, were not formally included in the CHIP or reported annually to either the MA Attorney General or as part of the IRS Form 990 filing.

The strategies outlined below were **implemented to address the 2016 primary priorities:**

Behavioral Health and Substance Use
Target population: Residents managing behavioral health issues and substance use including depression, anxiety, dementia, Alzheimer's, co-occurring substance use disorders, and serious and persistent mental illness.
Efforts included a focus on access to care issues, integration of behavioral health in primary care, preventive mental health, and a particular emphasis on geriatric populations and their families/caregivers. MWHC is a member of local substance use coalitions, member and host of the District Attorney's Eastern Middlesex Opioid Task Force, and former member and host of the Substance Use Disorder and Substance Exposed Newborns Care Collaborative.



Cancer
Target population: Residents at risk for developing cancer or being treated for cancer, with a focus on lung cancer, colorectal cancer, oral, head and neck cancer, breast cancer, and skin cancer.
Efforts focused primarily on education, screening and prevention efforts to support early detection and treatment of key cancers, as well as reduction of known cancer risk factors, such as tobacco use.

Cardiovascular Disease
Target population: Residents at risk for developing cardiovascular disease or those experiencing health issues due to undiagnosed or poorly understood risks, including those at risk for developing Congestive Heart Failure (CHF) or for suffering a stroke; men, women, and children with weight management issues, with a specific focus on obesity prevention for adults and children; community members at risk for developing diabetes or with diabetes management issues.
Efforts focused on screening and education, including targeted programs to reach high-risk groups impacted by chronic disease.

Diabetes
Target population: Residents diagnosed with diabetes including pre-diabetes, Type I diabetes and Type II diabetes.
Efforts included self-management programming, screenings, education, and support groups

for residents and their family members.

Infectious Diseases
Target population: Residents impacted by infectious disease such as Tuberculosis; especially those residing in Everett, Malden, and Medford.
Efforts supported public health initiatives related to infectious disease, as well as maintaining clinic-based support around TB in collaboration with area public health nurses.

Access to Care
Target population: Residents needing access to healthcare, especially focused on improving access for uninsured or underserved residents of our core communities.
Efforts included the recruitment, education, and training of nurses, physicians, other practitioners, and community volunteers needed to care for these populations, as well as direct efforts to increase the number of individuals receiving and maintaining health insurance coverage. Support for initiatives promoting increased diversity and inclusion were also key components of addressing this priority.



Vulnerable Populations
Target population: Residents including elders and families with children and/or adolescents at additional risk due to poverty, isolation, language or cultural barriers, domestic violence, access to care issues, or lack of skills to navigate the health care system, lack of early prenatal care or those in need of developing parenting skills.
Efforts focused both on continued management of government-based assistance programs serving expectant and postpartum mothers as well as young families through the first three to five years of life, such as WIC and Healthy Families, and innovations to address specific social determinants and disparities. Efforts to address elder related issues included programmatic supports, such as adult day health services, as well as evidence-based outreach efforts at key elder housing and community center sites in the region.

The following strategies were **implemented to address 2016 secondary priorities:**

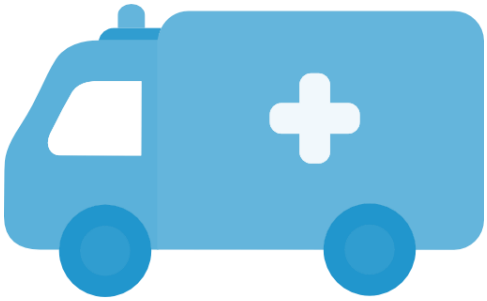
Injury Prevention and poisonings
Target population: Residents, including men, women and children, at risk for developing bone and joint injuries or disease with a focus on injury prevention for all ages; specifically falls prevention, arthritis and osteoporosis prevention and detection, and prevention of sports injuries, including head injury in youth.
Efforts focused on screening and ongoing education and care management programs designed to more quickly identify and reduce risk of injury in both youth and older adult populations.

Respiratory Disease (including asthma)
Target population: Residents living with respiratory conditions, such as Chronic Obstructive

Pulmonary Disease (COPD) or Asthma.
Efforts included the provision of patient education and support group opportunities for individuals living with respiratory illness, as well as referrals to other community-based providers or services as appropriate.

Obesity
Target population: Residents who are obese or at-risk for becoming obese.
Efforts included education and support to wellness programs and local partners focusing on obesity prevention.

Sexual Assault/Domestic Violence Prevention
Target population: Community-wide.
Efforts supported various initiatives seeking to prevent sexual assault, and intimate partner violence, defined as patterns of coercive controlling behaviors wherein one person exercises control over another in an intimate relationship. Activities included support and collaboration with local coalitions, educational programming and provision of space and other resources for support groups, program in-kind space, and other activities.



Disaster Readiness and Emergency Preparation
Target population: Community-wide.
MWHC provided proactive leadership in support of regional preparedness in the event of natural disasters and unexpected emergencies. Efforts focused on leadership engagement at both local and regional Emergency Management Services, as well as preparedness drills and resources above and beyond licensed requirements to support public safety and awareness of known and emerging health and safety threats and concerns. An emphasis on coordination between the health system's home care and physician practice owned entities, local government agencies and health departments, and other local community service providers also made up key aspects of these efforts.

In addition, the **CHIP addressed overall strategies** to support the identified primary and secondary priorities:

- Supporting membership and leadership activities on boards of local coalitions that align with the CHIP, such as board level membership on the Melrose Alliance Against Violence (MAAV), Medford Health Matters, and others as appropriate.
- Subsidizing rent and utilities in-kind for key community partners such as Portal to Hope, Inc., a program addressing intimate partner and domestic violence. Programs receiving this support must be not-for-profit agencies closely aligned with MelroseWakefield Healthcare Community Benefits programs.
- Offering meeting space to community agencies (in-kind) that supported the MelroseWakefield Healthcare CHIP, such as for Alcoholics/Overeaters Anonymous meetings, blood donation drives, the Massachusetts PTA Association, and others.
- Through its Community Teams, providing significant outreach and support to community events and programs in the catchment area.

- Reaching out to other local health care systems to explore ways to work collaboratively, in an attempt to avoid unnecessary duplication of services.
- Regularly participating at Community Health Network Area meetings in Region 15 and maintaining a leadership role for Region 16.
- Devoting Community Services and MWHC Financial Management staff time to document value, monitor, and measure impact of programs and services to MelroseWakefield Healthcare communities, or to develop tools that will enable such evaluation in the future.
- Identifying and securing resources as appropriate to fund community benefits programs; this includes grant writing, securing restricted donations, and fundraising.
- Sponsoring professional memberships as appropriate, such as to the Association for Community Health Improvement (ACHI).

Stakeholder Opinion on Effectiveness in Addressing Priorities



In late May 2019 MelroseWakefield Healthcare Community Benefits staff sent an evaluation survey to approximately 280 community partners and staff who were familiar with MWHC's programming and services to gain input on how effective MWHC had been in addressing the 2016 priority areas. Overall, the sixteen respondents felt efforts had been effective: in **eight of the priority areas at least 70%** of those familiar with MHWC's efforts indicated that they thought **MWHC had addressed the area 'very' or 'somewhat' effectively.** The eight primary priorities were rated more highly than the secondary priorities. Efforts to address **cancer**

(90% thought efforts were very or somewhat effective) and **access to care** (85%) were rated most highly, although several respondents noted that MWHC could do more to address transportation issues. Behavioral health was the only primary priority area where less than 70% of respondents thought efforts had been very or somewhat effective (62% did). Of the five secondary priority areas, on the other hand, preventable injuries and poisonings was the only area where more than 70% of respondents indicated effectiveness (80% did). **The lowest rated priorities were respiratory health (50%) and violence and sexual assault (49%).**

Overall, survey participants felt that **MWHC should increase awareness of their programs through better communication and community outreach efforts**. Many people said they had minimal knowledge of many of MWHC's community services and programs, and thought the community impact would be larger if they had a wider reach. Several people also thought that community services and programs could be better integrated into the clinical sites in order to have a more direct impact on patients with specific health conditions.

Although **stakeholder survey and interview participants** were not directly asked to evaluate efforts made to address the 2016 priorities, they **were asked to give general input on MWHC's community programming**. Stakeholder survey participants thought MWHC's **strongest community programming areas** are around **chronic diseases and vulnerable populations**, and the **areas most in need of strengthening are mental health, substance use and access to care.** Stakeholder interview participants also identified MWHC's work with **vulnerable populations as a strength, along with their focus on social determinants** through programs such as the Mobile Market, the WIC program and Baby Café. Interview participants thought MWHC could strengthen access to care, especially transportation, as well their collaboration with public schools, and with agencies that serve low income populations and the homeless.

PART 5: Health Priorities and Target Populations Identified

2019 Health Priorities

The 2019 **primary health priorities** are:

- Access to healthcare
- Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease
- Disaster readiness and emergency preparation
- Housing stability and homelessness
- Infectious disease
- Mental illness and mental health
- Preventable injuries and poisonings
- Social determinants of health: poverty, education, employment and food access
- Substance use disorders
- Violence and trauma
- Vulnerable populations

In 2019, MelroseWakefield Healthcare identified eleven community health priorities to address over the next three years

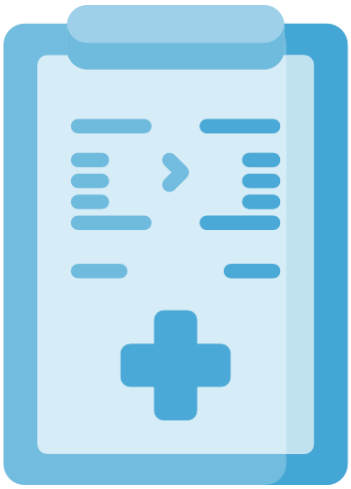
Prioritization Process

The 2019 **health priorities were determined based on**:

- Identified needs and gaps in services across the service areas (triangulated from the secondary data, stakeholder surveys and interviews, and community survey);
- Existing assets, strengths and capacity of MelroseWakefield Healthcare to address needs, and realize meaningful and/or sustainable changes;
- Impact on reducing health disparities;
- Organizational priorities identified through conversations with MWHC leadership, key community stakeholders and civic leaders;
- The priorities identified through the 2016 CHNA;
- Priority areas designated by the MA Department of Public Health (DPH) and the MA Attorney General's Office; and
- Efforts to avoid duplication of services of other providers and agencies already in place throughout the service area.

Before beginning the CHNA, MWHC Community Benefits staff **conducted a thorough review of the websites and relevant documents** (including the CHNA, Implementation Strategy and Community Benefits reports) **of other local healthcare systems**, including Lahey Health System, the Cambridge Health Alliance, Mount Auburn Hospital, and MA General Hospital (MGH). Throughout the needs assessment process, ICH reviewed and **discussed results from each data collection phase** (as described in Section 2) **with MWHC Community Benefits staff and leadership**, who created a preliminary list of priorities. This preliminary list was reviewed and discussed with the Community Benefits Advisory Council and revised based on feedback.

In July and August 2019, MWHC staff conducted six listening sessions with community residents and stakeholders. The listening sessions were held in Everett, Malden, Medford, Melrose, Saugus and Stoneham. (The Melrose session included Wakefield as well). The sessions were used to share the data collected through the assessment process, and gather additional community input on community needs, concerns and priorities. The Everett and Malden listening sessions were collaboratively hosted by MWHC, Cambridge Health Alliance and Massachusetts General Hospital. The Stoneham, listening session, which also included North Reading and Reading, was hosted in collaboration with Beth Israel Lahey Health. After completion of the listening sessions MWHC Community Benefits and ICH staff used the community feedback to finalize the list of health concerns, with approval from MWHC leadership.



Please note:

- All individual town indicators that are flagged as being higher than the state are those that have a percent difference larger than 5 (e.g. a mortality rate 6% higher than the state). On the Figures in this section, this greater than 5% difference is indicated by a checkmark at the top of the column. In most cases indicators are flagged if they are higher than the state, but in some cases they are flagged if being lower than the state is undesirable—for example lower median household income.
- **Comprehensive data on each town can be found in the community profiles** in appendix I.
- Data for the **MWHC service area towns** reflects data for the entire population of those towns, **not just those people who receive care from MelroseWakefield Healthcare**.
- When possible we calculated the percentages/rates for the MWHC region as a whole, but we were not able to do this for all indicators, including the majority of the data from the MA Department of Public Health.

For further discussion of the data limitations, see section 2.

Health Priorities

Access to Healthcare

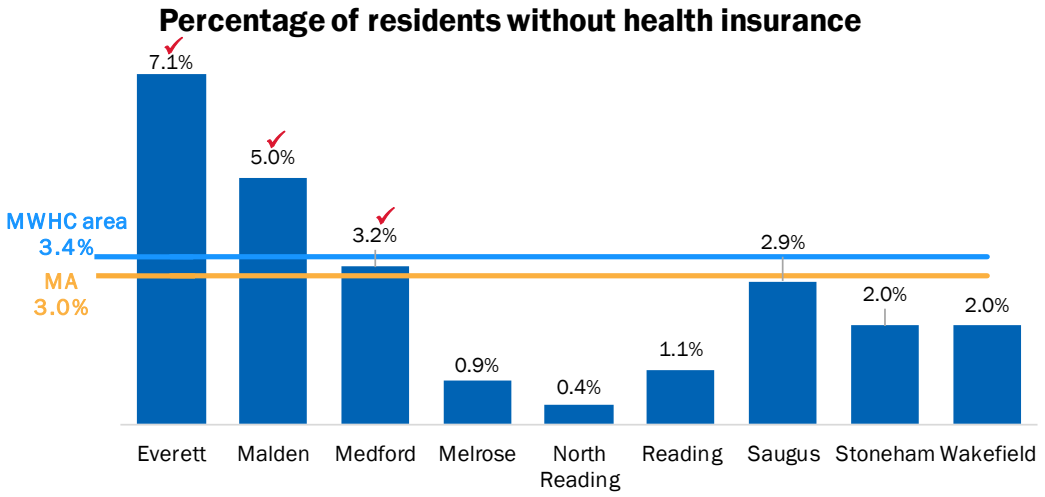
Access to healthcare emerged as a concern particularly among community survey respondents, with some mention by stakeholders as well. Stakeholders most frequently talked about **transportation concerns, especially for older adults**. They also talked about how **immigrants**, especially those that are undocumented, are fearful of accessing healthcare.

Community survey respondents overall seemed to have good access to healthcare themselves. Ninety percent (90%) had someone they thought of as their personal doctor or healthcare provider, and 96% had had a routine checkup in the last two years. Ninety-one (91%) had health insurance that covered their needs (1% of respondents did not have health insurance at all). Of the 8% who had insurance but said it didn't cover their needs, the most frequently **cited reasons were deductibles and co-pays being too high, and not having dental coverage. Twelve percent (12%) said there was a time in the last 12 months when they were not able to see a health care provider when they needed to**: the most

frequently cited reasons included not being able to get an appointment, costs being too high, the site not having hours that worked for them, and being too busy caring for children and/or elders. Eleven percent (11%) said there was a time in the last 12 months where they or a member of their household needed behavioral health care and were not able to get it. However, despite many respondents seeming to not face many personal barriers to care, **34% thought access to care was one of the top health concerns in their community**.

Looking at census data, the **MWHC community benefits services area has a slightly higher percentage of people who don't have health insurance coverage** (3.4%) than does the state as a whole (3.0%). As shown in Figure 12 below, although many of the communities have %s below the state rate, **Everett and Malden are notably above the state rate**.

Figure 12:



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Chronic Disease with a Focus on Cancer, Heart Disease, Diabetes, and Respiratory Disease

Chronic disease continues to be a priority for MWHC, with a focus on preventative behaviors as well cancer, heart disease and diabetes. Data from the MWHC community survey shows that 43% of respondents have been told that they're overweight, 33% have high blood pressure, and 24% high cholesterol. When asked about exercise, 21% never exercise for 30 minutes or more in an average week, while only 16% exercise 5 or more days. Thirty-one percent (31%) eat fruit, 25% vegetables, and 40% whole grains less than once a day. When asked about their top 3 community health priorities, 46% of community survey respondents cited chronic disease as important, and 34% chose obesity. Similarly, 50% of community stakeholder survey respondents chose chronic disease as one of their top 3 community health priorities.

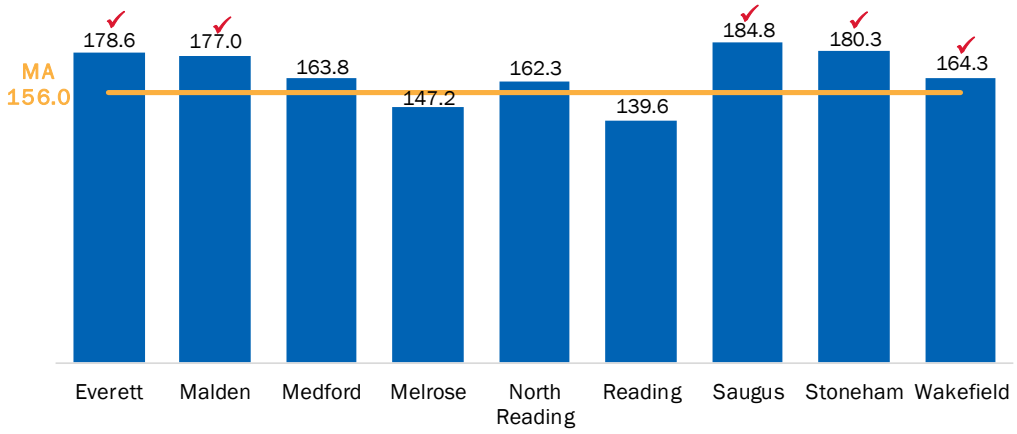
Cancer

The main cancer indicator examined for this assessment was mortality (the number of people who die from the disease). Age-adjusted incidence (the number of new cases) rates were not available from the MA Department of Public Health while working on this assessment. Besides looking at all cancer mortality, we also looked at mortality rates for 5 types of cancer: breast, colorectal, lung, ovarian, and prostate.

Figures 13-16 below depict all cancer mortality, as well as mortality for breast cancer, colorectal cancer and lung cancer. **Saugus, Stoneham, Everett and Malden stand out as having the highest all cancer mortality, while Medford and Stoneham stand out as having higher mortality rates than the state for the highest number of types of cancer** (4 out of 5 of the cancers being examined for this report).

Figure 13:

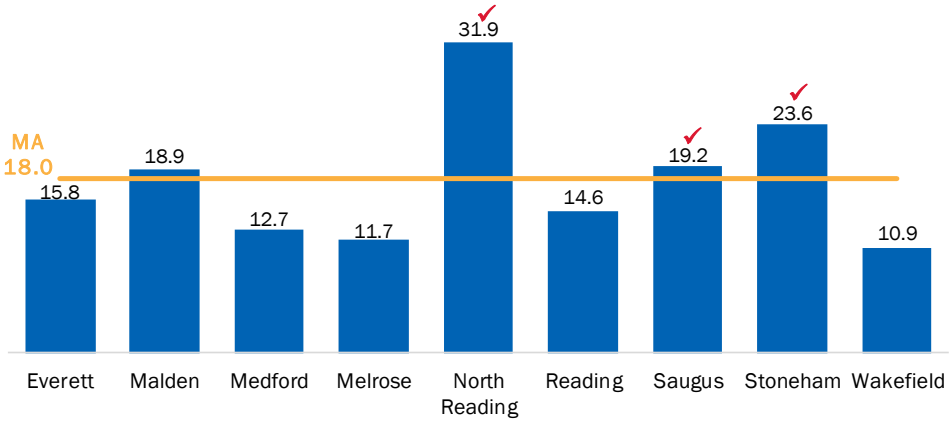
Cancer mortality, all cancers (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 14:

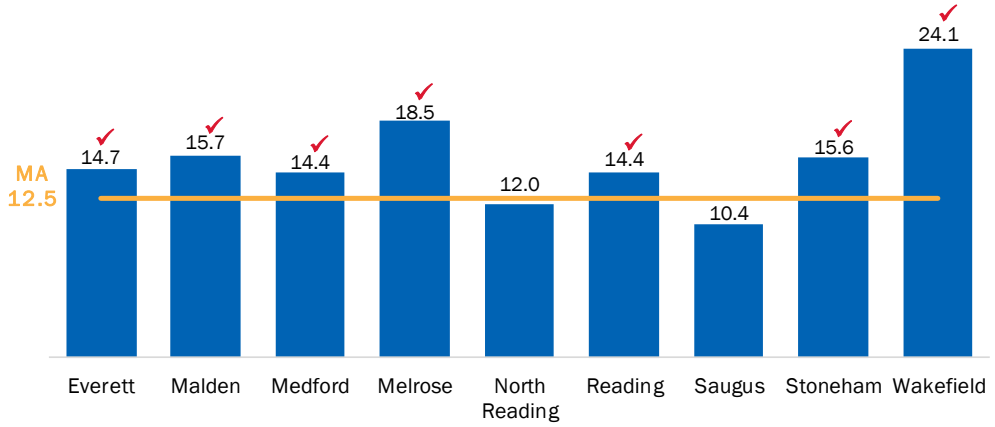
Cancer mortality, breast cancer (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 15:

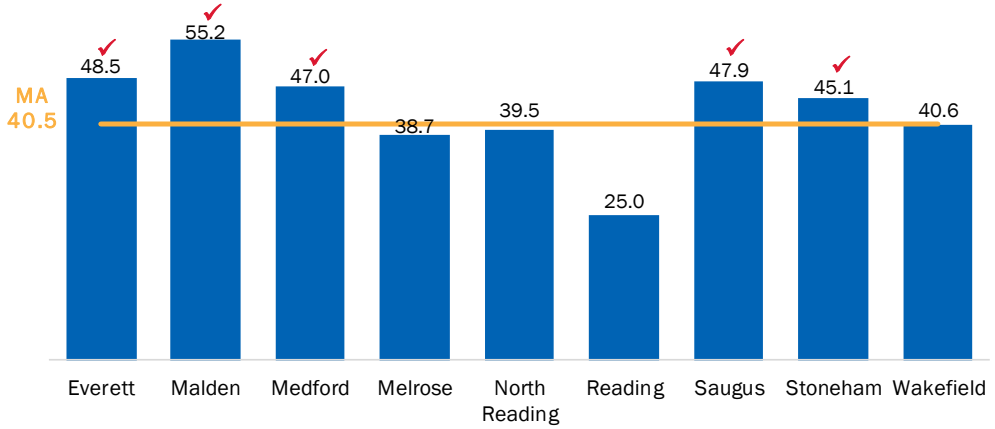
Cancer mortality, colorectal cancer (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 16:

Cancer mortality, lung cancer (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

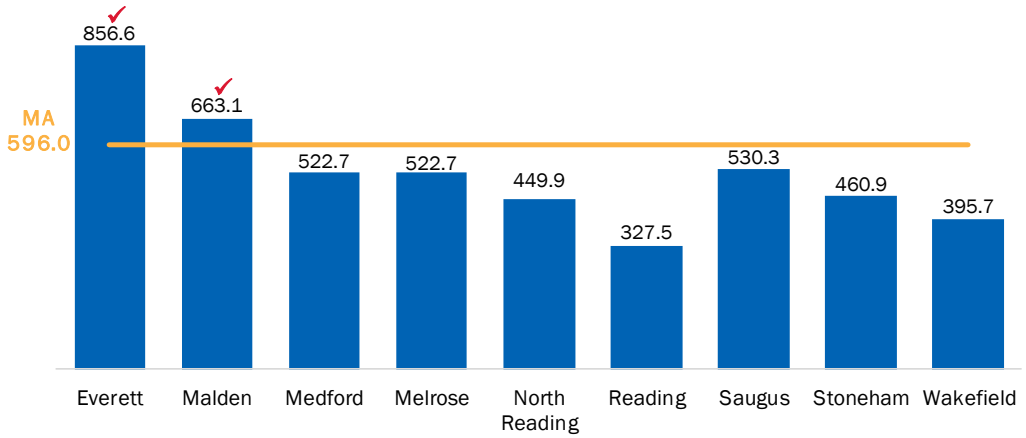
The mortality rate for prostate cancer was higher than the state in Melrose, Wakefield, Malden, and Medford. For ovarian cancer mortality, Wakefield, Medford, Reading and Stoneham were higher than MA. For further information, see the data profiles in Appendix I.

Lung cancer was the third highest cause of death in the Melrose-Wakefield Healthcare Community Benefits Service area, similar to the state.

Cardiovascular Disease
As shown in Figures 17 and 18 below, Everett and Malden have higher rates of major cardiovascular disease-related emergency department visits than MA. Everett also has a higher rate of major-cardiovascular mortality. The rate of major-cardiovascular disease related hospitalizations is higher than MA in Saugus.

Figure 17:

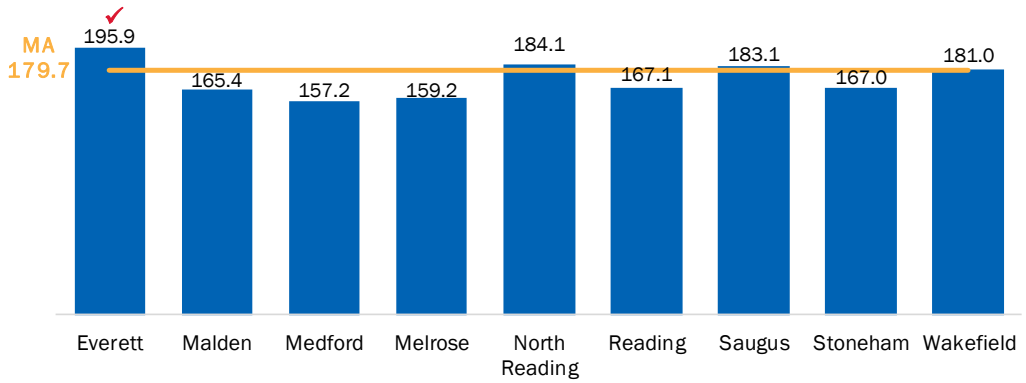
Major cardiovascular disease ED visits (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 18:

Major cardiovascular disease mortality (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

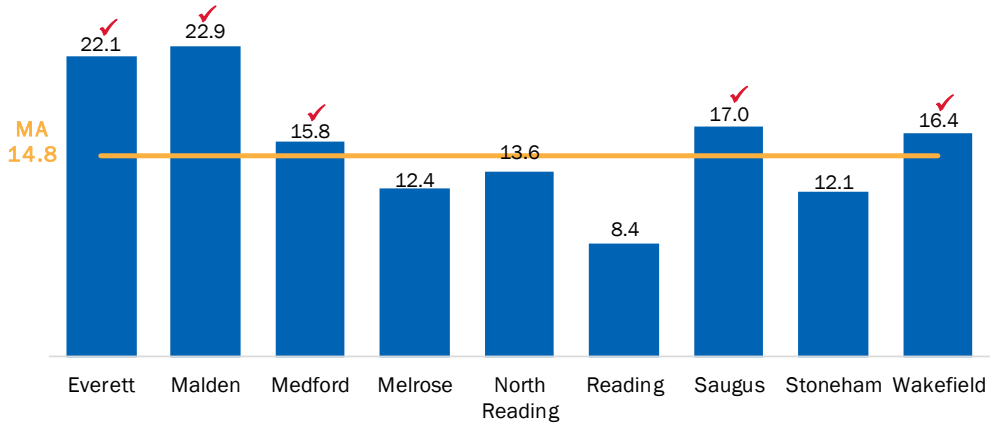
Chronic ischemic heart disease is the third highest cause of death in the MelroseWakefield Healthcare community benefits service area, and heart failure if the fifth highest.

Diabetes

Malden, Everett, Saugus, Wakefield and Medford have diabetes mortality rates higher than the state (Figure 19). Everett, Malden and Medford also have higher rates of diabetes-related hospitalization.

Figure 19:

Diabetes mortality (age-adjusted rate per 100,000)



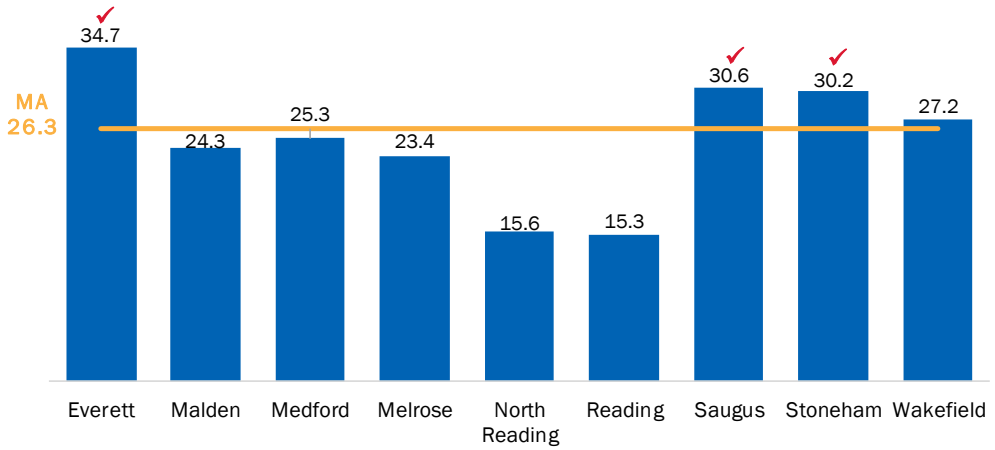
Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Respiratory Disease

As shown in Figure 20 below, **COPD-related hospitalizations were higher in Everett, Saugus and Stoneham than in the state.**

Figure 20:

COPD-related hospitalizations (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Population Health Information Tool (PHIT), year 2014
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Looking at asthma, only **Saugus had a higher childhood asthma prevalence rate** (total number of cases, as tracked by the public schools) than the state at 13.2 vs 12.1. For all ages, only Everett had a higher age-adjusted rate of asthma-related emergency department visits (92.9 vs 66.5 in MA), while both **Everett and Stoneham had higher rates of asthma-related hospitalizations** (13.1 and 13.7, respectively, vs 10.7).

Nineteen percent (**19%**) of **community survey respondents reported ever having been told they had asthma**.

Chronic lower respiratory disease was the 4th highest cause of death for the service area as a whole, comparable to the state

<u>Disaster Readiness and Emergency Preparation</u>

Given the location of MelroseWakefield Healthcare's two hospital campuses and their location in the Metropolitan Boston area, plus the relatively large and diverse population reflected within the community benefit catchment area, disaster and emergency planning remain an ongoing priority for the health system. This is a secondary priority in relation to the health system's role as a convener of resources, if not necessarily the leading agency in their deployment and implementation. In addition to natural disasters and unexpected events, including acts of terror, maintaining a coordinated and engaged central emergency response is essential to meeting the requirements of addressing several of the health system's health priorities, including substance use disorders, behavioral health, and infectious disease. This has historically been achieved through regional representation on EMS leadership, local medical direction, and ongoing disaster drills and planning that incorporate other aspects under MelroseWakefield Healthcare, including its VNA and Hospice and affiliated physician practices. The 2019 opening of a major hotel/casino resort in Everett also has the potential to dramatically increase the number of new and non-residential visitors to the service area, as well as creating logistical and functional considerations related to emergency planning and response.

<u>Housing Stability and Homelessness</u>

Housing arose repeatedly through our surveys and interviews as a major area of concern in the MWHC community benefits service area. **About 70% of stakeholders identified housing as a top concern**, many bringing up the issue multiple times. In particular, stakeholders mentioned their concern with the **high housing cost burden**, especially for residents of Everett and Malden, and the **lack of affordable housing availability**. The difficulty for **seniors** in finding housing (affordable and suitable for those with mobility issues) was specifically mentioned, as were the challenges facing **low income families and individuals**. One interviewee mentioned that families that lose their housing, whether because they get behind on rent or because their landlord puts the unit up for sale, then face chronic instability in many areas. Thirty -five percent (35%) of community survey respondents identified housing as a top community concern.

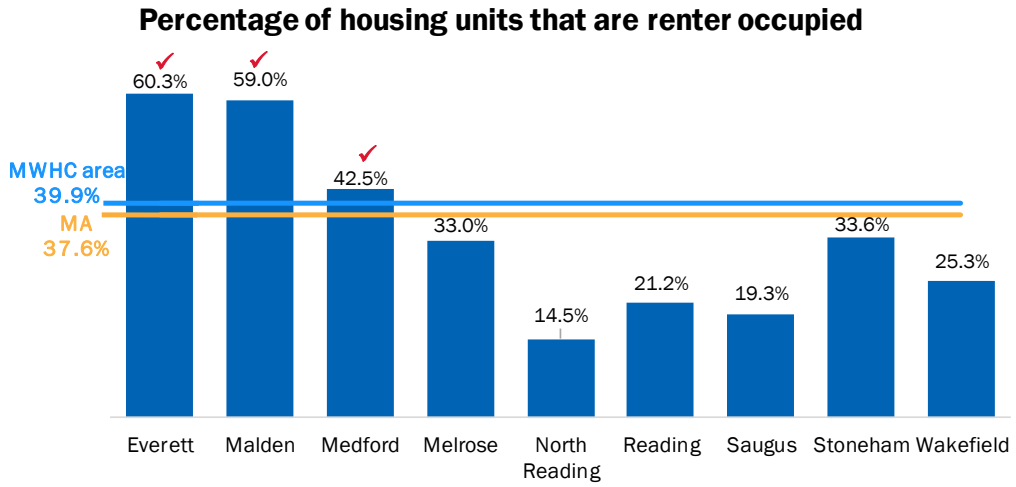


Point in time count data (data that was collected through a count of all homeless individuals on January 27, 2019) showed that Malden had a count of 25 unsheltered individuals on

that date (the other towns in the service area had one or none), and 153 people in emergency shelter. Medford had 115 people in emergency shelter.

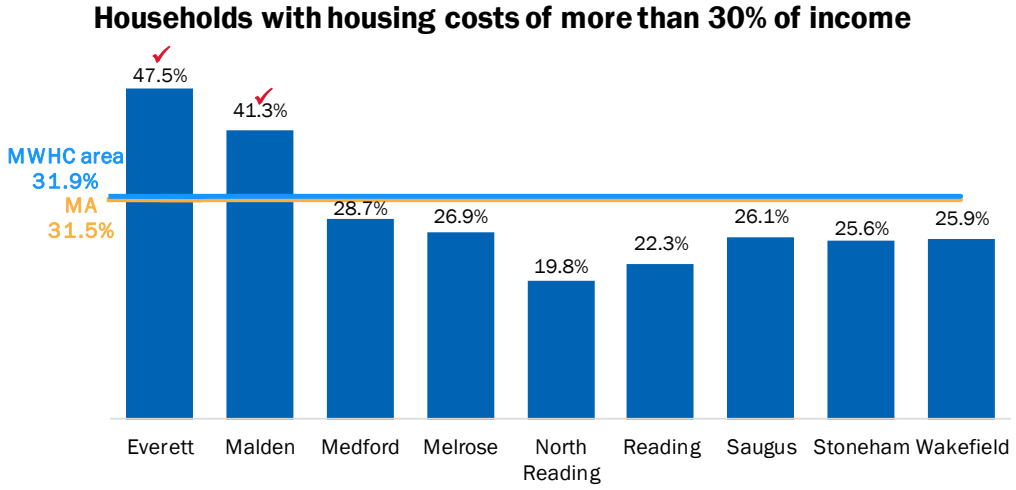
These concerns are supported by available census data, as shown in Figures 21 and 22 below. **Everett and Malden have the highest %s of renter-occupied units as well as the highest %s of households experiencing housing cost burden** (defined as housing costs that are more than 30% of income). As a region, the **MWHC service area has 7.8% of its housing units classified as Subsidized Housing Inventory (SHI), which is lower that the state rate of 9.7%.** Although Malden's SHI rate is slightly higher than the state (10.1%) and the highest of the 9 towns, Everett's is particularly low at 6.4% (in the MWHC service area only Stoneham is lower with 5.3%).

Figure 21:



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 22:



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Infectious Disease

Looking at individual town rates, there are multiple concerns noted. The following towns were flagged as having rates higher than the state:

- **HIV /AIDS** incidence: Everett and Malden
- **Chlamydia** incidence among 15-19 year olds: Everett
- **Gonorrhea** incidence among 15-19 year olds: Everett and Malden
- **TB incidence**: Everett, Malden and Medford

(Note that incidence is the number of new cases).

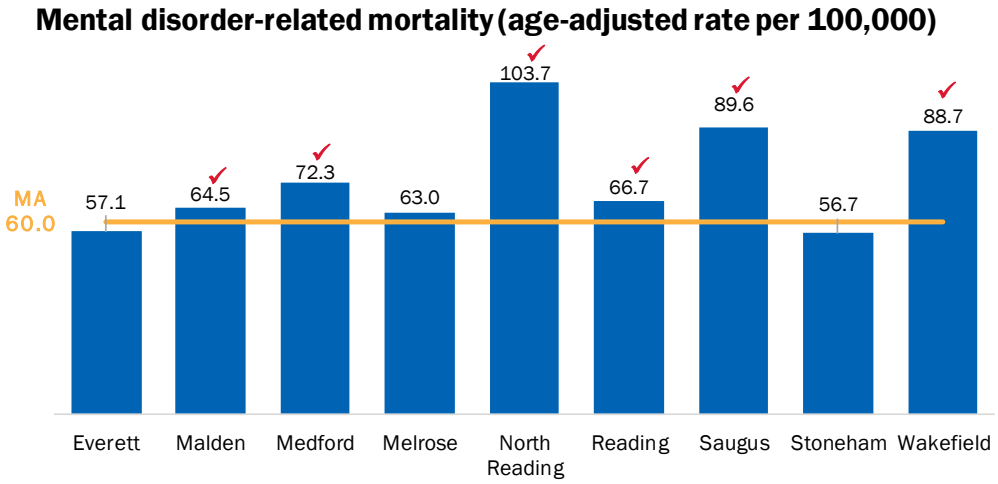
Mental Illness and Mental Health

Mental health was another common concern identified by stakeholders in the interviews and surveys. In particular, they were concerned about elders and teens with mental health issues, and identified a need for more community-based services for all age groups. **Seventy-five percent (75%) of community stakeholder survey respondents identified mental health as one of their top three concerns**. Looking at the community survey results, **thirty-one percent (31%) of respondents said they had been told they had anxiety** and **21% said they had been told they have depression**. Thirty-one percent (31%) said they or other members of their household had received behavioral health care in the last year, and 75% of this group was satisfied with the care they had received. **Eleven percent (11%) of respondents said there had been a time in the last 12 months when they or someone else in their household had needed behavioral health services and hadn't been able to get them**. Additionally, **62% of survey respondents identified mental health as one of their top 3 community health concerns**.



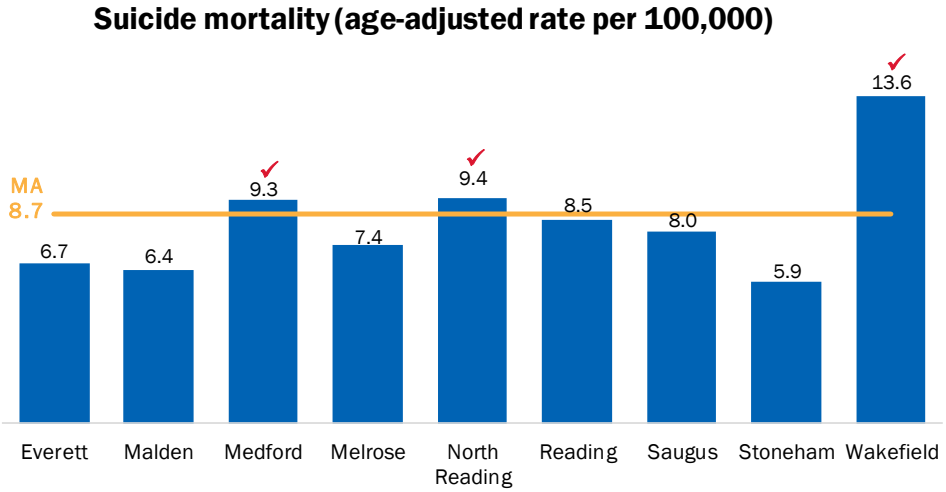
Looking at mental disorder-related hospitalizations, only Everett had a rate higher than the state. However**, six of the nine communities had higher mental-disorder related mortality** (Figure 23). It should be noted that the 'mental disorder-related' category includes dementia and developmental disabilities as well as depression, psychosis and other mental illnesses. **Suicide mortality rates were higher than MA in Wakefield, North Reading and Medford** (Figure 24).

Figure 23:



Source: Massachusetts Department of Public Health, Population Health Information Tool (PHIT), year 2014
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 24:

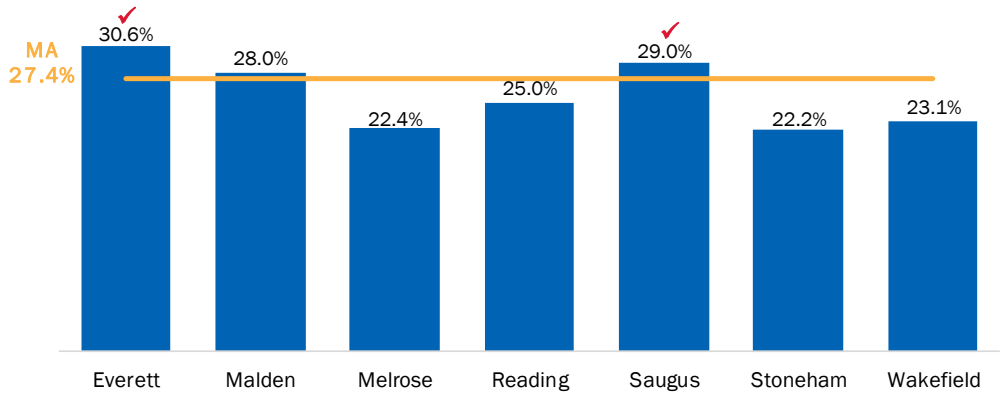


Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Of the 8 towns from which we were able to obtain high school health survey data, two, **Everett and Saugus, showed youth having a rate of depression higher than the state** (Figure 25). Only one town, Wakefield, had a higher percentage of youth seriously considering suicide in the past year than the state (13.4% vs 12.4%). Reading had a higher rate of youth attempting suicide in the past year than the state (7.0% vs 5.4%). Bullying at school is also a concern, with three towns, Saugus, Reading and Everett, having rates higher than the state (15.8%, 16.0%, and 16.6% vs 14.6%).

Figure 25:

Percent of high school students experiencing depression in the last year



Source: Different local sources, please see appendix and references for more information
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

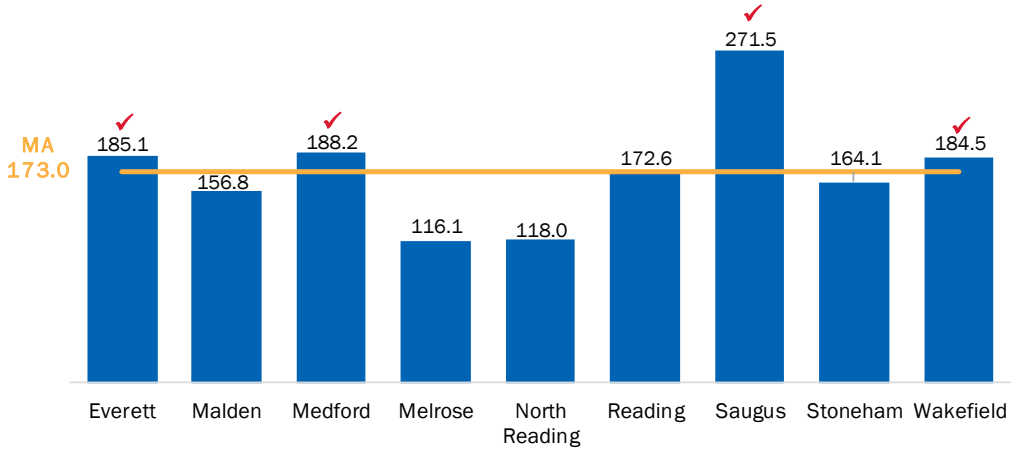
Preventable Injuries and Poisonings

Everett, Medford, Saugus and Wakefield have higher rates of all injury and poisoning emergency department visits than the state, as depicted in Figure 26 below. Saugus and Everett also have higher injury and poisoning-related mortality rates than the state. (Note that this category includes suicides and substance-related overdoses, which were discussed in the 'Mental Illness and Mental Health' and 'Substance Use Disorder' sections respectively).

Stakeholders noted injuries, specifically falls, as an issue particularly for older adults, who develop frailty and mobility issues. This becomes an issue related to housing, as older adults need to have affordable housing that is also safe for them to navigate, and to transportation, as they are no longer able to drive themselves or walk long distances.

Figure 26:

All injury and poisoning ED visits (age-adjusted rate per 100,000)



Source: Massachusetts Department of Public Health, Population Health Information Tool (PHIT), year 2014
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

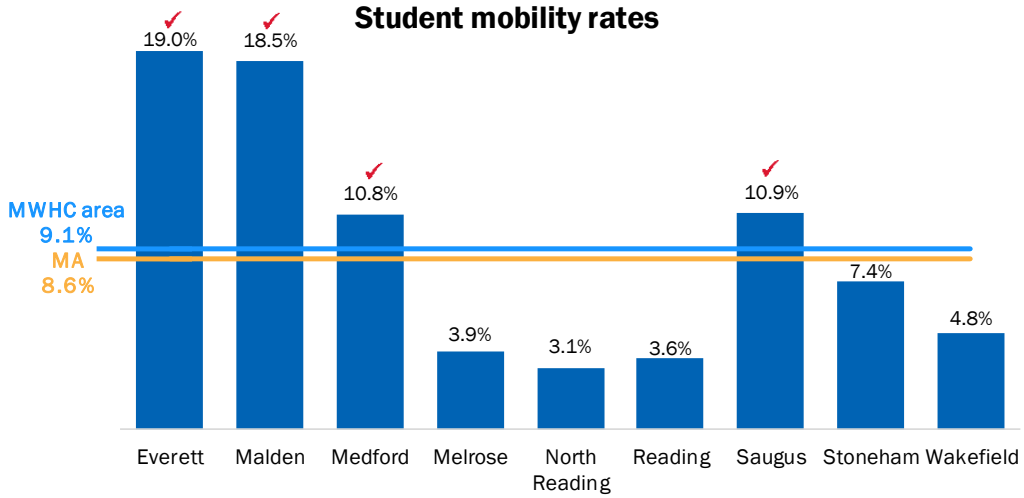
Social Determinants of Health: Poverty, Education, Employment and Food Access

According to the US Centers for Disease Control and Prevention (CDC), conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH). The **social determinants of health** were an important element identified by community stakeholders. Interviewees in particular were concerned with **food insecurity**, and nearly all interviews brought up the overlapping issues of **poverty, food access, unemployment/job insecurity** and **education**. (It should be noted that housing is often included as a social determinant of health; however, due to the severity of concern voiced by stakeholders, 'housing and homelessness' was determined to be a separate priority area). Particular concerns mentioned by interviewees included parents having to work multiple jobs and so not being able to spend time with their children, people having to choose between food and medications, and families who make too much to qualify for government assistance but not enough to live on in the Boston area. Many of these issues can exacerbate or be exacerbated by being housing cost burdened.

Twenty-five percent (25%) of community survey respondents identified education as one of the top three social issues in their community, second only to housing insecurity. A sizable number also identified **employment (20%), food access (20%), and poverty (13%) as top issues**.

Looking at **education data** in more detail**, Everett and Malden stand out as having a number of indicators of concern**. The mobility rate of the two towns, which shows movement of students in and out of the districts, is 19% and 18.5%, respectively, compared to a state rate of 8.6% (see Figure 27 for rates for all towns). As show in Figure 8 in section 3, 20% of Everett residents and 13.5% of Malden residents did not earn high school degrees, and only 20% and 35% respectively, have bachelor's degrees or higher (compared to 10% of MA residents without a high school degree and 42% with bachelor's degree or higher). Looking at graduation and dropout rates (Figure 11 in section 3), Everett and Malden are flagged as having low graduation rates, and Everett, Malden and Saugus are flagged as having high dropout rates.

Figure 27:



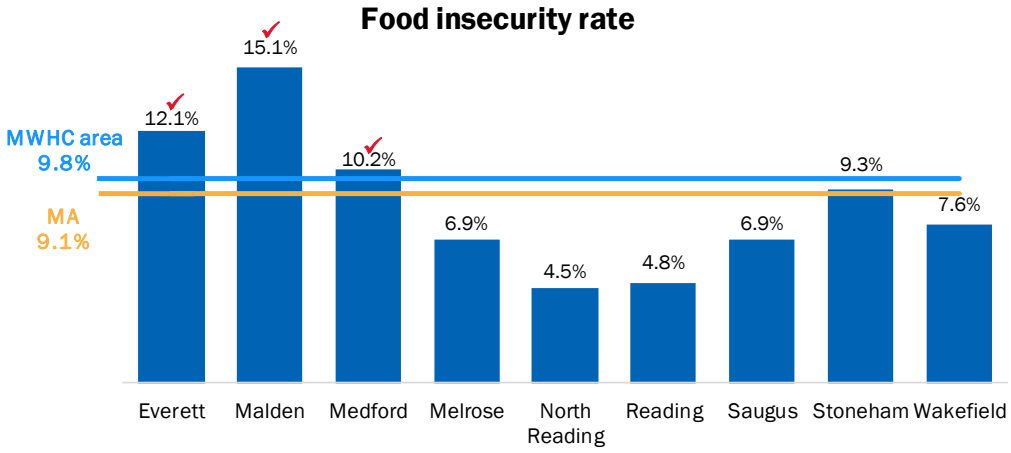
Source: Massachusetts Department of Elementary and Secondary Education, 2018 Mobility Rates Report
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Detailed income/poverty and employment data is shown in section 3. As depicted there, **Everett and Malden have notably lower median household incomes than the state, and higher percentages of families, children under 18,** and **people 65 and older living below the poverty level**. These two communities were also notable in having a higher percentage of the population who had not completed high school, and, along with Saugus, a higher percentage who had completed no further than high school education. **All of the communities had a slightly lower unemployment rate than the MA rate of 2.9%.**



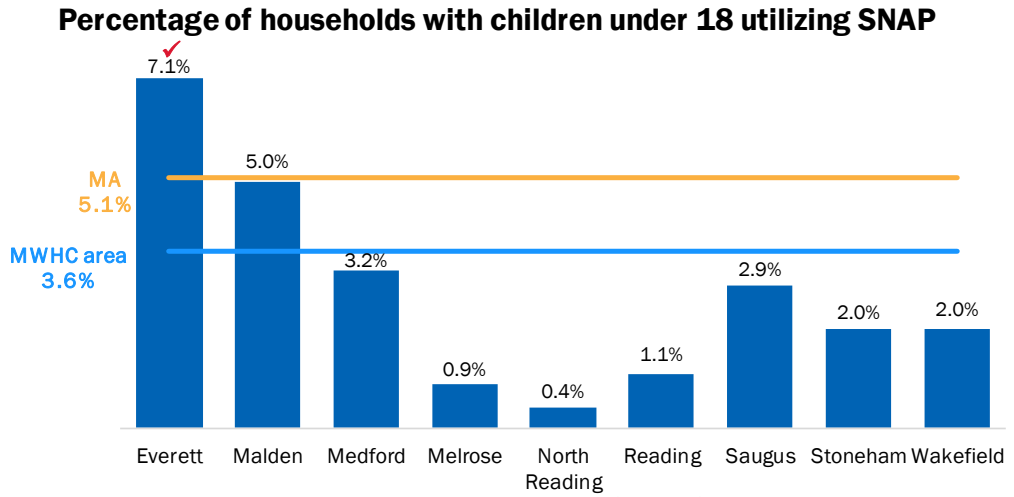
Looking at food access data (Figures 28-30), **Malden, Medford and Everett all have food insecurity rates higher than the state**. (Food insecurity is defined as "the household-level economic and social condition of limited or uncertain access to adequate food"). **Everett has a higher percentage of households with children who are using SNAP benefits**, but notably, **all nine towns have a high 'SNAP gap'**, which depicts the % of households that are eligible for financial benefits but not utilizing them.

Figure 28:



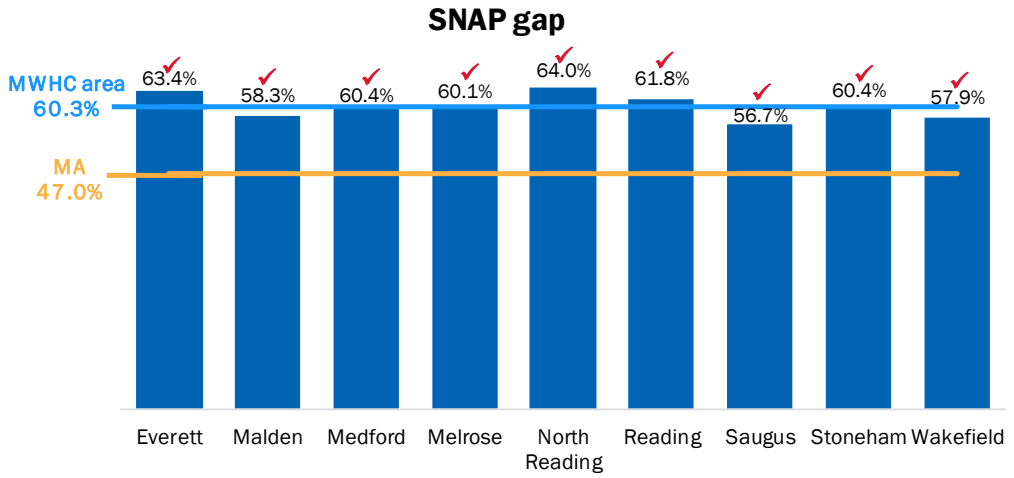
Source: Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2018: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2016. Courtesy of The Greater Boston Food Bank. ✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 29:



Source: US Census Bureau, American Community Survey (ACS) 2013 to 2017
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 30:



Source: SNAP data from MA department of transitional assistance (DTA), 2016. Masshealth elegibility data from the MA medicaid policy institute, 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Substance Use Disorders

Substance use disorders emerged as a major concern across all types of data. Fifty percent (50%) of stakeholder survey respondents identified substance use as a top community concern, and six out of 7 interviewees also mentioned the same. Looking at community survey respondents, 59% said substance use is a top concern. Substances specifically mentioned by interviewees as concerning ranged from **opioids to alcohol to vaping to marijuana.**

"Substance abuse is a wide-spread problem that ultimately affects the entire community"
--Community stakeholder

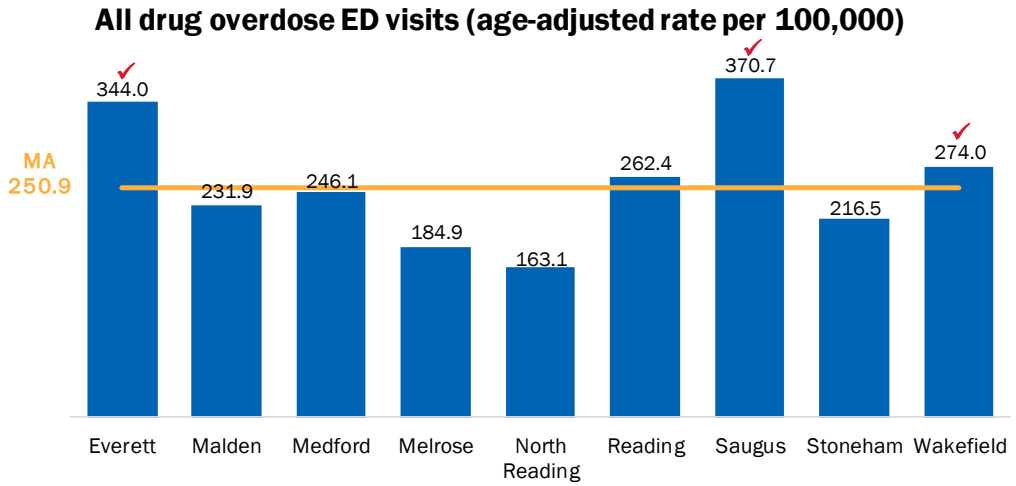
When asked about their health habits, 8% of survey respondents reported smoking sometimes or every day and 2% reported using electronic cigarettes/vaping

sometimes or every day. Nine percent (9%) report having used marijuana in the past 12 months, and 8% report having 4 or more drinks per week.

Looking at data collected from the local high school surveys, **lifetime alcohol use** (e.g. ever having had at least one drink of alcohol) is **higher than the state in Saugus, Melrose and Wakefield. Lifetime marijuana use is higher in Saugus and Everett.**

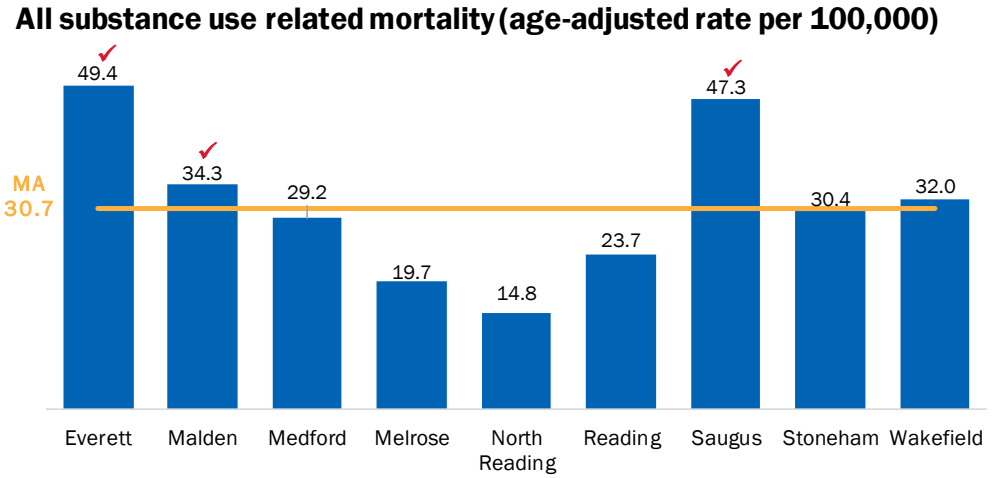
As depicted in Figures 31-34 below, data from the MA Department of Public Health shows Everett and Saugus having much higher rates than the state **in substance use mortality** and **emergency department visits. Opioid-related mortality is a particular problem for the MWHC community benefits service area**, with six out of nine towns having higher rates than the state.

Figure 31:



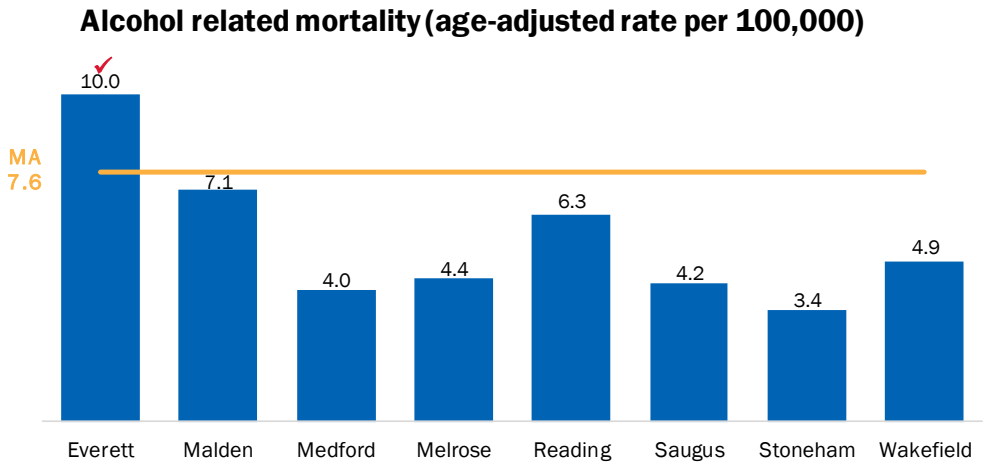
Source: Massachusetts Department of Public Health, Population Health Information Tool (PHIT), year 2014
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 32:



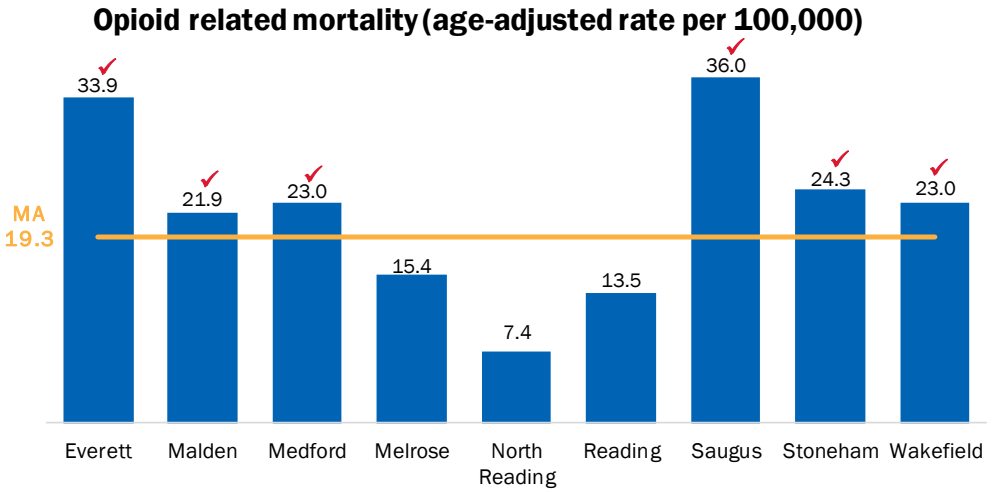
Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 33:



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Figure 34:



Source: Massachusetts Department of Public Health, Registry of Vital Records, grouped for 2012 - 2016
✓ Checkmark indicates that the community rate is more than 5% higher than the state rate

Violence and Trauma

All nine towns have **lower rates of violent and property crimes** than the state.

Twelve percent (12%) of community survey respondents identified domestic and interpersonal violence as one of the top 3 concerns in their community. Two percent (2%) of respondents said they had ever been afraid of their partner in their current relationship.

Violence and trauma were also areas of concern for the community stakeholders. As noted by one stakeholder, domestic violence remains the leading type of violent crime in the MWHC Community Benefits service area, mirroring national statistics. Other issues mentioned by stakeholders were homeless teens who have fled their homes due to abuse

situations, and new immigrants being exploited, sometimes by their sponsors.

Vulnerable Populations

A continued **important priority for MWHC is reducing health disparities,** and **key to that is identifying the specific vulnerable populations at highest risk** for experiencing these disparities. Vulnerable populations in the MWHC community benefits service area were identified by key stakeholder participants in the surveys and interviews, and the secondary data review also helped to better understand the makeup of local populations

Identified Vulnerable Populations

- Older Adults
- Immigrants
  - Recently arrived
  - Undocumented status
- Living in Poverty
  - Homeless/ housing insecurity
  - Lack of access to healthy foods
- Children and Families
  - Very low income families
  - Adolescents, especially mental health and substance use issues
  - Homeless youth
  - Working families not eligible for benefits
- People with substance use disorder

Older adults were a major population of concern for stakeholders. Particular issues cited included transportation for those who do not drive, housing insecurity, social isolation, and those recently immigrated to the US who don't speak English and don't have community connections.

Immigrants, people living in poverty, and children and adolescents were also all noted as key vulnerable populations in the MWHC community benefits service area. Especially vulnerable among immigrants are those who have recently arrived in the US and those with undocumented status. In particular, many people noted that **many new immigrant families have very low incomes and so are facing food and housing insecurity**. Participants also noted how many immigrants are very fearful of Immigration and Customs Enforcement (ICE), and so avoid using services that are available to them.

Respondents talked about their concern for **low income families** living in this high cost of living area, **especially those who make too much money for government benefits but are struggling**. They noted how many parents have to work multiple jobs, and how people don't have the education needed to find jobs with high wages.

Adolescents were also frequently identified as a population of concern. In particular, stakeholders noted their concern with homeless youth, the prevalence of teens dealing with mental health issues, bullying and cyber bullying, and the increased frequency of vaping among teens along with other substance use.

People with substance use disorder were also a population of concern for several respondents.

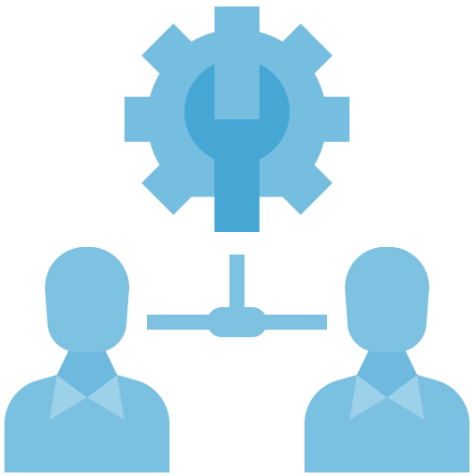
A number of other vulnerable groups were also identified including people who have disabilities, young adults, people affected by domestic violence and sexual assault, people who identify as LGBTQ, and veterans.

PART 6: Service Area Assets and Resources

In conducting a comprehensive community health needs assessment, **it is important to assess not only community needs but also community assets**. This process can help identify gaps in resources, reduce duplication of services, and identify areas of strength and existing collaborations to expand upon.

Across the MWHC community benefits service area, a variety of MWHC and non-MWHC community programs, services, and resources exist to address various health concerns. See Appendix H for a full list of existing community resources that can address the health needs identified through this CHNA.

Community Strengths and Assets



One of the goals of the stakeholder surveys and interviews was to determine what stakeholders see as the major strengths and assets of the nine communities. There were **three consistent themes** that arose through the interviews: 1) the area's **diverse populations**, especially in Malden, Everett and Medford, 2) the **collaborative approach** taken by the majority of the area's agencies, and their willingness to build strong partnerships with each other, and 3) **local city governments' commitment to community issues and priorities**, and their willingness to support and cooperate with local social service and health care agencies.

Survey respondents were asked to choose the top three strengths and assets in the service area towns with which they were familiar. They were given a list of 11 options plus the opportunity to write in additional responses.

- Six respondents chose '**Access to different resources from organizations and agencies working for the community** (Churches, housing organizations, advocacy groups, food kitchens and bodegas, emergency housing shelters, clinics, counseling centers)'
- Five respondents chose '**The presence of community institutions** such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments'
- Each of the following were chose by four respondents:
    - The **community members are diverse** (Immigrant populations, senior citizens, youth, professionals) and work together harmoniously
    - The **presence of community institutions** such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments
    - **People are proud of their community** and care about improving it

Strengths of MelroseWakefield Healthcare in the Community

Their involvement with the community is their strength. Every time we go to a community meeting, they have their representatives there. So they are collaborating, or attempting to connect the dots for services.
--Community stakeholder

Community stakeholders noted that **MWHC is a dedicated community partner** with a commitment to establishing a high quality of life for community members. Particular strengths of MWHC community programs include the **frequency with which staff members attend community meetings** and **work to establish collaborations**, as well as their **programs around chronic disease and for vulnerable populations**. Programs mentioned include the mobile market, baby café, and WIC.

One central focus of MelroseWakefield Healthcare's community benefits work is to continue to **foster relationships with a wider array of community groups and local leaders**, including faith-based and grassroots organizations. These relationships help MelroseWakefield Healthcare serve the needs of a diverse population. Part of this approach includes participation in a variety of broad-based community coalitions and initiatives that work towards **addressing the specific and general health needs MWHC's community benefits cities and towns**. A sample of these memberships include: North Suburban Children and Family Resource Network; local Councils on Aging; the Healthy Families Community Coalition; The Joint Committee for Children's Health Care in Everett (JCCHCE); Medford Health Matters; Tri-City Hunger Network; Chinese Culture Connection; substance abuse prevention coalitions in Malden, Melrose, Medford, Wakefield, Reading, Saugus, and Stoneham; the Malden's Promise Coalition; DPH Mass in Motion programs in Melrose-Wakefield, Malden, and Everett; and the Melrose, Stoneham, and Wakefield Alliances Against Violence, respectively.

As MWHC moves forward in responding to the concerns raised through the 2019 community health needs assessment process, particular attention will be paid towards measuring short and long term impacts of its initiatives. Regularly communicating about the results of this important work will be a critical benchmark for the MWHC system.

Appendices

A. Organizations Contributing to the Assessment
B. Secondary Data Indicators and Sources
C. Community Stakeholder Survey Instrument
D. Community Stakeholder Survey Report
E. Community Stakeholder Interview Instrument
F. Community Survey Instrument
G. Community Survey Report
H. List of Resources Available to Meet Identified Health Needs
I. Community Data Profiles

Key Partners

Action for Boston Community Development (ABCD)
American Cancer Society
American Diabetes Association
American Heart Association
American Lung Association
American Red Cross
Asian American Civic Association
Baby Café USA
Baby Friendly America
Boys and Girls Clubs of Middlesex County
Bread of Life
Burbank YMCA of Reading
Cambridge Health Alliance
Catholic Charities
Children's Trust of Massachusetts
Chinese Culture Connection
Community Family Human Services Inc.
Community Health Network Area 15 & 16
Community Servings Inc.
Criterion Early Intervention
Cross Cultural Communications Inc.
Customized Communication Inc.
Doucet's Remodeling
East Boston Neighborhood Health Center
Elder Services of Merrimack Valley
Elder Services of the North Shore
Eliot Community Human Services
EMARC
Everett CFCE Grant Program Families First
Friends of Middlesex Fells Reservation
Friends of Oak Grove
The Greater Boston Food Bank
Greater Boston Stage Company (Stoneham Theatre)
Greater Lynn Senior Services
Hallmark Health VNA and Hospice
Health Care for All
Health Care Without Harm
Housing Families Inc.
Immigrant Learning Center of Malden
Institute for Community Health (ICH)
Jewish Family and Children's Service
Joint Committee for Children's Health Care in Everett (JCCHCE)
Joslin Diabetes Center
Local arts councils
Local boards of health
Local chambers of commerce
Local civic groups (Rotary, Kiwanis)
Local councils on aging
Local early intervention (EI) programs
Local faith-based organizations
Lowell Community Health Center
MA Executive Office of Elder Affairs
MA Health Policy Commission
Malden Early Learning Center (CFCE)
Malden Homelessness Task Force
Malden's Promise Coalition
Malden YMCA
Massachusetts Departments of: Children and Families (DCF)
Conservation and Recreation (DCR)
Early Education and Care (EEC)
Public Health (DPH)
Transitional Assistance (DTA)
Massachusetts Hospital Association
Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)
Mass in Motion (Everett, Malden, Medford, Melrose/Wakefield)
Medford Family Network (CFCE)
Medford Health Matters
Medford Substance Abuse Task Force
Melrose Alliance Against Violence
Melrose Birth to Five
Melrose Community Coalition
Melrose Family YMCA
Melrose Human Rights Commission
Melrose Substance Abuse Prevention Coalition
Metropolitan Area Planning Council
Middlesex County District Attorney
Mystic Valley Elder Services
Mystic Valley Public Health Coalition
Mystic Valley Tobacco and Alcohol Program (MVTAP)
Northeastern University
North Shore Elder Services
Oak Grove Improvement Organization
Philips Lifeline
Portal to Hope
Reading Coalition Against Substance Abuse (RCASA)
Reading Response
Regional EMS providers
Regis College
RESPOND Inc.
The Salvation Army
The Sharewood Project
Somerville Cambridge Elder Services
South Bay Mental Health Center
Stoneham Alliance Against Violence
Substance Abuse Prevention Collaborative (SAPC)
Tailored for Success
Tri-City Homelessness Task Force
Tri-City Hunger Network
Tufts Medical Center
Tufts Medical Center Community Care
Tufts University
Wakefield Alliance Against Violence
WAKE-UP: Wakefield Unified Prevention
West Medford Community Center
Winchester Hospital/Lahey Health
YouthHarbors @ JRI
YWCA of Malden
Zonta Clubs of Malden and Medford Zoo New England – Stone Zoo

Publicly Available Secondary Data Sources & Indicators Reviewed

Data Source	Year(s) Most Recently Available	Data Indicator(s) Reviewed
US Census Bureau American Community Survey (ACS)	2013 - 2017 (5-Year Estimates)	- Total Population number - Population Density (Population Per Sq. Mile) - Age group breakdowns (% of population under 5 years old; under 19 years old; 20 to 34 years old; 35 to 64 years old; over 65 years old) - Race/Ethnicity breakdowns (% of population identifying as Asian – non-Hispanic; Black/African American – non-Hispanic; Hispanic; Some other race – non-Hispanic; White – non-Hispanic) - % of Foreign-born residents in community - Continent of origin of foreign-born population (% of population born in Africa; Americas; Asia; Europe) - Languages spoken at home (% of population who speaks English only; Spanish; Other Indo-European language; Asian and Pacific Islander languages; Other languages) - Highest educational attainment for the population 25 years old and over (less than high school; high school; some college; bachelor's degree; graduate/advanced degree) - Income (median household income; median per capita income) - Poverty status (% of children under 18 living below poverty level; families living below poverty level; population 65+ living below poverty level) - Healthcare access (% of population with no health insurance coverage) - Housing units status (% of owner occupied housing units; renter occupied) - % of households with housing costs of more than 30% of income - % of households with children under 18 utilizing SNAP
FBI Uniform Crime Report	2017	- Violent crime rates, per 100,000 (violent crimes; property crimes) - Property crime rates, per 100,000 (violent crimes; property crimes)
US Dept. of Labor Bureau of Labor and Statistics, Local Unemployment Statistics	2019 (Average of Jan to Apr monthly rates)	- Unemployment rate
Massachusetts Department of Housing and Community Development (DHCD)	2017	- Number of housing units classified as Subsidized Housing Inventory (SHI)
The Greater Boston Food Bank. Map the Meal Gap 2018: A Report on County and Congressional District Food Insecurity and County	2016	- Food insecurity rate

Food Cost in the United States		
Food Bank of Western Massachusetts	2017	- % of population eligible for SNAP who are not accessing financial benefits (SNAP gap)
Massachusetts Department of Elementary and Secondary Education (DESE)	2017 - 2018	- Number of enrolled students - Special populations (% of students first language not English; limited English proficient) - Public school graduation and drop-out rates (% of students graduating in 4 years; students dropping out) - Student mobility rates - Homeless students cumulative count
MA DESE and MA Department of Public Health (MDPH), 2017 Health and Risk Behaviors of Massachusetts Youth Report	2017	Self-reported local high school rates of: - Substance use (% of students reporting ever used alcohol; ever used marijuana) - Mental health (% of students experiencing depression in last 12 months; seriously considering suicide in last 12 months; attempted suicide in last 12 months; was bullied at school in last 12 months)
Local Youth Risk Behavior Surveys or Communities that Care Surveys where available (Everett 2016-2017; Malden 2018; Medford 2017; Melrose 2017; Reading 2017; Saugus 2017; Stoneham 2017; Wakefield 2017)	Various Years	Self-reported local high school rates of: - Substance use (% of students reporting ever used alcohol; ever used marijuana; ever used prescription opioids) - Mental health (% of students experiencing depression in last 12 months; seriously considering suicide in last 12 months; attempted suicide in last 12 months; was bullied at school in last 12 months)
Massachusetts Department of Public Health (MDPH)	Various Years	(see below)
MDPH Registry of Vital Records	2010 - 2016 (grouped)	Age-adjusted rates per 100,000 for: - Cancer mortality (all cancers; female breast; ovarian; prostate; colorectal; lung) - Major cardiovascular disease mortality - Diabetes mortality - Mental disorder related mortality - Suicide mortality - Alcohol-related mortality - Substance use-related mortality - Opioid use-related mortality - All injury and poisoning mortality - Premature mortality *Mother & Infant health indicators:* - Low birth weight, percent of births - Preterm birth, percent of births - Inadequacy of prenatal care, percent of births - Birth rates, age-specific per 1,000 (teens aged 15-19)
MA Division of Health Care Finance and Policy Uniform Hospital Discharge Dataset System (UHDDS)	2015	Age-adjusted rates per 100,000 for: - Major cardiovascular disease hospitalizations - Major cardiovascular disease ED visits - Cerebrovascular disease (stroke) hospitalizations - Diabetes-related hospitalizations

		- COPD-related hospitalizations - Asthma-related ED visits - Asthma-related hospitalizations - Mental disorder related ED visits - Mental disorder related hospitalizations - Total drug overdoses ED visits - Total drug overdoses hospitalizations - Opioid overdose - Heroin ED visits - Opioid overdose - Non-heroin ED visits - All injury and poisoning ED visits - Childhood asthma-related prevalence Percent of top five causes of: - Death
MDPH Bureau of Communicable Disease Control (BCDC) Registries, Division of Epidemiology and Immunization	2013 - 2017	Crude rates per 100,000 for: - Tuberculosis incidence
Massachusetts Department of Public Health, Bureau of Infectious Disease and Laboratory Sciences, HIV/AIDS Surveillance Program	2012 – 2016	Crude rate per 100,000 for: - HIV/AIDS incidence

MelroseWakefield Healthcare Needs Assessment
Stakeholder Survey

Thank you very much for taking the time to fill out this survey. MelroseWakefield Healthcare (MWHC) is conducting a needs assessment to better understand the communities they serve, and you have been identified as an important MWHC stakeholder.

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

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

Background

1) A) What organization do you work for? _____

B) What is your title? _____

2) Below is a list of the nine towns MWHC supports through its community programs. Please check those towns you are able to provide information about, given your familiarity with their strengths and needs. (Check all that apply)

- ❑ Everett
- ❑ Malden
- ❑ Medford
- ❑ Melrose
- ❑ N. Reading
- ❑ Reading
- ❑ Saugus
- ❑ Stoneham
- ❑ Wakefield
- ❑ Most familiar with the region as a whole

Community Assets and Needs

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

3) What do you consider to be the top three assets and strengths of the communities with which you are familiar? (Please choose 3)

- ❑ Access to different resources from organizations and agencies working for the community (Churches, housing organizations, advocacy groups, food kitchens and bodegas, emergency housing shelters, clinics, counseling centers)
- ❑ Active local economy and employment
- ❑ A well connected and functional transportation system
- ❑ High levels of trust between the community and the local government
- ❑ People are proud of their community and care about improving it
- ❑ Shared perspectives of what a healthy community should be like
- ❑ Talented community members engaged in working for their community, such as local leaders and other people who 'get things done'
- ❑ The community is perceived as a good place to settle down and raise children
- ❑ The community members are diverse (Immigrant populations, senior citizens, youth, professionals) and work together harmoniously

- ❑ The presence of community institutions such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments
- ❑ There are spaces such as parks, clubs and other associations to meet and engage with people
- ❑ Other (please specify): _____

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

- ❑ Access to care
- ❑ Chronic diseases, including cancer, diabetes and heart disease
- ❑ Infectious disease (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Mental health
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Reproductive health
- ❑ Respiratory disease
- ❑ Substance use
- ❑ Other, please explain: _____

5) Which three populations are you most concerned about in the communities that you selected above? (Please choose 3)

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

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

- ❑ Access to good quality food
- ❑ Crime
- ❑ Disaster readiness and emergency preparation
- ❑ Domestic and interpersonal violence, including stalking
- ❑ Education
- ❑ Employment
- ❑ Environmental health including safe water and air
- ❑ Housing stability/homelessness
- ❑ Lack of quality childcare services
- ❑ Lack of quality eldercare services
- ❑ Poverty
- ❑ Racism and discrimination
- ❑ Social isolation
- ❑ Transportation
- ❑ Other, please explain: _____

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

Perspectives on MelroseWakefield Healthcare Community Programs

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

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

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

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

B) What do you see as areas of potential improvement in MWHC community programming? (Check all that apply)

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

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

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

Thank you very much for your time!

MelroseWakefield Healthcare

2019 Community Health Needs Assessment (CHNA)

Stakeholder survey

Introduction

Below are the responses to MelroseWakefield Healthcare's (MWHC) Stakeholder Survey that was conducted as part of the MWHC 2019 Community Health Needs Assessment. This survey was created by the Institute for Community Health (ICH) and staff from MWHC Community Services, and administered by ICH using Survey Monkey. The survey was sent to 15 people selected as key stakeholders who had diverse knowledge of the MHWC service area communities. Ten people responded between February 25th and March 29th 2019. All respondents were contacted via email with an initial invitation and three follow-up reminders.

1. Below is a list of the nine towns MWHC supports through its community programs. Please check those towns you are able to provide information about, given your familiarity with their strengths and needs. (Check all that apply)	**N = 10**	**%**
Everett	3	30
Malden	3	30
Medford	3	30
Melrose	2	20
North Reading	2	20
Reading	2	20
Saugus	1	10
Stoneham	2	20
Wakefield	2	20
Most familiar with the region as a whole	2	20

Community Assets and Needs

2. What do you consider to be the top three assets and strengths of the communities with which you are familiar? (Please choose 3)	**N = 10**	**%**
Access to different resources from organizations and agencies working for the community (Churches, housing organizations, advocacy groups, food kitchens and bodegas, emergency housing shelters, clinics, counseling centers)	**6**	**60**
Active local economy and employment	1	10
A well connected and functional transportation system	1	10
High levels of trust between the community and the local government	1	10
People are proud of their community and care about improving it	**4**	**40**
Shared perspectives of what a healthy community should be like	1	10
Talented community members engaged in working for their community, such as local leaders and other people who 'get things done'	**4**	**20**
The community is perceived as a good place to settle down and raise children	2	20

The community members are diverse (Immigrant populations, senior citizens, youth, professionals) and work together harmoniously	**4**	**40**
The presence of community institutions such as local public schools, municipal library, public hospitals and clinics, police and other emergency departments	**5**	**50**
There are spaces such as parks, clubs and other associations to meet and engage with people	1	10
Other (please explain)	0	0
3. What are the top three health-related issues that concern you most in the community/communities you selected? (Please choose 3)	**N = 8**	**%**
Access to care	**3**	**37.5**
Chronic diseases, including cancer, diabetes and heart disease	**4**	**50**
Infectious disease (e.g. HIV/AIDS, TB, emerging diseases)	2	25
Mental health	**6**	**75**
Obesity	0	0
Preventable injuries and poisonings	0	0
Reproductive health	0	0
Respiratory disease	2	25
Substance use	**3**	**37.5**
Other (please explain):	0	0
4. Which three populations are you most concerned about in the communities that you selected above? (Please choose 3)	N = 10	%
Families with young children	**3**	**30**
Teens	**3**	**30**
Young adults (19-24)	2	20
Older adults (65+)	**6**	**60**
New immigrants	1	10
Foreign born residents	1	10
Low-income populations	3	30
LGBTQ population	1	10
Residents with substance use disorder (SUD)	**4**	**40**
Intimate partner and domestic violence survivor including stalking victims	0	0
People experiencing homelessness	**3**	**30**
People with disabilities	2	20
Veterans	1	10
Other (please specify)	1	10
5. What do you think are the top three social issues that affect the communities you selected above? (Please choose 3)	N = 10	%
Access to good quality food	1	10

Crime	0	0
Disaster readiness and emergency preparation	1	10
Domestic and interpersonal violence, including stalking	0	0
Education	1	10
Employment	**4**	**40**
Environmental health including safe water and air	0	0
Housing stability/homelessness	**7**	**70**
Lack of quality childcare services	1	10
Lack of quality eldercare services	2	20
Poverty	2	20
Racism and discrimination	1	10
Social isolation	**5**	**50**
Transportation	1	10
Other (please specify) • "Access to health care in terms of transportation issues" • "Substance use disorders and behavioral health issues"	2	20

6. Is there anything MWHC could do to address the concerns and issues you noted above in questions 3, 4 and 5? (N=3)

- I think supporting the communities you serve, especially the elderly, by providing transportation, to those who use your health care agencies, including labs, doctors' offices and labs not to mention for radiation and cancer treatment as well
- Provide funding/services to schools for behavioral health/ substance use programming provide funding/services for social work/case management assistance to city for elder care services
- Provide references to the community

Perspectives on MelroseWakefield Healthcare Community Programs

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

7a. MWHC is proactive in responding to community needs and problems	**N = 10**	**%**
Strongly agree	2	20
Agree	**3**	**30**
Neutral	**3**	**30**
Disagree	2	20
Strongly disagree	0	0
7b. I am likely to ask MWHC for help when there are issues that need addressing in the communities they serve	**N = 10**	**%**
Strongly agree	2	20
Agree	**3**	**30**
Neutral	**3**	**30**
Disagree	2	20
Strongly disagree	0	0
7c. MWHC is currently doing a good job addressing the health concerns of its communities	**N = 10**	**%**

Strongly agree	2	20
Agree	2	20
Neutral	**3**	**30**
Disagree	**3**	**30**
Strongly disagree	0	0
7d. I find it valuable when MWHC staff have a seat at the table of community groups/coalitions/initiatives	**N = 10**	**%**
Strongly agree	**3**	**30**
Agree	**3**	**30**
Neutral	**3**	**30**
Disagree	1	10
Strongly disagree	0	0
7e. I feel comfortable discussing the needs and problems in my community with MWHC staff	**N = 10**	**%**
Strongly agree	**3**	**30**
Agree	**3**	**30**
Neutral	**3**	**30**
Disagree	1	10
Strongly disagree	0	0

8. Which areas do you see as strengths of MWHC community programming, both in the communities with which you are familiar and on a regional level? (Check all that apply)	**N = 8**	**%**
Access to care including barriers due to language, transportation, housing and food insecurity	3	38
Behavioral/mental health	3	38
Chronic diseases, including cancer, diabetes and heart disease	**6**	**75**
Disaster readiness and emergency preparation	0	0
Infectious disease (e.g. HIV/AIDS, TB, emerging diseases)	0	0
Obesity	0	0
Preventable injuries and poisonings	0	0
Respiratory disease	0	0
Substance use	2	25
Vulnerable populations	**4**	**50**
Other (please specify)	0	0

9. What do you see as areas of potential improvement in MWHC community programming? (Check all that apply)	**N = 9**	**%**
Access to care including barriers due to language, transportation, housing and food insecurity	**6**	**67**
Behavioral/mental health	**7**	**78**
Chronic diseases, including cancer, diabetes and heart disease	1	11
Disaster readiness and emergency preparation	3	33
Infectious disease (e.g. HIV/AIDS, TB, emerging diseases)	1	11
Obesity	1	11
Preventable injuries and poisonings	3	33
Respiratory disease	1	11

Substance use	**7**	**78**
Vulnerable populations	3	33
Other (please specify): Very limited services/programming in Medford	1	11

10. What does MWHC do that is helpful to you or your community? (N=2)

- I believe that MWHC participates as a member of our local substance use coalition, and it helps to sponsor the annual health and wellness event.
- Participates in coalition and HUB meetings

11. What is something you think MWHC doesn't know about the communities you work with that it should know? (N=2)

- Our community has members who are living day to day and need outreach to get them access to services that they may need. I think many members of our community have health conditions and mental health issues that require a community based focus which can start with community education programs, being delivered in our community.
- High prevalence of teen behavioral health issues across region

MWHC Community Assessment
Community Stakeholder Interview

Thank you for taking the time to talk with me today. I work for the Institute for Community Health, and we're working with MelroseWakefield Healthcare to conduct a community assessment to better understand the needs and strengths of the communities they serve.

We're talking to you because you have been identified as an important stakeholder for MelroseWakefield Health Care. This interview should take 30-45 minutes. I'm going to ask you some questions to get your ideas and opinions about some of the needs and strengths of your community, and how MelroseWakefield Healthcare is doing in serving its communities.

What you have to tell us is very important. Please be candid with your responses, it is very important to us to hear both your positive and negative opinions.

Your individual answers will be kept confidential and we will not include any identifying information in the data that we give to MelroseWakefield Healthcare or in our final report. Results will be reported for all interview respondents as a whole—we will not produce reports on individual respondents.

Your participation in this interview is totally voluntary. If you do not want to answer any questions, just let me know.

We are recording all of our interviews so that we can make sure we accurately capture what you say. As soon as we are done putting the report together, we will destroy the recording. Is it OK if I record this? I'll also be taking notes while we talk.

Do you have any questions about the interview process before I get started with my questions?

Background

To begin, I would like to ask you some background questions…

1. **What organization do you work for?**
2. **What community/ies does your organization serve?**
3. **What is your title? Can you briefly describe your role in your organization?**
4. **How long have you worked in your current position?**

Community Assets and Needs

Now, thinking about the communities that you mentioned:

5. **What do you consider to be the most important assets and strengths of the communities you work in?**

6. What are the top 2-3 health issues that you are most concerned about in these communities? Why?

a) What services or programs currently exist to address these issues?

b) What do you think are the gaps in services and programs to address these issues?

7. **What do you think are the most urgent issues in these communities related to social determinants of health?** *(Skip this question if already addressed in Q6)*
Probe – This could include housing, education, food access, violence, etc.

Consider the different populations that live in the communities you serve:

8. Which populations in these communities are you most concerned about? Why is that?

a) What services or programs currently exist to support these groups?

b) What are the gaps in services and programs to support them?

Perspectives on MelroseWakefield Healthcare Community Programs

9. Now I'm going to ask you more specifically about your perspectives on MelroseWakefield Healthcare Community Programs. I'm going to read you a statement, and you can let me know the extent to which you agree with it. You can strongly agree, agree, feel neutral, disagree, or strongly disagree with each statement.

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

e) I feel comfortable discussing the needs and problems in my community with MWHC community programs staff	❑	❑	❑	❑	❑

f) Do you have any overall comments on how MWHC could be a better partner?

10. **Which areas do you see as strengths of MWHC community programming, both in the communities with which you are familiar and on a regional level**?

11. **Related to the previous question, what are some of the areas in which you see potential for improvement in MWHC community programming?**

12. **What is something you think MWHC doesn't know about the communities you work with that it should know?**

13. **Do you have any other comments or questions for us?**

Thank you so much for your time.
Have a good day!

MelroseWakefield Healthcare Community Health Survey

Thank you for completing the MelroseWakefield Healthcare Community Health Survey. Your input is very important to us so we can learn about the people who live and work in the communities that MelroseWakefield Healthcare serves. We will use your feedback to help us plan future programs that best meet the needs of the community.

Please answer the following questions as best as you can. Your answers are anonymous, so please do not put your name on this survey. Completing this survey is voluntary. If there are any questions you don't want to answer, you can leave them blank.

1) A) In what town do you live?

- ❑ Everett
- ❑ Malden
- ❑ Medford
- ❑ Melrose
- ❑ North Reading
- ❑ Reading
- ❑ Saugus
- ❑ Stoneham
- ❑ Wakefield
- ❑ Other (where)_____

B) In what town do you work?

- ❑ Everett
- ❑ Malden
- ❑ Medford
- ❑ Melrose
- ❑ North Reading
- ❑ Reading
- ❑ Saugus
- ❑ Stoneham
- ❑ Wakefield
- ❑ Other (where)_____

2) What gender do you identify with?

- ❑ Male
- ❑ Female
- ❑ Transgender
- ❑ Prefer to self-describe _____

3) What is your age?

- ❑ 18 or younger
- ❑ 19-29
- ❑ 30-39
- ❑ 40-49
- ❑ 50-59
- ❑ 60-69
- ❑ 70-79
- ❑ 80 or older

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

- ❑ American Indian/Native American
- ❑ Asian/Pacific Islander
- ❑ Black/African American
- ❑ Hispanic/Latino
- ❑ White
- ❑ Other (please explain) _____

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

- ❑ English
- ❑ Arabic
- ❑ Chinese (If Chinese, which dialect?)
  - ❑ Cantonese
  - ❑ Mandarin
  - ❑ Other Chinese dialect (which?_____)
- ❑ French
- ❑ Haitian Creole
- ❑ Italian
- ❑ Portuguese
- ❑ Spanish
- ❑ Vietnamese
- ❑ Other (please explain) _____

6) A) Have you lived in the US all of your life?

❑ Yes ❑ N*o*

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

❑ 1 year or less
❑ 2-5 years
❑ 6-10 years
❑ More than 10 years

7) What is your annual household income?

❑ Less than $10,000
❑ $10,000 to $14,999
❑ $15,000 to $24,999
❑ $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

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

_____ children (0-18 year olds)
_____ adults (19-64 year olds)
_____ seniors (65+ year olds)

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

❑ 8th grade or less
❑ High school/ secondary school
❑ College or professional school
❑ Post-graduate degree
❑ Other (please explain): _____

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

❑ Employed full-time
❑ Employed part-time
❑ Self-employed
❑ Unemployed
❑ Retired
❑ Student
❑ Other (please explain) _____

11) How would you rate your overall health?

❑ Excellent
❑ Very Good
❑ Good
❑ Fair
❑ Poor

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

❑ Yes
❑ No
❑ Not sure

B) If yes, where do you receive your primary health care?

- ❑ Beth Israel Deaconess Medical Center
- ❑ Brigham and Women's Hospital
- ❑ Cambridge Health Alliance
- ❑ East Boston Neighborhood Health
- ❑ Harvard Vanguard Medical Associates
- ❑ Lahey Health Burlington
- ❑ Lahey Health Winchester
- ❑ Lynn Community Health Center
- ❑ Massachusetts General Hospital
- ❑ MelroseWakefield Healthcare
- ❑ Mount Auburn Hospital
- ❑ South Cove Health Center
- ❑ Tufts Medical Center
- ❑ Other (which health system/clinic?)_____

13) About how long has it been since you last visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- ❑ Less than 1 year ago
- ❑ 1-2 years ago
- ❑ 3-4 years ago
- ❑ 5 or more years ago
- ❑ Never
- ❑ Not sure

14) A) Have you gone to the emergency room in the last year?

- ❑ Yes
- ❑ No

B) If yes, where have you gone to the emergency room? Please check all that apply.

- ❑ Beth Israel Deaconess Medical Center
- ❑ Beverly Hospital
- ❑ Brigham and Women's Hospital
- ❑ The Cambridge Hospital
- ❑ Everett Hospital
- ❑ Lahey Hospital & Medical Center (Burlington)
- ❑ Lahey Medical Center, Peabody
- ❑ Lawrence Memorial Hospital (Medford)
- ❑ Massachusetts General Hospital
- ❑ MelroseWakefield Hospital
- ❑ Mount Auburn Hospital
- ❑ Tufts Medical Center
- ❑ Winchester Hospital (Lahey Health)
- ❑ Other (which hospital?) _____

15) A) Have you gone to an urgent care center in the last year?

- ❑ Yes
- ❑ No

B) If yes, which urgent care center have you been to? Please check all that apply.

- ❑ AFC Urgent Care
- ❑ Lawrence Memorial Hospital (Medford)
- ❑ MGH Chelsea Urgent Care
- ❑ Partners Urgent Care
- ❑ Other (please specify)_____

16) A) Do you currently have health insurance/coverage?

- ❑ Yes, and it generally covers my health care needs
- ❑ Yes, but it doesn't cover my health care needs
- ❑ No

B) If your health insurance doesn't cover your needs, why not? Please check all that apply.

- ❑ Co-pay too high
- ❑ Deductible too high
- ❑ Dental care not covered
- ❑ Eye/vision care not covered
- ❑ In-network providers inconveniently located
- ❑ Medication costs too high
- ❑ Other (please explain): _____

17) A) Was there a time in the past 12 months when you needed to see a doctor, nurse or other health care provider but were not able to?

❑ Yes ❑ No

B) If yes, why were you unable to see a doctor, nurse or other health provider? Please check all that apply.

- ❑ Cost too high
- ❑ Could not get an appointment
- ❑ Cultural differences between me and the health provider
- ❑ Hours the site was open didn't work for me
- ❑ Language barriers
- ❑ I don't have insurance
- ❑ Unable to get there/transportation issues
- ❑ Was too busy caring for children and/or elders
- ❑ Other (please explain): _____

18) On average, how many days per week do you exercise for at least 30 minutes?

❑ None ❑ 1-2 days ❑ 3-4 days ❑ 5 or more days

19) On average, how often do you eat each of the following foods?

	Once a week or less	2-4 times a week	Once a day	2-4 times a day	5 or more times a day
Fruits	❑	❑	❑	❑	❑
Vegetables	❑	❑	❑	❑	❑
Whole Grains (such as brown rice or 100% whole wheat bread)	❑	❑	❑	❑	❑

20) How much do you agree or disagree with the following statement?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The healthy food choices (including fresh fruits and vegetables, whole grains, etc.) in my community are affordable.	❑	❑	❑	❑

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

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

22) A) In the last 12 months have you or other members of your household received any behavioral health services?

- ❑ Yes
- ❑ No

B) If yes, how satisfied were you or other members of your household with the services?

- ❑ Very satisfied
- ❑ Satisfied
- ❑ Neutral
- ❑ Dissatisfied
- ❑ Very dissatisfied

C) Was there a time in the last 12 months when you or other members of your household needed behavioral health services and were unable to get them?

- ❑ Yes
- ❑ No

23) How often do you smoke cigarettes?

- ❑ Every day
- ❑ Some days
- ❑ Not at all

24) How often do you smoke electronic cigarettes (e-cigarettes)/ vape nicotine?

- ❑ Every day
- ❑ Some days
- ❑ Not at all

25) During the past 12 months, did you use marijuana or cannabis?

- ❑ Yes
- ❑ No

26) How often do you have a drink containing alcohol?

- ❑ 4 or more times a week
- ❑ 2-3 times a week
- ❑ 2-4 times a month
- ❑ Monthly or less
- ❑ Never

27) In the past 12 months, have you used any prescription drugs (pain relievers, anti-depressants, stimulants) for non-medical reasons?

- ❑ Yes
- ❑ No

28) In your current relationship, have you ever been harmed or felt afraid of your partner?

- ❑ Yes
- ❑ No
- ❑ No current relationship

29) What do you think are the top health concerns in the community where you live? Please choose the top 3.

- ❑ Access to care
- ❑ Chronic diseases, including cancer, diabetes and heart disease
- ❑ Infectious disease (e.g. HIV/AIDS, TB, emerging diseases)
- ❑ Mental health
- ❑ Obesity
- ❑ Preventable injuries and poisonings
- ❑ Reproductive health
- ❑ Respiratory disease
- ❑ Substance use
- ❑ Other, please explain: _____

30) What do you think are the top social issues in the community where you live? Please choose the top 3.

- ❑ Access to good quality food
- ❑ Crime
- ❑ Disaster readiness and emergency preparation
- ❑ Domestic and interpersonal violence, including stalking
- ❑ Education
- ❑ Employment
- ❑ Environmental health including safe water and air
- ❑ Housing stability/homelessness
- ❑ Lack of quality childcare services
- ❑ Lack of quality eldercare services
- ❑ Poverty
- ❑ Racism and discrimination
- ❑ Social isolation
- ❑ Transportation
- ❑ Other, please explain: _____

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

Thank you very much for your time!

MelroseWakefield Healthcare
2019 Community Health Needs Assessment (CHNA)
Community Survey

Below are the responses from the 2019 MelroseWakefield Healthcare (MWHC) Community Survey. This survey was created and analyzed by the Institute for Community Health. The survey included questions on the respondent's demographics, health service usage, health behaviors and community health concerns. Responses were collected from March 27th to April 22nd 2019. The survey was distributed using the web application Redcap, and was also collected via paper at key sites in the community. The survey was available online in English, and in Arabic, Chinese, English, Haitian Creole, Italian, Portuguese, Spanish and Vietnamese in hard copy.

758 individuals responded to one or more survey questions. Eighty-eight surveys were excluded from the analyses: 66 because the respondent failed to complete at least one demographic question and at least 2 health behavior questions, and 22 because the respondent did not live or work in one of the seventeen towns that make up MWHC's community benefits catchment area and/or has a MWHC clinical site. The final eligible sample was 670 individuals. Please note, the total number of responses to an individual question might not add up to 670 due to skipped or missed questions.

Demographics

1A. In what town do you live?	N = 670	%
Burlington	5	0.75
Everett	54	8.06
Lynnfield	9	1.34
Malden	**124**	**18.51**
Medford	64	9.55
Melrose	**102**	**15.22**
North Reading	20	2.99
Reading	17	2.54
Revere	10	1.49
Saugus	43	6.42
Somerville	12	1.79
Stoneham	32	4.78
Wakefield	57	8.51
Wilmington	7	1.04
Winchester	3	0.45
Winthrop	3	0.45
Woburn	16	2.39
Other	92	13.73
• Lynn (n=8)		
• Peabody (n=8)		
• Beverly (n=6)		
• Other town, 4 or fewer mentions (n=66)		
• Other town not specified (n=4)		

1B. In what town do you work?	N = 609	%
Burlington	8	1.31
Everett	26	4.27
Lynnfield	4	0.66
Malden	88	14.45
Medford	87	14.29
Melrose	**129**	**21.18**
North Reading	12	1.97
Reading	16	2.63
Revere	3	0.49
Saugus	22	3.61
Somerville	5	0.82
Stoneham	33	5.42
Wakefield	27	4.43
Wilmington	1	0.16
Winchester	2	0.33
Winthrop	1	0.16
Woburn	29	4.76
Other	**116**	**19.05**
• Boston (n=40)		
• Cambridge (n=10)		
• Don't work, unemployed, retired (n=9)		
• Other town, 4 or fewer mentions (n=41)		
• Other town, not specified (n=16)		

2. What is the gender that you identify with?	N =657	%
Female	**542**	**82.50**
Male	112	17.05
Transgender	2	0.30
Prefer to self-describe	1	0.15
• Gender queer, in between (n=1)		

3. What is your age?	N = 649	%
18 or younger	1	0.15
19-29	65	10.02
30-39	**161**	**24.81**
40-49	100	15.41
50-59	**139**	**21.42**
60-69	114	17.57
70-79	51	7.86
80 or older	18	2.77

4. What is your race/ethnicity? (check all that apply)	N=648	%
American Indian/Native American	12	1.85
Asian/Pacific Islander	63	9.72
Black/African American	39	6.02
Hispanic/Latino	43	6.64
White	**502**	**77.47**

Other, specify	12	1.85
• Middle Eastern / North African (n=3)		
• Haitian (n=2)		
• American (n=1)		
• Brazilian (n=1)		
• Cape Verdean (n=1)		
• Italian (n=1)		
• Two or more races (n=1)		
• Other not specified (n=2)		

5. What are the main languages you speak at home? (check all that apply)	**N=664**	**%**
English	**598**	**90.06**
Arabic	11	1.66
Chinese	36	5.42
Cantonese	*21*	
Mandarin	*13*	
Other dialect / Not reported	*2*	
French	12	1.81
Haitian Creole	17	2.56
Italian	5	0.75
Portuguese	16	2.41
Spanish	33	4.97
Vietnamese	12	1.81
Other, specify	19	2.86
• Nepali (n=3)		
• Punjabi (n=2)		
• Filipino (n=2)		
• Greek (n=2)		
• Russian (n=2)		
• ASL (n=1)		
• Bengali (n=1)		
• Berbère (n=1)		
• Bosnian (n=1)		
• Dutch (n=1)		
• Korean (n=1)		
• Tamil (n=1)		
• Turkish and Armenian (n=1)		

6A. Have you lived in the US all your life?	**N = 658**	**%**
Yes	**533**	**81.00**
No, **6B**. If no, how long have you lived in the US?	125	19.00
• 1 year or less	6	4.8
• 2-5 years	14	11.2
• **6-10 years**	**14**	**11.2**
• More than 10 years	91	72.8

7. What is your annual household income?	N = 578	%
Less than $10,000	30	5.19
$10,000 to $14,999	22	3.81
$15,000 to $24,999	30	5.19
$25,000 to $34,999	48	8.3
$35,000 to $49,999	66	11.42
$50,000 to $74,999	78	13.49
$75,000 to $99,999	68	11.76
$100,000 to $149,999	**116**	**20.07**
$150,000 to $199,999	63	10.9
$200,000 or more	57	9.86

8. How many people live in your household (including yourself)?	N=645	
Average Household Size	**3.31**	**+/- 2.13**
Children		**%**
% of households with one or more children	311	48.22
1	112	
2	111	
3-5	79	
6 or more	9	
Average number of children*	1.40	+/- 1.56
Adults		
% of households with one or more adults	543	84.19
1	136	
2	270	
3-5	130	
6 or more	7	
Average number of adults	2.00	+/- 1.24
Seniors		
% of households with one or more seniors	178	27.60
1	111	
2	61	
3-5	4	
6 or more	2	
Average number of seniors	0.64	+/- 1.01

*Means and standard deviations are among those with that age grouping in their household

9. What is the highest level of school you completed?	N = 672	%
8th grade or less	16	2.46
High school/ secondary school	136	20.92
College or professional school	**310**	**47.69**
Post-graduate degree	182	28.00
Other	6	0.92
• Some college (n=5)		
• Other not specified (n=1)		

10. What is your current employment status? (check all that apply)	N=660	%
Employed full-time	**381**	**57.73**
Employed part-time	150	22.73
Self-employed	27	4.09
Unemployed	36	5.45
Retired	70	10.61
Student	16	2.42
Other , specify	13	1.97

- Family caregiver / Stay at home parent (n= 8)
- On disability or social security (n=3)
- Other not specified (n=2)

Overall Health & Health Services Access

11. How would you rate your overall health?	N = 661	%
Excellent	127	19.21
Very Good	**257**	**38.88**
Good	**223**	**33.74**
Fair	48	7.26
Poor	6	0.91

12A. Do you have one person you think of as your personal doctor or health care provider?	N = 655	%
Yes	**588**	**89.77**
No	46	7.02
Not sure	21	3.21

12B. If yes (12A), where do you receive your primary health care?	N = 571	%
Beth Israel Deaconess Medical Center	24	4.20
Brigham and Women's Hospital	9	1.58
Cambridge Health Alliance	40	7.01
East Boston Neighborhood Health	6	1.05
Harvard Vanguard Medical Associates	34	5.95
Lahey Health	**96**	**16.81**
Lynn Community Health Center	1	0.18
Massachusetts General Hospital	37	6.48
MelroseWakefield Healthcare	**214**	**37.48**
Mount Auburn Hospital	10	1.75
South Cove	6	1.05
Tufts Medical Center	29	5.08
Other	65	11.38

- Partners (n= 14)
- Other location, 3 or fewer mentions (n=34)
- Other not specified (n=17)

*Note: 17 of the 588 who stated they had seen a PCP provided no location

13. About how long has it been since you last visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.	N = 638	%
Less than 1 year ago	**487**	**76.33**
1-2 years ago	123	19.28
3-4 years ago	17	2.66
5 or more years ago	5	0.78
Never	1	0.16
Not sure	5	0.78

14A. Have you gone to the emergency room in the last year?	N = 659	%
Yes	159	24.13
No	**500**	**75.87**

14B. If yes (14A), where have you gone to the emergency room? (check all that apply)	N=155	%
Beth Israel Deaconess Medical Center	7	4.52
Beverly Hospital	5	3.23
Brigham and Women's Hospital	5	3.23
The Cambridge Hospital	6	3.87
Everett Hospital	17	10.97
Lahey Hospital & Medical Center (Burlington)	8	5.16
Lahey Medical Center, Peabody	1	0.65
Lawrence Memorial Hospital (Medford)	13	8.39
Massachusetts General Hospital	10	6.45
MelroseWakefield Hospital	**61**	**39.35**
Mount Auburn Hospital	4	2.58
Tufts Medical Center	8	5.16
Winchester Hospital (Lahey Health)	**32**	**20.65**
Other, specify	14	9.03
• Other location, 3 or fewer mentions (n=14)		
	N =646	%

15A. Have you gone to an urgent care center in the last year?		
Yes	188	29.1
No	**458**	**70.9**

15B. If yes (15A), which urgent care center have you been to? (check all that apply)	N=188	%
AFC Urgent Care	**49**	**26.06**
Lawrence Memorial Hospital (Medford)	40	21.28
MGH Chelsea Urgent Care	6	3.19
Partners Urgent Care	27	14.36
Other, Specify	**75**	**39.89**
• Hallmark Health (n=11)		
• Reading Urgent Care (n=8)		
• Winchester Urgent Care (n=7)		

- MWHC Reading (n=6)
- Harvard Vanguard (n=4)
- Other location, 3 or fewer mentions (n=34)
- Other not specified (n=5)

16A. Do you currently have health insurance/coverage?	N = 648	%
Yes, and it generally covers my health care needs	**588**	**90.74**
Yes, but it doesn't cover my health care needs	51	7.87
No	9	1.39

16B. If your health insurance doesn't cover your needs (16A), why not? (check all that apply)	N=51	%
Co-pay too high	**20**	**39.22**
Deductible too high	**25**	**49.02**
Dental care not covered	**17**	**33.33**
Eye/vision care not covered	7	13.73
In-network providers inconveniently located	3	5.88
Medication costs too high	7	13.73
Other, specify	6	11.76

- Co-insurance too high (n=1)
- Senior Tuft Healthcare Plan (n=1)
- Won't cover a medication (n=1)
- Gap in coverage (n=1)
- Other not specified (n=2)

17A. Was there a time in the past 12 months when you needed to see a doctor, nurse or other health care provider but were not able to?	N = 652	%
Yes	78	11.96
No	**574**	**88.04**

17B. [If yes to 17A], why were you unable to see a doctor, nurse or other health provider? (check all that apply)	N=78	%
Cost too high	**19**	**24.36**
Could not get an appointment	**24**	**30.77**
Cultural differences between me and the health provider	2	2.56
Hours the site was open didn't work for me	15	19.23
Language barriers	8	10.26
I don't have insurance	5	6.41
Unable to get there / transportation issues	3	3.85
Was too busy caring for children and/or elders	12	15.38
Other, specify	12	15.38

- Insurance change / lapse (n=2)
- Insurance coverage only does deductible refund for mental health (n=1)
- No longer accepting my insurance (n=1)
- Out of personal time at work (n=1)
- Didn't cover services needed (n=1)

- Unclear/not specified (n=6)

Health Behaviors

18. On average, how many days per week do you exercise for at least 30 minutes?	N = 649	%
None	135	20.80
1-2 days	**233**	**35.90**
3-4 days	**178**	**27.43**
5 or more days	103	15.87

19. On average, how often do you eat each of the following foods?		
Fruits	N = 633	%
Once a week or less	64	10.11
2-4 times a week	135	21.33
Once a day	**204**	**32.23**
2-4 times a day	**178**	**28.12**
5 or more times a day	52	8.21
Vegetables	N = 629	%
Once a week or less	31	4.93
2-4 times a week	127	20.19
Once a day	**199**	**31.64**
2-4 times a day	**208**	**33.07**
5 or more times a day	64	10.17
Whole Grains	N = 618	%
Once a week or less	106	17.15
2-4 times a week	140	22.65
Once a day	**185**	**29.94**
2-4 times a day	**151**	**24.43**
5 or more times a day	36	5.83

20. How much do you agree with the following statement? 'The healthy food choices (including fresh fruits and vegetables, whole grains, etc.) in my community are affordable'	N = 630	%
Strongly Agree	**145**	**23.02**
Somewhat Agree	**328**	**52.06**
Somewhat Disagree	123	19.52
Strongly Disagree	34	5.40

21. Have you ever been told you had any of the following conditions? If so, check all that apply	N=480	%
Anxiety	**149**	**31.04**
Asthma	90	18.75
Arthritis	84	17.50
Cancer	56	11.67
Depression	101	21.04

Diabetes	55	11.46
Heart Disease	27	5.63
High Blood Pressure	**158**	**32.92**
High Cholesterol	117	24.38
Overweight	**208**	**43.33**
Other, specify	64	13.33
• Endocrine / Thyroid condition (n=15)		
• Pain / Osteoarthritis / Back-related problems (n=12)		
• Gastrointestinal condition (n=9)		
• Neurological condition (n=9)		
• Heart-related condition (n=5)		
• Allergies (n=2)		
• Other condition, only one mention (n=6)		
• Other not specified (n=6)		

22A. In the past 12 months have you or other members of your household received any behavioral health services?	**N = 626**	**%**
Yes	193	30.83
No	**433**	**69.17**

22B. (if 22A=yes) How satisfied were you or other members of your household with the services?	**N = 190***	**%**
Very satisfied	**57**	**30.00**
Satisfied	**85**	**44.74**
Neutral	29	15.26
Dissatisfied	16	8.42
Very dissatisfied	3	1.58

*Note: 3 out of the 193 reporting they had received behavioral health services, did not indicate a satisfaction level

22C. Was there a time in the last 12 months when you or other members of your household needed behavioral health services and were unable to get them?	**N = 608**	**%**
Yes	67	11.02
No	**541**	**88.98**

23. How often do you smoke cigarettes?	**N = 620**	**%**
Every day	21	3.39
Some days	27	4.35
Not at all	**572**	**92.26**

24. How often do you smoke electronic cigarettes/vape nicotine?	**N = 609**	**%**
Every day	9	1.48
Some days	6	0.99
Not at all	**594**	**97.54**

25. During the past 12 months, did you use marijuana or cannabis?	N = 623	%
Yes	54	8.67
No	**569**	**91.33**

26. How often do you have a drink containing alcohol?	N = 619	%
4 or more times a week	48	7.75
2-3 times a week	100	16.16
2-4 times a month	124	20.03
Monthly or less	**184**	**29.73**
Never	**163**	**26.33**

27. In the past 12 months, have you used any prescription drugs (pain relievers, anti-depressants, stimulants) for non-medical reasons?	N = 626	%
Yes	78	12.46
No	**548**	**87.54**

28. In your current relationship, have you ever been harmed or felt afraid of your partner?	N = 621	%
Yes	12	1.93
No	**515**	**82.93**
No current relationship	94	15.14

29. What do you think are the top health concerns in the community where you live? Please choose the top 3	N=512	% in top 3
Access to care	173	33.79
Chronic diseases, including cancer, diabetes and heart disease	**236**	**46.09**
Infectious disease (e.g. HIV/AIDS, TB, emerging diseases)	22	4.30
Mental health	**316**	**61.72**
Obesity	173	33.79
Preventable injuries and poisonings	19	3.71
Reproductive health	27	5.27
Respiratory disease	32	6.25
Substance use	**300**	**58.59**
Other, specify	6	1.17
• Healthy community (n=2)		
• Homelessness and lack of resources (n=1)		
• Overall health and wellness, beginning with pregnancy, babies, and young children (n=1)		
• Poor diet (n=1)		
• Poverty (n=1)		

30. What do you think are the top social issues in the community where you live? Please choose the top 3	N=504	% in top 3
Access to good quality food	100	19.84
Crime	87	17.26
Disaster awareness and emergency preparation	35	6.94

Domestic and interpersonal violence, including stalking	60	11.90
Education	**125**	**24.80**
Employment	**101**	**20.04**
Environmental health including safe water and air	69	13.69
Housing stability / homelessness	**175**	**34.72**
Lack of quality childcare services	78	15.48
Lack of quality eldercare services	96	19.05
Poverty	66	13.10
Racism and discrimination	92	18.25
Social isolation	88	17.46
Transportation	101	20.04
Other, specify	21	4.17

- Drug / Substance Abuse / Addiction (n=4)
- Access to BH services for children (n=1)
- Adolescent Drug Abuse (n=1)
- Affordable rent (n=1)
- Civic fabric is strained (n=1)
- Crime is happening in Melrose due to the opioid epidemic, homelessness is also becoming more present in Melrose lately and definitely in Wakefield (n=1)
- Free child care (n=1)
- Hospitals (n=1)
- Lack of autism services (n=1)
- Lack of safety walking, i.e. sidewalks (n=1)
- More elder care programs (n=1)
- Neighboring towns crime (n=1)
- Time and venues for exercise (n=1)
- Too much bullying in all schools (n=1)
- Bereavement support (n=1)
- Lack of parking in Malden (n=1)
- Opioid epidemic, mental health stigma and access to care (n=1)
- Packages stolen from porch, senior housing 8 year wait (n=1)

31. What could MelroseWakefield Healthcare do to help you and/or your family improve your health?	**N=150**	**%**
Increase/improve clinical and support services of various types across the MWHC system and/or at certain locations (e.g. expansion of hours, increase services offered, increase capacity to serve more patients , ER staffing/wait times)	**42**	**28.00**
Provide prevention-related program/services for community (e.g. health screenings, outreach, health education)	**38**	**25.33**
Provide services related to mental health/behavioral health/substance abuse s (e.g. expansion of psychiatry, counseling, out-patient addiction support)	18	12.00
Provide social determinant related programs/services for community (e.g. housing access, elder services, parent education/support)	18	12.00
Offer improved services/benefits for MWHC employees (e.g. healthy food court, health/exercise incentives, daycare services)	15	10.00

Help patients lower cost of care (e.g. lower cost of care, offering reduce cost services for those in need, expand insurances accepted)	10	6.67
Good, nothing else needed	9	6.00

APPENDIX H: LIST OF RESOURCES AVAILABLE TO MEET IDENTIFIED HEALTH NEEDS

Access to healthcare	
1. Cambridge Health Alliance, Everett and Malden	2. Cross Cultural Communications and other contracted providers
3. East Boston Neighborhood Health Center	4. Healthcare for All
5. Joint Committee for Children's Health Care in Everett (JCCHCE)	6. Lahey Health
7. Massachusetts General Hospital, Everett	8. Sharewood Project
9. South Cove Health Center	
Chronic disease with a focus on cancer, cardiovascular disease, diabetes and respiratory disease	
1. American Cancer Society	2. American Diabetes Association
3. American Heart Association	4. American Lung Association
5. Local Mass in Motions	6. Merrimack Valley Elder Services
7. Mystic Valley Elder Services	
Disaster readiness and emergency preparation	
1. American Red Cross	2. Local police, fire, and EMS
3. The Salvation Army	
Housing stability and homelessness	
1. Action for Boston Community Development (ABCD)	2. Centerboard, Melrose
3. Eliot Community Human Services, Inc.	4. Housing Families, Inc.
5. Housing, Health and Hunger Advocates	6. Local housing authorities both federal and state
Infectious disease	
1. Cambridge Health Alliance (HIV/AIDS and Cambridge TB Clinic)	2. Local boards of health
Mental illness and mental health	
1. Arbour Counseling Services	2. DCS Mental Health Inc.
3. Eliot Community Human Services, Inc.	4. Local public schools
5. Local senior centers	6. Middlesex Recovery
7. National Alliance on Mental Illness	8. Personal Growth and Family Center
9. Riverside Outpatient Center	10. Riverway Counseling Associates
11. Solutions for Living	12. South Bay Mental Health
13. Wayside Counseling Medford	
Preventable injuries and poisonings	
1. Mass211	2. Mystic Valley Elder Services
3. Poison Control	4. Safe Sitter®
Social determinants of health: poverty, education, employment and food access	
1. Asian American Civic Association	2. Bread of Life
3. Criterion Early Intervention	4. Dept of Transitional Assistsance (SNAP)
5. Greater Boston Food Bank	6. Immigrant Learning Center of Malden
7. Local congregate meal sites	8. Local food pantries
9. Local private and public schools	10. Local transportation agencies
11. Tailored for Success	12. The Career Place
13. Tri-City Hunger Network	

APPENDIX H: LIST OF RESOURCES AVAILABLE TO MEET IDENTIFIED HEALTH NEEDS

Substance use	
1. Al-anon	2. Alcoholics and Narcotics Anonymous
3. Club 24 Malden	4. District Attorney's Eastern Middlesex Opioid Task Force
5. Eliot Community Human Services, Inc., Addiction and Substance Use Recovery Services	6. Massachusetts Opioid Abuse Prevention Collaborative (MOAPC)
7. Mystic Valley Public Health Coalition	8. Mystic Valley Tobacco and Alcohol Program (MVTAP)
9. Substance Abuse Prevention Coalitions in Malden, Reading, Stoneham and Wakefield	10. The NEST (Jewish Family & Children's Services)
Violence and trauma	
1. Intimate Partner Violence Project	2. Local alliances against violence (Melrose, Stoneham, Wakefield)
3. Local police	4. Portal to Hope
5. RESPOND, Inc	
Vulnerable populations	
1. Action for Boston Community Development (Mystic Valley Opportunity Center)	2. Asian American Civic Association
3. Baby Café USA	4. Baby Friendly America
5. Chinese Culture Connection	6. Communitas
7. Community Family Human Services, Inc	8. Criterion Early Intervention
9. Dept of Children and Families	10. Immigrant and Refugee Ministry
11. Jewish Family and Children's Services	12. La Comunidad
13. La Leche League	14. Local boys and girls clubs
15. Local CFCE programs	16. Local councils on aging
17. Local faith-based organizations	18. Local private and public schools
19. Local YMCAs	20. Malden YWCA
21. Malden's Promise and Malden CORE	22. Medford Health Matters
23. Melrose Family Room	24. MIRA (MA Immigrant and Refugee Advocacy Organization)
25. Mystic Valley and Merrimack Valley Elder Services	26. Mystic Valley Elder Servicess
27. North Reading Youth Services	28. Northeast Arc
29. Parents of Tots	30. Philips Lifeline
31. The Community Family Adult Day Health	32. The HUB, Medford
33. The Immigrant Learning Center in Malden	34. Veterans Organizations
35. Zonta Clubs of Malden and Medford	
Other resources	
1. 211 (211.org)	2. Aunt Bertha (auntbertha.com)
3. Children's Trust (childrenstrustma.org)	4. HelpSteps (helpsteps.com)
5. Zip Milk (zipmilk.org)	

EVERETT, MA

Population: 45,212

Population density: 13,200 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Similar percentage of Asian residents (6.5%). Larger percentages of Hispanic (22.9%), Black/African American (19.3%), and Other Race (5.4%) residents. Smaller percentage of White residents (45.9%)
- Larger foreign-born population (41%)
- Larger percentage of residents with less than high school diploma (20.1%), high school diploma (35.4%). Smaller percentages of residents with bachelor's degree (12.9%) and other advanced degrees (6.6%)
- Lower median income ($57,254)
- Higher poverty rates for children under 18 (20.7%), and families (12.9%)
- Lower unemployment rate (2.2% of workforce)

Health Conditions

Everett residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- All cancers
- Colorectal cancer
- Lung cancer

Chronic disease
- Major cardiovascular disease ED visits
- Cerebrovascular disease (stroke) hospitalizations
- Major cardiovascular disease mortality
- Diabetes-related hospitalizations
- Diabetes-related mortality
- COPD-related hospitalizations
- Asthma ED visits
- Asthma hospitalizations

Mental health
- Mental disorder-related hospitalizations

Substance use
- Drug overdose ED visits
- Drug overdose hospitalizations
- Alcohol-related mortality
- Opioid overdose - heroin ED visits
- Opioid-related mortality
- Substance-related mortality

Infectious disease
- HIV/AIDS incidence
- TB incidence

Injuries
- All injury and poisoning ED visits
- All injury and poisoning mortality

Maternal and child health
- Low weight birth
- Preterm birth
- Less than adequate prenatal care
- Teen birth rate

Premature mortality
- Premature mortality

Social determinants of health
- Households with housing costs more than 30% of income
- % of individuals with no health insurance coverage
- Dropout rate
- Student mobility rate
- Food insecurity rate
- Households with children under 18 utilizing SNAP
- SNAP gap

Top 3 Causes of Death
1. Chronic ischemic heart disease
2. Dementia (type unspecified)
3. Lung cancer

For more detailed information on Everett health indicators, and for references, please see the data tables that follow.

EVERETT HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Everett data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Everett (N = 1,519)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Chronic ischemic heart disease	114	7.5	Chronic ischemic heart disease	23,253	8.2
Unspecified dementia	98	6.4	Unspecified dementia	22,405	7.9
Malignant neoplasm of bronchus and lung	95	6.2	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Everett #	Everett %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	363	178.6 ˆ	156.0
Breast cancer	18	15.8 ˇ	18.0
Ovarian cancer	7	5.9 ˇ	7.1
Prostate cancer	12	16.3 ˇ	18.5
Colorectal cancer	30	14.7 ˆ	12.5
Lung cancer	96	48.5 ˆ	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Everett #	Everett %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	683	1,576.9	1563.1
Major cardiovascular disease ED visits	384	856.6 ˆ	596.0
Cerebrovascular disease (stroke) hospitalizations	90	206.6 ˇ	255.1
Major cardiovascular disease mortality	409	195.9 ˆ	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	73	161.3 ˆ	143.1
Diabetes mortality	45	22.1 ˆ	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	515	9.8 ˇ	12.1
COPD-related hospitalizations	98	34.7 ˆ	26.3
Asthma ED visits	432	92.9 ˆ	66.5
Asthma hospitalizations	59	13.1 ˆ	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Everett #	Everett %/Rate	Massachusetts %/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	1,198	2,524.7	2465.6
Mental disorder-related hospitalizations	548	1,191.5 ˆ	934.4
Mental disorder-related mortality	123	57.1	60.0
Suicide	14	6.7 ˇ	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	167	344.0 ˆ	250.9
Drug overdose hospitalizations	85	176.8 ˆ	127.2
Opioid overdose - heroin ED visits	75	148.7 ˆ	90.5
Opioid overdose - non-heroin ED visits	--	--	21.2
Alcohol-related mortality	21	10.0 ˆ	7.6
Substance-related mortality	108	49.4 ˆ	30.7
Opioid-related mortality	75	33.9 ˆ	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Everett #	Everett %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	18.8 ˆ	9.6
TB incidence	--	5.2 ˆ	2.9
Injuries			
All injury and poisoning ED visits	90	185.1 ˆ	173.0
All injury and poisoning mortality rates	145	66.9 ˆ	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	25	19.0 ˆ	8.5
Low birth weight, percent of births	260	8.1% ˆ	7.0%
Preterm birth, percent of births	316	9.8% ˆ	8.4%
Less than adequate prenatal care, percent of births	577	19.0% ˆ	15.3%
Premature mortality			
Premature mortality rate	693	340.9 ˆ	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Everett		Massachusetts
	#	%/Rate	%/Rate
Poverty			
Children under 18 living below poverty level	2,197	20.7% ^	14.6%
People 65 and older living below poverty level	430	8.9%	9.0%
Families living below poverty level	1,407	12.9% ^	7.8%
Unemployment			
Unemployment rate	--	2.2% ˇ	2.9%
Crime			
Violent crime rate	--	157.0 ˇ	358.0
Income			
Median household income	$57,254 ˇ	--	$74,167
Per capita income	$25,555 ˇ	--	$39,913
Housing			
Households with housing costs more than 30% of income	7,409	47.5% ^	31.5%
Homeless students cumulative count	157	2.2% ˇ	2.6%
Health insurance status			
No health insurance coverage	3,179	7.1% ^	3.0%
Public school district rates			
Graduation rate	5,478	77.5% ˇ	88.3%
Dropout rate	834	11.8% ^	4.9%
Mobility rate		19.0% ^	8.6%
Nutrition			
Food insecurity rate	5,400	12.1% ^	9.1%
Households with children under 18 utilizing SNAP	1,752	11.2% ^	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	11,660	63.4% ^	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

MALDEN, MA

Population: 61,212

Population density: 12,138 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentages of Asian (23.6%), Black/African American (16.3%), and Other Race (4.1%) residents. Smaller percentages of Hispanic (9.3%) and White residents (46.6%)
- Larger foreign-born population (43.3%)
- Larger percentage of residents age 25+ with less than high school diploma (13.5%) and high school diploma (29.4%). Smaller percentages of residents with bachelor's degree (20.6%) and other advanced degrees (14.6%)
- Lower median income ($62,361)
- Higher poverty rates for children under 18 (19.2%), people 65 years old and over (17.6%), and families (12.7%)
- Lower unemployment rate (2.2% of workforce)

Health Conditions

Malden residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- All cancers
- Colorectal cancer
- Lung cancer
- Prostate cancer

Chronic Disease
- Major cardiovascular disease ED visits
- Diabetes-related hospitalizations
- Diabetes mortality

Mental health
- Mental disorder-related mortality

Substance use
- Substance-related mortality
- Opioid-related mortality

Infectious disease
- HIV/AIDS incidence crude rates
- TB incidence

Maternal and child health
- Low weight birth
- Less than adequate prenatal care

Premature mortality
- Premature mortality

Social determinants of health
- Households with housing costs more than 30% of income
- % of individuals with no health insurance coverage
- Homeless students
- Dropout rate
- Student mobility rate
- Food insecurity rate
- Households with children under 18 utilizing SNAP
- SNAP gap

Top 3 Causes of Death	
1.	Lung cancer
2.	Chronic ischemic heart disease
3.	Dementia (unspecified type)

For more detailed information on Malden health indicators, and for references, please see the data tables that follow.

MALDEN HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Malden data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Malden (N = 2,024)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Malignant neoplasm of bronchus and lung	162	8.0	Chronic ischemic heart disease	23,253	8.2
Chronic ischemic heart disease	153	7.5	Unspecified dementia	22,405	7.9
Unspecified dementia	149	7.3	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Malden #	Malden %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	532	**177.0 ˆ**	156.0
Breast cancer	33	18.9	18.0
Ovarian cancer	13	7.4	7.1
Prostate cancer	25	**23.7 ˆ**	18.5
Colorectal cancer	47	**15.7 ˆ**	12.5
Lung cancer	163	**55.2 ˆ**	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Malden #	Malden %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	990	1,563.2	1563.1
Major cardiovascular disease ED visits	434	**663.1 ˆ**	596.0
Cerebrovascular disease (stroke) hospitalizations	151	239.9 ˇ	255.1
Major cardiovascular disease mortality	501	165.4 ˇ	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	126	**187.8 ˆ**	143.1
Diabetes mortality	68	**22.9 ˆ**	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	587	10.9 ˇ	12.1
COPD-related hospitalizations	105	24.3 ˇ	26.3
Asthma ED visits	348	57.1 ˇ	66.5
Asthma hospitalizations	65	10.5	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Malden #	Malden %/Rate	Massachusetts %/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	1,326	1,976.9 ˇ	2465.6
Mental disorder-related hospitalizations	600	912.2	934.4
Mental disorder-related mortality	200	**64.5 ˆ**	60.0
Suicide	20	6.4 ˇ	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	157	231.9 ˇ	250.9
Drug overdose hospitalizations	88	132.5	127.2
Opioid overdose - heroin ED visits	67	88.9	90.5
Opioid overdose - non-heroin ED visits	14	20.8	21.2
Alcohol-related mortality	23	7.1 ˇ	7.6
Substance-related mortality	112	**34.3 ˆ**	30.7
Opioid-related mortality	72	**21.9 ˆ**	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Malden #	Malden %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	**15.8 ˆ**	9.6
TB incidence	--	**11.1 ˆ**	2.9
Injuries			
All injury and poisoning ED visits	104	156.8 ˇ	173.0
All injury and poisoning mortality rates	164	51.5	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	11	7.1 ˇ	8.5
Low birth weight, percent of births	340	**7.8 %ˆ**	7.0%
Preterm birth, percent of births	367	8.4%	8.4%
Less than adequate prenatal care, percent of births	734	**18.2 %ˆ**	15.3%
Premature mortality			
Premature mortality rate	888	**285.4 ˆ**	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Malden #	Malden %/Rate	Massachusetts %/Rate
Poverty			
Children under 18 living below poverty level	2,202	19.2% ˆ	14.6%
People 65 and older living below poverty level	1,270	17.6% ˆ	9.0%
Families living below poverty level	1,831	12.7% ˆ	7.8%
Unemployment			
Unemployment rate	--	2.2% ˇ	2.9%
Crime			
Violent crime rate	--	207.0 ˇ	358.0
Income			
Median household income	$ 62,361 ˇ	--	$74,167
Per capita income	$ 29,830 ˇ	--	$39,913
Housing			
Households with housing costs more than 30% of income	9,514	41.3% ˆ	31.5%
Homeless students cumulative count	186	2.8% ˆ	2.6%
Health insurance status			
No health insurance coverage	3,031	5.0% ˆ	3.0%
Public school district rates			
Graduation rate	5,448	83.3% ˇ	88.3%
Dropout rate	438	6.7% ˆ	4.9%
Mobility rate		18.5% ˆ	8.6%
Nutrition			
Food insecurity rate	9,170	15.1% ˆ	9.1%
Households with children under 18 utilizing SNAP	1,064	4.6% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	11,566	58.3% ˆ	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

MEDFORD, MA

Population: 57,700

Population density: 7,122 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Similar percentage of White residents (73.1%). Larger percentages of Asian (9.7%), Black/African American (8.6%) and Other Race (3.3%) residents. Smaller percentage of Hispanic residents (5.3%)
- Larger foreign-born population (21.6%)
- Larger percentages of residents with bachelor's degree (24.9%) and other advanced degrees (24.7%)
- Higher median income ($86,204)
- Lower poverty rates for children under 18 (9.1%), and families (5.8%)
- Lower unemployment rate (2.0% of workforce)

Health Conditions

Medford residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- Colorectal cancer
- Lung cancer
- Ovarian cancer
- Prostate cancer

Chronic disease
- Diabetes-related hospitalizations
- Diabetes-related mortality

Mental health
- Suicide mortality
- Mental disorder-related mortality

Substance use
- Opioid overdose - heroin ED visits
- Opioid overdose - non-heroin ED visits
- Opioid-related mortality

Infectious disease
- TB incidence

Injuries
- All injury and poisoning ED visits

Social determinants of health
- % of individuals with no health insurance coverage
- Student mobility rate
- Food insecurity rate
- SNAP gap

Top 3 Causes of Death
1. Dementia (type unspecified)
2. Chronic ischemic heart disease
3. Lung cancer

For more detailed information on Medford health indicators, and for references, please see the data tables that follow.

MEDFORD HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Medford data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Medford (N = 2,427)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Unspecified dementia	211	8.6	Chronic ischemic heart disease	23,253	8.2
Chronic ischemic heart disease	183	7.5	Unspecified dementia	22,405	7.9
Malignant neoplasm of bronchus and lung	165	6.8	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Medford #	Medford %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	363	163.8	156.0
Breast cancer	26	12.7 ˇ	18.0
Ovarian cancer	23	**11.4** ˆ	7.1
Prostate cancer	28	**19.7** ˆ	18.5
Colorectal cancer	52	**14.4** ˆ	12.5
Lung cancer	167	**47.0** ˆ	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Medford #	Medford %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	1,112	1,512.8	1563.1
Major cardiovascular disease ED visits	355	522.7 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	142	189.8 ˇ	255.1
Major cardiovascular disease mortality	308	157.2 ˇ	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	98	**157.5** ˆ	143.1
Diabetes mortality	58	**15.8** ˆ	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	350	9.5 ˇ	12.1
COPD-related hospitalizations	117	25.3	26.3
Asthma ED visits	306	55.6 ˇ	66.5
Asthma hospitalizations	57	10.7	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Medford #	Medford %/Rate	Massachusetts %/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	1,176	1,919.1 ˇ	2465.6
Mental disorder-related hospitalizations	454	722.4 ˇ	934.4
Mental disorder-related mortality	315	**72.3 ˆ**	60.0
Suicide	11	**9.3 ˆ**	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	156	246.1	250.9
Drug overdose hospitalizations	69	113.3 ˇ	127.2
Opioid overdose - heroin ED visits	64	**95.8 ˆ**	90.5
Opioid overdose - non-heroin ED visits	16	**23.0 ˆ**	21.2
Alcohol-related mortality	13	4.0 ˇ	7.6
Substance-related mortality	88	29.2 ˇ	30.7
Opioid-related mortality	69	**23.0 ˆ**	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Medford #	Medford %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	7.2 ˇ	9.6
TB incidence	--	**3.7 ˆ**	2.9
Injuries			
All injury and poisoning ED visits	114	**188.2 ˆ**	173.0
All injury and poisoning mortality rates	168	50.4 ˇ	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	8	4.8 ˇ	8.5
Low birth weight, percent of births	239	6.8%	7.0%
Preterm birth, percent of births	306	8.8%	8.4%
Less than adequate prenatal care, percent of births	362	12.3%ˇ	15.3%
Premature mortality			
Premature mortality rate	773	255.1	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Medford		Massachusetts
	#	%/Rate	%/Rate
Poverty			
Children under 18 living below poverty level	752	9.1% ˇ	14.6%
People 65 and older living below poverty level	750	9.3%	9.0%
Families living below poverty level	738	5.8% ˇ	7.8%
Unemployment			
Unemployment rate	--	2.0% ˇ	2.9%
Crime			
Violent crime rate	--	88.0 ˇ	358.0
Income			
Median household income	$86,204 ˆ	--	$74,167
Per capita income	$43,349 ˆ	--	$39,913
Housing			
Households with housing costs more than 30% of income	6,460	28.7% ˇ	31.5%
Homeless students cumulative count	61	1.4% ˇ	2.6%
Health insurance status			
No health insurance coverage	1,806	**3.2% ˆ**	3.0%
Public school district rates			
Graduation rate	3,883	89.7%	88.3%
Dropout rate	195	4.5% ˇ	4.9%
Mobility rate		**10.8% ˆ**	8.6%
Nutrition			
Food insecurity rate	5,830	**10.2% ˆ**	9.1%
Households with children under 18 utilizing SNAP	387	1.7% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	5,644	**60.4% ˆ**	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

MELROSE, MA

Population: 28,132

Population density: 6,013 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentage of White residents (85.3%). Smaller percentages of Black/African-American (3.6%), Hispanic (3.3%) and Other Race residents (1.8%)
- Smaller foreign-born population (13.6%)
- Larger percentages of residents with bachelor's degree (30.5%) and other advanced degrees (24.4%)
- Higher median income ($93,434)
- Lower poverty rates for children under 18 (4.9%), people 65 years old and over (5.5%), and families (2.7%)
- Lower unemployment rate (2.0% of workforce)

Health Conditions

Melrose residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality

- Colorectal cancer
- Prostate cancer

Social determinants of health

- SNAP gap

Top 3 Causes of Death	
1.	Dementia (type unspecified)
2.	Chronic ischemic heart disease
3.	Lung cancer

For more detailed information on Melrose health indicators, and for references, please see the data tables that follow.

MELROSE HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Melrose data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Melrose (N = 1,129)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Unspecified dementia	94	8.3	Chronic ischemic heart disease	23,253	8.2
Chronic ischemic heart disease	93	8.2	Unspecified dementia	22,405	7.9
Malignant neoplasm of bronchus and lung	67	5.9	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Melrose		Massachusetts
	#	%/Rate	%/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	264	147.2 ˇ	156.0
Breast cancer	11	11.7 ˇ	18.0
Ovarian cancer	7	6.2 ˇ	7.1
Prostate cancer	14	**20.8** ˆ	18.5
Colorectal cancer	34	**18.5** ˆ	12.5
Lung cancer	67	38.7	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Melrose		Massachusetts
	#	%/Rate	%/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	516	1,363.3 ˇ	1563.1
Major cardiovascular disease ED visits	144	413.1 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	90	225.4 ˇ	255.1
Major cardiovascular disease mortality	308	159.2 ˇ	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	44	130.9 ˇ	143.1
Diabetes mortality	22	12.4 ˇ	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	296	10.6 ˇ	12.1
COPD-related hospitalizations	56	23.4 ˇ	26.3
Asthma ED visits	138	51.8 ˇ	66.5
Asthma hospitalizations	22	6.9 ˇ	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Melrose		Massachusetts
	#	%/Rate	%/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	400	1,431.4 ˇ	2465.6
Mental disorder-related hospitalizations	231	778.0 ˇ	934.4
Mental disorder-related mortality	129	63.0	60.0
Suicide	11	7.4 ˇ	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	46	184.9 ˇ	250.9
Drug overdose hospitalizations	26	92.6 ˇ	127.2
Opioid overdose - heroin ED visits	15	59.9 ˇ	90.5
Opioid overdose - non-heroin ED visits	N/A	N/A	21.2
Alcohol-related mortality	7	4.4 ˇ	7.6
Substance-related mortality	27	19.7 ˇ	30.7
Opioid-related mortality	21	15.4 ˇ	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Melrose		Massachusetts
	#	%/Rate	%/Rate
Infectious disease			
HIV/AIDS incidence	--	4.2 ˇ	9.6
TB incidence	--	N/A	2.9
Injuries			
All injury and poisoning ED visits	31	116.1 ˇ	173.0
All injury and poisoning mortality rates	70	44.6 ˇ	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	--	N/A	8.5
Low birth weight, percent of births	89	4.9%ˇ	7.0%
Preterm birth, percent of births	118	6.4%ˇ	8.4%
Less than adequate prenatal care, percent of births	131	8.8%ˇ	15.3%
Premature mortality			
Premature mortality rate	380	236.2 ˇ	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Melrose		Massachusetts
	#	%/Rate	%/Rate
Poverty			
Children under 18 living below poverty level	280	4.9% ˇ	14.6%
People 65 and older living below poverty level	241	5.5% ˇ	9.0%
Families living below poverty level	199	2.7% ˇ	7.8%
Unemployment			
Unemployment rate	--	2.2% ˇ	2.9%
Crime			
Violent crime rate	--	23.0 ˇ	358.0
Income			
Median household income	$93,434 ˆ	--	$74,167
Per capita income	$49,159 ˆ	--	$39,913
Housing			
Households with housing costs more than 30% of income	3,091	26.9% ˇ	31.5%
Homeless students cumulative count	40	1.0% ˇ	2.6%
Health insurance status			
No health insurance coverage	256	0.9% ˇ	3.0%
Public school district rates			
Graduation rate	3,815	97.6% ˆ	88.3%
Dropout rate	31	0.8% ˇ	4.9%
Mobility rate		3.9% ˇ	8.6%
Nutrition			
Food insecurity rate	1,920	6.9% ˇ	9.1%
Households with children under 18 utilizing SNAP	154	1.3% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	1,722	**60.1% ˆ**	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

NORTH READING, MA

Population: 15,598

Population density: 1,187 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentage of White residents (90.1%). Smaller percentages of Asian (5.3%), Black/African-American (1.2%), Hispanic (1.3%) and Other Race residents (2.0%)
- Smaller foreign-born population (7.5%)
- Larger percentages of residents with bachelor's degree (32.6%) and other advanced degrees (19.7%)
- Higher median income ($124,750)
- Lower poverty rates for children under 18 (2.4%), people 65 years old and over (4.8%), and families (2.2%)
- Lower unemployment rate (2.1% of workforce)

Health Conditions

North Reading residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality

- Breast cancer

Mental health

- Suicide mortality
- Mental disorder-related mortality

Social determinants of health

- SNAP gap

Top 3 Causes of Death	
1.	Dementia (type unspecified)
2.	Chronic ischemic heart disease
3.	Lung cancer

For more detailed information on North Reading health indicators, and for references, please see the data tables that follow.

NORTH READING HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for North Reading data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

North Reading (N = 491)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Unspecified dementia	47	9.5	Chronic ischemic heart disease	23,253	8.2
Chronic ischemic heart disease	40	8.1	Unspecified dementia	22,405	7.9
Malignant neoplasm of bronchus and lung	30	6.1	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	North Reading #	North Reading %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	129	162.3	156.0
Breast cancer	14	**31.9** ˆ	18.0
Ovarian cancer	N/A	N/A	7.1
Prostate cancer	6	17.7	18.5
Colorectal cancer	10	12.0	12.5
Lung cancer	30	39.5	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	North Reading #	North Reading %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	229	1,314.7 ˇ	1563.1
Major cardiovascular disease ED visits	75	449.9 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	29	166.6 ˇ	255.1
Major cardiovascular disease mortality	136	184.1	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	12	62.9 ˇ	143.1
Diabetes mortality	10	13.6 ˇ	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	164	9.8 ˇ	12.1
COPD-related hospitalizations	20	15.6 ˇ	26.3
Asthma ED visits	51	34.5 ˇ	66.5
Asthma hospitalizations	17	11.0	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	North Reading		Massachusetts
	#	%/Rate	%/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	199	1,345.3	2465.6
Mental disorder-related hospitalizations	93	610.5	934.4
Mental disorder-related mortality	74	**103.7 ˆ**	60.0
Suicide	7	**9.4 ˆ**	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	24	163.1 ˇ	250.9
Drug overdose hospitalizations	16	113.0 ˇ	127.2
Opioid overdose - heroin ED visits	N/A	N/A	90.5
Opioid overdose - non-heroin ED visits	N/A	N/A	21.2
Alcohol-related mortality	N/A	N/A	7.6
Substance-related mortality	11	14.8 ˇ	30.7
Opioid-related mortality	5	7.4 ˇ	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	North Reading		Massachusetts
	#	%/Rate	%/Rate
Infectious disease			
HIV/AIDS incidence	--	1.7 ˇ	9.6
TB incidence	--	N/A	2.9
Injuries			
All injury and poisoning ED visits	17	118 ˇ	173.0
All injury and poisoning mortality rates	21	30.2 ˇ	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	--	N/A	8.5
Low weight birth, percent of births	50	6.5% ˇ	7.0%
Preterm birth, percent of births	62	8.0% ˇ	8.4%
Less than adequate prenatal care, percent of births	35	8.6% ˇ	15.3%
Premature mortality			
Premature mortality rate	179	207.6 ˇ	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low birth weight percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low weight birth, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	North Reading #	North Reading %/Rate	Massachusetts %/Rate
Poverty			
Children under 18 living below poverty level	80	2.4% ˇ	14.6%
People 65 and older living below poverty level	106	4.8% ˇ	9.0%
Families living below poverty level	91	2.2% ˇ	7.8%
Unemployment			
Unemployment rate	--	2.1% ˇ	2.9%
Crime			
Violent crime rate	--	24.0 ˇ	358.0
Income			
Median household income	$124,750 ˆ	--	$74,167
Per capita income	$52,597 ˆ	--	$39,913
Housing			
Households with housing costs more than 30% of income	1,074	19.8% ˇ	31.5%
Homeless students cumulative count	0	0% ˇ	2.6%
Health insurance status			
No health insurance coverage	57	0.4% ˇ	3.0%
Public school district rates			
Graduation rate	2,439	97.9% ˆ	88.3%
Dropout rate	12	0.5% ˇ	4.9%
Mobility rate		3.1% ˇ	8.6%
Nutrition			
Food insecurity rate	700	4.5% ˇ	9.1%
Households with children under 18 utilizing SNAP	27	0.5% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	662	**64.0% ˆ**	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

READING, MA

Population: 25,769

Population density: 2,589 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentage of White residents (91.1%). Smaller percentages of Asian (4.6%), Black/African-American (0.7%), Hispanic (2.0%) and Other Race residents (1.5%)
- Smaller foreign-born population (8.8%)
- Larger percentages of residents with bachelor's degree (34.1%) and other advanced degrees (28.0%)
- Higher median income ($114,354)
- Lower poverty rates for children under 18 (3.5%), people 65 years old and over (4.6%), and families (2.0%)
- Lower unemployment rate (1.9% of workforce)

Health Conditions

Reading residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- Colorectal cancer
- Ovarian cancer

Mental health
- Mental disorder-related mortality

Substance use
- Opioid overdose - heroin ED visits

Social determinants of health
- SNAP gap

Top 3 Causes of Death	
1.	Chronic ischemic heart disease
2.	Dementia (type unspecified)
3.	Acute myocardial infarction (heart attack)

For more detailed information on Reading health indicators, and for references, please see the data tables that follow.

READING HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Reading data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Reading (N = 2,427)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Chronic ischemic heart disease	83	8.9	Chronic ischemic heart disease	23,253	8.2
Unspecified dementia	76	8.2	Unspecified dementia	22,405	7.9
Acute myocardial infarction	41	4.4	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Reading #	Reading %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	212	139.6 ˇ	156.0
Breast cancer	13	14.6 ˇ	18.0
Ovarian cancer	10	**12.2** ˆ	7.1
Prostate cancer	8	14.6 ˇ	18.5
Colorectal cancer	23	**14.4** ˆ	12.5
Lung cancer	36	25.0 ˇ	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Reading #	Reading %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	400	1,190.0 ˇ	1563.1
Major cardiovascular disease ED visits	102	327.5 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	56	161.5 ˇ	255.1
Major cardiovascular disease mortality	280	167.1 ˇ	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	22	61.7 ˇ	143.1
Diabetes mortality	13	8.4 ˇ	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	249	8.3 ˇ	12.1
COPD-related hospitalizations	35	15.3 ˇ	26.3
Asthma ED visits	70	26.5 ˇ	66.5
Asthma hospitalizations	19	6.1 ˇ	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Reading #	Reading %/Rate	Massachusetts %/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	275	1,189.4 ˇ	2465.6
Mental disorder-related hospitalizations	117	457.8 ˇ	934.4
Mental disorder-related mortality	114	**66.7** ˆ	60.0
Suicide	11	8.5	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	58	262.4	250.9
Drug overdose hospitalizations	26	102.9 ˇ	127.2
Opioid overdose - heroin ED visits	27	**131.5** ˆ	90.5
Opioid overdose - non-heroin ED visits	N/A	N/A	21.2
Alcohol-related mortality	9	6.3 ˇ	7.6
Substance-related mortality	27	23.7 ˇ	30.7
Opioid-related mortality	13	13.5 ˇ	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Reading #	Reading %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	2.8 ˇ	9.6
TB incidence	--	N/A	2.9
Injuries			
All injury and poisoning ED visits	38	172.6	173.0
All injury and poisoning mortality rates	44	36.9 ˇ	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	--	N/A	8.5
Low birth weight, percent of births	91	6.7% ˇ	7.0%
Preterm birth, percent of births	99	7.4% ˇ	8.4%
Less than adequate prenatal care, percent of births	51	6.6% ˇ	15.3%
Premature mortality			
Premature mortality rate	265	190.4 ˇ	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low weight birth, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Reading #	Reading %/Rate	Massachusetts %/Rate
Poverty			
Children under 18 living below poverty level	211	3.5% ˇ	14.6%
People 65 and older living below poverty level	174	4.6% ˇ	9.0%
Families living below poverty level	141	2.0% ˇ	7.8%
Unemployment			
Unemployment rate	--	1.9% ˇ	2.9%
Crime			
Violent crime rate	--	8.0 ˇ	358.0
Income			
Median household income	$114,354 ˆ	--	$74,167
Per capita income	$51,615 ˆ	--	$39,913
Housing			
Households with housing costs more than 30% of income	2,112	22.3% ˇ	31.5%
Homeless students cumulative count	12	0.3% ˇ	2.6%
Health insurance status			
No health insurance coverage	293	1.1% ˇ	3.0%
Public school district rates			
Graduation rate	4,125	97.9% ˆ	88.3%
Dropout rate	46	1.1% ˇ	4.9%
Mobility rate		3.6% ˇ	8.6%
Nutrition			
Food insecurity rate	1,220	4.8% ˇ	9.1%
Households with children under 18 utilizing SNAP	77	0.8% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	1,006	**61.8% ˆ**	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

SAUGUS, MA

Population: 28,037

Population density: 2,598 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentage of White residents (86.3%). Smaller percentages of Asian (4.6%), Black/African-American (2.7%), Hispanic (4.8%) and Other Race residents (1.7%)
- Smaller foreign-born population (12.7%)
- Larger percentage of residents with high school diploma (36.1%). Smaller percentages of residents with bachelor's degree (17.3%) and other advanced degrees (9.2%)
- Higher median income ($82,188)
- Lower poverty rates for children under 18 (11.9%) and families (6.2%)
- Lower unemployment rate (2.5% of workforce)

Health Conditions

Saugus residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- All cancers
- Breast cancer
- Lung cancer

Chronic disease
- Major cardiovascular disease hospitalizations
- Diabetes mortality
- Childhood asthma prevalence
- COPD-related hospitalizations

Mental health
- Mental disorder-related mortality

Substance use
- Drug overdose ED visits
- Drug overdose hospitalizations
- Opioid overdose - heroin ED visits
- Opioid-related mortality
- Substance-related mortality

Injuries
- All injury and poisoning ED visits
- All injury and poisoning mortality

Maternal and child health
- Low weight birth
- Pre-term birth

Premature mortality
- Premature mortality

Social determinants of health
- Dropout rate
- Student mobility rate
- SNAP gap

Top 3 Causes of Death	
1.	Dementia (type unspecified)
2.	Chronic ischemic heart disease
3.	Lung cancer

For more detailed information on Saugus health indicators, and for references, please see the data tables that follow.

SAUGUS HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Saugus data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Saugus (N = 1,375)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Unspecified dementia	142	10.3	Chronic ischemic heart disease	23,253	8.2
Chronic ischemic heart disease	96	6.9	Unspecified dementia	22,405	7.9
Malignant neoplasm of bronchus and lung	90	6.5	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Saugus #	Saugus %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	342	**184.8 ˆ**	156.0
Breast cancer	18	**19.2 ˆ**	18.0
Ovarian cancer	7	7.1	7.1
Prostate cancer	10	13.7 ˇ	18.5
Colorectal cancer	19	10.4 ˇ	12.5
Lung cancer	91	**47.9 ˆ**	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Saugus #	Saugus %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	662	**1,700.0 ˆ**	1563.1
Major cardiovascular disease ED visits	187	530.3 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	103	251.5	255.1
Major cardiovascular disease mortality	352	183.1	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	41	117.7 ˇ	143.1
Diabetes mortality	32	**17.0 ˆ**	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	287	**13.2 ˆ**	12.1
COPD-related hospitalizations	81	**30.6 ˆ**	26.3
Asthma ED visits	148	59.1 ˇ	66.5
Asthma hospitalizations	20	7.0 ˇ	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Saugus #	Saugus %/Rate	Massachusetts %/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	616	2,381.4	2465.6
Mental disorder-related hospitalizations	245	887.1 ˇ	934.4
Mental disorder-related mortality	173	**89.6** ˆ	60.0
Suicide	12	8.0 ˇ	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	93	**370.7** ˆ	250.9
Drug overdose hospitalizations	41	**152.8** ˆ	127.2
Opioid overdose - heroin ED visits	45	**180.0** ˆ	90.5
Opioid overdose - non-heroin ED visits	N/A	N/A	21.2
Alcohol-related mortality	7	4.2 ˇ	7.6
Substance-related mortality	59	**47.3** ˆ	30.7
Opioid-related mortality	43	**36.0** ˆ	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Saugus #	Saugus %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	6.7 ˇ	9.6
TB incidence	--	N/A	2.9
Injuries			
All injury and poisoning ED visits	68	**271.5** ˆ	173.0
All injury and poisoning mortality rates	87	**63.7** ˆ	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	--	N/A	8.5
Low birth weight, percent of births	99	**7.8%** ˆ	7.0%
Preterm birth, percent of births	124	**9.8%** ˆ	8.4%
Less than adequate prenatal care, percent of births	161	14.2% ˇ	15.3%
Premature mortality			
Premature mortality rate	500	**301.1** ˆ	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Saugus #	Saugus %/Rate	Massachusetts %/Rate
Poverty			
Children under 18 living below poverty level	589	11.9% ˇ	14.6%
People 65 and older living below poverty level	480	9.0%	9.0%
Families living below poverty level	451	6.2% ˇ	7.8%
Unemployment			
Unemployment rate	--	2.5% ˇ	2.9%
Crime			
Violent crime rate	--	73.0 ˇ	358.0
Income			
Median household income	$82,188 ˆ	--	$74,167
Per capita income	**$36,419 ˇ**	--	$39,913
Housing			
Households with housing costs more than 30% of income	2,664	26.1% ˇ	31.5%
Homeless students cumulative count	24	0.9% ˇ	2.6%
Health insurance status			
No health insurance coverage	808	2.9%	3.0%
Public school district rates			
Graduation rate	2,308	89.2%	88.3%
Dropout rate	148	**5.7% ˆ**	4.9%
Mobility rate		**10.9% ˆ**	8.6%
Nutrition			
Food insecurity rate	1,920	6.9% ˇ	9.1%
Households with children under 18 utilizing SNAP	456	4.5% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	2,785	**56.7% ˆ**	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

STONEHAM, MA

Population: 21,967

Population density: 3,650 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentage of White residents (90.9%). Smaller percentages of Asian (2.6%), Black/African-American (2.1%), Hispanic (3.3%) and Other Race residents (1.2%)
- Smaller foreign-born population (11.5%)
- Larger percentages of residents with some college (24.9%) and bachelor's degree (26.3%)
- Higher median income ($90,320)
- Lower poverty rates for children under 18 (3.5%), people 65 years old and over (7.6%), and families (2.9%)
- Lower unemployment rate (2.3% of workforce)

Health Conditions

Stoneham residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- All cancers
- Breast cancer
- Colorectal cancer
- Lung cancer
- Ovarian cancer

Chronic disease
- COPD-related hospitalizations
- Asthma ED visits
- Asthma hospitalizations

Substance use
- Drug overdose hospitalizations
- Opioid-related mortality

Maternal and child health
- Low weight birth

Social determinants of health
- Dropout rate
- SNAP gap

Top 3 Causes of Death	
1.	Dementia (type unspecified)
2.	Lung cancer
3.	Chronic ischemic heart disease

For more detailed information on Stoneham health indicators, and for references, please see the data tables that follow.

STONEHAM HEALTH INDICATORS DATA TABLES

Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction ***(upward (ˆ) or downward (ˇ))*** *of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable.*

Table 1. Massachusetts demographic data (see profile cover page for Stoneham data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Stoneham (N = 1,094)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Unspecified dementia	86	7.8	Chronic ischemic heart disease	23,253	8.2
Malignant neoplasm of bronchus and lung	74	6.7	Unspecified dementia	22,405	7.9
Chronic ischemic heart disease	71	6.4	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Stoneham #	Stoneham %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	294	**180.3** ˆ	156.0
Breast cancer	20	**23.6** ˆ	18.0
Ovarian cancer	11	**12.4** ˆ	7.1
Prostate cancer	8	12.2 ˇ	18.5
Colorectal cancer	26	**15.6** ˆ	12.5
Lung cancer	74	**45.1** ˆ	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Stoneham #	Stoneham %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	520	1,519.7	1563.1
Major cardiovascular disease ED visits	139	460.9 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	86	248.0	255.1
Major cardiovascular disease mortality	308	167.0 ˇ	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	24	77.9 ˇ	143.1
Diabetes mortality	20	12.1 ˇ	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	188	10.0 ˇ	12.1
COPD-related hospitalizations	68	**30.2** ˆ	26.3
Asthma ED visits	84	**40.2** ˇ	66.5
Asthma hospitalizations	32	**13.7** ˆ	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Stoneham #	Stoneham %/Rate	Massachusetts %/Rate
Mental Health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	458	2,298.0 ˇ	2465.6
Mental disorder-related hospitalizations	172	760.0 ˇ	934.4
Mental disorder-related mortality	111	56.7 ˇ	60.0
Suicide	7	5.9 ˇ	8.7
Substance Use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	41	216.5 ˇ	250.9
Drug overdose hospitalizations	32	**154.4 ˆ**	127.2
Opioid overdose - heroin ED visits	16	94.6	90.5
Opioid overdose - non-heroin ED visits	N/A	N/A	21.2
Alcohol-related mortality	5	3.4 ˇ	7.6
Substance-related mortality	32	30.4	30.7
Opioid-related mortality	23	**24.3 ˆ**	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Stoneham #	Stoneham %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	5.0 ˇ	9.6
TB incidence	--	N/A	2.9
Injuries			
All injury and poisoning ED visits	31	164.1 ˇ	173.0
All injury and poisoning mortality rates	62	51.1	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	--	N/A	8.5
Low birth weight, percent of births	98	**8.1% ˆ**	7.0%
Preterm birth, percent of births	104	8.6%	8.4%
Less than adequate prenatal care, percent of births	62	8.5% ˇ	15.3%
Premature mortality			
Premature mortality rate	337	251.3	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Stoneham #	Stoneham %/Rate	Massachusetts %/Rate
Poverty			
Children under 18 living below poverty level	589	11.9% ˇ	14.6%
People 65 and older living below poverty level	480	9.0%	9.0%
Families living below poverty level	451	6.2% ˇ	7.8%
Unemployment			
Unemployment rate	--	2.5% ˇ	2.9%
Crime			
Violent crime rate	--	73.0 ˇ	358.0
Income			
Median household income	$82,188 ˆ	--	$74,167
Per capita income	**$36,419 ˇ**	--	$39,913
Housing			
Households with housing costs more than 30% of income	2,664	26.1% ˇ	31.5%
Homeless students cumulative count	0	0% ˇ	2.6%
Health insurance status			
No health insurance coverage	808	2.9%	3.0%
Public school district rates			
Graduation rate	2,308	89.2% ˆ	88.3%
Dropout rate	148	**5.7%** ˆ	4.9%
Mobility rate		7.4% ˇ	8.6%
Nutrition			
Food insecurity rate	1,920	6.9% ˇ	9.1%
Households with children under 18 utilizing SNAP	456	4.5% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	2,785	**56.7%** ˆ	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

WAKEFIELD, MA

Population: 26,823

Population density: 3,647 residents per sq. mile



Demographics compared to the state of Massachusetts as a whole:

- Larger percentage of White residents (91.6%). Smaller percentages of Asian (2.0%), Black/African-American (1.1%), Hispanic (3.9%) and Other Race residents (1.4%)
- Smaller foreign-born population (8.4%)
- Larger percentage of residents with bachelor's degree (31.2%)
- Higher median income ($92,252)
- Lower poverty rates for children under 18 (3.5%), people 65 years old and over (7.2%), and families (1.9%)
- Lower unemployment rate (2.1% of workforce)

Health Conditions

Wakefield residents experience the following health conditions, or social determinants of health, at a rate more than 5% higher than is experienced by residents of Massachusetts as a whole:

Cancer mortality
- All cancers
- Colorectal cancer
- Ovarian cancer
- Prostate cancer

Chronic disease
- Diabetes mortality

Mental health
- Suicide mortality
- Mental disorder-related mortality

Substance use
- Drug overdoses ED visits
- Drug overdoses hospitalizations
- Opioid overdose - heroin ED visits
- Opioid-related mortality

Injuries
- All injury and poisoning ED visits

Maternal and child health
- Low weight birth

Premature mortality
- Premature mortality

Social determinants of health
- SNAP gap

Top 3 Causes of Death	
1.	Dementia (type unspecified)
2.	Chronic ischemic heart disease
3.	Lung cancer

For more detailed information on Wakefield health indicators, and for references, please see the data tables that follow.

WAKEFIELD HEALTH INDICATORS DATA TABLES

*Note: Arrows are used to highlight health conditions where the percent difference between Everett and the state is more than 5%, and to show the direction **(upward (ˆ) or downward (ˇ))** of the difference. Bolding is used to designate those indicators where the more than 5% difference is of concern (e.g. a 6% higher cancer mortality rate is of concern, a 6% lower cancer mortality rate is not). "NA" designates data that is not reported because the count is less than 5 (but greater than 0). A dash designates data that is unavailable*

Table 1. Massachusetts demographic data (see profile cover page for Wakefield data)

Measure	#	%/Rate
Size		
Population	6,789,319	
Population Density (Per Sq. Mile)		870.4
Race and Ethnicity		
Asian (non-Hispanic)	14,463	6.3%
Black/African-American (non-Hispanic)	9,986	6.7%
Hispanic	5,715	11.2%
Some other race (non-Hispanic)	2,500	2.9%
White (non-Hispanic)	28,548	72.9%
Foreign-born population		
Foreign-born residents	26,485	16.2%
Highest educational attainment for the population 25 years old and over		
Less than high school graduate	5,927	9.7%
High school graduate	12,933	24.7%
Some college	9,608	23.5%
Bachelor's degree	9,065	23.4%
Graduate/advanced degree	6,436	18.7%
Income		
Median household income	$74,167	
Poverty		
Population under 18 years old living below poverty level	2,202	14.6%
Population 65 years old and over living below poverty level	1,270	9.0%
Families living below poverty level	1,831	7.8%
Unemployment		
Unemployment rate		2.9%

Year: Size, population density, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: 2013 – 2017; Unemployment rate for Jan – Apr: 2019

Measure: Size of population presented as total number; density presented as persons per square mile; race and ethnicity, foreign-born, and highest educational attainment indicators presented as percentage of population with available data; Income data presented in 2017 Inflation-Adjusted US Dollars. Unemployment rate presented as percentage rate of civilian population that is not employed

Source: Size, race and ethnicity, foreign-born residents, highest educational attainment, income, and poverty: U.S. Census Bureau, American Community Survey; Unemployment rate: US Dept. of Labor Bureau of Labor and Statistics

Table 2. Causes of death

Top 3 causes of death

Wakefield (N = 1,181)			Massachusetts (N = 282,663)		
Cause of death	#	%/Rate	*Cause of death*	#	%/Rate
Unspecified dementia	113	9.5	Chronic ischemic heart disease	23,253	8.2
Chronic ischemic heart disease	94	7.9	Unspecified dementia	22,405	7.9
Malignant neoplasm of bronchus and lung	60	5.0	Malignant neoplasm of bronchus and lung	16,915	5.9

Year: 2012 - 2016
Measure: Percentage of deaths attributable to specific disease or cause
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 3. Cancer related data

Measure	Wakefield #	Wakefield %/Rate	Massachusetts %/Rate
Cancer mortality (age-adjusted rates per 100,000 residents)			
All cancers	252	**164.3 ˆ**	156.0
Breast cancer	11	10.9 ˇ	18.0
Ovarian cancer	7	**8.2 ˆ**	7.1
Prostate cancer	13	**22.3 ˆ**	18.5
Colorectal cancer	35	**24.1 ˆ**	12.5
Lung cancer	62	40.6	40.5

Year: Cancer mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, mortality data for state and selected communities

Table 4. Chronic disease related data

Measure	Wakefield #	Wakefield %/Rate	Massachusetts %/Rate
Cardiovascular (age adjusted rates per 100,000 residents)			
Major cardiovascular disease hospitalizations	441	1,325.5 ˇ	1563.1
Major cardiovascular disease ED visits	125	395.7 ˇ	596.0
Cerebrovascular disease (stroke) hospitalizations	89	253.4	255.1
Major cardiovascular disease mortality	300	181.0	179.7
Diabetes (age adjusted rates per 100,000 residents)			
Diabetes-related hospitalizations	17	56.6 ˇ	143.1
Diabetes mortality	26	**16.4 ˆ**	14.8
Respiratory health (age adjusted rates per 100,000 residents)			
Childhood asthma prevalence	220	8.9 ˇ	12.1
COPD-related hospitalizations	62	27.2	26.3
Asthma ED visits	73	28.8 ˇ	66.5
Asthma hospitalizations	18	6.4 ˇ	10.7

Year: Cardiovascular disease, diabetes and stroke hospitalization rates: 2014; cardiovascular and diabetes mortality: 2012 – 2016; asthma and COPD ED and hospitalization rates: 2015; childhood asthma prevalence: 2016
Measure: Cardiovascular, diabetes and respiratory health indicators presented in age-adjusted rate per 100,000 residents. Pediatric asthma indicator presented as prevalence per 100 students
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 5. Mental health and substance use disorder related data

Measure	Wakefield #	Wakefield %/Rate	Massachusetts %/Rate
Mental health (age adjusted rates per 100,000 residents)			
Mental disorder-related ED visits	497	1,943.6 ˇ	2465.6
Mental disorder-related hospitalizations	235	827.0 ˇ	934.4
Mental disorder-related mortality	152	**88.7 ˆ**	60.0
Suicide	19	**13.6 ˆ**	8.7
Substance use (age adjusted rates per 100,000 residents)			
Drug overdose ED visits	64	**274.0 ˆ**	250.9
Drug overdose hospitalizations	40	**144.0 ˆ**	127.2
Opioid overdose - heroin ED visits	38	**163.1 ˆ**	90.5
Opioid overdose - non-heroin ED visits	N/A	N/A	21.2
Alcohol-related mortality	8	4.9 ˇ	7.6
Substance-related mortality	39	32.0	30.7
Opioid-related mortality	26	**23.0 ˆ**	19.3

Year: Mental disorder, total drug overdose, opioid overdose (heroin), opioid overdose (non-heroin) ED visits: 2014; mental disorder related hospitalizations: 2014; mental disorder, suicide, alcohol-related, substance-related and opioid-related mortality: 2012 – 2016
Measure: All indicators presented in age-adjusted rate per 100,000 residents
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 6. Infectious disease, injuries, maternal and infant health related data

Measure	Wakefield #	Wakefield %/Rate	Massachusetts %/Rate
Infectious disease			
HIV/AIDS incidence	--	5.3 ˇ	9.6
TB incidence	--	N/A	2.9
Injuries			
All injury and poisoning ED visits	44	**184.5 ˆ**	173.0
All injury and poisoning mortality rates	73	55.5	53.0
Maternal and infant			
Teen birth rate per 1,000 (females aged 15-19)	--	N/A	8.5
Low birth weight, percent of births	110	**7.4% ˆ**	7.0%
Preterm birth, percent of births	129	8.8%	8.4%
Less than adequate prenatal care, percent of births	77	7.7% ˇ	15.3%
Premature mortality			
Premature mortality rate	406	**275.8 ˆ**	254.1

Year: HIV/AIDS incidence: 2013 – 2017; tuberculosis incidence: 2013 – 2017; injury and poisoning ED visit rates: 2014, injury and poisoning and premature mortality: 2012 – 2016; low weight birth percent, preterm birth percent, and less than adequate prenatal care percent: 2012 – 2016; teen birth rates: 2016
Measure: Infectious disease, injuries and premature mortality indicators presented in age-adjusted rate per 100,000 residents; teen birth rate per 1,000 residents; low birth weight, preterm birth and less than adequate prenatal care presented in percent of live singleton term births
Source: Massachusetts Department of Public Health, data for state and selected communities

Table 7. Social determinants of health data

Measure	Wakefield #	Wakefield %/Rate	Massachusetts %/Rate
Poverty			
Children under 18 living below poverty level	180	3.5% ˇ	14.6%
People 65 and older living below poverty level	310	7.2% ˇ	9.0%
Families living below poverty level	141	1.9% ˇ	7.8%
Unemployment			
Unemployment rate	--	2.1% ˇ	2.9%
Crime			
Violent crime rate	--	46.0 ˇ	358.0
Income			
Median household income	$92,252 ˆ	--	$74,167
Per capita income	$44,809 ˆ	--	$39,913
Housing			
Households with housing costs more than 30% of income	2,724	25.9% ˇ	31.5%
Homeless students cumulative count	0	0% ˇ	2.6%
Health insurance status			
No health insurance coverage	524	2.0% ˇ	3.0%
Public school district rates			
Graduation rate	3,344	95.4% ˆ	88.3%
Dropout rate	28	0.8% ˇ	4.9%
Mobility rate		4.8% ˇ	8.6%
Nutrition			
Food insecurity rate	2,010	7.6% ˇ	9.1%
Households with children under 18 utilizing SNAP	108	1.0% ˇ	5.1%
Population eligible for SNAP who are not accessing financial benefits (SNAP gap)	1,544	**57.9% ˆ**	47.0%

Year: Health insurance coverage, households with children under 18 utilizing SNAP, households with housing costs more than 30% of Income, income, poverty, related indicators: 2013 - 2017; homeless students total number; 2017 - 2018; unemployment rate: 2019; violent crime rate: 2017; public school district graduation and dropout rates: cohort 2017; Student mobility rates for all students 2018; food insecurity rate: 2016; SNAP gap percentage for year 2016

Measure: Violent crime presented as rate per 100,000 residents; income related indicators presented in 2017 Inflation-Adjusted Dollars; graduation and dropout rates presented as percentage of students graduating or dropping out from cohort; Mobility rates presented as percentage of students in and out of districts or public schools; homeless students cumulative count presented as number and percentage of count of children identified as homeless out of the cohort over the entire school year

Source: Poverty, income, housing and health insurance coverage indicators from American Community Survey from United States Census Bureau. Unemployment rate from United States Bureau of Labor Statistics. Homelessness student data from Department of Elementary and Secondary Education. Violent crime rate from United States Federal Bureau of Investigation, Uniform Crime Reporting (UCR) Program. Public school district graduation, dropout and mobility rates from the Massachusetts Department of Elementary and Secondary Education. Food insecurity rates from Map the Meal Gap from Feeding America. Households with children under 18 utilizing SNAP from American Community Survey from The United States Census Bureau. SNAP data from the MA Department of Transitional Assistance (DTA), recipients by zip code as of November 2016. MassHealth eligibility data from the MA Medicaid Policy Institute, recipients by zip code as of September 2016

Community Data Profile Methods

Below is a brief overview of the methods used by the Institute for Community Health to conduct the secondary/community data review for the MelroseWakefield Healthcare (MWHC) community health needs assessment process:

Indicators Reviewed

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

Data Methods

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

Interpreting the Community Data Profile

The community data profile itself does not prioritize any health problems or concerns; rather it informs the needs assessment process and provides the data necessary for community members and stakeholders to discuss their community's health, identify gaps, generate additional information and ultimately to prioritize the health needs of the community.

Limitations

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