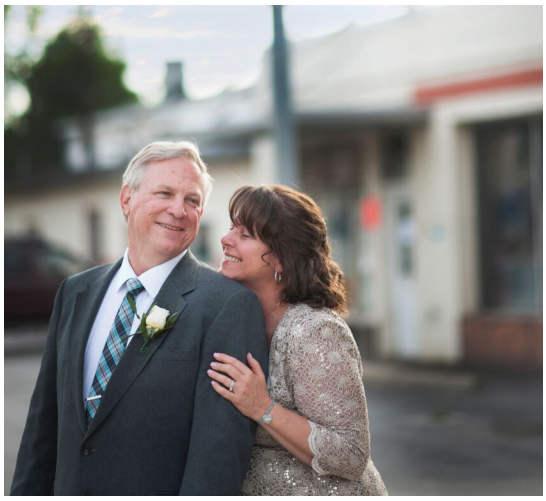
COMMUNITY HEALTH NEEDS ASSESSMENT



Beth Israel Lahey Health
Winchester Hospital

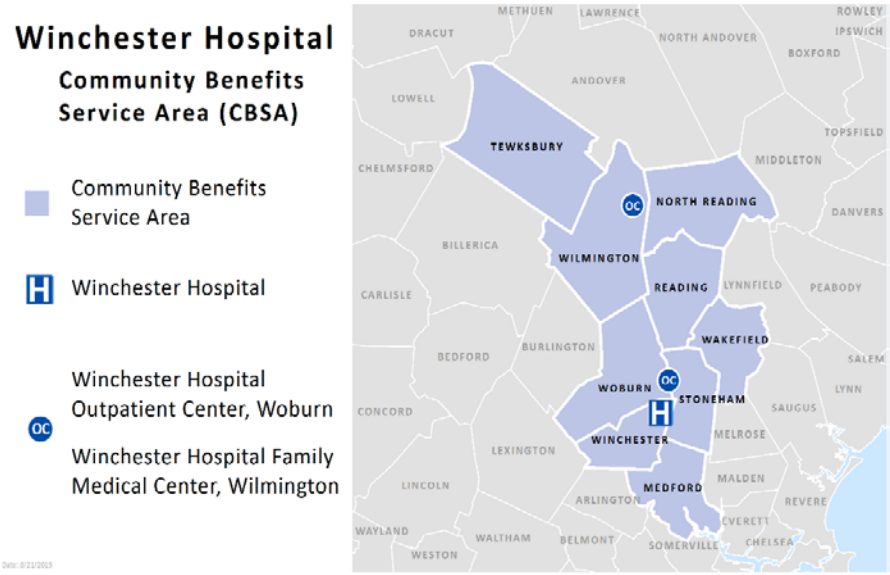
2019

Executive Summary

Background and Purpose

Winchester Hospital (WH), part of Beth Israel Lahey Health (BILH), was the first hospital in Massachusetts to earn Magnet recognition, the American Nurses Association's highest honor for nursing excellence, three times. It has since received the recognition a fourth time. As the leading provider of comprehensive health care services in the northwest suburban Boston area, this 229-bed facility provides care in general, bariatric, and vascular surgery; orthopedics; pediatrics; cardiology; pulmonary medicine; oncology; gastroenterology; rehabilitation; radiation oncology; pain management; and obstetrics/gynecology. WH also has a Level IIB Special Care Nursery. For more information on Winchester Hospital, visit www.winchesterhospital.org.

WH is committed to fulfilling requirements by the Massachusetts Attorney General's Office (MAGO) and Internal Revenue Service (IRS) to assess and prioritize health needs in its community benefits service area (CBSA). WH's CBSA includes the towns of Medford, North Reading, Reading, Stoneham, Tewksbury, Wilmington, Winchester, and Woburn. Given that WH operates multiple facilities under a single state license and serves different geographic areas and populations, the communities that are part of the CBSA are an aggregate of these geographic areas and residents. The CBSA does not exclude medically underserved, low-income, or minority populations. For this assessment, WH made efforts to identify the health needs of all residents within its community benefits service area, regardless of whether the residents use or have used services at Winchester Hospital or its outpatient clinics.



WH strives to create and support opportunities for residents of the community benefits service area to lead healthy and productive lives through community benefits programming.

The hospital acknowledges its role as a critical community resource, but it also recognizes the value in collaborating with community partners to identify, educate, prevent, and address issues that prevent community residents from accessing the health and social services they need. This Community Health Needs Assessment (CHNA) and the associated Implementation Strategy were done in close collaboration with WH's leadership, staff, health and social services partners, and the community at large. This assessment involved input from nearly 1,000 community residents, stakeholders, and service providers. This assessment, including the process that was applied to develop the Implementation Strategy,

exemplifies the spirit of collaboration and community engagement that is such a vital part of WH's mission.

This CHNA provides information that will be used to make sure that WH's services and programs are appropriately focused, are delivered in ways that are responsive to those in its CBSA, and are conducted to address leading barriers to health and well-being. This CHNA and the Implementation Strategy allow WH to meet commonwealth and federal Community Benefits requirements, per the Massachusetts Attorney General's Office and the IRS as part of the Affordable Care Act.

Approach and Methods

The assessment began in December 2018 and was conducted in three phases, allowing for the collection of an extensive amount of quantitative and qualitative data (Phase 1); engagement of community residents, key stakeholders, and service providers (Phase 2); and analysis and prioritization of findings for use in developing a data-driven implementation strategy (Phase 3).

2019 CHNA and Implementation Strategy Project Phases

Phase 1 – Preliminary Assessment and Engagement	**Phase 2 – Targeted Engagement**	**Phase 3 – Strategic Planning and Reporting**
Identify health needs	**Engage key stakeholders**	**Develop Community Health Needs Assessment and Implementation Strategy**
• Collection and analysis of quantitative data to characterize community characteristics, health needs, and barriers to care. • Qualitative data collection through key informant interviews with hospital leaders, local service providers, town leaders, and community stakeholders. • Evaluation of the hospital's current portfolio of community benefits activities. • Synthesis of findings from quantitative and qualitative research to identify themes and areas of consensus.	• Focus groups with target populations and service providers. • Community forums with community residents and service providers. • Dissemination and analysis of a Community Health Survey to capture residents' perceptions of barriers to good health, leading health issues, vulnerable populations, accessibility of health services, and opportunities for the hospital to improve the services it offers to the community.	• Meetings with the Community Benefits Advisory Committee and Community Benefits Project Advisory Committee to present CHNA findings, prioritize community needs, identify vulnerable populations, and discuss potential responses. • Creation of a Resource Inventory to catalog local organizations, service providers, and community assets that have the potential to address identified needs. • Literature review of evidence-based strategies and identification of successful strategies being conducted by community-based organizations to respond to identified priorities. • Development of a final CHNA report and Implementation Strategy.
Steering Committee meetings to plan and manage project activities.		

The quantitative assessment included an extensive analysis of demographic and socioeconomic data, health status, utilization rates, and behavioral risk survey data. Data sources included publicly available data as well as data collected from stakeholders through key informant interviews.
Hundreds of individuals from across Winchester Hospital's CBSA were engaged in the assessment and planning process, including:

- Health and social services providers
- Town administrators/elected officials
- Public health officials
- Public safety/first responders
- Public school nurses and administrators
- Leaders of faith-based organizations
- Community organizers and advocates
- Community residents
- BILH senior leadership, staff, and board members
- Winchester Hospital senior leaders, staff, and board members

These individuals were invited to provide input through key informant interviews, focus groups, community listening sessions, and a widely distributed Community Health Survey. While it was not possible for this assessment to involve all community stakeholders, Winchester Hospital made every effort to be as inclusive as possible and to provide a broad range of opportunities for participation over the course of several months.

Key Findings

Below is a high-level summary of health-related findings that were identified after a comprehensive review of all the quantitative and qualitative information that was collected as part of the CHNA. A detailed and in-depth discussion of key findings is included in the full CHNA report.

- **The social determinants of health (e.g., economic stability, transportation, access to care, housing, food insecurity) impact many segments of the population.** A key theme from the assessment's key informant interviews, focus groups, listening sessions, and Community Health Survey was the continued impact that the social determinants of health have on residents of WH's service area, especially those who are low to moderate income, are frail or homebound, have mental health or substance use issues, or lack a close support system. The increasing cost of housing in areas outside Boston was also noted as contributing to housing/financial instability.
- **Certain populations are more vulnerable to health care disparities and barriers to care.** Despite the facts that Massachusetts has one of the highest rates of health insurance enrollment and the communities that make up WH's CBSA are generally insured and employed, there was concern that families face financial stress because of high out-of-pocket costs for health care services and not being eligible for public benefits, or, if they are eligible, they are not enrolling because of the stigma of accepting public assistance. In addition, there are groups that face language and cultural barriers to accessing services.
- **Mental health issues (e.g., depression, anxiety/stress, access to treatment, stigma) underlie many health and social concerns.** Nearly every key informant interview, focus group, and listening session included discussions on the impact of mental health issues. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading concerns. There were particular concerns about the impact of depression, anxiety, and e-cigarettes/vaping on youth and of social isolation among older adults. Access to mental health services was limited by the general lack of providers and the low number accepting even private health insurance.
- **Substance dependency continues to impact individuals, families, and communities.** The opioid epidemic continues to be an area of focus. Beyond opioids, key informants were also concerned with

alcohol misuse, changing community norms in light of the legalization of recreational marijuana use, and e-cigarettes/vaping among adolescents.

- **Chronic diseases (e.g., cardiovascular disease, cancer, diabetes, asthma) require more education, screening/early intervention, and management– and a focus on risk factors.** Although there was major emphasis on behavioral health issues, many key informants, focus group participants, and listening session participants identified a need to address the many risk factors associated with chronic and complex health conditions. Physical inactivity and poor nutrition/lifestyle were discussed by many, with some of these issues being associated with age (mobility issues among older adults), education/health literacy (lack of understanding about healthy eating), ease of access to high-calorie/unhealthy food choices, and a lack of walkable streets in neighborhoods. Addressing the leading risk factors is at the root of many chronic disease prevention and management strategies.

Community Health Priorities

The CHNA was designed as a population-based assessment, meaning the goal was to identify the full range of community health issues across all demographic and socioeconomic segments of the population. The issues identified were framed in a broad context to ensure that the breadth of unmet needs and community health issues would be recognized.

An integrated analysis of all assessment activities framed the leading community health issues into three priority areas: mental health and substance use disorders, chronic/complex conditions and their risk factors, and social determinants of health and access to care.

2020-2022 WH Community Health Priority Areas

Priority Populations

All segments of the population face challenges that may limit their ability to access health services, regardless of age, race/ethnicity, income, family history, or health status. In the body of this report, there is a comprehensive review of the full breadth of quantitative and qualitative data that was compiled as part of this assessment effort; this review includes findings that touch on common challenges cited among community residents throughout the service area. To target community benefits efforts and to comply with state and federal guidelines, there was an effort to prioritize segments of the population who have complex health needs or who face significant barriers to care.

2020-2022 WH Priority Populations

Youth and adolescents	Older adults	Low- resource individuals and families	Individuals with chronic/complex conditions

Summary Implementation Strategy

The following is a list of the goals and objectives that have been established for each priority area in WH's Implementation Strategy.

Priority Area 1: Mental health and substance use disorders

Goal 1: Support mental health outreach, education, and prevention programs and improve access to treatment and services.

- Reduce isolation and depression.
- Reduce environmental risk factors associated with developing mental health issues.
- Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners.
- Increase awareness of the impacts of and risk factors for developing substance use disorders.
- Increase awareness of the signs, symptoms, risks, and stigma of developing mental health issues and promote access to treatment.
- Increase access to appropriate mental health and substance use treatment and support services.

Priority Area 2: Chronic/complex conditions and risk factors

Goal 1: Prevent, detect, and manage chronic disease and complex conditions and enhance access to treatment and support services.

- Create awareness of/educate community members about the preventable risk factors associated with chronic and complex health conditions.
- Help community members detect chronic disease and provide links to associated services.
- Engage individuals in evidence-based/evidence-informed programs that help them better manage their chronic disease.
- Educate individuals about achieving a healthy diet.
- Increase access to supportive services that reduce the stress and anxiety associated with chronic illness.

Priority Area 3: Social determinants of health and access to care

Goal 1: Address barriers to social determinants of health and access to care

- Increase access to affordable and safe transportation options.
- Educate providers and community members about hospital and/or public assistance programs that can help them identify and enroll in appropriate health insurance plans and/or reduce their financial burden.
- Enhance awareness about hospital/community resources that address health issues and social determinants of health.
- Explore ways to reduce/address housing instability.
- Increase access to clinical services for homebound patients.
- Increase access to affordable and nutritious foods and affordable physical activity.
- Increase awareness about how to create a healthy and safe environment for babies and families, and promote healthy child development.

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Acknowledgements

This Community Health Needs Assessment (CHNA) and its associated Implementation Strategy are the results of a collaborative process between Winchester Hospital, including hospital leadership and clinical staff, and many community-based organizations, municipal leaders, advocates, and community residents throughout its service area. At the foundation of this endeavor was a desire to engage community residents and service providers to share their thoughts on barriers to good health, leading community health issues, local assets and resources, and opportunities to improve the delivery of health care services and the overall health of the community.

Three committees, each with a distinct composition and role, oversaw this assessment.

- **Community Benefits Steering Committee:** Composed of Community Relations staff at WH, Lahey Hospital & Medical Center and Lahey Medical Center, Peabody (LHMC/LMCP), and Beth Israel Lahey Health (formerly Lahey Health).

- **The Winchester Hospital Community Benefits Advisory Committee (CBAC):** Composed of Community Relations staff, board members, leaders and clinicians from Winchester Hospital, local social services providers, and community health advocates.

- **Community Benefits Project Advisory Committee (PAC):** Composed of representatives from Winchester Hospital, Beverly Hospital-Addison Gilbert Hospital, Lahey Hospital & Medical Center and Lahey Medical Center, Peabody, Lahey Health at Home, BILH Behavioral Services, local public health officials, community stakeholders, and BILH Community Relations staff.

Winchester Hospital hired John Snow, Inc. (JSI), a public health research and consulting firm, to assist in completing this work. The hospital appreciates the contributions that JSI has made in collecting and analyzing data, engaging the community, and conducting research throughout the CHNA and Implementation Strategy development process.

Finally, Winchester Hospital would like to thank the many community residents who contributed to this process. Since the beginning of the assessment in December 2018, hundreds of individuals shared their needs, experiences, and expertise through interviews, focus groups, surveys, and community listening sessions.

The authorized body of Winchester Hospital, the Board of Trustees, approved this Community Benefits Needs Assessment and adopted the Implementation Strategy on September 17, 2019.

Beth Israel Lahey Health – 2019 Northern Region Steering Committee
Christine Healey, Director, Community Relations, Beth Israel Lahey Health (BILH)
Marylou Hardy, Regional Manager, Community Relations, Winchester Hospital
Grace Numerosi, Regional Manager, Community Relations, Beverly Hospital-Addison Gilbert Hospital
Michelle Snyder, Regional Manager, Community Relations, Lahey Hospital & Medical Center
Noreen Gavin, Community Relations Coordinator, BILH
Robert Murray, Manager, Market Analytics and Intelligence, BILH
Lisa Neveling, Vice President, Business Development, BILH
Wendy Hawkins, Project Manager/Senior Planning Analyst, Market Analytics and Intelligence, BILH

Winchester Hospital – 2019 Community Benefits Advisory Committee
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Paul Andrews, Winchester Hospital Board Member
Carla Beaudoin, Metro Housing Boston
Dot Butler, Winchester SAFER Coalition
Denise Flynn, Vice President Philanthropy, Winchester Hospital
Marylou Hardy, Community Relations Manager, Winchester Hospital
Christine Healey, Director, Community Relations, BILH
Karen Keaney, Associate Chief Nursing Officer, Director ED and Case Management, Winchester Hospital
Deb McDonough, Winchester Hospital Board Member
Jennifer Murphy, Winchester Board of Health
Lauren Reid, Mystic Valley Elder Services
Adam Rogers, Boys & Girls Club, Stoneham/Wakefield
Sue Powers, Associate Director, Center for Healthy Living
Kathy Schuler, Chief Operating Officer, Chief Nursing Officer, Winchester Hospital
Dean Solomon, Council for Social Concern, Woburn
Joe Tarby, Winchester Hospital Board Member
Jane Walsh, Winchester Hospital Board Chair
Matthew Woods, Vice President, Finance, Winchester Hospital

Beth Israel Lahey Health – 2019 Northern Region Project Advisory Committee
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Sharon Cameron, Public Health Director, City of Peabody
Karin Carroll, Public Health Director, City of Gloucester
Deborah Costello, Chief Operating Officer, Home Health and Hospice, Lahey Health at Home
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Jennifer Murphy, Public Health Director, Town of Winchester
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Dana Zitkovsky, MD, Chief Medical Officer, Beverly Hospital-Addison Gilbert Hospital

Introduction and Purpose

Introduction

Winchester Hospital (WH), part of Beth Israel Lahey Health (BILH), was the first hospital in Massachusetts to earn Magnet recognition, the American Nurses Association's highest honor for nursing excellence, three times. It has since received the recognition a fourth time. As the leading provider of comprehensive health care services in the northwest suburban Boston area, this 229-bed facility provides care in general, bariatric and vascular surgery; orthopedics; pediatrics; cardiology; pulmonary medicine; oncology; gastroenterology; rehabilitation; radiation oncology; pain management; and obstetrics/gynecology. WH also has a Level IIB Special Care Nursery. For more information on Winchester Hospital, visit www.winchesterhospital.org.

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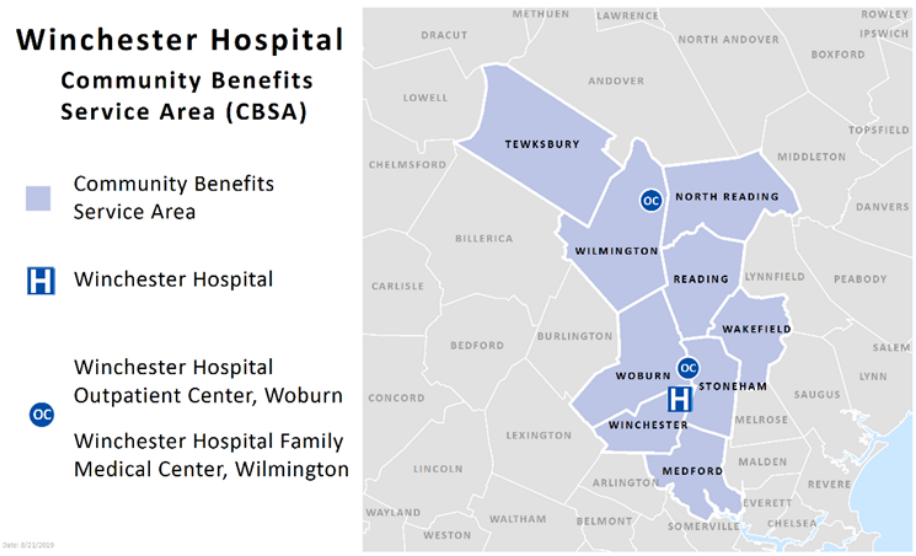
Purpose

Not-for-profit hospitals and health maintenance organizations (HMOs) enjoy a range of benefits, including commonwealth and federal tax-exempt status. With these benefits come fiduciary and public obligations, including periodic assessments of community health needs, barriers to care, and vulnerable populations. From these community health needs assessments, hospitals and HMOs develop implementation strategies that outline the ways in which the entities will address the identified health needs, otherwise known as "community benefits" activities.

Figure 1. Community Benefits Service Area



Conducted through a collaborative process engaging hospital leaders and clinical staff from Lahey Health and Winchester Hospital, along with leaders, organizations, service providers, and residents from the community, the CHNA is a population-based assessment that considers the needs of the entire population, regardless of demographics or socioeconomic status, or whether individuals are or were patients at Winchester Hospital. Per the Community Benefits Guidelines that govern the CHNA, special efforts were made to assess the needs of populations that are often disadvantaged, face disparities in health-related outcomes, and are deemed vulnerable or at risk.

The primary goals of the CHNA are to:

Assess	Community health needs, defined broadly to include health status, social determinants, environmental factors, and service system strengths/weaknesses
Engage	Members of the community, including local health departments, service providers, and community residents, as well as Winchester Hospital leadership and staff
Identify	Leading health issues/population segments most at risk for poor health, based on a review of quantitative and qualitative evidence
Develop	A three-year Implementation Strategy to address community health needs in collaboration with community partners

This CHNA process and findings are used as a source of information and guidance to:

- Clarify issues related to community characteristics, barriers to care, existing service gaps, unmet community need, and other health-related factors
- Prioritize and promote community health investment
- Inform and guide a comprehensive, collaborative community health improvement planning process
- Facilitate discussion within and across sectors regarding community need, community health improvement, and health equity

WH and WH's CBAC are committed to promoting health and well-being, addressing health disparities, and working to achieve health equity. Health equity, the attainment of the highest level of health for all people, requires focused and ongoing societal efforts to address avoidable inequities, socioeconomic barriers to care, and structural barriers to equity. Through the assessment process, efforts were made to understand the needs of populations that are disadvantaged, face disparities in health-related outcomes, and are deemed most vulnerable or at risk. WH's Implementation Strategy will focus on reaching the geographic, demographic, and socioeconomic segments of the population most at risk, as well as those with physical and behavioral health needs.

WINCHESTER HOSPITAL ENGAGEMENT

- 23 interviews with community stakeholders and leaders
- 18 interviews with hospital and BILH leaders and staff
- 4 focus groups of older adults, youth, and those living in subsidized housing; 92 total participants
- 2 community listening sessions with 45+ participants
- 806 community survey respondents
- 6 meetings with the CBAC and PAC

Approach and Methods

Approach

The assessment began by convening a Steering Committee, composed of representatives from the former Lahey Health System, including Winchester Hospital; Lahey Hospital & Medical Center/Lahey Medical Center, Peabody; Beverly Hospital-Addison Gilbert Hospital; and Lahey Health, to guide projective activities and deliverables. The hospitals hired JSI, a public health research and consulting firm in Boston, to complete the CHNA and Implementation Strategy. The Steering Committee provided vital oversight of the CHNA approach and methods. This committee met monthly, in person and via conference call, to review project activities, vet preliminary findings, address challenges, and ensure alignment in CHNA approach and methods across the BILH system.

Winchester Hospital engaged its CBAC, made up of hospital leadership and clinical staff, local service providers, and key community stakeholders, throughout the process. This group met three times over the course of the assessment and provided input on the assessment approach, reviewed and discussed preliminary findings, and helped prioritize community health issues and vulnerable populations. The CBAC also reviewed and provided feedback on the associated Implementation Strategy. Finally, a PAC was convened to provide input and feedback from a system-wide perspective. The PAC was composed of representatives from clinical and administrative leadership and local public health officials, along with Community Relations staff. The PAC met three times over the course of the project and provided broad-based feedback on the approach and vetted preliminary findings relative to identified priority community health issues and vulnerable populations. Meeting dates and agendas are included in Table 1.

Table 1. Community Benefits Advisory Committee and Project Advisory Committee Meeting Dates and Agendas

Community Benefits Advisory Committee	
Meeting Date	Agenda
May 30, 2019	• Overview of CHNA requirements and process, including distribution of Community Health Survey • Feedback on initial data findings • Initial identification of priority areas and populations
June 11, 2019	• Review data findings, including initial Community Health Survey results • Review refined priority areas and populations • Initial review of Implementation Strategy
August 15, 2019	• Review and provide feedback on Implementation Strategy
Project Advisory Committee	
Meeting Date	**Agenda**
February 12, 2019	• Overview of CHNA requirements and process • Define role of PAC • Gather input on Community Health Survey instrument and distribution
June 13, 2019	• Inform PAC on information gathering and synthesis • Share key findings • Gather input on strategies to address needs
August 12, 2019	• Present final results of needs assessment and implementation strategies for each hospital • Gather feedback on process – what worked well, what to improve • Gather input on opportunities for system-wide initiatives

WH's Community Relations staff, CBAC, and hospital leadership reviewed this CHNA report and Implementation Strategy before they were submitted to the Board of Trustees for approval on September 17, 2019.

The CHNA was completed in three phases. A summary of each phase and associated activities is included in Table 2. A detailed description of WH's approach to community engagement is included in Appendix A.

Table 2. CHNA and Implementation Strategy Project Phases

Phase 1 – Preliminary Assessment and Engagement	Phase 2 – Targeted Engagement	Phase 3 – Strategic Planning and Reporting
Identify health needs	**Engage key stakeholders**	**Develop CHNA and Implementation Strategy**
• Collection and analysis of quantitative data to characterize community characteristics, health needs, and barriers to care. • Qualitative data collection through key informant interviews with hospital leaders, local service providers, town leaders, and community stakeholders. • Evaluation of the hospital's current portfolio of Community Benefits activities. • Synthesis of findings from quantitative and qualitative research to identify themes and areas of consensus.	• Focus groups with target populations and service providers. • Community forums with residents and service providers. • Dissemination and analysis of a Community Health Survey to capture residents' perceptions of barriers to good health, leading health issues, vulnerable populations, accessibility of health services, and opportunities for the hospital to improve the services it offers to the community.	• Meetings with the CBAC and PAC to present CHNA findings, prioritize community health issues, identify vulnerable populations, and discuss potential responses. • Creation of a Resource Inventory to catalog local organizations, service providers, and community assets that have the potential to address identified needs. • Literature review of evidence-based strategies and identification of successful strategies being conducted by community-based organizations to respond to identified health priorities. • Development of a final Community Health Needs Assessment report and Implementation Strategy.
Steering Committee meetings to plan and manage project activities.		

Methods

Quantitative Data Collection and Analysis

Quantitative data from a broad range of sources was collected and analyzed to characterize communities in Winchester Hospital's CBSA, measure health status, and inform a comprehensive understanding of the health-related issues. Sources included:

- U.S. Census Bureau, American Community Survey 5-Year Estimates (2013-2017)
- Massachusetts Department of Elementary and Secondary Education: School and District Profiles (2017 and 2018-2019)
- FBI Uniform Crime Reports (2017)
- Massachusetts Department of Public Health, Registry of Vital Records and Statistics (2015)
- Massachusetts Department of Public Health, Bureau of Substance Abuse Services (2017)
- Massachusetts Department of Public Health, Annual Reports on Births (2016)
- Massachusetts Department of Public Health, Massachusetts Opioid Related EMS Incidents (2013-2018)
- Massachusetts Bureau of Infectious Disease and Laboratory Sciences (2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Profiles (FY 2013-2017)
- Massachusetts Center for Health Information Analysis (CHIA) Hospital Discharges (2017)
- Massachusetts Healthy Aging Collaborative, Community Profiles (2018)
- Middlesex League Youth Risk Behavior Survey (2019)
- Changing Faces of Greater Boston, Boston Foundation (2019)

Whenever possible, confidence intervals were analyzed to test for statistically significant differences between municipal and commonwealth data points. A comprehensive Data Book is included in Appendix B. In this Data Book, data points are color-coded to visualize which municipal-level data points were significantly higher or lower compared with the commonwealth overall. Data from the Massachusetts Department of Elementary and Secondary Education, the Bureau of Substance Abuse Services, the Annual Report on Births, and the Bureau of Infectious Disease and Laboratory Sciences did not include confidence intervals and could not be tested for statistical significance.

In addition to the major publicly available data sets listed above, JSI obtained more local data from stakeholders that was offered during key informant interviews. Although this data is not included in data book, JSI incorporated the information and data into the needs assessment.

JSI, working in collaboration with staff from BILH and the Massachusetts Center for Health Information and Analysis (CHIA), obtained federal fiscal 2017 hospital discharge data for municipalities within the commonwealth. JSI analyzed the discharge data for each hospital's CBSA based on patient residence. JSI also developed statewide averages for comparative purposes. CHIA aggregates hospital discharge data from all hospitals in Massachusetts and makes it available to hospitals and researchers to evaluate morbidity, access to care, and health services utilization trends.

The data allowed for hospital-specific analyses based on where the patient was hospitalized within Massachusetts and patient origin analyses based on the patient's address of residence. Related to the CHNA activities, this data was used to:

- Measure hospitalization rates for major health issues as identified by stakeholders in the qualitative research
- Gauge access to high-quality primary and outpatient services for residents within the CBSA using Agency for Health Research and Quality (AHRQ) Quality Indicators (QI) Prevention Quality Indicators (PQI) software[1]

PQI rates were developed for eight chronic PQI measures, four of which are related to diabetes (Table 3). PQIs use data from hospital discharges to identify admissions that might have been avoided through access to high-quality primary or outpatient care. The PQIs are population based and, therefore, can help public health agencies, health care systems, and others interested in improving health care quality in their communities.

JSI compared municipal-level PQI rates with Massachusetts' statewide average. Rates are per 100,000 population, as defined for the measure. Results from the discharge data analysis are included in the Key Findings: Behavioral Risk Factors and Health Status section of this report.

Table 3. AHRQ Prevention Quality Indicators Used for Needs Assessment

Indicator	Label	Population
PQI 1	Diabetes short-term complications admission rate	Over age 18
PQI 3	Diabetes long-term complications admission rate	Over age 18
PQI 5	Chronic obstructive pulmonary disease (COPD) or asthma in older adults	Over age 45*
PQI 7	Hypertension admission rate	Over age 18
PQI 8	Heart failure admission rate	Over age 18
PQI 14	Uncontrolled diabetes admission rate	Over age 18
PQI 15	Asthma in younger adults	Ages 20 to 44*
PQI 93	Prevention quality diabetes composite	Over age 18

*JSI's age groups varied slightly from those used by AHRQ to align with U.S. Census Bureau groups used for the discharge data analysis.

Quantitative Data Limitations

Relative to most states, Massachusetts does an exemplary job of making comprehensive data available at the commonwealth, county, and municipal levels through the Massachusetts Department of Public Health (MDPH). Historically, this data has been made available through the Massachusetts Community Health Information Profile (MassCHIP) data system, an automated and interactive resource provided by MDPH, but MassCHIP is no longer being updated. To replace this system, MDPH is creating the Population Health Information Tool (PHIT), which will include municipal-level data stratified by demographic and socioeconomic variables (e.g., gender, age, race/ethnicity, poverty level). At the time this report was produced, community profiles were not available via the PHIT. The most significant limitation this caused was on the availability of timely data related to morbidity, mortality, and service utilization. The data sets used in this report are the most up to date provided by MDPH. This data was still valuable and allowed for identification of health needs relative to the commonwealth and specific communities; however, these data sets may not reflect recent trends in health statistics.

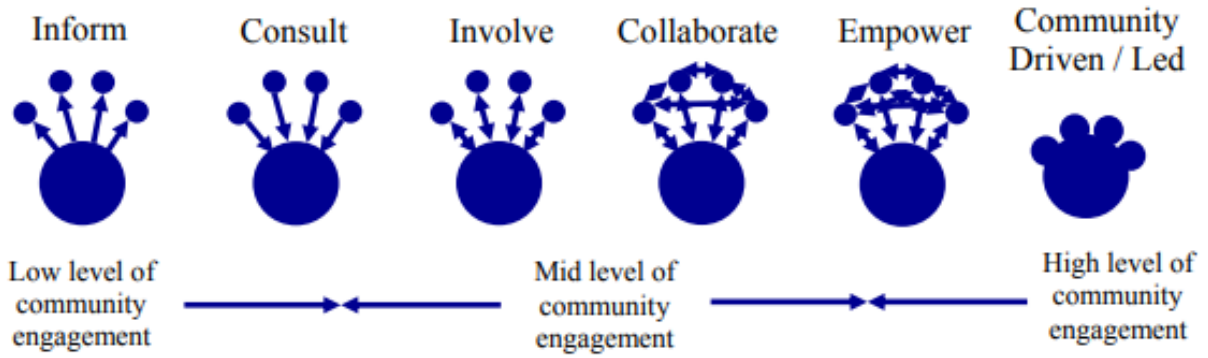
[1] https://www.qualityindicators.ahrq.gov/modules/pqi_resources.aspx

Additionally, quantitative data was not stratified by age, race/ethnicity, income, or other characteristics, which limited the ability to identify health disparities in an objective way. Qualitative activities allowed for exploration of these issues, but the lack of objective quantitative data constrained this effort.

Qualitative Data Collection and Analysis

Winchester Hospital recognizes that authentic community engagement is critical to assessing community need, identifying health priorities and vulnerable populations, and crafting a robust Implementation Strategy. The hospital was committed to engaging the community throughout this process. Using the community engagement continuum included in MDPH's Community Engagement Standards for Community Health Planning as a guide (Figure 2), Winchester Hospital employed a variety of approaches to ensure that community members were informed, consulted, and involved throughout the assessment process, and that they were collaborators in ensuring that the Implementation Strategy addressed priority issues and vulnerable populations. Several of the project activities, such as the community listening sessions, fell along multiple points on the continuum.

Figure 2. Community Engagement Continuum



Source: Adapted from International Association for Public Participation, 2014

Informed: Winchester Hospital informed the community of assessment activities (e.g., Community Health Survey, focus groups, community forum) and provided summary quantitative and qualitative data findings in public meetings.

Consulted: Winchester Hospital consulted the community by posting its current CHNA for public comment, holding focus groups with community stakeholders and residents, completing key informant interviews, and conducting a Community Health Survey. Winchester Hospital also held two community listening sessions to educate community members about Winchester Hospital's community benefits programs and to solicit opinions on and ideas for future programming.

Involved: Winchester Hospital formed advisory bodies, including the CBAC, to provide input and feedback on the assessment approach and to vet preliminary findings. Winchester Hospital also had representation (internal and external) on the system-wide PAC. Local public health directors were key members of the PAC.

Collaborated: The CBAC and PAC were asked to help prioritize health needs and vulnerable populations. These advisory bodies were also consulted in the drafting of the Implementation Strategy.

Below are descriptions of the approach to community engagement activities. Associated tools, lists of participants, and other materials are included in the Detailed Community Engagement Summary as Appendix A.

Key Informant Interviews (32 individuals; three meetings with town leadership)

JSI conducted key informant interviews with community stakeholders. Interviewees included representatives from public health departments, legislators, clinical providers, elder service providers, behavioral health providers, and first responders. Key informant interviews were done to confirm and refine findings from secondary data, to provide community context, and to clarify needs and priorities of the community. JSI worked with Winchester Hospital to identify a representative group of interviewees. Interviews were 30-60 minutes long and were conducted by phone using a structured interview guide created by JSI. Group interviews were conducted with town leadership for towns within the community benefits service area; leadership included the town mayor or manager and representatives from the local health department, council on aging, school district, emergency services, city planning, and public safety. Detailed notes were taken for each interview. For a list of interviewees, interview dates, and the interview guide, please see Appendix A: Detailed Community Engagement Approach.

Focus Groups (six)

Focus groups were conducted for three vulnerable populations: older adults (Winchester Hospital Center for Cancer Care), youth (Boys & Girls Club of Stoneham & Wakefield), and those experiencing housing insecurity (Wesley Street and Palmer Street housing complexes), plus a focus group for those who specialize in substance misuse prevention (Winchester Town Hall). Focus groups were held at locations that were considered safe spaces and accessible to participants from across the CBSA. JSI facilitated all the focus groups except the ones focused on youth, which were conducted by the Boys & Girls Club of Stoneham & Wakefield, who shared their findings with JSI. Focus groups allowed for the collection of information to augment findings from secondary data and key informant interviews, and for the exploration of strategic and programmatic options to address identified health issues, service gaps, and/or barriers to care. Participants were recruited by Winchester Hospital, working in collaboration with community partners. The focus group guide is included in Appendix A.

Community Listening Sessions (two)

JSI facilitated two community listening sessions, one of which was conducted jointly with Melrose-Wakefield Hospital because there is some overlap between Winchester Hospital's and Melrose-Wakefield Hospital's community benefits service areas. The listening sessions were publicized and open to the public. At the listening sessions, JSI presented a summary of key quantitative and qualitative data findings to date from the needs assessment and solicited feedback and input from community members on priority populations and health needs. The sessions were also used to share information and solicit feedback about current community benefits programming as well as other community initiatives and organizations seen as improving health and/or supporting access to services.

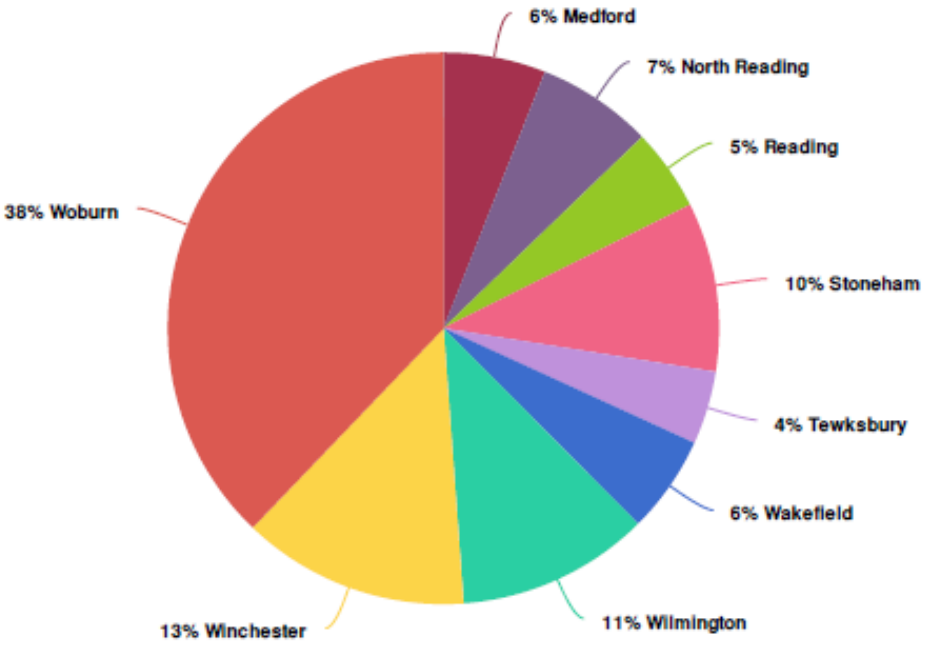
The community listening sessions allowed for the capture of information directly from community residents, representatives from local community organizations, and local service providers. Participants were asked to share their reactions to the data presented and their thoughts on community health needs and priorities, barriers to care, and vulnerable populations. Two locations were selected – one in Winchester and one in Stoneham – that provided a comfortable and accessible space with ample public parking. Appendix A includes a discussion guide.

Community Health Survey (806 responses)

JSI worked with the Steering Committee, CBAC, and PAC to develop a Community Health Survey to solicit information directly from community residents. Respondents were asked for their opinions and perceptions of leading social determinants of health and barriers to care, clinical health issues, vulnerable populations, access to care, and opportunities for the hospital to improve community health programming. JSI worked with the Steering Committee to develop this survey. Surveys were available online, through the SurveyGizmo platform, in English and seven other languages (traditional Chinese, Haitian Creole, Hindi, Italian, Khmer, Portuguese, and Spanish). Surveys were also made available in hard copy for distribution; hard-copy surveys were collected and the responses were included in the final analysis. Winchester Hospital worked in close collaboration with local community organizations, businesses, and stakeholders to distribute the survey to community residents, including those who are typically hard to reach (e.g., non-English speakers). Appendix A includes a copy of the Community Health Survey and a list of survey distribution channels.

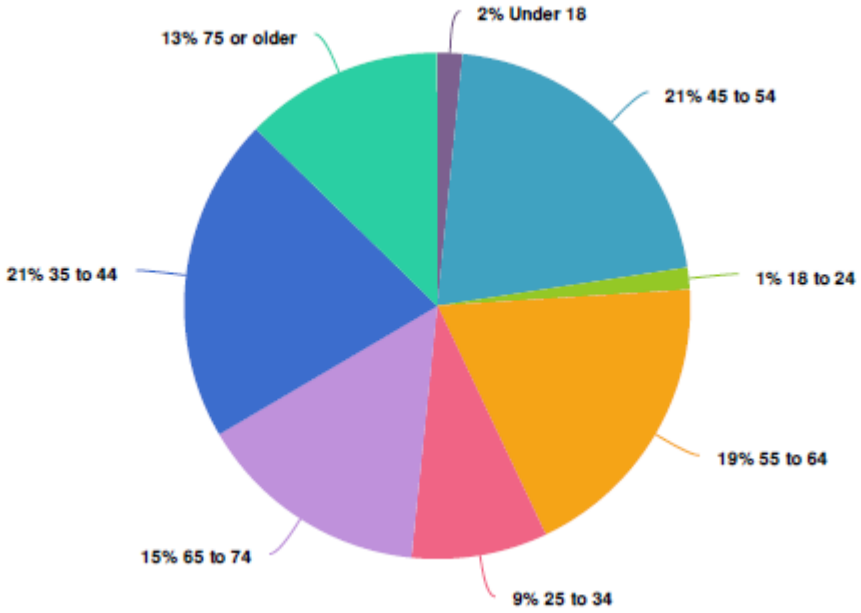
Responses were received from residents from all nine towns within the CBSA, with the most responses coming from Woburn (38%) and the fewest from Tewksbury (4%).

Figure 3. Distribution of Community Health Survey Respondents by Town of Residence



Respondents represented a balanced age distribution with the exception of the 18-24 age category, which made up only 1% of the respondents.

Figure 4. Distribution of Community Health Survey Respondents by Age Group[2]

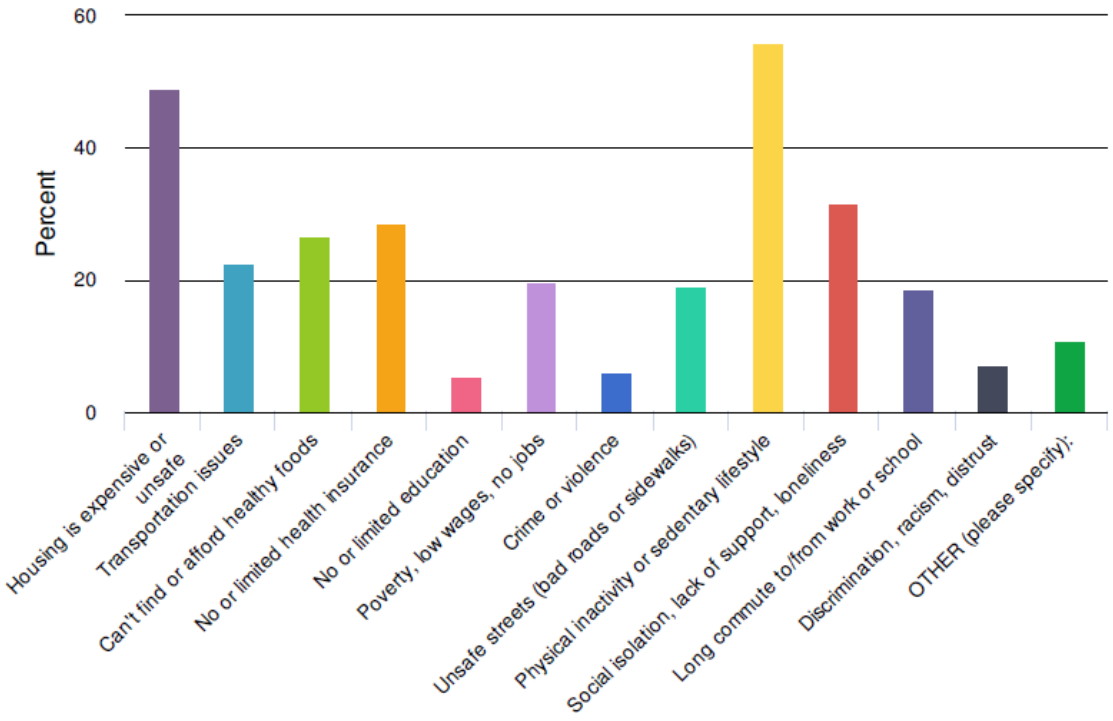


Efforts were made to reach Hispanic and non-white populations through outreach and by offering the survey in multiple languages, including Spanish and Chinese. In total, 4% of the respondents identified as being Latino/Hispanic, 2.7% identified as being black/African American, and 3% identified as Asian. Almost 93% of the respondents identified as white, which is reflective of the Community Benefits Service Area demographics. Survey results, as they were collected, were shared at community listening sessions and with the hospital's Community Benefits Advisory Committee to solicit feedback and define priority areas and populations.

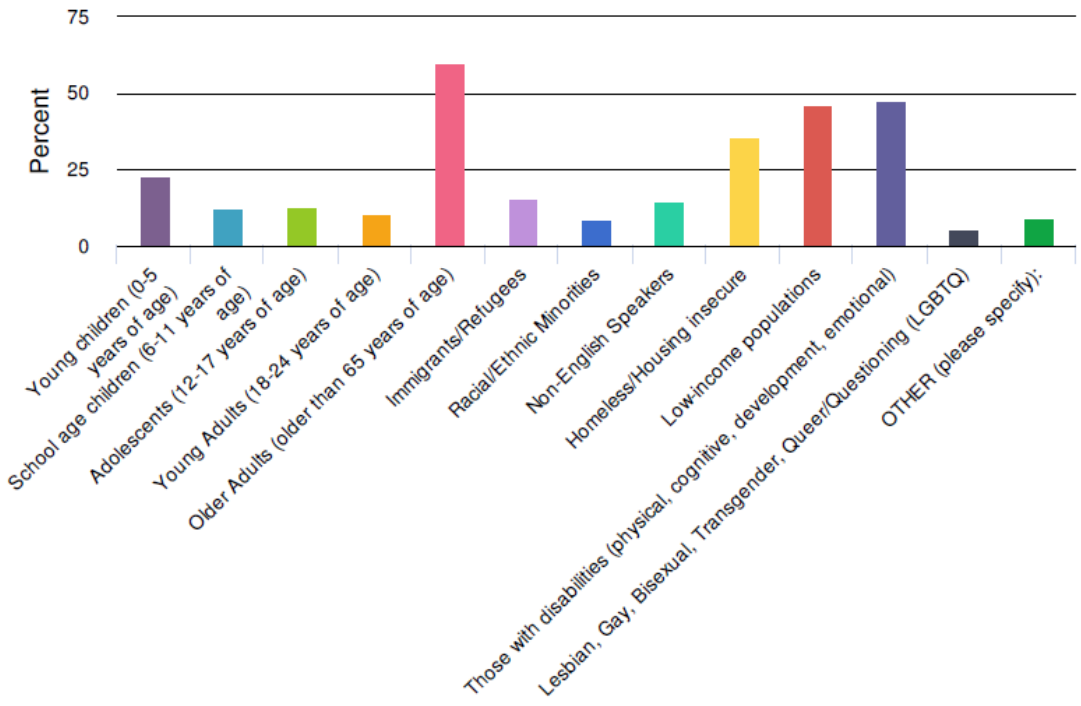
Survey respondents were asked to choose the top three areas that prevented people within their community from living a healthy life – physical inactivity, unsafe or expensive housing, and social isolation were the top three, followed by no or limited health insurance, despite a very low (3%) uninsured rate within the commonwealth.

[2] Percentages add up to more than 100% due to rounding.

Figure 5. Distribution of Community Health Survey Responses on Leading Health Issues



Survey respondents were also asked to identify populations with the greatest health needs within their community. Older adults were identified as being in the top three populations with greatest health needs by 60.3% of survey respondents, followed by those with physical and emotional disabilities (47.4%), low-income populations (46.1%) and homeless/housing insecure populations (35.2%). Figure 6. Distribution of Community Health Survey Responses on Populations with Greatest Health Needs



Respondents identified services related to treating substance use disorders and mental health issues as hardest for people in their communities to access. Outpatient mental health treatment was selected by 49.0% of respondents as hardest to access, followed by inpatient or residential drug and alcohol treatment (48.9%), inpatient mental health treatment (46.0%), and outpatient drug and alcohol treatment (40.4%).

The Community Health Survey asked respondents what programs or services the hospital should offer to improve community health. Responses (open text) touched on a broad array, but centered on supporting access to services to treat mental health and substance use disorders, transportation, outreach, education/classes, exercise programs, and services for the elderly.

Appendix A contains a copy of the Community Health Survey and a list of survey distribution channels.

Evaluation of 2016 Community Benefits Strategies/Programs

JSI evaluated the strategies and programs Winchester Hospital implemented in response to the priority needs identified in the 2016 CHNA to determine the impact and effectiveness of those efforts. In addition, a thorough review of activities/programs of other filers in the region was conducted to avoid duplication of efforts and improve coordination. The Community Relations staff used this information to guide the development of the 2019 Implementation Strategy.

Table4. Sample of 2016 Community Benefits Programs

Priority Health Area	Program	Description	FY18 Impact/Outcomes
Elder Health	"Aging on Your Own Terms" Senior Outreach Initiative	Facilitated in collaboration with local senior centers and elder care agencies, provides a series of free educational programs and social events designed to improve health, reduce isolation, and enhance social emotional well-being.	10 programs were provided, reaching 1,770 seniors. More than 80% of the participants reported making positive lifestyle changes and experienced improved feelings of happiness, social engagement, and purpose in life.
Behavioral Health: Substance Use Disorder & Mental Health	Screening, brief Intervention, Referral to Treatment (SBIRT) @ Boys & Girls Club	An innovative approach to identifying youth who are or are at-risk for developing mental health and or substance use disorders. The program is delivered at the Boys & Girls Club, a non-authoritarian setting, by staff members who know and see the youth and families on a regular basis. A screening utilizing a tool determined by age is conducted for each member, followed by an appropriate level of intervention based on the findings. Intervention includes group discussions, staff mentorship, and/or referral to treatment.	Of the 300 youth screened, 3 individuals were referred to treatment and 95% participated in at least one on-site intervention including weekly mentoring sessions with a staff member. In addition, 74% reported to be less likely to participate in risky behaviors, 87% reduced feelings of depression and/or self-harm, and 30% increased their knowledge of preventing substance use issues.
Chronic Disease Prevention & Management	CHAMP Pediatric Asthma Program	A certified pediatric asthma nurse works collaboratively with the child, family, doctor, and school personnel to help effectively control the child's asthma in order to reduce preventable emergency room visits and improve quality of life.	127 children were enrolled in the program received home visits and an asthma management plan, resulting in 32% fewer emergency room visits than the state average. In addition 48 educational sessions were conducted in schools, camps, and child care facilities throughout the area.
Cancer	Integrative Therapies for Cancer Patients	Free integrative therapies classes offered to cancer patients to help reduce stress, relieve symptoms and side effects of treatment, and increase their sense of health and well-being. The therapies and classes included yoga, massage, acupuncture, and hypnotherapy.	More than 800 residents participated at least one class and/or one of the therapies and reported improvements in energy levels, confidence in performing daily activities, sleep, mood, and flexibility and strength

Community Resource Inventory and Guide

Community Relations staff conducted an inventory to assess the community resources available to address the significant health needs identified in the 2016 CHNA. This was done by compiling information from existing community resource inventories created by Winchester Hospital and other community partners listed in Winchester Hospital's recent Massachusetts Attorney General Community Benefits reports. JSI supported this effort further by collecting information about community resources during CHNA interviews, focus groups, and community listening sessions.

The information collected was used to create a Community Resource Guide (Appendix C), which includes a list of resources across the broad continuum of services, including clinical health care services, community health and social services, and public health resources. Responses revealed the many resources that exist within the service area, including those with which the hospital has an existing relationship as well as potential partners for expanding current or developing new programs.

The Resource Guide provides local and regional health and social services resources, including:

- Access to health care
- Child, parent, and family support
- Disabilities and special needs services
- Domestic violence services
- Food assistance
- Transportation services
- Veterans services
- Housing and homelessness services
- Mental health services and substance use services
- Senior services
- Sexual/reproductive health services
- Support groups

Prioritization and Implementation Strategy Reporting

During Phase 2, JSI synthesized and integrated findings from the quantitative and qualitative research, including information gathered from key informant interviews, focus groups, listening sessions, and the Community Health Survey. Through this analysis, JSI developed a set of proposed priority areas and populations for consideration by the CBAC in the following three areas:

- Leading barriers to care (i.e., social determinants of health and issues related to access to care)
- Leading clinical health issues
- Vulnerable populations

WH facilitated a meeting with the CBAC to present findings and to propose priority areas and vulnerable populations. During this meeting, JSI guided the CBAC through a process to refine sub-priorities in each priority area. Using the results of this meeting as a guide, JSI worked with WH's Community Relations staff to draft and refine the 2020-2022 Implementation Strategy. This Implementation Strategy, including goals, objectives, strategies, sample measures, and community partners, was further refined and finalized through two subsequent meetings with the CBAC. Finally, JSI worked with WH's Community Relations staff in drafting and finalizing the CHNA report. Final prioritization results from the CBAC meeting are included in Table 5. The full Implementation Strategy is included as Appendix D.

Table 5. Winchester Hospital Prioritization Results

Leading barriers to good health	Leading health issues	Target populations
Social isolation (physical and mental health barriers, lack transportation)	Mental health (depression, anxiety, suicide)	Older adults (focus on those living in isolation, those with mental health needs)
High cost of health care services (high deductibles, limited benefits for mental health)	Physical inactivity, nutrition, obesity, and associated chronic diseases	Youth and adolescents
Lack of mental health providers and services (emergency, adolescent) and stigma	Substance use disorder (opioids, vaping, marijuana)	Financially insecure (not eligible for public assistance, housing insecure)
Food insecurity and unhealthy food choices	Cancer (breast, skin, and lung)	Immigrants, non-English speakers, culturally diverse
Built environment (walkable streets, affordable housing)		

Approval/Adoption and Public Comment

The final CHNA and Implementation Strategy were presented to the Board of Trustees for approval and adoption in September 2019. WH will be responsible for reporting on and, if necessary, updating and resubmitting their Implementation Strategy to the Massachusetts Attorney General's Office on an annual basis until the next assessment cycle in 2022.

As with every CHNA report, this document will be posted on WH's website and is available in hard copy by request (free of charge). Community members and service providers were encouraged to share their thoughts, concerns, or questions throughout the CHNA process; they are encouraged to continue to share their thoughts and ideas moving forward.

There has been no written feedback on WH's previous CHNA since its posting in 2016, but the hospital did present the findings to the community, stakeholders, and community organizations at several in-person meetings. There was no feedback on the Massachusetts Attorney General's website, which publishes the hospital's community benefits reports and provides an opportunity for public comment. Any feedback received is welcome and will be taken into account when updates and changes are made to the Implementation Strategy or to inform future CHNA processes.

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Demographic Profile

To understand community needs and health status for Winchester Hospital's service area, we begin with a description of the population's geographic and demographic characteristics, as well as the underlying social, economic, and environmental factors that affect health status and equity. This information is critical to recognizing inequities, identifying target populations and health-related disparities, and targeting strategic responses.

The CHNA captured a range of quantitative and qualitative data related to age, race/ethnicity, income and poverty, employment, education, and other determinants of health. The following is a summary of key findings related to community characteristics and the social, economic, and environmental determinants of health for Winchester Hospital's CBSA. Conclusions were drawn from quantitative data and qualitative information collected through interviews, focus groups, and the Community Health Survey. Summary data is included below; more expansive data tables are included in the Winchester Hospital Data Book (Appendix B).

Population and Age Distribution

Age is a fundamental factor to consider when assessing individual and community health status. Older individuals typically have more physical and mental health vulnerabilities and are more likely than younger people to rely on immediate community resources for support.

- All communities in Winchester Hospital's CBSA, except Woburn and Medford, had a significantly higher median age than the median age in the commonwealth.
- Medford was significantly low in all three categories – median age, percentage under age 18, and percentage over age 65 – indicating a larger number of young adults without children.
- The percentage of the population that was over age 65 was significantly higher in Stoneham, Tewksbury, Wakefield, and Winchester compared with the commonwealth as a whole; the percentage that was under age 18 was also significantly lower in Stoneham and Wakefield.

Table 6. Population Age Distribution

			Percentage of Population						
	Population Count	Median Age (Years)	Under Age 18	Ages 20-24	Ages 45-54	Ages 55-59	Ages 60-64	Over Age 65	Over Age 85
Massachusetts	6,789,319	39.4	20.4	7.2	14.3	7.1	6.2	15.5	2.3
Middlesex County	1,582,857	38.5	20.3	6.9	14.4	6.9	5.8	14.4	2.1
Medford	57,700	35.8	14.5	10.4	12.2	6.8	5.5	14.5	2.5
North Reading	15,598	44.3	21.8	3.9	18.4	8.0	7.6	14.6	1.2
Reading	25,769	41.9	23.4	3.9	16.7	7.6	6.4	15.3	2.6
Stoneham	21,967	44.4	17.9	5.2	15.6	8.0	6.9	18.7	3.5
Tewksbury	30,666	44.6	19.7	5.9	16.0	8.2	7.6	17.5	2.0
Wakefield	26,823	43.5	19.1	4.9	15.0	8.8	7.1	17.3	2.6
Wilmington	23,538	42.3	22.1	5.6	15.6	9.0	6.5	15.5	3.3
Winchester	22,579	43.3	28.0	3.3	17.7	7.3	4.8	17.7	3.2
Woburn	39,500	40.4	19.2	5.4	13.8	7.3	6.6	16.1	2.7

Source: U.S. Census Bureau, American Community Survey, 2013-2017.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Race, Ethnicity, and Foreign-Born

An extensive body of research illustrates the health disparities and differences in health care access and utilization that exist for racial/ethnic minorities and foreign-born populations. According to the Centers for Disease Control and Prevention (CDC), non-Hispanic blacks have higher rates of premature death, infant mortality, and preventable hospitalization than do non-Hispanic whites.[3] Hispanics have the highest uninsured rates of any racial or ethnic group in the United States.[4] Asians are at a higher risk for developing diabetes than those of European ancestry, despite having a lower average BMI.[5] These disparities show the disproportionate and often avoidable inequities that exist within communities and reinforce the importance of understanding the demographic makeup of a community to identify populations more likely to experience adverse health outcomes. Residents of the service area were predominantly white and born in the United States, though there were racial/ethnic minorities and foreign-born populations in all communities.

- The service area is predominantly white and homogeneous, with the exception of Medford, which has a higher percentage of residents who identify as Asian and are foreign born.
- The percentage of residents who identify as Asian was also significantly higher in Winchester. Winchester had 180% growth in its Asian American population between 2000 and 2016.[6]

Table 7. Race, Ethnicity, and Foreign-Born

Percentage of population	White alone	Black or African American alone	Asian alone	Hispanic/Latino, any race	Foreign-born
Massachusetts	78.9	7.4	6.3	11.2	16.2
Middlesex County	77.9	5.2	11.2	7.7	20.5
Medford	77.1	8.7	9.7	5.3	21.6
North Reading	91.2	1.3	5.3	1.3	7.5
Reading	92.4	0.7	4.6	2.0	8.8
Stoneham	93.7	2.1	2.6	3.3	11.5
Tewksbury	92.4	1.8	3.8	1.6	7.5
Wakefield	93.5	1.2	2.0	3.9	8.4
Wilmington	89.5	2.6	4.9	1.5	9.5
Winchester	83.2	0.7	12.5	1.6	16.8
Woburn	82.7	6.2	6.9	3.5	17.8

Source: U.S. Census Bureau, American Community Survey, 2013-2017.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Language

Language barriers pose significant challenges to providing effective and high-quality community services and health care. While many larger health care institutions, including Winchester Hospital, have medical interpreter services available at their facilities, research has found that the health care providers' cultural

[3] Centers for Disease Control and Prevention, "CDC Health Disparities and Inequalities Report (CHDIR)," Centers for Disease Control and Prevention website, https://www.cdc.gov/minorityhealth/chdireport.html, September 10, 2015.

[4] U.S. Department of Health and Human Services: Office of Minority Health. Hispanic/Latino profile. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64

[5] https://asiandiabetesprevention.org/what-is-diabetes/why-are-asians-higher-risk, Why Are Asians at a Higher Risk?

[6] Changing Faces of Greater Boston, A Report from Boston Indicators, The Boston Foundation, UMass Boston, and UMass Donahue Institute, May 2019.

competency is key to reducing racial and ethnic health disparities. While most residents of Winchester Hospital's CBSA speak English, there are residents in all communities who speak languages other than English. Some focus group and key informant interviewees identified language and cultural issues as barriers to accessing health care services that meet their needs, especially for Asian residents who speak Chinese and have limited English proficiency.

- The percentage of residents with limited English proficiency was significantly higher in Medford than in the commonwealth as a whole. The percentage was significantly lower in all the other towns than in the commonwealth, with the exception of Woburn, whose percentage was lower but not significantly so.
- The percentage of residents who spoke Asian or Pacific Islander languages was significantly higher in Medford and Winchester than in Massachusetts overall, and for that group the percentage of residents who speak English less than "very well" was also comparatively high; in Medford, significantly so. As noted above, Winchester has experienced growth in its Asian American population. Key informants also noted this growth in the Asian population, which includes older adults who may speak English less well.

Table 8. Language/English Proficiency

Percentage of population	With limited English proficiency*	Speak Asian or Pacific Islander languages	Speak English less than "very well"
Massachusetts	9.1	4.2	2.0
Middlesex County	9.3	7.0	2.9
Medford	10.9	6.3	3.3
North Reading	1.7	2.8	0.6
Reading	2.2	3.6	1.0
Stoneham	4.4	1.4	0.4
Tewksbury	2.8	1.8	0.8
Wakefield	4.2	1.4	0.7
Wilmington	3.0	3.4	0.8
Winchester	5.3	7.5	2.6
Woburn	8.1	3.8	1.6

Source: U.S. Census Bureau, American Community Survey, 2013-2017.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

*Of the population over age 5, those who speak a language other than English and speak English less than very well.

Key Findings: Social Determinants of Health

The social determinants of health are the conditions in which people live, work, learn, and play.[7] These conditions influence and define quality of life for many segments of the population in the CHNA service area.

It is important to note that there is limited data to characterize the social determinants of health at the community level. To augment this limited quantitative data, the key informant interviews, focus groups, community forums, and the Community Health Survey specifically solicited feedback on social determinants of health and barriers to care. A dominant theme from key informant interviews and community forums was the tremendous impact that the underlying social determinants, particularly housing, transportation, and income/employment, have on residents in the service area.

Socioeconomic Characteristics

Lower socioeconomic status, as measured by income, employment status, occupation, education, and the extent to which one lives in areas of economic disadvantage, is closely linked to morbidity, mortality, and overall well-being. Lower-than-average life expectancy is highly correlated with low-income status.[8]

Education

Higher education is associated with improved health outcomes and social development at the individual and community levels.[9] Compared with individuals with more education, people with less education are more likely to experience health issues, such as obesity, substance use, and injury.[10] The health benefits of higher education typically include better access to resources, safer and more stable housing, and better engagement with providers. Proximate factors associated with low education that affect health outcomes include the inability to navigate the health care system, educational disparities in personal health behaviors, and exposure to chronic stress.[11] It is important to note that while education affects health, poor health status may also be a barrier to education.

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[7] Centers for Disease Control and Prevention, "Social Determinants of Health: Know What Affects Health," Centers for Disease Control and Prevention website, https://www.cdc.gov/socialdeterminants/, January 29, 2018.
[8] Raj Chetty, Michael Stepner, Sarah Abraham, Shelby Lin, Benjamin Scuderi, Nicholas Turner, Augustin Bergeron, and David Cutler, "The Association Between Income and Life Expectancy in the United States, 2001-2014," *Journal of the American Medical Association* 315, no. 16 (April 26, 2016): 1750-1766.
[9] Zimmerman, Emily B., Woolf, Steven H., and Haley, Amber. "Understanding the Relationship Between Education and Health." *Institute of Medicine*, June 2014, https://nam.edu/wp-content/uploads/2015/06/BPH-UnderstandingTheRelationship1.pdf.
[10] Centers for Disease Control and Prevention, "Adolescent and School Health: Health Disparities," Centers for Disease Control and Prevention website, https://www.cdc.gov/healthyyouth/disparities/index.htm, August 17, 2018.
[11] Zimmerman, *Population Health.*

- The percentage of residents with a high school degree or higher and the percentage of the population with a bachelor's degree or higher in Winchester Hospital's Community Benefits Service Area were either significantly higher than or similar to the percentages in the commonwealth overall. In general, low education does not appear to be a risk factor for the service area as a whole.

Table 9. Educational Attainment

Percentage of the population	With a high school degree or higher	With a bachelor's degree or higher
Massachusetts	90.3	42.1
Middlesex County	92.8	54.1
Medford	92.3	49.6
North Reading	97.5	52.3
Reading	97.1	62.0
Stoneham	94.3	44.8
Tewksbury	93.8	33.6
Wakefield	93.4	50.7
Wilmington	95.4	40.8
Winchester	97.8	75.5
Woburn	94.3	41.4

Source: U.S. Census Bureau, American Community Survey, 2013-2017.
Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

The Massachusetts Department of Elementary and Secondary Education provides data on public school enrollment, attendance, retention, and student characteristics.

- In all communities in Winchester Hospital's CBSA, the dropout rate, percentage of students who are English language learners, and percentage of students who are economically disadvantaged were lower than in the commonwealth overall. Approximately one in four students in the Medford (28.9%) and Woburn (25.1%) public school districts is economically disadvantaged, although this figure is below the statewide average. The percentage of students who have disabilities was similar across the service area.

Table 10. Public School Students' Characteristics

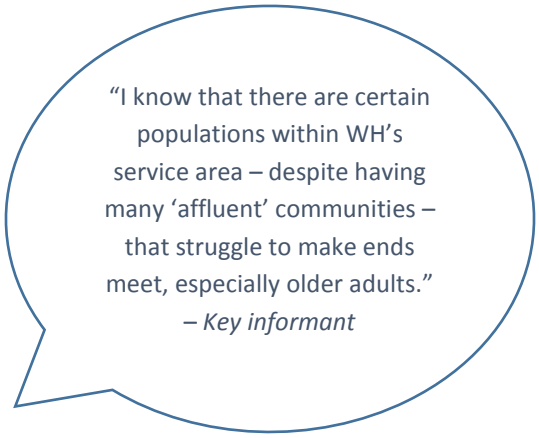
Percentage of students	Have dropped out of school (2017)	English language learners (2018-2019)	With disabilities (2018-2019)	Economically disadvantaged* (2018-2019)
Massachusetts	4.9	10.5	18.1	31.2
Middlesex County	Not available	Not available	Not available	Not available
Medford	4.5	10.6	18.8	28.9
North Reading	0.5	0.5	19.4	7.8
Reading	1.1	1.0	17.2	8.3
Stoneham	3.8	3.5	19.8	16.1
Tewksbury	2.2	1.4	17.4	15.1
Wakefield	0.8	2.3	15.8	12.2
Wilmington	1.3	0.9	19.0	9.2
Winchester	0.0	2.5	17.3	5.0
Woburn	3.4	8.2	16.3	25.1

Sources: Massachusetts Department of Elementary and Secondary Education School and District Profiles.

*MA Department of Elementary and Secondary Education, 2018-2019; student participation in one or more of the following: SNAP, TAFDC, DCF foster care program, and MassHealth.

Employment, Income, and Poverty

Lack of gainful and reliable employment is linked to several barriers to care, including lack of health insurance, inability to pay for health care services and copays, and inability to pay for the transportation that enables individuals to receive services. In key informant interviews and focus groups, participants stressed that while unemployment may be low across the service area, many live on fixed incomes or are underemployed. Certain populations struggle to find and retain employment for a variety of reasons, ranging from mental and physical health issues to lack of child care to transportation issues and other factors.



Like education, income impacts all aspects of an individual's life, including the ability to secure housing, needed goods (e.g., food, clothing), and services (e.g., transportation, health care, child care). It may also affect one's ability to maintain good health. While all the municipalities in Winchester Hospital's CBSA had median household incomes that were significantly higher than in the commonwealth overall, key informant interviewees and focus group participants reported that there were pockets of poverty throughout the service area, even in towns that were considered affluent. Also expressed was the concern that household income data does not include the number of jobs required to achieve that income and concern that individuals may be working more than one job, placing stress on families.

- Median household income was significantly higher across the hospital's CBSA than in the commonwealth as a whole, although in Medford, nearly one in four households (21.6%) is below 200% of the federal poverty level.

- Unemployment rates for all towns within the hospital's CBSA were below those for the commonwealth – significantly below, except in Wilmington and Woburn.
- The percentage of households living below 200% of the federal poverty level was significantly lower in all towns in the service area except for Medford (21.6%), which was comparable to the commonwealth (23.7%).

Table 11. Household Income and Employment

	Median household income (rounded)	Percentage unemployed	Percentage household income below 200% federal poverty level
Massachusetts	$74,000	6.0	23.7
Middlesex County	$93,000	4.8	17.9
Medford	$86,000	4.8	21.6
North Reading	$125,000	3.4	7.8
Reading	$114,000	3.9	9.4
Stoneham	$90,000	4.0	10.7
Tewksbury	$94,000	4.7	12.2
Wakefield	$92,000	4.6	11.8
Wilmington	$119,000	4.9	11.2
Winchester	$152,000	2.9	6.3
Woburn	$83,000	4.8	16.8

Source: U.S. Census Bureau, American Community Survey, 2013-2017.
Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Housing

Lack of affordable housing and poor housing conditions contribute to a wide range of health issues, including respiratory diseases, lead poisoning, infectious disease, and poor mental health.[12] At the extreme are those without housing, including those who are homeless or living in unstable or transient housing situations. They are more likely to delay medical care, and they have mortality rates four times higher than those who have secure housing.[13]

[12] James Krieger and Donna L. Higgins, "Housing and Health: Time Again for Public Health Action," *American Journal of Public Health* 92, no. 5 (2002): 758-768.
[13] Thomas Kottke, Andriana Abariotes, and Joel B. Spoonheim, "Access to Affordable Housing Promotes Health and Well-Being and Reduces Hospital Visits," *The Permanente Journal* 22, (2018): 17-79.

According to a 2013 study of America's 25 largest cities, lack of affordable housing was the leading cause of homelessness. Adults who are homeless or living in unstable situations are more likely to experience mental health issues, substance use, intimate partner violence, and trauma; children in similar situations have difficulty in school and are more likely to exhibit antisocial behavior.[14] Many key informants and focus group/forum participants expressed concern over the limited options for affordable housing throughout the service area. This was particularly an issue for older adults, who often bear the burden of household costs (e.g., taxes, maintenance, home-based adaptabilities) while living on fixed incomes and may be being pushed out of affordable housing located near public transportation because of transit-oriented development.

- The percentage of owner-occupied housing units was significantly higher in all communities than in the commonwealth overall. The percentage of residents in the CBSA whose monthly owner costs exceed 30% of total household income was either significantly lower than or similar to the percentage in the commonwealth overall (31.5%).
- The percentage of renter-occupied housing units was in all communities – with the exception of Medford – significantly lower than or similar to the percentage in the commonwealth overall. Medford's percentage of renter-occupied housing was significantly higher than the commonwealth's. The percentage of residents whose monthly rent exceeds 30% of total household income was either significantly lower than or similar to the commonwealth's in all communities.

Despite the generally favorable data on housing, housing insecurity was a common theme across key informant interviews, focus groups, and community forums. Specific concerns included the ability of seniors on fixed incomes to remain in their homes, the continued increase in housing prices in the Greater Boston area pushing more people into suburbs, and increasing health care costs (higher deductibles and copays) taking a greater percentage of household income. Also noted was the disparity in incomes for those living in subsidized housing. The median household income for Section 8 (subsidized housing) participants living in Medford was $12,588, $19,727 for those living in Stoneham, and $14,724 for those living in Woburn – all well below the median household income for the towns overall.[15]

[14] Ibid.
[15] Information provided by Metro Housing Boston, Federal and State Housing Investments in 5th Congressional District.

Table 12. Housing Situation/Housing Security

	Percentage owner-occupied	Percentage monthly owner costs exceed 30% of household income	Percentage renter-occupied	Percentage gross rent exceeds 30% of household income
Massachusetts	62.4	31.5	37.6	50.1
Middlesex County	62.6	29.9	37.4	46.0
Medford	57.5	32.4	42.5	40.3
North Reading	85.8	21.8	14.5	48.5
Reading	78.8	25.9	21.2	38.4
Stoneham	66.4	26.4	33.6	42.7
Tewksbury	86.7	31.5	13.3	51.3
Wakefield	74.7	32.5	25.3	38.8
Wilmington	84.4	25.2	15.6	47.7
Winchester	86.1	26.3	13.9	49.8
Woburn	62.2	25.3	37.8	44.4

Source: U.S. Census Bureau, American Community Survey, 2013-2017.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Transportation

Lack of transportation has a significant impact on access to health care services and is a determinant of whether an individual or family has the ability to access the basic resources that allow them to live productive and fulfilling lives. Access to affordable and reliable transportation widens opportunity and is essential to addressing poverty and unemployment; it allows access to work, school, healthy foods, recreational facilities, and a myriad of other community resources.

There is very limited quantitative data to characterize issues related to transportation. Interviewees, focus group participants, and survey respondents felt that transportation was a critical barrier to health and access to care, especially for those who lived away from transit-oriented development areas, and for older adults without access to a personal vehicle. Qualitative research identified transportation as a major barrier to good health and access to health care services.

- The percentage of the population traveling outside their county to work, and the mean commute time, were significantly higher than for the commonwealth overall in most communities in the service area. Key informants noted that the high levels of commuting by automobile (as evidenced by the data) also have an impact on walkability of streets because they increase traffic through neighborhoods as commuters look for alternative, less congested routes.
- Medford had the highest “all-transit score” (8.5 on a scale of 0 to 10), but five of the nine towns had scores below 5.0.
- Transportation is also a barrier to accessing health care and reducing social isolation for seniors, according to information gained from key informant interviews, focus groups, and listening sessions. Barriers included the need to schedule ahead of time for transportation services, not being eligible for publicly available services (The Ride), the cost of private transportation, and mental health impacts of losing the ability to drive.

Table 13. Transportation Indicators

	Mean commute time (minutes)	Percentage population works outside county of residence	All-transit score*
Massachusetts	29.3	30.8	Not available
Middlesex County	30.3	30.4	
Medford	32.1	38.1	8.5
North Reading	34.3	35.8	0.0
Reading	32.6	32.5	3.6
Stoneham	29.2	35.2	4.3
Tewksbury	30.8	24.3	2.1
Wakefield	30.8	39.9	7.4
Wilmington	31.5	28.2	4.0
Winchester	33.0	36.7	6.0
Woburn	26.2	21.5	3.5

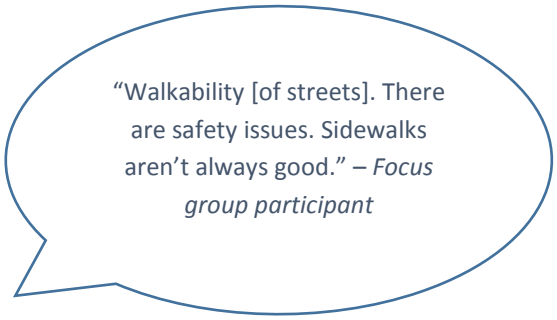
Source: U.S. Census Bureau, American Community Survey, 2013-2017.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

*Scores range from 0 to 10. Considers jobs accessible within a 30-minute transit ride, number of workers using transit to travel, and performance of transit/connections to other routes. Scores provided by the Center for Neighborhood Technology.

Built Environment

The built environment – buildings, streets, parks, open spaces, and other forms of physical infrastructure – has a major influence on physical activity and lifestyle. Creating safe outdoor spaces for exercising, relaxing, and commuting is an important component of establishing healthy lifestyle habits that protect against poor health outcomes. While concerns related to the built environment were not key themes of this assessment, these issues can work to either prevent or contribute to disease and disability in the community. There are a number of valuable community resources in the service area, including playgrounds, parks, athletic fields, walking trails, bike paths, dog parks, waterways, and recreational centers. As noted above, increased commuting traffic through neighborhoods has put stress on the built environment in select communities, increasing the need for a focus on walkable streets.



Food Access

Issues related to food insecurity, food scarcity, and hunger were discussed as risk factors for poor physical and mental health for both children and adults. There is an overwhelming body of evidence to show that many families, particularly low-income families of color, struggle to access food that is affordable, high quality, and healthy. While it is important to have grocery stores placed throughout a community to promote access, research shows that there are a number of factors that influence healthy eating, including quality and price of fruits and vegetables, marketing of unhealthy food, and cultural appropriateness of food offerings.[16] Food pantries are often used as a long-term strategy to supplement monthly shortfalls in food. Pantries and community meal programs have evolved from providing temporary or emergency food assistance to providing ongoing support for individuals, families, seniors living on fixed income, people with disabilities, and adults working multiple low-wage jobs to make ends meet. Key informant interviewees and focus group participants mentioned the easy accessibility of low-cost but unhealthy options, including "fast casual" restaurants that are often promoted as higher-quality options.

> 26.5% of survey respondents identified "inability to find or afford healthy foods" as one of the top three issues preventing people in their community from being able to live a healthy life.

The percentage of residents who had received Supplemental Nutrition Assistance Program (SNAP) benefits (commonly referred to as food stamps) in the past 12 months was significantly lower in all communities compared with the commonwealth overall. However, it was noted through community listening sessions that households may not apply for benefits because they do not know they are eligible or because of stigma associated with admitting financial need. The SNAP Gap is the difference between the number of low-income Massachusetts residents receiving MassHealth who are likely SNAP eligible and the number of people actually receiving SNAP (those qualifying for MassHealth are also likely to qualify for SNAP benefits).[17]

- The percentage of residents who had received SNAP (food stamps) benefits in the past 12 months was significantly lower in all communities than in the commonwealth overall.
- The SNAP Gap percentage for all communities within the CBSA, however, was higher than for the commonwealth overall. Confidence intervals were not available for SNAP Gap percentages, so statistical significance in differences could not be determined.

[16] The Food Trust, "Access to Healthy Food and Why It Matters: A Review of the Research," http://thefoodtrust.org/uploads/media_items/executive-summary-access-to-healthy-food-and-why-it-matters.original.pdf.
[17] www.masslegalservices.org

Table 14. SNAP Enrollment and SNAP Gap

	Percentage received SNAP benefits in last 12 months	SNAP Gap percentage (rounded)**
Massachusetts	12.3	48.0
Middlesex County	7.7	Not available
Medford	6.6	65.0
North Reading	1.8	69.0
Reading	3.1	64.0
Stoneham	6.9	63.0
Tewksbury	4.3	65.0
Wakefield	5.6	62.0
Wilmington	5.2	69.0
Winchester	1.9	76.0
Woburn	7.3	64.0

Source (SNAP Enrollment): U.S. Census Bureau, American Community Survey, 2013-2017.
Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.
**SNAP Gap defined by Food Bank of Western MA; SNAP Gap computed as the percentage of MassHealth enrollees who are not receiving SNAP benefits.

Crime/Violence

Crime and violence are public health issues that influence health status on many levels, from death and injury to emotional trauma, anxiety, isolation, and absence of community cohesion. Stakeholders consistently omitted crime as a health need, and across the service area, violent and property crime rates were similar to or lower than those of the commonwealth**.** There was some concern over the impact on legalization of marijuana as it is potentially related to increases in crime rates. Selected crime rates are presented in Table 15.

Table 15. Crime Rates

Rate per 100,000	Violent crime	Property crime
Massachusetts	353.1	1,398.1
Middlesex County	Not available	Not available
Medford	153.3	1,154.7
North Reading	152.1	411.9
Reading	30.7	603.1
Stoneham	122.3	901.4
Tewksbury	272.0	1,059.4
Wakefield	170.1	720.9
Wilmington	126.1	735.6
Winchester	39.0	516.1
Woburn	158.8	1,091.3

Source: FBI Uniform Crime Reports, 2017

Key Findings: Behavioral Risk Factors and Health Status

At the core of the CHNA process is understanding access-to-care issues, leading causes of morbidity and mortality, and the extent to which populations and communities participate in certain risky behaviors. This information is critical to assessing health status, clarifying health-related disparities, and identifying health priorities. This assessment captures a wide range of quantitative data from federal and municipal data sources. Qualitative information gathered from key informant interviews, focus groups, and the Community Health Survey informed this section of the report by providing perspective on the confounding and contributing factors of illness, health priorities, barriers to care, service gaps, and possible strategic responses to the issues identified. This data augmented the quantitative data and allowed for the identification of vulnerable population cohorts.

Health Insurance and Access to Care

Whether an individual has health insurance – and the extent to which it helps to pay for needed acute services and access to a full continuum of high-quality, timely, and accessible preventive and disease management or follow-up services – has been shown to be critical to overall health and well-being.[18] Access to a usual source of primary care is particularly important, since it greatly affects the individual's ability to receive regular preventive, routine, and urgent care and to manage chronic diseases.

While Massachusetts has one of the highest health insurance coverage rates in the U.S., there are still pockets of individuals without coverage, including young people, immigrants, refugees, and those who are unemployed. Many key informants and focus group/forum participants identified navigating the health system, including health insurance, as a critical issue. This was especially an issue for older adults attempting to navigate Medicaid eligibility, costs, and coverage; low-to-moderate-income populations (those who do not meet eligibility requirements for public insurance and/or public assistance programs and struggle to afford the rising costs of health care premiums); and non-English speakers who may face language and cultural barriers. Winchester Hospital's CBAC identified the high cost of health care (with greater out-of-pocket costs through higher deductibles, copays, and non-covered services) as the leading barrier to good health for residents of the service area.

> 28.3% of survey respondents identified "no or limited health insurance" as one of the top three issues preventing people in their community from being able to live a healthy life.

- The percentage of uninsured was significantly lower than or similar to that of the commonwealth overall.
- The percentage with private insurance was significantly higher for all communities than in the commonwealth overall; however, many stakeholders noted that high-deductible health plans combined with the high cost of health care have created a barrier to access to health care services.

[18] National Center for Health Statistics, "Health Insurance and Access to Care." February 2017. Retrieved from https://www.cdc.gov/nchs/data/factsheets/factsheet_hiac.pdf.

Table 16. Health Insurance Coverage

Percentage of population	Uninsured	With public health insurance coverage	With private health insurance coverage
Massachusetts	3.0	35.5	74.4
Middlesex County	2.8	28.4	80.4
Medford	3.2	28.5	80.7
North Reading	0.4	21.1	92.3
Reading	1.1	21.0	89.5
Stoneham	2.0	26.5	87.3
Tewksbury	1.4	29.2	84.9
Wakefield	2.0	24.7	87.4
Wilmington	0.7	27.4	85.5
Winchester	1.0	19.8	92.1
Woburn	2.5	32.2	78.7

Source: U.S. Census Bureau, American Community Survey, 2013-2017.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Physical Activity, Nutrition, and Weight

Lack of physical fitness and poor nutrition are among the leading risk factors associated with obesity and chronic health issues. Adequate nutrition helps prevent disease and is essential for the healthy growth and development of children and adolescents, while overall fitness and the extent to which people are physically active reduce the risk for many chronic conditions and are linked to good emotional health. Over the past two decades, obesity rates in the United States have doubled for adults and tripled for children. Overall, these trends have spanned all segments of the population, regardless of age, sex, race, ethnicity, education, income, or geographic region.

"Physical inactivity and sedentary lifestyle" were identified as the leading barriers to good health among those who took the Community Health Survey.

"Obesity is an underlying fact that has impacts on other clinical health issues (e.g., diabetes, heart disease, asthma). There are some areas of the service area that see higher rates of obesity where fast food options are more convenient." – *Key informant*

Lack of physical activity, poor nutrition, and obesity were consistently identified as key risk factors for chronic and complex conditions by key informant interviewees and focus group/community forum participants. Data on the percentage of the population who are obese or overweight is available through the Behavioral Risk Factor Surveillance Survey but is not available at the municipal level. Data on obesity among school-aged children is provided in Table 17 below, and data on obesity among older adults is included in Table 29 under Older Adult/Healthy Aging. Approximately one-third of all school-aged children living in Medford,

Tewksbury, Wilmington and Woburn were overweight or obese. Reading had the lowest percentage of overweight or obese school-age children (23.4%).

Table 17. Pediatric Obesity

	Percentage of children who are overweight or obese, by school district*
Massachusetts	32,2%
Middlesex County	Not available
Medford	34.6%
North Reading	25.4%
Reading	23.4
Stoneham	29.6
Tewksbury	33.7
Wakefield	24.8
Wilmington	33.6
Winchester	Not available
Woburn	37.0%

Source: Massachusetts Department of Public Health, 2015.

*Share of children in grades 1, 4, 7, and 10 considered overweight according to body mass index (BMI). Children are considered overweight if their BMI is at or above the 85th percentile for their age and gender, and they are considered obese at or above the 95th percentile. BMI is an estimate of body fat based on height and weight.

All-Cause Mortality and Premature Mortality

The all-cause and premature mortality rates indicate that not all residents within a geographic area have equal or similar access to care simply based on proximity to services. For example, although Winchester has relatively low all-cause and premature mortality rates, not all residents of Winchester have better access to health services than those in other municipalities; some residents in other municipalities may have better access simply because they live closer to a hospital. Mortality rates do reflect disease burden and limited access to health care services, including delayed entry into care.

- All-cause mortality rates were significantly lower in Reading (590.5) and Winchester (482.1) compared with the commonwealth overall (684.5), but significantly higher in Tewksbury (820.7) than in the commonwealth overall (684.5). The remaining towns had rates comparable with the commonwealth's.
- Premature mortality rates were significantly lower in North Reading (240.2), Reading (201.0), and Winchester (127.2) than in the commonwealth overall (279.6).

Table 18. All-Cause and Premature Mortality Rates

Age-adjusted rate per 100,000	All-cause mortality	Premature mortality (less than age 75)
Massachusetts	684.5	279.6
Middlesex County	616.5	227.7
Medford	672.1	295.1
North Reading	759.0	240.2
Reading	590.9	201.6
Stoneham	712.9	295.0
Tewksbury	820.7	296.8
Wakefield	755.7	281.9
Wilmington	753.4	292.6
Winchester	482.1	127.2
Woburn	708.0	272.6

Source: MDPH Registry of Vital Records and Statistics, 2015.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Chronic and Complex Conditions

Chronic conditions such as heart disease, cancer, stroke, Alzheimer's disease, and diabetes are the leading causes of death and disability in the United States, and they are the leading drivers of the nation's $3.3 trillion annual health care costs.[19] Over half of American adults have at least one chronic condition, while 40% have two or more.[20] Perhaps most significantly, chronic diseases are largely preventable despite their high prevalence and dramatic impact on individuals and society. This underscores the need to focus on health risk factors, primary care engagement, and evidence-based chronic disease management. There was broad, if not universal, acknowledgement and awareness of these pervasive health issues among interviewees and forum participants.

Cardiovascular and Cerebrovascular Diseases

Cardiovascular and cerebrovascular diseases, such as heart disease and stroke, are affected by a number of health and behavioral risk factors, including obesity and physical inactivity, tobacco use, and alcohol use. Hypertension, or high blood pressure, increases the risk of more serious health issues including heart failure, stroke, and other forms of major cardiovascular disease. Racial disparities in heart disease and hypertension are well documented; blacks/African Americans are two to three times as likely as whites to die of preventable heart disease and stroke.[21] The age of onset for stroke is earlier for African Americans and Hispanics compared with non-Hispanic whites.[22]

Residents within Winchester Hospital's CBSA did not suffer higher mortality rates related to heart disease compared with the commonwealth overall (see Table 19); however, key informants often included heart disease as one of the top health issues for the community, especially for older adults.

[19] Centers for Disease Control and Prevention, "Chronic Diseases in America," U.S. Census Bureau, 2013-2017 ACS 5-Year Estimates, last updated April 15, 2019.
[20] CDC, *Chronic Diseases in America*.
[21] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5638710/
[22] https://www.stroke.org/understand-stroke/impact-of-stroke/minorities-and-stroke/

- The mortality rate from heart disease was significantly lower in Medford and Winchester compared with the commonwealth. Winchester had a significantly lower mortality rate from coronary heart disease, and Medford had a significantly lower mortality rate from cardiovascular disease.
- Though the heart disease mortality rate was higher than the commonwealth's (138.7) in North Reading (191.6), Tewksbury (167.5), and Wakefield (150.7), none of these rates are significantly higher.

Hospitalization rates (crude rates per 100,000) for residents in Reading, Stoneham, Tewksbury, Winchester, and Woburn were higher than the statewide rates, although that may be because of age distribution, given that the rates are not age-adjusted.

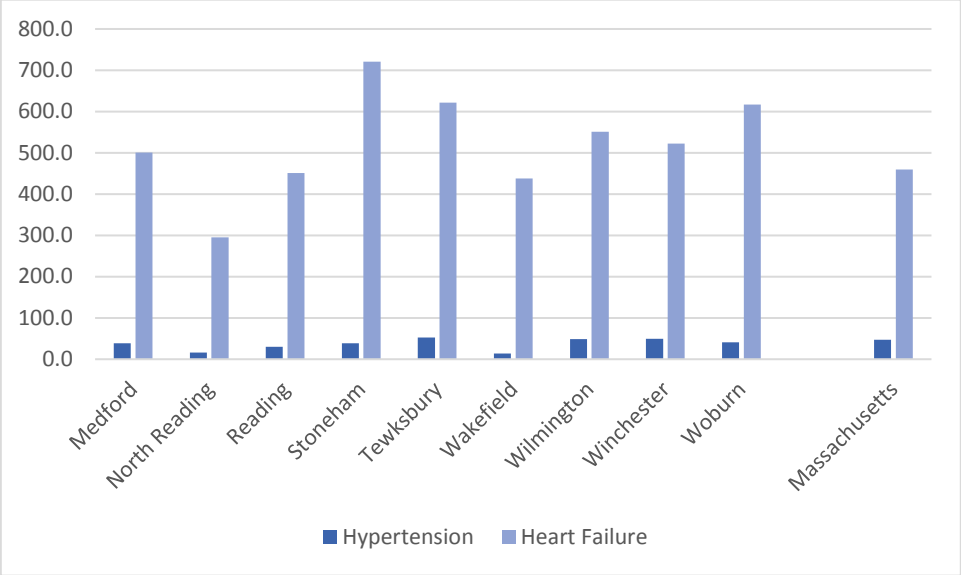
Table 19. Cardiovascular and Cerebrovascular Disease Hospitalizations and Mortality

	Major cardiovascular disease hospitalizations*	Heart disease mortality**	Coronary heart disease mortality**	Cardiovascular disease mortality**	Cerebrovascular (stroke) mortality**
Massachusetts	1,771.2	138.7	82.3	180.8	28.4
Middlesex County	Not available	121.6	74.6	159.7	25.3
Medford	1,619.6	111.0	68.9	147.3	21.6
North Reading	1,418.4	191.6	73.5	235.8	‡
Reading	1,804.5	105.2	62.0	154.2	29.9
Stoneham	2,385.3	128.3	80.0	176.4	38.3
Tewksbury	2,156.7	167.5	97.5	218.8	39.3
Wakefield	1,627.0	150.7	82.3	181.1	17.9
Wilmington	1,532.5	130.1	68.1	167.6	21.5
Winchester	2,139.2	89.6	43.3	148.0	50.1
Woburn	1,948.5	123.8	62.7	172.5	33.1

*Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges provided by CHIA, crude rate per 100,000, 2017.
**MDPH Registry of Vital Records and Statistics, per 100,000, 2015.
Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.
‡ Data suppressed because of small numbers.

Looking at potentially preventable admissions using AHRQ PQIs for hypertension and heart failure provided a different pattern. PQI rates for hypertension varied across the CBSA, with the highest rate for Tewksbury residents. Wilmington's and Winchester's rates were also slightly above the rate for Massachusetts. Heart failure PQI rates followed a different pattern, with Woburn residents experiencing the highest rates; Medford, Reading, and Wakefield were also above or at the statewide rate.

Figure 7. Hypertension and Heart Failure PQI Rates (per 100,000)



Source: Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges provided by CHIA, crude rate per 100,000, 2017.

Cancer

The most common cancer risk factors are well-known: age, family history of cancer, alcohol and tobacco use, diet, exposure to cancer-causing substances, chronic inflammation, and hormones. Chronic and complex conditions, including cancer, and their risk factors were prioritized by key informants and focus group/forum participants. Municipalities within Winchester Hospital's CBSA had cancer mortality rates lower than or similar to those for the commonwealth overall. Stakeholders, however, did identify cancer as a leading health issue; breast, skin, and lung cancers were specifically identified. Mortality rates for these cancers are included in Table 20 below. The Winchester Hospital Cancer Center and related programs were often noted as a strong resource in the community for those with cancer and their families/caregivers.

- Hospitalization rates for cancer (all types) were consistent across the CBSA and with Massachusetts statewide rates.
- The morality rate for all types of (invasive) cancers was higher than the commonwealth's in North Reading, Stoneham, Tewksbury, and Wilmington, but not significantly higher.
- Woburn had higher rates of mortality from breast cancer and lung cancer, but rates were not significantly higher.
- Medford, North Reading, and Tewksbury also had higher mortality rates from lung cancer than the commonwealth, but not significantly higher.

Table 20. Cancer Hospitalizations and Mortality

	Cancer hospitalizations (all types)*	Cancer mortality all types (invasive)**	Breast cancer mortality (female)**	Lung cancer mortality**	Melanoma of the skin mortality**
Massachusetts	456.3	152.8	9.8	39.0	2.3
Middlesex County	Not available	140.8	16.2	35.2	1.9
Medford	411.5	152.8	9.3	49.4	0.0
North Reading	450.9	178.5	‡	53.6	0.0
Reading	481.5	129.2	‡	25.4	0.0
Stoneham	565.8	173.4	‡	38.9	‡
Tewksbury	576.7	190.0	‡	63.1	0.0
Wakefield	470.1	131.5	‡	31.0	‡
Wilmington	490.8	185.3	‡	37.4	‡
Winchester	559.4	130.2	‡	25.0	0.0
Woburn	538.8	140.6	21.8	45.0	0.0

*Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges provided by CHIA, crude rate per 100,000, 2017.
**MDPH Registry of Vital Records and Statistics, age-adjusted rates per 100,000, 2015.
Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.
‡ Data suppressed because of small numbers.

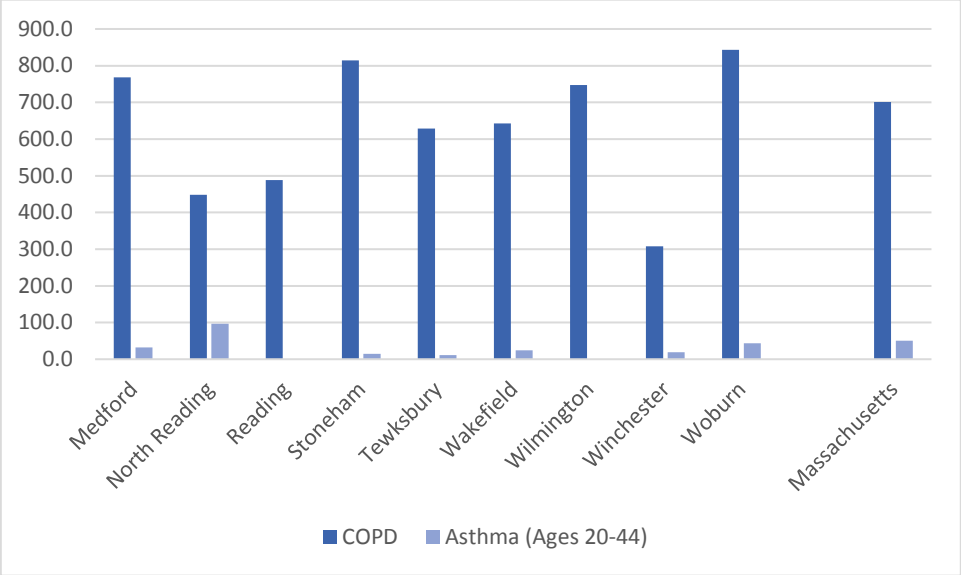
Respiratory Diseases

Respiratory diseases such as asthma and chronic obstructive pulmonary disorder (COPD) are exacerbated by behavioral, environmental, and location-based risk factors, including smoking, diet and nutrition, substandard housing, and environmental exposures (e.g., air pollution, secondhand smoke). They are the third leading cause of death in the United States. In many scenarios, quality of life for those with respiratory diseases can improve with proper care and management.[23]

- PQI rates for COPD or asthma in older adults (45 and older) were higher for residents of Medford, Stoneham, Wilmington, and Woburn than the statewide rate. The PQI rate for asthma in younger adults (20 to 44) was notably high in North Reading.

[23] Office of Disease Prevention and Health Promotion, "Respiratory Diseases." Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases.

Figure 8. COPD and Asthma Among Younger Adults (PQI)



Source: Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges provided by CHIA, crude rate per 100,000, 2017.

- The mortality rates for lower respiratory diseases (which include COPD) were highest in Wakefield and Woburn and higher than in the commonwealth overall, but not statistically significantly higher.
- Crude (not age-adjusted) hospitalization rates per 100,000 were lowest for residents of Reading and Wilmington.

Table 21. Chronic Lower Respiratory Disease (CLRD) Mortality and Hospitalizations

	CLRD inpatient hospitalizations*	CLRD mortality**
Massachusetts	428.3	33.0
Middlesex County	Not available	27.6
Medford	393.2	23.8
North Reading	319.8	‡
Reading	294.0	28.0
Stoneham	510.3	36.4
Tewksbury	406.2	38.9
9Wakefield	414.8	58.1
Wilmington	207.2	40.1
Winchester	528.6	‡
Woburn	495.0	52.2

*Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges provided by CHIA, crude rate per 100,000, 2017.
**MDPH Registry of Vital Records and Statistics, age-adjusted rate per 100,000, 2015.
‡ Data suppressed because of small numbers.

Diabetes

Over the course of their lifetime, approximately 40% of adults in the U.S. are expected to develop type 2 diabetes – this number increases to over 50% for Hispanic men and women.[24] Several factors increase the risk of developing type 2 diabetes, including being overweight, physical inactivity, age, and family history. Having diabetes increases the risk of cardiovascular comorbidities (e.g., hypertension, atherosclerosis), may limit the ability to engage in physical activity, and may have negative impacts on metabolism.[25] A recent study published by Diabetes Unit and Center for Genomic Medicine, Massachusetts General Hospital reported that the onset of type 2 diabetes can be reduced with healthy eating, including for those with genetic risk factors.[26] Key informants and focus group participants identified diabetes as a health issue in the service area, especially for those who are unable to manage the condition or who struggle with other chronic health issues.

- Diabetes mortality rates for Medford, Tewksbury, Wakefield and Woburn were higher compared to the Commonwealth but not significantly high. Stoneham's rate was comparable to that for the Commonwealth. Rates for North Reading, Reading, Wilmington, and Winchester were suppressed because of small numbers.
- The PQI for diabetes composite (including admissions related to short-term complications, long-term complications, and uncontrolled diabetes) varied considerably across the CBSA. PQI rates for Medford, Stoneham, and Woburn were highest across the towns in the CBSA, and also had higher diabetes mortality rates.

Table 22: Diabetes-Related Health Indicators

	Age-adjusted mortality rate per 100,000*	Diabetes composite PQI**
Massachusetts	16.8	200.3
Middlesex County	15.5	Not available
Medford	22.3	170.3
North Reading	‡	139.4
Reading	‡	71.0
Stoneham	16.5	183.1
Tewksbury	19.5	150.3
Wakefield	19.7	119.80
Wilmington	‡	152.7
Winchester	‡	73.8
Woburn	22.9	194.2

*MDPH Registry of Vital Records and Statistics, 2015.

**Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges, Center for Health Analysis Information (CHIA), 2017.

‡ Data suppressed because of small numbers.

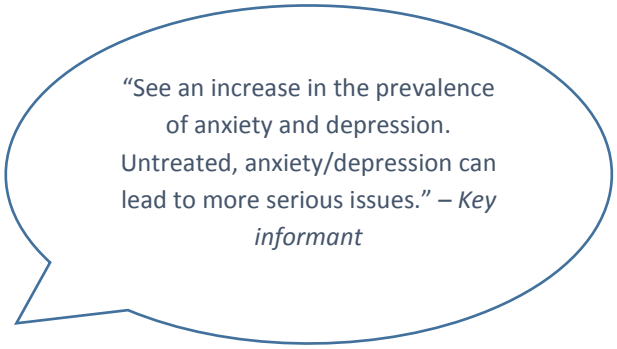
[24] 38 Centers for Disease Control and Prevention, "Hispanic Health: Prevention Type 2 Diabetes," Centers for Disease Control and Prevention website, https://www.cdc.gov/features/hispanichealth/index.html, September 18, 2017.

[25] http://outpatient.aace.com/type-2-diabetes/management-of-common-comorbidities-of-diabetes

[26] BMJ 2019; 366:l4292, http://dx.doi.org/10.1136/bmj.l4292.

Mental Health

Mental health issues – including depression, anxiety, stress, serious mental illness, and other conditions – were consistently identified as among the leading health issues for residents of Winchester Hospital's service area. Individuals from across the health service spectrum discussed the burden of mental health issues for all segments of the population, specifically the prevalence of depression and anxiety. The rate of mortality due to mental health disorders was significantly higher in Medford (89.0), Wakefield (105.1), and Wilmington (110.6) than in the commonwealth overall (62.9) (Table 23). Rates in Tewksbury (37.1) and Winchester (27.5) were significantly lower than in the commonwealth overall. Note that this data set is limited to only one year of data and that these rates are not a true reflection of the burden of mental health issues in the CBSA; while mental health disorders underlie many other medical conditions, including substance misuse, they are often not the primary cause of death.



- The suicide death rate was suppressed because of small numbers (fewer than five) for all towns except Medford, which experienced a rate comparable with that in the commonwealth overall.

Table 23: Mental Health-Related Mortality and Hospitalization

	Age-adjusted mortality rate per 100,000		Mental health disorder crude hospitalization rate per 100,000
	Mental health disorders	Suicide	
Massachusetts	62.9	9	5,957.6
Middlesex County	60.1	8.4	Not available
Medford	89.0	8.9	5,158.8
North Reading	97.9	‡	4,632.3
Reading	88.6	‡	4,364.1
Stoneham	77.5	‡	6,706.6
Tewksbury	37.1	‡	5,958.3
Wakefield	105.1	‡	5,595.5
Wilmington	110.6	‡	3,457.7
Winchester	27.5	‡	5,913.4
Woburn	62.6	‡	6,321.7

Source: MDPH Registry of Vital Records and Statistics, 2015.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

‡ Data suppressed because of small numbers.

Youth

Key informants and focus group participants also identified issues of chronic stress and anxiety among youth, theorizing that the impacts of social media, interpersonal relationships, and the pressure to succeed in school and activities were the main contributors to this issue.

> "There has to be a different approach with younger kids. Every year, we notice younger and younger – kindergarten parents talking about their child being anxious. There is something more going on." – *Focus group participant*

Data gathered from the Middlesex League Youth Risk Behavior Survey supported qualitative findings. The Middlesex League Youth Risk Behavior Survey, funded by Lahey Health, was administered to high school and middle school students in participating public school districts within Middlesex County. School districts in six of the nine towns included in Winchester Hospital's CBSA (Reading, Stoneham, Wakefield, Wilmington, Winchester, and Woburn) participated in the survey. Survey responses for selected questions, based upon priority areas identified by stakeholders, are included in the table below. Stakeholders consistently noted health needs for youth related to anxiety caused by social media and depression.

Table 24a. Mental Health Indicators for Youth

	High School				Middle School		
% of students during the past 12 months:	**Were electronically bullied**	**Upset or uncomfortable with something posted about them on social media**	**Felt sad or hopeless (almost every day for two consecutive weeks)**	**Seriously considered attempting suicide**	**Were bullied on school property**	**Were electronically bullied**	**Seriously thought about attempting suicide**
Massachusetts	13.6	37.4	27.4	12.4	Not available	Not available	Not available
Middlesex County	Not available	Not available	Not available	Not available	Not available	Not available	Not available
Medford							
North Reading							
Reading	11.9	38.8	23.9	10.4	16.4	32.7	18.5
Stoneham	12.6	^	26.8	9.8	14.5	28.8	16.0
Tewksbury							
Wakefield	16.0	44.3	30.0	13.9	25.5	38.3	18.8
Wilmington	14.2	34.4	28.8	15.1	14.9	29.5	11.7
Winchester	9.2	^	24.1	12.8	12.4	21.5	14.4
Woburn	13.2	^	28.6	13.0	21.5	36.5	20.6

Source: Middlesex League Youth Risk Behavior Survey, Spring 2019.

Grayed-out towns did not participate in Middlesex League Survey.

^ Question not included by school district.

Table 24b. Mental Health Indicators for Youth

	Source That Caused the Most Stress for Middle School Students*	
Percentage of students selecting response	**Busy schedule (all activities)**	**School demands/ expectations (homework, assignments)**
Massachusetts	Not available	Not available
Middlesex County	Not available	Not available
Medford		
North Reading		
Reading	27.3	33.4
Stoneham	23.6	30.5
Tewksbury		
Wakefield	21.9	32.9
Wilmington	22.7	36.3
Winchester	24.6	36.5
Woburn	23.2	26.0

Source: Middlesex League Youth Risk Behavior Survey, Spring 2019.

*Questions included on middle school survey only.

Grayed-out towns did not participate in Middlesex League Survey.

Older Adults

Key informants and focus group participants were also concerned about social isolation and depression among older adults, especially frail elders living alone or without a regular caregiver. Stakeholders noted the importance of fall prevention for older adults as falls, even those from a standing position, could reduce mobility, leading to social isolation and depression. Overall, statistics for the older adult population with the CBSA are favorable, but there was concern for those who suffer from poor mental health, including hoarders and those living alone without family support.

> "Social isolation among the elderly is a serious problem across the service area." – *Key Informant*

According to community profiles put together by the Massachusetts Healthy Aging Collaborative:

- The percentage of older adults living alone was significantly lower for North Reading (21.9%), Wilmington (17.6%), and Winchester (25.4%) than for the commonwealth (29.2%). Other towns had percentages comparable with those of the commonwealth.
- The percentage of older adults with depression in North Reading (27.7%) and Wilmington (27.3%) was significantly lower than in the commonwealth overall (31.5%). The percentage for other towns was comparable with that of the commonwealth.
- The percentage of older adults with anxiety disorders in North Reading, Reading, Wilmington, and Winchester was significantly lower than that of the commonwealth overall (25.4%).
- The percentage of older adults with Alzheimer's disease or related dementia was significantly higher in Wakefield (15.2%) and Winchester (15.3%) than in the commonwealth overall (13.6%).

- The percentage of older adults (60+) injured in a fall within the past six months in all the towns was comparable with that for the commonwealth (10.6%), but was highest in Medford (12.5%).
- Although not a large group, grandparents raising grandchildren (often because of the opioid epidemic) were seen by stakeholders as a high-need segment within the older adult population, having needs both as older adults and as "parents" of young children.

Table 25. Mental Health of Older Adults

Percentage of population over age 65/over age 60	Age 65+ living alone	Age 65+ with depression	Age 65+ with anxiety disorder	Age 65+ with Alzheimer's disease or related dementia	Age 60+ injured in fall in past six months	Grandparents raising grandchildren
Massachusetts	29.9	31.5	25.4	13.6	10.6	0.8
Middlesex County	28.5	Not available	Not available	Not available	Not available	Not available
Medford	30.6	32.1	26.1	14.1	12.5	0.4
North Reading	21.9	27.7	21.9	13.2	11.7	0.1
Reading	26.8	29.5	22.7	14.3	11.7	0.3
Stoneham	27.8	30.9	25.5	14.3	9.5	0.5
Tewksbury	29.1	29.9	25.2	13.4	9.5	0.7
Wakefield	25.6	31.6	27.2	15.2	9.5	0.3
Wilmington	17.6	27.3	21.3	13.5	9.5	0.8
Winchester	25.4	31.8	21.3	15.3	9.4	0.1
Woburn	26.5	32.2	24.4	14.6	9.5	0.3

Source: Massachusetts Healthy Aging Collaborative, Massachusetts Healthy Aging Community Profiles, 2018.
Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

Beyond the concern around specific conditions and vulnerable segments of the population, key informants and focus group/forum participants were concerned about barriers to mental health care, including stigma, lack of services across the spectrum (inpatient, outpatient, and specialty providers), and lack of support services (counselors, licensed social workers).

Substance Use

Along with mental health, substance use was named as a leading health issue among key informants and focus group/forum/survey participants. Behavioral health providers reported that individuals continue to struggle to access care services, including rehabilitation and detox, outpatient treatment, and medication-assisted treatment. As with mental health services, there are a number of community partners working to fill service gaps and address the needs of both individuals and the at-large community, although some individuals may face delays or barriers to care because of limited providers and specialists, limited treatment beds, and social determinants that impede access (e.g., insurance coverage, transportation, employment, health literacy).

Key informants and focus group participants were concerned about the opioid epidemic and the effects it has not only on those struggling with addiction but on families, communities, and society. Several participants noted that while the number of opioid-related deaths is declining in Massachusetts because

of prevention measures such as the distribution of Narcan, the level of addiction is not necessarily declining.

- The opioid-related age-adjusted mortality rate was significantly lower in Middlesex County than in the commonwealth overall. North Reading, Reading, and Winchester had unreported mortality rates because of small numbers.
- The number of suspected opioid-related emergency medical services (EMS) events (not necessarily resulting in death) was highest in Tewksbury (125) and Woburn (126).
- As shown in Figure 9, the number of opioid-related overdose deaths from 2016 to 2018 has generally declined or stabilized in all the towns, with Medford showing the largest decline. This is consistent with the commonwealth, which experienced a decline in opioid overdose deaths of 4% from 2016 to 2018.[27]

Table 26. Opioid-Related Mortality and EMS Events

	Age-adjusted rate per 100,000 (2015)*	Suspected opioid-related EMS events (2018)**
Massachusetts	24.6	20,948
Middlesex County	19.4	Not reported
Medford	33.6	92
North Reading	‡	23
Reading	‡	8
Stoneham	29.1	34
Tewksbury	31.4	125
Wakefield	26.4	45
Wilmington	30.0	41
Winchester	‡	13
Woburn	16.0	126

*Massachusetts Department of Public Health, Registry of Vital Records Statistics (2015, 2017, 2018).

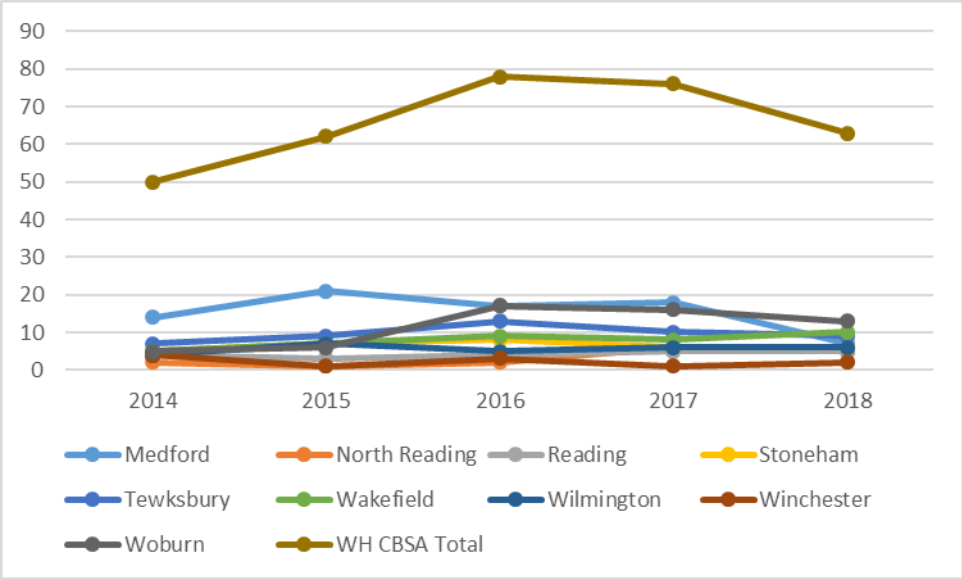
**MA Department of Public Health, MA Opioid Related EMS Events 2013-2018, by location of occurrence.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

‡ Data suppressed because of small numbers.

[27] Data Brief: Opioid-Related Overdose Deaths Among Massachusetts Residents, MDPH, May 2019.

Figure 9. Opioid-Related Overdose Deaths by Town of Residence, 2014-2018



Several participants offered that while alcohol misuse is not as "acute" an issue as opioids, it is more prevalent and is a major contributor to rates of chronic disease (e.g., cancer, liver disease, cardiovascular disease).

- The percentage of alcohol-related admissions was highest for Reading residents (46.5%) and higher than the average for the commonwealth (32.8%) and Middlesex County (35.8%).
- The opioid-related crude hospitalization rate was lower for towns in the CBSA compared with the commonwealth (783.3). Across the towns within the CBSA, Woburn had the highest rate (711.1).

Table 27. Substance Use-Related Admissions

	Admissions to Substance Use Treatment Facilities*			Opioid-related crude hospitalization rate per 100,000**
	Number of admissions (2017)	Percentage alcohol	Percentage heroin	
Massachusetts	98,948	32.8	52.8	781.3
Middlesex County	12,528	35.8	49.9	Not available
Medford	489	32.7	53.0	504.7
North Reading	119	19.3	70.6	409.9
Reading	0-100	46.5	38.4	339.6
Stoneham	212	29.7	49.1	654.6
Tewksbury	382	32.5	55.8	584.9
Wakefield	203	33.5	50.7	488.6
Wilmington	204	29.9	54.9	223.6
Winchester	0-100	41.4	25.0	577.8
Woburn	383	25.6	64.2	711.1

*MA Bureau of Substance Use Service (BSAS).

**Massachusetts Acute Hospital Case Mix data; hospital inpatient discharges, Center for Health Analysis Information (CHIA), 2017

Substance Use Among Youth

Vaping, or e-cigarette use, was a primary concern about youth. Key informants referred to e-cigarette use as an epidemic and were concerned not only with education and prevention efforts but with treating those who had developed nicotine addictions. Changing community norms around marijuana, especially in light of its legalization in Massachusetts, were also a concern among key informants and focus group participants, especially as related to young people.

> "Vaping is way up among kids, among both high school and middle school. We're not sure what to do in terms of getting health services for nicotine addiction."
>
> *– Key informant*

Table 28 provides information from the Middlesex League Youth Risk Behavior Survey compared with Massachusetts rates, where available.[28] The survey results supported information gathering through qualitative research.

- The percentage of high school students across the towns included who had ever used an electronic vapor product in the Middlesex County survey was near or above 40%, consistent with the statewide average (41.1%).
- The percentage of high school students across the towns who were currently using electronic vapor products was higher than the statewide average (20.1%), ranging from a high of 28.4% in Woburn to a low of 21.2% in Winchester.
- In general, a higher percentage of high school students responding to the survey thought people were at "great risk" related to tobacco or alcohol used, compared with using e-cigarettes or other vaping devices or smoking marijuana. This is consistent with the qualitative research indicating that students were not fully aware of the risks associated with vaping and marijuana use. The legalization of marijuana in Massachusetts and other states also was seen as contributing to a perception by youth of lower risk.

[28] https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Table 28. Substance Use/Attitudes Among High School Students

Percentage of high school students	Ever used electronic vapor product	Currently use an electronic vapor product (at least one day during 30 days before survey)	Currently use marijuana (one or more times during 30 days before survey)	Think people are at "great risk" when: Smoke one or more packs of cigarettes per day	Use e-cigarettes or other vaping devices	Have one or more alcoholic beverages nearly every day	Smoke marijuana once or twice per week
Massachusetts	41.1	20.1	24.1	Not available	Not Available	Not Available	Not Available
Middlesex County	Not available	Not available	Not available	Not Available	Not Available	Not Available	Not Available
Medford							
North Reading							
Reading	40.1	26.0	21.9	77.1	^	39.9	18.4
Stoneham	43.0	27.6	24.2	63.5	27.5	38.1	15.7
Tewksbury							
Wakefield	45.9	26.3	22.8	71.2	33.7	44.4	20.4
Wilmington	42.5	27.4	24.7	58.4	27.7	34.7	17.8
Winchester	37.1	21.2	17.0	73.0	^	49.2	23.7
Woburn	46.2	28.4	25.5	67.4	^	42.3	17.6

Source: Middlesex League Youth Behavior Survey, 2019.

Grayed-out towns did not participate in Middlesex League Survey.

^ Question not included by school district.

Older Adult Health/Healthy Aging

Older adults were consistently identified by stakeholders as a priority population across WH's CBSA. As noted in the previous sections, concerns included social isolation and associated conditions (depression, hoarding), financial stress related to living on a fixed income in times of rising health care and housing costs, and medical burden from chronic conditions, such as diabetes and COPD. Older adults were also at greater risk from injuries due to falls, creating the ongoing risk of social isolation from limited mobility. Table 25 above provides relevant statistics related to mental health conditions and conditions increasing the risk of mental health issues for older adults (for example, living alone).

> "Major health concerns – issues for older adults, especially those who are isolated or don't have family around to support them. Elderly living alone without family support translates into medical issues." – *Key informant*

Table 29 provides data related to wellness and disease prevention, and nutrition/diet.

- Medford performed worse than the commonwealth overall on percentage with physical activity in the past month and percentage clinically diagnosed as obese. Winchester performed better than the commonwealth overall.[29]
- Tewksbury, Wakefield, Wilmington, and Woburn performed worse on percentage of older adults who had a flu shot in the past year.
- Medford and Tewksbury performed worse on percentage of older adults clinically diagnosed as obese, while Reading and Winchester performed better.

Table 29. Healthy Aging Indicators for Older Adults

	Wellness and Disease Prevention		Nutrition and Diet		
	% age 60+ with any physical activity in the past month*	% age 60+ who had a flu shot in the past year*	% age 60+ with five or more servings of fruit or vegetables per day*	% age 60+ self-reported obese*	% age 65+ clinically diagnosed obese*
Massachusetts	73.3	60.8	21.5	23.1	19.0
Middlesex County	Not available	Not available	Not available	Not available	Not available
Medford	59.3	63.0	18.1	26.6	21.5
North Reading	68.6	62.3	21.3	21.2	21.0
Reading	68.6	62.3	21.3	21.2	16.3
Stoneham	69.8	51.5	19.3	30.1	20.6
Tewksbury	69.8	51.5	19.3	30.1	21.6
Wakefield	69.8	51.5	19.3	30.1	19.2
Wilmington	69.8	51.5	19.3	30.1	20.5
Winchester	88.4	65.8	27.6	16.2	15.2
Woburn	69.8	51.5	19.3	30.1	19.8

Source: 2018 Massachusetts Healthy Aging Community Profile.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

*Available data did not permit all indicators to be reported for individual cities and towns. Identical values for individual towns or cities reported are derived from the same Massachusetts Aging Service Access Points or county-level indicator values.

Maternal and Infant Health

Maternal and infant health is important for all communities, but it was not noted by stakeholders as an unmet high health need. Winchester Hospital's home visiting program for new moms was seen as highly successful at identifying mothers at risk of, for example, postpartum depression. Stress on families (financial, mental health conditions, etc.) was noted as a barrier to health over the long term, as was the long-term impact of adverse childhood events. These issues are discussed more fully under Mental Health above.

[29] The terms "better" and "worse" are used to highlight differences between community and state estimates that are not due to chance. "Better" is used where a higher/lower value has positive implications for the health of older residents. "Worse" is used where a higher/lower score has negative implications for the health of older people.

- According to MDPH Vital Statistics, the infant mortality rates for all the towns within Winchester Hospital's Community Benefits Service Area were 0 or below reportable rates (less than 5), compared with the Massachusetts rate of 4.3 in 2015 (most current data available).

Infectious Disease

Though great strides have been made to control the spread of infectious diseases in the U.S., they remain a major cause of illness, disability, and even death. STIs, diseases transmitted through drug use, vector-borne illnesses, tuberculosis, pneumonia, and influenza are among the infectious diseases that have the greatest impact on modern American populations. Infectious disease was not indicated as a major health concern or medical burden in information gathered through key informant interviewees, focus groups, community listening sessions, or the Community Health Survey, but disease burden is tracked to prevent outbreaks and identify patterns in morbidity and mortality. Young children, older adults, individuals with compromised immune systems, injection drug users, and those having unprotected sex are most at risk for contracting infectious diseases.

Quantitative measures for the Community Benefits Service Area indicated relatively low infectious disease prevalence and mortality rates.

Table 30. Infectious Disease

	Chlamydia cases (confirmed)*	Gonorrhea cases (confirmed)*	Syphilis cases (probable and confirmed)*	Chronic hepatitis C (confirmed and probable)*	Pneumonia/ influenza age-adjusted mortality rate**
Massachusetts	29,203	7,307	1,091	7,765	17.1
Middlesex County	5,162	1,069	234	1,239	13.7
Medford	227	52	12	33	18.1
North Reading	29	5	0	11	36.1
Reading	51	<5	<5	7	17.9
Stoneham	41	18	<5	20	17.8
Tewksbury	83	13	<5	26	20.5
Wakefield	59	12	<5	21	14.2
Wilmington	60	7	<5	15	‡
Winchester	61	11	<5	5	‡
Woburn	109	16	5	30	13.3

*MDPH Bureau of Infectious Disease and Laboratory Services, 2017.

**MDPH Registry of Vital Records and Statistics, 2015, rate per 100,000.

Shading represents statistical significance compared with the commonwealth. Figures highlighted in orange are statistically higher compared with the commonwealth overall, while figures highlighted in blue are significantly lower.

‡ Data suppressed because of small numbers.

Summary of Priorities and Implementation Strategy

This section provides a summary of the priority issues and priority populations that were identified through the assessment process, based on an integrated analysis of quantitative and qualitative data and results of a prioritization process with the Community Benefits Advisory Committee. Results of the assessment informed the development of an Implementation Strategy, building upon current community benefits programs and expanding to address newly identified priority areas and/or populations.

A full Implementation Strategy with goals, priority populations, objectives, strategies, sample measures, and potential community partners may be found in Appendix D.

Implementation Strategy Planning Principles and Commonwealth Priorities

In developing the Implementation Strategy, care was taken to ensure that Winchester Hospital's community health priorities were aligned with the Commonwealth of Massachusetts priorities set by MDPH and the Massachusetts Health Policy Commission. Care was also taken to ensure that the Implementation Strategy was aligned with broader principles drawn from the commonwealth's Community Benefits Guidelines and the literature on how to best promote community health improvement and prevention efforts.

Figure 10. Massachusetts Community Health Priorities

Massachusetts Department of Public Health: *Community Benefits Priorities*	**Massachusetts Health Policy Commission:** *Determination of Need Priorities*
• Housing stability and homelessness • Mental illness and mental health • Substance use disorders • Chronic disease, with a focus on cancer, heart disease, and diabetes	• Built environments • Social environments • Housing • Violence • Education • Employment

Priority Populations

Winchester Hospital is committed to improving the health status and well-being of all residents living throughout its service area. All geographic, demographic, and socioeconomic segments of the population face challenges of some kind that can hinder the ability to access care or maintain good health. Regardless of age, race/ethnicity, income, family history, or other characteristics, everyone is impacted in some way by health-related risks. With this in mind, Winchester Hospital's Implementation Strategy includes programs and activities that will support residents throughout its service area and across all segments of the population. Based on the assessment's quantitative and qualitative findings, however, there was broad agreement that Winchester Hospital's Implementation Strategy should prioritize certain demographic and socioeconomic segments of the population that have complex needs or face barriers to

care, or experience adverse social determinants of health that put them at greater risk. The assessment identified youth, older adults, low-to-moderate-income individuals and families, and individuals with chronic and complex conditions as priority populations to be included in the Implementation Strategy.

Figure 11. Winchester Hospital Priority Populations

The priority populations remained consistent from 2016 to 2019; however, there were some notable shifts. Priority populations in 2019 include *low-income* as well as *low-resource* individuals and families, recognizing the greater financial instability with higher costs of housing, health care, and other living expenses.

Figure 12. Shift in Priority Populations, 2016-2019

CHNA 2016 Priority Populations	CHNA 2019 Priority Populations
• Low-income individuals and families • Older adults • Youth and adolescents • Other vulnerable populations (e.g., linguistically isolated)	• Low-resource individuals and families • Older adults • Youth and adolescents • Individuals with chronic/complex conditions

Youth and Adolescents

Youth and adolescents were identified as among the most vulnerable and at-risk populations in the region. Participants' reasons for believing this group should be prioritized varied, but they centered on the impacts of mental health and substance use. Youth and adolescents often struggle with health and social issues, such as obesity (e.g., poor nutrition and lack of physical activity), mental health (e.g., depression, anxiety, stress), substance use (e.g., cigarettes/vaping, marijuana, alcohol, opiates), sexually transmitted infections, and injuries due to accidents. Adolescence is a critical transitional period that includes biological and developmental milestones that are important to establishing long-term identity and independence, but can lead to conflict, isolation, and tension between adolescents and parents or caregivers. Children and adolescents also suffer from the effects of trauma, family conflicts, and bullying. Stakeholders consistently noted the adverse effects of social media, including social isolation, anxiety from "fear of missing out," and online bullying. A great concern was the manifestation of mental health issues at younger ages, starting as early as age nine or even younger.

Older Adults

The challenges faced by older adults came up in nearly every interview, focus group, and community listening session, as well as in the Community Health Survey. Chronic disease, social isolation, lack of family support, living on a fixed income, housing costs, and lack of access to transportation were identified as significant issues. Older adults living alone and without good family support were seen as

particularly vulnerable as they have a higher risk of depression and injury at home. Older adults also suffer greater loss of friends (through death or memory loss) as they age. In the U.S. and the commonwealth, older adults are among the fastest-growing age groups. The first "baby boomers" (adults born between 1946 and 1964) turned 65 in 2011. Over the next 20 years, these baby boomers will gradually enter the older adult cohort.

Chronic/complex conditions are the leading cause of death among older adults, and older adults are more likely than younger adult cohorts to develop chronic illnesses such as hypertension, diabetes, COPD, congestive heart failure, depression, anxiety, Alzheimer's disease, Parkinson's disease, and dementia. By 2030, the CDC and the Healthy People 2020 Initiative estimate that 37 million people nationwide – 60% of the older adult population aged 65 and over – will need to manage more than one chronic medical condition. Significant proportions of this group experience hospitalizations, are admitted to nursing homes, and receive home health services and other social supports in home and community settings. Addressing these concerns demands a service system that is robust, diverse, and responsive.

Low-Resource Individuals and Families

Key informants, focus group participants, and community residents discussed the challenges that individuals and families face when they are forced to decide between paying for housing, food, heat, health care services, child care, transportation, and other essentials. These choices often lead to missed care or delays in care, either due to the direct costs of care (copays and deductibles) or the indirect costs (transportation, child care, or missed wages). There was near consensus that lack of affordable housing was a leading issue in the region. Participants also spoke of the intense challenges that many moderate-income individuals and families face because of the high cost of living, combined with the fact that most of those in the middle-income group are not eligible for public programs like Medicaid, food stamps, Healthy Start, and other subsidized services. Further, those who may be eligible for certain benefits may not know how to access them or may not apply because of the stigma of accepting public assistance.

Individuals with Chronic and Complex Conditions

Though substance use and mental health were the focus of many key informants, providers, and residents, one cannot ignore that heart disease, stroke, and cancer are the leading causes of death in the nation and the commonwealth. Along with other conditions, including asthma and diabetes, these conditions are considered to be chronic and complex and can strike early in one's life, possibly resulting in premature death. It is also important to note that many chronic/complex conditions have the same risk factors, including tobacco use, lack of physical activity, poor nutrition, obesity, and alcohol use. Individuals with chronic/complex conditions often face significant barriers to care (e.g., transportation, lack of health literacy, fragmented care). These issues are exacerbated for older adults and those who are disabled. Many key informants cited a need for care management, navigation, and care coordination for these populations. Several residents also brought up the need for caregiver support and resource programs.

Community Health Priority Areas

Winchester Hospital's CHNA is a population-based assessment – the goal being to identify the full range of community health issues affecting individuals in the CBSA across all demographic and socioeconomic cohorts. The priority issues have been framed in a broad context to ensure that the breadth of unmet needs and community health issues is recognized. These priorities were identified through an integrated and thorough review of all the quantitative and qualitative information gathered throughout the process.

Great care was taken to incorporate input from the community engagement activities. The priorities have been identified to maximize impact, promote collaboration across the region and across service sectors, and address the leading health issues and health-related disparities that were identified through this community needs assessment process. During the later stages of the CHNA process, significant efforts were made to vet the priority issues with leadership and the community at large through meetings with the CBAC, the PAC, and community listening sessions. Winchester Hospital is confident that these priorities reflect the sentiments of the vast majority of those who have been involved in the assessment. Within the priority areas, goals and objectives were determined to maximize impact, focus the hospital's efforts, and leverage existing resources and partnerships.

Figure 13 includes a comparison of priority areas that were chosen from the 2016 and 2019 community health needs assessments. Community health priority areas for 2019 included substance use disorder, noting the ongoing opioid crisis, vaping and marijuana use rates among youth, and continuing issues with alcohol addiction. Social determinants of health and access to care were identified as high-priority areas for 2019, with greater recognition of how social and economic conditions impact health outcomes.

Figure 13. Shift in Community Health Priority Areas, 2016-2019

CHNA 2016 Priority Areas	CHNA 2019 Priority Areas
• Behavioral health • Wellness, and chronic disease prevention and management • Elder health	• Mental health and substance use • Chronic/complex conditions and risk factors • Social determinants of health and access to care

Mental Health and Substance Use

As throughout the commonwealth and the nation, the burden of mental and substance use on individuals, families, communities, and service providers in Winchester Hospital's Community Benefits Service Area is overwhelming. Nearly every key informant interview, focus group, and community forum included discussions on these topics. From a review of the quantitative and qualitative information, depression, anxiety/stress, social isolation, opioids, alcohol, and e-cigarettes/vaping were the leading issues in this domain. There were particular concerns regarding the impact of depression, anxiety, and e-cigarettes/vaping on youth; social isolation among older adults; the prevalence of alcohol use; and the continuing opioid epidemic.

Despite increased community awareness of and sensitivity to the underlying issues and origins of mental health and substance use issues, there is still a great deal of stigma related to these conditions. There is, however, a growing understanding of the role that trauma plays for many of those with mental and/or substance use issues, with both youth and adults using illicit or controlled substances to self-medicate and cope with loss, stress, abuse, and other unresolved traumatic events.

Chronic/Complex Conditions and Their Risk Factors

Heart disease, stroke, and cancer continue to be the leading causes of death in the nation and the commonwealth, and they produce a significant burden on communities. Roughly six in 10 deaths can be attributed to these three conditions. If respiratory disease (e.g., asthma, COPD) and diabetes, which are in the top 10 leading causes across all geographies, are included, one can account for the vast majority of

causes of death. Consistent with national statistics, chronic diseases related to lifestyle/structural environment (obesity, diabetes, asthma, COPD, hypertension) were noted as being conditions with high medical burden throughout Winchester Hospital's Community Benefits Service Area.

Social Determinants of Health and Access to Care

Stakeholders were keenly aware of the impact of social determinants of health on the health and well-being of individuals in the service area. Further, they understood that social determinants of health could affect access to health care services. Social determinants of health having the greatest impact on health and access to care included lack of affordable housing, lack of access to convenient and affordable transportation, underemployment/lack of adequate health insurance coverage, and social isolation.

Community Health Needs Not Prioritized by WH

It is important to note that there are community health needs that were identified by WH's assessment that were not prioritized for inclusion in the Implementation Strategy for a number of reasons:

- It is not feasible for WH to make an impact on the issue in the short or long term.
- The issue imposes only a limited burden on residents of the service area.
- The issue is currently being addressed by community partners in a way that does not warrant additional support.

For example, the lack of walkable streets in several communities was identified as a community health issue, but this issue was deemed by the CBAC to be outside WH's primary sphere of influence. This is not to say that WH will not support efforts in this area; the hospital remains open and willing to work with hospitals across BILH's network and with other public and private partners, such as town administrators, to address this issue collaboratively.

Community Benefits Resources

In recent years, WH has contributed direct, in-kind, and grant funding to support community initiatives operated by the hospitals and their community partners to improve the health of individuals in their service area. WH has leveraged grants and other funds to address health disparities and health inequities, and it has provided uncompensated "charity care" to low-income individuals who were unable to pay for care and services at the hospital.

This year, WH will commit a comparable amount, if not more, through charity care, direct community health program investments, and in-kind resources of staff time, materials, and programs. WH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services and on behalf of its community partners.

Recognizing that community benefits planning is ongoing and will change with continued community input, WH's Implementation Strategy will evolve. Circumstances may change with new opportunities, requests from the community, community and public health emergencies, and other issues that may emerge.

Summary Implementation Strategy

The following is a list of the goals and objectives that have been established for each priority area in WH's full Implementation Strategy, which is included in Appendix D.

Priority Area 1: Mental health and substance use disorders
Goal 1: Support mental health outreach, education, and prevention programs and improve access to treatment and services.
• Reduce isolation and depression. • Reduce environmental risk factors associated with developing mental health issues. • Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners. • Increase awareness of the impacts of and risk factors for developing substance use disorders. • Increase awareness of the signs, symptoms, risks, and stigma of developing mental health issues and promote access to treatment. • Increase access to appropriate mental health and substance use treatment and support services.
Priority Area 2: Chronic/complex conditions and risk factors
Goal 1: Prevent, detect, and manage chronic disease and complex conditions and enhance access to treatment and support services.
• Create awareness of/educate community members about the preventable risk factors associated with chronic and complex health conditions. • Help community members detect chronic disease and provide links to associated services. • Engage individuals in evidence-based/evidence-informed programs that help them better manage their chronic disease. • Educate individuals about achieving a healthy diet. • Increase access to supportive services that reduce stress and anxiety associated with chronic illness.
Priority Area 3: Social determinants of health and access to care
Goal 1: Address barriers to social determinants of health and access to care.
• Increase access to affordable and safe transportation option. • Educate providers and community members about hospital and/or public assistance programs that can help them identify and enroll in appropriate health insurance plans and/or reduce their financial burden. • Enhance awareness about hospital/community resources that address health issues and social determinants of health. • Explore ways to reduce/address housing instability. • Increase access to clinical services for homebound patients. • Increase access to affordable and nutritious foods and affordable physical activity. • Increase awareness about how to create a healthy and safe environment for babies and families, and promote healthy child development.

Appendices

Appendix A: Detailed Community Engagement Summary

Appendix B: Data Book

Appendix C: Resource Inventory

Appendix D: Implementation Strategy

Appendix E: Acronyms and Definitions

Appendix A:

Detailed Community Engagement Approach

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Key Informant Interviews

Name	Title/Affiliation	Sectors(s) Represented/ Population Served
Richard Nesto, MD	Chief Medical Officer, Lahey Health	Internal
Deb Costello	Lahey Health at Home	Internal
Hilary Jacobs	President, Beth Israel Lahey Health Behavioral Services	Internal
Les Sebba, MD	President and Chief Medical Officer, Lahey Clinical Performance Network	Internal
Theresa Giove	Executive Director, Urgent Care	Internal
Linda Weller-Newcomb	Vice President, Lahey Health Cancer Institute	Internal
Richard Iseke	Chief Quality Officer, Lahey Health System	Internal
Pauline Lodge	Senior Vice President, Business Development/Marketing & Communications	Internal
Wayne Saltsman, MD	Chief Medical Officer, Lahey Health Continuing Care	Internal
Kathy Schuler	Chief Nursing Officer/Chief Operating Officer, Winchester Hospital	Internal
Richard Weiner, MD	Chief Executive Officer, Winchester Hospital	Internal
Dana Zitkovsky, MD	Chief Medical Officer, Winchester Hospital	Internal
Denise Flynn	Vice President of Philanthropy, Winchester Hospital	Internal
Karen Keaney	Assistant Chief Nursing Officer, Emergency Services & Case Management, Winchester Hospital	Internal
Catharine Robertson	Vice President of Physician Services, Winchester Hospital	Internal
Matthew Woods	Vice President Finance, Winchester Hospital and Lahey Health Community Network	Internal
Kathleen Beyerman	Director, Winchester Hospital Center for Healthy Living, ACNO	Internal
Sue Powers	Associate Director, Winchester Center for Healthy Living	Internal
Penelope Funaiole	Mystic Valley Substance Use Prevention Coalition	General community
Carol O'Loughlin	Massachusetts Department of Mental Health, Stoneham Substance Abuse Coalition	Mental health
Marion Ryan	Middlesex County District Attorney	Middlesex County
Jenny Vanasse & Lauren Reid	Mystic Valley Elder Services	Older adults
Dean Solomon	Executive Director, Council of Social Concern	Low resource individuals and families
Carla Beaudoin & Chris Norris	Director of Program Development, MetroHousing Boston	Low resource individuals and families
Lisa Wong	Winchester Town Manager	Winchester community
Maria Ruggiero	Coordinator, Tewksbury Substance Abuse Prevention Collaborative	Tewksbury community
Jeffrey Hull/Tracy Mello	Town Manager & Health Director, Wilmington	Wilmington community

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Name	Title/Affiliation	Sectors(s) Represented/ Population Served
Stephen Maio	Town Administrator, Wakefield	Wakefield community
Winchester Town Leaders	Peter MacDonnell, Chief of Police John Nash, Fire Chief Phillip Beltz, Director of Jenks Center/Winchester Council on Aging	Winchester community
Stoneham Town Leaders	Representatives from Town Administration, Public Safety, and Health Department.	Stoneham community
Medford Town Leaders	Stephanie Burke, Mayor Jeff Buckley, Chief of Police Maryann O'Connor, Director of Public Health	Medford community

Key Informant Interview Guide

Introduction: As you may know, the Hospital is conducting a Community Health Needs Assessment (CHNA) to better understand the health needs of those living in its service area. This assessment, and a subsequent Implementation Strategy, is required of all non-profit hospitals to meet state Attorney General and Federal IRS requirements. The Implementation Strategy will outline how the hospital will work to address health needs and factors leading to poor health, as well as ways in which it will build on the community's strengths. It is therefore extremely important that the Hospital hear from a broad range of people living, working, and learning in the community. JSI has been contracted by the Hospital to conduct the assessment, which will include interviews, a Community Health Survey, and focus groups. This interview is part of the data collection and should take between 30-60 minutes. To ensure our data reflect your community or the community you serve, it is important that you speak openly and honestly. We will be taking notes during the conversation, but will not link your name or personal information to your quotes without your permission. Do you have any questions before I get started?

- **Question 1 (External):** Could you tell me more about yourself? How long have you worked at [name of organization]? Are you also a resident of a community within the service area? **(Internal):** What is your role at the hospital and how long have you worked there?
    - *Probe for information on programs/services offered through their organization, populations they work with, etc.*

- **Question 2:** The assessment is looking at health defined broadly – beyond clinical health issues, we are also looking at the root causes most commonly associated with ill health (e.g. housing, transportation, employment/workforce, etc.) What do you see as the major barriers to care for those in the service area?
    - *Try to identify top 2-3*

- **Question 3:** What clinical health issues (e.g. substance use, mental health, cancer, overweight/obesity, etc.) do you think are having the biggest impact on those in the service area?
    - *Try to identify top 2-3*

- **Question 4:** What segments of the population have the most significant health needs or are most vulnerable? (e.g. young children, low-income, non-English speakers, older adults, etc.)
    - *Do you see this changing in the future? Improving? Getting worse?*

- **Question 5 (External interviewees):** Are there programs of services offered by other community organizations that you think are working well to address the needs of the community? **(Internal interviewees):** How effectively do you think the Hospital is currently meeting the needs of the community? Are there specific programs or services offered by the Hospital that stand out to you as working well to address community health?
    - *Mention that we will be compiling a list of community organizations/resources for the Resource Inventory*

- **Question 6:** As we explained at the beginning of the interview, we will be making an effort to gather input from community residents as part of this assessment. Can you recommend any strategies to engage hard-to-reach populations?
    - *Any coalitions or advocacy groups that work with hard-to-reach populations?*

- **Question 7:** Finally, we are working to gather quantitative data to characterize health status – this includes demographic and socioeconomic data, and disease-specific incidence, hospitalization, emergency department, and mortality data wherever it is available. Do you know of, or use, any local data sources (e.g. reports, other needs assessments, etc.)?

Additional questions for internal interviewees:

- Where do you see opportunities for the Hospital to implement programs and services to address community health needs?
- Are there any community organizations that you would identify as a strong partner to the Hospital?

Focus Groups

Name of group	Population/Sector Represented	Date	Location	Number of attendees (approximate)
Seniors/Elders Residents from WH's nine cities/towns in the CBSA	Older adults living within the community benefit service area	March 29, 2019	Winchester Center for Cancer Care	25
Boys & Girls Club of Stoneham & Wakefield	Youth	March/April 2019 (discussion facilitated by B&G staff)	Boys & Girls Club of Stoneham & Wakefield	20
Winchester Housing Authority	Individuals and families living in subsidized housing, low resource individuals and families	Westley Street (April 17, 2019); Palmer Street (April 24, 2019)	Palmer and Westley Street housing complexes	20
Winchester Coalition for a Safer Community	Youth at risk for substance use/mental health issues	April 2, 2019	Winchester Town Hall	15

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Focus Group Guide

Introduction & Purpose: The Hospital is conducting a Community Health Needs Assessment (CHNA) to better understand the health needs of those living in its service area. This assessment, and a subsequent Implementation Strategy (IS) are required of all non-profit hospitals to meet state Attorney General and Federal IRS requirements.

The IS will outline how the hospital will work to address health needs and factors leading to poor health, as well as ways in which it will build on the community's strengths. It is therefore extremely important that the Hospital hear from a broad range of people living, working, and learning in the community. To ensure our data reflect your community or the community you serve, it is important that you speak openly and honestly. We will be taking notes during the conversation, but will not link your name or personal information to your quotes without your permission.

- **Question 1:** The assessment is looking at health defined broadly – beyond clinical health issues, we are also looking at the root causes of ill health (e.g. housing, transportation, employment/workforce, poverty), also called the "social determinants of health." What social determinants do people struggle with the most in your community? *Try to identify top 2-3*

- **Question 2:** What clinical health issues (e.g. substance use, mental health, cancer, overweight/obesity) are having the biggest impact on those in your community? *Try to identify top 2-3*

- **Question 3:** What segments of the population have the most significant health needs or are most vulnerable for poor health? (e.g. young children, low-income, non-English speakers, older adults, racial/ethnic minorities) *Do you see this changing in the future? Improving? Getting worse?*

- **Question 4:** How effectively do you think the Hospital is currently meeting the needs of your community?

- **Question 5:** Where do you see opportunities for the Hospital to implement programs/services to address community health needs?
- **Question 6:** Are there programs or services offered by other community organizations that you think are working well to address the needs of the community?

- **Question 7:** We will be making an effort to gather input from community residents as part of this assessment. Can you recommend any strategies to engage hard-to-reach populations?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Community Listening Sessions

Name of group	Population/Sector Represented	Date	Location	Number of attendees (approximate)
Community session	Winchester Hospital community partners, residents	June 21, 2019	Winchester Hospital Cancer Center, Winchester	25
Community session	Winchester Hospital and Melrose Wakefield Hospital community partners, and residents of combined service area	June 13, 2019	Stoneham Town Hall	25

JSI facilitated a community forum with residents of the Hospital's service area at Winchester Hospital Cancer Center. JSI co-facilitated a second community forum in collaboration with Melrose Wakefield Hospital community benefit team; Winchester Hospital and Melrose Wakefield Hospital have some overlap in their Community Benefits Service Areas and community partners. Each location was chosen because it represented a safe, neutral, and accessible location for community residents to share their thoughts. The listening sessions were advertised via the following distribution channels:

- Email to 150 community partners
- Local chamber of commerce email distribution and website postings
- Local libraries
- Winchester Hospital social media channels

JSI facilitated the community listening sessions by presenting a high-level overview of quantitative data findings from the Hospital's Community Health Needs Assessment and then soliciting feedback and input from participants. JSI presented findings from the quantitative analysis as well as qualitative findings to date from the key informant interviews, focus groups, and Community Health Survey, and then facilitated a discussion following the topics listed below. Questions were discussed in small groups and results presented out to the full group. JSI documented the results for incorporation into the needs assessment and implemented strategy.

Community Listening Discussion Questions

1. Think of the data you've seen, and your own knowledge/experiences. What are the most pressing barriers to good health for those in your community?
2. Think of the data you've seen, and your own knowledge/experiences. What health issues do you think people struggle with the most in your community?
3. Think of the data you've seen and your own knowledge/experiences. What populations do you think are vulnerable or at-risk for poor health in your community?
4. What resources are available in your community to help address the issues discussed today?

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Community Health Survey

Translated into Chinese (traditional), Haitian-Creole, Hindi, Italian, Khmer, Portuguese, and Spanish

Distribution channels:

Community partners (distributed via email to 150+)

Local Councils on Aging and elder services providers

Local public libraries

Winchester Multicultural Network

Winchester Housing Authority

Council of Social Concern

Wakefield/Lynnfield Chamber of Commerce

Woburn YMCA

Winchester Coalition for Safer Community

Stoneham Substance Abuse Coalition

Stoneham Chamber of Commerce

Woburn Business Association

Wilmington Town Crier

Daily Times Chronicle

Reading/North Reading Chamber of Commerce

Wilmington/Tewksbury Chamber of Commerce

North Reading Council on Aging

Housing Authority Outreach (North Reading, Reading, Tewksbury, Wakefield)

Community Health Survey Questions

Beverly Hospital and Addison Gilbert, Lahey Hospital and Medical Center, and Winchester Hospital are conducting Community Health Needs Assessments to better understand the most pressing health-related issues for residents in the communities we serve. The information gathered will help us develop health improvement plans that address these issues, and guide our decisions on investments in community programs and services. Your input is extremely important to us.

Please take about 10 minutes to complete this survey. Your responses will be anonymous.

This survey has been shared widely. **Please complete this survey only once**.

Please email Madison MacLean (madison_maclean@jsi.com) with questions.

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

Question 1: What town do you live in?

Question 2: How old are you?

__ Under 18 __ 18 to 24 __ 23 to 34 __ 35 to 44

__ 45 to 54 __ 55 to 64 __ 65 to 74 __ 75 or older

Question 3: Are you Hispanic, Latino/a, or of Spanish origin? __Yes __No

Question 4: Which of these best describes your face? Choose all that apply.

__ White __ Black or African American __ Asian

__ Native Hawaiian or Pacific Islander __ American Indian or Alaska Native __ Other (please specify)

Question 5: Think about your community. Choose the top three (3) issues that you think prevent people from being able to live a healthy life.

__ Housing is expensive or unsafe

__ Transportation issues

__ Cannot find or afford healthy foods

__ No or limited health insurance

__ No or limited education

__ Poverty, low wages, no jobs

__ Other (please specify)

__ Unsafe streets (bad roads or sidewalks)

__ Physical inactivity or sedentary lifestyle

__ Social isolation, lack of support, loneliness

__ Long commute to/from work or school

__ Discrimination, racism, distrust

__ Crime or violence

Question 6: Read the following statements. Check all that you agree with.

__ Expensive co-payments for care and medication stop me from seeking care or filling prescriptions

__ It is hard to find health care providers that understand my (or others') language, culture, religion

__ It is hard to find doctors that are taking new patients

__ It is hard to find appointments that work with my schedule

__ Health care is too expensive

Question 7: Think about your community. Choose the top three (3) populations that you think have the greatest health needs.

__ Young children (0-5 years of age)

__ School age children (6-11 years of age)

__ Non-English Speakers

__ Homeless/housing insecure

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

__ Adolescents (12-17 years of age)

__ Young adults (18-24 years of age)

__ Older Adults (older than 65 years of age)

__Immigrants/Refugees

__ Other (please specify)

__ Low-income populations

__Those with disabilities (physical, cognitive, developmental)

__ Lesbian, gay, bisexual, transgender, queer/questioning

__Racial/ethnic minorities

Question 7: Think about your community. Choose the top three (3) health issues that you think people struggle with the most.

__ Cancer

__ Cardiovascular conditions (e.g. hypertension/high blood pressure, heart disease, stroke)

__ Respiratory diseases (e.g. asthma, chronic obstructive pulmonary disease [COPD], emphysema)

__ Physical inactivity, nutrition, and/or obesity

__ Maternal and child health issues (e.g., prenatal care, teen pregnancy, infant mortality)

__ Diabetes

__ Dental care

__ Infectious disease (e.g. influenza, HIV/AIDS, sexually transmitted infections, hepatitis C)

__ Neurological disorders (e.g. Alzheimer's, Parkinson's, dementia)

__ Mobility impairments (e.g. falls, arthritis, fibromyalgia)

__ Mental health

If chosen: __ Depression __ Anxiety/Stress __ Other mental illness

__ Substance use

If chosen: __ Alcohol __ Marijuana __ Opioids/Prescription drugs __ Nicotine (including e-cigarettes)

Question 9: What programs or services offered by organizations in your community stand out as working well to address your community's health needs? Please specify.

Question 10: Think about your community. What health services are hard for people to access? (Check all that apply)

__ Primary care (e.g. family, general practice, internal medicine physicians)

__ Emergency care

__ Urgent care (e.g. immediate care centers, Minute Clinics)

__ Oral health care (e.g. dentists, oral surgeons)

APPENDIX A: DETAILED COMMUNITY ENGAGEMENT SUMMARY

__ Specialty care (e.g. cardiology, dermatology, oncology, endocrinology)

__ OB/GYN (e.g. female reproductive system, maternity care)

__ Pharmacies

__ Inpatient or residential drug and alcohol treatment (e.g. rehabilitation and detoxification)

__ Outpatient drug and alcohol treatment (e.g. medication-assisted treatment, outpatient clinics)

__ Inpatient mental health treatment (e.g. residential treatment, psychiatric hospitals, hospital inpatient units)

__ Outpatient mental health treatment (e.g. community mental health centers, mental health counseling)

__ Long-term care (e.g. assisted living, skilled nursing facilities/nursing homes, convalescent homes)

__ Other (please specify)

Question 11: What programs or services should the Hospital offer to improve community health? Please specify.

Question 12: Please provide additional thoughts on community health issues, or how the Hospital could better improve health in your community.

Thank you for your input. Please contact Madison MacLean (Madison_Maclean@jsi.com) with questions.

Appendix B:

Data Book

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

	MA	Middlesex County	Medford	North Reading	Reading	Stoneham	Tewksbury	Wakefield	Wilmington	Winchester	Woburn	Source
Demographics												
Population	6789319	1582857	57700	15598	25769	21967	30666	26823	23538	22579	39500	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Age												
Under 5 years	5.3	5.5	5.6	5.2	6.1	5.7	4.6	4.9	5.2	6.2	5.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
5 to 9 years	5.5	5.5	3.5	5.6	6.4	3.8	4.8	4.8	6.3	8.4	5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
10 to 14 years	5.9	5.7	3.2	6.2	6.5	5.8	6.2	6	6.2	9	5.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
15 to 19 years	6.8	6.5	5.3	7.9	6.5	4.3	6.5	4.9	6.8	5.9	5.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
20 to 24 years	7.2	6.9	10.4	3.9	3.9	5.2	5.9	4.9	5.6	3.3	5.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
25 to 34 years	13.9	15.2	20.7	9.7	11	13.1	11.2	12.9	13.4	6.8	16.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
35 to 44 years	12.3	13.2	12.2	13	13.5	12.9	11.5	13.4	9.9	13	13	US Census Bureau, 2013-2017 ACS 5-Year Estimates
45 to 54 years	14.3	14.4	12.2	18.4	16.7	15.6	16	15	15.6	17.7	13.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
55 to 59 years	7.1	6.9	6.8	8	7.6	8	8.2	8.8	9	7.3	7.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
60 to 64 years	6.2	5.8	5.5	7.6	6.4	6.9	7.6	7.1	6.5	4.8	6.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
65 to 74 years	8.7	8	7.3	8.5	8.3	9.7	10.1	9.7	7.9	9.2	7.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
75 to 84 years	4.5	4.3	4.7	4.9	4.3	5.5	5.4	5.1	4.4	5.3	5.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
85 years and over	2.3	2.1	2.5	1.2	2.6	3.5	2	2.6	3.3	3.2	2.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Median age (years)	39.4	38.5	35.8	44.3	41.9	44.4	44.6	43.5	42.3	43.3	40.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Age under 18 (%)	20.4	20.3	14.5	21.8	23.4	17.9	19.7	19.1	22.1	28	19.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Age over 65 (%)	15.5	14.4	14.5	14.6	15.3	18.7	17.5	17.3	15.5	17.7	16.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Race / Ethnicity / Culture												US Census Bureau, 2013-2017 ACS 5-Year Estimates
White alone (%)	78.9	77.9	77.1	91.2	92.4	93.7	92.4	93.5	89.5	83.2	82.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Black or African American alone (%)	7.4	5.2	8.7	1.3	0.7	2.1	1.8	1.2	2.6	0.7	6.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Asian alone (%)	6.3	11.2	9.7	5.3	4.6	2.6	3.8	2	4.9	12.5	6.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Native Hawaiian and Other Pacific Islander (%) alone	0	0	0	0	0	0	0	0	0.1	0	0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
American Indian and Alaska Native (%)	0.2	0.2	0.1	0.2	0.1	0	0.1	0.1	0	0	0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Some Other Race (%)	4.1	2.6	1.2	0.9	0.4	0.9	0.6	1.8	0.7	0.9	2.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Two or More Races (%)	3.1	2.9	3.2	1.1	1.8	0.7	1.4	1.4	2.2	2.6	1.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Hispanic or Latino of Any Race (%)	11.2	7.7	5.3	1.3	2	3.3	1.6	3.9	1.5	1.6	3.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Foreign Born (%)	16.2	20.5	21.6	7.5	8.8	11.5	7.5	8.4	9.5	16.8	17.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Language Spoken at Home by Population 5 Years and Older												
Language other than English	23.1	26	28.5	9.7	9.6	14.8	9	10.2	10.7	19.3	20.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	9.1	9.3	10.9	1.7	2.2	4.4	2.8	4.2	3	5.3	8.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Speak Spanish at home (%)	8.8	5.9	4.4	0.4	0.8	2.8	0.8	3.5	0.5	1.3	2.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	3.6	2.1	1	0	0.1	0.3	0.2	1.6	0.1	0.1	1.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Other Indo-European languages (%)	8.8	11.3	15.8	5.7	4.6	9.1	5.9	4.9	5.8	9.8	12.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	3.1	3.7	5.9	0.8	1	3.3	1.6	1.7	1.8	2.4	4.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Asian and Pacific Islander Languages (%)	4.2	7	6.3	2.8	3.6	1.4	1.8	1.4	3.4	7.5	3.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
speak English less than "very well" (%)	2.0	2.9	3.3	0.6	1	0.4	0.8	0.7	0.8	2.6	1.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Household												US Census Bureau, 2013-2017 ACS 5-Year Estimates
Total households	2585715	593784	22490	5422	9476	9062	11567	10532	7947	7928	15237	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Family households (families) (%)	63.7	64.9	56.3	77.3	73	63.6	69.5	69	79.8	77.1	64.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With own children of the householder under 18 years (%)	27.1	28.9	19.9	31.7	33.4	23.2	27.3	28	32	41.8	25.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
In married couple family (%)	47.2	51.6	43.9	66.4	63.7	51.5	56.7	56.7	67	71.1	49	US Census Bureau, 2013-2017 ACS 5-Year Estimates
In married couple family - With own children of the householder under 18 years (%)	18.9	22.9	16.4	29.1	30.4	19.7	20.8	22.8	27.1	38.6	19.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Male householder, no wife present, family(%)	4.2	3.6	3.7	2.5	1.7	3.9	3.1	4.2	3.1	1.8	5.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Male householder, no wife present, family - With own children of the householder under 18 years(%)	1.7	1.3	0.6	0.6	0.6	1.5	1.1	1.6	0.6	0.9	1.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Female householder, no husband present, family(%)	12.3	9.7	8.7	8.4	7.6	8.3	9.7	8	9.8	4.3	10.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Female householder, no husband present, family - With own children of the householder under 18 years(%)	6.5	4.7	3	2	2.4	2.1	5.4	3.6	4.3	2.3	4.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Nonfamily households(%)	36.3	35.1	43.7	22.7	27	36.4	30.5	31	20.2	22.9	35.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Average family size	3.13	3.14	3.06	3.3	3.22	3.06	3.18	3.03	3.31	3.29	3.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Income/Poverty												
Unemployment Rate among Civilian Labor Force (%)	6	4.8	4.8	3.4	3.9	4	4.7	4.6	4.9	2.9	4.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Median household income (dollars)	$74,167	$92,878	$86,204	$124,750	$114,354	$90,320	$93,817	$92,252	$118,549	$152,196	$83,304	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - all residents (%)	11.1	8.2	10.3	3.4	2.9	4.3	5.4	4.4	2.9	2.3	6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - families (%)	7.8	5.5	5.8	2.2	2	2.9	4.1	1.9	2.3	1.6	4.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - under 18 years (%)	14.6	9.3	9.1	2.4	3.5	3.5	6.8	3.5	4.6	0.5	7.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - age 65+ (%)	9	7.5	9.3	4.8	4.6	7.6	6.4	7.2	3.7	4.4	7.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below federal poverty line - female head of household, no husband present (%)	24.4	19.6	20.4	5.3	10.2	9.7	16.9	3.9	9.9	0	15	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below 200% of poverty level	23.7	17.9	21.6	7.8	9.4	10.7	12.2	11.8	11.2	6.3	16.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below 300% of poverty level	36.4	28.2	32.9	14.2	15.8	21.2	23.1	21.8	18.3	10.9	28.0	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Below 400% of poverty level	48.6	39.2	45.9	23.2	23.7	31.5	36.1	33.4	26.6	16.9	41.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With cash public assistance income (%)	2.8	1.8	1.4	1	0.6	1.4	1.8	1.3	2.2	0.7	1.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With Food Stamp/SNAP benefits in the past 12 months (%)	12.3	7.7	6.6	1.8	3.1	6.9	4.3	5.6	5.2	1.9	7.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
SNAP Gap (%)	48		65	69	64	63	65	62	69	76	64	Food Bank of Western MA 2018
Health Insurance												
Without insurance (%)	3	2.8	3.2	0.4	1.1	2	1.4	2	0.7	1	2.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With public insurance (%)	35.5	28.4	28.5	21.1	21	26.5	29.2	24.7	27.4	19.8	32.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
With private insurance (%)	74.2	80.4	80.7	92.3	89.5	87.3	84.9	87.4	85.5	92.1	78.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Transportation												
Takes car, truck, van (alone) to work (%)	70.7	68.1	60	84.1	77.9	82.1	85.7	78.8	83.8	70.8	80.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Takes car, truck, van (carpool) to work (%)	7.5	6.9	8.3	4.1	5.2	5.5	5.8	6	6.7	7.3	7.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Takes public transportation (excluding cab) to work(%)	10.2	12.1	20.1	4.2	9.2	7.5	2.7	8.3	4.3	12.1	4.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Mean commute time (minutes)	29.3	30.3	32.1	34.3	32.6	29.2	30.8	30.8	31.5	33	26.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates

	MA	Middlesex County	Medford	North Reading	Reading	Stoneham	Tewksbury	Wakefield	Wilmington	Winchester	Woburn	Source
Demographics												
Worked outside county of residence(%)	30.8	30.4	38.1	35.8	32.5	35.2	24.3	39.9	28.2	36.7	21.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Housing												
Vacant housing units (%)	9.7	5.2	4.6	5.1	4.1	2.7	2.9	3.9	1.6	4.6	6.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Owner-occupied (%)	62.4	62.6	57.5	85.5	78.8	66.4	86.7	74.7	84.4	86.1	62.2	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Avg household size of owner occupied	2.69	2.76	2.6	2.99	2.9	2.68	2.7	2.7	2.96	2.91	2.67	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Monthly owner costs exceed 30% of household income (%)	31.5	29.2	32.4	21.8	25.9	26.4	31.5	32.5	25.2	26.3	25.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Renter-occupied (%)	37.6	37.4	42.5	14.5	21.2	33.6	13.3	25.3	15.6	13.9	37.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Avg household size of renter occupied	2.26	2.24	2.27	2.04	1.94	1.89	1.88	1.93	2.72	2.2	2.41	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Gross rent exceeds 30% of household income (%)	50.1	46	40.3	48.5	38.4	42.7	51.3	38.8	47.7	49.8	44.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Median Household Income for Section 8 Participant, 2017			$12,588	$12,936	$10,403	$19,727		$14,819	$13,392	$11,683	$14,724	Metro Housing Boston, October 2018
Educational Attainment (Population 25 Years and Older)												
High school degree or higher (%)	90.3	92.8	92.3	97.5	97.1	94.3	93.8	93.4	95.4	97.8	94.3	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Bachelor's degree or higher (%)	42.1	54.1	49.6	52.3	62	44.8	33.6	50.7	40.8	75.5	41.4	US Census Bureau, 2013-2017 ACS 5-Year Estimates
School Enrollment												
Graduation rate(%), 2017	88.3		89.7	97.9	96.4	93.4	94.6	95.4	96.6	98.5	90	Massachusetts Department of Elementary and Secondary Education School and District Profiles
Drop out rate(%), 2017	4.9		4.5	0.5	1.1	3.8	2.2	0.8	1.3	0	3.4	Massachusetts Department of Elementary and Secondary Education School and District Profiles
First language not English, 2018-19	21.9		25.6	1.3	2.1	12.8	4.1	5.5	2.9	16.8	19.3	Massachusetts Department of Elementary and Secondary Education School and District Profiles
English language learners(%), 2018-19	10.5		10.6	0.5	1	3.5	1.4	2.3	0.9	2.5	8.2	Massachusetts Department of Elementary and Secondary Education School and District Profiles
Students with Disabilities(%), 2018-19	18.1		18.8	19.4	17.2	19.8	17.4	15.8	19	17.3	16.3	Massachusetts Department of Elementary and Secondary Education School and District Profiles
High Needs, 2018-19	47.6		48.4	25.2	23.5	34.2	30	27.2	26.5	25.7	42.6	Massachusetts Department of Elementary and Secondary Education School and District Profiles
Economically disadvantaged(%), 2018-19	31.2		28.9	7.8	8.3	16.1	15.1	12.2	9.2	5	25.1	Massachusetts Department of Elementary and Secondary Education School and District Profiles
Total Expenditures per Pupil, 2017	$ 15,911.38		$ 16,930.61	$ 15,223.65	$ 13,561.55	$ 15,520.34	$ 16,331.72	$ 14,986.21	$ 16,859.67	$ 13,547.31	$ 16,613.01	Massachusetts Department of Elementary and Secondary Education School and District Profiles
Crime												
Violent crime counts	23393		88	24	8	27	85	46	30	9	63	FBI Uniform Crime Reports 2017
Murder/non-negligent manslaughter	171		0	0	0	0	0	0	0	0	0	FBI Uniform Crime Reports 2017
Forcible rape	2012		5	6	2	1	23	5	4	1	3	FBI Uniform Crime Reports 2017
Robbery	4643		14	5	2	1	10	3	6	1	5	FBI Uniform Crime Reports 2017
Aggravated assault	16567		69	13	4	25	52	38	20	7	55	FBI Uniform Crime Reports 2017
Property crime counts	92614		663	65	157	199	331	195	175	119	433	FBI Uniform Crime Reports 2017
Burglary	16371		115	6	25	72	52	36	26	18	39	FBI Uniform Crime Reports 2017
Larceny-theft	68955		485	52	129	118	258	150	141	99	355	FBI Uniform Crime Reports 2017
Motor vehicle theft	7288		63	7	3	9	21	9	8	2	39	FBI Uniform Crime Reports 2017
Arson	373		1	0	0	0	2	0	0	1	0	FBI Uniform Crime Reports 2017
Violent crime rate (per 100,000)	353.1		153.3	152.1	30.7	122.3	272.0	170.1	126.1	39.0	158.8	FBI Uniform Crime Reports 2017
Murder/non-negligent manslaughter	2.6		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	FBI Uniform Crime Reports 2017
Forcible rape	30.4		8.7	38.0	7.7	4.5	73.6	18.5	16.8	4.3	7.6	FBI Uniform Crime Reports 2017
Robbery	70.1		24.4	31.7	7.7	4.5	32.0	11.1	25.2	4.3	12.6	FBI Uniform Crime Reports 2017
Aggravated assault	250.1		120.2	82.4	15.4	113.2	166.4	140.5	84.1	30.4	138.6	FBI Uniform Crime Reports 2017
Property crime rate (per 100,000)	1398.1		1154.7	411.9	603.1	901.4	1059.4	720.9	735.6	516.1	1091.3	FBI Uniform Crime Reports 2017
Burglary	247.1		200.3	38.0	96.0	326.1	166.4	133.1	109.3	78.1	98.3	FBI Uniform Crime Reports 2017
Larceny-theft	1040.9		844.7	329.5	495.5	534.5	825.7	554.5	592.7	429.3	894.7	FBI Uniform Crime Reports 2017
Motor vehicle theft	110.0		109.7	44.4	11.5	40.8	67.2	33.3	33.6	8.7	98.3	FBI Uniform Crime Reports 2017
Arson	5.6		1.7	0.0	0.0	0.0	6.4	0.0	0.0	4.3	0.0	FBI Uniform Crime Reports 2017

TABLE C16001: LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OLDER, 2013-2017 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATES

	MASSACHUSETTS			MIDDLESEX COUNTY			MEDFORD			NORTH READING			READING			STONEHAM			TEWKSBURY			WAKEFIELD			WILMINGTON			WINCHESTER			WOBURN		
	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Error (+/-)	Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Error (+/-)	Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+	Estimate	Margin of Error (+/-)	% of Total Pop 5+
Population 5 years and over	6,426,464	235		1,495,498	38		54,440	364		14,792	185		24,188	279		20,722	237		29,247	228		25,501	235		22,322	269		21,174	175		37,406	345	
Speak only English at home	4,940,967	10294	76.88	1,106,909	4930	74.02	38,921	1369	71.49	13,359	459	90.31	21,871	566	90.42	17,663	529	85.24	26,618	583	91.01	22,896	557	89.78	19,943	504	89.34	17,080	483	80.66	29,639	1105	79.24
SPANISH or SPANISH CREOLE	564401	3666	8.78	88,210	1614	5.90	2391	536	4.39	57	48	0.39	197	121	0.81	570	240	2.75	237	120	0.81	885	366	3.47	118	76	0.53	265	126	1.25	883	295	2.36
Speak English less than "very well"	231354	3814	3.60	31478	1666	2.10	526	223	0.97	0	19	0.00	33	37	0.14	52	34	0.25	67	47	0.23	405	272	1.59	17	24	0.08	30	27	0.14	440	255	1.18
FRENCH (Incl. Haitian, Cajun)	132329	4043	2.06	32936	1836	2.20	2874	725	5.28	131	125	0.89	100	72	0.41	302	199	1.46	153	56	0.52	82	59	0.32	174	127	0.78	307	123	1.45	534	366	1.43
Speak English less than "very well"	44747	2433	0.70	10216	968	0.68	1008	341	1.85	0	19	0.00	19	28	0.08	0	23	0.00	44	43	0.15	25	25	0.10	14	23	0.06	56	37	0.26	149	169	0.40
GERMAN or WEST GERMANIC	19924	1092	0.31	6207	574	0.42	155	85	0.28	34	41	0.23	66	78	0.27	7	12	0.03	71	89	0.24	53	44	0.21	22	26	0.10	162	105	0.77	163	92	0.44
Speak English less than "very well"	1928	325	0.03	549	157	0.04	17	27	0.03	18	29	0.12	0	23	0.00	7	12	0.03	0	26	0.00	12	19	0.05	0	23	0.00	51	51	0.24	9	13	0.02
RUSSIAN, POLISH, OTHER SLAVIC LANGUAGES	68622	2476	1.07	19501	1347	1.30	453	162	0.83	45	54	0.30	233	169	0.96	163	137	0.79	63	53	0.22	182	93	0.71	241	141	1.08	372	150	1.76	464	224	1.24
Speak English less than "very well"	24843	1475	0.39	5473	625	0.37	132	102	0.24	0	19	0.00	36	42	0.15	42	66	0.20	0	26	0.00	13	20	0.05	40	49	0.18	105	77	0.50	134	107	0.36
OTHER INDO-EUROPEAN LANGUAGES	342002	6921	5.32	110749	3831	7.41	5124	886	9.41	627	279	4.24	713	330	2.95	1420	344	6.85	1452	450	4.96	924	304	3.62	857	302	3.84	1231	277	5.81	3389	732	9.06
Speak English less than "very well"	124738	3762	1.94	39346	2095	2.63	2042	506	3.75	97	75	0.66	186	174	0.77	627	205	3.03	411	181	1.41	373	201	1.46	358	181	1.60	299	118	1.41	1242	384	3.32
KOREAN	16205	1117	0.25	7287	841	0.49	158	168	0.29	0	19	0.00	149	140	0.62	52	53	0.25	96	81	0.33	0	23	0.00	22	26	0.10	99	93	0.47	173	161	0.46
Speak English less than "very well"	6657	703	0.10	3010	468	0.20	99	160	0.18	0	19	0.00	72	64	0.30	10	15	0.05	44	38	0.15	0	23	0.00	13	20	0.06	17	25	0.08	47	38	0.13
CHINESE (Incl. Mandarin, Cantonese)	129412	3282	2.01	50676	2171	3.39	2370	693	4.35	57	58	0.39	293	151	1.21	172	121	0.83	108	62	0.37	248	179	0.97	106	83	0.47	1230	266	5.81	317	176	0.85
Speak English less than "very well"	65004	2159	1.01	21368	1356	1.43	1281	571	2.35	42	53	0.28	102	69	0.42	82	77	0.40	45	35	0.15	149	108	0.58	37	35	0.17	479	186	2.26	148	118	0.40
VIETNAMESE	40633	2373	0.63	7571	1104	0.51	337	183	0.62	24	38	0.16	0	23	0.00	0	23	0.00	61	75	0.21	0	23	0.00	103	112	0.46	16	23	0.08	144	133	0.38
Speak English less than "very well"	25302	1535	0.39	4532	828	0.30	158	113	0.29	0	19	0.00	0	23	0.00	0	23	0.00	14	24	0.05	0	23	0.00	0	23	0.00	0	23	0.00	108	104	0.29
TAGALOG (Incl. Filipino)	8099	1054	0.13	2258	459	0.15	50	52	0.09	0	19	0.00	15	25	0.06	7	13	0.03	9	15	0.03	7	11	0.03	171	147	0.77	0	23	0.00	26	28	0.07
Speak English less than "very well"	2050	491	0.03	616	279	0.04	50	52	0.09	0	19	0.00	15	25	0.06	0	23	0.00	0	26	0.00	0	23	0.00	0	23	0.00	0	23	0.00	11	17	0.03
OTHER ASIAN AND PACIFIC ISLAND LANGUAGES	73329	2937	1.14	36300	2104	2.43	532	243	0.98	326	261	2.20	413	233	1.71	50	63	0.24	254	256	0.87	103	101	0.40	351	189	1.57	242	109	1.14	768	383	2.05
Speak English less than "very well"	27609	1545	0.43	13671	1044	0.91	227	153	0.42	40	50	0.27	49	60	0.20	0	23	0.00	124	161	0.42	21	34	0.08	128	88	0.57	65	37	0.31	290	164	0.78
ARABIC	33313	2482	0.52	8543	1099	0.57	703	391	1.29	80	121	0.54	0	23	0.00	97	93	0.47	110	121	0.38	64	61	0.25	32	51	0.14	102	115	0.48	114	114	0.30
Speak English less than "very well"	13085	1451	0.20	3412	642	0.23	311	320	0.57	0	19	0.00	0	23	0.00	52	65	0.25	60	75	0.21	49	44	0.19	16	26	0.07	23	34	0.11	22	33	0.06
OTHER AND UNSPECIFIED LANGUAGES	57228	3205	0.89	18351	1816	1.23	372	207	0.68	52	80	0.35	138	116	0.57	219	214	1.06	15	21	0.05	57	58	0.22	182	150	0.82	68	59	0.32	792	564	2.12
Speak English less than "very well"	15631	1442	0.24	4792	873	0.32	85	77	0.16	52	80	0.35	17	27	0.07	45	49	0.22	15	21	0.05	28	45	0.11	45	71	0.20	0	23	0.00	437	431	1.17

MAH SERVICE AREA: TOP 5
ANCESTRIES BY TOWN

All data from US Census Bureau American Community Survey, 2013-2017 5-Year Estimates; B04006: People Reporting Ancestry

MEDFORD	Estimate	MOE	%
Total Pop	57,700	43	
Irish	12,524	959	21.71
Italian	12,303	870	21.32
German	3,655	571	6.33
English	3,192	543	5.53
West Indian (except Hispanic)	2,722	695	4.72

NORTH READING	Estimate	MOE	%
Total Pop	15598	24	
Irish	5483	657	35.15
Italian	4389	646	28.14
English	2455	483	15.74
French (except Basque)	951	321	6.10
American	783	315	5.02

READING	Estimate	MOE	%
Total Pop	25769	25	
Irish	8320	721	32.29
Italian	5578	654	21.65
English	3753	607	14.56
German	2292	451	8.89
French Canadian	1406	384	5.46

STONEHAM	Estimate	MOE	%
Total Pop	21967	38	
Italian	6898	683	31.40
Irish	6542	564	29.78
English	2143	380	9.76
French (except Basque)	1234	280	5.62
German	988	288	4.50

TEWKSBURY	Estimate	MOE	%
Total Pop	30666	25	
Irish	10076	751	32.86
Italian	7485	658	24.41
English	3586	541	11.69
French (except Basque)	1896	369	6.18
Portuguese	1878	351	6.12

WAKEFIELD	Estimate	MOE	%
Total Pop	26823	31	
Irish	9082	727	33.86
Italian	7314	620	27.27
English	3056	549	11.39
German	1695	335	6.32
French (except Basque)	1424	346	5.31

WILMINGTON	Estimate	MOE	%
Total Pop	23,538	40	
Irish	6,609	677	28.08
Italian	6,083	638	25.84
English	2,704	455	11.49
French (except Basque)	1,277	313	5.43
German	1,100	237	4.67

WINCHESTER	Estimate	MOE	%
Total Pop	22579	27	
Irish	5310	534	23.52

MASSACHUSETTS	Estimate	MOE	%
Total Pop	6,789,319		
Irish	1,403,567	11,116	20.67
Italian	871,822	8,323	12.84
English	647,855	6,278	9.54
French (except Basque)	437,190	5,490	6.44
German	400,519	4,838	5.90

Italian	3871	425	17.14
English	2282	282	10.11
German	1828	315	8.10
American	952	290	4.22

WOBURN	**Estimate**	**MOE**	**%**
Total Pop	39500	38	
Irish	10503	1141	26.59
Italian	7366	683	18.65
English	3796	581	9.61
German	1819	444	4.61
Portuguese	1617	522	4.09

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

	MA	*Middlesex County*	*Medford*	*North Reading*	*Reading*	*Stoneham*	*Tewksbury*	*Wakefield*	*Wilmington*	*Winchester*	*Woburn*	Source
All-Cause; Injuries; Assaults (rates per 100,000)												
All cause												
Deaths, 2015	684.5	616.5	672.1	759	590.9	712.9	820.7	755.7	753.4	482.1	708	MDPH Registry of Vital Records and Statistics
Premature mortality for <75 yr population, 2015	279.6	227.7	295.1	240.2	201.6	295	296.8	281.9	296.2	127.2	272.6	MDPH Registry of Vital Records and Statistics
Injuries and Poisonings												
Deaths, 2015	58	47.7	69.3	35.8	40.5	69.8	61.7	64.4	66	27.8	50.6	MDPH Registry of Vital Records and Statistics
Motor Vehicle Related												
Deaths, 2015	5.4	3.4	0	--1	--1	0	--1	--1	--1	--1	--1	MDPH Registry of Vital Records and Statistics
Assault												
Deaths, 2015	2	0.6	--1	0	0	0	0	0	0	0	0	MDPH Registry of Vital Records and Statistics
Behavioral Health												
Admissions to BSAS Contracted/Licensed Programs FY17												
Number of people served	81006	12726	538	0-100	122	218	337	235	164	0-100	347	MA Bureau of Substance Abuse Services (BSAS)
Number of admissions	109001	13454	507	126	101	218	412	212	213	0-100	402	MA Bureau of Substance Abuse Services (BSAS)
% Male	67.8	68.3	63.5	79.4	55.4	69.3	61.7	74.1	70	67.9	70.6	MA Bureau of Substance Abuse Services (BSAS)
% Black of African American	7.3	4.4	5.4	0	0	*	2	3.3	*	0	2	MA Bureau of Substance Abuse Services (BSAS)
% Multi-Racial	6.3	4.1	1.8	0	0	*	2	4.3	*	*	4.3	MA Bureau of Substance Abuse Services (BSAS)
% Other	9.4	7.7	3.6	0	*	3.7	2.2	*	4.3	0	4	MA Bureau of Substance Abuse Services (BSAS)
% White	77.1	83.8	89.2	100	99	94	93.9	91.9	92.4	94.5	89.7	MA Bureau of Substance Abuse Services (BSAS)
% Hispanic	14	11	2.4	0	0	3.2	3.4	*	*	*	5.2	MA Bureau of Substance Abuse Services (BSAS)
% No Education/Less Than High School Education	25.5	23.6	18.3	16.8	15.8	18.5	24	15.8	19.2	16	15.3	MA Bureau of Substance Abuse Services (BSAS)
% College Degree or Higher	7.4	9.1	11.9	*	16.8	6.8	4.7	11.8	14.5	32	10.3	MA Bureau of Substance Abuse Services (BSAS)
% Less Than 18	1.3	2.1	2	0	*	9.2	1.9	*	3.3	16.1	2.7	MA Bureau of Substance Abuse Services (BSAS)
% 18 to 25	14.7	16.6	15.8	41.3	23.8	16.5	15.3	21.7	22.1	16.1	17.2	MA Bureau of Substance Abuse Services (BSAS)
% 26 to 30	21.7	21.9	24.3	19.8	21.8	19.3	22.8	22.6	33.3	25	27.4	MA Bureau of Substance Abuse Services (BSAS)
% 31 to 40	30.9	29.9	36.9	23	22.8	39.4	39.3	26.4	26.3	26.8	28.9	MA Bureau of Substance Abuse Services (BSAS)
% 41 to 50	17.6	16.7	12.4	6.3	*	7.3	13.6	15.6	8.5	10.7	10.7	MA Bureau of Substance Abuse Services (BSAS)
% 51 and older	13.9	12.8	8.7	9.5	23.8	8.3	7	11.8	6.6	*	13.2	MA Bureau of Substance Abuse Services (BSAS)
% Employed at Enrollment	44.9	47	48.5	48.5	51.9	46.1	44	43.8	51.3	51.6	35.4	MA Bureau of Substance Abuse Services (BSAS)
% Homeless at Enrollment	30.1	27.9	25.9	18.3	20.8	15.6	34.1	21.5	26.5	17.1	35.1	MA Bureau of Substance Abuse Services (BSAS)
% At Risk of Homelessness	38.1	35	34.7	21.7	24.2	22.6	36.9	25.9	29.8	16.1	43.5	MA Bureau of Substance Abuse Services (BSAS)
% Past Year Needle Use	47.6	45.3	50.3	62.2	35.4	46.7	47.2	51.7	53.9	26.8	53.3	MA Bureau of Substance Abuse Services (BSAS)
% Prior Mental Health Treatment	46.2	44.1	43.6	31.9	53.5	37.3	40.3	46.8	51	60.7	42.6	MA Bureau of Substance Abuse Services (BSAS)
Primary Substance of Use 2017												
Total Admissions	98948	12528	489	119	0-100	212	382	203	204	0-100	383	MA Bureau of Substance Abuse Services (BSAS)
% Alcohol	32.8	35.8	32.7	19.3	46.5	29.7	32.5	33.5	29.9	41.1	25.6	MA Bureau of Substance Abuse Services (BSAS)
% Crack/Cocaine	4.1	3	*	*	*	2.8	*	3	*	*	*	MA Bureau of Substance Abuse Services (BSAS)
% Heroin	52.8	49.9	53	70.6	38.4	49.1	55.8	50.7	54.9	25	64.2	MA Bureau of Substance Abuse Services (BSAS)
% Marijuana	3.4	3.9	3.3	*	*	9	2.4	*	3.4	12.5	*	MA Bureau of Substance Abuse Services (BSAS)
% Other	0.3	0.4	1.4	*	*	*	*	*	*	*	*	MA Bureau of Substance Abuse Services (BSAS)
% Other Opioids	4.6	4.9	5.7	5.9	*	7.1	5.8	8.4	6.4	10.7	4.2	MA Bureau of Substance Abuse Services (BSAS)
% Other sedatives/hypnotics	1.5	1.7	2	*	*	*	1.8	*	*	10.7	2.9	MA Bureau of Substance Abuse Services (BSAS)
% Other stimulants	0.5	0.5	*	*	*	*	*	*	*	*	*	MA Bureau of Substance Abuse Services (BSAS)
Mental Disorders (age adjusted per 100,000)												
Inpatient hospitalizations (per 100,000)	5957.6		5158.8	4632.3	4364.1	6706.6	5958.3	5595.5	3457.7	5913.4	6321.7	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	62.9	60.1	89	97.9	88.6	77.5	37.1	105.1	110.6	27.5	62.6	MDPH Registry of Vital Records and Statistics
Suicide Deaths, 2015	9	8.4	8.9	--1	--1	--1	--1	--1	--1	--1	--1	MDPH Registry of Vital Records and Statistics
Opioids (age adjusted per 100,000)												
Fatal opioid overdoses (count, by residence), 2017	1966		18	6	6	6	10	8	6	1	16	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Fatal opioid overdoses (count, by residence), 2018	1976		7	5	5	6	9	10	6	2	13	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Fatal opioid overdoses (count, by occurrence), 2017	2042		14	3	4	2	10	5	4	6	10	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Fatal opioid overdoses (count, by occurrence), 2018	2045		6	1	1	4	6	5	2	12	8	Massachusetts Registry of Vital Records and Statistics, MDPH, May 2019
Opioid-Related EMS Incidents (count, by occurrence), 2017	22294		92	17	13	39	127	58	53	7	152	Office of Emergency Medical Services, Bureau of Health Care Safety and Quality, MDPH
Opioid-Related EMS Incidents (count, by occurrence), 2018	20948		92	23	8	34	125	45	41	13	126	Office of Emergency Medical Services, Bureau of Health Care Safety and Quality, MDPH
Inpatient hospitalizations (per 100,000)	781.3		504.7	409.9	339.6	654.6	584.9	488.6	223.6	577.8	711.1	Center for Health Information and Analysis Hospital Discharge Data 2017
Fatal Overdoses, 2015	24.6	19.4	33.6	--1	--1	29.1	31.4	26.4	30	--1	16	MDPH Registry of Vital Records and Statistics
Chronic Disease (rates per 100,000)												
Diabetes												
Diabetes Short-Term Complications Admission Rate, per 100,000 Population (among 18+ years)(PQI-01)	69.9		81.1	65.6	30.4	72.1	52.8	18.4	27.3	12.3	59.5	Center for Health Information and Analysis Hospital Discharge Data 2017
Diabetes Long-Term Complications Admission Rate, per 100,000 Population (among 18+ years)(PQI-03)	93.0		56.8	41.0	30.4	72.1	60.9	83.0	103.6	36.9	106.5	Center for Health Information and Analysis Hospital Discharge Data 2017
Uncontrolled Diabetes Admissions Rate, per 100,000 Population (among 18+ years)(PQI-14)	44.7		40.5	57.4	20.3	49.9	52.8	18.4	32.7	36.9	37.6	Center for Health Information and Analysis Hospital Discharge Data 2017
Prevention Quality Diabetes Composite, per 100,000 Population (among 18+ years)(PQI-93)	200.3		170.3	139.4	71.0	183.1	150.3	119.8	152.7	73.8	194.2	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	16.8	15.5	22.3	--1	--1	16.5	19.5	19.7	--1	--1	22.9	MDPH Registry of Vital Records and Statistics
Hypertension												
Hypertension Admission Rate, per 100,000 Population (among 18+ years)(PQI-07)	47.5		38.5	16.4	30.4	38.8	52.8	13.8	49.1	49.2	40.7	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	6.9	6.8	11.8	--1	--1	--1	--1	--1	--1	0	8.5	MDPH Registry of Vital Records and Statistics
Major cardiovascular disease												
Inpatient hospitalizations (per 100,000) (among 18+ years)	1771.2		1619.6	1418.4	1804.5	2385.3	2156.7	1627.0	1532.5	2139.2	1948.5	Center for Health Information and Analysis Hospital Discharge Data 2017

	MA	*Middlesex County*	*Medford*	*North Reading*	*Reading*	*Stoneham*	*Tewksbury*	*Wakefield*	*Wilmington*	*Winchester*	*Woburn*	Source
All-Cause; Injuries; Assaults (rates per 100,000)												
Deaths, 2015	180.8	159.7	147.3	235.8	154.2	176.4	218.8	181.1	167.6	148	172.5	MDPH Registry of Vital Records and Statistics
Heart Disease												
Deaths, 2015	138.7	121.6	111	191.6	105.2	128.3	167.5	150.7	130.1	89.6	123.8	MDPH Registry of Vital Records and Statistics
Coronary Heart Disease												
Deaths, 2015	82.3	74.6	68.9	73.5	62	80	97.5	82.3	68.1	43.3	62.7	MDPH Registry of Vital Records and Statistics
Heart Failure												
Heart Failure Admissions Rate, per 100,000 Population (among 18+ years)(PQI-08)	459.4		500.7	295.2	451.1	721.1	621.4	437.9	550.8	522.5	617.1	Center for Health Information and Analysis Hospital Discharge Data 2017
Cerebrovascular												
Deaths, 2015	28.4	25.3	21.6	--1	29.9	38.3	39.3	17.9	21.1	50.1	33.1	MDPH Registry of Vital Records and Statistics
Chronic lower respiratory diseases												
Inpatient hospitalizations (per 100,000)	428.3		393.2	319.8	294.0	510.3	406.2	414.8	207.2	528.6	495.0	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	33	27.6	23.8	--1	28	36.4	38.9	58.1	40.1	--1	52.2	MDPH Registry of Vital Records and Statistics
Bacterial Pneumonia Admission Rate, per 100,000 Population (among 18+ years)(PQI-11)	201.3		182.4	303.4	228.1	327.3	324.9	212.0	212.7	252.0	303.9	Center for Health Information and Analysis Hospital Discharge Data 2017
Asthma												
Asthma in Younger Adults Admissions Rate, per 100,000 Population (among 20-44 years)(PQI-15)	50.3		32.0	96.5	0.0	14.6	11.4	23.9	0.0	19.2	43.9	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	1	1	--1	0	0	0	0	0	--1	0	--1	MDPH Registry of Vital Records and Statistics
Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admissions Rate, per 100,000 Population (among 45+ years)(PQI-05)	700.6		768.3	448.5	488.7	814.2	629.0	642.3	747.2	307.7	843.4	Center for Health Information and Analysis Hospital Discharge Data 2017
Chronic Liver Disease												
Deaths, 2015	8.1	6.6	--1	0	--1	--1	14.4	--1	--1	--1	15.2	MDPH Registry of Vital Records and Statistics
Cancer (rates per 100,000)												
All-cause												
Inpatient hospitalizations (per 100,000)	456.3		411.5	450.9	481.5	565.8	576.7	470.1	490.8	559.4	538.8	Center for Health Information and Analysis Hospital Discharge Data 2017
Deaths, 2015	152.8	140.8	152.8	178.5	129.2	173.4	190	131.5	185.3	130.2	140.6	MDPH Registry of Vital Records and Statistics
Breast (invasive, female)												
Deaths, 2015	9.8	16.2	9.3	--1	--1	--1	--1	--1	--1	--1	21.8	MDPH Registry of Vital Records and Statistics
Colorectal												
Deaths, 2015	12	11.8	7.7	0	--1	16.7	--1	20.4	21.6	--1	15.7	MDPH Registry of Vital Records and Statistics
Lung												
Deaths, 2015	39	35.2	49.4	53.6	25.4	38.9	63.1	31	37.4	25	45	MDPH Registry of Vital Records and Statistics
Prostate												
Deaths, 2015	7	14.8	--1	--1	--1	--1	--1	--1	--1	--1	--1	MDPH Registry of Vital Records and Statistics
Maternal and Child Health												
Infant Mortality, 2015 (rate per 1,000)	4.3	3.1	--1	0	0	0	0	0	0	--1	--1	MDPH Registry of Vital Records and Statistics
Overweight or Obese Children in Grades 1,4,7,10 in MA School Districts, 2014-2015 (%)	32.3		34.6	25.4	23.4	29.6	33.7	24.8	33.6	NA	37	Body Mass Index Screening in Massachusetts Public School Districts, 2015
Infectious Disease												
Chlamydia cases (lab confirmed), 2017	29203	5162	227	29	51	41	83	59	60	61	109	MDPH Bureau of Infectious Disease and Laboratory Services
Gonorrhea cases (lab confirmed), 2017	7307	1069	52	5	<5	18	13	12	7	11	16	MDPH Bureau of Infectious Disease and Laboratory Services
Syphillis cases (probable and confirmed), 2017	1091	234	12	0	<5	<5	<5	<5	<5	<5	5	MDPH Bureau of Infectious Disease and Laboratory Services
Hepatitis A cases (confirmed), 2017	53	16	0	0	0	0	0	0	0	0	0	MDPH Bureau of Infectious Disease and Laboratory Services
Chronic Hepatitis B (confirmed and probable), 2017	2023	472	20	0	5	<5	<5	<5	<5	5	10	MDPH Bureau of Infectious Disease and Laboratory Services
Hepatitis C cases (confirmed and probable), 2017	7765	1239	33	11	7	20	26	21	15	5	30	MDPH Bureau of Infectious Disease and Laboratory Services
Pneumonia/Influenza												
Confirmed Influenza cases, 2017	24278	5117	158	47	78	52	116	56	107	48	166	MDPH Bureau of Infectious Disease and Laboratory Services
Deaths, 2015	17.1	13.7	18.1	36.1	17.9	17.8	20.5	14.2	--1	--1	13.3	MDPH Registry of Vital Records and Statistics
HIV/AIDS (age-adjusted rate per 100,000)												
Incidence, 2017	1870	379	14	0	<5	<5	9	<5	<5	<5	8	MDPH Bureau of Infectious Disease and Laboratory Services
Deaths, 2015	1.1	0.6	--1	0	0	0	0	0	0	0	--1	MDPH Registry of Vital Records and Statistics
Infectious and Parasitic Disease (age-adjusted rate per 100,000)												
Deaths, 2015	18.9	15.8	13.1	--1	--1	15.2	18.8	16.9	--1	--1	21.9	MDPH Registry of Vital Records and Statistics
Urinary Tract Infection Admissions Rate, per 100,000 Population (among 18+ years)(PQI-12)	165.4		160.1	73.8	126.7	210.8	203.1	133.7	180.0	141.4	206.8	Center for Health Information and Analysis Hospital Discharge Data 2017
Prevention Quality Acute Composite, per 100,000 Population (among 18+ years)(PQI-91)	667.6		648.7	664.1	588.0	948.6	1007.3	580.8	758.1	577.8	905.3	Center for Health Information and Analysis Hospital Discharge Data 2017
Elder Health (rate per 100,000)												
Alzheimers deaths, 2015	20.2	22.8	14.2	--1	25.4	16.5	60.4	22.3	20.3	--1	17.9	MDPH Registry of Vital Records and Statistics
Parkinson's deaths, 2015	7.7	7.9	--1	0	0	--1	--1	14.2	--1	16.4	--1	MDPH Registry of Vital Records and Statistics

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

Source: Massachusetts Vital Statistics, 2015

	MA	*Middlesex County*	*Medford*	*North Reading*	*Reading*	*Stoneham*	*Tewksbury*	*Wakefield*	*Wilmington*	*Winchester*	*Woburn*
Cancer Mortality (Age-adjusted per 100,000), 2015											
All Types (invasive)	152.8	140.8	152.8	178.5	129.2	173.4	190	131.5	185.3	130.2	140.6
Bladder	4.7	4	--1	--1	--1	0	--1	0	--1	--1	--1
Bone	0.3	0.4	0	0	0	0	0	0	0	0	0
Brain/Central Nervous System	4.7	4.2	--1	--1	0	--1	--1	--1	--1	--1	0
Breast (female)	9.8	16.2	9.3	--1	--1	--1	--1	--1	--1	--1	21.8
Cervical	0.6	1	0	0	0	0	0	0	0	0	--1
Colorectal	12.0	11.8	7.7	0	--1	16.7	--1	20.4	21.6	--1	15.7
Esophageal	4.9	4.3	0	0	--1	--1	--1	--1	0	--1	--1
Kaposi's Sarcoma	0.0	0	0	0	0	0	0	0	0	0	0
Kidney	3.5	4.1	--1	0	--1	--1	--1	0	--1	0	--1
Larynx	0.8	0.6	--1	0	--1	0	0	0	0	0	0
Leukemia	5.7	5.9	7.8	--1	--1	13.8	--1	--1	--1	--1	--1
Liver	6.0	6	12.5	--1	--1	--1	--1	--1	--1	--1	--1
Lung	39.0	35.2	49.4	53.6	25.4	38.9	63.1	31	37.4	25	45
Lymphoma (Hodgkin)	0.2	--1	0	0	0	0	0	0	0	--1	0
Lymphoma (Non-Hodgkin)	5.2	4.9	8.1	--1	--1	--1	--1	--1	--1	0	--1
Melanoma of Skin	2.3	1.9	0	0	0	--1	0	--1	--1	0	0
Multiple Myeloma	3.1	3.1	--1	0	--1	--1	--1	--1	0	--1	--1
Oral Cavity	2.4	3.2	--1	0	0	0	--1	--1	--1	--1	--1
Ovary	3.9	6.6	--1	0	--1	--1	--1	--1	--1	0	--1
Pancreatic	11.3	10.6	10	--1	--1	16.3	19.9	--1	--1	14.5	--1
Prostate	7	14.8	--1	--1	--1	--1	--1	--1	--1	--1	--1
Soft Tissue	1.5	1.7	--1	0	--1	0	0	--1	0	--1	0
Stomach	3.2	3.5	0	0	--1	--1	--1	0	0	0	0
Testis	0.1	0	0	0	0	0	0	0	0	0	0
Thyroid	0.5	0.4	0	0	0	0	0	0	0	0	0
Uterine	2.7	3.9	--1	--1	0	--1	--1	--1	--1	--1	--1

Massachusetts Healthy Aging Community Profile

Key

Statistically higher than statewide rate

Statistically lower than statewide rate

	MA	Middlesex Co.	Medford	North Reading	Reading	Stoneham	Tewksbury	Wakefield	Wilmington	Winchester	Woburn	Source
POPULATION CHARACTERISTICS												
Total population 65 years or older	1049751	228153	8393	2283	3940	4112	5360	4648	3656	4005	6369	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Population 65 years or older (% of total population)	15.5	14.4	14.5	14.6	15.3	18.7	17.5	17.3	15.5	17.7	16.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Population 65-74 years (% of total population)	8.7	8	7.3	8.5	8.3	9.7	10.1	9.7	7.9	9.2	7.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Population 75-84 years (% of total population)	4.5	4.3	4.7	4.9	4.3	5.5	5.4	5.1	4.4	5.3	5.8	US Census Bureau, 2013-2017 ACS 5-Year Estimates
Population 85 years or older (% of total population)	2.3	2.1	2.5	1.2	2.6	3.5	2	2.6	3.3	3.2	2.7	US Census Bureau, 2013-2017 ACS 5-Year Estimates
% of 65+ population living alone	29.9	28.5	30.6	21.9	26.8	27.8	29.1	25.6	17.6	25.4	26.5	US Census Bureau, 2013-2017 ACS 5-Year Estimates
% of only English speakers 65 years or older	17.7	16.7	16.1	15.7	15.6	21.1	18	18.4	17	20.2	18.6	US Census Bureau, 2013-2017 ACS 5-Year Estimates
% Language other than English over 65 years or older	11.9	11.1	13.6	13	23	12.8	22	17.1	11.6	13.5	11.1	US Census Bureau, 2013-2017 ACS 5-Year Estimates
% of Spanish at home speakers 65 years or older	7	6.5	4.6	10.5	5.1	4.9	5.9	6	13.6	11.3	11.9	US Census Bureau, 2013-2017 ACS 5-Year Estimates
WELLNESS & PREVENTION												
% 60+ injured in a fall within last 12 months	10.6		12.5	11.7	11.7	9.5	9.5	9.5	9.5	9.4	9.5	2018 Massachusetts Healthy Aging Community Profile
% 65+ had hip fracture	3.7		4.4	4.4	4.2	3.8	3.5	4.1	3.8	4.7	4.2	2018 Massachusetts Healthy Aging Community Profile
%60+ with self-reported fair or poor health status	18.0		23.2	16.0	16.0	15.5	15.5	15.5	15.5	13.5	15.5	2018 Massachusetts Healthy Aging Community Profile
% 60+ with physical exam/check-up in past year	89.3		89	86.7	86.7	88.8	88.8	88.8	88.8	87.8	88.8	2018 Massachusetts Healthy Aging Community Profile
% with any physical activity in the last month	73.3		59.3	68.6	68.6	69.8	69.8	69.8	69.8	88.4	69.8	2018 Massachusetts Healthy Aging Community Profile
% with flu shot past year	60.8		63	62.3	62.3	51.5	51.5	51.5	51.5	65.8	51.5	2018 Massachusetts Healthy Aging Community Profile
BEHAVIORAL HEALTH												
% 60+ with 15+ days poor mental health last month	7.0		8.4	4.4	4.4	4.0	4.0	4.0	4.0	5.6	4.0	2018 Massachusetts Healthy Aging Community Profile
% 65+ with depression	31.5		32.1	27.7	29.5	30.9	29.9	31.6	27.3	31.8	32.2	2018 Massachusetts Healthy Aging Community Profile
% 65+ with anxiety disorders	25.4		26.1	21.9	22.7	25.2	25.5	27.2	21.3	21.3	24.4	2018 Massachusetts Healthy Aging Community Profile
% 65+ with substance use disorders (drug use +/or alcohol abus	6.6		5.4	6.3	4.9	6.2	5.5	7.1	5.7	4.9	6.2	2018 Massachusetts Healthy Aging Community Profile
CHRONIC DISEASE												
% 65+ with Alzheimer's disease or related dementias	13.6		14.1	13.2	14.3	14.3	13.4	15.2	13.5	15.3	14.6	2018 Massachusetts Healthy Aging Community Profile
% 65+ with osteoporosis	20.7		23.3	18.8	21.2	22.3	18.7	22.6	18.7	22.5	24.4	2018 Massachusetts Healthy Aging Community Profile
LIVING WITH DISABILITY												
% 65+ with clinical diagnosis of deafness or hearing impairment	16.1		15.9	15.0	17.1	16.8	14.7	15.2	15.1	19.1	18.2	2018 Massachusetts Healthy Aging Community Profile
% 65+ with clinical diagnosis of blindness or visual impairment	1.5		1.7	1.4	1.9	1.6	1.7	2.0	2.0	1.6	1.8	2018 Massachusetts Healthy Aging Community Profile
% 65+ with clinical diagnosis of mobility impairments	3.9		3.9	3.8	3.5	4.2	3.5	3.4	3.4	3.7	4.5	2018 Massachusetts Healthy Aging Community Profile
NUTRITION/DIET												
% with 5 or more servings of fruit & vegetables per day	21.5		18.1	21.3	21.3	19.3	19.3	19.3	19.3	27.6	19.3	2018 Massachusetts Healthy Aging Community Profile
% self reported obese	23.1		26.6	21.2	21.2	30.1	30.1	30.1	30.1	16.2	30.1	2018 Massachusetts Healthy Aging Community Profile
% clinically diagnosed obese	19.0		21.5	21.0	16.3	20.6	21.6	19.2	20.5	15.2	19.8	2018 Massachusetts Healthy Aging Community Profile
ACCESS TO CARE												
% Medicare managed care enrollees	23.1		22.7	21.2	24.3	24.1	29.4	25.1	26.5	18.5	24.0	2018 Massachusetts Healthy Aging Community Profile
% dually eligible for Medicare and Medicaid	16.7		15.2	7.1	6.8	10.6	8.6	10.1	7.3	5.9	9.6	2018 Massachusetts Healthy Aging Community Profile
% 60+ with a regular doctor	96.4		97.7	95.3	95.3	96.3	96.3	96.3	96.3	98.3	96.3	2018 Massachusetts Healthy Aging Community Profile
% 60+ who did not see doctor when needed due to cost	4.1		1.8	3.7	3.7	4.4	4.4	4.4	4.4	2.3	4.4	2018 Massachusetts Healthy Aging Community Profile
# of nursing homes within 5 miles	399		16	4	8	12	4	7	4	15	10	2018 Massachusetts Healthy Aging Community Profile
# of home health agencies	299		70	29	31	37	45	33	35	24	49	2018 Massachusetts Healthy Aging Community Profile
# of adult day health centers	131		1	0	0	0	1	2	0	0	0	2018 Massachusetts Healthy Aging Community Profile
COMMUNITY VARIABLES & CIVIC ENGAGEMENT												
% of grandparents raising grandchildren	0.8		0.4	0.1	0.3	0.5	0.7	0.3	0.8	0.1	0.3	2018 Massachusetts Healthy Aging Community Profile
# of assisted living sites	238		0	0	1	2	3	0	1	2	4	2018 Massachusetts Healthy Aging Community Profile
Total of all crashes involving adult age 60+/town	132351		636	169	573	363	765	521	597	299	1139	2018 Massachusetts Healthy Aging Community Profile
# of medical transportation services for older people	268		12	5	7	7	4	6	6	11	9	2018 Massachusetts Healthy Aging Community Profile
# of nonmedical transportation services for older people	252		30	16	21	19	16	20	22	21	22	2018 Massachusetts Healthy Aging Community Profile

Available data did not permit all indicators to be reported for individual cities and towns. Identical values for individual towns or cities reported are derived from same Massachusetts Aging Service Access Points (ASAPs) or county-level indicator values.

Risky Behavior and Threats to Safety	MA(2017)	Reading	Stoneham	Wakefield	Wilmington	Winchester	Woburn
During the past 30 days, did you ever sleep away from your parents or guardians because you were kicked out, ran away, or were abandoned?			2.3	1.5	3.6	2.5	2.4
Rarely or never wore a seat belt (when riding in a car driven by someone else)		3.8	6.7	4	5.7	3.3	7.1
During the past 30 days, have you ridden in a car or other vehicle driven by someone who had been drinking alcohol?	14.4	14	8.6	12.2	12.8	13.2	12.5
During the past 30 days, drove when they had been drinking alcohol (in a car or other vehicle, one or more times, among students who had driven a car or other vehicle)	5.7	7.1	2.7	3.2	6.6	3.7	5.2
Have you ever ridden in a car driven by someone who had been using marijuana?		16	14.7	16.3	19	12.2	14.9
During the past 30 days, have you at least once talked on a cell phone while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other			48.8	44.1	36.2	41.7	38.8
During the past 30 days, have you at least checked your cell phone, text, or e-mail while driving a car or other vehicle?	35.6	41	49.5	44.5	32.9	44.2	42.7
During the past 12 months, have you at least on one day carried a gun? DO NOT count the days when you carried a gun only for hunting or for a sport, such as target shooting.	2.7	2.8	0.9	1.5	4.8	1.7	3
During the past 30 days, have you at least on one day carried a gun, knife, or club?	11.1	7.7	4.2	5.5	8.2	5	8.5
During the past 30 days, have you at least on one day carried a weapon such as a gun, knife, or club on school property?	2.7	1.9	0.2	0.9	2.9	1.2	1.7
During the past 30 days, have you at least on one day not go to school because you felt you would be unsafe at school or on your way to or from school?	4.5	5.9	4.4	6.1	6.4	3.7	5.5
During the past 12 months, have you at least one one day had someone threaten or injur you with a weapon such as a gun, knife, or club on school property?	4.8	5	2.1	4.9	4.5	3.3	4.2
During the past 12 months, have you at least once been in a physical fight?	17.8	15.7	12.1	14	16.9	11.6	18.5
During the past 12 months, have you at least once been in a physical fight on school property?		5.5	1.9	4.1	6.3	3.8	6.3
During the past 12 months, have you ever been a member of a gang?			5.5	4.4	8	5	4.3
Relationship and Sexual Violence	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Have you ever been physically forced to have sexual intercourse when you did not want to?	6.8	5.7		5.3	5.7	3.7	4.6
During the past 12 months, have you had anyone force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to have sexual intercourse.	10.4	8.5	4.8	9.6	9.1	6.7	8.6
During the past 12 months, have you had someone you were dating or going out with force you to do sexual things that you did not want to do? Count such things as kissing, touching, or being physically forced to	5.8	6.6	3.3	6.1	6.8	4	5.1
During the past 12 months, have you had someone you were dating or going out with physically hurt you on purpose? Count such things as being hit, slammed into something, or injured with an object or weapon.	5.6	4.6	1.4	2.2	4.2	2.6	3.2
Bullying	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
During the past 12 months, have you ever been bullied on school property?	14.6	12.2	13.8	16.2	18.4	9.1	13.1
During the past 12 months, have you ever been electronically bullied? Count being bullied through texting, Instagram, Twitter, Facebook, or other social media apps.	13.6	11.9	12.6	16	14.2	9.2	13.2
Has someone posted something about you on social media that made you feel upset or uncomfortable? Social media apps include Instagram, Twitter, Facebook, etc.	.	38.3		44.3	34.4		
Self-Harm and Suicidality	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
During the past 12 months, have you done something to purposely hurt yourself without wanting to die, such as cutting or burning yourself on purpose?		12.2	10	15.8	18.1	13.9	13.8
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?	27.4	23.9	26.8	30	28.8	24.1	28.6
During the past 12 months, did you ever seriously consider attempting suicide?	12.4	10.4	9.8	13.9	15.1	12.8	13
During the past 12 months, did you make a plan about how you would attempt suicide?	10.9	7.9	7.4	10.6	11.3	9.1	9.6
During the past 12 months, did you actually attempt suicide?	5.4	2.9	2.7	4.4	7	3.8	4
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	1.9		0.5	1.3	2.4	0.8	0.9
Substance Use	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Have you ever tried cigarette smoking, even one or two puffs?	19.6	13	13.2	12.9	11.4	11.8	14.2
First tried cigarette smoking before age 13 years (even one or two puffs)	5.7		2.3	2.3	4.2	2	3.6
During the past 30 days, did you smoke part or all of a cigarette?		6	3.2	3.7	6.1	4.1	3.9
During the past 30 days, did you smoke more than 10 cigarettes?		2.4	0.4	0.4	2.3	0.7	1
During the past 30 days, on at least one day did you smoke cigarettes?	6.4	6.3	2.5	3.1	6.6	4.4	4.2
During the past 30 days, on at least one day did you smoke cigars, cigarillos, or little cigars?	6.7	7.4	2.5	3	6.4	3.6	5
During the past 30 days, did you at least on one day use chewing tobacco, snuff, dip, snus, or dissolvable tobacco products? Examples of these products are as Redman, Levi Garrett, Beechnut, Skoal, Skoal	4.8	6.6	3	2.1	5.2	3	2.7
Have you ever used an electronic vapor product?	41.1	40.1	43	45.9	42.5	37.1	46.2
During the past 30 days, on at least one day did you use an electronic vapor product?	20.1	26	27.6	26.3	27.4	21.2	28.4
During the past 12 months, did not try to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products		45.2	50.6	43	50.3	51.5	40.7
During your life, have you ever had at least one drink of alcohol?	56.2	57.6	59.3	56.6	54	55.7	56.1
Had their first drink of alcohol before age 13 years (other than a few sips)			6.5	6.6	10.9	6.4	8.3
During the past 30 days, did you drink one or more drinks of an alcoholic beverage?	31.4	33	33.3	25.7	24.1	29.3	26.1
Had at least one drink of alcohol on school property (at least one day during the past 30 days)		3.2	1.2	0.9	4.7	2.8	2.5
During the past 30 days, did you on at least one day have 4 or more drinks of alcohol in a row (if you are female) or 5 or more drinks of alcohol in a row (if you are male)?	15.9	18.7	19.5	12.8	15.9	14.3	15.4
Reported 10 or more as the largest number of drinks they had in a row (within a couple of hours, during the 30 days before the survey)		4.4	6.4	2.6	5.4	2.8	3.8
During your life, have you ever used marijuana?	37.9	33	37.5	38.5	36.1	29.7	38
Tried marijuana for the first time before age 13 years (also called grass, pot, or weed)	4.4	13.4	4.6	8.9	15	8.1	11.6
During the past 30 days, have you used marijuana?	24.1	21.9	24.2	22.8	24.7	17	25.5
During the past 30 days, did you on at least one day use marijuana on school property?		7.7	3.7	7.8	12	5	8.8
During your life, ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it (counting drugs such as codeine, Vicodin, Oxycontin, Hydrocodone, and		6.8	4.2	5.5	9.7	4.2	6.4
During the past 30 days, have you used prescription drugs not prescribed to you?		5.1	3.5	4.8	7.2	4.6	5.7

Ever took steroids without a doctor's prescription (pills or shots, one or more times during their life)		3.5	1.2	1.5	5.9	1.7	2.6
During your life, have you used any form of cocaine, including powder, crack, or freebase?	4.1	5.2	2.8	2.9	6.1	3	3.5
During your life, have you used heroin? It is also called smack, junk, or China White.	1.4	4.8	0.9	1.6	5.8	2	2.6
During your life, have you used methamphetamines? It is also called speed, crystal, crank, or ice.	1.7	4.5	1.1	2.1	5.5	1.9	2.9
During your life, have you used ecstasy? It is also called MDMA.	2.8	4.8	1.2	2.8	5.4	2.2	3.1
During your life, have you used synthetic marijuana? It is also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks.	5	7	4.3	3.2	5.9	3.7	4.8
During your life, have you taken over-the-counter medication, including cough syrup, to get high?		7.7	4.4	4.8	7.8	3.8	5
Ever injected any illegal drug (used a needle to inject any illegal drug into their body, one or more times during their life)		3.4	0.9	1.3	5.4	1.3	2.4
Ever used inhalants (sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high, one or more times during their life)		5.7	2.1	3.8	6	2.2	3.3
Have you ever been offered, sold, or given illegal drugs on school property?	20.1	12	10.4	14.8	16.6	12.1	16.4
Sexual Behavior	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Have you ever had sexual intercourse?	35.3	26.3	30.1	24.9	29.6	22.1	35.2
Had sexual intercourse for the first time before age 13 years	2.4	3.5	1.6	2.5	3.6	2.1	2.9
Had sexual intercourse with four or more persons during their life	6.7	5.3	7	5.4	6.3	3.9	7.8
Were currently sexually active (had sexual intercourse with at least one person, during the 3 months before the survey)	25	20.5	22.5	17.7	20.9	15.4	26.2
Did you drink alcohol or use drugs before you had sexual intercourse the last time?	18.2	21.3	18.9	19.7	23.7	19.1	19.6
Did not use a condom during last sexual intercourse (among students who were currently sexually active)	42.2	38.2	31.2	29.5	33.7	29.4	38.2
Did not use any method to prevent pregnancy during last sexual intercourse (among students who were currently sexually active)	9.6	12.3	3.7	10.7	9.3	8.7	7.1
Had been pregnant or gotten someone pregnant (at least once)		3	0.9	1.7	4.8	2.2	2.8
Have you ever sent or received sexual messages or nude or semi-nude pictures or videos electronically?		33.1	37.3	42.7	41.4	31.9	43.2
Were never tested for human immunodeficiency virus (HIV) (not counting tests done if they donated blood)	89.5	74.3	75.8	77.3	70	74.8	78
Have been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts (ever in their life)		8.4	9.8	7.1	11.4	6.7	8.6
Had been taught about AIDS or HIV infection in school			77.4	49.7	73	53.9	62
Had been taught in school about birth control methods			86	36.6	75.6	32	49.2
Had been taught in school about how to use condoms		37.7	87	30.2	59.7	16.2	41.6
Talked with their parents or other adults in their family about sexuality or ways to prevent HIV infection, other sexually transmitted diseases (STDs), or pregnancy (at least once)		44.1	42.7	37.7	35.5	36.3	38.3
Have an adult in their school who can help find sexual health services (HIV, STD and pregnancy testing, access to birth control) or support around their sexuality			58.4	26.5	39.1	23.3	37.2
Felt comfortable asking an adult at school if they needed help finding sexual health services			33.7	17.2	26.6	12.9	26
Physical Activity and Nutrition	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Described themselves as slightly or very overweight	28.1	24.4	32.4	28.5	32.1	27.9	31.5
Were not trying to lose weight	56.2	65.4	54	55.9	54.4	59.9	55.5
Did not eat fruit or drink 100% fruit juices (such as orange juice, apple juice, or grape juice, not counting punch, Kool-Aid, sports drinks, or other fruit-flavored drinks, during the 7 days before the survey)	5.8		5.9	6	8.4	4.3	5.6
Did not eat fruit in past 7 days			10.6	8.5	14	6.3	11
Did not eat vegetables (green salad, potatoes (not counting French fries, fried potatoes, or potato chips), carrots, or other vegetables, during the 7 days before the survey)	6.9		4.6	5.7	7.7	3.1	6.5
Drank a can, bottle, or glass of soda or pop one or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	10.5		59.8	54.8	53.7	54.1	61.8
Did not eat breakfast on all 7 days (during the 7 days before the survey)	63.7	62.2	63.7	59.1	64	52.7	69.1
Were not physically active for a total of at least 60 minutes per day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time, during the 7 days before the	15.1	8.4	11.6	10.2	14.5	8.7	14.4
Played video or computer games or used a computer for 3 or more hours per day (Xbox, PlayStation, an iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media, for	47.9	48.4	49.7	49.4	38.2	39.4	50.2
Did not go to physical education (PE) classes on 1 or more days (in an average week when they were in school)	40.5		22.1	31.8	31.7	50	29.7
Did not play on at least one sports team (counting any teams run by their school or community groups, during the 12 months before the survey)			24.3	26.2	35.4	24.1	32.8
Had a concussion from playing a sport or being physically active one or more times (during the 12 months before the survey)		16.6	11	12.9	16.2	10.1	13.9
Has long-term disabilities (long-term means 6 moths or more)			9.8	13.3	12.7	13.2	8.7
Has physical disabilities or long- term health problems (Long-term means 6 month or more)			9.6	11.8	13.4	10.5	10.2
Medical Attention and Social Support	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Were ever told by a doctor or nurse that they had asthma			22.2	21.7	24.6	21.8	21.3
Never saw a dentist (for a check-up, exam, teeth cleaning, or other dental work)			0.5	0.1	2.8	0.9	1.9
Takes medicine or receiving treatment from a doctor or other health professional for any type of behavioral health, mental health condition or emotional problem		18.8	16.1	19.8	21.8	16.5	14.8
Did not get 8 or more hours of sleep (on an average school night)	80.2	78.6	74.1	81.5	80.7	72.2	81.5
Has at least one teacher or other adult in your school that you can talk to if you have a problem		65.7	65.5	62.8	63	48.8	62.8
Can talk with at least one parent or other adult family members about things that are important to them			83.7	83.6	78.5	81.1	80.9
Are either of your parents or other adults in your family serving on active duty in the military?		5	6.3	5.7	10	4.1	7.8
Were obese (>= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)		7.5	7.9	9.5	11.1	5.7	13.3
Were overweight (>= 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts)		12.5	17.1	14.9	12	10.5	14.9
Cigarette, E-cigarette, Alcohol, Marijuana, Prescription Drugs	**MA(2017)**	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?							

No Risk		5.5	6.5	5.1	15.7	4.9	6.2
Slight Risk		4.3	7.1	4.4	8.1	4.3	7
Moderate Risk		13.2	22.8	19.4	17.8	17.7	19.5
Great Risk		77.1	63.5	71.2	58.4	73	67.4
How much do you think people risk harming themselves physically or in other ways if they use e-cigarettes or other vaping devices?							
No Risk		.	7.0	6.0	15.1	.	.
Slight Risk		.	24.7	19.1	21.1	.	.
Moderate Risk		.	40.7	41.2	36.0	.	.
Great Risk		.	27.5	33.7	27.7	.	.
How much do you think people risk harming themselves when they have five or more drinks of an alcoholic beverage once or twice a week?							
No Risk		7.0	7.4	5.3	13.3	5.7	5.9
Slight Risk		17.3	24.1	15.8	19.6	13.8	19.3
Moderate Risk		41.7	36.6	34.2	31.0	35.9	38.3
Great Risk		34.0	32.0	44.7	36.0	44.6	36.5
How much do you think people risk harming themselves if they take one or two drinks of an alcoholic beverage nearly every day?							
No Risk		7.1	7.1	6.2	14.8	5.5	6.8
Slight Risk		18.1	17.3	14.4	16.5	13.7	18.3
Moderate Risk		34.9	37.6	35.0	34.0	31.7	32.6
Great Risk		39.9	38.1	44.4	34.7	49.2	42.3
How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?							
No Risk		26.9	23.5	20.9	29.2	18.6	31.5
Slight Risk		31.3	36.7	29.8	28.4	30.6	34.3
Moderate Risk		23.5	24.2	28.9	24.6	27.1	16.6
Great Risk		18.4	15.7	20.4	17.8	23.7	17.6
How much do you think people risk harming themselves physically or in other ways if they use prescription drugs that are not prescribed to them?							
No Risk		4.0	4.4	3.0	13.1	4.8	3.7
Slight Risk		3.3	2.8	3.4	6.3	3.6	5.5
Moderate Risk		16.9	18.4	14.4	19.5	17.8	18.1
Great Risk		75.8	74.4	79.2	61.1	73.8	72.6
Cigarette, E-cigarette, Alcohol, Marijuana, Prescription Drugs		**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
How wrong do your parents feel it would be for you to smoke tobacco?							
Not at All Wrong		2	2.6	1.8	6.3	2.5	2.9
A Little Bit Wrong		4.2	4.2	2.9	4.7	3.3	2.8
Wrong		16.1	18.3	16.1	13.7	17.8	15.7
Very Wrong		77.7	74.9	79.2	75.3	76.5	78.7
How wrong do your friends feel it would be for you to smoke tobacco?							
Not at All Wrong		9.5	7.2	7.6	10.8	8.4	10.3
A Little Bit Wrong		16.1	27.7	23.4	17.9	20.4	20.5
Wrong		36.1	37.5	33.6	30.9	32.6	31.8
Very Wrong		38.3	27.6	35.3	40.5	38.6	37.4
How wrong do your parents feel it would be for you to use electronic vapor products?		.	.	.	.	.	.
Not at All Wrong							
A Little Bit Wrong							
Wrong							
Very Wrong							
How wrong do your friends feel it would be for you to use electronic vapor products?		.	.	.	.	.	.
Not at All Wrong							
A Little Bit Wrong							
Wrong							
Very Wrong							
How wrong do your parents feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?							
Not at All Wrong		3.8	3.4	2.6	11.1	3.3	3.4
A Little Bit Wrong		6.5	4.2	3.9	9	5.6	5.6
Wrong		21.3	20.1	18.6	19.2	21.6	19.8

Very Wrong		68.3	72.3	74.9	60.8	69.5	71.2
How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?							
Not at All Wrong		10.3	11	8.1	18.1	8	12.4
A Little Bit Wrong		18	19	16.7	18.2	15.6	22.4
Wrong		36.1	36.6	33.3	28.3	31.6	30.4
Very Wrong		35.6	33.4	41.9	35.4	44.8	34.7
How wrong do your parents feel it would be for you to smoke marijuana?							
Not at All Wrong		5.3	3	5.3	10.6	3.9	6.9
A Little Bit Wrong		13.5	13.3	9.8	12.4	12.6	11
Wrong		25.4	23	21.1	20.6	22.6	22.2
Very Wrong		55.9	60.7	63.9	56.4	60.9	59.9
How wrong do your friends feel it would be for you to smoke marijuana?							
Not at All Wrong		34	42.3	38.7	37.8	30.9	47.2
A Little Bit Wrong		23.1	22.8	21.2	17.2	20.7	20.9
Wrong		20.5	17.6	18.6	18.8	19.7	13.6
Very Wrong		22.5	17.3	21.5	26.1	28.8	18.3
How wrong do your parents feel it would be for you to use prescription drugs not prescribed to you?							
Not at All Wrong		3.1	2.5	2.1	7.4	2.5	2.5
A Little Bit Wrong		2.1	1.1	2.7	3.5	2.2	2.3
Wrong		10	9.5	6.7	12.3	12.2	9.3
Very Wrong		84.8	87	88.5	76.7	83.1	86
How wrong do your friends feel it would be for you to use prescription drugs not prescribed to you?							
Not at All Wrong		4.4	2.8	3.8	8.3	3.6	4.2
A Little Bit Wrong		6.9	5.1	5	7.1	5.3	8.7
Wrong		22.1	24.9	20.4	24.5	25.6	21.9
Very Wrong		66.5	67.2	70.8	60	65.4	65.2

YRBS Question	Reading	Stoneham	Wakefield	Wilmington	Winchester	Woburn
Never or rarely wore a helmet when riding a bicycle (among those who rode a bicycle)	20.6	45	42.3	32.2	17.4	44.5
Never or rarely wore a helmet when rollerblading or riding a skateboard (among those who rollerbladed or rode a skateboard)	40.2	55.6	58.9	39.5	34.5	57.8
Never or rarely wore a seatbelt when riding in a car	1.9	2.8	2.3	1.4	1.3	2.2
Rode in a car driven by someone who had been drinking alcohol	15.2	16.4	13.6	9.7	9.2	15.3
Carried a weapon (such as, a gun, knife, or club)	15.1	14.7	11.6	11.1	14.9	12.7
Were in a physical fight	29.1	30.1	29	27.1	25.2	32.9
Were electronically bullied (counting being bullied through texting, Instagram, Facebook, or other social media)	32.7	28.8	38.3	29.5	21.5	36.5
Were bullied on school property	16.4	14.5	25.5	14.9	12.4	21.5
Which of the following do you find causes the most negative stress for you? (One response selected)	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Busy schedule (school, activities, sports, etc.)	27.3	23.6	21.9	22.7	24.6	23.2
Parent/family demands/expectations about academics, grades, etc.	12.1	12.4	17.1	12.9	12.6	14.9
Difficulty getting enough sleep	6.1	6.4	4.6	9.3	3.7	8.6
Extracurricular activity demands or pressures	1.8	1.6	1.6	1	2	1.6
School demands/expectations—such as assignments, homework, etc.	33.4	30.5	32.9	36.3	36.5	26
Social pressures from friends, peers, etc.	4.0	2.4	3	3	2.7	4.6
Other family or personal issues which cause emotional stress for you	8.2	12.4	11.9	8	7.1	11
Worrying about the future such as college, career, etc.	7.0	10.8	7.1	6.7	10.9	10.2
Which of the following do you find mos stressful about school? (One response selected)	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
School related factors that cause the most stress; Having to study things you do not understand	13.3	15.9	17.3	15	13.8	17.4
Teachers expecting too much from you	19.5	12.9	13	17.8	7.9	16.2
Keeping up with schoolwork	22.0	20.9	25.2	22.8	22.3	16.7
Having to concentrate too long during the school day	10.6	8.9	10.2	6	9.9	8.2
Having to study things you are not interested in	10.8	9.7	8.2	6.6	21.1	12.2
Pressure of study	5.9	7.2	5.2	5.1	12	5.3
Getting up early in the morning to go to school	10.4	18.7	16.4	21.8	7.8	16.7
Going to school	7.4	5.8	4.5	4.9	5.1	7.3
Self-Harm and Suicidality	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Seriously thought about attempting suicide	18.5	16	18.8	11.7	14.4	20.6
Made a plan about how they would attempt suicide	10.0	8.1	8	6	9	10.9
Attempted suicide	3.6	4.2	4.8	2.9	2.7	5.6
Substance Use	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Ever tried cigarette smoking (even one or two puffs)	3.2	2.4	3.2	1.4	1.9	3.7
Tried cigarette smoking before age 10 years (for the first time, even one or two puffs)	1.1	0.2	1.1	0.1	0.7	0.8
Currently smoked cigarettes (on at least 1 day during the 30 days before the survey)	1.1		0.2	0.4	0.5	0.6
Currently smoked cigarettes frequently (on 20 or more days during the 30 days before the survey)				0.1	0.5	0.2
Currently smoked more than 5 cigarettes per day(more than 5 cigarettes per day on the days they smoked, during the past 30 days before the survey)					0.3	0.1
Currently smoked cigars (cigars, cigarillos, or little cigars on at least 1 day during the 30 days before the survey)	1.7	0.2	0.5	0.6	0.5	1.1
Currently used smokeless tobacco (chewing tobacco, snuff, dip, snus, or dissolvable tobacco products on at least 1 day during the 30 days before the survey)	1.3	0.8	0.2	0.6	0.9	0.9
Used electronic vapor products (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	9.1	13.1	9.5	7.8	6.1	14
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the 30 days before the survey)	3.7	6.6	4.6	1.9	1.6	7.3
Ever drank alcohol (other than a few sips)	17.0	16.5	11.6	9.9	11	14.5
Drank alcohol before age 11 years (for the first time other than a few sips)	6.8	5.3	3.7	2.9	5.3	4.4
Currently drank alcohol (at least one drink of alcohol during the 30 days before the survey)	2.4	4.2	2.1	1.4	2	3.2
Ever used marijuana	3.2	4.2	2.7	2.7	2.3	6.6
Tried marijuana before age 10 years (for the first time)	.9		0.5	0.1	0.7	0.8
Ever taken prescription pain medicine without a doctor's prescription or differently than how a doctor said to use it (counting drugs such as codeine, Vicodin, OxyCotin, Hydrocodone, and Percocet)	4.4	3.6	3.7	1.7	3	3
Ever used cocaine (any form of cocaine, such as powder, crack, or freebase)	1.5		0.7	0.7	1	1.1
Ever sniffed glue, breathed the contents of spray cans, or inhaled paints or sprays to get high	6.0	2.6	3.6	1.3	3.6	5.6
Sexual Behavior	**Reading**	**Stoneham**	**Wakefield**	**Wilmington**	**Winchester**	**Woburn**
Had sexual intercourse	4.6	2.2	2.6	1.4	2.2	
Had sexual intercourse before age 10 years (for the first time)	2.0	0.2		0.4	1.2	
Had sexual intercourse with four or more persons (during their life)	1.8	0.4	0.2	0.9	1.5	
Did not use a condom (during last sexual intercourse, among students who have had sexual intercourse)	51.4	30	45.5	44.4	78.9	

Physical Activity and Nutrition	Reading	Stoneham	Wakefield	Wilmington	Winchester	Woburn
Described themselves as slightly or very overweight	22.1	28.7	27.2	25.9	20.5	29
Were not trying to lose weight	70.5	59.6	63.1	61.4	68.2	56.5
Did not eat breakfast at all during the week (during the 7 days before the survey)	6.4	8.7	7	12.3	3.2	11
Did not eat breakfast on at least one day during the week (during the 7 days before the survey)	49.7	50.8	57.8	56.2	40.4	56.6
Were not physically active at least 60 minutes per day on at least one day (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	5.3	7	3.2	4.6	3.1	8.5
Were not physically active at least 60 minutes per day on 5 or more days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	33.1	39.7	34.2	41.5	29.9	47.1
Watched TV for 3 or more hours per day (on an average school day)	11.8	17.7	10.3	12.7	6.8	17.6
Played video or computer games or used a computer 3 or more hours per day (for something that was not school work on an average school day)	31.9	45.3	43.7	38.9	21.2	47.7
Did not attend physical education classes on 1 or more days (in an average week when they were in school)		18.8	26	1.4	1.5	1.4
Did not play on at least 1 sports team (during the past 12 months, counting teams run by school or community groups)		21.9	19.7	21.3	20	27.7
Had a concussion from playing a sport or being physically active (one or more times during the 12 months before the survey)	16.4	15.2	18.2	13.7	10.8	16.8
Are currently taking medicine or receiving treatment for behavioral health, mental health condition, or emotional problem (from a doctor or other health professional)	12.4	10.8	11.4	13.7	10.8	12.9

Appendix C:

Resource Inventory

2019 Community Resource Guide
Winchester Hospital

Disclaimer:

The listings within this guide are designed as informational and are not to be interpreted as recommendations or endorsements.

Beth Israel Lahey Health
Winchester Hospital

Table of Contents

Community Directory

Areas of Care

State and Regional Resources

Access to Care

Mass 211 Dial 2-1-1 or Toll Free (877) 211-6277 www.mass211.org
Medicare & Medicaid Services (800) 633-4227 www.medicare.gov
Mass Health (800) 841-2900 www.mass.gov/eohhs/gov/departments/masshealth
Health Connector Customer Service Call Center 1-877-MA-ENROLL (1-877-623-6765)
https://www.mahealthconnector.org/

Disabilities and Special Needs

Mass Commission for the Blind (800) 392-6450 www.mass.gov/mcb
Mass Commission for the Deaf (800) 882-1155 www.mass.gov/mcdhh
Mass Rehabilitation Commission (For people with disabilities) (781) 324-7160
www.mass.gov/mrc

Housing and Homelessness

Mass. Coalition for Homeless: (781) 595-7570

Mental Health and Substance Abuse

National Suicide Prevention Lifeline (800) 273-8255
SAMHSA's National Helpline – 1-800-662-HELP (4357) Statewide ESP Toll-Free Number 1-877-382-1609

Senior Services

1-800-AGE-INFO (800-243-4636) www.800ageinfo.com
Executive Office of Elder Affairs (617) 727-7750 www.mass.gov/elders

Veteran Services

Crisis Hotline (800) 273-8255 (Press 1)

Medford

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

Medford Board of Health

85 George P. Hassett Drive, Room 311
Medford, MA 02155
781.393.2560
http://www.medfordma.org/departments/health-department

The Medford Board of Health's mission is to improve, preserve and protect the health of the citizens of the City of Medford. The Board will advocate for a safe environment, for reduction of known health risks, and for application of known preventive health measures. The Board will effect its mission through the health agents and staff and in cooperation with other local, State, and Federal agencies and departments.

Medford Council on Aging SHINE Program

101 Riverside Avenue
Medford, MA 02155
781.396.6010

Please call to set up an appointment.

Child, Parent and Family Support

Medford Family Network

Medford High School
489 Winthrop Street
Medford, MA 02155
781.393.2106
https://www.medfordpublicschools.org/departments-programs/medford-family-network

The Medford Family Network (MFN) of the Medford Public Schools is a family support and parenting education program that is available to every child and caregiver who lives or works in Medford with at least one child prenatal through age seven. The goal of the MFN is to create a strong web of support for all families of young children.

This is accomplished by making community connections in three ways: (1) connecting families to families; (2) fostering family contact with community resources; and (3) building collaborative relationships among community agencies.

Disabilities and Special Needs

Communitas

30 Audubon Rd
Wakefield, MA 01880
781.587.2440
https://communitasma.org

Communitas provides individualized support for people of all abilities. We offer family-centered services and resources – as well as employment and volunteering opportunities – for more than 1,000 families from Lynn, Lynnfield, Medford, North Reading, Reading, Stoneham, Wakefield and surrounding communities. Our mission is to meet individual needs – whatever they are and however they change – while inspiring dreams. We advocate passionately while compassionately delivering services and programs that expand opportunities, empower people, support independence and enrich lives.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

The Unitarian Universalist Church of Medford

147 High Street
Medford, MA 02155
http://uumedford.org/connection/food-pantry

It provides food for people in need every Thursday evening from 6:00-7:30. Clients must be 18 years old to receive food and have a picture I.D. with their address on it or a picture I.D. such as a passport plus an official piece of mail to show their address. The Food Pantry is open to all people in need. Clients typically receive two bags of food which they select themselves. Clients may come every week if they need to. Most clients come from Medford but also from Somerville, Malden, Everett, Chelsea, Cambridge, Revere, and other surrounding towns.

Women, Infants, and Children (WIC)

239 Commercial Street
Malden, MA - 02148
781.338.7578

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Medford Housing Authority

121 Riverside Avenue
Medford, MA 02155
781.396.7200
www.medfordhousing.org

The Medford Housing Authority is a leader in the development, management and administration of subsidized affordable housing for low-income elderly, family and disabled households. Our mission is to develop and manage safe, good quality, affordable housing for low-income individuals and families in a manner that promotes citizenship, community and self-reliance.

Heading Home

The Schrafft Center
529 Main Street, Suite 100
Charlestown, MA 02129
617.864.8140
http://www.headinghomeinc.org

Heading Home provides emergency, transitional and permanent housing, and support services, to low-income homeless and formerly homeless families and individuals in the communities of Boston, Cambridge, Somerville, Medford, Malden, Everett, Quincy, Chelsea and Revere.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Marcus Mental Health Associates

898 Main Street
Winchester, MA 01890
781.721.2737
http://marcusmentalhealthassociates.com/

Therapists will treat all major mental health problems, including: anxiety, depression, attention deficit disorder, obsessive-compulsive disorder, marital and family conflicts, work and school problems, alcohol and drug addiction. They have active Vivitrol and Suboxone programs.

Mystic Valley Public Health Coalition

http://www.mysticvalleypublichealth.org/

Mystic Valley Public Health Coalition (MVPHC) is a coalition of health departments representing Malden, Medford, Melrose, Stoneham, Wakefield and Winchester. It was developed to address Emergency Preparedness mandates from the Centers for Disease Control and Prevention (CDC). The MVPHC is a collaboration of both grant-funded and non-funded community coalitions.

Team Medford

Medford Board of Health
85 George P Hassett Drive
Room 311
781.393.2560
http://www.teammedford.org

Team Medford's mission is to provide information and support to existing systems in the Medford community, such as families, schools, police, businesses, hospitals and other organizations serving Medford to take action around issues that effect the health of the community and its people.

Senior Services

Council on Aging

Medford Senior Center
101 Riverside Avenue
Medford, MA 02155
781.396.6010
http://www.medfordma.org/departments/council-on aging

The general mandate of the Medford Council on Aging is to be the primary advocate for Medford's older adults. To that end, the Council evaluates, promotes, encourages and provides new and existing services that are intended to enhance the quality of the lives of elder residents.

Mystic Valley Elder Services

300 Commercial Street, #19
Malden, MA 02148
781.324.7705
https://www.mves.org

Mystic Valley Elder Services, Inc. provides information, services and resources to elders and caregivers in Medford, North Reading, Reading, Stoneham, and Wakefield. The agency helps seniors live safely in their homes through comprehensive programs, most of which are low cost or free, depending on income.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

2 Main St., Suite 150
Stoneham, MA 02180
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents.

This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation. Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Support Groups

Winchester Hospital—Support Groups

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org

Winchester Hospital offers a variety of free support groups to help our patients and families. Learn more about our support groups for people considering weight loss surgery, parents who have lost a baby, breastfeeding mothers, people with diabetes, caregivers, and people with cancer.

Alanon/Alateen

Medford Senior Center Library. Meetings occur Monday at10:30 AM

101 Riverside Ave
Medford, MA, 02155

Unitarian Universalist Church Rear door at ramp. Meetings occur Monday, Wednesday and Friday at 12:00 PM. There is also a meeting on Wednesday at 7:30 PM.

147 High St
Medford, MA, 02155

Transportation Services

TRIP Senior Transportation Program

781.324.7705
http://www.medfordma.org/2013/06/11/trip-senior-transportation-program/

If your parents don't drive and they are 60+ or adults living with a disability – or if you are in a similar situation – a free program from Mystic Valley Elder Services can help you stay active.

TRIP gives riders mileage reimbursement money to pay friends, neighbors, and in some cases, certain relatives to take them anywhere they need or want to go, any day, any time. Riders get to doctors and stores. They visit friends and family. They dine out or enjoy other social activities.

TRIP helps people expand their range of destinations, even if they use the senior center's van service or The Ride. Call (781) 324-7705 to apply.

SCM Transportation, Inc.

617-625-1191
www.scmtransportation.org

SCM Transportation, Inc. provides resident elders and handicapped individuals with rides to medical appointments. Funding for the service is provided through a Medford Community Development Block Grant (CDBG).

Nutrition-related transportation, both to the Medford Senior Center for the noon Congregate Meal, and for once-weekly food shopping, are also offered. Funding is provided through the Executive Office of Elder Affairs Formula Grant and CDBG. Call: 617-625-1191 for more information, and to schedule a ride.

Veterans Services

Veterans' Services

Medford City Hall, Room 100
85 George P. Hassett Drive
Medford, MA 02155
781.393.2505
http://www.medfordma.org/departments/veterans/

The objective of the City of Medford Department of Veterans Services is to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

North Reading

Access to Health Care

Lahey Medical Center – Peabody

One Essex Center Drive
Peabody, MA 01960
978.538.4000
www.lahey.org

Lahey Medical Center, Peabody includes a 24-hour emergency department and a 10-bed hospital. We combine advanced technology, research and medical education to provide the best care possible. You benefit from specialty resources at our medical centers and top-quality primary care services at community-based practices throughout northeastern Massachusetts.

Financial Counseling Assistance at Lahey Medical Center, Peabody

978.538.4101

Lahey Medical Center, Peabody provides financial counseling assistance to help you pay your medical bills. If you have limited insurance or no insurance coverage, you may qualify for government assistance through the MassHealth, Commonwealth Care or Health Safety Net (Free Care) programs.

Lahey Health Urgent Care

1350 Market St
Lynnfield, MA 01940
781.213.4050
https://www.laheyhealth.org/what-we-offer/urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

Lahey Health Hub

1350 Market St
Lynnfield, MA 01940
781.213.4040
https://www.lahey.org/location/lahey-health-hub/

Lahey Health Hub offers primary, specialty, and urgent care services for you and everyone in your family. Located next to MarketStreet Lynnfield's retail destination, find expert care close to home, when and where you need it. Lahey Health Hub provided high-quality, patient-centered care all under one roof, from physicals, to lab tests, imaging, and specialty and urgent care. Make Lahey Health Hub your one-stop healthcare destination.

North Reading Council on Aging SHINE Program

157 Park Street
North Reading, MA 01864
978. 664.5600
https://www.northreadingma.gov/council-aging

SHINE Counselor Tuesday afternoons by Appointment Only from 1 p.m. to 3 p.m. Our counselor is available year round to help answer questions and fill out applications. Call the Center to make an appointment.

North Reading Board of Health

235 North Street
North Reading, MA 01864
978.357.5242
https://www.northreadingma.gov/board-health

Town Board Health include disease and injury prevention, promoting and offering immunization clinics, responding to bacterial illnesses, monitoring disease outbreaks, providing health education & prevention programs, provide health advisories, promoting health & wellness, nutrition and fitness information , tobacco control programs, environmental protection, respond to health hazards, ensuring water quality, monitoring waste disposal, investigating noise & air pollution, animal health, health monitoring, enforcement and ensuring of health and safety codes, health care access, and emergency preparedness and response.

Child, Parent and Family Support

Burbank YMCA / YMCA of Greater Boston

36 Arthur B Lord Drive
Reading, MA 01867
781.944.9622
https://ymcaboston.org/burbank

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

North Reading Youth Services

235 North Street
North Reading, MA 01864
978.357.5281
https://www.northreadingma.gov/youth-services

North Reading Youth Services' mission is to allow for the voice of our youth to be heard in the community. We strive to establish youth-driven social and experiential activities and provide opportunities for young adults to become active members of our community. Through these programs we hope to foster a healthy self-image and encourage positive decision-making. We support families of all abilities and backgrounds.

Disabilities and Special Needs

Communitas

30 Audubon Rd
Wakefield, MA 01880
781.587.2440
https://communitasma.org

Communitas provides individualized support for people of all abilities. We offer family-centered services and resources – as well as employment and volunteering opportunities – for more than 1,000 families from Lynn, Lynnfield, Medford, North Reading, Reading, Stoneham, Wakefield and surrounding communities. Our mission is to meet individual needs – whatever they are and however they change – while inspiring dreams. We advocate passionately while compassionately delivering services and programs that expand opportunities, empower people, support independence and enrich lives.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

North Reading Food Pantry

235 North St
North Reading, MA 01864
978.276.0040
http://www.nrfoodpantry.org

Run by the Christian Community Service Organization of North Reading, the pantry is located in the North Reading Town Hall.

OPEN: Every Monday 9-10 am,
1st & 3rd Monday evenings 7-8 pm

You are welcome to use the pantry if you are a resident of North Reading. Please bring an ID and proof of residency, such as a utility bill, with you at your first visit. Clients may use the pantry two times each month. We offer both perishable and non-perishable foods to supplement the food available from other sources.

Mystic Valley Elder Services

978. 664.5600
https://www.mves.org

Mystic Valley Elder Services, Inc. provides hot/cold lunches to North Reading seniors every Monday-Friday at noon. There's a two dollar suggested donation per meal. Call the Senior Center at 978. 664.5600 to order meal by 11am the day before.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Mission of Deeds

6 Chapin Avenue
Reading, MA 01867
781.944.9797
http://www.missionofdeeds.org

Mission of Deeds provides basic home essentials to those in need. Determined to improve the quality of life for these families, Mission of Deeds serves as a place where people can not only receive new beds and donated household essentials free of charge, but also be treated with kindness, respect, and compassion.

North Reading Housing Authority

Peabody Court
North Reading, MA 01864
978.664.2982
http://www.northreadingha.org

The mission of North Reading Housing Authority (NRHA) is to meet our community's housing needs by providing decent, safe and affordable housing through the administration of appropriate local, state and federal housing programs. It is NRHA's belief that housing is a basic right and the substance for a successful life. The NRHA will strive to assist everyone in securing affordable housing and an environment in which they can continue to be valuable members of the community.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800)988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.

The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Riverside Outpatient Center

6 Kimball Lane
Suite 310
Lynnfield, MA 01940
781.246.2010
www.riversidecc.org

Our caring and skilled clinicians work with individuals and families to develop treatment solutions for adults, teenagers, and children who may be experiencing a mental illness, behavioral or emotional problems, or substance use concerns. Our approach is to build on an individual's strengths and potential through individual, group, and/or family counseling. Iindividuals also have access to treatment planning and consultation, medication management, as well as a large network of community services and local resources – including 24/7 emergency services.

North Reading Community Impact Team

235 North Street
North Reading, MA 01864
978.357.5054
https://www.northreadingma.gov/community-impact-team/pages/about-us

The CIT is focused on community education and prevention efforts. With community support and assistance, the CIT has begun to form "Action Teams" to address quality of life issues by combating the problem, creating an open awareness and dialogue, and using a community-team approach to reducing issues. Action Teams are led by community volunteers and are vital to achieving identified objectives and solutions. Volunteers include parents, public safety officers, teachers, administrators, non-profits, businesses and many others.

Youth Substance Use Prevention Coalition

235 North Street
North Reading, MA 01864
978.357.5054
https://www.northreadingma.gov/community-impact-team/pages/youth-substance-use-prevention-coalition-about-us

The North Reading Youth Substance Use Prevention Coalition envisions an empowered community that promotes a substance-free lifestyle and is supportive to all who need help. It was created to reduce the use of harmful substances amoung North Reading Youth and imporve the quality of life for all young people through support, education, and action.

Senior Services

Council on Aging

157 Park Street
North Reading, MA 01864
978. 664.5600
https://www.northreadingma.gov/council-aging

The Council on Aging advocates for older adults by helping to meet their needs in areas of health, economic, social and cultural welfare. The Council encourages maximum independence and seeks to improve the quality of life of citizens of the Town of North Reading.

The Residence at Pearl Street

75 Pearl Street
Reading, MA 01867
781.944.9200
https://www.residencepearl.com/

The Residence at Pearl Street offers Assisted Living and Reflections Memory Care for discerning seniors. Just The Residence at Pearl Street gives residents the peace and comfort that they're looking for in a friendly social atmosphere that promotes life, learning, laughter and continuous personal growth. Our Reflections Memory Care neighborhood is renowned for its approach, and benefits from our collaboration with Brigham & Women's Hospital, McLean Hospital and Harvard Medical School.

Mystic Valley Elder Services

300 Commercial Street, #19
Malden, MA 02148
781.324.7705
https://www.mves.org

Mystic Valley Elder Services, Inc. provides information, services and resources to elders and caregivers in Medford, North Reading, Reading, Stoneham, and Wakefield. The agency helps seniors live safely in their homes through comprehensive programs, most of which are low cost or free, depending on income.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

2 Main St., Suite 150
Stoneham, MA 02180
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents. This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation. Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Support Groups

Alanon/Alateen

Meetings are held at St. Athanasius Church, 300 Haverhill St, Parish Activity Center, ground floor. Meetings occur on Wednesday evenings at 7:30 pm.

300 Haverhill Street
Reading, MA 01867

Lahey Medical Center – Peabody

One Essex Center Drive
Peabody, MA 01960
978.538.4000
www.lahey.org

Lahey Medical Center, Peabody offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Medical Center, Peabody offer support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Transportation Services

Mystic Valley Elder Service's TRIP Metro North Program

781.388.4819

If you're 60+ or an adult living with a disability, don't drive and live in North Reading, you can still visit friends, dine out, and shop where you like. Call (781) 388-4819 to see if you qualify for TRIP. This free program gives you money to reimburse friends, neighbors and, in some cases, certain family members for taking you anywhere you want to go.

Council on Aging

157 Park Street
North Reading, MA 01864
978. 664.5600
https://www.northreadingma.gov/council-aging

"Free" Van Transportation-In Town for North Reading Residents over 60. Please call at least 24 hours in advance 978.664.5600.

Veterans Services

Veterans Agent

235 North Street
North Reading, MA 01864
978.357.5212
https://www.northreadingma.gov/veterans-services

The mission of the North Reading Veterans' Department is to advocate for the Veterans, Spouses, and their dependents. Veterans Agent provides outreach through the community to educate them on the assistance and services available through local, state and federal agencies. The North Reading Veterans Department is committed to ensuring all Veterans and their dependents are served with the utmost courtesy, dignity, compassion, and respect while striving to render services and benefits in a timely manner.

Reading

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Lahey Health Urgent Care

1350 Market St
Lynnfield, MA 01940
781.213.4050
https://www.laheyhealth.org/what-we-offer/urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

Lahey Health Hub

1350 Market St
Lynnfield, MA 01940
781.213.4040
https://www.lahey.org/location/lahey-health-hub/

Lahey Health Hub offers primary, specialty, and urgent care services for you and everyone in your family. Located next to MarketStreet Lynnfield's retail destination, find expert care close to home, when and where you need it. Lahey Health Hub provided high-quality, patient-centered care all under one roof, from physicals, to lab tests, imaging, and specialty and urgent care. Make Lahey Health Hub your one-stop healthcare destination.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you.

Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

Reading Council on Aging SHINE Services

Pleasant Street Center
49 Pleasant Street -2nd Floor
Reading MA 01867
781.942.6658

To schedule an appointment call 781.942.6794

Reading Board of Health

16 Lowell Street
Reading, MA 01867
781.942.6653
https://www.readingma.gov/board-of-health

The mission of the Reading Board of Health is to protect and promote the health and well-being of the citizens of Reading and the quality of the environment.

Child, Parent and Family Support

Burbank YMCA / YMCA of Greater Boston

36 Arthur B Lord Drive
Reading, MA 01867
781.944.9622
https://ymcaboston.org/burbank

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Connect the Tots

http://connectthetots.org/

Connect The Tots connects families in Reading, MA and surrounding communities through organized playgroups, member outings and local events. Connect The Tots is a great way to meet new friends and get involved in community activities! You can join a playgroup, or attend discounted or free group outings to some of the area's kid-friendly attractions. We also offer a "Meals for Moms" program that supplies meals for families who are bringing home a newborn and may need help with dinners during those first few weeks, as well as provide meals for families experiencing hardship and are in need of a helping hand.

MOMS Club

http://readingmomsclub.org

MOMS stands for Moms Offering Moms Support - our focus is on the Mom! Connecting with other Moms can be challenging and we offer a place to find that that support with others in similar situations. Our members come from the Town of Reading and the surrounding towns. Moms of any age children are welcome. We see our role in the community as helping others, especially children. Some examples of this are our donation of passes to local public libraries (including the Peabody Essex Museum pass to the Reading Public Library), our drives for Room to Grow and the Reading Food Pantry, and our Meals for Moms program. Our goals are to provide a forum for topics of interest to mothers, to help children in the community, to perform at least one service project yearly helping children in Reading, MA & surrounding area, and, most of all, to support our member Moms and have fun!

Parents of Tots

http://parentsoftots.org

Parents of Tots is a volunteer-run, non-profit organization dedicated to supporting families with young children in Wakefield, Stoneham, Woburn, Reading, Melrose and surrounding communities by providing parents with the means to build a supportive social network for themselves and their children. Trips, events, peer-to-peer support groups, and other events are designed for parents who work either full time or part time.

Triumph Center for Child and Adolescent Counseling

36 Woburn Street
Reading, MA 01867
781.942.9277
https://triumphcenter.net/

The Triumph Center is a counseling and consultation center. We provided counseling, social skills groups, summer programming and psychological evaluation services for children, adolescents, young adults and families, as well as consultation and evaluations for schools and other institutions. We also have a newer consultation and training service (CATA) to help young adults more successfully transition into colleges and technical schools.

Women, Infants, and Children (WIC)

30 New Crossing Road, #101
Reading, MA 01867
781.938.5161

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five.

The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

Disabilities and Special Needs

Communitas

30 Audubon Rd
Wakefield, MA 01880
781.587.2440
https://communitasma.org

Communitas provides individualized support for people of all abilities. We offer family-centered services and resources – as well as employment and volunteering opportunities – for more than 1,000 families from Lynn, Lynnfield, Medford, North Reading, Reading, Stoneham, Wakefield and surrounding communities. Our mission is to meet individual needs – whatever they are and however they change – while inspiring dreams. We advocate passionately while compassionately delivering services and programs that expand opportunities, empower people, support independence and enrich lives.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Reading Food Pantry

6 Salem Street
Reading, MA
781.944.8486
https://www.readingma.gov/elder-human-services/pages/food-pantryIloveflowers88

The Reading Food Pantry is located at the Old South United Methodist Church in Reading. Hours of Operation: Monday 7-8 pm and Friday 10:30-11:30 am. Referral required by the city Social Worker.

Stoneham Board of Health Food Pantry

1 Church Street
Stoneham, MA 02180
781.438.0097
email:firstchurchstoneham@verizon.net

The Stoneham Board of Health Food Pantry is headquartered in the First Congregational Church of Stoneham. The pantry provides food in cases of emergency to residents of Stoneham and neighboring towns. Clients may visit the pantry once a month by calling the number provided to set up an appointment to come in and select groceries. The pantry is stocked with non-perishable food items that are donated by individuals, congregations, businesses and organizations.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Mission of Deeds

6 Chapin Avenue
Reading, MA 01867
781.944.9797
http://www.missionofdeeds.org

Mission of Deeds provides basic home essentials to those in need. Determined to improve the quality of life for these families, Mission of Deeds serves as a place where people can not only receive new beds and donated household essentials free of charge, but also be treated with kindness, respect, and compassion.

Reading Housing Authority

22 Frank Tanner Drive
Reading, MA 01867
781.944.6755
http://readinghousing.org

Our Mission is simple - Provide housing opportunities that create a better everyday life in our community. Reading Housing Authority effectively addresses the needs of low and moderate income residents by providing decent, safe, sanitary and affordable homes to live in. Going beyond "bricks and mortar" we strive to provide our residents with local, state and federal resources available to improve their quality of life.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Riverside Outpatient Center

6 Kimball Lane
Suite 310
Lynnfield, MA 01940
781.246.2010
www.riversidecc.org

Our caring and skilled clinicians work with individuals and families to develop treatment solutions for adults, teenagers, and children who may be experiencing a mental illness, behavioral or emotional problems, or substance use concerns. Our approach is to build on an individual's strengths and potential through individual, group, and/or family counseling. Iindividuals also have access to treatment planning and consultation, medication management, as well as a large network of community services and local resources – including 24/7 emergency services.

Reading Coalition Against Substance Abuse

15 Union Street
Reading, MA 01867
https://www.reading.k12.ma.us/community/rcasa/

We are a coalition of youth & adults living and working in Reading, MA who promote a safe, healthy, vibrant community in which everyone makes healthy decisions and ensures that today's resources shape tomorrow's strengths.

Senior Services

Reading Council on Aging/Senior Center

Pleasant Street Center
49 Pleasant Street -2nd Floor
Reading MA 01867
781.942.6794
https://www.readingma.gov/elder-and-human-services

The Pleasant Street Center, "Reading's gathering place for "seniors", is the hub of activity for residents 60 and over. The Center is a welcoming place for all visitors, offering lunch Monday - Friday at 11:45 am (lunch reservations required) and a variety of programs throughout the week.

The Residence at Pearl Street

75 Pearl Street
Reading, MA 01867
781.944.9200
https://www.residencepearl.com/

The Residence at Pearl Street offers Assisted Living and Reflections Memory Care for discerning seniors. Just The Residence at Pearl Street gives residents the peace and comfort that they're looking for in a friendly social atmosphere that promotes life, learning, laughter and continuous personal growth. Our Reflections Memory Care neighborhood is renowned for its approach, and benefits from our collaboration with Brigham & Women's Hospital, McLean Hospital and Harvard Medical School.

Mystic Valley Elder Services

300 Commercial Street, #19
Malden, MA 02148
781.324.7705
https://www.mves.org

Mystic Valley Elder Services, Inc. provides information, services and resources to elders and caregivers in Medford, North Reading, Reading, Stoneham, and Wakefield. The agency helps seniors live safely in their homes through comprehensive programs, most of which are low cost or free, depending on income.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

2 Main St., Suite 150
Stoneham, MA 02180
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents. This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation. Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Family Acupuncture & Herbs of Reading, LLC

591 North Avenue
Wakefield, MA 01880
781.944.5443
www.readingacupuncture.com

Chinese medicine offers a safe, natural and effective alternative approach to wellness without the risk of side effects. Family Acupuncture & Herbs is a preferred provider for Lahey Clinic's Spine Center and one of four practitioners in Massachusetts certified by the American Board of Oriental Reproductive Medicine as specialists in treating infertility. Our treatments maximize your health by rebalancing the system head to toe using acupuncture (thin, sterilized needles), electro-acupuncture, Chinese herbal prescriptions, as well as nutritional and lifestyle counseling. Each patient undergoes a comprehensive evaluation and receives a customized treatment plan suited specifically to his or her unique situation.

Support Groups

Alanon/Alateen

Meetings are held at St. Athanasius Church, 300 Haverhill St, Parish Activity Center, ground floor. Meetings occur on Wednesday evenings at 7:30 pm.

300 Haverhill Street
Reading, MA 01867

Lahey Hospital and Medical Center – Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
www.lahey.org

Lahey Hospital and Medical Center offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Hospital and Medical Center offer specific support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group,Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Transportation Services

Reading Council on Aging/Senior Center

781. 942.6794

Van transportation is a free service to Reading seniors and non-seniors with disabilities. Our goal is to provide safe, efficient and friendly service. Reservations are required 24 hours in advance by calling the Pleasant Street Center (781) 942-6794.

MBTA Commuter Rail Service

Haverhill Line stops in Haverhill, Bradford, Lawrence, Andover, Wilmington, Reading, Wakefield, Melrose and Malden.

Veterans Services

Veterans' Services Officer

16 Lowell Street
Reading, MA 01867
781.942.6652
https://www.readingma.gov/veteran-services

Our mission is to support the veterans residing in Reading by identifying veterans and their families in need of service and providing information and access to the services for which they are eligible under the law.

Stoneham

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

Stoneham Senior Center SHINE Counseling

781.438.1157

Confidential SHINE (Serving the Health Information Needs of Everyone) on Medicare counseling is available at the Center on Tuesdays from 10:00 AM to Noon and Wednesdays from 11:00 AM to 2:00 PM. Our trained SHINE volunteer will help you with such things as Medicare, Medicaid, prescription drug coverage, and more. Call (781) 438-1157 to make an appointment.

Stoneham Board of Health

35 Central Street, Basement Level
Stoneham, MA 02180
781.279.2621
http://www.stoneham-ma.gov/health-department

The Board of Health promotes and protects the health and wellness of the community and performs the core functions of public health assessment, assurance and surveillance under the guidance of the Stoneham Board of Health.

Child, Parent and Family Support

Parents of Tots

http://parentsoftots.org

Parents of Tots is a volunteer-run, non-profit organization dedicated to supporting families with young children in Wakefield, Stoneham, Woburn, Reading, Melrose and surrounding communities by providing parents with the means to build a supportive social network for themselves and their children. Trips, events, peer-to-peer support groups, and other events are designed for parents who work either full time or part time.

Disabilities and Special Needs

Communitas

60-D Audubon Rd
Wakefield, MA 01880
781.587.2200
https://communitasma.org

Communitas provides individualized support for people of all abilities. We offer family-centered services and resources – as well as employment and volunteering opportunities – for more than 1,000 families from Lynn, Lynnfield, Medford, North Reading, Reading, Stoneham, Wakefield and surrounding communities. Our mission is to meet individual needs – whatever they are and however they change – while inspiring dreams. We advocate passionately while compassionately delivering services and programs that expand opportunities, empower people, support independence and enrich lives.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Stoneham Board of Health Food Pantry

1 Church Street
Stoneham, MA 02180
781.438.0097
email:firstchurchstoneham@verizon.net

The Stoneham Board of Health Food Pantry is headquartered in the First Congregational Church of Stoneham. The pantry provides food in cases of emergency to residents of Stoneham and neighboring towns. Clients may visit the pantry once a month by calling the number provided to set up an appointment to come in and select groceries. The pantry is stocked with non-perishable food items that are donated by individuals, congregations, businesses and organizations.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Stoneham Housing Authority

11 Parker Chase Rd
Stoneham, MA 02180
781.438.0734
http://stonehamha.org

The Stoneham Housing Authority is dedicated to providing safe, decent and sanitary housing options for low and moderate income individuals and families in the town of Stoneham.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts. The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Psychological Care Associates

92 Montvale Avenue, Suite 2450
Stoneham, MA 02180
781.646.0500
https://psycare.info

Psychological Care Associates provides consultations in ADD/ADHD; re-evaluation of psychiatric medication, parenting concerns/questions, addictions, sleep disturbance, school risk assessment.

Psychotherapy & Specialty Services always begin with a thoughtful evaluation and goal setting. Therapy is individual, couples, family or group, and includes CBT, DBT, Dynamic or Interpersonal approaches.

Riverside Outpatient Center

6 Kimball Lane, Suite 310
Lynnfield, MA 01940
781.246.2010
www.riversidecc.org

Our caring and skilled clinicians work with individuals and families to develop treatment solutions for adults, teenagers, and children who may be experiencing a mental illness, behavioral or emotional problems, or substance use concerns. Our approach is to build on an individual's strengths and potential through individual, group, and/or family counseling. Iindividuals also have access to treatment planning and consultation, medication management, as well as a large network of community services and local resources – including 24/7 emergency services.

Mystic Valley Public Health Coalition

http://www.mysticvalleypublichealth.org/

Mystic Valley Public Health Coalition (MVPHC) is a coalition of health departments representing Malden, Medford, Melrose, Stoneham, Wakefield and Winchester. It was developed to address Emergency Preparedness mandates from the Centers for Disease Control and Prevention (CDC). The MVPHC is a collaboration of both grant-funded and non-funded community coalitions.

Stoneham Substance Abuse Coalition

35 Central St.
Stoneham, MA 02180
781.850.0610
https://www.stonehamcoalition.org

The Stoneham Coalition for a Safe & Healthy Community has formed to address the epidemic of drug and alcohol abuse in our community. The Coalition's primary goal is to educate and prevent and has now evolved to take a more inclusive look at the causes that drive individuals to substance use, including mental health, bullying, social media, and work to decrease stigma.

Senior Services

Stoneham Council on Aging/Senior Center

136 Elm Street
Stoneham, MA 02180
781.438.1157
https://www.stonehamseniorcenter.org/

The mission of the Stoneham Council on Aging is to welcome all to the Senior Center and provide outstanding services to all seniors with kindness, respect, dignity and by offering services for social, nutritional, and medical needs, and to provide outreach to seniors in the community.

Mystic Valley Elder Services

300 Commercial Street, #19
Malden, MA 02148
781.324.7705
https://www.mves.org

Mystic Valley Elder Services, Inc. provides information, services and resources to elders and caregivers in Medford, North Reading, Reading, Stoneham, and Wakefield. The agency helps seniors live safely in their homes through comprehensive programs, most of which are low cost or free, depending on income.

Bear Hill Rehabilitation and Nursing Center

11 North Street
Stoneham, MA 02180
781.438.8515
https://www.bearhillrehab.com/

Bear Hill offers Skilled Nursing Services, a Sub-Acute Care Program, Short-Term Rehabilitation Services, Long Term Care Services and a Hospice Care program. Each of our services is designed to address the specific rehabilitation and care needs of a select group of patients and residents within our facility who seek the best quality of care available.

Fuller House of Stoneham

32 Franklin Street
Stoneham, MA 02180
781.438.0580
http://www.fullerhouseofstoneham.net/

Fuller house of Stoneham is a full-service senior living retirement home that offers comfortable accommodations to men and women over the age of 55.

This retirement home features 24-hour supervision, nutritious meals, complete medication management, and shower and personal care assistance by a dedicated, caring staff.

Life Care Center of Stoneham

25 Woodland Road
Stoneham, MA 02180
781.662.2545
http://lifecarecenterofstoneham.com/

Life Care Center of Stoneham features state-of-the-art therapies and focuses on physical, occupational and speech therapy on an inpatient basis. We are a continuum-of-care campus, offering assisted living, skilled nursing, rehabilitation and long-term care. Focusing on inpatient rehabilitation with 24-hour skilled nursing care, Life Care Center of Stoneham's in-house team of therapists and nurses provide the best care available, recognizing every patient's individuality. Our personalized approach keeps residents and patients at their maximum level of independence possible.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

2 Main St., Suite 150
Stoneham, MA 02180
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents. This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation. Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Support Groups

Lahey Hospital and Medical Center – Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
https://www.lahey.org

Lahey Hospital and Medical Center offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Hospital and Medical Center offer support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Winchester Hospital—Support Groups

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org

Winchester Hospital offers a variety of free support groups to help our patients and families. Learn more about our support groups for people considering weight loss surgery, parents who have lost a baby, breastfeeding mothers, people with diabetes, caregivers, and people with cancer.

Transportation Service

Stoneham Council on Aging/Senior Center

781.438.1157

For all trips by the comfortable 14-passenger Senior Center van, please be ready at least 15 minutes prior to your pick-up time, and allow for 15 minutes after your scheduled pick-up time before calling the Center. If you need a ride call 781.438.1157.

MBTA Bus 132

The 132 Redstone - Malden Center Station provides service to the Stoneham area, connecting the town to Orange line rail service.

Veterans Services

Veterans' Services Officer

136 Elm Street, 1st Floor
Stoneham, MA 02180
781.279.2664
http://www.stoneham-ma.gov/veterans-tax-workoff-program

The purpose of the Department of Veterans Services is to provide Veterans Benefits, a public assistance program for veterans and dependants and for the conduct of the federal program to provide counseling, information and assistance for the acquisition of veterans benefits and services sponsored by the Department of Veterans Affairs (VA).

Tewksbury

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

Tewksbury Council on Aging/Senior Center SHINE Counseling Services

We now have a volunteer SHINE Counselor at the Senior Center. She is available by appointment twice a month on Wednesday from 8:30AM to 11:30 AM. Contact the front desk to make an appointment at 978-640-4480.

Tewksbury Health Department

1009 Main Street, Lower Level
Tewksbury, MA 01876
978.640.4470
https://www.tewksbury-ma.gov/health-department

The Tewksbury Health Department promotes the personal and environmental health of the community through education and policy development supported by enforceable regulations, and collaboration with other people and organizations.

Child, Parent and Family Support

Thom Anne Sullivan Center

126 Phoenix Ave
Lowell, MA 01852
978.453.8331
http://www.thomchild.org/locations/lowell-anne-sullivan-center/

Thom Anne Sullivan Center is committed to providing high quality, comprehensive, and family-centered early intervention services to infants, toddlers, their families, and others in the community who care for them. Our nurses, social workers, occupational and physical therapists, speech-language pathologists, mental health counselors, educators, and other specialists are passionate about supporting families and young children.

Disabilities and Special Needs

Lowell Association for the Blind

169 Merrimack St, 2nd floor
Lowell MA, 01852
978.454.5704
http://www.lowellassociationfortheblind.org/

Lowell Association for the Blind (LAB) is a non-profit, community based organization dedicated to working with the blind and visually impaired. LAB's mission is to support, educate, and nurture the blind and visually impaired residents of the Greater Merrimack Valley by helping them enrich their lives and gain independence.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Tewksbury Community Pantry, Inc.

999 Whipple Road
Tewksbury, MA 01876
978.858.2273
http://www.tewksburypantry.org/

The Tewksbury Community Pantry provides short and long-term food assistance to Tewksbury residents in financial need and to people who are referred to the Pantry by Tewksbury clergy and the town clerk's office. Confidential assistance is given to everyone who receives food from the Pantry.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Tewksbury Housing Authority

Saunders Circle
Tewksbury, MA 01876
978.851.7392
https://www.tewksbury-ma.gov/housing-authority

Our goal is to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Tewksbury Treatment Center – Lahey Health Behavioral Services

365 East Street
Tewksbury, MA 01876
978.259.7000
http://www.nebhealth.org/

The Tewksbury Treatment Center is a 32-bed inpa tient detoxification service that treats and cares for clients (men and women, 18 and older) in need of medical detoxification from alcohol, opiates and benzodiazepines.

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Tewskbury CARES

http://www.drugfreegreaterlowell.org/

Tewskbury CARES' mission is to increase awareness, promote education and provide resources to the Tewksbury community in an attempt to lessen the adverse effects of substance abuse. Tewksbury C.A.R.E.S.: is a Tewksbury Board of Health Initiative.

CleanSlate

170 Main Street, Units G4-G8
Tewksbury, MA 01876
781.348.9041
https://www.cleanslatecenters.com/tewksbury-ma

Cleanslate provides outpatient medication assisted treatment for opiate and alcohol addiction. We serve all of Merrimack Valley and the surrounding communties and accept many insurances including MassHealth, Medicare and most private plans. We also offer a self-pay plan for patients without insurance. On site counseling as well as care coordination provide support service as people travel down the road to recovery.

Department of Mental Health

365 East St
Tewksbury, MA 01876
978.863.5000
www.mass.gov/dmh

The DMH provides clinical, rehabilitative and supportive services for individuals with serious mental illness/emotional disturbances.

Senior Services

Tewksbury Senior Center

175 Chandler Street
Tewksbury, MA 01876
978.640.4480
https://www.tewksbury-ma.gov/council-on-aging-0

Tewksbury Council on Aging was created to enhance the lives of our Senior Citizens by identifying their needs and developing programs, activities, community involvement and resources to provide them with an independent and enriched quality of life. Tewksbury Senior Center Services: Referral Services, Educational Seminars, Health Services (VNA Nurse, Podiatry Clinics, Exercise Programs), Community Programs, Hot Lunches, Meals on Wheels (by the Merrimack Valley Nutrition Project), Rehabilitation Equipment on Loan, Intergenerational Program, Recreational & Social Activities, Library, Reading Machine - Enlarges Print.

Blaire House of Tewksbury Assisted Living

10 Erlin Terrace
Tewksbury, MA 01876
978.851.3121
http://www.elderservices.com/blairehouseoftewksbury/

Caring and compassion coupled with high standards of healthcare delivery make Blaire House of Tewksbury a perfect choice when deciding on a Senior Living Community. Blaire House of Tewksbury offers an array of services: Nursing & Rehabilitation, Assisted Living Residences, Adult Day Health Center, Respite, Hospice, and Senior Transportation Services.

Bayberry at Emerald Court

2000 Emerald Court
Tewksbury, MA 01876
978.640.0194
https://northbridgecos.com/bayberry-emerald-court-assisted-living/

Bayberry offers all the benefits of community living: dining, housekeeping, transportation, and maintenance.

Bayberry at Emerald Court offers private apartments for seniors who need supportive services with personal care as well as private apartments within separate and secure Generations Program for people with Alzheimer's disease and other memory impairment.

Elder Services of the Merrimack Valley, Inc.

280 Merrimack St, Suite 400,
Lawrence, MA 01843
978.683.7747
https://www.esmv.org

Elder Services of the Merrimack Valley, Inc. is a private non-profit agency serving elders and disabled adults who reside in Northeast Massachusetts. Our mission is to support an individual's desire to make their own decisions, secure their independence, and remain living in the community safely.

Elder Services Care Managers and Nurses work with thousands of elders and family members each day to make sure they have the right services, living arrangements, and access to good health care and benefits. We contract with over 70 different care providers to ensure services delivered meet a variety of individual needs.

Sexual Health

Winchester Family Health Center

500 Salem Street
Wilmington, MA 01887
978.657.3910
http://www.winchesterhospital.org

Winchester Family Health Center works as a satellite office of the Winchester Hospital. As a full-service clinic, the Winchester Family Health Center has a walk-in clinic, mammography center, a cardiology center, and radiology services.

Lowell Community Health Center

OB/Family Planning
161 Jackson Street
Lowell, MA 01852
978.446.0236
http://www.lchealth.org/

Lowell Community Health Center offers full services of Prenatal/ Postpartum and GYN care. We have Health Educators to educate patients and the community on reproductive health and wellness as well as assist patients with finding health services. They also provide quality, affordable and confidential reproductive health care services for both male and female adults and adolescents. Teens receive confidential services, and parental consent is not needed. Additional Services Include: Birth control information and services Childbirth education, Referrals to support services, such as WIC, Gynecological/cervical cancer screenings and gynecological surgeries, HIV counseling and testing, Testing and treatment of STDs (sexually transmitted diseases), Testing and treatment of urinary tract infections, abnormal pap smears and breast exams.

Support Groups

Alanon/Alateen

Meetings are held at St. William's Church, 1351 Main St. Route 38, Parish Center building, rear entrance to basement. Meetings occur Monday mornings at 10:00AM.

1351 Main St.
Tewksbury, MA 01876

Huntington's Disease Support Group

Tewksbury Public Library
300 Chandler Street
Tewksbury, MA 01876
Contact: Cheryl Sullivan Staveley
978.256.7642
csull22@comcast.net

Meeting are held every 2nd Wednesday of the month from 6:30 pm – 8 pm at the Tewksbury Public Library. It is highly recommended to contact the group leader prior toattending your first meeting to be sure the group is running as scheduled.

Lahey Hospital and Medical Center – Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
https://www.lahey.org

Lahey Hospital and Medical Center offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Hospital and Medical Center offer specific support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Transportation Services

The Lowell Regional Transit Authority (LRTA)

Road Runner Office
113 Thorndike Street
978.459.0152
http://lrta.com/

LRTA Road Runner Services Monday- Friday 8:00am-4:00pm Tewksbury Office: 978.459-0152 Road Runner is a curb-to-curb service available to residents of Tewksbury who are at least 60 years of age and/or individuals who are disabled. This service can be used for many purposes, including work, medical appointments, shopping, social and recreational reasons. The fee to travel within town is $1.00 each way.

Veterans Services

Veterans' Services Officer

1009 Main Street
Tewksbury, MA 01876
978.640.4485
https://www.tewksbury-ma.gov/veterans services

The objective of the Veterans' Services Officer to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

Wakefield

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Lahey Health Urgent Care

1350 Market St
Lynnfield, MA 01940
781.213.4050
https://www.laheyhealth.org/what-we-offer/urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

Lahey Health Hub

1350 Market St
Lynnfield, MA 01940
781.213.4040
https://www.lahey.org/location/lahey-health-hub/

Lahey Health Hub offers primary, specialty, and urgent care services for you and everyone in your family. Located next to MarketStreet Lynnfield's retail destination, find expert care close to home, when and where you need it. Lahey Health Hub provided high-quality, patient-centered care all under one roof, from physicals, to lab tests, imaging, and specialty and urgent care. Make Lahey Health Hub your one-stop healthcare destination.

Financial Counseling Assistance at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

SHINE Program – Serving the Health Information Needs of Elders

The Serving the Health Information Needs of Elders (S.H.I.N.E.) Program provides information to elders and disabled adults to help them understand Medicare benefits and other health insurance options. Information is offered in group settings, and individual sessions. S.H.I.N.E. counselors also make home visits to those individuals who are homebound. All S.H.I.N.E. services are free and confidential. S.H.I.N.E. counselors are trained and certified by the Massachusetts Executive Office of Elder Affairs. You can make an appointment with a counselor by calling your local Council on Aging or by contacting Elder Services 1-800-892-0890.

Wakefield Health Department

1 Lafayette Street
Wakefield, MA 01880
http://www.wakefield.ma.us/health-department

The Wakefield Health Department promotes the personal and environmental health of the community through education and policy development supported by enforceable regulations, and collaboration with other people and organizations.

Child, Parent and Family Support

Parents of Tots

http://parentsoftots.org

Parents of Tots is a volunteer-run, non-profit organization dedicated to supporting families with young children in Wakefield, Stoneham, Woburn, Reading, Melrose and surrounding communities by providing parents with the means to build a supportive social network for themselves and their children. Trips, events, peer-to-peer support groups, and other events are designed for parents who work either full time or part time.

Disabilities and Special Needs

Horizon House

78 Water Street
Wakefield, MA 01880
781.245.4272
https://www.horizonhouseclubhouse.org/

Horizon House is an employment and recovery center that offers people with mental health conditions hope and opportunities to achieve their full potential through peer support and rehabilitation. Our recovery and employment oriented programs help individuals gain self-confidence, build employment skills, and foster relationships. We offer extensive assistance in employment and education, and also offer dual recovery meetings, in-house health & wellness programs including a gym, and many social events.

Communitas

60-D Audubon Rd
Wakefield, MA 01880
781.587.2200
https://communitasma.org

Communitas provides individualized support for people of all abilities. We offer family-centered services and resources – as well as employment and volunteering opportunities – for more than 1,000 families from Lynn, Lynnfield, Medford, North Reading, Reading, Stoneham, Wakefield and surrounding communities. Our mission is to meet individual needs – whatever they are and however they change – while inspiring dreams. We advocate passionately while compassionately delivering services and programs that expand opportunities, empower people, support independence and enrich lives.

Riverside Family Support Center

300 West Cummings Park, Suite 354
Woburn, MA 01801
781.686.4527
http://riversidefamilysupport.org

Our Family Support Center offers a wide array of supports in the home and in the community for adults and children with disabilities living with their families. These services may include respite, recreational activities, provision of adaptive equipment, skill training, and intensive staff support when necessary. The Center is available to any family that has a member living in the home who is eligible for services through DDS and resides in the Central Middlesex area. Their service area includes: Arlington, Bedford, Burlington, Lexington, Wilmington, Winchester, and Woburn. However we welcome any individual who wants to participate in our clubs, classes or events.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Stoneham Board of Health Food Pantry

One Church Street
Stoneham, MA 02180
781.438.0097
email:firstchurchstoneham@verizon.net

The Stoneham Board of Health Food Pantry is headquartered in the First Congregational Church of Stoneham. The pantry provides food in cases of emergency to residents of Stoneham and neighboring towns. Clients may visit the pantry once a month by calling the number provided to set up an appointment to come in and select groceries. The pantry is stocked with non-perishable food items that are donated by individuals, congregations, businesses and organizations.

Wakefield Interfaith Food Pantry

Americal Civic Center
467 Main Street
Wakefield, MA 01880
781.245.2510
www.wifoodpantry.org

The mission of the Wakefield Interfaith Food Pantry is to provide food and household necessities to Wakefield residents in need. We are guided by our belief that sometimes a helping hand is all you need to get back on your feet, and we hold the highest respect for our clients' privacy, dignity, and confidentiality.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Wakefield Housing Authority

26 Crescent St #1
Wakefield, MA 01880
781.245.7328
http://wakefieldhousing.org/

The goal of the Wakefield Housing Authority is to provide sanitary housing to low income families, the elderly and the disabled. Wakefield Housing Authority helps to provide affordable housing and economic opportunity, and to encourage individuals to achieve maximum independence.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Riverside Outpatient Center

6 Kimball Lane,Suite 310
Lynnfield, MA 01940
781.246.2010
www.riversidecc.org

Our caring and skilled clinicians work with individuals and families to develop treatment solutions for adults, teenagers, and children who may be experiencing a mental illness, behavioral or emotional problems, or substance use concerns. Our approach is to build on an individual's strengths and potential through individual, group, and/or family counseling. Individuals also have access to treatment planning and consultation, medication management, as well as a large network of community services and local resources – including 24/7 emergency services.

Wake-UP

1 Lafayette St
Wakefield, MA 01880
339.219.4034
http://wakefieldwakeup.org

Wake-UP (Wakefield Unified Prevention Coalition) is a group of concerned community members, providers, public officials, youth, and parents. The group uses proven strategies to address and reduce the unique community factors that contribute to high risk behavior in youth and promotes the development of healthy Wakefield youth and families.

We are led by a full time project director and part time youth coordinator, who help lead the coalition to implement several strategies including: increased community education, building skills in youth, parents, educators, and community members, addressing the physical environment, and changing policies.

Mystic Valley Public Health Coalition

http://www.mysticvalleypublichealth.org/

Mystic Valley Public Health Coalition (MVPHC) is a coalition of health departments representing Malden, Medford, Melrose, Stoneham, Wakefield and Winchester. It was developed to address Emergency Preparedness mandates from the Centers for Disease Control and Prevention (CDC). The MVPHC is a collaboration of both grant-funded and non-funded community coalitions.

Senior Services

Wakefield Council on Aging/Senior Center

McCarthy Senior Center
30 Converse Street
Wakefield, MA 01880
Phone: 781.245.3312
http://www.wakefield.ma.us/council-on-aging-senior-center

The Council on Aging provides information, services and social activities to the citizens of the community 60 years of age and over. The senior center is a vibrant social facility with different activities happening daily. Exercise programs offered help increase strength and flexibility. Educational programs provide the latest information on subjects ranging from legal and financial planning to health insurance advice. Entertainment and social functions promote socialization.

Mystic Valley Elder Services

300 Commercial Street, #19
Malden, MA 02148
781.324.7705
https://www.mves.org

Mystic Valley Elder Services, Inc. provides information, services and resources to elders and caregivers in Medford, North Reading, Reading, Stoneham, and Wakefield. The agency helps seniors live safely in their homes through comprehensive programs, most of which are low cost or free, depending on income.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

2 Main St., Suite 150
Stoneham, MA 02180
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents. This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation. Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Family Acupuncture & Herbs of Reading, LLC

591 North Avenue
Wakefield, MA 01880
781.944.5443
www.readingacupuncture.com

Chinese medicine offers a safe, natural and effective alternative approach to wellness without the risk of side effects. Family Acupuncture & Herbs is a preferred provider for Lahey Clinic's Spine Center and one of four practitioners in Massachusetts certified by the American Board of Oriental Reproductive Medicine as specialists in treating infertility. Our treatments maximize your health by rebalancing the system head to toe using acupuncture (thin, sterilized needles), electro-acupuncture, Chinese herbal prescriptions, as well as nutritional and lifestyle counseling. Each patient undergoes a comprehensive evaluation and receives a customized treatment plan suited specifically to his or her unique situation.

Support Groups

Lahey Hospital and Medical Center – Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
https://www.lahey.org/

Lahey Hospital and Medical Center offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases. Free groups at Lahey Hospital and Medical Center offer specific support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Winchester Hospital—Support Groups

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org

Winchester Hospital offers a variety of free support groups to help our patients and families. Learn more about our support groups for people considering weight loss surgery, parents who have lost a baby, breastfeeding mothers, people with diabetes, caregivers, and people with cancer.

Transportation Services

MBTA BUS Line 136/137

The 136 Reading Depot - Malden Center Station via Melrose & Oak Grove provides service to Reading, Wakefield, Melrose and Malden and connects with Oak Grove Station and Malden Center Station. Depot & the Reading/Haverhill Commuter Rail Line.

The 137 Reading Depot - Malden Center Station via North Ave, Wakefield, Melrose & Oak Grove provides service to Reading, Wakefield, Melrose and Malden and connects with Oak Grove Station and Malden Center Station.

MBTA Commuter Rail

Haverhill Line stops in Haverhill, Bradford, Lawrence, Andover, Wilmington, Reading, Wakefield, Melrose and Malden.

Veterans Services

Wakefield Veterans' Services Officer

30 Converse St
Wakefield, MA 01880
781. 246.6377
http://www.wakefield.ma.us/veterans-services

The Veterans' Services Officer administers a State public assistance program for veterans and their dependents who qualify. Financial aid which, is reimbursed in a large part by the Commonwealth, is rendered in the form of cash grants to cover such items as living expenses and medical bills. The Veteran's Agent also offers assistance in applying for pensions and other programs administered by the United States Veterans Administration.

Wilmington

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Winchester Family Health Center

500 Salem Street
Wilmington, MA 01887
978.657.3910
http://www.winchesterhospital.org

Winchester Family Health Center works as a satellite office of the Winchester Hospital. As a full-service clinic, the Winchester Family Health Center has a walk-in clinic, mammography center, a cardiology center, and radiology services.

Lahey Health Urgent Care

500 Salem Street
Wilmington, MA 01887
978.988.6000
https://www.laheyhealth.org/what-we-offer/urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

Wilmington Council on Aging SHINE Counseling

Buzzell Senior Center
15 School Street
Wilmington, MA 01887
978.657.7595

Please call for an appointment.

Wilmington Health Department

121 Glen Road, Room 5
Wilmington, MA 01887
978.658.4298
https://www.wilmingtonma.gov/health-department

The mission of the Health Division is to promote and protect the public health including the physical, mental, emotional and social wellness of all people.

Child, Parent and Family Support

Thom Mystic Valley Early Intervention

10P Gill Street
Woburn, MA 01801
781.932.2888
www.thomchild.org

Thom Mystic Valley is committed to providing high quality, comprehensive, and family-centered early intervention services to infants, toddlers, their families, and others in the community who care for them. Nurses, social workers, occupational and physical therapists, speech-language pathologists, mental health counselors, educators, and other specialists are passionate about supporting families and young children.

Wonder Years Learning Center

148 Lowell Street
Wilmington, MA 01887
978.658.8282
http://thewonderyears.info

Our primary goal is to provide children of all ages with a safe environment in which they can explore, create, play, and learn at their own developmental pace. All of our classrooms are interactive in ways that foster and support each child's individual growth and development.

Disabilities and Special Needs

Riverside Family Support Center

300 West Cummings Park, Suite 354
Woburn, MA 01801
781.801.5247
http://riversidefamilysupport.org

Our Family Support Center offers a wide array of supports in the home and in the community for adults and children with disabilities living with their families. These services may include respite, recreational activities, provision of adaptive equipment, skill training, and intensive staff support when necessary. The Center is available to any family that has a member living in the home who is eligible for services through DDS and resides in the Central Middlesex area. Their service area includes: Arlington, Bedford, Burlington, Lexington, Wilmington, Winchester, and Woburn. However we welcome any individual who wants to participate in our clubs, classes or events.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.072
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Wilmington Community Fund

142 Chestnut Street (Old South School House)
Wilmington, MA 01887
978.658.7425
http://www.commfund.org/food-pantry.html

WCF services a pantry supplying food products on a bimonthly basis, helping those in need of assistance (especially around the holidays). In order to receive food assistance a client must be pre-qualified for food assistance.

No appointment is necessary. Interviews for assistance are conducted on site at the food pantry. Certain individual and family information is necessary to create a profile and is not a guarantee that assistance will be provided.

Clients are asked to provide the following information:

- Social Security Number for each member of household
- Driver's License/Picture ID
- Proof of Residency - current utility bill or rent/lease agreement
- Proof of Income (Paycheck Stub, Child Support, SSI, Food Stamps, TANF, Unemployment Check)

All information provided is strictly confidential.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Wilmington Housing Authority

41 Deming Way
Wilmington, MA 01887
978.658.8531
http://www.wilmingtonha.org/

Wilmington Housing Authority primary purpose is to provide decent, safe, and sanitary housing to families, and elderly [and/or disabled persons] of low income at rentals which they can afford until such time as there is no longer a need.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Wilmington Family Counseling Service, Inc.

5 Middlesex Ave, Unit 11
Wilmington, MA 01887
978.658.988
http://www.wilmingtonfamilycounseling.com

The Wilmington Family Counseling Service, Inc. was founded in order to provide help for children, adolescents, families, and adults with emotional, social, addiction, and adjustment problems. Therapists at the Wilmington Family Counseling Service work with the individual, couple, or family to seek a new understanding of the problem and new means of coping with it. Wilmington Family Counseling Service provides individual counseling for substance abuse, including a full Substance Abuse Evaluation for courts, probation, DUI's, and Lawyers.

Wilmington Substance Abuse Coalition

121 Glen Road
Wilmington, MA 01887
978.694.2064
https://www.wilmingtonma.gov/wilmington-substance-abuse-coalition

The mission of the Wilmington Substance Abuse Coalition is to address the rising problem of substance abuse in our community by providing prevention, education, and support, as an effort to promote healthy and responsible behavior and provide skills for better decision making as it relates to substance use. The focus of the WSAC is to work with the community and other partners to deliver strategies and activities related to use.

Senior Services

Care One at Wilmington

750 Woburn Street
Wilmington, MA 01887
978.988.0888
http://ma.care-one.com/

CareOne's long term care is designed to meet our patient's health and personal care needs while providing an environment dedicated to their well being. Most importantly, our experienced care teams are committed to maintaining the dignity and quality of life for our patients and their loved ones. Respite care is available for as little as a few days or as long as a few months. CareOne offers respite care or short term stays for individuals in need of 24 hour care and supportive services for their activities of daily living. For residents in this program, we offer supervision and security, medication management, assistance with personal care and nutritious meals, as well as activities and outings where suitable.

Windsor Place of Wilmington

92 West Street
Wilmington, MA 01887
978.988.2300
https://www.windsorplaceofwilmington.com/

Windsor Place makes available exactly the level of assistance each individual resident needs - a customized continuum of care, from simple socialization and support for independent residents through to a full package of care services for those with more advanced needs, including those with memory impairment. Windsor Place offers four Assisted Living Service Plans, each designed to fit particular needs and wishes for personal care. Each Service Plan has been developed and tested to meet the needs of assisted living residents.

Wilmington Senior Center

Buzzell Senior Center
15 School Street
Wilmington, MA 01887
978.657.7595
https://www.wilmingtonma.gov/elderly-services

Wilmington Department of Elderly Services is committed to continuously advocating, promoting and providing services to Wilmington Citizens 60 and over. These services contribute to the well-being of our seniors in the following

ways: Information and Referral, Care Planning and Management, Health and Wellness Services, Transportation Service, Educational Programs, Counseling and Family Support~Services, Financial and Health Insurance Counseling, Medical Advocacy .

The center has an environment that is not only inviting, but also safe and enjoyable for elderly residents to be able to communicate with their peers and participate in many daily classes and activities.

Minuteman Senior Services

26 Crosby Drive
Bedford, MA 01730
781.272.7177
888.222.6171 Toll Free
1.800.439.2370 TTY
https://www.minutemansenior.org

For over 40 years Minuteman Senior Services has been helping older and disabled adults age with independence and dignity in the setting of their choice which is most often their own homes and communities. We have been supporting caregivers, local and long distance, who want to do the right thing for their loved ones and need help and advice as they balance the competing demands of family, work and self.

Sexual Health

Family Acupuncture & Herbs of Reading, LLC

591 North Avenue
Wakefield, MA 01880
781.944.5443
www.readingacupuncture.com

Chinese medicine offers a safe, natural and effective alternative approach to wellness without the risk of side effects. Family Acupuncture & Herbs is a preferred provider for Lahey Clinic's Spine Center and one of four practitioners in Massachusetts certified by the American Board of Oriental Reproductive Medicine as specialists in treating infertility. Our treatments maximize your health by rebalancing the system head to toe using acupuncture (thin, sterilized needles), electro-acupuncture, Chinese herbal prescriptions, as well as nutritional and lifestyle counseling. Each patient undergoes a comprehensive evaluation and receives a customized treatment plan suited specifically to his or her unique situation.

Fertility Solutions

12 Alfred Street, Suite 330
Woburn, MA 01801
781.326.2451
https://www.fertilitysolutionsne.com/contact-us/woburn-massachusetts

Fertility Solutions is a patient-centered practice that provides a full spectrum of infertility diagnosis and treatment. From lifestyle modifications to the latest in assisted reproductive technology, Fertility Solutions offer a decidedly different, more personal approach to fertility care.

Support Groups

Alanon/Alateen

500 Salem Street
Wilmington, MA 01887

Meetings are held at Winchester Hospital Family Med Center, 500 Salem St., Route 62, front door to 1st Floor Conference Room on right. Meetings occur on Saturdays at noon.

Lahey Hospital and Medical Center – Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
https://www.lahey.org/

Lahey Hospital and Medical Center offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Hospital and Medical Center offer specific support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Winchester Hospital—Support Groups

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org

Winchester Hospital offers a variety of free support groups to help our patients and families. Learn more about our support groups for people considering weight loss surgery, parents who have lost a baby, breastfeeding mothers, people with diabetes, caregivers, and people with cancer.

Transportation Services

Wilmington Senior Center Transportation Services

978.657.7595

The Department of Elderly Services continues to serve our Home Delivered Meals Program. This program provides the homebound elders of Wilmington with one hot meal five days a week for the minimal cost of a $2.00 a meal.

Elders not only rely on these meals but also the daily contact. The drivers are responsible to return to the Senior Center after their deliveries to give an update on the elders they visit. The elders and their families are assured that if there should be a problem during the time of the delivery, the elder will be assisted and the families will be notified. Call 978.657.7595 to request service. Doctors may fax notes to: 978.657.4807

MBTA Commuter Rail Service

Lowell Line stops in Lowell, North Billerica, Wilmington, Woburn, Winchester, and Medford.

Haverhill Line stops in Haverhill, Bradford, Lawrence, Andover, Wilmington, Reading, Wakefield, Melrose and Malden.

Veterans Services

Wilmington Veterans' Agent

141 Shawsheen Avenue
Wilmington, MA 01887
978.694.2040
https://www.wilmingtonma.gov/veterans

The Veterans' Agent administers a State public assistance program for veterans and their dependents who qualify. Financial aid which, is reimbursed in a large part by the Commonwealth, is rendered inthe form of cash grants to cover such items as living expenses and medical bills. The Veteran's Agent also offers assistance in applying for pensions and other programs administered by the United States Veterans Administration.

Winchester

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

Winchester Family Health Center

500 Salem Street
Wilmington, MA 01887
978.657.3910
http://www.winchesterhospital.org

Winchester Family Health Center works as a satellite office of the Winchester Hospital. As a full-service clinic, the Winchester Family Health Center has a walk-in clinic, mammography center, a cardiology center, and radiology services.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

SHINE (Serving Health Information Needs of Everyone)

Minuteman Senior Services
26 Crosby Drive
Bedford, MA 01730
781.272.7177
888.222.6171 Toll Free
1.800.439.2370 TTY
https://www.minutemansenior.org

The SHINE Program provides free health insurance information, counseling, and assistance to Massachusetts residents with Medicare and their caregivers and is administered by the Massachusetts Executive Office of Elder Affairs in partnership with Minuteman Senior Services and is partially funded by Centers of Medicare and Medicaid Services.

Winchester Health Department

71 Mt. Vernon St.
Lower Level
Winchester, MA 01890
781.721.7121
https://www.winchester.us/173/Health-Department

The mission of the Health Division is to promote and protect the public health including the physical, mental, emotional and social wellness of all people.

Child, Parent and Family Support

Thom Mystic Valley Early Intervention

10P Gill Street
Woburn, MA 01801
781.932.2888
www.thomchild.org

Thom Mystic Valley is committed to providing high quality, comprehensive, and family-centered early intervention services to infants, toddlers, their families, and others in the community who care for them. Nurses, social workers, occupational and physical therapists, speech-language pathologists, mental health counselors, educators, and other specialists are passionate about supporting families and young children.

Disabilities and Special Needs

Riverside Family Support Center

300 West Cummings Park, Suite 354
Woburn, MA 01801
781.801.5247
http://riversidefamilysupport.org

Our Family Support Center offers a wide array of supports in the home and in the community for adults and children with disabilities living with their families. These services may include respite, recreational activities, provision of adaptive equipment, skill training, and intensive staff support when necessary. The Center is available to any family that has a member living in the home who is eligible for services through DDS and resides in the Central Middlesex area. Their service area includes: Arlington, Bedford, Burlington, Lexington, Wilmington, Winchester, and Woburn. However we welcome any individual who wants to participate in our clubs, classes or events.

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Council of Social Concern Food Pantry

2 Merrimac Street
Woburn, MA 01801
781.935.6495
http://www.socialconcern.org

The Food Pantry provides food to individuals and families living in Woburn and Winchester Massachusetts who do not have adequate financial resources to meet basic needs. Use of the food pantry is limited to one time per month. The Food Pantry is open to all households, through pre-arranged appointments, on Tuesdays and Thursdays, from 9:45 am to 12 noon and from 1:30 pm to 3 pm.

The Food Pantry is also open to individuals who work or attend school during the day, through pre-arranged appointments, on Wednesday evening hours, from 5:45 pm to 7 pm. Information and referral assistance is also available to help clients to link-up with other community services. Before Thanksgiving and Christmas the program coordinates the distribution of food baskets to hundreds of families.

Lexington Interfaith Food Pantry

Church of Our Redeemer
6 Meriam Street
Lexington, MA 02420
781.861.5060
https://lexingtonfoodpantry.wordpress.com

Anyone desiring to receive food assistance must present a letter of need from a social worker, stating that there is a need for food assistance and the number of adults and children in the family.

Currently new clients are being accepted from Lexington and two bordering communities, Lincoln and Winchester, which do not have their own pantries. Lexington residents may shop weekly, while residents of other towns may shop only one Saturday per month.

Stoneham Board of Health Food Pantry

1 Church Street
Stoneham, MA 02180
781.438.0097
email:firstchurchstoneham@verizon.net

The Stoneham Board of Health Food Pantry is headquartered in the First Congregational Church of Stoneham. The pantry provides food in cases of emergency to residents of Stoneham and neighboring towns. The pantry helps individuals who are going through difficulties as a result of illness, age, unemployment or other economic conditions and dilemmas. Clients may visit the pantry once a month by calling the number provided to set up an appointment to come in and select groceries. The pantry is stocked with non-perishable food items that are donated by individuals, congregations, businesses and organizations. A limited supply of frozen and refrigerated items such as milk, cheese, eggs, ground beef and turkey is available.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Winchester Housing Authority

13 Westley Street
Winchester, MA 01890
781.721.5718
http://www.winchesterha.org

The Housing Authority is authorized to manage the construction, financing, maintenance, and rental policies of low-cost housing for low-income families and the elderly.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120-3401
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Marcus Mental Health Associates

898 Main Street
Winchester, MA 01890
781.721.2737
http://marcusmentalhealthassociates.com/

Therapists will treat all major mental health problems, including: anxiety, depression, attention deficit disorder, obsessive-compulsive disorder, marital and family conflicts, work and school problems, alcohol and drug addiction. They have active Vivitrol and Suboxone programs.

Winchester Coalition For A Safer Community

71 Mount Vernon St
Winchester, MA 01890
781.721.7121
https://winchestercoalitionsafercommunity.com

The Winchester Coalition For A Safer Community, housed within the Winchester Health Department, is a comprehensive community-based organization that works collaboratively with residents, town departments and agencies to reduce substance abuse, particularly in the youth community, and to foster healthy life choices through education.

Mystic Valley Public Health Coalition

http://www.mysticvalleypublichealth.org/

Mystic Valley Public Health Coalition (MVPHC) is a coalition of health departments representing Malden, Medford, Melrose, Stoneham, Wakefield and Winchester. It was developed to address Emergency Preparedness mandates from the Centers for Disease Control and Prevention (CDC). The MVPHC is a collaboration of both grant-funded and non-funded community coalitions.

Senior Services

Winchester Council on Aging/Jenks Senior Center

109 Skillings Rd
Winchester, MA
781.721.7136
https://www.jenkscenter.org

The Council on Aging (COA) is the local government agency requested by the Executive Office of Elder Affairs and the Federal Administration on Aging to serve Winchester's aging population. The mission of the COA is: "To identify the needs of seniors and to meet those needs through programs, direct service, education, and advocacy."

Services include health insurance counseling, legal consultation, financial counseling, transportation, meals on wheels, handyman services, support groups, individual counseling and housing counseling.

Minuteman Senior Services

26 Crosby Drive
Bedford, MA 01730
781.272.7177
888.222.6171 Toll Free
1.800.439.2370 TTY
https://www.minutemansenior.org

For over 40 years Minuteman Senior Services has been helping older and disabled adults age with independence and dignity in the setting of their choice which is most often their own homes and communities. They have been supporting caregivers, local and long distance, who want to do the right thing for their loved ones and need help and advice as they balance the competing demands of family, work and self.

Sexual Health

Winchester Family Health Center

500 Salem Street
Wilmington, MA 01887
978.657.3910
http://www.winchesterhospital.org

Winchester Family Health Center works as a satellite office of Winchester Hospital. As a full-service clinic, the Winchester Family Health Center has a walk-in clinic, mammography center, a cardiology center, and radiology services.

Support Groups

Alanon/Alateen

Meetings are held at St. Eulalia's Church, 50 Ridge St., near Arlington line. Meetings occur on Thursday evenings at 8:15 pm.

50 Ridge Street
Winchester, MA 01890

Meetings are held at Crawford Memorial United Methodist Church on Friday nights at 7:30 pm.

34 Dix Street
Winchester, MA 01890

Lahey Hospital and Medical Center – Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
https://www.lahey.org/

Lahey Hospital and Medical Center offers free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Hospital and Medical Center offer specific support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Winchester Hospital—Support Groups

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org

Winchester Hospital offers a variety of free support groups to help our patients and families. Learn more about our support groups for people considering weight loss surgery, parents who have lost a baby, breastfeeding mothers, people with diabetes, caregivers, and people with cancer.

Transportation Services

MBTA Commuter Rail Service

Lowell Line stops in Lowell, North Billerica, Wilmington, Woburn, Winchester, and Medford.

Veterans Services

Veterans' Services Officer

Town Hall
71 Mt. Vernon St., Basement
Winchester, MA 01890
781.721.7115
https://www.winchester.us/227/Veterans

The objective of the Veterans' Services Officer to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

Woburn

Access to Health Care

Winchester Hospital

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital serves the health care needs of northwest suburban Boston. In addition to acute-care inpatient services, Winchester Hospital also provides an extensive range of outpatient services as well as integrated home care. Winchester Hospital provides care in major clinical areas including medicine, surgery, pediatrics, cancer care, obstetrics/gynecology and newborn care.

The Center for Healthy Living at Winchester Hospital

200 Unicorn Park Drive
Woburn, MA 01801
781.756.4700
https://www.woburnma.gov/government/health

The Center for Healthy Living at Winchester Hospital helps community members take charge of their own health and well-being by offering more than 30 programs and services throughout the year.

Patient Financial Services Department at Winchester Hospital

781.756.2423

Winchester Hospital is committed to serving the needs of financially disadvantaged and underserved populations. A representative of our Patient Financial Service Department will discuss financial arrangements with you. Depending on your family income and family size, you may be eligible for a state program, such as MassHealth or another state program.

Lahey Health Urgent Care

7 Alfred St. Baldwin Park II
Woburn, MA 01801
781.756.7800
https://www.laheyhealth.org/what-we-offer/urgent-care/

Daily, year-round care for all your urgent care needs, from sprains to flu, to lab testing and imaging, trust Lahey Health Urgent Care for affordable, easy to access, quality health care. Avoid a costly visit to an emergency room (and a long wait) for all your non-emergent and non-life threatening illnesses and injuries.

SHINE (Serving Health Information Needs of Everyone)

Minuteman Senior Services
26 Crosby Drive
Bedford, MA 01730

781.272.7177
888.222.6171 Toll Free 1.800.439.2370 TTY
https://www.minutemansenior.org

The SHINE Program provides free health insurance information, counseling, and assistance to Massachusetts residents with Medicare and their caregivers and is administered by the Massachusetts Executive Office of Elder Affairs in partnership with Minuteman Senior Services and is partially funded by Centers of Medicare and Medicaid Services.

Woburn Board of Health Department

10 Common St.
Woburn, MA 01801
781.897.5920
https://www.woburnma.gov/government/health

The mission of the City of Woburn Board of Health Department is to assess and address the needs of the City of Woburn community, in order to protect and improve health and quality of life of our residents, visitors, and work force. This charge is carried out by health promotion, community health services, public outreach and education, as well as the promulgation and enforcement of municipal, state, and federal regulations.

Child, Parent and Family Support

North Suburban YMCA / YMCA of Greater Boston

137 Lexington Street
Woburn, MA 01801
781.935.3270
https://ymcaboston.org/northsuburban

YMCAs offer a wide range of youth development programs, healthy living and fitness classes, and social responsibility outreach opportunities. They also offer child care opportunities and after-school programs.

Women, Infants, and Children (WIC)

600 Cummings Park
Suite 1750
Woburn, MA 01801
781.938.5161

WIC helps keep pregnant and breastfeeding women, new moms, and kids under age 5 healthy.

WIC provides personalized nutrition information, consultations and support, Checks to buy free, healthy food, medical and dental referrals, health insurance, child care, housing and fuel assistance, and other services that can benefit the whole family. WIC also offers immunization screening and referral, breastfeeding support, and nutrition and health workshops on a variety of topics including meal planning, maintaining a healthy weight, picky eaters, caring for a new baby, and shopping on a budget. Fathers, mothers, grandparents, foster parents or other legal guardians of a child under 5 may apply for WIC.

Disabilities and Special Needs

NuPath, Inc.

147 New Boston Street
Woburn, MA 01801
781.935.7057
http://nupathinc.org

NuPath, Inc. is a human services agency that provides residential, day habilitation, job placement, clinical services, transportation, and autism programs for people living with disabilities. We both support and challenge our participants, giving them the opportunity to achieve goals in an environment that is safe, caring, and secure.

Thom Mystic Valley Early Intervention

10P Gill Street
Woburn, MA 01801
781.932.2888
www.thomchild.org

Thom Mystic Valley is committed to providing high quality, comprehensive, and family-centered early intervention services to infants, toddlers, their families, and others in the community who care for them. Nurses, social workers, occupational and physical therapists, speech-language pathologists, mental health counselors, educators, and other specialists are passionate about supporting families and young children.

Riverside Family Support Center

300 West Cummings Park, Suite 354
Woburn, MA 01801
781.801.5247
http://riversidefamilysupport.org

Our Family Support Center offers a wide array of supports in the home and in the community for adults and children with disabilities living with their families. These services may include respite, recreational activities, provision of adaptive equipment, skill training and intensive staff support when necessary. The Center is available to any family that has a member living in the home who is eligible for services through DDS and resides in the Central Middlesex area.

Their service area includes: Arlington, Bedford, Burlington, Lexington, Wilmington, Winchester, and Woburn. However we welcome any individual who wants to participate in our clubs, classes or events.,

Domestic Violence

REACH Beyond Domestic Violence

PO Box 540024
Waltham, MA 02454
781.891.0724
Hotline: 800.899.4000
https://reachma.org

REACH is a non-profit organization providing safety and support to survivors of abuse while engaging communities to promote healthy relationships and prevent domestic violence.

Food Assistance

Council of Social Concern Food Pantry

2 Merrimac Street
Woburn, MA 01801
781.935.6495
http://www.socialconcern.org

The Food Pantry provides food to individuals and families living in Woburn and Winchester Massachusetts who do not have adequate financial resources to meet basic needs.

Use of the food pantry is limited to one time per month. The Food Pantry is open to all households, through pre-arranged appointments, on Tuesdays and Thursdays, from 9:45 am to 12 noon and from 1:30 pm to 3 pm.

The Food Pantry is also open to individuals who work or attend school during the day, through pre-arranged appointments, on Wednesday evening hours, from 5:45 pm to 7 pm. Information and referral assistance is also available to help clients to link-up with other community services. Before Thanksgiving and Christmas the program coordinates the distribution of food baskets to hundreds of families.

Stoneham Board of Health Food Pantry

1 Church Street
Stoneham, MA 02180
781.438.0097
email:firstchurchstoneham@verizon.net

The Stoneham Board of Health Food Pantry is headquartered in the First Congregational Church of Stoneham. The pantry provides food in cases of emergency to residents of Stoneham and neighboring towns. Clients may visit the pantry once a month by calling the number provided to set up an appointment to come in and select groceries. The pantry is stocked with non-perishable food items that are donated by individuals, congregations, businesses and organizations.

Anchor Baptist Church

29A Montvale Avenue
Woburn, Massachusetts 01801
781.932.0765
http://www.anchorbaptistwoburn.com/

Every Saturday our Food Bank Ministry is open to all those who wish to receive nourishing foods provided to us by the Boston Food Bank.

Supplemental Nutritional Assistance Program (SNAP)

https://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap

SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. The Food and Nutrition Service works with State agencies, nutrition educators, and neighborhood and faith-based organizations to ensure that those eligible for nutrition assistance can make informed decisions about applying for the program and can access benefits.

Housing and Homelessness

Woburn Housing Authority

59 Campbell Street
Woburn, MA 01801
781.935.0818
http://www.woburnhousing.org

Woburn Housing Authority provides housing assistance to low income residents through the management of programs such as Low Rent Public Housing and the Housing Choice Voucher Program – Section 8.

If you are in need of housing assistance in the area please contact the Housing Authority directly to obtain more information about eligibility requirements, availability of rentals or vouchers, the status of any waiting lists and their application procedures.

Metro Housing|Boston

1411 Tremont Street
Boston, MA 02120
617.859.0400
MetroHousingBoston.org

Metro Housing addresses and prevents homelessness in Boston by providing supports and services for families and individuals and helps them move along the pathway from homelessness to housing stability to economic security.

Mental Health and Substance Abuse

Eliot Community Human Services

Corporate Office
125 Hartwell Avenue
Lexington, MA 0242
781.861.0890
Emergency Psychiatric Services (800) 988-1111
http://www.eliotchs.org/

Eliot Community Human Services is a private, non-profit human services organization providing services for people of all ages throughout the Commonwealth of Massachusetts.
The continuum of services includes diagnostic evaluation, twenty-four hour emergency services, and crisis stabilization, outpatient and court mandated substance abuse services, individual, group and family outpatient counseling, early intervention, specialized psychological testing, day, residential, social and vocational programs for individuals with mental illness and developmental disabilities, outreach and support services for the homeless, batterer intervention, and consultation.

Arbour Health System – Counseling Services Programs

10-I Roessler Road
Woburn, MA 01801
781.932.8114
https://arbourhealth.com/

AHS/CSP clinicians work directly with clients, their families, and treatment teams to provide therapy and individual treatment plans that reflect consistent goals and coordination of care.

The Woburn facility specializes in the Partial Hospitalization Program (PHP) . It treats adults with anxiety, trauma, mood disorders, or dual diagnosis. Arbours offers daily group therapy, weekly psychiatric and psychopharmacological assessments, Addictions Recovery Center (ARC), and Child, Adolescent, and Family Services.

Health Care Resource Centers Woburn

9 Forbes Road
Woburn, MA 01801
781.838.6757
https://www.hcrcenters.com/health-care-resource-centers-woburn

HCRC Woburn offers individualized treatment plans for opioid addiction. We specialize in medication-assisted treatment with methadone in an outpatient setting. This allows patients to live their day-to-day lives while working on their recovery. Individual and group counseling services are provided as well, with a focus on abstinence, relapse prevention, and recovery.

Psychological Care Associates

12 Alfred Street, Suite 200
Woburn, MA 01801
781.646.0500
https://psycare.info

Psychological Care Associates provides consultations in ADD ADHD; re-evaluation of psychiatric medication, parenting concerns/questions, addictions, sleep disturbance, school risk assessment.

Psychotherapy & Specialty Services always begin with a thoughtful evaluation and goal setting. Therapy is individual, couples, family or group, and includes CBT, DBT, Dynamic or Interpersonal approaches.

Mayor's Coalition Against Substance Abuse

10 Common Street
Woburn, MA 01801
781.897.5894
https://www.woburnma.gov/government/coalition-substance-abuse/

The Woburn Coalition Against Substance Abuse, was formed by Mayor Galvin. We will promote substance abuse prevention in the community through education. We also have a successful summer program for those suffering from addiction, where each person in the program gets one-on-one attention for 15 hours a week with a supervisor.

Senior Services

Woburn Council on Aging/Senior Center

Woburn Senior Center
144 School Street
Woburn, MA, 01801
781.897.5960
https://www.woburnma.gov/government/senior

It is the responsibility of the COA to identify the needs of Woburn's elder population. The COA provides resources to educate the community at large regarding the needs of the elderly. This is done by designing, promoting and implementing needed programs and services. The Woburn COA Senior Center provides: Information, Referrals, Outreach, Advocacy, Transportation, Health screening, Nutrition, Education, Peer support, Recreation, Volunteer development, Intergenerational programming.

Minuteman Senior Services

26 Crosby Drive
Bedford, MA 01730
781.272.7177
888.222.6171 Toll Free
1.800.439.2370 TTY
https://www.minutemansenior.org/

For over 40 years Minuteman Senior Services has been helping older and disabled adults age with independence and dignity inthe setting of their choice which is most often their own homes and communities. They have been supporting caregivers, local and long distance, who want to do the right thing for their loved ones and need help and advice as they balance the competing demands of family, work and self.

ABC Home Health Care Professionals

233 Albion Street
Wakefield, MA 01880
781.245.1880
https://www.abchhp.com

ABC Home Healthcare is a local, family owned, full service home care agency managed by a Nurse Practitioner and Certified Case Managers. We offer personalized medical and non-medical home care services in the metro Boston, North Shore, Merrimack Valley and Cape Ann communities. Our personalized services are available from a few hours a week up to 24-hours a day. We also offer our unique Live-In Caregiver program throughout Massachusetts.

Brightview Country Club Heights

3 Rehabilitation Way
Woburn, MA 01801
781.527.5118
https://www.brightviewseniorliving.com/

Brightview Country Club Heights features some of the largest apartment homes in the area, and comfortable gathering spaces provide residents, friends and families with the space they need to thoroughly enjoy their time together. We offer senior Independent Living and our experienced and caring Assisted Living and Memory Care associates will work with you and your family to develop a personal care plan that meets your needs.

Connected Home Care of Burlington

40 Mall Rd, Ste. 204
Burlington, MA 01803
Phone: 781.281.0403
https://connectedhomecare.com

Connected Home Care provides non-medical home care and companionship services for elders who want to live at home. Our goal is to help you maintain the highest quality of life. We accomplish this by developing a long-term relationship between you, your family, and your caregiver.

Sexual Health

The Cardone Reproductive Medicine and Infertility, LLC.

2 Main St., Suite 150
Stoneham, MA 02180
781.438.9600
https://www.cardonerepromed.com

The mission of Cardone Reproductive Medicine and Infertility (CRMI) has been to provide the most cutting-edge fertility treatments and the most compassionate care available to help patients achieve their dream of becoming parents.

This practice welcomes the most challenging patients without regard to diagnosis, marital status or sexual orientation.Additionally, Dr. Cardone is on staff as a surgeon at Beverly Hospital and at Winchester Hospital.

Fertility Solutions

12 Alfred Street, Suite 330
Woburn, MA 01801
781.326.2451
https://www.fertilitysolutionsne.com/contact-us/woburn-massachusetts

Fertility Solutions is a patient-centered practice that provides a full spectrum of infertility diagnosis and treatment. From lifestyle modifications to the latest in assisted reproductive technology, Fertility Solutions offer a decidedly different, more personal approach to fertility care.

Support Groups

Alanon/Alateen

Meetings are held at the North Congregational Church, 896 Main St., Route 38. Meetings will occur on Tuesday evenings at 7:30 pm.

896 Main Street
Woburn, MA 01801

Meetings are held at the Stoneham Police Station, 47 Central St, on Saturdays at 7:30 pm.

47 Central St
Stoneham, MA 02180
Use front door

Narcotics Anonymous

Meetings are held at the United Methodist Church on Monday, Wednesday and Saturday evenings at 7 pm.

523 Main Street
Woburn, MA 01801

Lahey Hospital and Medical Center-Support Groups

41 Mall Road
Burlington, MA 01805
781.744.5100
https://www.lahey.org/

Lahey Hospital and Medical Center offer free support groups to provide emotional support, coping skills and resource assess to patients and families dealing with a variety of diseases.

Free groups at Lahey Hospital and Medical Center offer specific support for: Breast Cancer Group, Look Good, Feel Better (Women receiving radiation or chemotherapy), Lymphoma & Leukemia Support Group, Transplant Support Group(s), Urologic & Prostate Cancer Support Group, and a Quit Smoking for Life Group.

Winchester Hospital—Support Groups

41 Highland Avenue
Winchester, MA 01890
781.729.9000
http://www.winchesterhospital.org/

Winchester Hospital offers a variety of free support groups to help our patients and families. Learn more about our support groups for people considering weight loss surgery, parents who have lost a baby, breastfeeding mothers, people with diabetes, caregivers, and people with cancer.

Transportation Services

Woburn Senior Center Transportation Services

781.897.5964

The COA has three (3) ten passenger, handicapped accessible vans with wheelchair lifts that offer daily "curb to curb" service to Center programs. "Curb to curb" service is for independent passengers: drivers do not offer assistance into \or out of the home or Senior Center. Mobility aids such as walkers are suggested, and drivers will safely store and retrieve them. A family member, friend, or paid caregiver, is welcome to travel on the van to help a senior. The vans operate on a schedule based on Center programming. Times are approximate, subject to change at any time, and may not be available due to weather conditions.

MBTA Commuter Rail Service

Lowell Line stops in Lowell, North Billerica, Wilmington, Woburn, Winchester, and Medford.

Veterans Services

MassHire Metro North Career Center

100 Trade Center, Suite G-100
Woburn MA, 01801
781.932.5500
https://masshiremncareers.com/

The MassHire Metro North Career Centers provides customer centered job search assistance to enable individuals to meet their training and employment goals. Our mission is to develop a well-educated, well-trained, and self-sufficient workforce that can confidently compete in today's changing global marketplace. Essential to our mission is the creation of a seamless, coordinated system of education, training and employment.

Veterans' Services Officer

144 School Street
Woburn, MA 01801
781.897.5825
https://www.woburnma.gov/government/veterans/

The objective of the Veterans' Services Officer to provide assistance, support, and services to veterans and their dependents to access every local, state and federal V.A. benefit to which they are entitled.

Beth Israel Lahey Health
Winchester Hospital

Appendix D:

Implementation Strategy

Winchester Hospital
Implementation Strategy 2020 - 2022

Between November 2018 and August 2019, Winchester Hospital (WH) conducted a comprehensive Community Health Needs Assessment (CHNA) that included an extensive review of existing quantitative data as well as the collection of qualitative information through interviews, focus groups, community listening sessions, and a community health survey. A resource inventory was also completed to identify existing health-related assets and service gaps. This extensive array of assessment and community engagement activities allowed WH to collaborate with key health system partners across the region. During the CHNA process, WH also made substantial efforts to engage their own administrative and clinical staff, including senior leadership. A detailed review of the CHNA approach, data collection methods, and community engagement activities are included in WH's 2019 Community Health Needs Assessment report.

Throughout the CHNA process, WH's Community Relations staff worked with the hospital's Community Benefits Advisory Committee (CBAC), composed of senior leadership from the hospital and community stakeholders/service providers to:

- Present quantitative and qualitative findings
- Prioritize community health issues and vulnerable populations
- Review existing community benefits programming
- Develop WH's 2020 – 2022 Implementation Strategy

The authorized body of Winchester Hospital – the Board of Trustees – approved this Community Benefits Needs Assessment and adopted the Implementation Strategy on September 17, 2019.

IMPLEMENTATION STRATEGY PLANNING PRINCIPLES AND STATE PRIORITIES

In developing the Implementation Strategy, care was taken to ensure that WH's community health priorities were aligned with priority areas determined by the Massachusetts Department of Public Health (MDPH) and the Massachusetts Attorney General's Office (MA AGO). In addition to the four priority areas, MDPH identified six health priorities to guide investments funded through Determination of Need processes. The MDPH and the MA AGO encourage hospitals to consider these priorities during the community benefits planning process.

Table 1: Massachusetts Department of Health and Attorney General Priority Areas

Community Benefits Priorities	Determination of Need Priority Areas
Chronic disease with a Focus on Cancer, Heart Disease, and Diabetes	Built Environment
Housing Stability/Homelessness	Social Environment
Mental Illness and Mental Health	Housing
Substance Use Disorders	Violence
	Education
	Employment

The following are a range of programmatic ideas and principles that are critical to community health improvement and have been applied in the development of the Implementation Strategy provided below.

- **Social Determinants of Health:** With respect to community health improvement, especially for low income and disadvantaged populations, there is growing appreciation for the importance of addressing the underlying social determinants of health. These social determinants have been defined as "the conditions in which people are born, grow, live, work and age that may limit access, lead to poor health outcomes, and are at the heart of health inequities between and within communities."[1] The leading social determinants of health include issues such as poverty, housing, food access, violence, racism/bigotry, and transportation. It is important that hospital Implementation Strategies include collaborative, cross-sector initiatives that address these issues.

[1] O. Solar and A. Irwin, World Health Organization, "A Conceptual Framework for Action on the Social Determinants of Health," Social Determinants of Health Discussion Paper 2 (Policy and Practice), 2010, available at http://www.who.int/social_ determinants/corner/SDHDP2.pdf.

- **Health Education and Prevention:** Primary prevention aims to prevent disease or injury before it ever occurs by reducing risks, preventing exposures to hazards, or altering unhealthy behaviors that can lead to disease or injury. Secondary and tertiary prevention aims to reduce the impact of chronic disease or health conditions through early detection as well as behavior change and chronic disease management geared to helping people to manage health conditions, lessen a condition's impact, or slow its progress. Targeted efforts across the continuum to raise awareness about a particular condition, educate people about risk factors and protective factors, change unhealthy behaviors, and manage illness are critical to improving health status.

- **Screening and Referral:** Early identification of those with chronic and complex conditions following by efforts to ensure that those in need of education, further assessment, counseling, and treatment are critical to preventing illness before it takes hold or managing illness so as to lessen or slow its impacts. A critical component of screening and referral efforts is taking steps to ensure that people are fully engaged in treatment, including linkages to a primary care provider.

- **Chronic Disease Management:** Learning how to manage an illness or condition, change unhealthy behaviors, and make informed decisions about health allow individuals to lead healthier lives. Evidence-based chronic disease management or self-management education programs, implemented in community-based setting by clinical and non-clinical organizations, can help people learn skills to manage their health conditions, improve eating and sleeping habits, reduce stress, maintain a healthy lifestyle.

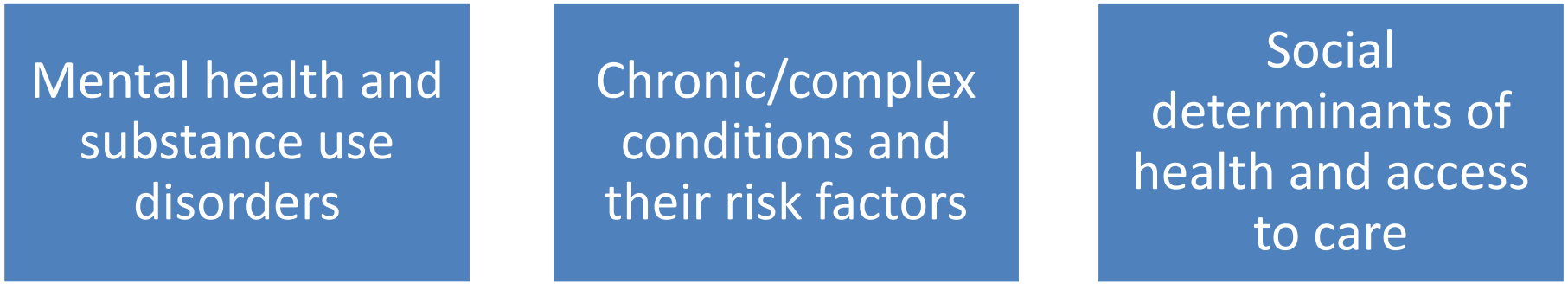
- **Care Coordination and Service Integration:** Efforts to coordinate care and integrate services across the health care continuum are critical to community health improvement. These efforts involve bringing together providers and information systems to coordinate health services, patient needs, and information. This helps better achieve the goals of treatment and care.

- **Patient Navigation and Access to Health Insurance:** One of the most significant challenges that people face in caring for themselves or their families is finding the services they need and navigating the health care system. Having health insurance that can help people to pay for needed services is a critical first step. The availability of health coverage/insurance enrollment support, patient navigation, and resource inventories are important aspects of community health improvement.

- **Cross-Sector Collaboration and Partnership:** When it comes to complex social challenges, such as community health improvement, there is a clear consensus that success will only be achieved through collective action, partnership, and collaboration across organizations and health-related sectors. No one organization or even type of organization can have a sustained impact on these types of issues on their own. Hospital Implementation Strategies must be collaborative and include partnerships with service providers across multiple sectors (e.g., health, public health, education, public safety).

COMMUNITY HEALTH PRIORITY AREAS

WH's CHNA and strategic planning process provided many opportunities to vet the quantitative and qualitative data compiled during the assessment. Based on this process, the WH's CBAC and Community Relations staff identified three community health priority areas, which together embody the leading health issues and barriers to care for residents of WH's service area:



Community Health Needs Not Prioritized by WH

It is important to note that there are community health needs that were identified by WH's assessment that were not prioritized for inclusion in the implementation strategy for a number of reasons:

- Feasibility of WH having an impact in the short- or long-term
- Limited burden on residents of service area
- The issue is currently being addressed by community partners in a way that does not warrant additional support

Namely, walkability of streets was identified as a community health issue, but this issue was deemed by the CBAC to be outside of WH's primary sphere of influence. This is not to say that WH will not support efforts in this area; the hospital remains open and willing to work with hospitals across Beth Israel Lahey Health's network and with other public and private partners, such as town administrators, to address this issue collaboratively.

PRIORITY POPULATIONS

WH is committed to improving the health status and well-being of all residents living throughout its service area. However, in recognition of the considerable health disparities that exist in some communities, WH focuses the bulk of its community benefits resources on improving the health status of underserved populations. The CBAC voted to prioritize the populations listed below:

IMPLEMENTATION STRATEGY DETAILS

The grid below provides details on WH's goals, priority populations, objectives, activities, and sample measures to track progress and outcomes, and potential partners. It is also noted when WH objectives align with state community health priorities. WH looks forward to working towards these goals in collaboration with community partners in the years to come.

PRIORITY AREA 1: MENTAL HEALTH AND SUBSTANCE USE DISORDERS

Description: As it is throughout the Commonwealth and the nation, the burden of mental and substance use on individuals, families, communities and service providers in WH's community benefit service area is overwhelming. Nearly every key informant interview, focus group, and listening session included discussions on these topics. From a review of the quantitative and qualitative information, depression, anxiety/stress, and social isolation were the leading issues around mental health. There were particular concerns regarding the impact of depression and anxiety for youth and social isolation amongst older adults. Despite increased community awareness and sensitivity about the underlying issues and origins of mental health issues, there is still a great deal of stigma related to these conditions.

Substance use disorder, often co-morbid condition with mental health, has impacts on individuals, families, and communities. The opioid epidemic continues to be an area of focus, even as the number of opioid deaths across the Commonwealth declines. Beyond opioids, key informants were also

concerned with alcohol misuse, changing community norms in light of the legalization of recreational marijuana use, and e-cigarette/vaping amongst adolescents. Many individuals characterized e-cigarette and vaping as an epidemic, with a need for education, prevention, and treatment services.

WH is committed to promoting education and prevention efforts, increasing the number of individuals who are screened and referred to appropriate services, reducing structural barriers to treatment, and maintaining the high-quality treatment services that it provides. Hospital staff and leadership will continue to be leaders and conveners in promoting collaboration and sharing knowledge with community-based partners. The hospital is also committed to improving access to treatment and support services through their Community Benefit activities.

Resources/Financial Investment: WH will commit direct community health program investments and in-kind resources of staff time and materials. WH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

Goal #1: Address the prevalence and impact, stigma, risk/protective factors, and access issues associated with mental health and substance use disorder					
Target Population(s)	**Objective(s)**	**Activities**	**Sample Measure(s)**	**Potential Partner(s)**	**State Priority Area**
• Older adults • Individuals with chronic/complex conditions • Low-resource individuals and families • Youth and adolescents	Reduce isolation and depression	Organize and/or support initiatives that increase opportunities for social engagement (e.g. Senior Outreach Initiative, Senior Volunteer Opportunities, etc.)	# of participants # of individuals served/reached # of events/programs held # of staff trained # of task forces/organizations involved with # of meetings attended # of linkages and/or referrals made Pre/post tests to measure changes in knowledge, behaviors,	Elder services providers Local councils on aging Local boards of health Volunteer Services	Mental Illness and Mental Health Social Environment
	Reduce environmental risk factors associated with developing mental health issues	Organize and/or support initiatives that reduce environmental risk factors associated with developing mental health issues such as hoarding, etc. (e.g. Safe Home Initiative)		Elder services providers Local councils on aging Local boards of health Local police/fire	Mental Illness and Mental Health Built Environment Social Environment
	Promote collaboration, share knowledge, and coordinate activities with internal colleagues and external partners	Support and/or participate in task forces and community collaboratives that discuss strategies to address mental health/substance use issues		Regional/local SUD task forces Middlesex DA Office Local public health coalitions	Mental Illness and Mental Health Substance Use Disorder

Goal #1: Address the prevalence and impact, stigma, risk/protective factors, and access issues associated with mental health and substance use disorder					
Target Population(s)	**Objective(s)**	**Activities**	**Sample Measure(s)**	**Potential Partner(s)**	**State Priority Area**
	Increase awareness of the impacts and risk factors for developing substance use disorders	Organize and/or support community based initiatives that increase awareness, prevent, and/or identify individuals at risk for developing substance use disorders, including vaping. (e.g. Boys & Girls Club SBIRT)	feelings and/or motivation level.	Regional/local SUD task forces Elder services providers Local boards of health Local youth organizations Local police/fire/schools	Substance Use Disorders
	Increase awareness of the signs, symptoms, risks, and stigma of developing mental health issues and promote access to treatment	Organize and/or support initiatives in clinical and community based settings that reduce stigma, increase awareness about the signs and symptoms of mental health issues and/or identify individuals at risk for developing mental health issues and refer to treatment (e.g. Boys & Girls Club SBIRT, Mobile Mental Health Program)		Local public health coalitions Elder services providers Local boards of health Local youth organizations local police/fire Local schools	Mental Illness and Mental Health
	Increase access to appropriate mental health and substance use treatment and support services	1. Enhance access to integrated behavioral health services 2. Provide support/referrals to individuals with mental health and/or substance use issues within the Emergency Department		Primary Care Practices Emergency Department BILH Behavioral Services	Mental Illness and Mental Health Substance Use Disorders

PRIORITY AREA 2: CHRONIC/COMPLEX CONDITIONS AND RISK FACTORS

Description: Heart disease, stroke and cancer continue to be the leading causes of death in the nation and the Commonwealth, and produce a significant burden on communities. Approximately six in ten deaths can be attributed to these three conditions combined. If you include respiratory disease (e.g., asthma, COPD) and diabetes, which are in the top 10 leading causes across all geographies, then one can account for the vast majority of causes of death.

Many of the risk factors for these conditions are the same – physical inactivity, poor nutrition, obesity, and tobacco/alcohol use. WH has a long history of working with community partners to create awareness and education of these risk factors and their link to chronic and complex health conditions. The hospital will continue to support programs that provide opportunities for people to access low-cost healthy foods opportunities for safe and affordable

physical activity. Beyond addressing the risk factors, WH is also committed to supporting individuals and caregivers throughout the service area to engage in chronic disease management programs, supportive services (e.g., integrative therapies, support groups), and providing linkages to care.

Resources / Financial Investment: WH will commit direct community health program investments and in-kind resources of staff time and materials. WH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

Goal #1: Prevent, detect and manage chronic disease and complex conditions and enhance access to treatment and support services					
Target Population(s)	**Objective(s)**	**Activities**	**Sample Measure(s)**	**Potential Partner(s)**	**State Priority Area**
• Older adults • Individuals with chronic/complex conditions • Low-resource individuals and families • Youth and Adolescents	Create awareness of/educate community members about the preventable risk factors associated with chronic and complex health conditions	Organize and/or support programs and activities in clinical or community based settings to provide education (e.g. Breast Cancer Education & Outreach, Stroke Awareness, Back to School event)	# of participants # of individuals or families served/reached # of events/programs held # of linkages and/or referrals made # of consultations # of items provided # of treatments provided Pre/post tests of knowledge, ability to manage condition, quality of life Pre/post tests of ability to perform daily activities, energy level, mood, pain, stress	American Cancer Society Breast Care Center Center for Healthy Living Local boards of health Local councils on aging	Chronic Disease
	Help community members detect chronic disease and provide linkages to associated services	Organize and/or support health screenings in clinical or non-clinical settings to detect chronic/complex conditions and refer to and/or coordinate care (e.g. Breast Cancer Risk Assessment, Home Blood Draw Program)		WH Breast Care Center American Cancer Society Lab Services Department	Chronic Disease
	Engage individuals in evidence-based/evidence-informed programs that help them better manage their chronic disease	Organize and/or support programs and activities that refer, educate and support individuals in better managing their chronic/complex conditions (e.g. Chronic Disease Management Program, CHAMP Pediatric Asthma Program, Fighting Fatigue, etc.)		Center for Healthy Living Local schools Elder services providers	Chronic Disease

Goal #1: Prevent, detect and manage chronic disease and complex conditions and enhance access to treatment and support services					
Target Population(s)	**Objective(s)**	**Activities**	**Sample Measure(s)**	**Potential Partner(s)**	**State Priority Area**
	Educate individuals about achieving a healthy diet	Organize and/or support programs in clinical and non-clinical settings that educate on how to choose and/or prepare healthy foods (e.g. Nutrition Community Education, HMR Weight Management Program, Healthy State website)		Center for Healthy Living Local boards of health Local councils on aging Local schools Local food assistance programs Elder services providers	Chronic Disease
	Increase access to supportive services that reduce the stress and anxiety associated with chronic illness	Provide or support programs and services that help individuals and family members alleviate the burden(s) associated with chronic/complex conditions (e.g. Support Groups, A Caring Place wig donation, Heidbreder Comfort Fund, Mount Vernon Lifeline Program, Mount Vernon Resident Health Program, Integrative Therapies for Cancer Patients, Patient Navigators, etc.)		Center for Healthy Living Mount Vernon House Philips Lifeline Local councils on aging Elder services providers Oncology Department American Cancer Society	Chronic Disease

PRIORITY AREA 3: SOCIAL DETERMINANTS OF HEALTH AND ACCESS TO CARE

Description: A dominant theme from the assessment was the tremendous impact that the social determinants of health, particularly financial insecurity, adequate health insurance coverage, housing, transportation, and access to healthy foods have on residents within WH's CBSA. The social determinants of health are often the drivers or underlying factors that create or exacerbate mental health issues, substance misuse, and chronic/complex conditions. These social determinants of health, particular financial insecurity, also underlie many of the access to care issues that were prioritized in the assessment: navigating the health system (including health insurance), chronic disease management, and affording care.

WH is committed to addressing social determinants and breaking down barriers to care. The hospital will continue to collaborate with community-based organizations to engage individuals in services, reduce financial burdens, increase access to appropriate prevention and primary care services, and support

healthy families and communities. WH is also committed to developing relationships with community partners and organizations that address issues associated with housing instability.

Resources / Financial Investment: WH will commit direct community health program investments and in-kind resources of staff time and materials. WH will also generate leveraged funds through grants from public and private sources on behalf of its own programs or services, as well as on behalf of its community partners.

Goal #1: Address social determinants of health and barriers to care					
Target Population(s)	***Objective(s)***	***Activities***	***Sample Measure(s)***	***Potential Partner(s)***	***State Priority Area***
• Older adults • Individuals with chronic/complex conditions • Low-resource individuals and families • Youth and adolescents	Increase access to affordable and safe transportation options	Provide support for programs/initiatives that address issues associated with transportation (e.g. Transportation Program, Jenks Senior Center Van, etc.)	# of participants # of individuals served/reached # of meals provided # of sessions held # of individuals enrolled in health insurance # of consultations provided # of volunteers trained Assistance provided ($ amount) Pre/post tests of mobility, flexibility, pain, stress Pre/post tests of knowledge, confidence, ability to care for child # of community events where community resources were shared/distributed # of community partners/staff members resources was distributed to	Local councils on aging Elder services providers Regional/local task forces Checker Cab Woburn	Built Environment
	Educate providers and community members about hospital and/or public assistance programs that can help them identify and enroll in appropriate health insurance plans and/or reduce their financial burden	Provide counseling, support, and referral services to community members to enroll and remain in appropriate programs (e.g. financial counseling, SHINE program)		WH Financial Services Elder services providers Primary care physicians	Access to Care
	Enhance awareness about hospital/community resources that address health issues and social determinants of health	Distribute information at community events and to physicians, clinical staff, and community partners.		Elder services providers Physicians, case managers, and clinical staff Faith based organizations Local schools Food assistance programs ACOs	Access to Care Built Environment Social Environment Mental Illness and Mental Health Substance Use

Goal #1: Address social determinants of health and barriers to care					
Target Population(s)	***Objective(s)***	***Activities***	***Sample Measure(s)***	***Potential Partner(s)***	***State Priority Area***
	Explore ways to reduce/address housing instability	Develop relationships with community partners and organizations that address issues associated with housing instability (e.g. Co-location Program)		Metro Housing Boston Faith based organizations Local housing authorities	Housing Stability
	Increase access to clinical services for homebound patients	Provide or support programs/initiatives that enhance access to clinical services (e.g. Home Blood Draw Program)		WH Lab Services	Chronic Disease
	Increase access to affordable and nutritious foods and affordable physical activity	Organize and/or support programs that provide access to free or low-cost healthy foods and physical activity (e.g. Food Insecurity Relief Initiative, Farmers Markets, Meals on Wheels, Chair Yoga for Seniors)		Metro Housing Boston Local food assistance programs Faith based organizations	Chronic Disease Social Environment
	Increase awareness about how to create a healthy and safe environment for babies and families, and promote healthy child development	Organize and/or support programs that promote a healthy and safe environment and/or foster healthy growth and development for infants and babies (e.g. Lactation Consultation Program, Safe Sleep Initiative, Read to Me Program, Cuddler Program, etc.)		WH Maternal Health Middlesex District Attorney	Social Environment Built Environment

Appendix E:

Acronyms

Appendix E. Acronyms

ACA	Affordable Care Act
AG	Addison Gilbert Hospital
AHRQ	Agency for Healthcare Research and Quality
BH	Beverly Hospital
BH-AG	Beverly Hospital and Addison Gilbert Hospital
BILH	Beth Israel Lahey Health
BILHBS	Beth Israel Lahey Health Behavioral Services
CBAC	Community Benefits Advisory Committee
CBSA	Community Benefits Service Area
CHIA	Center for Health Information and Analysis
CHNA	Community Health Needs Assessment
EMS	Emergency Medical Services
HMOs	Health Maintenance Organizations
JSI	John Snow, Inc.
LEP	Limited English Proficiency
LHMC	Lahey Hospital & Medical Center
LMCP	Lahey Medical Center, Peabody
MassCHIP	Massachusetts Community Health Information Profile
MHAC	Massachusetts Healthy Aging Collaborative
MDPH	Massachusetts Department of Public Health
MHPC	Massachusetts Health Policy Commission
MWAHS	MetroWest Adolescent Health Survey
NHC	Northeast Hospital Corporation
PAC	Project Advisory Committee
PHIT	Population Health Information Tool
PQI	Prevention Quality Indicators (TM-AHRQ)
WH	Winchester Hospital