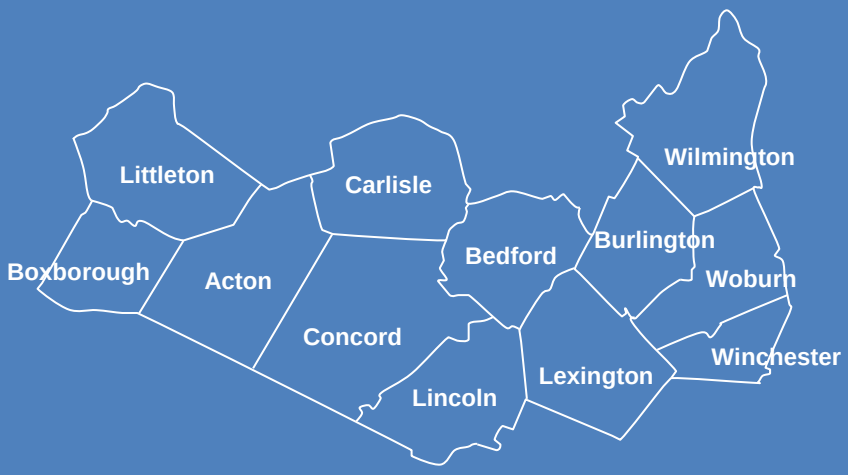
NORTHWEST SUBURBAN HEALTH ALLIANCE

CHNA 15

COMMUNITY HEALTH NETWORK AREA 15

COMMUNITY HEALTH ASSESSMENT REPORT 2011

Serving the Communities of Acton, Bedford, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Wilmington, Winchester, Woburn



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Facilitated by the Regional Center for Healthy Communities (Metrowest)

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Executive Summary

CHNA 15 is one of 27 Community Health Network Areas (CHNAs) in Massachusetts created by the Department of Public Health in 1992. The CHNA identifies health needs of its 12 member communities, finds ways to address those needs, and improves the health of the community.

CHNA15 embarked on a Community Health Assessment in June 2010 in order to guide the use of funds received through the State's Determination of Need process. The purpose of the assessment was to identify priority areas for CHNA 15 initiatives and to provide information on community needs for use by member agencies. While the assessment was led by the Regional Center for Healthy Communities (RCHC), an Assessment Advisory Board (AAB), comprised of volunteers from CHNA 15's membership was formed to inform and guide the process.

An assessment framework was outlined by the RCHC and presented to the CHNA 15 Steering Committee in May 2010. The broad outline included 1) convening an assessment team, 2) designing an assessment process, 3) collecting, compiling and reviewing data, 4) developing methods for community input, 5) sharing data with stakeholders, and 6) documenting the findings.

Because of the limited time and resources available for the assessment, it was important to create a process that was realistic in scope. Our assessment framework began with a review of existing secondary data. Given the vast amount of existing information to choose from, we decided to narrow our field of investigation by prioritizing health areas.

The AAB selected four topics on which to focus: mental health, public safety, food and nutrition, and community relationships. An iterative process was used to more precisely define the areas related to these topics in which CHNA 15 can make a difference. We learned early on that researching community relationships was going to be difficult – it is very complicated to measure the type and quality of relationships in general, and comparable data across the 12 towns is nonexistent or inconsistent at best. Instead, we determined we could explore the role of community relationships as part of our questions and recommendations on the other three topics.

The CHNA then embarked on an extensive process of collecting existing data from sources such as the Massachusetts Department of Public Health, Massachusetts Department of Elementary and Secondary Education, and the WIC Supplemental Food Program. The collected data was compiled and provided to AAB members in September 2010 for feedback and guidance on next steps. The AAB identified indicators for which there was enough information available across the CHNA 15 region to provide quantitative measures that could either validate or dispute information we gathered qualitatively.

We then collected primary data from community members to complement the existing quantitative data. The CHNA conducted key informant interviews across all 12 communities to gain more insight from residents and employees about their health concerns and perceptions. The final phase of the assessment involved the distribution of two on-line surveys: the first to gain a wider range of responses about the top issues identified from the interviews and a second that focused on gaining information about what resources currently exist in the CHNA 15 region to address health issues.

Survey results and additional secondary data that had been collected (i.e. updated census data, YRBS results) were explored through discussions of AAB member experiences and professional understanding of the issues. From a synthesis of conversations and analysis of qualitative and quantitative data collection, themes began to emerge, along with the linkages and overlap among issues.

Selection criteria that the AAB had identified at the project onset included:

1. Resources exist on which to build.
2. Key decision makers recognize the problem.
3. The problem affects the community as a whole.
4. A measurable difference can be made within 5 years.

Applying these selection criteria to our findings, the AAB selected the top two issues from each of the three primary priority areas. The six issues that emerged are:

Health Topic Area	***Focus Area 1***	***Focus Area 2***
Mental Health	Depression & Anxiety	Substance Abuse
Public Safety	Domestic Violence	Isolated Residents
Food and Nutrition	Access to Healthy Food	Obesity & Overweight

Across all three priority areas, residents raised issues of access to services, knowledge of services, and transportation.

At a time when financial resources are scarce and need is high, it is important that we recognize the role of community relationships as a protective factor and the underpinning of a healthy community. Community relationships are key in developing strong collaborations and the efficient utilization of resources. On an individual level, community connectedness can reduce residents' isolation, help link people to services, and identify other unmet needs of residents. An additional overarching theme that came through from the interview and survey portions of this assessment was the presence of a diversity of strengths in each of the communities and the power of shared resources and knowledge.

We hope that in addition to highlighting health issues that are relevant to all CHNA 15 communities and guiding the CHNA's use of resources, these assessment results will help to focus more attention on the interrelated nature of many problems in our communities. In addition, we hope that that they will foster more collaboration and sustainability through shared initiatives. Lastly, we hope that this process and its final results will help CHNA 15 identify the health needs of member communities and find ways to address those needs and improve the overall health of the community.

Methodology

Planning

In May 2010 the Regional Center for Healthy Communities outlined an assessment framework and presented it to the CHNA 15 Steering Committee. The broad outline included 1) convening an assessment team, 2) designing an assessment process, 3) collecting, compiling and reviewing data, 4) developing methods for community input, 5) sharing data with stakeholders, and 6) documenting the findings. An overview of these steps follows.

Assessment Advisory Board

The Assessment Advisory Board (AAB) was charged with helping to guide and implement the tasks of the assessment process. Ideally, each of the 12 towns would be represented on the AAB, but we had a difficult time assuring representation from all 12 CHNA 15 communities. The level of involvement also varied, reflecting the availability, skills, and interests of individual members. While we would have liked a larger group of people involved to expand our reach and share the workload, we recognized that it was difficult for many to take on additional tasks outside of the scope of their work responsibilities. At a minimum, we asked that members attend monthly meetings to review the findings and give feedback on the process.

Members were recruited at General Meetings, through CHNA 15 emails, and by individual requests to people who could represent a specific population or town. In addition, all assessment surveys included information on how respondents could further participate in the process. A group of ten people were consistent participants throughout the process. Another two were very involved at the onset, but were unable to continue due to other commitments. Others joined the process while it was underway. One person was unable to attend meetings or join in conversations, but distributed surveys to a wide network. While not all towns had individual representation, some AAB members worked for regional agencies, and were familiar with the different communities. A list of AAB members is included as Attachment A.

In addition to meeting regularly to design and guide the process, the AAB conducted key informant interviews and later in the process helped to distribute on-line surveys. Most members acted as a liaison to the town in which they worked and in some cases, resided. Others made contact in the communities that were not represented on the AAB. Those working in their own towns usually had an easier time identifying respondents and gaining access. For those unfamiliar with a community, the process proved a bit more challenging.

Priority Selection

Because of the limited time and resources available for the assessment, it was important to create a process that was realistic in scope. Our assessment framework began with a review of existing secondary data.

To get a sense of the broad array of issues being addressed across the region, the AAB reviewed the focus areas of CHNA 15 member agencies, the topics of past mini-grant awards, and the foci of healthy community projects. The Massachusetts Department of Public Health priorities (eliminating racial and ethnic disparities and their social determinants; promoting wellness in the home, workplace, schools, and communities; and preventing and managing chronic disease) along with the broad Healthy Communities' framework that guides CHNA 15 also presented a variety of topics on which the assessment might focus.

Given the vast amount of existing information to choose from, we decided to narrow our field of investigation by prioritizing health areas. It would have been impossible to adequately explore all of the options for each of the twelve member towns in twelve months by a mostly volunteer team. Thus, the AAB selected criteria to guide their decisions about which issues to explore and which issues to prioritize.

In order to prioritize the issues effectively, the AAB reviewed a large list of possible criteria and selected to use the following criteria:

- Resources exist on which to build.
- Key decision makers recognize the problem.
- The problem affects the community as a whole.
- A measurable difference can be made within 5 years.

In addition to influencing the collection of data, these criteria were also to be applied at later steps in the assessment process to help focus our efforts or prioritize results. As more information was learned about a problem, we sometimes had to bring these criteria to the discussion to remind ourselves of the rationale employed to identify the issues that we would address.

Priority Areas Selected

The next step was to review a large list of health topics that impact individuals and communities. We combined similar items and discussed themes. AAB members were then each given 5 dot stickers to place next to their top choices for focus area. Topics that received the most votes (dots) were the ones selected for further research: Healthy Foods & Nutrition, Mental Health, Public Safety, and Community Relations. A brainstorming exercise was conducted to identify the various ways in which these can be defined and measured. The diverse meanings that emerged reflect how CHNA 15 membership experiences things differently due to the nature of their work, or the profile of their towns.

For Example:

Increasing local and healthy foods would provide access to fresh and affordable products. School meal programs and meals for the elderly would use fewer high fat and processed foods and address issues like food allergies, ethnic preferences, and good nutrition. There would be farmers' markets in each community, as well as access to food pantries and community gardens. Measurement of this may come from enrollment statistics for school meal programs and WIC, utilization of food pantries and Meals on Wheels, and obesity and overweight data from the Massachusetts Department of Public Health (MDPH).

Mental health issues include crisis intervention services, the training of first responders, availability of private therapists in a community, insurance payment for mental health care, and other treatment services. Domestic violence and substance abuse prevention, intervention, and treatment are large components of mental health. Incidence rates for these, along with suicide and overdose rates, can provide measurement of the problem.

Public safety was interpreted to mean incidence of crime, substance abuse-related violence, bullying, cyber-crime, handicapped accessibility, safety in public places, sidewalks, and the availability of bike lanes and street lighting. Measurements may come from crime reports, safe routes to school programs, and Youth Risk Behavior Survey data.

Community Relationships may mean participating in town government, volunteer activities, or the social and mission activities of faith communities. It may mean the diversity and interrelationships within a neighborhood, or the availability of ESL classes or local cable access television. Measurements may come from library usage statistics, subscription rates for the local newspaper, and town census data. A community with strong relationships would be a place where the concerns of residents are understood and people do not live in isolation.

We then looked to available secondary data to identify additional ways in which these topics are measured. We narrowed our focus to measures that existed and were available for all populations or towns. We also tried to limit data to the most recent three years only.

Data Collection

Quantitative Data Collection

With the priority areas still broadly defined, the summer months were spent collecting existing secondary data that would help create a clearer understanding of the issues. Utilization statistics from local food pantries, availability of farmers markets in the towns, and Meals on Wheels utilization data for elders, as well as statistics from the WIC Supplemental Food Program are examples of what we collected to understand food needs among high and low-income families. Information was also collected from the census bureau, Massachusetts Department of Public Health, and the Massachusetts Department of Elementary and Secondary Education. AAB members collected additional town-specific information about service rates of organizations in fields such as domestic violence and senior services. While some of the data supplied by local organizations is from the last few years, other information from state and federal sources is many years old. In all cases, we collected the most current information available.

The data collected was compiled and reviewed by AAB members in September 2010 for feedback and guidance on next steps. (See Attachment B.) The AAB reviewed the data to identify where there was enough information available across the CHNA 15 region to provide quantitative measures that could either validate or dispute information we gathered qualitatively.

An important development at this time was the recognition that the category of Community Relationships was difficult to measure and document, and we needed to revisit its inclusion in our research. We hesitated because community relationships are an important component of the Health Community framework that underpins much of CHNA 15's work. The Healthy Community principles include the expectation of diverse citizen participation, widespread community ownership, and a broad definition of community where individuals and partnerships can address shared issues in the most fruitful way possible. The AAB decided to incorporate the concept of community relationships into each of the other priority areas, as the Healthy Community framework makes this inter-connectedness very clear. We wanted to hold onto the idea without getting sidetracked by the difficulty of measurement.

Qualitative Data Collection - Key Informant Interviews

Next the AAB developed an interview guide (See Attachment C.) to be conducted with identified key informants in each of the towns. The interview guide asked the following questions:

1. What do you believe are the primary Mental Health (or Public Safety or Food and Nutrition) problems in your community? Who is most affected?

2. What do you think should be done to address Mental Health (or Public Safety or Food and Nutrition) problems more effectively in this area?

3. What barriers, if any, do you see to implementing a project address Mental Health (or Public Safety or Food and Nutrition) problems in your community?

4. What strategies would you suggest for overcoming these barriers?

5. What do you think are the community's strengths in terms of Mental Health (or Public Safety or Food and Nutrition)? Are you aware of any current services/programs to address this locally?

AAB members conducted these interviews with individuals with expertise in the focus areas in each of the towns. Surveys were done face-to-face, over the phone, or via e-mail. Background information on CHNA 15 and the Community Health Assessment were included in the introduction to the survey, and probes for each of the questions were provided to elicit deeper responses. We also included the broad problem definitions developed by the AAB to illustrate the varied ways an issue can be experienced. A list of the agencies and populations represented by survey respondents is in Attachment D. We had 29 respondents for mental health questions, 21 for both public safety and 20 for food and nutrition.

Qualitative Data Collection – Surveys Across CHNA 15

The interview results were compiled and coded to begin our refinement of the topic areas. After coding all the responses, we had a list of issues that had been identified by our informants as significant in their communities. In order to cast a broader net across the communities to determine which if any of these issues were relevant across all the communities, we developed an on-line survey to be distributed via e-mail. (See Attachment E). In these on-line surveys, we continued to ask about available resources to address the problems, community strengths and needs specific to the topics, and for the names of additional people who we should talk to or invite to participate in the process.

Again, AAB members shared this survey with additional key informants, and the survey was also distributed throughout the CHNA 15 general membership. All respondents were instructed to share the survey with as many people as possible. In Lexington and Woburn, the questions were also asked of groups at two professional meetings. A similar discussion was held at the November CHNA 15 General Meeting. In total, 70 surveys were completed. A second online follow-up survey was developed to identify services and resources that exist to address the problems identified, along with barriers to access, successful initiatives, and factors that contribute to their success. These results provide us with an inventory of resources and assets, along with a list of desired or effective characteristics for successful interventions. In total, we received 27 completed asset surveys.

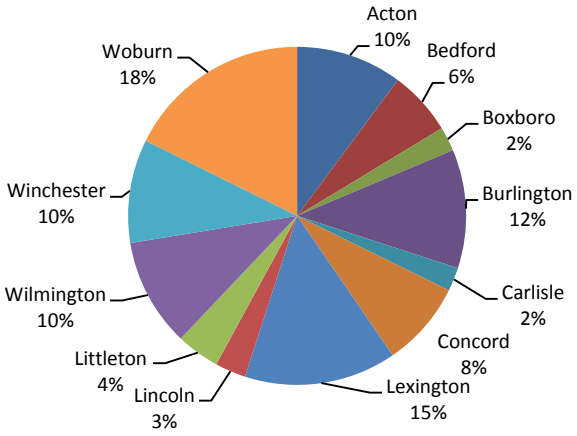
Results

This section will review CHNA 15's general demographic information and assessment/survey results from each of the identified health topic areas: Mental Health, Public Safety and Food and Nutrition.

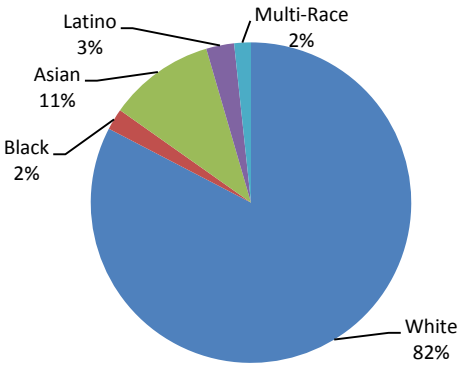
General Demographic Data

Existing data was collected from all 12 towns and presented to the AAB for review. Town profiles helped to inform the CHNA throughout the assessment by showing the similarities and differences among the communities. The distribution of population varies greatly between municipalities like Woburn and Carlisle. Although we expected that size differences would lead to very different challenges and successes, we were still able to identify common themes among all 12 communities.

CHNA 15 Towns - % Distribution of Population by Town (2010) (Fig. 1)



CHNA 15 Towns - Distribution by Race (2010) (Fig. 2)



CHNA 15 Towns - % Distribution of Population by Age Group (2010) (Fig. 3)

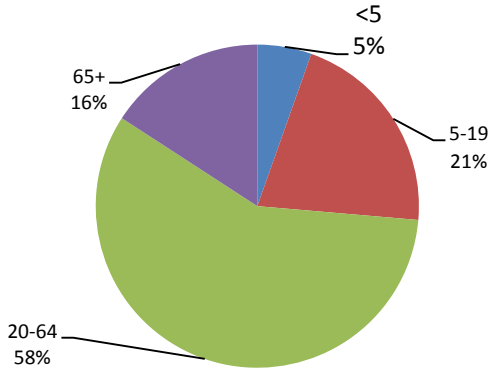


Fig 1, 2, 3: Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed April 17, 2012

Reviewing the distribution of population by age provided us with some insight into what age related concerns might be pertinent to the entire CHNA 15. With nearly three-quarters of the population being over the age of 19 it was not surprising that issues specific to teens and adolescents were not highlighted in survey responses whereas concerns about isolated elderly residents, domestic violence, and substance abuse among adults and elderly were all raised as major concerns.

Distribution by race for the CHNA shows the disproportionate number of white people as compared to people of color in this region and also helps inform us about what populations the CHNA may need to do more active outreach to in order to ensure their needs are recognized and addressed.

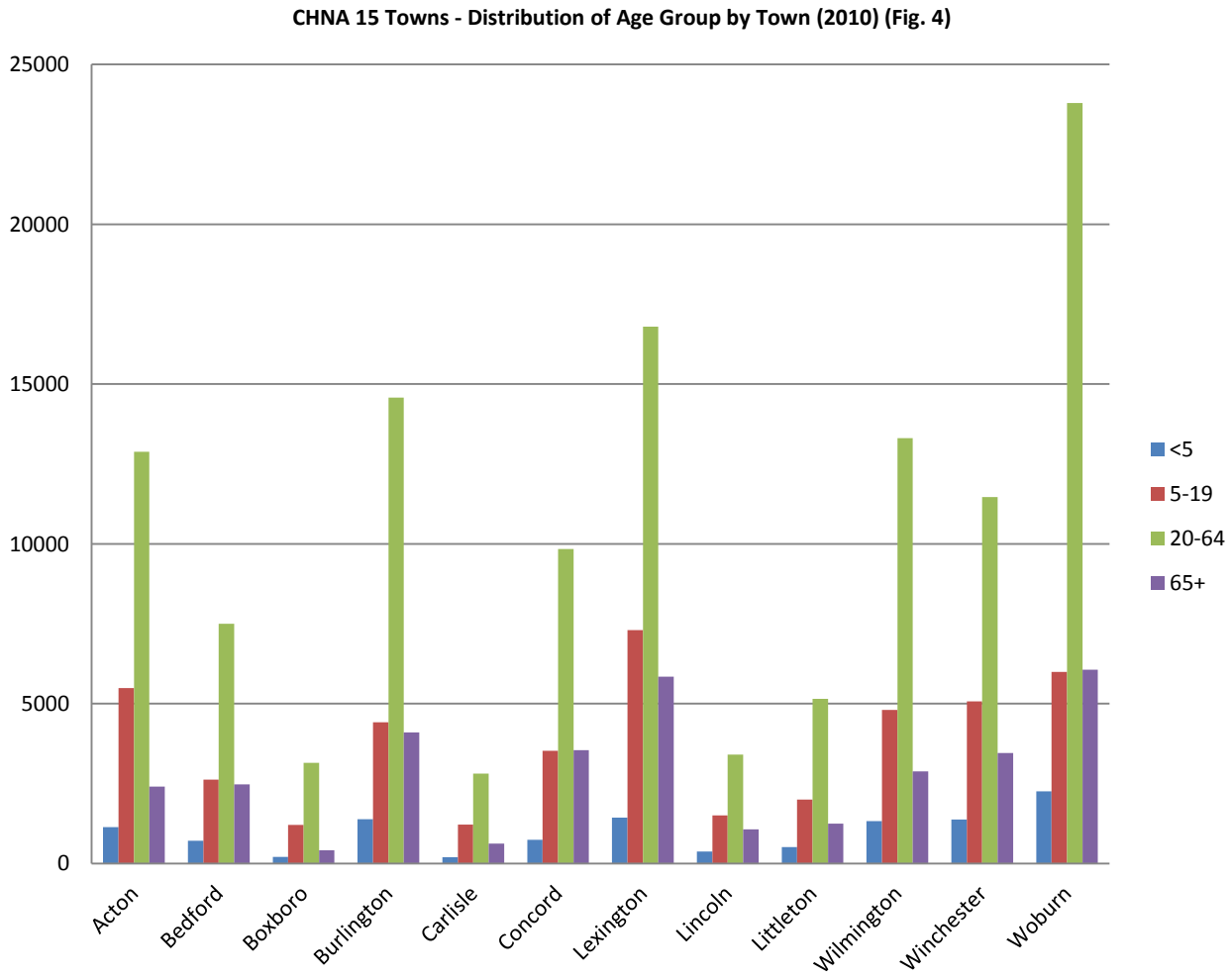
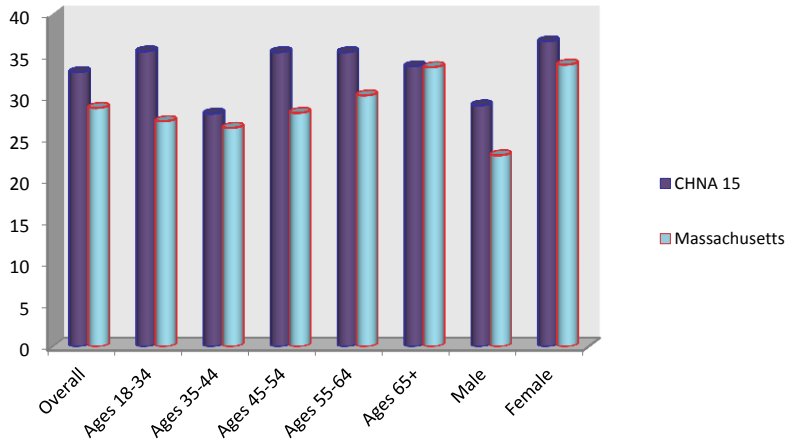


Fig 4: Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed April 17, 2012

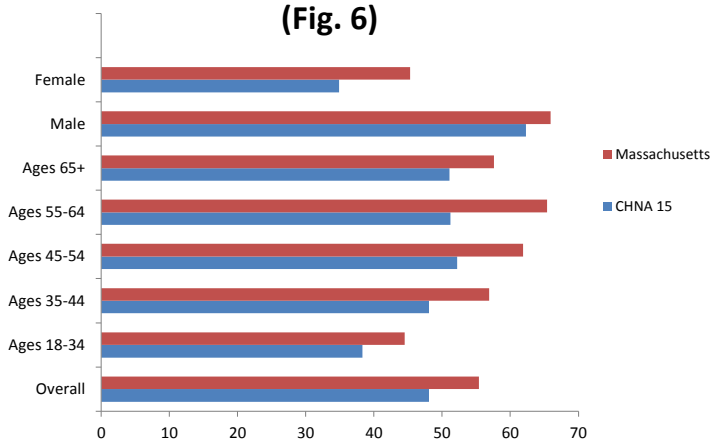
Food and Nutrition

The CHNA has higher rates of consuming 5+ servings of vegetables a day compared to the state across every age group except ages 65+, where it is comparable to the state at 33%. Overall the CHNA has nearly 8% fewer overweight adults and 5% fewer obese adults compared to the state.

5+ servings of fruits and vegetables per day among adults- % (2002-2003,2005,2007) (Fig. 5)

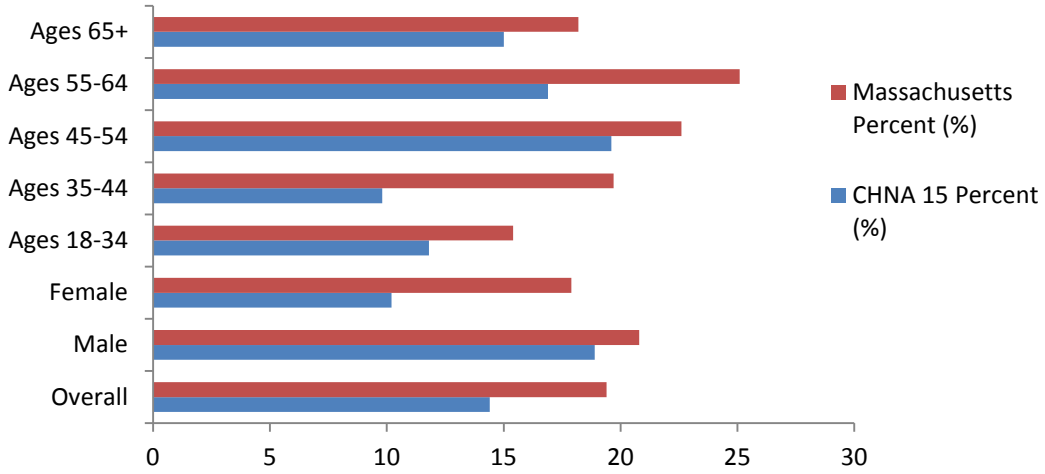


Adults who are overweight* (2002-2007) (Fig. 6)



* BMI is calculated by dividing weight in kilograms by the square of height in meters. Overweight was defined as a BMI of 25.0 or greater.

Percentage of Adults Who are Obese* (2002-2007) (Fig. 7)

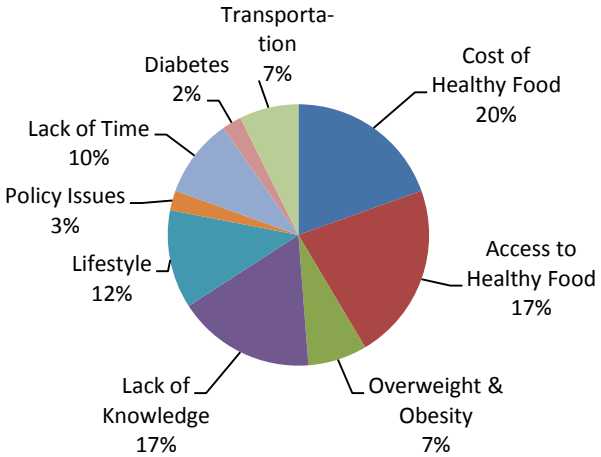


* BMI is calculated by dividing weight in kilograms by the square of height in meters. Obesity was defined as a BMI of 30.0 or greater.

Fig 5, 6 and 7: BRFSS Special Reports

The top Food and Nutrition focus areas identified through the 69 interviews conducted were: Cost of Healthy Food (20% of responses), Access to Healthy Food (17%), Lack of Knowledge (17%), Life style (12%), Lack of Time (10%), Overweight & Obesity (7%), and Transportation (7%). Further narrowing resulted in the top 2 priorities being chosen as focus areas: 1) access to healthy food and 2) overweight & obesity.

CHNA Concerns Related to Food and Nutrition From Survey Results (Fig. 8)



Strengths of Community: Interviews identified what individuals felt were strengths in their towns. People described school systems as doing a good job of providing healthier meals consisting of fresh produce and, occasionally, local vegetables. Boxborough's school has developed a wellness committee that ensures that healthy lunches are served. In addition, an identified strength of many communities was meal delivery services to elderly.

Identified Community Concerns: People identified numerous barriers to accessing healthy food and meals including transportation to grocery stores, farmers markets, or meal programs. In addition, access to knowledge and education about what foods are in season, how to prepare fresh food, and how to access affordable and healthy food were also identified as barriers to proper nutrition.

Community Recommendations:

There were several resources identified that already exist to address food and nutrition issues in communities. Food pantries were described as accessible and well-advertised. Farmers markets were identified in several towns though there was only one mention of free vouchers being distributed by the Human Services Department. This suggests that the presence of healthy food does not always indicate accessibility. The majority of towns listed that they have school lunch programs; however, enrollment levels included in town profiles do not show widespread participation. It can be hypothesized that participation rates may increase if the current economic climate does not improve. Suggested replication of programs to address these barriers included more community gardens and farmers markets that accept food stamps.

Recommendations from the community also focused on increased education and availability of healthy foods. Stores such as Whole Foods, Stop and Shop and farmers markets are often too expensive for low-income families. Community members would like to see more access to healthy food programs that are not just directed at children in the schools, but instead that focus on reaching out to the entire community and families. Recommendations included more education about nutrition and cooking for families and more affordable healthy food. In addition, communities stated they need better public transportation to improve access to farmers markets, food pantries, or supermarkets.

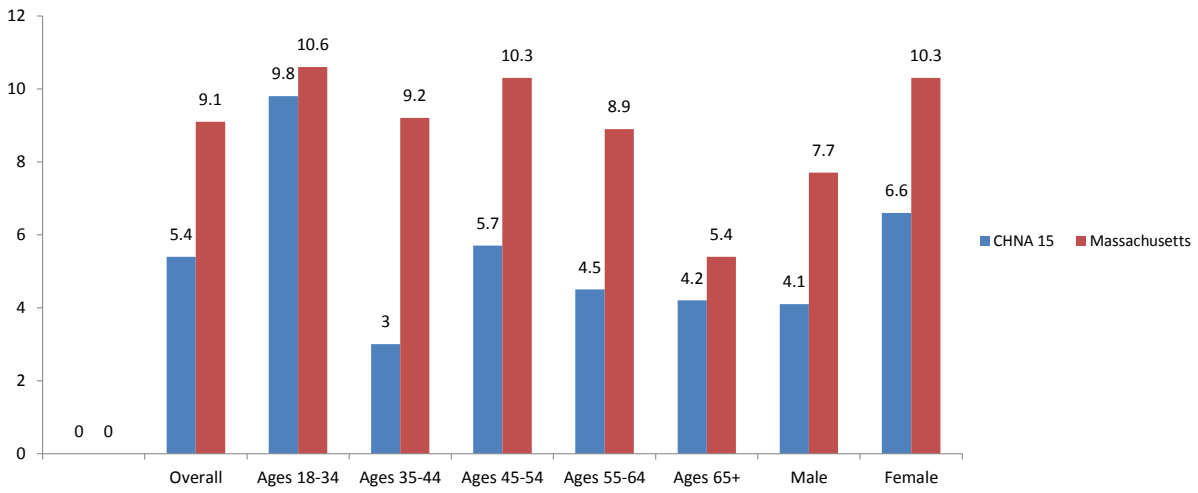
Potential Actions: Food & Nutrition

- Provide more education to families and individuals about nutrition and cooking affordable and healthy food.
- Increase public transportation to improve access to farmers markets, food pantries and supermarkets.

Mental Health

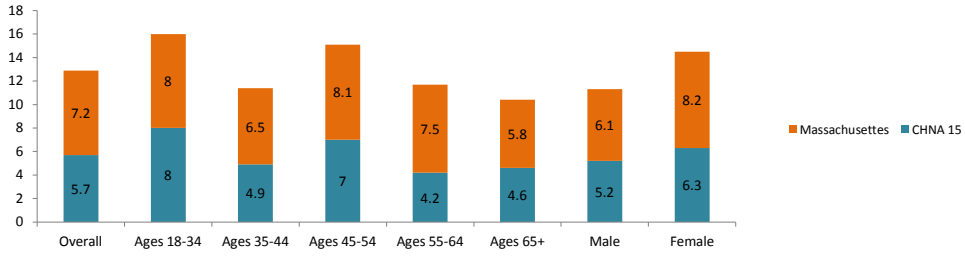
The CHNA has a significantly lower rate of 15+ days of poor mental health in the past 30 day among adults than the state of Massachusetts overall. The CHNA also mirrored the state in particular trends such as higher rates of days of poor mental health among ages 18-34 and among women. However, in age groups 35-64 on average the CHNA's rate was less than half of the state's, with ages 35-44 demonstrating the largest difference from Massachusetts at 3 per 1,000 person compared to the state's 9.2 per 1,000 person (see Figure 9). Some providers of mental health services are serving a greater number of individuals than they have in the past (see Figure 11).

15+ days of poor mental health in the past 30 days among adults -% (2002-2007) (Fig. 9)



*Per 1,000 person

15+ days of sad, blue or depressed in the past 30 days among adults (2002-2007) (Fig. 10)

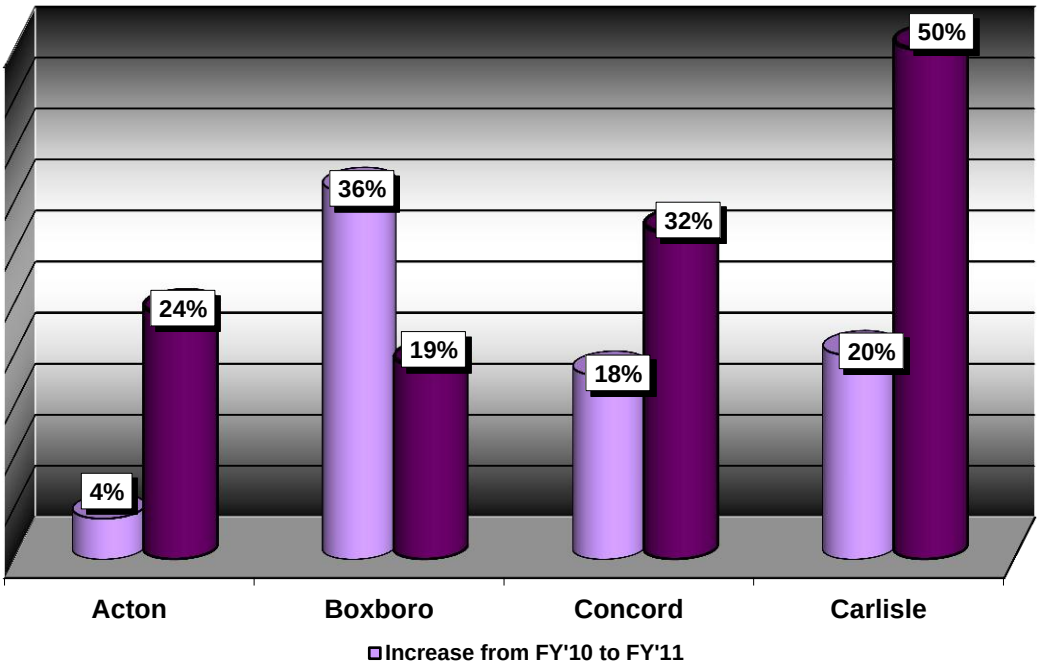


*Per 1,000 person

Fig 9 and 10: BRFSS Special Reports: General Health Status
for Northwest Suburban Health Alliance, CHNA 15 , 2002-2007 (accessed through MassCHIP, 2011)

ELIOT COMMUNITY HUMAN SERVICES, INC.
THE ELIOT CENTER

Increase # of Individuals Served (Fig. 11)



ELIOT COMMUNITY HUMAN SERVICES, INC.
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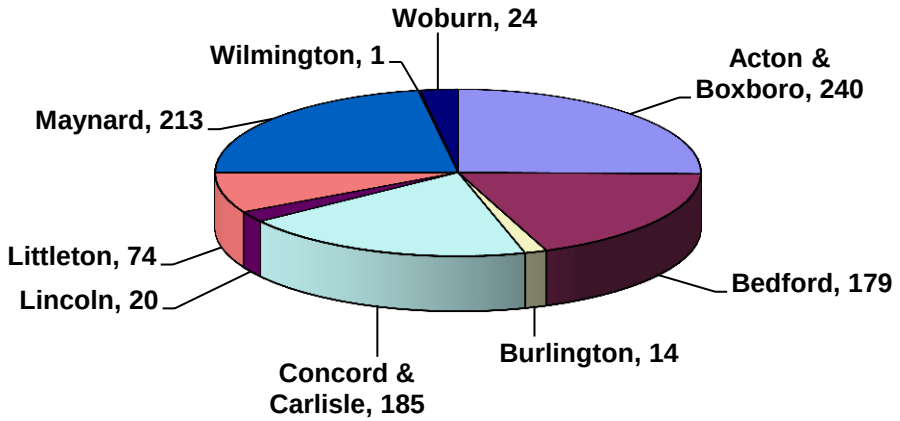
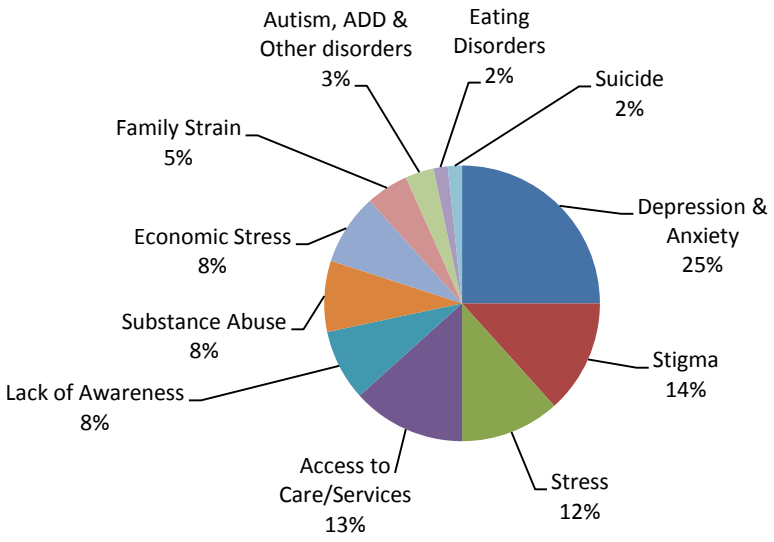
 # Individuals Served for CHNA 15 Communities
Fiscal year 2011 (Fig. 12)



The top mental health focus areas identified through the 69 respondents interviewed were: Depression and Anxiety (25%), Stigma (14%), Access to care/services (13%), Stress (12%), Lack of Awareness (8%), Substance Abuse (8%), and Economic Stress (8%). Further narrowing resulted in the top 2 priorities being chosen as focus areas: Depression & Anxiety and Substance Abuse. (See Fig. 13.)

CHNA 15 Mental Health Concerns Identified Through Surveys (Fig. 13)



Strengths of the Community: Through interviews people identified good collaboration and partnerships between town departments and mental health services as strengths. Other strengths mentioned were collaboration among police and fire departments with Councils on Aging, town departments, and mental health services for teens.

Identified Community Concerns: Stress and anxiety were listed as major concerns throughout all 12 communities and often linked to economic hardship, loss of jobs, and pressure on students to achieve academically. In addition, the elderly were identified as being at particularly high risk for depression and in need of interventions to address stigma and access to care.

Community Recommendations:

Limited existing resources for mental health care were identified. Out of 69 interviews only one youth mental health prevention program was mentioned. Many multi-service agencies were referenced, but they were not described as specifically designed to address mental health needs. One organization that was repeatedly identified as successful by respondents was Eliot Community Human Services Inc. Factors identified as contributing to the success of existing programs were: having a strong clinical staff, a good referral system, and making the services accessible and affordable. In terms of barriers to accessing mental health services, stigma remains a key barrier.

Recommendations consisted of more outreach and education to citizens about available mental health services to increase usage and reduce stigma. Interviewees also recommended an increase in education across all age groups about signs, symptoms, and implications of depression across the life span. Lastly, there is a need for more collaboration among services and agencies providing mental health services. Many people voiced concern that people in the community were not aware of the services that were available to them, or they did not identify themselves as depressed.

Potential Actions: Mental Health

- Increase outreach and education about available mental health services to increase usage and reduce stigma.
- Provide education on the signs, symptoms and repercussions of depression across the life span.
- Increase collaboration among services and agencies providing mental health services.

Public Safety

When looking at the public safety data that was collected, we can see that relative to the state of Massachusetts the CHNA has lower rates of reported crimes. However, it is important to point out that there was often no comparative data for either the state or specific towns on child abuse, domestic violence, or neglect (see figures 14 &15). Data are not collected in a consistent manner that would allow for comparisons across towns and with the entire state. Therefore, in some cases, data for individual towns and narratives from the in-depth interviews provided a more insightful picture of areas of concern for communities within CHNA 15. More detailed public safety and crime related results can be found for each town in the town profiles section in Appendix G.

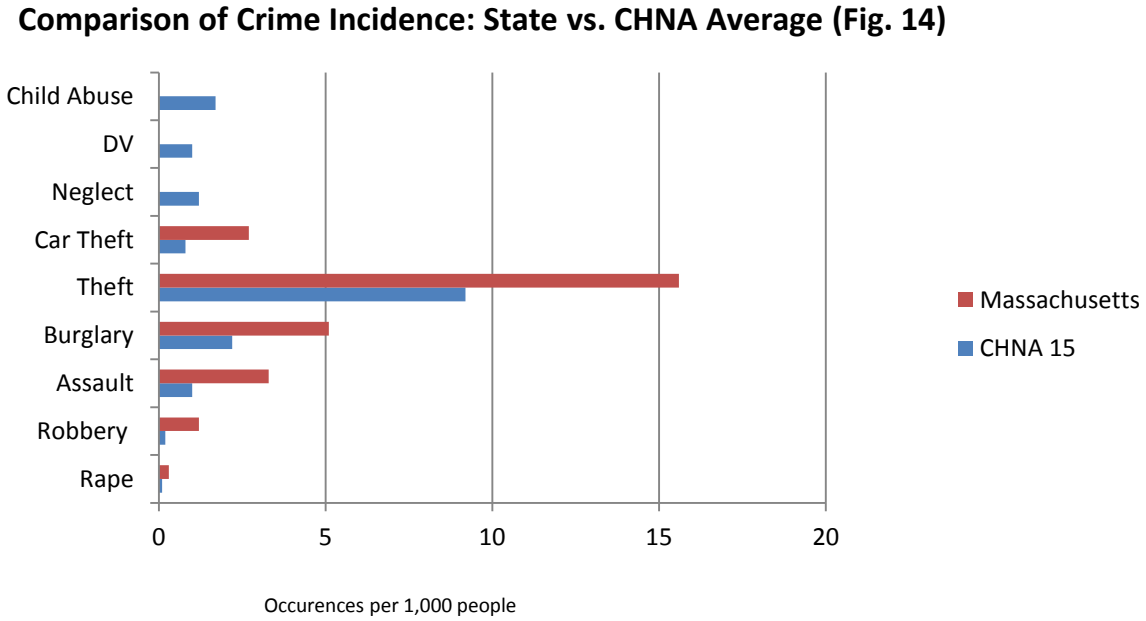


Fig. 14: 2006 Crime in Massachusetts, Commonwealth Fusion Center, Uniform Crime Reporting Data

As can be seen in Figure 15, when rates from an individual community are compared to the CHNA 15 as a whole, it is more telling of that particular community. In Woburn, there were particularly high rates of theft (16.8 compared to the CHNA's 9.2). In addition, Woburn has higher reported rates of child abuse at 4.6 compared to the CHNA average of 1.7. This could also be viewed as a strength because Woburn could have a strong reporting system for child abuse compared to the other communities, but it would require further investigation to substantiate that interpretation.

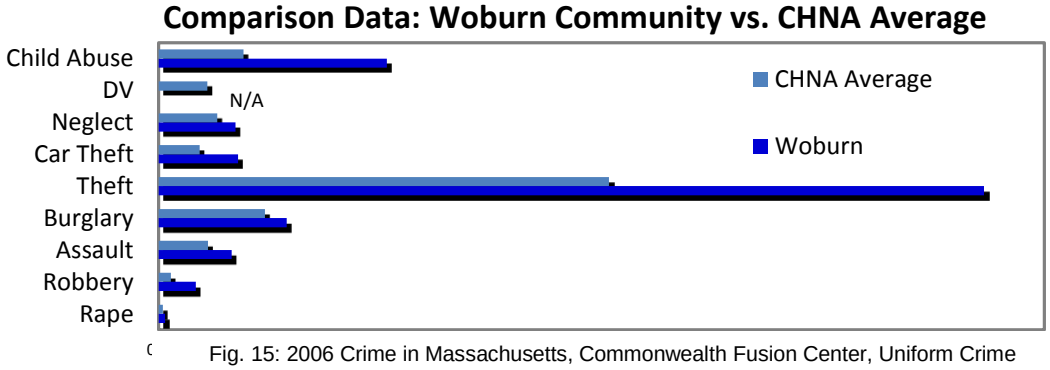
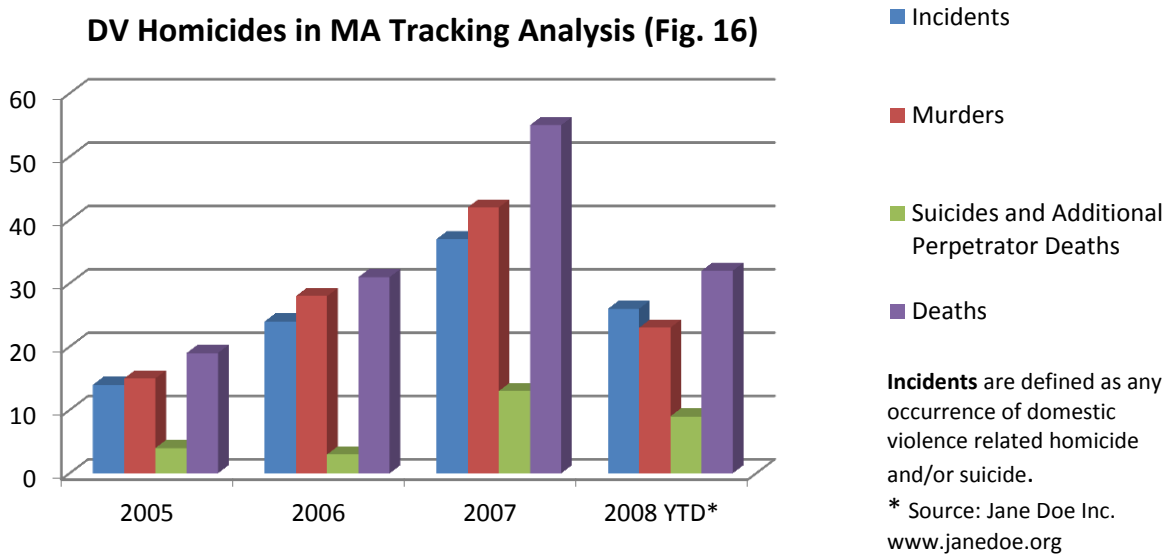
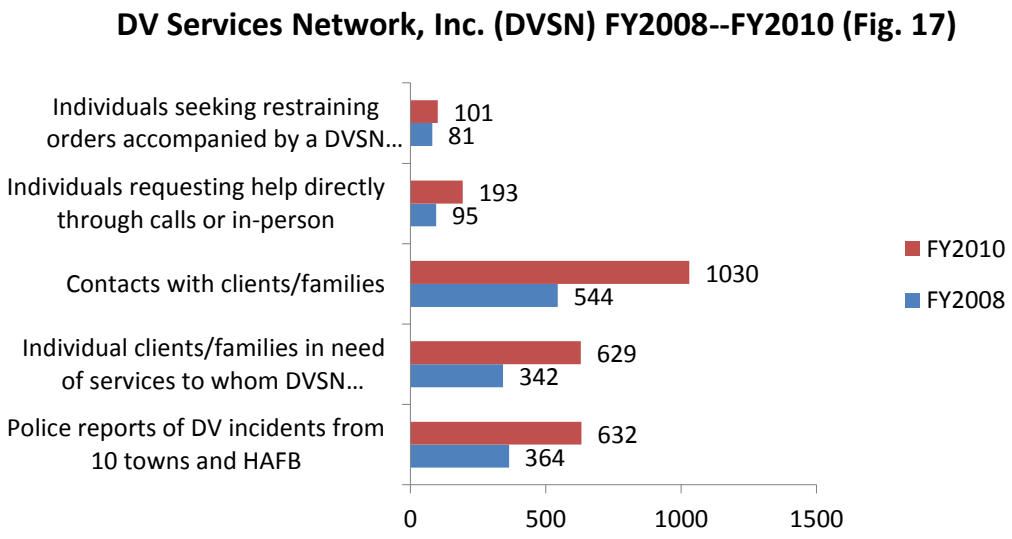


Fig. 15: 2006 Crime in Massachusetts, Commonwealth Fusion Center, Uniform Crime

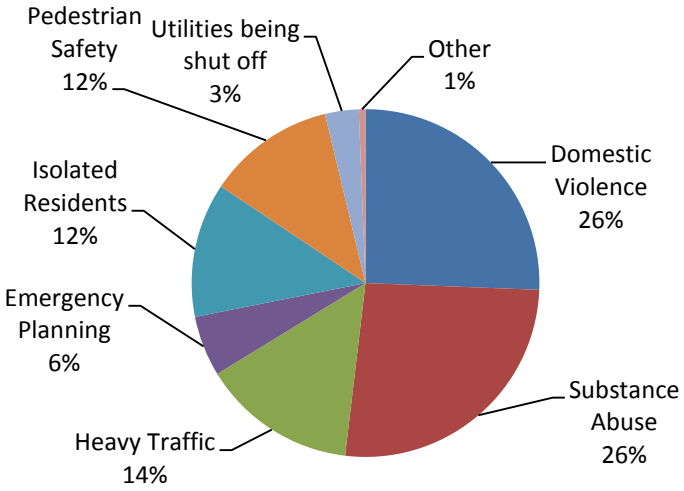
When examining trend data from across the state and data specific to the CHNA 15 over several years, we see a similar picture at both levels: rates of domestic violence have been climbing. Figure 16 shows a steady increase in domestic violence incidents, murders, deaths, and suicidal and additional perpetrator deaths from 2005 to 2007. Domestic Violence Services Network, Inc. (DVSN) located in Concord, provided us with data from Acton, Bedford, Boxborough, Carlisle, Concord, Lexington, Lincoln, Maynard, Stow, and Wayland. Some of these towns are not included in CHNA 15, but the data seemed relevant enough to be included here. Figure 17 shows the magnitude of the increases in reported incidents across these ten towns as well as the need for services. In two years the number of individuals requesting help directly through phone calls more than doubled from 95 to 193.





The top public safety focus areas identified through the 69 interviews conducted were: Domestic Violence (26%), Substance Abuse/Drugs & Alcohol (26%), Heavy Traffic (14%), Pedestrian Safety (12%), Isolated Residence (12%), Emergency Planning (6%), and Utilities being shut off (3%). Further narrowing resulted in the top two priorities being chosen as focus areas: Domestic Violence and Isolated Residents. As mentioned previously, reporting often is low in cases of domestic violence, making it difficult to compare data across communities. However, we hope the narratives provided by interview respondents help to shed some insight on the impacts of public safety and violence across the CHNA 15 communities.

Primary Public Safety Issues Identified Through Surveys (Fig. 18)



Strengths of the Community: Police involvement in the community was highlighted as a strength in several towns.

Identified Community Concerns: Numerous sectors have identified the economy as contributing to a strain on the communities' health status. Domestic violence shelters have seen an increase in use of services, crime has gone up, and entire families are experiencing higher levels of stress, depression, and anxiety. In addition, transportation continues to impact individuals' ability to access services. With increases in gas prices and more people using bicycles, there is a growing tension on the road between cyclists and drivers.

Community Recommendations:

Numerous resources were identified as addressing issues related to substance abuse, isolation, and domestic violence including police departments, domestic violence organizations such as Domestic Violence Services Network, Inc. (DVSN), REACH, SAHELI, Voices Against Violence, and family counseling services. Councils on Aging and senior centers were identified as offering key support services to the elderly community. Local hospitals, public schools, prevention programs, and youth and family services were all identified as addressing substance abuse issues in the community. Characteristics of successful programs were: working collaboratively to identify client needs, a strong referral system, and widespread knowledge of service availability.

With that being said, we received far fewer responses to the public safety survey than to others. This may reflect content overlap with mental health. We chose not to define public safety in our interview guide, but instead left it up to interpretation with the hope this would illicit more genuine and unguided responses. Therefore, our results consisted of a wide variety of responses, making it difficult to extract distinct themes or trends for this section.

However, several respondents raised concerns about sidewalk and road safety, as well as traffic congestion. While transportation does not meet our selection criteria (discussed in the methodology section), it is important to recognize its significance as an access issue for other services. In addition, the presence of sidewalks or the ability to walk safely can have a big impact on community relationships, weight control, and other quality of life characteristics.

Potential Actions: Public Safety

- Promote Councils on Aging and other senior centers as providers of key support services for the elderly community.
- Increase collaboration among programs to identify client needs, create strong referral systems, and increase awareness of service availability.

Data Analysis

Each interview was coded into a database where the content of the answers were combed for themes that could be extracted and then categorized into key topic areas. For example, in the mental health area themes identified were depression and anxiety, stress, stigma, and lack of access to care. The interviews were tallied by number of respondents whose answers fell into each coding category. Categories with high tallies were identified as "significant". These "significant" categories were investigated further by reviewing more in-depth the content of the original narrative for explicit themes and trends. Summaries of the narrative portion of the interviews and coding results were presented to the AAB for their review and analysis.

Survey results and additional secondary data that had been collected (i.e. updated census data, YRBS results) were explored through discussions of AAB member experiences and professional understanding of the issues. From a synthesis of conversations and analysis of qualitative and quantitative data collection, themes began to emerge, along with the linkages and overlap among issues.

Applying selection criteria (see Page 5) identified by the AAB at the project onset to our findings, the AAB selected the top two issues from each of the three primary priority areas. The six issues that emerged are:

Health Topic Area	*Focus Area 1*	*Focus Area 2*
Mental Health	Depression & Anxiety	Substance Abuse
Public Safety	Domestic Violence	Isolated Residents
Food and Nutrition	Access to Healthy Food	Obesity & Overweight

Our conversations and survey data show strong connections among these issues. For example, substance abuse and domestic violence were identified as both public safety and mental health issues. The AAB also noted that economic issues seem to be related to high rates of depression and anxiety, and also to increased levels of domestic violence, substance abuse, and inadequate access to healthy food.

It is also easy to understand how community relationships contribute to many of these, serving as both a protective factor when the relationships are strong and a risk factor when those relationships do not exist. A frequent example given in interviews was isolated elderly residents who become depressed due to feeling isolated, also suffer from poor nutrition because they do not have access to healthy food options, and are disinterested in cooking for only themselves.

A Data Collection Summary was developed for our final AAB meeting, showing the refinement of our understanding of the issues through the various steps. It is included as Attachment F. Our final discussion focused on ways to incorporate these results into CHNA 15 activities, and these recommendations are included in the following Discussion and Recommendation section for the CHNA's consideration.

In addition, with the compiled existing data, we began building profiles of prevalent health issues across the CHNA and for each town. Though CHNA 15's response to this assessment will likely be regional, it is our hope that by providing population profiles for each town, other users can apply these findings on a more local basis.

Discussion and Recommendations

CHNA 15 embarked on a Community Health Assessment that entailed collecting and examining existing data across 12 communities as well as conducting 69 in-depth key informant interviews. This information has enabled the CHNA to gain a better understanding of the communities where its membership lives and works. More specifically, by undertaking this assessment CHNA 15 has gained a more concrete and educated way of thinking about the relevant health issues of the CHNA and its individual communities.

The overview of CHNA 15's demographics showed that across all 12 towns, despite size and geographic differences, the basic demographic makeup of the communities was quite similar. In terms of food and nutrition, the CHNA had lower rates of obesity and higher rates of vegetable consumption when the CHNA was compared to the state. However, our interviews show us that residents across all 12 communities are, in fact, very concerned about cost of and access to healthy food. They also want access to more education and information about healthy food.

When examining mental health in the CHNA 15 communities, we see that the CHNA mirrors the state's rates and trends of depression across gender and age groups. Through the interview narratives, we gain insight about the personal impacts of stress on youth through academic pressures. In addition, stress among adults due to economic strain appears to be the leading cause of individuals' depression and anxiety across the CHNA. Similarly, in closer examination of public safety issues across the CHNA, we see an increase in reporting of violence as the economy has come into a recession, coupled with a much greater need and demand for prevention and intervention services.

Across the three priority areas, residents raised issues of access to services, knowledge of services, and transportation. At a time when financial resources are scarce and need is high, it is important that we recognize the role of community relationships as a protective factor and the underpinning of a healthy community. Community relationships are key in developing strong collaborations and the efficient utilization of resources. On an individual level, community connectedness can reduce residents' isolation, help link people to services, and identify other unmet needs of residents. An additional overarching theme that came through from the interview and survey portions of this assessment was the presence of a diversity of strengths in each of the communities and the power of shared resources and knowledge.

The Assessment Advisory Board has compiled a list of potential action items for consideration by CHNA 15's Steering Committee to help guide them in their future planning and positively influence their work in the CHNA 15 communities.

CHNA 15 has had multiple focus areas during the past twenty years including domestic violence, substance abuse, mental health issues, obesity, and youth. As the results of this assessment attest, these issues still remain valid. The task moving forward is to integrate these issues into the types of work that CHNA 15 is already engaged in – professional training, mini-grants, educational panels, and the Healthy Communities planning and implementation grants – and to create new opportunities for addressing these issues.

The following action items are some of the ways that CHNA 15 could accomplish this:

1.) Build collaborations.

- Host roundtables of professionals to create a dialogue between key players to create healthier lifestyles in their communities by focusing interventions on changing knowledge, attitudes, and behaviors around priority issues of Mental Health, Food and Nutrition and Public Safety.
- Offer small grants or provide opportunities to promote collaboration between groups that would encourage increased access, sharing of resources, and promotion of best practice in interventions targeting priority areas.

- Invite agencies that were specifically identified in the assessment, that are not current CHNA 15 participants (i.e. Councils On Aging, Eliot Community Human Services Inc., Substance Abuse Task Forces), to CHNA meetings to learn how efforts and successes can be strengthened through collaboration.
- Share findings from this assessment and other pertinent information with organizations that are not current CHNA members with the dual purpose of serving as a recruitment tool.

2.) Create impact grants that ask recipients to develop large-scale collaborations that focus on the identified priority areas.

- Offer grants that continue the Healthy Communities concept of a wide definition of health to incorporate all identified priority areas. The aim of these grants will be to provide more funding over a longer period of time to encourage the development of broader scope projects and to stimulate collaboration, sharing of resources, sustainability, and long term community impact.

3.) Offer related trainings and professional development.

- Provide trainings for general membership of CHNA that focus on specific strategies for addressing priority areas. Offer incentives such as CEU's for professional certification and continuing education.
- Allocate funds for continued education in priority areas identified in the assessment, while continuing to budget for other issues that community members are able to identify and justify as relevant to their communities' needs in the future.

4.) Disseminate findings.

- Share findings from the needs assessment with all CHNA 15 communities by placing a summary of findings and links to the full report in local newspapers, the Boston Globe Northwest Weekly section, and local on-line media outlets.
- Send full reports of the needs assessment to respondents from our surveys, interviews, and lead contacts for each community.
- Promote the use of the findings by each town or agency to help inform the development of new programs or expansion of existing programs that are addressing identified priority areas. Explain how the assessment can provide justification and statistical support for grant seeking.
- Encourage each town to use town profiles to help them identify which populations are at high risk for the identified problems. The profiles can be used as baseline measures for monitoring future interventions.

Limitations

One of the greatest challenges in conducting this assessment was ensuring equal representation and inclusion of all 12 communities. The CHNA did its best to collect as much data as possible within the financial and time constraints of the project. In addition, the AAB worked tirelessly with the Regional Center to do outreach in each community, conduct broad key informant interviews, and record how many respondents from each town were interviewed to ensure an even distribution. With that being said, it is important to recognize that not everyone's opinions in the 12 towns are represented here. There is a high representation from public health and social service sectors. In addition, we have a limited age range among our respondents. As all the interviews conducted were with adults, we have no representation of the youth perspective.

In terms of quantitative data collection, we ran into many constraints due to lack of consistent data sets across towns and the state, old data, or no data at all (as in the case of child abuse and neglect in many of the towns and for the entire state). Please note that there were significant limitations on existing data that was readily accessible for all CHNA 15 communities on specific youth-related topics. This report should serve as documentation of a process to collect existing quantitative information to help the CHNA measure significant health issues in its region as well as a collection of a variety of opinions, observations and experiences of residents and employees of the 12 towns that make up CHNA 15. However, this report should not be considered an authority on all the health needs of these towns and this region.

Acknowledgments

CHNA 15 would like to extend a special “thank you” to Lahey Clinic, Winchester Hospital, and Mount Auburn Hospital for their ongoing funding and support of CHNA 15 activities.

Thank you to Jan Hanson for her support and leadership of the CHNA as we embarked upon a new and daunting assessment process. Thank you to the members of the Assessment Advisory Board who devoted a tremendous amount of time and energy to making this process as useful, rational and equitable as possible. Thank you to citizens throughout CHNA 15 who responded to surveys, emails, phone calls, and interviews. Thank you to Domestic Violence Services Network, Inc. (DVSN), Eliot Center, and Jane Doe, Inc. for providing their statistics to augment and further illustrate the findings of this assessment.

Thank you to editors Jacquelin Apsler, Jan Stewart, and Laurie Henry for their time in organizing and arranging the information to maximize its readability. Thanks also to the Regional Center for Healthy Communities for their technical assistance.

Thank you to the Steering Committee members who give their time and their expertise for the benefit of the community at large. Thanks to all of the members of CHNA 15. This work, and the organization itself, would not exist without you and your passion.

Appendix A:

Assessment Advisory Board Participants:

Jennifer Beals – Minuteman Senior Services, Regional
Kathy Bowen – Independent executive coach, Acton
Joan Butler – Minuteman Senior Services
Valerie Clark - Wilmington
David Crowley – Social Capital Inc., Woburn
David Eggleton – Independent, Winchester
Tina Grosowsky - Community Alliance for Youth, Acton
Laurie Henry – Town of Lexington Human Services Department, Lexington
Barbara Howland – Communities for Restorative Justice, Acton, Regional
Gloria Legvold – Winchester Multicultural Network
Sally Quinn Reed – Center for Parents and Teachers
John Ritz – Independent, Lincoln
Vinita Shah – Teach India, Burlington
Sadie Simone – First Connections, Concord
Jan Stewart – Acton-Boxborough Coalition for Healthy Youth
Hilary Viola – Minuteman Senior Services, Regional

RCHC Staff: Jill Block
Charlene Julien
Elizabeth Theriault
Emily Bhargava

CHNA 15 Coordinator: Jan Hanson

CHNA 15 Steering Committee:

EXECUTIVE COMMITTEE

Chairperson:	Jacquelin Apsler, Executive Director, Domestic Violence Services Network, Inc.
Vice Chairperson:	Jan Stewart, Outreach Coordinator, Acton-Boxborough Coalition for Healthy Youth
Treasurer:	Pat Nelson, Executive Director, Concord Children's Center

MEMBERS

Tina Grosowsky: Acton resident
Barbara Howland, Communities for Restorative Justice
Claire McNally, Senior Child Care Director, North Suburban YMCA
Michael O'Brien, Winchester Disability Commission
Patricia Ochoa, Development Director, Minute Man Arc for Human Services, Inc.
Rita Shah, Outreach Worker, Burlington Council on Aging

DPH REPRESENTATIVES

Cynthia Taft Bayerl, RD MS LDN, Coordinator-Massachusetts Fruit & Vegetable, Nutrition Council and Nutrition Coordinator, Nutrition and PA Unit, MA Department of Public Health
Paul Muzhuthett DPH Regional Director, NERHO

REGIONAL CENTER FOR HEALTHY COMMUNTIES REPRESENTATIVES

Jill Block, RCHC Consultant/Healthy Communities Grants
Charlene Julien, Community Health Specialist

STAFF

Minnie Davis, CHNA 15 Website Coordinator
Contact Person: Jan Hanson, CHNA 15 Coordinator, jhanson800@aol.com

Appendix B: Compiled Data I – Secondary Information

	Acton	Bedford	Box.	Burl.	Carl.	Concord	Lex.	Lin.	Little.	Wilm.	Winch.	Wob.
General Population Statistics (1) 2010												
Age												
Under 5 years	1140	715	208	1389	197	748	1438	380	516	1332	1379	2263
5 to 19 years	5486	2627	1211	4421	1218	3533	7307	1504	2006	4802	5070	5993
20 to 64 years	12887	7499	3156	14581	2812	9841	16798	3405	5157	13310	11465	23798
65 years and over	2411	2479	421	4107	625	3546	5851	1073	1245	2881	3460	6066
Total	**21924**	**13320**	**4996**	**24498**	**4852**	**17668**	**31394**	**6362**	**8924**	**22325**	**21374**	**38120**
2010 Population												
Race/Ethnicity (1)												
White Population	16555	11184	3940	19392	4257	15402	23138	5266	8239	20600	18309	31130
Black Population	232	282	24	787	14	648	457	224	46	162	213	1537
Asian Population	4062	1250	814	3266	380	708	6239	347	350	831	1992	2770
Latino Population	560	356	113	578	100	655	713	316	121	403	405	1724
Multi-Race Population	340	218	90	355	89	215	746	172	150	263	395	586
Form of Government	Open Town Meeting	Open Town Meeting	Open Town Meeting	Representative Town Meeting	Open Town Meeting	Open Town Meeting	Representative Town Meeting	Open Town Meeting	Open Town Meeting	Open Town Meeting	Representative Town Meeting	Mayor - Council

(1) Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012

	Acton	Bedford	Box.	Burl.	Carl.	Concord	Lex.	Lin.	Little.	Wilm.	Winch.	Wob.
Support Services (6)												
WIC child participant	26	78	8	57	NA	12	25	5	14	46	14	246
WIC infant participants	19	26	5	30	0	NA	NA	NA	5	29	7	117
Children Allegedly Abused/Neglected	71	95	26	93	NA	78	82	32	47	83	55	299
Children with Verified Investigations of Abuse/Neglect	25	38	13	63	0	24	28	NA	11	30	32	156
2009 Population (Estimate)												
Total	**21,234**	**13,814**	**5,174**	**25,688**	**4,878**	**17,580**	**30,929**	**8,653**	**8,975**	**22,373**	**21,497**	**38,987**
Support Services	***Count of incidents per 1000 population***											
WIC child participant	1.2	5.6	1.5	2.2		0.7	0.8	0.6	1.6	2.1	0.7	6.3
WIC infant participants	0.9		1.0	1.2	0.0				0.6	1.3	0.3	3.0
Children Allegedly Abused/Neglected	3.3		5.0	3.6		4.4	2.7	3.7	5.2	3.7	2.6	7.7
Children with Verified Investigations of Abuse/Neglect	1.2		2.5	2.5	0.0	1.4	0.9		1.2	1.3	1.5	4.0

Risk Factors and Health Behaviors for CHNA 15			
Percent		**CHNA 15**	**Massachusetts**
Binge drinking among adults -% (2002-2007)			
Overall		12.6	17.4
Ages 18-34		24.7	30.2
Ages 35-44		13.5	19.2
Ages 45-54		13.3	15.1
Ages 55-64		5.2	9.5
Ages 65+		3.3	3.3
Male		18.5	25.7
Female		7.3	9.9
5+ serving of fruits and vegetables per day among adults - % (2002-2003. 2005, 2007)			
Overall		33	28.7
Ages 18-34		35.5	27.1
Ages 35-44		28	26.3
Ages 45-54		35.4	28.1
Ages 55-64		35.4	30.2
Ages 65+		33.7	33.6
Male		29	23
Female		36.7	33.9
Adults who are overweight (2002-2007) - %			
Overall		48.1	55.4
Ages 18-34		38.3	44.5
Ages 35-44		48.1	56.9
Ages 45-54		52.2	61.9
Ages 55-64		51.2	65.4
Ages 65+		51.1	57.6
Male		62.3	65.9
Female		34.9	45.3

General Health Status for CHNA 15 (from BRFSS Special Reports)				
		CHNA 15	Massachusetts	
15+ days of poor mental health in the past 30 days among adults (2002-2007) - %				
Overall		5.4	9.1	
Ages 18-34		9.8	10.6	
Ages 35-44		3	9.2	
Ages 45-54		5.7	10.3	
Ages 55-64		4.5	8.9	
Ages 65+		4.2	5.4	
Male		4.1	7.7	
Female		6.6	10.3	
15+ days of poor physical health in the past 30 days among adults (2002-2007) - %				
Overall		7.3	8.6	
Ages 18-34		3.8	4.4	
Ages 35-44		5.3	6.6	
Ages 45-54		7.6	9.5	
Ages 55-64		5.1	11.9	
Ages 65+		14	15	
Male		7	7.8	
Female		7.5	9.4	
15+ days of sad, blue or depressed in the past 30 days among adults (2002-2007) - %				
Overall		5.7	7.2	
Ages 18-34		8	8	
Ages 35-44		4.9	6.5	
Ages 45-54		7	8.1	
Ages 55-64		4.2	7.5	
Ages 65+		4.6	5.8	
Male		5.2	6.1	
Female		6.3	8.2	

	Acton	Bed.	Box.	Burl.	Carl.	Conc.	Lex.	Linc.	Little.	Wilm.	Winch.	Woburn	MA
School District Profiles (2010-2011) (3)													
% of District													
Limited English Proficient	3.7	3.7	0.8	2	3.7	4.2	20.9	2.6	0.9	0.7	2.9	4.2	7.1
Free and Reduced Lunch	2.7	9.4	2.5	9.9	2.2	6.1	6.1	9.9	1.2	8.5	5.7	24.9	34.2
Admissions to Substance Abuse Treatment Programs - 2007 (4)													
Total Admissions	57	67	22	163	18	36	49	10	37	208	93	350	
Crime Statistics 2006 (5)													
Zero Hate Crimes													
Murder	0	0	0	0	0	0	0	0	0	0	0	0	186
Rape	6	0	1	0	0	1	1	0	1	4	0	5	1,742
Robbery	3	0	0	12	0	0	0	1	1	4	3	29	8,047
Aggravated Assault	4	2	5	18	1	15	15	4	7	22	8	57	18,800
Burglary	65	22	2	164	3	35	52	8	9	68	49	100	35,181
Larceny	304	79	28	509	8	151	186	29	42	307	241	644	100,771
Motor Vehicle Theft	4	2	1	28	0	2	7	7	3	18	17	62	17,961

3) Massachusetts Department of Elementary & Secondary Education 2010-2011
4) MA DPH Bureau of Substance Abuse Services
5) Commonwealth Fusion Center 2006

Appendix C: Survey I

CHNA 15

Community Opinion Survey

Food & Nutrition

Introduction: CHNA 15 is conducting a Community Health Assessment in the towns of Acton, Bedford, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Wilmington, Winchester, and Woburn. An Assessment Advisory Board identified three areas to focus on, to be narrowed down by examining existing data that help to measure the scope of the issues, and by talking to a range of people working in and effected by them. The focus areas are mental health, public safety, and food and nutrition.* We are also exploring how the social fabric of a community impacts these areas. In this process, community can be defined as either a geographic boundary or as a population.

This conversation will take 15-20 minutes of your time. Your responses will help us refine our understanding of the issues and be used to help determine future plans and programming of CHNA 15. All information will be confidential, and will not be accredited to you in any reporting of these findings. Thank you for your help.

Name: _____

Organization: _____

Title: _____

Phone/E-mail: _____

Date of Interview: _____

Town(s) and/or Population Represented/Served:
_____Method of interview: ___ phone ___face-to-face ___ e-mail

1. What do you believe are the primary **food & nutrition** problems in your community? (Probe: Who is most affected? What types of calls does your agency receive?)
2. In your community, are there local food and farming initiatives? If not, is the conversation taking place?
3. Are any of these issues particularly relevant to your community or the work you are doing?
   a. Access to Healthy Food
   b. Cost of Healthy Food
   c. Transportation
   d. Diabetes
   e. Policy Issues
   f. Lifestyle
   g. Lack of Knowledge
   h. Overweight & Obesity
   I. Inadequacy of local food system
   j. Other
4. What do you think should be done to address **food & nutrition** problems?
5. What barriers, if any, do you see to implementing a project to address **food & nutrition** problems?
6. What strategies would you suggest for overcoming these barriers?

7. What do you think are the community's strengths in terms of **food & nutrition**? Are you aware of any current services/programs being done to address this locally?
8. How can we build upon these strengths?
9. How do relations among different groups or populations in the community impact this issue?
10. Can you suggest other people/organizations/groups who can participate in this process?
11. Do you have any data that can contribute to this assessment? Can this be shared with us?
12. What concerns about food and nutrition do you see emerging? Are you willing to talk further with someone about this?

CHNA 15 Background:

CHNA 15 or the Northwest Suburban Health Alliance is one of 27 geographical areas across the State designated as community health networks. We are a coalition of public, nonprofit, and private sectors working together to develop healthier communities through community-based prevention planning and health promotion. Funding to support these activities comes through Lahey Clinic, Mt. Auburn Hospital, and Winchester Hospital through the Department of Public Health's Determination of Need Process.

Priority Areas:

Keep your thinking of the priority areas broad. As the assessment process builds, we will focus in our efforts.

Mental Health may include crisis intervention services, suicide, substance abuse rates and treatment, binge drinking, self-injury, depression, isolation, etc.

Food and Nutrition may include accessibility of unhealthy foods, school meal programs, food pantry and meal program utilization, accessibility of farmers markets, access to ethnic foods, food allergies in schools, community gardens, etc.

Public Safety may include domestic violence, sexual assault, cyber-crime, handicapped accessibility, street lighting, bullying, substance abuse-related violence, and more.

Community Relationships are the connections that bring and hold people in a town together. Included in this are participating in local politics, PTAs, library utilization, town meeting rates, civic involvement, volunteerism, etc.

Please send responses to etheriault@healthier-communities.org and jill@butter.toast.net by December 27, 2010. Please let us know you'd like to learn more about the assessment process.

CHNA 15

Community Opinion Survey

Public Safety

Introduction: CHNA 15 is conducting a Community Health Assessment in the towns of Acton, Bedford, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Wilmington, Winchester and Woburn. An Assessment Advisory Board identified three areas to focus on, to be narrowed down by examining existing data that help to measure the scope of the issues, and by talking to a range of people working in and effected by them. The focus areas are mental health, public safety, and food and nutrition.* We are also exploring how the social fabric of a community impacts these areas. In this process, community can be defined as either a geographic boundary or as a population.

This conversation will take 15-20 minutes of your time. Your responses will help us refine our understanding of the issues and be used to help determine future plans and programming of CHNA 15. Thank you for your help.

Name: _____

Organization: _____

Title: _____

Phone/E-mail: _____

Date of Interview: _____

Town(s) and/or Population Represented/Served:

_____

Method of interview: ___ phone ___face-to-face ___ e-mail

---

1. What do you believe are the primary **public safety** problems in your community? (Probe: Who is most affected? What types of calls does your agency receive?)

2. Are any of these issues particularly relevant to your community or the work you are doing?

   a. Domestic Violence
   b. Terrorism
   c. Substance Abuse (Drugs & Alcohol)
   d. Heavy Traffic
   e. Emergency Planning
   g. Isolated Residents
   h. Pedestrian Safety
   i. Utilities being shut off

3. What do you think should be done to address **public safety** problems?

4. What barriers, if any, do you see to implementing a project to address **public safety** problems?

5. What strategies would you suggest for overcoming these barriers?

6. What do you think are the community's strengths in terms of **public safety**? Are you aware of any current services/programs being done to address this locally?

7. How can we build upon these strengths?

8. How do relations among different groups or populations in the community impact this issue?

9. Can you suggest other people/organizations/groups who can participate in this process?

10. Do you have any data that can contribute to this assessment? Can this be shared with us?

*** CHNA 15 Background:**

CHNA 15 or the Northwest Suburban Health Alliance is one of 27 geographical areas across the State designated as community health networks. We are a coalition of public, nonprofit, and private sectors working together to develop healthier communities through community-based prevention planning and health promotion. Funding to support these activities comes through Lahey Clinic, Mt. Auburn Hospital, and Winchester Hospital through the Department of Public Health's Determination of Need Process.

Priority Areas:

Keep your thinking of the priority areas broad. As the assessment process builds, we will focus in our efforts.

Mental Health may include crisis intervention services, suicide, substance abuse rates and treatment, binge drinking, self-injury, depression, isolation, etc.

Food and Nutrition may include accessibility of unhealthy foods, school meal programs, food pantry and meal program utilization, accessibility of farmers markets, access to ethnic foods, food allergies in schools, community gardens, etc.

Public Safety may include domestic violence, sexual assault, cyber crime, handicapped accessibility, street lighting, bullying, substance abuse-related violence, and more.

Community Relationships are the connections that bring and hold people in a town together. Included in this are participating in local politics, PTAs, library utilization, town meeting rates, civic involvement, volunteerism, etc.

Please send responses to etheriault@healthier-communities.org and jill@butter.toast.net by December 27, 2010.

Please let us know you'd like to learn more about the assessment process.

CHNA 15

Community Opinion Survey

Mental Health

Introduction: CHNA 15 is conducting a Community Health Assessment in the towns of Acton, Bedford, Boxborough, Burlington, Carlisle, Concord, Lexington, Lincoln, Littleton, Wilmington, Winchester and Woburn. An Assessment Advisory Board identified three areas to focus on, to be narrowed down by examining existing data that help to measure the scope of the issues, and by talking to a range of people working in and effected by them. The focus areas are mental health, public safety, and food and nutrition.* We are also exploring how the social fabric of a community impacts these areas. In this process, community can be defined as either a geographic boundary or as a population.

This conversation will take 15-20 minutes of your time. Your responses will help us refine our understanding of the issues and be used to help determine future plans and programming of CHNA 15. All information will be confidential, and will not be accredited to you in any reporting of these findings. Thank you for your help.

Name: _____

Organization: _____

Title: _____

Phone/E-mail: _____

Date of Interview: _____

Town(s) and/or Population Represented/Served: _____

Method of interview: ___ phone ___face-to-face ___ e-mail

---

1. What do you believe are the primary **mental health** problems in your community? (Probe: Who is most affected? What types of calls does your agency receive?)

2. Please view sheet. Are any of these issues particularly relevant to your community or the work you are doing?

a. Depression & Anxiety
b. Stigma
c. Stress
d. Access to Care/Services
e. Lack of Awareness
f. Autism, ADD & Other Disorders
g. Substance Abuse
h. Economic Stress
i. Family Strain
j. Suicide
k. Eating Disorders
l. Other_____

3. What do you think should be done to address **mental health** problems**?**

4. What barriers, if any, do you see to implementing a project to address **mental health** problems?

5. What strategies would you suggest for overcoming these barriers?

6. What do you think are the community's strengths in terms of **mental health**? Are you aware of any current services/programs being done to address this locally?

7. How can we build upon these strengths?

8. How do relations among different groups or populations in the community impact this issue?

9. Can you suggest other people/organizations/groups who can participate in this process?

10. Do you have any data that can contribute to this assessment? Can this be shared with us?

11. What concerns about mental health do you see emerging in the future? Are you willing to talk further with someone about this?

*** CHNA 15 Background:**

CHNA 15 or the Northwest Suburban Health Alliance is one of 27 geographical areas across the State designated as community health networks. We are a coalition of public, nonprofit, and private sectors working together to develop healthier communities through community-based prevention planning and health promotion. Funding to support these activities comes through Lahey Clinic, Mt. Auburn Hospital, and Winchester Hospital through the Department of Public Health's Determination of Need Process.

Priority Areas:

Keep your thinking of the priority areas broad. As the assessment process builds, we will focus in our efforts.

Mental Health may include crisis intervention services, suicide, substance abuse rates and treatment, binge drinking, self-injury, depression, isolation, etc.

Food and Nutrition may include accessibility of unhealthy foods, school meal programs, food pantry and meal program utilization, accessibility of farmers markets, access to ethnic foods, food allergies in schools, community gardens, etc.

Public Safety may include domestic violence, sexual assault, cyber crime, handicapped accessibility, street lighting, bullying, substance abuse-related violence, and more.

Community Relationships are the connections that bring and hold people in a town together. Included in this are participating in local politics, PTAs, library utilization, town meeting rates, civic involvement, volunteerism, etc.

Please send responses to etheriault@healthier-communities.org and jill@butter.toast.net by December 27, 2010.

Please let us know you'd like to learn more about the assessment process

Appendix D: Surveyed Agencies

Key:
PS Public Safety, **MH** Mental Health,
F&N Food and Nutrition

Organization*	Town	Issues
Acton High School Counseling	Acton	PS
Acton Police Department	Acton	PS
Bruce Freeman Rail Trail	Acton/Carlisle/Con.	MH, F&N, PS
Bedford Resident	Bedford	MH, F&N, PS
Bedford Youth and Family Services	Bedford	MH, F&N, PS
Bedford Board of Health	Bedford	F&N
Blanchard Elementary School	Boxborough	MH
Boxborough Council on Aging	Boxborough	MH
Burlington Community Life Center	Burlington	MH, F&N, PS
Minuteman Senior Services	Burlington	F&N
Farmer	Carlisle	PS
Police	Carlisle	MH
Town of Carlisle Council on Aging	Carlisle	PS
Town of Carlisle Board of Health	Carlisle	MH, F&N, PS
Concord Carlisle High School	Concord	MH
Eliot Center	Concord	MH, F&N, PS
Concord Public Schools	Concord	PS
Police	Concord	MH, F&N, PS
First Connections	Concord	MH, F&N, PS
Concord Carlisle Community Chest	Concord	MH, F&N
Concord COA	Concord	MH
Lexington Police Department	Lexington	MH, PS
Lexington Fire	Lexington	MH
Lexington Human Services Dept.	Lexington	MH
Health Division	Lexington	MH
Lexington Human Services Dept.	Lexington	MH

Organization*	Town	Issues
Lexington Youth and Family Services Inc.	Lexington	MH
Lexington Public Schools	Lexington	MH, PS
Littleton Town Manager	Littleton	MH, F&N, PS
Littleton School Nurse	Littleton	MH, F&N, PS
Council on Aging	Littleton	F&N
Loaves & Fishes	Littleton	MH, F&N
Wilmington Schools	Wilmington	MH, F&N
Town of Wilmington Elderly Services	Wilmington	MH
Wilmington Family Counseling	Wilmington	F&N
Town of Wilmington Health Dept.	Wilmington	MH, F&N, PS
Council on Aging	Winchester	MH, F&N, PS
Public Health Nurse	Winchester	PS
Winchester Police Department	Winchester	MH, F&N, PS
Woburn Land Trust	Woburn	

* Partial List: Some agencies had more than one respondent. Some agencies that attended meetings were not individually identified.

Appendix E: Survey II

Dear CHNA 15 Member, CHNA 15 is conducting a community health assessment that will help guide future activities and distribution of funds. Early in the process, the Assessment Advisory Board identified three primary focus areas: mental health, public safety, and food & nutrition. We are also exploring how community dynamics impact each of these. Surveys and interviews were conducted with key stakeholders in the 12 towns that comprise CHNA 15, and through these, we have developed a deeper understanding of the key issues within the focus areas. We are now looking to expand the number of people giving input to this process through the following survey. The survey asks your help in ranking which of the topics are most relevant to the populations that you work with or the community in which you live. Responses are anonymous and confidential, and should only take 5 minutes to complete. Please forward it to any colleagues that may have an understanding of the issues. Responses must be submitted by January 28th.

Thank you for your help.

Instructions: Included on this survey are questions relating to all three focus areas: mental health, public safety, and food & nutrition. Please answer questions that reflect your area of expertise or familiarity. Otherwise, skip areas that are not relevant to you.

1.) Which CHNA 15 towns do you live/work in? (check all that apply)

[ ] Acton
[ ] Bedford
[ ] Boxborough
[ ] Burlington
[ ] Carlisle
[ ] Concord
[ ] Lexington
[ ] Lincoln
[ ] Littleton
[ ] Wilmington
[ ] Winchester
[ ] Woburn

2.) Please tell us what setting you work in:

[ ] School
[ ] Health care
[ ] Social services
[ ] Town government
[ ] Other

3.) Please tell us what population(s) you work with:

[ ] General Population
[ ] Youth - specify age or grades

[ ] Senior Citizens
[ ] Families
[ ] Immigrants - specify
[ ] Other

The next three questions ask about MENTAL HEALTH.

4.) What do you believe are the primary MENTAL HEALTH problems in your community? (choose up to 3)

[ ] a. Depression & Anxiety
[ ] b. Stigma
[ ] c. Stress
[ ] d. Access to Care/Services
[ ] e. Lack of Awareness
[ ] f. Autism, ADD & Other Disorders
[ ] g. Substance Abuse
[ ] h. Economic Stress
[ ] i. Family Strain
[ ] j. Suicide
[ ] k. Eating Disorders
[ ] l. Other

5.) What population(s) are most affected by these MENTAL HEALTH problems?

[ ] young children (up to age 10)
[ ] youth ages 11-15
[ ] youth ages 16-21
[ ] adults
[ ] seniors (age 65+)
[ ] general population
[ ] other

6.) What strategies would you suggest to address these MENTAL HEALTH problems?

[ ] Increase community outreach to individuals in need of services
[ ] Increase access to services
[ ] Increase education about mental health issues
[ ] Expand school curriculum to include preventive mental health education and support services
[ ] Increase public awareness
[ ] Other

The next three questions ask about PUBLIC SAFETY.

7.) What do you believe are the primary PUBLIC SAFETY problems in your community? (choose up to 3)

[ ] Domestic Violence
[ ] Terrorism

[ ] Substance Abuse (Drugs & Alcohol)
[ ] Heavy Traffic
[ ] Emergency Planning
[ ] Isolated Residents
[ ] Pedestrian Safety
[ ] Utilities being shut off
[ ] Other

8.) What population(s) are most affected by these PUBLIC SAFETY problems?

[ ] young children (up to age 10)
[ ] youth ages 11-15
[ ] youth ages 16-21
[ ] adults
[ ] seniors (age 65+)
[ ] general population
[ ] other

9.) What strategies would you suggest to address these PUBLIC SAFETY problems?

[ ] Increase funding for existing programs and creation of new programs
[ ] Early detection and treatment programs
[ ] More referrals to providers and programs
[ ] Increased community participation (attending town meetings, lobbying, outreach)
[ ] Collaboration between service providers and organizations
[ ] Other

The next three questions ask about FOOD & NUTRITION.

10.) What do you believe are the primary FOOD & NUTRITION problems in your community? (choose up to 3)

[ ] Access to Healthy Food
[ ] Cost of Healthy Food
[ ] Transportation
[ ] Diabetes
[ ] Policy Issues
[ ] Lifestyle
[ ] Lack of Knowledge
[ ] Overweight & Obesity
[ ] Inadequacy of local food system
[ ] Other

11.) What population(s) are most affected by these FOOD & NUTRITION problems?

[ ] young children (up to age 10)

[ ] youth ages 11-15
[ ] youth ages 16-21
[ ] adults
[ ] seniors (age 65+)
[ ] general population
[ ] other

12.) What strategies would you suggest to address these FOOD & NUTRITION problems?

[ ] Educate more people about nutrition and available resources
[ ] More collaboration with existing services (schools, community organizations, hospitals)
[ ] Increase availability of affordable healthy food
[ ] Develop community gardens and farmers markets
[ ] Other

Thank You!

Thank you for taking our survey. Results of this assessment process will be shared with the CHNA membership as we go forward.

Dear CHNA 15 Member/ Affiliate, CHNA 15 is in the final stage of conducting a community health assessment that will help guide future activities and distribution of funds. Early in the process, the Assessment Advisory Board identified three primary focus areas: mental health, public safety, and food & nutrition. The final stage of our assessment is determining what assets, strengths and resources already exist in our communities. This information will help guide the CHNA in determining its future interventions. Responses are anonymous and confidential, and should only take 5 minutes to complete. Please forward it to any colleagues that may have an understanding of the issues. Responses must be submitted by March 4 h.

Thank you for your help.

1.) In your community, what services, programs or agencies are effective at addressing:

You may provide responses for any or all of these categories.

Depression and Anxiety: _____

Substance Abuse: _____

Domestic Violence: _____

Access to Healthy Food: _____

Obesity and Overweight: _____

Isolated Residents: _____

2.) For the agency(ies) that you've identified, please tell us what factors contribute to their success.
Please indicate which type of agency from the above categories you are referring to here.

3.) What barriers to accessing these resources continue to exist?

4.) Are there any programs that you would like to see replicated in your community? (Examples can be from beyond your local community)

5.) Why do you think this program would be beneficial for your community?

Thank You!

Thank you for taking our survey. Your response is very important to us.

Appendix F: Data Collection Summary by Topic Area

What We Know About Food and Nutrition

Top issues in our surveys:

Cost of healthy food	17%
Lack of knowledge	17%
Access to healthy food	17%
Lifestyle	13%
Lack of time	13%
Overweight/Obesity	10%

Other sources that further define and support these issues:

2009-2010 School Meal Program Participation - % of District												
	Acton	**Bed**	**Box**	**Burl**	**Carl**	**Con**	**Lex**	**Linc**	**Little.**	**Wilm**	**Winch**	**Wob**
Free Lunch	2.0%	5.5%	2.4%	6.5%	1.7%	4.6%	3.6%	5.5%	0.9%	6.0%	3.8%	16.5%
Reduced Lunch	0.6%	2.6%	0.6%	1.4%	0.0%	1.3%	1.1%	5.5%	0.4%	2.9%	1.1%	4.7%

Source: Department of Elementary & Secondary Education

FY10 Service Report – Minuteman Senior Services													
	Acton	**Bed**	**Box**	**Burl**	**Carl**	**Con**	**Lex**	**Lin**	**Lit**	**Wilm**	**Winch**	**Wob**	**Total**
Meals on Wheels	33	45	7	79	7	41	79	13	31	101	0	137	573
Dining programs	78	126	0	101	45	8	70	35	41	0	42	17	563

n= number of people served in these programs.
Source: Minuteman Senior Services
NB: These are not the only source of meals in these communities.

WIC Participation												
	Acton	**Bed**	**Box**	**Burl**	**Carl**	**Con**	**Lex**	**Linc**	**Little.**	**Wilm**	**Winch**	**Wob**
WIC child participants	26	78	8	57	NA	12	25	5	14	46	14	246
WIC infant participants	19	26	5	30	0	NA	NA	NA	5	29	7	117

Source: MASS Chip – CHNA 15 Kids Count Profile – 1999-2008

Behavioral Risk Factor Surveillance Reports: Risk Factors and Health Behaviors for CHNA 15 2002-2007:

- 48% of adults ages 18 - 65+ are overweight. 62.3% of males are overweight as are 34.9% of females.
- 14.4% of adults ages 18 – 65+ are obese. 18.9% of males are obese, as are 10.2% are female.
- 33% of CHNA 15 adult residents have 5 or more servings of fruits and vegetables per day. This includes 29% of males and 36.7% of females living in CHNA 15. This is higher than the rest of the Massachusetts (28.7% overall) for all demographic groups except for Blacks.

CHNA 15 member discussion:

- Lots of advertisements for unhealthy food
- Need to educate people to eat what is in season, which will be more affordable
- Getting home late from work, looking for easy and quick meals
- Perception that it is more expensive to eat health food…it also takes more planning
- Places with healthy affordable groceries are far away…gas prices keep going up… harder to buy perishable items
- Farmers markets are expensive and high end

Community survey responders:

- The application process for food stamps is so onerous… hard for people to come up with the documentation, especially seniors and small business owners.
- Perceived poor quality of Meals on Wheels and associated stigma for seniors.
- Processed foods less expensive than nutritious foods like fresh fruits and vegetables.
- Obesity in kids – sports drinks, food allergies, latch-key kids – not taking the time to eat healthy.
- On-site meal programs for seniors see high-demand, could be held more frequently. But transportation remains a limitation. Some people like to drive on their own so they are not "stuck there", but as they age, this becomes less available to them.
- Farmers markets too expensive…Need to find a way to get the excess and distribute to those in need…Not enough farms anymore…permitting and licensing for farm stands is a barrier.

Implement community-wide projects, not just for kids.

"Hungry Together", Boston Globe, 11/21/10:
Referencing Open Table, a meal program in Concord: "I've noticed more people coming to the suppers lately, and many of the newcomers are well-dressed and appear to be on their way from work. They're trying to use money they would have used on food for mortgages, heating bills, fuel. The fact that this is available has made a huge dent."
Another client said: "I never imagined that I would be in a position where I would have to come to suppers and rely on a food pantry. I found it very traumatic when I first came here, but I've found it's a very important form of support."

Acton's Health Outreach Planning Essentials Report – March 2009-September 2010

- "Strong interest in fostering a local small farm option for getting food; this would support the growing national interest in local food, a continuation of Acton's history as a farming community, opportunities for learning about small scale agriculture, and also providing affordable fresh food for schools, seniors and those of moderate income. I am thinking about a town-supported farm, in particular."
- Continue attention to school lunches and senior citizens meals to ensure that they are of the highest nutritional quality possible.
- Consider linking school lunches to more local growers/providers.

What We Know About Mental Health

Top issues in our surveys:

Depression & Anxiety	26%
Stigma	13%
Stress	13%
Substance Abuse	9%
Access to Care/Services	9%
Lack of Awareness	9%

Other sources that further define and support these issues:

Lexington 2009 YRBS:

- 14% of students reported that a parent lost a job during this last year. For those students whose parents lost a job, 40% were "bothered a lot".
- 20% of students reported a significant change in family finances during the last year. For those students who had a change in family finances, 32% were "bothered a lot".
- Students whose parents lost jobs were twice as likely to engage in self-injurious behavior as students whose parents did not lose their job (18% compared to 9% respectively). These students were also more likely to consider suicide than students whose parents had not lost jobs (19% compared to 11%).

The survey also indicates that programming at LHS designed to help reduce stress may be having a positive impact.

Students at LHS report using a number of illegal or unhealthful substances. However fewer students report using than in the past. 37% of students report using alcohol at least once in the last 30 days (down from 43% in 2007). 18% of students report than they used marijuana at least once during the past 30 days (down from 20% in 2007)..

Parents and friends are still the most important in decisions about sex and other risky behavior. Health education continues to have a positive impact on student decision making.

Bedford 2009-2010 YRBS:

- 48% of Bedford middle school students and 72% of high school students reported that they thought their life was "somewhat" or "very stressful. Females are more likely to report this than males. Stress increased overall from the 6th to 11th grades and then decreased in 12th grade.
- 16% of BHS students experienced depression in the 12 months prior to the survey. 11% reported hurting themselves on purpose, 7% seriously considered suicide.

Asked whether they have people to talk to about their problems, respondents in both middle school and high school were most likely to report having a family adult to talk to, followed by a school adult, and a non-family/school adult.

- Alcohol is the most commonly used substance, with 2% of Bedford middle school students and 33% of high school students reporting that they had consumed it in the 30 days prior to the survey.
- 18% of high school students reported binge drinking in the same 30-day period. This means that over half (55%) of those high school students who drank in that period engaged in binge drinking.

Rates of illegal drugs other than marijuana remained generally stable and comparatively lower than use of other substances.

Emerson 2010 YRBS including Acton, Boxborough, Carlisle, Concord and Littleton:

- 13% of all high school respondents report having hurt themselves on purpose at least once during the previous 12 months. The incidence of this behavior was highest in grade 11 and more frequently occurring among females.
- 35% of all high school respondents report having had at least one drink of alcohol on at least one occasion during the thirty days prior to the survey. 23% of these report having had five or more drinks of alcohol in a row during this same period.

When asked about their perception about how many students at their grade level in their school had used alcohol during the previous month, 23% believed that over ¾ of their peers had done so and another 35% believed that over half had done so. In fact, 35% of all respondents actually report having used alcohol during the previous month.

Metrowest Adolescent Health Survey 2008 – Lincoln/Sudbury High School:

- 34% of students report that life is very stressful: 68% worry about school issues.
- 63% of students have used alcohol in their lifetime; 27% have been "drunk".
- 33% of students have used marijuana in their lifetime.

Focus groups with two groups of Lincoln Middle School students identified the following traits as contributing to one's health: being optimistic, flexible, reflective, calm and nice to others. Additionally, participating on teams, engaging in community service, and being social were noted.

Behavioral Risk Factor Surveillance Reports: Risk Factors and Health Behaviors for CHNA 15 2002-2007:

- 13% of adults ages 18-65+ have engaged in binge drinking. 24.7% of adults ages 18-34 have engaged in this behavior.
- 5.4% of adults ages 18-65+ have experienced 15+ days of poor mental health in the past 30 days. 10% of adults ages 18-34 have experienced this.
- 5.7% of adults ages 18-65+ have had 15+ days of being sad, blue, or depressed in the past 30 days. Again, those ages 18-34 are most likely to be effected.

Minuteman Senior Services Service Report FY 2010:

224 seniors were provided with volunteer caregivers, who offer companionship through regular visits to alleviate loneliness, drive to medical appointments, get groceries and create vital connections to the community.

Community Survey Responders:

- Elderly are the most affected by depression. The suicide rate among elders is risking...Strategies to decrease the taboo of mental illness is needed...Getting folks to recognize they have a problem…Outreach to seniors who are isolated.
- There is a lot of strain on families that is showing up as anxiety in younger and younger students. Barriers are financial and stigma.
- Stress – most every demographic.
- Accessible mental health services for youth and seniors…Far distance for some to reputable programs…Inadequate access to urgent psychiatric care especially for children….
- There is a need to implement programs to prevent stress and anxiety at the elementary level.

What We Know About Public Safety

Top issues in our surveys:

Heavy Traffic	25%
Substance Abuse (drugs & alcohol)	20%
Domestic Violence	20%

Other sources that further define and support these issues:

Elder Abuse & Neglect - Intakes by Primary Allegation – Minuteman Senior Services – FY2010													
	Acton	**Bed**	**Box**	**Burl**	**Carl**	**Con**	**Lex**	**Lin**	**Lit**	**Wilm.**	**Winch.**	**Wob.**	**Total**
Physical	1	8	0	13	2	5	3	2	2	5	0	8	49
Emotional	2	2	0	8	0	3	9	0	2	14	6	11	57
Financial	1	0	0	4	0	2	2	4	2	6	6	9	36

n= number of people served in these programs.

Substance Abuse Indicators: CHNA 15	Area Count	Area Crude Rate	State Crude Rate
Admissions to DPH funded treatment programs	1,196	570.6	1636.5
Injection drug user admissions to DPH funded treatment program	319	152.2	504.3
Alcohol and other drug related hospital discharges	479	228.5	362.0

Note: MDPH Crude rates are expressed per 100,000 persons. Age adjusted rates are expressed per 100,000 persons

Sources: 2006 Calendar Year Hospital Discharges from Uniform Hospital Discharge Data Sets (UHDDS) and 2007 Substance Abuse (BSAS) DPH funded program utilization

Emerson 2010 YRBS including Acton, Boxborough, Carlisle, Concord and Littleton:

- 12.7% of 8th grade respondents report having been shouted at, sworn at, scared, threatened, or insulted by someone they were dating or going out with on at least one occasion during the 12 months prior to the survey. There was little variation by gender.
- 14.9% of all high school respondents report having been bullied in school during the twelve months prior to the survey. The incidence of this decreased each year by grade, and males report being bullied in school slightly more frequently than females.
- 5.7% of all eighth-grade respondents and 27.1% of all high school respondents report having attended parties held in homes in their school district where alcohol use by teens is allowed, either occasionally or frequently.

- Nearly one-third (32.5%) of all high school respondents report having ever used marijuana. 22.9% of all high school respondents report having used marijuana on at least one occasion during the thirty days prior to the survey (females – 17.5% and males – 28.1%)
- 18% of all high school respondents report having been offered, sold, or given an illegal drug on school property.

Bedford 2009-2010 YRBS:

- Alcohol is the most commonly used substance, with 2% of Bedford middle school students and 33% of high school students reporting that they had consumed it in the 30 days prior to the survey.
- The high school rate of current marijuana use (22%) was much higher than that for any other illegal substance. Males were more likely than females to report current substance use.
- 15% of Bedford high school students reported riding with a driver who had been drinking alcohol in the 30 days prior to the survey and 19% reported riding with a driver who had been using marijuana.
- 8% of Bedford high school students reported that they worry about their safety when they are in school, compared to 13% who worry about their safety when they are not in school. 4% of the students who reported being bullied at/to/from school stayed at home out of fear for their safety.
- 4% of high school students reported that they had ever been physically hurt by a date in their lifetime, 3% had ever been sexually hurt by a date, and 2% had been forced to have sexual intercourse against their will.

Lexington High School 2009 YRBS:

- 37% of the students report having at least one drink of alcohol during the prior 30 days. 21% of students reported binge drinking at least once in the last 30 days.
- 18% of the students report having used marijuana during the prior 30 days. 28% of students have tried marijuana in their lifetime. Males are more likely than females *21% and 14% respectively) to smoke marijuana, with the gender gap widening.

Community Survey Responders:

- "increases in crime can be directly related to economic downturn, especially in the area of crimes among/against family members."
- "domestic violence and risky behavior by youth, many of which are coupled with mental health issues (alcohol abuse). Money, budgets, denial."
- "Walkways without sidewalks…everyone trying to walk more, bikers on busy roads… low street lighting…elderly drivers."
- "Abuse of prescription drugs"

CHNA 15 General Meeting Discussion:

- New marijuana law is just a wrist slap. This frustrates police, and they are seeing more drugs on high school campuses.
- It's not just teens using, but also seniors and parents.
- REACH (DV services) is seeing an uptick with the bad economy, and shelters are closing at the same time due to funding decreases.
- Suburban sprawl…lack of public transportation in some of the towns…cyclists are more prevalent. Tension grows between drivers and bicyclists…encourages widening of the roads, but then traffic speeds up.

Acton's Health Outreach Planning Essentials Report – March 2009-September 2010

- It would reduce my whole family's tress tremendously to have better transportation options, particularly public transportation around town and commuter rail parking commensurate with the actual number of riders.

Appendix G: Town Profiles

ACTON PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	1,140	
5-19	5,486	
20-64	12,887	
65+	2,411	
total	21,924	

Race/Ethnicity		
White Population	16,555	
Black Population	232	
Asian Population	4,062	
Latino Population	560	
Multi-Race Population	340	

Crime Data (2, 3)		
	Acton	**MA**
Forcible rape	6	1,742
Robbery	3	8,047
Aggravated assault	4	18,800
Burglary	65	35,181
Larceny-theft	304	100,771
Motor vehicle theft	4	17,961
*Elder Abuse & Neglect	28	
**Domestic Violence police reports (2010)	223 cases	
Children with Verified Investigations of Abuse/Neglect(2009)	55	41,007

Substance Abuse and Mental Health (4)		
	Acton	**MA**
Substance Abuse Admissions to DPH funded programs	31	1,637
Used Alcohol in past year	24	666
Used Cocaine in past year	*	73
Used Crack in past year	*	68
Used Heroin in past year	*	587
Used Marijuana in past year	*	140
Used Injection drug in past year	*	425

School District Profiles (2010-2011) (5)		
	Acton	**MA**
Limited English Proficient	3.7	7.2
Free and Reduced Lunch	2.7	34.2

Income Measures (6)		
	Acton	**MA**
Median household income	$115,677	$51, 425
% of individuals living below poverty level	3.9%	13.5%
% of families living below poverty level	2.8%	9.9%
WIC child participant (2007)	26	68,053
Unemployment rate Nov. 10	5.9%	8.1%

Educational Attainment (7)	
High School grad	9.3%
Bachelors Degree	35.3%
Grad. Or Prof. degree	40.5%

Community Services (8)	
Library – Avg. weekly visits - 5048	5048
# Hours open/week	61
Farmers Market	July – Oct Accepts WIC and Senior coupons
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

BEDFORD PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	715	
5-19	2,627	
20-64	7,499	
65+	2,479	
total	13,320	

Race/Ethnicity		
White Population	11,184	
Black Population	282	
Asian Population	1,250	
Latino Population	356	
Multi-Race Population	218	

Crime Data (2, 3)	Bedford	MA
Forcible rape	0	1,742
Robbery	0	8,047
Aggravated assault	2	18,800
Burglary	22	35,181
Larceny-theft	79	100,771
Motor vehicle theft	2	17,961
*Elder Abuse & Neglect	26	
**Domestic Violence police reports (2010)	54 cases	
Children with Verified Investigations of Abuse/Neglect(2009)	32	

Substance Abuse and Mental Health (4)	Bedford	MA
Substance Abuse Admissions to DPH funded programs	67	1,637
Used Alcohol in past year	42	666
Used Cocaine in past year	11	73
Used Crack in past year	*	68
Used Heroin in past year	21	587
Used Marijuana in past year	12	140
Used Injection drug in past year	15	425

School District Profiles (2010-2011) (5)	Bedford	MA
Limited English Proficient	3.7	7.2
Free and Reduced Lunch	9.4	34.2

Income Measures (6)	Bedford	MA
Median household income	$102,367	$51, 425
% of individuals living below poverty level	4.1%	13.5%
% of families living below poverty level	3%	9.9%
WIC child participant (2007)	78	68,053
Unemployment rate Nov. 10	6.2%	8.1%

Educational Attainment (7)	
High School grad	15.6%
Bachelors Degree	30.6%
Grad. Or Prof. degree	31%

Community Services (8)	
Library – Avg. weekly visits	NA
# Hours open/week	65.4
Farmers Market	
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

BOXBOROUGH PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	208	
5-19	1,211	
20-64	3,156	
65+	421	
total	4,996	

Race/Ethnicity		
White Population	3,940	
Black Population	24	
Asian Population	814	
Latino Population	113	
Multi-Race Population	90	

Crime Data (2, 3)	Box.	MA
Forcible rape	1	1,742
Robbery	0	8,047
Aggravated assault	5	18,800
Burglary	2	35,181
Larceny-theft	28	100,771
Motor vehicle theft	1	17,961
*Elder Abuse & Neglect	3	
**Domestic Violence police reports (2010)	9 cases	
Children with Verified Investigations of Abuse/Neglect(2009)	24	

Substance Abuse and Mental Health (4)	Box.	MA
Substance Abuse Admissions to DPH funded programs	22	1,637
Used Alcohol in past year	17	666
Used Cocaine in past year	NA	73
Used Crack in past year	NA	68
Used Heroin in past year	NA	587
Used Marijuana in past year	NA	140
Used Injection drug in past year	NA	425

School District Profiles ((2010-2011) (5)	Box.	MA
Limited English Proficient	0.8	7.2
Free and Reduced Lunch	2.5	34.2

Income Measures (6)	Box.	MA
Median household income	$116,394	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	8	68,053
Unemployment rate Nov. 10	5.9%	5.9%

Educational Attainment (7)	
High School grad	10.3%
Bachelors Degree	38%
Grad. Or Prof. degree	32.3%

Community Services (8)	
Library – Avg. weekly visits	1566
# Hours open/week	40
Farmers Market	July-Oct in Acton
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

BURLINGTON PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	1,389	
5-19	4,421	
20-64	14,581	
65+	4,107	
total	24,498	

Race/Ethnicity		
White Population	19,392	
Black Population	787	
Asian Population	3,266	
Latino Population	578	
Multi-Race Population	355	

Crime Data (2, 3)	Burl.	MA
Forcible rape	0	1,742
Robbery	12	8,047
Aggravated assault	18	18,800
Burglary	164	35,181
Larceny-theft	509	100,771
Motor vehicle theft	28	17,961
*Elder Abuse & Neglect	53	
**Domestic Violence police reports (2010)	NA	
Children with Verified Investigations of Abuse/Neglect(2009)	63	

Substance Abuse and Mental Health (4)	Burl.	MA
Substance Abuse Admissions to DPH funded programs	163	1,637
Used Alcohol in past year	106	666
Used Cocaine in past year	28	73
Used Crack in past year	NA	68
Used Heroin in past year	60	587
Used Marijuana in past year	35	140
Used Injection drug in past year	51	425

School District Profiles (2010-2011) (5)	Burl.	MA
Limited English Proficient	2.0%	7.2%
Free and Reduced Lunch	9.9%	34.2%

Income Measures (6)	Burl.	MA
Median household income	$90,000	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	57	68,053
Unemployment Rate Nov. 10	6.3%	8.1%

Educational Attainment (7)	
High School grad	22.9%
Bachelors Degree	28.2%
Grad. Or Prof. degree	19.0%

Community Services (8)	
Library – Avg. weekly visits	2735
# Hours open/week	40
Farmers Market	**None**
Form of Government	Representative town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

CARLISLE PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	197	
5-19	1,218	
20-64	2,812	
65+	625	
total	4,852	

Race/Ethnicity		
White Population	4,257	
Black Population	14	
Asian Population	380	
Latino Population	100	
Multi-Race Population	89	

Crime Data (2, 3)	Carlisle	MA
Forcible rape	0	1,742
Robbery	0	8,047
Aggravated assault	1	18,800
Burglary	3	35,181
Larceny-theft	8	100,771
Motor vehicle theft	0	17,961
*Elder Abuse & Neglect	2	
**Domestic Violence police reports (2010)	8	
Children with Verified Investigations of Abuse/Neglect(2009)	NA	

Substance Abuse and Mental Health (4)	Carlisle	MA
Substance Abuse Admissions to DPH funded programs	18	1,637
Used Alcohol in past year	12	666
Used Cocaine in past year	*	73
Used Crack in past year	*	68
Used Heroin in past year	*	587
Used Marijuana in past year	*	140
Used Injection drug in past year	*	425

School District Profiles ((2010-2011) (5)	Carlisle	MA
Limited English Proficient	3.7%	7.2%
Free and Reduced Lunch	2.2%	34.2%

Income Measures (6)	Carlisle	MA
Median household income	$170,134	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	NA	68,053
Unemployment rate Nov. 10	6.2%	8.1%

Educational Attainment (7)	
High School grad	2.4%
Bachelors Degree	34.7%
Grad. Or Prof. degree	52.1%

Community Services (8)	
Library – Avg. weekly visits	NA
# Hours open/week	49.8
Farmers Market	July – Oct.
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

CONCORD PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	748	
5-19	3,533	
20-64	9,841	
65+	3,546	
total	17,668	

Race/Ethnicity		
White Population	15,402	
Black Population	648	
Asian Population	708	
Latino Population	655	
Multi-Race Population	215	

Crime Data (2, 3)	Conc.	MA
Forcible rape	1	1,742
Robbery	0	8,047
Aggravated assault	15	18,800
Burglary	35	35,181
Larceny-theft	151	100,771
Motor vehicle theft	2	17,961
*Elder Abuse & Neglect	34	
**Domestic Violence police reports (2010)	73	
Children with Verified Investigations of Abuse/Neglect(2009)	13	

Substance Abuse and Mental Health (4)	Conc.	MA
Substance Abuse Admissions to DPH funded programs		1,637
Used Alcohol in past year	30	666
Used Cocaine in past year	*	73
Used Crack in past year	*	68
Used Heroin in past year	*	587
Used Marijuana in past year	*	140
Used Injection drug in past year	*	425

School District Profiles ((2010-2011) (5)	Conc.	MA
Limited English Proficient	4.2%	7.2%
Free and Reduced Lunch	6.1%	34.2%

Income Measures (6)	Conc.	MA
Median household income	$127,563	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	12	68,053
Unemployment rate Nov. 10	5.7%	8.1%

Educational Attainment (7)	
High School grad	16.6%
Bachelors Degree	31.4%
Grad. Or Prof. degree	33.3%

Community Services (8)	
Library – Avg. weekly visits	5,470
# Hours open/week	110
Farmers Market	June – Oct.
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

LEXINGTON PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	1,438	
5-19	7,307	
20-64	16,798	
65+	5,851	
total	31,394	

Race/Ethnicity		
White Population	23,138	
Black Population	457	
Asian Population	6,239	
Latino Population	713	
Multi-Race Population	746	

Crime Data (2, 3)		
	Lex.	**MA**
Forcible rape	1	1,742
Robbery	0	8,047
Aggravated assault	15	18,800
Burglary	52	35,181
Larceny-theft	186	100,771
Motor vehicle theft	7	17,961
*Elder Abuse & Neglect	43	
**Domestic Violence police reports (2010)	95	
Children with Verified Investigations of Abuse/Neglect(2009)	46	

Substance Abuse and Mental Health (4)		
	Lex.	**MA**
Substance Abuse Admissions to DPH funded programs	49	1,637
Used Alcohol in past year	38	666
Used Cocaine in past year	*	73
Used Crack in past year	*	68
Used Heroin in past year	*	587
Used Marijuana in past year	14	140
Used Injection drug in past year	*	425

School District Profiles ((2010-2011) (5)		
	Lex.	**MA**
Limited English Proficient	20.9%	7.2%
Free and Reduced Lunch	6.1%	34.2%

Income Measures (6)		
	Lex.	**MA**
Median household income	$152,052	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	25	68,053
Unemployment rate Nov. 10	5.7%	8.1%

Educational Attainment (7)	
High School grad	10.1%
Bachelors Degree	26.2%
Grad. Or Prof. degree	51.0%

Community Services (8)	
Library – Avg. weekly visits	9511
# Hours open/week	63
Farmers Market	June – Oct.
Form of Government	Representative town

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

LINCOLN PROFILE (Includes population living on Hanscom Air Force Base)

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1) (includes HAFB)		
Age		
<5	380	
5-19	1,504	
20-64	3,405	
65+	1,073	
total	6,362	

Race/Ethnicity		
White Population	5,266	
Black Population	224	
Asian Population	347	
Latino Population	316	
Multi-Race Population	172	

Crime Data (2, 3)		
	Lincoln	**MA**
Forcible rape	0	1,742
Robbery	1	8,047
Aggravated assault	4	18,800
Burglary	8	35,181
Larceny-theft	29	100,771
Motor vehicle theft	7	17,961
*Elder Abuse & Neglect	15	
**Domestic Violence police reports (2010)	12	
Children with Verified Investigations of Abuse/Neglect(2009)	16	

Substance Abuse and Mental Health (4)		
	Lincoln	**MA**
Substance Abuse Admissions to DPH funded programs	10	1,637
Used Alcohol in past year	*	666
Used Cocaine in past year	*	73
Used Crack in past year	*	68
Used Heroin in past year	*	587
Used Marijuana in past year	*	140
Used Injection drug in past year	*	425

School District Profiles (2010-2011) (5)		
	Lincoln	**MA**
Limited English Proficient	2.6%	7.2%
Free and Reduced Lunch	9.9%	34.2%

Income Measures (6)		
	Lincoln	**MA**
Median household income	$119,815	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	5	68,053
Unemployment Rate Nov. 10	4.4%	8.1%

Educational Attainment (7)	
High School grad	6.6%
Bachelors Degree	32.5%
Grad. Or Prof. degree	45.9%

Community Services (8)	
Library – Avg. weekly visits	1584
# Hours open/week	52
Farmers Market	None
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

LITTLETON PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	516	
5-19	2,006	
20-64	5,157	
65+	1,245	
total	8,924	

Race/Ethnicity		
White Population	8,239	
Black Population	46	
Asian Population	350	
Latino Population	121	
Multi-Race Population	150	

Crime Data (2, 3)	Little.	MA
Forcible rape	1	1,742
Robbery	1	8,047
Aggravated assault	7	18,800
Burglary	9	35,181
Larceny-theft	42	100,771
Motor vehicle theft	3	17,961
*Elder Abuse & Neglect		
**Domestic Violence police reports (2010)	NA	
Children with Verified Investigations of Abuse/Neglect(2009)	27	

Substance Abuse and Mental Health (4)	Little.	MA
Substance Abuse Admissions to DPH funded programs	37	1,637
Used Alcohol in past year	26	666
Used Cocaine in past year	*	73
Used Crack in past year	*	68
Used Heroin in past year	12	587
Used Marijuana in past year	*	140
Used Injection drug in past year	*	425

School District Profiles ((2010-2011) (5)	Little.	MA
Limited English Proficient	0.9%	7.2%
Free and Reduced Lunch	1.2%	34.2%

Income Measures (6)	Little.	MA
Median household income	$112,661	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	14	68,053
Unemployment Rate Nov. 10	6.5%	8.1%

Educational Attainment (7)	
High School grad	26.8%%
Bachelors Degree	25.3%
Grad. Or Prof. degree	21.1%

Community Services (8)	
Library – Avg. weekly visits	1223
# Hours open/week	42
Farmers Market	None
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

WILMINGTON PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 201. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	1,332	
5-19	4,802	
20-64	13,310	
65+	2,881	
total	22,325	

Race/Ethnicity		
White Population	20,600	
Black Population	162	
Asian Population	831	
Latino Population	403	
Multi-Race Population	263	

Crime Data (2, 3)	Wilm.	MA
Forcible rape	4	1,742
Robbery	4	8,047
Aggravated assault	22	18,800
Burglary	68	35,181
Larceny-theft	307	100,771
Motor vehicle theft	18	17,961
*Elder Abuse & Neglect	44	
**Domestic Violence police reports (2010)	NA	
Children with Verified Investigations of Abuse/Neglect(2009)	50	

Substance Abuse and Mental Health (4)	Wilm.	MA
Substance Abuse Admissions to DPH funded programs	208	1,637
Used Alcohol in past year	118	666
Used Cocaine in past year	27	73
Used Crack in past year	*	68
Used Heroin in past year	96	587
Used Marijuana in past year	42	140
Used Injection drug in past year	71	425

School District Profiles (2010-2011) (5)	Wilm.	MA
Limited English Proficient	0.7%	7.2%
Free and Reduced Lunch	8.5%	34.2%

Income Measures (6)	Wilm.	MA
Median household income	$92,398	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	46	68,053
Unemployment rate Nov. 10	7.3%	8.1%

Educational Attainment (7)	
High School grad	32.6%
Bachelors Degree	21.4%
Grad. Or Prof. degree	11.9%

Community Services (8)	
Library – Avg. weekly visits	2791
# Hours open/week	60.2
Farmers Market	None
Form of Government	Open town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

WINCHESTER PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	1,379	
5-19	5,070	
20-64	11,465	
65+	3,460	
total	21,374	

Race/Ethnicity		
White Population	18,309	
Black Population	213	
Asian Population	1,992	
Latino Population	405	
Multi-Race Population	395	

Crime Data (2, 3)	Winch.	MA
Forcible rape	0	1,742
Robbery	3	8,047
Aggravated assault	8	18,800
Burglary	49	35,181
Larceny-theft	241	100,771
Motor vehicle theft	17	17,961
*Elder Abuse & Neglect	34	
**Domestic Violence police reports (2010)	NA	
Children with Verified Investigations of Abuse/Neglect(2009)	28	

Substance Abuse and Mental Health (4)	Winch.	MA
Substance Abuse Admissions to DPH funded programs	93	1,637
Used Alcohol in past year	64	666
Used Cocaine in past year	21	73
Used Crack in past year	*	68
Used Heroin in past year	27	587
Used Marijuana in past year	21	140
Used Injection drug in past year	17	425

School District Profiles (2010-2011) (5)	Winch.	MA
Limited English Proficient	2.9%	7.2%
Free and Reduced Lunch	5.7%	34.2%

Income Measures (6)	Winch.	MA
Median household income	$118,000	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	14	68,053
Unemployment rate Nov. 10	7.3%	8.1%

Educational Attainment (7)	
High School grad	11.9%
Bachelors Degree	30.1%
Grad. Or Prof. degree	40.0%

Community Services (8)	
Library – Avg. weekly visits	5958
# Hours open/week	60
Farmers Market	June-Oct.
Form of Government	Representative town meeting

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners

WOBURN PROFILE

Compiled by CHNA 15 as part of a comprehensive community health assessment, 2011. For more information about the coalition that produced this report, please contact Jan Hanson at jhanson800@aol.com or visit www.chna15.org.

General Population Statistics (1)		
Age		
<5	2,263	
5-19	5,993	
20-64	23,798	
65+	6,066	
total	38,120	

Race/Ethnicity		
White Population	31,130	
Black Population	1,537	
Asian Population	2,770	
Latino Population	1,724	
Multi-Race Population	586	

Crime Data (2, 3)		
	Woburn	**MA**
Forcible rape	5	1,742
Robbery	29	8,047
Aggravated assault	57	18,800
Burglary	100	35,181
Larceny-theft	644	100,771
Motor vehicle theft	62	17,961
*Elder Abuse & Neglect	60	
**Domestic Violence police reports (2010)	NA	
Children with Verified Investigations of Abuse/Neglect(2009)	178	

Substance Abuse and Mental Health (4)		
	Woburn	**MA**
Substance Abuse Admissions to DPH funded programs	350	1,637
Used Alcohol in past year	210	666
Used Cocaine in past year	71	73
Used Crack in past year	31	68
Used Heroin in past year	130	587
Used Marijuana in past year	71	140
Used Injection drug in past year	114	425

School District Profiles (2010-2011) (5)		
	Woburn	**MA**
Limited English Proficient	4.2%	7.2%
Free and Reduced Lunch	24.9%	34.2%

Income Measures (6)		
	Woburn	**MA**
Median household income	$69,196	$51, 425
% of individuals living below poverty level	X	13.5%
% of families living below poverty level	X	9.9%
WIC child participant (2007)	246	68,053
Unemployment rate Nov. 10	9.8%	8.1%

Educational Attainment (7)		
High School grad	35.3%	
Bachelors Degree	17.8%	
Grad. Or Prof. degree	12.1%	

Community Services (8)	
Library – Avg. weekly visits	2,761
# Hours open/week	61
Farmers Market	June-Oct.
Form of Government	Mayor/Council

Sources:

(1) 2010 Metro Boston Data Common Community Snapshots www.metrobostondatacommon.org Accessed on April 17, 2012
(2) 2006 Crime in Massachusetts, Commonwealth Fusion Center
(2*) Minuteman Senior Services – Town Service Count Summary – FY 2010
(2**) Domestic Violence Services Network – FY 2008 – 2010
(3) MassCHIP – Kids Count Profile for Acton, Selected Support Service Indicators, 1998-2010
(4) Bureau of Substance Abuse Services – Admissions to Substance Abuse Treatment Programs FY2010
(5) Massachusetts Department of Elementary & Secondary Education 2010-2011
(6) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
MA Dept. of Revenue, Labor Force Statistics
(7) 2006-2008 American Community Survey 3-Year Estimates, U.S. Census Bureau
(8) Mass Board of Library Commissioners