



2023 Community Health Assessment

Presentation of Findings

October 25, 2023









Goals of the 2023 CHA

- Provide updated health and demographic data to community programs to inform their work
- Identify gaps in populations served
- Understand perceptions of health needs
- Identify health priorities to inform and unify future work across the region
 - Particularly items that are actionable
- All with an equity lens

2023 MetroWest CHA

- Builds on the 2013, 2016, and 2019 CHAs
- Focuses on the 25 cities and towns in the foundation's catchment area
- Includes:
 - Community survey (1,088 responses)
 - Key Informant Interviews (10)
 - Focus groups (7)
 - Secondary data sources
- Engaged community partners in survey design, data collection, community outreach, and design of final product





Underlying these findings

ACCESS TO CARE

Challenges include transportation, cost, insurance limitations, and difficulty navigating the health care system, particularly for primary care.

COVID-19 PANDEMIC

Lasting effects include economic and other types of instability; trust in government and health systems; and overall well-being of residents as they cope with loss or illness.

CHRONIC DISEASE & OTHER ILLNESS

Overweight and obesity, cancer, heart disease, and asthma and allergies were of particular concern to residents.

HEALTH DISPARITIES

Trends were identified in how the experience of MetroWest residents may differ based on age, race/ethnic background, and language spoken.

















Access to providers is **limited** while demand **increases**.





Substance use (vaping, alcohol, opioids) **remains high**, despite recent decreases in use reported by students.

Stigma and access to care are challenging; opioid settlement funds provide opportunity to help.





People desire places to gather, **socially and for recreation.** Impacts of climate change, such as **extreme weather**, are becoming more common.





High cost of housing affects everyone, and poor quality housing results in health issues.

The emergency shelter system is **unsustainable**.





The **increasing cost of food** forces households to make trade-offs in their diet, which can result in chronic illness. Residents desire **more information about supports** available to them.





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Recommendations

Recommendations, summarized

- Work collaboratively to develop actionable plans to address health priorities
- Equity must be a guiding principle in all efforts; involve community members in decision making and ensure equitable access to services
- Educate community members on their role in preventing the spread of illness and disease, and continue strengthening local public health work
- Monitor and address climate-related and environmental effects on health
- Address food insecurity by educating community members and advocating for change in the root causes





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Resources in the CHA

Appendix B – Demographics of Community Survey Respondents

Note that respondents did not necessarily answer all questions.

Community of	#	% of total
residence	responses	respondents
Ashland	38	3.5%
Bellingham	35	3.2%
Dover	1	0.1%
Framingham	200	18.4%
Franklin	15	1.4%
Holliston	18	1.7%
Hopedale	4	0.4%
Hopkinton	168	15.4%
Hudson	24	2.2%
Marlborough	64	5.9%
Medfield	5	0.5%
Medway	10	0.9%
Mendon	10	0.9%
Milford	65	6.0%
Millis	2	0.2%
Natick	115	10.6%
Needham	28	2.6%
Norfolk	3	0.3%
Northborough	155	14.2%
Sherborn	3	0.3%
Southborough	18	1.7%
Sudbury	31	2.8%
Wayland	20	1.8%
Wellesley	32	2.9%
Westborough	19	1.7%
Did not answer	5	0.5%
Grand Total	1088	

For respondents that failed to provide their community of residence, the foundation erred on the side of inclusion.

Age	# responses	% of total respondents
Under 18 years old	1	0.1%
18-29 years old	53	4.9%
30-49 years old	357	32.8%
50-64 years old	281	25.8%
65-74 years old	165	15.2%
75 or more years old	105	9.7%
Did not answer	126	11.6%
Grand Total	1088	

30-64 year olds comprise over half of the survey respondents. 30-49 year olds have the most responses and was the widest age range by definition.

Gender identity	# responses	% of total respondents
Woman	710	65.3%
Man	216	19.9%
Non-Binary (including gender-queer, gender fluid, gender non- conforming)	6	0.6%
Transgender	2	0.2%
Did not answer	154	14.2%
Grand Total	1088	

One individual selected both Transgender and Non-Binary and is reflected in the Non-Binary total. One individual selected both Woman and Man, and one person selected both Woman and Prefer not to answer; both are reflected in the Did not answer total.

Language of survey	# responses	% of total respondents
English	855	78.6%
Portuguese	178	16.4%
Spanish	55	5.1%
Grand Total	1088	

The survey was offered in three languages. Respondents were asked what languages they spoke at home. Over 90 individuals reported speaking multiple languages. Those languages are, in order of prevalence: Italian; Russian; American Sign Language; French; Albanian; Arabic; Haitian Creole; Hebrew; Urdu. The following languages were reported by one respondent each: Chinese; Dutch; Farsi; German; Korean; Malayalam; Swahili; Tamil; Telugu; Twi; Wolof.

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Appendix C: Responses to Survey by Age, Race/Ethnicity, and Language of Survey

Responses to the community survey showed variations by age, race or ethnicity, and language(s) spoken by the respondent. These variations can be seen in the following tables. Variations here represent only responses of those who took the community survey and may not reflect the experience of these populations overall. The foundation shares these variations in the interest of highlighting potential disparities in the region.

dicates a suppressed value. Values are suppressed if 5 or fewer people selected this option.

- indicates that no one selected this option.

Total responses to the commun	otal responses to the community survey Age categories are mutually exclusive (a respondent can only appear in one category). Race/ethnicity and language categories are not mutually exclusive												itually exclusive	
	All respondents		30 to 49 years old		65 to 74 years old	75 or more years old	Asian	Brazilian	Caucasia n	African American / Black	Hispanic / Latino	English	Spanish	Portuguese
Total "n"	1088	53	357	281	165	105	48	153	656	29	67	892	79	196

Access and Availability Percent	t answering, "	Yes, I (or a	family me	mber) nee	ded this ty	pe of care	but could	not access	s it"					
	All respondents	18 to 29 years old	30 to 49 years old	50-64 years old	65 to 74 years old	75 or more years old	Asian	Brazilian	Caucasia n	African American / Black	Hispanic / Latino	English	Spanish	Portuguese
Primary Care	7.9%	14.6%	10.6%	6.5%	3.7%	s	s	17.1%	4.6%	s	17.5%	6.3%	24.3%	16.5%
	n = 1053	n = 48	n = 348	n=276	n = 162	n = 98	n = 47	n = 140	n = 647	n = 28	n = 63	n = 877	n = 70	n = 182
Emergency Physical Care	5.0%	8	6.2%	4.5%	8	s	8	6.8%	3.2%	8	15.4%	4.0%	14.3%	6.7%
	n = 949	n = 46	n = 325	n=246	n = 145	n = 82	n = 41	n = 132	n = 592	n = 23	n = 52	n = 794	n = 56	n = 165
Mental Health Care	12.6%	26.1%	14.2%	15.9%	5.7%	s	s	14.6%	11.9%	s	20.4%	13.0%	19.6%	12.2%
	n = 946	n = 46	n = 324	n=252	n = 140	n = 77	n = 41	n = 130	n = 588	n = 23	n = 54	n = 793	n = 56	n = 164
Emergency Mental Health Care	4.9%	s	5.4%	5.9%	s	s	s	8.7%	3.5%	s	s	4.7%	s	7.5%
	n = 914	n = 45	n = 314	n=239	n = 134	n = 79	n = 39	n = 127	n = 568	n = 22	n = 52	n = 767	n = 53	n = 160
Substance Use Treatment	1.8% n = 908	s n = 46	1.9% n = 311	s n=237	s n = 133	n = 77	s n = 40	s n = 126	1.1% n = 561	s n = 23	s n = 51	1.7% n = 764	s n = 52	s n = 159
Dental Care	13.3%	22.4%	15.4%	12.9%	7.6%	s	s	42.3%	5.5%	s	27.4%	8.1%	29.4%	42.1%
	n = 1033	n = 49	n = 345	n=272	n = 158	n = 97	n = 46	n = 137	n = 642	n = 27	n = 62	n = 869	n = 68	n = 171
Vision Care	9.6% n = 1014	28.0% n = 50	11.9% n = 335	9.4% n=265	s n = 155	s n = 94	n = 46	32.1% n = 134	3.8% n = 627	s n = 26	26.3% n = 57	5.9% n = 854	28.1% n = 64	30.5% n = 167

Perceptions of safety and healt	rceptions of safety and health														
	All respondents	18 to 29 years old		50-64 years old	65 to 74 years old	75 or more years old		Brazilian	Caucasia n	African American / Black	Hispanic / Latino	English	Spanish	Portuguese	
Percent answering "No" or "Not sure" when asked if they feel safe in	9.6%	15.4%	10.5%	10.0%	3.7%	4.9%	8	20.3%	6.1%	8	11.9%	8.6%	13.2%	19.5%	
their community	n = 994	n = 52	n = 351	n=279	n = 164	n = 102	n = 47	n = 148	n = 652	n = 29	n = 67	n = 830	n = 68	n = 174	
Percent that describe the health of	8.4%	13.2%	10.0%	8.7%	8	7.1%	8	9.5%	6.4%	24.1%	21.5%	8.1%	19.7%	9.9%	
the community as "Fair" or "Poor"	n = 979	n = 53	n = 350	n=275	n = 161	n = 99	n = 47	n = 148	n = 643	n = 29	n = 65	n = 820	n = 66	n = 172	
Percent that describe their personal health as "Fair" or "Poor"	9.7%	15.1%	8.2%	11.1%	7.3%	10.7%		10.5%	8.4%	31.0%	21.2%	9.5%	17.9%	9.5%	
	n = 1000	n = 53	n = 353	n=280	n = 164	n = 105	n = 47	n = 153	n = 655	n = 29	n = 66	n = 835	n = 67	n = 179	

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Ashland (01721) - Middlesex County

Demographic	Units	Local value	MetroWest average (range)	County value	Measurement Period
Total population i	count	18,646	(538-41,505)	-	2017-2021
Median household income ii	dollars	115,959	(71,602-250,000+)	111,790	2017-2021
Population below federal poverty level (FPL) ⁱⁱⁱ	percent of population	4.9	(0.0-15.6)	7.4	2017-2021
Population below 200% FPL vi	percent of population	11.5	12.4 (0.0-31.6)	16	2017-2021
Health Measures based on priorities in 2023 MetroWest CHA	Units	Local value	MetroWest average (range)	County value	Measurement Period
Mental health not good for half or more of the past month Mental Health	crude percent, adults 18+	12.7	12.8 (10.3-17.2)	13.2**	2021
Depression (as told by a medical professional) V Mental Health	crude percent, adults 18+	20.1	20.2 (18.0-23.0)	19.4**	2021
Engaged in binge drinking within the past month V Substance Use	crude percent, adults 18+	18.8	18.2 (16.1-21.3)	18.2**	2021
Current smokers V Substance Use	crude percent, adults 18+	9.5	9.9 (6.5-14.8)	9.4**	2021
Opioid-related overdose deaths among residents in 2022*vi Substance Use	rate per 10k residents	2.1	1.3 (0.0-4.8)	2.3	2022
Environmental Justice population* vii Environment	percent of population	100.0	(0.0-100.0)	-	2020
Fluoride in municipal water* viii Environment	yes or no	No	-	-	2021
Walkability ix Environment	scale from 0 - 100	74.0	(1.0-75.0)	-	As of 9/2023
Bikeability* ix Environment	scale from 0 - 100	51.0	(25.0-63.0)	-	As of 9/2023
Growth in typical home values* Housing Insecurity	percent change, 4/2019-4/2023	27.0	27.5 (22.3-34.2)	25.7	2019, 2023
"Very low" income standard for federal housing programs, 4 person family*xi Housing Insecurity	dollars	74,200	(58,500-74,200)	•	2021
Older adults living alone xii Housing Insecurity	percent of adults 65+	29.0	24.1 (12.2-36.4)	25.7	2017-2021
Growth in SNAP caseload (households) xiii Food Insecurity	percent change, 4/2019-4/2023	57.0	63.0 (9.0-175.0+)	60.0	2019, 2023
SNAP gap (eligible for SNAP, but not enrolled) xiv Food Insecurity	percent of eligible population	59.0	59.8 (51.0-85.0)	-	2020
WIC gap (eligible for WIC, but not enrolled)* xv Food Insecurity	percent of eligible population	51.0	47.0 (39.0-69.0)	•	2021
Access to Care	Units	Local value	MetroWest average (range)	County value	Measurement Period
Current lack of health insurance v	crude percent, adults 18-64	3.0	3.0 (1.7-7.6)	3.8**	2021
Men up to date on a core set of clinical preventive services v	crude percent, men 65+	52.6	56.7 (46.1-62.4)	51.2**	2020
Women up to date on a core set of clinical preventive services v	crude percent, women 65+	48.1	47.8 (39.6-54.9)	47**	2020
Been to a doctor for routine checkup within the past year v	crude percent, adults 18+	72.6	74.5 (69.8-76.9)	71.8**	2021
Been to the dentist or dental clinic in the previous year v	crude percent, adults 18+	77.6	78.4 (66.1-83.0)	75.1**	2020

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Health Measures based on priorities

Mental health not good for half or more of the part Depression (as told by a medical professional) VEngaged in binge drinking within the past month

Current smokers | Substance Use

Opioid-related overdose deaths among residents

Environmental Justice population* | Environmental

Fluoride in municipal water* viii | Environment

Walkability ix | Environment Bikeability* ix | Environment

Growth in typical home values × | Housing Ins

'Very low' income standard for federal housing p Housing Insecurity

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Access to Ca

Current lack of health insurance v

Men up to date on a core set of clinical preventing Women up to date on a core set of clinical preventing Been to a doctor for routine checkup within the Been to the dentist or dental clinic in the previous

Ashland (01721) - Middlesex County

Chronic Disease and Other Illness	Units	Local value	MetroWest average (range)	County value	Measurement Period
Diagnosed diabetes ^v	crude percent, adults 18+	6.8	7.2 (6.2-8.5)	7.1**	2021
Obesity (calculated from self-reported weight and height) v	crude percent, adults 18+	24.3	25.6 (22.1-31.6)	23.4**	2021
Current asthma v	crude percent, adults 18+	10.0	10.3 (9.4-12.0)	9.9**	2021
Pediatric asthma cases attributable to air pollution* xvi	count	41	-	-	2017-2018
Cervical cancer screening (such as Pap test or HPV test every 3-5 years) ^v	crude percent, women 21-65	87.9	88.1 (82.7-90.3)	85.7**	2020
Mammogram within the last two years v	crude percent, women 50-74	85.3	83.2 (79.6-86.2)	83.4**	2020
Completed primary COVID-19 vaccination series* xvii	percent of eligible population	91.0	90.0 (80.0-96.0+)	-	As of 4/2023
Received a COVID-19 booster shot after 9/1/2022* xvii	percent of eligible population	37.0	36.6 (25.0-52.0)	-	As of 4/2023

^{*} indicates municipal level estimate. ** indicates age-adjusted estimate. Where possible, MetroWest average is calculated from counts.



¹Table B01003. U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

ⁱⁱ Table B19013. U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

iii Table DP03. U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

[™] Table C17002. U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

^vCDC PLACES July 2023 release. CDC's Division of Population Health, the Robert Wood Johnson Foundation, and the CDC Foundation. Being up to date on clinical preventive services includes flu shot past year, PPV shot ever, colorectal cancer screening, and for females, a mammogram in the past 2 years

[™] Opioid statistics published by Massachusetts Department of Public Health Office of Health and Human Services in June 2023, rates calculated using 2020 U.S. Census population estimates. Data for deaths are preliminary and subject to updates

vii 2020 Environmental Justice Populations, Massachusetts Executive Office of Energy and Environmental Affairs. Updated November 2022. Defined as people disproportionately at risk of environment-related burdens due to structural inequities

viii Community Water Fluoridation Status report, Office of Oral Health, Bureau of Community Health and Prevention, Massachusetts Department of Public Health. Uses community list from 2021. A community-level water source is available in this community.

ix Accessed September 2023 on Walkscore.com, a product of Redfin. Updated on a rolling basis every six months. Walkscore based on walking routes to destinations such as grocery stores, schools, parks, restaurants, and retail. Bikescore based on on bike infrastructure, topography, destinations and road connectivity.

^{*}Accessed September 2023 from Zillow Data using estimates from April 2019 and April 2023. Percent change calculated from Zillow Home Value Index (ZHVI): A smoothed, seasonally adjusted measure of the typical home value, calculated monthly as a weighted average of the middle third of all homes in a given region

xi FY 2023 Limits effective May 15, 2023, Office of Policy Development and Research, Department of Housing and Urban Development (HUD) using 2021 American Community Survey income data. HUD 'low income', 'very low income', and 'extremely low income' estimates are used to determine eligibility for assisted housing programs.

xii Table B09020. U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates

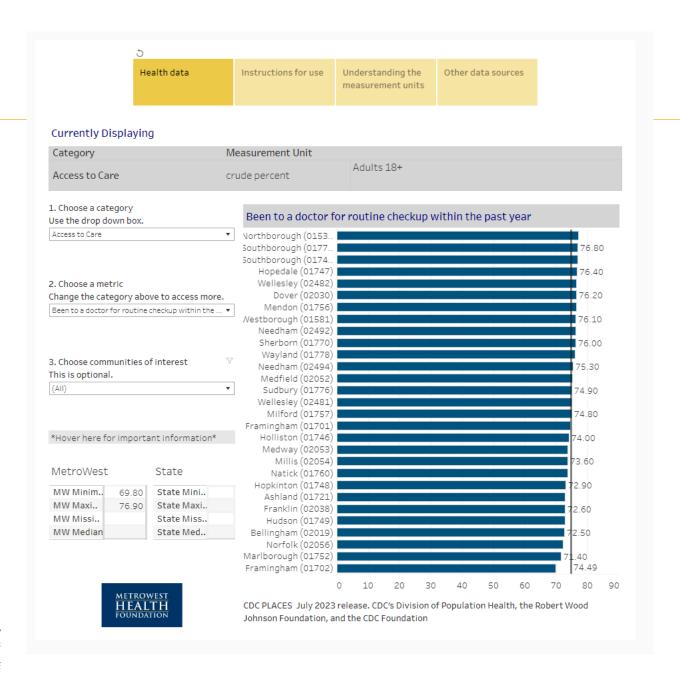
xiii Annual Caseload Summary ZIP Code Report 2019 and Caseload by zip code report - April 2023, Massachusetts Department of Transitional Assistance

xiv SNAP Gap 2021 Tableau Dashboard. Food Bank of Western Massachusetts using Massachusetts Department of Transitional Assistance data

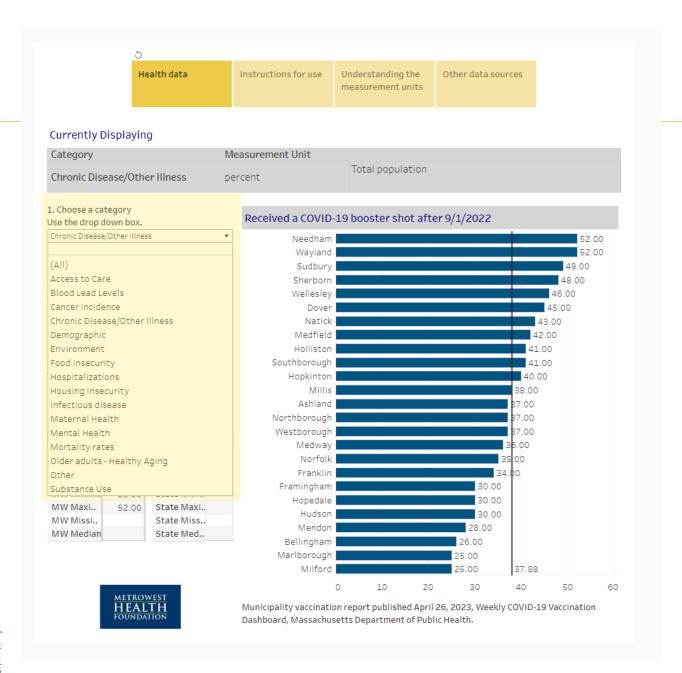
xv 2022 Massachusetts WIC Program Needs Assessment, Massachusetts Department of Public Health

xvi Health effects of air pollution in Massachusetts report by Global Observatory on Planetary Health at Boston College. Uses 2017-2018 pediatric asthma case data from Massachusetts Population Health Information Tool

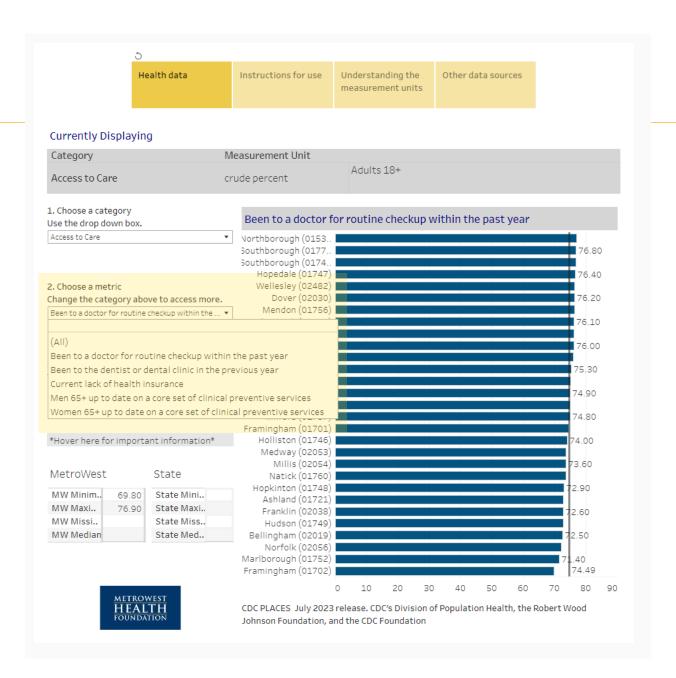
xvii Municipality vaccination report published April 26, 2023, Weekly COVID-19 Vaccination Dashboard, Massachusetts Department of Public Health.



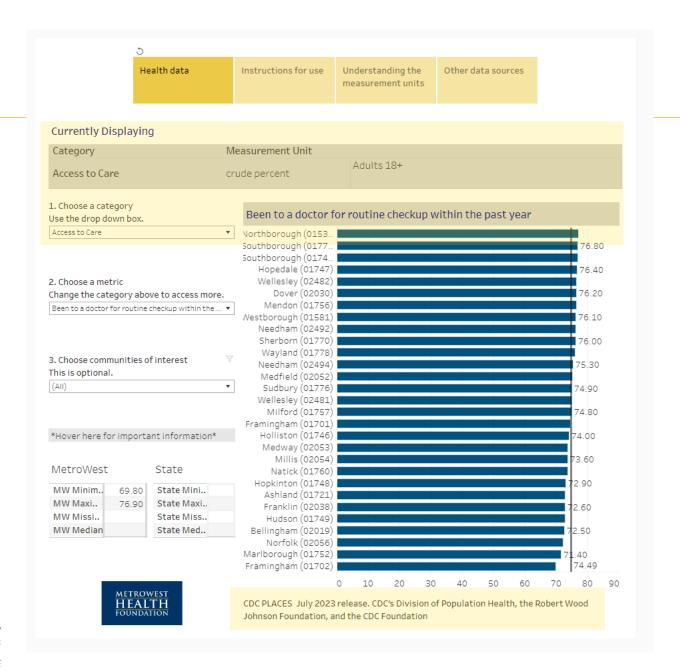




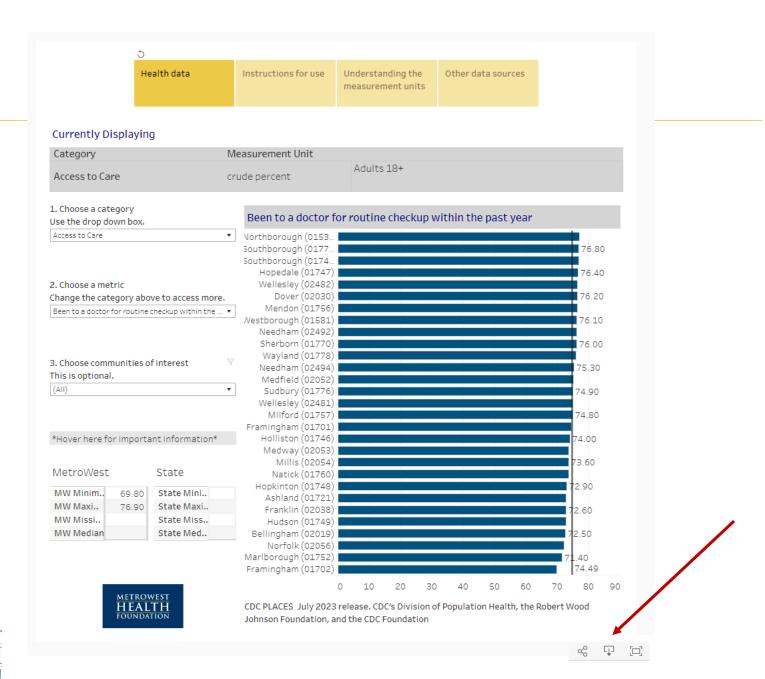
















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Any Questions?



Questions?

Kate Baker kbaker@mwhealth.org

Materials are now available on our website, mwhealth.org



Thank you, panelists!

- Alex DePalo, Open Table
- Luby O'Connor, Health Care for All
- Anne Pelletier-Parker, Behavioral Health Partners of MetroWest
- Facilitated by Lino Covarrubias, Jewish Family Service of MetroWest







Roundtable Discussions

- What can we do collaboratively to improve health outcomes for all?
- Who leads the collaboration?

