Massachusetts Department of Public Health
Determination of Need
Community Health Initiative
CHNA / CHIP Self Assessment

Version: 8-1-17

This self-assessment form is to understand the Community Engagement process that has led/ will lead to the identification of priorities for community health planning processes. It is being used to demonstrate to DPH that an existing community health planning process adequately meets DPH standards for community engagement specific to Determination of Need, Community Health Initiative purposes.

This form will provide the basic elements that the Department will use to determine if additional community engagement activities will be required. When submitting this form to DPH, please also submit your IRS Form 990 and Schedule H CHNA/CHIP and/or current CHNA/ CHIP that was submitted to the Massachusetts Attorney General's Office. Additionally, the Applicant is responsible for ensuring that the Department receives Stakeholder-Assessments from the stakeholders involved in the CHNA / CHIP process.

All questions in the form, unless otherwise stated, must be completed.

Approximate DoN Application Date: 09/27/2019 DoN Application Type: Hospital/Clinic Substantial Capital Expenditure

What CHI Tier is the project? ○ Tier 1 ◉ Tier 2 ○ Tier 3

1. DoN Applicant Information

Applicant Name: Partners Healthcare System, Inc.

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2. Community Engagement Contact Person

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3. About the Community Engagement Process

Please indicate what community engagement process (e.g. the name of the CHNA/CHIP) the following form relates to. This will be use as a point of reference for the following questions and does not need to be a fully completed CHNA or implemented CHIP.
(please limit the name to the following field length as this will be used throughout this form):

2018 NWH CHNA/CHIP

4. Associated Community Health Needs Assessments

In addition to the above engagement process, please list Community Health Needs Assessments and/or Community Health Improvement Planning Processes, if any that the Applicant been involved with in the past 5 years (i.e. CHNA/CHIP processes not led by the Applicant bur where the Applicant was involved?

(Please see page 22 of the Community-Based Health Initiative Guidelines for reference http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf)

Add/ Del Rows	Lead Organization Name / CHNA/CHIP Name	Years of Collaboration	Name of Lead Organizer	Phone Number	Email Address of Lead Organizer
+ -					

5. CHNA Analysis Coverage

Within the 2018 NWH CHNA/CHIP , please describe how the following DPH Focus Issues were analyzed DoN Health Priorities and Focus Issues (please provide summary information including types of data used and references to where in the submitted CHNA/CHIP documents these issues are discussed):

5.1 Built Environment

2018 CHNA FINDINGS:

Transportation:
The lack of cost-effective and convenient transportation options, especially for those without a personal vehicle, such as lower income residents and seniors, was described as a barrier to accessing care for community members. Within the CHNA, pages 32-33 document the limited transportation options. While some options exist, long wait times, spotty service, and cost make it difficult for lower income residents and seniors to access medical care.

The CHNA states that perceptions about transportation in the service area varied. Transportation to Boston was generally reported to be easy and many residents from the NWH service area travel into the city. However, some public housing developments were described as far from public transportation, creating challenges for lower income residents. More locally, however, transportation options were reported to be less available, making travel from town to town difficult for those without private vehicles. Weston, for example, was considered to have no access to public transportation while communities such as Waltham have ample access. Although, participants shared, even where public transportation exists, there are several barriers to using it. For example, as participants of one focus group reported, bus stops in Waltham are not located near the high school, so families cannot take the bus to school-based events. Long wait times for buses and short operating hours (ending in early evening) were noted as additional challenges. As one focus group participant remarked, “some people rely on the bus, it doesn’t always run on time. I do have a license, but I don’t have a car. I know what it’s like to wait on a bus.” Cost, language barriers, and lack of knowledge about transportation services were also identified as making transportation difficult for some residents to access.

Seniors and those who work with seniors reported that several additional transportation options are available to elderly residents. The RIDE program, for seniors and those with disabilities who cannot independently use public transportation were mentioned. Additionally, participants shared that rides for both medical and non-medical purposes are provided through local councils on aging and senior centers. While senior centers provide vans, growing demand was described as putting a strain on these services and participants generally saw a need for more transportation options. According to participants, while services, such as Uber and Lyft were noted as expanding transportation options for residents without a private vehicle, these options can be expensive and require the ability to use the service applications, which can be a constraint for some.

Access to Healthy Foods:
Accessing healthy food was identified as a challenge for some groups in the community. While fresh food options were considered available in the NWH service area, participants noted cost and transportation as barriers to accessing these healthier food options. Participants reported that there are food pantries and community nutrition programs to support lower income residents, although some participants expressed concerns about meals in the summertime for students who receive free and reduced lunch. Lack of knowledge about how to purchase and prepare healthy meals, especially among newcomer groups, was also identified as a barrier to healthy eating. One focus group participant suggested classes to address this barrier: “training around eating healthy on a budget is needed. You need to know what to buy when you go to a supermarket.”

A couple of participants stated that food insecurity is a concern for some in the area and pointed to rising participation rates at local food pantries. For example, a mobile school pantry program at the Waltham Public Schools has seen a substantial increase in the number of people registered since it opened in November 2017.

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant information associated with the Built Environment may be found in the following section(s) of the CHNA: Transportation (pg. 32-33); Figure 22: Mode of Transportation to Work for Workers Aged 16+ Years by State, County, and City/Town, 2012-2016 (pg. 33); Healthy Eating and Physical Activity (pg. 48-51); Figure 42: Percent of Population Who are Low-Income and Do Not Live Close to a Grocery Store, by State and County, 2010 and 2015 (pg. 49); Figure 43: Percent of Total Population that Did Not Have Access to a Reliable Source of Food During Past Year, by State and County, 2012 and 2015 (pg. 50); and Figure 44: Percent of Population Under 18 Years that Did Not Have Access to a Reliable Source of Food in Past Year, by State and County, 2012 and 2015 (pg. 50).

5.2 Education

2018 CHNA FINDINGS:

Education:
The high quality of the area's school system was mentioned in most focus groups and interviews and was described as one of the primary reasons for living in the assessment community. Similar to the 2015 CHNA, quantitative data indicate the six cities/towns in the NWH service area are very well educated (Figure 8). Compared to the state, a higher proportion of adults aged 25 and older have earned a Bachelor's Degree or higher in all six assessment communities. Weston (83.9%) and Wellesley (83.8%) had the highest percent of residents who have earned a Bachelor's degree or higher. Waltham (8.8%) had the highest percent of residents who had less than a high school diploma. Of note, the proportion of Waltham adults 25 years of age and older with less than a high school education decreased from 10.7% in 2007-2011 to 8.8% in 2012-2016.

In 2017, Waltham (83.5%) had the lowest percent of students who graduated from high school within four years, below the state average (88.4%) (Figure 9). Among the other five towns in the NWH service area, at least 95% of high school students graduated within four years, higher than the percent for the state (88.4%).

Meeting the needs of a diverse student body was a challenge mentioned by many participants. They noted that English language learners, who often face pressure to support their families economically, are more likely to drop out of school. Language barriers were described as creating additional challenges to engaging students' families. Finally, according to participants, issues related to trauma and the current political climate for undocumented residents placed additional burdens on schools to provide enough support. Additionally, one person stated that a concern in the community is teen mothers tending not to come back to school after giving birth.

As shown in Figure 10, the proportion of Waltham public school district students who dropped out of high school (3.0%) was nearly double that of the state (1.8%) in 2017.

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant Information associated with Education may be found in the following section(s) of the CHNA: Education (pg. 19-21); Figure 8: Educational Attainment of Adults Aged 25 Years and Older, by State, County, and City/Town, 2012-2016 (pg. 20); Figure 9: Percent of Public School District High School Students Who Graduate in Four Years, by State and City/Town, 2017 (pg. 21); and Figure 10: Percent of Public School District High School Students who Dropped Out, by State and City/Town, 2016-2017 (pg. 21).

5.3 Employment

2018 CHNA FINDINGS:

Employment:
As illustrated in Figure 11, from 2007-2011 to 2012-2016 trends suggest an increase in the percent of residents unemployed in Waltham (4.8% to 5.3%), while there was little change in the percent unemployed for Newton (4.6% to 4.4%) and Needham (5.3% to 5.1%). During this same period, the percent of residents who were unemployed decreased slightly for the state and for three of the six assessment communities: Natick, Wellesley, and Weston. In the 2015 CHNA, the towns of Wellesley, Weston, and Needham had the highest proportion of unemployed residents, and in 2012-2016, Wellesley, Waltham, and Needham had the highest unemployment rate across the NWH service area.

Few participants commented on employment in the area. The few individuals who did discuss employment reported that jobs were available, including for lower income residents and students in the summer. However, the expense of childcare was identified as posing a challenge for some residents. As one focus group participant stated, "sometimes you get a job but childcare is very expensive. It costs almost the same as salary."

Shown in Figure 12 is the age distribution of unemployed residents across each of the NWH service area communities. In Weston (32.6%), Wellesley (31.1%) and Needham (22.3%), a higher share of unemployed residents were 16-19 years of age. In 2012-2016, the largest unemployed age group among adults in cities and towns was generally residents 45-54 years of age, except for Natick (27.3% were 75+) and Waltham (23.3% were 20-24 years of age).

The educational attainment of unemployed residents across each of the NWH service area communities in 2012-2016 is presented in Figure 13. In Waltham, 38.7% of unemployed residents were high school graduates, a prevalence that exceeded the other NWH assessment communities and Massachusetts overall (33.3%). With the exception of Waltham, across the majority of NWH service area towns, adults with a bachelor's degree or higher were more likely to be unemployed.

Income and Poverty:
Focus group participants and interviewees reported that the economic status of residents in the NWH service area varies by community. Residents living in Newton, Needham, and Wellesley were described as affluent, while Natick was described as more middle class to upper middle class. However, each of these communities was noted as having residents who struggle. Waltham was considered a more blue-collar community, with many lower income residents and a large proportion of students receiving free or reduced lunch. Residents also highlighted economic diversity across Waltham, and an increase in young professionals. The high cost of living, including high taxes and housing costs, was reported to be a concern in the area, affecting the ability of families to meet basic needs, such as housing and healthcare.

In 2012-2016, Waltham (5.5%) and Weston (4.8%) had the highest percent of families living below the poverty level, though this prevalence was below that of the state (8.0%) (Figure 14). In 2007-2011, Waltham (6.4%) and Newton (4.4%) had the highest percent of families living in poverty among the six assessment communities. Of note, during 2007-2011 and 2012-2016 all six cities/town had a lower percent of families whose income in the past year was below the poverty level compared to the state.

As shown in Figure 15, across the NWH service area towns, similar to the 2015 CHNA the median household income was lowest in Waltham in 2007-2011 ($68,326) and 2012-2016 ($82,188). The median household income increased across all six assessment communities from 2007-2011 to 2012-2016. The towns of Wellesley ($26,511), Needham ($18,397), and Newton ($17,678) experienced the greatest increase in median household income over this period. Of note, the increase in median household income for each NWH service area town was more than double the household income increase seen across Massachusetts and also exceeded patterns Middlesex and Norfolk Counties during this period.

As shown in Figure 16, across the NWH service area, participation in free and reduced lunch programs for public school district students was highest in Waltham (35.5% and 5.9%, respectively), a prevalence that exceeded Massachusetts overall (33.6% and 4.7%, respectively).

Economic disadvantage among public school students is assessed by whether students participate in at least one of the following programs: Supplemental Nutrition Assistance Program (SNAP), Transitional Assistance for Families with Dependent Children (TAFDC); Department of Children and Families' (DCF) foster care program; and/or MassHealth (Medicaid). In 2017-2018, 34.5% of public school district students in Waltham met the criteria for being economically disadvantaged, a percent that slightly exceeded that for the state (32.0%) (Figure 17). Among the other assessment communities, the percent of the public school district students who were economically disadvantaged ranged from 4.7% in Weston to 9.4% in Natick.
The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant Information associated with Employment may be found in the following section(s) of the CHNA: Employment (pg. 22-24); Figure 11: Unemployment by State, County, and City/Town, 2007-2011 and 2012-2016 (pg. 22); Figure 12: Age Distribution of Unemployed Adults, by State, County, and City/Town, 2012-2016 (pg. 23); Figure 13: Educational Attainment of Unemployed Residents, by State, County, City/Town, 2012-2016 (pg. 24); Income and Poverty (pg. 24-28); Figure 14: Percent of Families who Income in the Past 12 Months is Below Poverty Level by State, County, and City/Town, 2007-2011 and 2012-2016 (pg. 25); Figure 15: Median Household Income by State, County, and City/Town 2007-2011 and 2012-2016 (pg. 26); Figure 16: Percent of Public School District Students Who Participated in Free and Reduced Lunch Programs, by State and City/Town, 2013-2014 (pg. 27); and Figure 17: Percent of Public School District Students who are Economically Disadvantaged, by State and City/Town, 2017-2018 (pg.28).

5.4 Housing

2018 CHNA FINDINGS:

Housing is a key concern for participants of the CHNA. Similar to the 2015 CHNA, the high cost of housing and changing housing dynamics in the community were reported to be challenges. Housing was a topic discussed in most interviews and focus groups. Residents spoke about rising rent, attributed in part to demand for housing from wealthier people who are moving to the area. According to participants, the residents of Waltham, in particular, continue to experience economic pressure as more expensive housing is built and people from more expensive surrounding towns are moving to the community, attracted by high quality schools and lower housing costs. Participants expressed concern about some lower income residents, including seniors, being able to remain in the community.

Lack of affordable housing in the area was a theme across focus groups and interviews. As one interviewee stated, "a lot of building is going on in our communities, but they are very high-rent type places." While more affordable housing options, including public housing, exist, participants shared the wait lists for these resources may be long. Additionally, according to several participants, affordable housing options are often not located close to public transportation, creating further challenges for lower income residents.

The housing challenges of seniors were a substantial topic of conversation throughout the CHNA process. Participants from more affluent areas of NWH 'sservice area expressed concern that they would not be able to remain in their communities if they downsized. As one focus group participant stated, “seniors cannot afford market value.” Participants reported long wait lists for an apartment or home in an affordable senior living development. Recent policy changes, specifically restrictions on accessory apartments, have further constrained housing options for seniors in the community, according to one participant.

In 2012-2016, of the six NWH service area towns, median monthly housing costs for owner-occupied units were lowest in Waltham ($2,248), though these housing costs exceeded the average monthly housing costs across Massachusetts ($2,067) (Figure 18). The towns of Natick ($1,308) and Waltham ($1,428) had the lowest renter-occupied housing costs across the assessment communities, yet these costs were higher than the state average ($1,129). Monthly housing costs for renter-occupied units were highest in Wellesley ($1,852) and Newton ($1,733). Monthly mortgage costs were highest in Wellesley ($3,856) and Weston ($4,000). Similar to the 2015 CHNA, in 2012-2016 the median monthly housing costs in each of the six assessment communities exceeded those for the state for both owner-occupied and renter-occupied units.

As illustrated in Figure 20, in Waltham 23.0% of residents in owner-occupied units and 31.8% of residents in renter-occupied units spent more than 35% of their household income on housing costs, similar to most towns across the NWH service area in 2012-2016 (Figure 19). Following state patterns, across each of the six assessment communities housing costs comprised 35% or more of household income for a higher percent of renter-occupied housing units than owner-occupied housing units – a pattern that was also seen in the 2015 CHNA. Housing cost burden was highest for renter-occupied units in Newton (39.9%) and owner-occupied units in Weston (26.6%). Of note, similar to the 2015 CHNA, the percent of renter-occupied units with housing costs of 35% or more across all six assessment communities was lower than that for the state (40.1%). With the exception of Weston (26.6%), among owner-occupied units, the proportion of residents with housing costs of 35% or more was lower than the state average for all towns in the NWH service area towns.

Participants described overcrowding and homelessness as two consequences of high housing costs and limited options. Interviewees reported seeing multiple families living in housing meant for one, creating safety issues, which was further exacerbated by lack of enforcement by landlords. As one interviewee explained, “when you rent an apartment to a couple – you have to keep tracking to make sure there aren’t seven or eight people living in the property.” According to participants, the high cost of housing has contributed to homelessness, especially among undocumented individuals. Health and social service providers shared the challenges they face in delivering services to a growing population of homeless residents who not only often suffer from physical ailments, but also have mental health and substance use issues. Lack of tracking of the homeless population makes it hard to coordinate services for this population, according to one participant.

In 2016-2017, there were 21,112 homeless students across Massachusetts public schools. As illustrated in Figure 21, a higher proportion of youth (<18 years of age) who were experiencing homelessness reported “doubling up” (e.g., sharing a room) (0.7%) or shelters (0.5%) as their primary nighttime residence in 2016-2017.

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant Information associated with Housing may be found in the following section(s) of the CHNA: Housing (pg. 28-32); Figure 18: Median Monthly Housing Costs by Tenure and State, County, and City/Town, 2012-2016 (pg. 29); Figure 19: Percent of Owner-Occupied and Renter-Occupied Housing Units by State, County, and City/Town, 2012-2016 (pg. 30); Figure 20: Percent of Housing Units Where Residents Whose Housing Costs are 35% or More of Household Income by State, County and City/Town, 2012-2016 (pg. 31); and Figure 21: Total Number of Homeless Youth by Primary Nighttime Residence in Massachusetts, 2016-2017 (pg. 32).

5.5 Social Environment

2018 CHNA FINDINGS:

The 2018 CHNA documents some social environment needs. The racial and ethnic diversity of the area was considered an asset in almost every interview and focus group. While participants praised the vitality of their communities and saw diversity as a substantial asset, they also reported challenges in meeting the needs of all its residents, especially as newer groups come to the area. For example, they noted that schools have a large number of English language learners and their needs are sometimes difficult to adequately meet. While not mentioned as a prominent issue for the community, a couple of participants observed that racial tensions also exist.

Community Amenities:
Overall, people reported that they liked their communities and described them as wonderful places to live and raise their families. As one focus group participant stated, “[Newton is] a nice city to raise family; I’ve been here for the last 40 years.” Some participants, such as one interviewee from Waltham, reported that they enjoyed the closeness of the community: “we are a city with small town feel.”

Participants spoke highly of green spaces and recreational opportunities available to them, as well as access to libraries, faith organizations, higher education, shopping, and the availability of cultural events. Participants also spoke about the important role played by senior centers and local councils on aging in providing programming and reducing the isolation that often accompanies aging.

Additionally, participants appreciated the variety and extensiveness of services in their communities, including healthcare, public health, and programming for children and youth. They also mentioned services that work to address the needs of lower income residents including community health centers, food programs, and shelters. Participants praised the range and commitment of social service organizations; as one interviewee stated, "Waltham has a great wealth of grass roots, non-for-profit organizations that are all working with bare bones to try and do outreach, so supportive."

Collaboration:
Collaboration across different organizations was also reported to be an asset in the NWH service area. Participants shared examples of partnerships in the community including those between local police and schools and youth services organizations, work between public health departments and those working in senior services around interventions related to hoarding and evictions of seniors, and the initiative being led by the Boston Food Bank and Waltham Public Schools to develop a mobile food pantry. The Healthy Waltham collaborative initiative and Healthy Aging Initiative work in several communities were cited as examples of successful, multi-agency efforts.

Generosity:
Generosity of residents was described as another important community asset. Participants shared that the residents are active in their communities and generous with their time and financial resources. They described communities where people "look out for each other" and desire "to give back." They pointed to locally-funded scholarships given out to graduating seniors, funding events for neighbors experiencing crisis ("there's always a GoFundMe page"), and a high rate of volunteerism. As one interviewee stated, "it is easy to get people to get together and work on issues."

Strong Local Infrastructure:
Several participants shared that the area has a strong business base and effective local government, which they believed were substantial assets. Numerous residents mentioned the new Mayor of Waltham who they saw as accessible and supportive of their issues and concerns. The Mayor of Newton was also reported to be taking the lead on key community issues. Other participants praised local police and fire departments and school leadership. As one interviewee from Waltham stated, "our current superintendent and mayor are strengths to our community – especially around youth."

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant Information associated with Social Environment may be found in the following section(s) of the CHNA: Racial and Ethnic Diversity (pg. 14-17); and Community Resources and Assets (pg. 36).

5.6 Violence and Trauma

2018 CHNA FINDINGS:

Overall, participants perceived their communities to be largely safe from crime. As one focus group participant stated, "Waltham is a quiet place and safe. We see police presence and that makes us feel safe." However, participants expressed concerns about personal safety in some communities. Several participants described the prevalence of concerns about immigration and fear of police in some communities. Participants from social service agencies reported a rise in domestic violence, yet noted a reluctance of victims to report incidents due to fear of involving the police. Bullying and other forms of violence were mentioned as an issue in the LGBTQ community.

In 2012 and 2016, the violent crime rate was highest in Waltham (236.5 and 155.6 crimes per 100,000 population, respectively) and Natick (181.3 and 157.7 crimes per 100,000 population, respectively) (Figure 23). During this same period, the violent crime rate was lowest in Needham (6.8 crimes and 19.5 crimes per 100,000 population, respectively). The violent crime rate across all six assessment communities was lower than that for Massachusetts overall in both 2012 and 2016, similar to the 2015 CHNA. Mirroring state patterns, from 2012 to 2016 the violent crime rate declined in Natick, Newton, and Waltham, while the violent crime rate increased in Needham, Wellesley, and Weston. Of note, there was a ten-fold increase in the violent crime rate for Weston from 2012 (8.7 crimes per 100,000 population) to 2016 (82.3 crimes per 100,000 population).

As shown in Figure 24, among the NWH service area towns, the property crime rate was highest in Natick and Waltham in both 2012 (2,353.9 and 1,375.5 crimes per 100,000 population, respectively) and 2016 (1,345.9 and 1,081.5 crimes per 100,000 population, respectively). In 2016, the property crime rate was lower than the state average (1,561.1 crimes per 100,000 population) for all six

assessment communities, whereas in 2012 the property crime rate in Natick (2,353.9 crimes per 100,000 population) exceeded the rate for Massachusetts (2,153.0 crimes per 100,000 population. From 2012 to 2016, following state patterns, the property crime rate declined across all six assessment communities. Notably, from 2012 to 2016, the property crime rate declined by 42.8% in Natick and by 38.8% in Needham.

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant Information associated with Violence and Trauma may be found in the following section(s) of the CHNA: Crime and Safety (pg. 34-35); Figure 23: Violent Crime Rate per 100,000 Population, by State, County, and City/Town, 2012 and 2016 (pg. 34); Figure 24: Property Crime Rate per 100,000 Population, by State, County, and City/Town, 2012 and 2016 (pg. 35); and Violence, Abuse, and Neglect (pg. 75-78).

5.7 The following specific focus issues

a. Substance Use Disorder

2018 CHNA FINDINGS:

There is a major concern among participants regarding substance use in the community. Similar to the 2015 CHNA, substance use was reported to be a substantial challenge for the community. Opioids were the substance of greatest concern to participants. Participants shared that overdoses have occurred throughout the NWH service area, linked to prescription drug misuse and the availability of cheaper heroin and more dangerous fentanyl. Overprescribing of pain medication and mental health issues were identified as causes of substance use addiction. Substance misuse was not seen as more prevalent in a particular group; in fact, several participants spoke about its wide-ranging nature. As one interviewee stated, “substance use can occur in any community, rich or poor. You can have an addict on heroin that is a doctor or a lawyer.” Substance use has also contributed to other community issues, according to participants, specifically to a rise in petty crime and homelessness.

Substance use among seniors was also reported to be an issue in the community. Participants described that among seniors, lifelong smoking is prevalent, contributing to long-term health consequences. Others noted that social isolation contributes to drinking problems among seniors. At the policy and systems levels, participants reported some progress in addressing substance misuse, but also shared a sense that more needs to be done. Participants noted that Waltham, for example, recently hired a substance use case manager for the city who works with community partners, including police departments and hospitals, to strengthen relationships and increase education and outreach in the community. Yet, participants commented that there is more to be done; for example, as one interviewee noted, in Waltham, of five recommended tobacco regulations, the city has only adopted one: raising the age to buy tobacco to 21.

While alcohol and cigarette use among students has remained stable in recent years, an emerging concern in the community is the substantial increase in vaping. The accessibility of vaping products, which can be purchased online, as well as lack of understanding about the health consequences of vaping were seen as factors contributing to its prevalence. According to participants, the ability to address this growing public health issue is hampered by its newness. As one interviewee explained, “for vaping, the barriers are it’s so new that we’re learning about it; it’s non-regulated, youth receive contradictory messages, school and board of health policies and regulations are just now under review.”

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Relevant Information associated with Substance Use Disorders may be found in the following section(s) of the CHNA: Substance Use (pg. 60-74); Table 6: Rate of Admissions to DPH Funded Treatment Programs per 100,000 Population, by State, County, and City/Town, FY 2017 (pg. 62); Figure 54: Percent of Patients in Treatment Listing Heroin as Their Primary Substance of Use, by City/Town, 2010 and 2015 (pg. 62); Figure 55: Percent of Adults Who Report Current Smoking Status, by State and County, 2016 (pg. 63); Figure 56: Percent of Adults Who Reported Current Smoking, by State and Newton, 2015 (pg. 63); Figure 57: Percent of Adults Who Report Excessive Drinking, by State and County, 2014 and 2016 (pg. 64); Figure 58: Percent of Adults Who Reported Binge Drinking, by State and Newton, 2015 (pg. 64); Figure 59: Percent of Students Reporting Lifetime Alcohol Use, by State and City/Town, 2015, 2016, 2017 (pg. 65); Figure 60: Percent of Students Reporting Current Alcohol Use, by State and City/Town, 2015, 2016, 2017 (pg. 66); Figure 61: Percent of Students Reporting Current Binge Alcohol Use, by State and City/Town, 2015, 2016, 2017 (pg. 67); Figure 62: Percent of Students Reporting Lifetime Cigarette Use, by State and City/Town, 2015, 2016, 2017 (pg. 68); Figure 63: Percent of Students Reporting Current Cigarette Use, by State and City/Town, 2015, 2016, 2017 (pg. 69); Figure 64: Percent of Students Reporting Lifetime Marijuana Use, by State and City/Town, 2015, 2016, 2017 (pg. 70); Figure 65: Percent of Students

Reporting Current Marijuana Use, by State and City/Town, 2015, 2016, 2017 (pg. 71); Figure 66: Percent of Students Reporting Lifetime Electronic Cigarette Use by State and City/Town, 2015, 2016, 2017 (pg. 72); Figure 67: Percent of Students Reporting Current Electronic Cigarette Use by State and City/Town, 2015, 2016, and 2017 (pg. 73); Figure 68: Percent of High School Students (Grades 9-12) Lifetime Misuse of Someone Else's Prescription, by State and City/Town, 2015, 2016, 2017 (pg. 74); and Figure 69: Percent of Students Reporting Current Opioid Use by State and City/Town, 2015, 2016, 2017 (pg. 74).

b. Mental Illness and Mental Health

2018 CHNA FINDINGS:
The 2018 CHNA discusses the increasing concern among community members regarding mental health. Mental health was the community health concern mentioned most frequently in interviews and focus groups, with children and youth, seniors, and immigrant groups perceived as disproportionately affected. Participants cited high rates of anxiety and depression, and noted that increasingly, some of those suffering from mental health concerns also engage in substance misuse. They also shared concerns about lack of access to mental health services. A couple of providers pointed out that patients with medical issues are increasingly presenting with behavioral health issues as well, which creates challenges for the health care system.

Among seniors in the NWH service area, depression and cognitive decline were identified as the prominent mental health concerns. Hoarding was also reported to be an issue, as it was in the 2015 CHNA. Social isolation of seniors was seen as a cause for depression and participants praised local institutions such as senior centers for their role in enhancing socialization for the community's seniors. Fear of getting Alzheimer's disease was also mentioned by numerous participants. Participants acknowledged that an increasing number of seniors have serious health issues and/or dementia but no family support, which creates substantial pressure on local institutions. As one provider explained, "we've had a lot of elders come in who came into our radar who do not know what to do, they are declining in a way that they need support; their kids have their own lives and I can't bother them." The stigma of mental illness and memory decline among seniors was reported to be strong, resulting in a reluctance among elders to seek out care. As one focus group participant stated, "[seniors] will not admit it, they will not seek help."

Mental health concerns among students was mentioned in many conversations. Participants reported high rates of depression and anxiety among children and youth; they noted that these issues manifest themselves in classroom outbursts, eating disorders, and suicide or suicidal ideation. While academic pressure was identified as one factor—as in the 2015 CHNA—participants more often mentioned issues related to trauma, especially among newly immigrating young people. As one focus group participant stated, "stories of getting across the border and the trauma, it is just horrifying, and they're coming to school and trying to concentrate." Participants also noted that children of increasingly younger ages are experiencing mental health issues. As one interviewee commented, "kids in elementary school have suicidal ideation." School-based therapists or counselors were described as having very high caseloads, making it difficult to establish needed connections with students so they can voice their concerns and seek help.

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

While bullying in and out of school was not a prominent theme in discussions, it was identified as a cause of distress among LGBTQ youth. A couple of interviewees also reported that the number of children with autism and developmental delays is increasing.

Relevant Information associated with Mental Illness and Mental Health may be found in the following section(s) of the CHNA: Mental Health (pg. 52-59); Figure 46: Percent of Adults Reporting 14 or More Days of Poor Mental Health per Month, by State and County, 2016 (pg. 53); Figure 47: Suicide Mortality per 100,000 Population, by State and City/Town, 2013 and 2014 (pg. 53); Figure 48: Percent of Students (Grades 6-8 & 9-12) Bullied Electronically by State and City/Town, 2015-2017 (pg. 54); Figure 49: Percent of Students (Grades 6-8 & 9-12) Bullied on School Property by State and City/Town, 2015-2017 (pg. 55); Figure 50: Percent of Students Symptoms of Depression Issues by State and City/Town, 2015-2017 (pg. 56); Figure 51: Percent of Students (Grades 6-8 & 9-12) Reporting Self Harm, by State and City/Town, 2015-2017 (pg. 57); Figure 52: Percent of Students (Grades 6-8 & 9-12) Reporting Suicide Ideation, by State and City/Town, 2015-2017 (pg. 58); and Figure 53: Percent of Students Reporting Suicide Attempt, by State and City/Town, 2015-2017 (pg. 59).

c. Housing Stability / Homelessness

Please see Housing Section above.

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed

methodology for the CHNA, including data resources for this section.

Relevant Information associated with Housing Stability/Homelessness may be found in the following section(s) of the CHNA: Housing (pg. 28-32; and Figure 21: Total Number of Homeless Youth by Primary Nighttime Residence in Massachusetts, 2016-2017 (pg. 32).

d. Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes

2018 CHNA FINDINGS:

Of cancer, heart disease, and diabetes, the largest concern among participants in the 2018 CHNA was cancer. Cancer was the leading cause of death across the State and in Needham, Newton, Waltham, and Weston in 2014 (Table 2). Cancer was identified as a specific area of focus for the 2018 CHNA and thus was discussed in several interviews and focus groups. There was a sense among participants that cancer was prevalent—and also inevitable. When asked about the types of cancer they saw in their communities, participants most often mentioned breast cancer. As one focus group participant stated, "breast cancer is an epidemic." Among seniors, pancreatic and stomach cancer were considered to be more common.

Cancer services were reported to be available in the community, including at NWH. Cancer care in the area, including at NWH, was perceived to be good, although provider participants noted that patients often have difficulty understanding and navigating cancer care options. Navigating cancer care was identified as a challenge for seniors, in particular, who were also considered more likely to have cancer and to not have families nearby or informal supports. Engaging in cancer treatment was also reported to be a challenge for some people, especially lower income residents. For example, those who are unable to access transportation were described as having difficulty regularly obtaining radiation and chemotherapy. Ensuring cancer survivors have access to healthy food and social support was also reported to be challenging for some.

In focus groups, some participants indicated they were aware of the importance of cancer screening tests. When asked about cancer prevention and screening programs, participants mentioned a partnership between the City of Waltham and Charles River Community Health to enhance access to screening for lower income residents, and cited several examples of partnerships with local community organizations that are focused on screening. As one interviewee stated, "there's a health care ministry in the Church. They do a great job alerting us about things going on…like breast cancer awareness month and so forth." Focus group participants mentioned that they usually relied on their doctors to tell them about different tests.

According to participants, there are barriers to accessing screening, including lack of awareness of what to expect and fear of the outcome. As one participant of a focus group stated, "the internet has created more fear…people are just looking up so much information on the internet." Lack of insurance coverage was also mentioned: "most plans will cover the basics, but if there's an additional procedure, I won't know if it's covered." Those working with immigrants stressed that health care and prevention are low priorities. As one focus group participant explained, "they live day by day—they are worried about rent, jobs, kids." Providers reported that misconceptions about the HPV vaccine means not all young people who could benefit from it are immunized. Participants saw a need for more awareness campaigns around cancer screening.

Heart Disease:
In 2014, the age-adjusted heart disease mortality rate in Natick (144.8 deaths per 100,000 population) and Waltham (144.3 deaths per 100,000 population) was greater than the state average (142.0 deaths per 100,000 population). Weston (85.6 deaths per 100,000 population) had the lowest heart disease mortality rate in the NWH service area (Figure 31). The 2018 CHNA also reported data on cardiovascular disease hospitalization rates, and diagnosis rates for coronary heart disease, high blood pressure, and high cholesterol.

Diabetes:
From 2010 to 2014, the prevalence of diagnosed diabetes remained stable among adults across Massachusetts, Middlesex County, and Norfolk County, with 8.0% to 9.0% of residents reporting a diabetes diagnosis (Figure 36). This prevalence was slightly higher than that reported in the 2015 CHNA, in which in 2007 6.8% of CHNA 18 residents and 7.5% of Massachusetts residents reported being diagnosed with diabetes. In 2015, 9.5% of Newton adults reported being diagnosed with diabetes, compared to 8.0% of adults across Massachusetts (data not shown).

The attachment entitled Supplemental Information to the CHNA/CHIP Self-Assessment Form includes the detailed methodology for the CHNA, including data resources for this section.

Relevant Information associated with Chronic Disease with a focus on Cancer, Heart Disease, and Diabetes may be found in the following section(s) of the CHNA: Table 2: Leading Causes of Death, by State and City/Town, 2014 (pg. 37); Chronic Diseases and Related Risk Factors (pg. 38-46); Figure 26: Age-Adjusted Mortality due to Cancer per 100,000 Population, by State and City/Town, 2010 and 2014 (pg. 39); Table 3: Age-Adjusted Mortality due to Cancer per 100,000 Population, by State and City/Town, 2014 (pg. 39); Table 4: Age-Adjusted Cancer Incidence Rate, by State and County, 2010-2014 (pg. 40); Table 5: Age-Adjusted Cancer Incidence Rate per 100,000 Population, by City/Town, 2009-2013 (pg. 40); Figure 27: Cancer Hospitalization Rates per 100,000 Population, by State and City/Town, 2013 (pg. 41); Figure 28: Percent of Female Adults (50-74 Years) who Reported Receiving a Mammogram within Past 2 Years, by State and Newton, 2014 (pg. 42); Figure 29: Percent of Female Adults (21-65 Years) who Reported Pap Test within Past 3 Years, by State and Newton, 2014 (pg. 42); Figure 30: Percent of Adults (50-75 Years) who Reported FOBT within Past Year, Sigmoidoscopy within Past 3 Years, or Colonoscopy within Past 10 Years, by State and Newton, 2014 (pg. 43); Figure 31: Age-Adjusted Mortality due to Heart Disease per 100,000 Population, by State and City/Town, 2014 (pg. 43); Figure 32: Cardiovascular Disease Hospitalization Rates per 100,000 population, by City/Town, 2013 (pg. 44); Figure 33: Percent of Adults Ever Reported Coronary Heart Disease Diagnosis, Massachusetts, 2012 and 2016 (pg. 44); Figure 34: Percent of Adults Ever Reported High Blood Pressure, Massachusetts, 2013 and 2015 (pg. 45); and Figure 36: Percent of Adults Aged 20+ Years with Diagnosed Diabetes by State and County, 2010 and 2014 (pg. 46).

6. Community Definition

Specify the community(ies) identified in the Applicant's 2018 NWH CHNA/CHIP

Add/Del Rows	Municipality	If engagement occurs in specific neighborhoods, please list those specific neighborhoods:
+ -	Natick	
+ -	Needham	
+ -	Newton	
+ -	Waltham	
+ -	Wellesley	
+ -	Weston	

7. Local Health Departments

Please identify the local health departments that were included in your 2018 NWH CHNA/CHIP . Indicate which of these local health departments were engaged in this 2018 NWH CHNA/CHIP . For example, this could mean participation on an advisory committee, included in key informant interviewing, etc. (*Please see page 24 in the Communit further description of this requirement* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf.)

Add/ Del Rows	Municipality	Name of Local Health Dept	Name of Primary Contact	*Email address*	Describe how the health department was involved
+ -	Newton	Department of Healtlh	Linda Walsh		Participated in CHNA/CHIP Processes.
+ -	Wellesley	Health Department	Shep Cohen		Participated in CHNA/CHIP Processes.
+ -	Needham	Department of Public Health	Timothy McDonald		Participated in CHNA/CHIP Processes.
+ -	Natick	Department of Public Health	Jim White		Participated in CHNA/CHIP Processes.
+ -	Waltham	Health Department	Meagan Ritcey		Participated in CHNA/CHIP Processes.

8. CHNA / CHIP Advisory Committee

Please list the community partners involved in the CHNA/CHIP Advisory Committee that guided the 2018 NWH CHNA/CHIP . (please see the required list of sectorial representation in the *Community Engagement Standards for Community Health Planning Guidelines* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf) Please note that these individuals are those who should complete the *Stakeholder Engagement Assessment* form. It is the responsibility of the Applicant to ensure that DPH receives the completed *Stakeholder Engagement Assessment* form:

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	Wellesley Health Dept.	Cheryl Lefman	Community Health Coordinator		
	Education	Waltham Public Schools	Patricia McCaffrey	Director of Nursing		
	Housing	CAN-DO	Josephine McNeil	Previous Executive Director		
	Social Services	City of Newton Health & Human Services	Deborah Youngblood	Commissioner		
	Planning + Transportation	West Suburban Area CHNA 18	Jhana Wallace	Executive Director		
	Private Sector/ Business	Newton-Wellesley Hospital	Steve Sullivan	Trustee and NWH Charitable Foundation Board		
	Community Health Center					

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Community Based Organizations	Newton-Wellesley Hospital	Kim Gerard	Program Manager, Community Outreach		
+ -	Local Public Health Departments/Boards of Health	Wellesley Board of Health	Shep Cohen	Chair, NWH Trustee		
+ -	Community-based organizations	Newton-Wellesley Hospital	Duke Collier	Previous Chair, NWW Trustee		
+ -	Community-based organizations	The Myrtle Baptist Church	Rev. Brandon Thomas Crowley	Senior Pastor		
+ -	Community-based organizations	Healthy Waltham	Maria Dimaggio	Communications and Development Director		
+ -	Community-based organizations	Waltham Partnership for Youth	Kaytie Dowcett	Executive Director		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	Waltham District Court	The Honorable Gregory Flynn	Honorable Justice		
+ -	Community-based organizations	Newton-Wellesley Hospital	Rosemary Fuss	NWH Advisor		
+ -	Education	Tufts University	Paul Hattis	Professor, Dept of Public Health & Community Medicine		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	City of Newton	Ruth Hoshino	Director of School Health Services		
+ -	Community-based organizations	Newton-Wellesley Hospital	Michael Jaff	President		
+ -	Community-based organizations	Newton-Wellesley Hospital	Linda Kay	NWH Advisor		
+ -	Community-based organizations	Newton-Wellesley Hospital	Lauren Lele	Director, Community Benefits & Volunteer Services		
+ -	Community-based organizations	Newton-Wellesley Hospital	John Looney	Vice-President of Marketing, Communications and Public Affairs		
+ -	Community-based organizations	Newton-Wellesley Hospital	Heather Mack	Vice-President, Develpoment		
+ -	Community-based organizations	Newton-Wellesley Hospital	Julie Marriott	NWH Trustee		
+ -	Local Public Health Departments/Boards of Health	Town of Needham	Timothy McDonald	Director, Health and Human Services		
+ -	Community-based organizations	Newton-Wellesley Hospital	Erin Miller	Coordinator of Domestic Violence and Sexual Assault Program		
+ -	Community-based organizations	Newton-Wellesley Hospital	Ellen Moloney	Chief Operating Officer		
+ -	Community-based organizations	Partners HealthCare	Tavinder Phull	Director, Community Health Reporting and Compliance		
+ -	Community-based organizations	Newton-Wellesley Hospital	Anne Steer	NWH Charitable Foundation Board; NWH Advisor		

Local Public Health Departments/Boards of Health	City of Newton	Linda Walsh	Assistant Commissioner, Department of Health		
Local Public Health Departments/Boards of Health	Town of Natick	Jim White	Director, Department of Public Health		
Community-based organizations	Springwell	Jo White	Director of Healthcare Partnerships		
Community-based organizations	Adolescent Wellness, Inc.	Bob Anthony	President, NWH Advisor		
Private Sector	NWH Board of Trustees	Debra Brede	Trustee		
Social Services	Freedman Center for Child and Family Development	Margaret Hannah	Executive Director		

8a. Community Health Initiative

For Tier 2 and Tier 3 CHI Projects, is the the Applicant's CHNA / CHIP Advisory Board the same body that will serve as the CHI advisory committee as outlined in the Table 1 of the Determination of Need Community-Based Health Initiative Guideline (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-chi-planning.pdf)?

○ Yes ◉ No

For Tier 2 DON CHI Applicants: The CHI Advisory Committee is tasked with helping select DoN Health Priorities based on the CHNA / CHIP unless the Applicant is directed by DPH to conduct additional community engagement. If so, the advisory committee's role is to guide that additional work.

For Tier 3 DON CHI Applicants: The CHI Advisory Committee is to select DoN Health Priorities based on**, but not exclusive to,** the CHNA / CHIP. This includes the additional community engagement that must occur to develop the issue priorities.

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
	Municipal Staff	Wellesley Health Dept.	Cheryl Lefman	Community Health Coordinator		
	Education	Waltham Public Schools	Patricia McCaffrey	Director of Nursing		
	Housing	CAN-DO	Josephine McNeil	Previous Executive Director		
	Social Services	City of Newton Health & Huma	Deborah Youngblood	Commissioner		
	Planning + Transportation	West Suburban Area CHNA 18	Jhana Wallace	Executive Director		
	Private Sector/ Business	Newton-Wellesley Hospital	Debra Brede	Trustee		
	Community Health Center	Charles River Community Hea	To Be Determined			
	Community Based Organizations	Newton-Wellesley Hospital	Kim Gerard	Program Manager, Community Outreach		
Local Public Health Departments/Boards of Health		Wellesley Board of Health	Shep Cohen	Chair		
Community-based organizations		Adolescent Wellness, Inc	Bob Anthony	President and NWH Advisor		
Community-based organizations		Newton-Wellesley Hospital, Bo	Debra Brede	Trustee		
		Newton-Wellesley Hospital	Liz Booma	Interim Chief, Child & Adolescent		

Add/Del Rows	Sector Type	Organization Name	Name of Primary Contact	Title in Organization	Email Address	Phone Number
+ -	Local Public Health Departments/Boards of Health	City of Waltham Dept. of Publi	Michelle Feeley	Interim Director		
+ -	Community-based organizations	Newton-Wellesley Hospital	Kim Gerard	Community Outreach Program Manager		
+ -	Community health centers	Freedman Center for Child an	Margaret Hannah	Executive Director		
+ -	Education	Tufts University	Paul Hattis	Professor, Dept of Public Health & Community Medicine		
+ -	Additional municipal staff (such as elected officials, planning, etc.)	City of Newton	Ruth Hoshino	Director of School Health Services		
+ -	Community-based organizations	Newton-Wellesley Hospital	Michael Jaff	President		
+ -	Social Services	Collaborative for Healthy Fam	Michael Jellinek	Medical Director		
+ -	Community-based organizations	Newton-Wellesley Hospital	Linda Kay	NWH Advisor		
+ -	Community-based organizations	Newton-Wellesley Hospital	Lauren Lele	Director, Community Benefits & Volunteer Services		
+ -	Community-based organizations	Newton-Wellesley Hospital	John Looney	Vice President of Marketing, Communications and Public Affairs		
+ -	Community-based organizations	Newton-Wellesley Hospital	Heather Mack	Vice President, NWH Development Office		
+ -	Local Public Health Departments/Boards of Health	Town of Needham	Timothy McDonald	Director, Health & Human Svcs		
+ -	Community-based organizations	Newton-Wellesley Hospital	Erin Miller	Coordinator, Domestic Violence/ Sexual Assault Program		
+ -	Community-based organizations	Newton-Wellesley Hospital	Ellen Moloney	Chief Operating Officer		
+ -	Community-based organizations	Partners HealthCare	Tavinder Phull	Director, Community Health Reporting and Compliance		
+ -	Community-based organizations	Newton-Wellesley Hospital	Ann Steer	NWH Advisor		
+ -	Community-based organizations	Newton-Wellesley Hospital	Steve Sullivan	NWH Advisor		
+ -	Local Public Health Departments/Boards of Health	City of Newton Health Departı	Linda Walsh	Assistant Commissioner		
+ -	Local Public Health Departments/Boards of Health	Town of Natick Dept. of Public	Jim White	Director		
+ -	Social Services	Springwell, Inc.	Hillary Tarr	Manager, Special Projects		
+ -	Social Services	Freeman Center for Child and	Margaret Hannah	Executive Director		
+ -	Community-based organizations	Newton-Wellesley Hospital	Chris Collins	NWH Trustee		

Community-based organizations	The Myrtle Baptist Church	Rev. Brandon Thomas Rowley	Senior Pastor		
Community-based organizations	Healthy Waltham	Maria DiMaggio	Communications and Development Director		
Community-based organizations	Waltham Partnership for Yout	Kaytie Dowcett	Executive Director		
Additional municipal staff (such as elected officials, planning, etc.)	Waltham District Court	The Honorable Gregory Flynn	Honorable Justice		
Community-based organizations	Newton-Wellesley Hospital	Rosemary Fuss	NWH Advisor		

9. Engaging the Community At Large

Thinking about the extent to which the community has been or currently is involved in the 2018 NWH CHNA/CHIP , please choose one response for each engagement activity below. Please also check the box to the left to indicate whether that step is complete or not. (For definitions of each step, please see pages 12-14 in the *Community Engagement Standards for Community Health Planning Guidelines* http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf).

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
☒ Assess Needs and Resources	○	○	◉	○	○	○

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
Please describe the engagement process employed during the "Assess Needs and Resources" phase.	To commence the hospital's 2018 community health needs assessment ("CHNA") process, Lauren Lele worked with the hospital's Community Benefits Committee ("CBC") at length. CBC members were asked to provide feedback on the following: 1) Identification of potential key informant interviewees and focus groups; 2) Recruitment and/or partners to host focus groups; and 3) Review and comment on the following draft documents: a) List of secondary data indicators; b) Interview guide; c) Focus group guide; d) An outline of the CHNA Report; e) How feedback should be received on the CHNA Report and the CHNA Key Findings. Focus Groups: Based on feedback from the CBC, in May 2018, six focus groups were conducted with 44 individuals from across the NWH service area. Focus groups were conducted with representatives of priority populations or sectors, including: faith-based community members, Haitian-creole speaking population, domestic violence front line staff, school nurses, affordable housing residents, and Council on Aging staff. Focus group participant demographic characteristics can be found in Appendix C of the CHNA. While all NWH service area cities/towns were represented in focus groups, focus group participants most often resided in Newton or Waltham (34.1% and 36.4%, respectively). The majority of participants were female (86.4%) and 45 years or older (77.3%). Almost half of participants self-identified as Black or African American (45.5%), followed by about a third of participants who self-identified as White (34.1%). Three-fourths of participants had at least some college education (75%). Focus group discussions explored participants' perceptions of the community, priority health concerns, and suggestions for future programming and services to address these issues. A semi-structured moderator's guide was used across all focus groups to ensure consistency in the topics covered. The moderator's guide was translated to Haitian-Creole for one focus group. Each focus group was facilitated by a trained moderator, and detailed notes were taken during each discussion. On average, focus groups lasted 90 minutes and included 5-10 participants. As an incentive, focus group participants received a $30 stipend to compensate them for their time. (See Appendix D of the CHNA for a list of participating organizations). Key Informant Interviews: In April 2018, HRiA conducted eight interviews with community stakeholders to gauge their perceptions of the community, health concerns, and what programming, services, or initiatives are most needed to address these concerns. Interviews were conducted by phone with eight individuals representing a range of sectors including education, social services, and health care, among others (See Appendix D of the CHNA for a list of participating organizations). A semi-structured interview guide was used across all discussions to ensure consistency in the topics covered. Each interview was facilitated by a trained moderator, and detailed notes were taken during conversations. On average, interviews lasted approximately 30-60 minutes. The key informant interviews, as well as the CBC serving as an advisory body overseeing the CHNA and representing various community perspectives, allowed NWH to reach a higher level of engagement, "Involve," for the Assess Needs and Resources Phase of engagement.					

	Inform	Consult	Involve	Collaborate	Delegate	Community - Driven / -Led
☒ Focus on What's Important	○	○	○	◉	○	○
Please describe the engagement process employed during the "Focus on What's Important" phase.	NWH presented the key findings and themes from the 2018 CHNA to the CBC for feedback on July 12, 2018. During this discussion HRiA shared with CBC members central and key themes from the CHNA and similar needs throughout each of the towns within NWH's service area. Moreover, in September 2018, Lauren Lele presented a high level overview of the CHNA process, as well as additional information on key themes discussed throughout the CHNA to the NWH Board of Directors, so they could offer feedback and ask additional questions. The Community Advisory Committee will utilize these key findings and the completed CHNA to determine health priorities for the CHI process. Moreover, the Allocation Committee will utilize the key findings from the CHNA to develop health strategies and potential procedures for developing the CHI RFP process. Overall, these activities will allow NWH to reach the "Collaborate" level of engagement for these phases through the work of the Community Advisory and Allocation Committees, including their consensus building efforts and participatory decision-making in determining health priorities and strategies for the CHI.					
☒ Choose Effective Policies and Programs	○	○	○	◉	○	○
Please describe the engagement process employed during the "Choose Effective Policies and Programs" phase.	Through prioritzation processes, the Hospital through its Community Benefits Committee has selected Policies and Programs to be focused on. Please see the attached CHIP.					
☒ Act on What's Important	○	○	◉	○	○	○
Please describe the engagement process employed during the "Act on What's Important" phase.	Through prioritzation processes, the Hospital through its Community Benefits Committee has selected Policies and Programs to be focused on. Please see the attached CHIP.					
☒ Evaluate Actions	○	◉	○	○	○	○
Please describe the engagement process employed during the "Evaluate Actions" phase.	NWH requests feedback from community partners and evaluates both its CHNA and CHIP processes via the Community Benefits Commitee					

10. Representativeness

Approximately, how many community agencies are currently involved in 2018 NWH CHNA/CHIP within the engagement of the community at large?

14 Agencies

Approximately, how many people were engaged in the process (please include team members from all relevant agencies and independent community members from the community at large)?

70 Individuals

Please describe the diversity of the people who have been engaged in the process both within the CHNA/CHIP Advisory Committee and the community at large. Explicitly describe how the process included diverse representation from different groups/individuals with varied gender, sexual orientation, race/ethnicity, disability status, international status and age. Please see page 10 and Appendix A of *the Community Engagement Standards for Community Health Planning Guideline* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf) for further explanation of this.

NWH's Community Benefits Committee is comprised of diverse members of different races, ethnicities, genders, sexual orientation and ages. When developing the aforementioned committee, NWH sought to engage a diverse group of individuals with different perspectives to ensure appropriate representation of all individuals on its committees.

Please describe the type of representation that was/is employed in the community engagement process and the rationale for that type of representation. For more information on types of representation and representativeness, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines (*http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf*)*. Please include descriptions of both the Advisory Board and the Community at large.

NWH's 2018 CHNA defines health in the broadest sense and recognizes that factors at multiple levels impact a community's health. Accordingly, the hospital sought to include as many groups as possible, including community groups, faith-based organizations, local business leaders, social service agencies, local department of public health and other community groups focused on health and the social determinants of health.

To your best estimate, of the people engaged in 2018 NWH CHNA/CHIP approximately how many: Please indicate the number of individuals.

Number of people who reside in rural area	0
Number of people who reside in urban area	0
Number of people who reside in suburban area	70

11. Resource and Power Sharing

For more information on Power Sharing, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines* (http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf).

By community partners, we mean agencies, organizations, tribal community, health departments, or other entities representing communities.

By Applicant partners, we mean the hospital / health care system applying for the approval of a DoN project

	Community Partners	Applicant Partners	Both	Don't Know	Not Applicable
Which partner hires personnel to support the community engagement activities?	○	◉	○	○	○
Who decides the strategic direction of the engagement process?	○	○	◉	○	○
Who decides how the financial resources to facilitate the engagement process are shared?	○	◉	○	○	○
Who decides which health outcomes will be measured to inform the process?	○	○	◉	○	○

12. Transparency

Please describe the efforts being made to ensure that the engagement process is transparent. For more information on transparency, please see Appendix A from the *Community Engagement Standards for Community Health Planning Guidelines*.

NWH seeks to make all community engagement processes transparent, including its 2018 CHNA process, through focus groups, community meetings, etc. Going forward, NWH is committed to adhering to all transparency standards outlined in the Department of Public Health's Community Engagement Standards and Community Health Planning Guideline and will ensure staff are trained to comply with these standards.

13. Formal Agreements

Does / did the 2018 NWH CHNA/CHIP have written formal agreements such as a Memorandum of Agreement/ Understanding (MOU) or Agency Resolution?

○ Yes, there are written formal agreements ◉ No, there are no written formal agreements

Did decision making through the engagement process involve a verbal agreement between partners?

○ Yes, there are verbal agreements ◉ No, there are no verbal agreements

14. Formal Agreement Specifics

Thinking about your MOU or other formal agreement(s), does it include any provisions or language about:

	Yes	No	Don't Know	Doesn't Apply
Distribution of funds	○	○	○	◉
Written Objectives	○	○	○	◉
Clear Expectations for Partners' Roles	○	○	○	◉
Clear Decision Making Process (e.g. Consensus vs. Voting	○	○	○	◉
Conflict resolution	○	○	○	◉
Conflict of Interest Paperwork	○	○	○	◉

15. Document Ready for Filing

When the document is complete click on "document is ready to file". This will lock in the responses and date and time stamp the form. To make changes to the document un-check the "document is ready to file" box. Edit document then lock file and submit Keep a copy for your records. Click on the "Save" button at the bottom of the page.

To submit the application electronically, click on the"E-mail submission to DPH" button.

This document is ready to file: ☒

Date/time Stamp: 09/27/2019 1:33 pm

E-mail submission to DPH

E-mail submission to Stakeholders and CHI Advisory Board

When providing the Stakeholder Assessment Forms to the community advisory board members(individuals identified in Section 8 of this form), please include the following information in your correspondence with them. This will aid in their ability to complete the form:

A) Community Engagement Process: 2018 NWH CHNA/CHIP

B) Applicant: Partners Healthcare System, Inc.

C) A link to the DoN CHI Stakeholder Assessment