



# Scan of Community Health & Health Needs Assessments from Across Massachusetts, 2012 – 2017

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## Abstract

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**Introduction:** As part of the 2017 State Health Assessment, the Massachusetts Department of Public Health collected and analyzed Community Health and Health Needs Assessments from health systems, hospitals, organizations, and municipalities across the state. These documents identify priority health issues in communities through both qualitative and quantitative data collection. The purpose of this analysis was to ensure that the State Health Assessment includes the majority of the key health issues identified in these documents.

**Methods:** Documents completed in the past five years were collected through the Massachusetts Attorney General's Annual Community Benefits Reports search tool, and Google searches. Documents were quickly read and terms for health issues, barriers, disparities and priority populations were defined before analysis began. All 3,386 pages were coded using NVivo software. Coding was analyzed and terms were ranked according to the number of assessments in which they appear.

**Results:** The 42 analyzed documents cover 339 out of the 351 municipalities in Massachusetts. The represented municipalities account for roughly 99% of the state population. The top ten health priorities identified were: mental health; alcohol and substance use; chronic disease (including obesity, diabetes, heart disease, asthma, etc.); cancer; lack of physical activity; poor nutrition; tobacco use; reproductive health (including maternal, prenatal and infant health); sexual health (including sexually transmitted infections and teen pregnancy); and public safety (including crime, violence and motor vehicle crashes). The top ten barriers to health or health care were: cost of care or insurance; transportation; lack of affordable housing; health literacy issues; insurance coverage; lack of services or providers; general access to care; lack of cultural humility; language barriers; and access to healthy food. The top four disparities were based on geography, race, economic status, and age. The top four priority populations were the elderly, youth, poor, and immigrant communities.

**Discussion:** This analysis provides a broad overview of community health issues and barriers in Massachusetts municipalities. Therefore, the results should not be treated as a complete list of issues regarding health in the state. Despite limitations, repetition and improvement of this process is highly recommended to better inform future State Health Assessments. Further analysis on community strengths, resources, and strategies is also recommended during the State Health Improvement Planning process.

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## Introduction

Achieving accreditation is an important goal for any state health department. The Public Health Accreditation Board (PHAB) is a voluntary public health accreditation organization whose goal is to advance public health performance by providing a national framework of standards for tribal, state,

local and territorial health departments. One requirement for accreditation is regularly updating a State Health Assessment.

A State Health Assessment (SHA) is the result of a collaborative and systematic process involving the collection, analysis and interpretation of a prioritized subset of available state level data. The goal of this

process is to provide a context for health across populations in the state. Individuals, organizations and coalitions can reference the SHA when applying for state, federal, or private funding. In addition, coalitions and MPDH staff can also reference the SHA when conducting state level improvement planning.

Similar to a SHA, a Community Health Assessment or Community Health Needs Assessment systematically collects and analyzes qualitative and quantitative data to better understand health in a particular community or set of communities. The 2010 Patient Protection and Affordable Care Act requires tax-exempt hospitals to regularly conduct these assessments for their service areas. In addition, other organizations and municipalities have taken the initiative to conduct assessments of their communities.

The MDPH Performance Management and Quality Improvement (PMQI) team has been charged with leading the 2017 Massachusetts State Health Assessment process. As part of this process, the PMQI team conducted a scan of Community Health Assessments and Community Health Needs Assessments from organizations across the state of Massachusetts. Data was collected from these documents and analyzed to ensure that the SHA includes the majority of the prominent health issues identified for these communities.

### Author's Note about Language and Terminology

MDPH strives to use correct language and terminology in all its reporting. However, the language and terminology used in this report reflects the language and terminology used in the Community Health and Health Needs Assessments reviewed, and may not align with the Department's standards. For example, CHAs and CHNAs specifically used the term "motor vehicle accidents" however, we categories this as motor vehicle crashes because a good majority of crashes are preventable. Additionally, when discussing differences in health outcomes among populations, the term "disparities" is used when differences in the data are present. If enough information is provided to determine that the disparities in the data are inequitable, the term "inequity" is used. Finally, terminology around sex, sexuality, and gender was not changed from how it was presented in the assessments. Terminology around race was also not changed. For further information, please contact Performance Management and Quality Improvement at MDPH.

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## Methods

This scan was conducted with the goal of including as much of the state's population as possible. Documents reviewed must have been published within the past five years to keep the results current. Documents were collected using the Massachusetts Attorney General's Annual Community Benefits Reports search tool, as well as Google searches. Documents were quickly scanned, and a list of commonly used terms was created. Documents were then loaded into NVivo, a qualitative data analysis computer software package. NVivo was used due to its availability, as well as its capability in analyzing large volumes of text-based data. Each document was loaded into NVivo and a word frequency query was run. The most frequently used words and phrases were then compared to the predetermined list of terms. Any missing terms were then added.

Each document was then read using NVivo and all 3,386 pages were coded according to the list of terms. Additional terms were added as needed. Once coding was completed, final lists of community engagement, health issues, barriers to health, barriers to health care, health disparities, and priority populations were created. Terms within these lists were then ranked in order by the number of assessments in which they were listed.

## Results

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The 42 documents collected for analysis represent 339 out of the 351 municipalities in Massachusetts. According to the 2010 census, these 339 municipalities are home to 6,472,377 of the 6,547,817 people in the state, or roughly 99% of the state population. It should be noted that these numbers may not be entirely accurate – the population estimate for Massachusetts is 6,811,799 as of July, 2017 (an increase of 4% since 2010).

The results section has been divided into subsections for ease of reference and understanding. These subsections summarize the community engagement, health issues, barriers to health, barriers to health care, disparities and inequities, and priority populations identified in this scan. The terms “listed,” “discussed,” and “appeared” are used interchangeably, as are the terms “concern” and “priority.”

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## Community Engagement

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Community engagement is an important component of CHAs and CHNAs. Key informant interviews, focus groups, and surveys are often utilized as a means of receiving input from the community. Some assessments did not go into specific detail about their community engagement process; however, many listed the exact number of interviews and focus groups conducted, as well as surveys received. The combined community engagement among the 42 assessments analyzed is impressive. In total, at least 675 key informant interviews and 195 focus groups were conducted. In addition, at least 10,680 survey responses were received. Five assessments did not list specifics on their community engagement processes, so it is possible that these numbers may be greater. The complete list of community engagement by assessment can be found in the Appendix.

## Health Issues

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This section includes any health issue that the assessments chose to highlight as a concern in the community. Wording was aligned with language used in most assessments and may not be the preferred terminology. A full list of health issues can be found on Page 4.

### Mental Health

Mental Health was the listed as a priority health issue in all but one assessment. Common themes relating to mental health among assessments included: chronic stress, depression, anxiety, and trauma. Many assessments cited a need for better access to mental health care.

### Alcohol and Substance Use

Together, alcohol and substance use were the second most frequently listed health issue, with 39 assessments listing either alcohol or substance use as a community concern. Opioid use was the most frequently mentioned, followed by alcohol use. Many assessments described a great need for increased access to acute, maintenance, and long term care for substance use disorders.

### Chronic Disease

Chronic disease is a broad category. In total, 38 assessments listed at least one chronic disease as a community concern. A total of 33 assessments listed obesity as a concern, with 10 also listing childhood obesity, specifically. Both diabetes and heart disease appeared in 29 assessments. Asthma was listed in 27 assessments, and 4 assessments also specified pediatric asthma as a concern. Other respiratory diseases, such as chronic obstructive pulmonary disease, appeared as a concern in 14 assessments. Hypertension was listed in 13 assessments. Other chronic diseases included Alzheimer’s and other dementias, Parkinson’s, and chronic liver disease.

### Cancer

Cancer was listed as a priority health issue in 28 assessments. It was often not included in chronic disease and listed as a separate concern. Specific

types of cancer listed as priorities included: prostate cancer, breast cancer, lung cancer, colorectal cancer, melanoma, oral cancer, and pharynx cancer.

### Lack of Physical Activity

Lack of physical activity, referred to as “lack of exercise” in many documents, appeared as a priority issue in 24 assessments. Multiple assessments mentioned a need for programs focusing on physical activity, especially for youth. Many assessments partially attribute their high rates of chronic disease, especially obesity, to a lack of physical activity among residents.

### Poor Nutrition

Poor nutrition was listed as a concern in 23 assessments. Increasing the consumption of fruits and vegetables was a priority for many communities. Many assessments attributed negative health outcomes in the community to poor nutrition.

### Tobacco Use

Tobacco use was a priority health issue in 21 assessments. The rate of cigarette smoking among adults remains high in many communities.

### Reproductive Health

Reproductive health is another broad category. Prenatal and infant health was listed as a priority in 15 assessments, with 12 listing smoking during pregnancy, 5 listing low birth weight, and 1 listing drug use during pregnancy as concerns. In addition, 1 assessment stated maternal health relating to high-risk pregnancies as a concern.

### Sexual Health

Sexual health included two separate issues. In total, 16 assessments listed sexual health as a priority, with 11 listing teen pregnancy and 10 listing sexually transmitted diseases as concerns.

<b>Health Issues Ranked by Number of Assessments in which they Appear</b>	
<b>Mental Health</b>	<b>41</b>
<b>Alcohol and Substance Use</b>	<b>39</b>
<b>Chronic Disease</b>	<b>38</b>
Obesity / Overweight	33
Childhood Obesity	10
Diabetes	29
Heart Disease	29
Asthma	27
Pediatric Asthma	4
Respiratory Diseases	14
Hypertension	13
Alzheimer’s / Dementia	3
Chronic Liver Disease	1
Parkinson’s	1
<b>Cancer</b>	<b>28</b>
<b>Lack of Physical Activity</b>	<b>24</b>
<b>Poor Nutrition</b>	<b>23</b>
<b>Tobacco Use</b>	<b>21</b>
<b>Reproductive Health</b>	<b>16</b>
Prenatal and Infant Health	15
Smoking During Pregnancy	12
Low Birth Weight	5
Drug Use During Pregnancy	1
Maternal Health	1
<b>Sexual Health</b>	<b>16</b>
Teen Pregnancy	11
Sexually Transmitted Infections	10
<b>Public Safety</b>	<b>16</b>
Violence	11
Sexual Violence	2
Crime	9
Motor Vehicle Crashes	2
<b>Homelessness</b>	<b>13</b>
<b>Housing Conditions</b>	<b>13</b>
<b>Infectious Disease</b>	<b>13</b>
Lyme Disease	6
<b>Domestic Violence</b>	<b>12</b>
Child Maltreatment / Abuse	2
<b>Poverty</b>	<b>11</b>
<b>Suicide</b>	<b>9</b>
<b>Youth Development</b>	<b>9</b>
Bullying	5
<b>Elder Health</b>	<b>8</b>
<b>Environmental Conditions</b>	<b>7</b>
<b>Social Isolation</b>	<b>7</b>
<b>Stroke</b>	<b>7</b>
<b>Injuries</b>	<b>6</b>
Self-Injuries	1
<b>Oral Health</b>	<b>5</b>
<b>Emergency Preparedness</b>	<b>1</b>

### **Public Safety**

Public safety is a broad category that included crime, violence and motor vehicle crashes. Interestingly, pedestrian safety was rarely framed as a public safety issue, and was instead mentioned when discussing transportation barriers. In total, public safety was listed as a priority health issue in 16 assessments. Violence was listed as a concern in 11 assessments, with 2 specifying sexual violence as an issue. Crime was listed as a concern in 9 assessments and motor vehicle crashes were listed in 2.

### **Homelessness**

Homelessness was listed as a concern in 13 assessments. Lack of affordable housing was often cited as a major cause for housing instability in communities. The need for more programs and services focused on the homeless population was described in multiple assessments.

### **Housing Conditions**

Housing conditions was also listed as a concern in 13 assessments. Many assessments attributed negative health outcomes to older and inadequately maintained housing, which can cause respiratory issues and other safety concerns.

### **Infectious Disease**

A total of 13 assessments listed infectious disease as a concern in the community. This does not include sexually transmitted diseases, which were listed under sexual health in most assessments. Lyme disease was listed in 6 assessments, many of which expressed concerns about rising rates of many tickborne illnesses. Other infectious diseases included: hepatitis B, hepatitis C, pneumonia, influenza, and tuberculosis.

### **Domestic Violence**

Domestic violence was listed as a priority issue in 12 assessments, with 2 assessments listing child maltreatment or abuse as a concern. Many assessments noted negative health effects for

children who witness domestic violence, even if they are not physically harmed. Multiple assessments called for an increase in services for victims of domestic violence.

### **Poverty**

Poverty and economic challenges were listed as concerns in 11 assessments. Multiple assessments described residents above the Federal Poverty Line (FPL) as still unable to meet basic needs.

### **Other Issues**

Other health issues discussed in the assessments included, in order: suicide; youth development (including bullying); elder health; environmental concerns; social isolation; stroke; injuries; oral health; and emergency preparedness.

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## **Barriers to Health**

This section includes any barrier to being healthy that the assessments chose to highlight as a concern in the community. Many assessments did not distinguish barriers to health from barriers to receiving health care. This report has chosen to separate the two. Wording of specific barriers are aligned with language used in most assessments and may not be the preferred terminology. A full list of barriers to health can be found on Page 6.

### **Transportation**

Transportation was the other most frequently mentioned barrier to health, with 30 assessments listing it as a concern. These assessments described major difficulties with transportation to services, employment, and resources for all residents. Access to a vehicle is described as a major determinant of health in multiple assessments. The need for improvement of public transportation was frequently mentioned. The need to improve pedestrian safety was also mentioned.

### **Lack of Affordable Housing**

Lack of affordable housing was listed as a barrier in 28 assessments. Many assessments expressed major concerns with the percentage of the population that is housing-cost burdened, meaning more than 30% of the household's income goes to housing costs. Many assessments believe the situation is getting worse, and advocate for an increase in assistance programs.

### **Lack of Education**

Lack of education was listed as a barrier in 19 assessments. Access to quality education was expressed as a need in many communities. Low levels of educational attainment were a concern in multiple assessments.

### **Poverty**

Poverty and economic challenges were also listed as barriers to health in 15 assessments. Different assessments chose to frame issues differently, and therefore poverty appears as both a health issue and a barrier to health in this report.

### **Unemployment**

Unemployment was also listed in 12 assessments. While some assessments noted that the average unemployment rate is declining, in many communities the rate is significantly higher than the state average.

### **Other Barriers to Health**

Other barriers discussed in the assessments included, in order: immigration status; racism and segregation; lack of community support; and lack of disability accommodations.

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### **Barriers to Health Ranked by Number of Assessments in Which They Appearance**

Transportation	30
Lack of Affordable Housing	28
Lack of Cultural Humility	21
Access to Healthy Food	20
Lack of Education	19
Poverty	15
Unemployment	12
Immigration Status	5
Racism / Segregation	5
Lack of Community Support	2
Lack of Disability Accommodations	1

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### **Lack of Cultural Humility**

Lack of cultural humility was listed as a barrier in 21 assessments. This issue was often referred to as "cultural competency issues" or "lack of cultural sensitivity." Many assessments discussed the increasing diversity among people in the state, and emphasized the need for more provider education in this area.

### **Access to Healthy Food**

Access to healthy food was listed as a barrier in 20 assessments. Many assessments also mentioned food insecurity and food deserts as well. The need for low-cost fruits and vegetables was expressed frequently. The density of fast food restaurants was a concern in multiple assessments.

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### **Barriers to Health Care**

This section includes any barrier to receiving health care that the assessments chose to highlight as a concern in the community. Many assessments did not distinguish barriers to receiving health care from barriers to health. This report has chosen to separate the two. Wording of specific barriers are aligned with language used in most assessments and may not be the preferred terminology. A full list of barriers to health care can be found on Page 7.

### **Cost of Care/Insurance**

Cost of care or insurance was one of the two most frequently mentioned barriers to health care. A total of 30 assessments listed either the cost of receiving care or the cost of insurance as being major barriers to health in their



communities. Co-pays, prescription medications, and deductibles were all mentioned as being too expensive for many residents, especially those near the FPL. Multiple assessments described some residents as being underinsured due to the cost burden.

### Health Literacy Issues

Health literacy issues were listed as health barriers in 26 assessments. These issues included: patients not understanding where or how to seek treatment; difficulties navigating the health or insurance systems; poor knowledge about availability of services; and health information being too complex for patients to understand. Many assessments expressed a need for increased patient advocacy in their communities, as well as training for health care professionals.

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#### Barriers to Health Care Ranked by Number of Assessments in which they Appear

Cost of Care / Insurance	30
Health Literacy Issues	26
Insurance Coverage	25
Lack of Services / Providers / Resources	25
Access to Care	22
Language Barriers	21
Lack of Prevention and Wellness Services	17
Lack of Care Coordination	15
Stigma	12
Lack of Clinic Community Integration	5
Mistrust of Health Care System	1

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### Insurance Coverage

Insurance coverage was listed as a barrier in 25 assessments. Overall, Massachusetts has a low percentage of uninsured, but certain assessments noted that rates of uninsured in their communities were higher than the state average. In addition, multiple assessments mentioned lack of coverage for mental health and dental services under Medicaid insurance policies as a concern.

### Lack of Services/Providers/Resources

This is a broad category. In total, 25 assessments listed either lack of services, providers, or resources as barriers to health care in the community. Provider shortages were a major concern in rural areas. Lack of mental health and substance use services were mentioned in many assessments from across the state. Lack of resources due to insufficient funding was also a concern in multiple assessments.

### Access to Care

Access to care is another broad and general category. A total of 22 assessments cited “access to care” in general as a barrier to health care.

### Language Barriers

Language barriers were also listed in 21 assessments. Increasing diversity among populations was discussed, and the need for more bilingual providers and interpreters was emphasized in multiple assessments.

### Lack of Prevention / Wellness Services

Lack of prevention and wellness services was a concern in 17 assessments. This issue was usually presented separately from the previously mentioned barrier, “lack of services / providers / resources.” Assessments highlighted the need for prevention services focused on the following: substance abuse, emergency department utilization, mental health, physical activity and healthy eating.

### Lack of Care Coordination

Lack of care coordination was listed in 15 assessments. Many expressed a need for more coordination between providers, especially to manage comorbid conditions such as substance use and mental health.

### Stigma

Stigma was listed as a health barrier in 12 assessments. Stigma associated with mental health, substance use, and different cultures were most frequently mentioned.

### Other Barriers to Health Care

Other barriers to health care discussed in the assessments included lack of clinic-community integration and mistrust of the health care system.

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### Health Disparities and Inequities

This section includes any health disparity or inequity that the assessments chose to highlight as a concern in the community. Wording was aligned with language used in most assessments and may not be the current preferred terminology. In this report, the term “disparities” refers to differences in data. The term “inequities” refers to differences in health status among populations that are systemic, avoidable, unfair and unjust. If the assessments do not give enough information to determine whether the disparity in the data is an inequity or not, this report will refer to the difference as a disparity. Please refer to the Author’s Note on Page 2 for more information.

#### Geographic

Disparities based on geographic location were the most frequently discussed among the assessments. In total, 26 assessments listed specific geographic disparities, such as rates of mortality, rates of diseases, rates of violence, etc.

#### Racial

Inequities based on race were the second most frequently discussed, with a total of 20 assessments. Racial inequities listed in the assessments included: income, employment, rates of depression, rates of low birth weight, rates of obesity, rates of cancer, access to care, etc.

#### Economic

Disparities based on income or economic status were the third most frequently mentioned, with a total of 17 assessments. Economic disparities discussed in the assessments included: rates of

asthma, housing burden, rates of obesity, access to care, etc.

#### Age

Disparities based on age were discussed in 15 assessments. These disparities included: youth being disproportionately impacted by mental health, elderly being disproportionately impacted by lack of transportation, etc.

#### Sex

Inequities based on sex were highlighted in 5 assessments. This included disparities in the data based solely on the sex of an individual.

#### Immigration

Inequities based on immigration were mentioned in 4 assessments. This included disparities in data based on nationality or immigration status.

#### Gender and Sexuality

Inequities based on gender and sexuality were mentioned in 2 assessments. This included disparities in data based on gender or sexual orientation.

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### Priority Populations

This section includes any group of people which assessments chose to highlight as priority populations. These populations are usually targets for interventions based on their current health status or outcomes. Wording was aligned with language used in most assessments and may not be the preferred terminology. A full list of priority populations can be found below.

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#### Priority Populations Ranked by Number of Assessments in which they Appear

Elderly	28
Youth	25
Poor / Economically Challenged	20
Immigrant Communities	20
Refugees	6
Latino	12



<b>Black</b>	<b>11</b>
<b>Homeless</b>	<b>11</b>
<b>LGBTQ</b>	<b>10</b>
<b>Non-English Speaking</b>	<b>9</b>
<b>People with Substance Use Issues</b>	<b>8</b>
<b>Minority</b>	<b>6</b>
<b>People with Mental Health Issues</b>	<b>6</b>
<b>Uninsured</b>	<b>5</b>
<b>Asian</b>	<b>4</b>
<b>People with Disabilities</b>	<b>4</b>
<b>Unemployed</b>	<b>4</b>
<b>Medically Underserved</b>	<b>3</b>
<b>At Risk Adults</b>	<b>2</b>
<b>Veterans</b>	<b>2</b>
<b>Women</b>	<b>2</b>
<b>Caregivers</b>	<b>1</b>
<b>Families</b>	<b>1</b>
<b>Pregnant Women and Children</b>	<b>1</b>
<b>Previously Incarcerated</b>	<b>1</b>
<b>Rural Residents</b>	<b>1</b>

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## Discussion

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### Limitations

It should be noted that there were significant differences among assessments, both in presentation and research methodology. There is no standardization for either, which makes meta-analysis more challenging. There were three major areas where discrepancies were most often observed.

First, there was a wide variety of identification and prioritization processes: some assessments conducted dozens of key informant interviews and focus groups, while some conducted one of each or didn't specify if they conducted any at all.

Second, there was a wide range in the number of municipalities included in assessments conducted by hospitals. Some hospitals appeared to include their entire catchment areas while other hospitals chose to only include certain municipalities in their assessments. Overall, urban hospitals tended to include fewer municipalities while rural hospitals tended to

include a greater number. The largest gap in this scan is in Worcester County, particularly in the municipalities surrounding the City of Worcester.

Third, there was also a wide range in specificity of findings. For example, one assessment may have only listed "access to care" as a barrier to health, while another assessment listed "access to care" as well as multiple specific examples, such as "insurance coverage" or "transportation." In addition, some may have only listed specific examples and not "access to care." This may help to explain any confusion over terms and rankings.

Due to the discrepancies in findings and research methodology, the results of this scan should not be treated as a complete list of health issues, barriers to health, disparities or priority populations in Massachusetts. The purpose of this scan is to ensure that the prominent health issues and barriers to health which were highlighted in these assessments are also being addressed in the State Health Assessment.

It should be noted that lack of sufficient local- and community-level data was listed as a limitation in many assessments. MDPH is releasing a new Population Health Information Tool (PHIT), which will allow organizations to more readily access data while conducting community assessments in the future. PHIT should be available by the end of 2017.

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### Recommendations and Next Steps

There were additional sections included in multiple CHAs and CHNAs that were not analyzed. Some assessments chose to describe community strengths, weaknesses, and strategies for improving health. Further analysis of these sections may provide further insight into health of communities in Massachusetts.

After the SHA is completed, MDPH will begin planning for the State Health Improvement Plan (SHIP) process. The SHIP is a multi-year plan to

address prioritized issues identified in the SHA. The purpose of the SHIP is to describe how MDPH, sister agencies and community partners will work together to improve health across the state. The same process happens on the community level, with a Community Health Improvement Plan (CHIP) building off Community Health Assessment and Community Health Needs Assessment findings. It would be beneficial to conduct an analysis of CHIPs to inform the development of the SHIP, just as this analysis has informed the SHA.

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## **Conclusion**

Considering the population coverage, the community engagement, and the amount of content in each assessment, these lists provide a comprehensive, if not complete, view of community priorities across Massachusetts. However, it is also important to look at what topics have not been listed as priorities in these communities. Doing so may help public health professionals target communities with educational campaigns on topics which appear to be undervalued as health priorities.

Conducting a scan of recent CHAs and CHNAs from across the state has proven to be a useful exercise. Aside from helping inform the 2017 State Health Assessment, the information collected through this scan is useful for anyone looking for more information about community health in Massachusetts. Although there were limitations to this process, it is highly recommended that resources be devoted towards repeating this scan during each SHA cycle.

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## Community Health & Health Needs Assessment Crosswalk

Health Issues and Barriers to Health are listed in no particular order. N/P = Not Provided

Organization(s)	Municipalities	Health Issues	Barriers to Health	Community Engagement
<b>Baystate Franklin Medical Center</b>	Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Montague, New Salem, Northfield, Orange, Rowe, Shelburne, Shutesbury, Sunderland, Warwick, Wendell, Whately	Prenatal and Infant Health, Tobacco Use, Asthma, Heart Disease, Poor Nutrition, Teen Pregnancy, Homelessness, Housing Conditions, Lack of Physical Activity, Obesity, Diabetes, Stroke, Respiratory Disease, Mental Health, Poverty, Alcohol and Substance Use, Social Isolation	Access to Healthy Food, Cultural Sensitivity Issues, Lack of Prevention and Wellness Services, Lack of Affordable Housing, Transportation, Lack of Education, Cost of Care, Lack of Care Coordination, Lack of Services or Providers, Insurance Coverage, Healthy Literacy	Key Informant Interviews: 25  Focus Groups: 4
<b>Baystate Mary Lane Outpatient Center</b>	Barre, Belchertown, Brimfield, Brookfield, East Brookfield, Granby, Hardwick, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Spencer, Wales, Ware, Warren, West Brookfield	Alcohol and Substance Use, Mental Health, Obesity, Heart Disease, Hypertension, Domestic Violence, Respiratory Disease, Poor Nutrition, Lack of Physical Activity, Diabetes, Prenatal and Infant Health, Asthma, Homelessness, Tobacco Use, Housing Conditions, Youth Development	Insurance Coverage, Transportation, Lack of Services or Providers, Health Literacy, Cultural Sensitivity Issues, Poverty, Unemployment, Lack of Affordable Housing, Lack of Care Coordination, Stigma, Access to Healthy Food, Cost of Care, Lack of Education, Lack of Clinic – Community Links	Key Informant Interviews: 26  Focus Groups: 7
<b>Baystate Medical Center</b>	Agawam, Blanford, Brimfield, Chester, Chicopee, East Longmeadow, Granville, Hampden, Holland, Holyoke, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, Southwick, Springfield, Tolland,	Alcohol and Substance Use, Asthma, Prenatal and Infant Health, Diabetes, Mental Health, Heart Disease, Respiratory Disease, Bullying, Poverty, Violence, Environmental Concerns, Poor	Transportation, Health Literacy, Insurance Coverage, Language Barriers, Cultural Sensitivity Issues, Unemployment, Lack of Affordable Housing, Lack of Care Coordination, Lack of Services or	Key Informant Interviews: 24  Focus Groups: 6

	Wales, Westfield, West Springfield, Wilbraham	Nutrition, Lack of Physical Activity, Tobacco Use, Obesity, Hypertension, STIs, Teen Pregnancy, Crime	Providers, Stigma, Access to Healthy Food, Cost of Care, Lack of Education, Racism and Segregation	
<b>Baystate Noble Hospital</b>	Agawam, Blanford, Chester, Granville, Huntington, Russell, Southwick, West Springfield, Westfield	Mental Health, Alcohol and Substance Use, Obesity, Poor Nutrition, Lack of Physical Activity, Hypertension, Prenatal and Infant Health, Respiratory Disease, Diabetes, Asthma, Heart Disease, Homelessness, Housing Conditions	Insurance Coverage, Transportation, Language Barriers, Cultural Sensitivity Issues, Poverty, Unemployment, Lack of Affordable Housing, Lack of Care Coordination, Lack of Services or Providers, Health Literacy, Access to Healthy Food, Cost of Care, Lack of Education, Lack of Clinic – Community Links, Lack of Prevention and Wellness Services	Key Informant Interviews: 17  Focus Groups: 8
<b>Baystate Wing Hospital</b>	Barre, Belchertown, Brimfield, Brookfield, Hampden, Hardwick, Holland, Ludlow, Monson, New Braintree, North Brookfield, Palmer, Wales, Ware, Warren, West Brookfield, Wilbraham	Asthma, Hypertension, Domestic Violence, Oral Health, Poor Nutrition, Lack of Physical Activity, Respiratory Disease, Prenatal and Infant Health, Heart Disease, Homelessness, Tobacco Use, Obesity, Alcohol and Substance Use, Housing Conditions, Mental Health	Insurance Coverage, Transportation, Health Literacy, Cultural Sensitivity Issues, Poverty, Lack of Affordable Housing, Lack of Care Coordination, Lack of Services or Providers, Stigma, Access to Healthy Food, General Access to Care, Cost of Care, Lack of Education, Lack of Clinic – Community Links	Key Informant Interviews: 26  Focus Groups: 7

<p><b>Berkshire Health System</b></p>	<p>Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesborough, Lee, Lenox, Monterey, Mount Washington, New Ashford, New Marlborough, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, Windsor</p>	<p>Obesity, Hypertension, Lack of Physical Activity, Mental Health, Poor Nutrition, Tobacco Use, Teen Pregnancy, Youth Development, Crime, Motor Vehicle Accidents, Domestic Violence, Poverty, Alcohol and Substance Use, Diabetes</p>	<p>Lack of Prevention and Wellness Services, Transportation, General Access to Care, Insurance Coverage</p>	<p>N/P</p>
<p><b>Beth Israel Deaconess Hospital - Milton</b></p>	<p>Boston (Dorchester, Hyde Park), Braintree, Canton, Milton, Quincy, Randolph</p>	<p>Cancer, Alcohol and Substance Use, Diabetes, Heart Disease, Stroke, Respiratory Disease, Lack of Physical Activity, Elder Health, Obesity, Tobacco Use, Poor Nutrition, Mental Health</p>	<p>Lack of Prevention and Wellness Services, Lack of Affordable Housing, Access to Healthy Food</p>	<p>Key Informant Interviews: 18</p>
<p><b>Beth Israel Deaconess Hospital – Needham</b></p>	<p>Dedham, Dover, Needham, Westwood</p>	<p>Alcohol and Substance Use, Mental Health, Lyme Disease, Social Isolation, Heart Disease, Cancer, Injuries, Suicide</p>	<p>Transportation, Health Literacy, Lack of Services or Providers, Cost of Care, Lack of Care Coordination, Insurance Coverage, Lack of Prevention and Wellness Services, Lack of Community Support, Lack of Affordable Housing, Stigma</p>	<p>Key Informant Interviews: 10  Focus Groups: 2</p>
<p><b>Beth Israel Deaconess Medical Center</b></p>	<p>Boston (Allston, Brighton, Chinatown, Dorchester, Fenway/Kenmore, Roxbury, South End),</p>	<p>Alcohol and Substance Use, Cancer, Poor Nutrition, Lack of Physical Activity,</p>	<p>Immigration Status, Cultural Sensitivity Issues, Poverty, Lack of Clinic – Community Links,</p>	<p>Key Informant Interviews: 13</p>

	Harwich, Provincetown, Quincy, Truro, Waltham, Wellfleet	Mental Health, Hypertension, Asthma, Tobacco Use, Heart Disease, Violence, Poverty	Racism and Segregation, Transportation, Unemployment, General Access to Care, Insurance Coverage, Healthy Literacy	
<b>Beverly &amp; Addison Gilbert Hospitals</b>	Beverly, Boxford, Danvers, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Middleton, Peabody, Rockport, Topsfield, Wenham	Alcohol and Substance Use, Mental Health, Diabetes, Poverty, Cancer, Elder Health, Obesity, Tobacco Use, Hypertension, Asthma	Poverty, Immigration Status, Lack of Affordable Housing, Cost of Care, General Access to Care, Insurance Coverage	Key Informant Interviews: 20  Survey Responses: 400
<b>Boston Children's Hospital</b>	Boston (Fenway, Jamaica Plain, Mission Hill, Roxbury)	Violence, Mental Health, Poverty, Asthma, Obesity, Lack of Physical Activity, Environmental Concerns, Domestic Violence	Access to Healthy Food, Transportation, General Access to Care, Cost of Care, Lack of Affordable Housing, Health Literacy, Lack of Education, Language Barriers, Lack of Prevention and Wellness Services, Immigration Status	Key Informant Interviews: 13  Focus Groups: 8
<b>Brigham and Women's Hospital</b>	Boston (Dorchester, Jamaica Plain, Mattapan, Mission Hill, Roxbury)	Mental Health, Obesity, Heart Disease, Alcohol and Substance Use, Cancer, Violence, Asthma, Diabetes, Stroke, Domestic Violence, Poor Nutrition, Prenatal and Infant Health, Housing Conditions, Teen Pregnancy, Poverty, STIs	Cultural Sensitivity Issues, Poverty, Lack of Care Coordination, Lack of Services or Providers, Stigma, Access to Care, Language Barriers, Insurance Coverage, Unemployment, Lack of Affordable Housing, Health Literacy, Access to Healthy Food, Cost of Care	Key Informant Interviews: 13  Focus Groups: 3



<p><b>Cambridge Public Health Department &amp; Cambridge Health Alliance</b></p>	<p>Cambridge</p>	<p>Mental Health, Housing Conditions, Cancer, Environmental Concerns, Asthma, Heart Disease, Obesity, Oral Health, Diabetes, Prenatal and Infant Health, STIs, Homelessness, Alcohol and Substance Use, Infectious Disease</p>	<p>Lack of Services or Providers, Cost of Care, General Access to Care, Language Barriers, Lack of Prevention and Wellness Services, Cultural Sensitivity Issues, Lack of Affordable Housing, Stigma</p>	<p>Key Informant Interviews: 18</p> <p>Focus Groups: 8</p> <p>Survey Responses: 1627</p>
<p><b>Cape Cod Healthcare</b></p>	<p>Barnstable, Bourne, Brewster, Chatham, Dennis, Eastham, Falmouth, Harwich, Mashpee, Orleans, Provincetown, Sandwich, Truro, Wellfleet, Yarmouth</p>	<p>Cancer, Heart Disease, Obesity, Alzheimer’s and Dementia, Poor Nutrition, Lack of Physical Activity, STIs, Mental Health, Lyme Disease, Elder Health, Suicide, Alcohol and Substance Use</p>	<p>Lack of Prevention and Wellness Services, Cost of Care, Unemployment, Insurance Coverage, Health Literacy, Immigration Status, Language Barriers, Poverty, Transportation, Lack of Education, General Access to Care, Lack of Affordable Housing, Lack of Services or Providers</p>	<p>Key Informant Interviews: 25</p> <p>Focus Groups: 5</p>
<p><b>City of Everett</b></p>	<p>Everett</p>	<p>STIs, Mental Health, Infectious Disease, Cancer, Respiratory Disease, Poverty, Alcohol and Substance Use, Youth Development, Asthma, Poor Nutrition, Tobacco Use, Homelessness, Violence, Heart Disease, Crime, Diabetes, Lack of Physical Activity</p>	<p>Insurance Coverage, Lack of Affordable Housing, Cost of Care, Stigma, Lack of Disability Accommodations</p>	<p>N/P</p>

<p><b>Cooley Dickinson Health Care</b></p>	<p>Amherst, Ashfield, Belchertown, Chesterfield, Cummington, Deerfield, Easthampton, Goshen, Hadley, Hatfield, Huntington, Leverett, Northampton, Plainfield, Shutesbury, Southampton, Sunderland, Whately, Westhampton, Williamsburg, Worthington</p>	<p>Alcohol and Substance Use, Obesity, Prenatal and Infant Health, Heart Disease, Mental Health, Hypertension, Diabetes, Oral Health, Poor Nutrition, Lack of Physical Activity, Asthma, Teen Pregnancy, Homelessness, Tobacco Use, Housing Conditions</p>	<p>Cultural Sensitivity Issues, Transportation, Lack of Services or Providers, Health Literacy, Insurance Coverage, Language Barriers, Poverty, Lack of Affordable Housing, Lack of Care Coordination, Stigma, Access to Healthy Food, General Access to Care, Cost of Care, Lack of Education, Lack of Clinic – Community Integration</p>	<p>Key Informant Interviews: 17</p> <p>Focus Groups: 19</p>
<p><b>Emerson Hospital</b></p>	<p>Acton, Ayer, Bedford, Berlin, Bolton, Boxborough, Carlisle, Chelmsford, Concord, Groton, Harvard, Hudson, Lancaster, Lexington, Lincoln, Littleton, Lunenburg, Maynard, Pepperell, Shirley, Stow, Sudbury, Townsend, Wayland and Westford</p>	<p>Mental Health, Alcohol and Substance Use, Cancer, Domestic Violence, Social Isolation</p>	<p>Lack of Prevention and Wellness Services, Transportation, Lack of Care Coordination, Lack of Services or Providers, Health Literacy, Lack of Affordable Housing</p>	<p>N/P</p>
<p><b>Good Samaritan Medical Center</b></p>	<p>Abington, Avon, Berkley, Bridgewater, Brockton, Canton, East Bridgewater, Easton, Halifax, Hanson, Holbrook, Mansfield, Middleborough, Norton, Randolph, Raynham, Stoughton, Taunton, West Bridgewater, Whitman</p>	<p>Obesity, Alcohol and Substance Use, Mental Health, Diabetes, Cancer, Respiratory Disease, Asthma, Heart Disease, Crime, Violence, Suicide</p>	<p>Insurance Coverage, Language Barriers, Cultural Sensitivity Issues, Lack of Education, Cost of Care, General Access to Care, Health Literacy</p>	<p>N/P</p>

<p><b>Hallmark Health System</b></p>	<p>Everett, Malden, Medford, Melrose, North Reading, Reading, Saugus, Stoneham, Wakefield</p>	<p>Infectious Disease, Obesity, STIs, Alcohol and Substance Use, Violence, Heart Disease, Diabetes, Respiratory Disease, Mental Health, Cancer, Poor Nutrition, Lack of Physical Activity, Emergency Preparedness, Social Isolation, Injuries</p>	<p>Transportation, Language Barriers, Cultural Sensitivity Issues, Poverty, Lack of Affordable Housing, Access to Healthy Food, Cost of Care, Health Literacy, Unemployment</p>	<p>Focus Groups: 6</p>
<p><b>Harrington Healthcare System</b></p>	<p>Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Holland, North Brookfield, Oxford, Palmer, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster, West Brookfield</p>	<p>Mental Health, Maternal Health, Cancer, Diabetes, Alcohol and Substance Use, Youth Development, Obesity, Alzheimer's and Dementia, Domestic Violence, Asthma, Heart Disease, Lyme Disease, Tobacco Use, Injuries, Teen Pregnancy</p>	<p>Lack of Services or Providers, General Access to Care, Cost of Care, Language Barriers, Unemployment, Health Literacy, Insurance Coverage, Mistrust of Health System, Lack of Education, Transportation, Lack of Prevention and Wellness Services, Access to Healthy Food</p>	<p>Survey Responses: 591</p>
<p><b>Heywood Healthcare</b></p>	<p>Ashburnham, Ashby, Athol, Ayer, Bolton, Clinton, Erving, Fitchburg, Gardner, Groton, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Salem, Orange, Pepperell, Petersham, Phillipston, Princeton, Royalston, Shirley, Sterling, Templeton, Townsend, Warwick, Wendell, Westminster, Winchendon</p>	<p>Alcohol and Substance Use, Mental Health, Homelessness, Domestic Violence, Prenatal and Infant Health, Diabetes, Obesity, Heart Disease, Poverty, Self-Injuries, Housing Conditions, Motor Vehicle Accidents, Poor Nutrition, Asthma, Chronic Liver Disease, Parkinson's Disease, Cancer, Stroke, Tobacco Use, Social</p>	<p>Unemployment, Language Barriers, Cultural Sensitivity Issues, Transportation, Lack of Education, Cost of Care, Stigma, Health Literacy, Poverty, Lack of Affordable Housing, Lack of Services or Providers</p>	<p>Key Informant Interviews: 26  Focus Groups: 16</p>

		Isolation, Infectious Disease, Suicide, Youth Development		
<b>Holyoke Medical Center</b>	Belchertown, Chicopee, Easthampton, Granby, Holyoke, South Hadley, Southampton, West Springfield, Westhampton	Homelessness, Prenatal and Infant Health, Obesity, Poor Nutrition, Lack of Physical Activity, Asthma, Diabetes, Respiratory Disease, Mental Health, Heart Disease, STIs, Teen Pregnancy, Tobacco Use, Crime, Violence, Alcohol and Substance Use, Housing Conditions	Insurance Coverage, Lack of Care Coordination, Transportation, Language Barriers, Cultural Sensitivity Issues, Poverty, Lack of Affordable Housing, Lack of Services or Providers, Stigma, Health Literacy, Access to Healthy Food, Cost of Care, Lack of Education, Racism and Segregation	Key Informant Interviews: 21  Focus Groups: 15
<b>Lahey Hospital and Medical Center</b>	Arlington, Bedford, Billerica, Burlington, Lexington, Reading, Stoneham, Tewksbury, Wakefield, Winchester, Woburn	Alcohol and Substance Use, Cancer, Tobacco Use, Obesity, Asthma, Diabetes, Hypertension, Mental Health, Domestic Violence, Suicide, Elder Health	General Access to Care, Lack of Prevention and Wellness Services, Cost of Care	Key Informant Interviews: 28  Survey Responses: 1137
<b>Lawrence General Hospital</b>	Andover, Boxford, Georgetown, Haverhill, Lawrence, Methuen, Middleton, North Andover, Tewksbury	Obesity, Mental Health, Alcohol and Substance Use, Cancer, Poor Nutrition, Lack of Physical Activity, Asthma, STIs, Housing Conditions, Poverty, Crime, Teen Pregnancy	Lack of Services or Providers, Lack of Prevention and Wellness Services, Cultural Sensitivity Issues, Unemployment, Transportation, Lack of Education, Cost of Care, Lack of Affordable Housing, Lack of Care	Key Informant Interviews: 5  Focus Groups: 3  Survey

			Coordination, Insurance Coverage, Health Literacy	Responses: 387
<b>Lowell General Hospital</b>	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsborough, Westford	Respiratory Disease, Diabetes, Mental Health, Obesity, Alcohol and Substance Use, Cancer, Heart Disease, Hypertension, Housing Conditions, Infectious Disease, Prenatal and Infant Health, Asthma, Homelessness, Tobacco Use	Lack of Education, General Access to Care, Language Barriers, Cultural Sensitivity Issues, Lack of Affordable Housing, Lack of Care Coordination, Lack of Services or Providers, Health Literacy, Insurance Coverage, Access to Healthy Food, Transportation, Lack of Prevention and Wellness Services	Key Informant Interviews: 4  Focus Groups: 16
<b>Lower Merrimac Valley Health Partnership</b>	Amesbury, Georgetown, Groveland, Haverhill, Merrimac, Newbury, Newburyport, Rowley, Salisbury, West Newbury	Alcohol and Substance Use, Homelessness, Oral Health, Poor Nutrition, Lack of Physical Activity, Hypertension, Diabetes, Asthma, Heart Disease, Cancer, Mental Health, Obesity, Suicide	Lack of Services or Providers, Language Barriers, Cultural Sensitivity Issues, Transportation, Cost of Care, General Access to Care, Insurance Coverage	Key Informant Interviews: 21  Focus Groups: 2  Survey Responses: 231
<b>Martha's Vineyard Hospital</b>	Aquinnah, Chilmark, Edgartown, Oak Bluffs, Tisbury, West Tisbury	Alcohol and Substance Use, Mental Health, Lyme Disease, Environmental Concerns, Elder Health, Cancer	Lack of Affordable Housing, Access to Healthy Food, Cultural Sensitivity Issues, General Access to Care, Lack of Services or Providers	Key Informant Interviews: 12  Survey Responses: 319

<b>Massachusetts General Hospital</b>	Boston (Charlestown), Chelsea, Revere	Violence, Youth Development, Environmental Concerns, Obesity, Alcohol and Substance Use, Mental Health, Cancer, Crime, Homelessness, Domestic Violence, Poor Nutrition, Lack of Physical Activity	Lack of Education, Poverty, Language Barriers, Lack of Affordable Housing, Insurance Coverage, Access to Healthy Food	Focus Groups: 12  Survey Responses: 1737
<b>Mercy Medical Center</b>	Agawam, Blanford, Brimfield, Chester, Chicopee, East Longmeadow, Granville, Hampden, Holland, Holyoke, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, Southwick, Springfield, Tolland, Wales, Westfield, West Springfield, Wilbraham	Asthma, Obesity, Prenatal and Infant Health, Environmental Concerns, Bullying, Diabetes, Mental Health, Housing Conditions, Heart Disease, Poor Nutrition, Lack of Physical Activity, Alcohol and Substance Use, Violence, STIs, Teen Pregnancy, Crime, Tobacco Use	Health Literacy, Language Barriers, Cultural Sensitivity Issues, Poverty, Unemployment, Lack of Affordable Housing, Lack of Care Coordination, Lack of Services or Providers, Access to Healthy Food, Lack of Education, Transportation, Racism and Segregation	Key Informant Interviews: 24  Focus Groups: 5
<b>MetroWest Health Foundation</b>	Ashland, Foxborough, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Maynard, Medfield, Millis, Natick, Norfolk, Northborough, Plainville, Sherborn, Southborough, Stow, Sudbury, Walpole, Wayland, Westborough, Wrentham	Alcohol and Substance Use, Mental Health, Obesity, Heart Disease	Transpiration, Lack of Affordable Housing, Lack of Services or Providers, Access to Healthy Food, Lack of Prevention and Wellness Services	Key Informant Interviews: 18  Focus Groups: 11  Survey Responses: 607
<b>Milford Regional Medical Center</b>	Bellingham, Blackstone, Douglas, Franklin, Grafton, Holliston, Hopedale, Hopkinton, Medfield, Medway, Mendon, Milford, Millis,	Alcohol and Substance Use, Mental Health, Heart Disease, Alzheimer's and Dementia, Infectious Disease,	Transportation, Cost of Care, Unemployment, Lack of Affordable Housing, Lack of Services or Providers, Insurance	Key Informant Interviews: 8  Survey



	Millville, Northbridge, Upton, Uxbridge, Wrentham	Cancer, Domestic Violence, Oral Health, Poor Nutrition, Lack of Physical Activity, Diabetes, Asthma, Obesity, Violence, Elder Health, Bullying, Injuries	Coverage	Responses: 1013
<b>Morton Hospital</b>	Berkley, Bridgewater, Carver, Dighton, East Bridgewater, Freetown, Lakeville, Mansfield, Middleboro, Norton, Raynham, Rehoboth, Taunton, West Bridgewater	Obesity, Mental Health, Diabetes, Prenatal and Infant Health, Tobacco Use, Cancer, Heart Disease, Respiratory Disease	Lack of Education, Lack of Prevention and Wellness Services, Transportation, Cost of Care, General Access to Care, Insurance Coverage, Health Literacy, Stigma, Lack of Services or Providers	Focus Groups: 1
<b>Mount Auburn Hospital</b>	Lack of Education, Lack of Prevention and Wellness Services, Transportation, Cost of Care, General Access to Care, Insurance Coverage, Health Literacy, Stigma, Lack of Services or Providers	Alcohol and Substance Use, Tobacco Use, Cancer, Domestic Violence, Lack of Physical Activity, Asthma, Obesity, Homelessness, Mental Health, Social Isolation, Lyme Disease, Suicide	Language Barriers, Lack of Care Coordination, Stigma, Lack of Community Support, Poverty, Transportation, Lack of Education, Cost of Care, Insurance Coverage, Lack of Services or Providers	Key Informant Interviews: 25  Focus Groups: 7
<b>Nantucket Cottage Hospital</b>	Nantucket	Alcohol and Substance Use, Mental Health, Cancer, Lyme Disease	Lack of Affordable Housing, Transportation	Focus Groups: 2  Survey Responses: 301
<b>Newtown-Wellesley Hospital</b>	Natick, Needham, Newton, Waltham, Wellesley, Weston	Pediatric Asthma, Alcohol and Substance Use, Mental Health, Injuries, Crime	Transportation, Cultural Sensitivity Issues, Lack of Affordable Housing, Lack of Care Coordination, Health Literacy, Cost of Care, Access to	Key Informant Interviews: 12  Focus Groups:

			Healthy Food, Lack of Prevention and Wellness Services	5
<b>North Shore Medical Center</b>	Danvers, Lynn, Marblehead, Nahant, Peabody, Salem, Swampscott	Mental Health, Diabetes, Teen Pregnancy, Obesity, Heart Disease, Housing Conditions, Alcohol and Substance Use	Health Literacy, Language Barriers, Cultural Sensitivity, Transportation, Cost of Care, Access to Care, Lack of Services or Providers	Key Informant Interviews: 28  Focus Groups: 4
<b>South Shore Health System</b>	Abington, Avon, Braintree, Bridgewater, Brockton, Canton, Carver, Cohasset, Duxbury, East Bridgewater, Easton, Halifax, Hanover, Hanson, Hingham, Holbrook, Hull, Kingston, Marshfield, Milton, Norwell, Norwood, Pembroke, Plymouth, Plympton, Quincy, Randolph, Rockland, Scituate, Sharon, Stoughton, West Bridgewater, Weymouth, Whitman	Prenatal and Infant Health, Mental Health, Alcohol and Substance Use, Obesity, Heart Disease, Lack of Physical Activity, Teen Pregnancy, Poverty, Cancer, Social Isolation, Poor Nutrition, Diabetes, Respiratory Disease, Elder Health	Lack of Services or Providers, Health Literacy, Language Barriers, Transportation, Cost of Care, General Access to Care	Key Informant Interviews: 30
<b>Southcoast Health System</b>	Acushnet, Dartmouth, Fairhaven, Fall River, Freetown, Marion, Mattapoiset, New Bedford, Rochester, Somerset, Swansea, Wareham, Westport	Cancer, Obesity, Stroke, Hypertension, Poor Nutrition, Lack of Physical Activity, Prenatal and Infant Health, Diabetes, Asthma, Heart Disease, Tobacco Use, Environmental Concerns	General Access to Care, Access to Healthy Food	N/P
<b>Sturdy Memorial Hospital</b>	Attleboro, Foxborough, Mansfield, North Attleboro, Norfolk, Norton, Plainville, Rehoboth, Seekonk,	Mental Health, Poor Nutrition, Lack of Physical Activity, Respiratory Disease, Diabetes, Heart Disease, Cancer,	Transportation, Language Barriers, Lack of Prevention and Wellness Services, Cost of Care, General Access	Survey Responses: 58

	Sharon, Walpole, Wrentham	Obesity, Tobacco Use, Stroke, Suicide, Alcohol and Substance Use	to Care, Health Literacy	
<b>UMass Memorial Medical Center</b>	Grafton, Holden, Leicester, Millbury, Shrewsbury, West Boylston, Worcester	Alcohol and Substance Use, Mental Health, Lack of Physical Activity, Diabetes, Asthma, STIs, Cancer, Heart Disease, Stroke, Infectious Disease	Racism and Segregation, Cultural Sensitivity Issues, General Access to Care, Access to Healthy Food	Key Informant Interviews: 24  Focus Groups: 23  Survey Responses: 1250
<b>West Suburban CHNA 18</b>	Brookline, Dedham, Dover, Needham, Newton, Waltham, Weston	Mental Health, Alcohol and Substance Use, Suicide, Elder Health	Transportation, Immigration Status, Language Barriers, Lack of Education, Cost of Care, Lack of Affordable Housing, Insurance Coverage, Health Literacy	Key Informant Interviews: 96
<b>Winchester Hospital</b>	Medford, North Reading, Reading, Stoneham, Tewksbury, Wakefield, Wilmington, Winchester, Woburn	Alcohol and Substance Use, Mental Health, Asthma, Cancer, Hypertension, Obesity, Tobacco Use, Diabetes	Poverty, Cost of Care, General Access to Care, Insurance Coverage	Key Informant Interviews: 28  Survey Responses: 1022